

Drug Programs Formulary

*Third Edition
July 2006*



Social Services
and Seniors

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THE

PRINCE EDWARD ISLAND

DRUG PROGRAMS

FORMULARY

TABLE OF CONTENTS

INTRODUCTION

1.0 THE FORMULARY.....	i
2.0 PRINCE EDWARD ISLAND DRUG PROGRAMS.....	iii
3.0 THE FORMULARY REVIEW PROCESS	x
4.0 INTERCHANGEABLE PRODUCTS.....	xii
5.0 PRODUCT DELETIONS.....	xiv
6.0 EXCEPTIONAL DRUG STATUS	xiv
7.0 “NO-SUBSTITUTION” PRESCRIPTIONS	xiv
8.0 EXTEMPORANEOUS PREPARATIONS	xv
9.0 EXCLUSIONS	xvi
10.0 PRESCRIPTION QUANTITIES	xvi
11.0 LEGEND.....	xix

PHARMACOLOGIC-THERAPEUTIC LISTING OF DRUGS

04:00 Antihistamines	1
08:00 Anti-Infective Agents	2
10:00 Antineoplastic Agents	26
12:00 Autonomic Agents	30
20:00 Blood Formation and Coagulation	39
24:00 Cardiovascular Drugs	44
28:00 Central Nervous System Agents	75
36:00 Diagnostic Agents	120
40:00 Electrolytic, Caloric and Water Balance	121
48:00 Antitussives, Expectorants and Mucolytic Agents	126
52:00 Eye, Ear, Nose and Throat Preparations	127
56:00 Gastrointestinal Drugs	137
60:00 Gold Compounds	148
64:00 Heavy Metal Antagonists	149
68:00 Hormones and Substitutes	150
72:00 Local Anesthetics	168
80:00 Serums, Toxoids, and Vaccines	169

84:00 Skin and Mucous Membrane Preparations	172
86:00 Spasmolytics	189
88:00 Vitamins	191
92:00 Unclassified Therapeutic Agents	194
APPENDIX A - EXCEPTIONAL DRUG COVERAGE	204
APPENDIX B - EXCEPTIONAL DRUG REQUEST FORMS	243
INDEX A - ABBREVIATIONS OF MANUFACTURER'S NAMES	261
INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS	263

INTRODUCTION

1.0 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
- High Cost Drugs Program*
- Immunization Program
- Institutional Pharmacy Program
- Intron A Program
- Meningitis Program
- Nursing Home Program
- Nutrition Services Program
- Phenylketonuria (PKU) Program
- Quit Smoking Program
- Rabies Program
- Rheumatic Fever Program
- Seniors Drug Cost Assistance Plan
- Sexually Transmitted Diseases Program
- Transplant Drug Program
- Tuberculosis Program

* The High Cost Drugs Program includes the coverage of Capecitabine (Xeloda), Etanercept (Enbrel), Imatinib (Gleevec), Infliximab (Remicade) medications previously covered through the Multiple Sclerosis Program, and medications that may be added to the program from time to time.

It is compiled by the Minister of Social Services and Seniors based upon recommendations from either the Atlantic or Canadian Expert Drug Advisory Committees.

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.

INTRODUCTION

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 and all updates may be downloaded from the PEI Government website at www.gov.pe.ca/sss/pads-info.

INTRODUCTION

2.0 PRINCE EDWARD ISLAND DRUG PROGRAMS

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Programs Delivered Through Community Retail Pharmacies			
Children-In-Care Program (W)	Persons 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.
Diabetes Control Program (D)	Persons eligible for PEI Medicare, diagnosed with diabetes, and registered with the program.	Approved insulin products	\$10.00 per 10 mL vial of insulin. \$20.00 per box of insulin cartridges.
		Approved oral diabetes medications	\$11.00 per prescriptions
		Approved urine testing materials (Diastix and Ketostix)	\$11.00 per prescription
		Approved high cost diabetes medications. Patients must apply for coverage on an annual basis and provide income information to the program.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
Financial Assistance Program (W)	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
Family Health Benefit Program (F)	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 on an annual basis and provide income information to the program.	Approved prescription medications.	The pharmacy professional fee for each prescription obtained.
High Cost Drugs Program (M)	Persons eligible for PEI Medicare and approved for coverage of one or more of the medications included in the program. Patients must apply for coverage on an annual basis and provide income information to the program.	Approved high cost medications including: Capecitabine (Xeloda), Etanercept (Enbrel), Glatiramer (Copaxone), Imatinib (Gleevec), Infliximab (Remicade), Interferon Beta-1A (Avonex, Rebif), and Interferon Beta-1B (Betaseron).	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.

INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Nursing Home Program (N)	Residents in private nursing homes eligible for coverage under the Welfare Assistance Act.	Approved prescription and non-prescription medications.	No fee.
Quit Smoking Program (Z)	Persons eligible for PEI Medicare and who have registered with the program by phone at 1-888-818-6300.	Approved prescription and non-prescription medications.	The program will pay for the first \$75.00 of prescriptions for approved medications per year. Patients are responsible for all additional medication costs.
Seniors Drug Cost Assistance Plan (S)	Persons eligible for PEI Medicare and 65 years of age or older. Eligibility is automatic upon a person becoming 65 years of age.	Approved prescription medications.	First \$11.00 of the medication cost plus the pharmacy professional fee for each prescription obtained.
Sexually Transmitted Diseases (STD) Program (V)	Persons diagnosed with a sexually transmitted disease or identified contacts of a person diagnosed with a sexually transmitted disease	Approved antibiotics	No fee.

INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
<p>Programs Delivered Through the Provincial Pharmacy Note: Beneficiaries are responsible for arranging for and paying for delivery of medications obtained through the Provincial Pharmacy.</p>			
<p>AIDS/HIV Program (A)</p>	<p>Persons diagnosed as HIV positive, diagnosed with AIDS, or with a needle-stick injury and registered with the program through the Chief Health Officer.</p>	<p>Approved antiretroviral agents and adjunctive therapies</p>	<p>No fee.</p>
<p>Community Mental Health Program (B)</p>	<p>Approved long-term psychiatric patients living in the community.</p>	<p>Approved long-acting injectable antipsychotic medications provided through out-patient psychiatric programs.</p>	<p>No fee.</p>
<p>Cystic Fibrosis Program (C)</p>	<p>Persons eligible for PEI Medicare, diagnosed with cystic fibrosis, and who are registered with the program.</p>	<p>Approved prescription and non-prescription medications.</p>	<p>No fee.</p>
<p>Growth Hormone Program (G)</p>	<p>Children eligible for PEI Medicare, with a proven growth hormone deficiency or Turners Syndrome, and who are registered with the program.</p>	<p>Approved growth hormone supplements.</p>	<p>No fee.</p>

INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Hepatitis Program (H)	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.
Immunization Program (I)	Children and persons at risk for exposure to various communicable diseases.	Vaccines for various communicable diseases.	Please contact the local Public Health Nursing office.
Institutional Pharmacy Program (N)	Residents in government manors.	Approved prescription and non-prescription medications.	No fee.

INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Intron A (Interferon alfa-2b) Program (J)	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.
Meningitis Program (K)	Persons who have been in close contact with a person diagnosed with meningitis or are at risk of infection.	Rifampin	No fee.
Nutrition Services Program (O)	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
Phenylketonuria (PKU) Program (P)	Persons 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.
Rheumatic Fever Program (U)	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.
Transplant Drugs Program (T)	Persons eligible for PEI Medicare, who received a bone marrow or solid organ transplant, and registered with the program.	Approved immunosuppressant medications and adjunctive therapies	No fee.
Tuberculosis (TB) Drug Program (X)	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.

INTRODUCTION

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Programs Delivered Through Hospitals			
Erythropoietin Program (E)	Persons eligible for PEI Medicare, have been diagnosed with chronic renal failure or are receiving kidney dialysis, and who do not have any other drug insurance.	Approved erythropoietin injections	No fee. The copay is reimbursed for persons with private drug insurance.
Rabies Program (R)	Persons with exposure to or at risk for exposure to rabies through an animal bite.	Rabies vaccine and immunoglobulin	No fee.

3.0 FORMULARY REVIEW PROCESS

The coverage of new pharmaceutical products, new dosage forms and strengths of existing products, and new uses for existing products must be approved by the Minister of Social Services and Seniors. The approval is based, in part, upon review by and recommendations received from either the Canadian Expert Drug Advisory Committee (CEDAC) or the Atlantic Expert Advisory Committee (AEAC).

The membership of both committees includes practicing physicians, pharmacists, and experts in drug evaluation. They review and evaluate scientific and economic information on new pharmaceutical products and make a recommendation to participating federal, provincial, and federal government drug programs on whether a drug should be listed as a program benefit, including conditions and/or criteria for coverage.

National Common Drug Review

The PEI Drug Programs are a participant in the national Common Drug Review (CDR). The CDR provides participating federal, provincial and territorial drug benefit programs with a systematic review of the best available clinical evidence, a critique of manufacturer-submitted pharmaco-economic studies, and a formulary listing recommendation made by the Canadian

INTRODUCTION

Expert Drug Advisory Committee (CEDAC).

Submissions for new chemical entities, new combination products, and resubmissions related to these products should be filed with the CDR Directorate. Information on the CDR requirements and procedures are posted at: www.cadth.ca.

Atlantic Common Drug Review

The PEI Drug Programs are a participant in the Atlantic Common Drug Review (ACDR). The ACDR provides the provincial drug benefit programs in New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island with a systematic review of the best available clinical evidence and a formulary listing recommendation made by the Atlantic Expert Advisory Committee (AEAC).

Submissions for new single source products that do not contain new chemical entities, line extensions, new indications for products released prior to CEDAC, and resubmissions for products reviewed prior to CEDAC should be sent to the drug programs within each of the four Atlantic provinces. The Prince Edward Island copy should be sent to:

PEI Drug Programs
Department of Social Services and Seniors
P.O. Box 2000, 20 Fitzroy St.
Charlottetown, PE C1A 7N8

Products are normally reviewed in the order of receipt of complete submissions. However, there can be exceptions to this. There is no fast tracking of products or pre-NOC reviews.

Information on the ACDR requirements and procedures are posted at:
www.gov.ns.ca/health/pharmacare/acdr.htm

INTRODUCTION

4.0 INTERCHANGEABLE PRODUCTS

Submissions for new interchangeable products are reviewed by drug program staff.

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; **and**
2. The new product is available to PEI pharmacies in quantities sufficient to meet anticipated demand; **and**
3. The manufacturer provides the following evidence of interchangeability with the listed products:
 - a. The dosage form, strength, formula, manufacturing process, and testing standards of the drug product are identical to those of the original drug product to which it is compared (i.e. the new product is an ‘ultra-generic of the original drug product), **or**
 - b. the drug product is designated by Health Canada as being equivalent to the original product the drug product is being compared with, through designation of the original drug product as the Canadian Reference Product under the Food and Drug Regulations (Canada);

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.

Products 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.

Submissions for new interchangeable generic products should be sent to:

PEI Drug Programs
Department of Social Services and Seniors
P.O. Box 2000, 20 Fitzroy St.
Charlottetown, PE C1A 7N8

INTRODUCTION

The following information must be contained in the submission and 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 dosage form and strength of the submitted product is interchangeable with the same dosage forms and strengths of the original product:
 - a. The dosage form, strength, formula, manufacturing process, and testing standards of the drug product are identical to those of the original drug product to which it is compared (i.e. the new product is an ‘ultra-generic of the original drug product),
or
 - b. the drug product is designated by Health Canada as being equivalent to the original product the drug product is being compared with, through designation of the original drug product as the Canadian Reference Product under the Food and Drug Regulations (Canada);
4. Product Monograph
5. Current price for all dosage forms and strengths
6. Evidence of ability to supply anticipated demand
7. A letter authorizing unrestricted communication regarding the drug product between the PEI 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 Agency for Drugs and Technologies in Health (CADTH)
8. A letter specifying the current or intended Compendium of Pharmaceuticals and Specialties (CPS) listing status.

INTRODUCTION

5.0 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 Social Services and Seniors.

6.0 EXCEPTIONAL DRUG STATUS

Under the AIDS/HIV, Diabetes Control, Family Health Benefit, Financial Assistance, High Cost Drugs, Institutional Pharmacy, Nursing Home, Seniors, and Transplant Drugs 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 Expert Advisory Committee (AEAC), the Canadian Expert Drug Advisory Committee (CEDAC), or the former PEI Pharmacy Advisory Committee.

EDS coverage will normally only be approved for the treatment of indications and in dosages listed in the official product monograph approved by Health Canada and published in the most recent edition of the Compendium of Pharmaceuticals and Specialities (CPS).

See Appendix A for further detail regarding the EDS process.

7.0 "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

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.

8.0 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

9.0 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

10.0 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

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 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.
Community Mental Health Program	not applicable
Cystic Fibrosis Program	60
Diabetes Control Program	30 - insulin, 90 - oral medications and test strips 30 - drugs under EDS coverage (e.g. Actos and Avandia) 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.
Erythropoietin Program	not applicable
Family Health Benefit Program	30 - regular drugs, 60 - maintenance drugs 30 - drugs under EDS coverage 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.
Financial Assistance Program	30 - regular drugs, 60 - maintenance drugs 30 - drugs under EDS coverage 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.
Growth Hormone Program	30
Hepatitis Program	30
High Cost Drugs Program	30
Immunization Program	not applicable
Intron A Program	30
Nutrition Services Program	not applicable
Phenylkentonuria Program	60
Rheumatic Fever Program	60

INTRODUCTION

Program	Maximum Allowable Days Supply
Seniors Drug Cost Assistance Plan	30 - regular drugs, 90 - maintenance drugs 30 - drugs under EDS coverage 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.
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.

Maintenance drugs are identified in the formulary by an asterix (*) preceding the non-proprietary or generic name.

INTRODUCTION

11.0 LEGEND

- ① Pharmacological-Therapeutic classification
- ② Pharmacological-Therapeutic sub-classification
- ③ Non-proprietary or generic name of the drug. Maintenance drugs are identified by an asterix (*) preceding the generic name.
- 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

A	AIDS/HIV Program	O	Nutrition Services Program
B	Community Mental Health Program	P	Phenylkentonuria (PKU) Program
C	Cystic Fibrosis Program	R	Rabies Program
D	Diabetes Control Program	S	Seniors Drug Cost Assistance Plan
E	Erythropoietin Program	T	Transplant Drug Program
F	Family Health Benefit Program	U	Rheumatic Fever Program
G	Growth Hormone Program	V	Sexually Transmitted Diseases (STD) Program
H	Hepatitis Program	W	Financial Assistance/Children-In-Care Programs
I	Immunization Program	X	Tuberculosis (TB) Program
J	Intron A Program		
K	Meningitis Program		
M	High Cost Drugs Program		
N	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.

08:00 ANTI-INFECTIVE AGENTS 1			
08:12.16 ANTIBIOTICS PENICILLINS 2			
AMOXICILLIN 3			
250MG CAPSULE 4			
00406724 5	NOVAMOXIN 6	NOP 7	FSW 8
00628115	APO-AMOXI	APX	FSW
00865567	NU-AMOXI	NXP	FSW
02041294	AMOXIL	WAY	FSW
02181487	LIN-AMOX	LIN	FSW
02238171	GEN-AMOXICILLIN	GPM	FSW
CEFUROXIME AXETIL			
SEE APPENDIX A FOR EDS CRITERIA 9			
250MG TABLET			
02212277	CEFTIN (EDS) 9	GLA	FSW
*METOPROLOL TARTRATE			
200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE) 10			
00497827	BETALOC DURULES	AZE	FSW
00534560	LOPRESOR SR	NVR	FSW
TOPIRAMATE			
200MG TABLET			
02230896	TOPAMAX	JAN	FSW
Note: Limited to a maximum 30-day supply of medication. 11			
BUDESONIDE			
0.125MG/ML INHALATION SOLUTION (2ML)			
(USE RESTRICTED TO CHILDREN UNDER 6 YEARS OF AGE) 12			
02229099	PULMICORT NEBUAMP	AZE	FW
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

04:00.00 ANTIHISTAMINES

CETIRIZINE

10MG TABLET

02223554

REACTINE

PFI

NW

02231603

APO-CETIRIZINE

APX

NW

DIPHENHYDRAMINE HCL

25MG CAPSULE

00757683

PMS-DIPHENHYDRAMINE

PMS

NW

50MG CAPSULE

00757691

PMS-DIPHENHYDRAMINE

PMS

NW

12.5MG/5ML ELIXIR

00792705

PMS-DIPHENHYDRAMINE

PMS

NW

50MG/ML INTRAMUSCULAR INJECTION

00596612

DIPHENHYDRAMINE

SDZ

N

LORATADINE

10MG TABLET

00782696

CLARITIN

SCH

W

02243880

APO-LORATADINE

APX

W

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

08:00 ANTI-INFECTIVE AGENTS

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734

VERMOX

JAN

FNW

PYRANTEL PAMOATE

125MG TABLET

01944363

COMBANTRIN

PFI

NW

50MG/ML ORAL SUSPENSION

01944355

COMBANTRIN

PFI

NW

08:12.02 ANTIBIOTICS AMINOGLYCOSIDES

GENTAMICIN SULFATE

80MG/2ML INJECTION SOLUTION (2ML)

00223824

GARAMYCIN

SCH

FNSW

02242652

GENTAMICIN

SDZ

FNSW

TOBRAMYCIN

80MG/2ML INJECTION SOLUTION

02241210

TOBRAMYCIN

SDZ

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

08:12.04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

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

50MG TABLET

00891800	DIFLUCAN (EDS)	PFI	AFNSW
02236978	NOVO-FLUCONAZOLE (EDS)	NOP	AFNSW
02237370	APO-FLUCONAZOLE (EDS)	APX	AFNSW
02245292	GEN-FLUCONAZOLE (EDS)	GPM	AFNSW
02245643	PMS-FLUCONAZOLE (EDS)	PMS	AFNSW
02249294	TARO-FLUCONAZOLE (EDS)	TAR	AFNSW

100MG TABLET

00891819	DIFLUCAN (EDS)	PFI	AFNSW
02236979	NOVO-FLUCONAZOLE (EDS)	NOP	AFNSW
02237371	APO-FLUCONAZOLE (EDS)	APX	AFMSW
02245293	GEN-FLUCONAZOLE (EDS)	GPM	AFNSW
02245644	PMS-FLUCONAZOLE (EDS)	PMS	AFNSW
02249308	TARO-FLUCONAZOLE (EDS)	TAR	AFNSW

150MG TABLET

02141442	DIFLUCAN (EDS)	PFI	AFNSW
02241895	APO-FLUCONAZOLE (EDS)	APX	AFNSW
02243645	NOVO-FLUCONAZOLE (EDS)	NOP	AFNSW
02245697	GEN-FLUCONAZOLE (EDS)	GPM	AFNSW

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

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

08:00 ANTI-INFECTIVE AGENTS

08:12.04 ANTIBIOTICS ANTIFUNGALS

NYSTATIN

100,000U/ML ORAL SUSPENSION

00792667	PMS-NYSTATIN	PMS	AFNSW
02194201	RATIO-NYSTATIN	RPH	AFNSW

100,000U/G TOPICAL CREAM

00029092	MYCOSTATIN	BMS	AFNSW
00716871	NYADERM	TAR	AFNSW
02194236	RATIO-NYSTATIN	RPH	AFNSW

500,000U TABLET

02194198	RATIO-NYSTATIN	RPH	AFNSW
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TERBINAFINE

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02031116	LAMISIL (EDS)	NVR	AFNSW
02239893	APO-TERBINAFINE (EDS)	APX	AFNSW
02240807	PMS-TERBINAFINE (EDS)	PMS	AFNSW
02242503	GEN-TERBINAFINE (EDS)	GPM	AFNSW
02240346	NOVO-TERBINAFINE (EDS)	NOP	AFNSW
02248845	NU-TERBINAFINE (EDS)	NXP	AFNSW
02254727	CO TERBINAFINE (EDS)	COB	AFNSW

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

08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEFIXIME

400MG TABLET

02195984

SUPRAX

AVN

V

CEFTRIAZONE

1.0G/VIAL INTRAMUSCULAR INJECTION

00657417

ROCEPHIN

HLR

N

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

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

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

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

08:00 ANTI-INFECTIVE AGENTS

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

500MG TABLET

00583421	NOVO-LEXIN	NOP	CFNSW
00768715	APO-CEPHALEX	APX	CFNSW
00865885	NU-CEPHALEX	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

08:12.12 ANTIBIOTICS ERYTHROMYCINS

AZITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02212021	ZITHROMAX (EDS)	PFI	FNSW
02247423	APO-ZITHROMYCIN (EDS)	APX	FNSW
02255340	CO AZITHROMYCIN (EDS)	COB	FNSW
02261634	PMS-AZITHROMYCIN (EDS)	PMS	FNSW
02261766	SANDOZ-AZITHROMYCIN (EDS)	SDZ	FNSW
02275287	RATIO-AZITHROMYCIN (EDS)	RPH	FNSW
02267845	NOVO-AZITHROMYCIN (EDS)	NOP	FNSW

600MG TABLET

02231143	ZITHROMYCIN (EDS)	PFI	FNSW
02256088	CO AZITHROMYCIN (EDS)	COB	FNSW
02261642	PMS-AZITHROMYCIN (EDS)	PMS	FNSW

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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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

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

08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS ERYTHROMYCINS

ERYTHROMYCIN BASE (Continued)

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

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

08:12.16 ANTIBIOTICS PENICILLINS

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	BMS	CFNSW
02230245	PMS-AMOXICILLIN	PMS	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	BMS	CFNSW
02230246	PMS-AMOXICILLIN	PMS	CFNSW

250MG CAPSULE

00406724	NOVAMOXIN	NOP	CFNSW
00628115	APO-AMOXI	APX	CFNSW
00865567	NU-AMOXI	NXP	CFNSW
02181487	LIN-AMOX	BMS	CFNSW
02230243	PMS-AMOXICILLIN	PMS	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	BMS	CFNSW
02230244	PMS-AMOXICILLIN	PMS	CFNSW
02238172	GEN-AMOXICILLIN	GPM	CFNSW

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

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

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS PENICILLINS

AMOXICILLIN & CLAVULANIC ACID (Continued)

250MG & 125MG TABLET

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

500MG & 125MG TABLET

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

875MG & 125MG TABLET

02238829	CLAVULIN	GSK	CFNSW
02245623	APO-AMOXI CLAV	APX	CFNSW
02247021	RATIO-ACLAVULANATE	RPH	CFNSW
02248138	NOVO-CLAVAMOXIN	NOP	CFNSW

AMPICILLIN

25MG/ML ORAL SUSPENSION

00717495	NU-AMPI	NXP	CFNSW
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50MG/ML ORAL SUSPENSION

00717649	NU-AMPI	NXP	CFNSW
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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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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

08:12.16 ANTIBIOTICS PENICILLINS

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

500MG INJECTION POWDER

01912429	CLOXACILLIN SODIUM	NOP	N
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PENICILLIN V (BENZATHINE)

36MG/ML ORAL SUSPENSION

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

02229617	PEN-VEE	PEN	FNSW
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PENICILLIN V (POTASSIUM)

25MG/ML ORAL SOLUTION

00642223	APO-PEN VK	APX	FW
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60MG/ML ORAL SOLUTION

00642231	APO-PEN VK	APX	FNSW
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300MG TABLET

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

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

08:00 ANTI-INFECTIVE AGENTS

08:12.24 ANTIBIOTICS TETRACYCLINES

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
02158574	NOVO-DOXYLIN	NOP	FNSW

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)	SDZ	FW
02239238	PMS-MINOCYCLINE (EDS)	PMS	FW

100 MG 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)	SDZ	FW
02239239	PMS-MINOCYCLINE (EDS)	PMS	FW

TETRACYCLINE

250MG CAPSULE

00580929	APO-TETRA	APX	CFNSW
00717606	NU-TETRA	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

8:12.28 ANTIBIOTICS OTHER ANTIBIOTICS

CLINDAMYCIN HCL

150MG CAPSULE

00030570	DALACIN C	PFI	CFNSW
02130033	RATIO-CLINDAMYCIN	RPH	CFNSW
02241709	NOVO-CLINDAMYCIN	NOP	CFNSW
02245232	APO-CLINDAMYCIN	APX	CFNSW
02258331	GEN-CLINDAMYCIN	GPM	CFNSW

300MG CAPSULE

02182866	DALACIN C	PFI	CFNSW
02192659	RATIO-CLINDAMYCIN	RPH	CFNSW
02241710	NOVO-CLINDAMYCIN	NOP	CFNSW
02245233	APO-CLINDAMYCIN	APX	CFNSW
02258358	GEN-CLINDAMYCIN	GPM	CFNSW

CLINDAMYCIN PALMITATE HCL

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PFI	FNSW
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VANCOMYCIN HCL

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE

00800430	VANCOCIN (EDS)	LIL	FNSW
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250MG CAPSULE

00788716	VANCOCIN (EDS)	LIL	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

08:00 ANTI-INFECTIVE AGENTS

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL

100MG TABLET

00247960

ETIBI

VAL

AX

400MG TABLET

00247979

ETIBI

VAL

AX

ISONIAZID

300MG TABLET

00272655

ISOTAMINE

VAL

AX

00577804

PMS-ISONIAZID

PMS

AX

10MG/ML ORAL SYRUP

00265500

ISOTAMINE

VAL

AX

PYRAZINAMIDE

500MG TABLET

00283991

TEBRAZID

VAL

X

00618810

PMS-PYRAZINAMIDE

PMS

X

RIFABUTIN

150MG CAPSULE

02063786

MYCOBUTIN

PFI

AX

RIFAMPIN

150MG CAPSULE

00393444

ROFACT

VAL

AKX

02091887

RIFADIN

AVN

AKX

300MG CAPSULE

00343617

ROFACT

VAL

AKX

02092808

RIFADIN

AVN

AKX

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

8:18.00 ANTIVIRALS

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

FAMCICLOVIR

125MG TABLET

02229110	FAMVIR	NVR	A
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250MG TABLET

02229129	FAMVIR	NVR	A
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500MG TABLET

02177102	FAMVIR	NVR	AFNSW
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VALACYCLOVIR

500MG CAPLET

02219492	VALTREX	GSK	AFNSW
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VALGANCICLOVIR

SEE APPENDIX A FOR EDS CRITERIA

450MG TABLET

02245777	VALCYTE (EDS)	HLR	AT
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

08:00 ANTI-INFECTIVE AGENTS

08:18.08.04 ANTIRETROVIRAL AGENTS (HIV FUSION INHIBITORS)

ENFUVIRTIDE

SEE APPENDIX A FOR EDS CRITERIA

90MG/ML INJECTION KIT

02247725	FUZEON (EDS)	HLR	A
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08:18.08.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

ATAZANAVIR

150MG CAPSULE

02248610	REYATAZ	BMS	A
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200MG CAPSULE

02248611	REYATAZ	BMS	A
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FOSAMPRENAVIR

700MG TABLET

02261545	TELZIR	GSK	A
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INDINAVIR SULFATE

200MG CAPSULE

02229161	CRIXIVAN	MSD	A
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400MG CAPSULE

02229196	CRIXIVAN	MSD	A
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LOPINAVER & RITONAVIR

133.3MG & 33.3MG CAPSULE

02243643	KALETRA	ABB	A
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NELFINAVIR MESYLATE

250MG TABLET

02238617	VIRACEPT	PFI	A
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RITONAVIR

100MG TABLET

02241480	NORVIR SEC	ABB	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

08:18.08.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

SAQUINAVIR

200MG CAPSULE

02216965

INVIRASE

HLR

A

200MG SOFT GELATIN CAPSULE

02239083

FORTOVASE

HLR

A

8:18.08.16 ANTIRETROVIRAL AGENTS (NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

EFAVIRENZ

200MG CAPSULE

02239888

SUSTIVA

BMS

A

NEVIRAPINE

200MG TABLET

02238748

VIRAMUNE

BOE

A

08:18.08.20 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

ABACAVIR SULFATE

300MG TABLET

02240357

ZIAGEN

GSK

A

ABACAVIR & LAVIVUDINE

600MG & 300MG TABLET

02269341

KIVEXA

GSK

A

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

300MG & 150 MG TABLET

02244757

TRIZIVIR

GSK

A

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

08:00 ANTI-INFECTIVE AGENTS

8:18.08.20 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

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

LAMIVUDINE

150MG TABLET

02192683 3TC GSK A

LAMIVUDINE & ZIDOVUDINE

150MG & 300MG TABLET

02239213 COMBIVIR GSK A

STAVUDINE

20MG CAPSULE

02216094 ZERIT BMS A

30MG CAPSULE

02216108 ZERIT BMS A

40MG CAPSULE

02216116 ZERIT BMS A

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

8:18.08.20 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

TENOFOVIR

SEE APPENDIX A FOR EDS CRITERIA

300MG TABLET

02247128

VIREAD (EDS)

GIL

A

ZIDOVUDINE (AZT)

100MG CAPSULE

01902660

RETROVIR

GSK

A

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

08:00 ANTI-INFECTIVE AGENTS

8:18:20 INTERFERONS

INTERFERON ALFA-2B

SEE APPENDIX A FOR EDS CRITERIA

6 MILLION IU/ML PREMIXED SOLUTION (ALBUMIN (HUMAN) FREE)

02238674 INTRON A (EDS) SCH J

10 MILLION IU/ML PREMIXED SOLUTION (ALBUMIN (HUMAN) FREE)

02238675 INTRON A (EDS) SCH J

15 MILLION IU/ML MULTI-DOSE PEN (ALBUMIN (HUMAN) FREE)

02240693 INTRON A (EDS) SCH J

25 MILLION IU/ML MULTI-DOSE PEN (ALBUMIN (HUMAN) FREE)

02240694 INTRON A (EDS) SCH J

50 MILLION IU/ML MULTI-DOSE PEN (ALBUMIN (HUMAN) FREE)

02240695 INTRON A (EDS) SCH J

PEGINTERFERON ALFA-2A

SEE APPENDIX A FOR EDS CRITERIA

180UG/ML INJECTION (VIAL)

02248078 PEGASYS (EDS) HLR H

180UG/0.5ML PRE-FILLED SYRINGE

02248077 PEGASYS (EDS) HLR H

PEGINTERFERON ALFA-2A & RIBAVIRIN

SEE APPENDIX A FOR EDS CRITERIA

180UG/0.5ML VIAL & 200 MG TABLET

02253410 PEGASYS (EDS) HLR H

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

02253429 PEGASYS RBV(EDS) HLR H

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

8:18:20 INTERFERONS

PEGINTERFERON ALFA-2B & RIBAVIRIN

SEE APPENDIX A FOR EDS CRITERIA

80UG/0/5ML PEN & 200MG CAPSULE

02254581 PEGETRON REDIPEN (EDS) SCH H

100UG/0/5ML PEN & 200MG CAPSULE

02254603 PEGETRON REDIPEN (EDS) SCH H

80UG/0/5ML PEN & 200MG CAPSULE

02254581 PEGETRON REDIPEN (EDS) SCH H

100UG/0/5ML PEN & 200MG CAPSULE

02254603 PEGETRON REDIPEN (EDS) SCH H

08:20.00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

250MG TABLET

00021261 NOVO-CHLOROQUINE NOP FNSW

02017539 ARALEN SAW FNSW

HYDROXYCHLOROQUINE SULFATE

200MG TABLET

02017709 PLAQUENIL SAW FNSW

02246691 APO-HYDROXYQUINE APX FNSW

02252600 GEN-HYDROXYCHLOROQUINE GPM FNSW

QUININE SULFATE

200MG CAPSULE

00021008 NOVO-QUININE NOP FNSW

00695440 QUININE ODN FNSW

02254514 APO-QUININE APX FNSW

300MG CAPSULE

00021016 NOVO-QUININE NOP FNSW

00695459 QUININE ODN FNSW

02254522 APO-QUININE APX FNSW

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

08:00 ANTI-INFECTIVE AGENTS

8:22.00 QUINOLONES

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
02161737	NOVO-CIPROFLOXACIN (EDS)	NOP	CFNSWX
02229521	APO-CIPROFLOX (EDS)	APX	CFNSWX
02245647	GEN-CIPROFLOXACIN (EDS)	GPM	CFNSWX
02246825	RATIO-CIPROFLOXACIN (EDS)	RPH	CFNSWX
02247339	CO-CIPROFLOXACIN (EDS)	COB	CFNSWX
02248437	PMS-CIPROFLOXACIN (EDS)	PMS	CFNSWX
02248756	RHOXAL-CIPROFLOXACIN (EDS)	SDZ	CFNSWX
02266962	TARO-CIPROFLOXACIN (EDS)	TAR	CFNSWX
02267934	RAN-CIPROFLOXACIN (EDS)	RAN	CFNSWX

500MG TABLET

02155966	CIPRO (EDS)	BAY	CFNSWX
02161745	NOVO-CIPROFLOXACIN (EDS)	NOP	CFNSWX
02229522	APO-CIPROFLOX (EDS)	APX	CFNSWX
02245648	GEN-CIPROFLOXACIN (EDS)	GPM	CFNSWX
02246826	RATIO-CIPROFLOXACIN (EDS)	RPH	CFNSWX
02247340	CO-CIPROFLOXACIN (EDS)	COB	CFNSWX
02248438	PMS-CIPROFLOXACIN (EDS)	PMS	CFNSWX
02248757	RHOXAL-CIPROFLOXACIN (EDS)	SDZ	CFNSWX
02266970	TARO-CIPROFLOXACIN (EDS)	TAR	CFNSWX
02267942	RAN-CIPROFLOXACIN (EDS)	RAN	CFNSWX

750MG TABLET

02155974	CIPRO (EDS)	BAY	FNSW
02161753	NOVO-CIPROFLOXACIN (EDS)	NOP	FNSW
02229523	APO-CIPROFLOX (EDS)	APX	FNSW
02245649	GEN-CIPROFLOXACIN (EDS)	GPM	FNSW
02246827	RATIO-CIPROFLOXACIN (EDS)	RPH	FNSW
02247341	CO-CIPROFLOXACIN (EDS)	COB	FNSW
02248439	PMS-CIPROFLOXACIN (EDS)	PMS	FNSW
02248758	RHOXAL-CIPROFLOXACIN (EDS)	SDZ	FNSW
02266989	TARO-CIPROFLOXACIN (EDS)	TAR	FNSW
02267950	RAN-CIPROFLOXACIN (EDS)	RAN	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

8:22.00 QUINOLONES

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
02248262	NOVO-LEVOFLOXACIN (EDS)	NOP	CFNSW

500MG TABLET

02236842	LEVAQUIN (EDS)	JAN	CFNSW
02248263	NOVO-LEVOFLOXACIN (EDS)	NOP	CFNSW

MOXIFLOXACIN HCL

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

400MG TABLET

02242965	AVELOX(EDS)	BAY	FNSW
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NORFLOXACIN

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

400MG TABLET

02229524	APO-NORFLOX (EDS)	APX	FNSW
02237682	NOVO-NORFLOXACIN (EDS)	NOP	FNSW
02246596	PMS-NORFLOXACIN (EDS)	PMS	FNSW

OFLOXACIN

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

200MG TABLET

02231529	APO-OFLOX (EDS)	APX	FNSW
02243474	NOVO-OFLOXACIN (EDS)	NOP	FNSW

300MG TABLET

01968416	FLOXIN (EDS)	JAN	FNSW
02231531	APO-OFLOX (EDS)	APX	FNSW
02243475	NOVO-OFLOXACIN (EDS)	NOP	FNSW

400MG TABLET

01968408	FLOXIN (EDS)	JAN	FNSW
02231532	APO-OFLOX (EDS)	APX	FNSW
02243476	NOVO-OFLOXACIN (EDS)	NOP	FNSW

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

08:00 ANTI-INFECTIVE AGENTS

8:26.00 SULFONES

DAPSONE

100MG TABLET

02041510

AVLOSULFON

WAY

A

Note: Can only be obtained through a prescriber request to the Health Canada Special Access Program.

08:36.00 URINARY ANTI-INFECTIVES

NITROFURANTOIN

50MG CAPSULE (MACROCRYSTALS)

02231015

NOVO-FURANTOIN

NOP

FNSW

100MG CAPSULE (MACROCRYSTALS)

02231016

NOVO-FURANTOIN

NOP

FNSW

50MG TABLET

00319511

APO-NITROFURANTOIN

APX

FNSW

100MG TABLET

00312738

APO-NITROFURANTOIN

APX

FNSW

TRIMETHOPRIM

100MG TABLET

02243116

APO-TRIMETHOPRIM

APX

FNSW

200MG TABLET

02243117

APO-TRIMETHOPRIM

APX

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

08:40.00 MISCELLANEOUS ANTI-INFECTIVES

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)	PFI	FNSW
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METRONIDAZOLE

250MG TABLET

00545066	APO-METRONIDAZOLE	APX	CFNSW
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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

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

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

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
02270226	NOVO-BICALUTAMIDE (EDS)	NOP	FNSW
02274337	CO BICALUTAMIDE (EDS)	COB	FNSW
02275589	PMS-BICALUTAMIDE (EDS)	PMS	FNSW

BUSULFAN

2MG TABLET

00004618	MYLERAN	GSK	FNSW
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CAPECITABINE

SEE APPENDIX A FOR EDS CRITERIA

150MG TABLET

02238453	XELODA (EDS)	HLR	M
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500MG TABLET

02238454	XELODA (EDS)	HLR	M
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CHLORAMBUCIL

2MG TABLET

00004626	LEUKERAN	GSK	FNSW
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CYCLOPHOSPHAMIDE

25MG TABLET

00344877	CYTOXAN	BMS	FNSW
02241795	PROCYTOX	BAX	FNSW

50MG TABLET

00344885	CYTOXAN	BMS	FNSW
02241796	PROCYTOX	BAX	FNSW

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

10:00.00 ANTINEOPLASTIC AGENTS

CYPROTERONE ACETATE

50MG TABLET

00704431	ANDROCUR	PMS	FNSW
02229723	GEN-CYPROTERONE	GPM	FNSW
02232872	NOVO-CYPROTERONE	NOP	FNSW
02245898	APO-CYPROTERONE	APX	FNSW

FLUTAMIDE

250MG TABLET

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

GOSERELIN ACETATE

3.6MG DEPOT INJECTION

02049325	ZOLADEX	AZE	FNSW
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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
02252600	APO-HYDROXYUREA	APX	FNSW

IMATINIB

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02253275	GLEEVEC (EDS)	NVR	M
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400MG TABLET

02253283	GLEEVEC (EDS)	NVR	M
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

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

MEDROXYPROGESTERONE ACETATE

100MG TABLET

00030945 PROVERA PFI FNSW

02267640 APO-MEDROXY APX FNSW

MEGESTROL ACETATE

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

40MG TABLET

02185415 NU-MEGESTROL (EDS) NXP AFNSW

02195917 APO-MEGESTROL (EDS) APX AFNSW

160MG TABLET

00731323 MEGACE (EDS) BMS FNSW

02176106 LIN-MEGESTROL (EDS) BMS FNSW

02185423 NU-MEGESTROL (EDS) NXP FNSW

02195925 APO-MEGESTROL (EDS) APX FNSW

MELPHALAN

2MG TABLET

00004715 ALKERAN GSK FNSW

MERCAPTOPYRINE

50MG TABLET

00004723 PURINETHOL NOP FNSW

METHOTREXATE

2.5MG TABLET

02170698 METHOTREXATE WAY FNSW

02182963 METHOTREXATE APX FNSW

02244798 RATIO-METHOTREXATE SODIUM RPH FNSW

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

10:00.00 ANTINEOPLASTIC AGENTS

METHOTREXATE (Continued)

25MG/ML INJECTION SOLUTION

02094705	METHOTREXATE	NOP	FNSW
02170671	METHOTREXATE	WAY	FNSW
02182777	METHOTREXATE	MPH	FNSW
02182955	METHOTREXATE (PF)	MPH	FNSW
02182971	METHOTREXATE (PF)	MPH	FNSW

TAMOXIFEN CITRATE

10MG TABLET

00812404	APO-TAMOX	APX	FNSW
00851965	NOVO-TAMOXIFEN	NOP	FNSW
01926624	TAMOFEN	SDZ	FNSW
02088428	GEN-TAMOXIFEN	GPM	FNSW

20MG TABLET

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

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

12:00 AUTONOMIC AGENTS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

10MG TABLET

01947958 DUVOID SHR FNSW

25MG TABLET

01947931 DUVOID SHR FNSW

PYRIDOSTIGMINE BROMIDE

60MG TABLET

00869961 MESTINON VAL FNSW

180MG LONG ACTING TABLET

00869953 MESTINON VAL FNSW

12:08.04 ANTIPARKINSONIAN AGENTS

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

PROCYCLIDINE HCL

0.5MG/ML ELIXIR

00587362 PMS-PROCYCLIDINE PMS FNSW

5MG TABLET

00587354 PMS-PROCYCLIDINE PMS FNSW

TRIHEXYPHENIDYL HCL

2MG TABLET

00545058 APO-TRIHEX APX FNSW

5MG TABLET

00545074 APO-TRIHEX APX 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

12:00 AUTONOMIC AGENTS

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ATROPINE SULFATE

0.6MG/ML INJECTION SOLUTION (1ML)

00392693	ATROPINE SULFATE	SAB	N
00497258	ATROPINE SULFATE	HOS	N

DICYCLOMINE HCL

2MG/ML SYRUP

02102978	BENTYLOL	AXC	FNSW
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10MG TABLET

02103087	BENTYLOL	AXC	FNSW
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20MG TABLET

02103095	BENTYLOL	AXC	FNSW
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HYOSCINE BUTYLBROMIDE

10MG TABLET

00363812	BUSCOPAN	BOE	FNSW
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IPRATROPIUM BROMIDE

200UG/DOSE INHALER AEROSOL (200 DOSE)

02241686	ATROVENT HFA	BOE	CFNSW
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0.03% NASAL SPRAY - 345 DOSES

02163705	ATROVENT NASAL SPRAY	BOE	CFNSW
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02239627	PMS-IPRATROPIUM	PMS	CFNSW
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02246083	APO-IPRAVENT	APX	CFNSW
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0.25MG/ML INHALATION SOLUTION (20ML)

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

0.4MG/ML INJECTION SOLUTION (1ML)

00541869	SCOPOLAMINE	HOS	N
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

12:00 AUTONOMIC AGENTS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE HCL

1MG/ML INJECTION SOLUTION (1ML)

00721891 EPINEPHRINE INJECTION USP HOS IN

0.15MG PER DOSE AUTO-INJECTOR

SEE APPENDIX A FOR EDS CRITERIA

00578657 EPIPEN JR. (EDS) ALX FW

0.3MG PER DOSE AUTO-INJECTOR

SEE APPENDIX A FOR EDS CRITERIA

00509558 EPIPEN (EDS) ALX FW

FENOTEROL HBR

100UG/DOSE INHALER AEROSOL (200 DOSE)

02006383 BEROTEC BOE CFNSW

0.1% INHALATION SOLUTION (20ML)

00541389 BEROTEC BOE CFNSW

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

FORMOTEROL & BUDESONIDE

SEE APPENDIX A FOR EDS CRITERIA

6UG & 100UG PER DOSE INHALER POWDER

02245385 SYMBICORT TURBUHALER (EDS) AZE FNSW

6UG & 200UG PER DOSE INHALER POWDER

02245385 SYMBICORT TURBUHALER (EDS) AZE FNSW

MIDODRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

01934392 AMATINE (EDS) SHR FNSW

5MG TABLET

001934406 AMATINE (EDS) SHR 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

12:00 AUTONOMIC AGENTS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

ORCIPRENALINE SULFATE

2MG/ML SYRUP

02236783	APO-ORCIPRENALINE	APX	FNSW
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PSEUDOEPHEDRINE HCL

60MG TABLET

02010461	PMS-PSEUDOEPHEDRINE	PMS	N
02237793	SUDAFED DECON EXTRA STRENGTH	WLA	N

6MG/ML SYRUP

00815993	PMS-PSEUDOEPHEDRINE	PMS	N
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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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200UG/DOSE INHALER POWDER

02243115	VENTOLIN DISKUS	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	SDZ	CFNSW
02213486	VENTOLIN	GSK	CFNSW
02232987	GEN-SALBUTAMOL	GPM	CFNSW

0.4MG/ML ORAL LIQUID

02091186	PMS-SALBUTAMOL	PMS	CFNSW
02212390	VENTOLIN	GSK	CFNSW

2MG TABLET

02146843	APO-SALVENT	APX	CFNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

12:00 AUTONOMIC AGENTS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

SALBUTAMOL (Continued)

4MG TABLET

02146851	APO-SALVENT	APX	CFNSW
02165376	NU-SALBUTAMOL	NXP	CFNSW

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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SALMETEROL & FLUTICASONE

SEE APPENDIX A FOR EDS CRITERIA

25UG & 125UG/DOSE INHALER AEROSOL

02245126	ADVAIR (EDS)	GSK	FNSW
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25UG & 250UG/DOSE INHALER AEROSOL

02245127	ADVAIR (EDS)	GSK	FNSW
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50UG & 100UG/DOSE INHALER POWDER DISK

02240835	ADVAIR DISKUS (EDS)	GSK	FNSW
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50UG & 250UG/DOSE INHALER POWDER DISK

02240836	ADVAIR DISKUS (EDS)	GSK	FNSW
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50UG & 500UG/DOSE INHALER POWDER DISK

02240837	ADVAIR DISKUS (EDS)	GSK	FNSW
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TERBUTALINE SULFATE

0.5MG/DOSE INHALER POWDER

00786616	BRICANYL TURBUHALER	AZE	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

12:00 AUTONOMIC AGENTS

12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

DIHYDROERGOTAMINE MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

4MG/ML NASAL SPRAY

02228947

MIGRANAL (EDS)

NVR

FW

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

FLUNARIZINE HCL

5MG CAPSULE

00846341

SIBELIUM

PMS

FNSW

02246082

APO-FLUNARIZINE

APX

FNSW

METHYSERGIDE MALEATE

SEE APPENDIX A FOR EDS CRITERIA

2MG TABLET

00027499

SANSERT (EDS)

NVR

FNSW

NARATRIPTAN HCL

SEE APPENDIX A FOR EDS CRITERIA

1MG TABLET

02237820

AMERGE (EDS)

GSK

FW

2.5MG TABLET

02237821

AMERGE (EDS)

GSK

FW

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

PIZOTYLIN

0.5MG TABLET

00329320

SANDOMIGRAN

PEN

FNSW

1MG TABLET

00511552

SANDOMIGRAN DS

PEN

FNSW

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

12:00 AUTONOMIC AGENTS

12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

SUMATRIPTAN

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

02239738	IMITREX DF (EDS)	GSK	FW
02256428	PMS-SUMATRIPTAN (EDS)	PMS	FW
02257882	CO SUMATRIPTAN (EDS)	COB	FW
02268906	GEN-SUMATRIPTAN (EDS)	GPM	FW

50MG TABLET

02212153	IMITREX DF (EDS)	GSK	FW
02256436	PMS-SUMATRIPTAN (EDS)	PMS	FW
02257890	CO SUMATRIPTAN (EDS)	COB	FW
02263025	RHOXAL-SUMATRIPTAN (EDS)	SDZ	FW
02268388	APO-SUMATRIPTAN (EDS)	APX	FW
02268914	GEN-SUMATRIPTAN (EDS)	GPM	FW
02271583	RATIO-SUMATRIPTAN (EDS)	RPH	FW

100MG TABLET

02212161	IMITREX DF (EDS)	GSK	FW
02239367	NOVO-SUMATRIPTAN (EDS)	NOP	FW
02256444	PMS-SUMATRIPTAN (EDS)	PMS	FW
02257904	CO SUMATRIPTAN (EDS)	COB	FW
02263033	RHOXAL-SUMATRIPTAN (EDS)	SDZ	FW
02268396	APO-SUMATRIPTAN (EDS)	APX	FW
02268922	GEN-SUMATRIPTAN (EDS)	GPM	FW
02271591	RATIO-SUMATRIPTAN (EDS)	RPH	FW

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.

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

12:16.00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

ZOLMITRIPTAN

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

02238660

ZOMIG (EDS)

AZE

FW

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

12:20.00 SKELETAL MUSCLE RELAXANTS

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

CYCLOBENZAPRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

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

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

12:00 AUTONOMIC AGENTS

12:20.00 SKELETAL MUSCLE RELAXANTS

DANTROLENE SODIUM

25MG CAPSULE

01997602 DANTRIUM PGA FNSW

100MG CAPSULE

01997653 DANTRIUM PGA FNSW

METHOCARBAMOL

500MG TABLET

01930990 ROBAXIN WAY NW

METHOCARBAMOL & ACETAMINOPHEN

400MG & 325MG CAPLET

02026805 ROBAXACET WAY W

02230521 METHOXACET ROG W

METHOCARBAMOL & ACETYLSALICYLIC ACID

400MG & 325MG CAPLET

00868868 METHOXISAL ROG W

02026783 ROBAXISAL WAY W

METHOCARBAMOL & ACETYLSALICYLIC ACID & CODEINE

400MG & 325MG & 16.2MG CAPLET

01934783 ROBAXISAL C-1/4 WAY FW

01966367 METHOXISAL C-1/4 ROG FW

400MG & 325MG & 32.4MG CAPLET

01934791 ROBAXISAL C-1/2 WAY FW

01966375 METHOXISAL C-1/2 ROG FW

TIZANIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

4MG TABLET

02239170 ZANAFLEX (EDS) SHR FNSW

02259893 APO-TIZANIDINE (EDS) APX 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

20:00 BLOOD FORMATION AND COAGULATION

20:04.04 IRON PREPARATIONS

FERROUS GLUCONATE

300MG TABLET

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

FERROUS SULFATE

30MG/ML SYRUP

00792675	PMS-FERROUS SULFATE	PMS	CNW
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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

02205963	DEXIRON (EDS)	GPM	NW
02221780	INFUFER (EDS)	SDZ	NW

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

20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTI-COAGULANTS

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

***WARFARIN**

1MG TABLET

01918311	COUMADIN	BMS	FNSW
02242680	TARO-WARFARIN	TAR	FNSW
02242924	APO-WARFARIN	APX	FNSW
02244462	GEN-WARFARIN	GPM	FNSW
02265273	NOVO-WARFARIN	NOP	FNSW

2MG TABLET

01918338	COUMADIN	BMS	FNSW
02242681	TARO-WARFARIN	TAR	FNSW
02242925	APO-WARFARIN	APX	FNSW
02244463	GEN-WARFARIN	GPM	FNSW
02265281	NOVO-WARFARIN	NOP	FNSW

2.5MG TABLET

01918346	COUMADIN	BMS	FNSW
02242682	TARO-WARFARIN	TAR	FNSW
02242926	APO-WARFARIN	APX	FNSW
02244464	GEN-WARFARIN	GPM	FNSW
02265303	NOVO-WARFARIN	NOP	FNSW

3MG TABLET

02240205	COUMADIN	BMS	FNSW
02242683	TARO-WARFARIN	TAR	FNSW
02245618	APO-WARFARIN	APX	FNSW
02265311	NOVO-WARFARIN	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

20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTI-COAGULANTS

***WARFARIN (Continued)**

4MG TABLET

02007959	COUMADIN	BMS	FNSW
02242684	TARO-WARFARIN	TAR	FNSW
02242927	APO-WARFARIN	APX	FNSW
02244465	GEN-WARFARIN	GPM	FNSW
02265338	NOVO-WARFARIN	NOP	FNSW

5MG TABLET

01918354	COUMADIN	BMS	FNSW
02242685	TARO-WARFARIN	TAR	FNSW
02242928	APO-WARFARIN	APX	FNSW
02244466	GEN-WARFARIN	GPM	FNSW
02265346	NOVO-WARFARIN	NOP	FNSW

6MG TABLET

02240206	COUMADIN	BMS	FNSW
02242686	TARO-WARFARIN	APX	FNSW

10MG TABLET

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

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

20:00 BLOOD FORMATION AND COAGULATION

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

SEE APPENDIX A FOR EDS CRITERIA

25UG/ML PRE-FILLED SYRINGE

02246354 ARANESP (EDS) AMG E

40UG/ML PRE-FILLED SYRINGE

02246355 ARANESP (EDS) AMG E

100UG/ML PRE-FILLED SYRINGE

02246357 ARANESP (EDS) AMG E

200UG/ML PRE-FILLED SYRINGE

02246358 ARANESP (EDS) AMG E

EPOETIN ALFA

SEE APPENDIX A FOR EDS CRITERIA

4000IU/0.4ML PRE-FILLED SYRINGE

02231586 EPREX (EDS) JAN E

6000IU/0.6ML PRE-FILLED SYRINGE

02243401 EPREX (EDS) JAN E

8000IU/0.8ML PRE-FILLED SYRINGE

02243403 EPREX (EDS) JAN E

10,000IU/1.0ML PRE-FILLED SYRINGE

02231587 EPREX (EDS) JAN E

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

20:24.00 HEMORRHEOLOGIC AGENTS

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

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)	SDZ	FNSW

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

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*ACEBUTOLOL HCL

100MG TABLET

01910140	RHOTRAL	SDZ	FNSW
01926543	SECTRAL	AVN	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
02257599	RHOXAL-ACEBUTOLOL	SDZ	FNSW

200MG TABLET

01910159	RHOTRAL	SDZ	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
02257602	RHOXAL-ACEBUTOLOL	SDZ	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
02257610	RHOXAL-ACEBUTOLOL	SDZ	FNSW

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)	RDZ	FNSW
02246194	APO-AMIODARONE (EDS)	APX	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

24:04.00 CARDIAC DRUGS

*AMLODIPINE BESYLATE

5MG TABLET

00878928	NORVASC	PFI	FNSW
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10MG TABLET

00878936	NORVASC	PFI	FNSW
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ATENOLOL

25MG TABLET

02246581	PMS-ATENOLOL	PMS	FNSW
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02266660	NOVO-ATENOL	NOP	FNSW
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50MG TABLET

00773689	APO-ATENOL	APX	FNSW
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00886114	NU-ATENOL	NXP	FNSW
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01912062	NOVO-ATENOL	NOP	FNSW
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02039532	TENORMIN	AZE	FNSW
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02146894	GEN-ATENOLOL	GPM	FNSW
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02171791	RATIO-ATENOLOL	RPH	FNSW
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02231731	RHOXAL-ATENOLOL	SDZ	FNSW
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02237600	PMS-ATENOLOL	PMS	FNSW
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02255545	CO ATENOLOL	COB	FNSW
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02267985	RAN-ATENOLOL	RAN	FNSW
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100MG TABLET

00773697	APO-ATENOL	APX	FNSW
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00886122	NU-ATENOL	NXP	FNSW
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01912054	NOVO-ATENOL	NOP	FNSW
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02039540	TENORMIN	AZE	FNSW
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02147432	GEN-ATENOLOL	GPM	FNSW
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02171805	RATIO-ATENOLOL	RPH	FNSW
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02231733	RHOXAL-ATENOLOL	SDZ	FNSW
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02237601	PMS-ATENOLOL	PMS	FNSW
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02255553	CO ATENOLOL	COB	FNSW
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02267993	RAN-ATENOLOL	RAN	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*BISOPROLOL

5MG TABLET

02241148	MONOCOR	BVL	FNSW
02247439	RHOXAL-BISOPROLOL	SDZ	FNSW
02256134	APO-BISOPROLOL	APX	FNSW
02267470	NOVO-BISOPROLOL	NOP	FNSW

10MG TABLET

02247440	RHOXAL-BISOPROLOL	SDZ	FNSW
02256177	APO-BISOPROLOL	APX	FNSW
02267489	NOVO-BISOPROLOL	NOP	FNSW

CARVEDILOL

SEE APPENDIX A FOR EDS CRITERIA

3.125MG TABLET

02229650	COREG (EDS)	GSK	FNSW
02245914	PMS-CARVEDILOL (EDS)	PMS	FNSW
02246529	NOVO-CARVEDILOL (EDS)	NOP	FNSW
02247933	APO-CARVEDILOL (EDS)	APX	FNSW
02252309	RATIO-CARVEDILOL (EDS)	RPH	FNSW
02268027	RAN-CARVEDILOL (EDS)	RAN	FNSW

6.25MG TABLET

02229651	COREG (EDS)	GSK	FNSW
02245915	PMS-CARVEDILOL (EDS)	PMS	FNSW
02246530	NOVO-CARVEDILOL (EDS)	NOP	FNSW
02247934	APO-CARVEDILOL (EDS)	APX	FNSW
02252317	RATIO-CARVEDILOL (EDS)	RPH	FNSW
02268035	RAN-CARVEDILOL (EDS)	RAN	FNSW

12.5MG TABLET

02229652	COREG (EDS)	GSK	FNSW
02245916	PMS-CARVEDILOL (EDS)	PMS	FNSW
02246531	NOVO-CARVEDILOL (EDS)	NOP	FNSW
02247935	APO-CARVEDILOL (EDS)	APX	FNSW
02252325	RATIO-CARVEDILOL (EDS)	RPH	FNSW
02268043	RAN-CARVEDILOL (EDS)	RAN	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

24:04.00 CARDIAC DRUGS

CARVEDILOL (Continued)

25MG TABLET

02229653	COREG (EDS)	GSK	FNSW
02245917	PMS-CARVEDILOL (EDS)	PMS	FNSW
02246532	NOVO-CARVEDILOL (EDS)	NOP	FNSW
02247936	APO-CARVEDILOL (EDS)	APX	FNSW
02252333	RATIO-CARVEDILOL (EDS)	RPH	FNSW
02268051	RAN-CARVEDILOL (EDS)	RAN	FNSW

*DIGOXIN

0.05MG/ML ELIXIR

02242320	LANOXIN	VRC	FNSW
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0.0625MG TABLET

02242321	LANOXIN	VRC	FNSW
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0.125MG TABLET

02242322	LANOXIN	VRC	FNSW
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0.25MG TABLET

02242323	LANOXIN	VRC	FNSW
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0.25 MG/ML INJECTION SOLUTION

02048264	DIGOXIN	SDZ	N
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*DILTIAZEM

120MG EXTENDED RELEASE CAPSULE

02231150	TIAZAC	BVL	FNSW
02245918	RHOXAL-DILTIAZEM T	SDZ	FNSW
02271605	NOVO-DILTIAZEM ER	NOP	FNSW

180MG EXTENDED RELEASE CAPSULE

02231151	TIAZAC	BVL	FNSW
02245919	RHOXAL-DILTIAZEM T	SDZ	FNSW
02271613	NOVO-DILTIAZEM ER	NOP	FNSW

240MG EXTENDED RELEASE CAPSULE

02231152	TIAZAC	BVL	FNSW
02245920	RHOXAL-DILTIAZEM T	SDZ	FNSW
02271621	NOVO-DILTIAZEM ER	NOP	FNSW

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

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*DILTIAZEM HCL (Continued)

300MG EXTENDED RELEASE CAPSULE				
02231154	TIAZAC	BVL	FNSW	
02245921	RHOXAL-DILTIAZEM T	SDZ	FNSW	
02271648	NOVO-DILTIAZEM ER	NOP	FNSW	
360MG EXTENDED RELEASE CAPSULE				
02231155	TIAZAC	BVL	FNSW	
02245922	RHOXAL-DILTIAZEM T	SDZ	FNSW	
02271656	NOVO-DILTIAZEM ER	NOP	FNSW	
120MG EXTENDED RELEASE TABLET				
02256738	TIAXAC XC	BVL	FNSW	
180MG EXTENDED RELEASE TABLET				
02256746	TIAXAC XC	BVL	FNSW	
240MG EXTENDED RELEASE TABLET				
02256754	TIAXAC XC	BVL	FNSW	
300MG EXTENDED RELEASE TABLET				
02256762	TIAXAC XC	BVL	FNSW	
360MG EXTENDED RELEASE TABLET				
02256770	TIAXAC XC	BVL	FNSW	
60MG SUSTAINED RELEASE CAPSULE				
02222957	APO-DILTIAZ SR	APX	FNSW	
90MG SUSTAINED RELEASE CAPSULE				
02222965	APO-DILTIAZ SR	APX	FNSW	
120MG SUSTAINED RELEASE CAPSULE				
02222973	APO-DILTIAZ SR	APX	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	SDZ	FNSW	
02254808	GEN-DILTIAZEM CD	GPM	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

24:04.00 CARDIAC DRUGS

*DILTIAZEM HCL (Continued)

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-DILTAZEM CD	NOP	FNSW
02243339	RHOXAL-DILTIAZEM CD	SDZ	FNSW
02254816	GEN-DILTIAZEM CD	GPM	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-DILTAZEM CD	NOP	FNSW
02243340	RHOXAL-DILTIAZEM CD	SDZ	FNSW
02254824	GEN-DILTIAZEM CD	GPM	FNSW

300MG CONTROLLED DELIVERY CAPSULE

02097273	CARDIZEM CD	BVL	FNSW
02229526	APO-DILTIAZ CD	APX	FNSW
02229784	RATIO-DILTIAZEM CD	RPH	FNSW
02242541	NOVO-DILTAZEM CD	NOP	FNSW
02243341	RHOXAL-DILTIAZEM CD	SDZ	FNSW
02254832	GEN-DILTIAZEM CD	GPM	FNSW

30MG TABLET

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

60MG TABLET

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

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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*DISOPYRAMIDE

100MG CAPSULE				
2224801	RYTHMODAN	AVN	FNSW	
150MG CAPSULE				
2224828	RYTHMODAN	AVN	FNSW	

*METOPROLOL TARTRATE

100MG SUSTAINED RELEASE TABLET				
00658855	LOPRESOR SR	NVR	FNSW	
200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)				
00497827	BETALOC DURULES	AZE	FNSW	
00534560	LOPRESOR SR	NVR	FNSW	
25MG TABLET				
02246010	APO-METOPROLOL	APX	FNSW	
02248855	PMS-METOPROLOL-L	PMS	FNSW	
02261898	NOVO-METOPROLOL CT	NOP	FNSW	
50 MG TABLET				
00397423	LOPRESOR	NVR	FNSW	
00402605	BETALOC	AST	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	
02230803	PMS-METOPROLOL-L	PMS	FNSW	
02247875	RHOXAL-METOPROLOL (TYPE L)	SDZ	FNSW	

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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*METOPROLOL TARTRATE (Continued)

100MG TABLET

00397431	LOPRESOR	NVR	FNSW
00402540	BETALOC	AST	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
02230804	PMS-METOPROLOL-L	PMS	FNSW
02247876	RHOXAL-METOPROLOL (TYPE L)	SDZ	FNSW

*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

00782505	APO-NADOL	APX	FNSW
02126753	NOVO-NADOLOL	NOP	FNSW

80MG TABLET

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

160MG TABLET

00782475	APO-NADOL	APX	FNSW
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*NIFEDIPINE

5MG CAPSULE

00725110	APO-NIFED	APX	FNSW
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10MG CAPSULE

00755907	APO-NIFED	APX	FNSW
00865591	NU-NIFED	NXP	FNSW

10MG SUSTAINED RELEASE TABLET

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

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

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*NIFEDIPINE (Continued)

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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*PROCAINAMIDE HCL

250MG CAPSULE

00713325	APO-PROCAINAMIDE	APX	FNSW
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375MG CAPSULE

00713333	APO-PROCAINAMIDE	APX	FNSW
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500MG CAPSULE

00713341	APO-PROCAINAMIDE	APX	FNSW
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250MG SUSTAINED RELEASE TABLET

00638692	PROCAN SR	ERF	FNSW
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500MG SUSTAINED RELEASE TABLET

00638676	PROCAN SR	ERF	FNSW
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750MG SUSTAINED RELEASE TABLET

00638684	PROCAN SR	ERF	FNSW
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*PROPAFENONE HCL

150MG TABLET

00603708	RYTHMOL	ABB	FNSW
02243324	APO-PROPAFENONE	APX	FNSW
02243727	PMS-PROPAFENONE	PMS	FNSW

300MG TABLET

00603716	RYTHMOL	ABB	FNSW
02243325	APO-PROPAFENONE	APX	FNSW
02243728	PMS-PROPAFENONE	PMS	FNSW

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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*PROPRANOLOL

10MG TABLET

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

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
00582271	PMS-PROPRANOLOL	PMS	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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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

*QUINIDINE SULFATE

200MG TABLET

00441740	APO-QUINIDINE	APX	FNSW
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*SOTALOL HCL

80MG TABLET

02084228	RATIO-SOTALOL	RPH	FNSW
02200996	NU-SOTALOL	NXP	FNSW
02210428	APO-SOTALOL	APX	FNSW
02229778	GEN-SOTALOL	GPM	FNSW
02231181	NOVO-SOTALOL	NOP	FNSW
02234008	RHOXAL-SOTALOL	SDZ	FNSW
02238326	PMS-SOTALOL	PMS	FNSW

160MG TABLET

02084236	RATIO-SOTALOL	RPH	FNSW
02163772	NU-SOTALOL	NXP	FNSW
02167794	APO-SOTALOL	APX	FNSW
02229779	GEN-SOTALOL	GPM	FNSW
02231182	NOVO-SOTALOL	NOP	FNSW
02234013	RHOXAL-SOTALOL	SDZ	FNSW
02238327	PMS-SOTALOL	PMS	FNSW

*TIMOLOL MALEATE

5MG TABLET

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

10MG TABLET

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

20MG TABLET

00755869	APO-TIMOL	APX	FNSW
01947826	NOVO-TIMOL	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

24:04.00 CARDIAC DRUGS

*VERAPAMIL HCL

80MG TABLET

00782483	APO-VERAP	APX	FNSW
00886033	NU-VERAP	NXP	FNSW
02237921	GEN-VERAPAMIL	GPM	FNSW

120MG TABLET

00782491	APO-VERAP	APX	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
02246893	APO-VERAP SR	APX	FNSW

180MG SUSTAINED RELEASE TABLET

01934317	ISOPTIN SR	ABB	FNSW
02210355	GEN-VERAPAMIL SR	GPM	FNSW
02246894	APO-VERAP SR	APX	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
02246895	APO-VERAP SR	APX	FNSW

180MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231676	CHRONOVERA	PFI	FNSW
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240MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231677	CHRONOVERA	PFI	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

ATORVASTATIN CALCIUM

10MG TABLET

02230711 LIPITOR PFI FNSW

20MG TABLET

02230713 LIPITOR PFI FNSW

40MG TABLET

02230714 LIPITOR PFI FNSW

80MG TABLET

02243097 LIPITOR PFI FNSW

CHOLESTYRAMINE

REGULAR - 440MG/G ORAL POWDER

(378G CAN)

02207745 PMS-CHOLESTYRAMINE (42 DOSES) PMS FNSW

02139189 NOVO-CHOLAMINE NOP FNSW

REGULAR - 4G/POUCH X 30 POUCHES

- 120G/PK ORAL POWDER (POUCHES)

02139189 NOVO-CHOLAMINE NOP FNSW

02210320 PMS-CHOLESTYRAMINE PMS FNSW

*** price per gram for cholestyramine powder pouches**

LIGHT - 440MG/G ORAL POWDER

(CAN)

02125463 PMS-CHOLESTYRAMINE (400G) PMS FNSW

02139197 NOVO-CHOLAMINE NOP FNSW

LIGHT - 4G/POUCH X 30 POUCHES

- 120G/PK

00890960 PMS-CHOLESTYRAMINE LIGHT PMS FNSW

02139197 NOVO-CHOLAMINE LIGHT 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

24:06.00 ANTILIPEMIC DRUGS

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
02250039	RATIO-FENOFIBRATE MC	RPH	FNSW
02273551	PMS-FENOFIBRATE MICRO	PMS	FNSW

FLUVASTATIN SODIUM

20MG CAPSULE

02061562	LESCOL	NVR	FNSW
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40MG CAPSULE

02061570	LESCOL	NVR	FNSW
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GEMFIBROZIL

300MG CAPSULE

00599026	LOPID	PFI	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
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

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

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

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
02246542	NOVO-LOVASTATIN	NOP	FNSW
02247056	RHOXAL-LOVASTATIN	SDZ	FNSW
02248572	CO LOVASTATIN	COB	FNSW
02267969	RAN-LOVASTATIN	RAN	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
02246543	NOVO-LOVASTATIN	NOP	FNSW
02247057	RHOXAL-LOVASTATIN	SDZ	FNSW
02248573	CO LOVASTATIN	COB	FNSW
02267977	RAN-LOVASTATIN	RAN	FNSW

PRAVASTATIN

10MG TABLET

00893749	PRAVACHOL	BMS	FNSW
02243506	APO-PRAVASTATIN	APX	FNSW
02244350	NU-PRAVASTATIN	NXP	FNSW
02246930	RATIO-PRAVASTATIN	RPH	FNSW
02247008	NOVO-PRAVASTATIN	NOP	FNSW
02247655	PMS-PRAVASTATIN	PMS	FNSW
02247856	RHOXAL-PRAVASTATIN	SDZ	FNSW
02248182	CO PRAVASTATIN	COB	FNSW
02257092	GEN-PRAVASTATIN	GPM	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

24:06.00 ANTILIPEMIC DRUGS

PRAVASTATIN (Continued)

20MG TABLET

00893757	PRAVACHOL	BMS	FNSW
02243507	APO-PRAVASTATIN	APX	FNSW
02244351	NU-PRAVASTATIN	NXP	FNSW
02246931	RATIO-PRAVASTATIN	RPH	FNSW
02247009	NOVO-PRAVASTATIN	NOP	FNSW
02247656	PMS-PRAVASTATIN	PMS	FNSW
02247857	RHOXAL-PRAVASTATIN	SDZ	FNSW
02248183	CO PRAVASTATIN	COB	FNSW
02257106	GEN-PRAVASTATIN	GPM	FNSW

40MG TABLET

02222051	PRAVACHOL	BMS	FNSW
02243508	APO-PRAVASTATIN	APX	FNSW
02244352	NU-PRAVASTATIN	NXP	FNSW
02246932	RATIO-PRAVASTATIN	RPH	FNSW
02247010	NOVO-PRAVASTATIN	NOP	FNSW
02247657	PMS-PRAVASTATIN	PMS	FNSW
02247858	RHOXAL-PRAVASTATIN	SDZ	FNSW
02248184	CO PRAVASTATIN	COB	FNSW
02257114	GEN-PRAVASTATIN	GPM	FNSW

ROSUVASTATIN

10MG TABLET

02247162	CRESTOR	AZE	FNSW
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20MG TABLET

02247163	CRESTOR	AZE	FNSW
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40MG TABLET

02247164	CRESTOR	AZE	FNSW
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SIMVASTATIN

5MG TABLET

00884324	ZOCOR	MSD	FNSW
02246582	GEN-SIMVASTATIN	GPM	FNSW
02247011	APO-SIMVASTATIN	APX	FNSW
02247827	RHOXAL-SIMVASTATIN	SDZ	FNSW
02248103	CO-SIMVASTATIN	COB	FNSW
02250144	NOVO-SIMVASTATIN	NOP	FNSW
02252619	PMS-SIMVASTATIN	PMS	FNSW
02269252	PMS-SIMVASTATIN	PMS	FNSW

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

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

SIMVASTATIN (Continued)

10MG TABLET

00884332	ZOCOR	MSD	FNSW
02246583	GEN-SIMVASTATIN	GPM	FNSW
02247012	APO-SIMVASTATIN	APX	FNSW
02247068	RATIO-SIMVASTATIN	RPH	FNSW
02247828	RHOXAL-SIMVASTATIN	SDZ	FNSW
02248104	CO-SIMVASTATIN	COB	FNSW
02250152	NOVO-SIMVASTATIN	NOP	FNSW
02252635	PMS-SIMVASTATIN	PMS	FNSW
02265885	TARO-SIMVASTATIN	TAR	FNSW
02269260	PMS-SIMVASTATIN	PMS	FNSW

20MG TABLET

00884340	ZOCOR	MSD	FNSW
02246737	GEN-SIMVASTATIN	GPM	FNSW
02247013	APO-SIMVASTATIN	APX	FNSW
02247069	RATIO-SIMVASTATIN	RPH	FNSW
02247830	RHOXAL-SIMVASTATIN	SDZ	FNSW
02248105	CO-SIMVASTATIN	COB	FNSW
02250160	NOVO-SIMVASTATIN	NOP	FNSW
02252643	PMS-SIMVASTATIN	PMS	FNSW
02265893	TARO-SIMVASTATIN	TAR	FNSW
02269279	PMS-SIMVASTATIN	PMS	FNSW

40MG TABLET

00884359	ZOCOR	MSD	FNSW
02246584	GEN-SIMVASTATIN	GPM	FNSW
02247014	APO-SIMVASTATIN	APX	FNSW
02247070	RATIO-SIMVASTATIN	RPH	FNSW
02247831	RHOXAL-SIMVASTATIN	SDZ	FNSW
02248106	CO-SIMVASTATIN	COB	FNSW
02250179	NOVO-SIMVASTATIN	NOP	FNSW
02252651	PMS-SIMVASTATIN	PMS	FNSW
02265907	TARO-SIMVASTATIN	TAR	FNSW
02269287	PMS-SIMVASTATIN	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

24:06.00 ANTILIPEMIC DRUGS

SIMVASTATIN (Continued)

80MG TABLET

02240332	ZOCOR	MSD	FNSW
02246585	GEN-SIMVASTATIN	GPM	FNSW
02247015	APO-SIMVASTATIN	APX	FNSW
02247071	RATIO-SIMVASTATIN	RPH	FNSW
02247833	RHOXAL-SIMVASTATIN	SDZ	FNSW
02248107	CO-SIMVASTATIN	COB	FNSW
02250187	NOVO-SIMVASTATIN	NOP	FNSW
02252678	PMS-SIMVASTATIN	PMS	FNSW
02269295	PMS-SIMVASTATIN	PMS	FNSW

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

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

*BENAZEPRIL HCL

5MG TABLET

00885835 LOTENSIN NVR FNSW

10MG TABLET

00885843 LOTENSIN NVR FNSW

20MG TABLET

00885851 LOTENSIN NVR FNSW

02273918 APO-BENAZEPRIL APX FNSW

*CANDESARTAN CILEXETIL

8MG TABLET

02239091 ATACAND AZE FNSW

16MG TABLET

02239092 ATACAND AZE FNSW

*CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

12.5MG & 16MG TABLET

02244021 ATACAND PLUS AZE FNSW

*CAPTOPRIL

12.5MG TABLET

00695661 CAPOTEN BMS 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

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

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

24:08.00 HYPOTENSIVE DRUGS

*CAPTOPRIL (Continued)

50MG TABLET

00546291	CAPOTEN	BMS	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
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

*CILAZAPRIL

1MG TABLET

01911465	INHIBACE	HLR	FNSW
02266350	NOVO-CILAZAPRIL	NOP	FNSW

2.5MG TABLET

01911473	INHIBACE	HLR	FNSW
02266369	NOVO-CILAZAPRIL	NOP	FNSW

5MG TABLET

01911481	INHIBACE	HLR	FNSW
02266377	NOVO-CILAZAPRIL	NOP	FNSW

*CILAZAPRIL & HYDROCHLOROTHIAZIDE

5MG & 12.5MG TABLET

02181479	INHIBACE PLUS	HLR	FNSW
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*CLONIDINE HCL

0.025MG TABLET

00519251	DIXARIT	BOE	FNSW
02248732	APO-CLONIDINE	APX	FNSW

0.1MG TABLET

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

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

24:00 CARDIOVASCULAR DRUGS

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	

*ENALAPRIL MALEATE

2.5MG TABLET				
00851795	VASOTEC	MSD	FNSW	
5MG TABLET				
00708879	VASOTEC	MSD	FNSW	
10MG TABLET				
00670901	VASOTEC	MSD	FNSW	
20MG TABLET				
00670928	VASOTEC	MSD	FNSW	

*ENALAPRIL & HYDROCHLOROTHIAZIDE

5MG & 12.5MG TABLET				
02242826	VASERETIC	MSD	FNSW	
10MG & 25MG TABLET				
00657298	VASERETIC	MSD	FNSW	

*EPROSARTAN MESYLATE

400MG TABLET				
02240432	TEVETEN	SLV	FNSW	
600MG TABLET				
02243942	TEVETEN	SLV	FNSW	

*EPROSARTAN & HYDROCHLOROTHIAZIDE

600MG & 12.5MG TABLET				
02253631	TEVETEN PLUS	SLV	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

24:08.00 HYPOTENSIVE DRUGS

*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

*FOSINOPRIL

10MG TABLET

01907107	MONOPRIL	BMS	FNSW
02242733	LIN-FOSINOPRIL	BMS	FNSW
02247802	NOVO-FOSINOPRIL	NOP	FNSW
02255944	PMS-FOSINOPRIL	PMS	FNSW
02262401	GEN-FOSINOPRIL	GPM	FNSW
02266008	APO-FOSINOPRIL	APX	FNSW
02275252	RATIO-FOSINOPRIL	RPH	FNSW

20MG TABLET

01907115	MONOPRIL	BMS	FNSW
02242734	LIN-FOSINOPRIL	BMS	FNSW
02247803	NOVO-FOSINOPRIL	NOP	FNSW
02255952	PMS-FOSINOPRIL	PMS	FNSW
02262428	GEN-FOSINOPRIL	GPM	FNSW
02266016	APO-FOSINOPRIL	APX	FNSW
02275260	RATIO-FOSINOPRIL	RPH	FNSW

*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

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

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

*HYDRALAZINE (Continued)

50MG TABLET

00441635	APO-HYDRALAZINE	APX	FNSW
00759481	NOVO-HYLAZIN	NOP	FNSW
02004836	NU-HYDRAL	NXP	FNSW

*IRBESARTAN

75MG TABLET

02237923	AVAPRO	BMS	FNSW
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150MG TABLET

02237924	AVAPRO	BMS	FNSW
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300MG TABLET

02237925	AVAPRO	BMS	FNSW
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*IRBESARTAN & HYDROCHLOROTHIAZIDE

150MG & 12.5MG TABLET

02241818	AVALIDE	BMS	FNSW
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300MG & 12.5MG TABLET

02241819	AVALIDE	BMS	FNSW
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*LABETALOL HCL

100MG TABLET

02106272	TRANDATE	SHR	FNSW
02243538	APO-LABETALOL	APX	FNSW

200MG TABLET

02106280	TRANDATE	SHR	FNSW
02243539	APO-LABETALOL	APX	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

24:08.00 HYPOTENSIVE DRUGS

*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

*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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*METHYLDOPA

125MG TABLET

00360252	APO-METHYLDOPA	APX	FNSW
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250MG TABLET

00360260	APO-METHYLDOPA	APX	FNSW
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500MG TABLET

00426830	APO-METHYLDOPA	APX	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

***METHYLDOPA & HYDROCHLOROTHIAZIDE**

250MG & 15MG TABLET

00441708 APO-METHAZIDE-15 APX FNSW

250MG & 25MG TABLET

00441716 APO-METHAZIDE-25 APX FNSW

***OXPRENOLOL HCL**

40MG TABLET

00402575 TRASICOR NVR FNSW

80MG TABLET

00402583 TRASICOR NVR FNSW

***PERINDOPRIL**

2MG TABLET

02123274 COVERSYL SEV FNSW

4MG TABLET

02123282 COVERSYL SEV FNSW

8MG TABLET

02246624 COVERSYL SEV FNSW

***PERINDOPRIL & INDAPAMIDE**

4MG & 1.25MGMG TABLET

02246569 COVERSYL PLUS SEV FNSW

***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

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

*PRAZOSIN HCL

1MG TABLET

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

2MG TABLET

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

5MG TABLET

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

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

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

***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

***QUINAPRIL HCL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02237367 ACCURETIC PFI FNSW

20MG & 12.5MG TABLET

02237368 ACCURETIC PFI FNSW

20MG & 25MG TABLET

02237369 ACCURETIC PFI FNSW

***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

***TELMISARTAN**

40MG TABLET

02240769 MICARDIS BOE FNSW

80MG TABLET

02240770 MICARDIS BOE 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

24:08.00 HYPOTENSIVE DRUGS

*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

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

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

***TRANDOLAPRIL**

0.5MG CAPSULE

02231457 MAVIK ABB FNSW

1MG CAPSULE

02231459 MAVIK ABB FNSW

02231460 MAVIK ABB FNSW

4MG CAPSULE

02239267 MAVIK ABB FNSW

***VALSARTAN**

80MG TABLET

02244781 DIOVAN NVR FNSW

160MG TABLET

02244782 DIOVAN NVR FNSW

***VALSARTAN & HYDROCHLORTHIAZIDE**

80MG & 12.5MG TABLET

02241900 DIOVAN-HCT NVR FNSW

160MG & 12.5MG TABLET

02241901 DIOVAN-HCT NVR FNSW

160MG & 25MG TABLET

02246955 DIOVAN-HCT NVR 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

24:12.00 VASODILATING DRUGS

BETAHISTINE HCL

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

16MG TABLET

02243878	SERC (EDS)	SLV	FNSW
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24MG TABLET

02247998	SERC (EDS)	SLV	FNSW
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***DIPYRIDAMOLE**

25MG TABLET

00895644	APO-DIPYRIDAMOLE-FC	APX	FNSW
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50MG TABLET

00067393	PERSANTINE	BOE	FNSW
00895652	APO-DIPYRIDAMOLE-FC	APX	FNSW

75MG TABLET

00452092	PERSANTINE	BOE	FNSW
00895660	APO-DIPYRIDAMOLE-FC	APX	FNSW

***ISOSORBIDE DINITRATE**

5MG SUBLINGUAL TABLET

00670944	APO-ISDN	APX	FNSW
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10MG TABLET

00441686	APO-ISDN	APX	FNSW
00458686	NOVO-SORBIDE	NOP	FNSW

30MG TABLET

00441694	APO-ISDN	APX	FNSW
00458694	NOVO-SORBIDE	NOP	FNSW

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

24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

NITROGLYCERIN

NOTES:

- 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).**
- 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
01911910	NITRO-DUR 0.2	KEY	FNSW
02162806	MINITRAN 0.2	MDA	FSW

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
01911902	NITRO-DUR 0.4	KEY	FNSW
02163527	MINITRAN 0.4	MDA	FSW

0.6 MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

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

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
02238998	RHO-NITRO PUMPSPRAY	SDZ	NW
02243588	GEN-NITRO SL SPRAY	GPM	NW

2% TOPICAL OINTMENT

01926454	NITROL	PAL	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

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

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	PEN	NW
00216666	NOVASEN	NOP	NW
02046253	ASADOL	PEN	NW
00999959	ASA (DIN for billing purposes only)		NW

650MG ENTERIC COATED TABLET

00010340	ENTROPHEN	PEN	NW
00229296	NOVASEN	NOP	NW
02046261	ASADOL	PGH	NW

DICLOFENAC SODIUM

25MG ENTERIC COATED TABLET

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

DIFLUNISAL

250MG TABLET

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

500MG TABLET

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

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

FLURBIPROFEN

50MG TABLET

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

100MG TABLET

00600792	ANSAID	PFI	FNSW
01912038	APO-FLURBIPROFEN	APX	FNSW
02020688	NU-FLURBIPROFEN	NXP	FNSW
02100517	NOVO-FLURPROFEN	NOP	FNSW

IBUPROFEN

300MG TABLET

00441651	APO-IBUPROFEN	APX	NW
02242632	MOTRIN IB EXTRA STRENGTH	MCL	NW

400MG TABLET

00506052	APO-IBUPROFEN	APX	NW
00629340	NOVO-PROFEN	NOP	NW
02242658	MOTRIN IB SUPER STRENGTH	MCL	NW

600MG TABLET

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

INDOMETHACIN

25MG CAPSULE

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

50MG CAPSULE

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

50MG RECTAL SUPPOSITORY

02146932	RHODACINE	SDZ	FNSW
02231799	SAB-INDOMETHACIN	SDZ	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

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

INDOMETHACIN (Continued)

100MG RECTAL SUPPOSITORY

01934139	RATIO-INDOMETHACIN	RPH	FNSW
02146940	RHODACINE	SDZ	FNSW
02231800	SAB-INDOMETHACIN	SDZ	FNSW

KETOPROFEN

50MG CAPSULE

00790427	APO-KETO	APX	FNSW
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50MG ENTERIC COATED TABLET

00790435	APO-KETO-E	APX	FNSW
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100MG ENTERIC COATED TABLET

00842664	APO-KETO-E	APX	FNSW
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50MG RECTAL SUPPOSITORY

02148773	PMS-KETOPROFEN	PMS	FNSW
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100MG RECTAL SUPPOSITORY

02015951	PMS-KETOPROFEN	PMS	FNSW
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MEFENAMIC ACID

250MG CAPSULE

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

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
00865648	NU-NAPROX	NXP	FNSW

375MG TABLET

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

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

NAPROXEN (Continued)

500MG TABLET

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

500MG RECTAL SUPPOSITORY

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

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

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

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

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

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

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN & CODEINE

300MG & 60MG TABLET

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

ACETAMINOPHEN COMPOUND WITH CODEINE

15MG CODEINE TABLET

00293504	ATASOL (NOT INTERCHANGEABLE)	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 (NOT INTERCHANGEABLE)	HOR	FNSW
00653276	RATIO-LENOLTEC NO.3	RPH	FNSW
02163926	TYLENOL NO.3	JAN	FNSW
02232389	EXDOL-30	PGH	FNSW

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

30MG CODEINE TABLET

02238645	292	PEN	FNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

CODEINE PHOSPHATE

5MG/ML SYRUP

00779474 RATIO-CODEINE RPH FNSW

15MG TABLET

00593435 RATIO-CODEINE RPH FNSW

30MG TABLET

00593451 RATIO-CODEINE RPH FNSW

FENTANYL

SEE APPENDIX A FOR EDS CRITERIA

25UG/HR TRANSDERMAL PATCH

01937383 DURAGESIC (EDS) JAN FNSW

50UG/HR TRANSDERMAL PATCH

01937391 DURAGESIC (EDS) JAN FNSW

75UG/HR TRANSDERMAL PATCH

01937405 DURAGESIC (EDS) JAN FNSW

100UG/HR TRANSDERMAL PATCH

01937413 DURAGESIC (EDS) JAN FNSW

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

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

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

HYDROMORPHONE HCL (Continued)

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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18MG CONTROLLED-RELEASE CAPSULE

SEE APPENDIX A FOR EDS CRITERIA

02243562	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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2MG/ML INJECTION SOLUTION (1ML)

00627100	DILAUDID	ABB	N
02145901	HYDROMORPHONE	SDZ	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)	SDZ	N

50MG/ML INJECTION SOLUTION (50ML)

SEE APPENDIX A FOR EDS CRITERIA

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

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MEPERIDINE HCL

50MG TABLET

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

00725765	MEPERIDINE	SDZ	N
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100MG/ML INJECTION SOLUTION (1ML)

00725749	MEPERIDINE	SDZ	N
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MORPHINE

1MG/ML ORAL SOLUTION

00486582	M.O.S.	VAL	FNSW
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00591467	STATEX	PMS	FNSW
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00607762	RATIO-MORPHINE	RPH	FNSW
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5MG/ML ORAL SOLUTION

00514217	M.O.S.	VAL	FNSW
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00591475	STATEX	PMS	FNSW
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00607770	RATIO-MORPHINE	RPH	FNSW
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10MG/ML ORAL SOLUTION

00632503	M.O.S.	VAL	FNSW
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00647217	STATEX	PMS	FNSW
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00690783	RATIO-MORPHINE	RPH	FNSW
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20MG/ML ORAL SOLUTION

00621935	STATEX	PMS	FNSW
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00632481	M.O.S.	VAL	FNSW
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00690791	RATIO-MORPHINE	RPH	FNSW
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5MG TABLET

00594652	STATEX	PMS	FSW
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02009773	M.O.S.-SULFATE	VAL	FSW
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02014203	MSIR	PFR	FSW
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10MG TABLET

00594644	STATEX	PMS	FNSW
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00690198	M.O.S.	VAL	FNSW
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02009765	M.O.S.-SULFATE	VAL	FNSW
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02014211	MSIR	PFR	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

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE (Continued)

20MG TABLET

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

25MG TABLET

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

30MG TABLET

02014254	MSIR	PFR	FNSW
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40MG TABLET

00690228	M.O.S.	VAL	FSW
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50MG TABLET

00675962	STATEX	PMS	FSW
02009706	M.O.S.-SULFATE	VAL	FSW

60MG TABLET

00690244	M.O.S.	VAL	FSW
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10MG EXTENDED RELEASE CAPSULE

02019930	M-ESLON	AVN	FNSW
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15MG EXTENDED RELEASE CAPSULE

02177749	M-ESLON	AVN	FNSW
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30MG EXTENDED RELEASE CAPSULE

02019949	M-ESLON	AVN	FNSW
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60MG EXTENDED RELEASE CAPSULE

02019957	M-ESLON	AVN	FNSW
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100MG EXTENDED RELEASE CAPSULE

02019965	M-ESLON	AVN	FNSW
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200MG EXTENDED RELEASE CAPSULE

02177757	M-ESLON	AVN	FNSW
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15MG SUSTAINED RELEASE TABLET

02015439	MS CONTIN	PFR	FNSW
02244790	RATIO-MORPHINE SULFATE SR	RPH	FNSW
02245284	PMS-MORPHINE SULFATE SR	PMS	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE (Continued)

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 (NOT INTERCHANGEABLE)				
00776181	M.O.S.-SR	VAL		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 (NOT INTERCHANGEABLE)				
00776203	M.O.S.-SR	VAL		FNSW
100MG SUSTAINED RELEASE TABLET				
02014319	MS CONTIN	PFR		FNSW
200MG SUSTAINED RELEASE TABLET				
02014327	MS CONTIN	PFR		FNSW
10MG/ML INJECTION SOLUTION (1ML)				
00392588	MORPHINE SULFATE	SDZ		N
15MG/ML INJECTION SOLUTION (1ML)				
00392561	MORPHINE SULFATE	SDZ		N
50MG/ML INJECTION SOLUTION(5ML AND 10ML)				
SEE APPENDIX A FOR EDS CRITERIA				
00617288	MORPHINE SULFATE (EDS)	SDZ		N
<hr/>				
OXYCODONE HCL & ACETAMINOPHEN				
5MG & 325MG TABLET				
00608165	RATIO-OXYCOCET	RPH		FNSW
01916475	PERCOCET	BMS		FNSW
01916548	ENDOCET	BMS		FNSW
<hr/>				
OXYCODONE HCL & ACETYLSALICYLIC ACID				
5MG & 325MG TAB				
00608157	RATIO-OXYCODAN	RPH		FSW
01916483	ENDODAN	BMS		FSW
01916572	PERCODAN	BMS		FSW

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

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

PROPOXYPHENE HCL

65MG TABLET

00010081

642

PEN

FNSW

Note: Propoxyphene Napsylate 100mg is equivalent in analgesic activity to Propoxyphene HCl 65mg.

PROPOXYPHENE NAPSYLATE

100MG CAPSULE

00261432

DARVON-N

PAL

FNSW

Note: Propoxyphene Napsylate 100mg is equivalent in analgesic activity to Propoxyphene HCl 65mg

28:08.12 OPIATE PARTIAL AGONISTS

PENTAZOCINE

50MG TABLET

02137984

TALWIN

AVN

FNSW

**G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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

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 PEN W

02230434 ACET-120 PMS W

325MG RECTAL SUPPOSITORY

01919393 ABENOL PEN NW

02230436 ACET-325 PMS NW

650MG RECTAL SUPPOSITORY

01919407 ABENOL PEN NW

02230437 ACET-650 PMS NW

FLOCTAFENINE

200MG TABLET

02244680 APO-FLOCTAFENINE APX FNSW

400MG TABLET

02244681 APO-FLOCTAFENINE APX 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

28:10:00 OPIATE ANTAGONISTS

NALOXONE HCL

0.4MG/ML INJECTION SOLUTION

02148706

NALOXONE

SDZ

N

28:12.04 ANTICONVULSANTS (BARBITURATES)

***PHENOBARBITAL**

5MG/ML ELIXIR

00645575

PMS-PHENOBARBITAL

PMS

FNSW

15MG TABLET

00178799

PMS-PHENOBARBITAL

PMS

FNSW

30MG TABLET

00178802

PMS-PHENOBARBITAL

PMS

FNSW

60MG TABLET

00178810

PMS-PHENOBARBITAL

PMS

FNSW

100MG TABLET

00178829

PMS-PHENOBARBITAL

PMS

FNSW

***PRIMIDONE**

125MG TABLET

00399310

APO-PRIMIDONE

APX

FW

250MG TABLET

00396761

APO-PRIMIDONE

APX

FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

*CLONAZEPAM

0.5MG TABLET

00382825	RIVOTRIL	HLR	FNSW
02048701	PMS-CLONAZEPAM	PMS	FNSW
02103656	RATIO-CLONAZEPAM	RPH	FNSW
02173344	NU-CLONAZEPAM	NXP	FNSW
02177889	APO-CLONAZEPAM	APX	FNSW
02207818	PMS-CLONAZEPAM-R	PMS	FNSW
02230950	GEN-CLONAZEPAM	GPM	FNSW
02233960	RHOXAL-CLONAZEPAM	RHP	FNSW
02239024	NOVO-CLONAZEPAM	NOP	FNSW
02270641	CO CLONAZEPAM	COB	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
02230951	GEN-CLONAZEPAM	GPM	FNSW
02233985	RHOXAL-CLONAZEPAM	RHP	FNSW
02239025	NOVO-CLONAZEPAM	NOP	FNSW
02270676	CO CLONAZEPAM	COB	FNSW

LORAZEPAM

4MG/ML INJECTION SOLUTION

02243278	LORAZEPAM	SDZ	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

28:12.12 ANTICONVULSANTS (HYDANTOINS)

***PHENYTOIN**

25MG/ML ORAL SUSPENSION

00023450	DILANTIN	PFI	FNSW
02250896	TARO-PHENYTOIN	TAR	FNSW

50MG TABLET

00023698	DILANTIN	PFI	FNSW
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30MG CAPSULE

00022772	DILANTIN	PFI	FNSW
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100MG CAPSULE

00022780	DILANTIN	PFI	FNSW
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50MG/ML INJECTION SOLUTION

00780626	PHENYTOIN SODIUM	SDZ	N
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28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

***ETHOSUXIMIDE**

50MG/ML SYRUP

00023485	ZARONTIN	PFI	FNSW
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250MG CAPSULE

00022799	ZARONTIN	PFI	FNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

*CARBAMAZEPINE

100MG CHEWABLE TABLET

00369810	TEGRETOL CHEWTAB	NVR	FW
02231542	PMS-CARBAMAZEPINE	PMS	FW
02244403	TARO-CARBAMAZEPINE	TAR	FW

200MG CHEWABLE TABLET

00665088	TEGRETOL CHEWTAB	NVR	FW
02231540	PMS-CARBAMAZEPINE	PMS	FW
02244404	TARO-CARBAMAZEPINE	TAR	FW

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
02241882	GEN-CARBAMAZEPINE CR	GPM	FNSW

400MG CONTROLLED RELEASE TABLET

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

*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

*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
02265133	GEN-DIVALPROEX	GPM	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

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

*DIVALPROEX SODIUM (Continued)

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
02265141	GEN-DIVALPROEX	GPM	FNSW

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
02265168	GEN-DIVALPROEX	GPM	FNSW

ENTACAPONE

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

200MG TABLET

02243763	COMTAN (EDS)	NVR	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
02248259	GEN-GABAPENTIN (EDS)	GPM	FNSW
02256142	CO GABAPENTIN (EDS)	COB	FNSW
02260883	RATIO-GABAPENTIN (EDS)	RPH	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
02248260	GEN-GABAPENTIN (EDS)	GPM	FNSW
02256150	CO GABAPENTIN (EDS)	COB	FNSW
02260891	RATIO-GABAPENTIN (EDS)	RPH	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

GABAPENTIN (Continued)

400MG CAPSULE

02084287	NEURONTIN (EDS)	PFI	FNSW
02243448	PMS-GABAPENTIN (EDS)	PMS	FNSW
02244306	APO-GABAPENTIN (EDS)	APX	FNSW
02244515	NOVO-GABAPENTIN (EDS)	NOP	FNSW
02248261	GEN-GABAPENTIN (EDS)	GPM	FNSW
02256169	CO GABAPENTIN (EDS)	COB	FNSW
02260905	RATIO-GABAPENTIN (EDS)	RPH	FNSW

LAMOTRIGINE

25MG TABLET

02142082	LAMICTAL	GSK	FNSW
02243352	RATIO-LAMOTRIGINE	RPH	FNSW
02245208	APO-LAMOTRIGINE	APX	FNSW
02246897	PMS-LAMOTRIGINE	PMS	FNSW
02248232	NOVO-LAMOTRIGINE	NOP	FNSW
02265494	GEN-LAMOTRIGINE	GPM	FNSW

100MG TABLET

02142104	LAMICTAL	GSK	FNSW
02243353	RATIO-LAMOTRIGINE	RPH	FNSW
02245209	APO-LAMOTRIGINE	APX	FNSW
02246898	PMS-LAMOTRIGINE	PMS	FNSW
02248233	NOVO-LAMOTRIGINE	NOP	FNSW
02265508	GEN-LAMOTRIGINE	GPM	FNSW

150MG TABLET

02142112	LAMICTAL	GSK	FNSW
02245210	APO-LAMOTRIGINE	APX	FNSW
02246899	PMS-LAMOTRIGINE	PMS	FNSW
02248234	NOVO-LAMOTRIGINE	NOP	FNSW
02246963	RATIO-LAMOTRIGINE	RPH	FNSW
02265516	GEN-LAMOTRIGINE	GPM	FNSW

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

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

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

LEVETIRACETAM

250MG TABLET

02247027 KEPPRA LUD FNSW

500MG TABLET

02247028 KEPPRA LUD FNSW

750MG TABLET

02247029 KEPPRA LUD FNSW

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

OXYCARBAZEPINE

SEE APPENDIX A FOR EDS CRITERIA

150MG TABLET

02242067 TRILEPTAL (EDS) NVR FNSW

300MG TABLET

02242068 TRILEPTAL (EDS) NVR FNSW

600MG TABLET

02242069 TRIPEPTAL (EDS) NVR FNSW

TOPIRAMATE

15MG SPRINKLE CAPSULE

02239907 TOPAMAX JAN FW

25MG TABLET

02230893 TOPAMAX JAN FNSW

02248860 NOVO-TOPIRAMATE NOP FNSW

02256827 RATIO-TOPIRAMATE RPH FNSW

02260050 RHOXAL-TOPIRAMATE SDZ FNSW

02262991 PMS-TOPIRAMATE PMS FNSW

02663351 GEN-TOPIRAMATE GEN FNSW

100MG TABLET

02230894 TOPAMAX JAN FNSW

02248861 NOVO-TOPIRAMATE NOP FNSW

02256835 RATIO-TOPIRAMATE RPH FNSW

02260069 RHOXAL-TOPIRAMATE SDZ FNSW

02262009 PMS-TOPIRAMATE PMS FNSW

02663378 GEN-TOPIRAMATE GEN FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

TOPIRAMATE (Continued)

200MG TABLET

02230896	TOPAMAX	JAN	FNSW
02248862	NOVO-TOPIRAMATE	NOP	FNSW
02256843	RATIO-TOPIRAMATE	RPH	FNSW
02263017	PMS-TOPIRAMATE	PMS	FNSW
02663386	GEN-TOPIRAMATE	GEN	FNSW
02267837	RHOXAL-TOPIRAMATE	SDZ	FNSW

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

*VALPROATE SODIUM

50MG/ML SYRUP

00443832	DEPAKENE	ABB	FNSW
02140063	RATIO-VALPROIC	RPH	FNSW
02236807	PMS-VALPROIC	PMS	FNSW
02238370	APO-VALPROIC	APX	FNSW

*VALPROIC ACID

250MG CAPSULE

00443840	DEPAKENE	ABB	FNSW
02100630	NOVO-VALPROIC	NOP	FNSW
02140047	RATIO-VALPROIC	RPH	FNSW
02184648	GEN-VALPROIC	GPM	FNSW
02230768	PMS-VALPROIC	PMS	FNSW
02237830	NU-VALPROIC	NXP	FNSW
02238048	APO-VALPROIC	APX	FNSW
02239714	RHOXAL-VALPROIC	SDZ	FNSW

500MG ENTERIC COATED CAPSULE

00507989	DEPAKENE	ABB	FNSW
02140055	RATIO-VALPROIC	RPH	FNSW
02218321	NOVO-VALPROIC	NOP	FNSW
02229628	PMS-VALPROIC	PMS	FNSW
02239713	RHOXAL-VALPROIC	SDZ	FNSW

VIGABATRIN

500MG TABLET

02065819	SABRIL	OVA	FNSW
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Note: Limited to a maximum one-month supply of medication.

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

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

AMITRIPTYLINE

10MG TABLET

00037400	NOVO-TRIPTYN	NOP	FNSW
00335053	APO-AMITRIPTYLINE	APX	FNSW
02247302	PMS-AMITRIPTYLINE	PMS	FNSW

25MG TABLET

00037419	NOVO-TRIPTYN	NOP	FNSW
00335061	APO-AMITRIPTYLINE	APX	FNSW
02247303	PMS-AMITRIPTYLINE	PMS	FNSW

50MG TABLET

00037427	NOVO-TRIPTYN	NOP	FNSW
00335088	APO-AMITRIPTYLINE	APX	FNSW
02247304	PMS-AMITRIPTYLINE	PMS	FNSW

BUPROPION HCL

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02237824	WELLBUTRIN SR (EDS)	GSK	FNSW
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150MG TABLET

02237825	WELLBUTRIN SR (EDS)	GSK	FNSW
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CITALOPRAM

20MG TABLET

02239607	CELEXA	LUD	FNSW
02246056	APO-CITALOPRAM	APX	FNSW
02246594	GEN-CITALOPRAM	GPM	FNSW
02248010	PMS-CITALOPRAM	PMS	FNSW
02248050	CO CITALOPRAM	COB	FNSW
02248170	RHOXAL-CITALOPRAM	SDZ	FNSW
02251558	NOVO-CITALOPRAM	NOP	FNSW
02252112	RATIO-CITALOPRAM	RPH	FNSW
02268000	RAN-CITALOPRAM	RAN	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

CILTALOPRAM (Continued)

40MG TABLET

02239608	CELEXA	LUD	FNSW
02246057	APO-CITALOPRAM	APX	FNSW
02246595	GEN-CITALOPRAM	GPM	FNSW
02248011	PMS-CITALOPRAM	PMS	FNSW
02248051	CO CITALOPRAM	COB	FNSW
02248171	RHOXAL-CITALOPRAM	SDZ	FNSW
02251566	NOVO-CITALOPRAM	NOP	FNSW
02252120	RATIO-CITALOPRAM	RPH	FNSW
02268019	RAN-CITALOPRAM	RAN	FNSW

CLOMIPRAMINE HCL

10MG TABLET

00330566	ANAFRANIL	ORX	FNSW
02040786	APO-CLOMIPRAMINE	APX	FNSW
02139340	GEN-CLOMIPRAMINE	GPM	FNSW
02244816	CO CLOMIPRAMINE	COB	FNSW

25MG TABLET

00324019	ANAFRANIL	ORX	FNSW
02040778	APO-CLOMIPRAMINE	APX	FNSW
02139359	GEN-CLOMIPRAMINE	GPM	FNSW
02244817	CO CLOMIPRAMINE	COB	FNSW

50MG TABLET

00402591	ANAFRANIL	ORX	FNSW
02040751	APO-CLOMIPRAMINE	APX	FNSW
02139367	GEN-CLOMIPRAMINE	GPM	FNSW
02244818	CO CLOMIPRAMINE	COB	FNSW

DESIPRAMINE

10MG TABLET

01946250	PMS-DESIPRAMINE	PMS	FNSW
02211939	NU-DESIPRAMINE	NXP	FNSW
02216248	APO-DESIPRAMINE	APX	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

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

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

DESIPRAMINE (Continued)

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

75MG TABLET

01946242	PMS-DESIPRAMINE	PMS	FNSW
02211963	NU-DESIPRAMINE	NXP	FNSW
02216272	APO-DESIPRAMINE	APX	FNSW

100MG TABLET

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

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

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

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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	SDZ	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	SDZ	FNSW

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
02247054	RHOXAL-FLUVOXAMINE	SDZ	FNSW
02255529	CO FLUVOXAMINE	COB	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

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

FLUVOXAMINE MALEATE (Continued)

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
02247055	RHOXAL-FLUVOXAMINE	SDZ	FNSW
02255537	CO FLUVOXAMINE	COB	FNSW

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

L-TRYPTOPHAN

500MG TABLET

02029456	TRYPTAN	VAL	FNSW
02240333	RATIO-TRYPTOPHAN	RPH	FNSW
02240445	PMS-TRYPTOPHAN	PMS	FNSW
02248538	APO-TRYPTOPHAN	APX	FNSW

1G TABLET

00654531	TRYPTAN	VAL	FNSW
02230202	PMS-TRYPTOPHAN	PMS	FNSW
02237250	RATIO-TRYPTOPHAN	RPH	FNSW
02248539	APO-TRYPTOPHAN	APX	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MAPROTILINE HCL

10MG TABLET

02158604 NOVO-MAPROTILINE NOP FNSW

25MG TABLET

02158612 NOVO-MAPROTILINE NOP FNSW

50MG TABLET

02158620 NOVO-MAPROTILINE NOP FNSW

75MG TABLET

02158639 NOVO-MAPROTILINE NOP FNSW

MIRTAZAPINE

15 MG TABLET

02250594 RHOXAL-MIRTAZAPINE SDZ FNSW

02256096 GEN-MIRTAZAPINE GPM FNSW

02273942 PMS-MIRTAZAPINE PMS FNSW

30MG TABLET

02243910 REMERON ORG FNSW

02248762 PMS-MIRTAZAPINE PMS FNSW

02250608 RHOXAL-MIRTAZAPINE SDZ

02256118 GEN-MIRTAZAPINE GPM FNSW

02259354 NOVO-MIRTAZAPINE NOP FNSW

02267292 RHOXAL-MIRTAZAPINE FC SDZ FNSW

02270927 RATIO-MIRTAZAPINE RPH FNSW

02274361 CO MIRTAZAPINE COB FNSW

MOCLOBEMIDE

100MG TABLET

02232148 APO-MOCLOBEMIDE APX FNSW

02237111 NU-MOCLOBEMIDE NXP FNSW

02239746 NOVO-MOCLOBEMIDE NOP FNSW

150MG TABLET

00899356 MANERIX HLR FNSW

02232150 APO-MOCLOBEMIDE APX FNSW

02237112 NU-MOCLOBEMIDE NXP FNSW

02239747 NOVO-MOCLOBEMIDE NOP FNSW

02243218 PMS-MOCLOBEMIDE 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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MOCLOBEMIDE (Continued)

300MG TABLET

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

NORTRIPTYLINE

10MG CAPSULE

00015229	AVENTYL	PMS	FNSW
02177692	PMS-NORTRIPTYLINE	PMS	FNSW
02223139	NU-NORTRIPTYLINE	NXP	FNSW
02223511	APO-NORTRIPTYLINE	APX	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

PAROXETINE HCL

20MG TABLET

01940481	PAXIL	GSK	FNSW
02240908	APO-PAROXETINE	APX	FNSW
02247751	PMS-PAROXETINE	PMS	FNSW
02247811	RATIO-PAROXETINE	RPH	FNSW
02248013	GEN-PAROXETINE	GPM	FNSW
02248557	NOVO-PAROXETINE	NOP	FNSW
02254751	RHOXAL-PAROXETINE	SDZ	FNSW
02262754	CO PAROXETINE	COB	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

PAROXETINE HCL (Continued)

30MG TABLET

01940473	PAXIL	GSK	FNSW
02240909	APO-PAROXETINE	APX	FNSW
02247752	PMS-PAROXETINE	PMS	FNSW
02247812	RATIO-PAROXETINE	RPH	FNSW
02248014	GEN-PAROXETINE	GPM	FNSW
02248558	NOVO-PAROXETINE	NOP	FNSW
02254778	RHOXAL-PAROXETINE	SDZ	FNSW
02262762	CO PAROXETINE	COB	FNSW

PHENELZINE SULFATE

15MG TABLET

00476552	NARDIL	ERF	FNSW
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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	SDZ	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	SDZ	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	SDZ	FNSW
02245789	RATIO-SERTRALINE	RPH	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

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

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
02231683	GEN-TRAZODONE	GPM	FNSW

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
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

TRIMIPRAMINE

75MG CAPSULE

02070987	APO-TRIMIP	APX	FNSW
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12.5MG TABLET

00740799	APO-TRIMIP	APX	FNSW
02020599	NU-TRIMIPRAMINE	NXP	FNSW

25MG TABLET

00740802	APO-TRIMIP	APX	FNSW
02020602	NU-TRIMIPRAMINE	NXP	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

TRIMIPRAMINE (Continued)

50MG TABLET

00740810 APO-TRIMIP APX FNSW

02020610 NU-TRIMIPRAMINE NXP FNSW

100MG TABLET

00740829 APO-TRIMIP APX FNSW

02020629 NU-TRIMIPRAMINE NXP FNSW

VENLAFAXINE HCL

37.5MG EXTENDED RELEASE CAPSULE

02237279 EFFEXOR XR WAY FNSW

75MG EXTENDED RELEASE CAPSULE

02237280 EFFEXOR XR WAY FNSW

150MG EXTENDED RELEASE CAPSULE

02237282 EFFEXOR XR WAY 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

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

CHLORPROMAZINE

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 SDZ N

CLOZAPINE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

00894737 CLOZARIL (EDS) NVR FNSW

02247243 GEN-CLOZAPINE (EDS) GPM FNSW

02248034 APO-CLOZAPINE (EDS) APX FNSW

100MG TABLET

00894745 CLOZARIL (EDS) NVR FNSW

02247244 GEN-CLOZAPINE (EDS) GPM FNSW

02248035 APO-CLOZAPINE (EDS) APX FNSW

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

FLUPENTHIXOL DECANOATE

20MG/ML DEPOT INJECTION SOLUTION (10ML)

02156032 FLUANXOL DEPOT LUD B

100MG/ML DEPOT INJECTION SOLUTION (2ML)

02156040 FLUANXOL DEPOT LUD B

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET

02156008 FLUANXOL LUD FNSW

3MG TABLET

02156016 FLUANXOL LUD FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

FLUPHENAZINE DECANOATE

25MG/ML DEPOT INJECTION SOLUTION (5ML)

02091275	PMS-FLUPHENAZINE DECANOATE	PMS	B
02244166	APO-FLUPHENAZINE	APX	B

100MG/ML DEPOT INJECTION SOLUTION (1ML)

00755575	MODECATE CONCENTRATE	BMS	B
02241928	PMS-FLUPHENAZINE	PMS	B

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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HALOPERIDOL

2MG/ML ORAL SOLUTION

00587702	APO-HALOPERIDOL	APX	FNSW
00759503	PMS-HALOPERIDOL	PMS	FNSW

0.5MG TABLET

00363685	NOVO-PERIDOL	NOP	FNSW
00396796	APO-HALOPERIDOL	APX	FNSW

1MG TABLET

00363677	NOVO-PERIDOL	NOP	FNSW
00396818	APO-HALOPERIDOL	APX	FNSW

2MG TABLET

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

5 MG TABLET

00363650	NOVO-PERIDOL	NOP	FNSW
00396834	APO-HALOPERIDOL	APX	FNSW

10MG TABLET

00463698	APO-HALOPERIDOL	APX	FNSW
00713449	NOVO-PERIDOL	NOP	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

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

HALOPERIDOL (Continued)

20MG TABLET

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

00808652	HALOPERIDOL	SDZ	N
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HALOPERIDOL DECANOATE

50MG/ML DEPOT INJECTION SOLUTION (5ML)

02130297	HALOPERIDOL LA	SDZ	B
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02242361	APO-HALOPERIDOL LA	APX	B
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100MG/ML DEPOT INJECTION SOLUTION (5ML)

02130300	HALOPERIDOL LA	SDZ	B
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02242362	APO-HALOPERIDOL LA	APX	B
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LOXAPINE SUCCINATE

5MG TABLET

02230837	PMS-LOXAPINE	PMS	FNSW
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02237534	NU-LOXAPINE	NXP	FNSW
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02237651	APO-LOXAPINE	APX	FNSW
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10MG TABLET

02230838	PMS-LOXAPINE	PMS	FNSW
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02237535	NU-LOXAPINE	NXP	FNSW
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02237652	APO-LOXAPINE	APX	FNSW
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25MG TABLET

02230839	PMS-LOXAPINE	PMS	FNSW
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02237536	NU-LOXAPINE	NXP	FNSW
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02237653	APO-LOXAPINE	APX	FNSW
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50MG TABLET

02230840	PMS-LOXAPINE	PMS	FNSW
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02237537	NU-LOXAPINE	NXP	FNSW
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02237654	APO-LOXAPINE	APX	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

OLANZAPINE

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

02229250 ZYPREXA (EDS) LIL FNSW

5MG TABLET

02229269 ZYPREXA (EDS) LIL FNSW

7.5MG TABLET

02229277 ZYPREXA (EDS) LIL FNSW

10MG TABLET

02229285 ZYPREXA (EDS) LIL FNSW

15MG TABLET

02238850 ZYPREXA (EDS) LIL FNSW

5MG ORALLY DISINTEGRATING TABLET

02243086 ZYPREXA ZYDIS (EDS) LIL FNSW

10MG ORALLY DISINTEGRATING TABLET

02243087 ZYPREXA ZYDIS (EDS) LIL FNSW

15MG ORALLY DISINTEGRATING TABLET

02243088 ZYPREXA ZYDIS (EDS) LIL FNSW

PERICYAZINE

5MG CAPSULE

01926780 NEULEPTIL ERF FNSW

10MG CAPSULE

01926772 NEULEPTIL ERF FNSW

20MG CAPSULE

01926764 NEULEPTIL ERF 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

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

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

PIMOZIDE

2MG TABLET

00313815 ORAP PMS FNSW

02245432 APO-PIMOZIDE APX FNSW

4MG TABLET

00313823 ORAP PMS FNSW

02245433 APO-PIMOZIDE APX FNSW

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

PROCHLORPERAZINE

10MG RECTAL SUPPOSITORY

0789720 SAB-PROCHLORPERAZINE SDZ FNSW

5MG TABLET

00886440 APO-PROCHLORAZINE APX FNSW

01964399 NU-PROCHLOR NXP FNSW

10MG TABLET

00886432 APO-PROCHLORAZINE APX FNSW

01964402 NU-PROCHLOR NXP FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

PROCHLORPERAZINE (Continued)

5MG/ML INJECTION SOLUTION (2ML)

00789747	PROCHLORPERAZINE	SDZ	N
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QUETIAPINE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

02236951	SEROQUEL (EDS)	AZE	FNSW
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100MG TABLET

02236952	SEROQUEL (EDS)	AZE	FNSW
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150MG TABLET

02240862	SEROQUEL (EDS)	AZE	FNSW
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200MG TABLET

02236953	SEROQUEL (EDS)	AZE	FNSW
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300MG TABLET

02244107	SEROQUEL (EDS)	AZE	FNSW
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RISPERIDONE

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

0.25MG TABLET

02240551	RISPERDAL (EDS)	JAN	FNSW
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0.5MG TABLET

02240552	RISPERDAL (EDS)	JAN	FNSW
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1MG TABLET

02025280	RISPERDAL (EDS)	JAN	FNSW
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2MG TABLET

02025299	RISPERDAL (EDS)	JAN	FNSW
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3MG TABLET

02025302	RISPERDAL (EDS)	JAN	FNSW
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4MG TABLET

02025310	RISPERDAL (EDS)	JAN	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

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

RISPERIDONE (Continued)

0.5MG ORALLY DISINTEGRATING TABLET

02247704 RISPERDAL M-TAB (EDS) JAN FNSW

1MG ORALLY DISINTEGRATING TABLET

02247705 RISPERDAL M-TAB (EDS) JAN FNSW

2MG ORALLY DISINTEGRATING TABLET

02247706 RISPERDAL M-TAB (EDS) JAN FNSW

THIORIDAZINE

10MG TABLET

00360228 APO-THIORIDAZINE APX FW

25MG TABLET

00360198 APO-THIORIDAZINE APX FW

50MG TABLET

00360236 APO-THIORIDAZINE APX FW

100MG TABLET

00360244 APO-THIORIDAZINE APX FW

THIOTHIXENE

2MG CAPSULE

00024430 NAVANE ERF FNSW

5MG CAPSULE

00024449 NAVANE ERF FNSW

10MG CAPSULE

00024457 NAVANE ERF FNSW

TRIFLUOPERAZINE

10MG/ML ORAL SOLUTION

00751871 PMS-TRIFLUOPERAZINE PMS FNSW

1MG TABLET

00345539 APO-TRIFLUOPERAZINE APX FNSW

2MG TABLET

00312754 APO-TRIFLUOPERAZINE APX FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

TRIFLUOPERAZINE (Continued)

5MG TABLET

00312746 APO-TRIFLUOPERAZINE APX FNSW

10MG TABLET

00326836 APO-TRIFLUOPERAZINE APX FNSW

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE SULFATE

5MG TABLET

01924516 DEXEDRINE GSK FW

10MG SUSTAINED RELEASE CAPSULE

01924559 DEXEDRINE GSK FW

15MG SUSTAINED RELEASE CAPSULE

01924567 DEXEDRINE GSK FW

METHYLPHENIDATE HCL

10MG TABLET

00005606 RITALIN NVR FW

00584991 PMS-METHYLPHENIDATE PMS FW

02230321 RATIO-METHYLPHENIDATE RPH FW

02249324 APO-METHYLPHENIDATE APX FW

20MG TABLET

00005614 RITALIN NVR FW

00585009 PMS-METHYLPHENIDATE PMS FW

02230322 RATIO-METHYLPHENIDATE RPH FW

02249332 APO-METHYLPHENIDATE APX FW

20MG SUSTAINED RELEASE TABLET

00632775 RITALIN SR NVR FW

MODAFINIL

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02239665 ALERTEC (EDS) SHR FW

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

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

ALPRAZOLAM

0.25MG TABLET

00548359	XANAX	PFI	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	PFI	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

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

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

CHLORDIAZEPOXIDE

5MG CAPSULE				
00522724	APO-CHLORDIAZEPOXIDE	APX	FNSW	
10MG CAPSULE				
00522988	APO-CHLORDIAZEPOXIDE	APX	FNSW	
25MG CAPSULE				
00522996	APO-CHLORDIAZEPOXIDE	APX	FNSW	

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	

DIAZEPAM

2MG TABLET				
00405329	APO-DIAZEPAM	APX	FNSW	
02247490	PMS-DIAZEPAM	PMS	FNSW	
5MG TABLET				
00013285	VALIUM	HLR	FNSW	
00013765	VIVOL	AXX	FNSW	
00362158	APO-DIAZEPAM	APX	FNSW	
02247491	PMS-DIAZEPAM	PMS	FNSW	
10MG TABLET				
00013773	VIVOL	AXX	FNSW	
00405337	APO-DIAZEPAM	APX	FNSW	
02247492	PMS-DIAZEPAM	PMS	FNSW	

FLURAZEPAM

15MG CAPSULE				
00521698	APO-FLURAZEPAM	APX	FNSW	
30MG CAPSULE				
00521701	APO-FLURAZEPAM	APX	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

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

LORAZEPAM

0.5MG TABLET

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

1MG TABLET

00637742	NOVO-LORAZEM	NOP	FNSW
00655759	APO-LORAZEPAM	APX	FNSW
00728195	PMS-LORAZEPAM	PMS	NFSW
00865680	NU-LORAZ	NXP	FNSW
02041421	ATIVAN	WAY	FNSW

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

MIDAZOLAM

5MG/ML INJECTION SOLUTION (2ML)

02240286	MIDAZOLAM	SDZ	N
02243254	APO-MIDAZOLAM	APX	N

NITRAZEPAM

5MG TABLET

00511528	MOGADON	VAL	FNSW
02229654	NITRAZADON	VAL	FNSW
02234003	RHOXAL-NITRAZEPAM	SDZ	FNSW
02245230	APO-NITRAZEPAM	APX	FNSW

10MG TABLET

00511536	MOGADON	VAL	FNSW
02229655	NITRAZADON	VAL	FNSW
02234007	RHOXAL-NITRAZEPAM	SDZ	FNSW
02245231	APO-NITRAZEPAM	APX	FNSW

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

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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TEMAZEPAM

15MG CAPSULE

00604453	RESTORIL	ORX	FNSW
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02223570	NU-TEMAZEPAM	NXP	FNSW
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02225964	APO-TEMAZEPAM	APX	FNSW
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02229455	PMS-TEMAZEPAM	PMS	FNSW
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02230095	NOVO-TEMAZEPAM	NOP	FNSW
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02231615	GEN-TEMAZEPAM	GPM	FNSW
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02243023	RATIO-TEMAZEPAM	RPH	NFSW
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02244814	CO-TEMAZEPAM	COB	NFSW
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30MG CAPSULE

00604461	RESTORIL	ORX	FNSW
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02223589	NU-TEMAZEPAM	NXP	FNSW
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02225972	APO-TEMAZEPAM	APX	FNSW
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02229456	PMS-TEMAZEPAM	PMS	FNSW
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02230102	NOVO-TEMAZEPAM	NOP	FNSW
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02231616	GEN-TEMAZEPAM	GPM	FNSW
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02243024	RATIO-TEMAZEPAM	RPH	NFSW
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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
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01995227	GEN-TRIAZOLAM	GPM	FW
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0.25MG TABLET

00443158	HALCION	PFI	FW
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00808571	APO-TRIAZO	APX	FW
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01913506	GEN-TRIAZOLAM	GPM	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

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRONE

10MG TABLET

00603821	BUSPAR	BMS	FNSW
02176122	LIN-BUSPIRONE	BMS	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
02262916	CO BUSPIRONE	COB	FNSW

CHLORAL HYDRATE

100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE	PMS	FNSW
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HYDROXYZINE HCL

2MG/ML SYRUP

00024694	ATARAX	ERF	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

METHOTRIMEPRAZINE

2MG TABLET

02238403	APO-METHOPRAZINE	APX	FNSW
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5MG TABLET

01927655	NOZINAN	AVN	FNSW
02232903	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238404	APO-METHOPRAZINE	APX	FNSW

G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

METHOTRIMEPRAZINE (Continued)

25MG TABLET

01927663	NOZINAN	AVN	FNSW
02232904	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238405	APO-METHOPRAZINE	APX	FNSW

50MG TABLET

01927671	NOZINAN	RHP	FNSW
02232905	PMS-METHOTRIMEPRAZINE	PMS	FNSW
02238406	APO-METHOPRAZINE	APX	FNSW

ZOPICLONE

7.5MG TABLET

01926799	IMOVANE	AVN	FNW
02008203	RHOVANE	SDZ	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
02251469	NOVO-ZOPICLONE	NOP	FNW
02257580	RHOXAL-ZOPICLONE	SDZ	FNW
02267926	RAN-ZOPICLONE	RAN	FNW
02271958	CO ZOPICLONE	COB	FNW

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

28:28.00 ANTIMANIC AGENTS

LITHIUM CARBONATE

150MG CAPSULE

00461733	CARBOLITH	VAL	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	VAL	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	VAL	FNSW
02216159	PMS-LITHIUM CARBONATE	PMS	FNSW

300MG SUSTAINED RELEASE TABLET

00590665	DURALITH	JAN	FNSW
02266695	APO-LITHIUM CARBONATE SR	APX	FNSW

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

36:00 DIAGNOSTIC AGENTS

36:84.00 TUBERCULOSIS

TUBERCULIN PURIFIED PROTEIN DERIVATIVE
INJECTION SOLUTION (1.0ML)

00317268 TUBERSOL AVP I

36:88.00 URINE CONTENTS

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.

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit
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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE

500MG TABLET

00392839

SODIUM BICARBONATE

SDZ

N

50MMOL INJECTION SOLUTION (50ML SYRINGE)

00261998

SODIUM BICARBONATE INJECTION

HOS

N

40:12.00 REPLACEMENT AGENTS

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.

DEXTROSE

50% INJECTION SOLUTION (50ML SYRINGE)

00037974

DEXTROSE 50%

HOS

N

MAGNESIUM GLUCOHEPTONATE

100MG/ML ORAL SOLUTION

00026697

RATIO-MAGNESIUM

RPH

N

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** - High Costs Drugs
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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

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	HOS	N
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SODIUM CHLORIDE

0.9% INJECTION SOLUTION (10ML)

00037796	SODIUM CHLORIDE	HOS	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)

02142546	STERILE WATER FOR INJECTION	HOS	CN
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40:18.00 POTASSIUM-REMOVING RESINS

SODIUM POLYSTYRENE SULFONATE

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

00755338	PMS-SOD POLYSTYRENE SULF	PMS	FNSW
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02026961	KAYEXALATE	SAW	FNSW
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N - Nursing Home/Institutional | O - Nutrition Services | P - Phenylketonuria | R - Rabies | S - Seniors | T - Transplant

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

***CHLORTHALIDONE**

50MG TABLET

00360279	APO-CHLORTHALIDONE	APX	FNSW
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***FUROSEMIDE**

10MG/ML ORAL SOLUTION

02224720	LASIX	AVN	FNSW
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20MG TABLET

00337730	NOVO-SEMIDE	NOP	FNSW
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00396788	APO-FUROSEMIDE	APX	FNSW
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02224690	LASIX	AVN	FNSW
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02247493	PMS-FUROSEMIDE	PMS	FNSW
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40MG TABLET

00337749	NOVO-SEMIDE	NOP	FNSW
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00362166	APO-FUROSEMIDE	APX	FNSW
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02224704	LASIX	AVN	FNSW
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02247494	PMS-FUROSEMIDE	PMS	FNSW
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80MG TABLET

00707570	APO-FUROSEMIDE	APX	FNSW
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00765953	NOVO-SEMIDE	NOP	FNSW
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10MG/ML INJECTION SOLUTION (2ML)

00527033	FUROSEMIDE	SDZ	N
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00565040	FUROSEMIDE	ABB	N
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***HYDROCHLOROTHIAZIDE**

25MG TABLET

00021474	NOVO-HYDRAZIDE	NOP	FNSW
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00326844	APO-HYDRO 25	APX	FNSW
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02247386	PMS-HYDROCHLOROTHIAZIDE	PMS	FNSW
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50MG TABLET

00021482	NOVO-HYDRAZIDE	NOP	FNSW
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00312800	APO-HYDRO 50	APX	FNSW
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02247387	PMS-HYDROCHLOROTHIAZIDE	PMS	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** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.10 DIURETICS (POTASSIUM-SPARING)

***AMILORIDE HCL & HYDROCHLOROTHIAZIDE**

5MG & 50MG TABLET

00487813	MODURET	PRM	FNSW
00784400	APO-AMILZIDE	APX	FNSW
00886106	NU-AMILZIDE	NXP	FNSW
01937219	NOVAMILOR	NOP	FNSW
02257378	GEN-AMILAZIDE	GPM	FNSW

***SPIRONOLACTONE**

25MG TABLET

00028606	ALDACTONE	PFI	FNSW
00613215	NOVO-SPIROTON	NOP	FNSW

100MG TABLET

00285455	ALDACTONE	PFI	FNSW
00613223	NOVO-SPIROTON	NOP	FNSW

***SPIRONOLACTONE & HYDROCHLOROTHIAZIDE**

25MG & 25MG TABLET

00180408	ALDACTAZIDE-25	PFI	FNSW
00613231	NOVO-SPIROZINE-25	NOP	FNSW

50MG & 50MG TABLET

00594377	ALDACTAZIDE-50	PFI	FNSW
00657182	NOVO-SPIROZINE-50	NOP	FNSW

***TRIAMTERENE & HYDROCHLOROTHIAZIDE**

50MG & 25MG TABLET

00441775	APO-TRIAZIDE	APX	FNSW
00532657	NOVO-TRIAMZIDE	NOP	FNSW
00865532	NU-TRIAZIDE	NXP	FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit
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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:40.00 URICOSURIC DRUGS

PROBENECID

500MG TABLET

00294926

BENURYL

VAL

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** - High Costs Drugs
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	WAY	W
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DEXTROMETHORPHAN HBR

3MG/ML SYRUP (NOT INTERCHANGEABLE)

01928775	BALMINIL DM (SUCROSE & ALCOHOL FREE)	ROG	NW
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01944738	BENYLIN DM	PFI	NW
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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
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01931032	ROBITUSSIN	WAY	NW
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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

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

CHLORAMPHENICOL

1% OPHTHALMIC OINTMENT (3.5G)

01980564 PENTAMYCETIN SDZ FNSW

0.5% OPHTHALMIC SOLUTION

02164051 PENTAMYCETIN SDZ 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 SANDOZ-GENTAMICIN SDZ FNSW

0.3% OPHTHALMIC SOLUTION

00436771 ALCOMICIN ALC FNSW

00512192 GARAMYCIN SCH FNSW

00776521 PMS-GENTAMICIN PMS FNSW

02229440 SANDOZ-GENTAMICIN SDZ FNSW

0.3% OTIC SOLUTION

00512184 GARAMYCIN SCH FNSW

02229441 SANDOZ-GENTAMICIN SDZ FNSW

02230889 PMS-GENTAMICIN PMS FNSW

OFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

0.3% OPHTHALMIC SOLUTION

02143291 OCUFLOX (EDS) ALL FNSW

02248398 APO-OFLOXACIN (EDS) APX FNSW

02252570 PMS-OFLOXACIN (EDS) PMS FNSW

POLYMYXIN B & BACITRACIN

10,000U & 500U/G OPHTHALMIC OINTMENT

02160889 OPTIMYXIN SDZ FNSW

02239157 POLYSPORIN WLA FNSW

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

POLYMYXIN B & GRAMICIDIN

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

00701785	OPTIMYXIN	SDZ	FNSW
02239156	POLYSPORIN	WLA	FNSW

POLYMYXIN B & NEOMYCIN & GRAMICIDIN

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

00694371	NEOSPORIN	GSK	FNSW
00807435	OPTIMYXIN PLUS	SDZ	FNSW

TOBRAMYCIN

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254	TOBEX	ALC	FNSW
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0.3% OPHTHALMIC SOLUTION

00513962	TOBEX	ALC	FNSW
02239577	PMS-TOBRAMYCIN	PMS	FNSW
02241755	SANDOZ-TOBRAMYCIN	SDZ	FNSW
02245698	APO-TOBRAMYCIN	APX	FNSW

52:04.06 ANTI-INFECTIVES (ANTIVIRALS)

TRIFLURIDINE

1% OPHTHALMIC SOLUTION

00687456	VIROPTIC	THM	FNSW
02248529	SANDOZ-TRIFLURIDINE	SDZ	FNSW

52:04.08 ANTI-INFECTIVES (SULFONAMIDES)

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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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

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
02253933	PMS-CIPROFLOXACIN (EDS)	PMS	FNSW
02263130	APO-CIPROFLOX (EDS)	APX	FNSW

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
02172712	GEN-BECLO AQ.	GPM	FNSW
02238577	NU-BECLOMETHASONE	NXP	FNSW
02238796	APO-BECLOMETHASONE	APX	FNSW

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	SDZ	FNSW
00785261	PMS-DEXAMETHASONE	PMS	FNSW

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** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

FLUNISOLIDE

0.025% NASAL SPRAY

00878790	RATIO-FLUNISOLIDE	RPH	FNSW
01927167	RHINARIS-F	PMS	FNSW
02162687	RHINALAR	HLR	FNSW
02239288	APO-FLUNISOLIDE	APX	FNSW

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION

00247855	FML 0.1%	ALL	FNSW
02238568	PMS-FLUOROMETHOLONE	PMS	FNSW

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
02245821	APO-KETOROLAC	APX	FNSW
02247461	RATIO-KETOROLAC	RPH	FNSW

PREDNISOLONE ACETATE

0.12% OPHTHALMIC SUSPENSION

00299405	PRED MILD	ALL	FNSW
01916181	SANDOZ-PREDNISOLONE	SDZ	FNSW

1% OPHTHALMIC SUSPENSION

00301175	PRED FORTE	ALL	FNSW
00700401	RATIO-PREDNISOLONE	RPH	FNSW
01916203	SANDOZ-PREDNISOLONE	SDZ	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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

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

CHLORAMPHENICOL & HYDROCORTISONE

10MG & 10MG/G OPHTHALMIC/OTIC OINTMENT

01980580 PENTAMYCETIN HC SDZ FNSW

CLIOQUINOL & FLUMETHASONE PIVALATE

1% & 0.02% OTIC SOLUTION

00074454 LOCACORTEN-VIOFORM SQP FNSW

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

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

02224623 SOFRACORT AVN FNSW

02247920 SANDOZ-OPTICORT SDZ FNSW

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

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

00586706 GARASONE SCH FNSW

3MG & 1MG/ML OPHTHALMIC/OTIC SOLUTION

00682217 GARASONE SCH FNSW

02244999 SANDOZ-PENTASONE SDZ FNSW

POLYMYXIN B & BACITRACIN & NEOMYCIN & HYDROCORTISONE

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

02242485 SANDOZ-CORTIMYXIN SDZ FNSW

POLYMYXIN B & NEOMYCIN & HYDROCORTISONE

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

01912828 CORTISPORIN GSK FNSW

02230386 SANDOZ-CORTIMYXIN SDZ FNSW

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

02025736 CORTISPORIN GSK FNSW

TOBRAMYCIN & DEXAMETHASONE

0.3% & 0.1% OPHTHALMIC OINTMENT (3.5G)

00778915 TOBRADEX ALC FNSW

0.3% & 0.1% OPHTHALMIC SUSPENSION

00778907 TOBRADEX ALC FNSW

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250MG TABLET

00545015

APO-ACETAZOLAMIDE

APX

FNSW

DORZOLAMIDE HCL

2% OPHTHALMIC SOLUTION

02216205

TRUSOPT

MSD

FNSW

METHAZOLAMIDE

50MG TABLET

02245882

APO-METHAZOLAMIDE

APX

FNSW

52:16.00 LOCAL ANESTHETICS (E.E.N.T.)

BENZYDAMINE HCL

SEE APPENDIX A FOR EDS CRITERIA

0.15% ORAL RINSE

01966065

TANTUM ORAL RINSE (EDS)

MDA

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

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

52:20.00 MIOTICS

CARBACHOL

1.5% OPHTHALMIC SOLUTION

00000655 ISOPTO CARBACHOL ALC FNSW

3% OPHTHALMIC SOLUTION

00000663 ISOPTO CARBACHOL ALC FNSW

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

52:24.00 MYDRIATICS

ATROPINE SULFATE

1% OPHTHALMIC OINTMENT (3.5G)

00252484 ATROPINE SULFATE ALC FNSW

1% OPHTHALMIC SOLUTION

00035017 ISOPTO ATROPINE ALC FNSW

DIPIVEFRIN HCL

0.1% OPHTHALMIC SOLUTION

02237868 PMS-DIPIVEFRIN PMS FNSW

HOMATROPINE HBR

2% OPHTHALMIC SOLUTION

00000779 ISOPTO HOMATROPINE ALC FNSW

5% OPHTHALMIC SOLUTION

00000787 ISOPTO HOMATROPINE ALC FNSW

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:24.00 MYDRIATICS

PHENYLEPHRINE HCL

2.5% OPHTHALMIC SOLUTION

00465763	MYDRIN	ALC	FNSW
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52:32.00 VASOCONSTRICTORS

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

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION

02076306	IOPIDINE	ALC	FNSW
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ARTIFICIAL TEARS

0.5% OPHTHALMIC SOLUTION

00000809	ISOPTO TEARS	ALC	NW
00889806	EYELUBE	SDZ	NW

1% OPHTHALMIC SOLUTION

00000817	ISOPTO TEARS	ALC	NW
00874965	EYELUBE	SDZ	NW

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION

01908448	BETOPTIC S	ALC	FNSW
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BIMATOPROST

0.3MG/ML OPHTHALMIC SOLUTION

02245860	LUMIGAN	ALL	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

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

BRIMONIDINE TARTRATE

0.2% OPHTHALMIC SOLUTION

02236876	ALPHAGAN	ALL	FNSW
02243026	RATIO-BRIMONIDINE	RPH	FNSW
02246284	PMS-BRIMONIDINE	PMS	FNSW
02260077	APO-BRIMONIDINE	APX	FNSW

BRIMONIDINE & TIMOLOL

0.2% & 0.5% OPHTHALMIC SOLUTION

02248347	COMBIGAN	ALL	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	PFI	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.

LATANOPROST & TIMOLOL

50MCG & 5 MG PER ML OPHTHALMIC SOLUTION

02246619	XALACOM	PFI	FNSW
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LEVOBUNOLOL HCL

0.25% OPHTHALMIC SOLUTION

02031159	RATIO-LEVOBUNOLOL	RPH	FNSW
02197456	NOVO-LEVOBUNOLOL	NOP	FNSW
02241575	APO-LEVOBUNOLOL	APX	FNSW
02241715	SANDOZ-LEVOBUNOLOL	SDZ	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	SANDOZ-LEVOBUNOLOL	SDZ	FNSW

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

56:00 GASTROINTESTINAL

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

PETROLATUM & MINERAL OIL COMPOUND

94% & 3% OPHTHALMIC OINTMENT

02082519	TEARS NATURALE P.M.	ALC	NW
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SODIUM CROMOGLYCATE

1% INH NEB SOLUTION - 2 ML

02046113	PMS-SODIUM CROMOGLYCATE	PMS	FNSW
02231431	APO-CROMOLYN	APX	FNSW
02231671	NU-CROMOLYN	NXP	FNSW

TIMOLOL MALEATE

0.25% OPHTHALMIC SOLUTION

00451193	TIMOPTIC	MSD	FNSW
00755826	APO-TIMOP	APX	FNSW
00893773	GEN-TIMOLOL	GPM	FNSW
02083353	PMS-TIMOLOL	PMS	FNSW
02166712	SANDOZ-TIMOLOL	SDZ	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	SANDOZ-TIMOLOL MALEATE	SDZ	FNSW
02240249	RATIO-TIMOLOL MALEATE	RPH	FNSW
02241732	RHOXAL-TIMOLOL	RHP	FNSW

TRAVOPROST

0.004% OPHTHALMIC SOLUTION

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
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56:00 GASTROINTESTINAL

56:04.00 ANTACIDS AND ADSORBENTS

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	CDC	NW
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MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE

200MG & 200MG & 25MG TABLET

00116882	DIOVOL PLUS	CDC	NW
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56:08.00 ANTIDIARRHEA AGENTS

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
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

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

56:00 GASTROINTESTINAL

56:10.00 ANTIFLATULENTS

SIMETHICONE

80MG TABLET

00292990	OVOL	CDC	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.

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

DOCUSATE SODIUM

4MG/ML SYRUP

00703508	PMS-DOCUSATE SODIUM	PMS	NW
00870226	RATIO-DOCUSATE SODIUM	RPH	NW
02086018	COLACE	WEL	NW

100MG CAPSULE

00703494	PMS-DOCUSATE SODIUM	PMS	NW
00716731	DOCUSATE SODIUM	TAR	NW
00870196	RATIO-DOCUSATE SODIUM	RPH	NW
02106256	COLACE	WEL	NW
02245079	APO-DOCUSATE SODIUM	APX	NW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit
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56:00 GASTROINTESTINAL

56:12.00 CATHARTICS AND LAXATIVES

LACTULOSE

667MG/ML SYRUP

00854409	RATIO-LACTULOSE	RPH	NW
02242814	APO-LACTULOSE	APX	NW

MAGNESIUM CITRATE

50MG/ML ORAL SOLUTION

00262609	CITRO-MAG	ROG	NW
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MAGNESIUM CITRATE & BISACODYL

KIT

02122774	ROYVAC BOWEL EVACUANT KIT	PEN	APNW
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MAGNESIUM HYDROXIDE & MINERAL OIL

60MG & 0.25ML PER ML ORAL EMULSION

00202045	MAGNOLAX	PEN	N
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METHYLCELLULOSE 26/196 POWDER

02248225	PRODIEM BULK FIBRE THERAPY	NVR	NW
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PSYLLIUM MUCILLOID

ORAL POWDER

02174782	METAMUCIL SUGAR FREE	PGA	NW
02174812	METAMUCIL	PGA	NW

SENNOSIDES A&B

8.6MG TABLET

00026158	SENOKOT	PFR	N
00896411	PMS-SENNOSIDES	PMS	N
02089653	SANDOZ-SENNOSIDES	SDZ	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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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

56:00 GASTROINTESTINAL

56:16.00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

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

00263818 COTAZYM ORG CFNSW

8,000 & 30,000 & 30,000USP U CAPSULE (ENTERIC COATED PARTICLES)

00502790 COTAZYM ECS 8 ORG CFNSW

20,000 & 55,000 & 55,000USP U CAPSULE (ENTERIC COATED PARTICLES)

00821373 COTAZYM ECS 20 ORG CFNSW

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

02230019 VIOKASE 8 AXC CFNSW

16,000 & 60,000 & 60,000USP U TABLET

02241933 VIOKASE 16 AXC 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

56:00 GASTROINTESTINAL

56:22.00 ANTIEMETICS

DIMENHYDRINATE

50MG TABLET

00013803	GRAVOL	CDCV	NW
00021423	NOVO-DIMENATE	NOP	NW
00363766	APO-DIMENHYDRINATE	APX	NW

50MG RECTAL SUPPOSITORY

00013595	GRAVOL	CDC	NW
00392553	DIMENHYDRINATE	SDZ	NW

100MG RECTAL SUPPOSITORY

00013609	GRAVOL	CDC	NW
00392545	DIMENHYDRINATE	SDZ	NW

50MG/ML INTRAMUSCULAR INJECTION SOLUTION (5ML)

00013579	GRAVOL	CDC	N
00392537	DIMENHYDRINATE IM	SDZ	N

10MG/ML INTRAVENOUS INJECTION SOLUTION (5ML)

00013560	GRAVOL	CDC	N
00392731	DIMENHYDRINATE IV	SDZ	N

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 - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

56:00 GASTROINTESTINAL

56:40.00 MISCELLANEOUS G.I. DRUGS

5-AMINOSALICYLIC ACID

500MG DELAYED RELEASE TABLET

02099683 PENTASA FEI 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

BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

02060884 BETNESOL SHR FNSW

CIMETIDINE

200MG TABLET

00582409 NOVO-CIMETINE NOP FNSW

00584215 APO-CIMETIDINE APX FNSW

00865796 NU-CIMET NXP FNSW

300MG TABLET

00487872 APO-CIMETIDINE APX FNSW

00582417 NOVO-CIMETINE NOP FNSW

00865818 NU-CIMET NXP FNSW

02227444 GEN-CIMETIDINE GPM FNSW

02229718 PMS-CIMETIDINE PMS FNSW

400MG TABLET

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

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

56:40.00 MISCELLANEOUS G.I. DRUGS

CIMETIDINE (Continued)

600MG TABLET

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
02268078	RAN-DOMPERIDONE	RAN	FNSW

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	SDZ	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	SDZ	FNSW

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

56:00 GASTROINTESTINAL

56:40.00 MISCELLANEOUS G.I. DRUGS

HYDROCORTISONE

100MG/60ML ENEMA (60ML)

00230316	HYCORT	VAL	FNSW
02112736	CORTENEMA	AXC	FNSW

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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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	SDZ	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

56:00 GASTROINTESTINAL

56:40.00 MISCELLANEOUS G.I. DRUGS

MISOPROSTOL

100UG TABLET

02240754	NOVO-MISOPROSTOL	NOP	FNSW
02244022	APO-MISOPROSTOL	APX	FNSW

200UG TABLET

02240755	NOVO-MISOPROSTOL	NOP	FNSW
02244023	APO-MISOPROSTOL	APX	FNSW
02244125	PMS-MISOPROSTOL	PMS	FNSW

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

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

OLSALAZINE SODIUM

250MG CAPSULE

02063808	DIPENTUM	LUD	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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20MG CAPSULE

02245058	APO-OMEPRAZOLE (EDS)	APX	FNSW
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PANTOPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

40MG ENTERIC TABLET

02229453	PANTOLOC (EDS)	SLV	FNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

56:00 GASTROINTESTINAL

56:40.00 MISCELLANEOUS G.I. DRUGS

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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02242940	NOVO-RANIDINE	NOP	FNSW
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150MG TABLET

00733059	APO-RANITIDINE	APX	FNSW
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00828564	NOVO-RANIDINE	NOP	FNSW
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00828823	RATIO-RANITIDINE	RPH	FNSW
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00865737	NU-RANIT	NXP	FNSW
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02207761	GEN-RANITIDINE	GPM	FNSW
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02212331	ZANTAC	GSK	FNSW
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02242453	PMS-RANITIDINE	PMS	FNSW
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02243229	RHOXAL-RANITIDINE	RHP	FNSW
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02248570	CO RANITIDINE	COB	FNSW
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300MG TABLET

00733067	APO-RANITIDINE	APX	FNSW
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00828556	NOVO-RANIDINE	NOP	FNSW
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00828688	RATIO-RANITIDINE	RPH	FNSW
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00865745	NU-RANIT	NXP	FNSW
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02207788	GEN-RANITIDINE	GPM	FNSW
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02212358	ZANTAC	GSK	FNSW
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02242454	PMS-RANITIDINE	PMS	FNSW
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02243230	RHOXAL-RANITIDINE	RHP	FNSW
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02248571	CO RANITIDINE	COB	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
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02100622	SULCRATE	AXC	FNSW
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02125250	APO-SUCRALFATE	APX	FNSW
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02134829	NU-SUCRALFATE	NXP	FNSW
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02238209	PMS-SUCRALFATE	PMS	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

56:40.00 MISCELLANEOUS G.I. DRUGS

SULFASALAZINE

500MG ENTERIC COATED TABLET

00598488	PMS-SULFASALAZINE-E.C.	PMS	FNSW
02064472	SALAZOPYRIN	PFI	FNSW

500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	FNSW
02064480	SALAZOPYRIN	PFI	FNSW

TRIMEBUTINE MALEATE

200MG TABLET

00803499	MODULON	AXC	FNSW
02245664	APO-TRIMEBUTINE	APX	FNSW

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

60:00 GOLD COMPOUNDS

60:00.00 GOLD COMPOUNDS

SODIUM AUROTHIOMALATE

10MG/ML INJECTION SOLUTION (1ML)

01927620	MYOCHRYSSINE	AVN	FNSW
02245456	AUROTHIOMALATE	SDZ	FNSW

25MG/ML INJECTION SOLUTION (1ML)

01927612	MYOCHRYSSINE	AVN	FNSW
02245457	AUROTHIOMALATE	SDZ	FNSW

50MG/ML INJECTION SOLUTION (1ML)

01927604	MYOCHRYSSINE	AVN	FNSW
02245458	AUROTHIOMALATE	SDZ	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

64:00 HEAVY METAL ANTAGONISTS

64:00.00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

250MG CAPSULE

00016055

CUPRIMINE

MSD

FNSW

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

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

BUDESONIDE

100UG/DOSE INHALER POWDER (200 DOSE)

00852074 PULMICORT TURBUHALER AZE FW

200UG/DOSE INHALER POWDER (200 DOSE)

00851752 PULMICORT TURBUHALER AZE CFNSW

400UG/DOSE INHALER POWDER (200 DOSE)

00851760 PULMICORT TURBUHALER AZE CFNSW

0.125MG/ML INHALATION SOLUTION (2ML)

SEE APPENDIX A FOR EDS CRITERIA

02229099 PULMICORT NEBUAMP (EDS) AZE FW

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

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

CORTISONE ACETATE

25MG TABLET

00280437 CORTISONE VAL CFNSW

DEXAMETHASONE

0.5MG TABLET

00295094 DEXASONE VAL CFNSW

01964976 PMS-DEXAMETHASONE PMS CFNSW

02240684 RATIO-DEXAMETHASONE RPH CFNSW

02261081 APO-DEXAMETHASONE APX 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

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

DEXAMETHASONE (Continued)

0.75MG TABLET

00285471	DEXASONE	VAL	FNSW
01964968	PMS-DEXAMETHASONE	PMS	FNSW
02240685	RATIO-DEXAMETHASONE	RPH	FNSW

4MG TABLET

00489158	DEXASONE	VAL	CFNSW
01964070	PMS-DEXAMETHASONE	PMS	CFNSW
02240687	RATIO-DEXAMETHASONE	RPH	CFNSW
02250055	APO-DEXAMETHASONE	APX	CFNSW

DEXAMETHASONE 21-PHOSPHATE

4MG/ML INJECTION SOLUTION (5ML)

00664227	DEXAMETHASONE	SDZ	FNSW
01977547	DEXAMETHASONE	CYT	FNSW

FLUDROCORTISONE ACETATE

0.1MG TABLET

02086026	FLORINEF	SHR	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** - High Costs Drugs
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68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

HYDROCORTISONE

10MG TABLET

00030910	CORTEF	PFI	CFNSW
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20MG TABLET

00030929	CORTEF	PFI	CFNSW
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HYDROCORTISONE SODIUM SUCCINATE

250MG INJECTION POWDER

00030619	SOLU-CORTEF	PFI	N
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METHYLPREDNISOLONE

4MG TABLET

00030988	MEDROL	PFI	CFNSW
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16MG TABLET

00036129	MEDROL	PFI	FNSW
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METHYLPREDNISOLONE ACETATE

40MG/ML INJECTION SUSPENSION (1ML)

00030759	DEPO-MEDROL	PFI	FNSW
02245400	METHYLPREDNISOLONE	SDZ	FNSW

40MG/ML INJECTION SUSPENSION (2ML)

01934333	DEPO-MEDROL	PFI	FNSW
02245407	METHYLPREDNISOLONE	SDZ	FNSW

80MG/ML INJECTION SUSPENSION (1ML)

00030767	DEPO-MEDROL	PFI	FNSW
02245406	METHYLPREDNISOLONE	SDZ	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
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68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

PREDNISONE

1MG TABLET

00271373	WINPRED	VAL	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

68:08.00 ANDROGENS

DANAZOL

50MG CAPSULE

02018144	CYCLOMEN	AVN	FW
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100MG CAPSULE

02018152	CYCLOMEN	AVN	FW
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200MG CAPSULE

02018160	CYCLOMEN	AVN	FW
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TESTOSTERONE ENANTHATE

200MG/ML OILY INJECTION SOLUTION

00029246	DELATESTRYL	THM	FW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

***ETHINYL ESTRADIOL & D-NORGESTREL**

0.05MG & 0.25MG TABLET (21 DAY)

02043033 OVRAL WAY FW

0.05MG & 0.25MG TABLET (28 DAY)

02043041 OVRAL WAY FW

***ETHINYL ESTRADIOL & DESOGESTREL**

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

02042487 MARVELON ORG FW

02042541 ORTHO-CEPT JAN FW

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

02042479 MARVELON ORG FW

02042533 ORTHO-CEPT JAN FW

***ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE**

0.03MG & 2MG TABLET (21 DAY)

00469327 DEMULEN 30 PFI FW

0.03MG & 2MG TABLET (28 DAY)

00471526 DEMULEN 30 PFI FW

***ETHINYL ESTRADIOL & L-NORGESTREL**

0.2MG & 0.1MG TABLET (21 DAY)

02236974 ALESSE WAY FW

0.2MG & 0.1MG TABLET (28 DAY)

02236975 ALESSE WAY FW

0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10) TABLET (21 DAY)
(NOT INTERCHANGEABLE)

00707600 TRIQUILAR BEX FW

02043726 TRIPHASIL WAY FW

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

00707503 TRIQUILAR BEX FW

02043734 TRIPHASIL WAY FW

0.03MG & 0.15MG TABLET (21 DAY)

02042320 MIN-OVRAL WAY FW

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

68:12.00 CONTRACEPTIVES

***ETHINYL ESTRADIOL & L-NORGESTREL (Continued)**

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
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02187086	BREVICON	PFI	FW
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0.035MG & 0.5MG TABLET (28 DAY) (NOT INTERCHANGEABLE)

00340731	ORTHO 0.5/35	JAN	FW
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02187094	BREVICON	PFI	FW
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0.035MG & 0.5MG (7); 0.035MG & 0.75MG (7); 0.035MG & 1.0MG (7) TABLET (21 DAY)

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

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

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

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

00372846	ORTHO 1/35	JAN	FW
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02189054	BREVICON 1/35	PFI	FW
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02197502	SELECT 1/35	PFI	FW
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0.035MG & 1.0MG TABLET (28DAY) (NOT INTERCHANGEABLE)

00372838	ORTHO 1/35	JAN	FW
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02189062	BREVICON 1/35	PFI	FW
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02199297	SELECT 1/35	PFI	FW
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***ETHINYL ESTRADIOL & NORETHINDRONE ACETATE**

0.02MG & 1.0MG TABLET (21 DAY)

00315966	MINISTRIN 1/20	PFI	FW
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0.02MG & 1.0MG TABLET (28 DAY)

00343838	MINISTRIN 1/20	PFI	FW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

***ETHINYL ESTRADIOL & NORETHINDRONE ACETATE (Continued)**

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

***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

LEVONORGESTROL

0.75MG TABLET

02241674 PLAN B PAL FW

52MG INTRAUTERINE SYSTEM

02243005 MIRENA BEX FW

MEDROXYPROGESTERONE ACETATE

150MG/ML INJECTION SUSPENSION (1ML)

00585092 DEPO-PROVERA PFI FW

***NORETHINDRONE**

0.35MG TABLET (28 DAY)

00037605 MICRONOR JAN FW

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

68:16.00 ESTROGENS

***CONJUGATED ESTROGENS**

0.3MG TABLET (NOT INTERCHANGEABLE)

02043394	PREMARIN	WAY	FNSW
02230891	C.E.S.	VAL	FNSW

0.625MG TABLET (NOT INTERCHANGEABLE)

00265470	C.E.S.	VAL	FNSW
02043408	PREMARIN	WAY	FNSW

0.9MG TABLET (NOT INTERCHANGEABLE)

02043416	PREMARIN	WAY	FNSW
02230892	C.E.S.	VAL	FNSW

1.25MG TABLET (NOT INTERCHANGEABLE)

00265489	C.E.S.	VAL	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

022045676	ESTRADOT (EDS)	NVR	FNSW
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50UG TRANSDERMAL PATCH

02244000	ESTRADOT (EDS)	NVR	FNSW
02246967	RHOXAL-ESTRADIOL DERM (EDS)	SDZ	FNSW

75UG TRANSDERMAL PATCH

02244001	ESTRADOT (EDS)	NVR	FNSW
02246968	RHOXAL-ESTRADIOL DERM (EDS)	SDZ	FNSW

100UG TRANSDERMAL PATCH

02244002	ESTRADOT (EDS)	NVR	FNSW
02246969	RHOXAL-ESTRADIOL DERM (EDS)	SDZ	FNSW

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

68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

***PIPERAZINE ESTRONE SULFATE**

0.625MG TABLET (0.75MG ESTROPIPATE)

02089793

OGEN

PFI

FNSW

1.25MG TABLET (1.5MG ESTROPIPATE)

02089769

OGEN

PFI

FNSW

2.5MG TABLET (3MG ESTROPIPATE)

02089777

OGEN

PFI

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

68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (REGULAR) ASPART

100IU/ML INJECTION SOLUTION (10ML)

02245397 NOVORAPID NNO DNW

100IU/ML INJECTION SOLUTION (CARTRIDGE)

02244353 NOVORAPID NNO DNW

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

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

00587737 HUMULIN-N LIL DNW

02024225 NOVOLIN GE NPH NNO DNW

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

01959239 HUMULIN-N CARTRIDGE LIL DNW

02024268 NOVOLIN GE NPH PENFILL NNO DNW

INSULIN (LENTE) HUMAN BIOSYNTHETIC

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

00646148 HUMULIN-L LIL DNW

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

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

00586714 HUMULIN-R LIL DNW

02024233 NOVOLIN GE TORONTO NNO DNW

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

01959220 HUMULIN-R CARTRIDGE LIL DNW

02024284 NOVOLIN GE TORONTO PENFILL NNO DNW

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC

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

02024292 NOVOLIN GE 10/90 PENFILL NNO DNW

100U/ML INJECTION SUSPENSION 20%/80% (CARTRIDGE) (NOT INTERCHANGEABLE)

02024306 NOVOLIN GE 20/80 PENFILL NNO DNW

100U/ML INJECTION SUSPENSION 30%/70% (10ML) (NOT INTERCHANGEABLE)

00795879 HUMULIN 30/70 LIL DNW

02024217 NOVOLIN GE 30/70 NNO DNW

100U/ML INJECTION SUSPENSION 30%/70% (CARTRIDGE) (NOT INTERCHANGEABLE)

01959212 HUMULIN 30/70 CARTRIDGE LIL DNW

02025248 NOVOLIN GE 30/70 PENFILL NNO DNW

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

68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC (Continued)

100U/ML INJECTION SUSPENSION 40%/60% (CARTRIDGE)
02024314 NOVOLIN GE 40/60 PENFILL NNO DNW

100U/ML INJECTION SUSPENSION 50%/50% (CARTRIDGE)
02024322 NOVOLIN GE 50/50 PENFILL NNO DNW

INSULIN (ULTRALENTE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)
00733075 HUMULIN-U LIL DNW

INSULIN (REGULAR) LISPRO

100U/ML INJECTION SOLUTION (10ML)
02229704 HUMALOG LIL DNW

100U/ML INJECTION SOLUTION (CARTRIDGE)
02229705 HUMALOG CARTRIDGE LIL DNW

INSULIN (REGULAR/PROTAMINE) LISPRO

100U/ML INJECTION SUSPENSION 25%/75% (CARTRIDGE)
02240294 HUMALOG MIX 25 LIL DNW

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

68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

***ACARBOSE**

50MG TABLET

02190885 PRANDASE BAY DNW

100MG TABLET

02190893 PRANDASE BAY DNW

***CHLORPROPAMIDE**

100MG TABLET

00399302 APO-CHLORPROPAMIDE APX DNW

250MG TABLET

00021350 NOVO-PROPAMIDE NOP DNW

00312711 APO-CHLORPROPAMIDE APX DNW

***GLICLAZIDE**

30MG MODIFIED RELEASE TABLET

02242987 DIAMICRON MR SEV DNW

80MG TABLET

00765996 DIAMICRON SEV DNW

02229519 GEN-GLICLAZIDE GPM DNW

02238103 NOVO-GLICLAZIDE NOP DNW

02245247 APO-GLICLAZIDE APX DNW

02254719 RHOXAL-GLYLAZIDE SDZ DNW

***GLIMEPIRIDE**

1MG TABLET

02245272 AMARYL AVN DNW

02269589 RHOXAL-GLIMEPIRIDE SDZ DNW

02273101 RATIO-GLIMEPIRIDE RPH DNW

02273756 NOVO-GLIMEPIRIDE NOP DNW

02274248 CO GLIMEPIRIDE COB DNW

02269589 SANDOZ-GLIMEPIRIDE SDZ DNW

2MG TABLET

02245273 AMARYL AVN DNW

02269597 RHOXAL-GLIMEPIRIDE SDZ DNW

02273128 RATIO-GLIMEPIRIDE RPH DNW

02273764 NOVO-GLIMEPIRIDE NOP DNW

02274256 CO GLIMEPIRIDE COB DNW

02269597 SANDOZ-GLIMEPIRIDE SDZ DNW

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

68:00 HORMONES AND SUBSTITUTES

68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

***GLIMEPIRIDE (Continued)**

4MG TABLET

1MG TABLET

02245274	AMARYL	AVN	DNW
02269619	RHOXAL-GLIMEPIRIDE	SDZ	DNW
02273136	RATIO-GLIMEPIRIDE	RPH	DNW
02273772	NOVO-GLIMEPIRIDE	NOP	DNW
02274272	CO GLIMEPIRIDE	COB	DNW
02269619	SANDOZ-GLIMEPIRIDE	SDZ	DNW

***GLYBURIDE**

2.5MG TABLET

00720933	EUGLUCON	PMS	DNW
00808733	GEN-GLYBE	GPM	DNW
01900927	RATIO-GLYBURIDE	RPH	DNW
01913654	APO-GLYBURIDE	APX	DNW
01913670	NOVO-GLYBURIDE	NOP	DNW
02020734	NU-GLYBURIDE	NXP	DNW
02224550	DIABETA	AVN	DNW
02236733	PMS-GLYBURIDE	PMS	DNW
0224008	RHOXAL-GLYBURIDE	SDZ	DNW

5MG TABLET

00720941	EUGLUCON	PMS	DNW
00808741	GEN-GLYBE	GPM	DNW
01900935	RATIO-GLYBURIDE	RPH	DNW
01913662	APO-GLYBURIDE	APX	DNW
01913689	NOVO-GLYBURIDE	NOP	DNW
02020742	NU-GLYBURIDE	NXP	DNW
02224569	DIABETA	AVN	DNW
02236734	PMS-GLYBURIDE	PMS	DNW
02248009	RHOXAL-GLYBURIDE	SDZ	DNW

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

68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

***METFORMIN**

500MG TABLET

02045710	NOVO-METFORMIN	NOP	DNW
02099233	GLUCOPHAGE	AVN	DNW
02148765	GEN-METFORMIN	GPM	DNW
02162822	NU-METFORMIN	NXP	DNW
02167786	APO-METFORMIN	APX	DNW
02223562	PMS-METFORMIN	PMS	DNW
02229516	GLYCON	ICN	DNW
02242794	METFORMIN	ZYP	DNW
02242974	RATIO-METFORMIN	RPH	DNW
02246820	RHOXAL-METFORMIN FC	SDZ	DNW
02257726	CO METFORMIN	COB	DNW
02269031	RAN-METFORMIN	RAN	DNW

850MG TABLET

02162849	GLUCOPHAGE	AVN	DNW
02229517	NU-METFORMIN	NXP	DNW
02229656	GEN-METFORMIN	GPM	DNW
02229785	APO-METFORMIN	APX	DNW
02230475	NOVO-METFORMIN	NOP	DNW
02242589	PMS-METFORMIN	PMS	DNW
02242793	METFROMIN	ZYP	DNW
02242931	RATIO-METFORMIN	RPH	DNW
02246821	RHOXAL-METFORMIN FC	SDZ	DNW
02257734	CO METFORMIN	COB	DNW
02269058	RAN-METFORMIN	RAN	DNW

PIOGLITAZONE HCL

SEE APPENDIX A FOR EDS CRITERIA

15MG TABLET

02242572	ACTOS (EDS)	LIL	DNW
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30MG TABLET

02242573	ACTOS (EDS)	LIL	DNW
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45MG TABLET

02242574	ACTOS (EDS)	LIL	DNW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

68:00 HORMONES AND SUBSTITUTES

68:20.20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

ROSIGLITAZONE MALEATE

SEE APPENDIX A FOR EDS CRITERIA

2MG TABLET

02241112 AVANDIA (EDS) GSK DNW

4MG TABLET

02241113 AVANDIA (EDS) GSK DNW

8MG TABLET

02241114 AVANDIA (EDS) GSK DNW

***TOLBUTAMIDE**

500MG TABLET

00312762 APO-TOLBUTAMIDE APX DNW

68:28.00 PITUITARY AGENTS

DESMOPRESSIN

SEE APPENDIX A FOR EDS CRITERIA

10U/DOSE INTRANASAL SOLUTION

00402516 D.D.A.V.P. (EDS) FEI FW

10U/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

00836362 D.D.A.V.P. (EDS) FEI FW

02242465 APO-DEMOSPRESSIN (EDS) APX FW

SOMATROPIN

5MG INJECTION (VIAL)

00745626 HUMATROPE LIL G

6MG INJECTION (CARTRIDGE)

02243077 HUMATROPE CARTRIDGE LIL G

12MG INJECTION (CARTRIDGE)

02243078 HUMATROPE CARTRIDGE LIL G

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

68:32.00 PROGESTOGENS

*MEDROXYPROGESTERONE ACETATE

2.5MG TABLET

00708917	PROVERA	PFI	FNSW
02148552	RATIO-MPA	RPH	FNSW
02221284	NOVO-MEDRONE	NOP	FNSW
02229838	GEN-MEDROXY	GPM	FNSW
02244726	APO-MEDROXY	APX	FNSW
02246627	PMS-MEDROXYPROGESTERONE	PMS	FNSW

5MG TABLET

00030937	PROVERA	PFI	FNSW
02148560	RATIO-MPA	RPH	FNSW
02221292	NOVO-MEDRONE	NOP	FNSW
02229839	GEN-MEDROXY	GPM	FNSW
02244727	APO-MEDROXY	APX	FNSW
02246628	PMS-MEDROXYPROGESTERONE	PMS	FNSW

10MG TABLET

00729973	PROVERA	PFI	FNSW
02148579	RATIO-MPA	RPH	FNSW
02221306	NOVO-MEDRONE	NOP	FNSW
02229840	GEN-MEDROXY	GPM	FNSW
02246629	PMS-MEDROXYPROGESTERONE	PMS	FNSW

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

68:00 HORMONES AND SUBSTITUTES

68:36.04 THYROID AGENTS

*LEVOTHYROXINE SODIUM

0.025MG TABLET

02172062	SYNTHROID	ABB	FNSW
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0.05MG TABLET

02172070	SYNTHROID	ABB	FNSW
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02213192	ELTROXIN	GSK	FNSW
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0.075MG TABLET

02172089	SYNTHROID	ABB	FNSW
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0.088MG TABLET

02172097	SYNTHROID	ABB	FNSW
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0.1MG TABLET

02172100	SYNTHROID	ABB	FNSW
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02213206	ELTROXIN	GSK	FNSW
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0.112MG TABLET

02171228	SYNTHROID	ABB	FNSW
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0.125MG TABLET

02172119	SYNTHROID	ABB	FNSW
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0.15MG TABLET

02172127	SYNTHROID	ABB	FNSW
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02213214	ELTROXIN	GSK	FNSW
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0.175MG TABLET

02172135	SYNTHROID	ABB	FNSW
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0.2MG TABLET

02172143	SYNTHROID	ABB	FNSW
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02213222	ELTROXIN	GSK	FNSW
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0.3MG TABLET

02172151	SYNTHROID	ABB	FNSW
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02213230	ELTROXIN	GSK	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

68:00 HORMONES AND SUBSTITUTES

68:36.08 ANTI-THYROID AGENTS

***METHIMAZOLE**

5MG TABLET

00015741	TAPAZOLE	PAL	FNSW
02244323	PMS-METHIMAZOLE	PMS	FNSW
02258935	APO-METHIMAZOLE	APX	FNSW

***PROPYLTHIOURACIL**

50MG TABLET

00010200	PROPYL-THYRACIL	SQP	FNSW
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100MG TABLET

00010219	PROPYL-THYRACIL	SQP	FNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

72:00 LOCAL ANESTHETICS

72:00.00 LOCAL ANESTHETICS

LIDOCAINE HCL

1% INJECTION SOLUTION

00001732

XYLOCAINE

AZE

N

2% INJECTION SOLUTION

00036641

XYLOCAINE

AZE

N

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

80:00 SERUMS, TOXOIDS, AND VACCINES

80:04.00 SERUMS

RABIES IMMUNE GLOBULIN (PASTURIZED, HUMAN)

150U/ML INJECTION SOLUTION (2ML)

02237328

IMOGAM

AVP

R

80:08.00 TOXOIDS

PERTUSIS ANTIGEN AND TOXOID

INJECTION SUSPENSION (0.5ML)

02240255

ADACEL

SAW

I

TETANUS - DIPHTHERIA TOXOID (ADSORBED) (DT)

INJECTION SOLUTION (5 X 0.5ML)

00514462

Td ADSORBED

AVP

I

80:12.00 VACCINES

DIPHTHERIA - TETANUS TOXOIDS - POLIOMYELITIS VACCINE (INACTIVATED, ADSORBED) (TD POLIO)

INJECTION SOLUTION (5 X 0.5ML)

00615358

Td POLIO ADSORBED

SAW

I

DIPHTHERIA - TETANUS TOXOIDS - PERTUSSIS (ACELLULAR) - POLIOMYELITIS VACCINE (INACTIVATED) (DPT POLIO)

INJECTION SOLUTION (5 X 0.5ML)

02230946

QUADRACEL

SAW

I

DIPHTHERIA - TETANUS TOXOIDS - PERTUSSIS (ACELLULAR) VACCINE - POLIOMYELITIS VACCINE (INACTIVATED) - HAEMOPHILUS B CONJUGATE

INJECTION SOLUTION (5 X 0.5ML)

02231343

PENTACEL

SAW

I

HAEMOPHILUS B CONJUGATE VACCINE (PRP-T)

INJECTION SOLUTION (5 X 1 DOSE)

01959034

ACT-HIB

SAW

I

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

80:00 SERUMS, TOXOIDS, AND VACCINES

80:12.00 VACCINES

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

50U/1.0ML VIAL (ADULT)I/M SUSPENSION

02229702 VAQTA MSD H

50U/0.5ML (PED)I/M SUSPENSION

02229702 VAQTA MSD H

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

HEPATITIS B VACCINE (RECOMBINANT)

5MCG/0.5ML STERILE SUSPENSION

02243676 RECOMBIVAX HB PEDIATRIC (PRESERVATIVE FREE) MSD HI

10MCG/0.5ML SOLUTION (I/M)

02243676 RECOMBIVAX HB(PRESERVATIVE FREE) MSD HI

10MCG/1ML SOLUTION (I/M)

02243676 RECOMBIVAX HB(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

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

80:00 SERUMS, TOXOIDS, AND VACCINES

80:12.00 VACCINES

MEASLES - MUMPS - RUBELLA VIRUS VACCINE (LIVE, ATTENUATED)

INJECTION SOLUTION (10 X 0.5ML)

00466085	MMR II	MSD	I
02239208	PRIORIX	GSK	I

MENINGOCOCCAL VACCINE

INJECTION SOLUTION

01959018	MENOMUNE-A/C/Y/W-135	SAW	I
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MENINGOCOCCAL "C" VACCINE

25UG/0.5ML POWDER FOR SUSPENSION (I/M)

02243820	MENJUGATE	MSD	I
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PNEUMOCOCCAL - 7

0.5ML/DOSE SUSPENSION (I/M)

02244081	PREVNAR	WAY	I
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PNEUMOCOCCAL - 23

25UG/0.5ML SOLUTION (I/M OR SUBCUTANEOUS)

00431648	PNEUMOVAX 23	MSD	I
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POLIOMYELITIS VACCINE (INACTIVATED, SALK)

INJECTION SOLUTION (5 X 0.5ML)

02231267	IPV POLIO	SAW	I
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RABIES VACCINE

2.5IU/VIAL INJECTION POWDER

01908286	IMOVAX	AVP	R
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2.5IU/1ML DOSE POWDER FOR SOLUTION (I/M)

02267667	RABAVERT	MSD	R
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VARICELLA VIRUS VACCINE

2000 UNIT/0.5ML POWDER FOR SULTION (SUBCUTANEOUS)

02241047	VARILIX	GSK	I
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INJECTION SOLUTION (5 X 0.5ML)

02246081	VARIVAX III	MSD	I
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
U - Rheumatic Fever | **V** - Sexually Transmitted Diseases | **W** - Financial Assistance/Children-In-Care | **X** - Tuberculosis

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

FRAMYCETIN SULFATE

1% OINTMENT DRESSING (10CM X 10CM)

01988840	SOFRA-TULLE	ERF	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	SCH	FNSW
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0.1% TOPICAL OINTMENT

00028371	GARAMYCIN	SCH	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	SDZ	N
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02237227	POLYSPORIN	PFI	N
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POLYMYXIN B & GRAMICIDIN

10,000U & 250U/G TOPICAL CREAM

00422908	POLYTOPIC	SDZ	N
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02230844	POLYSPORIN	PFI	N
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POLYMYXIN B & NEOMYCIN & BACITRACIN

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

00666122	NEOSPORIN	GSK	FNSW
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POLYMYXIN B & NEOMYCIN & GRAMICIDIN

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

00666203	NEOSPORIN	GSK	FNSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

SODIUM FUSIDATE

2% TOPICAL OINTMENT

00586676

FUCIDIN

LEO

FNSW

84:04.06 ANTI-INFECTIVES (ANTIVIRALS)

ACYCLOVIR

5% TOPICAL CREAM

02039524

ZOVIRAX

GSK

FNSW

5% TOPICAL OINTMENT

00569771

ZOVIRAX

GSK

FNSW

IDOXURIDINE

0.1% TOPICAL SOLUTION

00001317

HERPLEX-D

ALL

FNSW

02237187

SANDOZ-IDOXURIDINE

SDZ

FNSW

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

CICLOPIROX OLAMINE

1% TOPICAL CREAM

02221802

LOPROX

AVN

FNSW

1% TOPICAL LOTION

02221810

LOPROX

AVN

FNSW

CLOTRIMAZOLE

1% TOPICAL CREAM

00812382

CLOTRIMADERM

TAR

NSW

02150867

CANESTEN

BAY

NSW

1% VAGINAL CREAM

00812366

CLOTRIMADERM

TAR

NSW

02150891

CANESTEN 6

BAY

NSW

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

CLOTRIMAZOLE (Continued)

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	TAR	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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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
02194236	RATIO-NYSTATIN	RPH	NSW

100,000U/G TOPICAL OINTMENT

02194228	RATIO-NYSTATIN	RPH	NSW
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

NYSTATIN (Continued)

25,000U/G VAGINAL CREAM

00716901 NYADERM TAR NSW

100,000U/G VAGINAL CREAM

02194163 RATIO-NYSTATIN RPH NSW

100,000U VAGINAL TABLET

02194171 RATIO-NYSTATIN RPH NSW

TOLNAFTATE

1% TOPICAL CREAM

00576034 TINACTIN SCH NW

00716928 PITREX TAR NW

1% TOPICAL POWDER

00576042 TINACTIN SCH N

84:04.12 ANTI-INFECTIVES, SCABICIDES, AND PEDICULICIDES

GAMMA-BENZENE HEXACHLORIDE (LINDANE)

1% TOPICAL LOTION

00703591 PMS-LINDANE PMS NW

1% SHAMPOO

00703605 PMS-LINDANE PMS NW

PERMETHRIN

1% CREME RINSE

00771368 NIX CREME RINSE PFI NW

02231480 KWELLADA-P CREME RINSE GSK NW

5% TOPICAL CREAM

02219905 NIX DERMAL CREAM GSK NW

5% TOPICAL LOTION

02231348 KWELLADA-P LOTION GSK NW

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.16 ANTI-INFECTIVES, OTHER ANTI-INFECTIVES

HEXACHLOROPHENE

3% TOPICAL EMULSION

02017733

PHISOHEX

AVN

FW

METRONIDAZOLE

10% VAGINAL CREAM

01926861

FLAGYL

AVN

FNSW

METRONIDAZOLE & NYSTATIN

500MG & 100,000U/APPLICATORFUL VAGINAL CREAM

01926845

FLAGYSTATIN

AVN

FNSW

SILVER SULFADIAZINE

1% TOPICAL CREAM

00323098

FLAMAZINE

SNE

FNSW

02010917

DERMAZIN

PMS

FNSW

02170310

SSD

ABB

FNSW

TRICLOSAN

0.5% TOPICAL LIQUID

00632317

TERSASEPTIC

TCD

NW

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

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 - High Costs Drugs
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

AMCINONIDE

0.1% TOPICAL CREAM

02192284	CYCLOCORT	STI	FNSW
02246714	TARO-AMCINONIDE	TAR	FNSW
02247098	RATIO-AMCINONIDE	RPH	FNSW

0.1% TOPICAL LOTION

02192276	CYCLOCORT	STI	FNSW
02247097	RATIO-AMCINONIDE	RPH	FNSW

0.1% TOPICAL OINTMENT

02192268	CYCLOCORT	STI	FNSW
02247096	RATIO-AMCINONIDE	RPH	FNSW

BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

02089602	PROPADERM	SHR	FNSW
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0.025% TOPICAL LOTION

02089610	PROPADERM	SHR	FNSW
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BETAMETHASONE DIPROPIONATE

0.05% TOPICAL CREAM

00323071	DIPROSONE	SCH	FNSW
01925350	TARO-SONE	TAR	FNSW

0.05% TOPICAL LOTION

00417246	DIPROSONE	SCH	FNSW
00809187	RATIO-TOPISONE	RPH	FNSW

0.05% TOPICAL OINTMENT

00344923	DIPROSONE	SCH	FNSW
00805009	RATIO-TOPISONE	RPH	FNSW

0.05% TOPICAL GLYCOL BASE CREAM

00688622	DIPROLENE	SCH	FNSW
00849650	RATIO-TOPILENE GLYCOL	RPH	FNSW

0.05% TOPICAL GLYCOL BASE OINTMENT

00629367	DIPROLENE	SCH	FNSW
00849669	RATIO-TOPILENE GLYCOL	RPH	FNSW

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE (Continued)

0.05% TOPICAL GLYCOL LOTION

00862975	DIPROLENE	SCH	FNSW
01927914	RATIO-TOPILENE	RPH	FNSW

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

00535427	RATIO-ECTOSONE	RPH	FNSW
00716618	BETADERM	TAR	FNSW

0.05% TOPICAL OINTMENT

00716642	BETADERM	TAR	FNSW
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0.1% TOPICAL CREAM

00535435	RATIO-ECTOSONE	RPH	FNSW
00716626	BETADERM	TAR	FNSW

0.1% TOPICAL OINTMENT

00716650	BETADERM	TAR	FNSW
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0.1% TOPICAL LOTION

00750050	RATIO-ECTOSONE	RPH	FNSW
02100193	BETNOVATE	RBP	FNSW

0.1% SCALP LOTION

00027944	VALISONE	SCH	FNSW
00653217	RATIO-ECTOSONE	RPH	FNSW
00716634	BETADERM	TAR	FNSW

G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

CLOBETASOL 17-PROPIONATE

0.05% TOPICAL CREAM

01910272	RATIO-CLOBETASOL	RPH	FNSW
02024187	GEN-CLOBETASOL	GPM	FNSW
02093162	NOVO-CLOBETASOL	NOP	FNSW
02213265	DERMOVATE	TAR	FNSW
02232191	PMS-CLOBETASOL	PMS	FNSW
02245523	TARO-CLOBETASOL	TAR	FNSW

0.05% TOPICAL OINTMENT

01910280	RATIO-CLOBETASOL	RPH	FNSW
02026767	GEN-CLOBETASOL	GPM	FNSW
02126192	NOVO-CLOBETASOL	NOP	FNSW
02213273	DERMOVATE	TAR	FNSW
02232193	PMS-CLOBETASOL	PMS	FNSW
02245524	TARO-CLOBETASOL	TAR	FNSW

0.05% SCALP LOTION

01910299	RATIO-CLOBETASOL	RPH	FNSW
02213281	DERMOVATE	TAR	FNSW
02216213	GEN-CLOBETASOL	GPM	FNSW
02232195	PMS-CLOBETASOL	PMS	FNSW
02245522	TARO-CLOBETASOL	TAR	FNSW

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

84:06.00 ANTI-INFLAMMATORY AGENTS

DESOXIMETASONE

0.05% TOPICAL EMOLLIENT CREAM

02221918 TOPICORT MILD AVN FNSW

0.25% TOPICAL EMOLLIENT CREAM

02221896 TOPICORT AVN FNSW

0.05% TOPICAL GEL

02221926 TOPICORT AVN FNSW

0.25% TOPICAL OINTMENT

02221934 TOPICORT AVN FNSW

DIFLUCORTOLONE VALERATE

0.1% TOPICAL OILY CREAM

00587818 NERISONE OILY STI FNSW

FLUOCINONIDE

0.05% TOPICAL CREAM

00716863 LYDERM TAR FNSW

02161923 LIDEX MDC FNSW

0.05% TOPICAL GEL

02161974 TOPSYN MDC FNSW

02236997 LYDERM TAR FNSW

0.05% TOPICAL OINTMENT

02161966 LIDEX MDC FNSW

02236996 LYDERM TAR FNSW

HYDROCORTISONE

0.5% TOPICAL CREAM

00716820 HYDERM TAR NW

1% TOPICAL CREAM

00716839 HYDERM TAR FNSW

0.5% TOPICAL OINTMENT

00716685 CORTODERM TAR NW

1% TOPICAL OINTMENT

00716693 CORTODERM TAR FNSW

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE & UREA

1% & 10% TOPICAL CREAM

00503134 UREMOL-HC TCD FNSW

1% & 10% TOPICAL LOTION

00560022 UREMOL-HC TCD FNSW

HYDROCORTISONE & ZINC SULFATE

0.5% & 0.5% RECTAL OINTMENT

00607789 RATIO-HEMCORT-HC RPH FNSW

0.5% & 0.5% RECTAL SUPPOSITORY

00607797 RATIO-HEMCORT-HC RPH FNSW

MOMETASONE FUROATE

0.1% TOPICAL OINTMENT

00851736 ELOCOM SCH FNSW

02244769 PMS-MOMETASONE PMS FNSW

02248130 RATIO-MOMETASONE RPH FNSW

02264749 TARO-MOMETASONE TAR FNSW

02270862 PMS-MOMETASONE PMS FNSW

TRIAMCINOLONE ACETONIDE

0.1% TOPICAL CREAM

00716960 TRIADERM TAR FNSW

02194058 ARISTOCORT R STI FNSW

0.1% TOPICAL OINTMENT

02194031 ARISTOCORT R STI FNSW

0.1% ORAL TOPICAL OINTMENT

01964054 ORACORT TAR FNSW

01999788 KENALOG-ORABASE BMS FNSW

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

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

CLIOQUINOL & HYDROCORTISONE

3% & 1% TOPICAL CREAM

00074500	VIOFORM HYDROCORTISONE	SQP	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
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02226383	RATIO-PROCTOSONE	RPH	FNSW
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02242527	SANDOZ-PROCTOMYXINHC	SDZ	FNSW
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1% & 0.5% RECTAL SUPPOSITORY

02223260	PROCTOSEDYL	AVN	FNSW
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02226391	RATIO-PROCTOSONE	RPH	FNSW
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02242528	SANDOZ-PROCTOMYXINHC	SDZ	FNSW
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TRIAMCINOLONE & NYSTATIN & NEOMYCIN & GRAMICIDIN

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

00717002	VIADERM K-C	TAR	FNSW
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2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL OINTMENT

00717029	VIADERM K-C	TAR	FNSW
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS

CALAMINE

TOPICAL LOTION

00999829

CALAMINE LOTION

N

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

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

PHENAZOPYRIDINE HCL

100MG TABLET

00271489

PHENAZO

VAL

FNSW

200MG TABLET

00454583

PHENAZO

VAL

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:16.00 CELL STIMULANTS AND PROLIFERANTS

TRETINOIN

0.01% TOPICAL CREAM

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

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

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:24.00 EMOLLIENTS, DECMULCENTS, AND PROTECTANTS

AMMONIUM LACTATE

12% TOPICAL LOTION

01909150

LAC-HYDRIN

NVR

W

DIMETHYLPOLYSILOXANE

20% TOPICAL CREAM

02060841

BARRIERE

WES

NW

84:28.00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE

10% TOPICAL LOTION

00370568

BENOXYL

STI

FW

00432938

OXYDERM

VAL

FW

20% TOPICAL LOTION

00187585

BENOXYL

STI

FW

00374318

OXYDERM

VAL

FW

PODOPHYLLUM RESIN

25% TOPICAL LIQUID

00598208

PODOFILM

PAL

FW

SALICYLIC ACID & LACTIC ACID

16.7% & 16.7% TOPICAL LIQUID

00370576

DUOFILM

STI

FNW

SALICYLIC ACID & LACTIC ACID & FORMALIN

25% & 10% & 5% TOPICAL OINTMENT

00513091

DUOPLANT

STI

FNW

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

84:28.00 KERATOLYTIC AGENTS

UREA

10% TOPICAL CREAM

01946099

UREMOL 10

TCD

NW

20% TOPICAL CREAM

00398179

UREMOL 20

TCD

NW

10% TOPICAL LOTION

01946102

UREMOL 10

TCD

NW

84:32.00 KERATOPLASTIC AGENTS

TAR & ZINC PYRITHIONE

1% & 1% SHAMPOO

02240942

MULTI-TAR PLUS

VAL

NW

84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

02070847

SORIATANE (EDS)

HLR

FNSW

25MG CAPSULE

02070863

SORIATANE (EDS)

HLR

FNSW

CALCIPOTRIOL

50UG/G TOPICAL CREAM

02150956

DOVONEX

LEO

FNSW

50UG/G TOPICAL OINTMENT

01976133

DOVONEX

LEO

FNSW

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

CAPSAICIN

0.025% TOPICAL CREAM

00740306	ZOSTRIX	MDC	N
02150107	CAPSAICIN	WEX	N

FLUOROURACIL

5% TOPICAL CREAM

00330582	EFUDEX	VAL	FNSW
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IMIQUIMOD

SEE APPENDIX A FOR EDS CRITERIA

5% TOPICAL CREAM

02239505	ALDARA (EDS)	MDA	FNSW
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ISOTRETINOIN

10MG CAPSULE

00582344	ACCUTANE	HLR	FW
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40MG CAPSULE

00582352	ACCUTANE	HLR	FW
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TACROLIMUS

SEE APPENDIX A FOR EDS CRITERIA

0.03% TOPICAL OINTMENT

02244149	PROTOPIC (EDS)	AST	FW
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ZINC SULFATE

0.5% RECTAL OINTMENT

00621447	SANDOZ-ANUZINC	SDZ	N
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10MG RECTAL SUPPOSITORY

00621439	SANDOZ-ANUZINC	SDZ	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

86:00 SPASMOLYTICS

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

FLAVOXATE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

00728179	URISPAS (EDS)	PAL	FNSW
02244842	APO-FLAVOXATE (EDS)	APX	FNSW
02245480	PMS-FLAVOXATE (EDS)	PMS	FNSW

OXYBUTYNIN CHLORIDE

1MG/ML SYRUP

01924753	DITROPAN	JAN	FNSW
02223376	PMS-OXYBUTYNIN	PMS	FNSW

5MG TABLET

01924761	DITROPAN	JAN	FNSW
02158590	NU-OXYBUTYNIN	NXP	FNSW
02163543	APO-OXYBUTYNIN	APX	FNSW
02220059	OXYBUTYN	VAL	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)	PFI	FNSW
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2MG TABLET

02239065	DETROL (EDS)	PFI	FNSW
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G - Growth Hormone | H - Hepatitis | I - Immunization | J - Intron A | K - Meningitis | M - High Costs Drugs
U - Rheumatic Fever | V - Sexually Transmitted Diseases | W - Financial Assistance/Children-In-Care | X - Tuberculosis

86:00 SPASMOLYTICS

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE

225MG SUSTAINED RELEASE TABLET

02014270 PHYLLOCONTIN PFR FNSW

350MG SUSTAINED RELEASE TABLET

02014289 PHYLLOCONTIN-350 PFR FNSW

OXYTRIPHYLLINE

20MG/ML ELIXIR

00792942 PMS-OXYTRIPHYLLINE PMS FSW

100MG TABLET

00441724 APO-OXTRIPHYLLINE APX FSW

200MG TABLET

00441732 APO-OXTRIPHYLLINE APX FSW

300MG TABLET

00511692 APO-OXTRIPHYLLINE APX FSW

THEOPHYLLINE ANHYDROUS

5.33MG/ML ORAL SOLUTION

01966219 THEOLAIR MDA FNSW

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**)

00692700 APO-THEO-LA APX FNSW

02230087 NOVO-THEOPHYL SR NOP FNSW

400MG SUSTAINED RELEASE TABLET

02014165 UNIPHYL PFR FNSW

600MG SUSTAINED RELEASE TABLET

02014181 UNIPHYL PFR FNSW

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit
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88:00 VITAMINS

88:08.00 VITAMINS B

CYANOCOBALAMIN

1MG/ML INJECTION SOLUTION (10ML)

00521515	VITAMIN B12	SDZ	NW
01987003	CYANOCOBALAMIN	CYT	NW

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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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.

PYRIDOXINE

25MG TABLET

00268607	VITAMIN B6	VAL	OX
01943200	VITAMIN B6	ODN	OX

88:12.00 VITAMIN C

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.

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

88:00 VITAMINS

88:16.00 VITAMIN D

CALCITRIOL

0.25UG CAPSULE

00481823

ROCALTROL

HLR

FNSW

0.5UG CAPSULE

00481815

ROCALTROL

HLR

FNSW

ERGOCALCIFEROL

8,288IU/ML ORAL SOLUTION

02017598

DRISDOL

AVN

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

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.

A - AIDS/HIV | B - Community Mental Health | C - Cystic Fibrosis | D - Diabetes | E - Erythropoietin | F - Family Health Benefit
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88:00 VITAMINS

88:24.00 VITAMIN K ACTIVITY

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)

00804312

VITAMIN K1

SDZ

N

88:28.00 MULTIVITAMIN PREPARATIONS

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** - High Costs Drugs
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

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

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	BMS	FNSW
02139200	GEN-AMANTADINE	GPM	FNSW

AZATHIOPRINE

50MG TABLET

00004596	IMURAN	GSK	FNSW
02231491	GEN-AZATHIOPRINE	GPM	FNSW
02236819	NOVO-AZATHIOPRINE	NOP	FNSW
02242907	APO-AZATHIOPRINE	APX	FNSW

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

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

BROMOCRIPTINE

5MG CAPSULE

02230454	APO-BROMOCRIPTINE	APX	FNSW
02236949	PMS-BROMOCRIPTINE	PMS	FNSW

2.5MG TABLET

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

BUPROPION

SEE APPENDIX A FOR EDS CRITERIA

150 MG SUSTAINED RELEASE TABLET

02238441	ZYBAN (EDS)	BVL	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
02247073	RHOXAL-CYCLOSPORINE	SDZ	T

50MG CAPSULE

02150662	NEORAL	NVR	T
02247074	RHOXAL-CYCLOSPORINE	SDZ	T

100MG CAPSULE

02150670	NEORAL	NVR	T
02242821	RHOXAL-CYCLOSPORINE	RHP	T

100MG/ML ORAL SOLUTION

02150697	NEORAL	NVR	T
02244324	APO-CYCLOSPORINE	APX	T

G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

DONEPEZIL

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02232043 ARICEPT (EDS) PFI FNSW

10MG TABLET

02232044 ARICEPT (EDS) PFI FNSW

ETANERCEPT

SEE APPENDIX A FOR EDS CRITERIA

25MG/VIAL INJECTION

02242903 ENBREL (EDS) AMG M

50MG/ML PRE-FILLED SYRINGE

02274728 ENBREL (EDS) AMG M

ETIDRONATE DISODIUM

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

01997629 DIDRONEL (EDS) PGA FNSW

02245330 GEN-ETIDRONATE (EDS) GPM FNSW

02248686 CO ETIDRONATE (EDS) COB FNSW

ETIDRONATE DISODIUM & CALCIUM CARBONATE

SEE APPENDIX A FOR EDS CRITERIA

400MG & 1250MG TABLET (PACKAGE)

02176017 DIDROCAL (EDS) PGA FNSW

GALANTAMINE

SEE APPENDIX A FOR EDS CRITERIA

4MG TABLET

02244298 REMINYL (EDS) JAN FNSW

8MG TABLET

02244299 REMINYL (EDS) JAN FNSW

12MG TABLET

02244300 REMINYL (EDS) JAN FNSW

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

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

GLATIRAMER ACETATE

SEE APPENDIX A FOR EDS CRITERIA

20MG PRE-FILLED SYRINGE

02245619	COPAXONE (EDS)	TVM	M
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GLUCAGON (RECOMBINANT DNA ORIGIN)

INJECTION KIT

02243297	GLUCAGON KIT	LIL	N
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INFLIXIMAB

SEE APPENDIX A FOR EDS CRITERIA

100MG/VIAL INJECTION

02244016	REMICADE (EDS)	SCH	M
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INTERFERON BETA-1A

SEE APPENDIX A FOR EDS CRITERIA

30UG INJECTION POWDER

02237770	AVONEX (EDS)	BGN	M
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22UG SYRINGE

02237319	REBIF (EDS)	SRO	M
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44UG SYRINGE

02237320	REBIF (EDS)	SRO	M
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INTERFERON BETA-1B

SEE APPENDIX A FOR EDS CRITERIA

0.3MG INJECTION POWDER

02169649	BETASERON (EDS)	BEX	M
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KETOTIFEN FUMARATE

0.2MG/ML SYRUP

00600784	ZADITEN	PAL	FW
02176084	NOVO-KETOTIFEN	NOP	FW
02218305	NU-KETOTIFEN	NXP	FW
02221330	APO-KETOTIFEN	APX	FW

1MG TABLET

00577308	ZADITEN	PAL	FW
02230730	NOVO-KETOTIFEN	NOP	FW

G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

LEFLUNOMIDE

SEE APPENDIX A FOR EDS CRITERIA

10MG TABLET

02241888	ARAVA (EDS)	AVN	FNSW
02256496	APO-LEFLUNOMIDE (EDS)	APX	FNSW
02261251	NOVO-LEFLUNOMIDE (EDS)	NOP	FNSW

20MG TABLET

02241889	ARAVA (EDS)	AVN	FNSW
02256509	APO-LEFLUNOMIDE (EDS)	APX	FNSW
02261278	NOVO-LEFLUNOMIDE (EDS)	NOP	FNSW

LEVODOPA & CARBIDOPA

100MG & 10MG TABLET

00355658	SINEMET	BMS	FNSW
02182831	NU-LEVOCARB	NXP	FNSW
02195933	APO-LEVOCARB	APX	FNSW
02244494	NOVO-LEVOCARBIDOPA	NOP	FNSW

100MG & 25MG TABLET

00513997	SINEMET	BMS	FNSW
02182823	NU-LEVOCARB	NXP	FNSW
02195941	APO-LEVOCARB	APX	FNSW
02244495	NOVO-LEVOCARBIDOPA	NOP	FNSW

250MG & 25MG TABLET

00328219	SINEMET	BMS	FNSW
02182858	NU-LEVOCARB	NXP	FNSW
02195968	APO-LEVOCARB	APX	FNSW
02244496	NOVO-LEVOCARBIDOPA	NOP	FNSW

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
02245211	APO-LEVOCARB CR (EDS)	APX	FNSW

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

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

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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MYCOPHENOLATE SODIUM

180MG ENTERIC-COATED TABLET

02264560	MYFORTIC	NVR	T
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360MG ENTERIC-COATED TABLET

02264579	MYFORTIC	NVR	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

30MG INJECTION

02059762	AREDIA (EDS)	NVR	N
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02244550	PAMIDRONATE DISODIUM (EDS)	DBU	N
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02245998	PMS-PAMIDRONATE (EDS)	PMS	N
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02264951	RHOXAL-PAMIDRONATE (EDS)	SDZ	N
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G - Growth Hormone | **H** - Hepatitis | **I** - Immunization | **J** - Intron A | **K** - Meningitis | **M** - High Costs Drugs
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

PAMIDRONATE (Continued)

90MG INJECTION

02059789	AREZIA (EDS)	NVR	N
02244552	PAMIDRONATE DISODIUM (EDS)	DBU	N
02245999	PMS-PAMIDRONATE (EDS)	PMS	N
02264986	RHOXAL-PAMIDRONATE (EDS)	SDZ	N

90MG INJECTION POWDER

02059789	AREZIA (EDS)	NVR	N
02244552	PAMIDRONATE DISODIUM (EDS)	MPH	N

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

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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RIVASTIGMINE

SEE APPENDIX A FOR EDS CRITERIA

1.5MG CAPSULE

02242115	EXELON (EDS)	NVR	FNSW
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3.0MG CAPSULE

02242116	EXELON (EDS)	NVR	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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

RIVASTIGMINE (Continued)

4.5MG CAPSULE

02242117 EXELON (EDS) NVR FNSW

6.0MG CAPSULE

02242118 EXELON (EDS) NVR FNSW

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

1MG TABLET

02232567 REQUIP (EDS) GSK FNSW

2MG TABLET

02232568 REQUIP (EDS) GSK FNSW

5MG TABLET

02232569 REQUIP (EDS) GSK FNSW

SELEGILINE HCL

5MG TABLET

02068087 NOVO-SELEGILINE NOP FNSW

02230641 APO-SELEGILINE APX FNSW

02230717 NU-SELEGILINE NXP FNSW

02231036 GEN-SELEGILINE GPM FNSW

02238102 PMS-SELEGILINE PMS FNSW

SIROLIMUS

1MG/ML ORAL SOLUTION

02243237 RAPAMUNE WAY T

1MG TABLET

02247111 RAPAMUNE WAY T

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM CROMOGLYCATE

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

00500895	NALCROM (EDS)	AVN	FSW
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1% INHALATION SOLUTION (2ML)

02046113	PMS-SODIUM CROMOGLYCATE	PMS	FNSW
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02231431	APO-CROMOLYN	APX	FNSW
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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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URSODIOL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02238984	URSO (EDS)	AXC	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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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 that have not been reviewed for coverage by either the Canadian Expert Drug Advisory Committee (CEDAC) or the Atlantic Expert Advisory Committee (AEAC).
- EDS coverage will normally only be approved for the treatment of indications and in dosages listed in the official product monograph approved by Health Canada and published in the most recent edition of the Compendium of Pharmaceuticals and Specialities (CPS).
- EDS coverage will potentially be considered for any drug not listed as an open benefit under the:
 - Family Health Benefit Program
 - Financial Assistance Program
 - Nursing Home / Institutional Program
 - Seniors Drug Cost Assistance Plan
- EDS coverage limited to selected drugs with specific criteria under the:
 - AIDS/HIV Program
 - Diabetes Control Program
 - High Cost Drugs Program
 - Transplant Drugs Program
- EDS coverage will not be considered under the:
 - Community Mental Health Program
 - Cystic Fibrosis Program
 - Eprex Program
 - Growth Hormone Program
 - Hepatitis Program
 - Immunization Program
 - Intron A Program
 - Meningitis Program
 - Nutrition Services Program

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

- Phenylketonuria Program
 - Rabies Program
 - Sexually Transmitted Diseases Program
 - Tuberculosis Program
- 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, 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. **No requests will be accepted without a valid physician's signature.**
 - Exceptional Drug Requests with insufficient information to assess the request will be returned to the physician.
 - Please allow a minimum of 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 or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

- For some drugs a patient application is required in addition to the EDS Request. The patient application form is available in Appendix B of the Formulary or by contacting the PEI Drug Programs office at 1-877-577-3737 or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors
- Patients and prescribers are notified by letter if coverage has been approved. Patients must take a copy of the approval letter to their pharmacy to initiate coverage.
- The duration of approval of EDS coverage may range from a only time only fill to five or more years and will be based upon the medication requested and the condition being treated.
- Medications approved through the Exceptional Drug Status process shall be limited to a maximum 30 (thirty) day supply.
- 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.

Actos - see Thiazolidinediones

Advair - see Salmeterol & Fluticasone

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Advair Diskus - see Salmeterol & Fluticasone

Aldara - see Imiquimod

Alertec - see Modafinil

Amatine - see Midodrine HCl

Amerge - see Naratriptan HCl

Amiodarone, tablet, 200mg (Cordarone-WAY and generics)

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 or advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen.

Aranesp - see Darbepoetin alfa

Arava - see Leflunomide

Aredia - see Pamidronate Disodium

Aricept - see Cholinesterase Inhibitors (ChEI)

Arimidex - see Anastrozole

Aromasin - see Exemestane

Avandia - see Thiazolidinediones

Avelox - see Moxifloxacin

Avonex - see Interferon Beta-1A

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Azithromycin, tablet 250mg (Zithromax-PFI and generics)

- (a) For the treatment of upper and lower respiratory tract infections known to be resistant to or not responding to alternative antibiotics, including erythromycin. Up to 5 days of therapy will be considered.
- (b) For the treatment of moderate to severe exacerbations of chronic bronchitis.
- (c) For the treatment of infections in patients allergic to alternative antibiotics.
- (d) for the treatment of infections requiring a macrolide when there is documented intolerance to erythromycin.
- (e) For completion of hospital initiated treatments with macrolides or quinolones.
- (f) For the prevention and treatment of *Mycobacterium avium* complex.

Azithromycin, tablet, 600mg (Zithromax-PFI and generics)

For the prevention and treatment of *Mycobacterium avium* complex.

Benzylamine HCl, oral rinse, 0.15% (Tantum Oral Rinse-MDA and generics)

For oncology patients only.

Betahistine HCL, tablet, 16mg, 24mg (Serc-SLV)

For symptomatic treatment of the recurrent episodes of vertigo associated with Meniere's disease.

Betaseron - see Interferon Beta-1B

Biaxin - see Clarithromycin

Bicalutamide, tablet, 50mg (Casodex-AZE and generics)

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.

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. Pharmacy must call the drug programs office to have coverage set up initially. Coverage will be in place until the child's sixth birthday.
- (c) Other uses will be considered on a case by case basis.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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.**

Capecitabine, tablet, 150 mg and 500 mg (Xeloda-HLR)

- (a) For treatment of metastatic breast cancer as monotherapy in patients who have failed or cannot tolerate taxane-based therapy and who have an ECOG performance status of 0 - 2*.
- (b) For treatment of advanced or metastatic breast cancer in combination with docetaxel in patients who experience disease progression on or after anthracycline-containing chemotherapy and who have an ECOG performance status of 0 - 2*.
- (c) As a single agent in patients who have documented evidence of metastatic colorectal cancer, with an ECOG performance status of 0 - 2*, who choose not to receive combination chemotherapy (5-FU/LV/irinotecan) and/or are unable to tolerate first line therapy. This includes patients who are chemotherapy naive or who have progressed 6 months after completion of adjuvant 5-FU/LV therapy.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

Must be prescribed by an oncologist. Approvals will be granted for up to 6 months at one time.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

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

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.**

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Casodex - see Bicalutamide

Ceftin - see Cefuroxime

**Cefuroxime Axetil, tablets, 250mg, 500mg; oral suspension, 25mg/mL, 50mg/mL
(Ceftin-GSK and generics)**

- (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.)**

Cholinesterase Inhibitors (ChEI)

Donepezil, tablet, 5mg, 10mg (Aricept-PFI)

Galantamine, tablet, extended-release capsule, 8mg, 16mg, 24mg (Reminyl ER-JAN)

Rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Exelon-NVR)

For the treatment of patients with a diagnosis of mild to moderate probable Alzheimer's Disease or possible Alzheimer's Disease with a vascular component, with Lewy bodies, or other factors (as specified) and who meet the following criteria:

(a) Initial 90-day Trial

An initial 90-day trial using an available ChEIs is available to patients who:

- Have a diagnosis of probable or possible AD, **AND**
- Are 65 years of age or older (Coverage for patients less than 65 years of age will be considered upon receipt of a written consultation from a neurologist or geriatrician supporting the diagnosis and treatment, **AND**.)
- Have not previously used a ChEI, **AND**
- Have a Mini Mental State Examination (MMSE) score of between 10 and 24. An MMSE score of 25 or 26 will be considered upon receipt of a written consultation from a neurologist or geriatrician supporting the diagnosis and treatment.

All MMSEs must have been done within 90-days of the request for coverage.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Patients unable to tolerate the first ChEI or where their MMSE score remained between 10 and 24, but declined significantly during the trial, may also qualify for a second 90-day trial using a different ChEI. Patients must stop the first ChEI before coverage for the second 90-day trial of a ChEI will be approved. A maximum of two 90-day trials, using a different ChEI each time, will be approved for any one patient.

Requests for initial coverage must be made using the Exceptional Drug Request for Coverage of a Cholinesterase Inhibitor Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

(b) Continued Coverage

Continued coverage of an available ChEIs may be available to patients who:

- Participated in a 90-day trial of a ChEI during which their MMSE score remained between 10 and 24 and either stabilized or improved, **OR**
- Are 65 years of age or older and started a ChEI before the addition of the coverage of these medications and where their MMSE score has remained between 10 and 24 and has stabilized or improved since starting the medication (Patients less than 65 years of age also require a written consultation from a neurologist or geriatrician supporting the diagnosis and treatment. A copy of the consultation must be included with the Exceptional Drug Request.), **OR**
- Have been previously approved for 12-months of continued coverage, during which their MMSE score remained between 10 and 24 and either stabilized or improved. Continued coverage for patients with an MMSE score of 25 or 26 will also be considered upon receipt of a written consultation from a neurologist or geriatrician supporting the diagnosis and treatment.

All MMSEs must have been done within 90-days of the request for coverage.

Continued coverage will not be approved for patients where their latest MMSE score is less than 10 or has dramatically decreased during the previous trial or monitoring period.

Continued coverage will be approved for a maximum of twelve (12) months at a time.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Requests for continued coverage must be made using the Exceptional Drug Request for Coverage of a Cholinesterase Inhibitor Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Ciloxan - see Ciprofloxacin, ophthalmic solution

Cipro - see Ciprofloxacin, tablet

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

For treatment of ophthalmic infections caused by susceptible bacteria and not responding to alternative agents.

Ciprofloxacin HCl, tablet, 250mg, 500mg, 750mg (Cipro-BAY and generics)

- (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 the treatment of upper and lower respiratory tract infections known to be resistant to or not responding to alternative antibiotics, including erythromycin. Up to 10 days of therapy will be considered.
- (b) For the treatment of moderate to severe exacerbations of chronic bronchitis.
- (c) For the treatment of infections in patients allergic to alternative antibiotics.
- (d) for the treatment of infections requiring a macrolide when there is documented intolerance to erythromycin.
- (e) For completion of hospital initiated treatments with macrolides or quinolones.
- (f) For the prevention and treatment of *Mycobacterium avium* complex.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

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 six months.
- (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).

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

<p>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).</p> <p>Clozapine is only to be dispensed to patients upon receipt of weekly or bi-weekly hematological test results by the pharmacy.</p>		
Family Health Benefit and Financial Assistance Programs	Nursing Home Program	Seniors Drug Cost Assistance Plan
<p>(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.</p>	<p>(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.</p>	<p>(a) For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.</p>

Clozaril - see Clozapine

Comtan - see Entacapone

Copaxone - see Glatiramer Acetate

Cordarone - see Amiodarone

Coreg - see Carvedilol

Cyclobenzaprine HCl, tablet, 10mg (Generics)

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.**

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Darbepoetin Alfa, pre-filled syringe 25ug/mL, 40ug/mL, 100ug/mL, 200ug/mL

(Araesp-AMG)

For the treatment of severe anemia related to chronic renal failure in patients with:

- (a) Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL), **OR**
- (b) Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure, **OR**
- (c) Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies, **OR**
- (d) Anemia requiring transfusions in patients who have high levels of panel reactive anti HLA antibodies, **OR**
- (e) Severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.

The request for coverage must be made by a nephrologist or be based upon a consultation with a nephrologist. A copy of the consultation must accompany the request.

The request for coverage must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

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 and under 16 years of age refractory to bed wetting alarms or alternative agents. Maximum recommended daily dosage is 40µg.

Detrol - see Tolterodine

Dexiron - see Iron Dextran Complex

Didrocal - see Etidronate Disodium-Calcium Carbonate

Didronel - see Etidronate

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

Dilaudid XP - see Hydromorphone HCL, injection solution

Ditropan XL - see Oxybutynin Chloride

Duragesic - see Fentanyl

Elmiron - see Pentosan polysulfate sodium

Enbrel - see Etanercept

Enfuvirtide, injection kit, 90mg/mL (Fuzeon-HLR)

For the treatment of AIDS in patients:

- (a) Who have a CD4 count greater than 100 cells/mm³; **AND**
- (b) Who have a viral load less than 100,000 copies/mL; **AND**
- (c) Have previously received less than 11 antiretroviral agents; **AND**
- (d) Where therapy with enfuvirtide planned in combination with at least one other antiretroviral drug to which sensitivity has been demonstrated on resistance testing.

The request for coverage must be made by a neurologist using the Exceptional Drug Request for Enfuvirtide Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Epoetin Alfa, pre-filled syringe, 10,000iu/mL (Eprex-JAN)

For the treatment of severe anemia related to chronic renal failure in patients with:

- (a) Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL), **OR**
- (b) Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure, **OR**
- (c) Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies, **OR**
- (d) Anemia requiring transfusions in patients who have high levels of panel reactive anti HLA antibodies, **OR**
- (e) Severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.

The request for coverage must be made by a nephrologist or be based upon a consultation with a nephrologist. A copy of the consultation must accompany the request.

The request coverage for must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Eprex - see Epoetin Alfa

Estradiol, transdermal patch, 25ug, 50ug, 75ug, 100ug (Estradot-NVR and generics)

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

Estradot - see Estradiol

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Etanercept, injection powder, 25mg; pre-filled syringe, 50mg/mL (Enbrel-AMG)

For the treatment of Rheumatoid Arthritis in patients who:

1. Have not responded to a trial of at least 3 months of Leflunomide, **AND**
2. Have not responded to or have had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
3. Are intolerant to or has a contraindication to Methotrexate and are refractory to at least two of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
4. Are not a candidate for combination DMARD therapy but has had an adequate trial of Methotrexate and at least two of the following DMARDs in sequence: IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine,

An adequate trial is considered to be 5 months for IM Gold, 6 months for Penicillamine, 4 months for Hydroxychloroquine, and 3 months for all other traditional DMARDs.

Unless limited by toxicity, Methotrexate dosage should be increased up to 25 mg/week unless a response is achieved at a lower dose.

Initial approval for Etanercept is for 25 mg given twice monthly for 6 months. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The request for coverage must be made by a Rheumatologist using the Exceptional Drug Request for Coverage of Infliximab or Etanercept for Rheumatoid Arthritis Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Etidronate, tablet, 200mg (Didronel-PGA and generics)

For treatment of symptomatic Paget's disease of the bone for a 6 month period.
Coverage can be renewed after a drug holiday of at least 90 days.

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

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

Exelon - see Cholinesterase Inhibitors (ChEI)

Exemestane, tablet, 25mg (Aromasin-PFI)

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

Femara - see Letrozole

Fentanyl, transdermal patch, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic-JAN)

For treatment of severe chronic pain that is not well controlled by short and long-acting morphine and hydromorphone products.

Flavoxate, tablet, 200mg (Urispas-PAL and generics)

For treatment of spasms in the urinary tract in patients unresponsive or intolerant to listed alternatives, including oxybutynin regular tablets.

Floxin - see Ofloxacin

Fluconazole, tablet, 50mg, 100mg (Diflucan-PFI and generics)

- (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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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: Patients using these products must also have access to a short-acting beta-2 agonist bronchodilator for relief of acute symptoms.

Formoterol & Budesonide, powder for inhalation, 6ug & 100ug per dose, 6ug & 200ug per dose (Symbicort Turbuhaler-AZE)

For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.

Note: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for relief of acute symptoms.

Fuzeon - see Enfuvirtide

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

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

Glatiramer Acetate, syringe, 20mg/mL (Copaxone-TVM)

For the treatment of patients 18 years of age or older, diagnosed relapsing-remitting and secondary progressive multiple sclerosis, have had two attacks within the past two years, and have an EDSS score of 6.5 or less.

The request for coverage must be made by a neurologist using the Medical Screening Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Gleevec - see Imatinib

Hp-PAC - see Lansoprazole & Clarithromycin & Amoxicillin

Hydromorph Contin - see Hydromorphone HCl, controlled-release capsule

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Hydromorphone HCl, controlled-release capsule, 3mg, 6mg, 12mg, 18mg, 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 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

Imatinib, tablet, 100mg, 400mg (Gleevec-NVR)

- (a) For the treatment of patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0 - 2*.
- (b) For the treatment of patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST) and who have an ECOG performance status of 0 - 2*.

Must be prescribed by a hematologist or oncologist.

* Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Imiquimod, topical cream, 5% (Aldara-MDA)

For the treatment of external genital and perianal warts/condyloma acuminata in adults.

Imitrex - see Sumatriptan

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Infliximab, injection powder, 100mg (Remicade-SCH)

(a) Rheumatoid Arthritis

For the treatment of Rheumatoid Arthritis in patients who:

- Have not responded to a trial of at least 3 months of Leflunomide, **AND**
- Have not responded to or have had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
- Are intolerant to or has a contraindication to Methotrexate and are refractory to at least two of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
- Are not a candidate for combination DMARD therapy but has had an adequate trial of Methotrexate and at least two of the following DMARDs in sequence: IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine,

An adequate trial is considered to be 5 months for IM Gold, 6 months for Penicillamine, 4 months for Hydroxychloroquine, and 3 months for all other traditional DMARDs.

Unless limited by toxicity, Methotrexate dosage should be increased up to 25 mg/week unless a response is achieved at a lower dose.

Initial approval for Infliximab is for 3 mg/kg/dose given at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The request for coverage must be made by a Rheumatologist using the Exceptional Drug Request for Coverage of Infliximab or Etanercept for Rheumatoid Arthritis Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

(b) Moderate to Severe Crohn's Disease

For the treatment of moderate to severe Crohn's Disease in patients who:

- Have a Harvey Bradshaw Index score of 7 or more, **AND**
- Have not responded to 5-ASA Products (minimum trial of 3 grams per day for 6 weeks), **AND**
- Have not responded to or are intolerant to Glucocorticosteroid Therapy (e.g. Prednisone) or where such therapy is contraindicated, **AND**
- Have not responded to or are intolerant to Immunosuppressive Therapy (Azathioprine or Mercaptopurine, or Methotrexate) or where such therapy is contraindicated.

Initial approval for Infliximab will allow for 3 doses of 5 mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The request for coverage must be made by a Gastroenterologist using the Exceptional Drug Request for Coverage of Infliximab for Moderate to Severe Crohn's Disease Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

(c) Fistulizing Crohn's Disease

For the treatment of fistulizing Crohn's Disease in patients who:

- Have a Harvey Bradshaw Index score of 7 or more, **AND**
- Have an actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite a course of appropriate antibiotic therapy (e.g. Ciprofloxacin with or without Metronidazole for a minimum of 3 weeks), **AND**
- Have not responded to or are intolerant to Immunosuppressive Therapy (Azathioprine or Mercaptopurine, or Methotrexate) or where such therapy is contraindicated.

Initial approval for Infliximab will allow for 3 doses of 5 mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

The request for coverage must be made by a Gastroenterologist using the Exceptional Drug Request for Coverage of Infliximab for Fistulizing Crohn's Disease Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Infufer - see Iron Dextran Complex

Interferon Alfa-2B, premixed solution, 6 million iu/mL, 10 million iu/mL; multi-dose pen, 15 million iu/mL, 25 million iu/mL, 50 million iu/mL (Intron A)

For the treatment of Hairy Cell Leukemia, AIDS-related Kaposi's Sarcoma, and Basal Cell Carcinoma.

The request for coverage must be made to the Chief Health Officer (ph: 902-368-4996).

Interferon Beta-1A, injection powder, 30ug (Avonex-BGN); syringe, 22ug, 44ug (Rebif-SRO)

For the treatment of patients 18 years of age or older, diagnosed relapsing-remitting and secondary progressive multiple sclerosis, have had two attacks within the past two years, and have an EDSS score of 6.5 or less.

The request for coverage must be made by a neurologist using the Medical Screening Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Interferon Beta-1B, injection powder, 0.3mg (Betaseron-BEX)

For the treatment of patients 18 years of age or older, diagnosed relapsing-remitting and secondary progressive multiple sclerosis, have had two attacks within the past two years, and have an EDSS score of 6.5 or less.

The request for coverage must be made by a neurologist using the Medical Screening Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Intron A - see Interferon Alfa-2B

Iron Dextran Complex, injection solution, 50mg/mL (Infufer-SAB, Dexiron-GPM)

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 (generics)

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

Lamisil - see Terbinafine

Lansoprazole - see Proton Pump Inhibitors

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

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

Leflunomide, tablet, 10mg, 20mg (Arava-AVT and generics)

For treatment of patients with active rheumatoid arthritis who:

- (a) Have not responded to or have had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
- (b) Are intolerant to or has a contraindication to Methotrexate and are refractory to at least two of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Letrozole, tablet, 2.5mg (Femara-NVR)

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

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 and generics)

- (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.

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 and generics)

- (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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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 and generics)

For treatment of acne unresponsive to tetracycline.

Mirapex - see Pramipexole Dihydrochloride

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 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.**

Moxifloxacin, tablet, 400mg (Avelox-BAY)

- (a) For the treatment of severe pneumonia in nursing home patients. No Exceptional Drug Request is required.
- (b) For the completion of therapy instituted in the hospital setting for the treatment of severe community acquired pneumonia.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

Norfloxacin, tablet, 400mg (Noroxin-MSD and generics)

- (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

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.

Ofloxacin, ophthalmic solution, 0.3% (Ocuflox and generics)

For treatment of ophthalmic infections caused by susceptible bacteria and not responding to alternative agents.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Ofloxacin, tablet, 200mg, 300mg, 400mg (Floxin-JAN and generics)

- (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); orally disintegrating tablet, 5mg, 10mg, 15mg (Zyprexa Zydys-LIL)

Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)	Nursing Home Program (Exceptional Drug Request Required)	Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)
<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</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. 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.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Exceptional Drug Request.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Exceptional Drug Request.</p>

Omeprazole - see Proton Pump Inhibitors

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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.

Oxycarbazepine, tablet, 150mg, 300mg, 600mg (Trileptal-NVR)

For use in patients who have a diagnosis of epilepsy and have had an inadequate response to or are intolerant to at least 3 other formulary agents (prior or current use), including carbamazepine.

Pamidronate Disodium, injection powder, 90mg vial (Aredia-NVR and generics)

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

Pegasys - see Peginterferon Alfa-2A

Pegasys RBV - see Peginterferon Alfa-2A & Ribavirin

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Pegatron Redipen - see Peginterferon Alfa-2B & Ribavirin

Peginterferon Alfa-2A, vial, 180ug/mL; pre-filled syringe, 180ug/mL (Pegasys-HLR)

For the treatment of Hepatitis C.

The request for coverage must be made to the Chief Health Officer (ph: 902-368-4996).

Peginterferon Alfa-2A & Ribavirin, vial, 180ug/mL & capsule, 200mg; pre-filled syringe, 180ug/mL & capsule 200mg (Pegasys RBV-HLR)

For the treatment of Hepatitis C.

The request for coverage must be made to the Chief Health Officer (ph: 902-368-4996).

Peginterferon Alfa-2B & Ribavirin, pen, 80ug/0.5mL & capsule, 200mg; pen, 100ug/mL & capsule, 200mg; pen, 120ug/mL & capsule, 200mg; pen, 150ug/mL & capsule, 200mg (Pegatron Redipen-SCH)

For the treatment of Hepatitis C.

The request for coverage must be made to the Chief Health Officer (ph: 902-368-4996).

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

For treatment of interstitial cystitis where other treatments have failed.

Plavix - see Clopidogrel

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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Proton Pump Inhibitors

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

Omeprazole, capsule, 20mg (Apo-Omeprazole-APX)

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 H₂ antagonist therapy, up to 12 consecutive weeks of therapy will be considered.
- Diagnosis must be confirmed by endoscopy or radiology report. **A copy of the most recent report supporting the diagnosis must be included with the request.**

(b) Duodenal Ulcer

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

(c) Esophagitis

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

(e) Barrett's Esophagitis

- For treatment of Barrett's Esophagitis.
- Diagnosis must be confirmed by a specialist qualified to diagnose and treat condition. **A copy of the specialists report must be included with the request.**

(f) Zollinger-Ellison Syndrome

- For treatment of Zollinger-Ellison Syndrome resistant to at least 4 weeks of H₂ antagonist therapy.
- 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

(g) *Helicobacter pylori* Eradication

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

Quetiapine, tablet, 25mg, 100mg, 150mg, 200mg (Seroquel-AZE)

Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)	Nursing Home Program (Exceptional Drug Request Required)	Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)
<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</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. 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.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Exceptional Drug Request.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Exceptional Drug Request.</p>

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Rabeprazole - see Proton Pump Inhibitors

Rebif - see Interferon Beta-1A

Remicade - see Infliximab

Reminyl ER - see Cholinesterase Inhibitors (ChEI)

Requip - see Ropinirole

Risperdal - see Risperidone

Risperdal M-Tab - see Risperidone

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Risperidone, tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Risperdal-JAN); orally disintegrating tablet, 0.5mg, 1mg, 2mg (Risperdal M-Tab-JAN)

Family Health Benefit and Financial Assistance Programs (No Exceptional Drug Request Required)	Nursing Home Program	Seniors Drug Cost Assistance Plan (Exceptional Drug Request Required)
<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> <ul style="list-style-type: none"> i. Upon prescription by a psychiatrist or geriatrician; or ii. From other practitioners in consultation with a psychiatrist or geriatrician. <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</p> <ul style="list-style-type: none"> i. Upon prescription by a psychiatrist or geriatrician; or ii. From other practitioners in consultation with a psychiatrist or geriatrician. <p>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.</p>	<p>(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided without an Exceptional Drug Request 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. A copy of the recommendation must accompany the Exceptional Drug Request.</p> <p>(c) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Exceptional Drug Request.</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. A copy of the recommendation must accompany the Exceptional Drug Request.</p> <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Exceptional Drug Request.</p>

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for relief of acute symptoms.

Salmeterol & Fluticasone, aerosol inhalation, 25ug & 125ug per dose, 25ug & 250ug per dose (Advair-GSK); inhaled powder disk, 50ug & 100ug per dose, 50ug & 250ug per dose, 50ug & 500ug per dose (Advair Diskus- GSK)

For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.

Note: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for relief of acute symptoms.

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

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

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

Sumatriptan, tablet, 25mg, 50mg, 100mg; nasal spray, 5mg, 20mg; injection 6mg/0.5mL (Imitrex DF-GSK and generics)

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

Symbicort Turbuhaler - see Formoterol & Budesonide

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

Taro-Ciprofloxacin - see Ciprofloxacin

Temodal - see Temozolomide

Temozolomide, capsule, 5mg, 20mg, 100mg, 250mg (Temodal-SCH)

For the treatment of patients with glioblastoma multiforme or anaplastic astrocytoma and documented evidence of recurrence or progression after standard therapy.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Tenofovir, tablet, 300mg (Viread-GIL)

For the treatment of AIDS in patients where:

- (a) Genotypic resistance test documenting sensitivity to tenofovir; **AND**
- (b) Nucleoside reverse transcriptase inhibitor (NRTI) experienced, defined as at least 6 months of therapy with NRTIs, unless constrained by adverse drug events; **AND**
- (c) Therapy with tenofovir planned in combination with at least one other antiretroviral drug to which sensitivity has been demonstrated on resistance testing; **AND**
- (d) Virologic failure as confirmed by HIV RNA level greater than 50 copies/ml after 6 months and less than 1 log drop after 12 weeks on most recent antiretroviral regimen (optimized based on resistance testing) **OR** there is an inability to construct a viable three-drug regimen from other available antiretrovirals due to intolerance or resistance.

The request for coverage must be made by a neurologist using the Exceptional Drug Request for Tenofovir Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Terbinafine, tablet, 250mg (Lamisil-GSK and generics)

For the treatment of severe onychomycosis caused by dermatophyte fungi.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Thiazolidinediones

Pioglitazone, tablet, 15mg, 30mg, 45mg (Actos-LIL)

Rosiglitazone, tablet, 2mg, 4mg, 8mg (Avandia-GSK)

For the treatment of patients diagnosed with Type II diabetes, and who have:

- (a) Inadequate glycemic control¹ on optimal doses² of sulfonylurea and metformin; **OR**
- (b) Demonstrated intolerance or contraindication to metformin³ and are on optimal doses² of sulfonylurea; **OR**
- (c) Demonstrated intolerance or contraindication to sulfonylurea⁴ and are on optimal doses² of metformin; **OR**
- (d) Inadequate glycemic control¹ on optimal doses² of metformin and a BMI \geq 27.

¹ Most recent (within the past 12 months) HbA_{1c} required: $>7\%$ and $<10\%$. The addition of a thiazolidinedione would not be expected to decrease the HbA_{1c} to satisfactory levels in patients with a HbA_{1c} greater than 10.

² Maximum doses: Metformin 2500mg/day, Chlorpropamide 500mg/day, Gliclazide regular tablets 320mg/day, Gliclazide modified-release tablets 120 mg/day, Glimepiride 4 mg/day, Glyburide 20 mg/day.

³ Metformin: Intolerance - GI adverse effects; Contraindications - renal impairment (SrCr $>$ 130 mmol/L) or hepatic failure, acute or chronic metabolic acidosis.

⁴ Sulfonylureas: Intolerance - Hypoglycemia; Contraindications - sulfa allergy, severe renal insufficiency (CrCl $<$ 50mL/min).

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Ticlid - see Ticlopidine

Ticlopidine HCL, tablet, 250mg (Ticlid-HLR and generics)

- (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 six months.

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.

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Tizandine HCl, tablet 4mg (Zanaflex-DPY and generics)

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.

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.

Trileptal - see Oxycarbazepine

Urispas - see Flavoxate

Urso - see Ursodiol

Ursodiol, tablet, 250mg (Urso-AXC)

For management of cholestatic liver diseases, such as primary biliary cirrhosis.

Valcyte - see Valganciclovir

Valganciclovir, tablet, 450mg (Valcyte-HLR)

- (a) For the treatment of cytomegalovirus (CMV) retinitis in patients with AIDS.
- (b) For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at risk.

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.**

Viread - see Tenofovir

Wellbutrin SR - see Bupropion HCl

Xeloda - see Capecitabine

Zanaflex - see Tizanidine HCl

APPENDIX A - EXCEPTIONAL DRUG STATUS COVERAGE

Zithromax - see Azithromycin

Zofran - see Ondansetron

Zolmitriptan, tablet, 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

Zyprexa Zydis - see Olanzapine

Zyvoxam - see Linezolid

APPENDIX B

EDS Request Forms



Social Services
and Seniors

HIGH COST DRUGS PROGRAM APPLICATION

Who is the program for?

The High Cost Drugs Program provides assistance to Islanders for the purchase of approved high cost drugs.

What medications are covered?

The following medications are currently approved for coverage by the program:

Cancer Medications

Gleevec (imatinib)
Xeloda (capecitabine)

Diabetes Medications

Actos (pioglitazone)
Avandia (rosiglitazone)

Other Medications

Enbrel (etanercept)
Remicade (infliximab)

All medications covered by the program have specific medical criteria that must be met before coverage will be approved.

Do you qualify?

To qualify for coverage by the program:

- You must be eligible for PEI Medicare;
- You must apply for coverage by completing a high cost drugs program application form and provide the program with family income information; and
- Your physician must provide the program with appropriate medical information to show that your condition meets the criteria for coverage of the medication requested.

About prescriptions

Prescriptions may be filled at any retail pharmacy in PEI when you present your valid PEI provincial health card.

You can fill your prescriptions for a maximum one month (30-day) supply of medication at one time.

The program **does not cover** prescriptions filled before your coverage is approved and you have received a letter telling you that you have been approved for coverage.

What do you have to pay?

When you fill your prescription you must pay a part of the drug cost plus the pharmacy professional fee. Your part of the drug cost is based on your total net household income for the previous taxation year. Depending on your household income, your portion of the drug cost may range from \$2.00 to all of the drug cost. The pharmacy professional fee may be different at different pharmacies.

The program will pay the pharmacy directly for the remainder of the prescription cost

How do I apply?

1. Have your physician provide the drug programs with all of the required medical information using the proper Exceptional Drug Request form. Coverage of Enbrel and Remicade requires your physician to use separate Exceptional Drug Request forms.
2. Complete the attached program application form.
3. Mail your completed application form and the required Canada Review Agency information to:

PEI Drug Programs
P.O. Box 2000
Charlottetown, PE C1A 7N8

About two to three weeks after you apply, you should received a letter telling you whether or not you qualify for coverage and how much you must pay toward the drug cost. You are eligible for coverage for 12 months from the date stated in the letter. No coverage will be provided before the date stated in the letter.

To continue coverage, you must reapply two months before your expiry date.

If you leave PEI to live elsewhere, your eligibility will end on the day that you leave.

Application Instructions

Before you start to fill out the application, you need to gather income tax information about the people in your household.

For people receiving Social Assistance coverage, no income information is required. However, you still need to complete the Applicant Information section of the application form, sign the Statement of Accuracy, and return the completed application form to the Drug Programs office.

For people in your household who completed an income tax return, get the most recent **original** income tax Notice of Assessment, **or** Notice of Re-assessment, **or** current acceptable net income verification from the Canada Revenue Agency. You do not need income information for full-time students.

For self-employed people three years of income tax information is required. Calculate their net income by averaging the last three years of net income amounts (or fewer years if in business for less than three years).

All original income tax information will be returned to you.

Tips for Calculating and Reporting Net Household Income

We will use the income tax information to determine the part of the drug cost that you will have to pay.

Each year after the Canada Revenue Agency processes individual tax returns, it sends each tax filer a **Notice of Assessment** to summarize data from the return. If changes are necessary, it will send a **Notice of Re-assessment**.

If you have your most recent Notice of Assessment, or Re-assessment, show the number it provides for “Net Income” on the Application Form and attach the original Notice of Assessment Form, or Re-assessment, for each household member.

If you do not have your most recent Notice of Assessment, or Re-assessment, you will have to obtain acceptable net income verification from the Canada Revenue Agency. You can call the Canada Revenue Agency in Charlottetown at 1-800-725-4425 (toll free)

Filling Out the Application

- The following definitions might be helpful:

Household Members: All persons related to the applicant (e.g. their spouse or common law partner, dependants, siblings, parents or guardians, or others) that live in one house.

Full-Time Student: A child under 25 years of age and enrolled full-time (taking three or more courses per semester or term) in a recognized educational institution.

- Please list all household members. This information is used to calculate the dependant deduction.
- Please provide complete “**Net Income**” information for all household members who completed tax returns last year, except full-time students.
- Check over the application to ensure all questions are completely answered, all information provided is correct, and all original Canada Revenue Agency information is enclosed. Incomplete or inaccurate applications will not be processed and will be returned.
- Sign and date the application, separate it from the cover page and send all materials to:

PEI Drug Programs
P.O. Box 2000
Charlottetown, PE C1A 7N8

High Cost Drugs Program Application - Page 2

Statement of Information Accuracy

I certify that the information provided on this application for the High Cost Drugs Program is accurate and true. I understand that it is an offense to give false information in this application. If I make known false statements my benefits may be adjusted or terminated.

I authorize the Department of Social Services and Seniors to use my Social Insurance Number to verify income information provided in this application with the Canada Revenue Agency.

Your signature or mark (X)	Date
Signature of witness when signing by mark (X)	Date

When you have completed this application please:

1. Read it over to make sure you haven't missed anything.
2. For each eligible person with an income, attach original(s) of the:
 - Notice of Assessment or
 - Notice of Re-assessment or
 - Acceptable net income verification from the Canada Revenue Agency
3. For household members who were self employed during the previous year, include:
 - Notice of Assessment or
 - Notice of Re-assessment or
 - Acceptable net income verification from the Canada Revenue Agency for the previous three years (or fewer years if in business for less than three years).
4. Ensure the application is signed, dated, and witnessed if signed using an 'X'.
5. Ensure your physician has completed the proper Exceptional Drug Request Form and sent it to the drug programs office.

If you have any questions regarding the application process call 368-4947 in Charlottetown or 1-877-577-3737 (free of charge long distance).

Please allow 2 to 3 weeks for processing of your application.

You will receive a letter notifying you of your date of eligibility and the amount you will have to pay for the High Cost Drugs Program.

Mail this application and required documents to:

**PEI Drug Programs
P.O. Box 2000
Charlottetown, PE C1A 7N8**



Social Services
and Seniors

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF A CHOLINESTERASE INHIBITOR

Part 1 - Patient Information

Surname	Given Name	Personal Health Number	Date of Birth
			DD MM YYYY
Mailing Address			Telephone Number
Name of Pharmacy Patient Will Use If Drug Approved			

Part 2 - Diagnostic Information

The cause of the patient's dementia is (check as appropriate):

- probable Alzheimer's Disease
- probable Alzheimer's Disease with vascular component
- probable Alzheimer's Disease with Lewy bodies
- possible Alzheimer's Disease with other (specify): _____

Current MMSE score is (must be within 90-days of application): _____

Previous MMSE score was: _____ Date: _____

Patients less than 65 years of age will require a written consultation from a neurologist or geriatrician supporting the diagnosis and treatment. A copy of the consultation must be included with the Exceptional Drug Request.

Part 3 - Cholinesterase Inhibitor

Cholinesterase inhibitor requested and dosage:

- Donepezil (Aricept®)
- Galantamine (Reminyl®) Dosage: _____ mg _____ times daily
- Rivastigmine (Exelon®)

Type of coverage requested (check as appropriate):

- Request for an initial 90-day trial of a cholinesterase inhibitor.
- Request for a second 90-day trial using a second cholinesterase inhibitor.

Please identify the previous cholinesterase inhibitor: _____ Date started: _____

Reason a previous cholinesterase inhibitor was discontinued:

- important deterioration in dementia symptoms
- drug interactions
- gastrointestinal side-effects
- drug-disease interactions
- syncope
- sleep disturbances
- delirium
- other (specify): _____

Request for continued coverage of a cholinesterase inhibitor. Date Started: _____

Part 4 - Physician Information

Name	Telephone Number
Mailing Address	Fax Number

The PEI Drug Programs may request additional documentation to support this Exceptional Drug Request.

Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI Drug Programs. If you have any questions about this collection of personal information, you may contact the PEI Drug Programs office at the address below.

Physician's Signature: _____ Date: _____

Please return completed form to:

Exceptional Drug Requests
PEI Drug Programs
P.O. Box 2000
Charlottetown, PE C1A 7N8
Fax No. (902) 368-4905

January 2006



Social Services and Seniors

ERYTHROPOIETIN PROGRAM APPROVAL FORM

Patient Name:						Date of Birth:					
P.E.I. Health Card Number:						Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>					
Mailing Address:				City or Town:				Postal Code:			
Home Phone Number:						Work Phone Number:					
Do you have other drug insurance coverage? No <input type="checkbox"/> Yes <input type="checkbox"/>						Group Number:		Plan Number:			
If yes, provide Group Name:											
Referring Source: Nephrologist Office <input type="checkbox"/> CRIC <input type="checkbox"/> HDU <input type="checkbox"/> Transplant Clinic <input type="checkbox"/> Other <input type="checkbox"/>											
Referral Phone Number:						Referral Fax Number:					
Reason For Referral:											
<input type="checkbox"/> 1. Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL). <input type="checkbox"/> 2. Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure. <input type="checkbox"/> 3. Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies. <input type="checkbox"/> 4. Anemia requiring transfusions in patients who have high levels of panel reactive anti HLA antibodies. <input type="checkbox"/> 5. Patients with severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.											
Serum Ferritin Level:						Hb Level:					
Drug Requested: Eprex™ (Epoetin Alpha) <input type="checkbox"/> Aranesp™ (Darbepoetin Alfa) <input type="checkbox"/>											
Specify dosage, route, and frequency:											
Physician Name:				Physician Signature:				Date:			
Prescription Given to Patient? Yes <input type="checkbox"/> No <input type="checkbox"/>						Administration Will Be By: Self <input type="checkbox"/> Home Care <input type="checkbox"/> Other <input type="checkbox"/>					
Name of PEI Physician:											

Fax or mail completed form to:
Erythropoietin Program
PEI Drug Programs
Box 2000, 16 Fitzroy Street
Charlottetown, PE, C1A 7N8
Fax: 902-368-4905

FOR PEI USE ONLY:											
Approval Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>											
Prescription to be filled at:											
<input type="checkbox"/> Hospital Pharmacy (name): <input type="checkbox"/> Retail Pharmacy (name):											
Payment: Full <input type="checkbox"/> Copay <input type="checkbox"/>											
Notification: Patient <input type="checkbox"/> PEI Physician <input type="checkbox"/> Referring Source <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dialysis Unit <input type="checkbox"/> Home Care <input type="checkbox"/>											

PEGETRON AND PEGASYS REQUEST FORM

Patient Name (last name, first name, middle initial):	Date of Birth	Health Card Number														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">MO</td> <td style="width: 20%; text-align: center;">DAY</td> <td style="width: 20%; text-align: center;">YEAR</td> </tr> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table>	MO	DAY	YEAR				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>								
MO	DAY	YEAR														
Mailing Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>															
Home Phone Number:	Work Phone Number:															

Pre-Treatment ALT (check one):	Category I	Normal <input type="checkbox"/>	Date:
	Category II	1.5 x Normal <input type="checkbox"/>	Date:
	Category III	> 1.5 x Normal <input type="checkbox"/>	Date:

Medication Requested (check requested medication and dosage):

- Pegatron (Peginterferon alfa-2b + Ribavirin) (check required dose based upon patient weight):**

Patient Weight (kg)	Recommended Dosage		
	Peginterferon alfa-2b (µg per vial or Redipren)	Ribavirin	
		Daily Dose (mg)	Number of Capsules
<input type="checkbox"/> < 40	50	800	2 in AM and 2 in PM
<input type="checkbox"/> 40 to 49	60	800	2 in AM and 2 in PM
<input type="checkbox"/> 50 to 53	80	800	2 in AM and 2 in PM
<input type="checkbox"/> 54 to 74	100	1000	2 in AM and 3 in PM
<input type="checkbox"/> 75 to 84	120	1000	2 in AM and 3 in PM
<input type="checkbox"/> > 84	150	1200	3 in AM and 3 in PM

- Pegasys (Peginterferon alfa-2a + Ribavirin) (check required dose based upon genotype and patient weight):**

Genotype	Patient Weight (kg)	Recommended Dosage		
		Peginterferon alfa-2a (µg per vial or syringe)	Ribavirin	
			Daily Dose (mg)	Number of Tablets
1 or 4	<input type="checkbox"/> < 75	150	1000	2 in AM and 3 in PM
	<input type="checkbox"/> ≥ 75	150	1200	3 in AM and 3 in PM
2 or 3	<input type="checkbox"/> not applicable	150	800	2 in AM and 2 in PM

Please also send a prescription for the requested medication and any subsequent changes in dosage to the Provincial Pharmacy (fax: 902-368-4905).

Patient must contact the Provincial Pharmacy to make arrangements for picking up all required medications (ph: 368-4947 in Charlottetown; 1-877-577-3737 toll-free in PEI).

Send Form to: Chief Health Officer
 Department of Health and Social Services
 P.O. Box 2000
 Charlottetown, PE C1A 7N8 Fax: 902-368-4969

(See over for Treatment Algorithm)

Physician's Signature: _____ Date: _____



Social Services
and Seniors

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFLIXIMAB OR ETANERCEPT FOR RHEUMATOID ARTHRITIS

Part 1 - Patient Information

Patient's Name (last name, first name, middle initial)			
Provincial Health Number	Date of Birth (DD/MM/YYYY)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Weight (kg)
<p>When patient available, please complete:</p> <p>I authorize the prescriber to release information to the PEI Drug Programs related to this Exceptional Drug Request.</p> <p>Patient's Signature (optional): _____ Date: _____</p>			

Part 2 - Rheumatologist Information

Name	Telephone #
Mailing Address	Fax #
<p>The PEI Drug Programs may request additional documentation to support this Exceptional Drug Request.</p> <p>Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI Home Oxygen Program. If you have any questions about this collection of personal information, you may contact the program office at 902-368-6130 or at the address below.</p> <p>Physician's Signature: _____ Date: _____</p>	

To send completed Exceptional Drug Request or to obtain further information, please contact:

Remicade and Enbrel Program
PEI Drug Programs
P.O. Box 2000, 16 Fitzroy St.
Charlottetown, PE C1A 7N8

Telephone: 1-902-368-4947
Fax: 1-902-368-4905

Drug Program Use Only	
<input type="checkbox"/> Accepted for Coverage <input type="checkbox"/> Infliximab (state dosage and anticipated dosing frequency): _____ <input type="checkbox"/> Etanercept (state dosage and anticipated dosing frequency): _____	
<input type="checkbox"/> Rejected for Coverage (state reason): _____	
Effective Date (DD/MM/YYYY):	Termination Date (DD/MM/YYYY):

Continued on Page 2 (over)...

November 14, 2005

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFlixIMAB OR ETANERCEPT FOR RHEUMATOID ARTHRITIS - PAGE 2

Part 3 - For Initial 6 Months of Coverage

Medication Requested: <input type="checkbox"/> Infliximab <input type="checkbox"/> Etanercept	
Initial approval for Infliximab is for 3 mg/kg/dose given at 0, 2, and 6 weeks then every 8 weeks thereafter.	
Initial approval for Etanercept is for 25 mg given twice weekly.	
Coverage will be for a maximum of 6 months. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.	
The above named applicant meets the following medical criteria for coverage of Infliximab or Etanercept for the treatment of Rheumatoid Arthritis (Please check the relevant boxes below):	
<input type="checkbox"/> Patient has not responded to a trial consisting of at least 3 months of Leflunomide	
AND	
<input type="checkbox"/> Patient has not responded to or has had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs):	
<input type="checkbox"/> IM Gold <input type="checkbox"/> Sulfasalazine <input type="checkbox"/> Hydroxychloroquine <input type="checkbox"/> Azathioprine <input type="checkbox"/> Chloroquine <input type="checkbox"/> Penicillamine	
OR	
<input type="checkbox"/> Patient is intolerant to or has a contraindication to Methotrexate and is refractory to a combination of at least two of the following DMARDs:	
<input type="checkbox"/> IM Gold <input type="checkbox"/> Sulfasalazine <input type="checkbox"/> Hydroxychloroquine <input type="checkbox"/> Azathioprine <input type="checkbox"/> Chloroquine <input type="checkbox"/> Penicillamine	
OR	
<input type="checkbox"/> Patient is not a candidate for combination DMARD therapy but has had an adequate trial of Methotrexate and at least two of the following DMARDs in sequence:	
<input type="checkbox"/> IM Gold <input type="checkbox"/> Sulfasalazine <input type="checkbox"/> Hydroxychloroquine <input type="checkbox"/> Azathioprine <input type="checkbox"/> Chloroquine <input type="checkbox"/> Penicillamine	
An adequate trial is considered to be 5 months for IM Gold, 6 months for Penicillamine, 4 months for Hydroxychloroquine, and 3 months for all other traditional DMARDs.	
Unless limited by toxicity, Methotrexate dosage should be increased up to 25 mg/week unless a response is achieved at a lower dose.	

Part 4 - Renewal for Annual Coverage

Coverage will be for a maximum of 12 months. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.			
Medication Requested: <input type="checkbox"/> Infliximab <input type="checkbox"/> Etanercept			
Efficacy: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Marked			
Month & Year Patient Began Infliximab or Etanercept Therapy	Current Dose of Infliximab or Etanercept	Current Dosing Interval	Patient's Weight (kg)
Concurrent Rheumatoid Arthritis Therapy:	Drug	Dose	Frequency
	Drug	Dose	Frequency
	Drug	Dose	Frequency



Social Services
and Seniors

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFLIXIMAB FOR MODERATE TO SEVERE ACTIVE CROHN'S DISEASE

Part 1 - Patient Information

Patient's Name (last name, first name, middle initial)			
Provincial Health Number		Date of Birth (DD/MM/YYYY)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Weight (kg)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>When patient available, please complete:</p> <p>I authorize the prescriber to release information to the PEI Drug Programs related to this Exceptional Drug Request.</p> <p>Patients Signature (optional): _____ Date: _____</p>			

Part 2 - Gastroenterologist Information

Name	Telephone #
Mailing Address	Fax #
<p>The PEI Drug Programs may request additional documentation to support this Exceptional Drug Request.</p> <p>Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI Home Oxygen Program. If you have any questions about this collection of personal information, you may contact the program office at 902-368-6130 or at the address below.</p> <p>Physician's Signature: _____ Date: _____</p>	

To send completed Exceptional Drug Request or to obtain further information, please contact:

Remicade and Enbrel Program
PEI Drug Programs
P.O. Box 2000, 16 Fitzroy St.
Charlottetown, PE C1A 7N8

Telephone: 1-902-368-4947
Fax: 1-902-368-4905

Continued on Page 2 (over)...

Drug Program Use Only	
<input type="checkbox"/> Accepted for Coverage (state dosage and anticipated dosing frequency): _____	
<input type="checkbox"/> Rejected for Coverage (state reason): _____	
Effective Date (DD/MM/YYYY):	Termination Date (DD/MM/YYYY):

November 14, 2005

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFlixIMAB FOR MODERATE TO SEVERE CROHN'S DISEASE - PAGE 2

Part 3 - For Initial Coverage

Initial approval for Infliximab will allow for 3 doses of 5 mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The above named applicant meets the following medical criteria for coverage of Infliximab for the treatment of moderate to severe active Crohn's Disease (Please check the relevant boxes below):

Patient has moderate to severe active Crohn's Disease with a Harvey Bradshaw Index score of 7 or more.

AND

Patient has not responded to 5-ASA Products (minimum trial of 3 grams per day for 6 weeks). Specify DRUG, DOSE, and DURATION of treatment:

AND

Glucocorticosteroid Therapy (e.g. Prednisone)

Patient has not responded to initial therapy. Specify DRUG, DOSE, and DURATION of treatment:

OR

Treatment discontinued due to serious adverse reactions. Specify REACTION, DRUG, DOSE, and DURATION of treatment:

OR

Contraindication to use of Glucocorticosteroid therapy. Specify CONTRAINDICATION:

AND

Immunosuppressive Therapy (Azathioprine or Mercaptopurine, or Methotrexate)

Patient has not responded to initial therapy. Specify DRUG, DOSE, and DURATION of treatment:

OR

Treatment discontinued due to serious adverse reactions. Specify REACTION, DRUG, DOSE, and DURATION of treatment:

OR

Contraindication to use of Immunosuppressive therapy. Specify CONTRAINDICATION:

Part 4 - Continued Coverage

Coverage will be for a maximum of 12 months. Renewal of coverage will require the achievement and maintenance of a Harvey Bradshaw Index score that is at least a 3 point decrease from baseline and submission of a new Exceptional Drug Request.

Harvey Bradshaw Index Score: Baseline: _____ Most Recent: _____

Month & Year Patient Began Infliximab Therapy	Current Dose	Current Dosing Interval	Patient's Weight (kg)
Concurrent Crohn's Disease Therapy:	Drug	Dose	Frequency
	Drug	Dose	Frequency
	Drug	Dose	Frequency



Social Services
and Seniors

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFLIXIMAB FOR FISTULIZING CROHN'S DISEASE

Part 1 - Patient Information

Patient's Name (last name, first name, middle initial)			
Provincial Health Number		Date of Birth (DD/MM/YYYY)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Weight (kg)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>When patient available, please complete:</p> <p>I authorize the prescriber to release information to the PEI Drug Programs related to this Exceptional Drug Request.</p> <p>Patients Signature (optional): _____ Date: _____</p>			

Part 2 - Gastroenterologist Information

Name	Telephone #
Mailing Address	Fax #
<p>The PEI Drug Programs may request additional documentation to support this Exceptional Drug Request.</p> <p>Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI Home Oxygen Program. If you have any questions about this collection of personal information, you may contact the program office at 902-368-6130 or at the address below.</p> <p>Physician's Signature: _____ Date: _____</p>	

To send completed Exceptional Drug Request or to obtain further information, please contact:

Remicade and Enbrel Program
PEI Drug Programs
P.O. Box 2000, 16 Fitzroy St.
Charlottetown, PE C1A 7N8

Telephone: 1-902-368-4947
Fax: 1-902-368-4905

Continued on Page 2 (over)...

Drug Program Use Only	
<input type="checkbox"/> Accepted for Coverage (state dosage and anticipated dosing frequency): _____	
<input type="checkbox"/> Rejected for Coverage (state reason): _____	
Effective Date (DD/MM/YYYY):	Termination Date (DD/MM/YYYY):

November 14, 2005

EXCEPTIONAL DRUG REQUEST FOR COVERAGE OF INFLIXIMAB FOR FISTULIZING CROHN'S DISEASE - PAGE 2

Part 3 - For Initial Coverage

Initial approval for Infliximab will allow for 3 doses of 5 mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The above named applicant meets the following medical criteria for coverage of Infliximab for the treatment of fistulizing Crohn's Disease (Please check the relevant boxes below):

Patient has fistulizing Crohn's Disease with a Harvey Bradshaw Index score of 7 or more.

AND

Patient has actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite:

A course of appropriate antibiotic therapy (e.g. Ciprofloxacin with or without Metronidazole for a minimum of 3 weeks). Specify DRUG, DOSE, and DURATION of treatment:

AND

Immunosuppressive Therapy (Azathioprine or Mercaptopurine, or Methotrexate)

Patient has not responded to initial therapy. Specify DRUG, DOSE, and DURATION of treatment:

OR

Treatment discontinued due to serious adverse reactions. Specify REACTION, DRUG, DOSE, and DURATION of treatment:

OR

Contraindication to use of immunosuppressive therapy. Specify CONTRAINDICATION:

Part 4 - Continued Coverage

Coverage will be for a maximum of 12 months. Renewal of coverage will require the achievement and maintenance of a Harvey Bradshaw Index score that is at least a 3 point decrease from baseline and submission of a new Exceptional Drug Request.

Harvey Bradshaw Index Score: Baseline: _____ Most Recent: _____

Month & Year Patient Began Infliximab Therapy	Current Dose	Current Dosing Interval	Patient's Weight (kg)
Concurrent Crohn's Disease Therapy:	Drug	Dose	Frequency
	Drug	Dose	Frequency
	Drug	Dose	Frequency



Social Services
and Seniors

DRUG PROGRAMS EXCEPTIONAL DRUG REQUEST FOR TENOFOVIR (VIREAD®)

PATIENT INFORMATION			
Patient's Surname	Patient's Given Name	Provincial Health Number 	Date of Birth (dd/mm/yyyy)
Patient's Mailing Address			Telephone Number
DRUG / DIAGNOSTIC INFORMATION			
<p>Requests for the coverage will be considered on a case-by-case basis for patients who meet the following criteria (please check all that apply to this patient):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Genotypic resistance test documenting sensitivity to tenofovir; AND <input type="checkbox"/> Nucleoside reverse transcriptase inhibitor (NRTI) experienced, defined as at least 6 months of therapy with NRTIs, unless constrained by adverse drug events; AND <input type="checkbox"/> Therapy with tenofovir planned in combination with at least one other antiretroviral drug to which sensitivity has been demonstrated on resistance testing; AND <input type="checkbox"/> Virologic failure as confirmed by HIV RNA level greater than 50 copies/ml after 6 months and less than 1 log drop after 12 weeks on most recent antiretroviral regimen (optimized based on resistance testing) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inability to construct a viable three-drug regimen from other available antiretrovirals due to intolerance or resistance. 			
Other comments, including copies of relevant test results:			
Physician's Name & Address		<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Physician's Signature Date </div>	

Please Return Form To:

Exceptional Drug Requests
PEI Drug Programs
P.o. Box 2000
Charlottetown, PE C1A 7N8
Fax No. (902) 368-4905

Jan 2006



Social Services and Seniors

MULTIPLE SCLEROSIS
MEDICATIONS PROGRAM
MEDICAL SCREENING FORM

Medical referral to the Multiple Sclerosis Medications Program must be done by a Neurologist

PATIENT NAME: surname first name initial

DATE OF BIRTH: month day year PHN: | | | | | | | |

ADDRESS:

DATE OF ASSESSMENT: month day year

REFERRING PHYSICIAN: FAMILY PHYSICIAN:

CLINICAL INFORMATION:

Table with 3 columns: GUIDELINES FOR PROGRAM, YES, NO. Rows include Relapsing-Remitting MS, Secondary-Progressive MS, Two attacks within the past two years, Age 18 or older, EDSS score 6.5 or less.

CONTRAINDICATIONS TO PROGRAM

Table with 3 columns: CONTRAINDICATIONS TO PROGRAM, YES, NO. Rows include Concurrent illness to alter compliance or substantially reduce life expectancy, Pregnancy is planned, or occurs, nursing women, Active, severe depression, as defined by DSM IV.

COMMENTS:

NEUROLOGIST NAME AND ADDRESS (please print):

INDEX A - ABBREVIATIONS OF MANUFACTURER'S NAMES

ABB	Abbott Laboratories Ltd.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALX	Allerex Laboratory Ltd.
AMG	Amgen Canada Inc.
APX	Apotex Inc.
AST	Astellas Pharma Canada, Inc.
AVN	Sanofi Aventis Canada Inc.
AVP	Sanofi Pasteur
AXC	Axcan Pharma Inc.
AZE	AstraZeneca Canada Inc.
BAX	Baxter Corporation
BAY	Bayer Inc.
BEX	Berlex Canada Inc.
BGN	Biogen Idec Canada Inc.
BMS	Bristol-Myers Squibb Canada
BOE	Boehringer Ingelheim (Canada) Ltd.
BVL	Biovail Pharmaceuticals Canada
CDC	Church & Dwight Canada Corp.
COB	Cobalt Pharmaceuticals Inc.
CYT	Cytex Pharmaceuticals Inc.
DUI	Duchesnay Inc.
ERF	Erfa Canada Inc.
FEI	Ferring Inc.
GAC	Galderma Canada Inc.
GIL	Gilead Sciences, Inc.
GPM	Genpharm Inc.
GSK	GlaxoSmithKline Inc.
HLR	Hoffmann-La Roche Limited
HOS	Hospira Healthcare Corporation
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.
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 Ltd.
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.

INDEX A - ABBREVIATIONS OF MANUFACTURER'S NAMES

ORG	Organon Canada Ltd.
ORX	Oryx Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PEN	Pendopharm, Division of Pharmascience Inc.
PFI	Pfizer Canada Inc.
PFR	Purdue Pharma
PGA	Proctor & Gamble Inc.
PMS	Pharmascience Inc.
PRM	Prempharm Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.
ROG	Rougier Pharma Inc., Division of Ratiopharm Inc.
ROS	Ross Laboratories, Division of Abbott Laboratories Ltd.
RPH	Ratiopharm
SAW	Sanofi-Synthelabo Canada Inc.
SCH	Schering Canada Inc.
SDZ	Sandoz Canada Inc.
SEV	Servier Canada Inc.
SHR	Shire Biochem Inc.
SLV	Solvay Pharma Inc.
SNE	Smith & Nephew Inc.
SQP	Squire Pharmaceuticals 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
VAL	Valeant Canada Limited
VRC	Virco Pharmaceuticals (Canada) Inc.
WAM	Wampole Brands
WAP	Waymar Pharmaceuticals Inc.
WAY	Wyeth Canada
WES	WellSpring Pharmaceutical Canada
WEX	Wex Pharmaceuticals Inc.
WLA	Pfizer Consumer Healthcare, Division of Pfizer Canada Inc.

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

#'s		ALERTEC	112
292	79	ALESSE	154
3TC	18	ALGINIC ACID	137
642	85	ALGINIC ACID & ALUMINIUM HYDROXIDE	137
		ALGINIC ACID & MAGNESIUM	
		CARBONATE	137
A		ALKERAN	28
ABACAVIR SULFATE	17	ALLOPURINOL	194
ABACAVIR & LAVIVUDINE	17	ALPHAGAN	135
ABACAVIR & LAMIVUDINE & ZIDOVUDINE	17	ALPRAZOLAM	113
ABENOL	86	ALTACE	70
ACARBOSE	161	ALUMINIUM HYDROXIDE & ALGINIC ACID	137
ACCUPRIL	70	ALUMINIUM HYDROXIDE & MAGNESIUM	
ACCURETIC	70	HYDROXIDE	137
ACCUTANE	188	ALUMINIUM HYDROXIDE & MAGNESIUM	
ACEBUTOLOL HCL	44	HYDROXIDE & SIMETHICONE	137
ACET-120	86	AMANTADINE	194
ACET-325	86	AMARYL	161
ACET-650	86	AMATINE	32
ACETAMINOPHEN	86	AMCINONIDE	178
ACETAMINOPHEN & CODEINE	79	AMERGE	35
ACETAMINOPHEN & CODEINE COMPOUND	79	AMILORIDE & HYDROCHLOROTHIAZIDE	124
ACETAMINOPHEN & METHOCARBAMOL	38	AMINOPHYLLINE	190
ACETAMINOPHEN & OXYCODONE	84	AMINOSALICYLIC ACID	142
ACETAZOLAMIDE	132	AMIODARONE	44
ACETYLSALICYLIC ACID	75	AMITRIPTYLINE	95
ACETYLSLAICYLIC ACID & CODEINE		AMLODIPINE BESYLATE	45
COMPOUND	79	AMMONIUM LACTATE	186
ACETYLSALICYLIC ACID &		AMOXICILLIN	9
METHOCARBAMOL	38	AMOXICILLIN & CLAVULANIC ACID	9
ACETYLSALICYLIC ACID &		AMOXICILLIN & LANSOPRAZOLE &	
METHOCARBAMOL & CODEINE	38	CLARITHROMYCIN	144
ACETYLSALICYLIC ACID & OXYCODAN	84	AMPICILLIN	10
ACITRETIN	187	ANAFRANIL	96
ACT-HIB	169	ANASTROZOLE	26
ACTOS	163	ANDROCUR	27
ACULAR	130	ANSAID	76
ACYCLOVIR	15, 173	ANUZINC	192
ACTOS	163	APO-K	121
ADACEL	169	APRACLONIDINE	134
ADALAT XL	52	ARALEN	21
ADEKS	193	ARANESP	42
ADVAIR	34	AREDIA	199
ADVAIR DISKUS	34	ARICEPT	196
AIROMIR HFA	33	ARIMIDEX	26
ALCOMICIN	127	ARISTOCORT R	182
ALDACTAZIDE	124	ARTIFICIAL TEARS	134
ALDACTONE	124	ARAVA	198
ALDARA	188		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

ASACOL	142	BENZTROPINE	30
ASADOL	75	BENZTROPINE OMEGA	30
ASAPHEN E.C.	75	BENZYDAMINE	132
ASCORBIC ACID	191	BEROTEC	32
ATACAND	62	BETADERM	179
ATACAND PLUS	62	BETAGAN	135
ATARAX	117	BETAHISTINE	73
ATASOL-15	79	BETALOC	51
ATASOL-30	79	BETALOC DURULES	50-51
ATAZANAVIR	16	BETAMETHASONE DIPROPIONATE	178
ATENOLOL	45	BETAMETHASONE DIPROPIONATE & SALICYLIC ACID	179
ATIVAN	115	BETAMETHASONE DISODIUM PHOSPHATE	142
ATORVASTATIN	56	BETAMETHASONE SODIUM PHOSPHATE & GENTAMICIN	132
ATROPINE	132	BETAMETHASONE VALERATE	179
ATROPINE SULFATE	31, 132	BETAMETHASONE VALERATE & GENTAMICIN	183
ATROVENT	31	BETASERON	197
AUROTHIOMALATE	148	BETAXOLOL	134
AVALIDE	66	BETHANECHOL	30
AVANDIA	164	BETNESOL	142
AVAPRO	66	BETNOVATE	179
AVELOX	23	BETOPTIC S	134
AVENTYL	101	BIAXIN	7
AVLOSULFON	24	BIAXIN XL	7
AVONEX	197	BICALUTAMIDE	26
AXID	145	BIMATOPROST	134
AZATHIOPRINE	194	BIQUIN DURULES	53
AZITHROMYCIN	7	BISACODYL	138
AZT	19	BISACODYL & MAGNESIUM CITRATE	140
B		BISOPROLOL	46
BACID	137	BONAMINE	141
BACITRACIN & POLYMYXIN B	127, 172	BRADOSOL	129
BACITRACIN & POLYMYXIN B & NEOMYCIN	172	BREVICON	155
BACITRACIN & POLYMYXIN B & NEOMYCIN & HYDROCORTISONE	131	BREVICON 1/35	155
BACLOFEN	37	BRICANYL TURBUHALER	34
BACTROBAN	172	BRIMONIDINE & TIMOLOL	135
BALMINIL DM	126	BROMAZEPAM	113
BALMINIL EXPECTORANT	126	BROMOCRIPTINE	195
BARRIERE	186	BUDESONIDE	150
BECLMETHASONE DIPROPIONATE	129,178	BUPROPION	95, 195
BENAZEPRIL	62	BUSCOPAN	31
BENOXYL	186	BUSPAR	117
BENTYLOL	31	BUSPIRONE	117
BENURYL	125	BUSULFAN	26
BENYLIN DM	126		
BENZOYL PEROXIDE	186		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

C			
C.E.S.	157	CICLOPIROX	173
CALAMINE	184	CILAZAPRIL	63
CALAMINE LOTION	184	CILOXAN	129
CALCIPOTRIOL	187	CIMETIDINE	142-143
CALCITRIOL	192	CINCHOCAINE & HYDROCORTISONE & FRAMYCETIN	187
CALCIUM CARBONATE	121	CIPRO	22
CANDESARTAN	62	CIPROFLOXACIN	22, 129
CANDESARTAN & HYDROCHLOROTHIAZIDE	62	CITALOPRAM	95
CANESTEN	173	CITRO-MAG	139
CANESTEN-1-COMBI PAK	174	CLARITHROMYCIN	7
CANESTEN 3	174	CLARITHROMYCIN & LANSOPRAZOLE & AMOXICILLIN	146
CANESTEN-3-COMBI PAK	174	CLARITIN	1
CANESTEN 6	173	CLAVULANIC ACID & AMOXICILLIN	9
CAPECITABINE	26	CLAVULIN	9
CAPOTEN	62	CLINDAMYCIN	13
CAPSAICIN	188	CLIOQUINOL & FLUMETHASONE	131
CAPTOPRIL	62	CLIOQUINOL & HYDROCORTISONE	183
CARBACHOL	132	CLOBAZAM	90
CARBIDOPA & LEVODOPA	198	CLOBETASOL	180
CARBAMAZEPINE	90	CLOBETASONE	180
CARBOLITH	119	CLOMIPRAMINE	96
CARDIZEM	48	CLONAZEPAM	88
CARDIZEM CD	48-49	CLONIDINE	63, 195
CARVEDILOL	46	CLOPIDOGREL	43
CASODEX	26	CLORAZEPATE	114
CATAPRES	63	CLOTRIMADERM	173
CEFIXIME	5	CLOTRIMAZOLE	173
CEFTIN	5	CLOXACILLIN	11
CEFTRIAZONE	5	CLOZAPINE	105
CEFUROXIME	5	CLOZARIL	105
CELEXA	95	COATED ASPIRIN DAILY LOW DOSE	75
CELLCEPT	199	CODEINE	80
CEPHALEXIN	5	CODEINE & ACETAMINOPHEN	79
CETAMIDE	128	CODEINE & ACETAMINOPHEN COMPOUND	79
CETIRIZINE	1	CODEINE & GUAIFENESIN & PHENIRAMINE	126
CHLORAL HYDRATE	117	CODEINE & METHOCARBAMOL & ACETAMINOPHEN	38
CHLORAMBUCIL	26	COGENTIN	30
CHLORAMPHENICOL	127	COLACE	138
CHLORAMPHENICOL & HYDROCORTISONE	131	COLCHICINE	195
CHLORDIAZEPOXIDE	114	COMBANTRIN	2
CHLOROQUINE	21	COMBIGAN	135
CHLORPROMAZINE	105	COMBIVIR	18
CHLORPROPAMIDE	161	COMTAN	91
CHLORTHALIDONE	123	CONJUGATED ESTROGENS	157
CHOLESTRYRAMINE	56		
CHRONOVERA	55		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

COPAXONE	197	DESIPRAMINE	96
CORDARONE	44	DESMOPRESSIN	164
COREG	46	DESOCORT	180
CORGARD	51	DESOGESTREL & ETHINYL ESTRADIOL	154
CORTEF	152	DESONIDE	180
CORTENEMA	144	DESOXI	181
CORTISONE	150	DESOXIMETASONE	181
CORTISPORIN	131	DESYREL	103
CORTODERM	181	DETROL	189
COSOPT	135	DEXAMETHASONE	129, 150-151
COTAZYM	140	DEXAMETHASONE & FRAMYCETIN & GRAMICIDIN	131
COTAZYM ECS 8	140	DEXAMETHASONE & TOBRAMYCIN	131
COTAZYM ECS 20	140	DEXASONE	150-151
COUMADIN	40	DEXEDRINE	112
COVERSYL	68	DEXIRON	39
COZAAR	67	DEXTROAMPHETAMINE	112
CRESTOR	59	DEXTROMETHORPHAN	126
CRIXIVAN	16	DEXTROSE	121
CUPRIMINE	149	DIABETA	162
CYANOCOBALAMIN	191	DIAMICRON	161
CYCLEN	156	DIAMICRON MR	161
CYCLOBENZAPRINE	37	DIARR-EZE	137
CYCLOCORT	178	DIASTIX	120
CYCLOMEN	153	DIAZEPAM	114
CYCLOPHOSPHAMIDE	26	DICLECTIN	141
CYCLOSPORINE	195	DICLOFENAC	75
CYPROTERONE	27	DICLOFENAC SODIUM	129
CYTOXAN	26	DICYCLOMINE	31
		DIDANOSINE	18
D		DIDROCAL	196
D.D.A.V.P.	164	DIDRONEL	196
DALACIN C	13	DIFLUCAN	3
DANAZOL	153	DIFLUCORTOLONE	181
DANTRIUM	38	DIFLUNISAL	75
DANTROLENE	38	DIGOXIN	47
DAPSONE	24	DIHYDROERGOTAMINE	35
DARBEOETIN ALFA	42	DILANTIN	89
DARVON-N	85	DILTIAZEM	47
DECONGESTANT NASAL SPRAY	134	DILUADID	80
DELATESTRYL	153	DILUADID HP	81
DEMEROL	82	DILUADID XP	81
DEMULEN 30	154	DIMENHYDRINATE	141
DEPAKENE	94	DIMETHYLPOLYSILOXANE	186
DEPO-MEDROL	152	DIOVAN	72
DEPO-PROVERA	156	DIOVAN-HCT	72
DERMAZIN	176	DIOVOL	137
DERMOVATE	180	DIOVOL PLUS	137

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

DIPENTUM	145	ELOCOM	182
DIPHENHYDRAMINE	1	ELTROXIN	166
DIPHThERIA-TETANUS TOXOIDS	169	ENALAPRIL	64
DIPHThERIA-TETANUS TOXOIDS- PERTUSSIS-POLIOMYLETIS VACCINE	169	ENALAPRIL & HYDROCHLOROTHIAZIDE	64
DIPHThERIA-TETANUS TOXOIDS- PERTUSSIS-POLIOMYLETIS VACCINE-HAEMOPHILUS B CONJUGATE	169	ENDANTADINE	194
DIPHThERIA-TETANUS TOXOIDS- POLIOMYLETIS VACCINE	169	ENBREL	196
DIPIVEFRIN	132	ENDOCOCET	84
DIPROLENE	178	ENDODAN	84
DIPROSALIC	179	ENFUVIRTIDE	16
DIPROSONE	178	ENGERIX-B	170
DIPYRIDAMOLE	73	ENTACAPONE	91
DISOPYRAMIDE	50	ENTROPHEN	75
DITROPAN	189	EPINEPHRINE	32
DITROPAN XL	189	EPIPEN	32
DIVALPROEX	90	EPIVAL	90
DIXARIT	195	EPOETIN ALFA	42
D-NORGESTREL & ETHINYL ESTRADIOL	154	EPREX	42
DOCUSATE SODIUM	138	EPROSARTAN	64
DOMPERIDONE	143	ERGOCALCIFEROL	192
DONEPEZIL	196	ERYC	7
DORZOLAMIDE	132	ERYTHROMCIN BASE	7, 127
DOVONEX	187	ERYTHROMYCIN ESTOLATE	8
DOXEPIN	97	ERYTHROMYCIN ETHYLSUCCINATE	8
DOXYCIN	12	ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE	25
DOXYCYCLINE	12	ESTRADIOL	157
DOXYLAMINE & PYRIDOXINE	141	ESTRADOT	157
DOZOLAMIDE & TIMOLOL	135	ESTRADOTETHAMBUTOL	14
DRISDOL	192	ETANERCEPT	196
DULCOLAX	138	ETHAMBUTOL	14
DUOFILM	186	ETHINYL ESTRADIOL & DESOGESTREL	154
DUOPLANT	186	ETHINYL ESTRADIOL & D-NORGESTREL	154
DURAGESIC	80	ETHINYL ESTRADIOL & ETHYNODIOL & DIACETATE	154
DURALITH	119	ETHINYL ESTRADIOL & L-NORGESTREL	154-155
DUVOID	30	ETHINYL ESTRADIOL & NORETHINDRONE	155
E		ETHINYL ESTRADIOL & NORGESTIMATE	156
EES	8	ETHOSUXIMIDE	89
EFAVIRENZ	17	ETHYNODIOL & ETHINYL ESTRADIOL	154
EFFEXOR XR	104	ETIBI	14
EFUDEX	188	ETIDRONATE DISODIUM	196
ELMIRON	200	ETIDRONATE DISODIUM & CALCIUM CARBONATE	196
		EUFLEX	27
		EUGLUCON	162
		EUMOVATE	180

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

EXDOL-15	79	FLURBIPROFEN SODIUM	130
EXDOL-30	79	FLUTAMIDE	27
EXELON	200	FLUTICASONE	130, 151
EYELUBE	134	FLUVASTATIN	57
		FLUVOXAMINE	98
		FML	130
F		FOLIC ACID	191
FAMCICLOVIR	15	FORADIL	32
FAMOTIDINE	143	FORMALIN & SALICYLIC ACID & LACTIC ACID	186
FAMVIR	15	FORMOTEROL	32
FELODIPINE	65	FORTOVASE	17
FENOFIBRATE	57	FOSAMPRENAVIR	16
FENOTEROL	32	FOSINOPRIL	65
FENTANYL	80	FRAMYCETIN	172
FERROUS GLUCONATE	39	FRAMYCETIN & GRAMICIDIN & DEXAMETHASONE	131
FERROUS SULFATE	39	FRAMYCETIN & HYDROCORTISONE & CINCHOCAINE	187
FLAGYL	176	FRISIUM	90
FLAGYSTATIN	176	FUCIDIN	172-173
FLAMAZINE	176	FUROSEMIDE	123
FLAREX	130	FUSIDIC ACID	172
FLAVOATE	189	FUZEON	16
FLEET	139		
FLOCTAFENINE	86	G	
FLONASE	130	GABAPENTIN	91
FLORINEF	151	GALANTAMINE	197
FLOVENT DISKUS	151	GAMMA-BENZENE HEXACHLORIDE	175
FLOVENT HFA	151	GARAMYCIN	2, 127, 172
FLOXIN	23	GARASONE	131
FLUANXOL	105	GAVISCON	137
FLUANXOL DEPOT	105	GAVISCON HEARTBURN RELIEF	137
FLUCINOLONE	177	GEMFIBROZIL	57
FLUCINONIDE	181	GENTAMICIN	2
FLUCONAZOLE	3	GENTAMICIN & BETAMETHASONE	183
FLUDROCORTISONE	151	GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE	131
FLUMETHASONE & CLIOQUINOL	131	GENTAMICIN & BETAMETHASONE VALERATE	183
FLUNARIZINE	35	GENTAMICIN SULFATE	172
FLUNISOLIDE	130	GLATIRAMER	196
FLUOCINONIDE	181	GLEEVEC	27
FLUROMETHOLONE	130	GLICLAZIDE	161
FLUROMETHOLONE ACETATE	130	GLIMEPIRIDE	161
FLUOROURACIL	188	GLUCAGON	197
FLUOXETINE	98	GLUCOPHAGE	163
FLUPENTHIXOL DECANOATE	105		
FLUPENTHIXOL HCL	105		
FLUPHENAZINE DECANOATE	106		
FLUPHENAZINE HCL	106		
FLURAZEPAM	114		
FLURBIPROFEN	76		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

GLUCOSE OXIDASE/PEROXIDASE		HYCORT	144
REAGENT	120	HYDERM	181
GLYBURIDE	162	HYDRALAZINE	65
GLYCON	163	HYDREA	27
GOSERELIN	27	HYDROCHLOROTHIAZIDE	123
GRAMICIDIN & FRAMYCETIN &		HYDROCHLOROTHIAZIDE & AMILORIDE	124
DEXAMETHASONE	131	HYDROCHLOROTHIAZIDE &	
GRAMICIDIN & POLYMYXIN B	172	CANDESARTAN	62
GRAMICIDIN & POLYMYXIN B &		HYDROCHLOROTHIAZIDE & CILAZAPRIL	63
NEOMYCIN	172	HYDROCHLOROTHIAZIDE & ENALAPRIL	64
GRAMICIDIN & TRIAMCINOLONE &		HYDROCHLOROTHIAZIDE & EPROSARTAN	64
NYSTATIN & NEOMYCIN	183	HYDROCHLOROTHIAZIDE & IRBESARTAN	66
GRAVOL	141	HYDROCHLOROTHIAZIDE & LOSARTAN	67
GUAIFENESIN	126	HYDROCHLOROTHIAZIDE & METHYLDOPA	68
GUAIFENESIN & CODEINE &		HYDROCHLOROTHIAZIDE & QUINAPRIL	70
PHENIRAMINE	126	HYDROCHLOROTHIAZIDE &	
		SPIRONOLACTONE	124
		HYDROCHLOROTHIAZIDE &	
H		TELMISARTAN	71
HAEMOPHILUS B CONJUGATE VACCINE	169	HYDROCHLOROTHIAZIDE &	
HAEMOPHILUS B CONJUGATE-		TRIAMTERENE	124
DIPHTHERIA-TETANUS		HYDROCHLOROTHIAZIDE & VALSARTAN	72
TOXOIDS-PERTUSSIS-		HYDROCODONE	126
POLIOMYELITIS VACCINE	169	HYDROCORTISONE	144, 152, 181
HALCION	116	HYDROCORTISONE & CHLORAMPHENICOL	131
HALOPERIDOL	106-107	HYDROCORTISONE & CLIOQUINOL	183
HALOPERIDOL DECANOATE	107	HYDROCORTISONE & FRAMYCETIN &	
HAVRIX	170	CICHOCAINE	183
HEPALEAN	40	HYDROCORTISONE & POLYMYXIN B &	
HEPALEAN-LOK	40	NEOMYCIN	131
HEPARIN	40	HYDROCORTISONE & POLYMYXIN B &	
HEPATITIS A VACCINE	170	NEOMYCIN & BACITRACIN	131
HEPATITIS A-HEPATITIS B VACCINE	170	HYDROCORTISONE & UREA	182
HEPATITIS B VACCINE	170	HYDROCORTISONE & ZINC SULFATE	182
HERPLEX-D	173	HYDROCORTISONE SODIUM SUCCINATE	152
HEXACHLOROPHENE	176	HYDROMORPH CONTIN	81
HEXYLRESORCINOL	129	HYDROMORPHONE	80-81
HOMATROPINE	133	HYDROMORPHONE HP	81
HP-PAC	144	HYDROXYCHLOROQUINE	21
HUMALOG	160	HYDROXYUREA	27
HUMALOG MIX 25	160	HYDROXYZINE	117
HUMATROPE	164	HYOSCINE	31
HUMULIN 30/70	159	HYTRIN	71
HUMULIN-L	159	HYZAAR	67
HUMULIN-N	159		
HUMULIN-R	159		
HUMULIN-U	160		
HYCODAN	126		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

I		ISOPTO CARPINE	132
IBUPROFEN	76	ISOPTO HOMATROPINE	133
IDOXURIDINE	173	ISOPTO TEARS	134
IMATINIB	27	ISOSORBIDE	73
IMIPRAMINE	99	ISOTAMINE	14
IMIQUIMOD	188	ISOTRETINOIN	188
IMITREX	36		
IMODIUM	137	J	
IMOGAM	169		
IMOVANE	118	K	
IMOVAX	171	K-10	121
IMURAN	194	KALETRA	16
INDAPAMIDE & PERINDORIL	68	KAYEXALATE	122
INDERAL L.A.	53	KENALOG-ORABASE	182
INDINAVIR	16	KEPPRA	93
INDOMETHACIN	76	KETOCONAZOLE	3, 174
INFLIXIMAB	197	KETODERM	174
INFUFER	39	KETOPROFEN	77
INHIBACE	63	KETOROLAC	130
INHIBACE PLUS	63	KETOSTIX	120
INSULIN (REGULAR) ASPART	159	KETOTIFEN	197
INSULIN (ISOPHANE) HUMAN		KIVEXA	17
BIOSYNTHETIC	159	K-LYTE	122
INSULIN (LENTE) HUMAN BIOSYNTHETIC	159	KWELLADA-P CREME RINSE	175
INSULIN (REGULAR) HUMAN		KWELLADA-P LOTION	175
BIOSYNTHETIC	159		
INSULIN (REGULAR/ISOPHANE) HUMAN		L	
BIOSYNTHETIC	159	LABETALOL	66
INSULIN (ULTRA LENTE) HUMAN		LAC-HYDRIN	186
BIOSYNTHETIC	160	LACTIC ACID & SALICYLIC ACID	186
INSULIN (REGULAR) LISPRO	160	LACTIC ACID & SALICYLIC ACID &	
INSULIN (REGULAR/PROTAMINE) LISPRO	160	FORMALIN	186
INTERFERON ALFA-2B	20	LACTOBACILLUS RHAMNOSUS	137
INTERFERON ALFA-2B & RIBAVIRIN	20	LACTULOSE	139
INTERFERON BETA-1A	197	LAMICTAL	92
INTERFERON BETA-1B	197	LAMISIL	4
INTRON A	20	LAMIVUDINE	18
INVIRASE	17	LAMIVUDINE & ZIDOVUDINE	18
IOPIDINE	134	LAMOTRIGINE	92
IPRATROPIUM	31	LANOXIN	47
IPV POLIO	171	LANSOPRAZOLE	144
IRBESARTAN	66	LANSOPRAZOLE & CLARITHROMYCIN &	
IRBESARTAN & HYDROCHLOROTHIAZIDE	66	AMOXICILLIN	144
IRON DEXTRAN COMPLEX	39	LASIX	123
ISONIAZID	14	LATANOPROST	135
ISOPTIN SR	55	LECTOPAM	113
ISOPTO ATROPINE	132		
ISOPTO CARBACHOL	132		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

LEFLUNOMIDE	198	M	
LESCOL	57	M.O.S.	82-84
LEUKERAN	26	MACRODANTIN	18
LEUPROLIDE	28	MAGNESIUM CARBONATE & ALGINIC ACID	139
LEVAQUIN	23	MAGNESIUM CITRATE	139
LEVETIRACETAM	93	MAGNESIUM CITRATE & BISACODYL	139
LEVOBUNOLOL	135	MAGNESIUM GLUCOHEPTONATE	121
LEVODOPA & CARBIDOPA	198	MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE	137
LEVOFLOXACIN	23	MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE	179
LEVONORGESTROL	156	MAGNESIUM HYDROXIDE & MINERAL OIL	139
LEVOTHYROXINE	166	MAGNOLAX	139
LIDEX	181	MANERIX	100
LIDOCAINE	168, 184	MAPROTILINE	100
LINDANE	175	MARVELON	154
LINEZOLID	25	MATERNA	193
LIORESAL	37	MAVIX	72
LIPIDIL MICRO	57	MAXIDEX	129
LIPITOR	56	MEASLES-MUMPS-RUBELLA VACCINE	171
LISINOPRIL	67	MEBENDAZOLE	2
LITHANE	119	MECLIZINE	141
LITHIUM CARBONATE	119	MEDROL	152
L-NORGESTREL & ETHINYL ESTRADIOL	154-155	MEDROXYPROGESTERONE	28, 156, 165
LOCORTEN-VIOFORM	131	MEFENAMIC ACID	77
LOESTRIN 1/5/30	156	MEGACE	28
LOPERAMIDE	137	MEGESTROL	28
LOPID	57	MELPHALAN	28
LOPINAVIR & RITONAVIR	16	MENINGOCOCCAL VACCINE	171
LOPRESOR	50	MENINGOCOCCAL "C" VACCINE	171
LOPRESOR SR	50	MENJUGATE	171
LOPROX	173	MENOMUNE-A/C/Y/W-135	171
LORATADINE	1	MEPERIDINE	82
LORAZEPAM	88, 115	MEPHYTON	193
LOSARTAN	67	MERCAPTOPYRINE	28
LOSARTAN & HYDROCHLOROTHIAZIDE	67	MESASAL	142
LOSEC	145	M-ESLON	83
LOTENSIN	62	MESTINON	30
LOVASTATIN	58	METAMUCIL	139
LOXAPINE	107	METFORMIN	163
L-TRYPTOPHAN	99	METHAZOLAMIDE	132
LUPRON DEPOT	28	METHIMAZOLE	167
LUMIGAN	134	METHOCARBAMOL	35
LUVOX	98	METHOCARBAMOL & ACETAMINOPHEN	38
LYDERM	181	METHOCARBAMOL & ACETYLSALICYLIC ACID	38

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

METHOCARBAMOL & ACETYLSALICYLIC ACID & CODEINE	38	MOGADON	115
METHOTREXATE	28-29	MOMETASONE	182
METHOTRIMEPRAZINE	117-118	MONISTAT-3	174
METHOXACET	38	MONISTAT-3 COMBINATION	174
METHOXISAL	38	MONISTAT-7	174
METHOXISAL C-1/4	38	MONISTAT DERM	174
METHOXISAL C-1/2	38	MONITAN	44
METHYLCELLULOSE	139	MONOCOR	46
METHYLDOPA	67	MONOPRIL	65
METHYLDOPA & HYDROCHLOROTHIAZIDE	68	MONTELUKAST	199
METHYLPHENIDATE	112	MORPHINE	82
METHYLPREDNISOLONE	152	MORPHINE SULPHATE	84
METHYSERGIDE	35	M.O.S.	82
METOCLOPRAMIDE	144	M.O.S.-SR	84
METOLAZONE	123	M.O.S.-SULFATE	82-83
METOPROLOL	50	MOTRIN	76
METRONIDAZOLE	25, 176	MOXIFLOXACIN	23
METRONIDAZOLE & NYSTATIN	176	MS CONTIN	75-76
MEVACOR	58	MSIR	82
MEXILETINE	51	MULTI-TAR PLUS	187
MICARDIS	70	MULTIVITAMINS - PEDIATRIC	193
MICARDIS PLUS	70	MULTIVITAMINS - PRENATAL	193
MICATIN	174	MUMPS-MEASLES-RUBELLA VACCINE	171
MICONAZOLE	174	MUPIROCIN	172
MICOZOLE	174	MYCOBUTIN	14
MICRO-K EXTENCAPS	121	MYCOPHENOLATE	199
MICRONOR	156	MYCOSTATIN	3, 174
MIDAZOLAM	115	MYDFRIN	134
MIDODRINE	32	MYFORTIC	199
MIGRANAL	35	MYLERAN	26
MINERAL OIL & MAGNESIUM HYDROXIDE	139	MYOCHRYSSINE	148
MINERAL OIL & PETROLATUM COMPOUND	136		
MINISTRIN 1/20	155	N	
MINITRAN	74	NADOLOL	51
MINOCIN	12	NALCROM	202
MINOCYCLINE	12	NALOXONE	87
MIN-OVRAL	154	NAPROXEN	77
MIRAPEX	200	NARATRIPTAN	35
MIRENA	156	NARDIL	107
MIRTAZAPINE	100	NAVANE	11
MISOPROSTOL	145	NEDOCROMIL	199
MMR	171	NELFINAVIR	16
MOCLOBEMIDE	100	NEOMYCIN & POLYMYXIN B & BACITRACIN	131
MODAFINIL	112	NEOMYCIN & POLYMYXIN B & BACITRACIN & HYDROCORTISONE	131
MODECATE CONCENTRATE	106		
MODULON	147		
MODURET	124		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

NEOMYCIN & POLYMYXIN B & GRAMICIDIN	128, 131	NYSTATIN & NEOMYCIN	183
NEOMYCIN & POLYMYXIN B & HYDROCORTISONE	131	NYSTATIN & TRIAMCINOLONE & NEOMYCIN & GRAMICIDIN	183
NEOMYCIN & TRIAMCINOLONE & NYSTATIN & GRAMICIDIN	183	O	
NEORAL	195	OCTREOTIDE	199
NEOSPORIN	128, 172	OCUFEN	130
NERISONE OILY	181	OCUFLOX	127
NEULEPTIL	108	OFLOXACIN	23, 127
NEURONTIN	17, 91	OGEN	158
NEVIRAPINE	17	OLANZAPINE	108
NIACIN	191	OLSALAZINE	145
NIFEDIPINE	51	OMEPRAZOLE	145
NITRAZADON	115	ONDANSETRON	141
NITRAZEPAM	115	OPTIMYXIN	127-128
NITRO-DUR	74	OPTIMYXIN PLUS	128
NITROFURANTOIN	24	ORACORT	182
NITROGLYCERIN	74	ORAP	109
NITROL	74	ORCIPRENALINE	33
NITROLINGUAL PUMPSPRAY	74	ORTHO 0.5/35	155
NITROSTAT	74	ORTHO 1/35	155
NIX CREME RINSE	175	ORTHO 7/7/7	155
NIX DERMAL CREAM	175	ORTHO-CEPT	154
NIZATIDINE	145	OSTOFORTE	192
NIZORAL	174	OTRIVIN	134
NOLVADEX	29	OVOL	138
NORETHINDRONE	156	OVRAL	154
NORETHINDRONE & ETHINYL ESTRADIOL	155-156	OXAZEPAM	116
NORFLOXACIN	23	OXEZE TURBUHALER	32
NORGESTIMATE & ETHINYL ESTRADIOL	156	OPRENOLOL	68
NOROXIN	17	OXYBUTYNIN	189
NORPRAMIN	96	OXYCARBAZEPINE	93
NORTRIPTYLINE	101	OXYCODONE & ACETAMINOPHEN	84
NORVASC	45	OXYCODONE & ACETYLSALICYLIC ACID	84
NORVIR SEC	16	OXYDERM	186
NOVAMILOR	124	OXYTRIPHYLLINE	190
NOVAMOXIN	9	P	
NOVAMOXIN SUGAR REDUCED	9	PAMIDRONATE	199
NOVASEN	75	PANCRELIPASE	140
NOVOLIN	159	PANECTYL	202
NOVORAPID	159-160	PANTOLOC	145
NOZINAN	117-118	PANTOPRAZOLE	145
NYADERM	4, 175	PARIET	146
NYSTATIN	4, 174	PARLODEL	195
NYSTATIN & GRAMICIDIN	183	PARNATE	103
NYSTATIN & METRONIDAZOLE	176		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

PAROXETINE	101	PIMOZIDE	109
PAXIL	101	PINDOLOL	68
PEDIAPRED	152	PIOGLITAZONE	163
PEDIAZOLE	25	PIPERAZINE ESTRONE SULFATE	158
PEGASYS	20	PIPORTIL L4	109
PEGATRON REDIPEN	21	PIPOTIAZINE	109
PEGINTERFERON ALFA-2A	20	PIROXICAM	78
PEGINTERFERON ALFA-2A & RIBAVIRIN	20	PITREX	175
PEGINTERFERON ALFA-2B & RIBAVIRIN	21	PIZOTYLIN	35
PENICILLAMINE	149	PLAN B	156
PENICILLIN V (BENZATHINE)	11	PLAQUENIL	21
PENICILLIN V (POTASSIUM)	11	PLAVIX	43
PENTACEL	169	PLENDIL	65
PENTAMYCETIN	127	PNEUMOCOCCAL VACCINE	171
PENTAMYCETIN HC	131	PNEUMOVAX 23	171
PENTASA	142	PODOFILM	186
PENTAZOCINE	85	PODOPHYLLUM RESIN	186
PENTOSAN	200	POLIOMYLETIS VACCINE	169
PENTOXIFYLLINE	43	POLIOMYLETIS VACCINE-SALK	171
PEN-VEE	11	POLYMYXIN B & BACITRACIN	127, 172
PEPCID	143	POLYMYXIN B & BACITRACIN & NEOMYCIN	172
PERCOCET	84	POLYMYXIN B & BACITRACIN & NEOMYCIN & HYDROCORTISONE	131
PERCODAN	84	POLYMYXIN B & GRAMICIDIN	128, 172
PERICYAZINE	108	POLYMYXIN B & GRAMICIDIN & NEOMYCIN	172
PERINDOPRIL	68	POLYMYXIN B & NEOMYCIN & HYDROCORTISONE	131
PERINDOPRIL & INDAPAMIDE	68	POLYSPORIN	127, 172
PERMETHRIN	175	POLYTOPIC	172
PERPHENAZINE	109	POTASSIUM CHLORIDE	121-122
PERSANTINE	73	PRAMIPEXOLE	200
PETROLATUM & MINERAL OIL COMPOUND	136	PRANDASE	161
PHENAZO	184	PRAVACHOL	58
PHENAZOPYRIDINE	184	PRAVASTATIN	58
PHENELZINE	102	PRAZOSIN	69
PHENIRAMINE	102	PRED FORTE	130
PHENEX	200	PRED MILD	130
PHENIRAMINE	126	PREDNISOLONE	130, 152
PHENIRAMINE & CODEINE & GUAIFENESIN	126	PREDNISONE	153
PHENOBARBITAL	87	PREMARIN	157
PHENYLALANINE-REDUCED FOODS	200	PREVACID	144
PHENYLEPHRINE	134	PREVNAR	171
PHENYTOIN	89	PRIMIDONE	87
PHISOHEX	176	PRINIVIL	67
PHYLLOCONTIN	190	PRIORIX	171
PHYTONADIONE	193	PROBENECID	125
PILOCARPINE	132		
PILOPINE HS	132		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

PROCAINAMIDE	52	RAPAMUNE	201
PROCAN SR	52	REACTIN	1
PROCHLORPERAZINE	109-110	REBIF	197
PROCTOSEDYL	183	RECOMBIVAX HB ADULT	170
PROCYCLIDINE	30	RECOMBIVAX HB (DIALYSIS)	170
PROCYTOX	26	RECOMBIVAX HB PEDIATRIC	170
PRODIEM BULK FIBRE THERAPY	139	RECOMBIVAX HB (Preservative Free)	170
PRODIEM PLAIN	139	REMERON	100
PROGRAF	202		
PROPADERM	178	REMICADE	197
PROPAFENONE	52	REMINYL	196
PROPOXYPHENE HCL	85	RENEDIL	55
PROPOXYPHENE NAPSYLATE	85	REQUIP	200
PROPRANOLOL	53	RESTORIL	116
PROPYLTHIOURACIL	167	RETIN A	185
PROPYL-THYRACIL	167	RETROVIR	15
PROTOPIC	188	REYATAZ	16
PROVERA	28, 165	RHINALAR	130
PROZAC	98	RHINARIS-F	130
PSEUDOEPHEDRINE	33	RHODACINE	76
PSYLLIUM MUCILLOID	139	RHOTRAL	44
PULMICORT NEBUAMP	150	RHOVANE	118
PULMICORT TURBUHALER	150	RIBAVIRIN & INTERFERON ALFA-2B	22
PURINETHOL	28	RIFABUTIN	14
PYRANTEL PAMOATE	2	RIFADIN	14
PYRAZINAMIDE	14	RIFAMPIN	14
PYRIDOSTIGMINE	30	RISPERDAL	110-111
PYRIDOXINE	191	RISPERIDONE	110-111
PYRIDOXINE & DOXYLAMINE	141	RITALIN	112
		RITALIN SR	112
		RITONAVIR	16
Q		RITONAVIR & LOPINAVIR	16
QUADRACEL	169	RIVASTIGMINE	200-201
QUETIAPINE	110	RIVOTRIL	88
QUINAPRIL	70	ROBAXACET	38
QUINAPRIL & HYDROCHLOROTHIAZIDE	70	ROBAXIN	38
QUINIDINE BISULFATE	53	ROBAXISAL	38
QUINIDINE SULFATE	54	ROBAXISAL C-1/4	38
QUININE	21	ROBAXISAL C-1/2	38
		ROBITUSSIN	126
		ROBITUSSIN AC	126
R		ROCALTROL	192
RABAVERT	171	ROCEPHIN	5
RABEPRAZOLE	146	ROFACT	14
RABIES IMMUNE GLOBULIN	169	ROPINIROLE	200
RABIES VACCINE	171	ROSIGLITAZONE	164
RAMIPRIL	70	ROSUVASTATIN	59
RANITIDINE	146	ROYVAC BOWEL EVACUANT KIT	139

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

RUBELLA-MEASLES-MUMPS VACCINE	171	SODIUM CROMOGLYCATE	136, 202
RYTHMODAN	50	SODIUM FUSIDATE	173
RYTHMOL	52	SODIUM NITROPRUSSIDE REAGENT	120
		SODIUM PHOSPHATES	139
		SODIUM POLYSTYRENE SULFONATE	122
		SODIUM SULAMYD	128
S		SOFRACORT	131
SABRIL	94	SOFRA-TULLE	172
SALAZOPYRIN	147	SOLU-CORTEF	152
SALBUTAMOL	33	SOMATROPIN	164
SALICYLIC ACID & BETAMETHASONE DIPROPIONATE	179	SORIATANE	187
SALICYLIC ACID & LACTIC ACID	186	SOTALOL	54
SALICYLIC ACID & LACTIC ACID & FORMALIN	186	SPIRONOLACTONE	124
SALMETEROL	34	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	124
SALOFALK	142	SSD	176
SANDOMIGRAN	35	STATEX	82
SANDOSTATIN	199	STAVUDINE	18
SANSERT	35	STERILE WATER	122
SAQUINAVIR	17	STIEVA-A	185
SCOPOLAMINE	31	SUCRALFATE	146
SECTRAL	44	SUDAFED DECONGESTANT EXTRA STRENGTH	33
SELECT 1/35	155	SULCRATE	146
SELEGILINE	201	SULCRATE PLUS	146
SENNOSIDES A&B	139	SULFACETAMIDE SODIUM	128
SENOKOT	139	SULFAMETHOXAZOLE & TRIMETHOPRIM	25
SERC	73	SULFASALAZINE	147
SEREVENT	34	SULFINPYRAZONE	125
SEREVENT DISKUS	34	SULFISOXAZOLE & ERYTHROMYCIN ETHYLSUCCINATE	25
SEROQUEL	110	SULINDAC	78
SERTRALINE	102	SUMATRIPTAN	36
SIBELIUM	35	SUN-BENZ	132
SILVER SULFADIAZINE	176	SUPRAX	5
SIMETHICONE	138	SURGAM	79
SIMETHICONE & ALUMINIUM HYDROXIDE & MAGNESIUM HYDROXIDE	137	SUSTIVA	17
SIMVASTATIN	59	SYMBICORT TURBUINHALER	32
SINEMET	198	SYMMETREL	194
SINEMET CR	198	SYNPHASIC	155
SINEQUAN	97	SYNTHROID	166
SINGULAIR	199		
SIROLIMUS	201	T	
SLOW-FE	39	TACROLIMUS	188, 202
SLOW-K	121	TALWIN	85
SODIUM AUROTHIOMALATE	148	TAMOFEN	29
SODIUM BICARBONATE	121	TAMOXIFEN	29
SODIUM CHLORIDE	122		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

TANTUM ORAL RINSE	132	TOBRAMYCIN & DEXAMETHASONE	131
TAPAZOLE	167	TOBREX	128
TAR & ZINC PYRITHIONE	187	TOFRANIL	99
TD ADSORBED	169	TOLBUTAMIDE	164
TEARS NATURALE PM	136	TOLNAFTATE	175
TEBRAZID	14	TOLTERODINE	189
TEGRETOL	90	TOPAMAX	93
TEGRETOL CHEWTAB	90	TOPICORT	181
TEGRETOL CR	90	TOPIRAMATE	93
TELMISARTAN	70	TOPSYN	181
TELMISARTAN & HYDROCHLOROTHIAZIDE	71	TRANDATE	66
TELZIR	16	TRANSDERM-NITRO	74
TEMAZEPAM	116	TRANLYCYPROMINE	103
TENOFOVIR	19	TRASICOR	68
TENORMIN	45	TRAVOPROST	136
TERAZOSIN	71	TRAVATAN	136
TEBINAFINE	4	TRAZODONE	103
TERBUTALINE	34	TRENTAL	43
TERSASEPTIC	176	TRETINOIN	185
TESTOSTERONE ENANTHATE	153	TRIADERM	182
TETANUS-DIPHThERIA TOXOID	169	TRIAMCINOLONE	182
TETANUS-DIPHThERIA TOXOIDS- PERTUSIS-POLIOMYLETIS VACCINE	169	TRIAMCINOLONE & NYSTATIN & NEOMYCIN & GRAMICIDIN	183
TETANUS-DIPHThERIA TOXOIDS- PERTUSIS-POLIOMYLETIS VACCINE-HAEMOPHILUS B CONJUGATE	169	TRIAMCINOLONE ACETONIDE	182
TETANUS-DIPHThERIA TOXOIDS- POLIOMYLETIS VACCINE	169	TRIAMTERENE & HYDROCHLOROTHIAZIDE	124
TETRACYCLINE	12	TRIAZOLAM	116
TEVETEN	64	TRICLOSAN	176
THEOLAIR	190	TRI-CYCLEN	156
THEOPHYLLINE	190	TRIFLUOPERAZINE	111-112
THIORIDAZINE	111	TRIFLURIDINE	128
THIOTHIXENE	111	TRIHXYPHENIDYL	30
TIAPROFENIC ACID	79	TRILEPTAL	93
TIAZAC	47	TRIMEBUTINE	147
TICLID	43	TRIMEPRAZINE	202
TICLOPIDINE	43	TRIMETHOPRIM	24
TILADE	199	TRIMETHOPRIM & SULFAMETHOXAZOLE	25
TIMOLOL	54, 136	TRIMIPRAMINE	103-104
TIMOLOL & DORZOLAMIDE	135	TRIPHASIL	154
TIMOPTIC	136	TRIQUILAR	154
TINACTIN	175	TRIZIVIR	17
TIZANIDINE	38	TRUSOPT	132
TOBRADEX	131	TRYPTAN	99
TOBRAMYCIN	2, 128	TUBERCULIN PURIFIED PROTEIN DERIVATIVE	120
		TUBERSOL	120
		TWINRIX	170
		TYLENOL NO. 2	79

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

TYLENOL NO. 3	79	VIOFORM HYDROCORTISONE	183
TYLENOL NO. 4	79	VIOKASE 8	140
		VIOKASE 16	140
		VIRACEPT	16
U		VIRAMUNE	17
UNIPHYL	190	VIREAD	19
UREA	187	VIROPTIC	128
UREA & HYDROCORTISONE	182	VISKEN	68
UREMOL	187	VITAMIN A ACID	185
UREMOL-HC	182	VITAMIN B6	191
URISPAS	189	VITAMIN B12	191
URSO	202	VITAMIN C	191
URSODIOL	202	VITAMIN D	192
		VITAMIN D2	192
		VITAMIN E	192
		VITAMIN K1	193
V		VIVOL	114
VALACYCLOVIR	15	VOLTAREN	75
VALCYTE	15	VOLTAREN OPHTHA	129
VALERATE	183		
VALGANCICLOVIR	15	W	
VALISONE	179	WARFARIN	40
VALISONE G	183	WELLBUTRIN SR	95
VALIUM	114	WINPRED	153
VALPROATE	94		
VALPROIC ACID	94	X	
VALSARTAN	72	XALACOM	135
VALSARTAN & HYDROCHLOROTHIAZIDE	72	XALATAN	135
VALTREX	15	XANAX	113
VANOCIN	13	XELODA	26
VANCOMYCIN	13	XYLOCAINE	168, 184
VAQTA	170	XYLOCAINE VISCOUS	184
VARICELLA VIRUS VACCINE	171	XYLOMETAZOLINE	134
VARILIX	171		
VARIVAX III	171	Y	
VASERETIC	64		
VASOTEC	64	Z	
VENLAFAXINE	104	ZADITEN	197
VENTODISK	33	ZANAFLEX	38
VENTOLIN	33	ZANTAC	146
VENTOLIN HFA	33	ZARONTIN	89
VERAPAMIL	55	ZAROXLYN	123
VERMOX	2	ZERIT	18
VIADERM K-C	183	ZESTRIL	67
VIBRAMYCIN	12	ZIAGEN	17
VIBRA-TABS	12		
VIDEX	18		
VIDEX EC	18		
VIGABATRIN	94		

INDEX B - ALPHABETICAL INDEX OF PHARMACEUTICAL PRODUCTS

ZIDOVUDINE	19
ZIDOVUDINE & LAMIVUDINE	18
ZINC PYRITHIONE & TAR	187
ZINC SULFATE	188
ZINC SULFATE & HYDROCORTISONE	182
ZITHROMAX	7
ZOCOR	59
ZOFRAN	141
ZOLADEX	27
ZOLMITRIPTAN	37
ZOLOFT	102
ZOMIG	37
ZOPICLONE	118
ZOSTAB	15
ZOSTRIX	187
ZOVIRAX	15, 173
ZYBAN	195
ZYLOPRIM	194
ZYPREXA	108
ZYPREXA ZYDIS	108
ZYVOXAM	25