

# Drug Programs

# FORMULARY

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Second Edition • April 2003



Health and  
Social Services

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**THE**

**PRINCE EDWARD ISLAND**

**DRUG PROGRAMS**

**FORMULARY**



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# INTRODUCTION

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## THE FORMULARY

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

- AIDS/HIV Program
- Community Mental Health Program
- Children-In-Care Program
- Cystic Fibrosis
- Diabetes Control Program
- Erythropoietin Program
- Family Health Benefit Program
- Financial Assistance Program
- Growth Hormone Program
- Hepatitis Program
- Immunization Program
- Institutional Pharmacy Program
- Intron A Program
- Meningitis Program
- Multiple Sclerosis Program
- Nursing Home Program
- Nutrition Services Program
- Phenylketonuria (PKU) Program
- Rabies Program
- Rheumatic Fever Program
- Seniors Drug Cost Assistance Plan
- Sexually Transmitted Diseases Program
- Transplant Drug Program
- Tuberculosis Program

It is compiled by the Minister of Health and Social Services based upon recommendations from the Atlantic Provinces Common Drug Review Expert Advisory Committee.

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 PEI Drug Programs 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 as necessary. A copy of the current Formulary may be downloaded from the PEI Government website at [www.gov.pe.ca/hss/formulary](http://www.gov.pe.ca/hss/formulary).

## INTRODUCTION

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### PRINCE EDWARD ISLAND DRUG PROGRAMS

<b>Program (Formulary Code)</b>	<b>Beneficiaries</b>	<b>Benefits (Note: A prescription is required for all benefits)</b>	<b>Fee</b>
<b>Programs Delivered Through Community Retail Pharmacies</b>			
<b>Children-In-Care Program (W)</b>	Persons under 18 years of age in temporary or permanent custody of the Director of Child Welfare	All prescription medications. Non-prescription medications approved under the Financial Assistance Program	No fee.
<b>Diabetes Control Program (D)</b>	Persons eligible for PEI Medicare, diagnosed with diabetes, and registered with the program.	Approved insulin products, oral diabetes medications, and urine testing materials.	\$8.00 per 10 mL vial of insulin, or box of 1.5 mL insulin cartridges. \$16.00 per box of 3.0 mL insulin cartridges. \$8.00 per prescription for oral diabetes medications or urine testing materials.
<b>Financial Assistance Program (W)</b>	Persons eligible under the Welfare Assistance Act and Regulations.	Approved prescription and non-prescription medications.	No fee.



## INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
<b>Family Health Benefit Program (F)</b>	Families (parents, guardians, and children under 18 years of age) eligible for PEI Medicare, with at least one child under 18 years of age, and a total annual net family income less than \$22,000, plus \$2,000 for each additional child under the age of 18. Families must apply for coverage.	Approved prescription medications.	The pharmacy professional fee for each prescription obtained.
<b>Multiple Sclerosis Drug Program (M)</b>	Persons eligible for PEI Medicare, diagnosed with relapsing-remitting or secondary progressive multiple sclerosis, and approved by the program.	Approved medications for the treatment of multiple sclerosis.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
<b>Nursing Home Program (N)</b>	Residents in private nursing homes eligible for coverage under the Welfare Assistance Act.	Approved prescription and non-prescription medications.	No fee.
<b>Seniors Drug Cost Assistance Plan (S)</b>	Persons eligible for PEI Medicare and 65 years of age or older.	Approved prescription medications.	First \$10.00 of the medication cost plus the pharmacy professional fee for each prescription obtained.

## INTRODUCTION

<b>Program (Formulary Code)</b>	<b>Beneficiaries</b>	<b>Benefits (Note: A prescription is required for all benefits)</b>	<b>Fee</b>
<b>Sexually Transmitted Diseases (STD) Program (V)</b>	Persons diagnosed with a sexually transmitted disease or identified contacts of a person diagnosed with a sexually transmitted disease	Approved antibiotics	No fee.
<b>Programs Delivered Through the Provincial Pharmacy</b>			
<b>AIDS/HIV Program (A)</b>	Persons diagnosed as HIV positive, diagnosed with AIDS, or with a needle-stick injury and registered with the program through the Chief Health Officer.	Approved prescription medications.	No fee.
<b>Community Mental Health Program (B)</b>	Approved long-term psychiatric patients living in the community.	Approved long-acting injectable antipsychotic medications.	No fee.
<b>Cystic Fibrosis Program (C)</b>	Persons eligible for PEI Medicare, diagnosed with cystic fibrosis, and who are registered with the program.	Approved prescription and non-prescription medications.	No fee.
<b>Growth Hormone Program (G)</b>	Children eligible for PEI Medicare, with a proven growth hormone deficiency, and who are registered with the program.	Approved growth hormone supplements.	No fee.

## INTRODUCTION

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<b>Program (Formulary Code)</b>	<b>Beneficiaries</b>	<b>Benefits (Note: A prescription is required for all benefits)</b>	<b>Fee</b>
<b>Hepatitis Program (H)</b>	Persons diagnosed with hepatitis	Intron A (Interferon alfa-2b) injections.  Rebetron (Interferon alfa-2b and Ribavirin)	No fee
	Persons who have been in close contact with a person diagnosed with hepatitis or are at risk of infection.	Hepatitis A vaccine  Hepatitis B vaccine  Hepatitis A & B vaccine	No fee
	Persons with an occupational risk of infection.	Hepatitis A vaccine  Hepatitis B vaccine  Hepatitis A & B vaccine	Vaccine may be purchased at cost.
<b>Immunization Program (I)</b>	Children and persons at risk for exposure to various communicable diseases.	Vaccines for various communicable diseases.	Please contact the local Public Health Nursing office.
<b>Institutional Pharmacy Program (N)</b>	Residents in government manors.	Approved prescription and non-prescription medications.	No fee.

## INTRODUCTION

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Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
<b>Intron A (Interferon alfa-2b) Program (J)</b>	Persons eligible for PEI Medicare; have been diagnosed with with Hairy Cell Leukemia, AIDS-related Kaposi's Sarcoma, and Basal Cell Carcinoma; who cannot afford the costs, who do not qualify for Financial Assistance, or who do not have third party coverage; and have been registered with the program through the Chief Health Officer.	Intron A (Interferon alfa-2b) injections	No fee.  The copay is reimbursed for persons with private drug insurance.
<b>Meningitis Program (K)</b>	Persons who have been in close contact with a person diagnosed with meningitis or are at risk of infection.	Rifampin	No fee.
<b>Nutrition Services Program (O)</b>	Children and high-risk pregnant women diagnosed with a nutritional deficiency.	Approved vitamin and mineral supplements provided through Community Nutritionists.	No fee.

## INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
<b>Phenylketonuria (PKU) Program (P)</b>	Persons under 18 years of age, eligible for PEI Medicare, diagnosed with phenylketonuria, and who are registered with the program.	Special low protein formulae and foods.	No charge for low protein formulae.  Low protein foods can be purchased at cost.
<b>Rheumatic Fever Program (U)</b>	Persons eligible for PEI Medicare and who have a well-documented history of rheumatic fever or rheumatic heart disease, and are registered with the program.	Approved prophylactic antibiotics	No fee.
<b>Transplant Drugs Program (T)</b>	Persons eligible for PEI Medicare, who received a bone marrow or solid organ transplant, and registered with the program.	Approved immunosuppressant medications	No fee for medications.  Beneficiaries are responsible for all delivery charges.
<b>Tuberculosis (TB) Drug Program (X)</b>	Persons diagnosed with tuberculosis or who have been in contact with a person diagnosed with tuberculosis, and who have registered with the program through the Chief Health Officer.	Approved antibiotics	No fee.

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<b>Program (Formulary Code)</b>	<b>Beneficiaries</b>	<b>Benefits (Note: A prescription is required for all benefits)</b>	<b>Fee</b>
<b>Programs Delivered Through Hospitals</b>			
<b>Erythropoietin Program (E)</b>	Persons eligible for PEI Medicare and diagnosed with chronic renal failure or on kidney dialysis.	Erythropoietin injections	No fee.  The copay is reimbursed for persons with private drug insurance.
<b>Rabies Program (R)</b>	Persons with exposure to or at risk for exposure to rabies through an animal bite.	Rabies vaccine and immunoglobulin	No fee.

## FORMULARY REVIEW PROCESS

In January 2002, the provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island implemented a regional common review process for the coverage of new pharmaceutical products. The coverage of new interchangeable or generic products is not included in the common review process.

The goals of the common drug review process are to reduce duplication, maximize the use of limited drug review resources, and enhance the consistency and quality of drug reviews throughout the Atlantic provinces.

The common review process is coordinated by a Secretariat, located in Halifax and overseen by the Atlantic Pharmacare Review Committee (APRC), made up of a drug program representative from each of the four provinces.

Manufacturers submit new products to each of the four Atlantic provinces (see Appendix C for Submission Requirements). Submissions are prioritised by the APRC and assigned to independent reviewers for preparation of a scientific review of each new product. Reviews are based upon information obtained from both the drug submission and a thorough systematic search of the available medical and scientific literature.

## **INTRODUCTION**

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The completed scientific review is presented to the Atlantic Provinces Common Drug Review Expert Advisory Committee (EAC), made up of physicians, pharmacists, and other experts from each of the four provinces. The EAC is responsible for reviewing the evidence presented in the scientific review and making recommendations regarding the product's suggested place in therapy to the Atlantic provinces Ministers of Health.

Each of the four Atlantic provinces decides the coverage of new medications based upon the EAC recommendation, advice and budget impact information prepared by drug program staff, and provincial priorities and resources. In PEI, this decision is made by the Minister of Health and Social Services.

Work is currently underway to develop a national common drug review process. The review of new pharmaceutical products for coverage by the PEI Drug Programs will move to the national process once it is in place.

## **INTERCHANGEABLE OR GENERIC PRODUCTS**

New products may be designated as being interchangeable with other products listed in the Formulary if:

1. The new product contains the same amounts of the same active ingredients in the same dosage form as the listed products,
2. The new product is available to PEI pharmacies in quantities sufficient to meet anticipated demand, and
3. The manufacturer provides acceptable evidence of interchangeability with the listed products (see Appendix C for Submission Requirements), including:
  - a. The product has been designated as equivalent to the original product by Health Canada through designation of the original product as the Canadian Reference Product; or
  - b. The dosage form, strength, formula, manufacturing process, and testing standards for both the raw materials and the finished product are identical to those of the original product; or
  - c. The product has been designated as interchangeable with other products in the Nova Scotia or Saskatchewan Formularies.

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The Drug Programs may refuse to designate a product as being interchangeable, although it meets the above conditions, if the Minister considers it advisable in the public interest to do so.

## **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 Formulary must be approved by the Minister of Health and Social Services.

## **EXCEPTIONAL DRUG STATUS**

Under the Family Health Benefit, Financial Assistance, Institutional Pharmacy, Nursing Home, and Seniors Drug Programs certain drug products may be considered for Exceptional Drug Status (EDS) coverage under the following circumstances:

1. The drug has potential for widespread inappropriate use;
2. Therapeutic alternatives listed in the Formulary are contraindicated or have been found to be ineffective; or
3. Drugs for which there is no alternative listed in the Formulary.

EDS coverage will not be considered for medications that have not yet been reviewed for coverage by either the Atlantic Provinces Common Drug Review Expert Advisory Committee or the former PEI Pharmacy Advisory Committee.

EDS coverage will only be approved for the treatment of indications approved by Health Canada for the use of the requested medication.

See Appendix A for further detail regarding the EDS process.

## **"NO-SUBSTITUTION" PRESCRIPTIONS**

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 equivalence are accepted as interchangeable in Prince Edward Island.



## **INTRODUCTION**

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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 PEI Drug Programs for exemption from the cost of the 'no substitution' brand by submitting a completed Exceptional Drug Request form.

## **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:

1. Be for external use;
2. Be specifically tailored to a prescription;
3. Contain one or more medications 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
4. Not duplicate the formulation of a manufactured drug product, dilute or alter its formulation, as to result in a product of equivalent 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**

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### **EXCLUSIONS**

The following are excluded as benefits under the PEI Drug 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.
- The following classes of products, except for those specifically listed in the Formulary:
  - Over-the-counter (OTC) or non-prescription medications
  - Dietary and nutritional supplements (e.g. Ensure, Boost)
  - Weight loss products
  - Smoking cessation products
  - Soaps, cleansers, and shampoos
  - Oral ergoloid mesylates (i.e. Hydergine)
  - Peripheral vasodilators (e.g. Arlidin)
  - Combination anti-spasmodic/sedative products (e.g. Donnatal, Librax, Stelabid)
  - Combination sedative/analgesic products (e.g. Fiorinal, Tecnal)
  - Sustained-release non-steroidal anti-inflammatory drugs (e.g. Naprosyn SR, Voltaren SR)
  - Allergy serums
  - Products for the treatment of impotence or infertility.
  - Diagnostic agents
  - Prostheses, medical devices and appliances, and medical supplies, including first aid supplies and syringes

### **PRESCRIPTION QUANTITIES**

Due to possible wastage and the potential danger of storing large quantities of potent drugs in the home, all of the PEI Drug Programs have limits on the maximum days supply of drugs that will be paid for. These limits are:

## INTRODUCTION

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Program	Maximum Allowable Days Supply
Nursing Home Program	35
Institutional Pharmacy Program	35
AIDS/HIV Program	60
Children-In-Care Program	30 - regular drugs, 60 - maintenance drugs <b>Note: Prescriptions introducing a medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.</b>
Community Mental Health Program	not applicable
Cystic Fibrosis Program	60
Diabetes Control Program	30 - insulin, 90 - oral medications and test strips <b>Note: Prescriptions introducing a medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.</b>
Erythropoietin Program	not applicable
Family Health Benefit Program	30 - regular drugs, 60 - maintenance drugs 30 - drugs under EDS coverage <b>Note: Prescriptions introducing a medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.</b>
Financial Assistance Program	30 - regular drugs, 60 - maintenance drugs 30 - drugs under EDS coverage <b>Note: Prescriptions introducing a medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.</b>
Growth Hormone Program	30
Hepatitis Program	30
Immunization Program	not applicable
Intron A Program	30
Multiple Sclerosis Drug Program	30
Nutrition Services Program	not applicable
Phenylketonuria Program	60
Rheumatic Fever Program	60

## INTRODUCTION

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Program	Maximum Allowable Days Supply
Seniors Drug Cost Assistance Plan	30 - regular drugs, 90 - maintenance drugs 30 - drugs under EDS coverage <b>Note: Prescriptions introducing a medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.</b>
Sexually Transmitted Diseases Program	not applicable
Transplant Drugs Program	60
Tuberculosis Drug Program	60
Rabies Program	not applicable

Maintenance drugs under the Children-In-Care, Family Health Benefit, Financial Assistance, and Seniors Programs include:

- 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.

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# INTRODUCTION

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## 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 an Identification Number assigned by the PEI Drug 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


<b>A</b>	AIDS/HIV Program	<b>O</b>	Nutrition Services Program
<b>B</b>	Community Mental Health Program	<b>P</b>	Phenylketonuria (PKU) Program
<b>C</b>	Cystic Fibrosis Program	<b>R</b>	Rabies Program
<b>D</b>	Diabetes Control Program	<b>S</b>	Seniors Drug Cost Assistance Plan
<b>E</b>	Erythropoietin Program	<b>T</b>	Transplant Drug Program
<b>F</b>	Family Health Benefit Program	<b>U</b>	Rheumatic Fever Program
<b>G</b>	Growth Hormone Program	<b>V</b>	Sexually Transmitted Diseases (STD) Program
<b>H</b>	Hepatitis Program	<b>W</b>	Financial Assistance/Children-In-Care Programs
<b>I</b>	Immunization Program	<b>X</b>	Tuberculosis (TB) Program
<b>J</b>	Intron A Program		
<b>K</b>	Meningitis Program		
<b>M</b>	Multiple Sclerosis Drug Program		
<b>N</b>	Nursing Home/Institutional Pharmacy 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.
- ⑬ List of drug program abbreviations.

<b>08:00 ANTI-INFECTIVE AGENTS</b> ①			
<b>08:12.16 ANTIBIOTICS PENICILLINS</b> ②			
<b>AMOXICILLIN</b> 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
<b>CEFUROXIME AXETIL</b>			
SEE APPENDIX A FOR EDS CRITERIA ⑨			
250MG TABLET			
02212277	CEFTIN (EDS) ⑨	GLA	FSW
<b>METOPROLOL TARTRATE</b>			
200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE) ⑩			
00497827	BETALOC DURULES	AZE	FSW
00534560	LOPRESOR SR	NVR	FSW
<b>TOPIRAMATE</b>			
200MG TABLET			
02230896	TOPAMAX	JAN	FSW
Note: Limited to a maximum 30-day supply of medication. ⑪			
<b>BUDESONIDE</b>			
0.125MG/ML INHALATION SOLUTION (2ML)			
(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE) ⑫			
02229099	PULMICORT NEBUAMP	AZE	FW
⑬			
A - AIDS/HIV   B - Community Mental Health   C - Cystic Fibrosis   D - Diabetes   E - Eprex   F - Family Health Benefit N - Nursing Home/Institutional   O - Nutrition Services   P - Phenylketonuria   R - Rabies   S - Seniors   T - Transplant			





## 04:00 ANTIHISTAMINES

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### 04:00.00 ANTIHISTAMINES

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#### CETIRIZINE

10MG TABLET

02223554	REACTINE	PFI	NW
02231603	APO-CETIRIZINE	APX	NW

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#### DIPHENHYDRAMINE HCL

25MG CAPSULE

00757683	PMS-DIPHENHYDRAMINE	PMS	NW
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50MG CAPSULE

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

00792705	PMS-DIPHENHYDRAMINE	PMS	NW
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50MG/ML INTRAMUSCULAR INJECTION

00596612	DIPHENHYDRAMINE	SAB	N
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#### LORATIDINE

10MG TABLET

00782696	CLARITIN	SCH	W
02243880	APO-LORATIDINE	APX	W

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:08.00 ANTHELMINTICS**

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#### **MEBENDAZOLE**

100MG TABLET

00556734

VERMOX

JAN

FNW

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#### **PYRANTEL PAMOATE**

125MG TABLET

01944363

COMBANTRIN

PFI

NW

50MG/ML ORAL SUSPENSION

01944355

COMBANTRIN

PFI

NW

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### **08:12.02 ANTIBIOTICS AMINOGLYCOSIDES**

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#### **GENTAMICIN SULFATE**

80MG/2ML INJECTION SOLUTION (2ML)

00223824

GARAMYCIN

SCH

FNSW

02145758

GENTAMICIN SULFATE

NOP

FNSW

02242652

GENTAMICIN

SAB

FNSW

---

#### **TOBRAMYCIN**

80MG/2ML INJECTION SOLUTION

00325449

NEBCIN

LIL

CFNSW

02241210

TOBRAMYCIN

SAB

CFNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 08:00 ANTI-INFECTIVE AGENTS

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### 08:12.04 ANTIBIOTICS ANTIFUNGALS

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#### FLUCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN EDS REQUEST)

##### 50MG TABLET

00891800	DIFLUCAN (EDS)	PFI	AN
02236978	NOVO-FLUCONAZOLE (EDS)	NOP	AN
02237370	APO-FLUCONAZOLE (EDS)	APX	AN
02245292	GEN-FLUCONAZOLE (EDS)	GPM	AN
02245643	PMS-FLUCONAZOLE (EDS)	PMS	AN

##### 100MG TABLET

00891819	DIFLUCAN (EDS)	PFI	AN
02236979	NOVO-FLUCONAZOLE (EDS)	NOP	AN
02237371	APO-FLUCONAZOLE (EDS)	APX	AN
02245293	GEN-FLUCONAZOLE (EDS)	GPM	AN
02245644	PMS-FLUCONAZOLE (EDS)	PMS	AN

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#### GRISEOFULVIN

##### 250MG TABLET

00028274	FULVICIN U/F	PMS	FNSW
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##### 500MG TABLET

00028282	FULVICIN U/F	PMS	FNSW
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#### KETOCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN EDS REQUEST)

##### 200MG TABLET

02122197	NU-KETOCON (EDS)	NXP	AFNSW
02231061	NOVO-KETOCONAZOLE (EDS)	NOP	AFNSW
02237235	APO-KETOCONAZOLE (EDS)	APX	AFNSW

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#### NYSTATIN

##### 100,000U/ML ORAL SUSPENSION

00248169	MYCOSTATIN	BMS	AFNSW
00779121	NYADERM	TAR	AFNSW
00792667	PMS-NYSTATIN	PMS	AFNSW
02194201	RATIO-NYSTATIN	RPH	AFNSW

##### 500,000U TABLET

02194198	RATIO-NYSTATIN	RPH	AFNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:12.06 ANTIBIOTICS CEPHALOSPORINS**

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#### **CEFIXIME**

400MG TABLET

02195984

SUPRAX

AVN

V

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#### **CEFTRIAZONE**

1.0G/VIAL INTRAMUSCULAR INJECTION

00657417

ROCEPHIN

HLR

N

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#### **CEFUROXIME AXETIL**

**SEE APPENDIX A FOR EDS CRITERIA (CYSTIC FIBROSIS AND NURSING HOME PROGRAMS DO NOT REQUIRE AN EDS REQUEST)**

25MG/ML ORAL SUSPENSION

02212307

CEFTIN (EDS)

GSK

FNSW

50MG/ML ORAL SUSPENSION

02212293

CEFTIN (EDS)

GSK

FNSW

250MG TABLET

02212277

CEFTIN (EDS)

GSK

CFNSW

02242656

RATIO-CEFUROXIME (EDS)

RPH

CFNSW

02244393

APO-CEFUROXIME (EDS)

APX

CFNSW

500MG TABLET

02212285

CEFTIN (EDS)

GSK

CFNSW

02242657

RATIO-CEFUROXIME (EDS)

RPH

CFNSW

02244394

APO-CEFUROXIME (EDS)

APX

CFNSW

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#### **CEPHALEXIN MONOHYDRATE**

25MG/ML ORAL SUSPENSION

00342106

NOVO-LEXIN

NOP

CFNSW

50MG/ML ORAL SUSPENSION

00342092

NOVO-LEXIN

NOP

CFNSW

250MG CAPSULE

00342084

NOVO-LEXIN

NOP

FNSW

500MG CAPSULE

00342114

NOVO-LEXIN

NOP

FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:12.06 ANTIBIOTICS CEPHALOSPORINS**

#### **CEPHALEXIN MONOHYDRATE (CONTINUED)**

##### 250MG TABLET

00583413	NOVO-LEXIN	NOP	CFNSW
00768723	APO-CEPHALEX	APX	CFNSW
00865877	NU-CEPHALEX	NXP	CFNSW
02177781	PMS-CEPHALEXIN	PMS	CFNSW

##### 500MG TABLET

00583421	NOVO-LEXIN	NOP	CFNSW
00768715	APO-CEPHALEX	APX	CFNSW
00865885	NU-CEPHALEX	NXP	CFNSW
02177803	PMS-CEPHALEXIN	PMS	CFNSW

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### **08:12.12 ANTIBIOTICS ERYTHROMYCINS**

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#### **AZITHROMYCIN**

##### 250MG TABLET

02212021	ZITHROMAX	PFI	AVX
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#### **CLARITHROMYCIN**

**SEE APPENDIX A FOR EDS CRITERIA (AIDS/HIV, CYSTIC FIBROSIS, AND NURSING HOME PROGRAMS DO NOT REQUIRE AN EDS REQUEST)**

##### 25MG/ML ORAL SUSPENSION

02146908	BIAXIN (EDS)	ABB	FNSW
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##### 50MG/ML ORAL SUSPENSION

02244641	BIAXIN (EDS)	ABB	FNSW
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##### 250MG TABLET

01984853	BIAXIN (EDS)	ABB	AFCNSWX
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##### 500MG TABLET

02126710	BIAXIN (EDS)	ABB	AFCNSWX
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##### 500MG EXTENDED-RELEASE TABLET

02244756	BIAXIN XL (EDS)	ABB	CFNSW
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**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 08:00 ANTI-INFECTIVE AGENTS

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### 08:12.12 ANTIBIOTICS ERYTHROMYCINS

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#### ERYTHROMYCIN BASE

##### 250MG CAPSULE (ENTERIC COATED PELLETS)

00607142	ERYC	PFI	CFNSW
00726672	APO-ERYTHRO E-C	APX	CFNSW

##### 333MG CAPSULE (ENTERIC COATED PELLETS)

00873454	ERYC	PFI	CFNSW
01925938	APO-ERYTHRO E-C	APX	CFNSW

##### 250MG TABLET

00682020	APO-ERYTHRO	APX	CFNSUVW
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#### ERYTHROMYCIN ESTOLATE

##### 25MG/ML ORAL SUSPENSION

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

00262595	NOVO-RYTHRO ESTOLATE	NOP	CFW
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#### ERYTHROMYCIN ETHYLSUCCINATE

##### 40MG/ML ORAL SUSPENSION

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

##### 80MG/ML ORAL SUSPENSION

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

##### 600MG TABLET

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

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## 08:00 ANTI-INFECTIVE AGENTS

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### 08:12.16 ANTIBIOTICS PENICILLINS

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#### AMOXICILLIN

##### 25MG/ML ORAL SUSPENSION

00452149	NOVAMOXIN	NOP	CFNSW
00628131	APO-AMOXI	APX	CFNSW
00865540	NU-AMOXI	NXP	CFNSW
01934171	NOVAMOXIN SUGAR REDUCED	NOP	CFNSW
02181509	LIN-AMOX	LIN	CFNSW

##### 50MG/ML ORAL SUSPENSION

00452130	NOVAMOXIN	NOP	CFNSW
00628158	APO-AMOXI	APX	CFNSW
00865559	NU-AMOXI	NXP	CFNSW
01934163	NOVAMOXIN SUGAR REDUCED	NOP	CFNSW
02181517	LIN-AMOX	LIN	CFNSW

##### 250MG CAPSULE

00406724	NOVAMOXIN	NOP	CFNSW
00628115	APO-AMOXI	APX	CFNSW
00865567	NU-AMOXI	NXP	CFNSW
02181487	LIN-AMOX	LIN	CFNSW
02238171	GEN-AMOXICILLIN	GPM	CFNSW

##### 500MG CAPSULE

00406716	NOVAMOXIN	NOP	CFNSW
00628123	APO-AMOXI	APX	CFNSW
00865575	NU-AMOXI	NXP	CFNSW
02181495	LIN-AMOX	LIN	CFNSW
02238172	GEN-AMOXICILLIN	GPM	CFNSW

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#### AMOXICILLIN & CLAVULANIC ACID

##### 25MG & 6.25MG/ML ORAL SUSPENSION

01916882	CLAVULIN	GSK	CFNSW
02243986	APO-AMOXI CLAV	APX	CFNSW
02244646	RATIO-AMOXI CLAV	RPH	CFNSW

##### 50MG & 12.5MG/ML ORAL SUSPENSION

01916874	CLAVULIN	GSK	CFNSW
02243987	APO-AMOXI CLAV	APX	CFNSW
02244647	RATIO-AMOXI CLAV	RPH	CFNSW

##### 250MG & 125MG TABLET

01916866	CLAVULIN	GSK	CFNSW
02243350	APO-AMOXI CLAV	APX	CFNSW
02243770	RATIO-AMOXI CLAV	RPH	CFNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 08:00 ANTI-INFECTIVE AGENTS

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### 08:12.16 ANTIBIOTICS PENICILLINS

#### AMOXICILLIN & CLAVULANIC ACID (CONTINUED)

500MG & 125MG TABLET

01916858	CLAVULIN	GSK	CFNSW
02243351	APO-AMOXI CLAV	APX	CFNSW
02243771	RATIO-AMOXI CLAV	RPH	CFNSW

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#### AMPICILLIN

25MG/ML ORAL SUSPENSION

00603260	APO-AMPI	APX	CFNSW
00717495	NU-AMPI	NXP	CFNSW

50MG/ML ORAL SUSPENSION

00603287	APO-AMPI	APX	CFNSW
00717649	NU-AMPI	NXP	CFNSW

250MG CAPSULE

00020877	NOVO-AMPICILLIN	NOP	CFNSW
00603279	APO-AMPI	APX	CFNSW
00717657	NU-AMPI	NXP	CFNSW

500MG CAPSULE

00020885	NOVO-AMPICILLIN	NOP	CFNSW
00603295	APO-AMPI	APX	CFNSW
00717673	NU-AMPI	NXP	CFNSW

500MG INJECTION POWDER

00872652	AMPICILLIN SODIUM FOR INJECTION	NOP	N
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#### CLOXACILLIN

25MG/ML ORAL LIQUID

00337757	NOVO-CLOXIN	NOP	CFNSW
00644633	APO-CLOXI	APX	CFNSW
00717630	NU-CLOXI	NXP	CFNSW

250MG CAPSULE

00337765	NOVO-CLOXIN	NOP	CFNSW
00618292	APO-CLOXI	APX	CFNSW
00717584	NU-CLOXI	NXP	CFNSW

500MG CAPSULE

00337773	NOVO-CLOXIN	NOP	CFNSW
00618284	APO-CLOXI	APX	CFNSW
00717592	NU-CLOXI	NXP	CFNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:12.16 ANTIBIOTICS PENICILLINS**

#### **CLOXACILLIN (CONTINUED)**

500MG INJECTION POWDER

01912429	CLOXACILLIN SODIUM	NOP	N
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#### **PENICILLIN V (BENZATHINE)**

36MG/ML ORAL SUSPENSION

02229618	PEN-VEE	PGH	FW
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60MG/ML ORAL SUSPENSION

02229617	PEN-VEE	PGH	FNSW
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#### **PENICILLIN V (POTASSIUM)**

300MG TABLET

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

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### **08:12.24 ANTIBIOTICS TETRACYCLINES**

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#### **DOXYCYCLINE**

100MG CAPSULE

00024368	VIBRAMYCIN	PFI	CFNSVWX
00725250	NOVO-DOXYLIN	NOP	CFNSVWX
00740713	APO-DOXY	APX	CFNSVWX
00817120	DOXYCIN	GPM	CFNSVWX
02044668	NU-DOXYCYCLINE	NXP	CFNSVWX
02093103	RATIO-DOXYCYCLINE	RPH	CFNSVWX

100 MG TABLET

00578452	VIBRA-TABS	PFI	FNSW
00860751	DOXYCIN	GPM	FNSW
00874256	APO-DOXY	APX	FNSW
02044676	NU-DOXYCYCLINE	NXP	FNSW
02091232	RATIO-DOXYCYCLINE	RPH	FNSW
02158574	NOVO-DOXYLIN	NOP	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:12.24 ANTIBIOTICS TETRACYCLINES**

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#### **MINOCYCLINE HCL**

##### **SEE APPENDIX A FOR EDS CRITERIA**

##### **50MG CAPSULE**

01914138	RATIO-MINOCYCLINE (EDS)	RPH	FW
02084090	APO-MINOCYCLINE (EDS)	APX	FW
02108143	NOVO-MINOCYCLINE (EDS)	NOP	FW
02173514	MINOCIN (EDS)	STI	FW
02230735	GEN-MINOCYCLINE (EDS)	GPM	FW
02237313	RHOXAL-MINOCYCLINE (EDS)	RHP	FW
02239238	PMS-MINOCYCLINE (EDS)	PMS	FW

##### **100MG CAPSULE**

01914146	RATIO-MINOCYCLINE (EDS)	RPH	FW
02084104	APO-MINOCYCLINE (EDS)	APX	FW
02108151	NOVO-MINOCYCLINE (EDS)	NOP	FW
02173506	MINOCIN (EDS)	STI	FW
02230736	GEN-MINOCYCLINE (EDS)	GPM	FW
02237314	RHOXAL-MINOCYCLINE (EDS)	RHP	FW
02239239	PMS-MINOCYCLINE (EDS)	PMS	FW

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#### **TETRACYCLINE**

##### **250MG CAPSULE**

00580929	APO-TETRA	APX	CFNSW
00717606	NU-TETRA	NXP	CFNSW

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### **08:12.28 ANTIBIOTICS OTHER ANTIBIOTICS**

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#### **CLINDAMYCIN HCL**

##### **150MG CAPSULE**

00030570	DALACIN C	PHU	CFNSW
02130033	RATIO-CLINDAMYCIN	RPH	CFNSW
02241709	NOVO-CLINDAMYCIN	NOP	CFNSW
02245232	APO-CLINDAMYCIN	APX	CFNSW

##### **300MG CAPSULE**

02182866	DALACIN C	PHU	FNSW
02192659	RATIO-CLINDAMYCIN	RPH	FNSW
02241710	NOVO-CLINDAMYCIN	NOP	FNSW
02245233	APO-CLINDAMYCIN	APX	FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:12.28 ANTIBIOTICS OTHER ANTIBIOTICS**

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#### **CLINDAMYCIN PALMITATE HCL**

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PHU	FNSW
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#### **VANCOMYCIN HCL**

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE

00800430	VANCOGIN (EDS)	LIL	FNSW
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250MG CAPSULE

00788716	VANCOGIN (EDS)	LIL	FNSW
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### **08:16.00 ANTITUBERCULOSIS AGENTS**

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#### **ETHAMBUTOL**

100MG TABLET

00247960	ETIBI	ICN	AX
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400MG TABLET

00247979	ETIBI	ICN	AX
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#### **ISONIAZID**

300MG TABLET

00272655	ISOTAMINE	ICN	AX
00577804	PMS-ISONIAZID	PMS	AX

10MG/ML ORAL SYRUP

00265500	ISOTAMINE	ICN	AX
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#### **PYRAZINAMIDE**

500MG TABLET

00283991	TEBRAZID	ICN	X
00618810	PMS-PYRAZINAMIDE	PMS	X

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#### **RIFABUTIN**

150MG CAPSULE

02063786	MYCOBUTIN	PHU	AX
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:16.00 ANTITUBERCULOSIS AGENTS**

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#### **RIFAMPIN**

150MG CAPSULE

00393444	ROFACT	ICN	AKX
02091887	RIFADIN	AVN	AKX

300MG CAPSULE

00343617	ROFACT	ICN	AKX
02092808	RIFADIN	AVN	AKX

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### **08:18.00 ANTIVIRALS**

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#### **ACYCLOVIR**

200MG TABLET

00634506	ZOVIRAX	GSK	AFNSW
02078627	RATIO-AVIRAX	RPH	AFNSW
02197405	NU-ACYCLOVIR	NXP	AFNSW
02207621	APO-ACYCLOVIR	APX	AFNSW
02242784	GEN-ACYCLOVIR	GPM	AFNSW

400MG TABLET

01911627	ZOVIRAX	GSK	AFNSW
02078635	RATIO-AVIRAX	RPH	AFNSW
02197413	NU-ACYCLOVIR	NXP	AFNSW
02207648	APO-ACYCLOVIR	APX	AFNSW
02242463	GEN-ACYCLOVIR	GPM	AFNSW

800MG TABLET

01911635	ZOSTAB PAC	GSK	AFNSW
02078651	RATIO-AVIRAX	RPH	AFNSW
02197421	NU-ACYCLOVIR	NXP	AFNSW
02207656	APO-ACYCLOVIR	APX	AFNSW
02242464	GEN-ACYCLOVIR	GPM	AFNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:18.00 ANTIVIRALS**

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#### **FAMCICLOVIR**

125MG TABLET

02229110

FAMVIR

NVR

A

250MG TABLET

02229129

FAMVIR

NVR

A

500MG TABLET

02177102

FAMVIR

NVR

AFNSW

#### **VALACYCLOVIR**

500MG CAPLET

02219492

VALTREX

GSK

AFNSW

### **08:18.08 ANTIRETROVIRAL AGENTS (NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)**

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#### **EFAVIRENZ**

200MG CAPSULE

02239888

SUSTIVA

BMS

A

#### **NEVIRAPINE**

200MG TABLET

02238748

VIRAMUNE

BOE

A

### **08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)**

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#### **ABACAVIR SULFATE**

300MG TABLET

02240357

ZIAGEN

GSK

A

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)**

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#### **DIDANOSINE**

25MG CHEWABLE TABLET

01940511 VIDEX BMS A

50MG CHEWABLE TABLET

01940538 VIDEX BMS A

100MG CHEWABLE TABLET

01940546 VIDEX BMS A

150MG CHEWABLE TABLET

01940554 VIDEX BMS A

125MG CAPSULE (ENTERIC COATED BEADLET)

02244596 VIDEX EC BMS A

200MG CAPSULE (ENTERIC COATED BEADLET)

02244597 VIDEX EC BMS A

250MG CAPSULE (ENTERIC COATED BEADLET)

02244598 VIDEX EC BMS A

400MG CAPSULE (ENTERIC COATED BEADLET)

02244599 VIDEX EC BMS A

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#### **LAMIVUDINE**

150MG TABLET

02192683 3TC GSK A

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#### **LAMIVUDINE & ZIDOVUDINE**

150MG & 300MG TABLET

02239213 COMBIVIR GSK A

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)**

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#### **STAVUDINE**

20MG CAPSULE

02216094

ZERIT

BMS

A

30MG CAPSULE

02216108

ZERIT

BMS

A

40MG CAPSULE

02216116

ZERIT

BMS

A

#### **ZIDOVUDINE (AZT)**

100MG CAPSULE

01902660

RETROVIR

GSK

A

### **08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)**

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#### **INDINAVIR SULFATE**

200MG CAPSULE

02229161

CRIVAN

MSD

A

400MG CAPSULE

02229196

CRIVAN

MSD

A

#### **LOPINAVER & RITONAVIR**

133.3MG & 33.3MG CAPSULE

02243643

KALETRA

ABB

A

#### **NELFINAVIR MESYLATE**

250MG TABLET

02238617

VIRACEPT

AGR

A

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)**

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#### **RITONAVIR**

100MG CAPSULE

02241480

NORVIR SEC

ABB

A

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#### **SAQUINAVIR**

200MG CAPSULE

02216965

INVIRASE

HLR

A

200MG SOFT GELATIN CAPSULE

02239083

FORTOVASE

HLR

A

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### **08:20.00 PLASMODICIDES (ANTIMALARIALS)**

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#### **CHLOROQUINE PHOSPHATE**

250MG TABLET

00021261

NOVO-CHLOROQUINE

NOP

FNSW

02017539

ARALEN

SAW

FNSW

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#### **HYDROXYCHLOROQUINE SULFATE**

200MG TABLET

02017709

PLAQUENIL

SAW

FNSW

---

#### **QUININE SULFATE**

200MG CAPSULE

00021008

NOVO-QUININE

NOP

FNSW

00695440

QUININE

ODN

FNSW

300MG CAPSULE

00021016

NOVO-QUININE

NOP

FNSW

00695459

QUININE

ODN

FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:22.00 QUINOLONES**

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#### **CIPROFLOXACIN**

**SEE APPENDIX A FOR EDS CRITERIA (CYSTIC FIBROSIS, NURSING HOME, AND TUBERCULOSIS PROGRAMS DO NOT REQUIRE AN EDS REQUEST)**

100MG/ML ORAL SUSPENSION

02237514	CIPRO (EDS)	BAY	FNSW
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250MG TABLET

02155958	CIPRO (EDS)	BAY	CFNSWX
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500MG TABLET

02155966	CIPRO (EDS)	BAY	CFNSWX
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750MG TABLET

02155974	CIPRO (EDS)	BAY	FNSW
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#### **LEVOFLOXACIN**

**SEE APPENDIX A FOR EDS CRITERIA (CYSTIC FIBROSIS AND NURSING HOME PROGRAMS DO NOT REQUIRE AN EDS REQUEST)**

250MG TABLET

02236841	LEVAQUIN (EDS)	JAN	CFNSW
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500MG TABLET

02236842	LEVAQUIN (EDS)	JAN	CFNSW
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#### **NORFLOXACIN**

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

400MG TABLET

00643025	NOROXIN (EDS)	MSD	FNSW
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02229524	APO-NORFLOX (EDS)	APX	FNSW
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02237682	NOVO-NORFLOXACIN (EDS)	NOP	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:22.00 QUINOLONES**

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#### **OFLOXACIN**

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

200MG TABLET

02231529	APO-OFLOX (EDS)	APX	FNSW
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300MG TABLET

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

01968408	FLOXIN (EDS)	JAN	FNSW
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02231532	APO-OFLOX (EDS)	APX	FNSW
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### **08:26.00 SULFONES**

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#### **DAPSONE**

100MG TABLET

02041510	AVLOSULFON	WAY	A
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**Note: Can only be obtained through a prescriber request to the Health Canada Special Access Program.**

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### **08:36.00 URINARY ANTI-INFECTIVES**

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#### **NITROFURANTOIN**

50MG CAPSULE (MACROCRYSTALS)

01997637	MACRODANTIN	ALZ	FNSW
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02231015	NOVO-FURANTOIN	NOP	FNSW
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100MG CAPSULE (MACROCRYSTALS)

01997645	MACRODANTIN	ALZ	FNSW
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02231016	NOVO-FURANTOIN	NOP	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:36.00 URINARY ANTI-INFECTIVES**

#### **NITROFURANTOIN (CONTINUED)**

50MG TABLET

00319511	APO-NITROFURANTOIN	APX	FNSW
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100MG TABLET

00312738	APO-NITROFURANTOIN	APX	FNSW
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#### **TRIMETHOPRIM**

100MG TABLET

00675229	PROLOPRIM	GSK	FNSW
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02243116	APO-TRIMETHOPRIM	APX	FNSW
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200MG TABLET

00677590	PROLOPRIM	GSK	FNSW
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02243117	APO-TRIMETHOPRIM	APX	FNSW
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### **08:40.00 MISCELLANEOUS ANTI-INFECTIVES**

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#### **ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETATE**

40MG & 120MG/ML ORAL SUSPENSION

00583405	PEDIAZOLE	ABB	FW
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#### **LINEZOLID**

SEE APPENDIX A FOR EDS CRITERIA

600MG TABLET

02243684	ZYVOXAM (EDS)	PHU	FNSW
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#### **METRONIDAZOLE**

250MG TABLET

00021555	NOVO-NIDAZOL	NOP	CFNSW
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00545066	APO-METRONIDAZOLE	APX	CFNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **08:00 ANTI-INFECTIVE AGENTS**

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### **08:40.00 MISCELLANEOUS ANTI-INFECTIVES**

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#### **SULFAMETHOXAZOLE & TRIMETHOPRIM**

##### 40MG & 8MG/ML ORAL SUSPENSION

00726540	NOVO-TRIMEL	NOP	AFCNSWX
00846465	APO-SULFATRIM	APX	AFCNSWX
00865753	NU-COTRIMOX	NXP	AFCNSWX

##### 400MG & 80MG TABLET

00445274	APO-SULFATRIM	APX	AFCNSWX
00510637	NOVO-TRIMEL	NOP	AFCNSWX
00865710	NU-COTRIMOX	NXP	AFCNSWX

##### 800MG & 160MG TABLET

00445282	APO-SULFATRIM DS	APX	AFCNSWX
00510645	NOVO-TRIMEL DS	NOP	AFCNSWX
00865729	NU-COTRIMOX DS	NXP	AFCNSWX

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## **10:00 ANTINEOPLASTIC AGENTS**

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### **10:00.00 ANTINEOPLASTIC AGENTS**

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#### **ANASTROZOLE**

**SEE APPENDIX A FOR EDS CRITERIA**

1MG TABLET

02224135	ARIMIDEX (EDS)	AZE	FNSW
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#### **BICALUTAMIDE**

**SEE APPENDIX A FOR EDS CRITERIA**

50MG TABLET

02184478	CASODEX (EDS)	AZE	FNSW
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#### **BUSULFAN**

2MG TABLET

00004618	MYLERAN	GSK	FNSW
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#### **CHLORAMBUCIL**

2MG TABLET

00004626	LEUKERAN	GSK	FNSW
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#### **CYCLOPHOSPHAMIDE**

25MG TABLET

00344877	CYTOXAN	BMS	FNSW
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02241795	PROCYTOX	ASM	FNSW
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50MG TABLET

00344885	CYTOXAN	BMS	FNSW
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02241796	PROCYTOX	ASM	FNSW
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#### **CYPROTERONE ACETATE**

50MG TABLET

00704431	ANDROCUR	PMS	FNSW
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02229723	GEN-CYPROTERONE	GPM	FNSW
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02232872	NOVO-CYPROTERONE	NOP	FNSW
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#### **FLUTAMIDE**

250MG TABLET

00637726	EUFLEX	PMS	FNSW
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02230089	NOVO-FLUTAMIDE	NOP	FNSW
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02230104	PMS-FLUTAMIDE	PMS	FNSW
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02238560	APO-FLUTAMIDE	APX	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **10:00 ANTINEOPLASTIC AGENTS**

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### **10:00.00 ANTINEOPLASTIC AGENTS**

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#### **GOSERELIN ACETATE**

3.6MG DEPOT INJECTION

02049325                      ZOLADEX                      AZE                      FNSW

10.8MG DEPOT INJECTION

02225905                      ZOLADEX LA                      AZE                      FSW

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#### **HYDROXYUREA**

500MG CAPSULE

00465283                      HYDREA                      BMS                      FNSW

02242920                      GEN-HYDROXYUREA                      GPM                      FNSW

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#### **INTERFERON ALFA-2B**

50 MILLION IU/ML PEN (ALBUMIN (HUMAN) FREE) (1.2ML)

02240695                      INTRON A                      SCH                      HJ

5 MILLION IU/ML PREMIXED SOLUTION (ALBUMIN (HUMAN) FREE) (0.5ML)

02238675                      INTRON A                      SCH                      HJ

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#### **INTERFERON ALFA-2B & RIBAVIRIN**

18 MILLION IU MULTI-DOSE PEN & 200MG CAPSULE

02241159                      REBETRON                      SCH                      H

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#### **LEUPROLIDE ACETATE**

3.75MG/ML DEPOT INJECTION

00884502                      LUPRON DEPOT                      ABB                      G

7.5MG/ML DEPOT INJECTION

00836273                      LUPRON DEPOT                      ABB                      FGNSW

22.5MG/ML DEPOT INJECTION

02230248                      LUPRON DEPOT                      ABB                      FSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **10:00 ANTINEOPLASTIC AGENTS**

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### **10:00.00 ANTINEOPLASTIC AGENTS**

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#### **MEDROXYPROGESTERONE ACETATE**

100MG TABLET

00030945	PROVERA	PHU	FNSW
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#### **MEGESTROL ACETATE**

**SEE APENDIX A FOR EDS CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

40MG TABLET

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

160MG TABLET

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

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#### **MELPHALAN**

2MG TABLET

00004715	ALKERAN	GSK	FNSW
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#### **MERCAPTOPURINE**

50MG TABLET

00004723	PURINETHOL	GSK	FNSW
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#### **METHOTREXATE**

2.5MG TABLET

02170698	METHOTREXATE	WAY	FNSW
02182963	METHOTREXATE	APX	FNSW
02244798	RATIO-METHOTREXATE SODIUM	RPH	FNSW

25MG/ML INJECTION SOLUTION

02170671	METHOTREXATE	WAY	FNSW
02182777	METHOTREXATE	MPH	FNSW
02182971	METHOTREXATE (PF)	MPH	FNSW

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## **10:00 ANTINEOPLASTIC AGENTS**

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### **10:00.00 ANTINEOPLASTIC AGENTS**

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#### **TAMOXIFEN CITRATE**

##### **10MG TABLET**

00812404	APO-TAMOX	APX	FNSW
00851965	NOVO-TAMOXIFEN	NOP	FNSW
01926624	TAMOFEN	AVN	FNSW
02048477	NOLVADEX	AZE	FNSW
02088428	GEN-TAMOXIFEN	GPM	FNSW

##### **20MG TABLET**

00812390	APO-TAMOX	APX	FNSW
00851973	NOVO-TAMOXIFEN	NOP	FNSW
01926632	TAMOFEN	AVN	FNSW
02048485	NOLVADEX D	AZE	FNSW
02089858	GEN-TAMOXIFEN	GPM	FNSW

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## **12:00 AUTONOMIC AGENTS**

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### **12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS**

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#### **BETHANECHOL CHLORIDE**

10MG TABLET

01947958 DUVOID SHR FNSW

25MG TABLET

01947931 DUVOID SHR FNSW

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#### **PYRIDOSTIGMINE BROMIDE**

60MG TABLET

00869961 MESTINON ICN FNSW

180MG LONG ACTING TABLET

00869953 MESTINON ICN FNSW

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### **12:08.04 ANTIPARKINSONIAN AGENTS**

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#### **BENZTROPINE MESYLATE**

2MG TABLET

00426857 APO-BENZTROPINE APX FNSW  
00587265 PMS-BENZTROPINE PMS FNSW

1MG/ML INJECTION SOLUTION (2ML)

00016128 COGENTIN MSD N  
02238903 BENZTROPINE OMEGA OMG N

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#### **PROCYCLIDINE HCL**

0.5MG/ML ELIXIR

00587362 PMS-PROCYCLIDINE PMS FNSW

5MG TABLET

00587354 PMS-PROCYCLIDINE PMS FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **12:00 AUTONOMIC AGENTS**

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### **12:08.04 ANTIPARKINSONIAN AGENTS**

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#### **TRIHEXYPHENIDYL HCL**

2MG TABLET

00545058	APO-TRIHEX	APX	FNSW
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5MG TABLET

00545074	APO-TRIHEX	APX	FNSW
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### **12:08.08 ANTIMUSCARINICS/ANTISPASMODICS**

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#### **ATROPINE SULFATE**

0.6MG/ML INJECTION SOLUTION (1ML)

00392693	ATROPINE SULFATE	SAB	N
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00497258	ATROPINE SULFATE	ABB	N
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#### **DICYCLOMINE HCL**

2MG/ML SYRUP

02102978	BENTYLOL	AVN	FNSW
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10MG TABLET

02103087	BENTYLOL	AVN	FNSW
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20MG TABLET

02103095	BENTYLOL	AVN	FNSW
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#### **HYOSCINE BUTYLBROMIDE**

10MG TABLET

00363812	BUSCOPAN	BOE	FNSW
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## **12:00 AUTONOMIC AGENTS**

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### **12:08.08 ANTIMUSCARINICS/ANTISPASMODICS**

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#### **IPRATROPIUM BROMIDE**

200UG/DOSE INHALER AEROSOL (200 DOSE)

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

00731439	ATROVENT	BOE	CFNSW
02097141	RATIO-IPRATROPIUM	RPH	CFNSW
02126222	APO-IPRAVENT	APX	CFNSW
02210479	NOVO-IPRAMIDE	NOP	CFNSW
02231136	PMS-IPRATROPIUM	PMS	CFNSW
02239131	GEN-IPRATROPIUM	GPM	CFNSW

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#### **PROPANTHELINE BROMIDE**

15MG TABLET

00294837	PROPANTHEL	ICN	FNSW
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#### **SCOPOLAMINE HYDROBROMIDE**

0.4MG/ML INJECTION SOLUTION (1ML)

00541869	SCOPOLAMINE	ABB	N
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## **12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS**

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#### **EPINEPHRINE HCL**

1MG/ML INJECTION SOLUTION (1ML)

00155357	ADRENALIN	PFI	IN
00721891	EPINEPHRINE INJECTION USP	ABB	IN

0.15MG PER DOSE AUTO-INJECTOR

**SEE APPENDIX A FOR EDS CRITERIA**

00578657	EPIPEN JR. (EDS)	ALX	FW
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0.3MG PER DOSE AUTO-INJECTOR

**SEE APPENDIX A FOR EDS CRITERIA**

00509558	EPIPEN (EDS)	ALX	FW
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**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **12:00 AUTONOMIC AGENTS**

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### **12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS**

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#### **FENOTEROL HBR**

100UG/DOSE INHALER AEROSOL (200 DOSE)

02006383 BEROTEC BOE CFNSW

0.1% INHALATION SOLUTION (20ML)

00541389 BEROTEC BOE CFNSW

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#### **FORMOTEROL FUMARATE**

SEE APPENDIX A FOR EDS CRITERIA

12UG/DOSE AEROSOL POWDER CAPSULE

02230898 FORADIL (EDS) NVR FNSW

12UG/DOSE INHALER POWDER

02237224 OXEZE TURBUHALER (EDS) AZE FNSW

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#### **MIDODRINE HCL**

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

01934392 AMATINE (EDS) RBP FNSW

5MG TABLET

001934406 AMATINE (EDS) RBP FNSW

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#### **ORCIPRENALINE SULFATE**

2MG/ML SYRUP

02152568 RATIO-ORCIPRENALINE RPH FNSW

02236783 APO-ORCIPRENALINE APX FNSW

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#### **PSEUDOEPHEDRINE HCL**

60MG TABLET

02010461 PMS-PSEUDOEPHEDRINE PMS N

02221438 SUDAFED DECON EXTRA STRENGTH WLA N

6MG/ML SYRUP

00815993 PMS-PSEUDOEPHEDRINE PMS N

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 12:00 AUTONOMIC AGENTS

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### 12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

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#### SALBUTAMOL

##### 100UG/DOSE INHALER AEROSOL HYDROFLUOROALKANE (HFA) (200 DOSE)

02232570	AIROMIR HFA	MDA	CFNSW
02241497	VENTOLIN HFA	GSK	CFNSW
02244914	RATIO-SALBUTAMOL HFA	RPH	CFNSW
02245669	APO-SALVENT CFC FREE	APX	CFNSW

##### 200UG/DOSE AEROSOL POWDER DISK (120)

02214997	VENTODISK	GSK	CFNSW
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##### 400UG/DOSE AEROSOL POWDER DISK (120)

02215004	VENTODISK	GSK	CFNSW
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##### 5MG/ML INHALATION SOLUTION (10ML)

00860808	RATIO-SALBUTAMOL	RPH	CFNSW
02046741	APO-SALVENT	APX	CFNSW
02069571	PMS-SALBUTAMOL	PMS	CFNSW
02154412	RHOXAL-SALBUTAMOL	RHP	CFNSW
02213486	VENTOLIN	GSK	CFNSW
02232987	GEN-SALBUTAMOL	GPM	CFNSW

##### 0.4MG/ML ORAL LIQUID

02212390	VENTOLIN	GSK	CFNSW
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##### 2MG TABLET

00620955	NOVO-SALMOL	NOP	CFNSW
02146843	APO-SALVENT	APX	CFNSW

##### 4MG TABLET

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

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## **12:00 AUTONOMIC AGENTS**

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### **12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS**

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#### **SALMETEROL XINAFOATE**

##### **SEE APPENDIX A FOR EDS CRITERIA**

25UG/DOSE INHALER AEROSOL

02211742	SEREVENT (EDS)	GSK	FNSW
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50UG/DOSE INHALED POWDER DISK (60)

02231129	SEREVENT DISKUS (EDS)	GSK	FNSW
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#### **TERBUTALINE SULFATE**

0.5MG/DOSE INHALER POWDER

00786616	BRICANYL TURBUHALER	AZE	CFNSW
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### **12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS**

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#### **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.**

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#### **FLUNARIZINE HCL**

5MG CAPSULE

00846341	SIBELIUM	PMS	FNSW
02246082	APO-FLUNARIZINE	APX	FNSW

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#### **METHYSERGIDE MALEATE**

##### **SEE APPENDIX A FOR EDS CRITERIA**

2MG TABLET

00027499	SANSERT (EDS)	NVR	FNSW
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## **12:00 AUTONOMIC AGENTS**

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### **12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS**

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#### **NARATRIPTAN HCL**

##### **SEE APPENDIX A FOR EDS CRITERIA**

##### 1MG TABLET

02237820	AMERGE (EDS)	GSK	FW
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##### 2.5MG TABLET

02237821	AMERGE (EDS)	GSK	FW
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**Note: Coverage is limited to 6 tablets per 30 day period.**

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#### **PIZOTYLIN**

##### 0.5MG TABLET

00329320	SANDOMIGRAN	PGH	FNSW
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##### 1MG TABLET

00511552	SANDOMIGRAN DS	PGH	FNSW
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#### **SUMATRIPTAN**

##### **SEE APPENDIX A FOR EDS CRITERIA**

##### 50MG TABLET

02212153	IMITREX (EDS)	GSK	FW
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##### 100MG TABLET

02212161	IMITREX (EDS)	GSK	FW
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##### 6MG/0.5ML INJECTION SOLUTION

02212188	IMITREX (EDS)	GSK	FW
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##### 5MG NASAL SPRAY

02230418	IMITREX (EDS)	GSK	FW
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##### 20MG NASAL SPRAY

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

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **12:00 AUTONOMIC AGENTS**

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### **12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS**

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#### **ZOLMITRIPTAN**

**SEE APPENDIX A FOR EDS CRITERIA**

2.5MG TABLET

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

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### **12:20.00 SKELETAL MUSCLE RELAXANTS**

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#### **BACLOFEN**

10MG TABLET

00455881	LIORESAL	NVR	FNSW
02063735	PMS-BACLOFEN	PMS	FNSW
02088398	GEN-BACLOFEN	GPM	FNSW
02136090	NU-BACLO	NXP	FNSW
02139332	APO-BACLOFEN	APX	FNSW
02236507	RATIO-BACLOFEN	RPH	FNSW

20MG TABLET

00636576	LIORESAL DS	NVR	FNSW
02063743	PMS-BACLOFEN	PMS	FNSW
02088401	GEN-BACLOFEN	GPM	FNSW
02136104	NU-BACLO	NXP	FNSW
02139391	APO-BACLOFEN	APX	FNSW
02236508	RATIO-BACLOFEN	RPH	FNSW

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#### **CYCLOBENZAPRINE HCL**

**SEE APPENDIX A FOR EDS CRITERIA**

10MG TABLET

00782742	FLEXERIL (EDS)	ALZ	FNSW
02080052	NOVO-CYCLOPRINE (EDS)	NOP	FNSW
02171848	NU-CYLCOBENZAPRINE (EDS)	NXP	FNSW
02177145	APO-CYCLOBENZAPRINE (EDS)	APX	FNSW
02212048	PMS-CYCLOBENZAPRINE (EDS)	PMS	FNSW
02231353	GEN-CYCLOPRINE (EDS)	GPM	FNSW
02236506	RATIO-CYCLOBENZAPRINE (EDS)	RPH	FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## **12:00 AUTONOMIC AGENTS**

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### **12:20.00 SKELETAL MUSCLE RELAXANTS**

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#### **DANTROLENE SODIUM**

25MG CAPSULE

01997602 DANTRIUM PGA FNSW

100MG CAPSULE

01997653 DANTRIUM PGA FNSW

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#### **METHOCARBAMOL**

500MG TABLET

01930990 ROBAXIN WRI NW

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#### **METHOCARBAMOL & ACETAMINOPHEN**

400MG & 325MG CAPLET

02026805 ROBAXACET WRI W

02230521 METHOXACET ROG W

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#### **METHOCARBAMOL & ACETYLSALICYLIC ACID**

400MG & 325MG CAPLET

00868868 METHOXISAL ROG W

02026783 ROBAXISAL WRI W

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#### **METHOCARBAMOL & ACETYLSALICYLIC ACID & CODEINE**

400MG & 325MG & 16.2MG CAPLET

01934783 ROBAXISAL C-1/4 WRI FW

01966367 METHOXISAL C-1/4 ROG FW

400MG & 325MG & 32.4MG CAPLET

01934791 ROBAXISAL C-1/2 WRI FW

01966375 METHOXISAL C-1/2 ROG FW

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#### **TIZANIDINE HCL**

SEE APPENDIX A FOR EDS CRITERIA

4MG TABLET

02239170 ZANAFLEX (EDS) DPY FNSW

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **20:00 BLOOD FORMATION AND COAGULATION**

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### **20:04.04 IRON PREPARATIONS**

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#### **FERROUS GLUCONATE**

300MG TABLET

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

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#### **FERROUS SULFATE**

30MG/ML SYRUP

00792675	PMS-FERROUS SULFATE	PMS	CNOW
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75MG/ML ORAL DROPS

02222574	PMS-FERROUS SULFATE	PMS	W
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300MG TABLET

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

160MG SUSTAINED-RELEASE TABLET

00623520	SLOW-FE	NVR	NOW
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#### **IRON DEXTRAN COMPLEX**

**SEE APPENDIX A FOR EDS CRITERIA**

50MG/ML INTRAMUSCULAR INJECTION

02221780	INFUFER (EDS)	SAB	NW
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### **20:12.04 ANTI-COAGULANTS**

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#### **HEPARIN**

100U/ML LOCK FLUSH SOLUTION

00725315	HEPARIN	ABB	N
00727520	HEPARIN	LEO	N
00740578	HEPALEAN-LOK	ORG	N

10,000U/ML INJECTION SOLUTION

00579718	HEPARIN	LEO	N
00740497	HEPALEAN	ORG	N

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 20:00 BLOOD FORMATION AND COAGULATION

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### 20:12.04 ANTI-COAGULANTS

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#### WARFARIN

##### 1MG TABLET

01918311	COUMADIN	BMS	FNSW
02242680	TARO-WARFARIN	TAR	FNSW
02242924	APO-WARFARIN	APX	FNSW
02244462	GEN-WARFARIN	GPM	FNSW

##### 2MG TABLET

01918338	COUMADIN	BMS	FNSW
02242681	TARO-WARFARIN	TAR	FNSW
02242925	APO-WARFARIN	APX	FNSW
02244463	GEN-WARFARIN	GPM	FNSW

##### 2.5MG TABLET

01918346	COUMADIN	BMS	FNSW
02242682	TARO-WARFARIN	TAR	FNSW
02242926	APO-WARFARIN	APX	FNSW
02244464	GEN-WARFARIN	GPM	FNSW

##### 3MG TABLET

02240205	COUMADIN	BMS	FNSW
02242683	TARO-WARFARIN	TAR	FNSW
02245618	APO-WARFARIN	APX	FNSW

##### 4MG TABLET

02007959	COUMADIN	BMS	FNSW
02242684	TARO-WARFARIN	TAR	FNSW
02242927	APO-WARFARIN	APX	FNSW
02244465	GEN-WARFARIN	GPM	FNSW

##### 5MG TABLET

01918354	COUMADIN	BMS	FNSW
02242685	TARO-WARFARIN	TAR	FNSW
02242928	APO-WARFARIN	APX	FNSW
02244466	GEN-WARFARIN	GPM	FNSW

##### 6MG TABLET

02240206	COUMADIN	BMS	FNSW
02242686	TARO-WARFARIN	APX	FNSW

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## **20:00 BLOOD FORMATION AND COAGULATION**

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### **20:12.04 ANTI-COAGULANTS**

#### **WARFARIN (CONTINUED)**

10MG TABLET

01918362	COUMADIN	BMS	FNSW
02242687	TARO-WARFARIN	TAR	FNSW
02242929	APO-WARFARIN	APX	FNSW
02244467	GEN-WARFARIN	GPM	FNSW

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### **20:16.00 HEMATOPOIETIC AGENTS**

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#### **DARBEPOETIN ALFA**

25UG/ML PRE-FILLED SYRINGE

02246354	ARANESP	AMG	E
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40UG/ML PRE-FILLED SYRINGE

02246355	ARANESP	AMG	E
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100UG/ML PRE-FILLED SYRINGE

02246357	ARANESP	AMG	E
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200UG/ML PRE-FILLED SYRINGE

02246358	ARANESP	AMG	E
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#### **EPOETIN ALFA**

4000IU/0.4ML PRE-FILLED SYRINGE

02231586	EPREX	JAN	E
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6000IU/0.6ML PRE-FILLED SYRINGE

02243401	EPREX	JAN	E
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8000IU/0.8ML PRE-FILLED SYRINGE

02243403	EPREX	JAN	E
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10,000IU/1.0ML PRE-FILLED SYRINGE

02231587	EPREX	JAN	E
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **20:00 BLOOD FORMATION AND COAGULATION**

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### **20:24.00 HEMORRHOLOGIC AGENTS**

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#### **CLOPIDOGREL BISULFATE**

**SEE APPENDIX A FOR EDS CRITERIA**

75MG TABLET

02238682	PLAVIX (EDS)	SAW	FNSW
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#### **PENTOXIFYLLINE**

400MG SUSTAINED RELEASE TABLET

01968432	RATIO-PENTOXIFYLLINE	RPH	FNSW
02221977	TRENTAL	AVN	FNSW
02230090	APO-PENTOXIFYLLINE SR	APX	FNSW
02230401	NU-PENTOXIFYLLINE SR	NXP	FNSW

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#### **TICLOPIDINE HCL**

**SEE APPENDIX A FOR EDS CRITERIA**

250MG TABLET

02162776	TICLID (EDS)	HLR	FNSW
02236848	NOVO-TICLOPIDINE (EDS)	NOP	FNSW
02237560	NU-TICLOPIDINE (EDS)	NXP	FNSW
02237701	APO-TICLOPIDINE (EDS)	APX	FNSW
02239744	GEN-TICLOPIDINE (EDS)	GPM	FNSW
02243327	PMS-TICLOPIDINE (EDS)	PMS	FNSW
02243587	RHOXAL-TICLOPIDINE (EDS)	RHP	FNSW

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## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

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#### ACEBUTOLOL HCL

##### 100MG TABLET

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

##### 200MG TABLET

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

##### 400MG TABLET

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

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#### AMIODARONE

##### SEE APPENDIX A FOR EDS CRITERIA

##### 200MG TABLET

02036282	CORDARONE (EDS)	WAY	FNSW
02239835	NOVO-AMIODARONE (EDS)	NOP	FNSW
02240071	RATIO-AMIODARONE (EDS)	RPH	FNSW
02240604	GEN-AMIODARONE (EDS)	GPM	FNSW
02242472	PMS-AMIODARONE (EDS)	PMS	FNSW
02243836	RHOXAL-AMIODARONE (EDS)	RHP	FNSW

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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:04.00 CARDIAC DRUGS**

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#### **AMLODIPINE BESYLATE**

##### 5MG TABLET

00878928	NORVASC	PFI	FNSW
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##### 10MG TABLET

00878936	NORVASC	PFI	FNSW
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#### **ATENOLOL**

##### 50MG TABLET

00773689	APO-ATENOL	APX	FNSW
00886114	NU-ATENOL	NXP	FNSW
01912062	NOVO-ATENOL	NOP	FNSW
02039532	TENORMIN	AZE	FNSW
02146894	GEN-ATENOLOL	GPM	FNSW
02171791	RATIO-ATENOLOL	RPH	FNSW
02231731	RHOXAL-ATENOLOL	RHP	FNSW
02237600	PMS-ATENOLOL	PMS	FNSW

##### 100MG TABLET

00773697	APO-ATENOL	APX	FNSW
00886122	NU-ATENOL	NXP	FNSW
01912054	NOVO-ATENOL	NOP	FNSW
02039540	TENORMIN	AZE	FNSW
02147432	GEN-ATENOLOL	GPM	FNSW
02171805	RATIO-ATENOLOL	RPH	FNSW
02231733	RHOXAL-ATENOLOL	RHP	FNSW
02237601	PMS-ATENOLOL	PMS	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:04.00 CARDIAC DRUGS**

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#### **CARVEDILOL**

##### **SEE APPENDIX A FOR EDS CRITERIA**

3.125MG TABLET				
02229650	COREG (EDS)	GSK	FNSW	
6.25MG TABLET				
02229651	COREG (EDS)	GSK	FNSW	
12.5MG TABLET				
02229652	COREG (EDS)	GSK	FNSW	
25MG TABLET				
02229653	COREG (EDS)	GSK	FNSW	

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#### **DIGOXIN**

0.05MG/ML ELIXIR				
02242320	LANOXIN	VRC	FNSW	
0.0625MG TABLET				
02242321	LANOXIN	VRC	FNSW	
0.125MG TABLET				
02242322	LANOXIN	VRC	FNSW	
0.25MG TABLET				
02242323	LANOXIN	VRC	FNSW	
0.25MG/ML INJECTION SOLUTION				
02048264	DIGOXIN	SAB	N	
02242319	LANOXIN	VRC	N	

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#### **DILTIAZEM HCL**

60MG SUSTAINED RELEASE CAPSULE				
02097214	CARDIZEM-SR	BVL	FNSW	
02222957	APO-DILTIAZ SR	APX	FNSW	
02229406	NOVO-DILTIAZEM SR	NOP	FNSW	
90MG SUSTAINED RELEASE CAPSULE				
02097222	CARDIZEM-SR	BVL	FNSW	
02222965	APO-DILTIAZ SR	APX	FNSW	
02229407	NOVO-DILTIAZEM SR	NOP	FNSW	

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

#### DILTIAZEM HCL (CONTINUED)

##### 120MG SUSTAINED RELEASE CAPSULE

02097230	CARDIZEM-SR	BVL	FNSW
02222973	APO-DILTIAZ SR	APX	FNSW
02229408	NOVO-DILTIAZEM SR	NOP	FNSW

##### 120MG CONTROLLED DELIVERY CAPSULE

02097249	CARDIZEM CD	BVL	FNSW
02229781	RATIO-DILTIAZEM CD	RPH	FNSW
02230997	APO-DILTIAZ CD	APX	FNSW
02231052	NU-DILTIAZ CD	NXP	FNSW
02242538	NOVO-DILTIAZEM CD	NOP	FNSW
02243338	RHOXAL-DILTIAZEM CD	RHP	FNSW

##### 180MG CONTROLLED DELIVERY CAPSULE

02097257	CARDIZEM CD	BVL	FNSW
02229782	RATIO-DILTIAZEM CD	RPH	FNSW
02230998	APO-DILTIAZ CD	APX	FNSW
02231053	NU-DILTIAZ CD	NXP	FNSW
02242539	NOVO-DILTIAZEM CD	NOP	FNSW
02243339	RHOXAL-DILTIAZEM CD	RHP	FNSW

##### 240MG CONTROLLED DELIVERY CAPSULE

02097265	CARDIZEM CD	BVL	FNSW
02229783	RATIO-DILTIAZEM CD	RPH	FNSW
02230999	APO-DILTIAZ CD	APX	FNSW
02231054	NU-DILTIAZ CD	NXP	FNSW
02242540	NOVO-DILTIAZEM CD	NOP	FNSW
02243340	RHOXAL-DILTIAZEM CD	RHP	FNSW

##### 300MG CONTROLLED DELIVERY CAPSULE

02097273	CARDIZEM CD	BVL	FNSW
02229526	APO-DILTIAZ CD	APX	FNSW
02229784	RATIO-DILTIAZEM CD	RPH	FNSW
02242541	NOVO-DILTIAZEM CD	NOP	FNSW
02243341	RHOXAL-DILTIAZEM CD	RHP	FNSW

##### 30MG TABLET

00771376	APO-DILTIAZ	APX	FNSW
00862924	NOVO-DILTIAZEM	NOP	FNSW
00886068	NU-DILTIAZ	NXP	FNSW
02097370	CARDIZEM	BVL	FNSW
02146916	GEN-DILTIAZEM	GPM	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

#### DILTIAZEM HCL (CONTINUED)

60MG TABLET

00771384	APO-DILTIAZ	APX	FNSW
00862932	NOVO-DILTIAZEM	NOP	FNSW
00886076	NU-DILTIAZ	NXP	FNSW
02097389	CARDIZEM	BVL	FNSW
02146924	GEN-DILTIAZEM	GPM	FNSW

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#### DISOPYRAMIDE

100MG CAPSULE

01989553	RYTHMODAN	AVN	FNSW
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150MG CAPSULE

01989561	RYTHMODAN	AVN	FNSW
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#### METOPROLOL TARTRATE

100MG SUSTAINED RELEASE TABLET

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

00497827	BETALOC DURULES	AZE	FNSW
00534560	LOPRESOR SR	NVR	FNSW

25MG TABLET

02246010	APO-METOPROLOL	APX	FNSW
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50MG TABLET

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

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## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

#### METOPROLOL TARTRATE (CONTINUED)

##### 100MG TABLET

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

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#### MEXILETINE HCL

##### 100MG CAPSULE

02230359	NOVO-MEXILETINE	NOP	FNSW
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##### 200MG CAPSULE

02230360	NOVO-MEXILETINE	NOP	FNSW
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#### NADOLOL

##### 40MG TABLET

00607126	CORGARD	BMS	FNSW
00782505	APO-NADOL	APX	FNSW
00851663	RATIO-NADOLOL	RPH	FNSW
02126753	NOVO-NADOLOL	NOP	FNSW

##### 80MG TABLET

00463256	CORGARD	BMS	FNSW
00782467	APO-NADOL	APX	FNSW
00851671	RATIO-NADOLOL	RPH	FNSW
02126761	NOVO-NADOLOL	NOP	FNSW

##### 160MG TABLET

00523372	CORGARD	BMS	FNSW
00782475	APO-NADOL	APX	FNSW
00851698	RATIO-NADOLOL	RPH	FNSW

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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:04.00 CARDIAC DRUGS**

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#### **NIFEDIPINE**

##### 5MG CAPSULE

00725110	APO-NIFED	APX	FNSW
02047462	NOVO-NIFEDIN	NOP	FNSW

##### 10MG CAPSULE

00755907	APO-NIFED	APX	FNSW
00756830	NOVO-NIFEDIN	NOP	FNSW
00865591	NU-NIFED	NXP	FNSW

##### 10MG SUSTAINED RELEASE TABLET

02197448	APO-NIFED PA	APX	FNSW
02212102	NU-NIFEDIPINE PA	NXP	FNSW

##### 20MG SUSTAINED RELEASE TABLET

02181525	APO-NIFED PA	APX	FNSW
02200937	NU-NIFEDIPINE PA	NXP	FNSW

##### 20MG EXTENDED RELEASE TABLET

02237618	ADALAT XL	BAY	FNSW
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##### 30MG EXTENDED RELEASE TABLET

02155907	ADALAT XL	BAY	FNSW
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##### 60MG EXTENDED RELEASE TABLET

02155990	ADALAT XL	BAY	FNSW
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## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

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#### PROCAINAMIDE HCL

250MG CAPSULE				
00713325	APO-PROCAINAMIDE	APX	FNSW	
375MG CAPSULE				
00713333	APO-PROCAINAMIDE	APX	FNSW	
500MG CAPSULE				
00713341	APO-PROCAINAMIDE	APX	FNSW	
250MG SUSTAINED RELEASE TABLET				
00638692	PROCAN SR	PFI	FNSW	
500MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00638676	PROCAN SR	PFI	FNSW	
00639885	PRONESTYL SR	BMS	FNSW	
750MG SUSTAINED RELEASE TABLET				
00638684	PROCAN SR	PFI	FNSW	

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#### PROPAFENONE HCL

150MG TABLET				
00603708	RYTHMOL	ABB	FNSW	
02243324	APO-PROPAFENONE	APX	FNSW	
02243727	PMS-PROPAFENONE	PMS	FNSW	
02245372	GEN-PROPAFENONE	GPM	FNSW	
300MG TABLET				
00603716	RYTHMOL	ABB	FNSW	
02243325	APO-PROPAFENONE	APX	FNSW	
02243728	PMS-PROPAFENONE	PMS	FNSW	
02245373	GEN-PROPAFENONE	GPM	FNSW	

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#### PROPRANOLOL

10MG TABLET				
00402788	APO-PROPRANOLOL	APX	FNSW	
00496480	NOVO-PRANOL	NOP	FNSW	
00582255	PMS-PROPRANOLOL	PMS	FNSW	

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

#### PROPRANOLOL (CONTINUED)

##### 20MG TABLET

00663719	APO-PROPRANOLOL	APX	FNSW
00740675	NOVO-PRANOL	NOP	FNSW
02044692	NU-PROPRANOLOL	NXP	FNSW

##### 40MG TABLET

00402753	APO-PROPRANOLOL	APX	FNSW
00496499	NOVO-PRANOL	NOP	FNSW
00582263	PMS-PROPRANOLOL	PMS	FNSW
02044706	NU-PROPRANOLOL	NXP	FNSW

##### 80MG TABLET

00402761	APO-PROPRANOLOL	APX	FNSW
00496502	NOVO-PRANOL	NOP	FNSW

##### 120MG TABLET

00504335	APO-PROPRANOLOL	APX	FNSW
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##### 60MG LONG ACTING CAPSULE

02042231	INDERAL L.A.	WAY	FNSW
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##### 80MG LONG ACTING CAPSULE

02042258	INDERAL L.A.	WAY	FNSW
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##### 120MG LONG ACTING CAPSULE

02042266	INDERAL L.A.	WAY	FNSW
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##### 160MG LONG ACTING CAPSULE

02042274	INDERAL L.A.	WAY	FNSW
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#### QUINIDINE BISULFATE

##### 250MG SUSTAINED RELEASE TABLET

00249580	BIQUIN DURULES	AZE	FNSW
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#### QUINIDINE SULFATE

##### 200MG TABLET

00441740	APO-QUINIDINE	APX	FNSW
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## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

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#### SOTALOL HCL

##### 80MG TABLET

00897272	SOTACOR	BMS	FNSW
02084228	RATIO-SOTALOL	RPH	FNSW
02170833	LIN-SOTALOL	LIN	FNSW
02200996	NU-SOTALOL	NXP	FNSW
02210428	APO-SOTALOL	APX	FNSW
02229778	GEN-SOTALOL	GPM	FNSW
02231181	NOVO-SOTALOL	NOP	FNSW
02234008	RHOXAL-SOTALOL	RHP	FNSW
02238326	PMS-SOTALOL	PMS	FNSW

##### 160MG TABLET

00483923	SOTACOR	BMS	FNSW
02084236	RATIO-SOTALOL	RPH	FNSW
02163772	NU-SOTALOL	NXP	FNSW
02167794	APO-SOTALOL	APX	FNSW
02170841	LIN-SOTALOL	LIN	FNSW
02229779	GEN-SOTALOL	GPM	FNSW
02231182	NOVO-SOTALOL	NOP	FNSW
02234013	RHOXAL-SOTALOL	RHP	FNSW
02238327	PMS-SOTALOL	PMS	FNSW

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#### TIMOLOL MALEATE

##### 5MG TABLET

00755842	APO-TIMOL	APX	FNSW
02044609	NU-TIMOLOL	NXP	FNSW

##### 10MG TABLET

00755850	APO-TIMOL	APX	FNSW
02044617	NU-TIMOLOL	NXP	FNSW

##### 20MG TABLET

00755869	APO-TIMOL	APX	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 24:00 CARDIOVASCULAR DRUGS

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### 24:04.00 CARDIAC DRUGS

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#### VERAPAMIL HCL

##### 80MG TABLET

00554316	ISOPTIN	PMS	FNSW
00782483	APO-VERAP	APX	FNSW
00812331	NOVO-VERAMIL	NOP	FNSW
00886033	NU-VERAP	NXP	FNSW
02237921	GEN-VERAPAMIL	GPM	FNSW

##### 120MG TABLET

00554324	ISOPTIN	PMS	FNSW
00782491	APO-VERAP	APX	FNSW
00812358	NOVO-VERAMIL	NOP	FNSW
00886041	NU-VERAP	NXP	FNSW
02237922	GEN-VERAPAMIL	GPM	FNSW

##### 120MG SUSTAINED RELEASE TABLET

01907123	ISOPTIN SR	ABB	FNSW
02210347	GEN-VERAPAMIL SR	GPM	FNSW

##### 180MG SUSTAINED RELEASE TABLET

01934317	ISOPTIN SR	ABB	FNSW
02210355	GEN-VERAPAMIL SR	GPM	FNSW

##### 240MG SUSTAINED RELEASE TABLET

00742554	ISOPTIN SR	ABB	FNSW
02210363	GEN-VERAPAMIL SR	GPM	FNSW
02211920	NOVO-VERAMIL SR	NOP	FNSW
02237791	PMS-VERAPAMIL SR	PMS	FNSW

##### 180MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231676	CHRONOVERA	PHU	FNSW
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##### 240MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231677	CHRONOVERA	PHU	FNSW
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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:06.00 ANTILIPEMIC DRUGS**

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#### **ATORVASTATIN CALCIUM**

##### 10MG TABLET

02230711	LIPITOR	PFI	FNSW
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##### 20MG TABLET

02230713	LIPITOR	PFI	FNSW
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##### 40MG TABLET

02230714	LIPITOR	PFI	FNSW
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##### 80MG TABLET

02243097	LIPITOR	PFI	FNSW
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#### **CHOLESTYRAMINE**

##### REGULAR - 440MG/G ORAL POWDER (CAN)

00634093	QUESTRAN (42 DOSES)	BMS	FNSW
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02207745	PMS-CHOLESTYRAMINE (42 DOSES)	PMS	FNSW
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##### REGULAR - 440MG/G ORAL POWDER (POUCHES)

00464880	QUESTRAN	BMS	FNSW
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02139189	NOVO-CHOLAMINE	NOP	FNSW
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02210320	PMS-CHOLESTYRAMINE	PMS	FNSW
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##### LIGHT - 440MG/G ORAL POWDER (CAN)

02125463	PMS-CHOLESTYRAMINE (80 DOSES)	PMS	FNSW
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02141795	PMS-CHOLESTYRAMINE (42 DOSES)	PMS	FNSW
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##### LIGHT - 440MG/G ORAL POWDER (POUCHES)

00890960	PMS-CHOLESTYRAMINE LIGHT	PMS	FNSW
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01918486	QUESTRAN LIGHT	BMS	FNSW
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02139197	NOVO-CHOLAMINE LIGHT	NOP	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 24:00 CARDIOVASCULAR DRUGS

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### 24:06.00 ANTILIPEMIC DRUGS

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#### FENOFIBRATE

100MG CAPSULE				
02223600	NU-FENOFIBRATE	NXP	FNSW	
02225980	APO-FENOFIBRATE	APX	FNSW	
200MG CAPSULE				
02146959	LIPIDIL MICRO	FFR	FNSW	
02231780	PMS-FENOFIBRATE MICRO	PMS	FNSW	
02239864	APO-FENO-MICRO	APX	FNSW	
02240210	GEN-FENOFIBRATE MICRO	GPM	FNSW	
02243552	NOVO-FENOFIBRATE MICRO	NOP	FNSW	

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#### FLUVASTATIN SODIUM

20MG CAPSULE			
02061562	LESCOL	NVR	FNSW
40MG CAPSULE			
02061570	LESCOL	NVR	FNSW

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#### GEMFIBROZIL

300MG CAPSULE			
00599026	LOPID	PFI	FNSW
00851922	RATIO-GEMFIBROZIL	RPH	FNSW
01979574	APO-GEMFIBROZIL	APX	FNSW
02058456	NU-GEMFIBROZIL	NXP	FNSW
02185407	GEN-GEMFIBROZIL	GPM	FNSW
02239951	PMS-GEMFIBROZIL	PMS	FNSW
02241704	NOVO-GEMFIBROZIL	NOP	FNSW
600MG TABLET			
00659606	LOPID	PFI	FNSW
00851930	RATIO-GEMFIBROZIL	RPH	FNSW
01979582	APO-GEMFIBROZIL	APX	FNSW
02058464	NU-GEMFIBROZIL	NXP	FNSW
02142074	NOVO-GEMFIBROZIL	NOP	FNSW
02230183	PMS-GEMFIBROZIL	PMS	FNSW
02230476	GEN-GEMFIBROZIL	GPM	FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 24:00 CARDIOVASCULAR DRUGS

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### 24:06.00 ANTILIPEMIC DRUGS

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#### LOVASTATIN

##### 20MG TABLET

00795860	MEVACOR	MSD	FNSW
02220172	APO-LOVASTATIN	APX	FNSW
02243127	GEN-LOVASTATIN	GPM	FNSW
02245822	RATIO-LOVASTATIN	RPH	FNSW
02246013	PMS-LOVASTATIN	PMS	FNSW

##### 40MG TABLET

00795852	MEVACOR	MSD	FNSW
02220180	APO-LOVASTATIN	APX	FNSW
02243129	GEN-LOVASTATIN	GPM	FNSW
02245823	RATIO-LOVASTATIN	RPH	FNSW
02246014	PMS-LOVASTATIN	PMS	FNSW

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#### PRAVASTATIN

##### 10MG TABLET

00893749	PRAVACHOL	BMS	FNSW
02237373	LIN-PRAVASTATIN	LIN	FNSW
02243506	APO-PRAVASTATIN	APX	FNSW
02244350	NU-PRAVASTATIN	NXP	FNSW

##### 20MG TABLET

00893757	PRAVACHOL	BMS	FNSW
02237374	LIN-PRAVASTATIN	LIN	FNSW
02243507	APO-PRAVASTATIN	APX	FNSW
02244351	NU-PRAVASTATIN	NXP	FNSW

##### 40MG TABLET

02222051	PRAVACHOL	BMS	FNSW
02237375	LIN-PRAVASTATIN	LIN	FNSW
02243508	APO-PRAVASTATIN	APX	FNSW
02244352	NU-PRAVASTATIN	NXP	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **24:00 CARDIOVASCULAR DRUGS**

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### **24:06.00 ANTILIPEMIC DRUGS**

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#### **SIMVASTATIN**

##### **5MG TABLET**

00884324	ZOCOR	MSD	FNSW
02246582	GEN-SIMVASTATIN	GPM	FNSW
02247011	APO-SIMVASTATIN	APX	FNSW

##### **10MG TABLET**

00884332	ZOCOR	MSD	FNSW
02246583	GEN-SIMVASTATIN	GPM	FNSW
02247012	APO-SIMVASTATIN	APX	FNSW

##### **20MG TABLET**

00884340	ZOCOR	MSD	FNSW
02246737	GEN-SIMVASTATIN	GPM	FNSW
02247013	APO-SIMVASTATIN	APX	FNSW

##### **40MG TABLET**

00884359	ZOCOR	MSD	FNSW
02246584	GEN-SIMVASTATIN	GPM	FNSW
02247014	APO-SIMVASTATIN	APX	FNSW

##### **80MG TABLET**

02240332	ZOCOR	MSD	FNSW
02246585	GEN-SIMVASTATIN	GPM	FNSW
02247015	APO-SIMVASTATIN	APX	FNSW

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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:08.00 HYPOTENSIVE DRUGS**

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#### **BENAZEPRIL HCL**

5MG TABLET

00885835                      LOTENSIN                      NVR                      FNSW

10MG TABLET

00885843                      LOTENSIN                      NVR                      FNSW

20MG TABLET

00885851                      LOTENSIN                      NVR                      FNSW

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#### **CANDESARTAN CILEXETIL**

8MG TABLET

02239091                      ATACAND                      AZE                      FNSW

16MG TABLET

02239092                      ATACAND                      AZE                      FNSW

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#### **CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE**

16MG & 12.5MG TABLET

02244021                      ATACAND PLUS                      AZE                      FNSW

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#### **CAPTOPRIL**

12.5MG TABLET

00695661                      CAPOTEN                      BMS                      FNSW

00851639                      RATIO-CAPTOPRIL                      RPH                      FNSW

00893595                      APO-CAPTO                      APX                      FNSW

01913824                      NU-CAPTO                      NXP                      FNSW

01942964                      NOVO-CAPTORIL                      NOP                      FNSW

02163551                      GEN-CAPTOPRIL                      GPM                      FNSW

02230203                      PMS-CAPTOPRIL                      PMS                      FNSW

25MG TABLET

00546283                      CAPOTEN                      BMS                      FNSW

00851833                      RATIO-CAPTOPRIL                      RPH                      FNSW

00893609                      APO-CAPTO                      APX                      FNSW

01913832                      NU-CAPTO                      NXP                      FNSW

01942972                      NOVO-CAPTORIL                      NOP                      FNSW

02163578                      GEN-CAPTOPRIL                      GPM                      FNSW

02230204                      PMS-CAPTOPRIL                      PMS                      FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

#### CAPTOPRIL (CONTINUED)

##### 50MG TABLET

00546291	CAPOTEN	BMS	FNSW
00851647	RATIO-CAPTOPRIL	RPH	FNSW
00893617	APO-CAPTO	APX	FNSW
01913840	NU-CAPTO	NXP	FNSW
01942980	NOVO-CAPTORIL	NOP	FNSW
02163586	GEN-CAPTOPRIL	GPM	FNSW
02230205	PMS-CAPTOPRIL	PMS	FNSW

##### 100MG TABLET

00546305	CAPOTEN	BMS	FNSW
00851655	RATIO-CAPTOPRIL	RPH	FNSW
00893625	APO-CAPTO	APX	FNSW
01913859	NU-CAPTO	NXP	FNSW
01942999	NOVO-CAPTORIL	NOP	FNSW
02163594	GEN-CAPTOPRIL	GPM	FNSW
02230206	PMS-CAPTOPRIL	PMS	FNSW

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#### CILAZAPRIL

##### 1MG TABLET

01911465	INHIBACE	HLR	FNSW
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##### 2.5MG TABLET

01911473	INHIBACE	HLR	FNSW
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##### 5MG TABLET

01911481	INHIBACE	HLR	FNSW
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#### CILAZAPRIL & HYDROCHLOROTHIAZIDE

##### 5MG & 12.5MG TABLET

02181479	INHIBACE PLUS	HLR	FNSW
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#### CLONIDINE HCL

##### 0.1MG TABLET

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

## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

#### CLONIDINE (CONTINUED)

0.2MG TABLET

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

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#### ENALAPRIL MALEATE

2.5MG TABLET

00851795	VASOTEC	MSD	FNSW
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5MG TABLET

00708879	VASOTEC	MSD	FNSW
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10MG TABLET

00670901	VASOTEC	MSD	FNSW
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20MG TABLET

00670928	VASOTEC	MSD	FNSW
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#### ENALAPRIL & HYDROCHLOROTHIAZIDE

10MG & 25MG TABLET

00657298	VASERETIC	MSD	FNSW
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#### EPROSARTAN MESYLATE

400MG TABLET

02240432	TEVETEN	SLV	FNSW
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600MG TABLET

02243942	TEVETEN	SLV	FNSW
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#### FELODIPINE

2.5MG SUSTAINED RELEASE TABLET

02057778	PLENDIL	AZE	FNSW
02221985	RENEDIL	AVN	FNSW

5MG SUSTAINED RELEASE TABLET

00851779	PLENDIL	AZE	FNSW
02221993	RENEDIL	AVN	FNSW

10MG SUSTAINED RELEASE TABLET

00851787	PLENDIL	AZE	FNSW
02222000	RENEDIL	AVN	FNSW

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

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#### FOSINOPRIL

10MG TABLET

01907107 MONOPRIL BMS FNSW

20MG TABLET

01907115 MONOPRIL BMS FNSW

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#### HYDRALAZINE HCL

10MG TABLET

00441619 APO-HYDRALAZINE APX FNSW

00759465 NOVO-HYLAZIN NOP FNSW

01913204 NU-HYDRAL NXP FNSW

25MG TABLET

00441627 APO-HYDRALAZINE APX FNSW

00759473 NOVO-HYLAZIN NOP FNSW

02004828 NU-HYDRAL NXP FNSW

50MG TABLET

00441635 APO-HYDRALAZINE APX FNSW

00759481 NOVO-HYLAZIN NOP FNSW

02004836 NU-HYDRAL NXP FNSW

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#### IRBESARTAN

75MG TABLET

02237923 AVAPRO BMS FNSW

150MG TABLET

02237924 AVAPRO BMS FNSW

300MG TABLET

02237925 AVAPRO BMS FNSW

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#### IRBESARTAN & HYDROCHLOROTHIAZIDE

150MG & 12.5MG TABLET

02241818 AVALIDE BMS FNSW

300MG & 12.5MG TABLET

02241819 AVALIDE BMS FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

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#### LABETALOL HCL

##### 100MG TABLET

02106272	TRANDATE	RBP	FNSW
02243538	APO-LABETALOL	APX	FNSW

##### 200MG TABLET

02106280	TRANDATE	RBP	FNSW
02243539	APO-LABETALOL	APX	FNSW

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#### LISINOPRIL

##### 5MG TABLET

00839388	PRINIVIL	MSD	FNSW
02049333	ZESTRIL	AZE	FNSW
02217481	APO-LISINOPRIL	APX	FNSW

##### 10MG TABLET

00839396	PRINIVIL	MSD	FNSW
02049376	ZESTRIL	AZE	FNSW
02217503	APO-LISINOPRIL	APX	FNSW

##### 20MG TABLET

00839418	PRINIVIL	MSD	FNSW
02049384	ZESTRIL	AZE	FNSW
02217511	APO-LISINOPRIL	APX	FNSW

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#### LOSARTAN POTASSIUM

##### 25MG TABLET

02182815	COZAAR	MSD	FNSW
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##### 50MG TABLET

02182874	COZAAR	MSD	FNSW
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##### 100MG TABLET

02182882	COZAAR	MSD	FNSW
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#### LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

##### 50MG & 12.5MG TABLET

02230047	HYZAAR	MSD	FNSW
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##### 100MG & 25MG TABLET

02241007	HYZAAR DS	MSD	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:08.00 HYPOTENSIVE DRUGS**

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#### **METHYLDOPA**

125MG TABLET

00360252 APO-METHYLDOPA APX FNSW

250MG TABLET

00016578 ALDOMET MSD FNSW  
00360260 APO-METHYLDOPA APX FNSW

500MG TABLET

00426830 APO-METHYLDOPA APX FNSW

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#### **METHYLDOPA & HYDROCHLOROTHIAZIDE**

250MG & 15MG TABLET

00441708 APO-METHAZIDE-15 APX FNSW

250MG & 25MG TABLET

00441716 APO-METHAZIDE-25 APX FNSW

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#### **OXPRENOLOL HCL**

40MG TABLET

00402575 TRASICOR NVR FNSW

80MG TABLET

00402583 TRASICOR NVR FNSW

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#### **PINDOLOL**

5MG TABLET

00417270 VISKEN NVR FNSW

00755877 APO-PINDOL APX FNSW

00869007 NOVO-PINDOL NOP FNSW

00886149 NU-PINDOL NXP FNSW

02057808 GEN-PINDOLOL GPM FNSW

02231536 PMS-PINDOLOL PMS FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

#### PINDOLOL (CONTINUED)

##### 10MG TABLET

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

##### 15MG TABLET

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

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#### PRAZOSIN HCL

##### 1MG TABLET

00560952	MINIPRESS	PFI	FNSW
00882801	APO-PRAZO	APX	FNSW
01913794	NU-PRAZO	NXP	FNSW
01934198	NOVO-PRAZIN	NOP	FNSW

##### 2MG TABLET

00560960	MINIPRESS	PFI	FNSW
00882828	APO-PRAZO	APX	FNSW
01913808	NU-PRAZO	NXP	FNSW
01934201	NOVO-PRAZIN	NOP	FNSW

##### 5MG TABLET

00560979	MINIPRESS	PFI	FNSW
00882836	APO-PRAZO	APX	FNSW
01913816	NU-PRAZO	NXP	FNSW
01934228	NOVO-PRAZIN	NOP	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **24:00 CARDIOVASCULAR DRUGS**

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### **24:08.00 HYPOTENSIVE DRUGS**

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#### **QUINAPRIL HCL**

5MG TABLET

01947664 ACCUPRIL PFI FNSW

10MG TABLET

01947672 ACCUPRIL PFI FNSW

20MG TABLET

01947680 ACCUPRIL PFI FNSW

40MG TABLET

01947699 ACCUPRIL PFI FNSW

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#### **QUINAPRIL HCL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02237367 ACCURETIC PFI FNSW

20MG & 12.5MG TABLET

02237368 ACCURETIC PFI FNSW

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#### **RAMIPRIL**

1.25MG CAPSULE

02221829 ALTACE AVN FNSW

2.5MG CAPSULE

02221837 ALTACE AVN FNSW

5MG CAPSULE

02221845 ALTACE AVN FNSW

10MG CAPSULE

02221853 ALTACE AVN FNSW

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#### **TELMISARTAN**

40MG TABLET

02240769 MICARDIS BOE FNSW

80MG TABLET

02240770 MICARDIS BOE FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 24:00 CARDIOVASCULAR DRUGS

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### 24:08.00 HYPOTENSIVE DRUGS

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#### TELMISARTAN & HYDROCHLOROTHIAZIDE

80MG & 12.5MG TABLET

02244344	MICARDIS PLUS	BOE	FNSW
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#### TERAZOSIN HCL

1MG TABLET

00818658	HYTRIN	ABB	FNSW
02218941	RATIO-TERAZOSIN	RPH	FNSW
02230805	NOVO-TERAZOSIN	NOP	FNSW
02233047	NU-TERAZOSIN	NXP	FNSW
02234502	APO-TERAZOSIN	APX	FNSW
02243518	PMS-TERAZOSIN	PMS	FNSW

2MG TABLET

00818682	HYTRIN	ABB	FNSW
02218968	RATIO-TERAZOSIN	RPH	FNSW
02230806	NOVO-TERAZOSIN	NOP	FNSW
02233048	NU-TERAZOSIN	NXP	FNSW
02234503	APO-TERAZOSIN	APX	FNSW
02243519	PMS-TERAZOSIN	PMS	FNSW

5MG TABLET

00818666	HYTRIN	ABB	FNSW
02218976	RATIO-TERAZOSIN	RPH	FNSW
02230807	NOVO-TERAZOSIN	NOP	FNSW
02233049	NU-TERAZOSIN	NXP	FNSW
02234504	APO-TERAZOSIN	APX	FNSW
02243520	PMS-TERAZOSIN	PMS	FNSW

10MG TABLET

00818674	HYTRIN	ABB	FNSW
02218984	RATIO-TERAZOSIN	RPH	FNSW
02230808	NOVO-TERAZOSIN	NOP	FNSW
02233050	NU-TERAZOSIN	NXP	FNSW
02234505	APO-TERAZOSIN	APX	FNSW
02243521	PMS-TERAZOSIN	PMS	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **24:00 CARDIOVASCULAR DRUGS**

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### **24:08.00 HYPOTENSIVE DRUGS**

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#### **VALSARTAN**

80MG CAPSULE

02236808                      DIOVAN                                      NVR                                      FNSW

160MG CAPSULE

02236809                      DIOVAN                                      NVR                                      FNSW

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#### **VALSARTAN & HYDROCHLORTHIAZIDE**

80MG & 12.5MG TABLET

02241900                      DIOVAN-HCT                                      NVR                                      FNSW

160MG & 12.5MG TABLET

02241901                      DIOVAN-HCT                                      NVR                                      FNSW

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### **24:12.00 VASODILATING DRUGS**

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#### **BETAHISTINE HCL**

**SEE APPENDIX A FOR EDS CRITERIA (EXCEPT NURSING HOME PROGRAM)**

8MG TABLET

02240601                      SERC (EDS)                                      SLV                                      FNSW

16MG TABLET

02243878                      SERC (EDS)                                      SLV                                      FNSW

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#### **DIPYRIDAMOLE**

25MG TABLET

00784419                      NOVO-DIPIRADOL                                      NOP                                      FNSW

00895644                      APO-DIPYRIDAMOLE-FC                                      APX                                      FNSW

50MG TABLET

00067393                      PERSANTINE                                      BOE                                      FNSW

00784427                      NOVO-DIPIRADOL                                      NOP                                      FNSW

00895652                      APO-DIPYRIDAMOLE-FC                                      APX                                      FNSW

75MG TABLET

00452092                      PERSANTINE                                      BOE                                      FNSW

00784435                      NOVO-DIPIRADOL                                      NOP                                      FNSW

00895660                      APO-DIPYRIDAMOLE-FC                                      APX                                      FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 24:00 CARDIOVASCULAR DRUGS

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### 24:12.00 VASODILATING DRUGS

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#### ISOSORBIDE DINITRATE

##### 5MG SUBLINGUAL TABLET

00670944	APO-ISDN	APX	FNSW
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##### 10MG TABLET

00441686	APO-ISDN	APX	FNSW
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00458686	NOVO-SORBIDE	NOP	FNSW
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##### 30MG TABLET

00441694	APO-ISDN	APX	FNSW
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00458694	NOVO-SORBIDE	NOP	FNSW
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#### 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. Only Nitro-Dur brand of transdermal patches are covered by the Nursing Homes Program.

##### 0.2MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

00584223	TRANSDERM - NITRO 0.2	NVR	FSW
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01911910	NITRO-DUR 0.2	KEY	FNSW
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02162806	MINITRAN 0.2	MDA	FSW
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##### 0.3MG/HR TRANSDERMAL PATCH

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

00852384	TRANSDERM - NITRO 0.4	NVR	FSW
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01911902	NITRO-DUR 0.4	KEY	FNSW
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02163527	MINITRAN 0.4	MDA	FSW
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##### 0.6 MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

01911929	NITRO-DUR 0.6	KEY	FNSW
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02046156	TRANSDERM - NITRO 0.6	NVR	FSW
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02163535	MINITRAN 0.6	MDA	FSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **24:00 CARDIOVASCULAR DRUGS**

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### **24:12.00 VASODILATING DRUGS**

#### **NITROGLYCERIN (CONTINUED)**

0.8MG/HR TRANSDERMAL PATCH

02011271	NITRO-DUR 0.8	KEY	FNSW
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0.3MG SUBLINGUAL TABLET

00037613	NITROSTAT	PFI	NW
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0.6MG SUBLINGUAL TABLET

00037621	NITROSTAT	PFI	NW
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0.4MG/DOSE METERED DOSE LINGUAL SPRAY

02231441	NITROLINGUAL PUMPSPRAY	AVN	NW
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02238998	RHO-NITRO PUMPSPRAY	RHP	NW
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2% TOPICAL OINTMENT

01926454	NITROL	PAL	FNSW
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**

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#### **ACETYLSALICYLIC ACID**

##### **81MG ENTERIC COATED TABLET**

02237726	COATED ASPIRIN DAILY LOW DOSE	BAY	NW
02242281	ASAPHEN E.C.	PMS	NW

##### **325MG ENTERIC COATED TABLET**

00010332	ENTROPHEN	JJM	NW
00216666	NOVASEN	NOP	NW
02046253	MSD ENTERIC-COATED ASA	JJM	NW

##### **650MG ENTERIC COATED TABLET**

00010340	ENTROPHEN	JJM	NW
00229296	NOVASEN	NOP	NW
02046261	MSD ENTERIC-COATED ASA	JJM	NW

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#### **DICLOFENAC SODIUM**

##### **25MG ENTERIC COATED TABLET**

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

##### **50MG ENTERIC COATED TABLET**

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

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

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#### DIFLUNISAL

##### 250MG TABLET

02039486	APO-DIFLUNISAL	APX	FNSW
02048493	NOVO-DIFLUNISAL	NOP	FNSW

##### 500MG TABLET

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

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#### FLURBIPROFEN

##### 50MG TABLET

00647942	ANSAID	PHU	FNSW
01912046	APO-FLURBIPROFEN	APX	FNSW
02020661	NU-FLURBIPROFEN	NXP	FNSW
02100509	NOVO-FLURPROFEN	NOP	FNSW

##### 100MG TABLET

00600792	ANSAID	PHU	FNSW
00675199	RATIO-FLURBIPROFEN	RPH	FNSW
01912038	APO-FLURBIPROFEN	APX	FNSW
02020688	NU-FLURBIPROFEN	NXP	FNSW
02100517	NOVO-FLURPROFEN	NOP	FNSW

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#### IBUPROFEN

##### 300MG TABLET

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

##### 400MG TABLET

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

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

#### IBUPROFEN (CONTINUED)

##### 600MG TABLET

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

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#### INDOMETHACIN

##### 25MG CAPSULE

00337420	NOVO-METHACIN	NOP	FNSW
00611158	APO-INDOMETHACIN	APX	FNSW
00865850	NU-INDO	NXP	FNSW
02143364	RATIO-INDOMETHACIN	RPH	FNSW

##### 50MG CAPSULE

00337439	NOVO-METHACIN	NOP	FNSW
00611166	APO-INDOMETHACIN	APX	FNSW
00865869	NU-INDO	NXP	FNSW
02143372	RATIO-INDOMETHACIN	RPH	FNSW

##### 50MG RECTAL SUPPOSITORY

00594466	INDOCID	MSD	FNSW
02146932	RHODACINE	RHP	FNSW
02176130	NOVO-METHACIN	NOP	FNSW
02231799	SAB-INDOMETHACIN	SAB	FNSW

##### 100MG RECTAL SUPPOSITORY

00016233	INDOCID	MSD	FNSW
01934139	RATIO-INDOMETHACIN	RPH	FNSW
02146940	RHODACINE	RHP	FNSW
02176149	NOVO-METHACIN	NOP	FNSW
02231800	SAB-INDOMETHACIN	SAB	FNSW

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#### KETOPROFEN

##### 50MG CAPSULE

00761664	RHODIS	RHP	FNSW
00790427	APO-KETO	APX	FNSW
02150808	PMS-KETOPROFEN	PMS	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

#### KETOPROFEN (CONTINUED)

##### 50MG ENTERIC COATED TABLET

00761672	RHODIS-EC	RHP	FNSW
00790435	APO-KETO-E	APX	FNSW
01981528	NOVO-KETO-EC	NOP	FNSW
02150816	PMS-KETOPROFEN-EC	PMS	FNSW

##### 100MG ENTERIC COATED TABLET

00761680	RHODIS-EC	RHP	FNSW
00842664	APO-KETO-E	APX	FNSW
01981536	NOVO-KETO-EC	NOP	FNSW
02150824	PMS-KETOPROFEN-EC	PMS	FNSW

##### 50MG RECTAL SUPPOSITORY

02148773	PMS-KETOPROFEN	PMS	FNSW
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##### 100MG RECTAL SUPPOSITORY

00761699	RHODIS	RHP	FNSW
02015951	PMS-KETOPROFEN	PMS	FNSW
02156083	NOVO-KETO	NOP	FNSW

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#### MEFENAMIC ACID

##### 250MG CAPSULE

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

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#### NAPROXEN

##### 125MG TABLET

00522678	APO-NAPROXEN	APX	FNSW
00865621	NU-NAPROX	NXP	FNSW

##### 250MG TABLET

00522651	APO-NAPROXEN	APX	FNSW
00565350	NOVO-NAPROX	NOP	FNSW
00615315	RATIO-NAPROXEN	RPH	FNSW
00865648	NU-NAPROX	NXP	FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**

#### **NAPROXEN (CONTINUED)**

##### 375MG TABLET

00600806	APO-NAPROXEN	APX	FNSW
00615323	RATIO-NAPROXEN	RPH	FNSW
00627097	NOVO-NAPROX	NOP	FNSW
00865656	NU-NAPROX	NXP	FNSW

##### 500MG TABLET

00589861	NOVO-NAPROX	NOP	FNSW
00592277	APO-NAPROXEN	APX	FNSW
00615331	RATIO-NAPROXEN	RPH	FNSW
00865664	NU-NAPROX	NXP	FNSW

##### 500MG RECTAL SUPPOSITORY

02017237	PMS-NAPROXEN	PMS	FNSW
02230477	SAB-NAPROXEN	SAB	FNSW

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#### **PIROXICAM**

##### 10MG CAPSULE

00642886	APO-PIROXICAM	APX	FNSW
00695718	NOVO-PIROCAM	NOP	FNSW
00836249	PMS-PIROXICAM	PMS	FNSW
00865761	NU-PIROX	NXP	FNSW
02171813	GEN-PIROXICAM	GPM	FNSW

##### 20MG CAPSULE

00642894	APO-PIROXICAM	APX	FNSW
00695696	NOVO-PIROCAM	NOP	FNSW
00836230	PMS-PIROXICAM	PMS	FNSW
00865788	NU-PIROX	NXP	FNSW
02171821	GEN-PIROXICAM	GPM	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**

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#### **SULINDAC**

##### 150MG TABLET

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

##### 200MG TABLET

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

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#### **TIAPROFENIC ACID**

##### 200MG TABLET

02136112	APO-TIAPROFENIC	APX	FNSW
02179679	NOVO-TIAPROFENIC	NOP	FNSW
02230827	PMS-TIAPROFENIC	PMS	FNSW

##### 300MG TABLET

02136120	APO-TIAPROFENIC	APX	FNSW
02146886	NU-TIAPROFENIC	NXP	FNSW
02179687	NOVO-TIAPROFENIC	NOP	FNSW
02221950	SURGAM	AVN	FNSW
02230828	PMS-TIAPROFENIC	PMS	FNSW

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### **28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)**

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#### **ACETAMINOPHEN & CODEINE**

##### 300MG & 60MG TABLET

00621463	RATIO-LENOLTEC NO.4	RPH	FNSW
02163918	TYLENOL NO.4	JAN	FNSW

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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)**

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#### **ACETAMINOPHEN COMPOUND WITH CODEINE**

##### 15MG CODEINE TABLET

00293504	ATASOL-15	HOR	FNSW
00653241	RATIO-LENOLTEC NO.2	RPH	FNSW
02163934	TYLENOL NO.2	JAN	FNSW
02232388	EXDOL-15	PGH	FNSW

##### 30MG CODEINE TABLET

00293512	ATASOL-30	HOR	FNSW
00653276	RATIO-LENOLTEC NO.3	RPH	FNSW
02163926	TYLENOL NO.3	JAN	FNSW
02232389	EXDOL-30	PGH	FNSW

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#### **ACETYLSALICYLIC ACID COMPOUND WITH CODEINE**

##### 30MG CODEINE TABLET

02238645	292	PGH	FNSW
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#### **CODEINE PHOSPHATE**

##### 5MG/ML SYRUP

00779474	RATIO-CODEINE	RPH	FNSW
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##### 15MG TABLET

00593435	RATIO-CODEINE	RPH	FNSW
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##### 30MG TABLET

00593451	RATIO-CODEINE	RPH	FNSW
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#### **FENTANYL**

##### **SEE APPENDIX A FOR EDS CRITERIA**

##### 25UG/HR TRANSDERMAL PATCH

01937383	DURAGESIC (EDS)	JAN	FNSW
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##### 50UG/HR TRANSDERMAL PATCH

01937391	DURAGESIC (EDS)	JAN	FNSW
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##### 75UG/HR TRANSDERMAL PATCH

01937405	DURAGESIC (EDS)	JAN	FNSW
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##### 100UG/HR TRANSDERMAL PATCH

01937413	DURAGESIC (EDS)	JAN	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

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#### HYDROMORPHONE HCL

1MG/ML ORAL LIQUID

00786535	DILAUDID	ABB	FNSW
01916386	PMS-HYDROMORPHONE	PMS	FNSW

1MG TABLET

00705438	DILAUDID	ABB	FNSW
00885444	PMS-HYDROMORPHONE	PMS	FNSW

2MG TABLET

00125083	DILAUDID	ABB	FNSW
00885436	PMS-HYDROMORPHONE	PMS	FNSW

4MG TABLET

00125121	DILAUDID	ABB	FNSW
00885401	PMS-HYDROMORPHONE	PMS	FNSW

8MG TABLET

00786543	DILAUDID	ABB	FNSW
00885428	PMS-HYDROMORPHONE	PMS	FNSW

3MG CONTROLLED-RELEASE CAPSULE

**SEE APPENDIX A FOR EDS CRITERIA**

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

**SEE APPENDIX A FOR EDS CRITERIA**

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

**SEE APPENDIX A FOR EDS CRITERIA**

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

**SEE APPENDIX A FOR EDS CRITERIA**

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

**SEE APPENDIX A FOR EDS CRITERIA**

02125390	HYDROMORPH CONTIN (EDS)	PFR	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

#### HYDROMORPHONE HCL (CONTINUED)

##### 2MG/ML INJECTION SOLUTION (1ML)

00627100	DILAUDID	ABB	N
02145901	HYDROMORPHONE HP	SAB	N

##### 10MG/ML INJECTION SOLUTION (1ML, 5ML, AND 50ML)

##### SEE APPENDIX A FOR EDS CRITERIA

00622133	DILAUDID HP (EDS)	ABB	N
02145928	HYDROMORPHONE HP (EDS)	SAB	N

##### 50MG/ML INJECTION SOLUTION (50ML)

##### SEE APPENDIX A FOR EDS CRITERIA

02145863	DILAUDID XP (EDS)	ABB	N
02146126	HYDROMORPHONE HP (EDS)	SAB	N

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#### MEPERIDINE HCL

##### 50MG TABLET

02138018	DEMEROL	SAW	FNSW
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##### 50MG/ML INJECTION SOLUTION (1ML)

00497452	MEPERIDINE	ABB	N
00725765	MEPERIDINE	SAB	N
02242003	DEMEROL	ABB	N

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

00497479	MEPERIDINE	ABB	N
00725749	MEPERIDINE	SAB	N
02242005	DEMEROL	ABB	N

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#### MORPHINE

##### 1MG/ML ORAL SOLUTION

00486582	M.O.S.	ICN	FNSW
00591467	STATEX	PAL	FNSW
00607762	RATIO-MORPHINE	RPH	FNSW

##### 5MG/ML ORAL SOLUTION

00514217	M.O.S.	ICN	FNSW
00591475	STATEX	PAL	FNSW
00607770	RATIO-MORPHINE	RPH	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)**

#### **MORPHINE (CONTINUED)**

##### 10MG/ML ORAL SOLUTION

00632503	M.O.S.	ICN	FNSW
00647217	STATEX	PAL	FNSW
00690783	RATIO-MORPHINE	RPH	FNSW

##### 20MG/ML ORAL SOLUTION

00621935	STATEX	PAL	FNSW
00632481	M.O.S.	ICN	FNSW
00690791	RATIO-MORPHINE	RPH	FNSW

##### 5MG TABLET

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

##### 10MG TABLET

00594644	STATEX	PAL	FNSW
00690198	M.O.S.	ICN	FNSW
02009765	M.O.S.-SULFATE	ICN	FNSW
02014211	MSIR	PFR	FNSW

##### 20MG TABLET

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

##### 25MG TABLET

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

##### 30MG TABLET

02014254	MSIR	PFR	FNSW
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##### 40MG TABLET

00690228	M.O.S.	ICN	FSW
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##### 50MG TABLET

00675962	STATEX	PAL	FSW
02009706	M.O.S.-SULFATE	ICN	FSW

##### 60MG TABLET

00690244	M.O.S.	ICN	FSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

#### MORPHINE (CONTINUED)

10MG EXTENDED RELEASE CAPSULE				
02019930	M-ESLON	AVN	FNSW	
15MG EXTENDED RELEASE CAPSULE				
02177749	M-ESLON	AVN	FNSW	
30MG EXTENDED RELEASE CAPSULE				
02019949	M-ESLON	AVN	FNSW	
60MG EXTENDED RELEASE CAPSULE				
02019957	M-ESLON	AVN	FNSW	
100MG EXTENDED RELEASE CAPSULE				
02019965	M-ESLON	AVN	FNSW	
200MG EXTENDED RELEASE CAPSULE				
02177757	M-ESLON	AVN	FNSW	
15MG SUSTAINED RELEASE TABLET				
02015439	MS CONTIN	PFR	FNSW	
02244790	RATIO-MORPHINE SULFATE SR	RPH	FNSW	
02245284	PMS-MORPHINE SULFATE SR	PMS	FNSW	
30MG SUSTAINED RELEASE TABLET				
02014297	MS CONTIN	PFR	FNSW	
02244791	RATIO-MORPHINE SULFATE SR	RPH	FNSW	
02245285	PMS-MORPHINE SULFATE SR	PMS	FNSW	
30MG SUSTAINED RELEASE TABLET ( <b>NOT INTERCHANGEABLE</b> )				
00776181	M.O.S.-SR	ICN	FNSW	
60MG SUSTAINED RELEASE TABLET				
02014300	MS CONTIN	PFR	FNSW	
02244792	RATIO-MORPHINE SULFATE SR	RPH	FNSW	
02245286	PMS-MORPHINE SULFATE SR	PMS	FNSW	
60MG SUSTAINED RELEASE TABLET ( <b>NOT INTERCHANGEABLE</b> )				
00776203	M.O.S.-SR	ICN	FNSW	
100MG SUSTAINED RELEASE TABLET				
02014319	MS CONTIN	PFR	FNSW	

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)**

#### **MORPHINE (CONTINUED)**

200MG SUSTAINED RELEASE TABLET

02014327	MS CONTIN	PFR	FNSW
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10MG/ML INJECTION SOLUTION (1ML)

00392588	MORPHINE SULFATE	SAB	N
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00850322	MORPHINE SULFATE	ABB	N
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15MG/ML INJECTION SOLUTION (1ML)

00392561	MORPHINE SULFATE	SAB	N
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00850330	MORPHINE SULFATE	ABB	N
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50MG/ML INJECTION SOLUTION(5ML AND 10ML)

**SEE APPENDIX A FOR EDS CRITERIA**

00617288	MORPHINE SULFATE (EDS)	SAB	N
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#### **OXYCODONE HCL & ACETAMINOPHEN**

5MG & 325MG TABLET

00608165	RATIO-OXYCOCET	RPH	FNSW
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01916475	PERCOCET	BMS	FNSW
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01916548	ENDOCET	LIN	FNSW
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#### **OXYCODONE HCL & ACETYLSALICYLIC ACID**

5MG & 325MG TAB

00608157	RATIO-OXYCODAN	RPH	FSW
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01916483	ENDODAN	LIN	FSW
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01916572	PERCODAN	BMS	FSW
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#### **PROPOXYPHENE HCL**

65MG TABLET

00010081	642	PGH	FNSW
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**Note: Propoxyphene Napsylate 100mg is equivalent in analgesic activity to Propoxyphene HCl 65mg.**

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#### **PROPOXYPHENE NAPSYLATE**

100MG CAPSULE

00261432	DARVON-N	LIL	FNSW
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**Note: Propoxyphene Napsylate 100mg is equivalent in analgesic activity to Propoxyphene HCl 65mg**

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:08.12 OPIATE PARTIAL AGONISTS**

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#### **PENTAZOCINE**

50MG TABLET

02137984

TALWIN

SAW

FNSW

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### **28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS**

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#### **ACETAMINOPHEN**

32MG/ML ELIXIR

00999929

ACETAMINOPHEN

NW

**Note: The Drug Identification Number listed is for billing purposes only.**

80MG/ML DROPS

00999719

ACETAMINOPHEN

W

**Note: The Drug Identification Number listed is for billing purposes only.**

325MG TABLET

00999939

ACETAMINOPHEN

NW

**Note: The Drug Identification Number listed is for billing purposes only.**

500MG TABLET

00999949

ACETAMINOPHEN

NW

**Note: The Drug Identification Number listed is for billing purposes only.**

120MG RECTAL SUPPOSITORY

01919385

ABENOL

GSK

W

02230434

ACET-120

PMS

W

325MG RECTAL SUPPOSITORY

01919393

ABENOL

GSK

NW

02230436

ACET-325

PMS

NW

650MG RECTAL SUPPOSITORY

01919407

ABENOL

GSK

NW

02230437

ACET-650

PMS

NW

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#### **FLOCTAFENINE**

200MG TABLET

02017628

IDARAC

SAW

FNSW

02244680

APO-FLOCTAFENINE

APX

FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

### **28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS**

#### **FLOCTAFENINE (CONTINUED)**

400MG TABLET

02017636	IDARAC	SAW	FNSW
02244681	APO-FLOCTAFENINE	APX	FNSW

### **28:10:00 OPIATE ANTAGONISTS**

#### **NALOXONE HCL**

0.4MG/ML INJECTION SOLUTION

01913956	NARCAN	BMS	N
02148706	NALOXONE	SAB	N

### **28:12.04 ANTICONVULSANTS (BARBITURATES)**

#### **PHENOBARBITAL**

5MG/ML ELIXIR

00645575	PMS-PHENOBARBITAL	PMS	FNSW
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15MG TABLET

00178799	PMS-PHENOBARBITAL	PMS	FNSW
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30MG TABLET

00178802	PMS-PHENOBARBITAL	PMS	FNSW
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60MG TABLET

00178810	PMS-PHENOBARBITAL	PMS	FNSW
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100MG TABLET

00178829	PMS-PHENOBARBITAL	PMS	FNSW
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30MG/ML INJECTION SOLUTION

00497487	PHENOBARBITAL	ABB	N
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120MG/ML INJECTION SOLUTION

00497495	PHENOBARBITAL	ABB	N
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:12.04 ANTICONVULSANTS (BARBITURATES)

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#### PRIMIDONE

125MG TABLET

00399310

APO-PRIMIDONE

APX

FW

250MG TABLET

00396761

APO-PRIMIDONE

APX

FNSW

02042355

MYSOLINE

WAY

FNSW

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### 28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

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#### CLONAZEPAM

0.5MG TABLET

00382825

RIVOTRIL

HLR

FNSW

02103656

RATIO-CLONAZEPAM

RPH

FNSW

02173344

NU-CLONAZEPAM

NXP

FNSW

02177889

APO-CLONAZEPAM

APX

FNSW

02207818

PMS-CLONAZEPAM-R

PMS

FNSW

02230366

CLONAPAM

ICN

FNSW

02230950

GEN-CLONAZEPAM

GPM

FNSW

02233960

RHOXAL-CLONAZEPAM

RHP

FNSW

02239024

NOVO-CLONAZEPAM

NOP

FNSW

2MG TABLET

00382841

RIVOTRIL

HLR

FNSW

02048736

PMS-CLONAZEPAM

PMS

FNSW

02103737

RATIO-CLONAZEPAM

RPH

FNSW

02173352

NU-CLONAZEPAM

NXP

FNSW

02177897

APO-CLONAZEPAM

APX

FNSW

02230369

CLONAPAM

ICN

FNSW

02230951

GEN-CLONAZEPAM

GPM

FNSW

02233985

RHOXAL-CLONAZEPAM

RHP

FNSW

02239025

NOVO-CLONAZEPAM

NOP

FNSW

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#### LORAZEPAM

4MG/ML INJECTION SOLUTION

02041405

ATIVAN

WAY

N

02243278

LORAZEPAM

SAB

N

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:12.12 ANTICONVULSANTS (HYDANTOINS)**

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#### **PHENYTOIN**

25MG/ML ORAL SUSPENSION

00023450 DILANTIN PFI FNSW

50MG TABLET

00023698 DILANTIN PFI FNSW

30MG CAPSULE

00022772 DILANTIN PFI FNSW

100MG CAPSULE

00022780 DILANTIN PFI FNSW

50MG/ML INJECTION SOLUTION

00780626 PHENYTOIN SODIUM SAB N

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### **28:12.20 ANTICONVULSANTS (SUCCINIMIDES)**

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#### **ETHOSUXIMIDE**

50MG/ML SYRUP

00023485 ZARONTIN PFI FNSW

250MG CAPSULE

00022799 ZARONTIN PFI FNSW

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### **28:12.92 ANTICONVULSANTS (MISCELLANEOUS)**

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#### **CARBAMAZEPINE**

100MG CHEWABLE TABLET

00369810 TEGRETOL CHEWTAB NVR FW

02244403 TARO-CARBAMAZEPINE TAR FW

200MG CHEWABLE TABLET

00665088 TEGRETOL CHEWTAB NVR FW

02244404 TARO-CARBAMAZEPINE TAR FW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:12.92 ANTICONVULSANTS (MISCELLANEOUS)**

#### **CARBAMAZEPINE (CONTINUED)**

##### 200MG TABLET

00010405	TEGRETOL	NVR	FNSW
00402699	APO-CARBAMAZEPINE	APX	FNSW
00782718	NOVO-CARBAMAZ	NOP	FNSW
02042568	NU-CARBAMAZEPINE	NXP	FNSW

##### 200MG CONTROLLED RELEASE TABLET

00773611	TEGRETOL CR	NVR	FNSW
02231543	PMS-CARBAMAZEPINE CR	PMS	FNSW
02237907	TARO-CARBAMAZEPINE CR	TAR	FNSW
02241882	GEN-CARBAMAZEPINE CR	GPM	FNSW

##### 400MG CONTROLLED RELEASE TABLET

00755583	TEGRETOL CR	NVR	FNSW
02231544	PMS-CARBAMAZEPINE CR	PMS	FNSW
02237908	TARO-CARBAMAZEPINE CR	TAR	FNSW
02241883	GEN-CARBAMAZEPINE CR	GPM	FNSW

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#### **CLOBAZAM**

##### 10MG TABLET

02221799	FRISIUM	AVN	FNSW
02238334	NOVO-CLOBAZAM	NOP	FNSW
02238797	RATIO-CLOBAZAM	RPH	FNSW
02244474	PMS-CLOBAZAM	PMS	FNSW
02244638	APO-CLOBAZAM	APX	FNSW

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#### **DIVALPROEX SODIUM**

##### 125MG ENTERIC COATED TABLET

00596418	EPIVAL	ABB	FNSW
02239517	NU-DIVALPROEX	NXP	FNSW
02239698	APO-DIVALPROEX	APX	FNSW
02239701	NOVO-DIVALPROEX	NOP	FNSW
02244138	PMS-DIVALPROEX	PMS	FNSW

##### 250MG ENTERIC COATED TABLET

00596426	EPIVAL	ABB	FNSW
02239518	NU-DIVALPROEX	NXP	FNSW
02239699	APO-DIVALPROEX	APX	FNSW
02239702	NOVO-DIVALPROEX	NOP	FNSW
02244139	PMS-DIVALPROEX	PMS	FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

#### DIVALPROEX SODIUM (CONTINUED)

500MG ENTERIC COATED TABLET

00596434	EPIVAL	ABB	FNSW
02239519	NU-DIVALPROEX	NXP	FNSW
02239700	APO-DIVALPROEX	APX	FNSW
02239703	NOVO-DIVALPROEX	NOP	FNSW
02244140	PMS-DIVALPROEX	PMS	FNSW

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#### GABAPENTIN

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02084260	NEURONTIN (EDS)	PFI	FNSW
02243446	PMS-GABAPENTIN (EDS)	PMS	FNSW
02244304	APO-GABAPENTIN (EDS)	APX	FNSW
02244513	NOVO-GABAPENTIN (EDS)	NOP	FNSW

300MG CAPSULE

02084279	NEURONTIN (EDS)	PFI	FNSW
02243447	PMS-GABAPENTIN (EDS)	PMS	FNSW
02244305	APO-GABAPENTIN (EDS)	APX	FNSW
02244514	NOVO-GABAPENTIN (EDS)	NOP	FNSW

400MG CAPSULE

02084287	NEURONTIN (EDS)	PFI	FNSW
02243447	PMS-GABAPENTIN (EDS)	PMS	FNSW
02244305	APO-GABAPENTIN (EDS)	APX	FNSW
02244515	NOVO-GABAPENTIN (EDS)	NOP	FNSW

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#### LAMOTRIGINE

25MG TABLET

02142082	LAMICTAL	GSK	FNSW
02243352	RATIO-LAMOTRIGINE	RPH	FNSW
02245208	APO-LAMOTRIGINE	APX	FNSW

100MG TABLET

02142104	LAMICTAL	GSK	FNSW
02243353	RATIO-LAMOTRIGINE	RPH	FNSW
02245209	APO-LAMOTRIGINE	APX	FNSW

150MG TABLET

02142112	LAMICTAL	GSK	FNSW
02245210	APO-LAMOTRIGINE	APX	FNSW

**Note: Limited to a maximum one-month supply of medication.**

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

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#### TOPIRAMATE

##### 15MG SPRINKLE CAPSULE

02239907	TOPAMAX	JAN	FW
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##### 25MG TABLET

02230893	TOPAMAX	JAN	FNSW
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##### 100MG TABLET

02230894	TOPAMAX	JAN	FNSW
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##### 200MG TABLET

02230896	TOPAMAX	JAN	FNSW
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**Note: Limited to a maximum one-month supply of medication.**

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#### VALPROATE SODIUM

##### 50MG/ML SYRUP

00443832	DEPAKENE	ABB	FNSW
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02140063	RATIO-VALPROIC	RPH	FNSW
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02236807	PMS-VALPROIC	PMS	FNSW
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02238042	RATIO-DEPROIC	RPH	FNSW
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02238370	APO-VALPROIC	APX	FNSW
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#### VALPROIC ACID

##### 250MG CAPSULE

00443840	DEPAKENE	ABB	FNSW
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02100630	NOVO-VALPROIC	NOP	FNSW
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02140047	RATIO-VALPROIC	RPH	FNSW
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02184648	GEN-VALPROIC	GPM	FNSW
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02230768	PMS-VALPROIC	PMS	FNSW
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02237830	NU-VALPROIC	NXP	FNSW
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02238048	APO-VALPROIC	APX	FNSW
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02239714	RHOXAL-VALPROIC	RHP	FNSW
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##### 500MG ENTERIC COATED CAPSULE

00507989	DEPAKENE	ABB	FNSW
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02140055	RATIO-VALPROIC	RPH	FNSW
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02218321	NOVO-VALPROIC	NOP	FNSW
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02229628	PMS-VALPROIC	PMS	FNSW
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02239713	RHOXAL-VALPROIC	RHP	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:12.92 ANTICONVULSANTS (MISCELLANEOUS)**

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#### **VIGABATRIN**

500MG TABLET

02065819

SABRIL

AVN

FNSW

**Note: Limited to a maximum one-month supply of medication.**

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### **28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)**

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#### **AMITRIPTYLINE**

10MG TABLET

00335053

APO-AMITRIPTYLINE

APX

FNSW

25MG TABLET

00335061

APO-AMITRIPTYLINE

APX

FNSW

50MG TABLET

00335088

APO-AMITRIPTYLINE

APX

FNSW

#### **BUPROPION HCL**

**SEE APPENDIX A FOR EDS CRITERIA**

100MG TABLET

02237824

WELLBUTRIN SR (EDS)

GSK

FNSW

150MG TABLET

02237825

WELLBUTRIN SR (EDS)

GSK

FNSW

#### **CITALOPRAM**

20MG TABLET

02239607

CELEXA

LUD

FNSW

40MG TABLET

02239608

CELEXA

LUD

FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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#### CLOMIPRAMINE HCL

##### 10MG TABLET

00330566	ANAFRANIL	ORX	FNSW
02040786	APO-CLOMIPRAMINE	APX	FNSW
02139340	GEN-CLOMIPRAMINE	GPM	FNSW
02230256	NOVO-CLOPAMINE	NOP	FNSW

##### 25MG TABLET

00324019	ANAFRANIL	ORX	FNSW
02040778	APO-CLOMIPRAMINE	APX	FNSW
02130165	NOVO-CLOPAMINE	NOP	FNSW
02139359	GEN-CLOMIPRAMINE	GPM	FNSW

##### 50MG TABLET

00402591	ANAFRANIL	ORX	FNSW
02040751	APO-CLOMIPRAMINE	APX	FNSW
02130173	NOVO-CLOPAMINE	NOP	FNSW
02139367	GEN-CLOMIPRAMINE	GPM	FNSW

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#### DESIPRAMINE

##### 10MG TABLET

01946250	PMS-DESIPRAMINE	PMS	FNSW
02211939	NU-DESIPRAMINE	NXP	FNSW
02216248	APO-DESIPRAMINE	APX	FNSW
02223341	NOVO-DESIPRAMINE	NOP	FNSW

##### 25MG TABLET

01946269	PMS-DESIPRAMINE	PMS	FNSW
01948784	RATIO-DESIPRAMINE	RPH	FNSW
02099128	NORPRAMIN	AVN	FNSW
02211947	NU-DESIPRAMINE	NXP	FNSW
02216256	APO-DESIPRAMINE	APX	FNSW
02223325	NOVO-DESIPRAMINE	NOP	FNSW

##### 50MG TABLET

01946277	PMS-DESIPRAMINE	PMS	FNSW
01948792	RATIO-DESIPRAMINE	RPH	FNSW
02099136	NORPRAMIN	AVN	FNSW
02211955	NU-DESIPRAMINE	NXP	FNSW
02216264	APO-DESIPRAMINE	APX	FNSW
02223333	NOVO-DESIPRAMINE	NOP	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

#### DESIPRAMINE (CONTINUED)

##### 75MG TABLET

01946242	PMS-DESIPRAMINE	PMS	FNSW
01948806	RATIO-DESIPRAMINE	RPH	FNSW
02211963	NU-DESIPRAMINE	NXP	FNSW
02216272	APO-DESIPRAMINE	APX	FNSW
02223368	NOVO-DESIPRAMINE	NOP	FNSW

##### 100MG TABLET

02211971	NU-DESIPRAMINE	NXP	FNSW
02216280	APO-DESIPRAMINE	APX	FNSW

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#### DOXEPIN HCL

##### 10MG CAPSULE

00024325	SINEQUAN	PFI	FNSW
02049996	APO-DOXEPIN	APX	FNSW

##### 25MG CAPSULE

00024333	SINEQUAN	PFI	FNSW
01913425	NOVO-DOXEPIN	NOP	FNSW
02050005	APO-DOXEPIN	APX	FNSW

##### 50MG CAPSULE

00024341	SINEQUAN	PFI	FNSW
01913433	NOVO-DOXEPIN	NOP	FNSW
02050013	APO-DOXEPIN	APX	FNSW

##### 75MG CAPSULE

00400750	SINEQUAN	PFI	FNSW
01913441	NOVO-DOXEPIN	NOP	FNSW
02050021	APO-DOXEPIN	APX	FNSW

##### 100MG CAPSULE

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

##### 150MG CAPSULE

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

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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#### FLUOXETINE HCL

##### 10MG CAPSULE

02018985	PROZAC	LIL	FNSW
02177579	PMS-FLUOXETINE	PMS	FNSW
02192756	NU-FLUOXETINE	NXP	FNSW
02216353	APO-FLUOXETINE	APX	FNSW
02216582	NOVO-FLUOXETINE	NOP	FNSW
02237813	GEN-FLUOXETINE	GPM	FNSW
02241371	RATIO-FLUOXETINE	RPH	FNSW
02242177	CO-FLUOXETINE	COB	FNSW
02243486	RHOXAL-FLUOXETINE	RHP	FNSW

##### 20MG CAPSULE

00636622	PROZAC	LIL	FNSW
02177587	PMS-FLUOXETINE	PMS	FNSW
02192764	NU-FLUOXETINE	NXP	FNSW
02216361	APO-FLUOXETINE	APX	FNSW
02216590	NOVO-FLUOXETINE	NOP	FNSW
02237814	GEN-FLUOXETINE	GPM	FNSW
02241374	RATIO-FLUOXETINE	RPH	FNSW
02242178	CO-FLUOXETINE	COB	FNSW
02243487	RHOXAL-FLUOXETINE	RHP	FNSW

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#### FLUVOXAMINE MALEATE

##### 50MG TABLET

01919342	LUVOX	SLV	FNSW
02218453	RATIO-FLUVOXAMINE	RPH	FNSW
02231192	NU-FLUVOXAMINE	NXP	FNSW
02231329	APO-FLUVOXAMINE	APX	FNSW
02239953	NOVO-FLUVOXAMINE	NOP	FNSW
02240682	PMS-FLUVOXAMINE	PMS	FNSW

##### 100MG TABLET

01919369	LUVOX	SLV	FNSW
02218461	RATIO-FLUVOXAMINE	RPH	FNSW
02231193	NU-FLUVOXAMINE	NXP	FNSW
02231330	APO-FLUVOXAMINE	APX	FNSW
02239954	NOVO-FLUVOXAMINE	NOP	FNSW
02240683	PMS-FLUVOXAMINE	PMS	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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#### IMIPRAMINE

##### 10MG TABLET

00360201	APO-IMIPRAMINE	APX	FNSW
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##### 25MG TABLET

00010472	TOFRANIL	NVR	FNSW
00312797	APO-IMIPRAMINE	APX	FNSW

##### 50MG TABLET

00010480	TOFRANIL	NVR	FNSW
00326852	APO-IMIPRAMINE	APX	FNSW

##### 75MG TABLET

00306487	TOFRANIL	NVR	FNSW
00644579	APO-IMIPRAMINE	APX	FNSW

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#### L-TRYPTOPHAN

##### 500MG TABLET

02029456	TRYPTAN	ICN	FNSW
02240333	RATIO-TRYPTOPHAN	RPH	FNSW
02240445	PMS-TRYPTOPHAN	PMS	FNSW

##### 1G TABLET

00654531	TRYPTAN	ICN	FNSW
02230202	PMS-TRYPTOPHAN	PMS	FNSW
02237250	RATIO-TRYPTOPHAN	RPH	FNSW

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#### MAPROTILINE HCL

##### 10MG TABLET

02158604	NOVO-MAPROTILINE	NOP	FNSW
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##### 25MG TABLET

02158612	NOVO-MAPROTILINE	NOP	FNSW
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##### 50MG TABLET

02158620	NOVO-MAPROTILINE	NOP	FNSW
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##### 75MG TABLET

02158639	NOVO-MAPROTILINE	NOP	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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#### MIRTAZAPINE

30MG TABLET

02243910	REMERON	ORG	FNSW
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#### MOCLOBEMIDE

100MG TABLET

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

150MG TABLET

00899356	MANERIX	HLR	FNSW
02218410	RATIO-MOCLOBEMIDE	RPH	FNSW
02232150	APO-MOCLOBEMIDE	APX	FNSW
02237112	NU-MOCLOBEMIDE	NXP	FNSW
02239747	NOVO-MOCLOBEMIDE	NOP	FNSW
02243218	PMS-MOCLOBEMIDE	PMS	FNSW

300MG TABLET

02166747	MANERIX	HLR	FNSW
02239748	NOVO-MOCLOBEMIDE	NOP	FNSW
02240456	APO-MOCLOBEMIDE	APX	FNSW
02243219	PMS-MOCLOBEMIDE	PMS	FNSW

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#### NEFAZODONE

100MG TABLET

02087375	SERZONE	BMS	FNSW
02237398	LIN-NEFAZODONE	LIN	FNSW
02242823	APO-NEFAZODONE	APX	FNSW
02245102	PMS-NEFAZODONE	PMS	FNSW
02245203	GEN-NEFAZODONE	GPM	FNSW
02245435	NOVO-NEFAZODONE	NOP	FNSW

150MG TABLET

02087383	SERZONE	BMS	FNSW
02237399	LIN-NEFAZODONE	LIN	FNSW
02242824	APO-NEFAZODONE	APX	FNSW
02245103	PMS-NEFAZODONE	PMS	FNSW
02245204	GEN-NEFAZODONE	GPM	FNSW
02245436	NOVO-NEFAZODONE	NOP	FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

#### NEFAZODONE (CONTINUED)

##### 200MG TABLET

02087391	SERZONE	BMS	FNSW
02237400	LIN-NEFAZODONE	LIN	FNSW
02242825	APO-NEFAZODONE	APX	FNSW
02245111	PMS-NEFAZODONE	PMS	FNSW
02245205	GEN-NEFAZODONE	GPM	FNSW
02245437	NOVO-NEFAZODONE	NOP	FNSW

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#### NORTRIPTYLINE

##### 10MG CAPSULE

00015229	AVENTYL	PMS	FNSW
02177692	PMS-NORTRIPTYLINE	PMS	FNSW
02223139	NU-NORTRIPTYLINE	NXP	FNSW
02223511	APO-NORTRIPTYLINE	APX	FNSW
02230361	NORVENTYL	ICN	FNSW
02231686	GEN-NORTRIPTYLINE	GPM	FNSW
02231781	NOVO-NORTRIPTYLINE	NOP	FNSW
02240789	RATIO-NORTRIPTYLINE	RPH	FNSW

##### 25MG CAPSULE

00015237	AVENTYL	PMS	FNSW
02177706	PMS-NORTRIPTYLINE	PMS	FNSW
02223147	NU-NORTRIPTYLINE	NXP	FNSW
02223538	APO-NORTRIPTYLINE	APX	FNSW
02231687	GEN-NORTRIPTYLINE	GPM	FNSW
02231782	NOVO-NORTRIPTYLINE	NOP	FNSW
02240790	RATIO-NORTRIPTYLINE	RPH	FNSW

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#### PAROXETINE HCL

##### 20MG TABLET

01940481	PAXIL	GSK	FNSW
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##### 30MG TABLET

01940473	PAXIL	GSK	FNSW
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#### PHENELZINE SULFATE

##### 15MG TABLET

00476552	NARDIL	PFI	FNSW
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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#### SERTRALINE HCL

##### 25MG CAPSULE

02132702	ZOLOFT	PFI	FNSW
02238280	APO-SERTRALINE	APX	FNSW
02240485	NOVO-SERTRALINE	NOP	FNSW
02242519	GEN-SERTRALINE	GPM	FNSW
02244838	PMS-SERTRALINE	PMS	FNSW
02245159	RHOXAL-SERTRALINE	RHP	FNSW
02245787	RATIO-SERTRALINE	RPH	FNSW

##### 50MG CAPSULE

01962817	ZOLOFT	PFI	FNSW
02238281	APO-SERTRALINE	APX	FNSW
02240484	NOVO-SERTRALINE	NOP	FNSW
02242520	GEN-SERTRALINE	GPM	FNSW
02244839	PMS-SERTRALINE	PMS	FNSW
02245160	RHOXAL-SERTRALINE	RHP	FNSW
02245788	RATIO-SERTRALINE	RPH	FNSW

##### 100MG CAPSULE

01962779	ZOLOFT	PFI	FNSW
02238282	APO-SERTRALINE	APX	FNSW
02240481	NOVO-SERTRALINE	NOP	FNSW
02242521	GEN-SERTRALINE	GPM	FNSW
02244840	PMS-SERTRALINE	PMS	FNSW
02245161	RHOXAL-SERTRALINE	RHP	FNSW
02245789	RATIO-SERTRALINE	RPH	FNSW

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#### TRANLYCYPROMINE SULFATE

##### 10MG TABLET

01919598	PARNATE	GSK	FNSW
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#### TRAZODONE HCL

##### 50MG TABLET

00579351	DESYREL	BMS	FNSW
01937227	PMS-TRAZODONE	PMS	FNSW
02053187	RATIO-TRAZODONE	RPH	FNSW
02144263	NOVO-TRAZODONE	NOP	FNSW
02147637	APO-TRAZODONE	APX	FNSW
02165384	NU-TRAZODONE	NXP	FNSW
02230284	TRAZOREL	ICN	FNSW
02231683	GEN-TRAZODONE	GPM	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

#### TRAZODONE HCL (CONTINUED)

##### 100MG TABLET

00579378	DESYREL	BMS	FNSW
01937235	PMS-TRAZODONE	PMS	FNSW
02053195	RATIO-TRAZODONE	RPH	FNSW
02144271	NOVO-TRAZODONE	NOP	FNSW
02147645	APO-TRAZODONE	APX	FNSW
02165392	NU-TRAZODONE	NXP	FNSW
02230285	TRAZOREL	ICN	FNSW
02231684	GEN-TRAZODONE	GPM	FNSW

##### 150MG TABLET

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

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#### TRIMIPRAMINE

##### 75MG CAPSULE

00761656	RHOTRIMINE	RHP	FNSW
01926349	SURMONTIL	AVN	FNSW
02070987	APO-TRIMIP	APX	FNSW

##### 12.5MG TABLET

00740799	APO-TRIMIP	APX	FNSW
00761605	RHOTRIMINE	RHP	FNSW
01926357	SURMONTIL	AVN	FNSW
02020599	NU-TRIMIPRAMINE	NXP	FNSW

##### 25MG TABLET

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

##### 50MG TABLET

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

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)**

#### **TRIMIPRAMINE (CONTINUED)**

##### 100MG TABLET

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

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#### **VENLAFAXINE HCL**

##### 37.5MG TABLET

02103680	EFFEXOR	WAY	FNSW
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##### 75MG TABLET

02103702	EFFEXOR	WAY	FNSW
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##### 37.5MG EXTENDED RELEASE CAPSULE

02237279	EFFEXOR XR	WAY	FNSW
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##### 75MG EXTENDED RELEASE CAPSULE

02237280	EFFEXOR XR	WAY	FNSW
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##### 150MG EXTENDED RELEASE CAPSULE

02237282	EFFEXOR XR	WAY	FNSW
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)**

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#### **CHLORPROMAZINE**

5MG/ML ORAL SOLUTION

01929968                      LARGACTIL                      RHP                      FNSW

20MG/ML ORAL SOLUTION

01929976                      LARGACTIL                      RHP                      FNSW

10MG TABLET

00232157                      NOVO-CHLORPROMAZINE                      NOP                      FNSW

25MG TABLET

00232823                      NOVO-CHLORPROMAZINE                      NOP                      FNSW

50MG TABLET

00232807                      NOVO-CHLORPROMAZINE                      NOP                      FNSW

100MG TABLET

00232831                      NOVO-CHLORPROMAZINE                      NOP                      FNSW

25MG/ML INJECTION SOLUTION (2ML)

00743518                      CHLORPROMAZINE                      SAB                      N

01929984                      LARGACTIL                      RHP                      N

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#### **CLOZAPINE**

**SEE APPENDIX A FOR EDS CRITERIA**

25MG TABLET

00894737                      CLOZARIL (EDS)                      NVR                      FNSW

100MG TABLET

00894745                      CLOZARIL (EDS)                      NVR                      FNSW

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

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#### **FLUPENTHIXOL DECANOATE**

20MG/ML DEPOT INJECTION SOLUTION (10ML)

02156032                      FLUANXOL DEPOT                      LUD                      B

100MG/ML DEPOT INJECTION SOLUTION (2ML)

02156040                      FLUANXOL DEPOT                      LUD                      B

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)**

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#### **FLUPENTHIXOL DIHYDROCHLORIDE**

0.5MG TABLET

02156008	FLUANXOL	LUD	FNSW
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3MG TABLET

02156016	FLUANXOL	LUD	FNSW
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#### **FLUPHENAZINE DECANOATE**

25MG/ML DEPOT INJECTION SOLUTION (5ML)

00349917	MODECATE	BMS	B
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02091275	PMS-FLUPHENAZINE DECANOATE	PMS	B
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02211157	RHO-FLUPHENAZINE	RHP	B
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02244166	APO-FLUPHENAZINE	APX	B
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100MG/ML DEPOT INJECTION SOLUTION (1ML)

00755575	MODECATE CONCENTRATE	BMS	B
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02211165	RHO-FLUPHENAZINE	RHP	B
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02241928	PMS-FLUPHENAZINE	PMS	B
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#### **FLUPHENAZINE HCL**

1MG TABLET

00405345	APO-FLUPHENAZINE	APX	FNSW
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2MG TABLET

00410632	APO-FLUPHENAZINE	APX	FNSW
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5MG TABLET

00405361	APO-FLUPHENAZINE	APX	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

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#### HALOPERIDOL

##### 2MG/ML ORAL SOLUTION

00552429	RATIO-HALOPERIDOL	RPH	FNSW
00587702	APO-HALOPERIDOL	APX	FNSW
00759503	PMS-HALOPERIDOL	PMS	FNSW

##### 0.5MG TABLET

00363685	NOVO-PERIDOL	NOP	FNSW
00396796	APO-HALOPERIDOL	APX	FNSW
00552135	RATIO-HALOPERIDOL	RPH	FNSW

##### 1MG TABLET

00363677	NOVO-PERIDOL	NOP	FNSW
00396818	APO-HALOPERIDOL	APX	FNSW
00552143	RATIO-HALOPERIDOL	RPH	FNSW

##### 2MG TABLET

00363669	NOVO-PERIDOL	NOP	FNSW
00396826	APO-HALOPERIDOL	APX	FNSW

##### 5MG TABLET

00363650	NOVO-PERIDOL	NOP	FNSW
00396834	APO-HALOPERIDOL	APX	FNSW
00647969	RATIO-HALOPERIDOL	RPH	FNSW

##### 10MG TABLET

00463698	APO-HALOPERIDOL	APX	FNSW
00713449	NOVO-PERIDOL	NOP	FNSW
00728306	RATIO-HALOPERIDOL	RPH	FNSW

##### 20MG TABLET

00768820	NOVO-PERIDOL	NOP	FNSW
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##### 5MG/ML INJECTION SOLUTION (1ML)

00808652	HALOPERIDOL	SAB	N
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#### HALOPERIDOL DECANOATE

##### 50MG/ML DEPOT INJECTION SOLUTION (5ML)

02130297	HALOPERIDOL LA	SAB	B
02211130	RHO-HALOPERIDOL	RHP	B
02242361	APO-HALOPERIDOL LA	APX	B

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

#### HALOPERIDOL DECANOATE (CONTINUED)

100MG/ML DEPOT INJECTION SOLUTION (5ML)

02130300	HALOPERIDOL LA	SAB	B
02211149	RHO-HALOPERIDOL	RHP	B
02242362	APO-HALOPERIDOL LA	APX	B

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#### LOXAPINE SUCCINATE

5MG TABLET

02230837	PMS-LOXAPINE	PMS	FNSW
02237534	NU-LOXAPINE	NXP	FNSW
02237651	APO-LOXAPINE	APX	FNSW

10MG TABLET

02230838	PMS-LOXAPINE	PMS	FNSW
02237535	NU-LOXAPINE	NXP	FNSW
02237652	APO-LOXAPINE	APX	FNSW

25MG TABLET

02230839	PMS-LOXAPINE	PMS	FNSW
02237536	NU-LOXAPINE	NXP	FNSW
02237653	APO-LOXAPINE	APX	FNSW

50MG TABLET

02230840	PMS-LOXAPINE	PMS	FNSW
02237537	NU-LOXAPINE	NXP	FNSW
02237654	APO-LOXAPINE	APX	FNSW

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#### OLANZAPINE

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

02229250	ZYPREXA (EDS)	LIL	FNSW
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5MG TABLET

02229269	ZYPREXA (EDS)	LIL	FNSW
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7.5MG TABLET

02229277	ZYPREXA (EDS)	LIL	FNSW
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10MG TABLET

02229285	ZYPREXA (EDS)	LIL	FNSW
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15MG TABLET

02238850	ZYPREXA (EDS)	LIL	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)**

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#### **PERICYAZINE**

5MG CAPSULE

01926780 NEULEPTIL ERF FNSW

10MG CAPSULE

01926772 NEULEPTIL ERF FNSW

20MG CAPSULE

01926764 NEULEPTIL ERF FNSW

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#### **PERPHENAZINE**

2MG TABLET

00335134 APO-PERPHENAZINE APX FNSW

4MG TABLET

00335126 APO-PERPHENAZINE APX FNSW

8MG TABLET

00335118 APO-PERPHENAZINE APX FNSW

16MG TABLET

00335096 APO-PERPHENAZINE APX FNSW

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#### **PIMOZIDE**

2MG TABLET

00313815 ORAP PMS FNSW

4MG TABLET

00313823 ORAP PMS FNSW

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#### **PIPOTIAZINE PALMITATE**

25MG/ML DEPOT INJECTION SOLUTION (1ML)

01926667 PIPORTIL L4 AVN B

50MG/ML DEPOT INJECTION SOLUTION (1ML & 2ML)

01926675 PIPORTIL L4 AVN B

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

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#### PROCHLORPERAZINE

1MG/ML ORAL SOLUTION

01927787                      STEMETIL                      RHP                      FNSW

10MG RECTAL SUPPOSITORY

01927795                      STEMETIL                      RHP                      FNSW

5MG TABLET

00886440                      APO-PROCHLORAZINE                      APX                      FNSW

01927752                      STEMETIL                      RHP                      FNSW

01964399                      NU-PROCHLOR                      NXP                      FNSW

10MG TABLET

00886432                      APO-PROCHLORAZINE                      APX                      FNSW

01927760                      STEMETIL                      RHP                      FNSW

01964402                      NU-PROCHLOR                      NXP                      FNSW

5MG/ML INJECTION SOLUTION (2ML)

00789747                      PROCHLORPERAZINE                      SAB                      N

01927779                      STEMETIL                      RHP                      N

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#### QUETIAPINE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

02236951                      SEROQUEL (EDS)                      AZE                      FNSW

100MG TABLET

02236952                      SEROQUEL (EDS)                      AZE                      FNSW

150MG TABLET

02240862                      SEROQUEL (EDS)                      AZE                      FNSW

200MG TABLET

02236953                      SEROQUEL (EDS)                      AZE                      FNSW

300MG TABLET

02244107                      SEROQUEL (EDS)                      AZE                      FNSW

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)**

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#### **RISPERIDONE**

0.25MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

02240551	RISPERDAL (EDS)	JAN	FNSW
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0.5MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

02240552	RISPERDAL (EDS)	JAN	FNSW
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1MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

02025280	RISPERDAL (EDS)	JAN	FNSW
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2MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA**

02025299	RISPERDAL (EDS)	JAN	FNSW
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3MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA**

02025302	RISPERDAL (EDS)	JAN	FNSW
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4MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA**

02025310	RISPERDAL (EDS)	JAN	FNSW
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#### **THIORIDAZINE**

10MG TABLET

00360228	APO-THIORIDAZINE	APX	FW
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25MG TABLET

00360198	APO-THIORIDAZINE	APX	FW
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50MG TABLET

00360236	APO-THIORIDAZINE	APX	FW
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100MG TABLET

00360244	APO-THIORIDAZINE	APX	FW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)**

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#### **THIOTHIXENE**

2MG CAPSULE				
00024430	NAVANE	PFI	FNSW	
5MG CAPSULE				
00024449	NAVANE	PFI	FNSW	
10MG CAPSULE				
00024457	NAVANE	PFI	FNSW	

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#### **TRIFLUOPERAZINE**

10MG/ML ORAL SOLUTION				
00751871	PMS-TRIFLUOPERAZINE	PMS	FNSW	
1MG TABLET				
00345539	APO-TRIFLUOPERAZINE	APX	FNSW	
2MG TABLET				
00312754	APO-TRIFLUOPERAZINE	APX	FNSW	
5MG TABLET				
00312746	APO-TRIFLUOPERAZINE	APX	FNSW	
10MG TABLET				
00326836	APO-TRIFLUOPERAZINE	APX	FNSW	

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## **28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS**

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#### **DEXTROAMPHETAMINE SULFATE**

5MG TABLET				
01924516	DEXEDRINE	GSK	FW	
10MG SUSTAINED RELEASE CAPSULE				
01924559	DEXEDRINE	GSK	FW	
15MG SUSTAINED RELEASE CAPSULE				
01924567	DEXEDRINE	GSK	FW	

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS**

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#### **METHYLPHENIDATE HCL**

##### 10MG TABLET

00005606	RITALIN	NVR	FW
00584991	PMS-METHYLPHENIDATE	PMS	FW
02230321	RATIO-METHYLPHENIDATE	RPH	FW

##### 20MG TABLET

00005614	RITALIN	NVR	FW
00585009	PMS-METHYLPHENIDATE	PMS	FW
02230322	RATIO-METHYLPHENIDATE	RPH	FW

##### 20MG SUSTAINED RELEASE TABLET

00632775	RITALIN SR	NVR	FW
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#### **MODAFINIL**

##### **SEE APPENDIX A FOR EDS CRITERIA**

##### 100MG TABLET

02239665	ALERTEC (EDS)	DPY	FW
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### **28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)**

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#### **ALPRAZOLAM**

##### 0.25MG TABLET

00548359	XANAX	PHU	FNSW
00677485	RATIO-ALPRAZOLAM	RPH	FNSW
00865397	APO-ALPRAZ	APX	FNSW
01913239	NU-ALPRAZ	NXP	FNSW
01913484	NOVO-ALPRAZOL	NOP	FNSW
02137534	GEN-ALPRAZOLAM	GPM	FNSW

##### 0.5MG TABLET

00548367	XANAX	PHU	FNSW
00677477	RATIO-ALPRAZOLAM	RPH	FNSW
00865400	APO-ALPRAZ	APX	FNSW
01913247	NU-ALPRAZ	NXP	FNSW
01913492	NOVO-ALPRAZOL	NOP	FNSW
02137542	GEN-ALPRAZOLAM	GPM	FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

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#### BROMAZEPAM

##### 1.5MG TABLET

00682314	LECTOPAM	HLR	FNSW
02171856	NU-BROMAZEPAM	NXP	FNSW
02177153	APO-BROMAZEPAM	APX	FNSW
02192705	GEN-BROMAZEPAM	GPM	FNSW

##### 3MG TABLET

00518123	LECTOPAM	HLR	FNSW
02171864	NU-BROMAZEPAM	NXP	FNSW
02177161	APO-BROMAZEPAM	APX	FNSW
02192713	GEN-BROMAZEPAM	GPM	FNSW
02230584	NOVO-BROMAZEPAM	NOP	FNSW

##### 6MG TABLET

00518131	LECTOPAM	HLR	FNSW
02171872	NU-BROMAZEPAM	NXP	FNSW
02177188	APO-BROMAZEPAM	APX	FNSW
02192721	GEN-BROMAZEPAM	GPM	FNSW
02230585	NOVO-BROMAZEPAM	NOP	FNSW

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#### CHLORDIAZEPOXIDE

##### 5MG CAPSULE

00522724	APO-CHLORDIAZEPOXIDE	APX	FNSW
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##### 10MG CAPSULE

00522988	APO-CHLORDIAZEPOXIDE	APX	FNSW
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##### 25MG CAPSULE

00522996	APO-CHLORDIAZEPOXIDE	APX	FNSW
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#### CLORAZEPATE DIPOTASSIUM

##### 3.75MG CAPSULE

00628190	NOVO-CLOPATE	NOP	FNSW
00860689	APO-CLORAZEPATE	APX	FNSW

##### 7.5MG CAPSULE

00628204	NOVO-CLOPATE	NOP	FNSW
00860700	APO-CLORAZEPATE	APX	FNSW

##### 15MG CAPSULE

00628212	NOVO-CLOPATE	NOP	FNSW
00860697	APO-CLORAZEPATE	APX	FNSW

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)**

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#### **DIAZEPAM**

##### 2MG TABLET

00405329	APO-DIAZEPAM	APX	FNSW
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##### 5MG TABLET

00013285	VALIUM	HLR	FNSW
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00013765	VIVOL	HOR	FNSW
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00362158	APO-DIAZEPAM	APX	FNSW
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##### 10MG TABLET

00013773	VIVOL	HOR	FNSW
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00405337	APO-DIAZEPAM	APX	FNSW
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#### **FLURAZEPAM**

##### 15MG CAPSULE

00012696	DALMANE	ICN	FNSW
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00521698	APO-FLURAZEPAM	APX	FNSW
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##### 30MG CAPSULE

00012718	DALMANE	ICN	FNSW
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00521701	APO-FLURAZEPAM	APX	FNSW
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#### **LORAZEPAM**

##### 0.5MG TABLET

00655740	APO-LORAZEPAM	APX	FNSW
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00711101	NOVO-LORAZEM	NOP	FNSW
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00728187	PMS-LORAZEPAM	PMS	NFSW
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00865672	NU-LORAZ	NXP	FNSW
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02041413	ATIVAN	WAY	FNSW
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##### 1MG TABLET

00637742	NOVO-LORAZEM	NOP	FNSW
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00655759	APO-LORAZEPAM	APX	FNSW
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00728195	PMS-LORAZEPM	PMS	NFSW
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00865680	NU-LORAZ	NXP	FNSW
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02041421	ATIVAN	WAY	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

#### LORAZEPAM (CONTINUED)

##### 2MG TABLET

00637750	NOVO-LORAZEM	NOP	FNSW
00655767	APO-LORAZEPAM	APX	FNSW
00728209	PMS-LORAZEPAM	PMS	NFSW
00865699	NU-LORAZ	NXP	FNSW
02041448	ATIVAN	WAY	FNSW

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#### MIDAZOLAM

##### 5MG/ML INJECTION SOLUTION (2ML)

02240286	MIDAZOLAM	SAB	N
02243254	APO-MIDAZOLAM	APX	N
02243935	NOVO-MIDAZOLAM	NOP	N

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#### NITRAZEPAM

##### 5MG TABLET

00511528	MOGADON	ICN	FNSW
02229654	NITRAZADON	ICN	FNSW
02234003	RHOXAL-NITRAZEPAM	RHP	FNSW
02245230	APO-NITRAZEPAM	APX	FNSW

##### 10MG TABLET

00511536	MOGADON	ICN	FNSW
02229655	NITRAZADON	ICN	FNSW
02234007	RHOXAL-NITRAZEPAM	RHP	FNSW
02245231	APO-NITRAZEPAM	APX	FNSW

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#### OXAZEPAM

##### 10MG TABLET

00402680	APO-OXAZEPAM	APX	FNSW
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##### 15MG TABLET

00402745	APO-OXAZEPAM	APX	FNSW
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##### 30MG TABLET

00402737	APO-OXAZEPAM	APX	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

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#### TEMAZEPAM

##### 15MG CAPSULE

00604453	RESTORIL	ORX	FNSW
02223570	NU-TEMAZEPAM	NXP	FNSW
02225964	APO-TEMAZEPAM	APX	FNSW
02229455	PMS-TEMAZEPAM	PMS	FNSW
02230095	NOVO-TEMAZEPAM	NOP	FNSW
02231615	GEN-TEMAZEPAM	GPM	FNSW
02243023	RATIO-TEMAZEPAM	RPH	NFSW
02244814	CO-TEMAZEPAM	COB	NFSW

##### 30MG CAPSULE

00604461	RESTORIL	ORX	FNSW
02223589	NU-TEMAZEPAM	NXP	FNSW
02225972	APO-TEMAZEPAM	APX	FNSW
02229456	PMS-TEMAZEPAM	PMS	FNSW
02230102	NOVO-TEMAZEPAM	NOP	FNSW
02231616	GEN-TEMAZEPAM	GPM	FNSW
02243024	RATIO-TEMAZEPAM	RPH	NFSW
02244815	CO-TEMAZEPAM	COB	NFSW

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#### TRIAZOLAM

**Note:** Treatment with Triazolam should usually not exceed 7 to 10 consecutive days. Use for more than 2 to 3 consecutive weeks requires a complete re-evaluation of the patient.

##### 0.125MG TABLET

00808563	APO-TRIAZO	APX	FW
00872423	NOVO-TRIALAM	NOP	FW
01995227	GEN-TRIAZOLAM	GPM	FW

##### 0.25MG TABLET

00443158	HALCION	PHU	FW
00808571	APO-TRIAZO	APX	FW
00872431	NOVO-TRIALAM	NOP	FW
01913506	GEN-TRIAZOLAM	GPM	FW

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## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

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### 28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

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#### BUSPIRONE

##### 10MG TABLET

00603821	BUSPAR	BMS	FNSW
02176122	LIN-BUSPIRONE	LIN	FNSW
02207672	NU-BUSPIRONE	NXP	FNSW
02211076	APO-BUSPIRONE	APX	FNSW
02230874	GEN-BUSPIRONE	GPM	FNSW
02230942	PMS-BUSPIRONE	PMS	FNSW
02231492	NOVO-BUSPIRONE	NOP	FNSW
02237858	RATIO-BUSPIRONE	RPH	FNSW

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#### CHLORAL HYDRATE

##### 100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE	PMS	FNSW
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#### HYDROXYZINE HCL

##### 2MG/ML SYRUP

00024694	ATARAX	PFI	FNSW
00741817	PMS-HYDROXYZINE	PMS	FNSW

##### 10MG CAPSULE

00646059	APO-HYDROXYZINE	APX	FNSW
00738824	NOVO-HYDROXYZIN	NOP	FNSW

##### 25MG CAPSULE

00646024	APO-HYDROXYZINE	APX	FNSW
00738832	NOVO-HYDROXYZIN	NOP	FNSW

##### 50MG CAPSULE

00646016	APO-HYDROXYZINE	APX	FNSW
00738840	NOVO-HYDROXYZIN	NOP	FNSW

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#### METHOTRIMEPRAZINE

##### 5MG/ML ORAL SOLUTION

01927728	NOZINAN	RHP	FNSW
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##### 40MG/ML ORAL SOLUTION

01927701	NOZINAN	RHP	FNSW
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##### 2MG TABLET

01927647	NOZINAN	RHP	FNSW
02238403	APO-METHOPRAZINE	APX	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS**

#### **METHOTRIMEPRAZINE (CONTINUED)**

##### 5MG TABLET

01927655	NOZINAN	RHP	FNSW
01964909	NOVO-MEPRAZINE	NOP	FNSW
02232903	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238404	APO-METHOPRAZINE	APX	FNSW

##### 25MG TABLET

01927663	NOZINAN	RHP	FNSW
01964925	NOVO-MEPRAZINE	NOP	FNSW
02232904	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238405	APO-METHOPRAZINE	APX	FNSW

##### 50MG TABLET

01927671	NOZINAN	RHP	FNSW
01964933	NOVO-MEPRAZINE	NOP	FNSW
02232905	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238406	APO-METHOPRAZINE	APX	FNSW

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#### **ZOPICLONE**

##### 7.5MG TABLET

01926799	IMOVANE	AVN	FNW
02008203	RHOVANE	RHP	FNW
02218313	APO-ZOPICLONE	APX	FNW
02228270	NU-ZOPICLONE	NXP	FNW
02238596	GEN-ZOPICLONE	GPM	FNW
02240606	PMS-ZOPICLONE	PMS	FNW
02242481	RATIO-ZOPICLONE	RPH	FNW

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## **28:00 CENTRAL NERVOUS SYSTEM DRUGS**

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### **28:28.00 ANTIMANIC AGENTS**

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#### **LITHIUM CARBONATE**

##### 150MG CAPSULE

00461733	CARBOLITH	ICN	FNSW
02216132	PMS-LITHIUM CARBONATE	PMS	FNSW
02242837	APO-LITHIUM CARBONATE	APX	FNSW

##### 150MG CAPSULE (NOT INTERCHANGEABLE)

02013231	LITHANE	PFI	FNSW
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##### 300MG CAPSULE

00236683	CARBOLITH	ICN	FNSW
02216140	PMS-LITHIUM CARBONATE	PMS	FNSW
02242838	APO-LITHIUM CARBONATE	APX	FNSW

##### 300MG CAPSULE (NOT INTERCHANGEABLE)

00406775	LITHANE	PFI	FNSW
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##### 600MG CAPSULE

02011239	CARBOLITH	ICN	FNSW
02216159	PMS-LITHIUM CARBONATE	PMS	FNSW

##### 300MG SUSTAINED RELEASE TABLET

00590665	DURALITH	JAN	FNSW
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## **36:00 DIAGNOSTIC AGENTS**

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### **36:84.00 TUBERCULOSIS**

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#### **TUBERCULIN PURIFIED PROTEIN DERIVATIVE**

INJECTION SOLUTION (1.0ML)

00317268

TUBERSOL

AVP

I

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### **36:88.00 URINE CONTENTS**

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#### **GLUCOSE OXIDASE/PEROXIDASE REAGENT**

STICK

00977160

DIASTIX

BAY

D

**Note: The Drug Identification Number listed is for billing purposes only.**

---

#### **SODIUM NITROPRUSSIDE REAGENT**

STICK

00977322

KETOSTIX

BAY

D

**Note: The Drug Identification Number listed is for billing purposes only.**

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

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### **40:08.00 ALKALINIZING AGENTS**

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#### **SODIUM BICARBONATE**

500MG TABLET

00392839 SODIUM BICARBONATE SAB N

50MMOL INJECTION SOLUTION (50ML SYRINGE)

00261998 SODIUM BICARBONATE INJECTION ABB N

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### **40:12.00 REPLACEMENT AGENTS**

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#### **CALCIUM CARBONATE**

250MG TABLET

00999909 CALCIUM CARBONATE NW

**Note: The Drug Identification Number listed is for billing purposes only.**

500MG TABLET

00999919 CALCIUM CARBONATE NW

**Note: The Drug Identification Number listed is for billing purposes only.**

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#### **DEXTROSE**

50% INJECTION SOLUTION (50ML SYRINGE)

00037974 DEXTROSE 50% ABB N

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#### **MAGNESIUM GLUCOHEPTONATE**

100MG/ML ORAL SOLUTION

00026697 RATIO-MAGNESIUM RPH N

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#### **POTASSIUM CHLORIDE**

8MMOL LONG ACTING CAPSULE

02042304 MICRO-K EXTENCAPS WAY W

8MMOL LONG ACTING TABLET

00074225 SLOW-K NVR NW

00602884 APO-K APX NW

1.33MMOL/ML ORAL SOLUTION

01918303 K-10 GSK NW

02238604 PMS-POTASSIUM CHLORIDE PMS NW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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### **40:12.00 REPLACEMENT AGENTS**

#### **POTASSIUM CHLORIDE (CONTINUED)**

25MMOL EFFERVESCENT TABLET

02085992	K-LYTE	WES	NW
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2MMOL/ML INJECTION SOLUTION (10ML)

00037869	POTASSIUM CHLORIDE	ABB	N
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00624756	POTASSIUM CHLORIDE	AZE	N
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#### **SODIUM CHLORIDE**

0.9% INJECTION SOLUTION (10ML)

00037796	SODIUM CHLORIDE	ABB	N
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00624748	SODIUM CHLORIDE	AZE	N
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0.9% INJECTION SOLUTION (100ML INTRAVENOUS BAG)

00060208	SODIUM CHLORIDE	BAX	N
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0.9% IRRIGATION SOLUTION (1000ML)

00786160	SODIUM CHLORIDE	BAX	CNW
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#### **STERILE WATER**

INJECTION SOLUTION (10ML)

00624721	STERILE WATER FOR INJECTION	AZE	CN
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02142546	STERILE WATER FOR INJECTION	ABB	CN
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### **40:18.00 POTASSIUM-REMOVING RESINS**

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#### **SODIUM POLYSTYRENE SULFONATE**

ORAL POWDER (1G BINDS WITH APPROXIMATELY 1MMOL K<sup>+</sup> IN VIVO)

00755338	PMS-SOD POLYSTYRENE SULF	PMS	FNSW
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02026961	KAYEXALATE	SAW	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



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

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### **40:28.00 DIURETICS**

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#### **CHLORTHALIDONE**

50MG TABLET

00360279 APO-CHLORTHALIDONE APX FNSW

100MG TABLET

00360287 APO-CHLORTHALIDONE APX FNSW

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#### **FUROSEMIDE**

10MG/ML ORAL SOLUTION

02224720 LASIX AVN FNSW

20MG TABLET

00337730 NOVO-SEMIDE NOP FNSW

00396788 APO-FUROSEMIDE APX FNSW

02224690 LASIX AVN FNSW

40MG TABLET

00337749 NOVO-SEMIDE NOP FNSW

00362166 APO-FUROSEMIDE APX FNSW

02224704 LASIX AVN FNSW

80MG TABLET

00707570 APO-FUROSEMIDE APX FNSW

00765953 NOVO-SEMIDE NOP FNSW

10MG/ML INJECTION SOLUTION (2ML)

00527033 FUROSEMIDE SAB N

00565040 FUROSEMIDE ABB N

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#### **HYDROCHLOROTHIAZIDE**

25MG TABLET

00021474 NOVO-HYDRAZIDE NOP FNSW

00326844 APO-HYDRO 25 APX FNSW

50MG TABLET

00021482 NOVO-HYDRAZIDE NOP FNSW

00312800 APO-HYDRO 50 APX FNSW

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#### **METOLAZONE**

2.5MG TABLET

00888400 ZAROXOLYN AVN FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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### **40:28.10 DIURETICS (POTASSIUM-SPARING)**

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#### **AMILORIDE HCL & HYDROCHLOROTHIAZIDE**

5MG & 50MG TABLET

00487813	MODURET	MSD	FNSW
00784400	APO-AMILZIDE	APX	FNSW
00886106	NU-AMILZIDE	NXP	FNSW
01937219	NOVAMILOR	NOP	FNSW

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#### **SPIRONOLACTONE**

25MG TABLET

00028606	ALDACTONE	PHU	FNSW
00613215	NOVO-SPIROTON	NOP	FNSW

100MG TABLET

00285455	ALDACTONE	PHU	FNSW
00613223	NOVO-SPIROTON	NOP	FNSW

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#### **SPIRONOLACTONE & HYDROCHLOROTHIAZIDE**

25MG & 25MG TABLET

00180408	ALDACTAZIDE-25	PHU	FNSW
00613231	NOVO-SPIROZINE-25	NOP	FNSW

50MG & 50MG TABLET

00594377	ALDACTAZIDE-50	PHU	FNSW
00657182	NOVO-SPIROZINE-50	NOP	FNSW

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#### **TRIAMTERENE & HYDROCHLOROTHIAZIDE**

50MG & 25MG TABLET

00441775	APO-TRIAZIDE	APX	FNSW
00532657	NOVO-TRIAMZIDE	NOP	FNSW
00865532	NU-TRIAZIDE	NXP	FNSW

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

### **40:40.00 URICOSURIC DRUGS**

#### **PROBENECID**

500MG TABLET

00294926

BENURYL

ICN

FSW

#### **SULFINPYRAZONE**

100MG TABLET

00441759

APO-SULFINPYRAZONE

APX

FNSW

02045680

NU-SULFINPYRAZONE

NXP

FNSW

200MG TABLET

00441767

APO-SULFINPYRAZONE

APX

FNSW

02045699

NU-SULFINPYRAZONE

NXP

FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **48:00 ANTITUSSIVES, EXPECTORANTS & MUCOLYTIC AGENTS**

### **48:08.00 ANTITUSSIVES**

#### **CODEINE & GUAIFENESIN & PHENIRAMINE**

2MG & 20MG & 1.5MG PER ML SYRUP

01934740	ROBITUSSIN AC	WHR	W
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#### **DEXTROMETHORPHAN HBR**

3MG/ML SYRUP (NOT INTERCHANGEABLE)

01928775	BALMINIL DM (SUCROSE & ALCOHOL FREE)	ROG	NW
01944738	BENYLIN DM	PFI	NW

#### **HYDROCODONE**

1MG/ML SYRUP

01916580	HYCODAN	BMS	N
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### **48:16.00 EXPECTORANTS**

#### **GUAIFENESIN**

20MG/ML ORAL LIQUID (NOT INTERCHANGEABLE)

00609951	BALMINIL EXPECTORANT (SUCROSE & ALCOHOL FREE)	ROG	NW
01931032	ROBITUSSIN	WRI	NW

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

### **52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)**

#### **CHLORAMPHENICOL**

1% OPHTHALMIC OINTMENT (3.5G)

01980564 SAB-PENTAMYCETIN SAB FNSW

0.5% OPHTHALMIC SOLUTION

02164051 SAB-PENTAMYCETIN SAB FNSW

#### **ERYTHROMYCIN BASE**

0.5% OPHTHALMIC OINTMENT (3.5G)

01912755 PMS-ERYTHROMYCIN PMS FNSW

#### **GENTAMICIN SULFATE**

0.3% OPHTHALMIC OINTMENT (3.5G)

00028339 GARAMYCIN SCH FNSW

02230888 SAB-GENTAMICIN SAB FNSW

0.3% OPHTHALMIC SOLUTION

00436771 ALCOMICIN ALC FNSW

00512192 GARAMYCIN PMS FNSW

00776521 PMS-GENTAMICIN PMS FNSW

02212927 GENTAMICIN RVX FNSW

02229440 SAB-GENTAMICIN SAB FNSW

0.3% OTIC SOLUTION

00512184 GARAMYCIN PMS FNSW

02229441 SAB-GENTAMICIN SAB FNSW

02230889 PMS-GENTAMICIN PMS FNSW

#### **POLYMYXIN B & BACITRACIN**

10,000U & 500U/G OPHTHALMIC OINTMENT

02160889 OPTIMYXIN SAB FNSW

02239157 POLYSPORIN WLA FNSW

#### **POLYMYXIN B & GRAMICIDIN**

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

00701785 OPTIMYXIN SAB FNSW

02239156 POLYSPORIN WLA FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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### **52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)**

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#### **POLYMYXIN B & NEOMYCIN & GRAMICIDIN**

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

00694371	NEOSPORIN	GSK	FNSW
00807435	OPTIMYXIN PLUS	SAB	FNSW

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#### **TOBRAMYCIN**

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254	TOBREX	ALC	FNSW
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0.3% OPHTHALMIC SOLUTION

00513962	TOBREX	ALC	FNSW
02239577	PMS-TOBRAMYCIN	PMS	FNSW
02241755	SAB-TOBRAMYCIN	SAB	FNSW
02245698	APO-TOBRAMYCIN	APX	FNSW

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### **52:04.06 ANTI-INFECTIVES (ANTIVIRALS)**

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#### **TRIFLURIDINE**

1% OPHTHALMIC SOLUTION

00687456	VIROPTIC	THM	FNSW
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### **52:04.08 ANTI-INFECTIVES (SULFONAMIDES)**

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#### **SULFACETAMIDE SODIUM**

10% OPHTHALMIC OINTMENT (3.5G)

00252522	CETAMIDE	ALC	FNSW
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10% OPHTHALMIC SOLUTION

00028053	SODIUM SULAMYD	SCH	FNSW
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## **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	FNSW
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0.3% OPHTHALMIC SOLUTION

01945270	CILOXAN (EDS)	ALC	FNSW
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#### **HEXYLRESORCINOL**

2.4MG LOZENGE

00846589	BRADOSOL	NVR	N
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### **52:08.00 ANTI-INFLAMMATORY AGENTS**

#### **BECLOMETHASONE DIPROPIONATE**

50UG/DOSE AQUEOUS NASAL SPRAY

00872318	RATIO-BECLOMETHASONE AQ.	RPH	FNSW
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02172712	GEN-BECLO AQ.	GPM	FNSW
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02238577	NU-BECLOMETHASONE	NXP	FNSW
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02238796	APO-BECLOMETHASONE	APX	FNSW
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#### **DEXAMETHASONE**

0.1% OPHTHALMIC OINTMENT (3.5G)

00042579	MAXIDEX	ALC	FNSW
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0.1% OPHTHALMIC SUSPENSION

00042560	MAXIDEX	ALC	FNSW
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0.1% OPHTHALMIC/OTIC SOLUTION

00739839	SAB-DEXAMETHASONE	SAB	FNSW
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00785261	PMS-DEXAMETHASONE	PMS	FNSW
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#### **DICLOFENAC SODIUM**

0.1% OPHTHALMIC SOLUTION

01940414	VOLTAREN OPHTHA	NVR	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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### **52:08.00 ANTI-INFLAMMATORY AGENTS**

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#### **FLUNISOLIDE**

0.025% NASAL SPRAY

00878790	RATIO-FLUNISOLIDE	RPH	FNSW
01927167	RHINARIS-F	PMS	FNSW
02162687	RHINALAR	HLR	FNSW
02239288	APO-FLUNISOLIDE	APX	FNSW

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#### **FLUOROMETHOLONE**

0.1% OPHTHALMIC SUSPENSION

00247855	FML	ALL	FNSW
02238568	PMS-FLUOROMETHOLONE	PMS	FNSW

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#### **FLUOROMETHOLONE ACETATE**

0.1% OPHTHALMIC SUSPENSION

00756784	FLAREX	ALC	FNSW
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#### **FLURBIPROFEN SODIUM**

0.03% OPHTHALMIC SOLUTION

00766046	OCUFEN	ALL	FNSW
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#### **FLUTICASONE PROPIONATE**

50UG/DOSE AQUEOUS NASAL SPRAY

02213672	FLONASE	GSK	FNSW
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#### **KETOROLAC TROMETHAMINE**

0.5% OPHTHALMIC SOLUTION

01968300	ACULAR	ALL	FNSW
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#### **PREDNISOLONE ACETATE**

0.12% OPHTHALMIC SUSPENSION

00299405	PRED MILD	ALL	FNSW
01916181	SAB-PREDNISOLONE	SAB	FNSW

1% OPHTHALMIC SUSPENSION

00301175	PRED FORTE	ALL	FNSW
00700401	RATIO-PREDNISOLONE	RPH	FNSW
01916203	SAB-PREDNISOLONE	SAB	FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



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

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

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#### **CHLORAMPHENICOL & HYDROCORTISONE**

10MG & 10MG/G OPHTHALMIC/OTIC OINTMENT

01980580                      SAB-PENTAMYCETIN HC                      SAB                      FNSW

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#### **CLIOQUINOL & FLUMETHASONE PIVALATE**

1% & 0.02% OTIC SOLUTION

00074454                      LOCACORTEN-VIOFORM                      PAL                      FNSW

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#### **FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE**

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

02224623                      SOFRACORT                      AVN                      FNSW

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#### **GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE**

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

00586706                      GARASONE                      PMS                      FNSW

3MG & 1MG/ML OPHTHALMIC/OTIC SOLUTION

00682217                      GARASONE                      PMS                      FNSW

02244999                      SAB-PENTASONE                      SAB                      FNSW

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#### **POLYMYXIN B & BACITRACIN & NEOMYCIN & HYDROCORTISONE**

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

02242485                      SAB-CORTIMYXIN                      SAB                      FNSW

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#### **POLYMYXIN B & NEOMYCIN & HYDROCORTISONE**

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

01912828                      CORTISPORIN                      GSK                      FNSW

02230386                      SAB-CORTIMYXIN                      SAB                      FNSW

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

02025736                      CORTISPORIN                      GSK                      FNSW

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#### **TOBRAMYCIN & DEXAMETHASONE**

0.3% & 0.1% OPHTHALMIC OINTMENT (3.5G)

00778915                      TOBRADEX                      ALC                      FNSW

0.3% & 0.1% OPHTHALMIC SUSPENSION

00778907                      TOBRADEX                      ALC                      FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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### **52:10.00 CARBONIC ANHYDRASE INHIBITORS**

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#### **ACETAZOLAMIDE**

250MG TABLET

00545015	APO-ACETAZOLAMIDE	APX	FNSW
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#### **DORZOLAMIDE HCL**

2% OPHTHALMIC SOLUTION

02216205	TRUSOPT	MSD	FNSW
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#### **METHAZOLAMIDE**

50MG TABLET

02238071	NEPTAZANE	WAY	FNSW
02245882	APO-METHAZOLAMIDE	APX	FNSW

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### **52:16.00 LOCAL ANESTHETICS (E.E.N.T.)**

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#### **BENZYDAMINE HCL**

**SEE APPENDIX A FOR EDS CRITERIA**

0.15% ORAL RINSE

01966065	TANTUM ORAL RINSE (EDS)	MDA	FNSW
02226820	SUN-BENZ (EDS)	SUN	FNSW
02229777	PMS-BENZYDAMINE (EDS)	PMS	FNSW
02229799	NOVO-BENZYDAMINE (EDS)	NOP	FNSW
02230170	RATIO-BENZYDAMINE (EDS)	RPH	FNSW
02239044	APO-BENZYDAMINE (EDS)	APX	FNSW

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### **52:20.00 MIOTICS**

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#### **CARBACHOL**

1.5% OPHTHALMIC SOLUTION

00000655	ISOPTO CARBACHOL	ALC	FNSW
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3% OPHTHALMIC SOLUTION

00000663	ISOPTO CARBACHOL	ALC	FNSW
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## **52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS**

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### **52:20.00 MIOTICS**

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#### **PILOCARPINE HCL**

4% OPHTHALMIC GEL (5G)

00575240 PILOPINE HS ALC FNSW

1% OPHTHALMIC SOLUTION

00000841 ISOPTO CARPINE ALC FNSW

2% OPHTHALMIC SOLUTION

00000868 ISOPTO CARPINE ALC FNSW

4% OPHTHALMIC SOLUTION

00000884 ISOPTO CARPINE ALC FNSW

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### **52:24.00 MYDRIATICS**

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#### **ATROPINE SULFATE**

1% OPHTHALMIC OINTMENT (3.5G)

00252484 ATROPINE SULFATE ALC FNSW

1% OPHTHALMIC SOLUTION

00035017 ISOPTO ATROPINE ALC FNSW

01948598 ATROPINE NVR FNSW

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#### **DIPIVEFRIN HCL**

0.1% OPHTHALMIC SOLUTION

00529117 PROPINE ALL FNSW

02032376 RATIO-DIPIVEFRIN RPH FNSW

02237868 PMS-DIPIVEFRIN PMS FNSW

02242232 APO-DIPIVEFRIN APX FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS**

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### **52:24.00 MYDRIATICS**

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#### **HOMATROPINE HBR**

2% OPHTHALMIC SOLUTION

00000779

ISOPTO HOMATROPINE

ALC

FNSW

5% OPHTHALMIC SOLUTION

00000787

ISOPTO HOMATROPINE

ALC

FNSW

#### **PHENYLEPHRINE HCL**

2.5% OPHTHALMIC SOLUTION

00465763

MYDFRIN

ALC

FNSW

### **52:32.00 VASOCONSTRICTORS**

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#### **XYLOMETAZOLINE**

0.1% NASAL SPRAY

00653330

OTRIVIN

NVR

N

01939998

DECONGESTANT NASAL SPRAY

ROG

N

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

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#### **APRACLONIDINE HCL**

0.5% OPHTHALMIC SOLUTION

02076306

IOPIDINE

ALC

FNSW

#### **ARTIFICIAL TEARS**

0.5% OPHTHALMIC SOLUTION

00000809

ISOPTO TEARS

ALC

NW

00889806

EYELUBE

SAB

NW

1% OPHTHALMIC SOLUTION

00000817

ISOPTO TEARS

ALC

NW

00874965

EYELUBE

SAB

NW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

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

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

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#### **BETAXOLOL HCL**

0.25% OPHTHALMIC SUSPENSION

01908448	BETOPTIC S	ALC	FNSW
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#### **BRIMONIDINE TARTRATE**

0.2% OPHTHALMIC SOLUTION

02236876	ALPHAGAN	ALL	FNSW
02243026	RATIO-BRIMONIDINE	RPH	FNSW
02246284	PMS-BRIMONIDINE	PMS	FNSW

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#### **DOZOLAMIDE & TIMOLOL**

2% & 0.5% OPHTHALMIC SOLUTION

02240113	COSOPT	MSD	FNSW
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#### **LATANOPROST**

50UG/ML OPHTHALMIC SOLUTION

02231493	XALATAN	PHU	FNSW
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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.

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#### **LEVOBUNOLOL HCL**

0.25% OPHTHALMIC SOLUTION

00751286	BETAGAN	ALL	FNSW
02031159	RATIO-LEVOBUNOLOL	RPH	FNSW
02197456	NOVO-LEVOBUNOLOL	NOP	FNSW
02241575	APO-LEVOBUNOLOL	APX	FNSW
02241715	SAB-LEVOBUNOLOL	SAB	FNSW

0.5% OPHTHALMIC SOLUTION

00637661	BETAGAN	ALL	FNSW
02031167	RATIO-LEVOBUNOLOL	RPH	FNSW
02197464	NOVO-LEVOBUNOLOL	NOP	FNSW
02237991	PMS-LEVOBUNOLOL	PMS	FNSW
02241574	APO-LEVOBUNOLOL	APX	FNSW
02241716	SAB-LEVOBUNOLOL	SAB	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

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

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

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#### **PETROLATUM & MINERAL OIL COMPOUND**

94% & 3% OPHTHALMIC OINTMENT

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02082519	DURATEARS NATURALE	ALC	NW
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#### **SODIUM CROMOGLYCATE**

2% NASAL METERED DOSE MIST (26ML)

01950541	CROMOLYN	PMS	NW
02231390	APO-CROMOLYN	APX	NW

2% OPHTHALMIC SOLUTION

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

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#### **TIMOLOL MALEATE**

0.25% OPHTHALMIC SOLUTION

00451193	TIMOPTIC	MSD	FNSW
00755826	APO-TIMOP	APX	FNSW
00893773	GEN-TIMOLOL	GPM	FNSW
02048523	NOVO-TIMOL	NOP	FNSW
02083353	PMS-TIMOLOL	PMS	FNSW
02166712	SAB-TIMOLOL MALEATE	SAB	FNSW
02240248	RATIO-TIMOLOL MALEATE	RPH	FNSW
02241731	RHOXAL-TIMOLOL	RHP	FNSW

0.5% OPHTHALMIC SOLUTION

00451207	TIMOPTIC	MSD	FNSW
00755834	APO-TIMOP	APX	FNSW
00893781	GEN-TIMOLOL	GPM	FNSW
02083345	PMS-TIMOLOL	PMS	FNSW
02166720	SAB-TIMOLOL MALEATE	SAB	FNSW
02240249	RATIO-TIMOLOL MALEATE	RPH	FNSW
02241732	RHOXAL-TIMOLOL	RHP	FNSW

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#### **TRAVOPROST**

0.004% OPHTHALMIC SOLUTION

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02244896	TRAVATAN	ALC	FNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **56:00 GASTROINTESTINAL DRUGS**

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### **56:04.00 ANTACIDS AND ADSORBENTS**

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#### **ALGINIC ACID & ALUMINIUM HYDROXIDE**

50MG & 20MG/ML ORAL SUSPENSION

02159775	GAVISCON	GSK	NW
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#### **ALGINIC ACID & MAGNESIUM CARBONATE**

200MG & 40MG TABLET

02159791	GAVISCON HEARTBURN RELIEF	GSK	NW
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#### **MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE**

40MG & 33MG/ML ORAL SUSPENSION

01966529	DIOVOL	HOR	NW
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#### **MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE**

200MG & 200MG & 25MG TABLET

00116882	DIOVOL PLUS	HOR	NW
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### **56:08.00 ANTIDIARRHEA AGENTS**

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#### **LACTOBACILLUS RHAMNOSUS**

CAPSULE

01927906	BACID	ERF	N
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#### **LOPERAMIDE**

2MG CAPLET

02132591	NOVO-LOPERAMIDE	NOP	FNSW
02183862	IMODIUM	MCL	FNSW
02212005	APO-LOPERAMIDE	APX	FNSW
02228343	LOPERACAP	ICN	FNSW
02228351	PMS-LOPERAMIDE	PMS	FNSW
02229552	DIARR-EZE	PMS	FNSW
02233998	RHOXAL-LOPERAMIDE	RHP	FNSW

0.2MG/ML ORAL SOLUTION

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

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **56:00 GASTROINTESTINAL DRUGS**

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### **56:10.00 ANTIPLATULENTS**

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#### **SIMETHICONE**

80MG TABLET

00292990	OVOL	HOR	NW
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### **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.

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#### **BISACODYL**

5MG ENTERIC COATED TABLET

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

5MG RECTAL SUPPOSITORY

00003867	DULCOLAX	BOE	W
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10MG RECTAL SUPPOSITORY

00003875	DULCOLAX	BOE	NW
00404802	RATIO-BISACODYL	RPH	NW
00582883	PMS-BISACODYL	PMS	NW
00754595	APO-BISACODYL	APX	NW

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#### **DOCUSATE SODIUM**

4MG/ML SYRUP

00703508	PMS-DOCUSATE SODIUM	PMS	NW
00870226	RATIO-DOCUSATE SODIUM	RPH	NW
02086018	COLACE	WES	NW



## **56:00 GASTROINTESTINAL DRUGS**

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### **56:12.00 CATHARTICS AND LAXATIVES**

#### **DOCUSATE SODIUM (CONTINUED)**

100MG CAPSULE

00464767	COLACE	WES	NW
00716731	DOCUSATE SODIUM	TAR	NW
00703494	PMS-DOCUSATE SODIUM	PMS	NW
00870196	RATIO-DOCUSATE SODIUM	RPH	NW

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#### **LACTULOSE**

667MG/ML SYRUP

00703486	PMS-LACTULOSE	PMS	NW
00854409	RATIO-LACTULOSE	RPH	NW
02242814	APO-LACTULOSE	APX	NW

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#### **MAGNESIUM CITRATE**

50MG/ML ORAL SOLUTION

00262609	CITRO-MAG	ROG	NW
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#### **MAGNESIUM CITRATE & BISACODYL**

KIT

02122774	ROYVAC BOWEL EVACUANT KIT	WAP	NW
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#### **MAGNESIUM HYDROXIDE & MINERAL OIL**

60MG & 0.25ML PER ML ORAL EMULSION

00202045	MAGNOLAX	WAM	N
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#### **PSYLLIUM MUCILLOID**

ORAL POWDER

02174782	METAMUCIL SUGAR FREE	PGA	NW
02174812	METAMUCIL	PGA	NW

3.25MG/TSP ORAL GRANULES

02162245	PRODIEM PLAIN	NVR	NW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **56:00 GASTROINTESTINAL DRUGS**

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### **56:12.00 CATHARTICS AND LAXATIVES**

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#### **PSYLLIUM MUCILLOID & SENNA**

2.71MG & 0.62MG PER TSP ORAL GRANULES

02162253	PRODIEM PLUS	NVR	NW
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#### **SENNOSIDES A&B**

8.6MG TABLET

00026158	SENOKOT	PFR	N
00896411	PMS-SENNOSIDES	PMS	N
02089653	SENNOSIDES A & B	SAB	N

1.7MG/ML ORAL LIQUID

00367729	SENOKOT	PFR	N
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#### **SODIUM PHOSPHATES**

220MG/ML ENEMA (130ML)

00009911	FLEET	JJM	NW
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### **56:16.00 DIGESTANTS**

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#### **PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE**

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

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

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

00821373	COTAZYM ECS 20	ORG	CFNSW
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8,000 & 30,000 & 30,000USP U TABLET

02230019	VIOKASE 8	AXC	CFNSW
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16,000 & 60,000 & 60,000USP U TABLET

02241933	VIOKASE 16	AXC	CFNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 56:00 GASTROINTESTINAL DRUGS

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### 56:22.00 ANTIEMETICS

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#### DIMENHYDRINATE

##### 50MG TABLET

00013803	GRAVOL	HOR	NW
00021423	NOVO-DIMENATE	NOP	NW
00363766	APO-DIMENHYDRINATE	APX	NW

##### 50MG RECTAL SUPPOSITORY

00013595	GRAVOL	HOR	NW
00392553	DIMENHYDRINATE	SAB	NW

##### 100MG RECTAL SUPPOSITORY

00013609	GRAVOL	HOR	NW
00392545	DIMENHYDRINATE	SAB	NW

##### 50MG/ML INTRAMUSCULAR INJECTION SOLUTION (5ML)

00013579	GRAVOL	HOR	N
00392537	DIMENHYDRINATE IM	SAB	N

##### 10MG/ML INTRAVENOUS INJECTION SOLUTION (5ML)

00013560	GRAVOL	HOR	N
00392731	DIMENHYDRINATE IV	SAB	N

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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	FNSW
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#### ONDANSETRON HCL

##### SEE APPENDIX A FOR EDS CRITERIA

##### 4MG TABLET

02213567	ZOFRAN (EDS)	GSK	FNSW
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##### 8MG TABLET

02213575	ZOFRAN (EDS)	GSK	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **56:00 GASTROINTESTINAL DRUGS**

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### **56:40.00 MISCELLANEOUS G.I. DRUGS**

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#### **5-AMINOSALICYLIC ACID**

250MG DELAYED RELEASE TABLET

02099675 PENTASA FEI FNSW

500MG DELAYED RELEASE TABLET

02099683 PENTASA FEI FNSW

250MG RECTAL SUPPOSITORY

02112752 SALOFALK AXC FNSW

500MG RECTAL SUPPOSITORY

02112760 SALOFALK AXC FNSW

4G/60G RETENTION ENEMA (60G)

02112809 SALOFALK AXC FNSW

400MG ENTERIC COATED TABLET

01997580 ASACOL PGA FNSW

500MG ENTERIC COATED TABLET (NOT INTERCHANGEABLE)

01914030 MESASAL GSK FNSW

02112787 SALOFALK AXC FNSW

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#### **BETAMETHASONE DISODIUM PHOSPHATE**

5MG/100ML ENEMA (100ML)

02060884 BETNESOL RBP FNSW

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#### **CIMETIDINE**

200MG TABLET

00582409 NOVO-CIMETINE NOP FNSW

00584215 APO-CIMETIDINE APX FNSW

00865796 NU-CIMET NXP FNSW

02227436 GEN-CIMETIDINE GPM FNSW

02229717 PMS-CIMETIDINE PMS FNSW

300MG TABLET

00487872 APO-CIMETIDINE APX FNSW

00546240 RATIO-CIMETIDINE RPH FNSW

00582417 NOVO-CIMETINE NOP FNSW

00865818 NU-CIMET NXP FNSW

02227444 GEN-CIMETIDINE GPM FNSW

02229718 PMS-CIMETIDINE PMS FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## 56:00 GASTROINTESTINAL DRUGS

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### 56:40.00 MISCELLANEOUS G.I. DRUGS

#### CIMETIDINE (CONTINUED)

##### 400MG TABLET

00568449	RATIO-CIMETIDINE	RPH	FNSW
00600059	APO-CIMETIDINE	APX	FNSW
00603678	NOVO-CIMETINE	NOP	FNSW
00865826	NU-CIMET	NXP	FNSW
02227452	GEN-CIMETIDINE	GPM	FNSW
02229719	PMS-CIMETIDINE	PMS	FNSW

##### 600MG TABLET

00584282	RATIO-CIMETIDINE	RPH	FNSW
00600067	APO-CIMETIDINE	APX	FNSW
00603686	NOVO-CIMETINE	NOP	FNSW
00865834	NU-CIMET	NXP	FNSW
02227460	GEN-CIMETIDINE	GPM	FNSW
02229720	PMS-CIMETIDINE	PMS	FNSW

##### 800MG TABLET

00663727	NOVO-CIMETINE	NOP	FNSW
00749494	APO-CIMETIDINE	APX	FNSW

##### 60MG/ML ORAL LIQUID

02243085	APO-CIMETIDINE	APX	FNSW
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#### DOMPERIDONE MALEATE

##### 10MG TABLET

01912070	RATIO-DOMPERIDONE	RPH	FNSW
02103613	APO-DOMPERIDONE	APX	FNSW
02157195	NOVO-DOMPERIDONE	NOP	FNSW
02231477	NU-DOMPERIDONE	NXP	FNSW
02236466	PMS-DOMPERIDONE	PMS	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **56:00 GASTROINTESTINAL DRUGS**

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### **56:40.00 MISCELLANEOUS G.I. DRUGS**

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#### **FAMOTIDINE**

##### 20MG TABLET

00710121	PEPCID	MSD	FNSW
01953842	APO-FAMOTIDINE	APX	FNSW
02022133	NOVO-FAMOTIDINE	NOP	FNSW
02024195	NU-FAMOTIDINE	NXP	FNSW
02196018	GEN-FAMOTIDINE	GPM	FNSW
02240622	RHOXAL-FAMOTIDINE	RHP	FNSW
02242327	RATIO-FAMOTIDINE	RPH	FNSW

##### 40MG TABLET

00710113	PEPCID	MSD	FNSW
01953834	APO-FAMOTIDINE	APX	FNSW
02022141	NOVO-FAMOTIDINE	NOP	FNSW
02024209	NU-FAMOTIDINE	NXP	FNSW
02196026	GEN-FAMOTIDINE	GPM	FNSW
02240623	RHOXAL-FAMOTIDINE	RHP	FNSW
02242328	RATIO-FAMOTIDINE	RPH	FNSW

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#### **HYDROCORTISONE**

##### 100MG/60ML ENEMA (60ML)

00230316	HYCORT	ICN	FNSW
02112736	CORTENEMA	AXC	FNSW

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#### **LANSOPRAZOLE**

##### SEE APPENDIX A FOR EDS CRITERIA

##### 15MG DELAYED RELEASE CAPSULE

02165503	PREVACID (EDS)	ABB	FNSW
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##### 30MG DELAYED RELEASE CAPSULE

02165511	PREVACID (EDS)	ABB	FNSW
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#### **LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN**

##### SEE APPENDIX A FOR EDS CRITERIA

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

02238525	HP-PAC (EDS)	ABB	FNSW
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## **56:00 GASTROINTESTINAL DRUGS**

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### **56:40.00 MISCELLANEOUS G.I. DRUGS**

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#### **METOCLOPRAMIDE HCL**

1MG/ML ORAL SOLUTION

02230433	PMS-METOCLOPRAMIDE	PMS	FNSW
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5MG TABLET

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

10MG TABLET

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

5MG/ML INJECTION SOLUTION (2ML)

02185431	METOCLOPRAMIDE	SAB	N
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#### **MISOPROSTOL**

100UG TABLET

00813966	CYTOTEC	PHU	FNSW
02240754	NOVO-MISOPROSTOL	NOP	FNSW
02244022	APO-MISOPROSTOL	APX	FNSW

200UG TABLET

00632600	CYTOTEC	PHU	FNSW
02240755	NOVO-MISOPROSTOL	NOP	FNSW
02244023	APO-MISOPROSTOL	APX	FNSW
02244125	PMS-MISOPROSTOL	PMS	FNSW

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#### **NIZATIDINE**

150MG CAPSULE

00778338	AXID	PMS	FNSW
02177714	PMS-NIZATIDINE	PMS	FNSW
02220156	APO-NIZATIDINE	APX	FNSW
02240457	NOVO-NIZATIDINE	NOP	FNSW
02246046	GEN-NIZATIDINE	GPM	FNSW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## 56:00 GASTROINTESTINAL DRUGS

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### 56:40.00 MISCELLANEOUS G.I. DRUGS

#### NIZATIDINE (CONTINUED)

300MG CAPSULE

00778346	AXID	PMS	FNSW
02177722	PMS-NIZATIDINE	PMS	FNSW
02220164	APO-NIZATIDINE	APX	FNSW
02240458	NOVO-NIZATIDINE	NOP	FNSW
02246047	GEN-NIZATIDINE	GPM	FNSW

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#### OLSALAZINE SODIUM

250MG CAPSULE

02063808	DIPENTUM	PHU	FNSW
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#### OMEPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

20MG DELAYED RELEASE TABLET

02190915	LOSEC (EDS)	AZE	FNSW
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#### PANTOPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

40MG ENTERIC TABLET

02229453	PANTOLOC (EDS)	SLV	FNSW
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#### RABEPRAZOLE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

02243796	PARIET (EDS)	JAN	FNSW
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#### RANITIDINE HCL

15MG/ML ORAL SOLUTION

02212374	ZANTAC	GSK	FNSW
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150MG TABLET

00733059	APO-RANITIDINE	APX	FNSW
00828564	NOVO-RANIDINE	NOP	FNSW
00828823	RATIO-RANITIDINE	RPH	FNSW
00865737	NU-RANIT	NXP	FNSW
02207761	GEN-RANITIDINE	GPM	FNSW
02212331	ZANTAC	GSK	FNSW
02242453	PMS-RANITIDINE	PMS	FNSW
02243229	RHOXAL-RANITIDINE	RHP	FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## **56:00 GASTROINTESTINAL DRUGS**

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### **56:40.00 MISCELLANEOUS G.I. DRUGS**

#### **RANITIDINE (CONTINUED)**

##### 300MG TABLET

00733067	APO-RANITIDINE	APX	FNSW
00828556	NOVO-RANIDINE	NOP	FNSW
00828688	RATIO-RANITIDINE	RPH	FNSW
00865745	NU-RANIT	NXP	FNSW
02207788	GEN-RANITIDINE	GPM	FNSW
02212358	ZANTAC	GSK	FNSW
02242454	PMS-RANITIDINE	PMS	FNSW
02243230	RHOXAL-RANITIDINE	RHP	FNSW

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#### **SUCRALFATE**

##### 200MG/ML ORAL SUSPENSION

02103567	SULCRATE PLUS	AVN	FNSW
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##### 1G TABLET

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

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#### **SULFASALAZINE**

##### 500MG ENTERIC COATED TABLET

00445126	S.A.S. ENTERIC 500	ICN	FNSW
00598488	PMS-SULFASALAZINE-E.C.	PMS	FNSW
00685925	RATIO-SULFASALAZINE EN	RPH	FNSW
02064472	SALAZOPYRIN	PHU	FNSW

##### 500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	FNSW
00685933	RATIO-SULFASALAZINE	RPH	FNSW
02064480	SALAZOPYRIN	PHU	FNSW

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#### **TRIMEBUTINE MALEATE**

##### 200MG TABLET

00803499	MODULON	AXC	FNSW
02245664	APO-TRIMEBUTINE	APX	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **60:00 GOLD COMPOUNDS**

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### **60:00.00 GOLD COMPOUNDS**

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#### **SODIUM AUROTHIOMALATE**

10MG/ML INJECTION SOLUTION (1ML)

01927620

MYOCHRYSSINE

AVN

FNSW

25MG/ML INJECTION SOLUTION (1ML)

01927612

MYOCHRYSSINE

AVN

FNSW

#### **SODIUM AUROTHIOMALATE**

50MG/ML INJECTION SOLUTION (1ML)

01927604

MYOCHRYSSINE

AVN

FNSW

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## **64:00 HEAVY METAL ANTAGONISTS**

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### **64:00.00 HEAVY METAL ANTAGONISTS**

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#### **PENICILLAMINE**

125MG CAPSULE

00497894

CUPRIMINE

MSD

FNSW

250MG CAPSULE

00016055

CUPRIMINE

MSD

FNSW

250MG TABLET

00511641

DEPEN

HOR

FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **68:00 HORMONES AND SUBSTITUTES**

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### **68:04.00 CORTICOSTEROIDS**

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#### **BECLOMETHASONE DIPROPIONATE**

50UG/DOSE INHALATION AEROSOL (200 DOSES)

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00374407	VANCERIL	PMS	CFNSW
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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	CFNSW
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400UG/DOSE INHALER POWDER (200 DOSE)

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

**SEE APPENDIX A FOR EDS CRITERIA**

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

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

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

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

01978926	PULMICORT NEBUAMP (EDS)	AZE	CFNW
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#### **CORTISONE ACETATE**

25MG TABLET

00280437	CORTISONE	ICN	CFNSW
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#### **DEXAMETHASONE**

0.5MG TABLET

00295094	DEXASONE	ICN	CFNSW
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01964976	PMS-DEXAMETHASONE	PMS	CFNSW
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02240684	RATIO-DEXAMETHASONE	RPH	CFNSW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **68:00 HORMONES AND SUBSTITUTES**

---

### **68:04.00 CORTICOSTEROIDS**

#### **DEXAMETHASONE (CONTINUED)**

0.75MG TABLET

00285471	DEXASONE	ICN	FNSW
01964968	PMS-DEXAMETHASONE	PMS	FNSW
02240685	RATIO-DEXAMETHASONE	RPH	FNSW

4MG TABLET

00489158	DEXASONE	ICN	CFNSW
01964070	PMS-DEXAMETHASONE	PMS	CFNSW
02240687	RATIO-DEXAMETHASONE	RPH	CFNSW

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#### **DEXAMETHASONE 21-PHOSPHATE**

4MG/ML INJECTION SOLUTION (5ML)

00664227	DEXAMETHASONE	SAB	FNSW
01977547	DEXAMETHASONE	CYT	FNSW

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#### **FLUDROCORTISONE ACETATE**

0.1MG TABLET

02086026	FLORINEF	RBP	FNSW
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#### **FLUTICASONE PROPIONATE**

50UG/DOSE AEROSOL POWDER DISK (60)

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

02237245	FLOVENT DISKUS	GSK	FNSW
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250UG/DOSE AEROSOL POWDER DISK (60)

02237246	FLOVENT DISKUS	GSK	FNSW
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500UG/DOSE AEROSOL POWDER DISK (60)

02237247	FLOVENT DISKUS	GSK	FNSW
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50UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244291	FLOVENT HFA	GSK	CFNSW
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125UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244292	FLOVENT HFA	GSK	CFNSW
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250UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244293	FLOVENT HFA	GSK	CFNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:04.00 CORTICOSTEROIDS**

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#### **HYDROCORTISONE**

10MG TABLET

00030910

CORTEF

PHU

CFNSW

20MG TABLET

00030929

CORTEF

PHU

CFNSW

#### **HYDROCORTISONE SODIUM SUCCINATE**

250MG INJECTION POWDER

00030619

SOLU-CORTEF

PHU

N

#### **METHYLPREDNISOLONE**

4MG TABLET

00030988

MEDROL

PHU

CFNSW

16MG TABLET

00036129

MEDROL

PHU

FNSW

#### **METHYLPREDNISOLONE ACETATE**

40MG/ML INJECTION SUSPENSION (1ML)

00030759

DEPO-MEDROL

PHU

FNSW

40MG/ML INJECTION SUSPENSION (2ML)

01934333

DEPO-MEDROL

PHU

FNSW

80MG/ML INJECTION SUSPENSION (1ML)

00030767

DEPO-MEDROL

PHU

FNSW

#### **PREDNISOLONE SODIUM PHOSPHATE**

1MG/ML ORAL LIQUID

02230619

PEDIAPRED

AVN

CFNW

02245532

PMS-PREDNISOLONE

PMS

CFNW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **68:00 HORMONES AND SUBSTITUTES**

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### **68:04.00 CORTICOSTEROIDS**

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#### **PREDNISONE**

##### 1MG TABLET

00271373	WINPRED	ICN	CFNSW
00598194	APO-PREDNISONE	APX	CFNSW

##### 5MG TABLET

00021695	NOVO-PREDNISONE	NOP	CFNSW
00312770	APO-PREDNISONE	APX	CFNSW

##### 50MG TABLET

00232378	NOVO-PREDNISONE	NOP	CFNSW
00550957	APO-PREDNISONE	APX	CFNSW

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#### **TRIAMCINOLONE**

##### 4MG TABLET

02194090	ARISTOCORT	STI	FNSW
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### **68:08.00 ANDROGENS**

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#### **DANAZOL**

##### 50MG CAPSULE

02018144	CYCLOMEN	SAW	FW
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##### 100MG CAPSULE

02018152	CYCLOMEN	SAW	FW
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##### 200MG CAPSULE

02018160	CYCLOMEN	SAW	FW
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#### **TESTOSTERONE ENANTHATE**

##### 200MG/ML OILY INJECTION SOLUTION

00029246	DELATESTRYL	THM	FW
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#### **TESTOSTERONE ENANTHATE & ESTRADIOL**

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

02061031	CLIMACTERON	SAB	FW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **68:00 HORMONES AND SUBSTITUTES**

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### **68:12.00 CONTRACEPTIVES**

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#### **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

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#### **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

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#### **ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE**

0.03MG & 2MG TABLET (21 DAY)

00469327 DEMULEN 30 PHU FW

0.03MG & 2MG TABLET (28 DAY)

00471526 DEMULEN 30 PHU FW

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#### **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

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

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:12.00 CONTRACEPTIVES**

#### **ETHINYL ESTRADIOL & L-NORGESTREL (CONTINUED)**

0.03MG & 0.15MG TABLET (21 DAY)

02042320 MIN-OVRAL WAY FW

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 PHU FW

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

00340731 ORTHO 0.5/35 JAN FW

02187094 BREVICON PHU 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

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

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

02187108 SYNPHASIC PHU FW

0.035MG & 0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7); INERT TABLETS (7) TABLET (28 DAY)

02187116 SYNPHASIC PHU FW

0.035MG & 1.0MG TABLET (21 DAY) (NOT INTERCHANGEABLE)

00372846 ORTHO 1/35 JAN FW

02189054 BREVICON 1/35 PHU FW

02197502 SELECT 1/35 PHU FW

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

00372838 ORTHO 1/35 JAN FW

02189062 BREVICON 1/35 PHU FW

02199297 SELECT 1/35 PHU FW

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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:12.00 CONTRACEPTIVES**

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#### **ETHINYL ESTRADIOL & NORETHINDRONE ACETATE**

0.02MG & 1.0MG TABLET (21 DAY)

00315966 MINESTRIN 1/20 PFI FW

0.02MG & 1.0MG TABLET (28 DAY)

00343838 MINESTRIN 1/20 PFI FW

0.035MG & 1.5MG TABLET (21 DAY)

00297143 LOESTRIN 1.5/30 PFI FW

0.035MG & 1.5MG TABLET (28 DAY)

00353027 LOESTRIN 1.5/30 PFI FW

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#### **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

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#### **LEVONORGESTROL**

0.75MG TABLET

02241674 PLAN B PAL FW

52MG INTRAUTERINE SYSTEM

02243005 MIRENA BEX FW

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#### **MEDROXYPROGESTERONE ACETATE**

150MG/ML INJECTION SUSPENSION (1ML)

00585092 DEPO-PROVERA PHU FW

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#### **MESTRANOL & NORETHINDRONE**

0.05MG & 1MG TABLET (21 DAY)

00022608 ORTHO-NOVUM 1/50 JAN FW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:12.00 CONTRACEPTIVES**

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#### **NORETHINDRONE**

0.35MG TABLET (28 DAY)

00037605

MICRONOR

JAN

FW

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### **68:16.00 ESTROGENS**

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#### **CONJUGATED ESTROGENS**

0.3MG TABLET (NOT INTERCHANGEABLE)

02043394

PREMARIN

WAY

FNSW

02230891

C.E.S.

ICN

FNSW

0.625MG TABLET (NOT INTERCHANGEABLE)

00265470

C.E.S.

ICN

FNSW

02043408

PREMARIN

WAY

FNSW

0.9MG TABLET (NOT INTERCHANGEABLE)

02043416

PREMARIN

WAY

FNSW

02230892

C.E.S.

ICN

FNSW

1.25MG TABLET (NOT INTERCHANGEABLE)

00265489

C.E.S.

ICN

FNSW

02043424

PREMARIN

WAY

FNSW

0.625MG/G VAGINAL CREAM

02043440

PREMARIN

WAY

FNSW

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#### **ESTRADIOL**

**SEE APPENDIX A FOR EDS CRITERIA**

25UG TRANSDERMAL PATCH

00756849

ESTRADERM (EDS)

NVR

FNSW

50UG TRANSDERMAL PATCH

00756857

ESTRADERM (EDS)

NVR

FNSW

100UG TRANSDERMAL PATCH

00756792

ESTRADERM (EDS)

NVR

FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:16.00 ESTROGENS**

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#### **PIPERAZINE ESTRONE SULFATE**

0.625MG TABLET (0.75MG ESTROPIPATE)

02089793 OGEN PHU FNSW

1.25MG TABLET (1.5MG ESTROPIPATE)

02089769 OGEN PHU FNSW

2.5MG TABLET (3MG ESTROPIPATE)

02089777 OGEN PHU FNSW

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### **68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)**

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#### **INSULIN (REGULAR) ASPART**

100IU/ML INJECTION SOLUTION (10ML)

02245397 NOVORAPID NNO DN

100IU/ML INJECTION SOLUTION (CARTRIDGE)

02244353 NOVORAPID NNO DN

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#### **INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC**

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

00587737 HUMULIN-N LIL DN

02024225 NOVOLIN GE NPH NNO DN

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

01959239 HUMULIN-N CARTRIDGE LIL DN

02024268 NOVOLIN GE NPH PENFILL NNO DN

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#### **INSULIN (LENTE) HUMAN BIOSYNTHETIC**

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

00646148 HUMULIN-L LIL DN

02024241 NOVOLIN GE LENTE NNO DN

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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)**

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#### **INSULIN (REGULAR) HUMAN BIOSYNTHETIC**

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

00586714	HUMULIN-R	LIL	DN
02024233	NOVOLIN GE TORONTO	NNO	DN

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

01959220	HUMULIN-R CARTRIDGE	LIL	DN
02024284	NOVOLIN GE TORONTO PENFILL	NNO	DN

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#### **INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC**

##### **100U/ML INJECTION SUSPENSION 10%/90% (CARTRIDGE)**

02024292	NOVOLIN GE 10/90 PENFILL	NNO	DN
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##### **100U/ML INJECTION SUSPENSION 20%/80% (CARTRIDGE) (NOT INTERCHANGEABLE)**

01962655	HUMULIN 20/80 CARTRIDGE	LIL	DN
02024306	NOVOLIN GE 20/80 PENFILL	NNO	DN

##### **100U/ML INJECTION SUSPENSION 30%/70% (10ML) (NOT INTERCHANGEABLE)**

00795879	HUMULIN 30/70	LIL	DN
02024217	NOVOLIN GE 30/70	NNO	DN

##### **100U/ML INJECTION SUSPENSION 30%/70% (CARTRIDGE) (NOT INTERCHANGEABLE)**

01959212	HUMULIN 30/70 CARTRIDGE	LIL	DN
02025248	NOVOLIN GE 30/70 PENFILL	NNO	DN

##### **100U/ML INJECTION SUSPENSION 40%/60% (CARTRIDGE)**

02024314	NOVOLIN GE 40/60 PENFILL	NNO	DN
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##### **100U/ML INJECTION SUSPENSION 50%/50% (CARTRIDGE)**

02024322	NOVOLIN GE 50/50 PENFILL	NNO	DN
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#### **INSULIN (ULTRALENTE) HUMAN BIOSYNTHETIC**

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

00733075	HUMULIN-U	LIL	DN
02024276	NOVOLIN GE ULTRALENTE	NNO	DN

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#### **INSULIN (REGULAR) LISPRO**

##### **100U/ML INJECTION SOLUTION (10ML)**

02229704	HUMALOG	LIL	DN
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##### **100U/ML INJECTION SOLUTION (CARTRIDGE)**

02229705	HUMALOG CARTRIDGE	LIL	DN
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)**

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#### **INSULIN (REGULAR/PROTAMINE) LISPRO**

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

02240294	HUMALOG MIX 25	LIL	DN
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### **68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)**

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#### **CHLORPROPAMIDE**

100MG TABLET

00399302	APO-CHLORPROPAMIDE	APX	DN
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250MG TABLET

00021350	NOVO-PROPAMIDE	NOP	DN
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00312711	APO-CHLORPROPAMIDE	APX	DN
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#### **GLYBURIDE**

2.5MG TABLET

00720933	EUGLUCON	PMS	DN
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00808733	GEN-GLYBE	GPM	DN
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01900927	RATIO-GLYBURIDE	RPH	DN
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01913654	APO-GLYBURIDE	APX	DN
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01913670	NOVO-GLYBURIDE	NOP	DN
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02020734	NU-GLYBURIDE	NXP	DN
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02224550	DIABETA	AVN	DN
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02236733	PMS-GLYBURIDE	PMS	DN
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5MG TABLET

00720941	EUGLUCON	PMS	DN
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00808741	GEN-GLYBE	GPM	DN
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01900935	RATIO-GLYBURIDE	RPH	DN
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01913662	APO-GLYBURIDE	APX	DN
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01913689	NOVO-GLYBURIDE	NOP	DN
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02020742	NU-GLYBURIDE	NXP	DN
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02224569	DIABETA	AVN	DN
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02236734	PMS-GLYBURIDE	PMS	DN
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **68:00 HORMONES AND SUBSTITUTES**

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### **68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)**

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#### **METFORMIN**

##### 500MG TABLET

02045710	NOVO-METFORMIN	NOP	DN
02099233	GLUCOPHAGE	AVN	DN
02148765	GEN-METFORMIN	GPM	DN
02162822	NU-METFORMIN	NXP	DN
02167786	APO-METFORMIN	APX	DN
02223562	PMS-METFORMIN	PMS	DN
02229516	GLYCON	ICN	DN
02233999	RHOXAL-METFORMIN	RHP	DN
02242974	RATIO-METFORMIN	RPH	DN

##### 850MG TABLET

02162849	GLUCOPHAGE	AVN	DN
02229517	NU-METFORMIN	NXP	DN
02229656	GEN-METFORMIN	GPM	DN
02229785	APO-METFORMIN	APX	DN
02230475	NOVO-METFORMIN	NOP	DN
02242589	PMS-METFORMIN	PMS	DN

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#### **TOLBUTAMIDE**

##### 500MG TABLET

00312762	APO-TOLBUTAMIDE	APX	DN
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## **68:28.00 PITUITARY AGENTS**

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#### **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
02242465	APO-DEMOSPRESSIN (EDS)	APX	FW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:28.00 PITUITARY AGENTS**

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#### **SOMATROPIN**

5MG INJECTION (VIAL)

00745626 HUMATROPE LIL G

6MG INJECTION (CARTRIDGE)

02243077 HUMATROPE CARTRIDGE LIL G

12MG INJECTION (CARTRIDGE)

02243078 HUMATROPE CARTRIDGE LIL G

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### **68:32.00 PROGESTOGENS**

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#### **MEDROXYPROGESTERONE ACETATE**

2.5MG TABLET

00708917 PROVERA PHU FNSW

02148552 RATIO-MPA RPH FNSW

02221284 NOVO-MEDRONE NOP FNSW

02229838 GEN-MEDROXY GPM FNSW

02244726 APO-MEDROXY APX FNSW

5MG TABLET

00030937 PROVERA PHU FNSW

02148560 RATIO-MPA RPH FNSW

02221292 NOVO-MEDRONE NOP FNSW

02229839 GEN-MEDROXY GPM FNSW

02244727 APO-MEDROXY APX FNSW

10MG TABLET

00729973 PROVERA PHU FNSW

02148579 RATIO-MPA RPH FNSW

02221306 NOVO-MEDRONE NOP FNSW

02229840 GEN-MEDROXY GPM FNSW

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## **68:00 HORMONES AND SUBSTITUTES**

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### **68:36.04 THYROID AGENTS**

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#### **LEVOTHYROXINE SODIUM**

0.025MG TABLET				
02172062	SYNTHROID	ABB	FNSW	
0.05MG TABLET				
02172070	SYNTHROID	ABB	FNSW	
02213192	ELTROXIN	GSK	FNSW	
0.075MG TABLET				
02172089	SYNTHROID	ABB	FNSW	
0.088MG TABLET				
02172097	SYNTHROID	ABB	FNSW	
0.1MG TABLET				
02172100	SYNTHROID	ABB	FNSW	
02213206	ELTROXIN	GSK	FNSW	
0.112MG TABLET				
02171228	SYNTHROID	ABB	FNSW	
0.125MG TABLET				
02172119	SYNTHROID	ABB	FNSW	
0.15MG TABLET				
02172127	SYNTHROID	ABB	FNSW	
02213214	ELTROXIN	GSK	FNSW	
0.175MG TABLET				
02172135	SYNTHROID	ABB	FNSW	
0.2MG TABLET				
02172143	SYNTHROID	ABB	FNSW	
02213222	ELTROXIN	GSK	FNSW	
0.3MG TABLET				
02172151	SYNTHROID	ABB	FNSW	
02213230	ELTROXIN	GSK	FNSW	

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**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **68:00 HORMONES AND SUBSTITUTES**

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### **68:36.08 ANTI-THYROID AGENTS**

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#### **METHIMAZOLE**

5MG TABLET

00015741

TAPAZOLE

PAL

FNSW

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#### **PROPYLTHIOURACIL**

50MG TABLET

00010200

PROPYL-THYRACIL

PAL

FNSW

100MG TABLET

00010219

PROPYL-THYRACIL

PAL

FNSW

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## **72:00 LOCAL ANESTHETICS**

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### **72:00.00 LOCAL ANESTHETICS**

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#### **LIDOCAINE HCL**

1% INJECTION SOLUTION

00001732

XYLOCAINE

AZE

N

2% INJECTION SOLUTION

00036641

XYLOCAINE

AZE

N

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **80:00 SERUMS, TOXOIDS, AND VACCINES**

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### **80:04.00 SERUMS**

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#### **RABIES IMMUNE GLOBULIN (PASTURIZED, HUMAN)**

150U/ML INJECTION SOLUTION (2ML)

02237328

IMOGAM

AVP

R

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### **80:08.00 TOXOIDS**

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#### **TETANUS - DIPHTHERIA TOXOID (ADSORBED) (DT)**

INJECTION SOLUTION (5 X 0.5ML)

00514462

Td ADSORBED

AVP

I

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### **80:12.00 VACCINES**

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#### **DIPHTHERIA - TETANUS TOXOIDS - POLIOMYELITIS VACCINE (INACTIVATED, ADSORBED) (TD POLIO)**

INJECTION SOLUTION (5 X 0.5ML)

00615358

Td POLIO ADSORBED

AVP

I

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#### **DIPHTHERIA - TETANUS TOXOIDS - POLIOMYELITIS VACCINE (INACTIVATED)**

INJECTION SOLUTION (5 X 0.5ML)

02189127

DT POLIO ADSORBED

AVP

I

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#### **DIPHTHERIA - TETANUS TOXOIDS - PERTUSSIS (ACELLULAR) - POLIOMYELITIS VACCINE (INACTIVATED) (DPT POLIO)**

INJECTION SOLUTION (5 X 0.5ML)

02230946

QUADRACEL

AVP

I

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#### **DIPHTHERIA - TETANUS TOXOIDS - PERTUSSIS (ACELLULAR) VACCINE - POLIOMYELITIS VACCINE (INACTIVATED) - HAEMOPHILUS B CONJUGATE**

INJECTION SOLUTION (5 X 0.5ML)

02231343

PENTACEL

AVP

I

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#### **HAEMOPHILUS B CONJUGATE VACCINE (PRP-T)**

INJECTION SOLUTION (5 X 1 DOSE)

01959034

ACT-HIB

AVP

I

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **80:00 SERUMS, TOXOIDS, AND VACCINES**

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### **80:12.00 VACCINES**

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#### **HEPATITIS A VACCINE (INACTIVATED)**

720 ELISA UNITS PRE-FILLED SYRINGE (0.5ML)

02231056 HAVRIX GSK H

1440 ELISA UNITS PRE-FILLED SYRINGE (1.0ML)

02187078 HAVRIX GSK H

1440 ELISA UNITS (VIAL) (1.0ML)

02187078 HAVRIX GSK H

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#### **HEPATITIS A (INACTIVATED) - HEPATITIS B (RECOMBINANT) VACCINE**

360 ELISA UNITS & 10MCG PRE-FILLED SYRINGE (0.5ML)

02237548 TWINRIX GSK H

720 ELISA UNITS & 20MCG PRE-FILLED SYRINGE (1.0ML)

02230578 TWINRIX GSK H

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#### **HEPATITIS B VACCINE (RECOMBINANT)**

5MCG/0.5ML STERILE SUSPENSION

02243676 RECOMBIVAX HB PEDIATRIC  
(PRESERVATIVE FREE) MSD HI

10MCG/1.0ML STERILE SUSPENSION

00749486 RECOMBIVAX HB ADULT MSD HI

20MCG/ML STERILE SUSPENSION

01919431 ENGERIX-B GSK HI

40MCG/ML STERILE SUSPENSION (1ML)

02245977 RECOMBIVAX HB (DIALYSIS)  
(PRESERVATIVE FREE) MSD H

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#### **MEASLES - MUMPS - RUBELLA VIRUS VACCINE (LIVE, ATTENUATED)**

INJECTION SOLUTION (10 X 0.5ML)

00466085 MMR MSD I

02239208 PRIORIX GSK I

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## **80:00 SERUMS, TOXOIDS, AND VACCINES**

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### **80:12.00 VACCINES**

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#### **MENINGOCOCCAL VACCINE**

INJECTION SOLUTION

01959018

MENOMUNE-A/C/Y/W-135

AVP

I

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#### **POLIOMYELITIS VACCINE (INACTIVATED, SALK)**

INJECTION SOLUTION (5 X 0.5ML)

02231267

IPV POLIO

AVP

I

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#### **RABIES VACCINE (INACTIVATED, DIPLOID CELL ORIGIN)**

2.5IU/VIAL INJECTION POWDER

01908286

IMOVAX

AVP

R

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#### **VARICELLA VIRUS VACCINE**

INJECTION SOLUTION (5 X 0.5ML)

02246081

VARIVAX III

MSD

I

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)**

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#### **ERYTHROMYCIN & ETHYL ALCOHOL**

1.5% & 55% TOPICAL LOTION

01910086	STATICIN	WSD	FW
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#### **FRAMYCETIN SULFATE**

1% OINTMENT DRESSING (10CM X 10CM)

01988840	SOFRA-TULLE	AVN	FNSW
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#### **FUSIDIC ACID**

2% TOPICAL CREAM

00586668	FUCIDIN	LEO	FNSW
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#### **GENTAMICIN SULFATE**

0.1% TOPICAL CREAM

00027928	GARAMYCIN	PMS	FNSW
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0.1% TOPICAL OINTMENT

00028371	GARAMYCIN	PMS	FNSW
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#### **MUPIROCIN**

2% TOPICAL CREAM

02239757	BACTROBAN	GSK	FNSW
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2% TOPICAL OINTMENT

01916947	BACTROBAN	GSK	FNSW
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#### **POLYMYXIN B & BACITRACIN**

10,000U & 500U/G TOPICAL OINTMENT

01942921	POLYTOPIC	SAB	N
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02237227	POLYSPORIN	WLA	N
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#### **POLYMYXIN B & GRAMICIDIN**

10,000U & 250U/G TOPICAL CREAM

00422908	POLYTOPIC	SAB	N
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02230844	POLYSPORIN	WLA	N
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#### **POLYMYXIN B & NEOMYCIN & BACITRACIN**

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

00653268	RATIO-NEOTOPIC	RPH	FNSW
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00666122	NEOSPORIN	GSK	FNSW
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)**

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#### **POLYMYXIN B & NEOMYCIN & GRAMICIDIN**

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

00666203	NEOSPORIN	GSK	FNSW
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#### **SODIUM FUSIDATE**

2% TOPICAL OINTMENT

00586676	FUCIDIN	LEO	FNSW
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### **84:04.06 ANTI-INFECTIVES (ANTIVIRALS)**

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#### **ACYCLOVIR**

5% TOPICAL CREAM

02039524	ZOVIRAX	GSK	FNSW
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5% TOPICAL OINTMENT

00569771	ZOVIRAX	GSK	FNSW
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#### **IDOXURIDINE**

0.1% TOPICAL SOLUTION

00001317	HERPLEX-D	ALL	FNSW
02237187	SAB-IDOXURIDINE	SAB	FNSW

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### **84:04.08 ANTI-INFECTIVES (FUNGICIDES)**

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#### **CICLOPIROX OLAMINE**

1% TOPICAL CREAM

02221802	LOPROX	AVN	FNSW
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1% TOPICAL LOTION

02221810	LOPROX	AVN	FNSW
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## 84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

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### 84:04.08 ANTI-INFECTIVES (FUNGICIDES)

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#### CLOTRIMAZOLE

##### 1% TOPICAL CREAM

00812382	CLOTRIMADERM	TAR	NSW
02150867	CANESTEN	BAY	NSW

##### 1% VAGINAL CREAM

00812366	CLOTRIMADERM	TAR	NSW
02150891	CANESTEN 6	BAY	NSW

##### 2% VAGINAL CREAM

00812374	CLOTRIMADERM	TAR	NSW
02150905	CANESTEN 3	BAY	NSW

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

02150921	CANESTEN-3-COMBI PAK	BAY	NSW
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##### 500MG VAGINAL INSERT & 1% VAGINAL CREAM (COMBINATION PACKAGE)

02150948	CANESTEN-1-COMBI PAK	BAY	NSW
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#### KETOCONAZOLE

##### 2% TOPICAL CREAM

00703974	NIZORAL	MCL	FNSW
02245662	KETODERM	OPP	FNSW

##### 2% SHAMPOO

02182920	NIZORAL	MCL	N
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#### MICONAZOLE NITRATE

##### 2% TOPICAL CREAM

02085852	MICATIN	MCL	NSW
02126567	MONISTAT DERM	MCL	NSW

##### 2% VAGINAL CREAM

02084309	MONISTAT-7	MCL	NSW
02231106	MICOZOLE	TAR	NSW

##### 100MG VAGINAL SUPPOSITORY

02084295	MONISTAT-7	MCL	NSW
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##### 400MG VAGINAL OVULE

02126605	MONISTAT-3	MCL	NSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:04.08 ANTI-INFECTIVES (FUNGICIDES)**

#### **MICONAZOLE NITRATE (CONTINUED)**

400MG VAGINAL OVULE & 2% TOPICAL CREAM (COMBINATION PACKAGE)

02126249	MONISTAT-3 COMBINATION	MCL	NSW
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#### **NYSTATIN**

100,000U/G TOPICAL CREAM

00029092	MYCOSTATIN	BMS	NSW
00716871	NYADERM	TAR	NSW
02194236	RATIO-NYSTATIN	RPH	NSW

100,000U/G TOPICAL OINTMENT

00716898	NYADERM	TAR	NSW
02194228	RATIO-NYSTATIN	RPH	NSW

25,000U/G VAGINAL CREAM

00295973	MYCOSTATIN	BMS	NSW
00716901	NYADERM	TAR	NSW

100,000U/G VAGINAL CREAM

02194163	RATIO-NYSTATIN	RPH	NSW
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100,000U VAGINAL TABLET

02194171	RATIO-NYSTATIN	RPH	NSW
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#### **TOLNAFTATE**

1% TOPICAL CREAM

00576034	TINACTIN	SCH	NW
00716928	PITREX	TAR	NW

1% TOPICAL POWDER

00576042	TINACTIN	SCH	N
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:04.12 ANTI-INFECTIVES, SCABICIDES, AND PEDICULICIDES**

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#### **GAMMA-BENZENE HEXACHLORIDE (LINDANE)**

1% TOPICAL LOTION

00703591	PMS-LINDANE	PMS	NW
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1% SHAMPOO

00703605	PMS-LINDANE	PMS	NW
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#### **PERMETHRIN**

1% CREME RINSE

00771368	NIX CREME RINSE	PFI	NW
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02231480	KWELLADA-P CREME RINSE	GSK	NW
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5% TOPICAL CREAM

02219905	NIX DERMAL CREAM	GSK	NW
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5% TOPICAL LOTION

02231348	KWELLADA-P LOTION	GSK	NW
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### **84:04.16 ANTI-INFECTIVES, OTHER ANTI-INFECTIVES**

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#### **HEXACHLOROPHENE**

3% TOPICAL EMULSION

02017733	PHISOHEX	SAW	FW
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#### **METRONIDAZOLE**

10% VAGINAL CREAM

01926861	FLAGYL	RHP	FNSW
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#### **METRONIDAZOLE & NYSTATIN**

500MG & 100,000U/APPLICATORFUL VAGINAL CREAM

01926845	FLAGYSTATIN	AVN	FNSW
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#### **SILVER SULFADIAZINE**

1% TOPICAL CREAM

00323098	FLAMAZINE	SNE	FNSW
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02010917	DERMAZIN	PMS	FNSW
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02170310	SSD	ABB	FNSW
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**84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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**84:04.16 ANTI-INFECTIVES, OTHER ANTI-INFECTIVES**

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**TRICLOSAN**

0.5% TOPICAL LIQUID

00632317

TERSASEPTIC

TCD

NW

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## 84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

### 84:06.00 ANTI-INFLAMMATORY AGENTS

#### APPROXIMATE RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS

ULTRA HIGH POTENCY	GROUP N	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.

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **AMCINONIDE**

0.1% TOPICAL CREAM

02192284                      CYCLOCORT                      STI                      FNSW

0.1% TOPICAL LOTION

02192276                      CYCLOCORT                      STI                      FNSW

0.1% TOPICAL OINTMENT

02192268                      CYCLOCORT                      STI                      FNSW

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#### **BECLOMETHASONE DIPROPIONATE**

0.025% TOPICAL CREAM

02089602                      PROPADERM                      RBP                      FNSW

0.025% TOPICAL LOTION

02089610                      PROPADERM                      RBP                      FNSW

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#### **BETAMETHASONE DIPROPIONATE**

0.05% TOPICAL CREAM

00323071                      DIPROSONE                      PMS                      FNSW  
01925350                      TARO-SONE                      TAR                      FNSW

0.05% TOPICAL LOTION

00417246                      DIPROSONE                      PMS                      FNSW  
00809187                      RATIO-TOPISONE                      RPH                      FNSW  
01944444                      TARO-SONE                      TAR                      FNSW

0.05% TOPICAL OINTMENT

00344923                      DIPROSONE                      PMS                      FNSW  
00805009                      RATIO-TOPISONE                      RPH                      FNSW

0.05% TOPICAL GLYCOL CREAM

00688622                      DIPROLENE                      PMS                      FNSW  
00849650                      RATIO-TOPILENE                      RPH                      FNSW

0.05% TOPICAL GLYCOL OINTMENT

00629367                      DIPROLENE                      PMS                      FNSW  
00849669                      RATIO-TOPILENE                      RPH                      FNSW

0.05% TOPICAL GLYCOL LOTION

00862975                      DIPROLENE                      PMS                      FNSW  
01927914                      RATIO-TOPILENE                      RPH                      FNSW

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **BETAMETHASONE DIPROPIONATE & SALICYLIC ACID**

0.05% & 2% TOPICAL LOTION

00578428	DIPROSALIC	SCH	FNSW
02245688	RATIO-TOPISALIC	RPH	FNSW

0.05% & 3% TOPICAL OINTMENT

00578436	DIPROSALIC	SCH	FNSW
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#### **BETAMETHASONE VALERATE**

0.05% TOPICAL CREAM

00027898	CELESTODERM-V/2	PMS	FNSW
00535427	RATIO-ECTOSONE	RPH	FNSW
00716618	BETADERM	TAR	FNSW

0.05% TOPICAL OINTMENT

00028355	CELESTODERM-V/2	PMS	FNSW
00716642	BETADERM	TAR	FNSW

0.1% TOPICAL CREAM

00027901	CELESTODERM-V	PMS	FNSW
00535435	RATIO-ECTOSONE	RPH	FNSW
00716626	BETADERM	TAR	FNSW

0.1% TOPICAL OINTMENT

00028363	CELESTODERM-V	PMS	FNSW
00716650	BETADERM	TAR	FNSW

0.1% TOPICAL LOTION

00750050	RATIO-ECTOSONE	RPH	FNSW
02100193	BETNOVATE	RBP	FNSW

0.1% SCALP LOTION

00027944	VALISONE	PMS	FNSW
00653217	RATIO-ECTOSONE	RPH	FNSW
00716634	BETADERM	TAR	FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **CLOBETASOL 17-PROPIONATE**

0.05% TOPICAL CREAM

01910272	RATIO-CLOBETASOL	RPH	FNSW
02024187	GEN-CLOBETASOL	GPM	FNSW
02093162	NOVO-CLOBETASOL	NOP	FNSW
02213265	DERMOVATE	OPP	FNSW
02232191	PMS-CLOBETASOL	PMS	FNSW
02245523	CLOBETASOL	TAR	FNSW

0.05% TOPICAL OINTMENT

01910280	RATIO-CLOBETASOL	RPH	FNSW
02026767	GEN-CLOBETASOL	GPM	FNSW
02126192	NOVO-CLOBETASOL	NOP	FNSW
02213273	DERMOVATE	OPP	FNSW
02232193	PMS-CLOBETASOL	PMS	FNSW
02245524	CLOBETASOL	TAR	FNSW

0.05% SCALP LOTION

01910299	RATIO-CLOBETASOL	RPH	FNSW
02213281	DERMOVATE	OPP	FNSW
02216213	GEN-CLOBETASOL	GPM	FNSW
02232195	PMS-CLOBETASOL	PMS	FNSW
02245522	CLOBETASOL	TAR	FNSW

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#### **CLOBETASONE BUTYRATE**

0.05% TOPICAL CREAM

02214415	EUMOVATE	GSK	FNSW
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0.05% TOPICAL OINTMENT

02214423	EUMOVATE	GSK	FNSW
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#### **DESONIDE**

0.05% TOPICAL CREAM

02048639	DESOCORT	GAC	FNSW
02229315	PMS-DESONIDE	PMS	FNSW

0.05% TOPICAL OINTMENT

02115522	DESOCORT	GAC	FNSW
02229323	PMS-DESONIDE	PMS	FNSW

---

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **DESOXIMETASONE**

0.05% TOPICAL EMOLLIENT CREAM

02221918	TOPICORT MILD	AVN	FNSW
02239068	DESOXI	OPP	FNSW

0.25% TOPICAL EMOLLIENT CREAM

02221896	TOPICORT	AVN	FNSW
02239069	DESOXI	OPP	FNSW

0.05% TOPICAL GEL

02221926	TOPICORT	AVN	FNSW
02241887	DESOXI	OPP	FNSW

0.25% TOPICAL OINTMENT

02221934	TOPICORT	AVN	FNSW
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#### **DIFLUCORTOLONE VALERATE**

0.1% TOPICAL OILY CREAM

00587818	NERISONE OILY	STI	FNSW
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#### **FLUOCINOLONE ACETONIDE**

0.01% TOPICAL CREAM

00716782	FLUODERM	TAR	FNSW
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0.025% TOPICAL CREAM

00716790	FLUODERM	TAR	FNSW
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0.025% TOPICAL OINTMENT

00716812	FLUODERM	TAR	FNSW
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#### **FLUOCINONIDE**

0.05% TOPICAL CREAM

00716863	LYDERM	OPP	FNSW
02161923	LIDEX	MDC	FNSW

0.05% TOPICAL GEL

02161974	TOPSYN	MDC	FNSW
02236997	LYDERM	OPP	FNSW

0.05% TOPICAL OINTMENT

02161966	LIDEX	MDC	FNSW
02236996	LYDERM	OPP	FNSW

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **HYDROCORTISONE**

##### 0.5% TOPICAL CREAM

00513288	CORTATE	PMS	NW
00716820	HYDERM	TAR	NW

##### 1% TOPICAL CREAM

00502200	CORTATE	PMS	FNSW
00716839	HYDERM	TAR	FNSW

##### 0.5% TOPICAL OINTMENT

00513261	CORTATE	PMS	NW
00716685	CORTODERM	TAR	NW

##### 1% TOPICAL OINTMENT

00502197	CORTATE	PMS	FNSW
00716693	CORTODERM	TAR	FNSW

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#### **HYDROCORTISONE & UREA**

##### 1% & 10% TOPICAL CREAM

00503134	UREMOL-HC	STI	FNSW
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##### 1% & 10% TOPICAL LOTION

00560022	UREMOL-HC	STI	FNSW
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#### **HYDROCORTISONE & ZINC SULFATE**

##### 0.5% & 0.5% RECTAL OINTMENT

00607789	RATIO-HEMCORT-HC	RPH	FNSW
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##### 0.5% & 0.5% RECTAL SUPPOSITORY

00607797	RATIO-HEMCORT-HC	RPH	FNSW
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#### **MOMETASONE FUROATE**

##### 0.1% TOPICAL CREAM

00851744	ELOCOM	SCH	FNSW
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##### 0.1% TOPICAL OINTMENT

00851736	ELOCOM	SCH	FNSW
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:06.00 ANTI-INFLAMMATORY AGENTS**

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#### **TRIAMCINOLONE ACETONIDE**

0.025% TOPICAL CREAM

00716952	TRIADERM	TAR	FNSW
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0.1% TOPICAL CREAM

00716960	TRIADERM	TAR	FNSW
02194058	ARISTOCORT R	STI	FNSW

0.1% TOPICAL OINTMENT

00716987	TRIADERM	TAR	FNSW
02194031	ARISTOCORT R	STI	FNSW

0.1% ORAL TOPICAL OINTMENT

01964054	ORACORT	TAR	FNSW
01999788	KENALOG-ORABASE	WSD	FNSW

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

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#### **CLIOQUINOL & HYDROCORTISONE**

3% & 1% TOPICAL CREAM

00074500	VIOFORM HYDROCORTISONE	PAL	FNSW
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#### **GENTAMICIN & BETAMETHASONE VALERATE**

1.67MG & 1.22MG/G TOPICAL CREAM

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

00232351	VALISONE G	SCH	FNSW
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#### **HYDROCORTISONE & FRAMYCETIN & CINCHOCAINE HCL**

1% & 0.5% RECTAL OINTMENT

01988549	PROCTOSEDYL	AVN	FNSW
02226383	RATIO-PROCTOSONE	RPH	FNSW
02242527	SAB-PROCTOMYXIN	SAB	FNSW

1% & 0.5% RECTAL SUPPOSITORY

02223260	PROCTOSEDYL	AVN	FNSW
02226391	RATIO-PROCTOSONE	RPH	FNSW
02242528	SAB-PROCTOMYXIN	SAB	FNSW

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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

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#### **TRIAMCINOLONE & NYSTATIN & NEOMYCIN & GRAMICIDIN**

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

01999842 KENACOMB MILD WSD FNSW

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

01999834 KENACOMB MILD WSD FNSW

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

00717002 VIADERM K-C TAR FNSW

01999850 KENACOMB WSD FNSW

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

00717029 VIADERM K-C TAR FNSW

01999826 KENACOMB WSD FNSW

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### **84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS**

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#### **CALAMINE**

TOPICAL LOTION

00999829 CALAMINE LOTION N

**Note: The Drug Identification Number listed is for billing purposes only.**

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#### **LIDOCAINE HCL**

2% TOPICAL GEL

00001694 XYLOCAINE AZE FNSW

2% TOPICAL SOLUTION

00001686 XYLOCAINE VISCOUS AZE FNSW

2% TOPICAL JELLY (SYRINGE)

00385484 XYLOCAINE AZE N

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS**

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#### **PHENAZOPYRIDINE HCL**

100MG TABLET

00271489 PHENAZO ICN FNSW

200MG TABLET

00454583 PHENAZO ICN FNSW

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### **84:16.00 CELL STIMULANTS AND PROLIFERANTS**

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#### **TRETINOIN**

0.01% TOPICAL CREAM

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

0.025% TOPICAL CREAM

00578576 STIEVA-A STI FW  
00897310 RETIN A JAN FW  
01926500 VITAMIN A ACID AVN FW

0.05% TOPICAL CREAM

00443794 RETIN A JAN FW  
00518182 STIEVA-A STI FW  
01926519 VITAMIN A ACID AVN FW

0.1% TOPICAL CREAM

00662348 STIEVA-A FORTE STI FW  
00870021 RETIN A JAN FW  
01926527 VITAMIN A ACID AVN FW

0.01% TOPICAL GEL

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

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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:16.00 CELL STIMULANTS AND PROLIFERANTS**

#### **TRETINOIN (CONTINUED)**

0.025% TOPICAL GEL

00443816	RETIN A	JAN	FW
00587966	STIEVA-A	STI	FW
01926470	VITAMIN A ACID	AVN	FW

0.05% TOPICAL GEL

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

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### **84:24.00 EMOLLIENTS, DECMULCENTS, AND PROTECTANTS**

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#### **AMMONIUM LACTATE**

12% TOPICAL LOTION

01909150	LAC-HYDRIN	WSD	W
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#### **DIMETHYLPOLYSILOXANE**

20% TOPICAL CREAM

02060841	BARRIERE	WES	NW
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### **84:28.00 KERATOLYTIC AGENTS**

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#### **BENZOYL PEROXIDE**

10% TOPICAL LOTION

00370568	BENOXYL	STI	FW
00432938	OXYDERM	ICN	FW

20% TOPICAL LOTION

00187585	BENOXYL	STI	FW
00374318	OXYDERM	ICN	FW

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#### **PODOPHYLLUM RESIN**

25% TOPICAL LIQUID

00598208	PODOFILM	PAL	FW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:28.00 KERATOLYTIC AGENTS**

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#### **SALICYLIC ACID & LACTIC ACID**

16.7% & 16.7% TOPICAL LIQUID

00370576	DUOFILM	STI	FNW
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#### **SALICYLIC ACID & LACTIC ACID & FORMALIN**

25% & 10% & 5% TOPICAL OINTMENT

00513091	DUOPLANT	STI	FNW
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#### **UREA**

10% TOPICAL CREAM

01946099	UREMOL 10	TCD	NW
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20% TOPICAL CREAM

00398179	UREMOL 20	TCD	NW
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10% TOPICAL LOTION

01946102	UREMOL 10	TCD	NW
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### **84:32.00 KERATOPLASTIC AGENTS**

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#### **TAR & ZINC PYRITHIONE**

1% & 1% SHAMPOO

02240942	MULTI-TAR PLUS	ICN	NW
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### **84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS**

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#### **ACITRETIN**

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02070847	SORIATANE (EDS)	HLR	FNSW
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25MG CAPSULE

02070863	SORIATANE (EDS)	HLR	FNSW
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**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**

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### **84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS**

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#### **CALCIPOTRIOL**

50UG/G TOPICAL CREAM

02150956 DOVONEX LEO FNSW

50UG/G TOPICAL OINTMENT

01976133 DOVONEX LEO FNSW

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#### **CAPSAICIN**

0.025% TOPICAL CREAM

00740306 ZOSTRIX MDC N

02150107 CAPSAICIN PGH N

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#### **FLUOROURACIL**

5% TOPICAL CREAM

00330582 EFUDEX HLR FNSW

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#### **ISOTRETINOIN**

10MG CAPSULE

00582344 ACCUTANE HLR FW

40MG CAPSULE

00582352 ACCUTANE HLR FW

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#### **TACROLIMUS**

**SEE APPENDIX A FOR EDS CRITERIA**

0.03% TOPICAL OINTMENT

02244149 PROTOPIC (EDS) FUJ FW

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#### **ZINC SULFATE**

0.5% RECTAL OINTMENT

00621447 ANUZINC SAB N

10MG RECTAL SUPPOSITORY

00621439 ANUZINC SAB N

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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## 86:00 SPASMOLYTICS

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### 86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

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#### OXYBUTYNIN CHLORIDE

##### 1MG/ML SYRUP

01924753	DITROPAN	JAN	FNSW
02223376	PMS-OXYBUTYNIN	PMS	FNSW
02231089	APO-OXYBUTYNIN	APX	FNSW

##### 5MG TABLET

01924761	DITROPAN	JAN	FNSW
02158590	NU-OXYBUTYNIN	NXP	FNSW
02163543	APO-OXYBUTYNIN	APX	FNSW
02220059	OXYBUTYN	ICN	FNSW
02230394	NOVO-OXYBUTYNIN	NOP	FNSW
02230800	GEN-OXYBUTYNIN	GPM	FNSW
02240550	PMS-OXYBUTYNIN	PMS	FNSW

##### 5MG EXTENDED RELEASE TABLET

##### SEE APPENDIX A FOR EDS CRITERIA

02243960	DITROPAN XL (EDS)	JAN	FNSW
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##### 10MG EXTENDED RELEASE TABLET

##### SEE APPENDIX A FOR EDS CRITERIA

02243961	DITROPAN XL (EDS)	JAN	FNSW
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#### TOLTERODINE

##### SEE APPENDIX A FOR EDS CRITERIA

##### 1MG TABLET

02239064	DETROL (EDS)	PHU	FNSW
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##### 2MG TABLET

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

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#### AMINOPHYLLINE

##### 225MG SUSTAINED RELEASE TABLET

02014270	PHYLLOCONTIN	PFR	FNSW
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##### 350MG SUSTAINED RELEASE TABLET

02014289	PHYLLOCONTIN-350	PFR	FNSW
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## 86:00 SPASMOLYTICS

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### 86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

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#### OXYTRIPHYLLINE

20MG/ML ELIXIR

00476366	CHOLEDYL	PFI	FSW
00792942	PMS-OXYTRIPHYLLINE	PMS	FSW

100MG TABLET

00441724	APO-OXTRIPHYLLINE	APX	FSW
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200MG TABLET

00441732	APO-OXTRIPHYLLINE	APX	FSW
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300MG TABLET

00511692	APO-OXTRIPHYLLINE	APX	FSW
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#### THEOPHYLLINE ANHYDROUS

5.33MG/ML ELIXIR

00575151	PMS-THEOPHYLLINE	PMS	FNSW
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5.33MG/ML ORAL SOLUTION

01966219	THEOLAIR	MDA	FNSW
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100MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00692689	APO-THEO-LA	APX	FNSW
02230085	NOVO-THEOPHYL SR	NOP	FNSW

200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00692697	APO-THEO-LA	APX	FNSW
02230086	NOVO-THEOPHYL SR	NOP	FNSW

300MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)

00556742	QUIBRON-T/SR	BMS	FNSW
00692700	APO-THEO-LA	APX	FNSW
02230087	NOVO-THEOPHYL SR	NOP	FNSW

400MG SUSTAINED RELEASE TABLET

02014165	UNIPHYL	PFR	FNSW
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600MG SUSTAINED RELEASE TABLET

02014181	UNIPHYL	PFR	FNSW
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## **88:00 VITAMINS**

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### **88:08.00 VITAMINS B**

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#### **CYANOCOBALAMIN**

1MG/ML INJECTION SOLUTION (10ML)

00521515	VITAMIN B12	SAB	NW
01987003	CYANOCOBALAMIN	CYT	NW
02052717	CYANOCOBALAMIN	TAR	NW

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#### **FOLIC ACID**

1MG TABLET

00999899	FOLIC ACID		OW
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**Note: The Drug Identification Number listed is for billing purposes only.**

5MG TABLET

00426849	APO-FOLIC	APX	FNW
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5MG/ML INJECTION SOLUTION (10ML)

00816086	FOLIC ACID	SAB	N
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#### **NIACIN**

100MG TABLET

00999879	NIACIN		NW
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**Note: The Drug Identification Number listed is for billing purposes only.**

500MG TABLET

00999889	NIACIN		NW
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**Note: The Drug Identification Number listed is for billing purposes only.**

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#### **PYRIDOXINE**

25MG TABLET

00232475	PYRIDOXINE HCL	ADM	OX
00268607	VITAMIN B6	ICN	OX
01943200	VITAMIN B6	ODN	OX

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### **88:12.00 VITAMIN C**

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#### **ASCORBIC ACID (VITAMIN C)**

500MG TABLET

00999969	ASCORBIC ACID		NW
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**Note: The Drug Identification Number listed is for billing purposes only.**

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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
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## **88:00 VITAMINS**

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### **88:16.00 VITAMIN D**

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#### **CALCITRIOL**

0.25UG CAPSULE

00481823

ROCALTROL

HLR

FNSW

0.5UG CAPSULE

00481815

ROCALTROL

HLR

FNSW

#### **ERGOCALCIFEROL**

8,288IU/ML ORAL SOLUTION

02017598

DRISDOL

SAW

FNSW

#### **VITAMIN D**

1000IU TABLET

00999869

VITAMIN D

N

**Note: The Drug Identification Number listed is for billing purposes only.**

#### **VITAMIN D2**

50,000IU CAPSULE

00009830

OSTOFORTE

MSD

FNSW

## **88:20.00 VITAMIN E**

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#### **VITAMIN E (D-ALPHA TOCOPHERYL ACETATE)**

200UNIT CAPSULE

00999849

VITAMIN E

CN

**Note: The Drug Identification Number listed is for billing purposes only.**

400UNIT CAPSULE

00999859

VITAMIN E

CN

**Note: The Drug Identification Number listed is for billing purposes only.**

## **88:00 VITAMINS**

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### **88:24.00 VITAMIN K ACTIVITY**

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#### **PHYTONADIONE (VITAMIN K1)**

5MG TABLET

MEPHYTON

MSD

C

**Note: Can only be obtained through a prescriber request to the Health Canada Special Access Program.**

10MG/ML INJECTION SOLUTION (1ML)

00497568

VITAMIN K1

ABB

N

00804312

VITAMIN K1

SAB

N

### **88:28.00 MULTIVITAMIN PREPARATIONS**

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#### **MULTIVITAMINS - PEDIATRIC**

CHEWABLE TABLET

02031388

ADEKS

AXC

C

ORAL DROPS

02139650

ADEKS

AXC

C

#### **MULTIVITAMIN - PRENATAL**

TABLET

02231880

MATERNA

WAY

OW

**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

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#### **ALLOPURINOL**

##### 100MG TABLET

00004588	ZYLOPRIM	GSK	FNSW
00364282	NOVO-PUROL	NOP	FNSW
00402818	APO-ALLOPURINOL	APX	FNSW

##### 200MG TABLET

00479799	APO-ALLOPURINOL	APX	FNSW
00506370	ZYLOPRIM	GSK	FNSW
00565342	NOVO-PUROL	NOP	FNSW

##### 300MG TABLET

00294322	ZYLOPRIM	GSK	FNSW
00363693	NOVO-PUROL	NOP	FNSW
00402796	APO-ALLOPURINOL	APX	FNSW

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#### **AMANTADINE HCL**

##### 10MG/ML SYRUP

01913999	SYMMETREL	BMS	FNSW
02022826	PMS-AMANTADINE	PMS	FNSW

##### 100MG CAPSULE

01914006	SYMMETREL	BMS	FNSW
01990403	PMS-AMANTADINE	PMS	FNSW
02034468	ENDANTADINE	END	FNSW
02139200	GEN-AMANTADINE	GPM	FNSW

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#### **AZATHIOPRINE**

##### 50MG TABLET

00004596	IMURAN	GSK	FNSW
02231491	GEN-AZATHIOPRINE	GPM	FNSW
02236799	RATIO-AZATHIOPRINE	RPH	FNSW
02236819	NOVO-AZATHIOPRINE	NOP	FNSW
02242907	APO-AZATHIOPRINE	APX	FNSW

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#### **BROMOCRIPTINE**

##### 5MG CAPSULE

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

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

#### **BROMOCRIPTINE (CONTINUED)**

2.5MG TABLET

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

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#### **BUPROPION**

**SEE APPENDIX A FOR EDS CRITERIA**

150 MG SUSTAINED RELEASE TABLET

02238441	ZYBAN (EDS)	GSK	FW
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#### **CLONIDINE HCL**

0.025MG TABLET

00519251	DIXARIT	BOE	FNSW
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#### **COLCHICINE**

0.6MG TABLET

00572349	COLCHICINE	ODN	FNSW
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#### **CYCLOSPORINE**

10MG CAPSULE

02237671	NEORAL	NVR	T
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25MG CAPSULE

02150689	NEORAL	NVR	T
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50MG CAPSULE

02150662	NEORAL	NVR	T
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100MG CAPSULE

02150670	NEORAL	NVR	T
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02242821	RHOXAL-CYCLOSPORINE	RHP	T
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100MG/ML ORAL SOLUTION

02150697	NEORAL	NVR	T
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02244324	APO-CYCLOSPORINE	APX	T
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#### **ENTACAPONE**

200MG TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

02243763	COMTAN (EDS)	NVR	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

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#### **ETIDRONATE DISODIUM**

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

01997629

DIDRONEL (EDS)

PGA

FNSW

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#### **ETIDRONATE DISODIUM & CALCIUM CARBONATE**

SEE APPENDIX A FOR EDS CRITERIA

400MG & 1250MG TABLET (PACKAGE)

02176017

DIDROCAL (EDS)

PGA

FNSW

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#### **GLATIRAMER ACETATE**

**Note:** Glatiramer Acetate is only approved for the treatment of relapsing-remitting multiple sclerosis.

20MG INJECTION POWDER

02233014

COPAXONE

TVM

M

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#### **GLUCAGON (RECOMBINANT DNA ORIGIN)**

INJECTION KIT

02243297

GLUCAGON KIT

LIL

N

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#### **INTERFERON BETA-1A**

**Note:** Interferon Beta-1a products (Avonex and Rebif) are only approved for the treatment of relapsing-remitting multiple sclerosis.

30UG INJECTION POWDER

02237770

AVONEX

BGN

M

22UG SYRINGE

02237319

REBIF

SRO

M

44UG SYRINGE

02237320

REBIF

SRO

M

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#### **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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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant



## 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

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### 92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

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#### KETOTIFEN FUMARATE

0.2MG/ML SYRUP

00600784	ZADITEN	PGH	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	PGH	FW
02230730	NOVO-KETOTIFEN	NOP	FW
02231680	PMS-KETOTIFEN	PMS	FW

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#### LEVAMISOLE

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00846368	ERGAMISOL (EDS)	JAN	FNSW
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#### LEVODOPA & CARBIDOPA

100MG & 10MG TABLET

00355658	SINEMET	BMS	FNSW
02126176	RATIO-LEVODOPA/CARBIDOPA	RPH	FNSW
02182831	NU-LEVOCARB	NXP	FNSW
02195933	APO-LEVOCARB	APX	FNSW
02244494	NOVO-LEVOCARBIDOPA	NOP	FNSW

100MG & 25MG TABLET

00513997	SINEMET	BMS	FNSW
02126168	RATIO-LEVODOPA/CARBIDOPA	RPH	FNSW
02182823	NU-LEVOCARB	NXP	FNSW
02195941	APO-LEVOCARB	APX	FNSW
02244495	NOVO-LEVOCARBIDOPA	NOP	FNSW

250MG & 25MG TABLET

00328219	SINEMET	BMS	FNSW
02126184	RATIO-LEVODOPA/CARBIDOPA	RPH	FNSW
02182858	NU-LEVOCARB	NXP	FNSW
02195968	APO-LEVOCARB	APX	FNSW
02244496	NOVO-LEVOCARBIDOPA	NOP	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - Multiple Sclerosis  
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

#### **LEVODOPA & CARBIDOPA (CONTINUED)**

100MG & 25MG CONTROLLED RELEASE TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

02028786	SINEMET CR (EDS)	BMS	FNSW
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200MG & 50MG CONTROLLED RELEASE TABLET

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

00870935	SINEMET CR (EDS)	BMS	FNSW
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#### **MONTELUKAST**

**SEE APPENDIX A FOR EDS CRITERIA**

4MG CHEWABLE TABLET

02243602	SINGULAIR (EDS)	MSD	FW
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5MG CHEWABLE TABLET

02238216	SINGULAIR (EDS)	MSD	FW
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10MG TABLET

02238217	SINGULAIR (EDS)	MSD	FNSW
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#### **MYCOPHENOLATE MOFETIL**

250MG CAPSULE

02192748	CELLCEPT	HLR	T
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500MG TABLET

02237484	CELLCEPT	HLR	T
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#### **NEDOCROMIL SULFATE**

2MG/DOSE INHALATION AEROSOL (200 DOSE)

02230543	TILADE	AVN	FNSW
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#### **OCTREOTIDE**

**SEE APPENDIX A FOR EDS CRITERIA**

200UG/ML INJECTION (5ML)

02049392	SANDOSTATIN (EDS)	NVR	N
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#### **PAMIDRONATE DISODIUM**

**SEE APPENDIX A FOR EDS CRITERIA**

90MG INJECTION POWDER

02059789	ARELIA (EDS)	NVR	N
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02244552	PAMIDRONATE DISODIUM (EDS)	MPH	N
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
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## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

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#### **PENTOSAN POLYSULFATE SO4**

**SEE APPENDIX A FOR EDS CRITERIA**

100MG CAPSULE

02029448	ELMIRON (EDS)	JAN	FNSW
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#### **PHENYLALANINE-REDUCED FOODS**

**NUTRITIONAL FORMULA (NOT INTERCHANGEABLE)**

00030800	PHENEX-1	ROS	P
04444444	PHENEX-2	ROS	P
00368020	PHENYL-FREE	MJS	P

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#### **PRAMIPEXOLE DIHYDROCHLORIDE**

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

0.25MG TABLET

02237145	MIRAPEX (EDS)	BOE	FNSW
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0.5MG TABLET

02241594	MIRAPEX (EDS)	BOE	FNSW
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1MG TABLET

02237146	MIRAPEX (EDS)	BOE	FNSW
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1.5MG TABLET

02237147	MIRAPEX (EDS)	BOE	FNSW
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#### **ROPINIROLE HCL**

**SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)**

0.25MG TABLET

02232565	REQUIP (EDS)	GSK	FNSW
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1MG TABLET

02232567	REQUIP (EDS)	GSK	FNSW
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2MG TABLET

02232568	REQUIP (EDS)	GSK	FNSW
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5MG TABLET

02232569	REQUIP (EDS)	GSK	FNSW
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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
**U** - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

## **92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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### **92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

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#### **SELEGILINE HCL**

5MG TABLET

02068087	NOVO-SELEGILINE	NOP	FNSW
02123312	ELDEPRYL	DPY	FNSW
02230641	APO-SELEGILINE	APX	FNSW
02230717	NU-SELEGILINE	NXP	FNSW
02231036	GEN-SELEGILINE	GPM	FNSW
02238102	PMS-SELEGILINE	PMS	FNSW

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#### **SIROLIMUS**

1MG/ML ORAL SOLUTION

02243237	RAPAMUNE	WAY	T
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#### **SODIUM CROMOGLYCATE**

100MG CAPSULE

**SEE APPENDIX A FOR EDS CRITERIA**

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

00555649	INTAL	AVN	FNSW
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1% INHALATION SOLUTION (2ML)

02046113	PMS-SODIUM CROMOGLYCATE	PMS	FNSW
02231431	APO-CROMOLYN	APX	FNSW
02231671	NU-CROMOLYN	NXP	FNSW

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#### **TACROLIMUS**

0.5MG CAPSULE

02243144	PROGRAF	FUJ	T
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1MG CAPSULE

02175991	PROGRAF	FUJ	T
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5MG CAPSULE

02175983	PROGRAF	FUJ	T
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#### **TRIMEPRAZINE TARTRATE**

2.5MG TABLET

01926306	PANECTYL	ERF	FNW
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5MG TABLET

01926292	PANECTYL	ERF	FNW
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A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit  
N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

**92:00 UNCLASSIFIED THERAPEUTIC AGENTS**

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**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS**

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**URSODIOL**

**SEE APPENDIX A FOR EDS CRITERIA**

250MG TABLET

02238984

URSO (EDS)

AXC

FNSW

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**G** - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - Multiple Sclerosis  
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## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **NOTES REGARDING EXCEPTIONAL DRUG STATUS (EDS) COVERAGE**

- Exceptional Drug Requests are reviewed by a committee of drug program staff, physicians, and pharmacists.
- Not all medications currently approved for sale in Canada will be considered for EDS coverage.
- EDS coverage will not be considered for any medications approved for sale in Canada since January 2000 and that have not been reviewed for coverage by either the PEI Pharmacy Advisory Committee or the Atlantic Provinces Common Drug Review Expert Advisory Committee.
- EDS coverage will only be approved for the treatment of indications approved by Health Canada for the use of the requested medication.
- EDS coverage will only be considered under the:
  - Family Health Benefit Program
  - Financial Assistance Program
  - Nursing Home / Institutional Program
  - Seniors Drug Cost Assistance Plan
- EDS coverage will not be considered under the:
  - AIDS/HIV Program
  - Community Mental Health Program
  - Cystic Fibrosis Program
  - Diabetes Control Program
  - Eprex Program
  - Growth Hormone Program
  - Hepatitis Program
  - Immunization Program
  - Intron A Program
  - Meningitis Program
  - Nutrition Services Program
  - Phenylketonuria Program
  - Rabies Program
  - Transplant Drug Program
  - Sexually Transmitted Diseases Program
  - Tuberculosis Program

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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- Prescribers may apply for EDS coverage by mailing or faxing a completed Exceptional Drug Request to:  

Exceptional Drug Requests  
PEI Drug Programs  
P.O. Box 2000  
Charlottetown, PEI  
C1A 7N8

Fax: 1-902-368-4905
- Information that must be completed on or included with the Exceptional Drug Request includes:
  - patient's name, personal health number, date of birth, mailing address, and telephone number;
  - name of the pharmacy patient will use if coverage of the medication requested is approved;
  - name, dosage, and dosage regimen of the medication requested;
  - anticipated length of therapy using the medication requested;
  - specific diagnosis or indication being treated using the medication requested;
  - reason for the request;
  - other comments, including copies of culture and sensitivity reports for antibiotic requests, copies of relevant test results, and relevant advice received from consultants or specialists; and
  - physician's name, address, and signature.
- Exceptional Drug Requests with insufficient information to assess the request will be returned to the physician.
- Please allow two to four weeks for the processing of Exceptional Drug Requests.
- Copies of the EDS Request form are available in Appendix B of the Formulary or by contacting the PEI Drug 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.
- Medications approved through the Exceptional Drug Status process shall be limited to a maximum 30 (thirty) day supply.

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

- If the request is 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, patients may be reimbursed for one fill of the prescription received during the assessment period, after all of the requested information has been received.
- 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.

**Alertec** - see Modafinil

**Amatine** - see Midodrine HCl

**Amerge** - see Naratriptan HCl

#### **Amiodarone, tablet, 200mg (Cordarone-WAY, Gen-Amiodarone-GPM, Novo-Amiodarone-NOP, PMS-Amiodarone-PMS, Ratio-Amiodarone-RPH, Rhoxal-Amiodarone-RHP)**

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-Cefuroxime** - see Cefuroxime

**Apo-Cyclobenzaprine** - see Cyclobenzaprine



## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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**Apo-Desmopressin** - see Desmopressin

**Apo-Fluconazole** - see Fluconazole

**Apo-Gabapentin** - see Gabapentin

**Apo-Ketoconazole** - see Ketoconazole

**Apo-Megestrol** - see Megestrol Acetate

**Apo-Minocycline** - see Minocycline

**Apo-Norflox** - see Norfloxacin

**Apo-Oflox** - see Ofloxacin

**Apo-Ticlopidine** - see Ticlopidine

**Aredia** - see Pamidronate Disodium

**Arimidex** - see Anastrozole

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

For oncology patients only.

**Betahistine HCL, tablet, 8mg, 16mg (Serc-SLV)**

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

**Biaxin** - see Clarithromycin

**Bicalutamide, tablet, 50mg (Casodex-AZE)**

For use in combination therapy with either an LHRH analogue or surgical castration for the treatment of metastatic (Stage D2) prostate cancer in patients not responding to or intolerant of flutamide.

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

### **Budesonide, inhalation solution, 0.125mg/mL, 0.25mg/mL, 0.5mg/mL (Pulmicort Nebuamp-AZE)**

- (a) For use in clients of the Nursing Home Program without an Exceptional drug Request.
- (b) For use in children under 6 years of age.

### **Bupropion HCl, tablet, 100mg, 150mg (Wellbutrin SR-GSK)**

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-GSK)**

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

### **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.**

**Casodex** - see Bicalutamide

**Ceftin** - see Cefuroxime

### **Cefuroxime Axetil, tablets, 250mg, 500mg; oral suspension, 25mg/mL, 50mg/mL (Ceftin-GSK, Apo-Cefuroxime-APX, Ratio-Cefuroxime-RPH)**

- (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**

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**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-BAY)**

- (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 four weeks (28 days) of therapy will be considered.

### **Clarithromycin, oral suspension, 25mg/mL, 50mg/mL; tablets, 250mg, 500mg; extended-release tablet, 500mg (Biaxin-ABB, Biaxin XL-ABB)**

- (a) For treatment of patients with asthma 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 H<sub>2</sub>-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).
- (c) For use in combination with ASA in patients with non-ST-segment elevation acute coronary syndrome (i.e. unstable angina or non-ST-segment elevation myocardial infarction) for a period of up to three months (90 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)**

**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.**

<b>Family Health Benefit and Financial Assistance Programs</b>	<b>Nursing Home Program</b>	<b>Seniors Drug Cost Assistance Plan</b>
(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b>	(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b>	(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b>

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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**Clozaril** - see Clozapine

**Comtan** - see Entacapone

**Cordarone** - see Amiodarone

**Coreg** - see Carvedilol

**Cyclobenzaprine HCl, tablet, 10mg (Flexeril-ALZ, Apo-Cyclobenzaprine-APX, Novo-Cycloprine-NOP, Nu-Cyclobenzaprine-NXP, Pms-Cyclobenzaprine-PMS, Gen-Cycloprine-GPM, Ratio-Cyclobenzaprine-RPH)**

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

- (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

**Didrocal** - see Etidronate Disodium-Calcium Carbonate

**Didronel** - see Etidronate

**Diflucan** - see Fluconazole

**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.

**Dilaudid HP** - see Hydromorphone HCL, injection solution

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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**Dilaudid XP** - see Hydromorphone HCL, injection solution

**Ditropan XL** - see Oxybutynin Chloride

**Duragesic** - see Fentanyl

**Elmiron** - see Pentosan polysulfate sodium

**Entacapone, tablet, 200mg (Comtan-NVR)**

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with levodopa/carboxylase therapy upon written request or recommendation of a neurologist. **A copy of the recommendation must accompany the Exceptional Drug Request.**

**Epinephrine, auto-injector, 0.15mg per dose (EpiPen Jr.-ALX), 0.3mg per dose (EpiPen-ALX)**

For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

**Coverage is limited to one unit at a time.**

**To allow for the replacement of used or expired units, the pharmacy must contact the PEI Drug Programs office and coverage will be provided on the day of the fill. Additional physician requests are not required for replacement units once the initial request has been approved.**

**EpiPen** - see Epinephrine

**EpiPen Jr.** - see Epinephrine

**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-PGA)**

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.**

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **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.**

### **Fentanyl, transdermal patch, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic-JAN)**

For treatment of severe chronic cancer pain that is not well controlled by short and long-acting morphine and hydromorphone products.

**Flexeril** - see Cyclobenzaprine

**Floxin** - see Ofloxacin

### **Fluconazole, tablet, 50mg, 100mg (Diflucan-PFI, Apo-Fluconazole-APX, Gen-Fluconazole-GPM, Novo-Fluconazole-NOP, Pms-Fluconazole-PMS)**

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

**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: These patients must have access to a short-acting beta-2 agonist for symptomatic relief.**

### **Gabapentin, capsule, 100mg, 300mg, 400mg (Neurontin-PDA, Apo-Gabapentin-APX, Novo-Gabapentin-NOP, Pms-Gabapentin-PMS)**

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

**Gen-Amiodarone** - Amiodarone

**Gen-Cycloprine** - see Cyclobenzaprine

**Gen-Fluconazole** - Fluconazole

**Gen-Minocycline** - see Minocycline

**Gen-Ticlopidine** - see Ticlopidine HCl

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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**Hp-PAC** - see Lansoprazole & Clarithromycin & Amoxicillin

**Hydromorph Contin** - see Hydromorphone HCl, controlled-release capsule

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

For treatment of patients with documented severe chronic pain that is not well controlled by short and long-acting morphine and short-acting hydromorphone products.

**Hydromorphone HCl, injection solution, 10mg/mL, 50mg/mL (Dilaudid HP-JAN,  
Dilaudid XP-JAN)**

For treatment of severe chronic cancer pain that is not well controlled by short and long-acting oral morphine and hydromorphone products:

- (a) For patients covered by the Nursing Home Program without an Exceptional Drug Request, or
- (b) For other patients upon written request or recommendation from a palliative care or pain clinic. **A copy of the recommendation must accompany the Exceptional Drug Request.**

**Hydromorphone HP** - see Hydromorphone HCl, injection solution

**Imitrex** - see Sumatriptan

**Infufer** - see Iron Dextran Complex

**Iron Dextran Complex, 50mg/mL injection solution (Infufer-SAB)**

For treatment of documented iron deficiency anemia (Hgb less than 115 g/L for men or 100 g/L for women) when patients are intolerant of oral iron replacement products.

**Note: Coverage for dialysis patients is provided under the Dialysis Program.**

**Ketoconazole, tablet, 200mg (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.

**Lansoprazole** - see Proton Pump Inhibitors



## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **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 H<sub>2</sub>-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.**

### **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-BMS)**

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

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **Linezolid, tablet, 600mg (Zyvoxam-PHU)**

- (a) For treatment of proven VRE (Vancomycin-Resistant *Enterococcus*) infections. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.
- (b) For treatment of proven MRSA (Methicillin-Resistant *Staph. aureus*) and MRSE (Methicillin-Resistant *Staph. epidermidis*) infections in patients who are unresponsive or intolerant to Vancomycin. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.

**Losec** - see Proton Pump Inhibitors

**Megace** - see Megestrol Acetate

### **Megestrol Acetate, tablet, 40mg, 160mg (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-RBP)**

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-STI, Apo-Minocycline-APX, Gen-Minocycline-GPM, Novo-Minocycline-NOP, Pms-Minocycline-PMS, Ratio-Minocycline-RPH, Rhoxal-Minocycline-RHP)**

For treatment of acne unresponsive to tetracycline.

**Mirapex** - see Pramipexole Dihydrochloride

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

### **Modafinil, tablet, 100mg (Alertec-DPY)**

For treatment of patients with a confirmed sleep-laboratory diagnosis of narcolepsy or idiopathic CNS hypersomnia.

### **Montelukast, chewable tablet, 4mg, 5mg; tablet, 10mg (Singulair-MSD)**

For adjunctive treatment of asthma in patients not well controlled with regular use of inhaled corticosteroids. Only appropriate dosing as shown in the current Compendium of Pharmaceuticals and Specialties (CPS) will be considered.

### **Morphine Sulfate, injection solution, 50mg/mL (Morphine Sulfate-SAB)**

For treatment of severe chronic cancer pain that is not well controlled by short and long-acting oral morphine and hydromorphone products:

- (a) For patients covered by the Nursing Home Program without an Exceptional Drug Request, or
- (b) For other patients upon written request or recommendation from a palliative care or pain clinic. **A copy of the recommendation must accompany the Exceptional Drug Request.**

**Nalcrom** - see Sodium Cromoglycate

### **Naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK)**

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.

**Neurontin** - see Gabapentin

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

### **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

**Novo-Amiodarone** - see Amiodarone

**Novo-Benzydamine** - see Benzydamine

**Novo-Cycloprine** - see Cyclobenzaprine

**Novo-Fluconazole** - Fluconazole

**Novo-Gabapentin** - Gabapentin

**Novo-Ketoconazole** - see Ketoconazole

**Novo-Minocycline** - see Minocycline

**Novo-Norfloxacin** - see Norfloxacin

**Novo-Ticlopidine** - Ticlopidine

**Nu-Cyclobenzaprine** - see Cyclobenzaprine

**Nu-Ketocon** - see Ketoconazole

**Nu-Megestrol** - see Megestrol Acetate

**Nu-Ticlopidine** - see Ticlopidine

### **Octreotide, injection, 200ug/mL (5mL) (Sandostatin-NVR)**

For management of terminal malignant bowel obstruction in patients residing in the Prince Edward Home Palliative Care Unit.

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

### **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, 15mg (Zyprexa-LIL)**

<b>Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)</b>	<b>Nursing Home Program (Exceptional Drug Request Required)</b>	<b>Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)</b>
<p>For the treatment of patients with schizophrenia and related psychotic disorders:</p> <p>(a) Upon prescription by a psychiatrist or geriatrician; or</p> <p>(b) From other practitioners in consultation with a psychiatrist or geriatrician. Consultation with the psychiatrist or geriatrician may be in person or by phone. <b>A statement such as “Prescribed in Consultation With Dr. *****” will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</b></p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>

**Omeprazole** - see Proton Pump Inhibitors

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **Ondansetron HCl, tablet, 4mg, 8mg (Zofran-GSK)**

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing cyclophosphamide, doxorubicin, epirubicin, or melphalan); or receiving radiation therapy 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) 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.**

**Only requests for the oral dosage forms are eligible for consideration.**

**Oxeze** - see Formoterol Fumerate

### **Oxybutynin Chloride, extended release tablet, 5mg, 10mg (Ditropan XL-JAN)**

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

### **Pamidronate Disodium, injection powder, 90mg vial (Aredia-NVR, Pamidronate Disodium-MPH)**

For management of tumour-induced hypercalcemia following adequate saline rehydration or conditions associated with increased osteoclast activity in patients in the Prince Edward Home Palliative Care Unit.

**Pantoloc** - see Proton Pump Inhibitors

**Pantoprazole** - see Proton Pump Inhibitors

**Pariet** - see Proton Pump Inhibitors

### **Pentosan polysulfate sodium, capsule, 100mg (Elmiron-JAN)**

For treatment of interstitial cystitis where other treatments have failed.

**Plavix** - see Clopidogrel

**Pms-Amiodarone** - Amiodarone

**Pms-Benzydamine** - see Benzydamine

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

**Pms-Cyclobenzaprine** - see Cyclobenzaprine

**Pms-Fluconazole** - Fluconazole

**Pms-Gabapentin** - see Gabapentin

**Pms-Minocycline** - see Minocycline

**Pms-Ticlopidine** - see Ticlopidine

**Pramipexole Dihydrochloride, tablet, 0.25mg, 0.5mg, 1mg, 1.5mg (Mirapex-BOE)**

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with levodopa/carboxylase therapy upon written request or recommendation of 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)**

**Rabeprazole, tablet, 10mg (Pariet-JAN)**

#### **(a) Gastric Ulcer**

- For treatment of gastric ulcers resistant to at least 8 weeks of H<sub>2</sub> 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 H<sub>2</sub> 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**

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- (c) **Esophagitis**
- For treatment of reflux esophagitis resistant to at least 12 weeks of H<sub>2</sub> 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.
  - 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 H<sub>2</sub> antagonist therapy.
  - 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 H<sub>2</sub>-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.**

**Protopic** - see Tacrolimus

**Pulmicort Nebuamps** - see Budesonide



## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **Quetiapine, tablet, 25mg, 100mg, 150mg, 200mg (Seroquel-AZE)**

<b>Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)</b>	<b>Nursing Home Program (Exceptional Drug Request Required)</b>	<b>Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)</b>
<p>For the treatment of patients with schizophrenia and related psychotic disorders:</p> <p>(a) Upon prescription by a psychiatrist or geriatrician; or</p> <p>(b) From other practitioners in consultation with a psychiatrist or geriatrician. Consultation with the psychiatrist or geriatrician may be in person or by phone. <b>A statement such as “Prescribed in Consultation With Dr. *****” will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</b></p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>

**Rabeprazole** - see Proton Pump Inhibitors

**Ratio-Amiodarone** - see Amiodarone

**Ratio-Benzydamine** - see Benzydamine

**Ratio-Cefuroxime** - see Cefuroxime

**Ratio-Cyclobenzaprine** - see Cyclobenzaprine

**Ratio-Minocycline**- see Minocycline

**Requip** - see Ropinirole

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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**Rhoxal-Amiodarone** - Amiodarone

**Rhoxal-Minocycline** - see Minocycline

**Rhoxal-Ticlopidine** - see Ticlopidine

**Risperdal** - see Risperidone

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

### **Risperidone, tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Risperdal-JAN)**

<b>Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)</b>	<b>Nursing Home Program</b>	<b>Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)</b>
<p>(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided for the symptomatic management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics:</p> <p>i. Upon prescription by a psychiatrist or geriatrician; or</p> <p>ii. From other practitioners in consultation with a psychiatrist or geriatrician.</p> <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders:</p> <p>i. Upon prescription by a psychiatrist or geriatrician; or</p> <p>ii. From other practitioners in consultation with a psychiatrist or geriatrician.</p> <p><b>Consultation with the psychiatrist or geriatrician may be in person or by phone. A statement such as “Prescribed in Consultation With Dr. *****” will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</b></p>	<p>(a) <b>Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided without an Exceptional Drug Request</b> for the symptomatic management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics .</p> <p>(b) Dosages of more than 2mg daily will be considered upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p> <p>(c) For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>	<p>(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided for the symptomatic management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics upon upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p> <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders upon written request or recommendation of a psychiatrist or geriatrician. <b>A copy of the recommendation must accompany the Exceptional Drug Request.</b></p>

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **Ropinirole, tablet, 0.25mg, 1mg, 2mg, 5mg (Requip-GSK)**

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with levodopa/carboxylase therapy upon written request or recommendation of a neurologist. **A copy of the recommendation must accompany the Exceptional Drug Request.**

### **Salmeterol Xinafoate, aerosol inhalation, 25µg/dose (Serevent-GSK); aerosol powder disk, 50µg/dose (Serevent Diskus-GSK)**

For the treatment of asthma when used in patients on concurrent steroid therapy.

**Note: These patients must have access to a short-acting beta-2 agonist for symptomatic relief.**

**Sandostatin** - see Octreotide

**Sansert** - Methysergide Maleate

**Serc** - see Betahistine

**Serevent** - see Salmeterol Xinafoate

**Serevent Diskus** - see Salmeterol Xinafoate

**Seroquel** - see Quetiapine

**Sinemet CR** - see Levodopa & Carbidopa

**Singulair** - see Montelukast

### **Sodium Cromoglycate, capsule, 100mg (Nalcrom-AVN)**

- (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**

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

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

### **Tacrolimus, topical ointment, 0.03% (Protopic-FUJ)**

For use in children greater than 2 years of age with refractory atopic dermatitis for a period of up to 12 months.

**Tantum Oral Rinse** - see Benzydamine

**Ticlid** - see Ticlopidine

### **Ticlopidine HCL, tablet, 250mg (Ticlid-HLR, Apo-Ticlopidine-APX, Gen-Ticlopidine-GPM, Novo-Ticlopidine-NOP, Nu-Ticlopidine-NXP, Pms-Ticlopidine-PMS, Rhoxal-Ticlopidine-RHP)**

- (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.

### **Tizandine HCl, tablet 4mg (Zanaflex-DPY)**

For second- line treatment for those individuals with spasticity resulting from traumatic brain injury, multiple sclerosis, spinal cord injury or cerebral vascular accident and are intolerant to or have had ineffective results from baclofen and/or benzodiazepines.

## **APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE**

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### **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 or where Oxybutynin has been ineffective.

**Urso** - see Ursodiol

### **Ursodiol, tablet, 250mg (Urso-AXC)**

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.**

**Wellbutrin SR** - see Bupropion HCl

**Zanaflex** - see Tizanidine 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

**Zyvoxam** - see Linezolid

# APPENDIX B - EXCEPTIONAL DRUG REQUEST FORM



Health and  
Social Services

## DRUG PROGRAMS EXCEPTIONAL DRUG REQUEST

### PATIENT INFORMATION

PATIENT'S SURNAME	PATIENT'S GIVEN NAME	PERSONAL HEALTH NUMBER	DATE OF BIRTH
			DD   MM   YYYY
PATIENT'S MAILING ADDRESS			TELEPHONE NUMBER
NAME OF PHARMACY PATIENT WILL USE IF DRUG APPROVED			

### DRUG / DIAGNOSTIC INFORMATION

REQUESTED DRUG NAME, STRENGTH, AND DOSING REGIMEN	ANTICIPATED LENGTH OF THERAPY
DIAGNOSIS / INDICATION	
REASON FOR REQUEST	
EXPLAIN:	
CONTRAINDICATION <input type="checkbox"/> G	
ADVERSE EVENT <input type="checkbox"/> G	
THERAPEUTIC FAILURE <input type="checkbox"/> G	
OTHER <input type="checkbox"/> G	
OTHER COMMENTS, INCLUDING COPIES OF CULTURE & SENSITIVITY REPORTS FOR ANTIBIOTIC REQUESTS, COPIES OF RELEVANT TEST RESULTS, AND RELEVANT ADVICE RECEIVED FROM CONSULTANTS/SPECIALISTS (IF APPLICABLE)	
PHYSICIAN'S NAME & ADDRESS	PHYSICIAN'S SIGNATURE _____ DATE _____

FORMS WITH INSUFFICIENT INFORMATION TO ASSESS THE EXCEPTIONAL DRUG REQUEST WILL BE RETURNED TO THE PHYSICIAN.

PLEASE RETURN FORM TO: EXCEPTIONAL DRUG REQUESTS  
PEI DRUG PROGRAMS  
P.O. BOX 2000  
CHARLOTTETOWN, PE C1A 7N8  
FAX NO. (902) 368-4905

April 2003

## **APPENDIX C - SUBMISSION REQUIREMENTS**

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### **ATLANTIC PROVINCES COMMON DRUG REVIEW PROCESS**

The provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island have implemented a regional common review process for the coverage of new chemical entities, line extensions, and new indications for existing products. It is anticipated that the common drug review process will reduce duplication, maximize the use of limited resources and expertise, and enhance the consistency and quality of drug reviews throughout the Atlantic Provinces. Support for common drug review process is provided by a Secretariat housed in Nova Scotia Department of Health in Halifax.

Work is currently underway to develop a national common drug review process. The review of new pharmaceutical products for coverage by the PEI Drug Programs will move to the national process once it is in place.

#### **Submissions**

For each drug to be reviewed, manufacturers must make a submission to each of the four Atlantic provinces. The Prince Edward Island copy should be forwarded to:

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

The submission will be reviewed for completeness by the Secretariat and an acknowledgment sent to the manufacturer by e-mail. The e-mail address of the manufacturer's contact must be included in the submission.

#### **Prioritization of Reviews**

The list of submissions for new chemical entities is reviewed by the Atlantic Pharmacare Review Committee (APRC) on a regular basis, prioritized, and assigned to reviewers. The APRC is made up of Drug Plan Managers from each of the four provinces.

Drugs are normally reviewed in the order in which they are received by the Secretariat, however, there can be exceptions to this. There is no fast tracking of drugs or pre-NOC reviews.

Line extensions and new indications are prioritized separately and may assigned to a reviewer if there are utilization and/or cost implications.



## **APPENDIX C - SUBMISSION REQUIREMENTS**

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### **Preparation of Drug Evaluation Summary**

Evidence-based evaluation summaries of each drug are prepared by independent reviewers based upon both material included in the manufacturer's submission and a systematic literature search. The company may also be contacted if further information is required.

Reviews can take four to six weeks to complete.

### **Atlantic Provinces Common Drug Review Expert Advisory Committee**

When completed, the drug evaluation summary is presented to the Atlantic Provinces Common Drug Review Expert Advisory Committee (EAC). The EAC is made up of physicians, pharmacists, and other drug evaluation expert from each of the four Atlantic provinces and meets five to six times per year.

The committee's mandate is to evaluate the products presented to it and make recommendations regarding their place in therapy. Ideally, recommendations are made the first time products are on the agenda, however, there can be issues that require rescheduling of the agenda item to future meetings.

In Prince Edward Island, the EAC recommendations are sent to Pharmacy Services Consultant in the Department of Health and Social Services.

### **Coverage Decisions**

Each province makes their own decision on the coverage of new drugs based on a combination of the EAC recommendations, advice and budget impact information prepared by drug program staff, and provincial priorities and resources.

Although this process differs from province to province, ministerial (or delegate) approval of the recommendations is required in each province. In Prince Edward Island, the coverage of new products must be approved by the Minister of Health and Social Services

### **Coverage Options**

Drugs may be listed in the formulary as:

1. **Open Formulary:** Unrestricted access to the drug for all programs or specific programs.
2. **Exceptional Drug Status:** Specific criteria have been developed for coverage of the drug. Coverage will be provided only if the information provided by an Exceptional Drug Request completed by a physician meets the criteria. Exceptional Drug Status criteria are listed in Appendix A of the Formulary.

## **APPENDIX C - SUBMISSION REQUIREMENTS**

---

Drugs that are not listed in the Formulary are not benefits of the PEI Drug Programs. In some exceptional circumstances, these drugs may be requested in writing by a physician for a specific patient. Such requests will be considered on a case-by-case basis.

### **Announcement**

Each province will independently inform manufacturers of the coverage status of new drugs in their province.

### **Submission Requirements for New Chemical Entities**

One complete copy of the submission must be sent to each of the four provinces. The following must be contained in the submission and it must be compiled in the following order:

1. Executive Summary (2 copies)
2. Notice of Compliance (NOC)
3. Product Monograph
4. Therapeutic classifications:
  - a. American Hospital Formulary Service, Pharmacologic-Therapeutic Classification (PTC), and
  - b. World Health Organization's Anatomical Therapeutic Chemical (ATC) classification
5. Clinical evidence on efficacy, effectiveness and safety.
  - a. Double-blind, randomized, controlled trials (RCTs) published in peer-reviewed journals are given the most weight.
  - b. If unpublished/abstract data is submitted, it must be indicated why it is unpublished.
  - c. List all studies submitted in one table and specify the study name, date, authors and whether it is published or unpublished.
  - d. Published articles supporting the validity of outcome measures in studies, if available
6. Economic Information
  - a. A pharmacoeconomic evaluation is required for most new chemical entities. Studies should follow current guidelines from the Canadian Coordinating Office for Health Technology Assessment (CCOHTA).
  - b. Budget impact analysis for each province.
7. Pricing and availability
  - a. Current price for all strengths and dosage forms
  - b. Method of distribution to pharmacies (wholesale, direct or other arrangements)
  - c. Evidence of ability to supply anticipated demand

## **APPENDIX C - SUBMISSION REQUIREMENTS**

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8. A letter authorizing unrestricted communication regarding the drug product between Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland drug programs and
  - a. Other federal, provincial and territorial (F/P/T) drug programs
  - b. F/P/T health authorities and related facilities
  - c. Health Canada
  - d. Patented Medicine Prices Review Board (PMPRB)
  - e. Canadian Coordinating Office for Health Technology Assessment (CCOHTA)
9. A letter specifying the current or intended CPS listing status
10. A copy of the Pharmaceutical Advertising Advisory Board (PAAB) approved promotional materials

### **Submission Requirements for Line Extensions**

The submission requirement for line extensions are the same as for new chemical entities. The submission must include a cover letter describing the line extension, cost and any utilization implications and relevant supporting scientific information. A copy of the submission must be sent to all four provinces.

### **Submission Requirements for New Indications**

The submission requirements for new indications are the same as for a new chemical entity. The submission must include a cover letter describing the new indication, anticipated cost and utilization implications, and relevant supporting scientific information. A copy of the submission must be sent to all four provinces.

### **Requirements for Resubmissions**

The requirements for resubmissions are the same as for a new chemical entity. The resubmission must have a cover letter that clearly highlights the new information contained in the resubmission. A copy must be sent to all four provinces

## **APPENDIX C - SUBMISSION REQUIREMENTS**

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### **INTERCHANGEABLE OR GENERIC PRODUCTS**

The PEI Drug Programs have their own review process for the coverage of new interchangeable or generic products.

#### **Submissions**

The manufacturer must make a drug submission to the PEI Drug Programs. The submission should be forwarded to:

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

The submission will be reviewed for completeness by drug program staff and an acknowledgment sent to the manufacturer by e-mail. The e-mail address of the manufacturer's contact must be included in the submission.

#### **Designation of Interchangeability**

Submissions for new interchangeable or generic drugs are reviewed by drug program staff on a regular basis.

Generic drugs may be designated as being interchangeable with other products listed in the Formulary if:

1. The new product contains the same amounts of the same active ingredients in the same dosage form as the listed products,
2. The new product is available to PEI pharmacies in quantities sufficient to meet anticipated demand, and
3. The manufacturer provides acceptable evidence of interchangeability with the listed products (see Appendix C for Submission Requirements), including:
  - a. The product has been designated as equivalent to the original product by Health Canada through designation of the original product as the Canadian Reference Product; or
  - b. The dosage form, strength, formula, manufacturing process, and testing standards for both the raw materials and the finished product are identical to those of the original product; or
  - c. The product has been designated as interchangeable with other products in the Nova Scotia or Saskatchewan Formularies.

## **APPENDIX C - SUBMISSION REQUIREMENTS**

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The PEI Drug Programs may refuse to designate a generic drug as being interchangeable, although it meets the above conditions, if the Minister considers it advisable in the public interest to do so.

Generic drugs that have not been designated as being interchangeable may still be listed in the Formulary along with a note specifically indicating they are not interchangeable with other similar products listed in the Formulary.

### **Announcement**

Manufacturers will be notified of the interchangeability and coverage status of new generic drugs.

### **Submission Requirements for New Interchangeable Drugs**

One complete copy of the submission should be sent. The following must be contained in the submission and it must be compiled in the following order:

1. Executive Summary
2. Notice of Compliance (NOC)
3. At least one of the following acceptable types of evidence that each strength and dosage form of the submitted product is interchangeable with the same strengths and dosage forms of the original product:
  - a. The product has been designated as equivalent to the original product by Health Canada through designation of the original product as the Canadian Reference Product; or
  - b. A letter from the manufacturer of the original product that the dosage form, strength, formula, manufacturing process, and testing standards for both the raw materials and the finished product are identical to those of the original product; or
  - c. The product has been designated as interchangeable with other products in the Nova Scotia or Saskatchewan Formularies.
4. Product Monograph
5. Pricing and availability
  - Current price for all strengths and dosage forms
  - Method of distribution to pharmacies (wholesale, direct or other arrangements)
  - Evidence of ability to supply anticipated demand

6. A letter authorizing unrestricted communication regarding the drug product between:
  - Other federal, provincial and territorial (F/P/T) drug programs
  - F/P/T health authorities and related facilities
  - Health Canada
  - Patented Medicine Prices Review Board (PMPRB)
  - Canadian Coordinating Office for Health Technology Assessment (CCOHTA)
7. A letter specifying the current or intended CPS listing status

## **FOR MORE INFORMATION ON THE SUBMISSION PROCESS**

For more information regarding the submission and review processes, please contact:

Pharmacy Services Consultant  
Department of Health and Social Services  
P.O. Box 2000, 16 Garfield St.  
Charlottetown, PE C1A 7N8  
phone: 902-368-6711  
fax: 902-368-6136

## **INDEX A - ABBREVIATIONS OF MANUFACTURERS' NAMES**

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ABB	Abbott Laboratories Ltd.
AGR	Agouron Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Pharmaceuticals
ALX	Allerex Laboratory Ltd.
ALZ	Alza Corporation
AMG	Amgen Canada Inc.
APX	Apotex Inc.
ASM	Asta Medica Ltd.
AVN	Aventis Pharma Ltd.
AVP	Aventis Pasteur Ltd.
AXC	Axcan Pharma
AZE	AstraZeneca Canada Inc.
BAX	Baxter Corporation
BAY	Bayer Inc. - Healthcare Division
BEX	Berlex Canada Inc.
BGN	Biogen Canada Inc.
BMS	Bristol-Myers Squibb Canada Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BVL	Biovail Pharmaceuticals
COB	Cobalt Pharmaceuticals Inc.
CYT	Cytex Pharmaceutical Inc.
DPY	Draxis Health Inc.
DUI	Duchesnay Inc.
END	Endo Canada Inc., Division of DuPont Pharma Inc.
ERF	Erfa Canada Inc.
FEI	Ferring Inc.
FFR	Fournier Pharma Inc.
FUJ	Fujisawa Canada Inc.
GAC	Galderma Canada Inc.
GPM	Genpharm Inc.
GSK	GlaxoSmithKline
HLR	Hoffmann-La Roche Limited
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.
LEO	Leo Pharma Inc.
LIL	Eli Lilly Canada Inc.
LIN	Linson Pharma Inc.
LUD	Lundbeck Canada Inc.
MCL	McNeil Consumer Healthcare
MDA	3M Pharmaceuticals
MDC	Medicis Canada Ltd.
MJS	Mead Johnson Canada, Division of Bristol-Myers Squibb Canada Inc.
MPH	Mayne Pharma (Canada) Inc.
MSD	Merck Frosst Canada & Co.

## **INDEX A - ABBREVIATIONS OF MANUFACTURERS' NAMES**

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NNO	Novo Nordisk Canada Inc.
NOP	Novopharm Limited
NVR	Novartis Pharmaceuticals Canada Inc.
NXP	Nu-Pharm Inc.
ODN	Odan Laboratories Ltd.
OMG	Omega Laboratories Ltd.
OPP	OptimaPharma, Division of Taro Pharmaceuticals Inc.
ORG	Organon Canada Ltd.
ORX	Oryx Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PFI	Pfizer Canada Inc.
PFR	Purdue Pharma
PGA	Proctor & Gamble Pharmaceuticals Canada Inc.
PGH	PanGeo Pharma Canada Inc.
PHU	Pharmacia Canada Inc.
PMS	Pharmascience Inc.
RBP	Roberts Pharmaceutical Canada Inc.
RCA	Reed & Carnrick, Division of GlaxoSmithKline Consumer Health
RHP	Rhoxalpharma Inc.
ROG	Rougier Pharma Inc., Division of Ratiopharm
ROS	Ross Laboratories, Division of Abbott Laboratories Ltd.
RPH	Ratiopharm
RVX	Rivex Pharma Inc.
SAB	Sabex 2002 Inc.
SAW	Sanofi-Synthelabo Canada Inc.
SCH	Schering Canada Inc.
SDR	Stanley Pharmaceuticals, Division of Vita Health Products Inc.
SHR	Shire Biochem 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.
THM	Theramed Corporation
TVM	Teva Neuroscience
VRC	Virco Pharmaceuticals (Canada) Inc.
WAM	Wampole Inc.
WAP	Waymar Pharmaceuticals Inc.
WAY	Wyeth Pharmaceuticals
WES	WellSpring Pharmaceutical Canada
WLA	Pfizer Consumer Healthcare, Division of Pfizer Canada Inc.
WRI	Whitehall-Robins Inc.
WSD	Westwood-Squibb, Division of Bristol-Myers Squibb Canada Inc.



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