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NON-INSURED HEALTH BENEFITS  
First Nations and Inuit Health Branch

**DRUG BENEFIT LIST**  
2016

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](http://www.healthcanada.gc.ca/nihb)

**Canada**



**Health Canada  
Non-Insured Health Benefits**

**INTRODUCTION  
Drug Benefit List**

**Effective  
2016**

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

The Non-Insured Health Benefits (NIHB) Program of Health Canada provides coverage for approximately 824,033 (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, or by the pan-Canadian Oncology Drug Review (pCODR) for cancer therapies, and forwarded to their respective expert committees 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 these expert committee 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 CDR or pCODR process. Inquiries should be directed to:

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](http://www.cadth.ca)

Please ensure a copy of the complete submission is also sent to NIHB either electronically to [NIHB.Drug.Submissions@hc-sc.gc.ca](mailto:NIHB.Drug.Submissions@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 CDR, pCODR 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](http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php)

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 and benzodiazepines 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 (excluding nabilone)                 |                                     | Prokinetic agents  |
| Synthetic antidiuretic hormone   | Respiratory smooth muscle relaxants |                    |
| 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 <sub>2</sub> -Receptor Antagonists                                     | OTCs (including vitamins)           |                    |
| Other Drugs for Peptic Ulcer and Gastro-esophageal Reflux Disease (GERD) |                                     |                    |

**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 <sup>ST</sup> 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              | Hormonal 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](http://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**

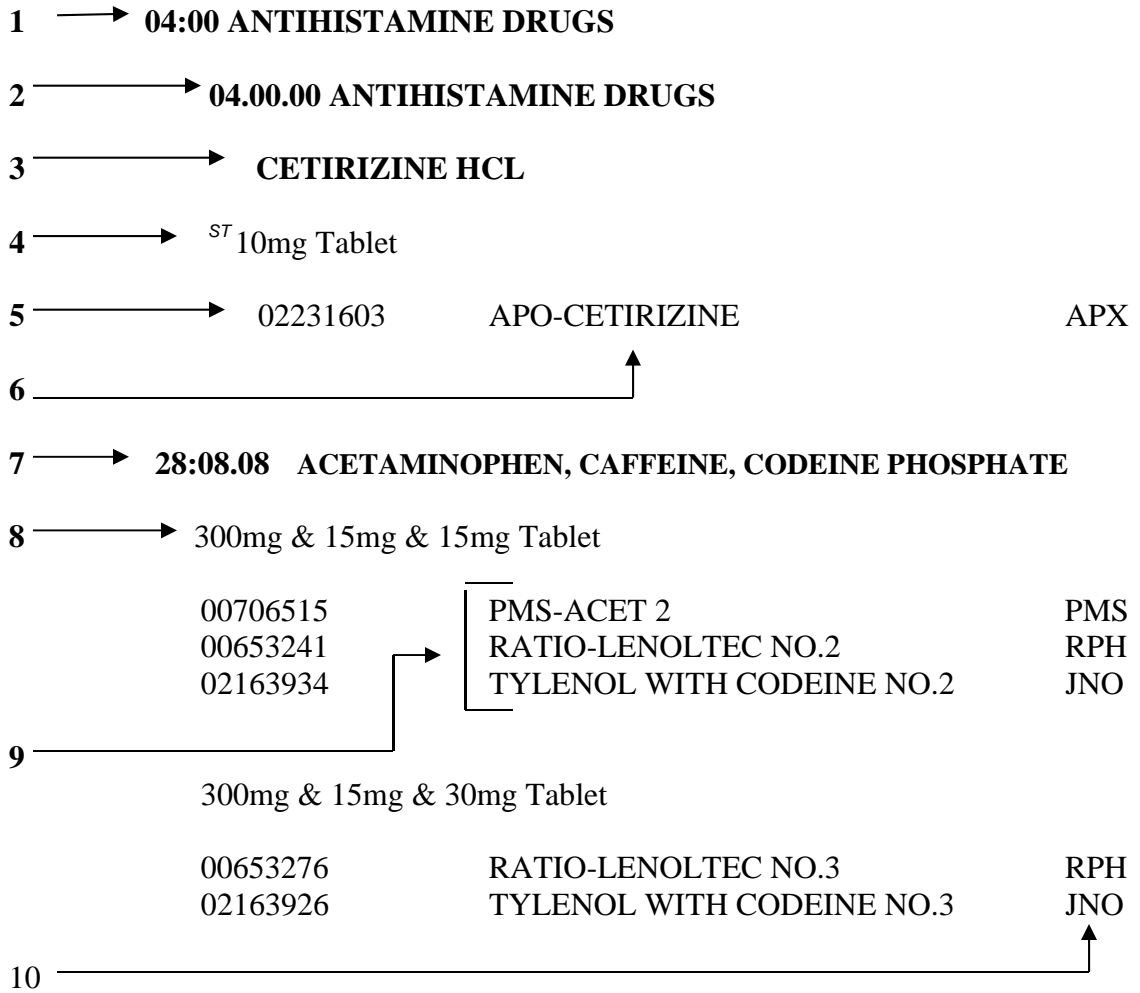
The drugs in the NIHB DBL are classified according to the *AHFS* Pharmacologic-Therapeutic classification developed by the American Society of Health-System Pharmacists for the purposes of the *AHFS Drug Information*.

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. <sup>ST</sup> 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



# **DRUG BENEFIT LIST**



**04:00 ANTIHISTAMINE DRUGS****04:00.00 ANTIHISTAMINE DRUGS****CETIRIZINE HCL**<sup>ST</sup> **1mg/mL Syrup**

02238337 REACTINE JNO

<sup>ST</sup> **10mg Tablet**

02315955 ALLERGY RELIEF ES PED

02231603 APO-CETIRIZINE APX

02375095 CETIRIZINE APX

02223554 REACTINE JNO

<sup>ST</sup> **20mg Tablet**

02427141 MAR-CETIRIZINE MAR

02315963 PMS-CETIRIZINE PMS

02427192 PRIVA-CETIRIZINE PHA

01900978 REACTINE JNO

**CHLORPHENIRAMINE MALEATE**<sup>ST</sup> **12mg Sustained Release Tablet**

00738964 CHLOR-TRIPOLON SCH

<sup>ST</sup> **4mg Tablet**

00738972 CHLOR-TRIPOLON SCH

00021288 NOVOPHENIRAM TEV

**DESLORATADINE**<sup>ST</sup> **0.5mg/mL Oral Liquid**

02247193 AERIUS KIDS SCH

<sup>ST</sup> **5mg Tablet**

02243919 AERIUS SCH

02369656 ALLERNIX MULTI SYMPTOM TEP

02338424 DESLORATADINE APX

02298155 DESLORATADINE ALLERGY CONTROL PMS

**DIPHENHYDRAMINE HCL**<sup>ST</sup> **25mg Capsule**

00757683 PMS-DIPHENHYDRAMINE PMS

<sup>ST</sup> **50mg Capsule**

02019671 BENADRYL WLA

00757691 PMS-DIPHENHYDRAMINE PMS

<sup>ST</sup> **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

<sup>ST</sup> **1.25mg/mL Liquid**

02019698 BENADRYL CHILD WLA

<sup>ST</sup> **12.5MG/5ML Liquid**

02298503 JAMP-DIPHENHYDRAMINE JMP

**04:00.00 ANTIHISTAMINE DRUGS****DIPHENHYDRAMINE HCL**<sup>ST</sup> **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

<sup>ST</sup> **50mg Tablet**

02097575 ALLERNIX PLUS RPH

02230398 DIPHENHYDRAMINE HCL TAN

02257556 JAMP-DIPHENHYDRAMINE JMP

**FEXOFENADINE HCL**<sup>ST</sup> **60mg Tablet**

02231462 ALLEGRA AVT

<sup>ST</sup> **120mg Tablet**

02242819 ALLEGRA 24HR SAC

**KETOTIFEN FUMARATE**<sup>ST</sup> **0.2mg/mL Syrup**

02221330 APO-KETOTIFEN APX

02176084 NOVO-KETOTIFEN TEV

02231679 PMS-KETOTIFEN PMS

00600784 ZADITEN TEP

<sup>ST</sup> **1mg Tablet**

02230730 NOVO-KETOTIFEN TEV

02231680 PMS-KETOTIFEN PMS

00577308 ZADITEN NVR

**LORATADINE**<sup>ST</sup> **1mg/mL Syrup**

02019973 CLARITIN SCH

02241523 CLARITIN KIDS SCH

<sup>ST</sup> **10mg Tablet**

02418959 ALLERTIN APX

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

**08:12.02 AMINOGLYCOSIDES****EXTEMPORANEOUS MIXTURE****Injection**

99506010 AMIKACIN INJ. UNK

99506004 GENTAMYCIN INJ. UNK

99506006 TOBRAMYCIN INJ. UNK

**GENTAMICIN SULFATE****1mg/mL Injection**

02082136 GENTAMICIN BAX

**1.2mg/mL Injection**

02082144 GENTAMICIN BAX

**1.4mg/mL Injection**

01913530 GENTAMICIN &amp; NACL HOS

**1.6mg/mL Injection**

02082152 GENTAMICIN BAX

**10mg/mL Injection**

02268531 SDZ-GENTAMICIN SDZ

**40mg/mL Injection**

02225131 CIDOMYCIN HMR

02242652 SDZ-GENTAMICIN SDZ

**08:12.06 CEPHALOSPORINS****CEFACTOR****250mg Capsule**

02230263 APO-CEFACTOR APX

00465186 CECLOR PHH

02237729 SCHEIN-CEFACTOR SCN

**500mg Capsule**

02230264 APO-CEFACTOR APX

00465194 CECLOR PHH

02237730 SCHEIN-CEFACTOR SCN

**25mg/mL Suspension**

00465208 CECLOR PHH

**50mg/mL Suspension**

00465216 CECLOR PHH

**75mg/mL Suspension**

02237502 APO-CEFACTOR APX

00832804 CECLOR BID PHH

**08:12.06 CEPHALOSPORINS****CEFADROXIL****500mg Capsule**

02240774 APO-CEFADROXIL APX

02311062 PRO-CEFADROXIL PDL

02235134 TEVA-CEFADROXIL TEV

**CEFAZOLIN SODIUM****1gm Injection**

02108127 CEFAZOLIN TEP

02237138 CEFAZOLIN FKD

02297205 CEFAZOLIN HOS

02437112 CEFAZOLIN STE

02308959 SANDOZ-CEFAZOLIN SDZ

**10gm Injection**

02108135 CEFAZOLIN TEP

02237140 CEFAZOLIN FKD

02297213 CEFAZOLIN HOS

02308967 CEFAZOLIN SDZ

02437120 CEFAZOLIN STE

**500mg Injection**

02108119 CEFAZOLIN TEP

02237137 CEFAZOLIN FKD

02308932 SANDOZ-CEFAZOLIN SDZ

**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

**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

**08:12.06 CEPHALOSPORINS****CEFTRIAXONE SODIUM****250mg Injection**

|          |             |     |
|----------|-------------|-----|
| 02250276 | CEFTRIAXONE | HOS |
| 02289679 | CEFTRIAXONE | FKD |
| 02292262 | CEFTRIAXONE | SDZ |
| 02292866 | CEFTRIAXONE | HOS |
| 02325594 | CEFTRIAXONE | STE |
| 00657387 | ROCEPHIN    | HLR |

**1gm Injection**

|          |             |     |
|----------|-------------|-----|
| 02250292 | CEFTRIAXONE | HOS |
| 02287633 | CEFTRIAXONE | TEP |
| 02292270 | CEFTRIAXONE | SDZ |
| 02292874 | CEFTRIAXONE | HOS |
| 02325616 | CEFTRIAXONE | STE |

**2gm Injection**

|          |             |     |
|----------|-------------|-----|
| 02250306 | CEFTRIAXONE | HOS |
| 02292289 | CEFTRIAXONE | SDZ |
| 02292882 | CEFTRIAXONE | HOS |
| 02325624 | CEFTRIAXONE | STE |

**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 |
| 00015547 | KEFLEX         | PED |
| 00342106 | NOVO-LEXIN     | TEV |

**50mg/mL Suspension**

|          |                |     |
|----------|----------------|-----|
| 02177870 | DOM-CEPHALEXIN | DPC |
| 00035645 | KEFLEX         | PED |
| 00342092 | NOVO-LEXIN     | TEV |

**250mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00768723 | APO-CEPHALEX   | APX |
| 00828858 | CEPHALEXIN     | PDL |
| 02177846 | DOM-CEPHALEXIN | DPC |
| 00403628 | KEFLEX         | PED |
| 00583413 | NOVO-LEXIN     | TEV |
| 02177781 | PMS-CEPHALEXIN | PMS |

**08:12.06 CEPHALOSPORINS****CEPHALEXIN****500mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00768715 | APO-CEPHALEX   | APX |
| 00828866 | CEPHALEXIN     | PDL |
| 02177854 | DOM-CEPHALEXIN | DPC |
| 00244392 | KEFLEX         | PED |
| 00583421 | NOVO-LEXIN     | TEV |
| 02177803 | PMS-CEPHALEXIN | PMS |

**EXTEMPORANEOUS MIXTURE****Injection**

|          |                  |     |
|----------|------------------|-----|
| 99506000 | CEFAZOLIN INJ.   | UNK |
| 99506007 | CEFTAZIDIME INJ. | UNK |
| 99506001 | CEFTRIAXONE INJ. | UNK |
| 99506008 | CLINDAMYCIN INJ. | UNK |

**08:12.07 MISCELLANEOUS B-LACTAM ANTIBIOTICS****EXTEMPORANEOUS MIXTURE****Injection**

|          |                |     |
|----------|----------------|-----|
| 99506012 | ERTAPENEM INJ. | UNK |
| 99506011 | MEROPENEM INJ. | UNK |

**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**

|          |                     |     |
|----------|---------------------|-----|
| 02274574 | GD-AZITHROMYCIN     | PFI |
| 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 |
| 02442434 | AZITHROMYCIN        | SIV |
| 02255340 | CO AZITHROMYCIN     | COB |
| 02278499 | DOM-AZITHROMYCIN    | DOM |
| 02274531 | GD-AZITHROMYCIN     | PFI |
| 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 |

**08:12.12 MACROLIDES****AZITHROMYCIN****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 |
| 02442469 | CLARITHROMYCIN        | SIV |
| 02248856 | MYLAN-CLARITHROMYCIN  | MYL |
| 02247573 | PMS-CLARITHROMYCIN    | PMS |
| 02324482 | PRO-CLARITHROMYCIN    | PDL |
| 02361426 | RAN-CLARITHROMYCIN    | RBV |
| 02247818 | RATIO-CLARITHROMYCIN  | RPH |
| 02266539 | SANDOZ-CLARITHROMYCIN | SDZ |
| 02248804 | TEVA-CLARITHROMYCIN   | TEP |

**500mg Film Coated Tablet**

|          |                       |     |
|----------|-----------------------|-----|
| 02274752 | APO-CLARITHROMYCIN    | APX |
| 02126710 | BIAXIN                | ABB |
| 02442485 | CLARITHROMYCIN        | SIV |
| 02351005 | DOM-CLARITHROMYCIN    | SEV |
| 02248857 | MYLAN-CLARITHROMYCIN  | MYL |
| 02247574 | PMS-CLARITHROMYCIN    | PMS |
| 02324490 | PRO-CLARITHROMYCIN    | PDL |
| 02361434 | RAN-CLARITHROMYCIN    | RBV |
| 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 |
|----------|------------------|-----|

**333mg Tablet**

|          |     |     |
|----------|-----|-----|
| 00769991 | PCE | AMD |
|----------|-----|-----|

**08:12.12 MACROLIDES****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 |

**ERYTHROMYCIN, SULFISOXAZOLE****40mg & 120mg/mL Suspension**

|          |           |     |
|----------|-----------|-----|
| 00583405 | PEDIAZOLE | AMD |
|----------|-----------|-----|

**08:12.16 PENICILLINS****AMOXICILLIN****250mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02352710 | AMOXICILLIN       | SAN |
| 02401495 | AMOXICILLIN       | SIV |
| 00628115 | APO-AMOXI         | APX |
| 02388073 | AURO-AMOXICILLIN  | AUR |
| 02433060 | JAMP-AMOXICILLIN  | JAP |
| 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 |
| 02433079 | JAMP-AMOXICILLIN  | JAP |
| 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 |
|----------|-------------------------|-----|

**08:12.16 PENICILLINS****AMOXICILLIN****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 |
| 02401576 | 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 |

**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 |

**AMOXICILLIN-CLAVULANIC ACID****25mg & 6.25mg/mL Suspension**

|          |                         |     |
|----------|-------------------------|-----|
| 02244646 | RATIO-ACLAVULANATE-125F | TEP |
|----------|-------------------------|-----|

**50mg & 12.5mg/mL Suspension**

|          |                         |     |
|----------|-------------------------|-----|
| 02244647 | RATIO-ACLAVULANATE-250F | TEP |
|----------|-------------------------|-----|

**AMPICILLIN****250mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00020877 | TEVA-AMPICILLIN | TEV |
|----------|-----------------|-----|

**08:12.16 PENICILLINS****AMPICILLIN****500mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00020885 | TEVA-AMPICILLIN | TEV |
|----------|-----------------|-----|

**1gm Injection**

|          |            |     |
|----------|------------|-----|
| 01933345 | AMPICILLIN | TEP |
|----------|------------|-----|

**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 |
|----------|-------------|-----|

**EXTEMPORANEOUS MIXTURE****Injection**

|          |                              |     |
|----------|------------------------------|-----|
| 99506005 | AMPICILLIN INJ.              | UNK |
| 99506002 | CLOXACILLIN INJ.             | UNK |
| 99506003 | PENICILLIN G SODIUM INJ.     | UNK |
| 99506009 | PIPERACILLIN-TAZOBACTAM INJ. | UNK |

**PENICILLIN G BENZATHINE****600,000U/mL Injection**

|          |          |     |
|----------|----------|-----|
| 02291924 | BICILLIN | PFI |
|----------|----------|-----|

**PENICILLIN G SODIUM****1MU Injection**

|          |                   |     |
|----------|-------------------|-----|
| 01930672 | NOVO-PENICILLIN G | TEP |
|----------|-------------------|-----|

**5MU Injection**

|          |                   |     |
|----------|-------------------|-----|
| 00883751 | NOVO-PENICILLIN G | TEP |
|----------|-------------------|-----|

**10MU Injection**

|          |                   |     |
|----------|-------------------|-----|
| 01930680 | NOVO-PENICILLIN G | TEP |
| 02220296 | PENICILLIN G      | FKD |

**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****100mg/mL Suspension**

02237514 CIPRO BAY

**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 14 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

**08:12.18 QUINOLONES****MOXIFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to 14 tablets every 14 days, followed by a 14 days lockout.

**400mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02404923 | APO-MOXIFLOXACIN    | APX |
| 02432242 | AURO-MOXIFLOXACIN   | AUR |
| 02242965 | AVELOX              | BAY |
| 02443929 | JAMP-MOXIFLOXACIN   | JAP |
| 02447053 | MAR-MOXIFLOXACIN    | MAR |
| 02383381 | SANDOZ MOXIFLOXACIN | SDZ |
| 02375702 | TEVA-MOXIFLOXACIN   | TEP |

**NORFLOXACIN****400mg Tablet**

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

**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 |
| 00024368 | VIBRAMYCIN   | PFI |

**100mg Tablet**

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

**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 |

**CLINDAMYCIN PALMITATE HCL****15mg/mL Solution**

|          |           |     |
|----------|-----------|-----|
| 00225851 | DALACIN C | PFI |
|----------|-----------|-----|

**CLINDAMYCIN PHOSPHATE****150mg/mL Injection**

|          |                  |     |
|----------|------------------|-----|
| 00260436 | CLINDAMYCIN      | PFI |
| 02139286 | CLINDAMYCIN      | FKD |
| 02230535 | CLINDAMYCIN      | SDZ |
| 02230540 | CLINDAMYCIN      | SDZ |
| 02385716 | CLINDAMYCIN      | SDZ |
| 02215683 | NOVO-CLINDAMYCIN | NOP |

**EXTEMPORANEOUS MIXTURE****Injection**

|          |                 |     |
|----------|-----------------|-----|
| 99506014 | VANCOMYCIN INJ. | UNK |
|----------|-----------------|-----|

**Lotion**

|          |                        |     |
|----------|------------------------|-----|
| 99502000 | CLINDAMYCIN IN DILUSOL | UNK |
|----------|------------------------|-----|

**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 |

**08:12.28 MISCELLANEOUS ANTIBIOTICS****VANCOMYCIN HCL**

For the treatment of patients diagnosed with symptomatic Clostridium difficile infection who:

- are allergic, resistant or intolerant to metronidazole; OR
- have failed to respond to 4-6 days of oral metronidazole at doses of 500mg three times a day; OR
- have severe disease and initial doses are prescribed/recommended by an infectious disease or gastro-intestinal specialist

**125mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 02407744 | JAMP-VANCOMYCIN | JAP |
| 02430185 | PMS-VANCOMYCIN  | PMS |
| 00800430 | VANCOMYCIN      | MRL |
| 02377470 | VANCOMYCIN      | FKD |
| 02380544 | VANCOMYCIN      | UNK |

**250mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 02407752 | JAMP-VANCOMYCIN | JAP |
| 00788716 | VANCOCIN        | MRL |
| 02377489 | VANCOMYCIN      | FKD |
| 02380552 | VANCOMYCIN      | UNK |

**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 |
| 02432471 | JAMP-FLUCONAZOLE  | JAP |
| 02243645 | NOVO-FLUCONAZOLE  | TEV |
| 02246620 | PMS-FLUCONAZOLE   | PMS |
| 02282348 | PMS-FLUCONAZOLE   | PMS |
| 02433702 | PRIVA-FLUCONAZOLE | PHA |
| 02310694 | PRO-FLUCONAZOLE   | PDL |
| 02255510 | RIVA-FLUCONAZOLE  | RIV |

**10mg/mL Suspension**

|          |          |     |
|----------|----------|-----|
| 02024152 | DIFLUCAN | PFI |
|----------|----------|-----|



**08:14.08 AZOLES****FLUCONAZOLE****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 | TARO-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****EXTEMPORANEOUS MIXTURE****Injection**

|          |                               |     |
|----------|-------------------------------|-----|
| 99506013 | AMPHOTERICIN B LIPOSOMAL INJ. | UNK |
|----------|-------------------------------|-----|

**08:14.28 POLYENES****NYSTATIN****100,000U/mL Suspension**

|          |                |     |
|----------|----------------|-----|
| 02125145 | DOM-NYSTATIN   | DPC |
| 02433443 | JAMP-NYSTATIN  | JAP |
| 00792667 | PMS-NYSTATIN   | PMS |
| 02194201 | RATIO-NYSTATIN | RPH |

**500,000U Tablet**

|          |                |     |
|----------|----------------|-----|
| 02194198 | RATIO-NYSTATIN | RPH |
|----------|----------------|-----|

**08:16.04 ANTITUBERCULOSIS AGENTS****ETHAMBUTOL HCL****100mg Tablet**

|          |       |     |
|----------|-------|-----|
| 00247960 | ETIBI | VAE |
|----------|-------|-----|

**400mg Tablet**

|          |       |     |
|----------|-------|-----|
| 00247979 | ETIBI | VAE |
|----------|-------|-----|

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                              |     |
|----------|------------------------------|-----|
| 99503031 | ISONIAZID 25MG/ML SUSPENSION | UNK |
| 99503022 | RIFAMPIN 25MG/ML             | UNK |

**ISONIAZID****10mg/mL Syrup**

|          |               |     |
|----------|---------------|-----|
| 00265500 | ISOTAMINE     | VAE |
| 00577812 | PMS-ISONIAZID | PMS |

**100mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00261270 | ISOTAMINE     | VAE |
| 00577790 | PDP-ISONIAZID | PED |

**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 |

**08:16.92****DAPSONE****100mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02041510 | DAPSONE | JAC |
|----------|---------|-----|

**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 |
|----------|--------|-----|

**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, DARUNAVIR****150mg & 800mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02426501 | PREZCOBIX | JNO |
|----------|-----------|-----|

**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 |
|----------|----------|-----|

**08:18.08 ANTIRETROVIRALS****DIDANOSINE****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 |

**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 |
|----------|----------|-----|

**08:18.08 ANTIRETROVIRALS****INDINAVIR SULFATE****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 APX02414414 AURO-  
LAMIVUDINE/ZIDOVUDINE AUR

02239213 COMBIVIR GSK

02387247 TEVA-  
LAMIVUDINE/ZIDOVUDINE TEP**LOPINAVIR, RITONAVIR****133mg & 33mg Capsule**

02243643 KALETRA ABV

**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

**08:18.08 ANTIRETROVIRALS****NELFINAVIR MESYLATE****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.

•For HIV post-exposure prophylaxis in combination with Truvada. Treatment should be started as soon as possible, within 72 hours of an exposure.

**400mg Tablet**

02301881 ISENTRESS FRS

**RILPIVIRINE HCL****25mg Tablet**

02370603 EDURANT KEG

**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

**08:18.08 ANTIRETROVIRALS****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.

OR

For the treatment of patients with chronic hepatitis B infection who have cirrhosis documented on radiologic or histologic grounds and a HBV concentration above 2,000 IU/ml.

**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

**08:18.20 INTERFERONS****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****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

**08:18.32 NUCLEOSIDES AND NUCLEOTIDES****ACYCLOVIR****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  $\geq 1 \log_{10}$  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 |

**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 |

**08:18.32 NUCLEOSIDES AND NUCLEOTIDES****FAMCICLOVIR****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 |
|----------|----------|-----|

**RIBAVIRIN**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C Genotype 2, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir.

OR

For the treatment of chronic hepatitis C Genotype 3, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir.

**200mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02439212 | IBAVYR | PED |
|----------|--------|-----|

**400mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02425890 | IBAVYR | PED |
|----------|--------|-----|

**600mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02425904 | IBAVYR | PED |
|----------|--------|-----|

**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 clinical 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  $\geq$  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  $\geq$  6 million IU/mL  $\square$  12 weeks

Treatment-naïve patients with compensated cirrhosis  $\square$  12 weeks

Treatment-experienced patients with no cirrhosis  $\square$  12 weeks

Treatment-experienced patients with compensated cirrhosis  $\square$  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**

**Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02441861 | PRIVA-VALACYCLOVIR | PHA |
|----------|--------------------|-----|

**500MG Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02405040 | AURO-VALACYCLOVIR | AUR |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02441454 | JAMP-VALACYCLOVIR | JAP |
|----------|-------------------|-----|

|          |                  |     |
|----------|------------------|-----|
| 02441586 | MAR-VALACYCLOVIR | MAR |
|----------|------------------|-----|

|          |                    |     |
|----------|--------------------|-----|
| 02442000 | PRIVA-VALACYCLOVIR | SIV |
|----------|--------------------|-----|

|          |                     |     |
|----------|---------------------|-----|
| 02347091 | SANDOZ VALACYCLOVIR | SDZ |
|----------|---------------------|-----|

**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 | VALTRESX | GSK |
|----------|----------|-----|

**08:18.32 NUCLEOSIDES AND NUCLEOTIDES****VALGANCICLOVIR HCL****450mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02393824 | APO-VALGANCICLOVIR  | APX |
| 02435179 | AURO-VALGANCICLOVIR | AUR |
| 02413825 | TEVA-VALGANCICLOVIR | TEP |
| 02245777 | VALCYTE             | HLR |

**08:18.40****OMBITASVIR, PARITAPREVIR, RITONAVIR, DASABUVIR**

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  $\geq$  F2 (Metavir score or equivalent).

**Criteria & Duration**

Treatment naïve and experienced Genotype 1b, non-cirrhotic\* - 12 weeks  
 Treatment naïve and experienced Genotype 1a, non-cirrhotic - 12 weeks in combination with RBV  
 Treatment naïve and experienced Genotype 1b, cirrhotic - 12 weeks in combination with RBV  
 Treatment naïve and experienced (prior relapsers and prior partial responders) Genotype 1a, cirrhotic - 12 weeks in combination with RBV  
 Treatment experienced Genotype 1a, with cirrhosis, and who have had a previous null response to pegIFN and RBV - 24 weeks in combination with RBV

\*Holkira Pak with ribavirin is recommended in patients with an unknown Genotype 1 subtype or with mixed Genotype 1 infection

Not eligible for coverage:

Patients currently being treated with another HCV antiviral agent  
 Patients who have previously received a treatment course of Holkira Pak (Re-treatment requests will not be considered).

**250mg/12.5mg/75mg/50mg Tablet**

|          |             |     |
|----------|-------------|-----|
| 02436027 | HOLKIRA PAK | ABV |
|----------|-------------|-----|

**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****DIODOHYDROXYQUIN****210mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 01997769 | DIODOQUIN | GLE |
|----------|-----------|-----|

**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 |
|----------|--------|-----|

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                       |     |
|----------|-----------------------|-----|
| 99503012 | METRONIDAZOLE 50MG/ML | UNK |
|----------|-----------------------|-----|

**METRONIDAZOLE****500mg Capsule**

|          |               |     |
|----------|---------------|-----|
| 01926853 | FLAGYL        | SAC |
| 02248562 | METRONIDAZOLE | AAP |

**250mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00420409 | METRONIDAZOLE | PDL |
| 00545066 | METRONIDAZOLE | AAP |

**500mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 00783137 | PMS-METRONIDAZOLE | PMS |
|----------|-------------------|-----|

**08:36.00 URINARY ANTI-INFECTIVES****EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                        |     |
|----------|------------------------|-----|
| 99503004 | NITROFURANTOIN 10MG/ML | UNK |
| 99503017 | TRIMETHOPRIM 10MG/ML   | UNK |

**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 |
|----------|---------|-----|

**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 |
| 02442736 | ANASTROZOLE        | SAN |
| 02374420 | APO-ANASTROZOLE    | APX |
| 02224135 | ARIMIDEX           | AZC |
| 02404990 | AURO-ANASTROZOLE   | AUR |
| 02392488 | BIO-ANASTROZOLE    | BMI |
| 02394898 | CO ANASTROZOLE     | CBT |
| 02339080 | JAMP-ANASTROZOLE   | JAP |
| 02379562 | MAR-ANASTROZOLE    | MAR |
| 02379104 | MED-ANASTROZOLE    | GMP |
| 02393573 | MINT-ANASTROZOLE   | MIN |
| 02361418 | MYLAN-ANASTROZOLE  | MYL |
| 02417855 | NAT-ANASTROZOLE    | NPH |
| 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

**10:00.00 ANTINEOPLASTIC AGENTS****BUSULFAN****2mg Tablet**

00004618 MYLERAN GSK

**CAPECITABINE****150mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02426757 | ACH-CAPECITABINE    | ACC |
| 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 HYDROCHLORIDE**

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.

**25mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02269007 | TARCEVA        | HLR |
| 02377691 | TEVA-ERLOTINIB | TEP |

**100mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02269015 | TARCEVA        | HLR |
| 02377705 | TEVA-ERLOTINIB | TEP |

**150mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02269023 | TARCEVA        | HLR |
| 02377713 | TEVA-ERLOTINIB | TEP |

**10:00.00 ANTINEOPLASTIC AGENTS****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

**EXTEMPORANEOUS MIXTURE****Injection**

99506020 METHOTREXATE SYRINGE UNK

**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  
 02431114 PMS-IMATINIB PMS  
 02399806 TEVA-IMATINIB TEP

**10:00.00 ANTINEOPLASTIC AGENTS****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).

**400mg Tablet**

02355345 APO-IMATINIB APX  
 02397293 CO IMATINIB CBT  
 02253283 GLEEVEC TEV  
 02431122 PMS-IMATINIB PMS  
 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

**LETROZOLE****2.5mg Tablet**

02338459 ACH-LETROZOLE ACC  
 02358514 APO-LETROZOLE APX  
 02404400 AURO-LETROZOLE AUR  
 02392496 BIO-LETROZOLE BMI  
 02231384 FEMARA NVR  
 02373009 JAMP-LETROZOLE JAP  
 02347997 LETROZOLE TEV  
 02348969 LETROZOLE CBT  
 02402025 LETROZOLE PDL  
 02373424 MAR-LETROZOLE MAR  
 02322315 MED-LETROZOLE GMP  
 02421585 NAT-LETROZOLE NPH  
 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

**10:00.00 ANTINEOPLASTIC AGENTS****LEUPROLIDE ACETATE**

|                               |              |     |  |
|-------------------------------|--------------|-----|--|
| <b>10.5mg/Vial Injection</b>  |              |     |  |
| 02248239                      | ELIGARD      | SAC |  |
| <b>11.25mg/Vial Injection</b> |              |     |  |
| 02239834                      | LUPRON DEPOT | ABB |  |
| <b>22.5mg/Vial Injection</b>  |              |     |  |
| 02248240                      | ELIGARD      | SAC |  |
| 02230248                      | LUPRON DEPOT | ABB |  |
| <b>30mg/Vial Injection</b>    |              |     |  |
| 02248999                      | ELIGARD      | SAC |  |
| 02239833                      | LUPRON DEPOT | ABB |  |
| <b>45mg/Vial Injection</b>    |              |     |  |
| 02268892                      | ELIGARD      | SAC |  |

**LOMUSTINE**

|                      |       |     |  |
|----------------------|-------|-----|--|
| <b>10mg Capsule</b>  |       |     |  |
| 00360430             | CEENU | BMS |  |
| <b>40mg Capsule</b>  |       |     |  |
| 00360422             | CEENU | BMS |  |
| <b>100mg Capsule</b> |       |     |  |
| 00360414             | CEENU | BMS |  |

**MEGESTROL ACETATE**

|                           |           |     |  |
|---------------------------|-----------|-----|--|
| <b>40mg/mL Suspension</b> |           |     |  |
| 02168979                  | MEGACE    | BMS |  |
| <b>40mg Tablet</b>        |           |     |  |
| 02195917                  | MEGESTROL | AAP |  |
| <b>160mg Tablet</b>       |           |     |  |
| 02195925                  | MEGESTROL | AAP |  |

**MELPHALAN**

|                   |         |     |  |
|-------------------|---------|-----|--|
| <b>2mg Tablet</b> |         |     |  |
| 00004715          | ALKERAN | GSK |  |

**MERCAPTOPURINE**

|                    |                |     |  |
|--------------------|----------------|-----|--|
| <b>50mg Tablet</b> |                |     |  |
| 02415275           | MERCAPTOPURINE | STE |  |
| 00004723           | PURINETHOL     | TEV |  |

**METHOTREXATE**

|                          |              |     |  |
|--------------------------|--------------|-----|--|
| <b>25mg/mL Injection</b> |              |     |  |
| 02398427                 | METHOTREXATE | SDZ |  |

**METHOTREXATE SODIUM**

|                          |                    |     |  |
|--------------------------|--------------------|-----|--|
| <b>10mg/mL Injection</b> |                    |     |  |
| 02182947                 | METHOTREXATE       | MAY |  |
| <b>25mg/mL Injection</b> |                    |     |  |
| 02419173                 | JAMP-METHOTREXATE  | JAP |  |
| 02182777                 | METHOTREXATE       | MAY |  |
| 02182955                 | METHOTREXATE       | MAY |  |
| 02417626                 | METHOTREXATE       | MYL |  |
| 02099705                 | NOVO-METHOTREXATE  | TEV |  |
| <b>2.5mg Tablet</b>      |                    |     |  |
| 02182963                 | APO-METHOTREXATE   | APX |  |
| 02170698                 | METHOTREXATE       | WAY |  |
| 02244798                 | RATIO-METHOTREXATE | RPH |  |

**10:00.00 ANTINEOPLASTIC AGENTS****METHOTREXATE SODIUM**

|                    |              |     |  |
|--------------------|--------------|-----|--|
| <b>10mg Tablet</b> |              |     |  |
| 02182750           | METHOTREXATE | MAY |  |

**MITOTANE**

|                     |          |     |  |
|---------------------|----------|-----|--|
| <b>500mg Tablet</b> |          |     |  |
| 00463221            | LYSODREN | BMS |  |

**NILUTAMIDE**

|                    |          |     |  |
|--------------------|----------|-----|--|
| <b>50mg Tablet</b> |          |     |  |
| 02221861           | ANANDRON | SAC |  |

**PROCARBAZINE HCL**

|                     |         |     |  |
|---------------------|---------|-----|--|
| <b>50mg Capsule</b> |         |     |  |
| 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).

|                          |         |     |  |
|--------------------------|---------|-----|--|
| <b>10mg/mL Injection</b> |         |     |  |
| 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.

|                       |        |     |  |
|-----------------------|--------|-----|--|
| <b>12.5mg Capsule</b> |        |     |  |
| 02280795              | SUTENT | PFI |  |

|                     |        |     |  |
|---------------------|--------|-----|--|
| <b>25mg Capsule</b> |        |     |  |
| 02280809            | SUTENT | PFI |  |

|                     |        |     |  |
|---------------------|--------|-----|--|
| <b>50mg Capsule</b> |        |     |  |
| 02280817            | SUTENT | PFI |  |

**TAMOXIFEN CITRATE**

|                    |                 |     |  |
|--------------------|-----------------|-----|--|
| <b>10mg Tablet</b> |                 |     |  |
| 00812404           | APO-TAMOX       | APX |  |
| 02088428           | MYLAN-TAMOXIFEN | MYL |  |
| 02237459           | PMS-TAMOXIFEN   | PMS |  |
| 00851965           | TEVA-TAMOXIFEN  | TEV |  |

|                    |                |     |  |
|--------------------|----------------|-----|--|
| <b>20mg Tablet</b> |                |     |  |
| 00812390           | APO-TAMOX      | APX |  |
| 02048485           | NOLVADEX D     | AZC |  |
| 02237460           | PMS-TAMOXIFEN  | PMS |  |
| 00851973           | TEVA-TAMOXIFEN | TEV |  |

**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.

**5mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02441160 | ACT-TEMOZOLOMIDE  | ATP |
| 02443473 | TARO-TEMOZOLOMIDE | TAR |
| 02241093 | TEMODAL           | SCH |

**20mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02395274 | CO TEMOZOLOMIDE   | CBT |
| 02443481 | TARO-TEMOZOLOMIDE | TAR |
| 02241094 | TEMODAL           | SCH |

**100mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02395282 | CO TEMOZOLOMIDE   | CBT |
| 02443511 | TARO-TEMOZOLOMIDE | TAR |
| 02241095 | TEMODAL           | SCH |

**140mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02413116 | APO-TEMOZOLOMIDE  | APX |
| 02395290 | CO TEMOZOLOMIDE   | CBT |
| 02443538 | TARO-TEMOZOLOMIDE | TAR |
| 02312794 | TEMODAL           | FRS |

**250mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02395312 | CO TEMOZOLOMIDE   | CBT |
| 02443554 | TARO-TEMOZOLOMIDE | TAR |
| 02241096 | TEMODAL           | SCH |

**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 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

<sup>ST</sup> **5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02419866 | ACCEL-DONEPEZIL  | ACP |
| 02397595 | ACT DONEPEZIL    | ATP |
| 02362260 | APO-DONEPEZIL    | APX |
| 02232043 | ARICEPT          | PFI |
| 02400561 | AURO-DONEPEZIL   | AUR |
| 02412853 | BIO-DONEPEZIL    | BMI |
| 02402645 | DONEPEZIL        | ACC |
| 02416417 | DONEPEZIL        | PDL |
| 02420597 | DONEPEZIL        | SIV |
| 02425343 | ECL-DONEPEZIL    | ECL |
| 02404419 | JAMP-DONEPEZIL   | JAP |
| 02416948 | JAMP-DONEPEZIL   | JAP |
| 02402092 | MAR-DONEPEZIL    | MAR |
| 02359472 | MYLAN-DONEPEZIL  | MYL |
| 02439557 | NAT-DONEPEZIL    | NPH |
| 02322331 | PMS-DONEPEZIL    | PMS |
| 02381508 | RAN-DONEPEZIL    | RBV |
| 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 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

<sup>ST</sup> **10mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02419874 | ACCEL-DONEPEZIL  | ACP |
| 02397609 | ACT DONEPEZIL    | ATP |
| 02362279 | APO-DONEPEZIL    | APX |
| 02232044 | ARICEPT          | PFI |
| 02400588 | AURO-DONEPEZIL   | AUR |
| 02412861 | BIO-DONEPEZIL    | BMI |
| 02402653 | DONEPEZIL        | ACC |
| 02416425 | DONEPEZIL        | PDL |
| 02420600 | DONEPEZIL        | SIV |
| 02425351 | ECL-DONEPEZIL    | ECL |
| 02404427 | JAMP-DONEPEZIL   | JAP |
| 02416956 | JAMP-DONEPEZIL   | JAP |
| 02402106 | MAR-DONEPEZIL    | MAR |
| 02359480 | MYLAN-DONEPEZIL  | MYL |
| 02439565 | NAT-DONEPEZIL    | NPH |
| 02322358 | PMS-DONEPEZIL    | PMS |
| 02381516 | RAN-DONEPEZIL    | RBV |
| 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 12 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; OR  
 •Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR  
 •Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days  
 •Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:  
 •Clinically meaningful response as determined by stabilization or improvement while on therapy; AND  
 •Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |
|----------|------------|-----|

### 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 |
|----------|----------|-----|

## 12:04.00 PARASYMPATHOMIMETIC AGENTS

### RIVASTIGMINE

Limited use benefit (prior approval required).

Initial 12 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; OR  
 •Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR  
 •Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days  
 •Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:  
 •Clinically meaningful response as determined by stabilization or improvement while on therapy; AND  
 •Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 12 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; OR  
 •Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days; OR  
 •Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days  
 •Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

•Clinically meaningful response as determined by stabilization or improvement while on therapy; AND  
 •Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |
|----------|-------------------|-----|

## 12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

### INDACATEROL, GLYCOPYRRONIUM

Limited use benefit (prior approval required).

For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients who:

•have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5; AND  
 •who had an inadequate response to a long-acting bronchodilator (long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC)).

#### 110mcg & 50mcg Powder for Inhalation (Capsule)

|          |                    |     |
|----------|--------------------|-----|
| 02418282 | ULTIBRO BREEZHALER | NOV |
|----------|--------------------|-----|

### 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

### UMECLIDINIUM, VILANTEROL

Limited use benefit (prior approval required).

For the treatment of chronic obstructive pulmonary disease (COPD) in patients who:

have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5; AND  
who had an inadequate response to a long-acting bronchodilator (long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

#### 62.5mcg/25mcg Inhaler

02418401 ANORO ELLIPTA GSK

## 12:12.04 ALPHA ADRENERGIC AGONISTS

### MIDODRINE

#### 2.5mg Tablet

02278677 APO-MIDODRINE AAP

#### 5mg Tablet

02278685 APO-MIDODRINE AAP

## 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

## 12:12.08 BETA ADRENERGIC AGONISTS

### 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

#### 12mcg/Dose Dry Powder Inhaler

02237224 OXEZE TURBUHALER AZC

### 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



**12:12.08 BETA ADRENERGIC AGONISTS****ORCIPRENALINE SULFATE****2mg/mL Syrup**

02236783 APO-ORCIPRENALINE APX

**SALBUTAMOL****1mg/mL Inhalation Solution (Multi-Dose)**

01926934 TEVA-SALBUTAMOL TEP

**2mg/mL Inhalation Solution (Multi-Dose)**

02173360 TEVA-SALBUTAMOL TEP

**5mg/mL Inhalation Solution (Multi-Dose)**

02139324 DOM-SALBUTAMOL DOM

00860808 RATIO-SALBUTAMOL RPH

02154412 SANDOZ-SALBUTAMOL SDZ

02213486 VENTOLIN GSK

**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**<sup>ST</sup> **10mg Sustained Release Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02414759 | ALFUZOSIN         | PDL |
| 02447576 | ALFUZOSIN         | SIV |
| 02315866 | APO-ALFUZOSIN ER  | APX |
| 02304678 | SANDOZ ALFUZOSIN  | SDZ |
| 02314282 | TEVA-ALFUZOSIN PR | TEV |
| 02245565 | XATRAL            | SAC |

**TAMSULOSIN HCL**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                 |     |
|----------|-----------------|-----|
| 99503011 | BACLOFEN 5MG/ML | UNK |
|----------|-----------------|-----|

**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.

<sup>ST</sup> **2mg Gum**

|          |           |     |
|----------|-----------|-----|
| 02091933 | NICORETTE | JNO |
| 80015240 | NICOTINE  | ATP |

<sup>ST</sup> **4mg Gum**

|          |                |     |
|----------|----------------|-----|
| 02091941 | NICORETTE PLUS | PMJ |
| 80000118 | NICOTINE GUM   | PER |

**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.

<sup>ST</sup> **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.

<sup>ST</sup> **2mg Lozenge**

|          |                   |     |
|----------|-------------------|-----|
| 02247347 | NICORETTE LOZENGE | JNO |
|----------|-------------------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **5mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02028697 | NICOTROL TRANSDERMAL | WAR |
|----------|----------------------|-----|

<sup>ST</sup> **7mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 01943057 | HABITROL             | NVC |
| 80044393 | NICOTINE TRANSDERMAL | ATP |

<sup>ST</sup> **8.3mg/10cm<sup>2</sup> Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02065738 | NICOTROL TRANSDERMAL | JNO |
|----------|----------------------|-----|

<sup>ST</sup> **10mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02029405 | NICOTROL TRANSDERMAL | WAR |
|----------|----------------------|-----|

<sup>ST</sup> **14mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 01943065 | HABITROL             | NVC |
| 80013549 | NICOTINE TRANSDERMAL | ADD |
| 80044392 | NICOTINE TRANSDERMAL | ATP |

<sup>ST</sup> **15mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02029413 | NICOTROL TRANSDERMAL | WAR |
|----------|----------------------|-----|

<sup>ST</sup> **16.6mg/20cm<sup>2</sup> Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02065754 | NICOTROL TRANSDERMAL | JNO |
|----------|----------------------|-----|

<sup>ST</sup> **17.5mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02241227 | TRANSDERMAL NICOTINE | NVC |
|----------|----------------------|-----|

<sup>ST</sup> **21mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 01943073 | HABITROL             | NVC |
| 80014250 | NICOTINE TRANSDERMAL | ADD |
| 80044389 | NICOTINE TRANSDERMAL | ATP |

<sup>ST</sup> **24.9mg/30cm<sup>2</sup> Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02065762 | NICOTROL TRANSDERMAL | JNO |
|----------|----------------------|-----|

<sup>ST</sup> **35mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02241226 | TRANSDERMAL NICOTINE | NVC |
|----------|----------------------|-----|

<sup>ST</sup> **36mg Patch**

|          |          |     |
|----------|----------|-----|
| 02093111 | NICODERM | PMJ |
|----------|----------|-----|

<sup>ST</sup> **52.5mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02241228 | TRANSDERMAL NICOTINE | NVC |
|----------|----------------------|-----|

<sup>ST</sup> **78mg Patch**

|          |          |     |
|----------|----------|-----|
| 02093138 | NICODERM | PMJ |
|----------|----------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **0.5mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02291177 | CHAMPIX | PFI |
|----------|---------|-----|

<sup>ST</sup> **0.5mg & 1mg Tablet**

|          |                      |     |
|----------|----------------------|-----|
| 02298309 | CHAMPIX STARTER PACK | PFI |
|----------|----------------------|-----|

<sup>ST</sup> **1mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02291185 | CHAMPIX | PFI |
|----------|---------|-----|

## 20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

### 20:04.04 IRON PREPARATIONS EXTEMPORANEOUS MIXTURE

#### Injection

99506015 IRON SUCROSE INJ. UNK

### FERROUS FUMARATE

#### <sup>ST</sup> 300mg Capsule

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

#### <sup>ST</sup> 300mg/5mL Oral Liquid

02246590 FERRATE O/L EUR

#### <sup>ST</sup> 20mg Suspension

80029822 JAMP FERROUS FUMARATE JAP

#### <sup>ST</sup> 60mg/mL Suspension

01923439 PALAFER GSK

#### <sup>ST</sup> 300mg Tablet

00031089 FERROUS FUMARATE JMP

### FERROUS GLUCONATE

#### <sup>ST</sup> 35mg Tablet

80002426 FERROUS GLUCONATE WNP

#### <sup>ST</sup> 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  
80059198 M-FER GLUCONATE MAN  
80000435 NOVO-FERROGLUC NUR

#### <sup>ST</sup> 324mg Tablet

00582727 FERROUS GLUCONATE VTH

### FERROUS SULFATE

#### <sup>ST</sup> 15mg/mL Drop

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

#### <sup>ST</sup> 75mg/mL Drop

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

#### <sup>ST</sup> 6mg/mL Syrup

00017884 FER-IN-SOL MJO  
02242863 PEDIAFER EUR

#### <sup>ST</sup> 30mg/mL Syrup

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

#### <sup>ST</sup> 125mg/mL Syrup

00816035 PMS-FERROUS SULFATE PMS

## 20:04.04 IRON PREPARATIONS

### FERROUS SULFATE

#### <sup>ST</sup> 300mg Tablet

02246733 EURO-FERROUS SULFATE EUR  
02248699 FERODAN ODN  
00031100 FERROUS SULFATE JMP  
00346918 FERROUS SULFATE PMT  
00782114 FERROUS SULFATE VTH  
80057416 M-FERROUS SULFATE MAN  
00586323 PMS-FERROUS SULFATE PMS

### IRON

#### <sup>ST</sup> 100mg Capsule

80024232 JAMP-FER JAP

#### 12.5mg/mL Injection

02243333 FERRLECIT SAC

#### <sup>ST</sup> 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  $\geq 1$ .

# 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.

#### <sup>ST</sup> 2.5mg Tablet

02377233 ELIQUIS BMS

#### <sup>ST</sup> 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).

<sup>ST</sup> **110mg Capsule**

02312441 PRADAXA BOE

<sup>ST</sup> **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

**3,500IU/0.28mL Injection (Pre-filled Syringe)**

02430789 FRAGMIN PFI

**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

**20:12.04 ANTICOAGULANTS****ENOXAPARIN SODIUM****150mg/mL Injection**

02378469 LOVENEX HP SAC

**300mg/3mL Injection**

02236564 LOVENOX SAC

**HEPARIN SODIUM****1,000 U/ML 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**<sup>ST</sup> **1mg Tablet**

00010383 SINTROM PED

<sup>ST</sup> **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.

**<sup>ST</sup> 10mg Tablet**

02316986 XARELTO BAY

**<sup>ST</sup> 15mg Tablet**

02378604 XARELTO BAY

**<sup>ST</sup> 20mg Tablet**

02378612 XARELTO B A

**TINZAPARIN SODIUM****10,000IU/mL Injection**

02167840 INNOHEP LEO

**20,000IU/mL Injection**

02229515 INNOHEP LEO

**8,000IU/0.4mL Injection (Graduated Syringe)**

02429462 INNOHEP LEO

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

02231478 INNOHEP LEO

**12,000IU/0.6mL Injection (Graduated Syringe)**

02429470 INNOHEP LEO

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

02358174 INNOHEP LEO

**16,000IU/0.8mL Injection (Graduated Syringe)**

02429489 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****<sup>ST</sup> 1mg Tablet**

02242924 APO-WARFARIN APX

01918311 COUMADIN BMS

02244462 MYLAN-WARFARIN MYL

02265273 NOVO-WARFARIN TEV

02242680 TARO-WARFARIN TAR

02344025 WARFARIN SAN

**<sup>ST</sup> 2mg Tablet**

02242925 APO-WARFARIN APX

01918338 COUMADIN BMS

02244463 MYLAN-WARFARIN MYL

02265281 NOVO-WARFARIN TEV

02242681 TARO-WARFARIN TAR

02344033 WARFARIN SAN

**<sup>ST</sup> 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

**<sup>ST</sup> 3mg Tablet**

02245618 APO-WARFARIN APX

02240205 COUMADIN BMS

02287498 MYLAN-WARFARIN MYL

02265311 NOVO-WARFARIN TEV

02242683 TARO-WARFARIN TAR

02344068 WARFARIN SAN

**<sup>ST</sup> 4mg Tablet**

02242927 APO-WARFARIN APX

02007959 COUMADIN BMS

02244465 MYLAN-WARFARIN MYL

02265338 NOVO-WARFARIN TEV

02242684 TARO-WARFARIN TAR

02344076 WARFARIN SAN

**<sup>ST</sup> 5mg Tablet**

02242928 APO-WARFARIN APX

01918354 COUMADIN BMS

02244466 MYLAN-WARFARIN MYL

02265346 NOVO-WARFARIN TEV

02242685 TARO-WARFARIN TAR

02344084 WARFARIN SAN

**<sup>ST</sup> 6mg Tablet**

02240206 COUMADIN BMS

02287501 MYLAN-WARFARIN MYL

02242686 TARO-WARFARIN TAR

02344092 WARFARIN SAN

**<sup>ST</sup> 7.5mg Tablet**

02287528 MYLAN-WARFARIN MYL

02242697 TARO-WARFARIN TAR

02344106 WARFARIN SAN

**20:12.04 ANTICOAGULANTS****WARFARIN SODIUM**<sup>ST</sup> 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**<sup>ST</sup> 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.

<sup>ST</sup> 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    | RBV |
| 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.

<sup>ST</sup> 90mg Tablet

|          |          |     |
|----------|----------|-----|
| 02368544 | BRILINTA | AZE |
|----------|----------|-----|

**20:12.18 PLATELET AGGREGATION INHIBITORS****TICLOPIDINE HCL**<sup>ST</sup> 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 |
|----------|----------|-----|

**PEGFILGRASTIM**

Limited use benefit (prior approval required).

**CHEMOTHERAPY SUPPORT****Primary Prophylaxis**

For use in previously untreated patients receiving a moderate to severely myelosuppressive chemotherapy regimen (i.e. ≥40% incidence of febrile neutropenia). Febrile neutropenia is defined as a temperature ≥38.5°C or >38.0°C three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) <0.5 x 10<sup>9</sup>/L.

**Secondary Prophylaxis**

For use in patients receiving myelosuppressive chemotherapy who have experienced an episode of febrile neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; OR

For use in patients who have experienced a dose reduction or treatment delay longer than one week, due to neutropenia.

The recommended dosage of pegfilgrastim is a single subcutaneous injection of 6 mg, administered once per cycle of chemotherapy. Pegfilgrastim should be administered no sooner than 24 hours after the administration of cytotoxic chemotherapy.

**10mg/mL Injection**

|          |          |     |
|----------|----------|-----|
| 02249790 | NEULASTA | AMG |
|----------|----------|-----|

**20:24.00 HEMORRHOLOGIC AGENTS****PENTOXIFYLLINE**<sup>ST</sup> 400mg Sustained Release Tablet

|          |                |     |
|----------|----------------|-----|
| 02230090 | APO-PENTOXIFYL | APX |
|----------|----------------|-----|

**20:28.16 HEMOSTATICS****EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                                   |     |
|----------|-----------------------------------|-----|
| 99503006 | TRANEXAMIC DENTAL MWH<br>100MG/ML | UNK |
|----------|-----------------------------------|-----|

**TRANEXAMIC ACID****500mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02064405 | CYKLOKAPRON        | PFI |
| 02409097 | GD-TRANEXAMIC ACID | PFI |
| 02401231 | TRANEXAMIC ACID    | STE |



**24:00 CARDIOVASCULAR DRUGS****24:04.04 ANTIARRHYTHMIC AGENTS****AMIODARONE HCL**<sup>ST</sup> **100mg Tablet**

02292173 PMS-AMIODARONE PMS

<sup>ST</sup> **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**<sup>ST</sup> **100mg Capsule**

02224801 RYTHMODAN SAC

**EXTEMPORANEOUS MIXTURE****Oral Solution**

99503016 AMIODARONE 5MG/ML UNK

**FLECAINIDE ACETATE**<sup>ST</sup> **50mg Tablet**

02275538 APO-FLECAINIDE APX  
 01966197 TAMBOCOR MMH

<sup>ST</sup> **100mg Tablet**

02275546 APO-FLECAINIDE APX  
 01966200 TAMBOCOR MMH

**MEXILETINE HCL**<sup>ST</sup> **100mg Capsule**

02230359 NOVO-MEXILETINE TEV

<sup>ST</sup> **200mg Capsule**

02230360 NOVO-MEXILETINE TEV

**PROCAINAMIDE HCL**<sup>ST</sup> **250mg Capsule**

00713325 APO-PROCAINAMIDE APX

<sup>ST</sup> **375mg Capsule**

00713333 APO-PROCAINAMIDE APX

<sup>ST</sup> **500mg Capsule**

00713341 APO-PROCAINAMIDE APX

<sup>ST</sup> **250mg Sustained Release Tablet**

00638692 PROCAN SR PFI

<sup>ST</sup> **500mg Sustained Release Tablet**

00638676 PROCAN SR PFI

<sup>ST</sup> **750mg Sustained Release Tablet**

00638684 PROCAN SR PFI

**24:04.04 ANTIARRHYTHMIC AGENTS****PROPAFENONE HYDROCHLORIDE**<sup>ST</sup> **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

<sup>ST</sup> **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**<sup>ST</sup> **0.05mg/mL Elixir**

02242320 TOLOXIN MTH

<sup>ST</sup> **0.0625mg Tablet**

02335700 TOLOXIN MTH

<sup>ST</sup> **0.125mg Tablet**

02335719 TOLOXIN MTH

<sup>ST</sup> **0.250mg Tablet**

02335727 TOLOXIN MTH

**24:06.04 BILE ACID SEQUESTRANTS****CHOLESTYRAMINE RESIN**<sup>ST</sup> **4g Powder**

00890960 OLESTYR LIGHT MTH  
 02210320 OLESTYR REGULAR MTH

**COLESEVELAM**<sup>ST</sup> **625mg Tablet**

02373955 LODALIS VAE

**COLESTIPOL HCL**<sup>ST</sup> **5g Granules**

00642975 COLESTID PFI  
 02132699 COLESTID ORANGE PFI

<sup>ST</sup> **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.

#### <sup>ST</sup> 10mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 02414716 | ACT EZETIMIBE    | ATP |
| 02427826 | APO-EZETIMIBE    | APX |
| 02422549 | EZETIMIBE        | PDL |
| 02429659 | EZETIMIBE        | SIV |
| 02431300 | EZETIMIBE        | SAN |
| 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    | RBV |
| 02424436 | RIVA-EZETIMIBE   | RIV |
| 02416778 | SANDOZ EZETIMIBE | SDZ |
| 02354101 | TEVA-EZETIMIBE   | TEP |

## 24:06.06 FIBRIC ACID DERIVATIVES

### BEZAFIBRATE

#### <sup>ST</sup> 400mg Sustained Release Tablet

|          |            |     |
|----------|------------|-----|
| 02083523 | BEZALIP SR | ACG |
|----------|------------|-----|

#### <sup>ST</sup> 200mg Tablet

|          |                 |     |
|----------|-----------------|-----|
| 02240331 | PMS-BEZAFIBRATE | PMS |
|----------|-----------------|-----|

### FENOFIBRATE

#### <sup>ST</sup> 67mg Capsule

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

#### <sup>ST</sup> 100mg Capsule

|          |                 |     |
|----------|-----------------|-----|
| 02225980 | APO-FENOFIBRATE | APX |
|----------|-----------------|-----|

#### <sup>ST</sup> 160mg Capsule

|          |         |     |
|----------|---------|-----|
| 02250004 | FENOMAX | CIP |
|----------|---------|-----|

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 48mg Tablet

|          |                      |     |
|----------|----------------------|-----|
| 02269074 | LIPIDIL EZ           | FOU |
| 02390698 | SANDOZ FENOFIBRATE E | SDZ |

## 24:06.06 FIBRIC ACID DERIVATIVES

### FENOFIBRATE

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 145mg Tablet

|          |                      |     |
|----------|----------------------|-----|
| 02269082 | LIPIDIL EZ           | FOU |
| 02390701 | SANDOZ FENOFIBRATE E | SDZ |

#### <sup>ST</sup> 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

#### <sup>ST</sup> 300mg Capsule

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

#### <sup>ST</sup> 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**<sup>ST</sup> 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 |
| 02417936 | REDDY-ATORVASTATIN  | REC |
| 02422751 | RIVA-ATORVASTATIN   | RIV |
| 02324946 | SANDOZ ATORVASTATIN | SDZ |
| 02387891 | SIV-ATORVASTATIN    | SIV |
| 02302675 | TEVA-ATORVASTATIN   | TEV |

<sup>ST</sup> 20mg Tablet

|          |                     |     |
|----------|---------------------|-----|
| 02295288 | APO-ATORVASTATIN    | APX |
| 02396432 | APO-ATORVASTATIN    | APX |
| 02346494 | ATORVASTATIN        | PDL |
| 02348632 | ATORVASTATIN        | RPH |
| 02348713 | ATORVASTATIN        | SAN |
| 02411369 | ATORVASTATIN-20     | SIV |
| 02407264 | AURO-ATORVASTATIN   | AUR |
| 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 |
| 02417944 | REDDY-ATORVASTATIN  | REC |
| 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**<sup>ST</sup> 40mg Tablet

|          |                     |     |
|----------|---------------------|-----|
| 02295296 | APO-ATORVASTATIN    | APX |
| 02396440 | APO-ATORVASTATIN    | APX |
| 02346508 | ATORVASTATIN        | PDL |
| 02348640 | ATORVASTATIN        | RPH |
| 02348721 | ATORVASTATIN        | SAN |
| 02411377 | ATORVASTATIN-40     | SIV |
| 02407272 | AURO-ATORVASTATIN   | AUR |
| 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 |
| 02417952 | REDDY-ATORVASTATIN  | REC |
| 02422786 | RIVA-ATORVASTATIN   | RIV |
| 02324962 | SANDOZ ATORVASTATIN | SDZ |
| 02387913 | SIV-ATORVASTATIN    | SIV |
| 02302691 | TEVA-ATORVASTATIN   | TEV |

<sup>ST</sup> 80mg Tablet

|          |                     |     |
|----------|---------------------|-----|
| 02295318 | APO-ATORVASTATIN    | APX |
| 02396459 | APO-ATORVASTATIN    | APX |
| 02346516 | ATORVASTATIN        | PDL |
| 02348659 | ATORVASTATIN        | RPH |
| 02348748 | ATORVASTATIN        | SAN |
| 02411385 | ATORVASTATIN-80     | SIV |
| 02407280 | AURO-ATORVASTATIN   | AUR |
| 02310929 | CO ATORVASTATIN     | CBT |
| 02288370 | GD-ATORVASTATIN     | PFI |
| 02391082 | 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 |
| 02417960 | REDDY-ATORVASTATIN  | REC |
| 02422794 | RIVA-ATORVASTATIN   | RIV |
| 02324970 | SANDOZ ATORVASTATIN | SDZ |
| 02387921 | SIV-ATORVASTATIN    | SIV |
| 02302713 | TEVA-ATORVASTATIN   | TEV |

**FLUVASTATIN SODIUM**<sup>ST</sup> 20mg Capsule

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

**24:06.08 HMG-COA REDUCTASE  
INHIBITORS****FLUVASTATIN SODIUM**<sup>ST</sup> **40mg Capsule**

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

<sup>ST</sup> **80mg Extended Release Tablet**

|          |           |     |
|----------|-----------|-----|
| 02250527 | LESCOL XL | NVR |
|----------|-----------|-----|

**LOVASTATIN**<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **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    | RBV |
| 02246930 | RATIO-PRAVASTATIN  | RPH |
| 02270234 | RIVA-PRAVASTATIN   | RIV |
| 02247856 | SANDOZ-PRAVASTATIN | SDZ |

**24:06.08 HMG-COA REDUCTASE  
INHIBITORS****PRAVASTATIN SODIUM**<sup>ST</sup> **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    | RBV |
| 02246931 | RATIO-PRAVASTATIN  | RPH |
| 02270242 | RIVA-PRAVASTATIN   | RIV |
| 02247857 | SANDOZ-PRAVASTATIN | SDZ |

<sup>ST</sup> **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   | RBV |
| 02246932 | RATIO-PRAVASTATIN | RPH |
| 02270250 | RIVA-PRAVASTATIN  | RIV |

**24:06.08 HMG-COA REDUCTASE  
INHIBITORS****ROSUVASTATIN CALCIUM**<sup>ST</sup> **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    | RBV |
| 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 |

<sup>ST</sup> **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    | RBV |
| 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**<sup>ST</sup> **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    | RBV |
| 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 |

<sup>ST</sup> **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    | RBV |
| 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**<sup>ST</sup> **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    | RBV |
| 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 |

<sup>ST</sup> **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    | RBV |
| 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**<sup>ST</sup> **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    | RBV |
| 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 |

<sup>ST</sup> **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    | RBV |
| 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****<sup>ST</sup> 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    | RBV |
| 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****<sup>ST</sup> 0.025mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00519251 | DIXARIT        | BOE |
| 02304163 | TEVA-CLONIDINE | TEV |

**<sup>ST</sup> 0.1mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00259527 | CATAPRES       | BOE |
| 01910396 | CLONIDINE      | PRO |
| 02046121 | TEVA-CLONIDINE | TEV |

**<sup>ST</sup> 0.2mg Tablet**

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

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                    |     |
|----------|--------------------|-----|
| 99503021 | CLONIDINE 0.1MG/ML | UNK |
|----------|--------------------|-----|

**METHYLDOPA****<sup>ST</sup> 125mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00360252 | METHYLDOPA | AAP |
|----------|------------|-----|

**<sup>ST</sup> 250mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00360260 | METHYLDOPA | AAP |
|----------|------------|-----|

**<sup>ST</sup> 500mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00426830 | METHYLDOPA | AAP |
|----------|------------|-----|

**24:08.16 CENTRAL ALPHA-AGONISTS****METHYLDOPA, HYDROCHLOROTHIAZIDE****<sup>ST</sup> 250mg & 15mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00441708 | APO-METHAZIDE-15 | APX |
|----------|------------------|-----|

**<sup>ST</sup> 250mg & 25mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00441716 | APO-METHAZIDE-25 | APX |
|----------|------------------|-----|

**24:08.20 DIRECT VASODILATORS****DIAZOXIDE****<sup>ST</sup> 100mg Capsule**

|          |           |     |
|----------|-----------|-----|
| 00503347 | PROGLYCEM | SCH |
|----------|-----------|-----|

**HYDRALAZINE HCL****<sup>ST</sup> 10mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00441619 | APO-HYDRALAZINE | APX |
| 01913638 | HYDRALAZINE     | PDL |

**<sup>ST</sup> 25mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00441627 | APO-HYDRALAZINE | APX |
|----------|-----------------|-----|

**<sup>ST</sup> 50mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00441635 | APO-HYDRALAZINE | APX |
| 00759481 | NOVO-HYLAZIN    | TEV |

**MINOXIDIL****<sup>ST</sup> 2.5mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00514497 | LONITEN | PFI |
|----------|---------|-----|

**<sup>ST</sup> 10mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00514500 | LONITEN | PFI |
|----------|---------|-----|

**24:12.08 NITRATES AND NITRITES****ISOSORBIDE DINITRATE****<sup>ST</sup> 5mg Sublingual Tablet**

|          |      |     |
|----------|------|-----|
| 00670944 | ISDN | AAP |
|----------|------|-----|

**<sup>ST</sup> 10mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00441686 | ISDN           | AAP |
| 00786667 | PMS-ISOSORBIDE | PMS |

**<sup>ST</sup> 30mg Tablet**

|          |      |     |
|----------|------|-----|
| 00441694 | ISDN | AAP |
|----------|------|-----|

**ISOSORBIDE-5-MONONITRATE****<sup>ST</sup> 60mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02272830 | APO-ISMN | APX |
| 02126559 | IMDUR    | AZE |
| 02446073 | ISMN     | SIV |
| 02301288 | PMS-ISMN | PMS |
| 02311321 | PRO-ISMN | PDL |

**NITROGLYCERIN****2% Ointment**

|          |        |     |
|----------|--------|-----|
| 01926454 | NITROL | SQU |
|----------|--------|-----|

**<sup>ST</sup> 0.2mg Patch**

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

**24:12.08 NITRATES AND NITRITES****NITROGLYCERIN**<sup>ST</sup> **0.4mg Patch**

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

<sup>ST</sup> **0.6mg Patch**

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

<sup>ST</sup> **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.

<sup>ST</sup> **20mg Tablet**

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

<sup>ST</sup> **20mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02418118 | APO-SILDENAFIL R | APX |
|----------|------------------|-----|

**24:12.12 PHOSPHODIESTERASE INHIBITORS****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

<sup>ST</sup> **20mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02338327 | ADCIRCA           | LIL |
| 02421933 | APO-TADALAFIL PAH | APX |

**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.

<sup>ST</sup> **5mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02307065 | VOLIBRIS | GSK |
|----------|----------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **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 |



## 24:12.92 MISCELLANEOUS VASODILATING AGENTS

### 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.

#### <sup>ST</sup> 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

#### <sup>ST</sup> 25mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 00895644 | APO-DIPYRIDAMOLE | APX |
|----------|------------------|-----|

#### <sup>ST</sup> 50mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 00571245 | APO-DIPYRIDAMOLE | APX |
| 00895652 | APO-DIPYRIDAMOLE | APX |

#### <sup>ST</sup> 75mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 00601845 | APO-DIPYRIDAMOLE | APX |
| 00895660 | APO-DIPYRIDAMOLE | APX |

### DIPYRIDAMOLE, ACETYSALICYLIC ACID

#### <sup>ST</sup> 200mg & 25mg Capsule

|          |          |     |
|----------|----------|-----|
| 02242119 | AGGRENOX | BOE |
|----------|----------|-----|

## 24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

### DOXAZOSIN MESYLATE

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

## 24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

### DOXAZOSIN MESYLATE

#### <sup>ST</sup> 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

#### <sup>ST</sup> 1mg Tablet

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

#### <sup>ST</sup> 2mg Tablet

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

#### <sup>ST</sup> 5mg Tablet

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

### TERAZOSIN HCL

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

**24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS****TERAZOSIN HCL**<sup>ST</sup> **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**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

**24:24.00 BETA ADRENERGIC BLOCKING AGENTS****ATENOLOL**<sup>ST</sup> **25mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02326701 | ATENOLOL       | PDL |
| 02392194 | BIO-ATENOLOL   | BMI |
| 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   | RBV |
| 02277379 | RIVA-ATENOLOL  | RIV |
| 02368633 | SEPTA-ATENOLOL | SPT |
| 02266660 | TEVA-ATENOL    | TEV |

<sup>ST</sup> **50mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00773689 | APO-ATENOL      | APX |
| 00828807 | ATENOLOL        | PDL |
| 02392178 | BIO-ATENOLOL    | BMI |
| 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    | RBV |
| 02171791 | RATIO-ATENOLOL  | RPH |
| 02242094 | RIVA-ATENOLOL   | RIV |
| 02231731 | SANDOZ-ATENOLOL | SDZ |
| 02368641 | SEPTA-ATENOLOL  | SPT |
| 02039532 | TENORMIN        | AZC |
| 01912062 | TEVA-ATENOL     | TEV |

<sup>ST</sup> **100mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00773697 | APO-ATENOL     | APX |
| 00828793 | ATENOLOL       | PDL |
| 02392186 | BIO-ATENOLOL   | BMI |
| 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   | RBV |
| 02171805 | RATIO-ATENOLOL | RPH |
| 02242093 | RIVA-ATENOLOL  | RIV |
| 02368668 | SEPTA-ATENOLOL | SPT |
| 02039540 | TENORMIN       | AZC |
| 01912054 | TEVA-ATENOL    | TEV |

**24:24.00 BETA ADRENERGIC BLOCKING AGENTS****ATENOLOL, CHLORTHALIDONE**<sup>ST</sup> **50mg & 25mg Tablet**

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

<sup>ST</sup> **100mg & 25mg Tablet**

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

**BISOPROLOL FUMARATE**<sup>ST</sup> **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-BIPOPLOL     | TEV |

<sup>ST</sup> **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-BIPOPLOL     | TEV |

**CARVEDILOL**<sup>ST</sup> **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   | RBV |
| 02252309 | RATIO-CARVEDILOL | RPH |
| 02338068 | ZYM-CARVEDILOL   | ZYM |

**24:24.00 BETA ADRENERGIC BLOCKING AGENTS****CARVEDILOL**<sup>ST</sup> **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   | RBV |
| 02252317 | RATIO-CARVEDILOL | RPH |
| 02338092 | ZYM-CARVEDILOL   | ZYM |

<sup>ST</sup> **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   | RBV |
| 02252325 | RATIO-CARVEDILOL | RPH |
| 02338106 | ZYM-CARVEDILOL   | ZYM |

<sup>ST</sup> **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   | RBV |
| 02252333 | RATIO-CARVEDILOL | RPH |
| 02338114 | ZYM-CARVEDILOL   | ZYM |

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                    |     |
|----------|--------------------|-----|
| 99503015 | METOPROLOL 10MG/ML | UNK |
| 99503014 | PROPRANOLOL 1MG/ML | UNK |
| 99503023 | SOTALOL 5MG/ML     | UNK |

**LABETALOL HCL**<sup>ST</sup> **100mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02106272 | TRANDATE | SHI |
|----------|----------|-----|

<sup>ST</sup> **200mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02106280 | TRANDATE | SHI |
|----------|----------|-----|

**24:24.00 BETA ADRENERGIC BLOCKING AGENTS****METOPROLOL TARTRATE****<sup>ST</sup> 100mg Sustained Release Tablet**

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

**<sup>ST</sup> 200mg Sustained Release Tablet**

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

**<sup>ST</sup> 25mg Tablet**

|          |                           |     |
|----------|---------------------------|-----|
| 02246010 | APO-METOPROLOL            | APX |
| 02252252 | DOM-METOPROLOL-L          | DPC |
| 02356813 | JAMP-METOPROLOL-L         | JAP |
| 02296713 | METOPROLOL                | PDL |
| 02315106 | METOPROLOL-L              | SOR |
| 02442116 | METOPROLOL-L              | SIV |
| 02302055 | MYLAN-METOPROLOL (TYPE L) | MYL |
| 02248855 | PMS-METOPROLOL-L          | PMS |
| 02315300 | RIVA-METOPROLOL L         | RIV |
| 02261898 | TEVA-METOPROL             | TEP |

**<sup>ST</sup> 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 |
| 02442124 | METOPROLOL-L              | SIV |
| 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****<sup>ST</sup> 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 |
| 02442132 | METOPROLOL-L              | SIV |
| 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****<sup>ST</sup> 40mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00782505 | APO-NADOL | APX |
| 00828815 | NADOLOL   | PDL |

**<sup>ST</sup> 80mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00782467 | APO-NADOL | APX |
| 00818704 | NADOLOL   | PDL |

**<sup>ST</sup> 160mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00782475 | APO-NADOL | APX |
|----------|-----------|-----|

**PINDOLOL****<sup>ST</sup> 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 |

**<sup>ST</sup> 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**<sup>ST</sup> **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**<sup>ST</sup> **10mg & 25mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00568627 | VISKAZIDE | NVR |
|----------|-----------|-----|

<sup>ST</sup> **10mg & 50mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00568635 | VISKAZIDE | NVR |
|----------|-----------|-----|

**PROPRANOLOL HCL**<sup>ST</sup> **60mg Long Acting Capsule**

|          |            |     |
|----------|------------|-----|
| 02042231 | INDERAL LA | WAY |
|----------|------------|-----|

<sup>ST</sup> **80mg Long Acting Capsule**

|          |            |     |
|----------|------------|-----|
| 02042258 | INDERAL LA | WAY |
|----------|------------|-----|

<sup>ST</sup> **120mg Long Acting Capsule**

|          |            |     |
|----------|------------|-----|
| 02042266 | INDERAL LA | WAY |
|----------|------------|-----|

<sup>ST</sup> **160mg Long Acting Capsule**

|          |            |     |
|----------|------------|-----|
| 02042274 | INDERAL LA | WAY |
|----------|------------|-----|

<sup>ST</sup> **10mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02137313 | DOM-PROPRANOLOL | DPC |
| 00496480 | NOVO-PRANOL     | TEV |

<sup>ST</sup> **20mg Tablet**

|          |             |     |
|----------|-------------|-----|
| 00740675 | NOVO-PRANOL | TEV |
|----------|-------------|-----|

<sup>ST</sup> **40mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02137321 | DOM-PROPRANOLOL | DPC |
| 00496499 | NOVO-PRANOL     | TEV |

<sup>ST</sup> **80mg Tablet**

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

<sup>ST</sup> **120mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00504335 | APO-PROPRANOLOL | APX |
| 00582298 | PMS-PROPRANOLOL | PMS |

**SOTALOL HCL**<sup>ST</sup> **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**<sup>ST</sup> **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**<sup>ST</sup> **5mg Tablet**

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

<sup>ST</sup> **10mg Tablet**

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

<sup>ST</sup> **20mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00755869 | APO-TIMOL  | APX |
| 01947826 | TEVA-TIMOL | TEV |

**24:28.08 DIHYDROPYRIDINES****AMLODIPINE**<sup>ST</sup> **2.5mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02297477 | ACT AMLODIPINE    | ATP |
| 02326795 | AMLODIPINE        | PDL |
| 02385783 | AMLODIPINE        | SIV |
| 02378744 | AMLODIPINE-ODAN   | ODN |
| 02392127 | BIO-AMLODIPINE    | BMI |
| 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    | RBV |
| 02331489 | RIVA-AMLODIPINE   | RIV |
| 02330474 | SANDOZ-AMLODIPINE | SDZ |
| 02357704 | SEPTA-AMLODIPINE  | SPT |

**24:28.08 DIHYDROPYRIDINES****AMLODIPINE**<sup>ST</sup> **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 |
| 02392135 | BIO-AMLODIPINE    | BMI |
| 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    | RBV |
| 02259605 | RATIO-AMLODIPINE  | RPH |
| 02331497 | RIVA-AMLODIPINE   | RIV |
| 02284383 | SANDOZ-AMLODIPINE | SDZ |
| 02357712 | SEPTA-AMLODIPINE  | SPT |
| 02250497 | TEVA-AMLODIPINE   | TEV |
| 02342790 | ZYM-AMLODIPINE    | ZYM |

<sup>ST</sup> **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 |
| 02392143 | BIO-AMLODIPINE    | BMI |
| 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    | RBV |
| 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**<sup>ST</sup> **5mg & 10mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411253 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273233 | CADUET                          | PFI |
| 02362759 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |
| 02404222 | PMS-AMLODIPINE-<br>ATORVASTATIN | PMS |

<sup>ST</sup> **5mg & 20mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411261 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273241 | CADUET                          | PFI |
| 02362767 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |
| 02404230 | PMS-AMLODIPINE-<br>ATORVASTATIN | PMS |

<sup>ST</sup> **5mg & 40mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411288 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273268 | CADUET                          | PFI |
| 02362775 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |

<sup>ST</sup> **5mg & 80mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411296 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273276 | CADUET                          | PFI |
| 02362783 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |

<sup>ST</sup> **10mg & 10mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411318 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273284 | CADUET                          | PFI |
| 02362791 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |
| 02404249 | PMS-AMLODIPINE-<br>ATORVASTATIN | PMS |

<sup>ST</sup> **10mg & 20mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411326 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273292 | CADUET                          | PFI |
| 02362805 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |
| 02404257 | PMS-AMLODIPINE-<br>ATORVASTATIN | PMS |

<sup>ST</sup> **10mg & 40mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411334 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273306 | CADUET                          | PFI |
| 02362813 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |

<sup>ST</sup> **10mg & 80mg Tablet**

|          |                                 |     |
|----------|---------------------------------|-----|
| 02411342 | APO-AMLODIPINE-<br>ATORVASTATIN | APX |
| 02273314 | CADUET                          | PFI |
| 02362821 | GD-AMLODIPINE-<br>ATORVASTATIN  | PFI |

**24:28.08 DIHYDROPYRIDINES****AMLODIPINE, TELMISARTAN**

|                                  |         |     |  |
|----------------------------------|---------|-----|--|
| <sup>ST</sup> 5mg & 40mg Tablet  |         |     |  |
| 02371022                         | TWYNSTA | BOE |  |
| <sup>ST</sup> 5mg & 80mg Tablet  |         |     |  |
| 02371049                         | TWYNSTA | BOE |  |
| <sup>ST</sup> 10mg & 40mg Tablet |         |     |  |
| 02371030                         | TWYNSTA | BOE |  |
| <sup>ST</sup> 10mg & 80mg Tablet |         |     |  |
| 02371057                         | TWYNSTA | BOE |  |

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                   |     |  |
|----------|-------------------|-----|--|
| 99503003 | AMLODIPINE 1MG/ML | UNK |  |
|----------|-------------------|-----|--|

**FELODIPINE**

|   |                   |     |  |
|---|-------------------|-----|--|
| <sup>ST</sup> 2.5mg Extended Release Tablet |                   |     |  |
| 02057778                                    | PLENDIL           | AZC |  |
| <sup>ST</sup> 5mg Extended Release Tablet   |                   |     |  |
| 00851779                                    | PLENDIL           | AZC |  |
| 02280264                                    | SANDOZ-FELODIPINE | SDZ |  |
| 09857203                                    | SANDOZ-FELODIPINE | SDZ |  |
| <sup>ST</sup> 10mg Extended Release Tablet  |                   |     |  |
| 00851787                                    | PLENDIL           | AZC |  |
| 02280272                                    | SANDOZ-FELODIPINE | SDZ |  |
| 09857204                                    | SANDOZ-FELODIPINE | SDZ |  |

**NIFEDIPINE**

|   |                     |     |  |
|---|---------------------|-----|--|
| <sup>ST</sup> 5mg Capsule                   |                     |     |  |
| 00725110                                    | NIFEDIPINE          | AAP |  |
| 02235897                                    | PMS-NIFEDIPINE      | PMS |  |
| <sup>ST</sup> 10mg Capsule                  |                     |     |  |
| 00755907                                    | NIFEDIPINE          | AAP |  |
| 02235898                                    | PMS-NIFEDIPINE      | PMS |  |
| <sup>ST</sup> 20mg Extended Release Tablet  |                     |     |  |
| 02237618                                    | ADALAT XL           | BAY |  |
| <sup>ST</sup> 30mg Extended Release Tablet  |                     |     |  |
| 02155907                                    | ADALAT XL           | BAY |  |
| 02349167                                    | MYLAN-NIFEDIPINE ER | MYL |  |
| 02421631                                    | NIFEDIPINE          | PDL |  |
| 02442930                                    | NIFEDIPINE          | SIV |  |
| 02418630                                    | PMS-NIFEDIPINE      | PMS |  |
| <sup>ST</sup> 60mg Extended Release Tablet  |                     |     |  |
| 02155990                                    | ADALAT XL           | BAY |  |
| 02321149                                    | MYLAN-NIFEDIPINE ER | MYL |  |
| 02421658                                    | NIFEDIPINE          | PDL |  |
| 02442949                                    | NIFEDIPINE          | SIV |  |
| 02416301                                    | PMS-NIFEDIPINE      | PMS |  |
| <sup>ST</sup> 10mg Sustained Release Tablet |                     |     |  |
| 02197448                                    | APO-NIFED PA        | APX |  |
| <sup>ST</sup> 20mg Sustained Release Tablet |                     |     |  |
| 02181525                                    | APO-NIFED PA        | APX |  |
| <b>NIMODIPINE</b>                           |                     |     |  |
| <sup>ST</sup> 30mg Tablet                   |                     |     |  |
| 02325926                                    | NIMOTOP             | BAY |  |

**24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS****DILTIAZEM HCL**

|   |                     |     |  |
|---|---------------------|-----|--|
| <sup>ST</sup> 120mg Controlled Delivery Capsule |                     |     |  |
| 02230997  | APO-DILTIAZ CD      | APX |  |
| 02097249  | CARDIZEM CD         | BPC |  |
| 02231472  | DILTIAZEM CD        | PDL |  |
| 02400421  | DILTIAZEM CD        | SAN |  |
| 02445999  | DILTIAZEM CD        | SIV |  |
| 02355752  | PMS-DILTIAZEM CD    | PMS |  |
| 02229781  | RATIO-DILTIAZEM CD  | RPH |  |
| 02243338  | SANDOZ-DILTIAZEM CD | SDZ |  |
| 02242538  | TEVA-DILTIAZEM CD   | TEV |  |
| <sup>ST</sup> 180mg Controlled Delivery Capsule |                     |     |  |
| 02230998  | APO-DILTIAZ CD      | APX |  |
| 02097257  | CARDIZEM CD         | BPC |  |
| 02231474  | DILTIAZEM CD        | PDL |  |
| 02400448  | DILTIAZEM CD        | SAN |  |
| 02446006  | DILTIAZEM CD        | SIV |  |
| 02355760  | PMS-DILTIAZEM CD    | PMS |  |
| 02229782  | RATIO-DILTIAZEM CD  | RPH |  |
| 02243339  | SANDOZ-DILTIAZEM CD | SDZ |  |
| 02242539  | TEVA-DILTIAZEM CD   | TEV |  |
| <sup>ST</sup> 240mg Controlled Delivery Capsule |                     |     |  |
| 02230999  | APO-DILTIAZ CD      | APX |  |
| 02097265  | CARDIZEM CD         | BPC |  |
| 02231475  | DILTIAZEM CD        | PDL |  |
| 02400456  | DILTIAZEM CD        | SAN |  |
| 02446014  | DILTIAZEM CD        | SIV |  |
| 02355779  | PMS-DILTIAZEM CD    | PMS |  |
| 02229783  | RATIO-DILTIAZEM CD  | RPH |  |
| 02243340  | SANDOZ-DILTIAZEM CD | SDZ |  |
| 02242540  | TEVA-DILTIAZEM CD   | TEV |  |
| <sup>ST</sup> 300mg Controlled Delivery Capsule |                     |     |  |
| 02229526  | APO-DILTIAZ CD      | APX |  |
| 02097273  | CARDIZEM CD         | BPC |  |
| 02231057  | DILTIAZEM CD        | PDL |  |
| 02400464  | DILTIAZEM CD        | SAN |  |
| 02446022  | DILTIAZEM CD        | SIV |  |
| 02355787  | PMS-DILTIAZEM CD    | PMS |  |
| 02229784  | RATIO-DILTIAZEM CD  | RPH |  |
| 02243341  | SANDOZ-DILTIAZEM CD | SDZ |  |
| 02242541  | TEVA-DILTIAZEM CD   | TEV |  |
| <sup>ST</sup> 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 |  |
| <sup>ST</sup> 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**

|  |                    |     |  |
|--|--------------------|-----|--|
| <b><sup>ST</sup> 240mg Extended Release Capsule</b>  |                    |     |  |
| 02370646   | ACT DILTIAZEM CD   | ATP |  |
| 02370506   | ACT DILTIAZEM T    | ATP |  |
| 02325322   | DILTIAZEM TZ       | PDL |  |
| 02271621   | TEVA-DILTIAZEM ER  | TEV |  |
| 02231152   | TIAZAC             | BPC |  |
| <b><sup>ST</sup> 300mg Extended Release Capsule</b>  |                    |     |  |
| 02370654   | ACT DILTIAZEM CD   | ATP |  |
| 02370514   | ACT DILTIAZEM T    | ATP |  |
| 02325330   | DILTIAZEM TZ       | PDL |  |
| 02271648   | TEVA-DILTIAZEM ER  | TEV |  |
| 02231154   | TIAZAC             | BPC |  |
| <b><sup>ST</sup> 360mg Extended Release Capsule</b>  |                    |     |  |
| 02370522   | ACT DILTIAZEM T    | ATP |  |
| 02325349   | DILTIAZEM TZ       | PDL |  |
| 02271656   | TEVA-DILTIAZEM ER  | TEV |  |
| 02231155   | TIAZAC             | BPC |  |
| <b><sup>ST</sup> 120mg Extended Release Tablet</b>   |                    |     |  |
| 02256738   | TIAZAC XC          | BPC |  |
| <b><sup>ST</sup> 180mg Extended Release Tablet</b>   |                    |     |  |
| 02256746   | TIAZAC XC          | BPC |  |
| <b><sup>ST</sup> 240mg Extended Release Tablet</b>   |                    |     |  |
| 02256754   | TIAZAC XC          | BPC |  |
| <b><sup>ST</sup> 300mg Extended Release Tablet</b>   |                    |     |  |
| 02256762   | TIAZAC XC          | BPC |  |
| <b><sup>ST</sup> 360mg Extended Release Tablet</b>   |                    |     |  |
| 02256770   | TIAZAC XC          | BPC |  |
| <b><sup>ST</sup> 60mg Sustained Release Capsule</b>  |                    |     |  |
| 02222957   | APO-DILTIAZ SR     | APX |  |
| <b><sup>ST</sup> 90mg Sustained Release Capsule</b>  |                    |     |  |
| 02222965   | APO-DILTIAZ SR     | APX |  |
| <b><sup>ST</sup> 120mg Sustained Release Capsule</b> |                    |     |  |
| 02222973   | APO-DILTIAZ SR     | APX |  |
| 02245918   | SANDOZ-DILTIAZEM T | SDZ |  |
| <b><sup>ST</sup> 180mg Sustained Release Capsule</b> |                    |     |  |
| 02245919   | SANDOZ-DILTIAZEM T | SDZ |  |
| <b><sup>ST</sup> 240mg Sustained Release Capsule</b> |                    |     |  |
| 02245920   | SANDOZ-DILTIAZEM T | SDZ |  |
| <b><sup>ST</sup> 300mg Sustained Release Capsule</b> |                    |     |  |
| 02245921   | SANDOZ-DILTIAZEM T | SDZ |  |
| <b><sup>ST</sup> 360mg Sustained Release Capsule</b> |                    |     |  |
| 02245922   | SANDOZ-DILTIAZEM T | SDZ |  |
| <b><sup>ST</sup> 30mg Tablet</b>                     |                    |     |  |
| 00771376   | APO-DILTIAZ        | APX |  |
| 00828785   | DILTIAZEM          | PDL |  |
| 00862924   | TEVA-DILTIAZEM     | TEV |  |
| <b><sup>ST</sup> 60mg Tablet</b>                     |                    |     |  |
| 00771384   | APO-DILTIAZ        | APX |  |
| 00828777   | DILTIAZEM          | PDL |  |
| 00862932   | TEVA-DILTIAZEM     | TEV |  |

**24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS****VERAPAMIL HCL**

|  |                    |  |     |
|--|--------------------|--|-----|
| <b><sup>ST</sup> 180mg Extended Release Tablet</b>   |                    |  |     |
| 02231676   | COVERA-HS          |  | PFI |
| <b><sup>ST</sup> 240mg Extended Release Tablet</b>   |                    |  |     |
| 02231677   | COVERA-HS          |  | PFI |
| <b><sup>ST</sup> 120mg Sustained Release Capsule</b> |                    |  |     |
| 02100479   | VERELAN SR         |  | RGL |
| <b><sup>ST</sup> 180mg Sustained Release Capsule</b> |                    |  |     |
| 02100487   | VERELAN SR         |  | RGL |
| <b><sup>ST</sup> 240mg Sustained Release Capsule</b> |                    |  |     |
| 02100495   | VERELAN SR         |  | RGL |
| <b><sup>ST</sup> 120mg Sustained Release Tablet</b>  |                    |  |     |
| 02246893   | APO-VERAP SR       |  | APX |
| 01907123   | ISOPTIN SR         |  | ABB |
| 02210347   | MYLAN-VERAPAMIL SR |  | MYL |
| 02324156   | PRO-VERAPAMIL SR   |  | PDL |
| <b><sup>ST</sup> 180mg Sustained Release Tablet</b>  |                    |  |     |
| 02246894   | APO-VERAP SR       |  | APX |
| 01934317   | ISOPTIN SR         |  | ABB |
| 02210355   | MYLAN-VERAPAMIL SR |  | MYL |
| 02324164   | PRO-VERAPAMIL SR   |  | PDL |
| <b><sup>ST</sup> 240mg Sustained Release Tablet</b>  |                    |  |     |
| 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 |
| <b><sup>ST</sup> 80mg Tablet</b>                     |                    |  |     |
| 00782483   | APO-VERAP          |  | APX |
| 02237921   | MYLAN-VERAPAMIL    |  | MYL |
| 00812331   | NOVO-VERAMIL       |  | TEV |
| 00871028   | VERAPAMIL          |  | PDL |
| <b><sup>ST</sup> 120mg Tablet</b>                    |                    |  |     |
| 00782491   | APO-VERAP          |  | APX |
| 02237922   | MYLAN-VERAPAMIL    |  | MYL |
| 00812358   | NOVO-VERAMIL       |  | TEV |

**24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS****BENAZEPRIL HCL**

|                                  |            |  |     |
|----------------------------------|------------|--|-----|
| <b><sup>ST</sup> 5mg Tablet</b>  |            |  |     |
| 02290332                         | BENAZEPRIL |  | AAP |
| 00885835                         | LOTENSIN   |  | NVR |
| <b><sup>ST</sup> 10mg Tablet</b> |            |  |     |
| 02290340                         | BENAZEPRIL |  | AAP |
| <b><sup>ST</sup> 20mg Tablet</b> |            |  |     |
| 02273918                         | BENAZEPRIL |  | AAP |
| 00885851                         | LOTENSIN   |  | NVR |



**24:32.04 ANGIOTENSIN-CONVERTING  
ENZYME INHIBITORS****CAPTOPRIL**<sup>ST</sup> **6.25mg Tablet**

01999559 APO-CAPTO APX

<sup>ST</sup> **12.5mg Tablet**

00893595 APO-CAPTO APX

02242788 CAPTOPRIL SOR

02238551 DOM-CAPTOPRIL DPC

02163551 MYLAN-CAPTOPRIL MYL

01942964 TEVA-CAPTORIL TEV

<sup>ST</sup> **25mg Tablet**

00893609 APO-CAPTO APX

01910337 CAPTOPRIL PDL

02242789 CAPTOPRIL SOR

02238552 DOM-CAPTOPRIL DPC

02163578 MYLAN-CAPTOPRIL MYL

01942972 TEVA-CAPTORIL TEV

<sup>ST</sup> **50mg Tablet**

00893617 APO-CAPTO APX

02242790 CAPTOPRIL SPR

02238553 DOM-CAPTOPRIL DPC

02163586 MYLAN-CAPTOPRIL MYL

01942980 TEVA-CAPTORIL TEV

<sup>ST</sup> **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**<sup>ST</sup> **1mg Tablet**

02291134 APO-CILAZAPRIL APX

02350963 CILAZAPRIL SAN

02283778 MYLAN-CILAZAPRIL MYL

02280442 PMS-CILAZAPRIL PMS

02266350 TEVA-CILAZAPRIL TEV

<sup>ST</sup> **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

<sup>ST</sup> **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**<sup>ST</sup> **5mg & 12.5mg Tablet**

02284987 APO-CILAZAPRIL HCTZ APX

02181479 INHIBACE PLUS HLR

02313731 TEVA-CILAZAPRIL/HCTZ TEV

**ENALAPRIL MALEATE**<sup>ST</sup> **2.5mg Tablet**

02020025 APO ENALAPRIL APX

02291878 CO ENALAPRIL COB

02400650 ENALAPRIL SAN

02442957 ENALAPRIL SIV

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

<sup>ST</sup> **5mg Tablet**

02019884 APO ENALAPRIL APX

02291886 CO ENALAPRIL COB

02400669 ENALAPRIL SAN

02442965 ENALAPRIL SIV

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

<sup>ST</sup> **10mg Tablet**

02019892 APO ENALAPRIL APX

02291894 CO ENALAPRIL COB

02400677 ENALAPRIL SAN

02442973 ENALAPRIL SIV

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**<sup>ST</sup> **20mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02019906 | APO ENALAPRIL    | APX |
| 02291908 | CO ENALAPRIL     | COB |
| 02400685 | ENALAPRIL        | SAN |
| 02442981 | ENALAPRIL        | SIV |
| 02300060 | MYLAN-ENALAPRIL  | MYL |
| 02233007 | NOVO-ENALAPRIL   | TEV |
| 02300109 | PMS-ENALAPRIL    | PMS |
| 02311437 | PRO-ENALAPRIL    | PDL |
| 02352265 | RAN-ENALAPRIL    | RBV |
| 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**<sup>ST</sup> **5mg & 12.5mg Tablet**

|          |                               |     |
|----------|-------------------------------|-----|
| 02352923 | APO-ENALAPRIL<br>MALEATE/HCTZ | APX |
| 02300222 | NOVO-ENALAPRIL/HCTZ           | TEV |

<sup>ST</sup> **10mg & 25mg Tablet**

|          |                               |     |
|----------|-------------------------------|-----|
| 02352931 | APO-ENALAPRIL<br>MALEATE/HCTZ | APX |
| 02300230 | NOVO-ENALAPRIL/HCTZ           | TEV |
| 00657298 | VASERETIC                     | FRS |

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                  |     |
|----------|------------------|-----|
| 99503013 | ENALAPRIL 1MG/ML | UNK |
|----------|------------------|-----|

**FOSINOPRIL SODIUM**<sup>ST</sup> **10mg Tablet**

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

<sup>ST</sup> **20mg Tablet**

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

**24:32.04 ANGIOTENSIN-CONVERTING  
ENZYME INHIBITORS****LISINOPRIL**<sup>ST</sup> **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           | RBV |
| 02300958 | RIVA-LISINOPRIL          | RIV |
| 02289199 | SANDOZ LISINOPRIL        | SDZ |
| 02049333 | ZESTRIL                  | AZC |

<sup>ST</sup> **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           | RBV |
| 02300982 | RIVA-LISINOPRIL          | RIV |
| 02289202 | SANDOZ-LISINOPRIL        | SDZ |
| 02049376 | ZESTRIL                  | AZC |

<sup>ST</sup> **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           | RBV |
| 02300990 | RIVA-LISINOPRIL          | RIV |
| 02289229 | SANDOZ LISINOPRIL        | SDZ |
| 02049384 | ZESTRIL                  | AZC |

**24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS****LISINAPRIL, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **10mg & 12.5mg Tablet**

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

<sup>ST</sup> **20mg & 12.5mg Tablet**

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

<sup>ST</sup> **20mg & 25mg Tablet**

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

**PERINDOPRIL ERBUMINE**<sup>ST</sup> **2mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02123274 | COVERSYL | SEV |
|----------|----------|-----|

<sup>ST</sup> **4mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02123282 | COVERSYL | SEV |
|----------|----------|-----|

<sup>ST</sup> **8mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02246624 | COVERSYL | SEV |
|----------|----------|-----|

**PERINDOPRIL ERBUMINE, INDAPAMIDE**<sup>ST</sup> **4mg & 1.25mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 02246569 | COVERSYL PLUS | SEV |
|----------|---------------|-----|

**PERINDOPRIL ERBUMINE,INDAPAMIDE**<sup>ST</sup> **8mg & 2.5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02321653 | COVERSYL PLUS HD | SEV |
|----------|------------------|-----|

**QUINAPRIL HCL**<sup>ST</sup> **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**<sup>ST</sup> **10mg Tablet**

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

<sup>ST</sup> **20mg Tablet**

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

<sup>ST</sup> **40mg Tablet**

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

**QUINAPRIL HCL, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **10mg & 12.5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02237367 | ACCURETIC          | PFI |
| 02408767 | APO-QUINAPRIL/HCTZ | APX |

<sup>ST</sup> **20mg & 12.5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02237368 | ACCURETIC          | PFI |
| 02408775 | APO-QUINAPRIL/HCTZ | APX |

<sup>ST</sup> **20mg & 25mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02237369 | ACCURETIC          | PFI |
| 02408783 | APO-QUINAPRIL/HCTZ | APX |

**RAMIPRIL**<sup>ST</sup> **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   | RBV |
| 02287692 | RATIO-RAMIPRIL | RPH |

**24:32.04 ANGIOTENSIN-CONVERTING  
ENZYME INHIBITORS****RAMIPRIL**<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **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 |

<sup>ST</sup> **15mg Capsule**

|          |               |     |
|----------|---------------|-----|
| 02325381 | APO-RAMIPRIL  | APX |
| 02440334 | JAMP-RAMIPRIL | JAP |
| 02420503 | MAR-RAMIPRIL  | MAR |
| 02421348 | MINT-RAMIPRIL | MIN |
| 02343932 | PMS-RAMIPRIL  | PMS |
| 02425548 | RAN-RAMIPRIL  | RBY |

<sup>ST</sup> **1.25mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02291398 | SANDOZ RAMIPRIL | SDZ |
|----------|-----------------|-----|

<sup>ST</sup> **2.5mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02291401 | SANDOZ RAMIPRIL | SDZ |
|----------|-----------------|-----|

<sup>ST</sup> **5mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02291428 | SANDOZ RAMIPRIL | SDZ |
|----------|-----------------|-----|

<sup>ST</sup> **10mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02291436 | SANDOZ RAMIPRIL | SDZ |
|----------|-----------------|-----|

**RAMIPRIL, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **2.5mg & 12.5mg Tablet**

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

<sup>ST</sup> **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 |

<sup>ST</sup> **5mg & 25mg Tablet**

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

**24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS****RAMIPRIL, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **10mg & 12.5mg Tablet**

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

<sup>ST</sup> **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**<sup>ST</sup> **0.5mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02231457 | MAVIK | ABB |
|----------|-------|-----|

<sup>ST</sup> **1mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02231459 | MAVIK | ABB |
|----------|-------|-----|

<sup>ST</sup> **2mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02231460 | MAVIK | ABB |
|----------|-------|-----|

<sup>ST</sup> **4mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02239267 | MAVIK | ABB |
|----------|-------|-----|

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****AZILSARTAN MEDOXOMIL**<sup>ST</sup> **40mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02381389 | EDARBI | VAE |
|----------|--------|-----|

<sup>ST</sup> **80mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02381397 | EDARBI | VAE |
|----------|--------|-----|

**CANDESARTAN CILEXETIL**<sup>ST</sup> **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    | RBV |
| 02425408 | RIVA-CANDESARTAN   | RIV |
| 02326957 | SANDOZ CANDESARTAN | SDZ |

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****CANDESARTAN CILEXETIL**<sup>ST</sup> **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    | RBV |
| 02425416 | RIVA-CANDESARTAN   | RIV |
| 02326965 | SANDOZ CANDESARTAN | SDZ |
| 02366312 | TEVA-CANDESARTAN   | TEP |

<sup>ST</sup> **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    | RBV |
| 02425424 | RIVA-CANDESARTAN   | RIV |
| 02326973 | SANDOZ CANDESARTAN | SDZ |
| 02366320 | TEVA-CANDESARTAN   | TEP |

<sup>ST</sup> **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    | RBV |
| 02425432 | RIVA-CANDESARTAN   | RIV |
| 02392267 | SANDOZ CANDESARTAN | SDZ |
| 02417340 | SANDOZ CANDESARTAN | SDZ |
| 02366339 | TEVA-CANDESARTAN   | TEP |

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **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 |

<sup>ST</sup> **32mg & 12.5mg Tablet**

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

<sup>ST</sup> **32mg & 25mg Tablet**

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

<sup>ST</sup> **16mg & 12.5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02244021 | ATACAND PLUS | AZC |
|----------|--------------|-----|

<sup>ST</sup> **32mg & 12.5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02332922 | ATACAND PLUS | AZE |
|----------|--------------|-----|

<sup>ST</sup> **32mg & 25mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02332957 | ATACAND PLUS | AZE |
|----------|--------------|-----|

**EPOSARTAN MESYLATE**<sup>ST</sup> **400mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02240432 | TEVETEN | SPH |
|----------|---------|-----|

<sup>ST</sup> **600mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02243942 | TEVETEN | SPH |
|----------|---------|-----|

**EPOSARTAN MESYLATE, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **600mg & 12.5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02253631 | TEVETEN PLUS | SPH |
|----------|--------------|-----|

**IRBESARTAN**<sup>ST</sup> **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 |
| 02422980 | MINT-IRBESARTAN   | MIN |
| 02347296 | MYLAN-IRBESARTAN  | MYL |
| 02317060 | PMS-IRBESARTAN    | PMS |
| 02406810 | RAN-IRBESARTAN    | RBV |
| 02316390 | RATIO-IRBESARTAN  | RTP |
| 02425319 | RIVA-IRBESARTAN   | RIV |
| 02328461 | SANDOZ IRBESARTAN | SDZ |
| 02315971 | TEVA-IRBESARTAN   | TEP |

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****IRBESARTAN**<sup>ST</sup> **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 |
| 02422999 | MINT-IRBESARTAN   | MIN |
| 02347318 | MYLAN-IRBESARTAN  | MYL |
| 02317079 | PMS-IRBESARTAN    | PMS |
| 02406829 | RAN-IRBESARTAN    | RBV |
| 02316404 | RATIO-IRBESARTAN  | RTP |
| 02425327 | RIVA-IRBESARTAN   | RIV |
| 02328488 | SANDOZ IRBESARTAN | SDZ |
| 02315998 | TEVA-IRBESARTAN   | TEP |

<sup>ST</sup> **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 |
| 02423006 | MINT-IRBESARTAN   | MIN |
| 02347326 | MYLAN-IRBESARTAN  | MYL |
| 02317087 | PMS-IRBESARTAN    | PMS |
| 02406837 | RAN-IRBESARTAN    | RBV |
| 02316412 | RATIO-IRBESARTAN  | RTP |
| 02425335 | RIVA-IRBESARTAN   | RIV |
| 02328496 | SANDOZ IRBESARTAN | SDZ |
| 02316005 | TEVA-IRBESARTAN   | TEP |

**IRBESARTAN, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **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  | RBV |
| 02330512 | RATIO-IRBESART/HCT   | RTP |
| 02337428 | SANDOZ IRBESART/HCT  | SDZ |
| 02316013 | TEVA-IRBESARTAN/HCT  | TEP |

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****IRBESARTAN, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **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  | RBV |
| 02330520 | RATIO-IRBESART/HCT   | RTP |
| 02337436 | SANDOZ IRBESART/HCT  | SDZ |
| 02316021 | TEVA-IRBESARTAN/HCT  | TEP |

<sup>ST</sup> **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  | RBV |
| 02330539 | RATIO-IRBESART/HCT   | RTP |
| 02337444 | SANDOZ IRBESART/HCT  | SDZ |
| 02316048 | TEVA-IRBESARTAN/HCT  | TEP |

**LOSARTAN POTASSIUM**<sup>ST</sup> **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 |

**24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS****LOSARTAN POTASSIUM**<sup>ST</sup> **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    | RBV |
| 02313340 | SANDOZ LOSARTAN | SDZ |
| 02424975 | SEPTA-LOSARTAN  | SPT |
| 02357968 | TEVA-LOSARTAN   | TEP |

<sup>ST</sup> **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    | RBV |
| 02313359 | SANDOZ LOSARTAN | SDZ |
| 02424983 | SEPTA-LOSARTAN  | SPT |
| 02357976 | TEVA-LOSARTAN   | TEP |

**LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDE**<sup>ST</sup> **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 |

## 24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

### LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDE

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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

#### <sup>ST</sup> 20mg Tablet

|          |         |     |
|----------|---------|-----|
| 02318660 | OLMETEC | SCH |
|----------|---------|-----|

#### <sup>ST</sup> 40mg Tablet

|          |         |     |
|----------|---------|-----|
| 02318679 | OLMETEC | SCH |
|----------|---------|-----|

### OLMESARTAN MEDOXOMIL, HYDROCHLOROTHIAZIDE

#### <sup>ST</sup> 20mg/12.5mg Tablet

|          |              |     |
|----------|--------------|-----|
| 02319616 | OLMETEC PLUS | SCH |
|----------|--------------|-----|

#### <sup>ST</sup> 40mg/12.5mg Tablet

|          |              |     |
|----------|--------------|-----|
| 02319624 | OLMETEC PLUS | SCH |
|----------|--------------|-----|

#### <sup>ST</sup> 40mg/25mg Tablet

|          |              |     |
|----------|--------------|-----|
| 02319632 | OLMETEC PLUS | SCH |
|----------|--------------|-----|

## 24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

### TELMISARTAN

#### <sup>ST</sup> 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 |
| 02407485 | TELMISARTAN        | ACC |
| 02432897 | TELMISARTAN        | PMS |
| 02320177 | TEVA-TELMISARTAN   | TEP |

#### <sup>ST</sup> 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 |
| 02407493 | TELMISARTAN        | ACC |
| 02432900 | TELMISARTAN        | PMS |
| 02320185 | TEVA-TELMISARTAN   | TEP |

### TELMISARTAN, HYDROCHLOROTHIAZIDE

#### <sup>ST</sup> 80mg & 12.5mg Tablet

|          |                        |     |
|----------|------------------------|-----|
| 02419114 | ACH-TELMISARTAN-HCTZ   | ACC |
| 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 |
| 02433214 | TELMISARTAN-HCTZ       | PMS |
| 02330288 | TEVA-TELMISARTAN HCTZ  | TEP |

#### <sup>ST</sup> 80mg & 25mg Tablet

|          |                        |     |
|----------|------------------------|-----|
| 02419122 | ACH-TELMISARTAN-HCTZ   | ACC |
| 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 |
| 02433222 | TELMISARTAN-HCTZ       | PMS |
| 02379252 | TEVA-TELMISARTAN HCTZ  | TEP |



**24:32.08 ANGIOTENSIN II RECEPTOR  
ANTAGONISTS****VALSARTAN**<sup>ST</sup> **80mg Capsule**

02236808 DIOVAN NOV

<sup>ST</sup> **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

<sup>ST</sup> **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

<sup>ST</sup> **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

**24:32.08 ANGIOTENSIN II RECEPTOR  
ANTAGONISTS****VALSARTAN**<sup>ST</sup> **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**<sup>ST</sup> **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

<sup>ST</sup> **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

<sup>ST</sup> **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

<sup>ST</sup> **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

## 24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

### VALSARTAN, HYDROCHLOROTHIAZIDE

#### <sup>ST</sup> 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

### EXTEMPORANEOUS MIXTURE

#### Oral Solution

|          |                       |     |
|----------|-----------------------|-----|
| 99503009 | ALDACTAZIDE 5MG/ML    | UNK |
| 99503001 | SPIRONOLACTONE 5MG/ML | UNK |

### SPIRONOLACTONE

#### <sup>ST</sup> 25mg Tablet

|          |               |     |
|----------|---------------|-----|
| 00028606 | ALDACTONE     | PFI |
| 00613215 | NOVO-SPIROTON | TEV |

#### <sup>ST</sup> 100mg Tablet

|          |               |     |
|----------|---------------|-----|
| 00285455 | ALDACTONE     | PFI |
| 00613223 | NOVO-SPIROTON | TEV |

### SPIRONOLACTONE, HYDROCHLOROTHIAZIDE

#### <sup>ST</sup> 25mg & 25mg Tablet

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

#### <sup>ST</sup> 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).

##### <sup>ST</sup> 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 |

##### <sup>ST</sup> 81mg Chewable Tablet

|          |                    |     |
|----------|--------------------|-----|
| 02243974 | ENTROPHEN CHEWABLE | PED |
|----------|--------------------|-----|

##### <sup>ST</sup> 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 |

##### <sup>ST</sup> 81mg Delayed Release Tablet

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

##### <sup>ST</sup> 162mg Delayed Release Tablet

|          |            |     |
|----------|------------|-----|
| 02247550 | ASAPHEN EC | PMS |
|----------|------------|-----|

##### <sup>ST</sup> 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 |

##### <sup>ST</sup> 650mg Delayed Release Tablet

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

##### <sup>ST</sup> 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).

##### <sup>ST</sup> 325mg Enteric Coated Tablet

|          |              |     |
|----------|--------------|-----|
| 00510696 | APO-ASEN ECT | APX |
| 00216666 | NOVASEN      | TEV |

##### <sup>ST</sup> 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 |
|----------|-----|-----|

##### <sup>ST</sup> 80mg Tablet

|          |         |     |
|----------|---------|-----|
| 02295563 | LOWPRIN | EUR |
| 02429950 | M-ASA   | MAN |
| 02202360 | RIVASA  | RIV |

##### <sup>ST</sup> 81mg Tablet

|          |                    |     |
|----------|--------------------|-----|
| 02433044 | ASA                | PMS |
| 02377683 | ASA DAILY LOW DOSE | APX |
| 02394790 | ASA DAILY LOW DOSE | PMS |
| 02427206 | JAMP-ASA           | VTH |

##### <sup>ST</sup> 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).

**<sup>ST</sup> 100mg Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02435632 | ACCEL-CELECOXIB  | ACP |
| 02418932 | APO-CELECOXIB    | APX |
| 02426382 | BIO-CELECOXIB    | BMI |
| 02239941 | CELEBREX         | PFI |
| 02424371 | CELECOXIB        | PDL |
| 02429675 | CELECOXIB        | SIV |
| 02436299 | CELECOXIB        | SAN |
| 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    | RBV |
| 02425386 | RIVA-CELECOX     | RIV |
| 02321246 | SANDOZ CELECOXIB | SDZ |
| 02442639 | SDZ CELECOXIB    | SDZ |
| 02288915 | TEVA-CELECOXIB   | TEP |

**<sup>ST</sup> 200mg Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02435640 | ACCEL-CELECOXIB  | ACP |
| 02418940 | APO-CELECOXIB    | APX |
| 02426390 | BIO-CELECOXIB    | BMI |
| 02239942 | CELEBREX         | PFI |
| 02424398 | CELECOXIB        | PDL |
| 02429683 | CELECOXIB        | SIV |
| 02436302 | CELECOXIB        | SAN |
| 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    | RBV |
| 02425394 | RIVA-CELECOX     | RIV |
| 02321254 | SANDOZ CELECOXIB | SDZ |
| 02442647 | SDZ CELECOXIB    | SDZ |
| 02288923 | TEVA-CELECOXIB   | TEP |

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****DICLOFENAC SODIUM****<sup>ST</sup> 25mg Delayed Release Tablet**

|          |                |     |
|----------|----------------|-----|
| 02302616 | PMS-DICLOFENAC | PMS |
|----------|----------------|-----|

**<sup>ST</sup> 50mg Delayed Release Tablet**

|          |                |     |
|----------|----------------|-----|
| 02302624 | PMS-DICLOFENAC | PMS |
|----------|----------------|-----|

**<sup>ST</sup> 25mg Enteric Coated Tablet**

|          |           |     |
|----------|-----------|-----|
| 00839175 | APO-DICLO | APX |
|----------|-----------|-----|

|          |                |     |
|----------|----------------|-----|
| 02231662 | DOM-DICLOFENAC | DPC |
|----------|----------------|-----|

|          |                |     |
|----------|----------------|-----|
| 02231502 | PMS-DICLOFENAC | PMS |
|----------|----------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02261952 | SANDOZ-DICLOFENAC | SDZ |
|----------|-------------------|-----|

|          |                 |     |
|----------|-----------------|-----|
| 00808539 | TEVA-DICLOFENAC | TEV |
|----------|-----------------|-----|

**<sup>ST</sup> 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 |
|----------|----------|-----|

**<sup>ST</sup> 75mg Sustained Release Tablet**

|          |              |     |
|----------|--------------|-----|
| 02162814 | APO-DICLO SR | APX |
|----------|--------------|-----|

|          |               |     |
|----------|---------------|-----|
| 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 |
|----------|-------------|-----|

**<sup>ST</sup> 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 |
|----------|-------------|-----|

**<sup>ST</sup> 1.5% Topical Solution**

|          |            |     |
|----------|------------|-----|
| 02434571 | DICLOFENAC | STE |
|----------|------------|-----|

|          |                |     |
|----------|----------------|-----|
| 02356783 | PMS-DICLOFENAC | PMS |
|----------|----------------|-----|

|          |                 |     |
|----------|-----------------|-----|
| 02420988 | TARO-DICLOFENAC | TAR |
|----------|-----------------|-----|

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****DICLOFENAC SODIUM, MISOPROSTOL****<sup>ST</sup> 50mg & 200mcg Tablet**

|          |                           |     |
|----------|---------------------------|-----|
| 01917056 | ARTHROTEC                 | PFI |
| 02397145 | CO DICLO-MISO             | CBT |
| 02341689 | GD-DICLOFENAC/MISOPROSTOL | PFI |
| 02400596 | SANDOZ DICLO/MISOPROS     | SDZ |

**<sup>ST</sup> 75mg & 200mcg Tablet**

|          |                           |     |
|----------|---------------------------|-----|
| 02229837 | ARTHROTEC                 | PFI |
| 02397153 | CO DICLO-MISO             | CBT |
| 02341697 | GD-DICLOFENAC/MISOPROSTOL | PFI |
| 02400618 | SANDOZ DICLO/MISOPROS     | SDZ |

**DIFLUNISAL****<sup>ST</sup> 250mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02039486 | APO-DIFLUNISAL  | APX |
| 02048493 | TEVA-DIFLUNISAL | TEV |

**<sup>ST</sup> 500mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02039494 | APO-DIFLUNISAL | APX |
|----------|----------------|-----|

**FLURBIPROFEN****<sup>ST</sup> 50mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 01912046 | APO-FLURBIPROFEN | APX |
| 02100509 | NOVO-FLURPROFEN  | TEV |

**<sup>ST</sup> 100mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 01912038 | APO-FLURBIPROFEN | APX |
| 02100517 | NOVO-FLURPROFEN  | TEV |

**IBUPROFEN****<sup>ST</sup> 100mg Chewable Tablet**

|          |                       |     |
|----------|-----------------------|-----|
| 02246403 | ADVIL JUNIOR STRENGTH | WRI |
|----------|-----------------------|-----|

**<sup>ST</sup> 40mg/mL Drop**

|          |                   |     |
|----------|-------------------|-----|
| 02242522 | ADVIL PEDIATRIC   | WRI |
| 02238626 | CHILDREN'S MOTRIN | MCL |

**<sup>ST</sup> 20mg/mL Oral Liquid**

|          |                       |     |
|----------|-----------------------|-----|
| 02232297 | CHILDREN'S ADVIL      | WRI |
| 02354799 | CHILDREN'S EUROPROFEN | PED |
| 02242365 | CHILDREN'S MOTRIN     | JNO |

**<sup>ST</sup> 100mg Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02240527 | MOTRIN JUNIOR STRENGTH | MCL |
|----------|------------------------|-----|

**<sup>ST</sup> 200mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 01933558 | ADVIL         | WRI |
| 00441643 | APO-IBUPROFEN | APX |
| 02257912 | IBUPROFEN     | PMT |
| 02272849 | IBUPROFEN     | VTH |
| 02314754 | IBUPROFEN     | PMS |
| 02314762 | IBUPROFEN     | PMS |
| 02186934 | MOTRIN        | MCL |
| 00629324 | NOVO-PROFEN   | TEP |

**<sup>ST</sup> 300mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00441651 | APO-IBUPROFEN | APX |
| 00629332 | NOVO-PROFEN   | TEP |

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****IBUPROFEN****<sup>ST</sup> 400mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00506052 | APO-IBUPROFEN  | APX |
| 00636533 | IBUPROFEN      | PDL |
| 02314770 | IBUPROFEN      | PMS |
| 02317338 | JAMP IBUPROFEN | JMP |
| 02401290 | JAMP-IBUPROFEN | JAP |
| 00629340 | NOVO-PROFEN    | TEP |
| 00836133 | PMS-IBUPROFEN  | PMS |

**<sup>ST</sup> 600mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00585114 | APO-IBUPROFEN | APX |
| 00629359 | NOVO-PROFEN   | TEV |

**INDOMETHACIN****<sup>ST</sup> 25mg Capsule**

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

**<sup>ST</sup> 50mg Capsule**

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

**<sup>ST</sup> 50mg Suppository**

|          |                     |     |
|----------|---------------------|-----|
| 02231799 | SANDOZ INDOMETHACIN | SDZ |
|----------|---------------------|-----|

**<sup>ST</sup> 100mg Suppository**

|          |                     |     |
|----------|---------------------|-----|
| 01934139 | RATIO-INDOMETHACIN  | RPH |
| 02231800 | SANDOZ INDOMETHACIN | SDZ |

**KETOPROFEN****<sup>ST</sup> 50mg Capsule**

|          |                |     |
|----------|----------------|-----|
| 00790427 | KETOPROFEN     | AAP |
| 02150808 | PMS-KETOPROFEN | PMS |

**<sup>ST</sup> 50mg Enteric Coated Tablet**

|          |                |     |
|----------|----------------|-----|
| 00790435 | KETOPROFEN-E   | AAP |
| 02150816 | PMS-KETOPROFEN | PMS |

**<sup>ST</sup> 100mg Enteric Coated Tablet**

|          |                |     |
|----------|----------------|-----|
| 00842664 | KETOPROFEN-E   | AAP |
| 02150824 | PMS-KETOPROFEN | PMS |

**<sup>ST</sup> 100mg Suppository**

|          |                |     |
|----------|----------------|-----|
| 02015951 | PMS-KETOPROFEN | PMS |
|----------|----------------|-----|

**<sup>ST</sup> 200mg Sustained Release Tablet**

|          |               |     |
|----------|---------------|-----|
| 02172577 | KETOPROFEN SR | AAP |
|----------|---------------|-----|

**MEFENAMIC ACID****<sup>ST</sup> 250mg Capsule**

|          |                    |     |
|----------|--------------------|-----|
| 02237826 | DOM-MEFENAMIC ACID | DPC |
| 02229452 | MEFENAMIC          | AAP |
| 00155225 | PONSTAN            | ERF |

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****MELOXICAM**<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **250mg Enteric Coated Tablet**

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

<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

**500mg Suppository**

|          |              |     |
|----------|--------------|-----|
| 02017237 | PMS-NAPROXEN | PMS |
|----------|--------------|-----|

<sup>ST</sup> **25mg/mL Suspension**

|          |          |     |
|----------|----------|-----|
| 02162431 | NAPROSYN | HLR |
|----------|----------|-----|

<sup>ST</sup> **750mg Sustained Release Tablet**

|          |             |     |
|----------|-------------|-----|
| 02162466 | NAPROSYN SR | HLR |
|----------|-------------|-----|

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****NAPROXEN**<sup>ST</sup> **550MG Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02351021 | NAPROXEN SODIUM DS | SAN |
|----------|--------------------|-----|

<sup>ST</sup> **125mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00522678 | APO-NAPROXEN | APX |
|----------|--------------|-----|

<sup>ST</sup> **220mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02362430 | NAPROXEN | PMS |
|----------|----------|-----|

<sup>ST</sup> **250mg Tablet**

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

<sup>ST</sup> **375mg Tablet**

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

<sup>ST</sup> **500mg Tablet**

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

**NAPROXEN SODIUM**<sup>ST</sup> **275mg Tablet**

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

<sup>ST</sup> **550mg Tablet**

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

**PIROXICAM**<sup>ST</sup> **10mg Capsule**

|          |               |     |
|----------|---------------|-----|
| 00642886 | APO-PIROXICAM | APX |
| 00836249 | PMS-PIROXICAM | PMS |

<sup>ST</sup> **20mg Capsule**

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

<sup>ST</sup> **10mg Suppository**

|          |               |     |
|----------|---------------|-----|
| 02154420 | PMS-PIROXICAM | PMS |
|----------|---------------|-----|

<sup>ST</sup> **10mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00695718 | NOVO-PIROCAM | TEV |
|----------|--------------|-----|

<sup>ST</sup> **20mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00695696 | NOVO-PIROCAM | TEV |
|----------|--------------|-----|

**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****SULINDAC****<sup>ST</sup> 150mg Tablet**

00745588 NOVO-SUNDAC TEV

**<sup>ST</sup> 200mg Tablet**

00745596 NOVO-SUNDAC TEV

**TIAPROFENIC ACID****<sup>ST</sup> 200mg Tablet**

02179679 NOVO-TIAPROFENIC TEV

02230827 PMS-TIAPROFENIC PMS

**<sup>ST</sup> 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

**28:08.08 OPIATE AGONISTS****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.

**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

**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

**28:08.08 OPIATE AGONISTS****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 |
|----------|-------------|-----|

**EXTEMPORANEOUS MIXTURE****Injection**

|          |               |     |
|----------|---------------|-----|
| 99506019 | FENTANYL INJ. | UNK |
|----------|---------------|-----|

|          |                       |     |
|----------|-----------------------|-----|
| 99506017 | HYDROMORPHONE HP INJ. | UNK |
|----------|-----------------------|-----|

|          |                  |     |
|----------|------------------|-----|
| 99506018 | MORPHINE HP INJ. | UNK |
|----------|------------------|-----|

**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 |
|----------|---------------|-----|



**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).

**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   | RBV |
| 02327163 | SANDOZ FENTANYL       | SDZ |
| 02282984 | TEVA-FENTANYL         | TEV |

**HYDROMORPHONE**

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 |
|----------|-------------------|-----|

**28:08.08 OPIATE AGONISTS****HYDROMORPHONE**

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).

**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 |

**METHADONE HCL****10mg/mL Oral Liquid**

|          |                     |     |
|----------|---------------------|-----|
| 02394596 | METHADOSE           | MAT |
| 02394618 | METHADOSE SUGARFREE | MAT |

**Powder**

|          |           |     |
|----------|-----------|-----|
| 00908835 | METHADONE | WIL |
|----------|-----------|-----|

**28:08.08 OPIATE AGONISTS****METHADONE HCL (BC ONLY)****10mg/mL Oral Liquid**

|          |                                  |     |
|----------|----------------------------------|-----|
| 66999999 | METHADOSE DELIV. W<br>DIRECT INT | UNK |
| 67000000 | METHADOSE DELIV. W/OUT<br>DIRECT | UNK |
| 66999998 | METHADOSE W/OUT DIRECT<br>INTERA | UNK |
| 66999997 | METHADOSE DIRECT<br>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 |

**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/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 |
|----------|-----------|-----|

**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 |
|----------|--------|-----|

**20mg/mL Oral liquid**

|          |        |     |
|----------|--------|-----|
| 00621935 | STATEX | PAL |
|----------|--------|-----|

**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 |
|----------|---------|-----|

**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).

**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 |
|----------|--------|-----|

**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 |
|----------|-------|-----|

**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 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 | BGP |
|----------|--------|-----|

**20mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184435 | KADIAN | BGP |
|----------|--------|-----|

**50mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184443 | KADIAN | BGP |
|----------|--------|-----|

**100mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184451 | KADIAN | BGP |
|----------|--------|-----|

**10mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991310 | KADIAN | BGP |
|----------|--------|-----|

**20mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991311 | KADIAN | BGP |
|----------|--------|-----|

**50mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991312 | KADIAN | BGP |
|----------|--------|-----|

**100mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991313 | KADIAN | BGP |
|----------|--------|-----|

**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 |
|----------|----------|-----|

**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).

**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 community 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.

**<sup>ST</sup> 2mg & 0.5mg Sublingual Tablet**

|          |                             |     |
|----------|-----------------------------|-----|
| 02408090 | MYLAN-BUPRENOR/NALOX        | MYL |
| 02295695 | SUBOXONE                    | RBP |
| 02424851 | TEVA-BUPRENORPHINE/NALOXONE | TEP |

**<sup>ST</sup> 8mg & 2mg Sublingual Tablet**

|          |                                |     |
|----------|--------------------------------|-----|
| 02408104 | MYLAN-BUPRENOR/NALOX           | MYL |
| 02295709 | SUBOXONE                       | RBP |
| 02424878 | TEVA-BUPRENORPHINE/NALOXONE 8M | TEP |

**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.

**<sup>ST</sup> 80mg Chewable Tablet**

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

**<sup>ST</sup> 160mg Chewable Tablet**

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

**<sup>ST</sup> 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 |

**<sup>ST</sup> 16mg/mL Liquid**

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

**<sup>ST</sup> 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 |

**<sup>ST</sup> 80mg/mL Oral Liquid**

|          |               |     |
|----------|---------------|-----|
| 02237390 | ACETAMINOPHEN | PER |
|----------|---------------|-----|

**<sup>ST</sup> 120mg Suppository**

|          |                   |     |
|----------|-------------------|-----|
| 00553328 | ABENOL            | GSK |
| 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 |

<sup>ST</sup> **80mg Tablet**

|          |                                  |     |
|----------|----------------------------------|-----|
| 02238295 | TYLENOL JR STRENGTH<br>FASTMELTS | JNO |
|----------|----------------------------------|-----|

<sup>ST</sup> **160mg Tablet**

|          |                                  |     |
|----------|----------------------------------|-----|
| 02142805 | ACETAMINOPHEN                    | WTR |
| 02347792 | TYLENOL JR STRENGTH<br>FASTMELTS | JNO |
| 02241361 | TYLENOL JUNIOR STRENGTH          | JNO |

<sup>ST</sup> **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 |
| 02362198 | ACETAMINOPHENE    | 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.

<sup>ST</sup> **500mg Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02362201 | ACETAMIN               | RIV |
| 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 |
| 02362228 | ACETAMINOPHENE         | RIV |
| 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**<sup>ST</sup> **200mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02244680 | FLOCTAFENINE | AAP |
|----------|--------------|-----|

<sup>ST</sup> **400mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02244681 | FLOCTAFENINE | AAP |
|----------|--------------|-----|

**28:10.00 OPIATE ANTAGONISTS****NALOXONE****0.4mg/mL Injection**

|          |          |     |
|----------|----------|-----|
| 02148706 | NALOXONE | SDZ |
| 02382482 | NALOXONE | ALV |
| 02382601 | NALOXONE | SDZ |
| 02393034 | NALOXONE | OMG |

**0.4mg/mL Kit**

|          |              |     |
|----------|--------------|-----|
| 09991460 | NALOXONE KIT | UNK |
|----------|--------------|-----|

**28:12.04 ANTICONVULSANTS -  
BARBITURATES****PHENOBARBITAL****5mg/mL Liquid**

|          |           |     |
|----------|-----------|-----|
| 00645575 | PHENOBARB | PMS |
|----------|-----------|-----|

**28:12.04 ANTICONVULSANTS -  
BARBITURATES****PHENOBARBITAL**

|                     |           |  |     |
|---------------------|-----------|--|-----|
| <b>15mg Tablet</b>  |           |  |     |
| 00178799            | PHENOBARB |  | PMS |
| <b>30mg Tablet</b>  |           |  |     |
| 00178802            | PHENOBARB |  | PMS |
| <b>60mg Tablet</b>  |           |  |     |
| 00178810            | PHENOBARB |  | PMS |
| <b>100mg Tablet</b> |           |  |     |
| 00178829            | PHENOBARB |  | PMS |

**PRIMIDONE**

|                                   |           |  |     |
|-----------------------------------|-----------|--|-----|
| <sup>ST</sup> <b>125mg Tablet</b> |           |  |     |
| 00399310                          | PRIMIDONE |  | AAP |
| <sup>ST</sup> <b>250mg Tablet</b> |           |  |     |
| 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.

|                                    |                        |  |     |
|------------------------------------|------------------------|--|-----|
| <sup>ST</sup> <b>0.25mg Tablet</b> |                        |  |     |
| 02442027                           | CLONAZEPAM             |  | SIV |
| 02179660                           | PMS-CLONAZEPAM         |  | PMS |
| <sup>ST</sup> <b>0.5mg Tablet</b>  |                        |  |     |
| 02177889                           | APO-CLONAZEPAM         |  | APX |
| 02230366                           | CLONAPAM               |  | VAE |
| 02442035                           | CLONAZEPAM             |  | SIV |
| 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 |

**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.

|                                 |                   |  |     |
|---------------------------------|-------------------|--|-----|
| <sup>ST</sup> <b>1mg Tablet</b> |                   |  |     |
| 02230368                        | CLONAPAM          |  | VAE |
| 02442043                        | CLONAZEPAM        |  | SIV |
| 02270668                        | CO CLONAZEPAM     |  | COB |
| 02145235                        | PHL-CLONAZEPAM    |  | PHH |
| 02048728                        | PMS-CLONAZEPAM    |  | PMS |
| 02311607                        | PRO-CLONAZEPAM    |  | PDL |
| 02233982                        | SANDOZ-CLONAZEPAM |  | SDZ |
| 02303329                        | ZYM-CLONAZEPAM    |  | ZYM |
| <sup>ST</sup> <b>2mg Tablet</b> |                   |  |     |
| 02177897                        | APO-CLONAZEPAM    |  | APX |
| 02230369                        | CLONAPAM          |  | VAE |
| 02442051                        | CLONAZEPAM        |  | SIV |
| 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 |

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                     |  |     |
|----------|---------------------|--|-----|
| 99503020 | CLONAZEPAM 0.1MG/ML |  | UNK |
|----------|---------------------|--|-----|

**28:12.12 ANTICONVULSANTS -  
HYDANTOINS****PHENYTOIN**

|   |                   |  |     |
|---|-------------------|--|-----|
| <sup>ST</sup> <b>30mg Capsule</b>         |                   |  |     |
| 00022772                                  | DILANTIN          |  | PFI |
| <sup>ST</sup> <b>100mg Capsule</b>        |                   |  |     |
| 00022780                                  | DILANTIN          |  | PFI |
| <sup>ST</sup> <b>50mg Chewable Tablet</b> |                   |  |     |
| 00023698                                  | DILANTIN INFATABS |  | PFI |
| <sup>ST</sup> <b>6mg/mL Suspension</b>    |                   |  |     |
| 00023442                                  | DILANTIN 30       |  | PFI |
| <sup>ST</sup> <b>25mg/mL Suspension</b>   |                   |  |     |
| 00023450                                  | DILANTIN 125      |  | PFI |
| 02250896                                  | TARO-PHENYTOIN    |  | TAR |

**28:12.20 ANTICONVULSANTS-  
SUCCINIMIDES****ETHOSUXIMIDE**<sup>ST</sup> **250mg Capsule**

00022799 ZARONTIN ERF

<sup>ST</sup> **50mg/mL Syrup**

00023485 ZARONTIN ERF

**METHSUXIMIDE**<sup>ST</sup> **300mg Capsule**

00022802 CELONTIN ERF

**28:12.92 MISCELLANEOUS  
ANTICONVULSANTS****CARBAMAZEPINE**<sup>ST</sup> **100mg Chewable Tablet**

02231542 PMS-CARBAMAZEPINE PMS

02261855 SANDOZ-CARBAMAZEPINE SDZ

02244403 TARO-CARBAMAZEPINE TAR

00369810 TEGRETOL NVR

<sup>ST</sup> **200mg Chewable Tablet**

02231540 PMS-CARBAMAZEPINE PMS

02261863 SANDOZ-CARBAMAZEPINE SDZ

02244404 TARO-CARBAMAZEPINE TAR

00665088 TEGRETOL NVR

<sup>ST</sup> **200mg Extended Release Tablet**

02261839 SANDOZ-CARBAMAZEPINE SDZ

<sup>ST</sup> **400mg Extended Release Tablet**

02261847 SANDOZ-CARBAMAZEPINE SDZ

<sup>ST</sup> **20mg/mL Suspension**

02367394 TARO-CARBAMAZEPINE TAR

02194333 TEGRETOL NVR

<sup>ST</sup> **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

<sup>ST</sup> **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

<sup>ST</sup> **200mg Tablet**

00402699 APO-CARBAMAZEPINE APX

00504742 MAZEPINE BMI

02407515 TARO-CARBAMAZEPINE TAR

00010405 TEGRETOL NVR

00782718 TEVA-CARBAMAZ TEV

**28:12.92 MISCELLANEOUS  
ANTICONVULSANTS****DIVALPROEX SODIUM**<sup>ST</sup> **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

<sup>ST</sup> **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

<sup>ST</sup> **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

**EXTEMPORANEOUS MIXTURE****Oral Solution**

99503026 LEVETIRACETAM 50MG/ML UNK

99503027 TOPIRAMATE 6MG/ML UNK

**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.

<sup>ST</sup> **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

## 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.

#### <sup>ST</sup> 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   | RBV |
| 02251175 | RIVA-GABAPENTIN  | RIV |

#### <sup>ST</sup> 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   | RBV |
| 02260905 | RATIO-GABAPENTIN | RPH |
| 02251183 | 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.

#### <sup>ST</sup> 600mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 02293358 | APO-GABAPENTIN   | APX |
| 02388200 | GABAPENTIN       | SIV |
| 02392526 | GABAPENTIN       | ACC |
| 02431289 | GABAPENTIN       | SAN |
| 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 |

#### <sup>ST</sup> 800mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 02293366 | APO-GABAPENTIN   | APX |
| 02388219 | GABAPENTIN       | SIV |
| 02392534 | GABAPENTIN       | ACC |
| 02431297 | GABAPENTIN       | SAN |
| 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 |

### 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.

#### <sup>ST</sup> 50mg Tablet

|          |        |     |
|----------|--------|-----|
| 02357615 | VIMPAT | UCB |
|----------|--------|-----|

#### <sup>ST</sup> 100mg Tablet

|          |        |     |
|----------|--------|-----|
| 02357623 | VIMPAT | UCB |
|----------|--------|-----|

#### <sup>ST</sup> 150mg Tablet

|          |        |     |
|----------|--------|-----|
| 02357631 | VIMPAT | UCB |
|----------|--------|-----|

#### <sup>ST</sup> 200mg Tablet

|          |        |     |
|----------|--------|-----|
| 02357658 | VIMPAT | UCB |
|----------|--------|-----|



## 28:12.92 MISCELLANEOUS ANTICONSULSANTS

### LAMOTRIGINE

#### <sup>ST</sup> 2mg Chewable Tablet

|          |          |     |
|----------|----------|-----|
| 02243803 | LAMICTAL | GSK |
|----------|----------|-----|

#### <sup>ST</sup> 5mg Chewable Tablet

|          |          |     |
|----------|----------|-----|
| 02240115 | LAMICTAL | GSK |
|----------|----------|-----|

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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 |

### 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.

#### <sup>ST</sup> 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 |
| 02442531 | LEVETIRACETAM        | SIV |
| 02440202 | NAT-LEVETIRACETAM    | NPH |
| 02296101 | PMS-LEVETIRACETAM    | PMS |
| 02396106 | RAN-LEVETIRACETAM    | RBV |

## 28:12.92 MISCELLANEOUS ANTICONSULSANTS

### 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.

#### <sup>ST</sup> 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 |
| 02442558 | LEVETIRACETAM        | SIV |
| 02440210 | NAT-LEVETIRACETAM    | NPH |
| 02296128 | PMS-LEVETIRACETAM    | PMS |
| 02311380 | PRO-LEVETIRACETAM    | PDL |
| 02396114 | RAN-LEVETIRACETAM    | RBV |

#### <sup>ST</sup> 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 |
| 02442566 | LEVETIRACETAM        | SIV |
| 02440229 | NAT-LEVETIRACETAM    | NPH |
| 02296136 | PMS-LEVETIRACETAM    | PMS |
| 02311399 | PRO-LEVETIRACETAM    | PDL |
| 02396122 | RAN-LEVETIRACETAM    | RBV |

## 28:12.92 MISCELLANEOUS ANTICONSULSANTS

### 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

#### <sup>ST</sup> 25mg Capsule

|          |                   |     |
|----------|-------------------|-----|
| 02402912 | ACT-PREGABALIN    | ATP |
| 02394235 | APO-PREGABALIN    | APX |
| 02433869 | AURO-PREGABALIN   | AUR |
| 02402556 | DOM-PREGABALIN    | DOM |
| 02360136 | GD-PREGABALIN     | PFI |
| 02435977 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377039 | RIVA-PREGABALIN   | RIV |
| 02390817 | SANDOZ PREGABALIN | SDZ |
| 02361159 | TEVA-PREGABALIN   | TEP |

#### <sup>ST</sup> 50mg Capsule

|          |                   |     |
|----------|-------------------|-----|
| 02402920 | ACT-PREGABALIN    | ATP |
| 02394243 | APO-PREGABALIN    | APX |
| 02433877 | AURO-PREGABALIN   | AUR |
| 02402564 | DOM-PREGABALIN    | DOM |
| 02360144 | GD-PREGABALIN     | PFI |
| 02435985 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377047 | RIVA-PREGABALIN   | RIV |
| 02390825 | SANDOZ PREGABALIN | SDZ |
| 02361175 | TEVA-PREGABALIN   | TEP |

## 28:12.92 MISCELLANEOUS ANTICONSULSANTS

### 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

#### <sup>ST</sup> 75mg Capsule

|          |                   |     |
|----------|-------------------|-----|
| 02402939 | ACT-PREGABALIN    | ATP |
| 02394251 | APO-PREGABALIN    | APX |
| 02433885 | AURO-PREGABALIN   | AUR |
| 02402572 | DOM-PREGABALIN    | DOM |
| 02360152 | GD-PREGABALIN     | PFI |
| 02435993 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377055 | RIVA-PREGABALIN   | RIV |
| 02390833 | SANDOZ PREGABALIN | SDZ |
| 02361183 | TEVA-PREGABALIN   | TEP |

#### <sup>ST</sup> 150mg Capsule

|          |                   |     |
|----------|-------------------|-----|
| 02402955 | ACT-PREGABALIN    | ATP |
| 02394278 | APO-PREGABALIN    | APX |
| 02433907 | AURO-PREGABALIN   | AUR |
| 02402580 | DOM-PREGABALIN    | DOM |
| 02360179 | GD-PREGABALIN     | PFI |
| 02436000 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377063 | RIVA-PREGABALIN   | RIV |
| 02390841 | SANDOZ PREGABALIN | SDZ |
| 02361205 | TEVA-PREGABALIN   | TEP |

**28:12.92 MISCELLANEOUS  
ANTICONSULSANTS**

**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

<sup>ST</sup> **300mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02402998 | ACT-PREGABALIN    | ATP |
| 02394294 | APO-PREGABALIN    | APX |
| 02360209 | GD-PREGABALIN     | PFI |
| 02436019 | JAMP-PREGABALIN   | JAP |
| 02268485 | LYRICA            | PFI |
| 02408708 | MYL-PREGABALIN    | MYL |
| 02359642 | PMS-PREGABALIN    | PMS |
| 02396548 | PREGABALIN        | PDL |
| 02403730 | PREGABALIN        | SIV |
| 02405598 | PREGABALIN        | SAN |
| 02392860 | RAN-PREGABALIN    | RBV |
| 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-Gastaut 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

<sup>ST</sup> **100mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02369613 | BANZEL | EIS |
|----------|--------|-----|

<sup>ST</sup> **200mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02369621 | BANZEL | EIS |
|----------|--------|-----|

<sup>ST</sup> **400mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02369648 | BANZEL | EIS |
|----------|--------|-----|

**TOPIRAMATE**

<sup>ST</sup> **15mg Sprinkle Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02239907 | TOPAMAX SPRINKLE | JNO |
|----------|------------------|-----|

<sup>ST</sup> **25mg Sprinkle Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02239908 | TOPAMAX SPRINKLE | JNO |
|----------|------------------|-----|

**28:12.92 MISCELLANEOUS  
ANTICONSULSANTS**

**TOPIRAMATE**

<sup>ST</sup> **25mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02414600 | ABBOTT-TOPIRAMATE | BGP |
| 02351307 | ACCEL-TOPIRAMATE  | ACP |
| 02435330 | ACCEL-TOPIRAMATE  | ACP |
| 02279614 | APO-TOPIRAMATE    | APX |
| 02345803 | AURO-TOPIRAMATE   | APL |
| 02287765 | CO TOPIRAMATE     | COB |
| 02271141 | DOM-TOPIRAMATE    | DPC |
| 02435608 | JAMP-TOPIRAMATE   | JAP |
| 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    | RBV |
| 02431807 | SANDOZ TOPIRAMATE | SDZ |
| 02260050 | SANDOZ-TOPIRAMATE | SDZ |
| 02230893 | TOPAMAX           | JNO |
| 02356856 | TOPIRAMATE        | SAN |
| 02389460 | TOPIRAMATE        | SIV |
| 02395738 | TOPIRAMATE        | ACC |
| 02325136 | ZYM-TOPIRAMATE    | ZYM |

<sup>ST</sup> **50mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02312085 | PMS-TOPIRAMATE | PMS |
|----------|----------------|-----|

<sup>ST</sup> **100mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02414619 | ABBOTT-TOPIRAMATE | BGP |
| 02351315 | ACCEL-TOPIRAMATE  | ACP |
| 02435349 | ACCEL-TOPIRAMATE  | ACP |
| 02279630 | APO-TOPIRAMATE    | APX |
| 02345838 | AURO-TOPIRAMATE   | APL |
| 02287773 | CO TOPIRAMATE     | COB |
| 02271168 | DOM-TOPIRAMATE    | DPC |
| 02435616 | JAMP-TOPIRAMATE   | JAP |
| 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    | RBV |
| 02431815 | SANDOZ TOPIRAMATE | SDZ |
| 02260069 | SANDOZ-TOPIRAMATE | SDZ |
| 02230894 | TOPAMAX           | JNO |
| 02356864 | TOPIRAMATE        | SAN |
| 02389487 | TOPIRAMATE        | SIV |
| 02395746 | TOPIRAMATE        | ACC |
| 02325144 | ZYM-TOPIRAMATE    | ZYM |

## 28:12.92 MISCELLANEOUS ANTICONVULSANTS

### TOPIRAMATE

#### <sup>ST</sup> 200mg Tablet

|          |                   |     |
|----------|-------------------|-----|
| 02414627 | ABBOTT-TOPIRAMATE | BGP |
| 02351323 | ACCEL-TOPIRAMATE  | ACP |
| 02435357 | ACCEL-TOPIRAMATE  | ACP |
| 02279649 | APO-TOPIRAMATE    | APX |
| 02345846 | AURO-TOPIRAMATE   | APL |
| 02287781 | CO TOPIRAMATE     | COB |
| 02271176 | DOM-TOPIRAMATE    | DPC |
| 02435624 | JAMP-TOPIRAMATE   | JAP |
| 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    | RBV |
| 02431823 | SANDOZ TOPIRAMATE | SDZ |
| 02267837 | SANDOZ-TOPIRAMATE | SDZ |
| 02230896 | TOPAMAX           | JNO |
| 02356872 | TOPIRAMATE        | SAN |
| 02395754 | TOPIRAMATE        | ACC |
| 02325152 | ZYM-TOPIRAMATE    | ZYM |

### VALPROATE, SODIUM

#### <sup>ST</sup> 50mg/mL Syrup

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

### VALPROIC ACID

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 500mg Enteric Coated Capsule

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

### VIGABATRIN

#### <sup>ST</sup> 500mg Powder

|          |        |     |
|----------|--------|-----|
| 02068036 | SABRIL | OVA |
|----------|--------|-----|

#### <sup>ST</sup> 500mg Tablet

|          |        |     |
|----------|--------|-----|
| 02065819 | SABRIL | OVA |
|----------|--------|-----|

## 28:16.04 ANTIDEPRESSANTS

### AMITRIPTYLINE HCL

#### <sup>ST</sup> 10mg Tablet

|          |                                |     |
|----------|--------------------------------|-----|
| 00370991 | AMITRIPTYLINE                  | PRO |
| 02403137 | APO-AMITRIPTYLINE              | APX |
| 00335053 | ELAVIL                         | AAP |
| 02435527 | JAMP-AMITRIPTYLINE 10MG<br>TAB | JAP |
| 00293911 | LEVATE                         | BMI |
| 02429861 | MAR-AMITRIPTYLINE              | MAR |
| 00654523 | PMS-AMITRIPTYLINE              | PMS |
| 02326043 | TEVA-AMITRIPTYLINE             | TEP |

#### <sup>ST</sup> 25mg Tablet

|          |                                |     |
|----------|--------------------------------|-----|
| 00371009 | AMITRIPTYLINE                  | PRO |
| 02403145 | APO-AMITRIPTYLINE              | APX |
| 00335061 | ELAVIL                         | AAP |
| 02435535 | JAMP-AMITRIPTYLINE 25MG<br>TAB | JAP |
| 02429888 | MAR-AMITRIPTYLINE              | MAR |
| 00654515 | PMS-AMITRIPTYLINE              | PMS |
| 02326051 | TEVA-AMITRIPTYLINE             | TEP |

#### <sup>ST</sup> 50mg Tablet

|          |                                |     |
|----------|--------------------------------|-----|
| 00456349 | AMITRIPTYLINE                  | PDL |
| 02403153 | APO-AMITRIPTYLINE              | APX |
| 00335088 | ELAVIL                         | AAP |
| 02435543 | JAMP-AMITRIPTYLINE 50MG<br>TAB | JAP |
| 00271152 | LEVATE                         | VAE |
| 02429896 | MAR-AMITRIPTYLINE              | MAR |
| 00654507 | PMS-AMITRIPTYLINE              | PMS |
| 02326078 | TEVA-AMITRIPTYLINE             | TEP |

#### <sup>ST</sup> 75mg Tablet

|          |                                |     |
|----------|--------------------------------|-----|
| 02403161 | APO-AMITRIPTYLINE              | APX |
| 00754129 | ELAVIL                         | AAP |
| 02435551 | JAMP-AMITRIPTYLINE 75MG<br>TAB | JAP |
| 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).

#### <sup>ST</sup> 150mg Extended Release Tablet

|          |                    |     |
|----------|--------------------|-----|
| 02382075 | MYLAN-BUPROPION XL | MYL |
| 02275090 | WELLBUTRIN XL      | VAE |

#### <sup>ST</sup> 300mg Extended Release Tablet

|          |                    |     |
|----------|--------------------|-----|
| 02382083 | MYLAN-BUPROPION XL | MYL |
| 02275104 | WELLBUTRIN XL      | VAE |

#### <sup>ST</sup> 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).

<sup>ST</sup> **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.

<sup>ST</sup> **150mg Sustained Release Tablet**

|          |       |     |
|----------|-------|-----|
| 02238441 | ZYBAN | VAE |
|----------|-------|-----|

**CITALOPRAM**<sup>ST</sup> **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 |
| 02431629 | SEPTA-CITALOPRAM  | SPT |
| 02312336 | TEVA-CITALOPRAM   | TEV |

**28:16.04 ANTIDEPRESSANTS****CITALOPRAM**<sup>ST</sup> **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        | RBV |
| 02303264 | RIVA-CITALOPRAM   | RIV |
| 02248170 | SANDOZ-CITALOPRAM | SDZ |
| 02355272 | SEPTA-CITALOPRAM  | SPT |
| 02293218 | TEVA-CITALOPRAM   | TEV |

<sup>ST</sup> **30mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02296152 | CTP 30 | ORY |
|----------|--------|-----|

<sup>ST</sup> **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        | RBV |
| 02249286 | RIVA-CITALOPRAM   | RIV |
| 02303272 | RIVA-CITALOPRAM   | RIV |
| 02248171 | SANDOZ-CITALOPRAM | SDZ |
| 02355280 | SEPTA-CITALOPRAM  | SPT |
| 02293226 | TEVA-CITALOPRAM   | TEV |

**28:16.04 ANTIDEPRESSANTS****CLOMIPRAMINE HCL****<sup>ST</sup> 10mg Tablet**

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

**<sup>ST</sup> 25mg Tablet**

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

**<sup>ST</sup> 50mg Tablet**

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

**DESIPRAMINE HCL****<sup>ST</sup> 10mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02216248 | APO-DESIPRAMINE  | APX |
| 02223341 | TEVA-DESIPRAMINE | TEV |

**<sup>ST</sup> 25mg Tablet**

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

**<sup>ST</sup> 50mg Tablet**

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

**<sup>ST</sup> 75mg Tablet**

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

**<sup>ST</sup> 100mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02216280 | APO-DESIPRAMINE | APX |
|----------|-----------------|-----|

**DOXEPIN HCL****<sup>ST</sup> 10mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02049996 | APO-DOXEPIN | APX |
| 00024325 | SINEQUAN    | ERF |

**<sup>ST</sup> 25mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02050005 | APO-DOXEPIN | APX |
| 00024333 | SINEQUAN    | ERF |

**<sup>ST</sup> 50mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02050013 | APO-DOXEPIN | APX |
| 00024341 | SINEQUAN    | ERF |

**<sup>ST</sup> 75mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02050021 | APO-DOXEPIN | APX |
| 00400750 | SINEQUAN    | ERF |

**<sup>ST</sup> 100mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02050048 | APO-DOXEPIN | APX |
| 00326925 | SINEQUAN    | ERF |

**<sup>ST</sup> 150mg Capsule**

|          |             |     |
|----------|-------------|-----|
| 02050056 | APO-DOXEPIN | APX |
|----------|-------------|-----|

**28:16.04 ANTIDEPRESSANTS****DULOXETINE HCL****<sup>ST</sup> 30mg Sustained Release Capsule**

|          |          |     |
|----------|----------|-----|
| 02301482 | CYMBALTA | LIL |
|----------|----------|-----|

**<sup>ST</sup> 60mg Sustained Release Capsule**

|          |          |     |
|----------|----------|-----|
| 02301490 | CYMBALTA | LIL |
|----------|----------|-----|

**ESCITALOPRAM****<sup>ST</sup> 10mg Orally Disintegrating Tablet**

|          |                |     |
|----------|----------------|-----|
| 02391449 | CIPRALEX MELTZ | LUK |
|----------|----------------|-----|

**<sup>ST</sup> 20mg Orally Disintegrating Tablet**

|          |                |     |
|----------|----------------|-----|
| 02391457 | CIPRALEX MELTZ | LUK |
|----------|----------------|-----|

**<sup>ST</sup> 10mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02295016 | APO-ESCITALOPRAM    | APX |
| 02397358 | AURO-ESCITALOPRAM   | AUR |
| 02263238 | CIPRALEX 10MG TAB   | LUK |
| 02313561 | CO ESCITALOPRAM     | CBT |
| 02424401 | ESCITALOPRAM        | PDL |
| 02429039 | ESCITALOPRAM        | SIV |
| 02430118 | ESCITALOPRAM        | SAN |
| 02429780 | JAMP-ESCITALOPRAM   | JAP |
| 02423480 | MAR-ESCITALOPRAM    | MAR |
| 02407418 | MINT-ESCITALOPRAM   | MIN |
| 02309467 | MYLAN-ESCITALOPRAM  | MYL |
| 02440296 | NAT-ESCITALOPRAM    | NPH |
| 02303949 | PMS-ESCITALOPRAM    | PMS |
| 02426331 | PRIVA-ESCITALOPRAM  | PHA |
| 02385481 | RAN-ESCITALOPRAM    | RBV |
| 02428830 | RIVA-ESCITALOPRAM   | RIV |
| 02364077 | SANDOZ ESCITALOPRAM | SDZ |
| 02318180 | TEVA-ESCITALOPRAM   | TEP |

**<sup>ST</sup> 20mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02295024 | APO-ESCITALOPRAM    | APX |
| 02397374 | AURO-ESCITALOPRAM   | AUR |
| 02263254 | CIPRALEX 20MG TAB   | LUK |
| 02313588 | CO ESCITALOPRAM     | CBT |
| 02424428 | ESCITALOPRAM        | PDL |
| 02429047 | ESCITALOPRAM        | SIV |
| 02430126 | ESCITALOPRAM        | SAN |
| 02429799 | JAMP-ESCITALOPRAM   | JAP |
| 02423502 | MAR-ESCITALOPRAM    | MAR |
| 02407434 | MINT-ESCITALOPRAM   | MIN |
| 02309475 | MYLAN-ESCITALOPRAM  | MYL |
| 02440318 | NAT-ESCITALOPRAM    | NPH |
| 02303965 | PMS-ESCITALOPRAM    | PMS |
| 02426358 | PRIVA-ESCITALOPRAM  | PHA |
| 02385503 | RAN-ESCITALOPRAM    | RBV |
| 02428857 | RIVA-ESCITALOPRAM   | RIV |
| 02364085 | SANDOZ ESCITALOPRAM | SDZ |
| 02318202 | TEVA-ESCITALOPRAM   | TEP |

**28:16.04 ANTIDEPRESSANTS****FLUOXETINE HCL**<sup>ST</sup> **10mg Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02400391 | ACCEL-FLUOXETINE | ACP |
| 02216353 | APO-FLUOXETINE   | APX |
| 02385627 | AURO-FLUOXETINE  | AUR |
| 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   | RBV |
| 02242123 | RIVA-FLUOXETINE  | RIV |
| 02302659 | ZYM-FLUOXETINE   | ZYM |

<sup>ST</sup> **20mg Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02400405 | ACCEL-FLUOXETINE | ACP |
| 02216361 | APO-FLUOXETINE   | APX |
| 02385635 | AURO-FLUOXETINE  | AUR |
| 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   | RBV |
| 02242124 | RIVA-FLUOXETINE  | RIV |
| 02302667 | ZYM-FLUOXETINE   | ZYM |

<sup>ST</sup> **4mg/mL Liquid**

|          |                |     |
|----------|----------------|-----|
| 02231328 | APO-FLUOXETINE | APX |
|----------|----------------|-----|

**28:16.04 ANTIDEPRESSANTS****FLUVOXAMINE MALEATE**<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **10mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00360201 | IMIPRAMINE   | AAP |
| 00021504 | NOVO-PRAMINE | TEV |

<sup>ST</sup> **25mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00312797 | IMIPRAMINE | AAP |
|----------|------------|-----|

<sup>ST</sup> **50mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00326852 | IMIPRAMINE   | AAP |
| 00021520 | NOVO-PRAMINE | TEV |

<sup>ST</sup> **75mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00644579 | IMIPRAMINE | AAP |
|----------|------------|-----|

**MAPROTILINE HCL**<sup>ST</sup> **25mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02158612 | NOVO-MAPROTILINE | TEV |
|----------|------------------|-----|

<sup>ST</sup> **50mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02158620 | NOVO-MAPROTILINE | TEV |
|----------|------------------|-----|

<sup>ST</sup> **75mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02158639 | NOVO-MAPROTILINE | TEV |
|----------|------------------|-----|

**MIRTAZAPINE**<sup>ST</sup> **15mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **30mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **45mg Orally Disintegrating Tablet**

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

**28:16.04 ANTIDEPRESSANTS****MIRTAZAPINE**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **45mg Tablet**

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

**MOCLOBEMIDE**<sup>ST</sup> **100mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02232148 | APO-MOCLOBEMIDE  | APX |
| 02239746 | NOVO-MOCLOBEMIDE | TEV |

<sup>ST</sup> **150mg Tablet**

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

<sup>ST</sup> **300mg Tablet**

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

**NORTRIPTYLINE HCL**<sup>ST</sup> **10mg Capsule**

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

**28:16.04 ANTIDEPRESSANTS****NORTRIPTYLINE HCL**<sup>ST</sup> **25mg Capsule**

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

**PAROXETINE HCL**<sup>ST</sup> **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 |
| 02431777 | SANDOZ-PAROXETINE | SDZ |

<sup>ST</sup> **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 |
| 02431785 | SANDOZ-PAROXETINE | SDZ |



**28:16.04 ANTIDEPRESSANTS****PAROXETINE HCL**<sup>ST</sup> **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 |
| 02431793 | SANDOZ-PAROXETINE | SDZ |

<sup>ST</sup> **40mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02293749 | PMS-PAROXETINE | PMS |
|----------|----------------|-----|

**PHENELZINE SULFATE**<sup>ST</sup> **15mg Tablet**

|          |        |     |
|----------|--------|-----|
| 00476552 | NARDIL | PFI |
|----------|--------|-----|

**SERTRALINE**<sup>ST</sup> **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 |

**28:16.04 ANTIDEPRESSANTS****SERTRALINE**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

**TRANLYCYPROMINE SULFATE**<sup>ST</sup> **10mg Tablet**

|          |         |     |
|----------|---------|-----|
| 01919598 | PARNATE | GSK |
|----------|---------|-----|

**28:16.04 ANTIDEPRESSANTS****TRAZODONE HCL**<sup>ST</sup> **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 |
| 02277344 | RATIO-TRAZODONE | TEP |
| 02164353 | TRAZODONE       | PDL |
| 02348772 | TRAZODONE       | SAN |
| 02230284 | TRAZOREL        | VAE |

<sup>ST</sup> **75mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 02237339 | PMS-TRAZODONE | PMS |
|----------|---------------|-----|

<sup>ST</sup> **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 |
| 02277352 | RATIO-TRAZODONE | TEP |
| 02164361 | TRAZODONE       | PDL |
| 02348780 | TRAZODONE       | SAN |
| 02230285 | TRAZOREL        | VAE |

<sup>ST</sup> **150mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02147653 | APO-TRAZODONE D | APX |
| 02144298 | NOVO-TRAZODONE  | TEV |
| 02165406 | NU-TRAZODONE D  | NXP |
| 02277360 | RATIO-TRAZODONE | TEP |
| 02164388 | TRAZODONE       | PDL |
| 02348799 | TRAZODONE       | SAN |

**TRIMIPRAMINE MALEATE**<sup>ST</sup> **75mg Capsule**

|          |              |     |
|----------|--------------|-----|
| 02070987 | TRIMIPRAMINE | AAP |
|----------|--------------|-----|

<sup>ST</sup> **12.5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00740799 | TRIMIPRAMINE | AAP |
|----------|--------------|-----|

<sup>ST</sup> **25mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 01940430 | NOVO-TRIPRAMINE | TEV |
| 00740802 | TRIMIPRAMINE    | AAP |

<sup>ST</sup> **50mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 01940449 | NOVO-TRIPRAMINE | TEV |
| 00740810 | TRIMIPRAMINE    | AAP |

<sup>ST</sup> **100mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 01940457 | NOVO-TRIPRAMINE | TEV |
| 00740829 | TRIMIPRAMINE    | AAP |

**28:16.04 ANTIDEPRESSANTS****VENLAFAXINE HCL**<sup>ST</sup> **37.5mg Sustained Release Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02331683 | APO-VENLAFAXINE XR    | APX |
| 02304317 | CO VENLAFAXINE XR     | COB |
| 02299291 | DOM-VENLAFAXINE XR    | DOM |
| 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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **150mg Sustained Release Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02331705 | APO-VENLAFAXINE XR    | APX |
| 02304333 | CO VENLAFAXINE XR     | COB |
| 02299313 | DOM-VENLAFAXINE XR    | DOM |
| 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

|                                  |         |  |     |
|----------------------------------|---------|--|-----|
| <sup>ST</sup> <b>2mg Tablet</b>  |         |  |     |
| 02322374                         | ABILIFY |  | BMS |
| <sup>ST</sup> <b>5mg Tablet</b>  |         |  |     |
| 02322382                         | ABILIFY |  | BMS |
| <sup>ST</sup> <b>10mg Tablet</b> |         |  |     |
| 02322390                         | ABILIFY |  |     |
| <sup>ST</sup> <b>15mg Tablet</b> |         |  |     |
| 02322404                         | ABILIFY |  | BMS |
| <sup>ST</sup> <b>20mg Tablet</b> |         |  |     |
| 02322412                         | ABILIFY |  | BMS |
| <sup>ST</sup> <b>30mg Tablet</b> |         |  |     |
| 02322455                         | ABILIFY |  | BMS |

**ARIPIPRAZOLE (MAINTENA)**

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have  
 a. Tried oral risperidone, paliperidone or aripiprazole; AND  
 b. At least one other antipsychotic agent; AND  
 c. Continue to be inadequately controlled at maximally tolerated doses;  
 OR  
 d. Who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia

|                        |                  |  |     |
|------------------------|------------------|--|-----|
| <b>300mg Injection</b> |                  |  |     |
| 02420864               | ABILIFY MAINTENA |  | OTS |
| <b>400mg Injection</b> |                  |  |     |
| 02420872               | ABILIFY MAINTENA |  | OTS |

**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.

|                                  |         |  |     |
|----------------------------------|---------|--|-----|
| <sup>ST</sup> <b>5mg Tablet</b>  |         |  |     |
| 02374803                         | SAPHRIS |  | FRS |
| <sup>ST</sup> <b>10mg Tablet</b> |         |  |     |
| 02374811                         | SAPHRIS |  | FRS |

**28:16.08 ANTIPSYCHOTIC AGENTS****CHLORPROMAZINE**

|                                   |                     |  |     |
|-----------------------------------|---------------------|--|-----|
| <b>25mg/mL Injection</b>          |                     |  |     |
| 00743518                          | CHLORPROMAZINE HCL  |  | SDZ |
| <sup>ST</sup> <b>25mg Tablet</b>  |                     |  |     |
| 00232823                          | TEVA-CHLORPROMAZINE |  | TEV |
| <sup>ST</sup> <b>50mg Tablet</b>  |                     |  |     |
| 00232807                          | TEVA-CHLORPROMAZINE |  | TEV |
| <sup>ST</sup> <b>100mg Tablet</b> |                     |  |     |
| 00232831                          | TEVA-CHLORPROMAZINE |  | TEV |

**CLOZAPINE**

|                                   |               |  |     |
|-----------------------------------|---------------|--|-----|
| <sup>ST</sup> <b>25mg Tablet</b>  |               |  |     |
| 02248034                          | APO-CLOZAPINE |  | APX |
| 00894737                          | CLOZARIL      |  | NVR |
| 02247243                          | GEN-CLOZAPINE |  | MYL |
| <sup>ST</sup> <b>50mg Tablet</b>  |               |  |     |
| 02305003                          | GEN-CLOZAPINE |  | MYL |
| <sup>ST</sup> <b>100mg Tablet</b> |               |  |     |
| 02248035                          | APO-CLOZAPINE |  | APX |
| 00894745                          | CLOZARIL      |  | NVR |
| 02247244                          | GEN-CLOZAPINE |  | MYL |
| <sup>ST</sup> <b>200mg Tablet</b> |               |  |     |
| 02305011                          | GEN-CLOZAPINE |  | MYL |

**FLUPENTHIXOL DECANOATE**

|                           |                |  |     |
|---------------------------|----------------|--|-----|
| <b>20mg/mL Injection</b>  |                |  |     |
| 02156032                  | FLUANXOL DEPOT |  | LUD |
| <b>100mg/mL Injection</b> |                |  |     |
| 02156040                  | FLUANXOL DEPOT |  | LUD |

**FLUPENTHIXOL DIHYDROCHLORIDE**

|                                   |          |  |     |
|-----------------------------------|----------|--|-----|
| <sup>ST</sup> <b>0.5mg Tablet</b> |          |  |     |
| 02156008                          | FLUANXOL |  | LUD |
| <sup>ST</sup> <b>3mg Tablet</b>   |          |  |     |
| 02156016                          | FLUANXOL |  | LUD |

**FLUPHENAZINE DECANOATE**

|                           |                  |  |     |
|---------------------------|------------------|--|-----|
| <b>25mg/mL Injection</b>  |                  |  |     |
| 02091275                  | PMS-FLUPHENAZINE |  | PMS |
| <b>100mg/mL Injection</b> |                  |  |     |
| 00755575                  | MODECATE         |  | BMS |
| 02241928                  | PMS-FLUPHENAZINE |  | PMS |

**FLUPHENAZINE HCL**

|                                 |                  |  |     |
|---------------------------------|------------------|--|-----|
| <sup>ST</sup> <b>1mg Tablet</b> |                  |  |     |
| 00405345                        | APO-FLUPHENAZINE |  | APX |
| <sup>ST</sup> <b>2mg Tablet</b> |                  |  |     |
| 00410632                        | APO-FLUPHENAZINE |  | APX |
| <sup>ST</sup> <b>5mg Tablet</b> |                  |  |     |
| 00405361                        | APO-FLUPHENAZINE |  | APX |
| 00726354                        | PMS-FLUPHENAZINE |  | PMS |

**HALOPERIDOL**

|                         |             |  |     |
|-------------------------|-------------|--|-----|
| <b>5mg/mL Injection</b> |             |  |     |
| 00808652                | HALOPERIDOL |  | SDZ |
| 02366010                | HALOPERIDOL |  | OMG |

**28:16.08 ANTIPSYCHOTIC AGENTS****HALOPERIDOL****2mg/mL Solution**

00759503 PMS-HALOPERIDOL PMS

<sup>ST</sup> **0.5mg Tablet**

00396796 APO-HALOPERIDOL APX

00363685 NOVO-PERIDOL TEV

<sup>ST</sup> **1mg Tablet**

00396818 APO-HALOPERIDOL APX

00363677 NOVO-PERIDOL TEV

<sup>ST</sup> **2mg Tablet**

00363669 NOVO-PERIDOL TEV

<sup>ST</sup> **5mg Tablet**

00363650 NOVO-PERIDOL TEV

<sup>ST</sup> **10mg Tablet**

00463698 APO-HALOPERIDOL APX

00713449 NOVO-PERIDOL TEV

<sup>ST</sup> **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**<sup>ST</sup> **25mg/mL Oral Liquid**

02239101 XYLAC MMT

**LOXAPINE SUCCINATE**<sup>ST</sup> **2.5mg Tablet**

02242868 XYLAC MMT

<sup>ST</sup> **5mg Tablet**

02239918 DOM-LOXAPINE DPC

02236943 PHL-LOXAPINE PHH

02230837 XYLAC MMT

<sup>ST</sup> **10mg Tablet**

02239919 DOM-LOXAPINE DPC

02236944 PHL-LOXAPINE PHH

02230838 XYLAC MMT

<sup>ST</sup> **25mg Tablet**

02239920 DOM-LOXAPINE DPC

02236945 PHL-LOXAPINE PHH

02230839 XYLAC MMT

<sup>ST</sup> **50mg Tablet**

02239921 DOM-LOXAPINE DPC

02236946 PHL-LOXAPINE PHH

02230840 XYLAC MMT

**28:16.08 ANTIPSYCHOTIC AGENTS****LURASIDONE HCL**

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients:

who have intolerance or lack of response to an adequate trial of another antipsychotic agent; OR  
a contraindication to another antipsychotic agent<sup>ST</sup> **20mg Tablet**

02422050 LATUDA SPC

<sup>ST</sup> **40mg Tablet**

02387751 LATUDA SPC

<sup>ST</sup> **60mg Tablet**

02413361 LATUDA SPC

<sup>ST</sup> **80mg Tablet**

02387778 LATUDA SPC

<sup>ST</sup> **120mg Tablet**

02387786 LATUDA SPC

**METHOTRIMEPRAZINE**<sup>ST</sup> **2mg Tablet**

02238403 APO-METHOPRAZINE APX

<sup>ST</sup> **5mg Tablet**

02238404 APO-METHOPRAZINE APX

02232903 PMS-METHOTRIMEPRAZINE PMS

<sup>ST</sup> **25mg Tablet**

02238405 APO-METHOPRAZINE APX

01964925 NOVO-MEPRAZINE TEV

<sup>ST</sup> **50mg Tablet**

02238406 APO-METHOPRAZINE APX

**OLANZAPINE**<sup>ST</sup> **5mg Orally Disintegrating Tablet**

02360616 APO-OLANZAPINE ODT APX

02327562 CO OLANZAPINE ODT CBT

02406624 JAMP-OLANZAPINE ODT JAP

02389088 MAR-OLANZAPINE ODT MAR

02436965 MINT-OLANZAPINE ODT MIN

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

**28:16.08 ANTIPSYCHOTIC AGENTS****OLANZAPINE**<sup>ST</sup> **10mg Orally Disintegrating Tablet**

|          |                       |     |
|----------|-----------------------|-----|
| 02360624 | APO-OLANZAPINE ODT    | APX |
| 02327570 | CO OLANZAPINE ODT     | CBT |
| 02406632 | JAMP-OLANZAPINE ODT   | JAP |
| 02389096 | MAR-OLANZAPINE ODT    | MAR |
| 02436973 | MINT-OLANZAPINE ODT   | MIN |
| 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    | RBV |
| 02327783 | SANDOZ OLANZAPINE ODT | SDZ |
| 02243087 | ZYPREXA ZYDIS         | LIL |

<sup>ST</sup> **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 |
| 02436981 | MINT-OLANZAPINE ODT   | MIN |
| 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    | RBV |
| 02327791 | SANDOZ OLANZAPINE ODT | SDZ |
| 02243088 | ZYPREXA ZYDIS         | LIL |

<sup>ST</sup> **2.5mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02420538 | ACCEL-OLANZAPINE  | ACP |
| 02281791 | APO-OLANZAPINE    | APX |
| 02325659 | CO OLANZAPINE     | CBT |
| 02417243 | JAMP-OLANZAPINE   | JAP |
| 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    | RBV |
| 02337126 | RIVA-OLANZAPINE   | RIV |
| 02310341 | SANDOZ-OLANZAPINE | SDZ |
| 02229250 | ZYPREXA           | LIL |

**28:16.08 ANTIPSYCHOTIC AGENTS****OLANZAPINE**<sup>ST</sup> **5mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02281805 | APO-OLANZAPINE    | APX |
| 02325667 | CO OLANZAPINE     | CBT |
| 02417251 | JAMP-OLANZAPINE   | JAP |
| 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    | RBV |
| 02337134 | RIVA-OLANZAPINE   | RIV |
| 02310368 | SANDOZ-OLANZAPINE | SDZ |
| 02229269 | ZYPREXA           | LIL |

<sup>ST</sup> **7.5mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02281813 | APO-OLANZAPINE    | APX |
| 02325675 | CO OLANZAPINE     | CBT |
| 02417278 | JAMP-OLANZAPINE   | JAP |
| 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    | RBV |
| 02337142 | RIVA-OLANZAPINE   | RIV |
| 02310376 | SANDOZ-OLANZAPINE | SDZ |
| 02229277 | ZYPREXA           | LIL |

<sup>ST</sup> **10mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02281821 | APO-OLANZAPINE    | APX |
| 02325683 | CO OLANZAPINE     | CBT |
| 02417286 | JAMP-OLANZAPINE   | JAP |
| 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    | RBV |
| 02337150 | RIVA-OLANZAPINE   | RIV |
| 02310384 | SANDOZ-OLANZAPINE | SDZ |
| 02229285 | ZYPREXA           | LIL |

**28:16.08 ANTIPSYCHOTIC AGENTS****OLANZAPINE**<sup>ST</sup> **15mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02325691 | CO OLANZAPINE     | CBT |
| 02417294 | JAMP-OLANZAPINE   | JAP |
| 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    | RBV |
| 02337169 | RIVA-OLANZAPINE   | RIV |
| 02310392 | SANDOZ-OLANZAPINE | SDZ |
| 02238850 | ZYPREXA           | LIL |

<sup>ST</sup> **20mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02417308 | JAMP-OLANZAPINE | JAP |
|----------|-----------------|-----|

**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**<sup>ST</sup> **5mg Capsule**

|          |           |     |
|----------|-----------|-----|
| 01926780 | NEULEPTIL | ERF |
|----------|-----------|-----|

<sup>ST</sup> **10mg Capsule**

|          |           |     |
|----------|-----------|-----|
| 01926772 | NEULEPTIL | ERF |
|----------|-----------|-----|

<sup>ST</sup> **20mg Capsule**

|          |           |     |
|----------|-----------|-----|
| 01926764 | NEULEPTIL | ERF |
|----------|-----------|-----|

<sup>ST</sup> **10mg/mL Drop**

|          |           |     |
|----------|-----------|-----|
| 01926756 | NEULEPTIL | ERF |
|----------|-----------|-----|

**PERPHENAZINE**<sup>ST</sup> **3.2mg/mL Liquid**

|          |                  |     |
|----------|------------------|-----|
| 00751898 | PMS-PERPHENAZINE | PMS |
|----------|------------------|-----|

**28:16.08 ANTIPSYCHOTIC AGENTS****PERPHENAZINE**<sup>ST</sup> **2mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00335134 | APO-PERPHENAZINE | APX |
|----------|------------------|-----|

<sup>ST</sup> **4mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00335126 | APO-PERPHENAZINE | APX |
|----------|------------------|-----|

<sup>ST</sup> **8mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00335118 | APO-PERPHENAZINE | APX |
|----------|------------------|-----|

<sup>ST</sup> **16mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00335096 | APO-PERPHENAZINE | APX |
| 00726206 | PMS-PERPHENAZINE | PMS |

**PIMOZIDE**<sup>ST</sup> **2mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02245432 | APO-PIMOZIDE | APX |
| 00313815 | ORAP         | PHH |

<sup>ST</sup> **4mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 02245433 | APO-PIMOZIDE | APX |
| 00313823 | ORAP         | PHH |

**PIPOTIAZINE PALMITATE****50mg/mL Injection**

|          |             |     |
|----------|-------------|-----|
| 00894672 | PIPORTIL L4 | SAC |
|----------|-------------|-----|

**PROCHLORPERAZINE****5mg/mL Injection**

|          |                      |     |
|----------|----------------------|-----|
| 00753645 | PMS-PROCHLORPERAZINE | PMS |
| 00789747 | PROCHLORPERAZINE     | SDZ |

**10mg Suppository**

|          |                      |     |
|----------|----------------------|-----|
| 00753688 | PMS-PROCHLORPERAZINE | PMS |
| 00789720 | PROCHLORPERAZINE     | SDZ |

<sup>ST</sup> **5mg Tablet**

|          |                      |     |
|----------|----------------------|-----|
| 00886440 | APO-PROCHLORAZINE    | APX |
| 00753661 | PMS-PROCHLORPERAZINE | PMS |

<sup>ST</sup> **10mg Tablet**

|          |                      |     |
|----------|----------------------|-----|
| 00886432 | APO-PROCHLORAZINE    | APX |
| 00753637 | PMS-PROCHLORPERAZINE | PMS |

**QUETIAPINE FUMARATE**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

**28:16.08 ANTIPSYCHOTIC AGENTS****QUETIAPINE FUMARATE**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **25mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02412977 | ABBOTT-QUETIAPINE | BGP |
| 02400340 | ACCEL-QUETIAPINE  | ACP |
| 02313901 | APO-QUETIAPINE    | APX |
| 02390205 | AURO-QUETIAPINE   | AUR |
| 02316080 | CO QUETIAPINE     | COB |
| 02298996 | DOM-QUETIAPINE    | DOM |
| 02330415 | JAMP-QUETIAPINE   | JMP |
| 02399822 | MAR-QUETIAPINE    | MAR |
| 02438003 | MINT-QUETIAPINE   | MIN |
| 02307804 | MYLAN-QUETIAPINE  | MYL |
| 02439158 | NAT-QUETIAPINE    | NPH |
| 02284235 | NOVO-QUETIAPINE   | TEV |
| 02299054 | PHL-QUETIAPINE    | PMI |
| 02296551 | PMS-QUETIAPINE    | PMS |
| 02317346 | PRO-QUETIAPINE    | PDL |
| 02317893 | QUETIAPINE        | MEL |
| 02353164 | QUETIAPINE        | SAN |
| 02387794 | QUETIAPINE        | ACC |
| 02397099 | RAN-QUETIAPINE    | RBV |
| 02311704 | RATIO-QUETIAPINE  | RPH |
| 02316692 | RIVA-QUETIAPINE   | RIV |
| 02313995 | SANDOZ-QUETIAPINE | SDZ |
| 02236951 | SEROQUEL          | AZC |

<sup>ST</sup> **50mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02361892 | PMS-QUETIAPINE | VTH |
|----------|----------------|-----|

**28:16.08 ANTIPSYCHOTIC AGENTS****QUETIAPINE FUMARATE**<sup>ST</sup> **100mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02412985 | ABBOTT-QUETIAPINE | BGP |
| 02400359 | ACCEL-QUETIAPINE  | ACP |
| 02313928 | APO-QUETIAPINE    | APX |
| 02390213 | AURO-QUETIAPINE   | AUR |
| 02316099 | CO QUETIAPINE     | COB |
| 02299003 | DOM-QUETIAPINE    | DOM |
| 02330423 | JAMP-QUETIAPINE   | JMP |
| 02399830 | MAR-QUETIAPINE    | MAR |
| 02438011 | MINT-QUETIAPINE   | MIN |
| 02307812 | MYLAN-QUETIAPINE  | MYL |
| 02439166 | NAT-QUETIAPINE    | NPH |
| 02284243 | NOVO-QUETIAPINE   | TEV |
| 02299062 | PHL-QUETIAPINE    | PMI |
| 02296578 | PMS-QUETIAPINE    | PMS |
| 02317354 | PRO-QUETIAPINE    | PDL |
| 02317907 | QUETIAPINE        | MEL |
| 02353172 | QUETIAPINE        | SAN |
| 02387808 | QUETIAPINE        | ACC |
| 02397102 | RAN-QUETIAPINE    | RBV |
| 02311712 | RATIO-QUETIAPINE  | RPH |
| 02316706 | RIVA-QUETIAPINE   | RIV |
| 02314002 | SANDOZ-QUETIAPINE | SDZ |
| 02236952 | SEROQUEL          | AZC |

<sup>ST</sup> **150mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02439174 | NAT-QUETIAPINE  | NPH |
| 02284251 | NOVO-QUETIAPINE | TEV |

<sup>ST</sup> **200mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02412993 | ABBOTT-QUETIAPINE | BGP |
| 02400375 | ACCEL-QUETIAPINE  | ACP |
| 02313936 | APO-QUETIAPINE    | APX |
| 02390248 | AURO-QUETIAPINE   | AUR |
| 02316110 | CO QUETIAPINE     | COB |
| 02299038 | DOM-QUETIAPINE    | DOM |
| 02330458 | JAMP-QUETIAPINE   | JMP |
| 02399849 | MAR-QUETIAPINE    | MAR |
| 02438046 | MINT-QUETIAPINE   | MIN |
| 02307839 | MYLAN-QUETIAPINE  | MYL |
| 02439182 | NAT-QUETIAPINE    | NPH |
| 02284278 | NOVO-QUETIAPINE   | TEV |
| 02299089 | PHL-QUETIAPINE    | PMI |
| 02296594 | PMS-QUETIAPINE    | PMS |
| 02317362 | PRO-QUETIAPINE    | PDL |
| 02317923 | QUETIAPINE        | MEL |
| 02353199 | QUETIAPINE        | SAN |
| 02387824 | QUETIAPINE        | ACC |
| 02397110 | RAN-QUETIAPINE    | RBV |
| 02311747 | RATIO-QUETIAPINE  | RPH |
| 02316722 | RIVA-QUETIAPINE   | RIV |
| 02314010 | SANDOZ-QUETIAPINE | SDZ |
| 02236953 | SEROQUEL          | AZC |

**28:16.08 ANTIPSYCHOTIC AGENTS****QUETIAPINE FUMARATE**<sup>ST</sup> **300mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02413000 | ABBOTT-QUETIAPINE | BGP |
| 02400383 | ACCEL-QUETIAPINE  | ACP |
| 02313944 | APO-QUETIAPINE    | APX |
| 02390256 | AURO-QUETIAPINE   | AUR |
| 02316129 | CO QUETIAPINE     | COB |
| 02299046 | DOM-QUETIAPINE    | DOM |
| 02330466 | JAMP-QUETIAPINE   | JMP |
| 02399857 | MAR-QUETIAPINE    | MAR |
| 02438054 | MINT-QUETIAPINE   | MIN |
| 02307847 | MYLAN-QUETIAPINE  | MYL |
| 02439190 | NAT-QUETIAPINE    | NPH |
| 02284286 | NOVO-QUETIAPINE   | TEV |
| 02299097 | PHL-QUETIAPINE    | PMI |
| 02296608 | PMS-QUETIAPINE    | PMS |
| 02317370 | PRO-QUETIAPINE    | PDL |
| 02317931 | QUETIAPINE        | MEL |
| 02353202 | QUETIAPINE        | SAN |
| 02387832 | QUETIAPINE        | ACC |
| 02397129 | RAN-QUETIAPINE    | RBV |
| 02316730 | RIVA-QUETIAPINE   | RIV |
| 02314029 | SANDOZ-QUETIAPINE | SDZ |
| 02244107 | SEROQUEL          | AZC |

**RISPERIDONE**<sup>ST</sup> **0.5mg Orally Disintegrating Tablet**

|          |                       |     |
|----------|-----------------------|-----|
| 02413485 | MYLAN-RISPERIDONE ODT | MYL |
| 02247704 | RISPERDAL-M           | JNO |

<sup>ST</sup> **1mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **2mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **3mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **4mg Orally Disintegrating Tablet**

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

<sup>ST</sup> **1mg/mL Solution**

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

**28:16.08 ANTIPSYCHOTIC AGENTS****RISPERIDONE**<sup>ST</sup> **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    | RBV |
| 02240551 | RISPERDAL          | JNO |
| 02303485 | RISPERIDONE        | MEL |
| 02356880 | RISPERIDONE        | SAN |
| 02283565 | RIVA-RISPERIDONE   | RIV |
| 02303655 | SANDOZ RISPERIDONE | SDZ |

<sup>ST</sup> **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    | RBV |
| 02240552 | RISPERDAL          | JNO |
| 02303493 | RISPERIDONE        | MEL |
| 02356899 | RISPERIDONE        | SAN |
| 02283573 | RIVA-RISPERIDONE   | RIV |
| 02303663 | SANDOZ RISPERIDONE | SDZ |

<sup>ST</sup> **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    | RBV |
| 02025280 | RISPERDAL          | JNO |
| 02303507 | RISPERIDONE        | MEL |
| 02356902 | RISPERIDONE        | SAN |
| 02283581 | RIVA-RISPERIDONE   | RIV |
| 02279800 | SANDOZ-RISPERIDONE | SDZ |



**28:16.08 ANTIPSYCHOTIC AGENTS****RISPERIDONE**<sup>ST</sup> **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 |

<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **10mg Tablet**

|          |          |     |
|----------|----------|-----|
| 01927639 | MAJEPTIL | ERF |
|----------|----------|-----|

**THIOTHIXENE**<sup>ST</sup> **2mg Capsule**

|          |        |     |
|----------|--------|-----|
| 00024430 | NAVANE | ERF |
|----------|--------|-----|

<sup>ST</sup> **5mg Capsule**

|          |        |     |
|----------|--------|-----|
| 00024449 | NAVANE | ERF |
|----------|--------|-----|

<sup>ST</sup> **10mg Capsule**

|          |        |     |
|----------|--------|-----|
| 00024457 | NAVANE | ERF |
|----------|--------|-----|

**TRIFLUOPERAZINE HCL**<sup>ST</sup> **10mg/mL Liquid**

|          |                     |     |
|----------|---------------------|-----|
| 00751871 | PMS-TRIFLUOPERAZINE | PMS |
|----------|---------------------|-----|

<sup>ST</sup> **1mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00345539 | TRIFLUOPERAZINE | AAP |
|----------|-----------------|-----|

<sup>ST</sup> **2mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00312754 | TRIFLUOPERAZINE | AAP |
|----------|-----------------|-----|

<sup>ST</sup> **5mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00312746 | TRIFLUOPERAZINE | AAP |
|----------|-----------------|-----|

<sup>ST</sup> **10mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00326836 | TRIFLUOPERAZINE | AAP |
|----------|-----------------|-----|

<sup>ST</sup> **20mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00595942 | TRIFLUOPERAZINE | AAP |
|----------|-----------------|-----|

**ZIPRASIDONE HCL MONOHYDRATE**<sup>ST</sup> **20MG Capsule**

|          |        |     |
|----------|--------|-----|
| 02298597 | ZELDOX | PFI |
|----------|--------|-----|

<sup>ST</sup> **40MG Capsule**

|          |        |     |
|----------|--------|-----|
| 02298600 | ZELDOX | PFI |
|----------|--------|-----|

**28:16.08 ANTIPSYCHOTIC AGENTS****ZIPRASIDONE HCL MONOHYDRATE**

|                                   |          |        |     |
|-----------------------------------|----------|--------|-----|
| <sup>ST</sup> <b>60mg Capsule</b> | 02298619 | ZELDOX | PFI |
| <sup>ST</sup> <b>80mg Capsule</b> | 02298627 | ZELDOX | PFI |

**ZUCLOPENTHIXOL DIHYDROCHLORIDE**

|                                  |          |                   |     |
|----------------------------------|----------|-------------------|-----|
| <b>50mg/mL Injection</b>         | 02230405 | CLOPIXOL ACUPHASE | LUK |
| <b>200mg/mL Injection</b>        | 02230406 | CLOPIXOL DEPOT    | LUK |
| <sup>ST</sup> <b>10mg Tablet</b> | 02230402 | CLOPIXOL          | LUK |
| <sup>ST</sup> <b>25mg Tablet</b> | 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

|   |          |                       |     |
|---|----------|-----------------------|-----|
| <sup>ST</sup> <b>10mg Sustained Release Capsule</b> | 01924559 | DEXEDRINE SPANSULE    | GSK |
| <sup>ST</sup> <b>15mg Sustained Release Capsule</b> | 01924567 | DEXEDRINE SPANSULE    | GSK |
| <sup>ST</sup> <b>5mg Tablet</b>                     | 02443236 | APO-DEXTROAMPHETAMINE | APX |
|   | 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

|                                   |          |         |     |
|-----------------------------------|----------|---------|-----|
| <sup>ST</sup> <b>20mg Capsule</b> | 02347156 | 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

|                                   |          |         |     |
|-----------------------------------|----------|---------|-----|
| <sup>ST</sup> <b>30mg Capsule</b> | 02322951 | VYVANSE | SHI |
| <sup>ST</sup> <b>40mg Capsule</b> | 02347164 | VYVANSE | SHI |
| <sup>ST</sup> <b>50mg Capsule</b> | 02322978 | VYVANSE | SHI |
| <sup>ST</sup> <b>60mg Capsule</b> | 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

|  |          |                        |     |
|--|----------|------------------------|-----|
| <sup>ST</sup> <b>18mg Sustained Release Tablet</b> | 02413728 | PMS-METHYLPHENIDATE ER | PMS |
| <sup>ST</sup> <b>27mg Sustained Release Tablet</b> | 02413736 | PMS-METHYLPHENIDATE ER | PMS |
| <sup>ST</sup> <b>36mg Sustained Release Tablet</b> | 02413744 | PMS-METHYLPHENIDATE ER | PMS |
| <sup>ST</sup> <b>54mg Sustained Release Tablet</b> | 02413752 | PMS-METHYLPHENIDATE ER | PMS |

**28:20.80****MODAFINIL**

|                                   |          |                |     |
|-----------------------------------|----------|----------------|-----|
| <sup>ST</sup> <b>100mg Tablet</b> | 02239665 | ALERTEC        | DPY |
|                                   | 02430487 | AURO-MODAFINIL | AUR |
|                                   | 02442078 | BIO-MODAFINIL  | BMI |
|                                   | 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

#### <sup>ST</sup> 18mg Extended Release Tablet

|          |                         |     |
|----------|-------------------------|-----|
| 02247732 | CONCERTA                | JNO |
| 02315068 | NOVO-METHYLPHENIDATE ER | TEV |

#### <sup>ST</sup> 27mg Extended Release Tablet

|          |                         |     |
|----------|-------------------------|-----|
| 02250241 | CONCERTA                | JNO |
| 02315076 | NOVO-METHYLPHENIDATE ER | TEV |

#### <sup>ST</sup> 36mg Extended Release Tablet

|          |                         |     |
|----------|-------------------------|-----|
| 02247733 | CONCERTA                | JNO |
| 02315084 | NOVO-METHYLPHENIDATE ER | TEV |

#### <sup>ST</sup> 54mg Extended Release Tablet

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

#### <sup>ST</sup> 20mg Sustained Release Tablet

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

#### <sup>ST</sup> 5mg Tablet

|          |                     |     |
|----------|---------------------|-----|
| 02273950 | APO-METHYLPHENIDATE | APX |
| 02326221 | METHYLPHENIDATE     | PDL |
| 02234749 | PMS-METHYLPHENIDATE | PMS |

#### <sup>ST</sup> 10mg Tablet

|          |                     |     |
|----------|---------------------|-----|
| 02249324 | APO-METHYLPHENIDATE | APX |
| 02326248 | METHYLPHENIDATE     | PDL |
| 00584991 | PMS-METHYLPHENIDATE | PMS |

#### <sup>ST</sup> 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.

#### <sup>ST</sup> 0.25mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 01908189 | ALPRAZOLAM       | PDL |
| 02349191 | ALPRAZOLAM       | SAN |
| 00865397 | APO-ALPRAZ       | APX |
| 02400111 | JAMP-ALPRAZOLAM  | JAP |
| 02137534 | MYLAN-ALPRAZOLAM | MYL |
| 02417634 | NAT-ALPRAZOLAM   | NPH |
| 02404877 | RIVA-ALPRAZOLAM  | RIV |
| 01913484 | TEVA-ALPRAZOL    | TEV |
| 00548359 | XANAX            | PFI |

#### <sup>ST</sup> 0.5mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 01908170 | ALPRAZOLAM       | PDL |
| 02349205 | ALPRAZOLAM       | SAN |
| 00865400 | APO-ALPRAZ       | APX |
| 02400138 | JAMP-ALPRAZOLAM  | JAP |
| 02137542 | MYLAN-ALPRAZOLAM | MYL |
| 02417642 | NAT-ALPRAZOLAM   | NPH |
| 02404885 | RIVA-ALPRAZOLAM  | RIV |
| 01913492 | TEVA-ALPRAZOL    | TEV |
| 00548367 | XANAX            | PFI |

#### <sup>ST</sup> 1mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 02248706 | ALPRAZOLAM       | PDL |
| 02243611 | APO-ALPRAZ       | APX |
| 02400146 | JAMP-ALPRAZOLAM  | JAP |
| 02229813 | MYLAN-ALPRAZOLAM | MYL |
| 02417650 | NAT-ALPRAZOLAM   | NPH |
| 02404893 | RIVA-ALPRAZOLAM  | RIV |
| 00723770 | XANAX            | PFI |

#### <sup>ST</sup> 2mg Tablet

|          |                  |     |
|----------|------------------|-----|
| 02243612 | APO-ALPRAZ       | APX |
| 02400154 | JAMP-ALPRAZOLAM  | JAP |
| 02229814 | MYLAN-ALPRAZOLAM | MYL |
| 02404907 | RIVA-ALPRAZOLAM  | RIV |
| 00813958 | XANAX TS         | PFI |

**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.

<sup>ST</sup> **1.5mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02177153 | APO-BROMAZEPAM | APX |
|----------|----------------|-----|

<sup>ST</sup> **3mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02177161 | APO-BROMAZEPAM  | APX |
| 02220520 | BROMAZEPAM      | PDL |
| 00518123 | LECTOPAM        | HLR |
| 02230584 | TEVA-BROMAZEPAM | TEV |

<sup>ST</sup> **6mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02177188 | APO-BROMAZEPAM  | APX |
| 02220539 | BROMAZEPAM      | PDL |
| 00518131 | LECTOPAM        | HLR |
| 02230585 | TEVA-BROMAZEPAM | TEV |

**CLOBAZAM**<sup>ST</sup> **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.

<sup>ST</sup> **1mg/mL Oral Solution**

|          |              |     |
|----------|--------------|-----|
| 00891797 | PMS-DIAZEPAM | PMS |
|----------|--------------|-----|

<sup>ST</sup> **2mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00405329 | APO-DIAZEPAM | APX |
| 00434396 | DIAZEPAM     | PDL |
| 02247490 | PMS-DIAZEPAM | PMS |

<sup>ST</sup> **5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00362158 | APO-DIAZEPAM | APX |
| 00313580 | DIAZEPAM     | PRO |
| 02247491 | PMS-DIAZEPAM | PMS |
| 00013285 | VALIUM       | HLR |

**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.

<sup>ST</sup> **10mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00405337 | APO-DIAZEPAM | APX |
| 00434388 | DIAZEPAM     | PDL |
| 02247492 | PMS-DIAZEPAM | PMS |

**DIAZEPAM (D)**

Limited use benefit (prior approval not required).

For children 12 years of age or under.

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.

<sup>ST</sup> **5mg/mL Gel**

|          |                  |     |
|----------|------------------|-----|
| 09853340 | DIASTAT (2X10MG) | ELN |
| 09853430 | DIASTAT (2X15MG) | ELN |
| 02238162 | DIASTAT (2X5MG)  | VAE |

**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.

<sup>ST</sup> **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 |

**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.

<sup>ST</sup> **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 |
| 02429810 | LORAZEPAM         | SIV |
| 00637742 | NOVO-LORAZEM      | TEV |
| 00728195 | PMS-LORAZEPAM     | PMS |
| 00655651 | PRO-LORAZEPAM     | PDL |

<sup>ST</sup> **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 |
| 02429829 | LORAZEPAM         | SIV |
| 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.

<sup>ST</sup> **5mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00511528 | MOGADON | ICN |
|----------|---------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **10mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00402680 | APO-OXAZEPAM  | APX |
| 00497754 | OXAZEPAM      | PDL |
| 00414247 | OXPAM         | BMI |
| 00568392 | RIVA OXAZEPAM | RIV |

<sup>ST</sup> **15mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00402745 | APO-OXAZEPAM  | APX |
| 00497762 | OXAZEPAM      | PDL |
| 00568406 | RIVA OXAZEPAM | RIV |

<sup>ST</sup> **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.

<sup>ST</sup> **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 |

<sup>ST</sup> **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.

<sup>ST</sup> **0.125mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00808563 | APO-TRIAZO | APX |
|----------|------------|-----|

<sup>ST</sup> **0.25mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00808571 | APO-TRIAZO | APX |
|----------|------------|-----|

**28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND HYPNOTICS****BUSPIRONE**<sup>ST</sup> **10mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02211076 | APO-BUSPIRONE  | APX |
| 02230942 | PMS-BUSPIRONE  | PMS |
| 02231492 | TEVA-BUSPIRONE | TEP |

**HYDROXYZINE HCL**<sup>ST</sup> **10mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00646059 | APO-HYDROXYZINE | APX |
| 00739618 | HYDROXYZINE     | PDL |
| 00738824 | NOVO-HYDROXYZIN | TEV |
| 02241192 | RIVA-HYDROXYZIN | RIV |

<sup>ST</sup> **25mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00646024 | APO-HYDROXYZINE | APX |
| 00739626 | HYDROXYZINE     | PDL |
| 00738832 | NOVO-HYDROXYZIN | TEV |
| 02241193 | RIVA-HYDROXYZIN | RIV |

<sup>ST</sup> **50mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00646016 | APO-HYDROXYZINE | APX |
| 00739634 | HYDROXYZINE     | PDL |
| 00738840 | NOVO-HYDROXYZIN | TEV |
| 02241194 | RIVA-HYDROXYZIN | RIV |

<sup>ST</sup> **2mg/mL Syrup**

|          |                 |     |
|----------|-----------------|-----|
| 00024694 | ATARAX          | ERF |
| 00741817 | PMS-HYDROXYZINE | PMS |

**28:28.00 ANTIMANIC AGENTS****LITHIUM CARBONATE**<sup>ST</sup> **150mg Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02242837 | APO-LITHIUM CARB      | APX |
| 09857532 | APO-LITHIUM CARBONATE | APX |
| 00461733 | CARBOLITH             | VAE |
| 02013231 | LITHANE               | ERF |
| 02216132 | PMS-LITHIUM CARBONATE | PMS |

**28:28.00 ANTIMANIC AGENTS****LITHIUM CARBONATE**<sup>ST</sup> **300mg Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02242838 | APO-LITHIUM CARB      | APX |
| 09857540 | APO-LITHIUM CARBONATE | APX |
| 00236683 | CARBOLITH             | VAE |
| 00406775 | LITHANE               | ERF |
| 02216140 | PMS-LITHIUM CARBONATE | PMS |

<sup>ST</sup> **600mg Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02011239 | CARBOLITH             | VAE |
| 02216159 | PMS-LITHIUM CARBONATE | PMS |

<sup>ST</sup> **300mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02266695 | LITHMAX | AAP |
|----------|---------|-----|

**LITHIUM CITRATE**<sup>ST</sup> **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 |

**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.

**5mg Orally Disintegrating Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02393484 | APO-RIZATRIPTAN RPD    | APX |
| 02374730 | CO-RIZATRIPTAN ODT     | ATP |
| 02439573 | MINT-RIZATRIPTAN ODT   | MIN |
| 02379198 | MYLAN-RIZATRIPTAN ODT  | MYL |
| 02436604 | NAT-RIZATRIPTAN ODT    | NPH |
| 02393360 | PMS-RIZATRIPTAN RDT    | PMS |
| 02423456 | RIVA-RIZATRIPTAN ODT   | RIV |
| 02442906 | RIZATRIPTAN ODT        | SAN |
| 02446111 | RIZATRIPTAN ODT        | SIV |
| 02415798 | RIZATRIPTAN RDT        | PDL |
| 02351870 | SANDOZ RIZATRIPTAN ODT | SDZ |
| 02396661 | TEVA-RIZATRIPTAN RDT   | TEP |

**10mg Orally Disintegrating Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02393492 | APO-RIZATRIPTAN RPD    | APX |
| 02374749 | CO-RIZATRIPTAN ODT     | ATP |
| 02396203 | DOM-RIZATRIPTAN RDT    | DOM |
| 02379201 | MYLAN-RIZATRIPTAN ODT  | MYL |
| 02436612 | NAT-RIZATRIPTAN ODT    | NPH |
| 02393379 | PMS-RIZATRIPTAN RDT    | PMS |
| 02423464 | RIVA-RIZATRIPTAN ODT   | RIV |
| 02442914 | RIZATRIPTAN ODT        | SAN |
| 02446138 | RIZATRIPTAN ODT        | SIV |
| 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 |
|----------|---------|-----|

**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.

**6mg/0.5mL Injection**

|          |                       |     |
|----------|-----------------------|-----|
| 99000598 | IMITREX STAT DOSE KIT | GSK |
|----------|-----------------------|-----|

**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 |

**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 |

**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 Orally Disintegrating Tablet**

|          |                         |     |
|----------|-------------------------|-----|
| 02438453 | AG-ZOLMITRIPTAN ODT     | ANG |
| 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 |
| 02421534 | NAT-ZOLMITRIPTAN    | NPH |
| 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 |
|----------|-------------|-----|

**PIZOTYLIN 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 |

**28:36.08 ANTIPARKINSONIAN AGENTS - ANTICHOLINERGIC AGENTS****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 |
|----------|------------------|-----|

**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****<sup>ST</sup> 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****<sup>ST</sup> 50mg & 12.5mg Capsule**

|          |         |     |
|----------|---------|-----|
| 00522597 | PROLOPA | HLR |
|----------|---------|-----|

**<sup>ST</sup> 100mg & 25mg Capsule**

|          |         |     |
|----------|---------|-----|
| 00386464 | PROLOPA | HLR |
|----------|---------|-----|

**<sup>ST</sup> 200mg & 50mg Capsule**

|          |         |     |
|----------|---------|-----|
| 00386472 | PROLOPA | HLR |
|----------|---------|-----|

**LEVODOPA, CARBIDOPA****<sup>ST</sup> 100/25MG Controlled Release Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02421488 | PMS-LEVOCARB CR | PMS |
|----------|-----------------|-----|

**<sup>ST</sup> 200/50MG Controlled Release Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02421496 | PMS-LEVOCARB CR | PMS |
|----------|-----------------|-----|

**<sup>ST</sup> 200MG/50MG Controlled Release Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02245211 | APO-LEVOCARB CR | APX |
|----------|-----------------|-----|

**<sup>ST</sup> 100mg & 25mg Controlled Release Tablet**

|          |             |     |
|----------|-------------|-----|
| 02272873 | LEVOCARB CR | AAP |
|----------|-------------|-----|

|          |            |     |
|----------|------------|-----|
| 02028786 | SINEMET CR | BMS |
|----------|------------|-----|

**<sup>ST</sup> 200mg & 50mg Controlled Release Tablet**

|          |            |     |
|----------|------------|-----|
| 00870935 | SINEMET CR | BMS |
|----------|------------|-----|



**28:36.16 ANTIPARKINSONIAN AGENTS -  
DOPAMINE PRECURSORS****LEVODOPA, CARBIDOPA**<sup>ST</sup> **100mg & 10mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02195933 | APO-LEVOCARB       | APX |
| 02244494 | NOVO-LEVOCARBIDOPA | TEV |
| 00355658 | SINEMET            | BMS |

<sup>ST</sup> **100mg & 25mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02195941 | APO-LEVOCARB       | APX |
| 02244495 | NOVO-LEVOCARBIDOPA | TEV |
| 02311178 | PRO-LEVOCARB       | PDL |
| 00513997 | SINEMET            | BMS |

<sup>ST</sup> **250mg & 25mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02195968 | APO-LEVOCARB       | APX |
| 02244496 | NOVO-LEVOCARBIDOPA | TEV |
| 00328219 | SINEMET            | BMS |

**LEVODOPA, CARBIDOPA, ENTACAPONE**<sup>ST</sup> **50mg & 12.5mg & 200mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02305933 | STALEVO | TEV |
|----------|---------|-----|

<sup>ST</sup> **75mg & 18.75mg & 200mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02337827 | STALEVO | TEV |
|----------|---------|-----|

<sup>ST</sup> **100mg & 25mg & 200mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02305941 | STALEVO | TEV |
|----------|---------|-----|

<sup>ST</sup> **125mg & 31.25mg & 200mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02337835 | STALEVO | TEV |
|----------|---------|-----|

<sup>ST</sup> **150mg & 37.5mg & 200mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02305968 | STALEVO | TEV |
|----------|---------|-----|

**28:36.20 ANTIPARKINSONIAN AGENTS -  
DOPAMINE RECEPTOR  
AGONISTS****BROMOCRIPTINE MESYLATE**<sup>ST</sup> **5mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02230454 | APO-BROMOCRIPTINE | APX |
| 02238637 | DOM-BROMOCRIPTINE | DPC |
| 02236949 | PMS-BROMOCRIPTINE | PMS |

<sup>ST</sup> **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.

<sup>ST</sup> **0.5mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02301407 | CO CABERGOLINE | COB |
| 02242471 | DOSTINEX       | PFI |

**28:36.20 ANTIPARKINSONIAN AGENTS -  
DOPAMINE RECEPTOR  
AGONISTS****PRAMIPEXOLE DIHYDROCHLORIDE**<sup>ST</sup> **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-PRAMIPEXOLE    | PMS |
| 02309122 | PRAMIPEXOLE        | SIV |
| 02325802 | PRAMIPEXOLE        | PDL |
| 02367602 | PRAMIPEXOLE        | SAN |
| 02315262 | SANDOZ-PRAMIPEXOLE | SDZ |

<sup>ST</sup> **0.5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02292386 | APO-PRAMIPEXOLE    | APX |
| 02297310 | CO PRAMIPEXOLE     | CBT |
| 02241594 | MIRAPEX            | BOE |
| 02376369 | MYLAN-PRAMIPEXOLE  | MYL |
| 02269317 | NOVO-PRAMIPEXOLE   | TEV |
| 02290138 | PMS-PRAMIPEXOLE    | PMS |
| 02309130 | PRAMIPEXOLE        | SIV |
| 02325810 | PRAMIPEXOLE        | PDL |
| 02367610 | PRAMIPEXOLE        | SAN |
| 02315270 | SANDOZ-PRAMIPEXOLE | SDZ |

<sup>ST</sup> **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-PRAMIPEXOLE    | PMS |
| 02309149 | PRAMIPEXOLE        | SIV |
| 02325829 | PRAMIPEXOLE        | PDL |
| 02367629 | PRAMIPEXOLE        | SAN |
| 02315289 | SANDOZ-PRAMIPEXOLE | SDZ |

<sup>ST</sup> **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-PRAMIPEXOLE    | PMS |
| 02309157 | PRAMIPEXOLE        | SIV |
| 02325837 | PRAMIPEXOLE        | PDL |
| 02315297 | SANDOZ-PRAMIPEXOLE | SDZ |

### 28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

#### ROPINIROLE HCL

##### <sup>ST</sup> 0.25mg Tablet

|          |                 |     |
|----------|-----------------|-----|
| 02337746 | APO-ROPINIROLE  | APX |
| 02316846 | CO-ROPINIROLE   | CBT |
| 02352338 | JAMP-ROPINIROLE | JAP |
| 02326590 | PMS-ROPINIROLE  | PMS |
| 02314037 | RAN-ROPINIROLE  | RBV |
| 02232565 | REQUIP          | GSK |
| 02353040 | ROPINIROLE      | SAN |

##### <sup>ST</sup> 1mg Tablet

|          |                 |     |
|----------|-----------------|-----|
| 02337762 | APO-ROPINIROLE  | APX |
| 02316854 | CO-ROPINIROLE   | CBT |
| 02352346 | JAMP-ROPINIROLE | JAP |
| 02326612 | PMS-ROPINIROLE  | PMS |
| 02314053 | RAN-ROPINIROLE  | RBV |
| 02232567 | REQUIP          | GSK |
| 02353059 | ROPINIROLE      | SAN |

##### <sup>ST</sup> 2mg Tablet

|          |                 |     |
|----------|-----------------|-----|
| 02337770 | APO-ROPINIROLE  | APX |
| 02316862 | CO-ROPINIROLE   | CBT |
| 02352354 | JAMP-ROPINIROLE | JAP |
| 02326620 | PMS-ROPINIROLE  | PMS |
| 02314061 | RAN-ROPINIROLE  | RBV |
| 02232568 | REQUIP          | GSK |
| 02353067 | ROPINIROLE      | SAN |

##### <sup>ST</sup> 5mg Tablet

|          |                 |     |
|----------|-----------------|-----|
| 02337800 | APO-ROPINIROLE  | APX |
| 02316870 | CO-ROPINIROLE   | CBT |
| 02352362 | JAMP-ROPINIROLE | JAP |
| 02326639 | PMS-ROPINIROLE  | PMS |
| 02314088 | RAN-ROPINIROLE  | RBV |
| 02232569 | REQUIP          | GSK |
| 02353075 | ROPINIROLE      | SAN |

### 28:36.32 ANTIPARKINSONIAN AGENTS - MONOAMINE OXIDASE B INHIBITORS

#### SELEGILINE HCL

##### <sup>ST</sup> 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,<br>LUBRICATED            |
| 99400485 | CONDOM, LATEX,<br>LUBRICATED, NONOXYNOL |
| 99400486 | CONDOM, LATEX, NON-<br>LUBRICATED       |
| 99400786 | CONDOM, NON-LATEX,<br>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

**GE200 Strip**

97799373 GE200 BNM  
09857525 GE200 (ON) BNM

**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

**Spirit Strip**

97799291 FIRST CANADIAN HEALTH ARA  
SPIRIT (MB)

**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.

**Sure Step Strip**

|          |           |     |
|----------|-----------|-----|
| 97799355 | SURE STEP | SKY |
|----------|-----------|-----|

**SureTest Strip**

|          |               |     |
|----------|---------------|-----|
| 09857522 | SURETEST (ON) | SKY |
|----------|---------------|-----|

**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

<sup>ST</sup> 667mg/mL Oral Liquid

02412268 LACTULOSE SAN

02331551 TEVA-LACTULOSE TEV

### 40:12.00 REPLACEMENT PREPARATIONS

#### CALCIUM

<sup>ST</sup> 500mg Chewable Tablet

02239356 CALCIUM WAM

<sup>ST</sup> Oral Liquid

80004123 CARBOCAL EUR

<sup>ST</sup> 100mg Oral Liquid

80043628 NU-CAL ODN

80025527 SOLUCAL GREEN APPLE JAP

80025523 SOLUCAL RASPBERRY JAP

#### CALCIUM CARBONATE

<sup>ST</sup> 500mg Capsule

80001408 OYSTER SHELL CALCIUM NUR

<sup>ST</sup> 20mg/mL Oral Liquid

80054754 M-CAL MAN

<sup>ST</sup> 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

80055526 M-CAL MAN

00618098 NU-CAL ODN

00622443 O-CALCIUM 500 VTH

80001122 PMS-CALCIUM PMS

#### CALCIUM LACTOGLUCONATE

<sup>ST</sup> 20mg/mL Oral Liquid

80002626 SOLUCAL JMP

80006877 WAMPOLE MINERAL CALCIUM JMP

#### CALCIUM, VITAMIN D

<sup>ST</sup> 500mg & 400IU Chewable Tablet

80009628 CALODAN D ODN

80002901 CARBOCAL D EUR

80009412 M-CAL D MAN

## 40:12.00 REPLACEMENT PREPARATIONS

### CALCIUM, VITAMIN D

<sup>ST</sup> 500mg Oral Liquid

80025543 SOLUCAL D CITRUS JAP

80025541 SOLUCAL D RASPBERRY JAP

<sup>ST</sup> 500mg & 1000IU Oral Liquid

80025038 SOLUCAL D FORT JAP

<sup>ST</sup> 500mg & 400IU Oral Liquid

80008126 SOLUCAL D JAP

<sup>ST</sup> 500mg & 800IU Oral Liquid

80025722 CALCIUM LACTOGLUCONATE + VIT D JAP

<sup>ST</sup> 1,000IU Oral Liquid

80049201 M CITRATE D MAN

<sup>ST</sup> Tablet

80017190 CAL-D PDL

<sup>ST</sup> 500mg & 1000IU Tablet

80018540 JAMP-CALCIUM JAP

80019536 M-CAL D MAN

80050701 M-CAL D MAN

<sup>ST</sup> 500mg & 400IU Tablet

80012594 BIOCAL-D FORTE BMI

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

<sup>ST</sup> 500mg & 800IU Tablet

80019533 M-CAL D MAN

<sup>ST</sup> 600mg & 400IU Tablet

80021716 CALCIUM + VIT D WAM

### CALCIUM-VITAMIN D

<sup>ST</sup> 500mg & 1000IU Chewable Tablet

80027787 JAMP-CALCIUM+VIT D JAP

<sup>ST</sup> 500mg & 400IU Oral Liquid

80054755 M-CAL D MAN

<sup>ST</sup> 500mg & 1000IU Tablet

80029083 JAMP-CALCIUM+VIT D JAP

<sup>ST</sup> 500mg & 400IU Tablet

80020974 OPUS CAL-D OPU

### 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

**40:12.00 REPLACEMENT PREPARATIONS****ELECTROLYTES, DEXTROSE****Miscellaneous**

|          |                               |     |
|----------|-------------------------------|-----|
| 80023410 | HYDRALYTE ELECTROLYTE<br>POPS | HPP |
|----------|-------------------------------|-----|

**Powder**

|          |                       |     |
|----------|-----------------------|-----|
| 80026860 | HYDRALYTE ELECTROLYTE | HPP |
| 80027403 | JAMP REHYDRALYTE      | JAP |

**Solution**

|          |                       |     |
|----------|-----------------------|-----|
| 80026861 | HYDRALYTE ELECTROLYTE | HPP |
|----------|-----------------------|-----|

**MAGNESIUM****25mg Oral Liquid**

|          |                |     |
|----------|----------------|-----|
| 80009357 | JAMP-MAGNESIUM | JMP |
|----------|----------------|-----|

**100mg/mL Oral Liquid**

|          |                |     |
|----------|----------------|-----|
| 80004109 | MAGNESIUM-ODAN | ODN |
|----------|----------------|-----|

**28mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 80009539 | JAMP-MAGNESIUM | JMP |
|----------|----------------|-----|

**100mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02068400 | MAGNESIUM | JAM |
|----------|-----------|-----|

**MAGNESIUM CITRATE****5.40% Oral Liquid**

|          |                      |     |
|----------|----------------------|-----|
| 00262609 | CITRO MAG 15GM/300ML | TCH |
|----------|----------------------|-----|

**50mg/mL Solution**

|          |          |     |
|----------|----------|-----|
| 80001809 | CITRODAN | ODN |
|----------|----------|-----|

**MAGNESIUM GLUCONATE****100mg/mL Oral Liquid**

|          |                 |     |
|----------|-----------------|-----|
| 00026697 | RATIO-MAGNESIUM | RPH |
|----------|-----------------|-----|

**500mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00555126 | MAGLUCATE | PMS |
|----------|-----------|-----|

**MAGNESIUM HYDROXIDE****80mg/mL Liquid**

|          |                                     |     |
|----------|-------------------------------------|-----|
| 02245289 | MILK OF MAGNESIA                    | PMS |
| 02150646 | MILK OF MAGNESIA<br>PLAIN/SUGARFREE | BCD |

**311mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02150638 | MILK OF MAGNESIA | BCD |
|----------|------------------|-----|

**POTASSIUM CHLORIDE****<sup>ST</sup> 25MEQ Effervescent Tablet**

|          |        |     |
|----------|--------|-----|
| 02085992 | K LYTE | WPC |
|----------|--------|-----|

**<sup>ST</sup> 8mmol Long Acting Capsule**

|          |        |     |
|----------|--------|-----|
| 02244068 | RIVA-K | RIV |
|----------|--------|-----|

**<sup>ST</sup> 600mg Long Acting Capsule**

|          |                       |     |
|----------|-----------------------|-----|
| 02042304 | MICRO K EXTENCAPS SRC | WAY |
|----------|-----------------------|-----|

**<sup>ST</sup> 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 |

**40:12.00 REPLACEMENT PREPARATIONS****POTASSIUM CHLORIDE****<sup>ST</sup> 20mmol Long Acting Tablet**

|          |           |     |
|----------|-----------|-----|
| 80026265 | BIO K-20  | BMI |
| 02242261 | EURO-K 20 | EUR |
| 80004415 | ODAN K-20 | ODN |
| 02243975 | RIVA-K 20 | RIV |

**<sup>ST</sup> 1,500mG Long Acting Tablet**

|          |            |     |
|----------|------------|-----|
| 80040416 | PHARMA-K20 | PMS |
| 80053887 | PRO-K 20   | PDL |

**<sup>ST</sup> Oral Liquid**

|          |                         |     |
|----------|-------------------------|-----|
| 80024835 | JAMP-POTASSIUM CHLORIDE | JAP |
| 80024360 | K-10                    | GSK |

**<sup>ST</sup> 1.33MEQ/mL Oral Liquid**

|          |               |     |
|----------|---------------|-----|
| 02238604 | PMS-POTASSIUM | PMS |
|----------|---------------|-----|

**<sup>ST</sup> Tablet**

|          |       |     |
|----------|-------|-----|
| 80025624 | MK 20 | MAN |
|----------|-------|-----|

**<sup>ST</sup> 8mmol Tablet**

|          |            |     |
|----------|------------|-----|
| 80013005 | JAMP-K 600 | JAP |
|----------|------------|-----|

**<sup>ST</sup> 20mmol Tablet**

|          |             |     |
|----------|-------------|-----|
| 80013007 | JAMP-K 1500 | JAP |
|----------|-------------|-----|

**<sup>ST</sup> 600mg Tablet**

|          |        |     |
|----------|--------|-----|
| 80040226 | SLOW-K | TEV |
|----------|--------|-----|

**POTASSIUM CITRATE****<sup>ST</sup> 10mmol Long Acting Tablet**

|          |       |     |
|----------|-------|-----|
| 80026332 | MK 10 | MAN |
|----------|-------|-----|

**<sup>ST</sup> 25mmol Long Acting Tablet**

|          |               |     |
|----------|---------------|-----|
| 80011428 | M-K EFFERLYTE | MAN |
|----------|---------------|-----|

**SODIUM CHLORIDE****0.9% Inhalation Diluent**

|          |                     |     |
|----------|---------------------|-----|
| 02094657 | BACTERIOSTATIC NACL | BIO |
| 00801267 | SODIUM CHLORIDE     |     |
| 02058235 | SODIUM CHLORIDE     | BDH |

**0.9% Injection**

|          |                                   |     |
|----------|-----------------------------------|-----|
| 00037818 | BACTERIOSTATIC SODIUM<br>CHLORIDE | ABB |
| 00037796 | SODIUM CHLORIDE                   | HOS |
| 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<br>SULFONA | PMS |

**40:18.00 ION-REMOVING AGENTS****SODIUM POLYSTYRENE SULFONATE****250mg/mL Oral Suspension**

|          |                             |     |
|----------|-----------------------------|-----|
| 00769541 | PMS-SOD POLYSTYRENE<br>SULF | PMS |
|----------|-----------------------------|-----|

**250mg/mL Retention Enema**

|          |                             |     |
|----------|-----------------------------|-----|
| 00769533 | PMS-SOD POLYSTYRENE<br>SULF | PMS |
|----------|-----------------------------|-----|

**40:18.19 PHOSPHATE - REMOVING AGENTS****LANTHANUM**

Limited use benefit (prior approval required)

For patients with elevated phosphate levels or elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminum based binders) OR

For patients with elevated calcium levels despite discontinuation of calcium binder, and vitamin D analogue and/or modification of dialysate calcium OR

For patients with adynamic bone disease and low PTH levels (< 100 pg/ml or < 9 pmol/L) with normal or elevated calcium

**250mg Chewable Tablet**

|          |          |     |
|----------|----------|-----|
| 02287145 | FOSRENOL | SHI |
|----------|----------|-----|

**500mg Chewable Tablet**

|          |          |     |
|----------|----------|-----|
| 02287153 | FOSRENOL | SHI |
|----------|----------|-----|

**750mg Chewable Tablet**

|          |          |     |
|----------|----------|-----|
| 02287161 | FOSRENOL | SHI |
|----------|----------|-----|

**1000mg Chewable Tablet**

|          |          |     |
|----------|----------|-----|
| 02287188 | FOSRENOL | SHI |
|----------|----------|-----|

**SEVELAMER HCL**

Limited Use Benefit (Prior approval required).

a. - patients with elevated phosphate levels OR elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminium based binders)

b. - patients with elevated calcium levels despite discontinuation of calcium binder, and Vitamin D analogue and/or modification of dialysate calcium

c. - patients with adynamic bone disease and low PTH levels (<100 pg/ml or <0.9 pmol/L) with normal or elevated calcium levels

**800mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02244310 | RENAGEL | SAC |
|----------|---------|-----|

**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****<sup>ST</sup> 25mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02258528 | EDECIN | FRS |
|----------|--------|-----|

**FUROSEMIDE****<sup>ST</sup> 10mg/mL Solution**

|          |       |     |
|----------|-------|-----|
| 02224720 | LASIX | SAC |
|----------|-------|-----|

**<sup>ST</sup> 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 |
|----------|----------------|-----|

**<sup>ST</sup> 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 |
|----------|----------------|-----|

**<sup>ST</sup> 80mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00707570 | APO-FUROSEMIDE | APX |
|----------|----------------|-----|

|          |            |     |
|----------|------------|-----|
| 00667080 | FUROSEMIDE | PDL |
|----------|------------|-----|

|          |            |     |
|----------|------------|-----|
| 02351447 | FUROSEMIDE | SAN |
|----------|------------|-----|

|          |             |     |
|----------|-------------|-----|
| 00765953 | NOVO-SEMIDE | TEV |
|----------|-------------|-----|

**<sup>ST</sup> 500mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 02224755 | LASIX SPECIAL | SAC |
|----------|---------------|-----|

**40:28.16 POTASSIUM SPARING DIURETICS****AMILORIDE HCL****<sup>ST</sup> 5mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02249510 | MIDAMOR | AAP |
|----------|---------|-----|

**AMILORIDE HCL, HYDROCHLOROTHIAZIDE****<sup>ST</sup> 5mg & 50mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00870943 | AMI-HYDRO | PDL |
|----------|-----------|-----|

|          |              |     |
|----------|--------------|-----|
| 00784400 | APO-AMILZIDE | APX |
|----------|--------------|-----|

|          |           |     |
|----------|-----------|-----|
| 01937219 | NOVAMILOR | TEV |
|----------|-----------|-----|

**TRIAMTERENE, HYDROCHLOROTHIAZIDE****<sup>ST</sup> 50mg & 25mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00441775 | APO-TRIAZIDE | APX |
|----------|--------------|-----|

|          |                |     |
|----------|----------------|-----|
| 00532657 | NOVO-TRIAMZIDE | TEV |
|----------|----------------|-----|

|          |              |     |
|----------|--------------|-----|
| 00519367 | PRO-TRIAZIDE | PRO |
|----------|--------------|-----|

**40:28.20 TIAZIDE DIURETICS****EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                               |     |
|----------|-------------------------------|-----|
| 99503000 | HYDROCHLOROTHIAZIDE<br>5MG/ML | UNK |
|----------|-------------------------------|-----|



**40:28.20 THIAZIDE DIURETICS****HYDROCHLOROTHIAZIDE**<sup>ST</sup> **12.5mg Tablet**

|          |                              |     |
|----------|------------------------------|-----|
| 02327856 | APO-HYDRO                    | APX |
| 02425947 | MINT-<br>HYDROCHLOROTHIAZIDE | MIN |
| 02274086 | PMS-HYDROCHLOROTHIAZIDE      | BMI |

<sup>ST</sup> **25mg Tablet**

|          |                              |     |
|----------|------------------------------|-----|
| 00326844 | APO-HYDROCHLOROTHIAZIDE      | APX |
| 02247170 | BIO-HYDROCHLOROTHIAZIDE      | BMI |
| 00341975 | HYDROCHLOROTHIAZIDE          | PDL |
| 02360594 | HYDROCHLOROTHIAZIDE          | SAN |
| 02426196 | MINT-<br>HYDROCHLOROTHIAZIDE | MIN |
| 00021474 | NOVO-HYDRAZIDE               | TEV |
| 02247386 | PMS-HYDROCHLOROTHIAZIDE      | PMS |

<sup>ST</sup> **50mg Tablet**

|          |                              |     |
|----------|------------------------------|-----|
| 00312800 | APO-HYDRO                    | APX |
| 02247171 | BIO-HYDROCHLOROTHIAZIDE      | BMI |
| 02360608 | HYDROCHLOROTHIAZIDE          | SAN |
| 02426218 | MINT-<br>HYDROCHLOROTHIAZIDE | MIN |
| 00021482 | NOVO-HYDRAZIDE               | TEV |
| 02247387 | PMS-HYDROCHLOROTHIAZIDE      | PMS |

<sup>ST</sup> **100mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00644552 | APO-HYDRO | APX |
|----------|-----------|-----|

**40:28.24 THIAZIDE LIKE DIURETICS****CHLORTHALIDONE**<sup>ST</sup> **50mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00360279 | CHLORTHALIDONE | AAP |
|----------|----------------|-----|

<sup>ST</sup> **100mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 00360287 | APO-CHLORTHALIDONE | APX |
|----------|--------------------|-----|

**INDAPAMIDE**<sup>ST</sup> **1.25mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02245246 | APO-INDAPAMIDE   | APX |
| 02239913 | DOM-INDAPAMIDE   | DPC |
| 02445824 | INDAPAMIDE       | SAN |
| 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 |

<sup>ST</sup> **2.5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02223678 | APO-INDAPAMIDE   | APX |
| 02239917 | DOM-INDAPAMIDE   | DPC |
| 02445832 | INDAPAMIDE       | SAN |
| 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 |

**40:28.24 THIAZIDE LIKE DIURETICS****METOLAZONE**<sup>ST</sup> **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.

<sup>ST</sup> **4mg Chewable Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02410265 | ACH-MONTELUKAST    | ACC |
| 02377608 | APO-MONTELUKAST    | APX |
| 02422867 | AURO-MONTELUKAST   | AUR |
| 02382458 | MONTELUKAST        | SIV |
| 02380749 | MYLAN-MONTELUKAST  | MYL |
| 02354977 | PMS-MONTELUKAST    | PMS |
| 02330385 | SANDOZ MONTELUKAST | TEP |
| 02243602 | SINGULAIR          | FRS |
| 02355507 | TEVA- MONTELUKAST  | TEP |

<sup>ST</sup> **5mg Chewable Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02410273 | ACH-MONTELUKAST    | ACC |
| 02377616 | APO-MONTELUKAST    | APX |
| 02422875 | AURO-MONTELUKAST   | AUR |
| 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 |

<sup>ST</sup> **4mg Granules**

|          |                    |     |
|----------|--------------------|-----|
| 02358611 | SANDOZ MONTELUKAST | SDZ |
| 02247997 | SINGULAIR          | FRS |

<sup>ST</sup> **4mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02399865 | MAR-MONTELUKAST  | MAR |
| 02408627 | MINT-MONTELUKAST | MIN |
| 02379317 | MONTELUKAST      | SAN |
| 02379821 | MONTELUKAST      | PDL |
| 02402793 | RAN-MONTELUKAST  | RBV |

<sup>ST</sup> **5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02399873 | MAR-MONTELUKAST  | MAR |
| 02408635 | MINT-MONTELUKAST | MIN |
| 02379848 | MONTELUKAST      | PDL |
| 02402807 | RAN-MONTELUKAST  | RBV |

**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.

<sup>ST</sup> **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    | RBV |
| 02398826 | RIVA-MONTELUKAST   | 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.

<sup>ST</sup> **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 |
| 02422727 | MINT-OLOPATADINE   | MIN |
| 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 |
| 00861383 | PMS-CHLORAMPHENICOL | PMS |

#### 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 |
|----------|------------|-----|

### 52:04.04 EENT - ANTIBACTERIALS

#### GATIFLOXACIN

##### 0.3% Ophth Solution

|          |       |     |
|----------|-------|-----|
| 02257270 | ZYMAR | ALL |
|----------|-------|-----|

#### 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

Limited use benefit (prior approval not required).

Coverage will be limited to 14 tablets every 14 days, followed by a 14 days lockout.

##### 0.5% Ophth Solution

|          |                     |     |
|----------|---------------------|-----|
| 02404656 | ACT MOXIFLOXACIN    | ATP |
| 02406373 | APO-MOXIFLOXACIN    | APX |
| 02432218 | PMS-MOXIFLOXACIN    | PMS |
| 02411520 | SANDOZ MOXIFLOXACIN | SDZ |

#### 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 |
| 00838934 | PMS-SULFACETAMIDE | PMS |

#### TOBRAMYCIN

##### 0.3% Ophth Ointment

|          |       |     |
|----------|-------|-----|
| 00614254 | TOBEX | ALC |
|----------|-------|-----|

##### 0.3% Ophth Solution

|          |                   |     |
|----------|-------------------|-----|
| 02241755 | SANDOZ-TOBRAMYCIN | SDZ |
| 00513962 | TOBEX             | ALC |

**52:04.20 EENT - ANTIVIRALS****TRIFLURIDINE**

1% Opth 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% &amp; 0.3% Opth Ointment

00586706 GARASONE SCH

**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% Opth Ointment

00042579 MAXIDEX ALC

0.1% Opth Solution

02023865 DIODEX DKT  
00785261 PMS-DEXAMETHASONE PMS  
00739839 SANDOZ-DEXAMETHASONE SDZ

0.1% Opth Suspension

00042560 MAXIDEX ALC

**DEXAMETHASONE, TOBRAMYCIN**

0.1% &amp; 0.3% Opth Ointment

00778915 TOBRADEX ALC

0.1% &amp; 0.3% Opth Suspension

00778907 TOBRADEX ALC

**FLUMETHASONE PIVALATE, CLIOQUINOL**

0.02% &amp; 1% Otic Solution

00074454 LOCACORTEN VIOFORM PAL

**FLUNISOLIDE**

0.25mg/mL Nasal Spray

02239288 APO-FLUNISOLIDE APX

**FLUOROMETHOLONE**

0.1% Opth Solution

02238568 PMS-FLUOROMETHOLONE PMS  
00432814 SANDOZ FLUOROMETHOLONE SDZ

0.1% Opth Suspension

00247855 FML ALL

0.25% Opth Suspension

00707511 FML FORTE ALL

**52:08.08 EENT - CORTICOSTEROIDS****FLUOROMETHOLONE ACETATE**

0.1% Opth 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 &amp; 0.05mg/mL &amp; 0.5mg Opth/Otic Solution

02224623 SOFRACORT EYE/EAR SAC

**MOMETASONE FUROATE**

50mcg Nasal Spray

02403587 APO-MOMETASONE APX  
02238465 NASONEX SCH**PREDNISOLONE ACETATE**

0.12% Opth Suspension

00299405 PRED MILD ALL

1% Opth Suspension

00301175 PRED FORTE ALL  
00700401 RATIO-PREDNISOLONE RPH  
01916203 SANDOZ-PREDNISOLONE SDZ**PREDNISOLONE ACETATE, SULFACETAMIDE  
SODIUM**

0.2% &amp; 10% Opth Ointment

00307246 BLEPHAMIDE ALL

0.2% &amp; 10% Opth Suspension

00807788 BLEPHAMIDE ALL

0.5% &amp; 10% Opth Suspension

02023814 DIOPTIMYD DKT

**PREDNISOLONE SODIUM PHOSPHATE**

0.5% Opth 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% Opth Solution

02441020 APO-DICLOFENAC APX  
01940414 VOLTAREN NVR**KETOROLAC TROMETHAMINE**

0.45% Opth Solution

02369362 ACUVAIL ALL

**52:08.20 EENT - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****KETOROLAC TROMETHAMINE****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 | NAPHCN FORTE | ALC |

**PHENYLEPHRINE HCL****0.12% Ophth Solution**

|          |                   |     |
|----------|-------------------|-----|
| 00395161 | PREFRIN LIQUIFILM | ALL |
|----------|-------------------|-----|

**2.5% Ophth Solution**

|          |                      |     |
|----------|----------------------|-----|
| 02027100 | DIONEPRINE           | 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)****0.15% Ophth Solution**

|          |                   |     |
|----------|-------------------|-----|
| 02248151 | ALPHAGAN P        | ALL |
| 02301334 | APO-BRIMONIDINE P | APX |

**52:40.04 EENT - ALPHA-ADRENERGIC AGONISTS****BRIMONIDINE TARTRATE, TIMOLOL MALEATE**

0.2% & 0.5% Opth Solution  
02248347 COMBIGAN ALL

**52:40.08 EENT - BETA-ADRENERGIC BLOCKING AGENTS****BETAXOLOL HCL**

0.5% Opth Solution  
02235971 SANDOZ-BETAXOLOL SDZ

0.25% Opth Suspension  
01908448 BETOPTIC S ALC

**LEVOBUNOLOL HCL**

0.25% Opth Solution  
02241575 APO-LEVOBUNOLOL APX  
00751286 BETAGAN ALL  
02031159 RATIO-LEVOBUNOLOL RPH

0.5% Opth Solution  
00637661 BETAGAN ALL  
02237991 PMS-LEVOBUNOLOL PMS  
02031167 RATIO-LEVOBUNOLOL RPH  
02241716 SANDOZ-LEVOBUNOLOL SDZ

**TIMOLOL MALEATE**

0.25% Long Acting Opth Solution  
02171880 TIMOPTIC-XE FRS

0.5% Long Acting Opth Solution  
02171899 TIMOPTIC-XE FRS

0.25% Opth Gel Solution  
02242275 TIMOLOL MALEATE-EX PMS

0.5% Opth Gel Solution  
02290812 APO-TIMOP APX  
02242276 TIMOLOL MALEATE-EX PMS

0.25% Opth Solution  
00755826 APO-TIMOP APX  
02238770 DOM-TIMOLOL DPC  
02048523 NOVO-TIMOL TEV  
02083353 PMS-TIMOLOL PMS

0.5% Opth Solution  
00755834 APO-TIMOP APX  
02238771 DOM-TIMOLOL DPC  
02447800 JAMP-TIMOLOL JAP  
02083345 PMS-TIMOLOL PMS  
02166720 SANDOZ-TIMOLOL SDZ  
00451207 TIMOPTIC FRS

**52:40.12 EENT - CARBONIC ANHYDRASE INHIBITORS****ACETAZOLAMIDE**

250mg Tablet  
00545015 ACETAZOLAMIDE AAP

**52:40.12 EENT - CARBONIC ANHYDRASE INHIBITORS****BRINZOLAMIDE**

1% Opth Suspension  
02238873 AZOPT ALC

**BRINZOLAMIDE/TIMOLOL MALEATE**

1%/0.5% Opth Solution  
02331624 AZARGA ALC

**DORZOLAMIDE HCL**

2% Opth Solution  
02216205 TRUSOPT FRS

20mg/mL Opth Solution  
02316307 SANDOZ DORZOLAMIDE SDZ

**DORZOLAMIDE HCL, TIMOLOL MALEATE**

20mg & 5mg/mL Opth Solution  
02404389 ACT DORZOTIMOLOL ATP  
02299615 APO-DORZO-TIMOP APX  
02240113 COSOPT FRS  
02442426 PMS-DORZOLAMIDE-TIMOLOL PMS  
02441659 RIVA-DORZOLAMIDE/TIMOLOL RIV  
02344351 SANDOZ DORZOLAMIDE/TIMOLOL SDZ  
02320525 TEVA-DORZOTIMOL TEP

**METHAZOLAMIDE**

50mg Tablet  
02245882 METHAZOLAMIDE AAP

**52:40.20 EENT - MIOTICS****CARBACHOL**

0.01% Opth Solution  
00042544 MIOSTAT ALC

3% Opth Solution  
00000663 ISOPTO CARBACHOL ALC

**PILOCARPINE HCL**

4% Opth Gel  
00575240 PILOPINE HS ALC

1% Opth Solution  
00000841 ISOPTO CARPINE ALC  
02229556 PILOCARPINE SCN

2% Opth Solution  
00000868 ISOPTO CARPINE ALC

4% Opth Solution  
02023733 DIOCARPINE DKT  
00000884 ISOPTO CARPINE ALC

**PILOCARPINE NITRATE**

2% Opth Solution  
02148463 PILOCARPINE NITRATE NVR  
MINIMS

**52:40.28 EENT - PROSTAGLANDIN AGENTS****BIMATOPROST****0.01% Ophth Solution**

|          |                     |     |
|----------|---------------------|-----|
| 02324997 | LUMIGAN             | ALL |
| 09857368 | LUMIGAN RC 5ML (ON) | 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 |
| 02341085 | RIVA-LATANOPROST   | RIV |
| 02367335 | SANDOZ LATANOPROST | SDZ |
| 02231493 | XALATAN            | PFI |

**LATANOPROST/TIMOLOL MALEATE****0.005% & 0.5% Ophth Solution**

|          |                               |     |
|----------|-------------------------------|-----|
| 02436256 | ACT LATANOPROST/TIMOLOL       | ATP |
| 02414155 | APO-LATANOPROST-TIMOP         | APX |
| 02373068 | GD-LATANOPROST/TIMOLOL        | PFI |
| 02404591 | PMS-LATANOPROST-TIMOLOL       | PMS |
| 02394685 | SANDOZ<br>LATANOPROST/TIMOLOL | SDZ |
| 02393921 | TEVA-<br>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 |
|----------|---------|-----|

**52:92.00 MISCELLANEOUS EENT DRUGS****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 |

**15% & 20% Nasal Spray**

|          |                        |     |
|----------|------------------------|-----|
| 00732230 | LUBRICATING NASAL MIST | PMS |
| 02354551 | RHINARIS NASAL MIST    | PED |

**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 | HYPOTEARIS | NVR |
|----------|------------|-----|

**POLYVINYL ALCOHOL****1% Ophth Solution**

|          |            |     |
|----------|------------|-----|
| 02133253 | HYPOTEARIS | 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 |
|----------|------------------------|-----|

**PROPYLENE GLYCOL, MACROGOL****<sup>ST</sup> Gel**

|          |                    |     |
|----------|--------------------|-----|
| 02352699 | RHINARIS NASAL GEL | PED |
|----------|--------------------|-----|

**52:92.00 MISCELLANEOUS EENT DRUGS****RANIBIZUMAB**

Limited use benefit (prior approval required).

For the treatment of:

- Diabetic Macular Edema (DME)
- Wet Age-Related Macular Degeneration (w-AMD)
- Retinal Vein Occlusion (RVO)
- Choroidal Neovascularization secondary to pathologic myopia (mCNV)

Criteria for coverage of ranibizumab (Lucentis) for DME, RVO, mCNV 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.

For the treatment of RVO for patients who meet one of the following:

- Clinically significant macular edema secondary to branch retinal vein occlusion (BRVO); OR
- Central retinal vein occlusion (CRVO).

·Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on ranibizumab treatment. Thereafter patients should be monitored monthly for visual acuity.

·Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive monthly assessments.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For the treatment of mCNV for patients who meet the

**52:92.00 MISCELLANEOUS EENT DRUGS**

following:

Visual impairment due to choroidal neovascularization secondary to pathologic myopia (mCNV).

Treatment is initiated with a single intravitreal injection.

Monitoring is recommended monthly for the first two months and at least every three months thereafter during the first year. If monitoring reveals signs of disease activity (e.g. reduced visual acuity and/or signs of lesion activity), further treatment is recommended at a frequency of 1 injection per month until no disease activity is seen.

**10mg/mL Injection**

|          |              |     |
|----------|--------------|-----|
| 02296810 | LUCENTIS     | TEV |
| 02425629 | LUCENTIS PFS | NOV |

**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 |
|----------|----------------|-----|

**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**<sup>ST</sup> **0.2mg/mL Liquid**

02192667 DIARR-EZE PMS

02016095 PMS-LOPERAMIDE PMS

<sup>ST</sup> **2mg/15mL Liquid**

02291800 IMODIUM CALMING LIQUID JNO

<sup>ST</sup> **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**<sup>ST</sup> **5mg Delayed Release Tablet**

02273411 BISACODYL-ODAN ODN

<sup>ST</sup> **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**<sup>ST</sup> **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**<sup>ST</sup> **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

<sup>ST</sup> **200mg Capsule**

02029529 SOFLAX PMS

<sup>ST</sup> **250mg Capsule**

02006596 SELAX ODN

<sup>ST</sup> **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**<sup>ST</sup> **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 |

<sup>ST</sup> **20mg/mL Syrup**

|          |                 |     |
|----------|-----------------|-----|
| 02283239 | DOCUSATE SODIUM | JMP |
|----------|-----------------|-----|

<sup>ST</sup> **50mg/mL Syrup**

|          |                     |     |
|----------|---------------------|-----|
| 02283220 | DOCUSATE SODIUM     | JMP |
| 00848417 | PMS-DOCUSATE SODIUM | PMS |

**DOCUSATE SODIUM, SENNA**<sup>ST</sup> **50mg & 187mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00026123 | SENOKOT S | PFR |
|----------|-----------|-----|

<sup>ST</sup> **50mg & 8.6mg Tablet**

|          |             |     |
|----------|-------------|-----|
| 02247390 | EURO-SENNAS | 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**<sup>ST</sup> **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 |

**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 |
|----------|-----------|-----|

**56:12.00 CATHARTICS AND LAXATIVES****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 |
| 02318164 | RESTORALAX | BAY |

**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**<sup>ST</sup> **1.7mg/ML Liquid**

|          |             |     |
|----------|-------------|-----|
| 80024394 | JAMP-SENNAS | JAP |
| 02144379 | SENNALAX    | PMS |
| 02084651 | SENNAPREP   | PMS |
| 00367729 | SENOKOT     | PFR |

<sup>ST</sup> **12mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 80055641 | M-SENNOSIDES | MAN |
|----------|--------------|-----|

<sup>ST</sup> **8.6mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 80019511 | BIO-SENNOSIDES  | BMI |
| 02247389 | EURO-SENNAS     | EUR |
| 80009595 | JAMP-SENNAS     | JAP |
| 80009182 | JAMP-SENNOSIDES | JMP |
| 80043280 | M-SENNOSIDES    | MAN |
| 00896411 | PMS-SENNOSIDES  | PMS |
| 01949292 | RIVA-SENNAS     | RIV |
| 02237105 | SENNAS LAXATIVE | SDR |
| 02068109 | SENNATAB        | PMS |
| 00026158 | SENOKOT         | PFR |

<sup>ST</sup> **12mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 80009183 | JAMP-SENNOSIDES | JMP |
| 00896403 | PMS-SENNOSIDES  | PMS |

**SODIUM BIPHOSPHATE****2.4gm Oral Liquid**

|          |                       |     |
|----------|-----------------------|-----|
| 80034416 | JAMP-SODIUM PHOSPHATE | JAP |
|----------|-----------------------|-----|

**56:12.00 CATHARTICS AND LAXATIVES****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****EXTEMPORANEOUS MIXTURE**

**Oral Solution**  
99503024 UROSODIOL 50MG/ML UNK

**URSODIOL**

<sup>ST</sup> **250mg Tablet**  
02281317 PHL-URSODIOL C PHH  
02273497 PMS-URSODIOL PMS  
02238984 URSO AXC

<sup>ST</sup> **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**

**Oral Liquid**  
99100157 LACTEEZE DROPS AUP

**Tablet**  
02231507 LACTAID ULTRA JNO

**3,000U Tablet**  
02200384 DAIRY DIGESTIVE PER  
02239139 DAIRY DIGESTIVE SDR  
01951637 DAIRY AID TAN  
02230653 LACTAID JNO  
02017512 LACTOMAX KIN

**4,500U Tablet**  
02239140 DAIRY DIGESTIVE EXTRA SDR  
STRENGTH  
02230654 LACTAID EXTRA STRENGTH JNO  
02224909 LACTOMAX EXTRA KIN

**56:16.00 DIGESTANTS****LIPASE, AMYLASE, PROTEASE**

<sup>ST</sup> **6,000U & 30,000U & 19,000U Capsule**  
02415194 CREON MINIMICROSPHERES 6 ABB

<sup>ST</sup> **8,000U & 30,000U & 30,000U Capsule**  
00263818 COTAZYM ORG

<sup>ST</sup> **4,000U & 12,000U & 12,000U Capsule (Enteric Coated Particles)**  
00789445 PANCREASE MT 4 JNO

<sup>ST</sup> **4,500U & 20,000U & 25,000U Capsule (Enteric Coated Particles)**  
02203324 ULTRASE MS 4 AXC

<sup>ST</sup> **8,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)**  
00502790 COTAZYM ECS 8 ORG

<sup>ST</sup> **10,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)**  
00789437 PANCREASE MT 10 JNO

<sup>ST</sup> **10,000U & 33,200U & 37,500U Capsule (Enteric Coated Particles)**  
02200104 CREON 10 MINIMICROSPHERES SPH

<sup>ST</sup> **12,000U & 39,000U & 39,000U Capsule (Enteric Coated Particles)**  
02045834 ULTRASE MT 12 AXC

<sup>ST</sup> **16,000U & 48,000U & 48,000U Capsule (Enteric Coated Particles)**  
00789429 PANCREASE MT 16 JNO

<sup>ST</sup> **20,000U & 55,000U & 55,000U Capsule (Enteric Coated Particles)**  
00821373 COTAZYM ECS 20 ORG

<sup>ST</sup> **20,000U & 65,000 & 65,000U Capsule (Enteric Coated Particles)**  
02045869 ULTRASE MT 20 AXC

<sup>ST</sup> **25,000U & 74,000U & 62,500U Capsule (Enteric Coated Particles)**  
01985205 CREON 25 MINIMICROSPHERES SPH

<sup>ST</sup> **8,000U & 30,000U & 30,000U Tablet**  
02230019 VIOKASE AXC

<sup>ST</sup> **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**

<sup>ST</sup> **50mg Tablet**  
02377179 MOTION SICKNESS ATM

**56:22.08 ANTIHISTAMINES****DIMENHYDRINATE****50mg/mL Injection**

|          |                |     |
|----------|----------------|-----|
| 00392537 | DIMENHYDRINATE | SDZ |
| 00013579 | GRAVOL         | HOR |

<sup>ST</sup> **3mg/mL Liquid**

|          |        |     |
|----------|--------|-----|
| 00230197 | GRAVOL | HOR |
|----------|--------|-----|

**25mg Suppository**

|          |        |     |
|----------|--------|-----|
| 00783595 | GRAVOL | HOR |
|----------|--------|-----|

**50mg Suppository**

|          |                |     |
|----------|----------------|-----|
| 00392553 | DIMENHYDRINATE | SDZ |
|----------|----------------|-----|

**100mg Suppository**

|          |              |     |
|----------|--------------|-----|
| 00013609 | GRAVOL ADULT | HOR |
|----------|--------------|-----|

<sup>ST</sup> **15mg Tablet**

|          |        |     |
|----------|--------|-----|
| 00511196 | GRAVOL | HOR |
|----------|--------|-----|

<sup>ST</sup> **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**<sup>ST</sup> **10mg & 10mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00609129 | DICLECTIN | DUI |
|----------|-----------|-----|

**56:22.20 5-HT3 RECEPTOR ANTAGONISTS****DOLASETRON MESYLATE**<sup>ST</sup> **100mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02231379 | ANZEMET | SAC |
|----------|---------|-----|

**GRANISETRON**<sup>ST</sup> **1mg Tablet**

|          |             |     |
|----------|-------------|-----|
| 02308894 | GRANISETRON | AAP |
| 02185881 | KYTRIL      | HLR |

**ONDANSETRON HCL DIHYDRATE**<sup>ST</sup> **0.8mg/mL Liquid**

|          |             |     |
|----------|-------------|-----|
| 02291967 | ONDANSETRON | AAP |
| 02229639 | ZOFRAN      | GSK |

<sup>ST</sup> **4mg Orally Disintegrating Tablet**

|          |            |     |
|----------|------------|-----|
| 02239372 | ZOFRAN ODT | GSK |
|----------|------------|-----|

<sup>ST</sup> **8mg Orally Disintegrating Tablet**

|          |            |     |
|----------|------------|-----|
| 02239373 | ZOFRAN ODT | GSK |
|----------|------------|-----|

**56:22.20 5-HT3 RECEPTOR ANTAGONISTS****ONDANSETRON HCL DIHYDRATE**<sup>ST</sup> **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 |
| 02417839 | NAT-ONDANSETRON    | NPH |
| 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    | RBV |
| 02278529 | RATIO-ONDANSETRON  | RPH |
| 02274310 | SANDOZ-ONDANSETRON | SDZ |
| 02376091 | SEPTA-ONDANSETRON  | SPT |
| 02213567 | ZOFRAN             | GSK |
| 02344440 | ZYM-ONDANSETRON    | ZYM |

<sup>ST</sup> **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 |
| 02417847 | NAT-ONDANSETRON    | NPH |
| 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    | RBV |
| 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)

<sup>ST</sup> **80mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02298791 | EMEND | FRS |
|----------|-------|-----|

<sup>ST</sup> **125mg Capsule**

|          |       |     |
|----------|-------|-----|
| 02298805 | EMEND | FRS |
|----------|-------|-----|

<sup>ST</sup> **125mg & 80mg Capsule**

|          |                |     |
|----------|----------------|-----|
| 02298813 | EMEND TRI PACK | FRS |
|----------|----------------|-----|

**56:22.92 MISCELLANEOUS ANTIEMETICS****EXTEMPORANEOUS MIXTURE****Oral Solution**

99503005 DOMPERIDONE 1MG/ML UNK

**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  | RBV |
| 02392925 | TEVA-NABILONE | TEP |

**0.5mg Capsule**

|          |               |     |
|----------|---------------|-----|
| 02393581 | ACT-NABILONE  | ATP |
| 02256193 | CESAMET       | VAE |
| 02380900 | PMS-NABILONE  | PMS |
| 02358085 | RAN-NABILONE  | RBV |
| 02384884 | TEVA-NABILONE | TEP |

**1mg Capsule**

|          |               |     |
|----------|---------------|-----|
| 02393603 | ACT-NABILONE  | ATP |
| 00548375 | CESAMET       | VAE |
| 02380919 | PMS-NABILONE  | PMS |
| 02358093 | RAN-NABILONE  | RBV |
| 02384892 | TEVA-NABILONE | TEP |

**56:28.12 HISTAMINE H2-ANTAGONISTS****CIMETIDINE****<sup>ST</sup> 200mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 00584215 | APO-CIMETIDINE | APX |
| 02229717 | PMS-CIMETIDINE | PMS |
| 00582409 | TEVA-CIMETINE  | TEV |

**<sup>ST</sup> 300mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00487872 | APO-CIMETIDINE   | APX |
| 02231287 | DOM-CIMETIDINE   | DPC |
| 02227444 | MYLAN-CIMETIDINE | MYL |
| 02229718 | PMS-CIMETIDINE   | PMS |
| 00582417 | TEVA-CIMETINE    | TEV |

**<sup>ST</sup> 400mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00600059 | APO-CIMETIDINE   | APX |
| 02231288 | DOM-CIMETIDINE   | DPC |
| 02227452 | MYLAN-CIMETIDINE | MYL |
| 02229719 | PMS-CIMETIDINE   | PMS |
| 00603678 | TEVA-CIMETINE    | TEV |

**<sup>ST</sup> 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 |

**56:28.12 HISTAMINE H2-ANTAGONISTS****CIMETIDINE****<sup>ST</sup> 800mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00749494 | APO-CIMETIDINE   | APX |
| 02227479 | MYLAN-CIMETIDINE | MYL |
| 02229721 | PMS-CIMETIDINE   | PMS |
| 00663727 | TEVA-CIMETINE    | TEV |

**FAMOTIDINE****<sup>ST</sup> 20mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 01953842 | APO-FAMOTIDINE   | APX |
| 02351102 | FAMOTIDINE       | SAN |
| 02196018 | MYLAN-FAMOTIDINE | MYL |
| 02022133 | NOVO-FAMOTIDINE  | TEV |
| 02237148 | ULCIDINE         | VAE |

**<sup>ST</sup> 40mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 01953834 | APO-FAMOTIDINE   | APX |
| 02351110 | FAMOTIDINE       | SAN |
| 02196026 | MYLAN-FAMOTIDINE | MYL |
| 02022141 | NOVO-FAMOTIDINE  | TEV |
| 02237149 | ULCIDINE         | VAE |

**NIZATIDINE****<sup>ST</sup> 150mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00778338 | AXID            | PHH |
| 02185814 | DOM-NIZATIDINE  | DPC |
| 02240457 | NOVO-NIZATIDINE | TEV |
| 02177714 | PMS-NIZATIDINE  | PMS |

**<sup>ST</sup> 300mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 00778346 | AXID            | PHH |
| 02238195 | NIZATIDINE      | PHH |
| 02240458 | NOVO-NIZATIDINE | TEV |
| 02177722 | PMS-NIZATIDINE  | PMS |

**RANITIDINE HCL****<sup>ST</sup> 15mg/mL Oral Solution**

|          |                 |     |
|----------|-----------------|-----|
| 02280833 | APO-RANITIDINE  | APX |
| 02242940 | NOVO-RANITIDINE | TEV |

**<sup>ST</sup> 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-RANITIDINE               | TEV |
| 02245782 | PHL-RANITIDINE                | PHH |
| 02242453 | PMS-RANITIDINE                | PMS |
| 00740748 | RANITIDINE                    | PDL |
| 02353016 | RANITIDINE                    | SAN |
| 02385953 | RANITIDINE                    | SIV |
| 02336480 | RAN-RANITIDINE                | RBV |
| 02247814 | RIVA-RANTIDINE                | RIV |
| 02243229 | SANDOZ-RANITIDINE             | SDZ |
| 02212331 | ZANTAC                        | GSK |

**56:28.12 HISTAMINE H2-ANTAGONISTS****RANITIDINE HCL**<sup>ST</sup> **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    | RBV |
| 00828688 | RATIO-RANITIDINE  | RPH |
| 02247815 | RIVA-RANITIDINE   | RIV |
| 02243230 | SANDOZ-RANITIDINE | SDZ |
| 02212358 | ZANTAC            | GSK |

**56:28.28 PROSTAGLANDINS****MISOPROSTOL**<sup>ST</sup> **100mcg Tablet**

|          |             |     |
|----------|-------------|-----|
| 02244022 | MISOPROSTOL | AAP |
|----------|-------------|-----|

<sup>ST</sup> **200mcg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02244023 | MISOPROSTOL     | AAP |
| 02244125 | PMS-MISOPROSTOL | PMS |

**56:28.32 PROTECTANTS****SUCRALFATE**<sup>ST</sup> **200mg/mL Suspension**

|          |               |     |
|----------|---------------|-----|
| 02103567 | SULCRATE PLUS | AXC |
|----------|---------------|-----|

<sup>ST</sup> **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 |
|----------|--------|-----|

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                     |     |
|----------|---------------------|-----|
| 99503010 | LANSOPRAZOLE 3MG/ML | UNK |
| 99503002 | OMEPRazole 2MG/ML   | UNK |

**56:28.36 PROTON-PUMP INHIBITORS****LANSOPRAZOLE**

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

<sup>ST</sup> **15mg Sustained Release Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02293811 | APO-LANSOPRAZOLE    | APX |
| 02357682 | LANSOPRAZOLE        | SAN |
| 02385767 | LANSOPRAZOLE        | SIV |
| 02433001 | LANSOPRAZOLE        | PMS |
| 02410370 | LANSOPRAZOLE-15     | SIV |
| 02353830 | MYLAN-LANSOPRAZOLE  | MYL |
| 02280515 | NOVO-LANSOPRAZOLE   | TEV |
| 02395258 | PMS-LANSOPRAZOLE    | PMS |
| 02165503 | PREVACID            | ABB |
| 02402610 | RAN-LANSOPRAZOLE    | RBV |
| 02422808 | RIVA-LANSOPRAZOLE   | RIV |
| 02385643 | SANDOZ LANSOPRAZOLE | SDZ |

<sup>ST</sup> **30mg Sustained Release Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02293838 | APO-LANSOPRAZOLE    | APX |
| 02414775 | DOM-LANSOPRAZOLE    | DOM |
| 02357690 | LANSOPRAZOLE        | SAN |
| 02366282 | LANSOPRAZOLE        | PDL |
| 02385775 | LANSOPRAZOLE        | SIV |
| 02433028 | LANSOPRAZOLE        | PMS |
| 02410389 | LANSOPRAZOLE-30     | SIV |
| 02353849 | MYLAN-LANSOPRAZOLE  | MYL |
| 02280523 | NOVO-LANSOPRAZOLE   | TEV |
| 02395266 | PMS-LANSOPRAZOLE    | PMS |
| 02165511 | PREVACID            | ABB |
| 02402629 | RAN-LANSOPRAZOLE    | RBV |
| 02422816 | RIVA-LANSOPRAZOLE   | RIV |
| 02385651 | SANDOZ LANSOPRAZOLE | SDZ |

**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.

<sup>ST</sup> **15mg Orally Disintegrating Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02249464 | PREVACID FASTAB | TAK |
|----------|-----------------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **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    | RBV |
| 02296446 | SANDOZ OMEPRAZOLE | SDZ |

<sup>ST</sup> **20mg Delayed Release Tablet**

|          |                         |     |
|----------|-------------------------|-----|
| 02190915 | LOSEC                   | AZC |
| 02416549 | OMEPRAZOLE MAGNESIUM DR | ACC |
| 02310260 | PMS-OMEPRAZOLE          | PMS |
| 02374870 | RAN-OMEPRAZOLE          | RBV |
| 02260867 | RATIO-OMEPRAZOLE        | RPH |
| 02295415 | TEVA-OMEPRAZOLE         | TEP |

<sup>ST</sup> **20mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02333430 | DOM-OMEPRAZOLE DR  | DOM |
| 02420198 | JAMP-OMEPRAZOLE DR | JAP |
| 02439549 | NAT-OMEPRAZOLE DR  | NPH |
| 02402416 | RIVA-OMEPRAZOLE DR | RIV |

**PANTOPRAZOLE MAGNESIUM**

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

<sup>ST</sup> **40mg Enteric Coated Tablet**

|          |                             |     |
|----------|-----------------------------|-----|
| 02408570 | MYLAN-PANTOPRAZOLE T        | MYL |
| 02441853 | PANTOPRAZOLE MAGNESIUM      | ASI |
| 02267233 | TECTA                       | NCC |
| 02440628 | TEVA-PANTOPRAZOLE MAGNESIUM | TEP |

**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.

<sup>ST</sup> **40mg Delayed Release Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02412969 | ABBOTT-PANTOPRAZOLE | ABB |
| 02292920 | APO-PANTOPRAZOLE    | APX |
| 02415208 | AURO-PANTOPRAZOLE   | AUR |
| 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 |
| 02437945 | PANTOPRAZOLE        | PMS |
| 02428180 | PANTOPRAZOLE-40     | SIV |
| 02307871 | PMS-PANTOPRAZOLE    | PMS |
| 02425378 | PRIVA-PANTOPRAZOLE  | PHA |
| 02305046 | RAN-PANTOPRAZOLE    | RBV |
| 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.

<sup>ST</sup> **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     | RBV |
| 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.

| <sup>ST</sup> <b>20mg Enteric Coated Tablet</b> |                    |     |
|---|--------------------|-----|
| 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    | RBV |
| 02330091  | RIVA-RABEPRAZOLE   | RIV |
| 02314185  | SANDOZ-RABEPRAZOLE | SDZ |

**56:32.00 PROKINETIC AGENTS****DOMPERIDONE MALEATE**

| <sup>ST</sup> <b>10mg Tablet</b> |                   |     |
|----------------------------------|-------------------|-----|
| 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   | RBV |
| 01912070                         | RATIO-DOMPERIDONE | RPH |

**METOCLOPRAMIDE HCL**

| <sup>ST</sup> <b>1mg/mL Oral Liquid</b> |                    |     |
|---|--------------------|-----|
| 02230433                                | PMS-METOCLOPRAMIDE | PMS |
| <sup>ST</sup> <b>5mg Tablet</b>         |                    |     |
| 00842826                                | APO-METOCLOP       | APX |
| 02230431                                | PMS-METOCLOPRAMIDE | PMS |
| <sup>ST</sup> <b>10mg Tablet</b>        |                    |     |
| 00842834                                | APO-METOCLOP       | APX |
| 02230432                                | PMS-METOCLOPRAMIDE | PMS |

**56:36.00 ANTI-INFLAMMATORY AGENTS****5-AMINOSALICYLIC ACID**

| <sup>ST</sup> <b>500mg Delayed Release Tablet</b> |          |     |
|---|----------|-----|
| 02099683  | PENTASA  | FEI |
| <b>2g/60g Enema</b>                               |          |     |
| 02112795  | SALOFALK | AXC |
| <b>4g/60g Enema</b>                               |          |     |
| 02112809  | SALOFALK | AXC |

**56:36.00 ANTI-INFLAMMATORY AGENTS****5-AMINOSALICYLIC ACID**

| <sup>ST</sup> <b>400mg Enteric Coated Tablet</b> |          |     |
|--|----------|-----|
| 01997580   | ASACOL   | PGP |
| <sup>ST</sup> <b>500mg Enteric Coated Tablet</b> |          |     |
| 02112787   | SALOFALK | AXC |
| <sup>ST</sup> <b>800mg Enteric Coated Tablet</b> |          |     |
| 02267217   | ASACOL   | WAC |
| <b>500mg Suppository</b>                         |          |     |
| 02112760   | SALOFALK | AXC |

**MESALAZINE**

| <b>1g/100mL Enema</b>                             |            |     |
|---|------------|-----|
| 02153521  | PENTASA    | FEI |
| <b>4g/100mL Enema</b>                             |            |     |
| 02153556  | PENTASA    | FEI |
| <sup>ST</sup> <b>400mg Enteric Coated Tablet</b>  |            |     |
| 02171929  | NOVO 5-ASA | TEV |
| <sup>ST</sup> <b>500mg Enteric Coated Tablet</b>  |            |     |
| 01914030  | MESASAL    | GSK |
| <sup>ST</sup> <b>1g Extended Release Tablet</b>   |            |     |
| 02399466  | PENTASA    | FEI |
| <sup>ST</sup> <b>1.2g Extended Release Tablet</b> |            |     |
| 02297558  | MEZAVANT   | SHI |
| <b>1g Suppository</b>                             |            |     |
| 02153564  | PENTASA    | FEI |
| <b>1000mg Suppository</b>                         |            |     |
| 02242146  | SALOFALK   | AXC |

**OLSALAZINE SODIUM**

| <sup>ST</sup> <b>250mg Capsule</b> |          |     |
|------------------------------------|----------|-----|
| 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**

01927604 MYOCHRYSINE SAC

02245458 SODIUM AUROTHIOMALATE SDZ

**64:00 HEAVY METAL ANTAGONISTS****64:00.00 HEAVY METAL ANTAGONISTS****EXTEMPORANEOUS MIXTURE****Injection**

|          |                   |     |
|----------|-------------------|-----|
| 99506016 | DEFEROXAMINE INJ. | UNK |
|----------|-------------------|-----|

**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

#### EXTEMPORANEOUS MIXTURE

##### Oral Solution

99503007 DEXAMETHASONE 1MG/ML UNK

99503008 PREDNISONE 5MG/ML UNK

#### 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

##### 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

**68:04.00 ADRENALS****METHYLPREDNISOLONE ACETATE****40mg/mL Suspension for Injection (Multi-Dose)**

01934333 DEPO-MEDROL PMJ

**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

00021695 NOVO-PREDNISONE TEP

00156876 PREDNISONE PRO

00271381 WINPRED VAE

**50mg Tablet**

00550957 APO-PREDNISONE APX

00232378 NOVO-PREDNISONE TEV

00607517 PREDNISONE PRO

**TRIAMCINOLONE ACETONIDE****40mg/mL Injection**

01977563 TRIAMCINOLONE CYX

**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

**68:08.00 ANDROGENS****TESTOSTERONE CYPIONATE****100mg/mL Injection**

00030783 DEPO-TESTOSTERONE PFI

02246063 TESTOSTERONE CYPIONATE SDZ

**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**<sup>ST</sup> **25mcg & 150mcg, 125mcg, 100mcg Tablet**

02272903 LINESSA 21 ORG

02257238 LINESSA 28 ORG

<sup>ST</sup> **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**<sup>ST</sup> **0.02mg & 3mg Tablet**

02415380 MYA 28 APX

02321157 YAZ BAY

<sup>ST</sup> **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**<sup>ST</sup> **30mcg & 2mg Tablet**

00469327 DEMULEN 30 21 PFI

00471526 DEMULEN 30 28 PFI

**ETHINYL ESTRADIOL, ETONOGESTREL**<sup>ST</sup> **2.6mg & 11.4mg Device**

02253186 NUVARING ORG

**ETHINYL ESTRADIOL, LEVONORGESTREL**<sup>ST</sup> **0.15mg & 0.03mg Tablet**

02296659 SEASONALE ACG

**68:12.00 CONTRACEPTIVES****ETHINYL ESTRADIOL, LEVONORGESTREL**

|  |              |     |
|--|--------------|-----|
| <sup>ST</sup> <b>0.15mg &amp; 0.03mg &amp; 0.01mg Tablet</b>                             |              |     |
| 02346176   | SEASONIQUE   | ACG |
| <sup>ST</sup> <b>20mcg &amp; 100mcg Tablet</b>   |              |     |
| 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 |
| <sup>ST</sup> <b>30mcg &amp; 0.05mg, 40mcg &amp; 0.075mg, 30mcg &amp; 0.125mg Tablet</b> |              |     |
| 00707600   | TRIQUILAR 21 | BEX |
| 00707503   | TRIQUILAR 28 | BEX |
| <sup>ST</sup> <b>30mcg &amp; 150mcg Tablet</b>   |              |     |
| 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**

|  |      |     |
|--|------|-----|
| <sup>ST</sup> <b>6mg &amp; 0.6mg Patch</b> |      |     |
| 02248297                                   | EVRA | JNO |

**ETHINYL ESTRADIOL, NORETHINDRONE**

|  |                    |     |
|--|--------------------|-----|
| <sup>ST</sup> <b>10mcg &amp; 1mg Tablet</b>                    |                    |     |
| 02417456   | LOLO               | WAC |
| <sup>ST</sup> <b>20mcg &amp; 1mg Tablet</b>                    |                    |     |
| 00315966   | MINESTRIN 1/20 21  | GCL |
| 00343838   | MINESTRIN 1/20 28  | GCL |
| <sup>ST</sup> <b>30mcg &amp; 1.5mg Tablet</b>                  |                    |     |
| 00297143   | LOESTRIN 1.5/30 21 | GCL |
| 00353027   | LOESTRIN 1.5/30 28 | GCL |
| <sup>ST</sup> <b>35mcg &amp; 0.5mg Tablet</b>                  |                    |     |
| 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 |
| <sup>ST</sup> <b>35mcg &amp; 0.5mg, 35mcg &amp; 1mg Tablet</b> |                    |     |
| 02187108   | SYNPHASIC 21       | PFI |
| 02187116   | SYNPHASIC 28       | PFI |
| <sup>ST</sup> <b>35mcg &amp; 1mg Tablet</b>                    |                    |     |
| 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 |

**68:12.00 CONTRACEPTIVES****ETHINYL ESTRADIOL, NORETHINDRONE**

|   |                |     |
|---|----------------|-----|
| <sup>ST</sup> <b>35mcg &amp; 500mcg, 35mcg &amp; 750mcg, 35mcg &amp; 1mg Tablet</b> |                |     |
| 00602957  | ORTHO 7/7/7 21 | JNO |
| 00602965  | ORTHO 7/7/7 28 | JNO |

**ETHINYL ESTRADIOL, NORGESTIMATE**

|  |                  |     |
|--|------------------|-----|
| <sup>ST</sup> <b>25mcg &amp; 0.180mg, 25mcg &amp; 0.215mg, 25mcg &amp; 0.25mg Tablet</b> |                  |     |
| 02401967   | TRICIRA LO 21    | APX |
| 02401975   | TRICIRA LO 28    | APX |
| 02258560   | TRI-CYCLEN LO 21 | JNO |
| 02258587   | TRI-CYCLEN LO 28 | JNO |
| <sup>ST</sup> <b>35mcg &amp; 0.180mg, 35mcg &amp; 0.215mg, 35mcg &amp; 0.25mg Tablet</b> |                  |     |
| 02028700   | TRI-CYCLEN 21    | JNO |
| 02029421   | TRI-CYCLEN 28    | JNO |
| <sup>ST</sup> <b>35mcg &amp; 0.25mg Tablet</b>   |                  |     |
| 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 |

**1.5mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02293854 | PLAN B | TEP |
|----------|--------|-----|

**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 |
| 02410303 | MOVISSE     | JPL |

**ULIPRISTAL ACETATE**

Limited use benefit (prior approval not required).

Coverage will be limited to 90 tablets, benefits only for women age 18 to 55 years.

<sup>ST</sup> **5mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02408163 | FIBRISTAL | ATP |
|----------|-----------|-----|

**68:16.04 ESTROGENS****CONJUGATED ESTROGENS**<sup>ST</sup> **0.3mg Extended Release Tablet**

|          |          |     |
|----------|----------|-----|
| 02414678 | PREMARIN | PFI |
|----------|----------|-----|

**68:16.04 ESTROGENS****CONJUGATED ESTROGENS**

|  |          |     |  |
|--|----------|-----|--|
| <sup>ST</sup> <b>0.625mg Extended Release Tablet</b> |          |     |  |
| 02414686   | PREMARIN | PFI |  |
| <sup>ST</sup> <b>1.25mg Extended Release Tablet</b>  |          |     |  |
| 02414694   | PREMARIN | PFI |  |
| <sup>ST</sup> <b>0.625mg/g Vaginal Cream</b>         |          |     |  |
| 02043440   | PREMARIN | WAY |  |

**CONJUGATED ESTROGENS,  
MEDROXYPROGESTERONE ACETATE**

|  |          |     |  |
|--|----------|-----|--|
| <sup>ST</sup> <b>0.625mg &amp; 2.5mg Kit</b> |          |     |  |
| 02242878                                     | PREMPLUS | WAY |  |
| <sup>ST</sup> <b>0.625mg &amp; 5mg Kit</b>   |          |     |  |
| 02242879                                     | PREMPLUS | WAY |  |

**ESTRADIOL**

|                                    |                           |     |  |
|------------------------------------|---------------------------|-----|--|
| <sup>ST</sup> <b>0.06% Gel</b>     |                           |     |  |
| 02238704                           | ESTROGEL                  | SCH |  |
| <sup>ST</sup> <b>0.25mg Gel</b>    |                           |     |  |
| 02377098                           | DIVIGEL                   | TEP |  |
| 02424924                           | DIVIGEL                   | TEP |  |
| <sup>ST</sup> <b>0.5mg Gel</b>     |                           |     |  |
| 02424835                           | DIVIGEL                   | TEP |  |
| <sup>ST</sup> <b>1mg Gel</b>       |                           |     |  |
| 02424843                           | DIVIGEL                   | TEP |  |
| <sup>ST</sup> <b>0.39mg Patch</b>  |                           |     |  |
| 02245676                           | ESTRADOT 25               | NVR |  |
| <sup>ST</sup> <b>0.585mg Patch</b> |                           |     |  |
| 02243999                           | ESTRADOT 37.5             | NVR |  |
| <sup>ST</sup> <b>0.78mg Patch</b>  |                           |     |  |
| 02244000                           | ESTRADOT 50               | NVR |  |
| <sup>ST</sup> <b>1.17mg Patch</b>  |                           |     |  |
| 02244001                           | ESTRADOT 75               | NVR |  |
| <sup>ST</sup> <b>1.56mg Patch</b>  |                           |     |  |
| 02244002                           | ESTRADOT 100              | NVR |  |
| <sup>ST</sup> <b>4mg Patch</b>     |                           |     |  |
| 02246967                           | SANDOZ-ESTRADIOL DERM 50  | SDZ |  |
| <sup>ST</sup> <b>5mg Patch</b>     |                           |     |  |
| 02243722                           | OESCLIM                   | SEA |  |
| <sup>ST</sup> <b>6mg Patch</b>     |                           |     |  |
| 02246968                           | SANDOZ-ESTRADIOL DERM 75  | SDZ |  |
| <sup>ST</sup> <b>8mg Patch</b>     |                           |     |  |
| 00756792                           | ESTRADERM 100             | NVR |  |
| 02246969                           | SANDOZ-ESTRADIOL DERM 100 | SDZ |  |
| <sup>ST</sup> <b>10mg Patch</b>    |                           |     |  |
| 02243724                           | OESCLIM                   | SEA |  |
| <sup>ST</sup> <b>0.5mg Tablet</b>  |                           |     |  |
| 02225190                           | ESTRACE                   | SHI |  |
| <sup>ST</sup> <b>1mg Tablet</b>    |                           |     |  |
| 02148587                           | ESTRACE                   | SHI |  |
| <sup>ST</sup> <b>2mg Tablet</b>    |                           |     |  |
| 02148595                           | ESTRACE                   | SHI |  |

**68:16.04 ESTROGENS****ESTRADIOL**

|   |             |     |  |
|---|-------------|-----|--|
| <sup>ST</sup> <b>2mg Vaginal Ring</b>     |             |     |  |
| 02168898                                  | ESTRING     | PMJ |  |
| <b>ESTRADIOL (ESTRADIOL HEMIHYDRATE)</b>  |             |     |  |
| <sup>ST</sup> <b>2mg Patch</b>            |             |     |  |
| 02247499                                  | CLIMARA 25  | BEX |  |
| <sup>ST</sup> <b>3.8mg Patch</b>          |             |     |  |
| 02231509                                  | CLIMARA 50  | BEX |  |
| <sup>ST</sup> <b>5.7mg Patch</b>          |             |     |  |
| 02247500                                  | CLIMARA 75  | BEX |  |
| <sup>ST</sup> <b>7.6mg Patch</b>          |             |     |  |
| 02231510                                  | CLIMARA 100 | BEX |  |
| <sup>ST</sup> <b>10mcg Vaginal Tablet</b> |             |     |  |
| 02325462                                  | VAGIFEM 10  | NOO |  |

**ESTRADIOL, LEVONORGESTREL**

|   |             |     |  |
|---|-------------|-----|--|
| <sup>ST</sup> <b>4.4mg &amp; 1.39mg Patch</b> |             |     |  |
| 02250616                                      | CLIMARA PRO | BAY |  |

**ESTRADIOL, NORETHINDRONE ACETATE**

|   |                |     |  |
|---|----------------|-----|--|
| <sup>ST</sup> <b>0.51mg &amp; 4.8mg Patch</b> |                |     |  |
| 02241837                                      | ESTALIS 250/50 | NVR |  |
| <sup>ST</sup> <b>0.62mg &amp; 2.7mg Patch</b> |                |     |  |
| 02241835                                      | ESTALIS 140/50 | NVR |  |

**ESTRONE**

|                            |          |     |  |
|----------------------------|----------|-----|--|
| <b>1mg/g Vaginal Cream</b> |          |     |  |
| 00727369                   | ESTRAGYN | SEA |  |

**ESTROPIPATE**

|                                    |           |     |  |
|------------------------------------|-----------|-----|--|
| <sup>ST</sup> <b>0.75mg Tablet</b> |           |     |  |
| 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.

|                    |                 |     |  |
|--------------------|-----------------|-----|--|
| <b>60mg Tablet</b> |                 |     |  |
| 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**

|                              |         |     |  |
|------------------------------|---------|-----|--|
| <b>2mg/mL Nasal Solution</b> |         |     |  |
| 02188783                     | SYNAREL | PFI |  |

**68:20.02 ALPHA-GLUCOSIDASE INHIBITORS****ACARBOSE**<sup>ST</sup> **50mg Tablet**

02190885 GLUCOBAY BAY

<sup>ST</sup> **100mg Tablet**

02190893 GLUCOBAY BAY

**68:20.04 BIGUANIDES****METFORMIN HCL**<sup>ST</sup> **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 JAP

BLACKBERRY

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

**68:20.04 BIGUANIDES****METFORMIN HCL**<sup>ST</sup> **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 JAP

BLACKBERRY

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

**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.

<sup>ST</sup> **50mg & 1000mg Tablet**

02333872 JANUMET FRS

<sup>ST</sup> **50mg & 500mg Tablet**

02333856 JANUMET FRS

<sup>ST</sup> **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.

<sup>ST</sup> **5mg Tablet**

02370921 TRAJENTA BOE

**68:20.05****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.

<sup>ST</sup> **2.5mg & 1000mg Tablet**

|          |            |     |
|----------|------------|-----|
| 02403250 | JENTADUETO | BOE |
| 02403277 | JENTADUETO | BOE |

<sup>ST</sup> **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.

<sup>ST</sup> **2.5mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02375842 | ONGLYZA | AZE |
|----------|---------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **2.5mg & 1000mg Tablet**

|          |            |     |
|----------|------------|-----|
| 02389185 | KOMBOGLYZE | AZE |
|----------|------------|-----|

<sup>ST</sup> **2.5mg & 500mg Tablet**

|          |            |     |
|----------|------------|-----|
| 02389169 | KOMBOGLYZE | AZE |
|----------|------------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **25mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02388839 | JANUVIA | MSP |
|----------|---------|-----|

<sup>ST</sup> **50mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02388847 | JANUVIA | MSP |
|----------|---------|-----|

<sup>ST</sup> **100mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02303922 | JANUVIA | FRS |
|----------|---------|-----|

**68:20.05****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.

<sup>ST</sup> **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 |
|----------|--------------------------|-----|

**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 |



**68:20.08 INSULINS****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<br>PENFILL      | NOO |
| 09853774 | NOVOLIN GE TORONTO<br>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<br>(ON) | LIL |
| 00795879 | HUMULIN 30/70 VIAL              | LIL |

**INSULIN LISPRO****100U/mL Injection**

|          |                                   |     |
|----------|-----------------------------------|-----|
| 02229705 | HUMALOG<br>CARTRIDGE/KWIKPEN      | LIL |
| 09853715 | HUMALOG<br>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<br>INJ | LIL |

**68:20.16 MEGLITINIDES****NATEGLINIDE****<sup>ST</sup> 60mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02245438 | STARLIX | NVR |
|----------|---------|-----|

**<sup>ST</sup> 120mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02245439 | STARLIX | NVR |
|----------|---------|-----|

**68:20.16 MEGLITINIDES****REPAGLINIDE****<sup>ST</sup> 0.5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02355663 | APO-REPAGLINIDE    | APX |
| 02424258 | AURO-REPAGLINIDE   | AUR |
| 02321475 | CO-REPAGLINIDE     | CBT |
| 02239924 | GLUCONORM          | NOO |
| 02354926 | PMS-REPAGLINIDE    | PMS |
| 02415968 | REPAGLINIDE        | PDL |
| 02357453 | SANDOZ REPAGLINIDE | SDZ |

**<sup>ST</sup> 1mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02355671 | APO-REPAGLINIDE    | APX |
| 02424266 | AURO-REPAGLINIDE   | AUR |
| 02321483 | CO-REPAGLINIDE     | CBT |
| 02239925 | GLUCONORM          | NOO |
| 02354934 | PMS-REPAGLINIDE    | PMS |
| 02415976 | REPAGLINIDE        | PDL |
| 02357461 | SANDOZ REPAGLINIDE | SDZ |

**<sup>ST</sup> 2mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02355698 | APO-REPAGLINIDE    | APX |
| 02424274 | AURO-REPAGLINIDE   | AUR |
| 02321491 | CO-REPAGLINIDE     | CBT |
| 02239926 | GLUCONORM          | NOO |
| 02354942 | PMS-REPAGLINIDE    | PMS |
| 02415984 | REPAGLINIDE        | PDL |
| 02357488 | SANDOZ REPAGLINIDE | PFI |

**68:20.18 SODIUM-GLUCOSE  
CONTRANSPORTER 2 (SGLT2)  
INHIBITORS****CANAGLIFLOZIN**

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

**<sup>ST</sup> 100mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02425483 | INVOKANA | JNO |
|----------|----------|-----|

**<sup>ST</sup> 300mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02425491 | INVOKANA | JNO |
|----------|----------|-----|

**68:20.20 ANTIDIABETIC AGENTS -  
SULFONYLUREAS****GLICLAZIDE****<sup>ST</sup> 30mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02429764 | ACT-GLICLAZIDE MR   | ATP |
| 02297795 | APO-GLICLAZIDE      | APX |
| 02242987 | DIAMICRON MR        | SEV |
| 02423286 | MINT-GLICLAZIDE MR  | MIN |
| 02438658 | MYLAN-GLICLAZIDE MR | MYL |

**<sup>ST</sup> 60mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02407124 | APO-GLICLAZIDE MR | APX |
| 02356422 | DIAMICRON MR      | SEV |

**68:20.20 ANTIDIABETIC AGENTS -  
SULFONYLUREAS****GLICLAZIDE**<sup>ST</sup> **80mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02245247 | APO-GLICLAZIDE   | APX |
| 00765996 | DIAMICRON        | SEV |
| 02248453 | GLICLAZIDE       | PDL |
| 02287072 | GLICLAZIDE       | SAN |
| 02229519 | MYLAN-GLICLAZIDE | MYL |
| 02238103 | NOVO-GLICLAZIDE  | TEV |

**GLYBURIDE**<sup>ST</sup> **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 |

<sup>ST</sup> **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**<sup>ST</sup> **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.

<sup>ST</sup> **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    | RBV |
| 02301423 | RATIO-PIOGLITAZONE  | RPH |
| 02297906 | SANDOZ PIOGLITAZONE | SDZ |
| 02320754 | ZYM-PIOGLITAZONE    | ZYM |

<sup>ST</sup> **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    | RBV |
| 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.

<sup>ST</sup> **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.

<sup>ST</sup> **2mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02241112 | AVANDIA | GSK |
|----------|---------|-----|

<sup>ST</sup> **4mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02241113 | AVANDIA | GSK |
|----------|---------|-----|

<sup>ST</sup> **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 |

<sup>ST</sup> **0.1mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02284030 | APO-DESMOPRESSIN  | APX |
| 00824305 | DDAVP             | FEI |
| 02304368 | PMS-DESMOPRESSIN  | PMS |
| 02287730 | TEVA-DESMOPRESSIN | TEV |

<sup>ST</sup> **0.2mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 02284049 | APO-DESMOPRESSIN  | APX |
| 00824143 | DDAVP             | FEI |
| 02304376 | PMS-DESMOPRESSIN  | PMS |
| 02287749 | TEVA-DESMOPRESSIN | TEV |

<sup>ST</sup> **60mcg Tablet**

|          |            |     |
|----------|------------|-----|
| 02284995 | DDAVP MELT | FEI |
|----------|------------|-----|

<sup>ST</sup> **120mcg Tablet**

|          |            |     |
|----------|------------|-----|
| 02285002 | DDAVP MELT | FEI |
|----------|------------|-----|

<sup>ST</sup> **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

<sup>ST</sup> **2mg Tablet**

|          |         |     |
|----------|---------|-----|
| 02374900 | VISANNE | BAY |
|----------|---------|-----|

**MEDROXYPROGESTERONE ACETATE****50mg/mL Injection**

|          |              |     |
|----------|--------------|-----|
| 00030848 | DEPO-PROVERA | PFI |
|----------|--------------|-----|

**150mg/mL Injection**

|          |                     |     |
|----------|---------------------|-----|
| 00585092 | DEPO-PROVERA        | PFI |
| 02322250 | MEDROXYPROGESTERONE | SDZ |

<sup>ST</sup> **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**<sup>ST</sup> **5mg Tablet**

|          |                         |     |
|----------|-------------------------|-----|
| 02244727 | APO-MEDROXY             | APX |
| 02247582 | DOM-MEDROXYPROGESTERONE | DPC |
| 02253577 | MEDROXY                 | PDL |
| 02221292 | NOVO-MEDRONE            | TEV |
| 00030937 | PROVERA                 | PFI |
| 02010739 | PROVERA PAK             | PFI |

<sup>ST</sup> **10mg Tablet**

|          |                         |     |
|----------|-------------------------|-----|
| 02277298 | APO-MEDROXY             | APX |
| 02247583 | DOM-MEDROXYPROGESTERONE | DPC |
| 02221306 | NOVO-MEDRONE            | TEV |
| 00729973 | PROVERA                 | PFI |
| 02010933 | PROVERA                 | PFI |

<sup>ST</sup> **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.

<sup>ST</sup> **100mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02166704 | PROMETRIUM        | FRS |
| 02439913 | TEVA-PROGESTERONE | TEP |

**68:36.04 THYROID AGENTS****LEVOTHYROXINE SODIUM**<sup>ST</sup> **0.025mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264323 | EUTHYROX  | MYL |
| 02172062 | SYNTHROID | ABB |

<sup>ST</sup> **0.05mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02213192 | ELTROXIN  | GSK |
| 02264331 | EUTHYROX  | MYL |
| 02172070 | SYNTHROID | ABB |

<sup>ST</sup> **0.075mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264358 | EUTHYROX  | MYL |
| 02172089 | SYNTHROID | ABB |

<sup>ST</sup> **0.088mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02172097 | SYNTHROID | ABB |
|----------|-----------|-----|

<sup>ST</sup> **0.1mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02213206 | ELTROXIN  | GSK |
| 02264374 | EUTHYROX  | MYL |
| 02172100 | SYNTHROID | ABB |

<sup>ST</sup> **0.112mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264390 | EUTHYROX  | MYL |
| 02171228 | SYNTHROID | ABB |

**68:36.04 THYROID AGENTS****LEVOTHYROXINE SODIUM**<sup>ST</sup> **0.125mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264404 | EUTHYROX  | MYL |
| 02172119 | SYNTHROID | ABB |

<sup>ST</sup> **0.137mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264412 | EUTHYROX  | MYL |
| 02233852 | SYNTHROID | ABB |

<sup>ST</sup> **0.15mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02213214 | ELTROXIN  | GSK |
| 02264420 | EUTHYROX  | MYL |
| 02172127 | SYNTHROID | ABB |

<sup>ST</sup> **0.175mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02264439 | EUTHYROX  | MYL |
| 02172135 | SYNTHROID | ABB |

<sup>ST</sup> **0.2mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02213222 | ELTROXIN  | GSK |
| 02264447 | EUTHYROX  | MYL |
| 02172143 | SYNTHROID | ABB |

<sup>ST</sup> **0.3mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 02213230 | ELTROXIN  | ASI |
| 02264455 | EUTHYROX  | MYL |
| 02172151 | SYNTHROID | ABB |

**LIOTHYRONINE****5mcg Tablet**

|          |         |     |
|----------|---------|-----|
| 01919458 | CYTOMEL | PFI |
|----------|---------|-----|

**25mcg Tablet**

|          |         |     |
|----------|---------|-----|
| 01919466 | CYTOMEL | PFI |
|----------|---------|-----|

**THYROID**<sup>ST</sup> **30mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00023949 | THYROID | ERF |
|----------|---------|-----|

<sup>ST</sup> **60mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00023957 | THYROID | ERF |
|----------|---------|-----|

<sup>ST</sup> **125mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00023965 | THYROID | ERF |
|----------|---------|-----|

**68:36.08 ANTITHYROID AGENTS****PROPYLTHIOURACIL**<sup>ST</sup> **50mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00010200 | PROPYL THYRACIL | SQU |
|----------|-----------------|-----|

<sup>ST</sup> **100mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00010219 | PROPYL THYRACIL | SQU |
|----------|-----------------|-----|

**THIAMAZOLE**<sup>ST</sup> **5mg Tablet**

|          |          |     |
|----------|----------|-----|
| 00015741 | TAPAZOLE | PAL |
|----------|----------|-----|

<sup>ST</sup> **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 |
|----------|-----------|-----|

**VENOM PROTEIN EXTRACT****3,300mcg Injection**

|          |                    |     |
|----------|--------------------|-----|
| 01948873 | MIXED VESPID VENOM | ALK |
|----------|--------------------|-----|

**VESPUA SPP VENOM PROTEIN EXTRACT****1.1mg Injection**

|          |                             |     |
|----------|-----------------------------|-----|
| 01948954 | YELLOW JACKET VENOM PROTEIN | ALG |
|----------|-----------------------------|-----|

**120mcg Injection**

|          |                             |     |
|----------|-----------------------------|-----|
| 01948962 | YELLOW JACKET VENOM PROTEIN | ALK |
|----------|-----------------------------|-----|

**80:04.00 SERUMS****WASP VENOM PROTEIN****120mcg Injection**

|          |                            |     |
|----------|----------------------------|-----|
| 02226219 | VENOMIL WASP VENOM PROTEIN | HOL |
|----------|----------------------------|-----|

**550mcg Injection**

|          |                    |     |
|----------|--------------------|-----|
| 02220091 | WASP VENOM PROTEIN | HOL |
|----------|--------------------|-----|

**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 | BENZAACLIN TOPICAL GEL       | VAE |
| 02440180 | CLINDAMYCIN-BENZOYL PEROXIDE | TAR |

|          |           |     |
|----------|-----------|-----|
| 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 |
|----------|-----------|-----|

### 84:04.04 SMMA - ANTIBIOTICS

#### MUPIROCIN

##### 2% Ointment

|          |                |     |
|----------|----------------|-----|
| 01916947 | BACTROBAN      | GSK |
| 02279983 | TARO-MUPIROCIN | TAR |

#### 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

#### CICLOPIROX OLAMINE

##### 1% Cream

|          |        |     |
|----------|--------|-----|
| 02221802 | LOPROX | VAE |
|----------|--------|-----|

##### 1% Lotion

|          |        |     |
|----------|--------|-----|
| 02221810 | LOPROX | VAE |
|----------|--------|-----|

#### CLOTRIMAZOLE

##### 1% Cream

|          |              |     |
|----------|--------------|-----|
| 02150867 | CANESTEN     | BCD |
| 00812382 | CLOTRIMADERM | TAR |
| 02229380 | CLOTRIMAZOLE | TAR |
| 00874043 | NEO-ZOL      | PPI |

##### 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 |
| 00874051 | NEO-ZOL      | PPI |

##### 2% Vaginal Cream

|          |              |     |
|----------|--------------|-----|
| 02150905 | CANESTEN     | BCD |
| 00812374 | CLOTRIMADERM | TAR |

#### KETOCONAZOLE

##### 2% Cream

|          |          |     |
|----------|----------|-----|
| 02245662 | KETODERM | TAR |
|----------|----------|-----|

**84:04.08 SMMA - ANTIFUNGALS****KETOCONAZOLE****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

**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

**84:04.12 SMMA - SCABICIDES AND PEDICULICIDES****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

**PIPERONYL BUTOXIDE, PYRETHRINS****3% & 0.3% Shampoo**

02125447 R &amp; 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

**ISOPROPYL ALCOHOL****70% Solution**

00426539 DUONALC ICN

**METRONIDAZOLE****0.75% Cream**

02226839 METROCREAM GAC

**1% Cream**

02156091 NORITATE SAC

**0.75% Gel**

02092832 METROGEL GAC

**84:04.92 SMMA - MISCELLANEOUS  
LOCAL ANTI-INFECTIVES****METRONIDAZOLE**

|                          |             |     |
|--------------------------|-------------|-----|
| <b>1% Gel</b>            |             |     |
| 02297809                 | METROGEL    | GAC |
| <b>0.75% Lotion</b>      |             |     |
| 02248206                 | METROLOTION | GAC |
| <b>10% Vaginal Cream</b> |             |     |
| 01926861                 | FLAGYL      | SAC |
| <b>0.75% Vaginal Gel</b> |             |     |
| 02125226                 | NIDAGEL     | MMH |

**METRONIDAZOLE, AVOBENZONE,  
OCTINOXATE**

|                                     |         |     |
|-------------------------------------|---------|-----|
| <b>1% &amp; 2% &amp; 7.5% Cream</b> |         |     |
| 02242919                            | ROSASOL | STI |

**METRONIDAZOLE, NYSTATIN**

|  |             |     |
|--|-------------|-----|
| <b>100mg &amp; 20,000U/g Vaginal Cream</b>       |             |     |
| 01926845   | FLAGYSTATIN | AVT |
| <b>500mg &amp; 100,000IU Vaginal Suppository</b> |             |     |
| 01926829   | FLAGYSTATIN | AVT |

**POVIDONE-IODINE**

|                   |          |     |
|-------------------|----------|-----|
| <b>10% Liquid</b> |          |     |
| 00158348          | BETADINE | PFR |

**SELENIUM SULFIDE**

|                    |        |     |
|--------------------|--------|-----|
| <b>2.5% Lotion</b> |        |     |
| 00243000           | SELSUN | ABB |
| 00594601           | VERSEL | VAO |

**SILVER SULFADIAZINE**

|                 |               |     |
|-----------------|---------------|-----|
| <b>1% Cream</b> |               |     |
| 02010917        | DERMAZIN      | PMS |
| 00323098        | FLAMAZINE     | SNE |
| 09854037        | FLAMAZINE 50G | SNE |

**84:06.00 SMMA - ANTI-INFLAMMATORY  
AGENTS****AMCINONIDE**

|                      |                  |     |
|----------------------|------------------|-----|
| <b>0.1% Cream</b>    |                  |     |
| 02192284             | CYCLOCORT        | STI |
| 02247098             | RATIO-AMCINONIDE | RPH |
| 02246714             | TARO-AMCINONIDE  | TAR |
| <b>0.1% Lotion</b>   |                  |     |
| 02192276             | CYCLOCORT        | STI |
| 02247097             | RATIO-AMCINONIDE | RPH |
| <b>0.1% Ointment</b> |                  |     |
| 02192268             | CYCLOCORT        | STI |
| 02247096             | RATIO-AMCINONIDE | RPH |

**BECLOMETHASONE DIPROPIONATE**

|                     |           |     |
|---------------------|-----------|-----|
| <b>0.025% Cream</b> |           |     |
| 02089602            | PROPADERM | SHI |

**84:06.00 SMMA - ANTI-INFLAMMATORY  
AGENTS****BETAMETHASONE DIPROPIONATE**

|                       |                |     |
|-----------------------|----------------|-----|
| <b>0.05% Cream</b>    |                |     |
| 00323071              | DIPROSONE      | SCH |
| 00804991              | RATIO-TOPISONE | RPH |
| 02122049              | ROSONE         | RIV |
| 01925350              | TARO-SONE      | TAR |
| <b>0.05% Lotion</b>   |                |     |
| 00417246              | DIPROSONE      | SCH |
| 00809187              | RATIO-TOPISONE | RPH |
| 02122030              | ROSONE         | RIV |
| <b>0.05% Ointment</b> |                |     |
| 00344923              | DIPROSONE      | SCH |
| 00805009              | RATIO-TOPISONE | RPH |
| 02122057              | ROSONE         | RIV |

**BETAMETHASONE DIPROPIONATE IN  
PROPYLENE GLYCOL**

|                       |                       |     |
|-----------------------|-----------------------|-----|
| <b>0.05% Cream</b>    |                       |     |
| 00688622              | DIPROLENE             | SCH |
| 00849650              | RATIO-TOPILENE GLYCOL | RPH |
| 02122073              | ROLENE                | RIV |
| <b>0.05% Lotion</b>   |                       |     |
| 00862975              | DIPROLENE             | SCH |
| 01927914              | RATIO-TOPILENE GLYCOL | RPH |
| 02122065              | ROLENE                | RIV |
| <b>0.05% Ointment</b> |                       |     |
| 00629367              | DIPROLENE             | SCH |
| 00849669              | RATIO-TOPILENE GLYCOL | RPH |
| 02122081              | ROLENE                | RIV |

**BETAMETHASONE DIPROPIONATE,  
CLOTRIMAZOLE**

|                             |           |     |
|-----------------------------|-----------|-----|
| <b>0.05% &amp; 1% Cream</b> |           |     |
| 00611174                    | LOTRIDERM | SCH |

**BETAMETHASONE DIPROPIONATE,  
SALICYLIC ACID**

|                                |                 |     |
|--------------------------------|-----------------|-----|
| <b>0.05% &amp; 2% Lotion</b>   |                 |     |
| 00578428                       | DIPROSALIC      | SCH |
| 02245688                       | RATIO-TOPISALIC | RPH |
| <b>0.05% &amp; 3% Ointment</b> |                 |     |
| 00578436                       | DIPROSALIC      | SCH |

**BETAMETHASONE DISODIUM PHOSPHATE**

|                        |          |     |
|------------------------|----------|-----|
| <b>0.05mg/mL Enema</b> |          |     |
| 02060884               | BETNESOL | SHI |

**BETAMETHASONE VALERATE**

|                    |                |     |
|--------------------|----------------|-----|
| <b>0.05% Cream</b> |                |     |
| 00716618           | BETADERM       | TAR |
| 02357860           | CELESTODERM V  | VAE |
| 00535427           | RATIO-ECTOSONE | RPH |



**84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS****BETAMETHASONE VALERATE****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 |
| 02357879 | CELESTODERM V | VAE |

**0.1% Ointment**

|          |               |     |
|----------|---------------|-----|
| 00716650 | BETADERM      | TAR |
| 02357852 | CELESTODERM V | VAO |

**0.1% Scalp Lotion**

|          |                |     |
|----------|----------------|-----|
| 00716634 | BETADERM       | TAR |
| 00653217 | RATIO-ECTOSONE | TEP |
| 01940112 | RIVASONE       | RIV |
| 00027944 | VALISONE       | SCH |

**BUDESONIDE****0.02mg/mL Enema**

|          |          |     |
|----------|----------|-----|
| 02052431 | ENTOCORT | AZC |
|----------|----------|-----|

**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 |
|----------|----------|-----|

**84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS****DESONIDE****0.05% Cream**

|          |              |     |
|----------|--------------|-----|
| 02229315 | PMS-DESONIDE | PMS |
| 02154862 | TRIDESILON   | SCN |

**0.05% Ointment**

|          |              |     |
|----------|--------------|-----|
| 02115522 | DESOCORT     | GAC |
| 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 |

**0.1% Ointment**

|          |          |     |
|----------|----------|-----|
| 00587834 | NERISONE | STI |
|----------|----------|-----|

**EXTEMPORANEOUS MIXTURE****Cream**

|          |                                |     |
|----------|--------------------------------|-----|
| 99500002 | MENTHOL &/OR CAMPHOR IN STEROI | UNK |
| 99500008 | MOMETASONE 0.05% CREAM         | UNK |

**Lotion**

|          |                                |     |
|----------|--------------------------------|-----|
| 99502001 | MENTHOL&CAMPHOR IN STEROID LOT | UNK |
|----------|--------------------------------|-----|

**FLUOCINOLONE ACETONIDE****0.025% Ointment**

|          |         |     |
|----------|---------|-----|
| 02162512 | SYNALAR | MDC |
|----------|---------|-----|

**0.01% Scalp Lotion**

|          |                |     |
|----------|----------------|-----|
| 00873292 | DERMA-SMOOTHIE | HIL |
|----------|----------------|-----|

**0.01% Topical Solution**

|          |         |     |
|----------|---------|-----|
| 02162504 | SYNALAR | VAE |
|----------|---------|-----|

**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 |

**84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS****FLUOCINONIDE****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 |
| 80057189 | JAMP-HYDROCORTISONE | JAP |
| 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 |

**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 |
| 02242930 | HYDROCORTISONE ACETATE | TAR |

**1% Cream**

|          |        |     |
|----------|--------|-----|
| 00716839 | HYDERM | TAR |
|----------|--------|-----|

**2% Cream**

|          |        |     |
|----------|--------|-----|
| 00749834 | NEO-HC | NEO |
|----------|--------|-----|

**84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS****HYDROCORTISONE ACETATE****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 |
|----------|----------|-----|

**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 |

**84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS****HYDROCORTISONE, UREA****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

00716960 TRIADERM TAR

**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**

02427745 JAMPOCAINE VISCOUS JAP

01968823 LIDODAN VISCOUS ODN

00811874 PMS-LIDOCAINE VISCOUS PMS

00001686 XYLOCAINE VISCOUS AZC

**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

01926497 VITAMIN A ACID SAC

**84:16.00 SMMA - CELL STIMULANTS AND PROLIFERANTS****TRETINOIN****0.025% Cream**

00897310 RETIN A JAJ

00578576 STIEVA-A STI

01926500 VITAMIN A ACID SAC

**0.05% Cream**

00443794 RETIN A JAJ

00518182 STIEVA-A STI

**0.1% Cream**

00870021 RETIN A JAJ

00662348 STIEVA-A FORTE STI

01926527 VITAMIN A ACID SAC

**0.01% Gel**

00870013 RETIN A VAE

01926462 VITAMIN A ACID SAC

**0.025% Gel**

00443816 RETIN A VAE

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****Cream**

02337452 DIAPER RASH HJS

**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

**84:28.00 KERATOLYTIC AGENTS****BENZOYL PEROXIDE****2.50% Solution**

02315211 PURIFYING CLEANSER VAE

**3.50% Solution**02404621 OIL-FREE ACNE WASH JOM  
CLEANSER**4% Wash**

02413353 SPECTRO ACNECARE WASH GSK

**2.50% Wipes**02404834 EMERGENCY ACNE MEM  
VANISHING WIPES**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

**EXTEMPORANEOUS MIXTURE****Ointment**99501001 SAL ACID IN NON-MEDICATED UNK  
OINT**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 ODN  
DETERGENT**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 EXTRACT****2% Liquid**

00579955 DOAK OIL GSK

**10% Liquid**

00579971 DOAK OIL FORTE GSK

**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&amp;S PLUS BAK

**10% & 3% Liquid**

00510335 TARGEL SA ODN

**10% & 4% Shampoo**

00666114 SEBCUR-T DER

**84:32.00 KERATOPLASTIC AGENTS****COAL TAR, SALICYLIC ACID, SULFUR****2% & 2% & 2% Shampoo**

00444448 STEREX IDE

**EXTEMPORANEOUS MIXTURE****Cream**

99500006 SULFUR IN NON-MEDICATED CR. UNK

**Ointment**

99501002 SULFUR IN NON-MEDICATED OINT. UNK

**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.

<sup>ST</sup> **10mg Capsule**

02070847 SORIATANE ACG

<sup>ST</sup> **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

**CALCIPOTRIOL, BETAMETHASONE****0.5mg & 50mcg Gel**

02319012 DOVOBET LEO

**0.5mg & 50mcg Ointment**

02244126 DOVOBET LEO

**CAPSAICIN****0.025% Cream**

02157101 CAPSAICIN VAO

00855766 ZODERM PDE

02244952 ZODERM EUR

00740306 ZOSTRIX MYL

**84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS****CAPSAICIN****0.075% Cream**

02157128 CAPSAICIN HP VAO

02004240 ZOSTRIX HP VAE

**COLLAGENASE****250U Ointment**

02063670 SANTYL HPC

**FLUOROURACIL****5% Cream**

00330582 EFUDEX VAE

**IMIQUIMOD**

Limited use benefit (prior approval required).

-For the treatment of condylomata acuminata (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.

<sup>ST</sup> **10mg Capsule**

00582344 ACCUTANE HLR

02257955 CLARUS MYL

<sup>ST</sup> **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

**PODOFILOX****0.5% Liquid**

02074788 WARTEC STI

**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

**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 OR solifenacin OR tolterodine ER.

<sup>ST</sup> **7.5mg Long Acting Tablet**

02273217 ENABLEX TEV

<sup>ST</sup> **15mg Long Acting Tablet**

02273225 ENABLEX TEV

**FLAVOXATE HCL**<sup>ST</sup> **200mg Tablet**

00728179 URISPAS PAL

**OXYBUTYNIN CHLORIDE**<sup>ST</sup> **1mg/mL Syrup**

02231089 APO-OXYBUTYNIN APX

02223376 PMS-OXYBUTYNIN PMS

<sup>ST</sup> **2.5mg Tablet**

02240549 PMS-OXYBUTYNIN PMS

<sup>ST</sup> **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**<sup>ST</sup> **5mg Tablet**

02277263 VESICARE AST

<sup>ST</sup> **10mg Tablet**

02277271 VESICARE AST

**TROSPIMUM 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 OR solifenacin OR tolterodine ER.

<sup>ST</sup> **20mg Tablet**

02275066 TROSEC ORY

**86:12.04 ANTIMUSCARINICS****FESOTERODINE FUMARATE**

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 OR solifenacin OR tolterodine ER.

<sup>ST</sup> **4mg Tablet**

02380021 TOVIAZ PFI

<sup>ST</sup> **8mg Tablet**

02380048 TOVIAZ PFI

**SOLIFENACIN SUCCINATE**<sup>ST</sup> **5mg Tablet**

02422239 ACT SOLIFENACIN CBT

02399032 SANDOZ SOLIFENACIN SDZ

02397900 TEVA-SOLIFENACIN TEP

<sup>ST</sup> **10mg Tablet**

02422247 ACT SOLIFENACIN CBT

02399040 SANDOZ SOLIFENACIN SDZ

02397919 TEVA-SOLIFENACIN TEP

**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 OR solifenacin OR tolterodine ER.

<sup>ST</sup> **1mg Tablet**

02239064 DETROL PFI

<sup>ST</sup> **2mg Tablet**

02239065 DETROL PFI

**TOLTERODINE (EXTENDED RELEASE)**<sup>ST</sup> **2mg Extended Release Capsule**

02244612 DETROL LA PFI

02404184 MYLAN-TOLTERODINE ER MYL

02413140 SANDOZ TOLTERODINE LA SDZ

02412195 TEVA-TOLTERODINE LA TEP

<sup>ST</sup> **4mg Extended Release Capsule**

02244613 DETROL LA PFI

02404192 MYLAN-TOLTERODINE ER MYL

02413159 SANDOZ TOLTERODINE LA SDZ

02412209 TEVA-TOLTERODINE LA TEP

**86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS****OXTRIPHYLLINE**<sup>ST</sup> **20mg/mL Elixir**

00476366 CHOLEDYL PFI

<sup>ST</sup> **100mg Tablet**

00441724 APO-OXTRIPHYLLINE APX

<sup>ST</sup> **200mg Tablet**

00441732 APO-OXTRIPHYLLINE APX

## 86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

### OXTRIPHYLLINE

#### <sup>ST</sup> 300mg Tablet

|          |                   |     |
|----------|-------------------|-----|
| 00511692 | APO-OXTRIPHYLLINE | APX |
|----------|-------------------|-----|

### THEOPHYLLINE

#### <sup>ST</sup> 5.33mg/mL Elixir

|          |                  |     |
|----------|------------------|-----|
| 00575151 | PMS-THEOPHYLLINE | PMS |
|----------|------------------|-----|

|          |              |     |
|----------|--------------|-----|
| 00466409 | PULMOPHYLLIN | RIV |
|----------|--------------|-----|

|          |              |     |
|----------|--------------|-----|
| 00627410 | THEOPHYLLINE | ATL |
|----------|--------------|-----|

#### <sup>ST</sup> 5.33mg/mL Solution

|          |          |     |
|----------|----------|-----|
| 01966219 | THEOLAIR | MMH |
|----------|----------|-----|

#### <sup>ST</sup> 100mg Sustained Release Tablet

|          |          |     |
|----------|----------|-----|
| 00692689 | APO-THEO | APX |
|----------|----------|-----|

|          |                  |     |
|----------|------------------|-----|
| 02230085 | NOVO-THEOPHYL SR | TEV |
|----------|------------------|-----|

#### <sup>ST</sup> 200mg Sustained Release Tablet

|          |             |     |
|----------|-------------|-----|
| 00692697 | APO-THEO LA | APX |
|----------|-------------|-----|

|          |                  |     |
|----------|------------------|-----|
| 02230086 | NOVO-THEOPHYL SR | TEV |
|----------|------------------|-----|

#### <sup>ST</sup> 300mg Sustained Release Tablet

|          |             |     |
|----------|-------------|-----|
| 00692700 | APO-THEO LA | APX |
|----------|-------------|-----|

|          |                  |     |
|----------|------------------|-----|
| 02230087 | NOVO-THEOPHYL SR | TEV |
|----------|------------------|-----|

#### <sup>ST</sup> 400mg Sustained Release Tablet

|          |         |     |
|----------|---------|-----|
| 02360101 | THEO ER | AAP |
|----------|---------|-----|

|          |         |     |
|----------|---------|-----|
| 02014165 | UNIPHYL | PFR |
|----------|---------|-----|

#### <sup>ST</sup> 600mg Sustained Release Tablet

|          |         |     |
|----------|---------|-----|
| 02360128 | THEO ER | AAP |
|----------|---------|-----|

|          |         |     |
|----------|---------|-----|
| 02014181 | UNIPHYL | PFR |
|----------|---------|-----|



**88:00 VITAMINS****88:04.00 VITAMIN A****VITAMIN A**<sup>ST</sup> **10,000IU Capsule**

|          |                |     |
|----------|----------------|-----|
| 80054130 | JAMP-VITAMIN A | JAP |
| 00557447 | VIT A          | VTH |
| 00297720 | VITAMIN A      | JAM |

<sup>ST</sup> **25,000IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 00021067 | VITAMIN A | TEV |
|----------|-----------|-----|

<sup>ST</sup> **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 |

<sup>ST</sup> **200mcg/mL Oral liquid**

|          |                  |     |
|----------|------------------|-----|
| 80039903 | BEDUZIL          | ORM |
| 80026092 | JAMP-VITAMIN B12 | JAP |

<sup>ST</sup> **250mcg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 80015294 | JAMP-VITAMIN B12 | JAP |
| 80055743 | M-B12            | MAN |
| 00335940 | VITAMIN B12      | JAM |
| 02239695 | VITAMIN B12      | PMT |
| 80004053 | VITAMIN B12      | WNP |

<sup>ST</sup> **1000mcg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 80015276 | JAMP-VITAMIN B12 | JAP |
| 80028902 | JAMP-VITAMIN B12 | JAP |
| 80006939 | LB VITAMIN B12   | WNP |
| 80055741 | M-B12            | MAN |
| 02237736 | VITAMIN B12      | SWS |
| 80003575 | VITAMIN B12      | PMT |

**FOLIC ACID**<sup>ST</sup> **1mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00318973 | FOLIC ACID      | JAM |
| 00647039 | FOLIC ACID      | VTH |
| 02048841 | FOLIC ACID      | PMT |
| 02236747 | FOLIC ACID      | PED |
| 80000273 | FOLIC ACID      | WNP |
| 80053274 | JAMP-FOLIC ACID | JAP |
| 80061488 | M-FOLIQUE       | MAN |

<sup>ST</sup> **5mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00426849 | APO-FOLIC ACID  | APX |
| 02285673 | EURO-FOLIC      | EUR |
| 02366061 | JAMP-FOLIC ACID | JAP |

**88:08.00 VITAMIN B COMPLEX****NIACIN**<sup>ST</sup> **50mg Tablet**

|          |        |     |
|----------|--------|-----|
| 00041084 | NIACIN | PMS |
|----------|--------|-----|

<sup>ST</sup> **100mg Tablet**

|          |        |     |
|----------|--------|-----|
| 00268585 | NIACIN | VAE |
|----------|--------|-----|

<sup>ST</sup> **500mg Tablet**

|          |                   |     |
|----------|-------------------|-----|
| 00294950 | NIACIN            | VAE |
| 01939130 | NIACIN            | ODN |
| 02247004 | NIACIN            | PMT |
| 00557412 | NIACIN YEAST FREE | VTH |
| 00309737 | VITAMIN B3        | JAM |

**PYRIDOXINE HCL**<sup>ST</sup> **25MG Tablet**

|          |            |     |
|----------|------------|-----|
| 80056458 | M-B6       | MAN |
| 00122645 | VITAMIN B6 | JAM |
| 00232475 | VITAMIN B6 | PMS |
| 01943200 | VITAMIN B6 | ODN |
| 80002890 | VITAMIN B6 | JMP |

<sup>ST</sup> **50mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00252689 | VITAMIN B6 | VAE |
| 00305227 | VITAMIN B6 | JAM |
| 00608599 | VITAMIN B6 | PMS |

<sup>ST</sup> **100mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00263958 | VITAMIN B6 | ICN |
| 00329185 | VITAMIN B6 | JAM |
| 00450677 | VITAMIN B6 | VTH |
| 02239348 | VITAMIN B6 | PMT |

**THIAMINE**<sup>ST</sup> **100mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00294853 | VITAMIN B1 | ICN |
|----------|------------|-----|

**THIAMINE HCL****100mg/mL Injection**

|          |            |     |
|----------|------------|-----|
| 02241983 | BETAXIN    | ABB |
| 02193221 | THIAMIJECT | OMG |
| 02243525 | THIAMINE   | CYX |
| 00816078 | VITAMIN B1 | SDZ |

<sup>ST</sup> **50mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 02245506 | EURO-B1         | EUR |
| 80009633 | JAMP-VITAMIN B1 | JMP |
| 80054199 | M-B1            | MAN |
| 00268631 | VITAMIN B1      | VAE |

<sup>ST</sup> **100mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 80009588 | JAMP-VITAMIN | JAP |
| 80054205 | M-B1         | MAN |
| 00232467 | VITAMIN B1   | PMS |
| 00407011 | VITAMIN B1   | JAM |
| 02239350 | VITAMIN B1   | PMT |

**88:12.00 VITAMIN C****ASCORBIC ACID**<sup>ST</sup> **250mg Chewable Tablet**

|          |           |     |
|----------|-----------|-----|
| 00266051 | VITAMIN C | PMT |
|----------|-----------|-----|

**88:12.00 VITAMIN C****ASCORBIC ACID**<sup>ST</sup> **500mg Chewable Tablet**

|          |           |     |
|----------|-----------|-----|
| 00322326 | VIT C     | LAL |
| 00274240 | VITAMIN C | PED |
| 00322997 | VITAMIN C | LAL |
| 00784591 | VITAMIN C | VTH |
| 02243893 | VITAMIN C | PMT |
| 02245348 | VITAMIN C | WNP |
| 02245721 | VITAMIN C | PMT |

<sup>ST</sup> **1000mg Sustained Release Tablet**

|          |           |     |
|----------|-----------|-----|
| 00760587 | VITAMIN C | PMT |
|----------|-----------|-----|

<sup>ST</sup> **250mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00221244 | VIT C     | ADA |
| 00557811 | VIT C     | VTH |
| 00162515 | VITAMIN C | PMT |

<sup>ST</sup> **500mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 00266086 | ASCORBIC ACID | PMT |
| 00041114 | VIT C         | ADA |
| 00036188 | VITAMIN C     | PED |
| 00557838 | VITAMIN C     | VTH |
| 01922378 | VITAMIN C     | SWS |
| 02163268 | VITAMIN C     | JAM |
| 02244469 | VITAMIN C     | PMT |

<sup>ST</sup> **1000mg Tablet**

|          |           |     |
|----------|-----------|-----|
| 00354376 | VITAMIN C | PMT |
|----------|-----------|-----|

**88:16.00 VITAMIN D****ALFACALCIDOL**<sup>ST</sup> **0.25mcg Capsule**

|          |           |     |
|----------|-----------|-----|
| 00474517 | ONE-ALPHA | LEO |
|----------|-----------|-----|

<sup>ST</sup> **1mcg Capsule**

|          |           |     |
|----------|-----------|-----|
| 00474525 | ONE-ALPHA | LEO |
|----------|-----------|-----|

<sup>ST</sup> **2mcg/mL Oral Liquid**

|          |           |     |
|----------|-----------|-----|
| 02240329 | ONE-ALPHA | LEO |
|----------|-----------|-----|

**CALCITRIOL**<sup>ST</sup> **0.25mcg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 02431637 | CALCITRIOL-ODAN | ODN |
| 00481823 | ROCALTROL       | HLR |

<sup>ST</sup> **0.5mcg Capsule**

|          |           |     |
|----------|-----------|-----|
| 00481815 | ROCALTROL | HLR |
|----------|-----------|-----|

**CHOLECALCIFEROL**<sup>ST</sup> **400IU Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02242651 | EURO D              | EUR |
| 80006629 | JAMP-VITAMIN D      | JMP |
| 80005560 | RIVA-D 400 UNIT CAP | RIV |

<sup>ST</sup> **800IU Capsule**

|          |                |     |
|----------|----------------|-----|
| 80007769 | JAMP-VITAMIN D | JMP |
|----------|----------------|-----|

<sup>ST</sup> **10,000IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 02253178 | EURO D    | EUR |
| 02417995 | VITAMIN D | PDL |

<sup>ST</sup> **50,000IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 02301911 | OSTOFORTE | TRT |
|----------|-----------|-----|

**88:16.00 VITAMIN D****CHOLECALCIFEROL**<sup>ST</sup> **400IU Drop**

|          |                  |     |
|----------|------------------|-----|
| 80001869 | BABY DDROPS      | DDP |
| 80001792 | DDROPS VITAMIN D | DDP |

<sup>ST</sup> **400IU/mL Drop**

|          |                |     |
|----------|----------------|-----|
| 00762881 | D VI SOL       | MJO |
| 80003038 | JAMP-VITAMIN D | JMP |
| 02231624 | PEDIAVIT D     | EUR |

<sup>ST</sup> **1000IU Drop**

|          |                  |     |
|----------|------------------|-----|
| 80001791 | DDROPS VITAMIN D | DDP |
|----------|------------------|-----|

<sup>ST</sup> **400IU Tablet**

|          |           |     |
|----------|-----------|-----|
| 00765384 | VITAMIN D | LAL |
| 02238729 | VITAMIN D | VTH |
| 02240624 | VITAMIN D | WAM |
| 02240858 | VITAMIN D | PMT |

<sup>ST</sup> **1,000IU Tablet**

|          |           |     |
|----------|-----------|-----|
| 02245842 | VITAMIN D | PMT |
|----------|-----------|-----|

<sup>ST</sup> **10,000IU Tablet**

|          |        |     |
|----------|--------|-----|
| 00821772 | D-TABS | RIV |
|----------|--------|-----|

**ERGOCALCIFEROL**<sup>ST</sup> **50,000IU Capsule**

|          |         |     |
|----------|---------|-----|
| 02237450 | D-FORTE | EUR |
|----------|---------|-----|

<sup>ST</sup> **8,288IU/mL Solution**

|          |         |     |
|----------|---------|-----|
| 02017598 | DRISDOL | SAC |
|----------|---------|-----|

**VITAMIN D**<sup>ST</sup> **400IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 80055196 | M-D       | MAN |
| 80001145 | PHARMA D  | PED |
| 80008590 | VITAMIN D | BMI |

<sup>ST</sup> **800IU Capsule**

|          |        |     |
|----------|--------|-----|
| 80003010 | EURO D | EUR |
|----------|--------|-----|

<sup>ST</sup> **1,000IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 80007766 | D-GEL     | JAP |
| 80055204 | M-D       | MAN |
| 80008496 | PHARMA D  | PMS |
| 80043412 | VITAMIN D | BMI |

<sup>ST</sup> **10,000IU Capsule**

|          |          |     |
|----------|----------|-----|
| 02371499 | PHARMA D | PMS |
|----------|----------|-----|

<sup>ST</sup> **1,000IU Chewable Tablet**

|          |           |     |
|----------|-----------|-----|
| 80015278 | VITAMIN D | WAM |
|----------|-----------|-----|

<sup>ST</sup> **8.288U/ML Liquid**

|          |        |     |
|----------|--------|-----|
| 80020776 | D2-DOL | JAP |
|----------|--------|-----|

<sup>ST</sup> **400IU Liquid**

|          |         |     |
|----------|---------|-----|
| 80019649 | D3-DOL  | JAP |
| 80038155 | DECAXIL | ORM |
| 80041145 | DECAXIL | ORM |

<sup>ST</sup> **800IU Liquid**

|          |            |     |
|----------|------------|-----|
| 80003285 | PEDIAVIT D | EUR |
|----------|------------|-----|

<sup>ST</sup> **1,000IU Liquid**

|          |           |     |
|----------|-----------|-----|
| 80007346 | VITAMIN D | JAP |
| 80028362 | VITAMIN D | JAP |
| 80028371 | VITAMIN D | JAP |

**88:16.00 VITAMIN D****VITAMIN D**<sup>ST</sup> **400IU Tablet**

80009578 VITAMIN D SWS

<sup>ST</sup> **1,000IU Tablet**

80000436 VITAMIN D JAM

80003663 VITAMIN D WNP

<sup>ST</sup> **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

<sup>ST</sup> **100IU Capsule**

00122823 VITAMIN E JAM

<sup>ST</sup> **200IU Capsule**

00122831 VITAMIN E JAM

<sup>ST</sup> **400IU Capsule**

00122858 VITAMIN E NATUAL SOURCE JAM

<sup>ST</sup> **50IU Liquid**

00480215 AQUASOL E NVC

<sup>ST</sup> **50IU/mL Liquid**

02162075 AQUASOL E NVC

**88:24.00 VITAMIN K****PHYTONADIONE****2mg/mL Injection**

00781878 VITAMIN K1 SDZ

**10mg/mL Injection**

00804312 VITAMIN K1 SDZ

**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.

<sup>ST</sup> **Drop**

00762946 POLY-VI-SOL MJO

<sup>ST</sup> **2,500IU & 666.67IU & 50mg/mL Drop**

02229790 PEDIIVIT EUR

00762903 TRI-VI-SOL MJO

<sup>ST</sup> **Liquid**

00558079 INFANTOL HOR

<sup>ST</sup> **Oral Liquid**

80008471 JAMP-MULTIVITAMIN A/D/C DROPS JMP

<sup>ST</sup> **Tablet**

80011134 CENTRUM JUNIOR COMPLETE WYE

80020794 CENTRUM JUNIOR COMPLETE PFI

02247975 FLINTSTONES EXTRA C BCD

**88:28.00 MULTIVITAMIN PREPARATIONS****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).

<sup>ST</sup> **Tablet**

80001842 CENTRUM MATERNA NES

02229535 MULTI-PRE AND POST NATAL PED

80005770 PRENATAL &amp; 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 |

#### COLCHICINE

##### 0.6mg Tablet

|          |            |     |
|----------|------------|-----|
| 00287873 | COLCHICINE | EUR |
|----------|------------|-----|

#### CYPROTERONE ACETATE, ETHINYL ESTRADIOL

##### <sup>ST</sup> 2mg & 35mcg Tablet

|          |                                 |     |
|----------|---------------------------------|-----|
| 02425017 | RAN-CYPROTERONE/ETHIN<br>ESTRAD | RBV |
|----------|---------------------------------|-----|

#### ERGOCALCIFEROL

##### <sup>ST</sup> 8288IU/mL Oral Liquid

|          |       |     |
|----------|-------|-----|
| 80003615 | ERDOL | ODN |
|----------|-------|-----|

#### EXTEMPORANEOUS MIXTURE

##### Cream

|          |                                   |     |
|----------|-----------------------------------|-----|
| 99500000 | HYDROCORT. PD AND<br>CLOTRI. CR.  | UNK |
| 99500010 | LCD IN CORTICOSTEROID CR.         | UNK |
| 99500009 | LCD IN NON-MEDICATED<br>CREAM     | UNK |
| 99500002 | MENTHOL &/OR CAMPHOR IN<br>STEROI | UNK |
| 99500004 | MISC. COMPOUNDED<br>TOPICAL CR.   | UNK |
| 99500008 | MOMETASONE 0.05% CREAM            | UNK |
| 99500003 | SAL ACID IN<br>CORTICOSTEROID CR. | UNK |
| 99500001 | STEROID CR AND<br>ANTIFUNGAL CR.  | UNK |
| 99500006 | SULFUR IN NON-MEDICATED<br>CR.    | UNK |

## 92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

### EXTEMPORANEOUS MIXTURE

#### Injection

|          |                                   |     |
|----------|-----------------------------------|-----|
| 99506010 | AMIKACIN INJ.                     | UNK |
| 99506013 | AMPHOTERACIN B<br>LIPOSOMAL INJ.  | UNK |
| 99506005 | AMPICILLIN INJ.                   | UNK |
| 99506000 | CEFAZOLIN INJ.                    | UNK |
| 99506007 | CEFTAZIDIME INJ.                  | UNK |
| 99506001 | CEFTRIAZONE INJ.                  | UNK |
| 99506008 | CLINDAMYCIN INJ.                  | UNK |
| 99506002 | CLOXACILLIN INJ.                  | UNK |
| 99506016 | DEFEROXAMINE INJ.                 | UNK |
| 99506012 | ERTAPENEM INJ.                    | UNK |
| 99506019 | FENTANYL INJ.                     | UNK |
| 99506004 | GENTAMYCIN INJ.                   | UNK |
| 99506017 | HYDROMORPHONE HP INJ.             | UNK |
| 99506015 | IRON SUCROSE INJ.                 | UNK |
| 99506011 | MEROPENEM INJ.                    | UNK |
| 99506020 | METHOTREXATE SYRINGE              | UNK |
| 99506021 | MISC. COMPOUNDED<br>INJ./INFUSION | UNK |
| 99506018 | MORPHINE HP INJ.                  | UNK |
| 99506003 | PENICILLIN G SODIUM INJ.          | UNK |
| 99506009 | PIPERACILLIN-TAZOBACTAM<br>INJ.   | UNK |
| 99506006 | TOBRAMYCIN INJ.                   | UNK |
| 99506014 | VANCOMYCIN INJ.                   | UNK |

#### Lotion

|          |                                   |     |
|----------|-----------------------------------|-----|
| 99502000 | CLINDAMYCIN IN DILUSOL            | UNK |
| 99502001 | MENTHOL&CAMPHOR IN<br>STEROID LOT | UNK |
| 99502002 | MISC. COMPOUNDED<br>EXTERNAL LOT. | UNK |

#### Miscellaneous

|          |  |     |
|----------|--|-----|
| 00915000 | STERILE EXTEMPORANEOUS<br>MIXTURE (QC) | UNK |
|----------|--|-----|

#### Ointment

|          |                                   |     |
|----------|-----------------------------------|-----|
| 99501006 | ALL PURPOSE NIPPLE OINT           | UNK |
| 99501000 | LCD IN CORTICOSTEROID<br>OINT.    | UNK |
| 99501005 | LCD IN NON-MEDICATED OINT         | UNK |
| 99501004 | MISC. COMPOUNDED<br>TOPICAL OINT. | UNK |
| 99501003 | NIFEDIPINE IN<br>CALMOSEPTINE OIN | UNK |
| 99501001 | SAL ACID IN NON-MEDICATED<br>OINT | UNK |
| 99501002 | SULFUR IN NON-MEDICATED<br>OINT.  | UNK |

**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS****EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                                |     |
|----------|--------------------------------|-----|
| 99503009 | ALDACTAZIDE 5MG/ML             | UNK |
| 99503018 | ALLOPURINOL 20MG/ML            | UNK |
| 99503016 | AMIODARONE 5MG/ML              | UNK |
| 99503003 | AMLODIPINE 1MG/ML              | UNK |
| 99503028 | ANTACID AND LIDOCAINE SUSP.    | UNK |
| 99503011 | BACLOFEN 5MG/ML                | UNK |
| 99503020 | CLONAZEPAM 0.1MG/ML            | UNK |
| 99503021 | CLONIDINE 0.1MG/ML             | UNK |
| 99503007 | DEXAMETHASONE 1MG/ML           | UNK |
| 99503005 | DOMPERIDONE 1MG/ML             | UNK |
| 99503013 | ENALAPRIL 1MG/ML               | UNK |
| 99503000 | HYDROCHLOROTHIAZIDE 5MG/ML     | UNK |
| 99503031 | ISONIAZID 25MG/ML SUSPENSION   | UNK |
| 99503010 | LANSOPRAZOLE 3MG/ML            | UNK |
| 99503026 | LEVETIRACETAM 50MG/ML          | UNK |
| 99503029 | MAGIC MOUTHWASH                | UNK |
| 99503015 | METOPROLOL 10MG/ML             | UNK |
| 99503012 | METRONIDAZOLE 50MG/ML          | UNK |
| 99503025 | MISC. COMPOUNDED INTERNAL LIQ. | UNK |
| 99503004 | NITROFURANTOIN 10MG/ML         | UNK |
| 99503002 | OMEPRAZOLE 2MG/ML              | UNK |
| 99503008 | PREDNISONE 5MG/ML              | UNK |
| 99503014 | PROPRANOLOL 1MG/ML             | UNK |
| 99503022 | RIFAMPIN 25MG/ML               | UNK |
| 99503023 | SOTALOL 5MG/ML                 | UNK |
| 99503001 | SPIRONOLACTONE 5MG/ML          | UNK |
| 99503027 | TOPIRAMATE 6MG/ML              | UNK |
| 99503006 | TRANEXAMIC DENTAL MWH 100MG/ML | UNK |
| 99503017 | TRIMETHOPRIM 10MG/ML           | UNK |
| 99503024 | UROSODIOL 50MG/ML              | UNK |

**Powder**

|          |                               |     |
|----------|-------------------------------|-----|
| 99504000 | MISC. COMPOUNDED EXTERNAL PD. | UNK |
| 99505000 | MISC. COMPOUNDED INTERNAL PD. | UNK |

**Solution**

|          |                               |     |
|----------|-------------------------------|-----|
| 99507000 | MISC. COMPOUNDED EYE/EAR DROP | UNK |
|----------|-------------------------------|-----|

**Suppository**

|          |                              |     |
|----------|------------------------------|-----|
| 99508000 | MISC. COMPOUNDED SUPPOSITORY | UNK |
|----------|------------------------------|-----|

**LANREOTIDE****120mg/0.5mL Injection**

|          |                    |     |
|----------|--------------------|-----|
| 02283417 | SOMATULINE AUTOGEL | IPS |
|----------|--------------------|-----|

**NEDOCROMIL SODIUM****2% Ophth Solution**

|          |        |     |
|----------|--------|-----|
| 02241407 | ALOCRI | ALL |
|----------|--------|-----|

**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS****OCTREOTIDE****10mg/Vial Injection**

|          |                 |     |
|----------|-----------------|-----|
| 02239323 | SANDOSTATIN LAR | NVR |
|----------|-----------------|-----|

**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 |
|----------|---------|-----|

**92:01.00 NATURAL HEALTH PRODUCTS****HYDROCORTISONE****1% Lotion**

|          |                     |     |
|----------|---------------------|-----|
| 80057191 | JAMP-HYDROCORTISONE | JAP |
|----------|---------------------|-----|

**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.

**<sup>ST</sup> 2mg Gum**

|          |        |     |
|----------|--------|-----|
| 80000396 | THRIVE | TEV |
|----------|--------|-----|

**92:01.00 NATURAL HEALTH PRODUCTS****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.

<sup>ST</sup> **4mg Gum**

|          |        |     |
|----------|--------|-----|
| 80000402 | THRIVE | TEV |
|----------|--------|-----|

**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.

<sup>ST</sup> **1mg Lozenge**

|          |        |     |
|----------|--------|-----|
| 80007461 | THRIVE | TEV |
|----------|--------|-----|

<sup>ST</sup> **2mg Lozenge**

|          |        |     |
|----------|--------|-----|
| 80007464 | THRIVE | TEV |
|----------|--------|-----|

**SENNOSIDES**<sup>ST</sup> **8.6mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 80054498 | M-SENNOSIDES | MAN |
|----------|--------------|-----|

**VITAMIN D**<sup>ST</sup> **800IU Capsule**

|          |           |     |
|----------|-----------|-----|
| 80008446 | VITAMIN D | BMI |
|----------|-----------|-----|

<sup>ST</sup> **1,000IU Capsule**

|          |        |     |
|----------|--------|-----|
| 80051562 | RIVA-D | RIV |
|----------|--------|-----|

**92:01.28****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).

<sup>ST</sup> **Tablet**

|          |                      |     |
|----------|----------------------|-----|
| 80045822 | CENTRUM PRENATAL     | PFI |
| 80042704 | CENTRUM PRENATAL DHA | PFI |

**92:01.88****CHOLECALCIFEROL**<sup>ST</sup> **1,000IU Capsule**

|          |            |     |
|----------|------------|-----|
| 80009635 | VITAMIN D3 | PED |
|----------|------------|-----|

**VITAMIN D**<sup>ST</sup> **400IU Tablet**

|          |           |     |
|----------|-----------|-----|
| 80002452 | VITAMIN D | WNP |
|----------|-----------|-----|

<sup>ST</sup> **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.

<sup>ST</sup> **0.5MG Capsule**

|          |                    |     |
|----------|--------------------|-----|
| 02412691 | ACT DUTASTERIDE    | ATP |
| 02404206 | APO-DUTASTERIDE    | APX |
| 02247813 | AVODART            | GSK |
| 02421712 | DUTASTERIDE        | PDL |
| 02429012 | DUTASTERIDE        | SIV |
| 02443058 | DUTASTERIDE        | SAN |
| 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.

<sup>ST</sup> **5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02365383 | APO-FINASTERIDE    | APX |
| 02405814 | AURO-FINASTERIDE   | AUR |
| 02354462 | CO FINASTERIDE     | CBT |
| 02376709 | DOM-FINASTERIDE    | DOM |
| 02350270 | FINASTERIDE        | PDL |
| 02355043 | FINASTERIDE        | ACC |
| 02447541 | FINASTERIDE        | SIV |
| 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    | RBV |
| 02306905 | RATIO-FINASTERIDE  | RPH |
| 02322579 | SANDOZ FINASTERIDE | SDZ |

**92:12.00****LEUCOVORIN CALCIUM**<sup>ST</sup> **5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02170493 | LEUCOVORIN CALCIUM | WAY |
|----------|--------------------|-----|

**92:16.00****ALLOPURINOL**<sup>ST</sup> **100mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00449687 | ALLOPRIN         | VAE |
| 00555681 | ALLOPURINOL      | PDL |
| 02402769 | APO-ALLOPURINOL  | APX |
| 02421593 | JAMP-ALLOPURINOL | JAP |
| 02396327 | MAR-ALLOPURINOL  | MAR |
| 00402818 | ZYLOPRIM         | AAP |

<sup>ST</sup> **200mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 00514209 | ALLOPRIN         | VAE |
| 02130157 | ALLOPURINOL      | PDL |
| 02402777 | APO-ALLOPURINOL  | APX |
| 02421607 | JAMP-ALLOPURINOL | JAP |
| 02396335 | MAR-ALLOPURINOL  | MAR |
| 00479799 | ZYLOPRIM         | AAP |

<sup>ST</sup> **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 |

**COLCHICINE****0.6mg Tablet**

|          |                 |     |
|----------|-----------------|-----|
| 00572349 | COLCHICINE      | ODN |
| 02373823 | JAMP-COLCHICINE | JAP |
| 02402181 | PMS-COLCHICINE  | PMS |

**1mg Tablet**

|          |            |     |
|----------|------------|-----|
| 00206032 | COLCHICINE | EUR |
| 00621374 | COLCHICINE | ODN |

**FEBUXOSTAT**

Limited use benefit (prior approval required).

For patients with symptomatic gout who have documented hypersensitivity to allopurinol

<sup>ST</sup> **80mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02357380 | ULORIC | TAK |
|----------|--------|-----|

**92:24.00****ALENDRONATE SODIUM**<sup>ST</sup> **5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02401118 | ACCEL-ALENDRONATE  | ACP |
| 02381478 | ALENDRONATE        | ACC |
| 02248727 | APO-ALENDRONATE    | APX |
| 02384698 | RAN-ALENDRONATE    | RBV |
| 02288079 | SANDOZ ALENDRONATE | SDZ |
| 02248251 | TEVA-ALENDRONATE   | TEV |

**92:24.00****ALENDRONATE SODIUM**<sup>ST</sup> **10mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02401126 | ACCEL-ALENDRONATE  | ACP |
| 02381486 | ALENDRONATE        | ACC |
| 02248728 | APO-ALENDRONATE    | APX |
| 02388545 | AURO-ALENDRONATE   | AUR |
| 02394863 | MINT-ALENDRONATE   | MIN |
| 02270129 | MYLAN-ALENDRONATE  | MYL |
| 02384701 | RAN-ALENDRONATE    | RBV |
| 02288087 | SANDOZ ALENDRONATE | SDZ |
| 02247373 | TEVA-ALENDRONATE   | TEV |

<sup>ST</sup> **40mg Tablet**

|          |                |     |
|----------|----------------|-----|
| 02258102 | CO ALENDRONATE | COB |
|----------|----------------|-----|

<sup>ST</sup> **70mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02401134 | ACCEL-ALENDRONATE  | ACP |
| 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    | RBV |
| 02270889 | RIVA-ALENDRONATE   | RIV |
| 02288109 | SANDOZ ALENDRONATE | SDZ |
| 02261715 | TEVA-ALENDRONATE   | TEV |

**ALENDRONATE SODIUM, VITAMIN D3**<sup>ST</sup> **70mg/2800U Tablet**

|          |                                  |     |
|----------|----------------------------------|-----|
| 02276429 | FOSAVANCE                        | FRS |
| 02403633 | TEVA-ALENDRONATE/CHOLECALCIFEROL | TEP |

<sup>ST</sup> **70mg/5600U Tablet**

|          |                                    |     |
|----------|------------------------------------|-----|
| 02314940 | FOSAVANCE                          | MSP |
| 02429160 | SANDOZ ALENDRONATE/CHOLECALCIFEROL | SDZ |
| 02403641 | TEVA-ALENDRONATE/CHOLECALCIFEROL   | TEP |

**92:24.00****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  $\leq$  -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****<sup>ST</sup> 200mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02248686 | CO ETIDRONATE    | COB |
| 02245330 | MYLAN-ETIDRONATE | MYL |

**ETIDRONATE DISODIUM, CALCIUM CARBONATE****<sup>ST</sup> 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 |

**92:24.00****RISEDRONATE SODIUM****<sup>ST</sup> 5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02242518 | ACTONEL          | PGP |
| 02298376 | NOVO-RISEDRONATE | TEV |

**<sup>ST</sup> 30mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02239146 | ACTONEL          | PGP |
| 02298384 | NOVO-RISEDRONATE | TEV |

**<sup>ST</sup> 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); AND who have at least two of the following:
  - age >70 years
  - a prior fragility fracture
  - a bone mineral density (BMD) T-score  $\leq$  - 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****125mg Injection**

|          |         |     |
|----------|---------|-----|
| 02402475 | ORENCIA | BMS |
|----------|---------|-----|

**250mg Injection**

|          |         |     |
|----------|---------|-----|
| 02282097 | ORENCIA | BMS |
|----------|---------|-----|



## 92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

### 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.
- Psoriatic arthritis according to established criteria.
- Ankylosing spondylitis 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 |

### 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.
- Ulcerative colitis according to established criteria.

(Please refer to Appendix A).

#### 50mg/0.5mL Injection

|          |                            |     |
|----------|----------------------------|-----|
| 02324784 | SIMPONI AUTO INJECTOR      | CER |
| 02324776 | SIMPONI PRE-FILLED SYRINGE | CER |

#### 100mg/mL Injection

|          |                            |     |
|----------|----------------------------|-----|
| 02413175 | SIMPONI PRE-FILLED SYRINGE | CER |
| 02413183 | SIMPONI PRE-FILLED SYRINGE | CER |

## 92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

### INFLIXIMAB

Limited use benefit (prior approval required).

For treatment of:

- Fistulizing Crohn's disease according to established criteria.
- For adult patients with severe 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

#### <sup>ST</sup> 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 |

#### <sup>ST</sup> 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:

- Rheumatoid Arthritis according to established criteria.
- Systemic juvenile idiopathic arthritis (sJIA) according to established criteria.
- Polyarticular juvenile idiopathic arthritis (pJIA) according to established criteria.

(Please refer to Appendix A).

#### 80mg/4ml Injection

|          |         |     |
|----------|---------|-----|
| 02350092 | ACTEMRA | HLR |
|----------|---------|-----|

#### 200mg/10ml Injection

|          |         |     |
|----------|---------|-----|
| 02350106 | ACTEMRA | HLR |
|----------|---------|-----|

#### 400mg/20ml Injection

|          |         |     |
|----------|---------|-----|
| 02350114 | ACTEMRA | HLR |
|----------|---------|-----|

**92:44.00****AZATHIOPRINE**<sup>ST</sup> **50mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02242907 | APO-AZATHIOPRINE   | APX |
| 02343002 | AZATHIOPRINE       | SAN |
| 02243371 | AZATHIOPRINE-50    | PDL |
| 00004596 | IMURAN             | GSK |
| 02231491 | MYLAN-AZATHIOPRINE | MYL |
| 02236819 | TEVA-AZATHIOPRINE  | TEP |

**CYCLOSPORINE**

Limited use benefit (prior approval required).

For transplant therapy.

<sup>ST</sup> **10mg Capsule**

|          |        |     |
|----------|--------|-----|
| 02237671 | NEORAL | NVR |
|----------|--------|-----|

<sup>ST</sup> **25mg Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02150689 | NEORAL              | NVR |
| 02247073 | SANDOZ-CYCLOSPORINE | SDZ |

<sup>ST</sup> **50mg Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02150662 | NEORAL              | NVR |
| 02247074 | SANDOZ-CYCLOSPORINE | SDZ |

<sup>ST</sup> **100mg Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02150670 | NEORAL              | NVR |
| 02242821 | SANDOZ-CYCLOSPORINE | SDZ |

<sup>ST</sup> **100mg/mL Oral Solution**

|          |                  |     |
|----------|------------------|-----|
| 02244324 | APO-CYCLOSPORINE | APX |
|----------|------------------|-----|

<sup>ST</sup> **100mg/mL Solution**

|          |        |     |
|----------|--------|-----|
| 02150697 | NEORAL | NVR |
|----------|--------|-----|

**EXTEMPORANEOUS MIXTURE****Oral Solution**

|          |                      |     |
|----------|----------------------|-----|
| 99503019 | AZATHIOPRINE 50MG/ML | UNK |
|----------|----------------------|-----|

**MYCOPHENOLATE MOFETIL**

Limited use benefit (prior approval required).

For transplant therapy.

<sup>ST</sup> **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 |

<sup>ST</sup> **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.

<sup>ST</sup> **180mg Enteric Coated Tablet**

|          |                       |     |
|----------|-----------------------|-----|
| 02372738 | APO-MYCOPHENOLIC ACID | APX |
| 02264560 | MYFORTIC              | NVR |

<sup>ST</sup> **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.

<sup>ST</sup> **1mg/mL Oral Liquid**

|          |          |     |
|----------|----------|-----|
| 02243237 | RAPAMUNE | WAY |
|----------|----------|-----|

<sup>ST</sup> **1mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02247111 | RAPAMUNE | WAY |
|----------|----------|-----|

**TACROLIMUS**

Limited use benefit (prior approval required).

For transplant therapy.

<sup>ST</sup> **3MG CAP LA**

|          |                     |     |
|----------|---------------------|-----|
| 02331667 | ADVAGRAF 3MG ER CAP | AST |
|----------|---------------------|-----|

<sup>ST</sup> **0.5mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02243144 | PROGRAF           | AST |
| 02416816 | SANDOZ TACROLIMUS | SDZ |

<sup>ST</sup> **1mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02175991 | PROGRAF           | AST |
| 02416824 | SANDOZ TACROLIMUS | SDZ |

<sup>ST</sup> **5mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02175983 | PROGRAF           | AST |
| 02416832 | SANDOZ TACROLIMUS | SDZ |

<sup>ST</sup> **5mg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02176009 | PROGRAF | AST |
|----------|---------|-----|

<sup>ST</sup> **0.5mg Long Acting Capsule**

|          |          |     |
|----------|----------|-----|
| 02296462 | ADVAGRAF | AST |
|----------|----------|-----|

<sup>ST</sup> **1mg Long Acting Capsule**

|          |          |     |
|----------|----------|-----|
| 02296470 | ADVAGRAF | AST |
|----------|----------|-----|

<sup>ST</sup> **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; OR
- b. - cervical dystonia (spasmodic torticollis); OR
- c. - 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****<sup>ST</sup> 2mg & 35mcg Tablet**

|          |            |     |
|----------|------------|-----|
| 02290308 | CYESTRA-35 | PMS |
|----------|------------|-----|

|          |          |     |
|----------|----------|-----|
| 02233542 | DIANE-35 | BAY |
|----------|----------|-----|

|          |   |     |
|----------|---|-----|
| 02309556 | TEVA-<br>CYPROTERONE/ETHINYL<br>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.

**50Unit/Vial Injection**

|          |        |     |
|----------|--------|-----|
| 02371081 | XEOMIN | MEZ |
|----------|--------|-----|

**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 2 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 |
| 96899972 | RESPICHAMBER VHC W MOUTHPIECE   | TRU |

**94:01.00 DEVICES (DIABETIC)**

**ADHESHIVE WIPES**

**Misc**

|          |                           |     |
|----------|---------------------------|-----|
| 97799671 | SKIN PREP ADHESHIVE WIPES | UNK |
|----------|---------------------------|-----|

**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 - Reservoirs**

|                         |     |
|-------------------------|-----|
| 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 - Reservoirs**

|          |                         |     |
|----------|-------------------------|-----|
| 97799674 | CARTRIDGE FOR IR200 2ML | AMS |
|----------|-------------------------|-----|

**Device**

|          |                      |     |
|----------|----------------------|-----|
| 99401038 | INSULIN PUMP BATTERY | AUC |
|----------|----------------------|-----|

**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 |

**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.

**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 - Reservoirs**

|          |                             |     |
|----------|-----------------------------|-----|
| 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 |
| 00977187 | ALCOHOL SWABS 6893 BUTTERFLY | BTD |
| 00977195 | ALCOHOL SWABS 6896 (150)     | BTD |
| 00809357 | ALCOHOL SWABS BD             | BTD |
| 99038349 | ALCOHOL SWABS BD REGULAR     | 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<br>LANCET 102  | ROC |
| 97799495 | ACCU-CHEK FASTCLIK<br>LANCET 204  | ROC |
| 97799817 | ACCU-CHEK MULTICLIX               | ROD |
| 97799945 | ACCU-CHEK SOFTCLIX<br>LANCETS     | ROC |
| 97799946 | ACCU-CHEK SOFTCLIX<br>LANCETS     | ROC |
| 97799690 | BD ULTRAFINE 33G LANCETS          | BTD |
| 97799466 | BG STAR LANCETS                   | SAC |
| 97799541 | EZ HEALTH ORACLE LANCETS          | TRE |
| 97799825 | FINGERSTIX LANCETS                | BAY |
| 97799253 | FIRST CAN. HEALTH 28G<br>LANCET   | ARA |
| 97799254 | FIRST CAN. HEALTH 30G<br>LANCET   | ARA |
| 97799255 | FIRST CAN. HEALTH 33G<br>LANCET   | ARA |
| 97799292 | FIRST CANADIAN HEALTH<br>LANCETS  | ARA |
| 97799826 | FREESTYLE LANCETS                 | BAY |
| 97799766 | ITEST LANCETS 28G                 | AUC |
| 97799767 | ITEST LANCETS 33G                 | AUC |
| 97799388 | MEDI+SURE SOFT 30G TWIST<br>LANC. | MEC |
| 97799389 | MEDI+SURE SOFT 33G TWIST<br>LANC. | MEC |
| 97799918 | MICROLET LANCETS                  | BAY |
| 97799804 | MONOLET (MONOJECT) 21G            | TYC |
| 97799801 | MONOLET THIN (MONOJECT)<br>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<br>30G    | JAJ |
| 97799501 | ONETOUCH DELICA LANCET<br>33G     | JAJ |
| 97799970 | ONETOUCH ULTRASOFT<br>LANCETS     | JAJ |
| 97799348 | ULTILET CLASSIC LANCETS           | SKY |

**MAGNIFIER****Magnifier**

|          |                         |  |
|----------|-------------------------|--|
| 99400550 | SYRINGE SCALE MAGNIFIER |  |
|----------|-------------------------|--|

**PEN NEEDLE****<sup>ST</sup> Needle**

|          |  |     |
|----------|--|-----|
| 97799433 | BD AUTOSHIELD DUO<br>SAFETY PEN NEEDLE | BDT |
| 00909114 | BD ULTRA-FINE III PEN<br>NEEDLE        | BTD |
| 00897590 | NOVOLIN-PEN NEEDLE                     | NOO |

**<sup>ST</sup> 31GX5MM Needle**

|          |              |     |
|----------|--------------|-----|
| 97799282 | BD ULTRAFINE | BTD |
|----------|--------------|-----|

**94:01.00 DEVICES (DIABETIC)****PEN NEEDLE****<sup>ST</sup> 31GX8MM Needle**

|          |               |     |
|----------|---------------|-----|
| 97799281 | BD ULTRAFINE  | BTD |
| 00963976 | ULTRAFINE III | BTD |

**<sup>ST</sup> 32GX4MM Needle**

|          |                             |     |
|----------|-----------------------------|-----|
| 97799334 | MONTMED MONTKIDDY BLUE      | MTD |
| 97799337 | MONTMED MONTKIDDY<br>GREEN  | MTD |
| 97799335 | MONTMED MONTKIDDY PINK      | MTD |
| 97799336 | MONTMED MONTKIDDY<br>YELLOW | MTD |

**<sup>ST</sup> 29G Needle**

|          |                          |     |
|----------|--------------------------|-----|
| 97799897 | BD ULTRA-FINE PEN NEEDLE | BTD |
|----------|--------------------------|-----|

**<sup>ST</sup> 29GX12.7MM Needle**

|          |                                    |     |
|----------|------------------------------------|-----|
| 97799561 | SUPER-FINE PEN NEEDLES<br>STANDARD | PMS |
|----------|------------------------------------|-----|

**<sup>ST</sup> 29GX12MM Needle**

|          |  |     |
|----------|--|-----|
| 97799566 | INSUPEN PEN NEEDLES                          | DPI |
| 97799543 | ULTICARE PEN NEEDLES<br>WITH SHARP CONTAINER | UMI |
| 97799991 | UNIFINE PENTIPS (OWEN<br>MUMFORD)            | AUC |

**<sup>ST</sup> 29GX8MM Needle**

|          |                              |     |
|----------|------------------------------|-----|
| 97799526 | BD AUTOSHIELD PEN<br>NEEDLES | BTD |
|----------|------------------------------|-----|

**<sup>ST</sup> 30G Needle**

|          |                       |     |
|----------|-----------------------|-----|
| 97799467 | NOVOTWIST TIP NEEDLES | NOO |
|----------|-----------------------|-----|

**<sup>ST</sup> 30GX6MM Needle**

|          |                          |     |
|----------|--------------------------|-----|
| 97799911 | NOVOFINE 30GX 6MM NEEDLE | NOV |
|----------|--------------------------|-----|

**<sup>ST</sup> 30GX8MM Needle**

|          |                          |     |
|----------|--------------------------|-----|
| 97799567 | INSUPEN PEN NEEDLES      | DPI |
| 97799910 | NOVOFINE 30GX 8MM NEEDLE | NOV |

**<sup>ST</sup> 31GX4.5MM Needle**

|          |                       |     |
|----------|-----------------------|-----|
| 97799404 | CLICKFINE PEN NEEDLES | AUC |
|----------|-----------------------|-----|

**<sup>ST</sup> 31GX5MM Needle**

|          |                                   |     |
|----------|-----------------------------------|-----|
| 97799563 | SUPER-FINE PEN NEEDLES<br>MICRO   | PMS |
| 97799426 | UNIFINE PENTIPS (OWEN<br>MUMFORD) | AUC |

**<sup>ST</sup> 31GX6MM Needle**

|          |  |     |
|----------|--|-----|
| 97799405 | CLICKFINE PEN NEEDLES                        | AUC |
| 97799569 | INSUPEN PEN NEEDLES                          | DPI |
| 97799364 | MONTMED INSULIN PEN<br>NEEDLE                | MTD |
| 97799545 | ULTICARE PEN NEEDLES<br>WITH SHARP CONTAINER | UMI |
| 97799993 | UNIFINE PENTIPS (OWEN<br>MUMFORD)            | AUC |

**94:01.00 DEVICES (DIABETIC)****PEN NEEDLE****<sup>ST</sup> 31GX8MM Needle**

|          |   |     |
|----------|---|-----|
| 97799406 | CLICKFINE PEN NEEDLES                     | AUC |
| 97799568 | INSUPEN PEN NEEDLES                       | DPI |
| 97799441 | LIFE BRAND PEN NEEDLES                    | HOD |
| 97799366 | MONTMED INSULIN PEN NEEDLE                | MTD |
| 97799562 | SUPER-FINE PEN NEEDLES XTRA               | PMS |
| 97799544 | ULTICARE PEN NEEDLES WITH SHARP CONTAINER | UMI |
| 97799992 | UNIFINE PENTIPS (OWEN MUMFORD)            | AUC |

**<sup>ST</sup> 32G Needle**

|          |                       |     |
|----------|-----------------------|-----|
| 97799821 | NOVOFINE PEN NEEDLES  | NOO |
| 97799468 | NOVOTWIST TIP NEEDLES | NOO |

**<sup>ST</sup> 32GX4MM Needle**

|          |                                |     |
|----------|--------------------------------|-----|
| 97799527 | BD ULTRA-FINE NANO PEN NEEDLES | BTD |
| 97799399 | INSUPEN                        | DRX |
| 97799367 | MONTMED INSULIN PEN NEEDLE     | MTD |
| 97799386 | NOVOFINE PLUS                  | NOO |
| 97799440 | ULTICARE PEN NEEDLES           | DPI |

**<sup>ST</sup> 32GX6MM Needle**

|          |                            |     |
|----------|----------------------------|-----|
| 97799571 | INSUPEN PEN NEEDLES        | DPI |
| 97799363 | MONTMED INSULIN PEN NEEDLE | MTD |

**<sup>ST</sup> 32GX8MM Needle**

|          |                            |     |
|----------|----------------------------|-----|
| 97799570 | INSUPEN PEN NEEDLES        | DPI |
| 97799365 | MONTMED INSULIN PEN NEEDLE | MTD |

**<sup>ST</sup> 33GX4MM Needle**

|          |         |     |
|----------|---------|-----|
| 97799383 | INSUPEN | DRX |
|----------|---------|-----|

**SHARPS CONTAINER****Device**

|          |                           |     |
|----------|---------------------------|-----|
| 99401026 | B-D SHARPS CONTAINER 1.4L | BTD |
| 99401027 | B-D SHARPS CONTAINER 3.1L | BTD |

**SYRINGE****<sup>ST</sup> Syringe**

|          |                                 |     |
|----------|---------------------------------|-----|
| 97799510 | ULTICARE LOW DEAD SPACE SYRINGE | UMI |
|----------|---------------------------------|-----|

**<sup>ST</sup> Syringe**

|          |                 |     |
|----------|-----------------|-----|
| 00977020 | PLASTIPAK MICRO | BTD |
|----------|-----------------|-----|

**<sup>ST</sup> 0.3CC Syringe**

|          |               |     |
|----------|---------------|-----|
| 00977961 | BD MICRO-FINE | BTD |
|----------|---------------|-----|

**<sup>ST</sup> 0.5CC Syringe**

|          |          |     |
|----------|----------|-----|
| 00920096 | E-Z JE   | RIV |
| 00977136 | MONOJECT | BTD |

**<sup>ST</sup> 0.5CC/1CC Syringe**

|          |          |     |
|----------|----------|-----|
| 00977128 | MONOJECT | SHW |
|----------|----------|-----|

**<sup>ST</sup> 1CC Syringe**

|          |        |     |
|----------|--------|-----|
| 00920061 | E-Z JE | RIV |
|----------|--------|-----|

**94:01.00 DEVICES (DIABETIC)****SYRINGE****<sup>ST</sup> 1ML Syringe**

|          |                                |     |
|----------|--------------------------------|-----|
| 09991376 | BD LUER-LOK SYRINGE ONLY (1ML) | BTD |
| 09991375 | BD SLIP TIP SYRINGE ONLY (1ML) | BTD |

**<sup>ST</sup> 3ML Syringe**

|          |                                |     |
|----------|--------------------------------|-----|
| 09991371 | BD LUER-LOK SYRINGE ONLY (3ML) | BTD |
| 09991372 | BD SLIP TIP SYRINGE ONLY (3ML) | BTD |

**<sup>ST</sup> 5ML Syringe**

|          |                                |     |
|----------|--------------------------------|-----|
| 09991373 | BD LUER-LOK SYRINGE ONLY (5ML) | BTD |
| 09991374 | BD SLIP TIP SYRINGE ONLY (5ML) | BTD |

**<sup>ST</sup> 10ML Syringe**

|          |                                 |     |
|----------|---------------------------------|-----|
| 09991363 | BD LUER-LOK SYRINGE ONLY (10ML) | BTD |
| 09991364 | BD SLIP TIP SYRINGE ONLY (10ML) | BTD |

**<sup>ST</sup> 20ML Syringe**

|          |                                 |     |
|----------|---------------------------------|-----|
| 09991368 | BD LUER-LOK SYRINGE ONLY (20ML) | BTD |
| 09991369 | BD SLIP TIP SYRINGE ONLY (20ML) | BTD |

**<sup>ST</sup> 28GX0.5CC Syringe**

|          |               |     |
|----------|---------------|-----|
| 00920177 | BD MICRO-FINE | BTD |
|----------|---------------|-----|

**<sup>ST</sup> 28GX1CC Syringe**

|          |               |     |
|----------|---------------|-----|
| 00920185 | BD MICRO-FINE | BTD |
|----------|---------------|-----|

**<sup>ST</sup> 30ML Syringe**

|          |                                 |     |
|----------|---------------------------------|-----|
| 09991377 | BD LUER-LOK SYRINGE ONLY (30ML) | BTD |
| 09991378 | BD SLIP TIP SYRINGE ONLY (30ML) | BTD |

**<sup>ST</sup> 31GX0.3CC Syringe**

|          |                          |     |
|----------|--------------------------|-----|
| 97799369 | MONTMED INSULIN SYRINGES | MTD |
|----------|--------------------------|-----|

**<sup>ST</sup> 31GX0.5CC Syringe**

|          |                          |     |
|----------|--------------------------|-----|
| 97799370 | MONTMED INSULIN SYRINGES | MTD |
|----------|--------------------------|-----|

**<sup>ST</sup> 31GX1CC Syringe**

|          |                          |     |
|----------|--------------------------|-----|
| 97799371 | MONTMED INSULIN SYRINGES | MTD |
|----------|--------------------------|-----|

**<sup>ST</sup> 60ML Syringe**

|          |                                 |     |
|----------|---------------------------------|-----|
| 09991455 | BD LUER-LOK SYRINGE ONLY (60ML) | BTD |
| 09991454 | BD SLIP TIP SYRINGE ONLY (60ML) | BTD |

**SYRINGE & NEEDLE****<sup>ST</sup> 18G Needle**

|          |                                  |     |
|----------|----------------------------------|-----|
| 09991402 | BD PRECISIONGLIDE 18GX1 1/2 INCH | BTD |
| 09991401 | BD PRECISIONGLIDE 18GX1 INCH     | BTD |

**94:01.00 DEVICES (DIABETIC)****SYRINGE & NEEDLE**

|   |   |     |  |
|---|---|-----|--|
| <b><sup>ST</sup> 25G Needle</b>                   |   |     |  |
| 09991385  | BD PRECISIONGLIDE 25GX5/8 INCH          | BTD |  |
| 09991386  | BD PRECISIONGLIDE 25GX7/8 INCH          | BTD |  |
| <b><sup>ST</sup> 26G Needle</b>                   |   |     |  |
| 09991384  | BD PRECISIONGLIDE 26GX1/2 INCH          | BTD |  |
| 09991383  | BD PRECISIONGLIDE 26GX3/8 INCH          | BTD |  |
| <b><sup>ST</sup> 27G Needle</b>                   |   |     |  |
| 09991382  | BD PRECISIONGLIDE 27GX1 1/4 INCH        | BTD |  |
| <b><sup>ST</sup> 27GX1/2 Needle</b>               |   |     |  |
| 09991381  | BD PRECISIONGLIDE 27GX1/2 INCH          | BTD |  |
| <b><sup>ST</sup> 0.25CC Syringe and Needle</b>    |   |     |  |
| 99002132  | INSULIN SYR W/NEEDL                     | AUT |  |
| <b><sup>ST</sup> 0.3CC Syringe and Needle</b>     |   |     |  |
| 99002140  | INSULIN SYR W/NEEDL                     | AUT |  |
| <b><sup>ST</sup> 29GX0.3CC Syringe and Needle</b> |   |     |  |
| 97799999  | ULTICARE INSULIN SYRINGE                | UMI |  |
| <b><sup>ST</sup> 0.5CC Syringe and Needle</b>     |   |     |  |
| 99002159  | INSULIN SYR W/NEEDL                     | AUT |  |
| <b><sup>ST</sup> 1CC Syringe and Needle</b>       |   |     |  |
| 99002167  | INSULIN SYR W/NEEDL                     | AUT |  |
| <b><sup>ST</sup> 18GX1 1/2 Syringe and Needle</b> |   |     |  |
| 09991349  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)  | BTD |  |
| <b><sup>ST</sup> 20GX1 Syringe and Needle</b>     |   |     |  |
| 09991335  | BD LUER-LOK SYRINGE/NEEDLE COMBO (10ML) | BTD |  |
| 09991348  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)  | BTD |  |
| 09991354  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)  | BTD |  |
| <b><sup>ST</sup> 20GX1 1/2 Syringe and Needle</b> |   |     |  |
| 09991336  | BD LUER-LOK SYRINGE/NEEDLE COMBO (10ML) | BTD |  |
| 09991347  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)  | BTD |  |
| 09991355  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)  | BTD |  |

**94:01.00 DEVICES (DIABETIC)****SYRINGE & NEEDLE**

|   |  |     |  |
|---|--|-----|--|
| <b><sup>ST</sup> 21GX1 Syringe and Needle</b>     |  |     |  |
| 09991333  | BD LUER-LOK SYRINGE/NEEDLE COMBO (10ML)      | BTD |  |
| 09991346  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| 09991352  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)       | BTD |  |
| 09991360  | BD TUBERCULIN SYR/DETACHABLE NEEDLE SLIP TIP | BTD |  |
| <b><sup>ST</sup> 21GX1 1/2 Syringe and Needle</b> |  |     |  |
| 09991334  | BD LUER-LOK SYRINGE/NEEDLE COMBO (10ML)      | BTD |  |
| 09991345  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| 09991353  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)       | BTD |  |
| <b><sup>ST</sup> 22GX1 Syringe and Needle</b>     |  |     |  |
| 09991343  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| 09991350  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)       | BTD |  |
| <b><sup>ST</sup> 22GX1 1/2 Syringe and Needle</b> |  |     |  |
| 09991332  | BD LUER-LOK SYRINGE/NEEDLE COMBO (10ML)      | BTD |  |
| 09991341  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| 09991351  | BD LUER-LOK SYRINGE/NEEDLE COMBO (5ML)       | BTD |  |
| <b><sup>ST</sup> 22GX3/4 Syringe and Needle</b>   |  |     |  |
| 09991344  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| <b><sup>ST</sup> 23GX1 Syringe and Needle</b>     |  |     |  |
| 09991340  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| <b><sup>ST</sup> 23GX5/8 Syringe and Needle</b>   |  |     |  |
| 09991339  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| <b><sup>ST</sup> 25GX1 Syringe and Needle</b>     |  |     |  |
| 09991338  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |
| <b><sup>ST</sup> 25GX1 1/2 Syringe and Needle</b> |  |     |  |
| 09991337  | BD LUER-LOK SYRINGE/NEEDLE COMBO (3ML)       | BTD |  |



**94:01.00 DEVICES (DIABETIC)****SYRINGE & NEEDLE**

|   |  |     |
|---|--|-----|
| <b><sup>ST</sup> 25GX5/8 Syringe and Needle</b>   |  |     |
| 09991359  | BD TUBERCULIN<br>SYR/DETACHABLE NEEDLE<br>SLIP TIP | BTD |
| <b><sup>ST</sup> 26GX3/8 Syringe and Needle</b>   |  |     |
| 09991358  | BD TUBERCULIN<br>SYR/DETACHABLE NEEDLE<br>SLIP TIP | BTD |
| <b><sup>ST</sup> 26GX5/8 Syringe and Needle</b>   |  |     |
| 09991361  | BD SLIP TIP SUB Q (1ML)                            | BTD |
| <b><sup>ST</sup> 27GX1/2 Syringe and Needle</b>   |  |     |
| 09991357  | BD TUBERCULIN<br>SYR/DETACHABLE NEEDLE<br>SLIP TIP | BTD |
| 09991356  | BD TUBERCULIN<br>SYR/PERMANENT NEEDLE              | BTD |
| <b><sup>ST</sup> 28GX0.5CC Syringe and Needle</b> |  |     |
| 97799518  | ULTICARE SYRINGE                                   | UMI |
| <b><sup>ST</sup> 28GX1CC Syringe and Needle</b>   |  |     |
| 97799517  | ULTICARE SYRINGE                                   | UMI |
| <b><sup>ST</sup> 29GX0.3CC Syringe and Needle</b> |  |     |
| 97799887  | BD ULTRA-FINE                                      | BTD |
| 97799509  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| <b><sup>ST</sup> 29GX0.5CC Syringe and Needle</b> |  |     |
| 97799888  | BD ULTRA-FINE                                      | BTD |
| 97799998  | ULTICARE INSULIN SYRINGE                           | UMI |
| 97799508  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| <b><sup>ST</sup> 29GX1CC Syringe and Needle</b>   |  |     |
| 97799889  | BD ULTRA-FINE                                      | BTD |
| 97799997  | ULTICARE INSULIN SYRINGE                           | UMI |
| 97799507  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| <b><sup>ST</sup> 30GX0.3CC Syringe and Needle</b> |  |     |
| 97799886  | BD ULTRA-FINE II SHORT                             | BTD |
| 97799996  | ULTICARE INSULIN SYRINGE                           | UMI |
| 97799506  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| 97799551  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| <b><sup>ST</sup> 30GX0.5CC Syringe and Needle</b> |  |     |
| 97799885  | BD ULTRA-FINE II SHORT                             | BTD |
| 97799995  | ULTICARE INSULIN SYRINGE                           | UMI |
| 97799505  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| 97799550  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| <b><sup>ST</sup> 30GX1CC Syringe and Needle</b>   |  |     |
| 97799890  | BD ULTRA-FINE II SHORT                             | BTD |
| 97799994  | ULTICARE INSULIN SYRINGE                           | UMI |
| 97799504  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |
| 97799549  | ULTICARE SYRINGES WITH<br>ULTIGUARD                | UMI |

**94:01.00 DEVICES (DIABETIC)****SYRINGE & NEEDLE**

|   |                                       |     |
|---|---------------------------------------|-----|
| <b><sup>ST</sup> 31GX0.3CC Syringe and Needle</b>     |                                       |     |
| 97799513  | ULTICARE SYRINGE                      | UMI |
| 97799548  | ULTICARE SYRINGES WITH<br>ULTIGUARD   | UMI |
| <b><sup>ST</sup> 31GX0.5CC Syringe and Needle</b>     |                                       |     |
| 97799512  | ULTICARE SYRINGE                      | UMI |
| 97799547  | ULTICARE SYRINGES WITH<br>ULTIGUARD   | UMI |
| <b><sup>ST</sup> 31GX1CC Syringe and Needle</b>       |                                       |     |
| 97799511  | ULTICARE SYRINGE                      | UMI |
| 97799546  | ULTICARE SYRINGES WITH<br>ULTIGUARD   | UMI |
| <b><sup>ST</sup> 31GX6MMX0.3CC Syringe and Needle</b> |                                       |     |
| 97799425  | BD SYRINGE WITH ULTRA-<br>FINE NEEDLE | BTD |
| <b><sup>ST</sup> 31X6MMX0.5CC Syringe and Needle</b>  |                                       |     |
| 97799385  | BD SYRINGE + NEEDLE                   | BTD |
| <b><sup>ST</sup> 31X6MMX1CC Syringe and Needle</b>    |                                       |     |
| 97799384  | BD SYRINGE + NEEDLE                   | BTD |

**SYRINGE CASE****Syringe Case**

|          |                                  |     |
|----------|----------------------------------|-----|
| 99400552 | MYHEALTH SYRINGE CASE-7          | AUC |
| 99400551 | MYHEALTH SYRINGE CASE-<br>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 |
|----------|------------------|-----|

**SODIUM CHLORIDE****0.9% Solution**

|          |                              |     |
|----------|------------------------------|-----|
| 99002329 | SODIUM CHLORIDE (SMALL VOL.) | UNK |
|----------|------------------------------|-----|

**APPENDIX A**  
**LIMITED USE BENEFITS AND CRITERIA**

**08:00 ANTI-INFECTIVE AGENTS****08:12.18 QUINOLONES****LEVOFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to a maximum of 14 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 |

**MOXIFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to 14 tablets every 14 days, followed by a 14 days lockout.

**400mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02404923 | APO-MOXIFLOXACIN    | APX |
| 02432242 | AURO-MOXIFLOXACIN   | AUR |
| 02242965 | AVELOX              | BAY |
| 02443929 | JAMP-MOXIFLOXACIN   | JAP |
| 02447053 | MAR-MOXIFLOXACIN    | MAR |
| 02383381 | SANDOZ MOXIFLOXACIN | SDZ |
| 02375702 | TEVA-MOXIFLOXACIN   | TEP |

**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 |

**08:12.28 MISCELLANEOUS ANTIBIOTICS****VANCOMYCIN HCL**

For the treatment of patients diagnosed with symptomatic Clostridium difficile infection who:

- are allergic, resistant or intolerant to metronidazole; OR
- have failed to respond to 4-6 days of oral metronidazole at doses of 500mg three times a day; OR
- have severe disease and initial doses are prescribed/recommended by an infectious disease or gastro-intestinal specialist

**125mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 02407744 | JAMP-VANCOMYCIN | JAP |
| 02430185 | PMS-VANCOMYCIN  | PMS |
| 00800430 | VANCOMYCIN      | MRL |
| 02377470 | VANCOMYCIN      | FKD |
| 02380544 | VANCOMYCIN      | UNK |

**250mg Capsule**

|          |                 |     |
|----------|-----------------|-----|
| 02407752 | JAMP-VANCOMYCIN | JAP |
| 00788716 | VANOCIN         | MRL |
| 02377489 | VANCOMYCIN      | FKD |
| 02380552 | VANCOMYCIN      | UNK |

**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 | CESENTRI | VII |
|----------|----------|-----|

**300mg Tablet**

|          |          |     |
|----------|----------|-----|
| 02299852 | CESENTRI | VII |
|----------|----------|-----|

**08:18.08 ANTIRETROVIRALS****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.

•For HIV post-exposure prophylaxis in combination with Truvada. Treatment should be started as soon as possible, within 72 hours of an exposure.

**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.

OR

For the treatment of patients with chronic hepatitis B infection who have cirrhosis documented on radiologic or histologic grounds and a HBV concentration above 2,000 IU/ml.

**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

**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 naive, 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  $\geq 1 \log_{10}$  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 |

**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 |

**RIBAVIRIN**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C Genotype 2, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir.  
OR

For the treatment of chronic hepatitis C Genotype 3, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir.

**200mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02439212 | IBAVYR | PED |
|----------|--------|-----|

**400mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02425890 | IBAVYR | PED |
|----------|--------|-----|

**600mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02425904 | IBAVYR | PED |
|----------|--------|-----|



**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 clinical 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  $\geq$  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  $\geq$  6 million IU/mL  $\square$  12 weeks
- Treatment-naïve patients with compensated cirrhosis  $\square$  12 weeks
- Treatment-experienced patients with no cirrhosis  $\square$  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****OMBITASVIR, PARITAPREVIR, RITONAVIR, DASABUVIR**

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  $\geq$  F2 (Metavir score or equivalent).

## Criteria &amp; Duration

Treatment naïve and experienced Genotype 1b, non-cirrhotic\* - 12 weeks

Treatment naïve and experienced Genotype 1a, non-cirrhotic - 12 weeks in combination with RBV

Treatment naïve and experienced Genotype 1b, cirrhotic - 12 weeks in combination with RBV

Treatment naïve and experienced (prior relapsers and prior partial responders) Genotype 1a, cirrhotic - 12 weeks in combination with RBV

Treatment experienced Genotype 1a, with cirrhosis, and who have had a previous null response to pegIFN and RBV - 24 weeks in combination with RBV

\*Holkira Pak with ribavirin is recommended in patients with an unknown Genotype 1 subtype or with mixed Genotype 1 infection

Not eligible for coverage:

Patients currently being treated with another HCV antiviral agent

Patients who have previously received a treatment course of Holkira Pak (Re-treatment requests will not be considered).

**250mg/12.5mg/75mg/50mg Tablet**

02436027 HOLKIRA PAK

ABV

**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 HYDROCHLORIDE**

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.

**25mg Tablet**

02269007 TARCEVA

HLR

02377691 TEVA-ERLOTINIB

TEP

**100mg Tablet**

02269015 TARCEVA

HLR

02377705 TEVA-ERLOTINIB

TEP

**150mg Tablet**

02269023 TARCEVA

HLR

02377713 TEVA-ERLOTINIB

TEP

**10:00.00 ANTINEOPLASTIC AGENTS****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 |
| 02431114 | PMS-IMATINIB  | PMS |
| 02399806 | TEVA-IMATINIB | TEP |

**400mg Tablet**

|          |               |     |
|----------|---------------|-----|
| 02355345 | APO-IMATINIB  | APX |
| 02397293 | CO IMATINIB   | CBT |
| 02253283 | GLEEVEC       | TEV |
| 02431122 | PMS-IMATINIB  | PMS |
| 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**

|          |                   |     |
|----------|-------------------|-----|
| 02441160 | ACT-TEMOZOLOMIDE  | ATP |
| 02443473 | TARO-TEMOZOLOMIDE | TAR |
| 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 |
| 02443481 | TARO-TEMOZOLOMIDE | TAR |
| 02241094 | TEMODAL           | SCH |

**100mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02395282 | CO TEMOZOLOMIDE   | CBT |
| 02443511 | TARO-TEMOZOLOMIDE | TAR |
| 02241095 | TEMODAL           | SCH |

**140mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02413116 | APO-TEMOZOLOMIDE  | APX |
| 02395290 | CO TEMOZOLOMIDE   | CBT |
| 02443538 | TARO-TEMOZOLOMIDE | TAR |
| 02312794 | TEMODAL           | FRS |

**250mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02395312 | CO TEMOZOLOMIDE   | CBT |
| 02443554 | TARO-TEMOZOLOMIDE | TAR |
| 02241096 | TEMODAL           | SCH |

**12:00 AUTONOMIC DRUGS****12:04.00 PARASYMPATHOMIMETIC AGENTS****DONEPEZIL HCL**

Limited use benefit (prior approval required).

Initial 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

**5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02419866 | ACCEL-DONEPEZIL  | ACP |
| 02397595 | ACT DONEPEZIL    | ATP |
| 02362260 | APO-DONEPEZIL    | APX |
| 02232043 | ARICEPT          | PFI |
| 02400561 | AURO-DONEPEZIL   | AUR |
| 02412853 | BIO-DONEPEZIL    | BMI |
| 02402645 | DONEPEZIL        | ACC |
| 02416417 | DONEPEZIL        | PDL |
| 02420597 | DONEPEZIL        | SIV |
| 02425343 | ECL-DONEPEZIL    | ECL |
| 02404419 | JAMP-DONEPEZIL   | JAP |
| 02416948 | JAMP-DONEPEZIL   | JAP |
| 02402092 | MAR-DONEPEZIL    | MAR |
| 02359472 | MYLAN-DONEPEZIL  | MYL |
| 02439557 | NAT-DONEPEZIL    | NPH |
| 02322331 | PMS-DONEPEZIL    | PMS |
| 02381508 | RAN-DONEPEZIL    | RBV |
| 02412918 | RIVA-DONEPEZIL   | RIV |
| 02328666 | SANDOZ DONEPEZIL | SDZ |
| 02428482 | SEPTA-DONEPEZIL  | SPT |
| 02340607 | TEVA-DONEPEZIL   | TEP |

**10mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02419874 | ACCEL-DONEPEZIL  | ACP |
| 02397609 | ACT DONEPEZIL    | ATP |
| 02362279 | APO-DONEPEZIL    | APX |
| 02232044 | ARICEPT          | PFI |
| 02400588 | AURO-DONEPEZIL   | AUR |
| 02412861 | BIO-DONEPEZIL    | BMI |
| 02402653 | DONEPEZIL        | ACC |
| 02416425 | DONEPEZIL        | PDL |
| 02420600 | DONEPEZIL        | SIV |
| 02425351 | ECL-DONEPEZIL    | ECL |
| 02404427 | JAMP-DONEPEZIL   | JAP |
| 02416956 | JAMP-DONEPEZIL   | JAP |
| 02402106 | MAR-DONEPEZIL    | MAR |
| 02359480 | MYLAN-DONEPEZIL  | MYL |
| 02439565 | NAT-DONEPEZIL    | NPH |
| 02322358 | PMS-DONEPEZIL    | PMS |
| 02381516 | RAN-DONEPEZIL    | RBV |
| 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 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

**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 |

**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 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

**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 12 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; OR
- Montreal Cognitive Assessment (MoCA) score of 10-26, established within the last 60 days;OR
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 12 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every 12 month interval:

- Clinically meaningful response as determined by stabilization or improvement while on therapy; AND
- Alzheimer's Disease has not progressed to GDS stage 7 or MMSE or MoCA less than 10

**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 |
|----------|-----------------|-----|

**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

**INDACATEROL, GLYCOPYRRONIUM**

Limited use benefit (prior approval required).

For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients who:

- have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5; AND
- who had an inadequate response to a long-acting bronchodilator (long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

**110mcg & 50mcg Powder for Inhalation (Capsule)**

02418282 ULTIBRO BREEZHALER

NOV

**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

**UMECLIDINIUM, VILANTEROL**

Limited use benefit (prior approval required).

For the treatment of chronic obstructive pulmonary disease (COPD) in patients who:

- have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5; AND
- who had an inadequate response to a long-acting bronchodilator (long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

**62.5mcg/25mcg Inhaler**

02418401 ANORO ELLIPTA

GSK

**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 |
| 80015240 | NICOTINE  | ATP |

**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 |

**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.

**2mg Lozenge**

|          |                   |     |
|----------|-------------------|-----|
| 02247347 | NICORETTE LOZENGE | JNO |
|----------|-------------------|-----|

**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 |
| 80044393 | NICOTINE TRANSDERMAL | ATP |

**8.3mg/10cm2 Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02065738 | NICOTROL TRANSDERMAL | JNO |
|----------|----------------------|-----|

**10mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02029405 | NICOTROL TRANSDERMAL | WAR |
|----------|----------------------|-----|

**14mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 01943065 | HABITROL             | NVC |
| 80013549 | NICOTINE TRANSDERMAL | ADD |
| 80044392 | NICOTINE TRANSDERMAL | ATP |

**15mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02029413 | NICOTROL TRANSDERMAL | WAR |
|----------|----------------------|-----|

**16.6mg/20cm2 Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02065754 | NICOTROL TRANSDERMAL | JNO |
|----------|----------------------|-----|

**17.5mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 02241227 | TRANSDERMAL NICOTINE | NVC |
|----------|----------------------|-----|

**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.

**21mg Patch**

|          |                      |     |
|----------|----------------------|-----|
| 01943073 | HABITROL             | NVC |
| 80014250 | NICOTINE TRANSDERMAL | ADD |
| 80044389 | NICOTINE TRANSDERMAL | ATP |

**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  $\geq 1$ .

# 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 |
|----------|---------|-----|

**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).

**110mg Capsule**

02312441 PRADAXA

BOE

**150mg Capsule**

02358808 PRADAXA

BOE

**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.

**10mg Tablet**

02316986 XARELTO

BAY

**15mg Tablet**

02378604 XARELTO

BAY

**20mg Tablet**

02378612 XARELTO

B A

**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    | RBV |
| 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 |
|----------|----------|-----|

**20:16.00 HEMATOPOIETIC AGENTS****PEGFILGRASTIM**

Limited use benefit (prior approval required).

**CHEMOTHERAPY SUPPORT****Primary Prophylaxis**

For use in previously untreated patients receiving a moderate to severely myelosuppressive chemotherapy regimen (i.e. ≥40% incidence of febrile neutropenia). Febrile neutropenia is defined as a temperature ≥38.5°C or >38.0°C three times in a 24 hour period and neutropenia with an absolute neutrophil count (ANC) <0.5 × 10<sup>9</sup>/L.

**Secondary Prophylaxis**

For use in patients receiving myelosuppressive chemotherapy who have experienced an episode of febrile neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; OR

For use in patients who have experienced a dose reduction or treatment delay longer than one week, due to neutropenia.

The recommended dosage of pegfilgrastim is a single subcutaneous injection of 6 mg, administered once per cycle of chemotherapy. Pegfilgrastim should be administered no sooner than 24 hours after the administration of cytotoxic chemotherapy.

**10mg/mL Injection**

|          |          |     |
|----------|----------|-----|
| 02249790 | NEULASTA | AMG |
|----------|----------|-----|

**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 |
| 02431300 | EZETIMIBE        | SAN |
| 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    | RBV |
| 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 |
| 02421933 | APO-TADALAFIL PAH | APX |

**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 |
| 02429950 | M-ASA   | MAN |
| 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**

|          |                  |     |
|----------|------------------|-----|
| 02435632 | ACCEL-CELECOXIB  | ACP |
| 02418932 | APO-CELECOXIB    | APX |
| 02426382 | BIO-CELECOXIB    | BMI |
| 02239941 | CELEBREX         | PFI |
| 02424371 | CELECOXIB        | PDL |
| 02429675 | CELECOXIB        | SIV |
| 02436299 | CELECOXIB        | SAN |
| 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    | RBV |
| 02425386 | RIVA-CELECOX     | RIV |
| 02321246 | SANDOZ CELECOXIB | SDZ |
| 02442639 | SDZ CELECOXIB    | SDZ |
| 02288915 | TEVA-CELECOXIB   | TEP |

**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).

**200mg Capsule**

|          |                  |     |
|----------|------------------|-----|
| 02435640 | ACCEL-CELECOXIB  | ACP |
| 02418940 | APO-CELECOXIB    | APX |
| 02426390 | BIO-CELECOXIB    | BMI |
| 02239942 | CELEBREX         | PFI |
| 02424398 | CELECOXIB        | PDL |
| 02429683 | CELECOXIB        | SIV |
| 02436302 | CELECOXIB        | SAN |
| 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    | RBV |
| 02425394 | RIVA-CELECOX     | RIV |
| 02321254 | SANDOZ CELECOXIB | SDZ |
| 02442647 | SDZ CELECOXIB    | SDZ |
| 02288923 | TEVA-CELECOXIB   | TEP |

**DICLOFENAC SODIUM****1.5% Topical Solution**

|          |                 |     |
|----------|-----------------|-----|
| 02434571 | DICLOFENAC      | STE |
| 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 |
|----------|-----------|-----|

**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.

**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

**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

**ACETYSALICYLIC 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

**28:08.08 OPIATE AGONISTS****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).

**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 |
|----------|-------------|-----|

**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 |

**HYDROMORPHONE**

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 |
|----------|-------------------|-----|

**28:08.08 OPIATE AGONISTS****HYDROMORPHONE**

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).

**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 |
|----------|--------------------|-----|

**METHADONE HCL****Powder**

|          |           |     |
|----------|-----------|-----|
| 00908835 | METHADONE | WIL |
|----------|-----------|-----|

**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 |
|----------|---------|-----|

**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.

**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 |
|----------|-----------|-----|

**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).

|  |                    |     |
|--|--------------------|-----|
| <b>50mg/mL Drop</b>                    |                    |     |
| 00705799                               | STATEX             | PMS |
| <b>20mg/mL Oral liquid</b>             |                    |     |
| 00621935                               | STATEX             | PAL |
| <b>5mg Suppository</b>                 |                    |     |
| 00632228                               | STATEX             | PMS |
| <b>10mg Suppository</b>                |                    |     |
| 00632201                               | STATEX             | PMS |
| <b>20mg Suppository</b>                |                    |     |
| 00596965                               | STATEX             | PMS |
| <b>10mg Sustained Release Capsule</b>  |                    |     |
| 02019930                               | M-ESLON            | SAC |
| <b>15mg Sustained Release Capsule</b>  |                    |     |
| 02177749                               | M-ESLON            | SAC |
| <b>30mg Sustained Release Capsule</b>  |                    |     |
| 02019949                               | M-ESLON            | SAC |
| <b>60mg Sustained Release Capsule</b>  |                    |     |
| 02019957                               | M-ESLON            | SAC |
| <b>100mg Sustained Release Capsule</b> |                    |     |
| 02019965                               | M-ESLON            | SAC |
| <b>200mg Sustained Release Capsule</b> |                    |     |
| 02177757                               | M-ESLON            | SAC |
| <b>15mg Sustained Release Tablet</b>   |                    |     |
| 02350815                               | MORPHINE SR        | SAN |
| 02015439                               | MS CONTIN SR       | PFR |
| 02302764                               | NOVO-MORPHINE SR   | TEV |
| 02244790                               | SANDOZ MORPHINE SR | SDZ |
| <b>30mg Sustained Release Tablet</b>   |                    |     |
| 02350890                               | MORPHINE SR        | SAN |
| 02014297                               | MS CONTIN SR       | PFR |
| 02302772                               | NOVO-MORPHINE SR   | TEV |
| 02244791                               | SANDOZ MORPHINE SR | SDZ |
| <b>60mg Sustained Release Tablet</b>   |                    |     |
| 02350912                               | MORPHINE SR        | SAN |
| 02014300                               | MS CONTIN SR       | PFR |
| 02302780                               | NOVO-MORPHINE SR   | TEV |
| 02244792                               | SANDOZ MORPHINE SR | SDZ |
| <b>100mg Sustained Release Tablet</b>  |                    |     |
| 02350920                               | MORPHINE SR        | SAN |
| 02014319                               | MS CONTIN SR       | PFR |
| 02302799                               | NOVO-MORPHINE SR   | TEV |
| <b>200mg Sustained Release Tablet</b>  |                    |     |
| 02350947                               | MORPHINE SR        | SAN |
| 02014327                               | MS CONTIN SR       | PFR |
| 02302802                               | NOVO-MORPHINE SR   | TEV |
| <b>1mg/mL Syrup</b>                    |                    |     |
| 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 | BGP |
|----------|--------|-----|

**20mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184435 | KADIAN | BGP |
|----------|--------|-----|

**50mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184443 | KADIAN | BGP |
|----------|--------|-----|

**100mg Sustained Release Capsule**

|          |        |     |
|----------|--------|-----|
| 02184451 | KADIAN | BGP |
|----------|--------|-----|

**10mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991310 | KADIAN | BGP |
|----------|--------|-----|

**20mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991311 | KADIAN | BGP |
|----------|--------|-----|

**50mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991312 | KADIAN | BGP |
|----------|--------|-----|

**100mg Sustained Release Tablet**

|          |        |     |
|----------|--------|-----|
| 09991313 | KADIAN | BGP |
|----------|--------|-----|

**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 community 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**

|          |                      |     |
|----------|----------------------|-----|
| 02408090 | MYLAN-BUPRENOR/NALOX | MYL |
|----------|----------------------|-----|

|          |          |     |
|----------|----------|-----|
| 02295695 | SUBOXONE | RBP |
|----------|----------|-----|

|          |                             |     |
|----------|-----------------------------|-----|
| 02424851 | TEVA-BUPRENORPHINE/NALOXONE | TEP |
|----------|-----------------------------|-----|

**8mg & 2mg Sublingual Tablet**

|          |                      |     |
|----------|----------------------|-----|
| 02408104 | MYLAN-BUPRENOR/NALOX | MYL |
|----------|----------------------|-----|

|          |          |     |
|----------|----------|-----|
| 02295709 | SUBOXONE | RBP |
|----------|----------|-----|

|          |                                |     |
|----------|--------------------------------|-----|
| 02424878 | TEVA-BUPRENORPHINE/NALOXONE 8M | TEP |
|----------|--------------------------------|-----|

**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 |
|----------|--------------------|-----|

**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.

**160mg Chewable Tablet**

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

**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**

|          |                   |     |
|----------|-------------------|-----|
| 00553328 | ABENOL            | GSK |
| 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 |
|----------|-------------------------------|-----|

**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.

**160mg Tablet**

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

**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   |
| 02362198 | ACETAMINOPHENE    | RIV   |
| 00544981 | APO-ACETAMINOPHEN | APX   |
| 02229873 | APO-ACETAMINOPHEN | APX   |
| 00293482 | ATASOL            | HOR   |
| 00389218 | NOVO-GESIC        | TEV   |
| 00559393 | TYLENOL           | MCL   |
| 00723894 | TYLENOL           | MCL   |

**500mg Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02362201 | ACETAMIN               | RIV |
| 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 |
| 02362228 | ACETAMINOPHENE         | RIV |
| 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**

|          |                |     |
|----------|----------------|-----|
| 02442027 | CLONAZEPAM     | SIV |
| 02179660 | PMS-CLONAZEPAM | PMS |

**0.5mg Tablet**

|          |                        |     |
|----------|------------------------|-----|
| 02177889 | APO-CLONAZEPAM         | APX |
| 02230366 | CLONAPAM               | VAE |
| 02442035 | CLONAZEPAM             | SIV |
| 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 |
| 02442043 | CLONAZEPAM        | SIV |
| 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 |
| 02442051 | CLONAZEPAM        | SIV |
| 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   | RBV |
| 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   | RBV |
| 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   | RBV |
| 02260905 | RATIO-GABAPENTIN | RPH |
| 02251183 | RIVA-GABAPENTIN  | RIV |

**600mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02293358 | APO-GABAPENTIN   | APX |
| 02388200 | GABAPENTIN       | SIV |
| 02392526 | GABAPENTIN       | ACC |
| 02431289 | GABAPENTIN       | SAN |
| 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 |
| 02431297 | GABAPENTIN       | SAN |
| 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 |
|----------|---------------|-----|

|          |               |     |
|----------|---------------|-----|
| 02442531 | LEVETIRACETAM | SIV |
|----------|---------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02440202 | NAT-LEVETIRACETAM | NPH |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02296101 | PMS-LEVETIRACETAM | PMS |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02396106 | RAN-LEVETIRACETAM | RBX |
|----------|-------------------|-----|

**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 |
|----------|---------------|-----|

|          |               |     |
|----------|---------------|-----|
| 02442558 | LEVETIRACETAM | SIV |
|----------|---------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02440210 | NAT-LEVETIRACETAM | NPH |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02296128 | PMS-LEVETIRACETAM | PMS |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02311380 | PRO-LEVETIRACETAM | PDL |
|----------|-------------------|-----|

|          |                   |     |
|----------|-------------------|-----|
| 02396114 | RAN-LEVETIRACETAM | RBX |
|----------|-------------------|-----|



**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.

**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 |
| 02442566 | LEVETIRACETAM        | SIV |
| 02440229 | NAT-LEVETIRACETAM    | NPH |
| 02296136 | PMS-LEVETIRACETAM    | PMS |
| 02311399 | PRO-LEVETIRACETAM    | PDL |
| 02396122 | RAN-LEVETIRACETAM    | RBV |

**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 |
| 02433869 | AURO-PREGABALIN   | AUR |
| 02402556 | DOM-PREGABALIN    | DOM |
| 02360136 | GD-PREGABALIN     | PFI |
| 02435977 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377039 | RIVA-PREGABALIN   | RIV |
| 02390817 | SANDOZ PREGABALIN | SDZ |
| 02361159 | 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

**50mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02402920 | ACT-PREGABALIN    | ATP |
| 02394243 | APO-PREGABALIN    | APX |
| 02433877 | AURO-PREGABALIN   | AUR |
| 02402564 | DOM-PREGABALIN    | DOM |
| 02360144 | GD-PREGABALIN     | PFI |
| 02435985 | JAMP-PREGABLIN    | JAP |
| 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    | RBV |
| 02377047 | RIVA-PREGABALIN   | RIV |
| 02390825 | SANDOZ PREGABALIN | SDZ |
| 02361175 | TEVA-PREGABALIN   | TEP |

**75mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02402939 | ACT-PREGABALIN    | ATP |
| 02394251 | APO-PREGABALIN    | APX |
| 02433885 | AURO-PREGABALIN   | AUR |
| 02402572 | DOM-PREGABALIN    | DOM |
| 02360152 | GD-PREGABALIN     | PFI |
| 02435993 | JAMP-PREGABLIN    | JAP |
| 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    | RBV |
| 02377055 | RIVA-PREGABALIN   | RIV |
| 02390833 | SANDOZ PREGABALIN | SDZ |
| 02361183 | 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

**150mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02402955 | ACT-PREGABALIN    | ATP |
| 02394278 | APO-PREGABALIN    | APX |
| 02433907 | AURO-PREGABALIN   | AUR |
| 02402580 | DOM-PREGABALIN    | DOM |
| 02360179 | GD-PREGABALIN     | PFI |
| 02436000 | JAMP-PREGABALIN   | JAP |
| 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    | RBV |
| 02377063 | RIVA-PREGABALIN   | RIV |
| 02390841 | SANDOZ PREGABALIN | SDZ |
| 02361205 | TEVA-PREGABALIN   | TEP |

**300mg Capsule**

|          |                   |     |
|----------|-------------------|-----|
| 02402998 | ACT-PREGABALIN    | ATP |
| 02394294 | APO-PREGABALIN    | APX |
| 02360209 | GD-PREGABALIN     | PFI |
| 02436019 | JAMP-PREGABALIN   | JAP |
| 02268485 | LYRICA            | PFI |
| 02408708 | MYL-PREGABALIN    | MYL |
| 02359642 | PMS-PREGABALIN    | PMS |
| 02396548 | PREGABALIN        | PDL |
| 02403730 | PREGABALIN        | SIV |
| 02405598 | PREGABALIN        | SAN |
| 02392860 | RAN-PREGABALIN    | RBV |
| 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-Gastaut 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 |

**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 |
|----------|-------|-----|

**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 |
|----------|---------|-----|

**28:16.08 ANTIPSYCHOTIC AGENTS****ARIPIPRAZOLE (MAINTENA)**

Limited use benefit (prior approval required).

For the management of manifestations of schizophrenia and related psychotic disorders in patients who have

- a. Tried oral risperidone, paliperidone or aripiprazole; AND
  - b. At least one other antipsychotic agent; AND
  - c. Continue to be inadequately controlled at maximally tolerated doses;
- OR
- d. Who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia

**300mg Injection**

02420864 ABILIFY MAINTENA OTS

**400mg Injection**

02420872 ABILIFY MAINTENA OTS

**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

**10mg Tablet**

02374811 SAPHRIS FRS

**LURASIDONE HCL**

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients:

who have intolerance or lack of response to an adequate trial of another antipsychotic agent; OR  
a contraindication to another antipsychotic agent

**20mg Tablet**

02422050 LATUDA SPC

**40mg Tablet**

02387751 LATUDA SPC

**60mg Tablet**

02413361 LATUDA SPC

**80mg Tablet**

02387778 LATUDA SPC

**120mg Tablet**

02387786 LATUDA SPC

**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

**28:16.08 ANTIPSYCHOTIC AGENTS****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

**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**

02443236 APO-DEXTROAMPHETAMINE APX

01924516 DEXEDRINE GSK

**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

**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

**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

**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 |
| 02417634 | NAT-ALPRAZOLAM   | NPH |
| 02404877 | RIVA-ALPRAZOLAM  | RIV |
| 01913484 | TEVA-ALPRAZOL    | TEV |
| 00548359 | XANAX            | PFI |

**0.5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 01908170 | ALPRAZOLAM       | PDL |
| 02349205 | ALPRAZOLAM       | SAN |
| 00865400 | APO-ALPRAZ       | APX |
| 02400138 | JAMP-ALPRAZOLAM  | JAP |
| 02137542 | MYLAN-ALPRAZOLAM | MYL |
| 02417642 | NAT-ALPRAZOLAM   | NPH |
| 02404885 | RIVA-ALPRAZOLAM  | RIV |
| 01913492 | TEVA-ALPRAZOL    | TEV |
| 00548367 | 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.

**1mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02248706 | ALPRAZOLAM       | PDL |
| 02243611 | APO-ALPRAZ       | APX |
| 02400146 | JAMP-ALPRAZOLAM  | JAP |
| 02229813 | MYLAN-ALPRAZOLAM | MYL |
| 02417650 | NAT-ALPRAZOLAM   | NPH |
| 02404893 | RIVA-ALPRAZOLAM  | RIV |
| 00723770 | XANAX            | PFI |

**2mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02243612 | APO-ALPRAZ       | APX |
| 02400154 | JAMP-ALPRAZOLAM  | JAP |
| 02229814 | MYLAN-ALPRAZOLAM | MYL |
| 02404907 | RIVA-ALPRAZOLAM  | RIV |
| 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 |

**5mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00362158 | APO-DIAZEPAM | APX |
| 00313580 | DIAZEPAM     | PRO |
| 02247491 | PMS-DIAZEPAM | PMS |
| 00013285 | VALIUM       | HLR |

**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.

**10mg Tablet**

|          |              |     |
|----------|--------------|-----|
| 00405337 | APO-DIAZEPAM | APX |
| 00434388 | DIAZEPAM     | PDL |
| 02247492 | PMS-DIAZEPAM | PMS |

**DIAZEPAM (D)**

Limited use benefit (prior approval not required).

For children 12 years of age or under.

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/mL Gel**

|          |                 |     |
|----------|-----------------|-----|
| 09853340 | DIASAT (2X10MG) | ELN |
| 09853430 | DIASAT (2X15MG) | ELN |
| 02238162 | DIASAT (2X5MG)  | VAE |

**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 |
| 02429810 | LORAZEPAM         | SIV |
| 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 |
| 02429829 | LORAZEPAM         | SIV |
| 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 |
| 02439573 | MINT-RIZATRIPTAN ODT   | MIN |
| 02379198 | MYLAN-RIZATRIPTAN ODT  | MYL |
| 02436604 | NAT-RIZATRIPTAN ODT    | NPH |
| 02393360 | PMS-RIZATRIPTAN RDT    | PMS |
| 02423456 | RIVA-RIZATRIPTAN ODT   | RIV |
| 02442906 | RIZATRIPTAN ODT        | SAN |
| 02446111 | RIZATRIPTAN ODT        | SIV |
| 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 |
| 02436612 | NAT-RIZATRIPTAN ODT    | NPH |
| 02393379 | PMS-RIZATRIPTAN RDT    | PMS |
| 02423464 | RIVA-RIZATRIPTAN ODT   | RIV |
| 02442914 | RIZATRIPTAN ODT        | SAN |
| 02446138 | RIZATRIPTAN ODT        | SIV |
| 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 SUCCINATE**

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

**6mg/0.5mL Injection**

|          |                       |     |
|----------|-----------------------|-----|
| 99000598 | IMITREX STAT DOSE KIT | GSK |
|----------|-----------------------|-----|

**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**

|          |                         |     |
|----------|-------------------------|-----|
| 02438453 | AG-ZOLMITRIPTAN ODT     | ANG |
| 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 |
| 02421534 | NAT-ZOLMITRIPTAN    | NPH |
| 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 | * |

**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 |  |



**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.

**GE200 Strip**

|          |            |     |
|----------|------------|-----|
| 97799373 | GE200      | BNM |
| 09857525 | GE200 (ON) | BNM |

**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 |
|----------|----------|-----|

**Spirit Strip**

|          |                                   |     |
|----------|-----------------------------------|-----|
| 97799291 | FIRST CANADIAN HEALTH SPIRIT (MB) | ARA |
|----------|-----------------------------------|-----|

**Sure Step Strip**

|          |           |     |
|----------|-----------|-----|
| 97799355 | SURE STEP | SKY |
|----------|-----------|-----|

**SureTest Strip**

|          |               |     |
|----------|---------------|-----|
| 09857522 | SURETEST (ON) | SKY |
|----------|---------------|-----|

**TrueTest Strip**

|          |          |     |
|----------|----------|-----|
| 97799532 | TRUETEST | HOD |
|----------|----------|-----|

**Truetrack Strip**

|          |                |     |
|----------|----------------|-----|
| 97799602 | TRUETRACK      | HOD |
| 09857283 | TRUETRACK (ON) | AUC |

**40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE****40:18.19 PHOSPHATE - REMOVING AGENTS****LANTHANUM**

Limited use benefit (prior approval required)

For patients with elevated phosphate levels or elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminum based binders) OR

For patients with elevated calcium levels despite discontinuation of calcium binder, and vitamin D analogue and/or modification of dialysate calcium OR

For patients with adynamic bone disease and low PTH levels (< 100 pg/ml or < 9 pmol/L) with normal or elevated calcium

**250mg Chewable Tablet**

|          |          |     |
|----------|----------|-----|
| 02287145 | FOSRENOL | SHI |
|----------|----------|-----|

**40:18.19 PHOSPHATE - REMOVING AGENTS****LANTHANUM**

Limited use benefit (prior approval required)

For patients with elevated phosphate levels or elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminum based binders) OR  
 For patients with elevated calcium levels despite discontinuation of calcium binder, and vitamin D analogue and/or modification of dialysate calcium OR  
 For patients with adynamic bone disease and low PTH levels (< 100 pg/ml or < 9 pmol/L) with normal or elevated calcium

**500mg Chewable Tablet**

02287153 FOSRENOL SHI

**750mg Chewable Tablet**

02287161 FOSRENOL SHI

**1000mg Chewable Tablet**

02287188 FOSRENOL SHI

**SEVELAMER HCL**

Limited Use Benefit (Prior approval required).

a. - patients with elevated phosphate levels OR elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminium based binders)  
 b. - patients with elevated calcium levels despite discontinuation of calcium binder, and Vitamin D analogue and/or modification of dialysate calcium  
 c. - patients with adynamic bone disease and low PTH levels (<100 pg/ml or <0.9 pmol/L) with normal or elevated calcium levels

**800mg Tablet**

02244310 RENAGEL SAC

**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

02422867 AURO-MONTELUKAST AUR

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 |
| 02422875 | AURO-MONTELUKAST   | AUR |
| 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  | RBV |

**5mg Tablet**

|          |                  |     |
|----------|------------------|-----|
| 02399873 | MAR-MONTELUKAST  | MAR |
| 02408635 | MINT-MONTELUKAST | MIN |
| 02379848 | MONTELUKAST      | PDL |
| 02402807 | RAN-MONTELUKAST  | RBV |

**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    | RBV |
| 02398826 | RIVA-MONTELUKAST   | 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****52:04.04 EENT - ANTIBACTERIALS****MOXIFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to 14 tablets every 14 days, followed by a 14 days lockout.

**0.5% Ophth Solution**

|          |                     |     |
|----------|---------------------|-----|
| 02404656 | ACT MOXIFLOXACIN    | ATP |
| 02406373 | APO-MOXIFLOXACIN    | APX |
| 02432218 | PMS-MOXIFLOXACIN    | PMS |
| 02411520 | SANDOZ MOXIFLOXACIN | SDZ |

**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 |

**52:92.00 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)
- c. Retinal Vein Occlusion (RVO)
- d. Choroidal Neovascularization secondary to pathologic myopia (mCNV)

Criteria for coverage of ranibizumab (Lucentis) for DME, RVO, mCNV 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.

For the treatment of RVO for patients who meet one of the following:

• Clinically significant macular edema secondary to branch retinal vein occlusion (BRVO); OR

• Central retinal vein occlusion (CRVO).

• Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on ranibizumab treatment. Thereafter patients should be monitored monthly for visual acuity.

• Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive monthly assessments.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For the treatment of mCNV for patients who meet the following:

• Visual impairment due to choroidal neovascularization secondary to pathologic myopia (mCNV).

Treatment is initiated with a single intravitreal injection. Monitoring is recommended monthly for the first two months and at least every three months thereafter during the first year. If monitoring reveals signs of disease activity (e.g. reduced visual acuity and/or signs of lesion activity), further treatment is recommended at a frequency of 1 injection per month until no disease activity is seen.

**10mg/mL Injection**

02296810 LUCENTIS

TEV

02425629 LUCENTIS PFS

NOV

**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/m<sup>2</sup>)

**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)

**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

**56:28.36 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**

|          |                     |     |
|----------|---------------------|-----|
| 02293811 | APO-LANSOPRAZOLE    | APX |
| 02357682 | LANSOPRAZOLE        | SAN |
| 02385767 | LANSOPRAZOLE        | SIV |
| 02433001 | LANSOPRAZOLE        | PMS |
| 02410370 | LANSOPRAZOLE-15     | SIV |
| 02353830 | MYLAN-LANSOPRAZOLE  | MYL |
| 02280515 | NOVO-LANSOPRAZOLE   | TEV |
| 02395258 | PMS-LANSOPRAZOLE    | PMS |
| 02165503 | PREVACID            | ABB |
| 02402610 | RAN-LANSOPRAZOLE    | RBV |
| 02422808 | RIVA-LANSOPRAZOLE   | RIV |
| 02385643 | SANDOZ LANSOPRAZOLE | SDZ |

**30mg Sustained Release Capsule**

|          |                     |     |
|----------|---------------------|-----|
| 02293838 | APO-LANSOPRAZOLE    | APX |
| 02414775 | DOM-LANSOPRAZOLE    | DOM |
| 02357690 | LANSOPRAZOLE        | SAN |
| 02366282 | LANSOPRAZOLE        | PDL |
| 02385775 | LANSOPRAZOLE        | SIV |
| 02433028 | LANSOPRAZOLE        | PMS |
| 02410389 | LANSOPRAZOLE-30     | SIV |
| 02353849 | MYLAN-LANSOPRAZOLE  | MYL |
| 02280523 | NOVO-LANSOPRAZOLE   | TEV |
| 02395266 | PMS-LANSOPRAZOLE    | PMS |
| 02165511 | PREVACID            | ABB |
| 02402629 | RAN-LANSOPRAZOLE    | RBV |
| 02422816 | RIVA-LANSOPRAZOLE   | RIV |
| 02385651 | SANDOZ LANSOPRAZOLE | SDZ |

**56:28.36 PROTON-PUMP INHIBITORS****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

**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;

- 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.

**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

RBV

02296446 SANDOZ OMEPRAZOLE

SDZ



**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;

- 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.

**20mg Delayed Release Tablet**

|          |                         |     |
|----------|-------------------------|-----|
| 02190915 | LOSEC                   | AZC |
| 02416549 | OMEPRAZOLE MAGNESIUM DR | ACC |
| 02310260 | PMS-OMEPRAZOLE          | PMS |
| 02374870 | RAN-OMEPRAZOLE          | RBV |
| 02260867 | RATIO-OMEPRAZOLE        | RPH |
| 02295415 | TEVA-OMEPRAZOLE         | TEP |

**20mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02333430 | DOM-OMEPRAZOLE DR  | DOM |
| 02420198 | JAMP-OMEPRAZOLE DR | JAP |
| 02439549 | NAT-OMEPRAZOLE DR  | NPH |
| 02402416 | RIVA-OMEPRAZOLE DR | RIV |

**PANTOPRAZOLE MAGNESIUM**

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 Enteric Coated Tablet**

|          |                             |     |
|----------|-----------------------------|-----|
| 02408570 | MYLAN-PANTOPRAZOLE T        | MYL |
| 02441853 | PANTOPRAZOLE MAGNESIUM      | ASI |
| 02267233 | TECTA                       | NCC |
| 02440628 | TEVA-PANTOPRAZOLE MAGNESIUM | TEP |

**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 |
| 02415208 | AURO-PANTOPRAZOLE   | AUR |
| 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 |
| 02437945 | PANTOPRAZOLE        | PMS |
| 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     | RBV |
| 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    | RBV |
| 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 |
|----------|--------|-----|

**68:12.00 CONTRACEPTIVES****ULIPRISTAL ACETATE**

Limited use benefit (prior approval not required).

Coverage will be limited to 90 tablets, benefits only for women age 18 to 55 years.

**5mg Tablet**

02408163 FIBRISTAL

ATP

**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**

02403250 JENTADUETO

BOE

02403277 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

**68:20.05****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.

**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.

**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

**68:20.18 SODIUM-GLUCOSE CONTRANSPORTER 2 (SGLT2) INHIBITORS****CANAGLIFLOZIN**

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

**100mg Tablet**

02425483 INVOKANA

JNO

**300mg Tablet**

02425491 INVOKANA

JNO

**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 |

**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.

**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 |
| 02439913 | TEVA-PROGESTERONE | TEP |

**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 acuminata (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 |
|----------|--------|-----|

**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 OR solifenacin OR tolterodine ER.

**7.5mg Long Acting Tablet**

02273217 ENABLEX

TEV

**15mg Long Acting Tablet**

02273225 ENABLEX

TEV

**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 OR solifenacin OR tolterodine ER.

**20mg Tablet**

02275066 TROSEC

ORY

**86:12.04 ANTIMUSCARINICS****FESOTERODINE FUMARATE**

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 OR solifenacin OR tolterodine ER.

**4mg Tablet**

02380021 TOVIAZ

PFI

**8mg Tablet**

02380048 TOVIAZ

PFI

**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 OR solifenacin OR tolterodine ER.

**1mg Tablet**

02239064 DETROL

PFI

**2mg Tablet**

02239065 DETROL

PFI

**88:00 VITAMINS****88:20.00 VITAMIN E****VITAMIN E**

Limited use benefit (prior approval required).

For use in malabsorption

**100IU Capsule**

00122823 VITAMIN E

JAM

**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 | TRI-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****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 |
|----------|---------|-----|

**92:01.00 NATURAL HEALTH PRODUCTS****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**

|          |        |     |
|----------|--------|-----|
| 80000396 | THRIVE | TEV |
|----------|--------|-----|

**4mg Gum**

|          |        |     |
|----------|--------|-----|
| 80000402 | THRIVE | TEV |
|----------|--------|-----|

**92:01.00 NATURAL HEALTH PRODUCTS****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

**2mg Lozenge**

80007464 THRIVE

TEV

**92:01.28****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**

80045822 CENTRUM PRENATAL

PFI

80042704 CENTRUM PRENATAL DHA

PFI

**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

02443058 DUTASTERIDE

SAN

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.

**5mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 02365383 | APO-FINASTERIDE    | APX |
| 02405814 | AURO-FINASTERIDE   | AUR |
| 02354462 | CO FINASTERIDE     | CBT |
| 02376709 | DOM-FINASTERIDE    | DOM |
| 02350270 | FINASTERIDE        | PDL |
| 02355043 | FINASTERIDE        | ACC |
| 02447541 | FINASTERIDE        | SIV |
| 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    | RBV |
| 02306905 | RATIO-FINASTERIDE  | RPH |
| 02322579 | SANDOZ FINASTERIDE | SDZ |

**92:16.00****FEBUXOSTAT**

Limited use benefit (prior approval required).

For patients with symptomatic gout who have documented hypersensitivity to allopurinol

**80mg Tablet**

|          |        |     |
|----------|--------|-----|
| 02357380 | ULORIC | TAK |
|----------|--------|-----|

**92:24.00****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  $\leq$  -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 |
|----------|-------|-----|

**92:24.00****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); AND who have at least two of the following:
  - age >70 years
  - a prior fragility fracture
  - a bone mineral density (BMD) T-score  $\leq$  -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****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  $\geq 18$  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  $\geq 18$  years who has failed:

- MTX (oral or parenteral) at a dose  $\geq 20$  mg weekly ( $\geq 15$  mg weekly if patient is  $\geq 65$  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

**92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS****CERTOLIZUMAB PEGOL**

Limited use benefit (prior approval required).

Coverage is provided in adult patients  $\geq$  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  $\geq$  18 years who has failed:

- MTX (oral or parenteral) at a dose  $\geq$  20 mg weekly ( $\geq$  15 mg weekly if patient is  $\geq$  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.

2. For the treatment of moderate to severe PSORIATIC ARTHRITIS with at least two of the following:

Note: Coverage beyond one year will be based on the Psoriatic Arthritis Response Criteria (PsARC) score.

"Five or more swollen joints

"If less than five swollen joint, 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-week trial each) and has a BASDAI score 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

"MTX (oral or parenteral) at a dose  $\geq$  20 mg weekly ( $\geq$  15 mg weekly if patient is  $\geq$  65 years) for more than 8 weeks. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.

PLUS a minimum of one of the following:

"Leflunomide: 20mg daily for 10 weeks OR

"Gold: weekly injections for 20 weeks OR

"Cyclosporine 2-5mg/kg/day for 12 weeks OR

"Sulfasalazine at least 2gm daily for 3 months

3. For the treatment of ANKYLOSING SPONDYLITIS

(Note: Coverage beyond one year will be based on improvement in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score.)

"BASDAI > 4

Patient is refractory\* to:

"A trial of three different NSAIDs at maximum tolerated doses for a combined total duration of at least 4 weeks.

For peripheral joint involvement, patient is refractory\* (see section 4) to:

"MTX (oral or parenteral) at a dose  $\geq$  20 mg weekly ( $\geq$  15 mg weekly if patient is  $\geq$  65 years) for more than 8 weeks;

AND

"Sulfasalazine 2g/day for four months

For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.

**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  $\geq 18$  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  $\geq 18$  years who have failed:

- MTX (oral or parenteral a dose  $\geq 20$ mg weekly ( $\geq 15$  mg weekly if patient is  $\geq 65$  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, 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 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 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:

- $\geq 5$  swollen joints; AND
- $\geq 3$  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  $\geq 18$  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  $\geq 18$  years who have failed:

- MTX (oral or parenteral a dose  $\geq 20$ mg weekly ( $\geq 15$  mg weekly if patient is  $\geq 65$  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, 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 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 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:

- $\geq 5$  swollen joints; AND
- $\geq 3$  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  $\geq 18$  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  $\geq 18$  years who have failed:

- MTX (oral or parenteral a dose  $\geq 20$ mg weekly ( $\geq 15$  mg weekly if patient is  $\geq 65$  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, 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 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 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:

- $\geq 5$  swollen joints; AND
- $\geq 3$  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  $\geq$  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  $\geq$  18 years who has failed:

• MTX (oral or parenteral) at a dose  $\geq$  20 mg weekly ( $\geq$  15 mg weekly if patient is  $\geq$  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.

4. For the treatment of adult patients with moderately to severely active ULCERATIVE COLITIS who meet the following:

- Prescribed by expert in gastroenterology
- Partial Mayo score > 4
- Inadequate response to conventional therapies:

5-ASA 4grams/day for 6 weeks PLUS

Prednisone 40mg daily for 2 weeks PLUS

Azathioprine 2mg/kg/day for 12 weeks OR 6-mercaptopurine 1mg/kg/day for 12 weeks (unless the use of immunosuppressants is contraindicated)

**50mg/0.5mL Injection**

02324784 SIMPONI AUTO INJECTOR CER

02324776 SIMPONI PRE-FILLED SYRINGE CER

**100mg/mL Injection**

02413175 SIMPONI PRE-FILLED SYRINGE CER

02413183 SIMPONI PRE-FILLED SYRINGE CER

**92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS****INFLIXIMAB**

Limited use benefit (prior approval required).

The coverage of infliximab in adult patients  $\geq 18$  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  $\geq 18$  years who has failed:

- MTX (oral or parenteral) at a dose  $\geq 20$  mg weekly ( $\geq 15$  mg weekly if patient is  $\geq 65$  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 enterocutaneous 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 Oral Solution**

02244324 APO-CYCLOSPORINE

APX

**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; OR
- b. - cervical dystonia (spasmodic torticollis); OR
- c. - 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.

**50Unit/Vial Injection**

02371081 XEOMIN

MEZ

**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 2 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 |
| 96899972 | RESPICHAMBER VHC W MOUTHPIECE   | TRU |

**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 - Reservoirs**

|  |                         |     |
|--|-------------------------|-----|
|  | 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 - Reservoirs**

|          |                         |     |
|----------|-------------------------|-----|
| 97799674 | CARTRIDGE FOR IR200 2ML | AMS |
|----------|-------------------------|-----|

**Device**

|          |                      |     |
|----------|----------------------|-----|
| 99401038 | INSULIN PUMP BATTERY | AUC |
|----------|----------------------|-----|

**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 - Reservoirs**

|          |                             |     |
|----------|-----------------------------|-----|
| 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 |
|----------|------------------|-----|

Appendix A  
Limited Use Benefits and Criteria

Non-Insured Health Benefits

|                                | Page |                             | Page |                         | Page |
|--------------------------------|------|-----------------------------|------|-------------------------|------|
|                                | 1    | AEROCHAMBER PLUS FLOW-VU SM | 86   | APO-TEMOZOLOMIDE        | 9    |
| ABBOTT-CLOPIDOGREL             | 19   | AEROTRACH PLUS              | 86   | APO-TIZANIDINE          | 15   |
| ABBOTT-LEVETIRACETAM           | 37   | AG-ZOLMITRIPTAN ODT         | 51   | APO-TRIAZO              | 49   |
| ABBOTT-PANTOPRAZOLE            | 63   | ALDARA P                    | 69   | APO-VORICONAZOLE        | 3    |
| ABBOTT-RABEPRAZOLE             | 64   | ALMOTRIPTAN                 | 49   | APO-ZOLMITRIPTAN        | 52   |
| ABENOL                         | 32   | ALPRAZOLAM                  | 45   | APO-ZOLMITRIPTAN RAPID  | 51   |
| ABILIFY                        | 41   | AMERGE                      | 49   | APTIVUS                 | 4    |
| ABILIFY MAINTENA               | 42   | ANORO ELLIPTA               | 13   | AQUASOL E               | 70   |
| ACCEL PIOGLITAZONE             | 67   | APO-ACETAMINOPHEN           | 33   | ARICEPT                 | 10   |
| ACCEL-CELECOXIB                | 22   | APO-ADEFOVIR                | 5    | ASA                     | 21   |
| ACCEL-CLOPIDOGREL              | 19   | APO-ALMOTRIPTAN             | 49   | ASA EC                  | 21   |
| ACCEL-DONEPEZIL                | 10   | APO-ALPRAZ                  | 45   | ASAPHEN                 | 21   |
| ACCOLATE                       | 56   | APO-BENZYDAMINE             | 57   | ASAPHEN EC              | 21   |
| ACCU-CHEK ADVANTAGE            | 53   | APO-BOSENTAN                | 21   | ASATAB                  | 21   |
| ACCU-CHEK ADVANTAGE (ON)       | 53   | APO-BROMAZEPAM              | 46   | ASCENSIA BREEZE 2       | 53   |
| ACCU-CHEK AVIVA                | 53   | APO-CELECOXIB               | 22   | ASCENSIA BREEZE 2 (ON)  | 53   |
| ACCU-CHEK AVIVA (ON)           | 53   | APO-CLONAZEPAM              | 34   | ASCENSIA CONTOUR        | 53   |
| ACCU-CHEK COMPACT              | 53   | APO-CLOPIDOGREL             | 19   | ASCENSIA CONTOUR (ON)   | 53   |
| ACCU-CHEK COMPACT (ON)         | 53   | APO-CYCLOBENZAPRINE         | 15   | ATASOL                  | 32   |
| ACCU-CHEK MOBILE               | 53   | APO-CYCLOSPORINE            | 83   | ATASOL FORTE            | 33   |
| ACCU-CHEK MOBILE (ON)          | 53   | APO-DEXTROAMPHETAMINE       | 43   | ATASOL-15               | 23   |
| ACCU-TANE                      | 69   | APO-DIAZEPAM                | 46   | ATASOL-30               | 24   |
| ACCU-TREND                     | 53   | APO-DONEPEZIL               | 10   | ATIVAN                  | 47   |
| ACCU-TREND (ON)                | 53   | APO-DUTASTERIDE             | 72   | ATIVAN SUBLINGUAL       | 47   |
| ACET                           | 32   | APO-ENTECAVIR               | 5    | AURO-CLOPIDOGREL        | 19   |
| ACET 120                       | 32   | APO-EZETIMIBE               | 20   | AURO-CYCLOBENZAPRINE    | 15   |
| ACET 325                       | 32   | APO-FENTANYL MATRIX         | 25   | AURO-DONEPEZIL          | 10   |
| ACET 650                       | 32   | APO-FINASTERIDE             | 73   | AURO-FINASTERIDE        | 73   |
| ACET CODEINE 30                | 24   | APO-GABAPENTIN              | 35   | AURO-GABAPENTIN         | 35   |
| ACETAMIN                       | 33   | APO-HYDROMORPHONE           | 27   | AURO-LEVETIRACETAM      | 37   |
| ACETAMINOPHEN                  | 31   | APO-IMATINIB                | 8    | AURO-MONTELUKAST        | 55   |
| ACETAMINOPHENE                 | 33   | APO-IMIQUMOD                | 69   | AURO-MOXIFLOXACIN       | 1    |
| ACETYLSALICYLIC ACID           | 21   | APO-LANSOPRAZOLE            | 60   | AURO-PANTOPRAZOLE       | 63   |
| ACH-MONTELUKAST                | 55   | APO-LEVETIRACETAM           | 37   | AURO-PREGABALIN         | 38   |
| ACH-MYCOPHENOLATE              | 84   | APO-LEVOFLOXACIN            | 1    | AVANDIA                 | 68   |
| ACH-PIOGLITAZONE               | 67   | APO-LINEZOLID               | 2    | AVELOX                  | 1    |
| ACLASTA                        | 74   | APO-LORAZEPAM               | 47   | AVODART                 | 72   |
| ACT DONEPEZIL                  | 10   | APO-LORAZEPAM SL            | 47   | AXERT                   | 49   |
| ACT DUTASTERIDE                | 72   | APO-METHYLPHENIDATE         | 45   | BANZEL                  | 40   |
| ACT EZETIMIBE                  | 20   | APO-METHYLPHENIDATE ER      | 45   | BARACLUDE               | 5    |
| ACT MOXIFLOXACIN               | 57   | APO-METHYLPHENIDATE SR      | 45   | BG STAR                 | 53   |
| ACT RALOXIFENE                 | 65   | APO-MINOCYCLINE             | 2    | BG STAR (ON)            | 53   |
| ACTEMRA                        | 83   | APO-MONTELUKAST             | 55   | BIO-CELECOXIB           | 22   |
| ACT-NABILONE                   | 59   | APO-MOXIFLOXACIN            | 1    | BIO-DONEPEZIL           | 10   |
| ACTOS                          | 67   | APO-MYCOPHENOLATE           | 84   | BOTOX                   | 85   |
| ACT-PREGABALIN                 | 38   | APO-MYCOPHENOLIC ACID       | 84   | BRILINTA                | 19   |
| ACT-TEMOZOLOMIDE               | 8    | APO-OMEPRAZOLE              | 61   | BROMAZEPAM              | 46   |
| ADCIRCA                        | 20   | APO-OXAZEPAM                | 48   | BUPROPION SR            | 41   |
| ADVAGRAF                       | 85   | APO-OXYCODONE/ACET          | 24   | CAFFEINE CITRATE        | 88   |
| ADVAGRAF 3MG ER CAP            | 84   | APO-PANTOPRAZOLE            | 63   | CAMPRAL                 | 52   |
| ADVAIR                         | 14   | APO-PIOGLITAZONE            | 67   | CARNITOR                | 55   |
| ADVAIR DISKUS 100              | 15   | APO-PREGABALIN              | 38   | CARNITOR IV             | 55   |
| ADVAIR DISKUS 250              | 15   | APO-RABEPRAZOLE             | 64   | CARTRIDGE FOR IR200 2ML | 87   |
| ADVAIR DISKUS 500              | 15   | APO-RALOXIFENE              | 65   | CELEBREX                | 22   |
| AEROCHAMBER AC BOYZ            | 86   | APO-RIVASTIGMINE            | 11   | CELECOXIB               | 22   |
| AEROCHAMBER AC GIRLZ           | 86   | APO-RIZATRIPTAN             | 50   | CELLCEPT                | 84   |
| AEROCHAMBER PLUS FLOW-VU LG    | 86   | APO-RIZATRIPTAN RPD         | 49   | CELSENTRI               | 3    |
| AEROCHAMBER PLUS FLOW-VU MED   | 86   | APO-SILDENAFIL R            | 20   | CENTRUM JUNIOR COMPLETE | 71   |
| AEROCHAMBER PLUS FLOW-VU MOUTH | 86   | APO-SUMATRIPTAN             | 51   | CENTRUM MATERNA         | 71   |
|                                |      | APO-TADALAFIL PAH           | 20   | CENTRUM PRENATAL        | 72   |
|                                |      | APO-TEMAZEPAM               | 48   | CENTRUM PRENATAL DHA    | 72   |
|                                |      |                             |      | CESAMET                 | 59   |

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| CHAMPIX                    | 17   | DOM-LEVETIRACETAM            | 37   | GEN-CLONAZEPAM               | 34   |
| CHAMPIX STARTER PACK       | 17   | DOM-LORAZEPAM                | 47   | GLEEVEC                      | 8    |
| CIMZIA                     | 77   | DOM-MINOCYCLINE              | 2    | HABITROL                     | 16   |
| CLARUS                     | 69   | DOM-MONTELUKAST              | 56   | HARVONI                      | 6    |
| CLONAPAM                   | 34   | DOM-OMEPRAZOLE DR            | 62   | HEPSERA                      | 5    |
| CLONAZEPAM                 | 34   | DOM-PANTOPRAZOLE             | 63   | HOLKIRA PAK                  | 7    |
| CLOPIDOGREL                | 19   | DOM-PIOGLITAZONE             | 67   | HUMIRA                       | 76   |
| CO BOSENTAN                | 21   | DOM-PREGABALIN               | 38   | HYDROMORPH CONTIN            | 26   |
| CO CABERGOLINE             | 52   | DOM-RABEPRAZOLE EC           | 64   | HYDROMORPHONE                | 27   |
| CO CELECOXIB               | 22   | DOM-RIZATRIPTAN RDT          | 50   | IBAVYR                       | 5    |
| CO CLONAZEPAM              | 34   | DOM-SUMATRIPTAN              | 50   | IMITREX                      | 50   |
| CO CLOPIDOGREL             | 19   | DOM-TEMAZEPAM                | 48   | IMITREX DF                   | 51   |
| CO FENTANYL                | 25   | DOM-ZOLMITRIPTAN             | 52   | IMITREX STAT DOSE KIT        | 50   |
| CO FINASTERIDE             | 73   | DONEPEZIL                    | 10   | INFANTOL                     | 71   |
| CO GABAPENTIN              | 35   | DOSTINEX                     | 52   | INSET II 90 DEGREE 6MMX110CM | 87   |
| CO IMATINIB                | 8    | DURAGESIC MAT                | 25   | INSET II 90 DEGREE 6MMX60CM  | 87   |
| CO LEVETIRACETAM           | 37   | DUTASTERIDE                  | 72   | INSET II 90 DEGREE 9MMX110CM | 87   |
| CO PANTOPRAZOLE            | 63   | ECL-DONEPEZIL                | 10   | INSET II 90 DEGREE 9MMX60CM  | 87   |
| CO PIOGLITAZONE            | 67   | ELIDEL                       | 69   | INSULIN PUMP BATTERY         | 87   |
| CO RIZATRIPTAN             | 50   | ELIQUIS                      | 17   | INTELENCE                    | 3    |
| CO SUMATRIPTAN             | 50   | EMEND                        | 58   | INVEGA SUSTENNA              | 42   |
| CO TEMAZEPAM               | 48   | EMEND TRI PACK               | 59   | INVOKANA                     | 66   |
| CO TEMOZOLOMIDE            | 9    | ENABLEX                      | 70   | ISENTRESS                    | 4    |
| CODEINE                    | 25   | ENBREL                       | 78   | ITEST                        | 54   |
| CODEINE CONTIN CR          | 24   | ENBREL SURECLICK (QC)        | 80   | ITEST (ON)                   | 54   |
| CODEINE PHOSPHATE          | 25   | ENDOCET                      | 24   | JAMP-ACETAMINOPHEN           | 33   |
| CO-LEVOFLOXACIN            | 1    | EURO-ASA                     | 21   | JAMP-ALPRAZOLAM              | 45   |
| COMFORT ANGLED             | 87   | EVISTA                       | 65   | JAMP-ASA                     | 21   |
| 17MMX110CM (10 TUBING/BOX) |      | EXDOL-15                     | 23   | JAMP-CLOPIDOGREL             | 19   |
| COMFORT ANGLED 17MMX60CM   | 87   | EXDOL-30                     | 23   | JAMP-CYCLOBENZAPRINE         | 15   |
| (10 TUBING/BOX)            |      | EXELON                       | 11   | JAMP-DONEPEZIL               | 10   |
| COMFORT SHORT ANGLED       | 87   | EZ HEALTH ORACLE             | 53   | JAMP-EZETIMIBE               | 20   |
| 13MMX110CM (10 TUBING/BOX) |      | EZ HEALTH ORACLE (ON)        | 53   | JAMP-FINASTERIDE             | 73   |
| COMFORT SHORT ANGLED       | 87   | E-Z SPACER                   | 86   | JAMP-GABAPENTIN              | 35   |
| 13MMX60CM (10 TUBING/BOX)  |      | E-Z SPACER (MASK ONLY)       | 86   | JAMP-LEVETIRACETAM           | 37   |
| CONCERTA                   | 44   | E-Z SPACER WITH SMALL MASK   | 86   | JAMP-MONTELUKAST             | 56   |
| CONTACT DETACH 90 DEGREE   | 87   | EZETIMIBE                    | 20   | JAMP-MOXIFLOXACIN            | 1    |
| 6MMX60CM                   |      | EZETROL                      | 20   | JAMP-MULTIVITAMIN A/D/C      | 71   |
| CONTACT DETACH 90 DEGREE   | 87   | FENTANYL                     | 25   | DROPS                        |      |
| 8MMX60CM                   |      | FEVERHALT                    | 32   | JAMP-MYCOPHENOLATE           | 84   |
| CONTOUR NEXT               | 53   | FIBRISTAL                    | 65   | JAMP-OMEPRAZOLE DR           | 62   |
| CONTOUR NEXT (ON)          | 53   | FINASTERIDE                  | 73   | JAMP-PANTOPRAZOLE            | 63   |
| CO-RIZATRIPTAN ODT         | 49   | FIRST CANADIAN HEALTH SPIRIT | 54   | JAMP-PIOGLITAZONE            | 67   |
| CYCLOBENZAPRINE            | 15   | (MB)                         |      | JAMP-PREGABLIN               | 38   |
| DETROL                     | 70   | FLEXI-T IUD                  | 52   | JAMP-RIZATRIPTAN             | 50   |
| DEXEDRINE                  | 43   | FLINTSTONES EXTRA C          | 71   | JAMP-RIZATRIPTAN IR          | 50   |
| DEXEDRINE SPANSULE         | 43   | FORADIL                      | 13   | JAMP-VANCOMYCIN              | 3    |
| DIASTAT (2X10MG)           | 47   | FOSRENOL                     | 54   | JAMP-ZOLMITRIPTAN            | 52   |
| DIASTAT (2X15MG)           | 47   | FREESTYLE                    | 53   | JAMP-ZOLMITRIPTAN ODT        | 51   |
| DIASTAT (2X5MG)            | 47   | FREESTYLE (ON)               | 53   | JANUMET                      | 65   |
| DIAZEPAM                   | 46   | FREESTYLE LITE               | 53   | JANUMET XR                   | 66   |
| DICLOFENAC                 | 23   | FREESTYLE LITE (ON)          | 53   | JANUVIA                      | 66   |
| DILAUDID                   | 27   | FREESTYLE PRECISION          | 53   | JAYDESS                      | 64   |
| DOLORAL 1                  | 28   | FREESTYLE PRECISION (ON)     | 53   | JENTADUETO                   | 65   |
| DOLORAL 5                  | 28   | GABAPENTIN                   | 35   | KADIAN                       | 30   |
| DOM-BENZYDAMINE            | 57   | GALANTAMINE ER               | 11   | KEPPRA                       | 37   |
| DOM-CLONAZEPAM             | 34   | GALEXOS                      | 7    | KOMBOGLYZE                   | 66   |
| DOM-CLONAZEPAM-R           | 34   | GD-CELECOXIB                 | 22   | LANSOPRAZOLE                 | 60   |
| DOM-CLOPIDOGREL            | 19   | GD-GABAPENTIN                | 35   | LANSOPRAZOLE-15              | 60   |
| DOM-CYCLOBENZAPRINE        | 15   | GD-PREGABALIN                | 38   | LANSOPRAZOLE-30              | 60   |
| DOM-FINASTERIDE            | 73   | GE200                        | 54   | LATUDA                       | 42   |
| DOM-GABAPENTIN             | 35   | GE200 (ON)                   | 54   | LECTOPAM                     | 46   |
| DOM-LANSOPRAZOLE           | 60   |                              |      |                              |      |

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| LEVAQUIN               | 1    | MIO PINK 6MMX18"         | 87   | NICOTROL TRANSDERMAL              | 16   |
| LEVETIRACETAM          | 37   | MIO PINK 6MMX23"         | 87   | NOVA-T IUD                        | 52   |
| LEVOFLOXACIN           | 1    | MIRENA                   | 64   | NOVO-FINASTERIDE                  | 73   |
| LIBERTE UT380 SHORT    | 52   | MOGADON                  | 48   | NOVO-GABAPENTIN                   | 35   |
| LIBERTE UT380 STANDARD | 52   | MONA LISA 10             | 52   | NOVO-GESIC                        | 33   |
| LINCTUS CODEINE        | 25   | MONA LISA 5              | 52   | NOVO-LANSOPRAZOLE                 | 60   |
| LINEZOLID              | 2    | MONA LISA N              | 52   | NOVO-LEVOFLOXACIN                 | 1    |
| LORAZEPAM              | 47   | MONTELUKAST              | 55   | NOVO-LORAZEM                      | 47   |
| LOSEC                  | 61   | MONUROL                  | 7    | NOVO-METHYLPHENIDATE ER           | 44   |
| LOWPRIN                | 21   | MORPHINE SR              | 29   | NOVO-MINOCYCLINE                  | 2    |
| LUCENTIS               | 58   | MS CONTIN SR             | 29   | NOVO-MORPHINE SR                  | 29   |
| LUCENTIS PFS           | 58   | MS IR                    | 30   | NOVO-NARATRIPTAN                  | 49   |
| LYRICA                 | 38   | MULTI-PRE AND POST NATAL | 71   | NOVO-PANTOPRAZOLE                 | 63   |
| M.O.S.                 | 28   | MYCOPHENOLATE            | 84   | NOVO-PIOGLITAZONE                 | 67   |
| M.O.S. 10              | 28   | MYFORTIC                 | 84   | NOVO-RABEPRAZOLE                  | 64   |
| M.O.S. 20              | 28   | MYLAN ZOLMITRIPTAN       | 52   | NOVO-RALOXIFENE                   | 65   |
| M.O.S. 40              | 28   | MYLAN-ALMOTRIPTAN        | 49   | NOVO-RIVASTIGMINE                 | 11   |
| M.O.S. 50              | 28   | MYLAN-ALPRAZOLAM         | 45   | NOVO-SUMATRIPTAN                  | 51   |
| M.O.S. 60              | 28   | MYLAN-BOSENTAN           | 21   | NOVO-SUMATRIPTAN DF               | 50   |
| M.O.S. SR              | 28   | MYLAN-BUPRENOR/NALOX     | 31   | NOVO-TEMAZEPAM                    | 48   |
| M.O.S. SULFATE         | 30   | MYLAN-BUPROPION XL       | 41   | OMEPRAZOLE                        | 61   |
| MAR-CELECOXIB          | 22   | MYLAN-CELECOXIB          | 22   | OMEPRAZOLE MAGNESIUM DR           | 62   |
| MAR-CLOPIDOGREL        | 19   | MYLAN-CLONAZEPAM         | 34   | OMEPRAZOLE-20                     | 61   |
| MAR-DONEPEZIL          | 10   | MYLAN-CLOPIDOGREL        | 19   | ONBREZ BREEZHALER                 | 14   |
| MAR-EZETIMIBE          | 20   | MYLAN-CYCLOPRINE         | 15   | ONE TOUCH ULTRA                   | 54   |
| MAR-GABAPENTIN         | 35   | MYLAN-DONEPEZIL          | 10   | ONE TOUCH ULTRA (ON)              | 54   |
| MAR-GALANTAMINE ER     | 11   | MYLAN-EZETIMIBE          | 20   | ONE TOUCH VERIO                   | 54   |
| MAR-MONTELUKAST        | 56   | MYLAN-FENTANYL MATRIX    | 25   | ONE TOUCH VERIO (ON)              | 54   |
| MAR-MOXIFLOXACIN       | 1    | MYLAN-FINASTERIDE        | 73   | ONGLYZA                           | 65   |
| MAR-PANTOPRAZOLE       | 63   | MYLAN-GABAPENTIN         | 35   | OPTICHAMBER                       | 86   |
| MAR-PREGABALIN         | 38   | MYLAN-GALANTAMINE ER     | 11   | OPTICHAMBER DIAMOND<br>(CHAMBER)  | 86   |
| MAR-RIZATRIPTAN        | 50   | MYLAN-LANSOPRAZOLE       | 60   | OPTICHAMBER DIAMOND<br>(LARGE M)  | 86   |
| MAR-ZOLMITRIPTAN       | 52   | MYLAN-LEVOFLOXACIN       | 1    | OPTICHAMBER DIAMOND<br>(MEDIUM M) | 86   |
| M-ASA                  | 22   | MYLAN-MINOCYCLINE        | 2    | OPTICHAMBER LARGE MASK            | 86   |
| MAXALT                 | 50   | MYLAN-MONTELUKAST        | 55   | OPTICHAMBER MEDIUM MASK           | 86   |
| MAXALT RPD             | 50   | MYLAN-MYCOPHENOLATE      | 84   | OPTICHAMBER SMALL MASK            | 86   |
| MED-DUTASTERIDE        | 72   | MYLAN-OMEPRAZOLE         | 61   | OPTIHALER                         | 86   |
| MEDI+SURE              | 54   | MYLAN-PANTOPRAZOLE       | 63   | ORENCIA                           | 74   |
| MEDI+SURE (ON)         | 54   | MYLAN-PANTOPRAZOLE T     | 62   | OXAZEPAM                          | 48   |
| MED-RIVASTIGMINE       | 11   | MYLAN-PIOGLITAZONE       | 67   | OXEZE TURBUHALER                  | 13   |
| M-ESLON                | 29   | MYLAN-RABEPRAZOLE        | 64   | OXPAM                             | 48   |
| METADOL                | 27   | MYLAN-RIVASTIGMINE       | 11   | OXYCODONE                         | 31   |
| METHADONE              | 27   | MYLAN-RIZATRIPTAN ODT    | 49   | OXYCODONE/ACET                    | 24   |
| METHYLPHENIDATE        | 45   | MYLAN-SUMATRIPTAN        | 50   | OXY-IR                            | 31   |
| MINOCYCLINE            | 2    | MYLAN-ZOLMITRIPTAN ODT   | 51   | PANTOLOC                          | 63   |
| MINT-CELECOXIB         | 22   | MYL-PREGABALIN           | 38   | PANTOPRAZOLE                      | 63   |
| MINT-CLOPIDOGREL       | 19   | NAT-ALPRAZOLAM           | 45   | PANTOPRAZOLE MAGNESIUM            | 62   |
| MINT-DUTASTERIDE       | 72   | NAT-DONEPEZIL            | 10   | PANTOPRAZOLE-40                   | 63   |
| MINT-EZETIMIBE         | 20   | NAT-LEVETIRACETAM        | 37   | PARADIGM SILHOUETTE<br>13MMX18"   | 88   |
| MINT-FINASTERIDE       | 73   | NAT-OMEPRAZOLE DR        | 62   | PARADIGM SILHOUETTE<br>13MMX23"   | 88   |
| MINT-MONTELUKAST       | 56   | NAT-RIZATRIPTAN ODT      | 49   | PARADIGM SILHOUETTE<br>13MMX32"   | 88   |
| MINT-PANTOPRAZOLE      | 63   | NAT-ZOLMITRIPTAN         | 52   | PARADIGM SILHOUETTE<br>13MMX43"   | 88   |
| MINT-PIOGLITAZONE      | 67   | NEORAL                   | 83   | PARADIGM SILHOUETTE<br>17MMX23"   | 88   |
| MINT-PREGABALIN        | 38   | NEULASTA                 | 19   | PARADIGM SILHOUETTE<br>17MMX32"   | 88   |
| MINT-RIVASTIGMINE      | 11   | NEURONTIN                | 35   | PARADIGM SILHOUETTE<br>17MMX43"   | 88   |
| MINT-RIZATRIPTAN ODT   | 49   | NICODERM                 | 17   | PARADIGM SILHOUETTE<br>17MMX23"   | 88   |
| MINT-ZOLMITRIPTAN      | 52   | NICORETTE                | 15   | PARADIGM SILHOUETTE<br>17MMX32"   | 88   |
| MINT-ZOLMITRIPTAN ODT  | 51   | NICORETTE LOZENGE        | 16   |                                   |      |
| MIO BLUE 6MMX18"       | 87   | NICORETTE PLUS           | 16   |                                   |      |
| MIO BLUE 6MMX23"       | 87   | NICOTINE                 | 15   |                                   |      |
| MIO CLEAR 6MMX32"      | 87   | NICOTINE GUM             | 16   |                                   |      |
| MIO CLEAR 9MMX32"      | 87   | NICOTINE TRANSDERMAL     | 16   |                                   |      |

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| PARADIGM SILHOUETTE 17MMX43"     | 88   | PMS-OXYCODONE                   | 31   | RALOXIFENE                    | 65   |
| PARADIGM SILHOUETTE CANNULA 13MM | 88   | PMS-PANTOPRAZOLE                | 63   | RAN-CELECOXIB                 | 22   |
| PARADIGM SILHOUETTE CANNULA 17MM | 88   | PMS-PIOGLITAZONE                | 67   | RAN-CLOPIDOGREL               | 19   |
| PARADIGM SURE-T 29G 6MMX18"      | 88   | PMS-PREGABALIN                  | 38   | RAN-DONEPEZIL                 | 10   |
| PARADIGM SURE-T 29G 6MMX23"      | 88   | PMS-RABEPRAZOLE                 | 64   | RAN-EZETIMIBE                 | 20   |
| PARADIGM SURE-T 29G 8MMX23"      | 88   | PMS-RALOXIFENE                  | 65   | RAN-FENTANYL MATRIX           | 25   |
| PARIET EC                        | 64   | PMS-RIVASTIGMINE                | 11   | RAN-FINASTERIDE               | 73   |
| PAT-GALANTAMINE ER               | 11   | PMS-RIZATRIPTAN RDT             | 49   | RAN-GABAPENTIN                | 35   |
| PEDIAPHEN                        | 32   | PMS-SILDENAFIL R                | 20   | RAN-LANSOPRAZOLE              | 60   |
| PEDIAPHEN CHEWABLE               | 31   | PMS-SUMATRIPTAN                 | 50   | RAN-LEVETIRACETAM             | 37   |
| PEDIATRIX                        | 32   | PMS-VANCOMYCIN                  | 3    | RAN-MONTELUKAST               | 56   |
| PEDIAVIT                         | 71   | PMS-ZOLMITRIPTAN                | 52   | RAN-NABILONE                  | 59   |
| PEGASYS                          | 4    | PMS-ZOLMITRIPTAN ODT            | 51   | RAN-OMEPRAZOLE                | 61   |
| PEGASYS RBV                      | 4    | POCKET CHAMBER                  | 86   | RAN-PANTOPRAZOLE              | 63   |
| PEGETRON                         | 5    | POCKET CHAMBER WITH ADULT MASK  | 86   | RAN-PIOGLITAZONE              | 67   |
| PEGETRON REDIPEN                 | 5    | POCKET CHAMBER WITH INFANT MASK | 86   | RAN-PREGABALIN                | 38   |
| PERCOCET                         | 24   | POCKET CHAMBER WITH MEDIUM MASK | 86   | RAN-RABEPRAZOLE               | 64   |
| PERCOCET DEMI                    | 24   | POCKET CHAMBER WITH SMALL MASK  | 86   | RAPAMUNE                      | 84   |
| PHL-CLONAZEPAM                   | 34   | PODS                            | 88   | RAPID-D 10MM/110CM            | 86   |
| PHL-CLONAZEPAM-R 0.5MG           | 34   | POLY-VI-SOL                     | 71   | RAPID-D 10MM/60CM             | 86   |
| PHL-CYCLOBENZAPRINE              | 15   | PRADAXA                         | 18   | RAPID-D 10MM/80CM             | 86   |
| PHL-PIOGLITAZONE                 | 67   | PRECISION XTRA                  | 54   | RAPID-D 6MM/110CM             | 86   |
| PIOGLITAZONE                     | 67   | PRECISION XTRA (ON)             | 54   | RAPID-D 6MM/60CM              | 86   |
| PLAVIX                           | 19   | PREGABALIN                      | 38   | RAPID-D 6MM/80CM              | 86   |
| PMS CLOPIDOGREL                  | 19   | PREGABALIN-150                  | 40   | RAPID-D 8MM/110CM             | 86   |
| PMS-ACETAMINOPHEN                | 32   | PREGABALIN-25                   | 38   | RAPID-D 8MM/60CM              | 86   |
| PMS-ACETAMINOPHEN WITH CODEINE   | 24   | PREGABALIN-50                   | 39   | RAPID-D 8MM/80CM              | 86   |
| PMS-BENZYDAMINE                  | 57   | PREGABALIN-75                   | 39   | RATIO-BUPROPION               | 41   |
| PMS-BOSENTAN                     | 21   | PRENATAL & POSTPARTUM           | 71   | RATIO-CODEINE                 | 25   |
| PMS-BUPROPION SR                 | 41   | PRENATAL AND POSTPARTUM         | 71   | RATIO-CYCLOBENZAPRINE         | 15   |
| PMS-CELECOXIB                    | 22   | PREVACID                        | 60   | RATIO-EMTEC-30                | 24   |
| PMS-CLONAZEPAM                   | 34   | PREVACID FASTAB                 | 61   | RATIO-FINASTERIDE             | 73   |
| PMS-CLONAZEPAM R                 | 34   | PRIVA-CELECOXIB                 | 22   | RATIO-FINASTERIDE             | 73   |
| PMS-CODEINE                      | 25   | PRIVA-EZETIMIBE                 | 20   | RATIO-GABAPENTIN              | 36   |
| PMS-CYCLOBENZAPRINE              | 15   | PRIVA-PANTOPRAZOLE              | 63   | RATIO-LENOLTEC NO.2           | 23   |
| PMS-DIAZEPAM                     | 46   | PRO-ASA 80MG EC TAB             | 21   | RATIO-LENOLTEC NO.3           | 23   |
| PMS-DICLOFENAC                   | 23   | PRO-ASA 80MG TAB                | 21   | RATIO-MINOCYCLINE             | 2    |
| PMS-DONEPEZIL                    | 10   | PROCET-30                       | 24   | RATIO-MORPHINE                | 28   |
| PMS-DUTASTERIDE                  | 72   | PRO-CLONAZEPAM                  | 34   | RATIO-OMEPRAZOLE              | 62   |
| PMS-ENTECAVIR                    | 5    | PRO-GABAPENTIN                  | 35   | RATIO-OXYCOCET                | 24   |
| PMS-EZETIMIBE                    | 20   | PROGRAF                         | 84   | RATIO-OXYCODAN                | 24   |
| PMS-FENTANYL MTX                 | 25   | PRO-LEVETIRACETAM               | 37   | RATIO-PIOGLITAZONE            | 67   |
| PMS-FINASTERIDE                  | 73   | PROLIA                          | 73   | RATIO-RIVASTIGMINE            | 11   |
| PMS-GABAPENTIN                   | 35   | PRO-LORAZEPAM                   | 47   | RATIO-SILDENAFIL R            | 20   |
| PMS-GALANTAMINE ER               | 11   | PROMETRIUM                      | 68   | RATIO-TEMAZEPAM               | 48   |
| PMS-HYDROMORPHONE                | 27   | PRO-OXYCOD ACET                 | 24   | REMICADE                      | 83   |
| PMS-IMATINIB                     | 8    | PRO-PIOGLITAZONE                | 67   | REMINYL ER                    | 11   |
| PMS-LANSOPRAZOLE                 | 60   | PRO-RABEPRAZOLE                 | 64   | RENAGEL                       | 55   |
| PMS-LEVETIRACETAM                | 37   | PROSCAR                         | 73   | RESERVOIR 5XX 1.8ML SYRINGE   | 88   |
| PMS-LEVOFLOXACIN                 | 1    | PROTOPIC                        | 69   | RESERVOIR PARADIGM 7XX3.0ML   | 88   |
| PMS-LORAZEPAM                    | 47   | QUICK-SET 6MMX18"               | 88   | RESPICHAMBER VHC W MOUTHPIECE | 86   |
| PMS-METHYLPHENIDATE              | 45   | QUICK-SET 6MMX23"               | 88   | RESTORIL                      | 48   |
| PMS-METHYLPHENIDATE ER           | 44   | QUICK-SET 6MMX32"               | 88   | REVIAT                        | 20   |
| PMS-MINOCYCLINE                  | 2    | QUICK-SET 6MMX43"               | 88   | RISPERDAL CONSTA              | 43   |
| PMS-MONOCYCLINE                  | 2    | QUICK-SET 9MMX23"               | 88   | RITUXAN                       | 8    |
| PMS-MONTELUKAST                  | 55   | QUICK-SET 9MMX32"               | 88   | RIVA CLOPIDOGREL              | 19   |
| PMS-MOXIFLOXACIN                 | 57   | QUICK-SET 9MMX43"               | 88   | RIVA OXAZEPAM                 | 48   |
| PMS-NABILONE                     | 59   | RABEPRAZOLE                     | 64   | RIVA-ALPRAZOLAM               | 45   |
| PMS-OMEPRAZOLE                   | 61   | RABEPRAZOLE EC                  | 64   | RIVA-CELECOX                  | 22   |
|                                  |      |                                 |      | RIVA-CLONAZEPAM               | 34   |
|                                  |      |                                 |      | RIVACOCET                     | 24   |
|                                  |      |                                 |      | RIVA-CYCLOBENZAPRINE          | 15   |

Appendix A  
Limited Use Benefits and Criteria

Non-Insured Health Benefits

|                           | Page |                            | Page |                           | Page |
|---------------------------|------|----------------------------|------|---------------------------|------|
| RIVA-DONEPEZIL            | 10   | SIDEKICK                   | 54   | TEVA-IMATINIB             | 8    |
| RIVA-DUTASTERIDE          | 72   | SIMPONI AUTO INJECTOR      | 81   | TEVA-MOXIFLOXACIN         | 1    |
| RIVA-EZETIMIBE            | 20   | SIMPONI PRE-FILLED SYRINGE | 81   | TEVA-MYCOPHENOLATE        | 84   |
| RIVA-GABAPENTIN           | 35   | SINGULAIR                  | 55   | TEVA-NABILONE             | 59   |
| RIVA-LANSOPRAZOLE         | 60   | SORIATANE                  | 69   | TEVA-OMEPRAZOLE           | 62   |
| RIVA-MINOCYCLINE          | 2    | SOVALDI                    | 6    | TEVA-PANTOPRAZOLE         | 62   |
| RIVA-MOTELUKAST           | 56   | SPIRIT CARTRIDGE 3.15ML    | 87   | MAGNESIUM                 |      |
| RIVA-OMEPRAZOLE DR        | 62   | SPIRIVA                    | 13   | TEVA-PREGABALIN           | 38   |
| RIVA-PANTOPRAZOLE         | 63   | STATEX                     | 29   | TEVA-PROGESTERONE         | 68   |
| RIVA-PREGABALIN           | 38   | STELARA                    | 71   | TEVA-RIZATRIPTAN RDT      | 49   |
| RIVA-RABEPRAZOLE          | 64   | SUBOXONE                   | 31   | TEVA-VORICONAZOLE         | 3    |
| RIVA-RABEPRAZOLE EC       | 64   | SUMATRIPTAN                | 50   | TEVA-ZOLMITRIPTAN         | 52   |
| RIVA-RIZATRIPTAN ODT      | 49   | SUMATRIPTAN DF             | 51   | TEVA-ZOLMITRIPTAN OD      | 51   |
| RIVASA                    | 21   | SUPEUDOL                   | 31   | THRIVE                    | 71   |
| RIVASTIGMINE              | 11   | SURE STEP                  | 54   | TOVIAZ                    | 70   |
| RIVA-ZOLMITRIPTAN         | 52   | SURETEST (ON)              | 54   | TRACLEER                  | 21   |
| RIVOTRIL                  | 34   | SUTENT                     | 8    | TRAJENTA                  | 65   |
| RIZATRIPTAN ODT           | 49   | SYMBICORT 100 TURBUHALER   | 14   | TRANSDERMAL NICOTINE      | 16   |
| RIZATRIPTAN RDT           | 49   | SYMBICORT 200 TURBUHALER   | 14   | TRIA TEC-30               | 24   |
| SANDOZ ALMOTRIPTAN        | 49   | TANTAPHEN                  | 33   | TRI-VI-SOL                | 71   |
| SANDOZ BOSENTAN           | 21   | TARCEVA                    | 7    | TROSEC                    | 70   |
| SANDOZ CELECOXIB          | 22   | TARO-DICLOFENAC            | 23   | TRUETEST                  | 54   |
| SANDOZ CLOPIDOGREL        | 19   | TARO-SUMATRIPTAN           | 50   | TRUETRACK                 | 54   |
| SANDOZ DONEPEZIL          | 10   | TARO-TEMOZOLOMIDE          | 8    | TRUETRACK (ON)            | 54   |
| SANDOZ DUTASTERIDE        | 72   | TARO-ZOLEDRONIC ACID       | 74   | TUDORZA GENUAIR           | 12   |
| SANDOZ EZETIMIBE          | 20   | TECTA                      | 62   | TYLENOL                   | 32   |
| SANDOZ FENTANYL           | 25   | TEMAZEPAM                  | 48   | TYLENOL EXTRA STRENGTH    | 33   |
| SANDOZ FINASTERIDE        | 73   | TEMODAL                    | 8    | TYLENOL JR STRENGTH       | 32   |
| SANDOZ LANSOPRAZOLE       | 60   | TEMPRA                     | 32   | FASTMELTS                 |      |
| SANDOZ LEVOFLOXACIN       | 1    | TEMPRA DOUBLE STRENGTH     | 32   | TYLENOL JUNIOR STRENGTH   | 33   |
| SANDOZ LINEZOLID          | 2    | TENDER-1 "MINI" 13MM/110CM | 87   | TYLENOL WITH CODEINE NO.2 | 23   |
| SANDOZ MONTELUKAST        | 55   | TENDER-1 "MINI" 13MM/60CM  | 87   | TYLENOL WITH CODEINE NO.3 | 23   |
| SANDOZ MORPHINE SR        | 29   | TENDER-1 "MINI" 13MM/80CM  | 87   | ULORIC                    | 73   |
| SANDOZ MOXIFLOXACIN       | 1    | TENDER-1 17MM/110CM        | 86   | ULTIBRO BREEZHALER        | 13   |
| SANDOZ MYCOPHENOLATE      | 84   | TENDER-1 17MM/60CM         | 86   | ULTRAFLEX - 1 10MM/110CM  | 87   |
| SANDOZ NARATRIPTAN        | 49   | TENDER-1 17MM/80CM         | 86   | ULTRAFLEX - 1 10MM/60CM   | 87   |
| SANDOZ OMEPRAZOLE         | 61   | TENDER-2 "MINI" 13MM/110CM | 87   | ULTRAFLEX - 1 10MM/80CM   | 87   |
| SANDOZ OXYCODONE ACET     | 24   | TENDER-2 "MINI" 13MM/60CM  | 87   | ULTRAFLEX - 1 8MM/110CM   | 87   |
| SANDOZ PIOGLITAZONE       | 67   | TENDER-2 "MINI" 13MM/80CM  | 87   | ULTRAFLEX - 1 8MM/60CM    | 87   |
| SANDOZ PREGABALIN         | 38   | TENDER-2 17MM/110CM        | 86   | ULTRAFLEX - 1 8MM/80CM    | 87   |
| SANDOZ RIVASTIGMINE       | 11   | TENDER-2 17MM/60CM         | 86   | VALIUM                    | 46   |
| SANDOZ RIZATRIPTAN ODT    | 49   | TENDER-2 17MM/80CM         | 86   | VANCOCIN                  | 3    |
| SANDOZ TACROLIMUS         | 84   | TEVA- MONTELUKAST          | 55   | VANCOMYCIN                | 3    |
| SANDOZ VORICONAZOLE       | 3    | TEVA-ALPRAZOL              | 45   | VFEND                     | 3    |
| SANDOZ ZOLMITRIPTAN       | 52   | TEVA-BENZYLAMINE           | 57   | VIMPAT                    | 37   |
| SANDOZ ZOLMITRIPTAN ODT   | 51   | TEVA-BOSENTAN              | 21   | VIREAD                    | 4    |
| SANDOZ-BUPROPION SR       | 41   | TEVA-BROMAZEPAM            | 46   | VISANNE                   | 68   |
| SANDOZ-CLONAZEPAM         | 34   | TEVA-                      | 31   | VISUDYNE                  | 58   |
| SANDOZ-CYCLOSPORINE       | 83   | BUPRENORPHINE/NALOXONE     |      | VITAMIN E                 | 70   |
| SANDOZ-METHYLPHENIDATE SR | 45   | TEVA-                      | 31   | VITAMIN E NATUAL SOURCE   | 70   |
| SANDOZ-MINOCYCLINE        | 2    | BUPRENORPHINE/NALOXONE 8M  |      | VOLIBRIS                  | 21   |
| SANDOZ-MYCOPHENOLATE      | 84   | TEVA-CELECOXIB             | 22   | VYVANSE                   | 44   |
| SANDOZ-PANTOPRAZOLE       | 63   | TEVA-CLONAZEPAM            | 34   | WELLBUTRIN SR             | 41   |
| SANDOZ-RABEPRAZOLE        | 64   | TEVA-CLOPIDOGREL           | 19   | WELLBUTRIN XL             | 41   |
| SANDOZ-SUMATRIPTAN        | 51   | TEVA-CYCLOPRINE            | 15   | XANAX                     | 45   |
| SAPHRIS                   | 42   | TEVA-DONEPEZIL             | 10   | XANAX TS                  | 46   |
| SDZ CELECOXIB             | 22   | TEVA-DUTASTERIDE           | 72   | XARELTO                   | 18   |
| SEEBRI BREEZHALER         | 13   | TEVA-ERLOTINIB             | 7    | XEOMIN                    | 85   |
| SEPTA-DONEPEZIL           | 10   | TEVA-EZETIMIBE             | 20   | XGEVA                     | 73   |
| SEPTA-ZOLMITRIPTAN-ODT    | 51   | TEVA-FENTANYL              | 25   | ZANAFLEX                  | 15   |
| SEREVENT DISKHALER        | 14   | TEVA-GALANTAMINE ER        | 11   | ZELDOX                    | 43   |
| SEREVENT DISKUS           | 14   | TEVA-HYDROMORPHONE         | 27   | ZENHALE                   | 14   |



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|                  | Page | Page | Page |
|------------------|------|------|------|
| ZOLEDRONIC ACID  | 74   |      |      |
| ZOLMITRIPTAN     | 52   |      |      |
| ZOLMITRIPTAN ODT | 51   |      |      |
| ZOMIG            | 52   |      |      |
| ZOMIG RAPIMELT   | 51   |      |      |
| ZYBAN            | 41   |      |      |
| ZYM-CLONAZEPAM   | 34   |      |      |
| ZYM-PIOGLITAZONE | 67   |      |      |
| ZYVOXAM          | 2    |      |      |

**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.

**08:00 ANTI-INFECTIVE AGENTS**

**08:12.02 AMINOGLYCOSIDES**

**TOBRAMYCIN**

**1.2gm Injection**

|          |            |     |
|----------|------------|-----|
| 00533688 | TOBRAMYCIN | FKD |
| 02285150 | TOBRAMYCIN | STE |

**10mg/mL Injection**

|          |            |     |
|----------|------------|-----|
| 02230639 | TOBRAMYCIN | FKD |
| 02241209 | TOBRAMYCIN | SDZ |

**40mg/mL Injection**

|          |                   |     |
|----------|-------------------|-----|
| 02420287 | JAMP-TOBRAMYCIN   | JAP |
| 02420287 | JAMP-TOBRAMYCIN   | JAP |
| 02382814 | MYLAN-TOBRAMYCIN  | MYL |
| 02241210 | SANDOZ-TOBRAMYCIN | SDZ |
| 02230640 | TOBRAMYCIN        | FKD |

**08:12.28 MISCELLANEOUS ANTIBIOTICS**

**VANCOMYCIN HCL**

**500mg Injection**

|          |                |     |
|----------|----------------|-----|
| 02407914 | MYL-VANCOMYCIN | MYL |
| 02241820 | PMS-VANCOMYCIN | PMS |
| 02342855 | VAL-VANCOMYCIN | VAL |
| 02139375 | VANCOMYCIN     | FKD |
| 02230191 | VANCOMYCIN     | HOS |
| 02394626 | VANCOMYCIN     | SDZ |
| 02406535 | VANCOMYCIN     | MYL |

**1,000mg Injection**

|          |                |     |
|----------|----------------|-----|
| 02407922 | MYL-VANCOMYCIN | MYL |
| 02241821 | PMS-VANCOMYCIN | PMS |
| 02342863 | VAL-VANCOMYCIN | VAL |
| 02139383 | VANCOMYCIN     | FKD |
| 02230192 | VANCOMYCIN     | HOS |
| 02394634 | VANCOMYCIN     | SDZ |
| 02396386 | VANCOMYCIN     | STE |
| 02406543 | VANCOMYCIN     | MYL |

**5,000mg Injection**

|          |                |     |
|----------|----------------|-----|
| 02407930 | MYL-VANCOMYCIN | MYL |
| 02139243 | VANCOMYCIN     | FKD |
| 02378337 | VANCOMYCIN     | HOS |
| 02394642 | VANCOMYCIN     | SDZ |
| 02406551 | VANCOMYCIN     | MYL |

**10,000mg Injection**

|          |                |     |
|----------|----------------|-----|
| 02406578 | MYL-VANCOMYCIN | MYL |
| 02407949 | MYL-VANCOMYCIN | MYL |
| 02241807 | VANCOMYCIN     | FKD |
| 02378345 | VANCOMYCIN     | HOS |
| 02394650 | VANCOMYCIN     | SDZ |

**20:00 BLOOD FORMATION  
 COAGULATION AND  
 THROMBOSIS**

**20:16.00 HEMATOPOIETIC AGENTS**

**DARBEPOETIN ALFA**

**10mcg/0.4mL Injection**

|          |         |     |
|----------|---------|-----|
| 02392313 | ARANESP | AMG |
|----------|---------|-----|

**20mcg/0.5mL Injection**

|          |         |     |
|----------|---------|-----|
| 02392321 | ARANESP | AMG |
|----------|---------|-----|

**25mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246354 | ARANESP | AMG |
|----------|---------|-----|

**30mcg/0.3mL Injection**

|          |         |     |
|----------|---------|-----|
| 02392348 | ARANESP | AMG |
|----------|---------|-----|

**40mcg/0.4mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391740 | ARANESP | AMG |
| 99004917 | ARANESP | AMG |

**40mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246355 | ARANESP | AMG |
|----------|---------|-----|

**50mcg/0.5mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391759 | ARANESP | AMG |
| 99004925 | ARANESP | AMG |

**60mcg/0.3mL Injection**

|          |         |     |
|----------|---------|-----|
| 02392356 | ARANESP | AMG |
|----------|---------|-----|

**60mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246348 | ARANESP | AMG |
|----------|---------|-----|

**80mcg/0.4mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391767 | ARANESP | AMG |
| 99004933 | ARANESP | AMG |

**100mcg/0.5mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391775 | ARANESP | AMG |
| 99004909 | ARANESP | AMG |

**100mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246357 | ARANESP | AMG |
|----------|---------|-----|

**130mcg/0.65mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391783 | ARANESP | AMG |
|----------|---------|-----|

**150mcg/0.3mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391791 | ARANESP | AMG |
|----------|---------|-----|

**200mcg/0.4mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391805 | ARANESP | AMG |
| 09857185 | ARANESP | AMG |

**200mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246358 | ARANESP | AMG |
|----------|---------|-----|

**300mcg/0.6mL Injection**

|          |         |     |
|----------|---------|-----|
| 02391821 | ARANESP | AMG |
|----------|---------|-----|

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**20:16.00 HEMATOPOIETIC AGENTS**

**DARBEPOETIN ALFA**

**500mcg/mL Injection**

|          |         |     |
|----------|---------|-----|
| 02246360 | ARANESP | AMG |
| 02392364 | 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**

**40:08.00 ALKALINIZING AGENTS**

**SODIUM BICARBONATE**

**500mg Tablet**

|          |                           |     |
|----------|---------------------------|-----|
| 80030520 | JAMP-SODIUM BICARBONATE   | JAP |
| 00392839 | SANDOZ SOD BICARBONATE    | SDZ |
| 80022194 | SANDOZ-SODIUM BICARBONATE | SDZ |

**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 |
| 02042983 | OS-CAL      | WYE |

**500mg Tablet**

|          |      |     |
|----------|------|-----|
| 01970240 | TUMS | GSK |
|----------|------|-----|

**600mg Tablet**

|          |         |     |
|----------|---------|-----|
| 00722332 | CALCIUM | PVT |
|----------|---------|-----|

**750mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 01967932 | TUMS EXTRA STRENGTH | GSK |
|----------|---------------------|-----|

**1000mg Tablet**

|          |                     |     |
|----------|---------------------|-----|
| 02151138 | TUMS ULTRA STRENGTH | GSK |
|----------|---------------------|-----|

**PHOSPHORUS**

**500mg Effervescent Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 00225819 | PHOSPHATE-NOVARTIS | NVR |
|----------|--------------------|-----|

**SODIUM PHOSPHATES**

**500mg Tablet**

|          |                    |     |
|----------|--------------------|-----|
| 80027202 | PHOSPHATE-NOVARTIS | NOV |
|----------|--------------------|-----|

**ZINC GLUCONATE**

**50mg Tablet**

|          |      |     |
|----------|------|-----|
| 00503169 | ZINC | VTH |
| 00505463 | ZINC | JAM |

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**40:18.19 PHOSPHATE - REMOVING AGENTS**

**LANTHANUM**

Limited use benefit (prior approval required)

For patients with elevated phosphate levels or elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminum based binders) OR

For patients with elevated calcium levels despite discontinuation of calcium binder, and vitamin D analogue and/or modification of dialysate calcium OR

For patients with adynamic bone disease and low PTH levels (< 100 pg/ml or < 9 pmol/L) with normal or elevated calcium

**250mg Chewable Tablet**

02287145 FOSRENOL SHI

**500mg Chewable Tablet**

02287153 FOSRENOL SHI

**750mg Chewable Tablet**

02287161 FOSRENOL SHI

**1000mg Chewable Tablet**

02287188 FOSRENOL SHI

**SEVELAMER HCL**

Limited Use Benefit (Prior approval required).

a. - patients with elevated phosphate levels OR elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminium based binders)

b. - patients with elevated calcium levels despite discontinuation of calcium binder, and Vitamin D analogue and/or modification of dialysate calcium

c. - patients with adynamic bone disease and low PTH levels (<100 pg/ml or <0.9 pmol/L) with normal or elevated calcium levels

**800mg Tablet**

02244310 RENAGEL SAC

**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

**84:00 SKIN AND MUCOUS MEMBRANE AGENTS (SMMA)**

**84:04.04 SMMA - ANTIBIOTICS**

**GENTAMICIN SULFATE**

**0.1% Cream**

00805386 RATIO-GENTAMICIN RPH

**0.1% Ointment**

00872881 PMS-GENTAMICIN PMS

00805025 RATIO-GENTAMICIN RPH

**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

**88:20.00 VITAMIN E**

**VITAMIN E**

**200IU Capsule**

00122831 VITAMIN E JAM

**400IU Capsule**

00122858 VITAMIN E JAM

**88:28.00 MULTIVITAMIN PREPARATIONS**

**MULTIVITAMINS**

**Tablet**

80001432 RENAVIDE MAC

02244872 REPLAVITE WNP

80007498 REPLAVITE WNP

00558796 STRESS PLEX C JAM

02166623 STRESSTABS WYE

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## 96:00 PHARMACEUTICAL AIDS

### 96:00.00 PHARMACEUTICAL AIDS

#### NUTRITIONAL SUPPLEMENT

##### Liquid

|          |                   |     |
|----------|-------------------|-----|
| 09853723 | NEPRO             | ABB |
| 99100702 | NEPRO CARB STEADY | ABB |
| 00907995 | NOVASOURCE        | NVR |
| 09854258 | NOVASOURCE RENAL  | NES |
| 09853731 | SUPLANA           | ABB |

##### 235mL Liquid

|          |         |     |
|----------|---------|-----|
| 99002639 | NEPRO   | ABB |
| 99002647 | SUPLANA | ABB |

##### Powder

|          |                      |     |
|----------|----------------------|-----|
| 09991056 | RESOURCE BENEPROTEIN | NVR |
|----------|----------------------|-----|

|  | Page     |                       |          |
|--|----------|-----------------------|----------|
| ALUGEL   | 3        | <b>VITAMIN E</b>      | <b>3</b> |
| <b>ALUMINUM HYDROXIDE</b>  | <b>3</b> | VITAMIN E             | 3        |
| AMPHOJEL   | 3        | ZINC                  | 2        |
| APO-CAL 250  | 2        | <b>ZINC GLUCONATE</b> | <b>2</b> |
| ARANESP  | 1        |                       |          |
| B COMPLEX PLUS C   | 3        |                       |          |
| BASALJEL   | 3        |                       |          |
| CALCIUM  | 2        |                       |          |
| <b>CALCIUM (CALCIUM<br/>GLUCONOLACTATE, CALCIUM<br/>CARBONATE)</b> | <b>2</b> |                       |          |
| <b>CALCIUM CARBONATE</b>   | <b>2</b> |                       |          |
| CALCIUM SANDOZ   | 2        |                       |          |
| CALSAN   | 2        |                       |          |
| <b>DARBEPOETIN ALFA</b>  | <b>1</b> |                       |          |
| DIAMINE  | 3        |                       |          |
| <b>EPOETIN ALFA</b>  | <b>2</b> |                       |          |
| EPREX  | 2        |                       |          |
| FOSRENOL   | 3        |                       |          |
| <b>GENTAMICIN SULFATE</b>  | <b>3</b> |                       |          |
| GRAMCAL  | 2        |                       |          |
| JAMP-SODIUM BICARBONATE  | 2        |                       |          |
| JAMP-TOBRAMYCIN  | 1        |                       |          |
| <b>LANTHANUM</b>   | <b>3</b> |                       |          |
| <b>MULTIVITAMINS</b>   | <b>3</b> |                       |          |
| MYLAN-TOBRAMYCIN   | 1        |                       |          |
| MYL-VANCOMYCIN   | 1        |                       |          |
| NEPRO  | 4        |                       |          |
| NEPRO CARB STEADY  | 4        |                       |          |
| NOVASOURCE   | 4        |                       |          |
| NOVASOURCE RENAL   | 4        |                       |          |
| <b>NUTRITIONAL SUPPLEMENT</b>                                      | <b>4</b> |                       |          |
| OS-CAL   | 2        |                       |          |
| PHOSPHATE-NOVARTIS   | 2        |                       |          |
| <b>PHOSPHORUS</b>  | <b>2</b> |                       |          |
| PMS-GENTAMICIN   | 3        |                       |          |
| PMS-VANCOMYCIN   | 1        |                       |          |
| RATIO-GENTAMICIN   | 3        |                       |          |
| RENAGEL  | 3        |                       |          |
| RENAVITE   | 3        |                       |          |
| REPLAVITE  | 3        |                       |          |
| RESOURCE BENEPROTEIN   | 4        |                       |          |
| SANDOZ SOD BICARBONATE   | 2        |                       |          |
| SANDOZ-SODIUM BICARBONATE  | 2        |                       |          |
| SANDOZ-TOBRAMYCIN  | 1        |                       |          |
| <b>SEVELAMER HCL</b>   | <b>3</b> |                       |          |
| <b>SODIUM BICARBONATE</b>  | <b>2</b> |                       |          |
| <b>SODIUM PHOSPHATES</b>   | <b>2</b> |                       |          |
| STRESS PLEX C  | 3        |                       |          |
| STRESSTABS   | 3        |                       |          |
| SUPLENA  | 4        |                       |          |
| <b>TOBRAMYCIN</b>  | <b>1</b> |                       |          |
| TOBRAMYCIN   | 1        |                       |          |
| TUMS   | 2        |                       |          |
| TUMS EXTRA STRENGTH  | 2        |                       |          |
| TUMS ULTRA STRENGTH  | 2        |                       |          |
| VAL-VANCOMYCIN   | 1        |                       |          |
| VANCOMYCIN   | 1        |                       |          |
| <b>VANCOMYCIN HCL</b>  | <b>1</b> |                       |          |
| <b>VITAMIN B COMPLEX</b>   | <b>3</b> |                       |          |
| <b>VITAMIN B COMPLEX WITH<br/>VITAMIN C</b>                        | <b>3</b> |                       |          |

**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.

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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 |
| 02382857 | GLYCOPYRROLATE | OMG |

#### HYOSCINE BUTYLBROMIDE

##### 20mg/mL Injection

|          |          |     |
|----------|----------|-----|
| 00363839 | BUSCOPAN | BOE |
| 02229868 | HYOSCINE | SDZ |

#### SCOPOLAMINE

##### 1.5mg Patch

|          |             |     |
|----------|-------------|-----|
| 80024336 | TRANSDERM-V | NOV |
|----------|-------------|-----|

#### SCOPOLAMINE HYDROBROMIDE

##### 0.4mg/mL Injection

|          |                 |     |
|----------|-----------------|-----|
| 00541869 | SCOPOLAMINE     | ABB |
| 02242810 | SCOPOLAMINE HBR | OMG |

##### 0.6mg/mL Injection

|          |                 |     |
|----------|-----------------|-----|
| 00541877 | SCOPOLAMINE     | ABB |
| 02242811 | SCOPOLAMINE HBR | OMG |

## 28:00 CENTRAL NERVOUS SYSTEM AGENTS

### 28:04.92 GENERAL ANESTHETICS, MISC.

#### KETAMINE HCL

##### 10mg/mL Injection

|          |          |     |
|----------|----------|-----|
| 00224391 | KETALAR  | ERF |
| 02246795 | KETAMINE | SDZ |
| 02387301 | KETAMINE | SDZ |

##### 50mg/mL Injection

|          |          |     |
|----------|----------|-----|
| 00224405 | KETALAR  | ERF |
| 02246796 | KETAMINE | SDZ |
| 02387328 | KETAMINE | SDZ |
| 02387336 | KETAMINE | SDZ |

### 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 |

##### 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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Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

### 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   | RBV |
| 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   | RBV |
| 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   | RBV |
| 02327163 | SANDOZ FENTANYL       | SDZ |
| 02282984 | TEVA-FENTANYL         | TEV |

#### FENTANYL CITRATE

##### 50mcg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00888346 | FENTANYL CITRATE | HOS |
| 02240434 | FENTANYL CITRATE | SDZ |

### 28:08.08 OPIATE AGONISTS

#### HYDROMORPHONE

##### 2mg/mL Injection

|          |               |     |
|----------|---------------|-----|
| 00627100 | DILAUDID      | PFR |
| 02145901 | HYDROMORPHONE | SDZ |

##### 10mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00622133 | DILAUDID HP      | PFR |
| 02145928 | HYDROMORPHONE HP | SDZ |

##### 20mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 02145936 | HYDROMORPHONE HP | SDZ |
|----------|------------------|-----|

##### 50mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 02146126 | HYDROMORPHONE HP | SDZ |
| 99003163 | HYDROMORPHONE HP | SAB |

##### 100mg/mL Injection

|          |                        |     |
|----------|------------------------|-----|
| 02244797 | HYDROMORPHONE HP FORTE | SDZ |
|----------|------------------------|-----|

#### METHADONE HCL

##### 1mg/mL Oral Liquid

|          |         |
|----------|---------|
| 02247694 | METADOL |
|----------|---------|

##### 10mg/mL Oral Liquid

|          |         |
|----------|---------|
| 02241377 | METADOL |
|----------|---------|

##### Powder

|          |                      |
|----------|----------------------|
| 09991180 | METHADONE PDR (PAIN) |
|----------|----------------------|

##### 1mg Tablet

|          |         |
|----------|---------|
| 02247698 | METADOL |
|----------|---------|

##### 5mg Tablet

|          |         |
|----------|---------|
| 02247699 | METADOL |
|----------|---------|

##### 10mg Tablet

|          |         |
|----------|---------|
| 02247700 | METADOL |
|----------|---------|

##### 25mg Tablet

|          |         |
|----------|---------|
| 02247701 | METADOL |
|----------|---------|

#### MORPHINE SULFATE

##### 0.5mg/mL Injection

|          |                      |     |
|----------|----------------------|-----|
| 02021056 | MORPHINE LP EPIDURAL | SDZ |
| 01949047 | MORPHINE SANS P      | HOS |

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### 28:08.08 OPIATE AGONISTS

#### MORPHINE SULFATE

##### 1mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 02021048 | MORPHINE LP      | SDZ |
| 01949055 | MORPHINE SANS P  | HOS |
| 01980696 | MORPHINE SULFATE | SDZ |

##### 2mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00850314 | MORPHINE SULFATE | HOS |
| 01964437 | MORPHINE SULFATE | SDZ |
| 02242484 | MORPHINE SULFATE | SDZ |

##### 5mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 01964429 | MORPHINE SULFATE | SDZ |
|----------|------------------|-----|

##### 10mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00392588 | MORPHINE SULFATE | SDZ |
| 00850322 | MORPHINE SULFATE | HOS |

##### 15mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00392561 | MORPHINE SULFATE | SDZ |
|----------|------------------|-----|

##### 25mg/mL Injection

|          |             |     |
|----------|-------------|-----|
| 00676411 | MORPHINE HP | SDZ |
|----------|-------------|-----|

##### 50mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 00617288 | MORPHINE HP      | SDZ |
| 02137267 | MORPHINE SULFATE | HOS |

### 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 |
| 02386143 | DIAZEPAM     |     |

### 28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

#### LORAZEPAM

##### 2mg/mL Injection

|          |           |     |
|----------|-----------|-----|
| 02438704 | LORAZEPAM | SDZ |
|----------|-----------|-----|

##### 4mg/mL Injection

|          |           |     |
|----------|-----------|-----|
| 02243278 | LORAZEPAM | SDZ |
|----------|-----------|-----|

#### MIDAZOLAM

##### 1mg/mL Injection

|          |           |     |
|----------|-----------|-----|
| 02240285 | MIDAZOLAM | SDZ |
| 02242904 | MIDAZOLAM | PPC |
| 02243934 | MIDAZOLAM | TEV |

##### 5mg/mL Injection

|          |           |     |
|----------|-----------|-----|
| 02240286 | MIDAZOLAM | SDZ |
| 02242905 | MIDAZOLAM | PPC |
| 02243935 | MIDAZOLAM | TEV |
| 02382903 | MIDAZOLAM | SDZ |

### 40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

#### 40:28.08 LOOP DIURETICS

#### FUROSEMIDE

##### 10mg/mL Injection

|          |            |     |
|----------|------------|-----|
| 02382539 | FUROSEMIDE | SDZ |
| 02384094 | FUROSEMIDE | ALV |

### 52:00 EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

#### 52:92.00 MISCELLANEOUS EENT DRUGS

#### ARTIFICIAL SALIVA

##### Spray

|          |          |     |
|----------|----------|-----|
| 02238696 | MOI-STIR | PMS |
|----------|----------|-----|

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## 56:00 GASTROINTESTINAL DRUGS

### 56:22.20 5-HT3 RECEPTOR ANTAGONISTS

#### GRANISETRON

##### 1mg/mL Injection

|          |             |     |
|----------|-------------|-----|
| 02385414 | GRANISETRON | SDZ |
|----------|-------------|-----|

#### ONDANSETRON

##### 2mg/mL Injection

|          |                  |     |
|----------|------------------|-----|
| 02390019 | AJ-ONDANSETRON   | MYL |
| 02390051 | AJ-ONDANSETRON   | MYL |
| 02274418 | SDZ-ONDANSETRON  | SDZ |
| 02265524 | TEVA-ONDANSETRON | TEP |

### 56:22.92 MISCELLANEOUS ANTIEMETICS

#### NABILONE

##### 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

#### RANITIDINE HCL

##### 25mg/mL Injection

|          |            |     |
|----------|------------|-----|
| 02256711 | RANITIDINE | SDZ |
|----------|------------|-----|

## 56:32.00 PROKINETIC AGENTS

### METOCLOPRAMIDE

#### 5mg/mL Injection

|          |                      |     |
|----------|----------------------|-----|
| 02185431 | METOCLOPRAMIDE       | SDZ |
| 02243563 | METOCLOPRAMIDE OMEGA | OMG |

## 56:92.00 MISCELLANEOUS GI DRUGS

### METHYLNALTREXONE BROMIDE

#### 8mg/0.4mL Injection

|          |          |     |
|----------|----------|-----|
| 02356481 | RELISTOR | WYE |
|----------|----------|-----|

#### 12/0.6mL Injection

|          |          |     |
|----------|----------|-----|
| 02356503 | RELISTOR | WYE |
|----------|----------|-----|

#### 20mg/mL Injection

|          |          |     |
|----------|----------|-----|
| 02308215 | RELISTOR | WYE |
|----------|----------|-----|

## 96:00 PHARMACEUTICAL AIDS

### 96:00.00 PHARMACEUTICAL AIDS

#### NUTRITIONAL SUPPLEMENT

##### Oral Liquid

|          |                      |     |
|----------|----------------------|-----|
| 09853154 | BOOST FRUIT BEVERAGE | NES |
| 95999970 | BOOST HIGH PROTEIN   | NES |
| 95999963 | BOOST ORIGINAL       | NES |
| 95999975 | BOOST PLUS           | NES |
| 97904341 | ENSURE               | ROS |
| 00801054 | ENSURE HIGH PROTEIN  | ROS |
| 97904333 | ENSURE PLUS          | ROS |
| 97904317 | ENSURE WITH FIBRE    | ROS |

**APPENDIX D**  
**LIST OF DRUG MANUFACTURERS**

**Appendix D**

**Non-Insured Health Benefits**

**List of Drug Manufacturers**

| MFR | Manufacturer Name                          | MFR | Manufacturer Name                            |
|-----|--|-----|--|
| AAP | AA PHARMA INC.                             | BMI | BIOMED 2002 INCORPORATED                     |
| ABB | ABBOTT LABORATORIES LIMITED                | BMS | BRISTOL-MYERS SQUIBB CANADA                  |
| ACG | ACTAVIS GROUP PTC EHF                      | BOE | BOEHRINGER INGELHEIM (CANADA) LIMITED        |
| ACN | ACTELION PHARMACEUTICALS LTD               | BPC | BIOVAIL PHARMACEUTICALS CANADA               |
| ACP | ACCEL PHARMA INC                           | BSH | BAUSCH & LOMB CANADA INCORPORATED            |
| ADA | ADAMS LABS LIMITED                         | CDX | CANDERM PHARMA                               |
| ALC | ALCON CANADA INCORPORATED                  | CEN | CENTOCOR INCORPORATED                        |
| ALG | ALLERGOLOGISK LAB A/S                      | CIP | CIPHER PHARMACEUTICALS INCORPORATED          |
| ALK | ALK ABELLO A/S                             | COB | COBALT PHARMACEUTICALS INCORPORATED          |
| ALL | ALLERGAN INCORPORATED                      | COP | COLGATE ORAL PHARMACEUTICALS INCORPORATED    |
| AMG | AMGEN CANADA INCORPORATED                  | CUV | CHAUVIN PHARMACEUTICALS LIMITED              |
| APX | APOTEX INCORPORATED                        | CYX | CYTEX PHARMACEUTICALS INCORPORATED           |
| AST | ASTELLAS PHARMA CANADA INCORPORATED        | DCM | D & C MOBILITY                               |
| ATL | LABORATORIE ATLAS INCORPORATED             | DDP | THE D DROPS COMPANY INCORPORATED             |
| AUC | AUTO CONTROL                               | DER | DERMIK LABORATORIES CANADA INCORPORATED      |
| AUR | AURO PHARMA INC                            | DKT | DIOPTIC LABORATORIES INCORPORATED            |
| AXC | AXCAN PHARMA INCORPORATED                  | DOR | DORMER LABORATORIES INCORPORATED             |
| AXL | ALLEREX LABORATORY LIMITED                 | DPC | DOMINION PHARMACAL                           |
| AXX | AXXESS PHARMA INCORPORATED                 | DPI | DOMREX PHARMA INC                            |
| AZC | ASTRAZENECA CANADA INCORPORATED            | DPY | DRAXIS HEALTH INCORPORATED                   |
| BAK | BAKER CUMMINS INCORPORATED.                | DSP | DISPENSA PHARM CANADA LIMITED                |
| BAR | BARR PHARMACEUTICALS INCORPORATED          | DUI | DUCHESNAY INCORPORATED                       |
| BAT | BAXTER CORPORATION                         | EDM | ENDO CANADA INCORPORATED                     |
| BAX | BRAINTREE LAB INCORPORATED                 | ELN | ELAN PHARMACEUTICALS INCORPORATED            |
| BAY | BAYER INCORPORATED, HEALTHCARE/DIAGNOSTICS | ERF | ERFA CANADA INCORPORATED                     |
| BCD | BAYER INCORPORATED, CONSUMER CARE DIVISION | EUR | EURO-PHARM INTERNATIONAL CANADA INCORPORATED |
| BDH | BDH INCORPORATED                           |     |  |
| BEN | BENCARD ALLERGY LABORATORIES               |     |  |
| BEX | BERLEX CANADA INCORPORATED                 |     |  |
| BIO | BIONICHE PHARMA (CANADA) LIMITED           |     |  |

**Appendix D**

**Non-Insured Health Benefits**

**List of Drug Manufacturers**

| MFR | Manufacturer Name                              | MFR | Manufacturer Name                       |
|-----|--|-----|---|
| FEI | FERRING INCORPORATED                           | LAL | LABORATOIRE LALCO INCORPORATED          |
| FOU | FOURNIER PHARMA INCORPORATED                   | LEO | LEO PHARMA INCORPORATED                 |
| FRS | MERCK FROSST CANADA LIMITED                    | LIL | ELI LILLY CANADA INCORPORATED           |
| GAC | GALDERMA CANADA INCORPORATED                   | LUD | LUNDBECK CANADA INCORPORATED            |
| GCL | GALEN CHEMICALS LIMITED                        | MAB | MEDA AB                                 |
| GEE | GENZYME CANADA INCORPORATED                    | MAN | MANTRA PHARMA INC                       |
| GIL | GILEAD SCIENCES INCORPORATED                   | MAR | MARCAN PHARMACEUTICALS INC              |
| GLE | GLENWOOD LABORATORIES CANADA LIMITED           | MAY | MAYNE PHARMA (CANADA) INCORPORATED      |
| GMP | GENERIC MEDICAL PARTNERS INC                   | MCA | MCARTHUR MEDICAL SALES INCORPORATED     |
| GSC | GELDA SCIENTIFIC & INDUSTRIAL DEVELOPMENT CORP | MCL | MCNEIL CONSUMER PRODUCTS COMPANY        |
| GSK | GLAXOSMITHKLINE INCORPORATED                   | MDC | MEDICIS CANADA CORPORATION              |
| HIL | HILL DERMACEUTICALS INCORPORATED               | MDS | MEDISCA PHARMACEUTIQUE INC              |
| HJS | H.J. SUTTON INDUSTRIES LIMITED                 | MDT | MEDTRONIC OF CANADA LIMITED             |
| HLR | HOFFMAN-LAROCHE LIMITED                        | MEL | MELIAPHARM INC                          |
| HOL | HOLLISTER LIMITED                              | MET | MEDICAL TEXTILES MARKETING INCORPORATED |
| HOR | CARTER-HORNER CORPORATION                      | MEZ | MERZ PHARMACEUTICALS GMBH               |
| HOS | HOSPIRA HEALTHCARE CORPORATION                 | MIN | MINT PHARMACEUTICALS INCORPORATED       |
| HPC | HEALTHPOINT CANADA ULC                         | MJO | MEAD JOHNSON CANADA INCORPORATED        |
| HRA | HRA PHARMA                                     | MMH | 3M PHARMACEUTICALS                      |
| ICN | ICN CANADA LIMITED                             | MMT | MM THERAPEUTICS INC.                    |
| IDE | INTERNATIONAL DERMATOLOGICALS INCORPORATED     | MPD | MEDICAL PLASTIC DEVICES INCORPORATED    |
| IMX | IMMUNEX CORPORATION                            | MSL | MEDIC SAVOURE LIMITED                   |
| IPS | IPSEN LIMITED                                  | MSP | MERCK FROSST / SCHERING PHARMA GP       |
| IVX | IVAX PHARMACEUTICALS INCORPORATED.             | MTH | MM THERAPEUTICS INC                     |
| JAJ | JOHNSON & JOHNSON                              | MTI | MEDICAN TECHNOLOGIES INCORPORATED       |
| JAM | C.E. JAMIESON COMPANY LIMITED                  | MYL | MYLAN PHARMACEUTICALS ULC               |
| JLF | J.L.FREEMAN                                    | NCA | NOVA DIABETES CARE                      |
| JMP | JAMP PHARMA CORPORATION                        | NEO | NEOLAB INCORPORATED                     |
| JNO | JANSSEN-ORTHO INCORPORATED                     |     |   |
| KEY | KEY PHARMACEUTICALS INCORPORATED               |     |   |

**Appendix D**

**Non-Insured Health Benefits**

**List of Drug Manufacturers**

| MFR | Manufacturer Name                             | MFR | Manufacturer Name                         |
|-----|---|-----|---|
| NOO | NOVO NORDISK CANADA INCORPORATED              | ROD | ROCHE DIAGNOSTICS                         |
| NUR | NUTRICORP INTERNATIONAL                       | RPH | RATIOPHARM INCORPORATED                   |
| NVC | NOVARTIS CONSUMER HEALTH CANADA INCORPORATED  | RVX | RIVEX PHARMA INCORPORATED                 |
| NVR | NOVARTIS PHARMACEUTICALS CANADA INCORPORATED  | RWP | RW PACKAGING LIMITED                      |
| NXP | NU-PHARM INCORPORATED                         | SAC | SANOFI-AVENTIS CANADA                     |
| ODN | ODAN LABORATORIES LIMITED                     | SAN | SANIS HEALTH INC                          |
| OMG | OMEGA LABORATORIES LIMITED                    | SCH | SCHERING CANADA INCORPORATED              |
| OPT | OPTREX LABS LIMITED                           | SCN | SCHEIN PHARMACEUTICAL CANADA INCORPORATED |
| ORG | ORGANON CANADA LIMITED                        | SDR | STANLEY PHARMACEUTICALS LIMITED           |
| ORY | ORYX PHARMACEUTICALS INCORPORATED             | SDZ | SANDOZ CANADA INCORPORATED                |
| OVA | OVATION PHARMACEUTICALS INCORPORATED          | SEV | SERVIER CANADA INCORPORATED               |
| PAL | PALADIN LABS INCORPORATED                     | SHI | SHIRE CANADA INCORPORATED                 |
| PDL | PRO DOC LIMITED                               | SHM | SHERWOOD INCORPORATED                     |
| PED | PENDOPHARM INCORPORATED                       | SIG | SIGMA-TAU PHARMACEUTICALS INCORPORATED    |
| PER | PERRIGO INTERNATIONAL                         | SNE | SMITH & NEPHEW INCORPORATED               |
| PFD | PROFESSIONAL DISPOSABLES                      | SOR | SORRES PHARMA INC                         |
| PFI | PFIZER CANADA INCORPORATED                    | SPH | SOLVAY PHARMA INCORPORATED                |
| PFR | PURDUE PHARMA                                 | SQU | SQUIRE PHARMACEUTICALS INCORPORATED       |
| PGI | PROCTOR & GAMBLE INCORPORATED                 | STE | STERIMAX INCORPORATED                     |
| PGP | PROCTOR & GAMBLE PHARMACEUTICALS INCORPORATED | STG | LABORATOIRES STERIGEN INC                 |
| PHH | PHARMEL INCORPORATED                          | STI | STIEFEL CANADA INCORPORATED               |
| PMJ | PHARMACIA CANADA INCORPORATED                 | SUN | SUN PHARMA GLOBAL FZE                     |
| PMS | PHARMASCIENCE INCORPORATED                    | SWS | SWISS HERBAL REMEDIES LIMITED             |
| PMT | PHARMETICS INCORPORATED                       | TAK | TAKEDA PHARMACEUTICALS AMERICA INC        |
| PPC | PHARMACEUTICAL PARTNERS OF CANADA, INC        | TAN | TANTA PHARMACEUTICALS INCORPORATED        |
| PRO | PROVAL PHARMA INCORPORATED                    | TAR | TARO PHARMACEUTICALS INCORPORATED         |
| QLT | QLT INCORPORATED                              | TEV | TEVA CANADA LIMITED                       |
| RBP | RB PHARMACEUTICALS LIMITED                    | TIP | H & P INDUSTRIES / THE TRIAD-GROUP        |
| RIV | LABORATORIE RIVA INCORPORATED                 | TRE | TREMBLAY HARRISON INC                     |



**Appendix D****Non-Insured Health Benefits****List of Drug Manufacturers**

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| MFR | Manufacturer Name                                  | MFR | Manufacturer Name |
|-----|--|-----|-------------------|
| TRI | TRIANON LABORATORIES<br>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<br>INCORPORATED               |     |                   |
| WAM | WAMPOLE INCORPORATED                               |     |                   |
| WAT | WATSON LABORATORIES<br>INCORPORATED                |     |                   |
| WAY | WYETH CANADA                                       |     |                   |
| WCC | WOMEN'S CAPITAL CORPORATION                        |     |                   |
| WCI | WARNER CHILCOTT COMPANY<br>INCORPORATED            |     |                   |
| WEP | WE PHARMACEUTICALS                                 |     |                   |
| WLA | WARNER-LAMBERT CONSUMER<br>HEALTHCARE INCORPORATED |     |                   |
| WNP | WN PHARMACEUTICALS LIMITED                         |     |                   |
| WPC | WELLSPRING PHARMACEUTICAL<br>CANADA CORPORATION    |     |                   |
| WRI | WHITEHALL-ROBINS INCORPORATED                      |     |                   |
| WSB | WESTWOOD SQUIBB<br>INCORPORATED                    |     |                   |
| WTR | WESTCAN PHARMACEUTICALS<br>LIMITED                 |     |                   |
| XEN | XENEX LABS INCORPORATED                            |     |                   |
| ZYM | ZYMCAN PHARMACEUTICALS                             |     |                   |

**APPENDIX E**  
**LIST OF EXCLUSIONS**

**Appendix E****Non-Insured Health Benefits****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.

| <b>DIN</b> | <b>MFR</b> | <b>BRAND NAME</b>                       |
|------------|------------|---|
| 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**

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|---|------------|--|------------|---------------------------------------|------------|
| 3TC   | 11         | <b>ACETAMINOPHEN, CODEINE PHOSPHATE</b>    | <b>63</b>  | ADVIL                                 | 61         |
| <b>5-AMINOSALICYLIC ACID</b>                              | <b>120</b> | <b>ACETAMINOPHEN, OXYCODONE HCL</b>        | <b>63</b>  | ADVIL JUNIOR STRENGTH                 | 61         |
| <b>ABACAVIR</b>   | <b>10</b>  | ACETAMINOPHENE                             | 69         | ADVIL PEDIATRIC                       | 61         |
| <b>ABACAVIR, LAMIVUDINE</b>                               | <b>10</b>  | ACETAZOLAMIDE                              | 110        | AERIUS                                | 1          |
| <b>ABACAVIR, LAMIVUDINE, ZIDOVUDINE</b>                   | <b>10</b>  | <b>ACETAZOLAMIDE</b>                       | <b>110</b> | AERIUS KIDS                           | 1          |
| <b>ABATACEPT</b>  | <b>152</b> | <b>ACETYLSALICYLIC ACID</b>                | <b>59</b>  | AEROCHAMBER AC BOYZ                   | 156        |
| ABBOTT-CITALOPRAM   | 77         | ACETYLSALICYLIC ACID                       | 59         | AEROCHAMBER AC GIRLZ                  | 156        |
| ABBOTT-CLOPIDOGREL  | 32         | <b>ACETYLSALICYLIC ACID, OXYCODONE HCL</b> | <b>63</b>  | AEROCHAMBER PLUS FLOW-VU LG           | 156        |
| ABBOTT-LEVETIRACETAM                                      | 73         | ACH-ANASTROZOLE                            | 17         | AEROCHAMBER PLUS FLOW-VU MED          | 156        |
| ABBOTT-PANTOPRAZOLE                                       | 119        | ACH-BICALUTAMIDE                           | 17         | AEROCHAMBER PLUS FLOW-VU MOUTH        | 156        |
| ABBOTT-QUETIAPINE   | 87         | ACH-CANDESARTAN                            | 53         | AEROCHAMBER PLUS FLOW-VU SM           | 156        |
| ABBOTT-RABEPRAZOLE  | 119        | ACH-CAPECITABINE                           | 17         | AEROTRACH PLUS                        | 156        |
| ABBOTT-TOPIRAMATE   | 75         | ACH-LETROZOLE                              | 18         | AGGRENEX                              | 41         |
| ABENOL  | 68         | ACH-MONTELUKAST                            | 106        | AGRYLIN                               | 32         |
| ABILIFY   | 83         | ACH-MYCOPHENOLATE                          | 154        | AG-ZOLMITRIPTAN ODT                   | 96         |
| ABILIFY MAINTENA  | 83         | ACH-PIOGLITAZONE                           | 130        | AIROMIR                               | 25         |
| <b>ACAMPROSATE CALCIUM</b>                                | <b>98</b>  | ACH-TELMISARTAN-HCTZ                       | 56         | ALBALON                               | 109        |
| <b>ACARBOSE</b>   | <b>127</b> | <b>ACITRETIN</b>                           | <b>141</b> | ALBALON A                             | 109        |
| ACCEL PIOGLITAZONE  | 130        | ACLASTA                                    | 152        | ALCOHOL PREP SWAB                     | 157        |
| ACCEL-ALENDRONATE   | 151        | <b>ACLIDINIUM BROMIDE</b>                  | <b>23</b>  | ALCOHOL SWAB                          | 157        |
| ACCEL-AMLODIPINE  | 46         | ACT AMLODIPINE                             | 45         | ALCOHOL SWABS 6893 BUTTERFLY          | 157        |
| ACCEL-CELECOXIB   | 60         | ACT CANDESARTAN/HCT                        | 54         | ALCOHOL SWABS 6896 (150)              | 157        |
| ACCEL-CITALOPRAM  | 77         | ACT CLARITHROMYCIN XL                      | 4          | ALCOHOL SWABS BD                      | 157        |
| ACCEL-CLARITHROMYCIN                                      | 4          | ACT DILTIAZEM CD                           | 47         | ALCOHOL SWABS BD REGULAR              | 157        |
| ACCEL-CLOPIDOGREL   | 32         | ACT DILTIAZEM T                            | 47         | ALDACTAZIDE 5MG/ML                    | 58         |
| ACCEL-DONEPEZIL   | 21         | ACT DONEPEZIL                              | 21         | ALDACTAZIDE-25                        | 58         |
| ACCEL-FLUOXETINE  | 79         | ACT DORZOTIMOLOL                           | 110        | ALDACTAZIDE-50                        | 58         |
| ACCEL-OLANZAPINE  | 85         | ACT DUTASTERIDE                            | 150        | ALDACTONE                             | 58         |
| ACCEL-QUETIAPINE  | 87         | ACT EZETIMIBE                              | 34         | ALDARA P                              | 141        |
| ACCEL-TOPIRAMATE  | 75         | ACT LATANOPROST/TIMOLOL                    | 111        | ALENDRONATE                           | 151        |
| ACCOLATE  | 106        | ACT LOSARTAN/HCT                           | 55         | <b>ALENDRONATE SODIUM</b>             | <b>151</b> |
| ACCU-CHEK ADVANTAGE                                       | 100        | ACT MOXIFLOXACIN                           | 107        | <b>ALENDRONATE SODIUM, VITAMIN D3</b> | <b>151</b> |
| ACCU-CHEK ADVANTAGE (ON)                                  | 100        | ACT OLOPATADINE                            | 107        | ALENDRONATE-70                        | 151        |
| ACCU-CHEK AVIVA   | 100        | ACT RALOXIFENE                             | 126        | ALERTEC                               | 90         |
| ACCU-CHEK AVIVA (ON)                                      | 100        | ACT SOLIFENACIN                            | 143        | ALESSE 21                             | 125        |
| ACCU-CHEK COMPACT   | 100        | ACT TELMISARTAN                            | 56         | ALESSE 28                             | 125        |
| ACCU-CHEK COMPACT (ON)                                    | 100        | ACTEMRA                                    | 153        | <b>ALFACALCIDOL</b>                   | <b>146</b> |
| ACCU-CHEK FASTCLIK LANCET 102                             | 158        | ACT-GLICLAZIDE MR                          | 129        | ALFUZOSIN                             | 26         |
| ACCU-CHEK FASTCLIK LANCET 204                             | 158        | ACT-LOSARTAN                               | 55         | <b>ALFUZOSIN HYDROCHLORIDE</b>        | <b>26</b>  |
| ACCU-CHEK MOBILE  | 100        | ACT-NABILONE                               | 117        | ALKERAN                               | 19         |
| ACCU-CHEK MOBILE (ON)                                     | 100        | ACTONEL                                    | 152        | ALL PURPOSE NIPPLE OINT               | 148        |
| ACCU-CHEK MULTICLIX                                       | 158        | ACTOS                                      | 130        | ALLEGRA                               | 1          |
| ACCU-CHEK SOFTCLIX LANCETS                                | 158        | ACT-PREGABALIN                             | 74         | ALLEGRA 24HR                          | 1          |
| ACCUPRIL  | 51         | ACT-TEMOZOLOMIDE                           | 20         | ALLER-AIDE                            | 1          |
| ACCURETIC   | 51         | ACULAR                                     | 109        | ALLERGENIC EXTRACT NON POLLENS        | 133        |
| ACCU-TANE   | 141        | ACUVAIL                                    | 108        | ALLERGENIC EXTRACT POLLENS            | 133        |
| ACCU-TREND  | 100        | ACYCLOVIR                                  | 12         | ALLERGENIC EXTRACTS                   | 133        |
| ACCU-TREND (ON)   | 100        | <b>ACYCLOVIR</b>                           | <b>12</b>  | ALLERGY                               | 1          |
| ACEBUTOLOL  | 42         | ADALAT XL                                  | 47         | ALLERGY FORMULA                       | 1          |
| <b>ACEBUTOLOL HCL</b>                                     | <b>42</b>  | <b>ADALIMUMAB</b>                          | <b>153</b> | ALLERGY RELIEF ES                     | 1          |
| ACET  | 68         | <b>ADAPALENE</b>                           | <b>139</b> | ALLERJECT                             | 25         |
| ACET 120  | 68         | ADCIRCA                                    | 40         | ALLERNIX                              | 1          |
| ACET 325  | 69         | <b>ADEFOVIR DIPIVOXIL</b>                  | <b>13</b>  | ALLERNIX MULTI SYMPTOM                | 1          |
| ACET 650  | 69         | <b>ADHESHIVE WIPES</b>                     | <b>156</b> | ALLERNIX PLUS                         | 1          |
| ACET CODEINE 30   | 63         | ADRENALIN                                  | 25         | ALLERTIN                              | 1          |
| ACETAMIN  | 69         | ADVAGRAF                                   | 154        | ALLOPRIN                              | 151        |
| ACETAMINOPHEN   | 68         | ADVAGRAF 3MG ER CAP                        | 154        | ALLOPURINOL                           | 151        |
| <b>ACETAMINOPHEN</b>                                      | <b>68</b>  | ADVAIR                                     | 25         | <b>ALLOPURINOL</b>                    | <b>151</b> |
| <b>ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE</b> | <b>63</b>  | ADVAIR DISKUS 100                          | 25         |                                       |            |
|   |            | ADVAIR DISKUS 250                          | 25         |                                       |            |
|   |            | ADVAIR DISKUS 500                          | 25         |                                       |            |

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|--|------------|---------------------------------|-----------|----------------------------|------|
| ALLOPURINOL 20MG/ML                                      | 149        | ANTHRAFORTE 1                   | 140       | APO-CELECOXIB              | 60   |
| ALMOTRIPTAN  | 94         | ANTHRAFORTE 2                   | 140       | APO-CEPHALEX               | 3    |
| <b>ALMOTRIPTAN MALATE</b>                                | <b>94</b>  | ANTHRANOL                       | 140       | APO-CETIRIZINE             | 1    |
| ALOCRIL  | 149        | ANTHRASCALP                     | 140       | APO-CHLORTHALIDONE         | 105  |
| ALOMIDE  | 111        | ANTIBIOTIC OINT                 | 134       | APO-CILAZAPRIL             | 49   |
| ALPHAGAN   | 109        | ANTI-DIARRHEAL 2MG TAB          | 113       | APO-CILAZAPRIL HCTZ        | 49   |
| ALPHAGAN P   | 109        | ANUGESIC HC                     | 138       | APO-CIMETIDINE             | 117  |
| <b>ALPRAZOLAM</b>  | <b>91</b>  | ANUSOL HC                       | 138       | APO-CIPROFLOX              | 6    |
| ALPRAZOLAM   | 91         | ANZEMET                         | 116       | APO-CITALOPRAM             | 77   |
| ALTACE   | 51         | APIDRA CARTRIDGE                | 129       | APO-CLARITHROMYCIN         | 4    |
| ALTACE HCT   | 52         | APIDRA SOLOSTAR                 | 129       | APO-CLARITHROMYCIN XL      | 4    |
| <b>ALTRETAMINE</b>                                       | <b>17</b>  | APIDRA VIAL                     | 129       | APO-CLINDAMYCIN            | 8    |
| ALVESCO  | 123        | <b>APIXABAN</b>                 | <b>29</b> | APO-CLOBAZAM               | 92   |
| ALYSENA 21   | 125        | APO ENALAPRIL                   | 49        | APO-CLOMIPRAMINE           | 78   |
| ALYSENA 28   | 125        | APO-ACEBUTOLOL                  | 42        | APO-CLONAZEPAM             | 70   |
| <b>AMANTADINE HCL</b>                                    | <b>10</b>  | APO-ACETAMINOPHEN               | 69        | APO-CLONIDINE              | 39   |
| <b>AMBRISENTAN</b>                                       | <b>40</b>  | APO-ACYCLOVIR                   | 12        | APO-CLOPIDOGREL            | 32   |
| <b>AMCINONIDE</b>  | <b>136</b> | APO-ADEFOVIR                    | 13        | APO-CLOZAPINE              | 83   |
| AMERGE   | 94         | APO-ALENDRONATE                 | 151       | APO-CROMOLYN               | 106  |
| AMI-HYDRO  | 104        | APO-ALFUZOSIN ER                | 26        | APO-CYCLOBENZAPRINE        | 26   |
| AMIKACIN INJ.  | 2          | APO-ALLOPURINOL                 | 151       | APO-CYCLOSPORINE           | 154  |
| <b>AMILORIDE HCL</b>                                     | <b>104</b> | APO-ALMOTRIPTAN                 | 94        | APO-CYPROTERONE            | 17   |
| <b>AMILORIDE HCL,<br/>HYDROCHLOROTHIAZIDE</b>            | <b>104</b> | APO-ALPRAZ                      | 91        | APO-DESIPRAMINE            | 78   |
| AMIODARONE   | 33         | APO-AMILZIDE                    | 104       | APO-DESMOPRESSIN           | 131  |
| AMIODARONE 5MG/ML  | 33         | APO-AMIODARONE                  | 33        | APO-DEXAMETHASONE          | 123  |
| <b>AMIODARONE HCL</b>                                    | <b>33</b>  | APO-AMITRIPTYLINE               | 76        | APO-DEXTROAMPHETAMINE      | 90   |
| AMITRIPTYLINE  | 76         | APO-AMLODIPINE                  | 46        | APO-DIAZEPAM               | 92   |
| <b>AMITRIPTYLINE HCL</b>                                 | <b>76</b>  | APO-AMLODIPINE-<br>ATORVASTATIN | 46        | APO-DICLO                  | 60   |
| <b>AMLODIPINE</b>  | <b>45</b>  | APO-AMOXI                       | 4         | APO-DICLO SR               | 60   |
| AMLODIPINE   | 45         | APO-AMOXI CLAV                  | 5         | APO-DICLOFENAC             | 108  |
| AMLODIPINE 1MG/ML  | 47         | APO-AMOXI SUGAR FREE            | 5         | APO-DIFLUNISAL             | 61   |
| <b>AMLODIPINE, ATORVASTATIN</b>                          | <b>46</b>  | APO-AMPICILLIN                  | 5         | APO-DILTIAZ                | 48   |
| <b>AMLODIPINE, TELMISARTAN</b>                           | <b>47</b>  | APO-ANASTROZOLE                 | 17        | APO-DILTIAZ CD             | 47   |
| AMLODIPINE-ODAN  | 45         | APO-ASA                         | 59        | APO-DILTIAZ SR             | 48   |
| <b>AMOXICILLIN</b>                                       | <b>4</b>   | APO-ASEN ECT                    | 59        | APO-DIMENHYDRINATE         | 116  |
| AMOXICILLIN  | 4          | APO-ATENIDONE                   | 43        | APO-DIPIVEFRIN             | 109  |
| AMOXICILLIN SUGAR REDUCED                                | 5          | APO-ATENOL                      | 42        | APO-DIPYRIDAMOLE           | 41   |
| <b>AMOXICILLIN,<br/>CLARITHROMYCIN,<br/>LANSOPRAZOLE</b> | <b>118</b> | APO-ATORVASTATIN                | 35        | APO-DIVALPROEX             | 71   |
| <b>AMOXICILLIN, CLAVULANIC ACID</b>                      | <b>5</b>   | APO-AZATHIOPRINE                | 154       | APO-DOCUSATE CALCIUM       | 113  |
| <b>AMOXICILLIN-CLAVULANIC ACID</b>                       | <b>5</b>   | APO-AZITHROMYCIN                | 3         | APO-DOCUSATE SODIUM        | 113  |
| AMOXI-CLAV   | 5          | APO-BACLOFEN                    | 26        | APO-DOMPERIDONE            | 120  |
| AMPHOTERACIN B LIPOSOMAL<br>INJ.                         | 9          | APO-BECLOMETHASONE              | 108       | APO-DONEPEZIL              | 21   |
| <b>AMPICILLIN</b>  | <b>5</b>   | APO-BENZTROPINE                 | 96        | APO-DORZO-TIMOP            | 110  |
| AMPICILLIN   | 5          | APO-BENZYDAMINE                 | 109       | APO-DOXAZOSIN              | 41   |
| AMPICILLIN INJ.  | 5          | APO-BICALUTAMIDE                | 17        | APO-DOXEPIN                | 78   |
| ANAFRANIL  | 78         | APO-BISACODYL                   | 113       | APO-DOXY                   | 7    |
| <b>ANAGRELIDE HCL</b>                                    | <b>32</b>  | APO-BISOPROLOL                  | 43        | APO-DUTASTERIDE            | 150  |
| ANANDRON   | 19         | APO-BOSENTAN                    | 40        | APO-ENALAPRIL MALEATE/HCTZ | 50   |
| ANAPROX  | 62         | APO-BRIMONIDINE                 | 109       | APO-ENTECAVIR              | 13   |
| ANAPROX DS   | 62         | APO-BRIMONIDINE P               | 109       | APO-ERYTHRO                | 4    |
| <b>ANASTROZOLE</b>                                       | <b>17</b>  | APO-BROMAZEPAM                  | 92        | APO-ERYTHRO BASE           | 4    |
| ANASTROZOLE  | 17         | APO-BROMOCRIPTINE               | 97        | APO-ERYTHRO S              | 4    |
| ANDRIOL  | 124        | APO-BUSPIRONE                   | 94        | APO-ERYTHRO-S              | 4    |
| ANDROCUR   | 17         | APO-CAL 500                     | 102       | APO-ESCITALOPRAM           | 78   |
| <b>ANETHOLE TRITHIONE</b>                                | <b>115</b> | APO-CANDESARTAN                 | 53        | APO-EXEMESTANE             | 18   |
| ANODAN-HC  | 138        | APO-CANDESARTAN/HCTZ            | 54        | APO-EZETIMIBE              | 34   |
| ANORO ELLIPTA  | 24         | APO-CAPTO                       | 49        | APO-FAMCICLOVIR            | 13   |
| ANTACID AND LIDOCAINE SUSP.                              | 149        | APO-CARBAMAZEPINE               | 71        | APO-FAMOTIDINE             | 117  |
| <b>ANTAZOLINE PHOSPHATE,<br/>NAPHAZOLINE HCL</b>         | <b>109</b> | APO-CARVEDILOL                  | 43        | APO-FENOFIBRATE            | 34   |
|  |            | APO-CEFACTOR                    | 2         | APO-FENO-MICRO             | 34   |
|  |            | APO-CEFADROXIL                  | 2         | APO-FENO-SUPER             | 34   |
|  |            | APO-CEFPROZIL                   | 2         | APO-FENTANYL MATRIX        | 64   |
|  |            | APO-CEFUROXIME                  | 3         | APO-FERROUS GLUCONATE      | 29   |
|  |            |                                 |           | APO-FINASTERIDE            | 150  |

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| APO-FLECAINIDE            | 33   | APO-LOVASTATIN         | 36   | APO-QUINAPRIL/HCTZ       | 51         |
| APO-FLUCONAZOLE           | 8    | APO-MEDROXY            | 131  | APO-RABEPRAZOLE          | 119        |
| APO-FLUNISOLIDE           | 108  | APO-MELOXICAM          | 62   | APO-RALOXIFENE           | 126        |
| APO-FLUOXETINE            | 79   | APO-METFORMIN          | 127  | APO-RAMIPRIL             | 51         |
| APO-FLUPHENAZINE          | 83   | APO-METHAZIDE-15       | 39   | APO-RAMIPRIL/HCTZ        | 52         |
| APO-FLURBIPROFEN          | 61   | APO-METHAZIDE-25       | 39   | APO-RANITIDINE           | 117        |
| APO-FLUTAMIDE             | 18   | APO-METHOPRAZINE       | 84   | APO-REPAGLINIDE          | 129        |
| APO-FLUTICASONE           | 108  | APO-METHOTREXATE       | 19   | APO-RISEDRONATE          | 152        |
| APO-FLUVOXAMINE           | 79   | APO-METHYLPHENIDATE    | 91   | APO-RISPERIDONE          | 88         |
| APO-FOLIC ACID            | 145  | APO-METHYLPHENIDATE ER | 91   | APO-RIVASTIGMINE         | 22         |
| APO-FOSINOPRIL            | 50   | APO-METHYLPHENIDATE SR | 91   | APO-RIZATRIPTAN          | 95         |
| APO-FUROSEMIDE            | 104  | APO-METOCLOP           | 120  | APO-RIZATRIPTAN RPD      | 95         |
| APO-GABAPENTIN            | 71   | APO-METOPROLOL         | 44   | APO-ROPINIROLE           | 98         |
| APO-GEMFIBROZIL           | 34   | APO-METOPROLOL SR      | 44   | APO-ROSUVASTATIN         | 37         |
| APO-GLICLAZIDE            | 129  | APO-METOPROLOL-L       | 44   | APO-SALVENT              | 25         |
| APO-GLICLAZIDE MR         | 129  | APO-MIDODRINE          | 24   | APO-SALVENT CFC FREE     | 25         |
| APO-GLYBURIDE             | 130  | APO-MINOCYCLINE        | 7    | APO-SELEGILINE           | 98         |
| APO-HALOPERIDOL           | 84   | APO-MIRTAZAPINE        | 80   | APO-SERTRALINE           | 81         |
| APO-HYDRALAZINE           | 39   | APO-MOCLOBEMIDE        | 80   | APO-SILDENAFIL R         | 40         |
| APO-HYDRO                 | 105  | APO-MOMETASONE         | 108  | APO-SIMVASTATIN          | 38         |
| APO-HYDROCHLOROTHIAZIDE   | 105  | APO-MONTELUKAST        | 106  | APO-SOTALOL              | 45         |
| APO-HYDROMORPHONE         | 65   | APO-MOXIFLOXACIN       | 7    | APO-SUCRALFATE           | 118        |
| APO-HYDROXYQUINE          | 15   | APO-MYCOPHENOLATE      | 154  | APO-SULFAMETHOXAZOLE     | 7          |
| APO-HYDROXYUREA           | 18   | APO-MYCOPHENOLIC ACID  | 154  | APO-SULFATRIM            | 7          |
| APO-HYDROXYZINE           | 94   | APO-NADOL              | 44   | APO-SULFATRIM DS         | 7          |
| APO-IBUPROFEN             | 61   | APO-NAPRO NA           | 62   | APO-SULFATRIM PED        | 7          |
| APO-IMATINIB              | 18   | APO-NAPRO NA DS        | 62   | APO-SUMATRIPTAN          | 95         |
| APO-IMIQUIMOD             | 141  | APO-NAPROXEN           | 62   | APO-TADALAFIL PAH        | 40         |
| APO-INDAPAMIDE            | 105  | APO-NAPROXEN EC        | 62   | APO-TAMOX                | 19         |
| APO-INDOMETHACIN          | 61   | APO-NIFED PA           | 47   | APO-TAMSULOSIN CR        | 26         |
| APO-IPRAVENT              | 23   | APO-NITROGLYCERIN      | 40   | APO-TELMISARTAN          | 56         |
| APO-IRBESARTAN            | 54   | APO-NORFLOX            | 7    | APO-TELMISARTAN/HCTZ     | 56         |
| APO-IRBESARTAN/HCTZ       | 54   | APO-NORTRIPTYLIN       | 80   | APO-TEMAZEPAM            | 93         |
| APO-ISMN                  | 39   | APO-OFLOXACIN          | 107  | APO-TEMOZOLOMIDE         | 20         |
| APO-K                     | 103  | APO-OLANZAPINE         | 85   | APO-TERAZOSIN            | 41         |
| APO-KETOCONAZOLE          | 9    | APO-OLANZAPINE ODT     | 84   | APO-TERBINAFINE          | 8          |
| APO-KETOROLAC             | 109  | APO-OLOPATADINE        | 107  | APO-TETRA                | 7          |
| APO-KETOTIFEN             | 1    | APO-OMEPRAZOLE         | 119  | APO-TETRABENAZINE        | 98         |
| APO-LACTULOSE             | 114  | APO-ONDANSETRON        | 116  | APO-THEO                 | 144        |
| APO-LAMIVUDINE            | 11   | APO-ORCIPRENALINE      | 25   | APO-THEO LA              | 144        |
| APO-LAMIVUDINE HBV        | 11   | APO-OXAZEPAM           | 93   | APO-TICLOPIDINE          | 32         |
| APO-LAMIVUDINE-ZIDOVUDINE | 11   | APO-OXTRIPHYLLINE      | 143  | APO-TIMOL                | 45         |
| APO-LAMOTRIGINE           | 73   | APO-OXYBUTYNIN         | 143  | APO-TIMOP                | 110        |
| APO-LANSOPRAZOLE          | 118  | APO-OXYCODONE/ACET     | 63   | APO-TIZANIDINE           | 26         |
| APO-LATANOPROST           | 111  | APO-PANTOPRAZOLE       | 119  | APO-TOPIRAMATE           | 75         |
| APO-LATANOPROST-TIMOP     | 111  | APO-PAROXETINE         | 80   | APO-TRAVOPROST Z         | 111        |
| APO-LEFLUNOMIDE           | 153  | APO-PEN VK             | 5    | APO-TRAZODONE            | 82         |
| APO-LETROZOLE             | 18   | APO-PENTOXIFYL         | 32   | APO-TRAZODONE D          | 82         |
| APO-LEVETIRACETAM         | 73   | APO-PERPHENAZINE       | 86   | APO-TRIAZIDE             | 104        |
| APO-LEVOBUNOLOL           | 110  | APO-PIMOZIDE           | 86   | APO-TRIAZO               | 94         |
| APO-LEVOCARB              | 97   | APO-PINDOL             | 44   | APO-VALACYCLOVIR         | 14         |
| APO-LEVOCARB CR           | 96   | APO-PIOGLITAZONE       | 130  | APO-VALGANCICLOVIR       | 15         |
| APO-LEVOFLOXACIN          | 6    | APO-PIROXICAM          | 62   | APO-VALPROIC             | 76         |
| APO-LINEZOLID             | 8    | APO-PRAMIPEXOLE        | 97   | APO-VALSARTAN            | 57         |
| APO-LISINOPRIL            | 50   | APO-PRAVASTATIN        | 36   | APO-VALSARTAN/HCTZ       | 57         |
| APO-LISINOPRIL (TYPE Z)   | 50   | APO-PRAZO              | 41   | APO-VENLAFAXINE XR       | 82         |
| APO-LITHIUM CARB          | 94   | APO-PREDNISONE         | 124  | APO-VERAP                | 48         |
| APO-LITHIUM CARBONATE     | 94   | APO-PREGABALIN         | 74   | APO-VERAP SR             | 48         |
| APO-LOPERAMIDE            | 113  | APO-PROCAINAMIDE       | 33   | APO-VORICONAZOLE         | 9          |
| APO-LORATADINE            | 1    | APO-PROCHLORAZINE      | 86   | APO-WARFARIN             | 31         |
| APO-LORAZEPAM             | 92   | APO-PROPAFENONE        | 33   | APO-ZIDOVUDINE           | 12         |
| APO-LORAZEPAM SL          | 92   | APO-PROPRANOLOL        | 45   | APO-ZOLMITRIPTAN         | 96         |
| APO-LOSARTAN              | 55   | APO-QUETIAPINE         | 87   | APO-ZOLMITRIPTAN RAPID   | 96         |
| APO-LOSARTAN/HCTZ         | 55   | APO-QUINAPRIL          | 51   | <b>APRACLONIDINE HCL</b> | <b>111</b> |

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| APRI 21                         | 124        | AURO-AMOXICILLIN           | 4          | <b>AZITHROMYCIN</b>               | <b>3</b>   |
| APRI 28                         | 124        | AURO-ANASTROZOLE           | 17         | AZITHROMYCIN                      | 3          |
| APTIVUS                         | 12         | AURO-ATORVASTATIN          | 35         | AZOPT                             | 110        |
| AQUASOL E                       | 147        | AURO-CARVEDILOL            | 43         | BABY DDROPS                       | 146        |
| ARAVA                           | 153        | AURO-CEFEXIME              | 2          | BACIMYXIN                         | 134        |
| ARELIA IV                       | 152        | AURO-CEFPROZIL             | 2          | BACITIN                           | 134        |
| ARICEPT                         | 21         | AURO-CEFUROXIME            | 3          | BACITRACIN                        | 134        |
| ARIMIDEX                        | 17         | AURO-CIPROFLOXACIN         | 6          | <b>BACITRACIN</b>                 | <b>134</b> |
| <b>ARIPIRAZOLE</b>              | <b>83</b>  | AURO-CITALOPRAM            | 77         | <b>BACITRACIN ZINC, POLYMYXIN</b> | <b>107</b> |
| <b>ARIPIRAZOLE (MAINTENA)</b>   | <b>83</b>  | AURO-CLOPIDOGREL           | 32         | <b>B SULFATE</b>                  |            |
| ARISTOCORT C                    | 139        | AURO-CYCLOBENZAPRINE       | 26         | <b>BACLOFEN</b>                   | <b>26</b>  |
| ARISTOCORT R                    | 139        | AURO-DONEPEZIL             | 21         | BACLOFEN                          | 26         |
| AROMASIN                        | 18         | AURO-EFAVIRENZ             | 10         | BACLOFEN 5MG/ML                   | 26         |
| ARTHROTEC                       | 61         | AURO-ESCITALOPRAM          | 78         | BACTERIOSTATIC NAACL              | 103        |
| ARTIFICIAL TEARS                | 111        | AURO-FINASTERIDE           | 150        | BACTERIOSTATIC SODIUM             | 103        |
| ARTIFICIAL TEARS EXTRA          | 111        | AURO-FLUOXETINE            | 79         | CHLORIDE                          |            |
| ASA                             | 59         | AURO-GABAPENTIN            | 71         | BACTIGRAS                         | 135        |
| ASA DAILY LOW DOSE              | 59         | AURO-IRBESARTAN            | 54         | BACTROBAN                         | 134        |
| ASA EC                          | 59         | AURO-LAMIVUDINE/ZIDOVUDINE | 11         | BANZEL                            | 75         |
| ASACOL                          | 120        | AURO-LAMOTRIGINE           | 73         | BARACLUDE                         | 13         |
| ASAPHEN                         | 59         | AURO-LETROZOLE             | 18         | BARRIERE                          | 139        |
| ASAPHEN EC                      | 59         | AURO-LEVETIRACETAM         | 73         | BARRIERE HC                       | 138        |
| ASATAB                          | 59         | AURO-LISINAPRIL            | 50         | B-D ALCOHOL SWAB                  | 157        |
| ASATAB EC                       | 59         | AURO-LOSARTAN              | 55         | BD AUTOSHIELD DUO SAFETY          | 158        |
| ASCENSIA BREEZE 2               | 100        | AURO-MELOXICAM             | 62         | PEN NEEDLE                        |            |
| ASCENSIA BREEZE 2 (ON)          | 100        | AURO-MIRTAZAPINE           | 80         | BD AUTOSHIELD PEN NEEDLES         | 158        |
| ASCENSIA CONTOUR                | 100        | AURO-MIRTAZAPINE OD        | 79         | BD LUER-LOK SYRINGE ONLY          | 159        |
| ASCENSIA CONTOUR (ON)           | 100        | AURO-MODAFINIL             | 90         | (10ML)                            |            |
| <b>ASCORBIC ACID</b>            | <b>145</b> | AURO-MONTELUKAST           | 106        | BD LUER-LOK SYRINGE ONLY          | 159        |
| ASCORBIC ACID                   | 146        | AURO-MOXIFLOXACIN          | 7          | (1ML)                             |            |
| <b>ASENAPINE</b>                | <b>83</b>  | AURO-NEVIRAPINE            | 11         | BD LUER-LOK SYRINGE ONLY          | 159        |
| ASMANEX TWISTHALER              | 124        | AURO-PANTOPRAZOLE          | 119        | (20ML)                            |            |
| ASPIRIN                         | 59         | AURO-PAROXETINE            | 80         | BD LUER-LOK SYRINGE ONLY          | 159        |
| ATACAND                         | 53         | AURO-PREGABALIN            | 74         | (30ML)                            |            |
| ATACAND PLUS                    | 54         | AURO-QUETIAPINE            | 87         | BD LUER-LOK SYRINGE ONLY          | 159        |
| ATARAX                          | 94         | AURO-RAMIPRIL              | 51         | (3ML)                             |            |
| ATASOL                          | 68         | AURO-REPAGLINIDE           | 129        | BD LUER-LOK SYRINGE ONLY          | 159        |
| ATASOL FORTE                    | 69         | AURO-RISEDRONATE           | 152        | (5ML)                             |            |
| ATASOL-15                       | 63         | AURO-SERTRALINE            | 81         | BD LUER-LOK SYRINGE ONLY          | 159        |
| ATASOL-30                       | 63         | AURO-SIMVASTATIN           | 38         | (60ML)                            |            |
| <b>ATAZANAVIR SULFATE</b>       | <b>10</b>  | AURO-SIMVASTATIN           | 38         | BD LUER-LOK SYRINGE/NEEDLE        | 160        |
| <b>ATENOLOL</b>                 | <b>42</b>  | AURO-TERBINAFINE           | 8          | COMBO (10ML)                      |            |
| ATENOLOL                        | 42         | AURO-TOPIRAMATE            | 75         | BD LUER-LOK SYRINGE/NEEDLE        | 160        |
| <b>ATENOLOL, CHLORTHALIDONE</b> | <b>43</b>  | AURO-VALACYCLOVIR          | 14         | COMBO (3ML)                       |            |
| ATHLETES FOOT SPRAY             | 135        | AURO-VALGANCICLOVIR        | 15         | BD LUER-LOK SYRINGE/NEEDLE        | 160        |
| ATIVAN                          | 92         | AURO-VALSARTAN             | 57         | COMBO (5ML)                       |            |
| ATIVAN SUBLINGUAL               | 92         | AURO-VALSARTAN HCT         | 57         | BD MICRO-FINE                     | 159        |
| ATORVASTATIN                    | 35         | AVALIDE                    | 54         | BD PRECISIONGLIDE 18GX1 1/2       | 159        |
| <b>ATORVASTATIN CALCIUM</b>     | <b>35</b>  | AVANDIA                    | 131        | INCH                              |            |
| ATORVASTATIN-10                 | 35         | AVAPRO                     | 54         | BD PRECISIONGLIDE 25GX5/8         | 160        |
| ATORVASTATIN-20                 | 35         | AVELOX                     | 7          | INCH                              |            |
| ATORVASTATIN-40                 | 35         | AVENTYL                    | 80         | BD PRECISIONGLIDE 25GX7/8         | 160        |
| ATORVASTATIN-80                 | 35         | AVIANE 21                  | 125        | INCH                              |            |
| <b>ATOVAQUONE</b>               | <b>15</b>  | AVIANE 28                  | 125        | BD PRECISIONGLIDE 26GX1/2         | 160        |
| ATRIPLA                         | 10         | AVODART                    | 150        | INCH                              |            |
| ATROPINE                        | 109        | AXERT                      | 94         | BD PRECISIONGLIDE 26GX3/8         | 160        |
| <b>ATROPINE SULFATE</b>         | <b>109</b> | AXID                       | 117        | INCH                              |            |
| ATROPINE SULPHATE MINIMS        | 109        | AZARGA                     | 110        | BD PRECISIONGLIDE 27GX1 1/4       | 160        |
| ATROVENT                        | 23         | AZATHIOPRINE               | 154        | INCH                              |            |
| ATROVENT HFA                    | 23         | <b>AZATHIOPRINE</b>        | <b>154</b> | BD PRECISIONGLIDE 27GX1/2         | 160        |
| <b>AURANOFIN</b>                | <b>121</b> | AZATHIOPRINE 50MG/ML       | 154        | INCH                              |            |
| AURO-ALENDRONATE                | 151        | AZATHIOPRINE-50            | 154        | B-D SHARPS CONTAINER 1.4L         | 159        |
|                                 |            | <b>AZELAIC ACID</b>        | <b>141</b> | B-D SHARPS CONTAINER 3.1L         | 159        |
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| BD SLIP TIP SYRINGE ONLY (20ML)                           | 159        | BEZALIP SR                                   | 34         | CADUET  | 46         |
| BD SLIP TIP SYRINGE ONLY (30ML)                           | 159        | BG STAR                                      | 100        | CAFFEINE CITRATE                                  | 162        |
| BD SLIP TIP SYRINGE ONLY (3ML)                            | 159        | BG STAR (ON)                                 | 100        | <b>CAFFEINE CITRATE</b>                           | <b>162</b> |
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| BD SLIP TIP SYRINGE ONLY (60ML)                           | 159        | BIAXIN                                       | 4          | <b>CALCIPOTRIOL</b>                               | <b>141</b> |
| BD SYRINGE + NEEDLE                                       | 161        | BIAXIN XL                                    | 4          | <b>CALCIPOTRIOL, BETAMETHASONE</b>                | <b>141</b> |
| BD SYRINGE WITH ULTRA-FINE NEEDLE                         | 161        | <b>BICALUTAMIDE</b>                          | <b>17</b>  | CALCITE 500 + D 400                               | 102        |
| BD TUBERCULIN   | 160        | BICALUTAMIDE                                 | 17         | <b>CALCITONIN SALMON (SYNTHETIC)</b>              | <b>131</b> |
| SYR/DETACHABLE NEEDLE SLIP TIP                            |            | BICILLIN                                     | 5          | <b>CALCITRIOL</b>                                 | <b>146</b> |
| BD TUBERCULIN   | 161        | <b>BIMATOPROST</b>                           | <b>111</b> | CALCITRIOL-ODAN                                   | 146        |
| SYR/PERMANENT NEEDLE                                      |            | BIO K-20                                     | 103        | CALCIUM   | 102        |
| BD ULTRAFINE  | 158        | BIO-AMLODIPINE                               | 45         | <b>CALCIUM</b>                                    | <b>102</b> |
| BD ULTRA-FINE   | 161        | BIO-ANASTROZOLE                              | 17         | CALCIUM + VIT D                                   | 102        |
| BD ULTRAFINE 33G LANCETS                                  | 158        | BIO-ATENOLOL                                 | 42         | CALCIUM 500 + D 400                               | 102        |
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| BD ULTRA-FINE III PEN NEEDLE                              | 158        | BIO-CELECOXIB                                | 60         | <b>CALCIUM CARBONATE</b>                          | <b>102</b> |
| BD ULTRA-FINE NANO PEN NEEDLES                            | 159        | BIODERM                                      | 134        | CALCIUM CARBONATE                                 | 102        |
| BD ULTRA-FINE PEN NEEDLE                                  | 158        | BIO-DONEPEZIL                                | 21         | <b>CALCIUM LACTOGLUCONATE</b>                     | <b>102</b> |
| <b>BECLOMETHASONE DIPROPIONATE</b>                        | <b>108</b> | BIO-FUROSEMIDE                               | 104        | CALCIUM LACTOGLUCONATE + VIT D                    | 102        |
| BEDUZIL   | 145        | BIO-HYDROCHLOROTHIAZIDE                      | 105        | <b>CALCIUM POLYSTYRENE SULFONATE</b>              | <b>103</b> |
| BENADRYL  | 1          | BIO-LETROZOLE                                | 18         | <b>CALCIUM, VITAMIN D</b>                         | <b>102</b> |
| BENADRYL CHILD  | 1          | BIO-MODAFINIL                                | 90         | <b>CALCIUM-VITAMIN D</b>                          | <b>102</b> |
| BENAZEPRIL  | 48         | BIO-SENNOSIDES                               | 114        | CAL-D   | 102        |
| <b>BENAZEPRIL HCL</b>                                     | <b>48</b>  | BI-PEGLYTE KIT                               | 114        | CALODAN D   | 102        |
| BENZAC AC   | 135        | <b>BISACODYL</b>                             | <b>113</b> | CAMPRAL   | 98         |
| BENZAC W  | 135        | BISACODYL                                    | 113        | <b>CANAGLIFLOZIN</b>                              | <b>129</b> |
| BENZAC W5   | 135        | <b>BISACODYL (POLYETHYLENE GLYCOL BASE)</b>  | <b>113</b> | CANDESARTAN                                       | 53         |
| BENZAFLIN TOPICAL GEL                                     | 134        | BISACODYL-ODAN                               | 113        | <b>CANDESARTAN CILEXETIL</b>                      | <b>53</b>  |
| BENZAGEL  | 135        | BISACOLAX                                    | 113        | <b>CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDE</b> | <b>54</b>  |
| BENZAGEL 5  | 135        | <b>BISMUTH SUBSALICYLATE</b>                 | <b>113</b> | CANDESARTAN-HCTZ                                  | 54         |
| BENZAMYCIN  | 134        | BISOPROLOL                                   | 43         | CANESORAL   | 8          |
| <b>BENZOYL PEROXIDE</b>                                   | <b>135</b> | <b>BISOPROLOL FUMARATE</b>                   | <b>43</b>  | CANESTEN  | 134        |
| <b>BENZTROPINE MESYLATE</b>                               | <b>96</b>  | BLEPHAMIDE                                   | 108        | CANESTEN 1 COMFORT COMBI PAK                      | 134        |
| BENZTROPINE OMEGA   | 96         | <b>BOSENTAN MONOHYDRATE</b>                  | <b>40</b>  | CANESTEN 3 COMFORT COMBI PAK                      | 134        |
| <b>BENZYDAMINE HCL</b>                                    | <b>109</b> | BOTOX  | 155        | CANTHACUR PS                                      | 140        |
| BETADERM  | 136        | <b>BOTULINUM TOXIN TYPE A</b>                | <b>155</b> | <b>CANTHARIDIN, PODOPHYLLIN, SALICYLIC ACID</b>   | <b>140</b> |
| BETADINE  | 136        | BREVICON 0.5/35 21                           | 125        | CANTHARONE PLUS                                   | 140        |
| BETAGAN   | 110        | BREVICON 0.5/35 28                           | 125        | <b>CAPECITABINE</b>                               | <b>17</b>  |
| <b>BETAHISTINE HCL</b>                                    | <b>148</b> | BREVICON 1/35 21                             | 125        | <b>CAPSAICIN</b>                                  | <b>141</b> |
| <b>BETAMETHASONE DIPROPIONATE</b>                         | <b>136</b> | BREVICON 1/35 28                             | 125        | CAPSAICIN HP                                      | 141        |
| <b>BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL</b>     | <b>136</b> | BRICANYL TURBUHALER                          | 25         | CAPTROPIL   | 49         |
| <b>BETAMETHASONE DIPROPIONATE, CLOTRIMAZOLE</b>           | <b>136</b> | BRILINTA                                     | 32         | <b>CAPTROPIL</b>                                  | <b>49</b>  |
| <b>BETAMETHASONE DIPROPIONATE, SALICYLIC ACID</b>         | <b>136</b> | <b>BRIMONIDINE TARTRATE</b>                  | <b>109</b> | <b>CARBACHOL</b>                                  | <b>109</b> |
| <b>BETAMETHASONE DISODIUM PHOSPHATE</b>                   | <b>136</b> | <b>BRIMONIDINE TARTRATE (ALPHAGAN P)</b>     | <b>109</b> | <b>CARBAMAZEPINE</b>                              | <b>71</b>  |
| <b>BETAMETHASONE SODIUM PHOSPHATE, GENTAMICIN SULFATE</b> | <b>108</b> | <b>BRIMONIDINE TARTRATE, TIMOLOL MALEATE</b> | <b>110</b> | CARBAMAZEPINE CR                                  | 71         |
| <b>BETAMETHASONE VALERATE</b>                             | <b>136</b> | BRINZOLAMIDE                                 | 110        | CARBOCAL  | 102        |
| BETAXIN   | 145        | <b>BRINZOLAMIDE/TIMOLOL MALEATE</b>          | <b>110</b> | CARBOCAL D  | 102        |
| <b>BETAXOLOL HCL</b>                                      | <b>110</b> | BROMAZEPAM                                   | 92         | CARBOLITH   | 94         |
| <b>BETHANECHOL CHLORIDE</b>                               | <b>21</b>  | BROMAZEPAM                                   | 92         | CARDIZEM CD                                       | 47         |
| BETNESOL  | 136        | <b>BROMOCRIPTINE MESYLATE</b>                | <b>97</b>  | CARDURA 1   | 41         |
| BETOPTIC S  | 110        | BUDESONIDE                                   | 108        | CARDURA 2   | 41         |
|   |            | <b>BUPRENORPHINE, NALOXONE</b>               | <b>68</b>  | CARDURA 4   | 41         |
|   |            | <b>BUPROPION HCL (WELLBUTRIN)</b>            | <b>76</b>  | CARNITOR  | 104        |
|   |            | <b>BUPROPION HCL (ZYBAN)</b>                 | <b>77</b>  | CARNITOR IV                                       | 104        |
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|   |            | <b>BUSERELIN ACETATE</b>                     | <b>17</b>  |   |            |
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| CARVEDILOL                      | 43         | CILAZAPRIL                         | 49         | CLONAZEPAM 0.1MG/ML          | 70         |
| CASODEX                         | 17         | <b>CILAZAPRIL,</b>                 | <b>49</b>  | CLONIDINE                    | 39         |
| CATAPRES                        | 39         | <b>HYDROCHLOROTHIAZIDE</b>         |            | CLONIDINE 0.1MG/ML           | 39         |
| CECLOR                          | 2          | CILOXAN                            | 107        | <b>CLONIDINE HCL</b>         | <b>39</b>  |
| CECLOR BID                      | 2          | CILOXAN 0.3%                       | 107        | CLOPIDOGREL                  | 32         |
| CEENU                           | 19         | <b>CIMETIDINE</b>                  | <b>117</b> | <b>CLOPIDOGREL BISULFATE</b> | <b>32</b>  |
| <b>CEFACTOR</b>                 | <b>2</b>   | CIMETIDINE                         | 117        | CLOPIXOL                     | 90         |
| <b>CEFADROXIL</b>               | <b>2</b>   | CIMZIA                             | 153        | CLOPIXOL ACUPHASE            | 90         |
| CEFAZOLIN                       | 2          | CIPRALEX 10MG TAB                  | 78         | CLOPIXOL DEPOT               | 90         |
| CEFAZOLIN INJ.                  | 3          | CIPRALEX 20MG TAB                  | 78         | CLOTTRIMADERM                | 134        |
| <b>CEFAZOLIN SODIUM</b>         | <b>2</b>   | CIPRALEX MELTZ                     | 78         | <b>CLOTTRIMAZOLE</b>         | <b>134</b> |
| <b>CEFIXIME</b>                 | <b>2</b>   | CIPRO                              | 6          | CLOTTRIMAZOLE                | 134        |
| <b>CEFPROZIL</b>                | <b>2</b>   | CIPRODEX                           | 107        | <b>CLOXACILLIN</b>           | <b>5</b>   |
| CEFTAZIDIME INJ.                | 3          | CIPROFLOXACIN                      | 6          | CLOXACILLIN INJ.             | 5          |
| CEFTIN                          | 3          | <b>CIPROFLOXACIN HCL</b>           | <b>6</b>   | CLOXACILLINE                 | 5          |
| CEFTRIAXONE                     | 3          | <b>CIPROFLOXACIN HCL,</b>          | <b>107</b> | <b>CLOZAPINE</b>             | <b>83</b>  |
| CEFTRIAXONE INJ.                | 3          | <b>DEXAMETHASONE</b>               |            | CLOZARIL                     | 83         |
| <b>CEFTRIAXONE SODIUM</b>       | <b>3</b>   | <b>CITALOPRAM</b>                  | <b>77</b>  | CO ALENDRONATE               | 151        |
| <b>CEFUROXIME AXETIL</b>        | <b>3</b>   | CITALOPRAM                         | 77         | CO AMLODIPINE                | 46         |
| CEFZIL                          | 2          | <b>CITRIC ACID, MAGNESIUM</b>      | <b>113</b> | CO ANASTROZOLE               | 17         |
| CELEBREX                        | 60         | <b>OXIDE, SODIUM PICOSULFATE</b>   |            | CO ATENOLOL                  | 42         |
| <b>CELECOXIB</b>                | <b>60</b>  | <b>CITRIC ACID, SODIUM CITRATE</b> | <b>102</b> | CO ATORVASTATIN              | 35         |
| CELECOXIB                       | 60         | CITRO MAG 15GM/300ML               | 103        | CO AZITHROMYCIN              | 3          |
| CELESTODERM V                   | 136        | CITRODAN                           | 103        | CO BETAHISTINE               | 148        |
| CELEXA                          | 77         | CLARITHROMYCIN                     | 4          | CO BICALUTAMIDE              | 17         |
| CELLCEPT                        | 154        | <b>CLARITHROMYCIN</b>              | <b>4</b>   | CO BOSENTAN                  | 40         |
| CELLUVISC                       | 112        | CLARITIN                           | 1          | CO CABERGOLINE               | 97         |
| CELONTIN                        | 71         | CLARITIN KIDS                      | 1          | CO CELECOXIB                 | 60         |
| CELSENTRI                       | 11         | CLARUS                             | 141        | CO CILAZAPRIL                | 49         |
| CENTER-AL                       | 133        | CLAVULIN                           | 5          | CO CIPROFLOXACIN             | 6          |
| CENTRUM JUNIOR COMPLETE         | 147        | CLAVULIN 200                       | 5          | CO CITALOPRAM                | 77         |
| CENTRUM MATERNA                 | 147        | CLAVULIN 400                       | 5          | CO CLOMIPRAMINE              | 78         |
| CENTRUM PRENATAL                | 150        | CLAVULIN-F                         | 5          | CO CLONAZEPAM                | 70         |
| CENTRUM PRENATAL DHA            | 150        | CLAVULIN-F 125                     | 5          | CO CLOPIDOGREL               | 32         |
| CEPHALEXIN                      | 3          | CLAVULIN-F 250                     | 5          | CO DICLO-MISO                | 61         |
| <b>CEPHALEXIN</b>               | <b>3</b>   | CLEAR AWAY                         | 140        | CO ENALAPRIL                 | 49         |
| <b>CERTOLIZUMAB PEGOL</b>       | <b>153</b> | CLICKFINE PEN NEEDLES              | 158        | CO ESCITALOPRAM              | 78         |
| CESAMET                         | 117        | CLIMARA 100                        | 126        | CO ETIDRONATE                | 152        |
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| <b>CETIRIZINE HCL</b>           | <b>1</b>   | CLIMARA 50                         | 126        | CO FAMCICLOVIR               | 13         |
| CHAMPIX                         | 28         | CLIMARA 75                         | 126        | CO FENTANYL                  | 64         |
| CHAMPIX STARTER PACK            | 28         | CLIMARA PRO                        | 126        | CO FINASTERIDE               | 150        |
| CHILDREN'S ADVIL                | 61         | CLINDAMYCIN                        | 8          | CO FLUCONAZOLE               | 8          |
| CHILDREN'S EUOPROFEN            | 61         | <b>CLINDAMYCIN HCL</b>             | <b>8</b>   | CO FLUVOXAMINE               | 79         |
| CHILDREN'S MOTRIN               | 61         | CLINDAMYCIN IN DILUSOL             | 8          | CO GABAPENTIN                | 71         |
| <b>CHLORAMBUCIL</b>             | <b>17</b>  | CLINDAMYCIN INJ.                   | 3          | CO IMATINIB                  | 18         |
| <b>CHLORAMPHENICOL</b>          | <b>107</b> | <b>CLINDAMYCIN PALMITATE HCL</b>   | <b>8</b>   | CO IRBESARTAN                | 54         |
| <b>CHLORHEXIDINE ACETATE</b>    | <b>135</b> | <b>CLINDAMYCIN PHOSPHATE</b>       | <b>8</b>   | CO IRBESARTAN/HCT            | 54         |
| <b>CHLORHEXIDINE GLUCONATE</b>  | <b>109</b> | <b>CLINDAMYCIN, BENZOYL</b>        | <b>134</b> | CO IRBESARTAN/HCT            | 54         |
| <b>CHLOROQUINE PHOSPHATE</b>    | <b>15</b>  | <b>PEROXIDE</b>                    |            | CO LATANOPROST               | 111        |
| <b>CHLORPHENIRAMINE MALEATE</b> | <b>1</b>   | CLINDAMYCIN-BENZOYL                | 134        | CO LEVETIRACETAM             | 73         |
| <b>CHLORPROMAZINE</b>           | <b>83</b>  | PEROXIDE                           |            | CO LISINOPRIL                | 50         |
| CHLORPROMAZINE HCL              | 83         | CLINDAMYCINE                       | 8          | CO LOVASTATIN                | 36         |
| <b>CHLORTHALIDONE</b>           | <b>105</b> | CLINDA-T                           | 134        | CO MELOXICAM                 | 62         |
| CHLORTHALIDONE                  | 105        | CLINDOXYL                          | 134        | CO METFORMIN                 | 127        |
| CHLOR-TRIPOLON                  | 1          | CLINDOXYL ADV                      | 134        | CO MIRTAZAPINE               | 80         |
| <b>CHOLECALCIFEROL</b>          | <b>146</b> | CLOBAZAM                           | 92         | CO NORFLOXACIN               | 7          |
| CHOLEDYL                        | 143        | <b>CLOBAZAM</b>                    | <b>92</b>  | CO OLANZAPINE                | 85         |
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| CIDOMYCIN                       | 2          | CLOMIPRAMINE HCL                   | 78         | CO PIOGLITAZONE              | 130        |
|                                 |            | CLONAPAM                           | 70         | CO PRAMIPEXOLE               | 97         |
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| CO RAMIPRIL   | 51         | CONDOM, LATEX, LUBRICATED  | 99         | CYESTRA-35  | 155        |
| CO RANITIDINE   | 117        | CONDOM, LATEX, LUBRICATED,<br>NONOXYNOL                          | 99         | CYKLOKAPRON                                       | 32         |
| CO RISPERIDONE  | 88         | CONDOM, LATEX, NON-<br>LUBRICATED                                | 99         | CYMBALTA  | 78         |
| CO RIZATRIPTAN  | 95         | <b>CONDOM, MALE</b>  | <b>99</b>  | <b>CYPROTERONE ACETATE</b>                        | <b>17</b>  |
| CO ROSUVASTATIN   | 37         | CONDOM, NON-LATEX,<br>LUBRICATED                                 | 99         | <b>CYPROTERONE ACETATE,<br/>ETHINYL ESTRADIOL</b> | <b>148</b> |
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| CO SIMVASTATIN  | 38         | <b>CONJUGATED ESTROGENS</b>                                      | <b>125</b> | CYTOVENE  | 13         |
| CO SOTALOL  | 45         | <b>CONJUGATED ESTROGENS,<br/>MEDROXYPROGESTERONE<br/>ACETATE</b> | <b>126</b> | D VI SOL  | 146        |
| CO SUMATRIPTAN  | 95         | CONTACT DETACH 90 DEGREE<br>6MMX60CM                             | 157        | D2-DOL  | 146        |
| CO TELMISARTAN/HCT  | 56         | CONTACT DETACH 90 DEGREE<br>8MMX60CM                             | 157        | D3-DOL  | 146        |
| CO TEMAZEPAM  | 93         | CONTOUR NEXT   | 100        | <b>DABIGATRAN ETEXILATE<br/>MESILATE</b>          | <b>30</b>  |
| CO TEMOZOLOMIDE   | 20         | CONTOUR NEXT (ON)  | 100        | DAIRY DIGESTIVE                                   | 115        |
| CO TERBINAFFINE   | 8          | CO-ONDANSETRON   | 116        | DAIRY DIGESTIVE EXTRA<br>STRENGTH                 | 115        |
| CO TOPIRAMATE   | 75         | CORDARONE  | 33         | DAIRY AID   | 115        |
| CO VALACYCLOVIR   | 14         | CO-REPAGLINIDE   | 129        | DALACIN   | 134        |
| CO VALSARTAN  | 57         | CO-RIZATRIPTAN ODT   | 95         | DALACIN C   | 8          |
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| <b>COAL TAR, JUNIPER TAR, PINE<br/>TAR, ZINC PYRITHIONE</b>   | <b>140</b> | CORTIFOAM  | 138        | <b>DANTROLENE SODIUM</b>                          | <b>26</b>  |
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| <b>COAL TAR, SALICYLIC ACID,<br/>SULFUR</b>                   | <b>141</b> | <b>CORTISONE ACETATE</b>   | <b>123</b> | DAPSONE   | 9          |
| <b>COBICISTAT, DARUNAVIR</b>                                  | <b>10</b>  | CORTODERM  | 138        | DARAPRIM  | 15         |
| <b>COBICISTAT, EMTRICITABINE,<br/>ELVITEGRAVIR, TENOFOVIR</b> | <b>10</b>  | COSOPT   | 110        | <b>DARIFENACIN HYDROBROMIDE</b>                   | <b>143</b> |
| CO-CANDESARTAN  | 53         | COTAZYM  | 115        | <b>DARUNAVIR</b>                                  | <b>10</b>  |
| CODEINE   | 64         | COTAZYM ECS 8  | 115        | DDAVP   | 131        |
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| CODEINE PHOSPHATE   | 64         | COVERA-HS  | 48         | DECAXIL   | 146        |
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| COMBIVIR  | 11         | CYCLIN 28  | 125        | DES-LORATADINE                                    | 1          |
| COMFORT ANGLED<br>17MMX110CM (10 TUBING/BOX)                  | 156        | CYCLOBENZAPRINE  | 26         | DES-LORATADINE ALLERGY<br>CONTROL                 | 1          |
| COMFORT ANGLED 17MMX60CM<br>(10 TUBING/BOX)                   | 156        | <b>CYCLOBENZAPRINE HCL</b>                                       | <b>26</b>  | DESMOPRESSIN                                      | 131        |
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| DEXAMETHASONE 1MG/ML                            | 123        | DIMENHYDRINATE                                       | 116        | DOM-CITALOPRAM             | 77         |
| <b>DEXAMETHASONE PHOSPHATE</b>                  | <b>123</b> | <b>DIMETHICONE</b>                                   | <b>135</b> | DOM-CLARITHROMYCIN         | 4          |
| <b>DEXAMETHASONE, TOBRAMYCIN</b>                | <b>108</b> | DIOCARPINE   | 110        | DOM-CLOBAZAM               | 92         |
| DEXAMETHASONE-OMEGA                             | 123        | DIOCHLORAM   | 107        | DOM-CLONAZEPAM             | 70         |
| DEXASONE  | 123        | DIODEX   | 108        | DOM-CLONAZEPAM-R           | 70         |
| DEXEDRINE                                       | 90         | DIODOQUIN  | 15         | DOM-CLOPIDOGREL            | 32         |
| DEXEDRINE SPANSULE                              | 90         | DIOGENT  | 107        | DOM-CYCLOBENZAPRINE        | 26         |
| DEXIRON   | 29         | DIONEPHRINE  | 109        | DOM-DESIPRAMINE            | 78         |
| <b>DEXTRAN 70, HYDROXYPROPYLMETHYLCELLULOSE</b> | <b>111</b> | DIOPENTOLATE   | 109        | DOM-DICLOFENAC             | 60         |
| <b>DEXTROAMPHETAMINE SULFATE</b>                | <b>90</b>  | DIOPTIMYD  | 108        | DOM-DICLOFENAC SR          | 60         |
| D-FORTE   | 146        | DIOSULF  | 107        | DOM-DOCUSATE SODIUM        | 113        |
| D-GEL   | 146        | DIOVAN   | 57         | DOM-DOMPERIDONE            | 120        |
| DIABETA   | 130        | DIOVAN-HCT   | 57         | DOM-FINASTERIDE            | 150        |
| DIAMICRON                                       | 130        | DIPENTUM   | 120        | DOM-FLUCONAZOLE            | 9          |
| DIAMICRON MR                                    | 129        | DIPHENHYDRAMINE                                      | 1          | DOM-FLUOXETINE             | 79         |
| DIANE-35  | 155        | <b>DIPHENHYDRAMINE HCL</b>                           | <b>1</b>   | DOM-FLUVOXAMINE            | 79         |
| DIAPER RASH                                     | 139        | DIPHENHYDRAMINE HCL                                  | 1          | DOM-GABAPENTIN             | 71         |
| DIARR-EZE                                       | 113        | <b>DIPIVEFRIN HCL</b>                                | <b>109</b> | DOM-GEMFIBROZIL            | 34         |
| DIARRHEA RELIEF                                 | 113        | <b>DIPIVEFRIN HCL, LEVOBUNOLOL HCL</b>               | <b>111</b> | DOM-GLYBURIDE              | 130        |
| DIARRHEA RELIEF 2MG TAB                         | 113        | DIPROLENE  | 136        | DOM-INDAPAMIDE             | 105        |
| DIASTAT (2X10MG)                                | 92         | DIPROSALIC   | 136        | DOM-IPRATROPIUM            | 23         |
| DIASTAT (2X15MG)                                | 92         | DIPROSONE  | 136        | DOM-IRBESARTAN             | 54         |
| DIASTAT (2X5MG)                                 | 92         | <b>DIPYRIDAMOLE</b>                                  | <b>41</b>  | DOM-LANSOPRAZOLE           | 118        |
| DIASTIX   | 101        | <b>DIPYRIDAMOLE, ACETYLSALICYLIC ACID</b>            | <b>41</b>  | DOM-LEVETIRACETAM          | 73         |
| DIAZEPAM  | 92         | <b>DISOPYRAMIDE</b>                                  | <b>33</b>  | DOM-LORAZEPAM              | 92         |
| <b>DIAZEPAM</b>                                 | <b>92</b>  | <b>DITHRANOL</b>                                     | <b>140</b> | DOM-LOXAPINE               | 84         |
| <b>DIAZEPAM (D)</b>                             | <b>92</b>  | DIVALPROEX   | 71         | DOM-MEDROXYPROGESTERONE    | 131        |
| <b>DIAZOXIDE</b>                                | <b>39</b>  | <b>DIVALPROEX SODIUM</b>                             | <b>71</b>  | DOM-MEFENAMIC ACID         | 61         |
| DICITRATE                                       | 102        | DIVIGEL  | 126        | DOM-MELOXICAM              | 62         |
| DICLECTIN                                       | 116        | DIXARIT  | 39         | DOM-METFORMIN              | 127        |
| DICLOFENAC                                      | 60         | DOAK OIL   | 140        | DOM-METOPROLOL-B           | 44         |
| DICLOFENAC EC                                   | 60         | DOAK OIL FORTE                                       | 140        | DOM-METOPROLOL-L           | 44         |
| <b>DICLOFENAC SODIUM</b>                        | <b>60</b>  | DOCUSATE CALCIUM                                     | 113        | DOM-MINOCYCLINE            | 7          |
| <b>DICLOFENAC SODIUM, MISOPROSTOL</b>           | <b>61</b>  | <b>DOCUSATE CALCIUM</b>                              | <b>113</b> | DOM-MIRTAZAPINE            | 80         |
| DICLOFENAC SR                                   | 60         | <b>DOCUSATE SODIUM</b>                               | <b>113</b> | DOM-MONTELUKAST            | 106        |
| DICLOFENAC-50                                   | 60         | DOCUSATE SODIUM                                      | 113        | DOM-NIZATIDINE             | 117        |
| DICLOFENAC-SR                                   | 60         | <b>DOCUSATE SODIUM, SENNA</b>                        | <b>114</b> | DOM-NORTTRIPTYLINE         | 80         |
| <b>DIDANOSINE</b>                               | <b>10</b>  | <b>DOLASETRON MESYLATE</b>                           | <b>116</b> | DOM-NYSTATIN               | 9          |
| DIDROCAL  | 152        | <b>DOLICHOVESPULA ARENARIA VENOM PROTEIN</b>         | <b>133</b> | DOM-OMEPRAZOLE DR          | 119        |
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| DIFLUCAN  | 8          | DOLORAL 5  | 66         | DOM-PAROXETINE             | 80         |
| <b>DIFLUCORTOLONE VALERATE</b>                  | <b>137</b> | <b>DOLUTEGRAVIR SODIUM</b>                           | <b>10</b>  | DOMPERIDONE                | 120        |
| <b>DIFLUNISAL</b>                               | <b>61</b>  | DOM-ALENDRONATE                                      | 151        | DOMPERIDONE 1MG/ML         | 117        |
| <b>DIGOXIN</b>                                  | <b>33</b>  | DOM-AMANTADINE                                       | 10         | <b>DOMPERIDONE MALEATE</b> | <b>120</b> |
| DIHYDROERGOTAMINE                               | 26         | DOM-AMIODARONE                                       | 33         | DOM-PINDOLOL               | 44         |
| <b>DIHYDROERGOTAMINE MESYLATE</b>               | <b>26</b>  | DOM-AMLODIPINE                                       | 45         | DOM-PIOGLITAZONE           | 130        |
| <b>DIODOHYDROXYQUIN</b>                         | <b>15</b>  | DOM-ATENOLOL   | 42         | DOM-PIROXICAM              | 62         |
| DILANTIN  | 70         | DOM-ATORVASTATIN                                     | 35         | DOM-PRAMIPEXOLE            | 97         |
| DILANTIN 30                                     | 70         | DOM-AZITHROMYCIN                                     | 3          | DOM-PRAVASTATIN            | 36         |
| DILANTIN 125                                    | 70         | DOM-BACLOFEN   | 26         | DOM-PREGABALIN             | 74         |
| DILANTIN INFATABS                               | 70         | DOM-BENZYDAMINE                                      | 109        | DOM-PROPRANOLOL            | 45         |
| DILAUDID  | 65         | DOM-BROMOCRIPTINE                                    | 97         | DOM-QUETIAPINE             | 87         |
| DILTIAZEM                                       | 48         | DOM-CANDESARTAN                                      | 53         | DOM-RABEPRAZOLE EC         | 120        |
| DILTIAZEM CD                                    | 47         | DOM-CAPTOPRIL  | 49         | DOM-RAMIPRIL               | 52         |
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| FIRST CANADIAN HEALTH         | 158        | <b>DIHYDRATE, BUDESONIDE</b>      |            | <b>GENTAMICIN SULFATE</b>        | <b>2</b>   |
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| LCD IN CORTICOSTEROID CR.     | 148        | <b>LISINOPRIL</b>                | <b>50</b>  | M.O.S. 50                       | 66         |
| LCD IN CORTICOSTEROID OINT.   | 148        | <b>LISINOPRIL,</b>               | <b>51</b>  | M.O.S. 60                       | 66         |
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| LECTOPAM                      | 92         | LITHANE                          | 94         | MACROBID                        | 16         |
| LEFLUNOMIDE                   | 153        | <b>LITHIUM CARBONATE</b>         | <b>94</b>  | <b>MACROGOL, POTASSIUM</b>      | <b>114</b> |
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| <b>LEVOCABASTINE HCL</b>      | <b>107</b> | <b>LORATADINE</b>                | <b>1</b>   | MANERIX                         | 80         |
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| MYLAN-IPRATROPIUM UDV     | 23   | MYLAN-VERAPAMIL SR        | 48         | NEUTROGENA T/GEL           | 140        |
| MYLAN-IRBESARTAN          | 54   | MYLAN-WARFARIN            | 31         | NEVANAC 0.1% OP SOL        | 109        |
| MYLAN-LAMOTRIGINE         | 73   | MYLAN-ZOLMITRIPTAN ODT    | 96         | <b>NEVIRAPINE</b>          | <b>11</b>  |
| MYLAN-LANSOPRAZOLE        | 118  | MYLERAN                   | 17         | NEXT CHOICE                | 125        |
| MYLAN-LEFLUNOMIDE         | 153  | MYL-PREGABALIN            | 74         | <b>NIACIN</b>              | <b>145</b> |
| MYLAN-LEVOFLOXACIN        | 6    | MYL-RANITIDINE            | 117        | NIACIN                     | 145        |
| MYLAN-LISINOPRIL          | 50   | MYOCHRYSLINE              | 121        | NIACIN YEAST FREE          | 145        |
| MYLAN-LISINOPRIL HCTZ     | 51   | <b>NABILONE</b>           | <b>117</b> | NICODERM                   | 27         |
| MYLAN-LOSARTAN            | 55   | NADOLOL                   | 44         | NICORETTE                  | 27         |
| MYLAN-LOSARTAN/HCTZ       | 55   | <b>NADOLOL</b>            | <b>44</b>  | NICORETTE LOZENGE          | 27         |
| MYLAN-LOVASTATIN          | 36   | <b>NADROPARIN CALCIUM</b> | <b>30</b>  | NICORETTE PLUS             | 27         |
| MYLAN-MELOXICAM           | 62   | NADRYL                    | 1          | NICOTINE                   | 27         |
| MYLAN-METFORMIN           | 127  | <b>NAFARELIN ACETATE</b>  | <b>126</b> | <b>NICOTINE (GUM)</b>      | <b>27</b>  |
| MYLAN-METOPROLOL (TYPE L) | 44   | NALCROM                   | 106        | <b>NICOTINE (INHALER)</b>  | <b>27</b>  |
| MYLAN-MINOCYCLINE         | 7    | NALOXONE                  | 69         | <b>NICOTINE (LOZENGE)</b>  | <b>27</b>  |
| MYLAN-MIRTAZAPINE         | 80   | <b>NALOXONE</b>           | <b>69</b>  | <b>NICOTINE (PATCH)</b>    | <b>27</b>  |
| MYLAN-MONTELUKAST         | 106  | NALOXONE KIT              | 69         | NICOTINE GUM               | 27         |
| MYLAN-MYCOPHENOLATE       | 154  | <b>NAPHAZOLINE HCL</b>    | <b>109</b> | NICOTINE TRANSDERMAL       | 27         |
| MYLAN-NAPROXEN            | 62   | NAPHCON FORTE             | 109        | NICOTROL TRANSDERMAL       | 27         |
| MYLAN-NAPROXEN EC         | 62   | NAPROSYN                  | 62         | <b>NICOUMALONE</b>         | <b>30</b>  |
| MYLAN-NEVIRAPINE          | 11   | NAPROSYN E                | 62         | NIDAGEL                    | 136        |
| MYLAN-NIFEDIPINE ER       | 47   | NAPROSYN SR               | 62         | <b>NIFEDIPINE</b>          | <b>47</b>  |
| MYLAN-NITRO               | 39   | <b>NAPROXEN</b>           | <b>62</b>  | NIFEDIPINE                 | 47         |
| MYLAN-OLANZAPINE          | 85   | NAPROXEN                  | 62         | NIFEDIPINE IN CALMOSEPTINE | 148        |
| MYLAN-OLANZAPINE ODT      | 84   | NAPROXEN EC               | 62         | OIN                        |            |
| MYLAN-OMEPRAZOLE          | 119  | NAPROXEN NA               | 62         | <b>NILUTAMIDE</b>          | <b>19</b>  |
| MYLAN-ONDANSETRON         | 116  | <b>NAPROXEN SODIUM</b>    | <b>62</b>  | <b>NIMODIPINE</b>          | <b>47</b>  |
| MYLAN-PANTOPRAZOLE        | 119  | NAPROXEN SODIUM           | 62         | NIMOTOP                    | 47         |
| MYLAN-PANTOPRAZOLE T      | 119  | NAPROXEN SODIUM DS        | 62         | NITOMAN                    | 98         |
| MYLAN-PAROXETINE          | 80   | NAPROXEN-NA DF            | 62         | <b>NITRAZEPAM</b>          | <b>93</b>  |
| MYLAN-PIOGLITAZONE        | 130  | <b>NARATRIPTAN HCL</b>    | <b>94</b>  | NITRO-DUR                  | 39         |
| MYLAN-PRAMIPEXOLE         | 97   | NARDIL                    | 81         | NITROFURANTOIN             | 16         |
| MYLAN-PRAVASTATIN         | 36   | NASACORT AQ               | 108        | <b>NITROFURANTOIN</b>      | <b>16</b>  |
| MYLAN-PROPAFENONE         | 33   | NASONEX                   | 108        | NITROFURANTOIN 10MG/ML     | 16         |
| MYLAN-QUETIAPINE          | 87   | NAT-ALPRAZOLAM            | 91         | <b>NITROGLYCERIN</b>       | <b>39</b>  |
| MYLAN-RABEPRAZOLE         | 119  | NAT-ANASTROZOLE           | 17         | NITROL                     | 39         |
| MYLAN-RAMIPRIL            | 51   | NAT-CITALOPRAM            | 77         | NITROLINGUAL PUMPSPRAY     | 40         |
| MYLAN-RANITIDINE          | 117  | NAT-DONEPEZIL             | 21         | NITROSTAT                  | 40         |
| MYLAN-RISEDRONATE         | 152  | <b>NATEGLINIDE</b>        | <b>129</b> | NIX                        | 135        |
| MYLAN-RISPERIDONE         | 88   | NAT-ESCITALOPRAM          | 78         | NIX DERMAL                 | 135        |
| MYLAN-RISPERIDONE ODT     | 88   | NAT-LETROZOLE             | 18         | <b>NIZATIDINE</b>          | <b>117</b> |
| MYLAN-RIVASTIGMINE        | 22   | NAT-LEVETIRACETAM         | 73         | NIZATIDINE                 | 117        |
| MYLAN-RIZATRIPTAN ODT     | 95   | NAT-OMEPRAZOLE DR         | 119        | NIZORAL                    | 135        |
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| MYLAN-SELEGILINE          | 98   | NAT-QUETIAPINE            | 87         | <b>NON POLLEN</b>          | <b>133</b> |
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| PROLOPA                              | 96         | RALOXIFENE                                    | 126        | RAN-RANITIDINE                  | 117        |
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| PRO-MIRTAZAPINE                      | 80         | <b>RAMIPRIL,<br/>HYDROCHLOROTHIAZIDE</b>      | <b>52</b>  | RAN-TOPIRAMATE                  | 75         |
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| PRO-OXYCOD ACET                      | 63         | RAMIPRIL-2.5                                  | 52         | RAN-VENLAFAXINE XR              | 82         |
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| SANDOZ-TOPIRAMATE               | 75         | SIMVASTATIN                   | 38         | SPIRIT CARTRIDGE 3.15ML          | 156        |
| SANDOZ-VALPROIC                 | 76         | <b>SIMVASTATIN</b>            | <b>38</b>  | SPIRIVA                          | 24         |
| SANTYL                          | 141        | SIMVASTATIN-10                | 38         | <b>SPIRONOLACTONE</b>            | <b>58</b>  |
| SAPHRIS                         | 83         | SIMVASTATIN-20                | 38         | SPIRONOLACTONE 5MG/ML            | 58         |
| <b>SAQUINAVIR MESYLATE</b>      | <b>11</b>  | SIMVASTATIN-40                | 38         | <b>SPIRONOLACTONE,</b>           | <b>58</b>  |
| SARNA HC                        | 138        | SIMVASTATIN-80                | 39         | <b>HYDROCHLOROTHAZIDE</b>        |            |
| <b>SAXAGLIPTIN HCL</b>          | <b>128</b> | SINEMET                       | 97         | SPORANOX                         | 9          |
| <b>SAXAGLIPTIN, METFORMIN</b>   | <b>128</b> | SINEMET CR                    | 96         | STALEVO                          | 97         |
| SCHEIN-CEFACTOR                 | 2          | SINEQUAN                      | 78         | STARLIX                          | 129        |
| <b>SCOPOLAMINE BUTYLBROMIDE</b> | <b>23</b>  | SINGULAIR                     | 106        | STATEX                           | 66         |
| SDZ CELECOXIB                   | 60         | SINTROM                       | 30         | <b>STAVUDINE</b>                 | <b>11</b>  |
| SDZ-GENTAMICIN                  | 2          | <b>SIROLIMUS</b>              | <b>154</b> | STELARA                          | 149        |
| SEASONALE                       | 124        | <b>SITAGLIPTIN</b>            | <b>128</b> | STEREX                           | 141        |
| SEASONIQUE                      | 125        | <b>SITAGLIPTIN, METFORMIN</b> | <b>127</b> | STERILE EXTEMPORANEOUS           | 148        |
| SEBCUR                          | 140        | SIV-ATORVASTATIN              | 35         | MIXTURE (QC)                     |            |
| SEBCUR-T                        | 140        | SKIN PREP ADHESIVE WIPES      | 156        | STERILE TRIAMCINOLONE            | 124        |
| SECARIS                         | 111        | SLOW-K                        | 103        | STERILE WATER                    | 105        |
| SECTRAL                         | 42         | SODIUM AUROTHIOMALATE         | 121        | STERILE WATER (QC)               | 105        |
| SEEBRI BREEZHALER               | 23         | <b>SODIUM AUROTHIOMALATE</b>  | <b>121</b> | STERILE WATER FOR INJ            | 105        |
| SELAX                           | 113        | SODIUM BICARBONATE            | 102        | STEROID CR AND ANTIFUNGAL        | 148        |
| SELECT 1/35 21                  | 125        | <b>SODIUM BICARBONATE</b>     | <b>102</b> | CR.                              |            |
| SELECT 1/35 28                  | 125        | <b>SODIUM BIPHOSPHATE</b>     | <b>114</b> | STIEVA-A                         | 139        |
| <b>SELEGILINE HCL</b>           | <b>98</b>  | <b>SODIUM CARBOXYMETHYL</b>   | <b>112</b> | STIEVA-A FORTE                   | 139        |
| <b>SELENIUM SULFIDE</b>         | <b>136</b> | <b>CELLULOSE</b>              |            | STIEVAMYCIN                      | 134        |
| SELEXID                         | 5          | <b>SODIUM CHLORIDE</b>        | <b>103</b> | STIEVAMYCIN FORTE                | 134        |
| SELSUN                          | 136        | SODIUM CHLORIDE               | 103        | STIEVAMYCIN MILD                 | 134        |
| SENNALAX                        | 114        | SODIUM CHLORIDE (SMALL VOL.)  | 162        | STOOL SOFTENER                   | 113        |
| SENNAPREP                       | 114        | <b>SODIUM CITRATE, SODIUM</b> | <b>115</b> | STRIBILD                         | 10         |
| SENNATAB                        | 114        | <b>LAURYL SULFOACETATE,</b>   |            | SUBOXONE                         | 68         |
| <b>SENNOSIDES</b>               | <b>114</b> | <b>SORBITOL</b>               |            | <b>SUCRALFATE</b>                | <b>118</b> |
| SENOKOT                         | 114        | <b>SODIUM CROMOGLYCAT</b>     | <b>106</b> | SUCRALFATE-1                     | 118        |
|                                 |            | <b>SODIUM NITROPRUSSIDE</b>   | <b>101</b> | SULCRATE                         | 118        |
|                                 |            | <b>SODIUM PHOSPHATE</b>       | <b>115</b> | SULCRATE PLUS                    | 118        |

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| <b>SULFAMETHOXAZOLE</b>               | <b>7</b>   | TARO-MOMETASONE                         | 139        | <b>TESTOSTERONE UNDECANOATE</b>       | <b>124</b> |
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| <b>SULFASALAZINE</b>                  | <b>7</b>   | TARO-PHENYTOIN                          | 70         | <b>TETRABENAZINE</b>                  | <b>98</b>  |
| SULFINPYRAZONE                        | 105        | TARO-SIMVASTATIN                        | 38         | TETRACYCLINE                          | 7          |
| <b>SULFINPYRAZONE</b>                 | <b>105</b> | TARO-SONE                               | 136        | <b>TETRACYCLINE HCL</b>               | <b>7</b>   |
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| SULFUR IN NON-MEDICATED OINT.         | 141        | TARO-TEMOZOLOMIDE                       | 20         | TEVA-ACEBUTOLOL                       | 42         |
| <b>SULINDAC</b>                       | <b>63</b>  | TARO-TERCONAZOLE                        | 135        | TEVA-ACYCLOVIR                        | 12         |
| SUMATRIPTAN                           | 95         | TARO-TESTOSTERONE                       | 124        | TEVA-ALENDRONATE                      | 151        |
| SUMATRIPTAN DF                        | 95         | TARO-WARFARIN                           | 31         | TEVA-<br>ALENDRONATE/CHOLECALCIFEROL  | 151        |
| <b>SUMATRIPTAN HEMISULFATE</b>        | <b>95</b>  | TARO-ZOLEDRONIC ACID                    | 152        | TEVA-ALFUZOSIN PR                     | 26         |
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| SUPEUDOL                              | 67         | TEARS NATURALE P.M.                     | 111        | TEVA-ANASTROZOLE                      | 17         |
| SUPRAX                                | 2          | TEARS PLUS                              | 111        | TEVA-ATENOL                           | 42         |
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| SUPREFACT DEPOT 2 MONTHS              | 17         | TECTA                                   | 119        | TEVA-ATORVASTATIN                     | 35         |
| SUPREFACT DEPOT 3 MONTHS              | 17         | TEGRETOL                                | 71         | TEVA-AZATHIOPRINE                     | 154        |
| SURE STEP                             | 101        | TEGRETOL CR                             | 71         | TEVA-AZITHROMYCIN                     | 3          |
| SURETEST (ON)                         | 101        | TELMISARTAN                             | 56         | TEVA-BENZYDAMINE                      | 109        |
| SUSTIVA                               | 10         | <b>TELMISARTAN</b>                      | <b>56</b>  | TEVA-BETAHISTINE                      | 148        |
| SUTENT                                | 19         | TELMISARTAN HCTZ                        | 56         | TEVA-BICALUTAMIDE                     | 17         |
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| SYNAREL                               | 126        | TELZIR                                  | 10         | TEVA-<br>BUPRENORPHINE/NALOXONE       | 68         |
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| SYNPHASIC 28                          | 125        | <b>TEMAZEPAM</b>                        | <b>93</b>  | TEVA-BUSPIRONE                        | 94         |
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| <b>TAMOXIFEN CITRATE</b>              | <b>19</b>  | TENDER-1 17MM/80CM                      | 156        | TEVA-CILAZAPRIL                       | 49         |
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| <b>TAMSULOSIN HCL</b>                 | <b>26</b>  | TENDER-2 "MINI" 13MM/60CM               | 156        | TEVA-CIMETINE                         | 117        |
| TANTAPHEN                             | 69         | TENDER-2 "MINI" 13MM/80CM               | 156        | TEVA-CIPROFLOXACIN                    | 6          |
| TAPAZOLE                              | 132        | TENDER-2 17MM/110CM                     | 156        | TEVA-CITALOPRAM                       | 77         |
| TARO-FLUCONAZOLE                      | 9          | TENDER-2 17MM/60CM                      | 156        | TEVA-CLARITHROMYCIN                   | 4          |
| TARCEVA                               | 17         | TENDER-2 17MM/80CM                      | 156        | TEVA-CLAVAMOXIN                       | 5          |
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| TARGEL SA                             | 140        | TENORETIC                               | 43         | TEVA-CLOBAZAM                         | 92         |
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| TARO-ANASTROZOLE                      | 17         | TERAZOL 7                               | 135        | TEVA-CLONAZEPAM                       | 70         |
| TARO-CARBAMAZEPINE                    | 71         | TERAZOSIN                               | 41         | TEVA-CLONIDINE                        | 39         |
| TARO-CARBAMAZEPINE CR                 | 71         | <b>TERAZOSIN HCL</b>                    | <b>41</b>  | TEVA-CLOPAMINE                        | 78         |
| TARO-CIPROFLOXACIN                    | 6          | TERBINAFINE                             | 8          | TEVA-CLOPIDOGREL                      | 32         |
| TARO-CLINDAMYCIN                      | 134        | <b>TERBINAFINE HCL</b>                  | <b>8</b>   | TEVA-CLOXIN                           | 5          |
| TARO-CLOBETASOL                       | 137        | <b>TERBUTALINE SULFATE</b>              | <b>25</b>  | TEVA-COMBO STERINEBS                  | 23         |
| TARO-DICLOFENAC                       | 60         | <b>TERCONAZOLE</b>                      | <b>135</b> | TEVA-CYCLOPRINE                       | 26         |
| TARO-DOCUSATE                         | 113        | TERSA-TAR                               | 140        | TEVA-CYPROTERONE/ETHINYL<br>ESTRADIOL | 155        |
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| TEVA-DICLOFENAC SR         | 60   | TEVA-ZOLMITRIPTAN OD            | 96         | <b>TRANDOLAPRIL</b>            | <b>53</b>  |
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| TEVA-DIMENATE              | 116  | THEOPHYLLINE                    | 144        | TRANSDERMAL NICOTINE           | 27         |
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| TEVA-DORZOTIMOL            | 110  | THIAMJECT                       | 145        | TRAVATAN Z                     | 111        |
| TEVA-DUTASTERIDE           | 150  | THIAMINE                        | 145        | TRAVEL AID                     | 116        |
| TEVA-EFAVIRENZ             | 10   | <b>THIAMINE</b>                 | <b>145</b> | TRAVEL TABLET                  | 116        |
| TEVA-ENTACAPONE            | 96   | <b>THIAMINE HCL</b>             | <b>145</b> | <b>TRAVOPROST</b>              | <b>111</b> |
| TEVA-ERLOTINIB             | 17   | <b>THIOGUANINE</b>              | <b>20</b>  | TRAZODONE                      | 82         |
| TEVA-ESCITALOPRAM          | 78   | <b>THIOPROPERAZINE MESYLATE</b> | <b>89</b>  | <b>TRAZODONE HCL</b>           | <b>82</b>  |
| TEVA-EXEMESTANE            | 18   | <b>THIOTHIXENE</b>              | <b>89</b>  | TRAZOREL                       | 82         |
| TEVA-EZETIMIBE             | 34   | THRIVE                          | 149        | TRELSTAR                       | 20         |
| TEVA-FENTANYL              | 64   | THYROGEN                        | 100        | TRELSTAR LA                    | 20         |
| TEVA-FLUTAMIDE             | 18   | <b>THYROID</b>                  | <b>132</b> | <b>TRETINOIN</b>               | <b>20</b>  |
| TEVA-FLUVASTATIN           | 35   | THYROID                         | 132        | TRIADERM                       | 139        |
| TEVA-GALANTAMINE ER        | 22   | <b>THYROTROPIN ALFA</b>         | <b>100</b> | TRIAMCINOLONE                  | 124        |
| TEVA-HYDROMORPHONE         | 65   | TIAMOL                          | 137        | <b>TRIAMCINOLONE ACETONIDE</b> | <b>108</b> |
| TEVA-IMATINIB              | 18   | <b>TIAPROFENIC ACID</b>         | <b>63</b>  | TRIAMCINOLONE ACETONIDE        | 124        |
| TEVA-IRBESARTAN            | 54   | TIAZAC                          | 47         | (5ML)                          |            |
| TEVA-IRBESARTAN/HCT        | 54   | TIAZAC XC                       | 48         | <b>TRIAMCINOLONE DIACETATE</b> | <b>124</b> |
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| TEVA-LAMIVUDINE/ZIDOVUDINE | 11   | TICLOPIDINE                     | 32         | <b>HYDROCHLOROTHAZIDE</b>      |            |
| TEVA-LATANOPROST/TIMOLOL   | 111  | <b>TICLOPIDINE HCL</b>          | <b>32</b>  | TRIADEC-30                     | 63         |
| TEVA-LETROZOLE             | 18   | TIMOLOL                         | 45         | <b>TRIAZOLAM</b>               | <b>94</b>  |
| TEVA-LOSARTAN              | 55   | <b>TIMOLOL MALEATE</b>          | <b>45</b>  | TRICIRA LO 21                  | 125        |
| TEVA-LOSARTAN HCTZ         | 55   | <b>TIMOLOL MALEATE,</b>         | <b>111</b> | TRICIRA LO 28                  | 125        |
| TEVA-METOPROL              | 44   | <b>TRAVOPROST</b>               |            | TRI-CYCLEN 21                  | 125        |
| TEVA-METOPROL-B            | 44   | TIMOLOL MALEATE-EX              | 110        | TRI-CYCLEN 28                  | 125        |
| TEVA-MODAFINIL             | 90   | TIMOPTIC                        | 110        | TRI-CYCLEN LO 21               | 125        |
| TEVA-MOXIFLOXACIN          | 7    | TIMOPTIC-XE                     | 110        | TRI-CYCLEN LO 28               | 125        |
| TEVA-MYCOPHENOLATE         | 154  | TINACTIN                        | 135        | TRIDESILON                     | 137        |
| TEVA-NABILONE              | 117  | TINACTIN AEROSOL                | 135        | TRIFLUOPERAZINE                | 89         |
| TEVA-NEVIRAPINE            | 11   | <b>TINZAPARIN SODIUM</b>        | <b>31</b>  | <b>TRIFLUOPERAZINE HCL</b>     | <b>89</b>  |
| TEVA-OMEPRAZOLE            | 119  | <b>TIOTROPIUM BROMIDE</b>       | <b>24</b>  | <b>TRIFLURIDINE</b>            | <b>108</b> |
| TEVA-PANTOPRAZOLE          | 119  | <b>MONOHYDRATE</b>              |            | TRIHEXYPHENIDYL                | 96         |
| MAGNESIUM                  |      | <b>TIPRANAVIR</b>               | <b>12</b>  | <b>TRIHEXYPHENIDYL HCL</b>     | <b>96</b>  |
| TEVA-PREGABALIN            | 74   | TIVICAY                         | 10         | <b>TRIMETHOPRIM</b>            | <b>16</b>  |
| TEVA-PROGESTERONE          | 132  | <b>TIZANIDINE HCL</b>           | <b>26</b>  | TRIMETHOPRIM                   | 16         |
| TEVA-QUETIAPINE XR         | 86   | TOBRADEX                        | 108        | TRIMETHOPRIM 10MG/ML           | 16         |
| TEVA-RIZATRIPTAN RDT       | 95   | <b>TOBRAMYCIN</b>               | <b>107</b> | TRIMIPRAMINE                   | 82         |
| TEVA-ROSUVASTATIN          | 37   | TOBRAMYCIN INJ.                 | 2          | <b>TRIMIPRAMINE MALEATE</b>    | <b>82</b>  |
| TEVA-SALBUTAMOL            | 25   | TOBEX                           | 107        | TRINIPATCH                     | 39         |
| TEVA-SIMVASTATIN           | 38   | <b>TOCILIZUMAB</b>              | <b>153</b> | <b>TRIPTORELIN PAMOATE</b>     | <b>20</b>  |
| TEVA-SOLIFENACIN           | 143  | TOLBUTAMIDE                     | 130        | TRIQUILAR 21                   | 125        |
| TEVA-TAMOXIFEN             | 19   | <b>TOLBUTAMIDE</b>              | <b>130</b> | TRIQUILAR 28                   | 125        |
| TEVA-TAMSULOSIN            | 26   | <b>TOLNAFTATE</b>               | <b>135</b> | TRI-VI-SOL                     | 147        |
| TEVA-TAMSULOSIN CR         | 26   | TOLOXIN                         | 33         | TRIZIVIR                       | 10         |
| TEVA-TELMISARTAN           | 56   | <b>TOLTERODINE</b>              | <b>143</b> | <b>TROPICAMIDE</b>             | <b>109</b> |
| TEVA-TELMISARTAN HCTZ      | 56   | <b>TOLTERODINE (EXTENDED</b>    | <b>143</b> | TROSEC                         | 143        |
| TEVA-TERAZOSIN             | 41   | <b>RELEASE)</b>                 |            | <b>TROSPIMUM CHLORIDE</b>      | <b>143</b> |
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| TEVA-TIMOL                 | 45   | TOPAMAX SPRINKLE                | 75         | TRUETRACK                      | 101        |
| TEVA-TOLTERODINE LA        | 143  | TOPICORT                        | 137        | TRUETRACK (ON)                 | 101        |
| TEVA-TRAVOPROST Z          | 111  | <b>TOPIRAMATE</b>               | <b>75</b>  | TRUSOPT                        | 110        |
| TEVA-VALACYCLOVIR          | 14   | TOPIRAMATE                      | 75         | TRUVADA                        | 10         |
| TEVA-VALGANCICLOVIR        | 15   | TOPIRAMATE 6MG/ML               | 71         | TUDORZA GENUAIR                | 23         |
| TEVA-VALSARTAN             | 57   | TOVIAZ                          | 143        | TWINJECT                       | 25         |

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| FASTMELTS                       |            | VENLAFAXINE XR                  | 82         | VOLTAREN                        | 60         |
| TYLENOL JUNIOR STRENGTH         | 69         | VENOFER                         | 29         | VOLTAREN SR                     | 60         |
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