



Saskatchewan
Ministry of
Health

Drug Plan

Formulary

Sixtieth Edition

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Updated quarterly



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Inquiries should be directed to:

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Drug Plan & Extended Benefits Branch
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Consumers.....	Toll Free.....	1-800-665-3784
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Website Address: www.usask.ca/druginfo

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Minister of Health

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PROGRAMS**

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***Please insert sticker updates in the section
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INTRODUCTION



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PREFACE

OBJECTIVES

The Drug Plan has been established to:

- provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness;
- reduce the direct cost of prescription drugs to Saskatchewan residents;
- reduce the cost of drug materials;
- encourage the rational use of prescription drugs.

THE FORMULARY

The Saskatchewan Formulary is a listing of the therapeutically effective drugs of proven high quality that have been approved for coverage under the Drug Plan. It is compiled by the Minister of Health with the advice of the Drug Advisory Committee of Saskatchewan (DACS) and is published annually, with regular updates.

The members of the DACS are appointed by the Minister of Health and provide independent, specialized advice on drug-related matters. The membership on the DACS is composed of two public representatives as well as clinical specialists in the areas of medicine, pharmacology, pharmacy, and economics.

The ongoing work of the DACS includes the evaluation of new products, as well as the re-evaluation of products as required. The goal is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients.

THE DRUG REVIEW PROCESS

Saskatchewan is participating in the Common Drug Review (CDR).

The CDR helps support and inform drug plan decisions about drugs by providing:

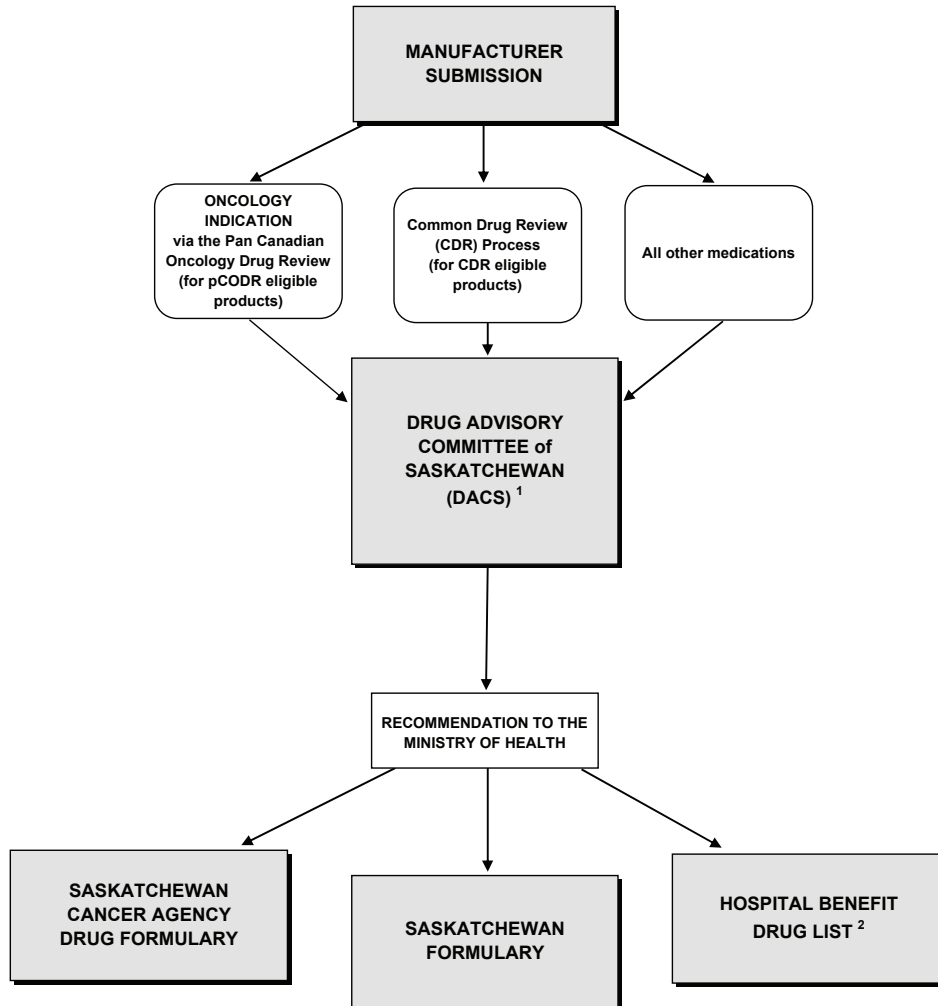
- systematic reviews of the clinical evidence
- reviews of the pharmacoeconomic information
- detailed recommendations by the Canadian Expert Drug Advisory Committee (CEDAC).

The drug plan continue to make final benefit-listing and coverage decisions, based on CEDAC recommendations, and jurisdictional factors, such as plan mandates, priorities, and resources.

For more information about the CDR and CEDAC, visit: <http://www.cadth.ca>.

Upon receipt of the CEDAC recommendation, the DACS will begin Saskatchewan's review. Using this information, along with additional details of anticipated cost and impact on patterns of practice, the DACS makes a recommendation to the Minister of Health. These recommendations reflect the "Policy for Inclusion of Products in the Saskatchewan Formulary" (see pages xi - xiii).

PRODUCT SUBMISSION PROCESS *



¹ The DACs provides independent, specialized advice on drug-related matters to the Minister of Health.

² All products listed in the Saskatchewan Formulary are benefits when used in the hospital setting.

* The majority of submissions for interchangeable generic drugs do not require committee review as the Executive Director of the Drug Plan has the authority to approve these products for coverage. More complex interchangeable drug submissions are reviewed by the drug review committee.

REQUEST FOR PRODUCT ASSESSMENT

Submission Process

Any supplier wishing to have products listed in the Saskatchewan Formulary, the Hospital Benefit Drug List or the Saskatchewan Cancer Agency Benefit List may submit requests for product assessment. The route a submission follows is determined by the indication of the products. There is no deadline date for submissions for listing in the Formulary. In general, submissions are reviewed in order of receipt.

Clinical Documentation

Single-Supplier Product Submissions

New Chemical Entities, New Combination Products and New Indications for Listed Products.

Saskatchewan is participating in the Common Drug Review (CDR) process. As a consequence, submissions for new chemical entities, new combination products and new indications for listed products should be made directly to CDR Directorate in accordance to the CDR Submission Guidelines as posted on the Canadian Agency for Drugs and Technologies in Health website <http://www.cadth.ca>.

Single Source Products That Do Not Contain New Chemical Entities

Saskatchewan Health will accept submissions of single source products that do not contain new chemical entities or new combinations and that will not fall under the jurisdiction of the CDR process; however, the same submission requirements as per CDR guidelines will apply to this category of products.

Line Extension Products

The following submission requirements pertain to new strengths and formulations or reformulations of drug products that are currently listed in the Saskatchewan Formulary.

1. Copy of NOC
2. Copy of completed Drug Identification Number (DIN) notification form
3. Copy of approved Product Monograph
4. Justification of the need for the Line Extension
5. Copy of Comprehensive Summary ("Clinical Studies" section only) or other document accepted by Health Canada and copies of critical studies that address key clinical issues relevant to the new strength, formulation or reformulation or evidence of formulation proportionality or bioequivalence data; and evidence of a similar dissolution profile.

Interchangeable Product Submissions

The following submission requirements pertain to multi-source products submitted for listing in an interchangeable grouping in the Saskatchewan Formulary.

- A. Drug products in solid oral dosage forms reviewed by the TPD according to the guidelines, "Conduct and Analysis of Bioavailability and Bioequivalence Studies - Part A and B" and have a Canadian Reference Product on the Notice of Compliance.
 1. Copy of NOC

2. Copy of completed Drug Identification Number (DIN) notification form
 3. Copy of approved Product Monograph
- Note: Comparative (Bio) studies may be requested on a case-by-case basis.
- B. Drug products in solid oral dosage forms reviewed by the TPD according to the guidelines "Conduct and Analysis of Bioavailability and Bioequivalence Studies - Report C.
1. Copy of NOC
 2. Copy of completed Drug Identification Number (DIN) notification form
 3. Copy of approved Product Monograph
- Note: Comparative (Bio) studies may be requested on a case-by-case basis.
- C. Drug Products that are cross-referenced
1. Copy of NOC
 2. Copy of completed Drug Identification Number (DIN) notification form
 3. Copy of approved Product Monograph
 4. Letters from both the manufacturer of the submitted product and the manufacturer of the cross-licensed product, confirming that the two products are identical in all aspects, except for embossing and labelling.
- D. Drug products in Aqueous Solutions (e.g. oral, ophthalmics, inhalation, injections) that have a Canadian Reference Product on the Notice of Compliance.
1. Copy of NOC
 2. Copy of completed Drug Identification Number (DIN) notification form
 3. Copy of approved Product Monograph
- Note: Comparative (Bio) studies may be requested on a case-by-case basis.
- E. Drug products in semi-solid formulations (e.g. creams, ointments)
1. Copy of NOC
 2. Copy of completed Drug Identification Number (DIN) notification form
 3. Copy of approved Product Monograph
- Note: Comparative (Bio) studies may be requested on a case-by-case basis.

Drug Products Without a Canadian Reference Product

The following submission requirements pertain to products submitted for listing in an interchangeable grouping where the active ingredient is designated as an "old drug" by the TPD and the drug product is approved on the basis of DIN application (i.e. an NOC is not issued) or is issued a Notice of Compliance without a Canadian Reference Product.

- A. Drug products in solid dosage forms
1. Copy of completed Drug Identification Number (DIN) notification form
 2. Copy of approved Product Monograph or Prescribing Information
 3. Executive summary of comparative bioavailability study or pharmacodynamic study or studies conducted in accordance with the TPD guidelines, "Conduct and Analysis of Bioavailability and Bioequivalence studies - Part A and B and Report C.

B. Drug Products Not in Solid Oral Dosage Form

1. Copy of completed Drug Identification Number (DIN) notification form
2. Copy of approved Product Monograph or Prescribing Information
3. Executive summary of comparative Bioavailability study or pharmacodynamic study or studies conducted in accordance with the TPD guidelines or surrogate comparisons with the reference drug product (i.e. in vivo or vitro test methods or a pharmacodynamic or therapeutic equivalence study).

C. Drug Products That Are Cross-Referenced

1. Copy of completed Drug Identification Number (DIN) notification form
2. Copy of approved Product Monograph or Prescribing Information
3. Letters from both the manufacturer of the submitted product and the manufacturer of the cross-licensed product, confirming that the two products are identical in all aspects, except for embossing and labelling.

Clinical documentation in support of products to be reviewed may be submitted at any time. The committees meet on a regular basis and will review submission as quickly as possible upon receipt. Details of the criteria for product listings are published in each edition of the Formulary and in regular updates to the Formulary.

Notification is required whenever there is a change in formulation or in the clinical information published in the product monograph, for any listed product as well as for any product under review.

Manufacturing Documentation

A copy of completed and approved Certified Product Information Document (C.P.I.D.) should be submitted with the clinical documentation if possible, but will be accepted at a later date.

Economic Evaluation

Price information including current price list and/or catalogue should be provided at the time of product submission.

Submission of pharmacoeconomic analyses are encouraged. The National Pharmacoeconomic Guidelines serve as a guide. The Formulary Committee will routinely consider direct "medical" costs such as:

- impact on laboratory tests for monitoring, evaluation or diagnosis
- impact on physician office visits
- impact on hospitalization or institutionalization
- impact on surgical procedures
- increased or decreased incidence and severity of side effects.

The availability of quality-of-life analyses is encouraged. Submission of a budget impact analyses for Saskatchewan Health is required.

Additional Documentation Required:

- A letter authorizing unrestricted communication regarding the drug product between the Saskatchewan Prescription Drug Plan and:
 1. Participating federal/provincial/territorial (F/P/T) drug plans

2. F/P/T governments, including their agencies and departments
 3. F/P/T health authorities (including regional authorities and related facilities)
 4. Health Canada
 5. Patented Medicine Prices Review Board (PMPRB)
 6. Canadian Agency for Drugs and Technology in Health (CADTH)
- Expected market share information is requested to allow for an accurate projection of the impact of a new product.
 - Product patent expiration date is requested to allow for consideration of the potential long-term economic impact of the product.
 - Copies of the initial product launch material, and any subsequent promotional material sent to physicians and pharmacists.
 - A letter confirming the ability to supply product.

Submission Procedure

Requests for product assessment, together with complete documentation as noted above should be sent to:

Dr. Lorne Davis, Pharmacologist
 Department of Pharmacology, College of Medicine
 University of Saskatchewan, 107 Wiggins Road
 Saskatoon, Saskatchewan S7N 5E5

With a complete copy sent to:

Director, Pharmaceutical Services, Ministry of Health
 Drug Plan and Extended Benefits Branch
 2nd Floor, 3475 Albert Street
 Regina, Saskatchewan S4S 6X6

NOTES CONCERNING THE FORMULARY

Benefits

The Saskatchewan Formulary lists the drugs, which are covered by the Drug Plan. A prescription is required for all drugs dispensed under the Drug Plan with the exception of insulin, blood-testing agents, urine-testing agents, syringes, needles, lancets and swabs used by diabetic patients. Certain drugs are covered under the Exception Drug Status Program (EDS) and require that specific medical criteria are met before coverage is granted. See Appendix A for more information regarding EDS.

Eligibility

With a few exceptions, all Saskatchewan residents with a valid Saskatchewan Health Services card are eligible for coverage under the Drug Plan. The exceptions include those who have prescription costs paid by another agency. For example:

- Health Canada; First Nations and Inuit Health Branch
- Workers' Compensation Board

- Veterans Affairs Canada
- members of the Royal Canadian Mounted Police
- members of the Canadian Forces
- inmates of Federal Penitentiaries

Policy for Inclusion of Products in the Saskatchewan Formulary

1. Only products produced by manufacturers approved by Health Canada will be considered.
2. Only drug products formulated and produced in accordance with sound manufacturing principles and found to comply with official standards will be considered.
3. Only drug products which are valid therapeutic agents, with proven clinical effectiveness, for the diagnosis, prevention or treatment of mental or physical disorders will be listed. The availability of suitable alternative agents, and potential for undesirable effects will be considered.

The medical literature and clinical studies are reviewed and evaluated to determine if the drug product is therapeutically effective for the treatment of the conditions for which the drug is indicated.

The clinical literature is also reviewed to determine the therapeutic advantages or disadvantages in relation to alternative agents, which may or may not be listed in the Saskatchewan Formulary.

The rate and severity of potential undesirable effects are reviewed and compared with those for alternative products.

In reviewing products for which suitable alternatives are listed in the Formulary, consideration will be given to the following additional criteria:

- clinical documentation must clearly demonstrate therapeutic advantages such as:
 - more effective for treatment of the condition(s) for which the drug is intended;
 - increased safety as shown by reduced toxicity and reduced incidence of adverse reactions and/or side effects;
 - improved dosing schedule;
 - reduced potential for abuse or inappropriate use;
- OR
- anticipated cost of a product of equivalent therapeutic effectiveness must offer a potential economic advantage over listed alternatives.

4. The cost of therapy relative to the clinical efficacy is reviewed and compared to the cost of therapy relative to the clinical efficacy of alternative agents.

An increased cost may be justified if the drug product produces better clinical results in a significant portion of the patient population, demonstrates fewer or less severe undesirable effects, or has a dosage regime which improves patient compliance.

The cost of oral combination products relative to the combined costs of the single entities, the cost of the various dosage strengths relative to therapeutic advantages, and the cost of additional dosage forms relative to the therapeutic advantages will be considered when reviewing such products.

5. Some drug products will not be listed as regular benefits, but may be made available on Exception Drug Status for treatment of selected clinical indications. (See Appendix A)
6. Combination products are required to meet the following additional criteria:
 - each component must make a contribution to the claimed effect;
 - the dosage of each component (amount, frequency, duration of therapeutic effect) must be such that the combination is safe and effective for a significant patient population, requiring such concurrent therapy as defined in the labelling;

A component may be added to:

 - enhance safety or effectiveness of the principal active ingredient;
 - minimize the potential for abuse of the principal active ingredient.
 - combination fixed ratio must be "right" for:
 - significant portion of patients;
 - significant amount of natural history of disease.
7. Sustained, prolonged or delayed release dosage forms are required to meet the following additional criteria:
 - clinical studies have demonstrated the sustained, prolonged or delayed action of the active ingredient;
 - the dosage form possesses therapeutic advantages in the treatment of the disease entity for which the product is indicated;
8. The various strengths of one dosage form will be considered if they possess therapeutic advantages and meet the required standards for quality and cost.
9. The various dosage forms of a drug product will be evaluated individually.
10. Drug products not listed in the Schedules of the Food and Drugs Act, Narcotic Control Act or the Saskatchewan Pharmacy Act, but usually sold on prescription, will be considered for inclusion.
11. Products which contain the same amount of the same active ingredient in an equivalent dosage form and are of acceptable equivalent therapeutic effectiveness will be listed as interchangeable.
12. The following will not be listed:
 - fertility agents;
 - drugs used in erectile dysfunction;
 - certain over-the-counter preparations;
 - drugs used primarily in hospitals;
 - antineoplastic agents (these are provided to patients through the Saskatchewan Cancer Agency);
 - anti-tuberculosis drugs;
 - blood derivatives - immune serum globulin for prophylaxis against infectious hepatitis or measles or for treatment of immune deficiency disease is available from the Health Offices.
 - vaccines and sera - most immunological agents are available from the Health Offices.
 - safety engineered syringes

13. Drug products identified by trade names deemed to be inappropriate, confusing and/or misleading may not be listed. Some examples include:
 - products with similar or identical trade names but containing different active ingredients;
 - products with a different strength of ingredient, manufactured by the same supplier, but with a different trade name.

Policy for Formulary Deletion

The Minister of Health may delete any product from the Saskatchewan Formulary under the following circumstances:

1. Upon the recommendation of the DACS:
 - where the standards of quality and/or production have altered and are not considered to meet accepted standards;
 - where new information demonstrates that the product does not have adequate therapeutic benefit;
 - where undesirable effects of the product make the continued listing of the product inappropriate;
 - where new products possessing clearly demonstrated therapeutic advantages have been listed, thereby making the continued listing of the product unnecessary.
2. Upon the recommendation of the Drug Plan where there are undesirable financial, supply or administrative implications to continued listing of a product, the Drug Plan will consult with the DACS prior to making a recommendation. The comments of the Committee will be brought to the attention of the Minister.
3. Where the Minister of Health believes a product should be deleted, the Minister will consult with the DACS before making a final decision.

Exception Drug Status

Certain drug products may be considered for Exception Drug Status coverage under one or more of the following circumstances:

- the drug is ordinarily administered only to hospital inpatients and is being administered outside of a hospital because of unusual circumstances;
- the drug is not ordinarily prescribed or administered in Saskatchewan but is being prescribed because it is required in the diagnosis or treatment of a patient having an illness, disability or condition rarely found in this province;
- the drug is infrequently used since therapeutic alternatives listed in the Formulary are usually effective but are contraindicated or found to be ineffective because of the clinical condition of the patient;
- the drug has been deleted from the Formulary, but is required by patients who were previously stabilized on the drug;
- the drug has potential for use in other than approved indications;
- the drug has potential for the development of widespread inappropriate use;
- the drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications.

The following information is required to process Exception Drug Status requests:

- * patient name
- * patient Health Services Number (9 digits)
- * name of drug
- * diagnosis relevant to use of drug
- * prescriber name
- * prescriber phone number

Saskatchewan Prescription Drug Plan policy does not allow a fee to be charged to clients for Exception Drug Status applications made to the Drug Plan on the client's behalf.

See Appendix A for further details regarding Exception Drug Status.

"No Substitution" Prescriptions

Drug Plan benefits will be based only on the lowest priced interchangeable brand as listed in the Formulary or sticker updates. Credit towards established deductibles or thresholds (for income based drug coverage under Special Support) will also be based on the lowest priced interchangeable brand. Although the Formulary will continue to list all approved brands, patients will, in addition to their normal share of cost, be responsible for any incremental cost associated with the selection of a higher cost brand.

It is important to note that both generic and brand name products are manufactured under the same standards of good manufacturing practice, and that only those brands, which meet the standards for bioequivalence, are accepted as interchangeable in Saskatchewan..

In cases where a patient experiences problems with a specific brand of a medication, a prescriber may make application for exemption from the cost of the "no sub" brand. (See Appendix C for details.)

Adverse Drug Reactions

Health Canada encourages the reporting of suspected adverse reactions. Saskatchewan prescribers, pharmacists, and other health professionals are encouraged to participate in the **Canada Vigilance Program**; see Supplementary Information at the back of the book.

Index

Drug products are listed alphabetically by generic name and brand name at the back of the Formulary (see grey screened pages).

Pharmacologic-Therapeutic Classification of Drugs

The drugs are classified according to the pharmacologic-therapeutic classification developed by the American Society of Health System Pharmacists for the purpose of the American Hospital Formulary Service.

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 or excerpts from the original content.

Within each therapeutic classification the drugs are listed alphabetically according to their generic names. Under each drug, acceptable products are listed. Drugs with multiple uses may be listed in one or more classes.

Prescription Quantities

The Drug Plan places no limitation on the quantities of drugs that may be prescribed. Prescribers shall exercise their professional judgment in determining the course and duration of treatment for their patients. However, in most cases, the Drug Plan will not pay benefits or credit deductibles for more than a 3-month supply of a drug at one time.

The quantity dispensed for one dispensing fee shall be determined by the terms of the contract in force when the prescription was dispensed. For drugs listed on the *Two Month* and *100 Day* maintenance drug lists, refer to Appendix E. Because of possible waste and the potential danger of storing large quantities of potent drugs in the home, the Drug Plan does not encourage the dispensing of unreasonably large quantities of prescription drugs.

Release of Patient Drug Profiles

Saskatchewan prescribers or pharmacists wishing to obtain a drug profile for patients in their care may do so by submitting a written request, stating the patient's name, address, date of birth and Health Services Number to the address below. The drug profile will include all claims for Formulary and Exception Drug Status drugs submitted to the Drug Plan on behalf of the patient in the previous 9-12 months.

Please submit written request to:

Executive Director
Drug Plan & Extended Benefits Branch
Ministry of Health
2nd Floor, 3475 Albert Street
Regina SK S4S 6X6

FAX: (306) 787-8679



LEGEND



LEGEND

- 1 Pharmacological-Therapeutic classification.
- 2 Pharmacological-Therapeutic sub-classification.
- 3 Nonproprietary or generic name of the drug.
- 4 An asterisk (*) to the left of a drug strength and dosage form indicates that the products listed below are interchangeable.
- 5 An asterisk (*) to the right of a price indicates that the Drug Plan has negotiated a contract price (Standing Offer Contract - SOC) for that product. Pharmacists will dispense these products except where a prescriber indicates "no substitution" for a product in an interchangeable category (see page xiv). In cases where contracts have been negotiated with two suppliers of an interchangeable product, either brand may be used.
- 6 The following symbol:☒, to the left of a drug strength and dosage form indicates that the products listed below are NOT interchangeable.
- 7 This product requires Exception Drug Status (EDS) approval (see Appendix A for EDS criteria).
- 8 The price published in the formulary includes a wholesale mark-up, and is the maximum price accepted (at time of publication) expressed as decimal dollars. Pharmacies are required by contract to submit their actual acquisition cost of the drug, which may be less than the published formulary price. For the most up to date information on formulary drug prices refer to the online formulary at <http://formulary.drugplan.health.gov.sk.ca>
- 9 The Drug Identification Number (DIN), which has been assigned by Health Canada, uniquely identifies the drug product and its manufacturer, name and strength of active ingredients, route of administration, and pharmaceutical dosage form. In some cases, as noted in the formulary, identification numbers are generated by the Drug Plan for billing purposes only.
- 10 Drug strength and dosage form.
- 11 The Natural Product Number (NPN), which has been assigned by Health Canada, uniquely identifies the natural product and its manufacturer, name and strength of active ingredients, route of administration, and pharmaceutical dosage form.
- 12 All active ingredients of combination products are listed.
- 13 Strengths of active ingredients are listed in the same order as the ingredients. This example indicates that the tablet contains 100mg of levodopa and 25mg of carbidopa.
- 14 Brand name of drug.
- 15 Three letter identification code assigned to each manufacturer. The codes are listed in Appendix H near the back of the Formulary.
- 16 The size of vials or ampoules of injectables is listed in brackets.
- 17 The size of a tube of ophthalmic ointment is listed in brackets.
- 18 This product is affected by the Maximum Allowable Cost (MAC) Policy (see Appendix I for MAC policy information).

1 → 08:00 ANTI-INFECTIVE AGENTS

2 → 08:12.24 ANTIBIOTICS (TETRACYCLINES)

3 → DOXYCYCLINE

4 → * 100MG CAPSULE

02044668	NU-DOXYCYCLINE	NXP	\$	0.5094	* ← 5
00740713	APO-DOXY	APX		0.5860	
00817120	DOXYCIN	GPM		0.5860	
0228957	MF-DOXYCYCLINE	PMS		0.5860	
0228957	DOM-DOXYCYCLINE	RPH		0.6153	
00024768	VIB-DOXYCIN	PFI		1.9125	

6 → SOMATROPIN

7 → 10MG INJECTION (VIAL)

02229722	NUTROPIN AQ (EDS) ← 7	HLR		396.1100 ← 8
02216191	NUTROPIN (EDS)	HLR		422.5500

11 → PYRIDOXINE HCL

* 25MG TABLET ← 10

80002890	JAMP-VITAMIN B6	JPC	\$	0.0293
01943200	VITAMIN B6	ODN		0.0326

12 → LEVODOPA/CARBIDOPA

* 100MG/25MG TABLET ← 13

02182823	NU-LEVOCARB	NXP		0.3532
02195941	APO-LEVOCARB ← 14	APX		0.3532
02244495	NOVO-LEVOCARBIDOPA	NOP		0.3532
00513997	SINEMET	15 → BMY		0.7044

16 → FLUPENTHIXOL DECANOATE

20MG/ML INJECTION SOLUTION (ML) ← 16

02156032	FLUANXOL DEPOT	LUD	\$	7.8012
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17 → GENTAMICIN SO4

* 5MG/G OPHTHALMIC OINTMENT (3.5G) ← 17

02230888	SANDOZ GENTAMICIN	SDZ		4.0000
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18 → ESOMEPRAZOLE MAGNESIUM TRIHYDRATE (MAC) ← 18

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

20MG DELAYED RELEASE TABLET

02244521	NEXIUM (EDS)	AST	\$	2.2785
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40MG DELAYED RELEASE TABLET

02244522	NEXIUM (EDS)	AST	\$	2.2785
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ANTI-INFECTIVE AGENTS

8:00



08:00 ANTI-INFECTIVE AGENTS

08:04.00 AMEBICIDES

DIIDOXYHYDROXYQUIN

650MG TABLET

01997750 DIODOQUIN GLW \$ 0.7873

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734 VERMOX JAN \$ 3.9928

PRAZIQUANTEL

600MG TABLET

02230897 BILTRICIDE BAY \$ 6.4240

PYRANTEL PAMOATE

125MG TABLET

01944363 COMBANTRIN MCL \$ 1.1348

50MG/ML ORAL SUSPENSION

01944355 COMBANTRIN MCL \$ 0.3026

08:12.02 ANTIBIOTICS (AMINOGLYCOSIDES)

GENTAMICIN SO4

40MG/ML INJECTION SOLUTION (2ML)

02242652 GENTAMICIN SDZ \$ 5.2400

TOBRAMYCIN

SEE APPENDIX A FOR EDS CRITERIA

60MG/ML INHALATION SOLUTION (5ML)

02239630 TOBI (EDS) NVR \$ 51.3400

08:00 ANTI-INFECTIVE AGENTS

08:12.04 ANTIBIOTICS (ANTIFUNGALS)

FLUCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

* 150MG CAPSULE

02241895	APO-FLUCONAZOLE	APX	\$	9.1900
02245697	MYLAN-FLUCONAZOLE	MYL		9.1900
02282348	PMS-FLUCONAZOLE	PMS		9.1900
02323419	CO FLUCONAZOLE-150	COB		9.1900
02141442	DIFLUCAN	PFI		16.4269

* 50MG TABLET

02236978	NOVO-FLUCONAZOLE (EDS)	NOP	\$	3.1266
02237370	APO-FLUCONAZOLE (EDS)	APX		3.1266
02245292	MYLAN-FLUCONAZOLE (EDS)	MYL		3.1266
02245643	PMS-FLUCONAZOLE (EDS)	PMS		3.1266
02281260	CO FLUCONAZOLE (EDS)	COB		3.1266
02246108	DOM-FLUCONAZOLE (EDS)	DOM		3.2830

* 100MG TABLET

02236979	NOVO-FLUCONAZOLE (EDS)	NOP	\$	5.5466
02237371	APO-FLUCONAZOLE (EDS)	APX		5.5466
02245293	MYLAN-FLUCONAZOLE (EDS)	MYL		5.5466
02245644	PMS-FLUCONAZOLE (EDS)	PMS		5.5466
02281279	CO FLUCONAZOLE (EDS)	COB		5.5466
02246109	DOM-FLUCONAZOLE (EDS)	DOM		5.8240

10MG/ML POWDER FOR ORAL SUSPENSION

02024152	DIFLUCAN P.O.S. (EDS)	PFI	\$	1.0953
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ITRACONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02047454	SPORANOX (EDS)	JAN	\$	4.3346
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10MG/ML ORAL SOLUTION

02231347	SPORANOX (EDS)	JAN	\$	0.8496
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KETOCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

* 200MG TABLET

02122197	NU-KETOCON (EDS)	NXP	\$	1.1835
02231061	NOVO-KETOCONAZOLE (EDS)	NOP		1.1835
02237235	APO-KETOCONAZOLE (EDS)	APX		1.1835

NYSTATIN

500,000U TABLET

02194198	RATIO-NYSTATIN	RPH	\$	0.2400
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* 100,000U/ML ORAL SUSPENSION

02194201	RATIO-NYSTATIN	RPH	\$	0.0521
00792667	PMS-NYSTATIN	PMS		0.0592
02125145	DOM-NYSTATIN	DOM		0.0621

08:00 ANTI-INFECTIVE AGENTS

08:12.04 ANTIBIOTICS (ANTIFUNGALS)

TERBINAFINE HCL

* 250MG TABLET

02248845	NU-TERBINAFINE	NXP	\$	2.1944 *
02239893	APO-TERBINAFINE	APX		2.5245
02240807	PMS-TERBINAFINE	PMS		2.5245
02242503	MYLAN-TERBINAFINE	MYL		2.5245
02254727	CO TERBINAFINE	COB		2.5245
02262177	SANDOZ TERBINAFINE	SDZ		2.5245
02294273	PMS-TERBINAFINE	PMS		2.5245
02240346	NOVO-TERBINAFINE	NOP		2.5247
02031116	LAMISIL	NVR		4.6160

VORICONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

02256460 VFEND (EDS) PFI \$ 13.1347

200MG TABLET

02256479 VFEND (EDS) PFI \$ 49.7360

08:12.06 ANTIBIOTICS (CEPHALOSPORINS)

CEFIXIME

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

00868981 SUPRAX (EDS) AVT \$ 3.7216

20MG/ML ORAL SUSPENSION

00868965 SUPRAX (EDS) AVT \$ 0.4330

CEFPROZIL

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02292998 APO-CEFPROZIL (EDS) APX \$ 1.1329

02293528 RAN-CEFPROZIL (EDS) RAN 1.1329

02302179 SANDOZ CEFPROZIL (EDS) SDZ 1.1329

02163659 CEFZIL (EDS) BMY 1.8800

* 500MG TABLET

02293005 APO-CEFPROZIL (EDS) APX \$ 2.2214

02293536 RAN-CEFPROZIL (EDS) RAN 2.2214

02302187 SANDOZ CEFPROZIL (EDS) SDZ 2.2214

02163667 CEFZIL (EDS) BMY 3.6862

08:00 ANTI-INFECTIVE AGENTS

08:12.06 ANTIBIOTICS (CEPHALOSPORINS)

* 25MG/ML ORAL SUSPENSION

02293943	APO-CEFPROZIL (EDS)	APX	\$	0.1107
02303426	SANDOZ CEFPROZIL (EDS)	SDZ		0.1107
02163675	CEFZIL (EDS)	BMY		0.1837

* 50MG/ML ORAL SUSPENSION

02293579	RAN-CEFPROZIL (EDS)	RAN	\$	0.2214
02293951	APO-CEFPROZIL (EDS)	APX		0.2214
02303434	SANDOZ CEFPROZIL (EDS)	SDZ		0.2214
02163683	CEFZIL (EDS)	BMY		0.3675

CEFUROXIME AXETIL

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02242656	RATIO-CEFUROXIME (EDS)	RPH	\$	1.0132
02244393	APO-CEFUROXIME (EDS)	APX		1.0132
02212277	CEFTIN (EDS)	GSK		1.7563

* 500MG TABLET

02242657	RATIO-CEFUROXIME (EDS)	RPH	\$	2.0072
02244394	APO-CEFUROXIME (EDS)	APX		2.0072
02212285	CEFTIN (EDS)	GSK		3.4793

25MG/ML ORAL SUSPENSION

02212307	CEFTIN (EDS)	GSK	\$	0.1897
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CEPHALEXIN MONOHYDRATE

250MG CAPSULE

00342084	NOVO-LEXIN	NOP	\$	0.2250
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500MG CAPSULE

00342114	NOVO-LEXIN	NOP	\$	0.4500
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* 250MG TABLET

00865877	NU-CEPHALEX	NXP	\$	0.1918 *
00583413	NOVO-LEXIN	NOP		0.2250
00768723	APO-CEPHALEX	APX		0.2250

* 500MG TABLET

00865885	NU-CEPHALEX	NXP	\$	0.3833 *
00583421	NOVO-LEXIN	NOP		0.4500
00768715	APO-CEPHALEX	APX		0.4500

25MG/ML ORAL SUSPENSION

00342106	NOVO-LEXIN	NOP	\$	0.0845
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50MG/ML ORAL SUSPENSION

00342092	NOVO-LEXIN	NOP	\$	0.1327
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08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS (MACROLIDES)

AZITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02247423	APO-AZITHROMYCIN (EDS)	APX	\$	3.1084
02255340	CO AZITHROMYCIN (EDS)	COB		3.1084
02261634	PMS-AZITHROMYCIN (EDS)	PMS		3.1084
02265826	SANDOZ AZITHROMYCIN (EDS)	SDZ		3.1084
02267845	NOVO-AZITHROMYCIN (EDS)	NOP		3.1084
02275287	RATIO-AZITHROMYCIN (EDS)	RPH		3.1084
02278359	MYLAN-AZITHROMYCIN (EDS)	MYL		3.1084
02278499	DOM-AZITHROMYCIN (EDS)	DOM		3.2634
02212021	ZITHROMAX (EDS)	PFI		5.4457

* 600MG TABLET

02256088	CO AZITHROMYCIN (EDS)	COB	\$	7.6250
02261642	PMS-AZITHROMYCIN (EDS)	PMS		7.6250
02278502	DOM-AZITHROMYCIN (EDS)	DOM		8.0062
02231143	ZITHROMAX (EDS)	PFI		13.0693

* 20MG/ML ORAL SUSPENSION

02274388	PMS-AZITHROMYCIN (EDS)	PMS	\$	0.7467
02315157	NOVO-AZITHROMYCIN (EDS)	NOP		0.7467
02332388	SANDOZ AZITHROMYCIN (EDS)	SDZ		0.7467
02223716	ZITHROMAX (EDS)	PFI		1.1769

* 40MG/ML ORAL SUSPENSION

02274396	PMS-AZITHROMYCIN (EDS)	PMS	\$	1.0580
02315165	NOVO-AZITHROMYCIN (EDS)	NOP		1.0580
02332396	SANDOZ AZITHROMYCIN (EDS)	SDZ		1.0580
02223724	ZITHROMAX (EDS)	PFI		1.6681

CLARITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02247573	PMS-CLARITHROMYCIN (EDS)	PMS	\$	1.1005
02247818	RATIO-CLARITHROMYCIN (EDS)	RPH		1.1005
02248856	MYLAN-CLARITHROMYCIN (EDS)	MYL		1.1005
02266539	SANDOZ CLARITHROMYCIN (EDS)	SDZ		1.1005
02274744	APO-CLARITHROMYCIN (EDS)	APX		1.1005
01984853	BIAXIN BID (EDS)	ABB		1.7889

* 500MG TABLET

02247574	PMS-CLARITHROMYCIN (EDS)	PMS	\$	2.2009
02247819	RATIO-CLARITHROMYCIN (EDS)	RPH		2.2009
02248857	MYLAN-CLARITHROMYCIN (EDS)	MYL		2.2009
02266547	SANDOZ CLARITHROMYCIN (EDS)	SDZ		2.2009
02274752	APO-CLARITHROMYCIN (EDS)	APX		2.2009
02126710	BIAXIN BID (EDS)	ABB		3.5357

08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS (MACROLIDES)

<i>500MG EXTENDED-RELEASE TABLET</i>				
02244756 BIAXIN XL (EDS)	ABB	\$		2.7282
<i>25MG/ML ORAL SUSPENSION</i>				
02146908 BIAXIN (EDS)	ABB	\$		0.3084
<i>50MG/ML ORAL SUSPENSION</i>				
02244641 BIAXIN (EDS)	ABB	\$		0.6199

ERYTHROMYCIN BASE

<i>250MG TABLET</i>				
00682020 APO-ERYTHRO-BASE	APX	\$		0.1828
<i>250MG CAPSULE (ENTERIC COATED PELLETS)</i>				
00607142 ERYC	PFI	\$		0.5434
<i>333MG CAPSULE (ENTERIC COATED PELLETS)</i>				
00873454 ERYC	PFI	\$		0.6036

ERYTHROMYCIN ESTOLATE

<i>50MG/ML ORAL SUSPENSION</i>				
00262595 NOVO-RYTHRO ESTOLATE	NOP	\$		0.1212

ERYTHROMYCIN ETHYLSUCCINATE

<i>40MG/ML ORAL SUSPENSION</i>				
00605859 NOVO-RYTHRO ETHYLSUCCINATE	NOP	\$		0.0923
<i>80MG/ML ORAL SUSPENSION</i>				
00652318 NOVO-RYTHRO ETHYLSUCCINATE	NOP	\$		0.1398

ERYTHROMYCIN STEARATE

<i>250MG TABLET</i>				
00545678 APO-ERYTHRO-S	APX	\$		0.2118

TELITHROMYCIN

<i>SEE APPENDIX A FOR EDS CRITERIA</i>				
<i>400MG TABLET</i>				
02247520 KETEK (EDS)	AVT	\$		3.5230

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

AMOXICILLIN (AMOXYCILLIN)

* 250MG CAPSULE

00865567	NU-AMOXI	NXP	\$	0.1522 *
00406724	NOVAMOXIN	NOP		0.1754
00628115	APO-AMOXI	APX		0.1754
02230243	PMS-AMOXICILLIN	PMS		0.1754
02238171	MYLAN-AMOXICILLIN	MYL		0.1754

* 500MG CAPSULE

00865575	NU-AMOXI	NXP	\$	0.2971 *
00406716	NOVAMOXIN	NOP		0.3417
00628123	APO-AMOXI	APX		0.3417
02230244	PMS-AMOXICILLIN	PMS		0.3417
02238172	MYLAN-AMOXICILLIN	MYL		0.3417

125MG CHEWABLE TABLET

02036347	NOVAMOXIN	NOP	\$	0.4167
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250MG CHEWABLE TABLET

02036355	NOVAMOXIN	NOP	\$	0.6138
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* 25MG/ML ORAL SUSPENSION

00865540	NU-AMOXI	NXP	\$	0.0307 *
00628131	APO-AMOXI	APX		0.0353
02230245	PMS-AMOXICILLIN	PMS		0.0353
00452149	NOVAMOXIN	NOP		0.0360

* 50MG/ML ORAL SUSPENSION

00865559	NU-AMOXI	NXP	\$	0.0470 *
00452130	NOVAMOXIN	NOP		0.0540
00628158	APO-AMOXI	APX		0.0540
02230246	PMS-AMOXICILLIN	PMS		0.0540

AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE

SEE APPENDIX A FOR EDS CRITERIA

250MG/125MG TABLET

02243350	APO-AMOXI CLAV (EDS)	APX	\$	0.9375
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* 500MG/125MG TABLET

02243351	APO-AMOXI CLAV (EDS)	APX	\$	0.9342
02243771	RATIO-ACLAVULANATE (EDS)	RPH		0.9342
01916858	CLAVULIN-500 (EDS)	GSK		1.6061

* 875MG/125MG TABLET

02245623	APO-AMOXI CLAV (EDS)	APX	\$	1.2610
02247021	RATIO-ACLAVULANATE (EDS)	RPH		1.2610
02248138	NOVO-CLAVAMOXIN (EDS)	NOP		1.2610
02238829	CLAVULIN-875 (EDS)	GSK		2.4092

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

<i>* 25MG/6.25MG/ML ORAL SUSPENSION</i>				
02243986	APO-AMOXI CLAV (EDS)	APX	\$	0.0724
02244646	RATIO-ACLAVULANATE (EDS)	RPH		0.0724
01916882	CLAVULIN-125F (EDS)	GSK		0.1270
<i>40MG/5.3MG/ML ORAL SUSPENSION</i>				
02238831	CLAVULIN-200 (EDS)	GSK	\$	0.1563
<i>* 50MG/12.5MG/ML ORAL SUSPENSION</i>				
02243987	APO-AMOXI CLAV (EDS)	APX	\$	0.1218
02244647	RATIO-ACLAVULANATE (EDS)	RPH		0.1218
01916874	CLAVULIN-250F (EDS)	GSK		0.2182
<i>* 80MG/11.4MG/ML ORAL SUSPENSION</i>				
02288559	APO-AMOX CLAV (EDS)	APX	\$	0.1969
02238830	CLAVULIN-400 (EDS)	GSK		0.2987

AMPICILLIN

<i>250MG CAPSULE</i>				
00020877	NOVO-AMPICILLIN	NOP	\$	0.3180
<i>500MG CAPSULE</i>				
00020885	NOVO-AMPICILLIN	NOP	\$	0.6166

CLOXACILLIN

<i>* 250MG CAPSULE</i>				
00337765	NOVO-CLOXIN	NOP	\$	0.1850
00618292	APO-CLOXI	APX		0.1850
00717584	NU-CLOXI	NXP		0.1850
<i>* 500MG CAPSULE</i>				
00618284	APO-CLOXI	APX	\$	0.3675
00717592	NU-CLOXI	NXP		0.3675
00337773	NOVO-CLOXIN	NOP		0.3697
<i>* 25MG/ML ORAL LIQUID</i>				
00337757	NOVO-CLOXIN	NOP	\$	0.0450
00644633	APO-CLOXI	APX		0.0450
00717630	NU-CLOXI	NXP		0.0450

PENICILLIN V (POTASSIUM)

<i>* 300MG TABLET</i>				
00642215	APO-PEN-VK	APX	\$	0.0710
00717568	NU-PEN-VK	NXP		0.0710
00021202	NOVO-PEN-VK	NOP		0.0713
<i>25MG/ML ORAL SOLUTION</i>				
00642223	APO-PEN-VK	APX	\$	0.0535

08:00 ANTI-INFECTIVE AGENTS

08:12.24 ANTIBIOTICS (TETRACYCLINES)

DOXYCYCLINE

* 100MG CAPSULE

02044668	NU-DOXYCYCLINE	NXP	\$	0.5094 *
00740713	APO-DOXY	APX		0.5860
00817120	DOXYCIN	MYL		0.5860
02289539	PMS-DOXYCYCLINE	PMS		0.5860
02289598	DOM-DOXYCYCLINE	DOM		0.6153
00024368	VIBRAMYCIN	PFI		1.9125

* 100MG TABLET

02044676	NU-DOXYCYCLINE	NXP	\$	0.5094 *
00860751	DOXYCIN	MYL		0.5860
00874256	APO-DOXY	APX		0.5860
02158574	NOVO-DOXYLIN	NOP		0.5860
02289466	PMS-DOXYCYCLINE	PMS		0.5860
02289547	DOM-DOXYCYCLINE	DOM		0.6153

MINOCYCLINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 50MG CAPSULE

01914138	RATIO-MINOCYCLINE (EDS)	RPH	\$	0.5350
02084090	APO-MINOCYCLINE (EDS)	APX		0.5350
02108143	NOVO-MINOCYCLINE (EDS)	NOP		0.5350
02230735	MYLAN-MINOCYCLINE (EDS)	MYL		0.5350
02237313	SANDOZ MINOCYCLINE (EDS)	SDZ		0.5350
02294419	PMS-MINOCYCLINE (EDS)	PMS		0.5350
02239667	DOM-MINOCYCLINE (EDS)	DOM		0.5618
02173514	MINOCIN (EDS)	STI		0.6640

* 100MG CAPSULE

01914146	RATIO-MINOCYCLINE (EDS)	RPH	\$	1.0332
02084104	APO-MINOCYCLINE (EDS)	APX		1.0332
02108151	NOVO-MINOCYCLINE (EDS)	NOP		1.0332
02230736	MYLAN-MINOCYCLINE (EDS)	MYL		1.0332
02237314	SANDOZ MINOCYCLINE (EDS)	SDZ		1.0332
02294427	PMS-MINOCYCLINE (EDS)	PMS		1.0332
02239668	DOM-MINOCYCLINE (EDS)	DOM		1.0847
02173506	MINOCIN (EDS)	STI		1.2810

TETRACYCLINE

* 250MG CAPSULE

00580929	APO-TETRA	APX	\$	0.0657
00717606	NU-TETRA	NXP		0.0657

08:00 ANTI-INFECTIVE AGENTS

08:12.28 ANTIBIOTICS (MISCELLANEOUS ANTIBIOTICS)

CLINDAMYCIN HCL

* 150MG CAPSULE

02241709	NOVO-CLINDAMYCIN	NOP	\$	0.4890
02245232	APO-CLINDAMYCIN	APX		0.4890
02258331	MYLAN-CLINDAMYCIN	MYL		0.4890
02294826	PMS-CLINDAMYCIN	PMS		0.4890
00030570	DALACIN C	PFI		0.9622

* 300MG CAPSULE

02241710	NOVO-CLINDAMYCIN	NOP	\$	0.9780
02245233	APO-CLINDAMYCIN	APX		0.9780
02258358	MYLAN-CLINDAMYCIN	MYL		0.9780
02294834	PMS-CLINDAMYCIN	PMS		0.9780
02182866	DALACIN C	PFI		1.9244

CLINDAMYCIN PALMITATE HCL

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PFI	\$	0.1295
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LINEZOLID

SEE APPENDIX A FOR EDS CRITERIA

600MG TABLET

02243684	ZYVOXAM (EDS)	PFI	\$	73.9810
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VANCOMYCIN HCL

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE

00800430	VANCOXIN (EDS)	IRK	\$	8.0307
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250MG CAPSULE

00788716	VANCOXIN (EDS)	IRK	\$	16.0608
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500MG INJECTION

02241820	PMS-VANCOMYCIN (EDS)	PMS	\$	33.6900
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1GM INJECTION

02241821	PMS-VANCOMYCIN (EDS)	PMS	\$	62.9900
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08:18.04 ADAMANTANES

AMANTADINE

* 100MG CAPSULE

02130963	DOM-AMANTADINE	DOM	\$	0.3885 *
01990403	PMS-AMANTADINE	PMS		0.5179
02139200	MYLAN-AMANTADINE	MYL		0.5179

* 10MG/ML SYRUP

02022826	PMS-AMANTADINE	PMS	\$	0.0851
02130971	DOM-AMANTADINE	DOM		0.0894

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (HIV FUSION INHIBITORS)

ENFUVRTIDE

SEE APPENDIX A FOR EDS CRITERIA

108MG/VIAL POWDER FOR SOLUTION

02247725 FUZEON (EDS) HLR \$ 40.4300

08:18.08 ANTIRETROVIRAL AGENTS (NONNUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

DELAVIRDINE MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02238348 RESCRIPTOR (EDS) PFI \$ 0.7789

EFAVIRENZ

SEE APPENDIX A FOR EDS CRITERIA

50MG CAPSULE

02239886 SUSTIVA (EDS) BMY \$ 1.2713

200MG CAPSULE

02239888 SUSTIVA (EDS) BMY \$ 5.0846

600MG TABLET

02246045 SUSTIVA (EDS) BMY \$ 15.2534

ETRAVIRINE

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02306778 INTELENCE (EDS) JAN \$ 5.7834

NEVIRAPINE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

02238748 VIRAMUNE (EDS) BOE \$ 5.3582

08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS)

ABACAVIR SO4

SEE APPENDIX A FOR EDS CRITERIA

300MG TABLET

02240357 ZIAGEN (EDS) VII \$ 7.4533

20MG/ML ORAL SOLUTION

02240358 ZIAGEN (EDS) VII \$ 0.4855

ABACAVIR SO4/LAMIVUDINE

SEE APPENDIX A FOR EDS CRITERIA

600MG/300MG TABLET

02269341 KIVEXA (EDS) VII \$ 24.1280

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE/ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS)

ABACAVIR SO4/LAMIVUDINE/ZIDOVUDINE

SEE APPENDIX A FOR EDS CRITERIA

300MG/150MG/300MG TABLET

02244757 TRIZIVIR (EDS) VII \$ 17.9769

DIDANOSINE

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE (ENTERIC COATED BEADLET)

02244596 VIDEX EC (EDS) BMY \$ 3.7383

200MG CAPSULE (ENTERIC COATED BEADLET)

02244597 VIDEX EC (EDS) BMY \$ 5.9810

250MG CAPSULE (ENTERIC COATED BEADLET)

02244598 VIDEX EC (EDS) BMY \$ 7.4761

400MG CAPSULE (ENTERIC COATED BEADLET)

02244599 VIDEX EC (EDS) BMY \$ 11.9857

EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISPROXIL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

600MG/200MG/300MG TABLET

02300699 ATRIPLA (EDS) BMY \$ 40.4417

EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

200MG/300MG TABLET

02274906 TRUVADA (EDS) GSI \$ 26.3834

LAMIVUDINE

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02239193 HEPTOVIR (EDS) GSK \$ 5.1092

150MG TABLET

02192683 3TC (EDS) VII \$ 5.2470

300MG TABLET

02247825 3TC (EDS) VII \$ 10.4938

10MG/ML ORAL SOLUTION

02192691 3TC (EDS) VII \$ 0.3407

LAMIVUDINE/ZIDOVUDINE

SEE APPENDIX A FOR EDS CRITERIA

150MG/300MG TABLET

02239213 COMBIVIR (EDS) VII \$ 11.1079

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE/ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS)

STAVUDINE

SEE APPENDIX A FOR EDS CRITERIA

15MG CAPSULE

02216086 ZERIT (EDS) BMY \$ 4.5580

20MG CAPSULE

02216094 ZERIT (EDS) BMY \$ 4.7388

30MG CAPSULE

02216108 ZERIT (EDS) BMY \$ 4.9437

40MG CAPSULE

02216116 ZERIT (EDS) BMY \$ 5.1249

TENOFOVIR DISOPROXIL FUMARATE

300MG TABLET

02247128 VIREAD (EDS) GSI \$ 18.0710

ZIDOVUDINE

SEE APPENDIX A FOR EDS CRITERIA

* 100MG CAPSULE

01946323 APO-ZIDOVUDINE (EDS) APX \$ 1.2750

01902660 RETROVIR (EDS) VII 1.9805

10MG/ML SOLUTION

01902652 RETROVIR (EDS) VII \$ 0.2100

10MG/ML INJECTION SOLUTION

01902644 RETROVIR (EDS) VII \$ 18.8300

08:18.08 INTEGRASE INHIBITORS

RALTEGRAVIR

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

02301881 ISENTRESS (EDS) MSD \$ 14.1667

08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

ATAZANAVIR SO4

SEE APPENDIX A FOR EDS CRITERIA

150MG CAPSULE

02248610 REYATAZ (EDS) BMY \$ 11.2395

200MG CAPSULE

02248611 REYATAZ (EDS) BMY \$ 11.2755

300MG CAPSULE

02294176 REYATAZ (EDS) BMY \$ 22.0644

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

DARUNAVIR

SEE APPENDIX A FOR EDS CRITERIA

300MG TABLET

02284057 PREZISTA (EDS) JAN \$ 7.5024

400MG TABLET

02324016 PREZISTA (EDS) JAN \$ 10.6664

600MG TABLET

02324024 PREZISTA (EDS) JAN \$ 15.0047

FOSAMPRENAVIR CALCIUM

SEE APPENDIX A FOR EDS CRITERIA

700MG TABLET

02261545 TELZIR (EDS) VII \$ 8.5867

50MG/ML ORAL SUSPENSION

02261553 TELZIR (EDS) VII \$ 0.6284

INDINAVIR SO4

SEE APPENDIX A FOR EDS CRITERIA

200MG CAPSULE

02229161 CRIXIVAN (EDS) MSD \$ 1.4578

400MG CAPSULE

02229196 CRIXIVAN (EDS) MSD \$ 2.9156

LOPINAVIR/RITONAVIR

SEE APPENDIX A FOR EDS CRITERIA

100MG/25MG TABLET

02312301 KALETRA (EDS) ABB \$ 2.9298

200MG/50MG TABLET

02285533 KALETRA (EDS) ABB \$ 5.7824

80MG/20MG (ML) ORAL SOLUTION

02243644 KALETRA (EDS) ABB \$ 2.3490

NELFINAVIR MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02238617 VIRACEPT (EDS) PFI \$ 1.9534

625MG TABLET

02248761 VIRACEPT (EDS) PFI \$ 4.8834

RITONAVIR

SEE APPENDIX A FOR EDS CRITERIA

100MG SOFT ELASTIC CAPSULE

02241480 NORVIR SEC (EDS) ABB \$ 1.5918

80MG/ML ORAL SOLUTION

02229145 NORVIR (EDS) ABB \$ 1.2847

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

SAQUINAVIR

SEE APPENDIX A FOR EDS CRITERIA

200MG CAPSULE

02216965 INVIRASE (EDS) HLR \$ 1.9682

500MG TABLET

02279320 INVIRASE (EDS) HLR \$ 4.5334

TIPRANAVIR

SEE APPENDIX A FOR EDS CRITERIA

250MG CAPSULE

02273322 APTIVUS (EDS) BOE \$ 8.5834

08:18.20 INTERFERONS

INTERFERON ALFA-2B

SEE APPENDIX A FOR EDS CRITERIA

6 MILLION IU/ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (0.5ML)

02238674 INTRON-A (EDS) SCH \$ 78.1500

10 MILLION IU POWDER FOR INJECTION

02223406 INTRON-A (EDS) SCH \$ 131.0800

10 MILLION IU/ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (0.5ML, 1ML)

02238675 INTRON-A (EDS) SCH \$ 158.2800

18 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240693 INTRON-A (EDS) SCH \$ 227.9200

30 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240694 INTRON-A (EDS) SCH \$ 379.8600

60 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240695 INTRON-A (EDS) SCH \$ 740.1900

PEGINTERFERON ALFA-2A

SEE APPENDIX A FOR EDS CRITERIA

180UG/0.5ML PRE-FILLED SYRINGE

02248077 PEGASYS (EDS) HLR \$ 429.4900

180UG/1ML INJECTION (VIAL)

02248078 PEGASYS (EDS) HLR \$ 429.4900

08:00 ANTI-INFECTIVE AGENTS

08:18.20 INTERFERONS

PEGINTERFERON ALFA-2A/RIBAVIRIN

SEE APPENDIX A FOR EDS CRITERIA

180UG/0.5ML PRE-FILLED SYRINGE/200MG TABLET

02253429 PEGASYS RBV (EDS) HLR \$ 429.4900

180UG/0.5ML VIAL/200MG TABLET

02253410 PEGASYS RBV (EDS) HLR \$ 429.4900

PEGINTERFERON ALFA-2B

SEE APPENDIX A FOR EDS CRITERIA

50UG/0.5ML POWDER FOR INJECTION (VIAL)

02242966 UNITRON PEG (EDS) SCH \$ 415.8500

80UG/0.5ML POWDER FOR INJECTION (VIAL)

02242967 UNITRON PEG (EDS) SCH \$ 415.8500

120UG/0.5ML POWDER FOR INJECTION (VIAL)

02242968 UNITRON PEG (EDS) SCH \$ 415.8500

150UG/0.5ML POWDER FOR INJECTION (VIAL)

02242969 UNITRON PEG (EDS) SCH \$ 415.8500

PEGINTERFERON ALFA-2B/RIBAVIRIN

SEE APPENDIX A FOR EDS CRITERIA

50UG/0.5ML POWDER FOR SOLUTION/200MG CAPSULE

02246026 PEGETRON (EDS) SCH \$ 792.2000

80UG/0.5ML SINGLE DOSE REDIPEN/200MG CAPSULE

02254581 PEGETRON REDIPEN (EDS) SCH \$ 792.2000

100UG/0.5ML SINGLE DOSE REDIPEN/200MG CAPSULE

02254603 PEGETRON REDIPEN (EDS) SCH \$ 792.2000

120UG/0.5ML SINGLE DOSE REDIPEN/200MG CAPSULE

02254638 PEGETRON REDIPEN (EDS) SCH \$ 871.1800

150UG/0.5ML POWDER FOR SOLUTION/200MG CAPSULE

02246030 PEGETRON (EDS) SCH \$ 871.1800

150UG/0.5ML SINGLE DOSE REDIPEN/200MG CAPSULE

02254646 PEGETRON REDIPEN (EDS) SCH \$ 871.1800

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR

* 200MG TABLET

02197405	NU-ACYCLOVIR	NXP	\$	0.7635 *
02078627	RATIO-ACYCLOVIR	RPH		0.8783
02207621	APO-ACYCLOVIR	APX		0.8783
02242784	MYLAN-ACYCLOVIR	MYL		0.8783
02285959	NOVO-ACYCLOVIR	NOP		0.8783
00634506	ZOVIRAX	GSK		1.3882

08:00 ANTI-INFECTIVE AGENTS

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

* 400MG TABLET

02078635	RATIO-ACYCLOVIR	RPH	\$	1.7288
02197413	NU-ACYCLOVIR	NXP		1.7288
02207648	APO-ACYCLOVIR	APX		1.7288
02242463	MYLAN-ACYCLOVIR	MYL		1.7288
02285967	NOVO-ACYCLOVIR	NOP		1.7288
01911627	ZOVIRAX WELLSTAT PAC	GSK		2.7971

* 800MG TABLET

02078651	RATIO-ACYCLOVIR	RPH	\$	2.8557
02197421	NU-ACYCLOVIR	NXP		2.8557
02207656	APO-ACYCLOVIR	APX		2.8557
02242464	MYLAN-ACYCLOVIR	MYL		2.8557
02285975	NOVO-ACYCLOVIR	NOP		2.8557
01911635	ZOVIRAX ZOSTAB PAC	GSK		5.5001

ADEFOVIR DIPIVOXIL

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

02247823	HEPSERA (EDS)	GSI	\$	23.9560
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ENTECAVIR

SEE APPENDIX A FOR EDS CRITERIA

0.5MG TABLET

02282224	BARACLUDE (EDS)	BMV	\$	23.3334
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FAMCICLOVIR

* 125MG TABLET

02278081	PMS-FAMCICLOVIR	PMS	\$	2.0240
02278634	SANDOZ FAMCICLOVIR	SDZ		2.0240
02292025	APO-FAMCICLOVIR	APX		2.0240
02305682	CO FAMCICLOVIR	COB		2.0240
02229110	FAMVIR	NVR		3.0304

* 250MG TABLET

02278103	PMS-FAMCICLOVIR	PMS	\$	2.7200
02278642	SANDOZ FAMCICLOVIR	SDZ		2.7200
02292041	APO-FAMCICLOVIR	APX		2.7200
02305690	CO FAMCICLOVIR	COB		2.7200
02229129	FAMVIR	NVR		4.1105

* 500MG TABLET

02278111	PMS-FAMCICLOVIR	PMS	\$	4.2280
02278650	SANDOZ FAMCICLOVIR	SDZ		4.2280
02292068	APO-FAMCICLOVIR	APX		4.2280
02305704	CO FAMCICLOVIR	COB		4.2280
02177102	FAMVIR	NVR		7.3372

08:00 ANTI-INFECTIVE AGENTS

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

VALACYCLOVIR

* 500MG TABLET

02295822	APO-VALACYCLOVIR	APX	\$	2.5443
02298457	PMS-VALACYCLOVIR	PMS		2.5443
02219492	VALTREX	GSK		3.6811

VALGANCICLOVIR HCL

SEE APPENDIX A FOR EDS CRITERIA

450MG TABLET

02245777 VALCYTE (EDS) HLR \$ 23.0767

50MG/ML POWDER FOR ORAL SOLUTION (ML)

02306085 VALCYTE (EDS) HLR \$ 2.7017

08:20.00 ANTIMALARIAL AGENTS

CHLOROQUINE PHOSPHATE

250MG TABLET

00021261 NOVO-CHLOROQUINE NOP \$ 0.3322

HYDROXYCHLOROQUINE SO4

* 200MG TABLET

02246691 APO-HYDROXYQUINE APX \$ 0.4420

02252600 MYLAN-HYDROXYCHLOROQUINE MYL 0.4420

02017709 PLAQUENIL AVT 6.3939

PYRIMETHAMINE

25MG TABLET

00004774 DARAPRIM GSK \$ 1.4405

QUININE SO4

* 200MG CAPSULE

00021008 NOVO-QUININE NOP \$ 0.2390

02254514 APO-QUININE APX 0.2390

00695440 QUININE-ODAN ODN 0.2594

* 300MG CAPSULE

00021016 NOVO-QUININE NOP \$ 0.3750

02254522 APO-QUININE APX 0.3750

00695459 QUININE-ODAN ODN 0.4069

300MG TABLET

00695432 QUININE-ODAN ODN \$ 0.4069

08:00 ANTI-INFECTIVE AGENTS

08:22.00 QUINOLONES

CIPROFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02161737	NOVO-CIPROFLOXACIN (EDS)	NOP	\$	1.3992
02229521	APO-CIPROFLOX (EDS)	APX		1.3992
02245647	MYLAN-CIPROFLOXACIN (EDS)	MYL		1.3992
02246825	RATIO-CIPROFLOXACIN (EDS)	RPH		1.3992
02247339	CO CIPROFLOXACIN (EDS)	COB		1.3992
02248437	PMS-CIPROFLOXACIN (EDS)	PMS		1.3992
02248756	SANDOZ CIPROFLOXACIN (EDS)	SDZ		1.3992
02249634	NU-CIPROFLOXACIN (EDS)	NXP		1.3992
02303728	RAN-CIPROFLOX (EDS)	RAN		1.3992
02317427	MINT-CIPROFLOXACIN (EDS)	MNT		1.3992
02251272	DOM-CIPROFLOXACIN (EDS)	DOM		1.4692
02155958	CIPRO (EDS)	BAY		2.6845

* 500MG TABLET

02161745	NOVO-CIPROFLOXACIN (EDS)	NOP	\$	1.5786
02229522	APO-CIPROFLOX (EDS)	APX		1.5786
02245648	MYLAN-CIPROFLOXACIN (EDS)	MYL		1.5786
02246826	RATIO-CIPROFLOXACIN (EDS)	RPH		1.5786
02247340	CO CIPROFLOXACIN (EDS)	COB		1.5786
02248438	PMS-CIPROFLOXACIN (EDS)	PMS		1.5786
02248757	SANDOZ CIPROFLOXACIN (EDS)	SDZ		1.5786
02249642	NU-CIPROFLOXACIN (EDS)	NXP		1.5786
02303736	RAN-CIPROFLOX (EDS)	RAN		1.5786
02317435	MINT-CIPROFLOXACIN (EDS)	MNT		1.5786
02251280	DOM-CIPROFLOXACIN (EDS)	DOM		1.6575
02155966	CIPRO (EDS)	BAY		3.0288

* 750MG TABLET

02161753	NOVO-CIPROFLOXACIN (EDS)	NOP	\$	2.9774
02229523	APO-CIPROFLOX (EDS)	APX		2.9774
02245649	MYLAN-CIPROFLOXACIN (EDS)	MYL		2.9774
02246827	RATIO-CIPROFLOXACIN (EDS)	RPH		2.9774
02247341	CO CIPROFLOXACIN (EDS)	COB		2.9774
02248439	PMS-CIPROFLOXACIN (EDS)	PMS		2.9774
02248758	SANDOZ CIPROFLOXACIN (EDS)	SDZ		2.9774
02249650	NU-CIPROFLOXACIN (EDS)	NXP		2.9774
02303744	RAN-CIPROFLOX (EDS)	RAN		2.9774
02317443	MINT-CIPROFLOXACIN (EDS)	MNT		2.9774
02251299	DOM-CIPROFLOXACIN (EDS)	DOM		3.1262
02155974	CIPRO (EDS)	BAY		5.5463

500MG EXTENDED RELEASE TABLET

02247916	CIPRO XL (EDS)	BAY	\$	3.2422
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1000MG EXTENDED RELEASE TABLET

02251787	CIPRO XL (EDS)	BAY	\$	3.2422
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100MG/ML ORAL SUSPENSION

02237514	CIPRO (EDS)	BAY	\$	0.6057
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08:00 ANTI-INFECTIVE AGENTS

08:22.00 QUINOLONES

LEVOFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02248262	NOVO-LEVOFLOXACIN (EDS)	NOP	\$	3.1080
02284677	PMS-LEVOFLOXACIN (EDS)	PMS		3.1080
02284707	APO-LEVOFLOXACIN (EDS)	APX		3.1080
02298635	SANDOZ LEVOFLOXACIN (EDS)	SDZ		3.1080
02313979	MYLAN-LEVOFLOXACIN (EDS)	MYL		3.1080
02315424	CO LEVOFLOXACIN (EDS)	COB		3.1080
02236841	LEVAQUIN (EDS)	JAN		5.1356

* 500MG TABLET

02248263	NOVO-LEVOFLOXACIN (EDS)	NOP	\$	3.5070
02284685	PMS-LEVOFLOXACIN (EDS)	PMS		3.5070
02284715	APO-LEVOFLOXACIN (EDS)	APX		3.5070
02298643	SANDOZ LEVOFLOXACIN (EDS)	SDZ		3.5070
02313987	MYLAN-LEVOFLOXACIN (EDS)	MYL		3.5070
02315432	CO LEVOFLOXACIN (EDS)	COB		3.5070
02236842	LEVAQUIN (EDS)	JAN		5.7950

* 750MG TABLET

02285649	NOVO-LEVOFLOXACIN (EDS)	NOP	\$	6.5484
02298651	SANDOZ LEVOFLOXACIN (EDS)	SDZ		6.5484
02305585	PMS-LEVOFLOXACIN (EDS)	PMS		6.5484
02315440	CO LEVOFLOXACIN (EDS)	COB		6.5484
02325942	APO-LEVOFLOXACIN (EDS)	APX		6.5484
02246804	LEVAQUIN (EDS)	JAN		10.2500

MOXIFLOXACIN HCL

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

02242965	AVELOX (EDS)	BAY	\$	6.2222
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NORFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 400MG TABLET

02229524	APO-NORFLOX (EDS)	APX	\$	1.3716
02237682	NOVO-NORFLOXACIN (EDS)	NOP		1.3716
02246596	PMS-NORFLOXACIN (EDS)	PMS		1.3716
02269627	CO NORFLOXACIN (EDS)	COB		1.3716

08:26.00 SULFONES

DAPSONE

100MG TABLET

02041510	DAPSONE	JAC	\$	1.4530
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08:00 ANTI-INFECTIVE AGENTS

08:36.00 URINARY ANTI-INFECTIVES

FOSFOMYCIN TROMETHAMINE

SEE APPENDIX A FOR EDS CRITERIA

3G ORAL POWDER (SACHET)

02240335 MONUROL (EDS) AXX \$ 24.5200

METHENAMINE MANDELATE

500MG ENTERIC TABLET

00499013 MANDELAMINE ERF \$ 0.3402

NITROFURANTOIN

50MG CAPSULE (MACROCRYSTALS)

02231015 NOVO-FURANTOIN NOP \$ 0.3300

50MG TABLET

00319511 APO-NITROFURANTOIN APX \$ 0.1670

100MG TABLET

00312738 APO-NITROFURANTOIN APX \$ 0.2227

NITROFURANTOIN MONOHYDRATE

100MG CAPSULE (MACROCRYSTALS)

02063662 MACROBID PGA \$ 0.7639

TRIMETHOPRIM

100MG TABLET

02243116 APO-TRIMETHOPRIM APX \$ 0.2566

200MG TABLET

02243117 APO-TRIMETHOPRIM APX \$ 0.5273

08:40.00 MISCELLANEOUS ANTI-INFECTIVES

ATOVAQUONE

SEE APPENDIX A FOR EDS CRITERIA

150MG/ML SUSPENSION

02217422 MEPRON (EDS) GSK \$ 2.7529

METRONIDAZOLE

250MG TABLET

00545066 APO-METRONIDAZOLE APX \$ 0.0595

08:00 ANTI-INFECTIVE AGENTS

08:40.00 MISCELLANEOUS ANTI-INFECTIVES

SULFAMETHOXAZOLE/TRIMETHOPRIM (CO-TRIMOXAZOLE)

* 400MG/80MG TABLET

00865710	NU-COTRIMOX	NXP	\$	0.0420 *
00445274	APO-SULFATRIM	APX		0.0482
00510637	NOVO-TRIMEL	NOP		0.0482

* 800MG/160MG TABLET

00865729	NU-COTRIMOX DS	NXP	\$	0.1062 *
00445282	APO-SULFATRIM DS	APX		0.1221
00510645	NOVO-TRIMEL DS	NOP		0.1221

100MG/20MG PEDIATRIC TABLET

00445266	APO-SULFATRIM	APX	\$	0.0911
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40MG/8MG PER ML ORAL SUSPENSION

00726540	NOVO-TRIMEL	NOP	\$	0.0911
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ANTINEOPLASTIC AGENTS

10:00



10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

CYPROTERONE ACETATE

SEE APPENDIX A FOR EDS CRITERIA

* 50MG TABLET

00704431	ANDROCUR (EDS)	PMS	\$	1.4085
02229723	MYLAN-CYPROTERONE (EDS)	MYL		1.4085
02245898	APO-CYPROTERONE (EDS)	APX		1.4085

100MG/ML INJECTION

00704423	ANDROCUR (EDS)	PMS	\$	80.3900
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MEGESTROL

SEE APPENDIX A FOR EDS CRITERIA

* 40MG TABLET

02185415	NU-MEGESTROL (EDS)	NXP	\$	1.0073
02195917	APO-MEGESTROL (EDS)	APX		1.0073

* 160MG TABLET

02185423	NU-MEGESTROL (EDS)	NXP	\$	4.2630
02195925	APO-MEGESTROL (EDS)	APX		4.2630

40MG/ML ORAL SUSPENSION

02168979	MEGACE OS (EDS)	BMV	\$	1.7279
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MERCAPTOPURINE

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00004723	PURINETHOL (EDS)	NOP	\$	3.9800
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AUTONOMIC DRUGS

12:00



12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

10MG TABLET

01947958 DUVOID PAL \$ 0.2977

25MG TABLET

01947931 DUVOID PAL \$ 0.4806

50MG TABLET

01947923 DUVOID PAL \$ 0.6330

DONEPEZIL HCL

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02232043 ARICEPT (EDS) PFI \$ 5.0710

10MG TABLET

02232044 ARICEPT (EDS) PFI \$ 5.0710

GALANTAMINE HYDROBROMIDE

SEE APPENDIX A FOR EDS CRITERIA

8MG EXTENDED-RELEASE CAPSULE

02266717 REMINYL ER (EDS) JAN \$ 5.4099

16MG EXTENDED-RELEASE CAPSULE

02266725 REMINYL ER (EDS) JAN \$ 5.4099

24MG EXTENDED-RELEASE CAPSULE

02266733 REMINYL ER (EDS) JAN \$ 5.4099

NEOSTIGMINE BROMIDE

15MG TABLET

00869945 PROSTIGMIN VAE \$ 0.4742

PYRIDOSTIGMINE BROMIDE

60MG TABLET

00869961 MESTINON VAE \$ 0.4660

180MG LONG ACTING TABLET

00869953 MESTINON VAE \$ 1.0196

12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

RIVASTIGMINE

SEE APPENDIX A FOR EDS CRITERIA

* 1.5MG CAPSULE

02305984	NOVO-RIVASTIGMINE (EDS)	NOP	\$	1.3029
02306034	PMS-RIVASTIGMINE (EDS)	PMS		1.3029
02311283	RATIO-RIVASTIGMINE (EDS)	RPH		1.3029
02324563	SANDOZ RIVASTIGMINE (EDS)	SDZ		1.3029
02332809	MYLAN-RIVASTIGMINE (EDS)	MYL		1.3209
02242115	EXELON (EDS)	NVR		2.8274

* 3MG CAPSULE

02305992	NOVO-RIVASTIGMINE (EDS)	NOP	\$	1.3029
02306042	PMS-RIVASTIGMINE (EDS)	PMS		1.3029
02311291	RATIO-RIVASTIGMINE (EDS)	RPH		1.3029
02324571	SANDOZ RIVASTIGMINE (EDS)	SDZ		1.3029
02332817	MYLAN-RIVASTIGMINE (EDS)	MYL		1.3029
02242116	EXELON (EDS)	NVR		2.8274

* 4.5MG CAPSULE

02306018	NOVO-RIVASTIGMINE (EDS)	NOP	\$	1.3029
02306050	PMS-RIVASTIGMINE (EDS)	PMS		1.3029
02311305	RATIO-RIVASTIGMINE (EDS)	RPH		1.3029
02324598	SANDOZ RIVASTIGMINE (EDS)	SDZ		1.3029
02332825	MYLAN-RIVASTIGMINE (EDS)	MYL		1.3029
02242117	EXELON (EDS)	NVR		2.8274

* 6MG CAPSULE

02306026	NOVO-RIVASTIGMINE (EDS)	NOP	\$	1.3029
02306069	PMS-RIVASTIGMINE (EDS)	PMS		1.3029
02311313	RATIO-RIVASTIGMINE (EDS)	RPH		1.3029
02324601	SANDOZ RIVASTIGMINE (EDS)	SDZ		1.3029
02332833	MYLAN-RIVASTIGMINE (EDS)	MYL		1.3029
02242118	EXELON (EDS)	NVR		2.8274

2MG/ML ORAL SOLUTION

02245240	EXELON (EDS)	NVR	\$	1.4865
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12:08.04 ANTIPARKINSONIAN AGENTS

BENZTROPINE MESYLATE

* 2MG TABLET

00426857	APO-BENZTROPINE	APX	\$	0.0540
00587265	PMS-BENZTROPINE	PMS		0.0540

1MG/ML INJECTION SOLUTION (2ML)

02238903	BENZTROPINE OMEGA	OMG	\$	8.5300
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12:00 AUTONOMIC DRUGS

12:08.04 ANTIPARKINSONIAN AGENTS

ETHOPROPAZINE

50MG TABLET

01927744	PARSITAN	ERF	\$	0.2387
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PROCYCLIDINE HCL

* 5MG TABLET

00587354	PMS-PROCYCLIDINE	PMS	\$	0.0281
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02125102	DOM-PROCYCLIDINE	DOM		0.0295
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0.5MG/ML ELIXIR

00587362	PMS-PROCYCLIDINE	PMS	\$	0.0345
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TRIHEXYPHENIDYL HCL

2MG TABLET

00545058	APO-TRIHEX	APX	\$	0.0369
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5MG TABLET

00545074	APO-TRIHEX	APX	\$	0.0668
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12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

DICYCLOMINE HCL

20MG TABLET

02103095	BENTYLOL	AXC	\$	0.2196
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2MG/ML SYRUP

02102978	BENTYLOL	AXC	\$	0.0623
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HYOSCINE BUTYLBROMIDE

10MG TABLET

00363812	BUSCOPAN	BOE	\$	0.3496
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IPRATROPIUM BROMIDE

20UG INHALER AEROSOL (PACKAGE)

02247686	ATROVENT HFA	BOE	\$	19.9000
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* 0.0125% INHALATION SOLUTION (2ML)

02097176	RATIO-IPRATROPIUM UDV	RPH	\$	0.7550
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02231135	PMS-IPRATROPIUM	PMS		0.7550
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* 0.025% INHALATION SOLUTION

02126222	APO-IPRAVENT	APX	\$	0.5530
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02210479	NOVO-IPRAMIDE	NOP		0.5530
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02231136	PMS-IPRATROPIUM	PMS		0.5530
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02239131	MYLAN-IPRATROPIUM	MYL		0.5530
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* 0.025% INHALATION SOLUTION (2ML)

02097168	RATIO-IPRATROPIUM UDV	RPH	\$	1.5100
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02216221	MYLAN-IPRATROPIUM	MYL		1.5100
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02231245	PMS-IPRATROPIUM	PMS		1.5100
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12:00 AUTONOMIC DRUGS

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

IPRATROPIUM BROMIDE/SALBUTAMOL SO4

NOTE: SALBUTAMOL STRENGTHS ARE EXPRESSED IN TERMS OF SALBUTAMOL BASE EQUIVALENT.

* 0.5MG/2.5MG INHALATION SOLUTION (2.5ML)

02243789	RATIO-IPRA SAL UDV	RPH	\$	0.9250
02272695	MYLAN-COMBO STERINEBS	MYL		0.9250
02231675	COMBIVENT	BOE		1.6360

TIOTROPIUM BROMIDE MONOHYDRATE

SEE APPENDIX A FOR EDS CRITERIA

18UG/DOSE INHALATION POWDER CAPSULE

02246793	SPIRIVA (EDS)	BOE	\$	2.2785
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12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE

☒ 0.15MG/DOSE INJECTION SOLUTION (PACKAGE)

02268205	TWINJECT	PAL	\$	87.8900
00578657	EPIPEN JR.	KNG		89.6500

☒ 0.3MG/DOSE INJECTION SOLUTION (PACKAGE)

02247310	TWINJECT	PAL	\$	87.8900
00509558	EPIPEN	KNG		89.6500

EPINEPHRINE HCL

1MG/ML INJECTION SOLUTION (1ML)

00721891	EPINEPHRINE	HOS	\$	2.9946
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FORMOTEROL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

12UG/INHALATION POWDER CAPSULE

02230898	FORADIL (EDS)	NVR	\$	0.8491
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6UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237225	OXEZE TURBUHALER (EDS)	AST	\$	35.4800
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12UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237224	OXEZE TURBUHALER (EDS)	AST	\$	47.2600
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FORMOTEROL FUMARATE DIHYDRATE/BUDESONIDE

SEE APPENDIX A FOR EDS CRITERIA

6UG/100UG POWDER FOR INHALATION (PACKAGE)

02245385	SYMBICORT TURBUHALER (EDS)	AST	\$	65.1000
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6UG/200UG POWDER FOR INHALATION (PACKAGE)

02245386	SYMBICORT TURBUHALER (EDS)	AST	\$	84.6300
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12:00 AUTONOMIC DRUGS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

MIDODRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 2.5MG TABLET

02278677	APO-MIDODRINE (EDS)	APX	\$	0.3378
01934392	AMATINE (EDS)	SCI		0.5774

* 5MG TABLET

02278685	APO-MIDODRINE (EDS)	APX	\$	0.5630
01934406	AMATINE (EDS)	SCI		0.9753

ORCIPRENALINE SO4

2MG/ML SYRUP

02236783	APO-ORCIPRENALINE	APX	\$	0.0574
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SALBUTAMOL SO4

NOTE: PRODUCT STRENGTHS ARE EXPRESSED IN TERMS OF SALBUTAMOL BASE EQUIVALENT.

2MG TABLET

02146843	APO-SALVENT	APX	\$	0.1274
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4MG TABLET

02146851	APO-SALVENT	APX	\$	0.2134
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0.4MG/ML ORAL LIQUID

02091186	PMS-SALBUTAMOL	PMS	\$	0.0486
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* 100MCG/DOSE METERED DOSE INHALER (PACKAGE)

(CFC-FREE)

02245669	APO-SALVENT CFC FREE	APX	\$	6.5000
02326450	NOVO-SALBUTAMOL HFA	NOP		6.5000
02241497	VENTOLIN HFA	GSK		7.0600
02232570	AIROMIR	GCC		8.4000

* 0.5MG/ML INHALATION SOLUTION PRESERVATIVE

FREE (2.5ML)

02208245	PMS-SALBUTAMOL	PMS	\$	0.3730
02239365	RATIO-SALBUTAMOL P.F.	RPH		0.3730

* 1MG/ML INHALATION SOLUTION PRESERVATIVE FREE

(2.5ML)

01926934	MYLAN-SALBUTAMOL STERINEB	MYL	\$	0.6090
01986864	RATIO-SALBUTAMOL	RPH		0.6090
02208229	PMS-SALBUTAMOL	PMS		0.6090
02216949	DOM-SALBUTAMOL	DOM		0.6390
02213419	VENTOLIN NEBULES P.F.	GSK		1.1220

* 2MG/ML INHALATION SOLUTION PRESERVATIVE FREE

(2.5ML)

02173360	MYLAN-SALBUTAMOL STERINEB	MYL	\$	1.1555
02208237	PMS-SALBUTAMOL	PMS		1.1555
02239366	RATIO-SALBUTAMOL P.F.	RPH		1.1555
01945203	VENTOLIN NEBULES P.F.	GSK		2.0811

12:00 AUTONOMIC DRUGS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

* 5MG/ML INHALATION SOLUTION

00860808	RATIO-SALBUTAMOL	RPH	\$	0.5900
02069571	PMS-SALBUTAMOL RESP. SOL.	PMS		0.5900
02154412	SANDOZ SALBUTAMOL RES.SOL	SDZ		0.5900
02232987	MYLAN-SALBUTAMOL RESP SOL	MYL		0.5900
02139324	DOM-SALBUTAMOL RESPIR.SOL	DOM		0.6200
02213486	VENTOLIN RESPIRATOR SOL.	GSK		1.0883

SALMETEROL XINAFOATE

SEE APPENDIX A FOR EDS CRITERIA

50UG/DOSE AEROSOL POWDER DISK (4)

02214261	SEREVENT (EDS)	GSK	\$	4.0579
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50UG/DOSE POWDER FOR INHALATION (PACKAGE)

02231129	SEREVENT DISKUS (EDS)	GSK	\$	60.8700
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SALMETEROL XINAFOATE/FLUTICASONE PROPIONATE

SEE APPENDIX A FOR EDS CRITERIA

25UG/125UG INHALER AEROSOL (PACKAGE)

02245126	ADVAIR (EDS)	GSK	\$	104.1600
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25UG/250UG INHALER AEROSOL (PACKAGE)

02245127	ADVAIR (EDS)	GSK	\$	147.8600
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50UG/100UG POWDER FOR INHALATION (PACKAGE)

02240835	ADVAIR DISKUS (EDS)	GSK	\$	87.0100
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50UG/250UG POWDER FOR INHALATION (PACKAGE)

02240836	ADVAIR DISKUS (EDS)	GSK	\$	104.1600
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50UG/500UG POWDER FOR INHALATION (PACKAGE)

02240837	ADVAIR DISKUS (EDS)	GSK	\$	147.8600
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TERBUTALINE SO4

0.5MG/DOSE POWDER FOR INHALATION (PACKAGE)

00786616	BRICANYL TURBUHALER	AST	\$	15.9500
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12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

ALMOTRIPTAN MALATE

THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.

SEE APPENDIX A FOR EDS CRITERIA

6.25MG TABLET

02248128	AXERT (EDS)	MCL	\$	14.0508
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12.5MG TABLET

02248129	AXERT (EDS)	MCL	\$	14.0508
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12:00 AUTONOMIC DRUGS

12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

DIHYDROERGOTAMINE MESYLATE

* 1MG/ML INJECTION SOLUTION (1ML)

00027243	DIHYDROERGOTAMINE	STE	\$	3.6700
02241163	DIHYDROERGOTAMINE MESYLATE	SDZ		3.7200

4MG/ML NASAL SPRAY

02228947	MIGRANAL	STE	\$	10.7700
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FLUNARIZINE HCL

SEE APPENDIX A FOR EDS CRITERIA

5MG CAPSULE

02246082	APO-FLUNARIZINE (EDS)	APX	\$	0.7204
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NARATRIPTAN HCL

THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02237820	AMERGE (EDS)	GSK	\$	15.0613
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2.5MG TABLET

02237821	AMERGE (EDS)	GSK	\$	15.8709
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PIZOTYLINE HYDROGEN MALATE

0.5MG TABLET

00329320	SANDOMIGRAN	PAL	\$	0.4122
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1MG TABLET

00511552	SANDOMIGRAN DS	PAL	\$	0.6845
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PROPRANOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

RIZATRIPTAN BENZOATE

THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02240520	MAXALT (EDS)	MSD	\$	15.9677
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10MG TABLET

02240521	MAXALT (EDS)	MSD	\$	15.9677
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5MG WAFER

02240518	MAXALT RPD (EDS)	MSD	\$	15.9677
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10MG WAFER

02240519	MAXALT RPD (EDS)	MSD	\$	15.9677
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12:00 AUTONOMIC DRUGS

12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

SUMATRIPTAN

THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.

SEE APPENDIX A FOR EDS CRITERIA

* 25MG TABLET

02256428	PMS-SUMATRIPTAN (EDS)	PMS	\$	8.9900
02257882	CO SUMATRIPTAN (EDS)	COB		8.9900
02268906	MYLAN-SUMATRIPTAN (EDS)	MYL		8.9900
02286815	NOVO-SUMATRIPTAN DF (EDS)	NOP		8.9900
02270749	DOM-SUMATRIPTAN (EDS)	DOM		9.4397

* 50MG TABLET

02256436	PMS-SUMATRIPTAN (EDS)	PMS	\$	9.0650
02257890	CO SUMATRIPTAN (EDS)	COB		9.0650
02263025	SANDOZ SUMATRIPTAN (EDS)	SDZ		9.0650
02268388	APO-SUMATRIPTAN (EDS)	APX		9.0650
02268914	MYLAN-SUMATRIPTAN (EDS)	MYL		9.0650
02271583	RATIO-SUMATRIPTAN (EDS)	RPH		9.0650
02286823	NOVO-SUMATRIPTAN DF (EDS)	NOP		9.0650
02270757	DOM-SUMATRIPTAN (EDS)	DOM		9.5184
02212153	IMITREX DF (EDS)	GSK		16.1064

* 100MG TABLET

02239367	NOVO-SUMATRIPTAN (EDS)	NOP	\$	9.9867
02256444	PMS-SUMATRIPTAN (EDS)	PMS		9.9867
02257904	CO SUMATRIPTAN (EDS)	COB		9.9867
02263033	SANDOZ SUMATRIPTAN (EDS)	SDZ		9.9867
02268396	APO-SUMATRIPTAN (EDS)	APX		9.9867
02268922	MYLAN-SUMATRIPTAN (EDS)	MYL		9.9867
02271591	RATIO-SUMATRIPTAN (EDS)	RPH		9.9867
02286831	NOVO-SUMATRIPTAN DF (EDS)	NOP		9.9867
02270765	DOM-SUMATRIPTAN (EDS)	DOM		10.4860
02212161	IMITREX DF (EDS)	GSK		17.7425

5MG NASAL SPRAY

02230418	IMITREX (EDS)	GSK	\$	15.2900
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20MG NASAL SPRAY

02230420	IMITREX (EDS)	GSK	\$	15.7400
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ZOLMITRIPTAN

THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.

SEE APPENDIX A FOR EDS CRITERIA.

2.5MG TABLET

02238660	ZOMIG (EDS)	AST	\$	14.4668
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2.5MG ORALLY DISPERSIBLE TABLET

02243045	ZOMIG RAPIMELT (EDS)	AST	\$	14.4668
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5MG NASAL SPRAY

02248993	ZOMIG (EDS)	AST	\$	28.9500
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12:00 AUTONOMIC DRUGS

12:20.00 SKELETAL MUSCLE RELAXANTS

BACLOFEN

* 10MG TABLET

02138271	DOM-BACLOFEN	DOM	\$	0.2078 *
02063735	PMS-BACLOFEN	PMS		0.2911
02088398	MYLAN-BACLOFEN	MYL		0.2911
02136090	NU-BACLO	NXP		0.2911
02139332	APO-BACLOFEN	APX		0.2911
02236507	RATIO-BACLOFEN	RPH		0.2911
00455881	LIORESAL	NVR		0.7094

* 20MG TABLET

02138298	DOM-BACLOFEN	DOM	\$	0.4238 *
02063743	PMS-BACLOFEN	PMS		0.5667
02088401	MYLAN-BACLOFEN	MYL		0.5667
02136104	NU-BACLO	NXP		0.5667
02139391	APO-BACLOFEN	APX		0.5667
02236508	RATIO-BACLOFEN	RPH		0.5667
00636576	LIORESAL-DS	NVR		1.3807
0.05MG/ML INJECTION (1ML)				
02131048	LIORESAL INTRATHECAL (EDS)	NVR	\$	14.6700
0.5MG/ML INJECTION (20ML)				
02131056	LIORESAL INTRATHECAL (EDS)	NVR	\$	219.7800
2MG/ML INJECTION (5ML)				
02131064	LIORESAL INTRATHECAL (EDS)	NVR	\$	219.7800

CYCLOBENZAPRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 10MG TABLET

02080052	NOVO-CYCLOPRINE (EDS)	NOP	\$	0.3765
02171848	NU-CYCLOBENZAPRINE (EDS)	NXP		0.3765
02177145	APO-CYCLOBENZAPRINE (EDS)	APX		0.3765
02212048	PMS-CYCLOBENZAPRINE (EDS)	PMS		0.3765
02231353	MYLAN-CYCLOBENZAPRINE (EDS)	MYL		0.3765
02236506	RATIO-CYCLOBENZAPRINE (EDS)	RPH		0.3765
02238633	DOM-CYCLOBENZAPRINE (EDS)	DOM		0.3953

DANTROLENE SODIUM

25MG CAPSULE

01997602	DANTRIUM	MET	\$	0.4102
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100MG CAPSULE

01997653	DANTRIUM	MET	\$	0.8338
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TIZANIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 4MG TABLET

02259893	APO-TIZANIDINE (EDS)	APX	\$	0.5106
02272059	MYLAN-TIZANIDINE (EDS)	MYL		0.5106
02239170	ZANAFLEX (EDS)	PAL		0.8240



BLOOD FORMATION AND COAGULATION
20:00



20:00 BLOOD FORMATION AND COAGULATION

20:04.04 IRON PREPARATIONS

IRON DEXTRAN

SEE APPENDIX A FOR EDS CRITERIA

* 50MG/ML INJECTION SOLUTION (ML)

02205963	DEXIRON (EDS)	MYL	\$	13.7500
02221780	INFUFER (EDS)	SDZ		13.7500

IRON SODIUM FERRIC GLUCONATE

SEE APPENDIX A FOR EDS CRITERIA

12.5MG/ML INJECTION SOLUTION

02243333	FERRLECIT (EDS)	JAN	\$	25.4400
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IRON SUCROSE

SEE APPENDIX A FOR EDS CRITERIA

20MG/ML INJECTION

02243716	VENOFER (EDS)	MYL	\$	40.6900
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20:12.04 ANTICOAGULANTS

ACENOCOUMAROL

1MG TABLET

00010383	SINTROM	PAL	\$	0.5456
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4MG TABLET

00010391	SINTROM	PAL	\$	1.7015
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DALTEPARIN SODIUM

SEE APPENDIX A FOR EDS CRITERIA

2,500IU SYRINGE (0.2ML)

02132621	FRAGMIN (EDS)	PFI	\$	5.5800
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10,000IU/ML INJECTION SOLUTION (1ML)

02132664	FRAGMIN (EDS)	PFI	\$	17.6100
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25,000IU/ML SYRINGE (0.2ML, 0.3ML, 0.4ML,
0.5ML, 0.6ML, 0.72ML)

02132648	FRAGMIN (EDS)	PFI	\$	40.1400
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25,000IU/ML INJECTION SOLUTION (3.8ML)

02231171	FRAGMIN (EDS)	PFI	\$	167.2400
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20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTICOAGULANTS

ENOXAPARIN

SEE APPENDIX A FOR EDS CRITERIA

30MG/0.3ML SYRINGE (0.3ML)

02012472 LOVENOX (EDS) AVT \$ 6.7200

100MG/ML SYRINGE (0.4ML, 0.6ML, 0.8ML, 1ML)

02236883 LOVENOX (EDS) AVT \$ 22.2500

100MG/ML INJECTION SOLUTION (3ML)

02236564 LOVENOX (EDS) AVT \$ 66.7300

150MG/ML SYRINGE (0.8ML, 1ML)

02242692 LOVENOX HP (EDS) AVT \$ 33.3700

HEPARIN

☒ 10,000 USP U/ML INJECTION SOLUTION

00740497 HEPALEAN SCH \$ 6.5600

00579718 HEPARIN LEO LEO 6.7700

NADROPARIN CALCIUM

SEE APPENDIX A FOR EDS CRITERIA

9,500IU/ML SYRINGE (0.3ML, 0.4ML, 0.6ML,
0.8ML, 1ML)

02236913 FRAXIPARINE (EDS) GSK \$ 9.9100

19,000IU/ML SYRINGE (0.6ML, 0.8ML, 1ML)

02240114 FRAXIPARINE FORTE (EDS) GSK \$ 19.8200

RIVAROXABAN

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

02316986 XARELTO (EDS) BAY \$ 9.6598

TINZAPARIN SODIUM

SEE APPENDIX A FOR EDS CRITERIA

10,000IU/ML INJECTION SOLUTION (2ML)

02167840 INNOHEP (EDS) LEO \$ 34.7200

10,000IU/ML SYRINGE (0.25ML, 0.35ML, 0.45ML)

02229755 INNOHEP (EDS) LEO \$ 7.8800

20,000IU/ML INJECTION SOLUTION (2ML)

02229515 INNOHEP (EDS) LEO \$ 70.5300

20,000IU/ML SYRINGE (0.5ML, 0.7ML, 0.9ML)

02231478 INNOHEP (EDS) LEO \$ 32.1900

20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTICOAGULANTS

WARFARIN

* 1MG TABLET

02242680	TARO-WARFARIN	TAR	\$	0.1782
02242924	APO-WARFARIN	APX		0.1782
02244462	MYLAN-WARFARIN	MYL		0.1782
02265273	NOVO-WARFARIN	NOP		0.1782
01918311	COUMADIN	BMY		0.3386

* 2MG TABLET

02242681	TARO-WARFARIN	TAR	\$	0.1885
02242925	APO-WARFARIN	APX		0.1885
02244463	MYLAN-WARFARIN	MYL		0.1885
02265281	NOVO-WARFARIN	NOP		0.1885
01918338	COUMADIN	BMY		0.3651

* 2.5MG TABLET

02242682	TARO-WARFARIN	TAR	\$	0.1509
02242926	APO-WARFARIN	APX		0.1509
02244464	MYLAN-WARFARIN	MYL		0.1509
02265303	NOVO-WARFARIN	NOP		0.1509
01918346	COUMADIN	BMY		0.2923

* 3MG TABLET

02242683	TARO-WARFARIN	TAR	\$	0.2337
02245618	APO-WARFARIN	APX		0.2337
02265311	NOVO-WARFARIN	NOP		0.2337
02287498	MYLAN-WARFARIN	MYL		0.2337
02240205	COUMADIN	BMY		0.4527

* 4MG TABLET

02242684	TARO-WARFARIN	TAR	\$	0.2337
02242927	APO-WARFARIN	APX		0.2337
02244465	MYLAN-WARFARIN	MYL		0.2337
02265338	NOVO-WARFARIN	NOP		0.2337
02007959	COUMADIN	BMY		0.4527

* 5MG TABLET

02242685	TARO-WARFARIN	TAR	\$	0.1512
02242928	APO-WARFARIN	APX		0.1512
02244466	MYLAN-WARFARIN	MYL		0.1512
02265346	NOVO-WARFARIN	NOP		0.1512
01918354	COUMADIN	BMY		0.2929

* 10MG TABLET

02242687	TARO-WARFARIN	TAR	\$	0.2713
02242929	APO-WARFARIN	APX		0.2713
02244467	MYLAN-WARFARIN	MYL		0.2713
01918362	COUMADIN	BMY		0.5255

20:00 BLOOD FORMATION AND COAGULATION

20:12.20 ANTIPLATELET DRUGS

SULFINPYRAZONE

SEE SECTION 40:40:00 (URICOSURIC DRUGS)

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

SEE APPENDIX A FOR EDS CRITERIA

25UG/ML PRE-FILLED SYRINGE (0.4ML)

02246354 ARANESP (EDS) AMG \$ 29.0800

40UG/ML PRE-FILLED SYRINGE (0.5ML)

02246355 ARANESP (EDS) AMG \$ 58.1600

100UG/ML PRE-FILLED SYRINGE

(0.3ML, 0.4ML, 0.5ML)

02246357 ARANESP (EDS) AMG \$ 144.0000

200UG/ML PRE-FILLED SYRINGE

(0.3ML, 0.4ML, 0.5ML, 0.65ML)

02246358 ARANESP (EDS) AMG \$ 358.4000

500UG/ML PRE-FILLED SYRINGE (0.3ML, 0.4ML)

02246360 ARANESP (EDS) AMG \$ 576.0000

EPOETIN ALFA

SEE APPENDIX A FOR EDS CRITERIA

1000IU/0.5ML PRE-FILLED SYRINGE

02231583 EPREX (EDS) JAN \$ 15.4700

2000IU/0.5ML PRE-FILLED SYRINGE

02231584 EPREX (EDS) JAN \$ 30.9300

3000IU/0.3ML PRE-FILLED SYRINGE

02231585 EPREX (EDS) JAN \$ 46.3900

4000IU/0.4ML PRE-FILLED SYRINGE

02231586 EPREX (EDS) JAN \$ 61.8500

5000IU/0.5ML PRE-FILLED SYRINGE

02243400 EPREX (EDS) JAN \$ 77.3100

6000IU/0.6ML PRE-FILLED SYRINGE

02243401 EPREX (EDS) JAN \$ 92.1700

8000IU/0.8ML PRE-FILLED SYRINGE

02243403 EPREX (EDS) JAN \$ 120.6700

10000IU/ML PRE-FILLED SYRINGE

02231587 EPREX (EDS) JAN \$ 149.1700

20000IU/0.5ML PRE-FILLED SYRINGE

02243239 EPREX (EDS) JAN \$ 290.6800

20:00 BLOOD FORMATION AND COAGULATION

20:16.00 HEMATOPOIETIC AGENTS

FILGRASTIM

SEE APPENDIX A FOR EDS CRITERIA
300UG/ML INJECTION SOLUTION
01968017 NEUPOGEN (EDS)

AMG \$ 297.2200

20:24.00 HEMORRHEOLOGIC AGENTS

CLOPIDOGREL BISULFATE

SEE APPENDIX A FOR EDS CRITERIA
75MG TABLET

02238682 PLAVIX (EDS)

BMY \$ 2.7966

PENTOXIFYLLINE

* 400MG SUSTAINED RELEASE TABLET

01968432 RATIO-PENTOXIFYLLINE
02230090 APO-PENTOXIFYLLINE SR
02230401 NU-PENTOXIFYLLINE-SR
02221977 TRENTAL

RPH \$ 0.3837
APX 0.3837
NXP 0.3837
AVT 0.8458

TICLOPIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02237560 NU-TICLOPIDINE (EDS)
02236848 NOVO-TICLOPIDINE (EDS)
02237701 APO-TICLOPIDINE (EDS)
02243587 SANDOZ TICLOPIDINE (EDS)
02239744 MYLAN-TICLOPIDINE (EDS)

NXP \$ 0.5985 *
NOP 0.6885
APX 0.6885
SDZ 0.6885
MYL 0.6886



CARDIOVASCULAR DRUGS

24:00



24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

ACEBUTOLOL HCL

* 100MG TABLET

02165546	NU-ACEBUTOLOL	NXP	\$	0.1418	*
01910140	RHOTRAL	SDZ		0.1630	
02147602	APO-ACEBUTOLOL	APX		0.1630	
02204517	NOVO-ACEBUTOLOL	NOP		0.1630	
02237721	MYLAN-ACEBUTOLOL	MYL		0.1630	
02237885	MYLAN-ACEBUTOLOL (TYPE S)	MYL		0.1630	
01926543	SECTRAL	AVT		0.3585	

* 200MG TABLET

02165554	NU-ACEBUTOLOL	NXP	\$	0.2122	*
01910159	RHOTRAL	SDZ		0.2440	
02147610	APO-ACEBUTOLOL	APX		0.2440	
02204525	NOVO-ACEBUTOLOL	NOP		0.2440	
02237722	MYLAN-ACEBUTOLOL	MYL		0.2440	
02237886	MYLAN-ACEBUTOLOL (TYPE S)	MYL		0.2440	
01926551	SECTRAL	AVT		0.5378	

* 400MG TABLET

02165562	NU-ACEBUTOLOL	NXP	\$	0.4214	*
01910167	RHOTRAL	SDZ		0.4848	
02147629	APO-ACEBUTOLOL	APX		0.4848	
02204533	NOVO-ACEBUTOLOL	NOP		0.4848	
02237723	MYLAN-ACEBUTOLOL	MYL		0.4848	
02237887	MYLAN-ACEBUTOLOL (TYPE S)	MYL		0.4848	
01926578	SECTRAL	AVT		1.0701	

AMIODARONE

100MG TABLET

02292173	PMS-AMIODARONE	PMS	\$	0.6946	
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* 200MG TABLET

02239835	NOVO-AMIODARONE	NOP	\$	1.2971	
02240071	RATIO-AMIODARONE	RPH		1.2971	
02240604	MYLAN-AMIODARONE	MYL		1.2971	
02242472	PMS-AMIODARONE	PMS		1.2971	
02243836	SANDOZ AMIODARONE	SDZ		1.2971	
02246194	APO-AMIODARONE	APX		1.2971	
02036282	CORDARONE	WYA		2.3234	

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

AMLODIPINE BESYLATE

* 5MG TABLET

		GDI	\$	0.5751 *
02280132	GD-AMLODIPINE			
02250497	NOVO-AMLODIPINE	NOP		0.6656
02259605	RATIO-AMLODIPINE	RPH		0.6656
02272113	MYLAN-AMLODIPINE	MYL		0.6656
02273373	APO-AMLODIPINE	APX		0.6656
02284065	PMS-AMLODIPINE	PMS		0.6656
02284383	SANDOZ AMLODIPINE	SDZ		0.6656
02297485	CO AMLODIPINE	COB		0.6656
02321858	RAN-AMLODIPINE	RAN		0.6656
00878928	NORVASC	PFI		1.4129

* 10MG TABLET

		GDI	\$	0.8537 *
02280140	GD-AMLODIPINE			
02250500	NOVO-AMLODIPINE	NOP		0.9880
02259613	RATIO-AMLODIPINE	RPH		0.9880
02272121	MYLAN-AMLODIPINE	MYL		0.9880
02273381	APO-AMLODIPINE	APX		0.9880
02284073	PMS-AMLODIPINE	PMS		0.9880
02284391	SANDOZ AMLODIPINE	SDZ		0.9880
02297493	CO AMLODIPINE	COB		0.9880
02321866	RAN-AMLODIPINE	RAN		0.9880
00878936	NORVASC	PFI		2.0972

AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM

5MG/10MG TABLET

02273233 CADUET PFI \$ 2.5179

5MG/20MG TABLET

02273241 CADUET PFI \$ 2.9693

5MG/40MG TABLET

02273268 CADUET PFI \$ 3.1385

5MG/80MG TABLET

02273276 CADUET PFI \$ 3.1385

10MG/10MG TABLET

02273284 CADUET PFI \$ 2.6583

10MG/20MG TABLET

02273292 CADUET PFI \$ 3.3142

10MG/40MG TABLET

02273306 CADUET PFI \$ 3.4720

10MG/80MG TABLET

02273314 CADUET PFI \$ 3.4720

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

ATENOLOL

* 25MG TABLET

02246581	PMS-ATENOLOL	PMS	\$	0.1758
02266660	NOVO-ATENOL	NOP		0.1758
02303647	MYLAN-ATENOLOL	MYL		0.1758

* 50MG TABLET

00886114	NU-ATENOL	NXP	\$	0.3059 *
00773689	APO-ATENOL	APX		0.3515
01912062	NOVO-ATENOL	NOP		0.3515
02146894	MYLAN-ATENOLOL	MYL		0.3515
02171791	RATIO-ATENOL	RPH		0.3515
02231731	SANDOZ ATENOLOL	SDZ		0.3515
02237600	PMS-ATENOLOL	PMS		0.3515
02255545	CO ATENOLOL	COB		0.3515
02267985	RAN-ATENOLOL	RAN		0.3515
02229467	DOM-ATENOLOL	DOM		0.3689
02039532	TENORMIN	AST		0.6236

* 100MG TABLET

00886122	NU-ATENOL	NXP	\$	0.5025 *
00773697	APO-ATENOL	APX		0.5777
01912054	NOVO-ATENOL	NOP		0.5777
02147432	MYLAN-ATENOLOL	MYL		0.5777
02171805	RATIO-ATENOL	RPH		0.5777
02231733	SANDOZ ATENOLOL	SDZ		0.5777
02237601	PMS-ATENOLOL	PMS		0.5777
02255553	CO ATENOLOL	COB		0.5777
02267993	RAN-ATENOLOL	RAN		0.5777
02229468	DOM-ATENOLOL	DOM		0.6066
02039540	TENORMIN	AST		1.0250

BISOPROLOL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

* 5MG TABLET

02247439	SANDOZ BISOPROLOL	SDZ	\$	0.2205
02256134	APO-BISOPROLOL	APX		0.2205
02267470	NOVO-BISOPROLOL	NOP		0.2205
02302632	PMS-BISOPROLOL	PMS		0.2205
02241148	MONOCOR	BVL		0.4312

* 10MG TABLET

02247440	SANDOZ BISOPROLOL	SDZ	\$	0.3654
02256177	APO-BISOPROLOL	APX		0.3654
02267489	NOVO-BISOPROLOL	NOP		0.3654
02302640	PMS-BISOPROLOL	PMS		0.3654

CAPTOPRIL

SEE SECTION 24:08.00 (HYPOTENSIVE DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

CARVEDILOL

SEE APPENDIX A FOR EDS CRITERIA

* 3.125MG TABLET

02248748	DOM-CARVEDILOL (EDS)	DOM \$	0.7033 *
02245914	PMS-CARVEDILOL (EDS)	PMS	0.8001
02247933	APO-CARVEDILOL (EDS)	APX	0.8001
02248715	NU-CARVEDILOL (EDS)	NXP	0.8001
02252309	RATIO-CARVEDILOL (EDS)	RPH	0.8001
02268027	RAN-CARVEDILOL (EDS)	RAN	0.8001

* 6.25MG TABLET

02248749	DOM-CARVEDILOL (EDS)	DOM \$	0.7033 *
02245915	PMS-CARVEDILOL (EDS)	PMS	0.8001
02247934	APO-CARVEDILOL (EDS)	APX	0.8001
02248716	NU-CARVEDILOL (EDS)	NXP	0.8001
02252317	RATIO-CARVEDILOL (EDS)	RPH	0.8001
02268035	RAN-CARVEDILOL (EDS)	RAN	0.8001

* 12.5MG TABLET

02248750	DOM-CARVEDILOL (EDS)	DOM \$	0.7033 *
02245916	PMS-CARVEDILOL (EDS)	PMS	0.8001
02247935	APO-CARVEDILOL (EDS)	APX	0.8001
02248717	NU-CARVEDILOL (EDS)	NXP	0.8001
02252325	RATIO-CARVEDILOL (EDS)	RPH	0.8001
02268043	RAN-CARVEDILOL (EDS)	RAN	0.8001

* 25MG TABLET

02248751	DOM-CARVEDILOL (EDS)	DOM \$	0.7033 *
02245917	PMS-CARVEDILOL (EDS)	PMS	0.8001
02247936	APO-CARVEDILOL (EDS)	APX	0.8001
02248718	NU-CARVEDILOL (EDS)	NXP	0.8001
02252333	RATIO-CARVEDILOL (EDS)	RPH	0.8001
02268051	RAN-CARVEDILOL (EDS)	RAN	0.8001

DIGOXIN

0.0625MG TABLET

02242321	LANOXIN	PMS \$	0.2395
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0.125MG TABLET

02242322	LANOXIN	PMS \$	0.2395
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0.25MG TABLET

02242323	LANOXIN	PMS \$	0.2395
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0.05MG/ML ELIXIR

02242320	LANOXIN	PMS \$	0.3918
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

DILTIAZEM HCL

* 30MG TABLET

00886068	NU-DILTIAZ	NXP	\$	0.1760	*
00771376	APO-DILTIAZ	APX		0.2075	
00862924	NOVO-DILTAZEM	NOP		0.2075	
02097370	CARDIZEM	BVL		0.4276	

* 60MG TABLET

00886076	NU-DILTIAZ	NXP	\$	0.3085	*
00771384	APO-DILTIAZ	APX		0.3637	
00862932	NOVO-DILTAZEM	NOP		0.3637	
02097389	CARDIZEM	BVL		0.7070	

* 120MG CONTROLLED DELIVERY CAPSULE

02229781	RATIO-DILTIAZEM CD	RPH	\$	0.8021	
02230997	APO-DILTIAZ CD	APX		0.8021	
02231052	NU-DILTIAZ-CD	NXP		0.8021	
02242538	NOVO-DILTAZEM CD	NOP		0.8021	
02243338	SANDOZ DILTIAZEM CD	SDZ		0.8021	
02097249	CARDIZEM CD	BVL		1.5773	

* 120MG EXTENDED RELEASE CAPSULE

02245918	SANDOZ DILTIAZEM T	SDZ	\$	0.5094	
02271605	NOVO-DILTIAZEM HCL	NOP		0.5094	
02291037	APO-DILTIAZEM TZ	APX		0.5094	
02231150	TIAZAC	BVL		0.9259	

120MG EXTENDED RELEASE TABLET

02256738	TIAZAC XC	BVL	\$	0.8585	
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* 180MG CONTROLLED DELIVERY CAPSULE

02229782	RATIO-DILTIAZEM CD	RPH	\$	1.0646	
02230998	APO-DILTIAZ CD	APX		1.0646	
02231053	NU-DILTIAZ-CD	NXP		1.0646	
02242539	NOVO-DILTAZEM CD	NOP		1.0646	
02243339	SANDOZ DILTIAZEM CD	SDZ		1.0646	
02097257	CARDIZEM CD	BVL		2.0938	

* 180MG EXTENDED RELEASE CAPSULE

02245919	SANDOZ DILTIAZEM T	SDZ	\$	0.6761	
02271613	NOVO-DILTIAZEM HCL	NOP		0.6761	
02291045	APO-DILTIAZEM TZ	APX		0.6761	
02231151	TIAZAC	BVL		1.2539	

180MG EXTENDED RELEASE TABLET

02256746	TIAZAC XC	BVL	\$	1.1395	
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 240MG CONTROLLED DELIVERY CAPSULE

02229783	RATIO-DILTIAZEM CD	RPH	\$	1.4121
02230999	APO-DILTIAZ CD	APX		1.4121
02231054	NU-DILTIAZ-CD	NXP		1.4121
02242540	NOVO-DILTAZEM CD	NOP		1.4121
02243340	SANDOZ DILTIAZEM CD	SDZ		1.4121
02097265	CARDIZEM CD	BVL		2.7772

* 240MG EXTENDED RELEASE CAPSULE

02245920	SANDOZ DILTIAZEM T	SDZ	\$	0.8968
02271621	NOVO-DILTIAZEM HCL	NOP		0.8968
02291053	APO-DILTIAZEM TZ	APX		0.8968
02231152	TIAZAC	BVL		1.6631

240MG EXTENDED RELEASE TABLET

02256754	TIAZAC XC	BVL	\$	1.5113
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* 300MG CONTROLLED DELIVERY CAPSULE

02229526	APO-DILTIAZ CD	APX	\$	1.7652
02229784	RATIO-DILTIAZEM CD	RPH		1.7652
02242541	NOVO-DILTAZEM CD	NOP		1.7652
02243341	SANDOZ DILTIAZEM CD	SDZ		1.7652
02097273	CARDIZEM CD	BVL		3.4715

* 300MG EXTENDED RELEASE CAPSULE

02245921	SANDOZ DILTIAZEM T	SDZ	\$	1.1210
02271648	NOVO-DILTIAZEM HCL	NOP		1.1210
02291061	APO-DILTIAZEM TZ	APX		1.1210
02231154	TIAZAC	BVL		2.0483

300MG EXTENDED RELEASE TABLET

02256762	TIAZAC XC	BVL	\$	1.5113
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* 360MG EXTENDED RELEASE CAPSULE

02245922	SANDOZ DILTIAZEM T	SDZ	\$	1.3522
02271656	NOVO-DILTIAZEM HCL	NOP		1.3522
02291088	APO-DILTIAZEM TZ	APX		1.3522
02231155	TIAZAC	BVL		2.5077

360MG EXTENDED RELEASE TABLET

02256770	TIAZAC XC	BVL	\$	1.5113
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DISOPYRAMIDE

100MG CAPSULE

02224801	RYTHMODAN	AVT	\$	0.2901
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150MG CAPSULE

02224828	RYTHMODAN	AVT	\$	0.4101
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250MG SUSTAINED RELEASE TABLET

02224836	RYTHMODAN-LA	AVT	\$	0.9722
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

FLECAINIDE ACETATE

* 50MG TABLET

02275538	APO-FLECAINIDE	APX	\$	0.3956
01966197	TAMBOCOR	GCC		0.5837

* 100MG TABLET

02275546	APO-FLECAINIDE	APX	\$	0.7912
01966200	TAMBOCOR	GCC		1.1675

METOPROLOL TARTRATE

* 25MG TABLET

02246010	APO-METOPROLOL	APX	\$	0.0643
02248855	PMS-METOPROLOL-L	PMS		0.0643
02302055	MYLAN-METOPROLOL	MYL		0.0643
02252252	DOM-METOPROLOL-L	DOM		0.0675

* 50MG TABLET

02231121	DOM-METOPROLOL-L	DOM	\$	0.0859 *
00618632	APO-METOPROLOL	APX		0.1225
00648035	NOVO-METOPROL	NOP		0.1225
00749354	APO-METOPROLOL-TYPE L	APX		0.1225
00842648	NOVO-METOPROL (UNCOATED)	NOP		0.1225
00865605	NU-METOP	NXP		0.1225
02174545	MYLAN-METOPROLOL (TYPE L)	MYL		0.1225
02230803	PMS-METOPROLOL-L	PMS		0.1225
02247875	SANDOZ METOPROLOL L	SDZ		0.1225
02172550	DOM-METOPROLOL	DOM		0.1286
00397423	LOPRESOR	NVR		0.2951

* 100MG TABLET

02231122	DOM-METOPROLOL-L	DOM	\$	0.1577 *
00618640	APO-METOPROLOL	APX		0.2223
00648043	NOVO-METOPROL	NOP		0.2223
00751170	APO-METOPROLOL-TYPE L	APX		0.2223
00842656	NOVO-METOPROL (UNCOATED)	NOP		0.2223
00865613	NU-METOP	NXP		0.2223
02174553	MYLAN-METOPROLOL (TYPE L)	MYL		0.2223
02230804	PMS-METOPROLOL-L	PMS		0.2223
02247876	SANDOZ METOPROLOL L	SDZ		0.2223
02172569	DOM-METOPROLOL	DOM		0.2334
00397431	LOPRESOR	NVR		0.6053

* 100MG SUSTAINED RELEASE TABLET

02285169	APO-METOPROLOL SR	APX	\$	0.2021
02303396	SANDOZ METOPROLOL SR	SDZ		0.2021
00658855	LOPRESOR-SR	NVR		0.3305

* 200MG SUSTAINED RELEASE TABLET

02285177	APO-METOPROLOL SR	APX	\$	0.3668
02303418	SANDOZ METOPROLOL SR	SDZ		0.3668
00534560	LOPRESOR-SR	NVR		0.5998

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

MEXILETINE HCL

100MG CAPSULE

02230359 NOVO-MEXILETINE NOP \$ 0.8451

200MG CAPSULE

02230360 NOVO-MEXILETINE NOP \$ 1.1317

NADOLOL

* *40MG TABLET*

00782505 APO-NADOL APX \$ 0.2465

02126753 NOVO-NADOLOL NOP 0.2465

* *80MG TABLET*

00782467 APO-NADOL APX \$ 0.3515

02126761 NOVO-NADOLOL NOP 0.3515

160MG TABLET

00782475 APO-NADOL APX \$ 1.2045

NIFEDIPINE

5MG CAPSULE

00725110 APO-NIFED APX \$ 0.3679

* *10MG CAPSULE*

00755907 APO-NIFED APX \$ 0.4877

00865591 NU-NIFED NXP 0.4877

20MG EXTENDED-RELEASE TABLET

02237618 ADALAT XL BAY \$ 1.3389

30MG EXTENDED-RELEASE TABLET

02155907 ADALAT XL BAY \$ 1.3389

* *60MG EXTENDED-RELEASE TABLET*

02155990 ADALAT XL BAY \$ 0.9374 *

02321149 MYLAN-NIFEDIPINE XL MYL 1.2512

PINDOLOL

* *5MG TABLET*

00886149 NU-PINDOL NXP \$ 0.1840 *

00755877 APO-PINDOL APX 0.2283

00869007 NOVO-PINDOL NOP 0.2283

02057808 GEN-PINDOLOL MYL 0.2283

02231536 PMS-PINDOLOL PMS 0.2283

02261782 SANDOZ PINDOLOL SDZ 0.2283

02231650 DOM-PINDOLOL DOM 0.2397

00417270 VISKEN NVR 0.6053

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 10MG TABLET

00886009	NU-PINDOL	NXP	\$	0.3278 *
00755885	APO-PINDOL	APX		0.3965
00869015	NOVO-PINDOL	NOP		0.3965
02057816	GEN-PINDOLOL	MYL		0.3965
02231537	PMS-PINDOLOL	PMS		0.3965
02261790	SANDOZ PINDOLOL	SDZ		0.3965
02238046	DOM-PINDOLOL	DOM		0.4163
00443174	VISKEN	NVR		1.0335

* 15MG TABLET

00755893	APO-PINDOL	APX	\$	0.5825
00869023	NOVO-PINDOL	NOP		0.5825
00886130	NU-PINDOL	NXP		0.5825
02057824	GEN-PINDOLOL	MYL		0.5825
02231539	PMS-PINDOLOL	PMS		0.5825
02261804	SANDOZ PINDOLOL	SDZ		0.5825
02238047	DOM-PINDOLOL	DOM		0.6116
00417289	VISKEN	NVR		1.4993

PROCAINAMIDE HCL

250MG SUSTAINED RELEASE TABLET

00638692	PROCAN-SR	ERF	\$	0.4883
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500MG SUSTAINED RELEASE TABLET

00638676	PROCAN-SR	ERF	\$	0.6919
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750MG SUSTAINED RELEASE TABLET

00638684	PROCAN-SR	ERF	\$	1.1122
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PROPAFENONE HCL

* 150MG TABLET

02243324	APO-PROPAFENONE	APX	\$	0.4275
02245372	MYLAN-PROPAFENONE	MYL		0.4275
02249480	NU-PROPAFENONE	NXP		0.4275
02294559	PMS-PROPAFENONE	PMS		0.4275
00603708	RYTHMOL	ABB		1.2871

* 300MG TABLET

02243325	APO-PROPAFENONE	APX	\$	0.7537
02245373	MYLAN-PROPAFENONE	MYL		0.7537
02294575	PMS-PROPAFENONE	PMS		0.7537
00603716	RYTHMOL	ABB		2.2687

PROPRANOLOL

* 10MG TABLET

00402788	APO-PROPRANOLOL	APX	\$	0.0192
00582255	PMS-PROPRANOLOL	PMS		0.0192
02137313	DOM-PROPRANOLOL	DOM		0.0202
00496480	NOVO-PRANOL	NOP		0.0240

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 20MG TABLET

00663719	APO-PROPRANOLOL	APX	\$	0.0346
00740675	NOVO-PRANOL	NOP		0.0346
02044692	NU-PROPRANOLOL	NXP		0.0346

* 40MG TABLET

00402753	APO-PROPRANOLOL	APX	\$	0.0348
00496499	NOVO-PRANOL	NOP		0.0348
00582263	PMS-PROPRANOLOL	PMS		0.0348
02044706	NU-PROPRANOLOL	NXP		0.0348
02137321	DOM-PROPRANOLOL	DOM		0.0365

* 80MG TABLET

00402761	APO-PROPRANOLOL	APX	\$	0.0585
00496502	NOVO-PRANOL	NOP		0.0585
00582271	PMS-PROPRANOLOL	PMS		0.0585
02137348	DOM-PROPRANOLOL	DOM		0.0614

120MG TABLET

00504335	APO-PROPRANOLOL	APX	\$	0.3091
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60MG LONG ACTING CAPSULE

02042231	INDERAL-LA	WYA	\$	0.6166
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80MG LONG ACTING CAPSULE

02042258	INDERAL-LA	WYA	\$	0.6952
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120MG LONG ACTING CAPSULE

02042266	INDERAL-LA	WYA	\$	1.0703
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160MG LONG ACTING CAPSULE

02042274	INDERAL-LA	WYA	\$	1.2605
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SOTALOL HCL

* 80MG TABLET

02238634	DOM-SOTALOL	DOM	\$	0.4684 *
02084228	RATIO-SOTALOL	RPH		0.5932
02200996	NU-SOTALOL	NXP		0.5932
02210428	APO-SOTALOL	APX		0.5932
02229778	MYLAN-SOTALOL	MYL		0.5932
02231181	NOVO-SOTALOL	NOP		0.5932
02238326	PMS-SOTALOL	PMS		0.5932
02257831	SANDOZ SOTALOL	SDZ		0.5932
02270625	CO SOTALOL	COB		0.5932

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 160MG TABLET

02238635	DOM-SOTALOL	DOM	\$	0.5091	*
02084236	RATIO-SOTALOL	RPH		0.6492	
02163772	NU-SOTALOL	NXP		0.6492	
02167794	APO-SOTALOL	APX		0.6492	
02229779	MYLAN-SOTALOL	MYL		0.6492	
02231182	NOVO-SOTALOL	NOP		0.6492	
02238327	PMS-SOTALOL	PMS		0.6492	
02257858	SANDOZ SOTALOL	SDZ		0.6492	
02270633	CO SOTALOL	COB		0.6492	

TIMOLOL MALEATE

* 5MG TABLET

00755842	APO-TIMOL	APX	\$	0.1817	
01947796	NOVO-TIMOL	NOP		0.1817	

* 10MG TABLET

00755850	APO-TIMOL	APX	\$	0.2835	
01947818	NOVO-TIMOL	NOP		0.2835	

* 20MG TABLET

00755869	APO-TIMOL	APX	\$	0.5670	
01947826	NOVO-TIMOL	NOP		0.5670	

VERAPAMIL HCL

SEE SECTION 24:08.00 (HYPOTENSIVE DRUGS)

24:06.00 ANTILIPEMIC DRUGS

ATORVASTATIN CALCIUM

10MG TABLET

02230711	LIPITOR	PFI	\$	1.8055	
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20MG TABLET

02230713	LIPITOR	PFI	\$	2.2568	
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40MG TABLET

02230714	LIPITOR	PFI	\$	2.4261	
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80MG TABLET

02243097	LIPITOR	PFI	\$	2.4261	
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BEZAFIBRATE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

02240331	PMS-BEZAFIBRATE (EDS)	PMS	\$	0.8834	
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400MG SUSTAINED RELEASE TABLET

02083523	BEZALIP SR (EDS)	TRI	\$	1.8923	
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24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

CHOLESTYRAMINE RESIN

444MG/G ORAL POWDER (9G)

02210320 PMS-CHOLESTYRAMINE PMS \$ 1.3700

800MG/G ORAL POWDER (5G)

00890960 PMS-CHOLESTYRAMINE LIGHT PMS \$ 1.3700

COLESTIPOL HCL RESIN

5G GRANULES

00642975 COLESTID PFI \$ 0.9603

7.5G GRANULES

02132699 COLESTID PFI \$ 0.9401

1G TABLET

02132680 COLESTID PFI \$ 0.2680

EZETIMIBE

10MG TABLET

02247521 EZETROL MSD \$ 1.8717

FENOFIBRATE

* 200MG CAPSULE

02239864 APO-FENO-MICRO APX \$ 1.0890

02240210 MYLAN-FENOFIBRATE MICRO MYL 1.0890

02243552 NOVO-FENOFIBRATE MICRO NOP 1.0890

02249715 NU-FENO-MICRO NXP 1.0890

02250039 RATIO-FENOFIBRATE MC RPH 1.0890

02273551 PMS-FENOFIBRATE MICRO PMS 1.0890

02240337 DOM-FENOFIBRATE MICRO DOM 1.1435

02146959 LIPIDIL-MICRO FFR 1.1816

48MG TABLET

02269074 LIPIDIL EZ SLV \$ 0.4449

145MG TABLET

02269082 LIPIDIL EZ SLV \$ 1.1393

FLUVASTATIN SODIUM

20MG CAPSULE

02061562 LESCOL NVR \$ 0.9234

40MG CAPSULE

02061570 LESCOL NVR \$ 1.2965

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

GEMFIBROZIL

* 300MG CAPSULE

01979574	APO-GEMFIBROZIL	APX	\$	0.2964
02058456	NU-GEMFIBROZIL	NXP		0.2964
02185407	MYLAN-GEMFIBROZIL	MYL		0.2964
02239951	PMS-GEMFIBROZIL	PMS		0.2964
02241704	NOVO-GEMFIBROZIL	NOP		0.2964
02241608	DOM-GEMFIBROZIL	DOM		0.3112
00599026	LOPID	PFI		0.5814

* 600MG TABLET

01979582	APO-GEMFIBROZIL	APX	\$	0.7520
02058464	NU-GEMFIBROZIL	NXP		0.7520
02142074	NOVO-GEMFIBROZIL	NOP		0.7520
02230183	PMS-GEMFIBROZIL	PMS		0.7520
02230476	MYLAN-GEMFIBROZIL	MYL		0.7520
02230580	DOM-GEMFIBROZIL	DOM		0.7896
00659606	LOPID	PFI		1.1637

LOVASTATIN

* 20MG TABLET

02231434	NU-LOVASTATIN	NXP	\$	0.8104 *
02220172	APO-LOVASTATIN	APX		1.0907
02243127	MYLAN-LOVASTATIN	MYL		1.0907
02245822	RATIO-LOVASTATIN	RPH		1.0907
02246013	PMS-LOVASTATIN	PMS		1.0907
02246542	NOVO-LOVASTATIN	NOP		1.0907
02247056	SANDOZ LOVASTATIN	SDZ		1.0907
02248572	CO LOVASTATIN	COB		1.0907
02247231	DOM-LOVASTATIN	DOM		1.1452
00795860	MEVACOR	MSD		2.1348

* 40MG TABLET

02220180	APO-LOVASTATIN	APX	\$	2.0117
02231435	NU-LOVASTATIN	NXP		2.0117
02243129	MYLAN-LOVASTATIN	MYL		2.0117
02245823	RATIO-LOVASTATIN	RPH		2.0117
02246014	PMS-LOVASTATIN	PMS		2.0117
02246543	NOVO-LOVASTATIN	NOP		2.0117
02247057	SANDOZ LOVASTATIN	SDZ		2.0117
02248573	CO LOVASTATIN	COB		2.0117
02247232	DOM-LOVASTATIN	DOM		2.1124
00795852	MEVACOR	MSD		3.8995

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

PRAVASTATIN

* 10MG TABLET

02244350	NU-PRAVASTATIN	NXP	\$	0.7476	*
02243506	APO-PRAVASTATIN	APX		0.9530	
02246930	RATIO-PRAVASTATIN	RPH		0.9530	
02247008	NOVO-PRAVASTATIN	NOP		0.9530	
02247655	PMS-PRAVASTATIN	PMS		0.9530	
02247856	SANDOZ PRAVASTATIN	SDZ		0.9530	
02248182	CO PRAVASTATIN	COB		0.9530	
02257092	MYLAN-PRAVASTATIN	MYL		0.9530	
02284421	RAN-PRAVASTATIN	RAN		0.9530	
02317451	MINT-PRAVASTATIN	MNT		0.9530	
02249723	DOM-PRAVASTATIN	DOM		1.0007	
00893749	PRAVACHOL	BMY		1.0340	

* 20MG TABLET

02244351	NU-PRAVASTATIN	NXP	\$	0.8820	*
02243507	APO-PRAVASTATIN	APX		1.1243	
02246931	RATIO-PRAVASTATIN	RPH		1.1243	
02247009	NOVO-PRAVASTATIN	NOP		1.1243	
02247656	PMS-PRAVASTATIN	PMS		1.1243	
02247857	SANDOZ PRAVASTATIN	SDZ		1.1243	
02248183	CO PRAVASTATIN	COB		1.1243	
02257106	MYLAN-PRAVASTATIN	MYL		1.1243	
02284448	RAN-PRAVASTATIN	RAN		1.1243	
02317478	MINT-PRAVASTATIN	MNT		1.1243	
02249731	DOM-PRAVASTATIN	DOM		1.1805	
00893757	PRAVACHOL	BMY		1.2200	

* 40MG TABLET

02244352	NU-PRAVASTATIN	NXP	\$	1.0624	*
02243508	APO-PRAVASTATIN	APX		1.3543	
02246932	RATIO-PRAVASTATIN	RPH		1.3543	
02247010	NOVO-PRAVASTATIN	NOP		1.3543	
02247657	PMS-PRAVASTATIN	PMS		1.3543	
02247858	SANDOZ PRAVASTATIN	SDZ		1.3543	
02248184	CO PRAVASTATIN	COB		1.3543	
02257114	MYLAN-PRAVASTATIN	MYL		1.3543	
02284456	RAN-PRAVASTATIN	RAN		1.3543	
02317486	MINT-PRAVASTATIN	MNT		1.3543	
02249758	DOM-PRAVASTATIN	DOM		1.4220	
02222051	PRAVACHOL	BMY		1.4696	

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

ROSUVASTATIN CALCIUM

5MG TABLET

02265540 CRESTOR AST \$ 1.3997

10MG TABLET

02247162 CRESTOR AST \$ 1.4756

20MG TABLET

02247163 CRESTOR AST \$ 1.8445

40MG TABLET

02247164 CRESTOR AST \$ 2.1592

SIMVASTATIN

* 5MG TABLET

02247072	NU-SIMVASTATIN	NXP	\$	0.4214	*
02246582	MYLAN-SIMVASTATIN	MYL		0.5670	
02247011	APO-SIMVASTATIN	APX		0.5670	
02248103	CO SIMVASTATIN	COB		0.5670	
02250144	NOVO-SIMVASTATIN	NOP		0.5670	
02269252	PMS-SIMVASTATIN	PMS		0.5670	
02329131	RAN-SIMVASTATIN	RAN		0.5670	
02331020	JAMP-SIMVASTATIN	JPC		0.5670	
02281619	DOM-SIMVASTATIN	DOM		0.5954	
00884324	ZOCOR	MSD		1.1095	

* 10MG TABLET

02247075	NU-SIMVASTATIN	NXP	\$	0.8333	*
02246583	MYLAN-SIMVASTATIN	MYL		1.1214	
02247012	APO-SIMVASTATIN	APX		1.1214	
02247068	RATIO-SIMVASTATIN	RPH		1.1214	
02247828	SANDOZ SIMVASTATIN	SDZ		1.1214	
02248104	CO SIMVASTATIN	COB		1.1214	
02250152	NOVO-SIMVASTATIN	NOP		1.1214	
02269260	PMS-SIMVASTATIN	PMS		1.1214	
02329158	RAN-SIMVASTATIN	RAN		1.1214	
02331039	JAMP-SIMVASTATIN	JPC		1.1214	
02281627	DOM-SIMVASTATIN	DOM		1.1775	
00884332	ZOCOR	MSD		2.1953	

* 20MG TABLET

02247076	NU-SIMVASTATIN	NXP	\$	1.0299	*
02246737	MYLAN-SIMVASTATIN	MYL		1.3860	
02247013	APO-SIMVASTATIN	APX		1.3860	
02247069	RATIO-SIMVASTATIN	RPH		1.3860	
02247830	SANDOZ SIMVASTATIN	SDZ		1.3860	
02248105	CO SIMVASTATIN	COB		1.3860	
02250160	NOVO-SIMVASTATIN	NOP		1.3860	
02269279	PMS-SIMVASTATIN	PMS		1.3860	
02329166	RAN-SIMVASTATIN	RAN		1.3860	
02331047	JAMP-SIMVASTATIN	JPC		1.3860	
02281635	DOM-SIMVASTATIN	DOM		1.4553	
00884340	ZOCOR	MSD		2.7130	

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

* 40MG TABLET

02247077	NU-SIMVASTATIN	NXP \$	1.0299 *
02246584	MYLAN-SIMVASTATIN	MYL	1.3860
02247014	APO-SIMVASTATIN	APX	1.3860
02247070	RATIO-SIMVASTATIN	RPH	1.3860
02247831	SANDOZ SIMVASTATIN	SDZ	1.3860
02248106	CO SIMVASTATIN	COB	1.3860
02250179	NOVO-SIMVASTATIN	NOP	1.3860
02269287	PMS-SIMVASTATIN	PMS	1.3860
02329174	RAN-SIMVASTATIN	RAN	1.3860
02331055	JAMP-SIMVASTATIN	JPC	1.3860
02281643	DOM-SIMVASTATIN	DOM	1.4553
00884359	ZOCOR	MSD	2.7130

* 80MG TABLET

02247078	NU-SIMVASTATIN	NXP \$	1.0299 *
02246585	MYLAN-SIMVASTATIN	MYL	1.3860
02247015	APO-SIMVASTATIN	APX	1.3860
02247071	RATIO-SIMVASTATIN	RPH	1.3860
02247833	SANDOZ SIMVASTATIN	SDZ	1.3860
02248107	CO SIMVASTATIN	COB	1.3860
02250187	NOVO-SIMVASTATIN	NOP	1.3860
02269295	PMS-SIMVASTATIN	PMS	1.3860
02329182	RAN-SIMVASTATIN	RAN	1.3860
02331063	JAMP-SIMVASTATIN	JPC	1.3860
02281651	DOM-SIMVASTATIN	DOM	1.4553
02240332	ZOCOR	MSD	2.7130

24:08.00 HYPOTENSIVE DRUGS

ACEBUTOLOL HCL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

AMILORIDE HCL/HYDROCHLOROTHIAZIDE

* 5MG/50MG TABLET

00886106	NU-AMILZIDE	NXP \$	0.1667 *
00784400	APO-AMILZIDE	APX	0.1917
01937219	NOVAMILOR	NOP	0.1917
02257378	MYLAN-AMILAZIDE	MYL	0.1917

ATENOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

ATENOLOL/CHLORTHALIDONE

* 50MG/25MG TABLET

02248763	APO-ATENIDONE	APX	\$	0.4343
02302918	NOVO-ATENOLTHALIDONE	NOP		0.4343
02049961	TENORETIC	AST		0.6934

* 100MG/25MG TABLET

02248764	APO-ATENIDONE	APX	\$	0.7118
02302926	NOVO-ATENOLTHALIDONE	NOP		0.7118
02049988	TENORETIC	AST		1.1360

BENAZEPRIL HCL

* 5MG TABLET

02290332	APO-BENAZEPRIL	APX	\$	0.5577
00885835	LOTENSIN	NVR		0.8270

* 10MG TABLET

02290340	APO-BENAZEPRIL	APX	\$	0.6595
00885843	LOTENSIN	NVR		0.9782

* 20MG TABLET

02273918	APO-BENAZEPRIL	APX	\$	0.7567
00885851	LOTENSIN	NVR		1.1223

CANDESARTAN CILEXETIL

4MG TABLET

02239090	ATACAND	AST	\$	0.7380
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8MG TABLET

02239091	ATACAND	AST	\$	1.2369
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16MG TABLET

02239092	ATACAND	AST	\$	1.2369
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32MG TABLET

02311658	ATACAND	AST	\$	1.2369
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CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE

16MG/12.5MG TABLET

02244021	ATACAND PLUS	AST	\$	1.2369
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32MG/12.5MG TABLET

02332922	ATACAND PLUS	AST	\$	1.2369
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32MG/25MG TABLET

02332957	ATACAND PLUS	AST	\$	1.2369
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CAPTOPRIL

6.25MG TABLET

01999559	APO-CAPTO	APX	\$	0.1237
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* 12.5MG TABLET

00893595	APO-CAPTO	APX	\$	0.2120
01913824	NU-CAPTO	NXP		0.2120
01942964	NOVO-CAPTORIL	NOP		0.2120
02163551	MYLAN-CAPTOPRIL	MYL		0.2120
02230203	PMS-CAPTOPRIL	PMS		0.2120
02238551	DOM-CAPTOPRIL	DOM		0.2226

* 25MG TABLET

00893609	APO-CAPTO	APX	\$	0.3000
01913832	NU-CAPTO	NXP		0.3000
01942972	NOVO-CAPTORIL	NOP		0.3000
02163578	MYLAN-CAPTOPRIL	MYL		0.3000
02230204	PMS-CAPTOPRIL	PMS		0.3000
02238552	DOM-CAPTOPRIL	DOM		0.3150
00546283	CAPOTEN	BMY		0.3255

* 50MG TABLET

00893617	APO-CAPTO	APX	\$	0.5590
01913840	NU-CAPTO	NXP		0.5590
01942980	NOVO-CAPTORIL	NOP		0.5590
02163586	MYLAN-CAPTOPRIL	MYL		0.5590
02230205	PMS-CAPTOPRIL	PMS		0.5590
02238553	DOM-CAPTOPRIL	DOM		0.5870
00546291	CAPOTEN	BMY		0.6066

* 100MG TABLET

00893625	APO-CAPTO	APX	\$	1.0395
01913859	NU-CAPTO	NXP		1.0395
01942999	NOVO-CAPTORIL	NOP		1.0395
02163594	MYLAN-CAPTOPRIL	MYL		1.0395
02230206	PMS-CAPTOPRIL	PMS		1.0395
02238554	DOM-CAPTOPRIL	DOM		1.0915

CILAZAPRIL

* 1MG TABLET

02266350	NOVO-CILAZAPRIL	NOP	\$	0.3717
02280442	PMS-CILAZAPRIL	PMS		0.3717
02283778	MYLAN-CILAZAPRIL	MYL		0.3717
02291134	APO-CILAZAPRIL	APX		0.3717
01911465	INHIBACE	HLR		0.6759

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 2.5MG TABLET

02266369	NOVO-CILAZAPRIL	NOP	\$	0.4284
02280450	PMS-CILAZAPRIL	PMS		0.4284
02283786	MYLAN-CILAZAPRIL	MYL		0.4284
02285215	CO CILAZAPRIL	COB		0.4284
02291142	APO-CILAZAPRIL	APX		0.4284
01911473	INHIBACE	HLR		0.7790

* 5MG TABLET

02266377	NOVO-CILAZAPRIL	NOP	\$	0.4977
02280469	PMS-CILAZAPRIL	PMS		0.4977
02283794	MYLAN-CILAZAPRIL	MYL		0.4977
02285223	CO CILAZAPRIL	COB		0.4977
02291150	APO-CILAZAPRIL	APX		0.4977
01911481	INHIBACE	HLR		0.9050

CILAZAPRIL/HYDROCHLOROTHIAZIDE

* 5MG/12.5MG TABLET

02284987	APO-CILAZAPRIL/HCTZ	APX	\$	0.6254
02313731	NOVO-CILAZAPRIL/HCTZ	NOP		0.6254
02181479	INHIBACE PLUS	HLR		0.9049

CLONIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 0.025MG TABLET

02248732	APO-CLONIDINE (EDS)	APX	\$	0.1817
02304163	NOVO-CLONIDINE (EDS)	NOP		0.1817
00519251	DIXARIT (EDS)	BOE		0.2952

* 0.1MG TABLET

00868949	APO-CLONIDINE	APX	\$	0.1765
01913786	NU-CLONIDINE	NXP		0.1765
02046121	NOVO-CLONIDINE	NOP		0.1765
00259527	CATAPRES	BOE		0.2011

* 0.2MG TABLET

00868957	APO-CLONIDINE	APX	\$	0.3149
01913220	NU-CLONIDINE	NXP		0.3149
02046148	NOVO-CLONIDINE	NOP		0.3149
02247608	DOM-CLONIDINE	DOM		0.3306
00291889	CATAPRES	BOE		0.3587

DILTIAZEM HCL

*NOTE: THE SUSTAINED RELEASE DOSAGE FORMS ARE APPROVED
AS ANTIHYPERTENSIVE AGENTS (SEE SECTION 24:04.00)*

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

DOXAZOSIN MESYLATE

* 1MG TABLET

02240498	MYLAN-DOXAZOSIN	MYL	\$	0.3465
02240588	APO-DOXAZOSIN	APX		0.3465
02242728	NOVO-DOXAZOSIN	NOP		0.3465
02244527	PMS-DOXAZOSIN	PMS		0.3465
01958100	CARDURA-1	PFI		0.6393

* 2MG TABLET

02240499	MYLAN-DOXAZOSIN	MYL	\$	0.4158
02240589	APO-DOXAZOSIN	APX		0.4158
02242729	NOVO-DOXAZOSIN	NOP		0.4158
02244528	PMS-DOXAZOSIN	PMS		0.4158
01958097	CARDURA-2	PFI		0.7668

* 4MG TABLET

02240500	MYLAN-DOXAZOSIN	MYL	\$	0.5405
02240590	APO-DOXAZOSIN	APX		0.5405
02242730	NOVO-DOXAZOSIN	NOP		0.5405
02244529	PMS-DOXAZOSIN	PMS		0.5405
01958119	CARDURA-4	PFI		0.9969

ENALAPRIL MALEATE

* 2.5MG TABLET

02323478	SIG-ENALAPRIL	SLI	\$	0.3685 *
02020025	APO-ENALAPRIL	APX		0.5425
02291878	CO ENALAPRIL	COB		0.5425
02299933	SANDOZ ENALAPRIL	SDZ		0.5425
02299984	RATIO-ENALAPRIL	RPH		0.5425
02300036	MYLAN-ENALAPRIL	MYL		0.5425
02300079	PMS-ENALAPRIL	PMS		0.5425
02300680	NOVO-ENALAPRIL	NOP		0.5425
00851795	VASOTEC	MSD		0.8085

* 5MG TABLET

02323486	SIG-ENALAPRIL	SLI	\$	0.4355 *
02019884	APO-ENALAPRIL	APX		0.6418
02233005	NOVO-ENALAPRIL	NOP		0.6418
02291886	CO ENALAPRIL	COB		0.6418
02299941	SANDOZ ENALAPRIL	SDZ		0.6418
02299992	RATIO-ENALAPRIL	RPH		0.6418
02300044	MYLAN-ENALAPRIL	MYL		0.6418
02300087	PMS-ENALAPRIL	PMS		0.6418
00708879	VASOTEC	MSD		0.9565

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 10MG TABLET

02323494	SIG-ENALAPRIL	SLI	\$	0.5233 *
02019892	APO-ENALAPRIL	APX		0.7712
02233006	NOVO-ENALAPRIL	NOP		0.7712
02291894	CO ENALAPRIL	COB		0.7712
02299968	SANDOZ ENALAPRIL	SDZ		0.7712
02300001	RATIO-ENALAPRIL	RPH		0.7712
02300052	MYLAN-ENALAPRIL	MYL		0.7712
02300095	PMS-ENALAPRIL	PMS		0.7712
00670901	VASOTEC	MSD		1.1491

* 20MG TABLET

02323508	SIG-ENALAPRIL	SLI	\$	0.6313 *
02019906	APO-ENALAPRIL	APX		0.9305
02233007	NOVO-ENALAPRIL	NOP		0.9305
02291908	CO ENALAPRIL	COB		0.9305
02299976	SANDOZ ENALAPRIL	SDZ		0.9305
02300028	RATIO-ENALAPRIL	RPH		0.9305
02300060	MYLAN-ENALAPRIL	MYL		0.9305
02300109	PMS-ENALAPRIL	PMS		0.9305
00670928	VASOTEC	MSD		1.3866

ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE

5MG/12.5MG TABLET

02300222	NOVO-ENALAPRIL/HCTZ	NOP	\$	0.6417
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* 10MG/25MG TABLET

02300230	NOVO-ENALAPRIL/HCTZ	NOP	\$	0.7714
00657298	VASERETIC	MSD		1.1836

EPROSARTAN MESYLATE

400MG TABLET

02240432	TEVETEN	SLV	\$	0.7600
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600MG TABLET

02243942	TEVETEN	SLV	\$	1.1405
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EPROSARTAN MESYLATE/HYDROCHOLORTHAZIDE

600MG/12.5MG TABLET

02253631	TEVETEN PLUS	SLV	\$	1.1405
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

FELODIPINE

* 2.5MG SUSTAINED RELEASE TABLET

02057778	PLENDIL	AST	\$	0.5520
02221985	RENEDIL	AVT		0.5751

* 5MG SUSTAINED RELEASE TABLET

02280264	SANDOZ FELODIPINE	SDZ	\$	0.5097
00851779	PLENDIL	AST		0.7375
02221993	RENEDIL	AVT		0.7842

* 10MG SUSTAINED RELEASE TABLET

02280272	SANDOZ FELODIPINE	SDZ	\$	0.7647
00851787	PLENDIL	AST		1.1064
02222000	RENEDIL	AVT		1.1755

FOSINOPRIL

* 10MG TABLET

02247802	NOVO-FOSINOPRIL	NOP	\$	0.4977
02262401	MYLAN-FOSINOPRIL	MYL		0.4977
02266008	APO-FOSINOPRIL	APX		0.4977
01907107	MONOPRIL	BMY		0.9452

* 20MG TABLET

02247803	NOVO-FOSINOPRIL	NOP	\$	0.5985
02262428	MYLAN-FOSINOPRIL	MYL		0.5985
02266016	APO-FOSINOPRIL	APX		0.5985
01907115	MONOPRIL	BMY		1.1368

HYDRALAZINE HCL

* 10MG TABLET

00441619	APO-HYDRALAZINE	APX	\$	0.1026
00759465	NOVO-HYLAZIN	NOP		0.1026

25MG TABLET

00441627	APO-HYDRALAZINE	APX	\$	0.2314
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* 50MG TABLET

00441635	APO-HYDRALAZINE	APX	\$	0.2770
00759481	NOVO-HYLAZIN	NOP		0.2770

IRBESARTAN

75MG TABLET

02237923	AVAPRO	BMY	\$	1.3127
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150MG TABLET

02237924	AVAPRO	BMY	\$	1.3127
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300MG TABLET

02237925	AVAPRO	BMY	\$	1.3127
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

IRBESARTAN/HYDROCHLOROTHIAZIDE

150MG/12.5MG TABLET

02241818 AVALIDE BMY \$ 1.3127

300MG/12.5MG TABLET

02241819 AVALIDE BMY \$ 1.3127

300MG/25MG TABLET

02280213 AVALIDE BMY \$ 1.3038

LABETALOL HCL

100MG TABLET

02106272 TRANDATE PAL \$ 0.3000

200MG TABLET

02106280 TRANDATE PAL \$ 0.5304

LISINOPRIL

* 5MG TABLET

02217481 APO-LISINOPRIL APX \$ 0.5388

02256797 RATIO-LISINOPRIL P RPH 0.5388

02271443 CO LISINOPRIL COB 0.5388

02274833 MYLAN-LISINOPRIL MYL 0.5388

02285061 NOVO-LISINOPRIL (TYPE P) NOP 0.5388

02285118 NOVO-LISINOPRIL (TYPE Z) NOP 0.5388

02289199 SANDOZ LISINOPRIL SDZ 0.5388

02292203 PMS-LISINOPRIL PMS 0.5388

02294230 RAN-LISINOPRIL RAN 0.5388

02299879 RATIO-LISINOPRIL Z RPH 0.5388

02294613 DOM-LISINOPRIL DOM 0.5657

02049333 ZESTRIL AST 0.5846

00839388 PRINIVIL MSD 0.6202

* 10MG TABLET

02217503 APO-LISINOPRIL APX \$ 0.6474

02256800 RATIO-LISINOPRIL P RPH 0.6474

02271451 CO LISINOPRIL COB 0.6474

02274841 MYLAN-LISINOPRIL MYL 0.6474

02285088 NOVO-LISINOPRIL (TYPE P) NOP 0.6474

02285126 NOVO-LISINOPRIL (TYPE Z) NOP 0.6474

02289202 SANDOZ LISINOPRIL SDZ 0.6474

02292211 PMS-LISINOPRIL PMS 0.6474

02294249 RAN-LISINOPRIL RAN 0.6474

02299887 RATIO-LISINOPRIL Z RPH 0.6474

02294621 DOM-LISINOPRIL DOM 0.6798

02049376 ZESTRIL AST 0.7025

00839396 PRINIVIL MSD 0.7449

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 20MG TABLET

02217511	APO-LISINOPRIL	APX	\$	0.7779
02256819	RATIO-LISINOPRIL P	RPH		0.7779
02271478	CO LISINOPRIL	COB		0.7779
02274868	MYLAN-LISINOPRIL	MYL		0.7779
02285096	NOVO-LISINOPRIL (TYPE P)	NOP		0.7779
02285134	NOVO-LISINOPRIL (TYPE Z)	NOP		0.7779
02289229	SANDOZ LISINOPRIL	SDZ		0.7779
02292238	PMS-LISINOPRIL	PMS		0.7779
02294257	RAN-LISINOPRIL	RAN		0.7779
02299895	RATIO-LISINOPRIL Z	RPH		0.7779
02294648	DOM-LISINOPRIL	DOM		0.8168
02049384	ZESTRIL	AST		0.8441
00839418	PRINIVIL	MSD		0.8955

LISINOPRIL/HYDROCHLOROTHIAZIDE

* 10MG/12.5MG TABLET

02261979	APO-LISINOPRIL/HCTZ	APX	\$	0.5835
02297736	MYLAN-LISINOPRIL HCTZ	MYL		0.5835
02301768	NOVO-LISINOPRIL/HCTZ (Z)	NOP		0.5835
02302136	NOVO-LISINOPRIL/HCTZ (P)	NOP		0.5835
02302365	SANDOZ LISINOPRIL HCT	SDZ		0.5835
02108194	PRINZIDE	MSD		0.7676
02103729	ZESTORETIC	AST		0.9046

* 20MG/12.5MG TABLET

02261987	APO-LISINOPRIL/HCTZ	APX	\$	0.7011
02297744	MYLAN-LISINOPRIL HCTZ	MYL		0.7011
02301776	NOVO-LISINOPRIL/HCTZ (Z)	NOP		0.7011
02302144	NOVO-LISINOPRIL/HCTZ (P)	NOP		0.7011
02302373	SANDOZ LISINOPRIL HCT	SDZ		0.7011
00884413	PRINZIDE	MSD		0.9223
02045737	ZESTORETIC	AST		1.0869

* 20MG/25MG TABLET

02261995	APO-LISINOPRIL/HCTZ	APX	\$	0.7011
02297752	MYLAN-LISINOPRIL HCTZ	MYL		0.7011
02301784	NOVO-LISINOPRIL/HCTZ (Z)	NOP		0.7011
02302152	NOVO-LISINOPRIL/HCTZ (P)	NOP		0.7011
02302381	SANDOZ LISINOPRIL HCT	SDZ		0.7011
02045729	ZESTORETIC	AST		1.0869

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

LOSARTAN POTASSIUM

25MG TABLET

02182815 COZAAR MSD \$ 1.3563

50MG TABLET

02182874 COZAAR MSD \$ 1.3563

100MG TABLET

02182882 COZAAR MSD \$ 1.3563

LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE

50MG/12.5MG TABLET

02230047 HYZAAR MSD \$ 1.3563

100MG/12.5MG TABLET

02297841 HYZAAR MSD \$ 1.3168

100MG/25MG TABLET

02241007 HYZAAR DS MSD \$ 1.3563

METHYLDOPA

125MG TABLET

00360252 APO-METHYLDOPA APX \$ 0.0989

250MG TABLET

00360260 APO-METHYLDOPA APX \$ 0.1433

500MG TABLET

00426830 APO-METHYLDOPA APX \$ 0.2537

METOPROLOL TARTRATE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

MINOXIDIL

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

00514497 LONITEN (EDS) PFI \$ 0.3711

10MG TABLET

00514500 LONITEN (EDS) PFI \$ 0.8181

NADOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

NIFEDIPINE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

OLMESARTAN MEDOXOMIL

20MG TABLET

02318660 OLMETEC SCP \$ 1.0742

40MG TABLET

02318679 OLMETEC SCP \$ 1.0742

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

OLMESARTAN MEDOXOMIL/HCTZ

20MG/12.5MG TABLET

02319616 OLMETEC PLUS SCP \$ 1.0742

40MG/12.5MG TABLET

02319624 OLMETEC PLUS SCP \$ 1.0742

40MG/25MG TABLET

02319632 OLMETEC PLUS SCP \$ 1.0742

PERINDOPRIL ERBUMINE

2MG TABLET

02123274 COVERSYL SEV \$ 0.6764

4MG TABLET

02123282 COVERSYL SEV \$ 0.8463

8MG TABLET

02246624 COVERSYL SEV \$ 1.1849

PERINDOPRIL ERBUMINE/INDAPAMIDE

4MG/1.25MG TABLET

02246569 COVERSYL PLUS SEV \$ 1.0600

8MG/2.5MG TABLET

02321653 COVERSYL PLUS HD SEV \$ 1.1849

PINDOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

PINDOLOL/HYDROCHLOROTHIAZIDE

10MG/25MG TABLET

00568627 VISKAZIDE NVR \$ 0.9277

10MG/50MG TABLET

00568635 VISKAZIDE NVR \$ 0.9277

PRAZOSIN

* 1MG TABLET

00882801 APO-PRAZO APX \$ 0.2055

01934198 NOVO-PRAZIN NOP 0.2055

* 2MG TABLET

00882828 APO-PRAZO APX \$ 0.2791

01934201 NOVO-PRAZIN NOP 0.2791

* 5MG TABLET

00882836 APO-PRAZO APX \$ 0.3806

01934228 NOVO-PRAZIN NOP 0.3806

PROPRANOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

QUINAPRIL HCL

5MG TABLET

01947664 ACCUPRIL PFI \$ 0.9446

10MG TABLET

01947672 ACCUPRIL PFI \$ 0.9446

20MG TABLET

01947680 ACCUPRIL PFI \$ 0.9446

40MG TABLET

01947699 ACCUPRIL PFI \$ 0.9446

QUINAPRIL HCL/HYDROCHLOROTHIAZIDE

10MG/12.5MG TABLET

02237367 ACCURETIC PFI \$ 0.9444

20MG/12.5MG TABLET

02237368 ACCURETIC PFI \$ 0.9444

20MG/25MG TABLET

02237369 ACCURETIC PFI \$ 0.9402

RAMIPRIL

* *1.25MG CAPSULE/TABLET*

02251515 APO-RAMIPRIL APX \$ 0.4550

02287692 RATIO-RAMIPRIL RPH 0.4550

02295369 PMS-RAMIPRIL PMS 0.4550

02295482 CO RAMIPRIL COB 0.4550

02299372 RAMIPRIL PMS 0.4550

02301148 MYLAN-RAMIPRIL MYL 0.4550

02310503 RAN-RAMIPRIL RAN 0.4550

02221829 ALTACE AVT 0.7524

* *2.5MG CAPSULE/TABLET*

02247917 PMS-RAMIPRIL PMS \$ 0.5250

02247945 NOVO-RAMIPRIL NOP 0.5250

02251531 APO-RAMIPRIL APX 0.5250

02255316 RAMIPRIL PMS 0.5250

02287706 RATIO-RAMIPRIL RPH 0.5250

02295490 CO RAMIPRIL COB 0.5250

02301156 MYLAN-RAMIPRIL MYL 0.5250

02310511 RAN-RAMIPRIL RAN 0.5250

02221837 ALTACE AVT 0.8680

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 5MG CAPSULE/TABLET

02247918	PMS-RAMIPRIL	PMS	\$	0.5250
02247946	NOVO-RAMIPRIL	NOP		0.5250
02251574	APO-RAMIPRIL	APX		0.5250
02255324	RAMIPRIL	PMS		0.5250
02287714	RATIO-RAMIPRIL	RPH		0.5250
02295504	CO RAMIPRIL	COB		0.5250
02301164	MYLAN-RAMIPRIL	MYL		0.5250
02310538	RAN-RAMIPRIL	RAN		0.5250
02221845	ALTACE	AVT		0.8680

* 10MG CAPSULE/TABLET

02301172	MYLAN-RAMIPRIL	MYL	\$	0.6550
02247919	PMS-RAMIPRIL	PMS		0.6650
02247947	NOVO-RAMIPRIL	NOP		0.6650
02251582	APO-RAMIPRIL	APX		0.6650
02255332	RAMIPRIL	PMS		0.6650
02287722	RATIO-RAMIPRIL	RPH		0.6650
02295512	CO RAMIPRIL	COB		0.6650
02310546	RAN-RAMIPRIL	RAN		0.6650
02221853	ALTACE	AVT		1.0996

RAMIPRIL/HYDROCHLOROTHIAZIDE

2.5MG/12.5MG TABLET

02283131	ALTACE HCT	AVT	\$	0.4069
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5MG/12.5MG TABLET

02283158	ALTACE HCT	AVT	\$	0.4151
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10MG/12.5MG TABLET

02283166	ALTACE HCT	AVT	\$	0.5261
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5MG/25MG TABLET

02283174	ALTACE HCT	AVT	\$	0.4151
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10MG/25MG TABLET

02283182	ALTACE HCT	AVT	\$	0.5261
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SPIRONOLACTONE/HYDROCHLOROTHIAZIDE

* 25MG/25MG TABLET

00613231	NOVO-SPIROZINE	NOP	\$	0.1057
00180408	ALDACTAZIDE-25	PFI		0.1445

* 50MG/50MG TABLET

00657182	NOVO-SPIROZINE	NOP	\$	0.2236
00594377	ALDACTAZIDE-50	PFI		0.3063

TELMISARTAN

40MG TABLET

02240769	MICARDIS	BOE	\$	1.2258
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80MG TABLET

02240770	MICARDIS	BOE	\$	1.2258
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

TELMISARTAN/HYDROCHLOROTHIAZIDE

80MG/12.5MG TABLET

02244344 MICARDIS PLUS BOE \$ 1.2258

80MG/25MG TABLET

02318709 MICARDIS PLUS BOE \$ 1.2258

TERAZOSIN HCL

* 1MG TABLET

02243746	DOM-TERAZOSIN	DOM \$	0.2957 *
02218941	RATIO-TERAZOSIN	RPH	0.3490
02230805	NOVO-TERAZOSIN	NOP	0.3490
02233047	NU-TERAZOSIN	NXP	0.3490
02234502	APO-TERAZOSIN	APX	0.3490
02243518	PMS-TERAZOSIN	PMS	0.3490
00818658	HYTRIN	ABB	0.7965

* 2MG TABLET

02243747	DOM-TERAZOSIN	DOM \$	0.3759 *
02218968	RATIO-TERAZOSIN	RPH	0.4436
02230806	NOVO-TERAZOSIN	NOP	0.4436
02233048	NU-TERAZOSIN	NXP	0.4436
02234503	APO-TERAZOSIN	APX	0.4436
02243519	PMS-TERAZOSIN	PMS	0.4436
00818682	HYTRIN	ABB	1.0125

* 5MG TABLET

02243748	DOM-TERAZOSIN	DOM \$	0.5105 *
02218976	RATIO-TERAZOSIN	RPH	0.6025
02230807	NOVO-TERAZOSIN	NOP	0.6025
02233049	NU-TERAZOSIN	NXP	0.6025
02234504	APO-TERAZOSIN	APX	0.6025
02243520	PMS-TERAZOSIN	PMS	0.6025
00818666	HYTRIN	ABB	1.3750

* 10MG TABLET

02218984	RATIO-TERAZOSIN	RPH \$	0.8820
02230808	NOVO-TERAZOSIN	NOP	0.8820
02233050	NU-TERAZOSIN	NXP	0.8820
02234505	APO-TERAZOSIN	APX	0.8820
02243521	PMS-TERAZOSIN	PMS	0.8820
02243749	DOM-TERAZOSIN	DOM	0.9261
00818674	HYTRIN	ABB	2.0126

TIMOLOL MALEATE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

TRANDOLAPRIL

0.5MG CAPSULE

02231457 MAVIK ABB \$ 0.6727

1MG CAPSULE

02231459 MAVIK ABB \$ 0.7488

2MG CAPSULE

02231460 MAVIK ABB \$ 0.8606

4MG CAPSULE

02239267 MAVIK ABB \$ 1.0617

TRIAMTERENE/HYDROCHLOROTHIAZIDE

* *50MG/25MG TABLET*

00865532 NU-TRIAZIDE NXP \$ **0.0416** *

00441775 APO-TRIAZIDE APX 0.0608

00532657 NOVO-TRIAMZIDE NOP 0.0608

VALSARTAN

40MG TABLET

02270528 DIOVAN NVR \$ 1.2633

80MG TABLET

02244781 DIOVAN NVR \$ 1.2839

160MG TABLET

02244782 DIOVAN NVR \$ 1.2839

320MG TABLET

02289504 DIOVAN NVR \$ 1.2339

VALSARTAN/HYDROCHLOROTHIAZIDE

80MG/12.5MG TABLET

02241900 DIOVAN-HCT NVR \$ 1.2839

160MG/12.5MG TABLET

02241901 DIOVAN-HCT NVR \$ 1.2839

160MG/25MG TABLET

02246955 DIOVAN-HCT NVR \$ 1.2839

320MG/12.5MG TABLET

02308908 DIOVAN-HCT NVR \$ 1.2637

320MG/25MG TABLET

02308916 DIOVAN-HCT NVR \$ 1.2637

VERAPAMIL HCL

* *80MG TABLET*

00886033 NU-VERAP NXP \$ **0.2378** *

00782483 APO-VERAP APX 0.2735

02237921 MYLAN-VERAPAMIL MYL 0.2735

* *120MG TABLET*

00782491 APO-VERAP APX \$ 0.4250

00886041 NU-VERAP NXP 0.4250

02237922 MYLAN-VERAPAMIL MYL 0.4250

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 120MG SUSTAINED RELEASE TABLET

02210347	MYLAN-VERAPAMIL SR	MYL	\$	0.6900
02246893	APO-VERAP SR	APX		0.6900
01907123	ISOPTIN SR	ABB		1.4626

* 180MG SUSTAINED RELEASE TABLET

02210355	MYLAN-VERAPAMIL SR	MYL	\$	0.6558
02246894	APO-VERAP SR	APX		0.6558
01934317	ISOPTIN SR	ABB		1.6516

* 240MG SUSTAINED RELEASE TABLET

02249812	NU-VERAP SR	NXP	\$	0.6841 *
02210363	MYLAN-VERAPAMIL SR	MYL		0.8720
02211920	NOVO-VERAPAMIL SR	NOP		0.8720
02237791	PMS-VERAPAMIL SR	PMS		0.8720
02246895	APO-VERAP SR	APX		0.8720
02240321	DOM-VERAPAMIL SR	DOM		0.9156
00742554	ISOPTIN SR	ABB		2.2026

24:12.00 VASODILATING DRUGS

AMBRISENTAN

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02307065	VOLIBRIS (EDS)	GSK	\$	121.3334
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10MG TABLET

02307073	VOLIBRIS (EDS)	GSK	\$	121.3334
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BETAHISTINE DIHYDROCHLORIDE

* 16MG TABLET

02280191	NOVO-BETAHISTINE	NOP	\$	0.3557
02243878	SERC	SLV		0.4800

* 24MG TABLET

02280205	NOVO-BETAHISTINE	NOP	\$	0.4983
02247998	SERC	SLV		0.7200

BOSENTAN

SEE APPENDIX A FOR EDS CRITERIA

62.5MG TABLET

02244981	TRACLEER (EDS)	ACT	\$	64.8929
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125MG TABLET

02244982	TRACLEER (EDS)	ACT	\$	64.8929
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24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

DIPYRIDAMOLE

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00067393 PERSANTINE (EDS) BOE \$ 0.4209

75MG TABLET

00452092 PERSANTINE (EDS) BOE \$ 0.5668

DIPYRIDAMOLE/ACETYLSALICYLIC ACID

SEE APPENDIX A FOR EDS CRITERIA

200MG/25MG CAPSULE

02242119 AGGRENOX (EDS) BOE \$ 0.8930

EPOPROSTENOL

PLEASE CONTACT THE DRUG PLAN FOR DETAILS.

SEE APPENDIX A FOR EDS CRITERIA

0.5MG/VIAL INJECTION

02230845 FLOLAN (EDS) GSK \$ 19.9300

1.5MG/VIAL INJECTION

02230848 FLOLAN (EDS) GSK \$ 39.8600

FLOLAN DILUENT

02230857 FLOLAN DILUENT (EDS) GSK \$ 11.3900

PER DIEM SUPPLIES

00950964 FLOLAN SUPP/PER DIEM (EDS) GSK \$ 49.9100

ISOSORBIDE DINITRATE

10MG TABLET

00441686 APO-ISDN APX \$ 0.0365

30MG TABLET

00441694 APO-ISDN APX \$ 0.0857

5MG SUBLINGUAL TABLET

00670944 APO-ISDN APX \$ 0.0621

ISOSORBIDE-5 MONONITRATE

* 60MG EXTENDED-RELEASE TABLET

02272830 APO-ISMN APX \$ 0.4950

02301288 PMS-ISMN PMS 0.4950

02126559 IMDUR AST 0.7151

NIMODIPINE

SEE APPENDIX A FOR EDS CRITERIA

30MG TABLET

02325926 NIMOTOP (EDS) BAY \$ 10.2800

24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

NITROGLYCERIN

☒ 0.2MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

01911910	NITRO-DUR 0.2	KEY	\$	0.6150
02230732	TRINIPATCH 0.2	PAL		0.6150
02162806	MINITRAN 0.2	GCC		0.6340
00584223	TRANSDERM-NITRO 0.2	NVR		0.7020

☒ 0.4MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

01911902	NITRO-DUR 0.4	KEY	\$	0.6944
02230733	TRINIPATCH 0.4	PAL		0.6944
02163527	MINITRAN 0.4	GCC		0.7155
00852384	TRANSDERM-NITRO 0.4	NVR		0.7928

☒ 0.6MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

01911929	NITRO-DUR 0.6	KEY	\$	0.6944
02230734	TRINIPATCH 0.6	PAL		0.6944
02163535	MINITRAN 0.6	GCC		0.7158
02046156	TRANSDERM-NITRO 0.6	NVR		0.7928

0.8MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

02011271	NITRO-DUR 0.8	KEY	\$	1.2044
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0.3MG SUBLINGUAL TABLET

00037613	NITROSTAT	PFI	\$	0.1293
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0.6MG SUBLINGUAL TABLET

00037621	NITROSTAT	PFI	\$	0.1293
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2% OINTMENT

01926454	NITROL	PAL	\$	0.6797
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* 0.4MG/DOSE LINGUAL SPRAY (PACKAGE)

02238998	RHO-NITRO PUMPSPRAY	SDZ	\$	8.4600
02243588	MYLAN-NITROL SL SPRAY	MYL		8.4600
02231441	NITROLINGUAL PUMPSPRAY	AVT		15.1800

SILDENAFIL CITRATE

SEE APPENDIX A FOR EDS CRITERIA

20MG TABLET

02279401	REVATIO (EDS)	PFI	\$	11.0625
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TREPROSTINIL

PLEASE CONTACT THE DRUG PLAN FOR DETAILS.

SEE APPENDIX A FOR EDS CRITERIA

1MG INJECTION SOLUTION

02246552	REMODULIN (EDS)	UTI	\$	48.7500
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2.5MG INJECTION SOLUTION

02246553	REMODULIN (EDS)	UTI	\$	116.2500
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5MG INJECTION SOLUTION

02246554	REMODULIN (EDS)	UTI	\$	228.7500
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10MG INJECTION SOLUTION

02246555	REMODULIN (EDS)	UTI	\$	453.7500
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PER DIEM SUPPLIES

00950963	REMODULIN SUPP/DIEM (EDS)	UTI	\$	47.3400
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CENTRAL NERVOUS SYSTEM AGENTS
28:00



28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

* 325MG ENTERIC TABLET

02284529	PMS-ASA EC	PMS	\$	0.0280
00010332	ENTROPHEN	PED		0.0518

* 650MG ENTERIC TABLET

00010340	ENTROPHEN	PED	\$	0.0850
02284537	PMS-ASA EC	PMS		0.0862

CELECOXIB

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02239941	CELEBREX (EDS)	PFI	\$	0.7187
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200MG CAPSULE

02239942	CELEBREX (EDS)	PFI	\$	1.4373
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DICLOFENAC SODIUM

* 25MG ENTERIC TABLET

00808539	NOVO-DIFENAC	NOP	\$	0.1902
00839175	APO-DICLO	APX		0.1902
00886017	NU-DICLO	NXP		0.1902
02261952	SANDOZ DICLOFENAC	SDZ		0.1902
02302616	PMS-DICLOFENAC	PMS		0.1902
02231662	DOM-DICLOFENAC	DOM		0.1997

* 50MG ENTERIC TABLET

00886025	NU-DICLO	NXP	\$	0.3339 *
00808547	NOVO-DIFENAC	NOP		0.3937
00839183	APO-DICLO	APX		0.3937
02261960	SANDOZ DICLOFENAC	SDZ		0.3937
02302624	PMS-DICLOFENAC	PMS		0.3937
02231663	DOM-DICLOFENAC	DOM		0.4134
00514012	VOLTAREN	NVR		0.9182

* 75MG SUSTAINED RELEASE TABLET

02158582	NOVO-DIFENAC SR	NOP	\$	0.5706
02228203	NU-DICLO-SR	NXP		0.5706
02231504	PMS-DICLOFENAC-SR	PMS		0.5706
02261901	SANDOZ DICLOFENAC SR	SDZ		0.5706
02231664	DOM-DICLOFENAC SR	DOM		0.5991
00782459	VOLTAREN-SR	NVR		1.2587

* 100MG SUSTAINED RELEASE TABLET

02048698	NOVO-DIFENAC SR	NOP	\$	0.7874
02228211	NU-DICLO-SR	NXP		0.7874
02231505	PMS-DICLOFENAC-SR	PMS		0.7874
02261944	SANDOZ DICLOFENAC SR	SDZ		0.7874
02231665	DOM-DICLOFENAC SR	DOM		0.8268
00590827	VOLTAREN-SR	NVR		1.7942

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

* 50MG SUPPOSITORY

02231506	PMS-DICLOFENAC	PMS	\$	0.6237
02241224	SANDOZ DICLOFENAC	SDZ		0.6237
02261928	SANDOZ DICLOFENAC	SDZ		0.6237
00632724	VOLTAREN	NVR		1.3787

* 100MG SUPPOSITORY

02231508	PMS-DICLOFENAC	PMS	\$	0.8397
02241225	SANDOZ DICLOFENAC	SDZ		0.8397
02261936	SANDOZ DICLOFENAC	SDZ		0.8397
00632732	VOLTAREN	NVR		1.8558

DICLOFENAC SODIUM/MISOPROSTOL

50MG/200UG ENTERIC TABLET

01917056	ARTHROTEC	PFI	\$	0.6372
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75MG/200UG ENTERIC TABLET

02229837	ARTHROTEC 75	PFI	\$	0.8653
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DIFLUNISAL

* 250MG TABLET

02039486	APO-DIFLUNISAL	APX	\$	0.5646
02048493	NOVO-DIFLUNISAL	NOP		0.5646

500MG TABLET

02039494	APO-DIFLUNISAL	APX	\$	0.7150
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ETODOLAC

SEE APPENDIX A FOR EDS CRITERIA

200MG CAPSULE

02232317	APO-ETODOLAC (EDS)	APX	\$	0.7600
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300MG CAPSULE

02232318	APO-ETODOLAC (EDS)	APX	\$	0.7600
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FLURBIPROFEN

* 50MG TABLET

01912046	APO-FLURBIPROFEN	APX	\$	0.2564
02020661	NU-FLURBIPROFEN	NXP		0.2564
02100509	NOVO-FLURPROFEN	NOP		0.2564
00647942	ANSAID	PFI		0.5782

* 100MG TABLET

01912038	APO-FLURBIPROFEN	APX	\$	0.3508
02020688	NU-FLURBIPROFEN	NXP		0.3508
02100517	NOVO-FLURPROFEN	NOP		0.3508
00600792	ANSAID	PFI		0.7569

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

IBUPROFEN

* 300MG TABLET

00441651	APO-IBUPROFEN	APX	\$	0.0690
02242632	MOTRIN EXTRA STRENGTH IB	MCL		0.1326

* 400MG TABLET

00506052	APO-IBUPROFEN	APX	\$	0.1010
00836133	PMS-IBUPROFEN	PMS		0.1010
02317338	IBUPROFEN	JPC		0.1010
02242658	MOTRIN SUPER STRENGTH IB	MCL		0.1723

* 600MG TABLET

00629359	NOVO-PROFEN	NOP	\$	0.0465
00839264	PMS-IBUPROFEN	PMS		0.0465
00585114	APO-IBUPROFEN	APX		0.1313
02020726	NU-IBUPROFEN	NXP		0.1313

INDOMETHACIN

* 25MG CAPSULE

00337420	NOVO-METHACIN	NOP	\$	0.0871
00611158	APO-INDOMETHACIN	APX		0.0871
00865850	NU-INDO	NXP		0.0871

* 50MG CAPSULE

00337439	NOVO-METHACIN	NOP	\$	0.1511
00611166	APO-INDOMETHACIN	APX		0.1511
00865869	NU-INDO	NXP		0.1511

50MG SUPPOSITORY

02231799	SANDOZ INDOMETHACIN	SDZ	\$	0.8400
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100MG SUPPOSITORY

02231800	SANDOZ INDOMETHACIN	SDZ	\$	0.8920
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KETOPROFEN

50MG CAPSULE

00790427	APO-KETO	APX	\$	0.3373
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50MG ENTERIC COATED TABLET

00790435	APO-KETO-E	APX	\$	0.3373
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100MG ENTERIC COATED TABLET

00842664	APO-KETO-E	APX	\$	0.6823
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200MG SUSTAINED RELEASE TABLET

02172577	APO-KETOPROFEN SR	APX	\$	1.3890
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50MG SUPPOSITORY

02148773	PMS-KETOPROFEN	PMS	\$	0.7867
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100MG SUPPOSITORY

02015951	PMS-KETOPROFEN	PMS	\$	1.0947
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

MEFENAMIC ACID

* 250MG CAPSULE

02229452	APO-MEFENAMIC	APX	\$	0.4988
02229569	NU-MEFENAMIC	NXP		0.4988

MELOXICAM

SEE APPENDIX A FOR EDS CRITERIA

* 7.5MG TABLET

02247889	RATIO-MELOXICAM (EDS)	RPH	\$	0.4914
02248267	PMS-MELOXICAM (EDS)	PMS		0.4914
02248973	APO-MELOXICAM (EDS)	APX		0.4914
02250012	CO MELOXICAM (EDS)	COB		0.4914
02255987	MYLAN-MELOXICAM (EDS)	MYL		0.4914
02258315	NOVO-MELOXICAM (EDS)	NOP		0.4914
02248605	DOM-MELOXICAM (EDS)	DOM		0.5160
02242785	MOBICOX (EDS)	BOE		0.8692

* 15MG TABLET

02248031	RATIO-MELOXICAM (EDS)	RPH	\$	0.5670
02248268	PMS-MELOXICAM (EDS)	PMS		0.5670
02248974	APO-MELOXICAM (EDS)	APX		0.5670
02250020	CO MELOXICAM (EDS)	COB		0.5670
02255995	MYLAN-MELOXICAM (EDS)	MYL		0.5670
02258323	NOVO-MELOXICAM (EDS)	NOP		0.5670
02248606	DOM-MELOXICAM (EDS)	DOM		0.5954
02242786	MOBICOX (EDS)	BOE		1.0029

NABUMETONE

SEE APPENDIX A FOR EDS CRITERIA

* 500MG TABLET

02238639	APO-NABUMETONE (EDS)	APX	\$	0.5025
02240867	NOVO-NABUMETONE (EDS)	NOP		0.5025
02244563	MYLAN-NABUMETONE (EDS)	MYL		0.5025

750MG TABLET

02240868	NOVO-NABUMETONE (EDS)	NOP	\$	0.7070
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NAPROXEN

125MG TABLET

00522678	APO-NAPROXEN	APX	\$	0.0781
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* 250MG TABLET

00865648	NU-NAPROX	NXP	\$	0.0929 *
00522651	APO-NAPROXEN	APX		0.1068
00565350	NOVO-NAPROX	NOP		0.1068

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

* 375MG TABLET

00865656	NU-NAPROX	NXP	\$	0.1268	*
00600806	APO-NAPROXEN	APX		0.1458	
00627097	NOVO-NAPROX	NOP		0.1458	

* 500MG TABLET

00865664	NU-NAPROX	NXP	\$	0.1834	*
00589861	NOVO-NAPROX	NOP		0.2110	
00592277	APO-NAPROXEN	APX		0.2110	

* 750MG SUSTAINED RELEASE TABLET

02177072	APO-NAPROXEN SR	APX	\$	1.0048	
02162466	NAPROSYN-S.R.	HLR		1.4053	

500MG SUPPOSITORY

02017237	PMS-NAPROXEN	PMS	\$	0.8490	
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25MG/ML SUSPENSION

02162431	NAPROSYN	HLR	\$	0.0667	
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PIROXICAM

* 10MG CAPSULE

00642886	APO-PIROXICAM	APX	\$	0.4147	
00695718	NOVO-PIROCAM	NOP		0.4147	
00865761	NU-PIROX	NXP		0.4147	
02171813	GEN-PIROXICAM	MYL		0.4147	

* 20MG CAPSULE

00642894	APO-PIROXICAM	APX	\$	0.7158	
00695696	NOVO-PIROCAM	NOP		0.7158	
00865788	NU-PIROX	NXP		0.7158	
02171821	GEN-PIROXICAM	MYL		0.7158	

10MG SUPPOSITORY

02154420	PMS-PIROXICAM	PMS	\$	0.7410	
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20MG SUPPOSITORY

02154463	PMS-PIROXICAM	PMS	\$	1.8147	
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SULINDAC

* 150MG TABLET

00745588	NOVO-SUNDAC	NOP	\$	0.3824	
00778354	APO-SULIN	APX		0.3824	
02042576	NU-SULINDAC	NXP		0.3824	

* 200MG TABLET

00745596	NOVO-SUNDAC	NOP	\$	0.4840	
00778362	APO-SULIN	APX		0.4840	

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

TIAPROFENIC ACID

* 200MG TABLET

02136112	APO-TIAPROFENIC	APX	\$	0.3437
02179679	NOVO-TIAPROFENIC	NOP		0.3437

* 300MG TABLET

02136120	APO-TIAPROFENIC	APX	\$	0.4104
02146886	NU-TIAPROFENIC	NXP		0.4104
02179687	NOVO-TIAPROFENIC	NOP		0.4104
02230828	PMS-TIAPROFENIC	PMS		0.4104
02231060	DOM-TIAPROFENIC	DOM		0.4309

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN/CAFFEINE/CODEINE

* 300MG ACETAMINOPHEN & 15MG CODEINE/TABLET

00653241	RATIO-LENOLTEC NO.2	RPH	\$	0.0691
02163934	TYLENOL WITH CODEINE NO.2	JAN		0.0876

325MG ACETAMINOPHEN & 15MG CODEINE/TABLET

00293504	ATASOL-15	CDC	\$	0.0988
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* 300MG ACETAMINOPHEN & 30MG CODEINE/TABLET

00653276	RATIO-LENOLTEC NO.3	RPH	\$	0.0760
02163926	TYLENOL WITH CODEINE NO.3	JAN		0.0964

325MG ACETAMINOPHEN & 30MG CODEINE/TABLET

00293512	ATASOL-30	CDC	\$	0.1438
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ACETAMINOPHEN/CODEINE

300MG/30MG TABLET

00608882	RATIO-EMTEC	RPH	\$	0.1300
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* 300MG/60MG TABLET

00621463	RATIO-LENOLTEC NO.4	RPH	\$	0.1605
02163918	TYLENOL WITH CODEINE NO.4	JAN		0.2037

32MG/1.6MG/ML ELIXIR

02163942	TYLENOL WITH CODEINE ELX	JAN	\$	0.1132
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ACETYLSALICYLIC ACID/CAFFEINE/CODEINE

375MG/30MG/30MG TABLET

02238645	292	PED	\$	0.1877
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

CODEINE

SEE APPENDIX A FOR EDS CRITERIA

50MG CONTROLLED RELEASE TABLET

02230302 CODEINE CONTIN (EDS) PFR \$ 0.3310

100MG CONTROLLED RELEASE TABLET

02163748 CODEINE CONTIN (EDS) PFR \$ 0.6619

150MG CONTROLLED RELEASE TABLET

02163780 CODEINE CONTIN (EDS) PFR \$ 1.0004

200MG CONTROLLED RELEASE TABLET

02163799 CODEINE CONTIN (EDS) PFR \$ 1.3237

CODEINE PHOSPHATE

☒ *15MG TABLET*

02243978 PMS-CODEINE PMS \$ 0.0641

00593435 RATIO-CODEINE RPH 0.0766

☒ *30MG TABLET*

02243979 PMS-CODEINE PMS \$ 0.0773

00593451 RATIO-CODEINE RPH 0.0995

5MG/ML SYRUP

00779474 RATIO-CODEINE RPH \$ 0.0245

FENTANYL

SEE APPENDIX A FOR EDS CRITERIA

* *12MCG/HR TRANSDERMAL SYSTEM*

02311925 RATIO-FENTANYL (EDS) RPH \$ 3.2000

02327112 SANDOZ FENTANYL MTX (EDS) SDZ 3.2000

02330105 RAN-FENTANYL MATRIX (EDS) RAN 3.2000

02280345 DURAGESIC (EDS) JAN 4.8500

* *25MCG/HR TRANSDERMAL SYSTEM*

02249391 RAN-FENTANYL (EDS) RAN \$ 5.9500

02282941 RATIO-FENTANYL (EDS) RPH 5.9500

02314630 NOVO-FENTANYL (EDS) NOP 5.9500

02327120 SANDOZ FENTANYL MTX (EDS) SDZ 5.9500

02330113 RAN-FENTANYL MATRIX (EDS) RAN 5.9500

02275813 DURAGESIC MAT (EDS) JAN 11.3491

01937383 DURAGESIC (EDS) JAN 11.3500

* *50MCG/HR TRANSDERMAL SYSTEM*

02249413 RAN-FENTANYL (EDS) RAN \$ 11.2000

02282968 RATIO-FENTANYL (EDS) RPH 11.2000

02314649 NOVO-FENTANYL (EDS) NOP 11.2000

02327147 SANDOZ FENTANYL MTX (EDS) SDZ 11.2000

02330121 RAN-FENTANYL MATRIX (EDS) RAN 11.2000

02275821 DURAGESIC MAT (EDS) JAN 21.3420

01937391 DURAGESIC (EDS) JAN 21.3500

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

* 75MCG/HR TRANSDERMAL SYSTEM

02249421	RAN-FENTANYL (EDS)	RAN	\$	15.7500
02282976	RATIO-FENTANYL (EDS)	RPH		15.7500
02314657	NOVO-FENTANYL (EDS)	NOP		15.7500
02327155	SANDOZ FENTANYL MTX (EDS)	SDZ		15.7500
02330148	RAN-FENTANYL MATRIX (EDS)	RAN		15.7500
02275848	DURAGESIC MAT (EDS)	JAN		30.0220
01937405	DURAGESIC (EDS)	JAN		30.0300

* 100MCG/HR TRANSDERMAL SYSTEM

02249448	RAN-FENTANYL (EDS)	RAN	\$	19.6000
02282984	RATIO-FENTANYL (EDS)	RPH		19.6000
02314665	NOVO-FENTANYL (EDS)	NOP		19.6000
02327163	SANDOZ FENTANYL MTX (EDS)	SDZ		19.6000
02330156	RAN-FENTANYL MATRIX (EDS)	RAN		19.6000
02275856	DURAGESIC MAT (EDS)	JAN		37.3674
01937413	DURAGESIC (EDS)	JAN		37.3700

HYDROMORPHONE HCL

* 1MG TABLET

00885444	PMS-HYDROMORPHONE	PMS	\$	0.0959
00705438	DILAUDID	PFR		0.1041

* 2MG TABLET

00885436	PMS-HYDROMORPHONE	PMS	\$	0.1417
00125083	DILAUDID	PFR		0.1538

* 4MG TABLET

00885401	PMS-HYDROMORPHONE	PMS	\$	0.2240
00125121	DILAUDID	PFR		0.2431

* 8MG TABLET

00885428	PMS-HYDROMORPHONE	PMS	\$	0.3528
00786543	DILAUDID	PFR		0.3828

3MG CONTROLLED-RELEASE CAPSULE

02125323	HYDROMORPH CONTIN	PFR	\$	0.7064
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6MG CONTROLLED RELEASE CAPSULE

02125331	HYDROMORPH CONTIN	PFR	\$	1.0601
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12MG CONTROLLED-RELEASE CAPSULE

02125366	HYDROMORPH CONTIN	PFR	\$	1.8359
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18MG CONTROLLED-RELEASE CAPSULE

02243562	HYDROMORPH CONTIN	PFR	\$	2.6474
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24MG CONTROLLED-RELEASE CAPSULE

02125382	HYDROMORPH CONTIN	PFR	\$	3.3896
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30MG CONTROLLED-RELEASE CAPSULE

02125390	HYDROMORPH CONTIN	PFR	\$	4.0601
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

<i>* 1MG/ML ORAL LIQUID</i>				
01916386	PMS-HYDROMORPHONE	PMS	\$	0.0665
00786535	DILAUDID	PFR		0.0859
<i>* 2MG/ML INJECTION SOLUTION (1ML)</i>				
02145901	HYDROMORPHONE HCL	SDZ	\$	1.1400
00627100	DILAUDID	PFR		1.2400
<i>* 10MG/ML INJECTION SOLUTION (1ML)</i>				
02145928	HYDROMORPHONE HP 10	SDZ	\$	2.7900
00622133	DILAUDID-HP	PFR		3.0300
<i>* 20MG/ML INJECTION SOLUTION (1ML)</i>				
02145936	HYDROMORPHONE HP 20	SDZ	\$	4.5100
02146118	DILAUDID HP-PLUS	PFR		4.9200
<i>* 50MG/ML INJECTION SOLUTION (1ML)</i>				
02145863	DILAUDID-XP	PFR	\$	10.9000
02146126	HYDROMORPHONE HP 50	SDZ		13.1500
<i>250MG/VIAL POWDER FOR SOLUTION</i>				
02085895	DILAUDID	PFR	\$	76.1100
<i>3MG SUPPOSITORY</i>				
01916394	PMS-HYDROMORPHONE	PMS	\$	2.3000

MEPERIDINE HCL

<i>50MG TABLET</i>				
02138018	DEMEROL	AVT	\$	0.1562
<i>50MG/ML INJECTION SOLUTION (1ML)</i>				
00725765	MEPERIDINE HYDROCHLORIDE	SDZ	\$	0.9500
<i>100MG/ML INJECTION SOLUTION (1ML)</i>				
00725749	MEPERIDINE HYDROCHLORIDE	SDZ	\$	1.0100

METHADONE HCL

COVERAGE RESTRICTED TO DRUG PLAN REGISTERED PALLIATIVE CARE PATIENTS ONLY. EDS IS NOT REQUIRED FOR THESE PATIENTS.

<i>1MG TABLET</i>				
02247698	METADOL (PALL CARE)	PAL	\$	0.1796
<i>5MG TABLET</i>				
02247699	METADOL (PALL CARE)	PAL	\$	0.5985
<i>10MG TABLET</i>				
02247700	METADOL (PALL CARE)	PAL	\$	0.9576
<i>25MG TABLET</i>				
02247701	METADOL (PALL CARE)	PAL	\$	1.7954
<i>1MG/ML ORAL SUSPENSION</i>				
02247694	METADOL (PALL CARE)	PAL	\$	0.1083

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE

*ORAL FORMS CONTAIN MORPHINE HYDROCHLORIDE OR SULFATE,
INJECTABLE FORMS CONTAIN MORPHINE SULFATE.*

* 5MG TABLET

00594652	STATEX	PAL	\$	0.1194
02009773	MOS-SULFATE	VAE		0.1194
02014203	MSIR	PFR		0.1324

* 10MG TABLET

00594644	STATEX	PAL	\$	0.1845
02009765	MOS-SULFATE	VAE		0.1845
02014211	MSIR	PFR		0.2062

20MG TABLET

02014238	MSIR	PFR	\$	0.3635
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* 25MG TABLET

00594636	STATEX	PAL	\$	0.2442
02009749	MOS-SULFATE	VAE		0.2442

30MG TABLET

02014254	MSIR	PFR	\$	0.4666
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* 50MG TABLET

00675962	STATEX	PAL	\$	0.3744
02009706	MOS-SULFATE	VAE		0.3744

10MG EXTENDED-RELEASE CAPSULE

02019930	M-ESLON	ETH	\$	0.3147
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15MG EXTENDED-RELEASE CAPSULE

02177749	M-ESLON	ETH	\$	0.3635
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* 15MG SUSTAINED RELEASE TABLET

02244790	RATIO-MORPHINE SR	RPH	\$	0.3752
02245284	PMS-MORPHINE SULFATE SR	PMS		0.3752
02302764	NOVO-MORPHINE SR	NOP		0.3752
02015439	MS CONTIN	PFR		0.7183

20MG SUSTAINED-RELEASE CAPSULE

02184435	KADIAN	ABB	\$	0.8418
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30MG EXTENDED-RELEASE CAPSULE

02019949	M-ESLON	ETH	\$	0.5425
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* 30MG SUSTAINED RELEASE TABLET

02244791	RATIO-MORPHINE SR	RPH	\$	0.5664
02245285	PMS-MORPHINE SULFATE SR	PMS		0.5664
02302772	NOVO-MORPHINE SR	NOP		0.5664
02014297	MS CONTIN	PFR		1.0850

30MG SUSTAINED-RELEASE TABLET

00776181	M.O.S.-S.R.	VAE	\$	0.4879
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

<i>50MG SUSTAINED-RELEASE CAPSULE</i>				
02184443 KADIAN	ABB	\$		1.5388
<i>60MG EXTENDED-RELEASE CAPSULE</i>				
02019957 M-ESLON	ETH	\$		0.9635
* <i>60MG SUSTAINED RELEASE TABLET</i>				
02244792 RATIO-MORPHINE SR	RPH	\$		0.9984
02245286 PMS-MORPHINE SULFATE SR	PMS			0.9984
02302780 NOVO-MORPHINE SR	NOP			0.9984
02014300 MS CONTIN	PFR			1.9118
<i>60MG SUSTAINED-RELEASE TABLET</i>				
00776203 M.O.S.-S.R.	VAE	\$		0.8598
<i>100MG SUSTAINED-RELEASE CAPSULE</i>				
02184451 KADIAN	ABB	\$		2.7004
<i>100MG EXTENDED-RELEASE CAPSULE</i>				
02019965 M-ESLON	ETH	\$		2.0724
* <i>100MG SUSTAINED RELEASE TABLET</i>				
02245287 PMS-MORPHINE SULFATE SR	PMS	\$		1.9364
02302799 NOVO-MORPHINE SR	NOP			1.9364
02014319 MS CONTIN	PFR			2.9144
<i>200MG EXTENDED-RELEASE CAPSULE</i>				
02177757 M-ESLON	ETH	\$		4.1447
* <i>200MG SUSTAINED RELEASE TABLET</i>				
02245288 PMS-MORPHINE SULFATE SR	PMS	\$		3.6000
02302802 NOVO-MORPHINE SR	NOP			3.6000
02014327 MS CONTIN	PFR			5.4185
* <i>1MG/ML ORAL SOLUTION</i>				
00607762 RATIO-MORPHINE	RPH	\$		0.0200
00591467 STATEX	PAL			0.0217
* <i>5MG/ML ORAL SOLUTION</i>				
00607770 RATIO-MORPHINE	RPH	\$		0.0804
00591475 STATEX	PAL			0.0873
<i>10MG/ML ORAL SOLUTION</i>				
00690783 RATIO-MORPHINE	RPH	\$		0.1838
* <i>20MG/ML ORAL SOLUTION</i>				
00690791 RATIO-MORPHINE	RPH	\$		0.4980
00621935 STATEX	PAL			0.5404
<i>10MG/ML INJECTION SOLUTION (1ML)</i>				
00392588 MORPHINE SO4	SDZ	\$		0.9500

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

<i>15MG/ML INJECTION SOLUTION (1ML)</i>				
00392561 MORPHINE SO4	SDZ	\$		0.9600
<i>50MG/ML INJECTION SOLUTION (1ML)</i>				
00617288 MORPHINE HP50	SDZ	\$		3.6400
<i>5MG SUPPOSITORY</i>				
00632228 STATEX	PAL	\$		1.8109
<i>10MG SUPPOSITORY</i>				
00632201 STATEX	PAL	\$		2.0225
<i>20MG SUPPOSITORY</i>				
00596965 STATEX	PAL	\$		2.4077
<i>30MG SUPPOSITORY</i>				
00639389 STATEX	PAL	\$		2.6409

OXYCODONE HCL

<i>* 5MG IMMEDIATE RELEASE TABLET</i>				
00789739 SUPEUDOL	SDZ	\$		0.1776
02319977 PMS-OXYCODONE	PMS			0.1776
02231934 OXY-IR	PFR			0.2843
<i>* 10MG IMMEDIATE RELEASE TABLET</i>				
00443948 SUPEUDOL	SDZ	\$		0.2760
02319985 PMS-OXYCODONE	PMS			0.2760
02240131 OXY-IR	PFR			0.4189
<i>* 20MG IMMEDIATE RELEASE TABLET</i>				
02262983 SUPEUDOL	SDZ	\$		0.4358
02319993 PMS-OXYCODONE	PMS			0.4358
02240132 OXY-IR	PFR			0.7281
<i>5MG CONTROLLED RELEASE TABLET</i>				
02258129 OXYCONTIN	PFR	\$		0.6771
<i>10MG CONTROLLED RELEASE TABLET</i>				
02202441 OXYCONTIN	PFR	\$		0.9560
<i>15MG CONTROLLED RELEASE TABLET</i>				
02323192 OXYCONTIN	PFR	\$		1.1501
<i>20MG CONTROLLED RELEASE TABLET</i>				
02202468 OXYCONTIN	PFR	\$		1.4105
<i>30MG CONTROLLED RELEASE TABLET</i>				
02323206 OXYCONTIN	PFR	\$		1.8879
<i>40MG CONTROLLED RELEASE TABLET</i>				
02202476 OXYCONTIN	PFR	\$		2.4478
<i>60MG CONTROLLED RELEASE TABLET</i>				
02323214 OXYCONTIN	PFR	\$		3.4178
<i>80MG CONTROLLED RELEASE TABLET</i>				
02202484 OXYCONTIN	PFR	\$		4.5180

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE/NALOXONE

SEE APPENDIX A FOR EDS CRITERIA

2MG/0.5MG SUBLINGUAL TABLET

02295695 SUBOXONE (EDS) SCP \$ 2.8970

8MG/2MG SUBLINGUAL TABLET

02295709 SUBOXONE (EDS) SCP \$ 5.1321

PENTAZOCINE

50MG TABLET

02137984 TALWIN AVT \$ 0.4506

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

FLOCTAFENINE

200MG TABLET

02244680 APO-FLOCTAFENINE APX \$ 0.4175

400MG TABLET

02244681 APO-FLOCTAFENINE APX \$ 0.8123

28:12.04 ANTICONVULSANTS (BARBITURATES)

PHENOBARBITAL

15MG TABLET

00178799 PMS-PHENOBARBITAL PMS \$ 0.0767

30MG TABLET

00178802 PMS-PHENOBARBITAL PMS \$ 0.0914

60MG TABLET

00178810 PMS-PHENOBARBITAL PMS \$ 0.1237

100MG TABLET

00178829 PMS-PHENOBARBITAL PMS \$ 0.1695

5MG/ML ELIXIR

00645575 PMS-PHENOBARBITAL PMS \$ 0.0943

PRIMIDONE

125MG TABLET

00399310 APO-PRIMIDONE APX \$ 0.0553

250MG TABLET

00396761 APO-PRIMIDONE APX \$ 0.0870

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

CLONAZEPAM

* 0.5MG TABLET

02130998	DOM-CLONAZEPAM	DOM	\$	0.0905	*
02224100	DOM-CLONAZEPAM-R	DOM		0.0905	*
02048701	PMS-CLONAZEPAM	PMS		0.1166	
02103656	RATIO-CLONAZEPAM	RPH		0.1166	
02177889	APO-CLONAZEPAM	APX		0.1166	
02207818	PMS-CLONAZEPAM-R	PMS		0.1166	
02230950	MYLAN-CLONAZEPAM	MYL		0.1166	
02233960	SANDOZ CLONAZEPAM	SDZ		0.1166	
02239024	NOVO-CLONAZEPAM	NOP		0.1166	
02270641	CO CLONAZEPAM	COB		0.1166	
00382825	RIVOTRIL	HLR		0.2151	

* 1MG TABLET

02048728	PMS-CLONAZEPAM	PMS	\$	0.1860	
02233982	SANDOZ CLONAZEPAM	SDZ		0.1860	
02270668	CO CLONAZEPAM	COB		0.1860	

* 2MG TABLET

02131013	DOM-CLONAZEPAM	DOM	\$	0.1426	*
02048736	PMS-CLONAZEPAM	PMS		0.2010	
02103737	RATIO-CLONAZEPAM	RPH		0.2010	
02177897	APO-CLONAZEPAM	APX		0.2010	
02230951	MYLAN-CLONAZEPAM	MYL		0.2010	
02233985	SANDOZ CLONAZEPAM	SDZ		0.2010	
02239025	NOVO-CLONAZEPAM	NOP		0.2010	
02270676	CO CLONAZEPAM	COB		0.2010	
00382841	RIVOTRIL	HLR		0.3708	

NITRAZEPAM

* 5MG TABLET

02234003	SANDOZ NITRAZEPAM	SDZ	\$	0.0857	
02245230	APO-NITRAZEPAM	APX		0.0857	
00511528	MOGADON	VAE		0.1550	

* 10MG TABLET

02234007	SANDOZ NITRAZEPAM	SDZ	\$	0.1282	
02245231	APO-NITRAZEPAM	APX		0.1282	
00511536	MOGADON	VAE		0.2319	

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.12 ANTICONVULSANTS (HYDANTOINS)

PHENYTOIN

30MG CAPSULE

00022772	DILANTIN	PFI	\$	0.0584
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100MG CAPSULE

00022780	DILANTIN	PFI	\$	0.0811
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50MG TABLET

00023698	DILANTIN	PFI	\$	0.0801
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6MG/ML ORAL SUSPENSION

00023442	DILANTIN	PFI	\$	0.0441
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* 25MG/ML ORAL SUSPENSION

02250896	TARO-PHENYTOIN	TAR	\$	0.0311
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00023450	DILANTIN	PFI		0.0522
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28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

ETHOSUXIMIDE

250MG CAPSULE

00022799	ZARONTIN	ERF	\$	0.3581
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50MG/ML ORAL SYRUP

00023485	ZARONTIN	ERF	\$	0.0717
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METHSUXIMIDE

300MG CAPSULE

00022802	CELONTIN	ERF	\$	1.1393
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28:12.92 MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE

SEE APPENDIX A FOR EDS CRITERIA

* 100MG CHEWABLE TABLET

02231542	PMS-CARBAMAZEPINE CHEWTAB	PMS	\$	0.0770
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02261855	SANDOZ CARBAMAZEPINE CHEW	SDZ		0.0770
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00369810	TEGRETOL	NVR		0.1689
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* 200MG TABLET

00402699	APO-CARBAMAZEPINE	APX	\$	0.0795
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00782718	NOVO-CARBAMAZ	NOP		0.0795
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02042568	NU-CARBAMAZEPINE	NXP		0.0795
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00010405	TEGRETOL	NVR		0.4102
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* 200MG CONTROLLED RELEASE TABLET

02231543	PMS-CARBAMAZEPINE CR (EDS)	PMS	\$	0.1887
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02241882	MYLAN-CARBAMAZEPINE (EDS)	MYL		0.1887
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02261839	SANDOZ CARBAM. CR (EDS)	SDZ		0.1887
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02238222	DOM-CARBAMAZEPINE CR (EDS)	DOM		0.1981
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00773611	TEGRETOL CR (EDS)	NVR		0.4135
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

* 400MG CONTROLLED RELEASE TABLET

02231544	PMS-CARBAMAZEPINE CR (EDS)	PMS	\$	0.3774
02241883	MYLAN-CARBAMAZEPINE (EDS)	MYL		0.3774
02261847	SANDOZ CARBAM. CR (EDS)	SDZ		0.3774
02238223	DOM-CARBAMAZEPINE CR (EDS)	DOM		0.3963
00755583	TEGRETOL CR (EDS)	NVR		0.8269

20MG/ML ORAL SUSPENSION

02194333	TEGRETOL	NVR	\$	0.0798
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CLOBAZAM

* 10MG TABLET

02238334	NOVO-CLOBAZAM	NOP	\$	0.2154
02238797	RATIO-CLOBAZAM	RPH		0.2154
02244474	PMS-CLOBAZAM	PMS		0.2154
02244638	APO-CLOBAZAM	APX		0.2154
02247230	DOM-CLOBAZAM	DOM		0.2260
02221799	FRISIUM	OVA		0.4768

DIVALPROEX SODIUM

* 125MG ENTERIC COATED TABLET

02239517	NU-DIVALPROEX	NXP	\$	0.1139 *
02239698	APO-DIVALPROEX	APX		0.1377
02239701	NOVO-DIVALPROEX	NOP		0.1377
02244138	PMS-DIVALPROEX	PMS		0.1377
02265133	MYLAN-DIVALPROEX	MYL		0.1377
02245751	DOM-DIVALPROEX	DOM		0.1607
00596418	EPIVAL	ABB		0.3143

* 250MG ENTERIC COATED TABLET

02239518	NU-DIVALPROEX	NXP	\$	0.2047 *
02239699	APO-DIVALPROEX	APX		0.2475
02239702	NOVO-DIVALPROEX	NOP		0.2475
02244139	PMS-DIVALPROEX	PMS		0.2475
02265141	MYLAN-DIVALPROEX	MYL		0.2475
02245752	DOM-DIVALPROEX	DOM		0.2888
00596426	EPIVAL	ABB		0.5648

* 500MG ENTERIC COATED TABLET

02239519	NU-DIVALPROEX	NXP	\$	0.4095 *
02239700	APO-DIVALPROEX	APX		0.4952
02239703	NOVO-DIVALPROEX	NOP		0.4952
02244140	PMS-DIVALPROEX	PMS		0.4952
02265168	MYLAN-DIVALPROEX	MYL		0.4952
02245753	DOM-DIVALPROEX	DOM		0.5778
00596434	EPIVAL	ABB		1.1302

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

GABAPENTIN

* 100MG CAPSULE

02243743	DOM-GABAPENTIN	DOM \$	0.2069 *
02243446	PMS-GABAPENTIN	PMS	0.2520
02244304	APO-GABAPENTIN	APX	0.2520
02244513	NOVO-GABAPENTIN	NOP	0.2520
02246742	NU-GABAPENTIN	NXP	0.2520
02248259	MYLAN-GABAPENTIN	MYL	0.2520
02256142	CO GABAPENTIN	COB	0.2520
02260883	RATIO-GABAPENTIN	RPH	0.2520
02084260	NEURONTIN	PFI	0.4600

* 300MG CAPSULE

02243744	DOM-GABAPENTIN	DOM \$	0.4904 *
02243447	PMS-GABAPENTIN	PMS	0.6130
02244305	APO-GABAPENTIN	APX	0.6130
02244514	NOVO-GABAPENTIN	NOP	0.6130
02246743	NU-GABAPENTIN	NXP	0.6130
02248260	MYLAN-GABAPENTIN	MYL	0.6130
02256150	CO GABAPENTIN	COB	0.6130
02260891	RATIO-GABAPENTIN	RPH	0.6130
02084279	NEURONTIN	PFI	1.1188

* 400MG CAPSULE

02243745	DOM-GABAPENTIN	DOM \$	0.5996 *
02243448	PMS-GABAPENTIN	PMS	0.7305
02244306	APO-GABAPENTIN	APX	0.7305
02244515	NOVO-GABAPENTIN	NOP	0.7305
02246744	NU-GABAPENTIN	NXP	0.7305
02248261	MYLAN-GABAPENTIN	MYL	0.7305
02256169	CO GABAPENTIN	COB	0.7305
02260905	RATIO-GABAPENTIN	RPH	0.7305
02084287	NEURONTIN	PFI	1.3333

LAMOTRIGINE

5MG CHEWABLE TABLET

02240115	LAMICTAL	GSK \$	0.1733
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* 25MG TABLET

02243352	RATIO-LAMOTRIGINE	RPH \$	0.2088
02245208	APO-LAMOTRIGINE	APX	0.2088
02246897	PMS-LAMOTRIGINE	PMS	0.2088
02248232	NOVO-LAMOTRIGINE	NOP	0.2088
02265494	MYLAN-LAMOTRIGINE	MYL	0.2088
02142082	LAMICTAL	GSK	0.4060

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

* 100MG TABLET

02243353	RATIO-LAMOTRIGINE	RPH	\$	0.8354
02245209	APO-LAMOTRIGINE	APX		0.8354
02246898	PMS-LAMOTRIGINE	PMS		0.8354
02248233	NOVO-LAMOTRIGINE	NOP		0.8354
02265508	MYLAN-LAMOTRIGINE	MYL		0.8354
02142104	LAMICTAL	GSK		1.6210

* 150MG TABLET

02245210	APO-LAMOTRIGINE	APX	\$	1.2530
02246899	PMS-LAMOTRIGINE	PMS		1.2530
02246963	RATIO-LAMOTRIGINE	RPH		1.2530
02248234	NOVO-LAMOTRIGINE	NOP		1.2530
02265516	MYLAN-LAMOTRIGINE	MYL		1.2530
02142112	LAMICTAL	GSK		2.3891

LEVETIRACETAM

* 250MG TABLET

02274183	CO LEVETIRACETAM	COB	\$	1.1175
02285924	APO-LEVETIRACETAM	APX		1.1175
02296101	PMS-LEVETIRACETAM	PMS		1.1175
02297396	DOM-LEVETIRACETAM	DOM		1.1734
02247027	KEPPRA	UCB		1.7360

* 500MG TABLET

02274191	CO LEVETIRACETAM	COB	\$	1.3650
02285932	APO-LEVETIRACETAM	APX		1.3650
02296128	PMS-LEVETIRACETAM	PMS		1.3650
02297418	DOM-LEVETIRACETAM	DOM		1.4332
02247028	KEPPRA	UCB		2.1158

* 750MG TABLET

02274205	CO LEVETIRACETAM	COB	\$	1.9425
02285940	APO-LEVETIRACETAM	APX		1.9425
02296136	PMS-LEVETIRACETAM	PMS		1.9425
02297426	DOM-LEVETIRACETAM	DOM		2.0396
02247029	KEPPRA	UCB		2.9295

OXCARBAZEPINE

SEE APPENDIX A FOR EDS CRITERIA

* 150MG TABLET

02284294	APO-OXCARBAZEPINE (EDS)	APX	\$	0.6209
02242067	TRILEPTAL (EDS)	NVR		0.8982

* 300MG TABLET

02284308	APO-OXCARBAZEPINE (EDS)	APX	\$	1.2414
02242068	TRILEPTAL (EDS)	NVR		1.7957

* 600MG TABLET

02284316	APO-OXCARBAZEPINE (EDS)	APX	\$	2.4826
02242069	TRILEPTAL (EDS)	NVR		3.5914

60MG/ML ORAL SUSPENSION

02244673	TRILEPTAL (EDS)	NVR	\$	0.3592
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

TOPIRAMATE

* 25MG TABLET

02248860	NOVO-TOPIRAMATE	NOP	\$	0.6615
02256827	RATIO-TOPIRAMATE	RPH		0.6615
02260050	SANDOZ TOPIRAMATE	SDZ		0.6615
02262991	PMS-TOPIRAMATE	PMS		0.6615
02263351	MYLAN-TOPIRAMATE	MYL		0.6615
02279614	APO-TOPIRAMATE	APX		0.6615
02287765	CO TOPIRIMATE	COB		0.6615
02315645	MINT-TOPIRAMATE	MNT		0.6615
02271141	DOM-TOPIRAMATE	DOM		0.6946
02230893	TOPAMAX	JAN		1.3576

50MG TABLET

02312085	PMS-TOPIRAMATE	PMS	\$	1.0200
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* 100MG TABLET

02248861	NOVO-TOPIRAMATE	NOP	\$	1.2537
02256835	RATIO-TOPIRAMATE	RPH		1.2537
02260069	SANDOZ TOPIRAMATE	SDZ		1.2537
02263009	PMS-TOPIRAMATE	PMS		1.2537
02263378	MYLAN-TOPIRAMATE	MYL		1.2537
02279630	APO-TOPIRAMATE	APX		1.2537
02287773	CO TOPIRIMATE	COB		1.2537
02315653	MINT-TOPIRAMATE	MNT		1.2537
02271168	DOM-TOPIRAMATE	DOM		1.3164
02230894	TOPAMAX	JAN		2.5731

* 200MG TABLET

02248862	NOVO-TOPIRAMATE	NOP	\$	1.9845
02256843	RATIO-TOPIRAMATE	RPH		1.9845
02263017	PMS-TOPIRAMATE	PMS		1.9845
02263386	MYLAN-TOPIRAMATE	MYL		1.9845
02267837	SANDOZ TOPIRAMATE	SDZ		1.9845
02279649	APO-TOPIRAMATE	APX		1.9845
02287781	CO TOPIRIMATE	COB		1.9845
02315661	MINT-TOPIRAMATE	MNT		1.9845
02271176	DOM-TOPIRAMATE	DOM		2.0837
02230896	TOPAMAX	JAN		3.8426

15MG SPRINKLE CAPSULE

02239907	TOPAMAX	JAN	\$	1.2391
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25MG SPRINKLE CAPSULE

02239908	TOPAMAX	JAN	\$	1.3010
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

VALPROATE SODIUM

* 50MG/ML ORAL SYRUP

02140063	RATIO-VALPROIC	RPH	\$	0.0577
02236807	PMS-VALPROIC ACID	PMS		0.0577
02238370	APO-VALPROIC	APX		0.0577
02238817	DOM-VALPROIC ACID	DOM		0.0606
00443832	DEPAKENE	ABB		0.1236

VALPROIC ACID

* 250MG CAPSULE

02100630	NOVO-VALPROIC	NOP	\$	0.2584
02140047	RATIO-VALPROIC	RPH		0.2584
02184648	MYLAN-VALPROIC	MYL		0.2584
02230768	PMS-VALPROIC	PMS		0.2584
02237830	NU-VALPROIC	NXP		0.2584
02238048	APO-VALPROIC	APX		0.2584
02239714	SANDOZ VALPROIC	SDZ		0.2584
02231030	DOM-VALPROIC ACID	DOM		0.2713
00443840	DEPAKENE	ABB		0.5929

* 500MG ENTERIC COATED CAPSULE

02218321	NOVO-VALPROIC	NOP	\$	0.5197
02229628	PMS-VALPROIC ACID E.C.	PMS		0.5197

VIGABATRIN

500MG TABLET

02065819	SABRIL	OVA	\$	0.9885
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500MG SACHET

02068036	SABRIL	OVA	\$	0.9885
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28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

AMITRIPTYLINE

10MG TABLET

00335053	APO-AMITRIPTYLINE	APX		0.0664
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25MG TABLET

00335061	APO-AMITRIPTYLINE	APX		0.1211
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50MG TABLET

00335088	APO-AMITRIPTYLINE	APX		0.2347
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

BUPROPION HCL

SEE APPENDIX A FOR EDS CRITERIA

* 100MG TABLET

02275074	SANDOZ BUPROPION SR (EDS)	SDZ	\$	0.3734
02285657	RATIO-BUPROPION SR (EDS)	RPH		0.3734

* 150MG TABLET

02275082	SANDOZ BUPROPION SR (EDS)	SDZ	\$	0.5040
02285665	RATIO-BUPROPION SR (EDS)	RPH		0.5040
02313421	PMS-BUPROPION SR (EDS)	PMS		0.5040
02237825	WELLBUTRIN SR (EDS)	BVL		0.9974

150MG EXTENDED-RELEASE TABLET

02275090	WELLBUTRIN XL (EDS)	BVL	\$	0.5801
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300MG EXTENDED-RELEASE TABLET

02275104	WELLBUTRIN XL (EDS)	BVL	\$	1.1601
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CITALOPRAM HYDROBROMIDE

* 20MG TABLET

02248942	DOM-CITALOPRAM	DOM	\$	0.6195 *
02246056	APO-CITALOPRAM	APX		0.8750
02246594	MYLAN-CITALOPRAM	MYL		0.8750
02248010	PMS-CITALOPRAM	PMS		0.8750
02248050	CO CITALOPRAM	COB		0.8750
02248170	SANDOZ CITALOPRAM	SDZ		0.8750
02248996	NU-CITALOPRAM	NXP		0.8750
02252112	RATIO-CITALOPRAM	RPH		0.8750
02285622	RAN-CITALO	RAN		0.8750
02293218	NOVO-CITALOPRAM	NOP		0.8750
02304686	MINT-CITALOPRAM	MNT		0.8750
02313405	JAMP-CITALOPRAM	JPC		0.8750
02306239	CITALOPRAM-ODAN	ODN		0.9494
02239607	CELEXA	LUD		1.4449

* 40MG TABLET

02248943	DOM-CITALOPRAM	DOM	\$	0.6195 *
02246057	APO-CITALOPRAM	APX		0.8750
02246595	MYLAN-CITALOPRAM	MYL		0.8750
02248011	PMS-CITALOPRAM	PMS		0.8750
02248051	CO CITALOPRAM	COB		0.8750
02248171	SANDOZ CITALOPRAM	SDZ		0.8750
02248997	NU-CITALOPRAM	NXP		0.8750
02252120	RATIO-CITALOPRAM	RPH		0.8750
02285630	RAN-CITALO	RAN		0.8750
02293226	NOVO-CITALOPRAM	NOP		0.8750
02304694	MINT-CITALOPRAM	MNT		0.8750
02313413	JAMP-CITALOPRAM	JPC		0.8750
02306247	CITALOPRAM-ODAN	ODN		0.9494
02239608	CELEXA	LUD		1.4449

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

CLOMIPRAMINE HCL

* 10MG TABLET

02040786	APO-CLOMIPRAMINE	APX	\$	0.1626
02244816	CO CLOMIPRAMINE	COB		0.1626
00330566	ANAFRANIL	SEP		0.3072

* 25MG TABLET

02040778	APO-CLOMIPRAMINE	APX	\$	0.2215
02244817	CO CLOMIPRAMINE	COB		0.2215
00324019	ANAFRANIL	SEP		0.4187

* 50MG TABLET

02040751	APO-CLOMIPRAMINE	APX	\$	0.4078
02244818	CO CLOMIPRAMINE	COB		0.4078
00402591	ANAFRANIL	SEP		0.7711

DESIPRAMINE HCL

* 10MG TABLET

02211939	NU-DESIPRAMINE	NXP	\$	0.3804
02216248	APO-DESIPRAMINE	APX		0.3804

* 25MG TABLET

02211947	NU-DESIPRAMINE	NXP	\$	0.3804
02216256	APO-DESIPRAMINE	APX		0.3804

* 50MG TABLET

01946277	PMS-DESIPRAMINE	PMS	\$	0.4110
02211955	NU-DESIPRAMINE	NXP		0.6704
02216264	APO-DESIPRAMINE	APX		0.6704

* 75MG TABLET

01946242	PMS-DESIPRAMINE	PMS	\$	0.6334
02211963	NU-DESIPRAMINE	NXP		0.8915
02216272	APO-DESIPRAMINE	APX		0.8915

* 100MG TABLET

02211971	NU-DESIPRAMINE	NXP	\$	0.8915
02216280	APO-DESIPRAMINE	APX		0.8915

DOXEPIN HCL

* 10MG CAPSULE

02049996	APO-DOXEPIN	APX	\$	0.1889
00024325	SINEQUAN	ERF		0.3485

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 25MG CAPSULE

01913425	NOVO-DOXEPIN	NOP	\$	0.2140
02050005	APO-DOXEPIN	APX		0.2140
00024333	SINEQUAN	ERF		0.4275

* 50MG CAPSULE

01913433	NOVO-DOXEPIN	NOP	\$	0.3971
02050013	APO-DOXEPIN	APX		0.3971
00024341	SINEQUAN	ERF		0.7930

* 75MG CAPSULE

01913441	NOVO-DOXEPIN	NOP	\$	0.5702
02050021	APO-DOXEPIN	APX		0.5702
00400750	SINEQUAN	ERF		1.1385

* 100MG CAPSULE

01913468	NOVO-DOXEPIN	NOP	\$	0.7513
02050048	APO-DOXEPIN	APX		0.7513
00326925	SINEQUAN	ERF		1.4973

150MG CAPSULE

01913476	NOVO-DOXEPIN	NOP	\$	1.1270
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DULOXETINE HYDROCHLORIDE

SEE APPENDIX A FOR EDS CRITERIA

30MG DELAYED RELEASE CAPSULE

02301482	CYMBALTA (EDS)	LIL	\$	1.9818
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60MG DELAYED RELEASE CAPSULE

02301490	CYMBALTA (EDS)	LIL	\$	3.9630
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FLUOXETINE

* 10MG CAPSULE

02177617	DOM-FLUOXETINE	DOM	\$	1.0234 *
02177579	PMS-FLUOXETINE	PMS		1.1773
02192756	NU-FLUOXETINE	NXP		1.1773
02216353	APO-FLUOXETINE	APX		1.1773
02216582	NOVO-FLUOXETINE	NOP		1.1773
02237813	MYLAN-FLUOXETINE	MYL		1.1773
02241371	RATIO-FLUOXETINE	RPH		1.1773
02242177	CO FLUOXETINE	COB		1.1773
02243486	SANDOZ FLUOXETINE	SDZ		1.1773
02018985	PROZAC	LIL		1.9942

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 20MG CAPSULE

02177625	DOM-FLUOXETINE	DOM	\$	0.6929 *
02177587	PMS-FLUOXETINE	PMS		1.0112
02192764	NU-FLUOXETINE	NXP		1.0112
02216361	APO-FLUOXETINE	APX		1.0112
02216590	NOVO-FLUOXETINE	NOP		1.0112
02237814	MYLAN-FLUOXETINE	MYL		1.0112
02241374	RATIO-FLUOXETINE	RPH		1.0112
02242178	CO FLUOXETINE	COB		1.0112
02243487	SANDOZ FLUOXETINE	SDZ		1.0112
00636622	PROZAC	LIL		1.9957

* 4MG/ML ORAL SOLUTION

02177595	PMS-FLUOXETINE	PMS	\$	0.4625
02231328	APO-FLUOXETINE	APX		0.5860

FLUVOXAMINE MALEATE

* 50MG TABLET

02218453	RATIO-FLUVOXAMINE	RPH	\$	0.4952
02231192	NU-FLUVOXAMINE	NXP		0.4952
02231329	APO-FLUVOXAMINE	APX		0.4952
02239953	NOVO-FLUVOXAMINE	NOP		0.4952
02240682	PMS-FLUVOXAMINE	PMS		0.4952
02247054	SANDOZ FLUVOXAMINE	SDZ		0.4952
02255529	CO FLUVOXAMINE	COB		0.4952
02241347	DOM-FLUVOXAMINE	DOM		0.5200
01919342	LUVOX	SLV		0.9136

* 100MG TABLET

02218461	RATIO-FLUVOXAMINE	RPH	\$	0.8902
02231193	NU-FLUVOXAMINE	NXP		0.8902
02231330	APO-FLUVOXAMINE	APX		0.8902
02239954	NOVO-FLUVOXAMINE	NOP		0.8902
02240683	PMS-FLUVOXAMINE	PMS		0.8902
02247055	SANDOZ FLUVOXAMINE	SDZ		0.8902
02255537	CO FLUVOXAMINE	COB		0.8902
02241348	DOM-FLUVOXAMINE	DOM		0.9347
01919369	LUVOX	SLV		1.6421

IMIPRAMINE

10MG TABLET

00360201	APO-IMIPRAMINE	APX	\$	0.1370
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25MG TABLET

00312797	APO-IMIPRAMINE	APX	\$	0.2353
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* 50MG TABLET

00326852	APO-IMIPRAMINE	APX	\$	0.3807
00010480	TOFRANIL	NVR		0.5508

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MAPROTILINE

25MG TABLET

02158612	NOVO-MAPROTILINE	NOP	\$	0.5687
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50MG TABLET

02158620	NOVO-MAPROTILINE	NOP	\$	1.0769
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75MG TABLET

02158639	NOVO-MAPROTILINE	NOP	\$	1.4707
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MIRTAZAPINE

* 15MG TABLET

02250594	SANDOZ MIRTAZAPINE	SDZ	\$	0.3750
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02256096	MYLAN-MIRTAZAPINE	MYL		0.3750
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02273942	PMS-MIRTAZAPINE	PMS		0.3750
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02286610	APO-MIRTAZAPINE	APX		0.3750
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02281716	DOM-MIRTAZAPINE	DOM		0.3938
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* 15MG ORALLY DISINTEGRATING TABLET

02279894	NOVO-MIRTAZAPINE OD	NOP	\$	0.2730
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02248542	REMERON RD	SCH		0.4232
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* 30MG TABLET

02248762	PMS-MIRTAZAPINE	PMS	\$	0.7800
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02250608	SANDOZ MIRTAZAPINE	SDZ		0.7800
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02256118	MYLAN-MIRTAZAPINE	MYL		0.7800
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02259354	NOVO-MIRTAZAPINE	NOP		0.7800
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02270927	RATIO-MIRTAZAPINE	RPH		0.7800
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02274361	CO MIRTAZAPINE	COB		0.7800
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02286629	APO-MIRTAZAPINE	APX		0.7800
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02252287	DOM-MIRTAZAPINE	DOM		0.8190
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02243910	REMERON	SCH		1.3454
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* 30MG ORALLY DISINTEGRATING TABLET

02279908	NOVO-MIRTAZAPINE OD	NOP	\$	0.5460
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02248543	REMERON RD	SCH		0.8463
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* 45MG TABLET

02256126	MYLAN-MIRTAZAPINE	MYL	\$	1.1250
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02286637	APO-MIRTAZAPINE	APX		1.1250
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* 45MG ORALLY DISINTEGRATING TABLET

02279916	NOVO-MIRTAZAPINE OD	NOP	\$	0.8190
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02248544	REMERON RD	SCH		1.2695
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MOCLOBEMIDE

* 100MG TABLET

02232148	APO-MOCLOBEMIDE	APX	\$	0.2520
02237111	NU-MOCLOBEMIDE	NXP		0.2520
02239746	NOVO-MOCLOBEMIDE	NOP		0.2520

* 150MG TABLET

02237112	NU-MOCLOBEMIDE	NXP	\$	0.2916 *
02232150	APO-MOCLOBEMIDE	APX		0.3654
02239747	NOVO-MOCLOBEMIDE	NOP		0.3654
02243218	PMS-MOCLOBEMIDE	PMS		0.3654
02243348	DOM-MOCLOBEMIDE	DOM		0.3837
00899356	MANERIX	MVC		0.6573

* 300MG TABLET

02239748	NOVO-MOCLOBEMIDE	NOP	\$	0.7176
02240456	APO-MOCLOBEMIDE	APX		0.7176
02243219	PMS-MOCLOBEMIDE	PMS		0.7176
02243349	DOM-MOCLOBEMIDE	DOM		0.7535
02166747	MANERIX	MVC		1.2908

NORTRIPTYLINE

* 10MG CAPSULE

02177692	PMS-NORTRIPTYLINE	PMS	\$	0.1260
02223139	NU-NORTRIPTYLINE	NXP		0.1260
02223511	APO-NORTRIPTYLINE	APX		0.1260
02231781	NOVO-NORTRIPTYLINE	NOP		0.1260
02178729	DOM-NORTRIPTYLINE	DOM		0.1323
00015229	AVENTYL	PHL		0.2393

* 25MG CAPSULE

02177706	PMS-NORTRIPTYLINE	PMS	\$	0.2547
02223147	NU-NORTRIPTYLINE	NXP		0.2547
02223538	APO-NORTRIPTYLINE	APX		0.2547
02231782	NOVO-NORTRIPTYLINE	NOP		0.2547
02178737	DOM-NORTRIPTYLINE	DOM		0.2674
00015237	AVENTYL	PHL		0.4836

PAROXETINE HCL

* 10MG TABLET

02247750	PMS-PAROXETINE	PMS	\$	1.0430
02248012	MYLAN-PAROXETINE	MYL		1.0430
02248719	NU-PAROXETINE	NXP		1.0430
02262746	CO PAROXETINE	COB		1.0430
02269422	SANDOZ PAROXETINE	SDZ		1.0430

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 20MG TABLET

02248448	DOM-PAROXETINE	DOM \$	0.7530 *
02240908	APO-PAROXETINE	APX	1.0017
02247751	PMS-PAROXETINE	PMS	1.0017
02247811	RATIO-PAROXETINE	RPH	1.0017
02248013	MYLAN-PAROXETINE	MYL	1.0017
02248557	NOVO-PAROXETINE	NOP	1.0017
02248720	NU-PAROXETINE	NXP	1.0017
02262754	CO PAROXETINE	COB	1.0017
02269430	SANDOZ PAROXETINE	SDZ	1.0017
01940481	PAXIL	GSK	1.9591

* 30MG TABLET

02248449	DOM-PAROXETINE	DOM \$	0.7976 *
02240909	APO-PAROXETINE	APX	1.0647
02247752	PMS-PAROXETINE	PMS	1.0647
02247812	RATIO-PAROXETINE	RPH	1.0647
02248014	MYLAN-PAROXETINE	MYL	1.0647
02248558	NOVO-PAROXETINE	NOP	1.0647
02248721	NU-PAROXETINE	NXP	1.0647
02254778	SANDOZ PAROXETINE	SDZ	1.0647
02262762	CO PAROXETINE	COB	1.0647
02269449	SANDOZ PAROXETINE	SDZ	1.0647
01940473	PAXIL	GSK	2.0815

PHENELZINE SO4

15MG TABLET

00476552	NARDIL	ERF \$	0.3979
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SERTRALINE HYDROCHLORIDE

* 25MG CAPSULE

02247047	NU-SERTRALINE	NXP \$	0.3745 *
02238280	APO-SERTRALINE	APX	0.5040
02240485	NOVO-SERTRALINE	NOP	0.5040
02242519	MYLAN-SERTRALINE	MYL	0.5040
02244838	PMS-SERTRALINE	PMS	0.5040
02245159	SANDOZ SERTRALINE	SDZ	0.5040
02245787	RATIO-SERTRALINE	RPH	0.5040
02287390	CO SERTRALINE	COB	0.5040
02245748	DOM-SERTRALINE	DOM	0.5292
02132702	ZOLOFT	PFI	0.8863

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 50MG CAPSULE

02247048	NU-SERTRALINE	NXP	\$	0.7490	*
02238281	APO-SERTRALINE	APX		1.0080	
02240484	NOVO-SERTRALINE	NOP		1.0080	
02242520	MYLAN-SERTRALINE	MYL		1.0080	
02244839	PMS-SERTRALINE	PMS		1.0080	
02245160	SANDOZ SERTRALINE	SDZ		1.0080	
02245788	RATIO-SERTRALINE	RPH		1.0080	
02287404	CO SERTRALINE	COB		1.0080	
02245749	DOM-SERTRALINE	DOM		1.0584	
01962817	ZOLOFT	PFI		1.7726	

* 100MG CAPSULE

02247050	NU-SERTRALINE	NXP	\$	0.8193	*
02238282	APO-SERTRALINE	APX		1.1025	
02240481	NOVO-SERTRALINE	NOP		1.1025	
02242521	MYLAN-SERTRALINE	MYL		1.1025	
02244840	PMS-SERTRALINE	PMS		1.1025	
02245161	SANDOZ SERTRALINE	SDZ		1.1025	
02245789	RATIO-SERTRALINE	RPH		1.1025	
02287412	CO SERTRALINE	COB		1.1025	
02245750	DOM-SERTRALINE	DOM		1.1576	
01962779	ZOLOFT	PFI		1.8575	

TRANLYCYPROMINE SO4

10MG TABLET

01919598	PARNATE	GSK	\$	0.3996	
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TRAZODONE

* 50MG TABLET

02230284	TRAZOREL	VAE	\$	0.1708	*
01937227	PMS-TRAZODONE	PMS		0.2214	
02144263	NOVO-TRAZODONE	NOP		0.2214	
02147637	APO-TRAZODONE	APX		0.2214	
02165384	NU-TRAZODONE	NXP		0.2214	
02231683	MYLAN-TRAZODONE	MYL		0.2214	
02277344	RATIO-TRAZODONE	RPH		0.2214	
02128950	DOM-TRAZODONE	DOM		0.2373	
00579351	DESYREL	BMY		0.2403	

* 100MG TABLET

02230285	TRAZOREL	VAE	\$	0.3052	*
01937235	PMS-TRAZODONE	PMS		0.3956	
02144271	NOVO-TRAZODONE	NOP		0.3956	
02147645	APO-TRAZODONE	APX		0.3956	
02165392	NU-TRAZODONE	NXP		0.3956	
02231684	MYLAN-TRAZODONE	MYL		0.3956	
02277352	RATIO-TRAZODONE	RPH		0.3956	
02128969	DOM-TRAZODONE	DOM		0.4154	
00579378	DESYREL	BMY		0.4293	

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

TRIMIPRAMINE

75MG CAPSULE

02070987	APO-TRIMIP	APX	\$	0.7314
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* 12.5MG TABLET

00740799	APO-TRIMIP	APX	\$	0.2156
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02020599	NU-TRIMIPRAMINE	NXP		0.2156
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* 25MG TABLET

00740802	APO-TRIMIP	APX	\$	0.2776
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02020602	NU-TRIMIPRAMINE	NXP		0.2776
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* 50MG TABLET

00740810	APO-TRIMIP	APX	\$	0.5434
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02020610	NU-TRIMIPRAMINE	NXP		0.5434
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* 100MG TABLET

00740829	APO-TRIMIP	APX	\$	0.9273
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02020629	NU-TRIMIPRAMINE	NXP		0.9273
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VENLAFAXINE HCL

* 37.5MG EXTENDED-RELEASE CAPSULE

02273969	RATIO-VENLAFAXINE XR	RPH	\$	0.5879
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02275023	NOVO-VENLAFAXINE XR	NOP		0.5879
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02278545	PMS-VENLAFAXINE XR	PMS		0.5879
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02304317	CO VENLAFAXINE XR	COB		0.5879
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02310279	MYLAN-VENLAFAXINE XR	MYL		0.5879
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02310317	SANDOZ VENLAFAXINE XR	SDZ		0.5879
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02237279	EFFEXOR XR	WYA		1.0040
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* 75MG EXTENDED-RELEASE CAPSULE

02273977	RATIO-VENLAFAXINE XR	RPH	\$	1.1758
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02275031	NOVO-VENLAFAXINE XR	NOP		1.1758
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02278553	PMS-VENLAFAXINE XR	PMS		1.1758
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02304325	CO VENLAFAXINE XR	COB		1.1758
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02310287	MYLAN-VENLAFAXINE XR	MYL		1.1758
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02310325	SANDOZ VENLAFAXINE XR	SDZ		1.1758
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02237280	EFFEXOR XR	WYA		2.0079
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* 150MG EXTENDED-RELEASE CAPSULE

02273985	RATIO-VENLAFAXINE XR	RPH	\$	1.2414
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02275058	NOVO-VENLAFAXINE XR	NOP		1.2414
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02278561	PMS-VENLAFAXINE XR	PMS		1.2414
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02304333	CO VENLAFAXINE XR	COB		1.2414
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02310295	MYLAN-VENLAFAXINE XR	MYL		1.2414
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02310333	SANDOZ VENLAFAXINE XR	SDZ		1.2414
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02237282	EFFEXOR XR	WYA		2.1197
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

CHLORPROMAZINE

25MG TABLET

00232823 NOVO-CHLORPROMAZINE NOP \$ 0.1734

50MG TABLET

00232807 NOVO-CHLORPROMAZINE NOP \$ 0.1983

100MG TABLET

00232831 NOVO-CHLORPROMAZINE NOP \$ 0.3313

25MG/ML INJECTION SOLUTION (2ML)

00743518 CHLORPROMAZINE SDZ \$ 1.7950

CLOZAPINE

SEE APPENDIX A FOR EDS CRITERIA

* *25MG TABLET*

02247243 GEN-CLOZAPINE (EDS) MYL \$ 0.6594

02248034 APO-CLOZAPINE (EDS) APX 0.6594

00894737 CLOZARIL (EDS) NVR 1.0221

50MG TABLET

02305003 GEN-CLOZAPINE (EDS) MYL \$ 1.3188

* *100MG TABLET*

02247244 GEN-CLOZAPINE (EDS) MYL \$ 2.6446

02248035 APO-CLOZAPINE (EDS) APX 2.6446

00894745 CLOZARIL (EDS) NVR 4.0992

200MG TABLET

02305011 GEN-CLOZAPINE (EDS) MYL \$ 5.2892

FLUPENTHIXOL DECANOATE

20MG/ML INJECTION SOLUTION (ML)

02156032 FLUANXOL DEPOT LUD \$ 7.8012

100MG/ML INJECTION SOLUTION (ML)

02156040 FLUANXOL DEPOT LUD \$ 38.9841

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET

02156008 FLUANXOL LUD \$ 0.2694

3MG TABLET

02156016 FLUANXOL LUD \$ 0.5818

FLUPHENAZINE DECANOATE

* *25MG/ML INJECTION SOLUTION (5ML)*

02091275 PMS-FLUPHENAZINE DECANOATE PMS \$ 23.1600

02239636 FLUPHENAZINE OMEGA OMG 25.1286

* *100MG/ML INJECTION SOLUTION (1ML)*

02241928 PMS-FLUPHENAZINE DECANOATE PMS \$ 29.7800

00755575 MODECATE CONCENTRATE BMY 32.3200

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

FLUPHENAZINE HCL

1MG TABLET

00405345 APO-FLUPHENAZINE APX \$ 0.1739

2MG TABLET

00410632 APO-FLUPHENAZINE APX \$ 0.2252

* *5MG TABLET*

00405361 APO-FLUPHENAZINE APX \$ 0.1720

00726354 PMS-FLUPHENAZINE PMS 0.1720

HALOPERIDOL

* *0.5MG TABLET*

00363685 NOVO-PERIDOL NOP \$ 0.0360

00396796 APO-HALOPERIDOL APX 0.0360

* *1MG TABLET*

00363677 NOVO-PERIDOL NOP \$ 0.0614

00396818 APO-HALOPERIDOL APX 0.0614

* *2MG TABLET*

00363669 NOVO-PERIDOL NOP \$ 0.1050

00396826 APO-HALOPERIDOL APX 0.1050

* *5MG TABLET*

00363650 NOVO-PERIDOL NOP \$ 0.1487

00396834 APO-HALOPERIDOL APX 0.1487

* *10MG TABLET*

00463698 APO-HALOPERIDOL APX \$ 0.1330

00713449 NOVO-PERIDOL NOP 0.1330

2MG/ML ORAL SOLUTION

00759503 PMS-HALOPERIDOL PMS \$ 0.1073

5MG/ML INJECTION SOLUTION (1ML)

00808652 HALOPERIDOL SDZ \$ 4.4000

HALOPERIDOL DECANOATE

50MG/ML INJECTION SOLUTION (5ML)

02130297 HALOPERIDOL LA SDZ \$ 34.9500

100MG/ML INJECTION SOLUTION (5ML)

02130300 HALOPERIDOL LA SDZ \$ 69.9500

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

LOXAPINE SUCCINATE

* 5MG TABLET

02230837	PMS-LOXAPINE	PMS	\$	0.1575
02239918	DOM-LOXAPINE	DOM		0.1654

* 10MG TABLET

02230838	PMS-LOXAPINE	PMS	\$	0.2623
02239919	DOM-LOXAPINE	DOM		0.2754

* 25MG TABLET

02230839	PMS-LOXAPINE	PMS	\$	0.4066
02239920	DOM-LOXAPINE	DOM		0.4269

* 50MG TABLET

02230840	PMS-LOXAPINE	PMS	\$	0.5420
02239921	DOM-LOXAPINE	DOM		0.5691

OLANZAPINE

SEE APPENDIX A FOR EDS CRITERIA

* 2.5MG TABLET

02276712	NOVO-OLANZAPINE (EDS)	NOP	\$	0.8986
02281791	APO-OLANZAPINE (EDS)	APX		0.8986
02303116	PMS-OLANZAPINE (EDS)	PMS		0.8986
02229250	ZYPREXA (EDS)	LIL		1.9500

* 5MG TABLET

02281805	APO-OLANZAPINE (EDS)	APX	\$	1.7922
02276720	NOVO-OLANZAPINE (EDS)	NOP		1.7972
02303159	PMS-OLANZAPINE (EDS)	PMS		1.7972
02229269	ZYPREXA (EDS)	LIL		3.9000

* 7.5MG TABLET

02276739	NOVO-OLANZAPINE (EDS)	NOP	\$	2.6958
02281813	APO-OLANZAPINE (EDS)	APX		2.6958
02303167	PMS-OLANZAPINE (EDS)	PMS		2.6958
02229277	ZYPREXA (EDS)	LIL		5.7916

* 10MG TABLET

02276747	NOVO-OLANZAPINE (EDS)	NOP	\$	3.5944
02281821	APO-OLANZAPINE (EDS)	APX		3.5944
02303175	PMS-OLANZAPINE (EDS)	PMS		3.5944
02229285	ZYPREXA (EDS)	LIL		7.5888

* 15MG TABLET

02276755	NOVO-OLANZAPINE (EDS)	NOP	\$	5.3916
02281848	APO-OLANZAPINE (EDS)	APX		5.3916
02303183	PMS-OLANZAPINE (EDS)	PMS		5.3916
02238850	ZYPREXA (EDS)	LIL		11.1831

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

* 5MG ORALLY DISINTEGRATING TABLET

02303191	PMS-OLANZAPINE ODT (EDS)	PMS	\$	1.7873
02321343	NOVO-OLANZAPINE OD (EDS)	NOP		1.7873
02327562	CO OLANZAPINE ODT (EDS)	COB		1.7873
02327775	SANDOZ OLANZAPINE ODT (EDS)	SDZ		1.7873
02243086	ZYPREXA ZYDIS (EDS)	LIL		3.8786

* 10MG ORALLY DISINTEGRATING TABLET

02303205	PMS-OLANZAPINE ODT (EDS)	PMS	\$	3.5715
02321351	NOVO-OLANZAPINE OD (EDS)	NOP		3.5715
02327570	CO OLANZAPINE (EDS)	COB		3.5715
02327783	SANDOZ OLANZAPINE ODT (EDS)	SDZ		3.5715
02243087	ZYPREXA ZYDIS (EDS)	LIL		7.7501

* 15MG ORALLY DISINTEGRATING TABLET

02303213	PMS-OLANZAPINE ODT (EDS)	PMS	\$	5.3555
02321378	NOVO-OLANZAPINE OD (EDS)	NOP		5.3555
02327589	CO OLANZAPINE ODT (EDS)	COB		5.3555
02327791	SANDOZ OLANZAPINE ODT (EDS)	SDZ		5.3555
02243088	ZYPREXA ZYDIS (EDS)	LIL		11.6216

PERICYAZINE

5MG CAPSULE

01926780	NEULEPTIL	ERF	\$	0.2443
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10MG CAPSULE

01926772	NEULEPTIL	ERF	\$	0.4184
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20MG CAPSULE

01926764	NEULEPTIL	ERF	\$	0.6172
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10MG/ML ORAL DROPS

01926756	NEULEPTIL	ERF	\$	0.4102
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PERPHENAZINE

2MG TABLET

00335134	APO-PERPHENAZINE	APX	\$	0.0626
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4MG TABLET

00335126	APO-PERPHENAZINE	APX	\$	0.0758
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8MG TABLET

00335118	APO-PERPHENAZINE	APX	\$	0.0832
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16MG TABLET

00335096	APO-PERPHENAZINE	APX	\$	0.1274
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PIMOZIDE

* 2MG TABLET

02245432	APO-PIMOZIDE	APX	\$	0.2279
00313815	ORAP	PHL		0.2473

* 4MG TABLET

02245433	APO-PIMOZIDE	APX	\$	0.4136
00313823	ORAP	PHL		0.4488

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

PIPOTIAZINE PALMITATE

25MG/ML INJECTION SOLUTION (ML)

01926667 PIPORTIL L4 AVT \$ 16.8200

50MG/ML INJECTION SOLUTION (ML)

01926675 PIPORTIL L4 AVT \$ 54.1500

PROCHLORPERAZINE

5MG/ML INJECTION SOLUTION (2ML)

00789747 PROCHLORPERAZINE MESYLATE SDZ \$ 1.7700

10MG SUPPOSITORY

00789720 SANDOZ PROCHLORPERAZINE SDZ \$ 0.8300

QUETIAPINE

* 25MG TABLET

02284235 NOVO-QUETIAPINE NOP \$ 0.3458

02296551 PMS-QUETIAPINE PMS 0.3458

02307804 MYLAN-QUETIAPINE MYL 0.3458

02311704 RATIO-QUETIAPINE RPH 0.3458

02313901 APO-QUETIAPINE APX 0.3458

02313995 SANDOZ QUETIAPINE SDZ 0.3458

02316080 CO QUETIAPINE COB 0.3458

02330415 JAMP-QUETIAPINE JPC 0.3458

02236951 SEROQUEL AST 0.5362

* 100MG TABLET

02284243 NOVO-QUETIAPINE NOP \$ 0.9226

02296578 PMS-QUETIAPINE PMS 0.9226

02307812 MYLAN-QUETIAPINE MYL 0.9226

02311712 RATIO-QUETIAPINE RPH 0.9226

02313928 APO-QUETIAPINE APX 0.9226

02314002 SANDOZ QUETIAPINE SDZ 0.9226

02316099 CO QUETIAPINE COB 0.9226

02330423 JAMP-QUETIAPINE JPC 0.9226

02236952 SEROQUEL AST 1.4305

* 200MG TABLET

02284278 NOVO-QUETIAPINE NOP \$ 1.8527

02296594 PMS-QUETIAPINE PMS 1.8527

02307839 MYLAN-QUETIAPINE MYL 1.8527

02311747 RATIO-QUETIAPINE RPH 1.8527

02313936 APO-QUETIAPINE APX 1.8527

02314010 SANDOZ QUETIAPINE SDZ 1.8527

02316110 CO QUETIAPINE COB 1.8527

02330458 JAMP-QUETIAPINE JPC 1.8527

02236953 SEROQUEL AST 2.8720

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

* 300MG TABLET

02284286	NOVO-QUETIAPINE	NOP	\$	2.7038
02296608	PMS-QUETIAPINE	PMS		2.7038
02307847	MYLAN-QUETIAPINE	MYL		2.7038
02311755	RATIO-QUETIAPINE	RPH		2.7038
02313944	APO-QUETIAPINE	APX		2.7038
02314029	SANDOZ QUETIAPINE	SDZ		2.7038
02316129	CO QUETIAPINE	COB		2.7038
02330466	JAMP-QUETIAPINE	JPC		2.7038
02244107	SEROQUEL	AST		4.1909

50MG EXTENDED RELEASE TABLET

02300184	SEROQUEL XR	AST	\$	1.0633
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150MG EXTENDED RELEASE TABLET

02321513	SEROQUEL XR	AST	\$	2.0941
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200MG EXTENDED RELEASE TABLET

02300192	SEROQUEL XR	AST	\$	2.8427
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300MG EXTENDED RELEASE TABLET

02300206	SEROQUEL XR	AST	\$	4.1881
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400MG EXTENDED RELEASE TABLET

02300214	SEROQUEL XR	AST	\$	5.6854
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RISPERIDONE

* 0.25MG TABLET

02252007	PMS-RISPERIDONE	PMS	\$	0.2615
02264757	RATIO-RISPERIDONE	RPH		0.2615
02280906	RAN-RISPERIDONE	RAN		0.2615
02282119	APO-RISPERIDONE	APX		0.2615
02282240	MYLAN-RISPERIDONE	MYL		0.2615
02282585	CO RISPERIDONE	COB		0.2615
02282690	NOVO-RISPERIDONE	NOP		0.2615
02303655	SANDOZ RISPERIDONE	SDZ		0.2615
02278421	DOM-RISPERIDONE	DOM		0.2746
02240551	RISPERDAL	JAN		0.5704

* 0.5MG TABLET

02252015	PMS-RISPERIDONE	PMS	\$	0.4379
02264188	NOVO-RISPERIDONE	NOP		0.4379
02264765	RATIO-RISPERIDONE	RPH		0.4379
02280914	RAN-RISPERIDONE	RAN		0.4379
02282127	APO-RISPERIDONE	APX		0.4379
02282259	MYLAN-RISPERIDONE	MYL		0.4379
02282593	CO RISPERIDONE	COB		0.4379
02303663	SANDOZ RISPERIDONE	SDZ		0.4379
02278448	DOM-RISPERIDONE	DOM		0.4598
02240552	RISPERDAL	JAN		0.9555

0.5MG ORALLY DISINTEGRATING TABLET

02247704	RISPERDAL M-TAB	JAN	\$	0.8615
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

* 1MG TABLET

02252023	PMS-RISPERIDONE	PMS	\$	0.6048
02264196	NOVO-RISPERIDONE	NOP		0.6048
02264773	RATIO-RISPERIDONE	RPH		0.6048
02279800	SANDOZ RISPERIDONE	SDZ		0.6048
02280922	RAN-RISPERIDONE	RAN		0.6048
02282135	APO-RISPERIDONE	APX		0.6048
02282267	MYLAN-RISPERIDONE	MYL		0.6048
02282607	CO RISPERIDONE	COB		0.6048
02278456	DOM-RISPERIDONE	DOM		0.6350
02025280	RISPERDAL	JAN		1.3199

1MG ORALLY DISINTEGRATING TABLET

02247705	RISPERDAL M-TAB	JAN	\$	1.1176
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* 2MG TABLET

02252031	PMS-RISPERIDONE	PMS	\$	1.2075
02264218	NOVO-RISPERIDONE	NOP		1.2075
02264781	RATIO-RISPERIDONE	RPH		1.2075
02279819	SANDOZ RISPERIDONE	SDZ		1.2075
02280930	RAN-RISPERIDONE	RAN		1.2075
02282143	APO-RISPERIDONE	APX		1.2075
02282275	MYLAN-RISPERIDONE	MYL		1.2075
02282615	CO RISPERIDONE	COB		1.2075
02278464	DOM-RISPERIDONE	DOM		1.2679
02025299	RISPERDAL	JAN		2.6350

2MG ORALLY DISINTEGRATING TABLET

02247706	RISPERDAL M-TAB	JAN	\$	2.2107
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* 3MG TABLET

02252058	PMS-RISPERIDONE	PMS	\$	1.8113
02264226	NOVO-RISPERIDONE	NOP		1.8113
02264803	RATIO-RISPERIDONE	RPH		1.8113
02279827	SANDOZ RISPERIDONE	SDZ		1.8113
02280949	RAN-RISPERIDONE	RAN		1.8113
02282151	APO-RISPERIDONE	APX		1.8113
02282283	MYLAN-RISPERIDONE	MYL		1.8113
02282623	CO RISPERIDONE	COB		1.8113
02278472	DOM-RISPERIDONE	DOM		1.9019
02025302	RISPERDAL	JAN		3.9527

3MG ORALLY DISINTEGRATING TABLET

02268086	RISPERDAL M-TAB	JAN	\$	3.3147
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

* 4MG TABLET

02252066	PMS-RISPERIDONE	PMS	\$	2.4150
02264234	NOVO-RISPERIDONE	NOP		2.4150
02264811	RATIO-RISPERIDONE	RPH		2.4150
02279835	SANDOZ RISPERIDONE	SDZ		2.4150
02280957	RAN-RISPERIDONE	RAN		2.4150
02282178	APO-RISPERIDONE	APX		2.4150
02282291	MYLAN-RISPERIDONE	MYL		2.4150
02282631	CO RISPERIDONE	COB		2.4150
02278480	DOM-RISPERIDONE	DOM		2.5358
02025310	RISPERDAL	JAN		5.2704

4MG ORALLY DISINTEGRATING TABLET

02268094	RISPERDAL M-TAB	JAN	\$	4.4323
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* 1MG/ML ORAL SOLUTION

02279266	PMS-RISPERIDONE	PMS	\$	0.7727
02280396	APO-RISPERIDONE	APX		0.7727
02236950	RISPERDAL	JAN		1.4887

25MG/VIAL POWDER FOR INJECTION (VIAL)

02255707	RISPERDAL CONSTA (EDS)	JAN	\$	169.8600
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37.5MG/VIAL POWDER FOR INJECTION (VIAL)

02255723	RISPERDAL CONSTA (EDS)	JAN	\$	254.7800
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50MG/VIAL POWDER FOR INJECTION (VIAL)

02255758	RISPERDAL CONSTA (EDS)	JAN	\$	339.7100
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THIOTHIXENE

2MG CAPSULE

00024430	NAVANE	ERF	\$	0.3364
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5MG CAPSULE

00024449	NAVANE	ERF	\$	0.4774
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10MG CAPSULE

00024457	NAVANE	ERF	\$	0.5968
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TRIFLUOPERAZINE

1MG TABLET

00345539	APO-TRIFLUOPERAZINE	APX	\$	0.1340
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2MG TABLET

00312754	APO-TRIFLUOPERAZINE	APX	\$	0.1758
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5MG TABLET

00312746	APO-TRIFLUOPERAZINE	APX	\$	0.2328
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10MG TABLET

00326836	APO-TRIFLUOPERAZINE	APX	\$	0.2790
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTIC AGENTS)

ZIPRASIDONE

20MG CAPSULE				
02298597 ZELDOX	PFI	\$		2.0507
40MG CAPSULE				
02298600 ZELDOX	PFI	\$		2.0507
60MG CAPSULE				
02298619 ZELDOX	PFI	\$		2.0507
80MG CAPSULE				
02298627 ZELDOX	PFI	\$		2.0507

ZUCLOPENTHIXOL ACETATE

SEE APPENDIX A FOR EDS CRITERIA

50MG/ML INJECTION (ML)				
02230405 CLOPIXOL ACUPHASE (EDS)	LUD	\$		16.1900

ZUCLOPENTHIXOL DECANOATE

SEE APPENDIX A FOR EDS CRITERIA

200MG/ML INJECTION (ML)				
02230406 CLOPIXOL DEPOT (EDS)	LUD	\$		16.1900

ZUCLOPENTHIXOL DIHYDROCHLORIDE

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET				
02230402 CLOPIXOL (EDS)	LUD	\$		0.4161
25MG TABLET				
02230403 CLOPIXOL (EDS)	LUD	\$		1.0403

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE SO4

5MG TABLET				
01924516 DEXEDRINE	PAL	\$		0.6114
10MG SPANSULE CAPSULE				
01924559 DEXEDRINE	PAL	\$		0.8770
15MG SPANSULE CAPSULE				
01924567 DEXEDRINE	PAL	\$		1.0723

METHYLPHENIDATE HCL

* 5MG TABLET

02234749 PMS-METHYLPHENIDATE	PMS	\$		0.0947
02273950 APO-METHYLPHENIDATE	APX			0.0947

* 10MG TABLET

00584991 PMS-METHYLPHENIDATE	PMS	\$		0.1590
02249324 APO-METHYLPHENIDATE	APX			0.1590
00005606 RITALIN	NVR			0.3753

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

* 20MG TABLET

00585009	PMS-METHYLPHENIDATE	PMS	\$	0.3536
02249332	APO-METHYLPHENIDATE	APX		0.3536
00005614	RITALIN	NVR		0.6558

18MG EXTENDED RELEASE TABLET

02247732	CONCERTA	JAN	\$	2.2769
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27MG EXTENDED RELEASE TABLET

02250241	CONCERTA	JAN	\$	2.6277
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36MG EXTENDED RELEASE TABLET

02247733	CONCERTA	JAN	\$	2.9785
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54MG EXTENDED RELEASE TABLET

02247734	CONCERTA	JAN	\$	3.6798
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* 20MG SUSTAINED RELEASE TABLET

02266687	APO-METHYLPHENIDATE SR	APX	\$	0.4229
02320312	SANDOZ METHYLPHENIDATE SR	SDZ		0.4229
00632775	RITALIN SR	NVR		0.6585

MODAFINIL

SEE APPENDIX A FOR EDS CRITERIA

* 100MG TABLET

02285398	APO-MODAFINIL (EDS)	APX	\$	0.9293
02239665	ALERTEC (EDS)	SCI		1.3958

28:24.04 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BARBITURATES)

PHENOBARBITAL

SEE SECTION 28:12.04 (ANTICONVULSANTS)

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BENZODIAZEPINES)

ALPRAZOLAM

* 0.25MG TABLET

00865397	APO-ALPRAZ	APX	\$	0.0760
01913484	NOVO-ALPRAZOL	NOP		0.0760
02137534	MYLAN-ALPRAZOLAM	MYL		0.0760
00548359	XANAX	PFI		0.2748

* 0.5MG TABLET

00865400	APO-ALPRAZ	APX	\$	0.0920
01913492	NOVO-ALPRAZOL	NOP		0.0920
02137542	MYLAN-ALPRAZOLAM	MYL		0.0920
00548367	XANAX	PFI		0.3285

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BENZODIAZEPINES)

BROMAZEPAM

* 1.5MG TABLET

02177153	APO-BROMAZEPAM	APX	\$	0.0693
02192705	MYLAN-BROMAZEPAM	MYL		0.0693

* 3MG TABLET

02177161	APO-BROMAZEPAM	APX	\$	0.0882
02192713	MYLAN-BROMAZEPAM	MYL		0.0882
02230584	NOVO-BROMAZEPAM	NOP		0.0882
00518123	LECTOPAM	HLR		0.1627

* 6MG TABLET

02177188	APO-BROMAZEPAM	APX	\$	0.1288
02192721	MYLAN-BROMAZEPAM	MYL		0.1288
02230585	NOVO-BROMAZEPAM	NOP		0.1288
00518131	LECTOPAM	HLR		0.2377

CHLORDIAZEPOXIDE

5MG CAPSULE

00522724	APO-CHLORDIAZEPOXIDE	APX	\$	0.0679
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10MG CAPSULE

00522988	APO-CHLORDIAZEPOXIDE	APX	\$	0.1070
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25MG CAPSULE

00522996	APO-CHLORDIAZEPOXIDE	APX	\$	0.1658
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CLORAZEPATE DIPOTASSIUM

3.75MG CAPSULE

00860689	APO-CLORAZEPATE	APX	\$	0.1476
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7.5MG CAPSULE

00860700	APO-CLORAZEPATE	APX	\$	0.1926
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15MG CAPSULE

00860697	APO-CLORAZEPATE	APX	\$	0.3856
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DIAZEPAM

* 2MG TABLET

00405329	APO-DIAZEPAM	APX	\$	0.0508
02247490	PMS-DIAZEPAM	PMS		0.0508
02247173	BIO-DIAZEPAM	BMD		0.0610

* 5MG TABLET

00362158	APO-DIAZEPAM	APX	\$	0.0650
02247491	PMS-DIAZEPAM	PMS		0.0650
02247174	BIO-DIAZEPAM	BMD		0.0900
00013765	VIVOL	AXX		0.1039
00013285	VALIUM	HLR		0.1663

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BENZODIAZEPINES)

* 10MG TABLET

00405337	APO-DIAZEPAM	APX	\$	0.0867
02247492	PMS-DIAZEPAM	PMS		0.0867
02247176	BIO-DIAZEPAM	BMD		0.1041
00013773	VIVOL	AXX		0.2090

5MG/ML RECTAL GEL (DELIVERY SYSTEM)

02238162	DIASTAT	VAE	\$	77.1300
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FLURAZEPAM HCL

15MG CAPSULE

00521698	APO-FLURAZEPAM	APX	\$	0.0810
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30MG CAPSULE

00521701	APO-FLURAZEPAM	APX	\$	0.0930
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LORAZEPAM

* 0.5MG TABLET

00655740	APO-LORAZEPAM	APX	\$	0.0359
00711101	NOVO-LORAZEM	NOP		0.0359
00728187	PMS-LORAZEPAM	PMS		0.0359
02245784	DOM-LORAZEPAM	DOM		0.0377
02041413	ATIVAN	WYA		0.0406

* 1MG TABLET

00637742	NOVO-LORAZEM	NOP	\$	0.0447
00655759	APO-LORAZEPAM	APX		0.0447
00728195	PMS-LORAZEPAM	PMS		0.0447
02245785	DOM-LORAZEPAM	DOM		0.0469
02041421	ATIVAN	WYA		0.5045

* 2MG TABLET

00637750	NOVO-LORAZEM	NOP	\$	0.0699
00655767	APO-LORAZEPAM	APX		0.0699
00728209	PMS-LORAZEPAM	PMS		0.0699
02245786	DOM-LORAZEPAM	DOM		0.0734
02041448	ATIVAN	WYA		0.7888

OXAZEPAM

10MG TABLET

00402680	APO-OXAZEPAM	APX	\$	0.0420
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15MG TABLET

00402745	APO-OXAZEPAM	APX	\$	0.0660
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30MG TABLET

00402737	APO-OXAZEPAM	APX	\$	0.0900
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BENZODIAZEPINES)

TEMAZEPAM

* 15MG CAPSULE

02225964	APO-TEMAZEPAM	APX	\$	0.1102
02230095	NOVO-TEMAZEPAM	NOP		0.1102
02231615	MYLAN-TEMAZEPAM	MYL		0.1102
02243023	RATIO-TEMAZEPAM	RPH		0.1102
02244814	CO-TEMAZEPAM	COB		0.1102
02273039	PMS-TEMAZEPAM	PMS		0.1102
02229756	DOM-TEMAZEPAM	DOM		0.1157
00604453	RESTORIL	SEP		0.2168

* 30MG CAPSULE

02225972	APO-TEMAZEPAM	APX	\$	0.1326
02230102	NOVO-TEMAZEPAM	NOP		0.1326
02231616	MYLAN-TEMAZEPAM	MYL		0.1326
02243024	RATIO-TEMAZEPAM	RPH		0.1326
02244815	CO-TEMAZEPAM	COB		0.1326
02273047	PMS-TEMAZEPAM	PMS		0.1326
02229758	DOM-TEMAZEPAM	DOM		0.1392
00604461	RESTORIL	SEP		0.2625

TRIAZOLAM

* 0.125MG TABLET

00808563	APO-TRIAZO	APX	\$	0.1182
01995227	MYLAN-TRIAZOLAM	MYL		0.1182

* 0.25MG TABLET

00808571	APO-TRIAZO	APX	\$	0.2086
01913506	MYLAN-TRIAZOLAM	MYL		0.2086

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND HYPNOTICS

BUSPIRONE

5MG TABLET

02230941	PMS-BUSPIRONE	PMS	\$	0.3984
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* 10MG TABLET

02232564	DOM-BUSPIRONE	DOM	\$	0.4814 *
02207672	NU-BUSPIRONE	NXP		0.6521
02211076	APO-BUSPIRONE	APX		0.6521
02230942	PMS-BUSPIRONE	PMS		0.6521
02231492	NOVO-BUSPIRONE	NOP		0.6521
02237858	RATIO-BUSPIRONE	RPH		0.6521
00603821	BUSPAR	BMY		1.1773

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND HYPNOTICS

CHLORAL HYDRATE

* 100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE SYRUP	PMS	\$	0.0471
02247621	CHLORAL HYDRATE SYRUP	ODN		0.0471

HYDROXYZINE

* 10MG CAPSULE

00646059	APO-HYDROXYZINE	APX	\$	0.1116
00738824	NOVO-HYDROXYZIN	NOP		0.1116

* 25MG CAPSULE

00646024	APO-HYDROXYZINE	APX	\$	0.1425
00738832	NOVO-HYDROXYZIN	NOP		0.1425

* 50MG CAPSULE

00646016	APO-HYDROXYZINE	APX	\$	0.2068
00738840	NOVO-HYDROXYZIN	NOP		0.2068

* 2MG/ML ORAL SYRUP

00741817	PMS-HYDROXYZINE	PMS	\$	0.0453
00024694	ATARAX	ERF		0.0574

METHOTRIMEPRAZINE

2MG TABLET

02238403	APO-METHOPRAZINE	APX	\$	0.0685
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* 5MG TABLET

02232903	PMS-METHOTRIMEPRAZINE	PMS	\$	0.0528
02238404	APO-METHOPRAZINE	APX		0.0991

25MG TABLET

02238405	APO-METHOPRAZINE	APX	\$	0.2547
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50MG TABLET

02238406	APO-METHOPRAZINE	APX		0.3857
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28:28.00 ANTIMANIC AGENTS

LITHIUM CARBONATE

* 150MG CAPSULE

02216132	PMS-LITHIUM CARBONATE	PMS	\$	0.0532
02242837	APO-LITHIUM CARBONATE	APX		0.0532
00461733	CARBOLITH	VAE		0.1238

* 300MG CAPSULE

02216140	PMS-LITHIUM CARBONATE	PMS	\$	0.0558
02242838	APO-LITHIUM CARBONATE	APX		0.0558
00236683	CARBOLITH	VAE		0.0962

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:28.00 ANTIMANIC AGENTS

* 600MG CAPSULE

02216159	PMS-LITHIUM CARBONATE	PMS	\$	0.1360
02011239	CARBOLITH	VAE		0.1845

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ENTACAPONE

200MG TABLET

02243763	COMTAN	NVR	\$	1.7403
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LEVODOPA/BENZERAZIDE

50MG/12.5MG CAPSULE

00522597	PROLOPA	HLR	\$	0.2965
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100MG/25MG CAPSULE

00386464	PROLOPA	HLR	\$	0.4881
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200MG/50MG CAPSULE

00386472	PROLOPA	HLR	\$	0.8193
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LEVODOPA/CARBIDOPA

* 100MG/10MG TABLET

02182831	NU-LEVOCARB	NXP	\$	0.2365
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02195933	APO-LEVOCARB	APX		0.2365
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02244494	NOVO-LEVOCARBIDOPA	NOP		0.2365
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00355658	SINEMET	BMY		0.4718
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* 100MG/25MG TABLET

02182823	NU-LEVOCARB	NXP	\$	0.3532
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02195941	APO-LEVOCARB	APX		0.3532
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02244495	NOVO-LEVOCARBIDOPA	NOP		0.3532
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00513997	SINEMET	BMY		0.7044
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* 250MG/25MG TABLET

02182858	NU-LEVOCARB	NXP	\$	0.3943
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02195968	APO-LEVOCARB	APX		0.3943
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02244496	NOVO-LEVOCARBIDOPA	NOP		0.3943
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00328219	SINEMET	BMY		0.7863
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* 100MG/25MG CONTROLLED RELEASE TABLET

02272873	APO-LEVOCARB CR	APX	\$	0.5126
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02028786	SINEMET CR	BMY		0.7639
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200MG/50MG CONTROLLED RELEASE TABLET

00870935	SINEMET CR	BMY	\$	1.4091
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

LEVODOPA/CARBIDOPA/ENTACAPONE

50MG/12.5MG/200MG TABLET

02305933	STALEVO	NVR	\$	1.6936
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100MG/25MG/200MG TABLET

02305941	STALEVO	NVR	\$	1.6936
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150MG/37.5MG/200MG TABLET

02305968	STALEVO	NVR	\$	1.6936
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PRAMIPEXOLE DIHYDROCHLORIDE

* 0.25MG TABLET

02269309	NOVO-PRAMIPEXOLE	NOP	\$	0.6930
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02290111	PMS-PRAMIPEXOLE	PMS		0.6930
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02292378	APO-PRAMIPEXOLE	APX		0.6930
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02297302	CO PRAMIPEXOLE	COB		0.6930
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02315262	SANDOZ PRAMIPEXOLE	SDZ		0.6930
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02237145	MIRAPEX	BOE		1.1408
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* 0.5MG TABLET

02269317	NOVO-PRAMIPEXOLE	NOP	\$	1.3860
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02290138	PMS-PRAMIPEXOLE	PMS		1.3860
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02292386	APO-PRAMIPEXOLE	APX		1.3860
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02297310	CO PRAMIPEXOLE	COB		1.3860
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02315270	SANDOZ PRAMIPEXOLE	SDZ		1.3860
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02241594	MIRAPEX	BOE		2.2816
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* 1MG TABLET

02269325	NOVO-PRAMIPEXOLE	NOP	\$	1.3860
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02290146	PMS-PRAMIPEXOLE	PMS		1.3860
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02292394	APO-PRAMIPEXOLE	APX		1.3860
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02297329	CO PRAMIPEXOLE	COB		1.3860
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02315289	SANDOZ PRAMIPEXOLE	SDZ		1.3860
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02237146	MIRAPEX	BOE		2.2816
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* 1.5MG TABLET

02269333	NOVO-PRAMIPEXOLE	NOP	\$	1.3860
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02290154	PMS-PRAMIPEXOLE	PMS		1.3860
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02292408	APO-PRAMIPEXOLE	APX		1.3860
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02297337	CO PRAMIPEXOLE	COB		1.3860
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02315297	SANDOZ PRAMIPEXOLE	SDZ		1.3860
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02237147	MIRAPEX	BOE		2.2816
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ROPINIROLE HCL

* 0.25MG TABLET

02314037	RAN-ROPINIROLE	RAN	\$	0.1419
02316846	CO ROPINIROLE	COB		0.1419
02326590	PMS-ROPINIROLE	PMS		0.1419
02232565	REQUIP	GSK		0.3080

* 1MG TABLET

02314053	RAN-ROPINIROLE	RAN	\$	0.5676
02316854	CO ROPINIROLE	COB		0.5676
02326612	PMS-ROPINIROLE	PMS		0.5676
02232567	REQUIP	GSK		1.2319

* 2MG TABLET

02314061	RAN-ROPINIROLE	RAN	\$	0.6244
02316862	CO ROPINIROLE	COB		0.6244
02326620	PMS-ROPINIROLE	PMS		0.6244
02232568	REQUIP	GSK		1.3551

* 5MG TABLET

02314088	RAN-ROPINIROLE	RAN	\$	1.7192
02316870	CO ROPINIROLE	COB		1.7192
02326639	PMS-ROPINIROLE	PMS		1.7192
02232569	REQUIP	GSK		3.7307

SELEGILINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 5MG TABLET

02068087	NOVO-SELEGILINE (EDS)	NOP	\$	1.2650
02230641	APO-SELEGILINE (EDS)	APX		1.2650
02230717	NU-SELEGILINE (EDS)	NXP		1.2650
02231036	MYLAN-SELEGILINE (EDS)	MYL		1.2650
02238102	PMS-SELEGILINE (EDS)	PMS		1.2650
02238340	DOM-SELEGILINE (EDS)	DOM		1.3284



DIAGNOSTIC AGENTS

36:00



36:00 DIAGNOSTIC AGENTS

36:04.00 ADRENAL INSUFFICIENCY

COSYNTROPIN ZINC HYDROXIDE

SEE SECTION 68:28.00 (PITUITARY AGENTS)

36:26.00 DIABETES MELLITUS

NOTE: THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION
HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR
BILLING PURPOSES ONLY.

BLOOD GLUCOSE TEST STRIP

STRIP

00950948	SIDEKICK	HOM	\$	0.4944
00950957	TRUETRACK SMART SYSTEM	HOM		0.4944
97799594	LIFE BRAND	HOM		0.5425
97799595	LIFE BRAND PORTABLE	HOM		0.5425
00950956	ITEST	ACM		0.7053
00950432	ACCUTREND	ROC		0.7474
00950300	PRECISION PLUS	ABC		0.7476
00950902	SOF-TACT	ABC		0.7476
97799583	NOVAMAX	NBC		0.7585
97799582	ON-CALL PLUS	MGM		0.7595
97799564	EZ HEALTH ORACLE	THI		0.7910
00950459	ONE TOUCH	LSN		0.8029
00950734	SURESTEP	LSN		0.8029
00950907	FREESTYLE	ABC		0.8029
97799597	FREESTYLE LITE	ABC		0.8029
00950882	FASTTAKE	LSN		0.8453
00950893	ONE TOUCH ULTRA	LSN		0.8626
00950894	PRECISION XTRA	ABC		0.8626
00950572	ELITE	BAY		0.8802
00950960	BREEZE 2	BAY		0.8802
00950900	ACCU-CHEK COMPACT	ROC		0.8854
00950926	ACCU-CHEK ADVANTAGE	ROC		0.8854
00950949	ACCU-CHEK AVIVA	ROC		0.8854
00950924	CONTOUR	BAY		0.8856

HYDROXYBUTYRATE DEHYDROGENASE

BLOOD KETONE TEST STRIP

00950896	PRECISION XTRA KETONE	ABC	\$	1.6384
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36:00 DIAGNOSTIC AGENTS

36:88.00 URINE CONTENTS

NOTE: THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION
HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR
BILLING PURPOSES ONLY.

CUPRIC SO4 REAGENT

TABLET

00035122 CLINITEST BAY \$ 0.1049

GLUCOSE OXIDASE/PEROXIDASE REAGENT

STICK

00035130 DIASTIX BAY \$ 0.1187

GLUCOSE OXIDASE/PEROXIDASE/SODIUM NITROFERRICYANIDE/GLYCINE REAGENT

STICK

00950238 CHEMSTRIP UG 5000K ROC \$ 0.1417

GLUCOSE OXIDASE/PEROXIDASE/SODIUM NITROPRUSSIDE REAGENT

STICK

00035149 KETO DIASTIX BAY \$ 0.1423

SODIUM NITROPRUSSIDE REAGENT

STICK

00035092 KETOSTIX BAY \$ 0.1322

TABLET

00035106 ACETEST BAY \$ 0.1816



**ELECTROLYTIC, CALORIC AND
WATER BALANCE
40:00**



40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12.00 REPLACEMENT AGENTS

POTASSIUM CHLORIDE

8MMOL LONG ACTING CAPSULE

02042304 MICRO-K EXTENCAPS PAL \$ 0.1009

☒ 8MMOL LONG ACTING TABLET

00602884 APO-K APX \$ 0.0899

00074225 SLOW-K NVR 0.1564

20MMOL LONG ACTING TABLET

00713376 K-DUR SCH \$ 0.2165

* 1.33MMOL/ML ORAL SOLUTION

02238604 PMS-POTASSIUM CHLORIDE PMS \$ 0.0131

01918303 K-10 GSK 0.0167

40:18.00 ION REMOVING AGENTS

CALCIUM ACETATE

SEE APPENDIX A FOR EDS CRITERIA

667MG TABLET

02229437 PHOSLO (EDS) FMC \$ 0.4883

CALCIUM POLYSTYRENE SULFONATE

POWDER

02017741 RESONIUM CALCIUM AVT \$ 0.3684

SODIUM POLYSTYRENE SULFONATE

250MG/ML ORAL SUSPENSION

00769541 PMS-SOD POLYSTYRENE SULF PMS \$ 0.1034

* POWDER

00755338 PMS-SOD POLYSTYRENE SULF PMS \$ 0.1461

02026961 KAYEXALATE AVT 0.1907

250MG/ML RETENTION ENEMA

00769533 PMS-SOD POLY SULF (120ML) PMS \$ 14.9100

40:28.00 DIURETICS

ACETAZOLAMIDE

SEE SECTION 52:10.00 (CARBONIC ANHYDRASE INHIBITORS)

BUMETANIDE

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

00728284 BURINEX (EDS) LEO \$ 0.7470

5MG TABLET

00728276 BURINEX (EDS) LEO \$ 2.8500

CHLORTHALIDONE

50MG TABLET

00360279 APO-CHLORTHALIDONE APX \$ 0.1242

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

ETHACRYNIC ACID

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

02258528	EDECIN (EDS)	VAL	\$	0.8952
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FUROSEMIDE

* 20MG TABLET

02239224	NU-FUROSEMIDE	NXP	\$	0.0336 *
00337730	NOVO-SEMIDE	NOP		0.0445
00396788	APO-FUROSEMIDE	APX		0.0445
02247371	BIO-FUROSEMIDE	BMD		0.0445
02247493	PMS-FUROSEMIDE	PMS		0.0445
02248124	DOM-FUROSEMIDE	DOM		0.0467
02224690	LASIX	AVT		0.0909

* 40MG TABLET

02239225	NU-FUROSEMIDE	NXP	\$	0.0503 *
00337749	NOVO-SEMIDE	NOP		0.0670
00362166	APO-FUROSEMIDE	APX		0.0670
02247372	BIO-FUROSEMIDE	BMD		0.0670
02247494	PMS-FUROSEMIDE	PMS		0.0670
02248125	DOM-FUROSEMIDE	DOM		0.0704
02224704	LASIX	AVT		0.1397

10MG/ML ORAL SOLUTION

02224720	LASIX	AVT	\$	0.2865
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HYDROCHLOROTHIAZIDE

* 12.5 TABLET

02274086	PMS-HYDROCHLOROTHIAZIDE	PMS	\$	0.0323
02327856	APO-HYDRO	APX		0.0323
02282879	DOM-HYDROCHLOROTHIAZIDE	DOM		0.0339

* 25MG TABLET

02250659	NU-HYDRO	NXP	\$	0.0357 *
02247386	PMS-HYDROCHLOROTHIAZIDE	PMS		0.0475
02248134	DOM-HYDROCHLOROTHIAZIDE	DOM		0.0475
00021474	NOVO-HYDRAZIDE	NOP		0.0475
00326844	APO-HYDRO	APX		0.0475
02247170	BIO-HYDROCHLOROTHIAZIDE	BMD		0.0475

* 50MG TABLET

02250667	NU-HYDRO	NXP	\$	0.0517 *
02247387	PMS-HYDROCHLOROTHIAZIDE	PMS		0.0650
02248135	DOM-HYDROCHLOROTHIAZIDE	DOM		0.0650
00021482	NOVO-HYDRAZIDE	NOP		0.0650
00312800	APO-HYDRO	APX		0.0650
02247171	BIO-HYDROCHLOROTHIAZIDE	BMD		0.0650

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

INDAPAMIDE HEMIHYDRATE

* 1.25MG TABLET

02239913	DOM-INDAPAMIDE	DOM	\$	0.1492 *
02239619	PMS-INDAPAMIDE	PMS		0.1877
02240067	MYLAN-INDAPAMIDE	MYL		0.1877
02245246	APO-INDAPAMIDE	APX		0.1877
02179709	LOZIDE	SEV		0.3234

* 2.5MG TABLET

02239917	DOM-INDAPAMIDE	DOM	\$	0.2366 *
02153483	MYLAN-INDAPAMIDE	MYL		0.2977
02223597	NU-INDAPAMIDE	NXP		0.2977
02223678	APO-INDAPAMIDE	APX		0.2977
02231184	NOVO-INDAPAMIDE	NOP		0.2977
02239620	PMS-INDAPAMIDE	PMS		0.2977
00564966	LOZIDE	SEV		0.5289

METOLAZONE

2.5MG TABLET

00888400	ZAROXOLYN	AVT	\$	0.2024
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40:28.10 POTASSIUM SPARING DIURETICS

AMILORIDE HCL

5MG TABLET

02249510	APO-AMILORIDE	APX	\$	0.2717
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SPIRONOLACTONE

* 25MG TABLET

00613215	NOVO-SPIROTON	NOP	\$	0.1038
00028606	ALDACTONE	PFI		0.1445

* 100MG TABLET

00613223	NOVO-SPIROTON	NOP	\$	0.2417
00285455	ALDACTONE	PFI		0.3405

40:40.00 URICOSURIC DRUGS

PROBENECID

500MG TABLET

00294926	BENURYL	VAE	\$	0.2045
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SULFINPYRAZONE

* 200MG TABLET

00441767	APO-SULFINPYRAZONE	APX	\$	0.2997
02045699	NU-SULFINPYRAZONE	NXP		0.2997



**ANTITUSSIVES, EXPECTORANTS AND
MUCOLYTIC AGENTS
48:00**



**48:00 ANTITUSSIVES, EXPECTORANTS AND
MUCOLYTIC AGENTS**

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE

* 20% SOLUTION (30ML)

02243098	ACETYLCYSTEINE SOLUTION	SDZ	\$	17.5500
02091526	MUCOMYST	WEL		19.1600

DORNASE ALFA

SEE APPENDIX A FOR EDS CRITERIA

1MG/ML INHALATION SOLUTION (2.5ML)

02046733	PULMOZYME (EDS)	HLR	\$	38.2900
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**EYE, EAR, NOSE AND THROAT
PREPARATIONS
52:00**



52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

FUSIDIC ACID

SEE APPENDIX A FOR EDS CRITERIA

1% OPHTHALMIC DROPS (PRESERVATIVE FREE)

02243861 FUCITHALMIC (EDS) LEO \$ 0.8853

1% OPHTHALMIC DROPS (G)

02243862 FUCITHALMIC (EDS) LEO \$ 1.9053

GENTAMICIN SO4

GENTAMICIN SO4 5MG/ML IS EQUIVALENT TO 3MG/ML GENTAMICIN BASE.

* 5MG/ML OPHTHALMIC SOLUTION

02229440 SANDOZ GENTAMICIN SDZ \$ 0.4060

00512192 GARAMYCIN SCH 0.4406

* 5MG/ML OTIC SOLUTION

02230889 PMS-GENTAMICIN PMS \$ 1.0320

02229441 SANDOZ GENTAMICIN SDZ 1.1058

00512184 GARAMYCIN SCH 1.1998

5MG/G OPHTHALMIC OINTMENT (3.5G)

02230888 SANDOZ GENTAMICIN SDZ \$ 4.0000

POLYMYXIN B SO4/NEOMYCIN SO4/GRAMICIDIN

10,000U/2.5MG/0.025MG PER ML EYE/EAR SOLUTION

00807435 OPTIMYXIN PLUS SDZ \$ 0.8100

POLYMYXIN B SO4/TRIMETHOPRIM SO4

* 10,000U/1MG PER ML OPHTHALMIC SOLUTION

02240363 PMS-POLYTRIMETHOPRIM PMS \$ 0.7310

02011956 POLYTRIM ALL 3.3017

TOBRAMYCIN

SEE APPENDIX A FOR EDS CRITERIA

* 0.3% OPHTHALMIC SOLUTION

02239577 PMS-TOBRAMYCIN (EDS) PMS \$ 1.0480

02241755 SANDOZ TOBRAMYCIN (EDS) SDZ 1.0480

00513962 TOBREX (EDS) ALC 1.8077

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254 TOBREX (EDS) ALC \$ 8.9800

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.06 ANTI-INFECTIVES (ANTIVIRALS)

TRIFLURIDINE

* 1% OPTHALMIC SOLUTION (7.5ML)

02248529	SANDOZ TRIFLURIDINE	SDZ	\$	24.5000
00687456	VIROPTIC	THM		24.7300

52:04.08 ANTI-INFECTIVES (SULFONAMIDES)

SULFACETAMIDE (SODIUM)

10% OPTHALMIC SOLUTION

00028053	SODIUM SULAMYD	SDZ	\$	0.4540
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52:04.12 ANTI-INFECTIVES (MISCELLANEOUS)

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE

0.5%/0.03% OTIC SOLUTION

00674222	BURO-SOL-OTIC	STI	\$	0.2937
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CIPROFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 0.3% OPTHALMIC SOLUTION

02253933	PMS-CIPROFLOXACIN (EDS)	PMS	\$	1.1280
02263130	APO-CIPROFLOX (EDS)	APX		1.1280
01945270	CILOXAN (EDS)	ALC		2.1049

0.3% OPTHALMIC OINTMENT (3.5G)

02200864	CILOXAN (EDS)	ALC	\$	10.5300
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MOXIFLOXACIN HCL

SEE APPENDIX A FOR EDS CRITERIA

0.5% OPTHALMIC SOLUTION

02252260	VIGAMOX (EDS)	ALC	\$	4.3871
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OFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 0.3% OPTHALMIC SOLUTION

02248398	APO-OFLOXACIN (EDS)	APX	\$	0.9920
02252570	PMS-OFLOXACIN (EDS)	PMS		0.9920
02143291	OCUFLOX (EDS)	ALL		2.6540

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

BECLOMETHASONE DIPROPIONATE

* 50UG/DOSE AQUEOUS NASAL SPRAY (PACKAGE)

02172712	MYLAN-BECLOMETHASONE AQ	MYL	\$	12.2600
02238577	NU-BECLOMETHASONE	NXP		12.2600
02238796	APO-BECLOMETHASONE	APX		12.2600

BUDESONIDE

* 64UG/DOSE NASAL SPRAY (PACKAGE)

02241003	MYLAN-BUDESONIDE AQ	MYL	\$	10.1200
02231923	RHINOCORT AQUA	AST		11.0700

100UG/DOSE NASAL SPRAY (PACKAGE)

02230648	MYLAN-BUDESONIDE AQ	MYL	\$	15.8100
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100UG POWDER FOR INHALATION (PACKAGE)

02035324	RHINOCORT TURBUHALER	AST	\$	24.6300
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DEXAMETHASONE

0.1% OPHTHALMIC SUSPENSION

00042560	MAXIDEX	ALC	\$	1.6710
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0.1% OPHTHALMIC/OTIC SOLUTION

00739839	SANDOZ DEXAMETHASONE	SDZ	\$	1.3130
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0.1% OPHTHALMIC OINTMENT (3.5G)

00042579	MAXIDEX	ALC	\$	9.0600
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FLUNISOLIDE

0.025% NASAL SOLUTION (PACKAGE)

02239288	APO-FLUNISOLIDE	APX	\$	14.8500
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FLUOROMETHOLONE

* 0.1% OPHTHALMIC SUSPENSION

02238568	PMS-FLUOROMETHOLONE	PMS	\$	1.8272
00247855	FML	ALL		3.3180

FLUOROMETHOLONE ACETATE

0.1% OPHTHALMIC SUSPENSION

00756784	FLAREX	ALC	\$	1.8879
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FLUTICASONE PROPIONATE

* 50UG/DOSE AQUEOUS NASAL SPRAY (PACKAGE)

02294745	APO-FLUTICASONE	APX	\$	21.9700
02296071	RATIO-FLUTICASONE	RPH		21.9700
02213672	FLOXASE	GSK		32.5300

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

KETOROLAC TROMETHAMINE

SEE APPENDIX A FOR EDS CRITERIA

* 0.5% OPHTHALMIC SOLUTION

02245821	APO-KETOROLAC (EDS)	APX	\$	2.0160
02247461	RATIO-KETOROLAC (EDS)	RPH		2.0160
01968300	ACULAR (EDS)	ALL		3.6456

MOMETASONE FUROATE MONOHYDRATE

0.05% AQUEOUS NASAL SPRAY

02238465	NASONEX	SCH	\$	30.7100
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PREDNISOLONE ACETATE

* 0.12% OPHTHALMIC SUSPENSION

01916181	SANDOZ PREDNISOLONE	SDZ	\$	1.2650
00299405	PRED MILD	ALL		1.9487

* 1.0% OPHTHALMIC SUSPENSION

00700401	RATIO-PREDNISOLONE	RPH	\$	1.9500
01916203	SANDOZ PREDNISOLONE	SDZ		1.9500
02023768	DIOPRED	SDZ		1.9500
00301175	PRED FORTE	ALL		5.7375

TRIAMCINOLONE ACETONIDE

AQUEOUS NASAL SPRAY (PACKAGE)

02213834	NASACORT AQ	AVT	\$	25.1100
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52:08.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS

CIPROFLOXACIN HCL/DEXAMETHASONE

SEE APPENDIX A FOR EDS CRITERIA

0.3%/0.1% OTIC SUSPENSION

02252716	CIPRODEX (EDS)	ALC	\$	3.9060
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FRAMYCETIN SO4/GRAMICIDIN/DEXAMETHASONE BASE

* 5MG/50UG/0.5MG PER ML EYE/EAR SOLUTION

02247920	SANDOZ OPTICORT	SDZ	\$	1.4675
02224623	SOFRACORT	AVT		1.9395

GENTAMICIN SO4/BETAMETHASONE SODIUM PHOSPHATE

* 0.3%/0.1% OTIC/OPHTHALMIC SOLUTION

02244999	SANDOZ PENTASONE	SDZ	\$	1.3729
00682217	GARASONE	SCH		1.4896

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS

IODOCHLORHYDROXYQUIN/FLUMETHASONE PIVALATE

1%/0.02% OTIC SOLUTION

00074454 LOCACORTEN-VIOFORM PAL \$ 1.5733

POLYMYXIN B SO4/BACITRACIN (ZINC)/ NEOMYCIN SO4/HYDROCORTISONE

10000U/400U/5MG/10MG PER G OPHTHALMIC
OINTMENT (3.5G)

02242485 SANDOZ CORTIMYXIN SDZ \$ 11.2400

POLYMYXIN B SO4/NEOMYCIN SO4/DEXAMETHASONE

6,000U/5MG/1MG PER ML OPHTHALMIC SOLUTION

00042676 MAXITROL ALC \$ 2.0659

6,000U/5MG/1MG PER G OPHTHALMIC OINTMENT
(3.5G)

00358177 MAXITROL ALC \$ 10.0800

POLYMYXIN B SO4/NEOMYCIN SO4/HYDROCORTISONE

* 10,000U/5MG/10MG PER ML OTIC SOLUTION

02230386 SANDOZ CORTIMYXIN SDZ \$ 1.0250

01912828 CORTISPORIN GSK 1.3899

SULFACETAMIDE SODIUM/PREDNISOLONE ACETATE

100MG/2MG PER G OPHTHALMIC OINTMENT
(3.5G)

00307246 BLEPHAMIDE S.O.P. ALL \$ 12.9400

TOBRAMYCIN/DEXAMETHASONE

SEE APPENDIX A FOR EDS CRITERIA

0.3%/0.1% OPHTHALMIC SUSPENSION

00778907 TOBRADEX (EDS) ALC \$ 2.1353

0.3%/0.1% OPHTHALMIC OINTMENT (3.5G)

00778915 TOBRADEX (EDS) ALC \$ 11.0700

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250MG TABLET

00545015 APO-ACETAZOLAMIDE APX \$ 0.1237

BRINZOLAMIDE

1% OPHTHALMIC SUSPENSION

02238873 AZOPT ALC \$ 3.4937

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:10.00 CARBONIC ANHYDRASE INHIBITORS

DORZOLAMIDE HCL

2% OPTHALMIC SOLUTION

02216205 TRUSOPT MSD \$ 4.0688

METHAZOLAMIDE

50MG TABLET

02245882 APO-METHAZOLAMIDE APX \$ 0.4817

52:20.00 MIOTICS

CARBACHOL

1.5% OPTHALMIC SOLUTION

00000655 ISOPTO CARBACHOL ALC \$ 0.7307

3% OPTHALMIC SOLUTION

00000663 ISOPTO CARBACHOL ALC \$ 0.8800

PILOCARPINE HCL

1% OPTHALMIC SOLUTION

00000841 ISOPTO CARPINE ALC \$ 0.2221

2% OPTHALMIC SOLUTION

00000868 ISOPTO CARPINE ALC \$ 0.2561

4% OPTHALMIC SOLUTION

00000884 ISOPTO CARPINE ALC \$ 0.2894

4% OPTHALMIC GEL (5G)

00575240 PILOPINE-HS ALC \$ 13.5600

52:24.00 MYDRIATICS

ATROPINE SO4

1% OPTHALMIC SOLUTION

00035017 ISOPTO ATROPINE ALC \$ 0.6510

HOMATROPINE HYDROBROMIDE

2% OPTHALMIC SOLUTION

00000779 ISOPTO HOMATROPINE ALC \$ 0.6619

5% OPTHALMIC SOLUTION

00000787 ISOPTO HOMATROPINE ALC \$ 0.7885

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION (5ML)

02076306 IOPIDINE ALC \$ 23.0800

1% OPHTHALMIC SOLUTION (1 TREATMENT)

00888354 IOPIDINE ALC \$ 11.9200

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION

01908448 BETOPTIC S ALC \$ 2.4456

BIMATOPROST

0.01% OPHTHALMIC SOLUTION

02324997 LUMIGAN RC ALL \$ 11.7400

0.03% OPHTHALMIC SOLUTION

02245860 LUMIGAN ALL \$ 11.7400

BRIMONIDINE TARTRATE

* 0.15% OPHTHALMIC SOLUTION

02301334 APO-BRIMONIDINE P APX \$ 1.7330

02248151 ALPHAGAN P ALL 2.5064

* 0.2% OPHTHALMIC SOLUTION

02243026 RATIO-BRIMONIDINE RPH \$ 2.0800

02246284 PMS-BRIMONIDINE PMS 2.0800

02260077 APO-BRIMONIDINE APX 2.0800

02305429 SANDOZ BRIMONIDINE SDZ 2.0800

02236876 ALPHAGAN ALL 3.5810

BRIMONIDINE TARTRATE/TIMOLOL MALEATE

0.2%/0.5% OPHTHALMIC SOLUTION

02248347 COMBIGAN ALL \$ 4.3600

DICLOFENAC SODIUM

SEE APPENDIX A FOR EDS CRITERIA

0.1% OPHTHALMIC SOLUTION (ML)

01940414 VOLTAREN OPHTHA (EDS) NVO \$ 3.2876

DORZOLAMIDE HCL/TIMOLOL MALEATE

2%/0.5% OPHTHALMIC SOLUTION (ML)

02240113 COSOPT MSD \$ 6.1070

GATIFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

0.3% OPHTHALMIC SOLUTION

02257270 ZYMAR (EDS) ALL \$ 2.7342

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

IPRATROPIUM BROMIDE

* 21UG/DOSE NASAL SPRAY (PACKAGE)

02239627	PMS-IPRATROPIUM	PMS	\$	17.5400
02240508	DOM-IPRATROPIUM	DOM		18.4200
02163705	ATROVENT NASAL SPRAY	BOE		32.3300

LATANOPROST

50UG/ML OPHTHALMIC SOLUTION (2.5ML)

02231493	XALATAN	PFI	\$	29.3400
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LATANOPROST/TIMOLOL MALEATE

50UG/5MG PER ML OPHTHALMIC SOLUTION (2.5ML)

02246619	XALACOM	PFI	\$	33.2100
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LEVOBUNOLOL HCL

* 0.25% OPHTHALMIC SOLUTION

02031159	RATIO-LEVOBUNOLOL	RPH	\$	1.1760
02241715	SANDOZ LEVOBUNOLOL	SDZ		1.1760

* 0.5% OPHTHALMIC SOLUTION

02031167	RATIO-LEVOBUNOLOL	RPH	\$	1.5550
02237991	PMS-LEVOBUNOLOL	PMS		1.5550
02241716	SANDOZ LEVOBUNOLOL	SDZ		1.5550
00637661	BETAGAN	ALL		3.5697

LEVOCABASTINE HYDROCHLORIDE

0.5MG PER ML OPHTHALMIC SUSPENSION (5ML)

02131625	LIVOSTIN	NVO	\$	27.8700
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LODOXAMIDE TROMETHAMINE

0.1% OPHTHALMIC SOLUTION

00893560	ALOMIDE	ALC	\$	1.1122
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SODIUM CROMOGLYATE

2% NASAL METERED DOSE MIST (PACKAGE)

01950541	RHINARIS-CS	PMS	\$	13.7600
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

TIMOLOL MALEATE

* 0.25% OPHTHALMIC SOLUTION

00755826	APO-TIMOP	APX	\$	1.5500
00893773	MYLAN-TIMOLOL	MYL		1.5500
02083353	PMS-TIMOLOL	PMS		1.5500
02166712	SANDOZ TIMOLOL	SDZ		1.5500
02238770	DOM-TIMOLOL	DOM		1.6280

* 0.5% OPHTHALMIC SOLUTION

00755834	APO-TIMOP	APX	\$	1.8600
00893781	MYLAN-TIMOLOL	MYL		1.8600
02083345	PMS-TIMOLOL	PMS		1.8600
02166720	SANDOZ TIMOLOL	SDZ		1.8600
02238771	DOM-TIMOLOL	DOM		1.9530
00451207	TIMOPTIC	MSD		3.7650

* 0.25% OPHTHALMIC GEL FORMING SOLUTION

02242275	TIMOLOL MALEATE-EX	PMS	\$	2.2820
02171880	TIMOPTIC-XE	MSD		4.0189

* 0.5% OPHTHALMIC GEL FORMING SOLUTION

02242276	TIMOLOL MALEATE-EX	PMS	\$	2.7300
02290812	APO-TIMOP GEL	APX		2.7300
02171899	TIMOPTIC-XE	MSD		4.8088

TRAVOPROST

0.004% OPHTHALMIC SOLUTION

02318008	TRAVATAN Z	ALC	\$	58.6800
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TRAVOPROST/TIMOLOL MALEATE

0.004%/0.5% OPHTHALMIC SOLUTION

02278251	DUOTRAV	ALC	\$	33.2100
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GASTROINTESTINAL DRUGS

56:00



56:00 GASTROINTESTINAL DRUGS

56:08.00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HCL

2.5MG TABLET

00036323	LOMOTIL	PFI	\$	0.4919
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LOPERAMIDE HCL

* 2MG CAPLET

02132591	NOVO-LOPERAMIDE	NOP	\$	0.2466
02212005	APO-LOPERAMIDE	APX		0.2466
02228351	PMS-LOPERAMIDE	PMS		0.2466
02257564	SANDOZ LOPERAMIDE	SDZ		0.2466
02239535	DOM-LOPERAMIDE	DOM		0.2589
02229552	DIARR-EZE	PMS		0.3700
02183862	IMODIUM	MCL		0.8392

0.2MG/ML ORAL SOLUTION

02016095	PMS-LOPERAMIDE HCL	PMS	\$	0.0944
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56:12.00 CATHARTICS AND LAXATIVES

LACTULOSE

SEE APPENDIX A FOR EDS CRITERIA

* 667MG/ML SOLUTION

00703486	PMS-LACTULOSE (EDS)	PMS	\$	0.0145
00854409	RATIO-LACTULOSE (EDS)	RPH		0.0145
02242814	APO-LACTULOSE (EDS)	APX		0.0145
02295881	JAMP-LACTULOSE (EDS)	JPC		0.0145

56:14.00 CHOLELITHOLYTIC AGENTS

URSODIOL

SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02273497	PMS-URSODIOL C (EDS)	PMS	\$	0.8984
02281295	DOM-URSODIOL C (EDS)	DOM		0.9433
02238984	URSO (EDS)	AXC		1.3629

* 500MG TABLET

02273500	PMS-URSODIOL C (EDS)	PMS	\$	1.7042
02281309	DOM-URSODIOL C (EDS)	DOM		1.7894
02245894	URSO DS (EDS)	AXC		2.5852

56:00 GASTROINTESTINAL DRUGS

56:16.00 DIGESTANTS

PANCRELIPASE (LIPASE/AMYLASE/PROTEASE)

4000U/12000U/12000U CAPSULE CONTAINING 02181215 COTAZYME ECS 4	SCH	\$	0.1948
4000U/12000U/12000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00789445 PANCREASE MT 4	JAN	\$	0.4719
4500U/20000U/25000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02203324 ULTRASE MS4	AXC	\$	0.2254
5000U/16600U/18750U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02239007 CREON 5	SLV	\$	0.1848
8000U/30000U/30000U CAPSULE 00263818 COTAZYM	SCH	\$	0.2745
8000U/30000U/30000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00502790 COTAZYM ECS 8	SCH	\$	0.3771
10000U/30000U/30000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00789437 PANCREASE MT 10	JAN	\$	1.1792
10000U/33200U/37500U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02200104 CREON 10	SLV	\$	0.2955
12000U/39000U/39000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02045834 ULTRASE MT12	AXC	\$	0.4409
16000U/48000U/48000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00789429 PANCREASE MT 16	JAN	\$	1.8866
20000U/55000U/55000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00821373 COTAZYM ECS 20	SCH	\$	0.9738
20000U/65000U/65000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02045869 ULTRASE MT20	AXC	\$	0.7640
20000U/66400U/75000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02239008 CREON 20	SLV	\$	0.8597
25000U/74000U/62500U CAPSULE CONTAINING ENTERIC COATED PARTICLES 01985205 CREON 25	SLV	\$	0.9230
8000U/30000U/30000U TABLET 02230019 VIOKASE	AXC	\$	0.2303
16000U/60000U/60000U TABLET 02241933 VIOKASE	AXC	\$	0.3533

56:00 GASTROINTESTINAL DRUGS

56:22.00 ANTI-EMETICS

DIMENHYDRINATE

* 50MG TABLET

00363766	APO-DIMENHYDRINATE	APX	\$	0.0225
00021423	NOVO-DIMENATE	NOP		0.0376
00013803	GRAVOL	CDC		0.1392

3MG/ML ORAL LIQUID

00230197	GRAVOL	CDC	\$	0.0769
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* 50MG/ML INJECTION SOLUTION (5ML)

00392537	DIMENHYDRINATE IM	SDZ	\$	4.2500
00013579	GRAVOL	CDC		4.6700

100MG SUPPOSITORY

00013609	GRAVOL	CDC	\$	0.5838
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DOXYLAMINE SUCCINATE/PYRIDOXINE HCL

10MG/10MG DELAYED RELEASE TABLET

00609129	DICLECTIN	DUI	\$	1.3020
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MECLIZINE HCL

25MG TABLET

00220442	BONAMINE	MCL	\$	0.4796
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NABILONE

SEE APPENDIX A FOR EDS CRITERIA

0.5MG CAPSULE

02256193	CESAMET (EDS)	VAE	\$	3.3664
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1MG CAPSULE

00548375	CESAMET (EDS)	VAE	\$	6.7325
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SCOPOLAMINE

1.5MG TRANSDERMAL THERAPEUTIC SYSTEM

00550094	TRANSDERM-V	PMS	\$	3.9300
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56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

BUDESONIDE

SEE APPENDIX A FOR EDS CRITERIA

3MG CONTROLLED ILEAL RELEASE CAPSULE

02229293	ENTOCORT (EDS)	AST	\$	1.6536
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CIMETIDINE

* 300MG TABLET

00865818	NU-CIMET	NXP	\$	0.0722 *
00487872	APO-CIMETIDINE	APX		0.0860
00582417	NOVO-CIMETINE	NOP		0.0860
02227444	MYLAN-CIMETIDINE	MYL		0.0860

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

* 400MG TABLET

00865826	NU-CIMET	NXP	\$	0.1134 *
00600059	APO-CIMETIDINE	APX		0.1350
00603678	NOVO-CIMETINE	NOP		0.1350
02227452	MYLAN-CIMETIDINE	MYL		0.1350

* 600MG TABLET

00865834	NU-CIMET	NXP	\$	0.1444 *
00600067	APO-CIMETIDINE	APX		0.1720
00603686	NOVO-CIMETINE	NOP		0.1720
02227460	MYLAN-CIMETIDINE	MYL		0.1720

DOMPERIDONE MALEATE

* 10MG TABLET

02238315	DOM-DOMPERIDONE	DOM	\$	0.1155 *
01912070	RATIO-DOMPERIDONE	RPH		0.1496
02103613	APO-DOMPERIDONE	APX		0.1496
02157195	NOVO-DOMPERIDONE	NOP		0.1496
02231477	NU-DOMPERIDONE	NXP		0.1496
02236466	PMS-DOMPERIDONE	PMS		0.1496
02268078	RAN-DOMPERIDONE	RAN		0.1496
02278669	MYLAN-DOMPERIDONE	MYL		0.1496

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE (MAC)

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

20MG DELAYED RELEASE TABLET

02244521	NEXIUM (EDS)	AST	\$	2.2785
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40MG DELAYED RELEASE TABLET

02244522	NEXIUM (EDS)	AST	\$	2.2785
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FAMOTIDINE

* 20MG TABLET

02024195	NU-FAMOTIDINE	NXP	\$	0.4625 *
01953842	APO-FAMOTIDINE	APX		0.5896
02022133	NOVO-FAMOTIDINE	NOP		0.5896
02196018	MYLAN-FAMOTIDINE	MYL		0.5896
00710121	PEPCID	MSD		1.1537

* 40MG TABLET

02024209	NU-FAMOTIDINE	NXP	\$	0.8324 *
01953834	APO-FAMOTIDINE	APX		1.0612
02022141	NOVO-FAMOTIDINE	NOP		1.0612
02196026	MYLAN-FAMOTIDINE	MYL		1.0612
00710113	PEPCID	MSD		2.0980

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

LANSOPRAZOLE (MAC)

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

* 15MG DELAYED RELEASE CAPSULE

02280515	NOVO-LANSOPRAZOLE (EDS)	NOP	\$	1.5000
02293811	APO-LANSOPRAZOLE (EDS)	APX		1.5000
02165503	PREVACID (EDS)	ABB		2.1700

* 30MG DELAYED RELEASE CAPSULE

02280523	NOVO-LANSOPRAZOLE (EDS)	NOP	\$	1.5000
02293838	APO-LANSOPRAZOLE (EDS)	APX		1.5000
02165511	PREVACID (EDS)	ABB		2.1700

15MG ORALLY DISINTEGRATING TABLET

02249464	PREVACID FASTAB (EDS)	ABB	\$	2.1700
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30MG ORALLY DISINTEGRATING TABLET

02249472	PREVACID FASTAB (EDS)	ABB	\$	2.1700
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LANSOPRAZOLE/CLARITHROMYCIN/AMOXICILLIN

SEE APPENDIX A FOR EDS CRITERIA

30MG/500MG/500MG 7-DAY PACKAGE

02238525	HP-PAC (EDS)	ABB	\$	89.1900
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METOCLOPRAMIDE HCL

5MG TABLET

02230431	PMS-METOCLOPRAMIDE	PMS	\$	0.0556
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* 10MG TABLET

00842834	APO-METOCLOP	APX	\$	0.0583
02143283	NU-METOCLOPRAMIDE	NXP		0.0583
02230432	PMS-METOCLOPRAMIDE	PMS		0.0583

1MG/ML ORAL SOLUTION

02230433	PMS-METOCLOPRAMIDE	PMS	\$	0.0438
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MISOPROSTOL

100UG TABLET

02244022	APO-MISOPROSTOL	APX	\$	0.2584
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200UG TABLET

02244023	APO-MISOPROSTOL	APX	\$	0.4303
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

NIZATIDINE

* 150MG CAPSULE

02177714	PMS-NIZATIDINE	PMS	\$	0.5287
02220156	APO-NIZATIDINE	APX		0.5287
02240457	NOVO-NIZATIDINE	NOP		0.5287
02246046	GEN-NIZATIDINE	MYL		0.5287
02247051	NU-NIZATIDINE	NXP		0.5287
02185814	DOM-NIZATIDINE	DOM		0.5551
00778338	AXID	PHL		0.9106

* 300MG CAPSULE

02177722	PMS-NIZATIDINE	PMS	\$	0.9580
02220164	APO-NIZATIDINE	APX		0.9580
02240458	NOVO-NIZATIDINE	NOP		0.9580
02246047	GEN-NIZATIDINE	MYL		0.9580
02247052	NU-NIZATIDINE	NXP		0.9580
00778346	AXID	PHL		1.6499

OLSALAZINE SODIUM

250MG CAPSULE

02063808	DIPENTUM	UCB	\$	0.5383
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OMEPRAZOLE (MAC)

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

* 10MG CAPSULE/TABLET

02296438	SANDOZ OMEPRAZOLE (EDS)	SDZ	\$	0.8167
02329425	MYLAN-OMEPRAZOLE (EDS)	MYL		0.8167
02230737	LOSEC (EDS)	AST		1.8988

* 20MG CAPSULE/TABLET

02245058	APO-OMEPRAZOLE (EDS)	APX	\$	1.1000
02260867	RATIO-OMEPRAZOLE (EDS)	RPH		1.1000
02296446	SANDOZ OMEPRAZOLE (EDS)	SDZ		1.1000
02320851	PMS-OMEPRAZOLE DR (EDS)	PMS		1.1000
02329433	MYLAN-OMEPRAZOLE (EDS)	MYL		1.1000
00846503	LOSEC (CAP) (EDS)	AST		1.1935
02190915	LOSEC (TAB) (EDS)	AST		2.3870

PANTOPRAZOLE MAGNESIUM

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

40MG ENTERIC COATED TABLET

02267233	TECTA (EDS)	NYC	\$	1.5039
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

PANTOPRAZOLE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

* 20MG ENTERIC COATED TABLET

02292912	APO-PANTOPRAZOLE (EDS)	APX	\$	1.2750
02301075	SANDOZ PANTOPRAZOLE (EDS)	SDZ		1.2750
02305038	RAN-PANTOPRAZOLE (EDS)	RAN		1.2750
02308681	RATIO-PANTOPRAZOLE (EDS)	RPH		1.2750
02285479	NOVO-PANTOPRAZOLE (EDS)	NOP		1.2750

* 40MG ENTERIC COATED TABLET

02285487	NOVO-PANTOPRAZOLE (EDS)	NOP	\$	1.3699
02292920	APO-PANTOPRAZOLE (EDS)	APX		1.3699
02299585	MYLAN-PANTOPRAZOLE (EDS)	MYL		1.3699
02300486	CO PANTOPRAZOLE (EDS)	COB		1.3699
02301083	SANDOZ PANTOPRAZOLE (EDS)	SDZ		1.3699
02305046	RAN-PANTOPRAZOLE (EDS)	RAN		1.3699
02307871	PMS-PANTOPRAZOLE (EDS)	PMS		1.3699
02308703	RATIO-PANTOPRAZOLE (EDS)	RPH		1.3699
02229453	PANTOLOC (EDS)	NYC		2.2505

RABEPRAZOLE SODIUM (MAC)

SEE APPENDIX A FOR EDS CRITERIA

SEE APPENDIX I FOR MAC POLICY

* 10MG ENTERIC COATED TABLET

02296632	NOVO-RABEPRAZOLE EC (EDS)	NOP	\$	0.4550
02298074	RAN-RABEPRAZOLE (EDS)	RAN		0.4550
02310805	PMS-RABEPRAZOLE EC (EDS)	PMS		0.4550
02314177	SANDOZ RABEPRAZOLE (EDS)	SDZ		0.4550
02243796	PARIET (EDS)	JAN		0.7257

* 20MG ENTERIC COATED TABLET

02296640	NOVO-RABEPRAZOLE EC (EDS)	NOP	\$	0.9100
02298082	RAN-RABEPRAZOLE (EDS)	RAN		0.9100
02310813	PMS-RABEPRAZOLE EC (EDS)	PMS		0.9100
02314185	SANDOZ RABEPRAZOLE (EDS)	SDZ		0.9100
02243797	PARIET (EDS)	JAN		1.4514

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

RANITIDINE

* 150MG TABLET

00865737	NU-RANIT	NXP	\$	0.1908 *
00733059	APO-RANITIDINE	APX		0.4042
00828564	NOVO-RANITIDINE	NOP		0.4042
00828823	RATIO-RANITIDINE	RPH		0.4042
02207761	MYLAN-RANITIDINE	MYL		0.4042
02242453	PMS-RANITIDINE	PMS		0.4042
02243229	SANDOZ RANITIDINE	SDZ		0.4042
02248570	CO RANITIDINE	COB		0.4042
02243038	DOM-RANITIDINE	DOM		0.4244
02212331	ZANTAC	GSK		1.2668

* 300MG TABLET

00865745	NU-RANIT	NXP	\$	0.3816 *
00733067	APO-RANITIDINE	APX		0.7787
00828556	NOVO-RANITIDINE	NOP		0.7787
00828688	RATIO-RANITIDINE	RPH		0.7787
02207788	MYLAN-RANITIDINE	MYL		0.7787
02242454	PMS-RANITIDINE	PMS		0.7787
02243230	SANDOZ RANITIDINE	SDZ		0.7787
02248571	CO RANITIDINE	COB		0.7787
02243039	DOM-RANITIDINE	DOM		0.8176
02212358	ZANTAC	GSK		2.3845

* 15MG/ML ORAL SOLUTION

02242940	NOVO-RANITIDINE	NOP	\$	0.1175
02280833	APO-RANITIDINE	APX		0.1175
02212374	ZANTAC	GSK		0.2263

SUCRALFATE

* 1G TABLET

02134829	NU-SUCRALFATE	NXP	\$	0.2557 *
02045702	NOVO-SUCRALATE	NOP		0.2942
02125250	APO-SUCRALFATE	APX		0.2942
02238209	PMS-SUCRALFATE	PMS		0.2942
02239912	DOM-SUCRALFATE	DOM		0.3089
02100622	SULCRATE	AXC		0.5680

200MG/ML ORAL SUSPENSION

02103567	SULCRATE SUSPENSION PLUS	AXC	\$	0.1032
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

SULFASALAZINE (SALICYLAZOSULFAPYRIDINE)

* 500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	\$	0.2122
02064480	SALAZOPYRIN	PFI		0.2632

* 500MG ENTERIC TABLET

00598488	PMS-SULFASALAZINE	PMS	\$	0.3232
02064472	SALAZOPYRIN	PFI		0.4144

5-AMINOSALICYLIC ACID (MESALAMINE)

☒ 400MG ENTERIC COATED TABLET

02171929	NOVO-5-ASA	NOP	\$	0.3960
01997580	ASACOL	PGA		0.5642

500MG DELAYED RELEASE TABLET

02099683	PENTASA	FEI	\$	0.6043
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☒ 500MG ENTERIC COATED TABLET

02112787	SALOFALK	AXC	\$	0.5347
01914030	MESASAL	GSK		0.6668

800MG DELAYED RELEASE TABLET

02267217	ASACOL 800	PGA	\$	1.0959
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1.0G/100ML RETENTION ENEMA

02153521	PENTASA	FEI	\$	4.0300
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2.0G/60G RETENTION ENEMA

02112795	SALOFALK RETENTION ENEMA	AXC	\$	3.8100
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4.0G/60G RETENTION ENEMA

02112809	SALOFALK RETENTION ENEMA	AXC	\$	6.4700
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4.0G/100ML RETENTION ENEMA

02153556	PENTASA	FEI	\$	4.8400
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500MG SUPPOSITORY

02112760	SALOFALK	AXC	\$	1.1820
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☒ 1.0G SUPPOSITORY

02153564	PENTASA	FEI	\$	1.7360
02242146	SALOFALK	AXC		1.7360



GOLD COMPOUNDS
60:00



60:00 GOLD COMPOUNDS

60:00.00 GOLD COMPOUNDS

AURANOFIN

3MG CAPSULE

01916823	RIDAURA	PAL	\$	2.1751
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SODIUM AUROTHIOMALATE

* 10MG/ML INJECTION SOLUTION (1ML)

02245456	SODIUM AUROTHIOMALATE	SDZ	\$	9.6600
01927620	MYOCHRYGINE	AVT		12.4900

* 25MG/ML INJECTION SOLUTION (1ML)

02245457	SODIUM AUROTHIOMALATE	SDZ	\$	11.7100
01927612	MYOCHRYGINE	AVT		15.1400

* 50MG/ML INJECTION SOLUTION (1ML)

02245458	SODIUM AUROTHIOMALATE	SDZ	\$	18.2100
01927604	MYOCHRYGINE	AVT		23.5400



HEAVY METAL ANTAGONISTS

64:00



64:00 HEAVY METAL ANTAGONISTS

64:00.00 HEAVY METAL ANTAGONISTS

DEFERASIROX

SEE APPENDIX A FOR EDS CRITERIA

125MG TABLET FOR SUSPENSION

02287420 EXJADE (EDS) NVR \$ 11.0361

250MG TABLET FOR SUSPENSION

02287439 EXJADE (EDS) NVR \$ 21.7711

500MG TABLET FOR SUSPENSION

02287447 EXJADE (EDS) NVR \$ 42.1136

DEFEROXAMINE MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

* *500MG/VIAL POWDER FOR SOLUTION*

02242055 PMS-DEFEROXAMINE (EDS) PMS \$ 8.1800

02241600 DESFERRIOXAMINE MES (EDS) HOS 8.7000

01981242 DESFERAL (EDS) NVR 14.5200

* *2G/VIAL POWDER FOR SOLUTION*

02243450 PMS-DEFEROXAMINE (EDS) PMS \$ 35.1500

02247022 DESFERRIOXAMINE MES (EDS) HOS 38.1400

01981250 DESFERAL (EDS) NVR 58.3100

PENICILLAMINE

250MG CAPSULE

00016055 CUPRIMINE VAL \$ 3.5767



**HORMONES AND SYNTHETIC
SUBSTITUTES
68:00**



68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

50UG/INHALATION AEROSOL (PACKAGE)

(CFC-FREE)

02242029 QVAR GCC \$ 32.5800

100UG/INHALATION AEROSOL (PACKAGE)

(CFC-FREE)

02242030 QVAR GCC \$ 64.9500

BETAMETHASONE ACETATE/

BETAMETHASONE SODIUM PHOSPHATE

* 3MG/3MG PER ML INJECTION SUSPENSION (1ML)

02237835 BETAJECT SDZ \$ 8.5000

00028096 CELESTONE SOLUSPAN SCH 11.9300

BUDESONIDE

0.125MG/ML INHALATION SOLUTION (2ML)

02229099 PULMICORT NEBUAMP AST \$ 0.4480

0.25MG/ML INHALATION SOLUTION (2ML)

01978918 PULMICORT NEBUAMP AST \$ 0.8960

0.5MG/ML INHALATION SOLUTION (2ML)

01978926 PULMICORT NEBUAMP AST \$ 1.7910

100UG POWDER FOR INHALATION (PACKAGE)

00852074 PULMICORT TURBUHALER AST \$ 32.9900

200UG POWDER FOR INHALATION (PACKAGE)

00851752 PULMICORT TURBUHALER AST \$ 66.0300

400UG POWDER FOR INHALATION (PACKAGE)

00851760 PULMICORT TURBUHALER AST \$ 118.8100

CICLESONIDE

100UG METERED DOSE INHALER

02285606 ALVESCO NYC \$ 46.7500

200UG METERED DOSE INHALER

02285614 ALVESCO NYC \$ 77.2100

CORTISONE ACETATE

25MG TABLET

00280437 CORTISONE VAE \$ 0.3327

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

DEXAMETHASONE

* 0.5MG TABLET

01964976	PMS-DEXAMETHASONE	PMS	\$	0.1970
02240684	RATIO-DEXAMETHASONE	RPH		0.1970
02261081	APO-DEXAMETHASONE	APX		0.1970

0.75MG TABLET

01964968	PMS-DEXAMETHASONE	PMS	\$	0.4500
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2MG TABLET

02279363	PMS-DEXAMETHASONE	PMS	\$	0.4194
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* 4MG TABLET

01964070	PMS-DEXAMETHASONE	PMS	\$	0.7673
02240687	RATIO-DEXAMETHASONE	RPH		0.7673
02250055	APO-DEXAMETHASONE	APX		0.7673
00489158	DEXASONE	VAE		0.8326

DEXAMETHASONE PHOSPHATE

* 4MG/ML INJECTION SOLUTION (5ML)

00664227	DEXAMETHASONE SOD PHO INJ	SDZ	\$	8.4500
01977547	DEXAMETHASONE SOD PHO INJ	CYT		9.1700
02204266	DEXAMETHASONE OMEGA	OMG		10.8800

FLUDROCORTISONE ACETATE

0.1MG TABLET

02086026	FLORINEF	PAL	\$	0.2625
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FLUTICASONE PROPIONATE

50UG/INHALATION AEROSOL (PACKAGE)

02244291	FLOVENT HFA	GSK	\$	25.9700
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125UG/INHALATION AEROSOL (PACKAGE)

02244292	FLOVENT HFA	GSK	\$	44.7900
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250UG/INHALATION AEROSOL (PACKAGE)

02244293	FLOVENT HFA	GSK	\$	89.5600
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50UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237244	FLOVENT DISKUS	GSK	\$	16.4300
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100UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237245	FLOVENT DISKUS	GSK	\$	25.9700
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250UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237246	FLOVENT DISKUS	GSK	\$	44.7900
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500UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237247	FLOVENT DISKUS	GSK	\$	89.5600
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68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

HYDROCORTISONE

10MG TABLET

00030910 CORTEF PFI \$ 0.1654

20MG TABLET

00030929 CORTEF PFI \$ 0.2984

HYDROCORTISONE SODIUM SUCCINATE

100MG INJECTION POWDER

00030600 SOLU-CORTEF PFI \$ 3.4800

250MG INJECTION POWDER

00030619 SOLU-CORTEF PFI \$ 6.0500

METHYLPREDNISOLONE

4MG TABLET

00030988 MEDROL PFI \$ 0.3598

16MG TABLET

00036129 MEDROL PFI \$ 1.0375

METHYLPREDNISOLONE ACETATE

* *40MG/ML INJECTION SUSPENSION (1ML)*

02245400 METHYLPREDNISOLONE ACETATE SDZ \$ 4.7300

02245407 METHYLPREDNISOLONE ACETATE SDZ 4.7300

00030759 DEPO-MEDROL PFI 5.1000

* *80MG/ML INJECTION SUSPENSION (1ML)*

02245406 METHYLPREDNISOLONE SDZ \$ 9.0300

00030767 DEPO-MEDROL PFI 9.7700

PREDNISOLONE SODIUM PHOSPHATE

* *1MG/ML ORAL LIQUID*

02245532 PMS-PREDNISOLONE PMS \$ 0.0758

02230619 PEDIAPRED AVT 0.1328

PREDNISONE

* *1MG TABLET*

00598194 APO-PREDNISONE APX \$ 0.1072

00271373 WINPRED VAE 0.1123

* *5MG TABLET*

00021695 NOVO-PREDNISONE NOP \$ 0.0260

00312770 APO-PREDNISONE APX 0.0401

* *50MG TABLET*

00232378 NOVO-PREDNISONE NOP \$ 0.1095

00550957 APO-PREDNISONE APX 0.1735

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

TRIAMCINOLONE ACETONIDE

* 10MG/ML INJECTION SUSPENSION (5ML)

02229540	TRIAMCINOLONE ACETONIDE	SDZ	\$	13.1200
01999761	KENALOG 10	BMY		17.0900

* 40MG/ML INJECTION SUSPENSION (1ML)

01977563	TRIAMCINOLONE ACETONIDE	CYT	\$	5.1800
02229550	TRIAMCINOLONE	SDZ		6.0900
01999869	KENALOG 40	BMY		7.9300

TRIAMCINOLONE HEXACETONIDE

SEE APPENDIX A FOR EDS CRITERIA

20MG/ML INJECTION SUSPENSION

02194155	ARISTOSPAN (EDS)	VAL	\$	6.7000
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68:08.00 ANDROGENS

DANAZOL

50MG CAPSULE

02018144	CYCLOMEN	AVT	\$	0.9400
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100MG CAPSULE

02018152	CYCLOMEN	AVT	\$	1.3947
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200MG CAPSULE

02018160	CYCLOMEN	AVT	\$	2.2287
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TESTOSTERONE CYPIONATE

* 100MG/ML OILY INJECTION SOLUTION (10ML)

02246063	TESTOSTERONE CYPIONATE	SDZ	\$	25.9600
00030783	DEPO-TESTOSTERONE	PFI		29.8200

TESTOSTERONE ENANTHATE

200MG/ML OILY INJECTION SOLUTION (ML)

00029246	DELATESTRYL	THM	\$	10.3620
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TESTOSTERONE UNDECANOATE

40MG CAPSULE

00782327	ANDRIOL	SCH	\$	1.0199
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68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/D-NORGESTREL

0.05MG/0.25MG (21 TABLET)

02043033 OVRAL WYA \$ 16.3700

ETHINYL ESTRADIOL/DESOGESTREL

* 0.03MG/0.15MG (21 TABLET)

02317192 APRI APX \$ 9.1900

02042487 MARVELON SCH 15.3700

* 0.03MG/0.15MG (28 TABLET)

02317206 APRI APX \$ 9.1900

02042479 MARVELON SCH 15.3636

0.03MG/0.15MG (28 TABLET)

02042533 ORTHO-CEPT JAN \$ 17.6900

0.1MG/0.025MG/0.125MG/0.025MG/0.15MG/0.025MG
(21 TABLET)

02272903 LINESSA SCH \$ 14.5500

0.1MG/0.025MG/0.125MG/0.025MG/0.15MG/0.025MG
(28 TABLET)

02257238 LINESSA SCH \$ 14.5500

ETHINYL ESTRADIOL/DROSPIRENONE

0.020MG/3.0MG (28 TABLET)

02321157 YAZ (28) BAY \$ 15.7400

0.030MG/3.0MG (21 TABLET)

02261723 YASMIN 21 BAY \$ 12.5900

0.030MG/3.0MG (28 TABLET)

02261731 YASMIN 28 BAY \$ 12.5900

ETHINYL ESTRADIOL/ETHYNODIOL DIACETATE

0.03MG/2MG (21 TABLET)

00469327 DEMULEN 30 PFI \$ 13.7000

0.03MG/2MG (28 TABLET)

00471526 DEMULEN 30 PFI \$ 14.6500

ETHINYL ESTRADIOL/ETONORGESTREL

2.0MG/11.4MG SLOW-RELEASE VAGINAL RING

02253186 NUVARING SCP \$ 15.6200

ETHINYL ESTRADIOL/L-NORGESTREL

* 0.02MG/0.1MG (21 TABLET)

02298538 AVIANE APX \$ 9.7400

02236974 ALESSE WYA 16.3700

* 0.02MG/0.1MG (28 TABLET)

02298546 AVIANE APX \$ 9.7400

02236975 ALESSE WYA 16.3700

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:12.00 CONTRACEPTIVES

0.03MG/0.05MG(6)0.04MG/0.075MG(5) 0.03MG/0.125MG(10) (21 TABLET)				
00707600 TRIQUILAR	BAY	\$	15.3600	
0.03MG/0.05MG(6)0.04MG/0.075MG(5) 0.03MG/0.125MG(10) INERT (7) (28 TABLET)				
00707503 TRIQUILAR	BAY	\$	15.3600	
* 0.03MG/0.15MG (21 TABLET)				
02295946 PORTIA 21	APX	\$	9.7400	
02042320 MIN-OVRAL	WYA		16.3700	
* 0.03MG/0.15MG (28 TABLET)				
02295954 PORTIA 28	APX	\$	9.7400	
02042339 MIN-OVRAL	WYA		16.3700	

ETHINYL ESTRADIOL/NORETHINDRONE

☒ 0.035MG/0.5MG (21 TABLET)				
02187086 BREVICON	PFI	\$	12.5500	
00317047 ORTHO 0.5/35	JAN		17.6900	
☒ 0.035MG/0.5MG (28 TABLET)				
02187094 BREVICON	PFI	\$	12.5500	
00340731 ORTHO 0.5/35	JAN		17.6900	
0.035MG/0.5MG (7) 0.035MG/0.75MG (7) 0.035/1.0MG (7) (21 TABLET)				
00602957 ORTHO 7/7/7	JAN	\$	17.6900	
0.035MG/0.5MG (7) 0.035MG/0.75MG (7) 0.035MG/1.0MG (7) INERT (7) (28 TABLET)				
00602965 ORTHO 7/7/7	JAN	\$	17.6900	
0.035MG/0.5MG(7)0.035MG/1.0MG(9) 0.035MG/0.5MG(5) (21 TABLET)				
02187108 SYNPHASIC	PFI	\$	11.5400	
0.035MG/0.5MG(7)0.035MG/1.0MG(9) 0.035MG/0.5MG(5) INERT (7) (28 TABLET)				
02187116 SYNPHASIC	PFI	\$	11.5400	
☒ 0.035MG/1MG (21 TABLET)				
02197502 SELECT 1/35	PFI	\$	8.4800	
02189054 BREVICON 1/35	PFI		12.5500	
00372846 ORTHO 1/35	JAN		17.6900	
☒ 0.035MG/1MG (28 TABLET)				
02199297 SELECT 1/35	PFI	\$	8.4800	
02189062 BREVICON 1/35	PFI		12.5500	
00372838 ORTHO 1/35	JAN		17.6900	

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/NORETHINDRONE ACETATE

<i>0.02MG/1MG (21 TABLET)</i>				
00315966 MINESTRIN 1/20	PAL	\$		13.8600
<i>0.02MG/1MG (28 TABLET)</i>				
00343838 MINESTRIN 1/20	PAL	\$		13.8600
<i>0.03MG/1.5MG (21 TABLET)</i>				
00297143 LOESTRIN 1.5/30	PAL	\$		13.8600
<i>0.03MG/1.5MG (28 TABLET)</i>				
00353027 LOESTRIN 1.5/30	PAL	\$		13.8600

ETHINYL ESTRADIOL/NORGESTIMATE

<i>0.025MG/0.18MG (7) 0.025MG/0.215MG (7)</i>				
<i>0.025MG/0.25MG (7) (21 TABLET)</i>				
02258560 TRI-CYCLEN LO	JAN	\$		13.2400
<i>0.025MG/0.18MG (7) 0.025MG/0.215MG (7)</i>				
<i>0.025MG/0.25MG (7) INERT (7) (28 TABLET)</i>				
02258587 TRI-CYCLEN LO	JAN	\$		13.2400
<i>0.035MG/0.18MG (7) 0.035MG/0.215MG (7)</i>				
<i>0.035MG/0.25MG (7) (21 TABLET)</i>				
02028700 TRI-CYCLEN	JAN	\$		17.6900
<i>0.035MG/0.18MG (7) 0.035MG/0.215MG (7)</i>				
<i>0.035MG/0.25MG (7) INERT (7) (28 TABLET)</i>				
02029421 TRI-CYCLEN	JAN	\$		17.6900
<i>0.035MG/0.25MG (21 TABLET)</i>				
01968440 CYCLEN	JAN	\$		17.6900
<i>0.035MG/0.25MG (28 TABLET)</i>				
01992872 CYCLEN	JAN	\$		17.6900

LEVONORGESTREL

<input checked="" type="checkbox"/> <i>0.75MG TABLET</i>				
02241674 PLAN B	PAL	\$		9.3400
02285576 NORLEVO	BAY			9.3400
<i>52MG EXTENDED RELEASE INTRAUTERINE INSERT</i>				
02243005 MIRENA	BAY	\$		350.2800

NORETHINDRONE

<i>0.35MG (28 TABLET)</i>				
00037605 MICRONOR	JAN	\$		16.5400

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:16.00 ESTROGENS

CONJUGATED ESTROGENS

0.3MG TABLET

02043394	PREMARIN	WYA	\$	0.3038
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0.625MG TABLET

00265470	C.E.S.	VAE	\$	0.1055
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02043408	PREMARIN	WYA		0.3038
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1.25MG TABLET

02043424	PREMARIN	WYA	\$	0.3038
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0.625MG/G VAGINAL CREAM

02043440	PREMARIN	WYA	\$	0.6611
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CONJUGATED ESTROGENS/MEDROXYPROGESTERONE ACETATE

0.625MG/2.5MG TABLET (PACKAGE)

02242878	PREMPLUS	WYA	\$	29.7800
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0.625MG/5MG TABLET (PACKAGE)

02242879	PREMPLUS	WYA	\$	29.7800
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ESTRADIOL

SEE APPENDIX A FOR EDS CRITERIA

0.5MG TABLET

02225190	ESTRACE	SCI	\$	0.1360
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1MG TABLET

02148587	ESTRACE	SCI	\$	0.2625
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2MG TABLET

02148595	ESTRACE	SCI	\$	0.4633
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0.06% TRANSDERMAL GEL SPRAY (PACKAGE)

02238704	ESTROGEL (EDS)	SCH	\$	27.8600
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2MG VAGINAL RING (7.5UG/24 HOURS)

02168898	ESTRING	PAL	\$	71.5300
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25UG VAGINAL TABLET

02241332	VAGIFEM	NOO	\$	3.3300
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25UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

02247499	CLIMARA 25 (EDS)	BAY	\$	21.3500
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02243722	OESCLIM (EDS)	TPI		21.8100
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02245676	ESTRADOT (EDS)	NVR		22.0500
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00756849	ESTRADERM (EDS)	NVR		28.8600
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37.5UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

02243999	ESTRADOT (EDS)	NVR	\$	22.1800
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* 50UG TRANSDERMAL PATCH (PKG)

02246967	SANDOZ ESTRADIOL DERM (EDS)	SDZ	\$	18.5600
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02244000	ESTRADOT (EDS)	NVR		23.7000
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68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:16.00 ESTROGENS

☒ 50UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)				
02243724	OESCLIM (EDS)	TPI	\$	21.8100
02231509	CLIMARA 50 (EDS)	BAY		22.8000
00756857	ESTRADERM (EDS)	NVR		29.3800
* 75UG TRANSDERMAL PATCH (PKG)				
02246968	SANDOZ ESTRADIOL DERM (EDS)	SDZ	\$	19.1200
02244001	ESTRADOT (EDS)	NVR		25.4500
75UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)				
02247500	CLIMARA 75 (EDS)	BAY	\$	24.3100
* 100UG TRANSDERMAL PATCH (PKG)				
02246969	SANDOZ ESTRADIOL DERM (EDS)	SDZ	\$	21.0400
02244002	ESTRADOT (EDS)	NVR		26.8700
☒ 100UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)				
02231510	CLIMARA 100 (EDS)	BAY	\$	25.7100
00756792	ESTRADERM (EDS)	NVR		34.8200

ESTRADIOL/NORETHINDRONE ACETATE

SEE APPENDIX A FOR EDS CRITERIA

50UG/140UG TRANSDERMAL THERAPEUTIC SYSTEM (8)

02241835	ESTALIS (EDS)	NVR	\$	26.1100
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50UG/250UG TRANSDERMAL THERAPEUTIC SYSTEM (8)

02241837	ESTALIS (EDS)	NVR	\$	26.1100
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68:16.12 ESTROGEN AGONIST-ANTAGONISTS

RALOXIFENE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 60MG TABLET

02279215	APO-RALOXIFENE (EDS)	APX	\$	1.3752
02312298	NOVO-RALOXIFENE (EDS)	NOP		1.3752
02239028	EVISTA (EDS)	LIL		1.9895

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:18.00 GONADOTROPINS

BUSERELIN ACETATE

SEE APPENDIX A FOR EDS CRITERIA

1MG/ML INJECTION

02225166 SUPREFACT (EDS) AVT \$ 127.3600

1MG/ML INTRANASAL SOLUTION

02225158 SUPREFACT (EDS) AVT \$ 81.2500

CHORIONIC GONADOTROPIN

SEE APPENDIX A FOR EDS CRITERIA

10000IU/VIAL INJECTION

02247459 CHORIONIC GONADOTROPIN (EDS) SCH \$ 74.1900

GOSERELIN ACETATE

SEE APPENDIX A FOR EDS CRITERIA

3.6MG/SYRINGE

02049325 ZOLADEX (EDS) AST \$ 414.2000

LEUPROLIDE ACETATE

SEE APPENDIX A FOR EDS CRITERIA

3.75MG/ML INJECTION

00884502 LUPRON DEPOT (EDS) ABB \$ 366.0800

7.5MG/ML INJECTION

00836273 LUPRON DEPOT (EDS) ABB \$ 420.9500

11.25MG (3-MONTH SR) DEPOT INJECTION

02239834 LUPRON DEPOT (EDS) ABB \$ 1045.2600

NAFARELIN ACETATE

SEE APPENDIX A FOR EDS CRITERIA

2MG/ML NASAL SOLUTION

02188783 SYNAREL (EDS) PFI \$ 303.8000

68:20.08 ANTI-DIABETIC DRUGS (INSULINS-PORK)

INSULIN (ISOPHANE) PORK

100U/ML INJECTION SUSPENSION (10ML)

02275864 HYPURIN NPH WCK \$ 92.4000

INSULIN (REGULAR) PORK

100U/ML INJECTION SOLUTION (10ML)

02275872 HYPURIN REGULAR WCK \$ 92.4000

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:20.08 ANTI-DIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

☒ 100U/ML INJECTION SUSPENSION (10ML)				
00587737 HUMULIN-N	LIL	\$	21.8400	
02024225 NOVOLIN GE NPH	NOO		22.5000	
☒ 100U/ML INJECTION SUSPENSION (5X3ML)				
01959239 HUMULIN-N CARTRIDGE	LIL	\$	42.8800	
02024268 NOVOLIN GE NPH PENFILL	NOO		43.9700	

INSULIN (REGULAR) ASPART

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION (10ML)				
02245397 NOVORAPID (EDS)	NOO	\$	29.2700	
100U/ML INJECTION SOLUTION (5X3ML)				
02244353 NOVORAPID (EDS)	NOO	\$	58.5600	

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

☒ 100U/ML INJECTION SOLUTION (10ML)				
00586714 HUMULIN-R	LIL	\$	21.8400	
02024233 NOVOLIN GE TORONTO	NOO		22.5000	
☒ 100U/ML INJECTION SOLUTION (5X3ML)				
01959220 HUMULIN-R CARTRIDGE	LIL	\$	42.8800	
02024284 NOVOLIN GE TORONTO PENFIL	NOO		44.1400	

INSULIN (REGULAR) LISPRO

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION (10ML)				
02229704 HUMALOG (EDS)	LIL	\$	28.2000	
100U/ML INJECTION SOLUTION (5X3ML)				
02229705 HUMALOG CART./KWIKPEN (EDS)	LIL	\$	56.4400	

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC

☒ 100U/ML INJECTION SUSPENSION 30%/70% (10ML)				
00795879 HUMULIN 30/70	LIL	\$	21.8400	
02024217 NOVOLIN GE 30/70	NOO		22.5000	
☒ 100U/ML INJECTION SUSPENSION 30%/70% (5X3ML)				
01959212 HUMULIN 30/70 CARTRIDGE	LIL	\$	42.8800	
02025248 NOVOLIN GE 30/70 PENFILL	NOO		43.9300	
100U/ML INJECTION SUSPENSION 40%/60% (5X3ML)				
02024314 NOVOLIN GE 40/60 PENFILL	NOO	\$	44.9900	
100U/ML INJECTION SUSPENSION 50%/50% (5X3ML)				
02024322 NOVOLIN GE 50/50 PENFILL	NOO	\$	44.9900	

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:20.08 ANTI-DIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN DETEMIR

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION

02271842 LEVEMIR (EDS) NOO \$ 103.4100

INSULIN GLARGINE

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION (10ML)

02245689 LANTUS (EDS) AVT \$ 60.8100

☒ 100U/ML INJECTION SOLUTION (5X3ML)

02251930 LANTUS (EDS) AVT \$ 91.2200

02294338 LANTUS SOLOSTAR (EDS) AVT 91.2200

INSULIN GLULISINE

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION (10ML)

02279460 APIDRA (EDS) AVT \$ 25.7400

100U/ML PRE-FILLED PEN (5X3ML)

02294346 APIDRA SOLOSTAR (EDS) AVT \$ 51.5100

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

ACARBOSE

50MG TABLET

02190885 GLUCOBAY BAY \$ 0.2809

100MG TABLET

02190893 GLUCOBAY BAY \$ 0.3890

CHLORPROPAMIDE

100MG TABLET

00399302 APO-CHLORPROPAMIDE APX \$ 0.0745

250MG TABLET

00312711 APO-CHLORPROPAMIDE APX \$ 0.0432

GLICLAZIDE

* 30MG MODIFIED RELEASE TABLET

02242987 DIAMICRON MR SEV \$ 0.1525

02297795 APO-GLICLAZIDE APX 0.1525

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

GLYBURIDE

* 2.5MG TABLET

		NXP	\$	0.0309 *
02020734	NU-GLYBURIDE			
00720933	EUGLUCON	PMS		0.0393
00808733	MYLAN-GLYBE	MYL		0.0393
01900927	RATIO-GLYBURIDE	RPH		0.0393
01913654	APO-GLYBURIDE	APX		0.0393
01913670	NOVO-GLYBURIDE	NOP		0.0393
02236733	PMS-GLYBURIDE	PMS		0.0393
02248008	SANDOZ GLYBURIDE	SDZ		0.0393
02234513	DOM-GLYBURIDE	DOM		0.0413
02224550	DIABETA	AVT		0.1394

* 5MG TABLET

		NXP	\$	0.0536 *
02020742	NU-GLYBURIDE			
00720941	EUGLUCON	PMS		0.0683
00808741	MYLAN-GLYBE	MYL		0.0683
01900935	RATIO-GLYBURIDE	RPH		0.0683
01913662	APO-GLYBURIDE	APX		0.0683
01913689	NOVO-GLYBURIDE	NOP		0.0683
02236734	PMS-GLYBURIDE	PMS		0.0683
02248009	SANDOZ GLYBURIDE	SDZ		0.0683
02234514	DOM-GLYBURIDE	DOM		0.0717
02224569	DIABETA	AVT		0.2561

METFORMIN

* 500MG TABLET

		VAE	\$	0.0664 *
02229516	GLYCON			
02045710	NOVO-METFORMIN	NOP		0.1216
02148765	MYLAN-METFORMIN	MYL		0.1216
02162822	NU-METFORMIN	NXP		0.1216
02167786	APO-METFORMIN	APX		0.1216
02223562	PMS-METFORMIN	PMS		0.1216
02242794	ZYM-METFORMIN	ZYP		0.1216
02242974	RATIO-METFORMIN	RPH		0.1216
02246820	SANDOZ METFORMIN FC	SDZ		0.1216
02257726	CO METFORMIN	COB		0.1216
02269031	RAN-METFORMIN	RAN		0.1216
02229994	DOM-METFORMIN	DOM		0.1277
02099233	GLUCOPHAGE	AVT		0.2902

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

* 850MG TABLET

		VAE	\$	
02239214	GLYCON			0.1629 *
02229517	NU-METFORMIN	NXP		0.2090
02229656	MYLAN-METFORMIN	MYL		0.2090
02229785	APO-METFORMIN	APX		0.2090
02230475	NOVO-METFORMIN	NOP		0.2090
02242589	PMS-METFORMIN	PMS		0.2090
02242931	RATIO-METFORMIN	RPH		0.2090
02246821	SANDOZ METFORMIN FC	SDZ		0.2090
02257734	CO METFORMIN	COB		0.2090
02269058	RAN-METFORMIN	RAN		0.2090
02242726	DOM-METFORMIN	DOM		0.2195
02162849	GLUCOPHAGE	AVT		0.3676

NATEGLINIDE

SEE APPENDIX A FOR EDS CRITERIA

60MG TABLET

02245438 STARLIX (EDS) NVR \$ 0.5831

120MG TABLET

02245439 STARLIX (EDS) NVR \$ 0.5831

PIOGLITAZONE HCL

SEE APPENDIX B FOR ONLINE ADJUDICATION

* 15MG TABLET

		ACC	\$	
02303442	ACCEL PIOGLITAZONE (EDS)			1.0600 *
02274914	NOVO-PIOGLITAZONE (EDS)	NOP		1.5716
02297906	SANDOZ PIOGLITAZONE (EDS)	SDZ		1.5716
02298279	MYLAN-PIOGLITAZONE (EDS)	MYL		1.5716
02301423	RATIO-PIOGLITAZONE (EDS)	RPH		1.5716
02302861	CO PIOGLITAZONE (EDS)	COB		1.5716
02302942	APO-PIOGLITAZONE (EDS)	APX		1.5716
02303124	PMS-PIOGLITAZONE (EDS)	PMS		1.5716
02326477	MINT-PIOGLITAZONE (EDS)	MNT		1.5716
02242572	ACTOS (EDS)	TAK		3.6063

* 30MG TABLET

		ACC	\$	
02303450	ACCEL PIOGLITAZONE (EDS)			1.4840 *
02274922	NOVO-PIOGLITAZONE (EDS)	NOP		2.2017
02297914	SANDOZ PIOGLITAZONE (EDS)	SDZ		2.2017
02298287	MYLAN-PIOGLITAZONE (EDS)	MYL		2.2017
02301431	RATIO-PIOGLITAZONE (EDS)	RPH		2.2017
02302888	CO PIOGLITAZONE (EDS)	COB		2.2017
02302950	APO-PIOGLITAZONE (EDS)	APX		2.2017
02303132	PMS-PIOGLITAZONE (EDS)	PMS		2.2017
02326485	MINT-PIOGLITAZONE (EDS)	MNT		2.2017
02242573	ACTOS (EDS)	TAK		3.5321

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

* 45MG TABLET

02303469	ACCEL PIOGLITAZONE (EDS)	ACC	\$	2.2260 *
02274930	NOVO-PIOGLITAZONE (EDS)	NOP		3.3105
02297922	SANDOZ PIOGLITAZONE (EDS)	SDZ		3.3105
02298295	MYLAN-PIOGLITAZONE (EDS)	MYL		3.3105
02301458	RATIO-PIOGLITAZONE (EDS)	RPH		3.3105
02302896	CO PIOGLITAZONE (EDS)	COB		3.3105
02302977	APO-PIOGLITAZONE (EDS)	APX		3.3105
02303140	PMS-PIOGLITAZONE (EDS)	PMS		3.3105
02326493	MINT-PIOGLITAZONE (EDS)	MNT		3.3105
02242574	ACTOS (EDS)	TAK		5.3109

REPAGLINIDE

SEE APPENDIX A FOR EDS CRITERIA

0.5MG TABLET

02239924 GLUCONORM (EDS) NOO \$ 0.3228

1MG TABLET

02239925 GLUCONORM (EDS) NOO \$ 0.3356

2MG TABLET

02239926 GLUCONORM (EDS) NOO \$ 0.3487

ROSIGLITAZONE MALEATE

SEE APPENDIX B FOR ONLINE ADJUDICATION

2MG TABLET

02241112 AVANDIA (EDS) GSK \$ 1.4925

4MG TABLET

02241113 AVANDIA (EDS) GSK \$ 2.3419

8MG TABLET

02241114 AVANDIA (EDS) GSK \$ 3.3489

ROSIGLITAZONE MALEATE/METFORMIN HCL

SEE APPENDIX B FOR ONLINE ADJUDICATION

1MG/500MG TABLET

02247085 AVANDAMET (EDS) GSK \$ 0.6967

2MG/500MG TABLET

02247086 AVANDAMET (EDS) GSK \$ 1.2599

4MG/500MG TABLET

02247087 AVANDAMET (EDS) GSK \$ 1.7302

2MG/1000MG TABLET

02248440 AVANDAMET (EDS) GSK \$ 1.3760

4MG/1000MG TABLET

02248441 AVANDAMET (EDS) GSK \$ 1.8811

TOLBUTAMIDE

500MG TABLET

00312762 APO-TOLBUTAMIDE APX \$ 0.1089

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:24.00 PARATHYROID

CALCITONIN SALMON

SEE APPENDIX A FOR EDS CRITERIA

100IU/ML INJECTION (1ML)

02007134 CALTINE 100 (EDS) FEI \$ 8.4900

200IU/ML INJECTION (2ML)

01926691 CALCIMAR (EDS) AVT \$ 57.7100

* 200IU/DOSE NASAL SPRAY (BOTTLE)

02247585 APO-CALCITONIN (EDS) APX \$ 24.1600

02261766 SANDOZ CALCITONIN NS (EDS) SDZ 24.1600

02240775 MIACALCIN (EDS) NVR 32.5100

68:28.00 PITUITARY AGENTS

COSYNTROPIN ZINC HYDROXIDE

1MG/ML INJECTION SUSPENSION (1ML)

00253952 SYNACTHEN DEPOT NVR \$ 34.2500

DESMOPRESSIN

SEE APPENDIX A FOR EDS CRITERIA

* 0.1MG TABLET

02284030 APO-DESMOPRESSIN (EDS) APX \$ 0.9913

02287730 NOVO-DESMOPRESSIN (EDS) NOP 0.9913

00824305 D.D.A.V.P. (EDS) FEI 1.4341

* 0.2MG TABLET

02284049 APO-DESMOPRESSIN (EDS) APX \$ 1.9826

02287749 NOVO-DESMOPRESSIN (EDS) NOP 1.9826

00824143 D.D.A.V.P. (EDS) FEI 2.8681

60UG ORALLY DISINTEGRATING TABLET

02284995 DDAVP MELT (EDS) FEI \$ 1.0753

120UG ORALLY DISINTEGRATING TABLET

02285002 DDAVP MELT (EDS) FEI \$ 2.1509

240UG ORALLY DISINTEGRATING TABLET

02285010 DDAVP MELT (EDS) FEI \$ 3.8716

4UG/ML INJECTION (1ML)

00873993 D.D.A.V.P. (EDS) FEI \$ 11.5100

10UG/DOSE INTRANASAL SOLUTION

00402516 D.D.A.V.P. (EDS) FEI \$ 51.2200

* 10UG/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

02242465 APO-DESMOPRESSIN (EDS) APX \$ 70.8000

00836362 D.D.A.V.P. (EDS) FEI 102.4300

150UG/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

02237860 OCTOSTIM (EDS) FEI \$ 418.8100

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:28.00 PITUITARY AGENTS

SOMATROPIN

SEE APPENDIX A FOR EDS CRITERIA

3.33MG INJECTION (VIAL)

02215136 SAIZEN (EDS) SRO \$ 157.2200

☒ 5MG INJECTION (VIAL)

02216183 NUTROPIN (EDS) HLR \$ 201.3900

02237971 SAIZEN (EDS) SRO 236.0100

00745626 HUMATROPE (EDS) LIL 253.1900

6MG INJECTION (CARTRIDGE)

02243077 HUMATROPE CARTRIDGE (EDS) LIL \$ 303.8300

8.8MG INJECTION (VIAL)

02272083 SAIZEN (EDS) SRO \$ 377.6200

☒ 10MG INJECTION (VIAL)

02229722 NUTROPIN AQ (EDS) HLR \$ 396.1100

02216191 NUTROPIN (EDS) HLR 422.5500

10MG INJECTION (CARTRIDGE)

02249002 NUTROPIN AQ PEN (EDS) HLR \$ 422.5500

12MG INJECTION (CARTRIDGE)

02243078 HUMATROPE CARTRIDGE (EDS) LIL \$ 600.0400

24MG INJECTION (CARTRIDGE)

02243079 HUMATROPE (EDS) LIL \$ 1160.0800

68:32.00 PROGESTINS

CONJUGATED ESTROGENS/MEDROXYPROGESTERONE ACETATE

SEE SECTION 68:16.00 (ESTROGENS)

ESTRADIOL/NORETHINDRONE ACETATE

SEE SECTION 68:16.00 (ESTROGENS)

MEDROXYPROGESTERONE ACETATE

* 2.5MG TABLET

02221284 NOVO-MEDRONE NOP \$ 0.0794

02244726 APO-MEDROXY APX 0.0794

02246627 PMS-MEDROXYPROGESTERONE PMS 0.0794

02252740 NU-MEDROXY NXP 0.0794

02247581 DOM-MEDROXYPROGESTERONE DOM 0.0834

00708917 PROVERA PFI 0.1807

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:32.00 PROGESTINS

* 5MG TABLET

02221292	NOVO-MEDRONE	NOP	\$	0.1569
02244727	APO-MEDROXY	APX		0.1569
02246628	PMS-MEDROXYPROGESTERONE	PMS		0.1569
02252759	NU-MEDROXY	NXP		0.1569
02247582	DOM-MEDROXYPROGESTERONE	DOM		0.1648
00030937	PROVERA	PFI		0.3573

* 10MG TABLET

02221306	NOVO-MEDRONE	NOP	\$	0.3169
02246629	PMS-MEDROXYPROGESTERONE	PMS		0.3169
02277298	APO-MEDROXY	APX		0.3169
02247583	DOM-MEDROXYPROGESTERONE	DOM		0.3328
00729973	PROVERA	PFI		0.7249

50MG/ML INJECTION SUSPENSION (5ML)

00030848	DEPO-PROVERA	PFI	\$	27.3000
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* 150MG/ML INJECTION SUSPENSION (1ML)

02322250	MEDROXYPROGESTERONE	SDZ	\$	22.0000
00585092	DEPO-PROVERA	PFI		29.2900

PROGESTERONE (MICRONIZED)

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02166704	PROMETRIUM (EDS)	SCH	\$	1.2120
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68:36.04 THYROID AGENTS

LEVOTHYROXINE (SODIUM)

0.025MG TABLET

02172062	SYNTHROID	ABB	\$	0.0939
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* 0.05MG TABLET

02213192	ELTROXIN	TPI	\$	0.0304
02172070	SYNTHROID	ABB		0.0645

0.075MG TABLET

02172089	SYNTHROID	ABB	\$	0.1015
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0.088MG TABLET

02172097	SYNTHROID	ABB	\$	0.1015
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* 0.1MG TABLET

02213206	ELTROXIN	TPI	\$	0.0374
02172100	SYNTHROID	ABB		0.0795

0.112MG TABLET

02171228	SYNTHROID	ABB	\$	0.1071
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0.125MG TABLET

02172119	SYNTHROID	ABB	\$	0.1084
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68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:36.04 THYROID AGENTS

* 0.15MG TABLET

02213214	ELTROXIN	TPI	\$	0.0415
02172127	SYNTHROID	ABB		0.0851

0.175MG TABLET

02172135	SYNTHROID	ABB	\$	0.1162
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* 0.2MG TABLET

02213222	ELTROXIN	TPI	\$	0.0439
02172143	SYNTHROID	ABB		0.0909

* 0.3MG TABLET

02213230	ELTROXIN	TPI	\$	0.0671
02172151	SYNTHROID	ABB		0.1252

THYROID

30MG TABLET

00023949	THYROID	ERF	\$	0.1315
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60MG TABLET

00023957	THYROID	ERF	\$	0.2699
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125MG TABLET

00023965	THYROID	ERF	\$	0.4232
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68:36.08 ANTITHYROID AGENTS

METHIMAZOLE

5MG TABLET

00015741	TAPAZOLE	PAL	\$	0.2662
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PROPYLTHIOURACIL

50MG TABLET

00010200	PROPYL-THYRACIL	PAL	\$	0.2298
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100MG TABLET

00010219	PROPYL-THYRACIL	PAL	\$	0.3596
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**SKIN AND MUCOUS MEMBRANE
AGENTS
84:00**



84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

CLINDAMYCIN PHOSPHATE

* 1% TOPICAL SOLUTION

02266938	TARO-CLINDAMYCIN	TAR	\$	0.2260
00582301	DALACIN T	PFI		0.3317

FRAMYCETIN SO4

1% GAUZE (10CM X 10CM)

01988840	SOFRA-TULLE	ERF	\$	1.6275
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1% GAUZE (30CM X 10CM)

01987682	SOFRA-TULLE	ERF	\$	3.7975
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FUSIDIC ACID

2% TOPICAL CREAM

00586668	FUCIDIN	LEO	\$	0.6450
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MUPIROCIN

2% CREAM

02239757	BACTROBAN	GCH	\$	0.5679
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* 2% OINTMENT

02279983	TARO-MUPIROCIN	TAR	\$	0.3454
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01916947	BACTROBAN	GCH		0.5679
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POLYMYXIN B SO4/NEOMYCIN SO4/BACITRACIN (ZINC)

5,000U/5MG/400U PER G TOPICAL OINTMENT

00666122	NEOSPORIN	GSK	\$	0.4977
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SODIUM FUSIDATE

2% TOPICAL OINTMENT

00586676	FUCIDIN	LEO	\$	0.6450
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84:04.08 ANTI-INFECTIVES (ANTI-FUNGALS)

CICLOPIROX OLAMINE

1% TOPICAL CREAM

02221802	LOPROX	AVT	\$	0.5135
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CLOTRIMAZOLE

200MG VAGINAL TABLET

02264099	CANESTEN COMBI-PAK 3	BCD	\$	13.7600
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* 1% TOPICAL CREAM

00812382	CLOTRIMADERM	TAR	\$	0.2127
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02150867	CANESTEN	BCD		0.3892
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* 1% VAGINAL CREAM

00812366	CLOTRIMADERM	TAR	\$	0.1750
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02150891	CANESTEN-6	BCD		0.2520
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08 ANTI-INFECTIVES (ANTI-FUNGALS)

* 2% VAGINAL CREAM

00812374	CLOTRIMADERM	TAR	\$	0.3500
02150905	CANESTEN-3	BCD		0.5039

500MG VAGINAL SUPPOSITORY/1% TOPICAL CREAM (COMBINATION PACKAGE)

02264102	CANESTEN COMBI-PAK 1	BCD	\$	13.7600
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KETOCONAZOLE

2% TOPICAL CREAM

02245662	KETODERM	TPM	\$	0.3437
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MICONAZOLE NITRATE

100MG VAGINAL SUPPOSITORY/2% TOPICAL CREAM (COMBINATION PACKAGE)

02126257	MONISTAT 7 COMBINATION	MCL	\$	14.9300
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400MG VAGINAL OVULES

02126605	MONISTAT-3	MCL	\$	4.3473
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400MG VAGINAL OVULES/2% TOPICAL CREAM (COMBINATION PACKAGE)

02126249	MONISTAT 3 COMBINATION	MCL	\$	14.9300
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* 2% VAGINAL CREAM

02231106	MICOZOLE	TAR	\$	0.1512
02084309	MONISTAT-7	MCL		0.3727

2% TOPICAL CREAM

02085852	MICATIN	WEL	\$	0.3227
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NYSTATIN

* 100,000U/G TOPICAL CREAM

00716871	NYADERM	TAR	\$	0.0700
02194236	RATIO-NYSTATIN	RPH		0.0700

100,000U/G TOPICAL OINTMENT

02194228	RATIO-NYSTATIN	RPH	\$	0.1434
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25,000U/G VAGINAL CREAM

00716901	NYADERM	TAR	\$	0.0492
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100,000U/G VAGINAL CREAM

02194163	RATIO-NYSTATIN	RPH	\$	0.2554
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08 ANTI-INFECTIVES (ANTI-FUNGALS)

TERBINAFINE HCL

1% TOPICAL CREAM

02031094 LAMISIL NVR \$ 0.5523

1% TOPICAL SPRAY SOLUTION

02238703 LAMISIL NVR \$ 0.5571

TERCONAZOLE

80MG VAGINAL OVULES/0.8% CREAM (DUAL-PAK)

02130874 TERAZOL-3 DUAL-PAK JAN \$ 24.0300

* 0.4% VAGINAL CREAM (PKG)

02247651 TARO-TERCONAZOLE TAR \$ 12.2700

00894729 TERAZOL-7 JAN 22.8600

84:04.12 ANTI-INFECTIVES (SCABICIDES AND PEDICULICIDES)

CROTAMITON

10% TOPICAL CREAM

00623377 EURAX CLC \$ 0.3889

GAMMA-BENZENE HEXACHLORIDE

1% TOPICAL LOTION

00703591 PMS-LINDANE PMS \$ 0.1170

* 1% SHAMPOO

00703605 PMS-LINDANE PMS \$ 0.1170

00430617 HEXIT SHAMPOO ODN 0.1498

ISOPROPYL MYRISTATE

50% TOPICAL SOLUTION

02279592 RESULTZ NYC \$ 0.1108

PERMETHRIN

* 1% CREME RINSE

02231480 KWELLADA-P CREME RINSE GCH \$ 0.1279

00771368 NIX CREME RINSE IPC 0.1299

5% TOPICAL CREAM

02219905 NIX DERMAL CREAM GCH \$ 0.5140

5% TOPICAL LOTION

02231348 KWELLADA-P LOTION GCH \$ 0.2778

PYRETHINS/PIPERONYL BUTOXIDE/

PETROLEUM DISTILLATE

0.33%/3.0%/1.2% SHAMPOO/CONDITIONER

02125447 R&C SHAMPOO/CONDITIONER GCH \$ 0.1248

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.16 MISCELLANEOUS ANTI-INFECTIVES

HEXACHLOROPHENE

3% TOPICAL EMULSION

02017733 PHISOHEX AVT \$ 0.0684

METRONIDAZOLE

0.75% TOPICAL GEL

02092832 METROGEL GAC \$ 0.7161

1% TOPICAL GEL

02297809 METROGEL GAC \$ 0.6619

0.75% TOPICAL CREAM

02226839 METROCREAM GAC \$ 0.7161

0.75% TOPICAL LOTION

02248206 METROLOTION GAC \$ 0.7161

1% TOPICAL CREAM

02156091 NORITATE AVT \$ 0.5621

1% TOPICAL CREAM (WITH SUNSCREEN)

02242919 ROSASOL STI \$ 0.5509

0.75% VAGINAL GEL

02125226 NIDAGEL GCC \$ 0.3037

10% VAGINAL CREAM

01926861 FLAGYL AVT \$ 0.2413

SULFACETAMIDE (SODIUM)/COLLOIDAL SULPHUR

10%/5% TOPICAL LOTION

02220407 SULFACET-R AVT \$ 1.0004

84:06.00 ANTI-INFLAMMATORY AGENTS

AMCINONIDE

* 0.1% TOPICAL CREAM

02246714 TARO-AMCINONIDE TAR \$ 0.2740

02247098 RATIO-AMCINONIDE RPH 0.2740

02192284 CYCLOCORT STI 0.5809

* 0.1% TOPICAL OINTMENT

02247096 RATIO-AMCINONIDE RPH \$ 0.2737

02192268 CYCLOCORT STI 0.5809

* 0.1% TOPICAL LOTION

02247097 RATIO-AMCINONIDE RPH \$ 0.2272

02192276 CYCLOCORT STI 0.4877

BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

02089602 PROPADERM PAL \$ 0.4744

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE

* 0.05% TOPICAL CREAM

01925350	TARO-SONE	TAR	\$	0.2048
00323071	DIPROSONE	SCH		0.2222

* 0.05% TOPICAL OINTMENT

00805009	RATIO-TOPISONE	RPH	\$	0.2154
00344923	DIPROSONE	SCH		0.2337

* 0.05% TOPICAL LOTION

00809187	RATIO-TOPISONE	RPH	\$	0.1980
00417246	DIPROSONE	SCH		0.2149

* 0.05% TOPICAL GLYCOL CREAM

00849650	RATIO-TOPILENE	RPH	\$	0.5187
00688622	DIPROLENE	SCH		0.5628

* 0.05% TOPICAL GLYCOL OINTMENT

00849669	RATIO-TOPILENE	RPH	\$	0.5187
00629367	DIPROLENE	SCH		0.5628

* 0.05% TOPICAL GLYCOL LOTION

00862975	DIPROLENE	SCH	\$	0.2927
01927914	RATIO-TOPILENE	RPH		0.4684

BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID

0.05%/3% TOPICAL OINTMENT

00578436	DIPROSALIC	SCH	\$	0.9296
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* 0.05%/2% TOPICAL LOTION

02245688	RATIO-TOPISALIC	RPH	\$	0.4619
00578428	DIPROSALIC	SCH		0.4619

BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

02060884	BETNESOL ENEMA	PAL	\$	10.1300
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BETAMETHASONE VALERATE

* 0.05% TOPICAL CREAM

00716618	BETADERM	TAR	\$	0.0606
00535427	RATIO-ECTOSONE	RPH		0.0612

* 0.1% TOPICAL CREAM

00535435	RATIO-ECTOSONE	RPH	\$	0.0912
00716626	BETADERM	TAR		0.5334

0.05% TOPICAL OINTMENT

00716642	BETADERM	TAR	\$	0.0606
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

0.1% TOPICAL OINTMENT

00716650	BETADERM	TAR	\$	0.0904
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0.05% TOPICAL LOTION

00653209	RATIO-ECTOSONE MILD	RPH	\$	0.1900
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0.1% TOPICAL LOTION

00750050	RATIO-ECTOSONE	RPH	\$	0.2500
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* 0.1% SCALP LOTION

00716634	BETADERM	TAR	\$	0.0852
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00653217	RATIO-ECTOSONE	RPH		0.0854
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00027944	VALISONE	VAL		0.0927
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BUDESONIDE

0.02MG/ML ENEMA (100ML)

02052431	ENTOCORT	AST	\$	8.6100
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CLOBETASOL PROPIONATE

* 0.05% TOPICAL CREAM

01910272	RATIO-CLOBETASOL	RPH	\$	0.4068
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02024187	MYLAN-CLOBETASOL	MYL		0.4068
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02093162	NOVO-CLOBETASOL	NOP		0.4068
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02232191	PMS-CLOBETASOL	PMS		0.4068
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02245523	TARO-CLOBETASOL CREAM	TAR		0.4068
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02213265	DERMOVATE	TPM		0.8131
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* 0.05% TOPICAL OINTMENT

01910280	RATIO-CLOBETASOL	RPH	\$	0.4068
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02026767	MYLAN-CLOBETASOL	MYL		0.4068
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02126192	NOVO-CLOBETASOL	NOP		0.4068
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02232193	PMS-CLOBETASOL	PMS		0.4068
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02245524	TARO-CLOBETASOL OINTMENT	TAR		0.4068
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02213273	DERMOVATE	TPM		0.8131
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* 0.05% SCALP APPLICATION

01910299	RATIO-CLOBETASOL	RPH	\$	0.3565
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02216213	MYLAN-CLOBETASOL	MYL		0.3565
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02232195	PMS-CLOBETASOL	PMS		0.3565
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02245522	TARO-CLOBETASOL SOLUTION	TAR		0.3565
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02213281	DERMOVATE	TPM		0.6169
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CLOBETASONE BUTYRATE

0.05% TOPICAL CREAM

02214415	SPECTRO ECZEMA CARE	GCH	\$	0.4142
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

DESONIDE

<i>0.05% TOPICAL CREAM</i>				
02229315 PMS-DESONIDE	PMS	\$		0.2952
* <i>0.05% TOPICAL OINTMENT</i>				
02229323 PMS-DESONIDE	PMS	\$		0.2952
02115522 DESOCORT	GAC			0.3570
<i>0.05% TOPICAL LOTION</i>				
02115514 DESOCORT	GAC	\$		0.1785

DESOXIMETASONE

<i>0.05% TOPICAL CREAM</i>				
02221918 TOPICORT MILD	AVT	\$		0.4856
<i>0.25% TOPICAL CREAM</i>				
02221896 TOPICORT	AVT	\$		0.6999
<i>0.05% TOPICAL GEL</i>				
02221926 TOPICORT	AVT	\$		0.4785
<i>0.25% TOPICAL OINTMENT</i>				
02221934 TOPICORT	AVT	\$		0.6169

DIFLUCORTOLONE VALERATE

<i>0.1% TOPICAL CREAM</i>				
00587826 NERISONE	STI	\$		0.4102
<i>0.1% TOPICAL OILY CREAM</i>				
00587818 NERISONE	STI	\$		0.4102
<i>0.1% TOPICAL OINTMENT</i>				
00587834 NERISONE	STI	\$		0.4102

FLUOCINOLONE ACETONIDE

<i>0.01% TOPICAL OIL</i>				
00873292 DERMA-SMOOTH/FS	HDI	\$		0.2681
<i>0.01% SHAMPOO</i>				
02242738 CAPEX SHAMPOO	GAC	\$		0.6437

FLUOCINONIDE

<i>0.05% TOPICAL CREAM</i>				
00716863 LYDERM	TPM	\$		0.5007
<i>0.05% TOPICAL GEL</i>				
02236997 LYDERM	TPM	\$		0.3711
<i>0.05% TOPICAL OINTMENT</i>				
02236996 LYDERM	TPM	\$		0.3657

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE

* 0.5% TOPICAL CREAM

00513288	CORTATE	SCP	\$	0.1448
00716820	HYDERM	TAR		0.1667

* 1% TOPICAL CREAM

00716839	HYDERM	TAR	\$	0.0364
00192597	EMO-CORT	STI		0.1790

2.5% TOPICAL CREAM

00595799	EMO-CORT	STI	\$	0.2409
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* 0.5% TOPICAL OINTMENT

00716685	CORTODERM	TAR	\$	0.1400
00513261	CORTATE	SCP		0.1448

1% TOPICAL OINTMENT

00716693	CORTODERM	TAR	\$	0.0390
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☒ 1% TOPICAL LOTION

00578541	SARNA HC	STI	\$	0.0975
00192600	EMO-CORT	STI		0.1614

☒ 2.5% TOPICAL LOTION

00856711	SARNA HC	STI	\$	0.1884
00595802	EMO-CORT	STI		0.2183

2.5% SCALP SOLUTION

00641154	EMO-CORT	STI	\$	0.2064
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* 100MG/60ML ENEMA (60ML)

00230316	HYCORT	VAE	\$	5.5800
02112736	CORTENEMA	AXC		6.6900

HYDROCORTISONE ACETATE

10% RECTAL AEROSOL FOAM (15G)

00579335	CORTIFOAM	PAL	\$	97.9200
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HYDROCORTISONE VALERATE

0.2% TOPICAL CREAM

02242984	HYDROVAL	TPM	\$	0.1809
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0.2% TOPICAL OINTMENT

02242985	HYDROVAL	TPM	\$	0.1809
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HYDROCORTISONE/UREA

1%/10% TOPICAL CREAM

00503134	UREMOL-HC	STI	\$	0.1793
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1%/10% TOPICAL LOTION

00560022	UREMOL-HC	STI	\$	0.1011
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

MOMETASONE FUROATE

0.1% TOPICAL CREAM

00851744 ELOCOM SCH \$ 0.7769

* 0.1% TOPICAL OINTMENT

02248130 RATIO-MOMETASONE RPH \$ 0.3494

02264749 TARO-MOMETASONE OINTMENT TAR 0.3494

02270862 PMS-MOMETASONE PMS 0.3494

00851736 ELOCOM SCH 0.6981

0.1% TOPICAL LOTION

00871095 ELOCOM SCH \$ 0.5205

TRIAMCINOLONE ACETONIDE

* 0.1% TOPICAL CREAM

00716960 TRIADERM TAR \$ 0.0650

02194058 ARISTOCORT R VAL 0.1411

0.1% TOPICAL OINTMENT

02194031 ARISTOCORT R VAL \$ 0.1411

0.1% ORAL TOPICAL OINTMENT

01964054 ORACORT DENTAL PASTE TAR \$ 1.0800

84:06.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE

0.05%/1% TOPICAL CREAM

00611174 LOTRIDERM SCH \$ 0.8110

FUSIDIC ACID/HYDROCORTISONE ACETATE

2%/1% TOPICAL CREAM

02238578 FUCIDIN H LEO \$ 1.1300

NEOMYCIN/GRAMICIDIN/NYSTATIN/ TRIAMCINOLONE ACETONIDE

* 2.5MG/0.25MG/100,000U/1MG PER G

TOPICAL CREAM

00550507 RATIO-TRIACOMB RPH \$ 0.3258

00717002 VIADERM-KC TAR 0.4234

2.5MG/0.25MG/100,000U/1MG PER G

TOPICAL OINTMENT

00717029 VIADERM-KC TAR \$ 0.4234

POLYMYXIN B SO4/BACITRACIN (ZINC)/

NEOMYCIN SO4/HYDROCORTISONE

5000U/400U/5MG/10MG PER G TOPICAL OINTMENT

00666246 CORTISPORIN GSK \$ 0.8377

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:12.00 ASTRINGENTS

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE

0.35%/0.023% POWDER (2.36G PACKAGE)

00579947 BURO-SOL STI \$ 0.7780

84:16.00 CELL STIMULANTS AND PROLIFERANTS

ADAPALENE

0.1% TOPICAL CREAM

02231592 DIFFERIN GAC \$ 1.0399

0.1% TOPICAL GEL

02148749 DIFFERIN GAC \$ 1.0399

TRETINOIN

SEE APPENDIX A FOR EDS CRITERIA

0.01% TOPICAL CREAM

00657204 STIEVA-A STI \$ 0.3166

* 0.01% TOPICAL GEL

01926462 VITAMIN A ACID AVT \$ 0.3082

00870013 RETIN A JJI 0.4055

0.025% TOPICAL CREAM

00578576 STIEVA-A STI \$ 0.3166

* 0.025% TOPICAL GEL

00587966 STIEVA-A STI \$ 0.3166

01926470 VITAMIN A ACID AVT 0.3082

00443816 RETIN A JJI 0.4055

0.025% TOPICAL SOLUTION

00578568 STIEVA-A STI \$ 0.1986

* 0.05% TOPICAL CREAM

00518182 STIEVA-A STI \$ 0.3170

00443794 RETIN A JJI 0.4055

* 0.05% TOPICAL GEL

00641863 STIEVA-A STI \$ 0.3166

01926489 VITAMIN A ACID AVT 0.3082

* 0.1% TOPICAL CREAM

00662348 STIEVA-A FORTE (EDS) STI \$ 0.3166

00870021 RETIN A (EDS) JJI 0.4055

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:28.00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE

10% BAR

00527661 PANOXYL STI \$ 9.3500

10% TOPICAL LOTION

00370568 BENOXYL STI \$ 0.1963

20% TOPICAL LOTION

00187585 BENOXYL STI \$ 0.2181

10% WASH

01925199 BENZAC W GAC \$ 0.1158

10% TOPICAL GEL (ALCOHOL BASE)

00263699 PANOXYL-10 STI \$ 0.1549

10% TOPICAL GEL (AQUEOUS BASE)

01912437 BENZAC AC GAC \$ 0.2894

20% TOPICAL GEL (ALCOHOL BASE)

00373036 PANOXYL-20 STI \$ 0.2023

CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE

* *1%/5% TOPICAL GEL*

02248472 BENZACLIN AVT \$ 0.9266

02243158 CLINDOXYL GEL STI 0.9573

DITHRANOL

0.1% TOPICAL CREAM

00537594 ANTHRANOL MTI \$ 0.6094

0.2% TOPICAL CREAM

00537608 ANTHRANOL MTI \$ 0.6424

0.4% TOPICAL LOTION

00695351 ANTHRASCALP MTI \$ 0.7595

1% TOPICAL OINTMENT

00566756 ANTHRAFORTE-1 MTI \$ 0.8296

2% TOPICAL OINTMENT

00566748 ANTHRAFORTE-2 MTI \$ 0.8752

ERYTHROMYCIN/BENZOYL PEROXIDE

3%/5% TOPICAL GEL

02225271 BENZAMYCIN AVT \$ 1.0870

PODOFILOX

0.5% TOPICAL SOLUTION (PACKAGE)

01945149 CONDYLINE CDX \$ 40.1500

02074788 WARTEC PAL 45.5100

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:36.00 MISCELLANEOUS SKIN & MUCOUS MEMBRANE AGENTS

ACITRETIN

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02070847 SORIATANE (EDS) TRI \$ 2.0171

25MG CAPSULE

02070863 SORIATANE (EDS) TRI \$ 3.5422

CALCIPOTRIOL

50UG/G TOPICAL CREAM

02150956 DOVONEX LEO \$ 0.8174

50UG/G TOPICAL OINTMENT

01976133 DOVONEX LEO \$ 0.8229

50UG/ML SCALP SOLUTION

02194341 DOVONEX LEO \$ 0.8202

CALCIPOTRIOL/BETAMETHASONE DIPROPIONATE

50UG/0.5MG/G TOPICAL OINTMENT

02244126 DOVOBET LEO \$ 1.5211

CYCLOSPORINE

NOTE: THE IDENTIFICATION NUMBERS LISTED FOR THIS PRODUCT HAVE
BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR BILLING
PURPOSES ONLY.

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

00950792 NEORAL (EDS) NVR \$ 0.6770

25MG CAPSULE

00950793 NEORAL (EDS) NVR \$ 1.5733

50MG CAPSULE

00950807 NEORAL (EDS) NVR \$ 3.0673

100MG CAPSULE

00950815 NEORAL (EDS) NVR \$ 6.1368

100MG/ML LIQUID

00950823 NEORAL (EDS) NVR \$ 5.4550

FLUOROURACIL

5% TOPICAL CREAM

00330582 EFUDEX VAE \$ 0.8680

IMIQUIMOD

SEE APPENDIX A FOR EDS CRITERIA

5% TOPICAL CREAM (5G SACHET)

02239505 ALDARA (EDS) GCC \$ 13.9921

ISOTRETINOIN

* 10MG CAPSULE

00582344 ACCUTANE HLR \$ 1.0106

02257955 CLARUS PRM 1.0106

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:36.00 MISCELLANEOUS SKIN & MUCOUS MEMBRANE AGENTS

* 40MG CAPSULE

00582352	ACCUTANE	HLR	\$	2.0620
02257963	CLARUS	PRM		2.0620

METHOTREXATE

* 2.5MG TABLET

02244798	RATIO-METHOTREXATE	RPH	\$	0.6325
02182963	APO-METHOTREXATE	HOS		0.6863
02170698	METHOTREXATE	WYA		0.7138

10MG TABLET

02182750	METHOTREXATE	HOS	\$	2.6638
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PIMECROLIMUS

SEE APPENDIX A FOR EDS CRITERIA

1% TOPICAL CREAM

02247238	ELIDEL (EDS)	NVR	\$	2.3835
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TACROLIMUS

SEE APPENDIX A FOR EDS CRITERIA

0.03% TOPICAL OINTMENT

02244149	PROTOPIC (EDS)	APC	\$	2.3330
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0.1% TOPICAL OINTMENT

02244148	PROTOPIC (EDS)	APC	\$	2.4960
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TAZAROTENE

0.05% TOPICAL CREAM

02243894	TAZORAC	ALL	\$	1.4338
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0.05% TOPICAL GEL

02230784	TAZORAC	ALL	\$	1.4338
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0.1% TOPICAL CREAM

02243895	TAZORAC	ALL	\$	1.4338
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0.1% TOPICAL GEL

02230785	TAZORAC	ALL	\$	1.4338
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84:50.06 DEPIGMENTING & PIGMENTING AGENTS (PIGMENTING AGENTS)

METHOXSALEN

SEE APPENDIX A FOR EDS CRITERIA

☒ 10MG CAPSULE

00252654	OXSORALEN ULTRA (EDS)	VAE	\$	0.4666
01946374	OXSORALEN (EDS)	VAE		0.6264

1% LOTION

01907476	OXSORALEN (EDS)	VAE	\$	1.5939
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SMOOTH MUSCLE RELAXANTS

86:00



86:00 SMOOTH MUSCLE RELAXANTS

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

DARIFENACIN

SEE APPENDIX A FOR EDS CRITERIA

7.5MG EXTENDED RELEASE TABLET

02273217 ENABLEX (EDS) NVR \$ 1.5841

15MG EXTENDED RELEASE TABLET

02273225 ENABLEX (EDS) NVR \$ 1.5841

OXYBUTYNIN CHLORIDE

* 5MG TABLET

02241285 DOM-OXYBUTYNIN DOM \$ 0.1728 *

02158590 NU-OXYBUTYN NXP 0.2485

02163543 APO-OXYBUTYNIN APX 0.2485

02230394 NOVO-OXYBUTYNIN NOP 0.2485

02230800 MYLAN-OXYBUTYNIN MYL 0.2485

02240550 PMS-OXYBUTYNIN PMS 0.2485

1MG/ML SYRUP

02223376 PMS-OXYBUTYNIN PMS \$ 0.0765

SOLIFENACIN SUCCINATE

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02277263 VESICARE (EDS) APC \$ 1.6275

10MG TABLET

02277271 VESICARE (EDS) APC \$ 1.6275

TOLTERODINE L-TARTRATE

SEE APPENDIX A FOR EDS CRITERIA

2MG EXTENDED-RELEASE CAPSULE

02244612 DETROL LA (EDS) PFI \$ 2.0124

4MG EXTENDED-RELEASE CAPSULE

02244613 DETROL LA (EDS) PFI \$ 2.0124

TROSPIUM CHLORIDE

SEE APPENDIX A FOR EDS CRITERIA

20MG TABLET

02275066 TROSEC (EDS) SEP \$ 0.8138

86:00 SMOOTH MUSCLE RELAXANTS

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE

<i>225MG SUSTAINED RELEASE TABLET</i>				
02014270	PHYLLOCONTIN	PFR	\$	0.2353
<i>350MG SUSTAINED RELEASE TABLET</i>				
02014289	PHYLLOCONTIN-350	PFR	\$	0.2997

OXTRIPHYLLINE

* *20MG/ML ELIXIR*

00792942	PMS-OXTRIPHYLLINE	PMS	\$	0.0260
00476366	CHOLEDYL	ERF		0.0402

THEOPHYLLINE (ANHYDROUS)

☒ *100MG SUSTAINED RELEASE TABLET*

00692689	APO-THEO-LA	APX	\$	0.1300
02230085	NOVO-THEOPHYL SR	NOP		0.1300

☒ *200MG SUSTAINED RELEASE TABLET*

00692697	APO-THEO-LA	APX	\$	0.1350
02230086	NOVO-THEOPHYL SR	NOP		0.1350

☒ *300MG SUSTAINED RELEASE TABLET*

00692700	APO-THEO-LA	APX	\$	0.1400
02230087	NOVO-THEOPHYL SR	NOP		0.1400

400MG SUSTAINED RELEASE TABLET

02014165	UNIPHYL	PFR	\$	0.5404
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600MG SUSTAINED RELEASE TABLET

02014181	UNIPHYL	PFR	\$	0.6545
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5.33MG/ML SOLUTION

01966219	THEOLAIR LIQUID	MDA	\$	0.0208
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VITAMINS
88:00



88:00 VITAMINS

88:08.00 VITAMIN B

CYANOCOBALAMIN

* 1MG/ML INJECTION SOLUTION (10ML)

00521515	VITAMIN B12	SDZ	\$	4.5000
01987003	CYANOCOBALAMIN	CYT		4.8900

FOLIC ACID

5MG TABLET

00426849	APO-FOLIC	APX	\$	0.0404
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LEUCOVORIN CALCIUM (FOLINIC ACID)

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02170493	LEUCOVORIN (EDS)	WYA	\$	6.6037
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NIACIN

100MG TABLET

00268585	NIACIN	VAE	\$	0.0317
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* 500MG TABLET

00294950	NIACIN	VAE	\$	0.0495
00557412	NIACIN	JPC		0.0495
01939130	NIACIN	ODN		0.0814

PYRIDOXINE HCL

* 25MG TABLET

80002890	JAMP-VITAMIN B6	JPC	\$	0.0293
01943200	VITAMIN B6	ODN		0.0326

THIAMINE HCL

50MG TABLET

80009633	JAMP-VITAMIN B1	JPC	\$	0.0700
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100MG TABLET

80009588	JAMP-VITAMIN B1	JPC	\$	0.1260
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* 100MG/ML INJECTION SOLUTION (10ML)

00816078	VITAMIN B1	SDZ	\$	11.8800
02193221	THIAMJECT	OMG		12.8900

88:00 VITAMINS

88:16.00 VITAMIN D

ALFACALCIDOL

SEE APPENDIX A FOR EDS CRITERIA

0.25UG CAPSULE

00474517 ONE-ALPHA (EDS) LEO \$ 0.4617

1.0UG CAPSULE

00474525 ONE-ALPHA (EDS) LEO \$ 1.3821

2UG/ML ORAL DROPS (ML)

02240329 ONE-ALPHA (EDS) LEO \$ 5.2797

CALCIFEROL

* *8,288IU/ML ORAL SOLUTION*

80003615 ERDOL/DRISODAN ODN \$ 0.3591

02017598 DRISDOL AVT 0.4632

CALCITRIOL

SEE APPENDIX A FOR EDS CRITERIA

0.25UG CAPSULE

00481823 ROCALTROL (EDS) HLR \$ 1.0069

0.5UG CAPSULE

00481815 ROCALTROL (EDS) HLR \$ 1.6013

1UG/ML ORAL SOLUTION

00824291 ROCALTROL (EDS) HLR \$ 3.2073



UNCLASSIFIED THERAPEUTIC AGENTS

92:00



92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ABATACEPT

SEE APPENDIX A FOR EDS CRITERIA

250MG POWDER FOR SOLUTION

02282097	ORENCIA (EDS)	BMY	\$	477.4000
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ADALIMUMAB

SEE APPENDIX A FOR EDS CRITERIA

* 40MG/0.8ML PRE-FILLED SYRINGE

02258595	HUMIRA (EDS)	ABB	\$	728.0400
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97799756	HUMIRA PF SYRINGE (EDS)	ABB		728.0400
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40MG/0.8ML PRE-FILLED PEN

97799757	HUMIRA PEN (EDS)	ABB	\$	728.0400
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ALENDRONATE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

* 10MG TABLET

02247373	NOVO-ALENDRONATE (EDS)	NOP	\$	1.1057
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02248728	APO-ALENDRONATE (EDS)	APX		1.1057
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02270129	MYLAN-ALENDRONATE (EDS)	MYL		1.1057
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02288087	SANDOZ ALENDRONATE (EDS)	SDZ		1.1057
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02201011	FOSAMAX (EDS)	MSD		2.1643
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* 40MG TABLET

02258102	CO ALENDRONATE (EDS)	COB	\$	2.6097
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02201038	FOSAMAX (EDS)	MSD		4.4207
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* 70MG TABLET

02248730	APO-ALENDRONATE (EDS)	APX	\$	5.5750
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02258110	CO ALENDRONATE (EDS)	COB		5.5750
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02261715	NOVO-ALENDRONATE (EDS)	NOP		5.5750
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02275279	RATIO-ALENDRONATE (EDS)	RPH		5.5750
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02284006	PMS-ALENDRONATE FC (EDS)	PMS		5.5750
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02286335	MYLAN-ALENDRONATE (EDS)	MYL		5.5750
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02288109	SANDOZ ALENDRONATE (EDS)	SDZ		5.5750
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02282763	DOM-ALENDRONATE (EDS)	DOM		5.8550
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02245329	FOSAMAX (EDS)	MSD		10.9124
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70MG ORAL SOLUTION

02248625	FOSAMAX (EDS)	MSD	\$	10.9124
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ALENDRONATE SODIUM/VITAMIN D3 (CHOLECALCIFEROL)

SEE APPENDIX A FOR EDS CRITERIA

70MG/5600IU TABLET

02314940	FOSAVANCE 70/5600 (EDS)	MSD	\$	4.8012
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ALFUZOSIN

* 10MG EXTENDED-RELEASE TABLET

02304678	SANDOZ ALFUZOSIN	SDZ	\$	0.7450
02315866	APO-ALFUZOSIN	APX		0.7800
02245565	XATRAL	AVT		1.0854

ALGLUCOSIDASE ALFA

SEE APPENDIX A FOR EDS CRITERIA

50MG/VIAL

02284863	MYOZYME (EDS)	GZY	\$	880.3100
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ALLOPURINOL

* 100MG TABLET

00364282	NOVO-PUROL	NOP	\$	0.0780
00402818	APO-ALLOPURINOL	APX		0.0780

* 200MG TABLET

00479799	APO-ALLOPURINOL	APX	\$	0.1300
00565342	NOVO-PUROL	NOP		0.1300

300MG TABLET

00402796	APO-ALLOPURINOL	APX	\$	0.2125
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ANAGRELIDE HCL

* 0.5MG CAPSULE

02253054	MYLAN-ANAGRELIDE	MYL	\$	3.3491
02260107	SANDOZ ANAGRELIDE	SDZ		3.3491
02274949	PMS-ANAGRELIDE	PMS		3.3491
02281287	DOM-ANAGRELIDE	DOM		3.5166
02236859	AGRYLIN	SCI		5.7211

ANAKINRA

SEE APPENDIX A FOR EDS CRITERIA

100MG/0.67ML PRE-FILLED SYRINGE

02245913	KINERET (EDS)	BIO	\$	50.7500
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ATOMOXETINE HCL

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02262800	STRATTERA (EDS)	LIL	\$	2.8210
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18MG CAPSULE

02262819	STRATTERA (EDS)	LIL	\$	3.2333
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25MG CAPSULE

02262827	STRATTERA (EDS)	LIL	\$	3.5697
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40MG CAPSULE

02262835	STRATTERA (EDS)	LIL	\$	4.0688
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60MG CAPSULE

02262843	STRATTERA (EDS)	LIL	\$	4.5136
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

AZATHIOPRINE

* 50MG TABLET

02231491	MYLAN-AZATHIOPRINE	MYL	\$	0.5418
02236819	NOVO-AZATHIOPRINE	NOP		0.5418
02242907	APO-AZATHIOPRINE	APX		0.5418
02248843	NU-AZATHIOPRINE	NXP		0.5418
00004596	IMURAN	TPI		1.0436

BETAINE ANHYDROUS

1G/SCOOP POWDER FOR ORAL SOLUTION

02238526	CYSTADANE	RDT	\$	3.7223
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BOTULINUM TOXIN TYPE A

SEE APPENDIX A FOR EDS CRITERIA

100IU/VIAL INJECTION

01981501	BOTOX (EDS)	ALL	\$	3.8735
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BROMOCRIPTINE MESYLATE

* 5MG CAPSULE

02230454	APO-BROMOCRIPTINE	APX	\$	0.9711
02236949	PMS-BROMOCRIPTINE	PMS		0.9711

* 2.5MG TABLET

02087324	APO-BROMOCRIPTINE	APX	\$	0.5453
02231702	PMS-BROMOCRIPTINE	PMS		0.5453
02238636	DOM-BROMOCRIPTINE	DOM		0.5726

CABERGOLINE

SEE APPENDIX A FOR EDS CRITERIA

* 0.5MG TABLET

02301407	CO CABERGOLINE (EDS)	COB	\$	8.8550
02242471	DOSTINEX (EDS)	PAL		14.5622

COLCHICINE

0.6MG TABLET

00572349	COLCHICINE-ODAN	ODN	\$	0.2892
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1MG TABLET

00621374	COLCHICINE-ODAN	ODN	\$	0.5512
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

CYCLOSPORINE (TRANSPLANT)

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02237671 NEORAL (EDS) NVR \$ 0.6770

25MG CAPSULE

02150689 NEORAL (EDS) NVR \$ 1.5733

50MG CAPSULE

02150662 NEORAL (EDS) NVR \$ 3.0673

100MG CAPSULE

02150670 NEORAL (EDS) NVR \$ 6.1368

100MG/ML LIQUID

02150697 NEORAL (EDS) NVR \$ 5.4550

DUTASTERIDE

0.5MG CAPSULE

02247813 AVODART GSK \$ 1.7979

ETANERCEPT

SEE APPENDIX A FOR EDS CRITERIA

25MG/VIAL POWDER FOR INJECTION (VIAL)

02242903 ENBREL (EDS) AMG \$ 197.6100

50MG/ML PRE-FILLED SYRINGE/AUTOINJECTOR

02274728 ENBREL (EDS) AMG \$ 385.2100

ETIDRONATE DISODIUM

* 200MG TABLET

02245330 MYLAN-ETIDRONATE MYL \$ 0.8257

02248686 CO ETIDRONATE COB 0.8257

ETIDRONATE DISODIUM/CALCIUM CARBONATE

* 400MG/1250MG TABLET (PACKAGE)

02247323 MYLAN-ETI-CAL CAREPAC MYL \$ 29.9900

02263866 CO ETIDROCAL COB 29.9900

02324199 NOVO-ETIDRONATECAL NOP 29.9900

02176017 DIDROCAL PGA 46.4600

FINASTERIDE

5MG TABLET

02010909 PROSCAR MSD \$ 2.0105

GLATIRAMER ACETATE

SEE APPENDIX G FOR EDS CRITERIA

20MG INJECTION (PRE-FILLED SYRINGE)

02245619 COPAXONE (EDS) TVM \$ 44.5400

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

GLUCAGON

1MG INJECTION POWDER (RDNA ORIGIN)

02243297 GLUCAGON LIL \$ 93.6900

INFLIXIMAB

WHEN BILLING, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.

SEE APPENDIX A FOR EDS CRITERIA

100MG/VIAL INJECTION (MG)

02244016 REMICADE (EDS) SCH \$ 9.8000

INTERFERON BETA-1A

SEE APPENDIX G FOR EDS CRITERIA

8.8UG (6) 22UG (6) PRE-FILLED SYRINGE

02281708 REBIF INITIATION PAC (EDS) SRO \$ 118.3400

22UG (6 MILLION IU) PRE-FILLED SYRINGE

02237319 REBIF (EDS) SRO \$ 124.7800

44UG (12 MILLION IU) PRE-FILLED SYRINGE

02237320 REBIF (EDS) SRO \$ 151.9000

66UG/1.5ML (3 DOSES/22UG) PF CARTRIDGE

02318253 REBIF (EDS) SRO \$ 355.0000

132UG/1.5ML (3 DOSES/44UG) PF CARTRIDGE

02318261 REBIF (EDS) SRO \$ 430.0000

30UG POWDER FOR IM INJECTION (VIAL)

02237770 AVONEX (EDS) BGN \$ 381.7000

30UG (30 MILLION IU) PRE-FILLED SYRINGE

02269201 AVONEX PS (EDS) BGN \$ 381.7000

INTERFERON BETA-1B

SEE APPENDIX G FOR EDS CRITERIA

0.3MG POWDER FOR INJECTION (3ML)

02169649 BETASERON (EDS) BAY \$ 112.6700

KETOTIFEN FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

* 1MG TABLET

02230730 NOVO-KETOTIFEN (EDS) NOP \$ 0.6335

00577308 ZADITEN (EDS) PAL 0.8852

0.2MG/ML SYRUP

02176084 NOVO-KETOTIFEN (EDS) NOP \$ 0.1330

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

LANREOTIDE ACETATE

WHEN BILLING, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.

SEE APPENDIX A FOR EDS CRITERIA

60MG/UNIT SYRINGE

02283395	SOMATULINE AUTOGEL (EDS)	TCI	\$	19.0400
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90MG/UNIT SYRINGE

02283409	SOMATULINE AUTOGEL (EDS)	TCI	\$	16.7800
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120MG/UNIT SYRINGE

02283417	SOMATULINE AUTOGEL (EDS)	TCI	\$	15.6700
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LEFLUNOMIDE

SEE APPENDIX A FOR EDS CRITERIA

* 10MG TABLET

02256495	APO-LEFLUNOMIDE (EDS)	APX	\$	6.0417
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02261251	NOVO-LEFLUNOMIDE (EDS)	NOP		6.0417
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02283964	SANDOZ LEFLUNOMIDE (EDS)	SDZ		6.0417
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02288265	PMS-LEFLUNOMIDE (EDS)	PMS		6.0417
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02319225	MYLAN-LEFLUNOMIDE (EDS)	MYL		6.0417
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02241888	ARAVA (EDS)	AVT		11.4717
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* 20MG TABLET

02256509	APO-LEFLUNOMIDE (EDS)	APX	\$	6.0417
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02261278	NOVO-LEFLUNOMIDE (EDS)	NOP		6.0417
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02283972	SANDOZ LEFLUNOMIDE (EDS)	SDZ		6.0417
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02288273	PMS-LEFLUNOMIDE (EDS)	PMS		6.0417
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02319233	MYLAN-LEFLUNOMIDE (EDS)	MYL		6.0417
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02241889	ARAVA (EDS)	AVT		11.4717
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MARAVIROC

SEE APPENDIX A FOR EDS CRITERIA

150MG TABLET

02299844	CELSENTRI (EDS)	PFI	\$	17.1667
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300MG TABLET

02299852	CELSENTRI (EDS)	PFI	\$	17.1667
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MONTELUKAST SODIUM

SEE APPENDIX A FOR EDS CRITERIA

4MG CHEWABLE TABLET

02243602	SINGULAIR (EDS)	MSD	\$	1.5635
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5MG CHEWABLE TABLET

02238216	SINGULAIR (EDS)	MSD	\$	1.7263
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10MG TABLET

02238217	SINGULAIR (EDS)	MSD	\$	2.5405
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4MG ORAL GRANULE

02247997	SINGULAIR (EDS)	MSD	\$	1.5635
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

MYCOPHENOLATE MOFETIL

SEE APPENDIX A FOR EDS CRITERIA

250MG CAPSULE

02192748 CELLCEPT (EDS) HLR \$ 2.2373

500MG TABLET

02237484 CELLCEPT (EDS) HLR \$ 4.4746

200MG/ML SUSPENSION

02242145 CELLCEPT (EDS) HLR \$ 1.7899

MYCOPHENOLATE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

180MG ENTERIC COATED TABLET

02264560 MYFORTIC (EDS) NVR \$ 2.1675

360MG ENTERIC COATED TABLET

02264579 MYFORTIC (EDS) NVR \$ 4.3287

NATALIZUMAB

SEE APPENDIX G FOR EDS CRITERIA

20MG/ML INJECTION SOLUTION (ML)

02286386 TYSABRI (EDS) BGN \$ 166.4694

OCTREOTIDE

WHEN BILLING LAR FORM, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.

SEE APPENDIX A FOR EDS CRITERIA

* 50UG INJECTION (1ML)

02248639 OCTREOTIDE ACETATE (EDS) OMG \$ 4.3400

00839191 SANDOSTATIN (EDS) NVR 5.4200

* 100UG INJECTION (1ML)

02248640 OCTREOTIDE ACETATE (EDS) OMG \$ 8.1900

00839205 SANDOSTATIN (EDS) NVR 10.2300

* 200UG/ML INJECTION (5ML)

02248642 OCTREOTIDE ACETATE (EDS) OMG \$ 78.6500

02049392 SANDOSTATIN (EDS) NVR 98.3100

* 500UG INJECTION (1ML)

02248641 OCTREOTIDE ACETATE (EDS) OMG \$ 38.4400

00839213 SANDOSTATIN (EDS) NVR 48.0400

10MG/VIAL POWDER FOR INJECTION (MG)

02239323 SANDOSTATIN LAR (EDS) NVR \$ 130.1500

20MG/VIAL POWDER FOR INJECTION (MG)

02239324 SANDOSTATIN LAR (EDS) NVR \$ 83.4900

30MG/VIAL POWDER FOR INJECTION (MG)

02239325 SANDOSTATIN LAR (EDS) NVR \$ 71.0400

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

PAMIDRONATE DISODIUM

SEE APPENDIX A FOR EDS CRITERIA

* 30MG INJECTION

02245998	PMS-PAMIDRONATE (EDS)	PMS	\$	88.3500
02264951	PAMIDRONATE DISODIUM (EDS)	SDZ		88.3500
02244550	PAMIDRONATE DISODIUM (EDS)	HOS		95.8600
02249669	PAM. DISODIUM OMEGA (EDS)	OMG		104.0100
02059762	ARELIA (EDS)	NVR		176.0200

* 60MG INJECTION

02264978	PAMIDRONATE DISODIUM (EDS)	SDZ	\$	176.7000
02244551	PAMIDRONATE DISODIUM (EDS)	HOS		191.7200
02249677	PAM. DISODIUM OMEGA (EDS)	OMG		208.0200

* 90MG INJECTION

02245999	PMS-PAMIDRONATE (EDS)	PMS	\$	265.0500
02264986	PAMIDRONATE DISODIUM (EDS)	SDZ		265.0500
02244552	PAMIDRONATE DISODIUM (EDS)	HOS		286.5000
02249685	PAM. DISODIUM OMEGA (EDS)	OMG		287.5800
02059789	ARELIA (EDS)	NVR		526.6800

PENTOSAN POLYSULFATE SO4

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02029448	ELMIRON (EDS)	JAN	\$	1.7138
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PREGABALIN

SEE APPENDIX A FOR EDS CRITERIA

25MG CAPSULE

02268418	LYRICA (EDS)	PFI	\$	0.8400
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50MG CAPSULE

02268426	LYRICA (EDS)	PFI	\$	1.3178
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75MG CAPSULE

02268434	LYRICA (EDS)	PFI	\$	1.7051
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150MG CAPSULE

02268450	LYRICA (EDS)	PFI	\$	2.3506
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300MG CAPSULE

02268485	LYRICA (EDS)	PFI	\$	2.3506
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QUINAGOLIDE HCL

SEE APPENDIX A FOR EDS CRITERIA

0.075MG TABLET

02223767	NORPROLAC (EDS)	FEI	\$	1.1827
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0.150MG TABLET

02223775	NORPROLAC (EDS)	FEI	\$	1.7686
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

RANIBIZUMAB

WHEN BILLING, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.

SEE APPENDIX A FOR EDS CRITERIA

10MG/ML INJECTION SOLUTION (MCG)

02296810	LUCENTIS (EDS)	NVR	\$	0.7022
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RIFABUTIN

SEE APPENDIX A FOR EDS CRITERIA

150MG CAPSULE

02063786	MYCOBUTIN (EDS)	PFI	\$	4.4008
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RISEDRONATE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02242518	ACTONEL (EDS)	PGA	\$	1.9764
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30MG TABLET

02239146	ACTONEL (EDS)	PGA	\$	12.8030
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35MG TABLET

02246896	ACTONEL (EDS)	PGA	\$	11.0670
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75MG TABLET

02297787	ACTONEL (EDS)	PGA	\$	21.2118
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150MG TABLET

02316838	ACTONEL (EDS)	PGA	\$	51.3748
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RITUXIMAB

SEE APPENDIX A FOR EDS CRITERIA

10MG/ML INJECTION SOLUTION (ML)

02241927	RITUXAN (EDS)	HLR	\$	47.3100
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SEVELAMER HCL

SEE APPENDIX A FOR EDS CRITERIA

800MG TABLET

02244310	RENAGEL (EDS)	GZY	\$	1.7282
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SIROLIMUS

SEE APPENDIX A FOR EDS CRITERIA

1MG/ML ORAL SOLUTION

02243237	RAPAMUNE (EDS)	WYA	\$	8.4956
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1MG TABLET

02247111	RAPAMUNE (EDS)	WYA	\$	8.0524
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM CROMOGLYCATE

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

00500895 NALCROM (EDS) AVT \$ 1.5276

* 10MG/ML INHALATION SOLUTION (2ML)

02046113 PMS-SODIUM CROMOGLYCATE PMS \$ 0.5342

02145448 DOM-SODIUM CROMOGLYCATE DOM 0.5610

TACROLIMUS

SEE APPENDIX A FOR EDS CRITERIA

0.5MG CAPSULE

02243144 PROGRAF (EDS) APC \$ 2.1375

1MG CAPSULE

02175991 PROGRAF (EDS) APC \$ 2.7342

5MG CAPSULE

02175983 PROGRAF (EDS) APC \$ 13.0200

5MG/ML AMPOULE

02176009 PROGRAF (EDS) APC \$ 128.5000

0.5MG EXTENDED RELEASE CAPSULE

02296462 ADVAGRAF (EDS) APC \$ 2.1375

1MG EXTENDED RELEASE CAPSULE

02296470 ADVAGRAF (EDS) APC \$ 2.7342

5MG EXTENDED RELEASE CAPSULE

02296489 ADVAGRAF (EDS) APC \$ 13.4200

TAMSULOSIN HCL

* 0.4MG SUSTAINED RELEASE CAPSULE

02281392 NOVO-TAMSULOSIN NOP \$ 0.6000

02294265 RATIO-TAMSULOSIN RPH 0.6000

02294885 RAN-TAMSULOSIN RAN 0.6000

02295121 SANDOZ TAMSULOSIN SDZ 0.6000

02298570 MYLAN-TAMSULOSIN MYL 0.6000

0.4MG CONTROLLED RELEASE TABLET

02270102 FLOMAX CR BOE \$ 0.6510

TETRABENAZINE

25MG TABLET

02199270 NITOMAN BVL \$ 6.7225

TRIMEPRAZINE TARTRATE

2.5MG TABLET

01926306 PANECTYL ERF \$ 0.3668

5MG TABLET

01926292 PANECTYL ERF \$ 0.4498

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

USTEKINUMAB

WHEN BILLING, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.

SEE APPENDIX A FOR EDS CRITERIA

45MG/0.5ML INJECTION SOLUTION (MG)

02320673 STELARA (EDS) JAN \$ 94.2300

ZAFIRLUKAST

SEE APPENDIX A FOR EDS CRITERIA

20MG TABLET

02236606 ACCOLATE (EDS) AST \$ 0.7822

ZOLEDRONIC ACID

SEE APPENDIX A FOR EDS CRITERIA

5MG/100ML INJECTION SOLUTION (VIAL)

02269198 ACLASTA (EDS) NVR \$ 710.8000



DIABETIC SUPPLIES
94:00



94:00 DIABETIC SUPPLIES

94:00.00 DIABETIC SUPPLIES

NOTE: SOME OF THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR BILLING PURPOSES ONLY.

ISOPROPYL ALCOHOL

70% SWAB

00795232	WEBCOL ALCOHOL PREP	TYC	\$	0.0095
00480452	ALCOHOL PREP	NHP		0.0163
02240759	BD ALCOHOL SWAB	BDC		0.0184

LANCET

LANCET

97799810	MPD THIN	MPD	\$	0.0396
97799807	MPD ULTRA THIN	MPD		0.0407
00977659	BD ULTRA FINE II LANCET	BDC		0.0522
00950913	EQUATE THIN	MPD		0.0593
00906190	PRECISION THIN	ABC		0.0608
99401063	FREESTYLE	ABC		0.0608
97799767	ITEST 33G ULTRATHIN	ACM		0.0646
00950914	EQUATE ULTRATHIN	MPD		0.0649
00906239	MICROLET	BAY		0.0690
00901359	ONE TOUCH ULTRA SOFT	LSN		0.0706
00977853	LIFESCAN FINE POINT	LSN		0.0706
97799540	EZ HEALTH ORACLE	THI		0.0747
97799766	ITEST 28G SAFETY LANCET	ACM		0.0754
00950958	MPD LANCET	MPD		0.0824
00000165	SOFTCLIX	ROC		0.0836
00950927	BD ULTRAFINE 33	BDC		0.0859
00950944	ACCU-CHEK MULTICLIX	ROC		0.1012
00995965	GLUCOLET FINGERSTIX	BAY		0.1377
00950915	SOFTCLIX PRO	ROC		0.1411

NEEDLE

28G NEEDLE

99221028	NOVOFINE 12MM	NOO	\$	0.3249
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29G NEEDLE

00964344	UNIFINE 12MM	ACM	\$	0.1823
97799561	STANDARD 29 12.7MM	PMS		0.2440
00977101	BD ULTRA FINE 12.7MM	BDC		0.2864

30G NEEDLE

00908169	NOVOFINE 8MM	NOO	\$	0.3249
99117796	NOVOFINE 6MM	NOO		0.3249

31G NEEDLE

00964220	UNIFINE 8MM	ACM	\$	0.2056
00964271	UNIFINE 6MM	ACM		0.2056
97799562	MICRO 31 8MM	PMS		0.2440
97799563	MICRO 31 5MM	PMS		0.2440
00977011	BD ULTRAFINE 5MM, 8MM	BDC		0.2864

32G NEEDLE

97799764	NOVOFINE ETW 32G	NOO	\$	0.3350
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94:00 DIABETIC SUPPLIES

94:00.00 DIABETIC SUPPLIES

SYRINGE

☒ 0.3CC SYRINGE

00964018	ULTICARE 29G	ACM	\$	0.2149
00964174	ULTICARE 30G	ACM		0.2257
00977951	MONOJECT ULTRACOMFORT 29G	TYC		0.2386
99254011	MONOJECT ULTRACOMFORT 30G	TYC		0.2386
00920193	BD ULTRA FINE-29G	BDC		0.3195
00950959	BD ULTRAFINE 11 1/2 U 31G	BDC		0.3195

☒ 0.5CC SYRINGE

00963941	ULTICARE 29G	ACM	\$	0.2149
00964115	ULTICARE 30G	ACM		0.2257
00920355	MONOJECT ULTRACOMFORT 30G	TYC		0.2386
99432799	MONOJECT ULTRACOMFORT 29G	TYC		0.2386
00920207	BD ULTRA FINE-29G	BDC		0.3195
97799885	BD ULTRAFINE 11 1/2U 30G	BDC		0.3195

☒ 1CC SYRINGE

00963895	ULTICARE 29G	ACM	\$	0.2149
00964069	ULTICARE 30G	ACM		0.2257
00920045	MONOJECT ULTRACOMFORT 30G	TYC		0.2386
99433383	MONOJECT ULTRACOMFORT 29G	TYC		0.2386
00909238	BD ULTRAFINE II SHORT-30G	BDC		0.3195
00920215	BD ULTRAFINE-29G	BDC		0.3195

94:00.00 INSULIN PUMP SUPPLIES

**NOTE: THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION
HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR BILLING
PURPOSES ONLY.**

CARTRIDGE/RESERVOIR

1.8ML SYRINGE RESERVOIR

97799707	PARADIGM RESERVOIR (EDS)	MOC	\$	4.3500
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2.0ML CARTRIDGE

00951039	ANIMAS CARTRIDGE (EDS)	ANC	\$	6.3710
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☒ 3.0ML RESERVOIR/CARTRIDGE

97799706	PARADIGM RESERVOIR (EDS)	MOC	\$	4.3500
00951010	COZMO CARTRIDGE (EDS)	ACM		5.0000
00951040	ANIMAS CARTRIDGE (EDS)	ANC		6.3710

3.15ML PLASTIC CARTRIDGE

00950971	ACCU-CHEK SPIRIT (EDS)	DIS	\$	3.8000
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INFUSION SET

☒ 6MM CANNULA/23" TUBING

00951042	CONTACT DETACH (EDS)	ANC	\$	19.5000
00951043	INSET 11 (EDS)	ANC		19.5000
97799744	PARADIGM QUICK-SET (EDS)	MOC		20.5000

94:00 DIABETIC SUPPLIES

94:00.00 INSULIN PUMP SUPPLIES

☒ 6MM CANNULA/24" TUBING			
00950973	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00951012	CONTACT DETACH (EDS)	ACM	15.5000
00951015	CLEO 90 (EDS)	ACM	16.8750
00951014	THINSET 90 (EDS)	ACM	17.5000
97799732	PARADIGM SOF-SET MICRO (EDS)	MOC	19.2000
☒ 6MM CANNULA/31" TUBING			
00950974	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00951016	CLEO 90 (EDS)	ACM	16.8750
☒ 6MM CANNULA/42" TUBING			
00951019	CLEO 90 (EDS)	ACM	\$ 16.8750
00951018	THINSET 90 (EDS)	ACM	17.5000
97799733	PARADIGM SOF-SET MICRO (EDS)	MOC	19.2000
☒ 6MM CANNULA/43" TUBING			
00950975	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00951044	INSET 11 (EDS)	ANC	19.5000
97799743	PARADIGM QUICK-SET (EDS)	MOC	20.5000
☒ 8MM CANNULA/24" TUBING			
00950976	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00950983	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
00950982	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒ 8MM CANNULA/31" TUBING			
00950977	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00950985	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
00950984	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒ 8MM CANNULA/43" TUBING			
00950978	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
00950987	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
00950986	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒ 9MM CANNULA/23" TUBING			
00951045	INSET 11 (EDS)	ANC	\$ 19.5000
97799742	PARADIGM QUICK-SET (EDS)	MOC	20.5000
☒ 9MM CANNULA/24" TUBING			
00951021	CLEO 90 (EDS)	ACM	\$ 16.8750
00951020	THINSET 90 (EDS)	ACM	17.5000
97799734	PARADIGM SOF-SET QR (EDS)	MOC	19.0000
9MM CANNULA/31" TUBING			
00951022	CLEO 90 (EDS)	ACM	\$ 16.8750
☒ 9MM CANNULA/42" TUBING			
00951024	CLEO 90 (EDS)	ACM	\$ 16.8750
00951023	THINSET 90 (EDS)	ACM	17.5000
97799735	PARADIGM SOF-SET QR (EDS)	MOC	19.0000
☒ 9MM CANNULA/43" TUBING			
00951046	INSET 11 (EDS)	ANC	\$ 19.5000
97799741	PARADIGM QUICK-SET (EDS)	MOC	20.5000

94:00 DIABETIC SUPPLIES

94:00.00 INSULIN PUMP SUPPLIES

☒	10MM CANNULA/24" TUBING			
	00950979	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
	00950989	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
	00950988	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒	10MM CANNULA/31" TUBING			
	00950980	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
	00950991	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
	00950990	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒	10MM CANNULA/43" TUBING			
	00950981	ACCU-CHEK RAPID D (EDS)	DIS	\$ 11.6700
	00950993	ACCU-CHEK ULTRAFLEX 2 (EDS)	DIS	14.5000
	00950992	ACCU-CHEK ULTRAFLEX 1 (EDS)	DIS	17.5000
☒	13MM CANNULA/23" TUBING			
	00951048	COMFORT SHORT COMBO (EDS)	ANC	\$ 14.9750
	00951047	COMFORT SHORT ANGLED (EDS)	ANC	19.1250
	00951060	INSET 30 (EDS)	ANC	19.5000
	97799716	PARADIGM SIL. FULL (EDS)	MOC	20.5000
☒	13MM CANNULA/24" TUBING			
	00951026	COMFORT SHORT COMBO (EDS)	ACM	\$ 14.2500
	00950995	ACCU-CHEK 2 MINI (EDS)	DIS	14.5000
	00951025	COMFORT SHORT (EDS)	ACM	16.5000
	00950994	ACCU-CHEK 1 MINI (EDS)	DIS	17.5000
☒	13MM CANNULA/31" TUBING			
	00950997	ACCU-CHEK 2 MINI (EDS)	DIS	\$ 11.6000
	00951028	COMFORT SHORT COMBO (EDS)	ACM	14.2500
	00951027	COMFORT SHORT (EDS)	ACM	16.5000
	00950996	ACCU-CHEK 1 MINI (EDS)	DIS	17.5000
☒	13MM CANNULA/42" TUBING			
	00951030	COMFORT SHORT COMBO (EDS)	ACM	\$ 14.2500
	00951029	COMFORT SHORT (EDS)	ACM	16.5000
☒	13MM CANNULA/43" TUBING			
	00950999	ACCU-CHEK 2 MINI (EDS)	DIS	\$ 14.5000
	00951050	COMFORT SHORT COMBO (EDS)	ANC	14.9750
	00950998	ACCU-CHEK 1 MINI (EDS)	DIS	17.5000
	00951049	COMFORT SHORT ANGLED (EDS)	ANC	19.1250
	00951061	INSET 30 (EDS)	ANC	19.5000
	97799715	PARADIGM SIL. FULL (EDS)	MOC	20.5000
	13MM CANNULA			
	00951031	COMFORT SHORT (EDS)	ACM	\$ 12.2500
☒	17MM CANNULA/23" TUBING			
	00951052	COMFORT ANGLED COMBO (EDS)	ANC	\$ 13.9950
	00951051	COMFORT ANGLED (EDS)	ANC	17.8750
	97799718	PARADIGM SIL. FULL (EDS)	MOC	20.5000

94:00 DIABETIC SUPPLIES

94:00.00 INSULIN PUMP SUPPLIES

☒ 17MM CANNULA/24" TUBING				
00951033	COMFORT COMBO (EDS)	ACM	\$	13.7500
00951001	ACCU-CHEK TENDER 2 (EDS)	DIS		14.5000
00951032	COMFORT (EDS)	ACM		16.5000
00951000	ACCU-CHEK TENDER 1 (EDS)	DIS		17.5000
☒ 17MM CANNULA/31" TUBING				
00951035	COMFORT COMBO (EDS)	ACM	\$	13.7500
00951003	ACCU-CHEK TENDER 2 (EDS)	DIS		14.5000
00951034	COMFORT (EDS)	ACM		16.5000
00951002	ACCU-CHEK TENDER 1 (EDS)	DIS		17.5000
☒ 17MM CANNULA/42" TUBING				
00951037	COMFORT COMBO (EDS)	ACM	\$	13.7500
00951036	COMFORT (EDS)	ACM		16.5000
☒ 17MM CANNULA/43" TUBING				
00951054	COMFORT ANGLED COMBO (EDS)	ANC	\$	13.9950
00951005	ACCU-CHEK TENDER 2 (EDS)	DIS		14.5000
00951004	ACCU-CHEK TENDER 1 (EDS)	DIS		17.5000
00951053	COMFORT ANGLED (EDS)	ANC		17.8750
97799719	PARADIGM SIL. FULL (EDS)	MOC		20.5000
17MM CANNULA				
00951038	COMFORT (EDS)	ACM	\$	12.2500
24" QUICK RELEASE				
97799721	PARADIGM POLYFIN (EDS)	MOC	\$	6.8000
42" QUICK RELEASE				
97799722	PARADIGM POLYFIN (EDS)	MOC	\$	6.8000
DISPOSABLE INFUSION SET				
97799694	PARADIGM SURE-T (EDS)	MOC	\$	16.8000

INSERTION DEVICE

☒ INSERTER				
00950970	ACCU-CHEK LINKASSIST (EDS)	DIS	\$	28.0000
00951006	SEN-SERTER (EDS)	MOC		36.7500
00951007	PARADIGM QUICK-SERTER (EDS)	MOC		36.7500
00951008	SIL-SERTER (EDS)	MOC		36.7500
00951009	SOF-SERTER (EDS)	MOC		36.7500

SKIN PREPARATION

☒ SKIN PREPARATION				
00950972	IV SKIN PREPARATION (EDS)	DIS	\$	0.2400
00951011	IV SKIN PREPARATION (EDS)	ACM		0.3790
00951072	IV SKIN PREPARATION (EDS)	MOC		0.3798
00951041	ADHESIVE WIPES (EDS)	ANC		0.5190



APPENDICES

- APPENDIX A - EXCEPTION DRUG STATUS PROGRAM**
- APPENDIX B - ONLINE ADJUDICATION**
- APPENDIX C - SPECIAL COVERAGES**
- APPENDIX D - CODES FOR PHARMACY ONLINE CLAIMS
PROCESSING**
- APPENDIX E - MAINTENANCE DRUG SCHEDULE**
- APPENDIX F - TRIAL PRESCRIPTION PROGRAM
MEDICATION LIST**
- APPENDIX G - SASKATCHEWAN MS DRUGS PROGRAM**
- APPENDIX H - PHARMACEUTICAL MANUFACTURERS LIST**
- APPENDIX I - MAXIMUM ALLOWABLE COST (MAC) POLICY**

APPENDIX A

EXCEPTION DRUG STATUS PROGRAM

NOTES REGARDING THE EXCEPTION DRUG STATUS (EDS) PROGRAM

- Duly licensed practitioners prescribing within their scope of practice (or authorized office staff) may apply for EDS.
- Requests can be submitted by telephone, by mail or by fax. A toll-free line with an electronic message system is available **exclusively** for requests on a 24-hour basis. The telephone number to access this line is **1-800-667-2549**; the Drug Plan EDS Unit fax number is **(306) 798-1089**.
- Patients are notified by letter if coverage has been approved and the time period for which coverage has been approved.
- If a request has been denied, letters are sent to the patient and prescriber notifying them of the reason for the denial. In most cases, the Drug Plan requires more information to determine the patient's eligibility for coverage, and will reconsider coverage at such time as further information is received.
- If the drug requested is not a benefit under the Drug Plan, the patient and prescriber are notified. Payment for the medication is the responsibility of the patient in these cases. It is important to note that not all medications currently available on the market in Canada are benefits under the Saskatchewan Drug Plan or under the Exception Drug Status Program of the Drug Plan.
- The majority of EDS requests are routinely backdated **30 days** from the time the Drug Plan receives the request. Provision can be made for further backdating of EDS coverage on a case-by-case basis by staff in the Operations Unit. However, there is no provision or backdating further than one year from the current date. Requests for backdating can be made by a health professional or the patient. Patients are expected to meet EDS criteria within the dates requested.
- Saskatchewan Prescription Drug Plan policy does not allow a fee to be charged to clients for Exception Drug Status applications made to the Drug Plan on the client's behalf.
- See *NOTES CONCERNING THE FORMULARY*, pages x-xv for additional general information regarding Exception Drug Status coverage.
- Coverage may be provided for other products in certain instances.

REQUIREMENTS FOR REVIEW OF DRUGS FOR NON-APPROVED INDICATIONS

On rare occasions drugs are required for non-approved indications on a case by case basis. In order to conduct a timely review of these requests the drug review committee requests the following information be provided by the prescriber:

- the disease or problem being treated
- list of previous therapies tried and the response achieved
- other non-exception options available and why not appropriate
- name of the drug being requested
- clinical evidence to strongly support the use of the drug for the condition being treated
- outcome measures that will be followed to assess the effect of the drug
- dose of the drug and length of time to be used

CRITERIA FOR COVERAGE UNDER EXCEPTION DRUG STATUS

Following are the criteria for coverage of certain drugs under Exception Drug Status. Professional staff at the Drug Plan can provide further information.

The following information is required to process all Exception Drug Status requests:

- **Patient name; patient Health Services Number (9 digits); name of drug; diagnosis* relevant to use of drug; prescriber name and phone number.**

*For pharmacist-initiated EDS requests:

The diagnosis, which must be obtained from the physician or physician's agent, is to be consistently documented within the pharmacy, whether the documentation is on the original prescription, computer file, or EDS fax form.

abacavir SO₄, oral solution, 20mg/mL; tablet, 300mg (Ziagen-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

abacavir SO₄/lamivudine, tablet, 600mg/300mg (Kivexa-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

abacavir SO₄/lamivudine/zidovudine, tablet, 300mg/150mg/300mg (Trizivir-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

abatacept, powder for solution, 250mg/vial (Orencia-BMY)

- (a) For treatment of severely active rheumatoid arthritis when used in combination with DMARDs (unless these agents are contraindicated) in patients who have failed to respond to an adequate trial of an anti-TNF agent. This drug should NOT be used in combination with anti-TNF agents.
- (b) For treatment of juvenile idiopathic arthritis in children who are intolerant to, or have not had an adequate response from etanercept. Initial treatment should be limited to a maximum of 16 weeks. Retreatment should only be permitted for children who had an adequate initial treatment response and subsequently experience a disease flare.

Accel Pioglitazone - see pioglitazone

Accolate - see zafirlukast

acitretin, capsule, 10mg, 25mg (Soriatane-HLR)

For treatment of:

- (a) Severe intractable psoriasis
 - (b) Darier's disease
 - (c) Ichthyosiform dermatoses
 - (d) Palmoplantar pustulosis
- and other disorders of keratinization.

Aclasta - see zoledronic acid

Actonel - see risedronate sodium

Actos - see pioglitazone HCl

Acular - see ketorolac tromethamine

adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABB); pre-filled pen, 40mg/0.8mL (Humira Pen-ABB)

For treatment of:

- (a) active rheumatoid arthritis in patients who have failed methotrexate and leflunomide.

- (b) active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.
- (c) psoriatic arthritis in patients who have failed methotrexate and one other DMARD.
- (d) psoriatic arthritis in patients who are intolerant to methotrexate and one other DMARD.

Note: Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in this area. Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.

- (e) For treatment of ankylosing spondylitis (A.S.) according to the following criteria:
 - 1) For patients who have already been treated conventionally with two or more NSAIDs taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control. AND
 - 2) Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment. AND
 - 3) Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units AND a reduction of ≥ 2 cm in the spinal pain VAS.

NOTE:

Coverage will not be provided when a patient switches to another anti-TNF agent if the patient fails to respond or if there is loss of response to the first agent. Requests for coverage for this indication must be made by a rheumatologist.

A second application would also be required after 12 weeks to assess and would need to show an improvement to the patient's condition on either of these medications. Please refer to the Formulary website for the application form.

- (f) Crohn's disease as follows:

Initially for a 6 month period: For the treatment of moderate to severely active Crohn's disease in patients refractory to or with contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy. Eligible patients should receive an induction dose of 160mg followed by 80mg two weeks later. Clinical response to adalimumab should be assessed four weeks after the first induction dose, using criteria such as a 100 point reduction in the Crohn's Disease Activity Index (CDAI).

Ongoing coverage: Adalimumab maintenance therapy should only be provided for responders, as noted above, and for a dose not exceeding 40mg every two weeks. Patients undergoing this treatment should be reviewed every 6 months by a specialist.

- (g) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
 - i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; **AND**
 - ii) failure to respond to, intolerant to or unable to access phototherapy.

Coverage will be approved initially for the induction phase of up to 16 weeks. Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in this area.

adefovir dipivoxil, tablet, 10mg (Hepsera-GSI)

For treatment of hepatitis B 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 a interval of at least 1 month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

Advagraf - see tacrolimus

Advair - see salmeterol xinafoate/fluticasone propionate

Advair Diskus - see salmeterol xinafoate/fluticasone propionate

Aggrenox - see dipyridamole/acetylsalicylic acid
Aldara - see imiquimod

alendronate sodium, oral solution, 70mg/75mL (Fosamax-MSD)

For treatment of osteoporosis in patients with the inability to swallow.

***alendronate sodium, tablet, 10mg (Fosamax-MSD) (Apo-Alendronate-APX) (Novo-Alendronate-NOP) (Mylan-Alendronate-MYL) (Sandoz Alendronate-SDZ); tablet, 70mg (Fosamax-MSD) (CO Alendronate-COB) (pms-Alendronate-PMS) (Apo-Alendronate-APX) (Novo-Alendronate-NOP) (ratio-Alendronate-RPH) (Mylan-Alendronate-MYL) (Dom-Alendronate-DOM) (pms-Alendronate-FC-PMS)**

For treatment of:

- (a) Osteoporosis in patients unresponsive to etidronate disodium/calcium (Didrocal) after receiving it for one year.
- (b) Osteoporosis in patients intolerant to etidronate disodium/calcium (Didrocal).
- (c) Osteoporosis in patients with pre-existing and/or recent fractures, and:
- (d) Glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

***alendronate sodium, tablet, 40mg (Fosamax-MSD) (CO Alendronate-COB)**

For treatment of symptomatic Paget's disease of the bone.

alendronate sodium/vitamin D3 (cholecalciferol), tablet, 70mg/5600IU (Fosavance-MSD)

For treatment of osteoporosis.

Alertec - see modafinil

alfacalcidol, capsule, 0.25ug, 1ug; oral drops, 2ug/mL (One-Alpha-LEO)

For management of:

- (a) Hypocalcemia in chronic renal disease patients prior to initiation of dialysis.
- (b) Osteodystrophy in chronic renal disease patients prior to initiation of dialysis.

Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.

alglucosidase alfa, powder for solution, 50mg/vial (Myozyme-GZY)

For patients with infantile onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

The Committee approved the following monitoring and withdrawal criteria, which received approval from the Canadian Expert Drug Advisory Committee (CEDAC):

The *monitoring* of markers of disease severity and response to treatment must include at least:

- Weight, length and head circumference.
- Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
- Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
- Periodic consultation with cardiology.
- Periodic consultation with respiratory.

Withdrawal of therapy:

- Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
- The development of the need for continuing invasive ventilatory support after the initiation of enzyme-replacement therapy (ERT) should be

considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.

- Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than $Z=1$ unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

almotriptan malate, tablet, 6.25mg, 12.5mg (Axert-JAN)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Amatine - see midodrine HCl

ambrisentan , tablet, 5mg, 10mg (Volibris-GSK)

For the treatment of pulmonary arterial hypertension, on the recommendation of a specialist.

Amerge - see naratriptan HCl

amoxicillin trihydrate/potassium clavulanate, oral suspension, 40mg/5.3mg/mL (Clavulin-GXK)

*oral suspension, 80mg/11.4mg/mL (Clavulin-GSK) (Apo-Amoxi Clav-APX)

*oral suspension, 25mg/6.25mg (Apo-Amoxi Clav-APX); 50mg/12.5mg/mL (Clavulin-GSK) (Apo-Amoxi Clav-APX);

*tablet, 250mg/125mg, 500mg/125mg (Clavulin-GSK) (Apo-Amoxi Clav-APX)

*tablet, 875mg/125mg (Clavulin-GSK) (Apo-Amoxi Clav-APX)

(Novo-Clavamoxin-NOP) (ratio-Aclavulante-RPH)

For treatment of:

- (a) Upper and lower respiratory tract infections in patients unresponsive to first-line antibiotics.
- (b) Infections caused by organisms known to be resistant or unresponsive to alternative antibiotics.
- (c) Infections in patients allergic to alternative antibiotics.
- (d) Respiratory tract infections in nursing home patients.
- (e) Pneumonia in patients in the community with comorbidity e.g. chronic underlying lung disease (excluding asthma), diabetes mellitus, renal insufficiency, heart failure, stroke.
- (f) Infections in patients with neutropenia.
- (g) Pneumonia caused by aspiration.
- (h) For human, cat and dog bites.
- (i) Diabetic foot infections, and:
- (j) For completion of treatment initiated in hospital.

anakinra, subcutaneous injection (pre-filled syringe), 100mg/0.67mL (Kineret-AMG)

For treatment of:

- (a) Active rheumatoid arthritis in patients who have failed methotrexate and leflunomide.
- (b) Active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.
(Note - exceptions can be considered in cases where methotrexate or leflunomide are contraindicated). *This product should be used in consultation with a specialist in this area.*

Note: Coverage will not be provided when used in combination with TNF blocking agents (i.e. adalimumab, etanercept and infliximab) due to the significantly higher risk of adverse events. Treatment should be combined with an immunosuppressant.

Androcur - see cyproterone acetate

Apidra - see insulin glulisine
 Apo-Alendronate - see alendronate sodium
 Apo-Amoxi Clav - see amoxicillin trihydrate/potassium clavulanate
 Apo-Calcitonin - see calcitonin salmon
 Apo-Carvedilol - see carvedilol
 Apo-Cefprozil - see cefprozil
 Apo-Cefuroxime - see cefuroxime axetil
 Apo-Ciproflox - see ciprofloxacin
 Apo-Clarithromycin - see clarithromycin
 Apo-Clonidine - see clonidine HCl
 Apo-Clozapine - see clozapine
 Apo-Cyclobenzaprine - see cyclobenzaprine HCl
 Apo-Cyproterone - see cyproterone
 Apo-Desmopressin - see desmopressin
 Apo-Etodolac - see etodolac
 Apo-Fluconazole - see fluconazole
 Apo-Flunarizine - see flunarizine
 Apo-Ketoconazole - see ketoconazole
 Apo-Ketorolac - see ketorolac tromethamine
 Apo-Lactulose - see lactulose
 Apo-Lansoprazole - see lansoprazole
 Apo-Leflunomide - see leflunomide
 Apo-Levofloxacin - see levofloxacin
 Apo-Megestrol - see megestrol acetate tablet
 Apo-Meloxicam - see meloxicam
 Apo-Midodrine - see midodrine HCl
 Apo-Minocycline - see minocycline HCl
 Apo-Modafinil - see modafinil
 Apo-Nabumetone - see nabumetone
 Apo-Norflox - see norfloxacin
 Apo-Ofloxacin - see ofloxacin
 Apo-Olanzapine - see olanzapine
 Apo-Omeprazole - see omeprazole
 Apo-Oxcarbazepine - see oxcarbazepine
 Apo-Pantoprazole - see pantoprazole sodium
 Apo-Pioglitazone - see pioglitazone HCl
 Apo-Raloxifene - see raloxifene HCl
 Apo-Selegiline - see selegiline HCl
 Apo-Sumatriptan - see sumatriptan
 Apo-Ticlopidine - see ticlopidine HCl
 Apo-Tizanidine - see tizanidine HCl
 Apo-Zidovudine - zidovudine
 Aptivus - see tipranavir
 Aranesp - see darbepoetin alfa
 Arava - see leflunomide
 Aredia - see pamidronate
 Aricept - see donepezil HCl
 Aristospan - see triamcinolone/hexacetonide

atazanavir SO₄, capsule, 150mg, 200mg, 300mg (Reyataz-BMY)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

atomoxetine HCl, capsule, 10mg, 18mg, 25mg, 40mg, 60mg (Strattera-LIL)

For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who meet all of the following criteria:

- Has failed or is intolerant to treatment with methylphenidate and an amphetamine.

- Treatment with Strattera must be recommended by or in consultation with a specialist in psychiatry, pediatrics or a general practitioner with expertise in ADHD.
- Evidence of benefit from a one month trial with Strattera.

atovaquone, suspension, 150mg/mL (Mepron-GSK)

For treatment of *Pneumocystis carinii* pneumonia (PCP) in patients intolerant to trimethoprim/sulfamethoxazole.

Atripla - see efavirenz/emtricitabine/tenofovir disoproxil fumarate

Avandamet - see rosiglitazone maleate/metformin HCl

Avandia - see rosiglitazone maleate

Avelox - see moxifloxacin HCl

Avonex - see Appendix G

Avonex PS - see Appendix G

Axert - see almotriptan malate

***azithromycin, tablet, 250mg (Zithromax-PFI) (Apo-Azithromycin-APX) (Novo-Azithromycin-NOP) (CO Azithromycin-COB) (pms-Azithromycin-PMS) (Sandoz Azithromycin-SDZ) (ratio-Azithromycin-RPH) (Mylan-Azithromycin-MYL) (Dom-Azithromycin-DOM); *oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI) (pms-Azithromycin-PMS) (Novo-Azithromycin-NOP) (Sandoz Azithromycin-SDZ)**

For treatment of:

- Pneumonia.
- Upper and lower respiratory tract bacterial infections known to be resistant or unresponsive to alternative antibiotics.
- Infections in patients allergic to alternative antibiotics.
- Infection (and prophylaxis) in patients with non-tuberculous Mycobacterium.
- Chlamydia trachomatis* infections, and:
- For completion of treatment initiated in hospital with macrolides or quinolones.
- For patients intolerant to erythromycin and/or other antibiotics.

***azithromycin, tablet, 600mg (Zithromax-PFI) (CO Azithromycin-COB) (pms-Azithromycin-PMS) (Dom-Azithromycin-DOM)**

For treatment and prophylaxis in patients with non-tuberculous Mycobacterium.

baclofen, injection, 0.05mg/mL, 0.5mg/mL, 2mg/mL (Lioresal Intrathecal-NVR)

For treatment of:

- Severe spastic conditions in patients unresponsive to oral baclofen.
- Severe spastic conditions in patients intolerant to oral baclofen.

Baraclude - see entecavir

Betaseron - see Appendix G

bezafibrate, tablet, 200mg (pms-Bezafibrate-PMS); sustained release tablet, 400mg (Bezalip SR-HLR)

For treatment of:

- Hyperlipidemia in patients unresponsive to gemfibrozil or fenofibrate.
- Hyperlipidemia in patients who have experienced side effects with gemfibrozil or fenofibrate.

Bezalip SR - see bezafibrate

Biaxin - see clarithromycin

Biaxin XL - see clarithromycin

bosentan, tablet, 62.5mg, 125mg (Tracleer-ACT)

For treatment of pulmonary arterial hypertension on the recommendation of a specialist.

Botox - see botulinum toxin type A

botulinum toxin type A, injection, 100IU/vial (Botox-ALL)

For treatment of:

- (a) Eye dystonias, that is, blepharospasm and strabismus.
- (b) Cervical dystonia, that is, torticollis.
- (c) Other forms of severe spasticity.
- (d) Hyperhidrosis of the axilla.
- (e) Children with non-neurologic functional outflow obstruction due to external sphincter over-activity who are not candidates for or who have not responded to other options.
- (f) Spinal cord injury patients with chronic urinary retention who are not candidates for or who have not responded to other options.
- (g) Severe neurogenic bladder dysfunction in patients who have failed treatment with two anticholinergic drugs, who are unable to take these drugs because of adverse effects, who have definite evidence of detrusor hyperactivity on cystometrogram done by a qualified urodynamicist.

Note: This criteria does not apply to patients with multiple sclerosis.

budesonide, controlled ileal release capsule, 3mg (Entocort-AST)

- (a) For treatment of mild to moderate Crohn's Disease affecting the ileum and/or ascending colon. *Coverage will be provided for up to 8 weeks.*
- (b) Maintenance treatment in Crohn's Disease will be approved for patients unresponsive or intolerant to other agents.

bumetanide, tablet, 1mg, 2mg, 5mg (Burinex-LEO)

For treatment of patients intolerant to furosemide.

buprenorphine/naloxone, sublingual tablet, 2mg/0.5, 8mg/2mg (Suboxone-SPC)

For treatment of opioid dependency in patients for whom methadone is contraindicated, (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone).

***bupropion HCl, SR tablet, 100mg, (Sandoz Bupropion SR-SDZ) (ratio-Bupropion SR-RPH); tablet, 150mg, (Wellbutrin SR-VL) (Sandoz Bupropion SR-SDZ) (ratio-Bupropion SR-RPH) (pms-Bupropion SR-PMS); extended-release tablet, 150mg, 300mg (Wellbutrin XL-BVL)**

For treatment of depression.

Burinex - see bumetanide

buserelin acetate, intranasal solution, 1.05mg/mL; injection, 1.05mg/mL (Suprefact-HRU)

For treatment of:

- (a) Endometriosis. *(Coverage may be repeated after a six month lapse, for another 6 month course).*
- (b) Menorrhagia in preparation for endometrial ablation, and:
- (c) For pre-treatment of uterine fibroids prior to surgical removal.

***cabergoline, tablet, 0.5mg (Dostinex-PFI) (CO Cabergoline-COB)**

For treatment of:

- (a) Hyperprolactinemic disorders in patients unresponsive to bromocriptine.
- (b) Hyperprolactinemic disorders in patients intolerant to bromocriptine.

Calcimar - see calcitonin salmon

**calcitonin salmon, injection, 100IU/mL (Caltine-FEI);
*injection, 200IU/mL (Calcimar-AVT) (Apo-Calcitonin-APX)**

For treatment of:

- (a) Osteoporosis with bone pain due to crush fracture. *Coverage will be provided for a maximum of 3 months.*
- (b) Osteogenesis imperfecta, and:
- (c) For symptomatic treatment of Paget's disease of the bone.

***calcitonin salmon, nasal spray, 200IU/dose (Miacalcin-NVR)
(Apo-Calcitonin-APX) (Sandoz Calcitonin NS-SDZ)**

For treatment of:

- (a) Osteoporosis in patients intolerant to listed bisphosphonates.
- (b) Osteoporosis in patients unresponsive to listed bisphosphonates after treatment for one year, and:
- (c) Osteoporosis with bone pain due to crush fracture. *Coverage will be provided for a maximum of 3 months as an alternative to the subcutaneous dosage form.*

calcitriol, capsule, 0.25ug, 0.5ug; oral solution, 1ug/mL (Rocaltrol-HLR)

- (a) For management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing renal dialysis. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (SAIL) Program. Exception Drug Status coverage is NOT required for SAIL patients.*
- (b) For management of hypocalcemia and clinical manifestations associated with post-surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, or vitamin D resistant rickets.

calcium acetate, tablet, 667mg (PhosLo-FMC)

For treatment of:

- (a) End-stage renal disease in patients intolerant to aluminum or calcium carbonate containing phosphate-binding agents.
- (b) End-stage renal disease in patients where aluminum or calcium carbonate containing phosphate-binding agents are inappropriate.

Caltine - see calcitonin salmon

***carbamazepine, controlled release tablet, 200mg, 400mg (Tegretol CR-NVR)
(pms-Carbamazepine-CR-PMS) (Dom-Carbamazepine CR-DOM)
(Mylan-Carbamazepine CR-MYL)**

For treatment in patients:

- (a) Uncontrolled using the regular tablet dosage form.
- (b) Experiencing unacceptable adverse reactions using the regular tablet dosage form.

***carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Apo-Carvedilol-APX)
(pms-Carvedilol-PMS) (Novo-Carvedilol-NOP) (Nu-Carvedilol-NXP)
(Dom-Carvedilol-DOM) (ratio-Carvedilol-RPH)(Ran-Carvedilol-RAN)**

For treatment of:

- (a) Stable symptomatic heart failure in patients taking an ACE inhibitor.
- (b) Stable symptomatic heart failure in patients Intolerant to an ACE inhibitor.

cefixime, tablet, 400mg; suspension, 20mg/mL (Suprax-AVT)

For treatment of:

- (a) Infections in patients allergic to alternative antibiotics. *(Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.)*
- (b) Infections caused by organisms known to be:
 - Resistant to alternative antibiotics.

- Unresponsive to alternative antibiotics.
- (c) Uncomplicated gonorrhoea.
- (d) For completion of antibiotic treatment initiated in hospital.

***cefprozil, tablet, 250mg, 500mg (Cefzil-BMY)(Apo-Cefprozil-APX)
(Ran-Cefprozil-RAN) (Sandoz Cefprozil-SDZ)**

***oral suspension, 25mg/mL (Cefzil-BMY)(Apo-Cefprozil-APX)
(Sandoz Cefprozil-SDZ)**

***oral suspension, 50mg/mL (Cefzil-BMY)(Apo-Cefprozil-APX)
(Ran-Cefprozil-RPH) (Sandoz Cefprozil-SDZ)**

For treatment of:

- (a) Upper and lower respiratory tract infections in patients unresponsive to first-line antibiotics.
- (b) Infections caused by organisms known to be resistant or unresponsive to alternative antibiotics.
- (c) Infections in patients allergic to alternative antibiotics. (*Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.*)
- (d) Respiratory tract infections in nursing home patients.
- (e) Pneumonia in patients in the community with comorbidity e.g. chronic underlying lung disease (excluding asthma), diabetes mellitus, renal insufficiency, heart failure, stroke, and:
- (f) For completion of antibiotic treatment initiated in hospital.

Ceftin - see cefuroxime axetil

cefuroxime axetil, suspension, 25mg/mL (Ceftin-GSK)

***tablet, 250mg, 500mg (Ceftin-GSK) (ratio-Cefuroxime-RPH)
(Apo-Cefuroxime-APX)**

For treatment of:

- (a) Upper and lower respiratory tract infections in patients unresponsive to first-line antibiotics.
- (b) Infections caused by organisms known to be resistant or unresponsive to alternative antibiotics.
- (c) Infections in patients allergic to alternative antibiotics. (*Note: patients who have had an anaphylactic reaction to penicillin should not receive cephalosporins.*)
- (d) Respiratory tract infections in nursing home patients.
- (e) Pneumonia in patients in the community with comorbidity i.e. chronic underlying lung disease (excluding asthma), diabetes mellitus, renal insufficiency, heart failure, stroke, and:
- (f) For completion of antibiotic treatment initiated in hospital.

Cefzil - see cefprozil

Celsentri - see maraviroc

Celebrex - see celecoxib

celecoxib, capsule, 100mg, 200mg (Celebrex-PFI)

For treatment of:

- (a) Patients age 65 and over (*approved automatically through the online computer system*).
- (b) Rheumatoid arthritis and osteoarthritis in patients who have one of the following factors:
 - past history of ulcers;
 - concurrent prednisone therapy;
 - concurrent warfarin therapy.
- (c) Patients intolerant to other NSAIDs listed in the Formulary.

CellCept - see mycophenolate mofetil
Cesamet - see nabilone
Chorionic Gonadotropin - see chorionic gonadotropin

**chorionic gonadotropin, injection, 10,000IU/vial
(Chorionic Gonadotropin-OMG)**

- For treatment of:
- (a) Habitual abortion.
 - (b) Delayed puberty.

Ciloxan - see ciprofloxacin
Cipro - see ciprofloxacin tablet
Ciprodex - see ciprofloxacin HCl/dexamethasone
Cipro XL - see ciprofloxacin

***ciprofloxacin, ophthalmic solution, 0.3% (Ciloxan-ALC)
(pms-Ciprofloxacin-PMS) (Apo-Ciprolox-APX); ophthalmic ointment, 0.3%
(Ciloxan-ALC)**

- For treatment of:
- (a) Ophthalmic infections caused by gram-negative organisms.
 - (b) Ophthalmic infections unresponsive to alternative agents.

***ciprofloxacin, tablet, 250mg, 500mg (Apo-Ciproflox-APX)
(CO Ciprofloxacin-COB) (Mylan-Ciprofloxacin-MYL)
(Novo-Ciprofloxacin-NOP) (pms-Ciprofloxacin-PMS)
(ratio-Ciprofloxacin-RPH) (Sandoz Ciprofloxacin-SDZ)
(Dom-Ciprofloxacin-DOM) (Nu-Ciprofloxacin-NXP)
(Ran-Ciproflox-RAN) (Taro-Ciprofloxacin-TAR) (Mint-Ciprofloxacin-MNT);
*tablet, 750mg (Apo-Ciproflox-APX) (CO Ciprofloxacin-COB)
(Mylan-Ciprofloxacin-MYL) (Novo-Ciprofloxacin-NOP)
(pms-Ciprofloxacin-PMS) (ratio-Ciprofloxacin-RPH)
(Sandoz Ciprofloxacin-SDZ) (Dom-Ciprofloxacin-DOM)
(Nu-Ciprofloxacin-NXP) (Ran-Ciproflox-RAN) (Mint-Ciprofloxacin-MNT); oral
suspension 100mg/mL (Cipro-BAY)**

- For treatment of:
- (a) Infections caused by *Pseudomonas aeruginosa*.
 - (b) Infections in patients allergic to two or more alternative antibiotics.
 - (c) Infections known to be resistant to alternative antibiotics. Resistance must be determined by culture and sensitivity testing (C&S).
 - (d) Patients with severe diabetic foot infections in combination with other antibiotics.
 - (e) Infection (and prophylaxis) in patients with prolonged neutropenia.
 - (f) Genitourinary tract infections in patients allergic or unresponsive to alternative antibiotics.
 - (g) Patients with bronchiectasis or cystic fibrosis.
 - (h) Gonorrhea, and:
 - (i) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.

ciprofloxacin, extended release tablet, 500mg (Cipro XL-BAY)

For treatment of **uncomplicated urinary tract infections** in **females** unresponsive or allergic to first-line agents.

ciprofloxacin, extended release tablet, 1000mg (Cipro XL-BAY)

For treatment of **complicated urinary tract infections** in patients unresponsive or allergic to first-line agents.

**ciprofloxacin HCl/dexamethasone, otic suspension, 0.3%/0.1%
(Ciprodex-ALC)**

- (a) For acute otitis media with otorrhea through tympanostomy tubes in patients who require treatment.

- (b) For acute otitis externa in the presence of a tympanostomy tube or a known perforation of the tympanic membrane.

***clarithromycin, tablet, 250mg, 500mg (Biaxin-ABB) (Apo-Clarithromycin-APX) (Mylan-Clarithromycin-MYL) (pms-Clarithromycin-PMS) (ratio-Clarithromycin-RPH) (Sandoz Clarithromycin-SDZ) oral suspension, 25mg/mL, 50mg/mL (Biaxin-ABB); extended-release tablet, 500mg (Biaxin XL-ABB)**

For treatment of:

- (a) Pneumonia.
- (b) Upper and lower respiratory tract bacterial infections known to be resistant to alternative antibiotics.
- (c) Upper and lower respiratory tract bacterial infections unresponsive to alternative antibiotics.
- (d) Infections in patients allergic to alternative antibiotics.
- (e) For treatment (and prophylaxis) in patients with non-tuberculous Mycobacterium.
- (f) For one week for eradication of *H. pylori*-related infections when used in combination treatment regimens for the treatment of peptic ulcer disease.
- (g) For completion of treatment initiated in hospital with macrolides or quinolones.
- (h) For patients intolerant to erythromycin and/or other antibiotics.

Clavulin - see amoxicillin trihydrate/potassium clavulanate

Climara - see estradiol

***clonidine HCl, tablet, 0.025mg (Dixarit-BOE) (Apo-Clonidine-APX) (Novo-Clonidine-NOP)**

For treatment of:

- (a) Menopausal flushing.
- (b) Attention Deficit Hyperactivity Disorder.

clopidogrel bisulfate, tablet, 75mg (Plavix-BMY)

- (a) For treatment of patients who have experienced a transient ischemic attack, stroke, or a myocardial infarction **while on acetylsalicylic acid**.
- (b) For treatment of patients who have experienced a transient ischemic attack, stroke, or who have had a myocardial infarction and have a **clearly demonstrated allergy to acetylsalicylic acid** (manifested by asthma or nasal polyps).
- (c) For treatment of patients who have experienced a transient ischemic attack, stroke, or a myocardial infarction and are **intolerant to acetylsalicylic acid** (manifested by gastrointestinal hemorrhage).
- (d) When prescribed following intracoronary stent placement. *Coverage will be provided for a period of 1 year. In patients intolerant or allergic to ASA coverage may be renewed.*
- (e) For reduction of atherothrombotic events in patients with acute coronary syndrome (i.e. unstable angina or non-Q-wave myocardial infarction without ST segment elevation) concurrently with acetylsalicylic acid. Coverage will also be considered for patients intolerant or allergic to acetylsalicylic acid. *Coverage will be provided for a period of 1 year. In patients intolerant or allergic to ASA coverage may be renewed.*
- (f) For treatment of peripheral arterial disease in patients intolerant/allergic to ASA.

Clopixol - see zuclopentixol

***clozapine, tablet, 25mg, 100mg (Clozaril-NVR) (Mylan-Clozapine-MYL) (Apo-Clozapine-APX) tablet, 50mg, 200mg (Mylan-Clozapine-MYL)**

For treatment of schizophrenia in patients who are either treatment resistant or treatment intolerant and have no other medical contraindications.

Clozaril - see clozapine

CO Azithromycin - see azithromycin
 CO Cabergoline - see cabergoline
 CO Ciprofloxacin - see ciprofloxacin
 CO Fluconazole - see fluconazole
 CO Levofloxacin - see levofloxacin
 CO Sumatriptan - see sumatriptan
 CO Meloxicam - see meloxicam
 CO Norfloxacin - see norfloxacin
 CO Olanzapine - see olanzapine
 CO Olanzapine ODT - see olanzapine
 CO Pantoprazole - see pantoprazole sodium
 CO Pioglitazone - see pioglitazone HCl

**codeine, controlled release tablet, 50mg, 100mg, 150mg, 200mg
 (Codeine Contin-PFR)**

For treatment of :

- (a) Palliative and chronic pain patients as an alternative to ASA/codeine combination products or acetaminophen/codeine combination products.
- (b) Palliative and chronic pain patients as an alternative to regular release tablet when large doses are required.

In non-palliative patients, coverage will only be approved for a 6 month course of therapy, subject to review.

Codeine Contin - see codeine
 Combivir - see lamivudine/zidovudine
 Copaxone - see Appendix G
 Crixivan - see indinavir SO₄

***cyclobenzaprine HCl, tablet, 10mg (Apo-Cyclobenzaprine-APX)
 (Novo-Cycloprine-NOP) (Nu-Cyclobenzaprine-NXP)
 (pms-Cyclobenzaprine-PMS) (Mylan-Cyclobenzaprine-MYL)
 (Dom-Cyclobenzaprine-DOM) (ratio-Cyclobenzaprine-RPH)**

As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions in patients unresponsive to alternative therapy or who are experiencing severe adverse reactions to alternative therapy.

Coverage will be provided for up to a 3 week period. Coverage can be renewed for a 3 week period every 3 months.

**cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL
 (Neoral-NVR)**

For treatment of:

- (a) Nephrotic syndrome.
- (b) Severe active rheumatoid arthritis in patients for whom classical slow-acting anti-rheumatic agents are inappropriate or ineffective, and:
- (c) For induction and maintenance of remission of severe psoriasis in patients for whom conventional therapy is ineffective or inappropriate.

For the above indications prescriptions are subject to deductible (where applicable) and co-payment as for other drugs covered under the Drug Plan.

Pharmacies note: claims on behalf of these patients must use the following identifying numbers (not the DIN):

10mg - 00950792	100mg - 00950815
25mg - 00950793	100mg/mL - 00950823
50mg - 00950807	

cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL (Neoral-NVR)

For prophylaxis of graft rejection following solid organ transplant and in bone marrow transplant procedures.

In such cases, the cost is covered at 100% and the deductible (where applicable) does not apply.

Cymbalta - see duloxetine hydrochloride

**cyproterone acetate, injection, 100mg/mL (Androcur-PMS);
*tablet, 50mg (Androcur-PMS) (Mylan-Cyproterone-MYL)
(Apo-Cyproterone-APX)**

For treatment of hirsutism.

dalteparin sodium, syringe, 2,500IU/mL (0.2mL), 25,000IU/mL (0.2mL, 0.3mL, 0.4mL, 0.5mL, 0.6mL, 0.72mL); injection solution, 10,000IU/mL (1mL), 25,000IU/mL (3.8mL) (Fragmin-PFI)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty for up to 35 days.
- (c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (d) For long-term outpatient prophylaxis in patients who are pregnant.
- (e) For long-term outpatient prophylaxis in patients who have a contraindication to, are intolerant to, or have failed, warfarin therapy.
- (f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
- (g) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

darbepoetin alfa, pre-filled syringe, 25ug/mL (0.4mL), 40ug/mL (0.5mL), 100ug/mL (0.3mL, 0.4mL, 0.5mL, 0.65mL), 200ug/mL (0.3mL, 0.4mL, 0.5mL), 500ug/mL (0.3mL, 0.4mL) (Aranesp-AMG)

For treatment of anemia in chronic renal disease patients prior to initiation of dialysis.

Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.

darifenacin, extended release tablet, 7.5mg, 15mg (Enablex-NVR)

For treatment of patients intolerant to oxybutynin chloride.

darunavir, tablet, 400mg (Prezista-JAN)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

darunavir, tablet, 300mg, 600mg (Prezista-JAN)

For management of HIV disease in patients shown to be non-responsive or resistant to all currently listed protease inhibitors (except Aptivus). *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

DDAVP - see desmopressin

DDAVP Melt - see desmopressin

deferasirox, tablet for oral suspension, 125mg, 250mg, 500mg (Exjade-NVR)

For treatment of chronic iron overload in patients with transfusion dependent anemias who have a contraindication to the injectable deferoxamine.

***deferroxamine mesylate, powder for solution, 500mg/vial, 2g/vial (pms-Deferroxamine-PMS) (Desferal-NVR) (Desferrioxamine Mesilate-HOS)**
For treatment of iron overload in patients with transfusion-dependent anemias.

delavirdine mesylate, tablet, 100mg (Rescriptor-PFI)
For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Desferal - see deferroxamine mesylate
Desferrioxamine Mesilate - see deferroxamine mesylate

***desmopressin, tablet, 0.1mg, 0.2mg; (DDAVP-FEI) (Apo-Desmopressin-APX) (Novo-Desmopressin-NOP); orally disintegrating tablet, 60ug, 120ug, 240ug (DDAVP Melt-FEI)**

For treatment of:

- (a) Diabetes insipidus.
- (b) Enuresis in children over 5 years of age refractory to bed-wetting alarms or alternative agents listed in the Formulary.
- (c) Nocturia in patients with a recognized neurologic disorder which causes detrusor over-activity confirmed by cystogram in the absence of obstruction, who have not responded or are intolerant to at least two anticholinergic drugs.

***desmopressin, intranasal solution, 10ug/dose (DDAVP-FEI) (Apo-Desmopressin-APX) (Novo-Desmopressin-NOP)**

For treatment of:

- (a) Diabetes insipidus.
- (b) Nocturia in patients with a recognized neurologic disorder which causes detrusor over-activity confirmed by cystogram in the absence of obstruction, who have not responded or are intolerant to at least two anticholinergic drugs.

desmopressin, injection, 4ug/mL (DDAVP-FEI); intranasal solution, 150ug/dose (Octostim-FEI)
For prophylaxis of mild hemophilia A and mild von Willebrand's disease.

Detrol LA - see tolterodine L-tartrate
DexIron - see iron dextran

diclofenac sodium, ophthalmic solution, 0.1% (Voltaren Ophtha-NVO)
For treatment of:

- (a) Post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) Long-term inflammatory conditions unresponsive to short-term topical steroids, and:
- (c) For prophylaxis of aphakic macular edema following cataract surgery.

didanosine, capsule (enteric coated beadlet), 125mg, 200mg, 250mg, 400mg (Videx EC-BMY)
For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Diflucan - see fluconazole

dipyridamole, tablet, 50mg, 75mg (Persantine-BOE)
For treatment following:

- (a) Transluminal angioplasty, for a maximum of 6 months.
- (b) Bypass surgery, for a maximum of 12 months.

- (c) Prosthetic heart valve replacement for 12 months. *This is renewable on a yearly basis.*

dipyridamole/acetylsalicylic acid, capsule, 200mg/25mg (Aggrenox-BOE)

For treatment of patients who have had a:

- (a) Stroke while on acetylsalicylic acid.
(b) Transient ischemic attack while on acetylsalicylic acid.

Dixarit - see clonidine HCl
Dom-Alendronate - see alendronate sodium
Dom-Azithromycin - see azithromycin
Dom-Carbamazepine CR - see carbamazepine
Dom-Carvedilol - see carvedilol
Dom-Ciprofloxacin - see ciprofloxacin
Dom-Cyclobenzaprine - see cyclobenzaprine HCl
Dom-Fluconazole - see fluconazole
Dom-Meloxicam - see meloxicam
Dom-Minocycline - see minocycline HCl
Dom-Selegiline - see selegiline HCl
Dom-Sumatriptan - see sumatriptan
Dom-Ursodiol C - see ursodiol

donepezil HCl, tablet, 5mg, 10mg (Aricept-PFI)

- (a) A diagnosis of probable Alzheimer's disease as per DSM-IV criteria.
(b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60-days prior to application for coverage by a clinician or nurse practitioner.
(c) A Functional Activities Questionnaire (FAQ) must be completed within 60-days prior to initial application for coverage by a clinician or nurse practitioner.
(d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with donepezil therapy. List all current medications patient was taking at the time of assessment.
(e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.
- **Eligible patients currently taking donepezil** would require assessment at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
 - **Eligible new patients** will enter a 3 month treatment period with donepezil. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with donepezil. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
 - The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
 - Patients who do not meet criteria to continue donepezil can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
 - Donepezil does not need to be discontinued prior to MMSE or FAQ testing.
 - A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.

- Coverage will not be considered for patients who have failed on other drugs in this class.

Initial EDS applications for donepezil (Aricept) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at <http://formulary.drugplan.health.gov.sk.ca> or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.

dornase alfa, inhalation solution, 1mg/mL (Pulmozyme-HLR)

For treatment of cystic fibrosis patients who meet the following criteria:

- At least 5 years of age.
- Lung function greater than 40% (as measured by FVC).
- Physicians will be requested to provide evidence of the beneficial effect of this drug in their patients after 6 months of therapy before additional coverage is granted.

Renewal of coverage will be provided for a 6 month period if any of the following criteria are met:

- FEV₁ has improved by 10% from pre-treatment value.
- Decreased antibiotic utilization.
- Decreased hospitalizations.
- Decreased absenteeism from school or work.
- If the individual deteriorates upon discontinuation of Pulmozyme therapy.

Physicians must provide appropriate documentation to establish benefit.

Dostinex - see cabergoline

duloxetine hydrochloride, delayed release capsule, 30mg, 60mg (Cymbalta-LIL)

- For the treatment of neuropathic pain in diabetic patients unresponsive following treatment with adequate doses of tricyclic antidepressants (TCA) as indicated on the patient profile by 2 consecutive prescriptions for a TCA within 6 months of the EDS request, or
- For the treatment of neuropathic pain in diabetic patients intolerant or contraindicated to tricyclic antidepressants.

Coverage will be provided to a maximum daily dose of 60mg.

Duragesic - see fentanyl

Duragesic Mat - see fentanyl

Edecrin - see ethacrynic acid

efavirenz, capsule, 50mg, 200mg; tablet, 600mg (Sustiva-BMY)

For management of HIV disease. This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.

efavirenz/emtricitabine/tenofovir disoproxil fumarate, tablet, 600mg/200mg/300mg (Atripla-BMY)

For treatment of HIV-1 infection where the virus is susceptible to each of tenofovir and emtricitabine and efavirenz and:

- Atripla is used to replace existing therapy with its component drugs, or
- The patient is treatment naive, or
- The patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.

This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Eldepryl - see selegiline HCl

Elidel - see pimecrolimus

Elmiron - see pentosan polysulfate sodium

emtricitabine/tenofovir disoproxil fumarate, tablet, 200mg/300mg (Truvada-GSI)

For treatment of HIV patients where:

- a) The virus is susceptible to tenofovir and emtricitabine, **AND**
- b) Efavirenz is not indicated due to adverse effects or antiretroviral resistance.

This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Enablex - see darifenacin

Enbrel - see etanercept

enfuvirtide, powder for solution, 108mg/vial (vial) (Fuzeon-HLR)

For management of HIV disease on a case-by-case basis, following committee review of each case. (It was noted that enfuvirtide is not first-line therapy. The most appropriate use of this product is for "salvage therapy"). *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

enoxaparin, syringe, 30mg/mL, 40mg/mL, 60mg/mL, 80mg/mL, 100mg/mL (Lovenox-AVT); injection solution, 100mg/mL (3mL); 150mg/mL (Lovenox HP-AVT)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty for up to 35 days.
- (c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (d) For long-term outpatient prophylaxis in patients who are pregnant.
- (e) For long-term outpatient prophylaxis in patients who have a contraindication to, are intolerant to, or have failed, warfarin therapy.
- (f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
- (g) For treatment of pediatric patients where anticoagulant therapy is required and warfarin therapy cannot be administered.
- (h) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

entecavir, tablet, 0.5mg (Baraclude-BMY)

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

Entocort - see budesonide

epoetin alfa, pre-filled syringe, 1,000 IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 5,000IU/0.5mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL, 20,000IU/0.5mL (Eprex-JAN)

For treatment of:

- (a) Anemia in chronic renal disease patients prior to initiation of dialysis. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.*
- (b) Anemia in AIDS patients.
- (c) Anemia in transplant patients.

epoprostenol, powder for solution, 0.5mg/vial, 1.5mg/vial (Flolan-GSK)

For treatment of pulmonary hypertension on the recommendation of a specialist.

Please contact the Drug Plan for billing information.

Eprex - see epoetin alfa

esomeprazole magnesium trihydrate, delayed release tablet, 20mg, 40mg (Nexium-AST)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to stop-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
- (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- (e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
- (f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

Estalis - see estradiol/norethindrone acetate

Estraderm - see estradiol

estradiol, transdermal gel (metered dose pump), 0.06% (EstroGel-SCH); +transdermal therapeutic system, 25ug, 50ug, 100ug (Estraderm-NVR), 25ug, 50ug, 75ug, 100ug (Climara-BEX), 25ug, 50ug (Oesclim-PAL)

***transdermal therapeutic system, 25ug, 37.5ug, 50ug, 75ug, 100ug (Estradot-NVR) (Sandoz Estradiol Derm-SDZ)**

For treatment of patients:

- (a) Intolerant to oral estrogen.
- (b) With a fasting plasma triglyceride level of 4.5 mmol/L or more.

estradiol/norethindrone acetate, transdermal therapeutic system (8), 50ug/140ug; 50ug/250ug (Estalis-NVR)

For treatment of patients:

- (a) Intolerant to oral hormone replacement therapy (either estrogen or progesterone).
- (b) With a fasting plasma triglyceride level of 4.5 mmol/L or more.

Estradot - see estradiol

EstroGel - see estradiol

etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe, 50mg/mL (Enbrel-AMG)

For treatment of:

- (a) Active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.
- (b) Active juvenile rheumatoid arthritis in pediatric patients who have failed one DMARD.
- (c) Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.

(d) For treatment of ankylosing spondylitis (A.S.) according to the following criteria:

- 1) For patients who have already been treated conventionally with two or more NSAIDs taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control. AND
- 2) Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) AND a score of ≥ 4 cm on the 0-10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment. AND
- 3) Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units AND a reduction of ≥ 2 cm in the spinal pain VAS.

NOTE:

Coverage will not be provided when a patient switches to another anti-TNF agent if the patient fails to respond or if there is loss of response to the first agent. Requests for coverage for this indication must be made by the rheumatologist.

A second application would also be required after 12 weeks to assess and would need to show an improvement to the patient's condition on either of these medications. Please refer to the Formulary website for the application form.

(e) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:

- i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine **AND**
- ii) failure to respond to, intolerant to or unable to access phototherapy. Coverage will be approved initially for the induction phase of up to 16 weeks. Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in this area.

For all of the above indications this product should be used in consultation with a specialist in this area.

ethacrynic acid, tablet, 25mg (Edecrin-MSD)

For treatment of patients intolerant to furosemide.

etodolac, capsule, 200mg, 300mg (Apo-Etodolac-APX)

For treatment of patients intolerant to other NSAIDs listed in the Formulary.

etravirine, tablet, 100mg (Intelence-JAN)

For use in combination with other antiretroviral agents for the treatment of HIV-1 strains resistant to multiple antiretroviral agents, including non-nucleoside reverse transcriptase inhibitors. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Evista - see raloxifene HCl

Exelon - see rivastigmine

Exjade - see deferasirox

***fentanyl, transdermal system, 12ug/hr (Duragesic-JAN) (ratio-Fentanyl-RPH) (Sandoz Fentanyl MTX-SDZ) (Ran-Fentanyl Matrix-RAN) 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic-JAN) (Ran-Fentanyl-RAN) (ratio-Fentanyl-RPH) (Novo-Fentanyl-NOP) (Sandoz Fentanyl MTX-SDZ) (Duragesic Mat-JAN) (Ran-Fentanyl Matrix-RAN)**

For treatment of patients:

- (a) Intolerant to, or unable to take, oral sustained-release strong opioids.
- (b) As an alternative to subcutaneous narcotic infusion therapy.

Ferrlecit - see iron ferric sodium gluconate complex

filgrastim, injection solution, 300ug/mL (Neupogen-AMG)

For treatment of:

- (a) Congenital, cyclic or idiopathic neutropenia in patients with absolute neutrophil counts of less than or equal to 500.
- (b) Non-cancer patients who have undergone bone marrow transplantation.
- (c) AIDS patients with absolute neutrophil counts of less than 500.

Flexitec - see cyclobenzaprine HCl

Flolan - see epoprostenol

**fluconazole, powder for oral suspension, 10mg/mL (Diflucan-PFI);
*tablet, 50mg, 100mg (Apo-Fluconazole-APX) (Mylan-Fluconazole-MYL)
(pms-Fluconazole-PMS) (Novo-Fluconazole-NOP) (CO Fluconazole-COB)
(Dom-Fluconazole-DOM)**

For treatment of:

- (a) Fungal meningitis in immunocompromised patients.
- (b) Severe or life-threatening fungal infections.
- (c) Severe dermatophytoses unresponsive to other forms of therapy including ketoconazole.

Note: the 150mg capsule form of fluconazole is listed as a regular benefit in the Saskatchewan Formulary.

flunarizine HCl, capsule, 5mg (Apo-Flunarizine-APX)

For prophylaxis of migraines in cases where alternative prophylactic agents have not been effective.

Foradil - see formoterol fumarate

**+formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR);
powder for inhalation (package), 6ug/dose, 12ug/dose
(Oxeze Turbuhaler-AST)**

For treatment of:

- (a) Asthma uncontrolled on concurrent inhaled steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
- (b) COPD unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators.

**formoterol fumarate dihydrate/budesonide, powder for inhalation (package),
6ug/100ug, 6ug/200ug (Symbicort Turbuhaler-AST)**

For treatment of:

- (a) Asthma in patients uncontrolled on inhaled steroid therapy
- (b) COPD in patients where there has been concurrent or past use of tiotropium or a LABA (salmeterol or formoterol).

Fosamax - see alendronate sodium

**fosamprenavir calcium, tablet, 700mg; oral suspension, 50mg/mL
(Telzir-GSK)**

For the management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Fosavance - see alendronate sodium/vitamin D₃ (cholecalciferol)

fosfomycin tromethamine, oral powder (sachet), 3g (Monurol-AXX)

For treatment of:

- (a) Urinary tract infections with organisms resistant to first line therapy.
- (b) Urinary tract infections in patients allergic to first line agents.
- (c) Urinary tract infections in pregnancy when first line agents are inappropriate.

Fragmin - see dalteparin sodium

Fraxiparine - see nadroparin calcium

Fraxiparine Forte - see nadroparin calcium

Fucithalmic - see fusidic acid

fusidic acid, ophthalmic drops (preservative free), 1%; ophthalmic drops 1% (Fucithalmic-LEO)

For treatment of patients unresponsive to listed alternatives.

Fuzeon - see enfuvirtide

galantamine hydrobromide, extended release capsule, 8mg, 16mg, 24mg (Reminyl ER-JAN)

- (a) A diagnosis of probable Alzheimer's disease as per DSM-IV criteria.
- (b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60-days prior to application for coverage by a clinician.
- (c) A Functional Activities Questionnaire (FAQ) must be completed within 60-days prior to initiation for coverage by a clinician.
- (d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with galantamine hydrobromide therapy. List all current medications patient was taking at the time of assessment.
- (e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.
 - **Eligible patients currently taking galantamine hydrobromide** would require assessment at 6 month intervals. To continue receiving galantamine hydrobromide, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
 - **Eligible new patients** will enter a 3 month treatment period with galantamine hydrobromide. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with galantamine hydrobromide. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving galantamine hydrobromide, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
 - The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
 - Patients who do not meet criteria to continue galantamine hydrobromide can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
 - Galantamine hydrobromide does not need to be discontinued prior to MMSE or FAQ testing.

- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
- Coverage will not be considered for patients who have failed on other drugs in this class.

Initial EDS applications for galantamine (Reminyl) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at <http://formulary.drugplan.health.gov.sk.ca> or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.

gatifloxacin, ophthalmic solution, 0.3% (Zymar-ALL)

For treatment of:

- (a) Ophthalmic infections caused by gram-negative organisms.
- (b) Ophthalmic infections unresponsive to alternative agents.

glatiramer acetate, injection, 20mg (pre-filled syringe) (Copaxone-TVM)

See Appendix G

GlucNorm - see repaglinide

goserelin acetate, 3.6mg/syringe (Zoladex-AST)

For treatment of:

- (a) Endometriosis. (*Coverage may be repeated after a six month lapse, for another 6 month course.*)
- (b) Menorrhagia in preparation for endometrial ablation, and:
- (c) For pre-treatment of uterine fibroids prior to surgical removal. *Coverage will be provided for a maximum of 6 months.*

Hepsera - see adefovir dipivoxil

Heptovir - see lamivudine

Hp-PAC - see lansoprazole/clarithromycin/amoxicillin

Humalog - see insulin lispro

Humatrope - see somatropin

Humira - see adalimumab

Humira Pen - see adalimumab

imiquimod, topical cream (single-use packet), 5% (Aldara-MDA)

For treatment of:

- (a) Genital warts in patients unresponsive to podofilox.
- (b) Genital warts in patients with a large wart area.

Imitrex - see sumatriptan

indinavir SO₄, capsule, 200mg, 400mg (Crixivan-MSD)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

infliximab, injection (mg),100mg/vial (Remicade-SCH)

(a) *Moderate to severe Crohn's Disease:*

- For treatment of patients who demonstrate continuing symptoms despite the use of optimal conventional therapies such as 5-ASA agents, glucocorticoids and immunosuppressive therapy.

- For treatment of patients who are intolerant to conventional therapy including 5-ASA agents, glucocorticoids and immunosuppressive therapy.
- (b) *Fistulizing Crohn's Disease:*
- For treatment of patients with symptomatic enterocutaneous or perineal fistulae, enterovaginal fistulae or enterovesical fistulae (i.e. any type of fistulizing Crohn's Disease).
- Clinical response should be assessed after the induction dose. Ongoing coverage will only be provided for those who respond to treatment. Patients undergoing this treatment should be reviewed every six months by a specialist in this area.
- (c) Active rheumatoid arthritis in patients who have failed treatment with methotrexate and leflunomide.
- (d) Active rheumatoid arthritis in patients intolerant to methotrexate and leflunomide.
- Treatment should be combined with an immunosuppressant. This product should be used in consultation with a specialist in this area. (Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated.*
- (e) For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
- i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; **AND**
 - ii) failure to respond to, intolerant to or unable to access phototherapy.
- Coverage will be approved initially for the induction phase of up to 16 weeks. Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in this area.
- (f) Psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.
- Note: Exceptions can be considered in cases where methotrexate or leflunomide are contraindicated. Treatment should be combined with an immunosuppressant.*
- (g) For treatment of ankylosing spondylitis (A.S.) according to the following criteria:
- 1) For patients who have already been treated conventionally with two or more NSAIDs taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control. **AND**
 - 2) Satisfy New York diagnostic criteria: a score ≥ 4 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **AND** a score of ≥ 4 cm on the 0-10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment. **AND**
 - 3) Adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by ≥ 2 units **AND** a reduction of ≥ 2 cm in the spinal pain VAS.

NOTE: Coverage will not be provided when a patient switches to another anti-TNF agent if the patient fails to respond or if there is a loss of response to the first agent. Requests for coverage for this indication must be made by the rheumatologist.

A second application would also be required after 12 weeks to assess and would need to show an improvement to the patient's condition on either of these medications. Please refer to the Formulary website for the application form.

For all of the above indications this product should be used in consultation with a specialist in this area.

Infufer - see iron dextran

Innohep - see tinzaparin sodium

**insulin aspart, injection solution, 100U/mL (5x3mL) (10mL)
(NovoRapid-NOO)**

- (a) For treatment of Type 1 diabetes.
- (b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

insulin detemir, injection solution, 100U/mL (5x3mL) (Levemir-NOO)

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and are currently taking insulin NPH and/or premix daily at optimal dosing **AND**

- (a) Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management.

OR

- (b) Have documented severe or continuing systemic or local allergic reaction to existing insulin.

insulin glargine, injection solution, 100U/mL(10mL); 100U/mL, pre-filled pen SoloStar (3mL) (Lantus-AVT)

For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and are currently taking insulin NPH and/or premix daily at optimal dosing **AND**

Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management.

OR

- (a) Have documented severe or continuing systemic or local allergic reaction to existing insulin.

**insulin glulisine, solution for injection, 100U/mL (10mL);
100U/mL, pre-filled pen SoloStar (3mL) (Apidra-AVT)**

- (a) For treatment of Type 1 diabetes.
- (b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

insulin lispro, injection solution, 100U/mL (5x3mL) (10mL) (Humalog-LIL)

- (a) For treatment of Type 1 diabetes
- (b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

Intelligence - see etravirine

interferon alfa-2b, powder for injection, 10 million IU; injection solution albumin (human) free, 6 million IU/mL (0.5mL), 10 million IU/mL (0.5mL, 1mL); multi-dose pen (kit) albumin (human) free, 18 million IU/pen, 30 million IU/pen, 60 million IU/pen (Intron-A-SCH)

For treatment of:

- (a) Chronic active hepatitis B for a period of up to 6 months.
- (b) Chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks therapy. Genotypes 2 and 3 may respond to 24 weeks therapy.

Note: Interferons are not interchangeable. Pharmacists should dispense the product specified by the physician.

Intron A - see interferon alfa-2b

interferon beta-1a, powder for IM injection, 30ug (Avonex-BGN); pre-filled syringe, 30ug (Avonex PS-BGN)

See Appendix G

interferon beta-1a, pre-filled syringe, 8.8ug/0.2mL (6)/22ug/0.5mL (6) (Rebif Initiation Pack-SRO)

See Appendix G

interferon beta-1a, pre-filled syringe, 8.8 ug/0.2mL (6), 22ug (6 million IU), 44ug (12 million IU) (Rebif-SRO); pre-filled cartridge, 66ug/1.5mL (3 doses of 22ug), 132ug/1.5mL (3 doses of 44ug) (Rebif-SRO)

See Appendix G

interferon beta-1b, powder for injection, 0.3mg (3mL) (Betaseron-BEX)

See Appendix G

Intron A - see interferon alfa-2b

Invirase - see saquinavir

***iron dextran, injection, 50mg/mL (Infufer-SDZ) (DexIron-MYL)**

For treatment of iron deficiency when patients are intolerant to oral iron replacement products. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.*

iron ferric sodium gluconate complex, injection solution, 12.5mg/mL (Ferlecit-JAN)

For treatment of:

- (a) Iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin.
- (b) Iron deficiency anemia in patients intolerant to oral iron replacement products.

Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.

iron sucrose, injection, 20mg/mL (Venofer-MYL)

- (a) For treatment of iron deficiency when patients are intolerant to oral iron replacement products and intravenous iron dextran.
- (b) For treatment of patients who are intolerant to oral iron replacement products who require loading regimens of intravenous iron therapy.

Isentress - see raltegravir

itraconazole, capsule, 100mg; oral solution, 10mg/mL (Sporanox-JAN)

For treatment of:

- (a) Severe or life-threatening fungal infections.
- (b) Severe dermatophytoses unresponsive to other forms of therapy.
- (c) Onychomycosis.

Jamp-Lactulose - see lactulose

Kaletra - see lopinavir/ritonavir

Ketek - see telithromycin

***ketoconazole, tablet, 200mg (Apo-Ketoconazole-APX) (Nu-Ketocon-NXP) (Novo-Ketoconazole-NOP)**

For treatment of:

- (a) Severe or life-threatening fungal infections.
- (b) Severe dermatophytoses.
- (c) Dermatophytoses unresponsive to other forms of therapy.

***ketorolac tromethamine, ophthalmic solution, 0.5% (Acular-ALL)
(Apo-Ketoralac-APX) (ratio-Ketorolac-RPH)**

For treatment of:

- (a) Post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) Long-term inflammatory conditions unresponsive to short-acting topical steroids, and:
- (c) For prophylaxis of aphakic macular edema following cataract surgery.

**+ketotifen fumarate, tablet, 1mg (Zaditen-NVR) (Novo-Ketotifen-NOP)
syrup, 0.2mg/mL (Novo-Ketotifen-NOP)**

For treatment of pediatric patients with asthma who are unresponsive to or unable to administer alternative prophylactic agents listed in the Formulary.

Kineret - see anakinra

Kivexa - see abacavir SO₄/lamivudine

***lactulose, solution, 667mg/mL (pms-Lactulose-PMS) (ratio-Lactulose-RPH)
(Apo-Lactulose-APX) (Jamp-Lactulose-JPC)**

For treatment of portal systemic encephalopathy.

lamivudine, tablet, 100mg (Heptovir-GSK)

For management of hepatitis B.

lamivudine, tablet, 150mg, 300mg; oral solution, 10mg/mL (3TC-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

lamivudine/zidovudine, tablet, 150mg/300mg (Combivir-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

lanreotide acetate, injection, 60mg, 90mg, 120mg (Somatuline Autogel-TCI)

For treatment of acromegaly.

***lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB)
(Apo-Lansoprazole-APX) (Novo-Lansoprazole-NOP);
delayed release tablet, 15mg, 30mg (Prevacid FasTab-ABB)**

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
- (d) For one week for eradication of *H. pylori*-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- (e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
- (f) For a maximum of 8 weeks in patients discharged from hospital, on a

proton pump inhibitor, following a gastroduodenal bleed.

lansoprazole/clarithromycin/amoxicillin, 7 day package, 30mg/500mg/500mg (Hp-PAC-ABB)

For one week for eradication of *H. pylori*-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

Lantus - see insulin glargine

Lantus SoloStar - see insulin glargine

***leflunomide, tablet, 10mg, 20mg (Arava-AVT) (Apo-Leflunomide-APX) (Novo-Leflunomide-NOP) (Sandoz Leflunomide-SDZ) (pms-Leflunomide-PMS) (Mylan-Leflunomide-MYL)**

For treatment of:

- (a) Active rheumatoid arthritis in patients who have failed methotrexate and at least one other DMARD (e.g. sulfasalazine, azathioprine or hydroxychloroquine).
- (b) Active rheumatoid arthritis in patients intolerant to methotrexate and at least one other DMARD (e.g. sulfasalazine, azathioprine or hydroxychloroquine).

Note: Leflunomide is contraindicated in patients with pre-existing impairment of liver function.

Leucovorin - see leucovorin calcium

leucovorin calcium, tablet, 5mg (Leucovorin-WYA)

For treatment of folic acid deficiency in patients who have been on long-term therapy with trimethoprim/sulfamethoxazole.

leuprolide acetate, injection, 3.75mg/mL, 7.5mg/mL; depot injection, 11.25mg (3-month SR) (Lupron Depot-ABB)

For treatment of:

Endometriosis. *(Coverage may be repeated after a six month lapse, for another 6 month course).*

Menorrhagia in preparation for endometrial ablation, and:

For pre-treatment of uterine fibroids prior to surgical removal.

Coverage will be provided for a maximum of 6 months.

Levaquin - see levofloxacin

Levemir - see insulin detemir

***levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN) (Novo-Levofloxacin-NOP) (Apo-Levofloxacin) (CO Levofloxacin-COB) (Mylan-Levofloxacin-MYL) (pms-Levofloxacin-PMS) (Sandoz Levofloxacin-SDZ)**

For treatment of:

- (a) Pneumonia in patients with underlying lung disease (excluding asthma).
- (b) Pneumonia in nursing home patients.
- (c) Infections in patients allergic to two or more alternative antibiotics.
- (d) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics, and:
- (e) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.
- (f) For treatment of pelvic inflammatory disease.

***levofloxacin, tablet, 750mg (Levaquin-JAN) (Novo-Levofloxacin-NOP)
(Apo-Levofloxacin-APX) (CO Levofloxacin-COB) (pms-Levofloxacin-PMS)
(Sandoz Levofloxacin-SDZ)**

EDS will only be approved for five days.

For treatment of:

- (a) Pneumonia in patients with underlying lung disease (excluding asthma)
- (b) Pneumonia in patients in a nursing home.
- (c) Pneumonia in patients allergic to two or more alternative antibiotics.
- (d) Pneumonia known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics, and:
- (e) For completion of antibiotic treatment of pneumonia initiated in hospital when alternatives are not appropriate.

linezolid, tablet, 600mg (Zyvoxam-PFI)

Following consultation with an infectious disease specialist

For treatment of:

- (a) Gram-positive infections in patients resistant to vancomycin.
- (b) Gram positive infections in patients intolerant to or experiencing severe adverse effects from vancomycin, and:
- (c) For completion of therapy initiated in hospital with intravenous vancomycin, quinupristin/dalfopristin or linezolid for patients who can be discharged on oral therapy.

Lioresal Intrathecal - see baclofen

Loniten - see minoxidil

**lopinavir/ritonavir, tablet, 100mg/25mg; 200mg/50mg; oral solution,
80mg/20mg(mL) (Kaletra-ABB)**

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Losec - see omeprazole magnesium

Lovenox - see enoxaparin

Lovenox HP - see enoxaparin

Lucentis - see ranibizumab

Lupron Depot - see leuprolide acetate

Lyrica - see pregabalin

maraviroc, tablet, 150mg, 300mg (Celsentri-PFI)

For treatment of HIV-1 disease (in combination with other antiretroviral agents) in patients:

- (a) Who have CCR5 tropic viruses **AND**
- (b) Who have 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).

Note: Testing for CCR5 tropic viruses is required for use of this agent. This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Maxalt - see rizatriptan benzoate

Maxalt RPD - see rizatriptan benzoate

Megace OS - see megestrol acetate oral suspension

***megestrol acetate, tablet, 40mg, 160mg (Apo-Megestrol-APX)
(Nu-Megestrol-NXP)**

For treatment of anorexia, cachexia, or unexplained weight loss in patients with a diagnosis of acquired immunodeficiency (AIDS).

megestrol acetate, oral suspension, 40mg/mL (Megace OS-BMY)

For treatment of anorexia, cachexia, or unexplained weight loss in patients with a diagnosis of acquired immunodeficiency (AIDS).

***meloxicam, tablet, 7.5mg, 15mg (Mobicox-BOE) (pms-Meloxicam-PMS)
(ratio-Meloxicam-RPH) (Apo-Meloxicam-APX) (Dom-Meloxicam-DOM)
(CO Meloxicam-COB) (Mylan-Meloxicam-MYL) (Novo-Meloxicam-NOP)**

For treatment of patients intolerant to other NSAIDs listed in the formulary.

Mepron - see atovaquone

mercaptopurine, tablet, 50mg (Purinethol-GSK)

For treatment of:

- (a) Crohn's disease.
- (b) Rheumatoid arthritis.

**+methoxsalen, capsule, 10mg (Oxsoralen-ICN) (Oxsoralen Ultra-ICN)
lotion, 1% (Oxsoralen-ICN)**

For treatment of psoriasis, for use prior to PUVA therapy.

Miacalcin - see calcitonin salmon nasal spray

***midodrine HCl, tablet, 2.5mg, 5mg (Amatine-RBP) (Apo-Midodrine-APX)**

For treatment of orthostatic hypotension.

Minocin - see minocycline HCl

***minocycline HCl, capsule, 50mg, 100mg (Minocin-WYA)
(Apo-Minocycline-APX) (Novo-Minocycline-NOP)
(ratio-Minocycline-RPH)(Mylan-Minocycline-MYL)
(Med-Minocycline-MED)(Dom-Minocycline-DOM) (Sandoz Minocycline-SDZ)**

For treatment of acne unresponsive to tetracycline.

minoxidil, tablet, 2.5mg, 10mg (Loniten-PFI)

For control of hypertension unresponsive to all other listed therapeutic agents.

Mint-Ciprofloxacin - see ciprofloxacin

Mint-Pioglitazone - see pioglitazone HCl

Mobicox - see meloxicam

***modafinil, tablet, 100mg (Alertec-DPY) (Apo-Modafinil-APX)**

For treatment of:

- (a) Patients with sleep laboratory-confirmed diagnosis of narcolepsy.
- (b) Patients with sleep laboratory-confirmed diagnosis of idiopathic CNS hypersomnia.

**montelukast sodium, chewable tablet, 4mg, 5mg; tablet, 10mg; oral
granules, 4mg (Singulair-MSD)**

For adjunctive treatment of asthma in patients uncontrolled on inhaled corticosteroids.

Monurol - see fosfomycin tromethamine

moxifloxacin HCl, tablet, 400mg (Avelox-BAY)

For treatment of:

- (a) Pneumonia in patients with underlying lung disease (excluding asthma) and pneumonia in nursing home patients.
- (b) Infections in patients allergic to two or more alternative antibiotics.
- (c) Infections known to be resistant to alternative antibiotics. Resistance must be determined by C & S. Where a C & S cannot be obtained coverage will be approved when a patient has failed at least 2 other classes of antibiotics, and:
- (d) For completion of antibiotic treatment initiated in hospital when alternatives are not appropriate.

moxifloxacin HCl, ophthalmic solution, 0.5% (Vigamox-ALC)

For treatment of ophthalmic infections unresponsive to alternative agents.

Mycobutin - see rifabutin

mycophenolate mofetil, capsule, 250mg; tablet, 500mg; powder for oral suspension, 200mg/mL (CellCept-HLR)

- (a) For prevention of acute rejection in transplant patients.
- (b) For treatment of nephrotic syndrome in cases of biopsy-proven evidence of severe proliferative lesions or sclerosis, which have not responded after a 6 month course of cyclophosphamide, or in patients unable to tolerate cyclophosphamide.

mycophenolate sodium, enteric coated tablet, 180mg, 360mg (Myfortic-NVR)

For prevention of acute rejection in renal transplant patients.

Myfortic - see mycophenolate sodium

Mylan-Alendronate - see alendronate sodium

Mylan-Azithromycin - see azithromycin

Mylan-Carbamazepine CR - see carbamazepine

Mylan-Ciprofloxacin - see ciprofloxacin

Mylan-Clarithromycin - see clarithromycin

Mylan-Clozapine - see clozapine

Mylan-Cycloprine - see cyclobenzaprine HCl

Mylan-Cyproterone - see cyproterone acetate

Mylan-Fluconazole - see fluconazole

Mylan-Leflunomide - see leflunomide

Mylan-Levofloxacin - see levofloxacin

Mylan-Meloxicam - see meloxicam

Mylan-Minocycline - see minocycline HCl

Mylan-Nabumetone - see nabumetone

Mylan-Omeprazole - see omeprazole

Mylan-Pantoprazole - see pantoprazole sodium

Mylan-Pioglitazone - see pioglitazone HCl

Mylan-Rivastigmine - see rivastigmine

Mylan-Selegiline - see selegiline HCl

Mylan-Sumatriptan - see sumatriptan

Mylan-Ticlopidine - see ticlopidine HCl

Mylan-Tizanidine - see tizanidine HCl

Myozyme - see alglucosidase alfa

nabilone, capsule, 0.5mg, 1mg (Cesamet-VAE)

For treatment of nausea and anorexia in AIDS patients.

***nabumetone, tablet, 500mg (Apo-Nabumetone-APX)
(Mylan-Nabumetone-MYL) (Novo-Nabumetone-NOP); 750mg
(Novo-Nabumetone-NOP)**

For treatment of patients intolerant to other NSAIDs listed in the Formulary.

**nadroparin calcium, syringe, 9,500IU/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL,
1.0mL) (Fraxiparine-AVT); syringe, 19,000IU/mL (0.6mL, 0.8mL, 1mL)
(Fraxiparine Forte-AVT)**

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty for up to 35 days.
- (c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (d) For long-term outpatient prophylaxis in patients who are pregnant.
- (e) For long-term outpatient prophylaxis in patients who have a contraindication to, are intolerant to, or have failed, warfarin therapy.
- (f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
- (g) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

nafarelin acetate, intranasal solution, 2mg/mL (Synarel-HLR)

For treatment of:

- (a) Endometriosis. (*Coverage may be repeated after a six month lapse, for another 6 month course*).
- (b) Menorrhagia in preparation for endometrial ablation, and:
- (c) For pre-treatment of uterine fibroids prior to surgical removal.
Coverage will be provided for a maximum of 6 months

Nalcrom - see sodium cromoglycate

naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

natalizumab, solution for IV infusion, 20mg/mL (Tysabri-BGN)

See Appendix G

nateglinide, tablet, 60mg, 120mg (Starlix-NVR)

For treatment of :

- (a) Diabetes in patients uncontrolled on sulfonylureas.
- (b) Diabetes in patients intolerant to sulfonylureas.

nelfinavir mesylate, tablet, 250mg, 625mg (Viracept-PFI)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Neoral - see cyclosporine

Neupogen - see filgrastim

nevirapine, tablet, 200mg (Viramune-BOE)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Nexium - see esomeprazole magnesium trihydrate

nimodipine, tablet, 30mg (Nimotop-BAY)

For treatment of subarachnoid hemorrhage to complete a 3 week course of treatment in cases where a patient is discharged from hospital before completion of the treatment period.

Nimotop - see nimodipine

Nizoral - see ketoconazole

***norfloxacin, tablet, 400mg (Apo-Norflo-APX) (Novo-Norfloxacine-NOP) (pms-Norfloxacine-PMS) (CO Norfloxacine-COB)**

For treatment of:

- (a) Genitourinary tract infections caused by *Pseudomonas aeruginosa*.
- (b) Genitourinary tract infections in patients allergic to alternative agents.
- (c) Genitourinary tract infections in patients with organisms known to be resistant to alternative antibiotics, and:
- (d) For adults with gonococcal urethritis or cervicitis.

Norprolac - see quinagolide HCl

Norvir - see ritonavir

Norvir SEC - see ritonavir

Novo-Alendronate - see alendronate sodium

Novo-Azithromycin - see azithromycin

Novo-Carvedilol - see carvedilol

Novo-Ciprofloxacin - see ciprofloxacin

Novo-Clavamoxin - see amoxicillin trihydrate/potassium clavulanate

Novo-Clonidine - see clonidine HCl

Novo-Cycloprine - see cyclobenzaprine HCl

Novo-Desmopressin - see desmopressin

Novo-Fentanyl - see fentanyl

Novo-Fluconazole - see fluconazole

Novo-Ketoconazole - see ketoconazole

Novo-Ketotifen - see ketotifen fumarate

Novo-Lansoprazole - see lansoprazole

Novo-Leflunomide - see leflunomide

Novo-Levofloxacin - see levofloxacin

Novo-Meloxicam - see meloxicam

Novo-Minocycline - see minocycline HCl

Novo-Nabumetone - see nabumetone

Novo-Norfloxacine - see norfloxacine

Novo-Olanzapine - see olanzapine

Novo-Olanzapine OD - see olanzapine

Novo-Pantoprazole - pantoprazole sodium

Novo-Pioglitazone - see pioglitazone HCl

Novo-Rabeprazole EC - see rabeprazole sodium

Novo-Raloxifene - see raloxifene HCl

NovoRapid - see insulin aspart

Novo-Rivastigmine- see rivastigmine

Novo-Selegiline - see selegiline HCl

Novo-Sumatriptan - see sumatriptan

Novo-Sumatriptan DF - see sumatriptan

Novo-Ticlopidine - see ticlopidine

Nu-Carvedilol - see carvedilol

Nu-Ciprofloxacin - see ciprofloxacin

Nu-Cyclobenzaprine - see cyclobenzaprine HCl

Nu-Ketocon - see ketoconazole

Nu-Megestrol - see megestrol acetate tablet

Nu-Selegiline - see selegiline HCl

Nu-Ticlopidine - see ticlopidine HCl

Nutropin - see somatropin

Nutropin AQ - see somatropin
Nutropin AQ Pen - see somatropin
Octostim - see desmopressin

***octreotide, injection, 50ug/mL (1mL), 100ug/mL (1mL), 200ug/mL (5mL), 500ug/mL (1mL) (Sandostatin-NVR) (Octreotide Acetate-OMG); powder for injection, 10mg/vial, 20mg/vial, 30mg/vial (Sandostatin LAR-NVR)**

- (a) For management of terminal malignant bowel obstruction in palliative patients.
- (b) For treatment of acromegaly.

Note: Coverage for federally approved cancer indications is provided under the Saskatchewan Cancer Agency according to their guidelines.

Octreotide Acetate - see octreotide
Ocuflox - see ofloxacin ophthalmic solution
Oesclim - see estradiol

***ofloxacin, ophthalmic solution, 0.3% (Ocuflox-ALL) (Apo-Ofloxacin-APX) (pms-Ofloxacin-PMS)**

For the treatment of:

- (a) Ophthalmic infections caused by gram-negative organisms.
- (b) Ophthalmic infections unresponsive to alternative agents, and:
- (c) Infiltrative corneal infections.

***olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL) (Novo-Olanzapine-NOP) (pms-Olanzapine-PMS) (Apo-Olanzapine-APX); orally disintegrating tablet, 5mg, 10mg, 15mg (Zyprexa Zydis-LIL) (Novo-Olanzapine OD-NOP) (PMS-Olanzapine ODT-PMS) (CO Olanzapine ODT-COB) (Sandoz Olanzapine ODT-SDZ)**

For treatment of:

- (a) Schizophrenia.
- (b) Other psychotic conditions where there has been:
 - Treatment failure to other atypical anti-psychotic agents.
 - Intolerance to other atypical anti-psychotic agents.
- (c) Patients with acute mania of bi-polar affective disorder for an additional 4 weeks following hospital discharge, and:
- (d) For maintenance treatment of bipolar disorder in patients who are unresponsive to other first line agents (lithium, divalproex and lamotrigine).

***omeprazole, capsule/tablet, 20mg (Losec-AST) (Apo-Omeprazole-APX) (ratio-Omeprazole-RPH) (Sandoz Omeprazole-SDZ) (pms-Omeprazole DR-PMS) (Mylan-Omeprazole-MYL)**

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.

- (d) For one week for eradication of *H. pylori*-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- (e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
- (f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

***omeprazole, capsule/tablet 10mg (Losec-AST) (Sandoz Omeprazole-SDZ) (Mylan-Omeprazole-MYL)**

For treatment of:

- (a) Symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (b) Severe erosive esophagitis and Zollinger-Ellison syndrome. *This is renewable on a yearly basis, and:*
- (c) For maintenance therapy of healed reflux esophagitis. *This is renewable on a yearly basis.*

One-Alpha - see alfacalcidol

Orencia - see abatacept

***oxcarbazepine, tablet, 150mg, 300mg, 600mg (Trileptil-NVR)**

(Apo-Oxcarbazepine-APX);

oral suspension, 60mg/mL (Trileptil-NVR)

For treatment of partial seizures in patients intolerant to carbamazepine.

Oxeze Turbuhaler - see formoterol fumarate

Oxsoralen - see methoxsalen

***pamidronate disodium, injection, 30mg, (Aredia-NVR)**

(Pamidronate Disodium Injection-DBU) (pms-Pamidronate-PMS)

(Sandoz Pamidronate-SDZ) (Pamidronate Disodium Omega-OMG);

***injection, 60mg (Pamidronate Disodium Injection-DBU)**

(Sandoz Pamidronate-SDZ) (Pamidronate Disodium Omega-OMG)

***injection, 90mg (Aredia-NVR) (Pamidronate Disodium Injection-DBU)**

(pms-Pamidronate-PMS) (Sandoz Pamidronate-SDZ)

(Pamidronate Disodium Omega-OMG)

For treatment of osteoporosis in patients intolerant to oral bisphosphonates.

Pamidronate Disodium Omega - see pamidronate disodium

***pantoprazole sodium, enteric-coated tablet, 20mg (ratio-Pantoprazole-RPH)**

(Sandoz Pantoprazole-SDZ) (Apo-Pantoprazole-APX)

(Novo-Pantoprazole-NOP) (Ran-Pantoprazole-RAN); 40mg (Pantoloc-NYC)

(Apo-Pantoprazole-APX) (Novo-Pantoprazole-NOP) (Ran-Pantoprazole-RAN)

(CO Pantoprazole-COB) (Mylan-Pantoprazole-MYL) (pms-Pantoprazole-PMS)

(ratio-Pantoprazole-RPH) (Sandoz Pantoprazole-SDZ)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat*

- treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
 - (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
 - (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
 - (e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
 - (f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

pantoprazole magnesium, enteric-coated tablet, 40mg (Tecta-NYC)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
- (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- (e) For first-line prevention of gastroduodenal hemorrhage in high risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
- (f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

Pantoloc - see pantoprazole sodium

Pariet - see rabeprazole sodium

Pegatron - see peginterferon alfa-2b/ribavirin

peginterferon alfa-2a, injection (pre-filled syringe), 180ug/0.5mL, injection (vial) 180ug/1mL (Pegasys-HLR)

- (a) For treatment of chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks. Genotypes 2 and 3 may respond to 24 weeks of therapy.
- (b) For the management of hepatitis B for up to 48 weeks.

peginterferon alfa-2a/ribavirin, injection (pre-filled syringe)/tablet, 180ug/0.5mL/200mg; injection (vial)/tablet, 180ug/1mL/200mg (Pegasys RBV-HLR)

For treatment of chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks. Genotypes 2 and 3 may respond to 24 weeks of therapy.

peginterferon alfa-2b/ribavirin, powder for solution/capsule, 50ug/0.5mL/200mg, 150ug/0.5mL/200mg (Pegetron-SCH) 80ug/0.5mL/200mg, 100ug/0.5mL/200mg, 120ug/0.5mL/200mg, 150ug/0.5mL/200mg (Pegetron Redipen-SCH)

For treatment of chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks. Genotypes 2 and 3 may respond to 24 weeks of therapy.

peginterferon alfa-2b, powder for injection (vial), 50ug/0.5mL, 80ug/0.5mL, 120ug/0.5mL, 150ug/0.5mL (Unitron PEG-SCH)

For treatment of chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks. Genotypes 2 and 3 may respond to 24 weeks of therapy.

peginterferon alfa-2b/ribavirin, powder for solution/capsule, 50ug/200mg, 80ug/200mg, 100ug/200mg, 120ug/200mg, 150ug/200mg (Pegetron-SCH)

For treatment of chronic active hepatitis C. Coverage will be provided for a duration of up to 48 weeks. Genotypes 2 and 3 may respond to 24 weeks of therapy.

pentosan polysulfate sodium, capsule, 100mg (Elmiron-JAN)

For treatment of interstitial cystitis where other treatments have failed.

Persantine - see dipyridamole

PhosLo - see calcium acetate

pimecrolimus, topical cream, 1% (Elidel-NVR)

For treatment of:

- (a) Atopic dermatitis in patients unresponsive to topical steroids tried within the last 3 months.
- (b) Atopic dermatitis in patients intolerant to topical steroids tried within the last 3 months.

***pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-LIL) (Apo-Pioglitazone-APX) (CO Pioglitazone-COB) (Mylan-Pioglitazone-MYL) (Novo-Pioglitazone-NOP) (pms-Pioglitazone-PMS) (ratio-Pioglitazone-RPH) (Sandoz Pioglitazone-SDZ) (Accel Pioglitazone-ACC) (Mint-Pioglitazone-MNT)**

See Appendix B for online adjudication criteria.

Plavix - see clopidogrel bisulfate

pms-Alendronate - see alendronate sodium

pms-Alendronate-FC - see alendronate sodium

pms-Azithromycin - see azithromycin

pms-Bezafibrate - see bezafibrate

pms-Bupropion SR - see bupropion HCl

pms-Carbamazepine-CR - see carbamazepine

pms-Carvedilol - see carvedilol

pms-Ciprofloxacin - see ciprofloxacin

pms-Clarithromycin - see clarithromycin

pms-Cyclobenzaprine - see cyclobenzaprine HCl

pms-Deferoxamine - see deferoxamine mesylate

pms-Fluconazole - see fluconazole
pms-Ketotifen - see ketotifen
pms-Lactulose - see lactulose
pms-Leflunomide - see leflunomide
pms-Levofloxacin - see levofloxacin
pms-Meloxicam - see meloxicam
pms-Norfloxacin - see norfloxacin
pms-Ofloxacin - see ofloxacin
pms-Olanzapine - see olanzapine
pms-Olanzapine ODT - see olanzapine
pms-Omeprazole DR - see omeprazole
pms-Pantoprazole - see pantoprazole sodium
pms-Pioglitazone - see pioglitazone HCl
pms-Rabeprazole - see rabeprazole sodium
pms-Rivastigmine - see rivastigmine
pms-Sumatriptan - see sumatriptan
pms-Tobramycin - see tobramycin
pms-Ursodiol C - see ursodiol
pms-Vancomycin - see vancomycin HCl

pregabalin, capsule, 25mg, 50mg, 75mg, 150mg, 300mg (Lyrica-PFI)

- (a) For the treatment of neuropathic pain in patients unresponsive following treatment with adequate doses of tricyclic antidepressants (TCA) as indicated on the patient profile by 2 consecutive prescriptions for a TCA within 6 months of the EDS request, or
- (b) For the treatment of neuropathic pain in patients intolerant or contraindicated to tricyclic antidepressants.

Note: Coverage is not approved for the treatment of pain associated with conditions such as fibromyalgia, Multiple Sclerosis, Trigeminal Neuralgia and others.

Prevacid - see lansoprazole
Prevacid FasTab - see lansoprazole
Prezista - see darunavir

progesterone (micronized), capsule, 100mg (Prometrium-SCH)

For treatment of patients:

- (a) Intolerant to medroxyprogesterone acetate (Provera).
- (b) Having low high-density lipoproteins.

Prograf - see tacrolimus
Prometrium - see progesterone (micronized)
Protopic - see tacrolimus
Pulmozyme - see dornase alfa
Purinethol - see mercaptopurine

quinagolide HCl, tablet, 0.075mg, 0.150mg (Norprolac-FEI)

For the treatment of hyperprolactinemia in patients who have failed or are intolerant to bromocriptine.

***rabeprazole sodium, enteric coated tablet, 10mg, 20mg (Pariet-JAN)
(Novo-Rabeprazole EC-NOP) (Ran-Rabeprazole-RAN) (pms-Rabeprazole EC-PMS)
(Sandoz Rabeprazole-SDZ)**

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat*

treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.

- (b) For treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome.
- (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*
- (e) First-line prevention of gastroduodenal hemorrhage in high-risk patients with prior history of gastroduodenal bleeds for whom anticoagulant, glucocorticosteroid or NSAID therapy cannot be avoided. *Coverage is renewable on a yearly basis for patients if discontinuation of offending agents or replacement with less damaging alternatives is not feasible.*
- (f) For a maximum of 8 weeks in patients discharged from hospital, on a proton pump inhibitor, following a gastroduodenal bleed.

***raloxifene HCl, tablet, 60mg (Evista-LIL) (Apo-Raloxifene-APX)
(Novo-Raloxifene-NOP)**

For treatment of:

- (a) Osteoporosis in patients unresponsive to etidronate disodium/calcium (Didrocal) after receiving it for 1 year.
- (b) Osteoporosis in patients intolerant to etidronate disodium/calcium (Didrocal).

raltegravir, tablet, 400mg (Isentress-MSD)

For the treatment of HIV-1 infection in treatment-experienced patients who have evidence of viral replication and HIV-1 strains resistant to three classes of HIV agents. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Ran-Carvedilol - see carvedilol

Ran-Cefprozil - see cefprozil

Ran-Ciproflox - see ciprofloxacin

Ran-Clarithromycin - see clarithromycin

Ran-Fentanyl - see fentanyl

Ran-Fentanyl Matrix - see fentanyl

Ran-Pantoprazole - see pantoprazole sodium

Ran-Rabeprazole - see rabeprazole sodium

ranibizumab, injection solution, 10mg/mL (0.3mL vial) (Lucentis-NVR)

For the treatment of neovascular (wet) age-related macular degeneration (AMD) if **all** of the following circumstances apply to the eye to be treated:

- (a) The best corrected visual acuity (BCVA) is between 6/12 and 6/96
- (b) The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- (c) There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT) or recent visual acuity changes)
- (d) Injection will be by a qualified ophthalmologist with experience in intravitreal injections

Coverage will not be provided for patients:

- (a) With permanent structural damage to the central fovea or no active disease (as defined in the Royal College of Ophthalmology guidelines).
- (b) Receiving concurrent verteporfin PDT treatment.

The interval between the doses should be no shorter than one month.
Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Ranibizumab should be permanently **discontinued** if any one of the following occurs:

- (a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology.
- (b) Reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both.
- (c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Rapamune - see sirolimus

ratio-Aclavulanate - see amoxicillin trihydrate/potassium clavulanate

ratio-Alendronate - see alendronate sodium

ratio-Azithromycin - see azithromycin

ratio-Bupropion SR - see bupropion HCl

ratio-Carvedilol - see carvedilol

ratio-Cefuroxime - see cefuroxime axetil

ratio-Ciprofloxacin - see ciprofloxacin

ratio-Clarithromycin - see clarithromycin

ratio-Cyclobenzaprine - see cyclobenzaprine HCl

ratio-Fentanyl - see fentanyl

ratio-Ketorolac - see ketorolac tromethamine

ratio-Lactulose - see lactulose

ratio-Meloxicam - see meloxicam

ratio-Minocycline - see minocycline HCl

ratio-Omeprazole - see omeprazole

ratio-Pantoprazole - see pantoprazole sodium

ratio-Pioglitazone - see pioglitazone HCl

ratio-Rivastigmine - see rivastigmine

Rebif - see Appendix G

Rebif Initiation Pack - see Appendix G

Remicade - see infliximab

Reminyl ER - see galantamine hydrobromide

Remodulin - see treprostinil

Renagel - see sevelamer HCl

repaglinide, tablet, 0.5mg, 1mg, 2mg (GlucoNorm-NOO)

For treatment of :

- (a) Diabetes in patients uncontrolled on sulfonylureas.
- (b) Diabetes in patients intolerant to sulfonylureas.

Rescriptor - see delavirdine mesylate

Retin A - see tretinoin

Retrovir - see zidovudine

Revatio - see sildenafil citrate

Reyataz - see atazanavir SO₄

rifabutin, capsule, 150mg (Mycobutin-PFI)

For prevention of disseminated *Mycobacterium avium complex* (MAC) in patients with advanced human immunodeficiency virus (HIV) infection.

risedronate sodium, tablet, 5mg, 35mg, 75mg, 150mg (Actonel-PGA)

For treatment of:

- (a) Osteoporosis in patients unresponsive to etidronate disodium/calcium (Didrocal) after receiving it for one year.
- (b) Osteoporosis in patients intolerant to etidronate disodium/calcium (Didrocal).
- (c) Osteoporosis in patients who have pre-existing and/or recent fractures, and:
- (d) Glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

risedronate sodium, tablet, 30mg (Actonel-PGA)

For treatment of symptomatic Paget's disease of the bone.

Risperdal Consta - see risperidone

risperidone, powder for suspension sustained-release, 25mg/vial, 37.5mg/vial, 50mg/vial (Risperdal Consta-JAN)

For treatment of patients exhibiting a compliance problem with an oral antipsychotic and in whom the administration of a conventional injectable extended action antipsychotic is ineffective or poorly tolerated.

ritonavir, oral solution, 80mg/mL (Norvir-ABB); soft elastic capsule, 100mg (Norvir SEC-ABB)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Rituxan - see rituximab

rituximab, injection solution, 10mg/mL (Rituxan-HLR)

For treatment of severe rheumatoid arthritis when used in combination with methotrexate in adult patients who have failed to respond to an adequate trial of an anti-TNF agent. Rituxan should not be used concomitantly with anti-TNF agents.

Please contact the Drug Plan for billing information.

rivaroxaban, tablet, 10mg (Xarelto-BAY)

- (a) For prophylaxis following total knee arthroplasty for up to 14 days following the procedure.
- (b) For prophylaxis in patients undergoing total hip replacement for up to 14 days following the procedure.

***rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Exelon-NVR)**

(Sandoz Rivastigmine-SDZ) (pms-Rivastigmine-PMS)

(Mylan-Rivastigmine-MYL) (ratio-Rivastigmine-RPH)

(Novo-Rivastigmine-NOP)

oral solution, 2mg/mL ((Exelon-NVR)

- (a) A diagnosis of probable Alzheimer's disease as per DSM-IV criteria.
- (b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60-days prior to application for coverage by a clinician.
- (c) A Functional Activities Questionnaire (FAQ) must be completed.
- (d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with rivastigmine therapy. List all current medications patient was taking at the time of assessment.
- (e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.
 - **Eligible patients currently taking rivastigmine** would require assessment at 6 month intervals. To continue receiving rivastigmine,

patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

- **Eligible new patients** will enter a 3 month treatment period with rivastigmine. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with rivastigmine. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving rivastigmine, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.

The MMSE score must remain at 10 or greater at all times to be eligible for coverage.

- Patients who do not meet criteria to continue rivastigmine can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
- Rivastigmine does not need to be discontinued prior to MMSE or FAQ testing.
- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
- Coverage will not be considered for patients who have failed on other drugs in this class.

Initial EDS application for rivastigmine (Exelon) will only be accepted from physicians on the Aricept/Exelon/Reminyl EDS application form. This form is available online at <http://formulary.drugplan.health.gov.sk.ca> or by calling the Drug Plan. EDS renewals can be submitted either by telephone, mail or fax.

rizatriptan benzoate, tablet, 5mg, 10mg (Maxalt-MSD); wafer, 5mg, 10mg (Maxalt RPD-MSD)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Rocaltrol - see calcitriol

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-GSK)

See Appendix B for online adjudication criteria.

rosiglitazone maleate/metformin HCl, tablet, 1mg/500mg, 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg (Avandamet-GSK)

See Appendix B for online adjudication criteria.

Saizen - see somatropin

salmeterol xinafoate, metered dose inhaler, 25ug/actuation; powder disk, 50ug/blister (Serevent-GSK); powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK)

For treatment of:

- (a) Asthma uncontrolled on concurrent inhaled steroid therapy.
It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.

- (b) COPD unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators.

salmeterol xinafoate/fluticasone propionate, metered dose inhaler (package), 25ug/125ug, 25ug/250ug (Advair-GSK); powder for inhalation (package), 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GSK)

For treatment of:

- (a) Asthma in patients uncontrolled on inhaled steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
- (b) COPD in patients where there has been concurrent or past use of tiotropium or a LABA (salmeterol or formoterol).

Sandostatin - see octreotide

Sandostatin LAR - see octreotide

Sandoz Alendronate - see alendronate sodium

Sandoz Azithromycin - see azithromycin

Sandoz Bupropion SR - see bupropion HCl

Sandoz Calcitonin NS - see calcitonin salmon

Sandoz Cefprozil - see cefprozil

Sandoz Ciprofloxacin - see ciprofloxacin

Sandoz Clarithromycin - see clarithromycin

Sandoz Estradiol Derm - see estradiol

Sandoz Fentanyl MTX - fentanyl

Sandoz Leflunomide - see leflunomide

Sandoz Levofloxacin - see levofloxacin

Sandoz Minocycline - see minocycline HCl

Sandoz Olanzapine ODT - see olanzapine

Sandoz Omeprazole - see omeprazole

Sandoz Pamidronate - see pamidronate

Sandoz Pantoprazole - see pantoprazole sodium

Sandoz Pioglitazone - see pioglitazone HCl

Sandoz Rabeprazole - see rabeprazole sodium

Sandoz Rivastigmine - see rivastigmine

Sandoz Sumatriptan - see sumatriptan

Sandoz Ticlopidine - see ticlopidine HCl

Sandoz Tobramycin - see tobramycin ophthalmic solution

saquinavir, capsule, 200mg, 500mg (Invirase-HLR)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

***selegiline HCl, tablet, 5mg (Novo-Selegiline-NOP) (Apo-Selegiline-APX) (Mylan-Selegiline-MYL) (Nu-Selegiline-NXP) (Dom-Selegiline-DOM) (pms-Selegiline-PMS)**

- (a) For use as an adjunct in cases of Parkinson's disease being treated with levodopa, levodopa/benserazide, levodopa/carbidopa, or bromocriptine.
- (b) For prophylaxis in early Parkinsonism.

Serevent - see salmeterol xinafoate

Serevent Diskus - see salmeterol xinafoate

sevelamer HCl, tablet, 800mg (Renagel-GZY)

For treatment of:

- (a) End-stage renal disease in patients intolerant to aluminum or calcium containing phosphate-binding agents.

- (b) End-stage renal disease in patients where aluminum or calcium containing phosphate-binding agents are inappropriate.

sildenafil citrate, tablet, 20mg (Revatio-PFI)

For treatment of pulmonary arterial hypertension on the recommendation of a specialist. Note: The maximum dose that will be provided as a benefit is 20mg three times daily.

Singulair - see montelukast sodium

sirolimus, tablet, 1mg; oral solution, 1mg/mL (Rapamune-WYA)

For prophylaxis of graft rejection in transplant patients.

sodium cromoglycate, capsule, 100mg (Nalcrom-AVT)

For treatment of:

- (a) Patients who experience severe reactions to foods which cannot be avoided.
- (b) Crohn's Disease unresponsive to traditional therapy.
- (c) Ulcerative colitis in patients unresponsive to traditional therapy.

solifenacin succinate, tablet, 5mg, 10mg (Vesicare-APC)

For treatment of patients intolerant to oxybutynin chloride.

somatropin, injection, 5mg (Humatrope-LIL), 6mg, 12mg, 24mg (Humatrope Cartridge-LIL)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

+somatropin, injection, 3.33mg, 8.8mg (Saizen-SRO), 5mg (Nutropin-HLR) (Saizen-SRO), 10mg (Nutropin AQ-HLR) (Nutropin-HLR); cartridge, 10 mg (Nutropin AQ Pen-HLR)

For treatment of:

- (a) Children who have growth failure due to inadequate secretion of normal endogenous growth hormone.
- (b) Children who have growth failure associated with chronic renal insufficiency. *Note Exception Drug Status coverage is not required for S.A.I.L. patients. Coverage is provided under Saskatchewan Aids to Independent Living (S.A.I.L.) Program.*

Somatuline Autogel - see lanreotide acetate

Soriatane - see acitretin

Spiriva - see tiotropium bromide monohydrate

Sporanox - see itraconazole

Starlix - see nateglinide

stavudine, capsule, 15mg, 20mg, 30mg, 40mg (Zerit-BRI)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Stelara - see ustekinumab

Stieva-A Forte - see tretinoin

Strattera - see atomoxetine HCl

Suboxone - see buprenorphine/naloxone

***sumatriptan, tablet, 25mg (CO Sumatriptan-COB)
(Mylan-Sumatriptan-MYL) (pms-Sumatriptan-PMS) (Dom-Sumatriptan-DOM)
(Novo-Sumatriptan DF-NOP); 50mg (Imitrex DF-GSK)
(Apo-Sumatriptan-APX) (CO Sumatriptan-COB) (Mylan-Sumatriptan-MYL)
(pms-Sumatriptan-PMS) (Sandoz Sumatriptan-SDZ) (ratio-Sumatriptan-RPH)
(Dom-Sumatriptan-DOM) (Novo-Sumatriptan DF-NOP);
100mg (Imitrex DF-GSK) (Apo-Sumatriptan-APX) (CO Sumatriptan-COB)
(Mylan-Sumatriptan-MYL) (Novo-Sumatriptan-NOP) (pms-Sumatriptan-PMS)
(Sandoz Sumatriptan-SDZ) (ratio-Sumatriptan-RPH) (Dom-Sumatriptan-DOM)
(Novo-Sumpatriptan DF-NOP); nasal spray, 5mg, 20mg (Imitrex-GSK)**

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Suprax - see cefixime

Suprefact - see buserelin acetate

Sustiva - see efavirenz

Symbicort Turbuhaler - see formoterol fumarate dihydrate/budesonide

Synarel - see nafarelin acetate

3TC - see lamivudine

tacrolimus, capsule, 0.5mg, 1mg, 5mg (Prograf-APC); extended-release capsule, ampoule, 0.5mg, 1mg, 5mg; (Advagraf-APC), 5mg/mL (Prograf-APC)

For prophylaxis of graft rejection and to prevent rejection in post bone marrow/stem cell transplant patients.

tacrolimus, topical ointment, 0.03%, 0.1% (Protopic-FUJ)

For treatment:

- (a) Atopic dermatitis in patients unresponsive to topical steroids tried within the last 3 months.
- (b) Atopic dermatitis in patients intolerant to topical steroids tried within the last 3 months.

Taro-Ciprofloxacin - see ciprofloxacin

Tecta - see pantoprazole magnesium

Tegretol CR - see carbamazepine

telithromycin, tablet, 400mg (Ketek-AVT)

For treatment of pneumonia known to be resistant or unresponsive to listed alternatives and for pneumonia in patients allergic to listed alternatives.

Telzir - see fosamprenavir calcium

tenofovir disoproxil fumarate, tablet, 300mg (Viread-GSI)

For treatment of:

- (a) HIV in patients who have failed an alternative nucleoside reverse transcriptase inhibitor.
- (b) HIV in patients intolerant to an alternative nucleoside reverse transcriptase inhibitor.

This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

- (c) Chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

***ticlopidine HCl, tablet, 250mg (Apo-Ticlopidine-APX) (Nu-Ticlopidine-NXP) (Mylan-Ticlopidine-MYL) (Sandoz Ticlopidine-SDZ) (Novo-Ticlopidine-NOP)**

For treatment of patients who have experienced a:

- (a) Transient ischemic attack, stroke, or myocardial infarction while on acetylsalicylic acid.
- (b) Transient ischemic attack, stroke or myocardial infarction and have clearly demonstrated allergy to acetylsalicylic acid (manifested by asthma or nasal polyps).
- (c) Transient ischemic attack, stroke or a myocardial infarction and are intolerant of acetylsalicylic acid (manifested by gastrointestinal hemorrhage).

tinzaparin sodium, syringe, 10,000IU/mL (0.35mL, 0.45mL), 20,000IU/mL (0.5mL, 0.7mL, 0.9mL); injection solution, 10,000IU/mL (2mL), 20,000IU/mL (2mL) (Innohep-LEO)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty for up to 35 days.
- (c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (d) For long-term outpatient prophylaxis in patients who are pregnant.
- (e) For long-term outpatient prophylaxis in patients who have a contraindication to, are intolerant to, or have failed, warfarin therapy.
- (f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
- (g) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

tiotropium bromide monohydrate, powder capsule, 18ug/dose (Spiriva-BOE)

- (a) For treatment of COPD in patients unresponsive to short-acting beta agonists or short-acting anticholinergic bronchodilators, or
- (b) For treatment of moderate to severe COPD (i.e. Medical Research Council (MRC) dyspnea scale score 3 to 5), in conjunction with spirometry demonstrating moderate to severe airflow obstruction (i.e. FEV1 <60% and low FEV1/FVC <0.7), without a trial of short-acting agents.

tipranavir, capsule, 250mg (Aptivus-BOE)

For the management of HIV disease in patients who have been shown to be non-responsive or resistant to all currently listed protease inhibitors (except Prezista).

This drug, as with all antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

***tizanidine HCl, tablet, 4mg (Zanaflex-DPY) (Apo-Tizanidine-APX) (Mylan-Tizanidine-MYL)**

For treatment of :

- (a) Severe spasticity in patients unresponsive to baclofen or benzodiazepines.
- (b) Severe spasticity in patients intolerant to baclofen or benzodiazepines.

TOBI - see tobramycin inhalation solution

Tobradex - see tobramycin/dexamethasone

Tobramycin - see tobramycin ophthalmic solution

tobramycin, inhalation solution, 60mg/mL (TOBI-CCL)

For treatment of cystic fibrosis patients intolerant to injectable tobramycin when used for inhalation.

**tobramycin, ophthalmic ointment, 0.3% (Tobrex-ALC);
*ophthalmic solution, 0.3% (Tobrex-ALC) (pms-Tobramycin-PMS)
(Sandoz Tobramycin-SDZ)**

For treatment of ophthalmic infections in cases unresponsive to gentamicin ophthalmic.

tobramycin/dexamethasone, ophthalmic suspension, 0.3%/0.1%; ophthalmic ointment, 0.3%/0.1% (Tobradex-ALC)

- (a) For treatment of ophthalmic infections in cases unresponsive to therapeutic alternatives.
- (b) For post-operative long-term (>7days) use.

Tobrex - see tobramycin

tolterodine l-tartrate, extended-release capsule, 2mg, 4mg (Detrol LA-PFI)

For treatment of patients intolerant to oxybutynin chloride.

Tracleer - see bosentan

treprostinil, injection solution, 1mg, 2mg, 5mg, 10mg (Remodulin-NTI)

For treatment of patients with primary pulmonary hypertension or pulmonary hypertension secondary to collagen vascular disease, with New York Heart association class 111 or 1V disease who have both:

- (a) failed to respond to non-prostanoid therapies (i.e. calcium channel blockers, vasodilators, bosentan)

and:

- (b) who are not candidates for epoprostenol therapy because of:
 - prior recurrent complications with central line access (i.e. infection, thrombosis) or,
 - they reside in an area without ready access to medical care, which could complicate problems associated with an abrupt interruption of epoprostenol therapy.

Please contact the Drug Plan for billing information.

***tretinoin, cream, 0.1% (Stieva-A Forte-STI) (Retin A-JAN)**

For treatment of acne unresponsive to alternative topical therapy.

triamcinolone hexacetonide, injection suspension, 20mg/mL (Aristospan-STI)

For intra-articular injection in the management of pediatric chronic inflammatory arthropathies.

Trileptal - see oxcarbazepine

Trizivir - see abacavir SO₄/lamivudine/zidovudine

Trosec - see trospium chloride

trospium chloride, tablet, 20mg (Trosec-ORX)

For treatment of patients intolerant to oxybutynin chloride.

Truvada - see emtricitabine/tenofovir disproxil fumarate

Tysabri - see natalizumab

Ultramop - see methoxsalen

Unitron PEG - see peginterferon alfa-2b

Urispas - see flavoxate HCl

Urso - see ursodiol

***ursodiol, tablet, 250mg (Urso-AXC), 500mg (Urso DS-AXC)
(pms-Ursodiol C-PMS)
(Dom-Ursodiol C-DOM)**

For management of cholestatic liver diseases such as primary biliary cirrhosis.

ustekinumab, solution for injection, 45mg/0.5mL (Stelara-JAN)

For treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:

- i) failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine and
- ii) failure to respond to, intolerant to or unable to access phototherapy.

Coverage will be approved initially for the induction phase of up to 16 weeks. Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in this area.

Valcyte - see valganciclovir HCl

**valganciclovir HCl, tablet, 450mg (Valcyte-HLR); powder for oral solution, 50mg/mL
(Valcyte-HLR)**

- (a) For treatment of retinitis arising from CMV infection in patients with HIV infection.
- (b) For treatment and prophylaxis of CMV infection in transplant patients. Coverage will be approved for a six month period.

Vancocin - see vancomycin HCl

**vancomycin HCl, capsule, 125mg, 250mg (Vancocin-LIL);
injection, 500mg, 1g (pms-Vancomycin-PMS)**

For treatment of Clostridium difficile infections for up to two consecutive two week periods after no response, allergies or intolerance to a course of metronidazole. *Repeat approvals will only be granted with laboratory evidence of C. difficile toxin.*

Venofer - see iron sucrose

Vesicare - see solifenacin succinate

Vfend - see voriconazole

Videx EC - see didanosine

Vigamox - see moxifloxacin HCl

Viracept - see nelfinavir

Viramune - see nevirapine

Viread - see tenofovir disoproxil fumarate

Vitamin A Acid - see tretinoin

Volibris - see ambrisentan

Voltaren Ophtha - see diclofenac sodium

voriconazole, tablet, 50mg, 200mg; (Vfend-PFI)

For step-down treatment of patients treated in hospital for invasive aspergillosis or other serious fungal infections in consultation with an infectious disease specialist.

Wellbutrin SR - see bupropion HCl

Wellbutrin XL - see bupropion HCl

Xarelto - see rivaroxaban

Zaditen - see ketotifen fumarate

zafirlukast, tablet, 20mg (Accolate-AST)

For treatment of:

- (a) Asthma when used in patients on concurrent steroid therapy.
- (b) Asthma in patients uncontrolled on inhaled corticosteroids.

Zanaflex - see tizanidine HCl

Zerit - see stavudine

Ziagen - see abacavir SO₄

zidovudine, syrup, 10mg/mL; injection, 10mg/mL (Retrovir-GSK)

***capsule, 100mg (Retrovir-GSK) (Apo-Zidovudine-APX)**

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Zithromax - see azithromycin

Zoladex - see goserelin acetate

zoledronic acid, solution, 5mg/100mL (Aclasta-NVR)

For symptomatic treatment of Paget's disease of the bone. *Note: only one treatment per year is required.*

zolmitriptan, tablet, 2.5mg (Zomig-AST); orally dispersible tablet, 2.5mg (Zomig Rapimelt-AST); nasal spray, 5mg (Zomig Nasal Spray-AST)

For treatment of migraine headaches in patients over 18 years of age.

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60-day period. Patients requiring more than 12 doses in a consecutive 60-day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Zomig - see zolmitriptan

Zomig Nasal Spray - see zolmitriptan

Zomig Rapimelt - see zolmitriptan

zuclopenthixol, acetate injection, 50mg/mL (Clopixol-Acuphase-AVT); decanoate injection, 200mg/mL (Clopixol-Depot-AVT); dihydrochloride tablet, 10mg, 25mg, (Clopixol-AVT)

For treatment of schizophrenia in patients unresponsive to other neuroleptic medications.

Zymar - see gatifloxacin

Zyprexa - see olanzapine

Zyprexa Zydis - see olanzapine

Zyvoxam - see linezolid

LEGEND:

***These brands of products have been approved as interchangeable.**

+These brands of products have NOT been approved as interchangeable.

APPENDIX B

ONLINE ADJUDICATION CRITERIA

Online Adjudication

Approval of certain criteria based medication is available online.

Claims for the medications noted below can be submitted and adjudicated automatically through the online computer system. For these specific medications, the Drug Plan computer system checks the patient's online drug profile and if the necessary alternate dates appear on the Drug Plan profile the coverage and approval letter are automatically generated for the patient. This means the prescriber or pharmacist will not need to apply for coverage for these specific medications via phone, fax or mail.

Please Note: *Requests for these medications are still accepted by telephone, mail or fax. This may be required if for some reason the patient's computer profile is incomplete or if there are unusual circumstances surrounding the application.*

Online Adjudication Medications

***pioglitazone HCl, tablet, 15mg, 30mg, 45mg**

For treatment of patients who have had previous prescriptions for metformin or sulfonylureas (as indicated by prescription claims on their online Drug Plan profile).

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg

For treatment of patients who have had previous prescriptions for metformin or sulfonylureas (as indicated by prescription claims on their online Drug Plan profile).

rosiglitazone maleate/metformin HCl, tablet, 1mg/500mg, 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg

For the convenience of patients who have been stabilized on metformin and rosiglitazone.

Please Note: *These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin or sulfonylureas.*

APPENDIX C

SPECIAL COVERAGES

A) SENIORS' DRUG PLAN

Effective July 1, 2008, an income test component was introduced to the Seniors' Drug Plan. Saskatchewan residents who are 65 years of age and older with a reported income (Line 236) that is less than \$66,698 for 2008 will be eligible; he/she must submit a complete application (Form A) to be approved for benefits. This program ensures that Saskatchewan seniors pay \$15* per prescription for drugs listed in the Saskatchewan Formulary or approved under Exception Drug Status.

The Seniors' Drug Plan does not include seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs Canada.

Seniors with Guaranteed Income Supplement (G.I.S.) or Seniors' Income Plan (S.I.P.) will continue to have a \$200 or \$100 semi-annual deductible. Individual prescriptions under these two programs will be \$15.

Seniors with Special Support coverage will pay the lesser of the Special Support co-payment or the \$15 per prescription.

Patients with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care
- Seniors receiving S.I.P. and residing in a long term care facility

Which prescriptions are covered?

Prescription drugs listed on the Saskatchewan Formulary and approved under Exception Drug Status.

How does someone apply?

Application forms are available:

- online at www.health.gov.sk.ca/seniors-prescription-drug-plan
- at your pharmacy
- by contacting the Drug Plan and Extended Benefits Branch toll-free at 1-800-667-7581 or in Regina at 787-3317

Form A – CRA Application/Consent One-Time Application Form

To apply for the Seniors' Drug Plan program, each eligible senior must complete and sign an application and consent form. By using Form A, he/she gives the Drug Plan and Extended Benefits Branch permission to update coverage annually.

Form B – Annual Application

To apply for the Seniors' Drug Plan, this form can be completed and submitted with income information each year.

B) SPECIAL SUPPORT PROGRAM - INCOME BASED DRUG BENEFITS

An income-based program was implemented on July 1, 2002. Individuals or families will pay the full cost of their prescriptions unless they apply to the income-based program, the Special Support Program. As of July 1, 2008, coverage under the Special Support program will be effective the date a complete application is received by the Drug Plan and Extended Benefits Branch.

What is Special Support?

The Special Support Program is designed to assist **those whose benefit drug costs are high in relation to their income.** Based on income information provided on the application form, income tax documentation and Drug Plan records, the Drug Plan calculates a family threshold (deductible) and a consumer co-payment that may reduce the consumer's share of drug costs. The threshold is based on 3.4% of the total family income (adjusted for number of dependents) and the co-payment is calculated using total family income and actual benefit drug costs.

How does a person apply?

Residents can call the Drug Plan at 787-3317 (in Regina) or toll-free at 1-800-667-7581 and request an application form be sent to them or they may pick up a form at their community pharmacy. The benefit period is January 1 to December 31.

There are two application forms available on the health website: www.health.gov.sk.ca/health_forms.html under Special Support Program. The differences include:

- 1) CRA Application/Consent form:
 - one time completion of application form
 - must sign "CONSENT to Canada Revenue Agency" section
 - must forward documentation of income initially; subsequent years the coverage will automatically be renewed as long as the applicant and spouse both file individual income tax to CRA
- 2) Annual Application:
 - must re-apply annually by October 1
 - must sign "CONSENT and DECLARATION" section
 - must forward document of income each year, such as the Notice of Assessment or pages 1 and 2 of their income tax forms.

If the family income or medication costs change during the coverage period, the consumer may contact the Drug Plan for a reassessment of coverage:

1. changes in income must be made in writing with supporting documentation;
2. a request to review the assessment should be made in writing; or
3. a pharmacist may contact the Drug Plan requesting the coverage be reviewed due to new drugs.

C) INCOME SUPPLEMENT RECIPIENTS

Who receives income supplements?

Adults in families receiving Family Health Benefits, and seniors receiving the Seniors' Income Plan supplement (S.I.P.) or receiving the federal Guaranteed Income Supplement (G.I.S.) and residing in a special care home will pay a \$100 semi-annual deductible.

Seniors receiving S.I.P. and residing in a nursing home may be nominated for coverage under Supplementary Health and would pay no cost for formulary and approved Exception Drugs and would be eligible for other extended health benefits. The special-

care home completes a Health Coverage Advice form and Seniors' Income Plan completes the nomination.

Seniors receiving G.I.S. (ie. living in the community) have a \$200 semi-annual deductible.

Seniors who have high drug costs in relation to their income may apply for Special Support. They will have their drug coverage based on income and drug costs.

The Seniors' Drug Plan will ensure that no senior will pay more than \$15* per prescription.

Other Health Benefits:

All seniors who receive S.I.P. are eligible for the following through the Medical Services Branch:

- Vision exams
- Chiropractic treatments

All seniors are eligible for Emergency Ambulance Coverage. The senior would pay the first \$250 and the Senior Citizens Ambulance Assistance Program (SCAP) covers the remaining cost.

All seniors are eligible for coverage of Oxygen if they meet certain medical criteria.

1) Family Health Benefits

Family Health Benefits help low-income families pay for their children's optical, dental, drug and other health expenses. To be eligible, families must include at least one child under the age of 18, living with parents or guardians in Saskatchewan. They must have a valid Saskatchewan Health Services Card.

Eligibility is established through the Ministry of Social Services, in co-operation with Revenue Canada, based on the family income for the previous year and the number of children in the family. Most eligible families will be receiving the Saskatchewan Child Benefit, the National Child Benefit Supplement, or the Saskatchewan Employment Supplement.

Children under 18 years of age of families receiving Family Health Benefits are eligible for the same benefits as Supplementary Health beneficiaries with Plan Two coverage (see page 274). This means all covered drugs will be provided at no charge*. Also certain dental services, medical supplies and appliances, optical services, chiropractic services, and emergency medical transportation costs will be covered.

Adults receiving Family Health Benefits are also eligible for chiropractic services and an eye examination every two years.

Inquiries regarding benefits, contact the Supplementary Health Program:

Regina: 787-3124 Toll-free: 1-800-266-0695

Inquiries regarding prescription drugs should be directed to the Drug Plan:

Regina: 787-3317 Toll-free: 1-800-667-7581

SUMMARY OF FAMILY HEALTH BENEFITS

HEALTH BENEFITS	CHILDREN	PARENTS OR GUARDIANS
Dental Coverage	Covers the majority of the cost of most services	Coverage not provided
Optometric Services	Eye examinations once a year Basic Eyeglasses	Eye examinations covered once every two years
Emergency Ambulance	Covered	Coverage not provided
Medical Supplies	Basic coverage, some items require prior approval	Coverage not provided
Chiropractic Services	Covered	Covered
Drug Coverage	No charge for Formulary drugs*	\$100 semi-annual family deductible; 35% consumer co-payment there after Drug Plan Special Support Program available if provides better coverage (Consumer must apply)

D) SUPPLEMENTARY HEALTH (SOCIAL ASSISTANCE) BENEFICIARIES

1) Plan One Drug Coverage

Beneficiaries with Supplementary Health cards designated as "Plan One" may obtain prescriptions for Formulary drugs and approved Exception Drug Status drugs for \$2.00* per prescription. In addition, they may obtain the following prescribed drugs without charge:

insulin, oral hypoglycemics, injectable Vitamin B₁₂, oral contraceptives, allergenic extracts, and products used in megavitamin therapy.

Beneficiaries under the age of 18 may obtain Formulary drugs or approved Exception Drug Status drugs without charge*.

The Supplementary Health Program covers the cost of allergenic extracts and products used in megavitamin therapy. All of the other products listed above are covered and prescription claims are processed through the Drug Plan network.

*MAC & LCA policies apply.

2) Plan Two Drug Coverage

Beneficiaries requiring five or more Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two coverage may be initiated by contacting the Drug Plan at 787-8744 or (toll-free) 1-800-667-7581. A patient or a health professional (ie. physician, social worker) may submit the request.

Individuals with Supplementary Health cards designated as "Plan Two" may obtain the products available under "Plan One" together with any Formulary drugs or approved Exception Drug Status drugs, without charge*.

3) Plan Three Drug Coverage

Beneficiaries with Supplementary Health cards designated as "Plan Three" may obtain, in addition to drugs available under the Drug Plan, select prescribed over-the-counter (OTC) products and drugs at no charge*. The Supplementary Health Program covers the cost of these select products. The prescription claims are processed through the Drug Plan network.

Pharmacies may contact the Drug Plan at 787-3315 (Regina) or (toll-free) 1-800-667-7578 with inquires regarding Plan Three drug coverage.

E) EMERGENCY ASSISTANCE

What is Emergency Assistance?

Residents who require immediate treatment with covered prescription drugs and are unable to cover their share of the cost, may access Emergency Assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. Generally, this is a one-time assistance for no more than a month's supply. The level of assistance provided will be in accordance with the consumer's ability to pay. A Special Support Application **must be** completed for future assistance.

How do I request Emergency Assistance?

During regular office hours, the patient's pharmacy may call the Drug Plan at 787-3315 (Regina) or toll-free at 1-800-667-7578 to provide the information needed to support the request, as follows:

- patient identification (health services number);
- pharmacy identification (name, number);
- name and cost of the drug(s) required immediately;
- reason for the request, including evidence that other sources of credit or assistance have been explored and are not available.

Following approval by the Drug Plan, the claims may be submitted via the online system. The patient may obtain up to a one-month supply of covered drug product(s) included in the request. For future assistance, complete and submit a "Special Support" form.

Outside regular office hours, the pharmacy may provide up to a **four-day** supply of benefit drug products in an emergency situation. The paper claim will be honoured by the Drug Plan at the rate of payment specified by the pharmacist. A completed "Request for Special Support" form must be submitted for future assistance.

F) EXCEPTION DRUG STATUS PROGRAM

Please refer to Appendix A for detailed information and criteria for coverage of medications under the Exception Drug Status Program. For general information regarding Exception Drug Status, see "Notes Concerning the Formulary".

G) PALLIATIVE CARE COVERAGE

Definition of Palliative Care

Patients who are in the late stages of a terminal illness, where life expectancy is measured in months, and for whom treatment aimed at cure or prolongation of life is no longer deemed appropriate, but for whom care is aimed at improving or maintaining the quality of remaining life (e.g. management of symptoms such as pain, nausea and stress), will be eligible for Drug Plan Palliative Care drug benefits. The patient's physician must submit a completed Drug Plan "Request for Palliative Care Coverage" form to the Drug Plan in order to register a patient for this program.

Drug Benefits under Palliative Care

A palliative care patient who is registered with the Drug Plan is entitled to receive prescription drugs listed in the Saskatchewan Formulary at no charge* to them. The patient's pharmacy will bill the Drug Plan for 100% of the cost of benefit medications. Coverage is also provided for some commonly used laxatives, on prescription request, to patients registered under this program.

Exception Drug Status Drugs for Palliative Care Patients

Drugs listed under the Exception Drug Status program still require a separate physician request on behalf of the patient. To be eligible for approval of Exception Drug Status drugs, palliative care patients must meet the criteria as outlined in Appendix A of the current Saskatchewan Formulary. The Drug Plan must be provided with all relevant information to determine if the patient meets the criteria for the Exception Drug Status drug being requested on the patient's behalf.

Provisional Approval of Palliative Care Coverage

Provisional approval may be granted in response to a telephoned request from the pharmacist, the physician or social worker involved in the patient's care. At the time of the request, the pharmacist or social worker **must** be in possession of a signed Palliative Care form. After provisional coverage has been granted, the pharmacist or social worker must forward the signed form to the Drug Plan. Provisional approval may be withheld by the Drug Plan if the pharmacist or social worker is not in receipt of a signed form. All physicians requesting provisional approval must provide the Drug Plan with a signed form on the patient's behalf in a timely manner.

For provisional approval of Palliative Care, please contact the Drug Plan at **787-8744** to arrange coverage.

Notification of Physician and Patient

Upon receipt of a signed Palliative Care form, notification letters are generated by the Drug Plan, to the patient and the requesting physician.

Backdating of Palliative Care Coverage

Palliative Care coverage is routinely backdated **30 days** from the date the form is received by the Drug Plan. In certain cases where a patient is eligible for coverage but application is inadvertently not made, the Drug Plan will consider backdating at the physician's request, beyond this period.

Palliative Care Benefits under Health Regions

Patients, pharmacists or physicians should contact the home care office in their health region to inquire about coverage provided by the region for dietary supplements and other basic supplies.

*MAC & LCA policies apply.

H) "NO SUB" PRESCRIPTION DRUG COVERAGE

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the prescriber may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable or maximum allowable cost category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

The request may be submitted in writing or by telephone (787-8744 or toll-free 1-800-667-2549) and must provide sufficient details to permit thorough, objective assessment.

I) S.A.I.L. COVERAGE (SASKATCHEWAN AIDS TO INDEPENDENT LIVING)

Saskatchewan Aids to Independent Living (S.A.I.L) provides coverage for Formulary and non-Formulary disease-related drugs for persons registered on the Cystic Fibrosis, End Stage Renal and Paraplegic Programs. SAIL also provides assistance for other items such as nutritional products. For general inquiries regarding this program, telephone (306) 787-7121. For drug inquiries, telephone (306) 787-3315 or 1-800-667-7578 (press #1).

J) SASKATCHEWAN CANCER AGENCY

Prescriptions for drugs covered by the Saskatchewan Cancer Agency are provided free of charge to registered cancer patients by either the Allan Blair Cancer Centre Pharmacy in Regina (**telephone: (306) 766-2816**) or the Saskatoon Cancer Centre Pharmacy (**telephone: (306) 655-2680**). These drugs may be provided when prescribed by an oncologist or a physician working in association with the Cancer Agency. **These drugs are not covered by the Drug Plan** for cancer indications.

K) SPECIAL DRUG AUTHORIZATION

In addition to Formulary and Exception Drug Status benefits, beneficiaries with Plan One and Plan Two coverage may be eligible for a selected panel of products under the Supplementary Health Program through the Special Drug Authorization process. Selected over the counter (OTC) products that are currently benefits for Plan Three beneficiaries could be considered for coverage when prescribed for Plan One and Plan Two beneficiaries on a case-by-case basis. The prescriber must submit a request on the patient's behalf. Requests may be submitted in writing or by telephone to the Drug Plan at (306) 787-8744 or (toll-free) 1-800-667-2549.

L) CHILDREN'S INSULIN PUMP PROGRAM

Children who are 17 years of age or less and who meet certain criteria and who are approved under the Children's Insulin Pump Program will receive the following benefits:

- insulin pumps for children are provided under Saskatchewan Aids to Independent Living (SAIL). The cost of the insulin pump is covered in full.
- insulin pump supplies are a benefit under the Drug Plan for those patients meeting the criteria for an insulin pump. Cost of the supplies will be subject to coverage, deductible and co-payment.

M) CHILDREN'S DRUG PLAN

Effective July 1, 2008, the Ministry of Health implemented the Children's Drug Plan. Saskatchewan residents 14 years of age and under qualify automatically. This program ensures that Saskatchewan children pay \$15* per prescription for drugs listed in the Saskatchewan Formulary or those approved under Exception Drug Status. No application is required--children 14 years of age and under whose drugs costs are not covered by other government programs are automatically eligible for coverage.

Children who have coverage under their family's Special Support coverage will pay the lesser of the Special Support co-payment or the \$15 per prescription.

Children with the following coverage WILL NOT be affected and will continue to be covered in the same manner as they have in the past:

- Supplementary Health Benefits
- Family Health Benefits
- Saskatchewan Aids to Independent Living (SAIL)
- Palliative Care

APPENDIX D

CODES FOR PHARMACY ONLINE CLAIMS PROCESSING

The following is a list of error and warning codes that may appear when processing claims on the online system. The **error codes** are bolded.

<u>CODE</u>	<u>DESCRIPTION</u>
AA	HSN not on file
AB	Registry Number (DIAND) not on file
AI	First Nations/Inuit beneficiary not covered by the Drug Plan
AR	HSN does not have current valid coverage
CA	Prescription number required
CB	Prescriber ineligible on dispensing date
CC	Prescriber number required
CD	Prescriber inactive (dispensing date within 365 days of expiry date)
CE	Prescriber not on file
CF	Prescriber inactive (dispensing date greater than 365 days from expiry date)
CG	Prescriber suspended or revoked on dispensing date
CH	Invalid Pharmacist Organization ID
CI	Pharmacist not on file
CJ	Pharmacist ineligible on dispensing date
CK	Invalid Health Provider Organization ID
CM	Prescriber not eligible for methadone DIN claimed
CO	Pharmacy not on file
CP	Pharmacy inactive (no contract for dispensing date)
CR	Dispensing date is more than 62 days in the past
CS	Dispensing date invalid
CT	Invalid prescription number
EC	ECP fee not allowed as EC prescription not found
ED	Duplicate submission of ECP fee
EF	Maximum ECP fee exceeded
FC	Limited time for formulary clearance
GA	Benefit Rxs - possible duplicate (same pharmacy/same prescriber)
GB	Benefit Rxs - possible duplicate (same pharmacy/different prescriber)

<u>CODE</u>	<u>DESCRIPTION</u>
GC	Non-formulary drug - maximum allowable unit drug cost exceeded & recommended quantity exceeded
GE	Formulary/EDS drug - maximum allowable unit drug cost exceeded
GG	Non-formulary drug - maximum allowable unit drug cost exceeded - check unit drug cost
GH	Non-formulary drug - maximum allowable unit drug cost exceeded
GI	Dispense SOC for payment
GJ	Non-formulary drug - maximum allowable unit drug cost exceeded & recommended quantity exceeded & possible duplicate
GK	Total prescription cost exceeded (communications unavailable)
GL	Patient paid exceeded (communications unavailable)
GM	Recommended quantity exceeded & possible duplicate
GN	Non-formulary drug - maximum allowable unit drug cost exceeded & possible duplicate
GO	Dispensing fee exceeds maximum allowable
GP	Benefit Rxs - possible duplicate (different pharmacy/same prescriber)
GQ	Benefit Rxs - possible duplicate (different pharmacy/different prescriber)
GR	Age inconsistent with drug
GT	Total prescription cost invalid (communications unavailable)
GU	Patient paid invalid (communications unavailable)
GW	Compound unit drug cost & compounding fee exceeds established amounts
GX	Compound quantity must be one (1)
GY	Compound unit drug cost exceeds established amount
GZ	Compounding fee exceeds established amount
HA	Non-benefit DIN
HB	DIN not on file
HC	Benefit Rxs - 3 submissions exceeded (same drug/same pharmacy)
HD	Benefit Rxs - 3 submissions exceeded (same drug/different pharmacies)
HE	Possible benefit under Exception Drug Status
HF	Palliative Care - 3 submissions exceeded (same drug/same pharmacy)
HG	Palliative Care - 3 submissions exceeded (same drug/different pharmacies)
HH	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & recommended quantity exceeded
HI	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & non-formulary maximum allowable unit drug cost exceeded

<u>CODE</u>	<u>DESCRIPTION</u>
HJ	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & recommended quantity exceeded & non-formulary maximum allowable unit drug cost exceeded
IP	Alternative Reimbursement not allowed
IS	Alternative Reimbursement Fee exceeds maximum allowable
IT	Alternative Reimbursement Type (Quantity) invalid
KA	Benefit & non-benefit Rxs - possible duplicate (same pharmacy/same prescriber)
KB	Benefit & non-benefit Rxs - possible duplicate (same pharmacy/different prescriber)
KJ	Benefit & non-benefit Rxs - possible duplicate & recommended quantity exceeded & non-formulary maximum allowable unit drug cost exceeded
KM	Benefit & non-benefit Rxs - possible duplicate & recommended quantity exceeded
KN	Benefit & non-benefit Rxs - possible duplicate & non-formulary maximum allowable unit drug cost exceeded
KP	Benefit & non-benefit Rxs - possible duplicate (different pharmacy/same prescriber)
KQ	Benefit & non-benefit Rxs - possible duplicate (different pharmacy/different prescriber)
LA	Non-benefit Rxs - possible duplicate (same pharmacy/same prescriber)
LB	Non-benefit Rxs - possible duplicate (same pharmacy/different prescriber)
LC	Non-benefit Rxs - possible duplicate for First Nations/Inuit beneficiary not covered by the Drug Plan
LD	Non-benefit Rxs - possible duplicate for HSN without current valid coverage
LE	Non-benefit Rxs - possible duplicate for non-benefit DIN
LF	Non-benefit Rxs - possible duplicate & 3 submissions exceeded (same drug/same pharmacy)
LG	Non-benefit Rxs - possible duplicate & 3 submissions exceeded (same drug/different pharmacies)
LH	Non-benefit Rxs - possible duplicate & possible benefit under Exception Drug Status
LI	Non-benefit Rxs - possible duplicate & maximum allowable quantity exceeded

<u>CODE</u>	<u>DESCRIPTION</u>
LJ	Non-benefit Rxs - possible duplicate & authorized quantity limit exceeded
LP	Non-benefit Rxs - possible duplicate (different pharmacy/same prescriber)
LQ	Non-benefit Rxs - possible duplicate (different pharmacy/different prescriber)
MA	Drug mark-up percentage exceeds maximum allowable
MB	Discount percentage exceeds 100%
NA	Transmission error - resend
PA	Online EDS adjudication (OEA) successful
PB	Online EDS adjudication (OEA) not successful
PD	Duplicate PACT Fee (same pharmacy)
PE	Duplicate PACT Fee (different pharmacy)
RC	Void - original claim not found
RD	Void - original claim previously voided
RE	Void not allowed - claim paid to family
RG	Drug not eligible for Refusal to Dispense Fee Alternative Reimbursement
RH	Duplicate Refusal to Dispense Fee (same pharmacy)
RI	Duplicate Refusal to Dispense Fee (different pharmacy)
RN	Void not allowed - original claim has been adjusted
SA	Not authorized for automated interface to pharmacy PC - contact Drug Plan Help Desk
SB	Drug not eligible for Seamless Care Fee Alternative Reimbursement
SC	Duplicate Seamless Care Fee (same pharmacy)
SD	Duplicate Seamless Care Fee (different pharmacy)
SF	File error - contact Drug Plan Help Desk
TB	Drug not eligible for Trial Prescription Program
TC	Trial not allowed - not a new medication (previous Rx submitted from same pharmacy)
TD	Trial not allowed - not a new medication (previous Rx submitted from different pharmacy)
TE	Duplicate trial prescription (same pharmacy)
TF	Duplicate trial prescription (different pharmacy)
TG	Remainder not allowed - no trial within last 14 days
TH	Remainder-duplicate prescription (same pharmacy)
TJ	Remainder not allowed - dispensed too soon after trial prescription

<u>CODE</u>	<u>DESCRIPTION</u>
TK	Remainder not allowed - regular Rx submitted within last 14 days (same pharmacy)
TL	Remainder not allowed - regular Rx submitted within last 14 days (different pharmacy)
TM	Remainder - dispensing fee not allowed - the 2nd fee should be billed as an Alternative Reimbursement
TN	Regular Rx not allowed - trial submitted within last 14 days (same pharmacy)
TP	Alternative Reimbursement not allowed - no trial within last 30 days
TQ	Alternative Reimbursement - duplicate submitted within last 30 days (same pharmacy)
YI	Maximum allowable quantity exceeded
YK	Recommended quantity exceeded
YL	Authorized quantity limit exceeded
YM	Quantity submitted is lower than the minimum billing quantity for this drug (check 100 day & Two Month Drug Lists)

APPENDIX E

MAINTENANCE DRUG SCHEDULE

The following lists of drugs are appended to the contract between Saskatchewan Health and each Saskatchewan pharmacy. Prescribing and dispensing should be in these quantities once the medical therapy of a patient is in the maintenance stage, unless there are unusual circumstances that require these quantities not be dispensed.

100 DAY LIST (by product categories)	
<p><i>ANTICONVULSANTS</i> carbamazepine clobazam clonazepam divalproex sodium ethosuximide gabapentin lamotrigine levetiracetam methsuximide nitrazepam oxcarbazepine phenytoin primidone topiramate valproate sodium valproic acid vigabatrin</p> <p><i>ANTI-THYROIDS</i> methimazole propylthiouracil</p> <p><i>DIGITALIS PREPARATIONS</i> digoxin</p>	<p><i>DIURETICS</i> amiloride HCl amiloride HCl/hydrochlorothiazide chlorthalidone furosemide hydrochlorothiazide indapamide hemihydrate metolazone spironolactone spironolactone/hydrochlorothiazide triamterene/hydrochlorothiazide</p> <p><i>ORAL HYPOGLYCEMICS</i> acarbose chlorpropamide gliclazide glyburide metformin nateglinide pioglitazone HCl repaglinide rosiglitazone maleate rosiglitazone maleate/metformin tolbutamide</p> <p><i>PHENOBARBITAL</i> phenobarbital</p> <p><i>THYROID PREPARATIONS</i> thyroid levothyroxine (sodium)</p>

TWO MONTH DRUG LIST (by product categories)	
<p><i>ESTROGENS</i> conjugated estrogens estradiol estropipate ethinyl estradiol piperazine estrone sulfate stilboestrol stilboestrol sodium diphosphate</p>	<p><i>CONTRACEPTIVES INCLUDING:</i> oral contraceptives ethinyl estradiol/etonogestrel (NuvaRing)</p>

APPENDIX F

TRIAL PRESCRIPTION PROGRAM

A trial prescription provides a patient with a 7 or 10-day supply of a new medication to determine if it is effective and/or tolerated.

The following medications are eligible for reimbursement under the Trial Prescription Program. If the medication is also listed under the Exception Drug Status (EDS) program, the client must be approved for EDS for the medication to be a benefit.

24:00 CARDIOVASCULAR DRUGS

Eligible drugs are those listed in this class in the Saskatchewan Drug Plan Formulary and its updates.

28:00 CENTRAL NERVOUS SYSTEM AGENTS

Eligible drugs are those listed in this class in the Saskatchewan Drug Plan Formulary and its updates.

GASTROINTESTINAL AGENTS

misoprostol

HEMORRHEOLOGIC AGENTS

pentoxifylline

Please refer to the Ministry of Health, Drug Plan & Extended Benefits Branch Pharmacy Reference Manual for Trial Prescription Program policies and procedures.

APPENDIX G

SASKATCHEWAN MS DRUGS PROGRAM

PROCEDURE FOR OBTAINING COVERAGE OF MS DRUGS UNDER THE DRUG PLAN

- Requests are initiated by a physician. The patient and physician complete the application form and the physician forwards all relevant information to the Saskatchewan MS Drugs Program. For a copy of the application forms please refer to the website at: <http://formulary.drugplan.health.gov.sk.ca/>
- The MS Drug Advisory Panel reviews the application form and relevant documentation and renders a decision based on the criteria for coverage. **Note: A patient's eligibility for coverage is determined by the MS Drug Advisory Panel.** The Drug Plan is notified of the decision and communicates the results to the patient and the physician. Please note, annual renewal applications are required for consideration of ongoing Exception Drug Status (EDS) approval by the MS Drug Advisory Panel. Renewal application forms are mailed by the Drug Plan to the prescribing physician one month before expiration of coverage.
- **Questions regarding eligibility should be directed to:**
Saskatchewan MS Drugs Program Telephone: (306) 655-8400
Suite 7718-7th Floor FAX: (306) 655-8404
Saskatoon City Hospital
Saskatoon, S7K 0M7
- Upon approval of coverage, patients are encouraged to apply for assistance with the cost of these medications under the Drug Plan Special Support Program. For more detailed information regarding this program, see Appendix C.

1. CRITERIA FOR COVERAGE OF:

- *interferon beta-1b (Betaseron-BEX),*
- *glatiramer acetate (Copaxone-TVM),*
- *interferon beta-1a (Rebif-SRO), and*
- *interferon beta-1a (Avonex-BGN)*

Approval for coverage will be given to patients who are assessed and meet the following criteria:

- have clinical definite relapsing and remitting multiple sclerosis;
- have had at least two documented attacks of MS during the previous two years (an attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month);
- are fully ambulatory for 100 meters without aids (canes, walkers or wheelchairs)
- Extended Disability Status Scale (EDSS) 5.5 or less;
- are age 18 or older (Note: Applications for patients under 18 will be considered.)

Contraindications to Treatment

- concurrent illness likely to alter compliance or substantially reduce life expectancy;
- pregnancy, anticipated pregnancy or breast feeding within the next year;
- active, severe depression.

Physicians should also forward the following information:

- documentation of attacks, date of onset, date of diagnosis;
- neurological findings, Extended Disability Status Scale (EDSS);
- MRI reports or other significant information;
- list of current medications.

2. CRITERIA FOR COVERAGE OF:

- **natalizumab (Tysabri-BGN)**

For monotherapy treatment in patients with a diagnosis of multiple sclerosis who also meet **ALL** of the following criteria:

- a) Failure to respond to full and adequate courses of treatment with at least two disease-modifying therapies or have contraindications to, or be intolerant of these therapies, **AND**
- b) Significant increase in T2 lesion load compared to a previous MRI or at least one gadolinium-enhancing lesion, **AND**
- c) Two or more disabling relapses in the previous year.

Contraindications to Treatment

- any evidence of disease progression independent of relapses;
- immune compromise due to immunosuppressant or anti-neoplastic therapy or due to immunodeficiency (HIV, leukemia, lymphoma, etc.);
- history of progressive multifocal leukoencephalopathy (PML);
- concurrent malignancy;
- pregnancy, anticipated pregnancy or breast-feeding within the next year;
- active infectious disease (such as tuberculosis).

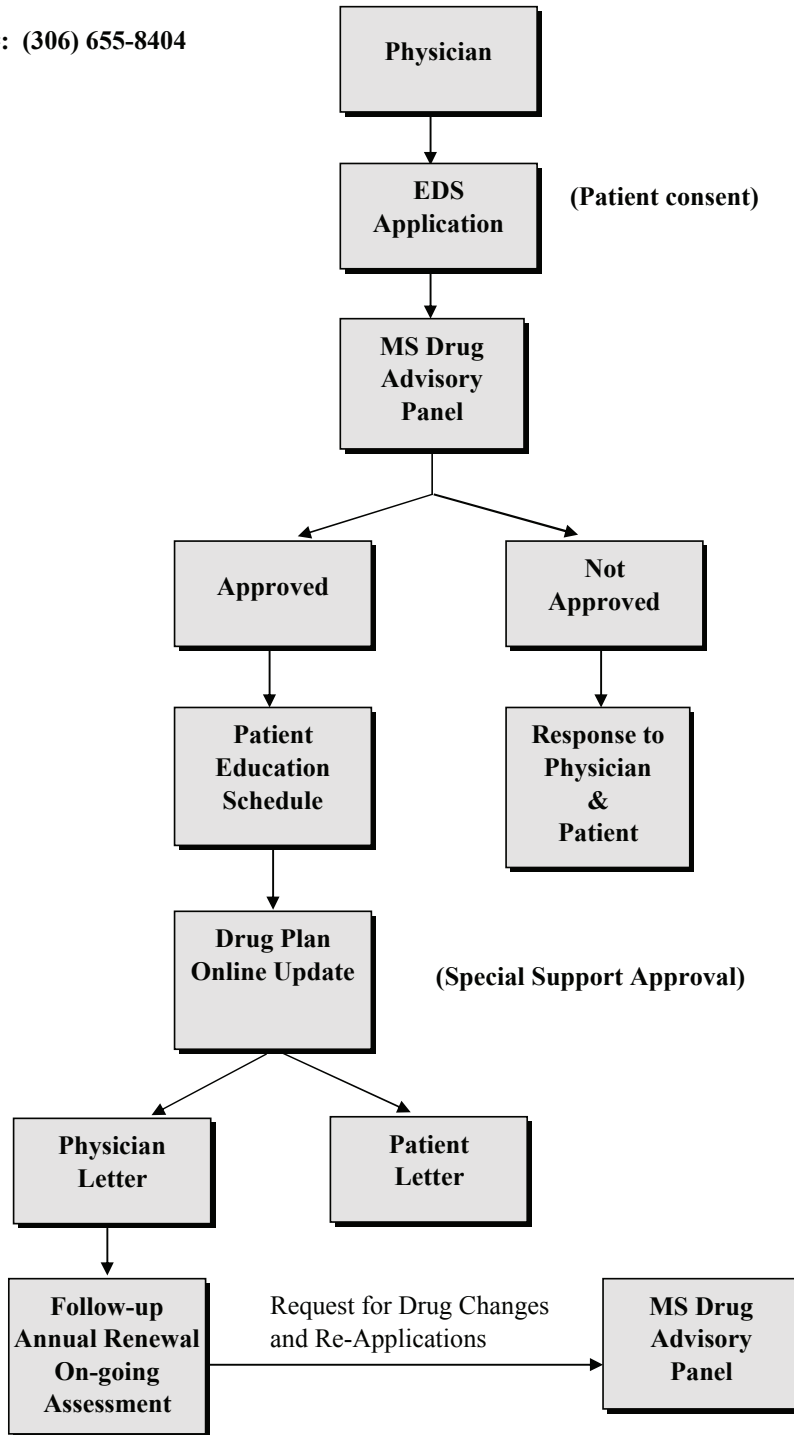
Neurologists should also forward the following information:

- name of previous disease-modifying therapies and duration of treatment;
- details of intolerance or failure with previous disease-modifying therapies;
- documentation of attacks including date of onset, duration of relapse, etc.;
- neurological findings, including Extended Disability Status Scale (EDSS) scores;
- MRI reports or other significant information;
- list of current medications.

Note: Applications for Tysabri must be initiated by a neurologist.

MS DRUG APPROVAL PROCESS

Fax #: (306) 655-8404



APPENDIX H

PHARMACEUTICAL MANUFACTURERS LIST

ABB	Abbott Laboratories Ltd.
ABC	Abbott Diabetes Care
ACC	Accel Pharma Inc.
ACM	AutoControl Medical
ACT	Actelion Pharmaceutiques Canada
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
AMG	Amgen Canada Inc.
ANC	Animas Canada
APC	Astellas Pharma Canada Inc.
APX	Apotex Inc.
AST	AstraZeneca Canada Inc.
AVT	Sanofi-Aventis Canada Inc.
AXC	Axcan Pharma
AXX	Axxess Pharma
BAY	Bayer Inc - Healthcare Division
BCD	Bayer Inc .- Consumer Care Division
BDC	Becton-Dickinson Canada Inc.
BGN	Biogen Canada Inc.
BIO	Biovitrum AB
BMD	BioMed 2002 Inc.
BMY	Bristol-Myers Squibb Canada Co.
BOE	Boehringer Ingelheim (Canada) Ltd.
BVL	Biovail Pharmaceuticals
CDC	Church & Dwight Canada
CDX	Canderm Pharma Inc.
CLC	Columbia Laboratories Canada Inc.
COB	Cobalt Pharmaceuticals Inc.
CYT	Cytex Pharmaceuticals Inc.
DIS	Disetronic Medical Systems Inc.
DOM	Dominion Pharmacal
DUI	Duchesnay Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
FEI	Ferring Inc.
FFR	Fournier Pharma Inc.
FMC	Fresenius Medical Care Canada
GAC	Galderma Canada Inc.
GCC	Graceway Canada Company
GCH	GlaxoSmithKline Consumer Healthcare Inc.
GDI	GenMed Inc.
GLW	Glenwood Laboratories Canada Ltd.
GSI	Gilead Sciences Canada Inc.
GSK	GlaxoSmithKline

GZY Genzyme Canada Inc.
HDI Hill Dermaceuticals, Inc.
HLR Hoffmann-LaRoche Ltd.
HOM Home Diagnostics Inc.
HOS Hospira Healthcare Corp.
IPC Insight Pharmaceuticals Corp.
IRK Iroko International LP
JAC Jacobus Pharma Inc.
JAN Janssen-Ortho Inc.
JJI Johnson & Johnson Inc.
JPC Jamp Pharma Corp.
KEY Key, Division of Schering Canada Inc.
KNG King Pharmaceuticals Canada Inc.
LEO Leo Pharma Inc.
LIL Eli Lilly Canada Inc.
LSN Lifescan Canada Ltd.
LUD Lundbeck Canada Inc
MCL McNeil Consumer Healthcare
MDA 3M Pharmaceuticals Canada Inc.
MET Methapharm Inc.
MGM Magnum HealthCare
MNT Mint Pharmaceuticals Inc.
MOC Medtronic of Canada
MPD Medical Plastic Devices Inc.
MSD Merck Frosst Canada Ltd.
MTI Medican Technologies Inc.
MVC Meda Valeant Pharma Canada
MYL Mylan Pharmaceuticals ULC
NBC Nova Biomedical Canada Ltd.
NHP National Home Products
NOO Novo Nordisk Canada Inc.
NOP Novopharm Ltd.
NVO Novartis Ophthalmics
NVR Novartis Pharmaceuticals Canada Inc.
NXP Nu-Pharm Inc.
NYC Nycomed Canada Inc.
ODN Odan Laboratories Limited
OMG Omega Laboratories Ltd.
OVA Ovation Pharmaceuticals Inc.
PAL Paladin Labs Inc.
PED PendoPharm Inc.
PFI Pfizer Canada Inc.
PFR Purdue Pharma
PGA Procter & Gamble Pharm. Canada, Inc.
PHL PharmMel Inc.
PMS Pharmascience Inc.
PRM PremPharm Inc.

RAN Ranbaxy Pharmaceuticals Canada Inc.
RDT Rare Disease Therapeutics
RPH Ratiopharm Inc.
ROC Roche Diagnostics
SCH Schering Canada Inc.
SCI Shire Canada Inc.
SCP Schering-Plough Healthcare Products
SDZ Sandoz Canada Inc.
SEP Sepracor Pharmaceuticals Inc.
SEV Servier Canada Inc.
SLI Sigmacon Lifesciences Inc.
SLV Solvay Pharma Inc.
SRO Serono Canada Inc.
STE SteriMax Inc.
STI Stiefel Canada Inc.
TAK Takeda Canada Inc.
TAR Taro Pharmaceuticals Inc.
TCI Tercica Inc.
THI Trembley Harrison Inc.
THM Theramed Corporation
TPI Triton Pharma Inc.
TPM TaroPharma Inc.
TRI Tribute Pharma Canada Inc.
TVM Teva Neuroscience
TYC Tyco Healthcare
UCB UCB Canada Inc.
UTI United Therapeutics Inc.
VAE Valeant Canada Inc.
VAL Valeo Pharma Inc.
VII Viiv HealthCare
WCK Wockhardt UK Ltd.
WEL Wellspring Pharmaceutical Canada Corp.
WYA Wyeth Pharmaceuticals
ZYP Zymcan Pharmaceuticals Inc.

APPENDIX I

MAXIMUM ALLOWABLE COST (MAC) POLICY

For many common medical conditions, drug manufacturers market a wide variety of prescription drugs that often vary in price but achieve the same medical effect. Under the MAC policy, the Drug Plan obtains expert advice on which prescription drug products within a group of similar medications are safe and beneficial, and the most cost-effective. The price of the most cost-effective drugs are used as a guide to set the maximum allowable cost the Drug Plan will cover for other similar drugs used to treat the same condition. The price is not necessarily set at the lowest cost drug.

Patients have two options if they are prescribed a drug whose price is above the MAC for the group; (1) they can either continue to take the higher priced drug and pay the difference in cost over the MAC or, (2) they can talk to their physician about switching to a drug that is within the MAC. If the patient wishes to switch medications they will need a new prescription from their physician.

If the patient chooses to remain on a higher priced drug, then only the maximum allowable cost will go towards their deductible and/or calculation of their co-payment.

The expert drug review committees assess the need for exemptions (and any exemption criteria) as they review each possible MAC group. Exemption criteria (where applicable) are noted in the chart below for each group. Exemption requests are considered on a case-by-case basis. Prescribers or pharmacists may make exemption requests, with supporting detailed information, to the Drug Plan via the Exception Drug Status process.

The MAC policy applies equally to all Saskatchewan residents eligible for benefits under the Drug Plan and Extended Benefits Branch.

MAXIMUM ALLOWABLE COST GROUP(S)

Proton Pump Inhibitors (PPIs)

Group includes	esomeprazole, lansoprazole, omeprazole, pantoprazole magnesium, pantoprazole sodium, rabeprazole
Maximum Allowable Cost	\$1.51 per tablet or capsule (subject to the patient's usual co-payment and deductible).
Exemption Criteria	<ul style="list-style-type: none">- Patients who are intolerant or refractory to at least two drugs priced within the MAC policy.- Patients requiring administration of a PPI by nasogastric tube.
Notes	<ul style="list-style-type: none">- These drugs are available under the Exception Drug Status (EDS) program. Patients must meet EDS criteria to qualify for coverage. See Appendix A for information on EDS criteria for specific PPIs.- HP-PAC prescriptions are not affected by this policy. <p>Please refer to formulary/website for actual prices.</p>



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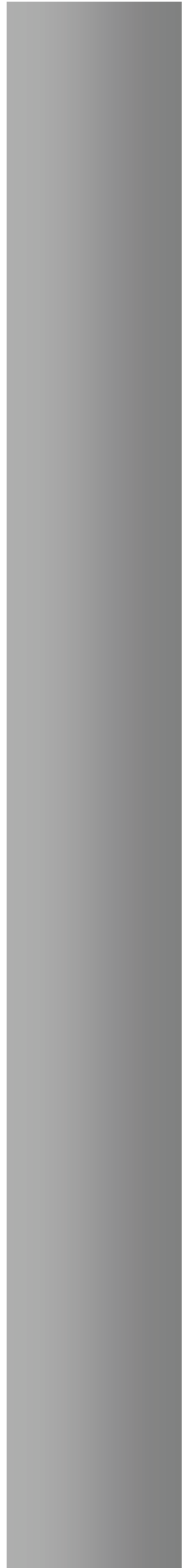
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HOSPITAL BENEFIT DRUG LIST



HOSPITAL BENEFIT DRUG LIST

April 2010

**NOTIFICATION OF UPDATES TO THE HOSPITAL BENEFIT DRUG LIST
WILL BE PROVIDED IN THE DRUG PLAN UPDATE BULLETINS**

**PLEASE DIRECT INQUIRIES REGARDING THIS LIST TO:
(306) 787- 3420**

1. This list of drug benefits under Saskatchewan Health is supplementary to the annual Saskatchewan Formulary (60th Edition, April 2010). It is intended to expand on the Formulary as required to meet the special requirements of hospitals and health centers.
2. The Benefit Drug List is published annually with periodic updates included in the Formulary Bulletins.
3. In summary, the government is accepting the following items as insured benefits when administered to patients in hospital and/or health centers. Institutional formularies put in place by Regional Health Authorities and affiliates may affect the availability of some insured drugs:
 - (a) All products listed in the Saskatchewan Formulary. (Brands other than those listed are not considered as interchangeable.)
 - (b) Unlisted strengths of products included in the Saskatchewan Formulary or approved for Exception Drug Status coverage (see item 5). [This applies only to brands manufactured by the same supplier(s).]
 - (c) Generally accepted nursing treatments, agents such as antiseptics, disinfectants, mouthwashes, lozenges, lubricants, soaps and emollients.
 - (d) All diagnostic agents.
 - (e) All irrigating solutions.
 - (f) All radioactive agents.
 - (g) All injectable vitamins and injectable multivitamin preparations when used to maintain or attain nutritional status.
 - (h) Alcoholic beverages such as beer, stout, brandy and whiskey.
 - (i) All dietary supplements.
 - (j) All antacids and laxatives marketed by approved manufacturers.
 - (k) All hemostatic agents.
 - (l) All agents appearing on the attached supplemental list including all dosage forms and strengths unless otherwise indicated in the list. Prolonged release, sustained release, and delayed release dosage forms are benefits only when specifically listed.
 - (m) New dosage forms, drug entities and other products released on the market after the effective date of this list are not insured hospital/health center benefits. They may be charged to hospital or health center clients until reviewed and approved as an insured benefit by the Drug Advisory Committee of Saskatchewan.
4. Formularies established by Regional Health Authorities and affiliates may not include all insured items. If an insured drug is not included in a health region/affiliate formulary, its provision will be subject to Regional Health Authority/affiliate policy. However if a benefit drug is provided within the guidelines of the Hospital Benefit

Drug List /Saskatchewan Formulary, it should be considered a benefit for that patient and paid for by the institution.

5. Only drugs listed in the Saskatchewan Formulary, and not those on the Benefit Drug List, are an insured benefit when dispensed to ambulatory patients, i.e. through retail pharmacies or an organized hospital dispensing service.
6. For certain patients, the Prescription Drug Services Branch may approve/has approved Exception Drug Status coverage, on an outpatient basis, for certain products which are not listed in the Saskatchewan Formulary or the Benefit Drug List. Patients with such coverage have been issued a letter of authorization which, upon presentation in a hospital or health center, also entitles the beneficiary to receive the specified drug as an inpatient benefit (notwithstanding Statement 4 above).

In cases where treatment with a product known to be eligible for Exception Drug Status Coverage is initiated in the hospital or health center, it will be recognized as an inpatient benefit providing the patient's case meets the eligibility criteria listed in the Saskatchewan Formulary. The drugs eligible for such coverage and the criteria for patient eligibility are published in the Saskatchewan Formulary as Appendix A.

7. Certain products are benefits only when used according to specific criteria. The usage criteria or restrictions that apply are shown for each product. When these products are ordered, the ordering physician and/or the pharmacist must determine if the conditions for coverage have been met. When the conditions are met, the patient receives the drug as a benefit. The cost is absorbed by the health region or affiliate. The region/affiliate may choose to charge the patient for administration of drugs in this section that fails to meet the criteria/restrictions listed.
8. Combination products are only benefits if they are specifically included in the Benefit Drug List. Listing of one ingredient included in a combination product does not make that product a benefit.
9. Products that are not listed in either the Saskatchewan Formulary or this supplementary benefit drug list, or which have not received special approval, are not insured and therefore are chargeable to a patient.
10. Certain products may be granted Restricted Coverage status for non-approved indications. This is the case only when the Drug Advisory Committee of Saskatchewan has reviewed evidence to demonstrate safety and efficacy and the prescriber is aware the drug is being prescribed for a non-approved indication.
11. Toxoids and Vaccines are to be provided by health regions and affiliates according to supply and guidelines established by Saskatchewan Health and Canadian Blood Services. Other such products will be reviewed and recommended for approval on a case by case basis by the health regions and affiliates. Serums are listed in Section 80:00.00.
12. EprexTM, AranespTM, InfuferTM and VenoferTM may be billed to the Drug Plan when used for the treatment of anemia of renal disease if patients receive these drugs in an institution's dialysis unit as an outpatient. In addition Pamidronate (all brands listed in the Saskatchewan Formulary), OreniciaTM, RemicadeTM, and RituxanTM may be billed to the Drug Plan via this process for patients meeting Exception Drug Status criteria. Payment for inpatient use of all of these drugs is the responsibility of the health region or affiliate.

Payment Policy Statement:

- The Drug Plan will reimburse hospital pharmacies the actual acquisition cost (AAC) of the dose of Eprex™, Aranesp™, Infufer™, Venofer™, Pamidronate (brands listed in the Saskatchewan Formulary), Orencia™, Remicade™, and Rituxan™ that is administered plus a 10% mark-up for each month's supply. The mark-up will be capped at \$20.00 per month, unless there are dosage changes. Where new generic brands are approved by the Saskatchewan drug review process as interchangeable with the above drugs, payment will be provided only up to the cost of the generic brand.

How to bill the Drug Plan:

- To ensure consistency in billing for these agents, hospital pharmacy departments are asked to use their specific DRUG PLAN WEB CERTIFICATE to submit claims online. Please contact (306) 787-3315 or toll free 1-800-667-7578 with any questions.

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04:00.00 ANTIHISTAMINE AGENTS

CYPROHEPTADINE
Tablet 4mg
Syrup 0.4mg/mL
DIPHENHYDRAMINE (injection only)
Injection 50mg/mL
PROMETHAZINE
Injection 25mg/mL

08:00.00 ANTI-INFECTIVE AGENTS

08:12.00 ANTIBIOTICS

08:12.02 AMINOGLYCOSIDES

AMIKACIN
Injection 250mg/mL
TOBRAMYCIN
Injection 10mg/mL, 40mg/mL

08:12.04 ANTIFUNGALS

AMPHOTERICIN B
Injection 50mg
AMPHOTERICIN B LIPID COMPLEX INJECTION (Abelcet) and
LIPOSOMAL AMPHOTERICIN B (AmBisome)
Restricted Coverage: When used in consultation with an infectious disease specialist under the following guidelines:

- failure of amphotericin B deoxycholate. For adults, this is normally defined as poor clinical response to >500mg cumulative doses;
- nephrotoxicity due to conventional amphotericin B therapy as evidenced by doubling of baseline serum creatinine or a significant rise from baseline plus concomitant use of other potential nephrotoxins;
- significant pre-existing renal failure – creatinine >220umol/L or CrCl <25mL/minute or special renal condition (e.g. transplant or single kidney);
- severe dose-related toxicities which do not resolve with premedication (e.g. fever, rigors, hypotension).

CASPOFUNGIN ACETATE
Restricted coverage: when administered in consultation with an infectious disease specialist.

Injection 50mg, 70mg

FLUCONAZOLE

Restricted Coverage: Injection

Injection 2mg/mL

FLUCYTOSINE (Health Canada - Special Access Programme)

Injection 1g, 5g, 10g

Capsules 500mg

08:12.06 CEPHALOSPORINS

CEFAZOLIN

Injection 500mg, 1g

CEFOTAXIME

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFOTETAN

Injection 1g, 2g

CEFOXITIN SODIUM

Injection 1g, 2g

CEFTAZIDIME

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFTOBIPROLE MEDOCARIL

Restricted Coverage: For use as a second/third line agent for suspected or proven MRSA infections, or as a second/third line agent for suspected or proven mixed infections. This agent should be reserved for use by an infectious disease specialist.

Injection 500mg

CEFTRIAXONE

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long-term use is covered when supported by sensitivity tests.

Injection 250mg, 1g, 2g

CEFUROXIME (see Appendix A – Saskatchewan Health Drug Plan Formulary)

Injection 750mg, 1.5g

CEPHALOTHIN

Injection

08:12.07 MISCELLANEOUS BETA LACTAM ANTIBIOTICS

ERTAPENEM

Restricted coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist, internist or microbiologist.

Injection 1g

IMIPENEM/CILASTATIN

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 250mg/250mg; 500mg/500mg

MEROPENEM

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection

08:12.08 CHLORAMPHENICOL

CHLORAMPHENICOL

Injection 1g

08:12.12 MACROLIDES

AZITHROMYCIN (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Injection

ERYTHROMYCIN

Injection (lactobionate) 500mg, 1g

08:12.16 PENICILLINS

AMPICILLIN

Injection 125mg, 250mg, 500mg, 1g, 2g

PIPERACILLIN

Injection 2g, 3g, 4g

PIPERACILLIN/TAZOBACTAM

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 2g/0.25g; 3g/0.375g; 4g/0.5g

TICARCILLIN

Injection 3g

08:12.24 TETRACYCLINES

08:12.24.12 GLYCYLCYCLINES

TIGECYCLINE

Restricted Coverage: Reserved for the treatment of infections resistant to first-line agents and on the recommendation of an infectious disease specialist.

08:12.28 MISCELLANEOUS ANTIBIOTICS

BACITRACIN STERILE

Vial 50,000 units

POLYMYXIN B SULFATE (injection only) (Health Canada - Special Access Programme)

QUINUPRISTIN/DALFOPRISTIN

Restricted Coverage: Reserved for use against multi-resistant gram positive organisms, including Methicillin Resistant Staph. Aureus (MRSA) and vancomycin resistant E.faecium, on the recommendation of an infectious disease specialist.

Injection

VANCOMYCIN

Injection

08:14.00 ANTIFUNGAL AGENTS

VORICONAZOLE

Restricted Coverage: When prescribed by an infectious disease specialist.

Injection

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL

Tablet 100mg, 400mg

ISONIAZID

Tablet 50mg, 100mg, 300mg

Syrup 10mg/mL

PYRAZINAMIDE

Tablet 500mg

RIFAMPIN

Capsule 150mg, 300mg

08:18.00 ANTIVIRALS

ACYCLOVIR

Restricted Coverage:

- a) *IV form only when used for treatment of initial and recurrent mucosal and cutaneous herpes simplex infections in immunocompromised patients and;*
- b) *IV form when used for severe initial episodes of herpes simplex infections in patients who may not be immunocompromised.*

Suspension 40mg/mL

Injection 500mg, 1g

FOSCARNET (Health Canada - Special Access Programme)

Injection 24mg/mL

GANCICLOVIR (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Vial 500mg

RIBAVIRIN

Restricted Coverage: When used in a Pediatric Intensive Care Unit, preferably on the basis of consultation with an infectious disease specialist, and for proven or seriously ill cases during an outbreak of the Respiratory Syncytial Virus (RSV).

Powder for inhalation solution 6g

08:22.00 QUINOLONES (see Appendix A - Saskatchewan Health Drug Plan Formulary)

CIPROFLOXACIN

Injection 10mg/mL

LEVOFLOXACIN

Injection 5mg/mL, 25mg/mL

MOXIFLOXACIN

Injection, 400mg

08:40.00 MISCELLANEOUS ANTI INFECTIVES

LINEZOLID (see Appendix A - Saskatchewan Health Drug Plan Formulary)

Injection

PENTAMIDINE ISETHIONATE

Injection

Oral inhalation solution 300mg

10:00.00 ANTINEOPLASTIC AGENTS (Agents used for non-cancer indications.

Contact the Saskatchewan Cancer Agency for information regarding drugs for cancer indications.)

BLEOMYCIN

Injection 15 unit

CYCLOPHOSPHAMIDE

Tablet 25mg, 50mg

Injection 200mg, 1g

DAUNORUBICIN

Injection 20mg

DOXORUBICIN

Injection 2mg/mL

FLUOROURACIL

Injection 50mg/mL

METHOTREXATE

Injection 10mg/mL (2mL), 25mg/mL (2mL, 4mL, 8mL, 20mL, 40mL, 200mL)

Powder for injection 20mg

RITUXIMAB

Restricted Coverage: For treatment of antibody-mediated rejection in kidney transplant patients.

Injection 10mg/mL

12:00.00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

NEOSTIGMINE

Injection 0.5mg/mL (1:2000), 1mg/mL (1:1000)

Injection 2.5mg/mL (5mL)

12:08.00 ANTICHOLINERGIC AGENTS

12:08.08 ANTIMUSCARINIC/ANTISPASMODICS

HYOSCINE BUTYLBROMIDE Also known as SCOPOLAMINE BUTYLBROMIDE

Injection 20mg/ML

HYOSCINE HYDROBROMIDE Also known as SCOPOLAMINE HYDROBROMIDE

Injection 0.4mg/mL, 0.6mg/mL

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

DOBUTAMINE

Injection 12.5mg/mL

DOPAMINE

Injection 40mg/mL (20mL)

IV premixed bag 0.8mg/mL (250mL, 500mL) D5W

EPHEDRINE

Injection 50mg/1mL

Tablet 8mg, 15mg, 25mg, 30mg

Capsule 25mg

ISOPROTERENOL

Injection 0.2mg/mL (1:5000)

NOREPINEPHRINE

Injection 1mg/mL

PHENYLEPHRINE

Injection 10mg/mL

PSEUDOEPHEDRINE

Tablet 60mg

Syrup 6mg/mL

12:16.00 SYMPATHOLYTICS

PHENTOLAMINE MESYLATE

Injection

12:20.00 SKELETAL MUSCLE RELAXANTS

ATRACURIUM BESYLATE
Injection 10mg/mL (5mL, 10mL)
PANCURONIUM
Injection 2mg/mL
ROCURONIUM
Injection 10mg/mL (10mL)
SUCCINYLCHOLINE
Injection 20mg/mL
VECURONIUM
Injection 10mg

20:00.00 BLOOD FORMATION AND COAGULATION

20:04.00 ANTIANEMIA DRUGS

20:04.04 IRON PREPARATIONS

FERROUS FUMARATE
Capsule
FERROUS GLUCONATE
Tablet
FERROUS SULPHATE
Tablet
Syrup
Oral drops
Oral solution
IRON DEXTRAN
Injection 50mg/mL elemental iron

20:12.00 COAGULANTS AND ANTICOAGULANTS

20:12.04 ANTICOAGULANTS

ARGATROBAN

Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.

Injection

DALTEPARIN

Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection

DANAPAROID

Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.

Injection

ENOXAPARIN

Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

For in-hospital treatment of ST-segment elevation myocardial infarction.

Injection

FONDAPARINUX SODIUM

Restricted Coverage: For the treatment of heparin induced thrombocytopenia (HIT).

Injection
HEPARIN (not including low molecular weight formulations)
Injection 1,000 IU/mL (1mL, 10mL, 30mL)
Injection (subcutaneous) 25000 IU/mL (0.2mL, 2mL)
Injection (heparin lock flush) 100 IU/mL (2mL, 10mL)
IV premixed bags all strengths mixed in D5W and 0.9% NaCl

LEPIRUDIN

Restricted Coverage: For treatment of heparin-induced thrombocytopenia in consultation with a hematologist or internist. It is suggested that a heparin-induced thrombocytopenia (H.I.T) assay be completed.

Injection
NADROPARIN

Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary. For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection
RIVAROXABAN

Restricted Coverage: See Appendix A - Saskatchewan Health Drug Plan Formulary.

- a) *prophylaxis following total knee arthroplasty for up to 14 days following the procedure.*
 - b) *prophylaxis in patients undergoing total hip replacement for up to 14 days following the procedure.*
- tablet

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULPHATE
Injection 10mg/mL

20:12.16 HEMOSTATICS

ANTIHEMOPHILIC FACTOR VIII (HUMAN)
APROTININ
Injection 10,000 Kallikrein Inhibitory Units/mL
FACTOR IX
TRANEXAMIC ACID
Injection 100mg/mL

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL
Tablet 300mg

20:40.00 THROMBOLYTIC AGENTS

STREPTOKINASE
Injection 250,000 IU, 750000 IU, 1.5 million IU
TENECTEPLASE (TNK)
*Restricted Coverage: For the treatment of patients with:
larger acute myocardial infarction and presenting within twelve (12) hours;
high risk inferior wall myocardial infarctions;
patients with significant hypotension or cardiogenic shock.*
Injection
ALTEPLASE (TISSUE PLASMINOGEN ACTIVATOR or tPA)
Restricted Coverage:

- c) *for the treatment of patients with:
larger acute myocardial infarction and presenting within twelve (12) hours.
high risk inferior wall myocardial infarctions.
patients with significant hypotension or cardiogenic shock.
Injection 50mg, 100mg*
- b) *for the treatment of strokes when all the following circumstances are present:
within three (3) hours of the onset of symptoms;
under the guidance of a neurologist and a neuro-radiologist;
after a CT scan to rule out hemorrhage; and
in conjunction with established treatment protocols.*
- c) *Injection, powder for solution, 2mg/vial (Cathflo)
For correction of catheter occlusions.*

24:00.00 CARDIOVASCULAR DRUGS

24.04.00 CARDIAC DRUGS

ADENOSINE

Restricted Coverage: When used as an antiarrhythmic – for conversion to sinus rhythm of paroxysmal supraventricular tachycardia, including those associated with accessory bypass tracts (Wolf-Parkinson-White Syndrome).

Injection 3mg/mL

AMIODARONE HCl

Injection 50mg/mL

BRETYLIUM TOSYLATE

Injection 50mg/mL

DIGOXIN

Injection 0.05mg/mL (1mL), 0.25mg/mL (2mL)

DILTIAZEM

Injection 5mg/mL (5mL, 10mL)

ESMOLOL (Health Canada – Special Access Program)

Restricted Coverage: For use in Operating Room or Critical Care Areas only for: the perioperative management of tachycardia and hypertension in patients with atrial fibrillation or atrial flutter in acute situations.

Injection 10mg/mL (10mL)

Infusion bag 10mg/ml (250ml size)

MILRINONE

Restricted Coverage:

a) *When used in the short-term management of ventricular dysfunction unresponsive to digitalis, diuretics and vasodilators or as an aid to weaning off an intra-aortic balloon pump when other inotropes have failed.*

b) *Must be administered in a critical care setting capable of invasive cardiac monitoring including cardiac output, pulmonary capillary wedge pressures and systemic vascular resistance.*

Injection 1mg/mL (10mL, 20mL)

PROCAINAMIDE

Injection 100mg/mL (10mL)

24:08.00 HYPOTENSIVE AGENTS

LABETALOL

Injection 5mg/mL

SODIUM NITROPRUSSIDE

Injection 50mg

24:12.00 VASODILATING AGENTS

ALPROSTADIL

Injection 0.5mg/mL

NIMODIPINE

Injection 0.2mg/mL (250mL)

NITROGLYCERIN

Injection 5mg/mL (10mL)

PAPAVERINE

Injection 32.5mg/mL (2mL)

NITRIC OXIDE

Restricted Coverage: For use in the pediatric population

Inhalation Gas

28:00.00 CENTRAL NERVOUS SYSTEM AGENTS

28:04.00 GENERAL ANESTHETICS

DESFLURANE

Inhalation solution 1mL/mL (240mL)

ENFLURANE

Solution 250mL

HALOTHANE

Solution 250mL

ISOFLURANE

Solution 100mL

KETAMINE

Injection 10mg/mL, 50mg/mL

PROPOFOL

Injection 10mg/mL (20mL, 50mL, 100mL)

SEVOFLURANE

Solution 250mL

THIOPENTAL

Injection kit 1 g kit and 500mg /2.5% kit

28:08.00 ANALGESICS AND ANTIPYRETICS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Tablet

Enteric coated tablet

Suppository

28:08.08 OPIATE AGONISTS

ALFENTANIL

Injection 0.05mg/mL, 0.5mg/mL

FENTANYL

Injection 50ug/mL

METHADONE

Powder for oral solution

(Use of methadone is restricted to Health Protection Branch authorized prescribers)

SUFENTANIL
Injection 50ug/mL

28:08.12 OPIATE PARTIAL AGONISTS

NALBUPHINE
Ampoule 10mg/mL

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN
Tablet (chewable)
Tablet
Oral liquid
Elixir
Suppository

28:10.00 OPIATE ANTAGONISTS

NALOXONE
Injection 0.4mg/mL

28:12.00 ANTICONVULSANTS

28:12.12 HYDANTOINS

FOSPHENYTOIN
Restricted coverage: for the treatment of status epilepticus.
Injection 25mg (50 PE)

28:12.92 MISCELLANEOUS ANTICONVULSANTS

MAGNESIUM SULFATE
Injection 50mg/mL

28:16.00 PSYCHOTHERAPEUTIC AGENTS (see the Saskatchewan Formulary)

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DOXAPRAM (FDA – Special Access Program)
Restricted Coverage: When used for approved indications.
Injection 20mg/mL (20mL)

28:24.00 ANXIOLYTICS, SEDATIVES AND HYPNOTICS

28:24.04 BARBITURATES (see the Saskatchewan Formulary)

28:24.08 BENZODIAZEPINES

MIDAZOLAM
Injection 1mg/mL (2mL, 5mL, 10mL), 5mg/mL (1mL, 2mL, 10mL)

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

DROPERIDOL

Injection 2.5mg/mL

PARALDEHYDE

Injection 5mL ampoule (1mL is equivalent to approximately 1g)

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

FLUMAZENIL

injection

40:00.00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE injectable preparations

Injection 0.5mEq/mL (4.2%), 1mEq/mL (8.4%) pre-load syringe

Injection 5g/100mL (5%) (500mL)

Injection 75mg/mL (7.5%)

Injection 1mEq/mL (8.4%)

TROMETHAMINE injection

Injection 36mg/mL (0.3 Molar)

40:12.00 ELECTROLYTE AND FLUID REPLACEMENT

CALCIUM CHLORIDE

Injection 10% - 100mg/mL (27mg elemental calcium/mL)

CALCIUM GLUCONATE

Injection 10% - 100mg/mL (9mg elemental calcium/mL)

CALCIUM ORAL DOSAGE FORMS

Note: 500mg elemental calcium = 12.5mmol or 25mEq elemental calcium

DEXTRAN 40

Solution 10% in D5W 500mL

Solution 10% in Saline 0.9% 500mL

DEXTRAN 70

Solution 32% in D10W 100mL

Solution 6% in D5W 500mL

Solution 6% in Saline 0.9% 500mL

MAGNESIUM ORAL DOSAGE FORMS

MAGNESIUM SULPHATE

Injection 50% - 500mg/mL (50mg elemental magnesium/mL)

Note: 5mg elemental magnesium = 0.2mmol or 0.4mEq elemental magnesium

PHOSPHATE

Injection potassium phosphate dibasic 236mg/mL

Injection potassium phosphate monobasic 224mg/mL

Effervescent tablet 500mg

POTASSIUM ACETATE

Injection 392mg/mL

POTASSIUM CHLORIDE

Injection 2mEq elemental potassium/mL

POTASSIUM PHOSPHATE
Vial 3mmol/mL
SODIUM CHLORIDE
Injection 2.5mEq/mL
Injection 4mEq/mL
SODIUM PHOSPHATE
Injection 3 mmol/mL
ZINC ORAL DOSAGE FORMS

40:20.00 CALORIC AGENTS

ABSOLUTE ALCOHOL INJECTION (dehydrated alcohol)
Injection 100% (10mL)
AMINO ACIDS SOLUTIONS (with or without electrolytes)
Includes all single substrate formulations
AMINO ACIDS / DEXTROSE SOLUTIONS (with or without electrolytes)
Includes all multisubstrate formulations
DEXTROSE
Injection 5%, 10%, 50%
FAT EMULSION PREPARATIONS
Injection 10%, 20%, 30%

40:28.00 DIURETICS

MANNITOL
Injection 10% (1000mL)
Injection 20% (500mL)
Injection 25% (50mL)

48:00.00 ANTITUSSIVES, EXPECTORANTS AND MUCOLYTIC AGENTS

48:08.00 ANTITUSSIVES

DEXTROMETHORPHAN
Syrup 3mg/mL

48:16.00 EXPECTORANTS

GUAIFENESIN
Oral solution 20mg/mL

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE
Antidote for acetaminophen poisoning
Injection 20% solution

52:00.00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.00 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS

POLYMYXIN B/GRAMICIDIN or BACITRACIN

Ophthalmic/otic solution, each mL: 10,000 units/0.25mg (gramicidin)
Ophthalmic ointment, each g: 10,000 units/500 units (bacitracin)

52:16.00 LOCAL ANESTHETICS

BENZOCAINE

Gel, topical 7.5%
Spray, 20%
Gel, topical 20%

COCAINE

Topical solution 100mg/mL: 4% (4mL), 10% (5mL)

LIDOCAINE (except for lozenges and suppositories)

Aerosol, endotracheal
Liquid (viscous), topical 2%

PROPARACAINE

Ophthalmic solution 0.5%

TETRACAINE

Ophthalmic solution 0.5%
Ophthalmic solution minims 0.5%
Aerosol 754 mg / 65g (oral)

52:20.00 MIOTICS

ACETYLCHOLINE

Solution, intraocular irrigation 10mg/mL

52:24.00 MYDRIATICS

PHENYLEPHRINE

Ophthalmic solution 2.5%
Ophthalmic solution minims 10%

TROPICAMIDE

Ophthalmic solution 0.5%, 1%
Ophthalmic solution minims 1%

52:32.00 VASOCONSTRICTORS

NAPHAZOLINE

Ophthalmic solution 0.1%

XYLOMETAZOLINE

Nasal spray 0.05%, 0.1%
Nasal solution 0.1%

52:36.00 MISCELLANEOUS EYE, EAR, NOSE AND THROAT DRUGS

ALUMINUM ACETATE

Solution, otic 0.5%

ARTIFICIAL TEARS

Ophthalmic solution

FLUORESCEIN SODIUM

Ophthalmic solution 2%, 10%
Ophthalmic solution minims 2%
Strip, ophthalmic 1mg
Injection 100mg/mL, 250mg/mL

SODIUM CHLORIDE

Ophthalmic solution, 5%

56:00.00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ACTIVATED CHARCOAL
Suspension (aqueous), oral - 200mg/mL
Suspension (in sorbitol), oral - 200mg/mL

56:08.00 ANTIDIARRHEA AGENTS

ATTAPULGITE
Tablet 300mg, 600mg, 750mg
Suspension 40mg/mL, 50mg/mL

56:12.00 CATHARTICS AND LAXATIVES

CASTOR OIL
FLEET
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL, & mineral oil
FLEET PHOSPHO - SODA BUFFERED SALINE
Oral solution with sodium biphosphate 900mg/5mL, sodium phosphate monobasic 2.4g/5mL
GLYCERIN
Suppository - infant 1.63g, adult 2.67g
SENNOSIDES (Standardized)
Powder 157.5mg/21g pouch
Tablet 8.6mg, 12mg, 15mg, 25mg
Granules 15mg/3g=1tsp
Syrup 1.7mg/mL (100mL, 250mL, 500mL)
Suppository 30mg

56:20.00 EMETICS

IPECAC
Syrup

56:22.00 ANTIEMETICS

DROPERIDOL
Injection 2.5mg/ML

56:22.20 5-HT3 RECEPTOR ANTAGONISTS

ONDANSETRON
Restricted Coverage: Coverage will be restricted to patients with non-cancer indications. The Saskatchewan Cancer Agency will be responsible for funding the drug in cancer patients.
Injection, tablet

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

PANTOPRAZOLE IV

Restricted Coverage: When ordered in a high dose (80mg IV bolus followed by 8mg/hour x 72 hours) by a gastroenterologist or general surgeon following endoscopic hemostasis for non-variceal upper gastrointestinal bleeding; or when ordered as Pantoprazole 40mg IV q24h for patients who are strict NPO (i.e. not taking any oral medications or oral diet) and have:

- a) non-variceal upper GI bleeding not requiring endoscopic hemostasis; or*
 - b) severe erosive esophagitis; or*
 - c) Exception Drug Status (EDS) for a Proton Pump Inhibitor taken prior to admission.*
- Injection

64:00.00 HEAVY METAL ANTAGONISTS

CALCIUM DISODIUM EDETATE (SAP drug)
Injection (not for chelation therapy)
DEFEROXAMINE MESYLATE
Injection 500mg, 2g vial
DIMERCAPROL
Injection 100mg/mL

68:00.00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENALS

METHYLPREDNISOLONE
Plain
Injection 40mg, 50mg, 125mg, 500mg, 1g
Injection (depot) 20mg/mL, 40mg/mL, 80mg/mL (5mL)
With Lidocaine
Injection 10mg/mL, 40mg/mL (1mL, 2mL, 5mL)

68:08.00 ANDROGENS

FLUOXYMESTERONE
Tablet 5mg

68:24.00 PARATHYROID

CALCITONIN
*Restricted coverage : For the treatment of non-malignant hypercalcemia.
Note : Requests for the treatment of hypercalcemia of malignancy should be referred to the Saskatchewan Cancer Agency*
Injection

68:28.00 PITUITARY

ACTH (adrenocorticotrophic hormone / corticotropin)
Jelly 80 unit/mL (5mL)
Powder 80 unit
VASOPRESSIN
Injection (aqueous) 20 units/mL

72:00.00 LOCAL ANESTHETICS

ARTICAINE

Cartridge 4% (5ug/mL epinephrine) (1.7mL)

BUPIVACAINE

Injection 0.25%, 0.5%, 0.75%

Injection 0.25% with epinephrine 1:200,000

Injection 0.5% with epinephrine 1:200,000

Injection, spinal 0.75% with dextrose 8.25% (2mL)

CHLOROPROCAINE

Injection, caudal-epidural 2%, 3%

LIDOCAINE (with the exception of lozenges or suppositories)

Injection 0.5%, 1%, 2%

Injection 0.5% with epinephrine 1:100,000

Injection 0.5% with epinephrine 1:200,000

Injection 1% with epinephrine 1:100,000

Injection 1% with epinephrine 1:200,000

Injection 2% with epinephrine 1:100,000

Injection, epidural 1.5%, 2%

Injection, epidural 1.5% with epinephrine 1:200,000

Injection, spinal 5% with glucose 7.5% - 2mL vial

MEPIVACAINE

Injection 1%

Injection, caudal-epidural 1%, 2%

PRILOCAINE

Solution 4%

TETRACAINE

Injection 20mg ampoule

76:00.00 OXYTOCICS

CARBOPROST

Injection 250mg/mL

DINOPROSTONE

Tablet 0.5mg

Gel 0.5mg/2.5mL, 1mg/2.5mL, 2mg/2.5mL syringe

Vaginal insert 10mg

DINOPROST TROMETHAMINE

Injection 5mg/mL

ERGOMETRINE MALEATE (Health Canada– Special Access Program)

Injection 0.2mg/mL

OXYTOCIN

Injection 10 units/mL

80:00.00 SERUMS, TOXOIDS AND VACCINES

Note:

* indicates the product is supplied to health regions by Saskatchewan Health

**indicates the product is supplied to health regions by the Canadian Blood Services

80:04.00 SERUMS

DIGOXIN IMMUNE FAB

Restricted Coverage:

- a) *When used for the treatment of severe, life threatening digoxin toxicity as defined by: (1) severe ventricular tachy or bradyarrhythmias and/or (2) progressive hyperkalemia of greater than 5mmol/L in the setting of severe digoxin toxicity.*
- b) *It is recommended one of the following medical specialties be consulted before this agent is administered: cardiologist; internist; or pediatrician.*

Injection 38mg

DIPHTHERIA ANTITOXIN*

Injection 20,000 IU vial

HEPATITIS B IMMUNE GLOBULIN (HUMAN)**

IMMUNE GLOBULIN (HUMAN IV)**

Injection 0.5%, 10% solution

IMMUNE SERUM GLOBULIN (HUMAN IM)

Injection 18%

TETANUS IMMUNE GLOBULIN (HUMAN)

Injection 250 unit

80:08.00 TOXOIDS

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

80:12.00 VACCINES

To be provided according to supply and guidelines by Saskatchewan Health and Canadian Blood Services. Other such products to be reviewed and approved on a case by case basis by the health regions.

84:00.00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.00 ANTI INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN

Ointment 500 IU/g

84:04.08 ANTIFUNGALS

TOLNAFTATE

Aerosol liquid 0.72mg/g (70g)

Aerosol powder 10mg/g

Cream 10mg/g

Powder 10mg/g

Solution 10mg/mL

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES

CHLORHEXIDINE

Alcoholic scrub

Cleanser 4%

Gauze 0.5%

Jelly 2%, 4%

Liquid 2%, 4%, 20%
Ointment 1%
Soap 2%
SILVER SULFADIAZINE
Cream 1% w/w

84:08.00 ANTIPRURITICS AND LOCAL ANESTHETICS

CALCIUM FOLINATE (folinic acid)
Powder 50mg, 350mg
Tablets 5mg
Injection 10mg/mL
DIBUCAINE
Cream 0.5% (30g)
Ointment 1% (30g)
LIDOCAINE/PRILOCAINE
Topical cream 2.5%/2.5%
Patch
LIDOCAINE (except lozenges and suppositories)
Jelly 2%
Jelly (urojet) 2%
Ointment 5%
Topical solution 4%
PRAMOXINE
Cream, rectal 1%

84:24.00 EMOLLIENTS, DEMULCENTS AND PROTECTANTS

84:24.12 BASIC CREAMS, OINTMENTS AND PROTECTANTS

ZINC OXIDE
Ointment 15%

84:24.16 BASIC POWDERS AND DEMULCENTS

GELATIN, PECTIN, SODIUM CARBOXYMETHYLCELLULOSE
Paste 13.3% gelatin, 13.3% pectin, 13.3% sodium carboxymethylcellulose

84:40:00 HEMORRHOID PREPARATIONS

PRAMOXINE
Ointment, rectal 1%, with zinc sulphate 0.5%
Suppository 20mg, with zinc sulphate 10mg

88:00.00 VITAMINS

88:16.00 VITAMIN D

ALFACALCIDOL DISODIUM INJECTION
Injection 2ug/mL
CALCITRIOL (also known as 1,25-DIHYDROXYCHOLECALCIFEROL)
Injection 1ug/mL
DIHYDROTACHYSTEROL
Capsule 0.125mg

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ABCIXMAB INJECTION

Restricted Coverage: For use in high risk angioplasties carried out in a cardiac catheterization laboratory as per approved health region/affiliate protocols.

Injection 2 mg/mL (5mL)

BASILIXIMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection

BERACTANT

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder (reconstituted) 25mg phospholipids/mL

COLFOSCERIL PALMITATE

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder for tracheal suspension

CYANIDE ANTIDOTE KIT

With sodium nitrate injection 30mg/mL (2 x 10mL ampoules), sodium thiosulfate injection 250mg/mL (2 x 50mL ampoules), amyl nitrate inhalant solution (12 x 0.3mL crushable ampoules)

CYCLOSPORINE (see Appendix A - Saskatchewan Health Formulary)

Injection 50mg/mL

DACLIZUMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection 5mg/mL

DIMETHYL SULFOXIDE

Solution 500mg/g (50mL)

DROTRECOGIN ALFA

Restricted coverage: for use when administered in a tertiary care facility on the recommendation of an intensivist.

Injection 5mg, 20mg

EPTIFIBITIDE

Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)

Injection

ETANERCEPT (see Appendix A - Saskatchewan Health Formulary)

Injection

FOMEPIZOLE

Restricted Coverage: This product should be used in consultation with the Poison and Drug Information Service (PADIS). A contact number for PADIS is 1-866-454-1212.

Injection

LEVOCARNITINE

Restricted Coverage: For the treatment of metabolic disorders with carnitine deficiency and neonates who will be on long term Total Parenteral Nutrition (greater than 14 days).

Injection 200mg/mL

Oral solution 100mg/mL

Tablet 330mg

OCTREOTIDE

Restricted Coverage:

- a) *For the treatment of acute variceal bleeds in patients with acute portal hypertension.*

b) *For the prevention of fistulas following pancreatic resection to a maximum of 7 days.*

Injection 50ug, 100ug, 500ug (1mL)

Injection 200ug (5mL)

Injection 10mg, 20mg, 30mg (powder for injection)

PAMIDRONATE

Restricted coverage: For the treatment of non-malignant hypercalcemia.

Note: requests for treatment of hypercalcemia of malignancy should be referred to the Saskatchewan Cancer Agency.

Injection

PRALIDOXIME CHLORIDE (Health Canada – Special Access Program)

Injection, 1g vial

SOMATOSTATIN

Restricted Coverage: For the treatment of acute variceal bleeds.

Powder 205ug, 3mg

TIROFIBAN

Restricted Coverage: When used on the recommendation of a cardiologist for the treatment of High Risk Unstable Angina and Non-ST Segment Elevation Myocardial Infarction according to the guidelines of The American College of Cardiology & American Heart Association, Inc. (Circulation, 2000; 102: 1193-1209)

Injection

TRACE ELEMENTS

Chromium 4ug/mL

Copper 0.4mg/mL

Manganese 0.1mg/mL, 0.5mg/mL

Selenium 40ug/mL

Zinc 1mg/mL, 5mg/mL

Note: May come as cocktails.

(M.T.E.-4 contains: 4.0ug/mL chromium, 0.4mg/mL copper, 0.1mg/mL manganese, and 1.0mg/mL zinc)

(Micro 5 contains: 10ug/mL chromium, 1mg/mL copper, 0.5mg/mL manganese, 60ug/mL selenium, 5mg/mL zinc)

APPENDIX I: PROCEDURES FOR OBTAINING DRUGS PROVIDED UNDER PROVINCIAL PROGRAMS

DRUGS USED FOR THE TREATMENT OF TUBERCULOSIS:

The following drugs can be obtained for use in the treatment of tuberculosis by contacting the Clinical Director for Tuberculosis Control 1-866-780-6482. The drugs will be sent from the TB Pharmacy in Ellis Hall at the Royal University Hospital in Saskatoon.

Amikacin injection 500mg/2mL
Ethambutol tablets 100mg, 400mg
Isoniazid syrup 10mg/mL, tablets 100mg, 300mg
Levofloxacin tablet 500mg
Pyrazinamide tablet 500mg
Rifampin capsule 150mg, 300mg, suspension 25mg/mL

DRUGS USED FOR THE TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS:

- The following drugs can be obtained from your local public health office:

Azithromycin 1g
Erythromycin PCE 333mg or 250mg
Cefixime 400mg
Doxycycline 100mg
Amoxicillin 500mg
Benzathine Penicillin 1.2 MU IM injection
Ciprofloxacin 500mg

COVERAGE OF VERTEPORFIN (VISUDYNE) FOR THE TREATMENT OF MACULAR DEGENERATION:

- Health regions will provide coverage for Visudyne and the associated laser treatment according to the following criteria:
 - for the treatment of age-related macular degeneration with predominately classic subfoveal choroidal neovascularization (CNV)
 - for the treatment of pathologic myopia
 - for the treatment of ocular histoplasmosis

For patients meeting the above criteria health regions may submit an invoice for the drug cost to the Drug Plan & Extended Benefits Branch, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

APPENDIX II: HOME PARENTERAL MEDICATION PROGRAM COVERAGE POLICY

Regional Health Authorities will cover home/nursing home administration of approved parenteral medications when they are prescribed as an acute care replacement measure. The Saskatchewan Prescription Drug Plan will cover approved parenteral medications administered for maintenance therapy of life long or chronic conditions except when the patient is a registered inpatient in an acute care facility. Drugs administered parenterally include sub-cutaneous or intramuscular injections as well as intravenous medications.

The Regional Health Authorities will cover supply costs for medications listed below in both the acute and chronic therapy categories. These are purchased through hospital contracts and would have significant cost implications if purchased outside of these contracts. The supplies to be provided to the client without charge include but are not limited to, intravenous solutions, tubing, cathlons, heparin locks and caps, pump cassettes, syringes and needles.

Eligibility of drugs for coverage will be subject to the Hospital Benefit Drug List, Saskatchewan Formulary, and/or Regional Health Authority protocols.

These policies apply to residents of special care homes as well as community residents.

PART I - ACUTE CARE REPLACEMENT MEDICATIONS

These are parenteral medications that enable early discharge from the acute care site, or that prevent admission to the acute care site. These medications are to be provided by the Regional Health Authority without charge to the individual. Eligible drugs are listed within this section "Hospital Benefit Drug List" (Supplementary Information - Saskatchewan Health Drug Plan Formulary). Changes to the Hospital Benefit Drug List are through recommendations of the Drug Advisory Committee of Saskatchewan.

Also included in this policy are medications (e.g. low molecular weight heparins) for temporary anticoagulation prior to a surgical procedure. Health regions will also be responsible for the supply of low molecular weight heparins for patients who have been on warfarin or are starting on warfarin until a therapeutic INR is reached.

Regional Health Authorities shall establish appropriate guidelines for home parenteral therapy and an appropriate screening mechanism for the services. Considerations when determining if parenteral therapy at home or in a special-care home is appropriate for a particular individual shall include the:

- ability to co-ordinate and plan the care with the physician, home care program/special-care home program, hospital/health centre and pharmacist;
- practicality and safety of administering the drug at home or in a special-care home;
- ability and motivation of the individual and/or the availability of family support, when therapy is delivered at home;
- availability of more appropriate oral alternatives;
- cost-effectiveness of providing the drug at home or in a special-care home.

PART II - CHRONIC CONDITION MEDICATIONS

Injectable drugs used in the treatment of chronic conditions administered in the community or in hospitals to hospital outpatients where the only purpose in entering a hospital is to receive the drug will be covered under the Saskatchewan Drug Plan and subject to a co-payment and deductible where applicable.

Eligible drugs are listed in the Saskatchewan Health Drug Plan Formulary. Maintenance of the Formulary is through the formulary approval process via the Saskatchewan drug review process. Where applicable, these medications are subject to Exception Drug Status approval, co-pay, and family deductible. Drugs that have not been approved by the Saskatchewan review process will not be considered benefit drugs under the Drug Plan.

Certain drugs require Exception Drug Status (EDS) approval. See Appendix A of the Saskatchewan Health Drug Plan Formulary for EDS Program information, as well as a complete list of EDS drugs.

Benefits provided prior to this policy will be grandfathered (e.g. pulse therapy, IV iron, Eprex).

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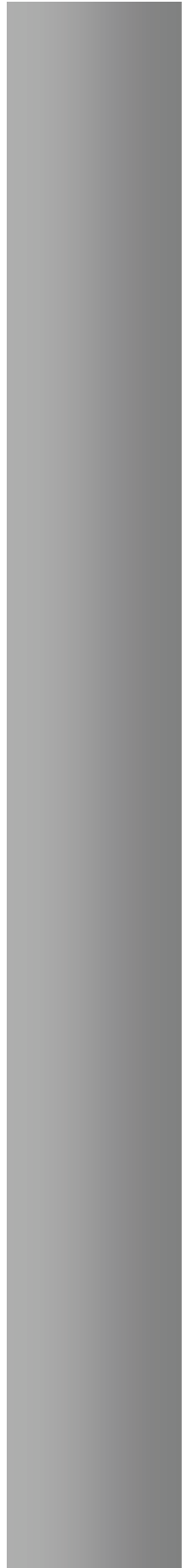
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**THE PRESCRIPTION REVIEW
PROGRAM**



THE PRESCRIPTION REVIEW PROGRAM

The Prescription Review Program gathers data regarding a panel of drugs subject to abuse and/or diversion.

PROGRAM PARTNERS:

- Saskatchewan College of Pharmacists
- College of Physicians and Surgeons of Saskatchewan
- College of Dental Surgeons of Saskatchewan
- The Saskatchewan Registered Nurses' Association
- Saskatchewan Health

OBJECTIVE:

To reduce the abuse and diversion of a select panel of prescription drugs.

THE PROGRAM:

1. Alerts prescribers to possible multiple doctoring, inappropriate prescribing or use of medications to which the Prescription Review Program applies.
2. May seek an explanation to the relevant professional regulatory body where the data indicates prescribing and/or dispensing practices not consistent with acceptable professional standards; and
3. Encourages appropriate prescribing and dispensing practices by providing professional guidance to both prescribers and pharmacists.

PRESCRIBER PARTICIPATION:

Prescribers may prescribe any of the medications on the panel of monitored drugs so long as the following information is contained on each prescription in addition to the current legal requirements:

- a) The patient's date of birth;
- b) The patient's address;
- c) the patient's health services number;
- d) The total quantity of medication prescribed, both numerically and in written form; except when prescribing electronically, by email or by FAX when only one form is acceptable or available; and
- e) The prescriber's name and address.

Please refer to guidelines at:

http://www.napra.org/Content_Files/Files/Electronic_Transmission_of_Prescriptions_Policy_Statement_and_Guidelines_Pharmacists.pdf

Verbal prescriptions cannot be issued for any of the products included in the Prescription Review Program. Faxed prescriptions are acceptable if done according to the published guidelines for faxing prescriptions.

DATA COLLECTION:

The Drug Plan's electronic network with pharmacies will receive and store prescription information for benefit and non-benefit monitored drugs, for Drug Plan beneficiaries and non-beneficiaries who have a Saskatchewan Health Service card, and send this information electronically to the College of Physicians and Surgeons.

Pharmacists must continue to mail the College of Physicians and Surgeons a copy of any prescriptions for drugs monitored under the Prescription Review Program that were not successfully "adjudicated" or "captured" by the Drug Plan system. Upon receipt of the prescription copy, the College of Physicians and Surgeons will enter the information into their computer system.

ADDITIONAL INFORMATION:

The Prescription Review Program does not apply to medication orders for hospital inpatients or residents of licensed long term care facilities, or prescriptions issued by veterinarians.

While under federal law many of these drugs can be prescribed verbally, the written prescription requirement continues for all drugs under the new Program, including those that have been added.

Pharmacists may dispense part fills at their discretion, or prescribers may request part fills if the following information is set out in the prescription:

- a) The total quantity;
- b) The amount to be dispensed each time; and
- c) The time interval between fills.

Prescribers may issue **refills** as permitted under federal law. To summarize, prescription refills are NOT permitted for any Narcotic, but are permitted under the Program when issued in writing for:

- a) Controlled Drugs Level I and II, including Preparations, if the prescriber has specified the number, and frequency or interval between, refills,
- b) Benzodiazepines, if the prescriber has specified the number of refills and less than one year has elapsed since the date the prescription was issued. If the prescriber also specifies the interval between refills, the pharmacist may not dispense the refill until the interval has expired.
- c) Chloral hydrate if the prescriber has specified the number of refills.

If a prescriber or dispenser is concerned about a patient's drug utilization history, he or she may contact the College personally for confidential information during weekday daytime hours at (306) 244-8778.

Patient drug utilization profiles for the drugs in the Prescription Review Program, as well as all other prescription drugs, are accessible electronically through the Pharmaceutical Information Program (PIP) to those prescribers and pharmacists actively involved in the professional care of the patient in question. All prescribers and pharmacists are strongly encouraged to utilize the information available to them in the PIP when prescribing drugs that are high risk and/or dealing with patients who are high risk. Information about the PIP is accessible at www.health.gov.sk.ca/pip. To inquire about receiving access to PIP, please contact pipinformation@shin.sk.ca or (306) 787-9833.

If a prescriber or pharmacist is concerned about a patient's drug utilization history, he or she may contact the College of Physicians and Surgeons personally for confidential information during weekday daytime hours at (306) 244-8778.

DRUGS SUBJECT TO THE PRESCRIPTION REVIEW PROGRAM:

The following **categories of drugs** are included under the Prescription Review Program:

- Select narcotic and controlled drugs
- Amphetamines
- Anabolic Steroids
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Chloral hydrate

DRUGS SUBJECT TO THE PRESCRIPTION REVIEW PROGRAM (con't):

An alphabetical list of generic names included in the above categories is noted below. All brands, strengths, and dosage forms of products with a generic name listed below are subject to the program, except where indicated otherwise.

The list is subject to change from time to time. Prescribers and pharmacists will be advised directly of the effective date of any additions or deletions. Questions should be directed to the College of Physicians and Surgeons at (306) 244-8778, or to the Saskatchewan College of Pharmacists at (306) 584-2292.

**THE PRESCRIPTION REVIEW PROGRAM PANEL OF DRUGS
(by generic name)***

ACETAMINOPHEN WITH CODEINE - in all dosage forms except those containing 8 mg or less of codeine
ACETYLSALICYLIC ACID (ASA) WITH CODEINE - in all dosage forms except those containing 8 mg or less of codeine
ALPRAZOLAM
AMOBARBITAL
ANILERIDINE
BROMAZEPAM
BUPRENORPHINE
BUTALBITAL
BUTALBITAL WITH CODEINE
BUTORPHANOL
CHLORAL HYDRATE
CHLORDIAZEPOXIDE
CLOBAZAM
CLONAZEPAM
CLORAZEPATE
COCAINE
CODEINE - as the single active ingredient, or in combination with other active ingredients, in all dosage forms except those containing 20 mg per 30 ml or less of codeine in liquid for oral administration
DEXTROAMPHETAMINE
DIAZEPAM
DIETHYLPROPION
FENTANYL
FLURAZEPAM
HYDROCODONE - DIHYDROCODEINONE
HYDROMORPHONE - DIHYDROMORPHONE
LEVORPHANOL
LORAZEPAM
MEPERIDINE - PETHIDINE
METHADONE
METHYLPHENIDATE
MIDAZOLAM
MORPHINE
NANDROLONE
NITRAZEPAM
NORMETHANDONE-P-HYDROXYEPHEDRINE
OXAZEPAM
OXYCODONE - as the single active ingredient, or in combination with other active ingredients in all dosage forms
PANTOPON
PENTAZOCINE
PENTOBARBITAL
PHENOBARBITAL
PHENTERMINE
PROPOXYPHENE
SECOBARBITAL
TEMAZEPAM
TESTOSTERONE
THIOPENTAL
TRIAZOLAM

* **Note** - The Bylaw contains category names as noted on the previous page. Generic names are provided above for reference only.



TIPS ON PRESCRIPTION WRITING



TIPS ON PRESCRIPTION WRITING

(Adapted from "Tips on Prescription Writing", a pamphlet available from the Saskatchewan College of Pharmacists.)

Properly issued prescriptions are in the best interest of the patient, the pharmacist and the prescriber. This information is designed to assist prescribers to issue prescriptions most effectively. These guidelines will help to reduce the time involved in the prescription process, increase patient safety and maximize patient compliance.

For further information on the provincial requirements for prescriptions please refer to the College of Physicians and Surgeons *Bylaw 53*. Information regarding the documentation of verbal prescription is stated in the Saskatchewan College of Pharmacists *Bylaw 14.13.3*.

PRESCRIPTION CONTENT

Prescriptions need to be issued clearly and completely to minimize errors. Clear pronunciation or legible writing with accurate spelling is essential.

The prescription may be written, or verbal for certain classes of drugs, (for more information refer to the chart *Saskatchewan College of Pharmacists – Prescription Regulations* also published in this Supplementary Information section) and must include the following information:

- date
- physician's name and signature
- patient's name
- full name of the medication
- medication concentration where appropriate
- medication strength where appropriate
- dosage
- amount prescribed or the duration of treatment
- administration route if other than oral
- explicit instructions for patient usage of the medication
- number of refills where refills are authorized

The prescriber's name, address and telephone number should be preprinted on the prescription form, or hand printed beneath the signature.

VERBAL PRESCRIPTIONS

Federal and Provincial legislation states that a verbal prescription or refill authority must be given by a duly licensed practitioner prescribing within their scope of practice **directly to a pharmacist**. Having a receptionist or nurse (other than a RN-NP) assume this responsibility is contrary to the law.

Direct prescriber/pharmacist communication is necessary to provide the best quality of care for the patient. The pharmacist may wish to discuss an aspect of the drug therapy prior to dispensing the medication. As well, the prescriber may wish to ask the pharmacist about a particular medication, or a patient's medication history, compliance, or pattern of drug use. Both the professionals and the patient will benefit from this direct communication.

MEDICATION DIRECTIONS

Pharmacists maintain patient profiles, which contain information concerning prescriptions dispensed, directions for use, drug allergies, medical conditions, and other pertinent information. These profiles are used to monitor the patient's drug usage and compliance, and drug interactions. As this information is now transmitted to Saskatchewan Health

and retained for review by designated health care practitioners, pharmacists must ensure the accuracy and integrity of information provided for use by The Prescription Information Program. Thus, it is very important that directions on the prescription be consistent with verbal instructions given to the patient. Clear directions enable the pharmacist to effectively counsel the patient and reinforce the prescriber's instructions.

Prescriptions with closing instructions written "As Directed" create problems for the patient, particularly the elderly or those assisting them. Patients taking more than one medication may become confused if all instructions read "As Directed". Such labelling also makes it impossible for pharmacists to monitor compliance, or assist patients with medication concerns.

It is helpful for a patient taking more than one medication, or for the caregiver, to know what the medication is used for. The prescriber may wish to indicate the use of the medication on the prescription (e.g. for heart), to enable the pharmacist to include this information on the label.

REFILLS

When a patient is stabilized on medication, refills, where permitted by law, should be indicated on the prescription. Authorization should allow for sufficient refills until the patient's next appointment, to a maximum of one year. If refills are not properly indicated on the prescription, the pharmacist must by law, contact the prescriber for refill authorization.

Specific regulations apply to various categories of prescription drugs. Your pharmacist would be pleased to review the regulations with you. Please refer to the chart *Saskatchewan College of Pharmacists – Prescription Regulations* (also published in this Supplementary Information section) for a summary of requirements.

SUBSTITUTION

Unless the prescriber directs otherwise, the pharmacist may select and dispense an interchangeable pharmaceutical product, other than the one prescribed, according to the Saskatchewan Prescription Drug Plan Formulary. An **interchangeable pharmaceutical product** is a product containing a drug or drugs in the same amounts, of the same active ingredients, in the same dosage form as that directed by the prescription. Those which conform to the criteria for interchangeability determined by the Saskatchewan Formulary Committee are designated as "interchangeable" in the Saskatchewan Formulary Listing.

A prescriber may request that a specific brand of a drug be dispensed by indicating in his own handwriting at the time of issuing a written prescription, or verbally at the time of giving a verbal prescription, No Substitution, No Sub, or N/S. In most cases, the patient is responsible for the incremental cost of "No Sub" prescriptions.

TRANSFER OF PRESCRIPTIONS

Schedule F drugs may be transferred from one pharmacist to another at the request of a patient. Prescriptions for benzodiazepines and other targeted substances may be transferred once. Prescriptions for Schedule 2 and 3 drugs and Narcotic and Controlled Drugs may **NOT** be transferred.

When a prescription is transferred, the original prescription shall remain on file, and on it shall be entered:

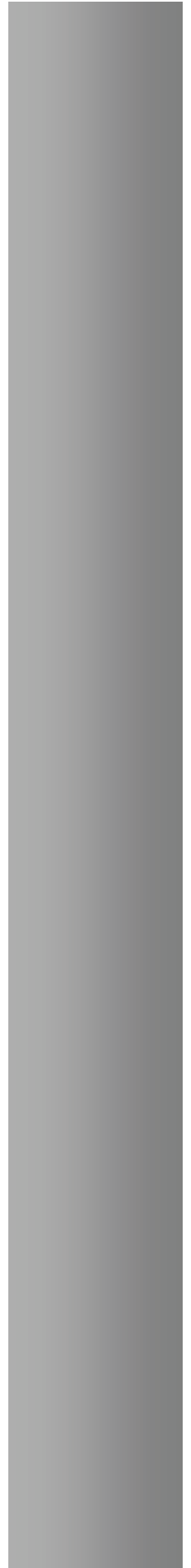
1. the date of the transfer;
2. an indication that no further sales nor transfers may be made under the prescription (i.e. the word "VOID");
3. the name of the pharmacy and pharmacist to whom the prescription was transferred;
4. the patient profile, manual or electronic, must also indicate the prescription is "VOID".

The pharmacist receiving the transferred prescription shall indicate:

1. the name of the pharmacist transferring the prescription;
2. the name and address of the pharmacy transferring the prescription;
3. the number of authorized repeats remaining, if any;
4. the date of the last fill or refill.



PRESCRIPTION REGULATIONS



Saskatchewan College of Pharmacists PRESCRIPTION REGULATIONS

A synopsis* of Federal and Provincial Acts and Regulations governing the Distribution of Drugs by Prescription in Saskatchewan

CLASS	DESCRIPTION	REQUIREMENTS
NARCOTIC DRUG** Examples: Codeine, Demerol, MS Contin, Novahistex DH, Percocet, Oxycontin, Tussionex, Tylenol #4, Lomofil, Darvon-N, Talwin, etc.	All straight narcotics, all narcotic drugs or compounds for parenteral use. Compounds containing more than one narcotic or compounds with less than two non-narcotic ingredients. All products containing diacetylmorphine, oxycodone, hydrocodone, methadone, or pentazocine. Refer to the Controlled Drugs and Substances Act and to the Schedule to the Narcotic Control Regulations.	Written prescription signed and dated by a practitioner. **Refer to the Prescription Review Program for complete prescription documentation requirements.
VERBAL PRESCRIPTION NARCOTIC** Examples: 282, 292, Fiorinal C 1/4, C 1/2, Tylenol #2 and #3, etc.	A combination product not intended for parenteral use, containing one narcotic (only) and two or more non-narcotic drugs in therapeutic dose, not including products containing diacetylmorphine, oxycodone, hydrocodone, methadone, or pentazocine. Refer to the Controlled Drugs and Substances Act and to the Schedule to the Narcotic Control Regulations.	Written or verbal prescription** from a practitioner. Verbal prescription must be reduced to writing by a pharmacist showing: - name and address of patient; - name, initials and address of prescriber; - name, quantity, and form of drug(s); - directions for use; - date; - prescription number; - name or initials of pharmacist **Refer to the Prescription Review Program. Written prescriptions are required under the program.
CONTROLLED DRUGS - LEVEL I** Examples: Dexedrine, Ritalin, etc.	Those drugs listed in Part I of the Schedule to Part G of the Food and Drug Regulations and Schedule III of the Controlled Drugs and Substances Act. They include amphetamines, methaqualone, methylphenidate, phendimetrazine, phenmetrazine, pentobarbital and secobarbital.	**Refer to the Prescription Review Program. Written prescriptions are required under the program.
CONTROLLED DRUG PREPARATION - LEVEL I**	A combination containing a controlled drug - Level I - as described above, and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a narcotic or controlled drug.	
CONTROLLED DRUGS - LEVEL II** Examples: Phenobarb, Tenuate, Ionamin, Anabolic Steroids (i.e. Delatestryl), etc.	Those drugs listed in Parts II & III of the Schedule to Part G of the Food and Drug Regulations and Schedule IV of the Controlled Drugs and Substances Act. They include: butorphanol, chlorphentermine, diethylpropion, nalbuphine, phentermine, thiobarbituric acid, barbituric acid and its salts and derivatives (except secobarbital and pentobarbital).	
CONTROLLED DRUG PREPARATION - LEVEL II Examples: Fiorinal, Anabolic Steroids (i.e. Climacteron), etc.	A combination containing a controlled drug - Level II - as described above, and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a narcotic or controlled drug.	As immediately above, plus, in the case of verbal prescriptions: - number and frequency of refills (if any) authorized. **Refer to the Prescription Review Program. Written prescriptions are required under the program.
BENZODIAZEPINES & OTHER TARGETED SUBSTANCES Examples: Benzodiazepines (except for Flunitrazepam, Clozapine & Olanzapine), Mazindol, Pipradol, etc.	Those drugs listed in Schedule I of the Benzodiazepines and Other Targeted Substances Regulations.	Written or verbal prescription from practitioner. Verbal prescriptions must be reduced to writing by a pharmacist showing date, prescription number, patient's name and address, name and quantity of drug(s), directions for use, prescriber's name, name and initials of pharmacist, and number of refills (if any). **Refer to the Prescription Review Program. Written prescriptions are required under the program.
PRESCRIPTION DRUGS Please see Schedule F	Those drugs listed in Schedule I of the Bylaws to the Pharmacy Act, 1996, including drugs listed in Schedule F to the Food and Drug Regulations.	Written or verbal prescription from practitioner. Verbal prescriptions must be reduced to writing by a pharmacist showing date, prescription number, patient's name and address, name and quantity of drug(s), directions for use, prescriber's name, name and initials of pharmacist, and number of refills (if any).
TRANSFER OF PRESCRIPTIONS	Only prescriptions for Schedule 1 may be transferred from one pharmacist to another at the request of a patient. Prescriptions for Narcotic and Controlled Drugs may NOT be transferred. Prescriptions for Benzodiazepines and Targeted Substances may only be transferred ONCE .	The pharmacist receiving the transferred prescription shall indicate: 1. the name of the pharmacist transferring the prescription; 2. the name and address of the pharmacy transferring the prescription; 3. the number of authorized repeats remaining, if any; 4. the date of the last fill or refill.

* This synopsis is a condensation of some of the pertinent Acts and Regulations. Users of the chart are reminded that it has been compiled for convenient reference only and that the official legislation should always be consulted for the purposes of interpreting and applying the laws.

** **Prescription Review Program:** Please refer to the Prescription Review Program in the Pharmacy Reference Manual for details.

*** **RECORDS** - Narcotic Register includes either the approved manual or electronic (i.e. pharmacy computer) version.

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REPEATS	RECORDS***
<p>No Repeats. All re-orders must be new, written prescriptions. However, a prescription may be <i>part-filled</i> subject to professional discretion.</p>	<p>All receipts/purchase records must be recorded and retained (invoices of purchases may be retained). All sales (except prescription sales of dextropropoxyphene) must be entered in an appropriate manual or computer record available for printing and review. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs. If a part-fill is made, all records, including the prescription itself, must reflect the actual amount dispensed. Further a paper trail of all part-fills must be documented and retained in the prescription files and referenced to the original prescription.</p>
<p>No Repeats. All orders must be new, written prescriptions. However, a prescription may be <i>part-filled</i>, subject to professional discretion.</p>	<p>All Receipts/purchase records must be recorded and retained (invoices of purchases may be retained). Sales - no manual or computer record is required for sales pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded as narcotic sales in the appropriate manual/computer record. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p>
<p>No repeats are allowed if original prescription is verbal. If written, the original prescription may be repeated if the prescriber has indicated in writing the number and frequency of repeats.</p> <p>**Refer to the Prescription Review Program. Written prescriptions are required under the program.</p>	<p>All receipts and all sales entered in appropriate manual or computer record (invoices of purchases may be retained). Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p> <p>All Receipts/ purchase records must be recorded (invoices may be retained). Sales - no manual or computer record is required for sales pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded as narcotic sales in the appropriate manual/computer record. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p>
<p>Repeats may be authorized on original prescription whether written or verbal, but authorization must indicate number and frequency of repeats.</p> <p>** Refer to the Prescription Review Program. Written prescriptions are required under the program.</p>	<p>All Receipts/ purchase records must be recorded and retained (Invoices may be retained). Sales - no manual or computer record is required pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded as narcotic sales in the appropriate manual/computer record. Prescriptions should be filed in order of date and number in special file designated for Narcotics and Controlled Drugs.</p>
<p>Repeats may be authorized on original prescription whether written or verbal, but authorization must be for a specific number of refills. Refills are permitted only if less than 1 year has elapsed since the date on which the prescription was issued.</p> <p>**Refer to the Prescription Review Program. Written prescriptions are required under the program. "PRN" is not valid authority for repeats.</p>	<p>All Receipts/purchase records must be recorded and retained (invoices of purchases may be retained). Prescriptions filed in the regular Schedule 1 file and must be retained for at least two years from the date of the last fill or refill.</p>
<p>Repeats may be authorized on original prescription whether written or verbal, but authorization must be for a specific number of refills.</p> <p>"PRN" is not valid authority for repeats.</p>	<p>No purchases are required to be recorded or retained. Prescriptions filed in regular file and must be retained for at least two years from date of last fill or refill.</p>
<p>When a prescription is transferred, the original prescription shall remain on file, and on it shall be entered:</p> <ol style="list-style-type: none"> 1. the date of the transfer; 2. an indication that no further sales nor transfers may be made under the prescription (i.e. the word "VOID"); 3. the name of the pharmacy and pharmacist to whom the prescription was transferred; 4. the patient profile, manual or electronic, must also indicate the prescription is "VOID". 	



**INFORMATION ABOUT REPORTING
ADVERSE DRUG REACTIONS**



INFORMATION ABOUT REPORTING ADVERSE REACTIONS

DEFINITION OF AN ADVERSE REACTION:

“A noxious and unintended response to a drug which occurs with use or testing for the diagnosis, treatment, or prophylaxis of a disease or modification of an organic function. This includes **any** undesirable patient effect suspected to be associated with drug use.”

The Canada Vigilance Program is part of Health Canada’s post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. Adverse reactions to health products, including prescription and non-prescription medications, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals, are monitored. Post-market surveillance enables Health Canada to monitor the safety profile of health products once they are marketed to ensure that the benefits of the products continue to outweigh the risks.

WHICH ADVERSE REACTIONS SHOULD BE REPORTED?

Adverse reaction reports are, for the most part, only SUSPECTED associations. Reporting an adverse reaction DOES NOT imply a causal link.

Practitioners should report the following suspected adverse reactions to Saskatchewan’s Canada Vigilance Regional Office:

- all suspected adverse reactions that are **unexpected**. An unexpected adverse reaction is an undesirable patient effect that is not consistent with product information or labelling;
- all suspected adverse reactions that are **serious**. A serious adverse reaction is an undesirable patient effect that contributes to death, significant disability or illness, or is life-threatening. All adverse drug reactions that result in, or prolong hospitalization or require significant medical intervention should be considered serious;
- all suspected adverse reactions to **recently marketed drugs** regardless of their nature or severity. A recently marketed drug is considered to be commercially available for **5 (five)** years or less.

HOW TO REPORT A SUSPECTED ADVERSE REACTION TO THE SASKATCHEWAN CANADA VIGILANCE REGIONAL OFFICE:

Please report suspected adverse reactions **as soon as possible after detection**, even if all details are not known at the time. Saskatchewan’s Canada Vigilance Regional Office staff will follow-up for further information if required.

There are three easy ways to report an adverse reaction to the Canada Vigilance Program:

- **By calling toll-free** at 1-866-234-2345
- **Online** at www.healthcanada.gc.ca/medeffect
- **By completing a form** which you can send by:
 - postage paid mail or
 - fax toll-free to 1-866-678-6789

The form and postage paid label are available at **www.healthcanada.gc.ca/medeffect** or by calling **1-866-234-2345**

The adverse reaction reporting form is also available at the back of the *Compendium of Pharmaceuticals and Specialties (CPS)*.