



Health and Social Services

DRUG COST
ASSISTANCE PROGRAMS
FORMULARY
FIRST EDITION

Children-In-Care Program
Diabetes Control Program
Family Health Benefit Program
Financial Assistance Program
Multiple Sclerosis Program
Seniors Drug Cost Assistance Plan

JUNE 2000



Inquiries should be directed to:

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Department of Health and Social Services
P.O. Box 2000
Charlottetown, PEI
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use of the P.E.I. Drug Cost Assistance Programs

THE

PRINCE EDWARD ISLAND

DRUG COST ASSISTANCE PROGRAMS

FORMULARY

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INTRODUCTION

OBJECTIVES

The Prince Edward Island Drug Cost Assistance Programs (DCAP) have been established to:

- Improve and maintain the well-being of the residents of PEI by reducing the cost of specified medications of proven therapeutic effectiveness to selected groups of people.
- Encourage the rational use of medications.

THE FORMULARY

The Prince Edward Island Drug Cost Assistance Programs Formulary is a listing of therapeutically effective medications approved for coverage and those considered therapeutically interchangeable under the:

- Children-In-Care Program
- Diabetes Control Program
- Family Health Benefit Program
- Financial Assistance Program
- Multiple Sclerosis Program
- Seniors Drug Cost Assistance Plan

It is compiled by the Minister of Health and Social Services with the advice of the PEI Pharmacy Advisory Committee.

The ongoing work of the Pharmacy Advisory Committee includes the evaluation of new drug products as they are introduced and the periodic reevaluation of all products. 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.

Medications in the Formulary are listed by Therapeutic Categories developed by the American Society of Hospital Pharmacists. Medications in each category are listed alphabetically by generic name and are cross-indexed by trade name and generic name in the index at the back of the Formulary.

The DCAP Formulary is published annually. PEI physicians and participating pharmacies are provided with a copy of the Formulary. Updates throughout the year are distributed as bulletins to participating pharmacies and PEI physicians. Copies of the Formulary and Updates may be downloaded from the PEI Government website at www.gov.pe.ca.

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PRINCE EDWARD ISLAND DRUG COST ASSISTANCE PROGRAMS

Program	Beneficiaries	Benefits*	Fee
Children-In-Care Program	Persons under 18 years of age in temporary or permanent custody of the Director of Child Welfare.	Prescription medications and specified non-prescription medications.	None
Diabetes Control Program	Persons with diabetes eligible for PEI Medicare and who are registered with the program.	Specified insulin products, oral diabetes medications, and urine testing materials.	Insulin: \$5.00 per 10 mL vial of insulin or box of 1.5 mL insulin cartridges; \$10.00 per box of 3.0 mL insulin cartridges. Oral medications: none Urine testing materials: none
Family Health Benefit Program	Families eligible for PEI Medicare, with one or more children under 18 years of age, a total annual net family income of \$20,000 or less, and approved by the program.	Specified prescription medications.	First \$13.00 of the medication cost plus the pharmacy professional fee for each prescription.
Financial Assistance Program	Persons whose eligibility is determined by the Welfare Assistance Act and Regulations	Specified prescription and non-prescription medications.	None
Multiple Sclerosis Medications Program	Persons eligible for PEI Medicare, diagnosed with relapsing-remitting or secondary progressive multiple sclerosis, and approved by the program.	Specified medications for the treatment of multiple sclerosis.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription.
Seniors Drug Cost Assistance Program	Seniors 65 years of age or older and eligible for PEI Medicare	Specified prescription and non-prescription medications.	First \$8.00 of the medication cost plus the pharmacy professional fee for each prescription.

* A valid prescription is required to obtain benefits, including non-prescription medications and insulin testing strips, covered by the Drug Cost Assistance Programs.

INTRODUCTION

FORMULARY REVIEW PROCESS

When new medications are approved for use in Canada by Health Canada, they must be reviewed by either the Pharmacy Advisory Committee or DCAP staff before being considered as benefits under any of the Drug Cost Assistance Programs.

In order for new products, except for interchangeable products, to be considered for coverage under any of the PEI Drug Cost Assistance Programs, a review must be initiated through a written request from a PEI physician by way of a completed Formulary Addition Request (FAR) form. Copies of the FAR form are available in Appendix B or the Formulary by contacting the Pharmacy Services Consultant by phone at 1-902-368-6711 or fax at 1-902-368-6136.

When DCAP receives a completed FAR form, the pharmaceutical manufacturer is contacted and asked to forward a submission for coverage. The submission is reviewed by the Pharmacy Advisory Committee for a recommendation on benefit status to the Minister of Health and Social Services.

The physician and manufacturer will be notified of the review decision. All physicians will have access to information regarding new additions through the Drug Cost Assistance Programs Formulary Updates.

Although DCAP does not accept new product submissions from the manufacturer prior to requesting them, pharmaceutical manufacturers are encouraged to provide the Programs with a product monograph and price list of all new products receiving a Notice of Compliance. This information is brought to the Pharmacy Advisory Committee which may also initiate product reviews.

Coverage of new interchangeable products is based on whether a product is listed as interchangeable in the Nova Scotia or Saskatchewan provincial drug program formularies. Updates to the Nova Scotia or Saskatchewan medication formularies are reviewed by DCAP staff to identify new generic drugs for possible addition to the DCAP Formulary.

PRODUCT DELETIONS

Except where the manufacture of a product is discontinued or approval for sale of a product in Canada is withdrawn, the deletion of products from the DCAP Formulary must be approved by the Minister of Health and Social Services.

INTRODUCTION

REQUIREMENTS FOR MANUFACTURER'S SUBMISSIONS

Manufacturers' submissions of new medications for coverage under the PEI Drug Cost Assistance Programs must include the following documentation:

1. Copy of the Notice of Compliance (NOC)
2. Product Monograph
3. World Health Organization Anatomical Therapeutic Chemical (ATC) classification
4. Clinical data on therapeutic use, safety, and adverse effects
5. Economic Information
 - a. A pharmacoeconomic evaluation. Studies should follow current guidelines from the Canadian Coordinating Office for Health Technology Assessment (CCOHTA)
 - b. A budget impact analysis
6. Pricing and availability
 - a. Current price list for all strengths and dosage forms
 - b. Method of distribution to pharmacies (e.g. wholesale, direct, or other)
 - c. Evidence of ability to supply anticipated demand
7. Letters authorizing communication between Prince Edward Island and
 - a. Other provinces and territories
 - b. Federal drug programs
 - c. Health Canada
 - d. Patented Medicine Prices Review Board (PMPRB)
8. Evidence to show that the product is currently listed in the Compendium of Pharmaceuticals and Specialties (CPS) or letter of intent to do so in the next edition.

For more information regarding the submission process, please contact:

Pharmacy Services Consultant
Department of Health and Social Services
P.O. Box 2000, 16 Garfield St.
Charlottetown, PEI
C1A 7N8

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EXCEPTIONAL DRUG STATUS

Under the Family Health Benefit, Financial Assistance, and Seniors Drug Programs certain drug products may be considered for Exceptional Drug Status (EDS) coverage under one or more of the following circumstances:

- The drug is infrequently used since therapeutic alternatives list in the Formulary are usually effective but are contraindicated or found to be ineffective;
- The drug has potential for widespread inappropriate use;

EDS coverage is not provided under the Diabetes Control or Multiple Sclerosis Programs.

EDS will only be approved for the treatment of indications approved by Health Canada.

See Appendix A for further detail regarding the EDS process.

EXTEMPORANEOUS PREPARATIONS

Extemporaneous preparations are defined as a drug or mixture of drugs prepared or compounded in a pharmacy according to the orders of a prescriber.

To be eligible as a benefit, extemporaneous preparations must:

- Be for external use;
- Be specifically tailored to a prescription;
- Contain one or more medications (s) presently listed as a benefit under the Program for which the person is eligible and all of which are considered a therapeutic benefit in the concentrations and manner used (subject to the review procedure for EDS coverage, if deemed appropriate); and
- Not duplicate the formulation of a manufactured drug product, dilute or alter its formulation, as to result in a product of equivocal therapeutic advantage or one which offers no clear therapeutic advantage relative to a listed benefit.

Claims for extemporaneous preparations are to be submitted electronically using the major ingredient DIN and the appropriate CPhA version 3 compound type code.

Claims for extemporaneous preparations intended for internal use will be considered under Exceptional Drug Status.

INTRODUCTION

"NO-SUBSTITUTION" PRESCRIPTIONS

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 accepted standards of bioequivalence are accepted as interchangeable in Prince Edward Island.

Unless special authorization is granted, clients must pay the pharmacy the standard co-pay, plus any cost difference between the brand name requested and the price paid by government for the least expensive alternative product.

In cases where a patient experiences problems with a specific brand of medication (e.g. a documented allergy), a prescriber may apply to the Drug Cost Assistance Programs for exemption from the cost of the 'no substitution' brand by submitting a completed Exceptional Drug Request form.

EXCLUSIONS

The following are excluded as benefits under the Drug Cost Assistance Programs:

- All benefits a person is entitled to under any other provincial or federal program (e.g. Worker's Compensation, Department of Veteran's Affairs, Indian Affairs, etc.) or legislation.
- Most over-the-counter (OTC) or non-prescription medications which may be purchased without a prescription, except those specifically listed in the Formulary as benefits under the Financial Assistance Program. This includes medications such as analgesics, cough and cold products, laxatives, antacids, vitamin and mineral supplements, herbal products, and antiseptics or disinfectants.
- Dietary and nutritional supplements (e.g. Ensure, Boost)
- Prescription and non-prescription weight loss products
- Prescription and non-prescription smoking cessation products, except bupropion (Zyban) under the Family Health Benefit and Financial Assistance Programs.
- Soaps, cleansers, and shampoos, except those specifically listed in the Formulary as benefits under the Family Health Benefit and Financial Assistance Programs.
- Prostheses, medical devices and appliances, and medical supplies, including first aid supplies and syringes.
- Diagnostic agents, except those urine testing products specifically listed in the Formulary as benefits under the Diabetes Control Program.
- Oral ergoloid mesylates (i.e. Hydergine)
- Peripheral vasodilators (e.g. Arlidin)
- Combination anti-spasmodic/sedative products (e.g. Donnatal, Librax, Stelabid)

INTRODUCTION

- Combination sedative/analgesic products (e.g. Fiorinal, Tecnal)
- Sustained-release non-steroidal anti-inflammatory drugs (e.g. Naprosyn SR, Voltaren SR)
- All products used for the treatment of infertility.
- All products used for the treatment of impotence.

PRESCRIPTION QUANTITIES

1. Children-In-Care, Family Health Benefit, Financial Assistance Programs

Prescriptions eligible under the Children-In-Care, Family Health Benefit, and Financial Assistance Programs will be limited by the retail pharmacy operator to a 30 (thirty) day supply except for the following therapeutic classifications which may be dispensed in quantities sufficient for a 60 (sixty) day supply:

- a. Cardiovascular Drugs, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, and long-acting dosage forms. Nitroglycerin transdermal patches and cholesterol lowering agents are not included.
- b. Antihypertensives, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, and long-acting dosage forms.
- c. Anticonvulsants, except for Lamotrigine, Topiramate, and Vigabatrin.
- d. Anti-Coagulants
- e. Diuretics
- f. Estrogens/Progestogens, including oral contraceptives and products for the prevention of menopause symptoms.
- g. Thyroid Preparations
- h. Other therapeutic classifications or specific drugs which may be listed following negotiations with the P.E.I. Pharmaceutical Association.

Prescriptions introducing a new medication, strength, or dosage form to a patient are to be filled for a maximum 30-30-60 days supply if the medication is included in the 60-day list of medications.

Medications approved through the Exceptional Drug Status process shall be limited to a

INTRODUCTION

maximum 30 (thirty) day supply.

2. Diabetes Control Program

Eligible prescriptions for insulin products, oral medications and diabetes testing materials shall be limited by the retail pharmacy operator to a maximum 90 (ninety) day supply.

Prescriptions introducing a new oral diabetes medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.

3. Multiple Sclerosis Program

Eligible prescriptions shall be limited by the retail pharmacy operator to a 30 (thirty) day supply.

4. Seniors Drug Cost Assistance Plan

Prescriptions eligible under the Seniors Drug Cost Assistance Plan will be limited by the retail pharmacy operator to a 30 (thirty) day supply except for the following therapeutic classifications which may be dispensed in quantities sufficient for a 90 (ninety) day supply:

- a. Cardiovascular Drugs, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, and long-acting dosage forms. Nitroglycerin transdermal patches and cholesterol lowering agents are not included.
- b. Antihypertensives, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers, and long-acting dosage forms.
- c. Anticonvulsants, except for Lamotrigine, Topiramate, and Vigabatrin.
- d. Anti-Coagulants
- e. Diuretics
- f. Estrogens/Progestogens
- g. Thyroid Preparations
- h. Other therapeutic classifications or specific drugs which may be listed following

INTRODUCTION

negotiations with the P.E.I. Pharmaceutical Association.

Prescriptions introducing a new medication, strength, or dosage form to a patient are to be filled for a maximum 30-30-90 days supply if the medication is included in the 90-day list of medications.

Medications approved through the Exceptional Drug Status process shall be limited to a maximum 30 (thirty) day supply.

INTRODUCTION

LEGEND

- ① Pharmacological-Therapeutic classification
- ② Pharmacological-Therapeutic sub-classification
- ③ Non-proprietary or generic name of the drug
- ④ Drug strength and dosage form
- ⑤ Drug Identification Number (DIN) assigned by Health Canada or Pseudo-Drug Identification Number assigned by the Drug Cost Assistance Programs for billing purposes only.
- ⑥ Brand name of the drug
- ⑦ Three letter identification code assigned to each manufacturer. The codes are listed near the back of the Formulary.
- ⑧ Drug programs for which the product is considered to be a benefit
 - D - Diabetes Control Program
 - F - Family Health Benefit Program
 - M - Multiple Sclerosis Program
 - S - Seniors Drug Cost Assistance Plan
 - W - Children-In-Care and Financial Assistance Programs
- ⑨ This product requires Exceptional Drug Status (EDS) approval (see Appendix A for EDS criteria).
- ⑩ The products listed are not interchangeable with other products.
- ⑪ Special note regarding the product(s) listed in this section.
- ⑫ Special note regarding a specific product.

08:00 ANTI-INFECTIVE AGENTS (1)

08:12.16 ANTIBIOTICS PENICILLINS (2)

AMOXICILLIN (3)

250MG CAPSULE (4)

00406724 (5)	NOVAMOXIN (6)	NOP (7)	FSW (8)
00628115	APO-AMOXI	APX	FSW
00865567	NU-AMOXI	NXP	FSW
02041294	AMOXIL	WAY	FSW
02181487	LIN-AMOX	LIN	FSW
02238171	GEN-AMOXICILLIN	GPM	FSW

CEFUROXIME AXETIL

SEE APPENDIX A FOR EDS CRITERIA (9)

250MG TABLET

02212277	CEFTIN (EDS) (9)	GLA	FSW
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METOPROLOL TARTRATE

200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE) (10)

00497827	BETALOC DURULES	AZE	FSW
00534560	LOPRESOR SR	NVR	FSW

TOPIRAMATE

200MG TABLET

02230896	TOPAMAX	JAN	FSW
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Note: Limited to a maximum 30-day supply of medication. (11)

BUDESONIDE

0.125MG/ML INHALATION SOLUTION (2ML)

(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE) (12)

02229099	PULMICORT NEBUAMP	AZE	FW
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04:00 ANTIHISTAMINES

04:00 ANTIHISTAMINES

CETIRIZINE

10MG TABLET

01900986	REACTINE	PFI	W
02231603	APO-CETIRIZINE	APX	W

DIPHENHYDRAMINE HCL

25MG CAPSULE

00757683	PMS-DIPHENHYDRAMINE	PMS	W
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50MG CAPSULE

00757691	PMS-DIPHENHYDRAMINE	PMS	W
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12.5MG/5ML ELIXIR

00792705	PMS-DIPHENHYDRAMINE	PMS	W
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LORATIDINE

10MG TABLET

00782696	CLARITIN	SCH	W
----------	----------	-----	---

08:00 ANTI-INFECTIVE AGENTS

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734

VERMOX

JAN

FW

PIPERAZINE ADIPATE

2G/PACKAGE ORAL GRANULES

02100215

ENTACYL

RBP

W

120MG/ML ORAL SUSPENSION

02100223

ENTACYL

RBP

W

08:12.00 ANTIBIOTICS

08:12.02 ANTIBIOTICS AMINOGLYCOSIDES

GENTAMICIN SULFATE

80MG/2ML INJECTION SOLUTION (2ML)

00223824

GARAMYCIN

SCH

FSW

02145758

GENTAMICIN SULFATE

NOP

FSW

TOBRAMYCIN

80MG/2ML INJECTION SOLUTION (2ML)

00325449

NEBCIN

LIL

FSW

02230640

SCHEINPHARM TOBRAMYCIN

SCN

FSW

02241210

TOBRAMYCIN

SAB

FSW

08:12.04 ANTIBIOTICS ANTIFUNGALS

GRISEOFULVIN

250MG TABLET

00028274

FULVICIN U/F

SCH

FSW

500MG TABLET

00028282

FULVICIN U/F

SCH

FSW

08:00 ANTI-INFECTIVE AGENTS

08:12.04 ANTIBIOTICS ANTIFUNGALS

KETOCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

00633836	NIZORAL (EDS)	JAN	FSW
02122197	NU-KETOCON (EDS)	NXP	FSW
02231061	NOVO-KETOCONAZOLE (EDS)	NOP	FSW
02237235	APO-KETOCONAZOLE (EDS)	APX	FSW

NYSTATIN

100,000U/ML ORAL SUSPENSION

00248169	MYCOSTATIN	BMS	FSW
00779121	NYADERM	TAR	FSW
00792667	NYSTATIN	PMS	FSW
02194201	NILSTAT	TCH	FSW

500,000U TABLET

02194198	NILSTAT	TCH	FSW
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08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEFUROXIME AXETIL

SEE APPENDIX A FOR EDS CRITERIA

25MG/ML ORAL SUSPENSION

02212307	CEFTIN (EDS)	GLA	FSW
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50MG/ML ORAL SUSPENSION

02212293	CEFTIN (EDS)	GLA	FSW
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250MG TABLET

02212277	CEFTIN (EDS)	GLA	FSW
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500MG TABLET

02212285	CEFTIN (EDS)	GLA	FSW
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CEPHALEXIN MONOHYDRATE

25MG/ML ORAL SUSPENSION

00015547	KEFLEX	LIL	FSW
00342106	NOVO-LEXIN	NOP	FSW
02177811	PMS-CEPHALEXIN	PMS	FSW

08:00 ANTI-INFECTIVE AGENTS

08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEPHALEXIN MONOHYDRATE (CONTINUED)

50MG/ML ORAL SUSPENSION

00035645	KEFLEX	LIL	FSW
00342092	NOVO-LEXIN	NOP	FSW
02177838	PMS-CEPHALEXIN	PMS	FSW

250MG CAPSULE

00342084	NOVO-LEXIN	NOP	FSW
----------	------------	-----	-----

500MG CAPSULE

00342114	NOVO-LEXIN	NOP	FSW
----------	------------	-----	-----

250MG TABLET

00403628	KEFLEX	LIL	FSW
00583413	NOVO-LEXIN	NOP	FSW
00768723	APO-CEPHALEX	APX	FSW
00865877	NU-CEPHALEX	NXP	FSW
02177781	PMS-CEPHALEXIN	PMS	FSW

500MG TABLET

00244392	KEFLEX	LIL	FSW
00583421	NOVO-LEXIN	NOP	FSW
00768715	APO-CEPHALEX	APX	FSW
00865885	NU-CEPHALEX	NXP	FSW
02177803	PMS-CEPHALEXIN	PMS	FSW

08:12.12 ANTIBIOTICS ERYTHROMYCINS

CLARITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

25MG/ML ORAL SUSPENSION

02146908	BIAXIN (EDS)	ABB	FSW
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250MG TABLET

01984853	BIAXIN (EDS)	ABB	FSW
----------	--------------	-----	-----

500MG TABLET

02126710	BIAXIN (EDS)	ABB	FSW
----------	--------------	-----	-----

08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS ERYTHROMYCINS

ERYTHROMYCIN BASE

250MG CAPSULE (ENTERIC COATED PELLETS)

00607142	ERYC	PDA	FSW
00726672	APO-ERYTHRO E-C	APX	FSW
00878669	NOVO-RYTHRO ENCAP	NOP	FSW

333MG CAPSULE (ENTERIC COATED PELLETS)

00873454	ERYC	PDA	FSW
01925938	APO-ERYTHRO E-C	APX	FSW

250MG TABLET

00244635	ERYTHROMID	ABB	FSW
00682020	APO-ERYTHRO	APX	FSW

ERYTHROMYCIN ESTOLATE

25MG/ML ORAL SUSPENSION

00021172	NOVO-RYTHRO ESTOLATE	NOP	FSW
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50MG/ML ORAL SUSPENSION

00262595	NOVO-RYTHRO ESTOLATE	NOP	FSW
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ERYTHROMYCIN ETHYLSUCCINATE

40MG/ML ORAL SUSPENSION

00000299	EES-200	ABB	FSW
00605859	NOVO-RYTHRO-EES	NOP	FSW

80MG/ML ORAL SUSPENSION

00453617	EES-400	ABB	FSW
00652318	NOVO-RYTHRO-EES	NOP	FSW

600MG TABLET

00583782	EES-600	ABB	FSW
00637416	APO-ERYTHRO-ES	APX	FSW

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS PENICILLINS

AMOXICILLIN

25MG/ML ORAL SUSPENSION

00452149	NOVAMOXIN	NOP	FSW
00628131	APO-AMOXI	APX	FSW
00865540	NU-AMOXI	NXP	FSW
01934171	NOVAMOXIN SUGAR REDUCED	NOP	FSW
02041316	AMOXIL	WAY	FSW
02181509	LIN-AMOX	LIN	FSW

50MG/ML ORAL SUSPENSION

00452130	NOVAMOXIN	NOP	FSW
00628158	APO-AMOXI	APX	FSW
00865559	NU-AMOXI	NXP	FSW
01934163	NOVAMOXIN SUGAR REDUCED	NOP	FSW
02042592	AMOXIL	WAY	FSW
02181517	LIN-AMOX	LIN	FSW

250MG CAPSULE

00406724	NOVAMOXIN	NOP	FSW
00628115	APO-AMOXI	APX	FSW
00865567	NU-AMOXI	NXP	FSW
02041294	AMOXIL	WAY	FSW
02181487	LIN-AMOX	LIN	FSW
02238171	GEN-AMOXICILLIN	GPM	FSW

500MG CAPSULE

00406716	NOVAMOXIN	NOP	FSW
00628123	APO-AMOXI	APX	FSW
00865575	NU-AMOXI	NXP	FSW
02041308	AMOXIL	WAY	FSW
02181495	LIN-AMOX	LIN	FSW
02238172	GEN-AMOXICILLIN	GPM	FSW

AMOXICILLIN & CLAVULANIC ACID

25MG & 6.25MG/ML ORAL SUSPENSION

01916882	CLAVULIN	SKB	FSW
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50MG & 12.5MG/ML ORAL SUSPENSION

01916874	CLAVULIN	SKB	FSW
----------	----------	-----	-----

250MG & 125MG TABLET

01916866	CLAVULIN	SKB	FSW
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08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS PENICILLINS

AMOXICILLIN & CLAVULANIC ACID (CONTINUED)

500MG & 125MG TABLET

01916858

CLAVULIN

SKB

FSW

AMPICILLIN

25MG/ML ORAL SUSPENSION

00021121

NOVO-AMPICILLIN

NOP

FSW

00603260

APO-AMPI

APX

FSW

00717495

NU-AMPI

NXP

FSW

50MG/ML ORAL SUSPENSION

00021148

NOVO-AMPICILLIN

NOP

FSW

00603287

APO-AMPI

APX

FSW

00717649

NU-AMPI

NXP

FSW

250MG CAPSULE

00020877

NOVO-AMPICILLIN

NOP

FSW

00603279

APO-AMPI

APX

FSW

00717657

NU-AMPI

NXP

FSW

500MG CAPSULE

00020885

NOVO-AMPICILLIN

NOP

FSW

00603295

APO-AMPI

APX

FSW

00717673

NU-AMPI

NXP

FSW

CLOXACILLIN

25MG/ML ORAL LIQUID

00337757

NOVO-CLOXIN

NOP

FSW

00644633

APO-CLOXI

APX

FSW

00717630

NU-CLOXI

NXP

FSW

250MG CAPSULE

00337765

NOVO-CLOXIN

NOP

FSW

00618292

APO-CLOXI

APX

FSW

00717584

NU-CLOXI

NXP

FSW

500MG CAPSULE

00337773

NOVO-CLOXIN

NOP

FSW

00618284

APO-CLOXI

APX

FSW

00717592

NU-CLOXI

NXP

FSW

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS PENICILLINS

PENICILLIN V (BENZATHINE)

36MG/ML ORAL SUSPENSION

02229618 PEN-VEE LIH FW

60MG/ML ORAL SUSPENSION

02229617 PEN-VEE LIH FSW

PENICILLIN V (POTASSIUM)

300MG TABLET

00021202 NOVO-PEN-VK NOP FSW
00642215 APO-PEN VK APX FSW
00717568 NU-PEN VK NXP FSW

08:12.24 ANTIBIOTICS TETRACYCLINES

DOXYCYCLINE

100MG CAPSULE

00024368 VIBRAMYCIN PFI FSW
00725250 NOVO-DOXYLIN NOP FSW
00740713 APO-DOXY APX FSW
00817120 DOXYCIN GPM FSW
02044668 NU-DOXYCYCLINE NXP FSW
02093103 DOXYTEC TCH FSW
02140039 ALTI-DOXYCYCLINE ALT FSW

100 MG TABLET

00578452 VIBRA-TABS PFI FSW
00860751 DOXYCIN GPM FSW
00874256 APO-DOXY APX FSW
02044676 NU-DOXYCYCLINE NXP FSW
02091232 DOXYTEC TCH FSW
02142058 ALTI-DOXYCYCLINE ALT FSW
02158574 NOVO-DOXYLIN NOP FSW

08:00 ANTI-INFECTIVE AGENTS

08:12.24 ANTIBIOTICS TETRACYCLINES

MINOCYCLINE HCL

SEE APPENDIX A FOR EDS CRITERIA

50MG CAPSULE

01914138	ALTI-MINOCYCLINE (EDS)	ALT	FW
02084090	APO-MINOCYCLINE (EDS)	APX	FW
02108143	NOVO-MINOCYCLINE (EDS)	NOP	FW
02173514	MINOCIN (EDS)	WAY	FW
02230735	GEN-MINOCYCLINE (EDS)	GPM	FW

100MG CAPSULE

01914146	ALTI-MINOCYCLINE (EDS)	ALT	FW
02084104	APO-MINOCYCLINE (EDS)	APX	FW
02108151	NOVO-MINOCYCLINE (EDS)	NOP	FW
02173506	MINOCIN (EDS)	WAY	FW
02230736	GEN-MINOCYCLINE (EDS)	GPM	FW
02239982	SCHEINPHARM MINOCYCLINE (EDS)	SCN	FW

TETRACYCLINE

25MG/ML ORAL LIQUID

00151416	NOVO-TETRA	NOP	FSW
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250MG CAPSULE

00021059	NOVO-TETRA	NOP	FSW
00580929	APO-TETRA	APX	FSW
00717606	NU-TETRA	NXP	FSW

08:12.28 ANTIBIOTICS OTHER ANTIBIOTICS

CLINDAMYCIN HCL

150MG CAPSULE

00030570	DALACIN C	PHU	FSW
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300MG CAPSULE

02182866	DALACIN C	PHU	FSW
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CLINDAMYCIN PALMITATE HCL

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PHU	FSW
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08:00 ANTI-INFECTIVE AGENTS

08:12.28 ANTIBIOTICS OTHER ANTIBIOTICS

VANCOMYCIN HCL

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE

00800430

VANCOGIN (EDS)

LIL

FSW

250MG CAPSULE

00788716

VANCOGIN (EDS)

LIL

FSW

08:18.00 ANTIVIRALS

ACYCLOVIR

200MG TABLET

00634506

ZOVIRAX

GLA

FSW

02078627

AVIRAX

TCH

FSW

02197405

NU-ACYCLOVIR

NXP

FSW

02207621

APO-ACYCLOVIR

APX

FSW

02229707

ALTI-ACYCLOVIR

ALT

FSW

400MG TABLET

01911627

ZOVIRAX

GLA

FSW

02078635

AVIRAX

TCH

FSW

02197413

NU-ACYCLOVIR

NXP

FSW

02207648

APO-ACYCLOVIR

APX

FSW

02229708

ALTI-ACYCLOVIR

ALT

FSW

800MG TABLET

01911635

ZOVIRAX

GLA

FSW

02078651

AVIRAX

TCH

FSW

02197421

NU-ACYCLOVIR

NXP

FSW

02207656

APO-ACYCLOVIR

APX

FSW

02229709

ALTI-ACYCLOVIR

ALT

FSW

FAMCICLOVIR

500MG TABLET

02177102

FAMVIR

SKB

FSW

VALACYCLOVIR

500MG CAPLET

02219492

VALTREX

GLA

FSW

08:00 ANTI-INFECTIVE AGENTS

08:20.00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

250MG TABLET

00021261	NOVO-CHLOROQUINE	NOP	FSW
02017539	ARALEN	SAW	FSW

HYDROXYCHLOROQUINE SULFATE

200MG TABLET

02017709	PLAQUENIL	SAW	FSW
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QUININE SULFATE

200MG CAPSULE

00021008	NOVO-QUININE	NOP	FSW
0069544	QUININE	ODN	FSW

300MG CAPSULE

00021016	NOVO-QUININE	NOP	FSW
00695459	QUININE	ODN	FSW

08:22.00 QUINOLONES

CIPROFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

100MG/ML ORAL SUSPENSION

02237514	CIPRO (EDS)	BAY	FSW
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250MG TABLET

02155958	CIPRO (EDS)	BAY	FSW
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500MG TABLET

02155966	CIPRO (EDS)	BAY	FSW
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750MG TABLET

02155974	CIPRO (EDS)	BAY	FSW
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08:00 ANTI-INFECTIVE AGENTS

08:22.00 QUINOLONES

LEVOFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02236841	LEVAQUIN (EDS)	JAN	FSW
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500MG TABLET

02236842	LEVAQUIN (EDS)	JAN	FSW
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NORFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

00643025	NOROXIN (EDS)	MSD	FSW
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02229524	APO-NORFLOX (EDS)	APX	FSW
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02237682	NOVO-NORFLOXACIN (EDS)	NOP	FSW
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OFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

01968424	FLOXIN (EDS)	JAN	FSW
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02231529	APO-OFLOX (EDS)	APX	FSW
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300MG TABLET

01968416	FLOXIN (EDS)	JAN	FSW
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02231531	APO-OFLOX (EDS)	APX	FSW
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400MG TABLET

01968408	FLOXIN (EDS)	JAN	FSW
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02231532	APO-OFLOX (EDS)	APX	FSW
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08:26.00 SULFONES

DAPSONE

100MG TABLET

02041510	AVLOSULFON	WAY	FSW
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08:00 ANTI-INFECTIVE AGENTS

08:36.00 URINARY ANTI-INFECTIVES

NITROFURANTOIN

5MG/ML ORAL SUSPENSION

00232971	NOVO-FURAN	NOP	FSW
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50MG CAPSULE (MACROCRYSTALS)

01997637	MACRODANTIN	ALZ	FSW
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02231015	NOVO-FURANTOIN	NOP	FSW
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50MG TABLET

00021563	NOVO-FURAN	NOP	FSW
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00319511	APO-NITROFURANTOIN	APX	FSW
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100MG TABLET

00021571	NOVO-FURAN	NOP	FSW
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00312738	APO-NITROFURANTOIN	APX	FSW
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TRIMETHOPRIM

100MG TABLET

00675229	PROLOPRIM	GLA	FSW
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200MG TABLET

00677590	PROLOPRIM	GLA	FSW
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08:40.00 MISCELLANEOUS ANTI-INFECTIVES

ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETATE

40MG & 120MG/ML ORAL SUSPENSION

00583405	PEDIAZOLE	ABB	FW
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METRONIDAZOLE

250MG TABLET

00021555	NOVO-NIDAZOL	NOP	FSW
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00545066	APO-METRONIDAZOLE	APX	FSW
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08:00 ANTI-INFECTIVE AGENTS

08:40.00 MISCELLANEOUS ANTI-INFECTIVES

SULFAMETHOXAZOLE & TRIMETHOPRIM

40MG & 8MG/ML ORAL SUSPENSION

00270644	SEPTRA	GLA	FSW
00272485	BACTRIM	HLR	FSW
00726540	NOVO-TRIMEL	NOP	FSW
00846465	APO-SULFATRIM	APX	FSW
00865753	NU-COTRIMOX	NXP	FSW

400MG & 80MG TAB

00270636	SEPTRA	GLA	FSW
00445274	APO-SULFATRIM	APX	FSW
00510637	NOVO-TRIMEL	NOP	FSW
00865710	NU-COTRIMOX	NXP	FSW

800MG & 160MG TAB

00368040	SEPTRA DS	GLA	FSW
00371823	BACTRIM DS	HLR	FSW
00445282	APO-SULFATRIM DS	APX	FSW
00510645	NOVO-TRIMEL DS	NOP	FSW
00865729	NU-COTRIMOX DS	NXP	FSW

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

ANASTROZOLE

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02224135	ARIMIDEX (EDS)	AZE	FSW
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BUSULFAN

2MG TABLET

00004618	MYLERAN	GLA	FSW
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CHLORAMBUCIL

2MG TABLET

00004626	LEUKERAN	GLA	FSW
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CYCLOPHOSPHAMIDE

25MG TABLET

00262676	PROCYTOX	HOR	FSW
00344877	CYTOXAN	BMS	FSW

50MG TABLET

00013749	PROCYTOX	HOR	FSW
00344885	CYTOXAN	BMS	FSW

CYPROTERONE ACETATE

50MG TABLET

00704431	ANDROCUR	BEX	FSW
02229449	ALTI-CPA	ALT	FSW
02229723	GEN-CYPROTERONE	GPM	FSW
02232872	NOVO-CYPROTERONE	NOP	FSW

FLUTAMIDE

250MG TABLET

00637726	EUFLEX	SCH	FSW
02230104	PMS-FLUTAMIDE	PMS	FSW
02230089	NOVO-FLUTAMIDE	NOP	FSW
02238560	APO-FLUTAMIDE	APX	FSW

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

GOSERELIN ACETATE

3.6MG DEPOT INJECTION

02049325 ZOLADEX AZE FSW

10.8MG DEPORT INJECTION

02225905 ZOLADEX LA AZE FSW

HYDROXYUREA

500MG CAPSULE

00465283 HYDREA BMS FSW

LEUPROLIDE ACETATE

7.5MG/ML DEPOT INJECTION

00836273 LUPRON DEPOT ABB FSW

22.5MG/ML DEPOT INJECTION

02230248 LUPRON DEPOT ABB FSW

MEDROXYPROGESTERONE ACETATE

100MG TABLET

00030945 PROVERA PHU FSW

MEGESTROL ACETATE

SEE APENDIX A FOR EDS CRITERIA

40MG TABLET

00386391 MEGACE (EDS) BMS FSW
02176092 LIN-MEGESTROL (EDS) LIN FSW
02185415 NU-MEGESTROL (EDS) NXP FSW
02195917 APO-MEGESTROL (EDS) APX FSW

160MG TABLET

00731323 MEGACE (EDS) BMS FSW
02176106 LIN-MEGESTROL (EDS) LIN FSW
02185423 NU-MEGESTROL (EDS) NXP FSW
02195925 APO-MEGESTROL (EDS) APX FSW

MELPHALAN

2MG TABLET

00004715 ALKERAN GLA FSW

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

MERCAPTOPURINE

50MG TABLET

00004723	PURINETHOL	GLA	FSW
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METHOTREXATE

2.5MG TABLET

02170698	METHOTREXATE	WAY	FSW
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02182963	METHOTREXATE	FAU	FSW
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TAMOXIFEN CITRATE

10MG TABLET

00812404	APO-TAMOX	APX	FSW
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00851965	NOVO-TAMOXIFEN	NOP	FSW
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01926624	TAMOFEN	RPR	FSW
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02048477	NOLVADEX	AZE	FSW
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02088428	GEN-TAMOXIFEN	GPM	FSW
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20MG TABLET

00812390	APO-TAMOX	APX	FSW
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00851973	NOVO-TAMOXIFEN	NOP	FSW
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01926632	TAMOFEN	RPR	FSW
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02048485	NOLVADEX D	AZE	FSW
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02089858	GEN-TAMOXIFEN	GPM	FSW
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12:00 AUTONOMIC AGENTS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

10MG TABLET

01947958	DUVOID	RBP	FSW
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25MG TABLET

00349739	URECHOLINE	FRS	FSW
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01947931	DUVOID	RBP	FSW
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NEOSTIGMINE BROMIDE

15MG TABLET

00869945	PROSTIGMIN	ICN	FSW
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PYRIDOSTIGMINE BROMIDE

60MG TABLET

00869961	MESTINON	ICN	FSW
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180MG LONG ACTING TABLET

00869953	MESTINON	ICN	FSW
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12:08.04 ANTIPARKINSONIAN AGENTS

BENZTROPINE MESYLATE

2MG TABLET

00016357	COGENTIN	MSD	FSW
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00426857	APO-BENZTROPINE	APX	FSW
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00587265	PMS-BENZTROPINE	PMS	FSW
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PROCYCLIDINE HCL

0.5MG/ML ELIXIR

00004405	KEMADRIN	GLA	FSW
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00587362	PMS-PROCYCLIDINE	PMS	FSW
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5MG TABLET

00004758	KEMADRIN	GLA	FSW
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00587354	PMS-PROCYCLIDINE	PMS	FSW
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12:00 AUTONOMIC AGENTS

12:08.04 ANTIPARKINSONIAN AGENTS

TRIHXYPHENIDYL HCL

2MG TABLET

00021911	NOVO-HEXIDYL	NOP	FSW
00545058	APO-TRIHXY	APX	FSW

5MG TABLET

00021938	NOVO-HEXIDYL	NOP	FSW
00545074	APO-TRIHXY	APX	FSW

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

DICYCLOMINE HCL

2MG/ML SYRUP

02102978	BENTYLOL	HMR	FSW
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10MG TABLET

02103087	BENTYLOL	HMR	FSW
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20MG TABLET

02103095	BENTYLOL	HMR	FSW
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HYOSCINE BUTYLBROMIDE

10MG TABLET

00363812	BUSCOPAN	BOE	FSW
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IPRATROPIUM BROMIDE

200UG/DOSE INHALER AEROSOL (200 DOSE)

00576158	ATROVENT	BOE	FSW
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0.25MG/ML INHALATION SOLUTION (20ML)

00731439	ATROVENT	BOE	FSW
02097141	ALTI-IPRATROPIUM	ALT	FSW
02126222	APO-IPRAVENT	APX	FSW
02210479	NOVO-IPRAMIDE	NOP	FSW
02231136	PMS-IPRATROPIUM	PMS	FSW
02239131	GEN-IPRATROPIUM	GPM	FSW

12:00 AUTONOMIC AGENTS

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

PROPANTHELINE BROMIDE

7.5MG TABLET

02030829

PRO-BANTHINE

RBP

FSW

15MG TABLET

00294837

PROPANTHEL

ICN

FSW

02030837

PRO-BANTHINE

RBP

FSW

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE SUBCUTANEOUS INJECTION & CHLORPHENIRAMINE MALEATE TABLET KIT

02163950

ANA-KIT

BAY

W

Note: Coverage is limited to one Ana-Kit at a time.

FENOTEROL HBR

100UG/DOSE INHALER AEROSOL (200 DOSE)

02006383

BEROTEC

BOE

FSW

0.1% INHALATION SOLUTION (20ML)

00541389

BEROTEC

BOE

FSW

FORMOTEROL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

12UG/DOSE AEROSOL POWDER CAPSULE

02230898

FORADIL (EDS)

NVR

FSW

12UG/DOSE INHALER POWDER

02237224

OXEZE TURBUHALER (EDS)

AZE

FSW

MIDODRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

01934392

AMATINE (EDS)

RBP

FSW

5MG TABLET

001934406

AMATINE (EDS)

RBP

FSW

12:00 AUTONOMIC AGENTS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

ORCIPRENALINE SULFATE

750UG/DOSE INHALER AEROSOL (300 DOSE)

00254134	ALUPENT	BOE	FSW
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2MG/ML SYRUP

00249920	ALUPENT	BOE	FSW
02152568	ALTI-ORCIPRENALINE	ALT	FSW
02229862	ORCIPREN	TCH	FSW
02236783	APO-ORCIPRENALINE	APX	FSW

SALBUTAMOL

100UG/DOSE INHALER AEROSOL (200 DOSE)

00790419	APO-SALVENT	APX	FSW
00851841	ALTI-SALBUTAMOL	ALT	FSW
00874086	NOVO-SALMOL	NOP	FSW
02213478	VENTOLIN	GLA	FSW
02232570	AIROMIR (CFC-FREE)	HMR	FSW

200UG/DOSE AEROSOL POWDER DISK (120)

02214997	VENTODISK	GLA	FSW
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400UG/DOSE AEROSOL POWDER DISK (120)

02215004	VENTODISK	GLA	FSW
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200UG/DOSE AEROSOL POWDER CAPSULE

02212315	VENOTOLIN ROTACAPS	GLA	FSW
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400UG/DOSE AEROSOL POWDER CAPSULE

02212323	VENTOLIN ROTACAPS	GLA	FSW
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5MG/ML INHALATION SOLUTION (10ML)

00860808	SALBUTAMOL	ALT	FSW
02046741	APO-SALVENT	APX	FSW
02048760	ASMAVENT	TCH	FSW
02069571	PMS-SALBUTAMOL	PMS	FSW
02154412	RHO-SALBUTAMOL	RHP	FSW
02213486	VENTOLIN	GLA	FSW
02232987	GEN-SALBUTAMOL	GPM	FSW

0.4MG/ML ORAL LIQUID

02212390	VENTOLIN	GLA	FSW
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12:00 AUTONOMIC AGENTS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

SALBUTAMOL (CONTINUED)

2MG TABLET

00620955	NOVO-SALMOL	NOP	FSW
02146843	APO-SALVENT	APX	FSW
02165368	NU-SALBUTAMOL	NXP	FSW

4MG TABLET

00620963	NOVO-SALMOL	NOP	FSW
02146851	APO-SALVENT	APX	FSW
02165376	NU-SALBUTAMOL	NXP	FSW

SALMETEROL XINAFOATE

SEE APPENDIX A FOR EDS CRITERIA

25UG/DOSE INHALER AEROSOL

02211742	SEREVENT (EDS)	GLA	FSW
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50UG/DOSE INHALED POWDER DISK (60)

02214261	SEREVENT DISKHALER (EDS)	GLA	FSW
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50UG/DOSE INHALED POWDER DISK (60)

02231129	SEREVENT DISKUS (EDS)	GLA	FSW
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TERBUTALINE SULFATE

0.5MG/DOSE INHALER POWDER

00786616	BRICANYL TURBUHALER	AZE	FSW
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2.5MG TABLET

00335355	BRICANYL	AZE	FSW
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5MG TABLET

00335363	BRICANYL	AZE	FSW
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12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

DIHYDROERGOTAMINE MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

4MG/ML NASAL SPRAY

02228947	MIGRANAL (EDS)	NVR	FW
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Note: Coverage is limited to 6 bottles per 30 day period.

12:00 AUTONOMIC AGENTS

12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

ERGOTAMINE TARTRATE

2MG SUBLINGUAL TABLET

00328952

ERGOMAR

RPR

FSW

ERGOTAMINE & PENTOBARBITAL COMPOUND

RECTAL SUPPOSITORY

00176214

CAFERGOT-PB

NVR

FSW

FLUNARIZINE HCL

5MG CAPSULE

00846341

SIBELIUM

PMS

FSW

METHYSERGIDE MALEATE

SEE APPENDIX A FOR EDS CRITERIA

2MG TABLET

00027499

SANSERT (EDS)

NVR

FSW

NARATRIPTAN HCL

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02237820

AMERGE (EDS)

GLA

FW

2.5MG TABLET

02237821

AMERGE (EDS)

GLA

FW

Note: Coverage is limited to 6 tablets per 30 day period.

SUMATRIPTAN

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

02212153

IMITREX (EDS)

GLA

FW

100MG TABLET

02212161

IMITREX (EDS)

GLA

FW

6MG/0.5ML INJECTION SOLUTION

01950606

IMITREX (EDS)

GLA

FW

5MG NASAL SPRAY

02230418

IMITREX (EDS)

GLA

FW

12:00 AUTONOMIC AGENTS

12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

SUMATRIPTAN (CONTINUED)

SEE APPENDIX A FOR EDS CRITERIA

20MG NASAL SPRAY

02230420	IMITREX (EDS)	GLA	FSW
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Note: Coverage is limited to 6 tablets or 6 sprays or 6 syringes per 30 day period.

PIZOTYLINE

0.5MG TABLET

00329320	SANDOMIGRAN	NVR	FSW
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1MG TABLET

00511552	SANDOMIGRAN DS	NVR	FSW
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ZOLMITRIPTAN

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

02238660	ZOMIG (EDS)	AZE	FSW
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Note: Coverage is limited to 6 tablets per 30 day period.

12:20.00 SKELETAL MUSCLE RELAXANTS

BACLOFEN

10MG TABLET

00455881	LIORESAL	NVR	FSW
02063735	PMS-BACLOFEN	PMS	FSW
02088398	GEN-BACLOFEN	GPM	FSW
02136090	NU-BACLO	NXP	FSW
02139332	APO-BACLOFEN	APX	FSW
02229936	NOVO-BACLOFEN	NOP	FSW
02236507	LIOTEC	TCH	FSW

20MG TABLET

00636576	LIORESAL DS	NVR	FSW
02063743	PMS-BACLOFEN	PMS	FSW
02088401	GEN-BACLOFEN	GPM	FSW
02136104	NU-BACLO	NXP	FSW
02139391	APO-BACLOFEN	APX	FSW
02229937	NOVO-BACLOFEN	NOP	FSW
02236508	LIOTEC	TCH	FSW

12:00 AUTONOMIC AGENTS

12:20.00 SKELETAL MUSCLE RELAXANTS

CYCLOBENZAPRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

00782742	FLEXERIL (EDS)	MSD	FSW
02080052	NOVO-CYCLOPRINE (EDS)	NOP	FSW
02171848	NU-CYLCOBENZAPRINE (EDS)	NXP	FSW
02174618	ALTI-CYCLOBENZAPRINE (EDS)	ALT	FSW
02177145	APO-CYCLOBENZAPRINE (EDS)	APX	FSW
02212048	PMS-CYCLOBENZAPRINE (EDS)	PMS	FSW
02231353	GEN-CYCLOPRINE (EDS)	GPM	FSW
02236506	FLEXITEC (EDS)	TCH	FSW

DANTROLENE SODIUM

25MG CAPSULE

01997602	DANTRIUM	PGA	FSW
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100MG CAPSULE

01997653	DANTRIUM	PGA	FSW
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METHOCARBAMOL

500MG TABLET

01930990	ROBAXIN	WRI	W
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METHOCARBAMOL & ACETAMINOPHEN

400MG & 325MG TABLET

01930974	ROBAXACET	WRI	W
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400MG & 325MG CAPLET

02026805	ROBAXACET	WRI	W
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METHOCARBAMOL & ACETASALICYLIC ACID

400MG & 325MG TABLET

01930982	ROBAXISAL	WRI	W
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METHOCARBAMOL & ACETASALICYLIC ACID & CODEINE

400MG & 325MG & 16.2MG TABLET

01934783	ROBAXISAL C-1/4	WRI	FW
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400MG & 325MG & 32.4MG TABLET

01934791	ROBAXISAL C-1/2	WRI	FW
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20:00 BLOOD FORMATION AND COAGULATION

20:04.04 IRON PREPARATIONS

FERROUS GLUCONATE

300MG TABLET

00021458	NOVO-FERROGLUC	NOP	W
00031097	FERROUS GLUCONATE	WAM	W
00545031	APO-FERROUS GLUCONATE	APX	W

FERROUS SULFATE

30MG/ML SYRUP

00792675	PMS-FERROUS SULFATE	PMS	W
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300MG TABLET

00031100	FERROUS SULFATE	WAM	W
00586323	PMS-FERROUS SULFATE	PMS	W
01912518	APO-FERROUS SULFATE	APX	W

160MG SUSTAINED-RELEASE TABLET

00623520	SLOW-FE	NVR	W
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75MG/ML ORAL DROPS

02222574	PMS-FERROUS SULFATE	PMS	W
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IRON-SORBITAL-CITRIC ACID COMPLEX

50MG/ML INTRAMUSCULAR INJECTION

00001910	JECTOFER	AZE	W
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20:12.04 ANTI-COAGULANTS

WARFARIN

1MG TABLET

01918311	COUMADIN	DUP	FSW
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2MG TABLET

01918338	COUMADIN	DUP	FSW
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2.5MG TABLET

01918346	COUMADIN	DUP	FSW
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3MG TABLET

02240205	COUMADIN	DUP	FSW
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20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTI-COAGULANTS

WARFARIN (CONTINUED)

4MG TABLET

02007959

COUMADIN

DUP

FSW

5MG TABLET

01918354

COUMADIN

DUP

FSW

10MG TABLET

01918362

COUMADIN

DUP

FSW

20:24.00 HEMORRHEOLOGIC AGENTS

CLOPIDOGREL BISULFATE

SEE APPENDIX A FOR EDS CRITERIA

75MG TABLET

02238682

PLAVIX (EDS)

SAW

FSW

PENTOXIFYLLINE

400MG SUSTAINED RELEASE TABLET

01968432

PENTOXIFYLLINE

ALT

FSW

02221977

TRENTAL

HMR

FSW

02230090

APO-PENTOXIFYLLINE SR

APX

FSW

02230401

NU-PENTOXIFYLLINE SR

NXP

FSW

TICLOPIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02162776

TICLID (EDS)

HLR

FSW

02194422

SYN-TICLOPIDINE (EDS)

ALT

FSW

02237560

NU-TICLOPIDINE (EDS)

NXP

FSW

02237701

APO-TICLOPIDINE (EDS)

APX

FSW

02239744

GEN-TICLOPIDINE (EDS)

GPM

FSW

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

ACEBUTOLOL HCL

100MG TABLET

01910140	RHOTRAL	RHP	FSW
01926543	SECTRAL	RPR	FSW
02036290	MONITAN	WAY	FSW
02147602	APO-ACEBUTOLOL	APX	FSW
02165546	NU-ACEBUTOLOL	NXP	FSW
02204517	NOVO-ACEBUTOLOL	NOP	FSW
02237721	GEN-ACEBUTOLOL	GPM	FSW
02237885	GEN-ACEBUTOLOL (TYPE S)	GPM	FSW

200MG TABLET

01910159	RHOTRAL	RHP	FSW
01926551	SECTRAL	RPR	FSW
02036436	MONITAN	WAY	FSW
02147610	APO-ACEBUTOLOL	APX	FSW
02165554	NU-ACEBUTOLOL	NXP	FSW
02204525	NOVO-ACEBUTOLOL	NOP	FSW
02237722	GEN-ACEBUTOLOL	GPM	FSW
02237886	GEN-ACEBUTOLOL (TYPE S)	GPM	FSW

400MG TABLET

01910167	RHOTRAL	RHP	FSW
01926578	SECTRAL	RPR	FSW
02036444	MONITAN	WAY	FSW
02147629	APO-ACEBUTOLOL	APX	FSW
02165562	NU-ACEBUTOLOL	NXP	FSW
02204533	NOVO-ACEBUTOLOL	NOP	FSW
02237723	GEN-ACEBUTOLOL	GPM	FSW
02237887	GEN-ACEBUTOLOL (TYPE S)	GPM	FSW

AMIODARONE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

02036282	CORDARONE (EDS)	WAY	FSW
02240071	ALTI-AMIODARONE (EDS)	ALT	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

AMLODIPINE BESYLATE

5MG TABLET

00878928	NORVASC	PFI	FSW
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10MG TABLET

00878936	NORVASC	PFI	FSW
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ATENOLOL

50MG TABLET

00773689	APO-ATENOL	APX	FSW
00886114	NU-ATENOL	NXP	FSW
01912062	NOVO-ATENOL	NOP	FSW
02039532	TENORMIN	AZE	FSW
02146894	GEN-ATENOLOL	GPM	FSW
02171791	TENOLIN	TCH	FSW
02220679	SCHEIN-ATENOLOL	SCN	FSW
02231731	RHO-ATENOLOL	RHP	FSW
02237600	PMS-ATENOLOL	PMS	FSW

100MG TABLET

00773697	APO-ATENOL	APX	FSW
00886122	NU-ATENOL	NXP	FSW
01912054	NOVO-ATENOL	NOP	FSW
02039540	TENORMIN	AZE	FSW
02147432	GEN-ATENOLOL	GPM	FSW
02171805	TENOLIN	TCH	FSW
02220687	SCHEIN-ATENOLOL	SCN	FSW
02231733	RHO-ATENOLOL	RHP	FSW
02237601	PMS-ATENOLOL	PMS	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

CARVEDILOL

SEE APPENDIX A FOR EDS CRITERIA

3.125MG TABLET

02240808

COREG (EDS)

HLR

FSW

6.25MG TABLET

02240809

COREG (EDS)

HLR

FSW

12.5MG TABLET

02240810

COREG (EDS)

HLR

FSW

25MG TABLET

02240811

COREG (EDS)

HLR

FSW

DIGOXIN

0.05MG/ML ELIXIR

00242713

LANOXIN

GLA

FSW

0.0625MG TABLET

00731269

LANOXIN

GLA

FSW

0.125MG TABLET

00035319

LANOXIN

GLA

FSW

0.25MG TABLET

00004685

LANOXIN

GLA

FSW

DILTIAZEM HCL

60MG SUSTAINED RELEASE CAPSULE

02097214

CARDIZEM-SR

HMR

FSW

02222957

APO-DILTIAZ SR

APX

FSW

02229406

NOVO-DILTIAZEM SR

NOP

FSW

02231743

GEN-DILTIAZEM SR

GPM

FSW

90MG SUSTAINED RELEASE CAPSULE

02097222

CARDIZEM-SR

HMR

FSW

02222965

APO-DILTIAZ SR

APX

FSW

02229407

NOVO-DILTIAZEM SR

NOP

FSW

02231744

GEN-DILTIAZEM SR

GPM

FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

DILTIAZEM HCL (CONTINUED)

120MG SUSTAINED RELEASE CAPSULE

02097230	CARDIZEM-SR	HMR	FSW
02222973	APO-DILTIAZ SR	APX	FSW
02229408	NOVO-DILTIAZEM SR	NOP	FSW
02231745	GEN-DILTIAZEM SR	GPM	FSW

120MG CONTROLLED DELIVERY CAPSULE

02097249	CARDIZEM CD	HMR	FSW
02229781	ALTI-DILTIAZEM CD	ALT	FSW
02230997	APO-DILTIAZEM CD	APX	FSW
02231052	NU-DILTIAZ CD	NXP	FSW

180MG CONTROLLED DELIVERY CAPSULE

02097257	CARDIZEM CD	HMR	FSW
02229782	ALTI-DILTIAZEM CD	ALT	FSW
02230998	APO-DILTIAZEM CD	APX	FSW
02231053	NU-DILTIAZ CD	NXP	FSW

240MG CONTROLLED DELIVERY CAPSULE

02097265	CARDIZEM CD	HMR	FSW
02229783	ALTI-DILTIAZEM CD	ALT	FSW
02230999	APO-DILTIAZEM CD	APX	FSW
02231054	NU-DILTIAZ CD	NXP	FSW

300MG CONTROLLED DELIVERY CAPSULE

02097273	CARDIZEM CD	HMR	FSW
02229526	APO-DILTIAZEM CD	APX	FSW
02229784	ALTI-DILTIAZEM CD	ALT	FSW

30MG TABLET

00771376	APO-DILTIAZ	APX	FSW
00862924	NOVO-DILTIAZEM	NOP	FSW
00886068	NU-DILTIAZ	NXP	FSW
00888524	ALTI-DILTIAZEM	ALT	FSW
02097370	CARDIZEM	HMR	FSW
02146916	GEN-DILTIAZEM	GPM	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

DILTIAZEM HCL (CONTINUED)

60MG TABLET

00771384	APO-DILTIAZ	APX	FSW
00862932	NOVO-DILTIAZEM	NOP	FSW
00886076	NU-DILTIAZ	NXP	FSW
00888532	ALTI-DILTIAZEM	ALT	FSW
02097389	CARDIZEM	HMR	FSW
02146924	GEN-DILTIAZEM	GPM	FSW

DISOPYRAMIDE

100MG CAPSULE

01989553	RYTHMODAN	HMR	FSW
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150MG CAPSULE

01989561	RYTHMODAN	HMR	FSW
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METOPROLOL TARTRATE

100MG SUSTAINED RELEASE TABLET

00658855	LOPRESOR SR	NVR	FSW
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200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00497827	BETALOC DURULES	AZE	FSW
00534560	LOPRESOR SR	NVR	FSW

50MG TABLET

00397423	LOPRESOR	NVR	FSW
00402605	BETALOC	AZE	FSW
00618632	APO-METOPROLOL	APX	FSW
00648035	NOVO-METOPROL	NOP	FSW
00749354	APO-METOPROLOL (TYPE L)	APX	FSW
00842648	NOVO-METOPROL (UNCOATED)	NOP	FSW
00865605	NU-METOP	NXP	FSW
02145413	PMS-METOPROLOL-B	PMS	FSW
02174545	GEN-METOPROLOL (TYPE L)	GPM	FSW
02230448	GEN-METOPROLOL	GPM	FSW
02230803	PMS-METOPROLOL-L	PMS	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

METOPROLOL TARTRATE (CONTINUED)

100MG TABLET

00397431	LOPRESOR	NVR	FSW
00402540	BETALOC	AZE	FSW
00618640	APO-METOPROLOL	APX	FSW
00648043	NOVO-METOPROL	NOP	FSW
00751170	APO-METOPROLOL (TYPE L)	APX	FSW
00842656	NOVO-METOPROL (UNCOATED)	NOP	FSW
00865613	NU-METOP	NXP	FSW
02145421	PMS-METOPROLOL-B	PMS	FSW
02174553	GEN-METOPROLOL (TYPE L)	GPM	FSW
02230449	GEN-METOPROLOL	GPM	FSW
02230804	PMS-METOPROLOL-L	PMS	FSW

MEXILETINE HCL

100MG CAPSULE

00599956	MEXITIL	BOE	FSW
02230359	NOVO-MEXILETINE	NOP	FSW
02231690	ALTI-MEXILETINE	ALT	FSW

200MG CAPSULE

00599964	MEXITIL	BOE	FSW
02230360	NOVO-MEXILETINE	NOP	FSW
02231692	ALTI-MEXILETINE	ALT	FSW

NADOLOL

40MG TABLET

00607126	CORGARD	BMS	FSW
00782505	APO-NADOL	APX	FSW
00851663	ALTI-NADOLOL	ALT	FSW
02126753	NOVO-NADOLOL	NOP	FSW

80MG TABLET

00463256	CORGARD	BMS	FSW
00782467	APO-NADOL	APX	FSW
00851671	ALTI-NADOLOL	ALT	FSW
02126761	NOVO-NADOLOL	NOP	FSW

160MG TABLET

00523372	CORGARD	BMS	FSW
00782475	APO-NADOL	APX	FSW
00851698	ALTI-NADOLOL	ALT	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

NICARDIPINE HCL

SEE APPENDIX A FOR EDS CRITERIA

20MG CAPSULE

02162741	CARDENE (EDS)	HLR	FSW
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30MG CAPSULE

02162733	CARDENE (EDS)	HLR	FSW
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NIFEDIPINE

5MG CAPSULE

00725110	APO-NIFED	APX	FSW
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02047462	NOVO-NIFEDIN	NOP	FSW
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02235897	PMS-NIFEDIPINE	PMS	FSW
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10MG CAPSULE

00755907	APO-NIFED	APX	FSW
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00756830	NOVO-NIFEDIN	NOP	FSW
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00865591	NU-NIFED	NXP	FSW
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01946307	GEN-NIFEDIPINE	GPM	FSW
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02235898	PMS-NIFEDIPINE	PMS	FSW
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10MG SUSTAINED RELEASE TABLET

02154390	NIFEDIPINE PA	SCN	FSW
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02155885	ADALAT PA	BAY	FSW
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02197448	APO-NIFED PA	APX	FSW
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02212102	NU-NIFEDIPINE PA	NXP	FSW
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20MG SUSTAINED RELEASE TABLET

02154404	NIFEDIPINE PA	SCN	FSW
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02155893	ADALAT PA	BAY	FSW
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02181525	APO-NIFED PA	APX	FSW
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02200937	NU-NIFEDIPINE PA	NXP	FSW
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20MG EXTENDED RELEASE TABLET

02237618	ADALAT XL	BAY	FSW
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30MG EXTENDED RELEASE TABLET

02155907	ADALAT XL	BAY	FSW
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60MG EXTENDED RELEASE TABLET

02155990	ADALAT XL	BAY	FSW
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

PROCAINAMIDE HCL

250MG CAPSULE

00029076	PRONESTYL	BMS	FSW
00713325	APO-PROCAINAMIDE	APX	FSW

375MG CAPSULE

00296031	PRONESTYL	BMS	FSW
00713333	APO-PROCAINAMIDE	APX	FSW

500MG CAPSULE

00353523	PRONESTYL	BMS	FSW
00713341	APO-PROCAINAMIDE	APX	FSW

250MG SUSTAINED RELEASE TABLET

00638692	PROCAN SR	PDA	FSW
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500MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00638676	PROCAN SR	PDA	FSW
00639885	PRONESTYL SR	BMS	FSW

750MG SUSTAINED RELEASE TABLET

00638684	PROCAN SR	PDA	FSW
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PROPAFENONE HCL

150MG TABLET

00603708	RYTHMOL	KNL	FSW
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300MG TABLET

00603716	RYTHMOL	KNL	FSW
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PROPRANOLOL

10MG TABLET

00402788	APO-PROPRANOLOL	APX	FSW
00496480	NOVO-PRANOL	NOP	FSW
00582255	PMS-PROPRANOLOL	PMS	FSW
02042177	INDERAL	WAY	FSW

20MG TABLET

00663719	APO-PROPRANOLOL	APX	FSW
00740675	NOVO-PRANOL	NOP	FSW
02042193	INDERAL	WAY	FSW
02044692	NU-PROPRANOLOL	NXP	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

PROPRANOLOL (CONTINUED)

40MG TABLET

00402753	APO-PROPRANOLOL	APX	FSW
00496499	NOVO-PRANOL	NOP	FSW
00582263	PMS-PROPRANOLOL	PMS	FSW
02042207	INDERAL	WAY	FSW
02044706	NU-PROPRANOLOL	NXP	FSW

80MG TABLET

00402761	APO-PROPRANOLOL	APX	FSW
00496502	NOVO-PRANOL	NOP	FSW
00582271	PMS-PROPRANOLOL	PMS	FSW
02042215	INDERAL	WAY	FSW

120MG TABLET

00504335	APO-PROPRANOLOL	APX	FSW
00549657	NOVO-PRANOL	NOP	FSW
02042223	INDERAL	WAY	FSW

60MG LONG ACTING CAPSULE

02042231	INDERAL L.A.	WAY	FSW
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80MG LONG ACTING CAPSULE

02042258	INDERAL L.A.	WAY	FSW
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120MG LONG ACTING CAPSULE

02042266	INDERAL L.A.	WAY	FSW
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160MG LONG ACTING CAPSULE

02042274	INDERAL L.A.	WAY	FSW
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QUINIDINE BISULFATE

250MG SUSTAINED RELEASE TABLET

00249580	BIQUIN DURULES	AZE	FSW
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QUINIDINE SULFATE

200MG TABLET

00021733	NOVO-QUINIDIN	NOP	FSW
00441740	APO-QUINIDINE	APX	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

SOTALOL HCL

80MG TABLET

00897272	SOTACOR	BMS	FSW
02084228	ALTI-SOTALOL	ALT	FSW
02170833	LIN-SOTALOL	LIN	FSW
02200996	NU-SOTALOL	NXP	FSW
02210428	APO-SOTALOL	APX	FSW
02229778	GEN-SOTALOL	GPM	FSW
02231181	NOVO-SOTALOL	NOP	FSW
02234008	RHO-SOTALOL	RHP	FSW
02238326	PMS-SOTALOL	PMS	FSW
02238417	SOTAMOL	TCH	FSW

160MG TABLET

00483923	SOTACOR	BMS	FSW
02084236	ALTI-SOTALOL	ALT	FSW
02163772	NU-SOTALOL	NXP	FSW
02167794	APO-SOTALOL	APX	FSW
02170841	LIN-SOTALOL	LIN	FSW
02229779	GEN-SOTALOL	GPM	FSW
02231182	NOVO-SOTALOL	NOP	FSW
02234013	RHO-SOTALOL	RHP	FSW
02238327	PMS-SOTALOL	PMS	FSW
02238415	SOTAMOL	TCH	FSW

TIMOLOL MALEATE

5MG TABLET

00755842	APO-TIMOL	APX	FSW
01947796	NOVO-TIMOL	NOP	FSW
02044609	NU-TIMOLOL	NXP	FSW

10MG TABLET

00755850	APO-TIMOL	APX	FSW
01947818	NOVO-TIMOL	NOP	FSW
02044617	NU-TIMOLOL	NXP	FSW

20MG TABLET

00755869	APO-TIMOL	APX	FSW
01947826	NOVO-TIMOL	NOP	FSW

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

VERAPAMIL HCL

80MG TABLET

00554316	ISOPTIN	KNL	FSW
00782483	APO-VERAP	APX	FSW
00812331	NOVO-VERAMIL	NOP	FSW
00867365	ALTI-VERAPAMIL	ALT	FSW
00886033	NU-VERAP	NXP	FSW
02237921	GEN-VERAPAMIL	GPM	FSW

120MG TABLET

00554324	ISOPTIN	KNL	FSW
00782491	APO-VERAP	APX	FSW
00812358	NOVO-VERAMIL	NOP	FSW
00867373	ALTI-VERAPAMIL	ALT	FSW
00886041	NU-VERAP	NXP	FSW
02237922	GEN-VERAPAMIL	GPM	FSW

120MG SUSTAINED RELEASE TABLET

01907123	ISOPTIN SR	KNL	FSW
02210347	GEN-VERAPAMIL SR	GPM	FSW

180MG SUSTAINED RELEASE TABLET

01934317	ISOPTIN SR	KNL	FSW
02210355	GEN-VERAPAMIL SR	GPM	FSW

240MG SUSTAINED RELEASE TABLET

00742554	ISOPTIN SR	KNL	FSW
02210363	GEN-VERAPAMIL SR	GPM	FSW
02211920	NOVO-VERAMIL SR	NOP	FSW
02237791	PMS-VERAPAMIL SR	PMS	FSW

180MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

002231676	CHRONOVERA	SEA	FSW
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240MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231677	CHRONOVERA	SEA	FSW
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24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

ATORVASTATIN CALCIUM

10MG TABLET

02230711 LIPITOR PDA FSW

20MG TABLET

02230713 LIPITOR PDA FSW

40MG TABLET

02230714 LIPITOR PDA FSW

CERIVASTATIN SODIUM

0.2MG TABLET

02237325 BAYCOL BAY FSW

0.3MG TABLET

02237326 BAYCOL BAY FSW

0.4MG TABLET

02241466 BAYCOL BAY FSW

CHOLESTYRAMINE

REGULAR - 440MG/G ORAL POWDER (CAN)

00634093 QUESTRAN (42 DOSES) BMS FSW

02207745 PMS-CHOLESTYRAMINE (42 DOSES) PMS FSW

REGULAR - 440MG/G ORAL POWDER (POUCHES)

00464880 QUESTRAN BMS FSW

02139189 NOVO-CHOLAMINE NOP FSW

02210320 PMS-CHOLESTYRAMINE PMS FSW

LIGHT - 440MG/G ORAL POWDER (CAN)

02125463 PMS-CHOLESTYRAMINE (80 DOSES) PMS FSW

02141795 PMS-CHOLESTYRAMINE (42 DOSES) PMS FSW

LIGHT - 440MG/G ORAL POWDER (POUCHES)

00890960 PMS-CHOLESTYRAMINE LIGHT PMS FSW

01918486 QUESTRAN LIGHT BMS FSW

02139197 NOVO-CHOLAMINE LIGHT NOP FSW

FENOFIBRATE

100MG CAPSULE

02223600 NU-FENOFIBRATE NXP FSW

02225980 APO-FENOFIBRATE APX FSW

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

FENOFIBRATE (CONTINUED)

200MG CAPSULE

02146959	LIPIDIL MICRO	FRS	FSW
02231780	PMS-FENOFIBRATE MICRO	PMS	FSW
02239864	APO-FENO-MICRO	APX	FSW
02240210	GEN-FENOFIBRATE MICRO	GPM	FSW

FLUVASTATIN SODIUM

20MG CAPSULE

02061562	LESCOL	NVR	FSW
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40MG CAPSULE

02061570	LESCOL	NVR	FSW
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GEMFIBROZIL

300MG CAPSULE

00599026	LOPID	PDA	FSW
00851922	GEMFIBROZIL	ALT	FSW
01979574	APO-GEMFIBROZIL	APX	FSW
02058456	NU-GEMFIBROZIL	NXP	FSW
02185407	GEN-GEMFIBROZIL	GPM	FSW
02239951	PMS-GEMFIBROZIL	PMS	FSW

600MG TABLET

00659606	LOPID	PDA	FSW
00851930	GEMFIBROZIL	ALT	FSW
01979582	APO-GEMFIBROZIL	APX	FSW
02058464	NU-GEMFIBROZIL	NXP	FSW
02142074	NOVO-GEMFIBROZIL	NOP	FSW
02230183	PMS-GEMFIBROZIL	PMS	FSW
02230476	GEN-GEMFIBROZIL	GPM	FSW

LOVASTATIN

20MG TABLET

00795860	MEVACOR	MSD	FSW
02220172	APO-LOVASTATIN	APX	FSW

40MG TABLET

00795852	MEVACOR	MSD	FSW
02220180	APO-LOVASTATIN	APX	FSW

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

PRAVASTATIN

10MG TABLET

00893749

PRAVACHOL

BMS

FSW

20MG TABLET

00893757

PRAVACHOL

BMS

FSW

40MG TABLET

02222051

PRAVACHOL

BMS

FSW

SIMVASTATIN

5MG TABLET

00884324

ZOCOR

MSD

FSW

10MG TABLET

00884332

ZOCOR

MSD

FSW

20MG TABLET

00884340

ZOCOR

MSD

FSW

40MG TABLET

00884359

ZOCOR

MSD

FSW

80MG TABLET

02240332

ZOCOR

MSD

FSW

24:08.00 HYPOTENSIVE DRUGS

BENAZEPRIL HCL

5MG TABLET

00885835

LOTENSIN

NVR

FSW

10MG TABLET

00885843

LOTENSIN

NVR

FSW

20MG TABLET

00885851

LOTENSIN

NVR

FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CANDESARTAN CILEXETIL

8MG TABLET

02239091	ATACAND	AZE	FSW
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16MG TABLET

02239092	ATACAND	AZE	FSW
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CAPTOPRIL

12.5MG TABLET

00695661	CAPOTEN	BMS	FSW
00851639	ALTI-CAPTOPRIL	ALT	FSW
00893595	APO-CAPTO	APX	FSW
01913824	NU-CAPTO	NXP	FSW
01942964	NOVO-CAPTORIL	NOP	FSW
02163551	GEN-CAPTOPRIL	GPM	FSW
02230203	PMS-CAPTOPRIL	PMS	FSW
02237861	CAPTRIL	TCH	FSW

25MG TABLET

00546283	CAPOTEN	BMS	FSW
00851833	ALTI-CAPTOPRIL	ALT	FSW
00893609	APO-CAPTO	APX	FSW
01913832	NU-CAPTO	NXP	FSW
01942972	NOVO-CAPTORIL	NOP	FSW
02163578	GEN-CAPTOPRIL	GPM	FSW
02230204	PMS-CAPTOPRIL	PMS	FSW
02237862	CAPTRIL	TCH	FSW

50MG TABLET

00546291	CAPOTEN	BMS	FSW
00851647	ALTI-CAPTOPRIL	ALT	FSW
00893617	APO-CAPTO	APX	FSW
01913840	NU-CAPTO	NXP	FSW
01942980	NOVO-CAPTORIL	NOP	FSW
02163586	GEN-CAPTOPRIL	GPM	FSW
02230205	PMS-CAPTOPRIL	PMS	FSW
02237863	CAPTRIL	TCH	FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CAPTOPRIL (CONTINUED)

100MG TAB

00546305	CAPOTEN	BMS	FSW
00851655	ALTI-CAPTOPRIL	ALT	FSW
00893625	APO-CAPTO	APX	FSW
01913859	NU-CAPTO	NXP	FSW
01942999	NOVO-CAPTORIL	NOP	FSW
02163594	GEN-CAPTOPRIL	GPM	FSW
02230206	PMS-CAPTOPRIL	PMS	FSW
02237864	CAPTRIL	TCH	FSW

CILAZAPRIL

1MG TABLET

01911465	INHIBACE	HLR	FSW
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2.5MG TABLET

01911473	INHIBACE	HLR	FSW
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5MG TABLET

01911481	INHIBACE	HLR	FSW
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CLONIDINE HCL

0.1MG TABLET

00259527	CATAPRES	BOE	FSW
00868949	APO-CLONIDINE	APX	FSW
01913786	NU-CLONIDINE	NXP	FSW
02046121	NOVO-CLONIDINE	NOP	FSW

0.2MG TAB

00291889	CATAPRES	BOE	FSW
00868957	APO-CLONIDINE	APX	FSW
01913220	NU-CLONIDINE	NXP	FSW
02046148	NOVO-CLONIDINE	NOP	FSW

ENALAPRIL MALEATE

2.5MG TABLET

00851795	VASOTEC	FRS	FSW
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5MG TABLET

00708879	VASOTEC	FRS	FSW
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10MG TABLET

00670901	VASOTEC	FRS	FSW
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

ENALAPRIL MALEATE (CONTINUED)

20MG TABLET

00670928	VASOTEC	FRS	FSW
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FELODIPINE

2.5MG SUSTAINED RELEASE TABLET

02057778	PLENDIL	AZE	FSW
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02221985	RENEDIL	HMR	FSW
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5MG SUSTAINED RELEASE TABLET

00851779	PLENDIL	AZE	FSW
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02221993	RENEDIL	HMR	FSW
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10MG SUSTAINED RELEASE TABLET

00851787	PLENDIL	AZE	FSW
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02222000	RENEDIL	HMR	FSW
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FOSINOPRIL

10MG TABLET

01907107	MONOPRIL	BMS	FSW
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20MG TABLET

01907115	MONOPRIL	BMS	FSW
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HYDRALAZINE HCL

10MG TABLET

00005525	APRESOLINE	NVR	FSW
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00441619	APO-HYDRALAZINE	APX	FSW
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00759465	NOVO-HYLAZIN	NOP	FSW
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01913204	NU-HYDRAL	NXP	FSW
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25MG TABLET

00005533	APRESOLINE	NVR	FSW
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00441627	APO-HYDRALAZINE	APX	FSW
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00759473	NOVO-HYLAZIN	NOP	FSW
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02004828	NU-HYDRAL	NXP	FSW
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50MG TABLET

00005541	APRESOLINE	NVR	FSW
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00441635	APO-HYDRALAZINE	APX	FSW
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00759481	NOVO-HYLAZIN	NOP	FSW
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02004836	NU-HYDRAL	NXP	FSW
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

IRBESARTAN

75MG TABLET

02237923

AVAPRO

BMS

FSW

150MG TABLET

02237924

AVAPRO

BMS

FSW

300MG TABLET

02237925

AVAPRO

BMS

FSW

LABETALOL HCL

100MG TABLET

02106272

TRANDATE

RBP

FSW

200MG TABLET

02106280

TRANDATE

RBP

FSW

LISINOPRIL

5MG TABLET

00839388

PRINIVIL

MSD

FSW

02049333

ZESTRIL

AZE

FSW

02217481

APO-LISINOPRIL

APX

FSW

10MG TABLET

00839396

PRINIVIL

MSD

FSW

02049376

ZESTRIL

AZE

FSW

20MG TABLET

00839418

PRINIVIL

MSD

FSW

02049384

ZESTRIL

AZE

FSW

LOSARTAN POTASSIUM

25MG TABLET

02182815

COZAAR

MSD

FSW

50MG TABLET

02182874

COZAAR

MSD

FSW

100MG TABLET

02182882

COZAAR

MSD

FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

METHYLDOPA

125MG TABLET

00337463	NOVO-MEDOPA	NOP	FSW
00360252	APO-METHYLDOPA	APX	FSW
00717517	NU-MEDOPA	NXP	FSW

250MG TABLET

00016578	ALDOMET	MSD	FSW
00337471	NOVO-MEDOPA	NOP	FSW
00360260	APO-METHYLDOPA	APX	FSW
00717509	NU-MEDOPA	NXP	FSW

500MG TABLET

00337498	NOVO-MEDOPA	NOP	FSW
00426830	APO-METHYLDOPA	APX	FSW
00717576	NU-MEDOPA	NXP	FSW

METHYLDOPA & HYDROCHLOROTHIAZIDE

250MG & 15MG TABLET

00363642	NOVO-DOPARIL-15	NOP	FSW
00441708	APO-METHAZIDE-15	APX	FSW

250MG & 25MG TABLET

00363634	NOVO-DOPARIL-25	NOP	FSW
00441716	APO-METHAZIDE-25	APX	FSW

OPRENOLOL HCL

40MG TABLET

00402575	TRASICOR	NVR	FSW
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80MG TABLET

00402583	TRASICOR	NVR	FSW
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PINDOLOL

5MG TABLET

00417270	VISKEN	NVR	FSW
00755877	APO-PINDOL	APX	FSW
00869007	NOVO-PINDOL	NOP	FSW
00886149	NU-PINDOL	NXP	FSW
02057808	GEN-PINDOLOL	GPM	FSW
02231536	PMS-PINDOLOL	PMS	FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

PINDOLOL (CONTINUED)

10MG TAB

00443174	VISKEN	NVR	FSW
00755885	APO-PINDOL	APX	FSW
00869015	NOVO-PINDOL	NOP	FSW
00886009	NU-PINDOL	NXP	FSW
02057816	GEN-PINDOLOL	GPM	FSW
02231537	PMS-PINDOLOL	PMS	FSW

15MG TABLET

00417289	VISKEN	NVR	FSW
00755893	APO-PINDOL	APX	FSW
00869023	NOVO-PINDOL	NOP	FSW
00886130	NU-PINDOL	NXP	FSW
02057824	GEN-PINDOLOL	GPM	FSW
02231539	PMS-PINDOLOL	PMS	FSW

PRAZOSIN HCL

1MG TABLET

00560952	MINIPRESS	PFI	FSW
00882801	APO-PRAZO	APX	FSW
01913794	NU-PRAZO	NXP	FSW
01934198	NOVO-PRAZIN	NOP	FSW
02139979	ALTI-PRAZOSIN	ALT	FSW

2MG TABLET

00560960	MINIPRESS	PFI	FSW
00882828	APO-PRAZO	APX	FSW
01913808	NU-PRAZO	NXP	FSW
01934201	NOVO-PRAZIN	NOP	FSW
02139987	ALTI-PRAZOSIN	ALT	FSW

5MG TABLET

00560979	MINIPRESS	PFI	FSW
00882836	APO-PRAZO	APX	FSW
01913816	NU-PRAZO	NXP	FSW
01934228	NOVO-PRAZIN	NOP	FSW
02139995	ALTI-PRAZOSIN	ALT	FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

QUINAPRIL HCL

5MG TABLET

01947664 ACCUPRIL PDA FSW

10MG TABLET

01947672 ACCUPRIL PDA FSW

20MG TABLET

01947680 ACCUPRIL PDA FSW

40MG TABLET

01947699 ACCUPRIL PDA FSW

RAMIPRIL

1.25MG CAPSULE

02221829 ALTACE HMR FSW

2.5MG CAPSULE

02221837 ALTACE HMR FSW

5MG CAPSULE

02221845 ALTACE HMR FSW

10MG CAPSULE

02221853 ALTACE HMR FSW

TELMISARTAN

40MG TABLET

02240769 MICARDIS BOE FSW

80MG TABLET

02240770 MICARDIS BOE FSW

TERAZOSIN HCL

1MG TABLET

00818658 HYTRIN ABB FSW

02218941 ALTI-TERAZOSIN ALT FSW

02230805 NOVO-TERAZOSIN NOP FSW

02233047 NU-TERAZOSIN NXP FSW

02234502 APO-TERAZOSIN APX FSW

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

TERAZOSIN HCL (CONTINUED)

2MG TABLET

00818682	HYTRIN	ABB	FSW
02218968	ALTI-TERAZOSIN	ALT	FSW
02230806	NOVO-TERAZOSIN	NOP	FSW
02233048	NU-TERAZOSIN	NXP	FSW
02234503	APO-TERAZOSIN	APX	FSW

5MG TABLET

00818666	HYTRIN	ABB	FSW
02218976	ALTI-TERAZOSIN	ALT	FSW
02230807	NOVO-TERAZOSIN	NOP	FSW
02233049	NU-TERAZOSIN	NXP	FSW
02234504	APO-TERAZOSIN	APX	FSW

10MG TABLET

00818674	HYTRIN	ABB	FSW
02218984	ALTI-TERAZOSIN	ALT	FSW
02230808	NOVO-TERAZOSIN	NOP	FSW
02233050	NU-TERAZOSIN	NXP	FSW
02234505	APO-TERAZOSIN	APX	FSW

VALSARTAN

80MG CAPSULE

02236808	DIOVAN	NVR	FSW
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160MG CAPSULE

02236809	DIOVAN	NVR	FSW
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24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

BETAHISTINE HCL

SEE APPENDIX A FOR EDS CRITERIA

4MG TABLET

02222035	SERC (EDS)	SLV	FSW
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DIPYRIDAMOLE

25MG TABLET

00067385	PERSANTINE	BOE	FSW
00571237	APO-DIPYRIDAMOLE-SC	APX	FSW
00784419	NOVO-DIPYRIDAMOLE-FC	NOP	FSW
00895644	APO-DIPYRIDAMOLE-FC	APX	FSW

50MG TABLET

00067393	PERSANTINE	BOE	FSW
00571245	APO-DIPYRIDAMOLE-SC	APX	FSW
00784427	NOVO-DIPYRIDAMOLE-FC	NOP	FSW
00895652	APO-DIPYRIDAMOLE-FC	APX	FSW

75MG TABLET

00452092	PERSANTINE	BOE	FSW
00601845	APO-DIPYRIDAMOLE-SC	APX	FSW
00784435	NOVO-DIPYRIDAMOLE-FC	NOP	FSW
00895660	APO-DIPYRIDAMOLE-FC	APX	FSW

ISOSORBIDE DINITRATE

5MG SUBLINGUAL TABLET

00670944	APO-ISDN	APX	FSW
02042606	ISORDIL	WAY	FSW

10MG TABLET

00441686	APO-ISDN	APX	FSW
00458686	NOVO-SORBIDE	NOP	FSW
02042622	ISORDIL	WAY	FSW

30MG TABLET

00441694	APO-ISDN	APX	FSW
00458694	NOVO-SORBIDE	NOP	FSW
02042614	ISORDIL	WAY	FSW

24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

NITROGLYCERIN

NOTES:

1. To prevent development of tolerance, patches should be removed after 12-14 hours to provide daily NITRATE-FREE periods of 10-12 hours. The NITRATE-FREE period should be timed to coincide with the period in which angina is least likely to occur (USUALLY AT NIGHT).

2. Patients should not be using both the nitroglycerin transdermal patch and sustained release tablet concurrently.

0.2MG/HR. TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

00584223	TRANSDERM - NITRO 0.2	NVR	FSW
01911910	NITRO-DUR 0.2	KEY	FSW
02162806	MINITRAN 0.2	MDA	FSW

0.3MG/HR TRANSDERMAL PATCH

02213370	NITRO-DUR 0.3	KEY	FSW
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0.4 MG/HR. TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

00852384	TRANSDERM - NITRO 0.4	NVR	FSW
01911902	NITRO-DUR 0.4	KEY	FSW
02163527	MINITRAN 0.4	MDA	FSW

0.6 MG/HR. TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

01911929	NITRO-DUR 0.6	KEY	FSW
02046156	TRANSDERM - NITRO 0.6	NVR	FSW
02163535	MINITRAN 0.6	MDA	FSW

0.8MG/HR. TRANSDERMAL PATCH

02011271	NITRO-DUR 0.8	KEY	FSW
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0.3MG SUBLINGUAL TABLET

00037613	NITROSTAT	PDA	W
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0.6MG SUBLINGUAL TABLET

00037621	NITROSTAT	PDA	W
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0.4MG/DOSE METERED DOSE LINGUAL SPRAY

02231441	NITROLINGUAL PUMPSPRAY	RPR	W
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2.6MG SUSTAINED RELEASE TABLET

01927809	NITRONG S.R.	RPR	FSW
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24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

NITROGLYCERIN (CONTINUED)

2% TOPICAL OINTMENT

01926454

NITROL

PMS

FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

325MG ENTERIC COATED TABLET

00010332	ENTROPHEN-5	JJM	W
00216666	NOVASEN	NOP	W

650MG ENTERIC COATED TABLET

00229296	NOVASEN	NOP	W
02046261	MSD ENTERIC-COATED ASA	JJM	W

DICLOFENAC SODIUM

25MG ENTERIC COATED TABLET

00514004	VOLTAREN	NVR	FSW
00808539	NOVO-DIFENAC	NOP	FSW
00839175	APO-DICLO	APX	FSW
00886017	NU-DICLO	NXP	FSW
02231502	PMS-DICLOFENAC	PMS	FSW

50MG ENTERIC COATED TABLET

00514012	VOLTAREN	NVR	FSW
00808547	NOVO-DIFENAC	NOP	FSW
00839183	APO-DICLO	APX	FSW
00886025	NU-DICLO	NXP	FSW
02231503	PMS-DICLOFENAC	PMS	FSW

DIFLUNISAL

250MG TABLET

02039486	APO-DIFLUNISAL	APX	FSW
02048493	NOVO-DIFLUNISAL	NOP	FSW
02058405	NU-DIFLUNISAL	NXP	FSW

500MG TABLET

02039494	APO-DIFLUNISAL	APX	FSW
02048507	NOVO-DIFLUNISAL	NOP	FSW
02058413	NU-DIFLUNISAL	NXP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

FLURBIPROFEN

50MG TABLET

00647942	ANSAID	PHU	FSW
00675202	ALTI-FLURBIPROFEN	ALT	FSW
01912046	APO-FLURBIPROFEN	APX	FSW
02020661	NU-FLURBIPROFEN	NXP	FSW
02100509	NOVO-FLURPROFEN	NOP	FSW

100MG TABLET

00600792	ANSAID	PHU	FSW
00675199	ALTI-FLURBIPROFEN	ALT	FSW
01912038	APO-FLURBIPROFEN	APX	FSW
02020688	NU-FLURBIPROFEN	NXP	FSW
02100517	NOVO-FLURPROFEN	NOP	FSW

IBUPROFEN

300MG TABLET

00327794	MOTRIN	PHU	FSW
00441651	APO-IBUPROFEN	APX	FSW
00629332	NOVO-PROFEN	NOP	FSW
02020696	NU-IBUPROFEN	NXP	FSW

400MG TABLET

00364142	MOTRIN	PHU	FSW
00506052	APO-IBUPROFEN	APX	FSW
00629340	NOVO-PROFEN	NOP	FSW
02020718	NU-IBUPROFEN	NXP	FSW

600MG TABLET

00484911	MOTRIN	PHU	FSW
00585114	APO-IBUPROFEN	APX	FSW
00629359	NOVO-PROFEN	NOP	FSW
02020726	NU-IBUPROFEN	NXP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

INDOMETHACIN

25MG CAPSULE

00337420	NOVO-METHACIN	NOP	FSW
00611158	APO-INDOMETHACIN	APX	FSW
00865850	NU-INDO	NXP	FSW
02143364	INDOTEC	TCH	FSW
02204541	RHODACINE	RHP	FSW

50MG CAPSULE

00337439	NOVO-METHACIN	NOP	FSW
00611166	APO-INDOMETHACIN	APX	FSW
00865869	NU-INDO	NXP	FSW
02143372	INDOTEC	TCH	FSW
02204568	RHODACINE	RHP	FSW

50MG RECTAL SUPPOSITORY

00594466	INDOCID	MSD	FSW
01934147	INDOTEC	TCH	FSW
02146932	RHODACINE	RHP	FSW
02176130	NOVO-METHACIN	NOP	FSW
02231799	SAB-INDOMETHACIN	SAB	FSW

100MG RECTAL SUPPOSITORY

00016233	INDOCID	MSD	FSW
01934139	INDOTEC	TCH	FSW
02146940	RHODACINE	RHP	FSW
02176149	NOVO-METHACIN	NOP	FSW
02231800	SAB-INDOMETHACIN	SAB	FSW

KETOPROFEN

50MG CAPSULE

00761664	RHODIS	RHP	FSW
00790427	APO-KETO	APX	FSW
01926403	ORUDIS	RPR	FSW
02150808	PMS-KETOPROFEN	PMS	FSW

50MG ENTERIC COATED TABLET

00761672	RHODIS-EC	RHP	FSW
00790435	APO-KETO-E	APX	FSW
01926381	ORUDIS E-50	RPR	FSW
01981528	NOVO-KETO-EC	NOP	FSW
02150816	PMS-KETOPROFEN-EC	PMS	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

KETOPROFEN (CONTINUED)

100MG ENTERIC COATED TABLET

00761680	RHODIS-EC	RHP	FSW
00842664	APO-KETO-E	APX	FSW
01926365	ORUDIS E-100	RPR	FSW
01981536	NOVO-KETO-EC	NOP	FSW
02150824	PMS-KETOPROFEN-EC	PMS	FSW

50MG RECTAL SUPPOSITORY

01931512	ORUDIS	RPR	FSW
02148773	PMS-KETOPROFEN	PMS	FSW

100MG RECTAL SUPPOSITORY

00761699	RHODIS	RHP	FSW
01926411	ORUDIS	RPR	FSW
02015951	PMS-KETOPROFEN	PMS	FSW
02156083	NOVO-KETO	NOP	FSW
02165481	ORAFEN	TCH	FSW

MEFENAMIC ACID

250MG CAPSULE

00155225	PONSTAN	PDA	FW
02229452	APO-MEFENAMIC	APX	FW
02229569	NU-MEFENAMIC	NXP	FW
02231208	PMS-MEFENAMIC ACID	PMS	FW

NAPROXEN

500MG RECTAL SUPPOSITORY

00756814	NAXEN	ALT	FSW
02017237	PMS-NAPROXEN	PMS	FSW
02162458	NAPROSYN	HLR	FSW
02229690	RHODIAPROX	RHP	FSW
02230477	SAB-NAPROXEN	SAB	FSW

125MG TABLET

00522678	APO-NAPROXEN	APX	FSW
00565369	NOVO-NAPROX	NOP	FSW
00865621	NU-NAPROX	NXP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

NAPROXEN (CONTINUED)

250MG TABLET

00522651	APO-NAPROXEN	APX	FSW
00565350	NOVO-NAPROX	NOP	FSW
00615315	NAXEN	ALT	FSW
00865648	NU-NAPROX	NXP	FSW
02162474	NAPROSYN	HLR	FSW

375MG TABLET

00600806	APO-NAPROXEN	APX	FSW
00615323	NAXEN	ALT	FSW
00627097	NOVO-NAPROX	NOP	FSW
00865656	NU-NAPROX	NXP	FSW
02162482	NAPROSYN	HLR	FSW

500MG TABLET

00589861	NOVO-NAPROX	NOP	FSW
00592277	APO-NAPROXEN	APX	FSW
00615331	NAXEN	ALT	FSW
00865664	NU-NAPROX	NXP	FSW
02162490	NAPROSYN	HLR	FSW

PIROXICAM

10MG CAPSULE

00525596	FELDENE	PFI	FSW
00642886	APO-PIROXICAM	APX	FSW
00695718	NOVO-PIROCAM	NOP	FSW
00836249	PMS-PIROXICAM	PMS	FSW
00865761	NU-PIROX	NXP	FSW
02139952	ALTI-PIROXICAM	ALT	FSW
02171813	GEN-PIROXICAM	GPM	FSW

20MG CAPSULE

00525618	FELDENE	PFI	FSW
00642894	APO-PIROXICAM	APX	FSW
00695696	NOVO-PIROCAM	NOP	FSW
00836230	PMS-PIROXICAM	PMS	FSW
00865788	NU-PIROX	NXP	FSW
02139960	ALTI-PIROXICAM	ALT	FSW
02171821	GEN-PIROXICAM	GPM	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SULINDAC

150MG TABLET

00745588	NOVO-SUNDAC	NOP	FSW
00778354	APO-SULIN	APX	FSW
02042576	NU-SULINDAC	NXP	FSW

200MG TABLET

00745596	NOVO-SUNDAC	NOP	FSW
00778362	APO-SULIN	APX	FSW
02042584	NU-SULINDAC	NXP	FSW

TIAPROFENIC ACID

200MG TABLET

01924613	ALB-TIAFEN	ALT	FSW
02136112	APO-TIAPROFENIC	APX	FSW
02179679	NOVO-TIAPROFENIC	NOP	FSW
02230827	PMS-TIAPROFENIC	PMS	FSW

300MG TABLET

01924621	ALB-TIAFEN	ALT	FSW
02136120	APO-TIAPROFENIC	APX	FSW
02146886	NU-TIAPROFENIC	NXP	FSW
02179687	NOVO-TIAPROFENIC	NOP	FSW
02221950	SURGAM	HMR	FSW
02230828	PMS-TIAPROFENIC	PMS	FSW

TOLMETIN SODIUM

400MG CAPSULE

02076233	NOVO-TOLMETIN	NOP	FSW
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200MG TABLET

00364126	TOLECTIN	JAN	FSW
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600MG TABLET

00632740	TOLECTIN	JAN	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN & CODEINE

300MG & 60MG TABLET

00621463	LENOLTEC NO.4	TCH	FSW
00666149	EMPRACET-60	GLA	FSW
02163918	TYLENOL NO.4	JAN	FSW

ACETAMINOPHEN COMPOUND WITH CODEINE

15MG CODEINE TABLET

00293504	ATASOL-15	HOR	FSW
00372331	EXDOL-15	LIH	FSW
00653241	LENOLTEC NO.2	TCH	FSW
00687200	NOVO-GESIC C-15	NOP	FSW
02163934	TYLENOL NO.2	JAN	FSW

30MG CODEINE TABLET

00293512	ATASOL-30	HOR	FSW
00372358	EXDOL-30	LIH	FSW
00653276	LENOLTEC NO.3	TCH	FSW
00687219	NOVO-GESIC C-30	NOP	FSW
02163926	TYLENOL NO.3	JAN	FSW

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

30MG CODEINE TABLET

02238645	292	LIH	FSW
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CODEINE PHOSPHATE

5MG/ML SYRUP

00779474	CODEINE PHOSPHATE	TCH	FSW
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15MG TABLET

00593435	CODEINE PHOSPHATE	TCH	FSW
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30MG TABLET

00593451	CODEINE PHOSPHATE	TCH	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

HYDROMORPHONE HCL

1MG/ML ORAL LIQUID

00786535	DILAUDID	KNL	FSW
01916386	PMS-HYDROMORPHONE	PMS	FSW

3MG RECTAL SUPPOSITORY

00125105	DILAUDID	KNL	FSW
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1MG TABLET

00705438	DILAUDID	KNL	FSW
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2MG TABLET

00125083	DILAUDID	KNL	FSW
00885436	PMS-HYDROMORPHONE	PMS	FSW

4MG TABLET

00125121	DILAUDID	KNL	FSW
00885401	PMS-HYDROMORPHONE	PMS	FSW

8MG TABLET

00786543	DILAUDID	KNL	FSW
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3MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02125323	HYDROMORPH CONTIN (EDS)	PFR	FSW
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6MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02125331	HYDROMORPH CONTIN (EDS)	PFR	FSW
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12MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02125366	HYDROMORPH CONTIN (EDS)	PFR	FSW
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24MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02125382	HYDROMORPH CONTIN (EDS)	PFR	FSW
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30MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02125390	HYDROMORPH CONTIN (EDS)	PFR	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MEPERIDINE HCL

50MG TABLET

02138018	DEMEROL	SAW	FSW
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MORPHINE

1MG/ML ORAL SOLUTION

00486582	M.O.S.	ICN	FSW
00591467	STATEX	PMS	FSW
00607762	MORPHITEC-1	TCH	FSW

5MG/ML ORAL SOLUTION

00514217	M.O.S.	ICN	FSW
00591475	STATEX	PMS	FSW
00607770	MORPHITEC-5	TCH	FSW

10MG/ML ORAL SOLUTION

00632503	M.O.S.	ICN	FSW
00647217	STATEX	PMS	FSW
00690783	MORPHITEC-10	TCH	FSW

20MG/ML ORAL SOLUTION

00621935	STATEX	PMS	FSW
00632481	M.O.S.	ICN	FSW
00690791	MORPHITEC-20	TCH	FSW

5MG TABLET

00594652	STATEX	PMS	FSW
02009773	M.O.S.-SULFATE	ICN	FSW
02014203	MSIR	PFR	FSW

10MG TABLET

00594644	STATEX	PMS	FSW
00690198	M.O.S.	ICN	FSW
02009765	M.O.S.-SULFATE	ICN	FSW
02014211	MSIR	PFR	FSW

20MG TABLET

00690201	M.O.S.	ICN	FSW
02014238	MSIR	PFR	FSW

25MG TABLET

00594636	STATEX	PMS	FSW
02009749	M.O.S.-SULFATE	ICN	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE (CONTINUED)

30MG TABLET				
02014254	MSIR	PFR	FSW	
40MG TABLET				
00690228	M.O.S.	ICN	FSW	
50MG TABLET				
00675962	STATEX	PMS	FSW	
02009706	M.O.S.-SULFATE	ICN	FSW	
60MG TABLET				
00690244	M.O.S.	ICN	FSW	
10MG EXTENDED RELEASE CAPSULE				
02019930	M-ESLON	RPR	FSW	
15MG EXTENDED RELEASE CAPSULE				
02177749	M-ESLON	RPR	FSW	
30MG EXTENDED RELEASE CAPSULE				
02019949	M-ESLON	RPR	FSW	
60MG EXTENDED RELEASE CAPSULE				
02019957	M-ESLON	RPR	FSW	
100MG EXTENDED RELEASE CAPSULE				
02019965	M-ESLON	RPR	FSW	
200MG EXTENDED RELEASE CAPSULE				
02177757	M-ESLON	RPR	FSW	
15MG SUSTAINED RELEASE TABLET				
02015439	MS CONTIN	PFR	FSW	
30MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00776181	M.O.S.-SR	ICN	FSW	
01988727	ORAMORPH SR	BOE	FSW	
02014297	MS CONTIN	PFR	FSW	
60MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00776203	M.O.S.-SR	ICN	FSW	
01988735	ORAMORPH SR	BOE	FSW	
02014300	MS CONTIN	PFR	FSW	

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE (CONTINUED)

100MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

01988743	ORAMORPH SR	BOE	FSW
02014319	MS CONTIN	PFR	FSW

200MG SUSTAINED RELEASE TABLET

02014327	MS CONTIN	PFR	FSW
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OXYCODONE HCL & ACETAMINOPHEN

5MG & 325MG TABLET

00608165	OXYCOCET	TCH	FSW
01916475	PERCOCET	DUP	FSW
01916548	ENDOCET	END	FSW

OXYCODONE HCL & ACETYLSALICYLIC ACID

5MG & 325MG TAB

00608157	OXYCODAN	TCH	FSW
01916483	ENDODAN	END	FSW
01916572	PERCODAN	DUP	FSW

PROPOXYPHENE HCL

65MG TABLET

00010081	642	LIH	FSW
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NOTE: PROPOXYPHENE NAPSYLATE 100MG IS EQUIVALENT IN ANALGESIC ACTIVITY TO PROPOXYPHENE HCL 65MG

PROPOXYPHENE NAPSYLATE

100MG CAPSULE

00151351	NOVO-PROPOXYN	NOP	FSW
00261432	DARVON-N	LIL	FSW

NOTE: PROPOXYPHENE NAPSYLATE 100MG IS EQUIVALENT IN ANALGESIC ACTIVITY TO PROPOXYPHENE HCL 65MG

28:08.12 OPIATE PARTIAL AGONISTS

PENTAZOCINE

50MG TABLET

02137984	TALWIN	SAW	FSW
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28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

28:00 CENTRAL NERVOUS SYSTEM DRUGS

ACETAMINOPHEN

32MG/ML ELIXIR

0072691

PMS-ACETAMINOPHEN

PMS

W

80MG/ML DROPS

00887587

PMS-ACETAMINOPHEN

PMS

W

325MG TABLET

00389218

NOVO-GESIC

NOP

W

00544981

APO-ACETAMINOPHEN

APX

W

00891177

PMS-ACETAMINOPHEN

PMS

W

500MG TABLET

00482323

NOVO-GESIC FORTE

NOP

W

00545007

APO-ACETAMINOPHEN

APX

W

120MG RECTAL SUPPOSITORY

01919385

ABENOL

SKB

W

02230434

ACET-120

PMS

W

325MG RECTAL SUPPOSITORY

01919393

ABENOL

SKB

W

02230436

ACET-325

PMS

W

FLOCTAFENINE

200MG TABLET

02017628

IDARAC

SAW

FSW

400MG TABLET

02017636

IDARAC

SAW

FSW

28:12.04 ANTICONVULSANTS (BARBITURATES)

PHENOBARBITAL

5MG/ML ELIXIR

00645575

PHENOBARBITAL

SDR

FSW

15MG TABLET

00023795

PHENOBARBITAL

PDA

FSW

00178799

PHENOBARBITAL

SDR

FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.04 ANTICONVULSANTS (BARBITURATES)

PHENOBARBITAL (CONTINUED)

30MG TABLET

00023809	PHENOBARBITAL	PDA	FSW
00178802	PHENOBARBITAL	SDR	FSW

60MG TABLET

00023817	PHENOBARBITAL	PDA	FSW
00178810	PHENOBARBITAL	SDR	FSW

100MG TABLET

00178829	PHENOBARBITAL	SDR	FSW
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PRIMIDONE

125MG TABLET

00399310	APO-PRIMIDONE	APX	FW
02042363	MYSOLINE	WAY	FW

250MG TABLET

00396761	APO-PRIMIDONE	APX	FSW
02042355	MYSOLINE	WAY	FSW

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

CLONAZEPAM

0.5MG TABLET

00382825	RIVOTRIL	HLR	FSW
02103656	ALTI-CLONAZEPAM	ALT	FSW
02173344	NU-CLONAZEPAM	NXP	FSW
02177889	APO-CLONAZEPAM	APX	FSW
02207818	PMS-CLONAZEPAM-R	PMS	FSW
02230366	CLONAPAM	ICN	FSW
02230950	GEN-CLONAZEPAM	GPM	FSW
02233960	RHO-CLONAZEPAM	RHP	FSW
02239024	NOVO-CLONAZEPAM	NOP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

CLONAZEPAM (CONTINUED)

2MG TABLET

00382841	RIVOTRIL	HLR	FSW
02048736	PMS-CLONAZEPAM	PMS	FSW
02103737	ALTI-CLONAZEPAM	ALT	FSW
02173352	NU-CLONAZEPAM	NXP	FSW
02177897	APO-CLONAZEPAM	APX	FSW
02230369	CLONAPAM	ICN	FSW
02230951	GEN-CLONAZEPAM	GPM	FSW
02233985	RHO-CLONAZEPAM	RHP	FSW
02239025	NOVO-CLONAZEPAM	NOP	FSW

28:12.12 ANTICONVULSANTS (HYDANTOINS)

PHENYTOIN

25MG/ML ORAL SUSPENSION

00023450	DILANTIN	PDA	FSW
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50MG TABLET

00023698	DILANTIN	PDA	FSW
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30MG CAPSULE

00022772	DILANTIN	PDA	FSW
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100MG CAPSULE

00022780	DILANTIN	PDA	FSW
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28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

ETHOSUXIMIDE

50MG/ML SYRUP

00023485	ZARONTIN	PDA	FSW
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250MG CAPSULE

00022799	ZARONTIN	PDA	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

METHSUXIMIDE

300MG CAPSULE

00022802

CELONTIN

PDA

FSW

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

CARBAMAZEPINE

100MG CHEWABLE TABLET

00369810

TEGRETOL CHEWTAB

NVR

FW

200MG CHEWABLE TABLET

00665088

TEGRETOL CHEWTAB

NVR

FW

200MG TABLET

00010405

TEGRETOL

NVR

FSW

00402699

APO-CARBAMAZEPINE

APX

FSW

00782718

NOVO-CARBAMAZ

NOP

FSW

02042568

NU-CARBAMAZEPINE

NXP

FSW

02052423

TARO-CARBAMAZEPINE

TAR

FSW

200MG CONTROLLED RELEASE TABLET

00773611

TEGRETOL CR

NVR

FSW

02231543

PMS-CARBAMAZEPINE CR

PMS

FSW

02237907

TARO-CARBAMAZEPINE CR

TAR

FSW

400MG CONTROLLED RELEASE TABLET

00755583

TEGRETOL CR

NVR

FSW

02231544

PMS-CARBAMAZEPINE CR

PMS

FSW

02237908

TARO-CARBAMAZEPINE CR

TAR

FSW

CLOBAZAM

10MG TABLET

02221799

FRISIUM

HMR

FSW

02238334

NOVO-CLOBAZAM

NOP

FSW

02238797

ALTI-CLOBAZAM

ALT

FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

DIVALPROEX SODIUM

125MG ENTERIC COATED TABLET

00596418	EPIVAL	ABB	FSW
02239517	NU-DIVALPROEX	NXP	FSW
02239698	APO-DIVALPROEX	APX	FSW
02239701	NOVO-DIVALPROEX	NOP	FSW

250MG ENTERIC COATED TABLET

00596426	EPIVAL	ABB	FSW
02239518	NU-DIVALPROEX	NXP	FSW
02239699	APO-DIVALPROEX	APX	FSW
02239702	NOVO-DIVALPROEX	NOP	FSW

500MG ENTERIC COATED TABLET

00596434	EPIVAL	ABB	FSW
02239519	NU-DIVALPROEX	NXP	FSW
02239700	APO-DIVALPROEX	APX	FSW
02239703	NOVO-DIVALPROEX	NOP	FSW

GABAPENTIN

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02084260	NEURONTIN (EDS)	PDA	FSW
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300MG CAPSULE

02084279	NEURONTIN (EDS)	PDA	FSW
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400MG CAPSULE

02084287	NEURONTIN (EDS)	PDA	FSW
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LAMOTRIGINE

25MG TABLET

02142082	LAMICTAL	GLA	FSW
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100MG TABLET

02142104	LAMICTAL	GLA	FSW
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150MG TABLET

02142112	LAMICTAL	GLA	FSW
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Note: Limited to a maximum 30-day supply of medication.

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

TOPIRAMATE

15MG SPRINKLE CAPSULE

02239907 TOPAMAX JAN FSW

25MG TABLET

02230893 TOPAMAX JAN FSW

100MG TABLET

02230894 TOPAMAX JAN FSW

200MG TABLET

02230896 TOPAMAX JAN FSW

Note: Limited to a maximum 30-day supply of medication.

VALPROATE SODIUM

50MG/ML SYRUP

00443832 DEPAKENE ABB FSW

02140063 ALTI-VALPROIC ALT FSW

02236807 PMS-VALPROIC PMS FSW

02238042 DEPROIC TCH FSW

02238370 APO-VALPROIC APX FSW

VALPROIC ACID

250MG CAPSULE

00443840 DEPAKENE ABB FSW

02100630 NOVO-VALPROIC NOP FSW

02140047 ALTI-VALPROIC ALT FSW

02184648 GEN-VALPROIC GPM FSW

02217414 DEPROIC TCH FSW

02230768 PMS-VALPROIC PMS FSW

02237830 NU-VALPROIC NXP FSW

02238048 APO-VALPROIC APX FSW

500MG ENTERIC COATED CAPSULE

00507989 DEPAKENE ABB FSW

02140055 ALTI-VALPROIC ALT FSW

02218321 NOVO-VALPROIC NOP FSW

02229628 PMS-VALPROIC PMS FSW

02231489 DEPROIC TCH FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

VIGABATRIN

500MG TABLET

02065819

SABRIL

HMR

FSW

Note: Limited to a maximum 30-day supply of medication.

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

AMITRIPTYLINE

10MG TABLET

00016322

ELAVIL

MSD

FSW

00037400

NOVO-TRIPTYN

NOP

FSW

00335053

APO-AMITRIPTYLINE

APX

FSW

25MG TABLET

00016330

ELAVIL

MSD

FSW

00335061

APO-AMITRIPTYLINE

APX

FSW

50MG TABLET

00016349

ELAVIL

MSD

FSW

00037427

NOVO-TRIPTYN

NOP

FSW

00335088

APO-AMITRIPTYLINE

APX

FSW

AMOXAPINE

50MG TABLET

02169894

ASENDIN

WAY

FSW

100MG TAB

02169908

ASENDIN

WAY

FSW

BUPROPION HCL

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02237824

WELLBUTRIN SR (EDS)

GLA

FSW

150MG TABLET

02237825

WELLBUTRIN SR (EDS)

GLA

FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

CITALOPRAM

20MG TABLET

02239607	CELEXA	LUD	FSW
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40MG TABLET

02239608	CELEXA	LUD	FSW
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CLOMIPRAMINE HCL

10MG TABLET

00330566	ANAFRANIL	NVR	FSW
02040786	APO-CLOMIPRAMINE	APX	FSW
02139340	GEN-CLOMIPRAMINE	GPM	FSW
02230256	NOVO-CLOPAMINE	NOP	FSW

25MG TABLET

00324019	ANAFRANIL	NVR	FSW
02040778	APO-CLOMIPRAMINE	APX	FSW
02130165	NOVO-CLOPAMINE	NOP	FSW
02139359	GEN-CLOMIPRAMINE	GPM	FSW

50MG TABLET

00402591	ANAFRANIL	NVR	FSW
02040751	APO-CLOMIPRAMINE	APX	FSW
02130173	NOVO-CLOPAMINE	NOP	FSW
02139367	GEN-CLOMIPRAMINE	GPM	FSW

DESIPRAMINE

10MG TABLET

01946250	PMS-DESIPRAMINE	PMS	FSW
01948776	ALTI-DESIPRAMINE	ALT	FSW
02103583	NORPRAMIN	HMR	FSW
02211939	NU-DESIPRAMINE	NXP	FSW
02216248	APO-DESIPRAMINE	APX	FSW
02223341	NOVO-DESIPRAMINE	NOP	FSW

25MG TABLET

01946269	PMS-DESIPRAMINE	PMS	FSW
01948784	ALTI-DESIPRAMINE	ALT	FSW
02099128	NORPRAMIN	HMR	FSW
02211947	NU-DESIPRAMINE	NXP	FSW
02216256	APO-DESIPRAMINE	APX	FSW
02223325	NOVO-DESIPRAMINE	NOP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

DESIPRAMINE (CONTINUED)

50MG TABLET

01946277	PMS-DESIPRAMINE	PMS	FSW
01948792	ALTI-DESIPRAMINE	ALT	FSW
02099136	NORPRAMIN	HMR	FSW
02211955	NU-DESIPRAMINE	NXP	FSW
02216264	APO-DESIPRAMINE	APX	FSW
02223333	NOVO-DESIPRAMINE	NOP	FSW

75MG TABLET

01946242	PMS-DESIPRAMINE	PMS	FSW
01948806	ALTI-DESIPRAMINE	ALT	FSW
02211963	NU-DESIPRAMINE	NXP	FSW
02216272	APO-DESIPRAMINE	APX	FSW
02223368	NOVO-DESIPRAMINE	NOP	FSW

100MG TABLET

02103591	NORPRAMINE	HMR	FSW
02168952	PMS-DESIPRAMINE	PMS	FSW
02211971	NU-DESIPRAMINE	NXP	FSW
02216280	APO-DESIPRAMINE	APX	FSW

DOXEPIN HCL

10MG CAPSULE

00024325	SINEQUAN	PFI	FSW
02049996	APO-DOXEPIN	APX	FSW
02140071	ALTI-DOXEPIN	ALT	FSW

25MG CAPSULE

00024333	SINEQUAN	PFI	FSW
01913425	NOVO-DOXEPIN	NOP	FSW
02050005	APO-DOXEPIN	APX	FSW
02140098	ALTI-DOXEPIN	ALT	FSW

50MG CAPSULE

00024341	SINEQUAN	PFI	FSW
01913433	NOVO-DOXEPIN	NOP	FSW
02050013	APO-DOXEPIN	APX	FSW
02140101	ALTI-DOXEPIN	ALT	FSW

75MG CAPSULE

00400750	SINEQUAN	PFI	FSW
01913441	NOVO-DOXEPIN	NOP	FSW
02050021	APO-DOXEPIN	APX	FSW
02140128	ALTI-DOXEPIN	ALT	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

DOXEPIN HCL (CONTINUED)

100MG CAPSULE

00326925	SINEQUAN	PFI	FSW
01913468	NOVO-DOXEPIN	NOP	FSW
02050048	APO-DOXEPIN	APX	FSW

150MG CAPSULE

01913476	NOVO-DOXEPIN	NOP	FSW
02050056	APO-DOXEPIN	APX	FSW

FLUOXETINE HCL

10MG CAPSULE

02018985	PROZAC	LIL	FSW
02177579	PMS-FLUOXETINE	PMS	FSW
02192756	NU-FLUOXETINE	NXP	FSW
02216353	APO-FLUOXETINE	APX	FSW
02216582	NOVO-FLUOXETINE	NOP	FSW
02237813	GEN-FLUOXETINE	GPM	FSW
02241371	ALTI-FLUOXETINE	ALT	FSW

20MG CAPSULE

00636622	PROZAC	LIL	FSW
02177587	PMS-FLUOXETINE	PMS	FSW
02192764	NU-FLUOXETINE	NXP	FSW
02216361	APO-FLUOXETINE	APX	FSW
02216590	NOVO-FLUOXETINE	NOP	FSW
02237814	GEN-FLUOXETINE	GPM	FSW
02241374	ALTI-FLUOXETINE	ALT	FSW

FLUVOXAMINE MALEATE

50MG TABLET

01919342	LUVOX	SLV	FSW
02218453	ALTI-FLUVOXAMINE	ALT	FSW
02231329	APO-FLUVOXAMINE	APX	FSW
02239953	NOVO-FLUVOXAMINE	NOP	FSW
02240849	GEN-FLUVOXAMINE	GPM	FSW
02240682	PMS-FLUVOXAMINE	PMS	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

FLUVOXAMINE MALEATE (CONTINUED)

100MG TABLET

01919369	LUVOX	SLV	FSW
02218461	ALTI-FLUVOXAMINE	ALT	FSW
02231330	APO-FLUVOXAMINE	APX	FSW
02239954	NOVO-FLUVOXAMINE	NOP	FSW
02240850	GEN-FLUVOXAMINE	GPM	FSW
02240683	PMS-FLUVOXAMINE	PMS	FSW

IMIPRAMINE

10MG TABLET

00021504	NOVO-PRAMINE	NOP	FSW
00360201	APO-IMIPRAMINE	APX	FSW

25MG TABLET

00010472	TOFRANIL	NVR	FSW
00021512	NOVO-PRAMINE	NOP	FSW
00312797	APO-IMIPRAMINE	APX	FSW

50MG TABLET

00010480	TOFRANIL	NVR	FSW
00021520	NOVO-PRAMINE	NOP	FSW
00326852	APO-IMIPRAMINE	APX	FSW

75MG TAB

00306487	TOFRANIL	NVR	FSW
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MAPROTILINE HCL

10MG TABLET

00641855	LUDIOMIL	NVR	FSW
02158604	NOVO-MAPROTILINE	NOP	FSW

25MG TABLET

00360481	LUDIOMIL	NVR	FSW
02158612	NOVO-MAPROTILINE	NOP	FSW

50MG TABLET

00360503	LUDIOMIL	NVR	FSW
02158620	NOVO-MAPROTILINE	NOP	FSW

75MG TABLET

00360511	LUDIOMIL	NVR	FSW
02158639	NOVO-MAPROTILINE	NOP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MOCLOBEMIDE

100MG TABLET

02232148	APO-MOCLOBEMIDE	APX	FSW
02237111	NU-MOCLOBEMIDE	NXP	FSW
02239746	NOVO-MOCLOBEMIDE	NOP	FSW

150MG TABLET

00899356	MANERIX	HLR	FSW
02218410	ALTI-MOCLOBEMIDE	ALT	FSW
02232150	APO-MOCLOBEMIDE	APX	FSW
02237112	NU-MOCLOBEMIDE	NXP	FSW
02239747	NOVO-MOCLOBEMIDE	NOP	FSW

300MG TABLET

02166747	MANERIX	HLR	FSW
02218429	ALTI-MOCLOBEMIDE	ALT	FSW
02239748	NOVO-MOCLOBEMIDE	NOP	FSW
02240456	APO-MOCLOBEMIDE	APX	FSW

NEFAZODONE

100MG TABLET

02087375	SERZONE	BMS	FSW
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150MG TABLET

02087383	SERZONE	BMS	FSW
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200MG TABLET

02087391	SERZONE	BMS	FSW
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NORTRIPTYLINE

10MG CAPSULE

00015229	AVENTYL	LIL	FSW
02177692	PMS-NORTRIPTYLINE	PMS	FSW
02223139	NU-NORTRIPTYLINE	NXP	FSW
02223511	APO-NORTRIPTYLINE	APX	FSW
02230361	NORVENTYL	ICN	FSW
02231686	GEN-NORTRIPTYLINE	GPM	FSW
02231781	NOVO-NORTRIPTYLINE	NOP	FSW
02240789	ALTI-NORTRIPTYLINE	ALT	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

NORTRIPTYLINE (CONTINUED)

25MG CAPSULE

00015237	AVENTYL	LIL	FSW
02177706	PMS-NORTRIPTYLINE	PMS	FSW
02223147	NU-NORTRIPTYLINE	NXP	FSW
02223538	APO-NORTRIPTYLINE	APX	FSW
02230362	NORVENTYL	ICN	FSW
02231687	GEN-NORTRIPTYLINE	GPM	FSW
02231782	NOVO-NORTRIPTYLINE	NOP	FSW
02240790	ALTI-NORTRIPTYLINE	ALT	FSW

PAROXETINE HCL

20MG TABLET

01940481	PAXIL	SKB	FSW
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30MG TABLET

01940473	PAXIL	SKB	FSW
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PHENELZINE SULFATE

15MG TABLET

00476552	NARDIL	PDA	FSW
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PROTRIPTYLINE

10MG TABLET

00322741	TRIPTIL	MSD	FSW
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SERTRALINE HCL

25MG CAPSULE

02132702	ZOLOFT	PFI	FSW
02238280	APO-SERTRALINE	APX	FSW
02240485	NOVO-SERTRALINE	NOP	FSW

50MG CAPSULE

01962817	ZOLOFT	PFI	FSW
02238281	APO-SERTRALINE	APX	FSW
02240484	NOVO-SERTRALINE	NOP	FSW

100MG CAPSULE

01962779	ZOLOFT	PFI	FSW
02238282	APO-SERTRALINE	APX	FSW
02240481	NOVO-SERTRALINE	NOP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

TRANLYCYPROMINE SULFATE

10MG TABLET

01919598	PARNATE	SKB	FSW
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TRAZODONE HCL

50MG TABLET

00579351	DESYREL	BMS	FSW
01937227	PMS-TRAZODONE	PMS	FSW
02053187	ALTI-TRAZODONE	ALT	FSW
02144263	NOVO-TRAZODONE	NOP	FSW
02147637	APO-TRAZODONE	APX	FSW
02165384	NU-TRAZODONE	NXP	FSW
02230284	TRAZOREL	ICN	FSW
02231683	GEN-TRAZODONE	GPM	FSW

100MG TABLET

00579378	DESYREL	BMS	FSW
01937235	PMS-TRAZODONE	PMS	FSW
02053195	ALTI-TRAZODONE	ALT	FSW
02144271	NOVO-TRAZODONE	NOP	FSW
02147645	APO-TRAZODONE	APX	FSW
02165392	NU-TRAZODONE	NXP	FSW
02230285	TRAZOREL	ICN	FSW
02231684	GEN-TRAZODONE	GPM	FSW

150MG TABLET

00702277	DESYREL	BMS	FSW
02144298	NOVO-TRAZADONE	NOP	FSW
02147653	APO-TRAZADONE	APX	FSW
02165406	NU-TRAZADONE	NXP	FSW

TRIMIPRAMINE

75MG CAPSULE

00761656	RHOTRIMINE	RHP	FSW
01926349	SURMONTIL	RPR	FSW
02070987	APO-TRIMIP	APX	FSW

12.5MG TABLET

00740799	APO-TRIMIP	APX	FSW
00761605	RHOTRIMINE	RHP	FSW
01926357	SURMONTIL	RPR	FSW
02020599	NU-TRIMIPRAMINE	NXP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

TRIMIPRAMINE (CONTINUED)

25MG TABLET

00740802	APO-TRIMIP	APX	FSW
00761613	RHOTRIMINE	RHP	FSW
01926322	SURMONTIL	RPR	FSW
01940430	NOVO-TRIPRAMINE	NOP	FSW
02020602	NU-TRIMIPRAMINE	NXP	FSW

50MG TABLET

00740810	APO-TRIMIP	APX	FSW
00761621	RHOTRIMINE	RHP	FSW
01926330	SURMONTIL	RPR	FSW
01940449	NOVO-TRIPRAMINE	NOP	FSW
02020610	NU-TRIMIPRAMINE	NXP	FSW

100MG TABLET

00740829	APO-TRIMIP	APX	FSW
00761648	RHOTRIMINE	RHP	FSW
01926284	SURMONTIL	RPR	FSW
01940457	NOVO-TRIPRAMINE	NOP	FSW
02020629	NU-TRIMIPRAMINE	NXP	FSW

VENLAFAXINE HCL

37.5MG TABLET

02103680	EFFEXOR	WAY	FSW
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75MG TABLET

02103702	EFFEXOR	WAY	FSW
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37.5MG EXTENDED RELEASE CAPSULE

02237279	EFFEXOR XR	WAY	FSW
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75MG EXTENDED RELEASE CAPSULE

02237280	EFFEXOR XR	WAY	FSW
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150MG EXTENDED RELEASE CAPSULE

02237282	EFFEXOR XR	WAY	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

CHLORPROMAZINE

5MG/ML ORAL SOLUTION

01929968

LARGACTIL

RPR

FSW

20MG/ML ORAL SOLUTION

00580988

CHLORPROMANYL 20

TCH

FSW

01929976

LARGACTIL

RPR

FSW

10MG TABLET

00232157

NOVO-CHLORPROMAZINE

NOP

FSW

25MG TABLET

00232823

NOVO-CHLORPROMAZINE

NOP

FSW

50MG TABLET

00232807

NOVO-CHLORPROMAZINE

NOP

FSW

100MG TABLET

00232831

NOVO-CHLORPROMAZINE

NOP

FSW

CLOZAPINE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

00894737

CLOZARIL (EDS)

NVR

FSW

100MG TABLET

00894745

CLOZARIL (EDS)

NVR

FSW

Note: Clozapine is only to be dispensed to patients upon receipt of weekly or bi-weekly hematological test results by the pharmacy.

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET

02156008

FLUANXOL

LUD

FSW

3MG TABLET

02156016

FLUANXOL

LUD

FSW

FLUPHENAZINE HCL

1MG TABLET

00405345

APO-FLUPHENAZINE

APX

FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

FLUPHENAZINE HCL (CONTINUED)

2MG TABLET

00410632 APO-FLUPHENAZINE APX FSW

5MG TABLET

00405361 APO-FLUPHENAZINE APX FSW

10MG TABLET

00582514 MODITEN BMS FSW

HALOPERIDOL

2MG/ML ORAL SOLUTION

00552429 PERIDOL TCH FSW

00587702 APO-HALOPERIDOL APX FSW

00759503 PMS-HALOPERIDOL PMS FSW

0.5MG TABLET

00363685 NOVO-PERIDOL NOP FSW

00396796 APO-HALOPERIDOL APX FSW

00552135 PERIDOL TCH FSW

1MG TABLET

00363677 NOVO-PERIDOL NOP FSW

00396818 APO-HALOPERIDOL APX FSW

00552143 PERIDOL TCH FSW

2MG TABLET

00363669 NOVO-PERIDOL NOP FSW

00396826 APO-HALOPERIDOL APX FSW

5MG TABLET

00363650 NOVO-PERIDOL NOP FSW

00396834 APO-HALOPERIDOL APX FSW

00647969 PERIDOL TCH FSW

10MG TABLET

00463698 APO-HALOPERIDOL APX FSW

00713449 NOVO-PERIDOL NOP FSW

20MG TABLET

00768820 NOVO-PERIDOL NOP FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

LOXAPINE SUCCINATE

5MG TABLET

02170019	LOXAPAC	WAY	FSW
02230837	PMS-LOXAPINE	PMS	FSW
02237534	NU-LOXAPINE	NXP	FSW
02237651	APO-LOXAPINE	APX	FSW

10MG TABLET

02170027	LOXAPAC	WAY	FSW
02230838	PMS-LOXAPINE	PMS	FSW
02237535	NU-LOXAPINE	NXP	FSW
02237652	APO-LOXAPINE	APX	FSW

25MG TABLET

02170132	LOXAPAC	WAY	FSW
02230839	PMS-LOXAPINE	PMS	FSW
02237536	NU-LOXAPINE	NXP	FSW
02237653	APO-LOXAPINE	APX	FSW

50MG TABLET

02170035	LOXAPAC	WAY	FSW
02230840	PMS-LOXAPINE	PMS	FSW
02237537	NU-LOXAPINE	NXP	FSW
02237654	APO-LOXAPINE	APX	FSW

L-TRYPTOPHAN

500MG TABLET

02029456	TRYPTAN	ICN	FSW
02240445	PMS-TRYPTOPHAN	PMS	FSW

1G TABLET

00654531	TRYPTAN	ICN	FSW
02230202	PMS-TRYPTOPHAN	PMS	FSW
02237250	ALTI-TRYPTOPHAN	ALT	FSW

OLANZAPINE

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

02229250	ZYPREXA (EDS)	LIL	FSW
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5MG TABLET

02229269	ZYPREXA (EDS)	LIL	FSW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

OLANZAPINE (CONTINUED)

7.5MG TABLET 02229277	ZYPREXA (EDS)	LIL	FSW
10MG TABLET 02229285	ZYPREXA (EDS)	LIL	FSW

PERICYAZINE

5MG CAPSULE 01926780	NEULEPTIL	RPR	FSW
10MG CAPSULE 01926772	NEULEPTIL	RPR	FSW
20MG CAPSULE 01926764	NEULEPTIL	RPR	FSW

PERPHENAZINE

2MG TABLET 00335134	APO-PERPHENAZINE	APX	FSW
4MG TABLET 00335126	APO-PERPHENAZINE	APX	FSW
8MG TABLET 00335118	APO-PERPHENAZINE	APX	FSW
16MG TABLET 00335096	APO-PERPHENAZINE	APX	FSW

PIMOZIDE

2MG TABLET 00313815	ORAP	PMS	FSW
4MG TABLET 00313823	ORAP	PMS	FSW

PROCHLORPERAZINE

1MG/ML ORAL SOLUTION 01927787	STEMETIL	RHP	FSW
10MG RECTAL SUPPOSITORY 01927795	STEMETIL	RHP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

PROCHLORPERAZINE (CONTINUED)

5MG TABLET

01927752	STEMETIL	RHP	FSW
01964399	NU-PROCHLOR	NXP	FSW

10MG TABLET

01927760	STEMETIL	RHP	FSW
01964402	NU-PROCHLOR	NXP	FSW

QUETIAPINE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

02236951	SEROQUEL (EDS)	AZE	FSW
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100MG TABLET

02236952	SEROQUEL (EDS)	AZE	FSW
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200MG TABLET

02236953	SEROQUEL (EDS)	AZE	FSW
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RISPERIDONE

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02025280	RISPERDAL (EDS)	JAN	FSW
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2MG TABLET

02025299	RISPERDAL (EDS)	JAN	FSW
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3MG TABLET

02025302	RISPERDAL (EDS)	JAN	FSW
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4MG TABLET

02025310	RISPERDAL (EDS)	JAN	FSW
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THIORIDAZINE

2MG/ML ORAL SUSPENSION

00027375	MELLARIL	NVR	FSW
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10MG TABLET

00037508	NOVO-RIDAZINE	NOP	FSW
00360228	APO-THIORIDAZINE	APX	FSW
00575119	PMS-THIORIDAZINE	PMS	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

THIORIDAZINE (CONTINUED)

25MG TABLET

00037494	NOVO-RIDAZINE	NOP	FSW
00360198	APO-THIORIDAZINE	APX	FSW
00575127	PMS-THIORIDAZINE	PMS	FSW

50MG TABLET

00037486	NOVO-RIDAZINE	NOP	FSW
00360236	APO-THIORIDAZINE	APX	FSW
00575135	PMS-THIORIDAZINE	PMS	FSW

100MG TABLET

00037478	NOVO-RIDAZINE	NOP	FSW
00360244	APO-THIORIDAZINE	APX	FSW
00575143	PMS-THIORIDAZINE	PMS	FSW

THIOTHIXENE

2MG CAPSULE

00024430	NAVANE	PFI	FSW
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5MG CAPSULE

00024449	NAVANE	PFI	FSW
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10MG CAPSULE

00024457	NAVANE	PFI	FSW
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TRIFLUOPERAZINE

10MG/ML ORAL SOLUTION

00751871	PMS-TRIFLUOPERAZINE	PMS	FSW
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1MG TABLET

00345539	APO-TRIFLUOPERAZINE	APX	FSW
01918206	STELAZINE	SKB	FSW

2MG TABLET

00021865	NOVO-TRIFLUZINE	NOP	FSW
00312754	APO-TRIFLUOPERAZINE	APX	FSW
01918214	STELAZINE	SKB	FSW

5MG TABLET

00021873	NOVO-TRIFLUZINE	NOP	FSW
00312746	APO-TRIFLUOPERAZINE	APX	FSW
01918222	STELAZINE	SKB	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS)

TRIFLUOPERAZINE (CONTINUED)

10MG TABLET

00021881	NOVO-TRIFLUZINE	NOP	FSW
00326836	APO-TRIFLUOPERAZINE	APX	FSW
01918230	STELAZINE	SKB	FSW

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE SULFATE

5MG TABLET

01924516	DEXEDRINE	SKB	FW
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10MG SUSTAINED RELEASE CAPSULE

01924559	DEXEDRINE	SKB	FW
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15MG SUSTAINED RELEASE CAPSULE

01924567	DEXEDRINE	SKB	FW
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METHYLPHENIDATE HCL

10MG TABLET

00005606	RITALIN	NVR	FW
00584991	PMS-METHYLPHENIDATE	PMS	FW
02230321	RIPHENIDATE	TCH	FW

20MG TABLET

00005614	RITALIN	NVR	FW
00585009	PMS-METHYLPHENIDATE	PMS	FW
02230322	RIPHENIDATE	TCH	FW

20MG SUSTAINED RELEASE TABLET

00632775	RITALIN SR	NVR	FW
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

ALPRAZOLAM

0.25MG TABLET

00548359	XANAX	PHU	FSW
00677485	ALTI-ALPRAZOLAM	ALT	FSW
00865397	APO-ALPRAZ	APX	FSW
01913239	NU-ALPRAZ	NXP	FSW
01913484	NOVO-ALPRAZOL	NOP	FSW
02137534	GEN-ALPRAZOLAM	GPM	FSW

0.5MG TABLET

00548367	XANAX	PHU	FSW
00677477	ALTI-ALPRAZOLAM	ALT	FSW
00865400	APO-ALPRAZ	APX	FSW
01913247	NU-ALPRAZ	NXP	FSW
01913492	NOVO-ALPRAZOL	NOP	FSW
02137542	GEN-ALPRAZOLAM	GPM	FSW

BROMAZEPAM

1.5MG TABLET

00682314	LECTOPAM	HLR	FSW
02167808	ALTI-BROMAZEPAM	ALT	FSW
02171856	NU-BROMAZEPAM	NXP	FSW
02177153	APO-BROMAZEPAM	APX	FSW
02192705	GEN-BROMAZEPAM	GPM	FSW

3MG TABLET

00518123	LECTOPAM	HLR	FSW
02167816	ALTI-BROMAZEPAM	ALT	FSW
02171864	NU-BROMAZEPAM	NXP	FSW
02177161	APO-BROMAZEPAM	APX	FSW
02192713	GEN-BROMAZEPAM	GPM	FSW
02230584	NOVO-BROMAZEPAM	NOP	FSW

6MG TABLET

00518131	LECTOPAM	HLR	FSW
02167824	ALTI-BROMAZEPAM	ALT	FSW
02171872	NU-BROMAZEPAM	NXP	FSW
02177188	APO-BROMAZEPAM	APX	FSW
02192721	GEN-BROMAZEPAM	GPM	FSW
02230585	NOVO-BROMAZEPAM	NOP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

CHLORDIAZEPOXIDE

5MG CAPSULE

00020915	NOVO-POXIDE	NOP	FSW
00522724	APO-CHLORDIAZEPOXIDE	APX	FSW

10MG CAPSULE

00020923	NOVO-POXIDE	NOP	FSW
00522988	APO-CHLORDIAZEPOXIDE	APX	FSW

25MG CAPSULE

00020931	NOVO-POXIDE	NOP	FSW
00522996	APO-CHLORDIAZEPOXIDE	APX	FSW

CLORAZEPATE DIPOTASSIUM

3.75MG CAPSULE

00264938	TRANXENE	ABB	FSW
00628190	NOVO-CLOPATE	NOP	FSW
00860689	APO-CLORAZEPATE	APX	FSW

7.5MG CAPSULE

00264946	TRANXENE	ABB	FSW
00628204	NOVO-CLOPATE	NOP	FSW
00860700	APO-CLORAZEPATE	APX	FSW

15MG CAPSULE

00264911	TRANXENE	ABB	FSW
00628212	NOVO-CLOPATE	NOP	FSW
00860697	APO-CLORAZEPATE	APX	FSW

DIAZEPAM

2MG TABLET

00013757	VIVOL	HOR	FSW
00272434	NOVO-DIPAM	NOP	FSW
00405329	APO-DIAZEPAM	APX	FSW

5MG TABLET

00013285	VALIUM	HLR	FSW
00013765	VIVOL	HOR	FSW
00272442	NOVO-DIPAM	NOP	FSW
00362158	APO-DIAZEPAM	APX	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

DIAZEPAM (CONTINUED)

10MG TABLET

00013293	VALIUM	HLR	FSW
00013773	VIVOL	HOR	FSW
00272450	NOVO-DIPAM	NOP	FSW
00405337	APO-DIAZEPAM	APX	FSW

FLURAZEPAM

15MG CAPSULE

00012696	DALMANE	ICN	FSW
00496545	NOVO-FLUPAM	NOP	FSW
00521698	APO-FLURAZEPAM	APX	FSW
00667102	PMS-FLURAZEPAM	PMS	FSW

30MG CAPSULE

00012718	DALMANE	ICN	FSW
00496553	NOVO-FLUPAM	NOP	FSW
00521701	APO-FLURAZEPAM	APX	FSW
00667099	PMS-FLURAZEPAM	PMS	FSW

LORAZEPAM

0.5MG TABLET

00655740	APO-LORAZEPAM	APX	FSW
00711101	NOVO-LORAZEM	NOP	FSW
00865672	NU-LORAZ	NXP	FSW
02041413	ATIVAN	WAY	FSW

1MG TABLET

00637742	NOVO-LORAZEM	NOP	FSW
00655759	APO-LORAZEPAM	APX	FSW
00865680	NU-LORAZ	NXP	FSW
02041421	ATIVAN	WAY	FSW

2MG TABLET

00637750	NOVO-LORAZEM	NOP	FSW
00655767	APO-LORAZEPAM	APX	FSW
00865699	NU-LORAZ	NXP	FSW
02041448	ATIVAN	WAY	FSW

NITRAZEPAM

5MG TABLET

00511528	MOGADON	ICN	FSW
02229654	NITRAZADON	ICN	FSW
02234003	RHO-NITRAZEPAM	RHP	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

NITRAZEPAM (CONTINUED)

10MG TABLET

00511536	MOGADON	ICN	FSW
02229655	NITRAZADON	ICN	FSW
02234007	RHO-NITRAZEPAM	RHP	FSW

OXAZEPAM

10MG TABLET

00402680	APO-OXAZEPAM	APX	FSW
00500852	NOVOXAPAM	NOP	FSW
02043653	SERAX	WAY	FSW

15MG TABLET

00402745	APO-OXAZEPAM	APX	FSW
00496529	NOVOXAPAM	NOP	FSW
02043661	SERAX	WAY	FSW

30MG TABLET

00402737	APO-OXAZEPAM	APX	FSW
00496537	NOVOXAPAM	NOP	FSW
02043688	SERAX	WAY	FSW

TEMAZEPAM

15MG CAPSULE

00604453	RESTORIL	NVR	FSW
02223570	NU-TEMAZEPAM	NXP	FSW
02225964	APO-TEMAZEPAM	APX	FSW
02229455	PMS-TEMAZEPAM	PMS	FSW
02230095	NOVO-TEMAZEPAM	NOP	FSW
02231615	GEN-TEMAZEPAM	GPM	FSW

30MG CAPSULE

00604461	RESTORIL	NVR	FSW
02223589	NU-TEMAZEPAM	NXP	FSW
02225972	APO-TEMAZEPAM	APX	FSW
02229456	PMS-TEMAZEPAM	PMS	FSW
02230102	NOVO-TEMAZEPAM	NOP	FSW
02231616	GEN-TEMAZEPAM	GPM	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

TRIAZOLAM

Note: Treatment with Triazolam should not exceed 7 consecutive days. As a result, quantities dispensed should not exceed a 7 day supply. Use for more than 2 to 3 consecutive weeks requires a complete re-evaluation of the patient.

0.125MG TABLET

00614351	ALTI-TRIAZOLAM	ALT	FSW
00808563	APO-TRIAZO	APX	FSW
00872423	NOVO-TRIOLAM	NOP	FSW
01995227	GEN-TRIAZOLAM	GPM	FSW

0.25MG TABLET

00443158	HALCION	PHU	FSW
00614378	ALTI-TRIAZOLAM	ALT	FSW
00808571	APO-TRIAZO	APX	FSW
00872431	NOVO-TRIOLAM	NOP	FSW
01913506	GEN-TRIAZOLAM	GPM	FSW

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRONE

10MG TABLET

00603821	BUSPAR	BMS	FSW
02176122	LIN-BUSPIRONE	LIN	FSW
02207672	NU-BUSPIRONE	NXP	FSW
02211076	APO-BUSPIRONE	APX	FSW
02230874	GEN-BUSPIRONE	GPM	FSW
02230942	PMS-BUSPIRONE	PMS	FSW
02231492	NOVO-BUSPIRONE	NOP	FSW
02237858	BUSPIREX	TCH	FSW

CHLORAL HYDRATE

100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE	PMS	FSW
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HYDROXYZINE HCL

2MG/ML SYRUP

00024694	ATARAX	PFI	FSW
00741817	PMS-HYDROXYZINE	PMS	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

HYDROXYZINE HCL (CONTINUED)

10MG CAPSULE				
00646059	APO-HYDROXYZINE	APX	FSW	
00738824	NOVO-HYDROXYZIN	NOP	FSW	
25MG CAPSULE				
00024384	ATARAX	PFI	FSW	
00646024	APO-HYDROXYZINE	APX	FSW	
00738832	NOVO-HYDROXYZIN	NOP	FSW	
50MG CAPSULE				
00646016	APO-HYDROXYZINE	APX	FSW	
00738840	NOVO-HYDROXYZIN	NOP	FSW	

METHOTRIMEPRAZINE

5MG/ML ORAL SOLUTION			
01927728	NOZINAN	RPR	FSW
40MG/ML ORAL SOLUTION			
01927701	NOZINAN	RPR	FSW
2MG TABLET			
01927647	NOZINAN	RPR	FSW
02238403	APO-METHOPRAZINE	APX	FSW
5MG TABLET			
01927655	NOZINAN	RPR	FSW
01964909	NOVO-MEPRAZINE	NOP	FSW
02232903	PMS-METHOTRIMEPRAZINE	PMS	FSW
02238404	APO-METHOPRAZINE	APX	FSW
25MG TABLET			
01927663	NOZINAN	RPR	FSW
01964925	NOVO-MEPRAZINE	NOP	FSW
02232904	PMS-METHOTRIMEPRAZINE	PMS	FSW
02238405	APO-METHOPRAZINE	APX	FSW
50MG TABLET			
01927671	NOZINAN	RPR	FSW
01964933	NOVO-MEPRAZINE	NOP	FSW
02232905	PMS-METHOTRIMEPRAZINE	PMS	FSW
02238406	APO-METHOPRAZINE	APX	FSW

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:28.00 ANTIMANIC AGENTS

LITHIUM CARBONATE

150MG CAPSULE

00461733	CARBOLITH	ICN	FSW
02216132	PMS-LITHIUM CARBONATE	PMS	FSW

150MG CAPSULE (NOT INTERCHANGEABLE)

02013231	LITHANE	PFI	FSW
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300MG CAPSULE

00236683	CARBOLITH	ICN	FSW
02216140	PMS-LITHIUM CARBONATE	PMS	FSW

300MG CAPSULE (NOT INTERCHANGEABLE)

00406775	LITHANE	PFI	FSW
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600MG CAPSULE

02011239	CARBOLITH	ICN	FSW
02216159	PMS-LITHIUM CARBONATE	PMS	FSW

300MG SUSTAINED RELEASE TABLET

00590665	DURALITH	JAN	FSW
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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 Drug Cost Assistance Programs for billing purposes only.

GLUCOSE OXIDASE/PEROXIDASE REAGENT

STICK

00977160

DIASTIX

BAY

D

SODIUM NITROPRUSSIDE REAGENT

STICK

00977322

KETOSTIX

BAY

D

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12.00 REPLACEMENT AGENTS

CALCIUM CARBONATE

250MG TABLET

00645958	CALCIUM-250	NOP	W
00682047	APO-CAL 250	APX	W

500MG TABLET

00645923	CALCIUM-500	NOP	W
00682039	APO-CAL 500	APX	W

POTASSIUM CHLORIDE

8MMOL LONG ACTING CAPSULE

02042304	MICRO-K EXTENCAPS	WYA	W
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8MMOL LONG ACTING TABLET

00074225	SLOW-K	NVR	W
00602884	APO-K	APX	W

1.33MMOL/ML ORAL SOLUTION

01918303	K-10	SKB	W
02238604	PMS-POTASSIUM CHLORIDE	PMS	W

25MMOL EFFERVESCENT TABLET

02085992	K-LYTE	RBP	W
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40:18.00 POTASSIUM-REMOVING RESINS

SODIUM POLYSTYRENE SULFONATE

ORAL POWDER (1G BINDS WITH APPROXIMATELY 1MMOL K⁺ IN VIVO)

00755338	PMS-SOD POLYSTYRENE SULF	PMS	FSW
02026961	KAYEXALATE	SAW	FSW

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

CHLORTHALIDONE

50MG TABLET

00337447	NOVO-THALIDONE	NOP	FSW
00360279	APO-CHLORTHALIDONE	APX	FSW

100MG TABLET

00337455	NOVO-THALIDONE	NOP	FSW
00360287	APO-CHLORTHALIDONE	APX	FSW

FUROSEMIDE

10MG/ML ORAL SOLUTION

02224720	LASIX	HMR	FSW
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20MG TABLET

00337730	NOVO-SEMIDE	NOP	FSW
00396788	APO-FUROSEMIDE	APX	FSW
02224690	LASIX	HMR	FSW

40MG TABLET

00337749	NOVO-SEMIDE	NOP	FSW
00362166	APO-FUROSEMIDE	APX	FSW
02224704	LASIX	HMR	FSW

80MG TABLET

00707570	APO-FUROSEMIDE	APX	FSW
00765953	NOVO-SEMIDE	NOP	FSW
02224712	LASIX	HMR	FSW

HYDROCHLOROTHIAZIDE

25MG TABLET

00016500	HYDRODIURIL	MSD	FSW
00021474	NOVO-HYDRAZIDE	NOP	FSW
00326844	APO-HYDRO 25	APX	FSW

50MG TABLET

00021482	NOVO-HYDRAZIDE	NOP	FSW
00312800	APO-HYDRO 50	APX	FSW

METOLAZONE

2.5MG TABLET

00888400	ZAROXOLYN	RPR	FSW
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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

METOLAZONE (CONTINUED)

5MG TABLET

00888419	ZAROXOLYN	RPR	FSW
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40:28.10 DIURETICS (POTASSIUM-SPARING)

AMILORIDE HCL & HYDROCHLOROTHIAZIDE

5MG & 50MG TABLET

00487813	MODURET	MSD	FSW
00784400	APO-AMILZIDE	APX	FSW
00886106	NU-AMILZIDE	NXP	FSW
01937219	NOVAMILOR	NOP	FSW
02174596	ALTI-AMILORIDE	ALT	FSW

SPIRONOLACTONE

25MG TABLET

00028606	ALDACTONE	SEA	FSW
00613215	NOVO-SPIROTON	NOP	FSW

100MG TABLET

00285455	ALDACTONE	SEA	FSW
00613223	NOVO-SPIROTON	NOP	FSW

SPIRONOLACTONE & HYDROCHLOROTHIAZIDE

25MG & 25MG TABLET

00180408	ALDACTAZIDE-25	SEA	FSW
00613231	NOVO-SPIROZINE-25	NOP	FSW

50MG & 50MG TABLET

00594377	ALDACTAZIDE-50	SEA	FSW
00657182	NOVO-SPIROZINE-50	NOP	FSW

TRIAMTERENE

50MG TABLET

01919563	DYRENIUM	SKB	FSW
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100MG TABLET

01919571	DYRENIUM	SKB	FSW
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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.10 DIURETICS (POTASSIUM-SPARING)

TRIAMTERENE & HYDROCHLOROTHIAZIDE

50MG & 25MG TABLET

00441775	APO-TRIAZIDE	APX	FSW
00532657	NOVO-TRIAMZIDE	NOP	FSW
00865532	NU-TRIAZIDE	NXP	FSW
01919547	DYAZIDE	SKB	FSW

40:40.00 URICOSURIC DRUGS

PROBENECID

500MG TABLET

00294926	BENURYL	ICN	FSW
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SULFINPYRAZONE

100MG TABLET

00441759	APO-SULFINPYRAZONE	APX	FSW
00475068	NOVO-PYRAZONE	NOP	FSW
02045680	NU-SULFINPYRAZONE	NXP	FSW

200MG TAB

00010529	ANTURAN	NVR	FSW
00441767	APO-SULFINPYRAZONE	APX	FSW
00475076	NOVO-PYRAZONE	NOP	FSW
02045699	NU-SULFINPYRAZONE	NXP	FSW

48:00 ANTITUSSIVES, EXPECTORANTS & MUCOLYTIC AGENTS

48:08.00 ANTITUSSIVES

DEXTROMETHORPHAN HBR

3MG/ML SYRUP

00590983

CALMYLIN #1

TCH

W

HYDROCODONE & PHENIRAMINE & PHENYLPROPANOLAMINE & PYRILAMINE

1MG & 5MG & 2.5MG & 2.5MG/ML ORAL LIQUID

00550485

CALDOMINE DH FORTE

TCH

W

0.33MG & 2.5MG & 1.25MG & 1.25MG/ML ORAL LIQUID

00550493

CALDOMINE DH PEDIATRIC

TCH

W

48:16.00 EXPECTORANTS

GUAIFENESIN

20MG/ML ORAL LIQUID

00404691

CALMYLIN EXPECTORANT

TCH

W

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

CHLORAMPHENICOL

1% OPHTHALMIC OINTMENT (3.5G)

01980564 PENTAMYCETIN SAB FSW

0.5% OPHTHALMIC SOLUTION

02164051 PENTAMYCETIN SAB FSW

ERYTHROMYCIN BASE

0.5% OPHTHALMIC OINTMENT (3.5G)

01912755 PMS-ERYTHROMYCIN PMS FSW

GENTAMICIN SULFATE

0.3% OPHTHALMIC OINTMENT (3.5G)

00028339 GARAMYCIN SCH FSW

02230888 SAB-GENTAMICIN SAB FSW

0.3% OPHTHALMIC SOLUTION

00436771 ALCOMICIN ALC FSW

00512192 GARAMYCIN SCH FSW

00776521 PMS-GENTAMICIN PMS FSW

00880191 GARATEC TCH FSW

02133245 GENTACIDIN CIV FSW

02219581 SCHEIN-GENTAMICIN SCN FSW

02229440 SAB-GENTAMICIN SAB FSW

0.3% OTIC SOLUTION

00512184 GARAMYCIN SCH FSW

02229441 SAB-GENTAMICIN SAB FSW

02230889 PMS-GENTAMICIN PMS FSW

POLYMYXIN B & BACITRACIN

10,000U & 500U/G OPHTHALMIC OINTMENT

00299219 POLYSPORIN WLA W

POLYMYXIN B & GRAMICIDIN

10,000U & 0.025MG/ML OPHTHALMIC/OTIC SOLUTION

00035343 POLYSPORIN WLA W

POLYMYXIN B & NEOMYCIN & BACITRACIN

10,000U & 5MG & 400U/G OPHTHALMIC OINTMENT (3.5G)

00694398 NEOSPORIN GLA FSW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

POLYMYXIN B & NEOMYCIN & GRAMICIDIN

10,000U & 0.25MG & 0.25MG/ML OPHTHALMIC/OTIC SOLUTION

00694371	NEOSPORIN	GLA	FSW
00807435	OPTIMYXIN PLUS	SAB	FSW

TOBRAMYCIN

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254	TOBREX	ALC	FSW
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0.3% OPHTHALMIC SOLUTION

00513962	TOBREX	ALC	FSW
02238708	TOMYCINE	CIV	FSW
02239577	PMS-TOBRAMYCIN	PMS	FSW

52:04.06 ANTI-INFECTIVES (ANTIVIRALS)

TRIFLURIDINE

1% OPHTHALMIC SOLUTION

00687456	VIROPTIC	GLA	FSW
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52:04.08 ANTI-INFECTIVES (SULFONAMIDES)

SULFACETAMIDE SODIUM

10% OPHTHALMIC OINTMENT (3.5G)

00028347	SODIUM SULAMYD	SCH	FSW
00252522	CETAMIDE	ALC	FSW

10% OPHTHALMIC SOLUTION

00001287	BLEPH-10	ALL	FSW
00028053	SODIUM SULAMYD	SCH	FSW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.12 ANTI-INFECTIVES (MISCELLANEOUS)

CIPROFLOXACIN

SEE APPENDIX A FOR CRITERIA

0.3% OPHTHALMIC OINTMENT (3.5G)

02200864	CILOXAN (EDS)	ALC	FSW
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0.3% OPHTHALMIC SOLUTION

01945270	CILOXAN (EDS)	ALC	FSW
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NORFLOXACIN

SEE APPENDIX A FOR CRITERIA

0.3% OPHTHALMIC SOLUTION

01908294	NOROXIN (EDS)	MSD	FSW
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52:08.00 ANTI-INFLAMMATORY AGENTS

BECLOMETHASONE DIPROPIONATE

50UG/DOSE NASAL SPRAY

00422053	VANCENASE	SCH	FSW
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50UG/DOSE AQUEOUS NASAL SPRAY

00872318	ALTI-BECLOMETHASONE AQ.	ALT	FSW
02172712	GEN-BECLO AQ.	GPM	FSW
02238577	NU-BECLOMETHASONE	NXP	FSW
02238796	APO-BECLOMETHASONE	APX	FSW

DEXAMETHASONE

0.1% OPHTHALMIC OINTMENT (3.5G)

00042579	MAXIDEX	ALC	FSW
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0.1% OPHTHALMIC SUSPENSION

00042560	MAXIDEX	ALC	FSW
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0.1% OPHTHALMIC/OTIC SOLUTION

00739839	DEXAMETHASONE SOD. PHOS	SAB	FSW
00785261	PMS-DEXAMETHASONE	PMS	FSW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

FLUNISOLIDE

0.025% NASAL SPRAY

00878790

ALTI-FLUNISOLIDE

ALT

FSW

02162687

RHINALAR

HLR

FSW

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION

00247855

FML

ALL

FSW

FLUOROMETHOLONE ACETATE

0.1% OPHTHALMIC SUSPENSION

00756784

FLAREX

ALC

FSW

FLURBIPROFEN SODIUM

SEE APPENDIX A FOR EDS CRITERIA

0.03% OPHTHALMIC SOLUTION

00766046

OCUFEN (EDS)

ALL

FSW

FLUTICASONE PROPIONATE

50UG/DOSE AQUEOUS NASAL SPRAY

02213672

FLONASE

GLA

FSW

KETOROLAC TROMETHAMINE

SEE APPENDIX A FOR EDS CRITERIA

0.5% OPHTHALMIC SOLUTION

01968300

ACULAR (EDS)

ALL

FSW

PREDNISOLONE ACETATE

0.12% OPHTHALMIC SUSPENSION

00299405

PRED MILD

ALL

FSW

01916181

SAB-PREDNISOLONE

SAB

FSW

1% OPHTHALMIC SUSPENSION

00301175

PRED FORTE

ALL

FSW

00700401

OPHTHO-TATE

ALT

FSW

01916203

SAB-PREDNISOLONE

SAB

FSW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

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

CHLORAMPHENICOL & HYDROCORTISONE

10MG & 10MG/G OPHTHALMIC/OTIC OINTMENT

01980580

PENTAMYCETIN HC

SAB

FSW

CLIOQUINOL & FLUMETHASONE PIVALATE

1% & 0.02% OTIC SOLUTION

00074454

LOCACORTEN-VIOFORM

NVR

FSW

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

5MG & 50UG & 0.5MG/ML OPHTHALMIC/OTIC SOLUTION

01987712

SOFACORT

HMR

FSW

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

3MG & 1MG/G OPHTHALMIC OINTMENT (3.5G)

00586706

GARASONE

SCH

FSW

3MG & 1MG/ML OPHTHALMIC/OTIC SOLUTION

00682217

GARASONE

SCH

FSW

POLYMYXIN B & BACITRACIN & NEOMYCIN & HYDROCORTISONE

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

00701904

CORTISPORIN

GLA

FSW

POLYMYXIN B & NEOMYCIN & HYDROCORTISONE

10000U & 5MG & 10MG/ML OTIC SOLUTION

01912828

CORTISPORIN

GLA

FSW

02230386

CORTIMYXIN

SAB

FSW

10000U & 5MG & 10MG/ML OPHTHALMIC/OTIC SUSPENSION

02025736

CORTISPORIN

GLA

FSW

TOBRAMYCIN & DEXAMETHASONE

0.3% & 0.1% OPHTHALMIC OINTMENT (3.5G)

00778915

TOBRADEX

ALC

FSW

0.3% & 0.1% OPHTHALMIC SUSPENSION

00778907

TOBRADEX

ALC

FSW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250MG TABLET

00488275	NOVO-ZOLAMIDE	NOP	FSW
00545015	APO-ACETAZOLAMIDE	APX	FSW
02039222	DIAMOX	WAY	FSW

DORZOLAMIDE HCL

2% OPHTHALMIC SOLUTION

02216205	TRUSOPT	MSD	FSW
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METHAZOLAMIDE

25MG TABLET

02238070	NEPTAZANE	WAY	FSW
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50MG TABLET

02238071	NEPTAZANE	WAY	FSW
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52:16.00 LOCAL ANESTHETICS (E.E.N.T.)

BENZYDAMINE HCL

SEE APPENDIX A FOR EDS CRITERIA

0.15% ORAL RINSE

01966065	TANTUM ORAL RINSE (EDS)	MDA	FSW
02226820	SUN-BENZ (EDS)	SUN	FSW
02229777	PMS-BENZYDAMINE (EDS)	PMS	FSW
02229799	NOVO-BENZYDAMINE (EDS)	NOP	FSW
02230170	ALTI-BENZYDAMINE (EDS)	ALT	FSW
02239044	APO-BENZYDAMINE (EDS)	APX	FSW

52:20.00 MIOTICS

CARBACHOL

1.5% OPHTHALMIC SOLUTION

00000655	ISOPTO CARBACHOL	ALC	FSW
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3% OPHTHALMIC SOLUTION

00000663	ISOPTO CARBACHOL	ALC	FSW
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20.00 MIOTICS

PILOCARPINE HCL

4% OPHTHALMIC GEL (5G)

00575240	PILOPINE HS	ALC	FSW
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0.5% OPHTHALMIC SOLUTION

00000833	ISOPTO CARPINE	ALC	FSW
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1% OPHTHALMIC SOLUTION

00000841	ISOPTO CARPINE	ALC	FSW
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02134861	MIOCARPINE	CIV	FSW
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02229393	PILOCARPINE	TCH	FSW
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02229556	SCHEIN-PILOCARPINE	SCN	FSW
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2% OPHTHALMIC SOLUTION

00000868	ISOPTO CARPINE	ALC	FSW
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02134888	MIOCARPINE	CIV	FSW
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02229394	PILOCARPINE	TCH	FSW
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02229555	SCHEIN-PILOCARPINE	SCN	FSW
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4% OPHTHALMIC SOLUTION

00000884	ISOPTO CARPINE	ALC	FSW
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02134896	MIOCARPINE	CIV	FSW
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02229395	PILOCARPINE	TCH	FSW
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02229554	SCHEIN-PILOCARPINE	SCN	FSW
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6% OPHTHALMIC SOLUTION

00000892	ISOPTO CARPINE	ALC	FSW
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02133334	MIOCARPINE	CIV	FSW
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52:24.00 MYDRIATICS

ATROPINE SULFATE

1% OPHTHALMIC OINTMENT (3.5G)

00252484	ATROPINE SULFATE	ALC	FSW
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1% OPHTHALMIC SOLUTION

00035017	ISOPTO ATROPINE	ALC	FSW
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01948598	ATROPINE	CIV	FSW
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02134853	ATROPISOL	CIV	FSW
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:24.00 MYDRIATICS

DIPIVEFRIN HCL

0.1% OPHTHALMIC SOLUTION

00529117	PROPINE	ALL	FSW
02032376	OPHTHO-DIPIVEFRIN	ALT	FSW
02152525	DPE	ALC	FSW
02237868	PMS-DIPIVEFRIN	PMS	FSW

HOMATROPINE HBR

2% OPHTHALMIC SOLUTION

00000779	ISOPTO HOMATROPINE	ALC	FSW
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5% OPHTHALMIC SOLUTION

00000787	ISOPTO HOMATROPINE	ALC	FSW
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PHENYLEPHRINE HCL

2.5% OPHTHALMIC SOLUTION

00465763	MYDFRIN	ALC	FSW
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52:36.00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION

02076306	IOPIDINE	ALC	FSW
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ARTIFICIAL TEARS

0.5% OPHTHALMIC SOLUTION

00000809	ISOPTO-TEARS	ALC	W
00889806	EYELUBE	SAB	W

1% OPHTHALMIC SOLUTION

00000817	ISOPTO-TEARS	ALC	W
00874965	EYELUBE	SAB	W

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION

01908448	BETOPTIC S	ALC	FSW
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

BRIMONIDINE TARTRATE

0.2% OPHTHALMIC SOLUTION

02236876	ALPHAGAN	ALL	FSW
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DICLOFENAC SODIUM

SEE APPENDIX A FOR EDS CRITERIA

0.1% OPHTHALMIC SOLUTION

01940414	VOLTAREN OPHTHA (EDS)	CIV	FSW
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LATANOPROST

50UG/ML OPHTHALMIC SOLUTION

02231493	XALATAN	PHU	FSW
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Note: The provincial drug programs will only pay for one 2.5 mL bottle of Xalatan per client every 30 days. Clients are responsible for the entire prescription cost of any Xalatan required beyond this.

LEVOBUNOLOL HCL

0.25% OPHTHALMIC SOLUTION

00751286	BETAGAN	ALL	FSW
02031159	OPHTHO-BUNOLOL	ALT	FSW
02197456	NOVO-LEVOBUNOLOL	NOP	FSW

0.5% OPHTHALMIC SOLUTION

00637661	BETAGAN	ALL	FSW
02031167	OPHTHO-BUNOLOL	ALT	FSW
02197464	NOVO-LEVOBUNOLOL	NOP	FSW
02237991	PMS-LEVOBUNOLOL	PMS	FSW

PETROLATUM & MINERAL OIL COMPOUND

94% & 3% OPHTHALMIC OINTMENT

02082519	DURATEARS NATURALE	ALC	W
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SODIUM CROMOGLYCATE

2% NASAL METERED DOSE MIST (26ML)

01950541	CROMOLYN	PMS	FSW
02231390	APO-CROMOLYN	APX	FSW

2% OPHTHALMIC SOLUTION

02009277	CROMOLYN	PMS	SW
02230621	OPTICROM	ALL	SW
02239657	SOLU-CROM	SAB	SW

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

TIMOLOL MALEATE

0.25% OPHTHALMIC SOLUTION

00451193	TIMOPTIC	MSD	FSW
00755826	APO-TIMOP	APX	FSW
00893773	GEN-TIMOLOL	GPM	FSW
02048523	NOVO-TIMOL	NOP	FSW
02083353	PMS-TIMOLOL	PMS	FSW
02166712	TIMOLOL MALEATE	SAB	FSW

0.5% OPHTHALMIC SOLUTION

00451207	TIMOPTIC	MSD	FSW
00755834	APO-TIMOP	APX	FSW
00893781	GEN-TIMOLOL	GPM	FSW
02048515	NOVO-TIMOL	NOP	FSW
02083345	PMS-TIMOLOL	PMS	FSW
02166720	TIMOLOL MALEATE	SAB	FSW

56:00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ALGINIC ACID & ALUMINIUM HYDROXIDE

50MG & 20MG/ML ORAL SUSPENSION

02159775 GAVISCON SKB W

200MG & 80MG TABLET

02159783 GAVISCON SKB W

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE

40MG & 33MG/ML ORAL SUSPENSION

01966529 DIOVOL HOR W

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE

200MG & 200MG & 25MG TABLET

00116882 DIOVOL PLUS HOR W

56:08.00 ANTIDIARRHEA AGENTS

LOPERAMIDE

2MG CAPLET

00860743 IMODIUM MCL FSW
02132591 NOVO-LOPERAMIDE NOP FSW
02212005 APO-LOPERAMIDE APX FSW
02228343 LOPERACAP ICN FSW
02228351 PMS-LOPERAMIDE PMS FSW
02229552 DIARR-EZE PMS FSW
02233998 RHO-LOPERAMIDE RHP FSW

0.2MG/ML ORAL SOLUTION

02016095 PMS-LOPERAMIDE HCL PMS FSW
02192667 DIARR-EZE PMS FSW

56:10.00 ANTIFLATULENTS

SIMETHICONE

80MG TABLET

00292990 OVOL HOR W

56:00 GASTROINTESTINAL DRUGS

56:12.00 CATHARTICS AND LAXATIVES

Note: Cathartics and laxatives should only be used after failure of simpler measures. A high fibre diet, adequate hydration, and a review of potentially constipating medications is often effective in relieving constipation.

BISACODYL

5MG ENTERIC COATED TABLET

00254142	DULCOLAX	BOE	W
00545023	APO-BISACODYL	APX	W
00587273	PMS-BISACODYL	PMS	W

5MG RECTAL SUPPOSITORY

00003867	DULCOLAX	BOE	W
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10MG RECTAL SUPPOSITORY

00003875	DULCOLAX	BOE	W
00261327	BISACOLAX	ICN	W
00404802	BISACODYL	TCH	W
00582883	PMS-BISACODYL	PMS	W

DOCUSATE SODIUM

4MG/ML SYRUP

00703508	PMS-DOCUSATE SODIUM	PMS	W
00870226	DOCUSATE SODIUM	TCH	W
02086018	COLACE	RBP	W

100MG CAPSULE

00464767	COLACE	RBP	W
00716731	DOCUSATE SODIUM	TAR	W
00703494	PMS-DOCUSATE SODIUM	PMS	W
00870196	DOCUSATE SODIUM	TCH	W

GRAIN & CITRUS FIBRE

TABLET

00595892	NOVO-FIBRE	NOP	W
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LACTULOSE

667MG/ML SYRUP

00703486	PMS-LACTULOSE	PMS	W
00854409	ACILAC	TCH	W

56:00 GASTROINTESTINAL DRUGS

56:12.00 CATHARTICS AND LAXATIVES

MAGNESIUM CITRATE

50MG/ML ORAL SOLUTION

00262609	CITRO-MAG	ROG	W
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MAGNESIUM CITRATE & BISACODYL

KIT

02122774	ROYVAC BOWEL EVACUANT KIT	WAY	W
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PSYLLIUM MUCILLOID

ORAL POWDER

00551546	NOVO-MUCILAX	NOP	W
00678945	NOVO-MUCILAX SUGAR FREE	NOP	W
01912879	METAMUCIL SUGAR FREE	PGA	W
01912887	METAMUCIL	PGA	W

3.25MG/5MG ORAL GRANULES

02162245	PRODIEM PLAIN	NVR	W
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PSYLLIUM MUCILLOID & SENNA

2.71MG & 0.62MG/5MG ORAL GRANULES

02162253	PRODIEM PLUS	NVR	W
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SODIUM PHOSPHATES

220MG/ML ENEMA (100ML)

00009911	FLEET	JJM	W
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56:16.00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

8,000 & 30,000 & 30,000USP U CAPSULE

00263818	COTAZYM	ORG	FSW
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8,000 & 30,000 & 30,000USP U CAPSULE (ENTERIC COATED PARTICLES)

00502790	COTAZYM ECS 8	ORG	FSW
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20,000 & 55,000 & 55,000USP U CAPSULE (ENTERIC COATED PARTICLES)

00821373	COTAZYM ECS 20	ORG	FSW
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56:00 GASTROINTESTINAL DRUGS

56:16.00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE (CONTINUED)

8,000 & 30,000 & 30,000 USP U TABLET

02230019	VIOKASE	AXC	S
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56:22.00 ANTIEMETICS

DIMENHYDRINATE

50MG TABLET

00013803	GRAVOL	HOR	W
00021423	NOVO-DIMENATE	NOP	W
00363766	APO-DIMENHYDRINATE	APX	W
00586331	PMS-DIMENHYDRINATE	PMS	W

50MG RECTAL SUPPOSITORY

00013595	GRAVOL	HOR	W
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100MG RECTAL SUPPOSITORY

00013609	GRAVOL	HOR	W
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DOXYLAMINE SUCCINATE & PYRIDOXINE HCL

10MG & 10MG DELAYED RELEASE TABLET

00609129	DICLECTIN	DUI	FW
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MECLIZINE HCL

25MG TABLET

00220442	BONAMINE	PFI	FSW
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ONDANSETRON HCL

SEE APPENDIX A FOR EDS CRITERIA

4MG TABLET

02213567	ZOFRAN (EDS)	GLA	FSW
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8MG TABLET

02213575	ZOFRAN (EDS)	GLA	FSW
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

5-AMINOSALICYLIC ACID

250MG DELAYED RELEASE TABLET

02099675

PENTASA

HMR

FSW

500MG DELAYED RELEASE TABLET

02099683

PENTASA

HMR

FSW

250MG RECTAL SUPPOSITORY

02112752

SALOFALK

AXC

FSW

500MG RECTAL SUPPOSITORY

02112760

SALOFALK

AXC

FSW

4G/60G RETENTION ENEMA (60G)

02112809

SALOFALK

AXC

FSW

400MG ENTERIC COATED TABLET

01997580

ASACOL

PGA

FSW

500MG ENTERIC COATED TABLET (**NOT INTERCHANGEABLE**)

02112787

SALOFALK

AXC

FSW

01914030

MESASAL

SKB

FSW

BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

02060884

BETNESOL

RBP

FSW

CIMETIDINE

60MG/ML ORAL LIQUID

01916750

TAGAMET

SKB

FSW

200MG TABLET

00546232

PEPTOL

TCH

FSW

00582409

NOVO-CIMETINE

NOP

FSW

00584215

APO-CIMETIDINE

APX

FSW

00865796

NU-CIMET

NXP

FSW

02227436

GEN-CIMETIDINE

GPM

FSW

02229717

PMS-CIMETIDINE

PMS

FSW

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

CIMETDINE (CONTINUED)

300MG TABLET

00487872	APO-CIMETIDINE	APX	FSW
00546240	PEPTOL	TCH	FSW
00582417	NOVO-CIMETINE	NOP	FSW
00865818	NU-CIMET	NXP	FSW
01916815	TAGAMET	SKB	FSW
02227444	GEN-CIMETIDINE	GPM	FSW
02229718	PMS-CIMETIDINE	PMS	FSW

400MG TABLET

00568449	PEPTOL	TCH	FSW
00600059	APO-CIMETIDINE	APX	FSW
00603678	NOVO-CIMETINE	NOP	FSW
00865826	NU-CIMET	NXP	FSW
01916785	TAGAMET	SKB	FSW
02227452	GEN-CIMETIDINE	GPM	FSW
02229719	PMS-CIMETIDINE	PMS	FSW

600MG TABLET

00584282	PEPTOL	TCH	FSW
00600067	APO-CIMETIDINE	APX	FSW
00603686	NOVO-CIMETINE	NOP	FSW
00865834	NU-CIMET	NXP	FSW
01916777	TAGAMET	SKB	FSW
02227460	GEN-CIMETIDINE	GPM	FSW
02229720	PMS-CIMETIDINE	PMS	FSW

800MG TABLET

00618616	PEPTOL	TCH	FSW
00663727	NOVO-CIMETINE	NOP	FSW
00749494	APO-CIMETIDINE	APX	FSW
02229721	PMS-CIMETIDINE	PMS	FSW

CISAPRIDE MONOHYDRATE

NOTE: Coverage of all Cisapride products will be discontinued as of August 7, 2000.

1MG/ML ORAL SUSPENSION

00836354	PREPULSID	JAN	FW
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5MG TABLET

00836311	PREPULSID	JAN	FSW
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

CISAPRIDE MONOHYDRATE (CONTINUED)

NOTE: Coverage of all Cisapride products will be discontinued as of August 7, 2000.

10MG TABLET				
00836338	PREPULSID	JAN	FSW	
20MG TABLET				
02054817	PREPULSID	JAN	FSW	

DOMPERIDONE MALEATE

10MG TABLET				
00855820	MOTILIUM	JAN	FSW	
01912070	ALTI-DOMPERIDONE	ALT	FSW	
02103613	APO-DOMPERIDONE	APX	FSW	
02157195	NOVO-DOMPERIDONE	NOP	FSW	
02230473	MOTILIDONE	TCH	FSW	
02236466	PMS-DOMPERIDONE	PMS	FSW	
02231477	NU-DOMPERIDONE	NXP	FSW	

FAMOTIDINE

20MG TABLET				
00710121	PEPCID	MSD	FSW	
01953842	APO-FAMOTIDINE	APX	FSW	
02022133	NOVO-FAMOTIDINE	NOP	FSW	
02024195	NU-FAMOTIDINE	NXP	FSW	
02196018	GEN-FAMOTIDINE	GPM	FSW	
02237148	ULCIDINE	ICN	FSW	
40MG TABLET				
00710113	PEPCID	MSD	FSW	
01953834	APO-FAMOTIDINE	APX	FSW	
02022141	NOVO-FAMOTIDINE	NOP	FSW	
02024209	NU-FAMOTIDINE	NXP	FSW	
02196026	GEN-FAMOTIDINE	GPM	FSW	
02237149	ULCIDINE	ICN	FSW	

HYDROCORTISONE

100MG/60ML ENEMA (60ML)				
00230316	HYCORT	ICN	FSW	
02112736	CORTENEMA	AXC	FSW	

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

15MG DELAYED RELEASE CAPSULE

02165503 PREVACID (EDS) ABB FSW

30MG DELAYED RELEASE CAPSULE

02165511 PREVACID (EDS) ABB FSW

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

SEE APPENDIX A FOR EDS CRITERIA

30MG & 500MG & 500MG 7-DAY PACKAGE

02238525 HP-PAC (EDS) ABB FSW

METOCLOPRAMIDE HCL

1MG/ML ORAL SOLUTION

02043548 REGLAN WAY FSW
02230433 PMS-METOCLOPRAMIDE PMS FSW

5MG TABLET

00842826 APO-METOCLOP APX FSW
02143275 NU-METOCLOPRAMIDE NXP FSW
02230431 PMS-METOCLOPRAMIDE PMS FSW

10MG TABLET

00842834 APO-METOCLOP APX FSW
02143283 NU-METOCLOPRAMIDE NXP FSW
02230432 PMS-METOCLOPRAMIDE PMS FSW

MISOPROSTOL

100UG TABLET

00813966 CYTOTEC SEA FSW

200UG TABLET

00632600 CYTOTEC SEA FSW

NIZATIDINE

150MG CAPSULE

00778338 AXID LIL FSW
02177714 PMS-NIZATIDINE PMS FSW
02220156 APO-NIZATIDINE APX FSW
02240457 NOVO-NIZATIDINE NOP FSW

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

NIZATIDINE (CONTINUED)

300MG CAPSULE

00778346	AXID	LIL	FSW
02177722	PMS-NIZATIDINE	PMS	FSW
02220164	APO-NIZATIDINE	APX	FSW
02240458	NOVO-NIZATIDINE	NOP	FSW

OLSALAZINE SODIUM

250MG CAPSULE

02063808	DIPENTUM	PHU	FSW
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OMEPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

20MG DELAYED RELEASE TABLET

02190915	LOSEC (EDS)	AZE	FSW
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PANTOPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

40MG ENTERIC TABLET

02229453	PANTOLOC (EDS)	SLV	FSW
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RANITIDINE HCL

15MG/ML ORAL SOLUTION

02212374	ZANTAC	GLA	FW
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150MG TABLET

00733059	APO-RANITIDINE	APX	FSW
00828564	NOVO-RANIDINE	NOP	FSW
00828823	ALTI-RANITIDINE	ALT	FSW
00865737	NU-RANIT	NXP	FSW
02207761	GEN-RANITIDINE	GPM	FSW
02212331	ZANTAC	GLA	FSW

300MG TABLET

00641790	ZANTAC	GLA	FSW
00733067	APO-RANITIDINE	APX	FSW
00828556	NOVO-RANIDINE	NOP	FSW
00828688	ALTI-RANITIDINE	ALT	FSW
00865745	NU-RANIT	NXP	FSW
02207788	GEN-RANITIDINE	GPM	FSW

SUCRALFATE

200MG/ML ORAL SUSPENSION

02103567	SULCRATE PLUS	HMR	FSW
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56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS G.I. DRUGS

SUCRALFATE (CONTINUED)

1G TABLET

02045702	NOVO-SUCRALATE	NOP	FSW
02100622	SULCRATE	HMR	FSW
02125250	APO-SUCRALFATE	APX	FSW
02134829	NU-SUCRALFATE	NXP	FSW
02238209	PMS-SUCRALFATE	PMS	FSW

SULFASALAZINE

500MG ENTERIC COATED TABLET

00445126	S.A.S. ENTERIC 500	ICN	FSW
00598488	PMS-SULFASALAZINE-E.C.	PMS	FSW
00685925	ALTI-SULFASALAZINE-E.C.	ALT	FSW
02064472	SALAZOPYRIN	PHU	FSW

500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	FSW
00685933	ALTI-SULFASALAZINE	ALT	FSW
02064480	SALAZOPYRIN	PHU	FSW

TRIMEBUTINE MALEATE

100MG TABLET

00587869	MODULON	AXC	FSW
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200MG TABLET

00803499	MODULON	AXC	FSW
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60:00 GOLD COMPOUNDS

60:00:00 GOLD COMPOUNDS

SODIUM AUROTHIOMALATE

10MG/ML INJECTION SOLUTION (1ML)

01927620

MYOCHRYSINE

RPR

FSW

25MG/ML INJECTION SOLUTION (1ML)

01927612

MYOCHRYSINE

RPR

FSW

SODIUM AUROTHIOMALATE

50MG/ML INJECTION SOLUTION (1ML)

01927604

MYOCHRYSINE

RPR

FSW

64:00 HEAVY METAL ANTAGONISTS

64:00:00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

125MG CAPSULE

00497894

CUPRIMINE

MSD

FSW

250MG CAPSULE

00016055

CUPRIMINE

MSD

FSW

250MG TABLET

00511641

DEPEN

HOR

FSW

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

50UG/DOSE INHALATION AEROSOL (200 DOSES)

00374407	VANCERIL	SCH	FSW
00872334	ALTI-BECLOMETHASONE	ALT	FSW

BETAMETHASONE DISODIUM PHOSPHATE

0.5MG EFFERVESCENT TABLET

02063190	BETNESOL	RBP	FSW
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BUDESONIDE

100UG/DOSE INHALER POWDER (200 DOSE)

00852074	PULMICORT TURBUHALER	AZE	FW
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200UG/DOSE INHALER POWDER (200 DOSE)

00851752	PULMICORT TURBUHALER	AZE	FSW
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400UG/DOSE INHALER POWDER (200 DOSE)

00851760	PULMICORT TURBUHALER	AZE	FSW
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0.125MG/ML INHALATION SOLUTION (2ML)

(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE)

02229099	PULMICORT NEBUAMP	AZE	FW
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0.25MG/ML INHALATION SOLUTION (2ML)

(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE)

01978918	PULMICORT NEBUAMP	AZE	FW
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0.5MG/ML INHALATION SOLUTION (2ML)

(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE)

01978926	PULMICORT NEBUAMP	AZE	FW
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CORTISONE ACETATE

5MG TABLET

00016438	CORTONE	MSD	FSW
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25MG TABLET

00016446	CORTONE	MSD	FSW
00280437	CORTISONE	ICN	FSW

DEXAMETHASONE

0.5MG TABLET

00016462	DECADRON	MSD	FSW
00295094	DEXASONE	ICN	FSW
01964976	PMS-DEXAMETHASONE	PMS	FSW

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

DEXAMETHASONE (CONTINUED)

0.75MG TABLET

00285471	DEXASONE	ICN	FSW
01964968	PMS-DEXAMETHASONE	PMS	FSW

4MG TABLET

00354309	DECADRON	MSD	FSW
00489158	DEXASONE	ICN	FSW
01964070	PMS-DEXAMETHASONE	PMS	FSW

DEXAMETHASONE 21-PHOSPHATE

4MG/ML INJECTION SOLUTION (5ML)

00213624	DECADRON	MSD	FSW
00664227	DEXAMETHASONE	SAB	FSW
00751863	PMS-DEXAMETHASONE	PMS	FSW
01977547	DEXAMETHASONE	CYT	FSW

FLUDROCORTISONE ACETATE

0.1MG TABLET

02086026	FLORINEF	RBP	FSW
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FLUTICASONE PROPIONATE

50UG/DOSE AEROSOL POWDER DISK (60)

02237244	FLOVENT DISKUS	GLA	FW
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100UG/DOSE AEROSOL POWDER DISK (60)

02237245	FLOVENT DISKUS	GLA	FSW
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250UG/DOSE AEROSOL POWDER DISK (60)

02237246	FLOVENT DISKUS	GLA	FSW
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500UG/DOSE AEROSOL POWDER DISK (60)

02237247	FLOVENT DISKUS	GLA	FSW
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25UG/DOSE INHALATION AEROSOL

02213583	FLOVENT	GLA	FW
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50UG/DOSE INHALATION AEROSOL

02213591	FLOVENT	GLA	FSW
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125UG/DOSE INHALATION AEROSOL

02213605	FLOVENT	GLA	FSW
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68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

FLUTICASONE PROPIONATE (CONTINUED)

250UG/DOSE INHALATION AEROSOL

02213613

FLOVENT

GLA

FSW

HYDROCORTISONE

10MG TABLET

00030910

CORTEF

PHU

FSW

20MG TABLET

00030929

CORTEF

PHU

FSW

METHYLPREDNISOLONE

4MG TABLET

00030988

MEDROL

PHU

FSW

16MG TABLET

00036129

MEDROL

PHU

FSW

METHYLPREDNISOLONE ACETATE

40MG/ML INJECTION SUSPENSION (1ML)

00030759

DEPO-MEDROL

PHU

FSW

80MG/ML INJECTION SUSPENSION (1ML)

00030767

DEPO-MEDROL

PHU

FSW

PREDNISOLONE SODIUM PHOSPHATE

1MG/ML ORAL LIQUID

02230619

PEDIAPRED

RPR

FW

PREDNISONE

1MG TABLET

00271373

WINPRED

ICN

FSW

00598194

APO-PREDNISONE

APX

FSW

5MG TABLET

00021695

NOVO-PREDNISONE

NOP

FSW

00312770

APO-PREDNISONE

APX

FSW

50MG TABLET

00232378

NOVO-PREDNISONE

NOP

FSW

00550957

APO-PREDNISONE

APX

FSW

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

TRIAMCINOLONE

2MG TABLET

02194082

ARISTOCORT

STI

FSW

4MG TABLET

02194090

ARISTOCORT

STI

FSW

TRIAMCINOLONE ACETONIDE

200UG/DOSE INHALATION AEROSOL (240 DOSE)

01926314

AZMACORT

RPR

FSW

68:08.00 ANDROGENS

DANAZOL

50MG CAPSULE

02018144

CYCLOMEN

SAW

FW

100MG CAPSULE

02018152

CYCLOMEN

SAW

FW

200MG CAPSULE

02018160

CYCLOMEN

SAW

FW

TESTOSTERONE ENANTHATE

200MG/ML OILY INJECTION SOLUTION

00029246

DELATESTRYL

BMS

FW

00716936

TESTOSTERONE ENANTHATE

TAR

FW

00739944

PMS-TESTOSTERONE ENANTHATE

PMS

FW

TESTOSTERONE ENANTHATE & ESTRADIOL

150MG & 8.5MG/ML INJECTION SOLUTION (1ML)

02061031

CLIMACTERON

SAB

FW

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL & D-NORGESTREL

0.05MG & 0.25MG TABLET (21 DAY)

02043033 OVRAL WAY FW

0.05MG & 0.25MG TABLET (28 DAY)

02043041 OVRAL WAY FW

ETHINYL ESTRADIOL & DESOGESTREL

0.03MG & 0.15MG TABLET (21 DAY) (NOT INTERCHANGEABLE)

02042487 MARVELON ORG FW

02042541 ORTHO-CEPT JAN FW

0.03MG & 0.15MG TABLET (28 DAY) (NOT INTERCHANGEABLE)

02042479 MARVELON ORG FW

02042533 ORTHO-CEPT JAN FW

ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE

0.03MG & 2MG TABLET (21 DAY)

00469327 DEMULEN 30 SEA FW

0.03MG & 2MG TABLET (28 DAY)

00471526 DEMULEN 30 SEA FW

0.05MG & 1MG TABLET (21 DAY)

00028630 DEMULEN 50 SEA FW

0.05MG & 1MG TABLET (28 DAY)

00343536 DEMULEN 50 SEA FW

ETHINYL ESTRADIOL & L-NORGESTREL

0.2MG & 0.1MG TABLET (21 DAY)

02236974 ALESSE WAY FW

0.2MG & 0.1MG TABLET (28 DAY)

02236975 ALESSE WAY FW

0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10) TABLET (21 DAY)

(NOT INTERCHANGEABLE)

00707600 TRIQUILAR BEX FW

02043726 TRIPHASIL WAY FW

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL & L-NORGESTREL (CONTINUED)

0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10); INERT TABLETS (7) TABLET (28 DAY) (**NOT INTERCHANGEABLE**)

00707503	TRIQUILAR	BEX	FW
02043734	TRIPHASIL	WAY	FW

0.03MG & 0.15MG TABLET (21 DAY)

02042320	MIN-OVRAL	WAY	FW
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0.03MG & 0.15MG TABLET (28 DAY)

02042339	MIN-OVRAL	WAY	FW
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ETHINYL ESTRADIOL & NORETHINDRONE

0.035MG & 0.5MG TABLET (21 DAY) (**NOT INTERCHANGEABLE**)

00317047	ORTHO 0.5/35	JAN	FW
02187086	BREVICON	SEA	FW

0.035MG & 0.5MG TABLET (28 DAY) (**NOT INTERCHANGEABLE**)

00340731	ORTHO 0.5/35	JAN	FW
02187094	BREVICON	SEA	FW

0.035MG & 0.5MG (7); 0.035MG & 0.75MG (7); 0.035MG & 1.0MG (7) TABLET (21 DAY)

00602957	ORTHO 7/7/7	JAN	FW
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0.035MG & 0.5MG (7); 0.035MG & 0.75MG (7); 0.035MG & 1.0MG (7); INERT TABLETS (7) TABLET (28 DAY)

00602965	ORTHO 7/7/7	JAN	FW
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0.035MG & 0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7) TABLET (21 DAY)

02187108	SYNPHASIC	SEA	FW
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0.035MG & 0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7); INERT TABLETS (7) TABLET (28 DAY)

02187116	SYNPHASIC	SEA	FW
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0.035MG & 1.0MG TABLET (21 DAY) (**NOT INTERCHANGEABLE**)

00372846	ORTHO 1/35	JAN	FW
02189054	BREVICON 1/35	SEA	FW
02197502	SELECT 1/35	SEA	FW

0.035MG & 1.0MG TABLET (28 DAY) (**NOT INTERCHANGEABLE**)

00372838	ORTHO 1/35	JAN	FW
02189062	BREVICON 1/35	SEA	FW
02199297	SELECT 1/35	SEA	FW

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE

0.02MG & 1.0MG TABLET (21 DAY)

00315966 MINESTRIN 1/20 PDA FW

0.02MG & 1.0MG TABLET (28 DAY)

00343838 MINESTRIN 1/20 PDA FW

0.035MG & 1.5MG TABLET (21 DAY)

00297143 LOESTRIN 1.5/30 PDA FW

0.035MG & 1.5MG TABLET (28 DAY)

00353027 LOESTRIN 1.5/30 PDA FW

ETHINYL ESTRADIOL & NORGESTIMATE

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7) TABLET (21 DAY)

02028700 TRI-CYCLEN JAN FW

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7); INERT TABLETS (7) TABLET (28 DAY)

02029421 TRI-CYCLEN JAN FW

0.035MG & 0.25MG TABLET (21 DAY)

01968440 CYCLEN JAN FW

0.035MG & 0.25MG TABLET (28 DAY)

01992872 CYCLEN JAN FW

MESTRANOL & NORETHINDRONE

0.05MG & 1MG TABLET (21 DAY)

00022608 ORTHO-NOVUM 1/50 JAN FW

0.05MG & 1MG TABLET (28 DAY)

00340758 ORTHO-NOVUM 1/50 JAN FW

NORETHINDRONE

0.35MG TABLET (28 DAY)

00037605 MICRONOR JAN FW

68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

CONJUGATED ESTROGENS

0.3MG TABLET (NOT INTERCHANGEABLE)

02043394	PREMARIN	WAY	FSW
02230891	C.E.S.	ICN	FSW

0.625MG TABLET (NOT INTERCHANGEABLE)

00265470	C.E.S.	ICN	FSW
02043408	PREMARIN	WAY	FSW

0.9MG TABLET (NOT INTERCHANGEABLE)

02043416	PREMARIN	WAY	FSW
02230892	C.E.S.	ICN	FSW

1.25MG TABLET (NOT INTERCHANGEABLE)

00265489	C.E.S.	ICN	FSW
02043424	PREMARIN	WAY	FSW

2.5MG TABLET

02043432	PREMARIN	WAY	FSW
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0.625MG/G VAGINAL CREAM

02043440	PREMARIN	WAY	FSW
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DIENESTROL

0.1MG/G VAGINAL CREAM

00441295	DIENESTROL	JAN	FSW
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ESTRADIOL

SEE APPENDIX A FOR EDS CRITERIA

25UG TRANSDERMAL PATCH

00756849	ESTRADERM (EDS)	NVR	FSW
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50UG TRANSDERMAL PATCH

00756857	ESTRADERM (EDS)	NVR	FSW
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100UG TRANSDERMAL PATCH

00756792	ESTRADERM (EDS)	NVR	FSW
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PIPERAZINE ESTRONE SULFATE

0.625MG TABLET (0.75MG ESTROPIPATE)

02089793	OGEN	PHU	FSW
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68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

PIPERAZINE ESTRONE SULFATE (CONTINUED)

1.25MG TABLET (1.5MG ESTROPIPATE)

02089769 OGEN PHU FSW

2.5MG TABLET (3MG ESTROPIPATE)

02089777 OGEN PHU FSW

STILBOESTROL

0.1MG TABLET

02091488 STILBESTROL RBP FSW

0.5MG TABLET

02100304 STILBESTROL RBP FSW

1MG TABLET

02091461 STILBESTROL RBP FSW

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML) (NOT INTERCHANGEABLE)

00587737 HUMULIN-N LIL D

02024225 NOVOLIN GE NPH NNO D

100U/ML INJECTION SUSPENSION (CARTRIDGE) (NOT INTERCHANGEABLE)

01959239 HUMULIN-N CARTRIDGE LIL D

02024268 NOVOLIN GE NPH PENFILL NNO D

INSULIN (LENTE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML) (NOT INTERCHANGEABLE)

00646148 HUMULIN-L LIL D

02024241 NOVOLIN GE LENTE NNO D

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

100U/ML INJECTION SOLUTION (10ML) (NOT INTERCHANGEABLE)

00586714 HUMULIN-R LIL D

02024233 NOVOLIN GE TORONTO NNO D

100U/ML INJECTION SOLUTION (CARTRIDGE) (NOT INTERCHANGEABLE)

01959220 HUMULIN-R CARTRIDGE LIL D

02024284 NOVOLIN GE TORONTO PENFILL NNO D

68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION 10%/90% (10ML)

00889113	HUMULIN 10/90	LIL	D
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100U/ML INJECTION SUSPENSION 10%/90% (CARTRIDGE) (**NOT INTERCHANGEABLE**)

01962639	HUMULIN 10/90 CARTRIDGE	LIL	D
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02024292	NOVOLIN GE 10/90 PENFILL	NNO	D
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100U/ML INJECTION SUSPENSION 20%/80% (10ML)

00889105	HUMULIN 20/80	LIL	D
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100U/ML INJECTION SUSPENSION 20%/80% (CARTRIDGE) (**NOT INTERCHANGEABLE**)

01962655	HUMULIN 20/80 CARTRIDGE	LIL	D
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02024306	NOVOLIN GE 20/80 PENFILL	NNO	D
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100U/ML INJECTION SUSPENSION 30%/70% (10ML) (**NOT INTERCHANGEABLE**)

00795879	HUMULIN 30/70	LIL	D
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02024217	NOVOLIN GE 30/70	NNO	D
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100U/ML INJECTION SUSPENSION 30%/70% (CARTRIDGE) (**NOT INTERCHANGEABLE**)

01959212	HUMULIN 30/70 CARTRIDGE	LIL	D
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02025248	NOVOLIN GE 30/70 PENFILL	NNO	D
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100U/ML INJECTION SUSPENSION 40%/60% (10ML)

00889091	HUMULIN 40/60	LIL	D
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100U/ML INJECTION SUSPENSION 40%/60% (CARTRIDGE) (**NOT INTERCHANGEABLE**)

01962647	HUMULIN 40/60 CARTRIDGE	LIL	D
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02024314	NOVOLIN GE 40/60 PENFILL	NNO	D
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100U/ML INJECTION SUSPENSION 50%/50% (10ML)

00889121	HUMULIN 50/50	LIL	D
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100U/ML INJECTION SUSPENSION 50%/50% (CARTRIDGE) (**NOT INTERCHANGEABLE**)

01962663	HUMULIN 50/50 CARTRIDGE	LIL	D
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02024322	NOVOLIN GE 50/50 PENFILL	NNO	D
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INSULIN (ULTRALENTE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML) (**NOT INTERCHANGEABLE**)

00733075	HUMULIN-U	LIL	D
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02024276	NOVOLIN GE ULTRALENTE	NNO	D
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68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (REGULAR) LISPRO

100U/ML INJECTION SOLUTION (10ML)

02229704	HUMALOG	LIL	D
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100U/ML INJECTION SOLUTION (CARTRIDGE)

02229705	HUMALOG CARTRIDGE	LIL	D
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INSULIN (REGULAR/PROTAMINE) LISPRO

100U/ML INJECTION SUSPENSION 25%/75% (CARTRIDGE)

02240294	HUMALOG MIX 25	LIL	D
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68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

CHLORPROPAMIDE

100MG TABLET

00024708	DIABINESE	PFI	D
00399302	APO-CHLORPROPAMIDE	APX	D

250MG TABLET

00021350	NOVO-PROPAMIDE	NOP	D
00024716	DIABINESE	PFI	D
00312711	APO-CHLORPROPAMIDE	APX	D

GLYBURIDE

2.5MG TABLET

00720933	EUGLUCON	PMS	D
00808733	GEN-GLYBE	GPM	D
01900927	ALBERT-GLYBURIDE	ALT	D
01913654	APO-GLYBURIDE	APX	D
01913670	NOVO-GLYBURIDE	NOP	D
02020734	NU-GLYBURIDE	NXP	D
02224550	DIABETA	HMR	D
02236733	PMS-GLYBURIDE	PMS	D

68:00 HORMONES AND SUBSTITUTES

68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

GLYBURIDE (CONTINUED)

5MG TABLET

00720941	EUGLUCON	PMS	D
00808741	GEN-GLYBE	GPM	D
01900935	ALBERT-GLYBURIDE	ALT	D
01913662	APO-GLYBURIDE	APX	D
01913689	NOVO-GLYBURIDE	NOP	D
02020742	NU-GLYBURIDE	NXP	D
02224569	DIABETA	HMR	D
02236734	PMS-GLYBURIDE	PMS	D

METFORMIN

500MG TABLET

02045710	NOVO-METFORMIN	NOP	D
02099233	GLUCOPHAGE	HMR	D
02148765	GEN-METFORMIN	GPM	D
02162822	NU-METFORMIN	NXP	D
02167786	APO-METFORMIN	APX	D
02229516	GLYCON	ICN	D
02223562	PMS-METFORMIN	PMS	D
02233999	RHO-METFORMIN	RHP	D

TOLBUTAMIDE

500MG TABLET

00021849	NOVO-BUTAMIDE	NOP	D
00312762	APO-TOLBUTAMIDE	APX	D

68:28.00 PITUITARY AGENTS

DESMOPRESSIN

SEE APPENDIX A FOR EDS CRITERIA

10U/DOSE INTRANASAL SOLUTION

00402516	D.D.A.V.P. (EDS)	FEI	FW
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10U/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

00836362	D.D.A.V.P. (EDS)	FEI	FW
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68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS

MEDROXYPROGESTERONE ACETATE

2.5MG TABLET

00708917	PROVERA	PHU	FSW
02148552	ALTI-MPA	ALT	FSW
02221284	NOVO-MEDRONE	NOP	FSW
02229838	GEN-MEDROXY	GPM	FSW

5MG TABLET

00030937	PROVERA	PHU	FSW
02148560	ALTI-MPA	ALT	FSW
02221292	NOVO-MEDRONE	NOP	FSW
02229839	GEN-MEDROXY	GPM	FSW

10MG TABLET

00729973	PROVERA	PHU	FSW
02148579	ALTI-MPA	ALT	FSW
02221306	NOVO-MEDRONE	NOP	FSW
02229840	GEN-MEDROXY	GPM	FSW

150MG/ML INJECTION SUSPENSION (1ML)

00585092	DEPO-PROVERA	PHU	FW
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68:36.04 THYROID AGENTS

LEVOTHYROXINE SODIUM

0.025MG TABLET

02172062	SYNTHROID	KNL	FSW
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0.05MG TABLET

02172070	SYNTHROID	KNL	FSW
02213192	ELTROXIN	GLA	FSW

0.075MG TABLET

02172089	SYNTHROID	KNL	FSW
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0.088MG TABLET

02172097	SYNTHROID	KNL	FSW
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0.1MG TABLET

02172100	SYNTHROID	KNL	FSW
02213206	ELTROXIN	GLA	FSW

68:00 HORMONES AND SUBSTITUTES

68:36.04 THYROID AGENTS

LEVOTHYROXINE SODIUM (CONTINUED)

0.112MG TABLET 02171228	SYNTHROID	KNL	FSW
0.125MG TABLET 02172119	SYNTHROID	KNL	FSW
0.15MG TABLET 02172127 02213214	SYNTHROID ELTROXIN	KNL GLA	FSW FSW
0.175MG TABLET 02172135	SYNTHROID	KNL	FSW
0.2MG TABLET 02172143 02213222	SYNTHROID ELTROXIN	KNL GLA	FSW FSW
0.3MG TABLET 02172151 02213230	SYNTHROID ELTROXIN	KNL GLA	FSW FSW

68:36.08 ANTI-THYROID AGENTS

METHIMAZOLE

5MG TABLET 00015741	TAPAZOLE	LIL	FSW
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PROPYLTHIOURACIL

50MG TABLET 00010200	PROPYL-THYRACIL	FRS	FSW
100MG TABLET 00010219	PROPYL-THYRACIL	FRS	FSW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

ERYTHROMYCIN & ETHYL ALCOHOL

1.5% & 55% TOPICAL LOTION

01910086	STATICIN	WSD	FSW
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FRAMYCETIN SULFATE

1% OINTMENT DRESSING (10CM X 10CM)

01988840	SOFRA-TULLE	HMR	FSW
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FUSIDIC ACID

2% TOPICAL CREAM

00586668	FUCIDIN	LEO	FSW
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GENTAMICIN SULFATE

0.1% TOPICAL CREAM

00027928	GARAMYCIN	SCH	FSW
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0.1% TOPICAL OINTMENT

00028371	GARAMYCIN	SCH	FSW
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MUPIROCIN

2% TOPICAL CREAM

02239757	BACTROBAN	SKB	W
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2% TOPICAL OINTMENT

01916947	BACTROBAN	SKB	W
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POLYMYXIN B & NEOMYCIN & BACITRACIN

5,000U & 5MG & 400U/G TOPICAL OINTMENT

00653268	NEOTOPIC	TCH	FSW
00666122	NEOSPORIN	GLA	FSW

POLYMYXIN B & NEOMYCIN & GRAMICIDIN

10,000U & 5MG & 0.25MG/G TOPICAL CREAM

00666203	NEOSPORIN	GLA	FSW
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SODIUM FUSIDATE

2% TOPICAL OINTMENT

00586676	FUCIDIN	LEO	FSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.06 ANTI-INFECTIVES (ANTIVIRALS)

ACYCLOVIR

5% TOPICAL CREAM

02039524

ZOVIRAX

GLA

FSW

5% TOPICAL OINTMENT

00569771

ZOVIRAX

GLA

FSW

IDOXURIDINE

0.1% TOPICAL SOLUTION

00001317

HERPLEX-D

ALL

FSW

02237187

SAB-IDOXURIDINE

SAB

FSW

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

CICLOPIROX OLAMINE

1% TOPICAL CREAM

02221802

LOPROX

HMR

FSW

1% TOPICAL LOTION

02221810

LOPROX

HMR

FSW

CLOTRIMAZOLE

1% TOPICAL CREAM

00812382

CLOTRIMADERM

TAR

SW

02150867

CANESTEN

BAY

SW

02230447

SCHEIN-CLOTRAMAZOLE

SCN

SW

1% TOPICAL SOLUTION

02150875

CANESTEN

BAY

SW

1% VAGINAL CREAM

02150891

CANESTEN 6

BAY

SW

02229378

CLOTRIMADERM

TAR

SW

2% VAGINAL CREAM

02150905

CANESTEN 3

BAY

SW

02229379

CLOTRIMADERM

TAR

SW

200MG VAGINAL INSERT & 1% VAGINAL CREAM (COMBINATION PACKAGE)

02150921

CANESTEN-3-COMBI PAK

BAY

SW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

CLOTRIMAZOLE (CONTINUED)

500MG VAGINAL INSERT & 1% VAGINAL CREAM (COMBINATION PACKAGE)

02150948	CANESTEN-1-COMBI PAK	BAY	SW
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KETOCONAZOLE

2% TOPICAL CREAM

00703974	NIZORAL	JAN	FSW
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MICONAZOLE NITRATE

2% TOPICAL CREAM

02085852	MICATIN	MCL	SW
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02126567	MONISTAT DERM	MCL	SW
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2% VAGINAL CREAM

02084309	MONISTAT-7	MCL	SW
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02219476	MONAZOLE-7	TCH	SW
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100MG VAGINAL SUPPOSITORY

02084295	MONISTAT-7	MCL	SW
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400MG VAGINAL OVULES

02126605	MONISTAT-3	MCL	SW
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400MG VAGINAL OVULES & 2% TOPICAL CREAM (COMBINATION PACKAGE)

02126249	MONISTAT-3 COMBINATION	MCL	SW
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NYSTATIN

100,000U/G TOPICAL CREAM

00029092	MYCOSTATIN	BMS	SW
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00716871	NYADERM	TAR	SW
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02194236	NILSTAT	TCH	SW
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100,000U/G TOPICAL OINTMENT

00029556	MYCOSTATIN	BMS	SW
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00716898	NYADERM	TAR	SW
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02194228	NILSTAT	TCH	SW
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25,000U/G VAGINAL CREAM

00295973	MYCOSTATIN	BMS	SW
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00716901	NYADERM	TAR	SW
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100,000U/G VAGINAL CREAM

02194163	NILSTAT	TCH	SW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

NYSTATIN (CONTINUED)

100,000U VAGINAL TABLET

02194171

NILSTAT

TCH

SW

TOLNAFTATE

1% TOPICAL CREAM

00576034

TINACTIN

SCH

W

84:04.12 ANTI-INFECTIVES, SCABICIDES AND PEDICULICIDES

GAMMA-BENZENE HEXACHLORIDE

1% TOPICAL LOTION

00703591

PMS-LINDANE

PMS

W

1% SHAMPOO

00703605

PMS-LINDANE

PMS

W

PERMETHRIN

1% CREME RINSE

00771368

NIX CREME RINSE

WLA

W

02231480

KWELLADA-P CREME RINSE

RCA

W

5% TOPICAL CREAM

02219905

NIX DERMAL CREAM

WLA

W

5% TOPICAL LOTION

02231348

KWELLADA-P LOTION

RCA

W

84:04.16 ANTI-INFECTIVES, OTHER ANTI-INFECTIVES

HEXACHLOROPHENE

3% TOPICAL EMULSION

02017733

PHISOHEX

SAW

FW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.16 ANTI-INFECTIVES, OTHER ANTI-INFECTIVES

METRONIDAZOLE

10% VAGINAL CREAM

01926861

FLAGYL

RPR

FSW

500MG VAGINAL TABLET

01926888

FLAGYL

RPR

FSW

METRONIDAZOLE & NYSTATIN

500MG & 100,000U/APPLICATORFUL VAGINAL CREAM

01926845

FLAGYSTATIN

RPR

FSW

N'BENZOYLSULFANILAMIDE & SULFATHIAZOLE & SULFACETAMIDE & UREA

VAGINAL CREAM

00153605

SULTRIN

JAN

FSW

SILVER SULFADIAZINE

1% TOPICAL CREAM

00323098

FLAMAZINE

SNE

FSW

SULFANILAMIDE & AMINACRINE HCL & ALLANTOIN

VAGINAL CREAM

02103036

AVC

HMR

FSW

TRICLOSAN

0.5% TOPICAL LIQUID

00632317

TERSASEPTIC

TCD

W

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

APPROXIMATE RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS

ULTRA HIGH POTENCY	GROUP I	Betamethasone dipropionate 0.05% glycol cream, ointment, lotion Betamethasone dipropionate 0.05% & Salicylic Acid 3%, ointment Clobetasol propionate 0.05% cream, ointment, scalp lotion
HIGH POTENCY	GROUP II	Amcinonide 0.1% ointment Betamethasone dipropionate 0.05% ointment Clobetasone butyrate 0.05% cream, ointment Desoximetasone 0.25% cream, ointment Desoximetasone 0.05% gel Fluocinonide 0.05% cream, ointment, gel
	GROUP III	Betamethasone dipropionate 0.05% cream, lotion Betamethasone valerate 0.1% ointment Diflucortolone valerate 0.1% oily cream Triamcinolone acetonide 0.1% ointment
MID POTENCY	GROUP IV	Amcinonide 0.1% cream, lotion Beclomethasone dipropionate 0.25% cream, lotion Flucinolone acetonide 0.025% ointment Desoximetasone 0.05% cream Mometasone furoate 0.1% cream, ointment Triamcinolone acetonide 0.1% cream
	GROUP V	Betamethasone valerate 0.1% cream, lotion, scalp lotion Betamethasone valerate 0.05% cream, ointment, lotion Flucinolone acetonide 0.025% cream Flucinolone acetonide 0.01% cream Triamcinolone acetonide 0.25% cream
LOW POTENCY	GROUP VI	Desonide 0.05% cream, ointment
	GROUP VII	Hydrocortisone 0.05% cream, ointment, lotion Hydrocortisone 1% cream, ointment, lotion Hydrocortisone 1% & Urea 10% cream, lotion

The classification of products in this table is based upon the 'WHO Model Prescribing Information: Drugs Used in Dermatology (1995).'

In general, ointments, as a result of their more occlusive property, tend to exhibit higher potency than creams containing the same concentration of the same anti-inflammatory agent. Cream formulations, in turn, appear to be more potent than lotions of the same strength.

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

AMCINONIDE

0.1% TOPICAL CREAM

02192284

CYCLOCORT

STI

FSW

0.1% TOPICAL LOTION

02192276

CYCLOCORT

STI

FSW

0.1% TOPICAL OINTMENT

02192268

CYCLOCORT

STI

FSW

BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

02089602

PROPADERM

RBP

FSW

0.025% TOPICAL LOTION

02089610

PROPADERM

RBP

FSW

BETAMETHASONE DIPROPIONATE

0.05% TOPICAL CREAM

00323071

DIPROSONE

SCH

FSW

01925350

TARO-SONE

TAR

FSW

0.05% TOPICAL LOTION

00417246

DIPROSONE

SCH

FSW

00809187

TOPISONE

TCH

FSW

01944444

TARO-SONE

TAR

FSW

0.05% TOPICAL OINTMENT

00344923

DIPROSONE

SCH

FSW

00805009

TOPISONE

TCH

FSW

01944436

TARO-SONE

TAR

FSW

0.05% TOPICAL GLYCOL CREAM

00688622

DIPROLENE

SCH

FSW

00849650

TOPILENE GLYCOL

TCH

FSW

0.05% TOPICAL GLYCOL OINTMENT

00629367

DIPROLENE

SCH

FSW

00849669

TOPILENE GLYCOL

TCH

FSW

0.05% TOPICAL GLYCOL LOTION

00862975

DIPROLENE

SCH

FSW

01927914

TOPILENE GLYCOL

TCH

FSW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE & SALICYLIC ACID

0.05% & 3% TOPICAL LOTION

00578428	DIPROSALIC	SCH	FSW
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0.05% & 3% TOPICAL OINTMENT

00578436	DIPROSALIC	SCH	FSW
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BETAMETHASONE VALERATE

0.05% TOPICAL CREAM

00027898	CELESTODERM-V/2	SCH	FSW
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00535427	ECTOSONE MILD	TCH	FSW
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00716618	BETADERM	TAR	FSW
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0.05% TOPICAL OINTMENT

00028355	CELESTODERM-V/2	SCH	FSW
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00716642	BETADERM	TAR	FSW
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0.1% TOPICAL CREAM

00027901	CELESTODERM-V	SCH	FSW
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00535435	ECTOSONE REGULAR	TCH	FSW
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00716626	BETADERM	TAR	FSW
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0.1% TOPICAL OINTMENT

00028363	CELESTODERM-V	SCH	FSW
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00716650	BETADERM	TAR	FSW
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0.1% TOPICAL LOTION

00750050	ECTOSONE REGULAR	TCH	FSW
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02100193	BETNOVATE	RBP	FSW
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0.1% SCALP LOTION

00027944	VALISONE	SCH	FSW
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00653217	ECTOSONE	TCH	FSW
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00716634	BETADERM	TAR	FSW
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CLOBETASOL 17-PROPIONATE

0.05% TOPICAL CREAM

00359718	DERMOVATE	GLA	FSW
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00878723	ALTI-CLOBETASOL	ALT	FSW
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01910272	DERMASONE	TCH	FSW
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02024187	GEN-CLOBETASOL	GPM	FSW
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02093162	NOVO-CLOBETASOL	NOP	FSW
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02232191	PMS-CLOBETASOL	PMS	FSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

CLOBETASOL 17-PROPIONATE (CONTINUED)

0.05% TOPICAL OINTMENT

00359726	DERMOVATE	GLA	FSW
00881678	ALTI-CLOBETASOL	ALT	FSW
01910280	DERMASONE	TCH	FSW
02026767	GEN-CLOBETASOL	GPM	FSW
02126192	NOVO-CLOBETASOL	NOP	FSW
02232193	PMS-CLOBETASOL	PMS	FSW

0.05% SCALP LOTION

00878707	ALTI-CLOBETASOL	ALT	FSW
01910299	DERMASONE	TCH	FSW
02213281	DERMOVATE	GLA	FSW
02216213	GEN-CLOBETASOL	GPM	FSW
02232195	PMS-CLOBETASOL	PMS	FSW

CLOBETASONE BUTYRATE

0.05% TOPICAL CREAM

02214415	EUMOVATE	GLA	FSW
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0.05% TOPICAL OINTMENT

02214423	EUMOVATE	GLA	FSW
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DESONIDE

0.05% TOPICAL CREAM

02048639	DESOCORT	GAC	FSW
02229315	SCHEIN-DESONIDE	SCN	FSW

0.05% TOPICAL OINTMENT

02115522	DESOCORT	GAC	FSW
02229323	SCHEIN-DESONIDE	SCN	FSW

DESOXIMETASONE

0.05% TOPICAL EMOLLIENT CREAM

02221918	TOPICORT MILD	HMR	FSW
02239068	TARO-DESOXIMETASONE	TAR	FSW

0.25% TOPICAL EMOLLIENT CREAM

02221896	TOPICORT	HMR	FSW
02239069	TARO-DESOXIMETASONE	TAR	FSW

0.05% TOPICAL GEL

02221926	TOPICORT	HMR	FSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

DESOXIMETASONE (CONTINUED)

0.25% TOPICAL OINTMENT

02221934	TOPICORT	HMR	FSW
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DIFLUCORTOLONE VALERATE

0.1% TOPICAL OILY CREAM

00587818	NERISONE OILY	STI	FSW
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FLUOCINOLONE ACETONIDE

0.01% TOPICAL CREAM

00716782	FLUODERM	TAR	FSW
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0.025% TOPICAL CREAM

00716790	FLUODERM	TAR	FSW
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0.025% TOPICAL OINTMENT

00716812	FLUODERM	TAR	FSW
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FLUOCINONIDE

0.05% TOPICAL CREAM

00716863	LYDERM	TAR	FSW
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02161923	LIDEX	MDC	FSW
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0.05% TOPICAL GEL

02161974	TOPSYN	MDC	FSW
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02236997	LYDERM	TAR	FSW
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0.05% TOPICAL OINTMENT

02161966	LIDEX	MDC	FSW
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02236996	LYDERM	TAR	FSW
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HYDROCORTISONE

0.05% TOPICAL CREAM

00228079	HYDROCORTISONE	SDR	W
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00513288	CORTATE	SCH	W
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00716820	HYDERM	TAR	W
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1% TOPICAL CREAM

00228087	HYDROCORTISONE	SDR	FSW
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00502200	CORTATE	SCH	FSW
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00716839	HYDERM	TAR	FSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE (CONTINUED)

0.05% TOPICAL OINTMENT

00513261	CORTATE	SCH	W
00716685	CORTODERM	TAR	W

1% TOPICAL OINTMENT

00502197	CORTATE	SCH	FSW
00716693	CORTODERM	TAR	FSW

0.05% TOPICAL LOTION

00513253	CORTATE	SCH	W
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HYDROCORTISONE & UREA

1% & 10% TOPICAL CREAM

00503134	UREMOL-HC	STI	FSW
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1% & 10% TOPICAL LOTION

00560022	UREMOL-HC	STI	FSW
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HYDROCORTISONE & ZINC SULFATE

0.5% & 0.5% RECTAL OINTMENT

00607789	HEMCORT-HC	TCH	FSW
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0.5% & 0.5% RECTAL SUPPOSITORY

00607797	HEMCORT-HC	TCH	FSW
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MOMETASONE FUROATE

0.1% TOPICAL CREAM

00851744	ELOCOM	SCH	FSW
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0.1% TOPICAL OINTMENT

00851736	ELOCOM	SCH	FSW
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TRIAMCINOLONE ACETONIDE

0.025% TOPICAL CREAM

00716952	TRIADERM	TAR	FSW
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0.1% TOPICAL CREAM

00716960	TRIADERM	TAR	FSW
02194058	ARISTOCORT R	STI	FSW

0.1% TOPICAL OINTMENT

00716987	TRIADERM	TAR	FSW
02194031	ARISTOCORT R	STI	FSW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

TRIAMCINOLONE ACETONIDE (CONTINUED)

0.1% ORAL TOPICAL OINTMENT

01964054	ORACORT	TAR	FSW
01999788	KENALOG-ORABASE	WSD	FSW

84:06.00 COMBINATION ANTI-INFECTIVE/ANTI-INFLAMMATORY AGENTS

CLIOQUINOL & HYDROCORTISONE

3% & 1% TOPICAL CREAM

00074500	VIOFORM HYDROCORTISONE	NVR	FSW
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FRAMYCETIN & HYDROCORTISONE & CINCHOCAINE HCL

1% & 0.5% RECTAL OINTMENT

01988549	PROCTOSEDYL	HMR	FSW
02226383	PROCTOSONE	TCH	FSW

1% & 0.5% RECTAL SUPPOSITORY

02223260	PROCTOSEDYL	HMR	FSW
02226391	PROCTOSONE	TCH	FSW

GENTAMICIN & BETAMETHASONE VALERATE

1.67MG & 1.22MG/G TOPICAL CREAM

00177016	VALISONE G	SCH	FSW
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1.67MG & 1.22MG/G TOPICAL OINTMENT

00232351	VALISONE G	SCH	FSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 COMBINATION ANTI-INFECTIVE/ANTI-INFLAMMATORY AGENTS

NEOMYCIN & NYSTATIN & GRAMICIDIN & TRIAMCINOLONE

2.5MG & 0.25MG & 100,000U & 0.25MG/G TOPICAL CREAM

01999842 KENACOMB MILD WSD FSW

2.5MG & 0.25MG & 100,000U & 0.25MG/G TOPICAL OINTMENT

01999834 KENACOMB MILD WSD FSW

2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL CREAM

00717002 VIADERM K-C TAR FSW

01999850 KENACOMB WSD FSW

2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL OINTMENT

00717029 VIADERM K-C TAR FSW

01999826 KENACOMB WSD FSW

84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS

LIDOCAINE HCL

2% TOPICAL GEL

00001694 XYLOCAINE AZE FSW

2% TOPICAL SOLUTION

00001686 XYLOCAINE VISCOUS AZE FSW

PHENAZOPYRIDINE HCL

100MG TABLET

00271489 PHENAZO ICN FSW

00476714 PYRIDIUM PDA FSW

200MG TABLET

00454583 PHENAZO ICN FSW

00476722 PYRIDIUM PDA FSW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:16.00 CELL STIMULANTS AND PROLIFERANTS

TRETINOIN

0.01% TOPICAL CREAM

00657204	STIEVA-A	STI	FW
00897329	RETIN A	JAN	FW
01926497	VITAMIN A ACID	RPR	FW

0.025% TOPICAL CREAM

00578576	STIEVA-A	STI	FW
00897310	RETIN A	JAN	FW
01926500	VITAMIN A ACID	RPR	FW
02125293	VITINOIN	PMS	FW

0.05% TOPICAL CREAM

00443794	RETIN A	JAN	FW
00518182	STIEVA-A	STI	FW
01926519	VITAMIN A ACID	RPR	FW
02125307	VITINOIN	PMS	FW

0.1% TOPICAL CREAM

00662348	STIEVA-A FORTE	STI	FW
00870021	RETIN A	JAN	FW
01926527	VITAMIN A ACID	RPR	FW
02125315	VITINOIN	PMS	FW

0.01% TOPICAL GEL

00587958	STIEVA-A	STI	FW
00870013	RETIN A	JAN	FW
01926462	VITAMIN A ACID	RPR	FW

0.025% TOPICAL GEL

00443816	RETIN A	JAN	FW
00587966	STIEVA-A	STI	FW
01926470	VITAMIN A ACID	RPR	FW
02069598	VITINOIN	PMS	FW

0.05% TOPICAL GEL

00641863	STIEVA-A	STI	FW
01926489	VITAMIN A ACID	RPR	FW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:24.00 EMOLLIENTS, DECMULCENTS, AND PROTECTANTS

DIMETHYLPOLYSILOXANE

20% TOPICAL CREAM

02060841	BARRIERE	RBP	W
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AMMONIUM LACTATE

12% TOPICAL LOTION

01909150	LAC-HYDRIN	WSD	W
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84:28.00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE

10% TOPICAL LOTION

00370568	BENOXYL	STI	FW
00432938	OXYDERM	ICN	FW

20% TOPICAL LOTION

00187585	BENOXYL	STI	FW
00374318	OXYDERM	ICN	FW

PODOPHYLLUM RESIN

25% TOPICAL LIQUID

00598208	PODOFILM	PMS	FW
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SALICYLIC ACID & LACTIC ACID

16.7% & 16.7% TOPICAL LIQUID

00370576	DUOFILM	STI	W
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SALICYLIC ACID & LACTIC ACID & FORMALIN

25% & 10% & 5% TOPICAL OINTMENT

00513091	DUOPLANT	STI	W
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UREA

10% TOPICAL CREAM

01946099	UREMOL 10	TCD	W
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20% TOPICAL CREAM

00398179	UREMOL 20	TCD	W
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28.00 KERATOLYTIC AGENTS

UREA (CONTINUED)

10% TOPICAL LOTION

01946102

UREMOL 10

TCD

W

84:32.00 KERATOPLASTIC AGENTS

COAL TAR

1% SHAMPOO

02220393

ZETAR

RPR

W

TAR & ZINC PYRITHIONE

1% & 1% SHAMPOO

02240942

MULTI-TAR PLUS

ICN

W

84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02070847

SORIATANE (EDS)

HLR

FSW

10MG CAPSULE

02070847

SORIATANE (EDS)

HLR

FSW

25MG CAPSULE

02070863

SORIATANE (EDS)

HLR

FSW

CALCIPOTRIOL

50UG/G TOPICAL CREAM

02150956

DOVONEX

LEO

FSW

50UG/G TOPICAL OINTMENT

01976133

DOVONEX

LEO

FSW

FLUOROURACIL

5% TOPICAL CREAM

00330582

EFUDEX

HLR

FSW

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ISOTRETINOIN

10MG CAPSULE

00582344

ACUTANE

HLR

FW

40MG CAPSULE

00582352

ACUTANE

HLR

FW

84:80.00 SUNSCREEN AGENTS

OCTYL METHOXYCINNAMATE & OCTYL SALICYLATE & OXYBENZONE & BUTYL METHOXYCINNAMATE (PARASOL® 1789)

7.5% & 5% & 6% & 3% TOPICAL GEL

02229484

PRESUN ULTRA 30

WSD

W

Note: Only for patients on concurrent phenothiazine therapy.

86:00 SPASMOLYTICS

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNIN CHLORIDE

1MG/ML SYRUP

01924753	DITROPAN	ALZ	FSW
02223376	PMS-OXYBUTYNIN	PMS	FSW
02231089	APO-OXYBUTYNIN	APX	FSW

5MG TABLET

01924761	DITROPAN	ALZ	FSW
02158590	NU-OXYBUTYNIN	NXP	FSW
02163543	APO-OXYBUTYNIN	APX	FSW
02220059	OXYBUTYN	ICN	FSW
02220067	ALB-OXYBUTYNIN	ALT	FSW
02230394	NOVO-OXYBUTYNIN	NOP	FSW
02230800	GEN-OXYBUTYNIN	GPM	FSW
02240550	PMS-OXYBUTYNIN	PMS	FSW

TOLTERODINE

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02239064	DETROL (EDS)	PHU	FSW
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2MG TABLET

02239065	DETROL (EDS)	PHU	FSW
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86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE

250MG SUSTAINED RELEASE TABLET

02014270	PHYLLOCONTIN	PFR	FSW
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350MG SUSTAINED RELEASE TABLET

02014289	PHYLLOCONTIN-350	PFR	FSW
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OXYTRIPHYLLINE

20MG/ML ELIXIR

00476366	CHOLEDYL	PDA	FSW
00792942	PMS-OXTRIPHYLLINE	PMS	FSW

100MG TABLET

00441724	APO-OXTRIPHYLLINE	APX	FSW
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86:00 SPASMOLYTICS

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

OXYTRIPHYLLINE (CONTINUED)

200MG TABLET				
00441732	APO-OXTRIPHYLLINE	APX	FSW	
300MG TABLET				
00511692	APO-OXTRIPHYLLINE	APX	FSW	
400MG SUSTAINED RELEASE TABLET				
00503436	CHOLEDYL SA	PDA	FSW	
600MG SUSTAINED RELEASE TABLET				
00536709	CHOLEDYL SA	PDA	FSW	
10MG/ML SYRUP				
00405310	ROUPHYLLINE	ROG	FSW	

THEOPHYLLINE ANHYDROUS

5.33MG/ML ELIXIR				
00532223	THEOPHYLLINE	TCH	FSW	
00575151	PMS-THEOPHYLLINE	PMS	FSW	
5.33MG/ML ORAL SOLUTION				
01966219	THEOLAIR	MDA	FSW	
50MG SUSTAINED RELEASE CAPSULE				
01926616	SLO-BID	RPR	FSW	
100MG SUSTAINED RELEASE CAPSULE				
01926586	SLO-BID	RPR	FSW	
200MG SUSTAINED RELEASE CAPSULE				
01926594	SLO-BID	RPR	FSW	
300MG SUSTAINED RELEASE CAPSULE				
01926608	SLO-BID	RPR	FSW	
100MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00460982	THEO-DUR	AZE	FSW	
00692689	APO-THEO-LA	APX	FSW	
02230085	NOVO-THEOPHYL SR	NOP	FSW	
200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00460990	THEO-DUR	AZE	FSW	
00692697	APO-THEO-LA	APX	FSW	
02230086	NOVO-THEOPHYL SR	NOP	FSW	

86:00 SPASMOLYTICS

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

THEOPHYLLINE ANHYDROUS (CONTINUED)

250MG SUSTAINED RELEASE TABLET

01966251	THEOLAIR-SR	MDA	FSW
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300MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00461008	THEO-DUR	AZE	FSW
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00556742	QUIBRON-T/SR	BMS	FSW
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00692700	APO-THEO-LA	APX	FSW
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01966278	THEOLAIR-SR	MDA	FSW
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002230087	NOVO-THEOPHYL SR	NOP	FSW
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400MG SUSTAINED RELEASE TABLET

02014165	UNIPHYL	PFR	FSW
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450MG SUSTAINED RELEASE TABLET

00722065	THEO-DUR	AZE	FSW
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600MG SUSTAINED RELEASE TABLET

02014181	UNIPHYL	PFR	FSW
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88:00 VITAMINS

88:08.00 VITAMINS B

CYANOCOBALAMIN

1MG/ML INJECTION SOLUTION (10ML)

00521515	VITAMIN B12	SAB	W
01987003	CYANOCOBALAMIN	CYT	W
02052717	CYANOCOBALAMIN	TAR	W
02229972	SCHEINPHARM B12	SCN	W

FOLIC ACID

5MG TABLET

00021466	NOVO-FOLACID	NOP	FW
00179493	FOLIC ACID	SDR	FW
00426849	APO-FOLIC	APX	FW

NIACIN

100MG TABLET

00268585	NIACIN	ICN	W
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500MG TABLET

00294950	NIACIN	ICN	W
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88:12.00 VITAMIN C

ASCORBIC ACID

500MG TABLET

00021997	NOVO-C	NOP	W
00466611	APO-C	APX	W

88:16.00 VITAMIN D

CALCITRIOL

SEE APPENDIX A FOR EDS CRITERIA

0.25UG CAPSULE

00481823	ROCALTROL (EDS)	HLR	FSW
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0.5UG CAPSULE

00481815	ROCALTROL (EDS)	HLR	FSW
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88:00 VITAMINS

88:16.00 VITAMIN D

ERGOCALCIFEROL

8,288IU/ML ORAL SOLUTION

02017598

DRISDOL

SAW

FSW

VITAMIN D

50,000IU CAPSULE

00009830

OSTOFORTE

FRS

FSW

88:28.00 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS - ADULT

TABLET

00269034

HEXAVITAMINS

NOP

W

MULTIVITAMINS - PEDIATRIC

CHEWABLE TABLET

00999999

CHILDREN'S CHEWABLE MULTIVIT

MSC

W

Note: The identification number for Children's Chewable Multivitamins has been generated by the Drug Cost Assistance Programs for billing purposes only.

ORAL DROPS

00647578

POLY-VI-SOL

MJO

W

MULTIVITAMIN - PRENATAL

TABLET

02231880

MATERNA

WAY

W

MULTIVITAMINS WITH IRON - ADULT

TABLET

00223336

NOVO-VITES PLUS IRON

NOP

W

92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL

100MG TABLET

00004588	ZYLOPRIM	GLA	FSW
00364282	NOVO-PUROL	NOP	FSW
00402818	APO-ALLOPURINOL	APX	FSW

200MG TABLET

00479799	APO-ALLOPURINOL	APX	FSW
00506370	ZYLOPRIM	GLA	FSW
00565342	NOVO-PUROL	NOP	FSW

300MG TABLET

00294322	ZYLOPRIM	GLA	FSW
00363693	NOVO-PUROL	NOP	FSW
00402796	APO-ALLOPURINOL	APX	FSW

AMANTADINE HCL

10MG/ML SYRUP

01913999	SYMMETREL	DUP	FSW
02022826	PMS-AMANTADINE	PMS	FSW

100MG CAPSULE

01914006	SYMMETREL	DUP	FSW
01990403	PMS-AMANTADINE	PMS	FSW
02034468	ENDANTADINE	END	FSW
02139200	GEN-AMANTADINE	GPM	FSW

AZATHIOPRINE

50MG TABLET

00004596	IMURAN	GLA	FSW
02231491	GEN-AZATHIOPRINE	GPM	FSW
02236799	ALTI-AZATHIOPRINE	ALT	FSW
02236819	NOVO-AZATHIOPRINE	NOP	FSW

BROMOCRIPTINE

5MG CAPSULE

00568643	PARLODEL	NVR	FSW
02230454	APO-BROMOCRIPTINE	APX	FSW
02236949	PMS-BROMOCRIPTINE	PMS	FSW

92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

BROMOCRIPTINE (CONTINUED)

2.5MG TABLET

00371033	PARLODEL	NVR	FSW
02087324	APO-BROMOCRIPTINE	APX	FSW
02231702	PMS-BROMOCRIPTINE	PMS	FSW

BUPROPION

SEE APPENDIX A FOR EDS CRITERIA

150 MG SUSTAINED RELEASE TABLET

002238441	ZYBAN (EDS)	GLA	FW
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CLONIDINE HCL

0.025MG TABLET

00519251	DIXARIT	BOE	FSW
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COLCHICINE

0.6MG TABLET

00287873	COLCHICINE	ROG	FSW
00572349	COLCHICINE	ODN	FSW

DISULFIRAM

250MG TABLET

02041375	ANTABUSE	WAY	FSW
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500MG TABLET

02041391	ANTABUSE	WAY	FSW
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ETIDRONATE DISODIUM

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

01997629	DIDRONEL (EDS)	PGA	FSW
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ETIDRONATE DISODIUM & CALCIUM CARBONATE

SEE APPENDIX A FOR EDS CRITERIA

400MG & 1250MG TABLET (PACKAGE)

02176017	DIDROCAL (EDS)	PGA	FSW
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GLATIRAMER ACETATE

20MG INJECTION POWDER

02233014	COPAXONE	TVM	M
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92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

INTERFERON BETA-1A

Note: Interferon Beta-1a products are only approved for the treatment of relapsing-remitting multiple sclerosis.

30UG INJECTION POWDER 02237770	AVONEX	BGN	M
44UG INJECTION POWDER 02237318	REBIF	SRO	M
22UG SYRINGE 02237319	REBIF	SRO	M
44UG SYRINGE 02237320	REBIF	SRO	M

INTERFERON BETA-1B

Note: Interferon Beta-1b (Betaseron) is approved only for the treatment of relapsing-remitting and secondary-progressive multiple sclerosis.

0.3MG INJECTION POWDER 02169649	BETASERON	BEX	M
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KETOTIFEN FUMARATE

0.2MG/ML SYRUP 00600784	ZADITEN	NVR	FW
02176084	NOVO-KETOTIFEN	NOP	FW
02218305	NU-KETOTIFEN	NXP	FW
02221330	APO-KETOTIFEN	APX	FW
02231679	PMS-KETOTIFEN	PMS	FW
1MG TABLET 00577308	ZADITEN	NVR	FW
02230730	NOVO-KETOTIFEN	NOP	FW
02231680	PMS-KETOTIFEN	PMS	FW

92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

LEVAMISOLE

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00846368	ERGAMISOL (EDS)	JAN	FSW
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LEVODOPA & CARBIDOPA

100MG & 10MG TABLET

00355658	SINEMET	DUP	FSW
02126176	LEVODOPA/CARBIDOPA	ALT	FSW
02182831	NU-LEVOCARB	NXP	FSW
02195933	APO-LEVOCARB	APX	FSW

100MG & 25MG TABLET

00513997	SINEMET	DUP	FSW
02126168	LEVODOPA/CARBIDOPA	ALT	FSW
02182823	NU-LEVOCARB	NXP	FSW
02195941	APO-LEVOCARB	APX	FSW

250MG & 25MG TAB

00328219	SINEMET	DUP	FSW
02126184	LEVODOPA/CARBIDOPA	ALT	FSW
02182858	NU-LEVOCARB	NXP	FSW
02195968	APO-LEVOCARB	APX	FSW

100MG & 25MG CONTROLLED RELEASE TABLET

SEE APPENDIX A FOR EDS CRITERIA

02028786	SINEMET CR (EDS)	DUP	FSW
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200MG & 50MG CONTROLLED RELEASE TABLET

SEE APPENDIX A FOR EDS CRITERIA

00870935	SINEMET CR (EDS)	DUP	FSW
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MONTELUKAST

SEE APPENDIX A FOR EDS CRITERIA

5MG CHEWABLE TABLET

02238216	SINGULAIR (EDS)	MSD	FSW
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10MG TABLET

02238217	SINGULAIR (EDS)	MSD	FSW
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NEDOCROMIL SULFATE

2MG/DOSE INHALATION AEROSOL (200 DOSE)

02230543	TILADE	RPR	FSW
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92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

PENTOSAN POLYSULFATE SO4

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02029448	ELMIRON (EDS)	ALZ	FSW
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PRAMIPEXOLE DIHYDROCHLORIDE

SEE APPENDIX A FOR EDS CRITERIA

0.25MG TABLET

02237145	MIRAPEX (EDS)	BOE	FSW
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1MG TABLET

02237146	MIRAPEX (EDS)	BOE	FSW
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1.5MG TABLET

02237147	MIRAPEX (EDS)	BOE	FSW
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SELEGILINE HCL

5MG TABLET

02068087	NOVO-SELEGILINE	NOP	FSW
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02123312	ELDEPRYL	DPY	FSW
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02230641	APO-SELEGILINE	APX	FSW
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02230717	NU-SELEGILINE	NXP	FSW
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02231036	GEN-SELEGILINE	GPM	FSW
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SODIUM CROMOGLYCAT

100MG CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

00500895	NALCROM (EDS)	RPR	FSW
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1MG/DOSE INHALATION AEROSOL (200 DOSE)

00555649	INTAL	RPR	FSW
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1% INHALATION SOLUTION (2ML)

00534609	INTAL	RPR	FSW
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02046113	PMS-SODIUM CROMOGLYCAT	PMS	FSW
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02219468	GEN-CROMOGLYCAT	GPM	FSW
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02231431	APO-CROMOLYN	APX	FSW
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02231671	NU-CROMOLYN	NXP	FSW
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92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

TRIMEPRAZINE TARTRATE

2.5MG TABLET

01926306

PANECTYL

RPR

FW

5MG TABLET

01926292

PANECTYL

RPR

FW

URSODIOL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02238984

URSO (EDS)

AXC

FSW

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

NOTES REGARDING THE EXCEPTIONAL DRUG STATUS (EDS) PROGRAM

- Not all medications currently approved for sale in Canada are benefits under DCAP or under the EDS Program.
- EDS coverage will only be considered under the Family Health Benefit, Financial Assistance, and Seniors Drug Programs.
- EDS coverage will not be considered under the Diabetes Control or Multiple Sclerosis Programs.
- Exceptional Drug Requests are reviewed by a subcommittee of the Pharmacy Advisory Committee.
- EDS coverage will only be approved for the treatment of indications approved by Health Canada.
- Medications approved through the Exceptional Drug Status process shall be limited to a maximum 30 (thirty) day supply.
- Prescribers may apply for EDS coverage under the Family Health Benefit, Financial Assistance, and Seniors Drug Programs by mailing or faxing a completed Exceptional Drug Request form to:

P.E.I. Drug Cost Assistance Programs
P.O. Box 2000
Charlottetown, PEI
C1A 7N8

Fax: 1-902-368-4905

- Please allow two to four weeks for the processing of Exceptional Drug Requests.
- Information that must be completed on or included with the Exceptional Drug Request form includes:
 - the patient's name and personal health number
 - name, dosage, and dosage regimen of the medication requested
 - the name of the pharmacy from which the patient will obtain the medication requested
 - the specific diagnosis being treated using the medication requested
 - details of previous unsatisfactory therapies (e.g. drug, dosage, and length of therapy) or reasons for not using medications listed in the Formulary
 - anticipated length of treatment with the medication requested
 - copies of documentation supporting coverage of the medication requested (e.g. culture and sensitivity for antibiotics, endoscopy or radiology report for proton pump inhibitors, bone mineral density or radiology report for bisphosphonates)copies of relevant recommendations from consultants or specialists supporting coverage of the medication requested

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

- Insufficient information will result in a request for further information or rejection of the request.
- Copies of the EDS Request form are available in Appendix B or by contacting the Drug Cost Assistance Programs office at 1-877-577-3737.
- Patients, prescribers, and the pharmacy authorized to provide the requested medication are notified by letter if 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. Payment of the medication is the responsibility of the patient in these cases.
- If the request is approved, DCAP will reimburse one fill of the prescription received during the assessment period, after all of the requested information has been received.
- EDS coverage may be approved for a period of up to two years.
- If it is anticipated that a patient will continue to require the product beyond the last day of approval, the prescriber is required to request an extension of coverage at least six weeks before its expiration. Coverage will not be continued automatically.

CRITERIA FOR COVERAGE OF SPECIFIC MEDICATIONS

The following are criteria for EDS coverage of specific medications. Coverage may be granted for other products in certain instances.

Acitretin, capsule, 10mg, 25mg (Soriatane-HLR)

For the treatment of severe intractable psoriasis, Darier's Disease, ichthyosiform dermatoses, palmoplantar pustulosis, and other disorders of keratinization.

Acular - see Ketorolac tromethamine

Alti-Amiodarone - see Amiodarone

Alti-Benzydamine - Benzydamine

Alti-Cyclobenzaprine - see Cyclobenzaprine

Alti-Minocycline- see Minocycline

Amatine - see Midodrine HCl

Amerge - see Naratriptan HCl

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Amiodarone, tablet, 200mg (Cordarone-WAY, Alti-Amiodarone-ALT)

For treatment of severe cardiac arrhythmias refractory to other drugs. **This medication should only be used under the supervision of a cardiologist or an internist with equivalent experience in cardiology.**

Anastrozole, tablet, 1mg (Arimidex-AZE)

For the treatment of metastatic breast cancer in post-menopausal women with disease progression following treatment with tamoxifen.

Apo-Benzydamine - see Benzydamine

Apo-Cyclobenzaprine - see Cyclobenzaprine

Apo-Ketoconazole - see Ketoconazole

Apo-Megestrol - see Megestrol Acetate

Apo-Minocycline - see Minocycline

Apo-Norflox - see Norfloxacin, tablet

Apo-Oflox - see Ofloxacin

Apo-Ticlopidine - see Ticlopidine

Arimidex - see Anastrozole

Benzydamine HCl, oral rinse, 0.15% (Tantum Oral Rinse-MDA, Sun-Benz-SUN, Pms-Benzydamine-PMS, Novo-Benzydamine-NOP, Alti-Benzydamine-ALT, Apo-Benzydamine-APX)

For oncology patients only.

Betahistine HCL, tablet, 4mg (Serc-SLV)

For treatment of Meniere's disease not responding to alternative treatments.

Biaxin - see Clarithromycin

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Bupropion HCl, tablet, 100mg, 150mg (Wellbutrin SR-GLA)

For the symptomatic relief of depressive illness upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.

Maximum dosage that will be approved is 300mg per day.

Bupropion HCl, tablet, 150mg (Zyban-GLA)

For smoking cessation therapy. **Treatment is to be one time only and limited to a maximum of 12 weeks.**

Calcitriol, capsule, 0.25ug, 0.5ug (Rocaltrol-HLR)

For management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis.

Cardene - see Nicardipine

Carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Coreg-HLR)

For the treatment of stable symptomatic congestive heart failure (CHF) in patients with NYHA Class II and III, taking diuretics and angiotensin converting enzyme inhibitors, with or without digoxin upon written request or recommendation of a cardiologist or internist. A copy of the recommendation must accompany the Exceptional Drug Request.

Ceftin - see Cefuroxime

Cefuroxime Axetil, tablets, 125mg, 250mg, 500mg; oral suspension, 25mg/mL, 50mg/mL (Ceftin-GLA)

- (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins. Up to 10 days of therapy will be considered.
- (b) For treatment of patients with asthmas or COPD not responding to alternative antibiotics. Up to 10 days of therapy will be considered.
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.
- (d) For treatment of patients known to be allergic to penicillin who fail to respond to alternative antibiotics. Up to 10 days of therapy will be considered. **(Note: patients who have experienced immediate hypersensitivity to penicillin should not receive cephalosporins.)**

Ciloxan - see Ciprofloxacin, ophthalmic solution

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Cipro - see Ciprofloxacin, tablet

Ciprofloxacin, ophthalmic solution, 0.3%; ophthalmic ointment, 0.3% (Ciloxan-ALC)

For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.

Ciprofloxacin HCl, tablet, 250mg, 500mg, 750mg (Cipro-MLE)

- (a) Treatment of pseudomonas infections not responding to alternative therapy. Up to 10 days of therapy will be considered.
- (b) Treatment of infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
- (d) Treatment of infections in immunocompromised patients including diabetic foot and complications of orthopedic surgery. Up to four weeks (28 days) of therapy will be considered.
- (e) Treatment of chronic bacterial prostatitis. Up to six weeks (42 days) of therapy will be considered.

Clarithromycin, oral suspension, 25mg/mL; tablets, 250mg, 500mg (Biaxin-ABB)

- (a) For treatment of patients with asthmas or COPD not responding to alternative antibiotics. Up to 10 days of therapy will be considered.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.
- (c) For treatment of infections in patients allergic to alternative antibiotics.
- (d) For one week of eradication of *Helicobacter pylori*-related infections in individuals with duodenal or gastric ulcers, a documented failure of at least 8 weeks of therapy using antacids or H₂-antagonists, and who have not used an NSAID in at least 8 weeks prior to the diagnosis of peptic ulcer disease.
Diagnosis of duodenal or gastric ulcers must be confirmed by an endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the Exceptional Drug Request.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Clopidogrel bisulfate, tablet 75mg (Plavix-SAW)

- (a) For the secondary prevention of the following vascular ischemic events in patients with a history of symptomatic atherosclerotic disease:
 - i. Ischemic stroke or transient ischemic attack (TIA) in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps) or who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA;
 - ii. Myocardial infarction (MI) in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps); or
 - iii. Peripheral artery disease (PAD) in patients who have a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps).
- (b) For the prevention of thrombosis in patients post intracoronary stent implantation for a period of up to four weeks (28 days).

GI intolerance to ASA is not considered a criterion for coverage of Clopidogrel, although severe cases (e.g. gastric ulceration or bleeds) may be considered.

The risk of neutropenia for patients on Ticlopidine is greatest in the first three months of therapy. Therefore, coverage of Clopidogrel is not available for patients who are tolerating chronic Ticlopidine therapy (i.e. greater than three months).

Clozapine, tablet 25mg, 100mg (Clozaril-NVR)

- (a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.
- (b) Other requests may be reviewed on a case-by-case basis.

Clozapine is only available upon registration of the patient, prescriber, and pharmacy with the Clozaril Support and Assistance Network (toll-free phone 1-800-267-2726; toll-free fax 1-800-465-1312).

Clozapine is only to be dispensed to patients upon receipt of weekly or bi-weekly hematological test results by the pharmacy.

Clozaril - see Clozapine

Cordarone - see Amiodarone

Coreg - see Carvedilol

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Cyclobenzaprine HCl, tablet, 10mg (Flexeril-MSD, Apo-Cyclobenzaprine-APX, Novo-Cycloprine-NOP, Nu-Cyclobenzaprine-NXP, Pms-Cyclobenzaprine-PMS, Alti-Cyclobenzaprine-ALT, Gen-Cycloprine-GPM, Flexitec-TCH)

As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding or experiencing severe adverse reactions to alternative therapy. **A maximum of three weeks (21 days) of therapy will be considered.**

DDAVP - see Desmopressin

Desmopressin, intranasal solution, 10ug/dose; intranasal solution (spray pump), 10ug/dose (DDAVP-FEI)

- (a) For treatment of diabetes insipidus. Maximum recommended daily dosage is 40µg.
- (b) For treatment of enuresis in children over 5 years of age refractory to bed wetting alarms or alternative agents. Maximum recommended daily dosage is 40µg.

Detrol -see Tolterodine

Diclofenac Sodium, ophthalmic solution, 0.1% (Voltaren Ophtha-CIV)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term

Didrocal - see Etidronate Disodium-Calcium Carbonate

Didronel - see Etidronate

Dihydroergotamine Mesylate, nasal spray, 4mg/mL (Migranal-NVR)

For treatment of migraines where standard therapy such as an analgesic or oral ergotamine product has failed or cannot be tolerated. **Eligibility is restricted to persons over 18 and under 65 years of age.**

Coverage is limited to 6 bottles per 30 day period. Persons requiring more than 6 bottles per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Elmiron - see Pentosan polysulfate sodium

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Ergamisol - see Levamisole

Estraderm - see Estradiol

Estradiol, transdermal patch, 25ug, 50ug, 100ug (Estraderm-NVR)

For treatment of patients with a documented intolerance to oral estrogen products

Etidronate, tablet, 200mg (Didronel-PGI)

For treatment of symptomatic Paget's disease of the bone for a 6 month period.

Coverage can be renewed after a drug holiday of at least 90 days.

Etidronate Disodium-Calcium Carbonate, tablet, 400mg/1250mg (Didrocal-PGA)

Consideration for coverage will be given to individuals who have failed previous therapeutic trials such as hormone replacement or calcium therapy. A copy of the radiological or bone density report supporting a diagnosis of osteoporosis must accompany the Exceptional Drug Request.

Flexeril - see Cyclobenzaprine

Flexitec - see Cyclobenzaprine

Floxin - see Ofloxacin

Flurbiprofen Sodium, ophthalmic solution, 0.03% (Ocufen-ALL)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term topical steroids.

Foradil - see Formoterol Fumerate

Formoterol Fumerate, powder for inhalation (capsule), 12ug/dose (Foradil-NVR); powder for inhalation (inhaler), 12ug/dose (Oxeze Turbuhaler-AZE)

For the treatment of asthma when used in patients on concurrent steroid therapy. **(Note: It is important that these patients have access to a short-acting beta-2 agonist for symptomatic relief.)**

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Gabapentin, capsule, 100mg, 300mg, 400mg (Neurontin-PDA)

For adjunctive management of epilepsy not satisfactorily controlled by conventional therapy.

Gen-Cycloprine - see Cyclobenzaprine

Gen-Minocycline - see Minocycline

Gen-Ticlopidine - see Ticlopidine HCl

Hp-PAC - see Lansoprazole & Clarithromycin & Amoxicillin

Hydromorph Contin - see Hydromorphone HCl

Hydromorphone HCl, controlled-release capsule, 3mg, 6mg, 12mg, 24mg, 30mg (Hydromorph Contin-PFR)

For treatment of palliative care patients with documented severe chronic cancer pain that is not well controlled by morphine or short-acting hydromorphone products upon written request or recommendation from a palliative care or pain clinic. A copy of the recommendation must accompany the Exceptional Drug Request.

Imitrex - see Sumatriptan

Ketoconazole, tablet, 200mg (Nizoral-JAN, Apo-Ketoconazole-APX, Novo-Ketoconazole, Nu-Ketocon-NXP)

- (a) For treatment of severe or life-threatening systemic fungal infections.
- (b) For treatment of severe dermatophytoses not responding to other forms of therapy.

Ketorolac tromethamine, ophthalmic solution, 0.5% (Acular-ALL)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term topical steroids.

Lansoprazole - see Proton Pump Inhibitors

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Lansoprazole & Clarithromycin & Amoxicillin, 7-day package, 30mg & 500mg & 500mg (Hp-PAC-ABB)

For one week of eradication of *Helicobacter pylori*-related infections in individuals with duodenal or gastric ulcers, a documented failure of at least 8 weeks of therapy using antacids or H₂-antagonists, and who have not used an NSAID in at least 8 weeks prior to the diagnosis of peptic ulcer disease. Diagnosis of duodenal or gastric ulcers must be confirmed by an endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

Levamisole, tablet 50mg (Ergamisol-JAN)

- (a) As adjuvant therapy in poor prognosis malignant melanoma following complete surgical excision and exclusion of metastatic disease.
- (b) As adjuvant therapy in combination with 5-Fluorouracil in patients with completely resected Dukes' - stage C colon cancer.

Levaquin - see Levofloxacin

Levodopa & Carbidopa, controlled release tablet, 100mg & 25mg, 200mg & 50mg (Sinemet CR-DUP)

For patients with dyskinesia who have experienced adverse effects related to drug level fluctuations, such as On/Off or wearing-off phenomena, while been treated with immediate release levodopa and carbidopa.

Levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN)

- (a) For treatment of infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
- (b) For treatment of infections in patients with asthma or COPD not responding to first-line antibiotics. Up to 10 days of therapy will be considered.
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.

Lin-Megestrol - see Megestrol Acetate

Losec - see Proton Pump Inhibitors

Megace - see Megestrol Acetate

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Megestrol Acetate, tablet, 40mg, 80mg (Megace-BMS, Lin-Megestrol-LIN, Nu-Megestrol-NXP, Apo-Megestrol-APX)

- (a) For adjunctive or palliative treatment of recurrent, inoperable, or metastatic carcinoma of the breast and endometrium.
- (b) For palliative treatment of hormone responsive advanced (Stage D2) carcinoma of the prostate

Methysergide Maleate, tablet, 2mg (Sansert-NVR)

For prophylaxis of recurrent vascular headaches. Coverage will be provided for up to 6 months at a time with a 3-4 week medication free interval between courses of therapy.

Midodrine HCl, tablet, 2.5mg, 5mg (Amatine-KNO)

For treatment of neurogenic types of idiopathic orthostatic hypotension, that is in the Bradbury-Eggleston or Shy-Drager Syndromes.

Migranal - see Dihydroergotamine Mesylate

Minocin - see Minocycline

Minocycline HCl, capsule, 50mg, 100mg (Minocin-WYA, Apo-Minocycline-APX, Novo-Minocycline-NOP, Alt-Minocycline-ALT, Gen-Minocycline-GPM)

For treatment of acne unresponsive to tetracycline.

Mirapex - see Pramipexole Dihydrochloride

Montelukast, chewable tablet, 5mg; tablet, 10mg (Singulair-MSD)

- a) For treatment of asthma when used in patients on concurrent steroid therapy.
- b) For treatment of asthma in patients not well controlled with inhaled corticosteroids.

Nalcrom - see Sodium Cromoglycate

Naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GLA)

For the treatment of migraine headaches where other standard therapies, such as analgesics and/or ergotamine products have failed. **Eligibility is restricted to persons over 18 and under 65 years of age.**

Coverage is limited to 6 tablets per 30 day period. Persons requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Neurontin - see Gabapentin

Nicardipine, capsule, 20mg, 30mg (Cardene-HLR)

For treatment of hypertension and angina in patients who have left ventricular dysfunction.

Nizoral - see Ketoconazole

Norfloxacin, ophthalmic solution, 0.3% (Noroxin Ophthalmic Solution-MSD)

For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.

Norfloxacin, tablet, 400mg (Noroxin-MSD, Apo-NorfloX-APX, Novo-Norfloxacin-NOP)

- (a) Treatment of urinary tract infections caused by *Pseudomonas aeruginosa*. Up to 10 days of therapy will be considered.
- (b) Treatment of urinary tract infections not responding to alternative therapy. Up to 10 days of therapy will be considered.
- (c) Treatment of urinary tract infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
- (d) Prophylaxis of chronic urinary tract infections in persons allergic to alternative agents or where prophylaxis with alternative agents has failed.

(Note: Recommended dosage is 200mg at bedtime)

Noroxin - see Norfloxacin, tablet

Noroxin Ophthalmic Solution - see Nofloxacin, ophthalmic solution

Novo-Benzylamine - see Benzylamine

Novo-Cycloprine - see Cyclobenzaprine

Novo-Ketoconazole - see Ketoconazole

Novo-Minocycline - see Minocycline

Novo-Norfloxacin - see Norfloxacin, tablet

Nu-Cyclobenzaprine - see Cyclobenzaprine

Nu-Ketocon - see Ketoconazole

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Nu-Megestrol - see Megestrol Acetate

Nu-Ticlopidine - see Ticlopidine

Ocufen - see Flurbiprofen

Ofloxacin, tablet, 200mg, 300mg, 400mg (Floxin-JAN, Apo-Oflox-APX)

- (a) For treatment of infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
- (b) For treatment of chronic bacterial prostatitis. Up to six weeks (42 days) of therapy will be considered.
- (c) For prophylaxis of infection in immunocompromised patients. Up to 10 days of therapy will be considered.
- (d) For treatment of urinary tract infections unresponsive to other antibiotics. Up to 10 days of therapy will be considered.

Olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg (Zyprexa-LIL)

- (a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.
- (b) Other requests may be reviewed on a case-by-case basis.

Omeprazole - see Proton Pump Inhibitors

Ondansetron HCl, tablet, 4mg, 8mg (Zofran-GLA)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing cisplatin) or moderately emetogenic chemotherapy (i.e. contains cyclophosphamide, doxorubicin, epirubicin, or melphalan) and who have:

- (a) experienced adverse effects to metoclopramide, prochlorperazine, or dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
- (b) have had continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of metoclopramide, prochlorperazine, or dexamethasone.

A maximum of 10 tablets per cycle of chemotherapy will be approved.

Oxeze - see Formoterol Fumerate

Pantoloc - see Proton Pump Inhibitors

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Pantoprazole - see Proton Pump Inhibitors

Pentosan polysulfate sodium, capsule, 100mg (Elmiron-ALZ)

For treatment of interstitial cystitis where other treatments have failed.

Plavix - see Clopidogrel

Pms-Benzydamine - see Benzydamine

Pms-Cyclobenzaprine - see Cyclobenzaprine

Pramipexole Dihydrochloride, tablet, 0.25mg, 1mg, 1.5mg (Mirapex-BOE)

As adjunctive therapy for the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with levodopa/decarboxylase therapy upon written request or recommendation of a neurologist. For as an adjunct to Levodopa in the treatment of Parkinson's Disease. Initial prescription must be written by or in consultation with a neurologist. A copy of the recommendation must accompany the Exceptional Drug Request.

Prevacid - see Proton Pump Inhibitors

Proton Pump Inhibitors

Lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB);

Omeprazole, delayed release tablet, 10mg, 20mg (Losec-AZE);

Pantoprazole, enteric tablet, 40mg (Pantoloc-SLV)

(a) Gastric Ulcer

- For treatment of gastric ulcers resistant to at least 8 weeks of H₂ antagonist therapy, up to 12 consecutive weeks of therapy will be considered.
- Diagnosis must be confirmed by endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

(b) Duodenal Ulcer

- For treatment of duodenal ulcers resistant to at least 8 weeks of H₂ antagonist therapy, up to 8 consecutive weeks of therapy will be considered.
- Diagnosis must be confirmed by endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

(c) **Esophagitis**

- For treatment of reflux esophagitis resistant to at least 12 weeks of H₂ antagonist therapy, up to 12 consecutive weeks of therapy will be considered.
- For treatment of severe erosive esophagitis, up to 12 months of therapy will be considered. This is renewable on a yearly basis.
- Diagnosis must be confirmed by endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

(e) **Barrett's Esophagitis**

- For treatment of Barrett's Esophagitis, up to 12 months of therapy will be considered. This is renewable on a yearly basis.
- Diagnosis must be confirmed by a specialist qualified to diagnose and treat condition. A copy of the specialists report must be included with the request.

(f) **Zollinger-Ellison Syndrome**

- For treatment of Zollinger-Ellison Syndrome resistant to at least 4 weeks of H₂ antagonist therapy, up to 12 months will be considered. This is renewable on a yearly basis.
- Diagnosis must be confirmed by endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

(g) ***Helicobacter pylori* Eradication**

- For one week of eradication of *Helicobacter pylori*-related infections in individuals with documented duodenal or gastric ulcers, a documented failure of at least 8 weeks of therapy using antacids or H₂-antagonists, and who have not used an NSAID in at least 8 weeks prior to the diagnosis of peptic ulcer disease.
- Diagnosis of duodenal or gastric ulcers must be must confirmed by an endoscopy or radiology report. A copy of the most recent report supporting the diagnosis must be included with the request.

Quetiapine, tablet, 25mg, 100mg, 200mg (Seroquel-AZE)

- (a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.
- (b) Other requests may be reviewed on a case-by-case basis.

Risperdal - see Risperidone

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Risperidone, tablet, 1mg, 2mg, 3mg, 4mg (Risperdal-JAN)

- (a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.
- (b) Other requests may be reviewed on a case-by-case basis.

Rocaltrol - see Calcitriol

Salmeterol Xinafoate, aerosol inhalation, 25µg/dose (Serevent-GLA); aerosol powder disk, 50µg/dose (Serevent Diskhaler-GLA); aerosol powder disk, 50µg/dose (Serevent Diskus-GLA)

For the treatment of asthma when used in patients on concurrent steroid therapy. (**Note: It is important that these patients have access to a short-acting beta-2 agonist for symptomatic relief.**)

Sansert - Methysergide Maleate

Serc - see Betahistine

Seroquel - see Quetiapine

Serevent - see Salmeterol Xinafoate

Serevent Diskhaler - see Salmeterol Xinafoate

Serevent Diskus - see Salmeterol Xinafoate

Sinemet CR - see Levodopa and Carbidopa

Singulair - see Montelukast

Sodium Cromoglycate, capsule, 100mg (Nalcrom-RPR)

- (a) For treatment of patients who experience severe reactions to foods which cannot be avoided.
- (b) For treatment of patients with Crohn's Disease or ulcerative colitis not responding to traditional therapy.

Soriatane - see Acitretin

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Sumatriptan, tablet 50mg, 100mg; nasal spray, 5mg, 20mg; injection 6m5/0.5mL (Imitrex-GLA)

For the treatment of migraine headaches where other standard therapies, such as analgesics and/or ergotamine products have failed. **Eligibility is restricted to persons over 18 and under 65 years of age.**

Coverage for the injectable form will only be considered if the tablet and nasal dosage forms are not appropriate.

Coverage is limited to 6 tablets or 6 sprays or 6 syringes per 30 day period. Persons requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Sun-Benz - see Benzydamine

Syn-Ticlopidine - see Ticlopidine HCl

Tantum Oral Rinse - see Benzydamine

Ticlid - see Ticlopidine

Ticlopidine HCL, tablet, 250mg (Ticlid-HLR, Syn-Ticlopidine-ALT, Nu-Ticlopidine-NXP, Apo-Ticlopidine-APX, Gen-Ticlopidine-GPM)

- (a) For the secondary prevention of the ischemic stroke or transient ischemic attack (TIA) in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps) or who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA; or
- (b) For the prevention of thrombosis in patients post intracoronary stent implantation for a period of up to four weeks (28 days).

GI intolerance to ASA is not considered a criterion for coverage of Ticlopidine, although severe cases (e.g. gastric ulceration or bleeds) may be considered.

Tolterodine, tablet, 1mg, 2mg (Detrol-PHU)

For the treatment of urinary frequency, urgency or urge incontinence when a patient has had to discontinue Oxybutynin due to intolerable side effects.

Three months trial will be approved initially.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Urso - see Ursodiol

Ursodiol, tablet, 250mg (Urso-AXC)

- (a) For treatment of radiolucent gallstones
- (b) For management of cholestatic liver diseases, such as primary biliary cirrhosis.

Vancocin - see Vancomycin

Vancomycin HCl, capsule, 125mg, 250mg (Vancocin-LIL)

For the treatment of pseudomembranous colitis for 7 to 10 days after no response to an initial course of 7 to 10 days of metronidazole. **Repeat approvals will only be granted with laboratory evidence of *C. difficile* toxin.**

Voltaren Ophtha - see Diclofenac Sodium

Wellbutrin SR - see Bupropion HCl

Zofran - see Ondansetron

Zolmitriptan, tablet, 1mg, 2.5mg (Zomig-AZE)

For the treatment of migraine headaches where the patient has failed to respond to sumatriptan. **Eligibility is restricted to persons over 18 and under 65 years of age.**

Coverage is limited to 6 tablets per 30 day period. Persons requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Zomig - see Zolmitriptan

Zyban - see Bupropion HCl

Zyprexa - see Olanzapine

APPENDIX B - EXCEPTIONAL DRUG REQUEST FORM



PROVINCE OF PRINCE EDWARD ISLAND
DRUG COST ASSISTANCE PROGRAMS
EXCEPTIONAL DRUG REQUEST

PATIENT INFORMATION:

NAME _____ MAILING ADDRESS _____
POSTAL CODE _____ TELEPHONE NUMBER _____
PERSONAL HEALTH NUMBER _____ DATE OF BIRTH _____
DRUG REQUESTED _____ STRENGTH AND DOSING REGIMEN _____
ANTICIPATED LENGTH OF THERAPY _____
SPECIFIC DIAGNOSIS NECESSITATING USAGE OF THE DRUG _____

AGGRAVATING FACTORS / OR OTHER THERAPEUTIC REQUIREMENTS _____

PREVIOUS THERAPEUTIC TRIALS OF FORMULARY MEDICATIONS: PLEASE SUPPLY DRUG NAME, DAILY DOSE, APPROXIMATE TREATMENT LENGTH AND REASON FOR DISCONTINUATION OF THERAPY:

SUPPORTIVE DATA FOR ANTIBIOTIC REQUESTS
PHOTOCOPY OF BACTERIAL CULTURE AND SENSITIVITY REPORT REQUIRED
DATE TREATMENT STARTED _____ ANTICIPATED LENGTH OF THERAPY _____

ADVICE RECEIVED FROM CONSULTANTS / SPECIALISTS AS TO THE APPROPRIATENESS / MERITS OF THE DRUG REQUESTED IN THE PARTICULAR CASE:

PHYSICIAN SIGNATURE _____ DATE OF REQUEST _____
MAILING ADDRESS _____
POSTAL CODE _____ TELEPHONE NUMBER _____

NAME OF PHARMACY PATIENT WILL USE IF DRUG APPROVED:

ADDRESS _____

I HEREBY AUTHORIZE MY PHYSICIAN TO RELEASE THE ABOVE INFORMATION TO THE PHARMACY ADVISORY COMMITTEE FOR ASSESSMENT

APPENDIX B - FORMULARY ADDITION REQUEST FORM



Health and Social Services

FORMULARY ADDITION REQUEST FORM

IMPORTANT NOTES:

1. **ONLY FORMS COMPLETED AND SIGNED BY A CURRENTLY LICENCED P.E.I. PHYSICIAN WILL BE ACCEPTED.** FORMS MAY BE OBTAINED BY CALLING THE DRUG COST ASSISTANCE PLANS OFFICE AT 1-877-577-3737.
2. **THIS FORM IS NOT FOR PATIENT SPECIFIC EXCEPTIONAL DRUG REQUESTS.** PATIENT SPECIFIC REQUESTS FOR PRODUCTS WHICH ARE NOT LISTED AS BENEFITS SHOULD BE MADE THROUGH THE EXCEPTIONAL DRUG REQUEST PROCESS.
3. **NO COVERAGE WILL BE PROVIDED UNDER ANY DRUG PROGRAM FOR MEDICATIONS OR PRODUCTS FOR THE TREATMENT OF INFERTILITY, IMPOTENCE, SMOKING CESSATION, OR WEIGHT LOSS.**

1. Non-proprietary (Generic) Name: _____

2. Proprietary (Trade) Name: _____

3. Dosage Form and Strength: _____

4. List specific pharmacological effects and uses of the medication which warrant its coverage by the provincial drug programs.

5. Reasons why this medication is superior or has advantages over medications currently covered by the provincial drug programs.

6. Requested by (Please PRINT name): _____

Address: _____

Signature: _____

Date: _____

INDEX A - ABBREVIATIONS OF MANUFACTURERS' NAMES

ABB	Abbott Laboratories Ltd.
ALC	Alcon Canada Inc.
ALL	Allergan Pharmaceuticals
ALT	Altimed Pharmaceutical Company
ALZ	Alza Corporation
APX	Apotex Inc.
AXC	Axcan Pharma
AZE	Astrazeneca
BAY	Bayer Inc. - Healthcare Division
BEX	Berlex Canada Inc.
BGN	Biogen Canada Inc.
BMS	Bristol-Myers Squibb Canada Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
CIV	Ciba Vision
CRY	Crystaal
CYT	Cytex Pharmaceutical Inc.
DPY	Draxis Health Inc.
DUI	Duchesnay Inc.
DUP	DuPont Pharma
END	Endo Canada Inc., Division of DuPont Pharma Inc.
FAU	Faulding (Canada) Inc.
FEI	Ferring Inc.
FRS	Frosst, Division of Merck Frosst Canada Inc.
GAC	Galderma Canada
GLA	Glaxo Welcome Inc.
GPM	Genpharm Inc.
HLR	Hoffmann-La Roche Limited
HMR	Hoechst Marion Roussel Canada
HOR	Carter-Horner Inc.
ICN	ICN Canada Ltd.
JAN	Janssen-Ortho Inc.
JJM	Johnson & Johnson - Merck Consumer Pharmaceuticals of Canada
KEY	Key Pharmaceuticals, Division of Schering Canada Inc.
KNL	Knoll Pharma Inc.
LEO	Leo Laboratories Canada Inc.
LIH	Lioh Inc.
LIL	Eli Lilly Canada Inc.
LIN	Linson Pharma Inc.
LUD	Lundbeck Canada Inc.
MCL	McNeil Consumer Healthcare
MDA	3M Pharmaceuticals, Division of 3M Canada Inc.
MDC	Medicis Canada Ltd.
MJO	Mead Johnson Nutritionals
MSC	Miscellaneous manufacturers

INDEX A - ABBREVIATIONS OF MANUFACTURERS' NAMES

MSD	Merck Sharp & Dohme Canada, Division of Merck Frosst Canada Inc.
NNO	Novo Nordisk Canada Inc.
NOP	Novopharm Ltd.
NVR	Novartis Pharma Canada Inc.
NXP	Nu-Pharm Inc.
ODN	Odan Laboratories Ltd.
ORG	Organon Canada Ltd.
PDA	Parke-Davis Canada Ltd.
PFI	Pfizer Canada Inc.
PFR	Purdue Frederick Inc.
PGA	Proctor & Gamble Pharmaceutical Canada Inc.
PHU	Pharmacia & Upjohn Inc.
PMS	Pharmascience Inc.
RBP	Roberts Pharmaceutical Canada Inc.
RCA	Ree & Carnrick, Division of Block Drug Company
RHP	Rhoxalpharma Inc.
ROG	Rougier Desbergers Inc.
RPR	Rhone-Poulenc Rorer Canada Inc.
SAB	Sabex Inc.
SAW	Sanofi-Synthelabo Canada Inc.
SCH	Schering Canada Inc.
SCN	Schein Pharmaceutical Canada Inc.
SDR	Stanley Pharmaceuticals Ltd.
SEA	Searle Canada Inc.
SKB	SmithKline Beecham Pharma Inc.
SLV	Solvay Pharma Inc.
SNE	Smith & Nephew Inc.
SRO	Serono Canada Inc.
STI	Stiefel Canada Inc.
SUN	Sun Pharmaceutical Industries Inc.
TAR	Taro Pharmaceuticals Inc.
TCD	Trans Canaderm Inc.
TCH	Technilab Inc.
TVM	Teva Marion Partners Canada
WAM	Wampole Inc.
WAY	Wyeth-Ayerst Inc.
WSD	Westwood-Squibb Pharmaceuticals

INDEX B - ALPHABETICAL INDEX OF PRODUCTS

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