NON-INSURED HEALTH BENEFITS

First Nations and Inuit Health Branch

DRUG BENEFIT LIST

2015

The Non-Insured Health Benefits (NIHB) program provides supplementary health benefits, including prescription and non-prescription drugs, for registered First Nations and recognized Inuit throughout Canada.

Visit our Web site at: **www.healthcanada.gc.ca/nihb**

Canada

Health Canada
Non-Insured Health Benefits

INTRODUCTION
Drug Benefit List

Effective
2015

Table of Contents

1. Background on NIHB Program iii
2. Purpose of the NIHB Drug Benefit List iii
3. Drug Review Process iii
4. Benefit Criteria v
    A. Drug Benefit Listings v
    B. Deletion Criteria vi
    C. Open Benefits vii
    D. Limited Use Benefits vii
    E. Exception Criteria vii
    F. Exclusions viii
5. Policies viii
    A. Best Price Alternative and Interchangeability viii
    B. "No Substitution" Claims viii
    C. Prescription Quantities ix
    D. Short Term Dispensing ix
6. Special Formulary for Chronic Renal Failure Patients x
7. Palliative Care Formulary x
8. Drug Utilization Evaluation x
9. General Information xi
10. NIHB Privacy Code xi
11. Pharmacologic-Therapeutic Classification of Drugs xi
    Legend xii
    Drug Benefit List
        04:00 Antihistamine Drugs 1
        08:00 Anti-Infective Agents 2
        10:00 Antineoplastic Agents 15
        12:00 Autonomic Drugs 19
        20:00 Blood Formation and Coagulation 27
        24:00 Cardiovascular Drugs 31
        28:00 Central Nervous System Agents 56
        32:00 Contraceptives (Non-Oral) 93
        36:00 Diagnostic Agents 94
        40:00 Electrolytic, Caloric and Water Balance 96
        48:00 Respiratory Tract Agents 99
        52:00 Eye, Ear, Nose and Throat Preparations 100
        56:00 Gastrointestinal Drugs 106
        60:00 Gold Compounds 114
        64:00 Heavy Metal Antagonists 115
        68:00 Hormones and Synthetic Substitutes 116
        80:00 Serums, Toxoids and Vaccines 126
        84:00 Skin and Mucous Membrane Agents 127
        86:00 Smooth Muscle Relaxants 135
        88:00 Vitamins 136
        92:00 Unclassified Therapeutic Agents 139
        94:00 Devices 146
        96:00 Pharmaceutical Aids 151
Appendix A (Limited Use Benefits and Criteria) A-1
Appendix B (Special Formulary for Chronic Renal Failure Patients) B-1
Appendix C (Palliative Care Formulary) C-1
Appendix D (List of Drug Manufacturers) D-1
Appendix E (List of Exclusions) E-1
Alphabetical Index of drug products I-1

1. BACKGROUND ON NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

The Non-Insured Health Benefits (NIHB) Program of Health Canada provides coverage for approximately 808,686 (decrease attributed to the transfer of clients to the First Nations Health Authority (FNHA) in British Columbia**)** eligible registered First Nations and recognized Inuit with a limited range of medically necessary health-related goods and services not provided through private or provincial/territorial health insurance plans. These benefits complement provincial and territorial health care programs, such as physician and hospital care, as well as other First Nations and Inuit community-based programs and services. Benefits include drugs, medical transportation, dental care, medical supplies and equipment, crisis intervention counselling and vision care.

The authority for the NIHB Program is based on the 1979 Indian Health Policy which describes the responsibility for the health of First Nations as shared amongst various levels of government, the private sector and First Nations communities. As a result of this shared responsibility, when a benefit is covered under another plan, the federal government requires the coordination of benefits to ensure that the other plan meets its obligations.

2. PURPOSE OF THE NIHB DRUG BENEFIT LIST (DBL)

The Drug Benefit List (DBL) is a listing of the drugs provided as benefits by the NIHB Program. The DBL is updated regularly and published annually. The listed drugs are those primarily used in a home or ambulatory setting. A prescription from a licensed practitioner is required for any listed drug to be processed as a benefit. Practitioners are health professionals authorized to prescribe drugs within the scope of practice in their province or territory. The DBL is a tool for prescribers and pharmacists that encourages the selection of optimal, cost-effective drug therapy.

3. DRUG REVIEW PROCESS

The review process for drug products that are considered for inclusion as a benefit under the NIHB Program varies depending on the type of drug submitted.

3.1 New Chemical Entities / New Combination Drug Products/ Existing Chemical Entities with New Indication

Submissions for new chemical entities, new combination drug products and existing chemical entities with new indications, must be sent to the Canadian Agency for Drugs and Technologies in Health (CADTH). Clinical and pharmacoeconomic reviews are coordinated by the Common Drug Review (CDR) Directorate and forwarded to the Canadian Drug Expert Committee (CDEC) for recommendations on formulary listing. These recommendations are forwarded to participating drug plans, including the NIHB Program, for consideration. The NIHB Program and other drug plans make listing decisions based on CDEC recommendations and other specific relevant factors, such as mandate, priorities and resources.

Please refer to CADTH for a list of requirements for manufacturers' submissions and a summary of procedures for the Common Drug Review Process. Inquiries should be directed to:

Common Drug Review (CDR)
Canadian Agency for Drugs and Technologies in Health
865 Carling Avenue, Suite 600
Ottawa, Ontario K1S 5S8
Telephone: (613) 226-2553
Website: www.cadth.ca

Please ensure a copy of the complete CDR submission is also sent to NIHB either electronically to NIHB.Drug.Submisions@hc-sc.gc.ca or on CD ROM to the mailing address indicated in section 3.2.2.4. Paper (binder) versions of drug submissions are no longer accepted by the NIHB Program.

3.2 Line Extensions, Generics and All Other Submissions

Submissions for line extensions, generics and all other submissions are reviewed internally or by the NIHB Drugs and Therapeutics Advisory Committee (DTAC). Generic drug products are considered for inclusion on the formulary based on provincial interchangeability lists and other relevant factors.

3.2.1 Drugs and Therapeutics Advisory Committee (DTAC)

The DTAC provides formulary listing recommendations for drug products to the NIHB Program. The NIHB Program makes listing decisions based on DTAC recommendations and other specific relevant factors, such as mandate, priorities and resources.

The DTAC is an advisory body of highly qualified health professionals who bring impartial and practical expert medical and pharmaceutical advice to the NIHB Program to promote improvement in the health outcomes of First Nations and Inuit clients through effective use of pharmaceuticals. The approach is evidence-based and the advice reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and specific departmental client healthcare needs.

3.2.2 Submission Requirements

All submissions for drug products that are line extensions, generics and all other types of submissions must be submitted to the NIHB Program. Only drug products with a Health Canada Notice of Compliance (NOC) will be considered for provision as a benefit.

3.2.2.1 Letter of Authorization

The manufacturer will provide a letter authorizing the NIHB Program to gain access to all information with respect to the product in the possession of Health Canada or of the government of any provinces or territory in Canada, Patented Medicine Prices Review Board (PMPRB) or CADTH.

3.2.2.2 Justification for Consideration of Listing

The manufacturer will provide a statement indicating the rationale and evidence to justify the provision of the new product.

3.2.2.3 General Information

Additional information should include:

- Evidence of approval by Health Canada, such as a Notice of Compliance (NOC) and Drug Identification Number (DIN).and
- Two therapeutic Classifications:
  - *American Hospital Formulary Service* (AHFS) Pharmacologic Therapeutic Classification and;
  - The World Health Organization's *Anatomical Therapeutic Chemical* (ATC) Classification

3.2.2.4 *Pricing and Marketing Information*

The manufacturer must submit current price information for the drug product.

Manufacturers are required to notify the NIHB Program of any significant change to listed drug products. Significant changes include changes in DIN, product name, manufacturer or distributor, indication, product monograph, packaging, formulation, manufacturing specifications or discontinuation of a product. Notification of changes should be provided electronically to the NIHB Program.

All submissions for drug products, to be reviewed for inclusion on the NIHB DBL, must be sent to the NIHB Program electronically. Please send all drug submissions to the following email address: NIHB.Drug.Submissions@hc-sc.gc.ca. Submissions will also be accepted on CD ROM when mailed to the following address:

C/o Manager of Policy Development - Pharmacy
Non-Insured Health Benefits
First Nations and Inuit Health Branch, Health Canada
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902A Tunney's Pasture
Ottawa, Ontario K1A 0K9

Only ONE copy of the submission is required. Receipt of submission will be acknowledged

electronically with a confirmatory email message. Paper (binder) versions of drug submissions are no longer accepted by the NIHB Program.

4. BENEFIT CRITERIA

The following criteria are the framework for the NIHB Program DBL. The criteria provide the basis for decisions about drugs on the formulary relating to:

A. Drug Benefit Listings
B. Deletions
C. Open Benefit
D. Limited Use
E. Exceptions
F. Exclusions

All drugs that are to be either considered for listing or currently listed as Program benefits must, as a minimum:

1. be legally available for sale in Canada with an NOC;

2. be sold in Canada (proof may include a copy of the completed notification form issued under the Food and Drug Regulations or listing on a provincial drug benefit formulary);

3. be administered in a home setting or in other ambulatory care settings;

4. not be provided in a provincially/territorially covered setting (hospital/institution) or provided through provincially/territorial covered programs or clinics according to provincial/territorial legislation; and

5. be in accordance with NIHB Program mandate and policies.

A. Drug Benefit Listings

The NIHB Program, with assistance from the CDEC and the NIHB DTAC, balances a number of factors in making listing decisions about changes to the Drug Benefit List, such as:

- The needs of First Nations and Inuit clients;
- Accumulated scientific and clinical research on currently-listed drugs;
- Cost-benefit analysis;
- Availability of alternatives;
- Current health practices; and
- Policies and listings in provincial drug formularies.

New formulations and new strengths of listed products may be added or may replace previously approved products.

Generic products are added according to provincial/territorial interchangeability lists and other relevant factors.

Combination products are considered for listing if:

1. each component of the combination makes a contribution to the claimed effect;

2. a pharmacological or pharmaceutical rationale exists for the combination;

3. the dosage of each component (amount, frequency, duration) is safe and effective for a significant proportion of the patient population requiring such concurrent therapy as defined in the labeling of the drug; and

4. the cost is reduced, or scientific evidence indicates that the advantages outweigh any additional cost; or

5. an improvement in compliance, resulting in an increase in clinical effectiveness, is demonstrated.

Sustained Release Products may be listed when:

1. clinical studies have demonstrated the safety and efficacy of the active ingredient when administered in the sustained released form; and

2. a therapeutic advantage is demonstrated in the treatment of the disease entity for which the product is indicated (therapeutic advantage is defined as: improved efficacy relative to the conventional dosage with no increase in toxicity; or less toxicity with improved or similar efficacy); or

3. there is demonstrated improvement in compliance resulting in an increase in clinical effectiveness, or

4. there is evidence that the sustained release product is at least as cost-effective as the best price alternative in the conventional form that is currently covered; or

5. there is no suitable conventional dosage form(s) of the drug listed that is readily available.

Injectable Drug Products will be considered if they are:

1. self-administered in a home or other ambulatory setting;

2. not part of a physician's standard office supply;

3. not provided in a provincially/territorially covered hospital or institution; or

4. not provided through provincially/territorial covered programs or clinics according to provincial/territorial legislation.

B. Deletion Criteria

The following deletion criteria guide the removal or delisting of a drug product from the NIHB drug benefit list. Drugs are deleted:

1. when a product is discontinued from the Canadian market;

2. when new products possessing clearly demonstrated therapeutic and safety advantages or improvements have been listed;

3. when new toxicity data shift the risk/benefit ratio to make the continued listing of the product inappropriate;

4. when new information demonstrates that the product does not have the anticipated therapeutic benefit;

5. when the purchase cost is disproportionate to the benefits provided; or

6. when the drug has a high potential for misuse or abuse.

NOTE: *Drugs may also be removed at the discretion of the Director General, NIHB Program when there are undesirable financial, supply or administrative implications to the continued listing of a product.*

C. Open Benefits

Open benefits are the drugs listed in the NIHB DBL which do not have established criteria or prior approval requirements.

D. Limited Use Benefits

Limited use drugs are drug products listed on the NIHB DBL that may be inappropriate for general listing, but have value in specific circumstances. These products will have specific criteria for provision as a benefit under the NIHB Program. A product will be designated for limited use when:

1. it has the potential for widespread use outside the indications for which benefit has been demonstrated;

2. it has proven effectiveness, but is associated with predictable severe adverse effects;

3. it is usually a second or third line choice for treatment and is required because of allergies, intolerance, treatment failure or noncompliance with a first line alternative; or

4. it is very costly and a therapeutically effective alternative is available as a benefit.

There are three types of limited use benefits:

1. Limited use benefits which do not require prior approval. These include but are not limited to:
   - Multivitamins (which are benefits for children up to six years of age); and
   - Prenatal and postnatal vitamins (which are benefits for women of childbearing age (12 to 50 years).

2. Benefits which have a quantity and/or frequency limit. A maximum quantity of drug is allowed within a specified period of time. No prior approval is required for the recipient to obtain the allowable quantity of drug within the specified period. An example of a category of drugs with a quantity and frequency limit is smoking cessation products. Recipients are eligible to receive up to three treatment courses of nicotine replacement therapy (NRT) within a 12-month period with quantity limits, which include two courses of NRT patches and one course of NRT products used PRN (i.e. gums, lozenges, inhalers).

3. Limited use benefits which require prior approval (using the “Limited Use Drugs Request Form”). Limited use benefits and the criteria for their coverage are identified in the Drug Benefit List and also in Appendix A. The criteria are also listed on the forms faxed to prescribers for completion.

E. Exceptions

Exception drugs are drug products which are not listed in the DBL. These drug products may be approved in special circumstances upon receipt of a completed “Exception Drugs Request Form” from the attending licensed practitioner.

- when the prescription is for a recognized clinical indication and dose which is supported by published evidence or authoritative opinion; and
- when there is significant evidence that the requested drug is superior to drugs already listed as program benefits; or
- when a patient has experienced an adverse reaction with a best- price alternative drug, and a higher cost alternative is requested by the prescriber; or

- when there is supporting evidence that available alternatives are ineffective, toxic, or contraindicated (personal preference alone does not justify an exception).

F. Exclusions

Exclusions are items not listed as benefits on the DBL and are not available through the exception or appeal processes. These include certain drug therapies for particular conditions which fall outside of the NIHB mandate and are not provided as benefits under the NIHB Program.

Examples of categories of drugs or drug products* that are not considered for coverage under the NIHB Program under any circumstances are listed in Appendix E

- Anti-obesity drugs;
- Household products (e.g. regular soaps and shampoos);
- Cosmetics;
- Alternative therapies, including glucosamine and evening primrose oil;
- Megavitamins;
- Drugs with investigational/experimental status;
- Vaccines
- Medications for travel
- Hair growth stimulants;
- Fertility agents and impotence drugs;
- Selected over-the-counter products;
- Codeine containing cough preparations.

*Note: List of excluded drugs or drug products is not exhaustive and may be modified as necessary

5. POLICIES

A. Best Price Alternative and Interchangeability

The NIHB program will reimburse only the best price (lowest cost) alternative product in a group of interchangeable drug products. Pharmacists must follow their provincial/territorial pharmacy legislation/policies to identify interchangeable products and to select the lowest-priced brand. (NIHB may not necessarily reimburse at the cost listed in the provincial drug plan formulary).

B. "No Substitution" Claims

NIHB will consider reimbursement for a higher-cost interchangeable product when a patient has experienced an adverse reaction with a lower-cost alternative. In such circumstances, the prescriber must provide the NIHB Program with:

1. a completed and signed Canada Vigilance Adverse Reaction Reporting Form: '*Report of suspected adverse reactions to health products in Canada*' and,

2. the prescription with "*No Substitution*" or "*No Sub*" written by hand or typed on the prescription.

Upon receipt, the pharmacist will forward a copy of the prescription to NIHB for review. The prescriber is responsible for sending a copy of the form to the Canada Vigilance Program. Forms can be obtained by calling the Canada Vigilance Program at 1-866-234-2345 or by downloading a copy from Health Canada website at:
http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php or by photocopying a copy from the *Compendium of Pharmaceuticals and Specialties.*

NOTE: The Canada Vigilance Adverse Reaction Reporting Form will not need to be resubmitted for renewals or new prescriptions of the same drug for the patient, although "No Sub" will still have to be written or typed on the prescription.

C. Prescription Quantities

The normal quantity dispensed shall be the entire quantity of the drug prescribed. A maximum 100-day supply should be considered for those circumstances where the patient has been stabilized on a medication and the prescriber feels that further adjustment during the prescribed period is unlikely. Prescriptions for opioids have a maximum 30–day supply. The physician may continue to prescribe a smaller quantity with repeats at certain intervals when it is in the patient's best interest.

D. Short Term Dispensing Policy

It is the Program's expectation that certain medications required for long-term maintenance therapy should be prescribed and dispensed in up to 100 days supplies. For refills for medications requiring short-term dispensing for a shorter time than 28 days due to compliance concerns, the Program will only reimburse a total of one dispensing fee per 28 days up to the regional maximum of the Program, These medications include (but are not limited to) the following:

Antihistamines	Anticoagulants	Immunosuppressants
Antiemetics for cancer chemotherapy	Prokinetic agents	Synthetic antidiuretic hormone
Alpha-adrenoreceptor Antagonists	Anti-dementia Drugs	Anti-gout Drugs
Anti-Parkinsonian Drugs	Anti-platelet aggregation Drugs	BPH Drugs
Cardiovascular Drugs	Enzyme Preparations	Drugs for Diabetes
Drugs for Treatment of Bone Diseases	GI Anti-inflammatory Drugs	Thyroid Therapy
Proton Pump Inhibitors	Urinary Anti-Spasmotics	NSAIDs
H_2-Receptor Antagonists	OTCs (including vitamins)	

Other Drugs for Peptic Ulcer and Gastro-esophageal Reflux Disease (GERD)
Respiratory smooth muscle relaxants

Note: This list may be amended as required and changes will be communicated through the quarterly on-line updates to the DBL. Medications on the Short term Dispensing list are identified in the DBL using the symbol ST beside the medication strength and dosage form.

The following are exceptions to the STD policy:

- Refills for intermittent treatment of a chronic disorder or refills of a medication which is prescribed to be taken on an "as needed" (PRN) basis. Note: Medications prescribed to be taken on an "as needed" (PRN) basis and dispensed chronically may be subject to audit and recovery.
- Prescriptions for dose changes.
- The following dosage forms: injectable and suppository.
- Refills or new prescriptions when prescribed/dispensed in accordance with a court order.
- Others as identified by the NIHB Program

Compensation

The compensation will be the lesser of the usual and customary fee up to the maximum negotiated NIHB regional dispensing fee for each 28 days supplied. NIHB will continue to audit and recover in instances where quantity reduction occurs.

Less than 28 Day Supply

For the medications listed below in which short-term dispensing is deemed medically necessary, the Program will compensate up to one full dispensing fee every seven days, up to the regional maximum of the Program. If these medications are dispensed daily, the Program will compensate 1/7th of this fee:

Anticonvulsants	Contraceptives
Antidepressants	Needles & Syringes
Antipsychotics	Drug used in nicotine dependence
Benzodiazepines	Antimanic agents
Stimulants	Estrogens
Nicotine Replacement Therapy	Progestins

Implementation
When filling a new prescription for a chronic use drug, the Program will pay a full dispensing fee regardless of the days supply. A new prescription may include a dosage change or an intermittent treatment, based on an assessment by a prescriber.

When refilling a prescription for a chronic use drug that is for less than a 28 day supply or when a need for compliance packaging is identified by the prescriber, the Program will pay no more than one full dispensing fee per 28 day period. For the medications listed above the Program will pay no more than full dispensing fee per 7 day period.

A refill is defined as the second and all subsequent fills for a given strength and dosage of a drug.

6. FORMULARY FOR CHRONIC RENAL FAILURE PATIENTS

Clients with chronic renal failure are eligible to receive a list of supplemental benefits that are not included in the NIHB DBL but which are required on a long-term basis. Some supplemental benefits include: darbepoetin alfa products (except in provinces where NIHB clients are eligible to receive darbepoetin alfa through the provincial programs), calcium products, multivitamins formulated for renal patients and select nutritional supplements formulated for renal patients.

New clients requiring drugs on the special formulary will be identified for coverage through the usual prior approval process. Once the client is confirmed as eligible, coverage will automatically be extended to all drugs in the special formulary for as long as needed.

7. PALLIATIVE CARE FORMULARY

Clients diagnosed with a terminal illness and are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List. The Palliative Care Formulary includes medications used to provide comfort to those near the end of life.

Requests for any of the DINs on the Palliative Care Formulary will generate a Palliative Care Application Form, faxed to the prescriber. Once completed and submitted, the recipient will be eligible for all medications on the Palliative Care Formulary for six months if the following criteria are met:

The client:
1. is not receiving care in a provincially covered hospital or provincially covered long-term care facility; and
2. has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

If coverage is required beyond the initial six months, an additional six months will be granted upon receipt of another completed Palliative Care Application Form.

8. DRUG UTILIZATION EVALUATION

A drug utilization evaluation, which is part of the point-of-service or on-line adjudication system, provides an analysis of both previous claims data and current claims data to identify potential drug-related problems. Messages are returned to pharmacists to alert them of the potential problems. These messages are intended to enhance pharmacy practice with additional information. Currently, the system monitors for:

- potential drug/drug interactions
- duplicate drugs
- duplicate therapy

As part of the NIHB Drug Use Evaluation (DUE) Program, DTAC reviews utilization patterns of medications billed to the NIHB program and provides advice to promote effective, efficient and optimal drug therapy to First Nations and Inuit recipients.

9. GENERAL INFORMATION

Sources of information about the NIHB Program include:

- The NIHB section of the Health Canada website which provides background information on the program and a copy of the DBL. This can be found at: www.healthcanada.gc.ca/nihb

- NIHB DBL Updates are available to pharmacists and to prescribers via the Health Canada website. These updates can be found at: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/index-eng.php#drug-med

Information about the NIHB Program can also be obtained by contacting:

Non-Insured Health Benefits
First Nations and Inuit Health Branch
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902A
Tunney's Pasture
Ottawa, Ontario K1A 0K9

10. NIHB PRIVACY CODE

The NIHB Program of Health Canada is committed to protecting an individual's privacy and safeguarding the personal information in its possession. When a benefit request is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable federal privacy legislation. The information collected is limited to only that information required for the NIHB Program to administer and verify benefits.

As a program of the federal government, the NIHB Program must comply with the Privacy Act, the Canadian Charter of Rights and Freedoms, the Access to Information Act, the Treasury Board of Canada Privacy and Data Protection Policies, the Government Security Policy, and Health Canada's Security Policy.

11. PHARMACOLOGIC-THERAPEUTIC CLASSIFICATION OF DRUGS

The drugs in the NIHB DBL are classified according to the *AHFS* Pharmacologic-Therapeutic classification developed by the American Society of Health-System Pharmacists for the purposes of the *AHFS Drug Information.*

Permission to use this system has been granted by the American Society of Health-System Pharmacists. The Society is not responsible for the accuracy of transpositions from the original context.

Drugs are listed alphabetically within each therapeutic classification according to their chemical names. Under each drug, acceptable products are listed.

LEGEND

1. Pharmacologic-Therapeutic classification

2. Pharmacologic-Therapeutic sub-classification

3. Nonproprietary or generic name of the drug

4. Drug strength and dosage form. ST indicates the drug is identified as a chronic medication under the Short-Term Dispensing Policy.

5. Drug Identification Number (DIN), assigned by the Therapeutic Products Directorate of Health Canada, to uniquely identify the drug product as to its manufacturer, name and strength of active ingredients, route of administration and pharmaceutical dosage form

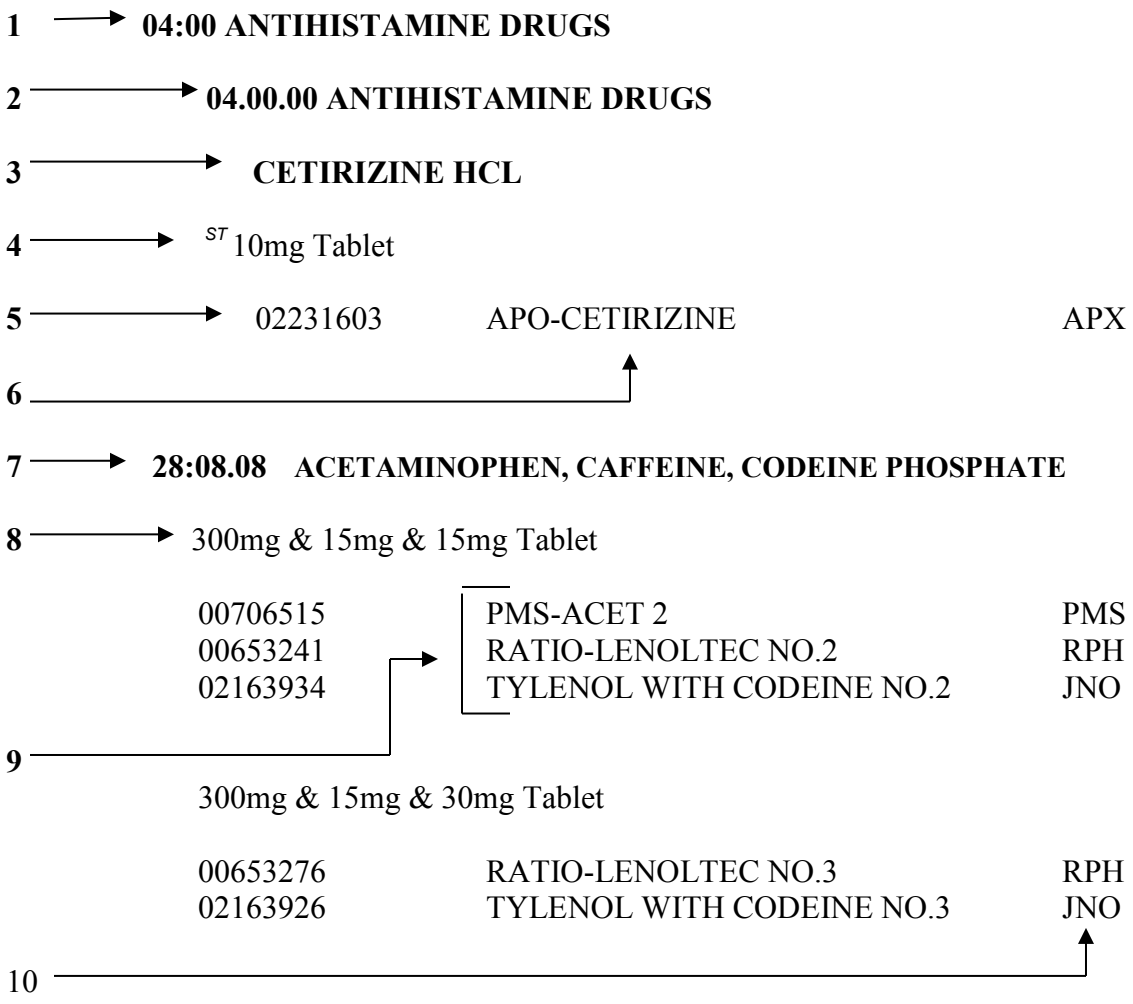
6. Brand name of the drug

7. List of all active ingredients in a combination product

8. Strengths of active ingredients in a combination product, listed in the same order as the ingredients

9. List of available brands of drugs. Provincial or territorial drug plan formularies should be consulted to determine interchangeable products and to identify best price (lowest cost) alternatives

10. Three letter identification code assigned to manufacturer


1
04:00 ANTIHISTAMINE DRUGS
2
04.00.00 ANTIHISTAMINE DRUGS
3
CETIRIZINE HCL
4
ST 10mg Tablet
5
02231603 APO-CETIRIZINE APX
6
7
28:08.08 ACETAMINOPHEN, CAFFEINE, CODEINE PHOSPHATE
8
300mg & 15mg & 15mg Tablet
00706515 PMS-ACET 2 PMS
00653241 RATIO-LENOLTEC NO.2 RPH
02163934 TYLENOL WITH CODEINE NO.2 JNO
9
300mg & 15mg & 30mg Tablet
00653276 RATIO-LENOLTEC NO.3 RPH
02163926 TYLENOL WITH CODEINE NO.3 JNO
10

DRUG BENEFIT LIST

04:00 ANTIHISTAMINE DRUGS

04:00.00 ANTIHISTAMINE DRUGS

CETIRIZINE HCL

ST 1mg/mL Syrup

02238337	REACTINE	JNO

ST 10mg Tablet

02315955	ALLERGY RELIEF ES	PED
02231603	APO-CETIRIZINE	APX
02375095	CETIRIZINE	APX
02223554	REACTINE	JNO

ST 20mg Tablet

02315963	PMS-CETIRIZINE	PMS
02427192	PRIVA-CETIRIZINE	PHA
01900978	REACTINE	JNO

CHLORPHENIRAMINE MALEATE

ST 12mg Sustained Release Tablet

00738964	CHLOR-TRIPOLON	SCH

ST 4mg Tablet

00738972	CHLOR-TRIPOLON	SCH
00021288	NOVOPHENIRAM	TEV

DESLORATADINE

ST 0.5mg/mL Oral Liquid

02247193	AERIUS KIDS	SCH

ST 5mg Tablet

02243919	AERIUS	SCH
02369656	ALLERNIX MULTI SYMPTOM	TEP
02338424	DESLORATADINE	APX
02298155	DESLORATADINE ALLERGY CONTROL	PMS

DIPHENHYDRAMINE HCL

ST 25mg Capsule

00757683	PMS-DIPHENHYDRAMINE	PMS

ST 50mg Capsule

02019671	BENADRYL	WLA
00757691	PMS-DIPHENHYDRAMINE	PMS

ST 2.5mg/mL Elixir

00804193	ALLERNIX	RPH
02019736	BENADRYL	WLA
00833266	DIPHENHYDRAMINE HCL	TAN
00792705	PMS-DIPHENHYDRAMINE	PMS

50mg/mL Injection

00596612	DIPHENHYDRAMINE	SDZ
00878200	PMS-DIPHENHYDRAMINE	PMS

ST 1.25mg/mL Liquid

02019698	BENADRYL CHILD	WLA

ST 12.5MG/5ML Liquid

02298503	JAMP-DIPHENHYDRAMINE	JMP

04:00.00 ANTIHISTAMINE DRUGS

DIPHENHYDRAMINE HCL

ST 25mg Tablet

02176483	ALLER-AIDE	RPH
01949454	ALLERGY	TAN
02229492	ALLERGY FORMULA	SDR
02097583	ALLERNIX	RPH
02017849	BENADRYL	WLA
02257548	JAMP-DIPHENHYDRAMINE	JMP
02239029	NADRYL	RIV

ST 50mg Tablet

02097575	ALLERNIX PLUS	RPH
02230398	DIPHENHYDRAMINE HCL	TAN
02257556	JAMP-DIPHENHYDRAMINE	JMP

FEXOFENADINE HCL

ST 60mg Tablet

02231462	ALLEGRA	AVT

ST 120mg Tablet

02242819	ALLEGRA 24HR	SAC

KETOTIFEN FUMARATE

ST 0.2mg/mL Syrup

02221330	APO-KETOTIFEN	APX
02176084	NOVO-KETOTIFEN	TEV
02231679	PMS-KETOTIFEN	PMS

ST 1mg Tablet

02230730	NOVO-KETOTIFEN	TEV
02231680	PMS-KETOTIFEN	PMS
00577308	ZADITEN	NVR

LORATADINE

ST 1mg/mL Syrup

02019973	CLARITIN	SCH
02241523	CLARITIN KIDS	SCH

ST 10mg Tablet

02243880	APO-LORATADINE	APX
00782696	CLARITIN	SCH
02280159	LORATADINE	VTH

08:00 ANTI-INFECTIVE AGENTS

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100mg Tablet

00556734	VERMOX	JNO

PYRANTEL PAMOATE

50mg/mL Suspension

01944355	COMBANTRIN	PFI

125mg Tablet

01944363	COMBANTRIN	PFI

08:12.06 CEPHALOSPORINS

CEFACLOR

250mg Capsule

02230263	APO-CEFACLOR	APX
00465186	CECLOR	PHH
02237729	SCHEIN-CEFACLOR	SCN

500mg Capsule

02230264	APO-CEFACLOR	APX
00465194	CECLOR	PHH
02237730	SCHEIN-CEFACLOR	SCN

25mg/mL Suspension

00465208	CECLOR	PHH

50mg/mL Suspension

00465216	CECLOR	PHH

75mg/mL Suspension

02237502	APO-CEFACLOR	APX
00832804	CECLOR BID	PHH

CEFADROXIL

500mg Capsule

02240774	APO-CEFADROXIL	APX
02311062	PRO-CEFADROXIL	PDL
02235134	TEVA-CEFADROXIL	TEV

CEFIXIME

20mg/mL Suspension

00868965	SUPRAX	SAC

400mg Tablet

02432773	AURO-CEFIXIME	AUR
00868981	SUPRAX	SAC

CEFPROZIL

25mg/mL Suspension

02293943	APO-CEFPROZIL	APX
02347261	AURO-CEFPROZIL	AUR
02163675	CEFZIL	BMS
02329204	RAN-CEFPROZIL	RBY
02303426	SANDOZ CEFPROZIL	SDZ

50mg/mL Suspension

02293951	APO-CEFPROZIL	APX
02347288	AURO-CEFPROZIL	AUR
02163683	CEFZIL	BMS
02293579	RAN-CEFPROZIL	RBY
02303434	SANDOZ CEFPROZIL	SDZ

08:12.06 CEPHALOSPORINS

CEFPROZIL

250mg Tablet

02292998	APO-CEFPROZIL	APX
02347245	AURO-CEFPROZIL	AUR
02163659	CEFZIL	BMS
02293528	RAN-CEFPROZIL	RBY
02302179	SANDOZ CEFPROZIL	SDZ

500mg Tablet

02293005	APO-CEFPROZIL	APX
02347253	AURO-CEFPROZIL	AUR
02163667	CEFZIL	BMS
02293536	RAN-CEFPROZIL	RBY
02302187	SANDOZ CEFPROZIL	SDZ

CEFUROXIME AXETIL

25mg/mL Suspension

02212307	CEFTIN	GSK

250mg Tablet

02244393	APO-CEFUROXIME	APX
02344823	AURO-CEFUROXIME	APL
02212277	CEFTIN	GSK
02242656	RATIO-CEFUROXIME	RPH

500mg Tablet

02244394	APO-CEFUROXIME	APX
02344831	AURO-CEFUROXIME	APL
02212285	CEFTIN	GSK
02311453	PRO-CEFUROXIME	PDL
02242657	RATIO-CEFUROXIME	RPH

CEPHALEXIN

250mg Capsule

00342084	NOVO-LEXIN	TEV

500mg Capsule

00342114	NOVO-LEXIN	TEV

25mg/mL Suspension

02177862	DOM-CEPHALEXIN	DPC
00342106	NOVO-LEXIN	TEV

50mg/mL Suspension

02177870	DOM-CEPHALEXIN	DPC
00342092	NOVO-LEXIN	TEV

250mg Tablet

00768723	APO-CEPHALEX	APX
00828858	CEPHALEXIN	PDL
02177846	DOM-CEPHALEXIN	DPC
00583413	NOVO-LEXIN	TEV
02177781	PMS-CEPHALEXIN	PMS

500mg Tablet

00768715	APO-CEPHALEX	APX
00828866	CEPHALEXIN	PDL
02177854	DOM-CEPHALEXIN	DPC
00583421	NOVO-LEXIN	TEV
02177803	PMS-CEPHALEXIN	PMS

08:12.12 MACROLIDES

AZITHROMYCIN

20mg/mL Suspension

02274566	GD-AZITHROMYCIN	PFI
02418452	PMS-AZITHROMYCIN	PMS
02332388	SANDOZ-AZITHROMYCIN	SDZ
02315157	TEVA-AZITHROMYCIN	TEV
02223716	ZITHROMAX	PFI

40mg/mL Suspension

02418460	PMS-AZITHROMYCIN	PMS
02332396	SANDOZ-AZITHROMYCIN	SDZ
02315165	TEVA-AZITHROMYCIN	TEV
02223724	ZITHROMAX	PFI

250mg Tablet

02247423	APO-AZITHROMYCIN	APX
02415542	APO-AZITHROMYCIN	APX
02330881	AZITHROMYCIN	SAN
02255340	CO AZITHROMYCIN	COB
02278499	DOM-AZITHROMYCIN	DOM
02278359	MYLAN-AZITHROMYCIN	MYL
02278588	PHL-AZITHROMYCIN	PMI
02261634	PMS-AZITHROMYCIN	PMS
02310600	PRO-AZITHROMYCIN	PDL
02275287	RATIO-AZITHROMYCIN	RPH
02275309	RIVA-AZITHROMYCIN	RIV
02265826	SANDOZ-AZITHROMYCIN	SDZ
02267845	TEVA-AZITHROMYCIN	TEV
02212021	ZITHROMAX	PFI

600mg Tablet

02256088	CO AZITHROMYCIN	COB
02261642	PMS-AZITHROMYCIN	PMS
02275317	RIVA-AZITHROMYCIN	RIV
02231143	ZITHROMAX	PFI

CLARITHROMYCIN

500mg Extended Release Tablet

02403196	ACT CLARITHROMYCIN XL	ATP
02413345	APO-CLARITHROMYCIN XL	APX
02244756	BIAXIN XL	ABB

250mg Film Coated Tablet

02274744	APO-CLARITHROMYCIN	APX
01984853	BIAXIN	ABB
02248856	MYLAN-CLARITHROMYCIN	MYL
02247573	PMS-CLARITHROMYCIN	PMS
02324482	PRO-CLARITHROMYCIN	PDL
02361426	RAN-CLARITHROMYCIN	RBY
02247818	RATIO-CLARITHROMYCIN	RPH
02266539	SANDOZ-CLARITHROMYCIN	SDZ
02248804	TEVA-CLARITHROMYCIN	TEP

08:12.12 MACROLIDES

CLARITHROMYCIN

500mg Film Coated Tablet

02274752	APO-CLARITHROMYCIN	APX
02126710	BIAXIN	ABB
02351005	DOM-CLARITHROMYCIN	SEV
02248857	MYLAN-CLARITHROMYCIN	MYL
02247574	PMS-CLARITHROMYCIN	PMS
02324490	PRO-CLARITHROMYCIN	PDL
02361434	RAN-CLARITHROMYCIN	RBY
02247819	RATIO-CLARITHROMYCIN	RPH
02346532	RIVA-CLARITHROMYCIN	RIV
02266547	SANDOZ-CLARITHROMYCIN	SDZ
02248805	TEVA-CLARITHROMYCIN	TEP

25mg/mL Suspension

02390442	ACCEL-CLARITHROMYCIN	ACP
02146908	BIAXIN	ABB
02408988	CLARITHROMYCIN	SAN

50mg/mL Suspension

02390450	ACCEL-CLARITHROMYCIN	ACP
02244641	BIAXIN	ABB
02408996	CLARITHROMYCIN	SAN

ERYTHROMYCIN

250mg Enteric Coated Capsule

00726672	APO-ERYTHRO	APX
00607142	ERYC	PFI

333mg Enteric Coated Capsule

00873454	ERYC	PFI

250mg Tablet

00682020	APO-ERYTHRO BASE	APX

ERYTHROMYCIN ESTOLATE

50mg/mL Suspension

00262595	NOVO-RYTHRO ESTOLATE	TEV

ERYTHROMYCIN ETHYLSUCCINATE

600mg Tablet

00637416	APO-ERYTHRO-S	APX
00583782	EES-600	ABB
00704377	ERYTHRO-ES	PDL

ERYTHROMYCIN STEARATE

250mg Tablet

00545678	APO-ERYTHRO-S	APX
00563854	ERYTHROMYCIN	PDL

500mg Tablet

00688568	APO-ERYTHRO S	APX
00704393	ERYTHRO	PDL

08:12.16 PENICILLINS

AMOXICILLIN

250mg Capsule

02352710	AMOXICILLIN	SAN
02401495	AMOXICILLIN	SIV
00628115	APO-AMOXI	APX
02388073	AURO-AMOXICILLIN	AUR
02238171	MYLAN-AMOXICILLIN	MYL
00406724	NOVAMOXIN	TEV
02230243	PMS-AMOXICILLIN	PMS

500mg Capsule

02352729	AMOXICILLIN	SAN
02401509	AMOXICILLIN	SIV
00628123	APO-AMOXI	APX
02388081	AURO-AMOXICILLIN	AUR
02238172	MYLAN-AMOXICILLIN	MYL
00406716	NOVAMOXIN	TEV
02230244	PMS-AMOXICILLIN	PMS
00644315	PRO-AMOX	PDL

125mg Chewable Tablet

02036347	NOVAMOXIN	TEV

250mg Chewable Tablet

02036355	NOVAMOXIN	TEV

25mg/mL Oral Solution

01934171	NOVAMOXIN SUGAR REDUCED	TEV

50mg/mL Oral Solution

01934163	NOVAMOXIN SUGAR REDUCED	TEV

25mg/mL Suspension

02352745	AMOXICILLIN	SAN
02352761	AMOXICILLIN SUGAR REDUCED	SAN
00628131	APO-AMOXI	APX
00452149	NOVAMOXIN	TEV
02230245	PMS-AMOXICILLIN	PMS

50mg/mL Suspension

02352753	AMOXICILLIN	SAN
02401541	AMOXICILLIN	SIV
02352788	AMOXICILLIN SUGAR REDUCED	SAN
00628158	APO-AMOXI	APX
02230880	APO-AMOXI SUGAR FREE	APX
00452130	NOVAMOXIN	TEV
02230246	PMS-AMOXICILLIN	PMS
00644331	PRO-AMOX	PDL

AMOXICILLIN, CLAVULANIC ACID

25mg & 6.25mg/mL Suspension

02243986	APO-AMOXI CLAV	APX
01916882	CLAVULIN-F 125	GSK

40mg & 5.7mg/mL Suspension

02288559	APO-AMOXI CLAV	APX
02238831	CLAVULIN 200	GSK

08:12.16 PENICILLINS

AMOXICILLIN, CLAVULANIC ACID

50mg & 12.5mg/mL Suspension

02243987	APO-AMOXI CLAV	APX
01916874	CLAVULIN-F 250	GSK

80mg & 11.4mg/mL Suspension

02238830	CLAVULIN 400	GSK

250mg & 125mg Tablet

02243350	APO-AMOXI CLAV	APX

500mg & 125mg Tablet

02326515	AMOXI-CLAV	PDL
02243351	APO-AMOXI CLAV	APX
01916858	CLAVULIN-F	GSK
02243771	RATIO-ACLAVULANATE	RPH

875mg & 125mg Tablet

02326523	AMOXI-CLAV	PDL
02245623	APO-AMOXI CLAV	APX
02238829	CLAVULIN	GSK
02247021	RATIO-ACLAVULANATE	RPH
02248138	TEVA-CLAVAMOXIN	TEV

AMPICILLIN

250mg Capsule

00020877	TEVA-AMPICILLIN	TEV

500mg Capsule

00020885	TEVA-AMPICILLIN	TEV

50mg/mL Suspension

00603287	APO-AMPICILLIN	APX

CLOXACILLIN

250mg Capsule

02069660	CLOXACILLINE	PRO
00337765	TEVA-CLOXIN	TEV

500mg Capsule

02069679	CLOXACILLINE	PRO
00337773	TEVA-CLOXIN	TEV

25mg/mL Suspension

00337757	TEVA-CLOXIN	TEV

PENICILLIN V POTASSIUM

25mg/mL Suspension

00642223	APO-PEN VK	APX

60mg/mL Suspension

00642231	APO-PEN VK	APX
00391603	NOVO-PEN VK	TEV

300mg Tablet

00642215	APO-PEN VK	APX
00717568	NU-PEN VK	NXP
00468029	PENICILLINE V	PDL

PIVMECILLINAM HCL

200mg Tablet

00657212	SELEXID	LEO

08:12.18 QUINOLONES

CIPROFLOXACIN HCL

250mg Tablet

02229521	APO-CIPROFLOX	APX
02381907	AURO-CIPROFLOXACIN	AUR
02155958	CIPRO	BAY
02353318	CIPROFLOXACIN	SAN
02386119	CIPROFLOXACIN	SIV
02247339	CO CIPROFLOXACIN	COB
02380358	JAMP-CIPROFLOXACIN	JAP
02379686	MAR-CIPROFLOXACIN	MAR
02423553	MINT-CIPROFLOX	MIN
02317427	MINT-CIPROFLOXACIN	MIN
02245647	MYLAN-CIPROFLOXACIN	MYL
02251310	PHL-CIPROFLOXACIN	PHH
02248437	PMS-CIPROFLOXACIN	PMS
02317796	PRO-CIPROFLOXACIN	PDL
02303728	RAN-CIPROFLOX	RBY
02246825	RATIO-CIPROFLOXACIN	RPH
02251221	RIVA-CIPROFLOXACIN	RIV
02248756	SANDOZ-CIPROFLOXACIN	SDZ
02379627	SEPTA-CIPROFLOXACIN	SPT
02266962	TARO-CIPROFLOXACIN	TAR
02161737	TEVA-CIPROFLOXACIN	TEV

500mg Tablet

02229522	APO-CIPROFLOX	APX
02381923	AURO-CIPROFLOXACIN	AUR
02155966	CIPRO	BAY
02353326	CIPROFLOXACIN	SAN
02386127	CIPROFLOXACIN	SIV
02247340	CO CIPROFLOXACIN	COB
02251280	DOM-CIPROFLOXACIN	PMS
02380366	JAMP-CIPROFLOXACIN	JAP
02379694	MAR-CIPROFLOXACIN	MAR
02423561	MINT-CIPROFLOX	MIN
02317435	MINT-CIPROFLOXACIN	MIN
02245648	MYLAN-CIPROFLOXACIN	MYL
02251329	PHL-CIPROFLOXACIN	PHH
02248438	PMS-CIPROFLOXACIN	PMS
02317818	PRO-CIPROFLOXACIN	PDL
02303736	RAN-CIPROFLOX	RBY
02246826	RATIO-CIPROFLOXACIN	RPH
02251248	RIVA-CIPROFLOXACIN	RIV
02248757	SANDOZ-CIPROFLOXACIN	SDZ
02379635	SEPTA-CIPROFLOXACIN	SPT
02266970	TARO-CIPROFLOXACIN	TAR
02161745	TEVA-CIPROFLOXACIN	TEV

08:12.18 QUINOLONES

CIPROFLOXACIN HCL

750mg Tablet

02229523	APO-CIPROFLOX	APX
02381931	AURO-CIPROFLOXACIN	AUR
02155974	CIPRO	BAY
02353334	CIPROFLOXACIN	SAN
02247341	CO CIPROFLOXACIN	COB
02380374	JAMP-CIPROFLOXACIN	JAP
02379708	MAR-CIPROFLOXACIN	MAR
02423588	MINT-CIPROFLOX	MIN
02317443	MINT-CIPROFLOXACIN	MIN
02245649	MYLAN-CIPROFLOXACIN	MYL
02251337	PHL-CIPROFLOXACIN	PHH
02248439	PMS-CIPROFLOXACIN	PMS
02303744	RAN-CIPROFLOX	RBY
02246827	RATIO-CIPROFLOXACIN	RPH
02251256	RIVA-CIPROFLOXACIN	RIV
02248758	SANDOZ-CIPROFLOXACIN	SDZ
02379643	SEPTA-CIPROFLOXACIN	SPT
02161753	TEVA-CIPROFLOXACIN	TEV

LEVOFLOXACIN

Limited use benefit (prior approval not required).

Coverage will be limited to a maximum of 30 days.

250mg Tablet

02284707	APO-LEVOFLOXACIN	APX
02315424	CO-LEVOFLOXACIN	CBT
02246804	LEVAQUIN	JNO
02313979	MYLAN-LEVOFLOXACIN	MYL
02248262	NOVO-LEVOFLOXACIN	TEV
02284677	PMS-LEVOFLOXACIN	PMS
02298635	SANDOZ LEVOFLOXACIN	SDZ

500mg Tablet

02284715	APO-LEVOFLOXACIN	APX
02315432	CO-LEVOFLOXACIN	CBT
02236842	LEVAQUIN	JNO
02415879	LEVOFLOXACIN	PDL
02313987	MYLAN-LEVOFLOXACIN	MYL
02248263	NOVO-LEVOFLOXACIN	TEV
02284685	PMS-LEVOFLOXACIN	PMS
02298643	SANDOZ LEVOFLOXACIN	SDZ

750mg Tablet

02325942	APO-LEVOFLOXACIN	APX
02315440	CO-LEVOFLOXACIN	CBT
02285649	NOVO-LEVOFLOXACIN	TEV
02305585	PMS-LEVOFLOXACIN	PMS
02298651	SANDOZ LEVOFLOXACIN	SDZ

NORFLOXACIN

400mg Tablet

02229524	APO-NORFLOX	APX
02269627	CO NORFLOXACIN	COB
02237682	NOVO-NORFLOXACIN	TEV
02246596	PMS-NORFLOXACIN	PMS

08:12.18 QUINOLONES

OFLOXACIN

200mg Tablet

02231529	OFLOXACIN	AAP

300mg Tablet

02243475	NOVO-OFLOXACIN	TEV
02231531	OFLOXACIN	AAP

400mg Tablet

02231532	OFLOXACIN	AAP

08:12.20 SULFONAMIDES

SULFAMETHOXAZOLE

500mg Tablet

00421480	APO-SULFAMETHOXAZOLE	APX

SULFAMETHOXAZOLE, TRIMETHOPRIM

40mg & 8mg/mL Suspension

00726540	NOVO-TRIMEL	TEV

100mg & 20mg Tablet

00445266	APO-SULFATRIM PED	APX

400mg & 80mg Tablet

00445274	APO-SULFATRIM	APX
00510637	NOVO-TRIMEL	TEV

800mg & 160mg Tablet

00445282	APO-SULFATRIM DS	APX
00510645	NOVO-TRIMEL DS	TEV
00512524	PROTRIN DF	PRO

SULFASALAZINE

500mg Enteric Coated Tablet

00598488	PMS-SULFASALAZINE	PMS
02064472	SALAZOPYRIN	PFI

500mg Tablet

00598461	PMS-SULFASALAZINE	PMS
02064480	SALAZOPYRIN	PFI

08:12.24 TETRACYCLINES

DOXYCYCLINE

100mg Capsule

00740713	APO-DOXY	APX
00817120	DOXYCIN	RIV
02351234	DOXYCYCLINE	SAN
00725250	NOVO-DOXYLIN	TEV

100mg Tablet

00874256	APO-DOXY	APX
00860751	DOXYCIN	RIV
02351242	DOXYCYCLINE	SAN
00887064	DOXYTAB	PDL
02158574	NOVO-DOXYLIN	TEV

08:12.24 TETRACYCLINES

MINOCYCLINE HCL

Limited use benefit (prior approval required).

For:
a. - patients who cannot tolerate other tetracyclines.
b. - patients with severe widespread acne who have failed on tetracycline.

50mg Capsule

02084090	APO-MINOCYCLINE	APX
02239667	DOM-MINOCYCLINE	DPC
02153394	MINOCYCLINE	PDL
02287226	MINOCYCLINE	SAN
02230735	MYLAN-MINOCYCLINE	MYL
02108143	NOVO-MINOCYCLINE	TEV
02239238	PMS-MINOCYCLINE	PMS
02294419	PMS-MINOCYCLINE	PMS
01914138	RATIO-MINOCYCLINE	RPH
02242080	RIVA-MINOCYCLINE	RIV
02237313	SANDOZ-MINOCYCLINE	SDZ

100mg Capsule

02084104	APO-MINOCYCLINE	APX
02239668	DOM-MINOCYCLINE	DPC
02154366	MINOCYCLINE	PDL
02239982	MINOCYCLINE	IVX
02287234	MINOCYCLINE	SAN
02230736	MYLAN-MINOCYCLINE	MYL
02108151	NOVO-MINOCYCLINE	TEV
02294427	PMS-MINOCYCLINE	PMS
02239239	PMS-MONOCYCLINE	PMS
01914146	RATIO-MINOCYCLINE	RPH
02242081	RIVA-MINOCYCLINE	RIV
02237314	SANDOZ-MINOCYCLINE	SDZ

TETRACYCLINE HCL

250mg Capsule

00580929	APO-TETRA	APX
00156744	TETRACYCLINE	PRO

08:12.28 MISCELLANEOUS ANTIBIOTICS

CLINDAMYCIN HCL

150mg Capsule

02245232	APO-CLINDAMYCIN	APX
02400529	CLINDAMYCIN	SAN
02248525	CLINDAMYCINE	PDL
00030570	DALACIN C	PFI
02258331	MYLAN-CLINDAMYCIN	MYL
02241709	TEVA-CLINDAMYCIN	TEV

300mg Capsule

02245233	APO-CLINDAMYCIN	APX
02248526	CLINDAMYCIN	PDL
02400537	CLINDAMYCIN	SAN
02182866	DALACIN C	PFI
02258358	MYLAN-CLINDAMYCIN	MYL
02241710	TEVA-CLINDAMYCIN	TEV

08:12.28 MISCELLANEOUS ANTIBIOTICS

CLINDAMYCIN PALMITATE HCL

15mg/mL Solution

00225851	DALACIN C	PFI

LINEZOLID

Limited use benefit (prior approval required).

Tablets:

For treatment of proven vancomycin-resistant enterococci (VRE) infections when other antibiotics are not available, and for the treatment of proven Methicillin-Resistant Staphylococcus aureus (MRSA) infections in patients who cannot tolerate or who had an idiosyncratic reaction with Vancomycin.

I.V. solution:

When linezolid cannot be administered orally in the above mentioned situations.

2mg/mL Injection

02402637	LINEZOLID	TEP
02243685	ZYVOXAM	PFI

600mg Tablet

02426552	APO-LINEZOLID	APX
02422689	SANDOZ LINEZOLID	SDZ
02243684	ZYVOXAM	PFI

08:14.04 ALLYLAMINES

TERBINAFINE HCL

250mg Tablet

02239893	APO-TERBINAFINE	APX
02320134	AURO-TERBINAFINE	AUR
02254727	CO TERBINAFINE	COB
02299275	DOM-TERBINAFINE	DOM
02357070	JAMP-TERBINAFINE	JAP
02031116	LAMISIL	NVR
02242503	MYLAN-TERBINAFINE	MYL
02240346	NOVO-TERBINAFINE	TEV
02240807	PMS-TERBINAFINE	PMS
02294273	PMS-TERBINAFINE	PMS
02262924	RIVA-TERBINAFINE	RIV
02262177	SANDOZ-TERBINAFINE	SDZ
02242735	TERBINAFINE	PDL
02353121	TERBINAFINE	SAN
02385279	TERBINAFINE	SIV

08:14.08 AZOLES

FLUCONAZOLE

150mg Capsule

02241895	APO-FLUCONAZOLE	APX
02311690	CANESORAL	BAY
02323419	CO FLUCONAZOLE	CBT
02141442	DIFLUCAN	PFI
02243645	NOVO-FLUCONAZOLE	TEV
02246620	PMS-FLUCONAZOLE	PMS
02282348	PMS-FLUCONAZOLE	PMS
02310694	PRO-FLUCONAZOLE	PDL
02255510	RIVA-FLUCONAZOLE	RIV

08:14.08 AZOLES

FLUCONAZOLE

10mg/mL Suspension

02024152	DIFLUCAN	PFI

50mg Tablet

02237370	APO-FLUCONAZOLE	APX
02281260	CO FLUCONAZOLE	CBT
00891800	DIFLUCAN	PFI
02245292	MYLAN-FLUCONAZOLE	MYL
02236978	NOVO-FLUCONAZOLE	TEV
02245643	PMS-FLUCONAZOLE	PMS
02249294	TARO-FLUCONAZOLE	TAR

100mg Tablet

02237371	APO-FLUCONAZOLE	APX
02281279	CO FLUCONAZOLE	CBT
02246109	DOM-FLUCONAZOLE	PMS
02245293	MYLAN-FLUCONAZOLE	MYL
02236979	NOVO-FLUCONAZOLE	TEV
02245644	PMS-FLUCONAZOLE	PMS
02310686	PRO-FLUCONAZOLE	PDL
02271516	RIVA-FLUCONAZOLE	RIV
02249308	TAR0-FLUCONAZOLE	TAR

ITRACONAZOLE

100mg Capsule

02047454	SPORANOX	JNO

10mg/mL Solution

02231347	SPORANOX	JNO

KETOCONAZOLE

200mg Tablet

02237235	APO-KETOCONAZOLE	APX
02231061	NOVO-KETOCONAZOLE	TEV

VORICONAZOLE

Limited use benefit (prior approval required).

For the treatment of:
a. - patients with invasive aspergillosis.
b. - culture proven invasive candidiasis with documented resistance to fluconazole.

50mg Tablet

02409674	APO-VORICONAZOLE	APX
02399245	SANDOZ VORICONAZOLE	SDZ
02396866	TEVA-VORICONAZOLE	TEP
02256460	VFEND	PFI

200mg Tablet

02409682	APO-VORICONAZOLE	APX
02399253	SANDOZ VORICONAZOLE	SDZ
02396874	TEVA-VORICONAZOLE	TEP
02256479	VFEND	PFI

08:14.28 POLYENES

NYSTATIN

100,000U/mL Suspension

02125145	DOM-NYSTATIN	DPC
00792667	PMS-NYSTATIN	PMS
02194201	RATIO-NYSTATIN	RPH

08:14.28 POLYENES

NYSTATIN

500,000U Tablet

02194198	RATIO-NYSTATIN	RPH

08:16.04 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL HCL

100mg Tablet

00247960	ETIBI	VAE

400mg Tablet

00247979	ETIBI	VAE

ISONIAZID

10mg/mL Syrup

00265500	ISOTAMINE	VAE
00577812	PMS-ISONIAZID	PMS

300mg Tablet

00272655	ISOTAMINE	VAE
00577804	PMS-ISONIAZID	PMS

PYRAZINAMIDE

500mg Tablet

00618810	PMS-PYRAZINAMIDE	PMS
00283991	TEBRAZID	VAE

RIFABUTIN

150mg Capsule

02063786	MYCOBUTIN	PFI

RIFAMPIN

150mg Capsule

02091887	RIFADIN	SAC
00393444	ROFACT	VAE

300mg Capsule

02092808	RIFADIN	SAC
00343617	ROFACT	VAE

08:18.04 ADAMANTANES

AMANTADINE HCL

100mg Capsule

02130963	DOM-AMANTADINE	DPC
02139200	MYLAN-AMANTADINE	MYL
01990403	PMS-AMANTADINE	PMS

10mg/mL Syrup

02022826	PMS-AMANTADINE	PMS

08:18.08 ANTIRETROVIRALS

ABACAVIR

20mg/mL Oral Liquid

02240358	ZIAGEN	GSK

300mg Tablet

02240357	ZIAGEN	GSK

ABACAVIR, LAMIVUDINE

600mg & 300mg Tablet

02269341	KIVEXA	GSK

08:18.08 ANTIRETROVIRALS

ABACAVIR, LAMIVUDINE, ZIDOVUDINE

300mg & 150mg & 300mg Tablet

02244757	TRIZIVIR	GSK

ATAZANAVIR SULFATE

150mg Capsule

02248610	REYATAZ	BMS

200mg Capsule

02248611	REYATAZ	BMS

300mg Capsule

02294176	REYATAZ	BMS

COBICISTAT, EMTRICITABINE, ELVITEGRAVIR, TENOFOVIR

150mg & 200mg & 150mg & 300mg Tablet

02397137	STRIBILD	GIL

DARUNAVIR

75mg Tablet

02338432	PREZISTA	JNO

150mg Tablet

02369753	PREZISTA	JNO

400mg Tablet

02324016	PREZISTA	JNO

600mg Tablet

02324024	PREZISTA	JNO

800mg Tablet

02393050	PREZISTA	KEG

DIDANOSINE

125mg Capsule

02244596	VIDEX EC	BMS

200mg Capsule

02244597	VIDEX EC	BMS

250mg Capsule

02244598	VIDEX EC	BMS

400mg Capsule

02244599	VIDEX EC	BMS

DOLUTEGRAVIR SODIUM

50mg Tablet

02414945	TIVICAY	VII

EFAVIRENZ

50mg Capsule

02239886	SUSTIVA	BMS

200mg Capsule

02239888	SUSTIVA	BMS

600mg Tablet

02418428	AURO-EFAVIRENZ	AUR
02381524	MYLAN-EFAVIRENZ	MYL
02246045	SUSTIVA	BMS
02389762	TEVA-EFAVIRENZ	TEP

08:18.08 ANTIRETROVIRALS

EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE

600mg & 200mg & 300mg Tablet

02300699	ATRIPLA	BMS

EMTRICITABINE, RILPIVIRINE, TENOFOVIR

200mg & 25mg & 300mg Tablet

02374129	COMPLERA	GIL

EMTRICITABINE, TENOFOVIR

200mg & 300mg Tablet

02274906	TRUVADA	GIL

ETRAVIRINE

Limited use benefit (prior approval required).

For use in combination with other antiretroviral agents for treatment-experienced patients with HIV-1 infection who:
a.- have failed prior antiretroviral therapy; and
b. - have HIV-1 strains resistant to multiple antiretroviral agents, including NNRTIs

100mg Tablet

02306778	INTELENCE	JNO

200mg Tablet

02375931	INTELENCE	KEG

FOSAMPRENAVIR CALCIUM

50mg/mL Oral Suspension

02261553	TELZIR	GSK

700mg Tablet

02261545	TELZIR	GSK

INDINAVIR SULFATE

200mg Capsule

02229161	CRIXIVAN	FRS

400mg Capsule

02229196	CRIXIVAN	FRS

LAMIVUDINE

10mg/mL Solution

02192691	3TC	GSK

100mg Tablet

02393239	APO-LAMIVUDINE HBV	APX
02239193	HEPTOVIR	GSK

150mg Tablet

02192683	3TC	GSK
02369052	APO-LAMIVUDINE	APX

300mg Tablet

02247825	3TC	GSK
02369060	APO-LAMIVUDINE	APX

LAMIVUDINE, ZIDOVUDINE

150mg & 300mg Tablet

02375540	APO-LAMIVUDINE-ZIDOVUDINE	APX
02239213	COMBIVIR	GSK
02387247	TEVA-LAMIVUDINE/ZIDOVUDINE	TEP

08:18.08 ANTIRETROVIRALS

LOPINAVIR, RITONAVIR

80mg & 20mg/mL Oral Solution

02243644	KALETRA	ABB

100mg & 25mg Tablet

02312301	KALETRA	ABB

200mg & 50mg Tablet

02285533	KALETRA	ABB

MARAVIROC

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection, given in combination with other antiretroviral agents, in patients who have:
a. - CR5 tropic viruses; and
b. - documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors)

150mg Tablet

02299844	CELSENTRI	VII

300mg Tablet

02299852	CELSENTRI	VII

NELFINAVIR MESYLATE

50mg/g Powder for Suspension

02238618	VIRACEPT	PFI

250mg Tablet

02238617	VIRACEPT	PFI

625mg Tablet

02248761	VIRACEPT	PFI

NEVIRAPINE

400MG Extended Release Tablet

02367289	VIRAMUNE XR	BOE

200mg Tablet

02318601	AURO-NEVIRAPINE	AUR
02387727	MYLAN-NEVIRAPINE	MYL
02405776	PMS-NEVIRAPINE	PMS
02352893	TEVA-NEVIRAPINE	TEV
02238748	VIRAMUNE	BOE

RALTEGRAVIR

Limited use benefit (prior approval required).

For the treatment of HIV infection in patients who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretroviral agents, nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.

400mg Tablet

02301881	ISENTRESS	FRS

RILPIVIRINE HCL

25mg Tablet

02370603	EDURANT	KEG

08:18.08 ANTIRETROVIRALS

RITONAVIR

80mg/mL Liquid

02229145	NORVIR	ABB

100mg Tablet

02357593	NORVIR	ABB

SAQUINAVIR MESYLATE

200mg Capsule

02216965	INVIRASE	HLR

500mg Tablet

02279320	INVIRASE	HLR

STAVUDINE

15mg Capsule

02216086	ZERIT	BMS

20mg Capsule

02216094	ZERIT	BMS

30mg Capsule

02216108	ZERIT	BMS

40mg Capsule

02216116	ZERIT	BMS

TENOFOVIR DISOPROXIL FUMARATE

Limited use benefit (prior approval required).

For the management of HIV disease in patients who have failed or have experienced adverse events to an alternative nucleoside reverse transcriptase inhibitor.

245mg Tablet

02247128	VIREAD	GIL

TIPRANAVIR

Limited use benefit (prior approval required).

For the management of HIV disease in patients
a. - who have failed all currently listed protease inhibitors
b. - intolerant to all currently listed protease inhibitors

250mg Capsule

02273322	APTIVUS	BOE

ZIDOVUDINE

100mg Capsule

01946323	APO-ZIDOVUDINE	APX
01902660	RETROVIR	GSK

10mg/mL Syrup

01902652	RETROVIR	GSK

08:18.20 INTERFERONS

PEGINTERFERON ALFA-2A

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL Injection

02248077	PEGASYS	HLR

180mcg/1mL Injection

02248078	PEGASYS	HLR

PEGINTERFERON ALFA-2A, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL & 200mg Injection & Tablet

02253429	PEGASYS RBV	HLR

180mcg/1mL & 200mg Injection & Tablet

02253410	PEGASYS RBV	HLR

PEGINTERFERON ALFA-2B, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

50mcg/0.5mL & 200mg Injection & Capsule

02246026	PEGETRON	SCH
02254573	PEGETRON REDIPEN	SCH

80mcg/0.5mL & 200mg Injection & Capsule

02254581	PEGETRON REDIPEN	SCH

100mcg/0.5mL & 200mg Injection & Capsule

02254603	PEGETRON REDIPEN	SCH

120mcg/0.5mL & 200mg Injection & Capsule

02254638	PEGETRON REDIPEN	SCH

08:18.20 INTERFERONS

PEGINTERFERON ALFA-2B, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

150mcg/0.5mL & 200mg Injection & Capsule

02246030	PEGETRON	SCH
02254646	PEGETRON REDIPEN	SCH

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR

40mg/mL Suspension

00886157	ZOVIRAX	GSK

200mg Tablet

02286556	ACYCLOVIR	SAN
02207621	APO-ACYCLOVIR	APX
02242784	MYLAN-ACYCLOVIR	MYL
02078627	RATIO-ACYCLOVIR	RPH
02285959	TEVA-ACYCLOVIR	TEV
00634506	ZOVIRAX	GSK

400mg Tablet

02286564	ACYCLOVIR	SAN
02207648	APO-ACYCLOVIR	APX
02242463	MYLAN-ACYCLOVIR	MYL
02078635	RATIO-ACYCLOVIR	RPH
02285967	TEVA-ACYCLOVIR	TEV
01911627	ZOVIRAX	GSK

800mg Tablet

02286572	ACYCLOVIR	SAN
02207656	APO-ACYCLOVIR	APX
02242464	MYLAN-ACYCLOVIR	MYL
02078651	RATIO-ACYCLOVIR	RPH
02285975	TEVA-ACYCLOVIR	TEV

ADEFOVIR DIPIVOXIL

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection when used in combination with lamivudine in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of ≥ 1 log10 IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

10MG Tablet

02420333	APO-ADEFOVIR	APX
02247823	HEPSERA	GIL

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ENTECAVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

0.5mg Tablet

02396955	APO-ENTECAVIR	APX
02282224	BARACLUDE	BMS
02430576	PMS-ENTECAVIR	PMS

FAMCICLOVIR

125mg Tablet

02292025	APO-FAMCICLOVIR	APX
02305682	CO FAMCICLOVIR	COB
02324865	FAMCICLOVIR	PDL
02229110	FAMVIR	NVR
02278081	PMS-FAMCICLOVIR	PMS
02278634	SANDOZ-FAMCICLOVIR	SDZ

250mg Tablet

02292041	APO-FAMCICLOVIR	APX
02305690	CO FAMCICLOVIR	COB
02324873	FAMCICLOVIR	PDL
02229129	FAMVIR	NVR
02278103	PMS-FAMCICLOVIR	PMS
02278642	SANDOZ-FAMCICLOVIR	SDZ

500mg Tablet

02292068	APO-FAMCICLOVIR	APX
02305704	CO FAMCICLOVIR	COB
02324881	FAMCICLOVIR	PDL
02177102	FAMVIR	NVR
02278111	PMS-FAMCICLOVIR	PMS
02278650	SANDOZ-FAMCICLOVIR	SDZ

GANCICLOVIR SODIUM

500mg Injection

02162695	CYTOVENE	HLR

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

SOFOSBUVIR

Limited use benefit (prior approval required).

For the treatment of chronic Hepatitis C in adult patients with compensated liver disease, including cirrhosis, if the following clinincal criteria and conditions are met:

Patients with Genotype 1 CHC infection, in combination with pegylated-interferon and ribavirin (PEG IFN/RBV):
- Fibrosis stage F2 or greater
- Treatment naïve
If approved, treatment should not exceed a duration of 12 weeks.

Patients with Genotype 2 CHC infection, in combination with RBV:
- Fibrosis stage F2 or greater
- Previous treatment experience with Peg-IFN/RBV ; OR
- A medical contraindication to Peg-IFN/RBV
If approved, treatment should not exceed a duration of 12 weeks.

Patients with Genotype 3 CHC infection, in combination with RBV:
- Fibrosis stage F2 or greater
- Previous treatment experience with Peg-IFN/RBV ; OR
- A medical contraindication to Peg-IFN/RBV
If approved, treatment should not exceed a duration of 24 weeks.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Sovaldi (Re-treatment requests will not be considered).

400mg Tablet

02418355	SOVALDI	GIL

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

SOFOSBUVIR, LEDIPASVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C virus (HCV) genotype 1 infection in adults with a liver fibrosis stage ≥ F2 (Metavir score or equivalent).

Criteria & Duration
Treatment-naïve patients with no cirrhosis, viral load < 6 million IU/mL - 8 weeks*
Treatment-naïve patients with no cirrhosis, viral load ≥ 6 million IU/mL - 12 weeks
Treatment-naïve patients with compensated cirrhosis - 12 weeks
Treatment-experienced patients with no cirrhosis - 12 weeks
Treatment-experienced patients with compensated cirrhosis - 24 weeks

*For this population cohort (treatment naïve, non-cirrhotic, viral load < 6 million IU/mL), evidence has shown that the SVR rates with the 8-week and 12-week treatment regimens are similar. Treatment regimens of up to 12 weeks are recognized as a Health Canada approved treatment option. Patients may be considered for 12 weeks of coverage if they have severe fibrosis/borderline cirrhosis (F3-4) or if they are co-infected with HIV.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Harvoni (Re-treatment requests will not be considered).

400mg & 90mg Tablet

02432226	HARVONI	GIL

VALACYCLOVIR HCL

500mg Tablet

02295822	APO-VALACYCLOVIR	APX
02331748	CO VALACYCLOVIR	CBT
02307936	DOM-VALACYCLOVIR	DOM
02351579	MYLAN-VALACYCLOVIR	MYL
02298457	PMS-VALACYCLOVIR	PMS
02315173	PRO-VALACYCLOVIR	PDL
02316447	RIVA-VALACYCLOVIR	RIV
02357534	TEVA-VALACYCLOVIR	TEP
02219492	VALTREX	GSK

VALGANCICLOVIR HCL

450mg Tablet

02393824	APO-VALGANCICLOVIR	APX
02413825	TEVA-VALGANCICLOVIR	TEP
02245777	VALCYTE	HLR

08:18.40

BOCEPREVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha (a or b) + ribavirin), and the following criteria:

-detectable levels of hepatitis C virus RNA in the last six months;
- fibrosis stage of F2, F3 or F4;
-one course of treatment only (maximum of 44 weeks, based on response).

200mg Capsule

02370816	VICTRELIS	FRS

BOCEPREVIR, PEGINTERFERON, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha (a or b) + ribavirin), and the following criteria:

-detectable levels of hepatitis C virus RNA in the last six months;
- fibrosis stage of F2, F3 or F4;
-one course of treatment only (maximum of 44 weeks, based on response).

200mg & 100mcg & 200mg Kit

02371456	VICTRELIS TRIPLE	FRS

200mg & 120mcg & 200mg Kit

02371464	VICTRELIS TRIPLE	FRS

200mg & 150mcg & 200mg Kit

02371472	VICTRELIS TRIPLE	FRS

200mg & 80mcg & 200mg Kit

02371448	VICTRELIS TRIPLE	FRS

SIMEPREVIR

Limited use benefit (prior approval required).

For the treatment of chronic Hepatitis C in treatment-naïve and treatment-experienced patients who meet all of the following criteria:
- Chronic hepatitis C virus (HCV) genotype 1 infection
- Detectable levels of HCV RNA in the last six months
- Fibrosis stage F2 or greater (Metavir scale or equivalent)
- Patient has not received a prior full therapeutic course of boceprevir or telaprevir.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Galexos (Re-treatment requests will not be considered).

150mg Capsule

02416441	GALEXOS	KEG

08:30.04 AMEBICIDES

DIIODOHYDROXYQUIN

210mg Tablet

01997769	DIODOQUIN	GLE

08:30.04 AMEBICIDES

DIIODOHYDROXYQUIN

650mg Tablet

01997750	DIODOQUIN	GLE

PAROMOMYCIN SULFATE

250mg Capsule

02078759	HUMATIN	ERF

08:30.08 ANTIMALARIALS

CHLOROQUINE PHOSPHATE

250mg Tablet

00021261	TEVA-CHLOROQUINE	TEV

HYDROXYCHLOROQUINE SULFATE

200mg Tablet

02246691	APO-HYDROXYQUINE	APX
02424991	MINT-HYDROXYCHLOROQUINE	MIN
02252600	MYLAN-HYDROXYCHLOROQUINE	MYL
02017709	PLAQUENIL	SAC
02311011	PRO-HYDROXYQUINE	PDL

PRIMAQUINE PHOSPHATE

26.3mg Tablet

02017776	PRIMAQUINE	SAC

PYRIMETHAMINE

25mg Tablet

00004774	DARAPRIM	GSK

08:30.92 MISCELLANEOUS ANTIPROTOZOALS

ATOVAQUONE

150mg/mL Suspension

02217422	MEPRON	GSK

METRONIDAZOLE

500mg Capsule

02248562	METRONIDAZOLE	AAP

250mg Tablet

00420409	METRONIDAZOLE	PDL
00545066	METRONIDAZOLE	AAP

08:36.00 URINARY ANTI-INFECTIVES

FOSFOMYCIN TROMETHAMINE

Limited use benefit (prior approval required).

For the treatment of women (>12 years old) with:
•Urinary tract infections with organisms resistant to first line therapy
OR
•Urinary tract infections in pregnancy when first line agents are contraindicated

3gm/pk Powder

02240335	MONUROL	PAL

08:36.00 URINARY ANTI-INFECTIVES

NITROFURANTOIN

50mg Capsule

02231015	NOVO-FURANTOIN	TEV

100mg Capsule

02063662	MACROBID	PGP
02231016	NOVO-FURANTOIN	TEV

50mg Tablet

00319511	NITROFURANTOIN	AAP

100mg Tablet

00312738	NITROFURANTOIN	AAP

TRIMETHOPRIM

100mg Tablet

02243116	TRIMETHOPRIM	AAP

200mg Tablet

02243117	TRIMETHOPRIM	AAP

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

ALTRETAMINE

50mg Capsule

02126230	HEXALEN	LIL

ANASTROZOLE

1mg Tablet

02351218	ACH-ANASTROZOLE	ACC
02395649	ANASTROZOLE	PDL
02374420	APO-ANASTROZOLE	APX
02224135	ARIMIDEX	AZC
02404990	AURO-ANASTROZOLE	AUR
02394898	CO ANASTROZOLE	CBT
02339080	JAMP-ANASTROZOLE	JAP
02379562	MAR-ANASTROZOLE	MAR
02379104	MED-ANASTROZOLE	GMP
02393573	MINT-ANASTROZOLE	MIN
02361418	MYLAN-ANASTROZOLE	MYL
02320738	PMS-ANASTROZOLE	PMS
02328690	RAN-ANASTROZOLE	RBY
02392259	RIVA-ANASTROZOLE	RIV
02338467	SANDOZ ANASTROZOLE	SDZ
02365650	TARO-ANASTROZOLE	TAR
02313049	TEVA-ANASTROZOLE	TEP

BICALUTAMIDE

50MG Tablet

02325985	ACH-BICALUTAMIDE	ACC
02296063	APO-BICALUTAMIDE	APX
02382423	BICALUTAMIDE	SIV
02184478	CASODEX	AZC
02274337	CO BICALUTAMIDE	COB
02357216	JAMP-BICALUTAMIDE	JAP
02302403	MYLAN-BICALUTAMIDE	MYL
02275589	PMS-BICALUTAMIDE	PMS
02311038	PRO-BICALUTAMIDE	PDL
02371324	RAN-BICALUTAMIDE	RBY
02276089	SANDOZ-BICALUTAMIDE	SDZ
02270226	TEVA-BICALUTAMIDE	TEV

BUSERELIN ACETATE

1mg/mL Injection

02225166	SUPREFACT	SAC

1mg/mL Nasal Solution

02225158	SUPREFACT	SAC

6.3mg/Implant Subcutaneous Injection

02228955	SUPREFACT DEPOT 2 MONTHS	SAC

9.45mg/Implant Subcutaneous Injection

02240749	SUPREFACT DEPOT 3 MONTHS	SAC

BUSULFAN

2mg Tablet

00004618	MYLERAN	GSK

10:00.00 ANTINEOPLASTIC AGENTS

CAPECITABINE

150mg Tablet

02421917	SANDOZ CAPECITABINE	SDZ
02400022	TEVA-CAPECITABINE	TEP
02238453	XELODA	HLR

500mg Tablet

02426765	ACH-CAPECITABINE	ACC

500mg Tablet

02421925	SANDOZ CAPECITABINE	SDZ
02400030	TEVA-CAPECITABINE	TEP
02238454	XELODA	HLR

CHLORAMBUCIL

2mg Tablet

00004626	LEUKERAN	GSK

CYCLOPHOSPHAMIDE

25mg Tablet

02241795	PROCYTOX	BAT

50mg Tablet

02241796	PROCYTOX	BAT

CYPROTERONE ACETATE

50mg Tablet

00704431	ANDROCUR	BEX
02245898	APO-CYPROTERONE	APX
02390760	MED-CYPROTERONE	GMP
02395797	RIVA-CYPROTERONE	RIV

DEGARELIX ACETATE

80mg Injection

02337029	FIRMAGON	FEI

120mg Injection

02337037	FIRMAGON	FEI

ERLOTINIB HYDROCLORIDE

Limited use benefit (prior approval required).

Treatment of non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen, and whose EGFR expression status is positive or unknown.

100mg Tablet

02269015	TARCEVA	HLR

150mg Tablet

02269023	TARCEVA	HLR

ETOPOSIDE

50mg Capsule

00616192	VEPESID	BMS

EXEMESTANE

25mg Tablet

02419726	APO-EXEMESTANE	APX
02242705	AROMASIN	PFI
02390183	CO EXEMESTANE	CBT
02407841	MED-EXEMESTANE	GMP
02408473	TEVA-EXEMESTANE	TEP

10:00.00 ANTINEOPLASTIC AGENTS

FLUDARABINE PHOSPHATE

10mg Tablet

02246226	FLUDARA	BEX

FLUTAMIDE

250mg Tablet

02238560	APO-FLUTAMIDE	APX
00637726	EUFLEX	SCH
02230104	PMS-FLUTAMIDE	PMS
02230089	TEVA-FLUTAMIDE	TEV

GOSERELIN ACETATE

3.6mg/Depot Injection

02049325	ZOLADEX	AZC

10.8mg/Depot Injection

02225905	ZOLADEX LA	AZC

HYDROXYUREA

500mg Capsule

02247937	APO-HYDROXYUREA	APX
00465283	HYDREA	BMS
02343096	HYDROXYUREA	SAN
02242920	MYLAN-HYDROXYUREA	MYL

IMATINIB MESYLATE

Limited use benefit (prior approval required).

a.- For the treatment of patients with chronic myeloid leukemia (CML) in blast crisis, accelerated phase, or in chronic phase.
b.- For the treatment of patients with gastrointestinal stromal tumour.
c.- For newly diagnosed adult patients with Philadelphia chromosome-positive (CML).

100mg Tablet

02355337	APO-IMATINIB	APX
02397285	CO IMATINIB	ATP
02253275	GLEEVEC	NVR
02399806	TEVA-IMATINIB	TEP

400mg Tablet

02355345	APO-IMATINIB	APX
02397293	CO IMATINIB	CBT
02253283	GLEEVEC	TEV
02399814	TEVA-IMATINIB	TEP

INTERFERON ALFA-2B

6,000,000IU/mL Injection

02238674	INTRON A	SCH

10,000,000IU/mL Injection

02238675	INTRON A	SCH

10,000,000IU/Vial Injection

02223406	INTRON A	SCH

15,000,000IU/mL Injection

02240693	INTRON A	SCH

25,000,000IU/mL Injection

02240694	INTRON A	SCH

50,000,000IU/mL Injection

02240695	INTRON A	SCH

10:00.00 ANTINEOPLASTIC AGENTS

LETROZOLE

2.5mg Tablet

02338459	ACH-LETROZOLE	ACC
02358514	APO-LETROZOLE	APX
02404400	AURO-LETROZOLE	AUR
02231384	FEMARA	NVR
02373009	JAMP-LETROZOLE	JAP
02347997	LETROZOLE	TEV
02348969	LETROZOLE	CBT
02402025	LETROZOLE	PDL
02373424	MAR-LETROZOLE	MAR
02322315	MED-LETROZOLE	GMP
02309114	PMS-LETROZOLE	PMS
02372282	RAN-LETROZOLE	RBY
02398656	RIVA-LETROZOLE	RIV
02344815	SANDOZ LETROZOLE	SDZ
02343657	TEVA-LETROZOLE	TEP

LEUPROLIDE ACETATE

3.75mg/Vial Injection

00884502	LUPRON DEPOT	ABB

7.5mg/Vial Injection

00836273	LUPRON DEPOT	ABB

11.25mg/Vial Injection

02239834	LUPRON DEPOT	ABB

22.5mg/Vial Injection

02248240	ELIGARD	SAC
02230248	LUPRON DEPOT	ABB

30mg/Vial Injection

02248999	ELIGARD	SAC
02239833	LUPRON DEPOT	ABB

45mg/Vial Injection

02268892	ELIGARD	SAC

LOMUSTINE

10mg Capsule

00360430	CEENU	BMS

40mg Capsule

00360422	CEENU	BMS

100mg Capsule

00360414	CEENU	BMS

MEGESTROL ACETATE

40mg/mL Suspension

02168979	MEGACE	BMS

40mg Tablet

02195917	MEGESTROL	AAP

160mg Tablet

02195925	MEGESTROL	AAP

MELPHALAN

2mg Tablet

00004715	ALKERAN	GSK

10:00.00 ANTINEOPLASTIC AGENTS

MERCAPTOPURINE

50mg Tablet

02415275	MERCAPTOPURINE	STE
00004723	PURINETHOL	TEV

METHOTREXATE

25mg/mL Injection

02398427	METHOTREXATE	SDZ

METHOTREXATE SODIUM

10mg/mL Injection

02182947	METHOTREXATE	MAY

25mg/mL Injection

02419173	JAMP-METHOTREXATE	JAP
02182777	METHOTREXATE	MAY
02182955	METHOTREXATE	MAY
02417626	METHOTREXATE	MYL
02099705	NOVO-METHOTREXATE	TEV

2.5mg Tablet

02182963	APO-METHOTREXATE	APX
02170698	METHOTREXATE	WAY
02244798	RATIO-METHOTREXATE	RPH

10mg Tablet

02182750	METHOTREXATE	MAY

MITOTANE

500mg Tablet

00463221	LYSODREN	BMS

NILUTAMIDE

50mg Tablet

02221861	ANANDRON	SAC

PROCARBAZINE HCL

50mg Capsule

00012750	MATULAN	SIG

RITUXIMAB

Limited use benefit (prior approval required).

Prescribed by a rheumatologist for treatment of adult patients with severely active rheumatoid arthritis who have failed to respond to a trial of an anti-TNF agent. Treatment should be combined with methotrexate. Rituximab should not be used in combination with anti-TNF agents.

Treatment beyond six months will only be considered for patients who have achieved a response.
(Please refer to Appendix A).

10mg/mL Injection

02241927	RITUXAN	HLR

10:00.00 ANTINEOPLASTIC AGENTS

SUNITINIB MALATE

Limited use benefit (Prior approval required)

Criteria for initial six month coverage of Sutent:
For patients with histologically proven unresectable or recurrent/metastatic GIST who have failed or are unable to tolerate imatinib therapy. Sunitinib will not be funded concomitantly with imatinib.

Criteria for assessment at every six months:
There is no objective evidence of disease progression.

12.5mg Capsule

02280795	SUTENT	PFI

25mg Capsule

02280809	SUTENT	PFI

50mg Capsule

02280817	SUTENT	PFI

TAMOXIFEN CITRATE

10mg Tablet

00812404	APO-TAMOX	APX
02088428	MYLAN-TAMOXIFEN	MYL
02237459	PMS-TAMOXIFEN	PMS
00851965	TEVA-TAMOXIFEN	TEV

20mg Tablet

00812390	APO-TAMOX	APX
02048485	NOLVADEX D	AZC
02237460	PMS-TAMOXIFEN	PMS
00851973	TEVA-TAMOXIFEN	TEV

TEMOZOLOMIDE

Limited use benefit (prior approval required).

For:
a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy).
b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

5mg Capsule

02241093	TEMODAL	SCH

20mg Capsule

02395274	CO TEMOZOLOMIDE	CBT
02241094	TEMODAL	SCH

100mg Capsule

02395282	CO TEMOZOLOMIDE	CBT
02241095	TEMODAL	SCH

140mg Capsule

02413116	APO-TEMOZOLOMIDE	APX
02395290	CO TEMOZOLOMIDE	CBT
02312794	TEMODAL	FRS

250mg Capsule

02395312	CO TEMOZOLOMIDE	CBT
02241096	TEMODAL	SCH

10:00.00 ANTINEOPLASTIC AGENTS

THIOGUANINE

40mg Tablet

00282081	LANVIS	GSK

TRETINOIN

10mg Capsule

02145839	VESANOID	HLR

TRIPTORELIN PAMOATE

3.75mg/Vial Injection

02240000	TRELSTAR	WAT

11.25mg/Vial Injection

02243856	TRELSTAR LA	WAT

22.5mg Injection

02412322	TRELSTAR	ACY

VINCRISTINE SULFATE

1mg/mL Injection

02143305	VINCRISTINE SULFATE	TEV
02183013	VINCRISTINE SULFATE	MAY

12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE

10mg Tablet

01947958	DUVOID	SHI

25mg Tablet

01947931	DUVOID	SHI

50mg Tablet

01947923	DUVOID	SHI

DONEPEZIL HCL

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 5mg Tablet

02419866	ACCEL-DONEPEZIL	ACP
02397595	ACT DONEPEZIL	ATP
02362260	APO-DONEPEZIL	APX
02232043	ARICEPT	PFI
02400561	AURO-DONEPEZIL	AUR
02402645	DONEPEZIL	ACC
02416417	DONEPEZIL	PDL
02420597	DONEPEZIL	SIV
02404419	JAMP-DONEPEZIL	JAP
02416948	JAMP-DONEPEZIL	JAP
02402092	MAR-DONEPEZIL	MAR
02359472	MYLAN-DONEPEZIL	MYL
02322331	PMS-DONEPEZIL	PMS
02381508	RAN-DONEPEZIL	RBY
02412918	RIVA-DONEPEZIL	RIV
02328666	SANDOZ DONEPEZIL	SDZ
02428482	SEPTA-DONEPEZIL	SPT
02340607	TEVA-DONEPEZIL	TEP

12:04.00 PARASYMPATHOMIMETIC AGENTS

DONEPEZIL HCL

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 10mg Tablet

02419874	ACCEL-DONEPEZIL	ACP
02397609	ACT DONEPEZIL	ATP
02362279	APO-DONEPEZIL	APX
02232044	ARICEPT	PFI
02400588	AURO-DONEPEZIL	AUR
02402653	DONEPEZIL	ACC
02416425	DONEPEZIL	PDL
02420600	DONEPEZIL	SIV
02404427	JAMP-DONEPEZIL	JAP
02416956	JAMP-DONEPEZIL	JAP
02402106	MAR-DONEPEZIL	MAR
02359480	MYLAN-DONEPEZIL	MYL
02322358	PMS-DONEPEZIL	PMS
02381516	RAN-DONEPEZIL	RBY
02412934	RIVA-DONEPEZIL	RIV
02328682	SANDOZ DONEPEZIL	SDZ
02428490	SEPTA-DONEPEZIL	SPT
02340615	TEVA-DONEPEZIL	TEP

12:04.00 PARASYMPATHOMIMETIC AGENTS

GALANTAMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 8mg Extended Release Capsule

02416573	GALANTAMINE ER	PDL
02420821	MAR-GALANTAMINE ER	MAR
02339439	MYLAN-GALANTAMINE ER	MYL
02316943	PAT-GALANTAMINE ER	JNO
02398370	PMS-GALANTAMINE ER	PMS
02266717	REMINYL ER	JNO
02377950	TEVA-GALANTAMINE ER	TEP

ST 16mg Extended Release Capsule

02416581	GALANTAMINE ER	PDL
02420848	MAR-GALANTAMINE ER	MAR
02339447	MYLAN-GALANTAMINE ER	MYL
02316951	PAT-GALANTAMINE ER	JNO
02398389	PMS-GALANTAMINE ER	PMS
02266725	REMINYL ER	JNO
02377969	TEVA-GALANTAMINE ER	TEP

ST 24mg Extended Release Capsule

02416603	GALANTAMINE ER	PDL
02420856	MAR-GALANTAMINE ER	MAR
02339455	MYLAN-GALANTAMINE ER	MYL
02316978	PAT-GALANTAMINE ER	JNO
02398397	PMS-GALANTAMINE ER	PMS
02266733	REMINYL ER	JNO
02377977	TEVA-GALANTAMINE ER	TEP

NEOSTIGMINE BROMIDE

15mg Tablet

00869945	PROSTIGMIN	VAE

12:04.00 PARASYMPATHOMIMETIC AGENTS

PILOCARPINE HCL

5mg Tablet

02402483	PILOCARPINE	STE
02216345	SALAGEN	PFI

PYRIDOSTIGMINE BROMIDE

180mg Sustained Release Tablet

00869953	MESTINON-SR	VAE

60mg Tablet

00869961	MESTINON	VAE

RIVASTIGMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OU
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 1.5mg Capsule

02336715	APO-RIVASTIGMINE	APX
02242115	EXELON	NOV
02401614	MED-RIVASTIGMINE	GMP
02406985	MINT-RIVASTIGMINE	MIN
02332809	MYLAN-RIVASTIGMINE	MYL
02305984	NOVO-RIVASTIGMINE	TEV
02306034	PMS-RIVASTIGMINE	PMS
02311283	RATIO-RIVASTIGMINE	RPH
02416999	RIVASTIGMINE	PDL
02324563	SANDOZ RIVASTIGMINE	SDZ

12:04.00 PARASYMPATHOMIMETIC AGENTS

RIVASTIGMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OU
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 3mg Capsule

02336723	APO-RIVASTIGMINE	APX
02242116	EXELON	NOV
02401622	MED-RIVASTIGMINE	GMP
02406993	MINT-RIVASTIGMINE	MIN
02332817	MYLAN-RIVASTIGMINE	MYL
02305992	NOVO-RIVASTIGMINE	TEV
02306042	PMS-RIVASTIGMINE	PMS
02311291	RATIO-RIVASTIGMINE	RPH
02417006	RIVASTIGMINE	PDL
02324571	SANDOZ RIVASTIGMINE	SDZ

ST 4.5mg Capsule

02336731	APO-RIVASTIGMINE	APX
02242117	EXELON	NOV
02401630	MED-RIVASTIGMINE	GMP
02407000	MINT-RIVASTIGMINE	MIN
02332825	MYLAN-RIVASTIGMINE	MYL
02306018	NOVO-RIVASTIGMINE	TEV
02306050	PMS-RIVASTIGMINE	PMS
02311305	RATIO-RIVASTIGMINE	RPH
02417014	RIVASTIGMINE	PDL
02324598	SANDOZ RIVASTIGMINE	SDZ

12:04.00 PARASYMPATHOMIMETIC AGENTS

RIVASTIGMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OU
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

ST 6mg Capsule

02336758	APO-RIVASTIGMINE	APX
02242118	EXELON	NOV
02401649	MED-RIVASTIGMINE	GMP
02407019	MINT-RIVASTIGMINE	MIN
02332833	MYLAN-RIVASTIGMINE	MYL
02306026	NOVO-RIVASTIGMINE	TEV
02306069	PMS-RIVASTIGMINE	PMS
02311313	RATIO-RIVASTIGMINE	RPH
02417022	RIVASTIGMINE	PDL
02324601	SANDOZ RIVASTIGMINE	SDZ

ST 2mg/mL Oral Liquid

02245240	EXELON	NOV

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

ACLIDINIUM BROMIDE

Limited use benefit (prior approval required).

•For patients with chronic obstructive pulmonary disease (COPD) and who:

•did not respond to a trial of ipratropium (Atrovent); OR
•did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

400mcg Inhaler

02409720	TUDORZA GENUAIR	AZE

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

GLYCOPYRRONIUM

Limited use benefit (prior approval required).

For patients with chronic obstructive pulmonary disease (COPD) and who:

•did not respond to a trial of ipratropium (Atrovent); OR
•did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

50mcg Powder for Inhalation (Capsule)

02394936	SEEBRI BREEZHALER	TEV

IPRATROPIUM BROMIDE

250mcg/mL Inhalation Solution (Multi-Dose)

02126222	APO-IPRAVENT	APX
02239131	MYLAN-IPRATROPIUM	MYL
02210479	NOVO-IPRAMIDE	TEV
02231136	PMS-IPRATROPIUM	PMS

125mcg/mL Inhalation Solution (Unit Dose)

02231135	PMS-IPRATROPIUM UDV	PMS
02097176	RATIO-IPRATROPIUM UDV	RPH

250mcg/mL Inhalation Solution (Unit Dose)

02216221	MYLAN-IPRATROPIUM UDV	MYL
02231244	PMS-IPRATROPIUM UDV	PMS
02231245	PMS-IPRATROPIUM UDV	PMS
02097168	RATIO-IPRATROPIUM UDV	RPH
99001446	RATIO-IPRATROPIUM UDV	RPH

20mcg/Inhalation Inhaler

02247686	ATROVENT HFA	BOE

0.03% Nasal Spray

02246083	APO-IPRAVENT	APX
02163705	ATROVENT	BOE
02240508	DOM-IPRATROPIUM	DPC
02239627	PMS-IPRATROPIUM	PMS

0.06% Nasal Spray

02246084	APO-IPRAVENT	APX
02163713	ATROVENT	BOE

IPRATROPIUM BROMIDE, SALBUTAMOL

0.2mg & 1mg/mL Inhalation Solution (Unit Dose)

02231675	COMBIVENT	BOE
02243789	RATIO-IPRA SAL	RPH
02272695	TEVA-COMBO STERINEBS	TEV

SALBUTAMOL, IPRATROPIUM

100mcg & 20mcg Inhaler

02419106	COMBIVENT RESPIMAT	BOE

SCOPOLAMINE BUTYLBROMIDE

10mg Tablet

00363812	BUSCOPAN	BOE

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

TIOTROPIUM BROMIDE MONOHYDRATE

Limited use benefit (prior approval required).

For patients with chronic obstructive pulmonary disease (COPD) and who:

-did not respond to a trial of ipratropium (Atrovent); OR
-did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

18mcg Powder for Inhalation (Capsule)

02246793	SPIRIVA	BOE

12:12.08 BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE

Limited use benefit (prior approval required).

•For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid-onset, short-duration bronchodilator.

OR

•For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with either ipratropium, tiotropium or a short acting beta-agonist.

12mcg/Capsule Powder for Inhalation

02230898	FORADIL	NVR

FORMOTEROL FUMARATE DIHYDRATE

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of rapid onset, short duration bronchodilator

6mcg/Dose Dry Powder Inhaler

02237225	OXEZE TURBUHALER	AZC

12mcg/Dose Dry Powder Inhaler

02237224	OXEZE TURBUHALER	AZC

12:12.08 BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE DIHYDRATE, BUDESONIDE

Limited use benefit (prior approval required).

•For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

OR ONE OF THE FOLLOWING

•For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.

•For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

6mcg & 100mcg/Inhalation Inhaler

02245385	SYMBICORT 100 TURBUHALER	AZC

6mcg & 200mcg/Inhalation Inhaler

02245386	SYMBICORT 200 TURBUHALER	AZC

FORMOTEROL FUMARATE DIHYDRATE, MOMETASONE FUROATE

Limited use benefit (prior approval required).

For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 200-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

5mcg & 100mcg/Inhalation Inhaler

02361752	ZENHALE	FRS

5mcg & 200mcg/Inhalation Inhaler

02361760	ZENHALE	FRS

5mcg & 50mcg/Inhalation Inhaler

02361744	ZENHALE	FRS

INDACATEROL MALEATE

Limited use benefit (prior approval required).

For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with either ipratropium, tiotropium or a short acting beta-agonist.

75mcg Powder for Inhalation (Capsule)

02376938	ONBREZ BREEZHALER	TEV

ORCIPRENALINE SULFATE

2mg/mL Syrup

02236783	APO-ORCIPRENALINE	APX

SALBUTAMOL

5mg/mL Inhalation Solution (Multi-Dose)

00860808	RATIO-SALBUTAMOL	RPH
02154412	SANDOZ-SALBUTAMOL	SDZ
02213486	VENTOLIN	GSK

12:12.08 BETA ADRENERGIC AGONISTS

SALBUTAMOL

0.5mg/mL Inhalation Solution (Unit Dose)

02208245	PMS-SALBUTAMOL	PMS
02239365	RATIO-SALBUTAMOL	RPH

1mg/mL Inhalation Solution (Unit Dose)

02216949	DOM-SALBUTAMOL	DPC
02208229	PMS-SALBUTAMOL	PMS
01986864	RATIO-SALBUTAMOL	RPH
02213419	VENTOLIN PF	GSK

2mg/mL Inhalation Solution (Unit Dose)

02208237	PMS-SALBUTAMOL	PMS
02213427	VENTOLIN PF	GSK

100mcg/Inhalation Inhaler

02419858	SALBUTAMOL HFA	SAN

100mcg/Inhalation Inhaler

02232570	AIROMIR	MMH
02245669	APO-SALVENT CFC FREE	APX
02326450	NOVO-SALBUTAMOL HFA	TEV
02241497	VENTOLIN HFA	GSK

2mg Tablet

02146843	APO-SALVENT	APX

4mg Tablet

02146851	APO-SALVENT	APX

SALMETEROL XINAFOATE

Limited use benefit (prior approval required).

a. - For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Serevent is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.
b. - For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with ipratropium, tiotropium or a short acting beta-agonist.

50mcg/inhalation Powder Diskus

02231129	SEREVENT DISKUS	GSK

50mcg/Inhalation Powder for Inhalation

02214261	SEREVENT DISKHALER	GSK

12:12.08 BETA ADRENERGIC AGONISTS

SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE

Limited use benefit (prior approval required).

•For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

OR ONE OF THE FOLLOWING

•For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.

•For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

25mcg & 125mcg Inhaler

02245126	ADVAIR	GSK

25mcg & 250mcg Inhaler

02245127	ADVAIR	GSK

50mcg & 100mcg Inhaler

02240835	ADVAIR DISKUS 100	GSK

50mcg & 250mcg Inhaler

02240836	ADVAIR DISKUS 250	GSK

50mcg & 500mcg Inhaler

02240837	ADVAIR DISKUS 500	GSK

TERBUTALINE SULFATE

500mcg/Inhalation Powder for Inhalation

00786616	BRICANYL TURBUHALER	AZC

12:12.12 ALPHA AND BETA ADRENERGIC AGONISTS

EPINEPHRINE

0.15mg injection

02382059	ALLERJECT	SAC

0.15mg/0.15mL Injection

02268205	TWINJECT	PAL

0.3mg injection

02382067	ALLERJECT	SAC

0.5mg/mL Injection

00578657	EPIPEN JR	AXL

1mg/mL Injection

00155357	ADRENALIN	ERF
00721891	EPINEPHRINE	ABB
00509558	EPIPEN	AXL
02247310	TWINJECT	PAL

1mg/mL Topical Solution

00155365	ADRENALIN	ERF

12:16.00 SYMPATHOLYTIC AGENTS

DIHYDROERGOTAMINE MESYLATE

1mg/mL Injection

00027243	DIHYDROERGOTAMINE	STE
02241163	DIHYDROERGOTAMINE	SDZ

4mg/mL Nasal Spray

02228947	MIGRANAL	STE

12:16.04 ALPHA-ADRENERGIC BLOCKING AGENTS

ALFUZOSIN HYDROCHLORIDE

[ST] 10mg Sustained Release Tablet

02414759	ALFUZOSIN	PDL
02315866	APO-ALFUZOSIN ER	APX
02304678	SANDOZ ALFUZOSIN	SDZ
02314282	TEVA-ALFUZOSIN PR	TEV
02245565	XATRAL	SAC

TAMSULOSIN HCL

[ST] 0.4mg Long Acting Capsule

02294265	RATIO-TAMSULOSIN	RPH
09857334	RATIO-TAMSULOSIN	RAT
02295121	SANDOZ TAMSULOSIN	SDZ
02319217	SANDOZ TAMSULOSIN	SDZ
02281392	TEVA-TAMSULOSIN	TEV

[ST] 0.4mg Long Acting Tablet

02362406	APO-TAMSULOSIN CR	APX
02270102	FLOMAX CR	BOE
02340208	SANDOZ TAMSULOSIN	SDZ
02413612	TAMSULOSIN CR	PDL
02427117	TAMSULOSIN CR	SAN
02429667	TAMSULOSIN CR	SIV
02368242	TEVA-TAMSULOSIN CR	TEP

12:20.04 CENTRALL ACTING SKELETAL MUSCLE RELAXANTS

CYCLOBENZAPRINE HCL

Limited use benefit (prior approval is not required).

For relief of muscle spasm associated with acute, painful musculoskeletal conditions. Coverage is limited to 60mg per day for three (3) weeks renewable every two (2) months.

10mg Tablet

02177145	APO-CYCLOBENZAPRINE	APX
02348853	AURO-CYCLOBENZAPRINE	AUR
02220644	CYCLOBENZAPRINE	PDL
02287064	CYCLOBENZAPRINE	SAN
02424584	CYCLOBENZAPRINE	SIV
02238633	DOM-CYCLOBENZAPRINE	DPC
02357127	JAMP-CYCLOBENZAPRINE	JAP
02231353	MYLAN-CYCLOPRINE	MYL
02249359	PHL-CYCLOBENZAPRINE	PHH
02212048	PMS-CYCLOBENZAPRINE	PMS
02236506	RATIO-CYCLOBENZAPRINE	RPH
02242079	RIVA-CYCLOBENZAPRINE	RIV
02080052	TEVA-CYCLOPRINE	TEV

12:20.04 CENTRALL ACTING SKELETAL MUSCLE RELAXANTS

TIZANIDINE HCL

Limited use benefit (prior approval required).

For treatment of spasticity in patients with multiple sclerosis, who have failed therapy with or are intolerant to baclofen.

4mg Tablet

02259893	APO-TIZANIDINE	APX
02239170	ZANAFLEX	ELN

12:20.08 DIRECT-ACTING SKELETAL MUSCLE RELAXANTS

DANTROLENE SODIUM

25mg Capsule

01997602	DANTRIUM	PGP

100mg Capsule

01997653	DANTRIUM	PGP

12:20.12 GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS

BACLOFEN

10mg Tablet

02139332	APO-BACLOFEN	APX
02152584	BACLOFEN	PDL
02287021	BACLOFEN	SAN
02138271	DOM-BACLOFEN	DPC
00455881	LIORESAL	NVR
02088398	MYLAN-BACLOFEN	MYL
02236963	PHL-BACLOFEN	PHH
02063735	PMS-BACLOFEN	PMS
02236507	RATIO-BACLOFEN	RPH
02242150	RIVA-BACLOFEN	RIV

20mg Tablet

02139391	APO-BACLOFEN	APX
02152592	BACLOFEN	PDL
02287048	BACLOFEN	SAN
02138298	DOM-BACLOFEN	DPC
00636576	LIORESAL DS	NVR
02088401	MYLAN-BACLOFEN	MYL
02236964	PHL-BACLOFEN	PHH
02063743	PMS-BACLOFEN	PMS
02236508	RATIO-BACLOFEN	RPH
02242151	RIVA-BACLOFEN	RIV

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (GUM)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

[ST] 2mg Gum

02091933	NICORETTE	JNO
80000396	THRIVE	TEV

[ST] 4mg Gum

02091941	NICORETTE PLUS	PMJ
80000118	NICOTINE GUM	PER
80000402	THRIVE	TEV
94799972	THRIVE	TEV

NICOTINE (INHALER)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

[ST] 10mg Inhaler

02241742	NICORETTE	JNO

NICOTINE (LOZENGE)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

[ST] 1mg Lozenge

80007461	THRIVE	TEV
94799970	THRIVE	TEV

[ST] 2mg Lozenge

02247347	NICORETTE LOZENGE	JNO
80007464	THRIVE	TEV
94799968	THRIVE	TEV

[ST] 4mg Lozenge

02247348	NICORETTE LOZENGE	JNO

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	168 patches or
Nicoderm	140 patches or
Nicotrol	140 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

ST 5mg Patch

02028697	NICOTROL TRANSDERMAL	WAR

ST 7mg Patch

01943057	HABITROL	NVC

ST 8.3mg/10cm2 Patch

02065738	NICOTROL TRANSDERMAL	JNO

ST 10mg Patch

02029405	NICOTROL TRANSDERMAL	WAR

ST 14mg Patch

01943065	HABITROL	NVC

ST 15mg Patch

02029413	NICOTROL TRANSDERMAL	WAR

ST 16.6mg/20cm2 Patch

02065754	NICOTROL TRANSDERMAL	JNO

ST 17.5mg Patch

02241227	TRANSDERMAL NICOTINE	NVC

ST 21mg Patch

01943073	HABITROL	NVC

ST 24.9mg/30cm2 Patch

02065762	NICOTROL TRANSDERMAL	JNO

ST 35mg Patch

02241226	TRANSDERMAL NICOTINE	NVC

ST 36mg Patch

02093111	NICODERM	PMJ

ST 52.5mg Patch

02241228	TRANSDERMAL NICOTINE	NVC

ST 78mg Patch

02093138	NICODERM	PMJ

ST 114mg Patch

02093146	NICODERM	PMJ

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

VARENICLINE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 165 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for varenicline (Champix®) when one year has elapsed from the day the initial prescription was filled.

ST 0.5mg Tablet

02291177	CHAMPIX	PFI

ST 0.5mg & 1mg Tablet

02298309	CHAMPIX STARTER PACK	PFI

ST 1mg Tablet

02291185	CHAMPIX	PFI

20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

20:04.04 IRON PREPARATIONS

FERROUS FUMARATE

ST 300mg Capsule

02237556	EURO-FER	EUR
00482064	NEO FER	NEO
01923420	PALAFER	GSK

ST 300mg/5mL Oral Liquid

02246590	FERRATE O/L	EUR

ST 20mg Suspension

80029822	JAMP FERROUS FUMARATE	JAP

ST 60mg/mL Suspension

01923439	PALAFER	GSK

ST 300mg Tablet

00031089	FERROUS FUMARATE	JMP

FERROUS GLUCONATE

ST 35mg Tablet

80002426	FERROUS GLUCONATE	WNP

ST 300mg Tablet

00545031	APO-FERROUS GLUCONATE	APX
00031097	FERROUS GLUCONATE	JMP
00041157	FERROUS GLUCONATE	ADA
02244532	FERROUS GLUCONATE	PMT
80006316	FERROUS GLUCONATE	GFP
80009681	FERROUS GLUCONATE	WAM
80000435	NOVO-FERROGLUC	NUR

ST 324mg Tablet

00582727	FERROUS GLUCONATE	VTH

FERROUS SULFATE

ST 15mg/mL Drop

02237385	FERODAN	ODN
02232202	PEDIAFER	EUR
02222574	PMS-FERROUS SULFATE	PMS

ST 75mg/mL Drop

00762954	FER-IN-SOL	MJO
80008309	JAMP SULFATE FERREUX	JMP

ST 6mg/mL Syrup

00017884	FER-IN-SOL	MJO
02242863	PEDIAFER	EUR

ST 30mg/mL Syrup

00758469	FERODAN	ODN
80008295	JAMP SULFATE FERREUX	JMP
00792675	PMS-FERROUS SULFATE	PMS

ST 300mg Tablet

02246733	EURO-FERROUS SULFATE	EUR
02248699	FERODAN	ODN
00031100	FERROUS SULFATE	JMP
00346918	FERROUS SULFATE	PMT
00782114	FERROUS SULFATE	VTH
00586323	PMS-FERROUS SULFATE	PMS

20:04.04 IRON PREPARATIONS

IRON

ST 100mg Capsule

80024232	JAMP-FER	JAP

12.5mg/mL Injection

02243333	FERRLECIT	SAC

ST 60mg Tablet

80012039	IRON	WNP

IRON DEXTRAN

50mg/mL Injection

02205963	DEXIRON	MYL
02221780	INFUFER	SDZ

IRON SUCROSE

20mg/mL Injection

02243716	VENOFER	LUI

20:12.04 ANTICOAGULANTS

APIXABAN

Limited use benefit (prior approval required)

For at risk patients* with non-valvular atrial fibrillation who require apixaban for the prevention of stroke and systemic embolism AND in whom:

- Anticoagulation is inadequate# with a two-month trial of warfarin (please provide a copy of INR records for the last two months of warfarin therapy); OR
- Anticoagulation with warfarin is contraindicated.;OR
- Anticoagulation with warfarin is not possible due to inability to regularly monitor via INR testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy and at home).

* At risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥1.
# Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period, i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period.

ST 2.5mg Tablet

02377233	ELIQUIS	BMS

ST 5mg Tablet

02397714	ELIQUIS	BMS

20:12.04 ANTICOAGULANTS

DABIGATRAN ETEXILATE MESILATE

Limited use benefit (prior approval required).

For at risk patients* with non-valvular atrial fibrillation who require dabigatran for the prevention of stroke and systemic embolism AND in whom:

- Anticoagulation is inadequate with a two-month trial of warfarin (please provide a copy of INR records for the last two months of warfarin therapy); OR
- Anticoagulation with warfarin is contraindicated. OR
- Anticoagulation with warfarin is not possible due to inability to regularly monitor via INR testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy and at home).

ST 110mg Capsule

02312441	PRADAXA	BOE

ST 150mg Capsule

02358808	PRADAXA	BOE

DALTEPARIN SODIUM

10,000IU/mL Injection (Multi-Dose)

02132664	FRAGMIN	PMJ

25,000IU/mL Injection (Multi-Dose)

02231171	FRAGMIN	PMJ

2,500IU/0.2mL Injection (Pre-filled Syringe)

02132621	FRAGMIN	PMJ

5,000IU/0.2mL Injection (Pre-filled Syringe)

02132648	FRAGMIN	PMJ

7,500IU/0.3mL Injection (Pre-filled Syringe)

02352648	FRAGMIN	PFI

10,000IU/0.4mL Injection (Pre-filled Syringe)

02352656	FRAGMIN	PFI

12,500IU/0.5mL Injection (Pre-filled Syringe)

02352664	FRAGMIN	PFI

15,000IU/0.6mL Injection (Pre-filled Syringe)

02352672	FRAGMIN	PFI

18,000IU/0.72mL Injection (Pre-filled Syringe)

02352680	FRAGMIN	PFI

ENOXAPARIN SODIUM

30mg/0.3mL Injection

02012472	LOVENOX	SAC

40mg/0.4mL Injection

02236883	LOVENOX	SAC

60mg/0.6mL Injection

02378426	LOVENOX	SAC

80mg/0.8mL Injection

02378434	LOVENOX	SAC

100mg/1mL Injection

02378442	LOVENOX	SAC

150mg/1.0mL Injection

02242692	LOVENEX HP	SAC

150mg/mL Injection

02378469	LOVENEX HP	SAC

20:12.04 ANTICOAGULANTS

ENOXAPARIN SODIUM

300mg/3mL Injection

02236564	LOVENOX	SAC

HEPARIN SODIUM

1,000 U/MI Injection

00453811	HEPARIN LEO INJ 1000UNIT/ML	LEO
02303086	HEPARIN SODIUM 1000U/ML	SDZ

5,000U/mL Injection

02382334	HEPARIN SODIUM 5000U/ML	PFI

10,000 U/mL Injection

00579718	HEPARIN LEO INJ 10000UNIT/ML	LEO
02303094	HEPARIN SODIUM 10000U/ML	SDZ
02303108	HEPARIN SODIUM 10000U/ML	SDZ

25,000 U/mL Injection

00453781	HEPARIN LEO INJ 25000UNIT/ML	LEO

10 U/mL Lock Flush

00725323	HEPARIN LOCK FLUSH	ABB

100 U/mL Lock Flush

00727520	HEPARIN LEO	LEO
00725315	HEPARIN LOCK FLUSH	HOS

NADROPARIN CALCIUM

9,500IU/mL Injection

02236913	FRAXIPARINE	GSK

19,000IU/mL Injection

02240114	FRAXIPARINE FORTE	GSK

NICOUMALONE

1mg Tablet

00010383	SINTROM	PED

4mg Tablet

00010391	SINTROM	PED

20:12.04 ANTICOAGULANTS

RIVAROXABAN

Limited use benefit (prior approval required).

Criteria for Rivaroxaban 15 mg, 20mg tablets (Xarelto) for Stroke Prevention in Atrial Fibrillation (SPAF)
For the prevention of stroke and systemic embolism in at-risk patients* who have non-valvular atrial fibrillation (AF) AND in whom:
•Anticoagulation is inadequate# following a two-month trial on warfarin (please provide copy of INR records for the last two months of warfarin therapy); OR
•Anticoagulation with warfarin is contraindicated; ;OR
•Anticoagulation is not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e., no access to INR testing service at a laboratory, clinic, pharmacy, and at
home)

Criteria for Rivaroxaban 15 mg, 20mg tablets (Xarelto) for Deep Vein Thrombosis (DVT)

•For the treatment of deep vein thrombosis (DVT) in patients without symptomatic pulmonary embolism (PE) for a duration of up to six months.

[ST] 15mg Tablet

02378604	XARELTO	BAY

[ST] 20mg Tablet

02378612	XARELTO	B A

RIVAROXABAN (10)

Limited use benefit (prior approval not required).

For the prevention of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to 35 days.

[ST] 10mg Tablet

02316986	XARELTO	BAY

TINZAPARIN SODIUM

10,000IU/mL Injection

02167840	INNOHEP	LEO

20,000IU/mL Injection

02229515	INNOHEP	LEO

10,000IU/0.5mL Injection (Graduated Syringe)

02231478	INNOHEP	LEO

14,000IU/0.7mL Injection (Graduated Syringe)

02358174	INNOHEP	LEO

18,000IU/0.9mL Injection (Graduated Syringe)

02358182	INNOHEP	LEO

2,500IU/0.25mL Injection (Pre-filled Syringe)

02229755	INNOHEP	LEO

3,500IU/0.35mL Injection (Pre-filled Syringe)

02358158	INNOHEP	LEO

4,500IU/0.45mL Injection (Pre-filled Syringe)

02358166	INNOHEP	LEO

20:12.04 ANTICOAGULANTS

WARFARIN SODIUM

[ST] 1mg Tablet

02242924	APO-WARFARIN	APX
01918311	COUMADIN	BMS
02244462	MYLAN-WARFARIN	MYL
02265273	NOVO-WARFARIN	TEV
02242680	TARO-WARFARIN	TAR
02344025	WARFARIN	SAN

[ST] 2mg Tablet

02242925	APO-WARFARIN	APX
01918338	COUMADIN	BMS
02244463	MYLAN-WARFARIN	MYL
02265281	NOVO-WARFARIN	TEV
02242681	TARO-WARFARIN	TAR
02344033	WARFARIN	SAN

[ST] 2.5mg Tablet

02242926	APO-WARFARIN	APX
01918346	COUMADIN	BMS
02244464	MYLAN-WARFARIN	MYL
02265303	NOVO-WARFARIN	TEV
02242682	TARO-WARFARIN	TAR
02344041	WARFARIN	SAN

[ST] 3mg Tablet

02245618	APO-WARFARIN	APX
02240205	COUMADIN	BMS
02287498	MYLAN-WARFARIN	MYL
02265311	NOVO-WARFARIN	TEV
02242683	TARO-WARFARIN	TAR
02344068	WARFARIN	SAN

[ST] 4mg Tablet

02242927	APO-WARFARIN	APX
02007959	COUMADIN	BMS
02244465	MYLAN-WARFARIN	MYL
02265338	NOVO-WARFARIN	TEV
02242684	TARO-WARFARIN	TAR
02344076	WARFARIN	SAN

[ST] 5mg Tablet

02242928	APO-WARFARIN	APX
01918354	COUMADIN	BMS
02244466	MYLAN-WARFARIN	MYL
02265346	NOVO-WARFARIN	TEV
02242685	TARO-WARFARIN	TAR
02344084	WARFARIN	SAN

[ST] 6mg Tablet

02287501	MYLAN-WARFARIN	MYL
02242686	TARO-WARFARIN	TAR
02344092	WARFARIN	SAN

[ST] 7.5mg Tablet

02287528	MYLAN-WARFARIN	MYL
02242697	TARO-WARFARIN	TAR
02344106	WARFARIN	SAN

20:12.04 ANTICOAGULANTS

WARFARIN SODIUM

ST 10mg Tablet

02242929	APO-WARFARIN	APX
01918362	COUMADIN	BMS
02244467	MYLAN-WARFARIN	MYL
02242687	TARO-WARFARIN	TAR
02344114	WARFARIN	SAN

20:12.18 PLATELET AGGREGATION INHIBITORS

ANAGRELIDE HCL

ST 0.5mg Capsule

02236859	AGRYLIN	SHI
02274949	PMS-ANAGRELIDE	PMS
02260107	SANDOZ-ANAGRELIDE	SDZ

CLOPIDOGREL BISULFATE

Limited use benefit (prior approval not required).

Limit of 12 months following a client's initial cardiovascular event (stroke, acute coronary syndrome (ACS) or stent). Continued coverage beyond one year will be provided for patients with a previous stroke or transient ischemic attack (TIA) and be considered for patients with ACS or stent placement with appropriate rationale from the client`s cardiologist or treating physician.

ST 75mg Tablet

02412942	ABBOTT-CLOPIDOGREL	ABB
02419963	ACCEL-CLOPIDOGREL	ACP
02252767	APO-CLOPIDOGREL	APX
02416387	AURO-CLOPIDOGREL	AUR
02385813	CLOPIDOGREL	SIV
02394820	CLOPIDOGREL	PDL
02400553	CLOPIDOGREL	SAN
02303027	CO CLOPIDOGREL	CBT
02378507	DOM-CLOPIDOGREL	DOM
02415550	JAMP-CLOPIDOGREL	JAP
02422255	MAR-CLOPIDOGREL	MAR
02408910	MINT-CLOPIDOGREL	MIN
02351536	MYLAN-CLOPIDOGREL	MYL
02238682	PLAVIX	SAC
02348004	PMS CLOPIDOGREL	PMS
02379813	RAN-CLOPIDOGREL	RBY
02388529	RIVA CLOPIDOGREL	RIV
02359316	SANDOZ CLOPIDOGREL	SDZ
02293161	TEVA-CLOPIDOGREL	TEP

TICAGRELOR

Limited use benefit (prior approval not required).

For the treatment of Acute Coronary Syndrome, defined as unstable angina or myocardial infarction, when initiated in hospital in consultation with a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic Surgery, Internal Medicine or General Surgery. Treatment must be in combination with low dose ASA. Special authorization may be granted for 12 months.

ST 90mg Tablet

02368544	BRILINTA	AZE

20:12.18 PLATELET AGGREGATION INHIBITORS

TICLOPIDINE HCL

ST 250mg Tablet

02237701	APO-TICLOPIDINE	APX
02239744	MYLAN-TICLOPIDINE	MYL
02236848	TEVA-TICLOPIDINE	TEV
02343045	TICLOPIDINE	SAN

20:16.00 HEMATOPOIETIC AGENTS

FILGRASTIM

300mcg/mL Injection

01968017	NEUPOGEN	AMG

20:24.00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE

ST 400mg Sustained Release Tablet

02230090	APO-PENTOXIFYL	APX

20:28.16 HEMOSTATICS

TRANEXAMIC ACID

500mg Tablet

02064405	CYKLOKAPRON	PFI
02401231	TRANEXAMIC ACID	STE

24:00 CARDIOVASCULAR DRUGS

24:04.04 ANTIARRHYTHMIC AGENTS

AMIODARONE HCL

ST 100mg Tablet

02292173	PMS-AMIODARONE	PMS

ST 200mg Tablet

02364336	AMIODARONE	SAN
02385465	AMIODARONE	SIV
02246194	APO-AMIODARONE	APX
02036282	CORDARONE	WAY
02246331	DOM-AMIODARONE	PMS
02240604	MYLAN-AMIODARONE	MYL
02245781	PHL-AMIODARONE	PHH
02242472	PMS-AMIODARONE	PMS
02309661	PRO-AMIODARONE	PDL
02247217	RIVA-AMIODARONE	RIV
02243836	SANDOZ-AMIODARONE	SDZ
02239835	TEVA-AMIODARONE	TEV

DISOPYRAMIDE

ST 100mg Capsule

02224801	RYTHMODAN	SAC

FLECAINIDE ACETATE

ST 50mg Tablet

02275538	APO-FLECAINIDE	APX
01966197	TAMBOCOR	MMH

ST 100mg Tablet

02275546	APO-FLECAINIDE	APX
01966200	TAMBOCOR	MMH

MEXILETINE HCL

ST 100mg Capsule

02230359	NOVO-MEXILETINE	TEV

ST 200mg Capsule

02230360	NOVO-MEXILETINE	TEV

PROCAINAMIDE HCL

ST 250mg Capsule

00713325	APO-PROCAINAMIDE	APX

ST 375mg Capsule

00713333	APO-PROCAINAMIDE	APX

ST 500mg Capsule

00713341	APO-PROCAINAMIDE	APX

ST 250mg Sustained Release Tablet

00638692	PROCAN SR	PFI

ST 500mg Sustained Release Tablet

00638676	PROCAN SR	PFI

ST 750mg Sustained Release Tablet

00638684	PROCAN SR	PFI

24:04.04 ANTIARRHYTHMIC AGENTS

PROPAFENONE HYDROCHLORIDE

ST 150mg Tablet

02243324	APO-PROPAFENONE	APX
02245372	MYLAN-PROPAFENONE	MYL
02243727	PMS-PROPAFENONE	PMS
02294559	PMS-PROPAFENONE	PMS
02243783	PROPAFENONE	PDL
02343053	PROPAFENONE	SAN
00603708	RYTHMOL	ABB

ST 300mg Tablet

02243325	APO-PROPAFENONE	APX
02245373	MYLAN-PROPAFENONE	MYL
02243728	PMS-PROPAFENONE	PMS
02294575	PMS-PROPAFENONE	PMS
02243784	PROPAFENONE	PDL
02343061	PROPAFENONE	SAN
00603716	RYTHMOL	ABB

24:04.08 CARDIOTONIC AGENTS

DIGOXIN

ST 0.05mg/mL Elixir

02242320	TOLOXIN	MTH

ST 0.0625mg Tablet

02335700	TOLOXIN	MTH

ST 0.125mg Tablet

02335719	TOLOXIN	MTH

ST 0.250mg Tablet

02335727	TOLOXIN	MTH

24:06.04 BILE ACID SEQUESTRANTS

CHOLESTYRAMINE RESIN

ST 4g Powder

00890960	OLESTYR LIGHT	MTH
02210320	OLESTYR REGULAR	MTH

COLESEVELAM

ST 625mg Tablet

02373955	LODALIS	VAE

COLESTIPOL HCL

ST 5g Granules

00642975	COLESTID	PFI
02132699	COLESTID ORANGE	PFI

ST 1g Tablet

02132680	COLESTID	PFI

24:06.05 CHOLESTEROL ABSORPTION INHIBITORS

EZETIMIBE

Limited use benefit (prior approval required).

a.- For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated "statin" doses.

b.- For use as monotherapy in the management of hypercholesterolemia in patients intolerant to HMG-CoA reductase inhibitors.

ST 10mg Tablet

02414716	ACT EZETIMIBE	ATP
02427826	APO-EZETIMIBE	APX
02422549	EZETIMIBE	PDL
02429659	EZETIMIBE	SIV
02247521	EZETROL	MSP
02423235	JAMP-EZETIMIBE	JAP
02422662	MAR-EZETIMIBE	MAR
02423243	MINT-EZETIMIBE	MIN
02378035	MYLAN-EZETIMIBE	MYL
02416409	PMS-EZETIMIBE	PMS
02425238	PRIVA-EZETIMIBE	PHA
02419548	RAN-EZETIMIBE	RBY
02424436	RIVA-EZETIMIBE	RIV
02416778	SANDOZ EZETIMIBE	SDZ
02354101	TEVA-EZETIMIBE	TEP

24:06.06 FIBRIC ACID DERIVATIVES

BEZAFIBRATE

ST 400mg Sustained Release Tablet

02083523	BEZALIP SR	ACG

ST 200mg Tablet

02240331	PMS-BEZAFIBRATE	PMS

FENOFIBRATE

ST 67mg Capsule

02243180	APO-FENO-MICRO	APX
02243551	NOVO-FENOFIBRATE	TEV

ST 100mg Capsule

02225980	APO-FENOFIBRATE	APX

ST 160mg Capsule

02250004	FENOMAX	CIP

ST 200mg Capsule

02239864	APO-FENO-MICRO	APX
02286092	FENOFIBRATE MICRO	SAN
02240360	FENO-MICRO	PDL
02146959	LIPIDIL MICRO	FOU
02240210	MYLAN-FENOFIBRATE	MYL
02243552	NOVO-FENOFIBRATE	TEV
02250039	RATIO-FENOFIBRATE	RPH
02247306	RIVA-FENOFIBRATE MICRO	RIV

ST 48mg Tablet

02269074	LIPIDIL EZ	FOU
02390698	SANDOZ FENOFIBRATE E	SDZ

24:06.06 FIBRIC ACID DERIVATIVES

FENOFIBRATE

ST 100mg Tablet

02246859	APO-FENO-SUPER	APX
02356570	FENOFIBRATE-S	SAN
02241601	LIPIDIL SUPRA	FOU
02289083	NOVO-FENOFIBRATE-S	TEV
02310228	PRO-FENO-SUPER	PDL
02288044	SANDOZ FENOFIBRATE S	SDZ

ST 145mg Tablet

02269082	LIPIDIL EZ	FOU
02390701	SANDOZ FENOFIBRATE E	SDZ

ST 160mg Tablet

02246860	APO-FENO-SUPER	APX
02356589	FENOFIBRATE-S	SAN
02241602	LIPIDIL SUPRA	FOU
02289091	NOVO-FENOFIBRATE-S	TEV
02310236	PRO-FENO-SUPER	PDL
02288052	SANDOZ FENOFIBRATE S	SDZ

GEMFIBROZIL

ST 300mg Capsule

01979574	APO-GEMFIBROZIL	APX
02241608	DOM-GEMFIBROZIL	DPC
02185407	MYLAN-FIBRO	MYL
02241704	NOVO-GEMFIBROZIL	TEV
02239951	PMS-GEMFIBROZIL	PMS

ST 600mg Tablet

01979582	APO-GEMFIBROZIL	APX
02230580	DOM-GEMFIBROZIL	DPC
02136058	GEMFIBROZIL	PDL
02230476	MYLAN-GEMFIBROZIL	MYL
02142074	NOVO-GEMFIBROZIL	TEV
02242126	RIVA-GEMFIBROZIL	RIV

24:06.08 HMG-COA REDUCTASE INHIBITORS

ATORVASTATIN CALCIUM

ST 10mg Tablet

02295261	APO-ATORVASTATIN	APX
02396424	APO-ATORVASTATIN	APX
02346486	ATORVASTATIN	PDL
02348624	ATORVASTATIN	RPH
02348705	ATORVASTATIN	SAN
02411350	ATORVASTATIN-10	SIV
02407256	AURO-ATORVASTATIN	AUR
02310899	CO ATORVASTATIN	CBT
02355612	DOM-ATORVASTATIN	DOM
02399482	DOM-ATORVASTATIN	DOM
02288346	GD-ATORVASTATIN	PFI
02391058	JAMP-ATORVASTATIN	JAP
02230711	LIPITOR	PFI
02373203	MYLAN-ATORVASTATIN	MYL
02392933	MYLAN-ATORVASTATIN	MYL
02313448	PMS-ATORVASTATIN	PMS
02399377	PMS-ATORVASTATIN	PMS
02313707	RAN-ATORVASTATIN	RBY
02350297	RATIO-ATORVASTATIN	TEV
02422751	RIVA-ATORVASTATIN	RIV
02324946	SANDOZ ATORVASTATIN	SDZ
02387891	SIV-ATORVASTATIN	SIV
02302675	TEVA-ATORVASTATIN	TEV

ST 20mg Tablet

02295288	APO-ATORVASTATIN	APX
02396432	APO-ATORVASTATIN	APX
02346494	ATORVASTATIN	PDL
02348632	ATORVASTATIN	RPH
02348713	ATORVASTATIN	SAN
02411369	ATORVASTATIN-20	SIV
02310902	CO ATORVASTATIN	CBT
02355620	DOM-ATORVASTATIN	DOM
02399490	DOM-ATORVASTATIN	DOM
02288354	GD-ATORVASTATIN	PFI
02391066	JAMP-ATORVASTATIN	JAP
02230713	LIPITOR	PFI
02373211	MYLAN-ATORVASTATIN	MYL
02392941	MYLAN-ATORVASTATIN	MYL
02313456	PMS-ATORVASTATIN	PMS
02399385	PMS-ATORVASTATIN	PMS
02313715	RAN-ATORVASTATIN	RBY
02350319	RATIO-ATORVASTATIN	TEV
02422778	RIVA-ATORVASTATIN	RIV
02324954	SANDOZ ATORVASTATIN	SDZ
02387905	SIV-ATORVASTATIN	SIV
02302683	TEVA-ATORVASTATIN	TEV

24:06.08 HMG-COA REDUCTASE INHIBITORS

ATORVASTATIN CALCIUM

ST 40mg Tablet

02295296	APO-ATORVASTATIN	APX
02396440	APO-ATORVASTATIN	APX
02346508	ATORVASTATIN	PDL
02348640	ATORVASTATIN	RPH
02348721	ATORVASTATIN	SAN
02411377	ATORVASTATIN-40	SIV
02310910	CO ATORVASTATIN	CBT
02355639	DOM-ATORVASTATIN	DOM
02399504	DOM-ATORVASTATIN	DOM
02288362	GD-ATORVASTATIN	PFI
02391074	JAMP-ATORVASTATIN	JAP
02230714	LIPITOR	PFI
02373238	MYLAN-ATORVASTATIN	MYL
02392968	MYLAN-ATORVASTATIN	MYL
02313464	PMS-ATORVASTATIN	PMS
02399393	PMS-ATORVASTATIN	PMS
02313723	RAN-ATORVASTATIN	RBY
02350327	RATIO-ATORVASTATIN	TEV
02422786	RIVA-ATORVASTATIN	RIV
02324962	SANDOZ ATORVASTATIN	SDZ
02387913	SIV-ATORVASTATIN	SIV
02302691	TEVA-ATORVASTATIN	TEV

ST 80mg Tablet

02295318	APO-ATORVASTATIN	APX
02396459	APO-ATORVASTATIN	APX
02346516	ATORVASTATIN	PDL
02348659	ATORVASTATIN	RPH
02348748	ATORVASTATIN	SAN
02411385	ATORVASTATIN-80	SIV
02310929	CO ATORVASTATIN	CBT
02288370	GD-ATORVASTATIN	PFI
02390182	JAMP-ATORVASTATIN	JAP
02243097	LIPITOR	PFI
02373246	MYLAN-ATORVASTATIN	MYL
02392976	MYLAN-ATORVASTATIN	MYL
02313472	PMS-ATORVASTATIN	PMS
02399407	PMS-ATORVASTATIN	PMS
02313758	RAN-ATORVASTATIN	RBY
02350335	RATIO-ATORVASTATIN	TEV
02422794	RIVA-ATORVASTATIN	RIV
02324970	SANDOZ ATORVASTATIN	SDZ
02387921	SIV-ATORVASTATIN	SIV
02302713	TEVA-ATORVASTATIN	TEV

FLUVASTATIN SODIUM

ST 20mg Capsule

02061562	LESCOL	NVR
02400235	SANDOZ FLUVASTATIN	SDZ
02299224	TEVA-FLUVASTATIN	TEP

ST 40mg Capsule

02061570	LESCOL	NVR
02400243	SANDOZ FLUVASTATIN	SDZ
02299232	TEVA-FLUVASTATIN	TEP

24:06.08 HMG-COA REDUCTASE INHIBITORS

FLUVASTATIN SODIUM

ST 80mg Extended Release Tablet

02250527	LESCOL XL	NVR

LOVASTATIN

ST 20mg Tablet

02220172	APO-LOVASTATIN	APX
02248572	CO LOVASTATIN	COB
02353229	LOVASTATIN	SAN
00795860	MEVACOR	FRS
02243127	MYLAN-LOVASTATIN	MYL
02246542	NOVO-LOVASTATIN	TEV
02246013	PMS-LOVASTATIN	PMS
02312670	PRO-LOVASTATIN	PDL
02272288	RIVA-LOVASTATIN	RIV
02247056	SANDOZ-LOVASTATIN	SDZ

ST 40mg Tablet

02220180	APO-LOVASTATIN	APX
02248573	CO LOVASTATIN	COB
02353237	LOVASTATIN	SAN
00795852	MEVACOR	FRS
02243129	MYLAN-LOVASTATIN	MYL
02246543	NOVO-LOVASTATIN	TEV
02246014	PMS-LOVASTATIN	PMS
02312689	PRO-LOVASTATIN	PDL
02272296	RIVA-LOVASTATIN	RIV
02247057	SANDOZ-LOVASTATIN	SDZ

PRAVASTATIN SODIUM

ST 10mg Tablet

02243506	APO-PRAVASTATIN	APX
02248182	CO PRAVASTATIN	COB
02249723	DOM-PRAVASTATIN	DPC
02330954	JAMP-PRAVASTATIN	JMP
02317451	MINT-PRAVASTATIN	MIN
02257092	MYLAN-PRAVASTATIN	MYL
02247008	NOVO-PRAVASTATIN	TEV
02247655	PMS-PRAVASTATIN	PMS
00893749	PRAVACHOL	BMS
02249766	PRAVASTATIN	MEL
02301792	PRAVASTATIN	SOR
02356546	PRAVASTATIN	SAN
02389703	PRAVASTATIN	SIV
02243824	PRAVASTATIN-10	PDL
02284421	RAN-PRAVASTATIN	RBY
02246930	RATIO-PRAVASTATIN	RPH
02270234	RIVA-PRAVASTATIN	RIV
02247856	SANDOZ-PRAVASTATIN	SDZ

24:06.08 HMG-COA REDUCTASE INHIBITORS

PRAVASTATIN SODIUM

ST 20mg Tablet

02243507	APO-PRAVASTATIN	APX
02248183	CO PRAVASTATIN	COB
02249731	DOM-PRAVASTATIN	DPC
02330962	JAMP-PRAVASTATIN	JMP
02317478	MINT-PRAVASTATIN	MIN
02257106	MYLAN-PRAVASTATIN	MYL
02247009	NOVO-PRAVASTATIN	TEV
02247656	PMS-PRAVASTATIN	PMS
00893757	PRAVACHOL	BMS
02249774	PRAVASTATIN	MEL
02301806	PRAVASTATIN	SOR
02356554	PRAVASTATIN	SAN
02389738	PRAVASTATIN	SIV
02243825	PRAVASTATIN-20	PDL
02284448	RAN-PRAVASTATIN	RBY
02246931	RATIO-PRAVASTATIN	RPH
02270242	RIVA-PRAVASTATIN	RIV
02247857	SANDOZ-PRAVASTATIN	SDZ

ST 40mg Tablet

02243508	APO-PRAVASTATIN	APX
02248184	CO PRAVASTATIN	COB
02249758	DOM-PRAVASTATIN	DPC
02330970	JAMP-PRAVASTATIN	JMP
02317486	MINT-PRAVASTATIN	MIN
02257114	MYLAN-PRAVASTATIN	MYL
02247010	NOVO-PRAVASTATIN	TEV
02247657	PMS-PRAVASTATIN	PMS
02222051	PRAVACHOL	BMS
02249782	PRAVASTATIN	MEL
02301814	PRAVASTATIN	SOR
02356562	PRAVASTATIN	SAN
02389746	PRAVASTATIN	SIV
02243826	PRAVASTATIN-40	PDL
02284456	RAN-PRAVASTATIN	RBY
02246932	RATIO-PRAVASTATIN	RPH
02270250	RIVA-PRAVASTATIN	RIV

24:06.08 HMG-COA REDUCTASE INHIBITORS

ROSUVASTATIN CALCIUM

ST 5mg Tablet

02337975	APO-ROSUVASTATIN	APX
02339765	CO ROSUVASTATIN	CBT
02265540	CRESTOR	AZC
02386704	DOM-ROSUVASTATIN	DOM
02391252	JAMP-ROSUVASTATIN	JAP
02413051	MAR-ROSUVASTATIN	MAR
02399164	MED-ROSUVASTATIN	GMP
02397781	MINT-ROSUVASTATIN	MIN
02381265	MYLAN-ROSUVASTATIN	MYL
02378523	PMS-ROSUVASTATIN	PMS
02382644	RAN-ROSUVASTATIN	RBY
02380013	RIVA-ROSUVASTATIN	RIV
02381176	ROSUVASTATIN	PDL
02389037	ROSUVASTATIN	SIV
02405628	ROSUVASTATIN	SAN
02411628	ROSUVASTATIN-5	SIV
02338726	SANDOZ ROSUVASTATIN	SDZ
02354608	TEVA-ROSUVASTATIN	TEP

ST 10mg Tablet

02337983	APO-ROSUVASTATIN	APX
02339773	CO ROSUVASTATIN	CBT
02247162	CRESTOR	AZC
02386712	DOM-ROSUVASTATIN	DOM
02391260	JAMP-ROSUVASTATIN	JAP
02413078	MAR-ROSUVASTATIN	MAR
02399172	MED-ROSUVASTATIN	GMP
02397803	MINT-ROSUVASTATIN	MIN
02381273	MYLAN-ROSUVASTATIN	MYL
02378531	PMS-ROSUVASTATIN	PMS
02382652	RAN-ROSUVASTATIN	RBY
02380056	RIVA-ROSUVASTATIN	RIV
02381184	ROSUVASTATIN	PDL
02389045	ROSUVASTATIN	SIV
02405636	ROSUVASTATIN	SAN
02411636	ROSUVASTATIN-10	SIV
02338734	SANDOZ ROSUVASTATIN	SDZ
02354616	TEVA-ROSUVASTATIN	TEP

24:06.08 HMG-COA REDUCTASE INHIBITORS

ROSUVASTATIN CALCIUM

ST 20mg Tablet

02337991	APO-ROSUVASTATIN	APX
02339781	CO ROSUVASTATIN	CBT
02247163	CRESTOR	AZC
02386720	DOM-ROSUVASTATIN	DOM
02391279	JAMP-ROSUVASTATIN	JAP
02413086	MAR-ROSUVASTATIN	MAR
02399180	MED-ROSUVASTATIN	GMP
02397811	MINT-ROSUVASTATIN	MIN
02381281	MYLAN-ROSUVASTATIN	MYL
02378558	PMS-ROSUVASTATIN	PMS
02382660	RAN-ROSUVASTATIN	RBY
02380064	RIVA-ROSUVASTATIN	RIV
02381192	ROSUVASTATIN	PDL
02389053	ROSUVASTATIN	SIV
02405644	ROSUVASTATIN	SAN
02411644	ROSUVASTATIN-20	SIV
02338742	SANDOZ ROSUVASTATIN	SDZ
02354624	TEVA-ROSUVASTATIN	TEP

ST 40mg Tablet

02338009	APO-ROSUVASTATIN	APX
02339803	CO ROSUVASTATIN	CBT
02247164	CRESTOR	AZC
02391287	JAMP-ROSUVASTATIN	JAP
02413108	MAR-ROSUVASTATIN	MAR
02399199	MED-ROSUVASTATIN	GMP
02397838	MINT-ROSUVASTATIN	MIN
02381303	MYLAN-ROSUVASTATIN	MYL
02378566	PMS-ROSUVASTATIN	PMS
02382679	RAN-ROSUVASTATIN	RBY
02380102	RIVA-ROSUVASTATIN	RIV
02381206	ROSUVASTATIN	PDL
02389061	ROSUVASTATIN	SIV
02405652	ROSUVASTATIN	SAN
02411652	ROSUVASTATIN-40	SIV
02338750	SANDOZ ROSUVASTATIN	SDZ
02354632	TEVA-ROSUVASTATIN	TEP

24:06.08 HMG-COA REDUCTASE INHIBITORS

SIMVASTATIN

ST 5mg Tablet

02247011	APO-SIMVASTATIN	APX
02405148	AURO-SIMVASTATIN	AUR
02248103	CO SIMVASTATIN	COB
02253747	DOM-SIMVASTATIN	DPC
02281619	DOM-SIMVASTATIN	DPC
02331020	JAMP-SIMVASTATIN	JMP
02375591	JAMP-SIMVASTATIN	JAP
02375036	MAR-SIMVASTATIN	MAR
02372932	MINT-SIMVASTATIN	MIN
02246582	MYLAN-SIMVASTATIN	MYL
02281546	PHL-SIMVASTATIN	PMI
02252619	PMS-SIMVASTATIN	PMS
02269252	PMS-SIMVASTATIN	PMS
02329131	RAN-SIMVASTATIN	RBY
02247067	RATIO-SIMVASTATIN	RPH
02247297	RIVA-SIMVASTATIN	RIV
02247827	SANDOZ-SIMVASTATIN	SDZ
02284723	SIMVASTATIN	SAN
02386291	SIMVASTATIN	SIV
02250144	TEVA-SIMVASTATIN	TEV
00884324	ZOCOR	FRS
02300907	ZYM-SIMVASTATIN	ZYM

ST 10mg Tablet

02247012	APO-SIMVASTATIN	APX
02405156	AURO-SIMVASTATIN	AUR
02248104	CO SIMVASTATIN	COB
02253755	DOM-SIMVASTATIN	DPC
02281627	DOM-SIMVASTATIN	DPC
02331039	JAMP-SIMVASTATIN	JMP
02375605	JAMP-SIMVASTATIN	JAP
02375044	MAR-SIMVASTATIN	MAR
02372940	MINT-SIMVASTATIN	MIN
02246583	MYLAN-SIMVASTATIN	MYL
02250152	NOVO-SIMVASTATIN	TEV
02281554	PHL-SIMVASTATIN	PMI
02252635	PMS-SIMVASTATIN	PMS
02269260	PMS-SIMVASTATIN	PMS
02329158	RAN-SIMVASTATIN	RBY
02247068	RATIO-SIMVASTATIN	RPH
02247298	RIVA-SIMVASTATIN	RIV
02247828	SANDOZ-SIMVASTATIN	SDZ
02284731	SIMVASTATIN	SAN
02386305	SIMVASTATIN	SIV
02247221	SIMVASTATIN-10	PDL
02265885	TARO-SIMVASTATIN	TAR
00884332	ZOCOR	FRS
02300915	ZYM-SIMVASTATIN	ZYM

24:06.08 HMG-COA REDUCTASE INHIBITORS

SIMVASTATIN

ST 20mg Tablet

02247013	APO-SIMVASTATIN	APX
02405164	AURO-SIMVASTATIN	AUR
02248105	CO SIMVASTATIN	COB
02253763	DOM-SIMVASTATIN	DPC
02281635	DOM-SIMVASTATIN	DPC
02331047	JAMP-SIMVASTATIN	JMP
02375613	JAMP-SIMVASTATIN	JAP
02375052	MAR-SIMVASTATIN	MAR
02372959	MINT-SIMVASTATIN	MIN
02246737	MYLAN-SIMVASTATIN	MYL
02250160	NOVO-SIMVASTATIN	TEV
02281562	PHL-SIMVASTATIN	PMI
02252643	PMS-SIMVASTATIN	PMS
02269279	PMS-SIMVASTATIN	PMS
02329166	RAN-SIMVASTATIN	RBY
02247299	RIVA-SIMVASTATIN	RIV
02247830	SANDOZ-SIMVASTATIN	SDZ
02284758	SIMVASTATIN	SAN
02386313	SIMVASTATIN	SIV
02247222	SIMVASTATIN-20	PDL
02265893	TARO-SIMVASTATIN	TAR
00884340	ZOCOR	FRS
02300923	ZYM-SIMVASTATIN	ZYM

ST 40mg Tablet

02247014	APO-SIMVASTATIN	APX
02405172	AURO-SIMVASTATIN	AUR
02248106	CO SIMVASTATIN	COB
02253771	DOM-SIMVASTATIN	DPC
02281643	DOM-SIMVASTATIN	DPC
02331055	JAMP-SIMVASTATIN	JMP
02375621	JAMP-SIMVASTATIN	JAP
02375060	MAR-SIMVASTATIN	MAR
02372967	MINT-SIMVASTATIN	MIN
02246584	MYLAN-SIMVASTATIN	MYL
02250179	NOVO-SIMVASTATIN	TEV
02281570	PHL-SIMVASTATIN	PMI
02252651	PMS-SIMVASTATIN	PMS
02269287	PMS-SIMVASTATIN	PMS
02329174	RAN-SIMVASTATIN	RBY
02247300	RIVA-SIMVASTATIN	RIV
02247831	SANDOZ-SIMVASTATIN	SDZ
02284766	SIMVASTATIN	SAN
02386321	SIMVASTATIN	SIV
02247223	SIMVASTATIN-40	PDL
02265907	TARO-SIMVASTATIN	TAR
00884359	ZOCOR	FRS
02300931	ZYM-SIMVASTATIN	ZYM

24:06.08 HMG-COA REDUCTASE INHIBITORS

SIMVASTATIN

[ST] 80mg Tablet

02247015	APO-SIMVASTATIN	APX
02405180	AURO-SIMVASTATIN	AUR
02248107	CO SIMVASTATIN	COB
02253798	DOM-SIMVASTATIN	DPC
02281651	DOM-SIMVASTATIN	DPC
02331063	JAMP-SIMVASTATIN	JMP
02375648	JAMP-SIMVASTATIN	JAP
02375079	MAR-SIMVASTATIN	MAR
02372975	MINT-SIMVASTATIN	MIN
02246585	MYLAN-SIMVASTATIN	MYL
02250187	NOVO-SIMVASTATIN	TEV
02281589	PHL-SIMVASTATIN	PMI
02252678	PMS-SIMVASTATIN	PMS
02269295	PMS-SIMVASTATIN	PMS
02329182	RAN-SIMVASTATIN	RBY
02247071	RATIO-SIMVASTATIN	RPH
02247301	RIVA-SIMVASTATIN	RIV
02247833	SANDOZ-SIMVASTATIN	SDZ
02284774	SIMVASTATIN	SAN
02386348	SIMVASTATIN	SIV
02247224	SIMVASTATIN-80	PDL
02240332	ZOCOR	FRS
02300974	ZYM-SIMVASTATIN	ZYM

24:08.16 CENTRAL ALPHA-AGONISTS

CLONIDINE HCL

[ST] 0.025mg Tablet

00519251	DIXARIT	BOE
02304163	TEVA-CLONIDINE	TEV

[ST] 0.1mg Tablet

00259527	CATAPRES	BOE
01910396	CLONIDINE	PRO
02046121	TEVA-CLONIDINE	TEV

[ST] 0.2mg Tablet

00868957	APO-CLONIDINE	APX
00291889	CATAPRES	BOE
01908162	CLONIDINE	PRO
02046148	TEVA-CLONIDINE	TEV

METHYLDOPA

[ST] 125mg Tablet

00360252	METHYLDOPA	AAP

[ST] 250mg Tablet

00360260	METHYLDOPA	AAP

[ST] 500mg Tablet

00426830	METHYLDOPA	AAP

METHYLDOPA, HYDROCHLOROTHIAZIDE

[ST] 250mg & 15mg Tablet

00441708	APO-METHAZIDE-15	APX

[ST] 250mg & 25mg Tablet

00441716	APO-METHAZIDE-25	APX

24:08.20 DIRECT VASODILATORS

DIAZOXIDE

[ST] 100mg Capsule

00503347	PROGLYCEM	SCH

HYDRALAZINE HCL

[ST] 10mg Tablet

00441619	APO-HYDRALAZINE	APX
01913638	HYDRALAZINE	PDL

[ST] 25mg Tablet

00441627	APO-HYDRALAZINE	APX

[ST] 50mg Tablet

00441635	APO-HYDRALAZINE	APX
00759481	NOVO-HYLAZIN	TEV

MINOXIDIL

[ST] 2.5mg Tablet

00514497	LONITEN	PFI

[ST] 10mg Tablet

00514500	LONITEN	PFI

24:12.08 NITRATES AND NITRITES

ISOSORBIDE DINITRATE

[ST] 5mg Sublingual Tablet

00670944	ISDN	AAP

[ST] 10mg Tablet

00441686	ISDN	AAP
00786667	PMS-ISOSORBIDE	PMS

[ST] 30mg Tablet

00441694	ISDN	AAP

ISOSORBIDE-5-MONONITRATE

[ST] 60mg Tablet

02272830	APO-ISMN	APX
02126559	IMDUR	AZE
02301288	PMS-ISMN	PMS
02311321	PRO-ISMN	PDL

NITROGLYCERIN

2% Ointment

01926454	NITROL	SQU

[ST] 0.2mg Patch

02162806	MINITRAN	MMH
02407442	MYLAN-NITRO	MYL
01911910	NITRO-DUR	KEY
00584223	TRANSDERM-NITRO	NVR
02230732	TRINIPATCH	TRT

[ST] 0.4mg Patch

02163527	MINITRAN	MMH
02407450	MYLAN-NITRO	MYL
01911902	NITRO-DUR	KEY
00852384	TRANSDERM-NITRO	NVR
02230733	TRINIPATCH	TRT

24:12.08 NITRATES AND NITRITES

NITROGLYCERIN

[ST] 0.6mg Patch

02163535	MINITRAN	MMH
02407469	MYLAN-NITRO	MYL
01911929	NITRO-DUR	KEY
02046156	TRANSDERM-NITRO	NVR
02230734	TRINIPATCH	TRT

[ST] 0.8mg Patch

02407477	MYLAN-NITRO	MYL
02011271	NITRO-DUR	KEY

0.4mg Spray

02393433	APO-NITROGLYCERIN	APX
02243588	MYLAN-NITRO	MYL
02231441	NITROLINGUAL PUMPSPRAY	SAC
02238998	RHO-NITRO PUMPSPRAY	SAC

0.3mg Sublingual Tablet

00037613	NITROSTAT	PFI

0.6mg Sublingual Tablet

00037621	NITROSTAT	PFI

24:12.12 PHOSPHODIESTERASE INHIBITORS

SILDENAFIL CITRATE

Limited use benefit (prior approval required).

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
who have failed to respond to conventional therapy; OR
who have contraindications to conventional agents.

[ST] 20mg Tablet

02412179	PMS-SILDENAFIL R	PMS
02319500	RATIO-SILDENAFIL R	TEP
02279401	REVATIO	PFI

[ST] 20mg Tablet

02418118	APO-SILDENAFIL R	APX

TADALAFIL

Limited use benefit (prior approval required).

Maximum dose covered is 40 mg daily

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
who have failed to respond to conventional therapy; OR
who have contraindications to conventional agents

[ST] 20mg Tablet

02338327	ADCIRCA	LIL

24:12.92 MISCELLANEOUS VASODILATING AGENTS

AMBRISENTAN

Limited use benefit (prior approval required).

Maximum dose covered is 10 mg once daily.

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
-who have failed to respond to sildenafil OR tadalafil; OR
-who have contraindications to sildenafil OR tadalafil.

[ST] 5mg Tablet

02307065	VOLIBRIS	GSK

[ST] 10mg Tablet

02307073	VOLIBRIS	GSK

BOSENTAN MONOHYDRATE

Limited use benefit (prior approval required).

Maximum dose covered is 125 mg twice daily

-Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
-who have failed to respond to sildenafil OR tadalafil; OR
-who have contraindications to sildenafil OR tadalafil.

[ST] 62.5mg Tablet

02399202	APO-BOSENTAN	APX
02386194	CO BOSENTAN	ATP
02383497	MYLAN-BOSENTAN	MYL
02383012	PMS-BOSENTAN	PMS
02386275	SANDOZ BOSENTAN	SDZ
02398400	TEVA-BOSENTAN	TEP
02244981	TRACLEER	ACN

[ST] 125mg Tablet

02386208	CO BOSENTAN	ATP
02383500	MYLAN-BOSENTAN	MYL
02383020	PMS-BOSENTAN	PMS
02386283	SANDOZ BOSENTAN	SDZ
02398419	TEVA-BOSENTAN	TEP
02244982	TRACLEER	ACN

DIPYRIDAMOLE

[ST] 25mg Tablet

00895644	APO-DIPYRIDAMOLE	APX

[ST] 50mg Tablet

00571245	APO-DIPYRIDAMOLE	APX
00895652	APO-DIPYRIDAMOLE	APX

[ST] 75mg Tablet

00601845	APO-DIPYRIDAMOLE	APX
00895660	APO-DIPYRIDAMOLE	APX

DIPYRIDAMOLE, ACETYLSALICYLIC ACID

[ST] 200mg & 25mg Capsule

02242119	AGGRENOX	BOE

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

DOXAZOSIN MESYLATE

[ST] 1mg Tablet

02240588	APO-DOXAZOSIN	APX
01958100	CARDURA 1	PFI
02240978	DOXAZOSIN	PDL
02240498	MYLAN-DOXAZOSIN	MYL
02242728	NOVO-DOXAZOSIN	TEV
02244527	PMS-DOXAZOSIN	PMS

[ST] 2mg Tablet

02240589	APO-DOXAZOSIN	APX
01958097	CARDURA 2	PFI
02240979	DOXAZOSIN	PDL
02240499	MYLAN-DOXAZOSIN	MYL
02242729	NOVO-DOXAZOSIN	TEV
02244528	PMS-DOXAZOSIN	PMS

[ST] 4mg Tablet

02240590	APO-DOXAZOSIN	APX
01958119	CARDURA 4	PFI
02240980	DOXAZOSIN	PDL
02240500	MYLAN-DOXAZOSIN	MYL
02242730	NOVO-DOXAZOSIN	TEV
02244529	PMS-DOXAZOSIN	PMS

PRAZOSIN HCL

[ST] 1mg Tablet

00882801	APO-PRAZO	APX
00560952	MINIPRESS	ERF
01934198	NOVO-PRAZIN	TEV

[ST] 2mg Tablet

00882828	APO-PRAZO	APX
00560960	MINIPRESS	ERF
01934201	NOVO-PRAZIN	TEV

[ST] 5mg Tablet

00882836	APO-PRAZO	APX
00560979	MINIPRESS	ERF
01934228	NOVO-PRAZIN	TEV

TERAZOSIN HCL

[ST] 1mg Tablet

02234502	APO-TERAZOSIN	APX
02243746	DOM-TERAZOSIN	DPC
00818658	HYTRIN	ABB
02396289	MYLAN-TERAZOSIN	MYL
02243518	PMS-TERAZOSIN	PMS
02218941	RATIO-TERAZOSIN	RPH
02237476	TERAZOSIN	PDL
02350475	TERAZOSIN	SAN
02230805	TEVA-TERAZOSIN	TEV

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

TERAZOSIN HCL

[ST] 2mg Tablet

02234503	APO-TERAZOSIN	APX
02243747	DOM-TERAZOSIN	DPC
00818682	HYTRIN	ABB
02396297	MYLAN-TERAZOSIN	MYL
02243519	PMS-TERAZOSIN	PMS
02218968	RATIO-TERAZOSIN	RPH
02237477	TERAZOSIN	PDL
02350483	TERAZOSIN	SAN
02230806	TEVA-TERAZOSIN	TEV

[ST] 5mg Tablet

02234504	APO-TERAZOSIN	APX
02243748	DOM-TERAZOSIN	DPC
00818666	HYTRIN	ABB
02396300	MYLAN-TERAZOSIN	MYL
02243520	PMS-TERAZOSIN	PMS
02218976	RATIO-TERAZOSIN	RPH
02237478	TERAZOSIN	PDL
02350491	TERAZOSIN	SAN
02230807	TEVA-TERAZOSIN	TEV

[ST] 10mg Tablet

02234505	APO-TERAZOSIN	APX
02243749	DOM-TERAZOSIN	DPC
00818674	HYTRIN	ABB
02396319	MYLAN-TERAZOSIN	MYL
02243521	PMS-TERAZOSIN	PMS
02218984	RATIO-TERAZOSIN	RPH
02237479	TERAZOSIN	PDL
02350505	TERAZOSIN	SAN
02230808	TEVA-TERAZOSIN	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL HCL

[ST] 100mg Tablet

02164396	ACEBUTOLOL	PDL
02286246	ACEBUTOLOL	SAN
02147602	APO-ACEBUTOLOL	APX
02237721	MYLAN-ACEBUTOLOL	MYL
02237885	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02257599	SANDOZ-ACEBUTOLOL	SDZ
01926543	SECTRAL	SAC
02204517	TEVA-ACEBUTOLOL	TEV

[ST] 200mg Tablet

02286254	ACEBUTOLOL	SAN
02147610	APO-ACEBUTOLOL	APX
02237722	MYLAN-ACEBUTOLOL	MYL
02237886	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02164418	PDL-ACEBUTOLOL	PDL
02257602	SANDOZ-ACEBUTOLOL	SDZ
01926551	SECTRAL	SAC
02204525	TEVA-ACEBUTOLOL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL HCL

[ST] 400mg Tablet

02286262	ACEBUTOLOL	SAN
02147629	APO-ACEBUTOLOL	APX
02237723	MYLAN-ACEBUTOLOL	MYL
02237887	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02164426	PDL-ACEBUTOLOL	PDL
02257610	SANDOZ-ACEBUTOLOL	SDZ
01926578	SECTRAL	SAC
02204533	TEVA-ACEBUTOLOL	TEV

ATENOLOL

[ST] 25mg Tablet

02326701	ATENOLOL	PDL
02367556	JAMP-ATENOLOL	JAP
02371979	MAR-ATENOLOL	MAR
02368013	MINT-ATENOLOL	MIN
02303647	MYLAN-ATENOLOL	MYL
02247182	PHL-ATENOLOL	PMI
02246581	PMS-ATENOLOL	PMS
02373963	RAN-ATENOLOL	RBY
02277379	RIVA-ATENOLOL	RIV
02368633	SEPTA-ATENOLOL	SPT
02266660	TEVA-ATENOL	TEV

[ST] 50mg Tablet

00773689	APO-ATENOL	APX
00828807	ATENOLOL	PDL
02255545	CO ATENOLOL	COB
02229467	DOM-ATENOLOL	DPC
02367564	JAMP-ATENOLOL	JAP
02371987	MAR-ATENOLOL	MAR
02368021	MINT-ATENOLOL	MIN
02146894	MYLAN-ATENOLOL	MYL
02238316	PHL-ATENOLOL	PHH
02237600	PMS-ATENOLOL	PMS
02267985	RAN-ATENOLOL	RBY
02171791	RATIO-ATENOLOL	RPH
02242094	RIVA-ATENOLOL	RIV
02231731	SANDOZ-ATENOLOL	SDZ
02368641	SEPTA-ATENOLOL	SPT
02039532	TENORMIN	AZC
01912062	TEVA-ATENOL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

ATENOLOL

[ST] 100mg Tablet

00773697	APO-ATENOL	APX
00828793	ATENOLOL	PDL
02255553	CO ATENOLOL	COB
02229468	DOM-ATENOLOL	DPC
02367572	JAMP-ATENOLOL	JAP
02371995	MAR-ATENOLOL	MAR
02368048	MINT-ATENOLOL	MIN
02147432	MYLAN-ATENOLOL	MYL
02238318	PHL-ATENOLOL	PHH
02237601	PMS-ATENOLOL	PMS
02267993	RAN-ATENOLOL	RBY
02171805	RATIO-ATENOLOL	RPH
02242093	RIVA-ATENOLOL	RIV
02368668	SEPTA-ATENOLOL	SPT
02039540	TENORMIN	AZC
01912054	TEVA-ATENOL	TEV

ATENOLOL, CHLORTHALIDONE

[ST] 50mg & 25mg Tablet

02248763	APO-ATENIDONE	APX
02049961	TENORETIC	AZC
02302918	TEVA-ATENOLTHALIDONE	TEV

[ST] 100mg & 25mg Tablet

02248764	APO-ATENIDONE	APX
02049988	TENORETIC	AZC
02302926	TEVA-ATENOLTHALIDONE	TEV

BISOPROLOL FUMARATE

[ST] 5mg Tablet

02256134	APO-BISOPROLOL	APX
02321556	BISOPROLOL	SOR
02383055	BISOPROLOL	SIV
02391589	BISOPROLOL	SAN
02384418	MYLAN-BISOPROLOL	MYL
02302632	PMS-BISOPROLOL	PMS
02306999	PRO-BISOPROLOL	PDL
02247439	SANDOZ-BISOPROLOL	SDZ
02267470	TEVA-BIPOPROLOL	TEV

[ST] 10mg Tablet

02256177	APO-BISOPROLOL	APX
02321572	BISOPROLOL	SOR
02383063	BISOPROLOL	SIV
02391597	BISOPROLOL	SAN
02384426	MYLAN-BISOPROLOL	MYL
02302640	PMS-BISOPROLOL	PMS
02307006	PRO-BISOPROLOL	PDL
02247440	SANDOZ-BISOPROLOL	SDZ
02267489	TEVA-BIPOPROLOL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

CARVEDILOL

[ST] 3.125mg Tablet

02247933	APO-CARVEDILOL	APX
02418495	AURO-CARVEDILOL	AUR
02364913	CARVEDILOL	SAN
02248748	DOM-CARVEDILOL	DPC
02368897	JAMP-CARVEDILOL	JAP
02347512	MYLAN-CARVEDILOL	MYL
02248752	PHL-CARVEDILOL	PMI
02245914	PMS-CARVEDILOL	PMS
02324504	PRO-CARVEDILOL	PDL
02268027	RAN-CARVEDILOL	RBY
02252309	RATIO-CARVEDILOL	RPH
02338068	ZYM-CARVEDILOL	ZYM

[ST] 6.25mg Tablet

02247934	APO-CARVEDILOL	APX
02418509	AURO-CARVEDILOL	AUR
02364921	CARVEDILOL	SAN
02248749	DOM-CARVEDILOL	DPC
02368900	JAMP-CARVEDILOL	JAP
02347520	MYLAN-CARVEDILOL	MYL
02248753	PHL-CARVEDILOL	PMI
02245915	PMS-CARVEDILOL	PMS
02324512	PRO-CARVEDILOL	PDL
02268035	RAN-CARVEDILOL	RBY
02252317	RATIO-CARVEDILOL	RPH
02338092	ZYM-CARVEDILOL	ZYM

[ST] 12.5mg Tablet

02247935	APO-CARVEDILOL	APX
02418517	AURO-CARVEDILOL	AUR
02364948	CARVEDILOL	SAN
02248750	DOM-CARVEDILOL	DPC
02368919	JAMP-CARVEDILOL	JAP
02347555	MYLAN-CARVEDILOL	MYL
02248754	PHL-CARVEDILOL	PMI
02245916	PMS-CARVEDILOL	PMS
02324520	PRO-CARVEDILOL	PDL
02268043	RAN-CARVEDILOL	RBY
02252325	RATIO-CARVEDILOL	RPH
02338106	ZYM-CARVEDILOL	ZYM

[ST] 25mg Tablet

02247936	APO-CARVEDILOL	APX
02418525	AURO-CARVEDILOL	AUR
02364956	CARVEDILOL	SAN
02248751	DOM-CARVEDILOL	DPC
02368927	JAMP-CARVEDILOL	JAP
02347571	MYLAN-CARVEDILOL	MYL
02248755	PHL-CARVEDILOL	PMI
02245917	PMS-CARVEDILOL	PMS
02324539	PRO-CARVEDILOL	PDL
02268051	RAN-CARVEDILOL	RBY
02252333	RATIO-CARVEDILOL	RPH
02338114	ZYM-CARVEDILOL	ZYM

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

LABETALOL HCL

[ST] 100mg Tablet

02106272	TRANDATE	SHI

[ST] 200mg Tablet

02106280	TRANDATE	SHI

METOPROLOL TARTRATE

[ST] 100mg Sustained Release Tablet

02285169	APO-METOPROLOL SR	APX
00658855	LOPRESOR SR	NVR
02303396	SANDOZ-METOPROLOL SR	SDZ

[ST] 200mg Sustained Release Tablet

02285177	APO-METOPROLOL SR	APX
00534560	LOPRESOR SR	NVR
02351412	METOPROLOL SR	PDL
02303418	SANDOZ-METOPROLOL SR	SDZ

[ST] 25mg Tablet

02246010	APO-METOPROLOL	APX
02252252	DOM-METOPROLOL-L	DPC
02356813	JAMP-METOPROLOL-L	JAP
02296713	METOPROLOL	PDL
02315106	METOPROLOL-L	SOR
02302055	MYLAN-METOPROLOL (TYPE L)	MYL
02248855	PMS-METOPROLOL-L	PMS
02315300	RIVA-METOPROLOL L	RIV
02261898	TEVA-METOPROL	TEP

[ST] 50mg Tablet

00618632	APO-METOPROLOL	APX
00749354	APO-METOPROLOL-L	APX
02172550	DOM-METOPROLOL-B	DPC
02231121	DOM-METOPROLOL-L	DPC
02356821	JAMP-METOPROLOL-L	JAP
00397423	LOPRESOR	NVR
00648019	METOPROLOL	PDL
02350394	METOPROLOL	SAN
02315114	METOPROLOL-L	SOR
02174545	MYLAN-METOPROLOL (TYPE L)	MYL
02145413	PMS-METOPROLOL-B	PMS
02230803	PMS-METOPROLOL-L	PMS
02315319	RIVA-METOPROLOL L	RIV
02354187	SANDOZ METOPROLOL (L)	SDZ
00648035	TEVA-METOPROL	TEV
00842648	TEVA-METOPROL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

METOPROLOL TARTRATE

ST 100mg Tablet

00618640	APO-METOPROLOL	APX
00751170	APO-METOPROLOL-L	APX
02172569	DOM-METOPROLOL-B	DPC
02231122	DOM-METOPROLOL-L	DPC
02356848	JAMP-METOPROLOL-L	JAP
00397431	LOPRESOR	NVR
00648027	METOPROLOL	PDL
02350408	METOPROLOL	SAN
02351404	METOPROLOL SR	PDL
02315122	METOPROLOL-L	SOR
02174553	MYLAN-METOPROLOL (TYPE L)	MYL
02145421	PMS-METOPROLOL-B	PMS
02230804	PMS-METOPROLOL-L	PMS
02315327	RIVA-METOPROLOL L	RIV
02354195	SANDOZ METOPROLOL (L)	SDZ
00648043	TEVA-METOPROL	TEV
00842656	TEVA-METOPROL-B	TEV

NADOLOL

ST 40mg Tablet

00782505	APO-NADOL	APX
00828815	NADOLOL	PDL

ST 80mg Tablet

00782467	APO-NADOL	APX
00818704	NADOLOL	PDL

ST 160mg Tablet

00782475	APO-NADOL	APX

PINDOLOL

ST 5mg Tablet

00755877	APO-PINDOL	APX
02231650	DOM-PINDOLOL	DPC
00869007	NOVO-PINDOL	TEV
00828416	PINDOLOL	PDL
02231536	PMS-PINDOLOL	PMS
02261782	SANDOZ-PINDOLOL	SDZ
00417270	VISKEN	NVR

ST 10mg Tablet

00755885	APO-PINDOL	APX
02238046	DOM-PINDOLOL	DPC
00869015	NOVO-PINDOL	TEV
00828424	PINDOLOL	PDL
02231537	PMS-PINDOLOL	PMS
02261790	SANDOZ-PINDOLOL	SDZ
00443174	VISKEN	NVR

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

PINDOLOL

ST 15mg Tablet

00755893	APO-PINDOL	APX
02238047	DOM-PINDOLOL	DPC
00869023	NOVO-PINDOL	TEV
00828432	PINDOLOL	PDL
02231539	PMS-PINDOLOL	PMS
02261804	SANDOZ-PINDOLOL	SDZ
00417289	VISKEN	NVR

PINDOLOL, HYDROCHLOROTHIAZIDE

ST 10mg & 25mg Tablet

00568627	VISKAZIDE	NVR

ST 10mg & 50mg Tablet

00568635	VISKAZIDE	NVR

PROPRANOLOL HCL

ST 60mg Long Acting Capsule

02042231	INDERAL LA	WAY

ST 80mg Long Acting Capsule

02042258	INDERAL LA	WAY

ST 120mg Long Acting Capsule

02042266	INDERAL LA	WAY

ST 160mg Long Acting Capsule

02042274	INDERAL LA	WAY

ST 10mg Tablet

02137313	DOM-PROPRANOLOL	DPC
00496480	NOVO-PRANOL	TEV

ST 20mg Tablet

00740675	NOVO-PRANOL	TEV

ST 40mg Tablet

02137321	DOM-PROPRANOLOL	DPC
00496499	NOVO-PRANOL	TEV

ST 80mg Tablet

02137348	DOM-PROPRANOLOL	DPC
00496502	NOVO-PRANOL	TEV
00582271	PMS-PROPRANOLOL	PMS

ST 120mg Tablet

00504335	APO-PROPRANOLOL	APX
00582298	PMS-PROPRANOLOL	PMS

SOTALOL HCL

ST 80mg Tablet

02210428	APO-SOTALOL	APX
02270625	CO SOTALOL	COB
02238634	DOM-SOTALOL	DPC
02368617	JAMP-SOTALOL	JAP
02231181	NOVO-SOTALOL	TEV
02238768	PHL-SOTALOL	PHH
02238326	PMS-SOTALOL	PMS
02316528	PRO-SOTALOL	PDL
02084228	RATIO-SOTALOL	RPH
02257831	SANDOZ-SOTALOL	SDZ
02385988	SOTALOL	SIV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS

SOTALOL HCL

[ST] 160mg Tablet

02167794	APO-SOTALOL	APX
02270633	CO SOTALOL	COB
02238635	DOM-SOTALOL	DPC
02368625	JAMP-SOTALOL	JAP
02229779	MYLAN-SOTALOL	MYL
02231182	NOVO-SOTALOL	TEV
02238769	PHL-SOTALOL	PHH
02238327	PMS-SOTALOL	PMS
02316536	PRO-SOTALOL	PDL
02084236	RATIO-SOTALOL	RPH
02242157	RIVA-SOTALOL	RIV
02257858	SANDOZ-SOTALOL	SDZ
02385996	SOTALOL	SIV

TIMOLOL MALEATE

[ST] 5mg Tablet

00755842	APO-TIMOL	APX
01947796	TEVA-TIMOL	TEV
00812455	TIMOLOL	PDL

[ST] 10mg Tablet

00755850	APO-TIMOL	APX
01947818	TEVA-TIMOL	TEV
00812447	TIMOLOL	PDL

[ST] 20mg Tablet

00755869	APO-TIMOL	APX
01947826	TEVA-TIMOL	TEV

24:28.08 DIHYDROPYRIDINES

AMLODIPINE

[ST] 2.5mg Tablet

02297477	ACT AMLODIPINE	ATP
02326795	AMLODIPINE	PDL
02385783	AMLODIPINE	SIV
02378744	AMLODIPINE-ODAN	ODN
02326825	DOM-AMLODIPINE	DOM
02280124	GD-AMLODIPINE	PFI
02357186	JAMP-AMLODIPINE	JAP
02371707	MAR-AMLODIPINE	MAR
02326760	PHL-AMLODIPINE	PMI
02295148	PMS-AMLODIPINE	PMS
02398877	RAN-AMLODIPINE	RBY
02331489	RIVA-AMLODIPINE	RIV
02330474	SANDOZ-AMLODIPINE	SDZ
02357704	SEPTA-AMLODIPINE	SPT

24:28.08 DIHYDROPYRIDINES

AMLODIPINE

[ST] 5mg Tablet

02341093	ACCEL-AMLODIPINE	ACP
02326809	AMLODIPINE	PDL
02331284	AMLODIPINE	SAN
02385791	AMLODIPINE	SIV
02429217	AMLODIPINE	JAP
02378760	AMLODIPINE-ODAN	ODN
02273373	APO-AMLODIPINE	APX
02397072	AURO-AMLODIPINE	AUR
02297485	CO AMLODIPINE	CBT
02326833	DOM-AMLODIPINE	DOM
02280132	GD-AMLODIPINE	PFI
02357194	JAMP-AMLODIPINE	JAP
02371715	MAR-AMLODIPINE	MAR
02362651	MINT-AMLODIPINE	MIN
02272113	MYLAN-AMLODIPINE	MYL
00878928	NORVASC	PFI
02326779	PHL-AMLODIPINE	PMI
02284065	PMS-AMLODIPINE	PMS
02321858	RAN-AMLODIPINE	RBY
02259605	RATIO-AMLODIPINE	RPH
02331497	RIVA-AMLODIPINE	RIV
02284383	SANDOZ-AMLODIPINE	SDZ
02357712	SEPTA-AMLODIPINE	SPT
02250497	TEVA-AMLODIPINE	TEV
02342790	ZYM-AMLODIPINE	ZYM

[ST] 10mg Tablet

02341107	ACCEL-AMLODIPINE	ACP
02326817	AMLODIPINE	PDL
02331292	AMLODIPINE	SAN
02385805	AMLODIPINE	SIV
02429225	AMLODIPINE	JAP
02378779	AMLODIPINE-ODAN	ODN
02273381	APO-AMLODIPINE	APX
02397080	AURO-AMLODIPINE	AUR
02297493	CO AMLODIPINE	CBT
02326841	DOM-AMLODIPINE	DOM
02280140	GD-AMLODIPINE	PFI
02357208	JAMP-AMLODIPINE	JAP
02371723	MAR-AMLODIPINE	MAR
02362678	MINT-AMLODIPINE	MIN
02272121	MYLAN-AMLODIPINE	MYL
00878936	NORVASC	PFI
02326787	PHL-AMLODIPINE	PMI
02284073	PMS-AMLODIPINE	PMS
02321866	RAN-AMLODIPINE	RBY
02259613	RATIO-AMLODIPINE	RPH
02331500	RIVA-AMLODIPINE	RIV
02284391	SANDOZ-AMLODIPINE	SDZ
02357720	SEPTA-AMLODIPINE	SPT
02250500	TEVA-AMLODIPINE	TEV
02342804	ZYM-AMLODIPINE	ZYM

24:28.08 DIHYDROPYRIDINES

AMLODIPINE, ATORVASTATIN

[ST] 5mg & 10mg Tablet

02411253	APO-AMLODIPINE-ATORVASTATIN	APX
02273233	CADUET	PFI
02362759	GD-AMLODIPINE-ATORVASTATIN	PFI
02404222	PMS-AMLODIPINE-ATORVASTATIN	PMS

[ST] 5mg & 20mg Tablet

02411261	APO-AMLODIPINE-ATORVASTATIN	APX
02273241	CADUET	PFI
02362767	GD-AMLODIPINE-ATORVASTATIN	PFI
02404230	PMS-AMLODIPINE-ATORVASTATIN	PMS

[ST] 5mg & 40mg Tablet

02411288	APO-AMLODIPINE-ATORVASTATIN	APX
02273268	CADUET	PFI
02362775	GD-AMLODIPINE-ATORVASTATIN	PFI

[ST] 5mg & 80mg Tablet

02411296	APO-AMLODIPINE-ATORVASTATIN	APX
02273276	CADUET	PFI
02362783	GD-AMLODIPINE-ATORVASTATIN	PFI

[ST] 10mg & 10mg Tablet

02411318	APO-AMLODIPINE-ATORVASTATIN	APX
02273284	CADUET	PFI
02362791	GD-AMLODIPINE-ATORVASTATIN	PFI
02404249	PMS-AMLODIPINE-ATORVASTATIN	PMS

[ST] 10mg & 20mg Tablet

02411326	APO-AMLODIPINE-ATORVASTATIN	APX
02273292	CADUET	PFI
02362805	GD-AMLODIPINE-ATORVASTATIN	PFI
02404257	PMS-AMLODIPINE-ATORVASTATIN	PMS

[ST] 10mg & 40mg Tablet

02411334	APO-AMLODIPINE-ATORVASTATIN	APX
02273306	CADUET	PFI
02362813	GD-AMLODIPINE-ATORVASTATIN	PFI

[ST] 10mg & 80mg Tablet

02411342	APO-AMLODIPINE-ATORVASTATIN	APX
02273314	CADUET	PFI
02362821	GD-AMLODIPINE-ATORVASTATIN	PFI

24:28.08 DIHYDROPYRIDINES

AMLODIPINE, TELMISARTAN

[ST] 5mg & 40mg Tablet

02371022	TWYNSTA	BOE

[ST] 5mg & 80mg Tablet

02371049	TWYNSTA	BOE

[ST] 10mg & 40mg Tablet

02371030	TWYNSTA	BOE

[ST] 10mg & 80mg Tablet

02371057	TWYNSTA	BOE

FELODIPINE

[ST] 2.5mg Extended Release Tablet

02057778	PLENDIL	AZC

[ST] 5mg Extended Release Tablet

00851779	PLENDIL	AZC
02280264	SANDOZ-FELODIPINE	SDZ
09857203	SANDOZ-FELODIPINE	SDZ

[ST] 10mg Extended Release Tablet

00851787	PLENDIL	AZC
02280272	SANDOZ-FELODIPINE	SDZ
09857204	SANDOZ-FELODIPINE	SDZ

NIFEDIPINE

[ST] 5mg Capsule

00725110	NIFEDIPINE	AAP
02235897	PMS-NIFEDIPINE	PMS

[ST] 10mg Capsule

00755907	NIFEDIPINE	AAP
02235898	PMS-NIFEDIPINE	PMS

[ST] 20mg Extended Release Tablet

02237618	ADALAT XL	BAY

[ST] 30mg Extended Release Tablet

02155907	ADALAT XL	BAY
02349167	MYLAN-NIFEDIPINE ER	MYL

[ST] 60mg Extended Release Tablet

02155990	ADALAT XL	BAY
02321149	MYLAN-NIFEDIPINE ER	MYL

[ST] 10mg Sustained Release Tablet

02197448	APO-NIFED PA	APX

[ST] 20mg Sustained Release Tablet

02181525	APO-NIFED PA	APX

NIMODIPINE

[ST] 30mg Tablet

02325926	NIMOTOP	BAY

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS

DILTIAZEM HCL

[ST] 120mg Controlled Delivery Capsule

02230997	APO-DILTIAZ CD	APX
02097249	CARDIZEM CD	BPC
02231472	DILTIAZEM CD	PDL
02400421	DILTIAZEM CD	SAN
02355752	PMS-DILTIAZEM CD	PMS
02229781	RATIO-DILTIAZEM CD	RPH
02243338	SANDOZ-DILTIAZEM CD	SDZ
02242538	TEVA-DILTAZEM CD	TEV

[ST] 180mg Controlled Delivery Capsule

02230998	APO-DILTIAZ CD	APX
02097257	CARDIZEM CD	BPC
02231474	DILTIAZEM CD	PDL
02400448	DILTIAZEM CD	SAN
02355760	PMS-DILTIAZEM CD	PMS
02229782	RATIO-DILTIAZEM CD	RPH
02243339	SANDOZ-DILTIAZEM CD	SDZ
02242539	TEVA-DILTAZEM CD	TEV

[ST] 240mg Controlled Delivery Capsule

02230999	APO-DILTIAZ CD	APX
02097265	CARDIZEM CD	BPC
02231475	DILTIAZEM CD	PDL
02400456	DILTIAZEM CD	SAN
02355779	PMS-DILTIAZEM CD	PMS
02229783	RATIO-DILTIAZEM CD	RPH
02243340	SANDOZ-DILTIAZEM CD	SDZ
02242540	TEVA-DILTAZEM CD	TEV

[ST] 300mg Controlled Delivery Capsule

02229526	APO-DILTIAZ CD	APX
02097273	CARDIZEM CD	BPC
02231057	DILTIAZEM CD	PDL
02400464	DILTIAZEM CD	SAN
02355787	PMS-DILTIAZEM CD	PMS
02229784	RATIO-DILTIAZEM CD	RPH
02243341	SANDOZ-DILTIAZEM CD	SDZ
02242541	TEVA-DILTAZEM CD	TEV

[ST] 120mg Extended Release Capsule

02370611	ACT DILTIAZEM CD	ATP
02370441	ACT DILTIAZEM T	ATP
02325306	DILTIAZEM TZ	PDL
02271605	TEVA-DILTIAZEM ER	TEV
02231150	TIAZAC	BPC

[ST] 180mg Extended Release Capsule

02370638	ACT DILTIAZEM CD	ATP
02370492	ACT DILTIAZEM T	ATP
02325314	DILTIAZEM TZ	PDL
02271613	TEVA-DILTIAZEM ER	TEV
02231151	TIAZAC	BPC

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS

DILTIAZEM HCL

[ST] 240mg Extended Release Capsule

02370646	ACT DILTIAZEM CD	ATP
02370506	ACT DILTIAZEM T	ATP
02325322	DILTIAZEM TZ	PDL
02271621	TEVA-DILTIAZEM ER	TEV
02231152	TIAZAC	BPC

[ST] 300mg Extended Release Capsule

02370654	ACT DILTIAZEM CD	ATP
02370514	ACT DILTIAZEM T	ATP
02325330	DILTIAZEM TZ	PDL
02271648	TEVA-DILTIAZEM ER	TEV
02231154	TIAZAC	BPC

[ST] 360mg Extended Release Capsule

02370522	ACT DILTIAZEM T	ATP
02325349	DILTIAZEM TZ	PDL
02271656	TEVA-DILTIAZEM ER	TEV
02231155	TIAZAC	BPC

[ST] 120mg Extended Release Tablet

02256738	TIAZAC XC	BPC

[ST] 180mg Extended Release Tablet

02256746	TIAZAC XC	BPC

[ST] 240mg Extended Release Tablet

02256754	TIAZAC XC	BPC

[ST] 300mg Extended Release Tablet

02256762	TIAZAC XC	BPC

[ST] 360mg Extended Release Tablet

02256770	TIAZAC XC	BPC

[ST] 60mg Sustained Release Capsule

02222957	APO-DILTIAZ SR	APX

[ST] 90mg Sustained Release Capsule

02222965	APO-DILTIAZ SR	APX

[ST] 120mg Sustained Release Capsule

02222973	APO-DILTIAZ SR	APX
02245918	SANDOZ-DILTIAZEM T	SDZ

[ST] 180mg Sustained Release Capsule

02245919	SANDOZ-DILTIAZEM T	SDZ

[ST] 240mg Sustained Release Capsule

02245920	SANDOZ-DILTIAZEM T	SDZ

[ST] 300mg Sustained Release Capsule

02245921	SANDOZ-DILTIAZEM T	SDZ

[ST] 360mg Sustained Release Capsule

02245922	SANDOZ-DILTIAZEM T	SDZ

[ST] 30mg Tablet

00771376	APO-DILTIAZ	APX
00828785	DILTIAZEM	PDL
00862924	TEVA-DILTIAZEM	TEV

[ST] 60mg Tablet

00771384	APO-DILTIAZ	APX
00828777	DILTIAZEM	PDL
00862932	TEVA-DILTIAZEM	TEV

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS

VERAPAMIL HCL

[ST] 180mg Extended Release Tablet		
02231676	COVERA-HS	PFI
[ST] 240mg Extended Release Tablet		
02231677	COVERA-HS	PFI
[ST] 120mg Sustained Release Tablet		
02246893	APO-VERAP SR	APX
01907123	ISOPTIN SR	ABB
02210347	MYLAN-VERAPAMIL SR	MYL
02324156	PRO-VERAPAMIL SR	PDL
[ST] 180mg Sustained Release Tablet		
02246894	APO-VERAP SR	APX
01934317	ISOPTIN SR	ABB
02210355	MYLAN-VERAPAMIL SR	MYL
02324164	PRO-VERAPAMIL SR	PDL
[ST] 240mg Sustained Release Tablet		
02246895	APO-VERAP SR	APX
02240321	DOM-VERAPAMIL SR	DPC
00742554	ISOPTIN SR	ABB
02210363	MYLAN-VERAPAMIL SR	MYL
02211920	NOVO-VERAMIL SR	TEV
02238276	PHL-VERAPAMIL SR	PHH
02237791	PMS-VERAPAMIL SR	PMS
02312697	PRO-VERAPAMIL SR	PDL
02248082	RIVA-VERAPAMIL SR	RIV
[ST] 80mg Tablet		
00782483	APO-VERAP	APX
02237921	MYLAN-VERAPAMIL	MYL
00812331	NOVO-VERAMIL	TEV
00871028	VERAPAMIL	PDL
[ST] 120mg Tablet		
00782491	APO-VERAP	APX
02237922	MYLAN-VERAPAMIL	MYL
00812358	NOVO-VERAMIL	TEV

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

BENAZEPRIL HCL

[ST] 5mg Tablet		
02290332	BENAZEPRIL	AAP
00885835	LOTENSIN	NVR
[ST] 10mg Tablet		
02290340	BENAZEPRIL	AAP
[ST] 20mg Tablet		
02273918	BENAZEPRIL	AAP
00885851	LOTENSIN	NVR

CAPTOPRIL

[ST] 6.25mg Tablet		
01999559	APO-CAPTO	APX

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

CAPTOPRIL

[ST] 12.5mg Tablet		
00893595	APO-CAPTO	APX
02242788	CAPTOPRIL	SOR
02238551	DOM-CAPTOPRIL	DPC
02163551	MYLAN-CAPTOPRIL	MYL
01942964	TEVA-CAPTORIL	TEV
[ST] 25mg Tablet		
00893609	APO-CAPTO	APX
01910337	CAPTOPRIL	PDL
02242789	CAPTOPRIL	SOR
02238552	DOM-CAPTOPRIL	DPC
02163578	MYLAN-CAPTOPRIL	MYL
01942972	TEVA-CAPTORIL	TEV
[ST] 50mg Tablet		
00893617	APO-CAPTO	APX
02242790	CAPTOPRIL	SPR
02238553	DOM-CAPTOPRIL	DPC
02163586	MYLAN-CAPTOPRIL	MYL
01942980	TEVA-CAPTORIL	TEV
[ST] 100mg Tablet		
00893625	APO-CAPTO	APX
02242791	CAPTOPRIL	SOR
02238554	DOM-CAPTOPRIL	DPC
02163594	MYLAN-CAPTOPRIL	MYL
02230206	PMS-CAPTOPRIL	PMS
01942999	TEVA-CAPTORIL	TEV

CILAZAPRIL

[ST] 1mg Tablet		
02291134	APO-CILAZAPRIL	APX
02350963	CILAZAPRIL	SAN
02283778	MYLAN-CILAZAPRIL	MYL
02280442	PMS-CILAZAPRIL	PMS
02266350	TEVA-CILAZAPRIL	TEV
[ST] 2.5mg Tablet		
02291142	APO-CILAZAPRIL	APX
02350971	CILAZAPRIL	SAN
02285215	CO CILAZAPRIL	COB
01911473	INHIBACE	HLR
02283786	MYLAN-CILAZAPRIL	MYL
02280450	PMS-CILAZAPRIL	PMS
02266369	TEVA-CILAZAPRIL	TEV
[ST] 5mg Tablet		
02291150	APO-CILAZAPRIL	APX
02350998	CILAZAPRIL	SAN
02285223	CO CILAZAPRIL	COB
01911481	INHIBACE	HLR
02283794	MYLAN-CILAZAPRIL	MYL
02280469	PMS-CILAZAPRIL	PMS
02266377	TEVA-CILAZAPRIL	TEV

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

CILAZAPRIL, HYDROCHLOROTHIAZIDE

ST 5mg & 12.5mg Tablet

02284987	APO-CILAZAPRIL HCTZ	APX
02181479	INHIBACE PLUS	HLR
02313731	TEVA-CILAZAPRIL/HCTZ	TEV

ENALAPRIL MALEATE

ST 2.5mg Tablet

02020025	APO ENALAPRIL	APX
02291878	CO ENALAPRIL	COB
02400650	ENALAPRIL	SAN
02300036	MYLAN-ENALAPRIL	MYL
02300680	NOVO-ENALAPRIL	TEV
02300079	PMS-ENALAPRIL	PMS
02311402	PRO-ENALAPRIL	PDL
02352230	RAN-ENALAPRIL	RBY
02299984	RATIO-ENALAPRIL	RPH
02300796	RIVA-ENALAPRIL	RIV
02299933	SANDOZ ENALAPRIL	SDZ
02323478	SIG-ENALAPRIL	SIG
02300117	TARO-ENALAPRIL	TAR
00851795	VASOTEC	FRS

ST 5mg Tablet

02019884	APO ENALAPRIL	APX
02291886	CO ENALAPRIL	COB
02400669	ENALAPRIL	SAN
02300044	MYLAN-ENALAPRIL	MYL
02233005	NOVO-ENALAPRIL	TEV
02300087	PMS-ENALAPRIL	PMS
02311410	PRO-ENALAPRIL	PDL
02352249	RAN-ENALAPRIL	RBY
02299992	RATIO-ENALAPRIL	RPH
02300818	RIVA-ENALAPRIL	RIV
02299941	SANDOZ ENALAPRIL	SDZ
02323486	SIG-ENALAPRIL	SIG
02300125	TARO-ENALAPRIL	TAR
00708879	VASOTEC	FRS

ST 10mg Tablet

02019892	APO ENALAPRIL	APX
02291894	CO ENALAPRIL	COB
02400677	ENALAPRIL	SAN
02300052	MYLAN-ENALAPRIL	MYL
02233006	NOVO-ENALAPRIL	TEV
02300095	PMS-ENALAPRIL	PMS
02311429	PRO-ENALAPRIL	PDL
02352257	RAN-ENALAPRIL	RBY
02300001	RATIO-ENALAPRIL	RPH
02300826	RIVA-ENALAPRIL	RIV
02299968	SANDOZ ENALAPRIL	SDZ
02323494	SIG-ENALAPRIL	SIG
02300133	TARO-ENALAPRIL	TAR
00670901	VASOTEC	FRS

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

ENALAPRIL MALEATE

ST 20mg Tablet

02019906	APO ENALAPRIL	APX
02291908	CO ENALAPRIL	COB
02400685	ENALAPRIL	SAN
02300060	MYLAN-ENALAPRIL	MYL
02233007	NOVO-ENALAPRIL	TEV
02300109	PMS-ENALAPRIL	PMS
02311437	PRO-ENALAPRIL	PDL
02352265	RAN-ENALAPRIL	RBY
02300028	RATIO-ENALAPRIL	RPH
02300834	RIVA-ENALAPRIL	RIV
02299976	SANDOZ ENALAPRIL	SDZ
02323508	SIG-ENALAPRIL	SIG
02300141	TARO-ENALAPRIL	TAR
00670928	VASOTEC	FRS

ENALAPRIL MALEATE, HYDROCHLOROTHIAZIDE

ST 5mg & 12.5mg Tablet

02352923	APO-ENALAPRIL MALEATE/HCTZ	APX
02300222	NOVO-ENALAPRIL/HCTZ	TEV

ST 10mg & 25mg Tablet

02352931	APO-ENALAPRIL MALEATE/HCTZ	APX
02300230	NOVO-ENALAPRIL/HCTZ	TEV
00657298	VASERETIC	FRS

FOSINOPRIL SODIUM

ST 10mg Tablet

02266008	APO-FOSINOPRIL	APX
02303000	FOSINOPRIL	PDL
02332566	FOSINOPRIL	RBY
02331004	JAMP-FOSINOPRIL	JMP
02262401	MYLAN-FOSINOPRIL	MYL
02247802	NOVO-FOSINOPRIL	TEV
02255944	PMS-FOSINOPRIL	PMS
02294524	RAN-FOSINOPRIL	RBY
02265923	RIVA-FOSINOPRIL	RIV

ST 20mg Tablet

02266016	APO-FOSINOPRIL	APX
02303019	FOSINOPRIL	PDL
02332574	FOSINOPRIL	RBY
02331012	JAMP-FOSINOPRIL	JMP
02262428	MYLAN-FOSINOPRIL	MYL
02247803	NOVO-FOSINOPRIL	TEV
02255952	PMS-FOSINOPRIL	PMS
02294532	RAN-FOSINOPRIL	RBY
02265931	RIVA-FOSINOPRIL	RIV

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

LISINOPRIL

[ST] 5mg Tablet

09853685	APO-LISINOPRIL	APX
02217481	APO-LISINOPRIL (TYPE Z)	APX
02394472	AURO-LISINOPRIL	AUR
02271443	CO LISINOPRIL	COB
02361531	JAMP-LISINOPRIL	JAP
02386232	LISINOPRIL	SIV
02274833	MYLAN-LISINOPRIL	MYL
02285061	NOVO-LISINOPRIL (TYPE P)	TEV
02285118	NOVO-LISINOPRIL (TYPE Z)	TEV
02292203	PMS-LISINOPRIL	PMS
00839388	PRINIVIL	FRS
02310961	PRO-LISINOPRIL	PDL
02294230	RAN-LISINOPRIL	RBY
02300958	RIVA-LISINOPRIL	RIV
02289199	SANDOZ LISINOPRIL	SDZ
02049333	ZESTRIL	AZC

[ST] 10mg Tablet

09853960	APO-LISINOPRIL	APX
02217503	APO-LISINOPRIL (TYPE Z)	APX
02394480	AURO-LISINOPRIL	AUR
02271451	CO LISINOPRIL	COB
02361558	JAMP-LISINOPRIL	JAP
02386240	LISINOPRIL	SIV
02274841	MYLAN-LISINOPRIL	MYL
02285088	NOVO-LISINOPRIL (TYPE P)	TEV
02285126	NOVO-LISINOPRIL (TYPE Z)	TEV
02292211	PMS-LISINOPRIL	PMS
00839396	PRINIVIL	FRS
02310988	PRO-LISINOPRIL	PDL
02294249	RAN-LISINOPRIL	RBY
02300982	RIVA-LISINOPRIL	RIV
02289202	SANDOZ-LISINOPRIL	SDZ
02049376	ZESTRIL	AZC

[ST] 20mg Tablet

09854010	APO-LISINOPRIL	APX
02217511	APO-LISINOPRIL (TYPE Z)	APX
02394499	AURO-LISINOPRIL	AUR
02271478	CO LISINOPRIL	COB
02361566	JAMP-LISINOPRIL	JAP
02386259	LISINOPRIL	SIV
02274868	MYLAN-LISINOPRIL	MYL
02285096	NOVO-LISINOPRIL (TYPE P)	TEV
02285134	NOVO-LISINOPRIL (TYPE Z)	TEV
02292238	PMS-LISINOPRIL	PMS
00839418	PRINIVIL	FRS
02310996	PRO-LISINOPRIL	PDL
02294257	RAN-LISINOPRIL	RBY
02300990	RIVA-LISINOPRIL	RIV
02289229	SANDOZ LISINOPRIL	SDZ
02049384	ZESTRIL	AZC

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

LISINOPRIL, HYDROCHLOROTHIAZIDE

[ST] 10mg & 12.5mg Tablet

02362945	LISINOPRIL/HCTZ (Z)	SAN
02297736	MYLAN-LISINOPRIL HCTZ	MYL
02302136	NOVO-LISINOPRIL/HCTZ (TYPE P)	TEV
02301768	NOVO-LISINOPRIL/HCTZ (TYPE Z)	TEV
02302365	SANDOZ LISINOPRIL HCT	SDZ
02103729	ZESTORETIC	AZC

[ST] 20mg & 12.5mg Tablet

02362953	LISINOPRIL/HCTZ (Z)	SAN
02297744	MYLAN-LISINOPRIL HCTZ	MYL
02302144	NOVO-LISINOPRIL (TYPE P)	TEV
02301776	NOVO-LISINOPRIL/HCTZ (TYPE Z)	TEV
00884413	PRINZIDE	FRS
02302373	SANDOZ LISINOPRIL HCT	SDZ
02045737	ZESTORETIC	AZC

[ST] 20mg & 25mg Tablet

02362961	LISINOPRIL/HCTZ (Z)	SAN
02297752	MYLAN-LISINOPRIL HCTZ	MYL
02302152	NOVO-LISINOPRIL/HCTZ (TYPE P)	TEV
02301784	NOVO-LISINOPRIL/HCTZ (TYPE Z)	TEV
02302381	SANDOZ LISINOPRIL HCT	SDZ
02045729	ZESTORETIC	AZC

PERINDOPRIL ERBUMINE

[ST] 2mg Tablet

02123274	COVERSYL	SEV

[ST] 4mg Tablet

02123282	COVERSYL	SEV

[ST] 8mg Tablet

02246624	COVERSYL	SEV

PERINDOPRIL ERBUMINE, INDAPAMIDE

[ST] 4mg & 1.25mg Tablet

02246569	COVERSYL PLUS	SEV

PERINDOPRIL ERBUMINE,INDAPAMIDE

[ST] 8mg & 2.5mg Tablet

02321653	COVERSYL PLUS HD	SEV

QUINAPRIL HCL

[ST] 5mg Tablet

01947664	ACCUPRIL	PFI
02248499	APO-QUINAPRIL	APX
02290987	GD-QUINAPRIL	PFI
02340550	PMS-QUINAPRIL	PMS
02415917	QUINAPRIL	PDL

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

QUINAPRIL HCL

[ST] 10mg Tablet

01947672	ACCUPRIL	PFI
02248500	APO-QUINAPRIL	APX
02290995	GD-QUINAPRIL	PFI
02340569	PMS-QUINAPRIL	PMS
02415925	QUINAPRIL	PDL

[ST] 20mg Tablet

01947680	ACCUPRIL	PFI
02248501	APO-QUINAPRIL	APX
02291002	GD-QUINAPRIL	PFI
02340577	PMS-QUINAPRIL	PMS
02415933	QUINAPRIL	PDL

[ST] 40mg Tablet

01947699	ACCUPRIL	PFI
02248502	APO-QUINAPRIL	APX
02291010	GD-QUINAPRIL	PFI
02340585	PMS-QUINAPRIL	PMS
02415941	QUINAPRIL	PDL

QUINAPRIL HCL, HYDROCHLOROTHIAZIDE

[ST] 10mg & 12.5mg Tablet

02237367	ACCURETIC	PFI
02408767	APO-QUINAPRIL/HCTZ	APX

[ST] 20mg & 12.5mg Tablet

02237368	ACCURETIC	PFI
02408775	APO-QUINAPRIL/HCTZ	APX

[ST] 20mg & 25mg Tablet

02237369	ACCURETIC	PFI
02408783	APO-QUINAPRIL/HCTZ	APX

RAMIPRIL

[ST] 1.25mg Capsule

02221829	ALTACE	SAC
02251515	APO-RAMIPRIL	APX
02387387	AURO-RAMIPRIL	AUR
02295482	CO RAMIPRIL	COB
02331101	JAMP-RAMIPRIL	JMP
02420457	MAR-RAMIPRIL	MAR
02301148	MYLAN-RAMIPRIL	MYL
02295369	PMS-RAMIPRIL	PMS
02310023	PRO-RAMIPRIL	PDL
02299372	RAMIPRIL	RIV
02308363	RAMIPRIL	SIV
02310503	RAN RAMIPRIL	RBY
02287692	RATIO-RAMIPRIL	RPH

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

RAMIPRIL

[ST] 2.5mg Capsule

02221837	ALTACE	SAC
02251531	APO-RAMIPRIL	APX
02387395	AURO-RAMIPRIL	AUR
02295490	CO RAMIPRIL	COB
02287951	DOM-RAMIPRIL	DOM
02331128	JAMP-RAMIPRIL	JMP
02420465	MAR-RAMIPRIL	MAR
02421305	MINT-RAMIPRIL	MIN
02301156	MYLAN-RAMIPRIL	MYL
02247945	NOVO-RAMIPRIL	TEV
02247917	PMS-RAMIPRIL	PMS
02310066	PRO-RAMIPRIL	PDL
02255316	RAMIPRIL	RIV
02287927	RAMIPRIL	SIV
02374846	RAMIPRIL	SAN
02411563	RAMIPRIL-2.5	SIV
02310511	RAN RAMIPRIL	RBY
02287706	RATIO-RAMIPRIL	RPH

[ST] 5mg Capsule

02221845	ALTACE	SAC
02251574	APO-RAMIPRIL	APX
02387409	AURO-RAMIPRIL	AUR
02295504	CO RAMIPRIL	COB
02287978	DOM-RAMIPRIL	DOM
02331136	JAMP-RAMIPRIL	JMP
02420473	MAR-RAMIPRIL	MAR
02421313	MINT-RAMIPRIL	MIN
02301164	MYLAN-RAMIPRIL	MYL
02247946	NOVO-RAMIPRIL	TEV
02247918	PMS-RAMIPRIL	PMS
02310074	PRO-RAMIPRIL	PDL
02255324	RAMIPRIL	PMS
02287935	RAMIPRIL	SIV
02374854	RAMIPRIL	SAN
02411571	RAMIPRIL-5	SIV
02310538	RAN RAMIPRIL	RBY

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

RAMIPRIL

ST 10mg Capsule

02221853	ALTACE	SAC
02251582	APO-RAMIPRIL	APX
02387417	AURO-RAMIPRIL	AUR
02295512	CO RAMIPRIL	COB
02287986	DOM-RAMIPRIL	DOM
02331144	JAMP-RAMIPRIL	JMP
02420481	MAR-RAMIPRIL	MAR
02421321	MINT-RAMIPRIL	MIN
02301172	MYLAN-RAMIPRIL	MYL
02247947	NOVO-RAMIPRIL	TEV
02247919	PMS-RAMIPRIL	PMS
02310104	PRO-RAMIPRIL	PDL
02255332	RAMIPRIL	PMS
02287943	RAMIPRIL	SIV
02374862	RAMIPRIL	SAN
02411598	RAMIPRIL-10	SIV
02310546	RAN RAMIPRIL	RBY

ST 15mg Capsule

02325381	APO-RAMIPRIL	APX
02420503	MAR-RAMIPRIL	MAR
02421348	MINT-RAMIPRIL	MIN
02343932	PMS-RAMIPRIL	PMS

ST 1.25mg Tablet

02291398	SANDOZ RAMIPRIL	SDZ

ST 2.5mg Tablet

02291401	SANDOZ RAMIPRIL	SDZ

ST 5mg Tablet

02291428	SANDOZ RAMIPRIL	SDZ

ST 10mg Tablet

02291436	SANDOZ RAMIPRIL	SDZ

RAMIPRIL, HYDROCHLOROTHIAZIDE

ST 2.5mg & 12.5mg Tablet

02283131	ALTACE HCT	SAC
02354004	APO-RAMIPRIL/HCTZ	APX
02342138	PMS-RAMIPRIL-HCTZ	PMS

ST 5mg & 12.5mg Tablet

02283158	ALTACE HCT	SAC
02354012	APO-RAMIPRIL/HCTZ	APX
02342146	PMS-RAMIPRIL-HCTZ	PMS
02412640	RAMIPRIL-HCTZ	SAN
02415887	RAMIPRIL-HCTZ	PDL

ST 5mg & 25mg Tablet

02283174	ALTACE HCT	SAC
02354020	APO-RAMIPRIL/HCTZ	APX
02342162	PMS-RAMIPRIL-HCTZ	PMS
02412667	RAMIPRIL-HCTZ	SAN

ST 10mg & 12.5mg Tablet

02283166	ALTACE HCT	SAC
02342154	PMS-RAMIPRIL-HCTZ	PMS
02412659	RAMIPRIL-HCTZ	SAN
02415895	RAMIPRIL-HCTZ	PDL

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

RAMIPRIL, HYDROCHLOROTHIAZIDE

ST 10mg & 25mg Tablet

02283182	ALTACE HCT	SAC
02354039	APO-RAMIPRIL/HCTZ	APX
02342170	PMS-RAMIPRIL-HCTZ	PMS
02412675	RAMIPRIL-HCTZ	SAN
02415909	RAMIPRIL-HCTZ	PDL

TRANDOLAPRIL

ST 0.5mg Capsule

02231457	MAVIK	ABB

ST 1mg Capsule

02231459	MAVIK	ABB

ST 2mg Capsule

02231460	MAVIK	ABB

ST 4mg Capsule

02239267	MAVIK	ABB

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

CANDESARTAN CILEXETIL

ST 4mg Tablet

02379260	ACH-CANDESARTAN	ACC
02365340	APO-CANDESARTAN	APX
02239090	ATACAND	AZE
02388693	CANDESARTAN	SIV
02388901	CANDESARTAN	SAN
02376520	CO-CANDESARTAN	ATP
02386496	JAMP-CANDESARTAN	JAP
02379120	MYLAN-CANDESARTAN	MYL
02391171	PMS-CANDESARTAN	PMS
02380684	RAN-CANDESARTAN	RBY
02425408	RIVA-CANDESARTAN	RIV
02326957	SANDOZ CANDESARTAN	SDZ

ST 8mg Tablet

02379279	ACH-CANDESARTAN	ACC
02365359	APO-CANDESARTAN	APX
02239091	ATACAND	AZC
02377934	CANDESARTAN	PDL
02388707	CANDESARTAN	SIV
02388928	CANDESARTAN	SAN
02376539	CO-CANDESARTAN	ATP
02395762	DOM-CANDESARTAN	DOM
02386518	JAMP-CANDESARTAN	JAP
02379139	MYLAN-CANDESARTAN	MYL
02391198	PMS-CANDESARTAN	PMS
02380692	RAN-CANDESARTAN	RBY
02425416	RIVA-CANDESARTAN	RIV
02326965	SANDOZ CANDESARTAN	SDZ
02366312	TEVA-CANDESARTAN	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

CANDESARTAN CILEXETIL

ST 16mg Tablet

02379287	ACH-CANDESARTAN	ACC
02365367	APO-CANDESARTAN	APX
02239092	ATACAND	AZC
02377942	CANDESARTAN	PDL
02388715	CANDESARTAN	SIV
02388936	CANDESARTAN	SAN
02376547	CO-CANDESARTAN	ATP
02386526	JAMP-CANDESARTAN	JAP
02379147	MYLAN-CANDESARTAN	MYL
02391201	PMS-CANDESARTAN	PMS
02380706	RAN-CANDESARTAN	RBY
02425424	RIVA-CANDESARTAN	RIV
02326973	SANDOZ CANDESARTAN	SDZ
02366320	TEVA-CANDESARTAN	TEP

ST 32mg Tablet

02379295	ACH-CANDESARTAN	ACC
02399105	APO-CANDESARTAN	APX
02311658	ATACAND	AZC
02422069	CANDESARTAN	PDL
02435845	CANDESARTAN	SAN
02376555	CO-CANDESARTAN	ATP
02386534	JAMP-CANDESARTAN	JAP
02379155	MYLAN-CANDESARTAN	MYL
02391228	PMS-CANDESARTAN	PMS
02380714	RAN-CANDESARTAN	RBY
02425432	RIVA-CANDESARTAN	RIV
02392267	SANDOZ CANDESARTAN	SDZ
02417340	SANDOZ CANDESARTAN	SDZ
02366339	TEVA-CANDESARTAN	TEP

CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDE

ST 16mg & 12.5mg Tablet

02388650	ACT CANDESARTAN/HCT	ATP
02367866	APO-CANDESARTAN/HCTZ	APX
02392275	CANDESARTAN-HCTZ	PDL
02394804	CANDESARTAN-HCTZ	SAN
02394812	CANDESARTAN-HCTZ	SIV
02374897	MYLAN-CANDESART HCTZ	MYL
02391295	PMS-CANDESARTAN HCTZ	CBT
02327902	SANDOZ CANDESARTAN PLUS	SDZ
02395541	TEVA-CANDESARTAN/HCTZ	TEP

ST 32mg & 12.5mg Tablet

02395126	APO-CANDESARTAN/HCTZ	APX
02420732	SANDOZ CANDESARTAN PLUS	SDZ
02395568	TEVA-CANDESARTAN/HCTZ	TEP

ST 32mg & 25mg Tablet

02395134	APO-CANDESARTAN/HCTZ	APX
02420740	SANDOZ CANDESARTAN PLUS	SDZ

ST 16mg & 12.5mg Tablet

02244021	ATACAND PLUS	AZC

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDE

ST 32mg & 12.5mg Tablet

02332922	ATACAND PLUS	AZE

ST 32mg & 25mg Tablet

02332957	ATACAND PLUS	AZE

EPOSARTAN MESYLATE

ST 400mg Tablet

02240432	TEVETEN	SPH

ST 600mg Tablet

02243942	TEVETEN	SPH

EPOSARTAN MESYLATE, HYDROCHLOROTHIAZIDE

ST 600mg & 12.5mg Tablet

02253631	TEVETEN PLUS	SPH

IRBESARTAN

ST 75mg Tablet

02386968	APO-IRBESARTAN	APX
02406098	AURO-IRBESARTAN	AUR
02237923	AVAPRO	SAC
02328070	CO IRBESARTAN	CBT
02365197	IRBESARTAN	PDL
02372347	IRBESARTAN	SAN
02385287	IRBESARTAN	SIV
02418193	JAMP-IRBESARTAN	JAP
02347296	MYLAN-IRBESARTAN	MYL
02317060	PMS-IRBESARTAN	PMS
02406810	RAN-IRBESARTAN	RBY
02316390	RATIO-IRBESARTAN	RTP
02425319	RIVA-IRBESARTAN	RIV
02328461	SANDOZ IRBESARTAN	SDZ
02315971	TEVA-IRBESARTAN	TEP

ST 150mg Tablet

02386976	APO-IRBESARTAN	APX
02406101	AURO-IRBESARTAN	AUR
02237924	AVAPRO	SAC
02328089	CO IRBESARTAN	CBT
02372193	DOM-IRBESARTAN	DOM
02365200	IRBESARTAN	PDL
02372371	IRBESARTAN	SAN
02385295	IRBESARTAN	SIV
02418207	JAMP-IRBESARTAN	JAP
02347318	MYLAN-IRBESARTAN	MYL
02317079	PMS-IRBESARTAN	PMS
02406829	RAN-IRBESARTAN	RBY
02316404	RATIO-IRBESARTAN	RTP
02425327	RIVA-IRBESARTAN	RIV
02328488	SANDOZ IRBESARTAN	SDZ
02315998	TEVA-IRBESARTAN	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

IRBESARTAN

[ST] 300mg Tablet

02386984	APO-IRBESARTAN	APX
02406128	AURO-IRBESARTAN	AUR
02237925	AVAPRO	SAC
02328100	CO IRBESARTAN	CBT
02365219	IRBESARTAN	PDL
02372398	IRBESARTAN	SAN
02385309	IRBESARTAN	SIV
02418215	JAMP-IRBESARTAN	JAP
02347326	MYLAN-IRBESARTAN	MYL
02317087	PMS-IRBESARTAN	PMS
02406837	RAN-IRBESARTAN	RBY
02316412	RATIO-IRBESARTAN	RTP
02425335	RIVA-IRBESARTAN	RIV
02328496	SANDOZ IRBESARTAN	SDZ
02316005	TEVA-IRBESARTAN	TEP

IRBESARTAN, HYDROCHLOROTHIAZIDE

[ST] 150mg & 12.5mg Tablet

02387646	APO-IRBESARTAN/HCTZ	APX
02241818	AVALIDE	SAC
02357399	CO IRBESARTAN/HCT	CBT
02385317	IRBESARTAN HCT	SIV
02372886	IRBESARTAN/HCTZ	SAN
02365162	IRBESARTAN-HCTZ	PDL
02418223	JAMP-IRBESARTAN/HCT	JAP
02392992	MINT-IRBESARTAN/HCTZ	MIN
02328518	PMS-IRBESARTAN/HCT	PMS
02363208	RAN-IRBESARTAN HCTZ	RBY
02330512	RATIO-IRBESART/HCT	RTP
02337428	SANDOZ IRBESART/HCT	SDZ
02316013	TEVA-IRBESARTAN/HCT	TEP

[ST] 300mg & 12.5mg Tablet

02387654	APO-IRBESARTAN/HCTZ	APX
02241819	AVALIDE	SAC
02357402	CO IRBESARTAN/HCT	CBT
02385325	IRBESARTAN HCT	SIV
02372894	IRBESARTAN/HCTZ	SAN
02365170	IRBESARTAN-HCTZ	PDL
02418231	JAMP-IRBESARTAN/HCT	JAP
02393018	MINT-IRBESARTAN/HCTZ	MIN
02328526	PMS-IRBESARTAN/HCT	PMS
02363216	RAN-IRBESARTAN HCTZ	RBY
02330520	RATIO-IRBESART/HCT	RTP
02337436	SANDOZ IRBESART/HCT	SDZ
02316021	TEVA-IRBESARTAN/HCT	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

IRBESARTAN, HYDROCHLOROTHIAZIDE

[ST] 300mg & 25mg Tablet

02387662	APO-IRBESARTAN/HCTZ	APX
02280213	AVALIDE	SAC
02357410	CO IRBESARTAN/HCT	CBT
02385333	IRBESARTAN HCT	SIV
02372908	IRBESARTAN/HCTZ	SAN
02365189	IRBESARTAN-HCTZ	PDL
02418258	JAMP-IRBESARTAN/HCT	JAP
02393026	MINT-IRBESARTAN/HCTZ	MIN
02328534	PMS-IRBESARTAN/HCT	PMS
02363224	RAN-IRBESARTAN HCTZ	RBY
02330539	RATIO-IRBESART/HCT	RTP
02337444	SANDOZ IRBESART/HCT	SDZ
02316048	TEVA-IRBESARTAN/HCT	TEP

LOSARTAN POTASSIUM

[ST] 25mg Tablet

02354829	ACT-LOSARTAN	ATP
02379058	APO-LOSARTAN	APX
02403323	AURO-LOSARTAN	AUR
02182815	COZAAR	FRS
02398834	JAMP-LOSARTAN	JAP
02388790	LOSARTAN	SIV
02388863	LOSARTAN	SAN
02394367	LOSARTAN	PDL
02405733	MINT-LOSARTAN	MIN
02368277	MYLAN-LOSARTAN	MYL
02309750	PMS-LOSARTAN	PMS
02313332	SANDOZ LOSARTAN	SDZ
02424967	SEPTA-LOSARTAN	SPT
02380838	TEVA-LOSARTAN	TEP

[ST] 50mg Tablet

02354837	ACT-LOSARTAN	ATP
02353504	APO-LOSARTAN	APX
02403331	AURO-LOSARTAN	AUR
02182874	COZAAR	FRS
02398842	JAMP-LOSARTAN	JAP
02388804	LOSARTAN	SIV
02388871	LOSARTAN	SAN
02394375	LOSARTAN	PDL
02405741	MINT-LOSARTAN	MIN
02368285	MYLAN-LOSARTAN	MYL
02309769	PMS-LOSARTAN	PMS
02404478	RAN-LOSARTAN	RBY
02313340	SANDOZ LOSARTAN	SDZ
02424975	SEPTA-LOSARTAN	SPT
02357968	TEVA-LOSARTAN	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

LOSARTAN POTASSIUM

[ST] 100mg Tablet

02354845	ACT-LOSARTAN	ATP
02353512	APO-LOSARTAN	APX
02403358	AURO-LOSARTAN	AUR
02182882	COZAAR	FRS
02398850	JAMP-LOSARTAN	JAP
02388812	LOSARTAN	SIV
02388898	LOSARTAN	SAN
02394383	LOSARTAN	PDL
02405768	MINT-LOSARTAN	MIN
02368293	MYLAN-LOSARTAN	MYL
02309777	PMS-LOSARTAN	PMS
02404486	RAN-LOSARTAN	RBY
02313359	SANDOZ LOSARTAN	SDZ
02424983	SEPTA-LOSARTAN	SPT
02357976	TEVA-LOSARTAN	TEP

LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDE

[ST] 50mg & 12.5mg Tablet

02388251	ACT LOSARTAN/HCT	ATP
02371235	APO-LOSARTAN/HCTZ	APX
02230047	HYZAAR	FRS
02408244	JAMP-LOSARTAN HCTZ	JAP
02388960	LOSARTAN/HCT	SIV
02427648	LOSARTAN/HCTZ	SAN
02394391	LOSARTAN-HCTZ	PDL
02389657	MINT-LOSARTAN/HCTZ	MIN
02378078	MYLAN-LOSARTAN/HCTZ	MYL
02392224	PMS-LOSARTAN-HCTZ	PMS
02313375	SANDOZ LOSARTAN HCT	SDZ
02428539	SEPTA-LOSARTAN HCTZ	SPT
02358263	TEVA-LOSARTAN HCTZ	TEP

[ST] 100mg & 12.5mg Tablet

02388278	ACT LOSARTAN/HCT	ATP
02371243	APO-LOSARTAN/HCTZ	APX
02297841	HYZAAR	FRS
02388979	LOSARTAN/HCT	SIV
02427656	LOSARTAN/HCTZ	SAN
02394405	LOSARTAN-HCTZ	PDL
02389665	MINT-LOSARTAN/HCTZ	MIN
02378086	MYLAN-LOSARTAN/HCTZ	MYL
02392232	PMS-LOSARTAN-HCTZ	PMS
02362449	SANDOZ LOSARTAN HCT	SDZ
02377144	TEVA-LOSARTAN HCTZ	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDE

[ST] 100mg & 25mg Tablet

02388286	ACT LOSARTAN/HCT	ATP
02371251	APO-LOSARTAN/HCTZ	APX
02241007	HYZAAR DS	FRS
02408252	JAMP-LOSARTAN HCTZ	JAP
02388987	LOSARTAN/HCT	SIV
02427664	LOSARTAN/HCTZ	SAN
02394413	LOSARTAN-HCTZ	PDL
02389673	MINT-LOSARTAN/HCTZ	MIN
02378094	MYLAN-LOSARTAN/HCTZ	MYL
02392240	PMS-LOSARTAN-HCTZ	PMS
02313383	SANDOZ LOSARTAN HCT	SDZ
02428547	SEPTA-LOSARTAN HCTZ	SPT
02377152	TEVA-LOSARTAN HCTZ	TEP

OLMESARTAN MEDOXOMIL

[ST] 20mg Tablet

02318660	OLMETEC	SCH

[ST] 40mg Tablet

02318679	OLMETEC	SCH

OLMESARTAN MEDOXOMIL, HYDROCHLORTHIAZIDE

[ST] 20mg/12.5mg Tablet

02319616	OLMETEC PLUS	SCH

[ST] 40mg/12.5mg Tablet

02319624	OLMETEC PLUS	SCH

[ST] 40mg/25mg Tablet

02319632	OLMETEC PLUS	SCH

TELMISARTAN

[ST] 40mg Tablet

02393247	ACT TELMISARTAN	ATP
02420082	APO-TELMISARTAN	APX
02240769	MICARDIS	BOE
02376717	MYLAN-TELMISARTAN	MYL
02391236	PMS-TELMISARTAN	PMS
02375958	SANDOZ TELMISARTAN	SDZ
02388944	TELMISARTAN	SAN
02390345	TELMISARTAN	SIV
02395223	TELMISARTAN	PDL
02320177	TEVA-TELMISARTAN	TEP

[ST] 80mg Tablet

02393255	ACT TELMISARTAN	ATP
02420090	APO-TELMISARTAN	APX
02240770	MICARDIS	BOE
02376725	MYLAN-TELMISARTAN	MYL
02391244	PMS-TELMISARTAN	PMS
02375966	SANDOZ TELMISARTAN	SDZ
02388952	TELMISARTAN	SAN
02390353	TELMISARTAN	SIV
02395231	TELMISARTAN	PDL
02320185	TEVA-TELMISARTAN	TEP

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

TELMISARTAN, HYDROCHLOROTHIAZIDE

ST 80mg & 12.5mg Tablet

02420023	APO-TELMISARTAN/HCTZ	APX
02393263	CO TELMISARTAN/HCT	ATP
02244344	MICARDIS PLUS	BOE
02373564	MYLAN-TELMISARTAN HCTZ	MYL
02401665	PMS-TELMISARTAN-HCTZ	PMS
02393557	SANDOZ TELMISARTAN HCT	SDZ
02390302	TELMISARTAN HCTZ	SIV
02395355	TELMISARTAN HCTZ	SAN
02395525	TELMISARTAN/HCTZ	PDL
02330288	TEVA-TELMISARTAN HCTZ	TEP

ST 80mg & 25mg Tablet

02420031	APO-TELMISARTAN/HCTZ	APX
02393271	CO TELMISARTAN/HCT	ATP
02318709	MICARDIS PLUS	BOE
02373572	MYLAN-TELMISARTAN HCTZ	MYL
02393565	SANDOZ TELMISARTAN HCT	SDZ
02390310	TELMISARTAN HCTZ	SIV
02395363	TELMISARTAN HCTZ	SAN
02395533	TELMISARTAN/HCTZ	PDL
02379252	TEVA-TELMISARTAN HCTZ	TEP

VALSARTAN

ST 80mg Capsule

02236808	DIOVAN	NOV

ST 40mg Tablet

02371510	APO-VALSARTAN	APX
02414201	AURO-VALSARTAN	AUR
02337487	CO VALSARTAN	CBT
02270528	DIOVAN	NVR
02383527	MYLAN-VALSARTAN	MYL
02312999	PMS-VALSARTAN	PMS
02363062	RAN-VALSARTAN	RBY
02425440	RIVA-VALSARTAN	RIV
02356740	SANDOZ VALSARTAN	SDZ
02356643	TEVA-VALSARTAN	TEV
02366940	VALSARTAN	SAN
02367726	VALSARTAN	PDL
02384523	VALSARTAN	SIV

ST 80mg Tablet

02371529	APO-VALSARTAN	APX
02414228	AURO-VALSARTAN	AUR
02337495	CO VALSARTAN	CBT
02244781	DIOVAN	NVR
02414147	DOM-VALSARTAN	DOM
02383535	MYLAN-VALSARTAN	MYL
02313006	PMS-VALSARTAN	PMS
02363100	RAN-VALSARTAN	RBY
02425459	RIVA-VALSARTAN	RIV
02356759	SANDOZ VALSARTAN	SDZ
02356651	TEVA-VALSARTAN	TEV
02366959	VALSARTAN	SAN
02367734	VALSARTAN	PDL
02384531	VALSARTAN	SIV

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

VALSARTAN

ST 160mg Tablet

02371537	APO-VALSARTAN	APX
02414236	AURO-VALSARTAN	AUR
02337509	CO VALSARTAN	CBT
02244782	DIOVAN	NVR
02383543	MYLAN-VALSARTAN	MYL
02313014	PMS-VALSARTAN	PMS
02363119	RAN-VALSARTAN	RBY
02425467	RIVA-VALSARTAN	RIV
02356767	SANDOZ VALSARTAN	SDZ
02356678	TEVA-VALSARTAN	TEV
02366967	VALSARTAN	SAN
02367742	VALSARTAN	PDL
02384558	VALSARTAN	SIV

ST 320mg Tablet

02371545	APO-VALSARTAN	APX
02414244	AURO-VALSARTAN	AUR
02337517	CO VALSARTAN	CBT
02289504	DIOVAN	NVR
02383551	MYLAN-VALSARTAN	MYL
02344564	PMS-VALSARTAN	PMS
02425475	RIVA-VALSARTAN	RIV
02356775	SANDOZ VALSARTAN	SDZ
02356686	TEVA-VALSARTAN	TEV
02366975	VALSARTAN	SAN
02367750	VALSARTAN	PDL
02384566	VALSARTAN	SIV

VALSARTAN, HYDROCHLOROTHIAZIDE

ST 80mg & 12.5mg Tablet

02382547	APO-VALSARTAN/HCTZ	APX
02408112	AURO-VALSARTAN HCT	AUR
02241900	DIOVAN-HCT	NVR
02373734	MYLAN-VALSARTAN HCTZ	MYL
02356694	SANDOZ VALSARTAN HCT	SDZ
02356996	TEVA-VALSARTAN/HCTZ	TEV
02367009	VALSARTAN HCT	SAN
02384736	VALSARTAN HCT	SIV
02367769	VALSARTAN-HCTZ	PDL

ST 160mg & 12.5mg Tablet

02382555	APO-VALSARTAN/HCTZ	APX
02408120	AURO-VALSARTAN HCT	AUR
02241901	DIOVAN-HCT	NVR
02373742	MYLAN-VALSARTAN HCTZ	MYL
02356708	SANDOZ VALSARTAN HCT	SDZ
02357003	TEVA-VALSARTAN/HCTZ	TEV
02367017	VALSARTAN HCT	SAN
02384744	VALSARTAN HCT	SIV
02367777	VALSARTAN-HCTZ	PDL

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

VALSARTAN, HYDROCHLOROTHIAZIDE

[ST] 160mg & 25mg Tablet

02382563	APO-VALSARTAN/HCTZ	APX
02408139	AURO-VALSARTAN HCT	AUR
02246955	DIOVAN-HCT	NVR
02373750	MYLAN-VALSARTAN HCTZ	MYL
02356716	SANDOZ VALSARTAN HCT	SDZ
02357011	TEVA-VALSARTAN/HCTZ	TEV
02367025	VALSARTAN HCT	SAN
02384752	VALSARTAN HCT	SIV
02367785	VALSARTAN-HCTZ	PDL

[ST] 320mg & 12.5mg Tablet

02382571	APO-VALSARTAN/HCTZ	APX
02408147	AURO-VALSARTAN HCT	AUR
02308908	DIOVAN-HCT	NOV
02373769	MYLAN-VALSARTAN HCTZ	MYL
02356724	SANDOZ VALSARTAN HCT	SDZ
02357038	TEVA-VALSARTAN/HCTZ	TEV
02367033	VALSARTAN HCT	SAN
02384760	VALSARTAN HCT	SIV

[ST] 320mg & 25mg Tablet

02382598	APO-VALSARTAN/HCTZ	APX
02408155	AURO-VALSARTAN HCT	AUR
02308916	DIOVAN-HCT	NOV
02373777	MYLAN-VALSARTAN HCTZ	MYL
02356732	SANDOZ VALSARTAN HCT	SDZ
02357046	TEVA-VALSARTAN/HCTZ	TEV
02367041	VALSARTAN HCT	SAN
02384779	VALSARTAN HCT	SIV

24:32.20 MINERALOCORTICOIDE (ALDOSTERONE) RECEPTOR ANTAGONISTS

SPIRONOLACTONE

[ST] 25mg Tablet

00028606	ALDACTONE	PFI
00613215	NOVO-SPIROTON	TEV

[ST] 100mg Tablet

00285455	ALDACTONE	PFI
00613223	NOVO-SPIROTON	TEV

SPIRONOLACTONE, HYDROCHLOROTHIAZIDE

[ST] 25mg & 25mg Tablet

00180408	ALDACTAZIDE-25	PFI
00613231	NOVO-SPIROZINE-25	TEV

[ST] 50mg & 50mg Tablet

00594377	ALDACTAZIDE-50	PFI
00657182	NOVO-SPIROZINE-50	TEV

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Limited use benefit (prior approval is not required).

ASA 80 mg tablets are a benefit to clients age 21 years and under to allow access for use in pediatric conditions (e.g. Kawasaki Syndrome).

ST 80mg Chewable Tablet

02321750	ASA	SOR
02009013	ASAPHEN	PMS
02280167	ASATAB	ODN
02250675	EURO-ASA	EUR
02269139	JAMP-ASA	JMP
02296004	LOWPRIN	EUR
02202352	RIVASA	RIV

ST 81mg Chewable Tablet

02243974	ENTROPHEN CHEWABLE	PED

ST 80mg Delayed Release Tablet

02283905	ACETYLSALICYLIC ACID	JMP
02321769	ASA EC	SOR
02427176	ASA EC	SAN
02238545	ASAPHEN EC	PMS
02311496	PRO-ASA 80MG EC TAB	PRO
02311518	PRO-ASA 80MG TAB	PRO

ST 81mg Delayed Release Tablet

02372177	ASA	VTH
02426811	ASA EC	SAN
02242281	ENTROPHEN EC	PED
02283700	PRAXIS ASA EC	PMS
02420279	RIVASA EC	RIV

ST 162mg Delayed Release Tablet

02247550	ASAPHEN EC	PMS

ST 325mg Delayed Release Tablet

02010526	ASA	VTH
02352427	ASATAB EC	ODN
02150417	ASPIRIN	BCD
02050161	ENTROPHEN	WAM
00010332	ENTROPHEN-5	WAM
02284529	PMS-ASA EC	PMS
02285371	PMS-ASA EC	PMS

ST 650mg Delayed Release Tablet

00794244	ASA	WSB
02352435	ASATAB EC	ODN
02284537	PMS-ASA EC	PMS

ST 81mg Enteric Coated Tablet

02243101	ASA	PMS
02244993	ASA	PMS
02237726	ASPIRIN	BCD
02243801	EQUATE DAILY LOW-DOSE	PMS
02243896	EXACT ASA EC	PMS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Limited use benefit (prior approval is not required).

ASA 80 mg tablets are a benefit to clients age 21 years and under to allow access for use in pediatric conditions (e.g. Kawasaki Syndrome).

ST 325mg Enteric Coated Tablet

00510696	APO-ASEN ECT	APX
00216666	NOVASEN	TEV

ST 650mg Enteric Coated Tablet

00472476	ASA	APX
00010340	ENTROPHEN 10	FRS
01905392	ENTROPHEN-10	FRS
00229296	NOVASEN	TEV

150mg Suppository

00785547	PMS-ASA	PMS

650mg Suppository

00582867	ASA	JNO

ST 80mg Tablet

02295563	LOWPRIN	EUR
02202360	RIVASA	RIV

ST 325mg Tablet

00472468	APO-ASA	APX
00230324	ASA	TEV
00530336	ASA	VTH
02150328	ASPIRIN	BCD

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

CELECOXIB

Limited use benefit (prior approval required).

For patients who have:

¨A history of serious gastrointestinal complications (e.g. ulcer, bleeding, perforation);

OR

¨Multiple (at least two) risk factors for serious gastrointestinal complications (e.g. age >60, concurrent use of ASA, SSRIs, corticosteroids, anticoagulants or antiplatelet agents).

ST 100mg Capsule

02418932	APO-CELECOXIB	APX
02426382	BIO-CELECOXIB	BMI
02239941	CELEBREX	PFI
02424371	CELECOXIB	PDL
02429675	CELECOXIB	SIV
02420155	CO CELECOXIB	ATP
02424533	CO CELECOXIB	JAP
02291975	GD-CELECOXIB	PFI
02420058	MAR-CELECOXIB	MAR
02412497	MINT-CELECOXIB	MIN
02423278	MYLAN-CELECOXIB	MYL
02355442	PMS-CELECOXIB	PMS
02426366	PRIVA-CELECOXIB	PHA
02412373	RAN-CELECOXIB	RBY
02425386	RIVA-CELECOX	RIV
02321246	SANDOZ CELECOXIB	SDZ
02288915	TEVA-CELECOXIB	TEP

ST 200mg Capsule

02418940	APO-CELECOXIB	APX
02426390	BIO-CELECOXIB	BMI
02239942	CELEBREX	PFI
02424398	CELECOXIB	PDL
02429683	CELECOXIB	SIV
02420163	CO CELECOXIB	ATP
02424541	CO CELECOXIB	JAP
02291983	GD-CELECOXIB	PFI
02420066	MAR-CELECOXIB	MAR
02412500	MINT-CELECOXIB	MIN
02399881	MYLAN-CELECOXIB	MYL
02355450	PMS-CELECOXIB	PMS
02426374	PRIVA-CELECOXIB	PHA
02412381	RAN-CELECOXIB	RBY
02425394	RIVA-CELECOX	RIV
02321254	SANDOZ CELECOXIB	SDZ
02288923	TEVA-CELECOXIB	TEP

DICLOFENAC SODIUM

ST 25mg Delayed Release Tablet

02302616	PMS-DICLOFENAC	PMS

ST 50mg Delayed Release Tablet

02302624	PMS-DICLOFENAC	PMS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

DICLOFENAC SODIUM

ST 25mg Enteric Coated Tablet

00839175	APO-DICLO	APX
02231662	DOM-DICLOFENAC	DPC
02231502	PMS-DICLOFENAC	PMS
02261952	SANDOZ-DICLOFENAC	SDZ
00808539	TEVA-DICLOFENAC	TEV

ST 50mg Enteric Coated Tablet

00839183	APO-DICLO	APX
02352397	DICLOFENAC EC	SAN
00870978	DICLOFENAC-50	PDL
02231663	DOM-DICLOFENAC	DPC
02231503	PMS-DICLOFENAC	PMS
02261960	SANDOZ-DICLOFENAC	SDZ
00808547	TEVA-DICLOFENAC	TEV
00514012	VOLTAREN	NVR

50mg Suppository

02231506	PMS-DICLOFENAC	PMS
02261928	SANDOZ-DICLOFENAC	SDZ
00632724	VOLTAREN	NVR

100mg Suppository

02231508	PMS-DICLOFENAC	PMS
02261936	SANDOZ-DICLOFENAC	SDZ
00632732	VOLTAREN	NVR

ST 75mg Sustained Release Tablet

02352400	DICLOFENAC SR	SAN
02224119	DICLOFENAC-SR	PDL
02231664	DOM-DICLOFENAC SR	DPC
02231504	PMS-DICLOFENAC SR	PMS
02261901	SANDOZ-DICLOFENAC SR	SDZ
02158582	TEVA-DICLOFENAC SR	TEV
00782459	VOLTAREN SR	NVR

ST 100mg Sustained Release Tablet

02091194	APO-DICLO SR	APX
02224127	DICLOFENAC-SR	PDL
02231505	PMS-DICLOFENAC SR	PMS
02261944	SANDOZ-DICLOFENAC SR	SDZ
02048698	TEVA-DICLOFENAC SR	TEV
00590827	VOLTAREN SR	NVR

DICLOFENAC SODIUM (TOPICAL)

Limited use benefit (prior approval required).

For the treatment of osteoarthritis when:
• pain is inadequately controlled with acetaminophen AND a non-steroidal anti-inflammatory (NSAID); OR
• there is contraindication to acetaminophen and NSAID; OR
• there is intolerance to acetaminophen and NSAID

ST 1.5% Topical Solution

02356783	PMS-DICLOFENAC	PMS
02420988	TARO-DICLOFENAC	TAR

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

DICLOFENAC SODIUM, MISOPROSTOL

ST 50mg & 200mcg Tablet

01917056	ARTHROTEC	PFI
02397145	CO DICLO-MISO	CBT
02400596	SANDOZ DICLO/MISOPROS	SDZ

ST 75mg & 200mcg Tablet

02229837	ARTHROTEC	PFI
02397153	CO DICLO-MISO	CBT
02400618	SANDOZ DICLO/MISOPROS	SDZ

DIFLUNISAL

ST 250mg Tablet

02039486	APO-DIFLUNISAL	APX
02048493	TEVA-DIFLUNISAL	TEV

ST 500mg Tablet

02039494	APO-DIFLUNISAL	APX

FLURBIPROFEN

ST 50mg Tablet

01912046	APO-FLURBIPROFEN	APX
02100509	NOVO-FLURPROFEN	TEV

ST 100mg Tablet

01912038	APO-FLURBIPROFEN	APX
02100517	NOVO-FLURPROFEN	TEV

IBUPROFEN

ST 100mg Chewable Tablet

02246403	ADVIL JUNIOR STRENGTH	WRI

ST 40mg/mL Drop

02242522	ADVIL PEDIATRIC	WRI
02238626	CHILDREN'S MOTRIN	MCL

ST 20mg/mL Oral Liquid

02232297	CHILDREN'S ADVIL	WRI
02242365	CHILDREN'S MOTRIN	JNO

ST 100mg Tablet

02240527	MOTRIN JUNIOR STRENGTH	MCL

ST 200mg Tablet

01933558	ADVIL	WRI
00441643	APO-IBUPROFEN	APX
02257912	IBUPROFEN	PMT
02272849	IBUPROFEN	VTH
02314754	IBUPROFEN	PMS
02314762	IBUPROFEN	PMS
02186934	MOTRIN	MCL

ST 300mg Tablet

00441651	APO-IBUPROFEN	APX

ST 400mg Tablet

00506052	APO-IBUPROFEN	APX
00636533	IBUPROFEN	PDL
02314770	IBUPROFEN	PMS
02317338	JAMP IBUPROFEN	JMP
02401290	JAMP-IBUPROFEN	JAP
00836133	PMS-IBUPROFEN	PMS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

IBUPROFEN

ST 600mg Tablet

00585114	APO-IBUPROFEN	APX
00629359	NOVO-PROFEN	TEV

INDOMETHACIN

ST 25mg Capsule

00611158	APO-INDOMETHACIN	APX
00337420	NOVO-METHACIN	TEV
00646261	PRO-INDO	PDL

ST 50mg Capsule

00611166	APO-INDOMETHACIN	APX
00337439	NOVO-METHACIN	TEV
00646288	PRO-INDO	PDL

ST 50mg Suppository

02231799	SANDOZ INDOMETHACIN	SDZ

ST 100mg Suppository

01934139	RATIO-INDOMETHACIN	RPH
02231800	SANDOZ INDOMETHACIN	SDZ

KETOPROFEN

ST 50mg Capsule

00790427	KETOPROFEN	AAP
02150808	PMS-KETOPROFEN	PMS

ST 50mg Enteric Coated Tablet

00790435	KETOPROFEN-E	AAP
02150816	PMS-KETOPROFEN	PMS

ST 100mg Enteric Coated Tablet

00842664	KETOPROFEN-E	AAP
02150824	PMS-KETOPROFEN	PMS

ST 100mg Suppository

02015951	PMS-KETOPROFEN	PMS

ST 200mg Sustained Release Tablet

02172577	KETOPROFEN SR	AAP

MEFENAMIC ACID

ST 250mg Capsule

02237826	DOM-MEFENAMIC ACID	DPC
02229452	MEFENAMIC	AAP

MELOXICAM

ST 7.5mg Tablet

02248973	APO-MELOXICAM	APX
02390884	AURO-MELOXICAM	AUR
02250012	CO MELOXICAM	COB
02248605	DOM-MELOXICAM	DPC
02324326	MELOXICAM	PDL
02353148	MELOXICAM	SAN
02242785	MOBICOX	BOE
02255987	MYLAN-MELOXICAM	MYL
02258315	NOVO-MELOXICAM	TEV
02248607	PHL-MELOXICAM	PHH
02248267	PMS-MELOXICAM	PMS
02247889	RATIO-MELOXICAM	RPH

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

MELOXICAM

ST 15mg Tablet

02248974	APO-MELOXICAM	APX
02390892	AURO-MELOXICAM	AUR
02250020	CO MELOXICAM	COB
02248606	DOM-MELOXICAM	DPC
02324334	MELOXICAM	PDL
02353156	MELOXICAM	SAN
02242786	MOBICOX	BOE
02255995	MYLAN-MELOXICAM	MYL
02258323	NOVO-MELOXICAM	TEV
02248608	PHL-MELOXICAM	PHH
02248268	PMS-MELOXICAM	PMS
02248031	RATIO-MELOXICAM	RPH

NAPROXEN

ST 250mg Enteric Coated Tablet

02246699	APO-NAPROXEN EC	APX
02350785	NAPROXEN EC	SAN
02243312	NOVO-NAPROX	TEV

ST 375mg Enteric Coated Tablet

02246700	APO-NAPROXEN EC	APX
02162415	NAPROSYN E	HLR
02350793	NAPROXEN EC	SAN
02243313	NOVO-NAPROX	TEV
02294702	PMS-NAPROXEN EC	PMS
02310945	PRO-NAPROXEN EC	PDL

ST 500mg Enteric Coated Tablet

02246701	APO-NAPROXEN EC	APX
02241024	MYLAN-NAPROXEN EC	MYL
02162423	NAPROSYN E	HLR
02350807	NAPROXEN EC	SAN
02243314	NOVO-NAPROX	TEV
02294710	PMS-NAPROXEN EC	PMS
02310953	PRO-NAPROXEN EC	PDL

ST 25mg/mL Suspension

02162431	NAPROSYN	HLR

ST 750mg Sustained Release Tablet

02162466	NAPROSYN SR	HLR

ST 550MG Tablet

02351021	NAPROXEN SODIUM DS	SAN

ST 125mg Tablet

00522678	APO-NAPROXEN	APX

ST 220mg Tablet

02362430	NAPROXEN	PMS

ST 250mg Tablet

00522651	APO-NAPROXEN	APX
00590762	NAPROXEN	PDL
02350750	NAPROXEN	SAN
00565350	NOVO-NAPROX	TEV

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

NAPROXEN

ST 375mg Tablet

00600806	APO-NAPROXEN	APX
02243432	MYLAN-NAPROXEN	MYL
00655686	NAPROXEN	PDL
02350769	NAPROXEN	SAN
00627097	NOVO-NAPROX	TEV

ST 500mg Tablet

00592277	APO-NAPROXEN	APX
00618721	NAPROXEN	PDL
02350777	NAPROXEN	SAN
00589861	NOVO-NAPROX	TEV

NAPROXEN SODIUM

ST 275mg Tablet

02162725	ANAPROX	HLR
00784354	APO-NAPRO NA	APX
00887056	NAPROXEN NA	PDL
02351013	NAPROXEN SODIUM	SAN
00778389	NOVO-NAPROX SODIUM	TEV

ST 550mg Tablet

02162717	ANAPROX DS	HLR
01940309	APO-NAPRO NA DS	APX
02153386	NAPROXEN-NA DF	PDL
02026600	NOVO-NAPROX SODIUM DS	TEV

PIROXICAM

ST 10mg Capsule

00642886	APO-PIROXICAM	APX
00836249	PMS-PIROXICAM	PMS

ST 20mg Capsule

00642894	APO-PIROXICAM	APX
02239536	DOM-PIROXICAM	DPC
00836230	PMS-PIROXICAM	PMS

ST 10mg Suppository

02154420	PMS-PIROXICAM	PMS

ST 10mg Tablet

00695718	NOVO-PIROCAM	TEV

ST 20mg Tablet

00695696	NOVO-PIROCAM	TEV

SULINDAC

ST 150mg Tablet

00745588	NOVO-SUNDAC	TEV

ST 200mg Tablet

00745596	NOVO-SUNDAC	TEV

TIAPROFENIC ACID

ST 200mg Tablet

02179679	NOVO-TIAPROFENIC	TEV
02230827	PMS-TIAPROFENIC	PMS

ST 300mg Tablet

02231060	DOM-TIAPROFENIC	DPC
02179687	NOVO-TIAPROFENIC	TEV

28:08.08 OPIATE AGONISTS

ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

300mg & 15mg & 15mg Tablet

00653241	RATIO-LENOLTEC NO.2	RPH
02163934	TYLENOL WITH CODEINE NO.2	JNO

300mg & 15mg & 30mg Tablet

00653276	RATIO-LENOLTEC NO.3	RPH
02163926	TYLENOL WITH CODEINE NO.3	JNO

300mg & 30mg & 15mg Tablet

02232388	EXDOL-15	PED

300mg & 30mg & 30mg Tablet

02232389	EXDOL-30	PED

325mg & 30mg & 15mg Tablet

00293504	ATASOL-15	HOR

325mg & 30mg & 30mg Tablet

00293512	ATASOL-30	HOR

ACETAMINOPHEN, CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

32mg & 1.6mg/mL Elixir

00816027	PMS-ACETAMINOPHEN WITH CODEINE	PMS

300mg & 30mg Tablet

01999648	ACET CODEINE 30	PMS
02232658	PROCET-30	PDL
00608882	RATIO-EMTEC-30	RPH
00789828	TRIATEC-30	TRI

ACETAMINOPHEN, OXYCODONE HCL

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg & 2.5mg Tablet

01916491	PERCOCET DEMI	BMS

28:08.08 OPIATE AGONISTS

ACETAMINOPHEN, OXYCODONE HCL

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg & 5mg Tablet

02324628	APO-OXYCODONE/ACET	APX
01916548	ENDOCET	EDM
02361361	OXYCODONE/ACET	SAN
01916475	PERCOCET	BMS
02327171	PRO-OXYCOD ACET	PDL
00608165	RATIO-OXYCOCET	RPH
02242468	RIVACOCET	RIV
02307898	SANDOZ OXYCODONE ACET	SDZ

ACETYLSALICYLIC ACID, OXYCODONE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

325mg & 5mg Tablet

00608157	RATIO-OXYCODAN	RPH

CODEINE MONOHYDRATE, CODEINE SULFATE TRIHYDRATE

Limited use benefit (prior approval required).
For treatment of:
a. - chronic pain and palliative care patients as an alternative to products containing codeine in combination with acetaminophen or ASA with or without caffeine, or
b. - chronic pain and palliative care patients as an alternative to regular release codeine tablets when large doses are required.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

50mg Long Acting Tablet

02230302	CODEINE CONTIN CR	PFR

100mg Long Acting Tablet

02163748	CODEINE CONTIN CR	PFR

150mg Long Acting Tablet

02163780	CODEINE CONTIN CR	PFR

200mg Long Acting Tablet

02163799	CODEINE CONTIN CR	PFR

28:08.08 OPIATE AGONISTS

CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

2mg/mL Liquid

00380571	LINCTUS CODEINE	ATL

5mg/mL Syrup

00050024	CODEINE PHOSPHATE	ATL
00779474	RATIO-CODEINE	RPH

15mg Tablet

00779458	CODEINE	RPH
02009889	CODEINE	RIV
00593435	RATIO-CODEINE	RPH

30mg Tablet

02009757	CODEINE	RIV
00593451	CODEINE PHOSPHATE	RPH
02243979	PMS-CODEINE	PMS

FENTANYL

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

12mcg/HR Transdermal Patch

02386844	CO FENTANYL	CBT
02395657	FENTANYL	PDL
02396696	MYLAN-FENTANYL MATRIX	MYL
02341379	PMS-FENTANYL MTX	PMS
02330105	RAN-FENTANYL MATRIX	RBY
02327112	SANDOZ FENTANYL	SDZ
02311925	TEVA-FENTANYL	TEV

25mcg/HR Transdermal Patch

02314630	APO-FENTANYL MATRIX	APX
02386852	CO FENTANYL	CBT
02275813	DURAGESIC MAT	JNO
02395665	FENTANYL	PDL
02396718	MYLAN-FENTANYL MATRIX	MYL
02341387	PMS-FENTANYL MTX	PMS
02330113	RAN-FENTANYL MATRIX	RBY
02327120	SANDOZ FENTANYL	SDZ
02282941	TEVA-FENTANYL	TEV

28:08.08 OPIATE AGONISTS

FENTANYL

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

50mcg/HR Transdermal Patch

02314649	APO-FENTANYL MATRIX	APX
02386879	CO FENTANYL	CBT
02275821	DURAGESIC MAT	JNO
02395673	FENTANYL	PDL
02396726	MYLAN-FENTANYL MATRIX	MYL
02341395	PMS-FENTANYL MTX	PMS
02330121	RAN-FENTANYL MATRIX	RBY
02327147	SANDOZ FENTANYL	SDZ
02282968	TEVA-FENTANYL	TEV

75mcg/HR Transdermal Patch

02314657	APO-FENTANYL MATRIX	APX
02386887	CO FENTANYL	CBT
02275848	DURAGESIC MAT	JNO
02395681	FENTANYL	PDL
02396734	MYLAN-FENTANYL MATRIX	MYL
02341409	PMS-FENTANYL MTX	PMS
02330148	RAN-FENTANYL MATRIX	RBY
02327155	SANDOZ FENTANYL	SDZ
02282976	TEVA-FENTANYL	TEV

100mcg/HR Transdermal Patch

02314665	APO-FENTANYL MATRIX	APX
02386895	CO FENTANYL	CBT
02275856	DURAGESIC MAT	JNO
02395703	FENTANYL	PDL
02396742	MYLAN-FENTANYL MATRIX	MYL
02341417	PMS-FENTANYL MTX	PMS
02330156	RAN-FENTANYL MATRIX	RBY
02327163	SANDOZ FENTANYL	SDZ
02282984	TEVA-FENTANYL	TEV

28:08.08 OPIATE AGONISTS

HYDROMORPHONE HCL

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

3mg Controlled Release Capsule

02125323	HYDROMORPH CONTIN	PFR

4.5mg Controlled Release Capsule

02359502	HYDROMORPH CONTIN	PFR

6mg Controlled Release Capsule

02125331	HYDROMORPH CONTIN	PFR

9mg Controlled Release Capsule

02359510	HYDROMORPH CONTIN	PFR

12mg Controlled Release Capsule

02125366	HYDROMORPH CONTIN	PFR

18mg Controlled Release Capsule

02243562	HYDROMORPH CONTIN	PFR

24mg Controlled Release Capsule

02125382	HYDROMORPH CONTIN	PFR

30mg Controlled Release Capsule

02125390	HYDROMORPH CONTIN	PFR

1mg/mL Oral Liquid

00786535	DILAUDID	PFR
01916386	PMS-HYDROMORPHONE	PMS

3mg Suppository

01916394	PMS-HYDROMORPHONE	PMS

1mg Tablet

02364115	APO-HYDROMORPHONE	APX
00705438	DILAUDID	PFR
02192101	HYDROMORPHONE	SOR
00885444	PMS-HYDROMORPHONE	PMS
02319403	TEVA-HYDROMORPHONE	TEP

2mg Tablet

02364123	APO-HYDROMORPHONE	APX
00125083	DILAUDID	PFR
02249928	HYDROMORPHONE	SOR
00885436	PMS-HYDROMORPHONE	PMS
02319411	TEVA-HYDROMORPHONE	TEP

4mg Tablet

02364131	APO-HYDROMORPHONE	APX
00125121	DILAUDID	PFR
02249936	HYDROMORPHONE	SOR
00885401	PMS-HYDROMORPHONE	PMS
02319438	TEVA-HYDROMORPHONE	TEP

28:08.08 OPIATE AGONISTS

HYDROMORPHONE HCL

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

8mg Tablet

02364158	APO-HYDROMORPHONE	APX
00786543	DILAUDID	PFR
02192144	HYDROMORPHONE	SOR
00885428	PMS-HYDROMORPHONE	PMS
02319446	TEVA-HYDROMORPHONE	TEP

METHADONE HCL

10mg/mL Oral Liquid

02394596	METHADOSE	MAT
02394618	METHADOSE SUGARFREE	MAT

METHADONE HCL (BC ONLY)

10mg/mL Oral Liquid

66999999	METHADOSE DELIV. W DIRECT INT	UNK
67000000	METHADOSE DELIV. W/OUT DIRECT	UNK
66999998	METHADOSE W/OUT DIRECT INTERA	UNK
66999997	METHADOSE DIRECT INTERACTION	UNK

METHADONE HCL (PA)

limited use benefit (prior approval required) with the following criteria:

Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND
For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR,
For the management of pain for palliative care patients.
Pharmacists may only dispense a maximum supply of 30 days at one time.

1mg/mL Oral Liquid

02247694	METADOL	PAL

10mg/mL Oral Liquid

02241377	METADOL	PAL

1mg Tablet

02247698	METADOL	PAL

5mg Tablet

02247699	METADOL	PAL

10mg Tablet

02247700	METADOL	PAL

28:08.08 OPIATE AGONISTS

METHADONE HCL (PA)

limited use benefit (prior approval required) with the following criteria:

Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND
For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR,
For the management of pain for palliative care patients.
Pharmacists may only dispense a maximum supply of 30 days at one time.

25mg Tablet

02247701	METADOL	PAL

MORPHINE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

5mg/mL Oral liquid

00514217	M.O.S.	ICN

30mg Sustained Release Tablet

00776181	M.O.S. SR	VAE

60mg Sustained Release Tablet

00776203	M.O.S. SR	VAE

1mg/mL Syrup

00614491	DOLORAL 1	ATL
00607762	RATIO-MORPHINE	RPH

5mg/mL Syrup

00614505	DOLORAL 5	ATL
00607770	RATIO-MORPHINE	RPH

10mg/mL Syrup

00632503	M.O.S. 10	VAE
00690783	RATIO-MORPHINE	RPH

20mg/mL Syrup

00690791	RATIO-MORPHINE	RPH

50mg/mL Syrup

00690236	M.O.S. 50	VAE

10mg Tablet

00690198	M.O.S. 10	VAE

20mg Tablet

00690201	M.O.S. 20	VAE

40mg Tablet

00690228	M.O.S. 40	VAE

60mg Tablet

00690244	M.O.S. 60	VAE

28:08.08 OPIATE AGONISTS

MORPHINE SULFATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

50mg/mL Drop

00705799	STATEX	PMS

5mg Suppository

00632228	STATEX	PMS

10mg Suppository

00632201	STATEX	PMS

20mg Suppository

00596965	STATEX	PMS

10mg Sustained Release Capsule

02019930	M-ESLON	SAC

15mg Sustained Release Capsule

02177749	M-ESLON	SAC

30mg Sustained Release Capsule

02019949	M-ESLON	SAC

60mg Sustained Release Capsule

02019957	M-ESLON	SAC

100mg Sustained Release Capsule

02019965	M-ESLON	SAC

200mg Sustained Release Capsule

02177757	M-ESLON	SAC

15mg Sustained Release Tablet

02350815	MORPHINE SR	SAN
02015439	MS CONTIN SR	PFR
02302764	NOVO-MORPHINE SR	TEV
02244790	SANDOZ MORPHINE SR	SDZ

30mg Sustained Release Tablet

02350890	MORPHINE SR	SAN
02014297	MS CONTIN SR	PFR
02302772	NOVO-MORPHINE SR	TEV
02244791	SANDOZ MORPHINE SR	SDZ

60mg Sustained Release Tablet

02350912	MORPHINE SR	SAN
02014300	MS CONTIN SR	PFR
02302780	NOVO-MORPHINE SR	TEV
02244792	SANDOZ MORPHINE SR	SDZ

100mg Sustained Release Tablet

02350920	MORPHINE SR	SAN
02014319	MS CONTIN SR	PFR
02302799	NOVO-MORPHINE SR	TEV

200mg Sustained Release Tablet

02350947	MORPHINE SR	SAN
02014327	MS CONTIN SR	PFR
02302802	NOVO-MORPHINE SR	TEV

1mg/mL Syrup

00591467	STATEX	PMS

28:08.08 OPIATE AGONISTS

MORPHINE SULFATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

5mg/mL Syrup		
00591475	STATEX	PMS
10mg/mL Syrup		
00647217	STATEX	PMS
5mg Tablet		
02009773	M.O.S. SULFATE	VAE
02014203	MS IR	PFR
00594652	STATEX	PMS
10mg Tablet		
02009765	M.O.S. SULFATE	VAE
02014211	MS IR	PFR
00594644	STATEX	PMS
20mg Tablet		
02014238	MS IR	PFR
25mg Tablet		
02009749	M.O.S. SULFATE	VAE
00594636	STATEX	PMS
30mg Tablet		
02014254	MS IR	PFR
50mg Tablet		
02009706	M.O.S. SULFATE	VAE
00675962	STATEX	PMS

MORPHINE SULFATE (K)

Limited use benefit (prior approval required).

• For the treatment of opioid dependence where methadone and Suboxone are not available or not appropriate OR
• For the treatment of chronic pain.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

10mg Sustained Release Capsule		
02242163	KADIAN	MAY
20mg Sustained Release Capsule		
02184435	KADIAN	MAY
50mg Sustained Release Capsule		
02184443	KADIAN	MAY
100mg Sustained Release Capsule		
02184451	KADIAN	MAY

28:08.08 OPIATE AGONISTS

OXYCODONE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

10mg Suppository		
00392480	SUPEUDOL	SDZ
20mg Suppository		
00392472	SUPEUDOL	SDZ
5mg Tablet		
02325950	OXYCODONE	PDL
02231934	OXY-IR	PFR
02319977	PMS-OXYCODONE	PMS
00789739	SUPEUDOL	SDZ
10mg Tablet		
02325969	OXYCODONE	PDL
02240131	OXY-IR	PFR
02319985	PMS-OXYCODONE	PMS
00443948	SUPEUDOL	SDZ
20mg Tablet		
02325977	OXYCODONE	PDL
02240132	OXY-IR	PFR
02319993	PMS-OXYCODONE	PMS
02262983	SUPEUDOL	SDZ

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE, NALOXONE

Limited use benefit (prior approval required).

For the treatment of opioid dependence when:

• A rationale for using Suboxone instead of the alternative (i.e. methadone); and
• In cases where the client lives in a remote or isolated location, confirmation is required that the cmmunity has the ability to support
Suboxone administration. These supports include the safe daily witnessing, storage and handling of the Suboxone doses. After this
confirmation, NIHB will approve the Suboxone for the client.
• The client must be 16 years or older.

ST **2mg & 0.5mg Sublingual Tablet**		
02295695	SUBOXONE	RBP
ST **8mg & 2mg Sublingual Tablet**		
02295709	SUBOXONE	RBP

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

ST 80mg Chewable Tablet

01905856	ACETAMINOPHEN	TRI
02015676	ACETAMINOPHEN	TAN
02017458	ACETAMINOPHEN	RIV
02129957	ACETAMINOPHEN	VTH
02263815	PEDIAPHEN CHEWABLE	EUR

ST 160mg Chewable Tablet

02017431	ACETAMINOPHEN	RIV
02230934	ACETAMINOPHEN	TAN
02231011	FEVERHALT	PED
02263823	PEDIAPHEN CHEWABLE	EUR

ST 80mg/mL Drop

01904140	ACETAMINOPHEN	TAN
01905864	ACETAMINOPHEN	TRI
00631353	ATASOL	HOR
02230787	FEVERHALT	PED
02263793	PEDIAPHEN	EUR
02027801	PEDIATRIX	RPH
00887587	PMS-ACETAMINOPHEN	PMS
00875988	TEMPRA	MJO
02046059	TYLENOL	MCL

ST 16mg/mL Liquid

01905848	ACETAMINOPHEN	TRI
02263807	PEDIAPHEN	EUR
00792713	PMS-ACETAMINOPHEN	PMS
00884553	TEMPRA	MJO

ST 32mg/mL Liquid

01901389	ACETAMINOPHEN	JMP
01958836	ACETAMINOPHEN	TRI
02263831	PEDIAPHEN	EUR
02027798	PEDIATRIX	RPH
00792691	PMS-ACETAMINOPHEN	PMS
00875996	TEMPRA DOUBLE STRENGTH	MJO
02046040	TYLENOL	MCL

ST 80mg/mL Oral Liquid

02237390	ACETAMINOPHEN	PER

120mg Suppository

01919385	ABENOL	PED
02230434	ACET 120	PMS
02046660	PMS-ACETAMINOPHEN	PMS

160mg Suppository

02230435	ACET	PMS

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg Suppository

01919393	ABENOL	PED
02230436	ACET 325	PMS
02046687	PMS-ACETAMINOPHEN	PMS

650mg Suppository

01919407	ABENOL	PED
02230437	ACET 650	PMS
02046695	PMS-ACETAMINOPHEN	PMS

ST 80mg Tablet

02238295	TYLENOL JR STRENGTH FASTMELTS	JNO

ST 160mg Tablet

02142805	ACETAMINOPHEN	WTR
02347792	TYLENOL JR STRENGTH FASTMELTS	JNO
02241361	TYLENOL JUNIOR STRENGTH	JNO

ST 325mg Tablet

00374148	ACETAMINOPHEN	WAM
00382752	ACETAMINOPHEN	PRO
00589241	ACETAMINOPHEN	PMS
00605751	ACETAMINOPHEN	VTH
00743542	ACETAMINOPHEN	PMT
00789801	ACETAMINOPHEN	TRI
01938088	ACETAMINOPHEN	JMP
02022214	ACETAMINOPHEN	RIV
00544981	APO-ACETAMINOPHEN	APX
02229873	APO-ACETAMINOPHEN	APX
00293482	ATASOL	HOR
00389218	NOVO-GESIC	TEV
00559393	TYLENOL	MCL
00723894	TYLENOL	MCL

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

ST 500mg Tablet

00386626	ACETAMINOPHEN	PDL
00549703	ACETAMINOPHEN	PMT
00567663	ACETAMINOPHEN	PED
00589233	ACETAMINOPHEN	PMS
00605778	ACETAMINOPHEN	VTH
00789798	ACETAMINOPHEN	TRI
01939122	ACETAMINOPHEN	JMP
02022222	ACETAMINOPHEN	RIV
02252813	ACETAMINOPHEN	PMT
02255251	ACETAMINOPHEN	PMT
00545007	APO-ACETAMINOPHEN	APX
02229977	APO-ACETAMINOPHEN	APX
00013668	ATASOL FORTE	HOR
02355299	JAMP-ACETAMINOPHEN	JAP
00482323	NOVO-GESIC	TEV
00892505	PMS-ACETAMINOPHEN	PMS
01962353	TANTAPHEN	TAN
00559407	TYLENOL EXTRA STRENGTH	MCL
00723908	TYLENOL EXTRA STRENGTH	MCL

FLOCTAFENINE

ST 200mg Tablet

02244680	FLOCTAFENINE	AAP

ST 400mg Tablet

02244681	FLOCTAFENINE	AAP

28:12.04 ANTICONVULSANTS - BARBITURATES

PHENOBARBITAL

5mg/mL Liquid

00645575	PHENOBARB	PMS

15mg Tablet

00178799	PHENOBARB	PMS

30mg Tablet

00178802	PHENOBARB	PMS

60mg Tablet

00178810	PHENOBARB	PMS

100mg Tablet

00178829	PHENOBARB	PMS

PRIMIDONE

ST 125mg Tablet

00399310	PRIMIDONE	AAP

28:12.04 ANTICONVULSANTS - BARBITURATES

PRIMIDONE

ST 250mg Tablet

00396761	PRIMIDONE	AAP

28:12.08 ANTICONVULSANTS - BENZODIAZEPINES

CLONAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 0.25mg Tablet

02179660	PMS-CLONAZEPAM	PMS

ST 0.5mg Tablet

02177889	APO-CLONAZEPAM	APX
02230366	CLONAPAM	VAE
02270641	CO CLONAZEPAM	COB
02130998	DOM-CLONAZEPAM	DPC
02224100	DOM-CLONAZEPAM-R	DPC
02230950	MYLAN-CLONAZEPAM	MYL
02145227	PHL-CLONAZEPAM	PHH
02236948	PHL-CLONAZEPAM-R 0.5MG	PMI
02048701	PMS-CLONAZEPAM	PMS
02207818	PMS-CLONAZEPAM R	PMS
02311593	PRO-CLONAZEPAM	PDL
02242077	RIVA-CLONAZEPAM	RIV
00382825	RIVOTRIL	HLR
02233960	SANDOZ-CLONAZEPAM	SDZ
02239024	TEVA-CLONAZEPAM	TEV
02345676	ZYM-CLONAZEPAM	ZYM

ST 1mg Tablet

02230368	CLONAPAM	VAE
02270668	CO CLONAZEPAM	COB
02145235	PHL-CLONAZEPAM	PHH
02048728	PMS-CLONAZEPAM	PMS
02311607	PRO-CLONAZEPAM	PDL
02233982	SANDOZ-CLONAZEPAM	SDZ
02303329	ZYM-CLONAZEPAM	ZYM

28:12.08 ANTICONVULSANTS - BENZODIAZEPINES

CLONAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 2mg Tablet

02177897	APO-CLONAZEPAM	APX
02230369	CLONAPAM	VAE
02270676	CO CLONAZEPAM	COB
02131013	DOM-CLONAZEPAM	DPC
02230951	GEN-CLONAZEPAM	MYL
02145243	PHL-CLONAZEPAM	PHH
02048736	PMS-CLONAZEPAM	PMS
02311615	PRO-CLONAZEPAM	PDL
02242078	RIVA-CLONAZEPAM	RIV
00382841	RIVOTRIL	HLR
02233985	SANDOZ-CLONAZEPAM	SDZ
02239025	TEVA-CLONAZEPAM	TEV
02303337	ZYM-CLONAZEPAM	ZYM

28:12.12 ANTICONVULSANTS - HYDANTOINS

PHENYTOIN

ST 30mg Capsule

00022772	DILANTIN	PFI

ST 100mg Capsule

00022780	DILANTIN	PFI

ST 50mg Chewable Tablet

00023698	DILANTIN INFATABS	PFI

ST 6mg/mL Suspension

00023442	DILANTIN 30	PFI

ST 25mg/mL Suspension

00023450	DILANTIN 125	PFI
02250896	TARO-PHENYTOIN	TAR

28:12.20 ANTICONVULSANTS-SUCCINIMIDES

ETHOSUXIMIDE

ST 250mg Capsule

00022799	ZARONTIN	ERF

ST 50mg/mL Syrup

00023485	ZARONTIN	ERF

METHSUXIMIDE

ST 300mg Capsule

00022802	CELONTIN	ERF

28:12.92 MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE

ST 100mg Chewable Tablet

02231542	PMS-CARBAMAZEPINE	PMS
02261855	SANDOZ-CARBAMAZEPINE	SDZ
02244403	TARO-CARBAMAZEPINE	TAR
00369810	TEGRETOL	NVR

ST 200mg Chewable Tablet

02231540	PMS-CARBAMAZEPINE	PMS
02261863	SANDOZ-CARBAMAZEPINE	SDZ
02244404	TARO-CARBAMAZEPINE	TAR
00665088	TEGRETOL	NVR

ST 200mg Extended Release Tablet

02261839	SANDOZ-CARBAMAZEPINE	SDZ

ST 400mg Extended Release Tablet

02261847	SANDOZ-CARBAMAZEPINE	SDZ

ST 20mg/mL Suspension

02367394	TARO-CARBAMAZEPINE	TAR
02194333	TEGRETOL	NVR

ST 200mg Sustained Release Tablet

02413590	CARBAMAZEPINE CR	PDL
02238222	DOM-CARBAMAZEPINE CR	DPC
02241882	MYLAN-CARBAMAZEPINE CR	MYL
02231543	PMS-CARBAMAZEPINE CR	PMS
02237907	TARO-CARBAMAZEPINE CR	TAR
00773611	TEGRETOL CR	NVR

ST 400mg Sustained Release Tablet

02413604	CARBAMAZEPINE CR	PDL
02238223	DOM-CARBAMAZEPINE CR	DPC
02231544	PMS-CARBAMAZEPINE CR	PMS
02237908	TARO-CARBAMAZEPINE CR	TAR
00755583	TEGRETOL CR	NVR

ST 200mg Tablet

00402699	APO-CARBAMAZEPINE	APX
02407515	TARO-CARBAMAZEPINE	TAR
00010405	TEGRETOL	NVR
00782718	TEVA-CARBAMAZ	TEV

DIVALPROEX SODIUM

ST 125mg Enteric Coated Tablet

02239698	APO-DIVALPROEX	APX
02240341	DIVALPROEX	PDL
02400499	DIVALPROEX	SAN
00596418	EPIVAL	ABB
02244138	PMS-DIVALPROEX	PMS
02239701	TEVA-DIVALPROEX	TEV

ST 250mg Enteric Coated Tablet

02239699	APO-DIVALPROEX	APX
02240342	DIVALPROEX	PDL
02400502	DIVALPROEX	SAN
00596426	EPIVAL	ABB
02244139	PMS-DIVALPROEX	PMS
02239702	TEVA-DIVALPROEX	TEV

28:12.92 MISCELLANEOUS ANTICONVULSANTS

DIVALPROEX SODIUM

[ST] 500mg Enteric Coated Tablet

02239700	APO-DIVALPROEX	APX
02240343	DIVALPROEX	PDL
02400510	DIVALPROEX	SAN
00596434	EPIVAL	ABB
02244140	PMS-DIVALPROEX	PMS
02239703	TEVA-DIVALPROEX	TEV

GABAPENTIN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on gabapentin. The limit accumulates against the amount of gabapentin claimed to the program. A total of 400 grams of gabapentin is permitted in a 100-day period, for a total daily dose of 4000mg/day.

[ST] 100mg Capsule

02244304	APO-GABAPENTIN	APX
02321203	AURO-GABAPENTIN	AUR
02256142	CO GABAPENTIN	COB
02243743	DOM-GABAPENTIN	DPC
02246314	GABAPENTIN	MEL
02304775	GABAPENTIN	SOR
02353245	GABAPENTIN	SAN
02416840	GABAPENTIN	ACC
02285819	GD-GABAPENTIN	PFI
02361469	JAMP-GABAPENTIN	JAP
02391473	MAR-GABAPENTIN	MAR
02248259	MYLAN-GABAPENTIN	MYL
02084260	NEURONTIN	PFI
02244513	NOVO-GABAPENTIN	TEV
02243446	PMS-GABAPENTIN	PMS
02310449	PRO-GABAPENTIN	PDL
02319055	RAN-GABAPENTIN	RBY
02251167	RIVA-GABAPENTIN	RIV

[ST] 300mg Capsule

02244305	APO-GABAPENTIN	APX
02321211	AURO-GABAPENTIN	AUR
02256150	CO GABAPENTIN	COB
02243744	DOM-GABAPENTIN	DPC
02246315	GABAPENTIN	MEL
02304783	GABAPENTIN	SOR
02353253	GABAPENTIN	SAN
02416859	GABAPENTIN	ACC
02285827	GD-GABAPENTIN	PFI
02361485	JAMP-GABAPENTIN	JAP
02391481	MAR-GABAPENTIN	MAR
02248260	MYLAN-GABAPENTIN	MYL
02084279	NEURONTIN	PFI
02244514	NOVO-GABAPENTIN	TEV
02243447	PMS-GABAPENTIN	PMS
02310457	PRO-GABAPENTIN	PDL
02319063	RAN-GABAPENTIN	RBY
02251175	RIVA-GABAPENTIN	RIV

28:12.92 MISCELLANEOUS ANTICONVULSANTS

GABAPENTIN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on gabapentin. The limit accumulates against the amount of gabapentin claimed to the program. A total of 400 grams of gabapentin is permitted in a 100-day period, for a total daily dose of 4000mg/day.

[ST] 400mg Capsule

02244306	APO-GABAPENTIN	APX
02321238	AURO-GABAPENTIN	AUR
02256169	CO GABAPENTIN	COB
02243745	DOM-GABAPENTIN	DPC
02246316	GABAPENTIN	MEL
02304791	GABAPENTIN	SOR
02353261	GABAPENTIN	SAN
02416867	GABAPENTIN	ACC
02285835	GD-GABAPENTIN	PFI
02361493	JAMP-GABAPENTIN	JAP
02391503	MAR-GABAPENTIN	MAR
02248261	MYLAN-GABAPENTIN	MYL
02084287	NEURONTIN	PFI
02244515	NOVO-GABAPENTIN	TEV
02243448	PMS-GABAPENTIN	PMS
02310465	PRO-GABAPENTIN	PDL
02319071	RAN-GABAPENTIN	RBY
02260905	RATIO-GABAPENTIN	RPH
02251183	RIVA-GABAPENTIN	RIV

[ST] 600mg Tablet

02293358	APO-GABAPENTIN	APX
02388200	GABAPENTIN	SIV
02392526	GABAPENTIN	ACC
02285843	GD-GABAPENTIN	PFI
02402289	JAMP-GABAPENTIN	JAP
02397471	MYLAN-GABAPENTIN	MYL
02239717	NEURONTIN	PFI
02248457	NOVO-GABAPENTIN	TEV
02255898	PMS-GABAPENTIN	PMS
02310473	PRO-GABAPENTIN	PDL
02260913	RATIO-GABAPENTIN	RPH
02259796	RIVA-GABAPENTIN	RIV

[ST] 800mg Tablet

02293366	APO-GABAPENTIN	APX
02388219	GABAPENTIN	SIV
02392534	GABAPENTIN	ACC
02285851	GD-GABAPENTIN	PFI
02402297	JAMP-GABAPENTIN	JAP
02397498	MYLAN-GABAPENTIN	MYL
02239718	NEURONTIN	PFI
02247346	NOVO-GABAPENTIN	TEV
02255901	PMS-GABAPENTIN	PMS
02310481	PRO-GABAPENTIN	PDL
02260921	RATIO-GABAPENTIN	RPH
02259818	RIVA-GABAPENTIN	RIV

28:12.92 MISCELLANEOUS ANTICONVULSANTS

LACOSAMIDE

Limited use benefit (prior approval required).

For adjunctive therapy in patients with refractory partial-onset seizures who meet all of the following criteria:
a- Are under the care of a physician experienced in the treatment of epilepsy, AND
b- Are currently receiving two or more antiepileptic medications, AND
c- Have failed or demonstrated intolerance to at least two other antiepileptic medications.

ST 50mg Tablet

02357615	VIMPAT	UCB

ST 100mg Tablet

02357623	VIMPAT	UCB

ST 150mg Tablet

02357631	VIMPAT	UCB

ST 200mg Tablet

02357658	VIMPAT	UCB

LAMOTRIGINE

ST 2mg Chewable Tablet

02243803	LAMICTAL	GSK

ST 5mg Chewable Tablet

02240115	LAMICTAL	GSK

ST 25mg Tablet

02245208	APO-LAMOTRIGINE	APX
02381354	AURO-LAMOTRIGINE	AUR
02142082	LAMICTAL	GSK
02302969	LAMOTRIGINE	PDL
02343010	LAMOTRIGINE	SAN
02428202	LAMOTRIGINE	SIV
02265494	MYLAN-LAMOTRIGINE	MYL
02248232	NOVO-LAMOTRIGINE	TEV
02246897	PMS-LAMOTRIGINE	PMS

ST 100mg Tablet

02245209	APO-LAMOTRIGINE	APX
02381362	AURO-LAMOTRIGINE	AUR
02142104	LAMICTAL	GSK
02302985	LAMOTRIGINE	PDL
02343029	LAMOTRIGINE	SAN
02428210	LAMOTRIGINE	SIV
02265508	MYLAN-LAMOTRIGINE	MYL
02248233	NOVO-LAMOTRIGINE	TEV
02246898	PMS-LAMOTRIGINE	PMS

ST 150mg Tablet

02245210	APO-LAMOTRIGINE	APX
02381370	AURO-LAMOTRIGINE	AUR
02142112	LAMICTAL	GSK
02302993	LAMOTRIGINE	PDL
02343037	LAMOTRIGINE	SAN
02428229	LAMOTRIGINE	SIV
02265516	MYLAN-LAMOTRIGINE	MYL
02248234	NOVO-LAMOTRIGINE	TEV
02246899	PMS-LAMOTRIGINE	PMS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

LEVETIRACETAM

Limited use benefit (prior approval required).

For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of two anti-epileptic medications used either as monotherapy or in combination.

ST 250mg Tablet

02414805	ABBOTT-LEVETIRACETAM	ABB
02285924	APO-LEVETIRACETAM	APX
02375249	AURO-LEVETIRACETAM	AUR
02274183	CO LEVETIRACETAM	COB
02403005	JAMP-LEVETIRACETAM	JAP
02247027	KEPPRA	UCB
02353342	LEVETIRACETAM	SAN
02399776	LEVETIRACETAM	ACC
02296101	PMS-LEVETIRACETAM	PMS
02396106	RAN-LEVETIRACETAM	RBY

ST 500mg Tablet

02414791	ABBOTT-LEVETIRACETAM	ABB
02285932	APO-LEVETIRACETAM	APX
02375257	AURO-LEVETIRACETAM	AUR
02274191	CO LEVETIRACETAM	COB
02297418	DOM-LEVETIRACETAM	DOM
02403021	JAMP-LEVETIRACETAM	JAP
02247028	KEPPRA	UCB
02353350	LEVETIRACETAM	SAN
02399784	LEVETIRACETAM	ACC
02296128	PMS-LEVETIRACETAM	PMS
02311380	PRO-LEVETIRACETAM	PDL
02396114	RAN-LEVETIRACETAM	RBY

ST 750mg Tablet

02414783	ABBOTT-LEVETIRACETAM	ABB
02285940	APO-LEVETIRACETAM	APX
02375265	AURO-LEVETIRACETAM	AUR
02274205	CO LEVETIRACETAM	COB
02403048	JAMP-LEVETIRACETAM	JAP
02247029	KEPPRA	UCB
02353369	LEVETIRACETAM	SAN
02399792	LEVETIRACETAM	ACC
02296136	PMS-LEVETIRACETAM	PMS
02311399	PRO-LEVETIRACETAM	PDL
02396122	RAN-LEVETIRACETAM	RBY

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

ST 25mg Capsule

02402912	ACT-PREGABALIN	ATP
02394235	APO-PREGABALIN	APX
02402556	DOM-PREGABALIN	DOM
02360136	GD-PREGABALIN	PFI
02268418	LYRICA	PFI
02417529	MAR-PREGABALIN	MAR
02423804	MINT-PREGABALIN	MIN
02408651	MYL-PREGABALIN	MYL
02359596	PMS-PREGABALIN	PMS
02396483	PREGABALIN	PDL
02403692	PREGABALIN	SIV
02405539	PREGABALIN	SAN
02411725	PREGABALIN-25	SIV
02392801	RAN-PREGABALIN	RBY
02377039	RIVA-PREGABALIN	RIV
02390817	SANDOZ PREGABALIN	SDZ
02361159	TEVA-PREGABALIN	TEP

ST 50mg Capsule

02402920	ACT-PREGABALIN	ATP
02394243	APO-PREGABALIN	APX
02402564	DOM-PREGABALIN	DOM
02360144	GD-PREGABALIN	PFI
02268426	LYRICA	PFI
02417537	MAR-PREGABALIN	MAR
02423812	MINT-PREGABALIN	MIN
02408678	MYL-PREGABALIN	MYL
02359618	PMS-PREGABALIN	PMS
02396505	PREGABALIN	PDL
02403706	PREGABALIN	SIV
02405547	PREGABALIN	SAN
02411733	PREGABALIN-50	SIV
02392828	RAN-PREGABALIN	RBY
02377047	RIVA-PREGABALIN	RIV
02390825	SANDOZ PREGABALIN	SDZ
02361175	TEVA-PREGABALIN	TEP

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

ST 75mg Capsule

02402939	ACT-PREGABALIN	ATP
02394251	APO-PREGABALIN	APX
02402572	DOM-PREGABALIN	DOM
02360152	GD-PREGABALIN	PFI
02268434	LYRICA	PFI
02417545	MAR-PREGABALIN	MAR
02424185	MINT-PREGABALIN	MIN
02408686	MYL-PREGABALIN	MYL
02359626	PMS-PREGABALIN	PMS
02396513	PREGABALIN	PDL
02403714	PREGABALIN	SIV
02405555	PREGABALIN	SAN
02411741	PREGABALIN-75	SIV
02392836	RAN-PREGABALIN	RBY
02377055	RIVA-PREGABALIN	RIV
02390833	SANDOZ PREGABALIN	SDZ
02361183	TEVA-PREGABALIN	TEP

ST 150mg Capsule

02402955	ACT-PREGABALIN	ATP
02394278	APO-PREGABALIN	APX
02402580	DOM-PREGABALIN	DOM
02360179	GD-PREGABALIN	PFI
02268450	LYRICA	PFI
02417561	MAR-PREGABALIN	MAR
02424207	MINT-PREGABALIN	MIN
02408694	MYL-PREGABALIN	MYL
02359634	PMS-PREGABALIN	PMS
02396521	PREGABALIN	PDL
02403722	PREGABALIN	SIV
02405563	PREGABALIN	SAN
02411768	PREGABALIN-150	SIV
02392844	RAN-PREGABALIN	RBY
02377063	RIVA-PREGABALIN	RIV
02390841	SANDOZ PREGABALIN	SDZ
02361205	TEVA-PREGABALIN	TEP

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

ST 300mg Capsule

02402998	ACT-PREGABALIN	ATP
02394294	APO-PREGABALIN	APX
02360209	GD-PREGABALIN	PFI
02268485	LYRICA	PFI
02408708	MYL-PREGABALIN	MYL
02359642	PMS-PREGABALIN	PMS
02396548	PREGABALIN	PDL
02403730	PREGABALIN	SIV
02405598	PREGABALIN	SAN
02392860	RAN-PREGABALIN	RBY
02377071	RIVA-PREGABALIN	RIV
02390868	SANDOZ PREGABALIN	SDZ
02361248	TEVA-PREGABALIN	TEP

RUFINAMIDE

Limited use benefit (prior approval required).

-For the adjunctive treatment of seizures associated with Lennox-Gastaux syndrome in adults and children 4 years and older when prescribed by a neurologist or experienced specialist
-Patient has failed or is intolerant to or has contraindications to at least two adjunctive antiepileptic drugs

ST 100mg Tablet

02369613	BANZEL	EIS

ST 200mg Tablet

02369621	BANZEL	EIS

ST 400mg Tablet

02369648	BANZEL	EIS

TOPIRAMATE

ST 15mg Sprinkle Capsule

02239907	TOPAMAX SPRINKLE	JNO

ST 25mg Sprinkle Capsule

02239908	TOPAMAX SPRINKLE	JNO

28:12.92 MISCELLANEOUS ANTICONVULSANTS

TOPIRAMATE

ST 25mg Tablet

02414600	ABBOTT-TOPIRAMATE	BGP
02351307	ACCEL-TOPIRAMATE	ACP
02279614	APO-TOPIRAMATE	APX
02345803	AURO-TOPIRAMATE	APL
02287765	CO TOPIRAMATE	COB
02271141	DOM-TOPIRAMATE	DPC
02315645	MINT-TOPIRAMATE	MIN
02263351	MYLAN-TOPIRAMATE	MYL
02248860	NOVO-TOPIRAMATE	TEV
02271184	PHL-TOPIRAMATE	PMI
02262991	PMS-TOPIRAMATE	PMS
02313650	PRO-TOPIRAMATE	PDL
02396076	RAN-TOPIRAMATE	RBY
02260050	SANDOZ-TOPIRAMATE	SDZ
02230893	TOPAMAX	JNO
02356856	TOPIRAMATE	SAN
02389460	TOPIRAMATE	SIV
02325136	ZYM-TOPIRAMATE	ZYM

ST 50mg Tablet

02312085	PMS-TOPIRAMATE	PMS

ST 100mg Tablet

02414619	ABBOTT-TOPIRAMATE	BGP
02351315	ACCEL-TOPIRAMATE	ACP
02279630	APO-TOPIRAMATE	APX
02345838	AURO-TOPIRAMATE	APL
02287773	CO TOPIRAMATE	COB
02271168	DOM-TOPIRAMATE	DPC
02315653	MINT-TOPIRAMATE	MIN
02263378	MYLAN-TOPIRAMATE	MYL
02248861	NOVO-TOPIRAMATE	TEV
02271192	PHL-TOPIRAMATE	PMI
02263009	PMS-TOPIRAMATE	PMS
02313669	PRO-TOPIRAMATE	PDL
02396084	RAN-TOPIRAMATE	RBY
02260069	SANDOZ-TOPIRAMATE	SDZ
02230894	TOPAMAX	JNO
02356864	TOPIRAMATE	SAN
02389487	TOPIRAMATE	SIV
02325144	ZYM-TOPIRAMATE	ZYM

28:12.92 MISCELLANEOUS ANTICONVULSANTS

TOPIRAMATE

[ST] 200mg Tablet

02414627	ABBOTT-TOPIRAMATE	BGP
02351323	ACCEL-TOPIRAMATE	ACP
02279649	APO-TOPIRAMATE	APX
02345846	AURO-TOPIRAMATE	APL
02287781	CO TOPIRAMATE	COB
02271176	DOM-TOPIRAMATE	DPC
02315661	MINT-TOPIRAMATE	MIN
02263386	MYLAN-TOPIRAMATE	MYL
02248862	NOVO-TOPIRAMATE	TEV
02271206	PHL-TOPIRAMATE	PMI
02263017	PMS-TOPIRAMATE	PMS
02313677	PRO-TOPIRAMATE	PDL
02396092	RAN-TOPIRAMATE	RBY
02267837	SANDOZ-TOPIRAMATE	SDZ
02230896	TOPAMAX	JNO
02356872	TOPIRAMATE	SAN
02325152	ZYM-TOPIRAMATE	ZYM

VALPROATE, SODIUM

[ST] 50mg/mL Syrup

02238370	APO-VALPROIC	APX
00443832	DEPAKENE	ABB
02238817	DOM-VALPROIC ACID	DPC
02236807	PMS-VALPROIC ACID	PMS

VALPROIC ACID

[ST] 250mg Capsule

02238048	APO-VALPROIC	APX
00443840	DEPAKENE	ABB
02231030	DOM-VALPROIC ACID	DPC
02184648	MYLAN-VALPROIC	MYL
02100630	NOVO-VALPROIC	TEV
02230768	PMS-VALPROIC ACID	PMS
02239714	SANDOZ-VALPROIC	SDZ

[ST] 500mg Enteric Coated Capsule

02231031	DOM-VALPROIC ACID	DPC
02218321	NOVO-VALPROIC	TEV
02260662	PHL-VALPROIC ACID	PHH
02229628	PMS-VALPROIC ACID	PMS

VIGABATRIN

[ST] 500mg Powder

02068036	SABRIL	OVA

[ST] 500mg Tablet

02065819	SABRIL	OVA

28:16.04 ANTIDEPRESSANTS

AMITRIPTYLINE HCL

[ST] 10mg Tablet

00370991	AMITRIPTYLINE	PRO
02403137	APO-AMITRIPTYLINE	APX
00335053	ELAVIL	AAP
02429861	MAR-AMITRIPTYLINE	MAR
00654523	PMS-AMITRIPTYLINE	PMS
02326043	TEVA-AMITRIPTYLINE	TEP

[ST] 25mg Tablet

00371009	AMITRIPTYLINE	PRO
02403145	APO-AMITRIPTYLINE	APX
00335061	ELAVIL	AAP
02429888	MAR-AMITRIPTYLINE	MAR
00654515	PMS-AMITRIPTYLINE	PMS
02326051	TEVA-AMITRIPTYLINE	TEP

[ST] 50mg Tablet

00456349	AMITRIPTYLINE	PDL
02403153	APO-AMITRIPTYLINE	APX
00335088	ELAVIL	AAP
00271152	LEVATE	VAE
02429896	MAR-AMITRIPTYLINE	MAR
02326078	TEVA-AMITRIPTYLINE	TEP

[ST] 75mg Tablet

02403161	APO-AMITRIPTYLINE	APX
00754129	ELAVIL	AAP
00405612	LEVATE	VAE
02429918	MAR-AMITRIPTYLINE	MAR

BUPROPION HCL (WELLBUTRIN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage of Wellbutrin XL and Bupropion SR is limited to 300 mg per day. (Note: this product will not be approved for coverage for smoking cessation).

[ST] 150mg Extended Release Tablet

02382075	MYLAN-BUPROPION XL	MYL
02275090	WELLBUTRIN XL	VAE

[ST] 300mg Extended Release Tablet

02382083	MYLAN-BUPROPION XL	MYL
02275104	WELLBUTRIN XL	VAE

[ST] 100mg Sustained Release Tablet

02331616	BUPROPION SR	PDL
02391562	BUPROPION SR	SAN
02325373	PMS-BUPROPION SR	PMS
02285657	RATIO-BUPROPION	RPH
02275074	SANDOZ-BUPROPION SR	SDZ

[ST] 150mg Sustained Release Tablet

02325357	BUPROPION SR	PDL
02391570	BUPROPION SR	SAN
02313421	PMS-BUPROPION SR	PMS
02285665	RATIO-BUPROPION	RPH
02275082	SANDOZ-BUPROPION SR	SDZ
02237825	WELLBUTRIN SR	VAE

28:16.04 ANTIDEPRESSANTS

BUPROPION HCL (ZYBAN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 180 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached the client is eligible again for coverage for bupropion HCl when one year has elapsed from the day the initial prescription was filled.

ST 150mg Sustained Release Tablet

02238441	ZYBAN	VAE

CITALOPRAM

ST 10mg Tablet

02414570	ABBOTT-CITALOPRAM	ABB
02355248	ACCEL-CITALOPRAM	ACP
02301822	CITALOPRAM	MEL
02325047	CITALOPRAM	PDL
02387948	CITALOPRAM	SIV
02430517	CITALOPRAM	JAP
02273055	DOM-CITALOPRAM	PMS
02421739	ECL-CITALOPRAM	ECL
02370085	JAMP-CITALOPRAM	JAP
02371871	MAR-CITALOPRAM	MAR
02370077	MINT-CITALOPRAM	MIN
02409003	NAT-CITALOPRAM	NPH
02273543	PHL-CITALOPRAM	PHH
02270609	PMS-CITALOPRAM	PMS
02303256	RIVA-CITALOPRAM	RIV
02312336	TEVA-CITALOPRAM	TEV

ST 20mg Tablet

02414589	ABBOTT-CITALOPRAM	ABB
02355256	ACCEL-CITALOPRAM	ACP
02246056	APO-CITALOPRAM	APX
02275562	AURO-CITALOPRAM	AUR
02239607	CELEXA	LUD
02257513	CITALOPRAM	PDL
02301830	CITALOPRAM	MEL
02306239	CITALOPRAM	ODN
02353660	CITALOPRAM	SAN
02387956	CITALOPRAM	SIV
02430541	CITALOPRAM	JAP
02248050	CO CITALOPRAM	COB
02248942	DOM-CITALOPRAM	DPC
02313405	JAMP-CITALOPRAM	JMP
02371898	MAR-CITALOPRAM	MAR
02304686	MINT-CITALOPRAM	MIN
02246594	MYLAN-CITALOPRAM	MYL
02409011	NAT-CITALOPRAM	NPH
02248944	PHL-CITALOPRAM	PHH
02248010	PMS-CITALOPRAM	PMS
02285622	RAN-CITALO	RBY
02303264	RIVA-CITALOPRAM	RIV
02248170	SANDOZ-CITALOPRAM	SDZ
02355272	SEPTA-CITALOPRAM	SPT
02293218	TEVA-CITALOPRAM	TEV

28:16.04 ANTIDEPRESSANTS

CITALOPRAM

ST 30mg Tablet

02296152	CTP 30	ORY

ST 40mg Tablet

02414597	ABBOTT-CITALOPRAM	ABB
02355264	ACCEL-CITALOPRAM	ACP
02246057	APO-CITALOPRAM	APX
02275570	AURO-CITALOPRAM	AUR
02239608	CELEXA	LUD
02257521	CITALOPRAM	PDL
02301849	CITALOPRAM	MEL
02306247	CITALOPRAM	ODN
02353679	CITALOPRAM	SAN
02387964	CITALOPRAM	SIV
02430568	CITALOPRAM	JAP
02248051	CO CITALOPRAM	COB
02248943	DOM-CITALOPRAM	DPC
02313413	JAMP-CITALOPRAM	JMP
02371901	MAR-CITALOPRAM	MAR
02304694	MINT-CITALOPRAM	MIN
02246595	MYLAN-CITALOPRAM	MYL
02409038	NAT-CITALOPRAM	NPH
02248945	PHL-CITALOPRAM	PHH
02248011	PMS-CITALOPRAM	PMS
02285630	RAN-CITALO	RBY
02249286	RIVA-CITALOPRAM	RIV
02303272	RIVA-CITALOPRAM	RIV
02248171	SANDOZ-CITALOPRAM	SDZ
02355280	SEPTA-CITALOPRAM	SPT
02293226	TEVA-CITALOPRAM	TEV

CLOMIPRAMINE HCL

ST 10mg Tablet

00330566	ANAFRANIL	ORY
02040786	APO-CLOMIPRAMINE	APX
02244816	CO CLOMIPRAMINE	COB
02230256	TEVA-CLOPAMINE	TEV

ST 25mg Tablet

00324019	ANAFRANIL	ORY
02040778	APO-CLOMIPRAMINE	APX
02244817	CO CLOMIPRAMINE	COB
02130165	TEVA-CLOPAMINE	TEV

ST 50mg Tablet

00402591	ANAFRANIL	ORY
02040751	APO-CLOMIPRAMINE	APX
02244818	CO CLOMIPRAMINE	COB
02130173	TEVA-CLOPAMINE	TEV

DESIPRAMINE HCL

ST 10mg Tablet

02216248	APO-DESIPRAMINE	APX
02223341	TEVA-DESIPRAMINE	TEV

ST 25mg Tablet

02216256	APO-DESIPRAMINE	APX
02130092	DOM-DESIPRAMINE	DPC
02223325	TEVA-DESIPRAMINE	TEV

28:16.04 ANTIDEPRESSANTS

DESIPRAMINE HCL

ST 50mg Tablet

02216264	APO-DESIPRAMINE	APX
02130106	DOM-DESIPRAMINE	DPC
01946277	PMS-DESIPRAMINE	PMS
02223333	TEVA-DESIPRAMINE	TEV

ST 75mg Tablet

02216272	APO-DESIPRAMINE	APX
01946242	PMS-DESIPRAMINE	PMS
02223368	TEVA-DESIPRAMINE	TEV

ST 100mg Tablet

02216280	APO-DESIPRAMINE	APX

DOXEPIN HCL

ST 10mg Capsule

02049996	APO-DOXEPIN	APX
00024325	SINEQUAN	ERF

ST 25mg Capsule

02050005	APO-DOXEPIN	APX
00024333	SINEQUAN	ERF

ST 50mg Capsule

02050013	APO-DOXEPIN	APX
00024341	SINEQUAN	ERF

ST 75mg Capsule

02050021	APO-DOXEPIN	APX
00400750	SINEQUAN	ERF

ST 100mg Capsule

02050048	APO-DOXEPIN	APX
00326925	SINEQUAN	ERF

DULOXETINE HCL

ST 30mg Sustained Release Capsule

02301482	CYMBALTA	LIL

ST 60mg Sustained Release Capsule

02301490	CYMBALTA	LIL

ESCITALOPRAM

ST 10mg Orally Disintegrating Tablet

02391449	CIPRALEX MELTZ	LUK

ST 20mg Orally Disintegrating Tablet

02391457	CIPRALEX MELTZ	LUK

28:16.04 ANTIDEPRESSANTS

ESCITALOPRAM

ST 10mg Tablet

02295016	APO-ESCITALOPRAM	APX
02397358	AURO-ESCITALOPRAM	AUR
02263238	CIPRALEX 10MG TAB	LUK
02313561	CO ESCITALOPRAM	CBT
02424401	ESCITALOPRAM	PDL
02430118	ESCITALOPRAM	SAN
02429780	JAMP-ESCITALOPRAM	JAP
02423480	MAR-ESCITALOPRAM	MAR
02309467	MYLAN-ESCITALOPRAM	MYL
02303949	PMS-ESCITALOPRAM	PMS
02426331	PRIVA-ESCITALOPRAM	PHA
02385481	RAN-ESCITALOPRAM	RBY
02428830	RIVA-ESCITALOPRAM	RIV
02364077	SANDOZ ESCITALOPRAM	SDZ
02318180	TEVA-ESCITALOPRAM	TEP

ST 20mg Tablet

02295024	APO-ESCITALOPRAM	APX
02397374	AURO-ESCITALOPRAM	AUR
02263254	CIPRALEX 20MG TAB	LUK
02313588	CO ESCITALOPRAM	CBT
02424428	ESCITALOPRAM	PDL
02430126	ESCITALOPRAM	SAN
02429799	JAMP-ESCITALOPRAM	JAP
02423502	MAR-ESCITALOPRAM	MAR
02309475	MYLAN-ESCITALOPRAM	MYL
02303965	PMS-ESCITALOPRAM	PMS
02426358	PRIVA-ESCITALOPRAM	PHA
02385503	RAN-ESCITALOPRAM	RBY
02428857	RIVA-ESCITALOPRAM	RIV
02364085	SANDOZ ESCITALOPRAM	SDZ
02318202	TEVA-ESCITALOPRAM	TEP

FLUOXETINE HCL

ST 10mg Capsule

02216353	APO-FLUOXETINE	APX
02242177	CO-FLUOXETINE	SCN
02177617	DOM-FLUOXETINE	DPC
02286068	FLUOXETINE	SAN
02374447	FLUOXETINE	SIV
02393441	FLUOXETINE	ACC
02401894	JAMP-FLUOXETINE	JAP
02392909	MAR-FLUOXETINE	MAR
02380560	MINT-FLUOXETINE	MIN
02237813	MYLAN-FLUOXETINE	MYL
02216582	NOVO-FLUOXETINE	TEV
02223481	PHL-FLUOXETINE	PHH
02177579	PMS-FLUOXETINE	PMS
02314991	PRO-FLUOXETINE	PDL
02018985	PROZAC	LIL
02405695	RAN-FLUOXETINE	RBY
02242123	RIVA-FLUOXETINE	RIV
02302659	ZYM-FLUOXETINE	ZYM

28:16.04 ANTIDEPRESSANTS

FLUOXETINE HCL

ST 20mg Capsule

02216361	APO-FLUOXETINE	APX
02242178	CO-FLUOXETINE	SCN
02177625	DOM-FLUOXETINE	DPC
02286076	FLUOXETINE	SAN
02374455	FLUOXETINE	SIV
02383241	FLUOXETINE	ACC
02386402	JAMP-FLUOXETINE	JAP
02392917	MAR-FLUOXETINE	MAR
02380579	MINT-FLUOXETINE	MIN
02237814	MYLAN-FLUOXETINE	MYL
02216590	NOVO-FLUOXETINE	TEV
02223503	PHL-FLUOXETINE	PHH
02177587	PMS-FLUOXETINE	PMS
02315009	PRO-FLUOXETINE	PDL
00636622	PROZAC	LIL
02405709	RAN-FLUOXETINE	RBY
02242124	RIVA-FLUOXETINE	RIV
02302667	ZYM-FLUOXETINE	ZYM

ST 4mg/mL Liquid

02231328	APO-FLUOXETINE	APX

FLUVOXAMINE MALEATE

ST 50mg Tablet

02231329	APO-FLUVOXAMINE	APX
02255529	CO FLUVOXAMINE	COB
02241347	DOM-FLUVOXAMINE	DPC
02236753	FLUVOXAMINE	PDL
01919342	LUVOX	ABB
02239953	NOVO-FLUVOXAMINE	TEV
02218453	RATIO-FLUVOXAMINE	RPH
02303345	RIVA-FLUVOX	RIV
02247054	SANDOZ-FLUVOXAMINE	SDZ

ST 100mg Tablet

02231330	APO-FLUVOXAMINE	APX
02255537	CO FLUVOXAMINE	COB
02241348	DOM-FLUVOXAMINE	DPC
02236754	FLUVOXAMINE	PDL
01919369	LUVOX	ABB
02239954	NOVO-FLUVOXAMINE	TEV
02218461	RATIO-FLUVOXAMINE	RPH
02303361	RIVA-FLUVOX	RIV
02247055	SANDOZ-FLUVOXAMINE	SDZ

IMIPRAMINE HCL

ST 10mg Tablet

00360201	IMIPRAMINE	AAP
00021504	NOVO-PRAMINE	TEV

ST 25mg Tablet

00312797	IMIPRAMINE	AAP

ST 50mg Tablet

00326852	IMIPRAMINE	AAP
00021520	NOVO-PRAMINE	TEV

ST 75mg Tablet

00644579	IMIPRAMINE	AAP

28:16.04 ANTIDEPRESSANTS

MAPROTILINE HCL

ST 25mg Tablet

02158612	NOVO-MAPROTILINE	TEV

ST 50mg Tablet

02158620	NOVO-MAPROTILINE	TEV

ST 75mg Tablet

02158639	NOVO-MAPROTILINE	TEV

MIRTAZAPINE

ST 15mg Orally Disintegrating Tablet

02299801	AURO-MIRTAZAPINE OD	AUR
02279894	NOVO-MIRTAZAPINE OD	TEV
02248542	REMERON RD	FRS

ST 30mg Orally Disintegrating Tablet

02299828	AURO-MIRTAZAPINE OD	AUR
02279908	NOVO-MIRTAZAPINE OD	TEV
02248543	REMERON RD	FRS

ST 45mg Orally Disintegrating Tablet

02299836	AURO-MIRTAZAPINE OD	AUR
02279916	NOVO-MIRTAZAPINE OD	TEV
02248544	REMERON RD	FRS

ST 15mg Tablet

02286610	APO-MIRTAZAPINE	APX
02411695	AURO-MIRTAZAPINE	AUR
02281732	MIRTAZAPINE	MEL
02256096	MYLAN-MIRTAZAPINE	MYL
02273942	PMS-MIRTAZAPINE	PMS
02312778	PRO-MIRTAZAPINE	PDL
02250594	SANDOZ-MIRTAZAPINE	SDZ
02325179	ZYM-MIRTAZAPINE	ZYM

ST 30mg Tablet

02286629	APO-MIRTAZAPINE	APX
02411709	AURO-MIRTAZAPINE	AUR
02274361	CO MIRTAZAPINE	COB
02252287	DOM-MIRTAZAPINE	DPC
02252279	MIRTAZAPINE	MEL
02370689	MIRTAZAPINE	SAN
02256118	MYLAN-MIRTAZAPINE	MYL
02259354	NOVO-MIRTAZAPINE	TEV
02248762	PMS-MIRTAZAPINE	PMS
02312786	PRO-MIRTAZAPINE	PDL
02270927	RATIO-MIRTAZAPINE	RPH
02243910	REMERON	FRS
02265265	RIVA-MIRTAZAPINE	RIV
02250608	SANDOZ-MIRTAZAPINE	SDZ
02325187	ZYM-MIRTAZAPINE	ZYM

ST 45mg Tablet

02286637	APO-MIRTAZAPINE	APX
02411717	AURO-MIRTAZAPINE	AUR
02256126	MYLAN-MIRTAZAPINE	MYL

MOCLOBEMIDE

ST 100mg Tablet

02232148	APO-MOCLOBEMIDE	APX
02239746	NOVO-MOCLOBEMIDE	TEV

28:16.04 ANTIDEPRESSANTS

MOCLOBEMIDE

ST 150mg Tablet

02232150	APO-MOCLOBEMIDE	APX
00899356	MANERIX	MAB
02239747	NOVO-MOCLOBEMIDE	TEV
02243218	PMS-MOCLOBEMIDE	PMS

ST 300mg Tablet

02240456	APO-MOCLOBEMIDE	APX
02166747	MANERIX	MAB
02239748	NOVO-MOCLOBEMIDE	TEV
02243219	PMS-MOCLOBEMIDE	PMS

NORTRIPTYLINE HCL

ST 10mg Capsule

02223511	APO-NORTRIPTYLINE	APX
00015229	AVENTYL	PHH
02178729	DOM-NORTRIPTYLINE	DPC
02229763	PDL-NORTRIPTYLINE	PDL

ST 25mg Capsule

02223538	APO-NORTRIPTYLINE	APX
00015237	AVENTYL	PHH
02178737	DOM-NORTRIPTYLINE	DPC
02229764	PDL-NORTRIPTYLINE	PDL

PAROXETINE HCL

ST 10mg Tablet

02240907	APO-PAROXETINE	APX
02383276	AURO-PAROXETINE	AUR
02262746	CO PAROXETINE	COB
02248447	DOM-PAROXETINE	DPC
02368862	JAMP-PAROXETINE	JAP
02411946	MAR-PAROXETINE	MAR
02421372	MINT-PAROXETINE	MIN
02248012	MYLAN-PAROXETINE	MYL
02248556	NOVO-PAROXETINE	TEV
02248450	PAROXETINE	MEL
02248913	PAROXETINE	PDL
02282844	PAROXETINE	SAN
02302012	PAROXETINE	SOR
02388227	PAROXETINE	SIV
02027887	PAXIL	GSK
02247750	PMS-PAROXETINE	PMS
02248559	RIVA-PAROXETINE	RIV
02269422	SANDOZ-PAROXETINE	SDZ

28:16.04 ANTIDEPRESSANTS

PAROXETINE HCL

ST 20mg Tablet

02240908	APO-PAROXETINE	APX
02383284	AURO-PAROXETINE	AUR
02262754	CO PAROXETINE	COB
02248448	DOM-PAROXETINE	DPC
02368870	JAMP-PAROXETINE	JAP
02411954	MAR-PAROXETINE	MAR
02421380	MINT-PAROXETINE	MIN
02248013	MYLAN-PAROXETINE	MYL
02248557	NOVO-PAROXETINE	TEV
02248451	PAROXETINE	MEL
02248914	PAROXETINE	PDL
02282852	PAROXETINE	SAN
02302020	PAROXETINE	SOR
02388235	PAROXETINE	SIV
01940481	PAXIL	GSK
02247751	PMS-PAROXETINE	PMS
02248560	RIVA-PAROXETINE	RIV
02254751	SANDOZ-PAROXETINE	SDZ
02269430	SANDOZ-PAROXETINE	SDZ

ST 30mg Tablet

02240909	APO-PAROXETINE	APX
02383292	AURO-PAROXETINE	AUR
02262762	CO PAROXETINE	COB
02248449	DOM-PAROXETINE	DPC
02368889	JAMP-PAROXETINE	JAP
02411962	MAR-PAROXETINE	MAR
02421399	MINT-PAROXETINE	MIN
02248014	MYLAN-PAROXETINE	MYL
02248558	NOVO-PAROXETINE	TEV
02248452	PAROXETINE	MEL
02248915	PAROXETINE	PDL
02282860	PAROXETINE	SAN
02302039	PAROXETINE	SOR
02388243	PAROXETINE	SIV
01940473	PAXIL	GSK
02247752	PMS-PAROXETINE	PMS
02248561	RIVA-PAROXETINE	RIV
02254778	SANDOZ-PAROXETINE	SDZ
02269449	SANDOZ-PAROXETINE	SDZ

ST 40mg Tablet

02293749	PMS-PAROXETINE	PMS

PHENELZINE SULFATE

ST 15mg Tablet

00476552	NARDIL	PFI

28:16.04 ANTIDEPRESSANTS

SERTRALINE

ST 25mg Capsule

02238280	APO-SERTRALINE	APX
02390906	AURO-SERTRALINE	AUR
02287390	CO SERTRALINE	COB
02245748	DOM-SERTRALINE	DPC
02273683	GD-SERTRALINE	PFI
02357143	JAMP-SERTRALINE	JAP
02399415	MAR-SERTRALINE	MAR
02402378	MINT-SERTRALINE	MIN
02242519	MYLAN-SERTRALINE	MYL
02240485	NOVO-SERTRALINE	TEV
02245824	PHL-SERTRALINE	PHH
02244838	PMS-SERTRALINE	PMS
02374552	RAN-SERTRALINE	RBY
02248496	RIVA-SERTRALINE	RIV
02245159	SANDOZ-SERTRALINE	SDZ
02303779	SERTRALINE	MEL
02353520	SERTRALINE	SAN
02386070	SERTRALINE	SIV
02241302	SERTRALINE-25	PDL
02132702	ZOLOFT	PFI

ST 50mg Capsule

02238281	APO-SERTRALINE	APX
02390914	AURO-SERTRALINE	AUR
02287404	CO SERTRALINE	COB
02245749	DOM-SERTRALINE	DPC
02273691	GD-SERTRALINE	PFI
02357151	JAMP-SERTRALINE	JAP
02399423	MAR-SERTRALINE	MAR
02402394	MINT-SERTRALINE	MIN
02242520	MYLAN-SERTRALINE	MYL
02240484	NOVO-SERTRALINE	TEV
02245825	PHL-SERTRALINE	PHH
02244839	PMS-SERTRALINE	PMS
02374560	RAN-SERTRALINE	RBY
02248497	RIVA-SERTRALINE	RIV
02245160	SANDOZ-SERTRALINE	SDZ
02303809	SERTRALINE	MEL
02353539	SERTRALINE	SAN
02386089	SERTRALINE	SIV
02241303	SERTRALINE-50	PDL
01962817	ZOLOFT	PFI

28:16.04 ANTIDEPRESSANTS

SERTRALINE

ST 100mg Capsule

02238282	APO-SERTRALINE	APX
02390922	AURO-SERTRALINE	AUR
02287412	CO SERTRALINE	COB
02245750	DOM-SERTRALINE	DPC
02273705	GD-SERTRALINE	PFI
02357178	JAMP-SERTRALINE	JAP
02399431	MAR-SERTRALINE	MAR
02402408	MINT-SERTRALINE	MIN
02242521	MYLAN-SERTRALINE	MYL
02240481	NOVO-SERTRALINE	TEV
02245826	PHL-SERTRALINE	PHH
02244840	PMS-SERTRALINE	PMS
02374579	RAN-SERTRALINE	RBY
02248498	RIVA-SERTRALINE	RIV
02245161	SANDOZ-SERTRALINE	SDZ
02303817	SERTRALINE	MEL
02353547	SERTRALINE	SAN
02386097	SERTRALINE	SIV
02241304	SERTRALINE-100	PDL
01962779	ZOLOFT	PFI

TRANYLCYPROMINE SULFATE

ST 10mg Tablet

01919598	PARNATE	GSK

TRAZODONE HCL

ST 50mg Tablet

02147637	APO-TRAZODONE	APX
02128950	DOM-TRAZODONE	DPC
02231683	MYLAN-TRAZODONE	MYL
02144263	NOVO-TRAZODONE	TEV
02236941	PHL-TRAZODONE	PHH
01937227	PMS-TRAZODONE	PMS
02164353	TRAZODONE	PDL
02348772	TRAZODONE	SAN
02230284	TRAZOREL	VAE

ST 75mg Tablet

02237339	PMS-TRAZODONE	PMS

ST 100mg Tablet

02147645	APO-TRAZODONE	APX
02128969	DOM-TRAZODONE	DPC
02231684	MYLAN-TRAZODONE	MYL
02144271	NOVO-TRAZODONE	TEV
02236942	PHL-TRAZODONE	PHH
01937235	PMS-TRAZODONE	PMS
02164361	TRAZODONE	PDL
02348780	TRAZODONE	SAN
02230285	TRAZOREL	VAE

ST 150mg Tablet

02147653	APO-TRAZODONE D	APX
02144298	NOVO-TRAZODONE	TEV
02165406	NU-TRAZODONE D	NXP
02164388	TRAZODONE	PDL
02348799	TRAZODONE	SAN

28:16.04 ANTIDEPRESSANTS

TRIMIPRAMINE MALEATE

ST 75mg Capsule

02070987	TRIMIPRAMINE	AAP

ST 12.5mg Tablet

00740799	TRIMIPRAMINE	AAP

ST 25mg Tablet

01940430	NOVO-TRIPRAMINE	TEV
00740802	TRIMIPRAMINE	AAP

ST 50mg Tablet

01940449	NOVO-TRIPRAMINE	TEV
00740810	TRIMIPRAMINE	AAP

ST 100mg Tablet

01940457	NOVO-TRIPRAMINE	TEV
00740829	TRIMIPRAMINE	AAP

VENLAFAXINE HCL

ST 37.5mg Sustained Release Capsule

02331683	APO-VENLAFAXINE XR	APX
02304317	CO VENLAFAXINE XR	COB
02237279	EFFEXOR XR	WAY
02360020	GD-VENLAFAXINE XR	PFI
02310279	MYLAN-VENLAFAXINE XR	MYL
02275023	NOVO-VENLAFAXINE XR	TEV
02278545	PMS-VENLAFAXINE XR	PMS
02380072	RAN-VENLAFAXINE XR	RBY
02307774	RIVA-VENLAFAXINE XR	RIV
02310317	SANDOZ VENLAFAXINE XR	SDZ
02339242	VENLAFAXINE XR	PDL
02354713	VENLAFAXINE XR	SAN
02385929	VENLAFAXINE XR	SIV

ST 75mg Sustained Release Capsule

02331691	APO-VENLAFAXINE XR	APX
02304325	CO VENLAFAXINE XR	COB
02299305	DOM-VENLAFAXINE XR	DOM
02237280	EFFEXOR XR	WAY
02360039	GD-VENLAFAXINE XR	PFI
02310287	MYLAN-VENLAFAXINE XR	MYL
02275031	NOVO-VENLAFAXINE XR	TEV
02278553	PMS-VENLAFAXINE XR	PMS
02380080	RAN-VENLAFAXINE XR	RBY
02307782	RIVA-VENLAFAXINE XR	RIV
02310325	SANDOZ VENLAFAXINE XR	SDZ
02339250	VENLAFAXINE XR	PDL
02354721	VENLAFAXINE XR	SAN
02385937	VENLAFAXINE XR	SIV

28:16.04 ANTIDEPRESSANTS

VENLAFAXINE HCL

ST 150mg Sustained Release Capsule

02331705	APO-VENLAFAXINE XR	APX
02304333	CO VENLAFAXINE XR	COB
02237282	EFFEXOR XR	WAY
02360047	GD-VENLAFAXINE XR	PFI
02310295	MYLAN-VENLAFAXINE XR	MYL
02275058	NOVO-VENLAFAXINE XR	TEV
02278561	PMS-VENLAFAXINE XR	PMS
02380099	RAN-VENLAFAXINE XR	RBY
02307790	RIVA-VENLAFAXINE XR	RIV
02310333	SANDOZ VENLAFAXINE XR	SDZ
02339269	VENLAFAXINE XR	PDL
02354748	VENLAFAXINE XR	SAN
02385945	VENLAFAXINE XR	SIV

28:16.08 ANTIPSYCHOTIC AGENTS

ARIPIPRAZOLE

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have
a. Intolerance or lack of response to an adequate trial of another antipsychotic agent; OR
b. A contraindication to another antipsychotic agent

ST 2mg Tablet

02322374	ABILIFY	BMS

ST 5mg Tablet

02322382	ABILIFY	BMS

ST 10mg Tablet

02322390	ABILIFY	

ST 15mg Tablet

02322404	ABILIFY	BMS

ST 20mg Tablet

02322412	ABILIFY	BMS

ST 30mg Tablet

02322455	ABILIFY	BMS

ASENAPINE

Limited use benefit (prior approval required).

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:

- Monotherapy, after a trial of lithium or divalproex sodium has failed or is contraindicated, and trials of two atypical antipsychotic agents have failed due to intolerance or lack of response

OR

- Co-therapy with lithium or divalproex sodium, after trials of two atypical antipsychotic agents have failed due to intolerance or lack of response.

ST 5mg Tablet

02374803	SAPHRIS	FRS

ST 10mg Tablet

02374811	SAPHRIS	FRS

28:16.08 ANTIPSYCHOTIC AGENTS

CHLORPROMAZINE

25mg/mL Injection

00743518	CHLORPROMAZINE HCL	SDZ

ST 25mg Tablet

00232823	TEVA-CHLORPROMAZINE	TEV

ST 50mg Tablet

00232807	TEVA-CHLORPROMAZINE	TEV

ST 100mg Tablet

00232831	TEVA-CHLORPROMAZINE	TEV

CLOZAPINE

ST 25mg Tablet

02248034	APO-CLOZAPINE	APX
00894737	CLOZARIL	NVR
02247243	GEN-CLOZAPINE	MYL

ST 50mg Tablet

02305003	GEN-CLOZAPINE	MYL

ST 100mg Tablet

02248035	APO-CLOZAPINE	APX
00894745	CLOZARIL	NVR
02247244	GEN-CLOZAPINE	MYL

ST 200mg Tablet

02305011	GEN-CLOZAPINE	MYL

FLUPENTHIXOL DECANOATE

20mg/mL Injection

02156032	FLUANXOL DEPOT	LUD

100mg/mL Injection

02156040	FLUANXOL DEPOT	LUD

FLUPENTHIXOL DIHYDROCHLORIDE

ST 0.5mg Tablet

02156008	FLUANXOL	LUD

ST 3mg Tablet

02156016	FLUANXOL	LUD

FLUPHENAZINE DECANOATE

25mg/mL Injection

02091275	PMS-FLUPHENAZINE	PMS

100mg/mL Injection

00755575	MODECATE	BMS
02241928	PMS-FLUPHENAZINE	PMS

FLUPHENAZINE HCL

ST 1mg Tablet

00405345	APO-FLUPHENAZINE	APX

ST 2mg Tablet

00410632	APO-FLUPHENAZINE	APX

ST 5mg Tablet

00405361	APO-FLUPHENAZINE	APX

HALOPERIDOL

5mg/mL Injection

00808652	HALOPERIDOL	SDZ
02366010	HALOPERIDOL	OMG

28:16.08 ANTIPSYCHOTIC AGENTS

HALOPERIDOL

2mg/mL Solution

00759503	PMS-HALOPERIDOL	PMS

ST 0.5mg Tablet

00396796	APO-HALOPERIDOL	APX
00363685	NOVO-PERIDOL	TEV

ST 1mg Tablet

00396818	APO-HALOPERIDOL	APX
00363677	NOVO-PERIDOL	TEV

ST 2mg Tablet

00363669	NOVO-PERIDOL	TEV

ST 5mg Tablet

00363650	NOVO-PERIDOL	TEV

ST 10mg Tablet

00463698	APO-HALOPERIDOL	APX
00713449	NOVO-PERIDOL	TEV

ST 20mg Tablet

00768820	NOVO-PERIDOL	TEV

HALOPERIDOL DECANOATE

50mg/mL Injection

02130297	HALOPERIDOL LA	SDZ
02230707	PMS-HALOPERIDOL LA	PMS

100mg/mL Injection

02130300	HALOPERIDOL LA	SDZ
02239640	HALOPERIDOL LA	OMG
02230708	PMS-HALOPERIDOL LA	PMS

LOXAPINE HCL

ST 25mg/mL Oral Liquid

02239101	XYLAC	MMT

LOXAPINE SUCCINATE

ST 2.5mg Tablet

02242868	XYLAC	MMT

ST 5mg Tablet

02239918	DOM-LOXAPINE	DPC
02236943	PHL-LOXAPINE	PHH
02230837	XYLAC	MMT

ST 10mg Tablet

02239919	DOM-LOXAPINE	DPC
02236944	PHL-LOXAPINE	PHH
02230838	XYLAC	MMT

ST 25mg Tablet

02239920	DOM-LOXAPINE	DPC
02236945	PHL-LOXAPINE	PHH
02230839	XYLAC	MMT

ST 50mg Tablet

02239921	DOM-LOXAPINE	DPC
02236946	PHL-LOXAPINE	PHH
02230840	XYLAC	MMT

METHOTRIMEPRAZINE

ST 2mg Tablet

02238403	APO-METHOPRAZINE	APX

28:16.08 ANTIPSYCHOTIC AGENTS

METHOTRIMEPRAZINE

[ST] 5mg Tablet

02238404	APO-METHOPRAZINE	APX
02232903	PMS-METHOTRIMEPRAZINE	PMS

[ST] 25mg Tablet

02238405	APO-METHOPRAZINE	APX
01964925	NOVO-MEPRAZINE	TEV

[ST] 50mg Tablet

02238406	APO-METHOPRAZINE	APX

OLANZAPINE

[ST] 5mg Orally Disintegrating Tablet

02360616	APO-OLANZAPINE ODT	APX
02327562	CO OLANZAPINE ODT	CBT
02406624	JAMP-OLANZAPINE ODT	JAP
02389088	MAR-OLANZAPINE ODT	MAR
02382709	MYLAN-OLANZAPINE ODT	MYL
02321343	NOVO-OLANZAPINE ODT	TEV
02338645	OLANZAPINE ODT	PDL
02343665	OLANZAPINE ODT	SIV
02352974	OLANZAPINE ODT	SAN
02303191	PMS-OLANZAPINE ODT	PMS
02414090	RAN-OLANZAPINE ODT	RBY
02327775	SANDOZ OLANZAPINE ODT	SDZ
02243086	ZYPREXA ZYDIS	LIL

[ST] 10mg Orally Disintegrating Tablet

02360624	APO-OLANZAPINE ODT	APX
02327570	CO OLANZAPINE ODT	CBT
02406632	JAMP-OLANZAPINE ODT	JAP
02389096	MAR-OLANZAPINE ODT	MAR
02382717	MYLAN-OLANZAPINE ODT	MYL
02321351	NOVO-OLANZAPINE ODT	TEV
02338653	OLANZAPINE ODT	PDL
02343673	OLANZAPINE ODT	SIV
02352982	OLANZAPINE ODT	SAN
02303205	PMS-OLANZAPINE ODT	PMS
02414104	RAN-OLANZAPINE ODT	RBY
02327783	SANDOZ OLANZAPINE ODT	SDZ
02243087	ZYPREXA ZYDIS	LIL

[ST] 15mg Orally Disintegrating Tablet

02281848	APO-OLANZAPINE	APX
02360632	APO-OLANZAPINE ODT	APX
02327589	CO OLANZAPINE ODT	CBT
02406640	JAMP-OLANZAPINE ODT	JAP
02389118	MAR-OLANZAPINE ODT	MAR
02382725	MYLAN-OLANZAPINE ODT	MYL
02321378	NOVO-OLANZAPINE ODT	TEV
02338661	OLANZAPINE ODT	PDL
02343681	OLANZAPINE ODT	SIV
02352990	OLANZAPINE ODT	SAN
02303213	PMS-OLANZAPINE ODT	PMS
02414112	RAN-OLANZAPINE ODT	RBY
02327791	SANDOZ OLANZAPINE ODT	SDZ
02243088	ZYPREXA ZYDIS	LIL

28:16.08 ANTIPSYCHOTIC AGENTS

OLANZAPINE

[ST] 2.5mg Tablet

02420538	ACCEL-OLANZAPINE	ACP
02281791	APO-OLANZAPINE	APX
02325659	CO OLANZAPINE	CBT
02421232	MAR-OLANZAPINE	MAR
02337878	MYLAN-OLANZAPINE	MYL
02276712	NOVO-OLANZAPINE	TEV
02311968	OLANZAPINE	PDL
02372819	OLANZAPINE	SAN
02385864	OLANZAPINE	SIV
02303116	PMS-OLANZAPINE	PMS
02403064	RAN-OLANZAPINE	RBY
02337126	RIVA-OLANZAPINE	RIV
02310341	SANDOZ-OLANZAPINE	SDZ
02229250	ZYPREXA	LIL

[ST] 5mg Tablet

02281805	APO-OLANZAPINE	APX
02325667	CO OLANZAPINE	CBT
02421240	MAR-OLANZAPINE	MAR
02337886	MYLAN-OLANZAPINE	MYL
02276720	NOVO-OLANZAPINE	TEV
02311976	OLANZAPINE	PDL
02372827	OLANZAPINE	SAN
02385872	OLANZAPINE	SIV
02303159	PMS-OLANZAPINE	PMS
02403072	RAN-OLANZAPINE	RBY
02337134	RIVA-OLANZAPINE	RIV
02310368	SANDOZ-OLANZAPINE	SDZ
02229269	ZYPREXA	LIL

[ST] 7.5mg Tablet

02281813	APO-OLANZAPINE	APX
02325675	CO OLANZAPINE	CBT
02421259	MAR-OLANZAPINE	MAR
02337894	MYLAN-OLANZAPINE	MYL
02276739	NOVO-OLANZAPINE	TEV
02311984	OLANZAPINE	PDL
02372835	OLANZAPINE	SAN
02385880	OLANZAPINE	SIV
02303167	PMS-OLANZAPINE	PMS
02403080	RAN-OLANZAPINE	RBY
02337142	RIVA-OLANZAPINE	RIV
02310376	SANDOZ-OLANZAPINE	SDZ
02229277	ZYPREXA	LIL

28:16.08 ANTIPSYCHOTIC AGENTS

OLANZAPINE

ST 10mg Tablet

02281821	APO-OLANZAPINE	APX
02325683	CO OLANZAPINE	CBT
02421267	MAR-OLANZAPINE	MAR
02337908	MYLAN-OLANZAPINE	MYL
02276747	NOVO-OLANZAPINE	TEV
02311992	OLANZAPINE	PDL
02372843	OLANZAPINE	SAN
02385899	OLANZAPINE	SIV
02303175	PMS-OLANZAPINE	PMS
02403099	RAN-OLANZAPINE	RBY
02337150	RIVA-OLANZAPINE	RIV
02310384	SANDOZ-OLANZAPINE	SDZ
02229285	ZYPREXA	LIL

ST 15mg Tablet

02325691	CO OLANZAPINE	CBT
02421275	MAR-OLANZAPINE	MAR
02337916	MYLAN-OLANZAPINE	MYL
02276755	NOVO-OLANZAPINE	TEV
02312018	OLANZAPINE	PDL
02372851	OLANZAPINE	SAN
02385902	OLANZAPINE	SIV
02303183	PMS-OLANZAPINE	PMS
02403102	RAN-OLANZAPINE	RBY
02337169	RIVA-OLANZAPINE	RIV
02310392	SANDOZ-OLANZAPINE	SDZ
02238850	ZYPREXA	LIL

PALIPERIDONE PALMITATE

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at
maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal
symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated
hospitalizations

50mg/0.5mL Injection

02354217	INVEGA SUSTENNA	JNO

75mg/0.75mL Injection

02354225	INVEGA SUSTENNA	JNO

100mg/mL Injection

02354233	INVEGA SUSTENNA	JNO

150mg/1.5mL Injection

02354241	INVEGA SUSTENNA	JNO

PERICYAZINE

ST 5mg Capsule

01926780	NEULEPTIL	ERF

28:16.08 ANTIPSYCHOTIC AGENTS

PERICYAZINE

ST 10mg Capsule

01926772	NEULEPTIL	ERF

ST 20mg Capsule

01926764	NEULEPTIL	ERF

ST 10mg/mL Drop

01926756	NEULEPTIL	ERF

PERPHENAZINE

ST 3.2mg/mL Liquid

00751898	PMS-PERPHENAZINE	PMS

ST 2mg Tablet

00335134	APO-PERPHENAZINE	APX

ST 4mg Tablet

00335126	APO-PERPHENAZINE	APX

ST 8mg Tablet

00335118	APO-PERPHENAZINE	APX

ST 16mg Tablet

00335096	APO-PERPHENAZINE	APX

PIMOZIDE

ST 2mg Tablet

02245432	APO-PIMOZIDE	APX
00313815	ORAP	PHH

ST 4mg Tablet

02245433	APO-PIMOZIDE	APX
00313823	ORAP	PHH

PROCHLORPERAZINE

5mg/mL Injection

00789747	PROCHLORPERAZINE	SDZ

10mg Suppository

00753688	PMS-PROCHLORPERAZINE	PMS
00789720	PROCHLORPERAZINE	SDZ

ST 5mg Tablet

00886440	APO-PROCHLORAZINE	APX
00753661	PMS-PROCHLORPERAZINE	PMS

ST 10mg Tablet

00886432	APO-PROCHLORAZINE	APX
00753637	PMS-PROCHLORPERAZINE	PMS

QUETIAPINE FUMARATE

ST 50mg Extended Release Tablet

02417359	QUETIAPINE XR	SIV
02417782	QUETIAPINE XR	PDL
02407671	SANDOZ QUETIAPINE XRT	SDZ
02300184	SEROQUEL XR	AZE
02395444	TEVA-QUETIAPINE XR	TEP

ST 150mg Extended Release Tablet

02417367	QUETIAPINE XR	SIV
02417790	QUETIAPINE XR	PDL
02407698	SANDOZ QUETIAPINE XRT	SDZ
02321513	SEROQUEL XR	AZE
02395452	TEVA-QUETIAPINE XR	TEP

28:16.08 ANTIPSYCHOTIC AGENTS

QUETIAPINE FUMARATE

ST 200mg Extended Release Tablet

02417375	QUETIAPINE XR	SIV
02417804	QUETIAPINE XR	PDL
02407701	SANDOZ QUETIAPINE XRT	SDZ
02300192	SEROQUEL XR	AZE
02395460	TEVA-QUETIAPINE XR	TEP

ST 300mg Extended Release Tablet

02417383	QUETIAPINE XR	SIV
02417812	QUETIAPINE XR	PDL
02407728	SANDOZ QUETIAPINE XRT	SDZ
02300206	SEROQUEL XR	AZE
02395479	TEVA-QUETIAPINE XR	TEP

ST 400mg Extended Release Tablet

02417391	QUETIAPINE XR	SIV
02417820	QUETIAPINE XR	PDL
02407736	SANDOZ QUETIAPINE XRT	SDZ
02300214	SEROQUEL XR	AZE
02395487	TEVA-QUETIAPINE XR	TEP

ST 25mg Tablet

02412977	ABBOTT-QUETIAPINE	BGP
02313901	APO-QUETIAPINE	APX
02390205	AURO-QUETIAPINE	AUR
02316080	CO QUETIAPINE	COB
02298996	DOM-QUETIAPINE	DOM
02330415	JAMP-QUETIAPINE	JMP
02399822	MAR-QUETIAPINE	MAR
02307804	MYLAN-QUETIAPINE	MYL
02284235	NOVO-QUETIAPINE	TEV
02299054	PHL-QUETIAPINE	PMI
02296551	PMS-QUETIAPINE	PMS
02317346	PRO-QUETIAPINE	PDL
02317893	QUETIAPINE	MEL
02353164	QUETIAPINE	SAN
02397099	RAN-QUETIAPINE	RBY
02311704	RATIO-QUETIAPINE	RPH
02316692	RIVA-QUETIAPINE	RIV
02313995	SANDOZ-QUETIAPINE	SDZ
02236951	SEROQUEL	AZC

ST 50mg Tablet

02361892	PMS-QUETIAPINE	VTH

28:16.08 ANTIPSYCHOTIC AGENTS

QUETIAPINE FUMARATE

ST 100mg Tablet

02412985	ABBOTT-QUETIAPINE	BGP
02313928	APO-QUETIAPINE	APX
02390213	AURO-QUETIAPINE	AUR
02316099	CO QUETIAPINE	COB
02299003	DOM-QUETIAPINE	DOM
02330423	JAMP-QUETIAPINE	JMP
02399830	MAR-QUETIAPINE	MAR
02307812	MYLAN-QUETIAPINE	MYL
02284243	NOVO-QUETIAPINE	TEV
02299062	PHL-QUETIAPINE	PMI
02296578	PMS-QUETIAPINE	PMS
02317354	PRO-QUETIAPINE	PDL
02317907	QUETIAPINE	MEL
02353172	QUETIAPINE	SAN
02397102	RAN-QUETIAPINE	RBY
02311712	RATIO-QUETIAPINE	RPH
02316706	RIVA-QUETIAPINE	RIV
02314002	SANDOZ-QUETIAPINE	SDZ
02236952	SEROQUEL	AZC

ST 150mg Tablet

02284251	NOVO-QUETIAPINE	TEV

ST 200mg Tablet

02412993	ABBOTT-QUETIAPINE	BGP
02313936	APO-QUETIAPINE	APX
02390248	AURO-QUETIAPINE	AUR
02316110	CO QUETIAPINE	COB
02299038	DOM-QUETIAPINE	DOM
02330458	JAMP-QUETIAPINE	JMP
02399849	MAR-QUETIAPINE	MAR
02307839	MYLAN-QUETIAPINE	MYL
02284278	NOVO-QUETIAPINE	TEV
02299089	PHL-QUETIAPINE	PMI
02296594	PMS-QUETIAPINE	PMS
02317362	PRO-QUETIAPINE	PDL
02317923	QUETIAPINE	MEL
02353199	QUETIAPINE	SAN
02397110	RAN-QUETIAPINE	RBY
02311747	RATIO-QUETIAPINE	RPH
02316722	RIVA-QUETIAPINE	RIV
02314010	SANDOZ-QUETIAPINE	SDZ
02236953	SEROQUEL	AZC

28:16.08 ANTIPSYCHOTIC AGENTS

QUETIAPINE FUMARATE

ST 300mg Tablet

02413000	ABBOTT-QUETIAPINE	BGP
02313944	APO-QUETIAPINE	APX
02390256	AURO-QUETIAPINE	AUR
02316129	CO QUETIAPINE	COB
02299046	DOM-QUETIAPINE	DOM
02330466	JAMP-QUETIAPINE	JMP
02399857	MAR-QUETIAPINE	MAR
02307847	MYLAN-QUETIAPINE	MYL
02284286	NOVO-QUETIAPINE	TEV
02299097	PHL-QUETIAPINE	PMI
02296608	PMS-QUETIAPINE	PMS
02317370	PRO-QUETIAPINE	PDL
02317931	QUETIAPINE	MEL
02353202	QUETIAPINE	SAN
02397129	RAN-QUETIAPINE	RBY
02316730	RIVA-QUETIAPINE	RIV
02314029	SANDOZ-QUETIAPINE	SDZ
02244107	SEROQUEL	AZC

RISPERIDONE

ST 0.5mg Orally Disintegrating Tablet

02413485	MYLAN-RISPERIDONE ODT	MYL
02247704	RISPERDAL-M	JNO

ST 1mg Orally Disintegrating Tablet

02413493	MYLAN-RISPERIDONE ODT	MYL
02291789	PMS-RISPERIDONE ODT	PMS
02247705	RISPERDAL-M	JNO

ST 2mg Orally Disintegrating Tablet

02413507	MYLAN-RISPERIDONE ODT	MYL
02291797	PMS-RISPERIDONE ODT	PMS
02247706	RISPERDAL-M	JNO

ST 3mg Orally Disintegrating Tablet

02413515	MYLAN-RISPERIDONE ODT	MYL
02370697	PMS-RISPERIDONE ODT	PMS
02268086	RISPERDAL-M	JNO

ST 4mg Orally Disintegrating Tablet

02413523	MYLAN-RISPERIDONE ODT	MYL
02370700	PMS-RISPERIDONE ODT	PMS
02268094	RISPERDAL-M	JNO

ST 1mg/mL Solution

02280396	APO-RISPERIDONE	APX
02279266	PMS-RISPERIDONE	PMS
02236950	RISPERDAL	JNO

28:16.08 ANTIPSYCHOTIC AGENTS

RISPERIDONE

ST 0.25mg Tablet

02282119	APO-RISPERIDONE	APX
02282585	CO RISPERIDONE	COB
02359529	JAMP-RISPERIDONE	JAP
02371766	MAR-RISPERIDONE	MAR
02359790	MINT-RISPERIDONE	MIN
02282240	MYLAN-RISPERIDONE	MYL
02282690	NOVO-RISPERIDONE	TEV
02258439	PHL-RISPERIDONE	PMI
02252007	PMS-RISPERIDONE	PMS
02312700	PRO-RISPERIDONE	PDL
02264757	RATIO-RISPERIDONE	RPH
02328305	RBX-RISPERIDONE	RBY
02240551	RISPERDAL	JNO
02303485	RISPERIDONE	MEL
02356880	RISPERIDONE	SAN
02283565	RIVA-RISPERIDONE	RIV
02303655	SANDOZ RISPERIDONE	SDZ

ST 0.5mg Tablet

02282127	APO-RISPERIDONE	APX
02282593	CO RISPERIDONE	COB
02359537	JAMP-RISPERIDONE	JAP
02371774	MAR-RISPERIDONE	MAR
02359804	MINT-RISPERIDONE	MIN
02282259	MYLAN-RISPERIDONE	MYL
02264188	NOVO-RISPERIDONE	TEV
02258447	PHL-RISPERIDONE	PMI
02252015	PMS-RISPERIDONE	PMS
02312719	PRO-RISPERIDONE	PDL
02264765	RATIO-RISPERIDONE	RPH
02328313	RBX-RISPERIDONE	RBY
02240552	RISPERDAL	JNO
02303493	RISPERIDONE	MEL
02356899	RISPERIDONE	SAN
02283573	RIVA-RISPERIDONE	RIV
02303663	SANDOZ RISPERIDONE	SDZ

ST 1mg Tablet

02282135	APO-RISPERIDONE	APX
02282607	CO RISPERIDONE	COB
02359545	JAMP-RISPERIDONE	JAP
02371782	MAR-RISPERIDONE	MAR
02359812	MINT-RISPERIDONE	MIN
02282267	MYLAN-RISPERIDONE	MYL
02264196	NOVO-RISPERIDONE	TEV
02258455	PHL-RISPERIDONE	PMI
02252023	PMS-RISPERIDONE	PMS
02312727	PRO-RISPERIDONE	PDL
02264773	RATIO-RISPERIDONE	RPH
02328321	RBX-RISPERIDONE	RBY
02025280	RISPERDAL	JNO
02303507	RISPERIDONE	MEL
02356902	RISPERIDONE	SAN
02283581	RIVA-RISPERIDONE	RIV
02279800	SANDOZ-RISPERIDONE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS

RISPERIDONE

[ST] 2mg Tablet

02282143	APO-RISPERIDONE	APX
02282615	CO RISPERIDONE	COB
02359553	JAMP-RISPERIDONE	JAP
02371790	MAR-RISPERIDONE	MAR
02359820	MINT-RISPERIDONE	MIN
02282275	MYLAN-RISPERIDONE	MYL
02264218	NOVO-RISPERIDONE	TEV
02258463	PHL-RISPERIDONE	PMI
02252031	PMS-RISPERIDONE	PMS
02312735	PRO-RISPERIDONE	PDL
02264781	RATIO-RISPERIDONE	RPH
02328348	RBX-RISPERIDONE	RBY
02025299	RISPERDAL	JNO
02303515	RISPERIDONE	MEL
02356910	RISPERIDONE	SAN
02283603	RIVA-RISPERIDONE	RIV
02279819	SANDOZ-RISPERIDONE	SDZ

[ST] 3mg Tablet

02282151	APO-RISPERIDONE	APX
02282623	CO RISPERIDONE	COB
02359561	JAMP-RISPERIDONE	JAP
02371804	MAR-RISPERIDONE	MAR
02359839	MINT-RISPERIDONE	MIN
02282283	MYLAN-RISPERIDONE	MYL
02264226	NOVO-RISPERIDONE	TEV
02258471	PHL-RISPERIDONE	PMI
02252058	PMS-RISPERIDONE	PMS
02312743	PRO-RISPERIDONE	PDL
02264803	RATIO-RISPERIDONE	RPH
02328364	RBX-RISPERIDONE	RBY
02025302	RISPERDAL	JNO
02303523	RISPERIDONE	MEL
02356929	RISPERIDONE	SAN
02283611	RIVA-RISPERIDONE	RIV
02279827	SANDOZ-RISPERIDONE	SDZ

[ST] 4mg Tablet

02282178	APO-RISPERIDONE	APX
02282631	CO RISPERIDONE	COB
02359588	JAMP-RISPERIDONE	JAP
02371812	MAR-RISPERIDONE	MAR
02359847	MINT-RISPERIDONE	MIN
02282291	MYLAN-RISPERIDONE	MYL
02264234	NOVO-RISPERIDONE	TEV
02258498	PHL-RISPERIDONE	PMI
02252066	PMS-RISPERIDONE	PMS
02312751	PRO-RISPERIDONE	PDL
02264811	RATIO-RISPERIDONE	RPH
02328372	RBX-RISPERIDONE	RBY
02025310	RISPERDAL	JNO
02303531	RISPERIDONE	MEL
02356937	RISPERIDONE	SAN
02283638	RIVA-RISPERIDONE	RIV
02279835	SANDOZ-RISPERIDONE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS

RISPERIDONE (CONSTA)

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at
maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal
symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated
hospitalizations

12.5mg Injection

02298465	RISPERDAL CONSTA	JNO

25mg Injection

02255707	RISPERDAL CONSTA	JNO

37.5mg Injection

02255723	RISPERDAL CONSTA	JNO

50mg Injection

02255758	RISPERDAL CONSTA	JNO

THIOPROPERAZINE MESYLATE

[ST] 10mg Tablet

01927639	MAJEPTIL	ERF

THIOTHIXENE

[ST] 2mg Capsule

00024430	NAVANE	ERF

[ST] 5mg Capsule

00024449	NAVANE	ERF

[ST] 10mg Capsule

00024457	NAVANE	ERF

TRIFLUOPERAZINE HCL

[ST] 10mg/mL Liquid

00751871	PMS-TRIFLUOPERAZINE	PMS

[ST] 1mg Tablet

00345539	TRIFLUOPERAZINE	AAP

[ST] 2mg Tablet

00312754	TRIFLUOPERAZINE	AAP

[ST] 5mg Tablet

00312746	TRIFLUOPERAZINE	AAP

[ST] 10mg Tablet

00326836	TRIFLUOPERAZINE	AAP

[ST] 20mg Tablet

00595942	TRIFLUOPERAZINE	AAP

ZIPRASIDONE HCL MONOHYDRATE

[ST] 20MG Capsule

02298597	ZELDOX	PFI

[ST] 40MG Capsule

02298600	ZELDOX	PFI

28:16.08 ANTIPSYCHOTIC AGENTS

ZIPRASIDONE HCL MONOHYDRATE

ST **60mg Capsule**

02298619	ZELDOX	PFI

ST **80mg Capsule**

02298627	ZELDOX	PFI

ZUCLOPENTHIXOL DIHYDROCHLORIDE

50mg/mL Injection

02230405	CLOPIXOL ACUPHASE	LUK

200mg/mL Injection

02230406	CLOPIXOL DEPOT	LUK

ST **10mg Tablet**

02230402	CLOPIXOL	LUK

ST **25mg Tablet**

02230403	CLOPIXOL	LUK

28:20.04 AMPHETAMINES

DEXTROAMPHETAMINE SULFATE

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

ST **10mg Sustained Release Capsule**

01924559	DEXEDRINE SPANSULE	GSK

ST **15mg Sustained Release Capsule**

01924567	DEXEDRINE SPANSULE	GSK

ST **5mg Tablet**

01924516	DEXEDRINE	GSK

LISDEXAMFETAMINE DIMESYLATE

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

ST **20mg Capsule**

02347156	VYVANSE	SHI

ST **30mg Capsule**

02322951	VYVANSE	SHI

28:20.04 AMPHETAMINES

LISDEXAMFETAMINE DIMESYLATE

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

ST **40mg Capsule**

02347164	VYVANSE	SHI

ST **50mg Capsule**

02322978	VYVANSE	SHI

ST **60mg Capsule**

02347172	VYVANSE	SHI

28:20.32

METHYLPHENIDATE HCL

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

ST **18mg Sustained Release Tablet**

02413728	PMS-METHYLPHENIDATE ER	PMS

ST **27mg Sustained Release Tablet**

02413736	PMS-METHYLPHENIDATE ER	PMS

ST **36mg Sustained Release Tablet**

02413744	PMS-METHYLPHENIDATE ER	PMS

ST **54mg Sustained Release Tablet**

02413752	PMS-METHYLPHENIDATE ER	PMS

28:20.80

MODAFINIL

ST **100mg Tablet**

02239665	ALERTEC	DPY
02432560	MAR-MODAFINIL	MAR
02285398	MODAFINIL	AAP
02420260	TEVA-MODAFINIL	TEP

28:20.92 MISC ANOREXIGENIC AGENTS & RESPIRATORY & CEREBRAL STIMULANT

METHYLPHENIDATE HCL

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

ST 18mg Extended Release Tablet

02247732	CONCERTA	JNO
02315068	NOVO-METHYLPHENIDATE ER	TEV

ST 27mg Extended Release Tablet

02250241	CONCERTA	JNO
02315076	NOVO-METHYLPHENIDATE ER	TEV

ST 36mg Extended Release Tablet

02247733	CONCERTA	JNO
02315084	NOVO-METHYLPHENIDATE ER	TEV

ST 54mg Extended Release Tablet

02330377	APO-METHYLPHENIDATE ER	APX
02247734	CONCERTA	JNO
02315092	NOVO-METHYLPHENIDATE ER	TEV

ST 20mg Sustained Release Tablet

02266687	APO-METHYLPHENIDATE SR	APX
02320312	SANDOZ-METHYLPHENIDATE SR	SDZ

ST 5mg Tablet

02273950	APO-METHYLPHENIDATE	APX
02326221	METHYLPHENIDATE	PDL
02234749	PMS-METHYLPHENIDATE	PMS

ST 10mg Tablet

02249324	APO-METHYLPHENIDATE	APX
02326248	METHYLPHENIDATE	PDL
00584991	PMS-METHYLPHENIDATE	PMS

ST 20mg Tablet

02249332	APO-METHYLPHENIDATE	APX
02326256	METHYLPHENIDATE	PDL
00585009	PMS-METHYLPHENIDATE	PMS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

ALPRAZOLAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 0.25mg Tablet

01908189	ALPRAZOLAM	PDL
02349191	ALPRAZOLAM	SAN
00865397	APO-ALPRAZ	APX
02400111	JAMP-ALPRAZOLAM	JAP
02137534	MYLAN-ALPRAZOLAM	MYL
02404877	RIVA-ALPRAZOLAM	RIV
01913484	TEVA-ALPRAZOL	TEV
00548359	XANAX	PFI

ST 0.5mg Tablet

01908170	ALPRAZOLAM	PDL
02349205	ALPRAZOLAM	SAN
00865400	APO-ALPRAZ	APX
02400138	JAMP-ALPRAZOLAM	JAP
02137542	MYLAN-ALPRAZOLAM	MYL
02404885	RIVA-ALPRAZOLAM	RIV
01913492	TEVA-ALPRAZOL	TEV
00548367	XANAX	PFI

ST 1mg Tablet

02248706	ALPRAZOLAM	PDL
02243611	APO-ALPRAZ	APX
02400146	JAMP-ALPRAZOLAM	JAP
02229813	MYLAN-ALPRAZOLAM	MYL
02404893	RIVA-ALPRAZOLAM	RIV
00723770	XANAX	PFI

ST 2mg Tablet

02243612	APO-ALPRAZ	APX
02400154	JAMP-ALPRAZOLAM	JAP
02229814	MYLAN-ALPRAZOLAM	MYL
00813958	XANAX TS	PFI

BROMAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 1.5mg Tablet

02177153	APO-BROMAZEPAM	APX

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

BROMAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 3mg Tablet

02177161	APO-BROMAZEPAM	APX
02220520	BROMAZEPAM	PDL
00518123	LECTOPAM	HLR
02230584	TEVA-BROMAZEPAM	TEV

ST 6mg Tablet

02177188	APO-BROMAZEPAM	APX
02220539	BROMAZEPAM	PDL
00518131	LECTOPAM	HLR
02230585	TEVA-BROMAZEPAM	TEV

CLOBAZAM

ST 10mg Tablet

02244638	APO-CLOBAZAM	APX
02248454	CLOBAZAM	PDL
02247230	DOM-CLOBAZAM	DPC
02221799	FRISIUM	PED
02244474	PMS-CLOBAZAM	PMS
02238334	TEVA-CLOBAZAM	TEV

DIAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 1mg/mL Oral Solution

00891797	PMS-DIAZEPAM	PMS

ST 2mg Tablet

00405329	APO-DIAZEPAM	APX
00434396	DIAZEPAM	PDL
02247490	PMS-DIAZEPAM	PMS

ST 5mg Tablet

00362158	APO-DIAZEPAM	APX
00313580	DIAZEPAM	PRO
02247491	PMS-DIAZEPAM	PMS
00013285	VALIUM	HLR

ST 10mg Tablet

00405337	APO-DIAZEPAM	APX
00434388	DIAZEPAM	PDL
02247492	PMS-DIAZEPAM	PMS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

LORAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 0.5mg Tablet

00655740	APO-LORAZEPAM	APX
02410745	APO-LORAZEPAM SL	APX
02041413	ATIVAN	WAY
02041456	ATIVAN SUBLINGUAL	WAY
02245784	DOM-LORAZEPAM	DPC
02351072	LORAZEPAM	SAN
00711101	NOVO-LORAZEM	TEV
00728187	PMS-LORAZEPAM	PMS
00655643	PRO-LORAZEPAM	PDL

ST 1mg Tablet

00655759	APO-LORAZEPAM	APX
02410753	APO-LORAZEPAM SL	APX
02041421	ATIVAN	WAY
02041464	ATIVAN SUBLINGUAL	WAY
02245785	DOM-LORAZEPAM	DPC
02351080	LORAZEPAM	SAN
00637742	NOVO-LORAZEM	TEV
00728195	PMS-LORAZEPAM	PMS
00655651	PRO-LORAZEPAM	PDL

ST 2mg Tablet

00655767	APO-LORAZEPAM	APX
02410761	APO-LORAZEPAM SL	APX
02041448	ATIVAN	WAY
02041472	ATIVAN SUBLINGUAL	WAY
02245786	DOM-LORAZEPAM	DPC
02351099	LORAZEPAM	SAN
00637750	NOVO-LORAZEM	TEV
00728209	PMS-LORAZEPAM	PMS
00655678	PRO-LORAZEPAM	PDL

NITRAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 5mg Tablet

00511528	MOGADON	ICN

ST 10mg Tablet

00511536	MOGADON	VAE

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

OXAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 10mg Tablet

00402680	APO-OXAZEPAM	APX
00497754	OXAZEPAM	PDL
00414247	OXPAM	BMI
00568392	RIVA OXAZEPAM	RIV

ST 15mg Tablet

00402745	APO-OXAZEPAM	APX
00497762	OXAZEPAM	PDL
00568406	RIVA OXAZEPAM	RIV

ST 30mg Tablet

00402737	APO-OXAZEPAM	APX
00497770	OXAZEPAM	PDL
00414263	OXPAM	BMI
00568414	RIVA OXAZEPAM	RIV

TEMAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 15mg Capsule

02225964	APO-TEMAZEPAM	APX
02244814	CO TEMAZEPAM	COB
02229756	DOM-TEMAZEPAM	DPC
02230095	NOVO-TEMAZEPAM	TEV
02243023	RATIO-TEMAZEPAM	RPH
00604453	RESTORIL	ORY
02229760	TEMAZEPAM	PDL

ST 30mg Capsule

02225972	APO-TEMAZEPAM	APX
02244815	CO TEMAZEPAM	COB
02229758	DOM-TEMAZEPAM	DPC
02230102	NOVO-TEMAZEPAM	TEV
02243024	RATIO-TEMAZEPAM	RPH
00604461	RESTORIL	ORY
02229761	TEMAZEPAM	PDL

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

TRIAZOLAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

ST 0.125mg Tablet

00808563	APO-TRIAZO	APX

ST 0.25mg Tablet

00808571	APO-TRIAZO	APX

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

HYDROXYZINE HCL

ST 10mg Capsule

00646059	APO-HYDROXYZINE	APX
00739618	HYDROXYZINE	PDL
00738824	NOVO-HYDROXYZIN	TEV
02241192	RIVA-HYDROXYZIN	RIV

ST 25mg Capsule

00646024	APO-HYDROXYZINE	APX
00739626	HYDROXYZINE	PDL
00738832	NOVO-HYDROXYZIN	TEV
02241193	RIVA-HYDROXYZIN	RIV

ST 50mg Capsule

00646016	APO-HYDROXYZINE	APX
00739634	HYDROXYZINE	PDL
00738840	NOVO-HYDROXYZIN	TEV
02241194	RIVA-HYDROXYZIN	RIV

ST 2mg/mL Syrup

00024694	ATARAX	ERF
00741817	PMS-HYDROXYZINE	PMS

28:28.00 ANTIMANIC AGENTS

LITHIUM CARBONATE

ST 150mg Capsule

02242837	APO-LITHIUM CARB	APX
09857532	APO-LITHIUM CARBONATE	APX
02013231	LITHANE	ERF
02216132	PMS-LITHIUM CARBONATE	PMS

ST 300mg Capsule

02242838	APO-LITHIUM CARB	APX
09857540	APO-LITHIUM CARBONATE	APX
00236683	CARBOLITH	VAE
00406775	LITHANE	ERF
02216140	PMS-LITHIUM CARBONATE	PMS

ST 600mg Capsule

02011239	CARBOLITH	VAE
02216159	PMS-LITHIUM CARBONATE	PMS

28:28.00 ANTIMANIC AGENTS

LITHIUM CITRATE

[ST] 60mg/mL Syrup

02074834	PMS-LITHIUM CITRATE	PMS

28:32.28 SELECTIVE SEROTONIN AGONISTS

ALMOTRIPTAN MALATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

6.25MG Tablet

02405792	APO-ALMOTRIPTAN	APX
02248128	AXERT	MCL
02398435	MYLAN-ALMOTRIPTAN	MYL

12.5MG Tablet

02424029	ALMOTRIPTAN	PDL
02405806	APO-ALMOTRIPTAN	APX
02248129	AXERT	MCL
02398443	MYLAN-ALMOTRIPTAN	MYL
02405334	SANDOZ ALMOTRIPTAN	SDZ

NARATRIPTAN HCL

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

1mg Tablet

02237820	AMERGE	GSK
02314290	NOVO-NARATRIPTAN	TEV

2.5mg Tablet

02237821	AMERGE	GSK
02314304	NOVO-NARATRIPTAN	TEV
02322323	SANDOZ NARATRIPTAN	SDZ

RIZATRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

5mg Orally Disintegrating Tablet

02393484	APO-RIZATRIPTAN RPD	APX
02374730	CO-RIZATRIPTAN ODT	ATP
02379198	MYLAN-RIZATRIPTAN ODT	MYL
02393360	PMS-RIZATRIPTAN RDT	PMS
02423456	RIVA-RIZATRIPTAN ODT	RIV
02415798	RIZATRIPTAN RDT	PDL
02351870	SANDOZ RIZATRIPTAN ODT	SDZ
02396661	TEVA-RIZATRIPTAN RDT	TEP

28:32.28 SELECTIVE SEROTONIN AGONISTS

RIZATRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

10mg Orally Disintegrating Tablet

02393492	APO-RIZATRIPTAN RPD	APX
02374749	CO-RIZATRIPTAN ODT	ATP
02396203	DOM-RIZATRIPTAN RDT	DOM
02379201	MYLAN-RIZATRIPTAN ODT	MYL
02393379	PMS-RIZATRIPTAN RDT	PMS
02423464	RIVA-RIZATRIPTAN ODT	RIV
02415801	RIZATRIPTAN RDT	PDL
02351889	SANDOZ RIZATRIPTAN ODT	SDZ
02396688	TEVA-RIZATRIPTAN RDT	TEP

5mg Tablet

02393468	APO-RIZATRIPTAN	APX
02380455	JAMP-RIZATRIPTAN	JAP
02429233	JAMP-RIZATRIPTAN IR	JAP
02379651	MAR-RIZATRIPTAN	MAR

10mg Tablet

02393476	APO-RIZATRIPTAN	APX
02381702	CO RIZATRIPTAN	ATP
02380463	JAMP-RIZATRIPTAN	JAP
02429241	JAMP-RIZATRIPTAN IR	JAP
02379678	MAR-RIZATRIPTAN	MAR
02240521	MAXALT	FRS

5mg Wafer

02240518	MAXALT RPD	FRS

10mg Wafer

02240519	MAXALT RPD	FRS

SUMATRIPTAN HEMISULFATE

5mg Nasal Spray

02230418	IMITREX	GSK

20mg Nasal Spray

02230420	IMITREX	GSK

SUMATRIPTAN SUCCINATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

12mg/mL Injection

02212188	IMITREX	GSK
02361698	TARO-SUMATRIPTAN	TAR

25mg Tablet

02257882	CO SUMATRIPTAN	COB
02270749	DOM-SUMATRIPTAN	DPC
02268906	MYLAN-SUMATRIPTAN	MYL
02286815	NOVO-SUMATRIPTAN DF	TEV
02256428	PMS-SUMATRIPTAN	PMS
02286513	SUMATRIPTAN	SAN

28:32.28 SELECTIVE SEROTONIN AGONISTS

SUMATRIPTAN SUCCINATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

50mg Tablet

02268388	APO-SUMATRIPTAN	APX
02257890	CO SUMATRIPTAN	COB
02270757	DOM-SUMATRIPTAN	DPC
02212153	IMITREX DF	GSK
02268914	MYLAN-SUMATRIPTAN	MYL
02286823	NOVO-SUMATRIPTAN DF	TEV
02256436	PMS-SUMATRIPTAN	PMS
02263025	SANDOZ-SUMATRIPTAN	SDZ
02286521	SUMATRIPTAN	SAN
02324652	SUMATRIPTAN	PDL
02385570	SUMATRIPTAN DF	SIV

100mg Tablet

02268396	APO-SUMATRIPTAN	APX
02257904	CO SUMATRIPTAN	COB
02270765	DOM-SUMATRIPTAN	DPC
02212161	IMITREX DF	GSK
02268922	MYLAN-SUMATRIPTAN	MYL
02239367	NOVO-SUMATRIPTAN	TEV
02286831	NOVO-SUMATRIPTAN DF	TEV
02256444	PMS-SUMATRIPTAN	PMS
02263033	SANDOZ-SUMATRIPTAN	SDZ
02286548	SUMATRIPTAN	SAN
02324660	SUMATRIPTAN	PDL
02385589	SUMATRIPTAN DF	SIV

ZOLMITRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

2.5mg Orally Disintegrating Tablet

02381575	APO-ZOLMITRIPTAN RAPID	APX
02428237	JAMP-ZOLMITRIPTAN ODT	JAP
02419513	MINT-ZOLMITRIPTAN ODT	MIN
02387158	MYLAN-ZOLMITRIPTAN ODT	MYL
02324768	PMS-ZOLMITRIPTAN ODT	PMS
02362996	SANDOZ ZOLMITRIPTAN ODT	SDZ
02428474	SEPTA-ZOLMITRIPTAN-ODT	SPT
02342545	TEVA-ZOLMITRIPTAN OD	TEP
02379988	ZOLMITRIPTAN ODT	PDL
02243045	ZOMIG RAPIMELT	AZC

28:32.28 SELECTIVE SEROTONIN AGONISTS

ZOLMITRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

2.5mg Tablet

02380951	APO-ZOLMITRIPTAN	APX
02389525	DOM-ZOLMITRIPTAN	DOM
02421623	JAMP-ZOLMITRIPTAN	JAP
02399458	MAR-ZOLMITRIPTAN	MAR
02419521	MINT-ZOLMITRIPTAN	MIN
02369036	MYLAN ZOLMITRIPTAN	MYL
02324229	PMS-ZOLMITRIPTAN	PMS
02401304	RIVA-ZOLMITRIPTAN	RIV
02362988	SANDOZ ZOLMITRIPTAN	SDZ
02313960	TEVA-ZOLMITRIPTAN	TEP
02379929	ZOLMITRIPTAN	PDL
02238660	ZOMIG	AZC

28:32.92 MISCELLANEOUS ANTIMIGRANE AGENTS

FLUNARIZINE HCL

5mg Capsule

02246082	FLUNARIZINE	AAP

PIZOTYLINE HYDROGEN MALATE

0.5mg Tablet

00329320	SANDOMIGRAN	PED

1mg Tablet

00511552	SANDOMIGRAN DS	PED

28:36.08 ANTIPARKINSONIAN AGENTS - ANTICHOLINERGIC AGENTS

BENZTROPINE MESYLATE

1mg/mL Injection

02238903	BENZTROPINE OMEGA	OMG

1mg Tablet

00706531	PMS-BENZTROPINE	PMS

2mg Tablet

00426857	APO-BENZTROPINE	APX
00587265	PMS-BENZTROPINE	PMS

ETHOPROPAZINE HCL

50mg Tablet

01927744	PARSITAN	ERF

PROCYCLIDINE HCL

0.5mg/mL Elixir

00587362	PMS-PROCYCLIDINE	PMS

2.5mg Tablet

00649392	PMS-PROCYCLIDINE	PMS

5mg Tablet

00587354	PMS-PROCYCLIDINE	PMS

28:36.08 ANTIPARKINSONIAN AGENTS - ANTICHOLINERGIC AGENTS

TRIHEXYPHENIDYL HCL

0.4mg/mL Liquid

00885398	PMS-TRIHEXYPHENIDYL	PMS

2mg Tablet

00545058	TRIHEXYPHENIDYL	AAP

5mg Tablet

00545074	TRIHEXYPHENIDYL	AAP

28:36.12 ANTIPARKINSONIAN AGENTS - CATECHOL-O-METHYLTRANSFERASE (COMT) INHIBITORS

ENTACAPONE

[ST] **200mg Tablet**

02243763	COMTAN	NVR
02390337	MYLAN-ENTACAPONE	MYL
02380005	SANDOZ ENTACAPONE	SDZ
02375559	TEVA-ENTACAPONE	TEP

28:36.16 ANTIPARKINSONIAN AGENTS - DOPAMINE PRECURSORS

LEVODOPA, BENZERAZIDE

[ST] **50mg & 12.5mg Capsule**

00522597	PROLOPA	HLR

[ST] **100mg & 25mg Capsule**

00386464	PROLOPA	HLR

[ST] **200mg & 50mg Capsule**

00386472	PROLOPA	HLR

LEVODOPA, CARBIDOPA

[ST] **100/25MG Controlled Release Tablet**

02421488	PMS-LEVOCARB CR	PMS

[ST] **200/50MG Controlled Release Tablet**

02421496	PMS-LEVOCARB CR	PMS

[ST] **200MG/50MG Controlled Release Tablet**

02245211	APO-LEVOCARB CR	APX

[ST] **100mg & 25mg Controlled Release Tablet**

02272873	LEVOCARB CR	AAP
02028786	SINEMET CR	BMS

[ST] **200mg & 50mg Controlled Release Tablet**

00870935	SINEMET CR	BMS

[ST] **100mg & 10mg Tablet**

02195933	APO-LEVOCARB	APX
02244494	NOVO-LEVOCARBIDOPA	TEV
00355658	SINEMET	BMS

[ST] **100mg & 25mg Tablet**

02195941	APO-LEVOCARB	APX
02244495	NOVO-LEVOCARBIDOPA	TEV
02311178	PRO-LEVOCARB	PDL
00513997	SINEMET	BMS

28:36.16 ANTIPARKINSONIAN AGENTS - DOPAMINE PRECURSORS

LEVODOPA, CARBIDOPA

[ST] **250mg & 25mg Tablet**

02195968	APO-LEVOCARB	APX
02244496	NOVO-LEVOCARBIDOPA	TEV
00328219	SINEMET	BMS

LEVODOPA, CARBIDOPA,ENTACAPONE

[ST] **50mg & 12.5mg & 200mg Tablet**

02305933	STALEVO	TEV

[ST] **75mg & 18.75mg & 200mg Tablet**

02337827	STALEVO	TEV

[ST] **100mg & 25mg & 200mg Tablet**

02305941	STALEVO	TEV

[ST] **125mg & 31.25mg & 200mg Tablet**

02337835	STALEVO	TEV

[ST] **150mg & 37.5mg & 200mg Tablet**

02305968	STALEVO	TEV

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

BROMOCRIPTINE MESYLATE

[ST] **5mg Capsule**

02230454	APO-BROMOCRIPTINE	APX
02238637	DOM-BROMOCRIPTINE	DPC
02236949	PMS-BROMOCRIPTINE	PMS

[ST] **2.5mg Tablet**

02087324	APO-BROMOCRIPTINE	APX
02238636	DOM-BROMOCRIPTINE	DPC
02231702	PMS-BROMOCRIPTINE	PMS

CABERGOLINE

Limited use benefit (prior approval required).

For treatment of hyperprolactinemia in patients who have failed therapy with or are intolerant to bromocriptine.

[ST] **0.5mg Tablet**

02301407	CO CABERGOLINE	COB
02242471	DOSTINEX	PFI

PRAMIPEXOLE DIHYDROCHLORIDE

[ST] **0.25mg Tablet**

02292378	APO-PRAMIPEXOLE	APX
02297302	CO PRAMIPEXOLE	CBT
02309017	DOM-PRAMIPEXOLE	DOM
02237145	MIRAPEX	BOE
09857268	MIRAPEX (ONT)	BOE
02376350	MYLAN-PRAMIPEXOLE	MYL
02269309	NOVO-PRAMIPEXOLE	TEV
02290111	PMS-PRAMIPREXOLE	PMS
02309122	PRAMIPEXOLE	SIV
02325802	PRAMIPEXOLE	PDL
02367602	PRAMIPEXOLE	SAN
02315262	SANDOZ-PRAMIPEXOLE	SDZ

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

PRAMIPEXOLE DIHYDROCHLORIDE

[ST] 0.5mg Tablet

02292386	APO-PRAMIPEXOLE	APX
02297310	CO PRAMIPEXOLE	CBT
02241594	MIRAPEX	BOE
02376369	MYLAN-PRAMIPEXOLE	MYL
02269317	NOVO-PRAMIPEXOLE	TEV
02290138	PMS-PRAMIPREXOLE	PMS
02309130	PRAMIPEXOLE	SIV
02325810	PRAMIPEXOLE	PDL
02367610	PRAMIPEXOLE	SAN
02315270	SANDOZ-PRAMIPEXOLE	SDZ

[ST] 1mg Tablet

02292394	APO-PRAMIPEXOLE	APX
02297329	CO PRAMIPEXOLE	CBT
02237146	MIRAPEX	BOE
09857269	MIRAPEX (ONT)	BOE
02376377	MYLAN-PRAMIPEXOLE	MYL
02269325	NOVO-PRAMIPEXOLE	TEV
02290146	PMS-PRAMIPREXOLE	PMS
02309149	PRAMIPEXOLE	SIV
02325829	PRAMIPEXOLE	PDL
02367629	PRAMIPEXOLE	SAN
02315289	SANDOZ-PRAMIPEXOLE	SDZ

[ST] 1.5mg Tablet

02292408	APO-PRAMIPEXOLE	APX
02297337	CO PRAMIPEXOLE	CBT
02237147	MIRAPEX	BOE
09857270	MIRAPEX (ONT)	BOE
02376385	MYLAN-PRAMIPEXOLE	MYL
02269333	NOVO-PRAMIPEXOLE	TEV
02290154	PMS-PRAMIPREXOLE	PMS
02309157	PRAMIPEXOLE	SIV
02325837	PRAMIPEXOLE	PDL
02315297	SANDOZ-PRAMIPEXOLE	SDZ

ROPINIROLE HCL

[ST] 0.25mg Tablet

02337746	APO-ROPINIROLE	APX
02316846	CO-ROPINIROLE	CBT
02352338	JAMP-ROPINIROLE	JAP
02326590	PMS-ROPINIROLE	PMS
02314037	RAN-ROPINIROLE	RBY
02232565	REQUIP	GSK
02353040	ROPINIROLE	SAN

[ST] 1mg Tablet

02337762	APO-ROPINIROLE	APX
02316854	CO-ROPINIROLE	CBT
02352346	JAMP-ROPINIROLE	JAP
02326612	PMS-ROPINIROLE	PMS
02314053	RAN-ROPINIROLE	RBY
02232567	REQUIP	GSK
02353059	ROPINIROLE	SAN

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

ROPINIROLE HCL

[ST] 2mg Tablet

02337770	APO-ROPINIROLE	APX
02316862	CO-ROPINIROLE	CBT
02352354	JAMP-ROPINIROLE	JAP
02326620	PMS-ROPINIROLE	PMS
02314061	RAN-ROPINIROLE	RBY
02232568	REQUIP	GSK
02353067	ROPINIROLE	SAN

[ST] 5mg Tablet

02337800	APO-ROPINIROLE	APX
02316870	CO-ROPINIROLE	CBT
02352362	JAMP-ROPINIROLE	JAP
02326639	PMS-ROPINIROLE	PMS
02314088	RAN-ROPINIROLE	RBY
02232569	REQUIP	GSK
02353075	ROPINIROLE	SAN

28:36.32 ANTIPARKINSONIAN AGENTS - MONOAMINE OXIDASE B INHIBITORS

SELEGILINE HCL

[ST] 5mg Tablet

02230641	APO-SELEGILINE	APX
02238340	DOM-SELEGILINE	DPC
02231036	MYLAN-SELEGILINE	MYL
02068087	NOVO-SELEGILINE	TEV

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ACAMPROSATE CALCIUM

Limited use benefit (prior approval required).

For patients who have been abstinent from alcohol for at least four days and where available, are currently enrolled in an alcohol addiction treatment program

333mg Sustained Release Tablet

02293269	CAMPRAL	MYL

TETRABENAZINE

25mg Tablet

02407590	APO-TETRABENAZINE	APX
02199270	NITOMAN	VAE
02402424	PMS-TETRABENAZINE	PMS
02410338	TETRABENAZINE	STE

32:00 CONTRACEPTIVES (NON-ORAL)

32:00.00 CONTRACEPTIVES (NON-ORAL)

CONDOM, MALE

Device

99400527	CONDOM, LATEX, LUBRICATED
99400485	CONDOM, LATEX, LUBRICATED, NONOXYNOL
99400486	CONDOM, LATEX, NON-LUBRICATED
99400786	CONDOM, NON-LATEX, LUBRICATED

INTRAUTERINE DEVICE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 12 months.

Device

98099999	FLEXI-T IUD	PRN
99401085	LIBERTE UT380 SHORT	MSC
99401086	LIBERTE UT380 STANDARD	MSC
00970379	MONA LISA 10	PAE
00970387	MONA LISA 5	PAE
00970395	MONA LISA N	PAE
99400482	NOVA-T IUD	BEX

36:00 DIAGNOSTIC AGENTS (DX)

36:00.00 DIAGNOSTIC AGENTS (DX)

THYROTROPIN ALFA

0.9mg/mL Powder for Solution

02246016	THYROGEN	GEE

36:26.00 DX - DIABETES MELLITUS

GLUCOSE OXIDASE, PEROXIDASE

Limited use benefit (prior approval not required).

The number of test strips that will be covered by the NIHB Program will depend on the client's medical treatment:

•Clients managing diabetes with insulin will be allowed 500 test strips per 100 days. A client can test up to five times per day.

•Clients managing diabetes with diabetes medication with a high risk of causing low blood sugar will be allowed 400 test strips per 365 days. A client can test once daily.

•Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week.

•Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week.

Accu-Chek Advantage Strip

97799824	ACCU-CHEK ADVANTAGE	ROC
09853626	ACCU-CHEK ADVANTAGE (ON)	ROC

Accu-Chek Aviva Strip

97799814	ACCU-CHEK AVIVA	ROD
09857178	ACCU-CHEK AVIVA (ON)	ROC

Accu-Chek Compact Strip

97799962	ACCU-CHEK COMPACT	ROD
09854282	ACCU-CHEK COMPACT (ON)	ROD

Accu-Chek Mobile Strip

97799497	ACCU-CHEK MOBILE	ROC
09857452	ACCU-CHEK MOBILE (ON)	ROC

Accutrend Strip

97799959	ACCUTREND	ROC
09853162	ACCUTREND (ON)	ROD

Ascensia Breeze 2 Strip

97799748	ASCENSIA BREEZE 2	BAY
09857293	ASCENSIA BREEZE 2 (ON)	BAY

Ascensia Contour Strip

97799702	ASCENSIA CONTOUR	BAY
09857127	ASCENSIA CONTOUR (ON)	BAY

BG Star Strip

97799465	BG STAR	SAC
09857422	BG STAR (ON)	SAC

Contour Next Strip

97799459	CONTOUR NEXT	BAY
09857453	CONTOUR NEXT (ON)	BAY

36:26.00 DX - DIABETES MELLITUS

GLUCOSE OXIDASE, PEROXIDASE

Limited use benefit (prior approval not required).

The number of test strips that will be covered by the NIHB Program will depend on the client's medical treatment:

•Clients managing diabetes with insulin will be allowed 500 test strips per 100 days. A client can test up to five times per day.

•Clients managing diabetes with diabetes medication with a high risk of causing low blood sugar will be allowed 400 test strips per 365 days. A client can test once daily.

•Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week.

•Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week.

EZ Health Strip

97799564	EZ HEALTH ORACLE	TRE
09857357	EZ HEALTH ORACLE (ON)	TRE

Freestyle Strip

97799829	FREESTYLE	ABB
09857141	FREESTYLE (ON)	ABB

Freestyle Lite Strip

97799597	FREESTYLE LITE	ABB
09857297	FREESTYLE LITE (ON)	ABB

Freestyle Precision Strip

97799346	FREESTYLE PRECISION	ABB
09857502	FREESTYLE PRECISION (ON)	ABB

Itest Strip

97799692	ITEST	AUC
09857348	ITEST (ON)	AUC

Medi+Sure Strip

97799403	MEDI+SURE	MSD
09857432	MEDI+SURE (ON)	MSD

One Touch Ultra Strip

97799985	ONE TOUCH ULTRA	JAJ
09854290	ONE TOUCH ULTRA (ON)	JAJ

One Touch Verio Strip

97799475	ONE TOUCH VERIO	JAJ
09857392	ONE TOUCH VERIO (ON)	JAJ

Precision Xtra Strip

97799840	PRECISION XTRA	ABB
09854070	PRECISION XTRA (ON)	ABB

Sidekick Strip

97799601	SIDEKICK	HOD

TrueTest Strip

97799532	TRUETEST	HOD

Truetrack Strip

97799602	TRUETRACK	HOD
09857283	TRUETRACK (ON)	AUC

36:88.00 DX - URINE AND FECES CONTENTS

GLUCOSE OXIDASE, PEROXIDASE.

Strip

97799914	DIASTIX	BAY

SODIUM NITROPRUSSIDE

Strip

97799913	KETOSTIX	BAY

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

CITRIC ACID, SODIUM CITRATE

66.8mg & 100mg/mL Solution

00721344	DICITRATE	PMS

SODIUM BICARBONATE

325mg Tablet

00481912	SODIUM BICARBONATE	XEN

40:10.00 AMMONIA DETOXICANTS

LACTULOSE

[ST] **667mg/mL Oral Liquid**

02412268	LACTULOSE	SAN
02331551	TEVA-LACTULOSE	TEV

40:12.00 REPLACEMENT PREPARATIONS

CALCIUM

[ST] **500mg Chewable Tablet**

02239356	CALCIUM	WAM

[ST] **Oral Liquid**

80004123	CARBOCAL	EUR

[ST] **100mg Oral Liquid**

80043628	NU-CAL	ODN
80025527	SOLUCAL GREEN APPLE	JAP
80025523	SOLUCAL RASPBERRY	JAP

CALCIUM CARBONATE

[ST] **500mg Capsule**

80001408	OYSTER SHELL CALCIUM	NUR

[ST] **500mg Tablet**

00682039	APO-CAL 500	APX
02240240	CALCIUM	PMT
80003658	CALCIUM	WNP
80003773	CALCIUM	TRI
80017732	CALCIUM	PRO
02246040	CALCIUM CARBONATE	JMP
02237352	EURO-CAL	EUR
80027026	JAMP-CALCIUM	JAP
00618098	NU-CAL	ODN
00622443	O-CALCIUM 500	VTH
80001122	PMS-CALCIUM	PMS

CALCIUM LACTOGLUCONATE

[ST] **20mg/mL Oral Liquid**

80002626	SOLUCAL	JMP
80006877	WAMPOLE MINERAL CALCIUM	JMP

CALCIUM, VITAMIN D

[ST] **500mg & 400IU Chewable Tablet**

80009628	CALODAN D	ODN
80002901	CARBOCAL D	EUR

[ST] **500mg Oral Liquid**

80025543	SOLUCAL D CITRUS	JAP
80025541	SOLUCAL D RASPBERRY	JAP

40:12.00 REPLACEMENT PREPARATIONS

CALCIUM, VITAMIN D

[ST] **500mg & 1000IU Oral Liquid**

80025038	SOLUCAL D FORT	JAP

[ST] **500mg & 400IU Oral Liquid**

80008126	SOLUCAL D	JAP

[ST] **500mg& 800IU Oral Liquid**

80025722	CALCIUM LACTOGLUCONATE + VIT D	JAP

[ST] **Tablet**

80017190	CAL-D	PDL

[ST] **500mg & 1000IU Tablet**

80019536	M-CAL D	MAN

[ST] **500mg & 400IU Tablet**

80004963	CALCITE 500 + D 400	RIV
80006794	CALCIUM + VIT D	WAM
80004969	CALCIUM 500 + D 400	TRI
80002623	CALCIUM 500MG WITH VIT D	JMP
02245511	CARBOCAL D	EUR
99100832	JAMP-CALCIUM + VIT D	JAP
80002122	JAMP-CALCIUM+VITAM D	JMP
80013329	M-CAL D	MAN
80002703	NU-CAL D	ODN

[ST] **500mg & 800IU Tablet**

80019533	M-CAL D	MAN

[ST] **600mg & 400IU Tablet**

80021716	CALCIUM + VIT D	WAM

ELECTROLYTE & DEXTROSE

3.56g & 300mg & 470mg & 530mg Powder

01931563	GASTROLYTE REG	SAC

25mg & 2.2mg & 2.2mg & 0.9mg/mL Solution

00630365	PEDIALYTE	ABB
02219883	PEDIATRIC ELECTROLYTE	PMS

ELECTROLYTES, DEXTROSE

Miscellaneous

80023410	HYDRALYTE ELECTROLYTE POPS	HPP

Powder

80026860	HYDRALYTE ELECTROLYTE	HPP
80027403	JAMP REHYDRALYTE	JAP

Solution

80026861	HYDRALYTE ELECTROLYTE	HPP

MAGNESIUM

25mg Oral Liquid

80009357	JAMP-MAGNESIUM	JMP

28mg Tablet

80009539	JAMP-MAGNESIUM	JMP

100mg Tablet

02068400	MAGNESIUM	JAM

MAGNESIUM CITRATE

5.40% Oral Liquid

00262609	CITRO MAG 15GM/300ML	TCH

40:12.00 REPLACEMENT PREPARATIONS

MAGNESIUM GLUCONATE

100mg/mL Oral Liquid

00026697	RATIO-MAGNESIUM	RPH

POTASSIUM CHLORIDE

[ST] 25MEQ Effervescent Tablet

02085992	K LYTE	WPC

[ST] 8mmol Long Acting Capsule

02244068	RIVA-K	RIV

[ST] 600mg Long Acting Capsule

02042304	MICRO K EXTENCAPS SRC	WAY

[ST] 8mmol Long Acting Tablet

00602884	APO-K	APX
02246734	EURO-K 600	EUR
80035346	MK 8	MAN
80008214	ODAN K-8	ODN
00613274	PRO-600K	PDL

[ST] 20mmol Long Acting Tablet

80026265	BIO K-20	BMI
02242261	EURO-K 20	EUR
80004415	ODAN K-20	ODN
02243975	RIVA-K 20	RIV

[ST] Oral Liquid

80024835	JAMP-POTASSIUM CHLORIDE	JAP
80024360	K-10	GSK

[ST] 1.33MEQ/mL Oral Liquid

02238604	PMS-POTASSIUM	PMS

[ST] Tablet

80025624	MK 20	MAN

[ST] 8mmol Tablet

80013005	JAMP-K 600	JAP

[ST] 20mmol Tablet

80013007	JAMP-K 1500	JAP

[ST] 600mg Tablet

80040226	SLOW-K	TEV

POTASSIUM CITRATE

[ST] 10mmol Long Acting Tablet

80026332	MK 10	MAN

SODIUM CHLORIDE

0.9% Inhalation Diluent

02094657	BACTERIOSTATIC NACL	BIO
00801267	SODIUM CHLORIDE	
02058235	SODIUM CHLORIDE	BDH

0.9% Injection

00037818	BACTERIOSTATIC SODIUM CHLORIDE	ABB
00060208	SODIUM CHLORIDE	BAT
00402249	SODIUM CHLORIDE	ABB
02150204	SODIUM CHLORIDE	OMG

40:17.00 CALCIUM-REMOVING RESINS

CALCIUM POLYSTYRENE SULFONATE

1g binds with approx 1.6mmol K Powder

02017741	RESONIUM CALCIUM	SAC

40:18.00 ION-REMOVING AGENTS

SODIUM POLYSTYRENE SULFONATE

1g binds with approx 1mmol K Powder

02026961	KAYEXALATE	SAC
00765252	K-EXIT	OMG
00755338	PMS-SOD POLYSTYRENE SULFONA	PMS

250mg/mL Oral Suspension

00769541	PMS-SOD POLYSTYRENE SULF	PMS

250mg/mL Retention Enema

00769533	PMS-SOD POLYSTYRENE SULF	PMS

40:20.00 CALORIC AGENTS

LEVOCARNITINE

Limited use benefit (prior approval required).

- For treatment of carnitine deficiency

100mg/mL Oral Liquid

02144336	CARNITOR	SIG

200mg/mL Solution

02144344	CARNITOR IV	SIG

330mg Tablet

02144328	CARNITOR	SIG

40:28.08 LOOP DIURETICS

ETHACRYNIC ACID

[ST] 25mg Tablet

02258528	EDECRIN	FRS

FUROSEMIDE

[ST] 10mg/mL Solution

02224720	LASIX	SAC

[ST] 20mg Tablet

00396788	APO-FUROSEMIDE	APX
02247371	BIO-FUROSEMIDE	BMI
00496723	FUROSEMIDE	PDL
02351420	FUROSEMIDE	SAN
02224690	LASIX	SAC
00337730	NOVO-SEMIDE	TEV
02247493	PMS-FUROSEMIDE	PMS

[ST] 40mg Tablet

00362166	APO-FUROSEMIDE	APX
02247372	BIO-FUROSEMIDE	BMI
00397792	FUROSEMIDE	PDL
02351439	FUROSEMIDE	SAN
02224704	LASIX	SAC
00337749	NOVO-SEMIDE	TEV
02247494	PMS-FUROSEMIDE	PMS

40:28.08 LOOP DIURETICS

FUROSEMIDE

ST 80mg Tablet

00707570	APO-FUROSEMIDE	APX
00667080	FUROSEMIDE	PDL
02351447	FUROSEMIDE	SAN
00765953	NOVO-SEMIDE	TEV

ST 500mg Tablet

02224755	LASIX SPECIAL	SAC

40:28.16 POTASSIUM SPARING DIURETICS

AMILORIDE HCL

ST 5mg Tablet

02249510	MIDAMOR	AAP

AMILORIDE HCL, HYDROCHLOROTHIAZIDE

ST 5mg & 50mg Tablet

00870943	AMI-HYDRO	PDL
00784400	APO-AMILZIDE	APX
01937219	NOVAMILOR	TEV

TRIAMTERENE, HYDROCHLOROTHIAZIDE

ST 50mg & 25mg Tablet

00441775	APO-TRIAZIDE	APX
00532657	NOVO-TRIAMZIDE	TEV
00519367	PRO-TRIAZIDE	PRO

40:28.20 TIAZIDE DIURETICS

HYDROCHLOROTHIAZIDE

ST 12.5mg Tablet

02327856	APO-HYDRO	APX
02425947	MINT-HYDROCHLOROTHIAZIDE	MIN
02274086	PMS-HYDROCHLOROTHIAZIDE	BMI

ST 25mg Tablet

00326844	APO-HYDROCLOROTHIAZIDE	APX
02247170	BIO-HYDROCHLOROTHIAZIDE	BMI
00341975	HYDROCHLOROTHIAZIDE	PDL
02360594	HYDROCHLOROTHIAZIDE	SAN
02426196	MINT-HYDROCHLOROTHIAZIDE	MIN
00021474	NOVO-HYDRAZIDE	TEV
02247386	PMS-HYDROCHLOROTHIAZIDE	PMS

ST 50mg Tablet

00312800	APO-HYDRO	APX
02247171	BIO-HYDROCHLOROTHIAZIDE	BMI
02360608	HYDROCHLOROTHIAZIDE	SAN
02426218	MINT-HYDROCHLOROTHIAZIDE	MIN
00021482	NOVO-HYDRAZIDE	TEV
02247387	PMS-HYDROCHLOROTHIAZIDE	PMS

ST 100mg Tablet

00644552	APO-HYDRO	APX

40:28.24 THIAZIDE LIKE DIURETICS

CHLORTHALIDONE

ST 50mg Tablet

00360279	CHLORTHALIDONE	AAP

ST 100mg Tablet

00360287	APO-CHLORTHALIDONE	APX

INDAPAMIDE

ST 1.25mg Tablet

02245246	APO-INDAPAMIDE	APX
02239913	DOM-INDAPAMIDE	DPC
02373904	JAMP-INDAPAMIDE	JAP
02179709	LOZIDE	SEV
02240067	MYLAN-INDAPAMIDE	MYL
02240349	PHL-INDAPAMIDE	PHH
02239619	PMS-INDAPAMIDE	PMS
02312530	PRO-INDAPAMIDE	PDL
02247245	RIVA-INDAPAMIDE	RIV

ST 2.5mg Tablet

02223678	APO-INDAPAMIDE	APX
02239917	DOM-INDAPAMIDE	DPC
02373912	JAMP-INDAPAMIDE	JAP
00564966	LOZIDE	SEV
02153483	MYLAN-INDAPAMIDE	MYL
02231184	NOVO-INDAPAMIDE	TEV
02239620	PMS-INDAPAMIDE	PMS
02312549	PRO-INDAPAMIDE	PDL
02242125	RIVA-INDAPAMIDE	RIV

METOLAZONE

ST 2.5mg Tablet

00888400	ZAROXOLYN	AVT

40:36.00 IRRIGATING SOLUTIONS

WATER

Injection

00038202	STERILE WATER	ABB
99002264	STERILE WATER (QC)	
00402257	STERILE WATER FOR INJ	OMG
02142546	STERILE WATER FOR INJ	HOS
00905178	WATER FOR INJECTION (QC)	

40:40.00 URICOSURIC AGENTS

SULFINPYRAZONE

200mg Tablet

00441767	SULFINPYRAZONE	AAP

48:00 RESPIRATORY TRACT AGENTS

48:10.24 LEUKOTRIENE MODIFIERS

MONTELUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

ST 4mg Chewable Tablet

02410265	ACH-MONTELUKAST	ACC
02377608	APO-MONTELUKAST	APX
02382458	MONTELUKAST	SIV
02380749	MYLAN-MONTELUKAST	MYL
02354977	PMS-MONTELUKAST	PMS
02330385	SANDOZ MONTELUKAST	TEP
02243602	SINGULAIR	FRS
02355507	TEVA- MONTELUKAST	TEP

ST 5mg Chewable Tablet

02410273	ACH-MONTELUKAST	ACC
02377616	APO-MONTELUKAST	APX
02379325	MONTELUKAST	SAN
02382466	MONTELUKAST	SIV
02380757	MYLAN-MONTELUKAST	MYL
02354985	PMS-MONTELUKAST	PMS
02330393	SANDOZ MONTELUKAST	TEP
02238216	SINGULAIR	FRS
02355515	TEVA- MONTELUKAST	TEP

ST 4mg Granules

02358611	SANDOZ MONTELUKAST	SDZ
02247997	SINGULAIR	FRS

ST 4mg Tablet

02399865	MAR-MONTELUKAST	MAR
02408627	MINT-MONTELUKAST	MIN
02379317	MONTELUKAST	SAN
02379821	MONTELUKAST	PDL
02402793	RAN-MONTELUKAST	RBY

ST 5mg Tablet

02399873	MAR-MONTELUKAST	MAR
02408635	MINT-MONTELUKAST	MIN
02379848	MONTELUKAST	PDL
02402807	RAN-MONTELUKAST	RBY

48:10.24 LEUKOTRIENE MODIFIERS

MONTELUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

ST 10mg Tablet

02374609	APO-MONTELUKAST	APX
02401274	AURO-MONTELUKAST	AUR
02376695	DOM-MONTELUKAST	DOM
02391422	JAMP-MONTELUKAST	JAP
02399997	MAR-MONTELUKAST	MAR
02408643	MINT-MONTELUKAST	MIN
02379236	MONTELUKAST	ACC
02379333	MONTELUKAST	SAN
02379856	MONTELUKAST	PDL
02382474	MONTELUKAST	SIV
02368226	MYLAN-MONTELUKAST	MYL
02373947	PMS-MONTELUKAST	PMS
02389517	RAN-MONTELUKAST	RBY
02398826	RIVA-MOTELUKAST	RIV
02328593	SANDOZ MONTELUKAST	SDZ
02238217	SINGULAIR	FRS
02355523	TEVA- MONTELUKAST	TEP

ZAFIRLUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

ST 20mg Tablet

02236606	ACCOLATE	AZC

48:10.32 MAST CELL STABILIZERS

SODIUM CROMOGLYCATE

100mg Capsule

00500895	NALCROM	AVT

10mg/mL Inhalation Solution (Unit Dose)

02046113	PMS-SOD CROMOGLYCATE	PMS

2% Nasal Solution

02231390	APO-CROMOLYN	APX
01950541	RHINARIS-CS	PMS

2% Ophth Solution

02009277	CROMOLYN	PMS
02230621	OPTICROM	ALL

52:00 EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

52:02.00 EENT - ANTIALLERGIC AGENTS

LEVOCABASTINE HCL

0.05% Nasal Spray

02020017	LIVOSTIN	JNO

OLOPATADINE HCL

0.1% Ophth Solution

02403986	ACT OLOPATADINE	ATP
02305054	APO-OLOPATADINE	APX
02233143	PATANOL	ALC
02358913	SANDOZ OLOPATADINE	SDZ

0.2% Ophth Solution

02404095	ACT OLOPATADINE	ATP
02402823	APO-OLOPATADINE	APX
02420171	SANDOZ OLOPATADINE	SDZ

52:04.04 EENT - ANTIBACTERIALS

BACITRACIN ZINC, POLYMYXIN B SULFATE

500IU & 10,000IU/g Ophth Ointment

02160889	OPTIMYXIN	SDZ
02239157	POLYSPORIN	PFI

CHLORAMPHENICOL

1% Ophth Ointment

02026260	DIOCHLORAM	DKT

0.5% Ophth Solution

02023857	DIOCHLORAM	DKT

CIPROFLOXACIN HCL

0.3% Ophth Ointment

02200864	CILOXAN 0.3%	ALC

0.3% Ophth Solution

02263130	APO-CIPROFLOX	APX
01945270	CILOXAN	ALC
02387131	SANDOZ CIPROFLOXACIN	SDZ

CIPROFLOXACIN HCL, DEXAMETHASONE

0.3%/0.1% Otic Solution

02252716	CIPRODEX	ALC

ERYTHROMYCIN

5mg/g Ophth Ointment

02326663	ERYTHROMYCIN	STG
01912755	PMS-ERYTHROMYCIN	PMS

FRAMYCETIN SULFATE

0.5% Ophth Ointment

02224895	SOFRAMYCIN STERILE EYE	ERF

0.5% Ophth Solution

02224887	SOFRAMYCIN	ERF

GATIFLOXACIN

0.3% Ophth Solution

02257270	ZYMAR	ALL

52:04.04 EENT - ANTIBACTERIALS

GENTAMICIN SULFATE

0.3% Ophth Ointment

02023776	DIOGENT	DKT

0.3% Solution

02023822	DIOGENT	DKT
02219581	GENTAMICIN	SPH
00776521	PMS-GENTAMICIN	PMS

GRAMICIDIN, POLYMYXIN B SULFATE

0.025mg & 10,000U/mL Solution

00701785	OPTIMYXIN EYE/EAR	SDZ
02239156	POLYSPORIN EYE/EAR	WLA

MOXIFLOXACIN HCL

0.5% Ophth Solution

02252260	VIGAMOX	ALC

OFLOXACIN

0.3% Ophth Solution

02248398	APO-OFLOXACIN	APX
02143291	OCUFLOX	ALL
02247189	SANDOZ OFLOXACIN	SDZ

POLYMYXIN B SULFATE, TRIMETHOPRIM SULFATE

10,000U & 1mg/mL Ophth Solution

02240363	PMS-POLYTRIMETHOPRIM	PMS
02011956	POLYTRIM	ALL
02239234	SANDOZ POLYTRIMETHOPRIM	SDZ

SULFACETAMIDE SODIUM

10% Ophth Solution

02023830	DIOSULF	DKT

TOBRAMYCIN

0.3% Ophth Ointment

00614254	TOBREX	ALC

0.3% Ophth Solution

02241755	SANDOZ-TOBRAMYCIN	SDZ
00513962	TOBREX	ALC

52:04.20 EENT - ANTIVIRALS

TRIFLURIDINE

1% Ophth Solution

00687456	VIROPTIC	GSK

52:08.08 EENT - CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

50mcg/Dose Nasal Spray

02238796	APO-BECLOMETHASONE	APX
02172712	MYLAN-BECLO AQ	MYL
02228300	RIVANASE AQ	RIV

BETAMETHASONE SODIUM PHOSPHATE, GENTAMICIN SULFATE

0.1% & 0.3% Ophth Ointment

00586706	GARASONE	SCH

52:08.08 EENT - CORTICOSTEROIDS

BUDESONIDE

64mcg/Dose Nasal Spray

02241003	MYLAN-BUDESONIDE AQ	MYL
02231923	RHINOCORT AQ	AZC

100mcg/Dose Nasal Spray

02230648	MYLAN-BUDESONIDE AQ	MYL

100mcg/Dose Powder

02035324	RHINOCORT TURBUHALER	AZC

DEXAMETHASONE

0.1% Ophth Ointment

00042579	MAXIDEX	ALC

0.1% Ophth Solution

02023865	DIODEX	DKT
00785261	PMS-DEXAMETHASONE	PMS
00739839	SANDOZ-DEXAMETHASONE	SDZ

0.1% Ophth Suspension

00042560	MAXIDEX	ALC

DEXAMETHASONE, TOBRAMYCIN

0.1% & 0.3% Ophth Ointment

00778915	TOBRADEX	ALC

0.1% & 0.3% Ophth Suspension

00778907	TOBRADEX	ALC

FLUMETHASONE PIVALATE, CLIOQUINOL

0.02% & 1% Otic Solution

00074454	LOCACORTEN VIOFORM	PAL

FLUNISOLIDE

0.25mg/mL Nasal Spray

02239288	APO-FLUNISOLIDE	APX

FLUOROMETHOLONE

0.1% Ophth Solution

02238568	PMS-FLUOROMETHOLONE	PMS
00432814	SANDOZ FLUOROMETHOLONE	SDZ

0.1% Ophth Suspension

00247855	FML	ALL

0.25% Ophth Suspension

00707511	FML FORTE	ALL

FLUOROMETHOLONE ACETATE

0.1% Ophth Solution

00756784	FLAREX	ALC

FLUTICASONE PROPIONATE

50mcg/Dose Nasal Spray

02294745	APO-FLUTICASONE	APX
02213672	FLONASE	GSK
02296071	RATIO-FLUTICASONE	RPH

FRAMYCETIN SULFATE, GRAMICIDIN, DEXAMETHASONE

5mg & 0.05mg/mL & 0.5mg Ophth/Otic Solution

02224623	SOFRACORT EYE/EAR	SAC

52:08.08 EENT - CORTICOSTEROIDS

MOMETASONE FUROATE

50mcg Nasal Spray

02403587	APO-MOMETASONE	APX
02238465	NASONEX	SCH

PREDNISOLONE ACETATE

0.12% Ophth Suspension

00299405	PRED MILD	ALL

1% Ophth Suspension

00301175	PRED FORTE	ALL
00700401	RATIO-PREDNISOLONE	RPH
01916203	SANDOZ-PREDNISOLONE	SDZ

PREDNISOLONE ACETATE, SULFACETAMIDE SODIUM

0.2% & 10% Ophth Ointment

00307246	BLEPHAMIDE	ALL

0.2% & 10% Ophth Suspension

00807788	BLEPHAMIDE	ALL

0.5% & 10% Ophth Suspension

02023814	DIOPTIMYD	DKT

PREDNISOLONE SODIUM PHOSPHATE

0.5% Ophth Solution

02148498	PREDNISOLONE	CUV

TRIAMCINOLONE ACETONIDE

55mcg/Dose Nasal Spray

02213834	NASACORT AQ	SAC

52:08.20 EENT - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

DICLOFENAC SODIUM

0.1% Ophth Solution

01940414	VOLTAREN	NVR

KETOROLAC TROMETHAMINE

0.45% Ophth Solution

02369362	ACUVAIL	ALL

0.5% Ophth Solution

01968300	ACULAR	ALL
02245821	APO-KETOROLAC	APX

NEPAFENAC

0.1% Ophth Solution

02308983	NEVANAC 0.1% OP SOL	ALC

0.3% Ophth Solution

02411393	ILEVRO 0.3% OP SUSP	ALC

52:12.00 EENT - CONTACT LENS SOLUTION

HYPROMELLOSE

3mg Ophth Solution

02231289	GENTEAL	NVC

52:20.00 EENT - MIOTICS

CARBACHOL

1.5% Ophth Solution

00000655	ISOPTO CARBACHOL	ALC

52:24.00 EENT - MYDRIATICS

ATROPINE SULFATE

1% Ophth Solution

02023695	ATROPINE	DKT
02148358	ATROPINE SULPHATE MINIMS	NVR
00035017	ISOPTO ATROPINE	ALC

CYCLOPENTOLATE HCL

0.5% Ophth Solution

02148331	CYCLOPENTOLATE	NVR

1% Ophth Solution

00252506	CYCLOGYL	ALC
02148382	CYCLOPENTOLATE MINIMS	NVR
02023644	DIOPENTOLATE	DKT

DIPIVEFRIN HCL

0.1% Ophth Solution

02242232	APO-DIPIVEFRIN	APX
02237868	PMS-DIPIVEFRIN	PMS

HOMATROPINE HBR

2% Ophth Solution

00000779	ISOPTO HOMATROPINE	ALC

5% Ophth Solution

00000787	ISOPTO HOMATROPINE	ALC

TROPICAMIDE

0.5% Ophth Solution

00000981	MYDRIACYL	ALC

1% Ophth Solution

00001007	MYDRIACYL	ALC

52:28.00 EENT - MOUTHWASHES AND GARGLES

BENZYDAMINE HCL

Limited use benefit (prior approval required).

For:
a. - treatment of radiation mucositis and oral ulcerative complications of chemotherapy.
b. - use in immunocompromised patients who are at risk of mucosal breakdown.

0.15% Rinse

02239044	APO-BENZYDAMINE	APX
02239537	DOM-BENZYDAMINE	DPC
02229777	PMS-BENZYDAMINE	PMS
02229799	TEVA-BENZYDAMINE	TEV

CHLORHEXIDINE GLUCONATE

0.12% Rinse

02384272	G.U.M. PAROEX	SUS
02240433	PERICHLOR	PMS
02237452	PERIDEX	MMH
02207796	PERIOGARD	COP

52:32.00 EENT - VASOCONSTRICTORS

ANTAZOLINE PHOSPHATE, NAPHAZOLINE HCL

0.5% & 0.05% Ophth Solution

00433519	ALBALON A	ALL

NAPHAZOLINE HCL

0.1% Ophth Solution

00001147	ALBALON	ALL
00390283	NAPHCON FORTE	ALC

PHENYLEPHRINE HCL

0.12% Ophth Solution

00395161	PREFRIN LIQUIFILM	ALL

2.5% Ophth Solution

02027100	DIONEPHRINE	DKT
00465763	MYDFRIN	ALC
02148447	PHENYLEPHRINE MINIMS	NVR

10% Ophth Solution

02148455	PHENYLEPHRINE	NVR

52:40.04 EENT - ALPHA-ADRENERGIC AGONISTS

BRIMONIDINE TARTRATE

0.2% Ophth Solution

02236876	ALPHAGAN	ALL
02260077	APO-BRIMONIDINE	APX
02246284	PMS-BRIMONIDINE	PMS
02243026	RATIO-BRIMONIDINE	RPH
02305429	SANDOZ BRIMONIDINE	SDZ

BRIMONIDINE TARTRATE (ALPHAGAN P)

Limited use benefit (prior approval required).

For patients who are intolerant to brimonidine tartrate 0.2% or benzalkonium chloride.

0.15% Ophth Solution

02248151	ALPHAGAN P	ALL
02301334	APO-BRIMONIDINE P	APX

BRIMONIDINE TARTRATE, TIMOLOL MALEATE

0.2% & 0.5% Ophth Solution

02248347	COMBIGAN	ALL

52:40.08 EENT - BETA-ADRENERGIC BLOCKING AGENTS

BETAXOLOL HCL

0.5% Ophth Solution

02235971	SANDOZ-BETAXOLOL	SDZ

0.25% Ophth Suspension

01908448	BETOPTIC S	ALC

LEVOBUNOLOL HCL

0.25% Ophth Solution

02241575	APO-LEVOBUNOLOL	APX
00751286	BETAGAN	ALL
02031159	RATIO-LEVOBUNOLOL	RPH

52:40.08 EENT - BETA-ADRENERGIC BLOCKING AGENTS

LEVOBUNOLOL HCL

0.5% Ophth Solution

00637661	BETAGAN	ALL
02237991	PMS-LEVOBUNOLOL	PMS
02031167	RATIO-LEVOBUNOLOL	RPH
02241716	SANDOZ-LEVOBUNOLOL	SDZ

TIMOLOL MALEATE

0.25% Long Acting Ophth Solution

02171880	TIMOPTIC-XE	FRS

0.5% Long Acting Ophth Solution

02171899	TIMOPTIC-XE	FRS

0.25% Ophth Gel Solution

02242275	TIMOLOL MALEATE-EX	PMS

0.5% Ophth Gel Solution

02290812	APO-TIMOP	APX
02242276	TIMOLOL MALEATE-EX	PMS

0.25% Ophth Solution

00755826	APO-TIMOP	APX
02238770	DOM-TIMOLOL	DPC
02048523	NOVO-TIMOL	TEV
02083353	PMS-TIMOLOL	PMS

0.5% Ophth Solution

00755834	APO-TIMOP	APX
02238771	DOM-TIMOLOL	DPC
02083345	PMS-TIMOLOL	PMS
02166720	SANDOZ-TIMOLOL	SDZ
00451207	TIMOPTIC	FRS

52:40.12 EENT - CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250mg Tablet

00545015	ACETAZOLAMIDE	AAP

BRINZOLAMIDE

1% Ophth Suspension

02238873	AZOPT	ALC

BRINZOLAMIDE/TIMOLOL MALEATE

1%/0.5% Ophth Solution

02331624	AZARGA	ALC

DORZOLAMIDE HCL

2% Ophth Solution

02216205	TRUSOPT	FRS

20mg/mL Ophth Solution

02316307	SANDOZ DORZOLAMIDE	SDZ

52:40.12 EENT - CARBONIC ANHYDRASE INHIBITORS

DORZOLAMIDE HCL, TIMOLOL MALEATE

20mg & 5mg/mL Ophth Solution

02404389	ACT DORZOTIMOLOL	ATP
02299615	APO-DORZO-TIMOP	APX
02240113	COSOPT	FRS
02344351	SANDOZ DORZOLAMIDE/TIMOLOL	SDZ
02320525	TEVA-DORZOTIMOL	TEP

METHAZOLAMIDE

50mg Tablet

02245882	METHAZOLAMIDE	AAP

52:40.20 EENT - MIOTICS

CARBACHOL

0.01% Ophth Solution

00042544	MIOSTAT	ALC

3% Ophth Solution

00000663	ISOPTO CARBACHOL	ALC

PILOCARPINE HCL

4% Ophth Gel

00575240	PILOPINE HS	ALC

1% Ophth Solution

00000841	ISOPTO CARPINE	ALC
02229556	PILOCARPINE	SCN

2% Ophth Solution

00000868	ISOPTO CARPINE	ALC

4% Ophth Solution

02023733	DIOCARPINE	DKT
00000884	ISOPTO CARPINE	ALC

PILOCARPINE NITRATE

2% Ophth Solution

02148463	PILOCARPINE NITRATE MINIMS	NVR

52:40.28 EENT - PROSTAGLANDIN AGENTS

BIMATOPROST

0.01% Ophth Solution

02324997	LUMIGAN	ALL

LATANOPROST

0.005% Ophth Solution

02296527	APO-LATANOPROST	APX
02254786	CO LATANOPROST	CBT
02373041	GD-LATANOPROST	PFI
02375508	LATANOPROST	RIV
02426935	MED-LATANOPROST	GMP
02317125	PMS-LATANOPROST	PMS
02367335	SANDOZ LATANOPROST	SDZ
02231493	XALATAN	PFI

52:40.28 EENT - PROSTAGLANDIN AGENTS

LATANOPROST/TIMOLOL MALEATE

0.005% & 0.5% Ophth Solution

02414155	APO-LATANOPROST-TIMOP	APX
02373068	GD-LATANOPROST/TIMOLOL	PFI
02404591	PMS-LATANOPROST-TIMOLOL	PMS
02394685	SANDOZ LATANOPROST/TIMOLOL	SDZ
02393921	TEVA-LATANOPROST/TIMOLOL	TEP
02246619	XALACOM	PFI

TIMOLOL MALEATE, TRAVOPROST

0.5% & 0.004% Ophth Solution

02278251	DUO TRAV	ALC

TRAVOPROST

0.004% Ophth Solution

02415739	APO-TRAVOPROST Z	APX
02413167	SANDOZ TRAVOPROST	SDZ
02412063	TEVA-TRAVOPROST Z	TEP
02318008	TRAVATAN Z	ALC

52:92.00 MISCELLANEOUS EENT DRUGS

APRACLONIDINE HCL

0.5% Ophth Solution

02076306	IOPIDINE	ALC

DEXTRAN 70, HYDROXYPROPYLMETHYLCELLULOSE

0.1% & 0.3% Ophth Solution

00390291	TEARS NATURALE	ALC
01943308	TEARS NATURALE FREE	ALC
00743445	TEARS NATURALE II	ALC

DIPIVEFRIN HCL, LEVOBUNOLOL HCL

0.1% & 0.5% Ophth Solution

02209071	PROBETA	ALL

HYDROXYPROPYL CELLULOSE

5mg Ophth Solution

02250624	LACRISERT	FRS

HYDROXYPROPYLMETHYLCELLULOSE

0.5% Ophth Solution

00000809	ISOPTO TEARS	ALC

1% Ophth Solution

00000817	ISOPTO TEARS	ALC

LODOXAMIDE TROMETHAMINE

0.1% Ophth Solution

00893560	ALOMIDE	ALC

MACROGOL, PROPYLENE GLYCOL

15% & 20% Nasal Gel

02220806	LUBRICATING NASAL GEL	PMS
00551805	SECARIS	PMS

52:92.00 MISCELLANEOUS EENT DRUGS

MACROGOL, PROPYLENE GLYCOL

15% & 20% Nasal Spray

00732230	LUBRICATING NASAL MIST	PMS

MINERAL OIL, PETROLATUM

80% & 20% Ophth Ointment

02125706	DUOLUBE	BSH

MINERAL OIL, WHITE PETROLATUM

55.5% & 42.5% Ophth Ointment

00210889	LACRI LUBE	ALL

PETROLATUM, LANOLIN, MINERAL OIL

94% & 3% & 3% Ophth Ointment

02082519	TEARS NATURALE P.M.	ALC

PETROLATUM, PETROLATUM LIQUID

85% & 15% Ophth Ointment

02133288	HYPOTEARS	NVR

POLYVINYL ALCOHOL

1% Ophth Solution

02133253	HYPOTEARS	NVR

1.4% Ophth Solution

02229570	ARTIFICIAL TEARS	PMS
00579408	TEARS PLUS	ALL

POLYVINYL ALCOHOL, POVIDONE

1.4% & 0.6% Ophth Solution

02229632	ARTIFICIAL TEARS EXTRA	PMS

52:92.00 MISCELLANEOUS EENT DRUGS

RANIBIZUMAB

Limited use benefit (prior approval required).

For the treatment of:
a. Diabetic Macular Edema (DME)
b. Wet Age-Related Macular Degeneration (w-AMD)
Criteria for coverage of ranibizumab (Lucentis) for DME and w-AMD:
• Administered by a qualified ophthalmologist experienced in intravitreal injections
• Interval between doses not shorter than 1 month
Note: Coverage will be limited to a maximum of 1 vial of Lucentis per eye treated every 30 days
For the treatment of diabetic macular edema (DME) for patients who meet the following:
• Clinically significant diabetic macular edema for whom laser photocoagulation is also indicated; AND
• Have a hemoglobin A1c of less than 11%
Initial Coverage for the treatment of neovascular wet age-related macular degeneration (wAMD) where all of the following apply to the eye to be treated:
• Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96
• The lesion size is less than or equal to 12 disc areas in greatest linear dimension
• There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT))
Note: Coverage will not be approved for patients:
• With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines.
• Receiving concurrent treatment with verteporfin
Continued Coverage:
Treatment with Lucentis for wAMD should be continued only in people who maintain adequate response to therapy
Treatment with Lucentis should be permanently discontinued if any one of the following occurs:
• Reduction in BCVA in the treated eye to less than 15 letters (a
bsolute) on two (2) consecutive visits in the treated eye, attributed to
AMD in the absence of other pathology
• Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events or both.
• There is evidence of deterioration of the lesion morphology despite optimum treatment over three (3) consecutive visits.

ST 10MG/ML INJ

02296810	LUCENTIS PFS 10MG/ML INJ	TEV

SODIUM CARBOXYMETHYL CELLULOSE

0.5% Ophth Solution

02049260	REFRESH PLUS	ALL

1% Ophth Solution

00870153	CELLUVISC	ALL

10mg/mL Ophth Solution

02244650	REFRESH LIQUIGEL	ALL

0.5% Ophth Solution (Multi-Dose)

02231008	REFRESH TEARS	ALL

SODIUM CHLORIDE

0.7% Nasal Solution

00857777	OTRIVIN SALINE	NVC

52:92.00 MISCELLANEOUS EENT DRUGS

SODIUM CHLORIDE

9mg/mL Nasal Solution

80024381	SALINEX	SDZ
80024901	SALINEX DROPS	SDZ

0.7% Nasal Spray

00810436	OTRIVIN SALINE	NVC

5% Ophth Ointment

00750816	MURO-128	BSH

5% Ophth Solution

00750824	MURO-128	BSH

VERTEPORFIN

Limited use benefit (prior approval required).

For treatment of age related macular degeneration for patients with this diagnosis who are being treated by a certified ophthalmologist.

15mg/Vial Injection

02242367	VISUDYNE	QLT

56:00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

BISMUTH SUBSALICYLATE

17.6mg/mL Liquid

02097079	PEPTO BISMOL	PGI

262mg Tablet

02177994	PEPTO BISMOL	PGI

MAG OXIDE

420mg Tablet

00299448	MAGNESIUM OXIDE	SWS

56:08.00 ANTIDIARRHEA AGENTS

LOPERAMIDE HCL

[ST] **0.2mg/mL Liquid**

02192667	DIARR-EZE	PMS
02016095	PMS-LOPERAMIDE	PMS

[ST] **2mg/15mL Liquid**

02291800	IMODIUM CALMING LIQUID	JNO

[ST] **2mg Tablet**

02170272	ANTI-DIARRHEAL 2MG TAB	STA
02212005	APO-LOPERAMIDE	APX
02229552	DIARR-EZE	PMS
02256452	DIARRHEA RELIEF	VTH
02248994	DIARRHEA RELIEF 2MG TAB	PMS
02239535	DOM-LOPERAMIDE	DPC
02183862	IMODIUM	MCL
02225182	LOPERAMIDE	PDL
02132591	NOVO-LOPERAMIDE	TEV
02228351	PMS-LOPERAMIDE	PMS
02238211	RIVA-LOPERAMIDE	RIV
02257564	SANDOZ-LOPERAMIDE	SDZ

56:12.00 CATHARTICS AND LAXATIVES

BISACODYL

[ST] **5mg Delayed Release Tablet**

02273411	BISACODYL-ODAN	ODN

[ST] **5mg Enteric Coated Tablet**

00545023	APO-BISACODYL	APX
00714488	BISACOLAX	ICN
00254142	DULCOLAX	BOE
02246039	JAMP-BISACODYL	JMP
00587273	PMS-BISACODYL	PMS

5mg Suppository

02410893	BISACODYL	JAP
00003867	DULCOLAX	BOE

10mg Suppository

00261327	BISACOLAX	ICN
00003875	DULCOLAX	BOE
02361450	JAMP-BISACODYL	JAP
00582883	PMS-BISACODYL	PMS
00404802	RATIO-BISACODYL	RPH
02229743	SOFLAX EX	PMS

56:12.00 CATHARTICS AND LAXATIVES

BISACODYL (POLYETHYLENE GLYCOL BASE)

10mg Suppository

02241091	MAGIC BULLET	DCM

CITRIC ACID, MAGNESIUM OXIDE, SODIUM PICOSULFATE

Oral Liquid

02317966	PURG-ODAN	ODN

Powder

02254794	PICO-SALAX	FEI

DOCUSATE CALCIUM

[ST] **240mg Capsule**

02245080	APO-DOCUSATE CALCIUM	APX
00830275	DOCUSATE CALCIUM	TAR
02283255	JAMP-DOCUSATE CALCIUM	JMP
00842044	NOVO-DOCUSATE CALCIUM	TEV
00664553	PMS-DOCUSATE CALCIUM	PMS
00809055	RATIO-DOCUSATE CALCIUM	RPH

DOCUSATE SODIUM

[ST] **100mg Capsule**

02245079	APO-DOCUSATE SODIUM	APX
02106256	COLACE	WPC
00794406	DOCUSATE SODIUM	SDR
00830267	DOCUSATE SODIUM	TRI
02245946	DOCUSATE SODIUM	JMP
02246036	DOCUSATE SODIUM	RPH
02326086	DOCUSATE SODIUM	PDL
02426838	DOCUSATE SODIUM	SAN
02239658	DOM-DOCUSATE SODIUM	DPC
02247385	EURO-DOCUSATE	EUR
02303825	EURO-DOCUSATE	EUR
02020084	NOVO-DOCUSATE	TEV
00703494	PMS-DOCUSATE SODIUM	PMS
00870196	RATIO-DOCUSATE SODIUM	RPH
00514888	SELAX	ODN
01994344	SOFLAX	PMS
02281031	STOOL SOFTENER	PMS
02357305	STOOL SOFTENER	VTH
00716731	TARO-DOCUSATE	TAR

[ST] **200mg Capsule**

02029529	SOFLAX	PMS

[ST] **250mg Capsule**

02006596	SELAX	ODN

[ST] **10mg/mL Drop**

02090163	COLACE	WPC
00870218	DOCUSATE SODIUM	RPH
00880140	PMS-SODIUM DOCUSATE	PMS
02006723	SOFLAX	PMS

56:12.00 CATHARTICS AND LAXATIVES

DOCUSATE SODIUM

[ST] 4mg/mL Syrup

02086018	COLACE	WPC
02238283	DOCUSATE SODIUM	ATL
00703508	PMS-DOCUSATE SODIUM	PMS
00870226	RATIO-DOCUSATE SODIUM	RPH
00695033	SELAX	ODN
02006758	SOFLAX SYRUP	PMS

[ST] 20mg/mL Syrup

02283239	DOCUSATE SODIUM	JMP

[ST] 50mg/mL Syrup

02283220	DOCUSATE SODIUM	JMP
00848417	PMS-DOCUSATE SODIUM	PMS

DOCUSATE SODIUM, SENNA

[ST] 50mg & 187mg Tablet

00026123	SENOKOT S	PFR

[ST] 50mg & 8.6mg Tablet

02247390	EURO-SENNA S	EUR

GLYCERINE

Adult Suppository

00873462	GLYCERIN	RPH
01926039	GLYCERIN	WLA
02020394	GLYCERIN	TCH
80029765	JAMP GLYCERIN	JAP

Pediatric Suppository

02020815	GLYCERIN INFANT	RPH
01926047	GLYCERIN INFANT & CHILD	PFI

LACTULOSE

[ST] 667mg/mL Oral Liquid

02242814	APO-LACTULOSE	APX
02247383	EURO-LAC	EUR
02295881	LACTULOSE	JMP
00703486	PMS-LACTULOSE	PMS
00854409	RATIO-LACTULOSE	RPH

MACROGOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE

60g & 750mg & 1.68g & 1.46g & 5.68g/L Powder

00677442	COLYTE	ZYM
00652512	GOLYTELY	BAX
00777838	PEGLYTE	PMS

MAGNESIUM HYDROXIDE

80mg/mL Liquid

02245289	MILK OF MAGNESIA	PMS
02150646	MILK OF MAGNESIA PLAIN/SUGARFREE	BCD

311mg Tablet

02150638	MILK OF MAGNESIA	BCD

56:12.00 CATHARTICS AND LAXATIVES

MINERAL OIL

78% Jelly

00608734	LANSOYL GEL	AXC
02186926	LANSOYL GEL SUGARFREE	AXC

Liquid

01935348	MINERAL OIL (HEAVY)	RWP

PLANTAGO SEED

50% Powder

00599875	MUCILLIUM	PMS

POLYETHYLENE GLYCOL 3350

Kit

02326302	BI-PEGLYTE KIT	PEI

Powder

09991007	POLYETHYLENE GLYCOL	WIL
09991054	POLYETHYLENE GLYCOL 3350	WIL

1g/g Powder

02346672	RELAXA	RLI

1g/g Powder

02317680	LAX-A-DAY	PED
02358034	PEG 3350	MDS

POLYETHYLENE GLYCOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE

Oral Liquid

02147793	KLEAN-PREP	RVX

PSYLLIUM HYDROPHILIC MUCILLOID

680mg/g Powder

02174812	METAMUCIL ORIGINAL TEXTURE	PGI
02174790	METAMUCIL SM TEXT ORANGE	PGI
02174782	METAMUCIL SM TEXT ORANGE S/F	PGI
02174804	METAMUCIL SM TEXT UNFLAV	PGI

SENNOSIDES

[ST] 1.7mg/Ml Liquid

80024394	JAMP-SENNA	JAP
02144379	SENNALAX	PMS
02084651	SENNAPREP	PMS
00367729	SENOKOT	PFR

[ST] 8.6mg Tablet

02247389	EURO-SENNA	EUR
80009595	JAMP-SENNA	JAP
80009182	JAMP-SENNOSIDES	JMP
80043280	M-SENNOSIDES	MAN
00896411	PMS-SENNOSIDES	PMS
01949292	RIVA-SENNA	RIV
02237105	SENNA LAXATIVE	SDR
02068109	SENNATAB	PMS
00026158	SENOKOT	PFR

56:12.00 CATHARTICS AND LAXATIVES

SENNOSIDES

[ST] 12MG Tablet

80009183	JAMP-SENNOSIDES	JMP
00896403	PMS-SENNOSIDES	PMS

SODIUM BIPHOSPHATE

2.4gm Oral Liquid

80034416	JAMP-SODIUM PHOSPHATE	JAP

SODIUM CITRATE, SODIUM LAURYL SULFOACETATE, SORBITOL

90mg & 9mg & 625mg Enema

02063905	MICROLAX	PMS

SODIUM PHOSPHATE

Oral Liquid

80000689	PHOSLAX	ODN

SODIUM PHOSPHATE DIBASIC, SODIUM PHOSPHATE MONOBASIC

180mg & 480mg/mL Oral Liquid

02230399	PMS-PHOSPHATES SOLUTION	PMS

60mg & 160mg/mL Rectal Liquid

02096900	ENEMOL	DPC
00009911	FLEET ENEMA	FRS

60mg & 160mg/mL PED Rectal Liquid

00108065	FLEET ENEMA PEDIATRIC	JAJ

56:14.00 CHOLELITHOLYTIC AGENTS

URSODIOL

[ST] 250mg Tablet

02281317	PHL-URSODIOL C	PHH
02273497	PMS-URSODIOL	PMS
02238984	URSO	AXC

[ST] 500mg Tablet

02281325	PHL-URSODIOL C	PHH
02273500	PMS-URSODIOL	PMS
02245894	URSO DS	AXC

56:16.00 DIGESTANTS

ANETHOLE TRITHIONE

25mg Tablet

02240344	SIALOR	PAL

LACTASE

Tablet

02231507	LACTAID ULTRA	JNO

3,000U Tablet

02200384	DAIRY DIGESTIVE	PER
02239139	DAIRY DIGESTIVE	SDR
01951637	DAIRYAID	TAN
02230653	LACTAID	JNO
02017512	LACTOMAX	KIN

56:16.00 DIGESTANTS

LACTASE

4,500U Tablet

02239140	DAIRY DIGESTIVE EXTRA STRENGTH	SDR
02230654	LACTAID EXTRA STRENGTH	JNO
02224909	LACTOMAX EXTRA	KIN

LIPASE, AMYLASE, PROTEASE

[ST] 6,000U & 30,000U & 19,000U Capsule

02415194	CREON MINIMICROSPHERES 6	ABB

[ST] 8,000U & 30,000U & 30,000U Capsule

00263818	COTAZYM	ORG

[ST] 4,000U & 12,000U & 12,000U Capsule (Enteric Coated Particles)

00789445	PANCREASE MT 4	JNO

[ST] 4,500U & 20,000U & 25,000U Capsule (Enteric Coated Particles)

02203324	ULTRASE MS 4	AXC

[ST] 8,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)

00502790	COTAZYM ECS 8	ORG

[ST] 10,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)

00789437	PANCREASE MT 10	JNO

[ST] 10,000U & 33,200U & 37,500U Capsule (Enteric Coated Particles)

02200104	CREON 10 MINIMICROSPHERES	SPH

[ST] 12,000U & 39,000U & 39,000U Capsule (Enteric Coated Particles)

02045834	ULTRASE MT 12	AXC

[ST] 16,000U & 48,000U & 48,000U Capsule (Enteric Coated Particles)

00789429	PANCREASE MT 16	JNO

[ST] 20,000U & 55,000U & 55,000U Capsule (Enteric Coated Particles)

00821373	COTAZYM ECS 20	ORG

[ST] 20,000U & 65,000 & 65,000U Capsule (Enteric Coated Particles)

02045869	ULTRASE MT 20	AXC

[ST] 25,000U & 74,000U & 62,500U Capsule (Enteric Coated Particles)

01985205	CREON 25 MINIMICROSPHERES	SPH

[ST] 8,000U & 30,000U & 30,000U Tablet

02230019	VIOKASE	AXC

[ST] 16,000U & 60,000U & 60,000U Tablet

02241933	VIOKASE	AXC

56:20.00 EMETICS

IPECAC

14mg/mL Syrup

00378801	IPECAC	XEN

56:22.00 ANTIEMETICS

DIMENHYDRINATE

ST 50mg Tablet

02377179	MOTION SICKNESS	ATM

56:22.08 ANTIHISTAMINES

DIMENHYDRINATE

50mg/mL Injection

00392537	DIMENHYDRINATE	SDZ
00013579	GRAVOL	HOR

ST 3mg/mL Liquid

00230197	GRAVOL	HOR

25mg Suppository

00783595	GRAVOL	HOR

50mg Suppository

00392553	DIMENHYDRINATE	SDZ

100mg Suppository

00013609	GRAVOL ADULT	HOR

ST 15mg Tablet

00511196	GRAVOL	HOR

ST 50mg Tablet

00363766	APO-DIMENHYDRINATE	APX
00013803	GRAVOL	HOR
00399779	NAUSEATOL	SDZ
00586331	PMS-DIMENHYDRINATE	PMS
00021423	TEVA-DIMENATE	TEV
00605786	TRAVEL AID	VTH
02245416	TRAVEL TABLET	JMP

DOXYLAMINE SUCCINATE, PYRIDOXINE HCL

ST 10mg & 10mg Tablet

00609129	DICLECTIN	DUI

56:22.20 5-HT3 RECEPTOR ANTAGONISTS

DOLASETRON MESYLATE

ST 100mg Tablet

02231379	ANZEMET	SAC

GRANISETRON

ST 1mg Tablet

02308894	GRANISETRON	AAP
02185881	KYTRIL	HLR

ONDANSETRON HCL DIHYDRATE

ST 0.8mg/mL Liquid

02291967	ONDANSETRON	AAP
02229639	ZOFRAN	GSK

ST 4mg Orally Disintegrating Tablet

02239372	ZOFRAN ODT	GSK

ST 8mg Orally Disintegrating Tablet

02239373	ZOFRAN ODT	GSK

56:22.20 5-HT3 RECEPTOR ANTAGONISTS

ONDANSETRON HCL DIHYDRATE

ST 4mg Tablet

02288184	APO-ONDANSETRON	APX
02296349	CO-ONDANSETRON	CBT
02313685	JAMP ONDANSETRON	JMP
02371731	MAR-ONDANSETRON	MAR
02305259	MINT-ONDANSETRON	MIN
02297868	MYLAN-ONDANSETRON	MYL
02264056	NOVO-ONDANSETRON	TEV
02421402	ONDANSETRON	SAN
02306212	ONDANSETRON-ODAN	ODN
02389983	ONDISSOLVE ODF	TAK
02278618	PHL-ONDANSETRON	PHH
02258188	PMS-ONDANSETRON	PMS
02312247	RAN-ONDANSETRON	RBY
02278529	RATIO-ONDANSETRON	RPH
02274310	SANDOZ-ONDANSETRON	SDZ
02376091	SEPTA-ONDANSETRON	SPT
02213567	ZOFRAN	GSK
02344440	ZYM-ONDANSETRON	ZYM

ST 8mg Tablet

02288192	APO-ONDANSETRON	APX
02296357	CO-ONDANSETRON	CBT
02313693	JAMP ONDANSETRON	JMP
02371758	MAR-ONDANSETRON	MAR
02305267	MINT-ONDANSETRON	MIN
02297876	MYLAN-ONDANSETRON	MYL
02264064	NOVO-ONDANSETRON	TEV
02325160	ONDANSETRON	PDL
02421410	ONDANSETRON	SAN
02306220	ONDANSETRON-ODAN	ODN
02389991	ONDISSOLVE ODF	TAK
02278626	PHL-ONDANSETRON	PHH
02258196	PMS-ONDANSETRON	PMS
02312255	RAN-ONDANSETRON	RBY
02278537	RATIO-ONDANSETRON	RPH
02274329	SANDOZ-ONDANSETRON	SDZ
02376105	SEPTA-ONDANSETRON	SPT
02213575	ZOFRAN	GSK
02344459	ZYM-ONDANSETRON	ZYM

56:22.92 MISCELLANEOUS ANTIEMETICS

APREPITANT

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

80mg Capsule

02298791	EMEND	FRS

125mg Capsule

02298805	EMEND	FRS

56:22.92 MISCELLANEOUS ANTIEMETICS

APREPITANT

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

125mg & 80mg Capsule

02298813	EMEND TRI PACK	FRS

NABILONE

Limited use benefit (prior approval required).

• For patients who are experiencing nausea and vomiting due to cancer chemotherapy or radiation;

OR

• patient is palliative (diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

0.25mg Capsule

02312263	CESAMET	VAE
02358077	RAN-NABILONE	RBY
02392925	TEVA-NABILONE	TEP

0.5mg Capsule

02393581	ACT-NABILONE	ATP
02256193	CESAMET	VAE
02380900	PMS-NABILONE	PMS
02358085	RAN-NABILONE	RBY
02384884	TEVA-NABILONE	TEP

1mg Capsule

02393603	ACT-NABILONE	ATP
00548375	CESAMET	VAE
02380919	PMS-NABILONE	PMS
02358093	RAN-NABILONE	RBY
02384892	TEVA-NABILONE	TEP

56:28.12 HISTAMINE H2-ANTAGONISTS

CIMETIDINE

[ST] 200mg Tablet

00584215	APO-CIMETIDINE	APX
02229717	PMS-CIMETIDINE	PMS
00582409	TEVA-CIMETINE	TEV

[ST] 300mg Tablet

00487872	APO-CIMETIDINE	APX
02231287	DOM-CIMETIDINE	DPC
02227444	MYLAN-CIMETIDINE	MYL
02229718	PMS-CIMETIDINE	PMS
00582417	TEVA-CIMETINE	TEV

[ST] 400mg Tablet

00600059	APO-CIMETIDINE	APX
02231288	DOM-CIMETIDINE	DPC
02227452	MYLAN-CIMETIDINE	MYL
02229719	PMS-CIMETIDINE	PMS
00603678	TEVA-CIMETINE	TEV

56:28.12 HISTAMINE H2-ANTAGONISTS

CIMETIDINE

[ST] 600mg Tablet

00600067	APO-CIMETIDINE	APX
00618705	CIMETIDINE	PDL
02231290	DOM-CIMETIDINE	DPC
02227460	MYLAN-CIMETIDINE	MYL
02229720	PMS-CIMETIDINE	PMS
00603686	TEVA-CIMETINE	TEV

[ST] 800mg Tablet

00749494	APO-CIMETIDINE	APX
02227479	MYLAN-CIMETIDINE	MYL
02229721	PMS-CIMETIDINE	PMS
00663727	TEVA-CIMETINE	TEV

FAMOTIDINE

[ST] 20mg Tablet

01953842	APO-FAMOTIDINE	APX
02351102	FAMOTIDINE	SAN
02196018	MYLAN-FAMOTIDINE	MYL
02022133	NOVO-FAMOTIDINE	TEV
02237148	ULCIDINE	VAE

[ST] 40mg Tablet

01953834	APO-FAMOTIDINE	APX
02351110	FAMOTIDINE	SAN
02196026	MYLAN-FAMOTIDINE	MYL
02022141	NOVO-FAMOTIDINE	TEV
02237149	ULCIDINE	VAE

NIZATIDINE

[ST] 150mg Capsule

00778338	AXID	PHH
02185814	DOM-NIZATIDINE	DPC
02240457	NOVO-NIZATIDINE	TEV
02177714	PMS-NIZATIDINE	PMS

[ST] 300mg Capsule

00778346	AXID	PHH
02238195	NIZATIDINE	PHH
02240458	NOVO-NIZATIDINE	TEV
02177722	PMS-NIZATIDINE	PMS

RANITIDINE HCL

[ST] 15mg/mL Oral Solution

02280833	APO-RANITIDINE	APX
02242940	NOVO-RANITIDINE	TEV

56:28.12 HISTAMINE H2-ANTAGONISTS

RANITIDINE HCL

[ST] 150mg Tablet

00733059	APO-RANITIDINE	APX
02248570	CO RANITIDINE	COB
02293471	MAXIMUM STRENGTH ACID REDUCER	PMS
02207761	MYLAN-RANITIDINE	MYL
02367378	MYL-RANITIDINE	MYL
00828564	NOVO-RANIDINE	TEV
02245782	PHL-RANITIDINE	PHH
02242453	PMS-RANITIDINE	PMS
00740748	RANITIDINE	PDL
02353016	RANITIDINE	SAN
02385953	RANITIDINE	SIV
02336480	RAN-RANITIDINE	RBY
02247814	RIVA-RANTIDINE	RIV
02243229	SANDOZ-RANITIDINE	SDZ
02212331	ZANTAC	GSK

[ST] 300mg Tablet

00733067	APO-RANITIDINE	APX
02248571	CO RANITIDINE	COB
02207788	MYLAN-RANITIDINE	MYL
02367386	MYL-RANITIDINE	MYL
02245783	PHL-RANITIDINE	PHH
02242454	PMS-RANITIDINE	PMS
00740756	RANITIDINE	PDL
02353024	RANITIDINE	SAN
02385961	RANITIDINE	SIV
02336502	RAN-RANITIDINE	RBY
00828688	RATIO-RANITIDINE	RPH
02247815	RIVA-RANITIDINE	RIV
02243230	SANDOZ-RANITIDINE	SDZ
02212358	ZANTAC	GSK

56:28.28 PROSTAGLANDINS

MISOPROSTOL

[ST] 100mcg Tablet

02244022	MISOPROSTOL	AAP

[ST] 200mcg Tablet

02244023	MISOPROSTOL	AAP
02244125	PMS-MISOPROSTOL	PMS

56:28.32 PROTECTANTS

SUCRALFATE

[ST] 200mg/mL Suspension

02103567	SULCRATE PLUS	AXC

[ST] 1g Tablet

02125250	APO-SUCRALFATE	APX
02045702	NOVO-SUCRALATE	TEV
02130939	SUCRALFATE-1	PDL
02100622	SULCRATE	AXC

56:28.36 PROTON-PUMP INHIBITORS

AMOXICILLIN, CLARITHROMYCIN, LANSOPRAZOLE

500mg & 500mg & 30mg Kit

02238525	HP-PAC	ABB

LANSOPRAZOLE

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

[ST] 15mg Sustained Release Capsule

02385767	LANSOPRAZOLE	SIV
02433001	LANSOPRAZOLE	PMS
02410370	LANSOPRAZOLE-15	SIV
02395258	PMS-LANSOPRAZOLE	PMS
02402610	RAN-LANSOPRAZOLE	RBY
02422808	RIVA-LANSOPRAZOLE	RIV
02385643	SANDOZ LANSOPRAZOLE	SDZ

[ST] 30mg Sustained Release Capsule

02414775	DOM-LANSOPRAZOLE	DOM
02366282	LANSOPRAZOLE	PDL
02385775	LANSOPRAZOLE	SIV
02410389	LANSOPRAZOLE-30	SIV
02395266	PMS-LANSOPRAZOLE	PMS
02402629	RAN-LANSOPRAZOLE	RBY
02422816	RIVA-LANSOPRAZOLE	RIV
02385651	SANDOZ LANSOPRAZOLE	SDZ

[ST] 15mg Sustained Release Capsule

02293811	APO-LANSOPRAZOLE	APX
02357682	LANSOPRAZOLE	SAN
02353830	MYLAN-LANSOPRAZOLE	MYL
02280515	NOVO-LANSOPRAZOLE	TEV
02165503	PREVACID	ABB

[ST] 30mg Sustained Release Capsule

02293838	APO-LANSOPRAZOLE	APX
02357690	LANSOPRAZOLE	SAN
02353849	MYLAN-LANSOPRAZOLE	MYL
02280523	NOVO-LANSOPRAZOLE	TEV
02165511	PREVACID	ABB

LANSOPRAZOLE ODT

(Please refer to Appendix A).

Limited use benefit (prior approval required).

Coverage will be limited to 400 tablets/capsules every 180 days.

•For children 12 years of age or under who are unable to swallow the capsule formulation
•For patients with dysphagia or a feeding tube when the use of the capsule formulation is not possible.

[ST] 15MG Orally Disintegrating Tablet

02249464	PREVACID FASTAB	TAK

[ST] 30MG Orally Disintegrating Tablet

02249472	PREVACID FASTAB	TAK

56:28.36 PROTON-PUMP INHIBITORS

OMEPRAZOLE

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST 20mg Capsule

02245058	APO-OMEPRAZOLE	APX
00846503	LOSEC	AZC
02329433	MYLAN-OMEPRAZOLE	MYL
02339927	OMEPRAZOLE	PDL
02348691	OMEPRAZOLE	SAN
02385384	OMEPRAZOLE	SIV
02411857	OMEPRAZOLE-20	SIV
02320851	PMS-OMEPRAZOLE	PMS
02403617	RAN-OMEPRAZOLE	RBY
02296446	SANDOZ OMEPRAZOLE	SDZ

ST 20mg Delayed Release Tablet

02190915	LOSEC	AZC
02416549	OMEPRAZOLE MAGNESIUM DR	ACC
02310260	PMS-OMEPRAZOLE	PMS
02374870	RAN-OMEPRAZOLE	RBY
02260867	RATIO-OMEPRAZOLE	RPH
02295415	TEVA-OMEPRAZOLE	TEP

ST 20mg Tablet

02333430	DOM-OMEPRAZOLE DR	DOM
02420198	JAMP-OMEPRAZOLE DR	JAP
02402416	RIVA-OMEPRAZOLE DR	RIV

PANTOPRAZOLE MAGNESIUM

ST 40mg Enteric Coated Tablet

02267233	TECTA	NCC

56:28.36 PROTON-PUMP INHIBITORS

PANTOPRAZOLE SODIUM

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST 40mg Delayed Release Tablet

02412969	ABBOTT-PANTOPRAZOLE	ABB
02292920	APO-PANTOPRAZOLE	APX
02300486	CO PANTOPRAZOLE	COB
02310007	DOM-PANTOPRAZOLE	DOM
02357054	JAMP-PANTOPRAZOLE	JAP
02416565	MAR-PANTOPRAZOLE	MAR
02417448	MINT-PANTOPRAZOLE	MIN
02299585	MYLAN-PANTOPRAZOLE	MYL
02285487	NOVO-PANTOPRAZOLE	TEV
02229453	PANTOLOC	NYC
02309866	PANTOPRAZOLE	MEL
02310201	PANTOPRAZOLE	SOR
02318695	PANTOPRAZOLE	PDL
02370808	PANTOPRAZOLE	SAN
02385759	PANTOPRAZOLE	SIV
02431327	PANTOPRAZOLE	RIV
02428180	PANTOPRAZOLE-40	SIV
02307871	PMS-PANTOPRAZOLE	PMS
02425378	PRIVA-PANTOPRAZOLE	PHA
02305046	RAN-PANTOPRAZOLE	RBY
02316463	RIVA-PANTOPRAZOLE	RIV
02301083	SANDOZ-PANTOPRAZOLE	SDZ

RABEPRAZOLE SODIUM

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST 10mg Enteric Coated Tablet

02422638	ABBOTT-RABEPRAZOLE	BGP
02345579	APO-RABEPRAZOLE	APX
02408392	MYLAN-RABEPRAZOLE	MYL
02296632	NOVO-RABEPRAZOLE	TEV
02243796	PARIET EC	JNO
02310805	PMS-RABEPRAZOLE	PMS
02315181	PRO-RABEPRAZOLE	PDL
02385449	RABEPRAZOLE	SIV
02356511	RABEPRAZOLE EC	SAN
02298074	RAN-RABEPRAZOLE	RBY
02330083	RIVA-RABEPRAZOLE EC	RIV
02314177	SANDOZ-RABEPRAZOLE	SDZ

56:28.36 PROTON-PUMP INHIBITORS

RABEPRAZOLE SODIUM

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST 20mg Enteric Coated Tablet

02422646	ABBOTT-RABEPRAZOLE	BGP
02345587	APO-RABEPRAZOLE	APX
02320460	DOM-RABEPRAZOLE EC	DOM
02408406	MYLAN-RABEPRAZOLE	MYL
02296640	NOVO-RABEPRAZOLE	TEV
02243797	PARIET EC	JNO
02310813	PMS-RABEPRAZOLE	PMS
02315203	PRO-RABEPRAZOLE	PDL
02385457	RABEPRAZOLE	SIV
02356538	RABEPRAZOLE EC	SAN
02298082	RAN-RABEPRAZOLE	RBY
02330091	RIVA-RABEPRAZOLE	RIV
02314185	SANDOZ-RABEPRAZOLE	SDZ

56:32.00 PROKINETIC AGENTS

DOMPERIDONE MALEATE

ST 10mg Tablet

02103613	APO-DOMPERIDONE	APX
02238315	DOM-DOMPERIDONE	DPC
02236857	DOMPERIDONE	PDL
02238341	DOMPERIDONE	SIV
02350440	DOMPERIDONE	SAN
02369206	JAMP-DOMPERIDONE	JAP
02403870	MAR-DOMPERIDONE	MAR
02278669	MYLAN-DOMPERIDONE	MYL
02157195	NOVO-DOMPERIDONE	TEV
02236466	PMS-DOMPERIDONE	PMS
02268078	RAN-DOMPERIDONE	RBY
01912070	RATIO-DOMPERIDONE	RPH

METOCLOPRAMIDE HCL

ST 1mg/mL Oral Liquid

02230433	PMS-METOCLOPRAMIDE	PMS

ST 5mg Tablet

00842826	APO-METOCLOP	APX
02230431	PMS-METOCLOPRAMIDE	PMS

ST 10mg Tablet

00842834	APO-METOCLOP	APX
02230432	PMS-METOCLOPRAMIDE	PMS

56:36.00 ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID

ST 500mg Delayed Release Tablet

02099683	PENTASA	FEI

2g/60g Enema

02112795	SALOFALK	AXC

4g/60g Enema

02112809	SALOFALK	AXC

56:36.00 ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID

ST 400mg Enteric Coated Tablet

01997580	ASACOL	PGP

ST 500mg Enteric Coated Tablet

02112787	SALOFALK	AXC

ST 800mg Enteric Coated Tablet

02267217	ASACOL	WAC

500mg Suppository

02112760	SALOFALK	AXC

MESALAZINE

1g/100mL Enema

02153521	PENTASA	FEI

4g/100mL Enema

02153556	PENTASA	FEI

ST 400mg Enteric Coated Tablet

02171929	NOVO 5-ASA	TEV

ST 500mg Enteric Coated Tablet

01914030	MESASAL	GSK

ST 1.2G Extended Release Tablet

02297558	MEZAVANT	SHI

1g Suppository

02153564	PENTASA	FEI

1000mg Suppository

02242146	SALOFALK	AXC

OLSALAZINE SODIUM

ST 250mg Capsule

02063808	DIPENTUM	LUD

60:00 GOLD COMPOUNDS

60:00.00 GOLD COMPOUNDS

AURANOFIN

3mg Capsule

01916823	RIDAURA	SQU

SODIUM AUROTHIOMALATE

10mg/mL Injection

01927620	MYOCHRYSINE	SAC
02245456	SODIUM AUROTHIOMALATE	SDZ

25mg/mL Injection

01927612	MYOCHRYSINE	SAC

50mg/mL Injection

02245458	SODIUM AUROTHIOMALATE	SDZ

64:00 HEAVY METAL ANTAGONISTS

64:00.00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

250mg Capsule

00016055	CUPRIMINE	FRS

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENALS

BECLOMETHASONE DIPROPIONATE

50mcg Inhaler

02242029	QVAR	MMH

100mcg Inhaler

02242030	QVAR	MMH

BUDESONIDE

0.125mg/mL Inhalation Solution

02229099	PULMICORT NEBUAMP	AZC

0.25mg/mL Inhalation Solution

01978918	PULMICORT NEBUAMP	AZC

0.5mg/mL Inhalation Solution

01978926	PULMICORT NEBUAMP	AZC

100mcg Powder for Inhalation

00852074	PULMICORT TURBUHALER	AZC

200mcg Powder for Inhalation

00851752	PULMICORT TURBUHALER	AZC

400mcg Powder for Inhalation

00851760	PULMICORT TURBUHALER	AZC

CICLESONIDE

100mg/Inhalation Inhaler

02285606	ALVESCO	NYC

200mg/Inhalation Inhaler

02285614	ALVESCO	NYC

CORTISONE ACETATE

25mg Tablet

00280437	CORTISONE	VAE

DEXAMETHASONE

0.1mg/mL Elixir

01946897	PMS-DEXAMETHASONE	PMS

0.5mg Tablet

02261081	APO-DEXAMETHASONE	APX
02237044	PHL-DEXAMETHASONE	PHH
01964976	PMS-DEXAMETHASONE	PMS
02240684	RATIO-DEXAMETHASONE	RPH

0.75mg Tablet

00285471	DEXASONE	VAE
01964968	PMS-DEXAMETHASONE	PMS

2mg Tablet

02279363	PMS-DEXAMETHASONE	PMS

4mg Tablet

02250055	APO-DEXAMETHASONE	APX
00489158	DEXASONE	VAE
02237046	PHL-DEXAMETHASONE	PHH
01964070	PMS-DEXAMETHASONE	PMS
02311267	PRO-DEXAMETHASONE	PRO
02240687	RATIO-DEXAMETHASONE	RPH

68:04.00 ADRENALS

DEXAMETHASONE PHOSPHATE

4mg/mL Injection

00664227	DEXAMETHASONE	SDZ
01977547	DEXAMETHASONE	CYX
02204266	DEXAMETHASONE-OMEGA	OMG

10mg/mL Injection

00874582	DEXAMETHASONE	SDZ
02204274	DEXAMETHASONE-OMEGA	OMG
00783900	PMS-DEXAMETHASONE	PMS

FLUDROCORTISONE ACETATE

0.1mg Tablet

02086026	FLORINEF	SHI

FLUTICASONE PROPIONATE

50mcg/Inhalation Inhaler

02244291	FLOVENT HFA 50	GSK

125mcg/Inhalation Inhaler

02244292	FLOVENT HFA 125	GSK

250mcg/Inhalation Inhaler

02244293	FLOVENT HFA 250	GSK

50mcg/Dose Powder Diskus

02237244	FLOVENT DISKUS	GSK

100mcg/Dose Powder Diskus

02237245	FLOVENT DISKUS	GSK

250mcg/Dose Powder Diskus

02237246	FLOVENT DISKUS	GSK

500mcg/Dose Powder Diskus

02237247	FLOVENT DISKUS	GSK

HYDROCORTISONE

10mg Tablet

00030910	CORTEF	PFI

20mg Tablet

00030929	CORTEF	PFI

METHYLPREDNISOLONE

4mg Tablet

00030988	MEDROL	PFI

16mg Tablet

00036129	MEDROL	PFI

METHYLPREDNISOLONE ACETATE

40mg/mL Suspension for Injection

00030759	DEPO-MEDROL	PMJ
02245400	METHYLPREDNISOLONE	SDZ
02245407	METHYLPREDNISOLONE	SDZ

80mg/mL Suspension for Injection

00030767	DEPO-MEDROL	PMJ
02245406	METHYLPREDNISOLONE	SDZ
02245408	METHYLPREDNISOLONE	SDZ

20mg/mL Suspension for Injection (Multi-Dose)

01934325	DEPO-MEDROL	PMJ

40mg/mL Suspension for Injection (Multi-Dose)

01934333	DEPO-MEDROL	PMJ

68:04.00 ADRENALS

METHYLPREDNISOLONE ACETATE

80mg/mL Suspension for Injection (Multi-Dose)

01934341	DEPO-MEDROL	PMJ

MOMETASONE FUROATE

200mcg Inhaler

02243595	ASMANEX TWISTHALER	FRS

400mcg Inhaler

02243596	ASMANEX TWISTHALER	FRS

PREDNISOLONE SODIUM PHOSPHATE

1mg/mL Oral Liquid

02230619	PEDIAPRED	AVT
02245532	PMS-PREDNISOLONE	PMS

PREDNISONE

1mg Tablet

00598194	APO-PREDNISONE	APX
00271373	WINPRED	VAE

5mg Tablet

00312770	APO-PREDNISONE	APX
00156876	PREDNISONE	PRO

50mg Tablet

00550957	APO-PREDNISONE	APX
00232378	NOVO-PREDNISONE	TEV
00607517	PREDNISONE	PRO

TRIAMCINOLONE ACETONIDE

10mg/mL Suspension for Injection

01999761	KENALOG-10	WSB
02229540	TRIAMCINOLONE	SDZ

40mg/mL Suspension for Injection

01999869	KENALOG-40	WSB
02229550	TRIAMCINOLONE	SDZ
09857128	TRIAMCINOLONE ACETONIDE (5ML)	SDZ

TRIAMCINOLONE DIACETATE

40mg/mL Suspension for Injection

01977555	STERILE TRIAMCINOLONE	CYX

68:08.00 ANDROGENS

DANAZOL

50mg Capsule

02018144	CYCLOMEN	SAC

100mg Capsule

02018152	CYCLOMEN	SAC

200mg Capsule

02018160	CYCLOMEN	SAC

TESTOSTERONE CYPIONATE

100mg/mL Injection

00030783	DEPO-TESTOSTERONE	PFI
02246063	TESTOSTERONE CYPIONATE	SDZ

68:08.00 ANDROGENS

TESTOSTERONE ENANTHATE

200mg/mL Injection

00029246	DELATESTRYL	BMS

TESTOSTERONE UNDECANOATE

40mg Capsule

00782327	ANDRIOL	ORG
02322498	PMS-TESTOSTERONE	PMS
02421186	TARO-TESTOSTERONE	TAR

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL, DESOGESTREL

[ST] 25mcg & 150mcg, 125mcg, 100mcg Tablet

02272903	LINESSA 21	ORG
02257238	LINESSA 28	ORG

[ST] 30mcg & 150mcg Tablet

02317192	APRI 21	BAR
02317206	APRI 28	BAR
02396491	FREYA 21	FAM
02396610	FREYA 28	FAM
02042487	MARVELON 21	ORG
02042479	MARVELON 28	ORG
02410249	MIRVALA 21	APX
02410257	MIRVALA 28	APX
02042533	ORTHO CEPT 28	JNO
02420813	RECLIPSEN 21	ATP
02417464	RECLIPSEN 28	ATP

ETHINYL ESTRADIOL, DROSPIRENONE

[ST] 0.02mg & 3mg Tablet

02415380	MYA 28	APX
02321157	YAZ	BAY

[ST] 0.03mg & 3mg Tablet

02261723	YASMIN 21	BAY
02261731	YASMIN 28	BAY
02410788	ZAMINE 21	APX
02410796	ZAMINE 28	APX
02385058	ZARAH 21	CBT
02385066	ZARAH 28	CBT

ETHINYL ESTRADIOL, ETHYNODIOL DIACETATE

[ST] 30mcg & 2mg Tablet

00469327	DEMULEN 30 21	PFI
00471526	DEMULEN 30 28	PFI

ETHINYL ESTRADIOL, ETONOGESTREL

[ST] 2.6mg & 11.4mg Device

02253186	NUVARING	ORG

ETHINYL ESTRADIOL, LEVONORGESTREL

[ST] 0.15mg & 0.03mg Tablet

02296659	SEASONALE	ACG

[ST] 0.15mg & 0.03mg & 0.01mg Tablet

02346176	SEASONIQUE	ACG

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL, LEVONORGESTREL

ST 20mcg & 100mcg Tablet

02236974	ALESSE 21	WAY
02236975	ALESSE 28	WAY
02387875	ALYSENA 21	APX
02387883	ALYSENA 28	APX
02298538	AVIANE 21	BAR
02298546	AVIANE 28	BAR
02388138	ESME 21	FAM
02388146	ESME 28	FAM
02401185	LUTERA 21	CBT
02401207	LUTERA 28	CBT

ST 30mcg & 0.05mg, 40mcg & 0.075mg, 30mcg & 0.125mg Tablet

00707600	TRIQUILAR 21	BEX
00707503	TRIQUILAR 28	BEX

ST 30mcg & 150mcg Tablet

02042320	MIN-OVRAL 21	WAY
02042339	MIN-OVRAL 28	WAY
02387085	OVIMA 21	APX
02387093	OVIMA 28	APX
02295946	PORTIA 21	BAR
02295954	PORTIA 28	BAR

ETHINYL ESTRADIOL, NORELGESTROMIM

ST 6mg & 0.6mg Patch

02248297	EVRA	JNO

ETHINYL ESTRADIOL, NORETHINDRONE

ST 20mcg & 1mg Tablet

00315966	MINESTRIN 1/20 21	GCL
00343838	MINESTRIN 1/20 28	GCL

ST 30mcg & 1.5mg Tablet

00297143	LOESTRIN 1.5/30 21	GCL
00353027	LOESTRIN 1.5/30 28	GCL

ST 35mcg & 0.5mg Tablet

02187086	BREVICON 0.5/35 21	PFI
02187094	BREVICON 0.5/35 28	PFI
00340731	ORTHO 0.5/35 28	JNO
00317047	ORTHO 0.5/35 21	JNO

ST 35mcg & 0.5mg, 35mcg & 1mg Tablet

02187108	SYNPHASIC 21	PFI
02187116	SYNPHASIC 28	PFI

ST 35mcg & 1mg Tablet

02189054	BREVICON 1/35 21	PFI
02189062	BREVICON 1/35 28	PFI
00372838	ORTHO 1/35 28	JNO
00372846	ORTHO 1/35 21	JNO
02197502	SELECT 1/35 21	DSP
02199297	SELECT 1/35 28	DSP

ST 35mcg & 500mcg, 35mcg & 750mcg, 35mcg & 1mg Tablet

00602957	ORTHO 7/7/7 21	JNO
00602965	ORTHO 7/7/7 28	JNO

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL, NORGESTIMATE

ST 25mcg & 0.180mg, 25mcg & 0.215mg, 25mcg & 0.25mg Tablet

02401967	TRICIRA LO 21	APX
02401975	TRICIRA LO 28	APX
02258560	TRI-CYCLEN LO 21	JNO
02258587	TRI-CYCLEN LO 28	JNO

ST 35mcg & 0.180mg, 35mcg & 0.215mg, 35mcg & 0.25mg Tablet

02028700	TRI-CYCLEN 21	JNO
02029421	TRI-CYCLEN 28	JNO

ST 35mcg & 0.25mg Tablet

01968440	CYCLEN 21	JNO
01992872	CYCLEN 28	JNO

LEVONORGESTREL

0.75mg Tablet

02364905	NEXT CHOICE	CBT
02285576	NORLEVO	LAP
02371189	OPTION 2	PER
02241674	PLAN B	BAR

LEVONORGESTREL INTRAUTERINE INSERT

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 2 years.

13.5mg Intrauterine Insert

02408295	JAYDESS	BAY

52mg Intrauterine Insert

02243005	MIRENA	BAY

NORETHINDRONE

0.35mg Tablet

00037605	MICRONOR 28	JNO

68:16.04 ESTROGENS

CONJUGATED ESTROGENS

ST 0.3mg Extended Release Tablet

02414678	PREMARIN	PFI

ST 0.625mg Extended Release Tablet

02414686	PREMARIN	PFI

ST 1.25mg Extended Release Tablet

02414694	PREMARIN	PFI

ST 0.625mg/g Vaginal Cream

02043440	PREMARIN	WAY

CONJUGATED ESTROGENS, MEDROXYPROGESTERONE ACETATE

ST 0.625mg & 2.5mg Kit

02242878	PREMPLUS	WAY

ST 0.625mg & 5mg Kit

02242879	PREMPLUS	WAY

ESTRADIOL

ST 0.06% Gel

02238704	ESTROGEL	SCH

68:16.04 ESTROGENS

ESTRADIOL

ST 0.25mg Gel

02377098	DIVIGEL	TEP

ST 0.5mg Gel

02424835	DIVIGEL	TEP

ST 1mg Gel

02424843	DIVIGEL	TEP

ST 0.39mg Patch

02245676	ESTRADOT 25	NVR

ST 0.585mg Patch

02243999	ESTRADOT 37.5	NVR

ST 0.78mg Patch

02244000	ESTRADOT 50	NVR

ST 1.17mg Patch

02244001	ESTRADOT 75	NVR

ST 1.56mg Patch

02244002	ESTRADOT 100	NVR

ST 4mg Patch

02246967	SANDOZ-ESTRADIOL DERM 50	SDZ

ST 5mg Patch

02243722	OESCLIM	PAL

ST 6mg Patch

02246968	SANDOZ-ESTRADIOL DERM 75	SDZ

ST 8mg Patch

00756792	ESTRADERM 100	NVR
02246969	SANDOZ-ESTRADIOL DERM 100	SDZ

ST 10mg Patch

02243724	OESCLIM	PAL

ST 0.5mg Tablet

02225190	ESTRACE	SHI

ST 1mg Tablet

02148587	ESTRACE	SHI

ST 2mg Tablet

02148595	ESTRACE	SHI

ST 2mg Vaginal Ring

02168898	ESTRING	PMJ

ESTRADIOL (ESTRADIOL HEMIHYDRATE)

ST 2mg Patch

02247499	CLIMARA 25	BEX

ST 3.8mg Patch

02231509	CLIMARA 50	BEX

ST 5.7mg Patch

02247500	CLIMARA 75	BEX

ST 7.6mg Patch

02231510	CLIMARA 100	BEX

ST 10mcg Vaginal Tablet

02325462	VAGIFEM 10	NOO

ESTRADIOL, NORETHINDRONE ACETATE

ST 0.51mg & 4.8mg Patch

02241837	ESTALIS 250/50	NVR

68:16.04 ESTROGENS

ESTRADIOL, NORETHINDRONE ACETATE

ST 0.62mg & 2.7mg Patch

02241835	ESTALIS 140/50	NVR

ESTRONE

1mg/g Vaginal Cream

00727369	ESTRAGYN	TRT

ESTROPIPATE

ST 0.75mg Tablet

02089793	OGEN .625	PFI

68:16.12 ESTROGEN AGONISTS-ANTAGONISTS

RALOXIFENE HCL

Limited use benefit (prior approval required).

For:
a.- secondary prevention of osteoporosis in women who experience failure on bisphosphonates.
b. - secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer.

60mg Tablet

02358840	ACT RALOXIFENE	ATP
02279215	APO-RALOXIFENE	APX
02239028	EVISTA	LIL
02312298	NOVO-RALOXIFENE	TEV
02358921	PMS-RALOXIFENE	PMS
02415852	RALOXIFENE	PDL

68:18.00 GONADOTROPINS

NAFARELIN ACETATE

2mg/mL Nasal Solution

02188783	SYNAREL	PFI

68:20.02 ALPHA-GLUCOSIDASE INHIBITORS

ACARBOSE

ST 50mg Tablet

02190885	GLUCOBAY	BAY

ST 100mg Tablet

02190893	GLUCOBAY	BAY

68:20.04 BIGUANIDES

METFORMIN HCL

[ST] 500mg Tablet

02167786	APO-METFORMIN	APX
02257726	CO METFORMIN	COB
02229994	DOM-METFORMIN	DPC
02421828	ECL-METFORMIN	ECL
02099233	GLUCOPHAGE	SAC
02229516	GLYCON	VAE
02380196	JAMP-METFORMIN	JAP
02380722	JAMP-METFORMIN BLACKBERRY	JAP
02378620	MAR-METFORMIN	MAR
02242794	METFORMIN	MEL
02353377	METFORMIN	SAN
02378841	METFORMIN	MAR
02385341	METFORMIN FC	SIV
02388766	MINT-METFORMIN	MIN
02148765	MYLAN-METFORMIN	MYL
02045710	NOVO-METFORMIN	TEV
02223562	PMS-METFORMIN	PMS
02314908	PRO-METFORMIN	PDL
02269031	RAN-METFORMIN	RBY
02242974	RATIO-METFORMIN	RPH
02239081	RIVA-METFORMIN	RIV
02246820	SANDOZ-METFORMIN FC	SDZ
02379767	SEPTA-METFORMIN	SPT

[ST] 850mg Tablet

02229785	APO-METFORMIN	APX
02257734	CO METFORMIN	COB
02242726	DOM-METFORMIN	DPC
02421836	ECL-METFORMIN	ECL
02162849	GLUCOPHAGE	SAC
02239214	GLYCON	VAE
02380218	JAMP-METFORMIN	JAP
02380730	JAMP-METFORMIN BLACKBERRY	JAP
02378639	MAR-METFORMIN	MAR
02242793	METFORMIN	SOR
02353385	METFORMIN	SAN
02378868	METFORMIN	MAR
02385368	METFORMIN FC	SIV
02388774	MINT-METFORMIN	MIN
02229656	MYLAN-METFORMIN	MYL
02230475	NOVO-METFORMIN	TEV
02242589	PMS-METFORMIN	PMS
02314894	PRO-METFORMIN	PDL
02269058	RAN-METFORMIN	RBY
02242931	RATIO-METFORMIN	RPH
02242783	RIVA-METFORMIN	RIV
02246821	SANDOZ-METFORMIN	SDZ
02379775	SEPTA-METFORMIN	SPT

68:20.04 BIGUANIDES

SITAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 50mg & 1000mg Tablet

02333872	JANUMET	FRS

[ST] 50mg & 500mg Tablet

02333856	JANUMET	FRS

[ST] 50mg & 850mg Tablet

02333864	JANUMET	FRS

68:20.05

LINAGLIPTIN

Limited use benefit (prior approval required).

For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 5mg Tablet

02370921	TRAJENTA	BOE

LINAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 2.5mg & 1000mg Tablet

02403277	JENTADUETO	BOE

[ST] 2.5mg & 500mg Tablet

02403250	JENTADUETO	BOE

[ST] 2.5mg & 850mg Tablet

02403269	JENTADUETO	BOE

SAXAGLIPTIN HCL

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 2.5mg Tablet

02375842	ONGLYZA	AZE

[ST] 5mg Tablet

02333554	ONGLYZA	AZE

SAXAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

- For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 2.5mg & 1000mg Tablet

02389185	KOMBOGLYZE	AZE

68:20.05

SAXAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

- For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 2.5mg & 500mg Tablet

02389169	KOMBOGLYZE	AZE

[ST] 2.5mg & 850mg Tablet

02389177	KOMBOGLYZE	AZE

SITAGLIPTIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 25mg Tablet

02388839	JANUVIA	MSP

[ST] 50mg Tablet

02388847	JANUVIA	MSP

[ST] 100mg Tablet

02303922	JANUVIA	FRS

SITAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

[ST] 50mg & 1000mg Extended Release Tablet

02416794	JANUMET XR	FRS

68:20.08 INSULINS

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

100U/mL Injection

02025248	NOVOLIN GE 30/70 PENFILL	NOO
09853812	NOVOLIN GE 30/70 PENFILL (ON)	NOO
02024217	NOVOLIN GE 30/70 VIAL	NOO

INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC

100U/mL Injection

02024314	NOVOLIN GE 40/60 PENFILL	NOO

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

100U/mL Injection

02024322	NOVOLIN GE 50/50 PENFILL	NOO

68:20.08 INSULINS

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

100U/mL Injection

01959239	HUMULIN N CARTRIDGE	LIL
09853804	HUMULIN N CARTRIDGE/KWIKPEN (ON)	LIL
02403447	HUMULIN N KWIKPEN	LIL
00587737	HUMULIN N VIAL	LIL
02024268	NOVOLIN GE NPH PENFILL	NOO
09853782	NOVOLIN GE NPH PENFILL (ON)	NOO
02024225	NOVOLIN GE NPH VIAL	NOO

INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

100U/mL Injection

01959220	HUMULIN R CARTRIDGE	LIL
09853766	HUMULIN R CARTRIDGE (ON)	LIL
00586714	HUMULIN R VIAL	LIL

INSULIN ASPART

100U/mL Injection

02244353	NOVORAPID	NOO
02377209	NOVORAPID FLEXTOUCH	NOO
02245397	NOVORAPID VIAL	NOO

INSULIN DETEMIR

100U/mL Injection

02271842	LEVEMIR 100UNIT/ML SC PENFILL	NOO
02412829	LEVEMIR FLEXTOUCH 100U/ML INJ	NOO

INSULIN GLARGINE

100U/mL Injection

02251930	LANTUS CARTRIDGE	SAC
02294338	LANTUS SOLOSTAR	SAC
02245689	LANTUS VIAL	SAC

INSULIN GLULISINE

100U/mL Injection

02279479	APIDRA CARTRIDGE	SAC
02294346	APIDRA SOLOSTAR	SAC
02279460	APIDRA VIAL	SAC

INSULIN HUMAN BIOSYNTHETIC

100U/mL Injection

02024284	NOVOLIN GE TORONTO PENFILL	NOO
09853774	NOVOLIN GE TORONTO PENFILL (ON)	NOO
02024233	NOVOLIN GE TORONTO VIAL	NOO

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%

100U/mL Injection

01959212	HUMULIN 30/70 CARTRIDGE	LIL
09853855	HUMULIN 30/70 CARTRIDGE (ON)	LIL
00795879	HUMULIN 30/70 VIAL	LIL

68:20.08 INSULINS

INSULIN LISPRO

100U/mL Injection

02229705	HUMALOG CARTRIDGE/KWIKPEN	LIL
09853715	HUMALOG CARTRIDGE/KWIKPEN (ON)	LIL
02403412	HUMALOG KWIKPEN	LIL
02229704	HUMALOG VIAL	LIL

INSULIN LISPRO, INSULIN LISPRO PROTAMINE

100U/ML Injection

02240294	HUMALOG MIX 25 KWIKPEN	LIL
02403420	HUMALOG MIX 25 KWIKPEN	LIL
02403439	HUMALOG MIX 50 KWIKPEN	LIL
02240297	HUMALOG MIX 50 KWIKPEN INJ	LIL

68:20.16 MEGLITINIDES

NATEGLINIDE

[ST] 60mg Tablet

02245438	STARLIX	NVR

[ST] 120mg Tablet

02245439	STARLIX	NVR

REPAGLINIDE

[ST] 0.5mg Tablet

02355663	APO-REPAGLINIDE	APX
02321475	CO-REPAGLINIDE	CBT
02239924	GLUCONORM	NOO
02354926	PMS-REPAGLINIDE	PMS
02415968	REPAGLINIDE	PDL
02357453	SANDOZ REPAGLINIDE	SDZ

[ST] 1mg Tablet

02355671	APO-REPAGLINIDE	APX
02321483	CO-REPAGLINIDE	CBT
02239925	GLUCONORM	NOO
02354934	PMS-REPAGLINIDE	PMS
02415976	REPAGLINIDE	PDL
02357461	SANDOZ REPAGLINIDE	SDZ

[ST] 2mg Tablet

02355698	APO-REPAGLINIDE	APX
02321491	CO-REPAGLINIDE	CBT
02239926	GLUCONORM	NOO
02354942	PMS-REPAGLINIDE	PMS
02415984	REPAGLINIDE	PDL
02357488	SANDOZ REPAGLINIDE	PFI

68:20.20 ANTIDIABETIC AGENTS - SULFONYLUREAS

GLICLAZIDE

[ST] 30mg Tablet

02297795	APO-GLICLAZIDE	APX
02242987	DIAMICRON MR	SEV
02423286	MINT-GLICLAZIDE MR	MIN

[ST] 60mg Tablet

02356422	DIAMICRON MR	SEV

68:20.20 ANTIDIABETIC AGENTS - SULFONYLUREAS

GLICLAZIDE

[ST] 80mg Tablet

02245247	APO-GLICLAZIDE	APX
00765996	DIAMICRON	SEV
02248453	GLICLAZIDE	PDL
02287072	GLICLAZIDE	SAN
02229519	MYLAN-GLICLAZIDE	MYL
02238103	NOVO-GLICLAZIDE	TEV

GLYBURIDE

[ST] 2.5mg Tablet

01913654	APO-GLYBURIDE	APX
02224550	DIABETA	SAC
01959352	GLYBURIDE	PDL
02350459	GLYBURIDE	SAN
01913670	NOVO-GLYBURIDE	TEV
01900927	RATIO-GLYBURIDE	RPH
02248008	SANDOZ-GLYBURIDE	SDZ

[ST] 5mg Tablet

01913662	APO-GLYBURIDE	APX
02224569	DIABETA	SAC
02234514	DOM-GLYBURIDE	DPC
00720941	EUGLUCON	PMS
02350467	GLYBURIDE	SAN
00808741	MYLAN-GLYBE	MYL
01913689	NOVO-GLYBURIDE	TEV
02236734	PMS-GLYBURIDE	PMS
02316544	PRO-GLYBURIDE	PDL
01900935	RATIO-GLYBURIDE	RPH
02236548	RIVA-GLYBURIDE	PHH
02248009	SANDOZ-GLYBURIDE	SDZ

TOLBUTAMIDE

[ST] 500mg Tablet

00312762	TOLBUTAMIDE	AAP

68:20.28 THIAZOLIDINEDIONES

PIOGLITAZONE HCL

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

[ST] 15mg Tablet

02303442	ACCEL PIOGLITAZONE	ACP
02391600	ACH-PIOGLITAZONE	ACC
02242572	ACTOS	LIL
02302942	APO-PIOGLITAZONE	APX
02302861	CO PIOGLITAZONE	COB
02307634	DOM-PIOGLITAZONE	DOM
02397307	JAMP-PIOGLITAZONE	JAP
02326477	MINT-PIOGLITAZONE	MIN
02298279	MYLAN-PIOGLITAZONE	MYL
02274914	NOVO-PIOGLITAZONE	TEV
02307669	PHL-PIOGLITAZONE	PMI
02374013	PIOGLITAZONE	SIV
02303124	PMS-PIOGLITAZONE	PMS
02312050	PRO-PIOGLITAZONE	PDL
02375850	RAN-PIOGLITAZONE	RBY
02301423	RATIO-PIOGLITAZONE	RPH
02297906	SANDOZ PIOGLITAZONE	SDZ
02320754	ZYM-PIOGLITAZONE	ZYM

[ST] 30mg Tablet

02303450	ACCEL PIOGLITAZONE	ACP
02339587	ACH-PIOGLITAZONE	ACC
02242573	ACTOS	LIL
02302950	APO-PIOGLITAZONE	APX
02302888	CO PIOGLITAZONE	COB
02307642	DOM-PIOGLITAZONE	DOM
02365529	JAMP-PIOGLITAZONE	JAP
02326485	MINT-PIOGLITAZONE	MIN
02298287	MYLAN-PIOGLITAZONE	MYL
02274922	NOVO-PIOGLITAZONE	TEV
02307677	PHL-PIOGLITAZONE	PMI
02374021	PIOGLITAZONE	SIV
02303132	PMS-PIOGLITAZONE	PMS
02312069	PRO-PIOGLITAZONE	PDL
02375869	RAN-PIOGLITAZONE	RBY
02301431	RATIO-PIOGLITAZONE	RPH
02297914	SANDOZ PIOGLITAZONE	SDZ
02320762	ZYM-PIOGLITAZONE	ZYM

68:20.28 THIAZOLIDINEDIONES

PIOGLITAZONE HCL

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

[ST] 45mg Tablet

02303469	ACCEL PIOGLITAZONE	ACP
02242574	ACTOS	LIL
02302977	APO-PIOGLITAZONE	APX
02302896	CO PIOGLITAZONE	COB
02307650	DOM-PIOGLITAZONE	DOM
02365537	JAMP-PIOGLITAZONE	JAP
02326493	MINT-PIOGLITAZONE	MIN
02298295	MYLAN-PIOGLITAZONE	MYL
02274930	NOVO-PIOGLITAZONE	TEV
02307723	PHL-PIOGLITAZONE	PMI
02339595	PIOGLITAZONE	ACC
02374048	PIOGLITAZONE	SIV
02303140	PMS-PIOGLITAZONE	PMS
02312077	PRO-PIOGLITAZONE	PDL
02375877	RAN-PIOGLITAZONE	RBY
02301458	RATIO-PIOGLITAZONE	RPH
02297922	SANDOZ PIOGLITAZONE	SDZ
02320770	ZYM-PIOGLITAZONE	ZYM

ROSIGLITAZONE MALEATE

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

[ST] 2mg Tablet

02241112	AVANDIA	GSK

[ST] 4mg Tablet

02241113	AVANDIA	GSK

[ST] 8mg Tablet

02241114	AVANDIA	GSK

68:22.12 GLYCOGENOLYTIC AGENTS

GLUCAGON RECOMBINANT DNA ORGIN

1mg/mL Injection

02333619	GLUCAGEN	NOO
02333627	GLUCAGEN HYPOKIT	NOO
02243297	GLUCAGON	LIL

68:24.00 PARATHYROID

CALCITONIN SALMON (SYNTHETIC)

200IU/mL Injection

01926691	CALCIMAR	SAC

68:28.00 PITUITARY

DESMOPRESSIN ACETATE

4mcg/mL Injection

00873993	DDAVP	FEI

0.1mg/mL Nasal Solution

00402516	DDAVP	FEI

68:28.00 PITUITARY

DESMOPRESSIN ACETATE

0.1mg/mL Nasal Spray

00836362	DDAVP	FEI
02242465	DESMOPRESSIN	AAP

ST 0.1mg Tablet

02284030	APO-DESMOPRESSIN	APX
00824305	DDAVP	FEI
02304368	PMS-DESMOPRESSIN	PMS
02287730	TEVA-DESMOPRESSIN	TEV

ST 0.2mg Tablet

02284049	APO-DESMOPRESSIN	APX
00824143	DDAVP	FEI
02304376	PMS-DESMOPRESSIN	PMS
02287749	TEVA-DESMOPRESSIN	TEV

ST 60mcg Tablet

02284995	DDAVP MELT	FEI

ST 120mcg Tablet

02285002	DDAVP MELT	FEI

ST 240mcg Tablet

02285010	DDAVP MELT	FEI

68:29.04 SOMATOSTATIN AGONISTS

OCTREOTIDE

50mcg/mL Injection

02413191	OCPHYL	PED

100mcg/mL Injection

02413205	OCPHYL	PED

500mcg/mL Injection

02413213	OCPHYL	PED

68:32.00 PROGESTINS

DIENOGEST

Limited use benefit (prior approval required).

a.- For the management of pelvic pain associated with endometriosis

ST 2mg Tablet

02374900	VISANNE	BAY

MEDROXYPROGESTERONE ACETATE

50mg/mL Injection

00030848	DEPO-PROVERA	PFI

150mg/mL Injection

00585092	DEPO-PROVERA	PFI
02322250	MEDROXYPROGESTERONE	SDZ

ST 2.5mg Tablet

02244726	APO-MEDROXY	APX
02247581	DOM-MEDROXYPROGESTERONE	DPC
02253550	MEDROXY	PDL
02221284	NOVO-MEDRONE	TEV
00708917	PROVERA	PFI

68:32.00 PROGESTINS

MEDROXYPROGESTERONE ACETATE

ST 5mg Tablet

02244727	APO-MEDROXY	APX
02247582	DOM-MEDROXYPROGESTERONE	DPC
02253577	MEDROXY	PDL
02221292	NOVO-MEDRONE	TEV
00030937	PROVERA	PFI
02010739	PROVERA PAK	PFI

ST 10mg Tablet

02277298	APO-MEDROXY	APX
02247583	DOM-MEDROXYPROGESTERONE	DPC
02221306	NOVO-MEDRONE	TEV
00729973	PROVERA	PFI
02010933	PROVERA	PFI

ST 100mg Tablet

02267640	APO-MEDROXY	APX

PROGESTERONE

Limited use benefit (prior approval required).

For the treatment of women:

•With postmenopausal symptoms who are intolerant to medroxyprogesterone acetate (MPA); OR

•Who are at risk of preterm birth; OR

•Who are using the medication to prevent miscarriage.

ST 100mg Capsule

02166704	PROMETRIUM	FRS

68:36.04 THYROID AGENTS

LEVOTHYROXINE SODIUM

ST 0.025mg Tablet

02264323	EUTHYROX	MYL
02172062	SYNTHROID	ABB

ST 0.05mg Tablet

02213192	ELTROXIN	GSK
02264331	EUTHYROX	MYL
02172070	SYNTHROID	ABB

ST 0.075mg Tablet

02264358	EUTHYROX	MYL
02172089	SYNTHROID	ABB

ST 0.088mg Tablet

02172097	SYNTHROID	ABB

ST 0.1mg Tablet

02213206	ELTROXIN	GSK
02264374	EUTHYROX	MYL
02172100	SYNTHROID	ABB

ST 0.112mg Tablet

02264390	EUTHYROX	MYL
02171228	SYNTHROID	ABB

ST 0.125mg Tablet

02264404	EUTHYROX	MYL
02172119	SYNTHROID	ABB

68:36.04 THYROID AGENTS

LEVOTHYROXINE SODIUM

ST 0.137mg Tablet

02264412	EUTHYROX	MYL
02233852	SYNTHROID	ABB

ST 0.15mg Tablet

02213214	ELTROXIN	GSK
02264420	EUTHYROX	MYL
02172127	SYNTHROID	ABB

ST 0.175mg Tablet

02264439	EUTHYROX	MYL
02172135	SYNTHROID	ABB

ST 0.2mg Tablet

02213222	ELTROXIN	GSK
02264447	EUTHYROX	MYL
02172143	SYNTHROID	ABB

ST 0.3mg Tablet

02213230	ELTROXIN	ASI
02264455	EUTHYROX	MYL
02172151	SYNTHROID	ABB

THYROID

ST 30mg Tablet

00023949	THYROID	ERF

ST 60mg Tablet

00023957	THYROID	ERF

ST 125mg Tablet

00023965	THYROID	ERF

68:36.08 ANTITHYROID AGENTS

PROPYLTHIOURACIL

ST 50mg Tablet

00010200	PROPYL THYRACIL	SQU

ST 100mg Tablet

00010219	PROPYL THYRACIL	SQU

THIAMAZOLE

ST 5mg Tablet

00015741	TAPAZOLE	PAL

ST 10mg Tablet

02296039	TAPAZOLE	PAL

80:00 SERUMS, TOXOIDS, AND VACCINES

80:04.00 SERUMS

DOLICHOVESPULA ARENARIA VENOM PROTEIN

120mcg Injection

01948946	YELLOW HORNET VENOM PROTEIN	ALK

DOLICHOVESPULA MACULATA VENOM PROTEIN EXTRACT

120mcg Injection

01949004	WHITE FACED HORNET VENOM	ALK

HONEY BEE VENOM PROTEIN EXTRACT

1.1mg Injection

01948903	HONEY BEE VENOM	ALK

120mcg Injection

01948911	HONEY BEE VENOM	ALK
02226197	VENOMIL HONEY BEE VENOM	HOL

550mcg Injection

02220075	HONEY BEE VENOM	HOL

NON POLLEN

Injection

00299979	ALLERGENIC EXTRACT NON POLLENS	ALK
00514713	ALLERGENIC EXTRACTS	MSL

POLISTES SPP VENOM PROTEIN EXTRACT

1.1mg Injection

01948970	WASP VENOM PROTEIN	ALK

POLLEN

Injection

00299987	ALLERGENIC EXTRACT POLLENS	ALK
00464988	POLLINEX R	BEN

POLLEN AND NON POLLEN

Injection

00648922	CENTER-AL	ALK

VESPULA SPP VENOM PROTEIN EXTRACT

1.1mg Injection

01948954	YELLOW JACKET VENOM PROTEIN	ALG

120mcg Injection

01948962	YELLOW JACKET VENOM PROTEIN	ALK

WASP VENOM PROTEIN

120mcg Injection

02226219	VENOMIL WASP VENOM PROTEIN	HOL

550mcg Injection

02220091	WASP VENOM PROTEIN	HOL

80:04.00 SERUMS

WHITE FACED HORNET VENOM PROTEIN

120mcg Injection

02226235	VENOMIL WHITE FACED HORNET VENOM PROTEIN	HOL

WHITE FACED HORNET VENOM PROTEIN, YELLOW HORNET VENOM PROTEIN, YELLOW JACKET VENOM PROTEIN

120mcg Injection

01948881	MIXED VESPID VENOM PROTEIN	ALK
02226294	VENOMIL MIXED VESPID VENOM PROTEIN	HOL

550mcg Injection

02221314	MIXED VESPID VENOM PROTEIN	HOL

YELLOW HORNET VENOM PROTEIN

120mcg/mL Injection

02226251	YELLOW JACKET HORNET VENOM PROTEIN	BAY

550mcg Injection

02220083	YELLOW HORNET VENOM PROTEIN	HOL

YELLOW JACKET VENOM PROTEIN

120mcg Injection

02226286	VENOMIL YELLOW JACKET VENOM PROTEIN	HOL

550mcg Injection

02220113	YELLOW JACKET VENOM PROTEIN	BAY

84:00 SKIN AND MUCOUS MEMBRANE AGENTS (SMMA)

84:04.04 SMMA - ANTIBIOTICS

BACITRACIN

500IU Ointment

00584908	BACITIN	PMS
02351714	BACITRACIN	JAP

BACITRACIN ZINC, POLYMYXIN B SULFATE

500IU & 10,000IU Ointment

02237227	POLYSPORIN ANTIBIOTIC	PFI

CLINDAMYCIN PHOSPHATE

1% Solution

02243659	CLINDA-T	VAE
00582301	DALACIN T	PFI
02266938	TARO-CLINDAMYCIN	TAR

2% Vaginal Cream

02060604	DALACIN	PMJ

CLINDAMYCIN, BENZOYL PEROXIDE

1% & 3% Gel

02382822	CLINDOXYL ADV	GSK

1% & 5% Gel

02248472	BENZACLIN TOPICAL GEL	VAE
02243158	CLINDOXYL	GSK

ERYTHROMYCIN, BENZOYL PEROXIDE

3% & 5% Gel

02225271	BENZAMYCIN	VAE

ERYTHROMYCIN, TRETINOIN

4% & 0.01% Gel

02015994	STIEVAMYCIN MILD	STI

4% & 0.025% Gel

01905112	STIEVAMYCIN	STI

4% & 0.05% Gel

01945262	STIEVAMYCIN FORTE	STI

FUSIDATE SODIUM

2% Ointment

00586676	FUCIDIN	LEO

FUSIDIC ACID

2% Cream

00586668	FUCIDIN	LEO

GRAMICIDIN, POLYMYXIN B SULFATE

0.25mg & 10,000IU Cream

02230844	POLYSPORIN ANTIBIOTIC	PFI

MUPIROCIN

2% Cream

02239757	BACTROBAN	GSK

2% Ointment

01916947	BACTROBAN	GSK
02279983	TARO-MUPIROCIN	TAR

84:04.04 SMMA - ANTIBIOTICS

POLYMYXIN B SULFATE, BACITRACIN

10,000IU & 500IU Ointment

02304473	ANTIBIOTIC OINT	PED
00876488	BACIMYXIN	PMS
00621366	BIODERM	ODN
02357569	JAMPOLYCIN	JAP
01942921	POLYTOPIC	SDZ

POLYMYXIN B SULFATE, BACITRACIN, GRAMICIDIN

Ointment

02237226	POLYSPORIN TRIPLE	PFI

84:04.06 SMMA - ANTIVIRALS

ACYCLOVIR

5% Cream

02039524	ZOVIRAX	GSK

5% Ointment

00569771	ZOVIRAX	GSK

84:04.08 SMMA - ANTIFUNGALS

CLOTRIMAZOLE

1% Cream

02150867	CANESTEN	BCD
00812382	CLOTRIMADERM	TAR

1% & 200mg Cream & Vaginal Suppository

02264099	CANESTEN 3 COMFORT COMBI PAK	BCD

1% & 500mg Cream & Vaginal Suppository

02264102	CANESTEN 1 COMFORT COMBI PAK	BCD

1% Vaginal Cream

02150891	CANESTEN	BCD
00812366	CLOTRIMADERM	TAR

2% Vaginal Cream

02150905	CANESTEN	BCD
00812374	CLOTRIMADERM	TAR

KETOCONAZOLE

2% Cream

02245662	KETODERM	TAR

2% Shampoo

02182920	NIZORAL	MCL

MICONAZOLE NITRATE

2% Cream

02085852	MICATIN	MCL
02126567	MONISTAT-DERM	MCL

2% & 100mg Cream & Vaginal Suppository

02126257	MONISTAT 7 DUAL PAK	MCL

2% & 400mg Cream & Vaginal Suppository

02126249	MONISTAT 3 DUAL PAK	MCL

2% Vaginal Cream

02231106	MICOZOLE	TAR
02084309	MONISTAT 7	MCL

84:04.08 SMMA - ANTIFUNGALS

MICONAZOLE NITRATE

400mg Vaginal Suppository

02171775	MICONAZOLE	VTH
02126605	MONISTAT 3	MCL

NYSTATIN

100,000IU Cream

00716871	NYADERM	TAR
02194236	RATIO-NYSTATIN	RPH

100,000IU Ointment

02194228	RATIO-NYSTATIN	RPH

25,000IU Vaginal Cream

00716901	NYADERM	TAR

100,000IU Vaginal Cream

02194163	RATIO-NYSTATIN	RPH

TERBINAFINE HCL

1% Cream

02031094	LAMISIL	NVR

TERCONAZOLE

0.4% Vaginal Cream

02247651	TARO-TERCONAZOLE	TAR
00894729	TERAZOL 7	JNO

TOLNAFTATE

1% Cream

00576034	TINACTIN	SCH

1% Powder

01919245	ATHLETES FOOT SPRAY	SCH
00576042	TINACTIN	SCH
02029081	ZEASORB AF	STI

1% Spray

00576050	TINACTIN AEROSOL	SCH

84:04.12 SMMA - SCABICIDES AND PEDICULICIDES

CROTAMITON

10% Cream

00623377	EURAX	NVC

DIMETHICONE

50% Solution

02373785	NYDA	GPB

ISOPROPYL MYRISTATE

50% Solution

02279592	RESULTZ	NYC

PERMETHRIN

5% Cream

02219905	NIX DERMAL	GSK

5% Lotion

02231348	KWELLADA-P	GSK

1% Rinse

02231480	KWELLADA-P	GSK
00771368	NIX	WLA

84:04.12 SMMA - SCABICIDES AND PEDICULICIDES

PIPERONYL BUTOXIDE, PYRETHRINS

3% & 0.3% Shampoo

02125447	R & C	GSK

84:04.92 SMMA - MISCELLANEOUS LOCAL ANTI-INFECTIVES

BENZOYL PEROXIDE

5% Gel (Alcohol Base)

02162113	BENZAGEL	NVC

5% Gel (Water Base)

00899453	BENZAC AC	GAC
01925180	BENZAC W5	GAC

2.5% Lotion

02046539	OXY 5	GSK

5% Lotion

02166607	BENZAGEL 5	NVC

5% Soap

00483184	PANOXYL-5	STI

5% Wash

00896276	BENZAC W	GAC
02162121	BENZAGEL	NVC
02214857	PANOXYL	STI

CHLORHEXIDINE ACETATE

0.5% Dressing

00433497	BACTIGRAS	SNE

METRONIDAZOLE

0.75% Cream

02226839	METROCREAM	GAC

1% Cream

02156091	NORITATE	SAC

0.75% Gel

02092832	METROGEL	GAC

1% Gel

02297809	METROGEL	GAC

0.75% Lotion

02248206	METROLOTION	GAC

10% Vaginal Cream

01926861	FLAGYL	SAC

0.75% Vaginal Gel

02125226	NIDAGEL	MMH

METRONIDAZOLE, AVOBENZONE, OCTINOXATE

1% & 2% & 7.5% Cream

02242919	ROSASOL	STI

METRONIDAZOLE, NYSTATIN

100mg & 20,000U/g Vaginal Cream

01926845	FLAGYSTATIN	AVT

500mg & 100,000IU Vaginal Suppository

01926829	FLAGYSTATIN	AVT

84:04.92 SMMA - MISCELLANEOUS LOCAL ANTI-INFECTIVES

POVIDONE-IODINE

10% Liquid

00158348	BETADINE	PFR

SELENIUM SULFIDE

2.5% Lotion

00243000	SELSUN	ABB
00594601	VERSEL	VAO

SILVER SULFADIAZINE

1% Cream

02010917	DERMAZIN	PMS
00323098	FLAMAZINE	SNE
09854037	FLAMAZINE 50G	SNE

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

AMCINONIDE

0.1% Cream

02192284	CYCLOCORT	STI
02247098	RATIO-AMCINONIDE	RPH
02246714	TARO-AMCINONIDE	TAR

0.1% Lotion

02192276	CYCLOCORT	STI
02247097	RATIO-AMCINONIDE	RPH

0.1% Ointment

02192268	CYCLOCORT	STI
02247096	RATIO-AMCINONIDE	RPH

BECLOMETHASONE DIPROPIONATE

0.025% Cream

02089602	PROPADERM	SHI

BETAMETHASONE DIPROPIONATE

0.05% Cream

00323071	DIPROSONE	SCH
00804991	RATIO-TOPISONE	RPH
02122049	ROSONE	RIV
01925350	TARO-SONE	TAR

0.05% Lotion

00417246	DIPROSONE	SCH
00809187	RATIO-TOPISONE	RPH
02122030	ROSONE	RIV

0.05% Ointment

00344923	DIPROSONE	SCH
00805009	RATIO-TOPISONE	RPH
02122057	ROSONE	RIV

BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL

0.05% Cream

00688622	DIPROLENE	SCH
00849650	RATIO-TOPILENE GLYCOL	RPH
02122073	ROLENE	RIV

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL

0.05% Lotion

00862975	DIPROLENE	SCH
01927914	RATIO-TOPILENE GLYCOL	RPH
02122065	ROLENE	RIV

0.05% Ointment

00629367	DIPROLENE	SCH
00849669	RATIO-TOPILENE GLYCOL	RPH
02122081	ROLENE	RIV

BETAMETHASONE DIPROPIONATE, CLOTRIMAZOLE

0.05% & 1% Cream

00611174	LOTRIDERM	SCH

BETAMETHASONE DIPROPIONATE, SALICYLIC ACID

0.05% & 2% Lotion

00578428	DIPROSALIC	SCH
02245688	RATIO-TOPISALIC	RPH

0.05% & 3% Ointment

00578436	DIPROSALIC	SCH

BETAMETHASONE DISODIUM PHOSPHATE

0.05mg/mL Enema

02060884	BETNESOL	SHI

BETAMETHASONE VALERATE

0.05% Cream

00535427	RATIO-ECTOSONE	RPH

0.1% Cream

00716626	BETADERM	TAR
02357844	CELESTODERM V	VAO
00804541	PREVEX B	STI
00535435	RATIO-ECTOSONE	RPH

0.05% Lotion

00653209	RATIO-ECTOSONE	RPH

0.1% Lotion

00750050	RATIO-ECTOSONE	RPH

0.05% Ointment

00716642	BETADERM	TAR

0.1% Ointment

00716650	BETADERM	TAR
02357852	CELESTODERM V	VAO

0.1% Scalp Lotion

00716634	BETADERM	TAR
01940112	RIVASONE	RIV
00027944	VALISONE	SCH

BUDESONIDE

0.02mg/mL Enema

02052431	ENTOCORT	AZC

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

CALCIPOTRIOL, BETAMETHASONE

0.5mg & 50mcg Gel

02319012	DOVOBET	LEO

CLOBETASOL PROPIONATE

0.05% Cream

02213265	DERMOVATE	TAR
02024187	MYLAN-CLOBETASOL	MYL
02232191	PMS-CLOBETASOL	PMS
02309521	PMS-CLOBETASOL	PMS
01910272	RATIO-CLOBETASOL	RPH
02245523	TARO-CLOBETASOL	TAR
02093162	TEVA-CLOBETASOL	TEV

0.05% Ointment

02213273	DERMOVATE	TAR
02026767	MYLAN-CLOBETASOL	MYL
02309548	PMS-CLOBETASOL	PMS
01910280	RATIO-CLOBETASOL	RPH
02245524	TARO-CLOBETASOL	TAR
02126192	TEVA-CLOBETASOL	TEV

0.05% Scalp Lotion

02213281	DERMOVATE	TAR
02216213	MYLAN-CLOBETASOL	MYL
02232195	PMS-CLOBETASOL	PMS
01910299	RATIO-CLOBETASOL	RPH

0.05% Solution

02245522	TARO-CLOBETASOL	TAR

CLOBETASONE BUTYRATE

0.05% Cream

02214415	EUMOVATE	GSK

DESONIDE

0.05% Cream

02229315	PMS-DESONIDE	PMS
02154862	TRIDESILON	SCN

0.05% Ointment

02229323	PMS-DESONIDE	PMS
02154870	TRIDESILON	SCN

DESOXIMETASONE

0.05% Cream

02221918	TOPICORT	SAC

0.25% Cream

02221896	TOPICORT	SAC

0.05% Gel

02221926	TOPICORT	SAC

0.25% Ointment

02221934	TOPICORT	SAC

DIFLUCORTOLONE VALERATE

0.1% Cream

00587826	NERISONE	STI
00587818	NERISONE OILY	STI

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

DIFLUCORTOLONE VALERATE

0.1% Ointment

00587834	NERISONE	STI

FLUOCINOLONE ACETONIDE

0.025% Ointment

02162512	SYNALAR	MDC

0.01% Scalp Lotion

00873292	DERMA-SMOOTHE	HIL

FLUOCINONIDE

0.05% Cream

02161923	LIDEX	VAL
00716863	LYDERM	OPT

0.05% Emollient Cream

02163152	LIDEMOL	MDC
00598933	TIAMOL	TAR

0.05% Gel

02161974	LIDEX	VAL
02236997	LYDERM	OPT

0.05% Ointment

02161966	LIDEX	VAL
02236996	LYDERM	OPT

FLUTICASONE PROPIONATE

0.05% Cream

02089912	CUTIVATE	GSK

HALOBETASOL PROPIONATE

0.05% Cream

01962701	ULTRAVATE	WSB

0.05% Ointment

01962728	ULTRAVATE	WSB

HYDROCORTISONE

0.5% Cream

80021088	CORTATE	SPL

1% Cream

02086034	BARRIERE HC	SHI
00192597	EMO CORT	STI
02412926	EURO-HYDROCORTISONE	EUR
00564281	HYDROSONE	TCH
00804533	PREVEX HC	STI

2.5% Cream

00595799	EMO CORT	STI

100mg/60mL Enema

02112736	CORTENEMA	AXC

0.5% Lotion

80021087	CORTATE	SPL

1% Lotion

00192600	EMO CORT	STI
00578541	SARNA HC	STI

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE

2.5% Lotion

00595802	EMO CORT	STI
00641154	EMO CORT SCALP	STI
00856711	SARNA HC	STI

0.5% Ointment

80021085	CORTATE	SPL
00716685	CORTODERM	TAR

1% Ointment

00716693	CORTODERM	TAR

HYDROCORTISONE ACETATE

10% Aerosol Foam

00579335	CORTIFOAM	SQU

0.5% Cream

00716820	HYDERM	TAR

1% Cream

00716839	HYDERM	TAR

2% Cream

00749834	NEO-HC	NEO

1% Lotion

00681997	DERMAFLEX HC	NEO

HYDROCORTISONE ACETATE, ZINC SULFATE

0.5% & 0.5% Ointment

02128446	ANODAN-HC	ODN
00505773	ANUSOL HC	PFI
02209764	EGOZINC-HC	PMS
02387239	JAMPZINC-HC OINT	JAP
00607789	RATIO-HEMCORT HC	RPH
02179547	RIVASOL HC	RIV
02247691	SANDOZ-ANUZINC HC	SDZ

10mg & 10mg Suppository

02236399	ANODAN-HC	ODN
00476285	ANUSOL HC	PFI
02210517	EGOZINC HC	PMS
00607797	RATIO-HEMCORT HC	RPH
02240112	RIVASOL-HC	RIV
02242798	SANDOZ ANUZINC HC	SDZ

HYDROCORTISONE ACETATE, ZINC SULFATE, PRAMOXINE HCL

0.5% & 0.5% & 1% Ointment

00505781	ANUGESIC HC	PFI
02234466	PROCTODAN HC	ODN

10mg & 10mg & 20mg Suppository

00476242	ANUGESIC HC	PFI
02240851	PROCTODAN HC	ODN
02242797	SANDOZ ANUZINC HC PLUS	SDZ

HYDROCORTISONE VALERATE

0.2% Cream

02242984	HYDROVAL	TAR

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE VALERATE

0.2% Ointment

02242985	HYDROVAL	TAR

HYDROCORTISONE, DIBUCAINE HCL, ESCULIN, FRAMYCETIN SULFATE

5mg & 5mg & 10mg & 10mg Ointment

02247322	PROCTOL	ODN
02223252	PROCTOSEDYL	AXC
02226383	RATIO-PROCTOSONE	RPH
02242527	SANDOZ-PROCTOMYXIN HC	SDZ

5mg & 5mg & 10mg & 10mg Suppository

02247882	PROCTOL	ODN
02223260	PROCTOSEDYL	AXC
02226391	RATIO-PROCTOSONE	RPH
02242528	SANDOZ PROCTOMYXIN HC	SDZ

HYDROCORTISONE, UREA

1% & 10% Cream

00681989	DERMAFLEX HC	NEB
00503134	UREMOL HC	STI

1% & 10% Lotion

00560022	UREMOL HC	STI

MOMETASONE FUROATE

0.1% Cream

00851744	ELOCOM	SCH
02367157	TARO-MOMETASONE	TAR

0.1% Lotion

00871095	ELOCOM	SCH
02266385	TARO-MOMETASONE	TAR

0.1% Ointment

00851736	ELOCOM	SCH
02244769	PMS-MOMETASONE	PMS
02270862	PMS-MOMETASONE	PMS
02248130	RATIO-MOMETASONE	RPH
02264749	TARO-MOMETASONE	TAR

TRIAMCINOLONE ACETONIDE

0.1% Cream

02194058	ARISTOCORT R	VAO

0.5% Cream

02194066	ARISTOCORT C	VAO

0.1% Ointment

02194031	ARISTOCORT R	VAO

0.1% Paste

01964054	ORACORT	TAR

84:08.00 SMMA - ANTIPRURITICS AND LOCAL ANESTHETICS

LIDOCAINE HCL

2% Liquid

01968823	LIDODAN VISCOUS	ODN
00811874	PMS-LIDOCAINE VISCOUS	PMS
00001686	XYLOCAINE VISCOUS	AZC

84:08.00 SMMA - ANTIPRURITICS AND LOCAL ANESTHETICS

LIDOCAINE, PRILOCAINE

2.5% & 2.5% Cream

00886858	EMLA	AZC

2.5% & 2.5% Patch

02057794	EMLA	AZC

84:16.00 SMMA - CELL STIMULANTS AND PROLIFERANTS

TRETINOIN

0.01% Cream

00897329	RETIN A	JAJ
00657204	STIEVA-A	STI

0.025% Cream

00897310	RETIN A	JAJ
00578576	STIEVA-A	STI

0.05% Cream

00443794	RETIN A	JAJ
00518182	STIEVA-A	STI

0.1% Cream

00870021	RETIN A	JAJ
00662348	STIEVA-A FORTE	STI

0.01% Gel

01926462	VITAMIN A ACID	SAC

0.025% Gel

00587966	STIEVA-A	STI
01926470	VITAMIN A ACID	SAC

0.05% Gel

01926489	VITAMIN A ACID	SAC

0.025% Solution

00578568	STIEVA-A	STI

84:24.12 BASIC OINTMENTS AND PROTECTANTS

DIMETHICONE

20% Cream

02060841	BARRIERE	WPC

PETROLATUM

67% Cream

00635189	PREVEX	STI

ZINC OXIDE

15% Cream

02215799	ZINC OXIDE CREAM 15%	HJS

25% Ointment

00532576	IHLES PASTE	RPH
00886327	IHLES PASTE	ATL

40% Ointment

02239160	ZINCOFAX EXTRA STRENGTH	GSK

84:28.00 KERATOLYTIC AGENTS

ADAPALENE

0.1% Cream

02231592	DIFFERIN	GAC

0.1% Gel

02148749	DIFFERIN	GAC

BENZOYL PEROXIDE

2.50% Solution

02315211	PURIFYING CLEANSER	VAE

3.50% Solution

02404621	OIL-FREE ACNE WASH CLEANSER	JOM

4% Wash

02413353	SPECTRO ACNECARE WASH	GSK

2.50% Wipes

02404834	EMERGENCY ACNE VANISHING WIPES	MEM

CANTHARIDIN, PODOPHYLLIN, SALICYLIC ACID

1% & 2% & 30% Liquid

00772011	CANTHARONE PLUS	DOR

1% & 5% & 30% Liquid

00589500	CANTHACUR PS	PMS

DITHRANOL

0.1% Cream

00537594	ANTHRANOL	MTI

0.2% Cream

00537608	ANTHRANOL	MTI

0.4% Lotion

00695351	ANTHRASCALP	MTI

1% Ointment

00566756	ANTHRAFORTE 1	MTI

2% Ointment

00566748	ANTHRAFORTE 2	MTI

FORMALDEHYDE, LACTIC ACID, SALICYLIC ACID

5% & 10% & 25% Ointment

00513091	DUOPLANT	STI

LACTIC ACID, SALICYLIC ACID

17% & 17% Liquid

00370576	DUOFILM	STI

PODOFILOX

0.5% Solution

01945149	CONDYLINE	CDX

PODOPHYLLIN

25% Liquid

00598208	PODOFILM	PMS

SALICYLIC ACID

27% Gel

01939645	DUOFORTE 27	STI

84:28.00 KERATOLYTIC AGENTS

SALICYLIC ACID

170mg/mL Gel

00614246	COMPOUND W GEL	WHR

20% Liquid

00690333	SOLUVER	DER

26% Liquid

00754951	OCCLUSAL HP	MYL

27% Liquid

00837733	SOLUVER PLUS	DER

40% Plaster

01974335	CLEAR AWAY	SCH

4% Shampoo

00666106	SEBCUR	DER

84:32.00 KERATOPLASTIC AGENTS

COAL TAR

10% Gel

00344508	TARGEL	ODN

20% Liquid

00358495	ODANS LIQUOR CARBONIS DETERGENT	ODN

1% Shampoo

02240645	NEUTROGENA T/GEL	JAJ
00632295	TERSA-TAR MILD	STI

3% Shampoo

00632309	TERSA-TAR	STI

4.3% Shampoo

00740314	PENTRAX	MYL

COAL TAR, JUNIPER TAR, PINE TAR

1% Shampoo

00249866	POLYTAR	STI

COAL TAR, JUNIPER TAR, PINE TAR, ZINC PYRITHIONE

0.166% & 0.166% & 0.166% & 1% Shampoo

00628042	MULTI-TAR PLUS MILD	VAE

0.33% & 0.33% & 0.33% & 1% Shampoo

02240942	MULTITAR PLUS	VAE

COAL TAR, SALICYLIC ACID

8% & 2% Gel

00560448	P&S PLUS	BAK

10% & 3% Liquid

00510335	TARGEL SA	ODN

10% & 4% Shampoo

00666114	SEBCUR-T	DER

COAL TAR, SALICYLIC ACID, SULFUR

2% & 2% & 2% Shampoo

00444448	STEREX	IDE

84:50.06 PIGMENTING AGENTS

METHOXSALEN

10mg Capsule

00252654	OXSORALEN	VAE
01946374	OXSORALEN	VAE

1% Lotion

01907476	OXSORALEN	VAE

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

Open benefit (prior approval not required).

Soriatane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings, should be consulted prior to prescribing or dispensing this drug.

[ST] 10mg Capsule

02070847	SORIATANE	ACG

[ST] 25mg Capsule

02070863	SORIATANE	ACG

AZELAIC ACID

15% Gel

02270811	FINACEA	BAY

CALCIPOTRIOL

50mcg/g Cream

02150956	DOVONEX	LEO

50mcg/g Ointment

01976133	DOVONEX	LEO

50mcg/mL Solution

02194341	DOVONEX	LEO

CALCIPOTRIOL, BETAMETHASONE

0.5mg & 50mcg Ointment

02244126	DOVOBET	LEO

CAPSAICIN

0.025% Cream

02157101	CAPSAICIN	VAO
02244952	ZODERM	EUR
00740306	ZOSTRIX	MYL

0.075% Cream

02157128	CAPSAICIN HP	VAO

COLLAGENASE

250U Ointment

02063670	SANTYL	HPC

FLUOROURACIL

5% Cream

00330582	EFUDEX	VAE

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

IMIQUIMOD

Limited use benefit (prior approval required).

-For the treatment of condylomata acuminate (genital warts) in patients who have failed:
-self-applied podophyllotoxin (podofilox 0.5% solution); OR
-provider-applied podophyllum resin (10%-25%)

5% Cream

02239505	ALDARA P	VAE
02407825	APO-IMIQUIMOD	APX

ISOTRETINOIN

Open benefit (prior approval not required).

Accutane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings should be consulted prior to prescribing or dispensing this drug.

ST 10mg Capsule

00582344	ACCUTANE	HLR
02257955	CLARUS	MYL

ST 40mg Capsule

00582352	ACCUTANE	HLR
02257963	CLARUS	MYL

PIMECROLIMUS

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

1% Cream

02247238	ELIDEL	NVC

TACROLIMUS (PROTOPIC)

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

0.03% Ointment

02244149	PROTOPIC	AST

0.1% Ointment

02244148	PROTOPIC	AST

TAZAROTENE

0.05% Cream

02243894	TAZORAC	ALL

0.1% Cream

02243895	TAZORAC	ALL

0.05% Gel

02230784	TAZORAC	ALL

0.1% Gel

02230785	TAZORAC	ALL

86:00 SMOOTH MUSCLE RELAXANTS

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

DARIFENACIN HYDROBROMIDE

Limited use benefit (prior approval required).

For the symptomatic relief of overactive bladder in patients:
¨with symptoms of urinary frequency, urgency or urge incontinence; AND
¨who have failed on or are intolerant to therapy with immediate-release oxybutynin

ST 7.5mg Long Acting Tablet

02273217	ENABLEX	TEV

ST 15mg Long Acting Tablet

02273225	ENABLEX	TEV

FLAVOXATE HCL

ST 200mg Tablet

00728179	URISPAS	PAL

OXYBUTYNIN CHLORIDE

ST 1mg/mL Syrup

02231089	APO-OXYBUTYNIN	APX
02223376	PMS-OXYBUTYNIN	PMS

ST 2.5mg Tablet

02240549	PMS-OXYBUTYNIN	PMS

ST 5mg Tablet

02163543	APO-OXYBUTYNIN	APX
02241285	DOM-OXYBUTYNIN	DPC
02230394	NOVO-OXYBUTYNIN	TEV
02220059	OXYBUTYN	VAE
02350238	OXYBUTYNIN	SAN
02220636	OXYBUTYNINE	PDL
02240550	PMS-OXYBUTYNIN	PMS
02299364	RIVA-OXYBUTYNIN	RIV

SOLIFENACIN SUCCINATE

Limited use benefit (prior approval required).

For symptomatic relief in patients with an overactive bladder with symptoms of urinary frequency urgency or urge incontinence in patients who have failed on or are intolerant of therapy with oxybutynin.

ST 5mg Tablet

02277263	VESICARE	AST

ST 10mg Tablet

02277271	VESICARE	AST

TOLTERODINE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

ST 2mg Extended Release Capsule

02244612	DETROL LA	PFI

ST 4mg Extended Release Capsule

02244613	DETROL LA	PFI

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

TOLTERODINE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

ST 1mg Tablet

02239064	DETROL	PFI

ST 2mg Tablet

02239065	DETROL	PFI

TROSPIUM CHLORIDE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

ST 20mg Tablet

02275066	TROSEC	ORY

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

OXTRIPHYLLINE

ST 20mg/mL Elixir

00476366	CHOLEDYL	PFI

THEOPHYLLINE

ST 5.33mg/mL Elixir

00575151	PMS-THEOPHYLLINE	PMS
00466409	PULMOPHYLLIN	RIV
00627410	THEOPHYLLINE	ATL

ST 5.33mg/mL Solution

01966219	THEOLAIR	MMH

ST 100mg Sustained Release Tablet

00692689	APO-THEO	APX
02230085	NOVO-THEOPHYL SR	TEV

ST 200mg Sustained Release Tablet

00692697	APO-THEO LA	APX
02230086	NOVO-THEOPHYL SR	TEV

ST 300mg Sustained Release Tablet

00692700	APO-THEO LA	APX
02230087	NOVO-THEOPHYL SR	TEV

ST 400mg Sustained Release Tablet

02360101	THEO ER	AAP
02014165	UNIPHYL	PFR

ST 600mg Sustained Release Tablet

02360128	THEO ER	AAP
02014181	UNIPHYL	PFR

88:00 VITAMINS

88:04.00 VITAMIN A

VITAMIN A

ST 10,000IU Capsule

00557447	VIT A	VTH
00297720	VITAMIN A	JAM

ST 25,000IU Capsule

00021067	VITAMIN A	TEV

ST 50,000IU Capsule

00021075	VITAMIN A	TEV

88:08.00 VITAMIN B COMPLEX

CYANOCOBALAMIN

100mcg/mL Injection

00497533	VITAMIN B12	ABB
02241500	VITAMIN B12	SDZ

1,000mcg/mL Injection

01987003	CYANOCOBALAMIN	CYX
02052717	CYANOCOBALAMIN	TAR
02413795	CYANOCOBALAMIN	MYL
02420147	JAMP-CYANOCOBALAMIN	JAP
00521515	VIT B12	SDZ
00038830	VITAMIN B12	ABB
00626112	VITAMIN B12	OMA

ST 200mcg/mL Oral liquid

80039903	BEDUZIL	ORM
80026092	JAMP-VITAMIN B12	JAP

ST 250mcg Tablet

80015294	JAMP-VITAMIN B12	JAP
00335940	VITAMIN B12	JAM
02239695	VITAMIN B12	PMT
80004053	VITAMIN B12	WNP

ST 1000mcg Tablet

80015276	JAMP-VITAMIN B12	JAP
80028902	JAMP-VITAMIN B12	JAP
80006939	LB VITAMIN B12	WNP
02237736	VITAMIN B12	SWS
80003575	VITAMIN B12	PMT

FOLIC ACID

ST 1mg Tablet

00318973	FOLIC ACID	JAM
00647039	FOLIC ACID	VTH
02048841	FOLIC ACID	PMT
02236747	FOLIC ACID	PED
80000273	FOLIC ACID	WNP

ST 5mg Tablet

00426849	APO-FOLIC ACID	APX
02285673	EURO-FOLIC	EUR
02366061	JAMP-FOLIC ACID	JAP

NIACIN

ST 50mg Tablet

00041084	NIACIN	PMS

ST 100mg Tablet

00268585	NIACIN	VAE

88:08.00 VITAMIN B COMPLEX

NIACIN

ST 500mg Tablet

00294950	NIACIN	VAE
01939130	NIACIN	ODN
02247004	NIACIN	PMT
00557412	NIACIN YEAST FREE	VTH
00309737	VITAMIN B3	JAM

PYRIDOXINE HCL

ST 25mg Tablet

00122645	VITAMIN B6	JAM
00232475	VITAMIN B6	PMS
01943200	VITAMIN B6	ODN
80002890	VITAMIN B6	JMP

ST 50mg Tablet

00252689	VITAMIN B6	VAE
00305227	VITAMIN B6	JAM
00608599	VITAMIN B6	PMS

ST 100mg Tablet

00263958	VITAMIN B6	ICN
00329185	VITAMIN B6	JAM
00450677	VITAMIN B6	VTH
02239348	VITAMIN B6	PMT

THIAMINE

ST 100mg Tablet

00294853	VITAMIN B1	ICN

THIAMINE HCL

100mg/mL Injection

02241983	BETAXIN	ABB
02193221	THIAMIJECT	OMG
02243525	THIAMINE	CYX
00816078	VITAMIN B1	SDZ

ST 50mg Tablet

02245506	EURO-B1	EUR
80009633	JAMP-VITAMIN B1	JMP
00268631	VITAMIN B1	VAE

ST 100mg Tablet

00232467	VITAMIN B1	PMS
00407011	VITAMIN B1	JAM
02239350	VITAMIN B1	PMT

88:12.00 VITAMIN C

ASCORBIC ACID

ST 250mg Chewable Tablet

00266051	VITAMIN C	PMT

ST 500mg Chewable Tablet

00322326	VIT C	LAL
00274240	VITAMIN C	PED
00784591	VITAMIN C	VTH
02243893	VITAMIN C	PMT
02245348	VITAMIN C	WNP
02245721	VITAMIN C	PMT

ST 1000mg Sustained Release Tablet

00760587	VITAMIN C	PMT

88:12.00 VITAMIN C

ASCORBIC ACID

ST 250mg Tablet

00221244	VIT C	ADA
00557811	VIT C	VTH
00162515	VITAMIN C	PMT

ST 500mg Tablet

00266086	ASCORBIC ACID	PMT
00041114	VIT C	ADA
00036188	VITAMIN C	PED
00557838	VITAMIN C	VTH
01922378	VITAMIN C	SWS
02244469	VITAMIN C	PMT

ST 1000mg Tablet

00354376	VITAMIN C	PMT

88:16.00 VITAMIN D

ALFACALCIDOL

ST 0.25mcg Capsule

00474517	ONE-ALPHA	LEO

ST 1mcg Capsule

00474525	ONE-ALPHA	LEO

ST 2mcg/mL Oral Liquid

02240329	ONE-ALPHA	LEO

CALCITRIOL

ST 0.25mcg Capsule

02431637	CALCITRIOL-ODAN	ODN
00481823	ROCALTROL	HLR

ST 0.5mcg Capsule

00481815	ROCALTROL	HLR

CHOLECALCIFEROL

ST 400IU Capsule

02242651	EURO D	EUR
80006629	JAMP-VITAMIN D	JMP
80005560	RIVA-D 400 UNIT CAP	RIV

ST 800IU Capsule

80007769	JAMP-VITAMIN D	JMP

ST 10,000IU Capsule

02253178	EURO D	EUR
02417995	VITAMIN D	PDL

ST 50,000IU Capsule

02301911	OSTOFORTE	TRT

ST 400IU Drop

80001869	BABY DDROPS	DDP
80001792	DDROPS VITAMIN D	DDP

ST 400IU/mL Drop

00762881	D VI SOL	MJO
80003038	JAMP-VITAMIN D	JMP
02231624	PEDIAVIT D	EUR

ST 1000IU Drop

80001791	DDROPS VITAMIN D	DDP

88:16.00 VITAMIN D

CHOLECALCIFEROL

ST 400IU Tablet

00765384	VITAMIN D	LAL
02238729	VITAMIN D	VTH
02240624	VITAMIN D	WAM
02240858	VITAMIN D	PMT

ST 1,000IU Tablet

02245842	VITAMIN D	PMT

ST 10,000IU Tablet

00821772	D-TABS	RIV

ERGOCALCIFEROL

ST 50,000IU Capsule

02237450	D-FORTE	EUR

ST 8,288IU/mL Solution

02017598	DRISDOL	SAC

VITAMIN D

ST 400IU Capsule

80001145	PHARMA D	PED
80008590	VITAMIN D	BMI

ST 800IU Capsule

80003010	EURO D	EUR

ST 1,000IU Capsule

80007766	D-GEL	JAP
80008496	PHARMA D	PMS

ST 10,000IU Capsule

02371499	PHARMA D	PMS

ST 1,000IU Chewable Tablet

80015278	VITAMIN D	WAM

ST 8.288U/ML Liquid

80020776	D2-DOL	JAP

ST 400IU Liquid

80019649	D3-DOL	JAP
80038155	DECAXIL	ORM
80041145	DECAXIL	ORM

ST 800IU Liquid

80003285	PEDIAVIT D	EUR

ST 1,000IU Liquid

80007346	VITAMIN D	JAP
80028362	VITAMIN D	JAP
80028371	VITAMIN D	JAP

ST 400IU Tablet

80009578	VITAMIN D	SWS

ST 1,000IU Tablet

80000436	VITAMIN D	JAM
80003663	VITAMIN D	WNP

ST 10,000IU Tablet

02379007	JAMP-VITAMINE D	JAP
02417685	VIDEXTRA	ORM

88:20.00 VITAMIN E

VITAMIN E

Limited use benefit (prior approval required).

For use in malabsorption

ST 200IU Capsule

00122831	VITAMIN E	JAM

ST 400IU Capsule

00122858	VITAMIN E NATUAL SOURCE	JAM

ST 50IU Liquid

00480215	AQUASOL E	NVC

ST 50IU/mL Liquid

02162075	AQUASOL E	NVC

88:28.00 MULTIVITAMIN PREPARATIONS

CALCIUM, VITAMIN D

ST 500mg & 400IU Tablet

80012594	BIOCAL-D FORTE	BMI

MULTIVITAMINS (PEDIATRIC)

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

ST Drop

00762946	POLY-VI-SOL	MJO

ST 2,500IU & 666.67IU & 50mg/mL Drop

02229790	PEDIAVIT	EUR
00762903	TR- VI-SOL	MJO

ST Liquid

00558079	INFANTOL	HOR

ST Oral Liquid

80008471	JAMP-MULTIVITAMIN A/D/C DROPS	JMP

ST Tablet

80011134	CENTRUM JUNIOR COMPLETE	WYE
80020794	CENTRUM JUNIOR COMPLETE	PFI
02247975	FLINTSTONES EXTRA C	BCD

MULTIVITAMINS (PRENATAL)

Limited use benefit (prior approval is not required.).

Prenatal and postnatal vitamins are benefits only for women of childbearing age (12 to 50 years).

ST Tablet

80001842	CENTRUM MATERNA	NES
02229535	MULTI-PRE AND POST NATAL	PED
80005770	PRENATAL & POSTPARTUM	PMT
02241235	PRENATAL AND POSTPARTUM	SDR

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

BETAHISTINE HCL

8mg Tablet

02280183	NOVO-BETAHISTINE	TEV

16mg Tablet

02374757	CO BETAHISTINE	ATP
02330210	PMS-BETAHISTINE	PMS
02243878	SERC	SPH
02280191	TEVA-BETAHISTINE	TEV

24mg Tablet

02374765	CO BETAHISTINE	ATP
02330237	PMS-BETAHISTINE	PMS
02247998	SERC	SPH
02280205	TEVA-BETAHISTINE	TEV

ERGOCALCIFEROL

ST **8288IU/mL Oral Liquid**

80003615	ERDOL	ODN

EXTEMPORANEOUS MIXTURE

Miscellaneous

00990019	EXTEMPORANEOUS MIXTURE (BC) (SK) (YT)	
00999997	EXTEMPORANEOUS MIXTURE (NB) (NS) (PE) (NL)	
00999999	EXTEMPORANEOUS MIXTURE (NU) (AB) (MB) (QC) (NT)	
00999994	EXTEMPORANEOUS MIXTURE (ON)	
00915000	STERILE EXTEMPORANEOUS MIXTURE (QC)	

INCOBOTULINUMTOXINA

Limited use benefit (prior approval required).

For the treatment of:
• strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older; OR
• cervical dystonia (spasmodic torticollis); OR
• urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

50Unit/Vial Injection

02371081	XEOMIN	MEZ

LANREOTIDE

120mg/0.5mL Injection

02283417	SOMATULINE AUTOGEL	IPS

NEDOCROMIL SODIUM

2% Ophth Solution

02241407	ALOCRIL	ALL

OCTREOTIDE

10mg/Vial Injection

02239323	SANDOSTATIN LAR	NVR

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

OCTREOTIDE

20mg/Vial Injection

02239324	SANDOSTATIN LAR	NVR

30mg/Vial Injection

02239325	SANDOSTATIN LAR	NVR

50mcg/mL Injection

02248639	OCTREOTIDE ACETATE OMEGA	OMG
00839191	SANDOSTATIN	NVR

100mcg/mL Injection

02248640	OCTREOTIDE ACETATE OMEGA	OMG
00839205	SANDOSTATIN	NVR

200mcg/mL Injection

02248642	OCTREOTIDE ACETATE OMEGA	OMG
02049392	SANDOSTATIN	TEV

500mcg/mL Injection

02248641	OCTREOTIDE ACETATE OMEGA	OMG
00839213	SANDOSTATIN	NVR

PENTOSAN POLYSULFATE SODIUM

100mg Capsule

02029448	ELMIRON	JNO

USTEKINUMAB

Limited use benefit (prior approval required).

For the treatment of moderate to severe psoriasis according to established criteria.

(Please refer to Appendix A).

45mg/0.5mL Injection

02320673	STELARA	JNO

90mg/mL Injection

02320681	STELARA	JNO

92:01.88

ASCORBIC ACID

ST **500mg Tablet**

02163268	VITAMIN C	JAM

CALCIUM, VITAMIN D

ST **500mg & 400IU Chewable Tablet**

80009412	M-CAL D	MAN

FOLIC ACID

ST **1mg Tablet**

80053274	JAMP-FOLIC ACID	JAP

MAGNESIUM

100mg/mL Oral Liquid

80004109	MAGNESIUM-ODAN	ODN

92:01.88

MAGNESIUM CITRATE

50mg/mL Solution

80001809	CITRODAN	ODN

THIAMINE HCL

[ST] **100mg Tablet**

80009588	JAMP-VITAMIN	JAP

VITAMIN D

[ST] **400IU Tablet**

80002452	VITAMIN D	WNP

[ST] **1,000IU Tablet**

80002169	VITAMIN D	PMS
80009580	VITAMIN D	SWS

92:08.00

DUTASTERIDE

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an adrenergic blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

[ST] **0.5MG Capsule**

02412691	ACT DUTASTERIDE	ATP
02404206	APO-DUTASTERIDE	APX
02247813	AVODART	GSK
02421712	DUTASTERIDE	PDL
02429012	DUTASTERIDE	SIV
02416298	MED-DUTASTERIDE	GMP
02428873	MINT-DUTASTERIDE	MIN
02393220	PMS-DUTASTERIDE	PMS
02427753	RIVA-DUTASTERIDE	RIV
02424444	SANDOZ DUTASTERIDE	SDZ
02408287	TEVA-DUTASTERIDE	TEP

92:08.00

FINASTERIDE

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha-adrenergic blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

[ST] **5mg Tablet**

02365383	APO-FINASTERIDE	APX
02405814	AURO-FINASTERIDE	AUR
02354462	CO FINASTERIDE	CBT
02376709	DOM-FINASTERIDE	DOM
02350270	FINASTERIDE	PDL
02355043	FINASTERIDE	ACC
02357224	JAMP-FINASTERIDE	JAP
02389878	MINT-FINASTERIDE	MIN
02356058	MYLAN-FINASTERIDE	MYL
02348500	NOVO-FINASTERIDE	TEV
02310112	PMS-FINASTERIDE	PMS
02010909	PROSCAR	FRS
02371820	RAN-FINASTERIDE	RBY
02306905	RATIO-FINASTERIDE	RPH
02322579	SANDOZ FINASTERIDE	SDZ

92:12.00

LEUCOVORIN CALCIUM

5mg Tablet

02170493	LEUCOVORIN CALCIUM	WAY

92:16.00

ALLOPURINOL

[ST] **100mg Tablet**

00449687	ALLOPRIN	VAE
00555681	ALLOPURINOL	PDL
02402769	APO-ALLOPURINOL	APX
02421593	JAMP-ALLOPURINOL	JAP
02396327	MAR-ALLOPURINOL	MAR
00402818	ZYLOPRIM	AAP

[ST] **200mg Tablet**

00514209	ALLOPRIN	VAE
02130157	ALLOPURINOL	PDL
02402777	APO-ALLOPURINOL	APX
02421607	JAMP-ALLOPURINOL	JAP
02396335	MAR-ALLOPURINOL	MAR
00479799	ZYLOPRIM	AAP

[ST] **300mg Tablet**

00454354	ALLOPRIN	VAE
00294322	ALLOPURINOL	APX
00555703	ALLOPURINOL	PDL
02402785	APO-ALLOPURINOL	APX
02421615	JAMP-ALLOPURINOL	JAP
02396343	MAR-ALLOPURINOL	MAR
00402796	ZYLOPRIM	AAP

92:16.00

COLCHICINE

0.6mg Tablet

00572349	COLCHICINE	ODN
02373823	JAMP-COLCHICINE	JAP
02402181	PMS-COLCHICINE	PMS

1mg Tablet

00621374	COLCHICINE	ODN

FEBUXOSTAT

Limited use benefit (prior approval required).

For patients with symptomatic gout who have documented hypersensitivity to allopurinol

ST 80mg Tablet

02357380	ULORIC	TAK

92:24.00

ALENDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

ST 5mg Tablet

02381478	ALENDRONATE	ACC
02248727	APO-ALENDRONATE	APX
02384698	RAN-ALENDRONATE	RBY
02288079	SANDOZ ALENDRONATE	SDZ
02248251	TEVA-ALENDRONATE	TEV

ST 10mg Tablet

02381486	ALENDRONATE	ACC
02248728	APO-ALENDRONATE	APX
02388545	AURO-ALENDRONATE	AUR
02394863	MINT-ALENDRONATE	MIN
02270129	MYLAN-ALENDRONATE	MYL
02288087	SANDOZ ALENDRONATE	SDZ
02247373	TEVA-ALENDRONATE	TEV

ST 40mg Tablet

02258102	CO ALENDRONATE	COB

92:24.00

ALENDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

ST 70mg Tablet

02299712	ALENDRONATE	MEL
02302004	ALENDRONATE	SOR
02352966	ALENDRONATE	SAN
02381494	ALENDRONATE	ACC
02303078	ALENDRONATE-70	PDL
02248730	APO-ALENDRONATE	APX
02388553	AURO-ALENDRONATE	AUR
02258110	CO ALENDRONATE	COB
02282763	DOM-ALENDRONATE	DOM
02245329	FOSAMAX	FRS
02385031	JAMP-ALENDRONATE	JAP
02394871	MINT-ALENDRONATE	MIN
02286335	MYLAN-ALENDRONATE	MYL
02273179	PMS-ALENDRONATE	PMS
02284006	PMS-ALENDRONATE FC	PMS
02384728	RAN-ALENDRONATE	RBY
02270889	RIVA-ALENDRONATE	RIV
02288109	SANDOZ ALENDRONATE	SDZ
02261715	TEVA-ALENDRONATE	TEV

ALENDRONATE SODIUM, VITAMIN D3

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

ST 70mg/2800U Tablet

02276429	FOSAVANCE	FRS
02403633	TEVA-ALENDRONATE/CHOLECALCIFEROL	TEP

92:24.00

ALENDRONATE SODIUM, VITAMIN D3

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

[ST] **70mg/5600U Tablet**

02314940	FOSAVANCE	MSP
02429160	SANDOZ ALENDRONATE/CHOLECALCIFEROL	SDZ
02403641	TEVA-ALENDRONATE/CHOLECALCIFEROL	TEP

DENOSUMAB (P)

Limited use benefit (prior approval required).

For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but for whom:
- bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia); AND
Have at least two of the following:
- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ -2.5

60mg/mL Injection

02343541	PROLIA	AMG

DENOSUMAB (X)

Limited use benefit (prior approval required).

For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with:
• One or more documented bone metastases; AND
• Good performance status (ECOG performance status score of 0, 1, or 2).

120mg/1.7mL Injection

02368153	XGEVA	AMG

ETIDRONATE DISODIUM

[ST] **200mg Tablet**

02248686	CO ETIDRONATE	COB
02245330	MYLAN-ETIDRONATE	MYL

92:24.00

ETIDRONATE DISODIUM, CALCIUM CARBONATE

[ST] **400mg & 500mg Tablet**

02263866	CO-ETIDROCAL	COB
02176017	DIDROCAL	PGP
02353210	ETIDROCAL	SAN
02247323	MYLAN-ETI-CAL CP	MYL
02324199	NOVO-ETIDRONATECAL KIT	TEV

PAMIDRONATE DISODIUM

6mg/mL Injection

02249677	PAMIDRONATE DISODIUM	OMG

30mg Injection

02059762	AREDIA IV	NVR
02244550	PAMIDRONATE DISODIUM	MAY
02264951	SANDOZ-PAMIDRONATE	SDZ

60mg Injection

02244551	PAMIDRONATE DISODIUM	HOS
02264978	SANDOZ-PAMIDRONATE	SDZ

90mg Injection

02059789	AREDIA IV	NVR
02244552	PAMIDRONATE DISODIUM	MAY
02245999	PMS-PAMIDRONATE	PMS
02264986	SANDOZ-PAMIDRONATE	SDZ

RISEDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Osteoporosis in patients who are 60 years of age and over or
b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
c. - Paget's Disease or
d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

[ST] **5mg Tablet**

02242518	ACTONEL	PGP
02298376	NOVO-RISEDRONATE	TEV

[ST] **30mg Tablet**

02239146	ACTONEL	PGP
02298384	NOVO-RISEDRONATE	TEV

92:24.00

RISEDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Osteoporosis in patients who are 60 years of age and over or
b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
c. - Paget's Disease or
d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

ST **35mg Tablet**

02246896	ACTONEL	PGP
02353687	APO-RISEDRONATE	APO
02406306	AURO-RISEDRONATE	AUR
02309831	DOM-RISEDRONATE	DOM
02368552	JAMP-RISEDRONATE	JAP
02357984	MYLAN-RISEDRONATE	MYL
02298392	NOVO-RISEDRONATE	TEV
02302209	PMS-RISEDRONATE	PMS
02347474	RISEDRONATE	PDL
02352141	RISEDRONATE	SIV
02370255	RISEDRONATE	SAN
02411407	RISEDRONATE-35	SIV
02341077	RIVA-RISEDRONATE	RIV
02327295	SANDOZ RISEDRONATE	SDZ

ZOLEDRONIC ACID

Limited use benefit (prior approval required).

• For the treatment of Paget's disease. Coverage will be granted for one dose per 12 month period. OR.

• For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates*, but who have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g, esophageal stricture or achalasia); ANDwho have at least two of the following:

- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ - 2.5.
- a bone mineral density (BMD) T-score ≤ -2.5.

5mg/100mL Injection

02269198	ACLASTA	NOV
02415100	TARO-ZOLEDRONIC ACID	TAR
02408082	ZOLEDRONIC ACID	TEP
02422433	ZOLEDRONIC ACID	REC

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ABATACEPT

Limited use benefit (prior approval required).

For the treatment of:
• Rheumatoid Arthritis according to established criteria.
• Juvenile Idiopathic Arthritis

(Please refer to Appendix A).

125mg Injection

02402475	ORENCIA	BMS

250mg Injection

02282097	ORENCIA	BMS

ADALIMUMAB

Limited use benefit (prior approval required).

For the treatment of:
• Rheumatoid Arthritis according to established criteria.
• Psoriatic Arthritis according to established criteria.
• Ankylosing Spondylitis according to established criteria.
• Psoriasis according to established criteria.
• Crohn's disease according to established criteria.
• Juvenile idiopathic arthritis according to established criteria.
(Please refer to Appendix A).

40mg/Vial Injection

02258595	HUMIRA	ABB

CERTOLIZUMAB PEGOL

Limited use benefit (prior approval required).

For the treatment of:
• Rheumatoid Arthritis according to established criteria.

(Please refer to Appendix A).

200mg/mL Injection

02331675	CIMZIA	UCB

ETANERCEPT

Limited use benefit (prior approval required).

For the treatment of:
• Rheumatoid Arthritis according to established criteria.
• Psoriatic Arthritis according to established criteria.
• Ankylosing Spondylitis according to established criteria.
• Juvenile Idiopathic Arthritis

(Please refer to Appendix A).

25mg/Vial Injection

02242903	ENBREL	IMX

50mg/mL Injection

02274728	ENBREL	IMX
99100373	ENBREL SURECLICK (QC)	AMG

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

GOLIMUMAB

Limited use benefit (prior approval required).

For the treatment of:
• Rheumatoid Arthritis according to established criteria.
• Psoriatic Arthritis according to established criteria.
• Ankylosing Spondylitis according to established criteria.

(Please refer to Appendix A).

50mg/0.5mL Injection

02324784	SIMPONI AUTO INJECTOR	CER
02324776	SIMPONI PRE-FILLED SYRINGE	CER

INFLIXIMAB

Limited use benefit (prior approval required).

For treatment of:
•Fistulizing Crohn's disease according to established criteria.
•For adult patients with moderately to severely active Crohn's Disease who have had an inadequate response to conventional therapy.
(Please refer to Appendix A).

or
•Rheumatoid Arthritis according to established criteria
(Please refer to Appendix A).

100mg/Vial Injection

02244016	REMICADE	CEN

LEFLUNOMIDE

[ST] **10mg Tablet**

02256495	APO-LEFLUNOMIDE	APX
02241888	ARAVA	SAC
02351668	LEFLUNOMIDE	SAN
02415828	LEFLUNOMIDE	PDL
02319225	MYLAN-LEFLUNOMIDE	MYL
02261251	NOVO-LEFLUNOMIDE	TEV
02288265	PMS-LEFLUNOMIDE	PMS
02283964	SANDOZ LEFLUNOMIDE	SDZ

[ST] **20mg Tablet**

02256509	APO-LEFLUNOMIDE	APX
02241889	ARAVA	SAC
02351676	LEFLUNOMIDE	SAN
02415836	LEFLUNOMIDE	PDL
02319233	MYLAN-LEFLUNOMIDE	MYL
02261278	NOVO-LEFLUNOMIDE	TEV
02288273	PMS-LEFLUNOMIDE	PMS
02283972	SANDOZ LEFLUNOMIDE	SDZ

TOCILIZUMAB

Limited use benefit (prior approval required).
For the treatment of adult patients with moderate to severely active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent.
(Please refer to Appendix A).

80mg/4ml Injection

02350092	ACTEMRA	HLR

200mg/10ml Injection

02350106	ACTEMRA	HLR

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

TOCILIZUMAB

Limited use benefit (prior approval required).
For the treatment of adult patients with moderate to severely active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent.
(Please refer to Appendix A).

400mg/20ml Injection

02350114	ACTEMRA	HLR

92:44.00

AZATHIOPRINE

[ST] **50mg Tablet**

02242907	APO-AZATHIOPRINE	APX
02343002	AZATHIOPRINE	SAN
02243371	AZATHIOPRINE-50	PDL
00004596	IMURAN	GSK
02231491	MYLAN-AZATHIOPRINE	MYL

CYCLOSPORINE

Limited use benefit (prior approval required).

For transplant therapy.

[ST] **10mg Capsule**

02237671	NEORAL	NVR

[ST] **25mg Capsule**

02150689	NEORAL	NVR
02247073	SANDOZ-CYCLOSPORINE	SDZ

[ST] **50mg Capsule**

02150662	NEORAL	NVR
02247074	SANDOZ-CYCLOSPORINE	SDZ

[ST] **100mg Capsule**

02150670	NEORAL	NVR
02242821	SANDOZ-CYCLOSPORINE	SDZ

[ST] **100mg/mL Solution**

02150697	NEORAL	NVR

MYCOPHENOLATE MOFETIL

Limited use benefit (prior approval required).

For transplant therapy.

[ST] **250mg Capsule**

02383780	ACH-MYCOPHENOLATE	ACC
02352559	APO-MYCOPHENOLATE	APX
02192748	CELLCEPT	HLR
02386399	JAMP-MYCOPHENOLATE	JAP
02371154	MYLAN-MYCOPHENOLATE	MYL
02320630	SANDOZ MYCOPHENOLATE	SDZ
02364883	TEVA-MYCOPHENOLATE	TEP

[ST] **500mg Tablet**

02352567	APO-MYCOPHENOLATE	APX
02237484	CELLCEPT	HLR
02380382	JAMP-MYCOPHENOLATE	JAP
02378574	MYCOPHENOLATE	ACC
02370549	MYLAN-MYCOPHENOLATE	MYL
02313855	SANDOZ-MYCOPHENOLATE	SDZ
02348675	TEVA-MYCOPHENOLATE	TEP

92:44.00

MYCOPHENOLATE SODIUM

Limited use benefit (prior approval required).

For transplant therapy.

ST 180mg Enteric Coated Tablet

02372738	APO-MYCOPHENOLIC ACID	APX
02264560	MYFORTIC	NVR

ST 360mg Enteric Coated Tablet

02372746	APO-MYCOPHENOLIC ACID	APX
02264579	MYFORTIC	NVR

SIROLIMUS

Limited use benefit (prior approval required).

Coverage will be provided as a second line therapy for patients failing mycophenolate mofetil.

ST 1mg/mL Oral Liquid

02243237	RAPAMUNE	WAY

ST 1mg Tablet

02247111	RAPAMUNE	WAY

TACROLIMUS

Limited use benefit (prior approval required).

For transplant therapy.

ST 3MG CAP LA

02331667	ADVAGRAF 3MG ER CAP	AST

ST 0.5mg Capsule

02243144	PROGRAF	AST
02416816	SANDOZ TACROLIMUS	SDZ

ST 1mg Capsule

02175991	PROGRAF	AST
02416824	SANDOZ TACROLIMUS	SDZ

ST 5mg Capsule

02175983	PROGRAF	AST
02416832	SANDOZ TACROLIMUS	SDZ

5mg/mL Injection

02176009	PROGRAF	AST

ST 0.5mg Long Acting Capsule

02296462	ADVAGRAF	AST

ST 1mg Long Acting Capsule

02296470	ADVAGRAF	AST

ST 5mg Long Acting Capsule

02296489	ADVAGRAF	AST

92:92.00

BOTULINUM TOXIN TYPE A

Limited use benefit (prior approval required).

For the treatment of:
a. - strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older
b. - cervical dystonia (spasmodic torticollis); OR urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

50IU Injection

09857386	BOTOX	ALL

100IU Injection

01981501	BOTOX	ALL

200IU Injection

09857387	BOTOX	ALL

CYPROTERONE ACETATE, ETHINYL ESTRADIOL

ST 2mg & 35mcg Tablet

02290308	CYESTRA-35	PMS
02233542	DIANE-35	BAY
02309556	TEVA-CYPROTERONE/ETHINYL ESTRADIOL	TEV

INCOBOTULINUMTOXINA

Limited use benefit (prior approval required).

For the treatment of:
• strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older; OR
• cervical dystonia (spasmodic torticollis); OR
• urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

100U/vial Injection

02324032	XEOMIN	MEZ

LANREOTIDE

60mg/0.3mL Injection

02283395	SOMATULINE AUTOGEL	IPS

90mg/0.3mL Injection

02283409	SOMATULINE AUTOGEL	IPS

94:00 DEVICES

94:00.00 DEVICES

SPACER DEVICE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 spacer device every 12 months.

Device		
96899962	AEROCHAMBER AC BOYZ	TRU
96899963	AEROCHAMBER AC GIRLZ	TRU
96899969	AEROCHAMBER PLUS FLOW-VU LG	TRU
96899970	AEROCHAMBER PLUS FLOW-VU MED	TRU
96899968	AEROCHAMBER PLUS FLOW-VU MOUTH	TRU
96899971	AEROCHAMBER PLUS FLOW-VU SM	TRU
96899977	AEROTRACH PLUS	TMI
99400507	E-Z SPACER	WEP
99400511	E-Z SPACER (MASK ONLY)	WEP
99400508	E-Z SPACER WITH SMALL MASK	WEP
99400501	OPTICHAMBER	AUC
96899961	OPTICHAMBER DIAMOND (CHAMBER)	AUC
96899958	OPTICHAMBER DIAMOND (LARGE M)	AUC
96899959	OPTICHAMBER DIAMOND (MEDIUM M)	AUC
96899960	OPTICHAMBER DIAMOND (MEDIUM M)	AUC
99400504	OPTICHAMBER LARGE MASK	AUC
99400503	OPTICHAMBER MEDIUM MASK	AUC
99400502	OPTICHAMBER SMALL MASK	AUC
99400505	OPTIHALER	AUC
99400787	POCKET CHAMBER	MCA
99400791	POCKET CHAMBER WITH ADULT MASK	MCA
99400788	POCKET CHAMBER WITH INFANT MASK	MCA
99400790	POCKET CHAMBER WITH MEDIUM MASK	MCA
99400789	POCKET CHAMBER WITH SMALL MASK	MCA

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Rapid-D Accu-Chek - Infusion Set		
97799650	RAPID-D 10MM/110CM	DIS
97799652	RAPID-D 10MM/60CM	DIS
97799651	RAPID-D 10MM/80CM	DIS
97799656	RAPID-D 6MM/110CM	DIS
97799658	RAPID-D 6MM/60CM	DIS
97799657	RAPID-D 6MM/80CM	DIS
97799653	RAPID-D 8MM/110CM	DIS
97799655	RAPID-D 8MM/60CM	DIS
97799654	RAPID-D 8MM/80CM	DIS
Tender Accu-Chek - Infusion Set		
97799644	TENDER-1 17MM/110CM	DIS
97799646	TENDER-1 17MM/60CM	DIS
97799645	TENDER-1 17MM/80CM	DIS
97799638	TENDER-2 17MM/110CM	DIS
97799640	TENDER-2 17MM/60CM	DIS
97799639	TENDER-2 17MM/80CM	DIS
Tender "Mini" Accu-Chek - Infusion Set		
97799647	TENDER-1 "MINI" 13MM/110CM	DIS
97799649	TENDER-1 "MINI" 13MM/60CM	DIS
97799648	TENDER-1 "MINI" 13MM/80CM	DIS
97799641	TENDER-2 "MINI" 13MM/110CM	DIS
97799643	TENDER-2 "MINI" 13MM/60CM	DIS
97799642	TENDER-2 "MINI" 13MM/80CM	DIS
UltraFlex Accu-Chek - Infusion Set		
97799665	ULTRAFLEX - 1 10MM/110CM	DIS
97799667	ULTRAFLEX - 1 10MM/60CM	DIS
97799666	ULTRAFLEX - 1 10MM/80CM	DIS
97799668	ULTRAFLEX - 1 8MM/110CM	DIS
97799670	ULTRAFLEX - 1 8MM/60CM	DIS
97799669	ULTRAFLEX - 1 8MM/80CM	DIS
Accu-Chek - Resevoirs		
	SPIRIT CARTRIDGE 3.15ML	DIS
Comfort Angled Animas - Infusion Set		
97799682	COMFORT ANGLED 17MMX110CM (10 TUBING/BOX)	AMS
97799683	COMFORT ANGLED 17MMX60CM (10 TUBING/BOX)	AMS
Comfort Short Angled Animas - Infusion Set		
97799678	COMFORT SHORT ANGLED 13MMX110CM (10 TUBING/BOX)	AMS
97799679	COMFORT SHORT ANGLED 13MMX60CM (10 TUBING/BOX)	AMS

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Contact Detach Animas - Infusion Set

97799672	CONTACT DETACH 90 DEGREE 6MMX60CM	AMS
97799610	CONTACT DETACH 90 DEGREE 8MMX60CM	AMS

Inset II Animas - Infusion Set

97799685	INSET II 90 DEGREE 6MMX110CM	AMS
97799687	INSET II 90 DEGREE 6MMX60CM	AMS
97799684	INSET II 90 DEGREE 9MMX110CM	AMS
97799686	INSET II 90 DEGREE 9MMX60CM	AMS

Animas - Resevoirs

97799674	CARTRIDGE FOR IR200 2ML	AMS

Mio Medtronic - Infusion Set

97799491	MIO BLUE 6MMX18"	MDT
97799438	MIO BLUE 6MMX23"	MDT
97799490	MIO CLEAR 6MMX32"	MDT
97799489	MIO CLEAR 9MMX32"	MDT
97799492	MIO PINK 6MMX18"	MDT
97799437	MIO PINK 6MMX23"	MDT

Paradigm Silhouette Medtronic - Infusion Set

97799485	PARADIGM SILHOUETTE 13MMX18"	MDT
97799716	PARADIGM SILHOUETTE 13MMX23"	MDT
97799484	PARADIGM SILHOUETTE 13MMX32"	MDT
97799715	PARADIGM SILHOUETTE 13MMX43"	MDT
97799718	PARADIGM SILHOUETTE 17MMX23"	MDT
97799483	PARADIGM SILHOUETTE 17MMX32"	MDT
97799719	PARADIGM SILHOUETTE 17MMX43"	MDT
97799529	PARADIGM SILHOUETTE CANNULA 13MM	MDT
97799528	PARADIGM SILHOUETTE CANNULA 17MM	MDT

Quick-Set Medtronic - Infusion Set

97799486	QUICK-SET 6MMX18"	MDT
97799744	QUICK-SET 6MMX23"	MDT
97799487	QUICK-SET 6MMX32"	MDT
97799743	QUICK-SET 6MMX43"	MDT
97799742	QUICK-SET 9MMX23"	MDT
97799488	QUICK-SET 9MMX32"	MDT
97799741	QUICK-SET 9MMX43"	MDT

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Sure-T Medtronic - Infusion Set

97799521	PARADIGM SURE-T 29G 6MMX18"	MDT
97799520	PARADIGM SURE-T 29G 6MMX23"	MDT
97799519	PARADIGM SURE-T 29G 8MMX23"	MDT

Medtronic - Resevoirs

97799707	RESERVOIR 5XX 1.8ML SYRINGE	MDT
97799706	RESERVOIR PARADIGM 7XX3.0ML	MDT

OmniPod Omnipod - POD

09991327	PODS	OMD

ISOPROPYL ALCOHOL

70% Swab

00480452	ALCOHOL PREP SWAB	PFD
02247809	ALCOHOL SWAB	TIP
00809357	ALCOHOL SWABS BD	BTD
97799880	B-D ALCOHOL SWAB	BTD
99438102	MONOJECT ALCOHOL WIPES	SHM
00795232	WEBCOL ALCOHOL PREP	JAJ

94:01.00 DEVICES (DIABETIC)

LANCET

Lancet

97799494	ACCU-CHEK FASTCLIK LANCET 102	ROC
97799495	ACCU-CHEK FASTCLIK LANCET 204	ROC
97799817	ACCU-CHEK MULTICLIX	ROD
97799945	ACCU-CHEK SOFTCLIX LANCETS	ROC
97799946	ACCU-CHEK SOFTCLIX LANCETS	ROC
97799690	BD ULTRAFINE 33G LANCETS	BTD
97799466	BG STAR LANCETS	SAC
97799541	EZ HEALTH ORACLE LANCETS	TRE
97799825	FINGERSTIX LANCETS	BAY
97799826	FREESTYLE LANCETS	BAY
97799766	ITEST LANCETS 28G	AUC
97799767	ITEST LANCETS 33G	AUC
97799388	MEDI+SURE SOFT 30G TWIST LANC.	MEC
97799389	MEDI+SURE SOFT 33G TWIST LANC.	MEC
97799918	MICROLET LANCETS	BAY
97799804	MONOLET (MONOJECT) 21G	TYC
97799801	MONOLET THIN (MONOJECT) 28G	TYC
97799810	MPD THIN (100)	MPD
97799811	MPD THIN (200)	MPD
97799807	MPD ULTRA THIN (100)	MPD
97799808	MPD ULTRA THIN (200)	MPD
97799431	ONE TOUCH DELICA LANCET 30G	JAJ
97799501	ONETOUCH DELICA LANCET 33G	JAJ
97799970	ONETOUCH ULTRASOFT LANCETS	JAJ
97799348	ULTILET CLASSIC LANCETS	SKY

MAGNIFIER

Magnifier

99400550	SYRINGE SCALE MAGNIFIER	

NEEDLE

ST 18G Needle

09991402	BD PRECISIONGLIDE 18GX1 1/2 INCH	BTD
09991401	BD PRECISIONGLIDE 18GX1 INCH	BTD

ST 25G Needle

09991385	BD PRECISIONGLIDE 25GX5/8 INCH	BTD
09991386	BD PRECISIONGLIDE 25GX7/8 INCH	BTD

ST 26G Needle

09991384	BD PRECISIONGLIDE 26GX1/2 INCH	BTD
09991383	BD PRECISIONGLIDE 26GX3/8 INCH	BTD

94:01.00 DEVICES (DIABETIC)

NEEDLE

ST 27G Needle

09991382	BD PRECISIONGLIDE 27GX1 1/4 INCH	BTD

ST 27GX1/2 Needle

09991381	BD PRECISIONGLIDE 27GX1/2 INCH	BTD

PEN NEEDLE

ST 29G Needle

97799897	BD ULTRA-FINE PEN NEEDLE	BTD

ST 29GX12.7MM Needle

97799561	SUPER-FINE PEN NEEDLES STANDARD	PMS

ST 29GX12MM Needle

97799566	INSUPEN PEN NEEDLES	DPI
97799543	ULTICARE PEN NEEDLES WITH SHARP CONTAINER	UMI
97799991	UNIFINE PENTIPS (OWEN MUMFORD)	AUC

ST 29GX8MM Needle

97799526	BD AUTOSHIELD PEN NEEDLES	BTD

ST 30G Needle

97799467	NOVOTWIST TIP NEEDLES	NOO

ST 30GX8MM Needle

97799567	INSUPEN PEN NEEDLES	DPI

ST 31GX4.5MM Needle

97799404	CLICKFINE PEN NEEDLES	AUC

ST 31GX5MM Needle

97799563	SUPER-FINE PEN NEEDLES MICRO	PMS
97799426	UNIFINE PENTIPS (OWEN MUMFORD)	AUC

ST 31GX6MM Needle

97799405	CLICKFINE PEN NEEDLES	AUC
97799364	INSULIN PEN NEEDLE	MTD
97799569	INSUPEN PEN NEEDLES	DPI
97799545	ULTICARE PEN NEEDLES WITH SHARP CONTAINER	UMI
97799993	UNIFINE PENTIPS (OWEN MUMFORD)	AUC

ST 31GX8MM Needle

97799406	CLICKFINE PEN NEEDLES	AUC
97799366	INSULIN PEN NEEDLE	MTD
97799568	INSUPEN PEN NEEDLES	DPI
97799441	LIFE BRAND PEN NEEDLES	HOD
97799562	SUPER-FINE PEN NEEDLES XTRA	PMS
97799544	ULTICARE PEN NEEDLES WITH SHARP CONTAINER	UMI
97799992	UNIFINE PENTIPS (OWEN MUMFORD)	AUC

ST 32G Needle

97799821	NOVOFINE PEN NEEDLES	NOO
97799468	NOVOTWIST TIP NEEDLES	NOO

94:01.00 DEVICES (DIABETIC)

PEN NEEDLE

ST 32GX4MM Needle

97799527	BD ULTRA-FINE NANO PEN NEEDLES	BTD
97799367	INSULIN PEN NEEDLE	MTD
97799386	NOVOFINE PLUS	NOO
97799440	ULTICARE PEN NEEDLES	DPI

ST 32GX6MM Needle

97799363	INSULIN PEN NEEDLE	MTD
97799571	INSUPEN PEN NEEDLES	DPI

ST 32GX8MM Needle

97799365	INSULIN PEN NEEDLE	MTD
97799570	INSUPEN PEN NEEDLES	DPI

SHARPS CONTAINER

Device

99401026	B-D SHARPS CONTAINER 1.4L	BTD
99401027	B-D SHARPS CONTAINER 3.1L	BTD

SYRINGE

ST Syringe

97799510	ULTICARE LOW DEAD SPACE SYRINGE	UMI

ST 1ML Syringe

09991376	BD LUER-LOK SYRINGE ONLY (1ML)	BTD
09991375	BD SLIP TIP SYRINGE ONLY (1ML)	BTD

ST 3ML Syringe

09991371	BD LUER-LOK SYRINGE ONLY (3ML)	BTD
09991372	BD SLIP TIP SYRINGE ONLY (3ML)	BTD

ST 5ML Syringe

09991373	BD LUER-LOK SYRINGE ONLY (5ML)	BTD
09991374	BD SLIP TIP SYRINGE ONLY (5ML)	BTD

ST 10ML Syringe

09991363	BD LUER-LOK SYRINGE ONLY (10ML)	BTD
09991364	BD SLIP TIP SYRINGE ONLY (10ML)	BTD

ST 20ML Syringe

09991368	BD LUER-LOK SYRINGE ONLY (20ML)	BTD
09991369	BD SLIP TIP SYRINGE ONLY (20ML)	BTD

ST 30ML Syringe

09991377	BD LUER-LOK SYRINGE ONLY (30ML)	BTD
09991378	BD SLIP TIP SYRINGE ONLY (30ML)	BTD

SYRINGE & NEEDLE

ST 31GX0.3CC Syringe

97799369	INSULIN SYRINGES	MTD

94:01.00 DEVICES (DIABETIC)

SYRINGE & NEEDLE

ST 31GX0.5CC Syringe

97799370	INSULIN SYRINGES	MTD

ST 31GX1CC Syringe

97799371	INSULIN SYRINGES	MTD

ST 29GX0.3CC Syringe and Needle

97799999	ULTICARE INSULIN SYRINGE	UMI

ST 18GX1 1/2 Syringe and Needle

09991349	BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)	BTD

ST 21GX1 Syringe and Needle

09991360	BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP	BTD

ST 25GX1 Syringe and Needle

09991338	BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)	BTD

ST 25GX1 1/2 Syringe and Needle

09991337	BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)	BTD

ST 25GX5/8 Syringe and Needle

09991339	BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)	BTD
09991359	BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP	BTD

ST 26GX3/8 Syringe and Needle

09991358	BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP	BTD

ST 26GX5/8 Syringe and Needle

09991361	BD SLIP TIP SUB Q (1ML)	BTD

ST 27GX1/2 Syringe and Needle

09991357	BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP	BTD
09991356	BD TUBERCULIN SYR/PERMANENT NEEDLE	BTD

ST 28GX0.5CC Syringe and Needle

97799518	ULTICARE SYRINGE	UMI

ST 28GX1CC Syringe and Needle

97799517	ULTICARE SYRINGE	UMI

ST 29GX0.3CC Syringe and Needle

97799887	BD ULTRA-FINE	BTD
97799509	ULTICARE SYGINGES WITH ULTIGUARD	UMI

ST 29GX0.5CC Syringe and Needle

97799888	BD ULTRA-FINE	BTD
97799998	ULTICARE INSULIN SYRINGE	UMI
97799508	ULTICARE SYGINGES WITH ULTIGUARD	UMI

94:01.00 DEVICES (DIABETIC)

SYRINGE & NEEDLE

ST 29GX1CC Syringe and Needle

97799889	BD ULTRA-FINE	BTD
97799997	ULTICARE INSULIN SYRINGE	UMI
97799507	ULTICARE SYGINGES WITH ULTIGUARD	UMI

ST 30GX0.3CC Syringe and Needle

97799886	BD ULTRA-FINE II SHORT	BTD
97799996	ULTICARE INSULIN SYRINGE	UMI
97799506	ULTICARE SYGINGES WITH ULTIGUARD	UMI
97799551	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 30GX0.5CC Syringe and Needle

97799885	BD ULTRA-FINE II SHORT	BTD
97799995	ULTICARE INSULIN SYRINGE	UMI
97799505	ULTICARE SYGINGES WITH ULTIGUARD	UMI
97799550	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 30GX1CC Syringe and Needle

97799890	BD ULTRA-FINE II SHORT	BTD
97799994	ULTICARE INSULIN SYRINGE	UMI
97799504	ULTICARE SYGINGES WITH ULTIGUARD	UMI
97799549	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 31GX0.3CC Syringe and Needle

97799513	ULTICARE SYRINGE	UMI
97799548	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 31GX0.5CC Syringe and Needle

97799512	ULTICARE SYRINGE	UMI
97799547	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 31GX1CC Syringe and Needle

97799511	ULTICARE SYRINGE	UMI
97799546	ULTICARE SYRINGES WITH ULTIGUARD	UMI

ST 31GX6MMX0.3CC Syringe and Needle

97799425	BD SYRINGE WITH ULTRA-FINE NEEDLE	BTD

ST 31X6MMX0.5CC Syringe and Needle

97799385	BD SYRINGE + NEEDLE	BTD

ST 31X6MMX1CC Syringe and Needle

97799384	BD SYRINGE + NEEDLE	BTD

SYRINGE CASE

Syringe Case

99400552	MYHEALTH SYRINGE CASE-7	AUC
99400551	MYHEALTH SYRINGE CASE-SINGLE	AUC

96:00 PHARMACEUTICAL AIDS

96:00.00 PHARMACEUTICAL AIDS

CAFFEINE CITRATE

Limited use benefit (prior approval not required).

For children up to 1 year of age

Powder

00972037	CAFFEINE CITRATE	WIL

METHADONE HCL

Powder

00908835	METHADONE	WIL

APPENDIX A
LIMITED USE BENEFITS AND CRITERIA

08:00 ANTI-INFECTIVE AGENTS

08:12.24 TETRACYCLINES

MINOCYCLINE HCL

Limited use benefit (prior approval required).

For:
a. - patients who cannot tolerate other tetracyclines.
b. - patients with severe widespread acne who have failed on tetracycline.

50mg Capsule

02084090	APO-MINOCYCLINE	APX
02239667	DOM-MINOCYCLINE	DPC
02153394	MINOCYCLINE	PDL
02287226	MINOCYCLINE	SAN
02230735	MYLAN-MINOCYCLINE	MYL
02108143	NOVO-MINOCYCLINE	TEV
02239238	PMS-MINOCYCLINE	PMS
02294419	PMS-MINOCYCLINE	PMS
01914138	RATIO-MINOCYCLINE	RPH
02242080	RIVA-MINOCYCLINE	RIV
02237313	SANDOZ-MINOCYCLINE	SDZ

100mg Capsule

02084104	APO-MINOCYCLINE	APX
02239668	DOM-MINOCYCLINE	DPC
02154366	MINOCYCLINE	PDL
02239982	MINOCYCLINE	IVX
02287234	MINOCYCLINE	SAN
02230736	MYLAN-MINOCYCLINE	MYL
02108151	NOVO-MINOCYCLINE	TEV
02294427	PMS-MINOCYCLINE	PMS
02239239	PMS-MONOCYCLINE	PMS
01914146	RATIO-MINOCYCLINE	RPH
02242081	RIVA-MINOCYCLINE	RIV
02237314	SANDOZ-MINOCYCLINE	SDZ

08:12.28 MISCELLANEOUS ANTIBIOTICS

LINEZOLID

Limited use benefit (prior approval required).

Tablets:

For treatment of proven vancomycin-resistant enterococci (VRE) infections when other antibiotics are not available, and for the treatment of proven Methicillin-Resistant Staphylococcus aureus (MRSA) infections in patients who cannot tolerate or who had an idiosyncratic reaction with Vancomycin.

I.V. solution:

When linezolid cannot be administered orally in the above mentioned situations.

2mg/mL Injection

02402637	LINEZOLID	TEP
02243685	ZYVOXAM	PFI

600mg Tablet

02426552	APO-LINEZOLID	APX
02422689	SANDOZ LINEZOLID	SDZ
02243684	ZYVOXAM	PFI

08:14.08 AZOLES

VORICONAZOLE

Limited use benefit (prior approval required).

For the treatment of:
a. - patients with invasive aspergillosis.
b. - culture proven invasive candidiasis with documented resistance to fluconazole.

50mg Tablet

02409674	APO-VORICONAZOLE	APX
02399245	SANDOZ VORICONAZOLE	SDZ
02396866	TEVA-VORICONAZOLE	TEP
02256460	VFEND	PFI

200mg Tablet

02409682	APO-VORICONAZOLE	APX
02399253	SANDOZ VORICONAZOLE	SDZ
02396874	TEVA-VORICONAZOLE	TEP
02256479	VFEND	PFI

08:18.08 ANTIRETROVIRALS

ETRAVIRINE

Limited use benefit (prior approval required).

For use in combination with other antiretroviral agents for treatment-experienced patients with HIV-1 infection who:
a.- have failed prior antiretroviral therapy; and
b. - have HIV-1 strains resistant to multiple antiretroviral agents, including NNRTIs

100mg Tablet

02306778	INTELENCE	JNO

200mg Tablet

02375931	INTELENCE	KEG

MARAVIROC

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection, given in combination with other antiretroviral agents, in patients who have:
a. - CR5 tropic viruses; and
b. - documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors)

150mg Tablet

02299844	CELSENTRI	VII

300mg Tablet

02299852	CELSENTRI	VII

RALTEGRAVIR

Limited use benefit (prior approval required).

For the treatment of HIV infection in patients who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretroviral agents, nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.

400mg Tablet

02301881	ISENTRESS	FRS

TENOFOVIR DISOPROXIL FUMARATE

Limited use benefit (prior approval required).

For the management of HIV disease in patients who have failed or have experienced adverse events to an alternative nucleoside reverse transcriptase inhibitor.

245mg Tablet

02247128	VIREAD	GIL

TIPRANAVIR

Limited use benefit (prior approval required).

For the management of HIV disease in patients
a. - who have failed all currently listed protease inhibitors
b. - intolerant to all currently listed protease inhibitors

250mg Capsule

02273322	APTIVUS	BOE

08:18.20 INTERFERONS

PEGINTERFERON ALFA-2A

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL Injection

02248077	PEGASYS	HLR

180mcg/1mL Injection

02248078	PEGASYS	HLR

PEGINTERFERON ALFA-2A, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL & 200mg Injection & Tablet

02253429	PEGASYS RBV	HLR

180mcg/1mL & 200mg Injection & Tablet

02253410	PEGASYS RBV	HLR

PEGINTERFERON ALFA-2B, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

50mcg/0.5mL & 200mg Injection & Capsule

02246026	PEGETRON	SCH
02254573	PEGETRON REDIPEN	SCH

80mcg/0.5mL & 200mg Injection & Capsule

02254581	PEGETRON REDIPEN	SCH

100mcg/0.5mL & 200mg Injection & Capsule

02254603	PEGETRON REDIPEN	SCH

120mcg/0.5mL & 200mg Injection & Capsule

02254638	PEGETRON REDIPEN	SCH

150mcg/0.5mL & 200mg Injection & Capsule

02246030	PEGETRON	SCH
02254646	PEGETRON REDIPEN	SCH

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ADEFOVIR DIPIVOXIL

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection when used in combination with lamivudine in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of ≥ 1 log10 IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

10MG Tablet

02420333	APO-ADEFOVIR	APX
02247823	HEPSERA	GIL

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ENTECAVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

0.5mg Tablet

02396955	APO-ENTECAVIR	APX
02282224	BARACLUDE	BMS
02430576	PMS-ENTECAVIR	PMS

SOFOSBUVIR

Limited use benefit (prior approval required).

For the treatment of chronic Hepatitis C in adult patients with compensated liver disease, including cirrhosis, if the following clinincal criteria and conditions are met:

Patients with Genotype 1 CHC infection, in combination with pegylated-interferon and ribavirin (PEG IFN/RBV):
- Fibrosis stage F2 or greater
- Treatment naïve
If approved, treatment should not exceed a duration of 12 weeks.

Patients with Genotype 2 CHC infection, in combination with RBV:
- Fibrosis stage F2 or greater
- Previous treatment experience with Peg-IFN/RBV ; OR
- A medical contraindication to Peg-IFN/RBV
If approved, treatment should not exceed a duration of 12 weeks.

Patients with Genotype 3 CHC infection, in combination with RBV:
- Fibrosis stage F2 or greater
- Previous treatment experience with Peg-IFN/RBV ; OR
- A medical contraindication to Peg-IFN/RBV
If approved, treatment should not exceed a duration of 24 weeks.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Sovaldi (Re-treatment requests will not be considered).

400mg Tablet

02418355	SOVALDI	GIL

SOFOSBUVIR, LEDIPASVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C virus (HCV) genotype 1 infection in adults with a liver fibrosis stage ≥ F2 (Metavir score or equivalent).

Criteria & Duration
Treatment-naïve patients with no cirrhosis, viral load < 6 million IU/mL - 8 weeks*
Treatment-naïve patients with no cirrhosis, viral load ≥ 6 million IU/mL - 12 weeks
Treatment-naïve patients with compensated cirrhosis - 12 weeks
Treatment-experienced patients with no cirrhosis - 12 weeks
Treatment-experienced patients with compensated cirrhosis - 24 weeks

*For this population cohort (treatment naïve, non-cirrhotic, viral load < 6 million IU/mL), evidence has shown that the SVR rates with the 8-week and 12-week treatment regimens are similar. Treatment regimens of up to 12 weeks are recognized as a Health Canada approved treatment option. Patients may be considered for 12 weeks of coverage if they have severe fibrosis/borderline cirrhosis (F3-4) or if they are co-infected with HIV.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Harvoni (Re-treatment requests will not be considered).

400mg & 90mg Tablet

02432226	HARVONI	GIL

08:18.40

BOCEPREVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha (a or b) + ribavirin), and the following criteria:

-detectable levels of hepatitis C virus RNA in the last six months;
- fibrosis stage of F2, F3 or F4;
-one course of treatment only (maximum of 44 weeks, based on response).

200mg Capsule

02370816	VICTRELIS	FRS

BOCEPREVIR, PEGINTERFERON, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C (CHC) genotype 1 infection in adult patients with compensated liver disease, in combination with peginterferon alpha (a or b) + ribavirin), and the following criteria:

-detectable levels of hepatitis C virus RNA in the last six months;
- fibrosis stage of F2, F3 or F4;
-one course of treatment only (maximum of 44 weeks, based on response).

200mg & 100mcg & 200mg Kit

02371456	VICTRELIS TRIPLE	FRS

200mg & 120mcg & 200mg Kit

02371464	VICTRELIS TRIPLE	FRS

200mg & 150mcg & 200mg Kit

02371472	VICTRELIS TRIPLE	FRS

200mg & 80mcg & 200mg Kit

02371448	VICTRELIS TRIPLE	FRS

SIMEPREVIR

Limited use benefit (prior approval required).

For the treatment of chronic Hepatitis C in treatment-naïve and treatment-experienced patients who meet all of the following criteria:
- Chronic hepatitis C virus (HCV) genotype 1 infection
- Detectable levels of HCV RNA in the last six months
- Fibrosis stage F2 or greater (Metavir scale or equivalent)
- Patient has not received a prior full therapeutic course of boceprevir or telaprevir.

Not eligible for coverage:
•Patients currently being treated with another HCV antiviral agent
•Patients who have previously received a treatment course of Galexos (Re-treatment requests will not be considered).

150mg Capsule

02416441	GALEXOS	KEG

08:36.00 URINARY ANTI-INFECTIVES

FOSFOMYCIN TROMETHAMINE

Limited use benefit (prior approval required).

For the treatment of women (>12 years old) with:
•Urinary tract infections with organisms resistant to first line therapy
OR
•Urinary tract infections in pregnancy when first line agents are contraindicated

3gm/pk Powder

02240335	MONUROL	PAL

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

ERLOTINIB HYDROCLORIDE

Limited use benefit (prior approval required).

Treatment of non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen, and whose EGFR expression status is positive or unknown.

100mg Tablet

02269015	TARCEVA	HLR

10:00.00 ANTINEOPLASTIC AGENTS

ERLOTINIB HYDROCLORIDE

Limited use benefit (prior approval required).

Treatment of non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen, and whose EGFR expression status is positive or unknown.

150mg Tablet

02269023	TARCEVA	HLR

IMATINIB MESYLATE

Limited use benefit (prior approval required).

a.- For the treatment of patients with chronic myeloid leukemia (CML) in blast crisis, accelerated phase, or in chronic phase.
b.- For the treatment of patients with gastrointestinal stromal tumour.
c.- For newly diagnosed adult patients with Philadelphia chromosome-positive (CML).

100mg Tablet

02355337	APO-IMATINIB	APX
02397285	CO IMATINIB	ATP
02253275	GLEEVEC	NVR
02399806	TEVA-IMATINIB	TEP

400mg Tablet

02355345	APO-IMATINIB	APX
02397293	CO IMATINIB	CBT
02253283	GLEEVEC	TEV
02399814	TEVA-IMATINIB	TEP

RITUXIMAB

Limited use benefit (prior approval required).

Prescribed by a rheumatologist for treatment of adult patients with severely active rheumatoid arthritis who have failed to respond to a trial of an anti-TNF agent. Treatment should be combined with methotrexate. Rituximab should not be used in combination with anti-TNF agents.

For continued coverage for rituximab beyond twenty-four weeks, patient must meet all the following criteria:
a. - Initially prescribed by a rheumatologist
b. - Patient has been assessed after the twentieth to twenty-fourth week of rituximab therapy and meets the response criteria of:
c. - a >20% reduction in number of tender and swollen joints
d. - a >20% improvement in physician global assessment scale.
e. - either a >20% improvement in the patient global assessment scale or a >20% reduction in the acute phase as measured by ESR or CRP.

10mg/mL Injection

02241927	RITUXAN	HLR

SUNITINIB MALATE

Limited use benefit (Prior approval required).

Criteria for initial six month coverage of Sutent:
For patients with histologically proven unresectable or recurrent/metastatic GIST who have failed or are unable to tolerate imatinib therapy. Sunitinib will not be funded concomitantly with imatinib.

Criteria for assessment at every six months:
There is no objective evidence of disease progression.

12.5mg Capsule

02280795	SUTENT	PFI

25mg Capsule

02280809	SUTENT	PFI

50mg Capsule

02280817	SUTENT	PFI

TEMOZOLOMIDE

Limited use benefit (prior approval required).

For:
a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy).
b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

5mg Capsule

02241093	TEMODAL	SCH

10:00.00 ANTINEOPLASTIC AGENTS

TEMOZOLOMIDE

Limited use benefit (prior approval required).

For:
a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy).
b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

20mg Capsule

02395274	CO TEMOZOLOMIDE	CBT
02241094	TEMODAL	SCH

100mg Capsule

02395282	CO TEMOZOLOMIDE	CBT
02241095	TEMODAL	SCH

140mg Capsule

02413116	APO-TEMOZOLOMIDE	APX
02395290	CO TEMOZOLOMIDE	CBT
02312794	TEMODAL	FRS

250mg Capsule

02395312	CO TEMOZOLOMIDE	CBT
02241096	TEMODAL	SCH

12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC AGENTS

DONEPEZIL HCL

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

5mg Tablet

02419866	ACCEL-DONEPEZIL	ACP
02397595	ACT DONEPEZIL	ATP
02362260	APO-DONEPEZIL	APX
02232043	ARICEPT	PFI
02400561	AURO-DONEPEZIL	AUR
02402645	DONEPEZIL	ACC
02416417	DONEPEZIL	PDL
02420597	DONEPEZIL	SIV
02404419	JAMP-DONEPEZIL	JAP
02416948	JAMP-DONEPEZIL	JAP
02402092	MAR-DONEPEZIL	MAR
02359472	MYLAN-DONEPEZIL	MYL
02322331	PMS-DONEPEZIL	PMS
02381508	RAN-DONEPEZIL	RBY
02412918	RIVA-DONEPEZIL	RIV
02328666	SANDOZ DONEPEZIL	SDZ
02428482	SEPTA-DONEPEZIL	SPT
02340607	TEVA-DONEPEZIL	TEP

12:04.00 PARASYMPATHOMIMETIC AGENTS

DONEPEZIL HCL

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

10mg Tablet

02419874	ACCEL-DONEPEZIL	ACP
02397609	ACT DONEPEZIL	ATP
02362279	APO-DONEPEZIL	APX
02232044	ARICEPT	PFI
02400588	AURO-DONEPEZIL	AUR
02402653	DONEPEZIL	ACC
02416425	DONEPEZIL	PDL
02420600	DONEPEZIL	SIV
02404427	JAMP-DONEPEZIL	JAP
02416956	JAMP-DONEPEZIL	JAP
02402106	MAR-DONEPEZIL	MAR
02359480	MYLAN-DONEPEZIL	MYL
02322358	PMS-DONEPEZIL	PMS
02381516	RAN-DONEPEZIL	RBY
02412934	RIVA-DONEPEZIL	RIV
02328682	SANDOZ DONEPEZIL	SDZ
02428490	SEPTA-DONEPEZIL	SPT
02340615	TEVA-DONEPEZIL	TEP

GALANTAMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

8mg Extended Release Capsule

02416573	GALANTAMINE ER	PDL
02420821	MAR-GALANTAMINE ER	MAR
02339439	MYLAN-GALANTAMINE ER	MYL
02316943	PAT-GALANTAMINE ER	JNO
02398370	PMS-GALANTAMINE ER	PMS
02266717	REMINYL ER	JNO
02377950	TEVA-GALANTAMINE ER	TEP

12:04.00 PARASYMPATHOMIMETIC AGENTS

GALANTAMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

16mg Extended Release Capsule

02416581	GALANTAMINE ER	PDL
02420848	MAR-GALANTAMINE ER	MAR
02339447	MYLAN-GALANTAMINE ER	MYL
02316951	PAT-GALANTAMINE ER	JNO
02398389	PMS-GALANTAMINE ER	PMS
02266725	REMINYL ER	JNO
02377969	TEVA-GALANTAMINE ER	TEP

24mg Extended Release Capsule

02416603	GALANTAMINE ER	PDL
02420856	MAR-GALANTAMINE ER	MAR
02339455	MYLAN-GALANTAMINE ER	MYL
02316978	PAT-GALANTAMINE ER	JNO
02398397	PMS-GALANTAMINE ER	PMS
02266733	REMINYL ER	JNO
02377977	TEVA-GALANTAMINE ER	TEP

RIVASTIGMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

1.5mg Capsule

02336715	APO-RIVASTIGMINE	APX
02242115	EXELON	NOV
02401614	MED-RIVASTIGMINE	GMP
02406985	MINT-RIVASTIGMINE	MIN
02332809	MYLAN-RIVASTIGMINE	MYL
02305984	NOVO-RIVASTIGMINE	TEV
02306034	PMS-RIVASTIGMINE	PMS
02311283	RATIO-RIVASTIGMINE	RPH
02416999	RIVASTIGMINE	PDL
02324563	SANDOZ RIVASTIGMINE	SDZ

12:04.00 PARASYMPATHOMIMETIC AGENTS

RIVASTIGMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheimer's disease; AND
•Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
•Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
•Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
•Diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; OR
•GDS score between 4 to 6; AND
•Improvement or stabilization in at least one of the following domains
(please indicate improved, worsened, or no change)
1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

3mg Capsule

02336723	APO-RIVASTIGMINE	APX
02242116	EXELON	NOV
02401622	MED-RIVASTIGMINE	GMP
02406993	MINT-RIVASTIGMINE	MIN
02332817	MYLAN-RIVASTIGMINE	MYL
02305992	NOVO-RIVASTIGMINE	TEV
02306042	PMS-RIVASTIGMINE	PMS
02311291	RATIO-RIVASTIGMINE	RPH
02417006	RIVASTIGMINE	PDL
02324571	SANDOZ RIVASTIGMINE	SDZ

4.5mg Capsule

02336731	APO-RIVASTIGMINE	APX
02242117	EXELON	NOV
02401630	MED-RIVASTIGMINE	GMP
02407000	MINT-RIVASTIGMINE	MIN
02332825	MYLAN-RIVASTIGMINE	MYL
02306018	NOVO-RIVASTIGMINE	TEV
02306050	PMS-RIVASTIGMINE	PMS
02311305	RATIO-RIVASTIGMINE	RPH
02417014	RIVASTIGMINE	PDL
02324598	SANDOZ RIVASTIGMINE	SDZ

6mg Capsule

02336758	APO-RIVASTIGMINE	APX
02242118	EXELON	NOV
02401649	MED-RIVASTIGMINE	GMP
02407019	MINT-RIVASTIGMINE	MIN
02332833	MYLAN-RIVASTIGMINE	MYL
02306026	NOVO-RIVASTIGMINE	TEV
02306069	PMS-RIVASTIGMINE	PMS
02311313	RATIO-RIVASTIGMINE	RPH
02417022	RIVASTIGMINE	PDL
02324601	SANDOZ RIVASTIGMINE	SDZ

2mg/mL Oral Liquid

02245240	EXELON	NOV

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

ACLIDINIUM BROMIDE

Limited use benefit (prior approval required).

•For patients with chronic obstructive pulmonary disease (COPD) and who:

•did not respond to a trial of ipratropium (Atrovent); OR
•did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

400mcg Inhaler

02409720	TUDORZA GENUAIR	AZE

GLYCOPYRRONIUM

Limited use benefit (prior approval required).

For patients with chronic obstructive pulmonary disease (COPD) and who:

•did not respond to a trial of ipratropium (Atrovent); OR
•did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

50mcg Powder for Inhalation (Capsule)

02394936	SEEBRI BREEZHALER	TEV

TIOTROPIUM BROMIDE MONOHYDRATE

Limited use benefit (prior approval required).

For patients with chronic obstructive pulmonary disease (COPD) and who:

-did not respond to a trial of ipratropium (Atrovent); OR
-did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

18mcg Powder for Inhalation (Capsule)

02246793	SPIRIVA	BOE

12:12.08 BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE

Limited use benefit (prior approval required).

•For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid-onset, short-duration bronchodilator.

OR

•For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with either ipratropium, tiotropium or a short acting beta-agonist.

12mcg/Capsule Powder for Inhalation

02230898	FORADIL	NVR

FORMOTEROL FUMARATE DIHYDRATE

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of rapid onset, short duration bronchodilator

6mcg/Dose Dry Powder Inhaler

02237225	OXEZE TURBUHALER	AZC

12mcg/Dose Dry Powder Inhaler

02237224	OXEZE TURBUHALER	AZC

12:12.08 BETA ADRENERGIC AGONISTS

FORMOTEROL FUMARATE DIHYDRATE, BUDESONIDE

Limited use benefit (prior approval required).

•For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

OR ONE OF THE FOLLOWING

•For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.

•For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

6mcg & 100mcg/Inhalation Inhaler

02245385	SYMBICORT 100 TURBUHALER	AZC

6mcg & 200mcg/Inhalation Inhaler

02245386	SYMBICORT 200 TURBUHALER	AZC

FORMOTEROL FUMARATE DIHYDRATE, MOMETASONE FUROATE

Limited use benefit (prior approval required).

For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 200-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

5mcg & 100mcg/Inhalation Inhaler

02361752	ZENHALE	FRS

5mcg & 200mcg/Inhalation Inhaler

02361760	ZENHALE	FRS

5mcg & 50mcg/Inhalation Inhaler

02361744	ZENHALE	FRS

INDACATEROL MALEATE

Limited use benefit (prior approval required).

For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with either ipratropium, tiotropium or a short acting beta-agonist.

75mcg Powder for Inhalation (Capsule)

02376938	ONBREZ BREEZHALER	TEV

SALMETEROL XINAFOATE

Limited use benefit (prior approval required).

a. - For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Serevent is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.
b. - For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with ipratropium, tiotropium or a short acting beta-agonist.

50mcg/inhalation Powder Diskus

02231129	SEREVENT DISKUS	GSK

50mcg/Inhalation Powder for Inhalation

02214261	SEREVENT DISKHALER	GSK

SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE

Limited use benefit (prior approval required).

•For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

OR ONE OF THE FOLLOWING

•For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.

•For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

25mcg & 125mcg Inhaler

02245126	ADVAIR	GSK

12:12.08 BETA ADRENERGIC AGONISTS

SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE

Limited use benefit (prior approval required).

•For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251-500mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

OR ONE OF THE FOLLOWING

•For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.

•For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

25mcg & 250mcg Inhaler

02245127	ADVAIR	GSK

50mcg & 100mcg Inhaler

02240835	ADVAIR DISKUS 100	GSK

50mcg & 250mcg Inhaler

02240836	ADVAIR DISKUS 250	GSK

50mcg & 500mcg Inhaler

02240837	ADVAIR DISKUS 500	GSK

12:20.04 CENTRALL ACTING SKELETAL MUSCLE RELAXANTS

CYCLOBENZAPRINE HCL

Limited use benefit (prior approval is not required).

For relief of muscle spasm associated with acute, painful musculoskeletal conditions. Coverage is limited to 60mg per day for three (3) weeks renewable every two (2) months.

10mg Tablet

02177145	APO-CYCLOBENZAPRINE	APX
02348853	AURO-CYCLOBENZAPRINE	AUR
02220644	CYCLOBENZAPRINE	PDL
02287064	CYCLOBENZAPRINE	SAN
02424584	CYCLOBENZAPRINE	SIV
02238633	DOM-CYCLOBENZAPRINE	DPC
02357127	JAMP-CYCLOBENZAPRINE	JAP
02231353	MYLAN-CYCLOPRINE	MYL
02249359	PHL-CYCLOBENZAPRINE	PHH
02212048	PMS-CYCLOBENZAPRINE	PMS
02236506	RATIO-CYCLOBENZAPRINE	RPH
02242079	RIVA-CYCLOBENZAPRINE	RIV
02080052	TEVA-CYCLOPRINE	TEV

TIZANIDINE HCL

Limited use benefit (prior approval required).

For treatment of spasticity in patients with multiple sclerosis, who have failed therapy with or are intolerant to baclofen.

4mg Tablet

02259893	APO-TIZANIDINE	APX
02239170	ZANAFLEX	ELN

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (GUM)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

2mg Gum

02091933	NICORETTE	JNO
80000396	THRIVE	TEV

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (GUM)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

4mg Gum

02091941	NICORETTE PLUS	PMJ
80000118	NICOTINE GUM	PER
80000402	THRIVE	TEV
94799972	THRIVE	TEV

NICOTINE (INHALER)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

10mg Inhaler

02241742	NICORETTE	JNO

NICOTINE (LOZENGE)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

1mg Lozenge

80007461	THRIVE	TEV
94799970	THRIVE	TEV

2mg Lozenge

02247347	NICORETTE LOZENGE	JNO
80007464	THRIVE	TEV
94799968	THRIVE	TEV

4mg Lozenge

02247348	NICORETTE LOZENGE	JNO

NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	168 patches or
Nicoderm	140 patches or
Nicotrol	140 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

5mg Patch

02028697	NICOTROL TRANSDERMAL	WAR

7mg Patch

01943057	HABITROL	NVC

8.3mg/10cm2 Patch

02065738	NICOTROL TRANSDERMAL	JNO

10mg Patch

02029405	NICOTROL TRANSDERMAL	WAR

14mg Patch

01943065	HABITROL	NVC

15mg Patch

02029413	NICOTROL TRANSDERMAL	WAR

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	168 patches or
Nicoderm	140 patches or
Nicotrol	140 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

16.6mg/20cm2 Patch

02065754	NICOTROL TRANSDERMAL	JNO

17.5mg Patch

02241227	TRANSDERMAL NICOTINE	NVC

21mg Patch

01943073	HABITROL	NVC

24.9mg/30cm2 Patch

02065762	NICOTROL TRANSDERMAL	JNO

35mg Patch

02241226	TRANSDERMAL NICOTINE	NVC

36mg Patch

02093111	NICODERM	PMJ

52.5mg Patch

02241228	TRANSDERMAL NICOTINE	NVC

78mg Patch

02093138	NICODERM	PMJ

114mg Patch

02093146	NICODERM	PMJ

VARENICLINE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 165 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for varenicline (Champix®) when one year has elapsed from the day the initial prescription was filled.

0.5mg Tablet

02291177	CHAMPIX	PFI

0.5mg & 1mg Tablet

02298309	CHAMPIX STARTER PACK	PFI

1mg Tablet

02291185	CHAMPIX	PFI

20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

20:12.04 ANTICOAGULANTS

APIXABAN

Limited use benefit (prior approval required)

For at risk patients* with non-valvular atrial fibrillation who require apixaban for the prevention of stroke and systemic embolism AND in whom:
Anticoagulation is inadequate# with a two-month trial of warfarin (please provide a copy of INR records for the last two months of warfarin therapy); OR
Anticoagulation with warfarin is contraindicated.;OR
Anticoagulation with warfarin is not possible due to inability to regularly monitor via INR testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy and at home).

* At risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥1.
# Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period, i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period.

2.5mg Tablet

02377233	ELIQUIS	BMS

20:12.04 ANTICOAGULANTS

APIXABAN

Limited use benefit (prior approval required)

For at risk patients* with non-valvular atrial fibrillation who require apixaban for the prevention of stroke and systemic embolism AND in whom:
Anticoagulation is inadequate# with a two-month trial of warfarin (please provide a copy of INR records for the last two months of warfarin therapy); OR
Anticoagulation with warfarin is contraindicated.;OR
Anticoagulation with warfarin is not possible due to inability to regularly monitor via INR testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy and at home).

* At risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥1.
# Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period, i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period.

5mg Tablet

02397714	ELIQUIS	BMS

RIVAROXABAN

Limited use benefit (prior approval required).

Criteria for Rivaroxaban 15 mg, 20mg tablets (Xarelto) for Stroke Prevention in Atrial Fibrillation (SPAF)
For the prevention of stroke and systemic embolism in at-risk patients* who have non-valvular atrial fibrillation (AF) AND in whom:
•Anticoagulation is inadequate# following a two-month trial on warfarin (please provide copy of INR records for the last two months of warfarin therapy); OR
•Anticoagulation with warfarin is contraindicated; ;OR
•Anticoagulation is not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e., no access to INR testing service at a laboratory, clinic, pharmacy, and at home)

Criteria for Rivaroxaban 15 mg, 20mg tablets (Xarelto) for Deep Vein Thrombosis (DVT)
•For the treatment of deep vein thrombosis (DVT) in patients without symptomatic pulmonary embolism (PE) for a duration of up to six months.

Note: The recommended dose of rivaroxaban for patients initiating DVT treatment is 15 mg twice daily for 3 weeks, followed by 20 mg once daily. NIHB Program coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. IF THE INTENDED DURATION OF THERAPY IS GREATER THAN 6 MONTHS, INITIATION OF HEPARIN/WARFARIN SHOULD BE CONSIDERED.

15mg Tablet

02378604	XARELTO	BAY

20mg Tablet

02378612	XARELTO	B A

RIVAROXABAN (10)

Limited use benefit (prior approval not required).

For the prevention of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to 35 days.

10mg Tablet

02316986	XARELTO	BAY

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL BISULFATE

Limited use benefit (prior approval not required).

Limit of 12 months following a client's initial cardiovascular event (stroke, acute coronary syndrome (ACS) or stent). Continued coverage beyond one year will be provided for patients with a previous stroke or transient ischemic attack (TIA) and be considered for patients with ACS or stent placement with appropriate rationale from the client`s cardiologist or treating physician.

75mg Tablet

02412942	ABBOTT-CLOPIDOGREL	ABB
02419963	ACCEL-CLOPIDOGREL	ACP
02252767	APO-CLOPIDOGREL	APX
02416387	AURO-CLOPIDOGREL	AUR
02385813	CLOPIDOGREL	SIV
02394820	CLOPIDOGREL	PDL
02400553	CLOPIDOGREL	SAN
02303027	CO CLOPIDOGREL	CBT
02378507	DOM-CLOPIDOGREL	DOM
02415550	JAMP-CLOPIDOGREL	JAP
02422255	MAR-CLOPIDOGREL	MAR
02408910	MINT-CLOPIDOGREL	MIN
02351536	MYLAN-CLOPIDOGREL	MYL
02238682	PLAVIX	SAC
02348004	PMS CLOPIDOGREL	PMS
02379813	RAN-CLOPIDOGREL	RBY
02388529	RIVA CLOPIDOGREL	RIV
02359316	SANDOZ CLOPIDOGREL	SDZ
02293161	TEVA-CLOPIDOGREL	TEP

TICAGRELOR

Limited use benefit (prior approval not required).

For the treatment of Acute Coronary Syndrome, defined as unstable angina or myocardial infarction, when initiated in hospital in consultation with a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic Surgery, Internal Medicine or General Surgery. Treatment must be in combination with low dose ASA. Special authorization may be granted for 12 months.

90mg Tablet

02368544	BRILINTA	AZE

24:00 CARDIOVASCULAR DRUGS

24:06.05 CHOLESTEROL ABSORPTION INHIBITORS

EZETIMIBE

Limited use benefit (prior approval required).

a.- For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated "statin" doses.

b.- For use as monotherapy in the management of hypercholesterolemia in patients intolerant to HMG-CoA reductase inhibitors.

10mg Tablet

02414716	ACT EZETIMIBE	ATP
02427826	APO-EZETIMIBE	APX
02422549	EZETIMIBE	PDL
02429659	EZETIMIBE	SIV
02247521	EZETROL	MSP
02423235	JAMP-EZETIMIBE	JAP
02422662	MAR-EZETIMIBE	MAR
02423243	MINT-EZETIMIBE	MIN
02378035	MYLAN-EZETIMIBE	MYL
02416409	PMS-EZETIMIBE	PMS
02425238	PRIVA-EZETIMIBE	PHA
02419548	RAN-EZETIMIBE	RBY
02424436	RIVA-EZETIMIBE	RIV
02416778	SANDOZ EZETIMIBE	SDZ
02354101	TEVA-EZETIMIBE	TEP

24:12.12 PHOSPHODIESTERASE INHIBITORS

SILDENAFIL CITRATE

Limited use benefit (prior approval required).

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
who have failed to respond to conventional therapy; OR
who have contraindications to conventional agents.

20mg Tablet

02412179	PMS-SILDENAFIL R	PMS
02319500	RATIO-SILDENAFIL R	TEP
02279401	REVATIO	PFI

20mg Tablet

02418118	APO-SILDENAFIL R	APX

TADALAFIL

Limited use benefit (prior approval required).

Maximum dose covered is 40 mg daily

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
who have failed to respond to conventional therapy; OR
who have contraindications to conventional agents

20mg Tablet

02338327	ADCIRCA	LIL

24:12.92 MISCELLANEOUS VASODILATING AGENTS

AMBRISENTAN

Limited use benefit (prior approval required).

Maximum dose covered is 10 mg once daily.

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
-who have failed to respond to sildenafil OR tadalafil; OR
-who have contraindications to sildenafil OR tadalafil.

5mg Tablet

02307065	VOLIBRIS	GSK

10mg Tablet

02307073	VOLIBRIS	GSK

BOSENTAN MONOHYDRATE

Limited use benefit (prior approval required).

Maximum dose covered is 125 mg twice daily

-Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
-who have failed to respond to sildenafil OR tadalafil; OR
-who have contraindications to sildenafil OR tadalafil.

62.5mg Tablet

02399202	APO-BOSENTAN	APX
02386194	CO BOSENTAN	ATP
02383497	MYLAN-BOSENTAN	MYL
02383012	PMS-BOSENTAN	PMS
02386275	SANDOZ BOSENTAN	SDZ
02398400	TEVA-BOSENTAN	TEP
02244981	TRACLEER	ACN

125mg Tablet

02386208	CO BOSENTAN	ATP
02383500	MYLAN-BOSENTAN	MYL
02383020	PMS-BOSENTAN	PMS
02386283	SANDOZ BOSENTAN	SDZ
02398419	TEVA-BOSENTAN	TEP
02244982	TRACLEER	ACN

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Limited use benefit (prior approval is not required).

ASA 80 mg tablets are a benefit to clients age 21 years and under to allow access for use in pediatric conditions (e.g. Kawasaki Syndrome).

80mg Chewable Tablet

02321750	ASA	SOR
02009013	ASAPHEN	PMS
02280167	ASATAB	ODN
02250675	EURO-ASA	EUR
02269139	JAMP-ASA	JMP
02296004	LOWPRIN	EUR
02202352	RIVASA	RIV

80mg Delayed Release Tablet

02283905	ACETYLSALICYLIC ACID	JMP
02321769	ASA EC	SOR
02427176	ASA EC	SAN
02238545	ASAPHEN EC	PMS
02311496	PRO-ASA 80MG EC TAB	PRO
02311518	PRO-ASA 80MG TAB	PRO

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Limited use benefit (prior approval is not required).

ASA 80 mg tablets are a benefit to clients age 21 years and under to allow access for use in pediatric conditions (e.g. Kawasaki Syndrome).

80mg Tablet

02295563	LOWPRIN	EUR
02202360	RIVASA	RIV

CELECOXIB

Limited use benefit (prior approval required).

For patients who have:

¨A history of serious gastrointestinal complications (e.g. ulcer, bleeding, perforation);

OR

¨Multiple (at least two) risk factors for serious gastrointestinal complications (e.g. age >60, concurrent use of ASA, SSRIs, corticosteroids, anticoagulants or antiplatelet agents).

100mg Capsule

02418932	APO-CELECOXIB	APX
02426382	BIO-CELECOXIB	BMI
02239941	CELEBREX	PFI
02424371	CELECOXIB	PDL
02429675	CELECOXIB	SIV
02420155	CO CELECOXIB	ATP
02424533	CO CELECOXIB	JAP
02291975	GD-CELECOXIB	PFI
02420058	MAR-CELECOXIB	MAR
02412497	MINT-CELECOXIB	MIN
02423278	MYLAN-CELECOXIB	MYL
02355442	PMS-CELECOXIB	PMS
02426366	PRIVA-CELECOXIB	PHA
02412373	RAN-CELECOXIB	RBY
02425386	RIVA-CELECOX	RIV
02321246	SANDOZ CELECOXIB	SDZ
02288915	TEVA-CELECOXIB	TEP

200mg Capsule

02418940	APO-CELECOXIB	APX
02426390	BIO-CELECOXIB	BMI
02239942	CELEBREX	PFI
02424398	CELECOXIB	PDL
02429683	CELECOXIB	SIV
02420163	CO CELECOXIB	ATP
02424541	CO CELECOXIB	JAP
02291983	GD-CELECOXIB	PFI
02420066	MAR-CELECOXIB	MAR
02412500	MINT-CELECOXIB	MIN
02399881	MYLAN-CELECOXIB	MYL
02355450	PMS-CELECOXIB	PMS
02426374	PRIVA-CELECOXIB	PHA
02412381	RAN-CELECOXIB	RBY
02425394	RIVA-CELECOX	RIV
02321254	SANDOZ CELECOXIB	SDZ
02288923	TEVA-CELECOXIB	TEP

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

DICLOFENAC SODIUM (TOPICAL)

Limited use benefit (prior approval required).

For the treatment of osteoarthritis when:
• pain is inadequately controlled with acetaminophen AND a non-steroidal anti-inflammatory (NSAID); OR
• there is contraindication to acetaminophen and NSAID; OR
• there is intolerance to acetaminophen and NSAID

1.5% Topical Solution

02356783	PMS-DICLOFENAC	PMS
02420988	TARO-DICLOFENAC	TAR

28:08.08 OPIATE AGONISTS

ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

300mg & 15mg & 15mg Tablet

00653241	RATIO-LENOLTEC NO.2	RPH
02163934	TYLENOL WITH CODEINE NO.2	JNO

300mg & 15mg & 30mg Tablet

00653276	RATIO-LENOLTEC NO.3	RPH
02163926	TYLENOL WITH CODEINE NO.3	JNO

300mg & 30mg & 15mg Tablet

02232388	EXDOL-15	PED

300mg & 30mg & 30mg Tablet

02232389	EXDOL-30	PED

325mg & 30mg & 15mg Tablet

00293504	ATASOL-15	HOR

325mg & 30mg & 30mg Tablet

00293512	ATASOL-30	HOR

ACETAMINOPHEN, CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

32mg & 1.6mg/mL Elixir

00816027	PMS-ACETAMINOPHEN WITH CODEINE	PMS

300mg & 30mg Tablet

01999648	ACET CODEINE 30	PMS
02232658	PROCET-30	PDL
00608882	RATIO-EMTEC-30	RPH
00789828	TRIATEC-30	TRI

ACETAMINOPHEN, OXYCODONE HCL

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg & 2.5mg Tablet

01916491	PERCOCET DEMI	BMS

28:08.08 OPIATE AGONISTS

ACETAMINOPHEN, OXYCODONE HCL

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg & 5mg Tablet

02324628	APO-OXYCODONE/ACET	APX
01916548	ENDOCET	EDM
02361361	OXYCODONE/ACET	SAN
01916475	PERCOCET	BMS
02327171	PRO-OXYCOD ACET	PDL
00608165	RATIO-OXYCOCET	RPH
02242468	RIVACOCET	RIV
02307898	SANDOZ OXYCODONE ACET	SDZ

ACETYLSALICYLIC ACID, OXYCODONE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

325mg & 5mg Tablet

00608157	RATIO-OXYCODAN	RPH

CODEINE MONOHYDRATE, CODEINE SULFATE TRIHYDRATE

Limited use benefit (prior approval required).
For treatment of:
a. - chronic pain and palliative care patients as an alternative to products containing codeine in combination with acetaminophen or ASA with or without caffeine, or
b. - chronic pain and palliative care patients as an alternative to regular release codeine tablets when large doses are required.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

50mg Long Acting Tablet

02230302	CODEINE CONTIN CR	PFR

100mg Long Acting Tablet

02163748	CODEINE CONTIN CR	PFR

150mg Long Acting Tablet

02163780	CODEINE CONTIN CR	PFR

200mg Long Acting Tablet

02163799	CODEINE CONTIN CR	PFR

CODEINE PHOSPHATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

2mg/mL Liquid

00380571	LINCTUS CODEINE	ATL

5mg/mL Syrup

00050024	CODEINE PHOSPHATE	ATL
00779474	RATIO-CODEINE	RPH

15mg Tablet

00779458	CODEINE	RPH
02009889	CODEINE	RIV
00593435	RATIO-CODEINE	RPH

30mg Tablet

02009757	CODEINE	RIV
00593451	CODEINE PHOSPHATE	RPH
02243979	PMS-CODEINE	PMS

28:08.08 OPIATE AGONISTS

FENTANYL

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose
titration and adjunctive therapy including laxatives and antiemetics.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

12mcg/HR Transdermal Patch

02386844	CO FENTANYL	CBT
02395657	FENTANYL	PDL
02396696	MYLAN-FENTANYL MATRIX	MYL
02341379	PMS-FENTANYL MTX	PMS
02330105	RAN-FENTANYL MATRIX	RBY
02327112	SANDOZ FENTANYL	SDZ
02311925	TEVA-FENTANYL	TEV

25mcg/HR Transdermal Patch

02314630	APO-FENTANYL MATRIX	APX
02386852	CO FENTANYL	CBT
02275813	DURAGESIC MAT	JNO
02395665	FENTANYL	PDL
02396718	MYLAN-FENTANYL MATRIX	MYL
02341387	PMS-FENTANYL MTX	PMS
02330113	RAN-FENTANYL MATRIX	RBY
02327120	SANDOZ FENTANYL	SDZ
02282941	TEVA-FENTANYL	TEV

50mcg/HR Transdermal Patch

02314649	APO-FENTANYL MATRIX	APX
02386879	CO FENTANYL	CBT
02275821	DURAGESIC MAT	JNO
02395673	FENTANYL	PDL
02396726	MYLAN-FENTANYL MATRIX	MYL
02341395	PMS-FENTANYL MTX	PMS
02330121	RAN-FENTANYL MATRIX	RBY
02327147	SANDOZ FENTANYL	SDZ
02282968	TEVA-FENTANYL	TEV

75mcg/HR Transdermal Patch

02314657	APO-FENTANYL MATRIX	APX
02386887	CO FENTANYL	CBT
02275848	DURAGESIC MAT	JNO
02395681	FENTANYL	PDL
02396734	MYLAN-FENTANYL MATRIX	MYL
02341409	PMS-FENTANYL MTX	PMS
02330148	RAN-FENTANYL MATRIX	RBY
02327155	SANDOZ FENTANYL	SDZ
02282976	TEVA-FENTANYL	TEV

100mcg/HR Transdermal Patch

02314665	APO-FENTANYL MATRIX	APX
02386895	CO FENTANYL	CBT
02275856	DURAGESIC MAT	JNO
02395703	FENTANYL	PDL
02396742	MYLAN-FENTANYL MATRIX	MYL
02341417	PMS-FENTANYL MTX	PMS
02330156	RAN-FENTANYL MATRIX	RBY
02327163	SANDOZ FENTANYL	SDZ
02282984	TEVA-FENTANYL	TEV

28:08.08 OPIATE AGONISTS

HYDROMORPHONE HCL

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

3mg Controlled Release Capsule		
02125323	HYDROMORPH CONTIN	PFR
4.5mg Controlled Release Capsule		
02359502	HYDROMORPH CONTIN	PFR
6mg Controlled Release Capsule		
02125331	HYDROMORPH CONTIN	PFR
9mg Controlled Release Capsule		
02359510	HYDROMORPH CONTIN	PFR
12mg Controlled Release Capsule		
02125366	HYDROMORPH CONTIN	PFR
18mg Controlled Release Capsule		
02243562	HYDROMORPH CONTIN	PFR
24mg Controlled Release Capsule		
02125382	HYDROMORPH CONTIN	PFR
30mg Controlled Release Capsule		
02125390	HYDROMORPH CONTIN	PFR
1mg/mL Oral Liquid		
00786535	DILAUDID	PFR
01916386	PMS-HYDROMORPHONE	PMS
3mg Suppository		
01916394	PMS-HYDROMORPHONE	PMS
1mg Tablet		
02364115	APO-HYDROMORPHONE	APX
00705438	DILAUDID	PFR
02192101	HYDROMORPHONE	SOR
00885444	PMS-HYDROMORPHONE	PMS
02319403	TEVA-HYDROMORPHONE	TEP
2mg Tablet		
02364123	APO-HYDROMORPHONE	APX
00125083	DILAUDID	PFR
02249928	HYDROMORPHONE	SOR
00885436	PMS-HYDROMORPHONE	PMS
02319411	TEVA-HYDROMORPHONE	TEP
4mg Tablet		
02364131	APO-HYDROMORPHONE	APX
00125121	DILAUDID	PFR
02249936	HYDROMORPHONE	SOR
00885401	PMS-HYDROMORPHONE	PMS
02319438	TEVA-HYDROMORPHONE	TEP
8mg Tablet		
02364158	APO-HYDROMORPHONE	APX
00786543	DILAUDID	PFR
02192144	HYDROMORPHONE	SOR
00885428	PMS-HYDROMORPHONE	PMS
02319446	TEVA-HYDROMORPHONE	TEP

28:08.08 OPIATE AGONISTS

METHADONE HCL

10mg/mL Oral Liquid

02394596	METHADOSE	MAT	*
02394618	METHADOSE SUGARFREE	MAT	

METHADONE HCL (BC ONLY)

10mg/mL Oral Liquid

66999999	METHADOSE DELIV. W DIRECT INT	UNK	*
67000000	METHADOSE DELIV. W/OUT DIRECT	UNK	*
66999998	METHADOSE W/OUT DIRECT INTERA	UNK	*
66999997	METHADOSE DIRECT INTERACTION	UNK	*

METHADONE HCL (PA)

limited use benefit (prior approval required) with the following criteria:

Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND
For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR,
For the management of pain for palliative care patients. Pharmacists may only dispense a maximum supply of 30 days at one time.

1mg/mL Oral Liquid

02247694	METADOL	PAL

10mg/mL Oral Liquid

02241377	METADOL	PAL

1mg Tablet

02247698	METADOL	PAL

5mg Tablet

02247699	METADOL	PAL

10mg Tablet

02247700	METADOL	PAL

25mg Tablet

02247701	METADOL	PAL

MORPHINE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

5mg/mL Oral liquid

00514217	M.O.S.	ICN

30mg Sustained Release Tablet

00776181	M.O.S. SR	VAE

60mg Sustained Release Tablet

00776203	M.O.S. SR	VAE

1mg/mL Syrup

00614491	DOLORAL 1	ATL
00607762	RATIO-MORPHINE	RPH

5mg/mL Syrup

00614505	DOLORAL 5	ATL
00607770	RATIO-MORPHINE	RPH

10mg/mL Syrup

00632503	M.O.S. 10	VAE
00690783	RATIO-MORPHINE	RPH

20mg/mL Syrup

00690791	RATIO-MORPHINE	RPH

50mg/mL Syrup

00690236	M.O.S. 50	VAE

28:08.08 OPIATE AGONISTS

MORPHINE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

10mg Tablet		
00690198	M.O.S. 10	VAE
20mg Tablet		
00690201	M.O.S. 20	VAE
40mg Tablet		
00690228	M.O.S. 40	VAE
60mg Tablet		
00690244	M.O.S. 60	VAE

MORPHINE SULFATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

50mg/mL Drop		
00705799	STATEX	PMS
5mg Suppository		
00632228	STATEX	PMS
10mg Suppository		
00632201	STATEX	PMS
20mg Suppository		
00596965	STATEX	PMS
10mg Sustained Release Capsule		
02019930	M-ESLON	SAC
15mg Sustained Release Capsule		
02177749	M-ESLON	SAC
30mg Sustained Release Capsule		
02019949	M-ESLON	SAC
60mg Sustained Release Capsule		
02019957	M-ESLON	SAC
100mg Sustained Release Capsule		
02019965	M-ESLON	SAC
200mg Sustained Release Capsule		
02177757	M-ESLON	SAC
15mg Sustained Release Tablet		
02350815	MORPHINE SR	SAN
02015439	MS CONTIN SR	PFR
02302764	NOVO-MORPHINE SR	TEV
02244790	SANDOZ MORPHINE SR	SDZ
30mg Sustained Release Tablet		
02350890	MORPHINE SR	SAN
02014297	MS CONTIN SR	PFR
02302772	NOVO-MORPHINE SR	TEV
02244791	SANDOZ MORPHINE SR	SDZ
60mg Sustained Release Tablet		
02350912	MORPHINE SR	SAN
02014300	MS CONTIN SR	PFR
02302780	NOVO-MORPHINE SR	TEV
02244792	SANDOZ MORPHINE SR	SDZ

28:08.08 OPIATE AGONISTS

MORPHINE SULFATE

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

100mg Sustained Release Tablet		
02350920	MORPHINE SR	SAN
02014319	MS CONTIN SR	PFR
02302799	NOVO-MORPHINE SR	TEV
200mg Sustained Release Tablet		
02350947	MORPHINE SR	SAN
02014327	MS CONTIN SR	PFR
02302802	NOVO-MORPHINE SR	TEV
1mg/mL Syrup		
00591467	STATEX	PMS
5mg/mL Syrup		
00591475	STATEX	PMS
10mg/mL Syrup		
00647217	STATEX	PMS
5mg Tablet		
02009773	M.O.S. SULFATE	VAE
02014203	MS IR	PFR
00594652	STATEX	PMS
10mg Tablet		
02009765	M.O.S. SULFATE	VAE
02014211	MS IR	PFR
00594644	STATEX	PMS
20mg Tablet		
02014238	MS IR	PFR
25mg Tablet		
02009749	M.O.S. SULFATE	VAE
00594636	STATEX	PMS
30mg Tablet		
02014254	MS IR	PFR
50mg Tablet		
02009706	M.O.S. SULFATE	VAE
00675962	STATEX	PMS

MORPHINE SULFATE (K)

Limited use benefit (prior approval required).

• For the treatment of opioid dependence where methadone and Suboxone are not available or not appropriate OR
• For the treatment of chronic pain.

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

10mg Sustained Release Capsule		
02242163	KADIAN	MAY
20mg Sustained Release Capsule		
02184435	KADIAN	MAY
50mg Sustained Release Capsule		
02184443	KADIAN	MAY
100mg Sustained Release Capsule		
02184451	KADIAN	MAY

28:08.08 OPIATE AGONISTS

OXYCODONE HCL

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented an opioid dose limit of 450 mg morphine equivalents per day for non-cancer, non-palliative pain. This limit will be calculated based on the total dose of all opioids a client is receiving from NIHB within a 30-day period (i.e. 13 500 morphine equivalents over 30 days).

10mg Suppository

00392480	SUPEUDOL	SDZ

20mg Suppository

00392472	SUPEUDOL	SDZ

5mg Tablet

02325950	OXYCODONE	PDL
02231934	OXY-IR	PFR
02319977	PMS-OXYCODONE	PMS
00789739	SUPEUDOL	SDZ

10mg Tablet

02325969	OXYCODONE	PDL
02240131	OXY-IR	PFR
02319985	PMS-OXYCODONE	PMS
00443948	SUPEUDOL	SDZ

20mg Tablet

02325977	OXYCODONE	PDL
02240132	OXY-IR	PFR
02319993	PMS-OXYCODONE	PMS
02262983	SUPEUDOL	SDZ

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE, NALOXONE

Limited use benefit (prior approval required).

For the treatment of opioid dependence when:

• A rationale for using Suboxone instead of the alternative (i.e. methadone); and
• In cases where the client lives in a remote or isolated location, confirmation is required that the cmmunity has the ability to support Suboxone administration. These supports include the safe daily witnessing, storage and handling of the Suboxone doses. After this confirmation, NIHB will approve the Suboxone for the client.
• The client must be 16 years or older.

2mg & 0.5mg Sublingual Tablet

02295695	SUBOXONE	RBP

8mg & 2mg Sublingual Tablet

02295709	SUBOXONE	RBP

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

80mg Chewable Tablet

01905856	ACETAMINOPHEN	TRI
02015676	ACETAMINOPHEN	TAN
02017458	ACETAMINOPHEN	RIV
02129957	ACETAMINOPHEN	VTH
02263815	PEDIAPHEN CHEWABLE	EUR

160mg Chewable Tablet

02017431	ACETAMINOPHEN	RIV
02230934	ACETAMINOPHEN	TAN
02231011	FEVERHALT	PED
02263823	PEDIAPHEN CHEWABLE	EUR

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

80mg/mL Drop		
01904140	ACETAMINOPHEN	TAN
01905864	ACETAMINOPHEN	TRI
00631353	ATASOL	HOR
02230787	FEVERHALT	PED
02263793	PEDIAPHEN	EUR
02027801	PEDIATRIX	RPH
00887587	PMS-ACETAMINOPHEN	PMS
00875988	TEMPRA	MJO
02046059	TYLENOL	MCL
16mg/mL Liquid		
01905848	ACETAMINOPHEN	TRI
02263807	PEDIAPHEN	EUR
00792713	PMS-ACETAMINOPHEN	PMS
00884553	TEMPRA	MJO
32mg/mL Liquid		
01901389	ACETAMINOPHEN	JMP
01958836	ACETAMINOPHEN	TRI
02263831	PEDIAPHEN	EUR
02027798	PEDIATRIX	RPH
00792691	PMS-ACETAMINOPHEN	PMS
00875996	TEMPRA DOUBLE STRENGTH	MJO
02046040	TYLENOL	MCL
80mg/mL Oral Liquid		
02237390	ACETAMINOPHEN	PER
120mg Suppository		
01919385	ABENOL	PED
02230434	ACET 120	PMS
02046660	PMS-ACETAMINOPHEN	PMS
160mg Suppository		
02230435	ACET	PMS
325mg Suppository		
01919393	ABENOL	PED
02230436	ACET 325	PMS
02046687	PMS-ACETAMINOPHEN	PMS
650mg Suppository		
01919407	ABENOL	PED
02230437	ACET 650	PMS
02046695	PMS-ACETAMINOPHEN	PMS
80mg Tablet		
02238295	TYLENOL JR STRENGTH FASTMELTS	JNO
160mg Tablet		
02142805	ACETAMINOPHEN	WTR
02347792	TYLENOL JR STRENGTH FASTMELTS	JNO
02241361	TYLENOL JUNIOR STRENGTH	JNO

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

325mg Tablet

00374148	ACETAMINOPHEN	WAM	
00382752	ACETAMINOPHEN	PRO	
00589241	ACETAMINOPHEN	PMS	
00605751	ACETAMINOPHEN	VTH	*
00743542	ACETAMINOPHEN	PMT	
00789801	ACETAMINOPHEN	TRI	
01938088	ACETAMINOPHEN	JMP	
02022214	ACETAMINOPHEN	RIV	
00544981	APO-ACETAMINOPHEN	APX	
02229873	APO-ACETAMINOPHEN	APX	
00293482	ATASOL	HOR	
00389218	NOVO-GESIC	TEV	
00559393	TYLENOL	MCL	
00723894	TYLENOL	MCL	

500mg Tablet

00386626	ACETAMINOPHEN	PDL	
00549703	ACETAMINOPHEN	PMT	
00567663	ACETAMINOPHEN	PED	
00589233	ACETAMINOPHEN	PMS	
00605778	ACETAMINOPHEN	VTH	
00789798	ACETAMINOPHEN	TRI	
01939122	ACETAMINOPHEN	JMP	
02022222	ACETAMINOPHEN	RIV	
02252813	ACETAMINOPHEN	PMT	
02255251	ACETAMINOPHEN	PMT	
00545007	APO-ACETAMINOPHEN	APX	
02229977	APO-ACETAMINOPHEN	APX	
00013668	ATASOL FORTE	HOR	
02355299	JAMP-ACETAMINOPHEN	JAP	
00482323	NOVO-GESIC	TEV	
00892505	PMS-ACETAMINOPHEN	PMS	
01962353	TANTAPHEN	TAN	
00559407	TYLENOL EXTRA STRENGTH	MCL	
00723908	TYLENOL EXTRA STRENGTH	MCL	

28:12.08 ANTICONVULSANTS - BENZODIAZEPINES

CLONAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.25mg Tablet

02179660	PMS-CLONAZEPAM	PMS	

28:12.08 ANTICONVULSANTS - BENZODIAZEPINES

CLONAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.5mg Tablet

02177889	APO-CLONAZEPAM	APX
02230366	CLONAPAM	VAE
02270641	CO CLONAZEPAM	COB
02130998	DOM-CLONAZEPAM	DPC
02224100	DOM-CLONAZEPAM-R	DPC
02230950	MYLAN-CLONAZEPAM	MYL
02145227	PHL-CLONAZEPAM	PHH
02236948	PHL-CLONAZEPAM-R 0.5MG	PMI
02048701	PMS-CLONAZEPAM	PMS
02207818	PMS-CLONAZEPAM R	PMS
02311593	PRO-CLONAZEPAM	PDL
02242077	RIVA-CLONAZEPAM	RIV
00382825	RIVOTRIL	HLR
02233960	SANDOZ-CLONAZEPAM	SDZ
02239024	TEVA-CLONAZEPAM	TEV
02345676	ZYM-CLONAZEPAM	ZYM

1mg Tablet

02230368	CLONAPAM	VAE
02270668	CO CLONAZEPAM	COB
02145235	PHL-CLONAZEPAM	PHH
02048728	PMS-CLONAZEPAM	PMS
02311607	PRO-CLONAZEPAM	PDL
02233982	SANDOZ-CLONAZEPAM	SDZ
02303329	ZYM-CLONAZEPAM	ZYM

2mg Tablet

02177897	APO-CLONAZEPAM	APX
02230369	CLONAPAM	VAE
02270676	CO CLONAZEPAM	COB
02131013	DOM-CLONAZEPAM	DPC
02230951	GEN-CLONAZEPAM	MYL
02145243	PHL-CLONAZEPAM	PHH
02048736	PMS-CLONAZEPAM	PMS
02311615	PRO-CLONAZEPAM	PDL
02242078	RIVA-CLONAZEPAM	RIV
00382841	RIVOTRIL	HLR
02233985	SANDOZ-CLONAZEPAM	SDZ
02239025	TEVA-CLONAZEPAM	TEV
02303337	ZYM-CLONAZEPAM	ZYM

28:12.92 MISCELLANEOUS ANTICONVULSANTS

GABAPENTIN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on gabapentin. The limit accumulates against the amount of gabapentin claimed to the program. A total of 400 grams of gabapentin is permitted in a 100-day period, for a total daily dose of 4000mg/day.

100mg Capsule

02244304	APO-GABAPENTIN	APX
02321203	AURO-GABAPENTIN	AUR
02256142	CO GABAPENTIN	COB
02243743	DOM-GABAPENTIN	DPC
02246314	GABAPENTIN	MEL
02304775	GABAPENTIN	SOR
02353245	GABAPENTIN	SAN
02416840	GABAPENTIN	ACC
02285819	GD-GABAPENTIN	PFI
02361469	JAMP-GABAPENTIN	JAP
02391473	MAR-GABAPENTIN	MAR
02248259	MYLAN-GABAPENTIN	MYL
02084260	NEURONTIN	PFI
02244513	NOVO-GABAPENTIN	TEV
02243446	PMS-GABAPENTIN	PMS
02310449	PRO-GABAPENTIN	PDL
02319055	RAN-GABAPENTIN	RBY
02251167	RIVA-GABAPENTIN	RIV

300mg Capsule

02244305	APO-GABAPENTIN	APX
02321211	AURO-GABAPENTIN	AUR
02256150	CO GABAPENTIN	COB
02243744	DOM-GABAPENTIN	DPC
02246315	GABAPENTIN	MEL
02304783	GABAPENTIN	SOR
02353253	GABAPENTIN	SAN
02416859	GABAPENTIN	ACC
02285827	GD-GABAPENTIN	PFI
02361485	JAMP-GABAPENTIN	JAP
02391481	MAR-GABAPENTIN	MAR
02248260	MYLAN-GABAPENTIN	MYL
02084279	NEURONTIN	PFI
02244514	NOVO-GABAPENTIN	TEV
02243447	PMS-GABAPENTIN	PMS
02310457	PRO-GABAPENTIN	PDL
02319063	RAN-GABAPENTIN	RBY
02251175	RIVA-GABAPENTIN	RIV

28:12.92 MISCELLANEOUS ANTICONVULSANTS

GABAPENTIN

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on gabapentin. The limit accumulates against the amount of gabapentin claimed to the program. A total of 400 grams of gabapentin is permitted in a 100-day period, for a total daily dose of 4000mg/day.

400mg Capsule

02244306	APO-GABAPENTIN	APX
02321238	AURO-GABAPENTIN	AUR
02256169	CO GABAPENTIN	COB
02243745	DOM-GABAPENTIN	DPC
02246316	GABAPENTIN	MEL
02304791	GABAPENTIN	SOR
02353261	GABAPENTIN	SAN
02416867	GABAPENTIN	ACC
02285835	GD-GABAPENTIN	PFI
02361493	JAMP-GABAPENTIN	JAP
02391503	MAR-GABAPENTIN	MAR
02248261	MYLAN-GABAPENTIN	MYL
02084287	NEURONTIN	PFI
02244515	NOVO-GABAPENTIN	TEV
02243448	PMS-GABAPENTIN	PMS
02310465	PRO-GABAPENTIN	PDL
02319071	RAN-GABAPENTIN	RBY
02260905	RATIO-GABAPENTIN	RPH
02251183	RIVA-GABAPENTIN	RIV

600mg Tablet

02293358	APO-GABAPENTIN	APX
02388200	GABAPENTIN	SIV
02392526	GABAPENTIN	ACC
02285843	GD-GABAPENTIN	PFI
02402289	JAMP-GABAPENTIN	JAP
02397471	MYLAN-GABAPENTIN	MYL
02239717	NEURONTIN	PFI
02248457	NOVO-GABAPENTIN	TEV
02255898	PMS-GABAPENTIN	PMS
02310473	PRO-GABAPENTIN	PDL
02260913	RATIO-GABAPENTIN	RPH
02259796	RIVA-GABAPENTIN	RIV

800mg Tablet

02293366	APO-GABAPENTIN	APX
02388219	GABAPENTIN	SIV
02392534	GABAPENTIN	ACC
02285851	GD-GABAPENTIN	PFI
02402297	JAMP-GABAPENTIN	JAP
02397498	MYLAN-GABAPENTIN	MYL
02239718	NEURONTIN	PFI
02247346	NOVO-GABAPENTIN	TEV
02255901	PMS-GABAPENTIN	PMS
02310481	PRO-GABAPENTIN	PDL
02260921	RATIO-GABAPENTIN	RPH
02259818	RIVA-GABAPENTIN	RIV

28:12.92 MISCELLANEOUS ANTICONVULSANTS

LACOSAMIDE

Limited use benefit (prior approval required).

For adjunctive therapy in patients with refractory partial-onset seizures who meet all of the following criteria:
a- Are under the care of a physician experienced in the treatment of epilepsy, AND
b- Are currently receiving two or more antiepileptic medications, AND
c- Have failed or demonstrated intolerance to at least two other antiepileptic medications.

50mg Tablet

02357615	VIMPAT	UCB

100mg Tablet

02357623	VIMPAT	UCB

150mg Tablet

02357631	VIMPAT	UCB

200mg Tablet

02357658	VIMPAT	UCB

LEVETIRACETAM

Limited use benefit (prior approval required).

For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of two anti-epileptic medications used either as monotherapy or in combination.

250mg Tablet

02414805	ABBOTT-LEVETIRACETAM	ABB
02285924	APO-LEVETIRACETAM	APX
02375249	AURO-LEVETIRACETAM	AUR
02274183	CO LEVETIRACETAM	COB
02403005	JAMP-LEVETIRACETAM	JAP
02247027	KEPPRA	UCB
02353342	LEVETIRACETAM	SAN
02399776	LEVETIRACETAM	ACC
02296101	PMS-LEVETIRACETAM	PMS
02396106	RAN-LEVETIRACETAM	RBY

500mg Tablet

02414791	ABBOTT-LEVETIRACETAM	ABB
02285932	APO-LEVETIRACETAM	APX
02375257	AURO-LEVETIRACETAM	AUR
02274191	CO LEVETIRACETAM	COB
02297418	DOM-LEVETIRACETAM	DOM
02403021	JAMP-LEVETIRACETAM	JAP
02247028	KEPPRA	UCB
02353350	LEVETIRACETAM	SAN
02399784	LEVETIRACETAM	ACC
02296128	PMS-LEVETIRACETAM	PMS
02311380	PRO-LEVETIRACETAM	PDL
02396114	RAN-LEVETIRACETAM	RBY

750mg Tablet

02414783	ABBOTT-LEVETIRACETAM	ABB
02285940	APO-LEVETIRACETAM	APX
02375265	AURO-LEVETIRACETAM	AUR
02274205	CO LEVETIRACETAM	COB
02403048	JAMP-LEVETIRACETAM	JAP
02247029	KEPPRA	UCB
02353369	LEVETIRACETAM	SAN
02399792	LEVETIRACETAM	ACC
02296136	PMS-LEVETIRACETAM	PMS
02311399	PRO-LEVETIRACETAM	PDL
02396122	RAN-LEVETIRACETAM	RBY

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

25mg Capsule

02402912	ACT-PREGABALIN	ATP
02394235	APO-PREGABALIN	APX
02402556	DOM-PREGABALIN	DOM
02360136	GD-PREGABALIN	PFI
02268418	LYRICA	PFI
02417529	MAR-PREGABALIN	MAR
02423804	MINT-PREGABALIN	MIN
02408651	MYL-PREGABALIN	MYL
02359596	PMS-PREGABALIN	PMS
02396483	PREGABALIN	PDL
02403692	PREGABALIN	SIV
02405539	PREGABALIN	SAN
02411725	PREGABALIN-25	SIV
02392801	RAN-PREGABALIN	RBY
02377039	RIVA-PREGABALIN	RIV
02390817	SANDOZ PREGABALIN	SDZ
02361159	TEVA-PREGABALIN	TEP

50mg Capsule

02402920	ACT-PREGABALIN	ATP
02394243	APO-PREGABALIN	APX
02402564	DOM-PREGABALIN	DOM
02360144	GD-PREGABALIN	PFI
02268426	LYRICA	PFI
02417537	MAR-PREGABALIN	MAR
02423812	MINT-PREGABALIN	MIN
02408678	MYL-PREGABALIN	MYL
02359618	PMS-PREGABALIN	PMS
02396505	PREGABALIN	PDL
02403706	PREGABALIN	SIV
02405547	PREGABALIN	SAN
02411733	PREGABALIN-50	SIV
02392828	RAN-PREGABALIN	RBY
02377047	RIVA-PREGABALIN	RIV
02390825	SANDOZ PREGABALIN	SDZ
02361175	TEVA-PREGABALIN	TEP

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

75mg Capsule

02402939	ACT-PREGABALIN	ATP
02394251	APO-PREGABALIN	APX
02402572	DOM-PREGABALIN	DOM
02360152	GD-PREGABALIN	PFI
02268434	LYRICA	PFI
02417545	MAR-PREGABALIN	MAR
02424185	MINT-PREGABALIN	MIN
02408686	MYL-PREGABALIN	MYL
02359626	PMS-PREGABALIN	PMS
02396513	PREGABALIN	PDL
02403714	PREGABALIN	SIV
02405555	PREGABALIN	SAN
02411741	PREGABALIN-75	SIV
02392836	RAN-PREGABALIN	RBY
02377055	RIVA-PREGABALIN	RIV
02390833	SANDOZ PREGABALIN	SDZ
02361183	TEVA-PREGABALIN	TEP

150mg Capsule

02402955	ACT-PREGABALIN	ATP
02394278	APO-PREGABALIN	APX
02402580	DOM-PREGABALIN	DOM
02360179	GD-PREGABALIN	PFI
02268450	LYRICA	PFI
02417561	MAR-PREGABALIN	MAR
02424207	MINT-PREGABALIN	MIN
02408694	MYL-PREGABALIN	MYL
02359634	PMS-PREGABALIN	PMS
02396521	PREGABALIN	PDL
02403722	PREGABALIN	SIV
02405563	PREGABALIN	SAN
02411768	PREGABALIN-150	SIV
02392844	RAN-PREGABALIN	RBY
02377063	RIVA-PREGABALIN	RIV
02390841	SANDOZ PREGABALIN	SDZ
02361205	TEVA-PREGABALIN	TEP

28:12.92 MISCELLANEOUS ANTICONVULSANTS

PREGABALIN

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)

OR

For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

300mg Capsule

02402998	ACT-PREGABALIN	ATP
02394294	APO-PREGABALIN	APX
02360209	GD-PREGABALIN	PFI
02268485	LYRICA	PFI
02408708	MYL-PREGABALIN	MYL
02359642	PMS-PREGABALIN	PMS
02396548	PREGABALIN	PDL
02403730	PREGABALIN	SIV
02405598	PREGABALIN	SAN
02392860	RAN-PREGABALIN	RBY
02377071	RIVA-PREGABALIN	RIV
02390868	SANDOZ PREGABALIN	SDZ
02361248	TEVA-PREGABALIN	TEP

RUFINAMIDE

Limited use benefit (prior approval required).

-For the adjunctive treatment of seizures associated with Lennox-Gastaux syndrome in adults and children 4 years and older when prescribed by a neurologist or experienced specialist
-Patient has failed or is intolerant to or has contraindications to at least two adjunctive antiepileptic drugs

100mg Tablet

02369613	BANZEL	EIS

200mg Tablet

02369621	BANZEL	EIS

400mg Tablet

02369648	BANZEL	EIS

28:16.04 ANTIDEPRESSANTS

BUPROPION HCL (WELLBUTRIN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage of Wellbutrin XL and Bupropion SR is limited to 300 mg per day. (Note: this product will not be approved for coverage for smoking cessation).

150mg Extended Release Tablet

02382075	MYLAN-BUPROPION XL	MYL
02275090	WELLBUTRIN XL	VAE

300mg Extended Release Tablet

02382083	MYLAN-BUPROPION XL	MYL
02275104	WELLBUTRIN XL	VAE

100mg Sustained Release Tablet

02331616	BUPROPION SR	PDL
02391562	BUPROPION SR	SAN
02325373	PMS-BUPROPION SR	PMS
02285657	RATIO-BUPROPION	RPH
02275074	SANDOZ-BUPROPION SR	SDZ

28:16.04 ANTIDEPRESSANTS

BUPROPION HCL (WELLBUTRIN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage of Wellbutrin XL and Bupropion SR is limited to 300 mg per day. (Note: this product will not be approved for coverage for smoking cessation).

150mg Sustained Release Tablet

02325357	BUPROPION SR	PDL
02391570	BUPROPION SR	SAN
02313421	PMS-BUPROPION SR	PMS
02285665	RATIO-BUPROPION	RPH
02275082	SANDOZ-BUPROPION SR	SDZ
02237825	WELLBUTRIN SR	VAE

BUPROPION HCL (ZYBAN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 180 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached the client is eligible again for coverage for bupropion HCl when one year has elapsed from the day the initial prescription was filled.

150mg Sustained Release Tablet

02238441	ZYBAN	VAE

DULOXETINE HCL

30mg Sustained Release Capsule

02301482	CYMBALTA	LIL

60mg Sustained Release Capsule

02301490	CYMBALTA	LIL

28:16.08 ANTIPSYCHOTIC AGENTS

ARIPIPRAZOLE

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have
a. Intolerance or lack of response to an adequate trial of another antipsychotic agent; OR
b. A contraindication to another antipsychotic agent

2mg Tablet

02322374	ABILIFY	BMS

5mg Tablet

02322382	ABILIFY	BMS

10mg Tablet

02322390	ABILIFY	

15mg Tablet

02322404	ABILIFY	BMS

20mg Tablet

02322412	ABILIFY	BMS

30mg Tablet

02322455	ABILIFY	BMS

ASENAPINE

Limited use benefit (prior approval required).

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:

- Monotherapy, after a trial of lithium or divalproex sodium has failed or is contraindicated, and trials of two atypical antipsychotic agents have failed due to intolerance or lack of response

OR

- Co-therapy with lithium or divalproex sodium, after trials of two atypical antipsychotic agents have failed due to intolerance or lack of response.

5mg Tablet

02374803	SAPHRIS	FRS

28:16.08 ANTIPSYCHOTIC AGENTS

ASENAPINE

Limited use benefit (prior approval required).

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:

- Monotherapy, after a trial of lithium or divalproex sodium has failed or is contraindicated, and trials of two atypical antipsychotic agents have failed due to intolerance or lack of response

OR

- Co-therapy with lithium or divalproex sodium, after trials of two atypical antipsychotic agents have failed due to intolerance or lack of response.

10mg Tablet

02374811	SAPHRIS	FRS

PALIPERIDONE PALMITATE

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations

50mg/0.5mL Injection

02354217	INVEGA SUSTENNA	JNO

75mg/0.75mL Injection

02354225	INVEGA SUSTENNA	JNO

100mg/mL Injection

02354233	INVEGA SUSTENNA	JNO

150mg/1.5mL Injection

02354241	INVEGA SUSTENNA	JNO

RISPERIDONE (CONSTA)

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations

12.5mg Injection

02298465	RISPERDAL CONSTA	JNO

25mg Injection

02255707	RISPERDAL CONSTA	JNO

37.5mg Injection

02255723	RISPERDAL CONSTA	JNO

50mg Injection

02255758	RISPERDAL CONSTA	JNO

ZIPRASIDONE HCL MONOHYDRATE

20MG Capsule

02298597	ZELDOX	PFI

40MG Capsule

02298600	ZELDOX	PFI

60mg Capsule

02298619	ZELDOX	PFI

80mg Capsule

02298627	ZELDOX	PFI

28:20.04 AMPHETAMINES

DEXTROAMPHETAMINE SULFATE

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of
METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

10mg Sustained Release Capsule

01924559	DEXEDRINE SPANSULE	GSK

15mg Sustained Release Capsule

01924567	DEXEDRINE SPANSULE	GSK

5mg Tablet

01924516	DEXEDRINE	GSK

LISDEXAMFETAMINE DIMESYLATE

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of
METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

20mg Capsule

02347156	VYVANSE	SHI

30mg Capsule

02322951	VYVANSE	SHI

40mg Capsule

02347164	VYVANSE	SHI

50mg Capsule

02322978	VYVANSE	SHI

60mg Capsule

02347172	VYVANSE	SHI

28:20.32

METHYLPHENIDATE HCL

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of
METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

18mg Sustained Release Tablet

02413728	PMS-METHYLPHENIDATE ER	PMS

27mg Sustained Release Tablet

02413736	PMS-METHYLPHENIDATE ER	PMS

36mg Sustained Release Tablet

02413744	PMS-METHYLPHENIDATE ER	PMS

54mg Sustained Release Tablet

02413752	PMS-METHYLPHENIDATE ER	PMS

28:20.92 MISC ANOREXIGENIC AGENTS & RESPIRATORY & CEREBRAL STIMULANT

METHYLPHENIDATE HCL

Limited use benefit (prior approval is not required).

The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

To convert to methylphenidate equivalents, 1 mg of
METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

18mg Extended Release Tablet

02247732	CONCERTA	JNO
02315068	NOVO-METHYLPHENIDATE ER	TEV

27mg Extended Release Tablet

02250241	CONCERTA	JNO
02315076	NOVO-METHYLPHENIDATE ER	TEV

36mg Extended Release Tablet

02247733	CONCERTA	JNO
02315084	NOVO-METHYLPHENIDATE ER	TEV

54mg Extended Release Tablet

02330377	APO-METHYLPHENIDATE ER	APX
02247734	CONCERTA	JNO
02315092	NOVO-METHYLPHENIDATE ER	TEV

20mg Sustained Release Tablet

02266687	APO-METHYLPHENIDATE SR	APX
02320312	SANDOZ-METHYLPHENIDATE SR	SDZ

5mg Tablet

02273950	APO-METHYLPHENIDATE	APX
02326221	METHYLPHENIDATE	PDL
02234749	PMS-METHYLPHENIDATE	PMS

10mg Tablet

02249324	APO-METHYLPHENIDATE	APX
02326248	METHYLPHENIDATE	PDL
00584991	PMS-METHYLPHENIDATE	PMS

20mg Tablet

02249332	APO-METHYLPHENIDATE	APX
02326256	METHYLPHENIDATE	PDL
00585009	PMS-METHYLPHENIDATE	PMS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

ALPRAZOLAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.25mg Tablet

01908189	ALPRAZOLAM	PDL
02349191	ALPRAZOLAM	SAN
00865397	APO-ALPRAZ	APX
02400111	JAMP-ALPRAZOLAM	JAP
02137534	MYLAN-ALPRAZOLAM	MYL
02404877	RIVA-ALPRAZOLAM	RIV
01913484	TEVA-ALPRAZOL	TEV
00548359	XANAX	PFI

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

ALPRAZOLAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.5mg Tablet

01908170	ALPRAZOLAM	PDL
02349205	ALPRAZOLAM	SAN
00865400	APO-ALPRAZ	APX
02400138	JAMP-ALPRAZOLAM	JAP
02137542	MYLAN-ALPRAZOLAM	MYL
02404885	RIVA-ALPRAZOLAM	RIV
01913492	TEVA-ALPRAZOL	TEV
00548367	XANAX	PFI

1mg Tablet

02248706	ALPRAZOLAM	PDL
02243611	APO-ALPRAZ	APX
02400146	JAMP-ALPRAZOLAM	JAP
02229813	MYLAN-ALPRAZOLAM	MYL
02404893	RIVA-ALPRAZOLAM	RIV
00723770	XANAX	PFI

2mg Tablet

02243612	APO-ALPRAZ	APX
02400154	JAMP-ALPRAZOLAM	JAP
02229814	MYLAN-ALPRAZOLAM	MYL
00813958	XANAX TS	PFI

BROMAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

1.5mg Tablet

02177153	APO-BROMAZEPAM	APX

3mg Tablet

02177161	APO-BROMAZEPAM	APX
02220520	BROMAZEPAM	PDL
00518123	LECTOPAM	HLR
02230584	TEVA-BROMAZEPAM	TEV

6mg Tablet

02177188	APO-BROMAZEPAM	APX
02220539	BROMAZEPAM	PDL
00518131	LECTOPAM	HLR
02230585	TEVA-BROMAZEPAM	TEV

DIAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

1mg/mL Oral Solution

00891797	PMS-DIAZEPAM	PMS

2mg Tablet

00405329	APO-DIAZEPAM	APX
00434396	DIAZEPAM	PDL
02247490	PMS-DIAZEPAM	PMS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

DIAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

5mg Tablet

00362158	APO-DIAZEPAM	APX
00313580	DIAZEPAM	PRO
02247491	PMS-DIAZEPAM	PMS
00013285	VALIUM	HLR

10mg Tablet

00405337	APO-DIAZEPAM	APX
00434388	DIAZEPAM	PDL
02247492	PMS-DIAZEPAM	PMS

LORAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.5mg Tablet

00655740	APO-LORAZEPAM	APX
02410745	APO-LORAZEPAM SL	APX
02041413	ATIVAN	WAY
02041456	ATIVAN SUBLINGUAL	WAY
02245784	DOM-LORAZEPAM	DPC
02351072	LORAZEPAM	SAN
00711101	NOVO-LORAZEM	TEV
00728187	PMS-LORAZEPAM	PMS
00655643	PRO-LORAZEPAM	PDL

1mg Tablet

00655759	APO-LORAZEPAM	APX
02410753	APO-LORAZEPAM SL	APX
02041421	ATIVAN	WAY
02041464	ATIVAN SUBLINGUAL	WAY
02245785	DOM-LORAZEPAM	DPC
02351080	LORAZEPAM	SAN
00637742	NOVO-LORAZEM	TEV
00728195	PMS-LORAZEPAM	PMS
00655651	PRO-LORAZEPAM	PDL

2mg Tablet

00655767	APO-LORAZEPAM	APX
02410761	APO-LORAZEPAM SL	APX
02041448	ATIVAN	WAY
02041472	ATIVAN SUBLINGUAL	WAY
02245786	DOM-LORAZEPAM	DPC
02351099	LORAZEPAM	SAN
00637750	NOVO-LORAZEM	TEV
00728209	PMS-LORAZEPAM	PMS
00655678	PRO-LORAZEPAM	PDL

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

NITRAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

5mg Tablet

00511528	MOGADON	ICN

10mg Tablet

00511536	MOGADON	VAE

OXAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

10mg Tablet

00402680	APO-OXAZEPAM	APX
00497754	OXAZEPAM	PDL
00414247	OXPAM	BMI
00568392	RIVA OXAZEPAM	RIV

15mg Tablet

00402745	APO-OXAZEPAM	APX
00497762	OXAZEPAM	PDL
00568406	RIVA OXAZEPAM	RIV

30mg Tablet

00402737	APO-OXAZEPAM	APX
00497770	OXAZEPAM	PDL
00414263	OXPAM	BMI
00568414	RIVA OXAZEPAM	RIV

TEMAZEPAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

15mg Capsule

02225964	APO-TEMAZEPAM	APX
02244814	CO TEMAZEPAM	COB
02229756	DOM-TEMAZEPAM	DPC
02230095	NOVO-TEMAZEPAM	TEV
02243023	RATIO-TEMAZEPAM	RPH
00604453	RESTORIL	ORY
02229760	TEMAZEPAM	PDL

30mg Capsule

02225972	APO-TEMAZEPAM	APX
02244815	CO TEMAZEPAM	COB
02229758	DOM-TEMAZEPAM	DPC
02230102	NOVO-TEMAZEPAM	TEV
02243024	RATIO-TEMAZEPAM	RPH
00604461	RESTORIL	ORY
02229761	TEMAZEPAM	PDL

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

TRIAZOLAM

Limited use benefit (prior approval is not required).

To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4 000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

0.125mg Tablet

00808563	APO-TRIAZO	APX

0.25mg Tablet

00808571	APO-TRIAZO	APX

28:32.28 SELECTIVE SEROTONIN AGONISTS

ALMOTRIPTAN MALATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

6.25MG Tablet

02405792	APO-ALMOTRIPTAN	APX
02248128	AXERT	MCL
02398435	MYLAN-ALMOTRIPTAN	MYL

12.5MG Tablet

02424029	ALMOTRIPTAN	PDL
02405806	APO-ALMOTRIPTAN	APX
02248129	AXERT	MCL
02398443	MYLAN-ALMOTRIPTAN	MYL
02405334	SANDOZ ALMOTRIPTAN	SDZ

NARATRIPTAN HCL

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

1mg Tablet

02237820	AMERGE	GSK
02314290	NOVO-NARATRIPTAN	TEV

2.5mg Tablet

02237821	AMERGE	GSK
02314304	NOVO-NARATRIPTAN	TEV
02322323	SANDOZ NARATRIPTAN	SDZ

RIZATRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

5mg Orally Disintegrating Tablet

02393484	APO-RIZATRIPTAN RPD	APX
02374730	CO-RIZATRIPTAN ODT	ATP
02379198	MYLAN-RIZATRIPTAN ODT	MYL
02393360	PMS-RIZATRIPTAN RDT	PMS
02423456	RIVA-RIZATRIPTAN ODT	RIV
02415798	RIZATRIPTAN RDT	PDL
02351870	SANDOZ RIZATRIPTAN ODT	SDZ
02396661	TEVA-RIZATRIPTAN RDT	TEP

28:32.28 SELECTIVE SEROTONIN AGONISTS

RIZATRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

10mg Orally Disintegrating Tablet

02393492	APO-RIZATRIPTAN RPD	APX
02374749	CO-RIZATRIPTAN ODT	ATP
02396203	DOM-RIZATRIPTAN RDT	DOM
02379201	MYLAN-RIZATRIPTAN ODT	MYL
02393379	PMS-RIZATRIPTAN RDT	PMS
02423464	RIVA-RIZATRIPTAN ODT	RIV
02415801	RIZATRIPTAN RDT	PDL
02351889	SANDOZ RIZATRIPTAN ODT	SDZ
02396688	TEVA-RIZATRIPTAN RDT	TEP

5mg Tablet

02393468	APO-RIZATRIPTAN	APX
02380455	JAMP-RIZATRIPTAN	JAP
02429233	JAMP-RIZATRIPTAN IR	JAP
02379651	MAR-RIZATRIPTAN	MAR

10mg Tablet

02393476	APO-RIZATRIPTAN	APX
02381702	CO RIZATRIPTAN	ATP
02380463	JAMP-RIZATRIPTAN	JAP
02429241	JAMP-RIZATRIPTAN IR	JAP
02379678	MAR-RIZATRIPTAN	MAR
02240521	MAXALT	FRS

5mg Wafer

02240518	MAXALT RPD	FRS

10mg Wafer

02240519	MAXALT RPD	FRS

SUMATRIPTAN HEMISULFATE

5mg Nasal Spray

02230418	IMITREX	GSK

20mg Nasal Spray

02230420	IMITREX	GSK

SUMATRIPTAN SUCCINATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

12mg/mL Injection

02212188	IMITREX	GSK
02361698	TARO-SUMATRIPTAN	TAR

25mg Tablet

02257882	CO SUMATRIPTAN	COB
02270749	DOM-SUMATRIPTAN	DPC
02268906	MYLAN-SUMATRIPTAN	MYL
02286815	NOVO-SUMATRIPTAN DF	TEV
02256428	PMS-SUMATRIPTAN	PMS
02286513	SUMATRIPTAN	SAN

28:32.28 SELECTIVE SEROTONIN AGONISTS

SUMATRIPTAN SUCCINATE

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

50mg Tablet

02268388	APO-SUMATRIPTAN	APX
02257890	CO SUMATRIPTAN	COB
02270757	DOM-SUMATRIPTAN	DPC
02212153	IMITREX DF	GSK
02268914	MYLAN-SUMATRIPTAN	MYL
02286823	NOVO-SUMATRIPTAN DF	TEV
02256436	PMS-SUMATRIPTAN	PMS
02263025	SANDOZ-SUMATRIPTAN	SDZ
02286521	SUMATRIPTAN	SAN
02324652	SUMATRIPTAN	PDL
02385570	SUMATRIPTAN DF	SIV

100mg Tablet

02268396	APO-SUMATRIPTAN	APX
02257904	CO SUMATRIPTAN	COB
02270765	DOM-SUMATRIPTAN	DPC
02212161	IMITREX DF	GSK
02268922	MYLAN-SUMATRIPTAN	MYL
02239367	NOVO-SUMATRIPTAN	TEV
02286831	NOVO-SUMATRIPTAN DF	TEV
02256444	PMS-SUMATRIPTAN	PMS
02263033	SANDOZ-SUMATRIPTAN	SDZ
02286548	SUMATRIPTAN	SAN
02324660	SUMATRIPTAN	PDL
02385589	SUMATRIPTAN DF	SIV

ZOLMITRIPTAN

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

2.5mg Orally Disintegrating Tablet

02381575	APO-ZOLMITRIPTAN RAPID	APX
02428237	JAMP-ZOLMITRIPTAN ODT	JAP
02419513	MINT-ZOLMITRIPTAN ODT	MIN
02387158	MYLAN-ZOLMITRIPTAN ODT	MYL
02324768	PMS-ZOLMITRIPTAN ODT	PMS
02362996	SANDOZ ZOLMITRIPTAN ODT	SDZ
02428474	SEPTA-ZOLMITRIPTAN-ODT	SPT
02342545	TEVA-ZOLMITRIPTAN OD	TEP
02379988	ZOLMITRIPTAN ODT	PDL
02243045	ZOMIG RAPIMELT	AZC

2.5mg Tablet

02380951	APO-ZOLMITRIPTAN	APX
02389525	DOM-ZOLMITRIPTAN	DOM
02421623	JAMP-ZOLMITRIPTAN	JAP
02399458	MAR-ZOLMITRIPTAN	MAR
02419521	MINT-ZOLMITRIPTAN	MIN
02369036	MYLAN ZOLMITRIPTAN	MYL
02324229	PMS-ZOLMITRIPTAN	PMS
02401304	RIVA-ZOLMITRIPTAN	RIV
02362988	SANDOZ ZOLMITRIPTAN	SDZ
02313960	TEVA-ZOLMITRIPTAN	TEP
02379929	ZOLMITRIPTAN	PDL
02238660	ZOMIG	AZC

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

CABERGOLINE

Limited use benefit (prior approval required).

For treatment of hyperprolactinemia in patients who have failed therapy with or are intolerant to bromocriptine.

0.5mg Tablet

02301407	CO CABERGOLINE	COB
02242471	DOSTINEX	PFI

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ACAMPROSATE CALCIUM

Limited use benefit (prior approval required).

For patients who have been abstinent from alcohol for at least four days and where available, are currently enrolled in an alcohol addiction treatment program

333mg Sustained Release Tablet

02293269	CAMPRAL	MYL

32:00 CONTRACEPTIVES (NON-ORAL)

32:00.00 CONTRACEPTIVES (NON-ORAL)

INTRAUTERINE DEVICE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 12 months.

Device

98099999	FLEXI-T IUD	PRN
99401085	LIBERTE UT380 SHORT	MSC
99401086	LIBERTE UT380 STANDARD	MSC
00970379	MONA LISA 10	PAE
00970387	MONA LISA 5	PAE
00970395	MONA LISA N	PAE
99400482	NOVA-T IUD	BEX

36:00 DIAGNOSTIC AGENTS (DX)

36:26.00 DX - DIABETES MELLITUS

GLUCOSE OXIDASE, PEROXIDASE

Limited use benefit (prior approval not required).

The number of test strips that will be covered by the NIHB Program will depend on the client's medical treatment:

•Clients managing diabetes with insulin will be allowed 500 test strips per 100 days. A client can test up to five times per day.

•Clients managing diabetes with diabetes medication with a high risk of causing low blood sugar will be allowed 400 test strips per 365 days. A client can test once daily.

•Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week.

•Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week.

Accu-Chek Advantage Strip

97799824	ACCU-CHEK ADVANTAGE	ROC	*
09853626	ACCU-CHEK ADVANTAGE (ON)	ROC	*

Accu-Chek Aviva Strip

97799814	ACCU-CHEK AVIVA	ROD	*
09857178	ACCU-CHEK AVIVA (ON)	ROC	*

Accu-Chek Compact Strip

97799962	ACCU-CHEK COMPACT	ROD	*
09854282	ACCU-CHEK COMPACT (ON)	ROD	*

Accu-Chek Mobile Strip

97799497	ACCU-CHEK MOBILE	ROC	*
09857452	ACCU-CHEK MOBILE (ON)	ROC	*

36:26.00 DX - DIABETES MELLITUS

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•Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week.

•Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week.

Accutrend Strip			
97799959	ACCUTREND	ROC	
09853162	ACCUTREND (ON)	ROD	
Ascensia Breeze 2 Strip			
97799748	ASCENSIA BREEZE 2	BAY	
09857293	ASCENSIA BREEZE 2 (ON)	BAY	
Ascensia Contour Strip			
97799702	ASCENSIA CONTOUR	BAY	
09857127	ASCENSIA CONTOUR (ON)	BAY	*
BG Star Strip			
97799465	BG STAR	SAC	
09857422	BG STAR (ON)	SAC	*
Contour Next Strip			
97799459	CONTOUR NEXT	BAY	
09857453	CONTOUR NEXT (ON)	BAY	
EZ Health Strip			
97799564	EZ HEALTH ORACLE	TRE	
09857357	EZ HEALTH ORACLE (ON)	TRE	
Freestyle Strip			
97799829	FREESTYLE	ABB	
09857141	FREESTYLE (ON)	ABB	
Freestyle Lite Strip			
97799597	FREESTYLE LITE	ABB	
09857297	FREESTYLE LITE (ON)	ABB	
Freestyle Precision Strip			
97799346	FREESTYLE PRECISION	ABB	
09857502	FREESTYLE PRECISION (ON)	ABB	
Itest Strip			
97799692	ITEST	AUC	
09857348	ITEST (ON)	AUC	
Medi+Sure Strip			
97799403	MEDI+SURE	MSD	
09857432	MEDI+SURE (ON)	MSD	
One Touch Ultra Strip			
97799985	ONE TOUCH ULTRA	JAJ	
09854290	ONE TOUCH ULTRA (ON)	JAJ	*
One Touch Verio Strip			
97799475	ONE TOUCH VERIO	JAJ	
09857392	ONE TOUCH VERIO (ON)	JAJ	
Precision Xtra Strip			
97799840	PRECISION XTRA	ABB	
09854070	PRECISION XTRA (ON)	ABB	

36:26.00 DX - DIABETES MELLITUS

GLUCOSE OXIDASE, PEROXIDASE

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The number of test strips that will be covered by the NIHB Program will depend on the client's medical treatment:

•Clients managing diabetes with insulin will be allowed 500 test strips per 100 days. A client can test up to five times per day.

•Clients managing diabetes with diabetes medication with a high risk of causing low blood sugar will be allowed 400 test strips per 365 days. A client can test once daily.

•Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week.

•Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week.

Sidekick Strip

97799601	SIDEKICK	HOD

TrueTest Strip

97799532	TRUETEST	HOD

Truetrack Strip

97799602	TRUETRACK	HOD
09857283	TRUETRACK (ON)	AUC

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:20.00 CALORIC AGENTS

LEVOCARNITINE

Limited use benefit (prior approval required).

• For treatment of carnitine deficiency

100mg/mL Oral Liquid

02144336	CARNITOR	SIG

200mg/mL Solution

02144344	CARNITOR IV	SIG

330mg Tablet

02144328	CARNITOR	SIG

48:00 RESPIRATORY TRACT AGENTS

48:10.24 LEUKOTRIENE MODIFIERS

MONTELUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

4mg Chewable Tablet

02410265	ACH-MONTELUKAST	ACC
02377608	APO-MONTELUKAST	APX
02382458	MONTELUKAST	SIV
02380749	MYLAN-MONTELUKAST	MYL
02354977	PMS-MONTELUKAST	PMS
02330385	SANDOZ MONTELUKAST	TEP
02243602	SINGULAIR	FRS
02355507	TEVA- MONTELUKAST	TEP

48:10.24 LEUKOTRIENE MODIFIERS

MONTELUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

5mg Chewable Tablet

02410273	ACH-MONTELUKAST	ACC
02377616	APO-MONTELUKAST	APX
02379325	MONTELUKAST	SAN
02382466	MONTELUKAST	SIV
02380757	MYLAN-MONTELUKAST	MYL
02354985	PMS-MONTELUKAST	PMS
02330393	SANDOZ MONTELUKAST	TEP
02238216	SINGULAIR	FRS
02355515	TEVA- MONTELUKAST	TEP

4mg Granules

02358611	SANDOZ MONTELUKAST	SDZ
02247997	SINGULAIR	FRS

4mg Tablet

02399865	MAR-MONTELUKAST	MAR
02408627	MINT-MONTELUKAST	MIN
02379317	MONTELUKAST	SAN
02379821	MONTELUKAST	PDL
02402793	RAN-MONTELUKAST	RBY

5mg Tablet

02399873	MAR-MONTELUKAST	MAR
02408635	MINT-MONTELUKAST	MIN
02379848	MONTELUKAST	PDL
02402807	RAN-MONTELUKAST	RBY

10mg Tablet

02374609	APO-MONTELUKAST	APX
02401274	AURO-MONTELUKAST	AUR
02376695	DOM-MONTELUKAST	DOM
02391422	JAMP-MONTELUKAST	JAP
02399997	MAR-MONTELUKAST	MAR
02408643	MINT-MONTELUKAST	MIN
02379236	MONTELUKAST	ACC
02379333	MONTELUKAST	SAN
02379856	MONTELUKAST	PDL
02382474	MONTELUKAST	SIV
02368226	MYLAN-MONTELUKAST	MYL
02373947	PMS-MONTELUKAST	PMS
02389517	RAN-MONTELUKAST	RBY
02398826	RIVA-MOTELUKAST	RIV
02328593	SANDOZ MONTELUKAST	SDZ
02238217	SINGULAIR	FRS
02355523	TEVA- MONTELUKAST	TEP

ZAFIRLUKAST

Limited use benefit (prior approval required).

For treatment of:
a. - asthma when used in patients on concurrent steroid therapy.
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

20mg Tablet

02236606	ACCOLATE	AZC

52:00 EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

52:28.00 EENT - MOUTHWASHES AND GARGLES

BENZYDAMINE HCL

Limited use benefit (prior approval required).

For:
a. - treatment of radiation mucositis and oral ulcerative complications of chemotherapy.
b. - use in immunocompromised patients who are at risk of mucosal breakdown.

0.15% Rinse

02239044	APO-BENZYDAMINE	APX
02239537	DOM-BENZYDAMINE	DPC
02229777	PMS-BENZYDAMINE	PMS
02229799	TEVA-BENZYDAMINE	TEV

52:40.04 EENT - ALPHA-ADRENERGIC AGONISTS

BRIMONIDINE TARTRATE (ALPHAGAN P)

Limited use benefit (prior approval required).

For patients who are intolerant to brimonidine tartrate 0.2% or benzalkonium chloride.

0.15% Ophth Solution

02248151	ALPHAGAN P	ALL
02301334	APO-BRIMONIDINE P	APX

52:92.00 MISCELLANEOUS EENT DRUGS

VERTEPORFIN

Limited use benefit (prior approval required).

For treatment of age related macular degeneration for patients with this diagnosis who are being treated by a certified ophthalmologist.

15mg/Vial Injection

02242367	VISUDYNE	QLT

56:00 GASTROINTESTINAL DRUGS

56:22.92 MISCELLANEOUS ANTIEMETICS

APREPITANT

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

80mg Capsule

02298791	EMEND	FRS

125mg Capsule

02298805	EMEND	FRS

125mg & 80mg Capsule

02298813	EMEND TRI PACK	FRS

NABILONE

Limited use benefit (prior approval required).

• For patients who are experiencing nausea and vomiting due to cancer chemotherapy or radiation;

OR

• patient is palliative (diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

0.25mg Capsule

02312263	CESAMET	VAE
02358077	RAN-NABILONE	RBY
02392925	TEVA-NABILONE	TEP

56:22.92 MISCELLANEOUS ANTIEMETICS

NABILONE

Limited use benefit (prior approval required).

• For patients who are experiencing nausea and vomiting due to cancer chemotherapy or radiation;

OR

• patient is palliative (diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

0.5mg Capsule

02393581	ACT-NABILONE	ATP
02256193	CESAMET	VAE
02380900	PMS-NABILONE	PMS
02358085	RAN-NABILONE	RBY
02384884	TEVA-NABILONE	TEP

1mg Capsule

02393603	ACT-NABILONE	ATP
00548375	CESAMET	VAE
02380919	PMS-NABILONE	PMS
02358093	RAN-NABILONE	RBY
02384892	TEVA-NABILONE	TEP

56:28.36 PROTON-PUMP INHIBITORS

LANSOPRAZOLE

Limited use benefit (prior approval not required).

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
•All PPIs are equally efficacious
•Double dose PPI is not necessary for initial therapy
•Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

All proton pump inhibitors (open benefit and limited use (LU) PPIs) have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.
•For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PP tablets/capsules towards the quantity limit.
•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Coverage will be limited to 400 tablets/capsules every 180 days.

15mg Sustained Release Capsule

02385767	LANSOPRAZOLE	SIV
02433001	LANSOPRAZOLE	PMS
02410370	LANSOPRAZOLE-15	SIV
02395258	PMS-LANSOPRAZOLE	PMS
02402610	RAN-LANSOPRAZOLE	RBY
02422808	RIVA-LANSOPRAZOLE	RIV
02385643	SANDOZ LANSOPRAZOLE	SDZ

30mg Sustained Release Capsule

02414775	DOM-LANSOPRAZOLE	DOM
02366282	LANSOPRAZOLE	PDL
02385775	LANSOPRAZOLE	SIV
02410389	LANSOPRAZOLE-30	SIV
02395266	PMS-LANSOPRAZOLE	PMS
02402629	RAN-LANSOPRAZOLE	RBY
02422816	RIVA-LANSOPRAZOLE	RIV
02385651	SANDOZ LANSOPRAZOLE	SDZ

56:28.36 PROTON-PUMP INHIBITORS

LANSOPRAZOLE

Limited use benefit (prior approval not required).

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
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•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Coverage will be limited to 400 tablets/capsules every 180 days.

15mg Sustained Release Capsule

02293811	APO-LANSOPRAZOLE	APX
02357682	LANSOPRAZOLE	SAN
02353830	MYLAN-LANSOPRAZOLE	MYL
02280515	NOVO-LANSOPRAZOLE	TEV
02165503	PREVACID	ABB

30mg Sustained Release Capsule

02293838	APO-LANSOPRAZOLE	APX
02357690	LANSOPRAZOLE	SAN
02353849	MYLAN-LANSOPRAZOLE	MYL
02280523	NOVO-LANSOPRAZOLE	TEV
02165511	PREVACID	ABB

LANSOPRAZOLE ODT

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
•All PPIs are equally efficacious
•Double dose PPI is not necessary for initial therapy
•Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

All proton pump inhibitors (open benefit and limited use (LU) PPIs) have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.
•For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PP tablets/capsules towards the quantity limit.
•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

15MG Orally Disintegrating Tablet

02249464	PREVACID FASTAB	TAK

30MG Orally Disintegrating Tablet

02249472	PREVACID FASTAB	TAK

56:28.36 PROTON-PUMP INHIBITORS

OMEPRAZOLE

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
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•Double dose PPI is not necessary for initial therapy
•Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

All proton pump inhibitors (open benefit and limited use (LU) PPIs) have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.
•For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PP tablets/capsules towards the quantity limit.
•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

20mg Capsule

02245058	APO-OMEPRAZOLE	APX
00846503	LOSEC	AZC
02329433	MYLAN-OMEPRAZOLE	MYL
02339927	OMEPRAZOLE	PDL
02348691	OMEPRAZOLE	SAN
02385384	OMEPRAZOLE	SIV
02411857	OMEPRAZOLE-20	SIV
02320851	PMS-OMEPRAZOLE	PMS
02403617	RAN-OMEPRAZOLE	RBY
02296446	SANDOZ OMEPRAZOLE	SDZ

20mg Delayed Release Tablet

02190915	LOSEC	AZC
02416549	OMEPRAZOLE MAGNESIUM DR	ACC
02310260	PMS-OMEPRAZOLE	PMS
02374870	RAN-OMEPRAZOLE	RBY
02260867	RATIO-OMEPRAZOLE	RPH
02295415	TEVA-OMEPRAZOLE	TEP

20mg Tablet

02333430	DOM-OMEPRAZOLE DR	DOM
02420198	JAMP-OMEPRAZOLE DR	JAP
02402416	RIVA-OMEPRAZOLE DR	RIV

PANTOPRAZOLE MAGNESIUM

40mg Enteric Coated Tablet

02267233	TECTA	NCC

56:28.36 PROTON-PUMP INHIBITORS

PANTOPRAZOLE SODIUM

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
•All PPIs are equally efficacious
•Double dose PPI is not necessary for initial therapy
•Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

All proton pump inhibitors (open benefit and limited use (LU) PPIs) have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.
•For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PP tablets/capsules towards the quantity limit.
•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

40mg Delayed Release Tablet

02412969	ABBOTT-PANTOPRAZOLE	ABB
02292920	APO-PANTOPRAZOLE	APX
02300486	CO PANTOPRAZOLE	COB
02310007	DOM-PANTOPRAZOLE	DOM
02357054	JAMP-PANTOPRAZOLE	JAP
02416565	MAR-PANTOPRAZOLE	MAR
02417448	MINT-PANTOPRAZOLE	MIN
02299585	MYLAN-PANTOPRAZOLE	MYL
02285487	NOVO-PANTOPRAZOLE	TEV
02229453	PANTOLOC	NYC
02309866	PANTOPRAZOLE	MEL
02310201	PANTOPRAZOLE	SOR
02318695	PANTOPRAZOLE	PDL
02370808	PANTOPRAZOLE	SAN
02385759	PANTOPRAZOLE	SIV
02431327	PANTOPRAZOLE	RIV
02428180	PANTOPRAZOLE-40	SIV
02307871	PMS-PANTOPRAZOLE	PMS
02425378	PRIVA-PANTOPRAZOLE	PHA
02305046	RAN-PANTOPRAZOLE	RBY
02316463	RIVA-PANTOPRAZOLE	RIV
02301083	SANDOZ-PANTOPRAZOLE	SDZ

56:28.36 PROTON-PUMP INHIBITORS

RABEPRAZOLE SODIUM

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;
•All PPIs are equally efficacious
•Double dose PPI is not necessary for initial therapy
•Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

All proton pump inhibitors (open benefit and limited use (LU) PPIs) have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.
•For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PP tablets/capsules towards the quantity limit.
•Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
•Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

10mg Enteric Coated Tablet

02422638	ABBOTT-RABEPRAZOLE	BGP
02345579	APO-RABEPRAZOLE	APX
02408392	MYLAN-RABEPRAZOLE	MYL
02296632	NOVO-RABEPRAZOLE	TEV
02243796	PARIET EC	JNO
02310805	PMS-RABEPRAZOLE	PMS
02315181	PRO-RABEPRAZOLE	PDL
02385449	RABEPRAZOLE	SIV
02356511	RABEPRAZOLE EC	SAN
02298074	RAN-RABEPRAZOLE	RBY
02330083	RIVA-RABEPRAZOLE EC	RIV
02314177	SANDOZ-RABEPRAZOLE	SDZ

20mg Enteric Coated Tablet

02422646	ABBOTT-RABEPRAZOLE	BGP
02345587	APO-RABEPRAZOLE	APX
02320460	DOM-RABEPRAZOLE EC	DOM
02408406	MYLAN-RABEPRAZOLE	MYL
02296640	NOVO-RABEPRAZOLE	TEV
02243797	PARIET EC	JNO
02310813	PMS-RABEPRAZOLE	PMS
02315203	PRO-RABEPRAZOLE	PDL
02385457	RABEPRAZOLE	SIV
02356538	RABEPRAZOLE EC	SAN
02298082	RAN-RABEPRAZOLE	RBY
02330091	RIVA-RABEPRAZOLE	RIV
02314185	SANDOZ-RABEPRAZOLE	SDZ

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:12.00 CONTRACEPTIVES

LEVONORGESTREL INTRAUTERINE INSERT

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 2 years.

13.5mg Intrauterine Insert

02408295	JAYDESS	BAY

52mg Intrauterine Insert

02243005	MIRENA	BAY

68:16.12 ESTROGEN AGONISTS-ANTAGONISTS

RALOXIFENE HCL

Limited use benefit (prior approval required).

For:
a.- secondary prevention of osteoporosis in women who experience failure on bisphosphonates.
b. - secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer.

60mg Tablet

02358840	ACT RALOXIFENE	ATP
02279215	APO-RALOXIFENE	APX
02239028	EVISTA	LIL
02312298	NOVO-RALOXIFENE	TEV
02358921	PMS-RALOXIFENE	PMS
02415852	RALOXIFENE	PDL

68:20.04 BIGUANIDES

SITAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

50mg & 1000mg Tablet

02333872	JANUMET	FRS

50mg & 500mg Tablet

02333856	JANUMET	FRS

50mg & 850mg Tablet

02333864	JANUMET	FRS

68:20.05

LINAGLIPTIN

Limited use benefit (prior approval required).

For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

5mg Tablet

02370921	TRAJENTA	BOE

LINAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

2.5mg & 1000mg Tablet

02403277	JENTADUETO	BOE

2.5mg & 500mg Tablet

02403250	JENTADUETO	BOE

2.5mg & 850mg Tablet

02403269	JENTADUETO	BOE

SAXAGLIPTIN HCL

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

2.5mg Tablet

02375842	ONGLYZA	AZE

5mg Tablet

02333554	ONGLYZA	AZE

68:20.05

SAXAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

- For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

2.5mg & 1000mg Tablet

02389185	KOMBOGLYZE	AZE

2.5mg & 500mg Tablet

02389169	KOMBOGLYZE	AZE

2.5mg & 850mg Tablet

02389177	KOMBOGLYZE	AZE

SITAGLIPTIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

25mg Tablet

02388839	JANUVIA	MSP

50mg Tablet

02388847	JANUVIA	MSP

100mg Tablet

02303922	JANUVIA	FRS

SITAGLIPTIN, METFORMIN

Limited use benefit (prior approval required).

• For the treatment of patients with type 2 diabetes mellitus who: did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

50mg & 1000mg Extended Release Tablet

02416794	JANUMET XR	FRS

68:20.28 THIAZOLIDINEDIONES

PIOGLITAZONE HCL

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

15mg Tablet

02303442	ACCEL PIOGLITAZONE	ACP
02391600	ACH-PIOGLITAZONE	ACC
02242572	ACTOS	LIL
02302942	APO-PIOGLITAZONE	APX
02302861	CO PIOGLITAZONE	COB
02307634	DOM-PIOGLITAZONE	DOM
02397307	JAMP-PIOGLITAZONE	JAP
02326477	MINT-PIOGLITAZONE	MIN
02298279	MYLAN-PIOGLITAZONE	MYL
02274914	NOVO-PIOGLITAZONE	TEV
02307669	PHL-PIOGLITAZONE	PMI
02374013	PIOGLITAZONE	SIV
02303124	PMS-PIOGLITAZONE	PMS
02312050	PRO-PIOGLITAZONE	PDL
02375850	RAN-PIOGLITAZONE	RBY
02301423	RATIO-PIOGLITAZONE	RPH
02297906	SANDOZ PIOGLITAZONE	SDZ
02320754	ZYM-PIOGLITAZONE	ZYM

68:20.28 THIAZOLIDINEDIONES

PIOGLITAZONE HCL

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

30mg Tablet

02303450	ACCEL PIOGLITAZONE	ACP
02339587	ACH-PIOGLITAZONE	ACC
02242573	ACTOS	LIL
02302950	APO-PIOGLITAZONE	APX
02302888	CO PIOGLITAZONE	COB
02307642	DOM-PIOGLITAZONE	DOM
02365529	JAMP-PIOGLITAZONE	JAP
02326485	MINT-PIOGLITAZONE	MIN
02298287	MYLAN-PIOGLITAZONE	MYL
02274922	NOVO-PIOGLITAZONE	TEV
02307677	PHL-PIOGLITAZONE	PMI
02374021	PIOGLITAZONE	SIV
02303132	PMS-PIOGLITAZONE	PMS
02312069	PRO-PIOGLITAZONE	PDL
02375869	RAN-PIOGLITAZONE	RBY
02301431	RATIO-PIOGLITAZONE	RPH
02297914	SANDOZ PIOGLITAZONE	SDZ
02320762	ZYM-PIOGLITAZONE	ZYM

45mg Tablet

02303469	ACCEL PIOGLITAZONE	ACP
02242574	ACTOS	LIL
02302977	APO-PIOGLITAZONE	APX
02302896	CO PIOGLITAZONE	COB
02307650	DOM-PIOGLITAZONE	DOM
02365537	JAMP-PIOGLITAZONE	JAP
02326493	MINT-PIOGLITAZONE	MIN
02298295	MYLAN-PIOGLITAZONE	MYL
02274930	NOVO-PIOGLITAZONE	TEV
02307723	PHL-PIOGLITAZONE	PMI
02339595	PIOGLITAZONE	ACC
02374048	PIOGLITAZONE	SIV
02303140	PMS-PIOGLITAZONE	PMS
02312077	PRO-PIOGLITAZONE	PDL
02375877	RAN-PIOGLITAZONE	RBY
02301458	RATIO-PIOGLITAZONE	RPH
02297922	SANDOZ PIOGLITAZONE	SDZ
02320770	ZYM-PIOGLITAZONE	ZYM

ROSIGLITAZONE MALEATE

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

2mg Tablet

02241112	AVANDIA	GSK

4mg Tablet

02241113	AVANDIA	GSK

8mg Tablet

02241114	AVANDIA	GSK

68:32.00 PROGESTINS

DIENOGEST

Limited use benefit (prior approval required).

a.- For the management of pelvic pain associated with endometriosis

2mg Tablet

02374900	VISANNE	BAY

PROGESTERONE

Limited use benefit (prior approval required).

For the treatment of women:

•With postmenopausal symptoms who are intolerant to medroxyprogesterone acetate (MPA); OR

•Who are at risk of preterm birth; OR

•Who are using the medication to prevent miscarriage.

100mg Capsule

02166704	PROMETRIUM	FRS

84:00 SKIN AND MUCOUS MEMBRANE AGENTS (SMMA)

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

Open benefit (prior approval not required).

Soriatane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings, should be consulted prior to prescribing or dispensing this drug.

10mg Capsule

02070847	SORIATANE	ACG

25mg Capsule

02070863	SORIATANE	ACG

IMIQUIMOD

Limited use benefit (prior approval required).

-For the treatment of condylomata acuminate (genital warts) in patients who have failed:
-self-applied podophyllotoxin (podofilox 0.5% solution); OR
-provider-applied podophyllum resin (10%-25%)

5% Cream

02239505	ALDARA P	VAE
02407825	APO-IMIQUIMOD	APX

ISOTRETINOIN

Open benefit (prior approval not required).

Accutane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings should be consulted prior to prescribing or dispensing this drug.

10mg Capsule

00582344	ACCUTANE	HLR
02257955	CLARUS	MYL

40mg Capsule

00582352	ACCUTANE	HLR
02257963	CLARUS	MYL

PIMECROLIMUS

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

1% Cream

02247238	ELIDEL	NVC

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

TACROLIMUS (PROTOPIC)

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

0.03% Ointment

02244149	PROTOPIC	AST

0.1% Ointment

02244148	PROTOPIC	AST

86:00 SMOOTH MUSCLE RELAXANTS

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

DARIFENACIN HYDROBROMIDE

Limited use benefit (prior approval required).

For the symptomatic relief of overactive bladder in patients:
¨with symptoms of urinary frequency, urgency or urge incontinence; AND
¨who have failed on or are intolerant to therapy with immediate-release oxybutynin

7.5mg Long Acting Tablet

02273217	ENABLEX	TEV

15mg Long Acting Tablet

02273225	ENABLEX	TEV

SOLIFENACIN SUCCINATE

Limited use benefit (prior approval required).

For symptomatic relief in patients with an overactive bladder with symptoms of urinary frequency urgency or urge incontinence in patients who have failed on or are intolerant of therapy with oxybutynin.

5mg Tablet

02277263	VESICARE	AST

10mg Tablet

02277271	VESICARE	AST

TOLTERODINE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

2mg Extended Release Capsule

02244612	DETROL LA	PFI

4mg Extended Release Capsule

02244613	DETROL LA	PFI

1mg Tablet

02239064	DETROL	PFI

2mg Tablet

02239065	DETROL	PFI

TROSPIUM CHLORIDE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

20mg Tablet

02275066	TROSEC	ORY

88:00 VITAMINS

88:20.00 VITAMIN E

VITAMIN E

Limited use benefit (prior approval required).

For use in malabsorption

200IU Capsule		
00122831	VITAMIN E	JAM
400IU Capsule		
00122858	VITAMIN E NATUAL SOURCE	JAM
50IU Liquid		
00480215	AQUASOL E	NVC
50IU/mL Liquid		
02162075	AQUASOL E	NVC

88:28.00 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS (PEDIATRIC)

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

Drop		
00762946	POLY-VI-SOL	MJO
2,500IU & 666.67IU & 50mg/mL Drop		
02229790	PEDIAVIT	EUR
00762903	TR- VI-SOL	MJO
Liquid		
00558079	INFANTOL	HOR
Oral Liquid		
80008471	JAMP-MULTIVITAMIN A/D/C DROPS	JMP
Tablet		
80011134	CENTRUM JUNIOR COMPLETE	WYE
80020794	CENTRUM JUNIOR COMPLETE	PFI
02247975	FLINTSTONES EXTRA C	BCD

MULTIVITAMINS (PRENATAL)

Limited use benefit (prior approval is not required.).

Prenatal and postnatal vitamins are benefits only for women of childbearing age (12 to 50 years).

Tablet		
80001842	CENTRUM MATERNA	NES
02229535	MULTI-PRE AND POST NATAL	PED
80005770	PRENATAL & POSTPARTUM	PMT
02241235	PRENATAL AND POSTPARTUM	SDR

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

INCOBOTULINUMTOXINA

Limited use benefit (prior approval required).

For the treatment of:
• strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older; OR
• cervical dystonia (spasmodic torticollis); OR
• urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

50Unit/Vial Injection		
02371081	XEOMIN	MEZ

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

USTEKINUMAB

Limited use benefit (prior approval required).

For the treatment of moderate to severe psoriasis in patients who meet the following criteria:
a. - Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region and
b. - Intolerance or lack of response to methotrexate and cyclosporine or
c. - A contraindication to methotrexate and/or cyclosporine and
d. - Intolerance or lack of response to phototherapy or
e. - Inability to access phototherapy

Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

45mg/0.5mL Injection

02320673	STELARA	JNO

90mg/mL Injection

02320681	STELARA	JNO

92:08.00

DUTASTERIDE

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an adrenergic blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

0.5MG Capsule

02412691	ACT DUTASTERIDE	ATP
02404206	APO-DUTASTERIDE	APX
02247813	AVODART	GSK
02421712	DUTASTERIDE	PDL
02429012	DUTASTERIDE	SIV
02416298	MED-DUTASTERIDE	GMP
02428873	MINT-DUTASTERIDE	MIN
02393220	PMS-DUTASTERIDE	PMS
02427753	RIVA-DUTASTERIDE	RIV
02424444	SANDOZ DUTASTERIDE	SDZ
02408287	TEVA-DUTASTERIDE	TEP

FINASTERIDE

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha-adrenergic blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

5mg Tablet

02365383	APO-FINASTERIDE	APX
02405814	AURO-FINASTERIDE	AUR
02354462	CO FINASTERIDE	CBT
02376709	DOM-FINASTERIDE	DOM
02350270	FINASTERIDE	PDL
02355043	FINASTERIDE	ACC
02357224	JAMP-FINASTERIDE	JAP
02389878	MINT-FINASTERIDE	MIN
02356058	MYLAN-FINASTERIDE	MYL
02348500	NOVO-FINASTERIDE	TEV
02310112	PMS-FINASTERIDE	PMS
02010909	PROSCAR	FRS
02371820	RAN-FINASTERIDE	RBY
02306905	RATIO-FINASTERIDE	RPH
02322579	SANDOZ FINASTERIDE	SDZ

92:24.00

ALENDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

5mg Tablet

02381478	ALENDRONATE	ACC
02248727	APO-ALENDRONATE	APX
02384698	RAN-ALENDRONATE	RBY
02288079	SANDOZ ALENDRONATE	SDZ
02248251	TEVA-ALENDRONATE	TEV

10mg Tablet

02381486	ALENDRONATE	ACC
02248728	APO-ALENDRONATE	APX
02388545	AURO-ALENDRONATE	AUR
02394863	MINT-ALENDRONATE	MIN
02270129	MYLAN-ALENDRONATE	MYL
02288087	SANDOZ ALENDRONATE	SDZ
02247373	TEVA-ALENDRONATE	TEV

40mg Tablet

02258102	CO ALENDRONATE	COB

70mg Tablet

02299712	ALENDRONATE	MEL
02302004	ALENDRONATE	SOR
02352966	ALENDRONATE	SAN
02381494	ALENDRONATE	ACC
02303078	ALENDRONATE-70	PDL
02248730	APO-ALENDRONATE	APX
02388553	AURO-ALENDRONATE	AUR
02258110	CO ALENDRONATE	COB
02282763	DOM-ALENDRONATE	DOM
02245329	FOSAMAX	FRS
02385031	JAMP-ALENDRONATE	JAP
02394871	MINT-ALENDRONATE	MIN
02286335	MYLAN-ALENDRONATE	MYL
02273179	PMS-ALENDRONATE	PMS
02284006	PMS-ALENDRONATE FC	PMS
02384728	RAN-ALENDRONATE	RBY
02270889	RIVA-ALENDRONATE	RIV
02288109	SANDOZ ALENDRONATE	SDZ
02261715	TEVA-ALENDRONATE	TEV

92:24.00

ALENDRONATE SODIUM, VITAMIN D3

Limited use benefit (prior approval required).

For the treatment of:

a. - Paget's Disease OR
b. - Osteoporosis in patients who are 60 years of age or over OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be, on systemic corticosteroid therapy equivalent to a dose of prednisone ≥ 7.5mg per day for ≥3 months.

70mg/2800U Tablet

02276429	FOSAVANCE	FRS
02403633	TEVA-ALENDRONATE/CHOLECALCIFEROL	TEP

70mg/5600U Tablet

02314940	FOSAVANCE	MSP
02429160	SANDOZ ALENDRONATE/CHOLECALCIFEROL	SDZ
02403641	TEVA-ALENDRONATE/CHOLECALCIFEROL	TEP

DENOSUMAB (P)

Limited use benefit (prior approval required).

For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but for whom:
- bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia); AND
Have at least two of the following:
- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ -2.5

60mg/mL Injection

02343541	PROLIA	AMG

DENOSUMAB (X)

Limited use benefit (prior approval required).

For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with:
• One or more documented bone metastases; AND
• Good performance status (ECOG performance status score of 0, 1, or 2).

120mg/1.7mL Injection

02368153	XGEVA	AMG

RISEDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Osteoporosis in patients who are 60 years of age and over or
b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
c. - Paget's Disease or
d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

5mg Tablet

02242518	ACTONEL	PGP
02298376	NOVO-RISEDRONATE	TEV

30mg Tablet

02239146	ACTONEL	PGP
02298384	NOVO-RISEDRONATE	TEV

92:24.00

RISEDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

a. - Osteoporosis in patients who are 60 years of age and over or
b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
c. - Paget's Disease or
d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

35mg Tablet

02246896	ACTONEL	PGP
02353687	APO-RISEDRONATE	APO
02406306	AURO-RISEDRONATE	AUR
02309831	DOM-RISEDRONATE	DOM
02368552	JAMP-RISEDRONATE	JAP
02357984	MYLAN-RISEDRONATE	MYL
02298392	NOVO-RISEDRONATE	TEV
02302209	PMS-RISEDRONATE	PMS
02347474	RISEDRONATE	PDL
02352141	RISEDRONATE	SIV
02370255	RISEDRONATE	SAN
02411407	RISEDRONATE-35	SIV
02341077	RIVA-RISEDRONATE	RIV
02327295	SANDOZ RISEDRONATE	SDZ

ZOLEDRONIC ACID

Limited use benefit (prior approval required).

• For the treatment of Paget’s disease. Coverage will be granted for one dose per 12 month period. OR.

• For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates*, but who have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g, esophageal stricture or achalasia); ANDwho have at least two of the following:

- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ -2.5.

- a bone mineral density (BMD) T-score ≤ -2.5.

5mg/100mL Injection

02269198	ACLASTA	NOV
02415100	TARO-ZOLEDRONIC ACID	TAR
02408082	ZOLEDRONIC ACID	TEP
02422433	ZOLEDRONIC ACID	REC

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ABATACEPT

Limited use benefit (prior approval required).

Coverage is provided for the 2 indications.

1. For the treatment of severely active RHEUMATOID ARTHRITIS:

Criteria for initial for one year coverage:
•Prescribed by a rheumatologist

Coverage is provided for in adult patients ≥ 18 years for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA who has failed:

• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.

AND
• Etanercept OR adalimumab OR golimumab OR certolizumab OR abatacept (SC): minimum of 12 weeks trial

OR,
if the patient has a contraindication or intolerance to MTX and has failed:
• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment.

Note: Initial one-year coverage for rheumatoid arthritis is provided at a dose of 500 mg for patients weighing < 60 kg; 750 mg for patients weighing 60 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2 and 4 weeks, then every 4 weeks. Coverage beyond one year will be based on improvement in number of swollen joints, number of tender joints, ESR or CRP, duration of morning stiffness, Physician Global Assessment scale and Patient Global Assessment scale.

2. For the treatment of JUVENILE IDIOPATHIC ARTHRITIS in children 6 to 17 years who meet all of the following:

Criteria for initial for one year coverage:
•Prescribed by a rheumatologist

•≥ 5 swollen joints; AND
•≥ 3 joints with limited range of motion and/or pain/tenderness;
AND
Condition is refractory to an adequate trial of a therapeutic dose of MTX. An adequate trial is defined as at least 3 months of oral or parenteral MTX at 10mg/m2 weekly (unless significant toxicity limits the dose tolerated)

Note: Initial 16-week coverage for juvenile idiopathic arthritis is provided at a dose of 10 mg/kg for children weighing < 75 kg; 750 mg for children weighing 75 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2, and 4 weeks, then every 4 weeks. Coverage beyond 16 weeks will be based on improvement in number of active joints, number of joints with loss of range of motion, ESR, Physician Global Assessment scale, Patient or Parent Global Assessment scale and Child Health Assessment Questionnaire.

Note: Initial 16-week coverage for juvenile idiopathic arthritis is provided at a dose of 10 mg/kg for children weighing < 75 kg; 750 mg for children weighing 75 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2, and 4 weeks, then every 4 weeks. Coverage beyond 16 weeks will be based on improvement in number of active joints, number of joints with loss of range of motion, ESR, Physician Global Assessment scale, Patient or Parent Global Assessment scale and Child Health Assessment Questionnaire.

125mg Injection

02402475	ORENCIA	BMS

250mg Injection

02282097	ORENCIA	BMS

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ADALIMUMAB

Limited use benefit (prior approval required).

Coverage is provided in adult patients ≥ 18 years for coverage for a MAXIMUM dose of 40mg every 2 weeks the 2 indications.

1. For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who has failed:

• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment.

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Client must have at least two of the following:
•5 or more swollen joints
•if less than 5 swollen joints, at least one joint proximal to, or including wrist or ankle
•more than one joint with erosion on imaging study
•dactylitis of two or more digits
•tenosynovitis refractory to oral NSAIDs and steroid injections
•enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
•inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4.
•daily use of corticosteroids
•use of opioids > 12 hours per day for pain resulting from inflammation

Patient is refractory to:
•NSAIDs and
•methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:
•leflunomide: 20mg daily for 10 weeks OR
•gold: weekly injections for 20 weeks OR
•cyclosporine: 2-5 mg/kg/day for 12 weeks OR
•sulfasalazine at least 2g daily for 3 months

3. For the treatment of ANKYLOSING SPONDYLITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Client who meet the following criteria:

•BASDAI > 4 AND

•patient is refractory to a 4 week trial of at least 3 NSAIDs at maximum tolerated dose AND
for peripheral joint involvement, patient is refractory to weekly
parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND
sulfasalazine 2g/day for four months.
NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.

4. For the treatment of patients with moderate to severe PSORIASIS

Criteria for initial for one year:
Prescribed by a dermatologist

Client who meet all of the following criteria:
•Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region AND
•Intolerance or lack of response to methotrexate AND cyclosporine OR
•A contraindication to methotrexate and/or cyclosporine AND
•Intolerance or lack of response to phototherapy OR
•Inability to access phototherapy
Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

5. For the treatment of moderately to severely active CROHN'S DISEASE.

Criteria for initial for one year:
Prescribed by a gastroenterology specialist

Initial treatment will allow for an induction dose of adalimumab 160mg followed by 80mg 2 weeks later. Maintenance therapy will only be provided at a dose not exceeding 40mg every two weeks.

Criteria for initial four week coverage are:
Patient is an adult with moderate to severely active Crohn's disease refractory to:

•therapy with 5-ASA products (at least 3g/day for a minimum of 6 weeks);
PLUS
•glucorticoids equivalent to prednisone 40mg/day for a minimum of 2 weeks;
PLUS
•azathioprine 2 to 2.5 mg/kg/day for a minimum of 3 months; OR
•6-mercaptopurine 50 to 70 mg/day for a minimum of 3 months; OR
•MTX (oral or parenteral) 15 to 25 mg, per week for a minimum of 3 months.

6. For the treatment of severely active polyarticular JUVENILE IDIOPATHIC ARTHRITIS in children 4 to 17 years

Criteria for initial for one year:
•Prescribed by a rheumatologist

Client who meet ALL of the following criteria:
• 5 swollen joints; AND
• 3 joints with limited range of motion and/or pain/tenderness; AND
• Condition is refractory an adequate trial of a therapeutic dose of MTX. An adequate trial is defined as at least 3 months of oral or parenteral MTX at 10mg/m2 weekly (unless significant toxicity limits the dose tolerated)

40mg/Vial Injection

02258595	HUMIRA	ABB

CERTOLIZUMAB PEGOL

Limited use benefit (prior approval required).

Coverage is provided in adult patients ≥ 18 years.

1. For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Coverage is provided at a dose of 400mg at weeks 0, 2, and 4, followed by 200mg every other week or 400mg every 4 weeks.

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who has failed:

• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment

Note: Criteria will be confirmed against patient"s medication history. Coverage beyond one year will be based on improvement in number of swollen joints, number of tender joints, ESR, CRP, duration of morning stiffness, Physician Global Assessment scale and Patient Global Assessment scale.

200mg/mL Injection

02331675	CIMZIA	UCB

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ETANERCEPT

Limited use benefit (prior approval required)

The coverage of etanercept in adult patients ≥ 18 years is set at a MAXIMUM dose of 50mg weekly for the four indications.1.

For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial one year:
- Prescribed by a rheumatologist

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who have failed:

- MTX (oral or parenteral a dose ≥ 20mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
- MTX in combination with at least two other DMARDs, such as sulfasalazine and hydroxycholorquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

- Combination of at least two DMARDs, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of contiuous treament, or are refractory to a combination of at least 2 DMARDs

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS

Criteria for initial for one year:
- Prescribed by a rheumatologist

Client must have at least two of the following:

- 5 or more swollen joints
- if less than 5 swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
- daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from imflammation

Patient is refractory to:

- NSAIDs AND
- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months

3. For the treatment of ANKYLOSING SPONDYLITIS

Criteria for initial one year:
- Prescribed by rheumatologist

Client who meet all of the following criteria:

- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND
- for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks
AND
sulfasalazine 2g/day for four months

Note: For axial involvement, patient does not need to be tried on MTX or sulfasalazine.

4. For the treatment of severely active polyarticular JUVENILE IDIOPATHIC ARTHRITIS in children 4 to 17 years

Criteria who meet all the following criteria:

- ≥ 5 swollen joints; AND
- ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
- Condition is refractory to an adequate trial of a therapeutic dose of methotrexate.

25mg/Vial Injection

02242903 ENBREL IMX

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ETANERCEPT

Limited use benefit (prior approval required)

The coverage of etanercept in adult patients ≥ 18 years is set at a MAXIMUM dose of 50mg weekly for the four indications.1.

For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial one year:
- Prescribed by a rheumatologist

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who have failed:

- MTX (oral or parenteral a dose ≥ 20mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
- MTX in combination with at least two other DMARDs, such as sulfasalazine and hydroxycholorquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

- Combination of at least two DMARDs, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of contiuous treament, or are refractory to a combination of at least 2 DMARDs

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS

Criteria for initial for one year:
- Prescribed by a rheumatologist

Client must have at least two of the following:

- 5 or more swollen joints
- if less than 5 swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
- daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from imflammation

Patient is refractory to:

- NSAIDs AND
- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months

3. For the treatment of ANKYLOSING SPONDYLITIS

Criteria for initial one year:
- Prescribed by rheumatologist

Client who meet all of the following criteria:

- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND
- for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks
AND
sulfasalazine 2g/day for four months

Note: For axial involvement, patient does not need to be tried on MTX or sulfasalazine.

4. For the treatment of severely active polyarticular JUVENILE IDIOPATHIC ARTHRITIS in children 4 to 17 years

Criteria who meet all the following criteria:

- ≥ 5 swollen joints; AND
- ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
- Condition is refractory to an adequate trial of a therapeutic dose of methotrexate.

50mg/mL Injection

02274728	ENBREL	IMX

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ETANERCEPT

Limited use benefit (prior approval required)

The coverage of etanercept in adult patients ≥ 18 years is set at a MAXIMUM dose of 50mg weekly for the four indications.1.

For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial one year:
- Prescribed by a rheumatologist

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who have failed:

- MTX (oral or parenteral a dose ≥ 20mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
- MTX in combination with at least two other DMARDs, such as sulfasalazine and hydroxycholorquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

- Combination of at least two DMARDs, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of contiuous treament, or are refractory to a combination of at least 2 DMARDs

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS

Criteria for initial for one year:
- Prescribed by a rheumatologist

Client must have at least two of the following:

- 5 or more swollen joints
- if less than 5 swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
- daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from imflammation

Patient is refractory to:

- NSAIDs AND
- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months

3. For the treatment of ANKYLOSING SPONDYLITIS

Criteria for initial one year:
- Prescribed by rheumatologist

Client who meet all of the following criteria:

- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND
- for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks
AND
sulfasalazine 2g/day for four months

Note: For axial involvement, patient does not need to be tried on MTX or sulfasalazine.

4. For the treatment of severely active polyarticular JUVENILE IDIOPATHIC ARTHRITIS in children 4 to 17 years

Criteria who meet all the following criteria:

- ≥ 5 swollen joints; AND
- ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
- Condition is refractory to an adequate trial of a therapeutic dose of methotrexate.

50mg/mL Injection

99100373	ENBREL SURECLICK (QC)	AMG

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

GOLIMUMAB

Limited use benefit (prior approval required).

The coverage of golimumab in adult patients ≥ 18 years is set at a MAXIMUM dose of 50mg every month for the 3 indications.

1. For the treatment of severely active RHEUMATOID ARTHRITIS.:

Criteria for initial for one year:
•Prescribed by a rheumatologist

Client who meet all of the following criteria:

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who has failed:

• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.

OR, if the patient has a contraindication or intolerance to MTX and has failed:

• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment.

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Client who meet all least 2 of the following criteria:

- 5 or more swollen joints
- if less than 5 swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
- daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from inflammation

Patient is refractory to:
- NSAIDs AND

- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS
a minimum of one of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months.

3. For the treatment of ANKYLOSING SPONDYLITIS when the following criteria are met:
- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND sulfasalazine 2g/day for four months.

NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.

50mg/0.5mL Injection

02324784	SIMPONI AUTO INJECTOR	CER
02324776	SIMPONI PRE-FILLED SYRINGE	CER

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

INFLIXIMAB

Limited use benefit (prior approval required).

The coverage of etanercept in adult patients ≥ 18 years for 12 weeks for the 4 indications.

1. For the treatment of severely active RHEUMATOID ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

Coverage is provided for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA in adult patients ≥ 18 years who has failed:

• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment.
Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.

AND
• Etanercept OR adalimumab OR golimumab OR certolizumab OR abatacept (SC): minimum of 12 weeks trial

OR, if the patient has a contraindication or intolerance to MTX and has failed:

• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment.

CRITERIA FOR CONTINUED COVERAGE FOR INFLIXIMAB BEYOND TWELVE WEEKS

Patient meets all the following criteria:

• Initially prescribed by a rheumatologist
• Previous failure to etanercept or adalimumab
• Patient has been assessed after the eighth to twelfth week of infliximab therapy and meets the following response criteria:

• >20% reduction in number of tender and swollen joints PLUS
• >20% improvement in physician global assessment scale
PLUS EITHER
• >20% improvement in the patient global assessment scale, OR
• >20% reduction in the acute phase as measured by ESR or CRP

2. For the treatment of FISTULIZING CROHN"S DISEASE

Criteria for initial for one year:
•Prescribed by a gastroenterology specialist

The initial coverage will allow for 3 doses of 5mg/kg/dose, administered at 0, 2 and 6 weeks. For continued coverage, patient must be reassessed after the initial doses.

Patient meets all the following criteria:

•Patient is an adult with actively draining perianal or entercutaneous fistula(e) that have recurred or persisted despite:
-a course of appropriate antibiotic therapy (e.g. ciprofloxacin with or without metronidazole for a minimum of 3 weeks)
PLUS
-immunosuppressive therapy:
•azathioprine 2 to 2.5mg/kg/day for a minimum of 6 weeks or treatment discontinued before 6 weeks due to severe adverse reactions.
OR
•6-mercaptopurine, 50-70mg/day for a minimum of 6 weeks or treatment discontinued before 6 weeks due to severe adverse reactions.
OR
• OR Other.

3. For the treatment for SEVERE ACTIVE CROHN`S DISEASE

Criteria for initial for one year:
•Prescribed by a gastroenterology specialist

The initial coverage will allow for 3 doses of 5mg/kg/dose, administered at 0, 2 and 6 weeks. For continued coverage, patient must be reassessed after the initial doses.

Patient meets the following criteria:

Patient is an adult with severe active Crohn"s disease that has recurred or persisted despite:
•Therapy with 5-ASA products (at least 3g/day for a minimum of 6 weeks).
PLUS
•Glucocorticoids equivalent to prednisone 40mg/day for a minimum of 2 weeks.
OR
•Treatment discontinued due to serious adverse reactions OR
OR

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

•Contraindication to glucocorticoid therapy.
PLUS
•Azathioprine 2 to 2.5mg/kg/day for a minimum of 3 months.
OR
•6-mercaptopurine 50 to 70mg/day for a minimum of 3 months.
OR
•Methotrexate 15 to 25mg/week for a minimum of 3 months.

100mg/Vial Injection

02244016	REMICADE	CEN

TOCILIZUMAB

Limited use benefit (prior approval required).

The coverage of tocilizumab is for 16 weeks. Patient must had a tuberculin skin test performed. Tocilizumab should not be used in combination with anti-TNF agents.

1. For the treatment of moderate to severely active RHEUMATOID ARTHRITIS

Criteria for initial for one year:
•Prescribed by a rheumatologist

For patients who have failed to respond to an adequate trial of an anti-TNF agent
Note: Treatment should be combined with methotrexate or other DMARD.

Coverage is initially provided for 16 weeks at an initial dose of 4 mg/kg/dose every 4 weeks.

2. For the treatment of active SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS
Criteria for initial for one year:
•Prescribed by a rheumatologist

Coverage is for patients two years of age and older who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate), due to intolerance or lack of efficacy.
Coverage is initially provided for 16-week at a dose of 12 mg/kg once every two weeks for children weighing < 30 kg and 8 mg/kg for children weighing > 30 kg.

3. For the treatment of severely active POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS in children 2 to 17 years where the following criteria are met:
• 5 swollen joints; AND
• ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
• Condition is refractory to an adequate trial of a therapeutic dose of methotrexate.

80mg/4ml Injection

02350092	ACTEMRA	HLR

200mg/10ml Injection

02350106	ACTEMRA	HLR

400mg/20ml Injection

02350114	ACTEMRA	HLR

92:44.00

CYCLOSPORINE

Limited use benefit (prior approval required).

For transplant therapy.

10mg Capsule

02237671	NEORAL	NVR

25mg Capsule

02150689	NEORAL	NVR
02247073	SANDOZ-CYCLOSPORINE	SDZ

50mg Capsule

02150662	NEORAL	NVR
02247074	SANDOZ-CYCLOSPORINE	SDZ

100mg Capsule

02150670	NEORAL	NVR
02242821	SANDOZ-CYCLOSPORINE	SDZ

100mg/mL Solution

02150697	NEORAL	NVR

92:44.00

MYCOPHENOLATE MOFETIL

Limited use benefit (prior approval required).

For transplant therapy.

250mg Capsule

02383780	ACH-MYCOPHENOLATE	ACC
02352559	APO-MYCOPHENOLATE	APX
02192748	CELLCEPT	HLR
02386399	JAMP-MYCOPHENOLATE	JAP
02371154	MYLAN-MYCOPHENOLATE	MYL
02320630	SANDOZ MYCOPHENOLATE	SDZ
02364883	TEVA-MYCOPHENOLATE	TEP

500mg Tablet

02352567	APO-MYCOPHENOLATE	APX
02237484	CELLCEPT	HLR
02380382	JAMP-MYCOPHENOLATE	JAP
02378574	MYCOPHENOLATE	ACC
02370549	MYLAN-MYCOPHENOLATE	MYL
02313855	SANDOZ-MYCOPHENOLATE	SDZ
02348675	TEVA-MYCOPHENOLATE	TEP

MYCOPHENOLATE SODIUM

Limited use benefit (prior approval required).

For transplant therapy.

180mg Enteric Coated Tablet

02372738	APO-MYCOPHENOLIC ACID	APX
02264560	MYFORTIC	NVR

360mg Enteric Coated Tablet

02372746	APO-MYCOPHENOLIC ACID	APX
02264579	MYFORTIC	NVR

SIROLIMUS

Limited use benefit (prior approval required).

Coverage will be provided as a second line therapy for patients failing mycophenolate mofetil.

1mg/mL Oral Liquid

02243237	RAPAMUNE	WAY

1mg Tablet

02247111	RAPAMUNE	WAY

TACROLIMUS

Limited use benefit (prior approval required).

For transplant therapy.

3MG CAP LA

02331667	ADVAGRAF 3MG ER CAP	AST

0.5mg Capsule

02243144	PROGRAF	AST
02416816	SANDOZ TACROLIMUS	SDZ

1mg Capsule

02175991	PROGRAF	AST
02416824	SANDOZ TACROLIMUS	SDZ

5mg Capsule

02175983	PROGRAF	AST
02416832	SANDOZ TACROLIMUS	SDZ

5mg/mL Injection

02176009	PROGRAF	AST

92:44.00

TACROLIMUS

Limited use benefit (prior approval required).

For transplant therapy.

0.5mg Long Acting Capsule

02296462	ADVAGRAF	AST

1mg Long Acting Capsule

02296470	ADVAGRAF	AST

5mg Long Acting Capsule

02296489	ADVAGRAF	AST

92:92.00

BOTULINUM TOXIN TYPE A

Limited use benefit (prior approval required).

For the treatment of:
a. - strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older
b. - cervical dystonia (spasmodic torticollis); OR
urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

50IU Injection

09857386	BOTOX	ALL

100IU Injection

01981501	BOTOX	ALL

200IU Injection

09857387	BOTOX	ALL

INCOBOTULINUMTOXINA

Limited use benefit (prior approval required).

For the treatment of:
• strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older; OR
• cervical dystonia (spasmodic torticollis); OR
• urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

100U/vial Injection

02324032	XEOMIN	MEZ

94:00 DEVICES

94:00.00 DEVICES

SPACER DEVICE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 spacer device every 12 months.

Device

96899962	AEROCHAMBER AC BOYZ	TRU
96899963	AEROCHAMBER AC GIRLZ	TRU
96899969	AEROCHAMBER PLUS FLOW-VU LG	TRU
96899970	AEROCHAMBER PLUS FLOW-VU MED	TRU
96899968	AEROCHAMBER PLUS FLOW-VU MOUTH	TRU
96899971	AEROCHAMBER PLUS FLOW-VU SM	TRU
96899977	AEROTRACH PLUS	TMI
99400507	E-Z SPACER	WEP
99400511	E-Z SPACER (MASK ONLY)	WEP
99400508	E-Z SPACER WITH SMALL MASK	WEP
99400501	OPTICHAMBER	AUC
96899961	OPTICHAMBER DIAMOND (CHAMBER)	AUC
96899958	OPTICHAMBER DIAMOND (LARGE M)	AUC
96899959	OPTICHAMBER DIAMOND (MEDIUM M)	AUC
96899960	OPTICHAMBER DIAMOND (MEDIUM M)	AUC
99400504	OPTICHAMBER LARGE MASK	AUC
99400503	OPTICHAMBER MEDIUM MASK	AUC
99400502	OPTICHAMBER SMALL MASK	AUC
99400505	OPTIHALER	AUC
99400787	POCKET CHAMBER	MCA
99400791	POCKET CHAMBER WITH ADULT MASK	MCA
99400788	POCKET CHAMBER WITH INFANT MASK	MCA
99400790	POCKET CHAMBER WITH MEDIUM MASK	MCA
99400789	POCKET CHAMBER WITH SMALL MASK	MCA

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Rapid-D Accu-Chek - Infusion Set

97799650	RAPID-D 10MM/110CM	DIS
97799652	RAPID-D 10MM/60CM	DIS
97799651	RAPID-D 10MM/80CM	DIS
97799656	RAPID-D 6MM/110CM	DIS
97799658	RAPID-D 6MM/60CM	DIS
97799657	RAPID-D 6MM/80CM	DIS
97799653	RAPID-D 8MM/110CM	DIS
97799655	RAPID-D 8MM/60CM	DIS
97799654	RAPID-D 8MM/80CM	DIS

Tender Accu-Chek - Infusion Set

97799644	TENDER-1 17MM/110CM	DIS
97799646	TENDER-1 17MM/60CM	DIS
97799645	TENDER-1 17MM/80CM	DIS
97799638	TENDER-2 17MM/110CM	DIS
97799640	TENDER-2 17MM/60CM	DIS
97799639	TENDER-2 17MM/80CM	DIS

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Tender "Mini" Accu-Chek - Infusion Set		
97799647	TENDER-1 "MINI" 13MM/110CM	DIS
97799649	TENDER-1 "MINI" 13MM/60CM	DIS
97799648	TENDER-1 "MINI" 13MM/80CM	DIS
97799641	TENDER-2 "MINI" 13MM/110CM	DIS
97799643	TENDER-2 "MINI" 13MM/60CM	DIS
97799642	TENDER-2 "MINI" 13MM/80CM	DIS
UltraFlex Accu-Chek - Infusion Set		
97799665	ULTRAFLEX - 1 10MM/110CM	DIS
97799667	ULTRAFLEX - 1 10MM/60CM	DIS
97799666	ULTRAFLEX - 1 10MM/80CM	DIS
97799668	ULTRAFLEX - 1 8MM/110CM	DIS
97799670	ULTRAFLEX - 1 8MM/60CM	DIS
97799669	ULTRAFLEX - 1 8MM/80CM	DIS
Accu-Chek - Resevoirs		
	SPIRIT CARTRIDGE 3.15ML	DIS
Comfort Angled Animas - Infusion Set		
97799682	COMFORT ANGLED 17MMX110CM (10 TUBING/BOX)	AMS
97799683	COMFORT ANGLED 17MMX60CM (10 TUBING/BOX)	AMS
Comfort Short Angled Animas - Infusion Set		
97799678	COMFORT SHORT ANGLED 13MMX110CM (10 TUBING/BOX)	AMS
97799679	COMFORT SHORT ANGLED 13MMX60CM (10 TUBING/BOX)	AMS
Contact Detach Animas - Infusion Set		
97799672	CONTACT DETACH 90 DEGREE 6MMX60CM	AMS
97799610	CONTACT DETACH 90 DEGREE 8MMX60CM	AMS
Inset II Animas - Infusion Set		
97799685	INSET II 90 DEGREE 6MMX110CM	AMS
97799687	INSET II 90 DEGREE 6MMX60CM	AMS
97799684	INSET II 90 DEGREE 9MMX110CM	AMS
97799686	INSET II 90 DEGREE 9MMX60CM	AMS
Animas - Resevoirs		
97799674	CARTRIDGE FOR IR200 2ML	AMS
Mio Medtronic - Infusion Set		
97799491	MIO BLUE 6MMX18"	MDT
97799438	MIO BLUE 6MMX23"	MDT
97799490	MIO CLEAR 6MMX32"	MDT
97799489	MIO CLEAR 9MMX32"	MDT
97799492	MIO PINK 6MMX18"	MDT
97799437	MIO PINK 6MMX23"	MDT

94:01.00 DEVICES (DIABETIC)

INSULIN PUMP SUPPLIES

Limited use benefit (prior approval required).

-Insulin pump supplies are approved for NIHB clients following the approval of an insulin pump by NIHB. OR

-Insulin pump supplies are approved for NIHB clients with Type 1 diabetes if an insulin pump was partially or totally covered by another insurance.

Paradigm Silhouette Medtronic - Infusion Set

97799485	PARADIGM SILHOUETTE 13MMX18"	MDT
97799716	PARADIGM SILHOUETTE 13MMX23"	MDT
97799484	PARADIGM SILHOUETTE 13MMX32"	MDT
97799715	PARADIGM SILHOUETTE 13MMX43"	MDT
97799718	PARADIGM SILHOUETTE 17MMX23"	MDT
97799483	PARADIGM SILHOUETTE 17MMX32"	MDT
97799719	PARADIGM SILHOUETTE 17MMX43"	MDT
97799529	PARADIGM SILHOUETTE CANNULA 13MM	MDT
97799528	PARADIGM SILHOUETTE CANNULA 17MM	MDT

Quick-Set Medtronic - Infusion Set

97799486	QUICK-SET 6MMX18"	MDT
97799744	QUICK-SET 6MMX23"	MDT
97799487	QUICK-SET 6MMX32"	MDT
97799743	QUICK-SET 6MMX43"	MDT
97799742	QUICK-SET 9MMX23"	MDT
97799488	QUICK-SET 9MMX32"	MDT
97799741	QUICK-SET 9MMX43"	MDT

Sure-T Medtronic - Infusion Set

97799521	PARADIGM SURE-T 29G 6MMX18"	MDT
97799520	PARADIGM SURE-T 29G 6MMX23"	MDT
97799519	PARADIGM SURE-T 29G 8MMX23"	MDT

Medtronic - Resevoirs

97799707	RESERVOIR 5XX 1.8ML SYRINGE	MDT
97799706	RESERVOIR PARADIGM 7XX3.0ML	MDT

OmniPod Omnipod - POD

09991327	PODS	OMD

96:00 PHARMACEUTICAL AIDS

96:00.00 PHARMACEUTICAL AIDS

CAFFEINE CITRATE

Limited use benefit (prior approval not required).

For children up to 1 year of age

Powder

00972037	CAFFEINE CITRATE	WIL

METHADONE HCL

Powder

00908835	METHADONE	WIL

	Page
	1
ABBOTT-CLOPIDOGREL	17
ABBOTT-LEVETIRACETAM	34
ABBOTT-PANTOPRAZOLE	56
ABBOTT-RABEPRAZOLE	57
ABENOL	29
ABILIFY	38
ACCEL PIOGLITAZONE	59
ACCEL-CLOPIDOGREL	17
ACCEL-DONEPEZIL	7
ACCOLATE	51
ACCU-CHEK ADVANTAGE	48
ACCU-CHEK ADVANTAGE (ON)	48
ACCU-CHEK AVIVA	48
ACCU-CHEK AVIVA (ON)	48
ACCU-CHEK COMPACT	48
ACCU-CHEK COMPACT (ON)	48
ACCU-CHEK MOBILE	48
ACCU-CHEK MOBILE (ON)	48
ACCUTANE	61
ACCUTREND	49
ACCUTREND (ON)	49
ACET	29
ACET 120	29
ACET 325	29
ACET 650	29
ACET CODEINE 30	21
ACETAMINOPHEN	28
ACETYLSALICYLIC ACID	19
ACH-MONTELUKAST	50
ACH-MYCOPHENOLATE	77
ACH-PIOGLITAZONE	59
ACLASTA	67
ACT DONEPEZIL	7
ACT DUTASTERIDE	64
ACT EZETIMIBE	18
ACT RALOXIFENE	58
ACTEMRA	76
ACT-NABILONE	53
ACTONEL	66
ACTOS	59
ACT-PREGABALIN	35
ADCIRCA	18
ADVAGRAF	78
ADVAGRAF 3MG ER CAP	77
ADVAIR	12
ADVAIR DISKUS 100	13
ADVAIR DISKUS 250	13
ADVAIR DISKUS 500	13
AEROCHAMBER AC BOYZ	79
AEROCHAMBER AC GIRLZ	79
AEROCHAMBER PLUS FLOW-VU LG	79
AEROCHAMBER PLUS FLOW-VU MED	79
AEROCHAMBER PLUS FLOW-VU MOUTH	79
AEROCHAMBER PLUS FLOW-VU SM	79
AEROTRACH PLUS	79
ALDARA P	61
ALENDRONATE	65
ALENDRONATE-70	65
ALMOTRIPTAN	45
ALPHAGAN P	52
ALPRAZOLAM	41
AMERGE	45
APO-ACETAMINOPHEN	30
APO-ADEFOVIR	3
APO-ALENDRONATE	65
APO-ALMOTRIPTAN	45
APO-ALPRAZ	41
APO-BENZYDAMINE	52
APO-BOSENTAN	19
APO-BRIMONIDINE P	52
APO-BROMAZEPAM	42
APO-CELECOXIB	20
APO-CLONAZEPAM	31
APO-CLOPIDOGREL	17
APO-CYCLOBENZAPRINE	13
APO-DIAZEPAM	42
APO-DONEPEZIL	7
APO-DUTASTERIDE	64
APO-ENTECAVIR	4
APO-EZETIMIBE	18
APO-FENTANYL MATRIX	23
APO-FINASTERIDE	64
APO-GABAPENTIN	32
APO-HYDROMORPHONE	24
APO-IMATINIB	6
APO-IMIQUIMOD	61
APO-LANSOPRAZOLE	54
APO-LEVETIRACETAM	34
APO-LINEZOLID	1
APO-LORAZEPAM	43
APO-LORAZEPAM SL	43
APO-METHYLPHENIDATE	41
APO-METHYLPHENIDATE ER	41
APO-METHYLPHENIDATE SR	41
APO-MINOCYCLINE	1
APO-MONTELUKAST	50
APO-MYCOPHENOLATE	77
APO-MYCOPHENOLIC ACID	77
APO-OMEPRAZOLE	55
APO-OXAZEPAM	44
APO-OXYCODONE/ACET	22
APO-PANTOPRAZOLE	56
APO-PIOGLITAZONE	59
APO-PREGABALIN	35
APO-RABEPRAZOLE	57
APO-RALOXIFENE	58
APO-RISEDRONATE	67
APO-RIVASTIGMINE	9
APO-RIZATRIPTAN	46
APO-RIZATRIPTAN RPD	45
APO-SILDENAFIL R	18
APO-SUMATRIPTAN	47
APO-TEMAZEPAM	44
APO-TEMOZOLOMIDE	7
APO-TIZANIDINE	13
APO-TRIAZO	45
APO-VORICONAZOLE	2
APO-ZOLMITRIPTAN	47
APO-ZOLMITRIPTAN RAPID	47
APTIVUS	2
AQUASOL E	63
ARICEPT	7
ASA	19
ASA EC	19
ASAPHEN	19
ASAPHEN EC	19
ASATAB	19
ASCENSIA BREEZE 2	49
ASCENSIA BREEZE 2 (ON)	49
ASCENSIA CONTOUR	49
ASCENSIA CONTOUR (ON)	49
ATASOL	29
ATASOL FORTE	30
ATASOL-15	21
ATASOL-30	21
ATIVAN	43
ATIVAN SUBLINGUAL	43
AURO-ALENDRONATE	65
AURO-CLOPIDOGREL	17
AURO-CYCLOBENZAPRINE	13
AURO-DONEPEZIL	7
AURO-FINASTERIDE	64
AURO-GABAPENTIN	32
AURO-LEVETIRACETAM	34
AURO-MONTELUKAST	51
AURO-RISEDRONATE	67
AVANDIA	60
AVODART	64
AXERT	45
BANZEL	37
BARACLUDE	4
BG STAR	49
BG STAR (ON)	49
BIO-CELECOXIB	20
BOTOX	78
BRILINTA	17
BROMAZEPAM	42
BUPROPION SR	37
CAFFEINE CITRATE	81
CAMPRAL	48
CARNITOR	50
CARNITOR IV	50
CARTRIDGE FOR IR200 2ML	80
CELEBREX	20
CELECOXIB	20
CELLCEPT	77
CELSENTRI	2
CENTRUM JUNIOR COMPLETE	63
CENTRUM MATERNA	63
CESAMET	52
CHAMPIX	15
CHAMPIX STARTER PACK	15
CIMZIA	70
CLARUS	61
CLONAPAM	31
CLOPIDOGREL	17
CO ALENDRONATE	65
CO BOSENTAN	19
CO CABERGOLINE	48
CO CELECOXIB	20
CO CLONAZEPAM	31
CO CLOPIDOGREL	17

	Page
CO FENTANYL	23
CO FINASTERIDE	64
CO GABAPENTIN	32
CO IMATINIB	6
CO LEVETIRACETAM	34
CO PANTOPRAZOLE	56
CO PIOGLITAZONE	59
CO RIZATRIPTAN	46
CO SUMATRIPTAN	46
CO TEMAZEPAM	44
CO TEMOZOLOMIDE	7
CODEINE	22
CODEINE CONTIN CR	22
CODEINE PHOSPHATE	22
COMFORT ANGLED 17MMX110CM (10 TUBING/BOX)	80
COMFORT ANGLED 17MMX60CM (10 TUBING/BOX)	80
COMFORT SHORT ANGLED 13MMX110CM (10 TUBING/BOX)	80
COMFORT SHORT ANGLED 13MMX60CM (10 TUBING/BOX)	80
CONCERTA	41
CONTACT DETACH 90 DEGREE 6MMX60CM	80
CONTACT DETACH 90 DEGREE 8MMX60CM	80
CONTOUR NEXT	49
CONTOUR NEXT (ON)	49
CO-RIZATRIPTAN ODT	45
CYCLOBENZAPRINE	13
CYMBALTA	38
DETROL	62
DETROL LA	62
DEXEDRINE	40
DEXEDRINE SPANSULE	40
DIAZEPAM	42
DILAUDID	24
DOLORAL 1	25
DOLORAL 5	25
DOM-ALENDRONATE	65
DOM-BENZYDAMINE	52
DOM-CLONAZEPAM	31
DOM-CLONAZEPAM-R	31
DOM-CLOPIDOGREL	17
DOM-CYCLOBENZAPRINE	13
DOM-FINASTERIDE	64
DOM-GABAPENTIN	32
DOM-LANSOPRAZOLE	53
DOM-LEVETIRACETAM	34
DOM-LORAZEPAM	43
DOM-MINOCYCLINE	1
DOM-MONTELUKAST	51
DOM-OMEPRAZOLE DR	55
DOM-PANTOPRAZOLE	56
DOM-PIOGLITAZONE	59
DOM-PREGABALIN	35
DOM-RABEPRAZOLE EC	57
DOM-RISEDRONATE	67
DOM-RIZATRIPTAN RDT	46
DOM-SUMATRIPTAN	46
DOM-TEMAZEPAM	44
DOM-ZOLMITRIPTAN	47
DONEPEZIL	7
DOSTINEX	48
DURAGESIC MAT	23
DUTASTERIDE	64
ELIDEL	61
ELIQUIS	15
EMEND	52
EMEND TRI PACK	52
ENABLEX	62
ENBREL	71
ENBREL SURECLICK (QC)	73
ENDOCET	22
EURO-ASA	19
EVISTA	58
EXDOL-15	21
EXDOL-30	21
EXELON	9
EZ HEALTH ORACLE	49
EZ HEALTH ORACLE (ON)	49
E-Z SPACER	79
E-Z SPACER (MASK ONLY)	79
E-Z SPACER WITH SMALL MASK	79
EZETIMIBE	18
EZETROL	18
FENTANYL	23
FEVERHALT	28
FINASTERIDE	64
FLEXI-T IUD	48
FLINTSTONES EXTRA C	63
FORADIL	11
FOSAMAX	65
FOSAVANCE	66
FREESTYLE	49
FREESTYLE (ON)	49
FREESTYLE LITE	49
FREESTYLE LITE (ON)	49
FREESTYLE PRECISION	49
FREESTYLE PRECISION (ON)	49
GABAPENTIN	32
GALANTAMINE ER	8
GALEXOS	5
GD-CELECOXIB	20
GD-GABAPENTIN	32
GD-PREGABALIN	35
GEN-CLONAZEPAM	31
GLEEVEC	6
HABITROL	14
HARVONI	4
HEPSERA	3
HUMIRA	70
HYDROMORPH CONTIN	24
HYDROMORPHONE	24
IMITREX	46
IMITREX DF	47
INFANTOL	63
INSET II 90 DEGREE 6MMX110CM	80
INSET II 90 DEGREE 6MMX60CM	80
INSET II 90 DEGREE 9MMX110CM	80
INSET II 90 DEGREE 9MMX60CM	80
INTELENCE	2
INVEGA SUSTENNA	39
ISENTRESS	2
ITEST	49
ITEST (ON)	49
JAMP-ACETAMINOPHEN	30
JAMP-ALENDRONATE	65
JAMP-ALPRAZOLAM	41
JAMP-ASA	19
JAMP-CLOPIDOGREL	17
JAMP-CYCLOBENZAPRINE	13
JAMP-DONEPEZIL	7
JAMP-EZETIMIBE	18
JAMP-FINASTERIDE	64
JAMP-GABAPENTIN	32
JAMP-LEVETIRACETAM	34
JAMP-MONTELUKAST	51
JAMP-MULTIVITAMIN A/D/C DROPS	63
JAMP-MYCOPHENOLATE	77
JAMP-OMEPRAZOLE DR	55
JAMP-PANTOPRAZOLE	56
JAMP-PIOGLITAZONE	59
JAMP-RISEDRONATE	67
JAMP-RIZATRIPTAN	46
JAMP-RIZATRIPTAN IR	46
JAMP-ZOLMITRIPTAN	47
JAMP-ZOLMITRIPTAN ODT	47
JANUMET	58
JANUMET XR	59
JANUVIA	59
JAYDESS	57
JENTADUETO	58
KADIAN	27
KEPPRA	34
KOMBOGLYZE	59
LANSOPRAZOLE	53
LANSOPRAZOLE-15	53
LANSOPRAZOLE-30	53
LECTOPAM	42
LEVETIRACETAM	34
LIBERTE UT380 SHORT	48
LIBERTE UT380 STANDARD	48
LINCTUS CODEINE	22
LINEZOLID	1
LORAZEPAM	43
LOSEC	55
LOWPRIN	19
LYRICA	35
M.O.S.	25
M.O.S. 10	25
M.O.S. 20	26
M.O.S. 40	26
M.O.S. 50	25
M.O.S. 60	26
M.O.S. SR	25
M.O.S. SULFATE	27
MAR-CELECOXIB	20
MAR-CLOPIDOGREL	17
MAR-DONEPEZIL	7
MAR-EZETIMIBE	18
MAR-GABAPENTIN	32
MAR-GALANTAMINE ER	8
MAR-MONTELUKAST	51
MAR-PANTOPRAZOLE	56

	Page
MAR-PREGABALIN	35
MAR-RIZATRIPTAN	46
MAR-ZOLMITRIPTAN	47
MAXALT	46
MAXALT RPD	46
MED-DUTASTERIDE	64
MEDI+SURE	49
MEDI+SURE (ON)	49
MED-RIVASTIGMINE	9
M-ESLON	26
METADOL	25
METHADONE	81
METHADOSE	25
METHADOSE DELIV. W DIRECT INT	25
METHADOSE DELIV. W/OUT DIRECT	25
METHADOSE W/OUT DIRECT INTERA	25
METHADOSE DIRECT INTERACTION	25
METHADOSE SUGARFREE	25
METHYLPHENIDATE	41
MINOCYCLINE	1
MINT-ALENDRONATE	65
MINT-CELECOXIB	20
MINT-CLOPIDOGREL	17
MINT-DUTASTERIDE	64
MINT-EZETIMIBE	18
MINT-FINASTERIDE	64
MINT-MONTELUKAST	51
MINT-PANTOPRAZOLE	56
MINT-PIOGLITAZONE	59
MINT-PREGABALIN	35
MINT-RIVASTIGMINE	9
MINT-ZOLMITRIPTAN	47
MINT-ZOLMITRIPTAN ODT	47
MIO BLUE 6MMX18"	80
MIO BLUE 6MMX23"	80
MIO CLEAR 6MMX32"	80
MIO CLEAR 9MMX32"	80
MIO PINK 6MMX18"	80
MIO PINK 6MMX23"	80
MIRENA	57
MOGADON	44
MONA LISA 10	48
MONA LISA 5	48
MONA LISA N	48
MONTELUKAST	50
MONUROL	5
MORPHINE SR	26
MS CONTIN SR	26
MS IR	27
MULTI-PRE AND POST NATAL	63
MYCOPHENOLATE	77
MYFORTIC	77
MYLAN ZOLMITRIPTAN	47
MYLAN-ALENDRONATE	65
MYLAN-ALMOTRIPTAN	45
MYLAN-ALPRAZOLAM	41
MYLAN-BOSENTAN	19
MYLAN-BUPROPION XL	37
MYLAN-CELECOXIB	20
MYLAN-CLONAZEPAM	31
MYLAN-CLOPIDOGREL	17
MYLAN-CYCLOPRINE	13
MYLAN-DONEPEZIL	7
MYLAN-EZETIMIBE	18
MYLAN-FENTANYL MATRIX	23
MYLAN-FINASTERIDE	64
MYLAN-GABAPENTIN	32
MYLAN-GALANTAMINE ER	8
MYLAN-LANSOPRAZOLE	54
MYLAN-MINOCYCLINE	1
MYLAN-MONTELUKAST	50
MYLAN-MYCOPHENOLATE	77
MYLAN-OMEPRAZOLE	55
MYLAN-PANTOPRAZOLE	56
MYLAN-PIOGLITAZONE	59
MYLAN-RABEPRAZOLE	57
MYLAN-RISEDRONATE	67
MYLAN-RIVASTIGMINE	9
MYLAN-RIZATRIPTAN ODT	45
MYLAN-SUMATRIPTAN	46
MYLAN-ZOLMITRIPTAN ODT	47
MYL-PREGABALIN	35
NEORAL	76
NEURONTIN	32
NICODERM	15
NICORETTE	13
NICORETTE LOZENGE	14
NICORETTE PLUS	14
NICOTINE GUM	14
NICOTROL TRANSDERMAL	14
NOVA-T IUD	48
NOVO-FINASTERIDE	64
NOVO-GABAPENTIN	32
NOVO-GESIC	30
NOVO-LANSOPRAZOLE	54
NOVO-LORAZEM	43
NOVO-METHYLPHENIDATE ER	41
NOVO-MINOCYCLINE	1
NOVO-MORPHINE SR	26
NOVO-NARATRIPTAN	45
NOVO-PANTOPRAZOLE	56
NOVO-PIOGLITAZONE	59
NOVO-RABEPRAZOLE	57
NOVO-RALOXIFENE	58
NOVO-RISEDRONATE	66
NOVO-RIVASTIGMINE	9
NOVO-SUMATRIPTAN	47
NOVO-SUMATRIPTAN DF	46
NOVO-TEMAZEPAM	44
OMEPRAZOLE	55
OMEPRAZOLE MAGNESIUM DR	55
OMEPRAZOLE-20	55
ONBREZ BREEZHALER	12
ONE TOUCH ULTRA	49
ONE TOUCH ULTRA (ON)	49
ONE TOUCH VERIO	49
ONE TOUCH VERIO (ON)	49
ONGLYZA	58
OPTICHAMBER	79
OPTICHAMBER DIAMOND (CHAMBER)	79
OPTICHAMBER DIAMOND (LARGE M)	79
OPTICHAMBER DIAMOND (MEDIUM M)	79
OPTICHAMBER LARGE MASK	79
OPTICHAMBER MEDIUM MASK	79
OPTICHAMBER SMALL MASK	79
OPTIHALER	79
ORENCIA	68
OXAZEPAM	44
OXEZE TURBUHALER	11
OXPAM	44
OXYCODONE	28
OXYCODONE/ACET	22
OXY-IR	28
PANTOLOC	56
PANTOPRAZOLE	56
PANTOPRAZOLE-40	56
PARADIGM SILHOUETTE 13MMX18"	81
PARADIGM SILHOUETTE 13MMX23"	81
PARADIGM SILHOUETTE 13MMX32"	81
PARADIGM SILHOUETTE 13MMX43"	81
PARADIGM SILHOUETTE 17MMX23"	81
PARADIGM SILHOUETTE 17MMX32"	81
PARADIGM SILHOUETTE 17MMX43"	81
PARADIGM SILHOUETTE CANNULA 13MM	81
PARADIGM SILHOUETTE CANNULA 17MM	81
PARADIGM SURE-T 29G 6MMX18"	81
PARADIGM SURE-T 29G 6MMX23"	81
PARADIGM SURE-T 29G 8MMX23"	81
PARIET EC	57
PAT-GALANTAMINE ER	8
PEDIAPHEN	29
PEDIAPHEN CHEWABLE	28
PEDIATRIX	29
PEDIAVIT	63
PEGASYS	3
PEGASYS RBV	3
PEGETRON	3
PEGETRON REDIPEN	3
PERCOCET	22
PERCOCET DEMI	21
PHL-CLONAZEPAM	31
PHL-CLONAZEPAM-R 0.5MG	31
PHL-CYCLOBENZAPRINE	13
PHL-PIOGLITAZONE	59
PIOGLITAZONE	59
PLAVIX	17
PMS CLOPIDOGREL	17
PMS-ACETAMINOPHEN	29
PMS-ACETAMINOPHEN WITH CODEINE	21
PMS-ALENDRONATE	65
PMS-ALENDRONATE FC	65
PMS-BENZYDAMINE	52

	Page
PMS-BOSENTAN	19
PMS-BUPROPION SR	37
PMS-CELECOXIB	20
PMS-CLONAZEPAM	30
PMS-CLONAZEPAM R	31
PMS-CODEINE	22
PMS-CYCLOBENZAPRINE	13
PMS-DIAZEPAM	42
PMS-DICLOFENAC	21
PMS-DONEPEZIL	7
PMS-DUTASTERIDE	64
PMS-ENTECAVIR	4
PMS-EZETIMIBE	18
PMS-FENTANYL MTX	23
PMS-FINASTERIDE	64
PMS-GABAPENTIN	32
PMS-GALANTAMINE ER	8
PMS-HYDROMORPHONE	24
PMS-LANSOPRAZOLE	53
PMS-LEVETIRACETAM	34
PMS-LORAZEPAM	43
PMS-METHYLPHENIDATE	41
PMS-METHYLPHENIDATE ER	40
PMS-MINOCYCLINE	1
PMS-MONOCYCLINE	1
PMS-MONTELUKAST	50
PMS-NABILONE	53
PMS-OMEPRAZOLE	55
PMS-OXYCODONE	28
PMS-PANTOPRAZOLE	56
PMS-PIOGLITAZONE	59
PMS-PREGABALIN	35
PMS-RABEPRAZOLE	57
PMS-RALOXIFENE	58
PMS-RISEDRONATE	67
PMS-RIVASTIGMINE	9
PMS-RIZATRIPTAN RDT	45
PMS-SILDENAFIL R	18
PMS-SUMATRIPTAN	46
PMS-ZOLMITRIPTAN	47
PMS-ZOLMITRIPTAN ODT	47
POCKET CHAMBER	79
POCKET CHAMBER WITH ADULT MASK	79
POCKET CHAMBER WITH INFANT MASK	79
POCKET CHAMBER WITH MEDIUM MASK	79
POCKET CHAMBER WITH SMALL MASK	79
PODS	81
POLY-VI-SOL	63
PRECISION XTRA	49
PRECISION XTRA (ON)	49
PREGABALIN	35
PREGABALIN-150	36
PREGABALIN-25	35
PREGABALIN-50	35
PREGABALIN-75	36
PRENATAL & POSTPARTUM	63
PRENATAL AND POSTPARTUM	63
PREVACID	54
PREVACID FASTAB	54
PRIVA-CELECOXIB	20
PRIVA-EZETIMIBE	18
PRIVA-PANTOPRAZOLE	56
PRO-ASA 80MG EC TAB	19
PRO-ASA 80MG TAB	19
PROCET-30	21
PRO-CLONAZEPAM	31
PRO-GABAPENTIN	32
PROGRAF	77
PRO-LEVETIRACETAM	34
PROLIA	66
PRO-LORAZEPAM	43
PROMETRIUM	61
PRO-OXYCOD ACET	22
PRO-PIOGLITAZONE	59
PRO-RABEPRAZOLE	57
PROSCAR	64
PROTOPIC	62
QUICK-SET 6MMX18"	81
QUICK-SET 6MMX23"	81
QUICK-SET 6MMX32"	81
QUICK-SET 6MMX43"	81
QUICK-SET 9MMX23"	81
QUICK-SET 9MMX32"	81
QUICK-SET 9MMX43"	81
RABEPRAZOLE	57
RABEPRAZOLE EC	57
RALOXIFENE	58
RAN-ALENDRONATE	65
RAN-CELECOXIB	20
RAN-CLOPIDOGREL	17
RAN-DONEPEZIL	7
RAN-EZETIMIBE	18
RAN-FENTANYL MATRIX	23
RAN-FINASTERIDE	64
RAN-GABAPENTIN	32
RAN-LANSOPRAZOLE	53
RAN-LEVETIRACETAM	34
RAN-MONTELUKAST	51
RAN-NABILONE	52
RAN-OMEPRAZOLE	55
RAN-PANTOPRAZOLE	56
RAN-PIOGLITAZONE	59
RAN-PREGABALIN	35
RAN-RABEPRAZOLE	57
RAPAMUNE	77
RAPID-D 10MM/110CM	79
RAPID-D 10MM/60CM	79
RAPID-D 10MM/80CM	79
RAPID-D 6MM/110CM	79
RAPID-D 6MM/60CM	79
RAPID-D 6MM/80CM	79
RAPID-D 8MM/110CM	79
RAPID-D 8MM/60CM	79
RAPID-D 8MM/80CM	79
RATIO-BUPROPION	37
RATIO-CODEINE	22
RATIO-CYCLOBENZAPRINE	13
RATIO-EMTEC-30	21
RATIO-FINASTERIDE	64
RATIO-GABAPENTIN	33
RATIO-LENOLTEC NO.2	21
RATIO-LENOLTEC NO.3	21
RATIO-MINOCYCLINE	1
RATIO-MORPHINE	25
RATIO-OMEPRAZOLE	55
RATIO-OXYCOCET	22
RATIO-OXYCODAN	22
RATIO-PIOGLITAZONE	59
RATIO-RIVASTIGMINE	9
RATIO-SILDENAFIL R	18
RATIO-TEMAZEPAM	44
REMICADE	76
REMINYL ER	8
RESERVOIR 5XX 1.8ML SYRINGE	81
RESERVOIR PARADIGM 7XX3.0ML	81
RESTORIL	44
REVATIO	18
RISEDRONATE	67
RISEDRONATE-35	67
RISPERDAL CONSTA	39
RITUXAN	6
RIVA CLOPIDOGREL	17
RIVA OXAZEPAM	44
RIVA-ALENDRONATE	65
RIVA-ALPRAZOLAM	41
RIVA-CELECOX	20
RIVA-CLONAZEPAM	31
RIVACOCET	22
RIVA-CYCLOBENZAPRINE	13
RIVA-DONEPEZIL	7
RIVA-DUTASTERIDE	64
RIVA-EZETIMIBE	18
RIVA-GABAPENTIN	32
RIVA-LANSOPRAZOLE	53
RIVA-MINOCYCLINE	1
RIVA-MOTELUKAST	51
RIVA-OMEPRAZOLE DR	55
RIVA-PANTOPRAZOLE	56
RIVA-PREGABALIN	35
RIVA-RABEPRAZOLE	57
RIVA-RABEPRAZOLE EC	57
RIVA-RISEDRONATE	67
RIVA-RIZATRIPTAN ODT	45
RIVASA	19
RIVASTIGMINE	9
RIVA-ZOLMITRIPTAN	47
RIVOTRIL	31
RIZATRIPTAN RDT	45
SANDOZ ALENDRONATE	65
SANDOZ ALENDRONATE/CHOLECALCIFEROL	66
SANDOZ ALMOTRIPTAN	45
SANDOZ BOSENTAN	19
SANDOZ CELECOXIB	20
SANDOZ CLOPIDOGREL	17
SANDOZ DONEPEZIL	7
SANDOZ DUTASTERIDE	64
SANDOZ EZETIMIBE	18
SANDOZ FENTANYL	23
SANDOZ FINASTERIDE	64
SANDOZ LANSOPRAZOLE	53
SANDOZ LINEZOLID	1

	Page
SANDOZ MONTELUKAST	50
SANDOZ MORPHINE SR	26
SANDOZ MYCOPHENOLATE	77
SANDOZ NARATRIPTAN	45
SANDOZ OMEPRAZOLE	55
SANDOZ OXYCODONE ACET	22
SANDOZ PIOGLITAZONE	59
SANDOZ PREGABALIN	35
SANDOZ RISEDRONATE	67
SANDOZ RIVASTIGMINE	9
SANDOZ RIZATRIPTAN ODT	45
SANDOZ TACROLIMUS	77
SANDOZ VORICONAZOLE	2
SANDOZ ZOLMITRIPTAN	47
SANDOZ ZOLMITRIPTAN ODT	47
SANDOZ-BUPROPION SR	37
SANDOZ-CLONAZEPAM	31
SANDOZ-CYCLOSPORINE	76
SANDOZ-METHYLPHENIDATE SR	41
SANDOZ-MINOCYCLINE	1
SANDOZ-MYCOPHENOLATE	77
SANDOZ-PANTOPRAZOLE	56
SANDOZ-RABEPRAZOLE	57
SANDOZ-SUMATRIPTAN	47
SAPHRIS	38
SEEBRI BREEZHALER	11
SEPTA-DONEPEZIL	7
SEPTA-ZOLMITRIPTAN-ODT	47
SEREVENT DISKHALER	12
SEREVENT DISKUS	12
SIDEKICK	50
SIMPONI AUTO INJECTOR	74
SIMPONI PRE-FILLED SYRINGE	74
SINGULAIR	50
SORIATANE	61
SOVALDI	4
SPIRIT CARTRIDGE 3.15ML	80
SPIRIVA	11
STATEX	26
STELARA	64
SUBOXONE	28
SUMATRIPTAN	46
SUMATRIPTAN DF	47
SUPEUDOL	28
SUTENT	6
SYMBICORT 100 TURBUHALER	12
SYMBICORT 200 TURBUHALER	12
TANTAPHEN	30
TARCEVA	5
TARO-DICLOFENAC	21
TARO-SUMATRIPTAN	46
TARO-ZOLEDRONIC ACID	67
TECTA	55
TEMAZEPAM	44
TEMODAL	6
TEMPRA	29
TEMPRA DOUBLE STRENGTH	29
TENDER-1 "MINI" 13MM/110CM	80
TENDER-1 "MINI" 13MM/60CM	80
TENDER-1 "MINI" 13MM/80CM	80
TENDER-1 17MM/110CM	79
TENDER-1 17MM/60CM	79
TENDER-1 17MM/80CM	79
TENDER-2 "MINI" 13MM/110CM	80
TENDER-2 "MINI" 13MM/60CM	80
TENDER-2 "MINI" 13MM/80CM	80
TENDER-2 17MM/110CM	79
TENDER-2 17MM/60CM	79
TENDER-2 17MM/80CM	79
TEVA- MONTELUKAST	50
TEVA-ALENDRONATE	65
TEVA-ALENDRONATE/CHOLECALCIFEROL	66
TEVA-ALPRAZOL	41
TEVA-BENZYDAMINE	52
TEVA-BOSENTAN	19
TEVA-BROMAZEPAM	42
TEVA-CELECOXIB	20
TEVA-CLONAZEPAM	31
TEVA-CLOPIDOGREL	17
TEVA-CYCLOPRINE	13
TEVA-DONEPEZIL	7
TEVA-DUTASTERIDE	64
TEVA-EZETIMIBE	18
TEVA-FENTANYL	23
TEVA-GALANTAMINE ER	8
TEVA-HYDROMORPHONE	24
TEVA-IMATINIB	6
TEVA-MYCOPHENOLATE	77
TEVA-NABILONE	52
TEVA-OMEPRAZOLE	55
TEVA-PREGABALIN	35
TEVA-RIZATRIPTAN RDT	45
TEVA-VORICONAZOLE	2
TEVA-ZOLMITRIPTAN	47
TEVA-ZOLMITRIPTAN OD	47
THRIVE	13
TR- VI-SOL	63
TRACLEER	19
TRAJENTA	58
TRANSDERMAL NICOTINE	15
TRIATEC-30	21
TROSEC	62
TRUETEST	50
TRUETRACK	50
TRUETRACK (ON)	50
TUDORZA GENUAIR	11
TYLENOL	29
TYLENOL EXTRA STRENGTH	30
TYLENOL JR STRENGTH FASTMELTS	29
TYLENOL JUNIOR STRENGTH	29
TYLENOL WITH CODEINE NO.2	21
TYLENOL WITH CODEINE NO.3	21
ULTRAFLEX - 1 10MM/110CM	80
ULTRAFLEX - 1 10MM/60CM	80
ULTRAFLEX - 1 10MM/80CM	80
ULTRAFLEX - 1 8MM/110CM	80
ULTRAFLEX - 1 8MM/60CM	80
ULTRAFLEX - 1 8MM/80CM	80
VALIUM	43
VESICARE	62
VFEND	2
VICTRELIS	5
VICTRELIS TRIPLE	5
VIMPAT	34
VIREAD	2
VISANNE	61
VISUDYNE	52
VITAMIN E	63
VITAMIN E NATUAL SOURCE	63
VOLIBRIS	19
VYVANSE	40
WELLBUTRIN SR	38
WELLBUTRIN XL	37
XANAX	41
XANAX TS	42
XARELTO	16
XEOMIN	63
XGEVA	66
ZANAFLEX	13
ZELDOX	39
ZENHALE	12
ZOLEDRONIC ACID	67
ZOLMITRIPTAN	47
ZOLMITRIPTAN ODT	47
ZOMIG	47
ZOMIG RAPIMELT	47
ZYBAN	38
ZYM-CLONAZEPAM	31
ZYM-PIOGLITAZONE	59
ZYVOXAM	1

APPENDIX B
SPECIAL FORMULARY FOR
CHRONIC RENAL FAILURE PATIENTS

The Special Formulary for Chronic Renal Failure Patients defines selected drugs (for example: darbepoetin alfa, calcium products, water-soluble multivitamin products and selected nutritional products formulated for renal patients) that are covered for identified eligible NIHB clients in chronic renal failure.
These drugs are covered in addition to the drugs and products listed in the NIHB Drug Benefit List.

20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

25mcg/mL Injection

02246354	ARANESP	AMG

40mcg/mL Injection

02246355	ARANESP	AMG

100mcg/mL Injection

02246357	ARANESP	AMG

200mcg/mL Injection

02246358	ARANESP	AMG

500mcg/mL Injection

02246360	ARANESP	AMG

EPOETIN ALFA

20,000IU/mL Injection

02206072	EPREX	JNO

20000IU/0.5mL injection

02243239	EPREX	JNO

5,000IU/mL Injection

02243400	EPREX	JNO

30000IU/0.75mL Injection

02288680	EPREX	JNO

1,000IU/0.5mL Prefilled Syringe

02231583	EPREX	JNO

2,000IU/0.5mL Prefilled Syringe

02231584	EPREX	JNO

3,000IU/0.3mL Prefilled Syringe

02231585	EPREX	JNO

4,000IU/0.4mL Prefilled Syringe

02231586	EPREX	JNO

6,000IU/0.6mL Prefilled Syringe

02243401	EPREX	JNO

8,000IU/0.8mL Prefilled Syringe

02243403	EPREX	JNO

10,000IU/mL Prefilled Syringe

02231587	EPREX	JNO

40,000IU/mL Prefilled Syringe

02240722	EPREX	JNO

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:12.00 REPLACEMENT PREPARATIONS

CALCIUM (CALCIUM GLUCONOLACTATE, CALCIUM CARBONATE)

300mg & 2940mg Effervescent Tablet

02232482	CALCIUM SANDOZ	NVC

1750mg & 2327mg Effervescent Tablet

02232483	GRAMCAL	NVC

CALCIUM CARBONATE

500mg Capsule

00648353	CALSAN	NVC

500mg Chewable Tablet

00705373	CALCIUM	WAM
00648345	CALSAN	NVC

250mg Tablet

00682047	APO-CAL 250	APX
00645958	CALCIUM	TEV

PHOSPHORUS

500mg Effervescent Tablet

00225819	PHOSPHATE-NOVARTIS	NVR

ZINC GLUCONATE

50mg Tablet

00503169	ZINC	VTH
00505463	ZINC	JAM

56:00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE

500mg Capsule

02135620	BASALJEL	AXC

60mg/mL Liquid

00572527	ALUGEL	ATL

64mg/mL Liquid

02125862	AMPHOJEL	AXC

600mg Tablet

02124971	AMPHOJEL	AXC

CALCIUM CARBONATE

500mg Tablet

01970240	TUMS	GSK

750mg Tablet

01967932	TUMS EXTRA STRENGTH	GSK

1000mg Tablet

02151138	TUMS ULTRA STRENGTH	GSK

The Special Formulary for Chronic Renal Failure Patients defines selected drugs (for example: darbepoetin alfa, calcium products, water-soluble multivitamin products and selected nutritional products formulated for renal patients) that are covered for identified eligible NIHB clients in chronic renal failure.
These drugs are covered in addition to the drugs and products listed in the NIHB Drug Benefit List.

88:00 VITAMINS

88:12.00 VITAMIN C

VITAMIN B COMPLEX

Tablet

00123803	B COMPLEX PLUS C	JAM

VITAMIN B COMPLEX WITH VITAMIN C

Tablet

02245391	DIAMINE	EUR

88:28.00 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS

Tablet

80007498	REPLAVITE	WNP
00558796	STRESS PLEX C	JAM

96:00 PHARMACEUTICAL AIDS

96:00.00 PHARMACEUTICAL AIDS

NUTRITIONAL SUPPLEMENT

Liquid

09854258	NOVASOURCE RENAL	NES

Liquid

09853723	NEPRO	ABB
00907995	NOVASOURCE	NVR
09853731	SUPLENA	ABB

235mL Liquid

99002639	NEPRO	ABB
99002647	SUPLENA	ABB

Powder

09991056	RESOURCE BENEPROTEIN	NVR

	Page
ALUGEL	1
ALUMINUM HYDROXIDE	**1**
AMPHOJEL	1
APO-CAL 250	1
ARANESP	1
B COMPLEX PLUS C	2
BASALJEL	1
CALCIUM	1
CALCIUM (CALCIUM GLUCONOLACTATE, CALCIUM CARBONATE)	**1**
CALCIUM CARBONATE	**1**
CALCIUM SANDOZ	1
CALSAN	1
DARBEPOETIN ALFA	**1**
DIAMINE	2
EPOETIN ALFA	**1**
EPREX	1
GRAMCAL	1
MULTIVITAMINS	**2**
NEPRO	2
NOVASOURCE	2
NUTRITIONAL SUPPLEMENT	**2**
PHOSPHATE-NOVARTIS	1
PHOSPHORUS	**1**
REPLAVITE	2
RESOURCE BENEPROTEIN	2
STRESS PLEX C	2
SUPLENA	2
TUMS	1
TUMS EXTRA STRENGTH	1
TUMS ULTRA STRENGTH	1
VITAMIN B COMPLEX	**2**
VITAMIN B COMPLEX WITH VITAMIN C	**2**
ZINC	1
ZINC GLUCONATE	**1**

APPENDIX C
PALLIATIVE CARE FORMULARY

Effective April 1, 2009, recipients diagnosed with a terminal illness and are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List. The Palliative Care Formulary includes medications used to provide comfort to those near the end of life.

Requests for any of the DINs below will generate a Palliative Care Application Form, faxed to the prescribing physician. Once completed and submitted, the recipient will be eligible for all medications on the Palliative Care Formulary if the following criteria are met:

The recipient:
1. is not receiving care in a provincially funded hospital or provincially funded long-term care facility and
2. has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

Once approved, the recipient will be eligible for all medications on the Palliative Care Formulary for six months without the need for further prior approval. If coverage is required beyond the initial six months, an additional six months may be granted upon receipt of another Palliative Care Application Form completed.
Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

12:00 AUTONOMIC DRUGS

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

ATROPINE SULFATE

0.4mg/mL Injection

00392782	ATROPINE SULFATE	SDZ
00960624	ATROPINE SULFATE	SDZ

0.6mg/mL Injection

00012076	ATROPINE SULFATE	GSK
00392693	ATROPINE SULFATE	SDZ

GLYCOPYRROLATE

0.2mg/mL Injection

02039508	GLYCOPYRROLATE	SDZ

HYOSCINE BUTYLBROMIDE

20mg/mL Injection

00363839	BUSCOPAN	BOE
02229868	HYOSCINE	SDZ

SCOPOLAMINE HYDROBROMIDE

0.4mg/mL Injection

00541869	SCOPOLAMINE	ABB

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

SCOPOLAMINE HYDROBROMIDE

0.6mg/mL Injection

00541877	SCOPOLAMINE	ABB

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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS

FENTANYL

12mcg/HR Transdermal Patch

02386844	CO FENTANYL	CBT
02395657	FENTANYL	PDL
02396696	MYLAN-FENTANYL MATRIX	MYL
02341379	PMS-FENTANYL MTX	PMS
02330105	RAN-FENTANYL MATRIX	RBY
02327112	SANDOZ FENTANYL	SDZ
02311925	TEVA-FENTANYL	TEV

28:08.08 OPIATE AGONISTS

FENTANYL

25mcg/HR Transdermal Patch

02314630	APO-FENTANYL MATRIX	APX
02386852	CO FENTANYL	CBT
02275813	DURAGESIC MAT	JNO
02395665	FENTANYL	PDL
02396718	MYLAN-FENTANYL MATRIX	MYL
02341387	PMS-FENTANYL MTX	PMS
02330113	RAN-FENTANYL MATRIX	RBY
02327120	SANDOZ FENTANYL	SDZ
02282941	TEVA-FENTANYL	TEV

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28:08.08 OPIATE AGONISTS

FENTANYL

50mcg/HR Transdermal Patch

02314649	APO-FENTANYL MATRIX	APX
02386879	CO FENTANYL	CBT
02275821	DURAGESIC MAT	JNO
02395673	FENTANYL	PDL
02396726	MYLAN-FENTANYL MATRIX	MYL
02341395	PMS-FENTANYL MTX	PMS
02330121	RAN-FENTANYL MATRIX	RBY
02327147	SANDOZ FENTANYL	SDZ
02282968	TEVA-FENTANYL	TEV

28:08.08 OPIATE AGONISTS

FENTANYL

75mcg/HR Transdermal Patch

02314657	APO-FENTANYL MATRIX	APX
02386887	CO FENTANYL	CBT
02275848	DURAGESIC MAT	JNO
02395681	FENTANYL	PDL
02396734	MYLAN-FENTANYL MATRIX	MYL
02341409	PMS-FENTANYL MTX	PMS
02330148	RAN-FENTANYL MATRIX	RBY
02327155	SANDOZ FENTANYL	SDZ
02282976	TEVA-FENTANYL	TEV

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28:08.08 OPIATE AGONISTS

FENTANYL

100mcg/HR Transdermal Patch

02314665	APO-FENTANYL MATRIX	APX
02386895	CO FENTANYL	CBT
02275856	DURAGESIC MAT	JNO
02395703	FENTANYL	PDL
02396742	MYLAN-FENTANYL MATRIX	MYL
02341417	PMS-FENTANYL MTX	PMS
02330156	RAN-FENTANYL MATRIX	RBY
02327163	SANDOZ FENTANYL	SDZ
02282984	TEVA-FENTANYL	TEV

FENTANYL CITRATE

50mcg/mL Injection

00888346	FENTANYL CITRATE	HOS
02240434	FENTANYL CITRATE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS

METHOTRIMEPRAZINE

25mg/mL Injection

01927698	NOZINAN	SAC

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

DIAZEPAM

5mg/mL Injection

02065614	DIAZEMULS VL	ACG
00399728	DIAZEPAM	SDZ

LORAZEPAM

4mg/mL Injection

02243278	LORAZEPAM	SDZ

MIDAZOLAM

1mg/mL Injection

02240285	MIDAZOLAM	SDZ
02242904	MIDAZOLAM	PPC
02243934	MIDAZOLAM	TEV

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Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

MIDAZOLAM

5mg/mL Injection

02240286	MIDAZOLAM	SDZ
02242905	MIDAZOLAM	PPC
02243935	MIDAZOLAM	TEV

56:00 GASTROINTESTINAL DRUGS

56:32.00 PROKINETIC AGENTS

METOCLOPRAMIDE

5mg/mL Injection

02185431	METOCLOPRAMIDE	SDZ
02243563	METOCLOPRAMIDE OMEGA	OMG

56:92.00 MISCELLANEOUS GI DRUGS

METHYLNALTREXONE BROMIDE

20mg/mL Injection

02308215	RELISTOR	WYE

APPENDIX D
LIST OF DRUG MANUFACTURERS

MFR	Manufacturer Name
AAP	AA PHARMA INC.
ABB	ABBOTT LABORATORIES LIMITED
ACG	ACTAVIS GROUP PTC EHF
ACN	ACTELION PHARMACEUTICALS LTD
ACP	ACCEL PHARMA INC
ADA	ADAMS LABS LIMITED
ALC	ALCON CANADA INCORPORATED
ALG	ALLERGOLOGISK LAB A/S
ALK	ALK ABELLO A/S
ALL	ALLERGAN INCORPORATED
AMG	AMGEN CANADA INCORPORATED
APX	APOTEX INCORPORATED
AST	ASTELLAS PHARMA CANADA INCORPORATED
ATL	LABORATORIE ATLAS INCORPORATED
AUC	AUTO CONTROL
AUR	AURO PHARMA INC
AXC	AXCAN PHARMA INCORPORATED
AXL	ALLEREX LABORATORY LIMITED
AXX	AXXESS PHARMA INCORPORATED
AZC	ASTRAZENECA CANADA INCORPORATED
BAK	BAKER CUMMINS INCORPORATED.
BAR	BARR PHARMACEUTICALS INCORPORATED
BAT	BAXTER CORPORATION
BAX	BRAINTREE LAB INCORPORATED
BAY	BAYER INCORPORATED, HEALTHCARE/DIAGNOSTICS
BCD	BAYER INCORPORATED, CONSUMER CARE DIVISION
BDH	BDH INCORPORATED
BEN	BENCARD ALLERGY LABORATORIES
BEX	BERLEX CANADA INCORPORATED
BIO	BIONICHE PHARMA (CANADA) LIMITED
BMI	BIOMED 2002 INCORPORATED
BMS	BRISTOL-MYERS SQUIBB CANADA
BOE	BOEHRINGER INGELHEIM (CANADA) LIMITED
BPC	BIOVAIL PHARMACEUTICALS CANADA
BSH	BAUSCH & LOMB CANADA INCORPORATED
CDX	CANDERM PHARMA
CEN	CENTOCOR INCORPORATED
CIP	CIPHER PHARMACEUTICALS INCORPORATED
COB	COBALT PHARMACEUTICALS INCORPORATED
COP	COLGATE ORAL PHRAMACEUTICALS INCORPORATED
CUV	CHAUVIN PHARMACEUTICALS LIMITED
CYX	CYTEX PHARMACEUTICALS INCORPORATED
DCM	D & C MOBILITY
DDP	THE D DROPS COMPANY INCORPORATED
DER	DERMIK LABORATORIES CANADA INCORPORATED
DKT	DIOPTIC LABORATORIES INCORPORATED
DOR	DORMER LABORATORIES INCORPORATED
DPC	DOMINION PHARMACAL
DPI	DOMREX PHARMA INC
DPY	DRAXIS HEALTH INCORPORATED
DSP	DISPENSA PHARM CANADA LIMITED
DUI	DUCHESNAY INCORPORATED
EDM	ENDO CANADA INCORPORATED
ELN	ELAN PHARMACEUTICALS INCORPORATED
ERF	ERFA CANADA INCORPORATED
EUR	EURO-PHARM INTERNATIONAL CANADA INCORPORATED

MFR	Manufacturer Name
FEI	FERRING INCORPORATED
FOU	FOURNIER PHARMA INCORPORATED
FRS	MERCK FROSST CANADA LIMITED
GAC	GALDERMA CANADA INCORPORATED
GCL	GALEN CHEMICALS LIMITED
GEE	GENZYME CANADA INCORPORATED
GIL	GILEAD SCIENCES INCORPORATED
GLE	GLENWOOD LABORATORIES CANADA LIMITED
GMP	GENERIC MEDICAL PARTNERS INC
GSC	GELDA SCIENTIFIC & INDUSTRIAL DEVELOPMENT CORP
GSK	GLAXOSMITHKLINE INCORPORATED
HIL	HILL DERMACEUTICALS INCORPORATED
HJS	H.J. SUTTON INDUSTRIES LIMITED
HLR	HOFFMAN-LAROCHE LIMITED
HOL	HOLLISTER LIMITED
HOR	CARTER-HORNER CORPORATION
HOS	HOSPIRA HEALTHCARE CORPORATION
HPC	HEALTHPOINT CANADA ULC
HRA	HRA PHARMA
ICN	ICN CANADA LIMITED
IDE	INTERNATIONAL DERMATOLOGICALS INCORPORATED
IMX	IMMUNEX CORPORATION
IPS	IPSEN LIMITED
IVX	IVAX PHARMACEUTICALS INCORPORATED.
JAJ	JOHNSON & JOHNSON
JAM	C.E. JAMIESON COMPANY LIMITED
JLF	J.L.FREEMAN
JMP	JAMP PHARMA CORPORATION
JNO	JANSSEN-ORTHO INCORPORATED
KEY	KEY PHARMACEUTICALS INCORPORATED
LAL	LABORATOIRE LALCO INCORPORATED
LEO	LEO PHARMA INCORPORATED
LIL	ELI LILLY CANADA INCORPORATED
LUD	LUNDBECK CANADA INCORPORATED
MAB	MEDA AB
MAN	MANTRA PHARMA INC
MAR	MARCAN PHARMACEUTICALS INC
MAY	MAYNE PHARMA (CANADA) INCORPORATED
MCA	MCARTHUR MEDICAL SALES INCORPORATED
MCL	MCNEIL CONSUMER PRODUCTS COMPANY
MDC	MEDICIS CANADA CORPORATION
MDS	MEDISCA PHARMACEUTIQUE INC
MDT	MEDTRONIC OF CANADA LIMITED
MEL	MELIAPHARM INC
MET	MEDICAL TEXTILES MARKETING INCORPORATED
MEZ	MERZ PHARMACEUTICALS GMBH
MIN	MINT PHARMACEUTICALS INCORPORATED
MJO	MEAD JOHNSON CANADA INCORPORATED
MMH	3M PHARMACEUTICALS
MMT	MM THERAPEUTICS INC.
MPD	MEDICAL PLASTIC DEVICES INCORPORATED
MSL	MEDIC SAVOURE LIMITED
MSP	MERCK FROSST / SCHERING PHARMA GP
MTH	MM THERAPEUTICS INC
MTI	MEDICAN TECHNOLOGIES INCORPORATED
MYL	MYLAN PHARMACEUTICALS ULC
NCA	NOVA DIABETES CARE
NEO	NEOLAB INCORPORATED

MFR	Manufacturer Name
NOO	NOVO NORDISK CANADA INCORPORATED
NUR	NUTRICORP INTERNATIONAL
NVC	NOVARTIS CONSUMER HEALTH CANADA INCORPORATED
NVR	NOVARTIS PHARMACEUTICALS CANADA INCORPORATED
NXP	NU-PHARM INCORPORATED
ODN	ODAN LABORATORIES LIMITED
OMG	OMEGA LABORATORIES LIMITED
OPT	OPTREX LABS LIMITED
ORG	ORGANON CANADA LIMITED
ORY	ORYX PHARMACEUTICALS INCORPORATED
OVA	OVATION PHARMACEUTICALS INCORPORATED
PAL	PALADIN LABS INCORPORATED
PDL	PRO DOC LIMITED
PED	PENDOPHARM INCORPORATED
PER	PERRIGO INTERNATIONAL
PFD	PROFESSIONAL DISPOSABLES
PFI	PFIZER CANADA INCORPORATED
PFR	PURDUE PHARMA
PGI	PROCTOR & GAMBLE INCORPORATED
PGP	PROCTOR & GAMBLE PHARMACEUTICALS INCORPORATED
PHH	PHARMEL INCORPORATED
PMJ	PHARMACIA CANADA INCORPORATED
PMS	PHARMASCIENCE INCORPORATED
PMT	PHARMETICS INCORPORATED
PPC	PHARMACEUTICAL PARTNERS OF CANADA,INC
PRO	PROVAL PHARMA INCORPORATED
QLT	QLT INCORPORATED
RBP	RB PHARMACEUTICALS LIMITED
RIV	LABORATORIE RIVA INCORPORATED
ROD	ROCHE DIAGNOSTICS
RPH	RATIOPHARM INCORPORATED
RVX	RIVEX PHARMA INCORPORATED
RWP	RW PACKAGING LIMITED
SAC	SANOFI-AVENTIS CANADA
SAN	SANIS HEALTH INC
SCH	SCHERING CANADA INCORPORATED
SCN	SCHEIN PHARMACEUTICAL CANADA INCORPORATED
SDR	STANLEY PHARMACEUTICALS LIMITED
SDZ	SANDOZ CANADA INCORPORATED
SEV	SERVIER CANADA INCORPORATED
SHI	SHIRE CANADA INCORPORATED
SHM	SHERWOOD INCORPORATED
SIG	SIGMA-TAU PHARMACEUTICALS INCORPORATED
SNE	SMITH & NEPHEW INCORPORATED
SOR	SORRES PHARMA INC
SPH	SOLVAY PHARMA INCORPORATED
SQU	SQUIRE PHARMACEUTICALS INCORPORATED
STE	STERIMAX INCORPORATED
STG	LABORATOIRES STERIGEN INC
STI	STIEFEL CANADA INCORPORATED
SUN	SUN PHARMA GLOBAL FZE
SWS	SWISS HERBAL REMEDIES LIMITED
TAK	TAKEDA PHARMACEUTICALS AMERICA INC
TAN	TANTA PHARMACEUTICALS INCORPORATED
TAR	TARO PHARMACEUTICALS INCORPORATED
TEV	TEVA CANADA LIMITED
TIP	H & P INDUSTRIES / THE TRIAD-GROUP
TRE	TREMBLAY HARRISON INC

MFR	Manufacturer Name
TRI	TRIANON LABORATORIES INCORPORATED
TRT	TRITON PHARMA INCORPORATED
TRU	TRUDELL MEDICAL INTERNATIONAL
TSN	TRIMEDIC SUPPLY NETWORK LTD
UCB	UBC PHARMA INCORPORATED
UMI	ULTIMED, INCORPORATED
VAE	VALEANT CANADA LIMITED
VAO	VALEO PHARMA INCORPORATED
VTH	VITA HEALTH PRODUCTS INCORPORATED
WAM	WAMPOLE INCORPORATED
WAT	WATSON LABORATORIES INCORPORATED
WAY	WYETH CANADA
WCC	WOMEN'S CAPITAL CORPORATION
WCI	WARNER CHILCOTT COMPANY INCORPORATED
WEP	WE PHARMACEUTICALS
WLA	WARNER-LAMBERT CONSUMER HEALTHCARE INCORPORATED
WNP	WN PHARMACEUTICALS LIMITED
WPC	WELLSPRING PHARMACEUTICAL CANADA CORPORATION
WRI	WHITEHALL-ROBINS INCORPORATED
WSB	WESTWOOD SQUIBB INCORPORATED
WTR	WESTCAN PHARMACEUTICALS LIMITED
XEN	XENEX LABS INCORPORATED
ZYM	ZYMCAN PHARMACEUTICALS

APPENDIX E
LIST OF EXCLUSIONS

EXCLUSIONS

Certain drug products are not within the scope of the program. These products will not be reimbursed as benefits under the NIHB Program:

Anti-obesity drugs;
Household products (regular soaps and shampoos);
Cosmetics;
Alternative therapies, including glucosamine and evening primrose oil;
Megavitamins;
Drugs with investigational/experimental status;
Vaccinations for travel indications;
Hair growth stimulants;
Fertility agents and impotence drugs;
Selected over-the-counter products;
Codeine containing cough preparations;
Dalmane®, Somnol® and generics (flurazepam);
Darvon® and 642® (propoxyphene);
Fiorinal®, Fiorinal® C ¼, Fiorinal® C ½ and generics (Butalbital containing analgesics with and without codeine);
Librium®, Solium®, Medilium® and generics (chlordiazepoxide);
Stadol TM NS and generics (butorphanol tartrate nasal spray);
Tranxene® and generics (clorazepate); and
Imovane® and generics (zopiclone).

The following drugs are excluded from the NIHB Program as recommended by the Common Drug Review (CDR) and the NIHB Drugs and Therapeutics Advisory Committee (DTAC) because published evidence does not support the clinical value or cost of the drug relative to existing therapies, or there is insufficient clinical evidence to support coverage.
Of Note: The Appeal Process and the Emergency Supply Policy will not apply for the following drug products.

DIN	MFR	BRAND NAME
02248722	ALL	ACULAR LS 0.4% OPHTHALMIC SOLUTION
02259052	AST	AMEVIVE 15MG/0.5ML POWDER FOR SOLUTION
02247916	BAY	CIPRO XL 500MG TABLET
02251787	BAY	CIPRO XL 1000MG TABLET
02248417	FEI	GYNAZOLE-1 VAG CREAM 2%
02216167	SAC	IMOVANE 5MG TABLET
01926799	SAC	IMOVANE 7.5MG TABLET
02244521	AZC	NEXIUM 20MG SR TABLET
02244522	AZC	NEXIUM 40MG SR TABLET
02241804	SPH	PANTOLOC 20MG EC TABLET
02248503	GSK	PAXIL CR 12.5MG EXTENDED RELEASE TABLET
02248504	GSK	PAXIL CR 25MG EXTENDED RELEASE TABLET
02229437	NAB	PHOSLO 667MG TABLET
02256290	PFI	RELPAX 20MG TABLET
02256304	PFI	RELPAX 40MG TABLET

ALPHABETICAL INDEX OF DRUG PRODUCTS

	Page
3TC	9
5-AMINOSALICYLIC ACID	**113**
ABACAVIR	**8**
ABACAVIR, LAMIVUDINE	**8**
ABACAVIR, LAMIVUDINE, ZIDOVUDINE	**8**
ABATACEPT	**143**
ABBOTT-CITALOPRAM	73
ABBOTT-CLOPIDOGREL	30
ABBOTT-LEVETIRACETAM	69
ABBOTT-PANTOPRAZOLE	112
ABBOTT-QUETIAPINE	82
ABBOTT-RABEPRAZOLE	112
ABBOTT-TOPIRAMATE	71
ABENOL	65
ABILIFY	78
ACAMPROSATE CALCIUM	**92**
ACARBOSE	**119**
ACCEL PIOGLITAZONE	123
ACCEL-AMLODIPINE	43
ACCEL-CITALOPRAM	73
ACCEL-CLARITHROMYCIN	3
ACCEL-CLOPIDOGREL	30
ACCEL-DONEPEZIL	19
ACCEL-OLANZAPINE	80
ACCEL-TOPIRAMATE	71
ACCOLATE	99
ACCU-CHEK ADVANTAGE	94
ACCU-CHEK ADVANTAGE (ON)	94
ACCU-CHEK AVIVA	94
ACCU-CHEK AVIVA (ON)	94
ACCU-CHEK COMPACT	94
ACCU-CHEK COMPACT (ON)	94
ACCU-CHEK FASTCLIK LANCET 102	148
ACCU-CHEK FASTCLIK LANCET 204	148
ACCU-CHEK MOBILE	94
ACCU-CHEK MOBILE (ON)	94
ACCU-CHEK MULTICLIX	148
ACCU-CHEK SOFTCLIX LANCETS	148
ACCUPRIL	48
ACCURETIC	49
ACCUTANE	134
ACCUTREND	94
ACCUTREND (ON)	94
ACEBUTOLOL	39
ACEBUTOLOL HCL	**39**
ACET	65
ACET 120	65
ACET 325	65
ACET 650	65
ACET CODEINE 30	60
ACETAMINOPHEN	65
ACETAMINOPHEN	**65**
ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE	**60**
ACETAMINOPHEN, CODEINE PHOSPHATE	**60**
ACETAMINOPHEN, OXYCODONE HCL	**60**
ACETAZOLAMIDE	**103**
ACETAZOLAMIDE	103
ACETYLSALICYLIC ACID	**56**
ACETYLSALICYLIC ACID	56
ACETYLSALICYLIC ACID, OXYCODONE HCL	**60**
ACH-ANASTROZOLE	15
ACH-BICALUTAMIDE	15
ACH-CANDESARTAN	50
ACH-CAPECITABINE	15
ACH-LETROZOLE	16
ACH-MONTELUKAST	99
ACH-MYCOPHENOLATE	144
ACH-PIOGLITAZONE	123
ACITRETIN	**133**
ACLASTA	143
ACLIDINIUM BROMIDE	**21**
ACT AMLODIPINE	43
ACT CANDESARTAN/HCT	51
ACT CLARITHROMYCIN XL	3
ACT DILTIAZEM CD	45
ACT DILTIAZEM T	45
ACT DONEPEZIL	19
ACT DORZOTIMOLOL	103
ACT DUTASTERIDE	140
ACT EZETIMIBE	32
ACT LOSARTAN/HCT	53
ACT OLOPATADINE	100
ACT RALOXIFENE	119
ACT TELMISARTAN	53
ACTEMRA	144
ACT-LOSARTAN	52
ACT-NABILONE	110
ACTONEL	142
ACTOS	123
ACT-PREGABALIN	70
ACULAR	101
ACUVAIL	101
ACYCLOVIR	11
ACYCLOVIR	**11**
ADALAT XL	44
ADALIMUMAB	**143**
ADAPALENE	**132**
ADCIRCA	38
ADEFOVIR DIPIVOXIL	**11**
ADRENALIN	24
ADVAGRAF	145
ADVAGRAF 3MG ER CAP	145
ADVAIR	24
ADVAIR DISKUS 100	24
ADVAIR DISKUS 250	24
ADVAIR DISKUS 500	24
ADVIL	58
ADVIL JUNIOR STRENGTH	58
ADVIL PEDIATRIC	58
AERIUS	1
AERIUS KIDS	1
AEROCHAMBER AC BOYZ	146
AEROCHAMBER AC GIRLZ	146
AEROCHAMBER PLUS FLOW-VU LG	146
AEROCHAMBER PLUS FLOW-VU MED	146
AEROCHAMBER PLUS FLOW-VU MOUTH	146
AEROCHAMBER PLUS FLOW-VU SM	146
AEROTRACH PLUS	146
AGGRENOX	38
AGRYLIN	30
AIROMIR	23
ALBALON	102
ALBALON A	102
ALCOHOL PREP SWAB	147
ALCOHOL SWAB	147
ALCOHOL SWABS BD	147
ALDACTAZIDE-25	55
ALDACTAZIDE-50	55
ALDACTONE	55
ALDARA P	134
ALENDRONATE	141
ALENDRONATE SODIUM	**141**
ALENDRONATE SODIUM, VITAMIN D3	**141**
ALENDRONATE-70	141
ALERTEC	85
ALESSE 21	118
ALESSE 28	118
ALFACALCIDOL	**137**
ALFUZOSIN	24
ALFUZOSIN HYDROCHLORIDE	**24**
ALKERAN	16
ALLEGRA	1
ALLEGRA 24HR	1
ALLER-AIDE	1
ALLERGENIC EXTRACT NON POLLENS	126
ALLERGENIC EXTRACT POLLENS	126
ALLERGENIC EXTRACTS	126
ALLERGY	1
ALLERGY FORMULA	1
ALLERGY RELIEF ES	1
ALLERJECT	24
ALLERNIX	1
ALLERNIX MULTI SYMPTOM	1
ALLERNIX PLUS	1
ALLOPRIN	140
ALLOPURINOL	140
ALLOPURINOL	**140**
ALMOTRIPTAN	89
ALMOTRIPTAN MALATE	**89**
ALOCRIL	139
ALOMIDE	104
ALPHAGAN	102
ALPHAGAN P	102
ALPRAZOLAM	86
ALPRAZOLAM	**86**
ALTACE	49
ALTACE HCT	50
ALTRETAMINE	**15**
ALVESCO	116
ALYSENA 21	118
ALYSENA 28	118
AMANTADINE HCL	**8**
AMBRISENTAN	**38**
AMCINONIDE	**129**
AMERGE	89
AMI-HYDRO	98
AMILORIDE HCL	**98**
AMILORIDE HCL, HYDROCHLOROTHIAZIDE	**98**

	Page
AMIODARONE	31
AMIODARONE HCL	**31**
AMITRIPTYLINE	72
AMITRIPTYLINE HCL	**72**
AMLODIPINE	43
AMLODIPINE	**43**
AMLODIPINE, ATORVASTATIN	**44**
AMLODIPINE, TELMISARTAN	**44**
AMLODIPINE-ODAN	43
AMOXICILLIN	**4**
AMOXICILLIN	4
AMOXICILLIN SUGAR REDUCED	4
AMOXICILLIN, CLARITHROMYCIN, LANSOPRAZOLE	**111**
AMOXICILLIN, CLAVULANIC ACID	**4**
AMOXI-CLAV	4
AMPICILLIN	**4**
ANAFRANIL	73
ANAGRELIDE HCL	**30**
ANANDRON	17
ANAPROX	59
ANAPROX DS	59
ANASTROZOLE	15
ANASTROZOLE	**15**
ANDRIOL	117
ANDROCUR	15
ANETHOLE TRITHIONE	**108**
ANODAN-HC	131
ANTAZOLINE PHOSPHATE, NAPHAZOLINE HCL	**102**
ANTHRAFORTE 1	132
ANTHRAFORTE 2	132
ANTHRANOL	132
ANTHRASCALP	132
ANTIBIOTIC OINT	127
ANTI-DIARRHEAL 2MG TAB	106
ANUGESIC HC	131
ANUSOL HC	131
ANZEMET	109
APIDRA CARTRIDGE	121
APIDRA SOLOSTAR	121
APIDRA VIAL	121
APIXABAN	**27**
APO ENALAPRIL	47
APO-ACEBUTOLOL	39
APO-ACETAMINOPHEN	65
APO-ACYCLOVIR	11
APO-ADEFOVIR	11
APO-ALENDRONATE	141
APO-ALFUZOSIN ER	24
APO-ALLOPURINOL	140
APO-ALMOTRIPTAN	89
APO-ALPRAZ	86
APO-AMILZIDE	98
APO-AMIODARONE	31
APO-AMITRIPTYLINE	72
APO-AMLODIPINE	43
APO-AMLODIPINE-ATORVASTATIN	44
APO-AMOXI	4
APO-AMOXI CLAV	4
APO-AMOXI SUGAR FREE	4
APO-AMPICILLIN	4
APO-ANASTROZOLE	15
APO-ASA	56
APO-ASEN ECT	56
APO-ATENIDONE	40
APO-ATENOL	40
APO-ATORVASTATIN	33
APO-AZATHIOPRINE	144
APO-AZITHROMYCIN	3
APO-BACLOFEN	25
APO-BECLOMETHASONE	100
APO-BENZTROPINE	90
APO-BENZYDAMINE	102
APO-BICALUTAMIDE	15
APO-BISACODYL	106
APO-BISOPROLOL	40
APO-BOSENTAN	38
APO-BRIMONIDINE	102
APO-BRIMONIDINE P	102
APO-BROMAZEPAM	86
APO-BROMOCRIPTINE	91
APO-CAL 500	96
APO-CANDESARTAN	50
APO-CANDESARTAN/HCTZ	51
APO-CAPTO	46
APO-CARBAMAZEPINE	67
APO-CARVEDILOL	41
APO-CEFACLOR	2
APO-CEFADROXIL	2
APO-CEFPROZIL	2
APO-CEFUROXIME	2
APO-CELECOXIB	57
APO-CEPHALEX	2
APO-CETIRIZINE	1
APO-CHLORTHALIDONE	98
APO-CILAZAPRIL	46
APO-CILAZAPRIL HCTZ	47
APO-CIMETIDINE	110
APO-CIPROFLOX	5
APO-CITALOPRAM	73
APO-CLARITHROMYCIN	3
APO-CLARITHROMYCIN XL	3
APO-CLINDAMYCIN	6
APO-CLOBAZAM	87
APO-CLOMIPRAMINE	73
APO-CLONAZEPAM	66
APO-CLONIDINE	37
APO-CLOPIDOGREL	30
APO-CLOZAPINE	79
APO-CROMOLYN	99
APO-CYCLOBENZAPRINE	24
APO-CYPROTERONE	15
APO-DESIPRAMINE	73
APO-DESMOPRESSIN	124
APO-DEXAMETHASONE	116
APO-DIAZEPAM	87
APO-DICLO	57
APO-DICLO SR	57
APO-DIFLUNISAL	58
APO-DILTIAZ	45
APO-DILTIAZ CD	45
APO-DILTIAZ SR	45
APO-DIMENHYDRINATE	109
APO-DIPIVEFRIN	102
APO-DIPYRIDAMOLE	38
APO-DIVALPROEX	67
APO-DOCUSATE CALCIUM	106
APO-DOCUSATE SODIUM	106
APO-DOMPERIDONE	113
APO-DONEPEZIL	19
APO-DORZO-TIMOP	103
APO-DOXAZOSIN	39
APO-DOXEPIN	74
APO-DOXY	6
APO-DUTASTERIDE	140
APO-ENALAPRIL MALEATE/HCTZ	47
APO-ENTECAVIR	11
APO-ERYTHRO	3
APO-ERYTHRO BASE	3
APO-ERYTHRO S	3
APO-ERYTHRO-S	3
APO-ESCITALOPRAM	74
APO-EXEMESTANE	15
APO-EZETIMIBE	32
APO-FAMCICLOVIR	11
APO-FAMOTIDINE	110
APO-FENOFIBRATE	32
APO-FENO-MICRO	32
APO-FENO-SUPER	32
APO-FENTANYL MATRIX	61
APO-FERROUS GLUCONATE	27
APO-FINASTERIDE	140
APO-FLECAINIDE	31
APO-FLUCONAZOLE	7
APO-FLUNISOLIDE	101
APO-FLUOXETINE	74
APO-FLUPHENAZINE	79
APO-FLURBIPROFEN	58
APO-FLUTAMIDE	16
APO-FLUTICASONE	101
APO-FLUVOXAMINE	75
APO-FOLIC ACID	136
APO-FOSINOPRIL	47
APO-FUROSEMIDE	97
APO-GABAPENTIN	68
APO-GEMFIBROZIL	32
APO-GLICLAZIDE	122
APO-GLYBURIDE	122
APO-HALOPERIDOL	79
APO-HYDRALAZINE	37
APO-HYDRO	98
APO-HYDROCLOROTHIAZIDE	98
APO-HYDROMORPHONE	62
APO-HYDROXYQUINE	13
APO-HYDROXYUREA	16
APO-HYDROXYZINE	88
APO-IBUPROFEN	58
APO-IMATINIB	16
APO-IMIQUIMOD	134
APO-INDAPAMIDE	98
APO-INDOMETHACIN	58
APO-IPRAVENT	22
APO-IRBESARTAN	51
APO-IRBESARTAN/HCTZ	52
APO-ISMN	37
APO-K	97
APO-KETOCONAZOLE	7
APO-KETOROLAC	101
APO-KETOTIFEN	1

	Page
APO-LACTULOSE	107
APO-LAMIVUDINE	9
APO-LAMIVUDINE HBV	9
APO-LAMIVUDINE-ZIDOVUDINE	9
APO-LAMOTRIGINE	69
APO-LANSOPRAZOLE	111
APO-LATANOPROST	103
APO-LATANOPROST-TIMOP	104
APO-LEFLUNOMIDE	144
APO-LETROZOLE	16
APO-LEVETIRACETAM	69
APO-LEVOBUNOLOL	102
APO-LEVOCARB	91
APO-LEVOCARB CR	91
APO-LEVOFLOXACIN	5
APO-LINEZOLID	7
APO-LISINOPRIL	48
APO-LISINOPRIL (TYPE Z)	48
APO-LITHIUM CARB	88
APO-LITHIUM CARBONATE	88
APO-LOPERAMIDE	106
APO-LORATADINE	1
APO-LORAZEPAM	87
APO-LORAZEPAM SL	87
APO-LOSARTAN	52
APO-LOSARTAN/HCTZ	53
APO-LOVASTATIN	34
APO-MEDROXY	124
APO-MELOXICAM	58
APO-METFORMIN	120
APO-METHAZIDE-15	37
APO-METHAZIDE-25	37
APO-METHOPRAZINE	79
APO-METHOTREXATE	17
APO-METHYLPHENIDATE	86
APO-METHYLPHENIDATE ER	86
APO-METHYLPHENIDATE SR	86
APO-METOCLOP	113
APO-METOPROLOL	41
APO-METOPROLOL SR	41
APO-METOPROLOL-L	41
APO-MINOCYCLINE	6
APO-MIRTAZAPINE	75
APO-MOCLOBEMIDE	75
APO-MOMETASONE	101
APO-MONTELUKAST	99
APO-MYCOPHENOLATE	144
APO-MYCOPHENOLIC ACID	145
APO-NADOL	42
APO-NAPRO NA	59
APO-NAPRO NA DS	59
APO-NAPROXEN	59
APO-NAPROXEN EC	59
APO-NIFED PA	44
APO-NITROGLYCERIN	38
APO-NORFLOX	5
APO-NORTRIPTYLINE	76
APO-OFLOXACIN	100
APO-OLANZAPINE	80
APO-OLANZAPINE ODT	80
APO-OLOPATADINE	100
APO-OMEPRAZOLE	112
APO-ONDANSETRON	109
APO-ORCIPRENALINE	23
APO-OXAZEPAM	88
APO-OXYBUTYNIN	135
APO-OXYCODONE/ACET	60
APO-PANTOPRAZOLE	112
APO-PAROXETINE	76
APO-PEN VK	4
APO-PENTOXIFYL	30
APO-PERPHENAZINE	81
APO-PIMOZIDE	81
APO-PINDOL	42
APO-PIOGLITAZONE	123
APO-PIROXICAM	59
APO-PRAMIPEXOLE	91
APO-PRAVASTATIN	34
APO-PRAZO	39
APO-PREDNISONE	117
APO-PREGABALIN	70
APO-PROCAINAMIDE	31
APO-PROCHLORAZINE	81
APO-PROPAFENONE	31
APO-PROPRANOLOL	42
APO-QUETIAPINE	82
APO-QUINAPRIL	48
APO-QUINAPRIL/HCTZ	49
APO-RABEPRAZOLE	112
APO-RALOXIFENE	119
APO-RAMIPRIL	49
APO-RAMIPRIL/HCTZ	50
APO-RANITIDINE	110
APO-REPAGLINIDE	122
APO-RISEDRONATE	143
APO-RISPERIDONE	83
APO-RIVASTIGMINE	20
APO-RIZATRIPTAN	89
APO-RIZATRIPTAN RPD	89
APO-ROPINIROLE	92
APO-ROSUVASTATIN	35
APO-SALVENT	23
APO-SALVENT CFC FREE	23
APO-SELEGILINE	92
APO-SERTRALINE	77
APO-SILDENAFIL R	38
APO-SIMVASTATIN	36
APO-SOTALOL	42
APO-SUCRALFATE	111
APO-SULFAMETHOXAZOLE	6
APO-SULFATRIM	6
APO-SULFATRIM DS	6
APO-SULFATRIM PED	6
APO-SUMATRIPTAN	90
APO-TAMOX	17
APO-TAMSULOSIN CR	24
APO-TELMISARTAN	53
APO-TELMISARTAN/HCTZ	54
APO-TEMAZEPAM	88
APO-TEMOZOLOMIDE	17
APO-TERAZOSIN	39
APO-TERBINAFINE	7
APO-TETRA	6
APO-TETRABENAZINE	92
APO-THEO	135
APO-THEO LA	135
APO-TICLOPIDINE	30
APO-TIMOL	43
APO-TIMOP	103
APO-TIZANIDINE	25
APO-TOPIRAMATE	71
APO-TRAVOPROST Z	104
APO-TRAZODONE	77
APO-TRAZODONE D	77
APO-TRIAZIDE	98
APO-TRIAZO	88
APO-VALACYCLOVIR	12
APO-VALGANCICLOVIR	12
APO-VALPROIC	72
APO-VALSARTAN	54
APO-VALSARTAN/HCTZ	54
APO-VENLAFAXINE XR	78
APO-VERAP	46
APO-VERAP SR	46
APO-VORICONAZOLE	7
APO-WARFARIN	29
APO-ZIDOVUDINE	10
APO-ZOLMITRIPTAN	90
APO-ZOLMITRIPTAN RAPID	90
APRACLONIDINE HCL	**104**
APREPITANT	**109**
APRI 21	117
APRI 28	117
APTIVUS	10
AQUASOL E	138
ARAVA	144
AREDIA IV	142
ARICEPT	19
ARIMIDEX	15
ARIPIPRAZOLE	**78**
ARISTOCORT C	131
ARISTOCORT R	131
AROMASIN	15
ARTHROTEC	58
ARTIFICIAL TEARS	104
ARTIFICIAL TEARS EXTRA	104
ASA	56
ASA EC	56
ASACOL	113
ASAPHEN	56
ASAPHEN EC	56
ASATAB	56
ASATAB EC	56
ASCENSIA BREEZE 2	94
ASCENSIA BREEZE 2 (ON)	94
ASCENSIA CONTOUR	94
ASCENSIA CONTOUR (ON)	94
ASCORBIC ACID	**136**
ASCORBIC ACID	137
ASENAPINE	**78**
ASMANEX TWISTHALER	117
ASPIRIN	56
ATACAND	50
ATACAND PLUS	51
ATARAX	88
ATASOL	65
ATASOL FORTE	66
ATASOL-15	60
ATASOL-30	60
ATAZANAVIR SULFATE	**8**
ATENOLOL	**40**

	Page
ATENOLOL	40
ATENOLOL, CHLORTHALIDONE	**40**
ATHLETES FOOT SPRAY	128
ATIVAN	87
ATIVAN SUBLINGUAL	87
ATORVASTATIN	33
ATORVASTATIN CALCIUM	**33**
ATORVASTATIN-10	33
ATORVASTATIN-20	33
ATORVASTATIN-40	33
ATORVASTATIN-80	33
ATOVAQUONE	**13**
ATRIPLA	9
ATROPINE	102
ATROPINE SULFATE	**102**
ATROPINE SULPHATE MINIMS	102
ATROVENT	22
ATROVENT HFA	22
AURANOFIN	**114**
AURO-ALENDRONATE	141
AURO-AMLODIPINE	43
AURO-AMOXICILLIN	4
AURO-ANASTROZOLE	15
AURO-ATORVASTATIN	33
AURO-CARVEDILOL	41
AURO-CEFIXIME	2
AURO-CEFPROZIL	2
AURO-CEFUROXIME	2
AURO-CIPROFLOXACIN	5
AURO-CITALOPRAM	73
AURO-CLOPIDOGREL	30
AURO-CYCLOBENZAPRINE	24
AURO-DONEPEZIL	19
AURO-EFAVIRENZ	8
AURO-ESCITALOPRAM	74
AURO-FINASTERIDE	140
AURO-GABAPENTIN	68
AURO-IRBESARTAN	51
AURO-LAMOTRIGINE	69
AURO-LETROZOLE	16
AURO-LEVETIRACETAM	69
AURO-LISINOPRIL	48
AURO-LOSARTAN	52
AURO-MELOXICAM	58
AURO-MIRTAZAPINE	75
AURO-MIRTAZAPINE OD	75
AURO-MONTELUKAST	99
AURO-NEVIRAPINE	9
AURO-PAROXETINE	76
AURO-QUETIAPINE	82
AURO-RAMIPRIL	49
AURO-RISEDRONATE	143
AURO-SERTRALINE	77
AURO-SIMVASTATIN	36
AURO-TERBINAFINE	7
AURO-TOPIRAMATE	71
AURO-VALSARTAN	54
AURO-VALSARTAN HCT	54
AVALIDE	52
AVANDIA	123
AVAPRO	51
AVENTYL	76
AVIANE 21	118
AVIANE 28	118
AVODART	140
AXERT	89
AXID	110
AZARGA	103
AZATHIOPRINE	144
AZATHIOPRINE	**144**
AZATHIOPRINE-50	144
AZELAIC ACID	**133**
AZITHROMYCIN	**3**
AZITHROMYCIN	3
AZOPT	103
BABY DDROPS	137
BACIMYXIN	127
BACITIN	127
BACITRACIN	**127**
BACITRACIN	127
BACITRACIN ZINC, POLYMYXIN B SULFATE	**100**
BACLOFEN	**25**
BACLOFEN	25
BACTERIOSTATIC NACL	97
BACTERIOSTATIC SODIUM CHLORIDE	97
BACTIGRAS	128
BACTROBAN	127
BANZEL	71
BARACLUDE	11
BARRIERE	132
BARRIERE HC	130
B-D ALCOHOL SWAB	147
BD AUTOSHIELD PEN NEEDLES	148
BD LUER-LOK SYRINGE ONLY (10ML)	149
BD LUER-LOK SYRINGE ONLY (1ML)	149
BD LUER-LOK SYRINGE ONLY (20ML)	149
BD LUER-LOK SYRINGE ONLY (30ML)	149
BD LUER-LOK SYRINGE ONLY (3ML)	149
BD LUER-LOK SYRINGE ONLY (5ML)	149
BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)	149
BD PRECISIONGLIDE 18GX1 1/2 INCH	148
BD PRECISIONGLIDE 18GX1 INCH	148
BD PRECISIONGLIDE 25GX5/8 INCH	148
BD PRECISIONGLIDE 25GX7/8 INCH	148
BD PRECISIONGLIDE 26GX1/2 INCH	148
BD PRECISIONGLIDE 26GX3/8 INCH	148
BD PRECISIONGLIDE 27GX1 1/4 INCH	148
BD PRECISIONGLIDE 27GX1/2 INCH	148
B-D SHARPS CONTAINER 1.4L	149
B-D SHARPS CONTAINER 3.1L	149
BD SLIP TIP SUB Q (1ML)	149
BD SLIP TIP SYRINGE ONLY (10ML)	149
BD SLIP TIP SYRINGE ONLY (1ML)	149
BD SLIP TIP SYRINGE ONLY (20ML)	149
BD SLIP TIP SYRINGE ONLY (30ML)	149
BD SLIP TIP SYRINGE ONLY (3ML)	149
BD SLIP TIP SYRINGE ONLY (5ML)	149
BD SYRINGE + NEEDLE	150
BD SYRINGE WITH ULTRA-FINE NEEDLE	150
BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP	149
BD TUBERCULIN SYR/PERMANENT NEEDLE	149
BD ULTRA-FINE	149
BD ULTRAFINE 33G LANCETS	148
BD ULTRA-FINE II SHORT	150
BD ULTRA-FINE NANO PEN NEEDLES	149
BD ULTRA-FINE PEN NEEDLE	148
BECLOMETHASONE DIPROPIONATE	**100**
BEDUZIL	136
BENADRYL	1
BENADRYL CHILD	1
BENAZEPRIL	46
BENAZEPRIL HCL	**46**
BENZAC AC	128
BENZAC W	128
BENZAC W5	128
BENZACLIN TOPICAL GEL	127
BENZAGEL	128
BENZAGEL 5	128
BENZAMYCIN	127
BENZOYL PEROXIDE	**128**
BENZTROPINE MESYLATE	**90**
BENZTROPINE OMEGA	90
BENZYDAMINE HCL	**102**
BETADERM	129
BETADINE	129
BETAGAN	102
BETAHISTINE HCL	**139**
BETAMETHASONE DIPROPIONATE	**129**
BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL	**129**
BETAMETHASONE DIPROPIONATE, CLOTRIMAZOLE	**129**
BETAMETHASONE DIPROPIONATE, SALICYLIC ACID	**129**
BETAMETHASONE DISODIUM PHOSPHATE	**129**
BETAMETHASONE SODIUM PHOSPHATE, GENTAMICIN SULFATE	**100**
BETAMETHASONE VALERATE	**129**
BETAXIN	136
BETAXOLOL HCL	**102**
BETHANECHOL CHLORIDE	**19**
BETNESOL	129
BETOPTIC S	102
BEZAFIBRATE	**32**
BEZALIP SR	32
BG STAR	94
BG STAR (ON)	94

	Page
BG STAR LANCETS	148
BIAXIN	3
BIAXIN XL	3
BICALUTAMIDE	15
BICALUTAMIDE	**15**
BIMATOPROST	**103**
BIO K-20	97
BIOCAL-D FORTE	138
BIO-CELECOXIB	57
BIODERM	127
BIO-FUROSEMIDE	97
BIO-HYDROCHLOROTHIAZIDE	98
BI-PEGLYTE KIT	107
BISACODYL	**106**
BISACODYL	106
BISACODYL (POLYETHYLENE GLYCOL BASE)	**106**
BISACODYL-ODAN	106
BISACOLAX	106
BISMUTH SUBSALICYLATE	**106**
BISOPROLOL	40
BISOPROLOL FUMARATE	**40**
BLEPHAMIDE	101
BOCEPREVIR	**13**
BOCEPREVIR, PEGINTERFERON, RIBAVIRIN	**13**
BOSENTAN MONOHYDRATE	**38**
BOTOX	145
BOTULINUM TOXIN TYPE A	**145**
BREVICON 0.5/35 21	118
BREVICON 0.5/35 28	118
BREVICON 1/35 21	118
BREVICON 1/35 28	118
BRICANYL TURBUHALER	24
BRILINTA	30
BRIMONIDINE TARTRATE	**102**
BRIMONIDINE TARTRATE (ALPHAGAN P)	**102**
BRIMONIDINE TARTRATE, TIMOLOL MALEATE	**102**
BRINZOLAMIDE	**103**
BRINZOLAMIDE/TIMOLOL MALEATE	**103**
BROMAZEPAM	**86**
BROMAZEPAM	87
BROMOCRIPTINE MESYLATE	**91**
BUDESONIDE	**101**
BUPRENORPHINE, NALOXONE	**64**
BUPROPION HCL (WELLBUTRIN)	**72**
BUPROPION HCL (ZYBAN)	**73**
BUPROPION SR	72
BUSCOPAN	22
BUSERELIN ACETATE	**15**
BUSULFAN	**15**
CABERGOLINE	**91**
CADUET	44
CAFFEINE CITRATE	151
CAFFEINE CITRATE	**151**
CALCIMAR	123
CALCIPOTRIOL	**133**
CALCIPOTRIOL, BETAMETHASONE	**130**
CALCITE 500 + D 400	96
CALCITONIN SALMON (SYNTHETIC)	**123**
CALCITRIOL	**137**
CALCITRIOL-ODAN	137
CALCIUM	96
CALCIUM	**96**
CALCIUM + VIT D	96
CALCIUM 500 + D 400	96
CALCIUM 500MG WITH VIT D	96
CALCIUM CARBONATE	**96**
CALCIUM CARBONATE	96
CALCIUM LACTOGLUCONATE	**96**
CALCIUM LACTOGLUCONATE + VIT D	96
CALCIUM POLYSTYRENE SULFONATE	**97**
CALCIUM, VITAMIN D	**96**
CAL-D	96
CALODAN D	96
CAMPRAL	92
CANDESARTAN	50
CANDESARTAN CILEXETIL	**50**
CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDE	**51**
CANDESARTAN-HCTZ	51
CANESORAL	7
CANESTEN	127
CANESTEN 1 COMFORT COMBI PAK	127
CANESTEN 3 COMFORT COMBI PAK	127
CANTHACUR PS	132
CANTHARIDIN, PODOPHYLLIN, SALICYLIC ACID	**132**
CANTHARONE PLUS	132
CAPECITABINE	**15**
CAPSAICIN	133
CAPSAICIN	**133**
CAPSAICIN HP	133
CAPTOPRIL	46
CAPTOPRIL	**46**
CARBACHOL	**102**
CARBAMAZEPINE	**67**
CARBAMAZEPINE CR	67
CARBOCAL	96
CARBOCAL D	96
CARBOLITH	88
CARDIZEM CD	45
CARDURA 1	39
CARDURA 2	39
CARDURA 4	39
CARNITOR	97
CARNITOR IV	97
CARTRIDGE FOR IR200 2ML	147
CARVEDILOL	**41**
CARVEDILOL	41
CASODEX	15
CATAPRES	37
CECLOR	2
CECLOR BID	2
CEENU	16
CEFACLOR	**2**
CEFADROXIL	**2**
CEFIXIME	**2**
CEFPROZIL	**2**
CEFTIN	2
CEFUROXIME AXETIL	**2**
CEFZIL	2
CELEBREX	57
CELECOXIB	57
CELECOXIB	**57**
CELESTODERM V	129
CELEXA	73
CELLCEPT	144
CELLUVISC	105
CELONTIN	67
CELSENTRI	9
CENTER-AL	126
CENTRUM JUNIOR COMPLETE	138
CENTRUM MATERNA	138
CEPHALEXIN	2
CEPHALEXIN	**2**
CERTOLIZUMAB PEGOL	**143**
CESAMET	110
CETIRIZINE	1
CETIRIZINE HCL	**1**
CHAMPIX	26
CHAMPIX STARTER PACK	26
CHILDREN'S ADVIL	58
CHILDREN'S MOTRIN	58
CHLORAMBUCIL	**15**
CHLORAMPHENICOL	**100**
CHLORHEXIDINE ACETATE	**128**
CHLORHEXIDINE GLUCONATE	**102**
CHLOROQUINE PHOSPHATE	**13**
CHLORPHENIRAMINE MALEATE	**1**
CHLORPROMAZINE	**79**
CHLORPROMAZINE HCL	79
CHLORTHALIDONE	**98**
CHLORTHALIDONE	98
CHLOR-TRIPOLON	1
CHOLECALCIFEROL	**137**
CHOLEDYL	135
CHOLESTYRAMINE RESIN	**31**
CICLESONIDE	**116**
CILAZAPRIL	46
CILAZAPRIL	**46**
CILAZAPRIL, HYDROCHLOROTHIAZIDE	**47**
CILOXAN	100
CILOXAN 0.3%	100
CIMETIDINE	**110**
CIMETIDINE	110
CIMZIA	143
CIPRALEX 10MG TAB	74
CIPRALEX 20MG TAB	74
CIPRALEX MELTZ	74
CIPRO	5
CIPRODEX	100
CIPROFLOXACIN	5
CIPROFLOXACIN HCL	**5**
CIPROFLOXACIN HCL, DEXAMETHASONE	**100**
CITALOPRAM	73
CITALOPRAM	**73**
CITRIC ACID, MAGNESIUM OXIDE, SODIUM PICOSULFATE	**106**
CITRIC ACID, SODIUM CITRATE	**96**
CITRO MAG 15GM/300ML	96

	Page
CITRODAN	140
CLARITHROMYCIN	**3**
CLARITHROMYCIN	3
CLARITIN	1
CLARITIN KIDS	1
CLARUS	134
CLAVULIN	4
CLAVULIN 200	4
CLAVULIN 400	4
CLAVULIN-F	4
CLAVULIN-F 125	4
CLAVULIN-F 250	4
CLEAR AWAY	133
CLICKFINE PEN NEEDLES	148
CLIMARA 100	119
CLIMARA 25	119
CLIMARA 50	119
CLIMARA 75	119
CLINDAMYCIN	6
CLINDAMYCIN HCL	**6**
CLINDAMYCIN PALMITATE HCL	**7**
CLINDAMYCIN PHOSPHATE	**127**
CLINDAMYCIN, BENZOYL PEROXIDE	**127**
CLINDAMYCINE	6
CLINDA-T	127
CLINDOXYL	127
CLINDOXYL ADV	127
CLOBAZAM	**87**
CLOBAZAM	87
CLOBETASOL PROPIONATE	**130**
CLOBETASONE BUTYRATE	**130**
CLOMIPRAMINE HCL	**73**
CLONAPAM	66
CLONAZEPAM	**66**
CLONIDINE	37
CLONIDINE HCL	**37**
CLOPIDOGREL	30
CLOPIDOGREL BISULFATE	**30**
CLOPIXOL	85
CLOPIXOL ACUPHASE	85
CLOPIXOL DEPOT	85
CLOTRIMADERM	127
CLOTRIMAZOLE	**127**
CLOXACILLIN	**4**
CLOXACILLINE	4
CLOZAPINE	**79**
CLOZARIL	79
CO ALENDRONATE	141
CO AMLODIPINE	43
CO ANASTROZOLE	15
CO ATENOLOL	40
CO ATORVASTATIN	33
CO AZITHROMYCIN	3
CO BETAHISTINE	139
CO BICALUTAMIDE	15
CO BOSENTAN	38
CO CABERGOLINE	91
CO CELECOXIB	57
CO CILAZAPRIL	46
CO CIPROFLOXACIN	5
CO CITALOPRAM	73
CO CLOMIPRAMINE	73
CO CLONAZEPAM	66
CO CLOPIDOGREL	30
CO DICLO-MISO	58
CO ENALAPRIL	47
CO ESCITALOPRAM	74
CO ETIDRONATE	142
CO EXEMESTANE	15
CO FAMCICLOVIR	11
CO FENTANYL	61
CO FINASTERIDE	140
CO FLUCONAZOLE	7
CO FLUVOXAMINE	75
CO GABAPENTIN	68
CO IMATINIB	16
CO IRBESARTAN	51
CO IRBESARTAN/HCT	52
CO LATANOPROST	103
CO LEVETIRACETAM	69
CO LISINOPRIL	48
CO LOVASTATIN	34
CO MELOXICAM	58
CO METFORMIN	120
CO MIRTAZAPINE	75
CO NORFLOXACIN	5
CO OLANZAPINE	80
CO OLANZAPINE ODT	80
CO PANTOPRAZOLE	112
CO PAROXETINE	76
CO PIOGLITAZONE	123
CO PRAMIPEXOLE	91
CO PRAVASTATIN	34
CO QUETIAPINE	82
CO RAMIPRIL	49
CO RANITIDINE	111
CO RISPERIDONE	83
CO RIZATRIPTAN	89
CO ROSUVASTATIN	35
CO SERTRALINE	77
CO SIMVASTATIN	36
CO SOTALOL	42
CO SUMATRIPTAN	89
CO TELMISARTAN/HCT	54
CO TEMAZEPAM	88
CO TEMOZOLOMIDE	17
CO TERBINAFINE	7
CO TOPIRAMATE	71
CO VALACYCLOVIR	12
CO VALSARTAN	54
CO VENLAFAXINE XR	78
COAL TAR	**133**
COAL TAR, JUNIPER TAR, PINE TAR	**133**
COAL TAR, JUNIPER TAR, PINE TAR, ZINC PYRITHIONE	**133**
COAL TAR, SALICYLIC ACID	**133**
COAL TAR, SALICYLIC ACID, SULFUR	**133**
COBICISTAT, EMTRICITABINE, ELVITEGRAVIR, TENOFOVIR	**8**
CO-CANDESARTAN	50
CODEINE	61
CODEINE CONTIN CR	60
CODEINE MONOHYDRATE, CODEINE SULFATE TRIHYDRATE	**60**
CODEINE PHOSPHATE	61
CODEINE PHOSPHATE	**61**
CO-ETIDROCAL	142
CO-FLUOXETINE	74
COLACE	106
COLCHICINE	141
COLCHICINE	**141**
COLESEVELAM	**31**
COLESTID	31
COLESTID ORANGE	31
COLESTIPOL HCL	**31**
CO-LEVOFLOXACIN	5
COLLAGENASE	**133**
COLYTE	107
COMBANTRIN	2
COMBIGAN	102
COMBIVENT	22
COMBIVENT RESPIMAT	22
COMBIVIR	9
COMFORT ANGLED 17MMX110CM (10 TUBING/BOX)	146
COMFORT ANGLED 17MMX60CM (10 TUBING/BOX)	146
COMFORT SHORT ANGLED 13MMX110CM (10 TUBING/BOX)	146
COMFORT SHORT ANGLED 13MMX60CM (10 TUBING/BOX)	146
COMPLERA	9
COMPOUND W GEL	133
COMTAN	91
CONCERTA	86
CONDOM, LATEX, LUBRICATED	93
CONDOM, LATEX, LUBRICATED, NONOXYNOL	93
CONDOM, LATEX, NON-LUBRICATED	93
CONDOM, MALE	**93**
CONDOM, NON-LATEX, LUBRICATED	93
CONDYLINE	132
CONJUGATED ESTROGENS	**118**
CONJUGATED ESTROGENS, MEDROXYPROGESTERONE ACETATE	**118**
CONTACT DETACH 90 DEGREE 6MMX60CM	147
CONTACT DETACH 90 DEGREE 8MMX60CM	147
CONTOUR NEXT	94
CONTOUR NEXT (ON)	94
CO-ONDANSETRON	109
CORDARONE	31
CO-REPAGLINIDE	122
CO-RIZATRIPTAN ODT	89
CO-ROPINIROLE	92
CORTATE	130
CORTEF	116
CORTENEMA	130
CORTIFOAM	131
CORTISONE	116
CORTISONE ACETATE	**116**
CORTODERM	131
COSOPT	103
COTAZYM	108
COTAZYM ECS 8	108
COTAZYM ECS 20	108

	Page
COUMADIN	29
COVERA-HS	46
COVERSYL	48
COVERSYL PLUS	48
COVERSYL PLUS HD	48
COZAAR	52
CREON 10 MINIMICROSPHERES	108
CREON 25 MINIMICROSPHERES	108
CREON MINIMICROSPHERES 6	108
CRESTOR	35
CRIXIVAN	9
CROMOLYN	99
CROTAMITON	**128**
CTP 30	73
CUPRIMINE	115
CUTIVATE	130
CYANOCOBALAMIN	136
CYANOCOBALAMIN	**136**
CYCLEN 21	118
CYCLEN 28	118
CYCLOBENZAPRINE	24
CYCLOBENZAPRINE HCL	**24**
CYCLOCORT	129
CYCLOGYL	102
CYCLOMEN	117
CYCLOPENTOLATE	102
CYCLOPENTOLATE HCL	**102**
CYCLOPENTOLATE MINIMS	102
CYCLOPHOSPHAMIDE	**15**
CYCLOSPORINE	**144**
CYESTRA-35	145
CYKLOKAPRON	30
CYMBALTA	74
CYPROTERONE ACETATE	**15**
CYPROTERONE ACETATE, ETHINYL ESTRADIOL	**145**
CYTOVENE	11
D VI SOL	137
D2-DOL	137
D3-DOL	137
DABIGATRAN ETEXILATE MESILATE	**28**
DAIRY DIGESTIVE	108
DAIRY DIGESTIVE EXTRA STRENGTH	108
DAIRYAID	108
DALACIN	127
DALACIN C	6
DALACIN T	127
DALTEPARIN SODIUM	**28**
DANAZOL	**117**
DANTRIUM	25
DANTROLENE SODIUM	**25**
DARAPRIM	13
DARIFENACIN HYDROBROMIDE	**135**
DARUNAVIR	**8**
DDAVP	123
DDAVP MELT	124
DDROPS VITAMIN D	137
DECAXIL	137
DEGARELIX ACETATE	**15**
DELATESTRYL	117
DEMULEN 30 21	117
DEMULEN 30 28	117
DENOSUMAB (P)	**142**
DENOSUMAB (X)	**142**
DEPAKENE	72
DEPO-MEDROL	116
DEPO-PROVERA	124
DEPO-TESTOSTERONE	117
DERMAFLEX HC	131
DERMA-SMOOTHE	130
DERMAZIN	129
DERMOVATE	130
DESIPRAMINE HCL	**73**
DESLORATADINE	**1**
DESLORATADINE	1
DESLORATADINE ALLERGY CONTROL	1
DESMOPRESSIN	124
DESMOPRESSIN ACETATE	**123**
DESONIDE	**130**
DESOXIMETASONE	**130**
DETROL	135
DETROL LA	135
DEXAMETHASONE	**101**
DEXAMETHASONE	116
DEXAMETHASONE PHOSPHATE	**116**
DEXAMETHASONE, TOBRAMYCIN	**101**
DEXAMETHASONE-OMEGA	116
DEXASONE	116
DEXEDRINE	85
DEXEDRINE SPANSULE	85
DEXIRON	27
DEXTRAN 70, HYDROXYPROPYLMETHYLCELLULOSE	**104**
DEXTROAMPHETAMINE SULFATE	**85**
D-FORTE	137
D-GEL	137
DIABETA	122
DIAMICRON	122
DIAMICRON MR	122
DIANE-35	145
DIARR-EZE	106
DIARRHEA RELIEF	106
DIARRHEA RELIEF 2MG TAB	106
DIASTIX	95
DIAZEPAM	**87**
DIAZEPAM	87
DIAZOXIDE	**37**
DICITRATE	96
DICLECTIN	109
DICLOFENAC EC	57
DICLOFENAC SODIUM	**57**
DICLOFENAC SODIUM (TOPICAL)	**57**
DICLOFENAC SODIUM, MISOPROSTOL	**58**
DICLOFENAC SR	57
DICLOFENAC-50	57
DICLOFENAC-SR	57
DIDANOSINE	**8**
DIDROCAL	142
DIENOGEST	**124**
DIFFERIN	132
DIFLUCAN	7
DIFLUCORTOLONE VALERATE	**130**
DIFLUNISAL	**58**
DIGOXIN	**31**
DIHYDROERGOTAMINE	24
DIHYDROERGOTAMINE MESYLATE	**24**
DIIODOHYDROXYQUIN	**13**
DILANTIN	67
DILANTIN 30	67
DILANTIN 125	67
DILANTIN INFATABS	67
DILAUDID	62
DILTIAZEM	45
DILTIAZEM CD	45
DILTIAZEM HCL	**45**
DILTIAZEM TZ	45
DIMENHYDRINATE	**109**
DIMENHYDRINATE	109
DIMETHICONE	**128**
DIOCARPINE	103
DIOCHLORAM	100
DIODEX	101
DIODOQUIN	13
DIOGENT	100
DIONEPHRINE	102
DIOPENTOLATE	102
DIOPTIMYD	101
DIOSULF	100
DIOVAN	54
DIOVAN-HCT	54
DIPENTUM	113
DIPHENHYDRAMINE	1
DIPHENHYDRAMINE HCL	1
DIPHENHYDRAMINE HCL	**1**
DIPIVEFRIN HCL	**102**
DIPIVEFRIN HCL, LEVOBUNOLOL HCL	**104**
DIPROLENE	129
DIPROSALIC	129
DIPROSONE	129
DIPYRIDAMOLE	**38**
DIPYRIDAMOLE, ACETYLSALICYLIC ACID	**38**
DISOPYRAMIDE	**31**
DITHRANOL	**132**
DIVALPROEX	67
DIVALPROEX SODIUM	**67**
DIVIGEL	119
DIXARIT	37
DOCUSATE CALCIUM	106
DOCUSATE CALCIUM	**106**
DOCUSATE SODIUM	106
DOCUSATE SODIUM	**106**
DOCUSATE SODIUM, SENNA	**107**
DOLASETRON MESYLATE	**109**
DOLICHOVESPULA ARENARIA VENOM PROTEIN	**126**
DOLICHOVESPULA MACULATA VENOM PROTEIN EXTRACT	**126**
DOLORAL 1	63
DOLORAL 5	63
DOLUTEGRAVIR SODIUM	**8**
DOM-ALENDRONATE	141
DOM-AMANTADINE	8

	Page
DOM-AMIODARONE	31
DOM-AMLODIPINE	43
DOM-ATENOLOL	40
DOM-ATORVASTATIN	33
DOM-AZITHROMYCIN	3
DOM-BACLOFEN	25
DOM-BENZYDAMINE	102
DOM-BROMOCRIPTINE	91
DOM-CANDESARTAN	50
DOM-CAPTOPRIL	46
DOM-CARBAMAZEPINE CR	67
DOM-CARVEDILOL	41
DOM-CEPHALEXIN	2
DOM-CIMETIDINE	110
DOM-CIPROFLOXACIN	5
DOM-CITALOPRAM	73
DOM-CLARITHROMYCIN	3
DOM-CLOBAZAM	87
DOM-CLONAZEPAM	66
DOM-CLONAZEPAM-R	66
DOM-CLOPIDOGREL	30
DOM-CYCLOBENZAPRINE	24
DOM-DESIPRAMINE	73
DOM-DICLOFENAC	57
DOM-DICLOFENAC SR	57
DOM-DOCUSATE SODIUM	106
DOM-DOMPERIDONE	113
DOM-FINASTERIDE	140
DOM-FLUCONAZOLE	7
DOM-FLUOXETINE	74
DOM-FLUVOXAMINE	75
DOM-GABAPENTIN	68
DOM-GEMFIBROZIL	32
DOM-GLYBURIDE	122
DOM-INDAPAMIDE	98
DOM-IPRATROPIUM	22
DOM-IRBESARTAN	51
DOM-LANSOPRAZOLE	111
DOM-LEVETIRACETAM	69
DOM-LOPERAMIDE	106
DOM-LORAZEPAM	87
DOM-LOXAPINE	79
DOM-MEDROXYPROGESTERONE	124
DOM-MEFENAMIC ACID	58
DOM-MELOXICAM	58
DOM-METFORMIN	120
DOM-METOPROLOL-B	41
DOM-METOPROLOL-L	41
DOM-MINOCYCLINE	6
DOM-MIRTAZAPINE	75
DOM-MONTELUKAST	99
DOM-NIZATIDINE	110
DOM-NORTRIPTYLINE	76
DOM-NYSTATIN	7
DOM-OMEPRAZOLE DR	112
DOM-OXYBUTYNIN	135
DOM-PANTOPRAZOLE	112
DOM-PAROXETINE	76
DOMPERIDONE	113
DOMPERIDONE MALEATE	**113**
DOM-PINDOLOL	42
DOM-PIOGLITAZONE	123
DOM-PIROXICAM	59
DOM-PRAMIPEXOLE	91
DOM-PRAVASTATIN	34
DOM-PREGABALIN	70
DOM-PROPRANOLOL	42
DOM-QUETIAPINE	82
DOM-RABEPRAZOLE EC	113
DOM-RAMIPRIL	49
DOM-RISEDRONATE	143
DOM-RIZATRIPTAN RDT	89
DOM-ROSUVASTATIN	35
DOM-SALBUTAMOL	23
DOM-SELEGILINE	92
DOM-SERTRALINE	77
DOM-SIMVASTATIN	36
DOM-SOTALOL	42
DOM-SUMATRIPTAN	89
DOM-TEMAZEPAM	88
DOM-TERAZOSIN	39
DOM-TERBINAFINE	7
DOM-TIAPROFENIC	59
DOM-TIMOLOL	103
DOM-TOPIRAMATE	71
DOM-TRAZODONE	77
DOM-VALACYCLOVIR	12
DOM-VALPROIC ACID	72
DOM-VALSARTAN	54
DOM-VENLAFAXINE XR	78
DOM-VERAPAMIL SR	46
DOM-ZOLMITRIPTAN	90
DONEPEZIL	19
DONEPEZIL HCL	**19**
DORZOLAMIDE HCL	**103**
DORZOLAMIDE HCL, TIMOLOL MALEATE	**103**
DOSTINEX	91
DOVOBET	130
DOVONEX	133
DOXAZOSIN	39
DOXAZOSIN MESYLATE	**39**
DOXEPIN HCL	**74**
DOXYCIN	6
DOXYCYCLINE	**6**
DOXYCYCLINE	6
DOXYLAMINE SUCCINATE, PYRIDOXINE HCL	**109**
DOXYTAB	6
DRISDOL	137
D-TABS	137
DULCOLAX	106
DULOXETINE HCL	**74**
DUO TRAV	104
DUOFILM	132
DUOFORTE 27	132
DUOLUBE	104
DUOPLANT	132
DURAGESIC MAT	61
DUTASTERIDE	**140**
DUTASTERIDE	140
DUVOID	19
ECL-CITALOPRAM	73
ECL-METFORMIN	120
EDECRIN	97
EDURANT	9
EES-600	3
EFAVIRENZ	**8**
EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE	**9**
EFFEXOR XR	78
EFUDEX	133
EGOZINC HC	131
EGOZINC-HC	131
ELAVIL	72
ELECTROLYTE & DEXTROSE	**96**
ELECTROLYTES, DEXTROSE	**96**
ELIDEL	134
ELIGARD	16
ELIQUIS	27
ELMIRON	139
ELOCOM	131
ELTROXIN	124
EMEND	109
EMEND TRI PACK	110
EMERGENCY ACNE VANISHING WIPES	132
EMLA	132
EMO CORT	130
EMO CORT SCALP	131
EMTRICITABINE, RILPIVIRINE, TENOFOVIR	**9**
EMTRICITABINE, TENOFOVIR	**9**
ENABLEX	135
ENALAPRIL	47
ENALAPRIL MALEATE	**47**
ENALAPRIL MALEATE, HYDROCHLOROTHIAZIDE	**47**
ENBREL	143
ENBREL SURECLICK (QC)	143
ENDOCET	60
ENEMOL	108
ENOXAPARIN SODIUM	**28**
ENTACAPONE	**91**
ENTECAVIR	**11**
ENTOCORT	129
ENTROPHEN	56
ENTROPHEN 10	56
ENTROPHEN CHEWABLE	56
ENTROPHEN EC	56
ENTROPHEN-10	56
ENTROPHEN-5	56
EPINEPHRINE	24
EPINEPHRINE	**24**
EPIPEN	24
EPIPEN JR	24
EPIVAL	67
EPOSARTAN MESYLATE	**51**
EPOSARTAN MESYLATE, HYDROCHLOROTHIAZIDE	**51**
EQUATE DAILY LOW-DOSE	56
ERDOL	139
ERGOCALCIFEROL	**137**
ERLOTINIB HYDROCLORIDE	**15**
ERYC	3
ERYTHRO	3
ERYTHRO-ES	3
ERYTHROMYCIN	3
ERYTHROMYCIN	**3**
ERYTHROMYCIN ESTOLATE	**3**
ERYTHROMYCIN ETHYLSUCCINATE	**3**

	Page
ERYTHROMYCIN STEARATE	**3**
ERYTHROMYCIN, BENZOYL PEROXIDE	**127**
ERYTHROMYCIN, TRETINOIN	**127**
ESCITALOPRAM	**74**
ESCITALOPRAM	74
ESME 21	118
ESME 28	118
ESTALIS 140/50	119
ESTALIS 250/50	119
ESTRACE	119
ESTRADERM 100	119
ESTRADIOL	**118**
ESTRADIOL (ESTRADIOL HEMIHYDRATE)	**119**
ESTRADIOL, NORETHINDRONE ACETATE	**119**
ESTRADOT 100	119
ESTRADOT 25	119
ESTRADOT 37.5	119
ESTRADOT 50	119
ESTRADOT 75	119
ESTRAGYN	119
ESTRING	119
ESTROGEL	118
ESTRONE	**119**
ESTROPIPATE	**119**
ETANERCEPT	**143**
ETHACRYNIC ACID	**97**
ETHAMBUTOL HCL	**8**
ETHINYL ESTRADIOL, DESOGESTREL	**117**
ETHINYL ESTRADIOL, DROSPIRENONE	**117**
ETHINYL ESTRADIOL, ETHYNODIOL DIACETATE	**117**
ETHINYL ESTRADIOL, ETONOGESTREL	**117**
ETHINYL ESTRADIOL, LEVONORGESTREL	**117**
ETHINYL ESTRADIOL, NORELGESTROMIM	**118**
ETHINYL ESTRADIOL, NORETHINDRONE	**118**
ETHINYL ESTRADIOL, NORGESTIMATE	**118**
ETHOPROPAZINE HCL	**90**
ETHOSUXIMIDE	**67**
ETIBI	8
ETIDROCAL	142
ETIDRONATE DISODIUM	**142**
ETIDRONATE DISODIUM, CALCIUM CARBONATE	**142**
ETOPOSIDE	**15**
ETRAVIRINE	**9**
EUFLEX	16
EUGLUCON	122
EUMOVATE	130
EURAX	128
EURO D	137
EURO-ASA	56
EURO-B1	136
EURO-CAL	96
EURO-DOCUSATE	106
EURO-FER	27
EURO-FERROUS SULFATE	27
EURO-FOLIC	136
EURO-HYDROCORTISONE	130
EURO-K 20	97
EURO-K 600	97
EURO-LAC	107
EURO-SENNA	107
EURO-SENNA S	107
EUTHYROX	124
EVISTA	119
EVRA	118
EXACT ASA EC	56
EXDOL-15	60
EXDOL-30	60
EXELON	20
EXEMESTANE	**15**
EXTEMPORANEOUS MIXTURE	**139**
EXTEMPORANEOUS MIXTURE (BC) (SK) (YT)	139
EXTEMPORANEOUS MIXTURE (NB) (NS) (PE) (NL)	139
EXTEMPORANEOUS MIXTURE (NU) (AB) (MB) (QC) (NT)	139
EXTEMPORANEOUS MIXTURE (ON)	139
EZ HEALTH ORACLE	94
EZ HEALTH ORACLE (ON)	94
EZ HEALTH ORACLE LANCETS	148
E-Z SPACER	146
E-Z SPACER (MASK ONLY)	146
E-Z SPACER WITH SMALL MASK	146
EZETIMIBE	**32**
EZETIMIBE	32
EZETROL	32
FAMCICLOVIR	11
FAMCICLOVIR	**11**
FAMOTIDINE	110
FAMOTIDINE	**110**
FAMVIR	11
FEBUXOSTAT	**141**
FELODIPINE	**44**
FEMARA	16
FENOFIBRATE	**32**
FENOFIBRATE MICRO	32
FENOFIBRATE-S	32
FENOMAX	32
FENO-MICRO	32
FENTANYL	**61**
FENTANYL	61
FER-IN-SOL	27
FERODAN	27
FERRATE O/L	27
FERRLECIT	27
FERROUS FUMARATE	**27**
FERROUS FUMARATE	27
FERROUS GLUCONATE	**27**
FERROUS GLUCONATE	27
FERROUS SULFATE	**27**
FERROUS SULFATE	27
FEVERHALT	65
FEXOFENADINE HCL	**1**
FILGRASTIM	**30**
FINACEA	133
FINASTERIDE	140
FINASTERIDE	**140**
FINGERSTIX LANCETS	148
FIRMAGON	15
FLAGYL	128
FLAGYSTATIN	128
FLAMAZINE	129
FLAMAZINE 50G	129
FLAREX	101
FLAVOXATE HCL	**135**
FLECAINIDE ACETATE	**31**
FLEET ENEMA	108
FLEET ENEMA PEDIATRIC	108
FLEXI-T IUD	93
FLINTSTONES EXTRA C	138
FLOCTAFENINE	66
FLOCTAFENINE	**66**
FLOMAX CR	24
FLONASE	101
FLORINEF	116
FLOVENT DISKUS	116
FLOVENT HFA 125	116
FLOVENT HFA 250	116
FLOVENT HFA 50	116
FLUANXOL	79
FLUANXOL DEPOT	79
FLUCONAZOLE	**7**
FLUDARA	16
FLUDARABINE PHOSPHATE	**16**
FLUDROCORTISONE ACETATE	**116**
FLUMETHASONE PIVALATE, CLIOQUINOL	**101**
FLUNARIZINE	90
FLUNARIZINE HCL	**90**
FLUNISOLIDE	**101**
FLUOCINOLONE ACETONIDE	**130**
FLUOCINONIDE	**130**
FLUOROMETHOLONE	**101**
FLUOROMETHOLONE ACETATE	**101**
FLUOROURACIL	**133**
FLUOXETINE	74
FLUOXETINE HCL	**74**
FLUPENTHIXOL DECANOATE	**79**
FLUPENTHIXOL DIHYDROCHLORIDE	**79**
FLUPHENAZINE DECANOATE	**79**
FLUPHENAZINE HCL	**79**
FLURBIPROFEN	**58**
FLUTAMIDE	**16**
FLUTICASONE PROPIONATE	**101**
FLUVASTATIN SODIUM	**33**
FLUVOXAMINE	75
FLUVOXAMINE MALEATE	**75**
FML	101
FML FORTE	101
FOLIC ACID	136
FOLIC ACID	**136**
FORADIL	22
FORMALDEHYDE, LACTIC ACID, SALICYLIC ACID	**132**
FORMOTEROL FUMARATE	**22**
FORMOTEROL FUMARATE DIHYDRATE	**22**
FORMOTEROL FUMARATE DIHYDRATE, BUDESONIDE	**23**

	Page
FORMOTEROL FUMARATE DIHYDRATE, MOMETASONE FUROATE	**23**
FOSAMAX	141
FOSAMPRENAVIR CALCIUM	**9**
FOSAVANCE	141
FOSFOMYCIN TROMETHAMINE	**13**
FOSINOPRIL	47
FOSINOPRIL SODIUM	**47**
FRAGMIN	28
FRAMYCETIN SULFATE	**100**
FRAMYCETIN SULFATE, GRAMICIDIN, DEXAMETHASONE	**101**
FRAXIPARINE	28
FRAXIPARINE FORTE	28
FREESTYLE	94
FREESTYLE (ON)	94
FREESTYLE LANCETS	148
FREESTYLE LITE	94
FREESTYLE LITE (ON)	94
FREESTYLE PRECISION	94
FREESTYLE PRECISION (ON)	94
FREYA 21	117
FREYA 28	117
FRISIUM	87
FUCIDIN	127
FUROSEMIDE	**97**
FUROSEMIDE	97
FUSIDATE SODIUM	**127**
FUSIDIC ACID	**127**
G.U.M. PAROEX	102
GABAPENTIN	68
GABAPENTIN	**68**
GALANTAMINE	**20**
GALANTAMINE ER	20
GALEXOS	13
GANCICLOVIR SODIUM	**11**
GARASONE	100
GASTROLYTE REG	96
GATIFLOXACIN	**100**
GD-AMLODIPINE	43
GD-AMLODIPINE-ATORVASTATIN	44
GD-ATORVASTATIN	33
GD-AZITHROMYCIN	3
GD-CELECOXIB	57
GD-GABAPENTIN	68
GD-LATANOPROST	103
GD-LATANOPROST/TIMOLOL	104
GD-PREGABALIN	70
GD-QUINAPRIL	48
GD-SERTRALINE	77
GD-VENLAFAXINE XR	78
GEMFIBROZIL	**32**
GEMFIBROZIL	32
GEN-CLONAZEPAM	67
GEN-CLOZAPINE	79
GENTAMICIN	100
GENTAMICIN SULFATE	**100**
GENTEAL	101
GLEEVEC	16
GLICLAZIDE	122
GLICLAZIDE	**122**
GLUCAGEN	123
GLUCAGEN HYPOKIT	123
GLUCAGON	123
GLUCAGON RECOMBINANT DNA ORGIN	**123**
GLUCOBAY	119
GLUCONORM	122
GLUCOPHAGE	120
GLUCOSE OXIDASE, PEROXIDASE	**94**
GLUCOSE OXIDASE, PEROXIDASE.	**95**
GLYBURIDE	**122**
GLYBURIDE	122
GLYCERIN	107
GLYCERIN INFANT	107
GLYCERIN INFANT & CHILD	107
GLYCERINE	**107**
GLYCON	120
GLYCOPYRRONIUM	**22**
GOLIMUMAB	**144**
GOLYTELY	107
GOSERELIN ACETATE	**16**
GRAMICIDIN, POLYMYXIN B SULFATE	**100**
GRANISETRON	**109**
GRANISETRON	109
GRAVOL	109
GRAVOL ADULT	109
HABITROL	26
HALOBETASOL PROPIONATE	**130**
HALOPERIDOL	**79**
HALOPERIDOL	79
HALOPERIDOL DECANOATE	**79**
HALOPERIDOL LA	79
HARVONI	12
HEPARIN LEO	28
HEPARIN LEO INJ 10000UNIT/ML	28
HEPARIN LEO INJ 1000UNIT/ML	28
HEPARIN LEO INJ 25000UNIT/ML	28
HEPARIN LOCK FLUSH	28
HEPARIN SODIUM	**28**
HEPARIN SODIUM 10000U/ML	28
HEPARIN SODIUM 1000U/ML	28
HEPARIN SODIUM 5000U/ML	28
HEPSERA	11
HEPTOVIR	9
HEXALEN	15
HOMATROPINE HBR	**102**
HONEY BEE VENOM	126
HONEY BEE VENOM PROTEIN EXTRACT	**126**
HP-PAC	111
HUMALOG CARTRIDGE/KWIKPEN	122
HUMALOG CARTRIDGE/KWIKPEN (ON)	122
HUMALOG KWIKPEN	122
HUMALOG MIX 25 KWIKPEN	122
HUMALOG MIX 50 KWIKPEN	122
HUMALOG MIX 50 KWIKPEN INJ	122
HUMALOG VIAL	122
HUMATIN	13
HUMIRA	143
HUMULIN 30/70 CARTRIDGE	121
HUMULIN 30/70 CARTRIDGE (ON)	121
HUMULIN 30/70 VIAL	121
HUMULIN N CARTRIDGE	121
HUMULIN N CARTRIDGE/KWIKPEN (ON)	121
HUMULIN N KWIKPEN	121
HUMULIN N VIAL	121
HUMULIN R CARTRIDGE	121
HUMULIN R CARTRIDGE (ON)	121
HUMULIN R VIAL	121
HYDERM	131
HYDRALAZINE	37
HYDRALAZINE HCL	**37**
HYDRALYTE ELECTROLYTE	96
HYDRALYTE ELECTROLYTE POPS	96
HYDREA	16
HYDROCHLOROTHIAZIDE	98
HYDROCHLOROTHIAZIDE	**98**
HYDROCORTISONE	**116**
HYDROCORTISONE ACETATE	**131**
HYDROCORTISONE ACETATE, ZINC SULFATE	**131**
HYDROCORTISONE ACETATE, ZINC SULFATE, PRAMOXINE HCL	**131**
HYDROCORTISONE VALERATE	**131**
HYDROCORTISONE, DIBUCAINE HCL, ESCULIN, FRAMYCETIN SULFATE	**131**
HYDROCORTISONE, UREA	**131**
HYDROMORPH CONTIN	62
HYDROMORPHONE	62
HYDROMORPHONE HCL	**62**
HYDROSONE	130
HYDROVAL	131
HYDROXYCHLOROQUINE SULFATE	**13**
HYDROXYPROPYL CELLULOSE	**104**
HYDROXYPROPYLMETHYLCELLULOSE	**104**
HYDROXYUREA	16
HYDROXYUREA	**16**
HYDROXYZINE	88
HYDROXYZINE HCL	**88**
HYPOTEARS	104
HYPROMELLOSE	**101**
HYTRIN	39
HYZAAR	53
HYZAAR DS	53
IBUPROFEN	**58**
IBUPROFEN	58
IHLES PASTE	132
ILEVRO 0.3% OP SUSP	101
IMATINIB MESYLATE	**16**
IMDUR	37
IMIPRAMINE	75
IMIPRAMINE HCL	**75**
IMIQUIMOD	**134**
IMITREX	89
IMITREX DF	90
IMODIUM	106
IMODIUM CALMING LIQUID	106
IMURAN	144
INCOBOTULINUMTOXINA	**139**
INDACATEROL MALEATE	**23**
INDAPAMIDE	**98**
INDERAL LA	42

	Page
INDINAVIR SULFATE	**9**
INDOMETHACIN	**58**
INFANTOL	138
INFLIXIMAB	**144**
INFUFER	27
INHIBACE	46
INHIBACE PLUS	47
INNOHEP	29
INSET II 90 DEGREE 6MMX110CM	147
INSET II 90 DEGREE 6MMX60CM	147
INSET II 90 DEGREE 9MMX110CM	147
INSET II 90 DEGREE 9MMX60CM	147
INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC	**121**
INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC	**121**
INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC	**121**
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC	**121**
INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)	**121**
INSULIN ASPART	**121**
INSULIN DETEMIR	**121**
INSULIN GLARGINE	**121**
INSULIN GLULISINE	**121**
INSULIN HUMAN BIOSYNTHETIC	**121**
INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%	**121**
INSULIN LISPRO	**122**
INSULIN LISPRO, INSULIN LISPRO PROTAMINE	**122**
INSULIN PEN NEEDLE	148
INSULIN PUMP SUPPLIES	**146**
INSULIN SYRINGES	149
INSUPEN PEN NEEDLES	148
INTELENCE	9
INTERFERON ALFA-2B	**16**
INTRAUTERINE DEVICE	**93**
INTRON A	16
INVEGA SUSTENNA	81
INVIRASE	10
IOPIDINE	104
IPECAC	**108**
IPECAC	108
IPRATROPIUM BROMIDE	**22**
IPRATROPIUM BROMIDE, SALBUTAMOL	**22**
IRBESARTAN	**51**
IRBESARTAN	51
IRBESARTAN HCT	52
IRBESARTAN, HYDROCHLOROTHIAZIDE	**52**
IRBESARTAN/HCTZ	52
IRBESARTAN-HCTZ	52
IRON	27
IRON	**27**
IRON DEXTRAN	**27**
IRON SUCROSE	**27**
ISDN	37
ISENTRESS	9
ISONIAZID	**8**
ISOPROPYL ALCOHOL	**147**
ISOPROPYL MYRISTATE	**128**
ISOPTIN SR	46
ISOPTO ATROPINE	102
ISOPTO CARBACHOL	102
ISOPTO CARPINE	103
ISOPTO HOMATROPINE	102
ISOPTO TEARS	104
ISOSORBIDE DINITRATE	**37**
ISOSORBIDE-5-MONONITRATE	**37**
ISOTAMINE	8
ISOTRETINOIN	**134**
ITEST	94
ITEST (ON)	94
ITEST LANCETS 28G	148
ITEST LANCETS 33G	148
ITRACONAZOLE	**7**
JAMP FERROUS FUMARATE	27
JAMP GLYCERIN	107
JAMP IBUPROFEN	58
JAMP ONDANSETRON	109
JAMP REHYDRALYTE	96
JAMP SULFATE FERREUX	27
JAMP-ACETAMINOPHEN	66
JAMP-ALENDRONATE	141
JAMP-ALLOPURINOL	140
JAMP-ALPRAZOLAM	86
JAMP-AMLODIPINE	43
JAMP-ANASTROZOLE	15
JAMP-ASA	56
JAMP-ATENOLOL	40
JAMP-ATORVASTATIN	33
JAMP-BICALUTAMIDE	15
JAMP-BISACODYL	106
JAMP-CALCIUM	96
JAMP-CALCIUM + VIT D	96
JAMP-CALCIUM+VITAM D	96
JAMP-CANDESARTAN	50
JAMP-CARVEDILOL	41
JAMP-CIPROFLOXACIN	5
JAMP-CITALOPRAM	73
JAMP-CLOPIDOGREL	30
JAMP-COLCHICINE	141
JAMP-CYANOCOBALAMIN	136
JAMP-CYCLOBENZAPRINE	24
JAMP-DIPHENHYDRAMINE	1
JAMP-DOCUSATE CALCIUM	106
JAMP-DOMPERIDONE	113
JAMP-DONEPEZIL	19
JAMP-ESCITALOPRAM	74
JAMP-EZETIMIBE	32
JAMP-FER	27
JAMP-FINASTERIDE	140
JAMP-FLUOXETINE	74
JAMP-FOLIC ACID	136
JAMP-FOSINOPRIL	47
JAMP-GABAPENTIN	68
JAMP-IBUPROFEN	58
JAMP-INDAPAMIDE	98
JAMP-IRBESARTAN	51
JAMP-IRBESARTAN/HCT	52
JAMP-K 1500	97
JAMP-K 600	97
JAMP-LETROZOLE	16
JAMP-LEVETIRACETAM	69
JAMP-LISINOPRIL	48
JAMP-LOSARTAN	52
JAMP-LOSARTAN HCTZ	53
JAMP-MAGNESIUM	96
JAMP-METFORMIN	120
JAMP-METFORMIN BLACKBERRY	120
JAMP-METHOTREXATE	17
JAMP-METOPROLOL-L	41
JAMP-MONTELUKAST	99
JAMP-MULTIVITAMIN A/D/C DROPS	138
JAMP-MYCOPHENOLATE	144
JAMP-OLANZAPINE ODT	80
JAMPOLYCIN	127
JAMP-OMEPRAZOLE DR	112
JAMP-PANTOPRAZOLE	112
JAMP-PAROXETINE	76
JAMP-PIOGLITAZONE	123
JAMP-POTASSIUM CHLORIDE	97
JAMP-PRAVASTATIN	34
JAMP-QUETIAPINE	82
JAMP-RAMIPRIL	49
JAMP-RISEDRONATE	143
JAMP-RISPERIDONE	83
JAMP-RIZATRIPTAN	89
JAMP-RIZATRIPTAN IR	89
JAMP-ROPINIROLE	92
JAMP-ROSUVASTATIN	35
JAMP-SENNA	107
JAMP-SENNOSIDES	107
JAMP-SERTRALINE	77
JAMP-SIMVASTATIN	36
JAMP-SODIUM PHOSPHATE	108
JAMP-SOTALOL	42
JAMP-TERBINAFINE	7
JAMP-VITAMIN	140
JAMP-VITAMIN B1	136
JAMP-VITAMIN B12	136
JAMP-VITAMIN D	137
JAMP-VITAMINE D	137
JAMPZINC-HC OINT	131
JAMP-ZOLMITRIPTAN	90
JAMP-ZOLMITRIPTAN ODT	90
JANUMET	120
JANUMET XR	121
JANUVIA	121
JAYDESS	118
JENTADUETO	120
K LYTE	97
K-10	97
KADIAN	64
KALETRA	9
KAYEXALATE	97
KENALOG-10	117
KENALOG-40	117
KEPPRA	69
KETOCONAZOLE	**7**
KETODERM	127
KETOPROFEN	**58**
KETOPROFEN	58
KETOPROFEN SR	58

	Page
KETOPROFEN-E	58
KETOROLAC TROMETHAMINE	**101**
KETOSTIX	95
KETOTIFEN FUMARATE	**1**
K-EXIT	97
KIVEXA	8
KLEAN-PREP	107
KOMBOGLYZE	120
KWELLADA-P	128
KYTRIL	109
LABETALOL HCL	**41**
LACOSAMIDE	**69**
LACRI LUBE	104
LACRISERT	104
LACTAID	108
LACTAID EXTRA STRENGTH	108
LACTAID ULTRA	108
LACTASE	**108**
LACTIC ACID, SALICYLIC ACID	**132**
LACTOMAX	108
LACTOMAX EXTRA	108
LACTULOSE	**96**
LACTULOSE	96
LAMICTAL	69
LAMISIL	7
LAMIVUDINE	**9**
LAMIVUDINE, ZIDOVUDINE	**9**
LAMOTRIGINE	69
LAMOTRIGINE	**69**
LANCET	**148**
LANREOTIDE	**139**
LANSOPRAZOLE	**111**
LANSOPRAZOLE	111
LANSOPRAZOLE ODT	**111**
LANSOPRAZOLE-15	111
LANSOPRAZOLE-30	111
LANSOYL GEL	107
LANSOYL GEL SUGARFREE	107
LANTUS CARTRIDGE	121
LANTUS SOLOSTAR	121
LANTUS VIAL	121
LANVIS	18
LASIX	97
LASIX SPECIAL	98
LATANOPROST	**103**
LATANOPROST	103
LATANOPROST/TIMOLOL MALEATE	**104**
LAX-A-DAY	107
LB VITAMIN B12	136
LECTOPAM	87
LEFLUNOMIDE	144
LEFLUNOMIDE	**144**
LESCOL	33
LESCOL XL	34
LETROZOLE	16
LETROZOLE	**16**
LEUCOVORIN CALCIUM	140
LEUCOVORIN CALCIUM	**140**
LEUKERAN	15
LEUPROLIDE ACETATE	**16**
LEVAQUIN	5
LEVATE	72
LEVEMIR 100UNIT/ML SC PENFILL	121
LEVEMIR FLEXTOUCH 100U/ML INJ	121
LEVETIRACETAM	69
LEVETIRACETAM	**69**
LEVOBUNOLOL HCL	**102**
LEVOCABASTINE HCL	**100**
LEVOCARB CR	91
LEVOCARNITINE	**97**
LEVODOPA, BENZERAZIDE	**91**
LEVODOPA, CARBIDOPA	**91**
LEVODOPA, CARBIDOPA,ENTACAPONE	**91**
LEVOFLOXACIN	5
LEVOFLOXACIN	**5**
LEVONORGESTREL	**118**
LEVONORGESTREL INTRAUTERINE INSERT	**118**
LEVOTHYROXINE SODIUM	**124**
LIBERTE UT380 SHORT	93
LIBERTE UT380 STANDARD	93
LIDEMOL	130
LIDEX	130
LIDOCAINE HCL	**131**
LIDOCAINE, PRILOCAINE	**132**
LIDODAN VISCOUS	131
LIFE BRAND PEN NEEDLES	148
LINAGLIPTIN	**120**
LINAGLIPTIN, METFORMIN	**120**
LINCTUS CODEINE	61
LINESSA 21	117
LINESSA 28	117
LINEZOLID	7
LINEZOLID	**7**
LIORESAL	25
LIORESAL DS	25
LIPASE, AMYLASE, PROTEASE	**108**
LIPIDIL EZ	32
LIPIDIL MICRO	32
LIPIDIL SUPRA	32
LIPITOR	33
LISDEXAMFETAMINE DIMESYLATE	**85**
LISINOPRIL	48
LISINOPRIL	**48**
LISINOPRIL, HYDROCHLOROTHIAZIDE	**48**
LISINOPRIL/HCTZ (Z)	48
LITHANE	88
LITHIUM CARBONATE	**88**
LITHIUM CITRATE	**89**
LIVOSTIN	100
LOCACORTEN VIOFORM	101
LODALIS	31
LODOXAMIDE TROMETHAMINE	**104**
LOESTRIN 1.5/30 21	118
LOESTRIN 1.5/30 28	118
LOMUSTINE	**16**
LONITEN	37
LOPERAMIDE	106
LOPERAMIDE HCL	**106**
LOPINAVIR, RITONAVIR	**9**
LOPRESOR	41
LOPRESOR SR	41
LORATADINE	**1**
LORATADINE	1
LORAZEPAM	**87**
LORAZEPAM	87
LOSARTAN	52
LOSARTAN POTASSIUM	**52**
LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDE	**53**
LOSARTAN/HCT	53
LOSARTAN/HCTZ	53
LOSARTAN-HCTZ	53
LOSEC	112
LOTENSIN	46
LOTRIDERM	129
LOVASTATIN	**34**
LOVASTATIN	34
LOVENEX HP	28
LOVENOX	28
LOWPRIN	56
LOXAPINE HCL	**79**
LOXAPINE SUCCINATE	**79**
LOZIDE	98
LUBRICATING NASAL GEL	104
LUBRICATING NASAL MIST	104
LUCENTIS PFS 10MG/ML INJ	105
LUMIGAN	103
LUPRON DEPOT	16
LUTERA 21	118
LUTERA 28	118
LUVOX	75
LYDERM	130
LYRICA	70
LYSODREN	17
M.O.S.	63
M.O.S. 10	63
M.O.S. 20	63
M.O.S. 40	63
M.O.S. 50	63
M.O.S. 60	63
M.O.S. SR	63
M.O.S. SULFATE	64
MACROBID	14
MACROGOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE	**107**
MACROGOL, PROPYLENE GLYCOL	**104**
MAG OXIDE	**106**
MAGIC BULLET	106
MAGNESIUM	96
MAGNESIUM	**96**
MAGNESIUM CITRATE	**96**
MAGNESIUM GLUCONATE	**97**
MAGNESIUM HYDROXIDE	**107**
MAGNESIUM OXIDE	106
MAGNESIUM-ODAN	139
MAGNIFIER	**148**
MAJEPTIL	84
MANERIX	76
MAPROTILINE HCL	**75**
MAR-ALLOPURINOL	140
MAR-AMITRIPTYLINE	72
MAR-AMLODIPINE	43

	Page
MAR-ANASTROZOLE	15
MAR-ATENOLOL	40
MARAVIROC	**9**
MAR-CELECOXIB	57
MAR-CIPROFLOXACIN	5
MAR-CITALOPRAM	73
MAR-CLOPIDOGREL	30
MAR-DOMPERIDONE	113
MAR-DONEPEZIL	19
MAR-ESCITALOPRAM	74
MAR-EZETIMIBE	32
MAR-FLUOXETINE	74
MAR-GABAPENTIN	68
MAR-GALANTAMINE ER	20
MAR-LETROZOLE	16
MAR-METFORMIN	120
MAR-MODAFINIL	85
MAR-MONTELUKAST	99
MAR-OLANZAPINE	80
MAR-OLANZAPINE ODT	80
MAR-ONDANSETRON	109
MAR-PANTOPRAZOLE	112
MAR-PAROXETINE	76
MAR-PREGABALIN	70
MAR-QUETIAPINE	82
MAR-RAMIPRIL	49
MAR-RISPERIDONE	83
MAR-RIZATRIPTAN	89
MAR-ROSUVASTATIN	35
MAR-SERTRALINE	77
MAR-SIMVASTATIN	36
MARVELON 21	117
MARVELON 28	117
MAR-ZOLMITRIPTAN	90
MATERNA	102
MATULAN	17
MAVIK	50
MAXALT	89
MAXALT RPD	89
MAXIDEX	101
MAXIMUM STRENGTH ACID REDUCER	111
M-CAL D	96
MEBENDAZOLE	**2**
MED-ANASTROZOLE	15
MED-CYPROTERONE	15
MED-DUTASTERIDE	140
MED-EXEMESTANE	15
MEDI+SURE	94
MEDI+SURE (ON)	94
MEDI+SURE SOFT 30G TWIST LANC.	148
MEDI+SURE SOFT 33G TWIST LANC.	148
MED-LATANOPROST	103
MED-LETROZOLE	16
MED-RIVASTIGMINE	20
MEDROL	116
MED-ROSUVASTATIN	35
MEDROXY	124
MEDROXYPROGESTERONE	124
MEDROXYPROGESTERONE ACETATE	**124**
MEFENAMIC	58
MEFENAMIC ACID	**58**
MEGACE	16
MEGESTROL	16
MEGESTROL ACETATE	**16**
MELOXICAM	**58**
MELOXICAM	58
MELPHALAN	**16**
MEPRON	13
MERCAPTOPURINE	17
MERCAPTOPURINE	**17**
MESALAZINE	**113**
MESASAL	113
M-ESLON	63
MESTINON	20
MESTINON-SR	20
METADOL	62
METAMUCIL ORIGINAL TEXTURE	107
METAMUCIL SM TEXT ORANGE	107
METAMUCIL SM TEXT ORANGE S/F	107
METAMUCIL SM TEXT UNFLAV	107
METFORMIN	120
METFORMIN FC	120
METFORMIN HCL	**120**
METHADONE	151
METHADONE HCL	**62**
METHADONE HCL (BC ONLY)	**62**
METHADONE HCL (PA)	**62**
METHADOSE	62
METHADOSE DELIV. W DIRECT INT	62
METHADOSE DELIV. W/OUT DIRECT	62
METHADOSE W/OUT DIRECT INTERA	62
METHADOSE DIRECT INTERACTION	62
METHADOSE SUGARFREE	62
METHAZOLAMIDE	**103**
METHAZOLAMIDE	103
METHOTREXATE	17
METHOTREXATE	**17**
METHOTREXATE SODIUM	**17**
METHOTRIMEPRAZINE	**79**
METHOXSALEN	**133**
METHSUXIMIDE	**67**
METHYLDOPA	37
METHYLDOPA	**37**
METHYLDOPA, HYDROCHLOROTHIAZIDE	**37**
METHYLPHENIDATE	86
METHYLPHENIDATE HCL	**85**
METHYLPREDNISOLONE	**116**
METHYLPREDNISOLONE	116
METHYLPREDNISOLONE ACETATE	**116**
METOCLOPRAMIDE HCL	**113**
METOLAZONE	**98**
METOPROLOL	41
METOPROLOL SR	41
METOPROLOL TARTRATE	**41**
METOPROLOL-L	41
METROCREAM	128
METROGEL	128
METROLOTION	128
METRONIDAZOLE	13
METRONIDAZOLE	**13**
METRONIDAZOLE, AVOBENZONE, OCTINOXATE	**128**
METRONIDAZOLE, NYSTATIN	**128**
MEVACOR	34
MEXILETINE HCL	**31**
MEZAVANT	113
MICARDIS	53
MICARDIS PLUS	54
MICATIN	127
MICONAZOLE	128
MICONAZOLE NITRATE	**127**
MICOZOLE	127
MICRO K EXTENCAPS SRC	97
MICROLAX	108
MICROLET LANCETS	148
MICRONOR 28	118
MIDAMOR	98
MIGRANAL	24
MILK OF MAGNESIA	107
MILK OF MAGNESIA PLAIN/SUGARFREE	107
MINERAL OIL	**107**
MINERAL OIL (HEAVY)	107
MINERAL OIL, PETROLATUM	**104**
MINERAL OIL, WHITE PETROLATUM	**104**
MINESTRIN 1/20 21	118
MINESTRIN 1/20 28	118
MINIPRESS	39
MINITRAN	37
MINOCYCLINE	6
MINOCYCLINE HCL	**6**
MIN-OVRAL 21	118
MIN-OVRAL 28	118
MINOXIDIL	**37**
MINT-ALENDRONATE	141
MINT-AMLODIPINE	43
MINT-ANASTROZOLE	15
MINT-ATENOLOL	40
MINT-CELECOXIB	57
MINT-CIPROFLOX	5
MINT-CIPROFLOXACIN	5
MINT-CITALOPRAM	73
MINT-CLOPIDOGREL	30
MINT-DUTASTERIDE	140
MINT-EZETIMIBE	32
MINT-FINASTERIDE	140
MINT-FLUOXETINE	74
MINT-GLICLAZIDE MR	122
MINT-HYDROCHLOROTHIAZIDE	98
MINT-HYDROXYCHLOROQUINE	13
MINT-IRBESARTAN/HCTZ	52
MINT-LOSARTAN	52
MINT-LOSARTAN/HCTZ	53
MINT-METFORMIN	120
MINT-MONTELUKAST	99
MINT-ONDANSETRON	109
MINT-PANTOPRAZOLE	112
MINT-PAROXETINE	76
MINT-PIOGLITAZONE	123
MINT-PRAVASTATIN	34
MINT-PREGABALIN	70

	Page
MINT-RAMIPRIL	49
MINT-RISPERIDONE	83
MINT-RIVASTIGMINE	20
MINT-ROSUVASTATIN	35
MINT-SERTRALINE	77
MINT-SIMVASTATIN	36
MINT-TOPIRAMATE	71
MINT-ZOLMITRIPTAN	90
MINT-ZOLMITRIPTAN ODT	90
MIO BLUE 6MMX18"	147
MIO BLUE 6MMX23"	147
MIO CLEAR 6MMX32"	147
MIO CLEAR 9MMX32"	147
MIO PINK 6MMX18"	147
MIO PINK 6MMX23"	147
MIOSTAT	103
MIRAPEX	91
MIRAPEX (ONT)	91
MIRENA	118
MIRTAZAPINE	**75**
MIRTAZAPINE	75
MIRVALA 21	117
MIRVALA 28	117
MISOPROSTOL	111
MISOPROSTOL	**111**
MITOTANE	**17**
MIXED VESPID VENOM PROTEIN	126
MK 10	97
MK 20	97
MK 8	97
MOBICOX	58
MOCLOBEMIDE	**75**
MODAFINIL	**85**
MODAFINIL	85
MODECATE	79
MOGADON	87
MOMETASONE FUROATE	**101**
MONA LISA 10	93
MONA LISA 5	93
MONA LISA N	93
MONISTAT 3	128
MONISTAT 3 DUAL PAK	127
MONISTAT 7	127
MONISTAT 7 DUAL PAK	127
MONISTAT-DERM	127
MONOJECT ALCOHOL WIPES	147
MONOLET (MONOJECT) 21G	148
MONOLET THIN (MONOJECT) 28G	148
MONTELUKAST	**99**
MONTELUKAST	99
MONUROL	13
MORPHINE HCL	**63**
MORPHINE SR	63
MORPHINE SULFATE	**63**
MORPHINE SULFATE (K)	**64**
MOTION SICKNESS	109
MOTRIN	58
MOTRIN JUNIOR STRENGTH	58
MOXIFLOXACIN HCL	**100**
MPD THIN (100)	148
MPD THIN (200)	148
MPD ULTRA THIN (100)	148
MPD ULTRA THIN (200)	148
MS CONTIN SR	63
MS IR	64
M-SENNOSIDES	107
MUCILLIUM	107
MULTI-PRE AND POST NATAL	138
MULTITAR PLUS	133
MULTI-TAR PLUS MILD	133
MULTIVITAMINS (PEDIATRIC)	**138**
MULTIVITAMINS (PRENATAL)	**138**
MUPIROCIN	**127**
MURO-128	105
MYA 28	117
MYCOBUTIN	8
MYCOPHENOLATE	144
MYCOPHENOLATE MOFETIL	**144**
MYCOPHENOLATE SODIUM	**145**
MYDFRIN	102
MYDRIACYL	102
MYFORTIC	145
MYHEALTH SYRINGE CASE-7	150
MYHEALTH SYRINGE CASE-SINGLE	150
MYLAN ZOLMITRIPTAN	90
MYLAN-ACEBUTOLOL	39
MYLAN-ACEBUTOLOL (TYPE S)	39
MYLAN-ACYCLOVIR	11
MYLAN-ALENDRONATE	141
MYLAN-ALMOTRIPTAN	89
MYLAN-ALPRAZOLAM	86
MYLAN-AMANTADINE	8
MYLAN-AMIODARONE	31
MYLAN-AMLODIPINE	43
MYLAN-AMOXICILLIN	4
MYLAN-ANASTROZOLE	15
MYLAN-ATENOLOL	40
MYLAN-ATORVASTATIN	33
MYLAN-AZATHIOPRINE	144
MYLAN-AZITHROMYCIN	3
MYLAN-BACLOFEN	25
MYLAN-BECLO AQ	100
MYLAN-BICALUTAMIDE	15
MYLAN-BISOPROLOL	40
MYLAN-BOSENTAN	38
MYLAN-BUDESONIDE AQ	101
MYLAN-BUPROPION XL	72
MYLAN-CANDESART HCTZ	51
MYLAN-CANDESARTAN	50
MYLAN-CAPTOPRIL	46
MYLAN-CARBAMAZEPINE CR	67
MYLAN-CARVEDILOL	41
MYLAN-CELECOXIB	57
MYLAN-CILAZAPRIL	46
MYLAN-CIMETIDINE	110
MYLAN-CIPROFLOXACIN	5
MYLAN-CITALOPRAM	73
MYLAN-CLARITHROMYCIN	3
MYLAN-CLINDAMYCIN	6
MYLAN-CLOBETASOL	130
MYLAN-CLONAZEPAM	66
MYLAN-CLOPIDOGREL	30
MYLAN-CYCLOPRINE	24
MYLAN-DOMPERIDONE	113
MYLAN-DONEPEZIL	19
MYLAN-DOXAZOSIN	39
MYLAN-EFAVIRENZ	8
MYLAN-ENALAPRIL	47
MYLAN-ENTACAPONE	91
MYLAN-ESCITALOPRAM	74
MYLAN-ETI-CAL CP	142
MYLAN-ETIDRONATE	142
MYLAN-EZETIMIBE	32
MYLAN-FAMOTIDINE	110
MYLAN-FENOFIBRATE	32
MYLAN-FENTANYL MATRIX	61
MYLAN-FIBRO	32
MYLAN-FINASTERIDE	140
MYLAN-FLUCONAZOLE	7
MYLAN-FLUOXETINE	74
MYLAN-FOSINOPRIL	47
MYLAN-GABAPENTIN	68
MYLAN-GALANTAMINE ER	20
MYLAN-GEMFIBROZIL	32
MYLAN-GLICLAZIDE	122
MYLAN-GLYBE	122
MYLAN-HYDROXYCHLOROQUINE	13
MYLAN-HYDROXYUREA	16
MYLAN-INDAPAMIDE	98
MYLAN-IPRATROPIUM	22
MYLAN-IPRATROPIUM UDV	22
MYLAN-IRBESARTAN	51
MYLAN-LAMOTRIGINE	69
MYLAN-LANSOPRAZOLE	111
MYLAN-LEFLUNOMIDE	144
MYLAN-LEVOFLOXACIN	5
MYLAN-LISINOPRIL	48
MYLAN-LISINOPRIL HCTZ	48
MYLAN-LOSARTAN	52
MYLAN-LOSARTAN/HCTZ	53
MYLAN-LOVASTATIN	34
MYLAN-MELOXICAM	58
MYLAN-METFORMIN	120
MYLAN-METOPROLOL (TYPE L)	41
MYLAN-MINOCYCLINE	6
MYLAN-MIRTAZAPINE	75
MYLAN-MONTELUKAST	99
MYLAN-MYCOPHENOLATE	144
MYLAN-NAPROXEN	59
MYLAN-NAPROXEN EC	59
MYLAN-NEVIRAPINE	9
MYLAN-NIFEDIPINE ER	44
MYLAN-NITRO	37
MYLAN-OLANZAPINE	80
MYLAN-OLANZAPINE ODT	80
MYLAN-OMEPRAZOLE	112
MYLAN-ONDANSETRON	109
MYLAN-PANTOPRAZOLE	112
MYLAN-PAROXETINE	76
MYLAN-PIOGLITAZONE	123
MYLAN-PRAMIPEXOLE	91
MYLAN-PRAVASTATIN	34
MYLAN-PROPAFENONE	31
MYLAN-QUETIAPINE	82
MYLAN-RABEPRAZOLE	112
MYLAN-RAMIPRIL	49
MYLAN-RANITIDINE	111
MYLAN-RISEDRONATE	143
MYLAN-RISPERIDONE	83
MYLAN-RISPERIDONE ODT	83

	Page
MYLAN-RIVASTIGMINE	20
MYLAN-RIZATRIPTAN ODT	89
MYLAN-ROSUVASTATIN	35
MYLAN-SELEGILINE	92
MYLAN-SERTRALINE	77
MYLAN-SIMVASTATIN	36
MYLAN-SOTALOL	43
MYLAN-SUMATRIPTAN	89
MYLAN-TAMOXIFEN	17
MYLAN-TELMISARTAN	53
MYLAN-TELMISARTAN HCTZ	54
MYLAN-TERAZOSIN	39
MYLAN-TERBINAFINE	7
MYLAN-TICLOPIDINE	30
MYLAN-TOPIRAMATE	71
MYLAN-TRAZODONE	77
MYLAN-VALACYCLOVIR	12
MYLAN-VALPROIC	72
MYLAN-VALSARTAN	54
MYLAN-VALSARTAN HCTZ	54
MYLAN-VENLAFAXINE XR	78
MYLAN-VERAPAMIL	46
MYLAN-VERAPAMIL SR	46
MYLAN-WARFARIN	29
MYLAN-ZOLMITRIPTAN ODT	90
MYLERAN	15
MYL-PREGABALIN	70
MYL-RANITIDINE	111
MYOCHRYSINE	114
NABILONE	**110**
NADOLOL	42
NADOLOL	**42**
NADROPARIN CALCIUM	**28**
NADRYL	1
NAFARELIN ACETATE	**119**
NALCROM	99
NAPHAZOLINE HCL	**102**
NAPHCON FORTE	102
NAPROSYN	59
NAPROSYN E	59
NAPROSYN SR	59
NAPROXEN	59
NAPROXEN	**59**
NAPROXEN EC	59
NAPROXEN NA	59
NAPROXEN SODIUM	**59**
NAPROXEN SODIUM	59
NAPROXEN SODIUM DS	59
NAPROXEN-NA DF	59
NARATRIPTAN HCL	**89**
NARDIL	76
NASACORT AQ	101
NASONEX	101
NAT-CITALOPRAM	73
NATEGLINIDE	**122**
NAUSEATOL	109
NAVANE	84
NEDOCROMIL SODIUM	**139**
NEEDLE	**148**
NELFINAVIR MESYLATE	**9**
NEO FER	27
NEO-HC	131
NEORAL	144
NEOSTIGMINE BROMIDE	**20**
NEPAFENAC	**101**
NERISONE	130
NERISONE OILY	130
NEULEPTIL	81
NEUPOGEN	30
NEURONTIN	68
NEUTROGENA T/GEL	133
NEVANAC 0.1% OP SOL	101
NEVIRAPINE	**9**
NEXT CHOICE	118
NIACIN	136
NIACIN	**136**
NIACIN YEAST FREE	136
NICODERM	26
NICORETTE	25
NICORETTE LOZENGE	25
NICORETTE PLUS	25
NICOTINE (GUM)	**25**
NICOTINE (INHALER)	**25**
NICOTINE (LOZENGE)	**25**
NICOTINE (PATCH)	**26**
NICOTINE GUM	25
NICOTROL TRANSDERMAL	26
NICOUMALONE	**28**
NIDAGEL	128
NIFEDIPINE	**44**
NIFEDIPINE	44
NILUTAMIDE	**17**
NIMODIPINE	**44**
NIMOTOP	44
NITOMAN	92
NITRAZEPAM	**87**
NITRO-DUR	37
NITROFURANTOIN	**14**
NITROFURANTOIN	14
NITROGLYCERIN	**37**
NITROL	37
NITROLINGUAL PUMPSPRAY	38
NITROSTAT	38
NIX	128
NIX DERMAL	128
NIZATIDINE	110
NIZATIDINE	**110**
NIZORAL	127
NOLVADEX D	17
NON POLLEN	**126**
NORETHINDRONE	**118**
NORFLOXACIN	**5**
NORITATE	128
NORLEVO	118
NORTRIPTYLINE HCL	**76**
NORVASC	43
NORVIR	10
NOVAMILOR	98
NOVAMOXIN	4
NOVAMOXIN SUGAR REDUCED	4
NOVASEN	56
NOVA-T IUD	93
NOVO 5-ASA	113
NOVO-BETAHISTINE	139
NOVO-DOCUSATE	106
NOVO-DOCUSATE CALCIUM	106
NOVO-DOMPERIDONE	113
NOVO-DOXAZOSIN	39
NOVO-DOXYLIN	6
NOVO-ENALAPRIL	47
NOVO-ENALAPRIL/HCTZ	47
NOVO-ETIDRONATECAL KIT	142
NOVO-FAMOTIDINE	110
NOVO-FENOFIBRATE	32
NOVO-FENOFIBRATE-S	32
NOVO-FERROGLUC	27
NOVO-FINASTERIDE	140
NOVOFINE PEN NEEDLES	148
NOVOFINE PLUS	149
NOVO-FLUCONAZOLE	7
NOVO-FLUOXETINE	74
NOVO-FLURPROFEN	58
NOVO-FLUVOXAMINE	75
NOVO-FOSINOPRIL	47
NOVO-FURANTOIN	14
NOVO-GABAPENTIN	68
NOVO-GEMFIBROZIL	32
NOVO-GESIC	65
NOVO-GLICLAZIDE	122
NOVO-GLYBURIDE	122
NOVO-HYDRAZIDE	98
NOVO-HYDROXYZIN	88
NOVO-HYLAZIN	37
NOVO-INDAPAMIDE	98
NOVO-IPRAMIDE	22
NOVO-KETOCONAZOLE	7
NOVO-KETOTIFEN	1
NOVO-LAMOTRIGINE	69
NOVO-LANSOPRAZOLE	111
NOVO-LEFLUNOMIDE	144
NOVO-LEVOCARBIDOPA	91
NOVO-LEVOFLOXACIN	5
NOVO-LEXIN	2
NOVOLIN GE 30/70 PENFILL	121
NOVOLIN GE 30/70 PENFILL (ON)	121
NOVOLIN GE 30/70 VIAL	121
NOVOLIN GE 40/60 PENFILL	121
NOVOLIN GE 50/50 PENFILL	121
NOVOLIN GE NPH PENFILL	121
NOVOLIN GE NPH PENFILL (ON)	121
NOVOLIN GE NPH VIAL	121
NOVOLIN GE TORONTO PENFILL	121
NOVOLIN GE TORONTO PENFILL (ON)	121
NOVOLIN GE TORONTO VIAL	121
NOVO-LISINOPRIL (TYPE P)	48
NOVO-LISINOPRIL (TYPE Z)	48
NOVO-LISINOPRIL/HCTZ (TYPE P)	48
NOVO-LISINOPRIL/HCTZ (TYPE Z)	48
NOVO-LOPERAMIDE	106
NOVO-LORAZEM	87
NOVO-LOVASTATIN	34
NOVO-MAPROTILINE	75
NOVO-MEDRONE	124
NOVO-MELOXICAM	58
NOVO-MEPRAZINE	80
NOVO-METFORMIN	120
NOVO-METHACIN	58
NOVO-METHOTREXATE	17
NOVO-METHYLPHENIDATE ER	86

	Page
NOVO-MEXILETINE	31
NOVO-MINOCYCLINE	6
NOVO-MIRTAZAPINE	75
NOVO-MIRTAZAPINE OD	75
NOVO-MOCLOBEMIDE	75
NOVO-MORPHINE SR	63
NOVO-NAPROX	59
NOVO-NAPROX SODIUM	59
NOVO-NAPROX SODIUM DS	59
NOVO-NARATRIPTAN	89
NOVO-NIZATIDINE	110
NOVO-NORFLOXACIN	5
NOVO-OFLOXACIN	6
NOVO-OLANZAPINE	80
NOVO-OLANZAPINE ODT	80
NOVO-ONDANSETRON	109
NOVO-OXYBUTYNIN	135
NOVO-PANTOPRAZOLE	112
NOVO-PAROXETINE	76
NOVO-PEN VK	4
NOVO-PERIDOL	79
NOVOPHENIRAM	1
NOVO-PINDOL	42
NOVO-PIOGLITAZONE	123
NOVO-PIROCAM	59
NOVO-PRAMINE	75
NOVO-PRAMIPEXOLE	91
NOVO-PRANOL	42
NOVO-PRAVASTATIN	34
NOVO-PRAZIN	39
NOVO-PREDNISONE	117
NOVO-PROFEN	58
NOVO-QUETIAPINE	82
NOVO-RABEPRAZOLE	112
NOVO-RALOXIFENE	119
NOVO-RAMIPRIL	49
NOVO-RANIDINE	111
NOVO-RANITIDINE	110
NOVORAPID	121
NOVORAPID FLEXTOUCH	121
NOVORAPID VIAL	121
NOVO-RISEDRONATE	142
NOVO-RISPERIDONE	83
NOVO-RIVASTIGMINE	20
NOVO-RYTHRO ESTOLATE	3
NOVO-SALBUTAMOL HFA	23
NOVO-SELEGILINE	92
NOVO-SEMIDE	97
NOVO-SERTRALINE	77
NOVO-SIMVASTATIN	36
NOVO-SOTALOL	42
NOVO-SPIROTON	55
NOVO-SPIROZINE-25	55
NOVO-SPIROZINE-50	55
NOVO-SUCRALATE	111
NOVO-SUMATRIPTAN	90
NOVO-SUMATRIPTAN DF	89
NOVO-SUNDAC	59
NOVO-TEMAZEPAM	88
NOVO-TERBINAFINE	7
NOVO-THEOPHYL SR	135
NOVO-TIAPROFENIC	59
NOVO-TIMOL	103
NOVO-TOPIRAMATE	71
NOVO-TRAZODONE	77
NOVO-TRIAMZIDE	98
NOVO-TRIMEL	6
NOVO-TRIMEL DS	6
NOVO-TRIPRAMINE	78
NOVOTWIST TIP NEEDLES	148
NOVO-VALPROIC	72
NOVO-VENLAFAXINE XR	78
NOVO-VERAMIL	46
NOVO-VERAMIL SR	46
NOVO-WARFARIN	29
NU-CAL	96
NU-CAL D	96
NU-PEN VK	4
NU-TRAZODONE D	77
NUVARING	117
NYADERM	128
NYDA	128
NYSTATIN	**7**
O-CALCIUM 500	96
OCCLUSAL HP	133
OCPHYL	124
OCTREOTIDE	**124**
OCTREOTIDE ACETATE OMEGA	139
OCUFLOX	100
ODAN K-20	97
ODAN K-8	97
ODANS LIQUOR CARBONIS DETERGENT	133
OESCLIM	119
OFLOXACIN	**6**
OFLOXACIN	6
OGEN .625	119
OIL-FREE ACNE WASH CLEANSER	132
OLANZAPINE	**80**
OLANZAPINE	80
OLANZAPINE ODT	80
OLESTYR LIGHT	31
OLESTYR REGULAR	31
OLMESARTAN MEDOXOMIL	**53**
OLMESARTAN MEDOXOMIL, HYDROCHLORTHIAZIDE	**53**
OLMETEC	53
OLMETEC PLUS	53
OLOPATADINE HCL	**100**
OLSALAZINE SODIUM	**113**
OMEPRAZOLE	**112**
OMEPRAZOLE	112
OMEPRAZOLE MAGNESIUM DR	112
OMEPRAZOLE-20	112
ONBREZ BREEZHALER	23
ONDANSETRON	109
ONDANSETRON HCL DIHYDRATE	**109**
ONDANSETRON-ODAN	109
ONDISSOLVE ODF	109
ONE TOUCH DELICA LANCET 30G	148
ONE TOUCH ULTRA	94
ONE TOUCH ULTRA (ON)	94
ONE TOUCH VERIO	94
ONE TOUCH VERIO (ON)	94
ONE-ALPHA	137
ONETOUCH DELICA LANCET 33G	148
ONETOUCH ULTRASOFT LANCETS	148
ONGLYZA	120
OPTICHAMBER	146
OPTICHAMBER DIAMOND (CHAMBER)	146
OPTICHAMBER DIAMOND (LARGE M)	146
OPTICHAMBER DIAMOND (MEDIUM M)	146
OPTICHAMBER LARGE MASK	146
OPTICHAMBER MEDIUM MASK	146
OPTICHAMBER SMALL MASK	146
OPTICROM	99
OPTIHALER	146
OPTIMYXIN	100
OPTIMYXIN EYE/EAR	100
OPTION 2	118
ORACORT	131
ORAP	81
ORCIPRENALINE SULFATE	**23**
ORENCIA	143
ORTHO 0.5/35 28	118
ORTHO 7/7/7 21	118
ORTHO 7/7/7 28	118
ORTHO 0.5/35 21	118
ORTHO 1/35 28	118
ORTHO 1/35 21	118
ORTHO CEPT 28	117
OSTOFORTE	137
OTRIVIN SALINE	105
OVIMA 21	118
OVIMA 28	118
OXAZEPAM	88
OXAZEPAM	**88**
OXEZE TURBUHALER	22
OXPAM	88
OXSORALEN	133
OXTRIPHYLLINE	**135**
OXY 5	128
OXYBUTYN	135
OXYBUTYNIN	135
OXYBUTYNIN CHLORIDE	**135**
OXYBUTYNINE	135
OXYCODONE	64
OXYCODONE HCL	**64**
OXYCODONE/ACET	60
OXY-IR	64
OYSTER SHELL CALCIUM	96
P&S PLUS	133
PALAFER	27
PALIPERIDONE PALMITATE	**81**
PAMIDRONATE DISODIUM	142
PAMIDRONATE DISODIUM	**142**
PANCREASE MT 10	108
PANCREASE MT 16	108
PANCREASE MT 4	108
PANOXYL	128
PANOXYL-5	128
PANTOLOC	112
PANTOPRAZOLE	112
PANTOPRAZOLE MAGNESIUM	**112**
PANTOPRAZOLE SODIUM	**112**
PANTOPRAZOLE-40	112

	Page
PARADIGM SILHOUETTE 13MMX18"	147
PARADIGM SILHOUETTE 13MMX23"	147
PARADIGM SILHOUETTE 13MMX32"	147
PARADIGM SILHOUETTE 13MMX43"	147
PARADIGM SILHOUETTE 17MMX23"	147
PARADIGM SILHOUETTE 17MMX32"	147
PARADIGM SILHOUETTE 17MMX43"	147
PARADIGM SILHOUETTE CANNULA 13MM	147
PARADIGM SILHOUETTE CANNULA 17MM	147
PARADIGM SURE-T 29G 6MMX18"	147
PARADIGM SURE-T 29G 6MMX23"	147
PARADIGM SURE-T 29G 8MMX23"	147
PARIET EC	112
PARNATE	77
PAROMOMYCIN SULFATE	**13**
PAROXETINE	76
PAROXETINE HCL	**76**
PARSITAN	90
PATANOL	100
PAT-GALANTAMINE ER	20
PAXIL	76
PDL-ACEBUTOLOL	39
PDL-NORTRIPTYLINE	76
PEDIAFER	27
PEDIALYTE	96
PEDIAPHEN	65
PEDIAPHEN CHEWABLE	65
PEDIAPRED	117
PEDIATRIC ELECTROLYTE	96
PEDIATRIX	65
PEDIAVIT	138
PEDIAVIT D	137
PEG 3350	107
PEGASYS	10
PEGASYS RBV	10
PEGETRON	10
PEGETRON REDIPEN	10
PEGINTERFERON ALFA-2A	**10**
PEGINTERFERON ALFA-2A, RIBAVIRIN	**10**
PEGINTERFERON ALFA-2B, RIBAVIRIN	**10**
PEGLYTE	107
PEN NEEDLE	**148**
PENICILLAMINE	**115**
PENICILLIN V POTASSIUM	**4**
PENICILLINE V	4
PENTASA	113
PENTOSAN POLYSULFATE SODIUM	**139**
PENTOXIFYLLINE	**30**
PENTRAX	133
PEPTO BISMOL	106
PERCOCET	60
PERCOCET DEMI	60
PERICHLOR	102
PERICYAZINE	**81**
PERIDEX	102
PERINDOPRIL ERBUMINE	**48**
PERINDOPRIL ERBUMINE, INDAPAMIDE	**48**
PERINDOPRIL ERBUMINE,INDAPAMIDE	**48**
PERIOGARD	102
PERMETHRIN	**128**
PERPHENAZINE	**81**
PETROLATUM	**132**
PETROLATUM, LANOLIN, MINERAL OIL	**104**
PETROLATUM, PETROLATUM LIQUID	**104**
PHARMA D	137
PHENELZINE SULFATE	**76**
PHENOBARB	66
PHENOBARBITAL	**66**
PHENYLEPHRINE	102
PHENYLEPHRINE HCL	**102**
PHENYLEPHRINE MINIMS	102
PHENYTOIN	**67**
PHL-AMIODARONE	31
PHL-AMLODIPINE	43
PHL-ATENOLOL	40
PHL-AZITHROMYCIN	3
PHL-BACLOFEN	25
PHL-CARVEDILOL	41
PHL-CIPROFLOXACIN	5
PHL-CITALOPRAM	73
PHL-CLONAZEPAM	66
PHL-CLONAZEPAM-R 0.5MG	66
PHL-CYCLOBENZAPRINE	24
PHL-DEXAMETHASONE	116
PHL-FLUOXETINE	74
PHL-INDAPAMIDE	98
PHL-LOXAPINE	79
PHL-MELOXICAM	58
PHL-ONDANSETRON	109
PHL-PIOGLITAZONE	123
PHL-QUETIAPINE	82
PHL-RANITIDINE	111
PHL-RISPERIDONE	83
PHL-SERTRALINE	77
PHL-SIMVASTATIN	36
PHL-SOTALOL	42
PHL-TOPIRAMATE	71
PHL-TRAZODONE	77
PHL-URSODIOL C	108
PHL-VALPROIC ACID	72
PHL-VERAPAMIL SR	46
PHOSLAX	108
PICO-SALAX	106
PILOCARPINE	20
PILOCARPINE HCL	**20**
PILOCARPINE NITRATE	**103**
PILOCARPINE NITRATE MINIMS	103
PILOPINE HS	103
PIMECROLIMUS	**134**
PIMOZIDE	**81**
PINDOLOL	42
PINDOLOL	**42**
PINDOLOL, HYDROCHLOROTHIAZIDE	**42**
PIOGLITAZONE	123
PIOGLITAZONE HCL	**123**
PIPERONYL BUTOXIDE, PYRETHRINS	**128**
PIROXICAM	**59**
PIVMECILLINAM HCL	**4**
PIZOTYLINE HYDROGEN MALATE	**90**
PLAN B	118
PLANTAGO SEED	**107**
PLAQUENIL	13
PLAVIX	30
PLENDIL	44
PMS CLOPIDOGREL	30
PMS-ACETAMINOPHEN	65
PMS-ACETAMINOPHEN WITH CODEINE	60
PMS-ALENDRONATE	141
PMS-ALENDRONATE FC	141
PMS-AMANTADINE	8
PMS-AMIODARONE	31
PMS-AMITRIPTYLINE	72
PMS-AMLODIPINE	43
PMS-AMLODIPINE-ATORVASTATIN	44
PMS-AMOXICILLIN	4
PMS-ANAGRELIDE	30
PMS-ANASTROZOLE	15
PMS-ASA	56
PMS-ASA EC	56
PMS-ATENOLOL	40
PMS-ATORVASTATIN	33
PMS-AZITHROMYCIN	3
PMS-BACLOFEN	25
PMS-BENZTROPINE	90
PMS-BENZYDAMINE	102
PMS-BETAHISTINE	139
PMS-BEZAFIBRATE	32
PMS-BICALUTAMIDE	15
PMS-BISACODYL	106
PMS-BISOPROLOL	40
PMS-BOSENTAN	38
PMS-BRIMONIDINE	102
PMS-BROMOCRIPTINE	91
PMS-BUPROPION SR	72
PMS-CALCIUM	96
PMS-CANDESARTAN	50
PMS-CANDESARTAN HCTZ	51
PMS-CAPTOPRIL	46
PMS-CARBAMAZEPINE	67
PMS-CARBAMAZEPINE CR	67
PMS-CARVEDILOL	41
PMS-CELECOXIB	57
PMS-CEPHALEXIN	2
PMS-CETIRIZINE	1
PMS-CILAZAPRIL	46
PMS-CIMETIDINE	110
PMS-CIPROFLOXACIN	5
PMS-CITALOPRAM	73
PMS-CLARITHROMYCIN	3
PMS-CLOBAZAM	87
PMS-CLOBETASOL	130
PMS-CLONAZEPAM	66
PMS-CLONAZEPAM R	66
PMS-CODEINE	61

	Page
PMS-COLCHICINE	141
PMS-CYCLOBENZAPRINE	24
PMS-DESIPRAMINE	74
PMS-DESMOPRESSIN	124
PMS-DESONIDE	130
PMS-DEXAMETHASONE	101
PMS-DIAZEPAM	87
PMS-DICLOFENAC	57
PMS-DICLOFENAC SR	57
PMS-DILTIAZEM CD	45
PMS-DIMENHYDRINATE	109
PMS-DIPHENHYDRAMINE	1
PMS-DIPIVEFRIN	102
PMS-DIVALPROEX	67
PMS-DOCUSATE CALCIUM	106
PMS-DOCUSATE SODIUM	106
PMS-DOMPERIDONE	113
PMS-DONEPEZIL	19
PMS-DOXAZOSIN	39
PMS-DUTASTERIDE	140
PMS-ENALAPRIL	47
PMS-ENTECAVIR	11
PMS-ERYTHROMYCIN	100
PMS-ESCITALOPRAM	74
PMS-EZETIMIBE	32
PMS-FAMCICLOVIR	11
PMS-FENTANYL MTX	61
PMS-FERROUS SULFATE	27
PMS-FINASTERIDE	140
PMS-FLUCONAZOLE	7
PMS-FLUOROMETHOLONE	101
PMS-FLUOXETINE	74
PMS-FLUPHENAZINE	79
PMS-FLUTAMIDE	16
PMS-FOSINOPRIL	47
PMS-FUROSEMIDE	97
PMS-GABAPENTIN	68
PMS-GALANTAMINE ER	20
PMS-GEMFIBROZIL	32
PMS-GENTAMICIN	100
PMS-GLYBURIDE	122
PMS-HALOPERIDOL	79
PMS-HALOPERIDOL LA	79
PMS-HYDROCHLOROTHIAZIDE	98
PMS-HYDROMORPHONE	62
PMS-HYDROXYZINE	88
PMS-IBUPROFEN	58
PMS-INDAPAMIDE	98
PMS-IPRATROPIUM	22
PMS-IPRATROPIUM UDV	22
PMS-IRBESARTAN	51
PMS-IRBESARTAN/HCT	52
PMS-ISMN	37
PMS-ISONIAZID	8
PMS-ISOSORBIDE	37
PMS-KETOPROFEN	58
PMS-KETOTIFEN	1
PMS-LACTULOSE	107
PMS-LAMOTRIGINE	69
PMS-LANSOPRAZOLE	111
PMS-LATANOPROST	103
PMS-LATANOPROST-TIMOLOL	104
PMS-LEFLUNOMIDE	144
PMS-LETROZOLE	16
PMS-LEVETIRACETAM	69
PMS-LEVOBUNOLOL	103
PMS-LEVOCARB CR	91
PMS-LEVOFLOXACIN	5
PMS-LIDOCAINE VISCOUS	131
PMS-LISINOPRIL	48
PMS-LITHIUM CARBONATE	88
PMS-LITHIUM CITRATE	89
PMS-LOPERAMIDE	106
PMS-LORAZEPAM	87
PMS-LOSARTAN	52
PMS-LOSARTAN-HCTZ	53
PMS-LOVASTATIN	34
PMS-MELOXICAM	58
PMS-METFORMIN	120
PMS-METHOTRIMEPRAZINE	80
PMS-METHYLPHENIDATE	86
PMS-METHYLPHENIDATE ER	85
PMS-METOCLOPRAMIDE	113
PMS-METOPROLOL-B	41
PMS-METOPROLOL-L	41
PMS-MINOCYCLINE	6
PMS-MIRTAZAPINE	75
PMS-MISOPROSTOL	111
PMS-MOCLOBEMIDE	76
PMS-MOMETASONE	131
PMS-MONOCYCLINE	6
PMS-MONTELUKAST	99
PMS-NABILONE	110
PMS-NAPROXEN EC	59
PMS-NEVIRAPINE	9
PMS-NIFEDIPINE	44
PMS-NIZATIDINE	110
PMS-NORFLOXACIN	5
PMS-NYSTATIN	7
PMS-OLANZAPINE	80
PMS-OLANZAPINE ODT	80
PMS-OMEPRAZOLE	112
PMS-ONDANSETRON	109
PMS-OXYBUTYNIN	135
PMS-OXYCODONE	64
PMS-PAMIDRONATE	142
PMS-PANTOPRAZOLE	112
PMS-PAROXETINE	76
PMS-PERPHENAZINE	81
PMS-PHOSPHATES SOLUTION	108
PMS-PINDOLOL	42
PMS-PIOGLITAZONE	123
PMS-PIROXICAM	59
PMS-POLYTRIMETHOPRIM	100
PMS-POTASSIUM	97
PMS-PRAMIPREXOLE	91
PMS-PRAVASTATIN	34
PMS-PREDNISOLONE	117
PMS-PREGABALIN	70
PMS-PROCHLORPERAZINE	81
PMS-PROCYCLIDINE	90
PMS-PROPAFENONE	31
PMS-PROPRANOLOL	42
PMS-PYRAZINAMIDE	8
PMS-QUETIAPINE	82
PMS-QUINAPRIL	48
PMS-RABEPRAZOLE	112
PMS-RALOXIFENE	119
PMS-RAMIPRIL	49
PMS-RAMIPRIL-HCTZ	50
PMS-RANITIDINE	111
PMS-REPAGLINIDE	122
PMS-RISEDRONATE	143
PMS-RISPERIDONE	83
PMS-RISPERIDONE ODT	83
PMS-RIVASTIGMINE	20
PMS-RIZATRIPTAN RDT	89
PMS-ROPINIROLE	92
PMS-ROSUVASTATIN	35
PMS-SALBUTAMOL	23
PMS-SENNOSIDES	107
PMS-SERTRALINE	77
PMS-SILDENAFIL R	38
PMS-SIMVASTATIN	36
PMS-SOD CROMOGLYCATE	99
PMS-SOD POLYSTYRENE SULF	97
PMS-SOD POLYSTYRENE SULFONA	97
PMS-SODIUM DOCUSATE	106
PMS-SOTALOL	42
PMS-SULFASALAZINE	6
PMS-SUMATRIPTAN	89
PMS-TAMOXIFEN	17
PMS-TELMISARTAN	53
PMS-TELMISARTAN-HCTZ	54
PMS-TERAZOSIN	39
PMS-TERBINAFINE	7
PMS-TESTOSTERONE	117
PMS-TETRABENAZINE	92
PMS-THEOPHYLLINE	135
PMS-TIAPROFENIC	59
PMS-TIMOLOL	103
PMS-TOPIRAMATE	71
PMS-TRAZODONE	77
PMS-TRIFLUOPERAZINE	84
PMS-TRIHEXYPHENIDYL	91
PMS-URSODIOL	108
PMS-VALACYCLOVIR	12
PMS-VALPROIC ACID	72
PMS-VALSARTAN	54
PMS-VENLAFAXINE XR	78
PMS-VERAPAMIL SR	46
PMS-ZOLMITRIPTAN	90
PMS-ZOLMITRIPTAN ODT	90
POCKET CHAMBER	146
POCKET CHAMBER WITH ADULT MASK	146
POCKET CHAMBER WITH INFANT MASK	146
POCKET CHAMBER WITH MEDIUM MASK	146
POCKET CHAMBER WITH SMALL MASK	146
PODOFILM	132
PODOFILOX	**132**
PODOPHYLLIN	**132**
PODS	147
POLISTES SPP VENOM PROTEIN EXTRACT	**126**
POLLEN	**126**
POLLEN AND NON POLLEN	**126**
POLLINEX R	126
POLYETHYLENE GLYCOL	107

	Page
POLYETHYLENE GLYCOL 3350	**107**
POLYETHYLENE GLYCOL 3350	107
POLYETHYLENE GLYCOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE	**107**
POLYMYXIN B SULFATE, BACITRACIN	**127**
POLYMYXIN B SULFATE, BACITRACIN, GRAMICIDIN	**127**
POLYMYXIN B SULFATE, TRIMETHOPRIM SULFATE	**100**
POLYSPORIN	100
POLYSPORIN ANTIBIOTIC	127
POLYSPORIN EYE/EAR	100
POLYSPORIN TRIPLE	127
POLYTAR	133
POLYTOPIC	127
POLYTRIM	100
POLYVINYL ALCOHOL	**104**
POLYVINYL ALCOHOL, POVIDONE	**104**
POLY-VI-SOL	138
PORTIA 21	118
PORTIA 28	118
POTASSIUM CHLORIDE	**97**
POTASSIUM CITRATE	**97**
POVIDONE-IODINE	**129**
PRADAXA	28
PRAMIPEXOLE	91
PRAMIPEXOLE DIHYDROCHLORIDE	**91**
PRAVACHOL	34
PRAVASTATIN	34
PRAVASTATIN SODIUM	**34**
PRAVASTATIN-10	34
PRAVASTATIN-20	34
PRAVASTATIN-40	34
PRAXIS ASA EC	56
PRAZOSIN HCL	**39**
PRECISION XTRA	94
PRECISION XTRA (ON)	94
PRED FORTE	101
PRED MILD	101
PREDNISOLONE	101
PREDNISOLONE ACETATE	**101**
PREDNISOLONE ACETATE, SULFACETAMIDE SODIUM	**101**
PREDNISOLONE SODIUM PHOSPHATE	**101**
PREDNISONE	**117**
PREDNISONE	117
PREFRIN LIQUIFILM	102
PREGABALIN	**70**
PREGABALIN	70
PREGABALIN-150	70
PREGABALIN-25	70
PREGABALIN-50	70
PREGABALIN-75	70
PREMARIN	118
PREMPLUS	118
PRENATAL & POSTPARTUM	138
PRENATAL AND POSTPARTUM	138
PREVACID	111
PREVACID FASTAB	111
PREVEX	132
PREVEX B	129
PREVEX HC	130
PREZISTA	8
PRIMAQUINE	13
PRIMAQUINE PHOSPHATE	**13**
PRIMIDONE	66
PRIMIDONE	**66**
PRINIVIL	48
PRINZIDE	48
PRIVA-CELECOXIB	57
PRIVA-CETIRIZINE	1
PRIVA-ESCITALOPRAM	74
PRIVA-EZETIMIBE	32
PRIVA-PANTOPRAZOLE	112
PRO-600K	97
PRO-AMIODARONE	31
PRO-AMOX	4
PRO-ASA 80MG EC TAB	56
PRO-ASA 80MG TAB	56
PRO-AZITHROMYCIN	3
PROBETA	104
PRO-BICALUTAMIDE	15
PRO-BISOPROLOL	40
PROCAINAMIDE HCL	**31**
PROCAN SR	31
PROCARBAZINE HCL	**17**
PRO-CARVEDILOL	41
PRO-CEFADROXIL	2
PRO-CEFUROXIME	2
PROCET-30	60
PROCHLORPERAZINE	81
PROCHLORPERAZINE	**81**
PRO-CIPROFLOXACIN	5
PRO-CLARITHROMYCIN	3
PRO-CLONAZEPAM	66
PROCTODAN HC	131
PROCTOL	131
PROCTOSEDYL	131
PROCYCLIDINE HCL	**90**
PROCYTOX	15
PRO-DEXAMETHASONE	116
PRO-ENALAPRIL	47
PRO-FENO-SUPER	32
PRO-FLUCONAZOLE	7
PRO-FLUOXETINE	74
PRO-GABAPENTIN	68
PROGESTERONE	**124**
PRO-GLYBURIDE	122
PROGLYCEM	37
PROGRAF	145
PRO-HYDROXYQUINE	13
PRO-INDAPAMIDE	98
PRO-INDO	58
PRO-ISMN	37
PRO-LEVETIRACETAM	69
PRO-LEVOCARB	91
PROLIA	142
PRO-LISINOPRIL	48
PROLOPA	91
PRO-LORAZEPAM	87
PRO-LOVASTATIN	34
PRO-METFORMIN	120
PROMETRIUM	124
PRO-MIRTAZAPINE	75
PRO-NAPROXEN EC	59
PRO-OXYCOD ACET	60
PROPADERM	129
PROPAFENONE	31
PROPAFENONE HYDROCHLORIDE	**31**
PRO-PIOGLITAZONE	123
PROPRANOLOL HCL	**42**
PROPYL THYRACIL	125
PROPYLTHIOURACIL	**125**
PRO-QUETIAPINE	82
PRO-RABEPRAZOLE	112
PRO-RAMIPRIL	49
PRO-RISPERIDONE	83
PROSCAR	140
PRO-SOTALOL	42
PROSTIGMIN	20
PROTOPIC	134
PRO-TOPIRAMATE	71
PRO-TRIAZIDE	98
PROTRIN DF	6
PRO-VALACYCLOVIR	12
PROVERA	124
PROVERA PAK	124
PRO-VERAPAMIL SR	46
PROZAC	74
PSYLLIUM HYDROPHILIC MUCILLOID	**107**
PULMICORT NEBUAMP	116
PULMICORT TURBUHALER	116
PULMOPHYLLIN	135
PURG-ODAN	106
PURIFYING CLEANSER	132
PURINETHOL	17
PYRANTEL PAMOATE	**2**
PYRAZINAMIDE	**8**
PYRIDOSTIGMINE BROMIDE	**20**
PYRIDOXINE HCL	**136**
PYRIMETHAMINE	**13**
QUETIAPINE	82
QUETIAPINE FUMARATE	**81**
QUETIAPINE XR	81
QUICK-SET 6MMX18"	147
QUICK-SET 6MMX23"	147
QUICK-SET 6MMX32"	147
QUICK-SET 6MMX43"	147
QUICK-SET 9MMX23"	147
QUICK-SET 9MMX32"	147
QUICK-SET 9MMX43"	147
QUINAPRIL	48
QUINAPRIL HCL	**48**
QUINAPRIL HCL, HYDROCHLOROTHIAZIDE	**49**
QVAR	116
R & C	128
RABEPRAZOLE	112
RABEPRAZOLE EC	112
RABEPRAZOLE SODIUM	**112**
RALOXIFENE	119
RALOXIFENE HCL	**119**
RALTEGRAVIR	**9**
RAMIPRIL	49

	Page
RAMIPRIL	**49**
RAMIPRIL, HYDROCHLOROTHIAZIDE	**50**
RAMIPRIL-10	50
RAMIPRIL-2.5	49
RAMIPRIL-5	49
RAMIPRIL-HCTZ	50
RAN RAMIPRIL	49
RAN-ALENDRONATE	141
RAN-AMLODIPINE	43
RAN-ANASTROZOLE	15
RAN-ATENOLOL	40
RAN-ATORVASTATIN	33
RAN-BICALUTAMIDE	15
RAN-CANDESARTAN	50
RAN-CARVEDILOL	41
RAN-CEFPROZIL	2
RAN-CELECOXIB	57
RAN-CIPROFLOX	5
RAN-CITALO	73
RAN-CLARITHROMYCIN	3
RAN-CLOPIDOGREL	30
RAN-DOMPERIDONE	113
RAN-DONEPEZIL	19
RAN-ENALAPRIL	47
RAN-ESCITALOPRAM	74
RAN-EZETIMIBE	32
RAN-FENTANYL MATRIX	61
RAN-FINASTERIDE	140
RAN-FLUOXETINE	74
RAN-FOSINOPRIL	47
RAN-GABAPENTIN	68
RANIBIZUMAB	**105**
RAN-IRBESARTAN	51
RAN-IRBESARTAN HCTZ	52
RANITIDINE	111
RANITIDINE HCL	**110**
RAN-LANSOPRAZOLE	111
RAN-LETROZOLE	16
RAN-LEVETIRACETAM	69
RAN-LISINOPRIL	48
RAN-LOSARTAN	52
RAN-METFORMIN	120
RAN-MONTELUKAST	99
RAN-NABILONE	110
RAN-OLANZAPINE	80
RAN-OLANZAPINE ODT	80
RAN-OMEPRAZOLE	112
RAN-ONDANSETRON	109
RAN-PANTOPRAZOLE	112
RAN-PIOGLITAZONE	123
RAN-PRAVASTATIN	34
RAN-PREGABALIN	70
RAN-QUETIAPINE	82
RAN-RABEPRAZOLE	112
RAN-RANITIDINE	111
RAN-ROPINIROLE	92
RAN-ROSUVASTATIN	35
RAN-SERTRALINE	77
RAN-SIMVASTATIN	36
RAN-TOPIRAMATE	71
RAN-VALSARTAN	54
RAN-VENLAFAXINE XR	78
RAPAMUNE	145
RAPID-D 10MM/110CM	146
RAPID-D 10MM/60CM	146
RAPID-D 10MM/80CM	146
RAPID-D 6MM/110CM	146
RAPID-D 6MM/60CM	146
RAPID-D 6MM/80CM	146
RAPID-D 8MM/110CM	146
RAPID-D 8MM/60CM	146
RAPID-D 8MM/80CM	146
RATIO-ACLAVULANATE	4
RATIO-ACYCLOVIR	11
RATIO-AMCINONIDE	129
RATIO-AMLODIPINE	43
RATIO-ATENOLOL	40
RATIO-ATORVASTATIN	33
RATIO-AZITHROMYCIN	3
RATIO-BACLOFEN	25
RATIO-BISACODYL	106
RATIO-BRIMONIDINE	102
RATIO-BUPROPION	72
RATIO-CARVEDILOL	41
RATIO-CEFUROXIME	2
RATIO-CIPROFLOXACIN	5
RATIO-CLARITHROMYCIN	3
RATIO-CLOBETASOL	130
RATIO-CODEINE	61
RATIO-CYCLOBENZAPRINE	24
RATIO-DEXAMETHASONE	116
RATIO-DILTIAZEM CD	45
RATIO-DOCUSATE CALCIUM	106
RATIO-DOCUSATE SODIUM	106
RATIO-DOMPERIDONE	113
RATIO-ECTOSONE	129
RATIO-EMTEC-30	60
RATIO-ENALAPRIL	47
RATIO-FENOFIBRATE	32
RATIO-FINASTERIDE	140
RATIO-FLUTICASONE	101
RATIO-FLUVOXAMINE	75
RATIO-GABAPENTIN	68
RATIO-GLYBURIDE	122
RATIO-HEMCORT HC	131
RATIO-INDOMETHACIN	58
RATIO-IPRA SAL	22
RATIO-IPRATROPIUM UDV	22
RATIO-IRBESART/HCT	52
RATIO-IRBESARTAN	51
RATIO-LACTULOSE	107
RATIO-LENOLTEC NO.2	60
RATIO-LENOLTEC NO.3	60
RATIO-LEVOBUNOLOL	102
RATIO-MAGNESIUM	97
RATIO-MELOXICAM	58
RATIO-METFORMIN	120
RATIO-METHOTREXATE	17
RATIO-MINOCYCLINE	6
RATIO-MIRTAZAPINE	75
RATIO-MOMETASONE	131
RATIO-MORPHINE	63
RATIO-NYSTATIN	7
RATIO-OMEPRAZOLE	112
RATIO-ONDANSETRON	109
RATIO-OXYCOCET	60
RATIO-OXYCODAN	60
RATIO-PIOGLITAZONE	123
RATIO-PRAVASTATIN	34
RATIO-PREDNISOLONE	101
RATIO-PROCTOSONE	131
RATIO-QUETIAPINE	82
RATIO-RAMIPRIL	49
RATIO-RANITIDINE	111
RATIO-RISPERIDONE	83
RATIO-RIVASTIGMINE	20
RATIO-SALBUTAMOL	23
RATIO-SILDENAFIL R	38
RATIO-SIMVASTATIN	36
RATIO-SOTALOL	42
RATIO-TAMSULOSIN	24
RATIO-TEMAZEPAM	88
RATIO-TERAZOSIN	39
RATIO-TOPILENE GLYCOL	129
RATIO-TOPISALIC	129
RATIO-TOPISONE	129
RBX-RISPERIDONE	83
REACTINE	1
RECLIPSEN 21	117
RECLIPSEN 28	117
REFRESH LIQUIGEL	105
REFRESH PLUS	105
REFRESH TEARS	105
RELAXA	107
REMERON	75
REMERON RD	75
REMICADE	144
REMINYL ER	20
REPAGLINIDE	**122**
REPAGLINIDE	122
REQUIP	92
RESERVOIR 5XX 1.8ML SYRINGE	147
RESERVOIR PARADIGM 7XX3.0ML	147
RESONIUM CALCIUM	97
RESTORIL	88
RESULTZ	128
RETIN A	132
RETROVIR	10
REVATIO	38
REYATAZ	8
RHINARIS-CS	99
RHINOCORT AQ	101
RHINOCORT TURBUHALER	101
RHO-NITRO PUMPSPRAY	38
RIDAURA	114
RIFABUTIN	**8**
RIFADIN	8
RIFAMPIN	**8**
RILPIVIRINE HCL	**9**
RISEDRONATE	143
RISEDRONATE SODIUM	**142**
RISEDRONATE-35	143
RISPERDAL	83
RISPERDAL CONSTA	84
RISPERDAL-M	83
RISPERIDONE	83
RISPERIDONE	**83**
RISPERIDONE (CONSTA)	**84**
RITONAVIR	**10**
RITUXAN	17

	Page
RITUXIMAB	**17**
RIVA CLOPIDOGREL	30
RIVA OXAZEPAM	88
RIVA-ALENDRONATE	141
RIVA-ALPRAZOLAM	86
RIVA-AMIODARONE	31
RIVA-AMLODIPINE	43
RIVA-ANASTROZOLE	15
RIVA-ATENOLOL	40
RIVA-ATORVASTATIN	33
RIVA-AZITHROMYCIN	3
RIVA-BACLOFEN	25
RIVA-CANDESARTAN	50
RIVA-CELECOX	57
RIVA-CIPROFLOXACIN	5
RIVA-CITALOPRAM	73
RIVA-CLARITHROMYCIN	3
RIVA-CLONAZEPAM	66
RIVACOCET	60
RIVA-CYCLOBENZAPRINE	24
RIVA-CYPROTERONE	15
RIVA-D 400 UNIT CAP	137
RIVA-DONEPEZIL	19
RIVA-DUTASTERIDE	140
RIVA-ENALAPRIL	47
RIVA-ESCITALOPRAM	74
RIVA-EZETIMIBE	32
RIVA-FENOFIBRATE MICRO	32
RIVA-FLUCONAZOLE	7
RIVA-FLUOXETINE	74
RIVA-FLUVOX	75
RIVA-FOSINOPRIL	47
RIVA-GABAPENTIN	68
RIVA-GEMFIBROZIL	32
RIVA-GLYBURIDE	122
RIVA-HYDROXYZIN	88
RIVA-INDAPAMIDE	98
RIVA-IRBESARTAN	51
RIVA-K	97
RIVA-K 20	97
RIVA-LANSOPRAZOLE	111
RIVA-LETROZOLE	16
RIVA-LISINOPRIL	48
RIVA-LOPERAMIDE	106
RIVA-LOVASTATIN	34
RIVA-METFORMIN	120
RIVA-METOPROLOL L	41
RIVA-MINOCYCLINE	6
RIVA-MIRTAZAPINE	75
RIVA-MOTELUKAST	99
RIVANASE AQ	100
RIVA-OLANZAPINE	80
RIVA-OMEPRAZOLE DR	112
RIVA-OXYBUTYNIN	135
RIVA-PANTOPRAZOLE	112
RIVA-PAROXETINE	76
RIVA-PRAVASTATIN	34
RIVA-PREGABALIN	70
RIVA-QUETIAPINE	82
RIVA-RABEPRAZOLE	113
RIVA-RABEPRAZOLE EC	112
RIVA-RANITIDINE	111
RIVA-RANTIDINE	111
RIVA-RISEDRONATE	143
RIVA-RISPERIDONE	83
RIVA-RIZATRIPTAN ODT	89
RIVA-ROSUVASTATIN	35
RIVAROXABAN	**29**
RIVAROXABAN (10)	**29**
RIVASA	56
RIVASA EC	56
RIVA-SENNA	107
RIVA-SERTRALINE	77
RIVA-SIMVASTATIN	36
RIVASOL HC	131
RIVASOL-HC	131
RIVASONE	129
RIVA-SOTALOL	43
RIVASTIGMINE	**20**
RIVASTIGMINE	20
RIVA-TERBINAFINE	7
RIVA-VALACYCLOVIR	12
RIVA-VALSARTAN	54
RIVA-VENLAFAXINE XR	78
RIVA-VERAPAMIL SR	46
RIVA-ZOLMITRIPTAN	90
RIVOTRIL	66
RIZATRIPTAN	**89**
RIZATRIPTAN RDT	89
ROCALTROL	137
ROFACT	8
ROLENE	129
ROPINIROLE	92
ROPINIROLE HCL	**92**
ROSASOL	128
ROSIGLITAZONE MALEATE	**123**
ROSONE	129
ROSUVASTATIN	35
ROSUVASTATIN CALCIUM	**35**
ROSUVASTATIN-10	35
ROSUVASTATIN-20	35
ROSUVASTATIN-40	35
ROSUVASTATIN-5	35
RUFINAMIDE	**71**
RYTHMODAN	31
RYTHMOL	31
SABRIL	72
SALAGEN	20
SALAZOPYRIN	6
SALBUTAMOL	**23**
SALBUTAMOL HFA	23
SALBUTAMOL, IPRATROPIUM	**22**
SALICYLIC ACID	**132**
SALINEX	105
SALINEX DROPS	105
SALMETEROL XINAFOATE	**23**
SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE	**24**
SALOFALK	113
SANDOMIGRAN	90
SANDOMIGRAN DS	90
SANDOSTATIN	139
SANDOSTATIN LAR	139
SANDOZ ALENDRONATE	141
SANDOZ ALENDRONATE/CHOLECALCIFEROL	142
SANDOZ ALFUZOSIN	24
SANDOZ ALMOTRIPTAN	89
SANDOZ ANASTROZOLE	15
SANDOZ ANUZINC HC	131
SANDOZ ANUZINC HC PLUS	131
SANDOZ ATORVASTATIN	33
SANDOZ BOSENTAN	38
SANDOZ BRIMONIDINE	102
SANDOZ CANDESARTAN	50
SANDOZ CANDESARTAN PLUS	51
SANDOZ CAPECITABINE	15
SANDOZ CEFPROZIL	2
SANDOZ CELECOXIB	57
SANDOZ CIPROFLOXACIN	100
SANDOZ CLOPIDOGREL	30
SANDOZ DICLO/MISOPROS	58
SANDOZ DONEPEZIL	19
SANDOZ DORZOLAMIDE	103
SANDOZ DORZOLAMIDE/TIMOLOL	103
SANDOZ DUTASTERIDE	140
SANDOZ ENALAPRIL	47
SANDOZ ENTACAPONE	91
SANDOZ ESCITALOPRAM	74
SANDOZ EZETIMIBE	32
SANDOZ FENOFIBRATE E	32
SANDOZ FENOFIBRATE S	32
SANDOZ FENTANYL	61
SANDOZ FINASTERIDE	140
SANDOZ FLUOROMETHOLONE	101
SANDOZ FLUVASTATIN	33
SANDOZ INDOMETHACIN	58
SANDOZ IRBESART/HCT	52
SANDOZ IRBESARTAN	51
SANDOZ LANSOPRAZOLE	111
SANDOZ LATANOPROST	103
SANDOZ LATANOPROST/TIMOLOL	104
SANDOZ LEFLUNOMIDE	144
SANDOZ LETROZOLE	16
SANDOZ LEVOFLOXACIN	5
SANDOZ LINEZOLID	7
SANDOZ LISINOPRIL	48
SANDOZ LISINOPRIL HCT	48
SANDOZ LOSARTAN	52
SANDOZ LOSARTAN HCT	53
SANDOZ METOPROLOL (L)	41
SANDOZ MONTELUKAST	99
SANDOZ MORPHINE SR	63
SANDOZ MYCOPHENOLATE	144
SANDOZ NARATRIPTAN	89
SANDOZ OFLOXACIN	100
SANDOZ OLANZAPINE ODT	80
SANDOZ OLOPATADINE	100
SANDOZ OMEPRAZOLE	112
SANDOZ OXYCODONE ACET	60
SANDOZ PIOGLITAZONE	123
SANDOZ POLYTRIMETHOPRIM	100
SANDOZ PREGABALIN	70
SANDOZ PROCTOMYXIN HC	131
SANDOZ QUETIAPINE XRT	81
SANDOZ RAMIPRIL	50
SANDOZ REPAGLINIDE	122
SANDOZ RISEDRONATE	143
SANDOZ RISPERIDONE	83
SANDOZ RIVASTIGMINE	20

	Page
SANDOZ RIZATRIPTAN ODT	89
SANDOZ ROSUVASTATIN	35
SANDOZ TACROLIMUS	145
SANDOZ TAMSULOSIN	24
SANDOZ TELMISARTAN	53
SANDOZ TELMISARTAN HCT	54
SANDOZ TRAVOPROST	104
SANDOZ VALSARTAN	54
SANDOZ VALSARTAN HCT	54
SANDOZ VENLAFAXINE XR	78
SANDOZ VORICONAZOLE	7
SANDOZ ZOLMITRIPTAN	90
SANDOZ ZOLMITRIPTAN ODT	90
SANDOZ-ACEBUTOLOL	39
SANDOZ-AMIODARONE	31
SANDOZ-AMLODIPINE	43
SANDOZ-ANAGRELIDE	30
SANDOZ-ANUZINC HC	131
SANDOZ-ATENOLOL	40
SANDOZ-AZITHROMYCIN	3
SANDOZ-BETAXOLOL	102
SANDOZ-BICALUTAMIDE	15
SANDOZ-BISOPROLOL	40
SANDOZ-BUPROPION SR	72
SANDOZ-CARBAMAZEPINE	67
SANDOZ-CIPROFLOXACIN	5
SANDOZ-CITALOPRAM	73
SANDOZ-CLARITHROMYCIN	3
SANDOZ-CLONAZEPAM	66
SANDOZ-CYCLOSPORINE	144
SANDOZ-DEXAMETHASONE	101
SANDOZ-DICLOFENAC	57
SANDOZ-DICLOFENAC SR	57
SANDOZ-DILTIAZEM CD	45
SANDOZ-DILTIAZEM T	45
SANDOZ-ESTRADIOL DERM 100	119
SANDOZ-ESTRADIOL DERM 50	119
SANDOZ-ESTRADIOL DERM 75	119
SANDOZ-FAMCICLOVIR	11
SANDOZ-FELODIPINE	44
SANDOZ-FLUVOXAMINE	75
SANDOZ-GLYBURIDE	122
SANDOZ-LEVOBUNOLOL	103
SANDOZ-LISINOPRIL	48
SANDOZ-LOPERAMIDE	106
SANDOZ-LOVASTATIN	34
SANDOZ-METFORMIN	120
SANDOZ-METFORMIN FC	120
SANDOZ-METHYLPHENIDATE SR	86
SANDOZ-METOPROLOL SR	41
SANDOZ-MINOCYCLINE	6
SANDOZ-MIRTAZAPINE	75
SANDOZ-MYCOPHENOLATE	144
SANDOZ-OLANZAPINE	80
SANDOZ-ONDANSETRON	109
SANDOZ-PAMIDRONATE	142
SANDOZ-PANTOPRAZOLE	112
SANDOZ-PAROXETINE	76
SANDOZ-PINDOLOL	42
SANDOZ-PRAMIPEXOLE	91
SANDOZ-PRAVASTATIN	34
SANDOZ-PREDNISOLONE	101
SANDOZ-PROCTOMYXIN HC	131
SANDOZ-QUETIAPINE	82
SANDOZ-RABEPRAZOLE	112
SANDOZ-RANITIDINE	111
SANDOZ-RISPERIDONE	83
SANDOZ-SALBUTAMOL	23
SANDOZ-SERTRALINE	77
SANDOZ-SIMVASTATIN	36
SANDOZ-SOTALOL	42
SANDOZ-SUMATRIPTAN	90
SANDOZ-TERBINAFINE	7
SANDOZ-TIMOLOL	103
SANDOZ-TOBRAMYCIN	100
SANDOZ-TOPIRAMATE	71
SANDOZ-VALPROIC	72
SANTYL	133
SAPHRIS	78
SAQUINAVIR MESYLATE	**10**
SARNA HC	130
SAXAGLIPTIN HCL	**120**
SAXAGLIPTIN, METFORMIN	**120**
SCHEIN-CEFACLOR	2
SCOPOLAMINE BUTYLBROMIDE	**22**
SEASONALE	117
SEASONIQUE	117
SEBCUR	133
SEBCUR-T	133
SECARIS	104
SECTRAL	39
SEEBRI BREEZHALER	22
SELAX	106
SELECT 1/35 21	118
SELECT 1/35 28	118
SELEGILINE HCL	**92**
SELENIUM SULFIDE	**129**
SELEXID	4
SELSUN	129
SENNA LAXATIVE	107
SENNALAX	107
SENNAPREP	107
SENNATAB	107
SENNOSIDES	**107**
SENOKOT	107
SENOKOT S	107
SEPTA-AMLODIPINE	43
SEPTA-ATENOLOL	40
SEPTA-CIPROFLOXACIN	5
SEPTA-CITALOPRAM	73
SEPTA-DONEPEZIL	19
SEPTA-LOSARTAN	52
SEPTA-LOSARTAN HCTZ	53
SEPTA-METFORMIN	120
SEPTA-ONDANSETRON	109
SEPTA-ZOLMITRIPTAN-ODT	90
SERC	139
SEREVENT DISKHALER	23
SEREVENT DISKUS	23
SEROQUEL	82
SEROQUEL XR	81
SERTRALINE	77
SERTRALINE	**77**
SERTRALINE-100	77
SERTRALINE-25	77
SERTRALINE-50	77
SHARPS CONTAINER	**149**
SIALOR	108
SIDEKICK	94
SIG-ENALAPRIL	47
SILDENAFIL CITRATE	**38**
SILVER SULFADIAZINE	**129**
SIMEPREVIR	**13**
SIMPONI AUTO INJECTOR	144
SIMPONI PRE-FILLED SYRINGE	144
SIMVASTATIN	36
SIMVASTATIN	**36**
SIMVASTATIN-10	36
SIMVASTATIN-20	36
SIMVASTATIN-40	36
SIMVASTATIN-80	37
SINEMET	91
SINEMET CR	91
SINEQUAN	74
SINGULAIR	99
SINTROM	28
SIROLIMUS	**145**
SITAGLIPTIN	**121**
SITAGLIPTIN, METFORMIN	**120**
SIV-ATORVASTATIN	33
SLOW-K	97
SODIUM AUROTHIOMALATE	**114**
SODIUM AUROTHIOMALATE	114
SODIUM BICARBONATE	96
SODIUM BICARBONATE	**96**
SODIUM BIPHOSPHATE	**108**
SODIUM CARBOXYMETHYL CELLULOSE	**105**
SODIUM CHLORIDE	**97**
SODIUM CHLORIDE	97
SODIUM CITRATE, SODIUM LAURYL SULFOACETATE, SORBITOL	**108**
SODIUM CROMOGLYCATE	**99**
SODIUM NITROPRUSSIDE	**95**
SODIUM PHOSPHATE	**108**
SODIUM PHOSPHATE DIBASIC, SODIUM PHOSPHATE MONOBASIC	**108**
SODIUM POLYSTYRENE SULFONATE	**97**
SOFLAX	106
SOFLAX EX	106
SOFLAX SYRUP	107
SOFOSBUVIR	**12**
SOFOSBUVIR, LEDIPASVIR	**12**
SOFRACORT EYE/EAR	101
SOFRAMYCIN	100
SOFRAMYCIN STERILE EYE	100
SOLIFENACIN SUCCINATE	**135**
SOLUCAL	96
SOLUCAL D	96
SOLUCAL D CITRUS	96
SOLUCAL D FORT	96
SOLUCAL D RASPBERRY	96
SOLUCAL GREEN APPLE	96
SOLUCAL RASPBERRY	96
SOLUVER	133
SOLUVER PLUS	133
SOMATULINE AUTOGEL	139
SORIATANE	133

	Page
SOTALOL	42
SOTALOL HCL	**42**
SOVALDI	12
SPACER DEVICE	**146**
SPECTRO ACNECARE WASH	132
SPIRIT CARTRIDGE 3.15ML	146
SPIRIVA	22
SPIRONOLACTONE	**55**
SPIRONOLACTONE, HYDROCHLOROTHIAZIDE	**55**
SPORANOX	7
STALEVO	91
STARLIX	122
STATEX	63
STAVUDINE	**10**
STELARA	139
STEREX	133
STERILE EXTEMPORANEOUS MIXTURE (QC)	139
STERILE TRIAMCINOLONE	117
STERILE WATER	98
STERILE WATER (QC)	98
STERILE WATER FOR INJ	98
STIEVA-A	132
STIEVA-A FORTE	132
STIEVAMYCIN	127
STIEVAMYCIN FORTE	127
STIEVAMYCIN MILD	127
STOOL SOFTENER	106
STRIBILD	8
SUBOXONE	64
SUCRALFATE	**111**
SUCRALFATE-1	111
SULCRATE	111
SULCRATE PLUS	111
SULFACETAMIDE SODIUM	**100**
SULFAMETHOXAZOLE	**6**
SULFAMETHOXAZOLE, TRIMETHOPRIM	**6**
SULFASALAZINE	**6**
SULFINPYRAZONE	**98**
SULFINPYRAZONE	98
SULINDAC	**59**
SUMATRIPTAN	89
SUMATRIPTAN DF	90
SUMATRIPTAN HEMISULFATE	**89**
SUMATRIPTAN SUCCINATE	**89**
SUNITINIB MALATE	**17**
SUPER-FINE PEN NEEDLES MICRO	148
SUPER-FINE PEN NEEDLES STANDARD	148
SUPER-FINE PEN NEEDLES XTRA	148
SUPEUDOL	64
SUPRAX	2
SUPREFACT	15
SUPREFACT DEPOT 2 MONTHS	15
SUPREFACT DEPOT 3 MONTHS	15
SUSTIVA	8
SUTENT	17
SYMBICORT 100 TURBUHALER	23
SYMBICORT 200 TURBUHALER	23
SYNALAR	130
SYNAREL	119
SYNPHASIC 21	118
SYNPHASIC 28	118
SYNTHROID	124
SYRINGE	**149**
SYRINGE & NEEDLE	**149**
SYRINGE CASE	**150**
SYRINGE SCALE MAGNIFIER	148
TACROLIMUS	**145**
TACROLIMUS (PROTOPIC)	**134**
TADALAFIL	**38**
TAMBOCOR	31
TAMOXIFEN CITRATE	**17**
TAMSULOSIN CR	24
TAMSULOSIN HCL	**24**
TANTAPHEN	66
TAPAZOLE	125
TAR0-FLUCONAZOLE	7
TARCEVA	15
TARGEL	133
TARGEL SA	133
TARO-AMCINONIDE	129
TARO-ANASTROZOLE	15
TARO-CARBAMAZEPINE	67
TARO-CARBAMAZEPINE CR	67
TARO-CIPROFLOXACIN	5
TARO-CLINDAMYCIN	127
TARO-CLOBETASOL	130
TARO-DICLOFENAC	57
TARO-DOCUSATE	106
TARO-ENALAPRIL	47
TARO-FLUCONAZOLE	7
TARO-MOMETASONE	131
TARO-MUPIROCIN	127
TARO-PHENYTOIN	67
TARO-SIMVASTATIN	36
TARO-SONE	129
TARO-SUMATRIPTAN	89
TARO-TERCONAZOLE	128
TARO-TESTOSTERONE	117
TARO-WARFARIN	29
TARO-ZOLEDRONIC ACID	143
TAZAROTENE	**134**
TAZORAC	134
TEARS NATURALE	104
TEARS NATURALE FREE	104
TEARS NATURALE II	104
TEARS NATURALE P.M.	104
TEARS PLUS	104
TEBRAZID	8
TECTA	112
TEGRETOL	67
TEGRETOL CR	67
TELMISARTAN	**53**
TELMISARTAN	53
TELMISARTAN HCTZ	54
TELMISARTAN, HYDROCHLOROTHIAZIDE	**54**
TELMISARTAN/HCTZ	54
TELZIR	9
TEMAZEPAM	**88**
TEMAZEPAM	88
TEMODAL	17
TEMOZOLOMIDE	**17**
TEMPRA	65
TEMPRA DOUBLE STRENGTH	65
TENDER-1 "MINI" 13MM/110CM	146
TENDER-1 "MINI" 13MM/60CM	146
TENDER-1 "MINI" 13MM/80CM	146
TENDER-1 17MM/110CM	146
TENDER-1 17MM/60CM	146
TENDER-1 17MM/80CM	146
TENDER-2 "MINI" 13MM/110CM	146
TENDER-2 "MINI" 13MM/60CM	146
TENDER-2 "MINI" 13MM/80CM	146
TENDER-2 17MM/110CM	146
TENDER-2 17MM/60CM	146
TENDER-2 17MM/80CM	146
TENOFOVIR DISOPROXIL FUMARATE	**10**
TENORETIC	40
TENORMIN	40
TERAZOL 7	128
TERAZOSIN	39
TERAZOSIN HCL	**39**
TERBINAFINE	7
TERBINAFINE HCL	**7**
TERBUTALINE SULFATE	**24**
TERCONAZOLE	**128**
TERSA-TAR	133
TERSA-TAR MILD	133
TESTOSTERONE CYPIONATE	**117**
TESTOSTERONE CYPIONATE	117
TESTOSTERONE ENANTHATE	**117**
TESTOSTERONE UNDECANOATE	**117**
TETRABENAZINE	92
TETRABENAZINE	**92**
TETRACYCLINE	6
TETRACYCLINE HCL	**6**
TEVA- MONTELUKAST	99
TEVA-ACEBUTOLOL	39
TEVA-ACYCLOVIR	11
TEVA-ALENDRONATE	141
TEVA-ALENDRONATE/CHOLECALCIFEROL	141
TEVA-ALFUZOSIN PR	24
TEVA-ALPRAZOL	86
TEVA-AMIODARONE	31
TEVA-AMITRIPTYLINE	72
TEVA-AMLODIPINE	43
TEVA-AMPICILLIN	4
TEVA-ANASTROZOLE	15
TEVA-ATENOL	40
TEVA-ATENOLTHALIDONE	40
TEVA-ATORVASTATIN	33
TEVA-AZITHROMYCIN	3
TEVA-BENZYDAMINE	102
TEVA-BETAHISTINE	139
TEVA-BICALUTAMIDE	15
TEVA-BIPOPROLOL	40
TEVA-BOSENTAN	38
TEVA-BROMAZEPAM	87
TEVA-CANDESARTAN	50
TEVA-CANDESARTAN/HCTZ	51
TEVA-CAPECITABINE	15
TEVA-CAPTORIL	46
TEVA-CARBAMAZ	67
TEVA-CEFADROXIL	2

	Page
TEVA-CELECOXIB	57
TEVA-CHLOROQUINE	13
TEVA-CHLORPROMAZINE	79
TEVA-CILAZAPRIL	46
TEVA-CILAZAPRIL/HCTZ	47
TEVA-CIMETINE	110
TEVA-CIPROFLOXACIN	5
TEVA-CITALOPRAM	73
TEVA-CLARITHROMYCIN	3
TEVA-CLAVAMOXIN	4
TEVA-CLINDAMYCIN	6
TEVA-CLOBAZAM	87
TEVA-CLOBETASOL	130
TEVA-CLONAZEPAM	66
TEVA-CLONIDINE	37
TEVA-CLOPAMINE	73
TEVA-CLOPIDOGREL	30
TEVA-CLOXIN	4
TEVA-COMBO STERINEBS	22
TEVA-CYCLOPRINE	24
TEVA-CYPROTERONE/ETHINYL ESTRADIOL	145
TEVA-DESIPRAMINE	73
TEVA-DESMOPRESSIN	124
TEVA-DICLOFENAC	57
TEVA-DICLOFENAC SR	57
TEVA-DIFLUNISAL	58
TEVA-DILTAZEM CD	45
TEVA-DILTIAZEM	45
TEVA-DILTIAZEM ER	45
TEVA-DIMENATE	109
TEVA-DIVALPROEX	67
TEVA-DONEPEZIL	19
TEVA-DORZOTIMOL	103
TEVA-DUTASTERIDE	140
TEVA-EFAVIRENZ	8
TEVA-ENTACAPONE	91
TEVA-ESCITALOPRAM	74
TEVA-EXEMESTANE	15
TEVA-EZETIMIBE	32
TEVA-FENTANYL	61
TEVA-FLUTAMIDE	16
TEVA-FLUVASTATIN	33
TEVA-GALANTAMINE ER	20
TEVA-HYDROMORPHONE	62
TEVA-IMATINIB	16
TEVA-IRBESARTAN	51
TEVA-IRBESARTAN/HCT	52
TEVA-LACTULOSE	96
TEVA-LAMIVUDINE/ZIDOVUDINE	9
TEVA-LATANOPROST/TIMOLOL	104
TEVA-LETROZOLE	16
TEVA-LOSARTAN	52
TEVA-LOSARTAN HCTZ	53
TEVA-METOPROL	41
TEVA-METOPROL-B	42
TEVA-MODAFINIL	85
TEVA-MYCOPHENOLATE	144
TEVA-NABILONE	110
TEVA-NEVIRAPINE	9
TEVA-OMEPRAZOLE	112
TEVA-PREGABALIN	70
TEVA-QUETIAPINE XR	81
TEVA-RIZATRIPTAN RDT	89
TEVA-ROSUVASTATIN	35
TEVA-SIMVASTATIN	36
TEVA-TAMOXIFEN	17
TEVA-TAMSULOSIN	24
TEVA-TAMSULOSIN CR	24
TEVA-TELMISARTAN	53
TEVA-TELMISARTAN HCTZ	54
TEVA-TERAZOSIN	39
TEVA-TICLOPIDINE	30
TEVA-TIMOL	43
TEVA-TRAVOPROST Z	104
TEVA-VALACYCLOVIR	12
TEVA-VALGANCICLOVIR	12
TEVA-VALSARTAN	54
TEVA-VALSARTAN/HCTZ	54
TEVA-VORICONAZOLE	7
TEVA-ZOLMITRIPTAN	90
TEVA-ZOLMITRIPTAN OD	90
TEVETEN	51
TEVETEN PLUS	51
THEO ER	135
THEOLAIR	135
THEOPHYLLINE	**135**
THEOPHYLLINE	135
THIAMAZOLE	**125**
THIAMIJECT	136
THIAMINE	**136**
THIAMINE	136
THIAMINE HCL	**136**
THIOGUANINE	**18**
THIOPROPERAZINE MESYLATE	**84**
THIOTHIXENE	**84**
THRIVE	25
THYROGEN	94
THYROID	125
THYROID	**125**
THYROTROPIN ALFA	**94**
TIAMOL	130
TIAPROFENIC ACID	**59**
TIAZAC	45
TIAZAC XC	45
TICAGRELOR	**30**
TICLOPIDINE	30
TICLOPIDINE HCL	**30**
TIMOLOL	43
TIMOLOL MALEATE	**43**
TIMOLOL MALEATE, TRAVOPROST	**104**
TIMOLOL MALEATE-EX	103
TIMOPTIC	103
TIMOPTIC-XE	103
TINACTIN	128
TINACTIN AEROSOL	128
TINZAPARIN SODIUM	**29**
TIOTROPIUM BROMIDE MONOHYDRATE	**22**
TIPRANAVIR	**10**
TIVICAY	8
TIZANIDINE HCL	**25**
TOBRADEX	101
TOBRAMYCIN	**100**
TOBREX	100
TOCILIZUMAB	**144**
TOLBUTAMIDE	122
TOLBUTAMIDE	**122**
TOLNAFTATE	**128**
TOLOXIN	31
TOLTERODINE	**135**
TOPAMAX	71
TOPAMAX SPRINKLE	71
TOPICORT	130
TOPIRAMATE	**71**
TOPIRAMATE	71
TR- VI-SOL	138
TRACLEER	38
TRAJENTA	120
TRANDATE	41
TRANDOLAPRIL	**50**
TRANEXAMIC ACID	**30**
TRANEXAMIC ACID	30
TRANSDERMAL NICOTINE	26
TRANSDERM-NITRO	37
TRANYLCYPROMINE SULFATE	**77**
TRAVATAN Z	104
TRAVEL AID	109
TRAVEL TABLET	109
TRAVOPROST	**104**
TRAZODONE	77
TRAZODONE HCL	**77**
TRAZOREL	77
TRELSTAR	18
TRELSTAR LA	18
TRETINOIN	**18**
TRIAMCINOLONE	117
TRIAMCINOLONE ACETONIDE	**101**
TRIAMCINOLONE ACETONIDE (5ML)	117
TRIAMCINOLONE DIACETATE	**117**
TRIAMTERENE, HYDROCHLOROTHIAZIDE	**98**
TRIATEC-30	60
TRIAZOLAM	**88**
TRICIRA LO 21	118
TRICIRA LO 28	118
TRI-CYCLEN 21	118
TRI-CYCLEN 28	118
TRI-CYCLEN LO 21	118
TRI-CYCLEN LO 28	118
TRIDESILON	130
TRIFLUOPERAZINE	84
TRIFLUOPERAZINE HCL	**84**
TRIFLURIDINE	**100**
TRIHEXYPHENIDYL	91
TRIHEXYPHENIDYL HCL	**91**
TRIMETHOPRIM	14
TRIMETHOPRIM	**14**
TRIMIPRAMINE	78
TRIMIPRAMINE MALEATE	**78**
TRINIPATCH	37
TRIPTORELIN PAMOATE	**18**
TRIQUILAR 21	118
TRIQUILAR 28	118
TRIZIVIR	8
TROPICAMIDE	**102**
TROSEC	135
TROSPIUM CHLORIDE	**135**
TRUETEST	94
TRUETRACK	94

	Page
TRUETRACK (ON)	94
TRUSOPT	103
TRUVADA	9
TUDORZA GENUAIR	21
TWINJECT	24
TWYNSTA	44
TYLENOL	65
TYLENOL EXTRA STRENGTH	66
TYLENOL JR STRENGTH FASTMELTS	65
TYLENOL JUNIOR STRENGTH	65
TYLENOL WITH CODEINE NO.2	60
TYLENOL WITH CODEINE NO.3	60
ULCIDINE	110
ULORIC	141
ULTICARE INSULIN SYRINGE	149
ULTICARE LOW DEAD SPACE SYRINGE	149
ULTICARE PEN NEEDLES	149
ULTICARE PEN NEEDLES WITH SHARP CONTAINER	148
ULTICARE SYGINGES WITH ULTIGUARD	149
ULTICARE SYRINGE	149
ULTICARE SYRINGES WITH ULTIGUARD	150
ULTILET CLASSIC LANCETS	148
ULTRAFLEX - 1 10MM/110CM	146
ULTRAFLEX - 1 10MM/60CM	146
ULTRAFLEX - 1 10MM/80CM	146
ULTRAFLEX - 1 8MM/110CM	146
ULTRAFLEX - 1 8MM/60CM	146
ULTRAFLEX - 1 8MM/80CM	146
ULTRASE MS 4	108
ULTRASE MT 12	108
ULTRASE MT 20	108
ULTRAVATE	130
UNIFINE PENTIPS (OWEN MUMFORD)	148
UNIPHYL	135
UREMOL HC	131
URISPAS	135
URSO	108
URSO DS	108
URSODIOL	**108**
USTEKINUMAB	**139**
VAGIFEM 10	119
VALACYCLOVIR HCL	**12**
VALCYTE	12
VALGANCICLOVIR HCL	**12**
VALISONE	129
VALIUM	87
VALPROATE, SODIUM	**72**
VALPROIC ACID	**72**
VALSARTAN	**54**
VALSARTAN	54
VALSARTAN HCT	54
VALSARTAN, HYDROCHLOROTHIAZIDE	**54**
VALSARTAN-HCTZ	54
VALTREX	12
VARENICLINE	**26**
VASERETIC	47
VASOTEC	47
VENLAFAXINE HCL	**78**
VENLAFAXINE XR	78
VENOFER	27
VENOMIL HONEY BEE VENOM	126
VENOMIL MIXED VESPID VENOM PROTEIN	126
VENOMIL WASP VENOM PROTEIN	126
VENOMIL WHITE FACED HORNET VENOM PROTEIN	126
VENOMIL YELLOW JACKET VENOM PROTEIN	126
VENTOLIN	23
VENTOLIN HFA	23
VENTOLIN PF	23
VEPESID	15
VERAPAMIL	46
VERAPAMIL HCL	**46**
VERMOX	2
VERSEL	129
VERTEPORFIN	**105**
VESANOID	18
VESICARE	135
VESPULA SPP VENOM PROTEIN EXTRACT	**126**
VFEND	7
VICTRELIS	13
VICTRELIS TRIPLE	13
VIDEX EC	8
VIDEXTRA	137
VIGABATRIN	**72**
VIGAMOX	100
VIMPAT	69
VINCRISTINE SULFATE	18
VINCRISTINE SULFATE	**18**
VIOKASE	108
VIRACEPT	9
VIRAMUNE	9
VIRAMUNE XR	9
VIREAD	10
VIROPTIC	100
VISANNE	124
VISKAZIDE	42
VISKEN	42
VISUDYNE	105
VIT A	136
VIT B12	136
VIT C	136
VITAMIN A	136
VITAMIN A	**136**
VITAMIN A ACID	132
VITAMIN B1	136
VITAMIN B12	136
VITAMIN B3	136
VITAMIN B6	136
VITAMIN C	136
VITAMIN D	137
VITAMIN D	**137**
VITAMIN E	138
VITAMIN E	**138**
VITAMIN E NATUAL SOURCE	138
VOLIBRIS	38
VOLTAREN	57
VOLTAREN SR	57
VORICONAZOLE	**7**
VYVANSE	85
WAMPOLE MINERAL CALCIUM	96
WARFARIN	29
WARFARIN SODIUM	**29**
WASP VENOM PROTEIN	**126**
WASP VENOM PROTEIN	126
WATER	**98**
WATER FOR INJECTION (QC)	98
WEBCOL ALCOHOL PREP	147
WELLBUTRIN SR	72
WELLBUTRIN XL	72
WHITE FACED HORNET VENOM	126
WHITE FACED HORNET VENOM PROTEIN	**126**
WHITE FACED HORNET VENOM PROTEIN, YELLOW HORNET VENOM PROTEIN, YELLOW JACKET VENOM PROTEIN	**126**
WINPRED	117
XALACOM	104
XALATAN	103
XANAX	86
XANAX TS	86
XARELTO	29
XATRAL	24
XELODA	15
XEOMIN	139
XGEVA	142
XYLAC	79
XYLOCAINE VISCOUS	131
YASMIN 21	117
YASMIN 28	117
YAZ	117
YELLOW HORNET VENOM PROTEIN	126
YELLOW HORNET VENOM PROTEIN	**126**
YELLOW JACKET HORNET VENOM PROTEIN	126
YELLOW JACKET VENOM PROTEIN	**126**
YELLOW JACKET VENOM PROTEIN	126
ZADITEN	1
ZAFIRLUKAST	**99**
ZAMINE 21	117
ZAMINE 28	117
ZANAFLEX	25
ZANTAC	111
ZARAH 21	117
ZARAH 28	117
ZARONTIN	67
ZAROXOLYN	98
ZEASORB AF	128
ZELDOX	84
ZENHALE	23
ZERIT	10
ZESTORETIC	48
ZESTRIL	48
ZIAGEN	8
ZIDOVUDINE	**10**
ZINC OXIDE	**132**
ZINC OXIDE CREAM 15%	132
ZINCOFAX EXTRA STRENGTH	132

	Page	Page	Page
ZIPRASIDONE HCL MONOHYDRATE	**84**		
ZITHROMAX	3		
ZOCOR	36		
ZODERM	133		
ZOFRAN	109		
ZOFRAN ODT	109		
ZOLADEX	16		
ZOLADEX LA	16		
ZOLEDRONIC ACID	**143**		
ZOLEDRONIC ACID	143		
ZOLMITRIPTAN	**90**		
ZOLMITRIPTAN	90		
ZOLMITRIPTAN ODT	90		
ZOLOFT	77		
ZOMIG	90		
ZOMIG RAPIMELT	90		
ZOSTRIX	133		
ZOVIRAX	11		
ZUCLOPENTHIXOL DIHYDROCHLORIDE	**85**		
ZYBAN	73		
ZYLOPRIM	140		
ZYM-AMLODIPINE	43		
ZYMAR	100		
ZYM-CARVEDILOL	41		
ZYM-CLONAZEPAM	66		
ZYM-FLUOXETINE	74		
ZYM-MIRTAZAPINE	75		
ZYM-ONDANSETRON	109		
ZYM-PIOGLITAZONE	123		
ZYM-SIMVASTATIN	36		
ZYM-TOPIRAMATE	71		
ZYPREXA	80		
ZYPREXA ZYDIS	80		
ZYVOXAM	7		