

**Ontario
Drug
Benefit
Formulary/
Comparative
Drug Index**

No. 40

Effective April 2, 2007

Additional copies of this publication are available for purchase from:

Internet **Publications Ontario On-Line (POOL)**
www.publications.gov.on.ca

In Person **Publications Ontario**
880 Bay Street
Toronto ON

By Mail/FAX **Publications Ontario**
50 Grosvenor Street
Toronto ON M7A 1N8

Telephone: (416) 326-5300
Toll Free: 1-800-668-9938
FAX: (416) 326-5317

TDD / TTY **Toll Free: 1-800-268-7095**

MasterCard and Visa are accepted.
Cheques and money orders should be payable to the
Minister of Finance.

This formulary is also available at the Ministry of Health and
Long-Term Care website:

http://www.health.gov.on.ca/english/providers/program/drugs/odbf_mn.html

TABLE OF CONTENTS

Part I	Introduction	I.1
Part II	Preamble	II.1
Part III	Formulary Listings	III.1
	• Part III-A: Ontario Drug Benefit Formulary (ODB) / Comparative Drug Index (CDI)	III-A.1
	• Part III-B: Off-Formulary Interchangeability Drug Index (OFI)	III-B.1
Part IV	Consolidated Alphabetical Index of Drug Products Listed in Part III-A and Part III-B ..	IV.1
Part V	Index of Pharmacological-Therapeutic Classification	V.1
Part VI	Facilitated Access Drug Products	VI.1
	• Part VI-A: Facilitated Access to HIV/AIDS Drug Products	VI-A.1
	• Part VI-B: Facilitated Access to Palliative Care Drug Products	VI-B.1
Part VII	Trillium Drug Program	VII.1
Part VIII	Individual Clinical Review (ICR)	VIII.1
Part IX	Additional Benefits	
	• Nutrition Products	IX.1
	• Diabetic Testing Agents	IX.6
Part X	Abbreviations, Tables and Sample Forms	X.1
Part XI	This section is currently not in use	
Part XII	Limited Use Products	XII.1

PART I

INTRODUCTION

A. BACKGROUND

The Ontario Drug Benefit Formulary/Comparative Drug Index (Formulary/CDI) was first introduced in 1976 in order to define the benefits provided for eligible Ontario Drug Benefit (ODB) recipients. The Formulary/CDI was developed in consultation with the Ministry of Health and Long-Term Care's (the "ministry") expert drug advisory committee, the Committee to Evaluate Drugs (CED) [formerly known as the Drug Quality and Therapeutics Committee]. For many years, the Formulary/CDI has set the provincial standard for quality, therapeutic value and interchangeability of drug products. The ministry has liaised with the Ontario Medical Association, the Ontario Pharmacists' Association, the Ontario College of Pharmacists, pharmaceutical manufacturers, and other professional and consumer groups as required on the content and policies embodied in this publication. Further information, including a searchable electronic Formulary, is available under the Health Care Provider Section of the ministry's website at: www.health.gov.on.ca.

1. Purpose

The Formulary/CDI serves as:

- a guide to practitioners and pharmacists regarding drug products which are eligible for coverage under the ODB program.
- a guide to professional committees in hospitals and institutions in the selection of drug products
- a guide to drug product interchangeability in respect of drug products which have been designated as interchangeable under Ontario legislation
- a comparative pricing guide for drug products

The ODB program covers over 3,200 quality-assured drug products. While the list of benefits is extensive, it does not include every drug a practitioner might prescribe.

2. Recipient Eligibility

The ODB program provides drug benefits to residents of Ontario who are eligible for coverage under the Ontario Health Insurance Plan (OHIP) under the *Health Insurance Act* and who:

- are 65 years of age or older
- are receiving professional services under the Home Care Program
- are residents of long-term care homes or Homes for Special Care
- have high drug costs in relation to their income and who meet the eligibility requirements under the Trillium Drug Program, or
- are receiving benefits under Ontario Works or the Ontario Disability Support Program

All residents of Ontario who are covered under OHIP will qualify for drug benefits under the ODB program on the first day of the month following their 65th birthday. People who do not initially meet the residency requirements for OHIP coverage but who later become eligible after the specified waiting period (e.g., new or returning permanent residents, landed immigrants) will qualify for ODB program coverage provided that they fall into one of the categories listed above.

To help make the ODB program sustainable and affordable for the future and to allow government to continue to add new drugs as benefits, a co-payment scheme was introduced in July 1996. All ODB recipients are required to pay a small portion of their prescriptions. For more details about co-payments, please refer to Section C.4 of Part I, entitled "Cost-Sharing".

3. Interchangeable Products

The *Drug Interchangeability and Dispensing Fee Act* (DIDFA) gives the Executive Officer of Ontario Public Drug Programs (the "Executive Officer") the authority to designate a product as interchangeable with one or more other products where the Executive Officer considers it advisable in the public interest to do so and certain requirements and conditions set out in the DIDFA are met. This Act defines an interchangeable product as a drug or combination of drugs in a particular dosage form and strength

identified by a specific product name or manufacturer and designated as interchangeable with one or more other such products. The onus is on the manufacturer to provide evidence of interchangeability.

Off-Formulary Interchangeability:

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products that are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 under the DIDFA came into force. Listed off-formulary interchangeable drug products are reviewed by the CED or by the Ministry, and upon approval of the Executive Officer, are determined to be interchangeable with the brand non-benefit products.

Notice to Dispensers:

There are occasions when a drug product that is the subject of an ongoing patent dispute in the courts is designated as interchangeable in the Formulary/CDI. The designation of such a drug product is not meant to be, and does not act as, a certification that the drug product is non-infringing under federal patent laws. Dispensers should take their own advice in that regard. If a court finds a drug product to be patent-infringing, the Executive Officer may, depending on the relief ordered, reconsider the listing status of the drug product.

4. The Committee to Evaluate Drugs (CED)

The CED [formerly the Drug Quality and Therapeutics Committee (DQTC)] was established in 1968 as an expert advisory group to provide independent, specialized advice to the government on drug-related matters. The CED is established by Order-in-Council under the authority of section 9 of the *Ministry of Health and Long-Term Care Act*. The Committee provides an essential advisory service to the ministry through its rigorous, evidence-based review of drug products, resulting in recommendations regarding the listing of these products on the Formulary/CDI.

The CED is composed of a Chair and 16 members appointed by Orders in-Council. Two of the 16 CED members are layperson/patient representatives. The remaining CED members are all practicing physicians and pharmacists who have expertise in a wide range of specialties, including geriatrics, infectious disease, family medicine, pharmacology, health economics, epidemiology and other disciplines. Additional information on the CED membership and its terms of reference can be accessed at the following website: www.pas.gov.on.ca

For drug products to be eligible for listing in the Formulary/CDI, a drug manufacturer must provide a complete submission in accordance with the prescribed conditions set out in section 12 of Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act*, or section 6 of Ontario Regulation 935 made under the *Drug Interchangeability and Dispensing Fee Act*. Each complete submission undergoes a thorough review by the CED. In conducting its review, the CED considers a number of criteria, including therapeutic efficacy and safety in the population groups served by the ODB program (e.g. seniors), cost-effectiveness of a drug in comparison to alternatives already listed in the Formulary, and impact on other health services. Following its review, the CED makes recommendations to the Executive Officer as to whether a drug product should be listed as a Formulary/CDI benefit or whether a drug product should be designated as an interchangeable drug product.

Conditional listing or partnership proposals contained in a drug submission will be reviewed based on CED's recommendation. For further information on the submission review and approval process, please refer to the Ontario Guidelines for Drug Submission and Evaluation available on the ministry's website (www.health.gov.on.ca).

A comprehensive roster of expert consultants has been established to assist the CED in the review of drug submissions and other drug-related issues. These experts are retained where necessary to complement the expertise available on the CED.

5. Pharmacy Council

The ministry established a Pharmacy Council in November 2006 to provide expert advice on pharmaceutical and health policy as it relates to the practice of pharmacy in Ontario, and to establish the necessary supports and infrastructure for the implementation and reimbursement of pharmacists' professional services.

The Council has twelve appointed members, including two interim-chairs, with representation from various stakeholder groups and regulatory bodies including:

- Ontario Pharmacists' Association
- Community pharmacy
- Hospital pharmacy
- Ontario College of Pharmacists
- Faculty of Pharmacy at an Ontario university
- Ontario Medical Association
- Patient representative

The Council will make recommendations to the ministry to:

- a) build and sustain a strong positive working relationship between the Government of Ontario and the pharmacy profession;
- b) identify opportunities for pharmacists to provide professional services and to consider a compensation model for the provision of those services;
- c) promote adherence to the Code of Conduct;
- d) advise on the appropriate role of pharmacists within the health care system, including in primary care models, and to advise on ways to enhance the quality and effectiveness of pharmacy services provided to Ontarians;
- e) consider any other matter referred to it jointly by the Ontario Pharmacists' Association and the ministry.

Further information on the Council, including Terms of Reference and membership, is available under the Public Information Section of the ministry's website at <http://www.health.gov.on.ca>.

B. How to Use the Formulary

The objective of the Formulary/CDI is to provide a tool for practitioners and pharmacists that encourages appropriate and cost-effective utilization of drug therapies. The Formulary/CDI is a compilation of pharmaceutical products arranged in comparative categories and groupings according to the nature, strength and dosage form of the active therapeutic ingredients. This publication requires knowledgeable interpretation and is not intended for general distribution. Therefore, circulation is generally restricted to practitioners, pharmacies, hospitals and organizations associated with the manufacture, distribution and use of pharmaceutical products.

The loose-leaf format of this publication allows for easier incorporation of the changes or updates that occur as part of the continuous Formulary/CDI review process. Future supplements may include only those pages affected by changes, or a summary list of changes.

Part III-A Ontario Drug Benefit Formulary/Comparative Drug Index

Classification

Drugs are listed by pharmacologic-therapeutic classification based on the classification system of the American Hospital Formulary Service of the American Society of Health-System Pharmacists. Permission to use this classification system has been granted by the Society, which is not responsible for the accuracy of any reproduced content.

Drugs are listed alphabetically by the generic/chemical name within each pharmacologic-therapeutic classification. The generic/chemical name of each drug that is a benefit under the ODB program is followed by the brand names that are deemed interchangeable for that dosage form and strength.

The pharmacologic-therapeutic classification under which any drug is listed may be found by consulting the index in Part V of the Formulary/CDI. Drugs with multiple indications are listed under only one of the common uses.

Interchangeable Categories

Where there is more than one drug product listed in a specific category, the products have been designated as interchangeable under the *Drug Interchangeability and Dispensing Fee Act*, unless otherwise noted. The Drug Benefit Price (DBP) is listed for each drug product as well as the **lowest DBP price** for the interchangeable category. The ODB program will reimburse dispensing physicians and pharmacies for the product in their inventory with the lowest DBP price within an interchangeable category.

Drug Identification Number (DIN)

For each drug product, the Formulary/CDI lists the eight-digit drug identification number (DIN) assigned by the Therapeutics Products Directorate of Health Canada*. The DIN uniquely identifies each drug product as to its manufacturer, active ingredients, strength of active ingredients, route of administration and pharmaceutical dosage form. Please note that only products with DINs that are listed as benefits in the Formulary/CDI are eligible for reimbursement under the ODB program.

Daily Cost/Prescribing Notes

The Formulary/CDI includes the daily cost for selected anti-infective and anti-hypertensive agents and more extensive prescribing notes. The daily cost shown is that for the most common dose prescribed (see section titled “Drug Cost” for more information). The Formulary/CDI also includes prescribing notes that are intended to draw the health care provider’s attention to important considerations related to the particular drug (e.g. adverse effects, comparative cost, effectiveness or toxicity).

Limited Use Products

Limited Use (LU) products are listed in the Formulary/CDI with specific clinical criteria/conditions for use and will be reimbursed under the ODB program only when those criteria/conditions have been met. LU products, together with their clinical criteria for use, are listed in Part III-A of the Formulary/CDI based on their pharmacologic-therapeutic classification. In order to provide convenient access to a complete listing of all LU products, they are also listed alphabetically by generic name in Part XII of the Formulary/CDI. LU products will be reimbursed under the ODB program only when prescribed for an ODB-eligible recipient in accordance with the applicable LU criteria and the prescriber has written the **Reason for Use Code** on the prescription. For more details about the LU reimbursement process, please refer to Section C.8 of Part I, entitled “Limited Use Products” as well as to Part XII of the Formulary/CDI. The ministry is continuing to review the LU products and will be transitioning products to general benefit or conditional listing.

Conditional Listings

A ‘conditional listing’ is a new Formulary listing that is intended to provide access to new and existing drugs under certain conditions, based on the recommendations of the CED. Conditional listings are established through negotiated agreements between manufacturers and the Executive Officer, and may include:

- commitment to promote appropriate use;
- requirement to collect outcomes data;
- requirement to gather further evidence related to clinical or economic information for future consideration by CED; and
- expenditure contracts.

Criteria for reimbursement are published in the Formulary as therapeutic notes and it is the responsibility of the prescriber to prescribe the drug to ODB recipients in accordance with the listed criteria. Conditional listings will allow ODB recipients to access new drugs on a conditional basis while the information which might support continued listing is in the process of being collected and reviewed. Conditional listings will also ease the administrative burden on prescribers as no forms or Limited Use codes are required.

* A small number of drug products, including nutrition products and diabetic test strips, have been assigned a product identification number (PIN) with leading digits 98 for the purposes of ODB claims. These PINs may differ from those shown on the manufacturer’s label but must be used when submitting claims to the ODB program.

Through open channels of communication with manufacturers, the CED will review their ODB reimbursement recommendations when new information becomes available and the ministry will continue to assess opportunities to enter into conditional listing agreements with manufacturers.

Part III-B Off-Formulary Interchangeability Drug Index

Off-Formulary Interchangeable drug products are listed by a pharmacologic-therapeutic classification based on the same classification system as applied under Part III-A of the Formulary/CDI. Drugs are listed alphabetically by the generic/chemical name within each pharmacologic-therapeutic classification.

All drug products listed in Part III-B of the Formulary/CDI are NOT benefits. Drug product prices, as reported by the respective manufacturers to the ministry, have been listed for each product for information purposes only. In accordance with section 8(1)(7) of R.R.O 1990, Regulation 935 of the Drug Interchangeability and Dispensing Fee Act, manufacturers of these drug products shall give the Executive Officer notice of every change in the manufacturer's list price for their drug products.

Part IV Consolidated Alphabetical Index of Drug Products Listed in Part III of the Formulary/CDI

This is a consolidated alphabetical index, by both generic and brand names, for all drugs listed in the Formulary/CDI. Generic/chemical names are indicated by bold print.

Part V Index of Pharmacologic-Therapeutic Classification

An index of the pharmacologic-therapeutic classification is provided in this section in ascending order.

Part VI Facilitated Access Drug Products

This part lists specific products that are reimbursed through the Facilitated Access mechanism under the ODB program used to treat ODB recipients with HIV/AIDS and patients undergoing palliative (end-of-life) care. Part VI has been divided into Part VI-A (HIV/AIDS) and Part VI-B (Palliative Care) to distinguish the differing categories of drug products available under this mechanism.

Part VII Trillium Drug Benefit Program

The ministry provides benefits to recipients under the Trillium Drug Program to help individuals and families who have high drug expenses in relation to their incomes. Part VII explains how the Trillium Drug Benefit Program works and provides a list of allowable expenses.

Part VIII Individual Clinical Review (ICR) Mechanism

The ministry may consider requests for coverage of drug products not listed in the Formulary/CDI for ODB-eligible persons. Part VIII explains how the Individual Clinical Review (ICR) mechanism works.

Part IX Additional Benefits

Nutrition Products

This list includes a maximum allowable reimbursement mechanism for Nutrition Products (NP) covered under the ODB program. Practitioners must complete a Nutrition Products Form and forward a copy with the prescription to the pharmacy for each NP prescribed. Claims for NPs are reimbursed only for patients who are eligible for ODB coverage and who also meet the patient eligibility criteria described in Part IX. ODB does not provide coverage for NPs for residents of long-term care homes. Long-term care homes are responsible for providing NPs to their residents when required.

Diabetic Testing Agents

Blood glucose test strips covered by the ODB program are listed in Part IX. These products are available to ODB-eligible recipients when prescribed by a practitioner. Blood glucose test strips are listed with a maximum price that will be reimbursed by the Executive Officer under the ODB program.

Part X Abbreviations, Tables and Sample Forms

This part contains an alphabetical index of abbreviations for the names of manufacturers whose products are listed in the Formulary/CDI and the following five tables:

- Table 1: Abbreviations for Dosage Forms
- Table 2: Medicinal Preparations That Can be Fatal to a 10kg Toddler Upon Ingestion of 1-2 Tablets, Capsules or Teaspoonfuls
- Table 3: Selected List of Drugs and Their Fatality Potential in Toddlers of 10kg
- Table 4: Approximate Relative Potencies of Listed Topical Steroid Preparations
- Table 5: Approximate Conversion Tables from the Avoirdupois to the Metric System

Sample Forms

This section contains samples of forms used in connection with the ODB program.

- The Health Canada **Report of Adverse Reaction Form** must accompany medically necessary “No Substitution” claims.
- **Nutrition Products Form** must be completed for Nutrition Product claims.

These forms must be fully completed before submitting an ODB claim and will be requested during routine ODB pharmacy audits for post-payment verification.

- **ICR Standard Template** may be used to request coverage of drug products not listed in the Formulary/CDI for ODB eligible persons.

Part XI This Section is Currently Not in Use

Part XII Alphabetical List of Limited Use Products

This section contains a complete alphabetical list of all Limited Use (LU) drug products and their specific LU clinical criteria that are listed in the Formulary/CDI. It also contains a guide for prescribers and pharmacists on how to complete a LU prescription.

C. Dispensary Reimbursement/Procedure

1. Health Network System

The Health Network System (HNS) links all Ontario dispensaries to the ministry computer system and allows on-line claims processing and adjudication in real-time. Benefits of the HNS include timely reconciliation of claims and real-time adjudication of claims that previously required special claims procedures (e.g. extemporaneous mixtures). The HNS identifies who is eligible for ODB benefits, and informs pharmacists of program and policy changes on-line through an email system. The HNS also provides for increased quality of care and potential cost savings to the health care system through drug utilization review.

The collection, use and disclosure of personal information on the HNS is governed by section 13 of the *Ontario Drug Benefit Act* and the *Personal Health Information and Protection Act, 2004*.

2. Drug Utilization Review (DUR)

The HNS assists pharmacists in providing quality health care through a drug utilization review (DUR) mechanism. DUR can be prospective or retrospective. A prospective DUR program, part of the HNS's on-line system, provides an analysis of both previous prescription information/claims data and current prescription data to identify potential problems. Its primary function is to enhance the current principles of good pharmacy practice with additional information sources. The HNS's prospective DUR currently monitors for:

- potential drug interactions

- potential double doctoring
- duplicate prescriptions
- potential multiple pharmacy use
- refill too soon/too late.

A retrospective DUR audits medication usage to provide insights into drug trends and issues. It can help identify patterns that could form the basis for further study and the development of strategies leading to more rational drug use.

3. Drug Cost

The drug cost set out opposite the listed drug product in Part III-A of the Formulary/CDI is the Drug Benefit Price (DBP) as defined in the *Ontario Drug Benefit Act and the Drug Interchangeability and Dispensing Fee Act* (for the Comparative Drug Index). The DBP for a drug in a particular dosage form and strength reflects the amount, calculated per gram, millilitre, tablet, capsule or other appropriate unit, for which a listed drug product in that dosage form and strength will be reimbursed by the ministry. For drug products listed in package (“Pk”) sizes (for example, pressurized inhalers), the DBP is for the package size listed. For ointments, creams, powders and liquids the cost is per gram or per millilitre. For tablets, capsules and suppositories, other than those designated “Pk”, the cost is per unit dosage form.

A daily cost is shown for selected therapeutic categories. This information is provided as a point of reference for practitioners to show the relative cost of different therapeutic alternatives. It is not a limit on the amount that the ODB program will pay for an individual patient for a particular benefit. The daily cost is calculated for the most commonly prescribed dosage of the product; for example Cloxacillin 250mg Cap (generic): most commonly prescribed dose is 1 capsule QID; daily cost = 4 x \$0.0993 = \$0.40. The daily cost is based on the DBP for a particular benefit and does not include the mark-up (see Part II, Preamble) or the dispensing fee.

Drug products listed in Part III-A are reimbursed under the ODB program at the listed DBP (or lowest DBP for an interchangeable category) plus a mark-up plus the lesser of a pharmacy’s posted usual and customary fee or the ODB dispensing fee, minus the applicable co-payment amount for every ODB prescription filled.

4. Cost Sharing

People whose prescription drugs or additional benefits are paid for by the ODB program are required to contribute a small amount for each prescription.

There are two categories of co-payment:

- 1) ODB recipients pay up to \$2 per prescription if they are:
 - a senior single person with an annual net income of less than \$16,018
 - a senior couple with a combined annual net income of less than \$24,175
 - receiving benefits under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*
 - receiving professional services under the Home Care Program
 - a resident of a home under the *Homes for the Aged and Rest Homes Act, Nursing Homes Act, Charitable Institutions Act* or *Homes for Special Care Act*.
 - eligible for benefits under the Trillium Drug Program
- 2) Single seniors with annual net income equal to or greater than \$16,018 or a senior couple with a combined annual income equal to or greater than \$24,175 each pay their first \$100 (i.e. deductible) in prescription costs each year. After that, they pay up to \$6.11 (i.e. co-payment) toward the ODB dispensing fee on each prescription.

The ODB deductible for newly eligible seniors in the higher co-payment category is prorated based on the number of months they are eligible for ODB in their first year of eligibility. The HNS will

automatically track and notify pharmacists of an individual's deductible based on the month when they become eligible in their first year of ODB coverage.

Only allowable drug expenses will count towards the \$100 deductible, namely, prescriptions for drug products listed in Part III-A of the Formulary/CDI, prescriptions for nutrition products and diabetic testing agents approved as benefits under the ODB program, as well as extemporaneous products that are designated pharmaceutical products under the ODBA. The ODB deductible and co-payment are tracked through the HNS according to the ODB benefit year. The ODB benefit year begins August 1 and ends on July 31 of the subsequent year.

5. Drug Quantity

The normal quantity dispensed shall be the entire quantity of the drug as prescribed by the practitioner. The maximum quantity that may be charged under the ODB program must not exceed that required for a 100-day course of treatment. The quantity dispensed is subject to the ODBA, DIDFA, and to the details of the prescription. For recipients covered under the *Ontario Works Act, 1997*, the maximum quantity of medication claimed under the ODB program must not exceed that required for a 35-day course of treatment.

The HNS provides pharmacists with a “refill too soon” warning for claims where additional supplies are submitted more than ten days prior to the end of a previous supply. Pharmacists should use their professional judgment in consultation with the practitioner and patient when dispensing the second prescription. The ministry recognizes that there are circumstances where recipients have a valid and appropriate reason for obtaining an early refill of a medication (e.g. dose change). In these cases, the reason for the early refill must be documented on the hard copy of the prescription. The ministry will monitor claims to ensure that pharmacies comply with the HNS warnings and recoveries will be made where claims are submitted inappropriately.

Effective March 1, 1999, ODB recipients travelling outside the province for between 100 and 200 days, may obtain an early refill (up to a 100-day supply) of medication before leaving the province. In order to obtain an early refill for a vacation supply, ODB recipients must provide the pharmacist with a letter or a copy of their travel insurance, confirming that they are leaving the province for between 100 and 200 days. The letter or copy of travel insurance must be attached to the hard copy of the prescription for audit purposes. Pharmacists must have the letter or copy of their travel insurance confirming travel outside of Ontario before submitting claims for a vacation supply and overriding any rejections generated by the HNS (use intervention code “MV” to override the “duplicate claim” rejection if two claims for 100-day supply of medication are submitted for the recipient on the same day). Please refer to Part VII for Trillium vacation supply information.

6. Cost-to-Operator Claims

Effective March 1, 2007, in accordance with section 14(3)(b) of O.Reg 201/96 made under the ODBA, the allowable use of the ‘MI’ (Cost-to-Operator or ‘CTO’) intervention code is restricted to cases where a pharmacy is unable to acquire a generic product and must dispense the original product or a higher priced generic product. Supporting documentation (manufacturer’s or wholesaler’s invoice) must be retained on file for 24 months for post-payment verification.

7. Medically Necessary “No Substitution” Claims

The ministry will provide reimbursement of a higher cost interchangeable product in medically necessary circumstances — **where a patient has experienced a significant adverse reaction with a lower-cost interchangeable drug product**. When a practitioner identifies a patient for which it is medically necessary that a higher cost interchangeable product be provided, the **practitioner** must:

- complete, sign and forward to the pharmacist a Health Canada **Report of Adverse Reaction** form; and
- handwrite on the prescription “**No Substitution**” or “**No Sub**”.

The practitioner should keep a copy of the completed form in the patient’s record for future use and reference.

When the pharmacist receives a prescription with the handwritten notation “No Substitution”, reimbursement will be provided for the higher cost interchangeable product only if the prescription is accompanied by a completed Health Canada **Report of Adverse Reaction** form. This form must be completely filled out noting the details of the adverse reaction and signed by the practitioner.

Upon receipt, the **pharmacist** must:

- clearly note on the Health Canada **Report of Adverse Reaction** form “**ODB NO SUBSTITUTION**”
- fax or mail the completed and signed form to Health Canada
- retain his or her copy of the completed and signed Adverse Reaction form.

The Report of Adverse Reaction form will not have to be renewed but must be retained on file. The practitioner must hand-write “No Substitution” or “No Sub” on renewal or subsequent new prescriptions. The dispenser will be reimbursed the DBP plus a mark-up and the lesser of the posted usual and customary fee or the ODB dispensing fee minus the applicable ODB co-payment amount.

Health Canada will provide the province with regular updates on the incidence of adverse reactions related to interchangeable products. Since Health Canada, the ministry and the Committee to Evaluate Drugs (CED) rigorously evaluate generic products prior to designation of interchangeability with brand name products, it is expected that the incidence of adverse reactions will be low. Unexpectedly high incidences of adverse reactions will result in an investigation of the product in question by the ministry and/or Health Canada. Where a completed, signed Health Canada **Report of Adverse Reaction** form is not available at the pharmacy during an audit, the difference between the cost of the higher-cost product and the lowest DBP listed for the interchangeable category will be recovered.

The pharmacist must mail or fax the completed form to:

Ontario Regional ADR Centre
c/o LonDIS Drug Information Centre
London Health Sciences Centre
339 Windermere Road
London, ON N6A 5A5
Telephone: (519) 663-8801
Toll-free: 1-866-234-2345
Fax: (519) 663-2968
Toll- Free Fax: 1-866-678-6789

Blank forms can be obtained by calling the above numbers or:

Ontario Ministry of Health and Long-Term Care: 1-888-310-9008, or on-line at:

http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/medeff/ar-ei_form_e.pdf

8. “Limited Use” Products

Designating Listed Drugs as Limited Use Benefits

Drug products reimbursed under the ODB program are evaluated and recommended for listing by the ministry’s expert drug advisory committee, the Committee to Evaluate Drugs (CED). Limited Use (LU) drugs are those drugs recommended by the CED as having value in specific circumstances, but are not appropriate for general listing in the Formulary/CDI. LU drugs may:

- have the potential for widespread use outside the indications for which benefit and cost-effectiveness have been demonstrated;
- be clinically useful, but are associated with predictable severe adverse effects and a less toxic alternative is available as a general benefit;
- be very costly and a lower-cost alternative is available as a general benefit.

As a result, the CED may recommend that a drug product be reimbursed only when specific clinical criteria/conditions have been met. Presently, LU products, together with their specific clinical criteria, are listed in Part III-A of the Formulary/CDI based on their pharmacologic-therapeutic classification. For easy reference, all LU drug products are also listed alphabetically by generic name in Part XII.

The CED and ministry will continue to review existing LU products to determine if there are opportunities to transition a given product to a conditional or general benefit listing.

Limited Use Reimbursement Process

Patients may take the LU prescription to the pharmacy, or practitioners may fax it directly to the pharmacy. Authorization periods for an LU prescription are noted with the drug listing in the Formulary and are based on the initial date that the first LU prescription is dispensed.

See Part XII for more detailed information about the LU claims process, including instructions for practitioners and pharmacists related to LU prescriptions.

In instances where an ODB-eligible patient does not meet the listed LU criteria, physicians may make a written request for special consideration for coverage under the ODB program's Exceptional Access mechanism (see Part VIII of the Formulary/CDI for further details).

ODB Audit of Limited Use Claims

The Inspection Unit of Ontario Public Drug Programs routinely conducts on-site audits of all pharmacies for postpayment verification of claims reimbursed under the ODB program. In addition, the ministry may request copies of LU prescriptions from pharmacies by mail for purposes of carrying out office audits relating to ODB claims for LU products. The ministry will recover monies paid for LU product claims where:

- the Limited Use (Reason for Use) code indicated on the prescription does not meet the listed LU clinical criteria
- the Limited Use (Reason for Use) code is not written on the prescription
- the prescription is incomplete (e.g. the date, drug, patient name or the correct CPSO number or college registration number is missing or the practitioner has not signed the prescription)
- the LU authorization period is expired
- a prescription with valid LU documentation was not obtained/retained in the pharmacy for 24 months.

Pharmacists are reminded that copies of prescriptions with LU documentation must be retained by the pharmacy for 24 months as required by the regulations under the *Ontario Drug Benefit Act*.

9. Extemporaneous Preparations

An extemporaneous preparation is defined in section 1(1) of O.Reg 201/96 made under the *Ontario Drug Benefit Act* as a "drug or combination of drugs prepared or compounded in a pharmacy according to a prescription".

Section 17 of the *Ontario Drug Benefit Act* gives the Executive Officer of Ontario Public Drug Programs ("the Executive Officer") the authority to:

- (a) determine the conditions which must be met before an extemporaneous preparation is designated as a designated pharmaceutical product ("DPP") and therefore deemed eligible for reimbursement under the ODB program; and
- (b) determine the drug benefit price of a DPP including a formula by which the drug benefit price may be calculated.

Effective October 1, 2006, an extemporaneous preparation that is not equivalent to a manufactured drug product will be deemed by the Executive Officer to be a DPP and therefore eligible for reimbursement under the ODB program, if:

- a) the preparation is for internal consumption and contains a solid oral dosage form of a listed drug product and no other active substance;
- b) the preparation is for injection and is prepared by or under the direct supervision of a pharmacist (i.e. a person holding a certificate of registration from the Ontario College of Pharmacists in accordance with the *Pharmacy Act, 1991* and the *Regulated Health Professions Act, 1991*) (see restrictions below);
- c) the preparation is for dermatological use and contains a listed drug product used for dermatological purposes and no other active substances other than one or more of the following: camphor, compound benzoin tincture, hydrocortisone powder, liquor carbonis detergens, menthol, salicylic acid, sulfur or tar distillate;

- d) the preparation is for a topical nitrogen mustard preparation;
- e) the preparation is for a topical preparation consisting of liquor carbonis detergens, salicylic acid, sulfur or tar distillate, but no other active substances, compounded in petrolatum jelly or lanolin;
- f) the preparation is for an ophthalmic solution containing amikacin, cefazolin or vancomycin, or
- g) the preparation is for an ophthalmic solution containing gentamicin or tobramycin in a concentration greater than three milligrams per millilitre.

Restrictions Regarding Extemporaneous Injectables:

- 1) Compounded injectable products which contain one or more of the drug products noted below are not eligible for reimbursement as DPPs under the ODB program unless approved by the Executive Officer under the Individual Clinical Review (ICR) mechanism.

alprostadil
 amphotericin b lipid complex
 aneastim
 azithromycin
 baclofen
 calcitriol
 cefotaxime
 cephalothin
 clodronate
 daclizumab
 danaparoid
 darbepoietin
 deferoxamine
 desmopressin
 dolasetron
 epoetin alfa
 epoprostenol
 estradiol dienanthate/estradiol benzoate/testosterone enanthate benzilic acid hydrazone
 etanercept
 filgrastim
 fludarabine
 fondaparinux
 glatiramer acetate
 hepatitis a vaccine
 hepatitis b vaccine
 infliximab
 interferon alfa-2b/ribavirin
 interferon beta 1-a
 interferon beta 1-b
 iron dextran
 iron sucrose
 ketorolac
 levofloxacin
 mycophenolate mofetil
 nandrolone decanoate
 octreotide
 peginterferon alfa 2-b
 somatrem
 somatropin
 sumatriptan
 verteporfin
 zoledronic acid

- 2) Any injectable drug product which received a Notice of Compliance from Health Canada on or after September 4, 2003 is ineligible for reimbursement as a DPP under the ODB program unless approved by the Executive Officer under the Individual Clinical Review (ICR) mechanism.

- 3) Any injectable drug product that is listed in Part III-A of the Formulary as a Limited Use benefit is ineligible for reimbursement as a DPP under the ODB program unless the patient meets the clinical criteria outlined in Part III-A of the Formulary. Claims for these products in respect of patients who do not meet the defined Limited Use criteria may be considered by the Executive Officer for reimbursement under the Individual Clinical Review (ICR) mechanism.

Please refer to Section 6.1 of the Ontario Drug Programs Reference Manual for requirements regarding claims for extemporaneous preparations.

Pharmacists are reminded that claims reimbursed under the *Ontario Drug Benefit Act* are subject to post-payment verification.

For more information regarding extemporaneous preparations that are eligible for reimbursement, please refer to the information contained on the ministry's website. In the event that there are any discrepancies or inconsistencies between the foregoing list and the list posted on the ministry's website, the website will be considered authoritative.

Questions can be directed to the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

10. Professional Pharmacy Services

Effective April 1, 2007, the ministry began compensating pharmacists for providing professional pharmacy services such as medication management reviews and chronic disease management through a framework that has been developed collaboratively through the Pharmacy Council.

These medication reviews will compare what the physician has prescribed (e.g. drug name, drug strength and drug dosage etc.), to what the patient is actually taking. The goals of this review are to:

- create and maintain an accurate record of what medication(s) the patient is taking. The record is intended to be a complete list of the patient's prescription, over-the-counter, and natural/homeopathic medications.
- investigate and correct the discrepancies between physician orders and what the patient is taking.
- minimize potential adverse events and medication errors

Professional service claims will be adjudicated online through the ministry's Health Network System.

Professional services provide further opportunities for pharmacists to use their clinical expertise to provide patient care. Through the Pharmacy Council, the ministry will continue to explore opportunities to expand the scope of professional services.

D. Information and Assistance

1. The Personal Health and Information Protection Act, 2004 and the Freedom of Information and Protection of Privacy Act

The information collected on ODB claims, including those on paper and electronic media, is collected for the purpose of payment under the *Ontario Drug Benefit Act* and for drug utilization review. It is collected under the authority of s.13 of the *Ontario Drug Benefit Act*, s.6(2) of the *Ministry of Health and Long-Term Care Act* and s.36 of the *Personal Health Information Protection Act, 2004*.

For further information please contact:

Director

Ontario Public Drug Programs

3rd floor, 5700 Yonge Street

Toronto ON M2M 4K5

Telephone: (416) 327-8109

Toll-free: 1-866-811-9893

Fax: (416) 327-8123

e-mail: drugprograms@moh.gov.on.ca

Website: www.health.gov.on.ca

2. Inquiries and Assistance

The following information is provided to assist practitioners, pharmacists and manufacturers in obtaining details on the Ontario Drug Benefit program, claims submission and payments.

Payments

Health Insurance and Related Payments
Supply and Financial Services Branch
P.O. Box 48
Kingston ON K7L 5J3

Claims Submissions

Ministry of Health
ODB Claims Processing
P.O. Box 58
Kingston ON K7L 5J1

For inquiries about payments or claims submissions, please call the ministry's **ODB Health Network System (HNS) Help Desk at 1-800-668-6641**.

For more information and assistance for dispensary connections to the ministry's HNS, please contact:

Ontario Drug Programs
Registration Unit
P.O. Box 3800, Station Main
Kingston, ON K7L 5R6
Tel.: (613) 545-4330

NOTE: Dispensary operators are requested to notify the Registration Unit three weeks in advance of a change in status for: openings, closures or transfer of ownership.

Trillium Drug Program

For inquiries regarding the Trillium Drug Program, please contact:

Toronto (416) 642-3038
Toll-free: 1-800-575-5386
TDD/TTY 1-800-387-5559

Co-payment Inquiries

For inquiries about co-payment, please contact:

Toronto: (416) 503-4586
Toll-free: 1-888-405-0405

ICR Requests

Please fax any written requests to:

Toronto: (416) 327-7526
Toll-free Fax: 1-866-811-9908

Except as indicated above, inquiries and correspondence on this publication should be directed to:

Director,
Individual Eligibility Review Branch
3rd floor, 5700 Yonge Street
Toronto ON M2M 4K5
Telephone: (416) 327-8109
Toll-free: 1-866-811-9893
Fax: (416) 327-8123
e-mail: drugprograms@moh.gov.on.ca
Website: www.health.gov.on.ca

FORMULARY/CDI

LEGEND

ALPHABETICAL REFERENCE

- A. Non-proprietary or generic name of the drug followed by the strength and dosage form.
- B. **DIN/PIN** code uniquely identifies the drug product as to its manufacturer, name and strength of active ingredients, route of administration and pharmaceutical dosage form.
- C. Brand name(s) of the drug product(s).
- D. Three-letter identification code assigned to each manufacturer. See abbreviations in Part X for manufacturers' names.
- E. Drug Benefit Price of the drug product.
- F. Usual daily cost. See section entitled "Drug Cost" for more information.

NUMERICAL REFERENCE

- 1. Pharmacologic-therapeutic classification.
- 2. Pharmacologic-therapeutic sub-classification.
- 3. For Formulary listed benefits with Limited-Use criteria, the "Reason for Use Code" for each approved "Clinical Criteria" are provided in the shaded area.
- 4. For combination drug products, the active ingredients and their concentrations are listed.
- 5. Most items usually dispensed in non-divisible packages are identified by the designation "Pk", which appears immediately after the package description. One package of an item described "Pk" is billed as 0001.
- 6. The Drug Benefit Price is the listed price for that particular drug product, strength and dosage form.
- 7. Designated pharmaceutical products are identified by the letters "dpp".
- 8. "Not a Benefit" indicates a product that is NOT a benefit under the ODB program, but which has retained its interchangeability designation. Claims for the product will not be reimbursed under the ODB program.

SYMBOLS

- * A single asterisk denotes a type of drug product that is provided to residents of long-term care homes and Homes for Special Care by the Government Pharmacy. Such drugs are not eligible for reimbursement when supplied to these residents by a dispensary unless an emergency authorization has previously been obtained from the ministry.
- + The plus sign indicates a drug product or brand of a drug that is listed for the first time in this edition of the Formulary/CDI.
- # The number symbol indicates a drug product that is being discontinued as a benefit, but that will be retained in the payment system until further notice to allow utilization of remaining stock.

A	B	C	D	E	F
↓		↓	↓		↓
ITEM NO.	DRUG NAME, STRENGTH AND DOSAGE FORM	DIN	BRAND NAME	MANUFACTURER DBP	DAILY COST

1 → **08:00 ANTI-INFECTIVE AGENTS**

2 → **08:08:00 ANTIHELMINTICS**

NIMODIPINE

540	30mg SG Cap 02155923	Nimotop	BAH	5.9209 5.9209
3 →	Reason for Use code	Clinical criteria		
	42	As adjunctive therapy to improve the neurologic outcome following subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage).		
		LU Authorization Period: 1 year.		
	43	As prophylaxis of ischemia if surgery is delayed.		
		LU Authorization Period: 1 year.		

4 → **BRIMONIDINE TARTRATE & TIMOLOL MALEATE**

0.2% & 0.5% Oph Sol-5mL Pk 02248347 Combigan ALL 19.7000 **19.7000**

POLYETHYLENE GLYCOLE & ELECTROLYTES

	Pd-1 Kit	02147793 Klean-Prep	RIV	16.1700	5.0141
5 →	Sol-1L Pk	00777846 PegLyte	PMS	5.0141	
6 →					

ALFACALCIDOL

	0.25mcg Cap dpp	00474517 One-Alpha	LEO	0.4090	0.4090
7 →					

***DIPHENHYDRAMIN E**

	25mg Cap	00022756 Benadryl (Not a Benefit)	PDA		
8 →		00370517 Allerdryl (Not a Benefit)	ICN		

PART II

PREAMBLE

ONTARIO DRUG BENEFIT FORMULARY

The percentage of the Drug Benefit Price (the “mark-up”) that is prescribed for the purpose of paragraph 3 of subsection 6(1) of the *Ontario Drug Benefit Act* is 8 percent.

PART III

FORMULARY LISTINGS

PART III-A

**ONTARIO DRUG BENEFIT FORMULARY (ODB) /
COMPARATIVE DRUG INDEX (CDI)**

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

04:00 ANTIHISTAMINICS

DIPHENHYDRAMINE HCL

1	*25mg Cap	00022756	Benadryl (Not a Benefit)	PDA
		00370517	Allerdryl (Not a Benefit)	VAL
2	*50mg Cap	00022764	Benadryl (Not a Benefit)	PDA
		00271411	Allerdryl (Not a Benefit)	VAL

PROMETHAZINE HCL

3	2mg/mL O/L	00583979	PMS-Promethazine (Not a Benefit)	PMS
		01937693	Phenergan (Not a Benefit)	RPR

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:08:00 ANTHELMINTICS

MEBENDAZOLE

4	100mg Tab 00556734	Vermox	JNO	3.1800 3.1800
---	-----------------------	--------	-----	-------------------------

PIPERAZINE ADIPATE

5	Gran 2g Pk 02100215	Entacyl	SHI	.7230 .7230
---	------------------------	---------	-----	-----------------------

08:12:04 ANTIBIOTICS ANTIFUNGALS

AMPHOTERICIN B

6	Inj Pd-50mg Pk 00029149	Fungizone	BQU	55.5600 55.5600
---	----------------------------	-----------	-----	---------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

7	10mg/mL O/L 02024152	Diflucan P.O.S.	PFI	1.0109 1.0109
	Reason for Use Code	Clinical criteria		
	274	For the treatment of oral/esophageal candidiasis in immunocompromised patients (e.g. patients with malignancies and transplant patients) who have failed to respond to nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For oral candidiasis, network will limit supply to 2 weeks. For esophageal candidiasis, network will limit supply to 6 weeks.		
		LU Authorization Period: 1 year		
	275	For the treatment of patients with disseminated candidiasis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For disseminated candidiasis, network will limit supply to 6 weeks.		
		LU Authorization Period: 1 year		
	276	For the treatment of patients with cryptococcal meningitis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For cryptococcal meningitis (initial treatment), network will limit supply to 12 weeks.		
		LU Authorization Period: 1 year		
	277	For the treatment of patients with vulvovaginal candidiasis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For vulvovaginal candidiasis, network will limit supply to one dose 150mg (Repeats no more than every 25 days).		
		LU Authorization Period: 1 year		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

8	50mg Tab				2.4814	4.96
	00891800	Diflucan	PFI	5.1614	10.32	
	02236978	Novo-Fluconazole	NOP	2.4814	4.96	
	02237370	Apo-Fluconazole	APX	2.4814	4.96	
	02245292	Gen-Fluconazole	GEN	2.4814	4.96	
	02245643	PMS-Fluconazole	PMS	2.4814	4.96	
	02249294	Taro-Fluconazole	TAR	2.4814	4.96	
9	100mg Tab				4.4020	4.40
	00891819	Diflucan	PFI	9.1562	9.16	
	02236979	Novo-Fluconazole	NOP	4.4020	4.40	
	02237371	Apo-Fluconazole	APX	4.4020	4.40	
	02245293	Gen-Fluconazole	GEN	4.4020	4.40	
	02245644	PMS-Fluconazole	PMS	4.4020	4.40	
	02249308	Taro-Fluconazole	TAR	4.4020	4.40	
	Reason for Use Code	Clinical criteria				
	202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations; LU Authorization Period: 1 year				
	203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients); LU Authorization Period: 1 year				
	204	For patients with disseminated candidiasis; LU Authorization Period: 1 year				
	205	For the treatment of acute cryptococcal meningitis. LU Authorization Period: 1 year				

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

KETOCONAZOLE

10	200mg Tab				.9393	.94
	00633836	Nizoral	JAN	1.8786	1.88	
	02231061	Novo-Ketoconazole	NOP	.9393	.94	
	02237235	Apo-Ketoconazole	APX	.9393	.94	

Note: A low pH is necessary for absorption. Antacids, anticholinergics/antispasmodics, H2-blockers, and omeprazole may decrease absorption. Ketoconazole is a potent inhibitor of hepatic oxidation of drugs and may cause significant elevation of blood levels of astemizole, cisapride, cyclosporine, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of ketoconazole and astemizole, cisapride or terfenadine. Insulin requirements may be reduced. Hepatotoxicity occurs in approximately 1 in 1500 patients treated with ketoconazole for onychomycosis; female gender, pre-existing disease, alcoholism and greater than 2 weeks of therapy are pre-disposing factors.

NYSTATIN

11	100000U/mL O/L				.0592	.24
	00248169	Mycostatin (Not a Benefit)	BQU			
	02194201	Ratio-Nystatin	RPH	.0592	.24	
12	500000U Tab				.1680	.50
	00029416	Mycostatin (Not a Benefit)	BQU			
	02194198	Ratio-Nystatin	RPH	.1680	.50	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

VORICONAZOLE

13	50mg Tab 02256460	Vfend	PFI	11.8800 11.8800
14	200mg Tab 02256479	Vfend	PFI	47.5000 47.5000
	Reason for Use Code 399	Clinical criteria Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole. *The first prescription must be written by a physician based at the hospital where the patient was hospitalized. Note: Limited to 3 months of reimbursement. LU Authorization Period: 1 year.		

08:12:12 ANTIBIOTICS ERYTHROMYCINS

Note: Erythromycin alone is not adequate for the treatment of *H. influenzae* infections. It lacks consistently reliable activity against this organism. Erythromycin is a potent inhibitor of hepatic oxidation of some drugs and may cause significant elevation of blood levels of astemizole, carbamazepine, cyclosporine, digoxin, dihydropyridines, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of erythromycin and astemizole or terfenadine.

AZITHROMYCIN

15	100mg/5mL O/L 02223716 02274388	Zithromax PMS-Azithromycin	PFI PMS	.7467 1.1093 .7467
16	200mg/5mL O/L 02223724 02274396	Zithromax PMS-Azithromycin	PFI PMS	1.0578 1.5713 1.0578

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:12 ANTIBIOTICS ERYTHROMYCINS

Note: Erythromycin alone is not adequate for the treatment of *H. influenzae* infections. It lacks consistently reliable activity against this organism. Erythromycin is a potent inhibitor of hepatic oxidation of some drugs and may cause significant elevation of blood levels of astemizole, carbamazepine, cyclosporine, digoxin, dihydropyridines, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of erythromycin and astemizole or terfenadine.

AZITHROMYCIN

17	250mg Tab				2.4667
	02212021	Zithromax	PFI		5.1307
	02247423	Apo-Azithromycin	APX		2.4667
	02255340	Co-Azithromycin	COB		2.4667
	02261634	PMS-Azithromycin	PMS		2.4667
	02265826	Sandoz Azithromycin	SDZ		2.4667
	02267845	Novo-Azithromycin	NOP		2.4667
	02275287	Ratio-Azithromycin	RPH		2.4667
	02278359	Gen-Azithromycin	GEN		2.4667

CLARITHROMYCIN

18	500mg ER Tab				2.5144
	02244756	Biaxin XL	ABB		2.5144
19	125mg/5mL Ped Gran				.2758 2.76
	02146908	Biaxin	ABB		.2758 2.76
20	250mg/5mL Susp				.5517
	02244641	Biaxin	ABB		.5517
21	250mg Tab				1.5721 3.14
	01984853	Biaxin	ABB		1.5721 3.14

ERYTHROMYCIN BASE

22	250mg Ent Pel Cap				.2205 .88
	00607142	ERYC	PFI		.2205 .88
	00726672	Apo-Erythro E-C	APX		.3810 1.52
23	250mg Tab				.1786 .71
	00244635	Erythromid (Not a Benefit)	ABB		.1786 .71
	00682020	Apo-Erythro	APX		.1786 .71

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:12 ANTIBIOTICS ERYTHROMYCINS

Note: Erythromycin alone is not adequate for the treatment of *H. influenzae* infections. It lacks consistently reliable activity against this organism. Erythromycin is a potent inhibitor of hepatic oxidation of some drugs and may cause significant elevation of blood levels of astemizole, carbamazepine, cyclosporine, digoxin, dihydropyridines, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of erythromycin and astemizole or terfenadine.

ERYTHROMYCIN ESTOLATE

24	25mg/mL O/L				.0368	.74
	00015474	Ilosone (Not a Benefit)	LIL			
	00021172	Novo-Rythro Estolate	NOP		.0368	.74
25	50mg/mL O/L				.0713	1.43
	00210641	Ilosone (Not a Benefit)	LIL			
	00262595	Novo-Rythro Estolate	NOP		.0713	1.43

ERYTHROMYCIN ETHYLSUCCINATE

26	40mg/mL O/L				.0669	1.00
	00000299	EES-200 (Not a Benefit)	ABB			
	00605859	Novo-Rythro Ethyl Succinate	NOP		.0669	1.00
27	80mg/mL O/L				.1013	1.52
	00453617	EES-400 (Not a Benefit)	ABB			
	00652318	Novo-Rythro Ethyl Succinate	NOP		.1013	1.52
28	600mg Tab				.3248	.97
	00583782	EES-600 (Not a Benefit)	ABB			
	00637416	Apo-Erythro-ES	APX		.3248	.97

ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL

29	40mg & 120mg/mL O/L				.1209	1.81
	00583405	Pediazole	ABB		.1209	1.81

ERYTHROMYCIN STEARATE

30	250mg Tab				.2069	.83
	00000434	Erythrocin (Not a Benefit)	ABB			
	00545678	Apo-Erythro-S	APX		.2069	.83
31	500mg Tab				.5300	1.06
	00266515	Erythrocin	ABB		.5390	1.08
	00688568	Apo-Erythro-S	APX		.5300	1.06

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:12 ANTIBIOTICS ERYTHROMYCINS

Note: Erythromycin alone is not adequate for the treatment of *H. influenzae* infections. It lacks consistently reliable activity against this organism. Erythromycin is a potent inhibitor of hepatic oxidation of some drugs and may cause significant elevation of blood levels of astemizole, carbamazepine, cyclosporine, digoxin, dihydropyridines, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of erythromycin and astemizole or terfenadine.

PARTICLE COATED ERYTHROMYCIN

32	333mg Tab 00769991	PCE Dispertab	ABB	.5200 .5200	1.56 1.56
----	-----------------------	---------------	-----	----------------	--------------

AMOXICILLIN

Note: The activity of amoxicillin is essentially identical to ampicillin. However, amoxicillin is more completely absorbed and causes diarrhea less frequently than ampicillin. The only situation where amoxicillin should not be used to replace oral ampicillin is Shigellosis.

33	250mg Cap			.1032	.31
	00406724	Novamoxin	NOP	.1032	.31
	00628115	Apo-Amoxi	APX	.1032	.31
	00865567	Nu-Amoxi	NXP	.1032	.31
	02041294	Amoxil (Not a Benefit)	WAY		
	02230243	PMS-Amoxicillin	PMS	.1032	.31
	02238171	Gen-Amoxicillin	GEN	.1032	.31
34	500mg Cap			.2010	.60
	00406716	Novamoxin	NOP	.2010	.60
	00628123	Apo-Amoxi	APX	.2010	.60
	00865575	Nu-Amoxi	NXP	.2010	.60
	02041308	Amoxil (Not a Benefit)	WAY		
	02230244	PMS-Amoxicillin	PMS	.2010	.60
	02238172	Gen-Amoxicillin	GEN	.2010	.60
35	25mg/mL O/L			.0200	.30
	00452149	Novamoxin	NOP	.0200	.30
	00628131	Apo-Amoxi	APX	.0200	.30
	00865540	Nu-Amoxi	NXP	.0200	.30
	01934171	Novamoxin (Sugar Reduced)	NOP	.0200	.30
	02041316	Amoxil (Not a Benefit)	WAY		
	02230245	PMS-Amoxicillin	PMS	.0200	.30

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:12 ANTIBIOTICS ERYTHROMYCINS

AMOXICILLIN

Note: The activity of amoxicillin is essentially identical to ampicillin. However, amoxicillin is more completely absorbed and causes diarrhea less frequently than ampicillin. The only situation where amoxicillin should not be used to replace oral ampicillin is Shigellosis.

36	50mg/mL O/L				.0300 .45
	00452130	Novamoxin	NOP	.0300	.45
	00628158	Apo-Amoxi	APX	.0300	.45
	00865559	Nu-Amoxi	NXP	.0300	.45
	01934163	Novamoxin (Sugar Reduced)	NOP	.0300	.45
	02042592	Amoxil (Not a Benefit)	WAY		
	02230246	PMS-Amoxicillin	PMS	.0300	.45

AMOXICILLIN & CLAVULANIC ACID

Note: Amoxicillin/clavulanic acid is not recommended as first line treatment for acute otitis media and sinusitis. Antibiotic resistance (*H. influenzae*, *M. catarrhalis*) due to B-lactamase production has caused only a minority of treatment failures with amoxicillin. Amoxicillin/clavulanic acid is first line treatment for infected bites of cat, dog or human.

37	25mg & 6.25mg/mL O/L				.0517 .78
	01916882	Clavulin	GSK	.1117	1.68
	02243986	Apo-Amoxi Clav	APX	.0517	.78
	02244646	Ratio-Aclavulanate 125F	RPH	.0517	.78
38	50mg & 12.5mg/mL O/L				.0869 1.30
	01916874	Clavulin	GSK	.1879	2.82
	02243987	Apo-Amoxi Clav	APX	.0869	1.30
	02244647	Ratio-Aclavulanate 250F	RPH	.0869	1.30
39	200mg & 28.5mg/5mL Susp				.1377
	02238831	Clavulin (BID)	GSK	.1377	
40	400mg & 57mg/5mL Susp				.2573
	02238830	Clavulin (BID)	GSK	.2573	
41	250mg & 125mg Tab				.4365 1.31
	01916866	Clavulin	GSK	.9439	2.83
	02243350	Apo-Amoxi Clav	APX	.4365	1.31
	02243770	Ratio-Aclavulanate	RPH	.4366	1.31
42	500mg & 125mg Tab				.6673 2.00
	01916858	Clavulin	GSK	1.4158	4.25
	02243351	Apo-Amoxi Clav	APX	.6673	2.00
	02243771	Ratio-Aclavulanate	RPH	.6673	2.00

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

AMOXICILLIN & CLAVULANIC ACID

Note: Amoxicillin/clavulanic acid is not recommended as first line treatment for acute otitis media and sinusitis. Antibiotic resistance (*H. influenzae*, *M. catarrhalis*) due to B-lactamase production has caused only a minority of treatment failures with amoxicillin. Amoxicillin/clavulanic acid is first line treatment for infected bites of cat, dog or human.

43	875mg & 125mg Tab				1.0009
	02238829	Clavulin (BID)	GSK		2.1237
	02245623	Apo-Amoxi Clav	APX		1.0009
	02247021	Ratio-Aclavulanate	RPH		1.0009
	02248138	Novo-Clavamoxin 875	NOP		1.0009

AMPICILLIN

Note: Use with caution in urinary tract infections as even *E. coli* is resistant in approximately 20% of cases.

44	250mg Cap				.3071	1.23
	00002003	Penbritin (Not a Benefit)	AYE			
	00020877	Novo-Ampicillin	NOP		.3071	1.23
45	500mg Cap				.5955	2.38
	00002011	Penbritin (Not a Benefit)	AYE			
	00020885	Novo-Ampicillin	NOP		.5955	2.38

CLOXACILLIN

46	250mg Cap				.0993	.40
	00002046	Orbenin (Not a Benefit)	AYE			
	00337765	Novo-Cloxin	NOP		.0993	.40
	00618292	Apo-Cloxi	APX		.0993	.40
	00717584	Nu-Cloxi	NXP		.0993	.40
47	500mg Cap				.1946	.78
	00002054	Orbenin (Not a Benefit)	AYE			
	00337773	Novo-Cloxin	NOP		.1946	.78
	00618284	Apo-Cloxi	APX		.1946	.78
	00717592	Nu-Cloxi	NXP		.1946	.78

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

CLOXACILLIN

48	25mg/mL O/L				.0238	.95
	00337757	Novo-Cloxin	NOP		.0238	.95
	00644633	Apo-Cloxi	APX		.0238	.95
	00717630	Nu-Cloxi	NXP		.0238	.95
	02042975	Orbenin (Not a Benefit)	WAY			

PENICILLIN G (POTASSIUM)

49	500000IU Tab				.1086	.43
	00107484	Megacillin 500	FRS		.1086	.43

PENICILLIN V (POTASSIUM)

50	25mg/mL O/L				.0446	.89
	00018635	Nadopen-V (Not a Benefit)	NDA			
	00642223	Apo-Pen V-K	APX		.0446	.89
51	60mg/mL O/L				.0325	.49
	00331945	VC-K500 (Not a Benefit)	LIL			
	00391603	Novo-Pen-VK-500	NOP		.0325	.49
	00642231	Apo-Pen V-K	APX		.0325	.49
52	300mg Tab				.0375	.15
	00018740	Nadopen-V	LIO		.0375	.15
	00021202	Novo-Pen-VK-500	NOP		.0375	.15
	00248843	PVF-K 500 (Not a Benefit)	FRS			
	00642215	Apo-Pen V-K	APX		.0375	.15
	00717568	Nu-Pen VK	NXP		.0375	.15

PIVAMPICILLIN

Note: Although pivampicillin is administered every 12 hours rather than every 8 hours for amoxicillin, pivampicillin is more expensive than amoxicillin.

53	35mg/mL O/L				.0630	.63
	00582239	Pondocillin	LEO		.0630	.63
54	500mg Tab				.6588	1.32
	00582247	Pondocillin	LEO		.6588	1.32

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:24 ANTIBIOTICS TETRACYCLINES

TETRACYCLINE

Note: Tetracycline use during tooth development (last half of pregnancy and up to age 8) may cause permanent tooth discoloration or enamel hypoplasia. These reactions are more common during long-term use. Tetracyclines should not be used in these groups unless other antibiotics are unlikely to be effective or are contraindicated.

55	250mg Cap				.0530	.21
	00024422	Tetracycl (Not a Benefit)	PFI			
	00580929	Apo-Tetra	APX		.0530	.21

08:12:28 OTHER ANTIBIOTICS

CEFACLOR

56	250mg Cap				.5103	1.53
	00465186	Ceclor	PHE		1.0207	3.06
	02185830	PMS-Cefaclor	PMS		.5104	1.53
	02230263	Apo-Cefaclor	APX		.5103	1.53
	02231432	Nu-Cefaclor	NXP		.5103	1.53
	02231691	Novo-Cefaclor	NOP		.5103	1.53
57	500mg Cap				1.0020	3.01
	00465194	Ceclor	PHE		2.0040	6.01
	02185849	PMS-Cefaclor	PMS		1.0020	3.01
	02230264	Apo-Cefaclor	APX		1.0020	3.01
	02231433	Nu-Cefaclor	NXP		1.0020	3.01
	02231693	Novo-Cefaclor	NOP		1.0020	3.01
58	25mg/mL Oral Susp				.0544	.82
	00465208	Ceclor	PHE		.1089	1.63
	02185857	PMS-Cefaclor	PMS		.0545	.82
	02237500	Apo-Cefaclor	APX		.0544	.82

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEFACLOR

59	50mg/mL Oral Susp				.0997	1.50
	00465216	Ceclor	PHE		.1993	2.99
	02185865	PMS-Cefaclor	PMS		.0997	1.50
	02237501	Apo-Cefaclor	APX		.0997	1.50
60	375mg/5mL Oral Susp				.1436	
	00832804	Ceclor	PHE		.2872	
	02185873	PMS-Cefaclor	PMS		.1436	
	02237502	Apo-Cefaclor	APX		.1436	

CEFADROXIL

61	500mg Cap				.8421	1.68
	00507245	Duricef	BQU		.8421	1.68
	02235134	Novo-Cefadroxil	NOP		.8421	1.68
	02240774	Apo-Cefadroxil	APX		.8421	1.68

CEFIXIME

62	20mg/mL Oral Susp				.3576	
	00868965	Suprax	SAV		.3576	
63	400mg Tab				3.3343	3.33
	00868981	Suprax	SAV		3.3343	3.33

CEFPROZIL

64	125mg/5mL Oral Susp				.1581	
	02163675	Cefzil	BQU		.1581	
65	250mg/5mL Oral Susp				.3162	
	02163683	Cefzil	BQU		.3162	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEFPROZIL

66	250mg Tab 02163659	Cefzil	BQU	1.6184 1.6184	
67	500mg Tab 02163667	Cefzil	BQU	3.1734 3.1734	

CEFTRIAZONE DISODIUM

68	0.25g/Vial Inj Pd-1 Vial Pk 00657387	Rocephin	HLR	11.0650 11.0650	
69	1g/Vial Inj Pd-1 Vial Pk 00657417	Rocephin	HLR	35.0000 35.0000	
70	2g/Vial Inj Pd-1 Vial Pk 00657409	Rocephin	HLR	68.9700 68.9700	

CEFUROXIME AXETIL

71	125mg/5mL Susp 02212307	Ceftin	GSK	.1671 .1671	
72	250mg Tab 02212277	Ceftin	GSK	.7237 1.5125	1.45 3.03
	02242656	Ratio-Cefuroxime	RPH	.7237	1.45
	02244393	Apo-Cefuroxime	APX	.7237	1.45
73	500mg Tab 02212285	Ceftin	GSK	1.4337 2.9963	2.87 5.99
	02242657	Ratio-Cefuroxime	RPH	1.4337	2.87
	02244394	Apo-Cefuroxime	APX	1.4337	2.87

CEPHALEXIN MONOHYDRATE

74	250mg Cap 00253154	Ceporex (Not a Benefit)	GLA	.1493	.60
	00342084	Novo-Lexin	NOP	.1493	.60
75	500mg Cap 00253146	Ceporex (Not a Benefit)	GLA	.2986	1.19
	00342114	Novo-Lexin	NOP	.2986	1.19

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEPHALEXIN MONOHYDRATE

76	25mg/mL Pd for Oral Susp			.0228	.46
	00015547	Keflex	PHE	.0457	.91
	00342106	Novo-Lexin	NOP	.0228	.46
	02177811	PMS-Cephalexin 125	PMS	.0229	.46
77	50mg/mL Pd for Oral Susp			.0474	.95
	00035645	Keflex	PHE	.0948	1.90
	00342092	Novo-Lexin	NOP	.0474	.95
	02177838	PMS-Cephalexin 250	PMS	.0474	.95
78	250mg Tab			.1185	.47
	00403628	Keflex	PHE	.2370	.95
	00583413	Novo-Lexin	NOP	.1185	.47
	00768723	Apo-Cephalex	APX	.1185	.47
	00865877	Nu-Cephalex	NXP	.1185	.47
	02177781	PMS-Cephalexin	PMS	.1185	.47
79	500mg Tab			.2370	.95
	00244392	Keflex	PHE	.4740	1.90
	00583421	Novo-Lexin	NOP	.2370	.95
	00768715	Apo-Cephalex	APX	.2370	.95
	00865885	Nu-Cephalex	NXP	.2370	.95
	02177803	PMS-Cephalexin	PMS	.2370	.95

CLINDAMYCIN HCL

80	150mg Cap			.3881	3.10
	00030570	Dalacin C	PFI	.8073	6.46
	02130033	Ratio-Clindamycin	RPH	.3881	3.10
	02241709	Novo-Clindamycin	NOP	.3881	3.10
	02245232	Apo-Clindamycin	APX	.3881	3.10
	02258331	Gen-Clindamycin	GEN	.3881	3.10
81	300mg Cap			.7762	
	02182866	Dalacin C	PFI	1.7054	
	02192659	Ratio-Clindamycin	RPH	.7762	
	02241710	Novo-Clindamycin	NOP	.7762	
	02245233	Apo-Clindamycin	APX	.7762	
	02258358	Gen-Clindamycin	GEN	.7762	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CLINDAMYCIN PALMITATE

82	15mg/mL Pd for Oral Susp				.1147
	00225851	Dalacin C Flavoured Granules	PFI		.1147

CLINDAMYCIN PHOSPHATE

83	300mg/2mL Inj Sol-2mL Pk				4.5740
	00260436	Dalacin C	PFI		7.4920
	02230540	Clindamycin Phosphate Injection USP	SDZ		4.5740

Note: Clindamycin is well absorbed by the oral route, therefore stepdown therapy from IV to oral is possible.

FUSIDIC ACID

84	49.2mg/mL Oral Susp				.2500
	00506036	Fucidin Leo Suspension	LEO		.2500

Reason for Use Code

Clinical criteria

342

As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of *S. aureus* or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

SODIUM FUSIDATE

85	250mg Tab 01934252	Fucidin Leo	LEO	1.1250 1.1250
	Reason for Use Code 342	Clinical criteria		
	<p>As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of <i>S. aureus</i> or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.</p> <p>LU Authorization Period: 1 year.</p>			

TOBRAMYCIN

86	300mg/5mL Inh Sol-5mL Pk 02239630	TOBI	NOV	50.6250 50.6250
----	--------------------------------------	------	-----	---------------------------

TOBRAMYCIN SULFATE

87	80mg/2mL Inj Sol-2mL Pk 00325449 02241210	Nebcin (Not a Benefit) Tobramycin	LIL SDZ	4.3380 4.3380
----	---	--------------------------------------	------------	-------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:16:00 ANTITUBERCULAR AGENTS

ETHAMBUTOL HCL

88	100mg Tab 00127957 00247960	Myambutol (Not a Benefit) Etibi	LED VAL		.0973 .0973
89	400mg Tab 00247979 02170078	Etibi Myambutol (Not a Benefit)	VAL WAY		.2711 .2711

ISONIAZID

90	300mg Tab 00272655	Isotamine	VAL		.0640 .0640
----	-----------------------	-----------	-----	--	-----------------------

PYRAZINAMIDE

91	500mg Tab 00283991	Tebrazid	VAL		.4980 .4980
----	-----------------------	----------	-----	--	-----------------------

RIFABUTIN

92	150mg Cap 02063786	Mycobutin	PFI		3.9000 3.9000
----	-----------------------	-----------	-----	--	-------------------------

Reason for
Use Code

Clinical criteria

For the prevention of Mycobacterium Avium Intracellular (MAI) in:

103

Patients with a CD4+ cell count less than 200/mm³ with an AIDS-defining diagnosis.

LU Authorization Period: 1 year.

104

Patients with a CD4+ cell count less than 100/mm³ without an AIDS-defining diagnosis.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:16:00 ANTITUBERCULAR AGENTS

RIFAMPIN

Note: Except when used for prophylaxis in contacts of H. influenzae or N. meningitidis, rifampin should not be used as monotherapy, as bacterial resistance will develop quickly.

93	150mg Cap				.6038
	00393444	Rofact	VAL		.6038
	02091887	Rifadin	SAV		.6657
94	300mg Cap				.9503
	00343617	Rofact	VAL		.9503
	02092808	Rifadin	SAV		1.0477

08:18:00 ANTIVIRALS

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

95	300mg/150mg/300mg Tab				16.1752
	02244757	Trizivir	GSK		16.1752

ABACAVIR SULFATE

96	20mg/mL O/L				.4279
	02240358	Ziagen	GSK		.4279

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

97	300mg Tab				6.4188
	02240357	Ziagen	GSK		6.4188

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

ABACAVIR SULFATE & LAMIVUDINE

98	600mg/300mg Tab				21.3000
	02269341	Kivexa	GSK		21.3000

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

+ = NEW LISTING # = BEING DISCONTINUED AS BENEFIT IN FUTURE DBP = DRUG BENEFIT PRICE
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

ACYCLOVIR

99	800mg Tab			2.2664
	01911635	Zovirax	GSK	4.7368
	02078651	Ratio-Acyclovir	RPH	2.2664
	02197421	Nu-Acyclovir	NXP	2.2664
	02207656	Apo-Acyclovir	APX	2.2664
	02242464	Gen-Acyclovir	GEN	2.2664
	02285975	Novo-Acyclovir	NOP	2.2664

Reason for Use Code Clinical criteria

In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved. In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value.

Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames.

Acyclovir tablets will be reimbursed when prescribed for:

- 95 Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 96 Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 97 Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 314 Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions. Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.
NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.
LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

AMPRENAVIR

100	50mg Cap				.6400
	02243541	Agenerase	GSK		.6400

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

101	150mg Cap				1.9200
	02243542	Agenerase	GSK		1.9200

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

102	15mg/mL O/L				.1920
	02243543	Agenerase	GSK		.1920

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

ATAZANAVIR SULFATE

103	150mg Cap				10.1623
	02248610	Reyataz	BQU		10.1623

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

104	200mg Cap				10.1970
	02248611	Reyataz	BQU		10.1970

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

DELAVIRDINE MESYLATE

105	100mg Tab				.7178
	02238348	Rescriptor	PFI		.7178

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

+ = NEW LISTING # = BEING DISCONTINUED AS BENEFIT IN FUTURE DBP = DRUG BENEFIT PRICE
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

DIDANOSINE

106	125mg Enteric Coated Cap 02244596	Videx EC	BQU	3.2793 3.2793
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
107	200mg Enteric Coated Cap 02244597	Videx EC	BQU	5.2467 5.2467
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
108	250mg Enteric Coated Cap 02244598	Videx EC	BQU	6.5583 6.5583
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
109	400mg Enteric-Coated Cap 02244599	Videx EC	BQU	10.5147 10.5147
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

EFAVIRENZ

110	50mg Cap 02239886	Sustiva	BQU	1.1717 1.1717
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
111	100mg Cap 02239887	Sustiva	BQU	2.3430 2.3430
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
112	200mg Cap 02239888	Sustiva	BQU	4.6861 4.6861
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
113	600mg Tab 02246045	Sustiva	BQU	14.0583 14.0583
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

FAMCICLOVIR

114	500mg Tab				3.2026
	02177102	Famvir	NOV		6.4052
	02278111	PMS-Famciclovir	PMS		3.2026
	02278650	Sandoz Famciclovir	SDZ		3.2026
	02292068	+ Apo-Famciclovir	APX		3.2026
	Reason for Use Code	Clinical criteria			
	147	Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 500mg 3 times/day for 7 days.			
		*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.			
		NETWORK NOTE: Network will limit supply to 7 days and 21 tablets.			
		LU Authorization Period: 1 year.			

FOSAMPRENAVIR CALCIUM

115	700mg Tab				7.7647
	02261545	Telzir	GSK		7.7647

GANCICLOVIR SODIUM

116	500mg/Vial Pd Inj-10mL Pk				41.2140
	02162695	Cytovene	HLR		41.2140
	Reason for Use Code	Clinical criteria			
	12	For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes.			
		LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

INDINAVIR

117	200mg Cap				1.3467
	02229161	Crixivan	MFC		1.3467

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

118	400mg Cap				2.6933
	02229196	Crixivan	MFC		2.6933

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

LAMIVUDINE

119	10mg/mL O/L				.2933
	02192691	3TC	GSK		.2933

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

120	150mg Tab				4.5187
	02192683	3TC	GSK		4.5187

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

121	300mg Tab				9.0373
	02247825	3TC	GSK		9.0373

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

LAMIVUDINE & ZIDOVUDINE

122	150mg & 300mg Tab 02239213	Combivir	GSK	9.7565 9.7565
-----	-------------------------------	----------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

LOPINAVIR & RITONAVIR

123	133.3mg/33.3mg Cap 02243643	Kaletra	ABB	3.4954 3.4954
-----	--------------------------------	---------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

124	80mg/mL & 20mg/mL O/L 02243644	Kaletra	ABB	2.0973 2.0973
-----	-----------------------------------	---------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

NELFINAVIR MESYLATE

125	250mg Tab 02238617	Viracept	PFI	1.8200 1.8200
-----	-----------------------	----------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

126	625mg Tab 02248761	Viracept	PFI	4.5500 4.5500
-----	-----------------------	----------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

NEVIRAPINE

127	200mg Tab 02238748	Viramune	BOE	4.9383 4.9383
-----	-----------------------	----------	-----	-------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

OSELTAMIVIR PHOSPHATE

128	75mg Cap 02241472	Tamiflu	HLR	3.9000 3.9000
	Reason for Use Code	Clinical criteria		
	371	For the prophylaxis (max: 75mg daily) of institutionalized individuals during confirmed* outbreaks of Influenza A or Influenza B. Note: Network will limit supply to 6 weeks. LU Authorization Period: 1 year.		
	372	For the treatment (max: 75mg bid) of institutionalized individuals during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis. Note: Network will limit supply to 5 days. *The outbreak must be confirmed by Public Health. LU Authorization Period: 1 year.		

RITONAVIR

129	100mg Cap 02241480	Norvir SEC	ABB	1.4169 1.4169
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
130	80mg/mL O/L 02229145	Norvir	ABB	1.1333 1.1333
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

SAQUINAVIR MESYLATE

131	200mg Cap				1.8200
	02216965	Invirase		HLR	1.8200

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

132	200mg Cap				1.0557
	02239083	Fortovase		HLR	1.0557

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

133	500mg Tab				4.2000
	02279320	Invirase		HLR	4.2000

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

STAVUDINE

134	15mg Cap				3.9985
	02216086	Zerit		BQU	3.9985

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

135	20mg Cap				4.1572
	02216094	Zerit		BQU	4.1572

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

136	30mg Cap				4.3370
	02216108	Zerit		BQU	4.3370

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

137	40mg Cap				4.4957
	02216116	Zerit		BQU	4.4957

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

TENOFOVIR DISOPROXIL

138	300mg Tab 02247128	Viread	GIL	16.2500 16.2500
-----	-----------------------	--------	-----	---------------------------

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

VALACYCLOVIR

139	500mg Cap 02219492	Valtrex	GSK	3.2448 3.2448
-----	-----------------------	---------	-----	-------------------------

Reason for Use Code Clinical criteria

159 Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 capsules.

LU Authorization Period: 1 year.

VALGANCICLOVIR

140	450mg Tab 02245777	Valcyte	HLR	22.4100 22.4100
-----	-----------------------	---------	-----	---------------------------

Reason for Use Code Clinical criteria

374 For the treatment of CMV retinitis in patients with AIDS.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:20:00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

141	250mg Tab				.3208
	00021261	Novo-Chloroquine	NOP		.3208
	02017539	Aralen (Not a Benefit)	SAO		

HYDROXYCHLOROQUINE SULFATE

142	200mg Tab				.2620
	02017709	Plaquenil	SAV		.5502
	02246691	Apo-Hydroxyquine	APX		.2620
	02252600	Gen-Hydroxychloroquine	GEN		.2620

08:24:00 SULFONAMIDES

SULFASALAZINE

143	500mg Ent Tab				.2816
	00598488	PMS-Sulfasalazine-E.C.	PMS		.2816
	02064472	Salazopyrin	PFI		.3313
144	500mg Tab				.1804
	00598461	PMS-Sulfasalazine	PMS		.1804
	02064480	Salazopyrin	PFI		.2122

08:32:00 TRICHOMONACIDES

METRONIDAZOLE

145	500mg Cap				.4250	1.28
	00783137	Triacide	PMS		.4250	1.28
	01926853	Flagyl	SAV		.8500	2.55
	02248562	Apo-Metronidazole	APX		.4250	1.28
146	250mg Tab				.0575	.17
	00545066	Apo-Metronidazole	APX		.0575	.17
	01926896	Flagyl (Not a Benefit)	RPP			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:36:00 URINARY ANTI-INFECTIVES

NITROFURANTOIN

Note: Nitrofurantoin macrocrystals may be better tolerated. Avoid use of nitrofurantoin during the last 6 weeks of pregnancy. Use with caution in patients with renal impairment.

147	50mg Cap				.3187	1.27
	01997637	Macrochantin (Not a Benefit)	PGP			
	02231015	Novo-Furantoin	NOP		.3187	1.27
148	100mg Cap				.6110	2.44
	01997645	Macrochantin (Not a Benefit)	PGP			
	02231016	Novo-Furantoin	NOP		.6110	2.44
149	50mg Tab				.1440	.58
	00017086	Nifuran (Not a Benefit)	MAN			
	00319511	Apo-Nitrofurantoin	APX		.1440	.58
150	100mg Tab				.1920	.77
	00017094	Nifuran (Not a Benefit)	MAN			
	00312738	Apo-Nitrofurantoin	APX		.1920	.77

NITROFURANTOIN MONO/MICRO CRYSTALS

151	100mg Cap				.6532	
	02063662	MacroBID	PGP		.6532	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

CIPROFLOXACIN

Note: Ciprofloxacin is not intended for the treatment of asymptomatic bacteriuria in the absence of risk factors. Avoid use in pregnancy and children < 18 years of age. Ciprofloxacin inhibits theophylline clearance and also affects phenytoin kinetics. Theophylline doses should be decreased and blood levels of phenytoin or theophylline monitored when either of these drugs is used concomitantly with ciprofloxacin.

152	10g/100mL Oral Susp			.5420	5.42
	02237514	Cipro	BAY	.5420	5.42
153	250mg Tab			1.1105	2.22
	02155958	Cipro	BAY	2.4022	4.80
	02161737	Novo-Ciprofloxacin	NOP	1.1105	2.22
	02229521	Apo-Ciproflox	APX	1.1105	2.22
	02245647	Gen-Ciprofloxacin	GEN	1.1105	2.22
	02246825	Ratio-Ciprofloxacin	RPH	1.1105	2.22
	02247339	Co-Ciprofloxacin	COB	1.1105	2.22
	02248437	PMS-Ciprofloxacin	PMS	1.1105	2.22
	02248756	Sandoz Ciprofloxacin	SDZ	1.1105	2.22
	02266962	Taro-Ciprofloxacin	TAR	1.1105	2.22
	02267934	Ran-Ciprofloxacin	RAN	1.1105	2.22
154	500mg Tab			1.2529	2.51
	02155966	Cipro	BAY	2.7102	5.42
	02161745	Novo-Ciprofloxacin	NOP	1.2529	2.51
	02229522	Apo-Ciproflox	APX	1.2529	2.51
	02245648	Gen-Ciprofloxacin	GEN	1.2529	2.51
	02246826	Ratio-Ciprofloxacin	RPH	1.2529	2.51
	02247340	Co-Ciprofloxacin	COB	1.2529	2.51
	02248438	PMS-Ciprofloxacin	PMS	1.2529	2.51
	02248757	Sandoz Ciprofloxacin	SDZ	1.2529	2.51
	02266970	Taro-Ciprofloxacin	TAR	1.2529	2.51
	02267942	Ran-Ciprofloxacin	RAN	1.2529	2.51
155	750mg Tab			2.3631	4.73
	02155974	Cipro	BAY	5.1118	10.22
	02161753	Novo-Ciprofloxacin	NOP	2.3631	4.73
	02229523	Apo-Ciproflox	APX	2.3631	4.73
	02245649	Gen-Ciprofloxacin	GEN	2.3631	4.73
	02246827	Ratio-Ciprofloxacin	RPH	2.3631	4.73
	02247341	Co-Ciprofloxacin	COB	2.3631	4.73
	02248439	PMS-Ciprofloxacin	PMS	2.3631	4.73
	02248758	Sandoz Ciprofloxacin	SDZ	2.3631	4.73
	02267950	Ran-Ciprofloxacin	RAN	2.3631	4.73

Continued on next page...

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

CIPROFLOXACIN (Cont'd)

Note: Ciprofloxacin is not intended for the treatment of asymptomatic bacteriuria in the absence of risk factors. Avoid use in pregnancy and children < 18 years of age. Ciprofloxacin inhibits theophylline clearance and also affects phenytoin kinetics. Theophylline doses should be decreased and blood levels of phenytoin or theophylline monitored when either of these drugs is used concomitantly with ciprofloxacin.

Reason for Use Code	Clinical criteria
332	<p>For the treatment of patients with:</p> <p>SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.</p> <p>LU Authorization Period: 1 year.</p>
333	<p>GU Tract: Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) <i>Pseudomonas</i>; sexually transmitted diseases.</p> <p>LU Authorization Period: 1 year.</p>
334	<p>COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis.</p> <p>¹Risk factors include: poor pulmonary lung function (FEV₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.</p> <p>LU Authorization Period: 1 year.</p>
336	<p>Step-Down: Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.</p> <p>LU Authorization Period: 1 year.</p>
350	<p>GI: Traveller's diarrhea; enteric fever syndromes; Crohn's disease.</p> <p>LU Authorization Period: 1 year.</p>
353	<p>For the prophylaxis or treatment of <i>B. anthracis</i> exposure.</p> <p>LU Authorization Period: 1 year.</p>
977	<p>Exceptional cases of allergy or intolerance to all other appropriate therapies.</p> <p>LU Authorization Period: 1 year.</p>

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

CIPROFLOXACIN HCL & CIPROFLOXACIN BASE

Note: Ciprofloxacin is not intended for the treatment of asymptomatic bacteriuria in the absence of risk factors. Avoid use in pregnancy and children < 18 years of age. Ciprofloxacin inhibits theophylline clearance and also affects phenytoin kinetics. Theophylline doses should be decreased and blood levels of phenytoin or theophylline monitored when either of these drugs is used concomitantly with ciprofloxacin.

156	500mg ER Tab 02247916	Cipro XL	BAY	2.8222 2.8222
	Reason for Use Code 394	Clinical criteria For patients with uncomplicated urinary tract infections (acute cystitis) who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits. LU Authorization Period: 1 year.		

157	1000mg ER Tab 02251787	Cipro XL	BAY	2.8222 2.8222
	Reason for Use Code 395	Clinical criteria For patients with complicated urinary tract infections or acute uncomplicated pyelonephritis who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

LEVOFLOXACIN

158	250mg Tab				2.2200
	02236841	Levaquin	JNO	4.5954	
	02248262	Novo-Levofloxacin	NOP	2.2200	
159	500mg Tab				2.5050
	02236842	Levaquin	JNO	5.1854	
	02248263	Novo-Levofloxacin	NOP	2.5050	
	Reason for Use Code	Clinical criteria			
		For the treatment of patients with:			
	337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy. LU Authorization Period: 1 year.			
	338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year. LU Authorization Period: 1 year.			
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.			
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

LINEZOLID

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
160	600mg Tab 02243684	Zyvoxam	PFI	70.6390	70.6390
	Reason for Use Code	Clinical criteria			
		For the treatment of patients with:			
	362	Methicillin-resistant <i>Staphylococcus</i> species (MRSA, MRSE) infections* in patients who are intolerant or have failed vancomycin therapy, or have contraindications to venous access.			
		LU Authorization Period: 1 year.			
	363	Vancomycin resistant <i>Enterococcus</i> species (VRE) infections* in patients switching from IV linezolid.			
		LU Authorization Period: 1 year.			
	364	Step-down therapy for the treatment of methicillin-resistant <i>Staphylococcus</i> species or vancomycin resistant <i>Enterococcus</i> species (VRE) infections* after parenteral therapy or hospital/emergency department discharge.			
		* Infections must be documented and culture proven. Not approved for colonization (e.g. nares, urine, etc). Maximum 28 days supply.			
		LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

MOXIFLOXACIN HYDROCHLORIDE

161	400mg Tab 02242965	Avelox	BAY	5.4213 5.4213
	Reason for Use Code	Clinical criteria		
		For the treatment of patients with:		
	337	CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.		
		LU Authorization Period: 1 year.		
	338	COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis.		
		¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year.		
		LU Authorization Period: 1 year.		
	339	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.		
		LU Authorization Period: 1 year.		
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.		
		LU Authorization Period: 1 year.		

NORFLOXACIN

162	400mg Tab			1.0898	2.18
	00643025	Noroxin (Not a Benefit)	MSD		
	02229524	Apo-Norflox	APX	1.0898	2.18
	02237682	Novo-Norfloxacin	NOP	1.0898	2.18
	02246596	PMS-Norfloxacin	PMS	1.0898	2.18
	02269627	Co Norfloxacin	COB	1.0898	2.18

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

OFLOXACIN

163	200mg Tab			1.3041	2.61
	01968424	Floxin (Not a Benefit)	JNO		
	02231529	Apo-Oflox	APX	1.3041	2.61
	02243474	Novo-Ofloxacin	NOP	1.3041	2.61
164	300mg Tab			1.2161	2.43
	01968416	# Floxin	JNO	2.6558	5.31
	02231531	Apo-Oflox	APX	1.2161	2.43
	02243475	Novo-Ofloxacin	NOP	1.2161	2.43
165	400mg Tab			1.2161	2.43
	01968408	# Floxin	JNO	2.6558	5.31
	02231532	Apo-Oflox	APX	1.2161	2.43
	02243476	Novo-Ofloxacin	NOP	1.2161	2.43
	Reason for Use Code	Clinical criteria			
	340	For the treatment of patients with: SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection. LU Authorization Period: 1 year.			
	341	GU Tract: Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease. LU Authorization Period: 1 year.			
	338	COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year. LU Authorization Period: 1 year.			
	335	GI: Traveller's diarrhea; enteric fever syndromes. LU Authorization Period: 1 year.			
	339	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.			
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

SULFAMETHOXAZOLE & TRIMETHOPRIM

Note: Avoid using sulfamethoxazole/trimethoprim during the last 6 weeks of pregnancy.

166	40mg & 8mg/mL O/L			.0198	.20
	00270644	Septra (Not a Benefit)	BWE		
	00272485	Bactrim Sugar Free (Not a Benefit)	HLR		
	00726540	Novo-Trimel	NOP	.0198	.20
	00846465	# Apo-Sulfatrim	APX	.0198	.20
	00865753	Nu-Cotrimox	NXP	.0198	.20
167	400mg & 80mg Tab			.0482	.19
	00270636	Septra (Not a Benefit)	BWE		
	00272469	Bactrim (Not a Benefit)	HLR		
	00445274	Apo-Sulfatrim	APX	.0482	.19
	00510637	Novo-Trimel	NOP	.0482	.19
	00865710	Nu-Cotrimox	NXP	.0482	.19
168	800mg & 160mg Tab			.1221	.24
	00368040	Septra DS (Not a Benefit)	BWE		
	00371823	Bactrim-DS (Not a Benefit)	HLR		
	00445282	Apo-Sulfatrim-DS	APX	.1221	.24
	00510645	Novo-Trimel DS	NOP	.1221	.24
	00865729	Nu-Cotrimox	NXP	.1221	.24

TRIMETHOPRIM

169	100mg Tab			.1891	.38
	00675229	Proloprim (Not a Benefit)	BWE		
	02243116	Apo-Trimethoprim	APX	.1891	.38
170	200mg Tab			.3885	.39
	00677590	Proloprim (Not a Benefit)	BWE		
	02243117	Apo-Trimethoprim	APX	.3885	.39

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

ALTRETAMINE

171	50mg Cap 02126230	Hexalen	LIL	3.3600 3.3600
-----	----------------------	---------	-----	-------------------------

ANASTROZOLE

172	1mg Tab 02224135	Arimidex	AZC	4.9500 4.9500
-----	---------------------	----------	-----	-------------------------

Reason for Use Code Clinical criteria

365 For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

BICALUTAMIDE

173	50mg Tab			3.2200
	02184478	Casodex	AZC	6.4400
	02270226	Novo-Bicalutamide	NOP	3.2200
	02274337	Co Bicalutamide	COB	3.2200
	02275589	PMS-Bicalutamide	PMS	3.2200
	02276089	Sandoz Bicalutamide	SDZ	3.2200
	02277700	Ratio-Bicalutamide	RPH	3.2200

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

BUSERELIN ACETATE

174	6.3mg Implant Kit 02228955	Suprefact Depot	SAV	670.0000 670.0000
175	9.45mg Implant Kit 02240749	Suprefact Depot	SAV	990.0000 990.0000
176	1mg/mL Inj Sol-5.5mL Pk 02225166	Suprefact	SAV	51.6800 51.6800
177	1mg/mL Nas Sp-10mL Pk 02225158	Suprefact	SAV	65.9400 65.9400

BUSULFAN

178	2mg Tab 00004618	Myleran	GSK	1.3432 1.3432
-----	---------------------	---------	-----	-------------------------

CAPECITABINE

179	150mg Tab 02238453	Xeloda	HLR	1.8300 1.8300
180	500mg Tab 02238454	Xeloda	HLR	6.1000 6.1000
	Reason for Use Code	Clinical criteria		
	346	For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended. NOTE: Not to be used in patients who have failed 5-fluorouracil. LU Authorization Period: Indefinite.		
	360	For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline. LU Authorization Period: Indefinite.		
	406	For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV. * high risk stage 2 colon cancer is defined as one of the following: - obstruction, - perforation, - poorly differentiated adenocarcinoma, - inadequate lymph node sampling, - T4 tumour. LU Authorization Period: 6 months.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

CHLORAMBUCIL

181	2mg Tab 00004626	Leukeran	GSK	1.2660 1.2660
-----	---------------------	----------	-----	-------------------------

CLADRIBINE

182	1mg/mL Inj 02022117	Leustatin	JNO	52.0050 52.0050
	Reason for Use Code 99	Clinical criteria For hairy cell leukemia, as a single 7-day treatment course.		
		LU Authorization Period: 1 year.		

CYCLOPHOSPHAMIDE

183	200mg Inj Pd-Vial Pk 02241797	Procytox	BAX	5.7630 5.7630
184	1000mg Inj Pd-Vial Pk 02241799	Procytox	BAX	13.4436 13.4436
185	25mg Tab 00344877	Cytosan	BQU	.3520 .3723
	02241795	Procytox	BAX	.3520
186	50mg Tab 00344885	Cytosan	BQU	.4740 .5014
	02241796	Procytox	BAX	.4740

CYPROTERONE ACETATE

187	50mg Tab 00704431	Androcur	BAY	1.4085 1.4085
	02229723	Gen-Cyproterone	GEN	1.4085
	02232872	Novo-Cyproterone	NOP	1.4085
	02245898	Apo-Cyproterone	APX	1.4085

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

CYTARABINE

188	100mg Inj Pd-Vial Pk 00386715	Cytosar	PFI	9.4780 9.4780
-----	----------------------------------	---------	-----	-------------------------

DAUNORUBICIN

189	Inj Pd-20mg Pk 01926683	Cerubidine	ERF	85.0000 85.0000
-----	----------------------------	------------	-----	---------------------------

ESTRAMUSTINE PHOSPHATE DISODIUM

190	140mg Cap 02063794	Emcyt	PFI	3.0070 3.0070
-----	-----------------------	-------	-----	-------------------------

ETOPOSIDE

191	50mg Cap 00616192	Vepesid	BQU	32.2660 32.2660
-----	----------------------	---------	-----	---------------------------

EXEMESTANE

192	25mg Tab 02242705	Aromasin	PFI	4.9500 4.9500
-----	----------------------	----------	-----	-------------------------

Reason for Use Code

Clinical criteria

180

For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

LU Authorization Period: Indefinite.

407

For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.

LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

FLUDARABINE PHOSPHATE

193	10mg Tab				37.0000
	02246226	Fludara	BAY		37.0000
	Reason for Use Code	Clinical criteria			
	379	For second line therapy of patients with chronic lymphocytic leukemia (CLL) who have failed or are intolerant to chlorambucil.			
		LU Authorization Period: Indefinite.			

FLUTAMIDE

194	250mg Tab				1.3530
	00637726	Euflex	SCH		1.3530
	02230089	Novo-Flutamide	NOP		1.3530
	02230104	PMS-Flutamide	PMS		1.3530
	02238560	Apo-Flutamide	APX		1.3530

GOSERELIN ACETATE

195	3.6mg Depot Inj				381.7500
	02049325	Zoladex	AZC		381.7500
196	10.8mg Depot Inj				1087.9800
	02225905	Zoladex LA	AZC		1087.9800

HYDROXYUREA

197	500mg Cap				1.0203
	00465283	Hydrea	BQU		1.0203
	02242920	Gen-Hydroxyurea	GEN		1.0203
	02247937	Apo-Hydroxyurea	APX		1.0203

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

IMATINIB MESYLATE

198	100mg Tab 02253275	Gleevec	NOV	25.5821 25.5821
199	400mg Tab 02253283	Gleevec	NOV	102.3283 102.3283

Note: These products must be prescribed based on the following criteria:

- For the treatment of Philadelphia chromosome-positive chronic myeloid leukemia (CML) in chronic phase.
The initial dose is 400mg/day. The dose may be increased up to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or if there has been loss of a previously achieved hematologic and/or cytogenetic response.
- For the treatment of Philadelphia chromosome-positive chronic myeloid leukemia (CML) in blast crisis or accelerated phase.
The initial dose is 600mg/day. The dose may be increased to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.

INTERFERON ALFA-2B

200	15mu/mL 18mu MD Pen Kit 02240693	Intron A	SCH	203.9400 203.9400
201	25mu/mL 30mu MD Pen Kit 02240694	Intron A	SCH	339.9000 339.9000
202	50mu/mL 60mu MD Pen Kit 02240695	Intron A	SCH	679.8000 679.8000

Reason for
Use Code

Clinical criteria

28

For hairy cell leukemia.

LU Authorization Period: Indefinite.

29

For Kaposi's Sarcoma.

LU Authorization Period: Indefinite.

L-ASPARAGINASE

203	Inj Pd-10000IU Pk 01926438	Kidrolase	OPS	128.3700 128.3700
-----	-------------------------------	-----------	-----	-----------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

LETROZOLE

204	2.5mg Tab 02231384	Femara	NOV	5.2463 5.2463
	Reason for Use Code	Clinical criteria		
	365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women. LU Authorization Period: Indefinite.		
	403	For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy. LU Authorization Period: 5 years.		
	408	As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years. LU Authorization Period: 5 years.		

LEUPROLIDE ACETATE

205	3.75mg Inj-Kit 00884502	Lupron Depot PDS	ABB	323.0000 323.0000
206	7.5mg Inj-Kit 00836273	Lupron Depot PDS	ABB	387.9700 387.9700
207	11.25mg Inj-Kit 02239834	Lupron Depot PDS	ABB	969.0200 969.0200
208	22.5mg Inj-Kit 02230248	Lupron Depot PDS	ABB	1071.0000 1071.0000
209	30mg Inj-Kit 02239833	Lupron Depot PDS	ABB	1428.0000 1428.0000
210	7.5mg Pd Susp Inj-Pref Syr Kit 02248239	Eligard	SAV	343.5800 343.5800
211	22.5mg Pd Susp Inj-Pref Syr Kit 02248240	Eligard	SAV	891.0000 891.0000
212	30mg Pd Susp Inj-Pref Syr Kit 02248999	Eligard	SAV	1285.2000 1285.2000
213	45mg Pd Susp Inj-Pref Syr Kit 02268892	Eligard	SAV	1782.0000 1782.0000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

LOMUSTINE (CCNU)

214	10mg Cap 00360430	CeeNU	BQU	4.8755 4.8755
215	40mg Cap 00360422	CeeNU	BQU	8.3925 8.3925
216	100mg Cap 00360414	CeeNU	BQU	13.8555 13.8555

MEGESTROL ACETATE

217	40mg Tab 00386391 02195917	Megace (Not a Benefit) Apo-Megestrol	BQU APX	.9054 .9054
218	160mg Tab 00731323 02185423 02195925	Megace Nu-Megestrol Apo-Megestrol	BQU NXP APX	2.6867 5.6840 2.6867 2.6867

MELPHALAN

219	2mg Tab 00004715	Alkeran	GSK	1.4644 1.4644
-----	---------------------	---------	-----	-------------------------

MERCAPTOPYRINE

220	50mg Tab 00004723	Purinethol	NOP	3.6680 3.6680
-----	----------------------	------------	-----	-------------------------

Note: Decrease dose of mercaptopurine to 25-33% of initial dose if allopurinol used concomitantly.

METHOTREXATE

221	20mg/2mL Inj Sol-2mL Pk 02182947	Methotrexate Sodium	MAY	12.5000 12.5000
222	50mg/2mL Inj Sol-2mL Pk 02170671 02182777	Methotrexate (Not a Benefit) Methotrexate	WAY MAY	12.4800 12.4800

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

METHOTREXATE

223	2.5mg Tab				.6325
	02170698	Methotrexate	WAY		.6325
	02182963	Apo-Methotrexate	APX		.6325
	02244798	Ratio-Methotrexate Sodium	RPH		.6325

NILUTAMIDE

224	50mg Tab				1.7850
	02221861	Anandron	SAV		1.7850

PROCARBAZINE HCL

225	50mg Cap				.4079
	00012750	Matulane	SIG		.4079

Note: Procarbazine inhibits monoamine oxidase. Avoid alcohol and foods with high tyramine content (e.g. aged cheese, red wine, yogurt, etc.)

STREPTOZOCIN

226	Inj Pd-1g Pk				37.6600
	00622141	Zanosar	PFI		37.6600

TAMOXIFEN CITRATE

227	10mg Tab				.1750
	00812404	Apo-Tamox	APX		.1750
	00851965	Novo-Tamoxifen	NOP		.1750
	01926624	Tamofen	SAV		.1750
	02048477	Nolvadex (Not a Benefit)	AZC		
	02088428	Gen-Tamoxifen	GEN		.1750
228	20mg Tab				.3500
	00812390	Apo-Tamox	APX		.3500
	00851973	Novo-Tamoxifen	NOP		.3500
	01926632	Tamofen	SAV		.3500
	02048485	Nolvadex D	AZC		.3600
	02089858	Gen-Tamoxifen	GEN		.3500

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

10:00 ANTINEOPLASTIC AGENTS

TEMOZOLOMIDE

229	5mg Cap 02241093	Temodal	SCH	7.1300 7.1300
230	20mg Cap 02241094	Temodal	SCH	28.5200 28.5200
231	100mg Cap 02241095	Temodal	SCH	142.6000 142.6000
232	250mg Cap 02241096	Temodal	SCH	356.4900 356.4900
	Reason for Use Code 320	Clinical criteria For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma. LU Authorization Period: Indefinite.		

THIOGUANINE

233	40mg Tab 00282081	Lanvis	GSK	3.9140 3.9140
-----	----------------------	--------	-----	-------------------------

TRIPTORELIN PAMOATE

234	3.75mg/Vial Inj Pd with Sterile Water-Vial Pk 09857199	Trelstar (1 Month)	PAL	291.0000 291.0000
235	11.25mg/Vial Inj Pd with Sterile Water-Vial Pk 09857200	Trelstar LA (3 Month)	PAL	891.0000 891.0000
236	3.75mg/Vial Inj Pd-Vial Pk 02240000	Trelstar (1 Month)	PAL	291.0000 291.0000
237	11.25mg/Vial Inj Pd-Vial Pk 02243856	Trelstar LA (3 Month)	PAL	891.0000 891.0000

VINCRIStINE SULFATE

238	1mg/mL Inj Sol 00611182	Oncovin (Not a Benefit)	LIL	7.1300
	02143305	Vincristine Sulfate	NOP	7.1300

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

239	10mg Tab 01947958	Duvoid	SHI	.2477 .2477
240	25mg Tab 01947931	Duvoid	SHI	.4013 .4013
241	50mg Tab 01947923	Duvoid	SHI	.5285 .5285

CARBACHOL

242	2mg Tab 00885568	Carbachol	GLA	.3727 .3727
-----	---------------------	-----------	-----	-----------------------

DONEPEZIL HCL

243	5mg Tab 02232043	Aricept	PFI	4.7771 4.7771
244	10mg Tab 02232044	Aricept	PFI	4.7771 4.7771

Reason for
Use Code

347

Clinical criteria

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.

NETWORK NOTE: Maximum duration 3 months.

LU Authorization Period: 1 year.

348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

GALANTAMINE HYDROBROMIDE

245	8mg ER Cap 02266717	Reminyl ER	JNO	4.5900 4.5900
246	16mg ER Cap 02266725	Reminyl ER	JNO	4.5900 4.5900
247	24mg ER Cap 02266733	Reminyl ER	JNO	4.5900 4.5900
248	4mg Tab 02244298	# Reminyl	JNO	2.4703 2.4703
249	8mg Tab 02244299	# Reminyl	JNO	2.4703 2.4703
250	12mg Tab 02244300	# Reminyl	JNO	2.4703 2.4703
	Reason for Use Code	Clinical criteria		
	347	Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.		
		NETWORK NOTE: Maximum duration 3 months.		
		LU Authorization Period: 1 year.		
	348	Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.		
		LU Authorization Period: 1 year.		

NEOSTIGMINE BROMIDE

251	15mg Tab 00869945	Prostigmin	VAL	.4370 .4370
-----	----------------------	------------	-----	-----------------------

PYRIDOSTIGMINE BROMIDE

252	180mg LA Tab 00869953	Mestinon	VAL	.9397 .9397
253	60mg Tab 00869961	Mestinon	VAL	.4295 .4295

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

RIVASTIGMINE

254	1.5mg Cap 02242115	Exelon	NOV	2.4445 2.4445
255	3mg Cap 02242116	Exelon	NOV	2.4445 2.4445
256	4.5mg Cap 02242117	Exelon	NOV	2.4445 2.4445
257	6mg Cap 02242118	Exelon	NOV	2.4445 2.4445
	Reason for Use Code	Clinical criteria		
	347	<p>Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.</p> <p>Network note: Maximum duration 3 months.</p> <p>LU Authorization Period: 1 year.</p>		
	348	<p>Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.</p> <p>LU Authorization Period: 1 year.</p>		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

BENZTROPINE MESYLATE

258	2mg Tab				.0450
	00016357	Cogentin (Not a Benefit)	MSD		
	00426857	Apo-Benztropine	APX		.0450

ETHOPROPAZINE HCL

259	50mg Tab				.2000
	01927744	Parsitan	ERF		.2000

FLAVOXATE HCL

260	200mg Tab				
	00728179	Urispas (Not a Benefit)	PAL		
	02244842	Apo-Flavoxate (Not a Benefit)	APX		
	02245480	PMS-Flavoxate (Not a Benefit)	PMS		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

IPRATROPIUM BROMIDE

261	250mcg/mL Inh Sol-20mL Pk			8.7850
	00731439	# Atrovent	BOE	18.0400
	02097141	Ratio-Ipratropium	RPH	8.7850
	02126222	Apo-Ipravent Inhalation Solution	APX	8.7850
	02210479	Novo-Ipramide	NOP	8.7850
	02231136	PMS-Ipratropium	PMS	8.7850
	02239131	Gen-Ipratropium	GEN	8.7850

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256

Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

IPRATROPIUM BROMIDE

262	125mcg/mL Inh Sol-2mL UDV Pk				.6590
	02026759	# Atrovent UDV	BOE		1.3535
	02097176	Ratio-Ipratropium UDV	RPH		.6590
	02231135	PMS-Ipratropium	PMS		.6590
	02243827	# Apo-Ipravent	APX		.6590
263	250mcg/mL Inh Sol-2mL UDV Pk				1.3180
	01950681	# Atrovent UDV	BOE		2.7070
	02097168	Ratio-Ipratropium UDV	RPH		1.3180
	02216221	Gen-Ipratropium	GEN		1.3180
	02231245	PMS-Ipratropium	PMS		1.3180
	02231494	# Apo-Ipravent Sterule	APX		1.3180

Reason for
Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

265 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;

LU Authorization Period: Indefinite.

266 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

267 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;

LU Authorization Period: Indefinite.

268 Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

IPRATROPIUM BROMIDE

264	20mcg/Metered Dose Inh-200 Dose Pk 02247686	Atrovent HFA	BOE	18.3400 18.3400
-----	--	--------------	-----	---------------------------

IPRATROPIUM BROMIDE/SALBUTAMOL

265	20mcg/100mcg/md 02163721	Aero Inh Combivent	BOE	21.2400 21.2400
-----	-----------------------------	-----------------------	-----	---------------------------

266	500mcg/2.5mg/2.5mL 02231675	Inh Sol-2.5mL Pk Combivent UDV	BOE	.7340 1.5075
	02243789	Ratio-IPRA SAL UDV	RPH	.7340
	02266393	Apo-Salvent Ipravent Sterules	APX	.7340
	02272695	Gen-Combo Sterinebs	GEN	.7340

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256

Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

OXYBUTYNIN CHLORIDE

267	1mg/mL O/L				.0444
	01924753	Ditropan (Not a Benefit)	JNO		
	02223376	PMS-Oxybutynin	PMS		.0444
	02231089	# Apo-Oxybutynin	APX		.0444
268	5mg Tab				.1973
	01924761	# Ditropan	PGP		.3945
	02158590	Nu-Oxybutyn	NXP		.1973
	02163543	Apo-Oxybutynin	APX		.1973
	02220059	Oxybutyn	VAL		.2485
	02230394	Novo-Oxybutynin	NOP		.1973
	02230800	Gen-Oxybutynin	GEN		.1973
	02240550	PMS-Oxybutynin	PMS		.1973

PROCYCLIDINE HCL

269	0.5mg/mL O/L				.0307
	00004405	Kemadrin	BWE		.0307
270	2.5mg Tab				.0555
	00649392	PMS-Procyclidine	PMS		.0555
271	5mg Tab				.0255
	00004758	Kemadrin (Not a Benefit)	BWE		
	00587354	PMS-Procyclidine	PMS		.0255

TIOTROPIUM BROMIDE MONOHYDRATE

272	18mcg Cap				2.1000
	02246793	Spiriva	BOE		2.1000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

TRIHEXYPHENIDYL HCL

273	0.4mg/mL O/L				.0203
	00014656	Artane (Not a Benefit)	LED		
	00885398	PMS-Trihexyphenidyl	PMS		.0203
274	2mg Tab				.0248
	00015040	Artane (Not a Benefit)	LED		
	00545058	Apo-Trihex	APX		.0248
275	5mg Tab				.0449
	00015059	Artane (Not a Benefit)	LED		
	00545074	Apo-Trihex	APX		.0449

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE

276	100mcg/6mcg Pd Inh-120 Dose Pk				60.0000
	02245385	Symbicort 100 Turbuhaler	AZC		60.0000
277	200mcg/6mcg Pd Inh-120 Dose Pk				78.0000
	02245386	Symbicort 200 Turbuhaler	AZC		78.0000
	Reason for Use Code	Clinical criteria			
	330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

EPINEPHRINE HCL

278	30mg/30mL Inj Sol-30mL Pk 00155357	Adrenalin	ERF	16.1000 16.1000
-----	---------------------------------------	-----------	-----	--------------------

EPINEPHRINE HCL (RACEMIC)

279	2.25% Inh Sol-30mL Pk 01927582	# Vaponefrin	SAV	21.4200 21.4200
-----	-----------------------------------	--------------	-----	--------------------

Reason for Use Code Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256 Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

257 Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

258 Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

259 Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

FENOTEROL HBR

280	Inh Pd-200 Dose Pk			10.7200
	02006383	#Berotec	BOE	10.7200
	Reason for Use Code	Clinical criteria		
	08	For patients who have not responded to other less expensive inhaled beta-2 adrenergic agonists.		
		LU Authorization Period: Indefinite.		

281	0.1% Inh Sol-20mL Pk			15.3300
	00541389	#Berotec	BOE	15.3300
	Reason for Use Code	Clinical criteria		
	256	Patients who have a tracheostomy;		
		LU Authorization Period: Indefinite.		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
		LU Authorization Period: Indefinite.		
	258	Patients with severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

FORMOTEROL FUMARATE

282	12mcg/Cap Inh Pd-Device Pk 02230898	Foradil	NOV	44.6700 44.6700
-----	--	---------	-----	---------------------------

Reason for Use Code Clinical criteria

132 For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

LU Authorization Period: Indefinite.

FORMOTEROL FUMARATE DIHYDRATE

283	6mcg/Metered Dose Pd Inh-60 Dose Pk 02237225	Oxeze Turbuhaler	AZC	32.7000 32.7000
-----	---	------------------	-----	---------------------------

284	12mcg/Metered Dose Pd Inh-60 Dose Pk 02237224	Oxeze Turbuhaler	AZC	43.5500 43.5500
-----	--	------------------	-----	---------------------------

Reason for Use Code Clinical criteria

132 For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

ISOPROTERENOL HCL

285	0.5% Inh Sol-10mL Pk 02017652	Isuprel	SAO	8.4700 8.4700
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	260	Children aged 6 years or less; LU Authorization Period: Indefinite.		
	261	Patients who have a tracheostomy; LU Authorization Period: Indefinite.		
	262	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.		
	263	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.		
	264	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

ORCIPRENALINE SULFATE

286	2mg/mL O/L				.0302
	00249920	Alupent (Not a Benefit)	BOE		
	02192675	Tanta Orciprenaline	TAN		.0302
	02236783	Apo-Orciprenaline	APX		.0302

PSEUDOEPHEDRINE HCL

287	6mg/mL O/L				
	00004561	Sudafed (Not a Benefit)	BWE		
	00425516	Robidrine (Not a Benefit)	WHB		
288	60mg Tab				
	00004766	Sudafed (Not a Benefit)	BWE		
	00342726	Robidrine (Not a Benefit)	WHB		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALBUTAMOL

289	1mg/mL Inh Sol-2.5mL Pk			.4828
	01926934	Gen-Salbutamol Sterinebs P.F.	GEN	.4828
	01986864	Ratio-Salbutamol Respirator Sol P.F.	RPH	.4828
	02208229	PMS-Salbutamol	PMS	.4828
	02213419	Ventolin Nebules P.F.	GSK	.9655
	02231488	Apo-Salvent Sterule	APX	.4828

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

265 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;

LU Authorization Period: Indefinite.

266 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

267 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;

LU Authorization Period: Indefinite.

268 Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALBUTAMOL

290	2mg/mL Inh Sol-2.5mL Pk			.9173
	02173360	Gen-Salbutamol	GEN	.9173
	02208237	PMS-Salbutamol	PMS	.9173
	02213427	Ventolin Nebules P.F.	GSK	1.8345
	02231678	Apo-Salvent Sterule	APX	.9173
	02239366	Ratio-Salbutamol	RPH	.9173
	Reason for Use Code	Clinical criteria		
		<p>For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.</p>		
	265	<p>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;</p> <p>LU Authorization Period: Indefinite.</p>		
	266	<p>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;</p> <p>LU Authorization Period: Indefinite.</p>		
	267	<p>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;</p> <p>LU Authorization Period: Indefinite.</p>		
	268	<p>Patients who have previously used nebulizer therapy within the last 12 month period.</p> <p>LU Authorization Period: Indefinite.</p>		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALBUTAMOL

291	5mg/mL Inh Sol-10mL Pk			4.6850
	00860808	Ratio-Salbutamol Respirator Sol	RPH	4.6850
	02069571	PMS-Salbutamol Respirator Solution	PMS	4.6850
	02154412	Sandoz Salbutamol	SDZ	4.6850
	02213486	Ventolin	GSK	8.8060
	02232987	Gen-Salbutamol	GEN	4.6850

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256

Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALBUTAMOL

292	100mcg/Metered Dose Inh-200 Dose Pk				7.7300
	00790419	Apo-Salvent (Not a Benefit)	APX		
	00851841	Ratio-Salbutamol Inhaler (Not a Benefit)	RPH		
	00874086	Novo-Salmol (Not a Benefit)	NOP		
	02213478	Ventolin (Not a Benefit)	GLW		
	02232570	Airomir HFA (Not a Benefit)	MMH		
	02244914	Ratio-Salbutamol HFA	RPH		7.7300
	02245669	Apo-Salvent CFC Free	APX		7.7300
293	0.4mg/mL O/L				.0476
	02091186	PMS-Salbutamol	PMS		.0476
	02212390	Ventolin	GSK		.0680
294	2mg Tab				.0990
	01961039	Ventolin (Not a Benefit)	GLA		
	02146843	Apo-Salvent	APX		.0990
295	4mg Tab				.1655
	01932691	Ventolin (Not a Benefit)	GLA		
	02146851	Apo-Salvent	APX		.1655

SALBUTAMOL SULFATE

296	200mcg/Blister Pd Inh-120 Dose Pk				21.0200
	02214997	#Ventodisk	GSK		21.0200
297	400mcg/Blister Pd Inh-120 Dose Pk				29.2100
	02215004	#Ventodisk	GSK		29.2100

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALMETEROL XINAFOATE

298	50mcg/Blister 02214261	Diskhaler-60 Disk Pk SereVent Diskhaler Disks	GSK	52.4200 52.4200
299	50mcg Pd Inh-60 Dose Pk 02231129	SereVent Diskus	GSK	52.4200 52.4200
	Reason for Use Code	Clinical criteria		
	132	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.		
		NOTE: This drug is not for relief of acute symptoms.		
		LU Authorization Period: Indefinite.		
	391	For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.		
		LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

300	25/125mcg/Metered Dose Inh-120 Dose Pk 02245126 Advair 125	GSK	89.7000 89.7000
301	25/250mcg/Metered Dose Inh-120 Dose Pk 02245127 Advair 250	GSK	127.3300 127.3300
302	50/100mcg Inh-60 Dose Pk 02240835 Advair Diskus	GSK	74.9300 74.9300
303	50/250mcg Inh-60 Dose Pk 02240836 Advair Diskus	GSK	89.7000 89.7000
304	50/500mcg Inh-60 Dose Pk 02240837 Advair Diskus	GSK	127.3300 127.3300

Reason for Use Code

330

Clinical criteria
For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

LU Authorization Period: Indefinite.

TERBUTALINE SULFATE

305	0.5mg/Dose Inh-200 Dose Pk 00786616 Bricanyl Turbuhaler	AZC	14.7000 14.7000
-----	--	-----	---------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:16:00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

Note: Ergotamine is the drug of choice in the treatment of acute attacks of migraine. It may also alleviate or prevent acute attacks of cluster headache in some patients. The addition of caffeine or pentobarbital have not been proven to result in greater efficacy.

ERGOTAMINE TARTRATE & CAFFEINE

306	1mg & 100mg Tab 00176095	Cafergot	NOV	.6516 .6516
-----	-----------------------------	----------	-----	-----------------------

METHYSERGIDE BIMALEATE

307	2mg Tab 00027499	Sansert	NOV	.8325 .8325
-----	---------------------	---------	-----	-----------------------

Note: Fibrosis (retroperitoneal and pleuropulmonary) occurs rarely with prolonged therapy. Daily dose should not exceed 8mg, and duration of therapy should not exceed six months in a single course of therapy. It should be reserved for migraine headache prophylaxis not responsive to other prophylactic agents (e.g., beta blockers).

PIZOTYLIN

308	0.5mg Tab 00329320	Sandomigran	PEN	.3475 .3475
309	1mg Tab 00511552	Sandomigran DS	PEN	.5770 .5770

12:20:00 SKELETAL MUSCLE RELAXANTS

Note: Muscle relaxants, other than baclofen and dantrolene sodium, are not indicated for spasticity due to cerebral palsy, multiple sclerosis, spinal cord injury, etc.

BACLOFEN

310	10mg Tab			.2311
	00455881	Lioresal	NOV	.5510
	02063735	PMS-Baclofen	PMS	.2311
	02088398	Gen-Baclofen	GEN	.2311
	02136090	Nu-Baclo	NXP	.2311
	02139332	Apo-Baclofen	APX	.2311
	02236507	Ratio-Baclofen	RPH	.2311

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

12:00 AUTONOMIC AGENTS

12:20:00 SKELETAL MUSCLE RELAXANTS

Note: Muscle relaxants, other than baclofen and dantrolene sodium, are not indicated for spasticity due to cerebral palsy, multiple sclerosis, spinal cord injury, etc.

BACLOFEN

311	20mg Tab				.4498
	00636576	Lioresal DS	NOV		1.0725
	02063743	PMS-Baclofen	PMS		.4498
	02088401	Gen-Baclofen	GEN		.4498
	02136104	Nu-Baclo	NXP		.4498
	02139391	Apo-Baclofen	APX		.4498
	02236508	Ratio-Baclofen	RPH		.4498

CYCLOBENZAPRINE HCL

312	10mg Tab				
	00782742	Flexeril (Not a Benefit)	FRS		
	02080052	Novo-Cycloprine (Not a Benefit)	NOP		
	02171848	Nu-Cyclobenzaprine (Not a Benefit)	NXP		
	02177145	Apo-Cyclobenzaprine (Not a Benefit)	APX		
	02212048	PMS-Cyclobenzaprine (Not a Benefit)	PMS		
	02231353	Gen-Cycloprine (Not a Benefit)	GEN		
	02236506	Ratio-Flexitec (Not a Benefit)	RPH		

DANTROLENE SODIUM

313	25mg Cap				.3670
	01997602	Dantrium	PGP		.3670
314	100mg Cap				.7460
	01997653	Dantrium	PGP		.7460

ORPHENADRINE CITRATE

315	60mg/2mL Inj Sol-2mL Pk				
	01966162	Norflex (Not a Benefit)	MMH		
	02229731	Orphenadrine (Not a Benefit)	CYI		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:04:00 ANTIANEMIA DRUGS

FERROUS FUMARATE

316	300mg Cap				.1234
	01923420	Palafer	GSK		.1956
	02237556	Euro-Fer	EUR		.1234
317	60mg/mL O/L				.0832
	01923439	Palafer	GSK		.0832

FERROUS GLUCONATE

318	*300mg Tab				.0212
	00021458	Novo-Ferrogluc	NOP		.0212
	00031097	Ferrous Gluconate (Not a Benefit)	RPR		
	00545031	Apo-Ferrous Gluconate	APX		.0212

FERROUS SULFATE

319	75mg/mL O/L				.2436
	00762954	Fer-In-Sol	MJS		.2436

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

DALTEPARIN SODIUM

320	2500IU/0.2mL Inj Pref Syr 02132621	Fragmin	PFI	4.9400 4.9400
321	5000IU/0.2mL Inj Pref Syr 02132648	Fragmin	PFI	9.8280 9.8280
322	10000IU/0.4mL Inj Pref Syr 09853790	Fragmin	PFI	19.7600 19.7600
323	12500IU/0.5mL Inj Pref Syr 09853820	Fragmin	PFI	24.7000 24.7000
324	15000IU/0.6mL Inj Pref Syr 09853880	Fragmin	PFI	29.6400 29.6400
325	18000IU/0.72mL Inj Pref Syr 09853910	Fragmin	PFI	35.5680 35.5680
326	10000IU/mL Inj Sol-1mL Pk 02132664	Fragmin	PFI	15.6000 15.6000
327	25000IU/mL Multidose 3.8mL Pk 02231171	Fragmin	PFI	148.2000 148.2000
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

ENOXAPARIN

328	100mg/mL Inj Sol-3mL Vial Pk 02236564	Lovenox	SAV	60.0000 60.0000
329	30mg/0.3mL Pref Syr-0.3mL Pk 02012472	Lovenox	SAV	6.0400 6.0400
330	40mg/0.4mL Pref Syr-0.4mL Pk 02236883	Lovenox	SAV	8.0000 8.0000
331	60mg/0.6mL Pref Syr-0.6mL Pk 09852468	Lovenox	SAV	12.0000 12.0000
332	80mg/0.8mL Pref Syr-0.8mL Pk 09852476	Lovenox	SAV	16.0000 16.0000
333	120mg/0.8mL Pref Syr-0.8mL Pk 09857137	Lovenox HP	SAV	24.0000 24.0000
334	100mg/mL Pref Syr-1mL Pk 09852484	Lovenox	SAV	20.0000 20.0000
335	150mg/mL Pref Syr-1mL Pk 02242692	Lovenox HP	SAV	30.0000 30.0000
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		
	323	For the acute treatment of pulmonary embolism, maximum of three weeks. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

FONDAPARINUX SODIUM

336	2.5mg Inj-0.5mL Pk 02245531	Arixtra	GSK	14.4200 14.4200
	Reason for Use Code	Clinical criteria		
	378	For the post-operative prophylaxis of venous thromboembolic events in patients undergoing orthopedic surgery of the lower limbs such as hip fracture, hip replacement or knee surgery.		
		NOTE: Limited to 9 days of reimbursement.		
		LU Authorization Period: 1 year.		

HEPARIN SODIUM

337	10000USP U/10mL Inj Sol-10mL Pk 00740519	Hepalean	ORG	3.5000 3.5000
338	25000USP U/mL Inj Sol-2mL Pk 00740535	Hepalean	ORG	15.1580 15.1580
339	50000USP U/5mL Inj Sol-5mL Pk 00740497	Hepalean	ORG	5.8900 5.8900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

NADROPARIN CALCIUM

340	9500IU/mL Pref Syr-0.3mL Pk 09853936	Fraxiparine	GSK	8.9500 8.9500
341	9500IU/mL Pref Syr-0.4mL Pk 09853944	Fraxiparine	GSK	8.9500 8.9500
342	9500IU/mL Pref Syr-0.6mL Pk 09853952	Fraxiparine	GSK	8.9500 8.9500
343	19000IU/mL Pref Syr-0.6mL Pk 02240114	Fraxiparine Forte	GSK	17.9000 17.9000
344	9500IU/mL Pref Syr-0.8mL Pk 09853979	Fraxiparine	GSK	8.9500 8.9500
345	19000IU/mL Pref Syr-0.8mL Pk 09854100	Fraxiparine Forte	GSK	17.9000 17.9000
346	9500IU/mL Pref Syr-1.0mL Pk 09853987	Fraxiparine	GSK	8.9500 8.9500
347	19000IU/mL Pref Syr-1.0mL Pk 09854118	Fraxiparine Forte	GSK	17.9000 17.9000
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

NICOUMALONE

348	1mg Tab 00010383	# Sintrom	PEN	.1237 .1237
349	4mg Tab 00010391	# Sintrom	PEN	.3890 .3890

TINZAPARIN SODIUM

350	10000IU/mL Inj-2mL Pk 02167840	Innohep	LEO	32.0000 32.0000
351	20000IU/mL Inj-2mL Pk 02229515	Innohep	LEO	64.0000 64.0000
352	3500IU/0.35mL Inj Pref Syr 02229755	Innohep	LEO	5.6450 5.6450
353	4500IU/0.45mL Inj Pref Syr 09853898	Innohep	LEO	7.2580 7.2580
354	10000IU/0.5mL Inj Pref Syr 02231478	Innohep	LEO	16.0000 16.0000
355	14000IU/0.7mL Inj Pref Syr 09853901	Innohep	LEO	22.4000 22.4000
356	18000IU/0.9mL Inj Pref Syr 09853928	Innohep	LEO	28.8000 28.8000

Reason for Use Code

Clinical criteria

186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.
323	For the acute treatment of pulmonary embolism, <i>maximum of three weeks</i> . LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

WARFARIN

Note: The use of International Normalized Ratio (INR) instead of Prothrombin Time results to control warfarin dosing is strongly recommended. Prothrombin Time results can vary three-fold depending on the reagent used; INR corrects for this and substantially improves safety and efficacy of warfarin therapy.

357	1mg Tab				.1415
	01918311	Coumadin	BQU		.2914
	02242680	Taro-Warfarin	TAR		.1415
	02242924	Apo-Warfarin	APX		.1415
	02244462	Gen-Warfarin	GEN		.1415
	02265273	Novo-Warfarin	NOP		.1415
358	2mg Tab				.1496
	01918338	Coumadin	BQU		.3082
	02242681	Taro-Warfarin	TAR		.1496
	02242925	Apo-Warfarin	APX		.1496
	02244463	Gen-Warfarin	GEN		.1496
	02265281	Novo-Warfarin	NOP		.1496
359	2.5mg Tab				.1198
	01918346	Coumadin	BQU		.2467
	02242682	Taro-Warfarin	TAR		.1198
	02242926	Apo-Warfarin	APX		.1198
	02244464	Gen-Warfarin	GEN		.1198
	02265303	Novo-Warfarin	NOP		.1198
360	3mg Tab				.1855
	02240205	Coumadin	BQU		.3820
	02242683	Taro-Warfarin	TAR		.1855
	02245618	Apo-Warfarin	APX		.1855
	02265311	Novo-Warfarin	NOP		.1855
	02287498	Gen-Warfarin	GEN		.1910
361	4mg Tab				.1855
	02007959	Coumadin	BQU		.3820
	02242684	Taro-Warfarin	TAR		.1855
	02242927	Apo-Warfarin	APX		.1855
	02244465	Gen-Warfarin	GEN		.1855
	02265338	Novo-Warfarin	NOP		.1855

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

WARFARIN

Note: The use of International Normalized Ratio (INR) instead of Prothrombin Time results to control warfarin dosing is strongly recommended. Prothrombin Time results can vary three-fold depending on the reagent used; INR corrects for this and substantially improves safety and efficacy of warfarin therapy.

362	5mg Tab				.1200
	01918354	Coumadin	BQU		.2472
	02242685	Taro-Warfarin	TAR		.1200
	02242928	Apo-Warfarin	APX		.1200
	02244466	Gen-Warfarin	GEN		.1200
	02265346	Novo-Warfarin	NOP		.1200
363	10mg Tab				.2153
	01918362	Coumadin	BQU		.4435
	02242687	Taro-Warfarin	TAR		.2153
	02242929	Apo-Warfarin	APX		.2153
	02244467	Gen-Warfarin	GEN		.2153

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:16:00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

364	150mcg/0.3mL Pref Syr-0.3mL Pk 02246360	Aranesp	AMG	402.0000 402.0000
365	200mcg/0.4mL Pref Syr-0.4mL Pk 09857185	Aranesp	AMG	552.0000 552.0000
366	300mcg/0.6mL Pref Syr-0.6mL Pk 09857186	Aranesp	AMG	828.0000 828.0000
367	500mcg/1.0mL Pref Syr-1.0mL Pk 09857187	Aranesp	AMG	1,380.0000 1,380.0000

NOTE: These products must be prescribed based on the following criteria:

For the treatment of chemotherapy-induced anemia in patients with malignant cancer undergoing myelosuppressive chemotherapy with a hemoglobin count of less than 100g/L and MCV level between 75fL and 120fL.

NOTE: Darbepoietin therapy should be re-assessed after 3 months of therapy and should not be continued for those patients who do not respond to therapy (i.e. Hgb level has not improved by at least 15g/L or transfusions were required after first 2 weeks of therapy) or who are no longer anemic.

The following dosage regimens for Aranesp are recommended by the Committee to Evaluate Drugs:

- I. 200mcg q2weekly x 6 weeks, then increase to 300mcg q2weekly if inadequate response;
OR
- II. 500mcg q3weekly x maximum duration of 3 cycles, then decrease to 300mcg q3weekly for maintenance; OR
- III. 150mcg qweekly.

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:16:00 HEMATOPOIETIC AGENTS

RECOMBINANT HUMAN ERYTHROPOIETIN (R-HUEPO)

368	20,000IU/mL Inj Sol-1mL Vial Pk 02206072	Eporex	JNO	267.9000 267.9000
369	10,000IU/mL Pref Syr-1mL Pk 02231587	Eporex	JNO	142.5000 142.5000
370	40,000IU/mL Pref Syr-1mL Pk 02240722	Eporex	JNO	401.8500 401.8500

NOTE: These products must be prescribed based on the following criteria:

For the treatment of chemotherapy-induced anemia in patients with malignant cancer undergoing myelosuppressive chemotherapy with a hemoglobin count of less than 100g/L and MCV level between 75fL and 120fL.

NOTE: Erythropoietin therapy should be re-assessed after 3 months of therapy and should not be continued for those patients who do not respond to therapy (i.e. Hgb level has not improved by at least 15g/L or transfusions were required after first 2 weeks of therapy or who are no longer anemic).

The following dosage regimens for Eporex are recommended by the Committee to Evaluate Drugs:

- I. 150 IU/kg subcutaneously 3 times a week for 4 weeks. If no response, the dose may be increased to 300 IU/kg subcutaneously 3 times a week; OR
- II. 40,000 IU once weekly. If no response after 4 weeks, the dose may be increased to 60,000 IU once weekly for 4 weeks.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

20:00 BLOOD FORMATION AND COAGULATION

20:24:00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE

371	400mg SR Tab				.3046
	01968432	Ratio-Pentoxifylline	RPH		.3046
	02221977	Trental	SAV		.6733
	02230090	Apo-Pentoxifylline	APX		.3046
	02230401	Nu-Pentoxifylline	NXP		.3046
	Reason for Use Code	Clinical criteria			
	76	For the treatment of patients with critical limb ischemia (with arterial ulcers, gangrene and/or rest pain) and documented arterial vascular disease.			
		NOTE: Limited Use form must specify if arterial ulcers, gangrene and/or rest pain are present.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

ACEBUTOLOL HCL

372	100mg Tab				.1294 .26
	01910140	Rhotral	SAV	.1294	.26
	01926543	Sectral	SAV	.2717	.54
	02036290	Monitan (Not a Benefit)	WAY		
	02147602	Apo-Acebutolol	APX	.1294	.26
	02165546	Nu-Acebutolol	NXP	.1294	.26
	02204517	Novo-Acebutolol	NOP	.1294	.26
	02237721	Gen-Acebutolol	GEN	.1294	.26
	02237885	Gen-Acebutolol (Type S)	GEN	.1294	.26
	02257599	Sandoz Acebutolol	SDZ	.1294	.26
373	200mg Tab				.1936 .39
	01910159	Rhotral	SAV	.1936	.39
	01926551	Sectral	SAV	.4067	.81
	02036436	Monitan (Not a Benefit)	WAY		
	02147610	Apo-Acebutolol	APX	.1936	.39
	02165554	Nu-Acebutolol	NXP	.1936	.39
	02204525	Novo-Acebutolol	NOP	.1936	.39
	02237722	Gen-Acebutolol	GEN	.1936	.39
	02237886	Gen-Acebutolol (Type S)	GEN	.1936	.39
	02257602	Sandoz Acebutolol	SDZ	.1936	.39
374	400mg Tab				.3847 .77
	01910167	Rhotral	SAV	.3847	.77
	01926578	Sectral	SAV	.8519	1.70
	02036444	Monitan (Not a Benefit)	WAY		
	02147629	Apo-Acebutolol	APX	.3847	.77
	02165562	Nu-Acebutolol	NXP	.3847	.77
	02204533	Novo-Acebutolol	NOP	.3847	.77
	02237723	Gen-Acebutolol	GEN	.3847	.77
	02237887	Gen-Acebutolol (Type S)	GEN	.3847	.77
	02257610	Sandoz Acebutolol	SDZ	.3847	.77

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

AMIODARONE HCL

375	200mg Tab				1.0295
	02036282	Cordarone	WAY	2.0589	
	02239835	Novo-Amiodarone	NOP	1.0295	
	02240071	Ratio-Amiodarone	RPH	1.0295	
	02240604	Gen-Amiodarone	GEN	1.0295	
	02242472	PMS-Amiodarone	PMS	1.0295	
	02243836	Sandoz Amiodarone	SDZ	1.0295	
	02246194	Apo-Amiodarone	APX	1.0295	

Note: The manufacturer recommends that treatment with amiodarone be initiated in hospital and continued in a monitored environment under the care of a cardiologist, or internist with equivalent experience in such care.

AMLODIPINE

376	5mg Tab			1.3312	1.33
	00878928	Norvasc	PFI	1.3312	1.33
377	10mg Tab			1.9760	1.98
	00878936	Norvasc	PFI	1.9760	1.98

ATENOLOL

378	50mg Tab			.2790	.28
	00773689	Apo-Atenol	APX	.2790	.28
	00886114	Nu-Atenol	NXP	.2790	.28
	01912062	Novo-Atenol	NOP	.2790	.28
	02039532	Tenormin	AZC	.5746	.57
	02146894	Gen-Atenolol	GEN	.2790	.28
	02171791	Ratio-Atenolol	RPH	.2790	.28
	02231731	Sandoz Atenolol	SDZ	.2790	.28
	02237600	PMS-Atenolol	PMS	.2790	.28
	02255545	Co-Atenolol	COB	.2790	.28
	02267985	Ran-Atenolol	RAN	.2790	.28

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

ATENOLOL

379	100mg Tab			.4586	.46
	00773697	Apo-Atenol	APX	.4586	.46
	00886122	Nu-Atenol	NXP	.4586	.46
	01912054	Novo-Atenol	NOP	.4586	.46
	02039540	Tenormin	AZC	.9446	.94
	02147432	Gen-Atenolol	GEN	.4586	.46
	02171805	Ratio-Atenolol	RPH	.4586	.46
	02231733	Sandoz Atenolol	SDZ	.4586	.46
	02237601	PMS-Atenolol	PMS	.4586	.46
	02255553	Co-Atenolol	COB	.4586	.46
	02267993	Ran-Atenolol	RAN	.4586	.46

BISOPROLOL FUMARATE

380	5mg Tab			.1750	
	02241148	Monacor	BIO	.3605	
	02247439	Sandoz Bisoprolol	SDZ	.1750	
	02256134	Apo-Bisoprolol	APX	.1750	
	02267470	Novo-Bisoprolol	NOP	.1750	
381	10mg Tab			.2900	
	02241149	Monacor	CRY	.5800	
	02247440	Sandoz Bisoprolol	SDZ	.2900	
	02256177	Apo-Bisoprolol	APX	.2900	
	02267489	Novo-Bisoprolol	NOP	.2900	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

CARVEDILOL

382	3.125mg Tab			.6350	1.27
	02229650	Coreg	GSK	1.3508	2.70
	02245914	PMS-Carvedilol	PMS	.6350	1.27
	02247933	Apo-Carvedilol	APX	.6350	1.27
	02252309	Ratio-Carvedilol	RPH	.6350	1.27
	02268027	Ran-Carvedilol	RAN	.6350	1.27
383	6.25mg Tab			.6350	1.27
	02229651	Coreg	GSK	1.3508	2.70
	02245915	PMS-Carvedilol	PMS	.6350	1.27
	02247934	Apo-Carvedilol	APX	.6350	1.27
	02252317	Ratio-Carvedilol	RPH	.6350	1.27
	02268035	Ran-Carvedilol	RAN	.6350	1.27
384	12.5mg Tab			.6350	1.27
	02229652	Coreg	GSK	1.3508	2.70
	02245916	PMS-Carvedilol	PMS	.6350	1.27
	02247935	Apo-Carvedilol	APX	.6350	1.27
	02252325	Ratio-Carvedilol	RPH	.6350	1.27
	02268043	Ran-Carvedilol	RAN	.6350	1.27
385	25mg Tab			.6350	1.27
	02229653	Coreg	GSK	1.3508	2.70
	02245917	PMS-Carvedilol	PMS	.6350	1.27
	02247936	Apo-Carvedilol	APX	.6350	1.27
	02252333	Ratio-Carvedilol	RPH	.6350	1.27
	02268051	Ran-Carvedilol	RAN	.6350	1.27

Reason for
Use Code

Clinical criteria

For patients with:

- 183
- NYHA Class II or III Congestive Heart Failure (CHF); **and**
 - Currently being treated with an angiotension converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; **and**
 - An ejection fraction less than or equal to 35%; **and**
 - At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DIGOXIN

Note: Digoxin toxicity is common and serious: digoxin levels should be monitored in the elderly, after adding drugs that affect urea clearance including diuretics, particularly spironolactone; verapamil and quinidine also interact significantly with digoxin. Dose should be reduced in renal impairment and in elderly patients. Chronic therapy should be re-evaluated.

386	0.05mg/mL O/L 02242320	Lanoxin	VRO	.3561 .3561
387	0.0625mg Tab 02242321	Lanoxin	VRO	.1520 .2177
	02281236	Apo-Digoxin	APX	.1520
388	0.125mg Tab 02242322	Lanoxin	VRO	.1030 .2060
	02245427	PMS-Digoxin	PMS	.1030
	02281228	Apo-Digoxin	APX	.1030
389	0.25mg Tab 02242323	Lanoxin	VRO	.1030 .2060
	02245428	PMS-Digoxin	PMS	.1030
	02281201	Apo-Digoxin	APX	.1030

DILTIAZEM HCL

390	120mg ER Tab 02256738	Tiazac XC	BIO	.7681 .7681
391	180mg ER Tab 02256746	Tiazac XC	BIO	1.0195 1.0195
392	240mg ER Tab 02256754	Tiazac XC	BIO	1.3523 1.3523
393	300mg ER Tab 02256762	Tiazac XC	BIO	1.3523 1.3523
394	360mg ER Tab 02256770	Tiazac XC	BIO	1.3523 1.3523
395	120mg LA Cap 02097249	Cardizem CD	BIO	.6366 .64 1.2429
	02229781	Ratio-Diltiazem CD	RPH	.6366 .64
	02230997	Apo-Diltiaz CD	APX	.6366 .64
	02242538	Novo-Diltiazem CD	NOP	.6366 .64
	02243338	Sandoz Diltiazem CD	SDZ	.6366 .64
	02254808	Gen-Diltiazem CD	GEN	.6366 .64

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DILTIAZEM HCL

396	180mg LA Cap				.8450	.85
	02097257	Cardizem CD	BIO	1.6499	1.65	
	02229782	Ratio-Diltiazem CD	RPH	.8450	.85	
	02230998	Apo-Diltiaz CD	APX	.8450	.85	
	02242539	Novo-Diltiazem CD	NOP	.8450	.85	
	02243339	Sandoz Diltiazem CD	SDZ	.8450	.85	
	02254816	Gen-Diltiazem CD	GEN	.8450	.85	
397	240mg LA Cap				1.1208	1.12
	02097265	Cardizem CD	BIO	2.1884	2.19	
	02229783	Ratio-Diltiazem CD	RPH	1.1208	1.12	
	02230999	Apo-Diltiaz CD	APX	1.1208	1.12	
	02242540	Novo-Diltiazem CD	NOP	1.1208	1.12	
	02243340	Sandoz Diltiazem CD	SDZ	1.1208	1.12	
	02254824	Gen-Diltiazem CD	GEN	1.1208	1.12	
398	300mg LA Cap				1.4010	1.40
	02097273	Cardizem CD	BIO	2.7355	2.74	
	02229526	Apo-Diltiaz CD	APX	1.4010	1.40	
	02229784	Ratio-Diltiazem CD	RPH	1.4010	1.40	
	02242541	Novo-Diltiazem CD	NOP	1.4010	1.40	
	02243341	Sandoz Diltiazem CD	SDZ	1.4010	1.40	
	02254832	Gen-Diltiazem CD	GEN	1.4010	1.40	
399	60mg LA Cap				.3635	.36
	02097214	Cardizem-SR (Not a Benefit)	CRY			
	02222957	Apo-Diltiaz SR	APX	.3635	.36	
400	90mg LA Cap				.5455	.55
	02097222	Cardizem-SR (Not a Benefit)	CRY			
	02222965	Apo-Diltiaz SR	APX	.5455	.55	
401	120mg LA Cap				.7270	.73
	02097230	Cardizem-SR (Not a Benefit)	CRY			
	02222973	Apo-Diltiaz SR	APX	.7270	.73	
402	120mg SR Cap				.4043	.40
	02231150	Tiazac	BIO	.8085	.81	
	02245918	Sandoz Diltiazem T	SDZ	.4043	.40	
	02271605	Novo-Diltiazem HCL ER	NOP	.4043	.40	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DILTIAZEM HCL

403	180mg SR Cap				.5366	.54
	02231151	Tiazac	BIO	1.0732	1.07	
	02245919	Sandoz Diltiazem T	SDZ	.5366	.54	
	02271613	Novo-Diltiazem HCL ER	NOP	.5366	.54	
404	240mg SR Cap				.7118	.71
	02231152	Tiazac	BIO	1.4235	1.42	
	02245920	Sandoz Diltiazem T	SDZ	.7118	.71	
	02271621	Novo-Diltiazem HCL ER	NOP	.7118	.71	
405	300mg SR Cap				.8897	.89
	02231154	Tiazac	BIO	1.7794	1.78	
	02245921	Sandoz Diltiazem T	SDZ	.8897	.89	
	02271648	Novo-Diltiazem HCL ER	NOP	.8897	.89	
406	360mg SR Cap				1.0732	1.07
	02231155	Tiazac	BIO	2.1464	2.15	
	02245922	Sandoz Diltiazem T	SDZ	1.0732	1.07	
	02271656	Novo-Diltiazem HCL ER	NOP	1.0732	1.07	
407	30mg Tab				.1866	
	00771376	Apo-Diltiaz	APX	.1866		
	00862924	Novo-Diltiazem	NOP	.1866		
	00886068	Nu-Diltiaz	NXP	.1866		
	02097370	Cardizem	BIO	.3715		
	02146916	Gen-Diltiazem	GEN	.1866		
408	60mg Tab				.3273	
	00771384	Apo-Diltiaz	APX	.3273		
	00862932	Novo-Diltiazem	NOP	.3273		
	00886076	Nu-Diltiaz	NXP	.3273		
	02097389	Cardizem	BIO	.6516		
	02146924	Gen-Diltiazem	GEN	.3273		

DISOPYRAMIDE

409	100mg Cap				.2095	
	02030799	Norpace	RBT	.2095		
	02224801	Rythmodan	SAV	.2308		
410	150mg Cap				.2960	
	02030802	Norpace	RBT	.2960		
	02224828	Rythmodan	SAV	.3263		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

FLECAINIDE ACETATE

411	50mg Tab				.3620
	01966197	Tambocor	MMH	.5171	
	02275538	Apo-Flecainide	APX	.3620	
412	100mg Tab				.7239
	01966200	Tambocor	MMH	1.0342	
	02275546	Apo-Flecainide	APX	.7239	

METOPROLOL TARTRATE

413	100mg LA Tab				.2450
	00658855	Lopresor SR	NOV	.2450	
414	200mg LA Tab				.4446
	00534560	Lopresor SR	NOV	.4446	
415	50mg Tab				.0968 .19
	00397423	Lopresor	NOV	.2155	.43
	00402605	Betaloc	AZC	.2315	.46
	00618632	Apo-Metoprolol	APX	.0968	.19
	00648035	Novo-Metoprol	NOP	.0968	.19
	00749354	Apo-Metoprolol (Type L)	APX	.0968	.19
	00842648	Novo-Metoprol (Uncoated)	NOP	.1080	.22
	00865605	Nu-Metop	NXP	.1080	.22
	02145413	PMS-Metoprolol-B	PMS	.1080	.22
	02174545	Gen-Metoprolol (Type L)	GEN	.0968	.19
	02230803	PMS-Metoprolol-L	PMS	.0968	.19
	02247875	Sandoz Metoprolol (Type L)	SDZ	.0968	.19
416	100mg Tab				.1747 .35
	00397431	Lopresor	NOV	.3892	.78
	00402540	Betaloc	AZC	.3965	.79
	00618640	Apo-Metoprolol	APX	.1747	.35
	00648043	Novo-Metoprol	NOP	.1747	.35
	00751170	Apo-Metoprolol (Type L)	APX	.1747	.35
	00842656	Novo-Metoprol (Uncoated)	NOP	.1830	.37
	00865613	Nu-Metop	NXP	.1830	.37
	02145421	PMS-Metoprolol-B	PMS	.1830	.37
	02174553	Gen-Metoprolol (Type L)	GEN	.1747	.35
	02230804	PMS-Metoprolol-L	PMS	.1747	.35
	02247876	Sandoz Metoprolol (Type L)	SDZ	.1747	.35

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

MEXILETINE HCL

417	100mg Cap				.8162
	00599956	Mexitil (Not a Benefit)	BOE		
	02230359	Novo-Mexiletine	NOP	.8162	
418	200mg Cap				1.0930
	00599964	Mexitil (Not a Benefit)	BOE		
	02230360	Novo-Mexiletine	NOP	1.0930	

NADOLOL

419	40mg Tab				.2465	.25
	00607126	Corgard (Not a Benefit)	BQU			
	00782505	Apo-Nadol	APX	.2465	.25	
	02126753	Novo-Nadolol	NOP	.2465	.25	
420	80mg Tab				.3515	.70
	00463256	Corgard (Not a Benefit)	BQU			
	00782467	Apo-Nadol	APX	.3515	.70	
	02126761	Novo-Nadolol	NOP	.3515	.70	
421	160mg Tab				.6595	.66
	00523372	Corgard (Not a Benefit)	BQU			
	00782475	Apo-Nadol	APX	.6595	.66	

NIFEDIPINE

422	5mg Cap				.2440	
	00725110	Apo-Nifed	APX	.2440		
	02155869	Adalat (Not a Benefit)	BAH			
	02235897	PMS-Nifedipine	PMS	.2440		
423	10mg Cap				.1858	
	00755907	Apo-Nifed	APX	.1858		
	00865591	Nu-Nifed	NXP	.1858		
	02155877	Adalat (Not a Benefit)	BAH			
	02235898	PMS-Nifedipine	PMS	.1858		

Note: Rapid absorption of liquid nifedipine from pulvules can cause severe hypotension and aggravation of myocardial or cerebral ischemia.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

PROCAINAMIDE HCL

424	250mg Cap				.1763
	00029076	Pronestyl (Not a Benefit)	BQU		
	00713325	# Apo-Procaïnamide	APX		.1763
425	375mg Cap				.2301
	00296031	Pronestyl (Not a Benefit)	BQU		
	00713333	# Apo-Procaïnamide	APX		.2301
426	500mg Cap				.3060
	00353523	Pronestyl (Not a Benefit)	BQU		
	00713341	# Apo-Procaïnamide	APX		.3060
427	250mg LA Tab				.3500
	00638692	Procan SR	ERF		.3500
428	500mg LA Tab				.4500
	00638676	Procan SR	ERF		.4500
429	750mg LA Tab				.7000
	00638684	Procan SR	ERF		.7000

PROPAFENONE HCL

430	150mg Tab				.3395
	00603708	Rythmol	ABB		1.0345
	02243324	Apo-Propafenone	APX		.3395
	02243727	PMS-Propafenone	PMS		.3395
	02245372	Gen-Propafenone	GEN		.3395
431	300mg Tab				.5985
	00603716	Rythmol	ABB		1.8235
	02243325	Apo-Propafenone	APX		.5985
	02243728	PMS-Propafenone	PMS		.5985
	02245373	Gen-Propafenone	GEN		.5985

PROPRANOLOL

432	10mg Tab				.0192
	00402788	Apo-Propranolol	APX		.0192
	00496480	Novo-Pranol	NOP		.0192
	00582255	PMS-Propranolol	PMS		.0192
	02042177	Inderal (Not a Benefit)	WAY		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

PROPRANOLOL

433	20mg Tab				.0346	
	00663719	Apo-Propranolol	APX	.0346		
	00740675	Novo-Pranol	NOP	.0346		
	02042193	Inderal (Not a Benefit)	WAY			
434	40mg Tab				.0348	.07
	00402753	Apo-Propranolol	APX	.0348		.07
	00496499	Novo-Pranol	NOP	.0348		.07
	00582263	PMS-Propranolol	PMS	.0348		.07
	02042207	Inderal-40 (Not a Benefit)	AYE			
435	80mg Tab				.0585	.12
	00402761	Apo-Propranolol	APX	.0585		.12
	00496502	Novo-Pranol	NOP	.0585		.12
	00582271	PMS-Propranolol	PMS	.0585		.12
	02042215	Inderal (Not a Benefit)	WAY			
436	120mg Tab				.1059	.21
	00504335	Apo-Propranolol	APX	.1059		.21
	02042223	Inderal (Not a Benefit)	WAY			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

SOTALOL HCL

437	160mg Tab				.6492
	00483923	Sotacor (Not a Benefit)	BQU		
	02084236	Ratio-Sotalol	RPH	.6492	
	02163772	Nu-Sotalol	NXP	.6492	
	02167794	Apo-Sotalol	APX	.6492	
	02229779	Gen-Sotalol	GEN	.6492	
	02231182	Novo-Sotalol	NOP	.6492	
	02234013	Rhoxal-Sotalol	SDZ	.6492	
	02238327	PMS-Sotalol	PMS	.6492	
	02257858	Sandoz Sotalol	SDZ	.6492	
	02270633	Co Sotalol	COB	.6492	

TIMOLOL MALEATE

438	5mg Tab			.1649	.33
	00353914	Blocadren (Not a Benefit)	FRS		
	00755842	Apo-Timol	APX	.1649	.33
	01947796	Novo-Timol	NOP	.1649	.33
	02044609	Nu-Timolol	NXP	.1649	.33
439	10mg Tab			.2572	.51
	00353922	Blocadren (Not a Benefit)	FRS		
	00755850	Apo-Timol	APX	.2572	.51
	01947818	Novo-Timol	NOP	.2572	.51
	02044617	Nu-Timolol	NXP	.2572	.51
440	20mg Tab			.5005	1.00
	00495611	Blocadren (Not a Benefit)	FRS		
	00755869	Apo-Timol	APX	.5005	1.00
	01947826	Novo-Timol	NOP	.5005	1.00
	02044625	Nu-Timolol	NXP	.5005	1.00

VERAPAMIL HCL

441	80mg Tab			.2735	.82
	00554316	Isoptin (Not a Benefit)	ABB		
	00782483	Apo-Verap	APX	.2735	.82
	00886033	Nu-Verap	NXP	.2735	.82
	02237921	Gen-Verapamil	GEN	.2735	.82

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

VERAPAMIL HCL

442	120mg Tab				.4250	1.28
	00554324	Isoptin (Not a Benefit)	ABB			
	00782491	Apo-Verap	APX	.4250	1.28	
	00886041	Nu-Verap	NXP	.4250	1.28	
	02237922	Gen-Verapamil	GEN	.4250	1.28	

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

AMLODIPINE BESYLATE / ATORVASTATIN CALCIUM

443	5mg/10mg Tab				2.4500	
	02273233	Caduet	PFI		2.4500	
444	5mg/20mg Tab				3.2000	
	02273241	Caduet	PFI		3.2000	
445	5mg/40mg Tab				3.2000	
	02273268	Caduet	PFI		3.2000	
446	5mg/80mg Tab				3.2000	
	02273276	Caduet	PFI		3.2000	
447	10mg/10mg Tab				2.4500	
	02273284	Caduet	PFI		2.4500	
448	10mg/20mg Tab				3.2000	
	02273292	Caduet	PFI		3.2000	
449	10mg/40mg Tab				3.2000	
	02273306	Caduet	PFI		3.2000	
450	10mg/80mg Tab				3.2000	
	02273314	Caduet	PFI		3.2000	

Note: Patients should be stabilized on a statin or a calcium channel blocker before being initiated on Caduet.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

ATORVASTATIN CALCIUM

451	10mg Tab 02230711	Lipitor	PFI	1.6640 1.6640
452	20mg Tab 02230713	Lipitor	PFI	2.0800 2.0800
453	40mg Tab 02230714	Lipitor	PFI	2.2360 2.2360
454	80mg Tab 02243097	Lipitor	PFI	2.2360 2.2360

BEZAFIBRATE

455	400mg SR Tab 02083523	Bezalip	HLR	1.6000 1.6000
456	200mg Tab 02084082 02240331	Bezalip (Not a Benefit) PMS-Bezafibrate	HLR PMS	.8833 . .8833

CHOLESTYRAMINE RESIN

457	Oral Pd-42 Dose Pk 00634093 02141795 02207745	Questran (Not a Benefit) PMS-Cholestyramine (Sugar Free) PMS-Cholestyramine	BQU PMS PMS	19.9200 19.9200 19.9200
458	Oral Pd-Pouch Pk 00464880 00890960 01918486 02210320	Questran 9g Pk (Not a Benefit) PMS-Cholestyramine Sugar Free 5g Pk Questran Light 4g Pk (Not a Benefit) PMS-Cholestyramine 9g Pk	BQU PMS BQU PMS	1.3167 1.3167 1.3167

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

CLOFIBRATE

459	500mg Cap 00002038 00337382	Atromid-S (Not a Benefit) Novo-Fibrate (Not a Benefit)	AYE NOP	
-----	-----------------------------------	---	------------	--

COLESTIPOL HCL

Note: Combining psyllium with Colestid therapy improves the efficacy, and decreases costs, of antilipemic treatment.

460	Gran-5g Pk 00642975	Colestid Regular	PFI	.8510 .8510
461	Gran-7.5g Pk 02132699	Colestid Orange	PFI	.8510 .8510

EZETIMIBE

462	10mg Tab 02247521	Ezetrol	MFS	1.6800 1.6800
	Reason for Use Code	Clinical criteria		
	380	For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.		
		LU Authorization Period: Indefinite.		
	381	For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.		
		LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

FENOFIBRATE

463	100mg Cap				.4325
	00885827	Lipidil (Not a Benefit)	JOU		
	02223600	Nu-Fenofibrate	NXP		.4325
	02225980	Apo-Fenofibrate	APX		.4325
464	200mg Cap				1.0890
	02146959	Lipidil Micro	SPH		1.0890
	02239864	Apo-Feno-Micro	APX		1.0890
	02240210	Gen-Fenofibrate Micro	GEN		1.0890
	02243552	Novo-Fenofibrate Micronized	NOP		1.0890
	02250039	Ratio-Fenofibrate MC	RPH		1.0890
	02273551	PMS-Fenofibrate Micro	PMS		1.0890
465	160mg Tab				.6231
	02241602	Lipidil Supra	SPH		1.2463
	02246860	Apo-Feno-Super	APX		.6231
	02288052	Sandoz Fenofibrate S	SDZ		.6231
466	48mg Tab				.4100
	02269074	Lipidil EZ	FOU		.4100
467	145mg Tab				1.0500
	02269082	Lipidil EZ	FOU		1.0500

FLUVASTATIN SODIUM

468	20mg Cap				.7997
	02061562	Lescol	NOV		.7997
469	40mg Cap				1.1196
	02061570	Lescol	NOV		1.1196
470	80mg ER Tab				1.3521
	02250527	Lescol XL	NOV		1.3521

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

GEMFIBROZIL

471	300mg Cap				.2352
	00599026	Lopid	PFI	.4892	
	01979574	Apo-Gemfibrozil	APX	.2352	
	02185407	Gen-Gemfibrozil	GEN	.2352	
	02239951	PMS-Gemfibrozil	PMS	.2352	
	02241704	Novo-Gemfibrozil	NOP	.2352	

LOVASTATIN

472	20mg Tab				.8657
	00795860	Mevacor	MFC	1.8547	
	02220172	Apo-Lovastatin	APX	.8657	
	02243127	Gen-Lovastatin	GEN	.8657	
	02245822	Ratio-Lovastatin	RPH	.8657	
	02246013	PMS-Lovastatin	PMS	.8657	
	02246542	Novo-Lovastatin	NOP	.8657	
	02247056	Sandoz Lovastatin	SDZ	.8657	
	02248572	Co-Lovastatin	COB	.8657	
	02267969	Ran-Lovastatin	RAN	.8657	
473	40mg Tab				1.5968
	00795852	Mevacor	MFC	3.4207	
	02220180	Apo-Lovastatin	APX	1.5968	
	02243129	Gen-Lovastatin	GEN	1.5968	
	02245823	Ratio-Lovastatin	RPH	1.5968	
	02246014	PMS-Lovastatin	PMS	1.5968	
	02246543	Novo-Lovastatin	NOP	1.5968	
	02247057	Sandoz Lovastatin	SDZ	1.5968	
	02248573	Co-Lovastatin	COB	1.5968	
	02267977	Ran-Lovastatin	RAN	1.5968	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

PRAVASTATIN SODIUM

474	10mg Tab				.7567
	00893749	Pravachol	BQU		1.5587
	02243506	Apo-Pravastatin	APX		.7567
	02244350	Nu-Pravastatin	NXP		.7567
	02246930	Ratio-Pravastatin	RPH		.7567
	02247008	Novo-Pravastatin	NOP		.7567
	02247655	PMS-Pravastatin	PMS		.7567
	02247856	Sandoz Pravastatin	SDZ		.7567
	02257092	Gen-Pravastatin	GEN		.7567
	02248182	+ Co Pravastatin	COB		.7567
475	20mg Tab				.8925
	00893757	Pravachol	BQU		1.8387
	02243507	Apo-Pravastatin	APX		.8925
	02244351	Nu-Pravastatin	NXP		.8925
	02246931	Ratio-Pravastatin	RPH		.8925
	02247009	Novo-Pravastatin	NOP		.8925
	02247656	PMS-Pravastatin	PMS		.8925
	02247857	Sandoz Pravastatin	SDZ		.8925
	02257106	Gen-Pravastatin	GEN		.8925
	02248183	+ Co Pravastatin	COB		.8925
476	40mg Tab				1.0750
	02222051	Pravachol	BQU		2.2147
	02243508	Apo-Pravastatin	APX		1.0750
	02244352	Nu-Pravastatin	NXP		1.0750
	02246932	Ratio-Pravastatin	RPH		1.0750
	02247010	Novo-Pravastatin	NOP		1.0750
	02247657	PMS-Pravastatin	PMS		1.0750
	02247858	Sandoz Pravastatin	SDZ		1.0750
	02257114	Gen-Pravastatin	GEN		1.0750
	02248184	+ Co Pravastatin	COB		1.0750

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

ROSUVASTATIN CALCIUM

477	5mg Tab 02265540	Crestor	AZC	1.2900 1.2900
478	10mg Tab 02247162	Crestor	AZC	1.3600 1.3600
479	20mg Tab 02247163	Crestor	AZC	1.7000 1.7000
480	40mg Tab 02247164	Crestor	AZC	1.9900 1.9900

SIMVASTATIN

481	5mg Tab			.4500
	00884324	Zocor	MFC	.9640
	02246582	Gen-Simvastatin	GEN	.4500
	02247011	Apo-Simvastatin	APX	.4500
	02247067	Ratio-Simvastatin	RPH	.4500
	02248103	Co-Simvastatin	COB	.4500
	02250144	Novo-Simvastatin	NOP	.4500
	02269252	PMS-Simvastatin	PMS	.4500
482	10mg Tab			.8900
	00884332	Zocor	MFC	1.9070
	02246583	Gen-Simvastatin	GEN	.8900
	02247012	Apo-Simvastatin	APX	.8900
	02247068	Ratio-Simvastatin	RPH	.8900
	02247828	Sandoz Simvastatin	SDZ	.8900
	02248104	Co-Simvastatin	COB	.8900
	02250152	Novo-Simvastatin	NOP	.8900
	02265885	Taro-Simvastatin	TAR	.8900
	02269260	PMS-Simvastatin	PMS	.8900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

SIMVASTATIN

483	20mg Tab				1.1000
	00884340	Zocor	MFC		2.3567
	02246737	Gen-Simvastatin	GEN		1.1000
	02247013	Apo-Simvastatin	APX		1.1000
	02247069	Ratio-Simvastatin	RPH		1.1000
	02247830	Sandoz Simvastatin	SDZ		1.1000
	02248105	Co-Simvastatin	COB		1.1000
	02250160	Novo-Simvastatin	NOP		1.1000
	02265893	Taro-Simvastatin	TAR		1.1000
	02269279	PMS-Simvastatin	PMS		1.1000
484	40mg Tab				1.1000
	00884359	Zocor	MFC		2.3567
	02246584	Gen-Simvastatin	GEN		1.1000
	02247014	Apo-Simvastatin	APX		1.1000
	02247070	Ratio-Simvastatin	RPH		1.1000
	02247831	Sandoz Simvastatin	SDZ		1.1000
	02248106	Co-Simvastatin	COB		1.1000
	02250179	Novo-Simvastatin	NOP		1.1000
	02265907	Taro-Simvastatin	TAR		1.1000
	02269287	PMS-Simvastatin	PMS		1.1000
485	80mg Tab				1.1000
	02240332	Zocor	MFC		2.3567
	02246585	Gen-Simvastatin	GEN		1.1000
	02247015	Apo-Simvastatin	APX		1.1000
	02247071	Ratio-Simvastatin	RPH		1.1000
	02247833	Sandoz Simvastatin	SDZ		1.1000
	02248107	Co-Simvastatin	COB		1.1000
	02250187	Novo-Simvastatin	NOP		1.1000
	02269295	PMS-Simvastatin	PMS		1.1000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

ATENOLOL & CHLORTHALIDONE

486	50 & 25mg Tab				.4343
	02049961	Tenoretic 50/25	AZC		.6389
	02248763	Apo-Atenidone	APX		.4343
487	100 & 25mg Tab				.7118
	02049988	Tenoretic 100/25	AZC		1.0471
	02248764	Apo-Atenidone	APX		.7118

BENAZEPRIL

488	5mg Tab				.6425	.64
	00885835	Lotensin	NOV		.6425	.64
489	10mg Tab				.7596	.76
	00885843	Lotensin	NOV		.7596	.76
490	20mg Tab				.5460	.55
	00885851	Lotensin	NOV		.8714	.87
	02273918	Apo-Benazepril	APX		.5460	.55

CANDESARTAN CILEXETIL

491	4mg Tab				.6800	
	02239090	Atacand	AZC		.6800	
492	8mg Tab				1.1123	
	02239091	Atacand	AZC		1.1123	
493	16mg Tab				1.1123	
	02239092	Atacand	AZC		1.1123	

CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

494	16mg/12.5mg Tab				1.1117	
	02244021	Atacand Plus	AZC		1.1117	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

CAPTOPRIL

495	12.5mg Tab			.2120	.64
	00695661	Capoten	BQU	.2120	.64
	00893595	Apo-Capto	APX	.2120	.64
	01913824	Nu-Capto	NXP	.2120	.64
	01942964	Novo-Captopril	NOP	.2120	.64
	02163551	Gen-Captopril	GEN	.2120	.64
	02230203	PMS-Captopril	PMS	.2120	.64
	02242788	Captopril	ZYN	.2120	.64
496	25mg Tab			.3000	.90
	00546283	Capoten	BQU	.3000	.90
	00893609	Apo-Capto	APX	.3000	.90
	01913832	Nu-Capto	NXP	.3000	.90
	01942972	Novo-Captopril	NOP	.3000	.90
	02163578	Gen-Captopril	GEN	.3000	.90
	02230204	PMS-Captopril	PMS	.3000	.90
	02242789	Captopril	ZYN	.3000	.90
497	50mg Tab			.5590	1.68
	00546291	Capoten	BQU	.5590	1.68
	00893617	Apo-Capto	APX	.5590	1.68
	01913840	Nu-Capto	NXP	.5590	1.68
	01942980	Novo-Captopril	NOP	.5590	1.68
	02163586	Gen-Captopril	GEN	.5590	1.68
	02230205	PMS-Captopril	PMS	.5590	1.68
	02242790	Captopril	ZYN	.5590	1.68
498	100mg Tab			1.0395	
	00546305	Capoten	BQU	1.0395	
	00893625	Apo-Capto	APX	1.0395	
	01913859	Nu-Capto	NXP	1.0395	
	01942999	Novo-Captopril	NOP	1.0395	
	02163594	Gen-Captopril	GEN	1.0395	
	02230206	PMS-Captopril	PMS	1.0395	
	02242791	Captopril	ZYN	1.0395	

CILAZAPRIL

499	1mg Tab			.2950	
	01911465	Inhibace	HLR	.6107	
	02266350	Novo-Cilazapril	NOP	.2950	
	02280442	PMS-Cilazapril	PMS	.2950	
	02283778	Gen-Cilazapril	GEN	.2950	
	02291134	Apo-Cilazapril	APX	.2950	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

CILAZAPRIL

500	2.5mg Tab				.3400	.34
	01911473	Inhibace	HLR	.7038		.70
	02266369	Novo-Cilazapril	NOP	.3400		.34
	02280450	PMS-Cilazapril	PMS	.3400		.34
	02283786	Gen-Cilazapril	GEN	.3400		.34
	02291142	Apo-Cilazapril	APX	.3400		.34
	02285215	+ Co Cilazapril	COB	.3400		.34
501	5mg Tab				.3950	.40
	01911481	Inhibace	HLR	.8177		.82
	02266377	Novo-Cilazapril	NOP	.3950		.40
	02280469	PMS-Cilazapril	PMS	.3950		.40
	02283794	Gen-Cilazapril	GEN	.3950		.40
	02291150	Apo-Cilazapril	APX	.3950		.40
	02285223	+ Co Cilazapril	COB	.3950		.40

CILAZAPRIL & HYDROCHLOROTHIAZIDE

502	5mg/12.5mg Tab				.3950	
	02181479	Inhibace Plus	HLR	.8175		
	02284987	Apo-Cilazapril/HCTZ	APX	.3950		

CLONIDINE HCL

Note: Significant rebound hypertension can occur after missing even one or two doses; this drug should be avoided in patients with cardiovascular fragility or suspected problems with compliance.

503	0.1mg Tab				.1358	.54
	00259527	Catapres	BOE	.1853		.74
	00868949	Apo-Clonidine	APX	.1358		.54
	01913786	Nu-Clonidine	NXP	.1358		.54
	02046121	Novo-Clonidine	NOP	.1358		.54
504	0.2mg Tab				.2424	.97
	00291889	Catapres	BOE	.3306		1.32
	00868957	Apo-Clonidine	APX	.2424		.97
	01913220	Nu-Clonidine	NXP	.2424		.97
	02046148	Novo-Clonidine	NOP	.2424		.97

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

DOXAZOSIN MESYLATE

505	1mg Tab				.2750	.28
	01958100	Cardura-1	AZC	.5665	.57	
	02240498	Gen-Doxazosin	GEN	.2750	.28	
	02240588	Apo-Doxazosin	APX	.2750	.28	
	02242728	Novo-Doxazosin	NOP	.2750	.28	
	02244527	PMS-Doxazosin	PMS	.2750	.28	
506	2mg Tab				.3300	.33
	01958097	Cardura-2	AZC	.6795	.68	
	02240499	Gen-Doxazosin	GEN	.3300	.33	
	02240589	Apo-Doxazosin	APX	.3300	.33	
	02242729	Novo-Doxazosin	NOP	.3300	.33	
	02244528	PMS-Doxazosin	PMS	.3300	.33	
507	4mg Tab				.4290	.43
	01958119	Cardura-4	AZC	.8835	.88	
	02240500	Gen-Doxazosin	GEN	.4290	.43	
	02240590	Apo-Doxazosin	APX	.4290	.43	
	02242730	Novo-Doxazosin	NOP	.4290	.43	
	02244529	PMS-Doxazosin	PMS	.4290	.43	

ENALAPRIL MALEATE

508	2.5mg Tab				.7233	.72
	00851795	Vasotec	MFC	.7233	.72	
509	5mg Tab				.8557	.86
	00708879	Vasotec	MFC	.8557	.86	
510	10mg Tab				1.0283	1.03
	00670901	Vasotec	MFC	1.0283	1.03	
511	20mg Tab				1.2407	1.24
	00670928	Vasotec	MFC	1.2407	1.24	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

EPROSARTAN MESYLATE

512	400mg Tab 02240432	Teveten	SPH	.6800 .6800	
513	600mg Tab 02243942	Teveten	SPH	1.0200 1.0200	

EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE

514	600mg & 12.5mg Tab 02253631	Teveten Plus	SPH	1.0200 1.0200	
-----	--------------------------------	--------------	-----	-------------------------	--

FELODIPINE

Note: Grapefruit juice or erythromycin triple the blood levels of felodipine and markedly increase both efficacy and adverse effects. Other dihydropyridines are affected to differing degrees by grapefruit juice.

515	2.5mg ER Tab 02057778	Plendil	AZC	.5087 .5087	
516	5mg ER Tab 00851779 02280264	Plendil Sandoz Felodipine	AZC SDZ	.4620 .6797 .4620	.46 .68 .46
517	10mg ER Tab 00851787 02280272	Plendil Sandoz Felodipine	AZC SDZ	.6925 1.0197 .6925	.69 1.02 .69
518	2.5mg SR Tab 02221985	Renedil	SAV	.5070 .5070	
519	5mg SR Tab 02221993 09857203	Renedil Sandoz Felodipine	SAV SDZ	.4620 .6777 .4620	.46 .68 .46
520	10mg SR Tab 02222000 09857204	Renedil Sandoz Felodipine	SAV SDZ	.6925 1.0160 .6925	.69 1.02 .69

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

FOSINOPRIL SODIUM

521	10mg Tab				.3950	.40
	01907107	Monopril	BQU	.8137	.81	
	02242733	Lin-Fosinopril	LON	.3950	.40	
	02247802	Novo-Fosinopril	NOP	.3950	.40	
	02255944	PMS-Fosinopril	PMS	.3950	.40	
	02262401	Gen-Fosinopril	GEN	.3950	.40	
	02266008	Apo-Fosinopril	APX	.3950	.40	
	02275252	Ratio-Fosinopril	RPH	.3950	.40	
522	20mg Tab				.4750	.48
	01907115	Monopril	BQU	.9785	.98	
	02242734	Lin-Fosinopril	LON	.4750	.48	
	02247803	Novo-Fosinopril	NOP	.4750	.48	
	02255952	PMS-Fosinopril	PMS	.4750	.48	
	02262428	Gen-Fosinopril	GEN	.4750	.48	
	02266016	Apo-Fosinopril	APX	.4750	.48	
	02275260	Ratio-Fosinopril	RPH	.4750	.48	

HYDRALAZINE HCL

523	20mg/mL Inj Sol-1mL Pk				11.6500	
	00723754	Apresoline	STE	11.6500		
524	10mg Tab				.1026	.41
	00005525	Apresoline (Not a Benefit)	NOV			
	00441619	Apo-Hydralazine	APX	.1026	.41	
525	25mg Tab				.1644	.66
	00005533	Apresoline (Not a Benefit)	STE			
	00441627	Apo-Hydralazine	APX	.1644	.66	
	00759473	Novo-Hylazin	NOP	.1644	.66	
526	50mg Tab				.2527	1.01
	00005541	Apresoline (Not a Benefit)	NOV			
	00441635	Apo-Hydralazine	APX	.2527	1.01	
	00759481	Novo-Hylazin	NOP	.2527	1.01	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

IRBESARTAN

527	75mg Tab 02237923	Avapro	SAV	1.1424 1.1424
528	150mg Tab 02237924	Avapro	SAV	1.1424 1.1424
529	300mg Tab 02237925	Avapro	SAV	1.1424 1.1424

IRBESARTAN & HYDROCHLOROTHIAZIDE

530	150 & 12.5mg Tab 02241818	Avalide	SAV	1.1424 1.1424
531	300 & 12.5mg Tab 02241819	Avalide	SAV	1.1424 1.1424
532	300 & 25mg Tab 02280213	Avalide	SAV	1.1424 1.1424

LABETALOL HCL

533	100mg Tab 02106272 02243538	Trandate Apo-Labetalol	SHI APX	.1977 .2353 .1977
534	200mg Tab 02106280 02243539	Trandate Apo-Labetalol	SHI APX	.3358 .4161 .3358

LISINAPRIL

535	5mg Tab 00839388 09853685	Prinivil Apo-Lisinopril (Not a Benefit)	MFC APX	.5387 .5387	.54 .54
536	10mg Tab 00839396 09853960	Prinivil Apo-Lisinopril (Not a Benefit)	MFC APX	.6473 .6473	.65 .65
537	20mg Tab 00839418 09854010	Prinivil Apo-Lisinopril (Not a Benefit)	MFC APX	.7780 .7780	.78 .78

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

LISINOPRIL

538	5mg Tab				.5388	.54
	02049333	Zestril	AZC		.5388	.54
	02217481	Apo-Lisinopril (Not a Benefit)	APX			
539	10mg Tab				.6474	.65
	02049376	Zestril	AZC		.6474	.65
	02217503	Apo-Lisinopril (Not a Benefit)	APX			
540	20mg Tab				.7779	.78
	02049384	Zestril	AZC		.7779	.78
	02217511	Apo-Lisinopril (Not a Benefit)	APX			

LISINOPRIL & HYDROCHLOROTHIAZIDE

541	10mg & 12.5mg Tab				.8335	
	02103729	Zestoretic	AZC		.8335	
542	10mg & 12.5mg Tab				.6667	
	02108194	Prinzide	MFC		.6667	
543	20mg & 12.5mg Tab				.8012	
	00884413	Prinzide	MFC		.8012	
544	20mg & 12.5mg Tab				1.0016	
	02045737	Zestoretic	AZC		1.0016	

LOSARTAN POTASSIUM

545	25mg Tab				1.1783	
	02182815	Cozaar	MFC		1.1783	
546	50mg Tab				1.1783	
	02182874	Cozaar	MFC		1.1783	
547	100mg Tab				1.1783	
	02182882	Cozaar	MFC		1.1783	

LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

548	50mg/12.5mg Tab				1.1783	
	02230047	Hyzaar	MFC		1.1783	
549	100mg/25mg Tab				1.1783	
	02241007	Hyzaar DS	MFC		1.1783	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

METHYLDOPA

550	125mg Tab				.0966	.39
	00016551	Aldomet (Not a Benefit)	MSD			
	00360252	Apo-Methyldopa	APX		.0966	.39
551	250mg Tab				.1400	.56
	00016578	Aldomet (Not a Benefit)	MSD			
	00360260	Apo-Methyldopa	APX		.1400	.56
552	500mg Tab				.2479	.50
	00016586	Aldomet (Not a Benefit)	MSD			
	00426830	Apo-Methyldopa	APX		.2479	.50

METHYLDOPA & HYDROCHLOROTHIAZIDE

553	250mg & 15mg Tab				.0678	
	00140589	Aldoril-15 (Not a Benefit)	MSD			
	00441708	# Apo-Methazide-15	APX		.0678	
554	250mg & 25mg Tab				.0701	
	00140597	Aldoril-25 (Not a Benefit)	MSD			
	00441716	# Apo-Methazide-25	APX		.0701	

MINOXIDIL

555	2.5mg Tab				.3288	
	00514497	Loniten	PFI		.3288	
556	10mg Tab				.7250	
	00514500	Loniten	PFI		.7250	

NIFEDIPINE

557	20mg ER Tab				.8382	
	02237618	Adalat XL	BAY		.8382	
558	30mg ER Tab				1.0542	1.05
	02155907	Adalat XL	BAY		1.0542	1.05
559	60mg ER Tab				1.6604	1.66
	02155990	Adalat XL	BAY		1.6604	1.66

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

NIFEDIPINE

560	10mg LA Tab				.2245	.45
	02155885	Adalat PA 10 (Not a Benefit)	BAH			
	02197448	Apo-Nifed PA	APX		.2245	.45
561	20mg LA Tab				.3900	.78
	02155893	Adalat PA 20 (Not a Benefit)	BAH			
	02181525	Apo-Nifed PA	APX		.3900	.78

OXPRENOLOL HCL

562	40mg Tab				.2742	
	00402575	Trasicor	NOV		.2742	
563	80mg Tab				.4154	
	00402583	Trasicor	NOV		.4154	

PERINDOPRIL ERBUMINE

564	2mg Tab				.6000	
	02123274	Coversyl	SEV		.6000	
565	4mg Tab				.7500	
	02123282	Coversyl	SEV		.7500	
566	8mg Tab				1.0500	
	02246624	Coversyl	SEV		1.0500	

PERINDOPRIL ERBUMINE & INDAPAMIDE

567	2mg & 0.625mg Tab				.7900	
	02246568	+ Preterax	SEV		.7900	
568	4mg & 1.25mg Tab				.9400	
	02246569	+ Coversly Plus	SEV		.9400	

PINDOLOL

569	5mg Tab				.2023	.40
	00417270	Visken	NOV		.4701	.94
	00755877	Apo-Pindol	APX		.2023	.40
	00869007	Novo-Pindol	NOP		.2023	.40
	00886149	Nu-Pindol	NXP		.2023	.40
	02057808	Gen-Pindolol	GEN		.2023	.40
	02231536	PMS-Pindolol	PMS		.2023	.40
	02261782	Sandoz Pindolol	SDZ		.2023	.40

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

PINDOLOL

570	10mg Tab				.3490	.70
	00443174	Visken	NOV		.8028	1.61
	00755885	Apo-Pindol	APX		.3490	.70
	00869015	Novo-Pindol	NOP		.3490	.70
	00886009	Nu-Pindol	NXP		.3490	.70
	02057816	Gen-Pindolol	GEN		.3490	.70
	02231537	PMS-Pindolol	PMS		.3490	.70
	02261790	Sandoz Pindolol	SDZ		.3490	.70
571	15mg Tab				.5128	1.03
	00417289	Visken	NOV		1.1646	2.33
	00755893	Apo-Pindol	APX		.5128	1.03
	00869023	Novo-Pindol	NOP		.5128	1.03
	00886130	Nu-Pindol	NXP		.5128	1.03
	02057824	Gen-Pindolol	GEN		.5128	1.03
	02231539	PMS-Pindolol	PMS		.5128	1.03
	02261804	Sandoz Pindolol	SDZ		.5128	1.03

PINDOLOL & HYDROCHLOROTHIAZIDE

572	10mg & 25mg Tab				.7346	
	00568627	Viskazine 10/25	NOV		.7346	
573	10mg & 50mg Tab				.7346	
	00568635	Viskazine 10/50	NOV		.7346	

PRAZOSIN HCL

574	1mg Tab				.1371	.27
	00560952	Minipress	PFI		.2743	.55
	00882801	Apo-Prazo	APX		.1371	.27
	01913794	Nu-Prazo	NXP		.1371	.27
	01934198	Novo-Prazin	NOP		.1371	.27
575	2mg Tab				.1862	.37
	00560960	Minipress	PFI		.3725	.75
	00882828	Apo-Prazo	APX		.1862	.37
	01913808	Nu-Prazo	NXP		.1862	.37
	01934201	Novo-Prazin	NOP		.1862	.37

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

PRAZOSIN HCL

576	5mg Tab				.2560	.51
	00560979	Minipress	PFI	.5121		1.02
	00882836	Apo-Prazo	APX	.2560		.51
	01913816	Nu-Prazo	NXP	.2560		.51
	01934228	Novo-Prazin	NOP	.2560		.51

QUINAPRIL HCL

577	5mg Tab				.8543	.85
	01947664	Accupril	PFI	.8543		.85
578	10mg Tab				.8543	.85
	01947672	Accupril	PFI	.8543		.85
579	20mg Tab				.8543	.85
	01947680	Accupril	PFI	.8543		.85
580	40mg Tab				.8543	.85
	01947699	Accupril	PFI	.8543		.85

QUINAPRIL HCL & HYDROCHLOROTHIAZIDE

581	10mg & 12.5mg Tab				.8543	
	02237367	Accuretic	PFI	.8543		
582	20mg & 12.5mg Tab				.8543	
	02237368	Accuretic	PFI	.8543		
583	20mg & 25mg Tab				.8214	
	02237369	Accuretic	PFI	.8214		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

RAMIPRIL

584	1.25mg Cap				.3250
	02221829	Altace	SAV	.6500	
	02251515	Apo-Ramipril	APX	.3250	
	02287692	Ratio-Ramipril	RPH	.3250	
585	2.5mg Cap				.3750
	02221837	Altace	SAV	.7500	
	02251531	Apo-Ramipril	APX	.3750	
	02287706	Ratio-Ramipril	RPH	.3750	
586	5mg Cap				.3750
	02221845	Altace	SAV	.7500	
	02251574	Apo-Ramipril	APX	.3750	
	02287714	Ratio-Ramipril	RPH	.3750	
587	10mg Cap				.4750
	02221853	Altace	SAV	.9500	
	02251582	Apo-Ramipril	APX	.4750	
	02287722	Ratio-Ramipril	RPH	.4750	

SODIUM NITROPRUSSIDE DIHYDRATE

588	Inj Pd-50mg Pk				14.8700
	00336459	Nipride	MAY	14.8700	

TELMISARTAN

589	40mg Tab				1.1296
	02240769	Micardis	BOE	1.1296	
590	80mg Tab				1.1296
	02240770	Micardis	BOE	1.1296	

TELMISARTAN & HYDROCHLOROTHIAZIDE

591	80mg/12.5mg Tab				1.1296
	02244344	Micardis Plus	BOE	1.1296	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

TERAZOSIN HCL

592	1mg Tab				.2770	.28
	00818658	Hytrin	ABB	.6402	.64	
	02218941	Ratio-Terazosin	RPH	.2770	.28	
	02230805	Novo-Terazosin	NOP	.2770	.28	
	02233047	Nu-Terazosin	NXP	.2770	.28	
	02234502	Apo-Terazosin	APX	.2770	.28	
	02243518	PMS-Terazosin	PMS	.2770	.28	
593	2mg Tab				.3521	.35
	00818682	Hytrin	ABB	.8138	.81	
	02218968	Ratio-Terazosin	RPH	.3521	.35	
	02230806	Novo-Terazosin	NOP	.3521	.35	
	02233048	Nu-Terazosin	NXP	.3521	.35	
	02234503	Apo-Terazosin	APX	.3521	.35	
	02243519	PMS-Terazosin	PMS	.3521	.35	
594	5mg Tab				.4782	.48
	00818666	Hytrin	ABB	1.1052	1.11	
	02218976	Ratio-Terazosin	RPH	.4782	.48	
	02230807	Novo-Terazosin	NOP	.4782	.48	
	02233049	Nu-Terazosin	NXP	.4782	.48	
	02234504	Apo-Terazosin	APX	.4782	.48	
	02243520	PMS-Terazosin	PMS	.4782	.48	
595	10mg Tab				.7000	.70
	00818674	Hytrin	ABB	1.6178	1.62	
	02218984	Ratio-Terazosin	RPH	.7000	.70	
	02230808	Novo-Terazosin	NOP	.7000	.70	
	02233050	Nu-Terazosin	NXP	.7000	.70	
	02234505	Apo-Terazosin	APX	.7000	.70	
	02243521	PMS-Terazosin	PMS	.7000	.70	

TRANDOLAPRIL

596	1mg Cap				.6700	
	02231459	Mavik	ABB	.6700		
597	2mg Cap				.7700	
	02231460	Mavik	ABB	.7700		
598	4mg Cap				.9500	
	02239267	Mavik	ABB	.9500		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

VALSARTAN

599	80mg Tab 02244781	Diovan	NOV	1.1121 1.1121
600	160mg Tab 02244782	Diovan	NOV	1.1121 1.1121

VALSARTAN & HYDROCHLOROTHIAZIDE

601	80mg/12.5mg Tab 02241900	Diovan-HCT	NOV	1.1121 1.1121
602	160mg/12.5mg Tab 02241901	Diovan-HCT	NOV	1.1121 1.1121
603	160mg/25mg Tab 02246955	Diovan-HCT	NOV	1.1121 1.1121

VERAPAMIL HCL

604	180mg LA Tab 01934317	Isoptin SR	ABB	.5204 .52 1.3276 1.33
	02210355	Gen-Verapamil SR	GEN	.5204 .52
	02246894	Apo-Verap SR	APX	.5204 .52
605	240mg LA Tab 00742554	Isoptin SR	ABB	.6940 .69 1.7704 1.77
	02210363	Gen-Verapamil SR	GEN	.6940 .69
	02211920	Novo-Veramil SR	NOP	.6940 .69
	02237791	PMS-Verapamil SR	PMS	.6940 .69
	02246895	Apo-Verap SR	APX	.6940 .69
606	180mg SR Tab 02231676	Covera-HS	PFI	.8112 .81 .8112 .81
607	240mg SR Tab 02231677	Covera-HS	PFI	.9069 .91 .9069 .91

Note: Covera-HS (verapamil HCL) is a dosage form designed to deliver peak verapamil levels in the morning. Accordingly, Covera-HS should be administered once daily at bedtime.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

Note: Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

608	200mg/25mg Cap 02242119	Aggrenox	BOE	.8230 .8230
	Reason for Use Code 349	Clinical criteria For the secondary prevention of stroke.		
		LU Authorization Period: Indefinite.		

ISOSORBIDE DINITRATE

609	20mg LA Tab 00740721 00786683	Cedocard SR (Not a Benefit) Coradur-SR (Not a Benefit)	PMS GLA	
610	5mg SL Tab 00670944 02042606	Apo-ISDN Isordil (Not a Benefit)	APX WAY	.0600 .0600
611	10mg Tab 00441686 02042622	Apo-ISDN Isordil (Not a Benefit)	APX WAY	.0357 .0357
612	30mg Tab 00441694 02042614	Apo-ISDN Isordil (Not a Benefit)	APX WAY	.0837 .0837

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

Note: Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

NIMODIPINE

613	30mg SG Cap 02155923	Nimotop	BAY	5.9209 5.9209
	Reason for Use Code	Clinical criteria		
	42	As adjunctive therapy to improve the neurologic outcome following subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage). LU Authorization Period: 1 year.		
	43	As prophylaxis of ischemia if surgery is delayed. LU Authorization Period: 1 year.		

NITROGLYCERIN

614	2% Oint 01926454	Nitrol	SQI	.5905 .5905
615	0.4mg/Hr/20 Sq Cm Patch 00852384	Transderm-Nitro	NOV	.6593 .6593
616	0.4mg/Hr/20 Sq Cm Patch 01911902	Nitro-Dur	SCH	.6400 .6400
617	0.6mg/Hr/30 Sq Cm Patch 02046156	Transderm-Nitro	NOV	.6593 .6593
618	0.6mg/Hr/30 Sq Cm Patch 01911929	Nitro-Dur	SCH	.6400 .6400
619	0.4mg/Hr/13.3 Sq Cm Patch 02163527	Minitran	MMH	.6593 .6593
620	0.4mg/Hr/14 Sq Cm Patch 02230733	Trinipatch	NOV	.6400 .6400

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

Note: Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

NITROGLYCERIN

621	0.6mg/Hr/20 Sq Cm Patch 02163535	Minitran	MMH		.6597 .6597
622	0.6mg/Hr/21 Sq Cm Patch 02230734	Trinipatch	NOV		.6400 .6400
623	0.3mg SL Tab 00037613	Nitrostat	PFI		.0278 .0278
624	*0.6mg SL Tab 00037621	Nitrostat	PFI		.0289 .0289
625	0.4mg/Metered Dose 01926721	Spray-200 Dose Pk Nitrolingual (Not a Benefit)	AVE		8.4600
	02243588	Gen-Nitro SL	GEN		8.4600
626	0.4mg/Metered Dose 02231441	Spray-200 Dose Pk Nitrolingual Pump Spray	SAV		12.0900 12.0900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

ACETYLSALICYLIC ACID

627	*325mg Ent Tab				.0280
	00010332	Entrophen	PEN		.0280
	00216666	Novasen (Not a Benefit)	NOP		
628	*650mg Ent Tab				.0862
	00010340	Entrophen	PEN		.0862
	00229296	Novasen (Not a Benefit)	NOP		
629	*325mg Tab				.0585
	00036145	ASA (Not a Benefit)	RPR		
	00040851	ASA	PMS		.0585

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

CELECOXIB

630	100mg Cap 02239941	Celebrex	PFI	.6500 .6500
631	200mg Cap 02239942	Celebrex	PFI	1.3000 1.3000
	Reason for Use Code	Clinical criteria		
	316	Osteoarthritis For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS. NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg. LU Authorization Period: 1 year.		
	317	Rheumatoid arthritis For patients who have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS. NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

DICLOFENAC SODIUM

632	25mg Ent Tab				.1902
	00514004	Voltaren (Not a Benefit)	GEI		
	00808539	Novo-Difenac	NOP		.1902
	00839175	Apo-Diclo	APX		.1902
	00886017	Nu-Diclo	NXP		.1902
	02231502	PMS-Diclofenac	PMS		.1902
633	50mg Ent Tab				.3125
	00514012	Voltaren	NOV		.7132
	00808547	Novo-Difenac	NOP		.3125
	00839183	Apo-Diclo	APX		.3125
	00886025	Nu-Diclo	NXP		.3125
	02231503	PMS-Diclofenac	PMS		.3125
634	75mg LA Tab				.5706
	00782459	Voltaren SR (Not a Benefit)	NOV		
	02158582	Novo-Difenac SR	NOP		.5706
	02162814	Apo-Diclo SR	APX		.5706
	02228203	Nu-Diclo-SR	NXP		.5706
	02231504	PMS-Diclofenac-SR	PMS		.5706
635	100mg LA Tab				.7874
	00590827	Voltaren SR (Not a Benefit)	NOV		
	02048698	Novo-Difenac SR	NOP		.7874
	02091194	Apo-Diclo SR	APX		.7874
	02228211	Nu-Diclo-SR	NXP		.7874
	02231505	PMS-Diclofenac-SR	PMS		.7874

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

DICLOFENAC SODIUM

636	50mg Sup				.4950
	00632724	Voltaren		NOV	1.0707
	02231506	PMS-Diclofenac		PMS	.4950
	02241224	Sab-Diclofenac		SDZ	.4950
637	100mg Sup				.6665
	00632732	Voltaren		NOV	1.4417
	02231508	PMS-Diclofenac		PMS	.6665
	02241225	Sab-Diclofenac		SDZ	.6665

DICLOFENAC SODIUM & MISOPROSTOL

638	50mg & 200mcg Tab				.5762
	01917056	Arthrotec 50		PFI	.5762
639	75mg & 200mcg Tab				.7842
	02229837	Arthrotec 75		PFI	.7842

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

DIFLUNISAL

640	250mg Tab			.2824
	00587699	Dolobid (Not a Benefit)	FRS	
	02039486	Apo-Diflunisal	APX	.2824
	02048493	Novo-Diflunisal	NOP	.2824
641	500mg Tab			.5180
	00576131	Dolobid (Not a Benefit)	FRS	
	02039494	Apo-Diflunisal	APX	.5180
	02048507	Novo-Diflunisal	NOP	.5180

FLOCTAFENINE

642	200mg Tab			.4032
	02017628	Idarac (Not a Benefit)	SAO	
	02244680	Apo-Floctafenine	APX	.4032
643	400mg Tab			.7845
	02017636	Idarac (Not a Benefit)	SAO	
	02244681	Apo-Floctafenine	APX	.7845

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

FLURBIPROFEN

644	50mg Tab				.3710
	02223066	Froben	ABB		.3710
645	50mg Tab				.2221
	00647942	Ansaid	PFI		.5124
	01912046	Apo-Flurbiprofen	APX		.2221
	02020661	Nu-Flurbiprofen	NXP		.2221
	02100509	Novo-Flurprofen	NOP		.2221
646	100mg Tab				.3039
	00600792	Ansaid	PFI		.6708
	01912038	Apo-Flurbiprofen	APX		.3039
	02020688	Nu-Flurbiprofen	NXP		.3039
	02100517	Novo-Flurprofen	NOP		.3039

IBUPROFEN

647	200mg Tab				.0243
	00252409	Motrin (Not a Benefit)	UPJ		
	00441643	Apo-Ibuprofen	APX		.0243
	00629324	Novo-Profen	NOP		.0243

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

IBUPROFEN

648	300mg Tab			.0284
	00327794	Motrin (Not a Benefit)	UPJ	
	00441651	Apo-Ibuprofen	APX	.0284
649	400mg Tab			.0372
	00364142	Motrin	UPJ	.1871
	00506052	Apo-Ibuprofen	APX	.0372
	00629340	Novo-Profen	NOP	.0372
650	600mg Tab			.0465
	00484911	Motrin (Not a Benefit)	UPJ	
	00585114	Apo-Ibuprofen	APX	.0465
	00629359	Novo-Profen	NOP	.0465

INDOMETHACIN

651	25mg Cap			.0871
	00016039	Indocid (Not a Benefit)	MSD	
	00337420	Novo-Methacin	NOP	.0871
	00611158	Apo-Indomethacin	APX	.0871
	00865850	Nu-Indo	NXP	.0871

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

INDOMETHACIN

652	50mg Cap				.1511
	00016047	Indocid (Not a Benefit)	MSD		
	00337439	Novo-Methacin	NOP	.1511	
	00611166	Apo-Indomethacin	APX	.1511	
	00865869	Nu-Indo	NXP	.1511	
653	50mg Sup				.8020
	00594466	Indocid (Not a Benefit)	MSD		
	02231799	Sab-Indomethacin	SDZ	.8020	
654	100mg Sup				.8919
	00016233	Indocid (Not a Benefit)	MSD		
	01934139	Ratio-Indomethacin	RPH	.8919	
	02231800	Sab-Indomethacin	SDZ	.8919	

KETOPROFEN

655	50mg Cap				.1662
	00790427	Apo-Keto	APX	.1662	
	01926403	Orudis (Not a Benefit)	RPP		
	02150808	PMS-Ketoprofen	PMS	.1662	
656	50mg Ent Tab				.1662
	00790435	Apo-Keto-E	APX	.1662	
	01926381	Orudis E-50 (Not a Benefit)	RPP		
	02150816	PMS-Ketoprofen E-50	PMS	.1662	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

KETOPROFEN

657	100mg Ent Tab			.3078
	00761680	Rhodis-EC	SAV	.3078
	00842664	Apo-Keto-E	APX	.3078
	01926365	Orudis E-100 (Not a Benefit)	RPP	
	02150824	PMS-Ketoprofen E-100	PMS	.3078
658	200mg LA Tab			.6156
	01926373	Orudis SR-200 (Not a Benefit)	RPP	
	02172577	Apo-Keto SR	APX	.6156
659	100mg Sup			.9930
	01926411	Orudis (Not a Benefit)	AVE	
	02015951	PMS-Ketoprofen	PMS	.9930

MEFENAMIC ACID

660	250mg Cap			.2626
	00155225	Ponstan (Not a Benefit)	PFI	
	02229452	Apo-Mefenamic	APX	.2626
	02229569	Nu-Mefenamic	NXP	.2626
	02231208	PMS-Mefenamic Acid	PMS	.2626

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

MELOXICAM

661	7.5mg Tab				.3900
	02242785	Mobicox	BOE	.8011	
	02247889	Ratio-Meloxicam	RPH	.3900	
	02248267	PMS-Meloxicam	PMS	.3900	
	02248973	Apo-Meloxicam	APX	.3900	
	02250012	Co-Meloxicam	COB	.3900	
	02255987	Gen-Meloxicam	GEN	.3900	
	02258315	Novo-Meloxicam	NOP	.3900	
662	15mg Tab				.4500
	02242786	Mobicox	BOE	.9243	
	02248031	Ratio-Meloxicam	RPH	.4500	
	02248268	PMS-Meloxicam	PMS	.4500	
	02248974	Apo-Meloxicam	APX	.4500	
	02250020	Co-Meloxicam	COB	.4500	
	02255995	Gen-Meloxicam	GEN	.4500	
	02258323	Novo-Meloxicam	NOP	.4500	

NAPROXEN

663	25mg/mL O/L				.0601
	02162431	Naprosyn	HLR	.0601	
664	750mg SR Tab				.7604
	02162466	Naprosyn SR (Not a Benefit)	HLR		
	02177072	Apo-Naproxen SR	APX	.7604	
	02231327	Novo-Naprox	NOP	.7604	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

NAPROXEN

665	500mg Sup			.4775
	02017237	PMS-Naproxen	PMS	.4775
	02162458	Naprosyn (Not a Benefit)	HLR	
	02230477	Naproxen	SDZ	.4775
666	125mg Tab			.0763
	00299413	Naprosyn (Not a Benefit)	SYN	
	00522678	Apo-Naproxen	APX	.0763
667	250mg Tab			.1068
	00522651	Apo-Naproxen	APX	.1068
	00565350	Novo-Naprox	NOP	.1068
	00865648	Nu-Naprox	NXP	.1068
	02162474	Naprosyn (Not a Benefit)	HLR	
668	375mg Tab			.1458
	00600806	Apo-Naproxen	APX	.1458
	00627097	Novo-Naprox	NOP	.1458
	00865656	Nu-Naprox	NXP	.1458
	02162482	Naprosyn (Not a Benefit)	HLR	
669	500mg Tab			.2110
	00589861	Novo-Naprox	NOP	.2110
	00592277	Apo-Naproxen	APX	.2110
	00865664	Nu-Naprox	NXP	.2110
	02162490	Naprosyn (Not a Benefit)	HLR	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

PIROXICAM

670	10mg Cap				.4147
	00525596	Feldene (Not a Benefit)	PFI		
	00642886	Apo-Piroxicam	APX	.4147	
	00695718	Novo-Pirocam	NOP	.4147	
	00836249	PMS-Piroxicam	PMS	.4147	
	00865761	Nu-Pirox	NXP	.4147	
	02171813	Gen-Piroxicam	GEN	.4147	
671	20mg Cap				.7158
	00525618	Feldene (Not a Benefit)	PFI		
	00642894	Apo-Piroxicam	APX	.7158	
	00695696	Novo-Pirocam	NOP	.7158	
	00836230	PMS-Piroxicam	PMS	.7158	
	00865788	Nu-Pirox	NXP	.7158	
	02171821	Gen-Piroxicam	GEN	.7158	
672	10mg Sup				.7410
	00632708	Feldene (Not a Benefit)	PFI		
	02154420	PMS-Piroxicam	PMS	.7410	
673	20mg Sup				1.6460
	00632716	Feldene (Not a Benefit)	PFI		
	02154463	PMS-Piroxicam	PMS	1.6460	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

SULINDAC

674	150mg Tab				.3824
	00456888	Clinoril (Not a Benefit)	FRS		
	00745588	Novo-Sundac	NOP		.3824
	00778354	Apo-Sulin	APX		.3824
	02042576	Nu-Sulindac	NXP		.3824
675	200mg Tab				.4840
	00432369	Clinoril (Not a Benefit)	FRS		
	00745596	Novo-Sundac	NOP		.4840
	00778362	Apo-Sulin	APX		.4840
	02042584	Nu-Sulindac	NXP		.4840

TIAPROFENIC ACID

676	200mg Tab				.3437
	01989782	Surgam (Not a Benefit)	HRU		
	02136112	Apo-Tiaprofenic	APX		.3437
	02179679	Novo-Tiaprofenic	NOP		.3437
	02230827	PMS-Tiaprofenic	PMS		.3437
677	300mg Tab				.3258
	02136120	Apo-Tiaprofenic	APX		.3258
	02179687	Novo-Tiaprofenic	NOP		.3258
	02221950	Surgam	SAV		.7183
	02230828	PMS-Tiaprofenic	PMS		.3258

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

ACETAMINOPHEN & CODEINE PHOSPHATE

678	160mg & 8mg/5mL O/L				.0586
	00816027	PMS-Acetaminophen With Codeine	PMS		.0586
	02163942	Tylenol With Codeine (Not a Benefit)	JNO		
679	300mg & 30mg Tab				.1300
	00608882	Ratio-Emtec	RPH		.1300
	00666130	Empracet-30 (Not a Benefit)	BWE		
680	300mg & 60mg Tab				.1384
	00621463	Ratio-Lenoltec No.4	RPH		.1384
	00666149	Empracet-60 (Not a Benefit)	BWE		
	02163918	Tylenol No.4	JNO		.1384

ACETAMINOPHEN COMPOUND WITH CODEINE

681	15mg Tab				.0476
	00293504	Atasol-15 (Not a Benefit)	HOR		
	00653241	Ratio-Lenoltec No.2	RPH		.0476
	02163934	Tylenol No.2	JNO		.0476
682	30mg Tab				.0524
	00293512	Atasol-30 (Not a Benefit)	HOR		
	00653276	Ratio-Lenoltec No.3	RPH		.0524
	02163926	Tylenol No.3	JNO		.0524

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

683	30mg Tab				.1000
	02238645	292	PEN		.1000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

CODEINE PHOSPHATE

684	5mg/mL O/L 00779474	Ratio-Codeine	RPH	.0196 .0196
685	15mg Tab 00593435 00779458	Ratio-Codeine Codeine	RPH ROG	.0542 .0542 .0542
686	30mg Tab 00593451	Ratio-Codeine	RPH	.0773 .0773

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

687	50mg CR Tab 02230302	Codeine Contin	PFP	.2932 .2932
688	100mg CR Tab 02163748	Codeine Contin	PFP	.5862 .5862
689	150mg CR Tab 02163780	Codeine Contin	PFP	.8860 .8860
690	200mg CR Tab 02163799	Codeine Contin	PFP	1.1728 1.1728

Reason for Use Code

201

Clinical criteria

For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

FENTANYL TRANSDERMAL SYSTEM

691	25mcg/hr Trans Patch				4.2500
	01937383	Duragesic 25	JNO	9.4800	
	02249391	Ran-Fentanyl	RAN	4.2500	
	02282941	Ratio-Fentanyl	RPH	4.2500	
692	50mcg/hr Trans Patch				8.0000
	01937391	Duragesic 50	JNO	17.8400	
	02249413	Ran-Fentanyl	RAN	8.0000	
	02282968	Ratio-Fentanyl	RPH	8.0000	
693	75mcg/hr Trans Patch				11.2500
	01937405	Duragesic 75	JNO	25.0900	
	02249421	Ran-Fentanyl	RAN	11.2500	
	02282976	Ratio-Fentanyl	RPH	11.2500	
694	100mcg/hr Trans Patch				14.0000
	01937413	Duragesic 100	JNO	31.2300	
	02249448	Ran-Fentanyl	RAN	14.0000	
	02282984	Ratio-Fentanyl	RPH	14.0000	
	Reason for Use Code	Clinical criteria			
	201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.			
		LU Authorization Period: 1 year.			

HYDROMORPHONE HCL

695	3mg CR Cap				.6254
	02125323	Hydromorph Contin	PFP	.6254	
696	6mg CR Cap				.9382
	02125331	Hydromorph Contin	PFP	.9382	
697	12mg CR Cap				1.6262
	02125366	Hydromorph Contin	PFP	1.6262	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

HYDROMORPHONE HCL

698	18mg CR Cap 02243562	Hydromorph Contin	PFP	2.3454 2.3454
699	24mg CR Cap 02125382	Hydromorph Contin	PFP	3.0024 3.0024
700	30mg CR Cap 02125390	Hydromorph Contin	PFP	3.5964 3.5964
701	20mg/mL Inj 02145936	Hydromorphone HP-20	SDZ	3.6680 3.6680
	02146118	Dilaudid-HP-Plus	ABB	3.6680
702	2mg/mL Inj Sol-1mL Pk 00627100	Dilaudid	ABB	.9450 .9500
	02145901	Hydromorphone	SDZ	.9450
703	10mg/mL Inj Sol-1mL Pk 00622133	Dilaudid-HP	ABB	2.3380 2.3380
	02145928	Hydromorphone HP-10	SDZ	2.3380
704	50mg/mL Inj-1mL Pk 02145863	Dilaudid-XP	ABB	9.7335 9.7335
	02146126	Hydromorphone HP-50	SDZ	9.7335
705	1mg/mL Oral Sol 00786535	Dilaudid	ABB	.0652 .0931
	01916386	PMS-Hydromorphone	PMS	.0652
706	250mg Pd Vial Pk 02085895	Dilaudid Sterile Powder	ABB	67.5750 67.5750
707	3mg Sup 00125105	Dilaudid	ABB	2.6000 2.6000
708	1mg Tab 00705438	Dilaudid	ABB	.0959 .0959
	00885444	PMS-Hydromorphone	PMS	.0959

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

HYDROMORPHONE HCL

709	2mg Tab				.1417
	00125083	Dilaudid	ABB		.1417
	00885436	PMS-Hydromorphone	PMS		.1417
710	4mg Tab				.2240
	00125121	Dilaudid	ABB		.2240
	00885401	PMS-Hydromorphone	PMS		.2240
711	8mg Tab				.3528
	00786543	Dilaudid	ABB		.3528
	00885428	PMS-Hydromorphone	PMS		.3528

MEPERIDINE HCL

712	50mg Tab				.1086
	02138018	Demerol	SAV		.1086
	Reason for Use Code	Clinical criteria			
	270	Limited to 2 weeks supply for acute pain.			
		LU Authorization Period: 1 year.			

MORPHINE HCL

713	1mg/mL O/L				.0200
	00486582	M.O.S. (Not a Benefit)	VAL		
	00607762	Ratio-Morphine	RPH		.0200
714	5mg/mL O/L				.0842
	00514217	M.O.S.	VAL		.0842
	00607770	Ratio-Morphine	RPH		.0842
715	10mg/mL O/L				.1838
	00632503	M.O.S.	VAL		.1838
	00690783	Ratio-Morphine	RPH		.1838

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

MORPHINE HCL

716	20mg/mL O/L 00632481 00690791	M.O.S. Ratio-Morphine	VAL RPH	.5240 .5240 .5241
717	50mg/mL O/L 00690236	M.O.S. Conc 50	VAL	1.2426 1.2426
718	10mg Tab 00690198	M.O.S.-10	VAL	.1700 .1700
719	20mg Tab 00690201	M.O.S.-20	VAL	.3243 .3243
720	40mg Tab 00690228	M.O.S.-40	VAL	.4214 .4214
721	60mg Tab 00690244	M.O.S.-60	VAL	.5851 .5851

MORPHINE SULFATE

722	10mg ER Cap 02019930	M-Eslon	ETH	.2900 .2900
723	15mg ER Cap 02177749	M-Eslon	ETH	.3350 .3350
724	30mg ER Cap 02019949	M-Eslon	ETH	.5000 .5000
725	60mg ER Cap 02019957	M-Eslon	ETH	.8875 .8875
726	100mg ER Cap 02019965	M-Eslon	ETH	1.9100 1.9100
727	200mg ER Cap 02177757	M-Eslon	ETH	3.8198 3.8198

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

MORPHINE SULFATE

728	15mg/mL Inj Sol Amp				.9000
	00392561	Morphine Sulfate	SDZ		.9000
	00850330	Morphine Sulfate Injection USP (Not a Benefit)	ABB		
729	50mg/mL Inj Sol-1mL Pk				3.1400
	00617288	Morphine HP-50	SDZ		3.1400
730	1mg/mL O/L				.0200
	00591467	Statex	PMS		.0200
731	5mg/mL O/L				.0803
	00591475	Statex	PMS		.0803
732	20mg/mL Oral Drops				.3857
	00621935	Statex	PMS		.3857
733	10mg SR Cap				.3400
	02242163	Kadian	ABB		.3400
734	20mg SR Cap				.6800
	02184435	Kadian	ABB		.6800
735	50mg SR Cap				1.2500
	02184443	Kadian	ABB		1.2500
736	100mg SR Cap				2.1800
	02184451	Kadian	ABB		2.1800
737	15mg SR Tab				.2977
	02015439	MS Contin	PFP		.6362
	02244790	Ratio-Morphine SR	RPH		.2977
	02245284	PMS-Morphine Sulfate	PMS		.2977
738	30mg SR Tab				.4495
	02014297	MS Contin	PFP		.9606
	02244791	Ratio-Morphine SR	RPH		.4495
	02245285	PMS-Morphine Sulfate	PMS		.4495

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

MORPHINE SULFATE

739	60mg SR Tab				.7924
	02014300	MS Contin	PFP		1.6934
	02244792	Ratio-Morphine SR	RPH		.7924
	02245286	PMS-Morphine Sulfate	PMS		.7924
740	100mg SR Tab				2.5818
	02014319	MS Contin	PFP		2.5818
741	200mg SR Tab				4.7998
	02014327	MS Contin	PFP		4.7998
742	20mg Tab				.3226
	02014238	MS-IR	PFP		.3226
743	30mg Tab				.4142
	02014254	MS-IR	PFP		.4142
744	5mg Tab				.1100
	00594652	Statex	PMS		.1100
745	10mg Tab				.1700
	00594644	Statex	PMS		.1700
746	25mg Tab				.2250
	00594636	Statex	PMS		.2250
747	50mg Tab				.3450
	00675962	Statex	PMS		.3450

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

OXYCODONE HCL

748	10mg SR Tab 02202441	Oxycontin	PFP	.8340 .8340
749	20mg SR Tab 02202468	Oxycontin	PFP	1.2508 1.2508
750	40mg SR Tab 02202476	Oxycontin	PFP	2.1682 2.1682
751	80mg SR Tab 02202484	Oxycontin	PFP	4.0028 4.0028
	Reason for Use Code	Clinical criteria		
	201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.		
		LU Authorization Period: 1 year.		

OXYCODONE HCL & ACETAMINOPHEN

752	5mg & 325mg Tab			.1285
	00580201	Percocet (Not a Benefit)	BQU	
	00608165	Ratio-Oxycocet	RPH	.1995
	01916548	Endocet	BQU	.1285

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

OXYCODONE HCL & ACETYLSALICYLIC ACID

753	5mg & 325mg Tab				.1116
	00580236	Percodan (Not a Benefit)	BQU		
	00608157	Ratio-Oxycodan	RPH		.2576
	01916483	Endodan	BQU		.1116

28:08:92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

754	80mg/mL O/L				.1197
	00631353	Atasol (Not a Benefit)	HOR		
	00642401	Tempra (Not a Benefit)	MJS		
	02027801	Pediatrix	RPH		.1197
755	120mg Sup				.5367
	01919385	Abenol (Not a Benefit)	PEN		
	02230434	ACET 120	PMS		.5367
756	325mg Sup				.6625
	01919393	Abenol (Not a Benefit)	PEN		
	02230436	ACET 325	PMS		.6625
757	650mg Sup				.7608
	01919407	Abenol (Not a Benefit)	PEN		
	02230437	ACET 650	PMS		.7608
758	*325mg Tab				.0114
	00293482	Atasol (Not a Benefit)	HOR		
	00389218	Novo-Gesic	NOP		.0114
	00544981	Apo-Acetaminophen	APX		.0114
	00589241	Acetaminophen	DPC		.0114
	01928260	Panadol	STH		.0344

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

759	*500mg Tab				.0149
	00013668	Atasol Forte (Not a Benefit)	HOR		
	00482323	Novo-Gesic Forte	NOP		.0149
	00545007	Apo-Acetaminophen	APX		.0149
	00589233	Acetaminophen Extra Strength	DPC		.0149

28:12:00 ANTICONVULSANTS

CARBAMAZEPINE

760	100mg Chew Tab				.0612
	00369810	Tegretol	NOV		.1337
	02231542	PMS-Carbamazepine	PMS		.0612
	02244403	Taro-Carbamazepine	TAR		.0612
	02261855	Sandoz Carbamazepine Chewtabs	SDZ		.0612
761	200mg Chew Tab				.1207
	00665088	Tegretol	NOV		.2637
	02231540	PMS-Carbamazepine	PMS		.1207
	02244404	Taro-Carbamazepine	TAR		.1207
	02261863	Sandoz Carbamazepine Chewtabs	SDZ		.1207

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

CARBAMAZEPINE

762	200mg LA Tab				.1498
	00773611	Tegretol CR	NOV		.3274
	02231543	PMS-Carbamazepine CR	PMS		.1498
	02241882	Gen-Carbamazepine CR	GEN		.1498
	02242908	Apo-Carbamazepine CR	APX		.1887
	02261839	Sandoz Carbamazepine CR	SDZ		.1498
763	400mg LA Tab				.2996
	00755583	Tegretol CR	NOV		.6548
	02231544	PMS-Carbamazepine CR	PMS		.2996
	02241883	Gen-Carbamazepine CR	GEN		.2996
	02242909	Apo-Carbamazepine CR	APX		.3774
	02261847	Sandoz Carbamazepine CR	SDZ		.2996
	Reason for Use Code	Clinical criteria			
	67	For patients who have been tried on conventional carbamazepine with unsatisfactory results due to adverse effects or poor control of symptoms.			
		LU Authorization Period: Indefinite.			

764	100mg/5mL Oral Susp				.0631
	02194333	Tegretol	NOV		.0631
765	200mg Tab				.0795
	00010405	Tegretol (Not a Benefit)	NOV		
	00402699	Apo-Carbamazepine	APX		.0795
	00782718	Novo-Carbamaz	NOP		.0795
	02042568	Nu-Carbamazepine	NXP		.0795

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

CLOBAZAM

766	10mg Tab				.1709
	02221799	Frisium	PEN	.4393	
	02238334	Novo-Clobazam	NOP	.1709	
	02238797	Ratio-Clobazam	RPH	.1709	
	02244474	PMS-Clobazam	PMS	.1709	
	02244638	Apo-Clobazam	APX	.1709	
	Reason for Use Code	Clinical criteria			
	23	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients will become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			
		LU Authorization Period: Indefinite.			

CLONAZEPAM

767	0.5mg Tab				.0925
	00382825	Rivotril	HLR	.1943	
	02048701	PMS-Clonazepam	PMS	.0925	
	02103656	Ratio-Clonazepam	RPH	.0925	
	02173344	Nu-Clonazepam	NXP	.0925	
	02177889	Apo-Clonazepam	APX	.0925	
	02207818	PMS-Clonazepam-R	PMS	.0925	
	02230950	Gen-Clonazepam	GEN	.0925	
	02233960	Sandoz Clonazepam	SDZ	.0925	
	02239024	Novo-Clonazepam	NOP	.0925	
	02270641	Co Clonazepam	COB	.0925	
768	2mg Tab				.1595
	00382841	Rivotril	HLR	.3350	
	02048736	PMS-Clonazepam	PMS	.1595	
	02103737	Ratio-Clonazepam	RPH	.1595	
	02173352	Nu-Clonazepam	NXP	.1595	
	02177897	Apo-Clonazepam	APX	.1595	
	02230951	Gen-Clonazepam	GEN	.1595	
	02233985	Sandoz Clonazepam	SDZ	.1595	
	02239025	Novo-Clonazepam	NOP	.1595	
	02270676	Co Clonazepam	COB	.1595	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

DIVALPROEX SODIUM

769	125mg Ent Tab				.1093
	00596418	Epival	ABB	.2526	
	02239517	Nu-Divalproex	NXP	.1093	
	02239698	Apo-Divalproex	APX	.1093	
	02239701	Novo-Divalproex	NOP	.1093	
	02244138	PMS-Divalproex	PMS	.1093	
	02265133	Gen-Divalproex	GEN	.1093	
770	250mg Ent Tab				.1964
	00596426	Epival	ABB	.4539	
	02239518	Nu-Divalproex	NXP	.1964	
	02239699	Apo-Divalproex	APX	.1964	
	02239702	Novo-Divalproex	NOP	.1964	
	02244139	PMS-Divalproex	PMS	.1964	
	02265141	Gen-Divalproex	GEN	.1964	
771	500mg Ent Tab				.3931
	00596434	Epival	ABB	.9084	
	02239519	Nu-Divalproex	NXP	.3931	
	02239700	Apo-Divalproex	APX	.3931	
	02239703	Novo-Divalproex	NOP	.3931	
	02244140	PMS-Divalproex	PMS	.3931	
	02265168	Gen-Divalproex	GEN	.3931	

ETHOSUXIMIDE

772	250mg Cap				.3100
	00022799	Zarontin	ERF	.3100	
773	50mg/mL O/L				.0620
	00023485	Zarontin	ERF	.0620	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

GABAPENTIN

774	100mg Cap				.2000
	02084260	Neurontin	PFI	.4160	
	02243446	PMS-Gabapentin	PMS	.2000	
	02244304	Apo-Gabapentin	APX	.2000	
	02244513	Novo-Gabapentin	NOP	.2000	
	02248259	Gen-Gabapentin	GEN	.2000	
	02256142	Co-Gabapentin	COB	.2000	
	02260883	Ratio-Gabapentin	RPH	.2000	
775	300mg Cap				.4865
	02084279	Neurontin	PFI	1.0119	
	02243447	PMS-Gabapentin	PMS	.4865	
	02244305	Apo-Gabapentin	APX	.4865	
	02244514	Novo-Gabapentin	NOP	.4865	
	02248260	Gen-Gabapentin	GEN	.4865	
	02256150	Co-Gabapentin	COB	.4865	
	02260891	Ratio-Gabapentin	RPH	.4865	
	02273853	Gabapentin	GEN	.4865	
776	400mg Cap				.5798
	02084287	Neurontin	PFI	1.2059	
	02243448	PMS-Gabapentin	PMS	.5798	
	02244306	Apo-Gabapentin	APX	.5798	
	02244515	Novo-Gabapentin	NOP	.5798	
	02248261	Gen-Gabapentin	GEN	.5798	
	02256169	Co-Gabapentin	COB	.5798	
	02260905	Ratio-Gabapentin	RPH	.5798	
	Reason for Use Code	Clinical criteria			
	136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

LAMOTRIGINE

777	25mg Tab				.1658
	02142082	Lamictal	GSK		.3497
	02243352	Ratio-Lamotrigine	RPH		.1658
	02245208	Apo-Lamotrigine	APX		.1658
	02246897	PMS-Lamotrigine	PMS		.1658
	02248232	Novo-Lamotrigine	NOP		.1658
	02265494	Gen-Lamotrigine	GEN		.1658
778	100mg Tab				.6630
	02142104	Lamictal	GSK		1.3960
	02243353	Ratio-Lamotrigine	RPH		.6630
	02245209	Apo-Lamotrigine	APX		.6630
	02246898	PMS-Lamotrigine	PMS		.6630
	02248233	Novo-Lamotrigine	NOP		.6630
	02265508	Gen-Lamotrigine	GEN		.6630
779	150mg Tab				.9945
	02142112	Lamictal	GSK		2.1060
	02245210	Apo-Lamotrigine	APX		.9945
	02246899	PMS-Lamotrigine	PMS		.9945
	02246963	Ratio-Lamotrigine	RPH		.9945
	02248234	Novo-Lamotrigine	NOP		.9945
	02265516	Gen-Lamotrigine	GEN		.9945
	Reason for Use Code	Clinical criteria			
	136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			
		LU Authorization Period: Indefinite.			

METHSUXIMIDE

780	300mg Cap				.3800
	00022802	Celontin	ERF		.3800

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

PHENYTOIN (DIPHENYLHYDANTOIN)

781	6mg/mL O/L 00023442	Dilantin	PFI		.0390 .0390
782	25mg/mL O/L 00023450 02250896	Dilantin Taro-Phenytoin	PFI TAR		.0222 .0462 .0222
783	50mg Tab 00023698	Dilantin	PFI		.0709 .0709

PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM

784	30mg Cap 00022772	Dilantin	PFI		.0517 .0517
785	100mg Cap 00022780	Dilantin	PFI		.0646 .0646

PRIMIDONE

786	125mg Tab 00399310 02042363	Apo-Primidone Mysoline (Not a Benefit)	APX WAY		.0435 .0435
787	250mg Tab 00396761 02042355	Apo-Primidone Mysoline (Not a Benefit)	APX WAY		.0685 .0685

TOPIRAMATE

788	15mg Sprinkle Cap 02239907	Topamax Sprinkle	JNO		1.0763 1.0763
789	25mg Sprinkle Cap 02239908	Topamax Sprinkle	JNO		1.1302 1.1302
	Reason for Use Code 321	Clinical criteria In children age 16 and under, as adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory. LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

TOPIRAMATE

790	25mg Tab				.5250
	02230893	Topamax	JNO	1.1980	
	02248860	Novo-Topiramate	NOP	.5250	
	02256827	Ratio-Topiramate	RPH	.5250	
	02260050	Sandoz Topiramate	SDZ	.5250	
	02262991	PMS-Topiramate	PMS	.5250	
	02263351	Gen-Topiramate	GEN	.5250	
	02279614	Apo-Topiramate	APX	.5250	
791	100mg Tab				.9950
	02230894	Topamax	JNO	2.2707	
	02248861	Novo-Topiramate	NOP	.9950	
	02256835	Ratio-Topiramate	RPH	.9950	
	02260069	Sandoz Topiramate	SDZ	.9950	
	02263009	PMS-Topiramate	PMS	.9950	
	02263378	Gen-Topiramate	GEN	.9950	
	02279630	Apo-Topiramate	APX	.9950	
792	200mg Tab				1.5750
	02230896	Topamax	JNO	3.3907	
	02248862	Novo-Topiramate	NOP	1.5750	
	02256843	Ratio-Topiramate	RPH	1.5750	
	02263017	PMS-Topiramate	PMS	1.5750	
	02263386	Gen-Topiramate	GEN	1.5750	
	02267837	Sandoz Topiramate	SDZ	1.5750	
	02279649	Apo-Topiramate	APX	1.5750	

Reason for
Use Code

223

Clinical criteria

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

VALPROATE SODIUM

793	50mg/mL O/L				.0458
	00443832	Depakene	ABB	.0993	
	02140063	Ratio-Valproic	RPH	.0458	
	02236807	PMS-Valproic Acid	PMS	.0458	
	02238370	Apo-Valproic	APX	.0458	

VALPROIC ACID

794	250mg Cap				.2062
	00443840	Depakene	ABB	.4766	
	02100630	Novo-Valproic	NOP	.2062	
	02140047	Ratio-Valproic	RPH	.2062	
	02184648	Gen-Valproic	GEN	.2062	
	02230768	PMS-Valproic Acid	PMS	.2062	
	02237830	Nu-Valproic	NXP	.2062	
	02238048	Apo-Valproic	APX	.2062	
	02239714	Sandoz Valproic	SDZ	.2062	
795	500mg Ent Cap				.4125
	00507989	Depakene	ABB	.9532	
	02140055	Ratio-Valproic EC	RPH	.4125	
	02229628	PMS-Valproic Acid	PMS	.4125	
	02239713	Sandoz Valproic	SDZ	.4125	

VIGABATRIN

796	500mg Tab				.9110
	02065819	Sabril	OVA	.9110	

Reason for
Use Code

136

Clinical criteria

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

797	10mg Tab				.0435
	00016322	Elavil (Not a Benefit)	MSD		
	00335053	Apo-Amitriptyline	APX		.0435
798	25mg Tab				.0829
	00016330	Elavil (Not a Benefit)	MSD		
	00335061	Apo-Amitriptyline	APX		.0829
799	50mg Tab				.1540
	00016349	Elavil (Not a Benefit)	MSD		
	00335088	Apo-Amitriptyline	APX		.1540

BUPROPION HCL

800	100mg Tab				.2667
	02237824	Wellbutrin SR	BIO		.5685
	02275074	Sandoz Bupropion SR	SDZ		.2667
	02285657	Ratio-Bupropion SR	RPH		.2667
801	150mg Tab				.4000
	02237825	Wellbutrin SR	BIO		.8528
	02260239	Novo-Bupropion SR	NOP		.4000
	02275082	Sandoz Bupropion SR	SDZ		.4000
	02285665	Ratio-Bupropion SR	RPH		.4000
	Reason for Use Code	Clinical criteria			
	315	For the treatment of depression.			
		LU Authorization Period: Indefinite.			

CITALOPRAM HYDROBROMIDE

802	20mg Tab				.6250
	02239607	Celexa	VLH		1.2500
	02246056	Apo-Citalopram	APX		.6250
	02246594	Gen-Citalopram	GEN		.6250
	02248010	PMS-Citalopram	PMS		.6250
	02248050	Co-Citalopram	COB		.6250
	02248170	Sandoz Citalopram	SDZ		.6250
	02251558	Novo-Citalopram	NOP		.6250
	02252112	Ratio-Citalopram	RPH		.6250

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

CITALOPRAM HYDROBROMIDE

803	40mg Tab				.6250
	02239608	Celexa	VLH		1.2500
	02246057	Apo-Citalopram	APX		.6250
	02246595	Gen-Citalopram	GEN		.6250
	02248011	PMS-Citalopram	PMS		.6250
	02248051	Co-Citalopram	COB		.6250
	02248171	Sandoz Citalopram	SDZ		.6250
	02251566	Novo-Citalopram	NOP		.6250
	02252120	Ratio-Citalopram	RPH		.6250

CLOMIPRAMINE HCL

804	10mg Tab				.1290
	00330566	Anafranil	ORY		.2581
	02040786	Apo-Clomipramine	APX		.1290
	02139340	Gen-Clomipramine	GEN		.1290
	02244816	Co-Clomipramine	COB		.1290
805	25mg Tab				.1758
	00324019	Anafranil	ORY		.3516
	02040778	Apo-Clomipramine	APX		.1758
	02139359	Gen-Clomipramine	GEN		.1758
	02244817	Co-Clomipramine	COB		.1758
806	50mg Tab				.3237
	00402591	Anafranil	ORY		.6474
	02040751	Apo-Clomipramine	APX		.3237
	02139367	Gen-Clomipramine	GEN		.3237
	02244818	Co-Clomipramine	COB		.3237

DESIPRAMINE

807	25mg Tab				.1729
	00010448	Pertofrane (Not a Benefit)	GEI		
	01946269	PMS-Desipramine	PMS		.1885
	01948784	Ratio-Desipramine	RPH		.1729
	02099128	Norpramin	SAV		.3813
	02211947	Nu-Desipramine	NXP		.1885
	02216256	Apo-Desipramine	APX		.1729

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

DESIPRAMINE

808	50mg Tab				.3048
	01946277	PMS-Desipramine	PMS		.3048
	01948792	Ratio-Desipramine	RPH		.3048
	02099136	Norpramin	SAV		.6721
	02211955	Nu-Desipramine	NXP		.3048
	02216264	Apo-Desipramine	APX		.3048
809	75mg Tab				.4696
	01946242	PMS-Desipramine	PMS		.4696
	02099144	Norpramin (Not a Benefit)	HMR		
	02211963	Nu-Desipramine	NXP		.4696
	02216272	Apo-Desipramine	APX		.4696

DOXEPIN HCL

810	10mg Cap				.1745
	00024325	Sinequan	ERF		.2493
	02049996	Apo-Doxepin	APX		.1745
811	25mg Cap				.2140
	00024333	Sinequan	ERF		.3058
	02050005	Apo-Doxepin	APX		.2140
812	50mg Cap				.3971
	00024341	Sinequan	ERF		.5673
	02050013	Apo-Doxepin	APX		.3971
813	75mg Cap				.3916
	00400750	Sinequan	ERF		.8146
	01913441	Novo-Doxepin	NOP		.3916
	02050021	Apo-Doxepin	APX		.3916
814	100mg Cap				.5160
	00326925	Sinequan	ERF		1.0733
	01913468	Novo-Doxepin	NOP		.5160
	02050048	Apo-Doxepin	APX		.5160
815	150mg Cap				.7109
	00584274	Sinequan (Not a Benefit)	PFI		
	01913476	Novo-Doxepin	NOP		.7109
	02050056	# Apo-Doxepin	APX		.7109

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

FLUOXETINE HCL

Note: Because of the long half-life of the fluoxetine metabolite, steady-state concentrations occur only after 4-6 weeks. Use with caution in anorexic patients. Fluoxetine therapy should be discontinued for 5 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting fluoxetine.

816	20mg Cap			.8025
	00636622	Prozac	LIL	1.7789
	02177587	PMS-Fluoxetine	PMS	.8025
	02192764	Nu-Fluoxetine	NXP	.8025
	02216361	Apo-Fluoxetine	APX	.8025
	02216590	Novo-Fluoxetine	NOP	.8025
	02237814	Gen-Fluoxetine	GEN	.8025
	02241374	Ratio-Fluoxetine	RPH	.8025
	02242178	Co-Fluoxetine	COB	.8025
	02243487	Sandoz Fluoxetine	SDZ	.8025

FLUVOXAMINE MALEATE

Note: Fluvoxamine therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting fluvoxamine.

817	50mg Tab			.3930
	01919342	Luvox	SPH	.8253
	02218453	Ratio-Fluvoxamine	RPH	.3930
	02231192	Nu-Fluvoxamine	NXP	.3930
	02231329	Apo-Fluvoxamine	APX	.3930
	02239953	Novo-Fluvoxamine	NOP	.3930
	02240682	PMS-Fluvoxamine	PMS	.3930
	02247054	Sandoz Fluvoxamine	SDZ	.3930
	02255529	Co-Fluvoxamine	COB	.3930
818	100mg Tab			.7065
	01919369	Luvox	SPH	1.4837
	02218461	Ratio-Fluvoxamine	RPH	.7065
	02231193	Nu-Fluvoxamine	NXP	.7065
	02231330	Apo-Fluvoxamine	APX	.7065
	02239954	Novo-Fluvoxamine	NOP	.7065
	02240683	PMS-Fluvoxamine	PMS	.7065
	02247055	Sandoz Fluvoxamine	SDZ	.7065
	02255537	Co-Fluvoxamine	COB	.7065

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

IMIPRAMINE

819	10mg Tab				.0865
	00010464	Tofranil (Not a Benefit)	NOV		
	00360201	Apo-Imipramine	APX		.0865
820	25mg Tab				.1374
	00010472	Tofranil	NOV		.2477
	00312797	Apo-Imipramine	APX		.1374
821	50mg Tab				.2554
	00010480	Tofranil	NOV		.4604
	00326852	Apo-Imipramine	APX		.2554

MAPROTILINE HCL

822	25mg Tab				.5493
	00360481	Ludiomil (Not a Benefit)	CIB		
	02158612	Novo-Maprotiline	NOP		.5493
823	50mg Tab				1.0401
	00360503	Ludiomil (Not a Benefit)	NOV		
	02158620	Novo-Maprotiline	NOP		1.0401
824	75mg Tab				1.4204
	00360511	Ludiomil (Not a Benefit)	NOV		
	02158639	Novo-Maprotiline	NOP		1.4204

MIRTAZAPINE

825	15mg Orally Disintegrating Tab				.1950
	02248542	Remeron RD	ORG		.3900
	02279894	Novo-Mirtazapine OD	NOP		.1950
826	30mg Orally Disintegrating Tab				.3900
	02248543	Remeron RD	ORG		.7800
	02279908	Novo-Mirtazapine OD	NOP		.3900
827	45mg Orally Disintegrating Tab				.5850
	02248544	Remeron RD	ORG		1.1700
	02279916	Novo-Mirtazapine OD	NOP		.5850

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

MIRTAZAPINE

828	30mg Tab				.6200
	02243910	Remeron	ORG	1.2400	
	02248762	PMS-Mirtazapine	PMS	.6200	
	02250608	Sandoz Mirtazapine	SDZ	.6200	
	02256118	Gen-Mirtazapine	GEN	.6200	
	02259354	Novo-Mirtazapine	NOP	.6200	
	02267292	Sandoz Mirtazapine FC	SDZ	.6200	
	02270927	Ratio-Mirtazapine	RPH	.6200	
	02274361	Co Mirtazapine	COB	.6200	
	02286629	Apo-Mirtazapine	APX	.6200	

MOCLOBEMIDE

829	100mg Tab				.2520
	00899348	Manerix (Not a Benefit)	HLR		
	02232148	Apo-Moclobemide	APX	.2520	
	02239746	Novo-Moclobemide	NOP	.2520	
830	150mg Tab				.2900
	00899356	Manerix	HLR	.5939	
	02232150	Apo-Moclobemide	APX	.2900	
	02239747	Novo-Moclobemide	NOP	.2900	
	02243218	PMS-Moclobemide	PMS	.2900	
831	300mg Tab				.5695
	02166747	Manerix	HLR	1.1663	
	02239748	Novo-Moclobemide	NOP	.5695	
	02240456	Apo-Moclobemide	APX	.5695	
	02243219	PMS-Moclobemide	PMS	.5695	

NORTRIPTYLINE

832	10mg Cap				.1000
	00015229	Aventyl	PHE	.2000	
	02177692	PMS-Nortriptyline	PMS	.1000	
	02223139	Nu-Nortriptyline	NXP	.1000	
	02223511	Apo-Nortriptyline	APX	.1000	
	02231686	Gen-Nortriptyline	GEN	.1000	
	02231781	Novo-Nortriptyline	NOP	.1000	
	02240789	Ratio-Nortriptyline	RPH	.1000	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

833	25mg Cap				.2022
	00015237	Aventyl	PHE		.4043
	02177706	PMS-Nortriptyline	PMS		.2022
	02223147	Nu-Nortriptyline	NXP		.2022
	02223538	Apo-Nortriptyline	APX		.2022
	02231687	Gen-Nortriptyline	GEN		.2022
	02231782	Novo-Nortriptyline	NOP		.2022
	02240790	Ratio-Nortriptyline	RPH		.2022

PAROXETINE HCL

834	20mg Tab				.7950
	01940481	Paxil	GSK		1.6872
	02240908	Apo-Paroxetine	APX		.7950
	02247751	PMS-Paroxetine	PMS		.7950
	02247811	Ratio-Paroxetine	RPH		.7950
	02248013	Gen-Paroxetine	GEN		.7950
	02248557	Novo-Paroxetine	NOP		.7950
	02254751	Sandoz Paroxetine	SDZ		.7950
	02262754	Co-Paroxetine	COB		.7950
835	30mg Tab				.8450
	01940473	Paxil	GSK		1.7927
	02240909	Apo-Paroxetine	APX		.8450
	02247752	PMS-Paroxetine	PMS		.8450
	02247812	Ratio-Paroxetine	RPH		.8450
	02248014	Gen-Paroxetine	GEN		.8450
	02248558	Novo-Paroxetine	NOP		.8450
	02254778	Sandoz Paroxetine	SDZ		.8450
	02262762	Co-Paroxetine	COB		.8450

PHENELZINE SULFATE

836	15mg Tab				.3482
	00476552	Nardil	ERF		.3482

Note: Consult the scientific literature regarding cautions and contraindications prior to prescribing and/or dispensing irreversible monoamine oxidase inhibitors.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

SERTRALINE HCL

Note: Sertraline therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting sertraline.

837	25mg Cap				.4000
	02132702	Zoloft	PFI	.8000	
	02238280	Apo-Sertraline	APX	.4000	
	02240485	Novo-Sertraline	NOP	.4000	
	02242519	Gen-Sertraline	GEN	.4000	
	02244838	PMS-Sertraline	PMS	.4000	
	02245159	Sandoz Sertraline	SDZ	.4000	
	02245787	Ratio-Sertraline	RPH	.4000	
	02287390	+ Co Sertraline	COB	.4000	
838	50mg Cap				.8000
	01962817	Zoloft	PFI	1.6000	
	02238281	Apo-Sertraline	APX	.8000	
	02240484	Novo-Sertraline	NOP	.8000	
	02242520	Gen-Sertraline	GEN	.8000	
	02244839	PMS-Sertraline	PMS	.8000	
	02245160	Sandoz Sertraline	SDZ	.8000	
	02245788	Ratio-Sertraline	RPH	.8000	
	02287404	+ Co Sertraline	COB	.8000	
839	100mg Cap				.8750
	01962779	Zoloft	PFI	1.7500	
	02238282	Apo-Sertraline	APX	.8750	
	02240481	Novo-Sertraline	NOP	.8750	
	02242521	Gen-Sertraline	GEN	.8750	
	02244840	PMS-Sertraline	PMS	.8750	
	02245161	Sandoz Sertraline	SDZ	.8750	
	02245789	Ratio-Sertraline	RPH	.8750	
	02287412	+ Co Sertraline	COB	.8750	

TRANLYCYPROMINE SULFATE

840	10mg Tab				.3441
	01919598	Parnate	GSK	.3441	

Note: Consult the scientific literature regarding cautions and contraindications prior to prescribing and/or dispensing irreversible monoamine oxidase inhibitors.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRAZODONE HYDROCHLORIDE

841	50mg Tab				.2214
	00579351	Desyrel	BQU		.2214
	01937227	PMS-Trazodone	PMS		.2214
	02144263	Novo-Trazodone	NOP		.2214
	02147637	Apo-Trazodone	APX		.2214
	02231683	Gen-Trazodone	GEN		.2214
	02277344	Ratio-Trazodone	RPH		.2214
842	100mg Tab				.3956
	00579378	Desyrel	BQU		.3956
	01937235	PMS-Trazodone	PMS		.3956
	02144271	Novo-Trazodone	NOP		.3956
	02147645	Apo-Trazodone	APX		.3956
	02231684	Gen-Trazodone	GEN		.3956
	02277352	Ratio-Trazodone	RPH		.3956
843	150mg Tab				.5812
	00702277	Desyrel Dividose	BQU		.5812
	02144298	Novo-Trazodone	NOP		.5812
	02147653	Apo-Trazodone D	APX		.5812
	02277360	Ratio-Trazodone	RPH		.5812

TRIMIPRAMINE

844	75mg Cap				.5197
	00761656	Rhotrimine	SAV		.5197
	01926349	Surmontil (Not a Benefit)	RPP		
	02070987	Apo-Trimip	APX		.5197
845	12.5mg Tab				.0820
	00740799	Apo-Trimip	APX		.0820
	01926357	Surmontil (Not a Benefit)	RPP		
846	25mg Tab				.1040
	00740802	Apo-Trimip	APX		.1040
	01926322	Surmontil (Not a Benefit)	RPP		
	02020602	Nu-Trimipramine	NXP		.1040

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRIMIPRAMINE

847	50mg Tab				.1999
	00740810	Apo-Trimip	APX		.1999
	01926330	Surmontil (Not a Benefit)	RPP		
	02020610	Nu-Trimipramine	NXP		.1999
848	100mg Tab				.3418
	00740829	Apo-Trimip	APX		.3418
	00761648	Rhotrimine	SAV		.3418
	01926284	Surmontil (Not a Benefit)	RPP		
	02020629	Nu-Trimipramine	NXP		.3418

VENLAFAXINE HCL

849	37.5mg ER Cap				.5879
	02237279	Effexor XR	WAY		.8399
	02275023	Novo-Venlafaxine XR	NOP		.5879
850	75mg ER Cap				1.1758
	02237280	Effexor XR	WAY		1.6797
	02275031	Novo-Venlafaxine XR	NOP		1.1758
851	150mg ER Cap				1.2414
	02237282	Effexor XR	WAY		1.7735
	02275058	Novo-Venlafaxine XR	NOP		1.2414

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

852	0.25mg Tab				.0760
	00548359	Xanax	PFI		.2291
	00865397	Apo-Alpraz	APX		.0760
	01913239	Nu-Alpraz	NXP		.0760
	01913484	Novo-Alprazol	NOP		.0760
	02137534	Gen-Alprazolam	GEN		.0760
853	0.5mg Tab				.0920
	00548367	Xanax	PFI		.2745
	00865400	Apo-Alpraz	APX		.0920
	01913247	Nu-Alpraz	NXP		.0920
	01913492	Novo-Alprazol	NOP		.0920
	02137542	Gen-Alprazolam	GEN		.0920

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

BROMAZEPAM

854	1.5mg Tab				.0515
	00682314	Lectopam	HLR		.1082
	02171856	Nu-Bromazepam	NXP		.0515
	02177153	Apo-Bromazepam	APX		.0515
	02192705	Gen-Bromazepam	GEN		.0515
855	3mg Tab				.0700
	00518123	Lectopam	HLR		.1470
	02171864	Nu-Bromazepam	NXP		.0700
	02177161	Apo-Bromazepam	APX		.0700
	02192713	Gen-Bromazepam	GEN		.0700
	02230584	Novo-Bromazepam	NOP		.0700
856	6mg Tab				.1022
	00518131	Lectopam	HLR		.2147
	02171872	Nu-Bromazepam	NXP		.1022
	02177188	Apo-Bromazepam	APX		.1022
	02192721	Gen-Bromazepam	GEN		.1022
	02230585	Novo-Bromazepam	NOP		.1022

CHLORDIAZEPOXIDE

857	5mg Cap				.0663
	00012629	Librium (Not a Benefit)	HLR		
	00522724	Apo-Chlordiazepoxide	APX		.0663
858	10mg Cap				.1045
	00012637	Librium (Not a Benefit)	HLR		
	00522988	Apo-Chlordiazepoxide	APX		.1045
859	25mg Cap				.1620
	00012645	Librium (Not a Benefit)	HLR		
	00522996	Apo-Chlordiazepoxide	APX		.1620

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

CHLORPROMAZINE

860	25mg Tab				.1365
	00232823	Novo-Chlorpromazine	NOP		.1365
	01929917	Largactil (Not a Benefit)	RPP		
861	50mg Tab				.1565
	00232807	Novo-Chlorpromazine	NOP		.1565
	01929925	Largactil (Not a Benefit)	RPP		
862	100mg Tab				.3200
	00232831	Novo-Chlorpromazine	NOP		.3200
	01929933	Largactil (Not a Benefit)	RPP		

CLORAZEPATE DIPOTASSIUM

863	3.75mg Cap				.0694
	00264938	Tranxene (Not a Benefit)	ABB		
	00628190	Novo-Clopatate	NOP		.0694
	00860689	Apo-Clorazepate	APX		.0694
864	7.5mg Cap				.0953
	00264946	Tranxene	ABB		.1905
	00628204	Novo-Clopatate	NOP		.0953
	00860700	Apo-Clorazepate	APX		.0953
865	15mg Cap				.1715
	00264911	Tranxene	ABB		.3430
	00628212	Novo-Clopatate	NOP		.1715
	00860697	Apo-Clorazepate	APX		.1715

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

DIAZEPAM

866	5mg/mL Rect Gel-2x5mg Pk 02238162	Diastat	VAL	134.5000 134.5000
867	5mg/mL Rect Gel-2x10mg Pk 09853340	Diastat	VAL	134.5000 134.5000
868	5mg/mL Rect Gel-2x15mg Pk 09853430	Diastat	VAL	134.5000 134.5000
869	2mg Tab 00013277	Valium (Not a Benefit)	HLR	.0508
	00405329	Apo-Diazepam	APX	.0508
870	5mg Tab 00013285	Valium (Not a Benefit)	HLR	.0650
	00362158	Apo-Diazepam	APX	.0650
871	10mg Tab 00013293	Valium (Not a Benefit)	HLR	.0867
	00405337	Apo-Diazepam	APX	.0867

FLUPENTHIXOL DECANOATE

872	200mg/2mL Inj Sol-2mL Pk 02156040	Fluanxol Depot	VLH	67.4500 67.4500
873	200mg/10mL Inj Sol-10mL Pk 02156032	Fluanxol Depot	VLH	67.4500 67.4500

FLUPENTHIXOL DIHYDROCHLORIDE

874	0.5mg Tab 02156008	Fluanxol	VLH	.2330 .2330
875	3mg Tab 02156016	Fluanxol	VLH	.5033 .5033

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

FLUPHENAZINE DECANOATE

876	100mg/mL Inj Sol-1mL Pk				29.7800
	00755575	Modecate Concentrate	BQU		29.7800
877	125mg/5mL Inj Susp-5mL Pk				23.1600
	00349917	Modecate (Not a Benefit)	BQU		
	02091275	PMS-Fluphenazine Decanoate	PMS		23.1600

FLUPHENAZINE HCL

878	1mg Tab				.1680
	00029378	Moditen HCL (Not a Benefit)	BQU		
	00405345	Apo-Fluphenazine	APX		.1680
879	2mg Tab				.2040
	00029386	Moditen HCL (Not a Benefit)	BQU		
	00410632	Apo-Fluphenazine	APX		.2040
880	5mg Tab				.1720
	00029408	Moditen HCL (Not a Benefit)	BQU		
	00405361	Apo-Fluphenazine	APX		.1720

HALOPERIDOL

881	5mg/mL Inj Sol-1mL Pk				3.8620
	00017574	Haldol (Not a Benefit)	OMC		
	00808652	Haloperidol	SDZ		3.8620
882	0.5mg Tab				.0360
	00017655	Haldol (Not a Benefit)	OMC		
	00363685	Novo-Peridol	NOP		.0360
	00396796	Apo-Haloperidol	APX		.0360

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HALOPERIDOL

883	1mg Tab				.0614
	00017663	Haldol (Not a Benefit)	OMC		
	00363677	Novo-Peridol	NOP		.0614
	00396818	Apo-Haloperidol	APX		.0614
884	2mg Tab				.1050
	00017671	Haldol (Not a Benefit)	OMC		
	00363669	Novo-Peridol	NOP		.1050
	00396826	Apo-Haloperidol	APX		.1050
885	5mg Tab				.1487
	00017698	Haldol (Not a Benefit)	OMC		
	00363650	Novo-Peridol	NOP		.1487
	00396834	Apo-Haloperidol	APX		.1487
886	10mg Tab				.1330
	00381772	Haldol (Not a Benefit)	OMC		
	00463698	Apo-Haloperidol	APX		.1330
	00713449	Novo-Peridol	NOP		.1330
887	20mg Tab				.6304
	00499579	Haldol (Not a Benefit)	OMC		
	00768820	Novo-Peridol	NOP		.6304

HALOPERIDOL DECANOATE

888	100mg/mL Oily Inj Sol-1mL Pk				11.6648
	00599093	Haldol-LA (Not a Benefit)	OMC		
	02130300	Haloperidol LA	SDZ		11.6648
889	50mg/mL Oily Inj Sol-5mL Pk				29.5190
	00599085	Haldol-LA (Not a Benefit)	OMC		
	02130297	Haloperidol LA	SDZ		29.5190
890	100mg/mL Oily Inj Sol-5mL Pk				58.3240
	00980803	Haldol-LA (Not a Benefit)	OMC		
	09853758	Haloperidol LA	SDZ		58.3240

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HYDROXYZINE HCL

891	10mg Cap				
	00024376	Atarax (Not a Benefit)	PFI		
	00646059	Apo-Hydroxyzine (Not a Benefit)	APX		
	00738824	Novo-Hydroxyzin (Not a Benefit)	NOP		
	01927876	Multipax (Not a Benefit)	RPP		
892	25mg Cap				
	00024384	Atarax (Not a Benefit)	PFI		
	00646024	Apo-Hydroxyzine (Not a Benefit)	APX		
	00738832	Novo-Hydroxyzin (Not a Benefit)	NOP		
	01938835	Multipax (Not a Benefit)	RPP		
893	50mg Cap				
	00024392	Atarax (Not a Benefit)	PFI		
	00646016	Apo-Hydroxyzine (Not a Benefit)	APX		
	00738840	Novo-Hydroxyzin (Not a Benefit)	NOP		
	01927884	Multipax (Not a Benefit)	RPP		

LORAZEPAM

894	0.5mg Tab				.0359
	00655740	Apo-Lorazepam	APX		.0359
	00711101	Novo-Lorazem	NOP		.0359
	00728187	PMS-Lorazepam	PMS		.0359
	00865672	Nu-Loraz	NXP		.0359
	02041413	Ativan	WAY		.0359
895	1mg Tab				.0447
	00637742	Novo-Lorazem	NOP		.0447
	00655759	Apo-Lorazepam	APX		.0447
	00728195	PMS-Lorazepam	PMS		.0447
	00865680	Nu-Loraz	NXP		.0447
	02041421	Ativan	WAY		.0447
896	2mg Tab				.0699
	00637750	Novo-Lorazem	NOP		.0699
	00655767	Apo-Lorazepam	APX		.0699
	00728209	PMS-Lorazepam	PMS		.0699
	00865699	Nu-Loraz	NXP		.0699
	02041448	Ativan	WAY		.0699

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

OLANZAPINE

897	5mg Rapid Dissolve Tab 02243086	Zyprexa Zydys	LIL	3.3750 3.3750
898	10mg Rapid Dissolve Tab 02243087	Zyprexa Zydys	LIL	6.7500 6.7500
899	15mg Rapid Dissolve Tab 02243088	Zyprexa Zydys	LIL	10.1250 10.1250
900	2.5mg Tab 02229250	Zyprexa	LIL	1.6875 1.6875
901	5mg Tab 02229269	Zyprexa	LIL	3.3750 3.3750
902	7.5mg Tab 02229277	Zyprexa	LIL	5.0625 5.0625
903	10mg Tab 02229285	Zyprexa	LIL	6.7500 6.7500
904	15mg Tab 02238850	Zyprexa	LIL	10.1250 10.1250

OXAZEPAM

905	10mg Tab 00402680 02043653	Apo-Oxazepam Serax (Not a Benefit)	APX WAY	.0350 .0350
906	15mg Tab 00402745 02043661	Apo-Oxazepam Serax (Not a Benefit)	APX WAY	.0550 .0550
907	30mg Tab 00402737 02043688	Apo-Oxazepam Serax (Not a Benefit)	APX WAY	.0750 .0750

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PERICYAZINE

908	5mg Cap 01926780	Neuleptil	ERF	.1825 .1825
909	10mg Cap 01926772	Neuleptil	ERF	.2930 .2930
910	10mg/mL O/L 01926756	Neuleptil	ERF	.3600 .3600

PERPHENAZINE

911	2mg Tab 00028290 00335134	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0612 .0612
912	4mg Tab 00028304 00335126	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0741 .0741
913	8mg Tab 00028312 00335118	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0813 .0813
914	16mg Tab 00028320 00335096	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.1245 .1245

PIMOZIDE

915	2mg Tab 00313815 02245432	Orap Apo-Pimozide	PMS APX	.2279 .2279 .2279
916	4mg Tab 00313823 02245433	Orap Apo-Pimozide	PMS APX	.4136 .4136 .4136

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PIPOTIAZINE PALMITATE

917	25mg/mL Inj Sol-1mL Pk 01926667	Piportil L4	SAV	13.3900 13.3900
918	50mg/mL Inj Sol-1mL Pk 00990507	Piportil L4	SAV	22.6800 22.6800
919	100mg/2mL Inj Sol-2mL Pk 01926675	Piportil L4	SAV	43.1100 43.1100

PROCHLORPERAZINE

920	10mg/2mL Inj Sol-2mL Pk 00789747 01927779	Prochlorperazine Mesylate Stemetil (Not a Benefit)	SDZ SAV	1.3380 1.3380
921	5mg Tab 00886440 01927752 01964399	Apo-Prochlorazine Stemetil (Not a Benefit) Nu-Prochlor	APX AVE NXP	.1055 .1055 .1055
922	10mg Tab 00886432 01927760 01964402	Apo-Prochlorazine Stemetil (Not a Benefit) Nu-Prochlor	APX AVE NXP	.1290 .1290 .1290

QUETIAPINE

923	25mg Tab 02236951	Seroquel	AZC	.4940 .4940
924	100mg Tab 02236952	Seroquel	AZC	1.3180 1.3180
925	200mg Tab 02236953	Seroquel	AZC	2.6467 2.6467
926	300mg Tab 02244107	Seroquel	AZC	3.8625 3.8625

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

927	1mg/mL O/L				.5520
	02236950	Risperdal	JNO	1.2687	
	02279266	PMS-Risperidone	PMS	.5520	
	02280396	Apo-Risperidone	APX	.5520	
928	0.5mg Orally Disintegrating Tab				.6950
	02247704	Risperdal M-Tab	JNO	.6950	
929	1mg Orally Disintegrating Tab				.9600
	02247705	Risperdal M-Tab	JNO	.9600	
930	2mg Orally Disintegrating Tab				1.9164
	02247706	Risperdal M-Tab	JNO	1.9164	
931	3mg Orally Disintegrating Tab				2.8750
	02268086	Risperdal M-Tab	JNO	2.8750	
932	4mg Orally Disintegrating Tab				3.8332
	02268094	Risperdal M-Tab	JNO	3.8332	
933	0.25mg Tab				.2075
	02240551	Risperdal	JNO	.4769	
	02252007	PMS-Risperidone	PMS	.2075	
	02264757	Ratio-Risperidone	RPH	.2075	
	02279509	Sandoz Risperidone	SDZ	.2075	
	02280906	Ran-Risperidone	RAN	.2075	
	02282119	Apo-Risperidone	APX	.2075	
	02282240	Gen-Risperidone	GEN	.2075	
	02282585	Co Risperidone	COB	.2075	
	02282690	Novo-Risperidone	NOP	.2075	
934	0.5mg Tab				.3475
	02240552	Risperdal	JNO	.7988	
	02252015	PMS-Risperidone	PMS	.3475	
	02264188	Novo-Risperidone	NOP	.3475	
	02264765	Ratio-Risperidone	RPH	.3475	
	02279495	Sandoz Risperidone	SDZ	.3475	
	02280914	Ran-Risperidone	RAN	.3475	
	02282127	Apo-Risperidone	APX	.3475	
	02282259	Gen-Risperidone	GEN	.3475	
	02282593	Co Risperidone	COB	.3475	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

935	1mg Tab				.4800
	02025280	Risperdal	JNO		1.1033
	02252023	PMS-Risperidone	PMS		.4800
	02264196	Novo-Risperidone	NOP		.4800
	02264773	Ratio-Risperidone	RPH		.4800
	02279800	Sandoz Risperidone	SDZ		.4800
	02280922	Ran-Risperidone	RAN		.4800
	02282135	Apo-Risperidone	APX		.4800
	02282267	Gen-Risperidone	GEN		.4800
	02282607	Co Risperidone	COB		.4800
936	2mg Tab				.9583
	02025299	Risperdal	JNO		2.2028
	02252031	PMS-Risperidone	PMS		.9583
	02264218	Novo-Risperidone	NOP		.9583
	02264781	Ratio-Risperidone	RPH		.9583
	02279819	Sandoz Risperidone	SDZ		.9583
	02280930	Ran-Risperidone	RAN		.9583
	02282143	Apo-Risperidone	APX		.9583
	02282275	Gen-Risperidone	GEN		.9583
	02282615	Co Risperidone	COB		.9583
937	3mg Tab				1.4375
	02025302	Risperdal	JNO		3.3043
	02252058	PMS-Risperidone	PMS		1.4375
	02264226	Novo-Risperidone	NOP		1.4375
	02264803	Ratio-Risperidone	RPH		1.4375
	02279827	Sandoz Risperidone	SDZ		1.4375
	02280949	Ran-Risperidone	RAN		1.4375
	02282151	Apo-Risperidone	APX		1.4375
	02282283	Gen-Risperidone	GEN		1.4375
	02282623	Co Risperidone	COB		1.4375
938	4mg Tab				1.9167
	02025310	Risperdal	JNO		4.4057
	02252066	PMS-Risperidone	PMS		1.9167
	02264234	Novo-Risperidone	NOP		1.9167
	02264811	Ratio-Risperidone	RPH		1.9167
	02279835	Sandoz Risperidone	SDZ		1.9167
	02280957	Ran-Risperidone	RAN		1.9167
	02282178	Apo-Risperidone	APX		1.9167
	02282291	Gen-Risperidone	GEN		1.9167
	02282631	Co Risperidone	COB		1.9167

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

THIOTHIXENE

939	2mg Cap 00024430	Navane	ERF	.3000 .3000
940	5mg Cap 00024449	Navane	ERF	.3321 .3321
941	10mg Cap 00024457	Navane	ERF	.4275 .4275

TRIFLUOPERAZINE

942	1mg Tab 00345539 01918206	Apo-Trifluoperazine Stelazine (Not a Benefit)	APX SMJ	.1015 .1015
943	2mg Tab 00312754 01918214	Apo-Trifluoperazine Stelazine (Not a Benefit)	APX SMJ	.1110 .1110
944	5mg Tab 00312746 01918222	Apo-Trifluoperazine Stelazine (Not a Benefit)	APX SMJ	.1470 .1470
945	10mg Tab 00326836 01918230	Apo-Trifluoperazine Stelazine (Not a Benefit)	APX SMJ	.1762 .1762

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

946	150mg Cap 00461733 02216132 02242837	Carbolith PMS-Lithium Carbonate Apo-Lithium Carbonate	VAL PMS APX	.0422 .0844 .0422 .0422
947	150mg Cap 02013231 09857532	Lithane Apo-Lithium Carbonate	ERF APX	.0413 .0995 .0413

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

948	300mg Cap				.0443
	00236683	Carbolith	VAL	.0886	
	02216140	PMS-Lithium Carbonate	PMS	.0443	
	02242838	Apo-Lithium Carbonate	APX	.0443	
949	300mg Cap				.0471
	00406775	Lithane	ERF	.0991	
	09857540	Apo-Lithium Carbonate	APX	.0471	

LOXAPINE HCL

950	25mg/mL O/L				.5232
	02170000	Loxapac (Not a Benefit)	WAY		
	02239101	PMS-Loxapine	PMS	.5232	

LOXAPINE SUCCINATE

951	5mg Tab				.1500
	02170019	Loxapac (Not a Benefit)	WAY		
	02230837	PMS-Loxapine	PMS	.1500	
	02237534	Nu-Loxapine	NXP	.1500	
	02237651	Apo-Loxapine	APX	.1500	
952	10mg Tab				.2498
	02170027	Loxapac (Not a Benefit)	WAY		
	02230838	PMS-Loxapine	PMS	.2498	
	02237535	Nu-Loxapine	NXP	.2498	
	02237652	Apo-Loxapine	APX	.2498	
953	25mg Tab				.3872
	02170132	Loxapac (Not a Benefit)	WAY		
	02230839	PMS-Loxapine	PMS	.3872	
	02237536	Nu-Loxapine	NXP	.3872	
	02237653	Apo-Loxapine	APX	.3872	
954	50mg Tab				.5162
	02170035	Loxapac (Not a Benefit)	WAY		
	02230840	PMS-Loxapine	PMS	.5162	
	02237537	Nu-Loxapine	NXP	.5162	
	02237654	Apo-Loxapine	APX	.5162	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:20:00 C.N.S. STIMULANTS

Note: Stimulant medication should only be used when diagnostic criteria for narcolepsy or attention deficit disorder have been met and when stimulant medication has been demonstrated to produce clinical benefits. The use of conventional-release medication should almost always precede the use of extended-release preparations.

DEXAMPHETAMINE SULFATE

955	5mg Tab 01924516	Dexedrine	GSK		.5112 .5112
-----	---------------------	-----------	-----	--	-----------------------

METHYLPHENIDATE HCL

956	20mg LA Tab 00632775 02266687	Ritalin SR Apo-Methylphenidate SR	NOV APX		.3364 .5114 .3364
957	10mg Tab 00005606 00584991 02230321 02249324	Ritalin PMS-Methylphenidate # Ratio-Methylphenidate Apo-Methylphenidate	NOV PMS RPH APX		.1262 .2820 .1262 .1262 .1262

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

AMOBARBITAL SODIUM

958	60mg Cap 00015148	Amytal Sodium	LIL		.0960 .0960
959	200mg Cap 00015156	Amytal Sodium	LIL		.2114 .2114

FLURAZEPAM

960	15mg Cap 00012696 00521698	Dalmane (Not a Benefit) Apo-Flurazepam	VAL APX		.0810 .0810
961	30mg Cap 00012718 00521701	Dalmane (Not a Benefit) Apo-Flurazepam	VAL APX		.0930 .0930

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

METHOTRIMEPAZINE

962	25mg/mL Inj Sol-1mL Pk				2.3710
	01927698	Nozinan	SAV		2.3710
963	2mg Tab				.0505
	01927647	Nozinan (Not a Benefit)	AVE		
	02238403	Apo-Methoprazine	APX		.0505
964	5mg Tab				.0528
	01927655	Nozinan	SAV		.0528
	02232903	PMS-Methotrimeprazine	PMS		.0528
	02238404	Apo-Methoprazine	APX		.0528
965	25mg Tab				.1131
	01927663	Nozinan	SAV		.1131
	02232904	PMS-Methotrimeprazine	PMS		.1131
	02238405	Apo-Methoprazine	APX		.1131
966	50mg Tab				.1541
	01927671	Nozinan	SAV		.1541
	02232905	PMS-Methotrimeprazine	PMS		.1541
	02238406	Apo-Methoprazine	APX		.1541

NITRAZEPAM

967	5mg Tab				.0680
	00511528	Mogadon	VAL		.1428
	02229654	Nitrazadon	VAL		.0857
	02245230	Apo-Nitrazepam	APX		.0680
968	10mg Tab				.1017
	00511536	Mogadon	VAL		.2137
	02229655	Nitrazadon	VAL		.1282
	02245231	Apo-Nitrazepam	APX		.1017

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

PENTOBARBITAL SODIUM

969	100mg Cap 00000086	Nembutal	ABB		.2038 .2038
-----	-----------------------	----------	-----	--	-----------------------

SECOBARBITAL SODIUM

970	100mg Cap 00015288	Seconal	LIL		.1069 .1069
-----	-----------------------	---------	-----	--	-----------------------

TEMAZEPAM

971	15mg Cap				.0875
	00604453	Restoril	ORY		.1750
	02223570	Nu-Temazepam	NXP		.0875
	02225964	Apo-Temazepam	APX		.0875
	02229455	PMS-Temazepam	PMS		.0875
	02230095	Novo-Temazepam	NOP		.0875
	02231615	Gen-Temazepam	GEN		.0875
	02243023	Ratio-Temazepam	RPH		.0875
	02244814	Co-Temazepam	COB		.0875
972	30mg Cap				.1053
	00604461	Restoril	ORY		.2105
	02223589	Nu-Temazepam	NXP		.1053
	02225972	Apo-Temazepam	APX		.1053
	02229456	PMS-Temazepam	PMS		.1053
	02230102	Novo-Temazepam	NOP		.1053
	02231616	Gen-Temazepam	GEN		.1053
	02243024	Ratio-Temazepam	RPH		.1053
	02244815	Co-Temazepam	COB		.1053

TRIAZOLAM

973	0.125mg Tab				.0556
	00512559	Halcion (Not a Benefit)	UPJ		
	00808563	Apo-Triazo	APX		.0556
	01995227	Gen-Triazolam	GEN		.0556

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

TRIAZOLAM

974	0.25mg Tab				.0700
	00443158	Halcion	PFI		.2634
	00808571	Apo-Triazo	APX		.0700
	01913506	Gen-Triazolam	GEN		.0700

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ENTACAPONE

975	200mg Tab				1.4952
	02243763	Comtan	NOV		1.4952
	Reason for Use Code	Clinical criteria			
	367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.			
		LU Authorization Period: Indefinite.			

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

Note: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson's Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer's Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson's Disease specifically. Apo-Pramipexole, Novo-Pramipexole and PMS-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson's Disease.

976	0.25mg Tab				1.0513
	02237145	Mirapex	BOE		1.0513
977	1mg Tab				2.1028
	02237146	Mirapex	BOE		2.1028
978	1.5mg Tab				2.1028
	02237147	Mirapex	BOE		2.1028

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

Note: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson's Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer's Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson's Disease specifically. Apo-Pramipexole, Novo-Pramipexole and PMS-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson's Disease.

979	0.25mg Tab			.4950
	02269309	Novo-Pramipexole	NOP	.4950
	02290111	PMS-Pramipexole	PMS	.4950
	09857268	Mirapex	BOE	1.0513
	02292378	+ Apo-Pramipexole	APX	.4950
980	1mg Tab			.9900
	02269325	Novo-Pramipexole	NOP	.9900
	02290146	PMS-Pramipexole	PMS	.9900
	09857269	Mirapex	BOE	2.1028
	02292394	+ Apo-Pramipexole	APX	.9900
981	1.5mg Tab			.9900
	02269333	Novo-Pramipexole	NOP	.9900
	02290154	PMS-Pramipexole	PMS	.9900
	09857270	Mirapex	BOE	2.1028
	02292408	+ Apo-Pramipexole	APX	.9900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

36:00 DIAGNOSTIC AGENTS

36:04:00 ADRENAL INSUFFICIENCY

COSYNTROPIN ZINC HYDROXIDE

982	1mg/mL Inj Susp-1mL Pk				26.5900
	00253952	Synacthen Depot	NOV		26.5900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

CALCIUM CARBONATE

983	Eq To 250mg Elemental Calcium Tab			
	00645958	Calcium-250 (Not a Benefit)	NOP	
	00682047	Apo-Cal 250 (Not a Benefit)	APX	
	02042983	Os-Cal 250 (Not a Benefit)	WAY	
984	Eq To 500mg Elemental Calcium Tab			
	00645923	Calcium-500 (Not a Benefit)	NOP	
	00682039	Apo-Cal 500 (Not a Benefit)	APX	
	02042991	Os-Cal 500 (Not a Benefit)	WAY	

CALCIUM GLUCONATE

985	Eq To 60mg Elemental Calcium Tab			
	00179698	Calcium Gluconate (Not a Benefit)	SDR	
	00241717	Calcium Gluconate (Not a Benefit)	RPR	
	00441473	Calcium Gluconate (Not a Benefit)	NOP	

CALCIUM LACTATE

986	Eq To 84mg Elemental Calcium Tab			
	00021253	Calcium Lactate (Not a Benefit)	NOP	
	00179671	Calcium Lactate (Not a Benefit)	SDR	

ELECTROLYTE & DEXTROSE

987	O/L			.0074
	00630365	Pedialyte Regular	ABB	.0074
	00981095	Pedialyte Flavored	ABB	.0074

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

ELECTROLYTE & DEXTROSE

988	Oral Pd-1 Sach Pk 01931563	Gastrolyte	SAV	.7570 .7570
-----	-------------------------------	------------	-----	-----------------------

PEG-ELECTROLYTES

989	Pd-4L Pk 00677442 00777838	Colyte (Not a Benefit) PegLyte	ZYN PMS	16.4500 16.4500
-----	----------------------------------	-----------------------------------	------------	---------------------------

POLYETHYLENE GLYCOL & ELECTROLYTES

990	Pd-1 Kit 02147793	Klean-Prep	RIV	16.1700 16.1700
991	Sol-1L Pk 00777846	PegLyte	PMS	5.0141 5.0141

POTASSIUM CHLORIDE

992	*1.33mEq/mL O/L 01918303 02063859 02166372 02238604	K-10 Kaochlor-10 (Not a Benefit) Roychlor (Not a Benefit) PMS-Potassium Chloride	GSK PMJ WAB PMS	.0102 .0144 .0102
993	20mEq/Pouch Oral Pd-3g Pk 00481211	K-Lor	ABB	.2917 .2917
994	25mEq/Pouch Oral Pd-7.8g Pk 02089580	K-Lyte/Cl	WEL	.4783 .4783

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

POTASSIUM GLUCONATE

995	*1.33mEq/mL O/L				.0152
	02063840	Kaon (Not a Benefit)	PMJ		
	02074087	#PMS-Potassium Gluconate	PMS		.0152

40:18:00 POTASSIUM-REMOVING RESINS

POLYSTYRENE SODIUM SULFONATE

996	1mEq/g Oral Pd-454g Pk				68.9000
	02026961	Kayexalate	SAV		68.9000

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

AMILORIDE HCL

997	5mg Tab				.2002
	00487805	Midamor (Not a Benefit)	MSD		
	02249510	Apo-Amiloride	APX		.2002

AMILORIDE HCL & HYDROCHLOROTHIAZIDE

998	5mg & 50mg Tab				.1917	.10
	00487813	Moduret (Not a Benefit)	PRE			
	00784400	Apo-Amilzide	APX		.1917	.10
	00886106	Nu-Amilzide	NXP		.1917	.10
	01937219	Novamilor	NOP		.1917	.10
	02257378	Gen-Amilazide	GEN		.1917	.10

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

CHLORTHALIDONE

999	50mg Tab				.0785	.08
	00010413	Hygroton (Not a Benefit)	GEI			
	00360279	Apo-Chlorthalidone	APX		.0785	.08
1000	100mg Tab				.0397	
	00010421	Hygroton (Not a Benefit)	GEI			
	00360287	Apo-Chlorthalidone	APX		.0397	

FUROSEMIDE

1001	10mg/mL O/L				.2279	
	02224720	Lasix	SAV		.2279	
1002	20mg Tab				.0348	
	00337730	Novo-Semide	NOP		.0348	
	00396788	Apo-Furosemide	APX		.0348	
	02224690	Lasix	SAV		.0723	
1003	40mg Tab				.0526	
	00337749	Novo-Semide	NOP		.0526	
	00362166	Apo-Furosemide	APX		.0526	
	02224704	Lasix	SAV		.1110	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

FUROSEMIDE

1004	500mg Tab				2.4940
	02224755	Lasix Special	SAV		2.4940
	Reason for Use Code	Clinical criteria			
	33	For patients with severely impaired renal function refractory to conventional dosages of the drug.			
		LU Authorization Period: Indefinite.			

HYDROCHLOROTHIAZIDE

1005	25mg Tab				.0366	.04
	00016500	HydroDIURIL (Not a Benefit)	MSD			
	00021474	Novo-Hydrazide	NOP		.0366	.04
	00326844	Apo-Hydro 25	APX		.0366	.04
1006	50mg Tab				.0511	
	00016519	HydroDIURIL (Not a Benefit)	MSD			
	00021482	Novo-Hydrazide	NOP		.0511	
	00312800	Apo-Hydro 50	APX		.0511	

HYDROCHLOROTHIAZIDE & SPIRONOLACTONE

1007	25mg & 25mg Tab				.0859	.04
	00180408	Aldactazide-25	PFI		.0893	.04
	00613231	Novo-Spirozine-25	NOP		.0859	.04
1008	50mg & 50mg Tab				.2236	
	00594377	Aldactazide-50	PFI		.2325	
	00657182	Novo-Spirozine-50	NOP		.2236	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

HYDROCHLOROTHIAZIDE & TRIAMTERENE

1009	25mg & 50mg Tab			.0450	.05
	00441775	Apo-Triazide	APX	.0450	.05
	00532657	Novo-Triamzide	NOP	.0450	.05
	00865532	Nu-Triazide (Not a Benefit)	NXP		
	01919547	Dyazide (Not a Benefit)	SMJ		

INDAPAMIDE

1010	1.25mg Tab			.1490	
	02179709	Lozide	SEV	.2979	
	02227339	Indapamide Hemihydrate	SEV	.1877	
	02239619	PMS-Indapamide	PMS	.1490	
	02240067	Gen-Indapamide	GEN	.1490	
	02245246	Apo-Indapamide	APX	.1490	
1011	2.5mg Tab			.2364	.24
	00564966	Lozide	SEV	.4727	.47
	02049341	Indapamide	SEV	.2977	.30
	02153483	Gen-Indapamide	GEN	.2364	.24
	02223597	Nu-Indapamide	NXP	.2364	.24
	02223678	Apo-Indapamide	APX	.2364	.24
	02231184	Novo-Indapamide	NOP	.2364	.24
	02239620	PMS-Indapamide	PMS	.2364	.24

METOLAZONE

1012	2.5mg Tab			.1610	
	00888400	Zaroxolyn	SAV	.1610	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

MIDODRINE HCL

1013	2.5mg Tab				.2999
	01934392	Amatine	SHI		.4284
	02278677	Apo-Midodrine	APX		.2999
1014	5mg Tab				.4998
	01934406	Amatine	SHI		.7140
	02278685	Apo-Midodrine	APX		.4998
	Reason for Use Code	Clinical criteria			
	01	For the treatment of patients disabled by moderate to severe neurogenic orthostatic hypotension (i.e. drop in systolic BP less than or equal to 20mm Hg from supine to standing position), in whom conventional nonpharmacologic and pharmacologic (i.e. fludrocortisone) therapies have proven ineffective or are poorly tolerated.			
		LU Authorization Period: Indefinite.			

SPIRONOLACTONE

Note: Spironolactone can double digoxin blood levels within two weeks, and commonly causes mastalgia and gynaecomastia in men.

1015	25mg Tab				.0692
	00028606	Aldactone	PFI		.0720
	00613215	Novo-Spiroton	NOP		.0692
1016	100mg Tab				.2120
	00285455	Aldactone	PFI		.2205
	00613223	Novo-Spiroton	NOP		.2120

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:40:00 URICOSURIC DRUGS

PROBENECID

1017	500mg Tab				.1884
	00016616	Benemid (Not a Benefit)	MSD		
	00294926	Benuryl	VAL		.1884

SULFINPYRAZONE

1018	200mg Tab				.1980
	00010529	Anturan (Not a Benefit)	GEI		
	00441767	Apo-Sulfinpyrazone	APX		.1980

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

48:00 COUGH PREPARATIONS

48:04:00 ANTITUSSIVES

DEXTROMETHORPHAN HBR

1019	*3mg/mL O/L				.0088
	00391069	DM-Syrup (Not a Benefit)	PDA		
	01928783	Koffex DM	ROG		.0088

HYDROCODONE BITARTRATE

1020	1mg/mL O/L				.0398
	01916580	Hycodan	BQU		.0398

48:08:00 EXPECTORANTS

GUAIFENESIN

1021	*20mg/mL O/L				
	00026468	Robitussin (Not a Benefit)	WHB		
	00026794	Guaifenesin (Not a Benefit)	ROG		
	00990930	Guaifenesin Sugar Free (Not a Benefit)	ROG		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

CHLORAMPHENICOL

1022	0.25% Oph Sol				.5100
	01980556	Pentamycetin	SDZ		.5100

FRAMYCETIN SULFATE

1023	0.5% Oph Oint-5g Pk				15.0000
	02224895	Soframycin	ERF		15.0000
1024	0.5% Oph Sol				1.0250
	02224887	Soframycin	ERF		1.0250

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

1025	5mg & 50mcg & 0.5mg/mL Oph/Ot Sol				.9800
	02224623	Sofracort	SAV		1.5438
	02247920	Sandoz Opticort	SDZ		.9800

Note: The risk of ototoxicity with topical aminoglycoside may increase with prolonged therapy. Topical use of antibiotics increases the likelihood of development of bacterial resistance, especially with prolonged use, sometimes rendering the systemic use of this antibiotic class useless in these patients.

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

1026	3mg & 1mg/mL Oph/Ot Drops				1.1965
	00682217	Garasone	SCH		1.2813
	02244999	Sandoz Pentasone	SDZ		1.1965

Note: The risk of ototoxicity with topical aminoglycoside may increase with prolonged therapy. Topical use of antibiotics increases the likelihood of development of bacterial resistance, especially with prolonged use, sometimes rendering the systemic use of this antibiotic class useless in these patients.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

GENTAMICIN SULFATE

1027	0.3% Oph Oint-3.5g Pk 00028339	Garamycin	SCH	4.0000 4.0000
1028	0.3% Oph Sol 00436771	Alcomicin	ALC	.2650 .5300
	00512192	Garamycin	SCH	.4060
	00776521	PMS-Gentamicin	PMS	.2650
1029	0.3% Ot Sol 00512184	Garamycin	SCH	1.0320 1.0320
	02229441	Sandoz Gentamicin	SDZ	1.0320

POLYMYXIN B SULFATE & BACITRACIN (ZINC)

1030	10000U & 500U/g Oph Oint 3.5g Pk 02239157	Polysporin	PFI	5.5400 5.5400
------	--	------------	-----	-------------------------

POLYMYXIN B SULFATE & GRAMICIDIN

1031	10000U & 0.025mg/mL Oph/Ot Sol 02239156	Polysporin	PFI	.6920 .6920
------	--	------------	-----	-----------------------

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE

1032	10000U & 5mg & 10mg/mL Ot Sol 01912828	Cortisporin	GSK	1.1970 1.1970
------	---	-------------	-----	-------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

TOBRAMYCIN

1033	0.3% Oph Oint 00614254	Tobrex	ALC	2.3629 2.3629
1034	0.3% Oph Sol 00513962	Tobrex	ALC	.8333 1.6660
	02239577	PMS-Tobramycin	PMS	.8333
	02241755	Sandoz Tobramycin	SDZ	.8333
	02245698	# Apo-Tobramycin	APX	.8333

TOBRAMYCIN & DEXAMETHASONE

1035	0.3% & 0.1% Oph Oint 00778915	TobraDex	ALC	2.9143 2.9143
1036	0.3% & 0.1% Oph Susp 00778907	TobraDex	ALC	1.9680 1.9680

52:04:08 ANTI-INFECTIVES SULFONAMIDES

SULFACETAMIDE (SODIUM)

1037	10% Oph Oint-3.5g Pk 00252522	Cetamide	ALC	3.3400 3.3400
1038	10% Oph Sol 00001287	Bleph-10 (Not a Benefit)	ALL	
	00028053	Sulamyd (Not a Benefit)	SCH	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:12 OTHER ANTI-INFECTIVES

OFLOXACIN

1039	0.3% Oph Sol				.7080
	02143291	Ocuflox	ALL		2.0380
	02248398	Apo-Ofloxacin	APX		.7080
	Reason for Use Code	Clinical criteria			
	170	For the treatment of conjunctivitis caused by susceptible strain(s) of <u>Staphylococcus aureus</u> , <u>Staphylococcus epidermidis</u> , <u>Streptococcus pneumoniae</u> and <u>Hemophilus influenzae</u> which is/are resistant or unresponsive to listed alternative agents.			
		LU Authorization Period: 1 year.			

TRIFLURIDINE

1040	1% Oph Sol				3.0387
	00687456	Viroptic	THE		3.0387

Note: Administration of trifluridine for periods exceeding 21 days should be avoided because of potential ocular toxicity.

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

BECLOMETHASONE DIPROPIONATE

1041	50mcg Nas Sp-200 Dose Pk				12.2600
	00872318	Ratio-Beclomethasone AQ	RPH		12.2600
	02172712	Gen-Beclo AQ	GEN		12.2600
	02213702	Beconase Aqueous (Not a Benefit)	GLW		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

BUDESONIDE

1042	100mcg/Metered Dose 02035324	Nas Aero-200 Dose Rhinocort Turbuhaler	AZC	22.7000 22.7000
1043	64mcg/Metered Dose 02231923	Nas Sp-120 Dose Pk Rhinocort Aqua	AZC	10.2000 10.2000
1044	100mcg/Metered Dose 01974432 02230648	Nas Sp-165 Dose Pk Rhinocort Aqua (Not a Benefit) Gen-Budesonide AQ	AST GEN	12.7400 12.7400

DEXAMETHASONE

1045	0.1% Oph Oint-3.5g Pk 00042579	Maxidex	ALC	8.3500 8.3500
1046	0.1% Oph Susp 00042560	Maxidex	ALC	1.5400 1.5400
1047	0.1% Oph/Ot Sol 00016217 00785261	Decadron (Not a Benefit) PMS-Dexamethasone	MSD PMS	.6767 .6767

FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN

1048	0.02% & 1% Ot Sol 00074454	Locacorten-Vioform	SQI	1.3270 1.3270
------	-------------------------------	--------------------	-----	-------------------------

FLUNISOLIDE

1049	0.025% Nas Sp-25mL Pk 00878790 02162687 02239288	Ratio-Flunisolide Nasal Mist Rhinalar Apo-Flunisolide	RPH IVA APX	9.9000 9.9000 19.8000 9.9000
------	---	---	-------------------	--

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

FLUOROMETHOLONE

1050	0.1% Oph Susp 00247855	FML	ALL	1.5830 1.5830
------	---------------------------	-----	-----	-------------------------

FLUOROMETHOLONE ACETATE

1051	0.1% Oph Susp 00756784	Flarex	ALC	1.7400 1.7400
------	---------------------------	--------	-----	-------------------------

KETOROLAC TROMETHAMINE

1052	0.5% Oph Sol			1.6000
	01968300	Acular	ALL	3.3600
	02245821	Apo-Ketorolac	APX	1.6000
	02247461	Ratio-Ketorolac	RPH	1.6000

LODOXAMIDE TROMETHAMINE

1053	0.1% Oph Sol 00893560	Alomide	ALC	1.0250 1.0250
------	--------------------------	---------	-----	-------------------------

PREDNISOLONE ACETATE

1054	0.12% Oph Susp 00299405	Pred Mild	ALL	1.4970 1.4970
1055	1% Oph Susp			2.4400
	00301175	Pred Forte (Not a Benefit)	ALL	
	00700401	Ratio-Prednisolone	RPH	2.4400
	02023768	Diopred (Not a Benefit)	SDZ	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:16:00 LOCAL ANESTHETICS

BENZYDAMINE HCL

1056	0.15% Oral Rinse				.0290
	01966065	Tantum	MMH		.1019
	02229777	PMS-Benzydamine	PMS		.0290
	02229799	Novo-Benzydamine	NOP		.0290
	02230170	Ratio-Benzydamine	RPH		.0290
	02239044	Apo-Benzydamine	APX		.0290
	Reason for Use Code	Clinical criteria			
	240	For the symptomatic relief of treatment induced mucositis in cancer patients.			
		LU Authorization Period: 1 year.			

LIDOCAINE HCL

1057	2% O/L				.0875
	00001686	Xylocaine Viscous	AZC		.0875

52:20:00 MIOTICS

CARBACHOL

1058	1.5% Oph Sol				.6733
	00000655	Isopto Carbachol	ALC		.6733
1059	3% Oph Sol				.8100
	00000663	Isopto Carbachol	ALC		.8100

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20:00 MIOTICS

PILOCARPINE HCL

1060	4% Oph Gel 00575240	Pilopine HS	ALC	2.4980 2.4980
1061	1% Oph Sol 00000841 02023725	Isopto Carpine Diocarpine	ALC DKT	.1743 .2047 .1743
1062	2% Oph Sol 00000868 02023741	Isopto Carpine Diocarpine	ALC DKT	.1932 .2360 .1932
1063	4% Oph Sol 00000884	Isopto Carpine	ALC	.2667 .2667
1064	6% Oph Sol 00000892	Isopto Carpine	ALC	.4580 .4580

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:24:00 MYDRIATICS

ATROPINE SULFATE

1065	1% Oph Oint-3.5g Pk 00252484	Atropine Sulfate	ALC	5.0500 5.0500
1066	1% Oph Sol 00035017 01948598	Isopto Atropine Atropine (Not a Benefit)	ALC NOV	.6000 .6000

DIPIVEFRIN HCL

1067	0.1% Oph Sol 00529117 02237868	Propine PMS-Dipivefrin	ALL PMS	.7905 1.5810 .7905
------	--------------------------------------	---------------------------	------------	---------------------------------

52:32:00 VASOCONSTRICTORS

NAPHAZOLINE HCL

1068	0.1% Oph Sol 00001147 00390283 00750786 00759880	Albalon (Not a Benefit) Naphcon Forte (Not a Benefit) Opcon (Not a Benefit) Vasocon (Not a Benefit)	ALL ALC BSH IOB	
------	--	--	--------------------------	--

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

ACETAZOLAMIDE

1069	250mg Tab 00545015 02238072	Apo-Acetazolamide Diamox (Not a Benefit)	APX WAY	.0780 .0780
------	-----------------------------------	---	------------	-----------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

BETAXOLOL HCL

1070	0.25% Oph Susp 01908448	Betoptic S	ALC	2.2280 2.2280
------	----------------------------	------------	-----	-------------------------

BIMATOPROST

1071	0.03% Oph Sol 02245860	Lumigan	ALL	10.8100 10.8100
------	---------------------------	---------	-----	---------------------------

Reason for Use Code

Clinical criteria

171

As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;

LU Authorization Period: Indefinite.

172

As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite.

387

For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

BRIMONIDINE

1072	0.15% Oph Sol				2.3100
	02248151	Alphagan P	ALL		2.3100
1073	0.2% Oph Sol				1.6500
	02236876	Alphagan	ALL		3.3000
	02243026	Ratio-Brimonidine	RPH		1.6500
	02246284	PMS-Brimonidine	PMS		1.6500
	02260077	Apo-Brimonidine	APX		1.6500
	Reason for Use Code	Clinical criteria			
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;			
		LU Authorization Period: Indefinite.			
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.			
		LU Authorization Period: Indefinite.			
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

BRIMONIDINE TARTRATE & TIMOLOL MALEATE

1074	0.2% & 0.5% Oph-Sol 5mL Pk 02248347	Combigan	ALL	19.7000 19.7000
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

BRINZOLAMIDE

1075	1% Oph Susp 02238873	Azopt	ALC	3.2200 3.2200
	Reason for Use Code	Clinical criteria		
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

1076	0.1%/0.3% Oph-Sol 00390291	Tears Naturale	ALC	.2800 .2800
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		
	LU Authorization Period: Indefinite.			

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

1077	0.1%/0.3%/0.001% Oph-Sol 00743445	Tears Naturale II	ALC	.2880 .2880
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		
	LU Authorization Period: Indefinite.			

DICLOFENAC SODIUM

1078	0.1% Oph Sol 01940414	Voltaren Ophtha	NOV	3.1600 3.1600
------	--------------------------	-----------------	-----	-------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

DORZOLAMIDE HCL

1079	2% Oph Sol 02216205	Trusopt	MFC	3.5340 3.5340
	Reason for Use Code	Clinical criteria		
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

DORZOLAMIDE HCL & TIMOLOL MALEATE

1080	2% & 0.5% Oph Sol 02240113	Cosopt	MFC	5.3560 5.3560
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

FLURBIPROFEN SODIUM

1081	0.03% Oph Sol				4.6140
	00766046	Ocufen	ALL		4.6140

IPRATROPIUM BROMIDE

1082	0.03% Nasal Spray				.4640
	02163705	Atrovent	BOE		.9930
	02239627	PMS-Ipratropium	PMS		.4640
	02240072	Ratio-Ipratropium	RPH		.4640
	02246083	Apo-Ipravent	APX		.4640
	Reason for Use Code	Clinical criteria			
	03	For the treatment of non-allergic vasomotor rhinitis			
		LU Authorization Period: 1 year.			

LATANOPROST

1083	0.005% Oph Sol-2.5mL Pk				27.0400
	02231493	Xalatan	PFI		27.0400
	Reason for Use Code	Clinical criteria			
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;			
		LU Authorization Period: Indefinite.			
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.			
		LU Authorization Period: Indefinite.			
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

LATANOPROST & TIMOLOL MALEATE

1084	50mcg/mL & 5mg/mL 02246619	Oph Sol-2.5mL Pk Xalacom	PFI	30.6000 30.6000
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

LEVOBUNOLOL HCL

1085	0.25% Oph Sol			.9334
	00751286	Betagan	ALL	1.8667
	02031159	Ratio-Levobunolol	RPH	.9334
	02241575	# Apo-Levobunolol	APX	.9334
	02241715	Sandoz Levobunolol	SDZ	.9334
1086	0.5% Oph Sol			1.2345
	00637661	Betagan	ALL	2.5920
	02031167	Ratio-Levobunolol	RPH	1.2345
	02237991	PMS-Levobunolol	PMS	1.2345
	02241574	Apo-Levobunolol	APX	1.2345
	02241716	Sandoz Levobunolol	SDZ	1.2345

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

METHAZOLAMIDE

1087	50mg Tab				.4706
	02238071	Neptazane (Not a Benefit)	WAY		
	02245882	Apo-Methazolamide	APX		.4706

METHYLCELLULOSE

1088	*0.5% Oph-Sol				.3407
	00000809	Isopto Tears	ALC		.3407
1089	*1% Oph-Sol				.4220
	00000817	Isopto Tears	ALC		.4220
	Reason for Use Code	Clinical criteria			
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.			
		LU Authorization Period: Indefinite.			

PETROLATUM/MINERAL OIL

1090	55%/42.5% Oph Oint-3.5g Pk				6.6500
	00210889	Lacri-Lube	ALL		6.6500
1091	80%/20% Oph Oint-3.5g Pk				4.5800
	02125706	Duolube	BSH		4.5800
	Reason for Use Code	Clinical criteria			
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

POLYVINYL ALCOHOL

1092	1% Oph-Sol 02133253	Hypotears	NOV	.3720 .3720
1093	1.4% Oph-Sol 00045616	Liquifilm Tears	ALL	.5793 .5793
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		
		LU Authorization Period: Indefinite.		

POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE

1094	Oph-Sol 00579408	Tears Plus	ALL	.3553 .3553
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		
		LU Authorization Period: Indefinite.		

SODIUM CROMOGLYCATE

1095	2% Nas Sol-26mL Pk 00605255	Rynacrom (Not a Benefit)	FIS	13.7600
	01950541	Cromolyn	PMS	13.7600
	02231390	Apo-Cromolyn	APX	13.7600
1096	2% Oph Sol 02009277	Cromolyn	PMS	.9500 .9500
	02230621	Opticrom	ALL	.9980

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

TIMOLOL MALEATE

1097	0.25% Oph Gellan Sol				1.6300
	02171880	Timoptic-XE	MFC		3.4920
	02242275	Timolol Maleate Oph Gel Forming Solution	ALC		1.6300

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1098	0.5% Oph Gellan Sol				1.9500
	02171899	Timoptic-XE	MFC		4.1780
	02242276	Timolol Maleate Oph Gel Forming Solution	ALC		1.9500

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1099	0.25% Oph Sol				1.2780
	00451193	Timoptic	MFC		2.7650
	00755826	Apo-Timop	APX		1.2780
	00893773	Gen-Timolol	GEN		1.2780
	02083353	PMS-Timolol	PMS		1.2780
	02166712	Sandoz Timolol	SDZ		1.2780

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1100	0.5% Oph Sol				1.5125
	00451207	Timoptic	MFC		3.2710
	00755834	Apo-Timop	APX		1.5125
	00893781	Gen-Timolol	GEN		1.5125
	02083345	PMS-Timolol	PMS		1.5125
	02166720	Sandoz Timolol	SDZ		1.5125

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

TRAVOPROST

1101	0.004% Oph Sol-2.5mL Pk			27.0400
	02244896	Travatan	ALC	27.0400
	Reason for Use Code	Clinical criteria		
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;		
		LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:04:00 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE

1102	*40mg & 40mg/mL O/L dpp				
	00261173	Neutralca-S (Not a Benefit)		DES	
	02163136	Maalox (Not a Benefit)		NOV	
1103	120mg & 60mg/mL O/L dpp				
	00491217	Diovol EX (Not a Benefit)		HOR	
	02162369	Maalox TC (Not a Benefit)		NOV	
1104	400mg & 400mg Tab dpp				
	00483605	Gelusil Extra Strength (Not a Benefit)		PDA	
	02208253	Maalox (Not a Benefit)		NOV	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:08:00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE

1105	2.5mg & 0.025mg Tab			.4358
	00036323	Lomotil	PFI	.4358
	Reason for Use Code	Clinical criteria		
		For the treatment of diarrhea associated with:		
	110	An ileostomy or a colostomy; LU Authorization Period: 1 year.		
	111	Bowel resection, including short bowel syndrome; LU Authorization Period: 1 year.		
	112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis; LU Authorization Period: 1 year.		
	113	Cancer, including chemotherapy or radiation therapy; LU Authorization Period: 1 year.		
	114	HIV/AIDS; LU Authorization Period: 1 year.		
	115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care; LU Authorization Period: 1 year.		
	224	Fecal incontinence. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:08:00 ANTIDIARRHEA AGENTS

LOPERAMIDE HCL

1106	2mg Caplet				.1903
	00860743	Imodium	JAN		.3806
	02132591	Novo-Loperamide	NOP		.1903
	02212005	Apo-Loperamide	APX		.1903
	02228351	PMS-Loperamide	PMS		.1903
	02229552	Diarr-eze (Not a Benefit)	PMS		
	02257564	Sandoz Loperamide	SDZ		.1903
	Reason for Use Code	Clinical criteria			
		For the treatment of diarrhea associated with:			
	110	An ileostomy or a colostomy; LU Authorization Period: 1 year.			
	111	Bowel resection, including short bowel syndrome; LU Authorization Period: 1 year.			
	112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis; LU Authorization Period: 1 year.			
	113	Cancer, including chemotherapy or radiation therapy; LU Authorization Period: 1 year.			
	114	HIV/AIDS; LU Authorization Period: 1 year.			
	115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care; LU Authorization Period: 1 year.			
	224	Fecal incontinence. LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

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

BISACODYL

1107	*5mg Ent Tab				.0450
	00254142	Dulcolax	BOE		.1860
	00545023	Apo-Bisacodyl	APX		.0450
1108	5mg Sup				1.0933
	00003867	Dulcolax	BOE		1.0933
1109	*10mg Sup				.4681
	00003875	Dulcolax	BOE		1.1000
	00404802	Ratio-Bisacodyl	RPH		.4681

DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)

1110	240mg Cap				.1287
	00664553	PMS-Docusate Calcium	PMS		.1287
	02224666	Surfak (Not a Benefit)	HMR		

DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)

1111	*100mg Cap				.0383
	00716731	Docusate Sodium	TAR		.0383
	01994344	Soflax	PMS		.0383
	02106256	Colace	WEL		.1310
1112	4mg/mL O/L				.0232
	02006758	Soflax Syrup	PMS		.0232
	02086018	Colace	WEL		.0232
1113	10mg/mL O/L				.1770
	02090163	Colace	WEL		.1770

GRAIN & CITRUS FIBRE

1114	*Tab				.0565
	00595829	Novo-Fibre	NOP		.0565
	00779768	Fibyrax (Not a Benefit)	LED		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

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

LACTULOSE

1115	40% Jelly-Unidose Pk 00739561	GEL-OSE	JOU		.4534 .4534
1116	667mg/mL O/L 00703486	PMS-Lactulose	PMS		.0147 .0147

MAGNESIUM OXIDE, CITRIC ACID, SODIUM PICOSULFATE

1117	3.5g/12g/10mg Pd for Sol-12g Pk 02254794	Pico-Salax	FEI		12.0000 12.0000
------	---	------------	-----	--	---------------------------

MINERAL OIL

1118	Enema 00107875	Fleet	MFC		.0326 .0326
------	-------------------	-------	-----	--	-----------------------

PSYLLIUM MUCILLOID

1119	*Oral Pd 00599875	Mucillium	PMS		.0175 .0175
	01912879	Metamucil Sugar Free (Not a Benefit)	PGI		
	02174812	Metamucil Fibre Therapy-Original Texture	PGI		.0246

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

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

SENNOSIDES A & B

1120	1.7mg/mL Syrup				.0318
	00367729	Senokot	PFP		.0318
1121	*8.6mg Tab				.0595
	00026158	Senokot	PFP		.0595
	00604402	Glyssennid (Not a Benefit)	NOV		
1122	*12mg Tab				.0745
	00027502	Glyssennid	NOV		.0745

SODIUM BIPHOSPHATE & SODIUM PHOSPHATE

1123	160mg & 60mg/mL	Ped Rect Sol			.0440
	00108065	Fleet	MFC		.0440
1124	*160mg & 60mg/mL	Rect Sol			.0205
	00009911	Fleet	MFC		.0236
	02096900	Enemol	DPC		.0205

SODIUM CITRATE & SODIUM LAURYL SULFOACETATE

1125	Micro Enema-5mL Pk				.9152
	02063905	Microlax	PFI		.9152

STERCULIA GUM

1126	62% W/W Gran 1 Sach Pk				.1937
	02147831	Normacol	RIV		.1937

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1127	8000 & 30000 & 30000 USP Units 00263818	Cap Cotazym	ORG	.1828 .1828
1128	4000 & 11000 & 11000 USP Units 02181215	Ent Microsph Cap Cotazym ECS 4	ORG	.1795 .1795
1129	8000 & 30000 & 30000 USP Units 00502790	Ent Microsph Cap Cotazym ECS 8	ORG	.3299 .3299
1130	20000 & 55000 & 55000 USP Units 00821373	Ent Microsph Cap Cotazym ECS 20	ORG	.8648 .8648
	Reason for Use Code	Clinical criteria		
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas; LU Authorization Period: Indefinite.		
	225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
1131	4000 & 12000 & 12000 USP Units	Ent Microsph Cap			.3757
	00789445	Pancrease MT4	JNO		.3757
	Reason for Use Code	Clinical criteria			
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.			
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.			
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1132	5000 & 16600 & 18750 USP Units 02239007	Ent Minimicrosph Cap Creon 5	SPH	.1670 .1670
1133	10000 & 33200 & 37500 USP Units 02200104	Ent Minimicrosph Cap Creon 10	SPH	.2670 .2670
1134	20000 & 66400 & 75000 USP Units 02239008	Ent Minimicrosph Cap Creon 20	SPH	.7923 .7923
1135	25000 & 74000 & 62500 USP Units 01985205	Ent Minimicrosph Cap Creon 25	SPH	.8340 .8340
	Reason for Use Code	Clinical criteria		
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas; LU Authorization Period: Indefinite.		
	225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1136	16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk 02230020	Viokase	BFI	31.9800 31.9800
1137	4500 & 20000 & 25000 USP Units SR Cap 02242374	Pancrease	JNO	.3751 .3751
1138	8000 & 30000 & 30000 USP Units Tab 02230019	Viokase	BFI	.1599 .1599
1139	16mg Tab 02241933	Viokase 16	BFI	.3198 .3198
	Reason for Use Code	Clinical criteria		
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

DIMENHYDRINATE

1140 *50mg Tab

00013803	Gravol Filmkote (Not a Benefit)	HOR
00021423	Novo-Dimenate (Not a Benefit)	NOP
00363766	Apo-Dimenhydrinate (Not a Benefit)	APX
00586331	PMS-Dimenhydrinate (Not a Benefit)	PMS

DOLASETRON MESYLATE

1141	50mg Tab			13.3900
	02231378	Anzemet	SAV	13.3900
1142	100mg Tab			26.7800
	02231379	Anzemet	SAV	26.7800

Reason for Use Code

229

Clinical criteria
For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.

LU Authorization Period: 1 year.

230

For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics.

LU Authorization Period: 1 year.

231

For patients receiving intravenous chemotherapy who experience intolerable side effects with other anti-emetics.

NOTE: The therapeutic value of Anzemet more than 24 hours after the last dose of chemotherapy is unproven.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL

1143	10mg & 10mg SR Tab				.8099
	00609129	Diclectin	DUI		.8099

DRONABINOL

1144	2.5mg Cap				1.9100
	00611190	Marinol	SPH		1.9100
1145	5mg Cap				3.8200
	00611204	Marinol	SPH		3.8200

Reason for Use Code

Clinical criteria

40

For the treatment of emesis associated with cancer chemotherapy in patients who are unresponsive to conventional antiemetic therapy:

Initial dose -5mg/m.sq. given 1 to 3 hours before administration of chemotherapy;

Repeat doses -5mg/m.sq. every 2 to 4 hours after chemotherapy as needed, usually for 1 to 2 days: no more than 4 to 6 doses should be given in a single day.

LU Authorization Period: 1 year.

345

For the treatment of AIDS-related anorexia associated with weight loss and prescription is from a prescriber approved for the Facilitated Access mechanism (see Part VI of the Formulary/CDI binder).

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

GRANISETRON HCL

1146	1mg Tab 02185881	Kytril	HLR	18.0000 18.0000
	Reason for Use Code	Clinical criteria		
	91	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy. LU Authorization Period: 1 year.		
	92	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.		
	93	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 year.		
	326	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation. NOTE: The therapeutic value of Kytril more than 24 hours after the last dose of chemotherapy is unproven. LU Authorization Period: 1 year.		

MECLIZINE HCL

1147	25mg Tab 00220442	Bonamine	PFI	.2919 .2919
------	----------------------	----------	-----	-----------------------

NABILONE

1148	0.5mg Cap 02256193	Cesamet	VAL	3.1026 3.1026
1149	1mg Cap 00548375	Cesamet	VAL	6.2050 6.2050

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

ONDANSETRON HYDROCHLORIDE

1150	4mg/5mL O/L 02229639	Zofran	GSK	1.9102 1.9102
1151	4mg Tab 02213567	Zofran	GSK	5.9884 12.5190
	02258188	PMS-Ondansetron	PMS	5.9884
	02264056	Novo-Ondansetron	NOP	5.9884
	02274310	Sandoz Ondansetron	SDZ	5.9884
	02278529	Ratio-Ondansetron	RPH	5.9884
	02288184	Apo-Ondansetron	APX	5.9884
1152	4mg Tab 02239372	Zofran ODT	GSK	12.5190 12.5190
1153	8mg Tab 02213575	Zofran	GSK	9.1402 19.1030
	02258196	PMS-Ondansetron	PMS	9.1402
	02264064	Novo-Ondansetron	NOP	9.1402
	02274329	Sandoz Ondansetron	SDZ	9.1402
	02278537	Ratio-Ondansetron	RPH	9.1402
	02288192	Apo-Ondansetron	APX	9.1402
1154	8mg Tab 02239373	Zofran ODT	GSK	19.1030 19.1030
	Reason for Use Code	Clinical criteria		
	215	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy. LU Authorization Period: 1 year.		
	216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.		
	217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 year.		
	218	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation. NOTE: The therapeutic value of Zofran more than 24 hours after the last dose of chemotherapy is unproven. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

5-AMINOSALICYLIC ACID

1155	500mg Del-Release Tab 02099683	Pentasa	FEI		.5569 .5569
1156	1g/100mL Enema 02153521	Pentasa	FEI		3.7000 3.7000
1157	4g/100mL Enema 02153556	Pentasa	FEI		4.4600 4.4600
1158	500mg Ent Tab 02112787	Salofalk	BFI		.4840 .4840
1159	500mg Ent Tab 01914030	Mesasal	GSK		.5742 .5742
1160	4g Rect Susp-Pk 02112809	Salofalk	BFI		5.9600 5.9600
1161	500mg Sup 02112760	Salofalk	BFI		1.0893 1.0893
1162	1000mg Sup 02242146	Salofalk	BFI		1.6000 1.6000
1163	1g Sup 02153564	Pentasa	FEI		1.6300 1.6300
1164	400mg Tab 01997580	Asacol	PGP		.4950 .4950
1165	800mg Tab 02267217	Asacol	PGP		.9900 .9900

BETAMETHASONE DISODIUM PHOSPHATE

1166	5mg/100mL Enema-100mL Pk 02060884	Betnesol	SHI		8.5314 8.5314
------	--------------------------------------	----------	-----	--	-------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

CIMETIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1167	60mg/mL O/L				.1124
	01916750	Tagamet (Not a Benefit)	SMJ		
	02243085	# Apo-Cimetidine	APX		.1124
1168	200mg Tab				.0737
	00582409	Novo-Cimetidine	NOP		.0737
	00584215	Apo-Cimetidine	APX		.0737
	00865796	Nu-Cimet	NXP		.0737
	01916793	Tagamet (Not a Benefit)	SMJ		
	02229717	PMS-Cimetidine	PMS		.0737
1169	300mg Tab				.0860
	00487872	Apo-Cimetidine	APX		.0860
	00582417	Novo-Cimetidine	NOP		.0860
	00865818	Nu-Cimet	NXP		.0860
	01916815	Tagamet (Not a Benefit)	SMJ		
	02227444	Gen-Cimetidine	GEN		.0860
	02229718	PMS-Cimetidine	PMS		.0860
1170	400mg Tab				.1350
	00600059	Apo-Cimetidine	APX		.1350
	00603678	Novo-Cimetidine	NOP		.1350
	00865826	Nu-Cimet	NXP		.1350
	01916785	Tagamet (Not a Benefit)	SMJ		
	02227452	Gen-Cimetidine	GEN		.1350
	02229719	PMS-Cimetidine	PMS		.1350

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

CIMETIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1171	600mg Tab				.1720
	00600067	Apo-Cimetidine	APX		.1720
	00603686	Novo-Cimetidine	NOP		.1720
	00865834	Nu-Cimet	NXP		.1720
	01916777	Tagamet (Not a Benefit)	SMJ		
	02227460	Gen-Cimetidine	GEN		.1720
	02229720	PMS-Cimetidine	PMS		.1720
1172	800mg Tab				.2530
	00663727	Novo-Cimetidine	NOP		.2530
	00749494	Apo-Cimetidine	APX		.2530
	01916769	Tagamet (Not a Benefit)	SMJ		
	02229721	PMS-Cimetidine	PMS		.2530

DOMPERIDONE MALEATE

1173	10mg Tab				.1496
	00855820	Motilium (Not a Benefit)	JAN		
	01912070	Ratio-Domperidone	RPH		.1496
	02103613	Apo-Domperidone	APX		.1496
	02157195	Novo-Domperidone	NOP		.1496
	02231477	Nu-Domperidone	NXP		.1496
	02236466	PMS-Domperidone	PMS		.1496
	02268078	Ran-Domperidone	RAN		.1496

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

FAMOTIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1174	20mg Tab				.4679
	00710121	Pepcid	MFC		1.0023
	01953842	Apo-Famotidine	APX		.4679
	02022133	Novo-Famotidine	NOP		.4679
	02024195	Nu-Famotidine	NXP		.4679
	02196018	Gen-Famotidine	GEN		.4679
1175	40mg Tab				.8423
	00710113	Pepcid	MFC		1.8223
	01953834	Apo-Famotidine	APX		.8423
	02022141	Novo-Famotidine	NOP		.8423
	02024209	Nu-Famotidine	NXP		.8423
	02196026	Gen-Famotidine	GEN		.8423

HYDROCORTISONE

1176	100mg/60mL Enema-60mL Pk				5.1429
	00230316	Hycort	VAL		5.1429
	02112736	Cortenema	BFI		6.0500

HYDROCORTISONE ACETATE

1177	10% Rect Aero-15g Pk				77.0600
	00579335	Cortifoam	SQI		77.0600

LACTULOSE

1178	666.7mg/mL O/L				.0145
	00854409	Ratio-Lactulose	RPH		.0145
	02091925	Cephulac (Not a Benefit)	MRR		
	02242814	Apo-Lactulose Solution	APX		.0145

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE

1179	15mg DR Cap 02165503	Prevacid	ABB	2.0000 2.0000
1180	30mg DR Cap 02165511	Prevacid	ABB	2.0000 2.0000

Reason for Use Code Clinical criteria

293 Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;
OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 Year

295 H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 Year

Continued on next page...

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE (cont'd)

Reason for Use Code	Clinical criteria
297	<p>Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis: For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.</p> <p>LU Authorization Period: 1 Year</p>
401	<p>Other Gastrointestinal Disorders For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.</p> <p>LU Authorization Period: 1 Year</p>
402	<p>Severe Conditions: For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.</p> <p>For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.</p> <p>LU Authorization Period: 1 Year</p>

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
1181	30mg & 500mg & 500mg Tab/Cap Pk 02238525	Hp-PAC	ABB	78.2400	78.2400
	Reason for Use Code	Clinical criteria			
	306	a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course. Maximum duration: 7 days LU Authorization Period: 1 Year			
	307	b) For the <u>retreatment</u> of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)			
		Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u> , as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.			
		Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.			
		LU Authorization Period: 1 Year			

METOCLOPRAMIDE HCL

1182	5mg Tab				.0556
	00842826	Apo-Metoclop	APX	.0556	
	02099195	Maxeran (Not a Benefit)	HMR		
	02143275	Nu-Metoclopramide	NXP	.0556	
	02230431	PMS-Metoclopramide	PMS	.0556	
1183	10mg Tab				.0583
	00842834	Apo-Metoclop	APX	.0583	
	02099209	Maxeran (Not a Benefit)	HMR		
	02143283	Nu-Metoclopramide	NXP	.0583	
	02230432	PMS-Metoclopramide	PMS	.0583	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

MISOPROSTOL

1184	100mcg Tab				.1360
	00813966	Cytotec (Not a Benefit)	SEA		
	02240754	Novo-Misoprostol	NOP	.1360	
	02244022	Apo-Misoprostol	APX	.1360	
1185	200mcg Tab				.2265
	00632600	Cytotec (Not a Benefit)	SEA		
	02240755	Novo-Misoprostol	NOP	.2265	
	02244023	Apo-Misoprostol	APX	.2265	
	02244125	PMS-Misoprostol	PMS	.2265	

NIZATIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1186	150mg Cap				.4196
	00778338	Axid	PHE	.8392	
	02177714	PMS-Nizatidine	PMS	.4196	
	02220156	Apo-Nizatidine	APX	.4196	
	02240457	Novo-Nizatidine	NOP	.4196	
	02246046	Gen-Nizatidine	GEN	.4196	
1187	300mg Cap				.7603
	00778346	Axid	PHE	1.5206	
	02177722	PMS-Nizatidine	PMS	.7603	
	02220164	Apo-Nizatidine	APX	.7603	
	02240458	Novo-Nizatidine	NOP	.7603	
	02246047	Gen-Nizatidine	GEN	.7603	

OLSALAZINE SODIUM

1188	250mg Cap				.4770
	00875848	Dipentum	KAP	.4770	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE

1189	20mg				1.1000
	02190915	Losec DR Tab	AZC		2.2000
	02245058	Apo-Omeprazole Cap	APX		1.1000
	02260867	Ratio-Omeprazole DR Tab	RPH		1.1000

Reason for Use Code Clinical criteria

293 Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;
OR
For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 Year

297 Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:
For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;
OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 Year

Continued on next page...

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE (cont'd)

Reason for Use Code	Clinical criteria
401	<p>Other Gastrointestinal Disorders</p> <p>For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.</p> <p>LU Authorization Period: 1 Year</p>
402	<p>Severe Conditions:</p> <p>For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.</p> <p>For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.</p> <p>LU Authorization Period: 1 Year</p>

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE MAGNESIUM

1190	20mg DR Tab				1.1000
	09857195	Losec	AZC		2.2000
	09857267	Ratio-Omeprazole	RPH		1.1000

Reason for Use Code Clinical criteria

H. pylori-positive Peptic Ulcers

295 For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 Year

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
1191	40mg Ent Tab 02229453	Pantoloc	ALA	1.9000	1.9000
	Reason for Use Code	Clinical criteria			
		Gastroesophageal Reflux Disease (GERD)			
293		For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year			
		H. pylori-positive Peptic Ulcers			
295		For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment). LU Authorization Period: 1 Year			
		Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:			
297		For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year			

Continued on next page...

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM (cont'd)

Reason for Use Code	Clinical criteria
401	<p>Other Gastrointestinal Disorders</p> <p>For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.</p> <p>LU Authorization Period: 1 Year</p>
402	<p>Severe Conditions:</p> <p>For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.</p> <p>For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.</p> <p>LU Authorization Period: 1 Year</p>

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

RABEPRAZOLE SODIUM

1192	10mg Tab 02243796	Pariet	JNO		.6500 .6500
1193	20mg Tab 02243797	Pariet	JNO		1.3000 1.3000

RANITIDINE HCL

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1194	50mg/2mL Inj Sol-2mL Pk 02212366	Zantac	GSK		2.6770 2.6770
1195	15mg/mL Oral Sol 02212374 02242940	Zantac Novo-Ranidine	GSK NOP		.0932 .1948 .0932
1196	150mg Tab 00733059 00828564 00828823 00865737 02207761 02212331 02242453 02243229 02248570	Apo-Ranitidine Novo-Ranidine Ratio-Ranitidine Nu-Ranit Gen-Ranitidine Zantac PMS-Ranitidine Sandoz Ranitidine Co-Ranitidine	APX NOP RPH NXP GEN GSK PMS SDZ COB		.4042 .4042 .4042 .4042 .4042 1.1447 .4042 .4042 .4042 .4042
1197	300mg Tab 00733067 00828556 00828688 00865745 02207788 02212358 02242454 02243230 02248571	Apo-Ranitidine Novo-Ranidine Ratio-Ranitidine Nu-Ranit Gen-Ranitidine Zantac PMS-Ranitidine Sandoz Ranitidine Co-Ranitidine	APX NOP RPH NXP GEN GSK PMS SDZ COB		.7787 .7787 .7787 .7787 .7787 2.1547 .7787 .7787 .7787

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

SUCRALFATE

1198	1g/5mL Oral Susp				.0934
	02103567	Sulcrate Suspension Plus	BFI		.0934
1199	1g Tab				.2335
	02045702	Novo-Sucralate	NOP		.2335
	02100622	Sulcrate	BFI		.5141
	02125250	Apo-Sucralfate	APX		.2335
	02134829	Nu-Sucralfate	NXP		.2335
	02238209	PMS-Sucralfate	PMS		.2335

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

60:00 GOLD COMPOUNDS

AURANOFIN

1200	3mg Cap				1.9463
	01916823	Ridaura	SQI		1.9463

SODIUM AUROTHIOMALATE

1201	10mg/mL Inj Sol-1mL Pk				6.3100
	01927620	Myochrysin	SAV		9.9400
	02245456	Sodium Aurothiomalate	SDZ		6.3100
1202	25mg/mL Inj Sol-1mL Pk				7.6567
	01927612	#Myochrysin	SAV		12.0600
	02245457	Sodium Aurothiomalate	SDZ		7.6567
1203	50mg/mL Inj Sol-1mL Pk				11.8900
	01927604	Myochrysin	SAV		18.7300
	02245458	Sodium Aurothiomalate	SDZ		11.8900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

64:00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

1204	250mg Cap 00016055	Cuprimine	MFC	.7941 .7941
------	-----------------------	-----------	-----	------------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

BECLOMETHASONE DIPROPIONATE

1205	50mcg/Metered Dose Aero Inh-200 Dose Pk 02242029	QVAR	MMH	29.2000 29.2000
1206	100mcg/Metered Dose Aero Inh-200 Dose Pk 02242030	QVAR	MMH	58.4000 58.4000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

BUDESONIDE

1207	0.125mg/mL Inh Susp 02229099	Pulmicort Nebuamp	AZC	.2063 .2063
1208	0.25mg/mL Inh Susp 01978918	Pulmicort Nebuamp	AZC	.4125 .4125
1209	0.5mg/mL Inh Susp 01978926	Pulmicort Nebuamp	AZC	.8250 .8250

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

260

Children aged 6 years or less;

LU Authorization Period: Indefinite.

261

Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

262

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

263

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

264

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

BUDESONIDE

1210	100mcg/Metered Dose 00852074	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	30.4000 30.4000
1211	200mcg/Metered Dose 00851752	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	60.8500 60.8500
1212	400mcg/Metered Dose 00851760	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	109.5000 109.5000

DEXAMETHASONE

1213	0.5mg Tab 00016462 01964976 02240684 02261081	Decadron (Not a Benefit) PMS-Dexamethasone Ratio-Dexamethasone Apo-Dexamethasone	MSD PMS RPH APX	.1564 .1564 .1564 .1564
1214	4mg Tab 00354309 01964070 02240687 02250055	Decadron (Not a Benefit) PMS-Dexamethasone Ratio-Dexamethasone Apo-Dexamethasone	MSD PMS RPH APX	.6092 .6092 .6092 .6092

DEXAMETHASONE 21-PHOSPHATE

1215	4mg/mL Inj Sol 00213624 00664227 01977547	Decadron (Not a Benefit) Dexamethasone Sodium Dexamethasone Sodium	MSD SDZ CYI	1.6900 1.6900 1.6900
------	--	--	-------------------	-----------------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

FLUDROCORTISONE ACETATE

1216	0.1mg Tab				.2170
	02086026	Florinef		SHI	.2170

FLUTICASONE PROPIONATE

1217	50mcg/Metered Dose Inh-120 Dose Pk				23.4600
	02244291	Flovent HFA		GSK	23.4600
1218	125mcg/Metered Dose Inh-120 Dose Pk				38.5700
	02244292	Flovent HFA		GSK	38.5700
1219	250mcg/Metered Dose Inh-120 Dose Pk				77.1300
	02244293	Flovent HFA		GSK	77.1300
1220	250mcg/Blister Pd Inh-60 Dose Pk				38.5700
	02237246	Flovent Diskus		GSK	38.5700
1221	500mcg/Blister Pd Inh-60 Dose Pk				77.1300
	02237247	Flovent Diskus		GSK	77.1300

HYDROCORTISONE

1222	10mg Tab				.1496
	00030910	Cortef		PFI	.1496
1223	20mg Tab				.2543
	00030929	Cortef		PFI	.2543

METHYLPREDNISOLONE

1224	4mg Tab				.3252
	00030988	Medrol		PFI	.3252

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

METHYLPREDNISOLONE ACETATE

1225	40mg/mL Inj Susp-1mL Pk 00030759	Depo-Medrol	PFI	4.6920 4.6920
1226	80mg/mL Inj Susp-1mL Pk 00030767	Depo-Medrol	PFI	9.0000 9.0000
1227	100mg/5mL Inj Susp-5mL Pk 01934325	Depo-Medrol	PFI	10.5100 10.5100

PREDNISOLONE SODIUM PHOSPHATE

1228	6.7mg/5mL O/L 02230619	Pediapred Oral Liquid	SAV	.0671 .1057
	02245532	PMS-Prednisolone	PMS	.0671

PREDNISONE

1229	1mg Tab 00271373	Winpred	VAL	.1035 .1035
	00598194	Apo-Prednisone	APX	.1035
1230	5mg Tab 00021695	Novo-Prednisone	NOP	.0220 .0220
	00210188	Deltasone (Not a Benefit)	UPJ	
	00312770	Apo-Prednisone	APX	.0220
1231	50mg Tab 00232378	Novo-Prednisone	NOP	.0913 .0913
	00252417	Deltasone (Not a Benefit)	UPJ	
	00550957	Apo-Prednisone	APX	.0913

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

TRIAMCINOLONE ACETONIDE

1232	40mg/mL Inj Susp-1mL Pk			4.7700
	00990876	Kenalog-40	BQU	6.8200
	02229550	Triamcinolone Acetonide	SDZ	4.7700
1233	50mg/5mL Inj Susp-5mL Pk			10.2800
	01999761	Kenalog-10	BQU	14.6900
	02229540	Triamcinolone Acetonide	SDZ	10.2800
1234	200mg/5mL Inj Susp-5mL Pk			16.7100
	01999869	Kenalog-40	BQU	23.8700
	09857128	Triamcinolone Acetonide	SDZ	16.7100

68:08:00 ANDROGENS

DANAZOL

1235	50mg Cap			.7483
	02018144	Cyclomen	SAV	.7483
1236	100mg Cap			1.1104
	02018152	Cyclomen	SAV	1.1104
1237	200mg Cap			1.7744
	02018160	Cyclomen	SAV	1.7744

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

TESTOSTERONE

1238	1% 2.5g Foil Packet 02245345	Androgel	SPH	3.7600 3.7600
1239	1% 5.0g Foil Packet 02245346	Androgel	SPH	3.7600 3.7600
1240	12.2mg Transdermal Patch 02239653	Androderm	PAL	1.8800 1.8800

Reason for Use Code

397

Clinical criteria

For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.

NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

TESTOSTERONE CYPIONATE

1241	100mg/mL Oily Inj Sol-10mL Pk 00030783	Depo-Testosterone	PFI	24.1400 24.1400
	Reason for Use Code 397	Clinical criteria For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients. NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria. LU Authorization Period: 1 year.		

TESTOSTERONE ENANTHATE

1242	1000mg/5mL Oily Inj Sol-5mL Pk 00029246	Delatestryl	THE	24.4200 24.4200
	Reason for Use Code 397	Clinical criteria For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients. NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

TESTOSTERONE UNDECANOATE

1243	40mg Cap 00782327	Andriol	ORG	.9400 .9400
	Reason for Use Code	Clinical criteria		
	397	For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.		
		NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.		
		LU Authorization Period: 1 year.		

68:16:00 ESTROGENS

CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE

1244	0.625mg/2.5mg Tab-28 Day Pk 02242878	Premplus	WAY	7.0000 7.0000
1245	0.625mg/5mg Tab-28 Day Pk 02242879	Premplus	WAY	7.0000 7.0000
	Reason for Use Code	Clinical criteria		
	398	For short-term use in women who are experiencing symptoms of menopause.		
		NOTE: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.		
		LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

CONJUGATED ESTROGENS

1246	0.3mg Tab 02043394	Premarin	WAY	.1215 .1215
1247	0.625mg Tab 00265470 02043408	C.E.S. Premarin	VAL WAY	.0774 .0774 .1215
1248	1.25mg Tab 00265489 02043424	C.E.S. Premarin	VAL WAY	.1293 .1293 .2163
	Reason for Use Code 398	Clinical criteria For short-term use in women who are experiencing symptoms of menopause.		
		NOTE: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.		
		LU Authorization Period: 1 year.		

1249	0.625mg/g Vag Cr 02043440	Premarin	WAY	.5800 .5800
------	------------------------------	----------	-----	-----------------------

ESTRADIOL

1250	2mg Vag Ring 02168898	Estring	PFI	60.0000 60.0000
------	--------------------------	---------	-----	---------------------------

ESTRADIOL 17-B

1251	25mcg Vag Tab 02241332	Vagifem	NOO	2.5180 2.5180
------	---------------------------	---------	-----	-------------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)

1252	1.5mg Tab 02089769	Ogen 1.25	PFI	.2804 .2804
	Reason for Use Code 398	Clinical criteria For short-term use in women who are experiencing symptoms of menopause.		
		NOTE: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.		
		LU Authorization Period: 1 year.		

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)

1253	3mg Tab 02089777	Ogen 2.5	PFI	.4434 .4434
	Reason for Use Code 398	Clinical criteria For short-term use in women who are experiencing symptoms of menopause.		
		NOTE: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.		
		LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

ACARBOSE

1254	50mg Tab 02190885	Glucobay	BAY	.2444 .2444
1255	100mg Tab 02190893	Glucobay	BAY	.3385 .3385
	Reason for Use Code	Clinical criteria		
		For the treatment of non-insulin-dependent diabetes mellitus (NIDDM):		
	175	In patients who cannot tolerate or have failed treatment with other oral hypoglycemic agents or in whom other oral hypoglycemic agents are contraindicated;		
		LU Authorization Period: Indefinite.		
	176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations.		
		LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

GLICLAZIDE

1256	80mg Tab 00765996	+ Diamicon	SEV	.3725 .3725
1257	30mg SR Tab 02242987	+ Diamicon MR	SEV	.3725 .3725

Note: These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:

- Inadequate glycemic control (HbA1C > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
- Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
- Adequate glycemic control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
- HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

GLYBURIDE

1258	2.5mg Tab				.0393
	00720933	Euglucon	PMS		.0450
	00808733	Gen-Glybe	GEN		.0393
	01900927	Ratio-Glyburide	RPH		.0393
	01913654	Apo-Glyburide	APX		.0393
	01913670	Novo-Glyburide	NOP		.0393
	02020734	Nu-Glyburide	NXP		.0393
	02224550	Diabeta	SAV		.1107
	02236733	PMS-Glyburide	PMS		.0393
	02248008	Sandoz Glyburide	SDZ		.0393
1259	5mg Tab				.0683
	00720941	Euglucon	PMS		.0725
	00808741	Gen-Glybe	GEN		.0683
	01900935	Ratio-Glyburide	RPH		.0683
	01913662	Apo-Glyburide	APX		.0683
	01913689	Novo-Glyburide	NOP		.0683
	02020742	Nu-Glyburide	NXP		.0683
	02224569	Diabeta	SAV		.1983
	02236734	PMS-Glyburide	PMS		.0683
	02248009	Sandoz Glyburide	SDZ		.0683

METFORMIN HCL

1260	500mg Tab				.0965
	02045710	Novo-Metformin	NOP		.0965
	02099233	Glucophage	SAV		.2027
	02148765	Gen-Metformin	GEN		.0965
	02162822	Nu-Metformin	NXP		.0965
	02167786	Apo-Metformin	APX		.0965
	02223562	PMS-Metformin	PMS		.0965
	02233999	Rhoxal-Metformin	SDZ		.0965
	02242794	Metformin	ZYN		.1216
	02242974	Ratio-Metformin	RPH		.0965
	02246820	Sandoz Metformin FC	SDZ		.0965
	02257726	Co-Metformin	COB		.0965
	02269031	Ran-Metformin	RAN		.0965

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

PIOGLITAZONE HCL

1261	15mg Tab 02242572	Actos	LIL	2.1463 2.1463
1262	30mg Tab 02242573	Actos	LIL	3.0070 3.0070
1263	45mg Tab 02242574	Actos	LIL	4.5213 4.5213

Note: These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:

- Inadequate glycemc control (HbA1C > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
- Inadequate glycemc control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
- Inadequate glycemc control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
- Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
- Adequate glycemc control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
- HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

ROSIGLITAZONE

1264	2mg Tab 02241112	Avandia	GSK	1.2853 1.2853
1265	4mg Tab 02241113	Avandia	GSK	2.0169 2.0169
1266	8mg Tab 02241114	Avandia	GSK	2.8842 2.8842

Note: These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:

- Inadequate glycemic control (HbA1C > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
- Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
- Adequate glycemic control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
- HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:10 ANTI-DIABETIC AGENTS INSULINS (RAPID ACTING)

INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1267	1000U/10mL Inj Sol-10mL Pk 00586714	Humulin Regular	LIL	17.2000 17.2000
1268	100U/mL Inj Sol-5X3mL Pk 09853766	Humulin R	LIL	35.6800 35.6800

INSULIN ASPART

1269	100U/mL Inj Sol-10mL Pk 02245397	NovoRapid	NOO	25.3400 25.3400
1270	100U/mL Inj Sol-5x3mL Pk 02244353	NovoRapid Penfill	NOO	50.7100 50.7100
	Reason for Use Code	Clinical criteria		
	388	For the treatment of patients with Type 1 diabetes mellitus. LU Authorization Period: Indefinite.		
	389	For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump. LU Authorization Period: Indefinite.		
	390	For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day). LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:10 ANTI-DIABETIC AGENTS INSULINS (RAPID ACTING)

INSULIN HUMAN BIOSYNTHETIC

1271	1000U/10mL Inj Sol-10mL Pk 02024233	Novolin ge Toronto	NOO	18.3300 18.3300
1272	100U/mL Inj Sol-5X3mL Pk 09853774	Novolin ge Toronto Penfill	NOO	35.9700 35.9700

INSULIN LISPRO

1273	100U/mL Inj Sol-10mL Pk 02229704	Humalog	LIL	25.7900 25.7900
1274	100U/mL Inj Sol-5x3mL Pk 09853715	Humalog	LIL	51.5900 51.5900

Reason for Use Code

Clinical criteria

388

For the treatment of patients with Type 1 diabetes mellitus.
LU Authorization Period: Indefinite.

389

For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.

LU Authorization Period: Indefinite.

390

For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day).

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:12 ANTI-DIABETIC AGENTS INSULINS (INTERMEDIATE ACTING)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

1275	1000U/10mL Inj Susp-10mL Pk 02024225	Novolin ge NPH	NOO	18.3300 18.3300
1276	100U/mL Inj Susp-5X3mL Pk 09853782	Novolin ge NPH Penfill	NOO	35.9700 35.9700

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1277	1000U/10mL Inj Susp-10mL Pk 00587737	Humulin NPH	LIL	17.2000 17.2000
1278	100U/mL Inj Susp-5X3mL Pk 09853804	Humulin N	LIL	35.6800 35.6800

68:20:16 ANTI-DIABETIC AGENTS INSULINS (PRE-MIXED)

INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC

1279	100U/mL Inj Susp-5X3mL Pk 02024292	Novolin ge 10/90 Penfill	NOO	36.6700 36.6700
------	---------------------------------------	--------------------------	-----	---------------------------

INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC

1280	100U/mL Inj Susp-5X3mL Pk 02024306	Novolin ge 20/80 Penfill	NOO	36.6700 36.6700
------	---------------------------------------	--------------------------	-----	---------------------------

INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC

1281	1000U/10mL Inj Susp-10mL Pk 02024217	Novolin ge 30/70	NOO	18.3300 18.3300
1282	100U/mL Inj Susp-5X3mL Pk 09853812	Novolin ge 30/70 Penfill	NOO	35.9700 35.9700

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:20:16 ANTI-DIABETIC AGENTS INSULINS (PRE-MIXED)

INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC

1283	100U/mL Inj Susp-5X3mL Pk 02024314	Novolin ge 40/60 Penfill	NOO	36.6700 36.6700
------	---------------------------------------	--------------------------	-----	---------------------------

INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC

1284	100U/mL Inj Susp-5X3mL Pk 02024322	Novolin ge 50/50 Penfill	NOO	36.6700 36.6700
------	---------------------------------------	--------------------------	-----	---------------------------

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%

1285	1000U/10mL Inj Susp-10mL Pk 00795879	Humulin 30/70	LIL	17.2000 17.2000
1286	100U/mL Inj Susp-5X3mL Pk 09853855	Humulin 30/70	LIL	35.6800 35.6800

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

1287	25% & 75% Inj Susp-5X3mL Pk 02240294	Humalog Mix25	LIL	51.5900 51.5900
------	---	---------------	-----	---------------------------

Reason for Use Code

226

Clinical criteria
For insulin requiring diabetic patients who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while using 2 or more doses of mixed insulin per day.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:24:00 PARATHYROID AGENTS

CALCITONIN SALMON

1288	100IU/mL Inj Sol-1mL Pk 02007134	Caltine 100	FEI	7.8200 7.8200
1289	400IU/2mL Inj Sol-2mL Pk 01926691	Calcimar	SAV	45.9400 45.9400

68:28:00 PITUITARY AGENTS

DESMOPRESSIN ACETATE

1290	0.1mg/mL Nas Sol-2.5mL Pk 00402516	DDAVP	FEI	47.2000 47.2000
1291	1.5mg/mL Nas Sp-2.5mL Pk 02237860	Octostim	FEI	386.0000 386.0000
1292	10mcg/Metered Dose Nas Sp-2.5mL Pk 00836362	DDAVP	FEI	33.0400 47.2000
	02242465	Apo-Desmopressin	APX	33.0400
1293	0.1mg Tab 00824305	DDAVP	FEI	0.9913 1.3217
	02284030	+ Apo-Desmopressin	APX	0.9913
1294	0.2mg Tab 00824143	DDAVP	FEI	1.9826 2.6434
	02284049	+ Apo-Desmopressin	APX	1.9826

THYROTROPIN ALFA

1295	0.9mg/mL Inj Pd-2x1.1mg Vial Pk 02246016	Thyrogen	GZM	1,324.0000 1,324.0000
------	---	----------	-----	---------------------------------

Reason for Use Code Clinical criteria

368

For use in the monitoring of patients with well-differentiated thyroid cancer.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

DESOGESTREL & ETHINYL ESTRADIOL

1296	0.15mg & 0.03mg 02042487	Tab-21 Pk Marvelon 21	ORG	12.2500 12.2500
1297	0.15mg & 0.03mg 02042541	Tab-21 Pk Ortho-Cept	JNO	13.1900 13.1900
1298	0.15mg & 0.03mg 02042479	Tab-28 Pk Marvelon 28	ORG	12.2500 12.2500
1299	0.15mg & 0.03mg 02042533	Tab-28Pk Ortho-Cept	JNO	13.1900 13.1900

ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE

1300	0.03mg & 2mg 00469327	Tab-21 Pk Demulen 30	PFI	12.1300 12.1300
1301	0.03mg & 2mg 00471526	Tab-28 Pk Demulen 30	PFI	12.9800 12.9800

ETHINYL ESTRADIOL & LEVONORGESTREL

1302	20mcg & 100mcg 02236974	Tab-21 Pk Alesse	WAY	12.9800 12.9800
1303	3 Phase 02043726	Tab-21 Pk Triphasil	WAY	12.9800 12.9800
1304	0.03mg & 0.15mg 02042320	Tab-21 Pk Min-Ovral	WAY	12.9800 12.9800
1305	3 Phase 00707600	Tab-21 Pk Triquilar 21	BAY	11.3000 11.3000
1306	20mcg & 100mcg 02236975	Tab-28 Pk Alesse	WAY	12.9800 12.9800
1307	3 Phase 02043734	Tab-28 Pk Triphasil	WAY	12.9800 12.9800
1308	0.03mg & 0.15mg 02042339	Tab-28 Pk Min-Ovral	WAY	12.9800 12.9800
1309	3 Phase 00707503	Tab-28 Pk Triquilar 28	BAY	11.3000 11.3000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & NORETHINDRONE

1310	0.035mg & 0.5mg Tab-21 Pk 00317047	Ortho 0.5/35	JNO	13.1900 13.1900
1311	0.035mg & 1mg Tab-21 Pk 00372846	Ortho 1/35	JNO	13.1900 13.1900
1312	3 Phase Tab-21 Pk 00602957	Ortho 7/7/7	JNO	13.1900 13.1900
1313	0.035mg & 0.5mg Tab-21 Pk 02187086	Brevicon	PFI	11.1200 11.1200
1314	0.035mg & 1mg Tab-21 Pk 02189054	Brevicon 1/35	PFI	11.1200 11.1200
1315	3 Phase Tab-21 Pk 02187108	Synphasic	PFI	10.2200 10.2200
1316	0.035mg & 0.5mg Tab-28 Pk 00340731	Ortho 0.5/35	JNO	13.1900 13.1900
1317	0.035mg & 1mg Tab-28 Pk 00372838	Ortho 1/35	JNO	13.1900 13.1900
1318	3 Phase Tab-28 Pk 00602965	Ortho 7/7/7	JNO	13.1900 13.1900
1319	0.035mg & 0.5mg Tab-28 Pk 02187094	Brevicon	PFI	11.1200 11.1200
1320	0.035mg & 1mg Tab-28 Pk 02189062	Brevicon 1/35	PFI	11.1200 11.1200
1321	3 Phase Tab-28 Pk 02187116	Synphasic	PFI	10.2200 10.2200

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE

1322	0.02mg & 1mg Tab-21 Pk 00315966	Minestrin 1/20	WAR	11.6800 11.6800
1323	0.03mg & 1.5mg Tab-21 Pk 00297143	Loestrin 1.5/30	WAR	11.6800 11.6800
1324	0.02mg & 1mg Tab-28 Pk 00343838	Minestrin 1/20	WAR	11.6800 11.6800
1325	0.03mg & 1.5mg Tab-28 Pk 00353027	Loestrin 1.5/30	WAR	11.6800 11.6800

ETHINYL ESTRADIOL & NORGESTREL

1326	0.05mg & 0.25mg Tab-21 Pk 02043033	Ovral	WAY	12.9800 12.9800
------	---------------------------------------	-------	-----	---------------------------

LEVONORGESTREL

1327	52mg Insert 02243005	Mirena	BAY	303.8000 303.8000
1328	0.75mg Tab-2 Tabs Pk 02241674	Plan B	WCC	15.9500 15.9500

MEDROXYPROGESTERONE ACETATE

1329	150mg/mL Inj 00585092	Depo-Provera	PFI	25.9500 25.9500
1330	50mg/mL Inj Sol-5mL Pk 00030848	Depo-Provera	PFI	24.1900 24.1900
1331	2.5mg Tab 00708917	Provera	PFI	.0630 .1599
	02148552	Ratio-MPA	RPH	.0630
	02221284	Novo-Medrone	NOP	.0630
	02229838	Gen-Medroxy	GEN	.0630
	02244726	Apo-Medroxy	APX	.0630
	02246627	PMS-Medroxyprogesterone	PMS	.0630

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

MEDROXYPROGESTERONE ACETATE

1332	5mg Tab				.1246
	00030937	Provera	PFI	.3164	
	02148560	Ratio-MPA	RPH	.1246	
	02221292	Novo-Medrone	NOP	.1246	
	02229839	Gen-Medroxy	GEN	.1246	
	02244727	Apo-Medroxy	APX	.1246	
	02246628	PMS-Medroxyprogesterone	PMS	.1246	
1333	10mg Tab				.2515
	00729973	Provera	PFI	.6388	
	02148579	Ratio-MPA	RPH	.2516	
	02221306	Novo-Medrone	NOP	.2516	
	02229840	Gen-Medroxy	GEN	.2516	
	02246629	PMS-Medroxyprogesterone	PMS	.2516	
	02277298	Apo-Medroxy	APX	.2515	
1334	10mg Tab				.6392
	02010933	Provera-Pak	PFI	.6392	
1335	100mg Tab				.8543
	00030945	Provera	PFI	1.2204	
	02267640	Apo-Medroxy	APX	.8543	

NORETHINDRONE

1336	0.35mg Tab-28 Pk				13.1900
	00037605	Micronor	JNO	13.1900	

NORGESTIMATE & ETHINYL ESTRADIOL

1337	3 Phase Tab-21 Pk				13.1900
	02028700	Tri-Cyclen	JNO	13.1900	
1338	0.25mg & 0.035mg Tab-21 Pk				13.1900
	01968440	Cyclen	JNO	13.1900	
1339	3 Phase Tab-28 Pk				13.1900
	02029421	Tri-Cyclen	JNO	13.1900	
1340	0.25mg & 0.035mg Tab-28 Pk				13.1900
	01992872	Cyclen	JNO	13.1900	

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1341	0.025mg Tab 02172062	Synthroid	ABB		.0753 .0753
1342	0.05mg Tab 02172070 02213192	Synthroid Eltroxin	ABB GSK		.0262 .0491 .0262
1343	0.075mg Tab 02172089	Synthroid	ABB		.0813 .0813
1344	0.088mg Tab 02172097	Synthroid	ABB		.0813 .0813
1345	0.1mg Tab 02172100 02213206	Synthroid Eltroxin	ABB GSK		.0321 .0607 .0321
1346	0.112mg Tab 02171228	Synthroid	ABB		.0859 .0859
1347	0.125mg Tab 02172119	Synthroid	ABB		.0873 .0873
1348	0.15mg Tab 02172127 02213214	Synthroid Eltroxin	ABB GSK		.0356 .0651 .0356
1349	0.175mg Tab 02172135	Synthroid	ABB		.0932 .0932
1350	0.2mg Tab 02172143 02213222	Synthroid Eltroxin	ABB GSK		.0377 .0694 .0377
1351	0.3mg Tab 02172151 02213230	Synthroid Eltroxin (Not a Benefit)	ABB GLW		.0946 .0946

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

68:00 HORMONES AND SUBSTITUTES

68:36:00 THYROIDS

THYROID

1352	30mg Tab 00023949	Thyroid	ERF		.0420 .0420
1353	60mg Tab 00023957	Thyroid	ERF		.0498 .0498
1354	125mg Tab 00023965	Thyroid	ERF		.0800 .0800

68:38:00 ANTI-THYROIDS

METHIMAZOLE

1355	5mg Tab 00015741	Tapazole	PAL		.2313 .2313
------	---------------------	----------	-----	--	-----------------------

PROPYLTHIOURACIL

1356	50mg Tab 00010200	Propyl-Thyracil	SQI		.2056 .2056
1357	100mg Tab 00010219	Propyl-Thyracil	SQI		.3217 .3217

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:04 ANTI-INFECTIVES ANTIBIOTICS

CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE

1358	1% & 5% Gel 02243158	Clindoxyl	STI	.8620 .8620
1359	1% & 5% Top Gel 02248472	BenzaClin	SAV	.8540 .8540

FUSIDIC ACID

1360	2% Cr 00586668	Fucidin	LEO	.5618 .5618
------	-------------------	---------	-----	-----------------------

MUPIROCIN

1361	2% Cr 02239757	Bactroban	GSK	.5080 .5080
1362	2% Oint 01916947 02279983	Bactroban Taro-Mupirocin	GSK TAR	.2482 .5080 .2482

SODIUM FUSIDATE

1363	2% Oint 00586676	Fucidin	LEO	.5618 .5618
------	---------------------	---------	-----	-----------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

CLOTRIMAZOLE

1364	10mg/g Cr				.0884
	00812382	Clotrimaderm	TAR		.0884
	02150867	Canesten 1% Topical Cream	BAY		.0999
1365	500mg & 1% Tab & Cr				12.0800
	02264102	Canesten 1 Comfortab Combi-Pak	BAY		12.0800
1366	10mg/g Vag Cr-App				.1750
	00812366	Clotrimaderm Vaginal Cream	TAR		.1750
	02150891	Canesten 6 Cream	BAY		.2212
1367	20mg/g Vag Cr-App				.3500
	00812374	Clotrimaderm Vaginal Cream	TAR		.3500
	02150905	Canesten 3	BAY		.4424

ECONAZOLE NITRATE

1368	1% Cr				.4407
	02011948	Ecostatin	BQU		.4407
1369	150mg Vag Sup				5.9167
	02010267	Ecostatin	BQU		5.9167

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

FLUCONAZOLE

1370	150mg Cap				7.2900
	02141442	Diflucan-150	PFI		15.1630
	02241895	Apo-Fluconazole-150	APX		7.2900
	02243645	Novo-Fluconazole-150	NOP		7.2900
	02245697	Gen-Fluconazole	GEN		7.2900
	Reason for Use Code	Clinical criteria			
	235	For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.			
		NOTE: Repeats within a 25 day period will not be reimbursed.			
		LU Authorization Period: 1 year.			

KETOCONAZOLE

1371	2% Cr				.3167
	00703974	Nizoral	JAN		.4530
	02245662	Ketoderm	TAR		.3167

MICONAZOLE NITRATE

1372	2% Cr				.2970
	00497797	Monistat Derm	OMC		.2970
	02085852	Micatin	MCL		.2970
1373	2% Vag Cr-App 35g Pk				9.7800
	02084309	Monistat 7	MCL		9.7800
1374	400mg Vag Sup				3.2600
	02126605	Monistat 3	MCL		3.2600
1375	2% Cr-9g & 400mg Vag Sup-3 Pk				11.2200
	02126249	Monistat 3 Dual Pak	MCL		11.2200
1376	100mg Vag Sup-7 Pk				9.7800
	02084295	Monistat 7	MCL		9.7800

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

NYSTATIN

1377	100000U/g Cr				.0700
	00029092	Mycostatin (Not a Benefit)	BQU		
	00716871	Nyaderm	TAR		.0700
	02194236	Ratio-Nystatin	RPH		.0700

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1378	100000U/g Oint				.0903
	00029556	Mycostatin (Not a Benefit)	BQU		
	02194228	Ratio-Nystatin	RPH		.0903

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1379	25000U/g Vag Cr				.0492
	00295973	Mycostatin (Not a Benefit)	BQU		
	00716901	Nyaderm	TAR		.0492

1380	100000U/g Vag Cr				.2553
	02194163	Ratio-Nystatin	RPH		.2553

1381	100000U Vag Tab				.1500
	02194171	Ratio-Nystatin	RPH		.1500

TERBINAFINE HCL

1382	1% Cr				.4803
	02031094	Lamisil	NOV		.4803

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

TERCONAZOLE

1383	0.4% Cr				.2726
	00894729	Terazol 7	JNO		.4251
	02247651	Taro-Terconazole	TAR		.2726
1384	80mg Vag Ovule				6.3767
	00894710	Terazol 3	JNO		6.3767

84:04:12 ANTI-INFECTIVES PARASITICIDES

Note: All close contacts of patients with scabies should be treated regardless of symptoms to avoid reinfestation and unnecessary repeated treatments. The scabicide should be applied to all the skin from the neck down. Young children, the elderly and immunosuppressed patients may also require treatment of the head and scalp.

LINDANE (GAMMA BENZENE HEXACHLORIDE)

1385	1% Shampoo				
	00026220	Kwellada (Not a Benefit)	RCA		
	00703605	PMS-Lindane (Not a Benefit)	PMS		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:12 ANTI-INFECTIVES PARASITICIDES

Note: All close contacts of patients with scabies should be treated regardless of symptoms to avoid reinfestation and unnecessary repeated treatments. The scabicide should be applied to all the skin from the neck down. Young children, the elderly and immunosuppressed patients may also require treatment of the head and scalp.

PERMETHRIN

1386	5% Cr 02219905	Nix Dermal Cream	GSK	.4600 .4600
	Reason for Use Code 311	Clinical criteria For the treatment of patients who have failed on a less costly listed alternative. LU Authorization Period: 1 year.		

1387	1% Cr Rinse 00771368	Nix	BWE	.0955 .0955
1388	1% Cr Rinse 02231480	Kwellada-P	GSK	.0780 .0780
1389	5% Lot 02231348	Kwellada-P	GSK	.2485 .2485

PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE

1390	0.3% & 3% & 1.2% Top Sol 02125447	R & C Shampoo/Conditioner	GSK	.0723 .0723
------	--------------------------------------	---------------------------	-----	-----------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 OTHER ANTI-INFECTIVES

METRONIDAZOLE

1391	0.75% Cr 02226839	MetroCream	GAC	.4933 .4933
1392	1% Cr 02242919	Rosasol	STI	.4937 .4937
1393	1% Top Cr 02156091	Noritate	SAV	.4933 .4933
1394	0.75% Top Gel 02092832	Metrogel	GAC	.6000 .6000
1395	0.75% Top Lot-60mL Pk 02248206	MetroLotion	GAC	29.6000 29.6000
1396	10% Vag Cr-App 01926861	Flagyl	SAV	.2017 .2017

METRONIDAZOLE & NYSTATIN

1397	500mg & 100000U/g 01926845	Vag Cr-App Flagystatin	SAV	.4698 .4698
1398	500mg & 100000U 01926829	Vag Sup Flagystatin	SAV	2.5840 2.5840

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 OTHER ANTI-INFECTIVES

POVIDONE - IODINE

1399	*10% Top Sol				
	00158348	Betadine (Not a Benefit)	PFP		
	00172944	Proviiodine (Not a Benefit)	ROG		
1400	10% Vag Gel				
	00026034	Betadine (Not a Benefit)	PFP		
	00026611	Proviiodine (Not a Benefit)	ROG		
1401	10% Vag Sol				
	00026093	Betadine (Not a Benefit)	PFP		
	00252824	Proviiodine (Not a Benefit)	ROG		

SILVER SULFADIAZINE

1402	1% Cr				.1320
	00323098	Flamazine	SNE		.1320
1403	1% Cr-50g Pk				10.9600
	09854037	Flamazine	SNE		10.9600

84:06:00 ANTI-INFLAMMATORY

AMCINONIDE

1404	0.1% Cr				.1955
	02192284	Cyclocort	STI		.3910
	02246714	Taro-Amcinonide	TAR		.1955
	02247098	Ratio-Amcinonide	RPH		.1955
1405	0.1% Lot				.2270
	02192276	Cyclocort	STI		.3247
	02247097	Ratio-Amcinonide	RPH		.2270
1406	0.1% Oint				.2740
	02192268	Cyclocort	STI		.3910
	02247096	Ratio-Amcinonide	RPH		.2740

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BECLOMETHASONE DIPROPIONATE

1407	0.025% Cr 02089602	Propaderm	SHI	.4038 .4038
1408	0.025% Oint 01927957	Propaderm	GLA	.4038 .4038

BETAMETHASONE DIPROPIONATE

1409	0.05% Cr 00323071 01925350	Diprosone Taro-Sone	SCH TAR	.2048 .2048 .2048
1410	0.05% Lot 00417246 00809187	Diprosone Ratio-Topisone	SCH RPH	.1980 .1980 .1980
1411	0.05% Oint 00344923 00805009	Diprosone Ratio-Topisone	SCH RPH	.2152 .2152 .2152

BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL

1412	0.05% Oint 00629367 00849669	Diprolene Ratio-Topilene	SCH RPH	.5186 .5186 .5186
------	------------------------------------	-----------------------------	------------	--------------------------------

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE

1413	0.05% Cr				.5186
	00688622	Diprolene Glycol	SCH		.5186
	00849650	Ratio-Topilene	RPH		.5186

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

BETAMETHASONE VALERATE

1414	0.05% Cr				.0611
	00011916	Betnovate-1/2 (Not a Benefit)	GLA		
	00027898	Celestoderm-V/2 (Not a Benefit)	SCH		
	00535427	Ratio-Ectosone Mild	RPH		.0611
	00716618	Betaderm (Not a Benefit)	TAR		
1415	0.1% Cr				.0911
	00011924	Betnovate (Not a Benefit)	GLA		
	00027901	Celestoderm-V (Not a Benefit)	SCH		
	00535435	Ratio-Ectosone Regular	RPH		.0911
	00716626	Betaderm (Not a Benefit)	TAR		
1416	0.05% Lot				.1900
	00653209	Ratio-Ectosone Mild	RPH		.1900
	02100185	Betnovate-1/2 (Not a Benefit)	RBT		
1417	0.1% Lot				.2500
	00750050	Ratio-Ectosone Regular	RPH		.2500
	02100193	Betnovate (Not a Benefit)	SHI		
1418	0.05% Oint				.0606
	00012378	Betnovate-1/2 (Not a Benefit)	GLA		
	00028355	Celestoderm-V/2 (Not a Benefit)	SCH		
	00716642	Betaderm	TAR		.0606

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE VALERATE

1419	0.1% Oint				.0903
	00012386	Betnovate (Not a Benefit)	GLA		
	00028363	Celestoderm-V (Not a Benefit)	SCH		
	00716650	Betaderm	TAR		.0903
1420	0.1% Scalp Lot				.0853
	00027944	Valisone	SCH		.0853
	00653217	Ratio-Ectosone	RPH		.0853
	00716634	Betaderm	TAR		.0853

CLOBETASOL PROPIONATE

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

1421	0.05% Cr				.3256
	01910272	Ratio-Clobetasol	RPH		.3256
	02024187	Gen-Clobetasol	GEN		.3256
	02093162	Novo-Clobetasol	NOP		.3256
	02213265	Dermovate	TPH		.6512
	02232191	PMS-Clobetasol	PMS		.3256
	02245523	Taro-Clobetasol Cream USP	TAR		.3256
1422	0.05% Oint				.3256
	01910280	Ratio-Clobetasol	RPH		.3256
	02026767	Gen-Clobetasol	GEN		.3256
	02126192	Novo-Clobetasol	NOP		.3256
	02213273	Dermovate	TPH		.6512
	02232193	PMS-Clobetasol	PMS		.3256
	02245524	Taro-Clobetasol Ointment USP	TAR		.3256
1423	0.05% Scalp Lot				.2843
	01910299	Ratio-Clobetasol	RPH		.2843
	02213281	Dermovate	TPH		.5685
	02216213	Gen-Clobetasol	GEN		.2843
	02232195	PMS-Clobetasol	PMS		.2843
	02245522	Taro-Clobetasol Topical Solution USP	TAR		.2843

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

CLOBETASONE BUTYRATE

1424	0.05% Cr				.3817
	02214415	Eumovate	GSK		.3817

DESONIDE

1425	0.05% Cr				.2610
	02048639	Desocort	GAC		.2900
	02154862	Tridesilon (Not a Benefit)	CPL		
	02229315	PMS-Desonide	PMS		.2610
1426	0.05% Lot				.1450
	02115514	Desocort	GAC		.1450
1427	0.05% Oint				.2610
	02115522	Desocort	GAC		.2900
	02154870	Tridesilon (Not a Benefit)	CPL		
	02229323	PMS-Desonide	PMS		.2610

DIFLUCORTOLONE VALERATE

1428	0.1% Cr				.3633
	00587826	Nerisone	STI		.3633
1429	0.1% Oily Cr				.3633
	00587818	Nerisone	STI		.3633
1430	0.1% Oint				.3633
	00587834	Nerisone	STI		.3633

FLUOCINOLONE ACETONIDE

1431	0.01% Cr				.2387
	00030414	Synalar Mild	SYN		.2387

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

FLUOCINONIDE

1432	0.05% Cr				.2617
	00716863	Lyderm	TAR		.2617
	02161923	Lidex (Not a Benefit)	MEC		
1433	0.05% Emol Cr				.2433
	00598933	Tiamol	TAR		.2433
	02163152	Lidemol (Not a Benefit)	MEC		
1434	0.05% Gel				.3418
	02161974	Topsyn (Not a Benefit)	MEC		
	02236997	Lyderm	TAR		.3418
1435	0.05% Oint				.3373
	02161966	Lidex (Not a Benefit)	MEC		
	02236996	Lyderm	TAR		.3373

FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE

1436	Emol Cr				.3256
	00781371	Trisyn	BAK		.3256

HALCINONIDE

1437	0.1% Cr				.4123
	02011921	Halog	BQU		.4123
1438	0.1% Oint				.4123
	02010283	Halog	BQU		.4123

HYDROCORTISONE

1439	0.5% Cr				.1333
	00513288	Cortate	SCH		.1333
1440	1% Cr				.1582
	00192597	Emo-Cort	STI		.1582
	00502200	Cortate (Not a Benefit)	SCH		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

HYDROCORTISONE

1441	2.5% Cr				.1838
	00595799	Emo-Cort	STI		.1838
1442	1% Lot				.1462
	00192600	Emo-Cort	STI		.1462
1443	2.5% Lot				.1933
	00595802	Emo-Cort	STI		.1933
1444	0.5% Oint				.1333
	00513261	Cortate	SCH		.1333
	00716685	Cortoderm	TAR		.1400
1445	1% Oint				.0390
	00502197	Cortate (Not a Benefit)	SCH		
	00716693	Cortoderm	TAR		.0390

HYDROCORTISONE ACETATE

1446	1% Cr				.0364
	00477699	Corticreme (Not a Benefit)	ROG		
	00716839	Hyderm	TAR		.0364

HYDROCORTISONE ACETATE & UREA

1447	1% & 10% Cr				.1533
	00503134	Uremol-HC	STI		.1533
1448	1% & 10% Lot				.0894
	00560022	Uremol-HC	STI		.0894

HYDROCORTISONE VALERATE

1449	0.2% Cr				.1212
	01910124	Westcort	BQU		.1212
	02242984	Hydroval	TPH		.1212
1450	0.2% Oint				.1212
	01910132	Westcort	BQU		.1212
	02242985	Hydroval	TPH		.1212

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

MOMETASONE FUROATE

1451	0.1% Cr				.5985
	00851744	Elocom		SCH	.5985
1452	0.1% Lot				.4320
	00871095	Elocom		SCH	.4320
1453	0.1% Oint				.2771
	00851736	Elocom		SCH	.5985
	02248130	Ratio-Mometasone		RPH	.2771
	02264749	Taro-Mometasone		TAR	.2771
	02270862	PMS-Mometasone		PMS	.2771

TRIAMCINOLONE ACETONIDE

1454	0.1% Cr				.0533
	00029114	Kenalog (Not a Benefit)		WSQ	
	00716960	Triaderm		TAR	.0533
	02194058	Aristocort R		VAE	.0844
1455	0.1% Oint				.0826
	01999796	Kenalog (Not a Benefit)		WSQ	
	02194031	Aristocort R		VAE	.0826

TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE

1456	Oral Top Oint				.9110
	01964054	Oracort		TAR	.9110
	01999788	Kenalog-Orabase		BQU	1.2480

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

ANTHRALIN

1457	0.1% Cr 00537594	Anthranol	MEI	.2246 .2246
1458	0.2% Cr 00537608	Anthranol	MEI	.2368 .2368
1459	0.4% Cr 00537616	Anthranol	MEI	.2476 .2476
1460	1% Oint 00566756	Anthraforte 1	MEI	.3058 .3058
1461	2% Oint 00566748	Anthraforte 2	MEI	.3226 .3226

BENZOYL PEROXIDE

1462	5% Lot 00236063	Benoxyl	STI	.1295 .1295
1463	10% Lot 00370568	Benoxyl	STI	.1760 .1760
1464	20% Lot 00187585 00374318	Benoxyl Oxyderm	STI VAL	.1898 .1955 .1898

BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL

1465	5% Gel 00406821	AcetOxyl	STI	.1158 .1158
1466	10% Gel 00406848	AcetOxyl	STI	.1375 .1375

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL

1467	5% Gel				.1058
	00263702	Panoxyl	STI		.1158
	02162113	5-Benzagel	NOV		.1058
1468	10% Gel				.1375
	00263699	Panoxyl	STI		.1375
1469	15% Gel				.1663
	00403571	Panoxyl	STI		.1663
1470	20% Gel				.1792
	00373036	Panoxyl	STI		.1792

BENZOYL PEROXIDE IN WATER-BASED GEL

1471	5% Gel				.1158
	01908863	Desquam-X5 (Not a Benefit)	WSQ		
	01925180	Benzac W5	GAC		.1250
	02214849	Panoxyl Aquagel	STI		.1158
1472	10% Gel				.1010
	01908871	Desquam-X10	BQU		.1010
	02223856	Panoxyl Aquagel (Not a Benefit)	STI		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

TRETINOIN

1473	0.01% Cr 00657204	Stieva-A	STI	.2840 .2840
1474	0.025% Cr 00578576	Stieva-A	STI	.2840 .2840
1475	0.05% Cr 00518182 01926519	Stieva-A Vitamin A Acid	STI SAV	.2840 .2840 .2840
1476	0.01% Gel 00587958 01926462	#Stieva-A Vitamin A Acid	STI SAV	.2840 .2840 .2840
1477	0.025% Gel 00587966	Stieva-A	STI	.2840 .2840
1478	0.05% Gel 01926489	Vitamin A Acid	SAV	.2840 .2840
1479	0.025% Sol 00578568	Stieva-A	STI	.1780 .1780
	Reason for Use Code 269	Clinical criteria For the treatment of acne vulgaris.		
		LU Authorization Period: 1 year.		

TRETINOIN & ERYTHROMYCIN

1480	0.025% & 4% Top Gel 01905112	Stievamycin Gel	STI	.5200 .5200
------	---------------------------------	-----------------	-----	-----------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

Note: This drug should be used with extreme caution in females of childbearing potential due to its teratogenicity. Effective contraception must be practised for at least 2 years following discontinuation.

1481	10mg Cap 02070847	Soriatane	HLR	1.6240 1.6240
1482	25mg Cap 02070863	Soriatane	HLR	2.8527 2.8527

CALCIPOTRIOL

1483	50mcg/g Cr 02150956	Dovonex	LEO	.6923 .6923
1484	50mcg/g Oint 01976133	Dovonex	LEO	.6923 .6923

Reason for
Use Code

Clinical criteria

191

For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids.

LU Authorization Period: Indefinite.

FLUOROURACIL

1485	5% Cr 00330582	Efudex	VAL	.8000 .8000
------	-------------------	--------	-----	-----------------------

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ISOTRETINOIN

Note: Isotretinoin is indicated for the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne that are unresponsive to conventional therapy including systemic antibiotics. Females of childbearing potential should have a negative pregnancy test within 2 weeks prior to starting treatment. Isotretinoin should be started the second or third day of the next normal menstrual period. Effective contraception should be used for at least 1 month prior to starting isotretinoin, during treatment and for at least 1 month following discontinuation of treatment.

1486	10mg Cap				.9313
	00582344	Accutane	HLR		.9313
	02257955	Clarus	PRE		.9313
1487	40mg Cap				1.9003
	00582352	Accutane	HLR		1.9003
	02257963	Clarus	PRE		1.9003

METHOXSALEN

1488	10mg Cap				.5436
	01946374	Oxsoralen	VAL		.5436
1489	10mg SG Cap				.4755
	00646237	UltraMOP	CDX		.4755

PIMECROLIMUS

1490	1% Cr				2.0693
	02247238	Elidel	NOV		2.0693

Reason for
Use Code

383

Clinical criteria

For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid.

Therapy should be reassessed at 6 months.

LU Authorization Period: 1 year.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ZINC SULFATE

1491	*0.5% Oint				.1033
	00621447	Sandoz Anuzinc	SDZ		.1033
	01945939	Anusol	PFI		.1320
1492	*10mg Sup				.3542
	00621439	Anuzinc	SDZ		.3542

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

86:00 SPASMOLYTICS

AMINOPHYLLINE

1493	225mg SR Tab 02014270	Phyllocontin	PFP		.2125 .2125
1494	350mg SR Tab 02014289	Phyllocontin-350	PFP		.2708 .2708

OXTRIPHYLLINE

1495	10mg/mL O/L 00476390 00792934	Choledyl (Not a Benefit) PMS-Oxtriphylline	PDA PMS		.0110 .0110
1496	20mg/mL O/L 00476366 00792942	Choledyl PMS-Oxtriphylline	ERF PMS		.0229 .0347 .0229
1497	100mg Tab 00441724 00476404	# Apo-Oxtriphylline Choledyl (Not a Benefit)	APX PDA		.0213 .0213
1498	200mg Tab 00441732 00476412	# Apo-Oxtriphylline Choledyl (Not a Benefit)	APX PDA		.0211 .0211
1499	300mg Tab 00483591 00511692	Choledyl (Not a Benefit) # Apo-Oxtriphylline	PDA APX		.0318 .0318

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

86:00 SPASMOLYTICS

THEOPHYLLINE ANHYDROUS

1500	300mg LA Tab				.1400
	00461008	Theo-Dur (Not a Benefit)	AZC		
	02230087	Novo-Theophyl SR	NOP		.1400
1501	5.3mg/mL O/L				.0028
	00575151	PMS-Theophylline	PMS		.0028
	01966219	Theolair Alcohol Free Oral Liquid	MMH		.0191
1502	400mg SR Tab				.4882
	02014165	Uniphyl	PFP		.4882
1503	600mg SR Tab				.5914
	02014181	Uniphyl	PFP		.5914

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

88:00 VITAMINS

88:08:00 VITAMIN B

CYANOCOBALAMIN

1504	*1mg/mL Inj Sol-10mL Pk				3.1000
	00029165	Rubramin (Not a Benefit)	BQU		
	00521515	Vitamin B12-1000mcg/mL	SDZ		3.1000
	01987003	Cyanocobalamin	CYI		3.1000

FOLIC ACID

1505	5mg Tab				.0259
	00014966	Folvite (Not a Benefit)	LED		
	00426849	Apo-Folic	APX		.0259

LEUCOVORIN CALCIUM

1506	5mg Tab				5.6900
	02170493	Leucovorin Calcium	WAY		5.6900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

88:00 VITAMINS

88:08:00 VITAMIN B

NICOTINIC ACID

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after 5 days in most cases, and is significantly reduced with regular use of ASA.

1507	50mg Tab dpp				
	00268593	Niacin-ICN (Not a Benefit)	VAL		
	00274496	Novo-Niacin (Not a Benefit)	NOP		
1508	100mg Tab dpp				.0295
	00268585	Niacin-ICN	VAL		.0295

PYRIDOXINE HCL

1509	25mg Tab dpp				.0188
	00232475	Vitamin B6	PMS		.0188
	00268607	Vitamin B6-ICN	VAL		.0188
	00416185	Vitamin B6 (Not a Benefit)	RPR		

THIAMINE HCL

1510	50mg Tab dpp				
	00268631	Vitamin B1-ICN (Not a Benefit)	VAL		
	00610267	Vitamin B1 (Not a Benefit)	LEA		

88:12:00 VITAMIN C

ASCORBIC ACID

1511	*100mg Tab				
	00021970	Novo-C (Not a Benefit)	NOP		
	00466646	Apo-C (Not a Benefit)	APX		
1512	*250mg Tab				
	00021237	Novo-C (Not a Benefit)	NOP		
	00036161	Vitamin C (Not a Benefit)	RPR		
	00466638	Apo-C (Not a Benefit)	APX		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

88:00 VITAMINS

88:12:00 VITAMIN C

ASCORBIC ACID

1513	*500mg Tab				
	00021997	Novo-C (Not a Benefit)		NOP	
	00036188	Vitamin C (Not a Benefit)		RPR	
	00466611	Apo-C (Not a Benefit)		APX	
1514	1000mg Tab				
	00256862	Vitamin C (Not a Benefit)		RPR	
	00466603	Apo-C (Not a Benefit)		APX	
	00535907	Novo-C (Not a Benefit)		NOP	

88:16:00 VITAMIN D

ALFACALCIDOL

1515	0.25mcg Cap dpp				.4090
	00474517	One-Alpha	LEO		.4090
1516	1mcg Cap dpp				1.2243
	00474525	One-Alpha	LEO		1.2243

CALCITRIOL

1517	0.25mcg Cap dpp				.9098
	00481823	Rocaltrol	HLR		.9098
1518	0.5mcg Cap dpp				1.4469
	00481815	Rocaltrol	HLR		1.4469

ERGOCALCIFEROL

1519	8288IU/mL O/L				.4065
	02017598	Drisdol	SAV		.4065

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

88:00 VITAMINS

88:16:00 VITAMIN D

VITAMIN D

1520	50000IU Cap 00009830	Ostoforte	MFC		.2169 .2169
------	-------------------------	-----------	-----	--	-----------------------

88:28:00 MULTIVITAMINS

HEXAVITAMINS USP

1521	*Tab				
	00269034	Hexavitamins (Not a Benefit)	NOP		
	00701130	Apo-Hexa (Not a Benefit)	APX		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALENDRONATE

1522	10mg Tab				.8775
	02201011	Fosamax	MFC		1.8800
	02247373	Novo-Alendronate	NOP		.8775
	02248728	Apo-Alendronate	APX		.8775
	02270129	Gen-Alendronate	GEN		.8775
	02288087	Sandoz Alendronate	SDZ		.8775
1523	70mg Tab				4.4250
	02245329	Fosamax	MFC		9.4800
	02248730	Apo-Alendronate	APX		4.4250
	02258110	Co-Alendronate	COB		4.4250
	02261715	Novo-Alendronate	NOP		4.4250
	02273179	PMS-Alendronate	PMS		4.4250
	02275279	Ratio-Alendronate	RPH		4.4250
	02284006	PMS-Alendronate-FC	PMS		4.4250
	02286335	Gen-Alendronate	GEN		4.4250
	02288109	Sandoz Alendronate	SDZ		4.4250

ALENDRONATE/CHOLECALCIFEROL

1524	70mg/70mcg Tab				9.4800
	02276429	Fosavance	MFC		9.4800

ALFUZOSIN HYDROCHLORIDE

1525	10mg Prolong-Rel Tab				.9500
	02245565	Xatral	SAV		.9500
	Reason for Use Code	Clinical criteria			
	351	For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective. LU Authorization Period: Indefinite.			
	352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects. LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL

Note: Reduce dose of mercaptopurine or azathioprine if used concomitantly. Adjust dose of allopurinol in patients with renal impairment. Allopurinol should not be used to treat patients with hyperuricemia when decreased uricosuria is the cause.

1526	100mg Tab				.0406
	00004588	Zyloprim (Not a Benefit)	BWE		
	00364282	Novo-Purol	NOP	.0406	
	00402818	Apo-Allopurinol	APX	.0406	
1527	200mg Tab				.0805
	00479799	Apo-Allopurinol	APX	.0805	
	00506370	Zyloprim (Not a Benefit)	BWE		
	00565342	Novo-Purol	NOP	.0805	
1528	300mg Tab				.1219
	00294322	Zyloprim (Not a Benefit)	BWE		
	00363693	Novo-Purol	NOP	.1219	
	00402796	Apo-Allopurinol	APX	.1219	

AMANTADINE HCL

Note: Amantadine increases central and peripheral effects of anticholinergic drugs.

1529	100mg Cap				.5179
	01914006	Symmetrel (Not a Benefit)	BQU		
	01990403	PMS-Amantadine HCL	PMS	.5179	
	02034468	Endantadine	BQU	.5179	
	02139200	Gen-Amantadine	GEN	.5179	
1530	10mg/mL O/L				.0810
	01913999	Symmetrel	BQU	.0810	
	02022826	PMS-Amantadine	PMS	.0810	

ANAGRELIDE HCL

1531	0.5mg Cap				3.3491
	02260107	Sandoz Anagrelide	SDZ	3.3491	

Reason for
Use Code

400

Clinical criteria

For the treatment of essential thrombocytosis in patients who are intolerant of or who have failed hydroxyurea therapy.

LU Authorization Period: 5 years.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

AZATHIOPRINE

1532	50mg Tab				.4300
	00004596	Imuran	GSK		.8987
	02231491	Gen-Azathioprine	GEN		.4300
	02236819	Novo-Azathioprine	NOP		.4300
	02242907	Apo-Azathioprine	APX		.4300

Note: Decrease dose of azathioprine to 25 -33% of initial dose if allopurinol used concomitantly.

BOTULINUM TOXIN TYPE A

1533	100U/Vial Pd Inj-100U Vial Pk				357.0000
	01981501	Botox	ALL		357.0000

Reason for Use Code Clinical criteria

10 For the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age or older.

LU Authorization Period: 1 year.

130 To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.

LU Authorization Period: 1 year.

BROMOCRIPTINE

1534	5mg Cap				.7708
	00568643	Parlodel (Not a Benefit)	NOV		
	02230454	Apo-Bromocriptine	APX		.7708
	02236949	PMS-Bromocriptine	PMS		.7708
1535	2.5mg Tab				.4328
	00371033	Parlodel	NOV		1.0297
	02087324	Apo-Bromocriptine	APX		.4328
	02231702	PMS-Bromocriptine	PMS		.4328

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLODRONATE DISODIUM

1536	400mg Cap				1.2083
	01927078	Ostac	HLR		1.8137
	02245828	Clasteon	ORY		1.2083
	Reason for Use Code	Clinical criteria			
	280	For the control and prophylaxis of hypercalcemia of malignancy.			
		LU Authorization Period: Indefinite.			
	358	For the treatment of bony metastases in patients with breast cancer.			
		LU Authorization Period: Indefinite.			
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.			
		LU Authorization Period: Indefinite.			

CLODRONATE DISODIUM TETRAHYDRATE

1537	400mg Cap				1.7500
	01984845	Bonefos	BAY		1.7500
	Reason for Use Code	Clinical criteria			
	280	For the control and prophylaxis of hypercalcemia of malignancy.			
		LU Authorization Period: Indefinite.			
	358	For the treatment of bony metastases in patients with breast cancer.			
		LU Authorization Period: Indefinite.			
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLOPIDOGREL BISULFATE

1538	75mg Tab			2.4014
	02238682	Plavix	SAV	2.4014
	Reason for Use Code	Clinical criteria		
	375	For patients immediately post-hospitalization* for non-ST segment elevation acute coronary syndrome (ACS)**; Note: approval for 12 months		
		LU Authorization Period: 1 year.		
	376	For patients immediately pre- or post- percutaneous coronary intervention (PCI)** Note: approval for 12 months		
		*The first prescription must be written by a physician based at the hospital where the patient was hospitalized.		
		**ACS, as defined by the CURE study, includes hospitalized patients with unstable angina or non-ST segment elevation myocardial infraction.		
		***Therapy may be initiated up to 10 days prior to PCI.		
		Network note: The Special Authorization Number (SAN) that corresponds to the hospital where the patient was hospitalized must be submitted with the first Limited Use claim.		
		LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYCLOSPORINE

1539	10mg Cap				.6238
	02237671	Neoral	NOV		.6238
1540	25mg Cap				.9952
	02150689	Neoral	NOV		1.4500
	02247073	Sandoz Cyclosporine	SDZ		.9952
1541	50mg Cap				1.9400
	02150662	Neoral	NOV		2.8270
	02247074	Sandoz Cyclosporine	SDZ		1.9400
1542	100mg Cap				3.8815
	02150670	Neoral	NOV		5.6560
	02242821	Sandoz Cyclosporine	SDZ		3.8815
1543	100mg/mL O/L				2.4645
	02150697	Neoral	NOV		5.0276
	02244324	# Apo-Cyclosporine	APX		2.4645
	Reason for Use Code	Clinical criteria			
	177	For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA; LU Authorization Period: Indefinite.			
	178	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, other systemic therapies, including Disease-Modifying Antirheumatic Drugs (DMARDs). LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

DUTASTERIDE

1544	0.5mg Cap 02247813	Avodart	GSK	1.5483 1.5483
	Reason for Use Code	Clinical criteria		
	384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostate Hyperplasia. LU Authorization Period: Indefinite.		
	385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker. *Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains: 1. feeling of incomplete emptying of the bladder after voiding 2. needing to urinate again less than 2 hours after previous void 3. stopping and starting urine several times while voiding 4. difficulty postponing urination 5. weak urinary stream 6. pushing or straining to begin voiding 7. the need to get up to void at least 3 times in night. LU Authorization Period: Indefinite.		

ETIDRONATE DISODIUM

1545	200mg Tab 01997629	Didronel	PGP	.6554 1.3860
	02245330	Gen-Etidronate	GEN	.6554
	02248686	Co-Etidronate	COB	.6554
	Reason for Use Code	Clinical criteria		
	236	For the treatment of Paget's disease; LU Authorization Period: Indefinite.		
	237	For the management of hypercalcemia of malignancy. LU Authorization Period: Indefinite.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ETIDRONATE DISODIUM/CALCIUM CARBONATE

1546	400mg/500mg Tab-90 Tablets Kit				38.8200
	02176017	Didrocal	PGP		38.8200

FINASTERIDE

1547	5mg Tab				1.7463
	02010909	Proscar	MFC		1.7463
	Reason for Use Code	Clinical criteria			
	384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.			
		LU Authorization Period: Indefinite.			
	385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.			
		* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:			
		1. feeling of incomplete emptying of the bladder after voiding			
		2. needing to urinate again less than 2 hours after previous void			
		3. stopping and starting urine several times while voiding			
		4. difficulty postponing urination			
		5. weak urinary stream			
		6. pushing or straining to begin voiding			
		7. the need to get up to void at least 3 times in the night.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

FLUNARIZINE HCL

1548	5mg Cap				.5308
	00846341	Sibelium	PMS		.5308
	02246082	Apo-Flunarizine	APX		.5308
	Reason for Use Code	Clinical criteria			
	60	For patients with migraine headaches who have not responded to propranolol. LU Authorization Period: 1 year.			
	61	For patients who have tried propranolol and experienced significant adverse effects. LU Authorization Period: 1 year.			
	62	For patients in whom propranolol is contraindicated. CAUTIONS: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders. LU Authorization Period: 1 year.			

GLUCAGON RDNA ORIGIN

1549	1mg/Vial Inj Pd-Vial Pk				82.1900
	02243297	Glucagon	LIL		82.1900

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEFLUNOMIDE

1550	10mg Tab				4.7950
	02241888	Arava	SAV		10.0697
	02256495	Apo-Leflunomide	APX		4.7950
	02261251	Novo-Leflunomide	NOP		4.7950
	02283964	Sandoz Leflunomide	SDZ		4.7950
1551	20mg Tab				4.7950
	02241889	Arava	SAV		10.0697
	02256509	Apo-Leflunomide	APX		4.7950
	02261278	Novo-Leflunomide	NOP		4.7950
	02283972	Sandoz Leflunomide	SDZ		4.7950
	Reason for Use Code	Clinical criteria			
	331	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, one or more of the listed Disease-Modifying Anti-Rheumatic Drugs (DMARDs).			
		LU Authorization Period: Indefinite.			

LEVODOPA & BENSERAZIDE

1552	50mg & 12.5mg Cap				.2678
	00522597	Prolopa 50-12.5	HLR		.2678
1553	100mg & 25mg Cap				.4410
	00386464	Prolopa 100-25	HLR		.4410
1554	200mg & 50mg Cap				.7403
	00386472	Prolopa 200-50	HLR		.7403

LEVODOPA & CARBIDOPA

1555	100mg & 10mg Tab				.1877
	00355658	Sinemet	MFC		.3754
	02182831	Nu-Levocarb	NXP		.1877
	02195933	Apo-Levocarb	APX		.1877
	02244494	Novo-Levocarbidopa	NOP		.1877
1556	100mg & 25mg Tab				.2803
	00513997	Sinemet	MFC		.5606
	02182823	Nu-Levocarb	NXP		.2803
	02195941	Apo-Levocarb	APX		.2803
	02244495	Novo-Levocarbidopa	NOP		.2803

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEVODOPA & CARBIDOPA

1557	100mg & 25mg Tab 02028786	Sinemet CR	MFC	.5723 .5723
1558	200mg & 50mg Tab 00870935 02245211	Sinemet CR Apo-Levocarb CR	MFC APX	.7385 1.0550 .7385
	Reason for Use Code	Clinical criteria		
	64	For patients with Parkinson's disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena. LU Authorization Period: Indefinite.		
	65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily. LU Authorization Period: Indefinite.		

1559	250mg & 25mg Tab			.3129
	00328219	Sinemet	MFC	.6258
	02182858	Nu-Levocarb	NXP	.3129
	02195968	Apo-Levocarb	APX	.3129
	02244496	Novo-Levocarbidopa	NOP	.3129

MONTELUKAST SODIUM

1560	4mg Chew Tab 02243602	Singulair	MFC	1.3583 1.3583
	Reason for Use Code	Clinical criteria		
	382	For the treatment of asthma in patients aged 2-5 years old. LU Authorization Period: 1 year.		

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

MYCOPHENOLATE MOFETIL

1561	200mg/mL Pd for Oral Susp-175mL Pk 02242145	CellCept	HLR	288.6800 288.6800
1562	250mg SG Cap 02192748	CellCept	HLR	2.0620 2.0620
1563	500mg Tab 02237484	CellCept	HLR	4.1240 4.1240
	Reason for Use Code	Clinical criteria		
	190	For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.		
		LU Authorization Period: Indefinite.		

MYCOPHENOLATE SODIUM

1564	180mg Ent Coated Tab 02264560	Myfortic	NOV	1.9585 1.9585
1565	360mg Ent Coated Tab 02264579	Myfortic	NOV	3.9170 3.9170

OCTREOTIDE

1566	10mg Inj Kit Pk 02239323	Sandostatin LAR	NOV	1183.3100 1183.3100
1567	20mg Inj Kit Pk 02239324	Sandostatin LAR	NOV	1578.4600 1578.4600
1568	30mg Inj Kit Pk 02239325	Sandostatin LAR	NOV	1975.7600 1975.7600
1569	50mcg/mL Inj Sol-1mL Amp Pk 00839191	Sandostatin	NOV	4.9900 4.9900
1570	100mcg/mL Inj Sol-1mL Amp Pk 00839205	Sandostatin	NOV	9.4200 9.4200
1571	500mcg/mL Inj Sol-1mL Amp Pk 00839213	Sandostatin	NOV	44.2700 44.2700
1572	200mcg/mL Inj Sol-5mL Vial Pk 02049392	Sandostatin	NOV	90.6000 90.6000

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

PERGOLIDE MESYLATE

1573	0.05mg Tab 02123320	Permax	SHI	.2480 .2480
1574	0.25mg Tab 02123339	Permax	SHI	.9108 .9108
1575	1mg Tab 02123347	Permax	SHI	3.1050 3.1050

PHENAZOPYRIDINE HCL

Note: There is no evidence that continuing treatment with phenazopyridine beyond the first 48 hours in urinary tract infections is beneficial.

1576	100mg Tab 00271489 00476714	Phenazo Pyridium (Not a Benefit)	VAL PDA	.1180 .1180
1577	200mg Tab 00454583 00476722	Phenazo Pyridium (Not a Benefit)	VAL PDA	.1636 .1636

QUINAGOLIDE HCL

1578	0.075mg Tab 02223767	Norprolac	FEI	1.0900 1.0900
1579	0.15mg Tab 02223775	Norprolac	FEI	1.6300 1.6300

Reason for Use Code

405

Clinical criteria

For the treatment of hyperprolactinemia in patients who have:

- Failed to respond to a greater than or equal to 3 month trial of bromocriptine; or
- Failed to tolerate bromocriptine; or
- Failed to shrink a prolactinoma by greater than 1 cm after 12 months of bromocriptine therapy..

LU Authorization Period: 5 years.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

RALOXIFENE HCL

1580	60mg Tab				1.7418
	02239028	Evista	LIL		1.7418
	Reason for Use Code	Clinical criteria			
		For the treatment of osteoporosis in postmenopausal women who have:			
	373	Failed or , experienced intractable side effects, or have a contraindication to, alendronate OR risedronate.			
		Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.			
		LU Authorization Period: Indefinite.			

RISEDRONATE SODIUM

1581	5mg Tab				1.7550
	02242518	Actonel	PGP		1.7550
	Reason for Use Code	Clinical criteria			
		For the treatment of osteoporosis in patients who have:			
	369	Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.			
		LU Authorization Period: Indefinite.			
	370	Failed* or , experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.			
		*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

RISEDRONATE SODIUM

1582	30mg Tab 02239146	Actonel	PGP	11.3700 11.3700
	Reason for Use Code 319	Clinical criteria For the treatment of Paget's disease. LU Authorization Period: Indefinite.		

1583	35mg Tab 02246896	Actonel	PGP	9.3600 9.3600
	Reason for Use Code 369	Clinical criteria For the treatment of osteoporosis in patients who have: Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture. LU Authorization Period: Indefinite.		
	370	Failed* or, experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy. *Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy. LU Authorization Period: Indefinite.		

ROPINIROLE

1584	0.25mg Tab 02232565	ReQuip	GSK	.2652 .2652
1585	1mg Tab 02232567	ReQuip	GSK	1.0609 1.0609
1586	2mg Tab 02232568	ReQuip	GSK	1.1670 1.1670
1587	5mg Tab 02232569	ReQuip	GSK	3.2888 3.2888

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SELEGILINE HCL

1588	5mg Tab				1.0043
	02068087	Novo-Selegiline	NOP		1.0043
	02123312	Eldepryl	BJH		2.0085
	02230641	Apo-Selegiline	APX		1.0043
	02230717	Nu-Selegiline	NXP		1.0043
	02231036	Gen-Selegiline	GEN		1.0043
	02238102	PMS-Selegiline	PMS		1.0043

SIROLIMUS

1589	1mg/mL O/L				7.0143
	02243237	Rapamune	WAY		7.0143
1590	1mg Tab				7.0143
	02247111	Rapamune	WAY		7.0143
	Reason for Use Code	Clinical criteria			
	392	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.			
		LU Authorization Period: Indefinite.			

SODIUM CROMOGLYCAT

1591	1% Inh Sol-2mL Pk				.4846
	00534609	Intal (Not a Benefit)	AVE		
	02046113	PMS-Sodium Cromoglycate	PMS		.4846
	02231431	Apo-Cromolyn	APX		.4846
	02231671	Nu-Cromolyn	NXP		.4846

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM FLUORIDE

1592	20mg Tab				.3577
	02099225	Fluotic	SAV		.3577
	Reason for Use Code	Clinical criteria			
	20	For the treatment of otosclerosis.			
		LU Authorization Period: Indefinite.			
	21	For the treatment of otospongiosis.			
		LU Authorization Period: Indefinite.			

TACROLIMUS

1593	5mg/mL Amp				124.5000
	02176009	Prograf	FUJ		124.5000
1594	1mg Cap				2.5200
	02175991	Prograf	FUJ		2.5200
1595	5mg Cap				12.6200
	02175983	Prograf	FUJ		12.6200
	Reason for Use Code	Clinical criteria			
	173	For solid organ transplant and bone marrow transplant.			
		LU Authorization Period: Indefinite.			

TACROLIMUS

1596	0.03% Oint				2.1500
	02244149	Protopic	FUJ		2.1500
1597	0.1% Oint				2.3000
	02244148	Protopic	FUJ		2.3000
	Reason for Use Code	Clinical criteria			
	383	For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid.			
		Therapy should be reassessed at 6 months.			
		LU Authorization Period: 1 year.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TAMSULOSIN HCL

1598	0.4mg Cap				.6000
	02238123	# Flomax	BOE		.9500
	02281392	Novo-Tamsulosin SR	NOP		.6000
1599	0.4mg Tab				.6000
	02270102	Flomax CR	BOE		.6000

Note: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.

Reason for Use Code

Clinical criteria

351

For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.

LU Authorization Period: Indefinite.

352

For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TICLOPIDINE HCL

1600	250mg Tab				.5464
	02162776	Ticlid	HLR		1.2564
	02236848	Novo-Ticlopidine	NOP		.5464
	02237560	Nu-Ticlopidine	NXP		.5464
	02237701	Apo-Ticlopidine	APX		.5464
	02239744	Gen-Ticlopidine	GEN		.5464
	02243327	#PMS-Ticlopidine	PMS		.5464
	02243587	Sandoz Ticlopidine	SDZ		.5464

Reason for Use Code

Clinical criteria

Ticlopidine is restricted to patients with transient cerebral ischemia. Ticlopidine may be somewhat more effective than ASA in preventing fatal and non-fatal strokes. However, it is associated with neutropenia in 0.8-2.4% of patients, a serious side-effect which may be fatal. Patients on ticlopidine require blood tests every two weeks for the first three months of therapy. There have been more than 60 cases of ticlopidine associated thrombotic thrombocytopenic purpura (TTP) with 33% mortality rate. As well, there are other side-effects such as diarrhea that occurs in 12.5% of patients. Ticlopidine should be used only after careful consideration. The appropriate use of ticlopidine in the management of patients with cerebral ischemic events (TIA or stroke) is based on the following:

- (a) Determining that the symptoms are due to focal cerebral ischemia, and differentiating the symptoms of dizziness due to vestibular dysfunction, lightheadedness, or syncope from antihypertensive drugs or cardiac dysfunction, and from symptoms due to migraine, epilepsy, hypoglycemia, or other causes, such as tumor.
- (b) If investigation demonstrates that the events are caused by emboli from the heart, the patient should be treated with anticoagulants, such as warfarin.
- (c) If the events are due to artery-to-artery emboli from the carotid bifurcation with a severe stenosis, the patient should probably be treated with ASA and offered carotid endarterectomy if medically suitable (70% to 99% stenosis).
- (d) ASA should be the first line of defense for patients with TIA and threatened stroke, and after an initial stroke of any severity.

(Continued on next page...)

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TICLOPIDINE HCL

(e) The only drugs other than ASA that are available as platelet inhibitors and which have been shown to be of value for such patients are ticlopidine and clopidogrel.

(f) Before abandoning ASA in favour of ticlopidine, efforts should be made to improve the tolerability of ASA by reducing the dose, taking it with food, and using enteric coated ASA.

Ticlopidine will be reimbursed for patients:

- | | |
|-----|---|
| 219 | Who are known to be, or become, intolerant of ASA;
LU Authorization Period: Indefinite. |
| 220 | Where ASA is contraindicated;
LU Authorization Period: Indefinite. |
| 221 | Who continue to have TIA or stroke symptoms while being treated with ASA.
LU Authorization Period: Indefinite. |

TOLTERODINE L-TARTRATE

1601	2mg SR Cap 02244612	Detrol LA	PFI	1.8200 1.8200
1602	4mg SR Cap 02244613	Detrol LA	PFI	1.8200 1.8200
1603	1mg Tab 02239064	Detrol	PFI	.9100 .9100
1604	2mg Tab 02239065	Detrol	PFI	.9100 .9100

Reason for
Use Code

290

Clinical criteria

For patients with urinary frequency, urgency or urge incontinence who have:

Failed to respond to behavioural techniques AND
An **adequate trial** of oxybutynin with **gradual dose escalation** has shown to be either ineffective or resulted in unacceptable side effects.

Note: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

LU Authorization Period: Indefinite.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST
----------	----------------------------------	------------	--------------	-----	------------

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

URSODIOL

1605	250mg Tab				.8635
	02238984	Urso		BFI	1.2336
	02273497	+ PMS-Ursodiol C		PMS	.8635
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			
		LU Authorization Period: Indefinite.			

1606	500mg Tab				1.6380
	02245894	Urso DS		BFI	2.3400
	02273500	+ PMS-Ursodiol C		PMS	1.6380
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			
		LU Authorization Period: Indefinite.			
	386	For the treatment of primary sclerosing cholangitis.			
		LU Authorization Period: Indefinite.			

ZOLEDRONIC ACID

1607	5mg/100mL Inj Sol-100mL Pk				645.0000
	02269198	Aclasta		NOV	645.0000
	Reason for Use Code	Clinical criteria			
	319	For the treatment of Paget's disease.			
		LU Authorization Period: Indefinite.			

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

PART III-B

**OFF-FORMULARY INTERCHANGEABILITY (OFI)
DRUG INDEX**

(UPDATES PENDING)

PART IV

**CONSOLIDATED ALPHABETICAL INDEX OF
DRUG PRODUCTS
LISTED IN PART III-A AND PART III-B**

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
292 30mg Tab	02238645	PEN	136
3TC 10mg/mL O/L	02192691	GSK	26
3TC 150mg Tab	02192683	GSK	26
3TC 300mg Tab	02247825	GSK	26
5-AMINOSALICYLIC ACID			229
5-Benzagel 5% Gel	02162113	NOV	291
ABACAVIR & LAMIVUDINE & ZIDOVUDINE			21
ABACAVIR SULFATE			21
ABACAVIR SULFATE & LAMIVUDINE			21
Abenol 120mg Sup (Not a Benefit)	01919385	PEN	145
Abenol 325mg Sup (Not a Benefit)	01919393	PEN	145
Abenol 650mg Sup (Not a Benefit)	01919407	PEN	145
ACARBOSE			260
Accupril 5mg Tab	01947664	PFI	116
Accupril 10mg Tab	01947672	PFI	116
Accupril 20mg Tab	01947680	PFI	116
Accupril 40mg Tab	01947699	PFI	116
Accuretic 10mg & 12.5mg Tab	02237367	PFI	116
Accuretic 20mg & 12.5mg Tab	02237368	PFI	116
Accuretic 20mg & 25mg Tab	02237369	PFI	116
Accutane 10mg Cap	00582344	HLR	294
Accutane 40mg Cap	00582352	HLR	294
ACEBUTOLOL HCL			85
ACET 120 120mg Sup	02230434	PMS	145
ACET 325 325mg Sup	02230436	PMS	145
ACET 650 650mg Sup	02230437	PMS	145
ACETAMINOPHEN			145
Acetaminophen 325mg Tab	00589241	DPC	145
ACETAMINOPHEN & CODEINE PHOSPHATE			136
ACETAMINOPHEN COMPOUND WITH CODEINE			136
Acetaminophen Extra Strength 500mg Tab	00589233	DPC	146
ACETAZOLAMIDE			203
AcetOxyl 5% Gel	00406821	STI	290
AcetOxyl 10% Gel	00406848	STI	290
ACETYLSALICYLIC ACID			123
ACETYLSALICYLIC ACID COMPOUND WITH CODEINE			136
ACITRETIN			293
Aclasta 5mg/100mL Inj Sol-100mL Pk	02269198	NOV	323
Actonel 5mg Tab	02242518	PGP	316
Actonel 30mg Tab	02239146	PGP	317
Actonel 35mg Tab	02246896	PGP	317
Actos 15mg Tab	02242572	LIL	262
Actos 30mg Tab	02242573	LIL	262
Actos 45mg Tab	02242574	LIL	262

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Acular 0.5% Oph Sol	01968300	ALL	200
ACYCLOVIR			22
Adalat 5mg Cap (Not a Benefit)	02155869	BAH	93
Adalat 10mg Cap (Not a Benefit)	02155877	BAH	93
Adalat PA 10 10mg LA Tab (Not a Benefit)	02155885	BAH	114
Adalat PA 20 20mg LA Tab (Not a Benefit)	02155893	BAH	114
Adalat XL 20mg ER Tab	02237618	BAY	113
Adalat XL 30mg ER Tab	02155907	BAY	113
Adalat XL 60mg ER Tab	02155990	BAY	113
Adrenalin 30mg/30mL Inj Sol-30mL Pk	00155357	ERF	60
Advair 125 25/125mcg/Metered Dose Inh-120 Dose Pk	02245126	GSK	70
Advair 250 25/250mcg/Metered Dose Inh-120 Dose Pk	02245127	GSK	70
Advair Diskus 50/100mcg Inh-60 Dose Pk	02240835	GSK	70
Advair Diskus 50/250mcg Inh-60 Dose Pk	02240836	GSK	70
Advair Diskus 50/500mcg Inh-60 Dose Pk	02240837	GSK	70
Agenerase 50mg Cap	02243541	GSK	23
Agenerase 150mg Cap	02243542	GSK	23
Agenerase 15mg/mL O/L	02243543	GSK	23
Aggrenox 200mg/25mg Cap	02242119	BOE	120
Airomir HFA 100mcg/Met Dose Inh-200 Dose Pk (Not a Benefit)	02232570	MMH	68
Albalon 0.1% Oph Sol (Not a Benefit)	00001147	ALL	203
Alcomycin 0.3% Oph Sol	00436771	ALC	196
Aldactazide-25 25mg & 25mg Tab	00180408	PFI	189
Aldactazide-50 50mg & 50mg Tab	00594377	PFI	189
Aldactone 25mg Tab	00028606	PFI	191
Aldactone 100mg Tab	00285455	PFI	191
Aldomet 125mg Tab (Not a Benefit)	00016551	MSD	113
Aldomet 250mg Tab (Not a Benefit)	00016578	MSD	113
Aldomet 500mg Tab (Not a Benefit)	00016586	MSD	113
Aldoril-15 250mg & 15mg Tab (Not a Benefit)	00140589	MSD	113
Aldoril-25 250mg & 25mg Tab (Not a Benefit)	00140597	MSD	113
ALENDRONATE			303
ALENDRONATE/CHOLECALCIFEROL			303
Alesse 20mcg & 100mcg Tab-21 Pk	02236974	WAY	269
Alesse 20mcg & 100mcg Tab-28 Pk	02236975	WAY	269
ALFACALCIDOL			301
ALFUZOSIN HYDROCHLORIDE			303
Alkeran 2mg Tab	00004715	GSK	48
Allerdryl 25mg Cap (Not a Benefit)	00370517	VAL	1
Allerdryl 50mg Cap (Not a Benefit)	00271411	VAL	1
ALLOPURINOL			304
Alomide 0.1% Oph Sol	00893560	ALC	200
Alphagan 0.2% Oph Sol	02236876	ALL	205
Alphagan P 0.15% Oph Sol	02248151	ALL	205

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ALPRAZOLAM			164
Altace 1.25mg Cap	02221829	SAV	117
Altace 2.5mg Cap	02221837	SAV	117
Altace 5mg Cap	02221845	SAV	117
Altace 10mg Cap	02221853	SAV	117
ALTRETAMINE			41
ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE			215
Alupent 2mg/mL O/L (Not a Benefit)	00249920	BOE	64
AMANTADINE HCL			304
Amatine 2.5mg Tab	01934392	SHI	191
Amatine 5mg Tab	01934406	SHI	191
AMCINONIDE			282
AMILORIDE HCL			187
AMILORIDE HCL & HYDROCHLOROTHIAZIDE			187
AMINOPHYLLINE			297
AMIODARONE HCL			86
AMITRIPTYLINE			155
AMLODIPINE			86
AMLODIPINE BESYLATE / ATORVASTATIN CALCIUM			97
AMOBARBITAL SODIUM			178
AMOXICILLIN			10
AMOXICILLIN & CLAVULANIC ACID			11
Amoxil 250mg Cap (Not a Benefit)	02041294	WAY	10
Amoxil 500mg Cap (Not a Benefit)	02041308	WAY	10
Amoxil 25mg/mL O/L (Not a Benefit)	02041316	WAY	10
Amoxil 50mg/mL O/L (Not a Benefit)	02042592	WAY	11
AMPHOTERICIN B			3
AMPICILLIN			12
AMPRENAVIR			23
Amytal Sodium 60mg Cap	00015148	LIL	178
Amytal Sodium 200mg Cap	00015156	LIL	178
Anafranil 10mg Tab	00330566	ORY	156
Anafranil 25mg Tab	00324019	ORY	156
Anafranil 50mg Tab	00402591	ORY	156
ANAGRELIDE HCL			304
Anandron 50mg Tab	02221861	SAV	49
ANASTROZOLE			41
Andriol 40mg Cap	00782327	ORG	257
Androcur 50mg Tab	00704431	BAY	43
Androderm 12.2mg Transdermal Patch	02239653	PAL	255
Androgel 1% 2.5g Foil Packet	02245345	SPH	255
Androgel 1% 5.0g Foil Packet	02245346	SPH	255
Ansaid 50mg Tab	00647942	PFI	128
Ansaid 100mg Tab	00600792	PFI	128

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Anthraforte 1 1% Oint	00566756	MEI	290
Anthraforte 2 2% Oint	00566748	MEI	290
ANTHRALIN			290
Anthranol 0.1% Cr	00537594	MEI	290
Anthranol 0.2% Cr	00537608	MEI	290
Anthranol 0.4% Cr	00537616	MEI	290
Anturan 200mg Tab (Not a Benefit)	00010529	GEI	192
Anusol 0.5% Oint	01945939	PFI	295
Anuzinc 10mg Sup	00621439	SDZ	295
Anzemet 50mg Tab	02231378	SAV	225
Anzemet 100mg Tab	02231379	SAV	225
Apo-Acebutolol 100mg Tab	02147602	APX	85
Apo-Acebutolol 200mg Tab	02147610	APX	85
Apo-Acebutolol 400mg Tab	02147629	APX	85
Apo-Acetaminophen 325mg Tab	00544981	APX	145
Apo-Acetaminophen 500mg Tab	00545007	APX	146
Apo-Acetazolamide 250mg Tab	00545015	APX	203
Apo-Acyclovir 800mg Tab	02207656	APX	22
Apo-Alendronate 10mg Tab	02248728	APX	303
Apo-Alendronate 70mg Tab	02248730	APX	303
Apo-Allopurinol 100mg Tab	00402818	APX	304
Apo-Allopurinol 200mg Tab	00479799	APX	304
Apo-Allopurinol 300mg Tab	00402796	APX	304
Apo-Alpraz 0.25mg Tab	00865397	APX	164
Apo-Alpraz 0.5mg Tab	00865400	APX	164
Apo-Amiloride 5mg Tab	02249510	APX	187
Apo-Amilzide 5mg & 50mg Tab	00784400	APX	187
Apo-Amiodarone 200mg Tab	02246194	APX	86
Apo-Amitriptyline 10mg Tab	00335053	APX	155
Apo-Amitriptyline 25mg Tab	00335061	APX	155
Apo-Amitriptyline 50mg Tab	00335088	APX	155
Apo-Amoxi 250mg Cap	00628115	APX	10
Apo-Amoxi 500mg Cap	00628123	APX	10
Apo-Amoxi 25mg/mL O/L	00628131	APX	10
Apo-Amoxi 50mg/mL O/L	00628158	APX	11
Apo-Amoxi Clav 25mg & 6.25mg/mL O/L	02243986	APX	11
Apo-Amoxi Clav 50mg & 12.5mg/mL O/L	02243987	APX	11
Apo-Amoxi Clav 250mg & 125mg Tab	02243350	APX	11
Apo-Amoxi Clav 500mg & 125mg Tab	02243351	APX	11
Apo-Amoxi Clav 875mg & 125mg Tab	02245623	APX	12
Apo-Atenidone 50 & 25mg Tab	02248763	APX	105
Apo-Atenidone 100 & 25mg Tab	02248764	APX	105
Apo-Atenol 50mg Tab	00773689	APX	86
Apo-Atenol 100mg Tab	00773697	APX	87

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Azathioprine 50mg Tab	02242907	APX	305
Apo-Azithromycin 250mg Tab	02247423	APX	8
Apo-Baclofen 10mg Tab	02139332	APX	71
Apo-Baclofen 20mg Tab	02139391	APX	72
Apo-Benazepril 20mg Tab	02273918	APX	105
Apo-Benzotropine 2mg Tab	00426857	APX	54
Apo-Benzylamine 0.15% Oral Rinse	02239044	APX	201
Apo-Bisacodyl 5mg Ent Tab	00545023	APX	218
Apo-Bisoprolol 5mg Tab	02256134	APX	87
Apo-Bisoprolol 10mg Tab	02256177	APX	87
Apo-Brimonidine 0.2% Oph Sol	02260077	APX	205
Apo-Bromazepam 1.5mg Tab	02177153	APX	165
Apo-Bromazepam 3mg Tab	02177161	APX	165
Apo-Bromazepam 6mg Tab	02177188	APX	165
Apo-Bromocriptine 5mg Cap	02230454	APX	305
Apo-Bromocriptine 2.5mg Tab	02087324	APX	305
Apo-C 100mg Tab (Not a Benefit)	00466646	APX	300
Apo-C 250mg Tab (Not a Benefit)	00466638	APX	300
Apo-C 500mg Tab (Not a Benefit)	00466611	APX	301
Apo-C 1000mg Tab (Not a Benefit)	00466603	APX	301
Apo-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00682047	APX	185
Apo-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00682039	APX	185
Apo-Capto 12.5mg Tab	00893595	APX	106
Apo-Capto 25mg Tab	00893609	APX	106
Apo-Capto 50mg Tab	00893617	APX	106
Apo-Capto 100mg Tab	00893625	APX	106
Apo-Carbamazepine 200mg Tab	00402699	APX	147
Apo-Carbamazepine CR 200mg LA Tab	02242908	APX	147
Apo-Carbamazepine CR 400mg LA Tab	02242909	APX	147
Apo-Carvedilol 3.125mg Tab	02247933	APX	88
Apo-Carvedilol 6.25mg Tab	02247934	APX	88
Apo-Carvedilol 12.5mg Tab	02247935	APX	88
Apo-Carvedilol 25mg Tab	02247936	APX	88
Apo-Cefaclor 250mg Cap	02230263	APX	14
Apo-Cefaclor 500mg Cap	02230264	APX	14
Apo-Cefaclor 25mg/mL Oral Susp	02237500	APX	14
Apo-Cefaclor 50mg/mL Oral Susp	02237501	APX	15
Apo-Cefaclor 375mg/5mL Oral Susp	02237502	APX	15
Apo-Cefadroxil 500mg Cap	02240774	APX	15
Apo-Cefuroxime 250mg Tab	02244393	APX	16
Apo-Cefuroxime 500mg Tab	02244394	APX	16
Apo-Cephalex 250mg Tab	00768723	APX	17
Apo-Cephalex 500mg Tab	00768715	APX	17
Apo-Chlordiazepoxide 5mg Cap	00522724	APX	165

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Chlordiazepoxide 10mg Cap	00522988	APX	165
Apo-Chlordiazepoxide 25mg Cap	00522996	APX	165
Apo-Chlorthalidone 50mg Tab	00360279	APX	188
Apo-Chlorthalidone 100mg Tab	00360287	APX	188
Apo-Cilazapril 1mg Tab	02291134	APX	106
Apo-Cilazapril 2.5mg Tab	02291142	APX	107
Apo-Cilazapril 5mg Tab	02291150	APX	107
Apo-Cilazapril/HCTZ 5mg/12.5mg Tab	02284987	APX	107
Apo-Cimetidine 60mg/mL O/L	02243085	APX	230
Apo-Cimetidine 200mg Tab	00584215	APX	230
Apo-Cimetidine 300mg Tab	00487872	APX	230
Apo-Cimetidine 400mg Tab	00600059	APX	230
Apo-Cimetidine 600mg Tab	00600067	APX	231
Apo-Cimetidine 800mg Tab	00749494	APX	231
Apo-Ciproflox 250mg Tab	02229521	APX	33
Apo-Ciproflox 500mg Tab	02229522	APX	33
Apo-Ciproflox 750mg Tab	02229523	APX	33
Apo-Citalopram 20mg Tab	02246056	APX	155
Apo-Citalopram 40mg Tab	02246057	APX	156
Apo-Clindamycin 150mg Cap	02245232	APX	17
Apo-Clindamycin 300mg Cap	02245233	APX	17
Apo-Clobazam 10mg Tab	02244638	APX	148
Apo-Clomipramine 10mg Tab	02040786	APX	156
Apo-Clomipramine 25mg Tab	02040778	APX	156
Apo-Clomipramine 50mg Tab	02040751	APX	156
Apo-Clonazepam 0.5mg Tab	02177889	APX	148
Apo-Clonazepam 2mg Tab	02177897	APX	148
Apo-Clonidine 0.1mg Tab	00868949	APX	107
Apo-Clonidine 0.2mg Tab	00868957	APX	107
Apo-Clorazepate 3.75mg Cap	00860689	APX	166
Apo-Clorazepate 7.5mg Cap	00860700	APX	166
Apo-Clorazepate 15mg Cap	00860697	APX	166
Apo-Cloxi 250mg Cap	00618292	APX	12
Apo-Cloxi 500mg Cap	00618284	APX	12
Apo-Cloxi 25mg/mL O/L	00644633	APX	13
Apo-Cromolyn 1% Inh Sol-2mL Pk	02231431	APX	318
Apo-Cromolyn 2% Nas Sol-26mL Pk	02231390	APX	212
Apo-Cyclobenzaprine 10mg Tab (Not a Benefit)	02177145	APX	72
Apo-Cyclosporine 100mg/mL O/L	02244324	APX	308
Apo-Cyproterone 50mg Tab	02245898	APX	43
Apo-Desipramine 25mg Tab	02216256	APX	156
Apo-Desipramine 50mg Tab	02216264	APX	157
Apo-Desipramine 75mg Tab	02216272	APX	157
Apo-Desmopressin 0.1mg Tab	02284030	APX	268

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Desmopressin 0.2mg Tab	02284049	APX	268
Apo-Desmopressin 10mcg/Metered Dose Nas Sp-2.5mL Pk	02242465	APX	268
Apo-Dexamethasone 0.5mg Tab	02261081	APX	251
Apo-Dexamethasone 4mg Tab	02250055	APX	251
Apo-Diazepam 2mg Tab	00405329	APX	167
Apo-Diazepam 5mg Tab	00362158	APX	167
Apo-Diazepam 10mg Tab	00405337	APX	167
Apo-Diclo 25mg Ent Tab	00839175	APX	125
Apo-Diclo 50mg Ent Tab	00839183	APX	125
Apo-Diclo SR 75mg LA Tab	02162814	APX	125
Apo-Diclo SR 100mg LA Tab	02091194	APX	125
Apo-Diflunisal 250mg Tab	02039486	APX	127
Apo-Diflunisal 500mg Tab	02039494	APX	127
Apo-Digoxin 0.0625mg Tab	02281236	APX	89
Apo-Digoxin 0.125mg Tab	02281228	APX	89
Apo-Digoxin 0.25mg Tab	02281201	APX	89
Apo-Diltiaz 30mg Tab	00771376	APX	91
Apo-Diltiaz 60mg Tab	00771384	APX	91
Apo-Diltiaz CD 120mg LA Cap	02230997	APX	89
Apo-Diltiaz CD 180mg LA Cap	02230998	APX	90
Apo-Diltiaz CD 240mg LA Cap	02230999	APX	90
Apo-Diltiaz CD 300mg LA Cap	02229526	APX	90
Apo-Diltiaz SR 60mg LA Cap	02222957	APX	90
Apo-Diltiaz SR 90mg LA Cap	02222965	APX	90
Apo-Diltiaz SR 120mg LA Cap	02222973	APX	90
Apo-Dimenhydrinate 50mg Tab (Not a Benefit)	00363766	APX	225
Apo-Divalproex 125mg Ent Tab	02239698	APX	149
Apo-Divalproex 250mg Ent Tab	02239699	APX	149
Apo-Divalproex 500mg Ent Tab	02239700	APX	149
Apo-Domperidone 10mg Tab	02103613	APX	231
Apo-Doxazosin 1mg Tab	02240588	APX	108
Apo-Doxazosin 2mg Tab	02240589	APX	108
Apo-Doxazosin 4mg Tab	02240590	APX	108
Apo-Doxepin 10mg Cap	02049996	APX	157
Apo-Doxepin 25mg Cap	02050005	APX	157
Apo-Doxepin 50mg Cap	02050013	APX	157
Apo-Doxepin 75mg Cap	02050021	APX	157
Apo-Doxepin 100mg Cap	02050048	APX	157
Apo-Doxepin 150mg Cap	02050056	APX	157
Apo-Erythro 250mg Tab	00682020	APX	8
Apo-Erythro E-C 250mg Ent Pel Cap	00726672	APX	8
Apo-Erythro-ES 600mg Tab	00637416	APX	9
Apo-Erythro-S 250mg Tab	00545678	APX	9
Apo-Erythro-S 500mg Tab	00688568	APX	9

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Famciclovir 500mg Tab	02292068	APX	25
Apo-Famotidine 20mg Tab	01953842	APX	232
Apo-Famotidine 40mg Tab	01953834	APX	232
Apo-Feno-Micro 200mg Cap	02239864	APX	100
Apo-Feno-Super 160mg Tab	02246860	APX	100
Apo-Fenofibrate 100mg Cap	02225980	APX	100
Apo-Ferrous Gluconate 300mg Tab	00545031	APX	73
Apo-Flavoxate 200mg Tab (Not a Benefit)	02244842	APX	54
Apo-Flecainide 50mg Tab	02275538	APX	92
Apo-Flecainide 100mg Tab	02275546	APX	92
Apo-Floctafenine 200mg Tab	02244680	APX	127
Apo-Floctafenine 400mg Tab	02244681	APX	127
Apo-Fluconazole 50mg Tab	02237370	APX	5
Apo-Fluconazole 100mg Tab	02237371	APX	5
Apo-Fluconazole-150 150mg Cap	02241895	APX	277
Apo-Flunarizine 5mg Cap	02246082	APX	311
Apo-Flunisolide 0.025% Nas Sp-25mL Pk	02239288	APX	199
Apo-Fluoxetine 20mg Cap	02216361	APX	158
Apo-Fluphenazine 1mg Tab	00405345	APX	168
Apo-Fluphenazine 2mg Tab	00410632	APX	168
Apo-Fluphenazine 5mg Tab	00405361	APX	168
Apo-Flurazepam 15mg Cap	00521698	APX	178
Apo-Flurazepam 30mg Cap	00521701	APX	178
Apo-Flurbiprofen 50mg Tab	01912046	APX	128
Apo-Flurbiprofen 100mg Tab	01912038	APX	128
Apo-Flutamide 250mg Tab	02238560	APX	45
Apo-Fluvoxamine 50mg Tab	02231329	APX	158
Apo-Fluvoxamine 100mg Tab	02231330	APX	158
Apo-Folic 5mg Tab	00426849	APX	299
Apo-Fosinopril 10mg Tab	02266008	APX	110
Apo-Fosinopril 20mg Tab	02266016	APX	110
Apo-Furosemide 20mg Tab	00396788	APX	188
Apo-Furosemide 40mg Tab	00362166	APX	188
Apo-Gabapentin 100mg Cap	02244304	APX	150
Apo-Gabapentin 300mg Cap	02244305	APX	150
Apo-Gabapentin 400mg Cap	02244306	APX	150
Apo-Gemfibrozil 300mg Cap	01979574	APX	101
Apo-Glyburide 2.5mg Tab	01913654	APX	261
Apo-Glyburide 5mg Tab	01913662	APX	261
Apo-Haloperidol 0.5mg Tab	00396796	APX	168
Apo-Haloperidol 1mg Tab	00396818	APX	169
Apo-Haloperidol 2mg Tab	00396826	APX	169
Apo-Haloperidol 5mg Tab	00396834	APX	169
Apo-Haloperidol 10mg Tab	00463698	APX	169

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Hexa Tab (Not a Benefit)	00701130	APX	302
Apo-Hydralazine 10mg Tab	00441619	APX	110
Apo-Hydralazine 25mg Tab	00441627	APX	110
Apo-Hydralazine 50mg Tab	00441635	APX	110
Apo-Hydro 25 25mg Tab	00326844	APX	189
Apo-Hydro 50 50mg Tab	00312800	APX	189
Apo-Hydroxyquine 200mg Tab	02246691	APX	31
Apo-Hydroxyurea 500mg Cap	02247937	APX	45
Apo-Hydroxyzine 10mg Cap (Not a Benefit)	00646059	APX	170
Apo-Hydroxyzine 25mg Cap (Not a Benefit)	00646024	APX	170
Apo-Hydroxyzine 50mg Cap (Not a Benefit)	00646016	APX	170
Apo-Ibuprofen 200mg Tab	00441643	APX	128
Apo-Ibuprofen 300mg Tab	00441651	APX	129
Apo-Ibuprofen 400mg Tab	00506052	APX	129
Apo-Ibuprofen 600mg Tab	00585114	APX	129
Apo-Imipramine 10mg Tab	00360201	APX	159
Apo-Imipramine 25mg Tab	00312797	APX	159
Apo-Imipramine 50mg Tab	00326852	APX	159
Apo-Indapamide 1.25mg Tab	02245246	APX	190
Apo-Indapamide 2.5mg Tab	02223678	APX	190
Apo-Indomethacin 25mg Cap	00611158	APX	129
Apo-Indomethacin 50mg Cap	00611166	APX	130
Apo-Ipravent 125mcg/mL Inh Sol-2mL UDV Pk	02243827	APX	56
Apo-Ipravent 0.03% Nasal Spray	02246083	APX	209
Apo-Ipravent Inhalation Solution 250mcg/mL Inh Sol-20mL Pk	02126222	APX	55
Apo-Ipravent Sterule 250mcg/mL Inh Sol-2mL UDV Pk	02231494	APX	56
Apo-ISDN 5mg SL Tab	00670944	APX	120
Apo-ISDN 10mg Tab	00441686	APX	120
Apo-ISDN 30mg Tab	00441694	APX	120
Apo-Keto 50mg Cap	00790427	APX	130
Apo-Keto SR 200mg LA Tab	02172577	APX	131
Apo-Keto-E 50mg Ent Tab	00790435	APX	130
Apo-Keto-E 100mg Ent Tab	00842664	APX	131
Apo-Ketoconazole 200mg Tab	02237235	APX	6
Apo-Ketorolac 0.5% Oph Sol	02245821	APX	200
Apo-Labetalol 100mg Tab	02243538	APX	111
Apo-Labetalol 200mg Tab	02243539	APX	111
Apo-Lactulose Solution 666.7mg/mL O/L	02242814	APX	232
Apo-Lamotrigine 25mg Tab	02245208	APX	151
Apo-Lamotrigine 100mg Tab	02245209	APX	151
Apo-Lamotrigine 150mg Tab	02245210	APX	151
Apo-Leflunomide 10mg Tab	02256495	APX	312
Apo-Leflunomide 20mg Tab	02256509	APX	312
Apo-Levobunolol 0.25% Oph Sol	02241575	APX	210

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Levobunolol 0.5% Oph Sol	02241574	APX	210
Apo-Levocarb 100mg & 10mg Tab	02195933	APX	312
Apo-Levocarb 100mg & 25mg Tab	02195941	APX	312
Apo-Levocarb 250mg & 25mg Tab	02195968	APX	313
Apo-Levocarb CR 200mg & 50mg Tab	02245211	APX	313
Apo-Lisinopril 5mg Tab (Not a Benefit)	02217481	APX	112
Apo-Lisinopril 5mg Tab (Not a Benefit)	09853685	APX	111
Apo-Lisinopril 10mg Tab (Not a Benefit)	02217503	APX	112
Apo-Lisinopril 10mg Tab (Not a Benefit)	09853960	APX	111
Apo-Lisinopril 20mg Tab (Not a Benefit)	02217511	APX	112
Apo-Lisinopril 20mg Tab (Not a Benefit)	09854010	APX	111
Apo-Lithium Carbonate 150mg Cap	02242837	APX	176
Apo-Lithium Carbonate 150mg Cap	09857532	APX	176
Apo-Lithium Carbonate 300mg Cap	02242838	APX	177
Apo-Lithium Carbonate 300mg Cap	09857540	APX	177
Apo-Loperamide 2mg Caplet	02212005	APX	217
Apo-Lorazepam 0.5mg Tab	00655740	APX	170
Apo-Lorazepam 1mg Tab	00655759	APX	170
Apo-Lorazepam 2mg Tab	00655767	APX	170
Apo-Lovastatin 20mg Tab	02220172	APX	101
Apo-Lovastatin 40mg Tab	02220180	APX	101
Apo-Loxapine 5mg Tab	02237651	APX	177
Apo-Loxapine 10mg Tab	02237652	APX	177
Apo-Loxapine 25mg Tab	02237653	APX	177
Apo-Loxapine 50mg Tab	02237654	APX	177
Apo-Medroxy 2.5mg Tab	02244726	APX	271
Apo-Medroxy 5mg Tab	02244727	APX	272
Apo-Medroxy 10mg Tab	02277298	APX	272
Apo-Medroxy 100mg Tab	02267640	APX	272
Apo-Mefenamic 250mg Cap	02229452	APX	131
Apo-Megestrol 40mg Tab	02195917	APX	48
Apo-Megestrol 160mg Tab	02195925	APX	48
Apo-Meloxicam 7.5mg Tab	02248973	APX	132
Apo-Meloxicam 15mg Tab	02248974	APX	132
Apo-Metformin 500mg Tab	02167786	APX	261
Apo-Methazide-15 250mg & 15mg Tab	00441708	APX	113
Apo-Methazide-25 250mg & 25mg Tab	00441716	APX	113
Apo-Methazolamide 50mg Tab	02245882	APX	211
Apo-Methoprazine 2mg Tab	02238403	APX	179
Apo-Methoprazine 5mg Tab	02238404	APX	179
Apo-Methoprazine 25mg Tab	02238405	APX	179
Apo-Methoprazine 50mg Tab	02238406	APX	179
Apo-Methotrexate 2.5mg Tab	02182963	APX	49
Apo-Methyldopa 125mg Tab	00360252	APX	113

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Methyldopa 250mg Tab	00360260	APX	113
Apo-Methyldopa 500mg Tab	00426830	APX	113
Apo-Methylphenidate 10mg Tab	02249324	APX	178
Apo-Methylphenidate SR 20mg LA Tab	02266687	APX	178
Apo-Metoclopramide 5mg Tab	00842826	APX	235
Apo-Metoclopramide 10mg Tab	00842834	APX	235
Apo-Metoprolol 50mg Tab	00618632	APX	92
Apo-Metoprolol 100mg Tab	00618640	APX	92
Apo-Metoprolol (Type L) 50mg Tab	00749354	APX	92
Apo-Metoprolol (Type L) 100mg Tab	00751170	APX	92
Apo-Metronidazole 500mg Cap	02248562	APX	31
Apo-Metronidazole 250mg Tab	00545066	APX	31
Apo-Midodrine 2.5mg Tab	02278677	APX	191
Apo-Midodrine 5mg Tab	02278685	APX	191
Apo-Mirtazapine 30mg Tab	02286629	APX	160
Apo-Misoprostol 100mcg Tab	02244022	APX	236
Apo-Misoprostol 200mcg Tab	02244023	APX	236
Apo-Moclobemide 100mg Tab	02232148	APX	160
Apo-Moclobemide 150mg Tab	02232150	APX	160
Apo-Moclobemide 300mg Tab	02240456	APX	160
Apo-Nadolol 40mg Tab	00782505	APX	93
Apo-Nadolol 80mg Tab	00782467	APX	93
Apo-Nadolol 160mg Tab	00782475	APX	93
Apo-Naproxen 125mg Tab	00522678	APX	133
Apo-Naproxen 250mg Tab	00522651	APX	133
Apo-Naproxen 375mg Tab	00600806	APX	133
Apo-Naproxen 500mg Tab	00592277	APX	133
Apo-Naproxen SR 750mg SR Tab	02177072	APX	132
Apo-Nifedipine 5mg Cap	00725110	APX	93
Apo-Nifedipine 10mg Cap	00755907	APX	93
Apo-Nifedipine PA 10mg LA Tab	02197448	APX	114
Apo-Nifedipine PA 20mg LA Tab	02181525	APX	114
Apo-Nitrazepam 5mg Tab	02245230	APX	179
Apo-Nitrazepam 10mg Tab	02245231	APX	179
Apo-Nitrofurantoin 50mg Tab	00319511	APX	32
Apo-Nitrofurantoin 100mg Tab	00312738	APX	32
Apo-Nizatidine 150mg Cap	02220156	APX	236
Apo-Nizatidine 300mg Cap	02220164	APX	236
Apo-Norfloxacin 400mg Tab	02229524	APX	38
Apo-Nortriptyline 10mg Cap	02223511	APX	160
Apo-Nortriptyline 25mg Cap	02223538	APX	161
Apo-Ofloxacin 200mg Tab	02231529	APX	39
Apo-Ofloxacin 300mg Tab	02231531	APX	39
Apo-Ofloxacin 400mg Tab	02231532	APX	39

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Ofloxacin 0.3% Oph Sol	02248398	APX	198
Apo-Omeprazole Cap 20mg	02245058	APX	237
Apo-Ondansetron 4mg Tab	02288184	APX	228
Apo-Ondansetron 8mg Tab	02288192	APX	228
Apo-Orciprenaline 2mg/mL O/L	02236783	APX	64
Apo-Oxazepam 10mg Tab	00402680	APX	171
Apo-Oxazepam 15mg Tab	00402745	APX	171
Apo-Oxazepam 30mg Tab	00402737	APX	171
Apo-Oxtriphylline 100mg Tab	00441724	APX	297
Apo-Oxtriphylline 200mg Tab	00441732	APX	297
Apo-Oxtriphylline 300mg Tab	00511692	APX	297
Apo-Oxybutynin 1mg/mL O/L	02231089	APX	58
Apo-Oxybutynin 5mg Tab	02163543	APX	58
Apo-Paroxetine 20mg Tab	02240908	APX	161
Apo-Paroxetine 30mg Tab	02240909	APX	161
Apo-Pen V-K 25mg/mL O/L	00642223	APX	13
Apo-Pen V-K 60mg/mL O/L	00642231	APX	13
Apo-Pen V-K 300mg Tab	00642215	APX	13
Apo-Pentoxifylline 400mg SR Tab	02230090	APX	83
Apo-Perphenazine 2mg Tab	00335134	APX	172
Apo-Perphenazine 4mg Tab	00335126	APX	172
Apo-Perphenazine 8mg Tab	00335118	APX	172
Apo-Perphenazine 16mg Tab	00335096	APX	172
Apo-Pimozide 2mg Tab	02245432	APX	172
Apo-Pimozide 4mg Tab	02245433	APX	172
Apo-Pindol 5mg Tab	00755877	APX	114
Apo-Pindol 10mg Tab	00755885	APX	115
Apo-Pindol 15mg Tab	00755893	APX	115
Apo-Piroxicam 10mg Cap	00642886	APX	134
Apo-Piroxicam 20mg Cap	00642894	APX	134
Apo-Pramipexole 0.25mg Tab	02292378	APX	182
Apo-Pramipexole 1mg Tab	02292394	APX	182
Apo-Pramipexole 1.5mg Tab	02292408	APX	182
Apo-Pravastatin 10mg Tab	02243506	APX	102
Apo-Pravastatin 20mg Tab	02243507	APX	102
Apo-Pravastatin 40mg Tab	02243508	APX	102
Apo-Prazo 1mg Tab	00882801	APX	115
Apo-Prazo 2mg Tab	00882828	APX	115
Apo-Prazo 5mg Tab	00882836	APX	116
Apo-Prednisone 1mg Tab	00598194	APX	253
Apo-Prednisone 5mg Tab	00312770	APX	253
Apo-Prednisone 50mg Tab	00550957	APX	253
Apo-Primidone 125mg Tab	00399310	APX	152
Apo-Primidone 250mg Tab	00396761	APX	152

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Procaïnamide 250mg Cap	00713325	APX	94
Apo-Procaïnamide 375mg Cap	00713333	APX	94
Apo-Procaïnamide 500mg Cap	00713341	APX	94
Apo-Prochlorazine 5mg Tab	00886440	APX	173
Apo-Prochlorazine 10mg Tab	00886432	APX	173
Apo-Propafenone 150mg Tab	02243324	APX	94
Apo-Propafenone 300mg Tab	02243325	APX	94
Apo-Propranolol 10mg Tab	00402788	APX	94
Apo-Propranolol 20mg Tab	00663719	APX	95
Apo-Propranolol 40mg Tab	00402753	APX	95
Apo-Propranolol 80mg Tab	00402761	APX	95
Apo-Propranolol 120mg Tab	00504335	APX	95
Apo-Ramipril 1.25mg Cap	02251515	APX	117
Apo-Ramipril 2.5mg Cap	02251531	APX	117
Apo-Ramipril 5mg Cap	02251574	APX	117
Apo-Ramipril 10mg Cap	02251582	APX	117
Apo-Ranitidine 150mg Tab	00733059	APX	242
Apo-Ranitidine 300mg Tab	00733067	APX	242
Apo-Risperidone 1mg/mL O/L	02280396	APX	174
Apo-Risperidone 0.25mg Tab	02282119	APX	174
Apo-Risperidone 0.5mg Tab	02282127	APX	174
Apo-Risperidone 1mg Tab	02282135	APX	175
Apo-Risperidone 2mg Tab	02282143	APX	175
Apo-Risperidone 3mg Tab	02282151	APX	175
Apo-Risperidone 4mg Tab	02282178	APX	175
Apo-Salvent 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00790419	APX	68
Apo-Salvent 2mg Tab	02146843	APX	68
Apo-Salvent 4mg Tab	02146851	APX	68
Apo-Salvent CFC Free 100mcg/Metered Dose Inh-200 Dose Pk	02245669	APX	68
Apo-Salvent Ipravent Sterules 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02266393	APX	57
Apo-Salvent Sterule 1mg/mL Inh Sol-2.5mL Pk	02231488	APX	65
Apo-Salvent Sterule 2mg/mL Inh Sol-2.5mL Pk	02231678	APX	66
Apo-Selegiline 5mg Tab	02230641	APX	318
Apo-Sertraline 25mg Cap	02238280	APX	162
Apo-Sertraline 50mg Cap	02238281	APX	162
Apo-Sertraline 100mg Cap	02238282	APX	162
Apo-Simvastatin 5mg Tab	02247011	APX	103
Apo-Simvastatin 10mg Tab	02247012	APX	103
Apo-Simvastatin 20mg Tab	02247013	APX	104
Apo-Simvastatin 40mg Tab	02247014	APX	104
Apo-Simvastatin 80mg Tab	02247015	APX	104
Apo-Sotalol 160mg Tab	02167794	APX	96
Apo-Sucralfate 1g Tab	02125250	APX	243

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Sulfatrim 40mg & 8mg/mL O/L	00846465	APX	40
Apo-Sulfatrim 400mg & 80mg Tab	00445274	APX	40
Apo-Sulfatrim-DS 800mg & 160mg Tab	00445282	APX	40
Apo-Sulfinpyrazone 200mg Tab	00441767	APX	192
Apo-Sulin 150mg Tab	00778354	APX	135
Apo-Sulin 200mg Tab	00778362	APX	135
Apo-Tamox 10mg Tab	00812404	APX	49
Apo-Tamox 20mg Tab	00812390	APX	49
Apo-Temazepam 15mg Cap	02225964	APX	180
Apo-Temazepam 30mg Cap	02225972	APX	180
Apo-Terazosin 1mg Tab	02234502	APX	118
Apo-Terazosin 2mg Tab	02234503	APX	118
Apo-Terazosin 5mg Tab	02234504	APX	118
Apo-Terazosin 10mg Tab	02234505	APX	118
Apo-Tetra 250mg Cap	00580929	APX	14
Apo-Tiaprofenic 200mg Tab	02136112	APX	135
Apo-Tiaprofenic 300mg Tab	02136120	APX	135
Apo-Ticlopidine 250mg Tab	02237701	APX	321
Apo-Timol 5mg Tab	00755842	APX	96
Apo-Timol 10mg Tab	00755850	APX	96
Apo-Timol 20mg Tab	00755869	APX	96
Apo-Timop 0.25% Oph Sol	00755826	APX	213
Apo-Timop 0.5% Oph Sol	00755834	APX	213
Apo-Tobramycin 0.3% Oph Sol	02245698	APX	197
Apo-Topiramate 25mg Tab	02279614	APX	153
Apo-Topiramate 100mg Tab	02279630	APX	153
Apo-Topiramate 200mg Tab	02279649	APX	153
Apo-Trazodone 50mg Tab	02147637	APX	163
Apo-Trazodone 100mg Tab	02147645	APX	163
Apo-Trazodone D 150mg Tab	02147653	APX	163
Apo-Triazide 25mg & 50mg Tab	00441775	APX	190
Apo-Triazo 0.125mg Tab	00808563	APX	180
Apo-Triazo 0.25mg Tab	00808571	APX	181
Apo-Trifluoperazine 1mg Tab	00345539	APX	176
Apo-Trifluoperazine 2mg Tab	00312754	APX	176
Apo-Trifluoperazine 5mg Tab	00312746	APX	176
Apo-Trifluoperazine 10mg Tab	00326836	APX	176
Apo-Trihex 2mg Tab	00545058	APX	59
Apo-Trihex 5mg Tab	00545074	APX	59
Apo-Trimethoprim 100mg Tab	02243116	APX	40
Apo-Trimethoprim 200mg Tab	02243117	APX	40
Apo-Trimip 75mg Cap	02070987	APX	163
Apo-Trimip 12.5mg Tab	00740799	APX	163
Apo-Trimip 25mg Tab	00740802	APX	163

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Trimip 50mg Tab	00740810	APX	164
Apo-Trimip 100mg Tab	00740829	APX	164
Apo-Valproic 250mg Cap	02238048	APX	154
Apo-Valproic 50mg/mL O/L	02238370	APX	154
Apo-Verap 80mg Tab	00782483	APX	96
Apo-Verap 120mg Tab	00782491	APX	97
Apo-Verap SR 180mg LA Tab	02246894	APX	119
Apo-Verap SR 240mg LA Tab	02246895	APX	119
Apo-Warfarin 1mg Tab	02242924	APX	79
Apo-Warfarin 2mg Tab	02242925	APX	79
Apo-Warfarin 2.5mg Tab	02242926	APX	79
Apo-Warfarin 3mg Tab	02245618	APX	79
Apo-Warfarin 4mg Tab	02242927	APX	79
Apo-Warfarin 5mg Tab	02242928	APX	80
Apo-Warfarin 10mg Tab	02242929	APX	80
Apresoline 20mg/mL Inj Sol-1mL Pk	00723754	STE	110
Apresoline 10mg Tab (Not a Benefit)	00005525	NOV	110
Apresoline 25mg Tab (Not a Benefit)	00005533	STE	110
Apresoline 50mg Tab (Not a Benefit)	00005541	NOV	110
Aralen 250mg Tab (Not a Benefit)	02017539	SAO	31
Aranesp 150mcg/0.3mL Pref Syr-0.3mL Pk	02246360	AMG	81
Aranesp 200mcg/0.4mL Pref Syr-0.4mL Pk	09857185	AMG	81
Aranesp 300mcg/0.6mL Pref Syr-0.6mL Pk	09857186	AMG	81
Aranesp 500mcg/1.0mL Pref Syr-1.0mL Pk	09857187	AMG	81
Arava 10mg Tab	02241888	SAV	312
Arava 20mg Tab	02241889	SAV	312
Aricept 5mg Tab	02232043	PFI	51
Aricept 10mg Tab	02232044	PFI	51
Arimidex 1mg Tab	02224135	AZC	41
Aristocort R 0.1% Cr	02194058	VAE	289
Aristocort R 0.1% Oint	02194031	VAE	289
Arixtra 2.5mg Inj-0.5mL Pk	02245531	GSK	76
Aromasin 25mg Tab	02242705	PFI	44
Artane 0.4mg/mL O/L (Not a Benefit)	00014656	LED	59
Artane 2mg Tab (Not a Benefit)	00015040	LED	59
Artane 5mg Tab (Not a Benefit)	00015059	LED	59
Arthrotec 50 50mg & 200mcg Tab	01917056	PFI	126
Arthrotec 75 75mg & 200mcg Tab	02229837	PFI	126
ASA 325mg Tab (Not a Benefit)	00036145	RPR	123
ASA 325mg Tab	00040851	PMS	123
Asacol 400mg Tab	01997580	PGP	229
Asacol 800mg Tab	02267217	PGP	229
ASCORBIC ACID			300
Atacand 4mg Tab	02239090	AZC	105

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Atacand 8mg Tab	02239091	AZC	105
Atacand 16mg Tab	02239092	AZC	105
Atacand Plus 16mg/12.5mg Tab	02244021	AZC	105
Atarax 10mg Cap (Not a Benefit)	00024376	PFI	170
Atarax 25mg Cap (Not a Benefit)	00024384	PFI	170
Atarax 50mg Cap (Not a Benefit)	00024392	PFI	170
Atasol 80mg/mL O/L (Not a Benefit)	00631353	HOR	145
Atasol 325mg Tab (Not a Benefit)	00293482	HOR	145
Atasol Forte 500mg Tab (Not a Benefit)	00013668	HOR	146
Atasol-15 15mg Tab (Not a Benefit)	00293504	HOR	136
Atasol-30 30mg Tab (Not a Benefit)	00293512	HOR	136
ATAZANAVIR SULFATE			23
ATENOLOL			86
ATENOLOL & CHLORTHALIDONE			105
Ativan 0.5mg Tab	02041413	WAY	170
Ativan 1mg Tab	02041421	WAY	170
Ativan 2mg Tab	02041448	WAY	170
ATORVASTATIN CALCIUM			98
Atromid-S 500mg Cap (Not a Benefit)	00002038	AYE	99
Atropine 1% Oph Sol (Not a Benefit)	01948598	NOV	203
ATROPINE SULFATE			203
Atropine Sulfate 1% Oph Oint-3.5g Pk	00252484	ALC	203
Atrovent 250mcg/mL Inh Sol-20mL Pk	00731439	BOE	55
Atrovent 0.03% Nasal Spray	02163705	BOE	209
Atrovent HFA 20mcg/Metered Dose Inh-200 Dose Pk	02247686	BOE	57
Atrovent UDV 125mcg/mL Inh Sol-2mL UDV Pk	02026759	BOE	56
Atrovent UDV 250mcg/mL Inh Sol-2mL UDV Pk	01950681	BOE	56
AURANOFIN			245
Avalide 150 & 12.5mg Tab	02241818	SAV	111
Avalide 300 & 12.5mg Tab	02241819	SAV	111
Avalide 300 & 25mg Tab	02280213	SAV	111
Avandia 2mg Tab	02241112	GSK	263
Avandia 4mg Tab	02241113	GSK	263
Avandia 8mg Tab	02241114	GSK	263
Avapro 75mg Tab	02237923	SAV	111
Avapro 150mg Tab	02237924	SAV	111
Avapro 300mg Tab	02237925	SAV	111
Avelox 400mg Tab	02242965	BAY	38
Aventyl 10mg Cap	00015229	PHE	160
Aventyl 25mg Cap	00015237	PHE	161
Avodart 0.5mg Cap	02247813	GSK	309
Axid 150mg Cap	00778338	PHE	236
Axid 300mg Cap	00778346	PHE	236
AZATHIOPRINE			305

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
AZITHROMYCIN			7
Azopt 1% Oph Susp	02238873	ALC	206
BACLOFEN			71
Bactrim 400mg & 80mg Tab (Not a Benefit)	00272469	HLR	40
Bactrim Sugar Free 40mg & 8mg/mL O/L (Not a Benefit)	00272485	HLR	40
Bactrim-DS 800mg & 160mg Tab (Not a Benefit)	00371823	HLR	40
Bactroban 2% Cr	02239757	GSK	275
Bactroban 2% Oint	01916947	GSK	275
BECLOMETHASONE DIPROPIONATE			198, 249, 283
Beconase Aqueous 50mcg Nas Sp-200 Dose Pk (Not a Benefit)	02213702	GLW	198
Benadryl 25mg Cap (Not a Benefit)	00022756	PDA	1
Benadryl 50mg Cap (Not a Benefit)	00022764	PDA	1
BENZAEPRIIL			105
Benemid 500mg Tab (Not a Benefit)	00016616	MSD	192
Benoxyl 5% Lot	00236063	STI	290
Benoxyl 10% Lot	00370568	STI	290
Benoxyl 20% Lot	00187585	STI	290
Benuryl 500mg Tab	00294926	VAL	192
Benzac W5 5% Gel	01925180	GAC	291
BenzaClin 1% & 5% Top Gel	02248472	SAV	275
BENZOYL PEROXIDE			290
BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL			290
BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL			291
BENZOYL PEROXIDE IN WATER-BASED GEL			291
BENZTROPINE MESYLATE			54
BENZYDAMINE HCL			201
Berotec Inh Pd-200 Dose Pk	02006383	BOE	61
Berotec 0.1% Inh Sol-20mL Pk	00541389	BOE	61
Betaderm 0.05% Cr (Not a Benefit)	00716618	TAR	284
Betaderm 0.1% Cr (Not a Benefit)	00716626	TAR	284
Betaderm 0.05% Oint	00716642	TAR	284
Betaderm 0.1% Oint	00716650	TAR	285
Betaderm 0.1% Scalp Lot	00716634	TAR	285
Betadine 10% Top Sol (Not a Benefit)	00158348	PFP	282
Betadine 10% Vag Gel (Not a Benefit)	00026034	PFP	282
Betadine 10% Vag Sol (Not a Benefit)	00026093	PFP	282
Betagan 0.25% Oph Sol	00751286	ALL	210
Betagan 0.5% Oph Sol	00637661	ALL	210
Betaloc 50mg Tab	00402605	AZC	92
Betaloc 100mg Tab	00402540	AZC	92
BETAMETHASONE DIPROPIONATE			283
BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL			283
BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE			284
BETAMETHASONE DISODIUM PHOSPHATE			229

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
BETAMETHASONE VALERATE			284
BETAXOLOL HCL			204
BETHANECHOL CHLORIDE			51
Betnesol 5mg/100mL Enema-100mL Pk	02060884	SHI	229
Betnovate 0.1% Cr (Not a Benefit)	00011924	GLA	284
Betnovate 0.1% Lot (Not a Benefit)	02100193	SHI	284
Betnovate 0.1% Oint (Not a Benefit)	00012386	GLA	285
Betnovate-1/2 0.05% Cr (Not a Benefit)	00011916	GLA	284
Betnovate-1/2 0.05% Lot (Not a Benefit)	02100185	RBT	284
Betnovate-1/2 0.05% Oint (Not a Benefit)	00012378	GLA	284
Betoptic S 0.25% Oph Susp	01908448	ALC	204
BEZAFIBRATE			98
Bezalip 400mg SR Tab	02083523	HLR	98
Bezalip 200mg Tab (Not a Benefit)	02084082	HLR	98
Biaxin 125mg/5mL Ped Gran	02146908	ABB	8
Biaxin 250mg/5mL Susp	02244641	ABB	8
Biaxin 250mg Tab	01984853	ABB	8
Biaxin XL 500mg ER Tab	02244756	ABB	8
BICALUTAMIDE			41
BIMATOPROST			204
BISACODYL			218
BISOPROLOL FUMARATE			87
Bleph-10 10% Oph Sol (Not a Benefit)	00001287	ALL	197
Blocadren 5mg Tab (Not a Benefit)	00353914	FRS	96
Blocadren 10mg Tab (Not a Benefit)	00353922	FRS	96
Blocadren 20mg Tab (Not a Benefit)	00495611	FRS	96
Bonamine 25mg Tab	00220442	PFI	227
Bonafos 400mg Cap	01984845	BAY	306
Botox 100U/Vial Pd Inj-100U Vial Pk	01981501	ALL	305
BOTULINUM TOXIN TYPE A			305
Brevicon 0.035mg & 0.5mg Tab-21 Pk	02187086	PFI	270
Brevicon 0.035mg & 0.5mg Tab-28 Pk	02187094	PFI	270
Brevicon 1/35 0.035mg & 1mg Tab-21 Pk	02189054	PFI	270
Brevicon 1/35 0.035mg & 1mg Tab-28 Pk	02189062	PFI	270
Bricanyl Turbuhaler 0.5mg/Dose Inh-200 Dose Pk	00786616	AZC	70
BRIMONIDINE			205
BRIMONIDINE TARTRATE & TIMOLOL MALEATE			206
BRINZOLAMIDE			206
BROMAZEPAM			165
BROMOCRIPTINE			305
BUDESONIDE			199, 250
BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE			59
BUPROPION HCL			155
BUSERELIN ACETATE			42

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
BUSULFAN			42
C.E.S. 0.625mg Tab	00265470	VAL	258
C.E.S. 1.25mg Tab	00265489	VAL	258
Caduet 5mg/10mg Tab	02273233	PFI	97
Caduet 5mg/20mg Tab	02273241	PFI	97
Caduet 5mg/40mg Tab	02273268	PFI	97
Caduet 5mg/80mg Tab	02273276	PFI	97
Caduet 10mg/10mg Tab	02273284	PFI	97
Caduet 10mg/20mg Tab	02273292	PFI	97
Caduet 10mg/40mg Tab	02273306	PFI	97
Caduet 10mg/80mg Tab	02273314	PFI	97
Cafergot 1mg & 100mg Tab	00176095	NOV	71
Calcimar 400IU/2mL Inj Sol-2mL Pk	01926691	SAV	268
CALCIPOTRIOL			293
CALCITONIN SALMON			268
CALCITRIOL			301
CALCIUM CARBONATE			185
CALCIUM GLUCONATE			185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00179698	SDR	185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00241717	RPR	185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00441473	NOP	185
CALCIUM LACTATE			185
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00021253	NOP	185
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00179671	SDR	185
Calcium-250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00645958	NOP	185
Calcium-500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00645923	NOP	185
Caltine 100 100IU/mL Inj Sol-1mL Pk	02007134	FEI	268
CANDESARTAN CILEXETIL			105
CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE			105
Canesten 1 Comfortab Combi-Pak 500mg & 1% Tab & Cr	02264102	BAY	276
Canesten 1% Topical Cream 10mg/g Cr	02150867	BAY	276
Canesten 3 20mg/g Vag Cr-App	02150905	BAY	276
Canesten 6 Cream 10mg/g Vag Cr-App	02150891	BAY	276
CAPECITABINE			42
Capoten 12.5mg Tab	00695661	BQU	106
Capoten 25mg Tab	00546283	BQU	106
Capoten 50mg Tab	00546291	BQU	106
Capoten 100mg Tab	00546305	BQU	106
CAPTOPRIL			106
Captopril 12.5mg Tab	02242788	ZYN	106

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Captopril 25mg Tab	02242789	ZYN	106
Captopril 50mg Tab	02242790	ZYN	106
Captopril 100mg Tab	02242791	ZYN	106
CARBACHOL			51, 201
Carbachol 2mg Tab	00885568	GLA	51
CARBAMAZEPINE			146
Carbolith 150mg Cap	00461733	VAL	176
Carbolith 300mg Cap	00236683	VAL	177
Cardizem 30mg Tab	02097370	BIO	91
Cardizem 60mg Tab	02097389	BIO	91
Cardizem CD 120mg LA Cap	02097249	BIO	89
Cardizem CD 180mg LA Cap	02097257	BIO	90
Cardizem CD 240mg LA Cap	02097265	BIO	90
Cardizem CD 300mg LA Cap	02097273	BIO	90
Cardizem-SR 60mg LA Cap (Not a Benefit)	02097214	CRY	90
Cardizem-SR 90mg LA Cap (Not a Benefit)	02097222	CRY	90
Cardizem-SR 120mg LA Cap (Not a Benefit)	02097230	CRY	90
Cardura-1 1mg Tab	01958100	AZC	108
Cardura-2 2mg Tab	01958097	AZC	108
Cardura-4 4mg Tab	01958119	AZC	108
CARVEDILOL			88
Casodex 50mg Tab	02184478	AZC	41
Catapres 0.1mg Tab	00259527	BOE	107
Catapres 0.2mg Tab	00291889	BOE	107
Ceclor 250mg Cap	00465186	PHE	14
Ceclor 500mg Cap	00465194	PHE	14
Ceclor 25mg/mL Oral Susp	00465208	PHE	14
Ceclor 50mg/mL Oral Susp	00465216	PHE	15
Ceclor 375mg/5mL Oral Susp	00832804	PHE	15
Cedocard SR 20mg LA Tab (Not a Benefit)	00740721	PMS	120
CeeNU 10mg Cap	00360430	BQU	48
CeeNU 40mg Cap	00360422	BQU	48
CeeNU 100mg Cap	00360414	BQU	48
CEFACLOR			14
CEFADROXIL			15
CEFIXIME			15
CEFPROZIL			15
Ceftin 125mg/5mL Susp	02212307	GSK	16
Ceftin 250mg Tab	02212277	GSK	16
Ceftin 500mg Tab	02212285	GSK	16
CEFTRIAZONE DISODIUM			16
CEFUROXIME AXETIL			16
Cefzil 125mg/5mL Oral Susp	02163675	BQU	15
Cefzil 250mg/5mL Oral Susp	02163683	BQU	15

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Cefzil 250mg Tab	02163659	BQU	16
Cefzil 500mg Tab	02163667	BQU	16
Celebrex 100mg Cap	02239941	PFI	124
Celebrex 200mg Cap	02239942	PFI	124
CELECOXIB			124
Celestoderm-V 0.1% Cr (Not a Benefit)	00027901	SCH	284
Celestoderm-V 0.1% Oint (Not a Benefit)	00028363	SCH	285
Celestoderm-V/2 0.05% Cr (Not a Benefit)	00027898	SCH	284
Celestoderm-V/2 0.05% Oint (Not a Benefit)	00028355	SCH	284
Celexa 20mg Tab	02239607	VLH	155
Celexa 40mg Tab	02239608	VLH	156
CellCept 200mg/mL Pd for Oral Susp-175mL Pk	02242145	HLR	314
CellCept 250mg SG Cap	02192748	HLR	314
CellCept 500mg Tab	02237484	HLR	314
Celontin 300mg Cap	00022802	ERF	151
CEPHALEXIN MONOHYDRATE			16
Cephulac 666.7mg/mL O/L (Not a Benefit)	02091925	MRR	232
Ceporex 250mg Cap (Not a Benefit)	00253154	GLA	16
Ceporex 500mg Cap (Not a Benefit)	00253146	GLA	16
Cerubidine Inj Pd-20mg Pk	01926683	ERF	44
Cesamet 0.5mg Cap	02256193	VAL	227
Cesamet 1mg Cap	00548375	VAL	227
Cetamide 10% Oph Oint-3.5g Pk	00252522	ALC	197
CHLORAMBUCIL			43
CHLORAMPHENICOL			195
CHLORDIAZEPOXIDE			165
CHLOROQUINE PHOSPHATE			31
CHLORPROMAZINE			166
CHLORTHALIDONE			188
Choledyl 10mg/mL O/L (Not a Benefit)	00476390	PDA	297
Choledyl 20mg/mL O/L	00476366	ERF	297
Choledyl 100mg Tab (Not a Benefit)	00476404	PDA	297
Choledyl 200mg Tab (Not a Benefit)	00476412	PDA	297
Choledyl 300mg Tab (Not a Benefit)	00483591	PDA	297
CHOLESTYRAMINE RESIN			98
CILAZAPRIL			106
CILAZAPRIL & HYDROCHLOROTHIAZIDE			107
CIMETIDINE			230
Cipro 10g/100mL Oral Susp	02237514	BAY	33
Cipro 250mg Tab	02155958	BAY	33
Cipro 500mg Tab	02155966	BAY	33
Cipro 750mg Tab	02155974	BAY	33
Cipro XL 500mg ER Tab	02247916	BAY	35
Cipro XL 1000mg ER Tab	02251787	BAY	35

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
CIPROFLOXACIN			33
CIPROFLOXACIN HCL & CIPROFLOXACIN BASE			35
CITALOPRAM HYDROBROMIDE			155
CLADRIBINE			43
CLARITHROMYCIN			8
Clarus 10mg Cap	02257955	PRE	294
Clarus 40mg Cap	02257963	PRE	294
Clasteon 400mg Cap	02245828	ORY	306
Clavulin 25mg & 6.25mg/mL O/L	01916882	GSK	11
Clavulin 50mg & 12.5mg/mL O/L	01916874	GSK	11
Clavulin 250mg & 125mg Tab	01916866	GSK	11
Clavulin 500mg & 125mg Tab	01916858	GSK	11
Clavulin (BID) 200mg & 28.5mg/5mL Susp	02238831	GSK	11
Clavulin (BID) 400mg & 57mg/5mL Susp	02238830	GSK	11
Clavulin (BID) 875mg & 125mg Tab	02238829	GSK	12
CLINDAMYCIN HCL			17
CLINDAMYCIN PALMITATE			18
CLINDAMYCIN PHOSPHATE			18
CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE			275
Clindamycin Phosphate Injection USP 300mg/2mL Inj Sol-2mL Pk	02230540	SDZ	18
Clindoxyl 1% & 5% Gel	02243158	STI	275
Clinoril 150mg Tab (Not a Benefit)	00456888	FRS	135
Clinoril 200mg Tab (Not a Benefit)	00432369	FRS	135
CLOBAZAM			148
CLOBETASOL PROPIONATE			285
CLOBETASONE BUTYRATE			286
CLODRONATE DISODIUM			306
CLODRONATE DISODIUM TETRAHYDRATE			306
CLOFIBRATE			99
CLOMIPRAMINE HCL			156
CLONAZEPAM			148
CLONIDINE HCL			107
CLOPIDOGREL BISULFATE			307
CLORAZEPATE DIPOTASSIUM			166
Clotrimaderm 10mg/g Cr	00812382	TAR	276
Clotrimaderm Vaginal Cream 10mg/g Vag Cr-App	00812366	TAR	276
Clotrimaderm Vaginal Cream 20mg/g Vag Cr-App	00812374	TAR	276
CLOTRIMAZOLE			276
CLOXACILLIN			12
Co Bicalutamide 50mg Tab	02274337	COB	41
Co Cilazapril 2.5mg Tab	02285215	COB	107
Co Cilazapril 5mg Tab	02285223	COB	107
Co Clonazepam 0.5mg Tab	02270641	COB	148

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Co Clonazepam 2mg Tab	02270676	COB	148
Co Mirtazapine 30mg Tab	02274361	COB	160
Co Norfloxacin 400mg Tab	02269627	COB	38
Co Pravastatin 10mg Tab	02248182	COB	102
Co Pravastatin 20mg Tab	02248183	COB	102
Co Pravastatin 40mg Tab	02248184	COB	102
Co Risperidone 0.25mg Tab	02282585	COB	174
Co Risperidone 0.5mg Tab	02282593	COB	174
Co Risperidone 1mg Tab	02282607	COB	175
Co Risperidone 2mg Tab	02282615	COB	175
Co Risperidone 3mg Tab	02282623	COB	175
Co Risperidone 4mg Tab	02282631	COB	175
Co Sertraline 25mg Cap	02287390	COB	162
Co Sertraline 50mg Cap	02287404	COB	162
Co Sertraline 100mg Cap	02287412	COB	162
Co Sotalol 160mg Tab	02270633	COB	96
Co-Alendronate 70mg Tab	02258110	COB	303
Co-Atenolol 50mg Tab	02255545	COB	86
Co-Atenolol 100mg Tab	02255553	COB	87
Co-Azithromycin 250mg Tab	02255340	COB	8
Co-Ciprofloxacin 250mg Tab	02247339	COB	33
Co-Ciprofloxacin 500mg Tab	02247340	COB	33
Co-Ciprofloxacin 750mg Tab	02247341	COB	33
Co-Citalopram 20mg Tab	02248050	COB	155
Co-Citalopram 40mg Tab	02248051	COB	156
Co-Clomipramine 10mg Tab	02244816	COB	156
Co-Clomipramine 25mg Tab	02244817	COB	156
Co-Clomipramine 50mg Tab	02244818	COB	156
Co-Etidronate 200mg Tab	02248686	COB	309
Co-Fluoxetine 20mg Cap	02242178	COB	158
Co-Fluvoxamine 50mg Tab	02255529	COB	158
Co-Fluvoxamine 100mg Tab	02255537	COB	158
Co-Gabapentin 100mg Cap	02256142	COB	150
Co-Gabapentin 300mg Cap	02256150	COB	150
Co-Gabapentin 400mg Cap	02256169	COB	150
Co-Lovastatin 20mg Tab	02248572	COB	101
Co-Lovastatin 40mg Tab	02248573	COB	101
Co-Meloxicam 7.5mg Tab	02250012	COB	132
Co-Meloxicam 15mg Tab	02250020	COB	132
Co-Metformin 500mg Tab	02257726	COB	261
Co-Paroxetine 20mg Tab	02262754	COB	161
Co-Paroxetine 30mg Tab	02262762	COB	161
Co-Ranitidine 150mg Tab	02248570	COB	242
Co-Ranitidine 300mg Tab	02248571	COB	242

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Co-Simvastatin 5mg Tab	02248103	COB	103
Co-Simvastatin 10mg Tab	02248104	COB	103
Co-Simvastatin 20mg Tab	02248105	COB	104
Co-Simvastatin 40mg Tab	02248106	COB	104
Co-Simvastatin 80mg Tab	02248107	COB	104
Co-Temazepam 15mg Cap	02244814	COB	180
Co-Temazepam 30mg Cap	02244815	COB	180
Codeine 15mg Tab	00779458	ROG	137
Codeine Contin 50mg CR Tab	02230302	PFP	137
Codeine Contin 100mg CR Tab	02163748	PFP	137
Codeine Contin 150mg CR Tab	02163780	PFP	137
Codeine Contin 200mg CR Tab	02163799	PFP	137
CODEINE PHOSPHATE			137
CODEINE SULFATE TRIHYDRATE & MONOHYDRATE			137
Cogentin 2mg Tab (Not a Benefit)	00016357	MSD	54
Colace 100mg Cap	02106256	WEL	218
Colace 4mg/mL O/L	02086018	WEL	218
Colace 10mg/mL O/L	02090163	WEL	218
Colestid Orange Gran-7.5g Pk	02132699	PFI	99
Colestid Regular Gran-5g Pk	00642975	PFI	99
COLESTIPOL HCL			99
Colyte Pd-4L Pk (Not a Benefit)	00677442	ZYN	186
Combigan 0.2% & 0.5% Oph-Sol 5mL Pk	02248347	ALL	206
Combivent 20mcg/100mcg/md Aero Inh	02163721	BOE	57
Combivent UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02231675	BOE	57
Combivir 150mg & 300mg Tab	02239213	GSK	27
Comtan 200mg Tab	02243763	NOV	181
CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE			257
CONJUGATED ESTROGENS			258
Coradur-SR 20mg LA Tab (Not a Benefit)	00786683	GLA	120
Cordarone 200mg Tab	02036282	WAY	86
Coreg 3.125mg Tab	02229650	GSK	88
Coreg 6.25mg Tab	02229651	GSK	88
Coreg 12.5mg Tab	02229652	GSK	88
Coreg 25mg Tab	02229653	GSK	88
Corgard 40mg Tab (Not a Benefit)	00607126	BQU	93
Corgard 80mg Tab (Not a Benefit)	00463256	BQU	93
Corgard 160mg Tab (Not a Benefit)	00523372	BQU	93
Cortate 0.5% Cr	00513288	SCH	287
Cortate 1% Cr (Not a Benefit)	00502200	SCH	287
Cortate 0.5% Oint	00513261	SCH	288
Cortate 1% Oint (Not a Benefit)	00502197	SCH	288
Cortef 10mg Tab	00030910	PFI	252
Cortef 20mg Tab	00030929	PFI	252

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Cortenema 100mg/60mL Enema-60mL Pk	02112736	BFI	232
Corticreme 1% Cr (Not a Benefit)	00477699	ROG	288
Cortifoam 10% Rect Aero-15g Pk	00579335	SQI	232
Cortisporin 10000U & 5mg & 10mg/mL Ot Sol	01912828	GSK	196
Cortoderm 0.5% Oint	00716685	TAR	288
Cortoderm 1% Oint	00716693	TAR	288
Cosopt 2% & 0.5% Oph Sol	02240113	MFC	208
COSYNTROPIN ZINC HYDROXIDE			183
Cotazym 8000 & 30000 & 30000 USP Units Cap	00263818	ORG	221
Cotazym ECS 4 4000 & 11000 & 11000 USP Units Ent Microsph Cap	02181215	ORG	221
Cotazym ECS 8 8000 & 30000 & 30000 USP Units Ent Microsph Cap	00502790	ORG	221
Cotazym ECS 20 20000 & 55000 & 55000 USP Units Ent Microsph Cap	00821373	ORG	221
Coumadin 1mg Tab	01918311	BQU	79
Coumadin 2mg Tab	01918338	BQU	79
Coumadin 2.5mg Tab	01918346	BQU	79
Coumadin 3mg Tab	02240205	BQU	79
Coumadin 4mg Tab	02007959	BQU	79
Coumadin 5mg Tab	01918354	BQU	80
Coumadin 10mg Tab	01918362	BQU	80
Covera-HS 180mg SR Tab	02231676	PFI	119
Covera-HS 240mg SR Tab	02231677	PFI	119
Coversyl 2mg Tab	02123274	SEV	114
Coversyl 4mg Tab	02123282	SEV	114
Coversyl 8mg Tab	02246624	SEV	114
Coversly Plus 4mg & 1.25mg Tab	02246569	SEV	114
Cozaar 25mg Tab	02182815	MFC	112
Cozaar 50mg Tab	02182874	MFC	112
Cozaar 100mg Tab	02182882	MFC	112
Creon 5 5000 & 16600 & 18750 USP Units Ent Minimicrosph Cap	02239007	SPH	223
Creon 10 10000 & 33200 & 37500 USP Units Ent Minimicrosph Cap	02200104	SPH	223
Creon 20 20000 & 66400 & 75000 USP Units Ent Minimicrosph Cap	02239008	SPH	223
Creon 25 25000 & 74000 & 62500 USP Units Ent Minimicrosph Cap	01985205	SPH	223
Crestor 5mg Tab	02265540	AZC	103
Crestor 10mg Tab	02247162	AZC	103
Crestor 20mg Tab	02247163	AZC	103
Crestor 40mg Tab	02247164	AZC	103
Crixivan 200mg Cap	02229161	MFC	26
Crixivan 400mg Cap	02229196	MFC	26

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Cromolyn 2% Nas Sol-26mL Pk	01950541	PMS	212
Cromolyn 2% Oph Sol	02009277	PMS	212
Cuprimine 250mg Cap	00016055	MFC	247
CYANOCOBALAMIN			299
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	01987003	CYI	299
Cyclen 0.25mg & 0.035mg Tab-21 Pk	01968440	JNO	272
Cyclen 0.25mg & 0.035mg Tab-28 Pk	01992872	JNO	272
CYCLOBENZAPRINE HCL			72
Cyclocort 0.1% Cr	02192284	STI	282
Cyclocort 0.1% Lot	02192276	STI	282
Cyclocort 0.1% Oint	02192268	STI	282
Cyclomen 50mg Cap	02018144	SAV	254
Cyclomen 100mg Cap	02018152	SAV	254
Cyclomen 200mg Cap	02018160	SAV	254
CYCLOPHOSPHAMIDE			43
CYCLOSPORINE			308
CYPROTERONE ACETATE			43
CYTARABINE			44
Cytosar 100mg Inj Pd-Vial Pk	00386715	PFI	44
Cytotec 100mcg Tab (Not a Benefit)	00813966	SEA	236
Cytotec 200mcg Tab (Not a Benefit)	00632600	SEA	236
Cytovene 500mg/Vial Pd Inj-10mL Pk	02162695	HLR	25
Cytoxan 25mg Tab	00344877	BQU	43
Cytoxan 50mg Tab	00344885	BQU	43
Dalacin C 150mg Cap	00030570	PFI	17
Dalacin C 300mg Cap	02182866	PFI	17
Dalacin C 300mg/2mL Inj Sol-2mL Pk	00260436	PFI	18
Dalacin C Flavoured Granules 15mg/mL Pd for Oral Susp	00225851	PFI	18
Dalmane 15mg Cap (Not a Benefit)	00012696	VAL	178
Dalmane 30mg Cap (Not a Benefit)	00012718	VAL	178
DALTEPARIN SODIUM			74
DANAZOL			254
Dantrium 25mg Cap	01997602	PGP	72
Dantrium 100mg Cap	01997653	PGP	72
DANTROLENE SODIUM			72
DARBEPOETIN ALFA			81
DAUNORUBICIN			44
DDAVP 0.1mg/mL Nas Sol-2.5mL Pk	00402516	FEI	268
DDAVP 10mcg/Metered Dose Nas Sp-2.5mL Pk	00836362	FEI	268
DDAVP 0.1mg Tab	00824305	FEI	268
DDAVP 0.2mg Tab	00824143	FEI	268
Decadron 4mg/mL Inj Sol (Not a Benefit)	00213624	MSD	251
Decadron 0.1% Oph/Ot Sol (Not a Benefit)	00016217	MSD	199
Decadron 0.5mg Tab (Not a Benefit)	00016462	MSD	251

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Decadron 4mg Tab (Not a Benefit)	00354309	MSD	251
Delatestryl 1000mg/5mL Oily Inj Sol-5mL Pk	00029246	THE	256
DELAVIRDINE MESYLATE			23
Deltasone 5mg Tab (Not a Benefit)	00210188	UPJ	253
Deltasone 50mg Tab (Not a Benefit)	00252417	UPJ	253
Demerol 50mg Tab	02138018	SAV	140
Demulen 30 0.03mg & 2mg Tab-21 Pk	00469327	PFI	269
Demulen 30 0.03mg & 2mg Tab-28 Pk	00471526	PFI	269
Depakene 250mg Cap	00443840	ABB	154
Depakene 500mg Ent Cap	00507989	ABB	154
Depakene 50mg/mL O/L	00443832	ABB	154
Depo-Medrol 40mg/mL Inj Susp-1mL Pk	00030759	PFI	253
Depo-Medrol 80mg/mL Inj Susp-1mL Pk	00030767	PFI	253
Depo-Medrol 100mg/5mL Inj Susp-5mL Pk	01934325	PFI	253
Depo-Provera 150mg/mL Inj	00585092	PFI	271
Depo-Provera 50mg/mL Inj Sol-5mL Pk	00030848	PFI	271
Depo-Testosterone 100mg/mL Oily Inj Sol-10mL Pk	00030783	PFI	256
Dermovate 0.05% Cr	02213265	TPH	285
Dermovate 0.05% Oint	02213273	TPH	285
Dermovate 0.05% Scalp Lot	02213281	TPH	285
DESIPRAMINE			156
DESMOPRESSIN ACETATE			268
Desocort 0.05% Cr	02048639	GAC	286
Desocort 0.05% Lot	02115514	GAC	286
Desocort 0.05% Oint	02115522	GAC	286
DESOGESTREL & ETHINYL ESTRADIOL			269
DESONIDE			286
Desquam-X5 5% Gel (Not a Benefit)	01908863	WSQ	291
Desquam-X10 10% Gel	01908871	BQU	291
Desyrel 50mg Tab	00579351	BQU	163
Desyrel 100mg Tab	00579378	BQU	163
Desyrel Dividose 150mg Tab	00702277	BQU	163
Detrol 1mg Tab	02239064	PFI	322
Detrol 2mg Tab	02239065	PFI	322
Detrol LA 2mg SR Cap	02244612	PFI	322
Detrol LA 4mg SR Cap	02244613	PFI	322
DEXAMETHASONE			199, 251
DEXAMETHASONE 21-PHOSPHATE			251
Dexamethasone Sodium 4mg/mL Inj Sol	00664227	SDZ	251
Dexamethasone Sodium 4mg/mL Inj Sol	01977547	CYI	251
DEXAMPHETAMINE SULFATE			178
Dexedrine 5mg Tab	01924516	GSK	178
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE			207
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD			207

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
DEXTROMETHORPHAN HBR			193
Diabeta 2.5mg Tab	02224550	SAV	261
Diabeta 5mg Tab	02224569	SAV	261
Diamicron 80mg Tab	00765996	SEV	260A
Diamicron MR 30mg SR Tab	02242987	SEV	260A
Diamox 250mg Tab (Not a Benefit)	02238072	WAY	203
Diarr-eze 2mg Caplet (Not a Benefit)	02229552	PMS	217
Diastat 5mg/mL Rect Gel-2x5mg Pk	02238162	VAL	167
Diastat 5mg/mL Rect Gel-2x10mg Pk	09853340	VAL	167
Diastat 5mg/mL Rect Gel-2x15mg Pk	09853430	VAL	167
DIAZEPAM			167
Diclectin 10mg & 10mg SR Tab	00609129	DUI	226
DICLOFENAC SODIUM			125, 207
DICLOFENAC SODIUM & MISOPROSTOL			126
DIDANOSINE			24
Didrocal 400mg/500mg Tab-90 Tablets Kit	02176017	PGP	310
Didronel 200mg Tab	01997629	PGP	309
Diflucan 50mg Tab	00891800	PFI	5
Diflucan 100mg Tab	00891819	PFI	5
Diflucan P.O.S. 10mg/mL O/L	02024152	PFI	4
Diflucan-150 150mg Cap	02141442	PFI	277
DIFLUCORTOLONE VALERATE			286
DIFLUNISAL			127
DIGOXIN			89
Dilantin 30mg Cap	00022772	PFI	152
Dilantin 100mg Cap	00022780	PFI	152
Dilantin 6mg/mL O/L	00023442	PFI	152
Dilantin 25mg/mL O/L	00023450	PFI	152
Dilantin 50mg Tab	00023698	PFI	152
Dilaudid 2mg/mL Inj Sol-1mL Pk	00627100	ABB	139
Dilaudid 1mg/mL Oral Sol	00786535	ABB	139
Dilaudid 3mg Sup	00125105	ABB	139
Dilaudid 1mg Tab	00705438	ABB	139
Dilaudid 2mg Tab	00125083	ABB	140
Dilaudid 4mg Tab	00125121	ABB	140
Dilaudid 8mg Tab	00786543	ABB	140
Dilaudid Sterile Powder 250mg Pd Vial Pk	02085895	ABB	139
Dilaudid-HP 10mg/mL Inj Sol-1mL Pk	00622133	ABB	139
Dilaudid-HP-Plus 20mg/mL Inj	02146118	ABB	139
Dilaudid-XP 50mg/mL Inj-1mL Pk	02145863	ABB	139
DILTIAZEM HCL			89
DIMENHYDRINATE			225
Diocarpine 1% Oph Sol	02023725	DKT	202
Diocarpine 2% Oph Sol	02023741	DKT	202

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Diopred 1% Oph Susp (Not a Benefit)	02023768	SDZ	200
Diovan 80mg Tab	02244781	NOV	119
Diovan 160mg Tab	02244782	NOV	119
Diovan-HCT 80mg/12.5mg Tab	02241900	NOV	119
Diovan-HCT 160mg/12.5mg Tab	02241901	NOV	119
Diovan-HCT 160mg/25mg Tab	02246955	NOV	119
Diovol EX 120mg & 60mg/mL O/L dpp (Not a Benefit)	00491217	HOR	215
Dipentum 250mg Cap	00875848	KAP	236
DIPHENHYDRAMINE HCL			1
DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE			216
DIPIVEFRIN HCL			203
Diprolene 0.05% Oint	00629367	SCH	283
Diprolene Glycol 0.05% Cr	00688622	SCH	284
Diprosone 0.05% Cr	00323071	SCH	283
Diprosone 0.05% Lot	00417246	SCH	283
Diprosone 0.05% Oint	00344923	SCH	283
DIPYRIDAMOLE & ACETYLSALICYLIC ACID			120
DISOPYRAMIDE			91
Ditropan 1mg/mL O/L (Not a Benefit)	01924753	JNO	58
Ditropan 5mg Tab	01924761	PGP	58
DIVALPROEX SODIUM			149
DM-Syrup 3mg/mL O/L (Not a Benefit)	00391069	PDA	193
DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)			218
Docusate Sodium 100mg Cap	00716731	TAR	218
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)			218
DOLASETRON MESYLATE			225
Dolobid 250mg Tab (Not a Benefit)	00587699	FRS	127
Dolobid 500mg Tab (Not a Benefit)	00576131	FRS	127
DOMPERIDONE MALEATE			231
DONEPEZIL HCL			51
DORZOLAMIDE HCL			208
DORZOLAMIDE HCL & TIMOLOL MALEATE			208
Dovonex 50mcg/g Cr	02150956	LEO	293
Dovonex 50mcg/g Oint	01976133	LEO	293
DOXAZOSIN MESYLATE			108
DOXEPIN HCL			157
DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL			226
Drisdol 8288IU/mL O/L	02017598	SAV	301
DRONABINOL			226
Dulcolax 5mg Ent Tab	00254142	BOE	218
Dulcolax 5mg Sup	00003867	BOE	218
Dulcolax 10mg Sup	00003875	BOE	218
Duolube 80%/20% Oph Oint-3.5g Pk	02125706	BSH	211
Duragesic 25 25mcg/hr Trans Patch	01937383	JNO	138

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Duragesic 50 50mcg/hr Trans Patch	01937391	JNO	138
Duragesic 75 75mcg/hr Trans Patch	01937405	JNO	138
Duragesic 100 100mcg/hr Trans Patch	01937413	JNO	138
Duricef 500mg Cap	00507245	BQU	15
DUTASTERIDE			309
Duvoid 10mg Tab	01947958	SHI	51
Duvoid 25mg Tab	01947931	SHI	51
Duvoid 50mg Tab	01947923	SHI	51
Dyazide 25mg & 50mg Tab (Not a Benefit)	01919547	SMJ	190
ECONAZOLE NITRATE			276
Ecostatin 1% Cr	02011948	BQU	276
Ecostatin 150mg Vag Sup	02010267	BQU	276
EES-200 40mg/mL O/L (Not a Benefit)	00000299	ABB	9
EES-400 80mg/mL O/L (Not a Benefit)	00453617	ABB	9
EES-600 600mg Tab (Not a Benefit)	00583782	ABB	9
EFAVIRENZ			24
Effexor XR 37.5mg ER Cap	02237279	WAY	164
Effexor XR 75mg ER Cap	02237280	WAY	164
Effexor XR 150mg ER Cap	02237282	WAY	164
Efudex 5% Cr	00330582	VAL	293
Elavil 10mg Tab (Not a Benefit)	00016322	MSD	155
Elavil 25mg Tab (Not a Benefit)	00016330	MSD	155
Elavil 50mg Tab (Not a Benefit)	00016349	MSD	155
Eldepryl 5mg Tab	02123312	BJH	318
ELECTROLYTE & DEXTROSE			185
Elidel 1% Cr	02247238	NOV	294
Eligard 7.5mg Pd Susp Inj-Pref Syr Kit	02248239	SAV	47
Eligard 22.5mg Pd Susp Inj-Pref Syr Kit	02248240	SAV	47
Eligard 30mg Pd Susp Inj-Pref Syr Kit	02248999	SAV	47
Eligard 45mg Pd Susp Inj-Pref Syr Kit	02268892	SAV	47
Elocom 0.1% Cr	00851744	SCH	289
Elocom 0.1% Lot	00871095	SCH	289
Elocom 0.1% Oint	00851736	SCH	289
Eltroxin 0.05mg Tab	02213192	GSK	273
Eltroxin 0.1mg Tab	02213206	GSK	273
Eltroxin 0.15mg Tab	02213214	GSK	273
Eltroxin 0.2mg Tab	02213222	GSK	273
Eltroxin 0.3mg Tab (Not a Benefit)	02213230	GLW	273
Emcyt 140mg Cap	02063794	PFI	44
Emo-Cort 1% Cr	00192597	STI	287
Emo-Cort 2.5% Cr	00595799	STI	288
Emo-Cort 1% Lot	00192600	STI	288
Emo-Cort 2.5% Lot	00595802	STI	288
Empracet-30 300mg & 30mg Tab (Not a Benefit)	00666130	BWE	136

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Empracet-60 300mg & 60mg Tab (Not a Benefit)	00666149	BWE	136
ENALAPRIL MALEATE			108
Endantadine 100mg Cap	02034468	BQU	304
Endocet 5mg & 325mg Tab	01916548	BQU	144
Endodan 5mg & 325mg Tab	01916483	BQU	145
Enemol 160mg & 60mg/mL Rect Sol	02096900	DPC	220
ENOXAPARIN			75
ENTACAPONE			181
Entacyl Gran 2g Pk	02100215	SHI	3
Entrophen 325mg Ent Tab	00010332	PEN	123
Entrophen 650mg Ent Tab	00010340	PEN	123
EPINEPHRINE HCL			60
EPINEPHRINE HCL (RACEMIC)			60
Epival 125mg Ent Tab	00596418	ABB	149
Epival 250mg Ent Tab	00596426	ABB	149
Epival 500mg Ent Tab	00596434	ABB	149
Eprex 20,000IU/mL Inj Sol-1mL Vial Pk	02206072	JNO	82
Eprex 10,000IU/mL Pref Syr-1mL Pk	02231587	JNO	82
Eprex 40,000IU/mL Pref Syr-1mL Pk	02240722	JNO	82
EPROSARTAN MESYLATE			109
EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE			109
ERGOCALCIFEROL			301
ERGOTAMINE TARTRATE & CAFFEINE			71
ERYC 250mg Ent Pel Cap	00607142	PFI	8
Erythrocin 250mg Tab (Not a Benefit)	00000434	ABB	9
Erythrocin 500mg Tab	00266515	ABB	9
Erythromid 250mg Tab (Not a Benefit)	00244635	ABB	8
ERYTHROMYCIN BASE			8
ERYTHROMYCIN ESTOLATE			9
ERYTHROMYCIN ETHYLSUCCINATE			9
ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL			9
ERYTHROMYCIN STEARATE			9
ESTRADIOL			258
ESTRADIOL 17-B			258
ESTRAMUSTINE PHOSPHATE DISODIUM			44
Estring 2mg Vag Ring	02168898	PFI	258
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)			259
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)			259
ETHAMBUTOL HCL			20
ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			269
ETHINYL ESTRADIOL & LEVONORGESTREL			269
ETHINYL ESTRADIOL & NORETHINDRONE			270
ETHINYL ESTRADIOL & NORETHINDRONE ACETATE			271
ETHINYL ESTRADIOL & NORGESTREL			271

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ETHOPROPAZINE HCL			54
ETHOSUXIMIDE			149
Etibi 100mg Tab	00247960	VAL	20
Etibi 400mg Tab	00247979	VAL	20
ETIDRONATE DISODIUM			309
ETIDRONATE DISODIUM/CALCIUM CARBONATE			310
ETOPOSIDE			44
Euflex 250mg Tab	00637726	SCH	45
Euglucon 2.5mg Tab	00720933	PMS	261
Euglucon 5mg Tab	00720941	PMS	261
Eumovate 0.05% Cr	02214415	GSK	286
Euro-Fer 300mg Cap	02237556	EUR	73
Evista 60mg Tab	02239028	LIL	316
Exelon 1.5mg Cap	02242115	NOV	53
Exelon 3mg Cap	02242116	NOV	53
Exelon 4.5mg Cap	02242117	NOV	53
Exelon 6mg Cap	02242118	NOV	53
EXEMESTANE			44
EZETIMIBE			99
Ezetrol 10mg Tab	02247521	MFS	99
FAMCICLOVIR			25
FAMOTIDINE			232
Famvir 500mg Tab	02177102	NOV	25
Feldene 10mg Cap (Not a Benefit)	00525596	PFI	134
Feldene 20mg Cap (Not a Benefit)	00525618	PFI	134
Feldene 10mg Sup (Not a Benefit)	00632708	PFI	134
Feldene 20mg Sup (Not a Benefit)	00632716	PFI	134
FELODIPINE			109
Femara 2.5mg Tab	02231384	NOV	47
FENOFIBRATE			100
FENOTEROL HBR			61
FENTANYL TRANSDERMAL SYSTEM			138
Fer-In-Sol 75mg/mL O/L	00762954	MJS	73
FERROUS FUMARATE			73
FERROUS GLUCONATE			73
Ferrous Gluconate 300mg Tab (Not a Benefit)	00031097	RPR	73
FERROUS SULFATE			73
Fibyrax Tab (Not a Benefit)	00779768	LED	218
FINASTERIDE			310
Flagyl 500mg Cap	01926853	SAV	31
Flagyl 250mg Tab (Not a Benefit)	01926896	RPP	31
Flagyl 10% Vag Cr-App	01926861	SAV	281
Flagystatin 500mg & 100000U/g Vag Cr-App	01926845	SAV	281
Flagystatin 500mg & 100000U Vag Sup	01926829	SAV	281

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Flamazine 1% Cr	00323098	SNE	282
Flamazine 1% Cr-50g Pk	09854037	SNE	282
Flarex 0.1% Oph Susp	00756784	ALC	200
FLAVOXATE HCL			54
FLECAINIDE ACETATE			92
Fleet Enema	00107875	MFC	219
Fleet 160mg & 60mg/mL Ped Rect Sol	00108065	MFC	220
Fleet 160mg & 60mg/mL Rect Sol	00009911	MFC	220
Flexeril 10mg Tab (Not a Benefit)	00782742	FRS	72
FLOCTAFENINE			127
Flomax 0.4mg Cap	02238123	BOE	320
Flomax CR 0.4mg Tab	02270102	BOE	320
Florinef 0.1mg Tab	02086026	SHI	252
Flovent Diskus 250mcg/Blister Pd Inh-60 Dose Pk	02237246	GSK	252
Flovent Diskus 500mcg/Blister Pd Inh-60 Dose Pk	02237247	GSK	252
Flovent HFA 50mcg/Metered Dose Inh-120 Dose Pk	02244291	GSK	252
Flovent HFA 125mcg/Metered Dose Inh-120 Dose Pk	02244292	GSK	252
Flovent HFA 250mcg/Metered Dose Inh-120 Dose Pk	02244293	GSK	252
Floxin 200mg Tab (Not a Benefit)	01968424	JNO	39
Floxin 300mg Tab	01968416	JNO	39
Floxin 400mg Tab	01968408	JNO	39
Fluanxol 0.5mg Tab	02156008	VLH	167
Fluanxol 3mg Tab	02156016	VLH	167
Fluanxol Depot 200mg/2mL Inj Sol-2mL Pk	02156040	VLH	167
Fluanxol Depot 200mg/10mL Inj Sol-10mL Pk	02156032	VLH	167
FLUCONAZOLE			4, 277
Fludara 10mg Tab	02246226	BAY	45
FLUDARABINE PHOSPHATE			45
FLUDROCORTISONE ACETATE			252
FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN			199
FLUNARIZINE HCL			311
FLUNISOLIDE			199
FLUOCINOLONE ACETONIDE			286
FLUOCINONIDE			287
FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE			287
FLUOROMETHOLONE			200
FLUOROMETHOLONE ACETATE			200
FLUOROURACIL			293
Fluotic 20mg Tab	02099225	SAV	319
FLUOXETINE HCL			158
FLUPENTHIXOL DECANOATE			167
FLUPENTHIXOL DIHYDROCHLORIDE			167
FLUPHENAZINE DECANOATE			168
FLUPHENAZINE HCL			168

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
FLURAZEPAM			178
FLURBIPROFEN			128
FLURBIPROFEN SODIUM			209
FLUTAMIDE			45
FLUTICASONE PROPIONATE			252
FLUVASTATIN SODIUM			100
FLUVOXAMINE MALEATE			158
FML 0.1% Oph Susp	00247855	ALL	200
FOLIC ACID			299
Folvite 5mg Tab (Not a Benefit)	00014966	LED	299
FONDAPARINUX SODIUM			76
Foradil 12mcg/Cap Inh Pd-Device Pk	02230898	NOV	62
FORMOTEROL FUMARATE			62
FORMOTEROL FUMARATE DIHYDRATE			62
Fortovase 200mg Cap	02239083	HLR	29
Fosamax 10mg Tab	02201011	MFC	303
Fosamax 70mg Tab	02245329	MFC	303
FOSAMPRENAVIR CALCIUM			25
Fosavance 70mg/70mcg Tab	02276429	MFC	303
FOSINOPRIL SODIUM			110
Fragmin 2500IU/0.2mL Inj Pref Syr	02132621	PFI	74
Fragmin 5000IU/0.2mL Inj Pref Syr	02132648	PFI	74
Fragmin 10000IU/0.4mL Inj Pref Syr	09853790	PFI	74
Fragmin 12500IU/0.5mL Inj Pref Syr	09853820	PFI	74
Fragmin 15000IU/0.6mL Inj Pref Syr	09853880	PFI	74
Fragmin 18000IU/0.72mL Inj Pref Syr	09853910	PFI	74
Fragmin 10000IU/mL Inj Sol-1mL Pk	02132664	PFI	74
Fragmin 25000IU/mL Multidose 3.8mL Pk	02231171	PFI	74
FRAMYCETIN SULFATE			195
FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE			195
Fraxiparine 9500IU/mL Pref Syr-0.3mL Pk	09853936	GSK	77
Fraxiparine 9500IU/mL Pref Syr-0.4mL Pk	09853944	GSK	77
Fraxiparine 9500IU/mL Pref Syr-0.6mL Pk	09853952	GSK	77
Fraxiparine 9500IU/mL Pref Syr-0.8mL Pk	09853979	GSK	77
Fraxiparine 9500IU/mL Pref Syr-1.0mL Pk	09853987	GSK	77
Fraxiparine Forte 19000IU/mL Pref Syr-0.6mL Pk	02240114	GSK	77
Fraxiparine Forte 19000IU/mL Pref Syr-0.8mL Pk	09854100	GSK	77
Fraxiparine Forte 19000IU/mL Pref Syr-1.0mL Pk	09854118	GSK	77
Frisium 10mg Tab	02221799	PEN	148
Froben 50mg Tab	02223066	ABB	128
Fucidin 2% Cr	00586668	LEO	275
Fucidin 2% Oint	00586676	LEO	275
Fucidin Leo 250mg Tab	01934252	LEO	19
Fucidin Leo Suspension 49.2mg/mL Oral Susp	00506036	LEO	18

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Fungizone Inj Pd-50mg Pk	00029149	BQU	3
FUROSEMIDE			188
FUSIDIC ACID			18, 275
GABAPENTIN			150
Gabapentin 300mg Cap	02273853	GEN	150
GALANTAMINE HYDROBROMIDE			52
GANCICLOVIR SODIUM			25
Garamycin 0.3% Oph Oint-3.5g Pk	00028339	SCH	196
Garamycin 0.3% Oph Sol	00512192	SCH	196
Garamycin 0.3% Ot Sol	00512184	SCH	196
Garasone 3mg & 1mg/mL Oph/Ot Drops	00682217	SCH	195
Gastrolyte Oral Pd-1 Sach Pk	01931563	SAV	186
GEL-OSE 40% Jelly-Unidose Pk	00739561	JOU	219
Gelusil Extra Strength 400mg & 400mg Tab dpp (Not a Benefit)	00483605	PDA	215
GEMFIBROZIL			101
Gen-Acebutolol 100mg Tab	02237721	GEN	85
Gen-Acebutolol 200mg Tab	02237722	GEN	85
Gen-Acebutolol 400mg Tab	02237723	GEN	85
Gen-Acebutolol (Type S) 100mg Tab	02237885	GEN	85
Gen-Acebutolol (Type S) 200mg Tab	02237886	GEN	85
Gen-Acebutolol (Type S) 400mg Tab	02237887	GEN	85
Gen-Acyclovir 800mg Tab	02242464	GEN	22
Gen-Alendronate 10mg Tab	02270129	GEN	303
Gen-Alendronate 70mg Tab	02286335	GEN	303
Gen-Alprazolam 0.25mg Tab	02137534	GEN	164
Gen-Alprazolam 0.5mg Tab	02137542	GEN	164
Gen-Amantadine 100mg Cap	02139200	GEN	304
Gen-Amilazide 5mg & 50mg Tab	02257378	GEN	187
Gen-Amiodarone 200mg Tab	02240604	GEN	86
Gen-Amoxicillin 250mg Cap	02238171	GEN	10
Gen-Amoxicillin 500mg Cap	02238172	GEN	10
Gen-Atenolol 50mg Tab	02146894	GEN	86
Gen-Atenolol 100mg Tab	02147432	GEN	87
Gen-Azathioprine 50mg Tab	02231491	GEN	305
Gen-Azithromycin 250mg Tab	02278359	GEN	8
Gen-Baclofen 10mg Tab	02088398	GEN	71
Gen-Baclofen 20mg Tab	02088401	GEN	72
Gen-Beclo AQ 50mcg Nas Sp-200 Dose Pk	02172712	GEN	198
Gen-Bromazepam 1.5mg Tab	02192705	GEN	165
Gen-Bromazepam 3mg Tab	02192713	GEN	165
Gen-Bromazepam 6mg Tab	02192721	GEN	165
Gen-Budesonide AQ 100mcg/Metered Dose Nas Sp-165 Dose Pk	02230648	GEN	199
Gen-Captopril 12.5mg Tab	02163551	GEN	106
Gen-Captopril 25mg Tab	02163578	GEN	106

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Gen-Captopril 50mg Tab	02163586	GEN	106
Gen-Captopril 100mg Tab	02163594	GEN	106
Gen-Carbamazepine CR 200mg LA Tab	02241882	GEN	147
Gen-Carbamazepine CR 400mg LA Tab	02241883	GEN	147
Gen-Cilazapril 1mg Tab	02283778	GEN	106
Gen-Cilazapril 2.5mg Tab	02283786	GEN	107
Gen-Cilazapril 5mg Tab	02283794	GEN	107
Gen-Cimetidine 300mg Tab	02227444	GEN	230
Gen-Cimetidine 400mg Tab	02227452	GEN	230
Gen-Cimetidine 600mg Tab	02227460	GEN	231
Gen-Ciprofloxacin 250mg Tab	02245647	GEN	33
Gen-Ciprofloxacin 500mg Tab	02245648	GEN	33
Gen-Ciprofloxacin 750mg Tab	02245649	GEN	33
Gen-Citalopram 20mg Tab	02246594	GEN	155
Gen-Citalopram 40mg Tab	02246595	GEN	156
Gen-Clindamycin 150mg Cap	02258331	GEN	17
Gen-Clindamycin 300mg Cap	02258358	GEN	17
Gen-Clobetasol 0.05% Cr	02024187	GEN	285
Gen-Clobetasol 0.05% Oint	02026767	GEN	285
Gen-Clobetasol 0.05% Scalp Lot	02216213	GEN	285
Gen-Clomipramine 10mg Tab	02139340	GEN	156
Gen-Clomipramine 25mg Tab	02139359	GEN	156
Gen-Clomipramine 50mg Tab	02139367	GEN	156
Gen-Clonazepam 0.5mg Tab	02230950	GEN	148
Gen-Clonazepam 2mg Tab	02230951	GEN	148
Gen-Combo Sterinebs 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02272695	GEN	57
Gen-Cycloprine 10mg Tab (Not a Benefit)	02231353	GEN	72
Gen-Cyproterone 50mg Tab	02229723	GEN	43
Gen-Diltiazem 30mg Tab	02146916	GEN	91
Gen-Diltiazem 60mg Tab	02146924	GEN	91
Gen-Diltiazem CD 120mg LA Cap	02254808	GEN	89
Gen-Diltiazem CD 180mg LA Cap	02254816	GEN	90
Gen-Diltiazem CD 240mg LA Cap	02254824	GEN	90
Gen-Diltiazem CD 300mg LA Cap	02254832	GEN	90
Gen-Divalproex 125mg Ent Tab	02265133	GEN	149
Gen-Divalproex 250mg Ent Tab	02265141	GEN	149
Gen-Divalproex 500mg Ent Tab	02265168	GEN	149
Gen-Doxazosin 1mg Tab	02240498	GEN	108
Gen-Doxazosin 2mg Tab	02240499	GEN	108
Gen-Doxazosin 4mg Tab	02240500	GEN	108
Gen-Etidronate 200mg Tab	02245330	GEN	309
Gen-Famotidine 20mg Tab	02196018	GEN	232
Gen-Famotidine 40mg Tab	02196026	GEN	232
Gen-Fenofibrate Micro 200mg Cap	02240210	GEN	100

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Gen-Fluconazole 150mg Cap	02245697	GEN	277
Gen-Fluconazole 50mg Tab	02245292	GEN	5
Gen-Fluconazole 100mg Tab	02245293	GEN	5
Gen-Fluoxetine 20mg Cap	02237814	GEN	158
Gen-Fosinopril 10mg Tab	02262401	GEN	110
Gen-Fosinopril 20mg Tab	02262428	GEN	110
Gen-Gabapentin 100mg Cap	02248259	GEN	150
Gen-Gabapentin 300mg Cap	02248260	GEN	150
Gen-Gabapentin 400mg Cap	02248261	GEN	150
Gen-Gemfibrozil 300mg Cap	02185407	GEN	101
Gen-Glybe 2.5mg Tab	00808733	GEN	261
Gen-Glybe 5mg Tab	00808741	GEN	261
Gen-Hydroxychloroquine 200mg Tab	02252600	GEN	31
Gen-Hydroxyurea 500mg Cap	02242920	GEN	45
Gen-Indapamide 1.25mg Tab	02240067	GEN	190
Gen-Indapamide 2.5mg Tab	02153483	GEN	190
Gen-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02239131	GEN	55
Gen-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02216221	GEN	56
Gen-Lamotrigine 25mg Tab	02265494	GEN	151
Gen-Lamotrigine 100mg Tab	02265508	GEN	151
Gen-Lamotrigine 150mg Tab	02265516	GEN	151
Gen-Lovastatin 20mg Tab	02243127	GEN	101
Gen-Lovastatin 40mg Tab	02243129	GEN	101
Gen-Medroxy 2.5mg Tab	02229838	GEN	271
Gen-Medroxy 5mg Tab	02229839	GEN	272
Gen-Medroxy 10mg Tab	02229840	GEN	272
Gen-Meloxicam 7.5mg Tab	02255987	GEN	132
Gen-Meloxicam 15mg Tab	02255995	GEN	132
Gen-Metformin 500mg Tab	02148765	GEN	261
Gen-Metoprolol (Type L) 50mg Tab	02174545	GEN	92
Gen-Metoprolol (Type L) 100mg Tab	02174553	GEN	92
Gen-Mirtazapine 30mg Tab	02256118	GEN	160
Gen-Nitro SL 0.4mg/Metered Dose Spray-200 Dose Pk	02243588	GEN	122
Gen-Nizatidine 150mg Cap	02246046	GEN	236
Gen-Nizatidine 300mg Cap	02246047	GEN	236
Gen-Nortriptyline 10mg Cap	02231686	GEN	160
Gen-Nortriptyline 25mg Cap	02231687	GEN	161
Gen-Oxybutynin 5mg Tab	02230800	GEN	58
Gen-Paroxetine 20mg Tab	02248013	GEN	161
Gen-Paroxetine 30mg Tab	02248014	GEN	161
Gen-Pindolol 5mg Tab	02057808	GEN	114
Gen-Pindolol 10mg Tab	02057816	GEN	115
Gen-Pindolol 15mg Tab	02057824	GEN	115
Gen-Piroxicam 10mg Cap	02171813	GEN	134

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Gen-Piroxicam 20mg Cap	02171821	GEN	134
Gen-Pravastatin 10mg Tab	02257092	GEN	102
Gen-Pravastatin 20mg Tab	02257106	GEN	102
Gen-Pravastatin 40mg Tab	02257114	GEN	102
Gen-Propafenone 150mg Tab	02245372	GEN	94
Gen-Propafenone 300mg Tab	02245373	GEN	94
Gen-Ranitidine 150mg Tab	02207761	GEN	242
Gen-Ranitidine 300mg Tab	02207788	GEN	242
Gen-Risperidone 0.25mg Tab	02282240	GEN	174
Gen-Risperidone 0.5mg Tab	02282259	GEN	174
Gen-Risperidone 1mg Tab	02282267	GEN	175
Gen-Risperidone 2mg Tab	02282275	GEN	175
Gen-Risperidone 3mg Tab	02282283	GEN	175
Gen-Risperidone 4mg Tab	02282291	GEN	175
Gen-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02173360	GEN	66
Gen-Salbutamol 5mg/mL Inh Sol-10mL Pk	02232987	GEN	67
Gen-Salbutamol Sterinebs P.F. 1mg/mL Inh Sol-2.5mL Pk	01926934	GEN	65
Gen-Selegiline 5mg Tab	02231036	GEN	318
Gen-Sertraline 25mg Cap	02242519	GEN	162
Gen-Sertraline 50mg Cap	02242520	GEN	162
Gen-Sertraline 100mg Cap	02242521	GEN	162
Gen-Simvastatin 5mg Tab	02246582	GEN	103
Gen-Simvastatin 10mg Tab	02246583	GEN	103
Gen-Simvastatin 20mg Tab	02246737	GEN	104
Gen-Simvastatin 40mg Tab	02246584	GEN	104
Gen-Simvastatin 80mg Tab	02246585	GEN	104
Gen-Sotalol 160mg Tab	02229779	GEN	96
Gen-Tamoxifen 10mg Tab	02088428	GEN	49
Gen-Tamoxifen 20mg Tab	02089858	GEN	49
Gen-Temazepam 15mg Cap	02231615	GEN	180
Gen-Temazepam 30mg Cap	02231616	GEN	180
Gen-Ticlopidine 250mg Tab	02239744	GEN	321
Gen-Timolol 0.25% Oph Sol	00893773	GEN	213
Gen-Timolol 0.5% Oph Sol	00893781	GEN	213
Gen-Topiramate 25mg Tab	02263351	GEN	153
Gen-Topiramate 100mg Tab	02263378	GEN	153
Gen-Topiramate 200mg Tab	02263386	GEN	153
Gen-Trazodone 50mg Tab	02231683	GEN	163
Gen-Trazodone 100mg Tab	02231684	GEN	163
Gen-Triazolam 0.125mg Tab	01995227	GEN	180
Gen-Triazolam 0.25mg Tab	01913506	GEN	181
Gen-Valproic 250mg Cap	02184648	GEN	154
Gen-Verapamil 80mg Tab	02237921	GEN	96
Gen-Verapamil 120mg Tab	02237922	GEN	97

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Gen-Verapamil SR 180mg LA Tab	02210355	GEN	119
Gen-Verapamil SR 240mg LA Tab	02210363	GEN	119
Gen-Warfarin 1mg Tab	02244462	GEN	79
Gen-Warfarin 2mg Tab	02244463	GEN	79
Gen-Warfarin 2.5mg Tab	02244464	GEN	79
Gen-Warfarin 3mg Tab	02287498	GEN	79
Gen-Warfarin 4mg Tab	02244465	GEN	79
Gen-Warfarin 5mg Tab	02244466	GEN	80
Gen-Warfarin 10mg Tab	02244467	GEN	80
GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE			195
GENTAMICIN SULFATE			196
Gleevec 100mg Tab	02253275	NOV	46
Gleevec 400mg Tab	02253283	NOV	46
GLICLAZIDE			260A
Glucagon 1mg/Vial Inj Pd-Vial Pk	02243297	LIL	311
GLUCAGON RDNA ORIGIN			311
Glucobay 50mg Tab	02190885	BAY	260
Glucobay 100mg Tab	02190893	BAY	260
Glucophage 500mg Tab	02099233	SAV	261
GLYBURIDE			261
Glysennid 8.6mg Tab (Not a Benefit)	00604402	NOV	220
Glysennid 12mg Tab	00027502	NOV	220
GOSERELIN ACETATE			45
GRAIN & CITRUS FIBRE			218
GRANISETRON HCL			227
Gravol Filmkote 50mg Tab (Not a Benefit)	00013803	HOR	225
GUAIFENESIN			193
Guaifenesin 20mg/mL O/L (Not a Benefit)	00026794	ROG	193
Guaifenesin Sugar Free 20mg/mL O/L (Not a Benefit)	00990930	ROG	193
HALCINONIDE			287
Halcion 0.125mg Tab (Not a Benefit)	00512559	UPJ	180
Halcion 0.25mg Tab	00443158	PFI	181
Haldol 5mg/mL Inj Sol-1mL Pk (Not a Benefit)	00017574	OMC	168
Haldol 0.5mg Tab (Not a Benefit)	00017655	OMC	168
Haldol 1mg Tab (Not a Benefit)	00017663	OMC	169
Haldol 2mg Tab (Not a Benefit)	00017671	OMC	169
Haldol 5mg Tab (Not a Benefit)	00017698	OMC	169
Haldol 10mg Tab (Not a Benefit)	00381772	OMC	169
Haldol 20mg Tab (Not a Benefit)	00499579	OMC	169
Haldol-LA 100mg/mL Oily Inj Sol-1mL Pk (Not a Benefit)	00599093	OMC	169
Haldol-LA 50mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00599085	OMC	169
Haldol-LA 100mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00980803	OMC	169
Halog 0.1% Cr	02011921	BQU	287
Halog 0.1% Oint	02010283	BQU	287

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
HALOPERIDOL			168
Haloperidol 5mg/mL Inj Sol-1mL Pk	00808652	SDZ	168
HALOPERIDOL DECANOATE			169
Haloperidol LA 50mg/mL Oily Inj Sol-5mL Pk	02130297	SDZ	169
Haloperidol LA 100mg/mL Oily Inj Sol-1mL Pk	02130300	SDZ	169
Haloperidol LA 100mg/mL Oily Inj Sol-5mL Pk	09853758	SDZ	169
Hepalean 10000USP U/10mL Inj Sol-10mL Pk	00740519	ORG	76
Hepalean 25000USP U/mL Inj Sol-2mL Pk	00740535	ORG	76
Hepalean 50000USP U/5mL Inj Sol-5mL Pk	00740497	ORG	76
HEPARIN SODIUM			76
Hexalen 50mg Cap	02126230	LIL	41
Hexavitamins Tab (Not a Benefit)	00269034	NOP	302
HEXAVITAMINS USP			302
Hp-PAC 30mg & 500mg & 500mg Tab/Cap Pk	02238525	ABB	235
Humalog 100U/mL Inj Sol-5x3mL Pk	09853715	LIL	265
Humalog 100U/mL Inj Sol-10mL Pk	02229704	LIL	265
Humalog Mix25 25% & 75% Inj Susp-5X3mL Pk	02240294	LIL	267
Humulin 30/70 100U/mL Inj Susp-5X3mL Pk	09853855	LIL	267
Humulin 30/70 1000U/10mL Inj Susp-10mL Pk	00795879	LIL	267
Humulin N 100U/mL Inj Susp-5X3mL Pk	09853804	LIL	266
Humulin NPH 1000U/10mL Inj Susp-10mL Pk	00587737	LIL	266
Humulin R 100U/mL Inj Sol-5X3mL Pk	09853766	LIL	264
Humulin Regular 1000U/10mL Inj Sol-10mL Pk	00586714	LIL	264
Hycodan 1mg/mL O/L	01916580	BQU	193
Hycort 100mg/60mL Enema-60mL Pk	00230316	VAL	232
Hyderm 1% Cr	00716839	TAR	288
HYDRALAZINE HCL			110
Hydrea 500mg Cap	00465283	BQU	45
HYDROCHLOROTHIAZIDE			189
HYDROCHLOROTHIAZIDE & SPIRONOLACTONE			189
HYDROCHLOROTHIAZIDE & TRIAMTERENE			190
HYDROCODONE BITARTRATE			193
HYDROCORTISONE			232, 252, 287
HYDROCORTISONE ACETATE			232, 288
HYDROCORTISONE ACETATE & UREA			288
HYDROCORTISONE VALERATE			288
HydroDIURIL 25mg Tab (Not a Benefit)	00016500	MSD	189
HydroDIURIL 50mg Tab (Not a Benefit)	00016519	MSD	189
Hydromorph Contin 3mg CR Cap	02125323	PFP	138
Hydromorph Contin 6mg CR Cap	02125331	PFP	138
Hydromorph Contin 12mg CR Cap	02125366	PFP	138
Hydromorph Contin 18mg CR Cap	02243562	PFP	139
Hydromorph Contin 24mg CR Cap	02125382	PFP	139
Hydromorph Contin 30mg CR Cap	02125390	PFP	139

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Hydromorphone 2mg/mL Inj Sol-1mL Pk	02145901	SDZ	139
HYDROMORPHONE HCL			138
Hydromorphone HP-10 10mg/mL Inj Sol-1mL Pk	02145928	SDZ	139
Hydromorphone HP-20 20mg/mL Inj	02145936	SDZ	139
Hydromorphone HP-50 50mg/mL Inj-1mL Pk	02146126	SDZ	139
Hydroval 0.2% Cr	02242984	TPH	288
Hydroval 0.2% Oint	02242985	TPH	288
HYDROXYCHLOROQUINE SULFATE			31
HYDROXYUREA			45
HYDROXYZINE HCL			170
Hygroton 50mg Tab (Not a Benefit)	00010413	GEI	188
Hygroton 100mg Tab (Not a Benefit)	00010421	GEI	188
Hypotears 1% Oph-Sol	02133253	NOV	212
Hytrin 1mg Tab	00818658	ABB	118
Hytrin 2mg Tab	00818682	ABB	118
Hytrin 5mg Tab	00818666	ABB	118
Hytrin 10mg Tab	00818674	ABB	118
Hyzaar 50mg/12.5mg Tab	02230047	MFC	112
Hyzaar DS 100mg/25mg Tab	02241007	MFC	112
IBUPROFEN			128
Idarac 200mg Tab (Not a Benefit)	02017628	SAO	127
Idarac 400mg Tab (Not a Benefit)	02017636	SAO	127
Ilosone 25mg/mL O/L (Not a Benefit)	00015474	LIL	9
Ilosone 50mg/mL O/L (Not a Benefit)	00210641	LIL	9
IMATINIB MESYLATE			46
IMIPRAMINE			159
Imodium 2mg Caplet	00860743	JAN	217
Imuran 50mg Tab	00004596	GSK	305
INDAPAMIDE			190
Indapamide 2.5mg Tab	02049341	SEV	190
Indapamide Hemihydrate 1.25mg Tab	02227339	SEV	190
Inderal 10mg Tab (Not a Benefit)	02042177	WAY	94
Inderal 20mg Tab (Not a Benefit)	02042193	WAY	95
Inderal 80mg Tab (Not a Benefit)	02042215	WAY	95
Inderal 120mg Tab (Not a Benefit)	02042223	WAY	95
Inderal-40 40mg Tab (Not a Benefit)	02042207	AYE	95
INDINAVIR			26
Indocid 25mg Cap (Not a Benefit)	00016039	MSD	129
Indocid 50mg Cap (Not a Benefit)	00016047	MSD	130
Indocid 50mg Sup (Not a Benefit)	00594466	MSD	130
Indocid 100mg Sup (Not a Benefit)	00016233	MSD	130
INDOMETHACIN			129
Inhibace 1mg Tab	01911465	HLR	106
Inhibace 2.5mg Tab	01911473	HLR	107

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Inhibace 5mg Tab	01911481	HLR	107
Inhibace Plus 5mg/12.5mg Tab	02181479	HLR	107
Innohep 10000IU/mL Inj-2mL Pk	02167840	LEO	78
Innohep 20000IU/mL Inj-2mL Pk	02229515	LEO	78
Innohep 3500IU/0.35mL Inj Pref Syr	02229755	LEO	78
Innohep 4500IU/0.45mL Inj Pref Syr	09853898	LEO	78
Innohep 10000IU/0.5mL Inj Pref Syr	02231478	LEO	78
Innohep 14000IU/0.7mL Inj Pref Syr	09853901	LEO	78
Innohep 18000IU/0.9mL Inj Pref Syr	09853928	LEO	78
INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC			266
INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC			266
INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC			266
INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC			267
INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC			267
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC			266
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			266
INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			264
INSULIN ASPART			264
INSULIN HUMAN BIOSYNTHETIC			265
INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%			267
INSULIN LISPRO			265
INSULIN LISPRO & INSULIN LISPRO PROTAMINE			267
Intal 1% Inh Sol-2mL Pk (Not a Benefit)	00534609	AVE	318
INTERFERON ALFA-2B			46
Intron A 15mu/mL 18mu MD Pen Kit	02240693	SCH	46
Intron A 25mu/mL 30mu MD Pen Kit	02240694	SCH	46
Intron A 50mu/mL 60mu MD Pen Kit	02240695	SCH	46
Invirase 200mg Cap	02216965	HLR	29
Invirase 500mg Tab	02279320	HLR	29
IPRATROPIUM BROMIDE			55, 209
IPRATROPIUM BROMIDE/SALBUTAMOL			57
IRBESARTAN			111
IRBESARTAN & HYDROCHLOROTHIAZIDE			111
ISONIAZID			20
ISOPROTERENOL HCL			63
Isoptin 80mg Tab (Not a Benefit)	00554316	ABB	96
Isoptin 120mg Tab (Not a Benefit)	00554324	ABB	97
Isoptin SR 180mg LA Tab	01934317	ABB	119
Isoptin SR 240mg LA Tab	00742554	ABB	119
Isopto Atropine 1% Oph Sol	00035017	ALC	203
Isopto Carbachol 1.5% Oph Sol	00000655	ALC	201
Isopto Carbachol 3% Oph Sol	00000663	ALC	201
Isopto Carpine 1% Oph Sol	00000841	ALC	202
Isopto Carpine 2% Oph Sol	00000868	ALC	202

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Isopto Carpine 4% Oph Sol	00000884	ALC	202
Isopto Carpine 6% Oph Sol	00000892	ALC	202
Isopto Tears 0.5% Oph-Sol	00000809	ALC	211
Isopto Tears 1% Oph-Sol	00000817	ALC	211
Isordil 5mg SL Tab (Not a Benefit)	02042606	WAY	120
Isordil 10mg Tab (Not a Benefit)	02042622	WAY	120
Isordil 30mg Tab (Not a Benefit)	02042614	WAY	120
ISOSORBIDE DINITRATE			120
Isotamine 300mg Tab	00272655	VAL	20
ISOTRETINOIN			294
Isuprel 0.5% Inh Sol-10mL Pk	02017652	SAO	63
K-10 1.33mEq/mL O/L	01918303	GSK	186
K-Lor 20mEq/Pouch Oral Pd-3g Pk	00481211	ABB	186
K-Lyte/Cl 25mEq/Pouch Oral Pd-7.8g Pk	02089580	WEL	186
Kadian 10mg SR Cap	02242163	ABB	142
Kadian 20mg SR Cap	02184435	ABB	142
Kadian 50mg SR Cap	02184443	ABB	142
Kadian 100mg SR Cap	02184451	ABB	142
Kaletra 133.3mg/33.3mg Cap	02243643	ABB	27
Kaletra 80mg/mL & 20mg/mL O/L	02243644	ABB	27
Kaochlor-10 1.33mEq/mL O/L (Not a Benefit)	02063859	PMJ	186
Kaon 1.33mEq/mL O/L (Not a Benefit)	02063840	PMJ	187
Kayexalate 1mEq/g Oral Pd-454g Pk	02026961	SAV	187
Keflex 25mg/mL Pd for Oral Susp	00015547	PHE	17
Keflex 50mg/mL Pd for Oral Susp	00035645	PHE	17
Keflex 250mg Tab	00403628	PHE	17
Keflex 500mg Tab	00244392	PHE	17
Kemadrin 0.5mg/mL O/L	00004405	BWE	58
Kemadrin 5mg Tab (Not a Benefit)	00004758	BWE	58
Kenalog 0.1% Cr (Not a Benefit)	00029114	WSQ	289
Kenalog 0.1% Oint (Not a Benefit)	01999796	WSQ	289
Kenalog-10 50mg/5mL Inj Susp-5mL Pk	01999761	BQU	254
Kenalog-40 40mg/mL Inj Susp-1mL Pk	00990876	BQU	254
Kenalog-40 200mg/5mL Inj Susp-5mL Pk	01999869	BQU	254
Kenalog-Orabase Oral Top Oint	01999788	BQU	289
KETOCONAZOLE			6, 277
Ketoderm 2% Cr	02245662	TAR	277
KETOPROFEN			130
KETOROLAC TROMETHAMINE			200
Kidrolase Inj Pd-10000IU Pk	01926438	OPS	46
Kivexa 600mg/300mg Tab	02269341	GSK	21
Klean-Prep Pd-1 Kit	02147793	RIV	186
Koffex DM 3mg/mL O/L	01928783	ROG	193
Kwellada 1% Shampoo (Not a Benefit)	00026220	RCA	279

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Kwellada-P 1% Cr Rinse	02231480	GSK	280
Kwellada-P 5% Lot	02231348	GSK	280
Kytril 1mg Tab	02185881	HLR	227
L-ASPARAGINASE			46
LABETALOL HCL			111
Lacri-Lube 55%/42.5% Oph Oint-3.5g Pk	00210889	ALL	211
LACTULOSE			219, 232
Lamictal 25mg Tab	02142082	GSK	151
Lamictal 100mg Tab	02142104	GSK	151
Lamictal 150mg Tab	02142112	GSK	151
Lamisil 1% Cr	02031094	NOV	278
LAMIVUDINE			26
LAMIVUDINE & ZIDOVUDINE			27
LAMOTRIGINE			151
Lanoxin 0.05mg/mL O/L	02242320	VRO	89
Lanoxin 0.0625mg Tab	02242321	VRO	89
Lanoxin 0.125mg Tab	02242322	VRO	89
Lanoxin 0.25mg Tab	02242323	VRO	89
LANSOPRAZOLE			233
LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN			235
Lanvis 40mg Tab	00282081	GSK	50
Largactil 25mg Tab (Not a Benefit)	01929917	RPP	166
Largactil 50mg Tab (Not a Benefit)	01929925	RPP	166
Largactil 100mg Tab (Not a Benefit)	01929933	RPP	166
Lasix 10mg/mL O/L	02224720	SAV	188
Lasix 20mg Tab	02224690	SAV	188
Lasix 40mg Tab	02224704	SAV	188
Lasix Special 500mg Tab	02224755	SAV	189
LATANOPROST			209
LATANOPROST & TIMOLOL MALEATE			210
Lectopam 1.5mg Tab	00682314	HLR	165
Lectopam 3mg Tab	00518123	HLR	165
Lectopam 6mg Tab	00518131	HLR	165
LEFLUNOMIDE			312
Lescol 20mg Cap	02061562	NOV	100
Lescol 40mg Cap	02061570	NOV	100
Lescol XL 80mg ER Tab	02250527	NOV	100
LETROZOLE			47
LEUCOVORIN CALCIUM			299
Leucovorin Calcium 5mg Tab	02170493	WAY	299
Leukeran 2mg Tab	00004626	GSK	43
LEUPROLIDE ACETATE			47
Leustatin 1mg/mL Inj	02022117	JNO	43
Levaquin 250mg Tab	02236841	JNO	36

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Levaquin 500mg Tab	02236842	JNO	36
LEVOBUNOLOL HCL			210
LEVODOPA & BENSERAZIDE			312
LEVODOPA & CARBIDOPA			312
LEVOFLOXACIN			36
LEVONORGESTREL			271
LEVOTHYROXINE (SODIUM)			273
Librium 5mg Cap (Not a Benefit)	00012629	HLR	165
Librium 10mg Cap (Not a Benefit)	00012637	HLR	165
Librium 25mg Cap (Not a Benefit)	00012645	HLR	165
Lidemol 0.05% Emol Cr (Not a Benefit)	02163152	MEC	287
Lidex 0.05% Cr (Not a Benefit)	02161923	MEC	287
Lidex 0.05% Oint (Not a Benefit)	02161966	MEC	287
LIDOCAINE HCL			201
Lin-Fosinopril 10mg Tab	02242733	LON	110
Lin-Fosinopril 20mg Tab	02242734	LON	110
LINDANE (GAMMA BENZENE HEXACHLORIDE)			279
LINEZOLID			37
Lioresal 10mg Tab	00455881	NOV	71
Lioresal DS 20mg Tab	00636576	NOV	72
Lipidil 100mg Cap (Not a Benefit)	00885827	JOU	100
Lipidil EZ 48mg Tab	02269074	FOU	100
Lipidil EZ 145mg Tab	02269082	FOU	100
Lipidil Micro 200mg Cap	02146959	SPH	100
Lipidil Supra 160mg Tab	02241602	SPH	100
Lipitor 10mg Tab	02230711	PFI	98
Lipitor 20mg Tab	02230713	PFI	98
Lipitor 40mg Tab	02230714	PFI	98
Lipitor 80mg Tab	02243097	PFI	98
Liquifilm Tears 1.4% Oph-Sol	00045616	ALL	212
LISINAPRIL			111
LISINAPRIL & HYDROCHLOROTHIAZIDE			112
Lithane 150mg Cap	02013231	ERF	176
Lithane 300mg Cap	00406775	ERF	177
LITHIUM CARBONATE			176
Locacorten-Vioform 0.02% & 1% Ot Sol	00074454	SQI	199
LODOXAMIDE TROMETHAMINE			200
Loestrin 1.5/30 0.03mg & 1.5mg Tab-21 Pk	00297143	WAR	271
Loestrin 1.5/30 0.03mg & 1.5mg Tab-28 Pk	00353027	WAR	271
Lomotil 2.5mg & 0.025mg Tab	00036323	PFI	216
LOMUSTINE (CCNU)			48
Loniten 2.5mg Tab	00514497	PFI	113
Loniten 10mg Tab	00514500	PFI	113
LOPERAMIDE HCL			217

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Lopid 300mg Cap	00599026	PFI	101
LOPINAVIR & RITONAVIR			27
Lopresor 50mg Tab	00397423	NOV	92
Lopresor 100mg Tab	00397431	NOV	92
Lopresor SR 100mg LA Tab	00658855	NOV	92
Lopresor SR 200mg LA Tab	00534560	NOV	92
LORAZEPAM			170
LOSARTAN POTASSIUM			112
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE			112
Losec 20mg DR Tab	09857195	AZC	239
Losec DR Tab 20mg	02190915	AZC	237
Lotensin 5mg Tab	00885835	NOV	105
Lotensin 10mg Tab	00885843	NOV	105
Lotensin 20mg Tab	00885851	NOV	105
LOVASTATIN			101
Lovenox 100mg/mL Inj Sol-3mL Vial Pk	02236564	SAV	75
Lovenox 30mg/0.3mL Pref Syr-0.3mL Pk	02012472	SAV	75
Lovenox 40mg/0.4mL Pref Syr-0.4mL Pk	02236883	SAV	75
Lovenox 60mg/0.6mL Pref Syr-0.6mL Pk	09852468	SAV	75
Lovenox 80mg/0.8mL Pref Syr-0.8mL Pk	09852476	SAV	75
Lovenox 100mg/mL Pref Syr-1mL Pk	09852484	SAV	75
Lovenox HP 120mg/0.8mL Pref Syr-0.8mL Pk	09857137	SAV	75
Lovenox HP 150mg/mL Pref Syr-1mL Pk	02242692	SAV	75
Loxapac 25mg/mL O/L (Not a Benefit)	02170000	WAY	177
Loxapac 5mg Tab (Not a Benefit)	02170019	WAY	177
Loxapac 10mg Tab (Not a Benefit)	02170027	WAY	177
Loxapac 25mg Tab (Not a Benefit)	02170132	WAY	177
Loxapac 50mg Tab (Not a Benefit)	02170035	WAY	177
LOXAPINE HCL			177
LOXAPINE SUCCINATE			177
Lozide 1.25mg Tab	02179709	SEV	190
Lozide 2.5mg Tab	00564966	SEV	190
Ludiomil 25mg Tab (Not a Benefit)	00360481	CIB	159
Ludiomil 50mg Tab (Not a Benefit)	00360503	NOV	159
Ludiomil 75mg Tab (Not a Benefit)	00360511	NOV	159
Lumigan 0.03% Oph Sol	02245860	ALL	204
Lupron Depot PDS 3.75mg Inj-Kit	00884502	ABB	47
Lupron Depot PDS 7.5mg Inj-Kit	00836273	ABB	47
Lupron Depot PDS 11.25mg Inj-Kit	02239834	ABB	47
Lupron Depot PDS 22.5mg Inj-Kit	02230248	ABB	47
Lupron Depot PDS 30mg Inj-Kit	02239833	ABB	47
Luvox 50mg Tab	01919342	SPH	158
Luvox 100mg Tab	01919369	SPH	158
Lyderm 0.05% Cr	00716863	TAR	287

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Lyderm 0.05% Gel	02236997	TAR	287
Lyderm 0.05% Oint	02236996	TAR	287
M-Eslon 10mg ER Cap	02019930	ETH	141
M-Eslon 15mg ER Cap	02177749	ETH	141
M-Eslon 30mg ER Cap	02019949	ETH	141
M-Eslon 60mg ER Cap	02019957	ETH	141
M-Eslon 100mg ER Cap	02019965	ETH	141
M-Eslon 200mg ER Cap	02177757	ETH	141
M.O.S. 1mg/mL O/L (Not a Benefit)	00486582	VAL	140
M.O.S. 5mg/mL O/L	00514217	VAL	140
M.O.S. 10mg/mL O/L	00632503	VAL	140
M.O.S. 20mg/mL O/L	00632481	VAL	141
M.O.S. Conc 50 50mg/mL O/L	00690236	VAL	141
M.O.S.-10 10mg Tab	00690198	VAL	141
M.O.S.-20 20mg Tab	00690201	VAL	141
M.O.S.-40 40mg Tab	00690228	VAL	141
M.O.S.-60 60mg Tab	00690244	VAL	141
Maalox 40mg & 40mg/mL O/L dpp (Not a Benefit)	02163136	NOV	215
Maalox 400mg & 400mg Tab dpp (Not a Benefit)	02208253	NOV	215
Maalox TC 120mg & 60mg/mL O/L dpp (Not a Benefit)	02162369	NOV	215
MacroBID 100mg Cap	02063662	PGP	32
Macrodantin 50mg Cap (Not a Benefit)	01997637	PGP	32
Macrodantin 100mg Cap (Not a Benefit)	01997645	PGP	32
MAGNESIUM OXIDE, CITRIC ACID, SODIUM PICOSULFATE			219
Manerix 100mg Tab (Not a Benefit)	00899348	HLR	160
Manerix 150mg Tab	00899356	HLR	160
Manerix 300mg Tab	02166747	HLR	160
MAPROTILINE HCL			159
Marinol 2.5mg Cap	00611190	SPH	226
Marinol 5mg Cap	00611204	SPH	226
Marvelon 21 0.15mg & 0.03mg Tab-21 Pk	02042487	ORG	269
Marvelon 28 0.15mg & 0.03mg Tab-28 Pk	02042479	ORG	269
Matulane 50mg Cap	00012750	SIG	49
Mavik 1mg Cap	02231459	ABB	118
Mavik 2mg Cap	02231460	ABB	118
Mavik 4mg Cap	02239267	ABB	118
Maxeran 5mg Tab (Not a Benefit)	02099195	HMR	235
Maxeran 10mg Tab (Not a Benefit)	02099209	HMR	235
Maxidex 0.1% Oph Oint-3.5g Pk	00042579	ALC	199
Maxidex 0.1% Oph Susp	00042560	ALC	199
MEBENDAZOLE			3
MECLIZINE HCL			227
Medrol 4mg Tab	00030988	PFI	252
MEDROXYPROGESTERONE ACETATE			271

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
MEFENAMIC ACID			131
Megace 40mg Tab (Not a Benefit)	00386391	BQU	48
Megace 160mg Tab	00731323	BQU	48
Megacillin 500 500000IU Tab	00107484	FRS	13
MEGESTROL ACETATE			48
MELOXICAM			132
MELPHALAN			48
MEPERIDINE HCL			140
MERCAPTOPYRINE			48
Mesasal 500mg Ent Tab	01914030	GSK	229
Mestinon 180mg LA Tab	00869953	VAL	52
Mestinon 60mg Tab	00869961	VAL	52
Metamucil Fibre Therapy-Original Texture Oral Pd	02174812	PGI	219
Metamucil Sugar Free Oral Pd (Not a Benefit)	01912879	PGI	219
Metformin 500mg Tab	02242794	ZYN	261
METFORMIN HCL			261
METHAZOLAMIDE			211
METHIMAZOLE			274
METHOTREXATE			48
Methotrexate 50mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02170671	WAY	48
Methotrexate 50mg/2mL Inj Sol-2mL Pk	02182777	MAY	48
Methotrexate 2.5mg Tab	02170698	WAY	49
Methotrexate Sodium 20mg/2mL Inj Sol-2mL Pk	02182947	MAY	48
METHOTRIMEPRAZINE			179
METHOXSALEN			294
METHSUXIMIDE			151
METHYLCELLULOSE			211
METHYLDOPA			113
METHYLDOPA & HYDROCHLOROTHIAZIDE			113
METHYLPHENIDATE HCL			178
METHYLPREDNISOLONE			252
METHYLPREDNISOLONE ACETATE			253
METHYSERGIDE BIMALEATE			71
METOCLOPRAMIDE HCL			235
METOLAZONE			190
METOPROLOL TARTRATE			92
MetroCream 0.75% Cr	02226839	GAC	281
Metrogel 0.75% Top Gel	02092832	GAC	281
MetroLotion 0.75% Top Lot-60mL Pk	02248206	GAC	281
METRONIDAZOLE			31, 281
METRONIDAZOLE & NYSTATIN			281
Mevacor 20mg Tab	00795860	MFC	101
Mevacor 40mg Tab	00795852	MFC	101
MEXILETINE HCL			93

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Mexitil 100mg Cap (Not a Benefit)	00599956	BOE	93
Mexitil 200mg Cap (Not a Benefit)	00599964	BOE	93
Micardis 40mg Tab	02240769	BOE	117
Micardis 80mg Tab	02240770	BOE	117
Micardis Plus 80mg/12.5mg Tab	02244344	BOE	117
Micatin 2% Cr	02085852	MCL	277
MICONAZOLE NITRATE			277
Microlax Micro Enema-5mL Pk	02063905	PFI	220
Micronor 0.35mg Tab-28 Pk	00037605	JNO	272
Midamor 5mg Tab (Not a Benefit)	00487805	MSD	187
MIDODRINE HCL			191
Min-Ovral 0.03mg & 0.15mg Tab-21 Pk	02042320	WAY	269
Min-Ovral 0.03mg & 0.15mg Tab-28 Pk	02042339	WAY	269
MINERAL OIL			219
Minestrin 1/20 0.02mg & 1mg Tab-21 Pk	00315966	WAR	271
Minestrin 1/20 0.02mg & 1mg Tab-28 Pk	00343838	WAR	271
Minipress 1mg Tab	00560952	PFI	115
Minipress 2mg Tab	00560960	PFI	115
Minipress 5mg Tab	00560979	PFI	116
Minitran 0.4mg/Hr/13.3 Sq Cm Patch	02163527	MMH	121
Minitran 0.6mg/Hr/20 Sq Cm Patch	02163535	MMH	122
MINOXIDIL			113
Mirapex 0.25mg Tab	02237145	BOE	181
Mirapex 0.25mg Tab	09857268	BOE	182
Mirapex 1mg Tab	02237146	BOE	181
Mirapex 1mg Tab	09857269	BOE	182
Mirapex 1.5mg Tab	02237147	BOE	181
Mirapex 1.5mg Tab	09857270	BOE	182
Mirena 52mg Insert	02243005	BAY	271
MIRTAZAPINE			159
MISOPROSTOL			236
Mobicox 7.5mg Tab	02242785	BOE	132
Mobicox 15mg Tab	02242786	BOE	132
MOCLOBEMIDE			160
Modecate 125mg/5mL Inj Susp-5mL Pk (Not a Benefit)	00349917	BQU	168
Modecate Concentrate 100mg/mL Inj Sol-1mL Pk	00755575	BQU	168
Moditen HCL 1mg Tab (Not a Benefit)	00029378	BQU	168
Moditen HCL 2mg Tab (Not a Benefit)	00029386	BQU	168
Moditen HCL 5mg Tab (Not a Benefit)	00029408	BQU	168
Moduret 5mg & 50mg Tab (Not a Benefit)	00487813	PRE	187
Mogadon 5mg Tab	00511528	VAL	179
Mogadon 10mg Tab	00511536	VAL	179
MOMETASONE FUROATE			289
Monistat 3 400mg Vag Sup	02126605	MCL	277

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Monistat 3 Dual Pak 2% Cr-9g & 400mg Vag Sup-3 Pk	02126249	MCL	277
Monistat 7 2% Vag Cr-App 35g Pk	02084309	MCL	277
Monistat 7 100mg Vag Sup-7 Pk	02084295	MCL	277
Monistat Derm 2% Cr	00497797	OMC	277
Monitan 100mg Tab (Not a Benefit)	02036290	WAY	85
Monitan 200mg Tab (Not a Benefit)	02036436	WAY	85
Monitan 400mg Tab (Not a Benefit)	02036444	WAY	85
Monocor 5mg Tab	02241148	BIO	87
Monocor 10mg Tab	02241149	CRY	87
Monopril 10mg Tab	01907107	BQU	110
Monopril 20mg Tab	01907115	BQU	110
MONTELUKAST SODIUM			313
MORPHINE HCL			140
Morphine HP-50 50mg/mL Inj Sol-1mL Pk	00617288	SDZ	142
MORPHINE SULFATE			141
Morphine Sulfate 15mg/mL Inj Sol Amp	00392561	SDZ	142
Morphine Sulfate Injection USP 15mg/mL Inj Sol Amp (Not a Benefit)	00850330	ABB	142
Motilium 10mg Tab (Not a Benefit)	00855820	JAN	231
Motrin 200mg Tab (Not a Benefit)	00252409	UPJ	128
Motrin 300mg Tab (Not a Benefit)	00327794	UPJ	129
Motrin 400mg Tab	00364142	UPJ	129
Motrin 600mg Tab (Not a Benefit)	00484911	UPJ	129
MOXIFLOXACIN HYDROCHLORIDE			38
MS Contin 15mg SR Tab	02015439	PFP	142
MS Contin 30mg SR Tab	02014297	PFP	142
MS Contin 60mg SR Tab	02014300	PFP	143
MS Contin 100mg SR Tab	02014319	PFP	143
MS Contin 200mg SR Tab	02014327	PFP	143
MS-IR 20mg Tab	02014238	PFP	143
MS-IR 30mg Tab	02014254	PFP	143
Mucillium Oral Pd	00599875	PMS	219
Multipax 10mg Cap (Not a Benefit)	01927876	RPP	170
Multipax 25mg Cap (Not a Benefit)	01938835	RPP	170
Multipax 50mg Cap (Not a Benefit)	01927884	RPP	170
MUPIROCIN			275
Myambutol 100mg Tab (Not a Benefit)	00127957	LED	20
Myambutol 400mg Tab (Not a Benefit)	02170078	WAY	20
Mycobutin 150mg Cap	02063786	PFI	20
MYCOPHENOLATE MOFETIL			314
MYCOPHENOLATE SODIUM			314
Mycostatin 100000U/g Cr (Not a Benefit)	00029092	BQU	278
Mycostatin 100000U/mL O/L (Not a Benefit)	00248169	BQU	6
Mycostatin 100000U/g Oint (Not a Benefit)	00029556	BQU	278

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Mycostatin 500000U Tab (Not a Benefit)	00029416	BQU	6
Mycostatin 25000U/g Vag Cr (Not a Benefit)	00295973	BQU	278
Myfortic 180mg Ent Coated Tab	02264560	NOV	314
Myfortic 360mg Ent Coated Tab	02264579	NOV	314
Myleran 2mg Tab	00004618	GSK	42
Myochrysine 10mg/mL Inj Sol-1mL Pk	01927620	SAV	245
Myochrysine 25mg/mL Inj Sol-1mL Pk	01927612	SAV	245
Myochrysine 50mg/mL Inj Sol-1mL Pk	01927604	SAV	245
Mysoline 125mg Tab (Not a Benefit)	02042363	WAY	152
Mysoline 250mg Tab (Not a Benefit)	02042355	WAY	152
NABILONE			227
NADOLOL			93
Nadopen-V 25mg/mL O/L (Not a Benefit)	00018635	NDA	13
Nadopen-V 300mg Tab	00018740	LIO	13
NADROPARIN CALCIUM			77
NAPHAZOLINE HCL			203
Naphcon Forte 0.1% Oph Sol (Not a Benefit)	00390283	ALC	203
Naprosyn 25mg/mL O/L	02162431	HLR	132
Naprosyn 500mg Sup (Not a Benefit)	02162458	HLR	133
Naprosyn 125mg Tab (Not a Benefit)	00299413	SYN	133
Naprosyn 250mg Tab (Not a Benefit)	02162474	HLR	133
Naprosyn 375mg Tab (Not a Benefit)	02162482	HLR	133
Naprosyn 500mg Tab (Not a Benefit)	02162490	HLR	133
Naprosyn SR 750mg SR Tab (Not a Benefit)	02162466	HLR	132
NAPROXEN			132
Naproxen 500mg Sup	02230477	SDZ	133
Nardil 15mg Tab	00476552	ERF	161
Navane 2mg Cap	00024430	ERF	176
Navane 5mg Cap	00024449	ERF	176
Navane 10mg Cap	00024457	ERF	176
Nebcin 80mg/2mL Inj Sol-2mL Pk (Not a Benefit)	00325449	LIL	19
NELFINAVIR MESYLATE			27
Nembutal 100mg Cap	00000086	ABB	180
Neoral 10mg Cap	02237671	NOV	308
Neoral 25mg Cap	02150689	NOV	308
Neoral 50mg Cap	02150662	NOV	308
Neoral 100mg Cap	02150670	NOV	308
Neoral 100mg/mL O/L	02150697	NOV	308
NEOSTIGMINE BROMIDE			52
Neptazane 50mg Tab (Not a Benefit)	02238071	WAY	211
Nerisone 0.1% Cr	00587826	STI	286
Nerisone 0.1% Oily Cr	00587818	STI	286
Nerisone 0.1% Oint	00587834	STI	286
Neuleptil 5mg Cap	01926780	ERF	172

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Neuleptil 10mg Cap	01926772	ERF	172
Neuleptil 10mg/mL O/L	01926756	ERF	172
Neurontin 100mg Cap	02084260	PFI	150
Neurontin 300mg Cap	02084279	PFI	150
Neurontin 400mg Cap	02084287	PFI	150
Neutralca-S 40mg & 40mg/mL O/L dpp (Not a Benefit)	00261173	DES	215
NEVIRAPINE			27
Niacin-ICN 50mg Tab dpp (Not a Benefit)	00268593	VAL	300
Niacin-ICN 100mg Tab dpp	00268585	VAL	300
NICOTINIC ACID			300
NICOUMALONE			78
NIFEDIPINE			93, 113
Nifuran 50mg Tab (Not a Benefit)	00017086	MAN	32
Nifuran 100mg Tab (Not a Benefit)	00017094	MAN	32
NILUTAMIDE			49
NIMODIPINE			121
Nimotop 30mg SG Cap	02155923	BAY	121
Nipride Inj Pd-50mg Pk	00336459	MAY	117
Nitrazadon 5mg Tab	02229654	VAL	179
Nitrazadon 10mg Tab	02229655	VAL	179
NITRAZEPAM			179
Nitro-Dur 0.4mg/Hr/20 Sq Cm Patch	01911902	SCH	121
Nitro-Dur 0.6mg/Hr/30 Sq Cm Patch	01911929	SCH	121
NITROFURANTOIN			32
NITROFURANTOIN MONO/MICRO CRYSTALS			32
NITROGLYCERIN			121
Nitrol 2% Oint	01926454	SQI	121
Nitrolingual 0.4mg/Metered Dose Spray-200 Dose Pk (Not a Benefit)	01926721	AVE	122
Nitrolingual Pump Spray 0.4mg/Metered Dose Spray-200 Dose Pk	02231441	SAV	122
Nitrostat 0.3mg SL Tab	00037613	PFI	122
Nitrostat 0.6mg SL Tab	00037621	PFI	122
Nix 1% Cr Rinse	00771368	BWE	280
Nix Dermal Cream 5% Cr	02219905	GSK	280
NIZATIDINE			236
Nizoral 2% Cr	00703974	JAN	277
Nizoral 200mg Tab	00633836	JAN	6
Nolvadex 10mg (Not a Benefit) Tab	02048477	AZC	49
Nolvadex D 20mg Tab	02048485	AZC	49
NORETHINDRONE			272
Norflex 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01966162	MMH	72
NORFLOXACIN			38
NORGESTIMATE & ETHINYL ESTRADIOL			272
Noritate 1% Top Cr	02156091	SAV	281

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Normacol 62% W/W Gran 1 Sach Pk	02147831	RIV	220
Noroxin 400mg Tab (Not a Benefit)	00643025	MSD	38
Norpace 100mg Cap	02030799	RBT	91
Norpace 150mg Cap	02030802	RBT	91
Norpramin 25mg Tab	02099128	SAV	156
Norpramin 50mg Tab	02099136	SAV	157
Norpramin 75mg Tab (Not a Benefit)	02099144	HMR	157
Norprolac 0.075mg Tab	02223767	FEI	315
Norprolac 0.15mg Tab	02223775	FEI	315
NORTRIPTYLINE			160
Norvasc 5mg Tab	00878928	PFI	86
Norvasc 10mg Tab	00878936	PFI	86
Norvir 80mg/mL O/L	02229145	ABB	28
Norvir SEC 100mg Cap	02241480	ABB	28
Novamilor 5mg & 50mg Tab	01937219	NOP	187
Novamoxin 250mg Cap	00406724	NOP	10
Novamoxin 500mg Cap	00406716	NOP	10
Novamoxin 25mg/mL O/L	00452149	NOP	10
Novamoxin 50mg/mL O/L	00452130	NOP	11
Novamoxin (Sugar Reduced) 25mg/mL O/L	01934171	NOP	10
Novamoxin (Sugar Reduced) 50mg/mL O/L	01934163	NOP	11
Novasen 325mg Ent Tab (Not a Benefit)	00216666	NOP	123
Novasen 650mg Ent Tab (Not a Benefit)	00229296	NOP	123
Novo-Acebutolol 100mg Tab	02204517	NOP	85
Novo-Acebutolol 200mg Tab	02204525	NOP	85
Novo-Acebutolol 400mg Tab	02204533	NOP	85
Novo-Acyclovir 800mg Tab	02285975	NOP	22
Novo-Alendronate 10mg Tab	02247373	NOP	303
Novo-Alendronate 70mg Tab	02261715	NOP	303
Novo-Alprazol 0.25mg Tab	01913484	NOP	164
Novo-Alprazol 0.5mg Tab	01913492	NOP	164
Novo-Amiodarone 200mg Tab	02239835	NOP	86
Novo-Ampicillin 250mg Cap	00020877	NOP	12
Novo-Ampicillin 500mg Cap	00020885	NOP	12
Novo-Atenol 50mg Tab	01912062	NOP	86
Novo-Atenol 100mg Tab	01912054	NOP	87
Novo-Azathioprine 50mg Tab	02236819	NOP	305
Novo-Azithromycin 250mg Tab	02267845	NOP	8
Novo-Benzydamine 0.15% Oral Rinse	02229799	NOP	201
Novo-Bicalutamide 50mg Tab	02270226	NOP	41
Novo-Bisoprolol 5mg Tab	02267470	NOP	87
Novo-Bisoprolol 10mg Tab	02267489	NOP	87
Novo-Bromazepam 3mg Tab	02230584	NOP	165
Novo-Bromazepam 6mg Tab	02230585	NOP	165

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Bupropion SR 150mg Tab	02260239	NOP	155
Novo-C 100mg Tab (Not a Benefit)	00021970	NOP	300
Novo-C 250mg Tab (Not a Benefit)	00021237	NOP	300
Novo-C 500mg Tab (Not a Benefit)	00021997	NOP	301
Novo-C 1000mg Tab (Not a Benefit)	00535907	NOP	301
Novo-Captopril 12.5mg Tab	01942964	NOP	106
Novo-Captopril 25mg Tab	01942972	NOP	106
Novo-Captopril 50mg Tab	01942980	NOP	106
Novo-Captopril 100mg Tab	01942999	NOP	106
Novo-Carbamaz 200mg Tab	00782718	NOP	147
Novo-Cefaclor 250mg Cap	02231691	NOP	14
Novo-Cefaclor 500mg Cap	02231693	NOP	14
Novo-Cefadroxil 500mg Cap	02235134	NOP	15
Novo-Chloroquine 250mg Tab	00021261	NOP	31
Novo-Chlorpromazine 25mg Tab	00232823	NOP	166
Novo-Chlorpromazine 50mg Tab	00232807	NOP	166
Novo-Chlorpromazine 100mg Tab	00232831	NOP	166
Novo-Cilazapril 1mg Tab	02266350	NOP	106
Novo-Cilazapril 2.5mg Tab	02266369	NOP	107
Novo-Cilazapril 5mg Tab	02266377	NOP	107
Novo-Cimetidine 200mg Tab	00582409	NOP	230
Novo-Cimetidine 300mg Tab	00582417	NOP	230
Novo-Cimetidine 400mg Tab	00603678	NOP	230
Novo-Cimetidine 600mg Tab	00603686	NOP	231
Novo-Cimetidine 800mg Tab	00663727	NOP	231
Novo-Ciprofloxacin 250mg Tab	02161737	NOP	33
Novo-Ciprofloxacin 500mg Tab	02161745	NOP	33
Novo-Ciprofloxacin 750mg Tab	02161753	NOP	33
Novo-Citalopram 20mg Tab	02251558	NOP	155
Novo-Citalopram 40mg Tab	02251566	NOP	156
Novo-Clavamoxin 875 875mg & 125mg Tab	02248138	NOP	12
Novo-Clindamycin 150mg Cap	02241709	NOP	17
Novo-Clindamycin 300mg Cap	02241710	NOP	17
Novo-Clobazam 10mg Tab	02238334	NOP	148
Novo-Clobetasol 0.05% Cr	02093162	NOP	285
Novo-Clobetasol 0.05% Oint	02126192	NOP	285
Novo-Clonazepam 0.5mg Tab	02239024	NOP	148
Novo-Clonazepam 2mg Tab	02239025	NOP	148
Novo-Clonidine 0.1mg Tab	02046121	NOP	107
Novo-Clonidine 0.2mg Tab	02046148	NOP	107
Novo-Clopatate 3.75mg Cap	00628190	NOP	166
Novo-Clopatate 7.5mg Cap	00628204	NOP	166
Novo-Clopatate 15mg Cap	00628212	NOP	166
Novo-Cloxin 250mg Cap	00337765	NOP	12

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Cloxin 500mg Cap	00337773	NOP	12
Novo-Cloxin 25mg/mL O/L	00337757	NOP	13
Novo-Cycloprine 10mg Tab (Not a Benefit)	02080052	NOP	72
Novo-Cyproterone 50mg Tab	02232872	NOP	43
Novo-Difenac 25mg Ent Tab	00808539	NOP	125
Novo-Difenac 50mg Ent Tab	00808547	NOP	125
Novo-Difenac SR 75mg LA Tab	02158582	NOP	125
Novo-Difenac SR 100mg LA Tab	02048698	NOP	125
Novo-Diflunisal 250mg Tab	02048493	NOP	127
Novo-Diflunisal 500mg Tab	02048507	NOP	127
Novo-Diltazem 30mg Tab	00862924	NOP	91
Novo-Diltazem 60mg Tab	00862932	NOP	91
Novo-Diltazem CD 120mg LA Cap	02242538	NOP	89
Novo-Diltazem CD 180mg LA Cap	02242539	NOP	90
Novo-Diltazem CD 240mg LA Cap	02242540	NOP	90
Novo-Diltazem CD 300mg LA Cap	02242541	NOP	90
Novo-Diltiazem HCL ER 120mg SR Cap	02271605	NOP	90
Novo-Diltiazem HCL ER 180mg SR Cap	02271613	NOP	91
Novo-Diltiazem HCL ER 240mg SR Cap	02271621	NOP	91
Novo-Diltiazem HCL ER 300mg SR Cap	02271648	NOP	91
Novo-Diltiazem HCL ER 360mg SR Cap	02271656	NOP	91
Novo-Dimenate 50mg Tab (Not a Benefit)	00021423	NOP	225
Novo-Divalproex 125mg Ent Tab	02239701	NOP	149
Novo-Divalproex 250mg Ent Tab	02239702	NOP	149
Novo-Divalproex 500mg Ent Tab	02239703	NOP	149
Novo-Domperidone 10mg Tab	02157195	NOP	231
Novo-Doxazosin 1mg Tab	02242728	NOP	108
Novo-Doxazosin 2mg Tab	02242729	NOP	108
Novo-Doxazosin 4mg Tab	02242730	NOP	108
Novo-Doxepin 75mg Cap	01913441	NOP	157
Novo-Doxepin 100mg Cap	01913468	NOP	157
Novo-Doxepin 150mg Cap	01913476	NOP	157
Novo-Famotidine 20mg Tab	02022133	NOP	232
Novo-Famotidine 40mg Tab	02022141	NOP	232
Novo-Fenofibrate Micronized 200mg Cap	02243552	NOP	100
Novo-Ferrogluc 300mg Tab	00021458	NOP	73
Novo-Fibrate 500mg Cap (Not a Benefit)	00337382	NOP	99
Novo-Fibre Tab	00595829	NOP	218
Novo-Fluconazole 50mg Tab	02236978	NOP	5
Novo-Fluconazole 100mg Tab	02236979	NOP	5
Novo-Fluconazole-150 150mg Cap	02243645	NOP	277
Novo-Fluoxetine 20mg Cap	02216590	NOP	158
Novo-Flurprofen 50mg Tab	02100509	NOP	128
Novo-Flurprofen 100mg Tab	02100517	NOP	128

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Flutamide 250mg Tab	02230089	NOP	45
Novo-Fluvoxamine 50mg Tab	02239953	NOP	158
Novo-Fluvoxamine 100mg Tab	02239954	NOP	158
Novo-Fosinopril 10mg Tab	02247802	NOP	110
Novo-Fosinopril 20mg Tab	02247803	NOP	110
Novo-Furantoin 50mg Cap	02231015	NOP	32
Novo-Furantoin 100mg Cap	02231016	NOP	32
Novo-Gabapentin 100mg Cap	02244513	NOP	150
Novo-Gabapentin 300mg Cap	02244514	NOP	150
Novo-Gabapentin 400mg Cap	02244515	NOP	150
Novo-Gemfibrozil 300mg Cap	02241704	NOP	101
Novo-Gesic 325mg Tab	00389218	NOP	145
Novo-Gesic Forte 500mg Tab	00482323	NOP	146
Novo-Glyburide 2.5mg Tab	01913670	NOP	261
Novo-Glyburide 5mg Tab	01913689	NOP	261
Novo-Hydrazide 25mg Tab	00021474	NOP	189
Novo-Hydrazide 50mg Tab	00021482	NOP	189
Novo-Hydroxyzin 10mg Cap (Not a Benefit)	00738824	NOP	170
Novo-Hydroxyzin 25mg Cap (Not a Benefit)	00738832	NOP	170
Novo-Hydroxyzin 50mg Cap (Not a Benefit)	00738840	NOP	170
Novo-Hylazin 25mg Tab	00759473	NOP	110
Novo-Hylazin 50mg Tab	00759481	NOP	110
Novo-Indapamide 2.5mg Tab	02231184	NOP	190
Novo-Ipramide 250mcg/mL Inh Sol-20mL Pk	02210479	NOP	55
Novo-Ketoconazole 200mg Tab	02231061	NOP	6
Novo-Lamotrigine 25mg Tab	02248232	NOP	151
Novo-Lamotrigine 100mg Tab	02248233	NOP	151
Novo-Lamotrigine 150mg Tab	02248234	NOP	151
Novo-Leflunomide 10mg Tab	02261251	NOP	312
Novo-Leflunomide 20mg Tab	02261278	NOP	312
Novo-Levocarbidoa 100mg & 10mg Tab	02244494	NOP	312
Novo-Levocarbidoa 100mg & 25mg Tab	02244495	NOP	312
Novo-Levocarbidoa 250mg & 25mg Tab	02244496	NOP	313
Novo-Levofloxacin 250mg Tab	02248262	NOP	36
Novo-Levofloxacin 500mg Tab	02248263	NOP	36
Novo-Lexin 250mg Cap	00342084	NOP	16
Novo-Lexin 500mg Cap	00342114	NOP	16
Novo-Lexin 25mg/mL Pd for Oral Susp	00342106	NOP	17
Novo-Lexin 50mg/mL Pd for Oral Susp	00342092	NOP	17
Novo-Lexin 250mg Tab	00583413	NOP	17
Novo-Lexin 500mg Tab	00583421	NOP	17
Novo-Loperamide 2mg Caplet	02132591	NOP	217
Novo-Lorazem 0.5mg Tab	00711101	NOP	170
Novo-Lorazem 1mg Tab	00637742	NOP	170

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Lorazem 2mg Tab	00637750	NOP	170
Novo-Lovastatin 20mg Tab	02246542	NOP	101
Novo-Lovastatin 40mg Tab	02246543	NOP	101
Novo-Maprotiline 25mg Tab	02158612	NOP	159
Novo-Maprotiline 50mg Tab	02158620	NOP	159
Novo-Maprotiline 75mg Tab	02158639	NOP	159
Novo-Medrone 2.5mg Tab	02221284	NOP	271
Novo-Medrone 5mg Tab	02221292	NOP	272
Novo-Medrone 10mg Tab	02221306	NOP	272
Novo-Meloxicam 7.5mg Tab	02258315	NOP	132
Novo-Meloxicam 15mg Tab	02258323	NOP	132
Novo-Metformin 500mg Tab	02045710	NOP	261
Novo-Methacin 25mg Cap	00337420	NOP	129
Novo-Methacin 50mg Cap	00337439	NOP	130
Novo-Metoprol 50mg Tab	00648035	NOP	92
Novo-Metoprol 100mg Tab	00648043	NOP	92
Novo-Metoprol (Uncoated) 50mg Tab	00842648	NOP	92
Novo-Metoprol (Uncoated) 100mg Tab	00842656	NOP	92
Novo-Mexiletine 100mg Cap	02230359	NOP	93
Novo-Mexiletine 200mg Cap	02230360	NOP	93
Novo-Mirtazapine 30mg Tab	02259354	NOP	160
Novo-Mirtazapine OD 15mg Orally Disintegrating Tab	02279894	NOP	159
Novo-Mirtazapine OD 30mg Orally Disintegrating Tab	02279908	NOP	159
Novo-Mirtazapine OD 45mg Orally Disintegrating Tab	02279916	NOP	159
Novo-Misoprostol 100mcg Tab	02240754	NOP	236
Novo-Misoprostol 200mcg Tab	02240755	NOP	236
Novo-Moclobemide 100mg Tab	02239746	NOP	160
Novo-Moclobemide 150mg Tab	02239747	NOP	160
Novo-Moclobemide 300mg Tab	02239748	NOP	160
Novo-Nadolol 40mg Tab	02126753	NOP	93
Novo-Nadolol 80mg Tab	02126761	NOP	93
Novo-Naprox 750mg SR Tab	02231327	NOP	132
Novo-Naprox 250mg Tab	00565350	NOP	133
Novo-Naprox 375mg Tab	00627097	NOP	133
Novo-Naprox 500mg Tab	00589861	NOP	133
Novo-Niacin 50mg Tab dpp (Not a Benefit)	00274496	NOP	300
Novo-Nizatidine 150mg Cap	02240457	NOP	236
Novo-Nizatidine 300mg Cap	02240458	NOP	236
Novo-Norfloxacin 400mg Tab	02237682	NOP	38
Novo-Nortriptyline 10mg Cap	02231781	NOP	160
Novo-Nortriptyline 25mg Cap	02231782	NOP	161
Novo-Ofloxacin 200mg Tab	02243474	NOP	39
Novo-Ofloxacin 300mg Tab	02243475	NOP	39
Novo-Ofloxacin 400mg Tab	02243476	NOP	39

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Ondansetron 4mg Tab	02264056	NOP	228
Novo-Ondansetron 8mg Tab	02264064	NOP	228
Novo-Oxybutynin 5mg Tab	02230394	NOP	58
Novo-Paroxetine 20mg Tab	02248557	NOP	161
Novo-Paroxetine 30mg Tab	02248558	NOP	161
Novo-Pen-VK-500 60mg/mL O/L	00391603	NOP	13
Novo-Pen-VK-500 300mg Tab	00021202	NOP	13
Novo-Peridol 0.5mg Tab	00363685	NOP	168
Novo-Peridol 1mg Tab	00363677	NOP	169
Novo-Peridol 2mg Tab	00363669	NOP	169
Novo-Peridol 5mg Tab	00363650	NOP	169
Novo-Peridol 10mg Tab	00713449	NOP	169
Novo-Peridol 20mg Tab	00768820	NOP	169
Novo-Pindol 5mg Tab	00869007	NOP	114
Novo-Pindol 10mg Tab	00869015	NOP	115
Novo-Pindol 15mg Tab	00869023	NOP	115
Novo-Pirocam 10mg Cap	00695718	NOP	134
Novo-Pirocam 20mg Cap	00695696	NOP	134
Novo-Pramipexole 0.25mg Tab	02269309	NOP	182
Novo-Pramipexole 1mg Tab	02269325	NOP	182
Novo-Pramipexole 1.5mg Tab	02269333	NOP	182
Novo-Pranol 10mg Tab	00496480	NOP	94
Novo-Pranol 20mg Tab	00740675	NOP	95
Novo-Pranol 40mg Tab	00496499	NOP	95
Novo-Pranol 80mg Tab	00496502	NOP	95
Novo-Pravastatin 10mg Tab	02247008	NOP	102
Novo-Pravastatin 20mg Tab	02247009	NOP	102
Novo-Pravastatin 40mg Tab	02247010	NOP	102
Novo-Prazin 1mg Tab	01934198	NOP	115
Novo-Prazin 2mg Tab	01934201	NOP	115
Novo-Prazin 5mg Tab	01934228	NOP	116
Novo-Prednisone 5mg Tab	00021695	NOP	253
Novo-Prednisone 50mg Tab	00232378	NOP	253
Novo-Profen 200mg Tab	00629324	NOP	128
Novo-Profen 400mg Tab	00629340	NOP	129
Novo-Profen 600mg Tab	00629359	NOP	129
Novo-Purol 100mg Tab	00364282	NOP	304
Novo-Purol 200mg Tab	00565342	NOP	304
Novo-Purol 300mg Tab	00363693	NOP	304
Novo-Ranidine 15mg/mL Oral Sol	02242940	NOP	242
Novo-Ranidine 150mg Tab	00828564	NOP	242
Novo-Ranidine 300mg Tab	00828556	NOP	242
Novo-Risperidone 0.25mg Tab	02282690	NOP	174
Novo-Risperidone 0.5mg Tab	02264188	NOP	174

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Risperidone 1mg Tab	02264196	NOP	175
Novo-Risperidone 2mg Tab	02264218	NOP	175
Novo-Risperidone 3mg Tab	02264226	NOP	175
Novo-Risperidone 4mg Tab	02264234	NOP	175
Novo-Rythro Estolate 25mg/mL O/L	00021172	NOP	9
Novo-Rythro Estolate 50mg/mL O/L	00262595	NOP	9
Novo-Rythro Ethyl Succinate 40mg/mL O/L	00605859	NOP	9
Novo-Rythro Ethyl Succinate 80mg/mL O/L	00652318	NOP	9
Novo-Salmol 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00874086	NOP	68
Novo-Selegiline 5mg Tab	02068087	NOP	318
Novo-Semide 20mg Tab	00337730	NOP	188
Novo-Semide 40mg Tab	00337749	NOP	188
Novo-Sertraline 25mg Cap	02240485	NOP	162
Novo-Sertraline 50mg Cap	02240484	NOP	162
Novo-Sertraline 100mg Cap	02240481	NOP	162
Novo-Simvastatin 5mg Tab	02250144	NOP	103
Novo-Simvastatin 10mg Tab	02250152	NOP	103
Novo-Simvastatin 20mg Tab	02250160	NOP	104
Novo-Simvastatin 40mg Tab	02250179	NOP	104
Novo-Simvastatin 80mg Tab	02250187	NOP	104
Novo-Sotalol 160mg Tab	02231182	NOP	96
Novo-Spiroton 25mg Tab	00613215	NOP	191
Novo-Spiroton 100mg Tab	00613223	NOP	191
Novo-Spirozine-25 25mg & 25mg Tab	00613231	NOP	189
Novo-Spirozine-50 50mg & 50mg Tab	00657182	NOP	189
Novo-Sucralate 1g Tab	02045702	NOP	243
Novo-Sundac 150mg Tab	00745588	NOP	135
Novo-Sundac 200mg Tab	00745596	NOP	135
Novo-Tamoxifen 10mg Tab	00851965	NOP	49
Novo-Tamoxifen 20mg Tab	00851973	NOP	49
Novo-Tamsulosin SR 0.4mg Cap	02281392	NOP	320
Novo-Temazepam 15mg Cap	02230095	NOP	180
Novo-Temazepam 30mg Cap	02230102	NOP	180
Novo-Terazosin 1mg Tab	02230805	NOP	118
Novo-Terazosin 2mg Tab	02230806	NOP	118
Novo-Terazosin 5mg Tab	02230807	NOP	118
Novo-Terazosin 10mg Tab	02230808	NOP	118
Novo-Theophyl SR 300mg LA Tab	02230087	NOP	298
Novo-Tiaprofenic 200mg Tab	02179679	NOP	135
Novo-Tiaprofenic 300mg Tab	02179687	NOP	135
Novo-Ticlopidine 250mg Tab	02236848	NOP	321
Novo-Timol 5mg Tab	01947796	NOP	96
Novo-Timol 10mg Tab	01947818	NOP	96

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Timol 20mg Tab	01947826	NOP	96
Novo-Topiramate 25mg Tab	02248860	NOP	153
Novo-Topiramate 100mg Tab	02248861	NOP	153
Novo-Topiramate 200mg Tab	02248862	NOP	153
Novo-Trazodone 50mg Tab	02144263	NOP	163
Novo-Trazodone 100mg Tab	02144271	NOP	163
Novo-Trazodone 150mg Tab	02144298	NOP	163
Novo-Triamzide 25mg & 50mg Tab	00532657	NOP	190
Novo-Trimel 40mg & 8mg/mL O/L	00726540	NOP	40
Novo-Trimel 400mg & 80mg Tab	00510637	NOP	40
Novo-Trimel DS 800mg & 160mg Tab	00510645	NOP	40
Novo-Valproic 250mg Cap	02100630	NOP	154
Novo-Venlafaxine XR 37.5mg ER Cap	02275023	NOP	164
Novo-Venlafaxine XR 75mg ER Cap	02275031	NOP	164
Novo-Venlafaxine XR 150mg ER Cap	02275058	NOP	164
Novo-Veramil SR 240mg LA Tab	02211920	NOP	119
Novo-Warfarin 1mg Tab	02265273	NOP	79
Novo-Warfarin 2mg Tab	02265281	NOP	79
Novo-Warfarin 2.5mg Tab	02265303	NOP	79
Novo-Warfarin 3mg Tab	02265311	NOP	79
Novo-Warfarin 4mg Tab	02265338	NOP	79
Novo-Warfarin 5mg Tab	02265346	NOP	80
Novolin ge 10/90 Penfill 100U/mL Inj Susp-5X3mL Pk	02024292	NOO	266
Novolin ge 20/80 Penfill 100U/mL Inj Susp-5X3mL Pk	02024306	NOO	266
Novolin ge 30/70 1000U/10mL Inj Susp-10mL Pk	02024217	NOO	266
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5X3mL Pk	09853812	NOO	266
Novolin ge 40/60 Penfill 100U/mL Inj Susp-5X3mL Pk	02024314	NOO	267
Novolin ge 50/50 Penfill 100U/mL Inj Susp-5X3mL Pk	02024322	NOO	267
Novolin ge NPH 1000U/10mL Inj Susp-10mL Pk	02024225	NOO	266
Novolin ge NPH Penfill 100U/mL Inj Susp-5X3mL Pk	09853782	NOO	266
Novolin ge Toronto 1000U/10mL Inj Sol-10mL Pk	02024233	NOO	265
Novolin ge Toronto Penfill 100U/mL Inj Sol-5X3mL Pk	09853774	NOO	265
NovoRapid 100U/mL Inj Sol-10mL Pk	02245397	NOO	264
NovoRapid Penfill 100U/mL Inj Sol-5x3mL Pk	02244353	NOO	264
Nozinan 25mg/mL Inj Sol-1mL Pk	01927698	SAV	179
Nozinan 2mg Tab (Not a Benefit)	01927647	AVE	179
Nozinan 5mg Tab	01927655	SAV	179
Nozinan 25mg Tab	01927663	SAV	179
Nozinan 50mg Tab	01927671	SAV	179
Nu-Acebutolol 100mg Tab	02165546	NXP	85
Nu-Acebutolol 200mg Tab	02165554	NXP	85
Nu-Acebutolol 400mg Tab	02165562	NXP	85
Nu-Acyclovir 800mg Tab	02197421	NXP	22
Nu-Alpraz 0.25mg Tab	01913239	NXP	164

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Alpraz 0.5mg Tab	01913247	NXP	164
Nu-Amilzide 5mg & 50mg Tab	00886106	NXP	187
Nu-Amoxi 250mg Cap	00865567	NXP	10
Nu-Amoxi 500mg Cap	00865575	NXP	10
Nu-Amoxi 25mg/mL O/L	00865540	NXP	10
Nu-Amoxi 50mg/mL O/L	00865559	NXP	11
Nu-Atenol 50mg Tab	00886114	NXP	86
Nu-Atenol 100mg Tab	00886122	NXP	87
Nu-Baclo 10mg Tab	02136090	NXP	71
Nu-Baclo 20mg Tab	02136104	NXP	72
Nu-Bromazepam 1.5mg Tab	02171856	NXP	165
Nu-Bromazepam 3mg Tab	02171864	NXP	165
Nu-Bromazepam 6mg Tab	02171872	NXP	165
Nu-Capto 12.5mg Tab	01913824	NXP	106
Nu-Capto 25mg Tab	01913832	NXP	106
Nu-Capto 50mg Tab	01913840	NXP	106
Nu-Capto 100mg Tab	01913859	NXP	106
Nu-Carbamazepine 200mg Tab	02042568	NXP	147
Nu-Cefaclor 250mg Cap	02231432	NXP	14
Nu-Cefaclor 500mg Cap	02231433	NXP	14
Nu-Cephalex 250mg Tab	00865877	NXP	17
Nu-Cephalex 500mg Tab	00865885	NXP	17
Nu-Cimet 200mg Tab	00865796	NXP	230
Nu-Cimet 300mg Tab	00865818	NXP	230
Nu-Cimet 400mg Tab	00865826	NXP	230
Nu-Cimet 600mg Tab	00865834	NXP	231
Nu-Clonazepam 0.5mg Tab	02173344	NXP	148
Nu-Clonazepam 2mg Tab	02173352	NXP	148
Nu-Clonidine 0.1mg Tab	01913786	NXP	107
Nu-Clonidine 0.2mg Tab	01913220	NXP	107
Nu-Cloxi 250mg Cap	00717584	NXP	12
Nu-Cloxi 500mg Cap	00717592	NXP	12
Nu-Cloxi 25mg/mL O/L	00717630	NXP	13
Nu-Cotrimox 40mg & 8mg/mL O/L	00865753	NXP	40
Nu-Cotrimox 400mg & 80mg Tab	00865710	NXP	40
Nu-Cotrimox 800mg & 160mg Tab	00865729	NXP	40
Nu-Cromolyn 1% Inh Sol-2mL Pk	02231671	NXP	318
Nu-Cyclobenzaprine 10mg Tab (Not a Benefit)	02171848	NXP	72
Nu-Desipramine 25mg Tab	02211947	NXP	156
Nu-Desipramine 50mg Tab	02211955	NXP	157
Nu-Desipramine 75mg Tab	02211963	NXP	157
Nu-Diclo 25mg Ent Tab	00886017	NXP	125
Nu-Diclo 50mg Ent Tab	00886025	NXP	125
Nu-Diclo-SR 75mg LA Tab	02228203	NXP	125

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Diclo-SR 100mg LA Tab	02228211	NXP	125
Nu-Diltiaz 30mg Tab	00886068	NXP	91
Nu-Diltiaz 60mg Tab	00886076	NXP	91
Nu-Divalproex 125mg Ent Tab	02239517	NXP	149
Nu-Divalproex 250mg Ent Tab	02239518	NXP	149
Nu-Divalproex 500mg Ent Tab	02239519	NXP	149
Nu-Domperidone 10mg Tab	02231477	NXP	231
Nu-Famotidine 20mg Tab	02024195	NXP	232
Nu-Famotidine 40mg Tab	02024209	NXP	232
Nu-Fenofibrate 100mg Cap	02223600	NXP	100
Nu-Fluoxetine 20mg Cap	02192764	NXP	158
Nu-Flurbiprofen 50mg Tab	02020661	NXP	128
Nu-Flurbiprofen 100mg Tab	02020688	NXP	128
Nu-Fluvoxamine 50mg Tab	02231192	NXP	158
Nu-Fluvoxamine 100mg Tab	02231193	NXP	158
Nu-Glyburide 2.5mg Tab	02020734	NXP	261
Nu-Glyburide 5mg Tab	02020742	NXP	261
Nu-Indapamide 2.5mg Tab	02223597	NXP	190
Nu-Indo 25mg Cap	00865850	NXP	129
Nu-Indo 50mg Cap	00865869	NXP	130
Nu-Levocarb 100mg & 10mg Tab	02182831	NXP	312
Nu-Levocarb 100mg & 25mg Tab	02182823	NXP	312
Nu-Levocarb 250mg & 25mg Tab	02182858	NXP	313
Nu-Loraz 0.5mg Tab	00865672	NXP	170
Nu-Loraz 1mg Tab	00865680	NXP	170
Nu-Loraz 2mg Tab	00865699	NXP	170
Nu-Loxapine 5mg Tab	02237534	NXP	177
Nu-Loxapine 10mg Tab	02237535	NXP	177
Nu-Loxapine 25mg Tab	02237536	NXP	177
Nu-Loxapine 50mg Tab	02237537	NXP	177
Nu-Mefenamic 250mg Cap	02229569	NXP	131
Nu-Megestrol 160mg Tab	02185423	NXP	48
Nu-Metformin 500mg Tab	02162822	NXP	261
Nu-Metoclopramide 5mg Tab	02143275	NXP	235
Nu-Metoclopramide 10mg Tab	02143283	NXP	235
Nu-Metop 50mg Tab	00865605	NXP	92
Nu-Metop 100mg Tab	00865613	NXP	92
Nu-Naprox 250mg Tab	00865648	NXP	133
Nu-Naprox 375mg Tab	00865656	NXP	133
Nu-Naprox 500mg Tab	00865664	NXP	133
Nu-Nifed 10mg Cap	00865591	NXP	93
Nu-Nortriptyline 10mg Cap	02223139	NXP	160
Nu-Nortriptyline 25mg Cap	02223147	NXP	161
Nu-Oxybutyn 5mg Tab	02158590	NXP	58

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Pen VK 300mg Tab	00717568	NXP	13
Nu-Pentoxifylline 400mg SR Tab	02230401	NXP	83
Nu-Pindol 5mg Tab	00886149	NXP	114
Nu-Pindol 10mg Tab	00886009	NXP	115
Nu-Pindol 15mg Tab	00886130	NXP	115
Nu-Pirox 10mg Cap	00865761	NXP	134
Nu-Pirox 20mg Cap	00865788	NXP	134
Nu-Pravastatin 10mg Tab	02244350	NXP	102
Nu-Pravastatin 20mg Tab	02244351	NXP	102
Nu-Pravastatin 40mg Tab	02244352	NXP	102
Nu-Prazo 1mg Tab	01913794	NXP	115
Nu-Prazo 2mg Tab	01913808	NXP	115
Nu-Prazo 5mg Tab	01913816	NXP	116
Nu-Prochlor 5mg Tab	01964399	NXP	173
Nu-Prochlor 10mg Tab	01964402	NXP	173
Nu-Ranit 150mg Tab	00865737	NXP	242
Nu-Ranit 300mg Tab	00865745	NXP	242
Nu-Selegiline 5mg Tab	02230717	NXP	318
Nu-Sotalol 160mg Tab	02163772	NXP	96
Nu-Sucralfate 1g Tab	02134829	NXP	243
Nu-Sulindac 150mg Tab	02042576	NXP	135
Nu-Sulindac 200mg Tab	02042584	NXP	135
Nu-Temazepam 15mg Cap	02223570	NXP	180
Nu-Temazepam 30mg Cap	02223589	NXP	180
Nu-Terazosin 1mg Tab	02233047	NXP	118
Nu-Terazosin 2mg Tab	02233048	NXP	118
Nu-Terazosin 5mg Tab	02233049	NXP	118
Nu-Terazosin 10mg Tab	02233050	NXP	118
Nu-Ticlopidine 250mg Tab	02237560	NXP	321
Nu-Timolol 5mg Tab	02044609	NXP	96
Nu-Timolol 10mg Tab	02044617	NXP	96
Nu-Timolol 20mg Tab	02044625	NXP	96
Nu-Triazide 25mg & 50mg Tab (Not a Benefit)	00865532	NXP	190
Nu-Trimipramine 25mg Tab	02020602	NXP	163
Nu-Trimipramine 50mg Tab	02020610	NXP	164
Nu-Trimipramine 100mg Tab	02020629	NXP	164
Nu-Valproic 250mg Cap	02237830	NXP	154
Nu-Verap 80mg Tab	00886033	NXP	96
Nu-Verap 120mg Tab	00886041	NXP	97
Nyaderm 100000U/g Cr	00716871	TAR	278
Nyaderm 25000U/g Vag Cr	00716901	TAR	278
NYSTATIN			6, 278
Octostim 1.5mg/mL Nas Sp-2.5mL Pk	02237860	FEI	268
OCTREOTIDE			314

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ocufen 0.03% Oph Sol	00766046	ALL	209
Ocuflox 0.3% Oph Sol	02143291	ALL	198
OFLOXACIN			39, 198
Ogen 1.25 1.5mg Tab	02089769	PFI	259
Ogen 2.5 3mg Tab	02089777	PFI	259
OLANZAPINE			171
OLSALAZINE SODIUM			236
OMEPRAZOLE			237
OMEPRAZOLE MAGNESIUM			239
Oncovin 1mg/mL Inj Sol (Not a Benefit)	00611182	LIL	50
ONDANSETRON HYDROCHLORIDE			228
One-Alpha 0.25mcg Cap dpp	00474517	LEO	301
One-Alpha 1mcg Cap dpp	00474525	LEO	301
Opcon 0.1% Oph Sol (Not a Benefit)	00750786	BSH	203
Opticrom 2% Oph Sol	02230621	ALL	212
Oracort Oral Top Oint	01964054	TAR	289
Orap 2mg Tab	00313815	PMS	172
Orap 4mg Tab	00313823	PMS	172
Orbenin 250mg Cap (Not a Benefit)	00002046	AYE	12
Orbenin 500mg Cap (Not a Benefit)	00002054	AYE	12
Orbenin 25mg/mL O/L (Not a Benefit)	02042975	WAY	13
ORCIPRENALINE SULFATE			64
Orphenadrine 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02229731	CYI	72
ORPHENADRINE CITRATE			72
Ortho 0.5/35 0.035mg & 0.5mg Tab-21 Pk	00317047	JNO	270
Ortho 0.5/35 0.035mg & 0.5mg Tab-28 Pk	00340731	JNO	270
Ortho 1/35 0.035mg & 1mg Tab-21 Pk	00372846	JNO	270
Ortho 1/35 0.035mg & 1mg Tab-28 Pk	00372838	JNO	270
Ortho 7/7/7 3 Phase Tab-21 Pk	00602957	JNO	270
Ortho 7/7/7 3 Phase Tab-28 Pk	00602965	JNO	270
Ortho-Cept 0.15mg & 0.03mg Tab-21 Pk	02042541	JNO	269
Ortho-Cept 0.15mg & 0.03mg Tab-28Pk	02042533	JNO	269
Orudis 50mg Cap (Not a Benefit)	01926403	RPP	130
Orudis 100mg Sup (Not a Benefit)	01926411	AVE	131
Orudis E-50 50mg Ent Tab (Not a Benefit)	01926381	RPP	130
Orudis E-100 100mg Ent Tab (Not a Benefit)	01926365	RPP	131
Orudis SR-200 200mg LA Tab (Not a Benefit)	01926373	RPP	131
Os-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	02042983	WAY	185
Os-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	02042991	WAY	185
OSELTAMIVIR PHOSPHATE			28
Ostac 400mg Cap	01927078	HLR	306
Ostoforte 50000IU Cap	00009830	MFC	302
Ovral 0.05mg & 0.25mg Tab-21 Pk	02043033	WAY	271
OXAZEPAM			171

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Oxeze Turbuhaler 6mcg/Metered Dose Pd Inh-60 Dose Pk	02237225	AZC	62
Oxeze Turbuhaler 12mcg/Metered Dose Pd Inh-60 Dose Pk	02237224	AZC	62
OXPRENOLOL HCL			114
Oxsoralen 10mg Cap	01946374	VAL	294
OXTRIPHYLLINE			297
Oxybutyn 5mg Tab	02220059	VAL	58
OXYBUTYNIN CHLORIDE			58
OXYCODONE HCL			144
OXYCODONE HCL & ACETAMINOPHEN			144
OXYCODONE HCL & ACETYLSALICYLIC ACID			145
Oxycontin 10mg SR Tab	02202441	PFP	144
Oxycontin 20mg SR Tab	02202468	PFP	144
Oxycontin 40mg SR Tab	02202476	PFP	144
Oxycontin 80mg SR Tab	02202484	PFP	144
Oxyderm 20% Lot	00374318	VAL	290
Palafer 300mg Cap	01923420	GSK	73
Palafer 60mg/mL O/L	01923439	GSK	73
Panadol 325mg Tab	01928260	STH	145
Pancrease 4500 & 20000 & 25000 USP Units SR Cap	02242374	JNO	224
Pancrease MT4 4000 & 12000 & 12000 USP Units Ent Microsph Cap	00789445	JNO	222
PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE			221
Panoxyl 5% Gel	00263702	STI	291
Panoxyl 10% Gel	00263699	STI	291
Panoxyl 15% Gel	00403571	STI	291
Panoxyl 20% Gel	00373036	STI	291
Panoxyl Aquagel 5% Gel	02214849	STI	291
Panoxyl Aquagel 10% Gel (Not a Benefit)	02223856	STI	291
Pantoloc 40mg Ent Tab	02229453	ALA	240
PANTOPRAZOLE SODIUM			240
Pariet 10mg Tab	02243796	JNO	242
Pariet 20mg Tab	02243797	JNO	242
Parlodel 5mg Cap (Not a Benefit)	00568643	NOV	305
Parlodel 2.5mg Tab	00371033	NOV	305
Parnate 10mg Tab	01919598	GSK	162
PAROXETINE HCL			161
Parsitan 50mg Tab	01927744	ERF	54
PARTICLE COATED ERYTHROMYCIN			10
Paxil 20mg Tab	01940481	GSK	161
Paxil 30mg Tab	01940473	GSK	161
PCE Dispertab 333mg Tab	00769991	ABB	10
Pedialyte Flavored O/L	00981095	ABB	185
Pedialyte Regular O/L	00630365	ABB	185
Pediapred Oral Liquid 6.7mg/5mL O/L	02230619	SAV	253

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Pediatrix 80mg/mL O/L	02027801	RPH	145
Pediazole 40mg & 120mg/mL O/L	00583405	ABB	9
PEG-ELECTROLYTES			186
PegLyte Pd-4L Pk	00777838	PMS	186
PegLyte Sol-1L Pk	00777846	PMS	186
Penbritin 250mg Cap (Not a Benefit)	00002003	AYE	12
Penbritin 500mg Cap (Not a Benefit)	00002011	AYE	12
PENICILLAMINE			247
PENICILLIN G (POTASSIUM)			13
PENICILLIN V (POTASSIUM)			13
Pentamycetin 0.25% Oph Sol	01980556	SDZ	195
Pentasa 500mg Del-Release Tab	02099683	FEI	229
Pentasa 1g/100mL Enema	02153521	FEI	229
Pentasa 4g/100mL Enema	02153556	FEI	229
Pentasa 1g Sup	02153564	FEI	229
PENTOBARBITAL SODIUM			180
PENTOXIFYLLINE			83
Pepcid 20mg Tab	00710121	MFC	232
Pepcid 40mg Tab	00710113	MFC	232
Percocet 5mg & 325mg Tab (Not a Benefit)	00580201	BQU	144
Percodan 5mg & 325mg Tab (Not a Benefit)	00580236	BQU	145
PERGOLIDE MESYLATE			315
PERICYAZINE			172
PERINDOPRIL ERBUMINE			114
PERINDOPRIL ERBUMINE & INDAPAMIDE			114
Permax 0.05mg Tab	02123320	SHI	315
Permax 0.25mg Tab	02123339	SHI	315
Permax 1mg Tab	02123347	SHI	315
PERMETHRIN			280
PERPHENAZINE			172
Pertofrane 25mg Tab (Not a Benefit)	00010448	GEI	156
PETROLATUM/MINERAL OIL			211
Phenazo 100mg Tab	00271489	VAL	315
Phenazo 200mg Tab	00454583	VAL	315
PHENAZOPYRIDINE HCL			315
PHENELZINE SULFATE			161
Phenergan 2mg/mL O/L (Not a Benefit)	01937693	RPR	1
PHENYTOIN (DIPHENYLHYDANTOIN)			152
PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM			152
Phyllocontin 225mg SR Tab	02014270	PFP	297
Phyllocontin-350 350mg SR Tab	02014289	PFP	297
Pico-Salax 3.5g/12g/10mg Pd for Sol-12g Pk	02254794	FEI	219
PILOCARPINE HCL			202
Pilopine HS 4% Oph Gel	00575240	ALC	202

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PIMECROLIMUS			294
PIMOZIDE			172
PINDOLOL			114
PINDOLOL & HYDROCHLOROTHIAZIDE			115
PIOGLITAZONE HCL			262
PIPERAZINE ADIPATE			3
Piportil L4 25mg/mL Inj Sol-1mL Pk	01926667	SAV	173
Piportil L4 50mg/mL Inj Sol-1mL Pk	00990507	SAV	173
Piportil L4 100mg/2mL Inj Sol-2mL Pk	01926675	SAV	173
PIPOTIAZINE PALMITATE			173
PIROXICAM			134
PIVAMPICILLIN			13
PIZOTYLIN			71
Plan B 0.75mg Tab-2 Tabs Pk	02241674	WCC	271
Plaquenil 200mg Tab	02017709	SAV	31
Plavix 75mg Tab	02238682	SAV	307
Plendil 2.5mg ER Tab	02057778	AZC	109
Plendil 5mg ER Tab	00851779	AZC	109
Plendil 10mg ER Tab	00851787	AZC	109
PMS-Acetaminophen With Codeine 160mg & 8mg/5mL O/L	00816027	PMS	136
PMS-Alendronate 70mg Tab	02273179	PMS	303
PMS-Alendronate-FC 70mg Tab	02284006	PMS	303
PMS-Amantadine 10mg/mL O/L	02022826	PMS	304
PMS-Amantadine HCL 100mg Cap	01990403	PMS	304
PMS-Amiodarone 200mg Tab	02242472	PMS	86
PMS-Amoxicillin 250mg Cap	02230243	PMS	10
PMS-Amoxicillin 500mg Cap	02230244	PMS	10
PMS-Amoxicillin 25mg/mL O/L	02230245	PMS	10
PMS-Amoxicillin 50mg/mL O/L	02230246	PMS	11
PMS-Atenolol 50mg Tab	02237600	PMS	86
PMS-Atenolol 100mg Tab	02237601	PMS	87
PMS-Azithromycin 100mg/5mL O/L	02274388	PMS	7
PMS-Azithromycin 200mg/5mL O/L	02274396	PMS	7
PMS-Azithromycin 250mg Tab	02261634	PMS	8
PMS-Baclofen 10mg Tab	02063735	PMS	71
PMS-Baclofen 20mg Tab	02063743	PMS	72
PMS-Benzylamine 0.15% Oral Rinse	02229777	PMS	201
PMS-Bezafibrate 200mg Tab	02240331	PMS	98
PMS-Bicalutamide 50mg Tab	02275589	PMS	41
PMS-Brimonidine 0.2% Oph Sol	02246284	PMS	205
PMS-Bromocriptine 5mg Cap	02236949	PMS	305
PMS-Bromocriptine 2.5mg Tab	02231702	PMS	305
PMS-Captopril 12.5mg Tab	02230203	PMS	106
PMS-Captopril 25mg Tab	02230204	PMS	106

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Captopril 50mg Tab	02230205	PMS	106
PMS-Captopril 100mg Tab	02230206	PMS	106
PMS-Carbamazepine 100mg Chew Tab	02231542	PMS	146
PMS-Carbamazepine 200mg Chew Tab	02231540	PMS	146
PMS-Carbamazepine CR 200mg LA Tab	02231543	PMS	147
PMS-Carbamazepine CR 400mg LA Tab	02231544	PMS	147
PMS-Carvedilol 3.125mg Tab	02245914	PMS	88
PMS-Carvedilol 6.25mg Tab	02245915	PMS	88
PMS-Carvedilol 12.5mg Tab	02245916	PMS	88
PMS-Carvedilol 25mg Tab	02245917	PMS	88
PMS-Cefaclor 250mg Cap	02185830	PMS	14
PMS-Cefaclor 500mg Cap	02185849	PMS	14
PMS-Cefaclor 25mg/mL Oral Susp	02185857	PMS	14
PMS-Cefaclor 50mg/mL Oral Susp	02185865	PMS	15
PMS-Cefaclor 375mg/5mL Oral Susp	02185873	PMS	15
PMS-Cephalexin 250mg Tab	02177781	PMS	17
PMS-Cephalexin 500mg Tab	02177803	PMS	17
PMS-Cephalexin 125 25mg/mL Pd for Oral Susp	02177811	PMS	17
PMS-Cephalexin 250 50mg/mL Pd for Oral Susp	02177838	PMS	17
PMS-Cholestyramine Oral Pd-42 Dose Pk	02207745	PMS	98
PMS-Cholestyramine 9g Pk Oral Pd-Pouch Pk	02210320	PMS	98
PMS-Cholestyramine (Sugar Free) Oral Pd-42 Dose Pk	02141795	PMS	98
PMS-Cholestyramine Sugar Free 5g Pk Oral Pd-Pouch Pk	00890960	PMS	98
PMS-Cilazapril 1mg Tab	02280442	PMS	106
PMS-Cilazapril 2.5mg Tab	02280450	PMS	107
PMS-Cilazapril 5mg Tab	02280469	PMS	107
PMS-Cimetidine 200mg Tab	02229717	PMS	230
PMS-Cimetidine 300mg Tab	02229718	PMS	230
PMS-Cimetidine 400mg Tab	02229719	PMS	230
PMS-Cimetidine 600mg Tab	02229720	PMS	231
PMS-Cimetidine 800mg Tab	02229721	PMS	231
PMS-Ciprofloxacin 250mg Tab	02248437	PMS	33
PMS-Ciprofloxacin 500mg Tab	02248438	PMS	33
PMS-Ciprofloxacin 750mg Tab	02248439	PMS	33
PMS-Citalopram 20mg Tab	02248010	PMS	155
PMS-Citalopram 40mg Tab	02248011	PMS	156
PMS-Clobazam 10mg Tab	02244474	PMS	148
PMS-Clobetasol 0.05% Cr	02232191	PMS	285
PMS-Clobetasol 0.05% Oint	02232193	PMS	285
PMS-Clobetasol 0.05% Scalp Lot	02232195	PMS	285
PMS-Clonazepam 0.5mg Tab	02048701	PMS	148
PMS-Clonazepam 2mg Tab	02048736	PMS	148
PMS-Clonazepam-R 0.5mg Tab	02207818	PMS	148
PMS-Cyclobenzaprine 10mg Tab (Not a Benefit)	02212048	PMS	72

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Desipramine 25mg Tab	01946269	PMS	156
PMS-Desipramine 50mg Tab	01946277	PMS	157
PMS-Desipramine 75mg Tab	01946242	PMS	157
PMS-Desonide 0.05% Cr	02229315	PMS	286
PMS-Desonide 0.05% Oint	02229323	PMS	286
PMS-Dexamethasone 0.1% Oph/Ot Sol	00785261	PMS	199
PMS-Dexamethasone 0.5mg Tab	01964976	PMS	251
PMS-Dexamethasone 4mg Tab	01964070	PMS	251
PMS-Diclofenac 25mg Ent Tab	02231502	PMS	125
PMS-Diclofenac 50mg Ent Tab	02231503	PMS	125
PMS-Diclofenac 50mg Sup	02231506	PMS	126
PMS-Diclofenac 100mg Sup	02231508	PMS	126
PMS-Diclofenac-SR 75mg LA Tab	02231504	PMS	125
PMS-Diclofenac-SR 100mg LA Tab	02231505	PMS	125
PMS-Digoxin 0.125mg Tab	02245427	PMS	89
PMS-Digoxin 0.25mg Tab	02245428	PMS	89
PMS-Dimenhydrinate 50mg Tab (Not a Benefit)	00586331	PMS	225
PMS-Dipivefrin 0.1% Oph Sol	02237868	PMS	203
PMS-Divalproex 125mg Ent Tab	02244138	PMS	149
PMS-Divalproex 250mg Ent Tab	02244139	PMS	149
PMS-Divalproex 500mg Ent Tab	02244140	PMS	149
PMS-Docusate Calcium 240mg Cap	00664553	PMS	218
PMS-Domperidone 10mg Tab	02236466	PMS	231
PMS-Doxazosin 1mg Tab	02244527	PMS	108
PMS-Doxazosin 2mg Tab	02244528	PMS	108
PMS-Doxazosin 4mg Tab	02244529	PMS	108
PMS-Famciclovir 500mg Tab	02278111	PMS	25
PMS-Fenofibrate Micro 200mg Cap	02273551	PMS	100
PMS-Flavoxate 200mg Tab (Not a Benefit)	02245480	PMS	54
PMS-Fluconazole 50mg Tab	02245643	PMS	5
PMS-Fluconazole 100mg Tab	02245644	PMS	5
PMS-Fluoxetine 20mg Cap	02177587	PMS	158
PMS-Fluphenazine Decanoate 125mg/5mL Inj Susp-5mL Pk	02091275	PMS	168
PMS-Flutamide 250mg Tab	02230104	PMS	45
PMS-Fluvoxamine 50mg Tab	02240682	PMS	158
PMS-Fluvoxamine 100mg Tab	02240683	PMS	158
PMS-Fosinopril 10mg Tab	02255944	PMS	110
PMS-Fosinopril 20mg Tab	02255952	PMS	110
PMS-Gabapentin 100mg Cap	02243446	PMS	150
PMS-Gabapentin 300mg Cap	02243447	PMS	150
PMS-Gabapentin 400mg Cap	02243448	PMS	150
PMS-Gemfibrozil 300mg Cap	02239951	PMS	101
PMS-Gentamicin 0.3% Oph Sol	00776521	PMS	196
PMS-Glyburide 2.5mg Tab	02236733	PMS	261

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Glyburide 5mg Tab	02236734	PMS	261
PMS-Hydromorphone 1mg/mL Oral Sol	01916386	PMS	139
PMS-Hydromorphone 1mg Tab	00885444	PMS	139
PMS-Hydromorphone 2mg Tab	00885436	PMS	140
PMS-Hydromorphone 4mg Tab	00885401	PMS	140
PMS-Hydromorphone 8mg Tab	00885428	PMS	140
PMS-Indapamide 1.25mg Tab	02239619	PMS	190
PMS-Indapamide 2.5mg Tab	02239620	PMS	190
PMS-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02231136	PMS	55
PMS-Ipratropium 125mcg/mL Inh Sol-2mL UDV Pk	02231135	PMS	56
PMS-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02231245	PMS	56
PMS-Ipratropium 0.03% Nasal Spray	02239627	PMS	209
PMS-Ketoprofen 50mg Cap	02150808	PMS	130
PMS-Ketoprofen 100mg Sup	02015951	PMS	131
PMS-Ketoprofen E-50 50mg Ent Tab	02150816	PMS	130
PMS-Ketoprofen E-100 100mg Ent Tab	02150824	PMS	131
PMS-Lactulose 667mg/mL O/L	00703486	PMS	219
PMS-Lamotrigine 25mg Tab	02246897	PMS	151
PMS-Lamotrigine 100mg Tab	02246898	PMS	151
PMS-Lamotrigine 150mg Tab	02246899	PMS	151
PMS-Levobunolol 0.5% Oph Sol	02237991	PMS	210
PMS-Lindane 1% Shampoo (Not a Benefit)	00703605	PMS	279
PMS-Lithium Carbonate 150mg Cap	02216132	PMS	176
PMS-Lithium Carbonate 300mg Cap	02216140	PMS	177
PMS-Loperamide 2mg Caplet	02228351	PMS	217
PMS-Lorazepam 0.5mg Tab	00728187	PMS	170
PMS-Lorazepam 1mg Tab	00728195	PMS	170
PMS-Lorazepam 2mg Tab	00728209	PMS	170
PMS-Lovastatin 20mg Tab	02246013	PMS	101
PMS-Lovastatin 40mg Tab	02246014	PMS	101
PMS-Loxapine 25mg/mL O/L	02239101	PMS	177
PMS-Loxapine 5mg Tab	02230837	PMS	177
PMS-Loxapine 10mg Tab	02230838	PMS	177
PMS-Loxapine 25mg Tab	02230839	PMS	177
PMS-Loxapine 50mg Tab	02230840	PMS	177
PMS-Medroxyprogesterone 2.5mg Tab	02246627	PMS	271
PMS-Medroxyprogesterone 5mg Tab	02246628	PMS	272
PMS-Medroxyprogesterone 10mg Tab	02246629	PMS	272
PMS-Mefenamic Acid 250mg Cap	02231208	PMS	131
PMS-Meloxicam 7.5mg Tab	02248267	PMS	132
PMS-Meloxicam 15mg Tab	02248268	PMS	132
PMS-Metformin 500mg Tab	02223562	PMS	261
PMS-Methotrimeprazine 5mg Tab	02232903	PMS	179
PMS-Methotrimeprazine 25mg Tab	02232904	PMS	179

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Methotrimeprazine 50mg Tab	02232905	PMS	179
PMS-Methylphenidate 10mg Tab	00584991	PMS	178
PMS-Metoclopramide 5mg Tab	02230431	PMS	235
PMS-Metoclopramide 10mg Tab	02230432	PMS	235
PMS-Metoprolol-B 50mg Tab	02145413	PMS	92
PMS-Metoprolol-B 100mg Tab	02145421	PMS	92
PMS-Metoprolol-L 50mg Tab	02230803	PMS	92
PMS-Metoprolol-L 100mg Tab	02230804	PMS	92
PMS-Mirtazapine 30mg Tab	02248762	PMS	160
PMS-Misoprostol 200mcg Tab	02244125	PMS	236
PMS-Moclobemide 150mg Tab	02243218	PMS	160
PMS-Moclobemide 300mg Tab	02243219	PMS	160
PMS-Mometasone 0.1% Oint	02270862	PMS	289
PMS-Morphine Sulfate 15mg SR Tab	02245284	PMS	142
PMS-Morphine Sulfate 30mg SR Tab	02245285	PMS	142
PMS-Morphine Sulfate 60mg SR Tab	02245286	PMS	143
PMS-Naproxen 500mg Sup	02017237	PMS	133
PMS-Nifedipine 5mg Cap	02235897	PMS	93
PMS-Nifedipine 10mg Cap	02235898	PMS	93
PMS-Nizatidine 150mg Cap	02177714	PMS	236
PMS-Nizatidine 300mg Cap	02177722	PMS	236
PMS-Norfloxacin 400mg Tab	02246596	PMS	38
PMS-Nortriptyline 10mg Cap	02177692	PMS	160
PMS-Nortriptyline 25mg Cap	02177706	PMS	161
PMS-Ondansetron 4mg Tab	02258188	PMS	228
PMS-Ondansetron 8mg Tab	02258196	PMS	228
PMS-Oxtriphylline 10mg/mL O/L	00792934	PMS	297
PMS-Oxtriphylline 20mg/mL O/L	00792942	PMS	297
PMS-Oxybutynin 1mg/mL O/L	02223376	PMS	58
PMS-Oxybutynin 5mg Tab	02240550	PMS	58
PMS-Paroxetine 20mg Tab	02247751	PMS	161
PMS-Paroxetine 30mg Tab	02247752	PMS	161
PMS-Pindolol 5mg Tab	02231536	PMS	114
PMS-Pindolol 10mg Tab	02231537	PMS	115
PMS-Pindolol 15mg Tab	02231539	PMS	115
PMS-Piroxicam 10mg Cap	00836249	PMS	134
PMS-Piroxicam 20mg Cap	00836230	PMS	134
PMS-Piroxicam 10mg Sup	02154420	PMS	134
PMS-Piroxicam 20mg Sup	02154463	PMS	134
PMS-Potassium Chloride 1.33mEq/mL O/L	02238604	PMS	186
PMS-Potassium Gluconate 1.33mEq/mL O/L	02074087	PMS	187
PMS-Pramipexole 0.25mg Tab	02290111	PMS	182
PMS-Pramipexole 1mg Tab	02290146	PMS	182
PMS-Pramipexole 1.5mg Tab	02290154	PMS	182

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Pravastatin 10mg Tab	02247655	PMS	102
PMS-Pravastatin 20mg Tab	02247656	PMS	102
PMS-Pravastatin 40mg Tab	02247657	PMS	102
PMS-Prednisolone 6.7mg/5mL O/L	02245532	PMS	253
PMS-Procyclidine 2.5mg Tab	00649392	PMS	58
PMS-Procyclidine 5mg Tab	00587354	PMS	58
PMS-Promethazine 2mg/mL O/L (Not a Benefit)	00583979	PMS	1
PMS-Propafenone 150mg Tab	02243727	PMS	94
PMS-Propafenone 300mg Tab	02243728	PMS	94
PMS-Propranolol 10mg Tab	00582255	PMS	94
PMS-Propranolol 40mg Tab	00582263	PMS	95
PMS-Propranolol 80mg Tab	00582271	PMS	95
PMS-Ranitidine 150mg Tab	02242453	PMS	242
PMS-Ranitidine 300mg Tab	02242454	PMS	242
PMS-Risperidone 1mg/mL O/L	02279266	PMS	174
PMS-Risperidone 0.25mg Tab	02252007	PMS	174
PMS-Risperidone 0.5mg Tab	02252015	PMS	174
PMS-Risperidone 1mg Tab	02252023	PMS	175
PMS-Risperidone 2mg Tab	02252031	PMS	175
PMS-Risperidone 3mg Tab	02252058	PMS	175
PMS-Risperidone 4mg Tab	02252066	PMS	175
PMS-Salbutamol 1mg/mL Inh Sol-2.5mL Pk	02208229	PMS	65
PMS-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02208237	PMS	66
PMS-Salbutamol 0.4mg/mL O/L	02091186	PMS	68
PMS-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	02069571	PMS	67
PMS-Selegiline 5mg Tab	02238102	PMS	318
PMS-Sertraline 25mg Cap	02244838	PMS	162
PMS-Sertraline 50mg Cap	02244839	PMS	162
PMS-Sertraline 100mg Cap	02244840	PMS	162
PMS-Simvastatin 5mg Tab	02269252	PMS	103
PMS-Simvastatin 10mg Tab	02269260	PMS	103
PMS-Simvastatin 20mg Tab	02269279	PMS	104
PMS-Simvastatin 40mg Tab	02269287	PMS	104
PMS-Simvastatin 80mg Tab	02269295	PMS	104
PMS-Sodium Cromoglycate 1% Inh Sol-2mL Pk	02046113	PMS	318
PMS-Sotalol 160mg Tab	02238327	PMS	96
PMS-Sucalfate 1g Tab	02238209	PMS	243
PMS-Sulfasalazine 500mg Tab	00598461	PMS	31
PMS-Sulfasalazine-E.C. 500mg Ent Tab	00598488	PMS	31
PMS-Temazepam 15mg Cap	02229455	PMS	180
PMS-Temazepam 30mg Cap	02229456	PMS	180
PMS-Terazosin 1mg Tab	02243518	PMS	118
PMS-Terazosin 2mg Tab	02243519	PMS	118
PMS-Terazosin 5mg Tab	02243520	PMS	118

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Terazosin 10mg Tab	02243521	PMS	118
PMS-Theophylline 5.3mg/mL O/L	00575151	PMS	298
PMS-Tiaprofenic 200mg Tab	02230827	PMS	135
PMS-Tiaprofenic 300mg Tab	02230828	PMS	135
PMS-Ticlopidine 250mg Tab	02243327	PMS	321
PMS-Timolol 0.25% Oph Sol	02083353	PMS	213
PMS-Timolol 0.5% Oph Sol	02083345	PMS	213
PMS-Tobramycin 0.3% Oph Sol	02239577	PMS	197
PMS-Topiramate 25mg Tab	02262991	PMS	153
PMS-Topiramate 100mg Tab	02263009	PMS	153
PMS-Topiramate 200mg Tab	02263017	PMS	153
PMS-Trazodone 50mg Tab	01937227	PMS	163
PMS-Trazodone 100mg Tab	01937235	PMS	163
PMS-Trihexyphenidyl 0.4mg/mL O/L	00885398	PMS	59
PMS-Ursodiol C 250mg Tab	02273497	PMS	323
PMS-Ursodiol C 500mg Tab	02273500	PMS	323
PMS-Valproic Acid 250mg Cap	02230768	PMS	154
PMS-Valproic Acid 500mg Ent Cap	02229628	PMS	154
PMS-Valproic Acid 50mg/mL O/L	02236807	PMS	154
PMS-Verapamil SR 240mg LA Tab	02237791	PMS	119
POLYETHYLENE GLYCOL & ELECTROLYTES			186
POLYMYXIN B SULFATE & BACITRACIN (ZINC)			196
POLYMYXIN B SULFATE & GRAMICIDIN			196
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE			196
Polysporin 10000U & 500U/g Oph Oint 3.5g Pk	02239157	PFI	196
Polysporin 10000U & 0.025mg/mL Oph/Ot Sol	02239156	PFI	196
POLYSTYRENE SODIUM SULFONATE			187
POLYVINYL ALCOHOL			212
POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE			212
Pondocillin 35mg/mL O/L	00582239	LEO	13
Pondocillin 500mg Tab	00582247	LEO	13
Ponstan 250mg Cap (Not a Benefit)	00155225	PFI	131
POTASSIUM CHLORIDE			186
POTASSIUM GLUCONATE			187
POVIDONE - IODINE			282
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE			181
Pravachol 10mg Tab	00893749	BQU	102
Pravachol 20mg Tab	00893757	BQU	102
Pravachol 40mg Tab	02222051	BQU	102
PRAVASTATIN SODIUM			102
PRAZOSIN HCL			115
Pred Forte 1% Oph Susp (Not a Benefit)	00301175	ALL	200
Pred Mild 0.12% Oph Susp	00299405	ALL	200
PREDNISOLONE ACETATE			200

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PREDNISOLONE SODIUM PHOSPHATE			253
PREDNISONE			253
Premarin 0.3mg Tab	02043394	WAY	258
Premarin 0.625mg Tab	02043408	WAY	258
Premarin 1.25mg Tab	02043424	WAY	258
Premarin 0.625mg/g Vag Cr	02043440	WAY	258
Premplus 0.625mg/2.5mg Tab-28 Day Pk	02242878	WAY	257
Premplus 0.625mg/5mg Tab-28 Day Pk	02242879	WAY	257
Preterax 2mg & 0.625mg Tab	02246568	SEV	114
Prevacid 15mg DR Cap	02165503	ABB	233
Prevacid 30mg DR Cap	02165511	ABB	233
PRIMIDONE			152
Prinivil 5mg Tab	00839388	MFC	111
Prinivil 10mg Tab	00839396	MFC	111
Prinivil 20mg Tab	00839418	MFC	111
Prinzide 10mg & 12.5mg Tab	02108194	MFC	112
Prinzide 20mg & 12.5mg Tab	00884413	MFC	112
PROBENECID			192
PROCAINAMIDE HCL			94
Procan SR 250mg LA Tab	00638692	ERF	94
Procan SR 500mg LA Tab	00638676	ERF	94
Procan SR 750mg LA Tab	00638684	ERF	94
PROCARBAZINE HCL			49
PROCHLORPERAZINE			173
Prochlorperazine Mesylate 10mg/2mL Inj Sol-2mL Pk	00789747	SDZ	173
PROCYCLIDINE HCL			58
Procytox 200mg Inj Pd-Vial Pk	02241797	BAX	43
Procytox 1000mg Inj Pd-Vial Pk	02241799	BAX	43
Procytox 25mg Tab	02241795	BAX	43
Procytox 50mg Tab	02241796	BAX	43
Prograf 5mg/mL Amp	02176009	FUJ	319
Prograf 1mg Cap	02175991	FUJ	319
Prograf 5mg Cap	02175983	FUJ	319
Prolopa 50-12.5 50mg & 12.5mg Cap	00522597	HLR	312
Prolopa 100-25 100mg & 25mg Cap	00386464	HLR	312
Prolopa 200-50 200mg & 50mg Cap	00386472	HLR	312
Proloprim 100mg Tab (Not a Benefit)	00675229	BWE	40
Proloprim 200mg Tab (Not a Benefit)	00677590	BWE	40
PROMETHAZINE HCL			1
Pronestyl 250mg Cap (Not a Benefit)	00029076	BQU	94
Pronestyl 375mg Cap (Not a Benefit)	00296031	BQU	94
Pronestyl 500mg Cap (Not a Benefit)	00353523	BQU	94
Propaderm 0.025% Cr	02089602	SHI	283
Propaderm 0.025% Oint	01927957	GLA	283

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PROPAFENONE HCL			94
Propine 0.1% Oph Sol	00529117	ALL	203
PROPRANOLOL			94
Propyl-Thyracil 50mg Tab	00010200	SQI	274
Propyl-Thyracil 100mg Tab	00010219	SQI	274
PROPYLTHIOURACIL			274
Proscar 5mg Tab	02010909	MFC	310
Prostigmin 15mg Tab	00869945	VAL	52
Protopic 0.03% Oint	02244149	FUJ	319
Protopic 0.1% Oint	02244148	FUJ	319
Provera 2.5mg Tab	00708917	PFI	271
Provera 5mg Tab	00030937	PFI	272
Provera 10mg Tab	00729973	PFI	272
Provera 100mg Tab	00030945	PFI	272
Provera-Pak 10mg Tab	02010933	PFI	272
Providine 10% Top Sol (Not a Benefit)	00172944	ROG	282
Providine 10% Vag Gel (Not a Benefit)	00026611	ROG	282
Providine 10% Vag Sol (Not a Benefit)	00252824	ROG	282
Prozac 20mg Cap	00636622	LIL	158
PSEUDOEPHEDRINE HCL			64
PSYLLIUM MUCILLOID			219
Pulmicort Nebuamp 0.125mg/mL Inh Susp	02229099	AZC	250
Pulmicort Nebuamp 0.25mg/mL Inh Susp	01978918	AZC	250
Pulmicort Nebuamp 0.5mg/mL Inh Susp	01978926	AZC	250
Pulmicort Turbuhaler 100mcg/Metered Dose Pd Inh-200 Dose Pk	00852074	AZC	251
Pulmicort Turbuhaler 200mcg/Metered Dose Pd Inh-200 Dose Pk	00851752	AZC	251
Pulmicort Turbuhaler 400mcg/Metered Dose Pd Inh-200 Dose Pk	00851760	AZC	251
Purinethol 50mg Tab	00004723	NOP	48
PVF-K 500 300mg Tab (Not a Benefit)	00248843	FRS	13
PYRAZINAMIDE			20
PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE			280
Pyridium 100mg Tab (Not a Benefit)	00476714	PDA	315
Pyridium 200mg Tab (Not a Benefit)	00476722	PDA	315
PYRIDOSTIGMINE BROMIDE			52
PYRIDOXINE HCL			300
Questran Oral Pd-42 Dose Pk (Not a Benefit)	00634093	BQU	98
Questran 9g Pk Oral Pd-Pouch Pk (Not a Benefit)	00464880	BQU	98
Questran Light 4g Pk Oral Pd-Pouch Pk (Not a Benefit)	01918486	BQU	98
QUETIAPINE			173
QUINAGOLIDE HCL			315
QUINAPRIL HCL			116
QUINAPRIL HCL & HYDROCHLOROTHIAZIDE			116
QVAR 50mcg/Metered Dose Aero Inh-200 Dose Pk	02242029	MMH	249
QVAR 100mcg/Metered Dose Aero Inh-200 Dose Pk	02242030	MMH	249

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
R & C Shampoo/Conditioner 0.3% & 3% & 1.2% Top Sol	02125447	GSK	280
RABEPRAZOLE SODIUM			242
RALOXIFENE HCL			316
RAMIPRIL			117
Ran-Atenolol 50mg Tab	02267985	RAN	86
Ran-Atenolol 100mg Tab	02267993	RAN	87
Ran-Carvedilol 3.125mg Tab	02268027	RAN	88
Ran-Carvedilol 6.25mg Tab	02268035	RAN	88
Ran-Carvedilol 12.5mg Tab	02268043	RAN	88
Ran-Carvedilol 25mg Tab	02268051	RAN	88
Ran-Ciprofloxacin 250mg Tab	02267934	RAN	33
Ran-Ciprofloxacin 500mg Tab	02267942	RAN	33
Ran-Ciprofloxacin 750mg Tab	02267950	RAN	33
Ran-Domperidone 10mg Tab	02268078	RAN	231
Ran-Fentanyl 25mcg/hr Trans Patch	02249391	RAN	138
Ran-Fentanyl 50mcg/hr Trans Patch	02249413	RAN	138
Ran-Fentanyl 75mcg/hr Trans Patch	02249421	RAN	138
Ran-Fentanyl 100mcg/hr Trans Patch	02249448	RAN	138
Ran-Lovastatin 20mg Tab	02267969	RAN	101
Ran-Lovastatin 40mg Tab	02267977	RAN	101
Ran-Metformin 500mg Tab	02269031	RAN	261
Ran-Risperidone 0.25mg Tab	02280906	RAN	174
Ran-Risperidone 0.5mg Tab	02280914	RAN	174
Ran-Risperidone 1mg Tab	02280922	RAN	175
Ran-Risperidone 2mg Tab	02280930	RAN	175
Ran-Risperidone 3mg Tab	02280949	RAN	175
Ran-Risperidone 4mg Tab	02280957	RAN	175
RANITIDINE HCL			242
Rapamune 1mg/mL O/L	02243237	WAY	318
Rapamune 1mg Tab	02247111	WAY	318
Ratio-Aclavulanate 250mg & 125mg Tab	02243770	RPH	11
Ratio-Aclavulanate 500mg & 125mg Tab	02243771	RPH	11
Ratio-Aclavulanate 875mg & 125mg Tab	02247021	RPH	12
Ratio-Aclavulanate 125F 25mg & 6.25mg/mL O/L	02244646	RPH	11
Ratio-Aclavulanate 250F 50mg & 12.5mg/mL O/L	02244647	RPH	11
Ratio-Acyclovir 800mg Tab	02078651	RPH	22
Ratio-Alendronate 70mg Tab	02275279	RPH	303
Ratio-Amcinonide 0.1% Cr	02247098	RPH	282
Ratio-Amcinonide 0.1% Lot	02247097	RPH	282
Ratio-Amcinonide 0.1% Oint	02247096	RPH	282
Ratio-Amiodarone 200mg Tab	02240071	RPH	86
Ratio-Atenolol 50mg Tab	02171791	RPH	86
Ratio-Atenolol 100mg Tab	02171805	RPH	87
Ratio-Azithromycin 250mg Tab	02275287	RPH	8

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Baclofen 10mg Tab	02236507	RPH	71
Ratio-Baclofen 20mg Tab	02236508	RPH	72
Ratio-Beclomethasone AQ 50mcg Nas Sp-200 Dose Pk	00872318	RPH	198
Ratio-Benzylamine 0.15% Oral Rinse	02230170	RPH	201
Ratio-Bicalutamide 50mg Tab	02277700	RPH	41
Ratio-Bisacodyl 10mg Sup	00404802	RPH	218
Ratio-Brimonidine 0.2% Oph Sol	02243026	RPH	205
Ratio-Bupropion SR 100mg Tab	02285657	RPH	155
Ratio-Bupropion SR 150mg Tab	02285665	RPH	155
Ratio-Carvedilol 3.125mg Tab	02252309	RPH	88
Ratio-Carvedilol 6.25mg Tab	02252317	RPH	88
Ratio-Carvedilol 12.5mg Tab	02252325	RPH	88
Ratio-Carvedilol 25mg Tab	02252333	RPH	88
Ratio-Cefuroxime 250mg Tab	02242656	RPH	16
Ratio-Cefuroxime 500mg Tab	02242657	RPH	16
Ratio-Ciprofloxacin 250mg Tab	02246825	RPH	33
Ratio-Ciprofloxacin 500mg Tab	02246826	RPH	33
Ratio-Ciprofloxacin 750mg Tab	02246827	RPH	33
Ratio-Citalopram 20mg Tab	02252112	RPH	155
Ratio-Citalopram 40mg Tab	02252120	RPH	156
Ratio-Clindamycin 150mg Cap	02130033	RPH	17
Ratio-Clindamycin 300mg Cap	02192659	RPH	17
Ratio-Clobazam 10mg Tab	02238797	RPH	148
Ratio-Clobetasol 0.05% Cr	01910272	RPH	285
Ratio-Clobetasol 0.05% Oint	01910280	RPH	285
Ratio-Clobetasol 0.05% Scalp Lot	01910299	RPH	285
Ratio-Clonazepam 0.5mg Tab	02103656	RPH	148
Ratio-Clonazepam 2mg Tab	02103737	RPH	148
Ratio-Codeine 5mg/mL O/L	00779474	RPH	137
Ratio-Codeine 15mg Tab	00593435	RPH	137
Ratio-Codeine 30mg Tab	00593451	RPH	137
Ratio-Desipramine 25mg Tab	01948784	RPH	156
Ratio-Desipramine 50mg Tab	01948792	RPH	157
Ratio-Dexamethasone 0.5mg Tab	02240684	RPH	251
Ratio-Dexamethasone 4mg Tab	02240687	RPH	251
Ratio-Diltiazem CD 120mg LA Cap	02229781	RPH	89
Ratio-Diltiazem CD 180mg LA Cap	02229782	RPH	90
Ratio-Diltiazem CD 240mg LA Cap	02229783	RPH	90
Ratio-Diltiazem CD 300mg LA Cap	02229784	RPH	90
Ratio-Domperidone 10mg Tab	01912070	RPH	231
Ratio-Ectosone 0.1% Scalp Lot	00653217	RPH	285
Ratio-Ectosone Mild 0.05% Cr	00535427	RPH	284
Ratio-Ectosone Mild 0.05% Lot	00653209	RPH	284
Ratio-Ectosone Regular 0.1% Cr	00535435	RPH	284

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Ectosone Regular 0.1% Lot	00750050	RPH	284
Ratio-Emtec 300mg & 30mg Tab	00608882	RPH	136
Ratio-Fenofibrate MC 200mg Cap	02250039	RPH	100
Ratio-Fentanyl 25mcg/hr Trans Patch	02282941	RPH	138
Ratio-Fentanyl 50mcg/hr Trans Patch	02282968	RPH	138
Ratio-Fentanyl 75mcg/hr Trans Patch	02282976	RPH	138
Ratio-Fentanyl 100mcg/hr Trans Patch	02282984	RPH	138
Ratio-Flexitec 10mg Tab (Not a Benefit)	02236506	RPH	72
Ratio-Flunisolide Nasal Mist 0.025% Nas Sp-25mL Pk	00878790	RPH	199
Ratio-Fluoxetine 20mg Cap	02241374	RPH	158
Ratio-Fluvoxamine 50mg Tab	02218453	RPH	158
Ratio-Fluvoxamine 100mg Tab	02218461	RPH	158
Ratio-Fosinopril 10mg Tab	02275252	RPH	110
Ratio-Fosinopril 20mg Tab	02275260	RPH	110
Ratio-Gabapentin 100mg Cap	02260883	RPH	150
Ratio-Gabapentin 300mg Cap	02260891	RPH	150
Ratio-Gabapentin 400mg Cap	02260905	RPH	150
Ratio-Glyburide 2.5mg Tab	01900927	RPH	261
Ratio-Glyburide 5mg Tab	01900935	RPH	261
Ratio-Indomethacin 100mg Sup	01934139	RPH	130
Ratio-IPRA SAL UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02243789	RPH	57
Ratio-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02097141	RPH	55
Ratio-Ipratropium 0.03% Nasal Spray	02240072	RPH	209
Ratio-Ipratropium UDV 125mcg/mL Inh Sol-2mL UDV Pk	02097176	RPH	56
Ratio-Ipratropium UDV 250mcg/mL Inh Sol-2mL UDV Pk	02097168	RPH	56
Ratio-Ketorolac 0.5% Oph Sol	02247461	RPH	200
Ratio-Lactulose 666.7mg/mL O/L	00854409	RPH	232
Ratio-Lamotrigine 25mg Tab	02243352	RPH	151
Ratio-Lamotrigine 100mg Tab	02243353	RPH	151
Ratio-Lamotrigine 150mg Tab	02246963	RPH	151
Ratio-Lenoltec No.2 15mg Tab	00653241	RPH	136
Ratio-Lenoltec No.3 30mg Tab	00653276	RPH	136
Ratio-Lenoltec No.4 300mg & 60mg Tab	00621463	RPH	136
Ratio-Levobunolol 0.25% Oph Sol	02031159	RPH	210
Ratio-Levobunolol 0.5% Oph Sol	02031167	RPH	210
Ratio-Lovastatin 20mg Tab	02245822	RPH	101
Ratio-Lovastatin 40mg Tab	02245823	RPH	101
Ratio-Meloxicam 7.5mg Tab	02247889	RPH	132
Ratio-Meloxicam 15mg Tab	02248031	RPH	132
Ratio-Metformin 500mg Tab	02242974	RPH	261
Ratio-Methotrexate Sodium 2.5mg Tab	02244798	RPH	49
Ratio-Methylphenidate 10mg Tab	02230321	RPH	178
Ratio-Mirtazapine 30mg Tab	02270927	RPH	160
Ratio-Mometasone 0.1% Oint	02248130	RPH	289

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Morphine 1mg/mL O/L	00607762	RPH	140
Ratio-Morphine 5mg/mL O/L	00607770	RPH	140
Ratio-Morphine 10mg/mL O/L	00690783	RPH	140
Ratio-Morphine 20mg/mL O/L	00690791	RPH	141
Ratio-Morphine SR 15mg SR Tab	02244790	RPH	142
Ratio-Morphine SR 30mg SR Tab	02244791	RPH	142
Ratio-Morphine SR 60mg SR Tab	02244792	RPH	143
Ratio-MPA 2.5mg Tab	02148552	RPH	271
Ratio-MPA 5mg Tab	02148560	RPH	272
Ratio-MPA 10mg Tab	02148579	RPH	272
Ratio-Nortriptyline 10mg Cap	02240789	RPH	160
Ratio-Nortriptyline 25mg Cap	02240790	RPH	161
Ratio-Nystatin 100000U/g Cr	02194236	RPH	278
Ratio-Nystatin 100000U/mL O/L	02194201	RPH	6
Ratio-Nystatin 100000U/g Oint	02194228	RPH	278
Ratio-Nystatin 500000U Tab	02194198	RPH	6
Ratio-Nystatin 100000U/g Vag Cr	02194163	RPH	278
Ratio-Nystatin 100000U Vag Tab	02194171	RPH	278
Ratio-Omeprazole 20mg DR Tab	09857267	RPH	239
Ratio-Omeprazole DR Tab 20mg	02260867	RPH	237
Ratio-Ondansetron 4mg Tab	02278529	RPH	228
Ratio-Ondansetron 8mg Tab	02278537	RPH	228
Ratio-Oxycocet 5mg & 325mg Tab	00608165	RPH	144
Ratio-Oxycodan 5mg & 325mg Tab	00608157	RPH	145
Ratio-Paroxetine 20mg Tab	02247811	RPH	161
Ratio-Paroxetine 30mg Tab	02247812	RPH	161
Ratio-Pentoxifylline 400mg SR Tab	01968432	RPH	83
Ratio-Pravastatin 10mg Tab	02246930	RPH	102
Ratio-Pravastatin 20mg Tab	02246931	RPH	102
Ratio-Pravastatin 40mg Tab	02246932	RPH	102
Ratio-Ramipril 1.25mg Cap	02287692	RPH	117
Ratio-Ramipril 2.5mg Cap	02287706	RPH	117
Ratio-Ramipril 5mg Cap	02287714	RPH	117
Ratio-Ramipril 10mg Cap	02287722	RPH	117
Ratio-Ranitidine 150mg Tab	00828823	RPH	242
Ratio-Ranitidine 300mg Tab	00828688	RPH	242
Ratio-Risperidone 0.25mg Tab	02264757	RPH	174
Ratio-Risperidone 0.5mg Tab	02264765	RPH	174
Ratio-Risperidone 1mg Tab	02264773	RPH	175
Ratio-Risperidone 2mg Tab	02264781	RPH	175
Ratio-Risperidone 3mg Tab	02264803	RPH	175
Ratio-Risperidone 4mg Tab	02264811	RPH	175
Ratio-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02239366	RPH	66
Ratio-Salbutamol HFA 100mcg/Metered Dose Inh-200 Dose Pk	02244914	RPH	68

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Salbutamol Inhaler 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00851841	RPH	68
Ratio-Salbutamol Respirator Sol 5mg/mL Inh Sol-10mL Pk	00860808	RPH	67
Ratio-Salbutamol Respirator Sol P.F. 1mg/mL Inh Sol-2.5mL Pk	01986864	RPH	65
Ratio-Sertraline 25mg Cap	02245787	RPH	162
Ratio-Sertraline 50mg Cap	02245788	RPH	162
Ratio-Sertraline 100mg Cap	02245789	RPH	162
Ratio-Simvastatin 5mg Tab	02247067	RPH	103
Ratio-Simvastatin 10mg Tab	02247068	RPH	103
Ratio-Simvastatin 20mg Tab	02247069	RPH	104
Ratio-Simvastatin 40mg Tab	02247070	RPH	104
Ratio-Simvastatin 80mg Tab	02247071	RPH	104
Ratio-Sotalol 160mg Tab	02084236	RPH	96
Ratio-Temazepam 15mg Cap	02243023	RPH	180
Ratio-Temazepam 30mg Cap	02243024	RPH	180
Ratio-Terazosin 1mg Tab	02218941	RPH	118
Ratio-Terazosin 2mg Tab	02218968	RPH	118
Ratio-Terazosin 5mg Tab	02218976	RPH	118
Ratio-Terazosin 10mg Tab	02218984	RPH	118
Ratio-Topilene 0.05% Cr	00849650	RPH	284
Ratio-Topilene 0.05% Oint	00849669	RPH	283
Ratio-Topiramate 25mg Tab	02256827	RPH	153
Ratio-Topiramate 100mg Tab	02256835	RPH	153
Ratio-Topiramate 200mg Tab	02256843	RPH	153
Ratio-Topisone 0.05% Lot	00809187	RPH	283
Ratio-Topisone 0.05% Oint	00805009	RPH	283
Ratio-Trazodone 50mg Tab	02277344	RPH	163
Ratio-Trazodone 100mg Tab	02277352	RPH	163
Ratio-Trazodone 150mg Tab	02277360	RPH	163
Ratio-Valproic 250mg Cap	02140047	RPH	154
Ratio-Valproic 50mg/mL O/L	02140063	RPH	154
Ratio-Valproic EC 500mg Ent Cap	02140055	RPH	154
RECOMBINANT HUMAN ERYTHROPOIETIN (R-HUEPO)			82
Remeron 30mg Tab	02243910	ORG	160
Remeron RD 15mg Orally Disintegrating Tab	02248542	ORG	159
Remeron RD 30mg Orally Disintegrating Tab	02248543	ORG	159
Remeron RD 45mg Orally Disintegrating Tab	02248544	ORG	159
Reminyl 4mg Tab	02244298	JNO	52
Reminyl 8mg Tab	02244299	JNO	52
Reminyl 12mg Tab	02244300	JNO	52
Reminyl ER 8mg ER Cap	02266717	JNO	52
Reminyl ER 16mg ER Cap	02266725	JNO	52
Reminyl ER 24mg ER Cap	02266733	JNO	52
Renedil 2.5mg SR Tab	02221985	SAV	109

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Renedil 5mg SR Tab	02221993	SAV	109
Renedil 10mg SR Tab	02222000	SAV	109
ReQuip 0.25mg Tab	02232565	GSK	317
ReQuip 1mg Tab	02232567	GSK	317
ReQuip 2mg Tab	02232568	GSK	317
ReQuip 5mg Tab	02232569	GSK	317
Rescriptor 100mg Tab	02238348	PFI	23
Restoril 15mg Cap	00604453	ORY	180
Restoril 30mg Cap	00604461	ORY	180
Reyataz 150mg Cap	02248610	BQU	23
Reyataz 200mg Cap	02248611	BQU	23
Rhinalar 0.025% Nas Sp-25mL Pk	02162687	IVA	199
Rhinocort Aqua 64mcg/Metered Dose Nas Sp-120 Dose Pk	02231923	AZC	199
Rhinocort Aqua 100mcg/Metered Dose Nas Sp-165 Dose Pk (Not a Benefit)	01974432	AST	199
Rhinocort Turbuhaler 100mcg/Metered Dose Nas Aero-200 Dose	02035324	AZC	199
Rhodis-EC 100mg Ent Tab	00761680	SAV	131
Rhotral 100mg Tab	01910140	SAV	85
Rhotral 200mg Tab	01910159	SAV	85
Rhotral 400mg Tab	01910167	SAV	85
Rhotrimine 75mg Cap	00761656	SAV	163
Rhotrimine 100mg Tab	00761648	SAV	164
Rhoxal-Metformin 500mg Tab	02233999	SDZ	261
Rhoxal-Sotalol 160mg Tab	02234013	SDZ	96
Ridaura 3mg Cap	01916823	SQI	245
RIFABUTIN			20
Rifadin 150mg Cap	02091887	SAV	21
Rifadin 300mg Cap	02092808	SAV	21
RIFAMPIN			21
RISEDRONATE SODIUM			316
Risperdal 1mg/mL O/L	02236950	JNO	174
Risperdal 0.25mg Tab	02240551	JNO	174
Risperdal 0.5mg Tab	02240552	JNO	174
Risperdal 1mg Tab	02025280	JNO	175
Risperdal 2mg Tab	02025299	JNO	175
Risperdal 3mg Tab	02025302	JNO	175
Risperdal 4mg Tab	02025310	JNO	175
Risperdal M-Tab 0.5mg Orally Disintegrating Tab	02247704	JNO	174
Risperdal M-Tab 1mg Orally Disintegrating Tab	02247705	JNO	174
Risperdal M-Tab 2mg Orally Disintegrating Tab	02247706	JNO	174
Risperdal M-Tab 3mg Orally Disintegrating Tab	02268086	JNO	174
Risperdal M-Tab 4mg Orally Disintegrating Tab	02268094	JNO	174
RISPERIDONE			174
Ritalin 10mg Tab	00005606	NOV	178

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ritalin SR 20mg LA Tab	00632775	NOV	178
RITONAVIR			28
RIVASTIGMINE			53
Rivotril 0.5mg Tab	00382825	HLR	148
Rivotril 2mg Tab	00382841	HLR	148
Robidrine 6mg/mL O/L (Not a Benefit)	00425516	WHB	64
Robidrine 60mg Tab (Not a Benefit)	00342726	WHB	64
Robitussin 20mg/mL O/L (Not a Benefit)	00026468	WHB	193
Rocaltrol 0.25mcg Cap dpp	00481823	HLR	301
Rocaltrol 0.5mcg Cap dpp	00481815	HLR	301
Rocephin 0.25g/Vial Inj Pd-1 Vial Pk	00657387	HLR	16
Rocephin 1g/Vial Inj Pd-1 Vial Pk	00657417	HLR	16
Rocephin 2g/Vial Inj Pd-1 Vial Pk	00657409	HLR	16
Rofact 150mg Cap	00393444	VAL	21
Rofact 300mg Cap	00343617	VAL	21
ROPINIROLE			317
Rosadol 1% Cr	02242919	STI	281
ROSIGLITAZONE			263
ROSUVASTATIN CALCIUM			103
Roychlor 1.33mEq/mL O/L (Not a Benefit)	02166372	WAB	186
Rubramin 1mg/mL Inj Sol-10mL Pk (Not a Benefit)	00029165	BQU	299
Rynacrom 2% Nas Sol-26mL Pk (Not a Benefit)	00605255	FIS	212
Rythmodan 100mg Cap	02224801	SAV	91
Rythmodan 150mg Cap	02224828	SAV	91
Rythmol 150mg Tab	00603708	ABB	94
Rythmol 300mg Tab	00603716	ABB	94
Sab-Diclofenac 50mg Sup	02241224	SDZ	126
Sab-Diclofenac 100mg Sup	02241225	SDZ	126
Sab-Indomethacin 50mg Sup	02231799	SDZ	130
Sab-Indomethacin 100mg Sup	02231800	SDZ	130
Sabril 500mg Tab	02065819	OVA	154
Salazopyrin 500mg Ent Tab	02064472	PFI	31
Salazopyrin 500mg Tab	02064480	PFI	31
SALBUTAMOL			65
SALBUTAMOL SULFATE			68
SALMETEROL XINAFOATE			69
SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE			70
Salofalk 500mg Ent Tab	02112787	BFI	229
Salofalk 4g Rect Susp-Pk	02112809	BFI	229
Salofalk 500mg Sup	02112760	BFI	229
Salofalk 1000mg Sup	02242146	BFI	229
Sandomigran 0.5mg Tab	00329320	PEN	71
Sandomigran DS 1mg Tab	00511552	PEN	71
Sandostatin 50mcg/mL Inj Sol-1mL Amp Pk	00839191	NOV	314

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Sandostatin 100mcg/mL Inj Sol-1mL Amp Pk	00839205	NOV	314
Sandostatin 500mcg/mL Inj Sol-1mL Amp Pk	00839213	NOV	314
Sandostatin 200mcg/mL Inj Sol-5mL Vial Pk	02049392	NOV	314
Sandostatin LAR 10mg Inj Kit Pk	02239323	NOV	314
Sandostatin LAR 20mg Inj Kit Pk	02239324	NOV	314
Sandostatin LAR 30mg Inj Kit Pk	02239325	NOV	314
Sandoz Acebutolol 100mg Tab	02257599	SDZ	85
Sandoz Acebutolol 200mg Tab	02257602	SDZ	85
Sandoz Acebutolol 400mg Tab	02257610	SDZ	85
Sandoz Alendronate 10mg Tab	02288087	SDZ	303
Sandoz Alendronate 70mg Tab	02288109	SDZ	303
Sandoz Amiodarone 200mg Tab	02243836	SDZ	86
Sandoz Anagrelide 0.5mg Cap	02260107	SDZ	304
Sandoz Anuzinc 0.5% Oint	00621447	SDZ	295
Sandoz Atenolol 50mg Tab	02231731	SDZ	86
Sandoz Atenolol 100mg Tab	02231733	SDZ	87
Sandoz Azithromycin 250mg Tab	02265826	SDZ	8
Sandoz Bicalutamide 50mg Tab	02276089	SDZ	41
Sandoz Bisoprolol 5mg Tab	02247439	SDZ	87
Sandoz Bisoprolol 10mg Tab	02247440	SDZ	87
Sandoz Bupropion SR 100mg Tab	02275074	SDZ	155
Sandoz Bupropion SR 150mg Tab	02275082	SDZ	155
Sandoz Carbamazepine Chewtabs 100mg Chew Tab	02261855	SDZ	146
Sandoz Carbamazepine Chewtabs 200mg Chew Tab	02261863	SDZ	146
Sandoz Carbamazepine CR 200mg LA Tab	02261839	SDZ	147
Sandoz Carbamazepine CR 400mg LA Tab	02261847	SDZ	147
Sandoz Ciprofloxacin 250mg Tab	02248756	SDZ	33
Sandoz Ciprofloxacin 500mg Tab	02248757	SDZ	33
Sandoz Ciprofloxacin 750mg Tab	02248758	SDZ	33
Sandoz Citalopram 20mg Tab	02248170	SDZ	155
Sandoz Citalopram 40mg Tab	02248171	SDZ	156
Sandoz Clonazepam 0.5mg Tab	02233960	SDZ	148
Sandoz Clonazepam 2mg Tab	02233985	SDZ	148
Sandoz Cyclosporine 25mg Cap	02247073	SDZ	308
Sandoz Cyclosporine 50mg Cap	02247074	SDZ	308
Sandoz Cyclosporine 100mg Cap	02242821	SDZ	308
Sandoz Diltiazem CD 120mg LA Cap	02243338	SDZ	89
Sandoz Diltiazem CD 180mg LA Cap	02243339	SDZ	90
Sandoz Diltiazem CD 240mg LA Cap	02243340	SDZ	90
Sandoz Diltiazem CD 300mg LA Cap	02243341	SDZ	90
Sandoz Diltiazem T 120mg SR Cap	02245918	SDZ	90
Sandoz Diltiazem T 180mg SR Cap	02245919	SDZ	91
Sandoz Diltiazem T 240mg SR Cap	02245920	SDZ	91
Sandoz Diltiazem T 300mg SR Cap	02245921	SDZ	91

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Sandoz Diltiazem T 360mg SR Cap	02245922	SDZ	91
Sandoz Famciclovir 500mg Tab	02278650	SDZ	25
Sandoz Felodipine 5mg ER Tab	02280264	SDZ	109
Sandoz Felodipine 10mg ER Tab	02280272	SDZ	109
Sandoz Felodipine 5mg SR Tab	09857203	SDZ	109
Sandoz Felodipine 10mg SR Tab	09857204	SDZ	109
Sandoz Fenofibrate S 160mg Tab	02288052	SDZ	100
Sandoz Fluoxetine 20mg Cap	02243487	SDZ	158
Sandoz Fluvoxamine 50mg Tab	02247054	SDZ	158
Sandoz Fluvoxamine 100mg Tab	02247055	SDZ	158
Sandoz Gentamicin 0.3% Ot Sol	02229441	SDZ	196
Sandoz Glyburide 2.5mg Tab	02248008	SDZ	261
Sandoz Glyburide 5mg Tab	02248009	SDZ	261
Sandoz Leflunomide 10mg Tab	02283964	SDZ	312
Sandoz Leflunomide 20mg Tab	02283972	SDZ	312
Sandoz Levobunolol 0.25% Oph Sol	02241715	SDZ	210
Sandoz Levobunolol 0.5% Oph Sol	02241716	SDZ	210
Sandoz Loperamide 2mg Caplet	02257564	SDZ	217
Sandoz Lovastatin 20mg Tab	02247056	SDZ	101
Sandoz Lovastatin 40mg Tab	02247057	SDZ	101
Sandoz Metformin FC 500mg Tab	02246820	SDZ	261
Sandoz Metoprolol (Type L) 50mg Tab	02247875	SDZ	92
Sandoz Metoprolol (Type L) 100mg Tab	02247876	SDZ	92
Sandoz Mirtazapine 30mg Tab	02250608	SDZ	160
Sandoz Mirtazapine FC 30mg Tab	02267292	SDZ	160
Sandoz Ondansetron 4mg Tab	02274310	SDZ	228
Sandoz Ondansetron 8mg Tab	02274329	SDZ	228
Sandoz Opticort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02247920	SDZ	195
Sandoz Paroxetine 20mg Tab	02254751	SDZ	161
Sandoz Paroxetine 30mg Tab	02254778	SDZ	161
Sandoz Pentasone 3mg & 1mg/mL Oph/Ot Drops	02244999	SDZ	195
Sandoz Pindolol 5mg Tab	02261782	SDZ	114
Sandoz Pindolol 10mg Tab	02261790	SDZ	115
Sandoz Pindolol 15mg Tab	02261804	SDZ	115
Sandoz Pravastatin 10mg Tab	02247856	SDZ	102
Sandoz Pravastatin 20mg Tab	02247857	SDZ	102
Sandoz Pravastatin 40mg Tab	02247858	SDZ	102
Sandoz Ranitidine 150mg Tab	02243229	SDZ	242
Sandoz Ranitidine 300mg Tab	02243230	SDZ	242
Sandoz Risperidone 0.25mg Tab	02279509	SDZ	174
Sandoz Risperidone 0.5mg Tab	02279495	SDZ	174
Sandoz Risperidone 1mg Tab	02279800	SDZ	175
Sandoz Risperidone 2mg Tab	02279819	SDZ	175
Sandoz Risperidone 3mg Tab	02279827	SDZ	175

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Sandoz Risperidone 4mg Tab	02279835	SDZ	175
Sandoz Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	SDZ	67
Sandoz Sertraline 25mg Cap	02245159	SDZ	162
Sandoz Sertraline 50mg Cap	02245160	SDZ	162
Sandoz Sertraline 100mg Cap	02245161	SDZ	162
Sandoz Simvastatin 10mg Tab	02247828	SDZ	103
Sandoz Simvastatin 20mg Tab	02247830	SDZ	104
Sandoz Simvastatin 40mg Tab	02247831	SDZ	104
Sandoz Simvastatin 80mg Tab	02247833	SDZ	104
Sandoz Sotalol 160mg Tab	02257858	SDZ	96
Sandoz Ticlopidine 250mg Tab	02243587	SDZ	321
Sandoz Timolol 0.25% Oph Sol	02166712	SDZ	213
Sandoz Timolol 0.5% Oph Sol	02166720	SDZ	213
Sandoz Tobramycin 0.3% Oph Sol	02241755	SDZ	197
Sandoz Topiramate 25mg Tab	02260050	SDZ	153
Sandoz Topiramate 100mg Tab	02260069	SDZ	153
Sandoz Topiramate 200mg Tab	02267837	SDZ	153
Sandoz Valproic 250mg Cap	02239714	SDZ	154
Sandoz Valproic 500mg Ent Cap	02239713	SDZ	154
Sansert 2mg Tab	00027499	NOV	71
SAQUINAVIR MESYLATE			29
SECOBARBITAL SODIUM			180
Seconal 100mg Cap	00015288	LIL	180
Sectral 100mg Tab	01926543	SAV	85
Sectral 200mg Tab	01926551	SAV	85
Sectral 400mg Tab	01926578	SAV	85
SELEGILINE HCL			318
SENNOSIDES A & B			220
Senokot 1.7mg/mL Syrup	00367729	PFP	220
Senokot 8.6mg Tab	00026158	PFP	220
Septra 40mg & 8mg/mL O/L (Not a Benefit)	00270644	BWE	40
Septra 400mg & 80mg Tab (Not a Benefit)	00270636	BWE	40
Septra DS 800mg & 160mg Tab (Not a Benefit)	00368040	BWE	40
Serax 10mg Tab (Not a Benefit)	02043653	WAY	171
Serax 15mg Tab (Not a Benefit)	02043661	WAY	171
Serax 30mg Tab (Not a Benefit)	02043688	WAY	171
SereVent Diskhaler Disks 50mcg/Blister Diskhaler-60 Disk Pk	02214261	GSK	69
SereVent Diskus 50mcg Pd Inh-60 Dose Pk	02231129	GSK	69
Seroquel 25mg Tab	02236951	AZC	173
Seroquel 100mg Tab	02236952	AZC	173
Seroquel 200mg Tab	02236953	AZC	173
Seroquel 300mg Tab	02244107	AZC	173
SERTRALINE HCL			162
Sibelum 5mg Cap	00846341	PMS	311

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
SILVER SULFADIAZINE			282
SIMVASTATIN			103
Sinemet 100mg & 10mg Tab	00355658	MFC	312
Sinemet 100mg & 25mg Tab	00513997	MFC	312
Sinemet 250mg & 25mg Tab	00328219	MFC	313
Sinemet CR 100mg & 25mg Tab	02028786	MFC	313
Sinemet CR 200mg & 50mg Tab	00870935	MFC	313
Sinequan 10mg Cap	00024325	ERF	157
Sinequan 25mg Cap	00024333	ERF	157
Sinequan 50mg Cap	00024341	ERF	157
Sinequan 75mg Cap	00400750	ERF	157
Sinequan 100mg Cap	00326925	ERF	157
Sinequan 150mg Cap (Not a Benefit)	00584274	PFI	157
Singulair 4mg Chew Tab	02243602	MFC	313
Sintrom 1mg Tab	00010383	PEN	78
Sintrom 4mg Tab	00010391	PEN	78
SIROLIMUS			318
SODIUM AUROTHIOMALATE			245
Sodium Aurothiomalate 10mg/mL Inj Sol-1mL Pk	02245456	SDZ	245
Sodium Aurothiomalate 25mg/mL Inj Sol-1mL Pk	02245457	SDZ	245
Sodium Aurothiomalate 50mg/mL Inj Sol-1mL Pk	02245458	SDZ	245
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE			220
SODIUM CITRATE & SODIUM LAURYL SULFOACETATE			220
SODIUM CROMOGLYCATE			212, 318
SODIUM FLUORIDE			319
SODIUM FUSIDATE			19, 275
SODIUM NITROPRUSSIDE DIHYDRATE			117
Soflax 100mg Cap	01994344	PMS	218
Soflax Syrup 4mg/mL O/L	02006758	PMS	218
Sofracort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02224623	SAV	195
Soframycin 0.5% Oph Oint-5g Pk	02224895	ERF	195
Soframycin 0.5% Oph Sol	02224887	ERF	195
Soriatane 10mg Cap	02070847	HLR	293
Soriatane 25mg Cap	02070863	HLR	293
Sotacor 160mg Tab (Not a Benefit)	00483923	BQU	96
SOTALOL HCL			96
Spiriva 18mcg Cap	02246793	BOE	58
SPIRONOLACTONE			191
Statex 1mg/mL O/L	00591467	PMS	142
Statex 5mg/mL O/L	00591475	PMS	142
Statex 20mg/mL Oral Drops	00621935	PMS	142
Statex 5mg Tab	00594652	PMS	143
Statex 10mg Tab	00594644	PMS	143
Statex 25mg Tab	00594636	PMS	143

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Statex 50mg Tab	00675962	PMS	143
STAVUDINE			29
Stelazine 1mg Tab (Not a Benefit)	01918206	SMJ	176
Stelazine 2mg Tab (Not a Benefit)	01918214	SMJ	176
Stelazine 5mg Tab (Not a Benefit)	01918222	SMJ	176
Stelazine 10mg Tab (Not a Benefit)	01918230	SMJ	176
Stemetil 10mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01927779	SAV	173
Stemetil 5mg Tab (Not a Benefit)	01927752	AVE	173
Stemetil 10mg Tab (Not a Benefit)	01927760	AVE	173
STERCULIA GUM			220
Stieva-A 0.01% Cr	00657204	STI	292
Stieva-A 0.025% Cr	00578576	STI	292
Stieva-A 0.05% Cr	00518182	STI	292
Stieva-A 0.01% Gel	00587958	STI	292
Stieva-A 0.025% Gel	00587966	STI	292
Stieva-A 0.025% Sol	00578568	STI	292
Stievamycin Gel 0.025% & 4% Top Gel	01905112	STI	292
STREPTOZOCIN			49
SUCRALFATE			243
Sudafed 6mg/mL O/L (Not a Benefit)	00004561	BWE	64
Sudafed 60mg Tab (Not a Benefit)	00004766	BWE	64
Sulamyd 10% Oph Sol (Not a Benefit)	00028053	SCH	197
Sulcrate 1g Tab	02100622	BFI	243
Sulcrate Suspension Plus 1g/5mL Oral Susp	02103567	BFI	243
SULFACETAMIDE (SODIUM)			197
SULFAMETHOXAZOLE & TRIMETHOPRIM			40
SULFASALAZINE			31
SULFINPYRAZONE			192
SULINDAC			135
Suprax 20mg/mL Oral Susp	00868965	SAV	15
Suprax 400mg Tab	00868981	SAV	15
Suprefact 1mg/mL Inj Sol-5.5mL Pk	02225166	SAV	42
Suprefact 1mg/mL Nas Sp-10mL Pk	02225158	SAV	42
Suprefact Depot 6.3mg Implant Kit	02228955	SAV	42
Suprefact Depot 9.45mg Implant Kit	02240749	SAV	42
Surfak 240mg Cap (Not a Benefit)	02224666	HMR	218
Surgam 200mg Tab (Not a Benefit)	01989782	HRU	135
Surgam 300mg Tab	02221950	SAV	135
Surmontil 75mg Cap (Not a Benefit)	01926349	RPP	163
Surmontil 12.5mg Tab (Not a Benefit)	01926357	RPP	163
Surmontil 25mg Tab (Not a Benefit)	01926322	RPP	163
Surmontil 50mg Tab (Not a Benefit)	01926330	RPP	164
Surmontil 100mg Tab (Not a Benefit)	01926284	RPP	164
Sustiva 50mg Cap	02239886	BQU	24

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Sustiva 100mg Cap	02239887	BQU	24
Sustiva 200mg Cap	02239888	BQU	24
Sustiva 600mg Tab	02246045	BQU	24
Symbicort 100 Turbuhaler 100mcg/6mcg Pd Inh-120 Dose Pk	02245385	AZC	59
Symbicort 200 Turbuhaler 200mcg/6mcg Pd Inh-120 Dose Pk	02245386	AZC	59
Symmetrel 100mg Cap (Not a Benefit)	01914006	BQU	304
Symmetrel 10mg/mL O/L	01913999	BQU	304
Synacthen Depot 1mg/mL Inj Susp-1mL Pk	00253952	NOV	183
Synalar Mild 0.01% Cr	00030414	SYN	286
Synphasic 3 Phase Tab-21 Pk	02187108	PFI	270
Synphasic 3 Phase Tab-28 Pk	02187116	PFI	270
Synthroid 0.025mg Tab	02172062	ABB	273
Synthroid 0.05mg Tab	02172070	ABB	273
Synthroid 0.075mg Tab	02172089	ABB	273
Synthroid 0.088mg Tab	02172097	ABB	273
Synthroid 0.1mg Tab	02172100	ABB	273
Synthroid 0.112mg Tab	02171228	ABB	273
Synthroid 0.125mg Tab	02172119	ABB	273
Synthroid 0.15mg Tab	02172127	ABB	273
Synthroid 0.175mg Tab	02172135	ABB	273
Synthroid 0.2mg Tab	02172143	ABB	273
Synthroid 0.3mg Tab	02172151	ABB	273
TACROLIMUS			319
Tagamet 60mg/mL O/L (Not a Benefit)	01916750	SMJ	230
Tagamet 200mg Tab (Not a Benefit)	01916793	SMJ	230
Tagamet 300mg Tab (Not a Benefit)	01916815	SMJ	230
Tagamet 400mg Tab (Not a Benefit)	01916785	SMJ	230
Tagamet 600mg Tab (Not a Benefit)	01916777	SMJ	231
Tagamet 800mg Tab (Not a Benefit)	01916769	SMJ	231
Tambocor 50mg Tab	01966197	MMH	92
Tambocor 100mg Tab	01966200	MMH	92
Tamiflu 75mg Cap	02241472	HLR	28
Tamofen 10mg Tab	01926624	SAV	49
Tamofen 20mg Tab	01926632	SAV	49
TAMOXIFEN CITRATE			49
TAMSULOSIN HCL			320
Tanta Orciprenaline 2mg/mL O/L	02192675	TAN	64
Tantum 0.15% Oral Rinse	01966065	MMH	201
Tapazole 5mg Tab	00015741	PAL	274
Taro-Amcinonide 0.1% Cr	02246714	TAR	282
Taro-Carbamazepine 100mg Chew Tab	02244403	TAR	146
Taro-Carbamazepine 200mg Chew Tab	02244404	TAR	146
Taro-Ciprofloxacin 250mg Tab	02266962	TAR	33
Taro-Ciprofloxacin 500mg Tab	02266970	TAR	33

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Taro-Clobetasol Cream USP 0.05% Cr	02245523	TAR	285
Taro-Clobetasol Ointment USP 0.05% Oint	02245524	TAR	285
Taro-Clobetasol Topical Solution USP 0.05% Scalp Lot	02245522	TAR	285
Taro-Fluconazole 50mg Tab	02249294	TAR	5
Taro-Fluconazole 100mg Tab	02249308	TAR	5
Taro-Mometasone 0.1% Oint	02264749	TAR	289
Taro-Mupirocin 2% Oint	02279983	TAR	275
Taro-Phenytoin 25mg/mL O/L	02250896	TAR	152
Taro-Simvastatin 10mg Tab	02265885	TAR	103
Taro-Simvastatin 20mg Tab	02265893	TAR	104
Taro-Simvastatin 40mg Tab	02265907	TAR	104
Taro-Sone 0.05% Cr	01925350	TAR	283
Taro-Terconazole 0.4% Cr	02247651	TAR	279
Taro-Warfarin 1mg Tab	02242680	TAR	79
Taro-Warfarin 2mg Tab	02242681	TAR	79
Taro-Warfarin 2.5mg Tab	02242682	TAR	79
Taro-Warfarin 3mg Tab	02242683	TAR	79
Taro-Warfarin 4mg Tab	02242684	TAR	79
Taro-Warfarin 5mg Tab	02242685	TAR	80
Taro-Warfarin 10mg Tab	02242687	TAR	80
Tears Naturale 0.1%/0.3% Oph-Sol	00390291	ALC	207
Tears Naturale II 0.1%/0.3%/0.001% Oph-Sol	00743445	ALC	207
Tears Plus Oph-Sol	00579408	ALL	212
Tebrazid 500mg Tab	00283991	VAL	20
Tegretol 100mg Chew Tab	00369810	NOV	146
Tegretol 200mg Chew Tab	00665088	NOV	146
Tegretol 100mg/5mL Oral Susp	02194333	NOV	147
Tegretol 200mg Tab (Not a Benefit)	00010405	NOV	147
Tegretol CR 200mg LA Tab	00773611	NOV	147
Tegretol CR 400mg LA Tab	00755583	NOV	147
TELMISARTAN			117
TELMISARTAN & HYDROCHLOROTHIAZIDE			117
Telzir 700mg Tab	02261545	GSK	25
TEMAZEPAM			180
Temodal 5mg Cap	02241093	SCH	50
Temodal 20mg Cap	02241094	SCH	50
Temodal 100mg Cap	02241095	SCH	50
Temodal 250mg Cap	02241096	SCH	50
TEMOZOLOMIDE			50
Tempra 80mg/mL O/L (Not a Benefit)	00642401	MJS	145
TENOFOVIR DISOPROXIL			30
Tenoretic 50/25 50 & 25mg Tab	02049961	AZC	105
Tenoretic 100/25 100 & 25mg Tab	02049988	AZC	105
Tenormin 50mg Tab	02039532	AZC	86

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Tenormin 100mg Tab	02039540	AZC	87
Terazol 3 80mg Vag Ovule	00894710	JNO	279
Terazol 7 0.4% Cr	00894729	JNO	279
TERAZOSIN HCL			118
TERBINAFINE HCL			278
TERBUTALINE SULFATE			70
TERCONAZOLE			279
TESTOSTERONE			255
TESTOSTERONE CYPIONATE			256
TESTOSTERONE ENANTHATE			256
TESTOSTERONE UNDECANOATE			257
TETRACYCLINE			14
Tetracycln 250mg Cap (Not a Benefit)	00024422	PFI	14
Teveten 400mg Tab	02240432	SPH	109
Teveten 600mg Tab	02243942	SPH	109
Teveten Plus 600mg & 12.5mg Tab	02253631	SPH	109
Theo-Dur 300mg LA Tab (Not a Benefit)	00461008	AZC	298
Theolair Alcohol Free Oral Liquid 5.3mg/mL O/L	01966219	MMH	298
THEOPHYLLINE ANHYDROUS			298
THIAMINE HCL			300
THIOGUANINE			50
THIOTHIXENE			176
Thyrogen 0.9mg/mL Inj Pd-2x1.1mg Vial Pk	02246016	GZM	268
THYROID			274
Thyroid 30mg Tab	00023949	ERF	274
Thyroid 60mg Tab	00023957	ERF	274
Thyroid 125mg Tab	00023965	ERF	274
THYROTROPIN ALFA			268
Tiamol 0.05% Emol Cr	00598933	TAR	287
TIAPROFENIC ACID			135
Tiazac 120mg SR Cap	02231150	BIO	90
Tiazac 180mg SR Cap	02231151	BIO	91
Tiazac 240mg SR Cap	02231152	BIO	91
Tiazac 300mg SR Cap	02231154	BIO	91
Tiazac 360mg SR Cap	02231155	BIO	91
Tiazac XC 120mg ER Tab	02256738	BIO	89
Tiazac XC 180mg ER Tab	02256746	BIO	89
Tiazac XC 240mg ER Tab	02256754	BIO	89
Tiazac XC 300mg ER Tab	02256762	BIO	89
Tiazac XC 360mg ER Tab	02256770	BIO	89
Ticlid 250mg Tab	02162776	HLR	321
TICLOPIDINE HCL			321
TIMOLOL MALEATE			96, 213

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Timolol Maleate Oph Gel Forming Solution 0.25% Oph Gellan Sol	02242275	ALC	213
Timolol Maleate Oph Gel Forming Solution 0.5% Oph Gellan Sol	02242276	ALC	213
Timoptic 0.25% Oph Sol	00451193	MFC	213
Timoptic 0.5% Oph Sol	00451207	MFC	213
Timoptic-XE 0.25% Oph Gellan Sol	02171880	MFC	213
Timoptic-XE 0.5% Oph Gellan Sol	02171899	MFC	213
TINZAPARIN SODIUM			78
TIOTROPIUM BROMIDE MONOHYDRATE			58
TOBI 300mg/5mL Inh Sol-5mL Pk	02239630	NOV	19
TobraDex 0.3% & 0.1% Oph Oint	00778915	ALC	197
TobraDex 0.3% & 0.1% Oph Susp	00778907	ALC	197
TOBRAMYCIN			19, 197
Tobramycin 80mg/2mL Inj Sol-2mL Pk	02241210	SDZ	19
TOBRAMYCIN & DEXAMETHASONE			197
TOBRAMYCIN SULFATE			19
Tobrex 0.3% Oph Oint	00614254	ALC	197
Tobrex 0.3% Oph Sol	00513962	ALC	197
Tofranil 10mg Tab (Not a Benefit)	00010464	NOV	159
Tofranil 25mg Tab	00010472	NOV	159
Tofranil 50mg Tab	00010480	NOV	159
TOLTERODINE L-TARTRATE			322
Topamax 25mg Tab	02230893	JNO	153
Topamax 100mg Tab	02230894	JNO	153
Topamax 200mg Tab	02230896	JNO	153
Topamax Sprinkle 15mg Sprinkle Cap	02239907	JNO	152
Topamax Sprinkle 25mg Sprinkle Cap	02239908	JNO	152
TOPIRAMATE			152
Topsyn 0.05% Gel (Not a Benefit)	02161974	MEC	287
Trandate 100mg Tab	02106272	SHI	111
Trandate 200mg Tab	02106280	SHI	111
TRANDOLAPRIL			118
Transderm-Nitro 0.4mg/Hr/20 Sq Cm Patch	00852384	NOV	121
Transderm-Nitro 0.6mg/Hr/30 Sq Cm Patch	02046156	NOV	121
Tranxene 3.75mg Cap (Not a Benefit)	00264938	ABB	166
Tranxene 7.5mg Cap	00264946	ABB	166
Tranxene 15mg Cap	00264911	ABB	166
TRANLYCYPROMINE SULFATE			162
Trasicor 40mg Tab	00402575	NOV	114
Trasicor 80mg Tab	00402583	NOV	114
Travatan 0.004% Oph Sol-2.5mL Pk	02244896	ALC	214
TRAVOPROST			214
TRAZODONE HYDROCHLORIDE			163
Trelstar (1 Month) 3.75mg/Vial Inj Pd with Sterile Water-Vial Pk	09857199	PAL	50

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Trelstar (1 Month) 3.75mg/Vial Inj Pd-Vial Pk	02240000	PAL	50
Trelstar (3 Month) 11.25mg/Vial Inj Pd-Vial Pk	02243856	PAL	50
Trelstar LA (3 Month) 11.25mg/Vial Inj Pd with Sterile Water-Vial Pk	09857200	PAL	50
Trental 400mg SR Tab	02221977	SAV	83
TRETINOIN			292
TRETINOIN & ERYTHROMYCIN			292
Tri-Cyclen 3 Phase Tab-21 Pk	02028700	JNO	272
Tri-Cyclen 3 Phase Tab-28 Pk	02029421	JNO	272
Triaderm 0.1% Cr	00716960	TAR	289
TRIAMCINOLONE ACETONIDE			254, 289
Triamcinolone Acetonide 40mg/mL Inj Susp-1mL Pk	02229550	SDZ	254
Triamcinolone Acetonide 50mg/5mL Inj Susp-5mL Pk	02229540	SDZ	254
Triamcinolone Acetonide 200mg/5mL Inj Susp-5mL Pk	09857128	SDZ	254
TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE			289
TRIAZOLAM			180
Tridesilon 0.05% Cr (Not a Benefit)	02154862	CPL	286
Tridesilon 0.05% Oint (Not a Benefit)	02154870	CPL	286
TRIFLUOPERAZINE			176
TRIFLURIDINE			198
TRIHXYPHENIDYL HCL			59
Trikacide 500mg Cap	00783137	PMS	31
Trilafon 2mg Tab (Not a Benefit)	00028290	SCH	172
Trilafon 4mg Tab (Not a Benefit)	00028304	SCH	172
Trilafon 8mg Tab (Not a Benefit)	00028312	SCH	172
Trilafon 16mg Tab (Not a Benefit)	00028320	SCH	172
TRIMETHOPRIM			40
TRIMIPRAMINE			163
Trinipatch 0.4mg/Hr/14 Sq Cm Patch	02230733	NOV	121
Trinipatch 0.6mg/Hr/21 Sq Cm Patch	02230734	NOV	122
Triphasil 3 Phase Tab-21 Pk	02043726	WAY	269
Triphasil 3 Phase Tab-28 Pk	02043734	WAY	269
TRIPTORELIN PAMOATE			50
Triquilar 21 3 Phase Tab-21 Pk	00707600	BAY	269
Triquilar 28 3 Phase Tab-28 Pk	00707503	BAY	269
Trisyn Emol Cr	00781371	BAK	287
Trizivir 300mg/150mg/300mg Tab	02244757	GSK	21
Trusopt 2% Oph Sol	02216205	MFC	208
Tylenol No.2 15mg Tab	02163934	JNO	136
Tylenol No.3 30mg Tab	02163926	JNO	136
Tylenol No.4 300mg & 60mg Tab	02163918	JNO	136
Tylenol With Codeine 160mg & 8mg/5mL O/L (Not a Benefit)	02163942	JNO	136
UltraMOP 10mg SG Cap	00646237	CDX	294
Uniphyll 400mg SR Tab	02014165	PFP	298

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Uniphyl 600mg SR Tab	02014181	PFP	298
Uremol-HC 1% & 10% Cr	00503134	STI	288
Uremol-HC 1% & 10% Lot	00560022	STI	288
Urispas 200mg Tab (Not a Benefit)	00728179	PAL	54
Urso 250mg Tab	02238984	BFI	323
Urso DS 500mg Tab	02245894	BFI	323
URSODIOL			323
Vagifem 25mcg Vag Tab	02241332	NOO	258
VALACYCLOVIR			30
Valcyte 450mg Tab	02245777	HLR	30
VALGANCICLOVIR			30
Valisone 0.1% Scalp Lot	00027944	SCH	285
Valium 2mg Tab (Not a Benefit)	00013277	HLR	167
Valium 5mg Tab (Not a Benefit)	00013285	HLR	167
Valium 10mg Tab (Not a Benefit)	00013293	HLR	167
VALPROATE SODIUM			154
VALPROIC ACID			154
VALSARTAN			119
VALSARTAN & HYDROCHLOROTHIAZIDE			119
Valtrex 500mg Cap	02219492	GSK	30
Vaponefrin 2.25% Inh Sol-30mL Pk	01927582	SAV	60
Vasocon 0.1% Oph Sol (Not a Benefit)	00759880	IOB	203
Vasotec 2.5mg Tab	00851795	MFC	108
Vasotec 5mg Tab	00708879	MFC	108
Vasotec 10mg Tab	00670901	MFC	108
Vasotec 20mg Tab	00670928	MFC	108
VC-K500 60mg/mL O/L (Not a Benefit)	00331945	LIL	13
VENLAFAXINE HCL			164
Ventodisk 200mcg/Blister Pd Inh-120 Dose Pk	02214997	GSK	68
Ventodisk 400mcg/Blister Pd Inh-120 Dose Pk	02215004	GSK	68
Ventolin 5mg/mL Inh Sol-10mL Pk	02213486	GSK	67
Ventolin 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	02213478	GLW	68
Ventolin 0.4mg/mL O/L	02212390	GSK	68
Ventolin 2mg Tab (Not a Benefit)	01961039	GLA	68
Ventolin 4mg Tab (Not a Benefit)	01932691	GLA	68
Ventolin Nebules P.F. 1mg/mL Inh Sol-2.5mL Pk	02213419	GSK	65
Ventolin Nebules P.F. 2mg/mL Inh Sol-2.5mL Pk	02213427	GSK	66
Vepesid 50mg Cap	00616192	BQU	44
VERAPAMIL HCL			96, 119
Vermox 100mg Tab	00556734	JNO	3
Vfend 50mg Tab	02256460	PFI	7
Vfend 200mg Tab	02256479	PFI	7
Videx EC 125mg Enteric Coated Cap	02244596	BQU	24
Videx EC 200mg Enteric Coated Cap	02244597	BQU	24

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Videx EC 250mg Enteric Coated Cap	02244598	BQU	24
Videx EC 400mg Enteric-Coated Cap	02244599	BQU	24
VIGABATRIN			154
VINCRISTINE SULFATE			50
Vincristine Sulfate 1mg/mL Inj Sol	02143305	NOP	50
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk	02230020	BFI	224
Viokase 8000 & 30000 & 30000 USP Units Tab	02230019	BFI	224
Viokase 16 16mg Tab	02241933	BFI	224
Viracept 250mg Tab	02238617	PFI	27
Viracept 625mg Tab	02248761	PFI	27
Viramune 200mg Tab	02238748	BOE	27
Viread 300mg Tab	02247128	GIL	30
Viroptic 1% Oph Sol	00687456	THE	198
Viskazine 10/25 10mg & 25mg Tab	00568627	NOV	115
Viskazine 10/50 10mg & 50mg Tab	00568635	NOV	115
Visken 5mg Tab	00417270	NOV	114
Visken 10mg Tab	00443174	NOV	115
Visken 15mg Tab	00417289	NOV	115
Vitamin A Acid 0.05% Cr	01926519	SAV	292
Vitamin A Acid 0.01% Gel	01926462	SAV	292
Vitamin A Acid 0.05% Gel	01926489	SAV	292
Vitamin B1 50mg Tab dpp (Not a Benefit)	00610267	LEA	300
Vitamin B1-ICN 50mg Tab dpp (Not a Benefit)	00268631	VAL	300
Vitamin B6 25mg Tab dpp (Not a Benefit)	00416185	RPR	300
Vitamin B6 25mg Tab dpp	00232475	PMS	300
Vitamin B6-ICN 25mg Tab dpp	00268607	VAL	300
Vitamin B12-1000mcg/mL 1mg/mL Inj Sol-10mL Pk	00521515	SDZ	299
Vitamin C 250mg Tab (Not a Benefit)	00036161	RPR	300
Vitamin C 500mg Tab (Not a Benefit)	00036188	RPR	301
Vitamin C 1000mg Tab (Not a Benefit)	00256862	RPR	301
VITAMIN D			302
Voltaren 25mg Ent Tab (Not a Benefit)	00514004	GEI	125
Voltaren 50mg Ent Tab	00514012	NOV	125
Voltaren 50mg Sup	00632724	NOV	126
Voltaren 100mg Sup	00632732	NOV	126
Voltaren Ophtha 0.1% Oph Sol	01940414	NOV	207
Voltaren SR 75mg LA Tab (Not a Benefit)	00782459	NOV	125
Voltaren SR 100mg LA Tab (Not a Benefit)	00590827	NOV	125
VORICONAZOLE			7
WARFARIN			79
Wellbutrin SR 100mg Tab	02237824	BIO	155
Wellbutrin SR 150mg Tab	02237825	BIO	155
Westcort 0.2% Cr	01910124	BQU	288
Westcort 0.2% Oint	01910132	BQU	288

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Winpred 1mg Tab	00271373	VAL	253
Xalacom 50mcg/mL & 5mg/mL Oph Sol 2.5mL Pk	02246619	PFI	210
Xalatan 0.005% Oph Sol-2.5mL Pk	02231493	PFI	209
Xanax 0.25mg Tab	00548359	PFI	164
Xanax 0.5mg Tab	00548367	PFI	164
Xatral 10mg Prolong-Rel Tab	02245565	SAV	303
Xeloda 150mg Tab	02238453	HLR	42
Xeloda 500mg Tab	02238454	HLR	42
Xylocaine Viscous 2% O/L	00001686	AZC	201
Zanosar Inj Pd-1g Pk	00622141	PFI	49
Zantac 50mg/2mL Inj Sol-2mL Pk	02212366	GSK	242
Zantac 15mg/mL Oral Sol	02212374	GSK	242
Zantac 150mg Tab	02212331	GSK	242
Zantac 300mg Tab	02212358	GSK	242
Zarontin 250mg Cap	00022799	ERF	149
Zarontin 50mg/mL O/L	00023485	ERF	149
Zaroxolyn 2.5mg Tab	00888400	SAV	190
Zerit 15mg Cap	02216086	BQU	29
Zerit 20mg Cap	02216094	BQU	29
Zerit 30mg Cap	02216108	BQU	29
Zerit 40mg Cap	02216116	BQU	29
Zestoretic 10mg & 12.5mg Tab	02103729	AZC	112
Zestoretic 20mg & 12.5mg Tab	02045737	AZC	112
Zestril 5mg Tab	02049333	AZC	112
Zestril 10mg Tab	02049376	AZC	112
Zestril 20mg Tab	02049384	AZC	112
Ziagen 20mg/mL O/L	02240358	GSK	21
Ziagen 300mg Tab	02240357	GSK	21
ZINC SULFATE			295
Zithromax 100mg/5mL O/L	02223716	PFI	7
Zithromax 200mg/5mL O/L	02223724	PFI	7
Zithromax 250mg Tab	02212021	PFI	8
Zocor 5mg Tab	00884324	MFC	103
Zocor 10mg Tab	00884332	MFC	103
Zocor 20mg Tab	00884340	MFC	104
Zocor 40mg Tab	00884359	MFC	104
Zocor 80mg Tab	02240332	MFC	104
Zofran 4mg/5mL O/L	02229639	GSK	228
Zofran 4mg Tab	02213567	GSK	228
Zofran 8mg Tab	02213575	GSK	228
Zofran ODT 4mg Tab	02239372	GSK	228
Zofran ODT 8mg Tab	02239373	GSK	228
Zoladex 3.6mg Depot Inj	02049325	AZC	45
Zoladex LA 10.8mg Depot Inj	02225905	AZC	45

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ZOLEDRONIC ACID			323
Zoloft 25mg Cap	02132702	PFI	162
Zoloft 50mg Cap	01962817	PFI	162
Zoloft 100mg Cap	01962779	PFI	162
Zovirax 800mg Tab	01911635	GSK	22
Zyloprim 100mg Tab (Not a Benefit)	00004588	BWE	304
Zyloprim 200mg Tab (Not a Benefit)	00506370	BWE	304
Zyloprim 300mg Tab (Not a Benefit)	00294322	BWE	304
Zyprexa 2.5mg Tab	02229250	LIL	171
Zyprexa 5mg Tab	02229269	LIL	171
Zyprexa 7.5mg Tab	02229277	LIL	171
Zyprexa 10mg Tab	02229285	LIL	171
Zyprexa 15mg Tab	02238850	LIL	171
Zyprexa Zydys 5mg Rapid Dissolve Tab	02243086	LIL	171
Zyprexa Zydys 10mg Rapid Dissolve Tab	02243087	LIL	171
Zyprexa Zydys 15mg Rapid Dissolve Tab	02243088	LIL	171
Zyvoxam 600mg Tab	02243684	PFI	37

PART V

INDEX OF PHARMACOLOGICAL-THERAPEUTIC CLASSIFICATION

INDEX OF DRUGS BY THERAPEUTIC CLASSIFICATION

4:00	<i>ANTIHISTAMINES</i>
8:00	<i>ANTI-INFECTIVE AGENTS</i>
8:08	Anthelmintics
8:12	Antibiotics
8:12:04	Antifungals
8:12:12	Erythromycins
8:12:16	Penicillins
8:12:24	Tetracyclines
8:12:28	Other Antibiotics
8:16	Antitubercular Agents
8:18	Antivirals
8:20	Plasmodicides (Antimalarials)
8:24	Sulfonamides
8:26	Sulfones
8:32	Trichomonacides
8:36	Urinary Anti-Infectives
8:40	Miscellaneous Anti-Infectives
10:00	<i>ANTINEOPLASTIC AGENTS</i>
12:00	<i>AUTONOMIC AGENTS</i>
12:04	Parasympathomimetic (Cholinergic) Agents
12:08	Parasympatholytic (Cholinergic Blocking) Agents
12:12	Sympathomimetic (Adrenergic) Agents
12:16	Sympatholytic (Adrenergic Blocking) Agents
12:20	Skeletal Muscle Relaxants
20:00	<i>BLOOD FORMATION AND COAGULATION</i>
20:04	Antianemia Drugs
20:12	Coagulants and Anti-Coagulants
20:12:08	Antiheparin Agents
20:12:16	Hemostatics
20:24	Hemorrhologic Agents
24:00	<i>CARDIOVASCULAR DRUGS</i>
24:04	Cardiac Drugs
24:06	Antilipemic Drugs
24:08	Hypotensive Drugs (For Diuretics see 40:28)
24:12	Vasodilating Drugs
28:00	<i>CENTRAL NERVOUS SYSTEM DRUGS</i>
28:08	Analgesics
28:08:04	Nonsteroidal Anti-inflammatory Agents
28:08:08	Opiate Agonists
28:08:12	Opiate Partial Agonists
28:08:92	Miscellaneous Analgesics and Antipyretics

28:12	Anticonvulsants
28:16	Psychotherapeutic Agents
28:16:04	Antidepressants
28:16:08	Tranquilizers
28:16:12	Other Psychotropics
28:20	C.N.S. Stimulants
28:24	Sedatives and Hypnotics
28:92	Miscellaneous Central Nervous System Drugs
36:00	<i>DIAGNOSTIC AGENTS</i>
36:04	Adrenal Insufficiency
36:56	Myasthenia Gravis
40:00	<i>ELECTROLYTIC, CALORIC AND WATER BALANCE</i>
40:08	Alkalinizing Agents
40:12	Replacement Agents
40:18	Potassium-Removing Resins
40:28	Diuretics
40:40	Uricosuric Drugs
48:00	<i>COUGH PREPARATIONS</i>
48:04	Antitussives
48:08	Expectorants
52:00	<i>EYE, EAR, NOSE AND THROAT PREPARATIONS</i>
52:04	Anti-Infectives
52:04:04	Antibiotics
52:04:08	Sulfonamides
52:04:12	Other Anti-Infectives
52:08	Anti-Inflammatory
52:16	Local Anesthetics
52:20	Miotics
52:24	Mydriatics
52:32	Vasoconstrictors
52:36	Other Eye, Ear Nose and Throat Agents
56:00	<i>GASTROINTESTINAL DRUGS</i>
56:04	Antacids and Adsorbents
56:08	Antidiarrhea Agents
56:12	Cathartics
56:16	Digestants
56:22	Antiemetics and Antinauseants
56:40	Miscellaneous G.I. Drugs
60:00	<i>GOLD COMPOUNDS</i>
64:00	<i>HEAVY METAL ANTAGONISTS</i>
68:00	<i>HORMONES AND SUBSTITUTES</i>
68:04	Corticosteroids
68:08	Androgens

68:16	Estrogens
68:20	Anti-Diabetic Agents
68:20:02	Oral Anti-Diabetic Agents
68:20:10	Insulins (Rapid Acting)
68:20:12	Insulins (Intermediate Acting)
68:20:14	Insulins (Long Acting)
68:20:16	Insulins (Pre-mixed)
68:24	Parathyroid Agents
68:28	Pituitary Agents
68:32	Progestogens and Oral Contraceptives
68:36	Thyroids
68:38	Anti-Thyroids
76:00	<i>OXYTOCICS</i>
84:00	<i>SKIN AND MUCOUS MEMBRANE PREPARATIONS</i>
84:04	Anti-Infectives
84:04:04	Antibiotics
84:04:06	Antivirals
84:04:08	Fungicides
84:04:12	Parasiticides
84:04:16	Other Anti-Infectives
84:06	Anti-Inflammatory Agents
84:12	Astringents
84:24	Emollients, Demulcents and Protectants
84:28	Keratolytic Agents
84:32	Keratoplastic Agents
84:36	Miscellaneous Skin and Mucous Membrane Agents
86:00	<i>SPASMOLYTICS</i>
88:00	<i>VITAMINS</i>
88:04	Vitamin A
88:08	Vitamin B
88:12	Vitamin C
88:16	Vitamin D
88:28	Multivitamins
92:00	<i>UNCLASSIFIED THERAPEUTIC AGENTS</i>

PART VI

FACILITATED ACCESS DRUG PRODUCTS

PART VI-A

FACILITATED ACCESS TO HIV/AIDS DRUG PRODUCTS

Facilitated Access to HIV/AIDS Drugs

Specific products used to treat ODB-eligible people with HIV/AIDS are reimbursed through the Facilitated Access process under Individual Clinical Review (ICR) of the Ontario Drug Benefit (ODB) Act. Under this process, approved physicians are exempt from the usual paperwork associated with the provision of these products [i.e., exempt from obtaining special approval under the ICR mechanism], provided that the physician's College of Physicians and Surgeons of Ontario registration number also appears on the prescription for purposes of verification.

For drugs which are reimbursed as Limited Use (LU) products and the indication for use is for one of the approved LU criteria, a Limited Use prescription **must** be completed in order for the product to be reimbursed. For indications that do not meet the Limited Use criteria, the claim can be processed through the Facilitated Access mechanism.

The following drug products are available through the Facilitated Access process. Please note that the interchangeability of different brands of drugs available through this mechanism has not been evaluated by the ministry, unless they are listed in the Formulary/CDI as interchangeable. Where interchangeability has not been designated by the ministry, it will be necessary to specify the generic drug name or the particular brand in order for it to be reimbursed by the ministry.

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER
--	------------	--------------

ACYCLOVIR

200mg/5ml Susp - 5ml Pk 00886157	Zovirax	GLW
200mg Tab 00634506	Zovirax	GLW
200mg Tab 02078627	Avirax	FAB
200mg Tab 02197405	Nu-Acyclovir	NXP
200mg Tab 02207621	Apo-Acyclovir	APX
200mg Tab 02242784	Gen-Acyclovir	GEN
400mg Tab 01911627	Zovirax	GLW
400mg Tab 02078635	Avirax	FAB
400mg Tab 02197413	Nu-Acyclovir	NXP
400mg Tab 02207648	Apo-Acyclovir	APX
400mg Tab 02242463	Gen-Acyclovir	GEN
800mg Tab 01911635	Zovirax	GSK
02078651	Ratio-Acyclovir	RPH
02197421	Nu-Acyclovir	NXP
02207656	Apo-Acyclovir	APX
02242464	Gen-Acyclovir	GEN
02285975	Novo-Acyclovir	NOP

ATOVAQUONE

750mg/5mL O/L 02217422	Mepron	GLW
---------------------------	--------	-----

AZITHROMYCIN

600mg Tab 02231143	Zithromax	PFI
-----------------------	-----------	-----

DOXYCYCLINE

100mg Cap 00740713	Apo-Doxy	APX
100mg Cap 00024368	Vibramycin	PFI
100mg Cap 00725250	Novo-Doxylin	NOP
100mg Tab 00578452	Vibra	PFI

DRUG NAME, STRENGTH AND DOSAGE FORM
DIN

BRAND NAME

MANUFACTURER

FLUCONAZOLE

Note: Recommended for the treatment of oral/esophageal candidiasis in patients who have failed to respond with nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.

10mg/mL O/L			
02024152	Diflucan P.O.S.	PFI	
50mg Tab			
00891800	Diflucan	PFI	
02236978	Novo-Fluconazole	NOP	
02237370	Apo-Fluconazole	APX	
02245292	Gen-Fluconazole	GEN	
02245643	PMS-Fluconazole	PMS	
02249294	Taro-Fluconazole	TAR	
100mg Tab			
00891819	Diflucan	PFI	
02236979	Novo-Fluconazole	NOP	
02237371	Apo-Fluconazole	APX	
02245293	Gen-Fluconazole	GEN	
02245644	PMS-Fluconazole	PMS	
02249308	Taro-Fluconazole	TAR	

GANCICLOVIR SODIUM

500mg/Vial Pd Inj. - 10mL Pk			
02162695	Cytovene	HLR	

ITRACONAZOLE

Note: Recommended for the treatment of oral/esophageal candidiasis unresponsive to less expensive alternatives.

100mg Cap			
02047454	Sporanox	JNO	
10mg/mL Oral Sol			
02231347	Sporanox	JNO	

NUTRITION PRODUCTS

Note: Only those products on the current list of approved NPs for patients who satisfy the functional impairment criteria.

PAROMOMYCIN

Note: Recommended for the treatment of cryptosporidium. Therapy should be discontinued if no benefits are observed after a three week trial.

250mg Cap			
02078759	Humatin	PDA	

PNEUMOCOCCAL VACCINE

Injection - 1 Dose Pk			
00431648	Pneumovax 23	MSD	

POTASSIUM SUPPLEMENTS

8meq LA Cap			
02042304	Micro-K Extencaps	WAY	
8meq LA Tab			
00602884	Apo-K	APX	
8meq LA Tab			
00074225	Slow-K	NOV	

DRUG NAME, STRENGTH AND DOSAGE FORM
DIN

BRAND NAME

MANUFACTURER

POTASSIUM SUPPLEMENTS

10meq LA Tab

00471496

Kalium Durules

AST

20meq SR Tab

00713376

K-Dur

KEY

PYRIMETHAMINE

25mg Tab

00004774

Daraprim

GLW

PHARMACISTS ARE REMINDED THAT THE PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF.

THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

PART VI-B

FACILITATED ACCESS TO PALLIATIVE CARE DRUG PRODUCTS

Facilitated Access to Palliative Care Drugs

Specific products used to treat ODB-eligible patients undergoing palliative (end-of-life) care are reimbursed through the Facilitated Access (FA) process under the Individual Clinical Review (ICR) mechanism of the Ontario Drug Benefit (ODB) Act. Under this process, a select group of participating physicians are exempt from the usual paperwork associated with the provision of these products (i.e. exempt from obtaining approval under the ICR mechanism on a case by case basis), provided that the physician's College of Physicians and Surgeons of Ontario registration number also appears on the prescription for purposes of verification.

Palliative Care (PC) medication claims to be reimbursed by the Ontario Drug Benefit (ODB) program must be prescribed in accordance with the following patient eligibility criteria: "This patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months and the medications are being requested for symptom control for a maximum period of six months." To facilitate the reimbursement process at the pharmacy, the prescriber is asked to indicate either, "Palliative" or "P.C.F.A.", on the prescription to signify that the patient meets the above-noted eligibility criteria. This would be an indication to the pharmacist that these medications may be reimbursed under this mechanism.

Physicians wishing to participate in this program are asked to note that the following criteria may be considered by OMA:

- Physicians who do more than 20 palliative care consults in a year;
- Physicians who do more than 50 palliative care visits in a year;
- Physicians who have been identified as a leader in palliative care by a regional director for CCO;
- Physicians who have been identified as a leader in palliative care by the executive of the section of palliative medicine at the OMA;
- Physicians who have been identified as a leader in palliative care by an End of Life Network or Community Care Access Center;
- Physicians who have become members of a Palliative AFP.

For further information regarding the list of physicians and/or criteria for physicians to be included on the list, please contact Dr. Howard Burke, c/o Ina Nesbitt, Ontario Medical Association at (416) 340-2234 or via email at Ina.Nesbitt@oma.org.

The following drug products are available through the FA process. Please note that the interchangeability of different brands of drugs available through this mechanism has not been evaluated by the ministry, unless they are listed in the Formulary/CDI as interchangeable. Where interchangeability has not been designated by the ministry, it will be necessary to specify the generic drug name or the particular brand name in order for it to be reimbursed by the ministry under this mechanism.

These medications will no longer require application via ICR mechanism on a case by case basis for coverage for the initial six-month course of therapy. It should be noted that consideration of coverage beyond this six-month initial period and requests for drugs that are not on the list will need to be submitted to the ICR Unit as usual. Physicians are encouraged to submit renewal requests at least 4 to 6 weeks prior to the expiration date. In addition, requests for the use of these medications in other clinical settings will continue to require the physician to apply via the ICR mechanism.

Pharmacies should note that adjudication for these medications via the HNS will be allowed with the proviso that the PINs specifically assigned to each drug product is billed. Attempts to adjudicate these medications with the DIN may result in rejection of the claim.

PHARMACISTS ARE REMINDED THAT THIS PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF.

THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

PALLIATIVE CARE DRUGS

DRUG NAME, STRENGTH AND DOSAGE FORM PIN	BRAND NAME	MANUFACTURER
DIAZEPAM 5mg/mL Inj 2mL Pk 09857240	Sandoz Diazepam	SDZ
DIMENHYDRINATE 50mg/mL Inj-5mL Pk 09857207	Sandoz Dimenhydrinate	SDZ
FUROSEMIDE 10mg/mL Inj Sol-2mL Pk 09857208	Sandoz Furosemide	SDZ
GABAPENTIN 100mg Cap 09857244 09857209 09857245 09857246 09857247 09857248 09857250	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin	PFI PMS APX NOP GEN COB RPH
300mg Cap 09857251 09857210 09857252 09857253 09857254 09857255 09857256 09857258	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin Gabapentin	PFI PMS APX NOP GEN COB RPH GEN
400mg Cap 09857259 09857211 09857260 09857261 09857262 09857263 09857264	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin	PFI PMS APX NOP GEN COB RPH
GLYCOPYRROLATE 0.2mg/mL Inj-1mL Amp 09857212	Sandoz Glycopyrrolate	SDZ
HYOSCINE BUTYLBROMIDE 20mg/mL Inj Sol 09857213	Buscopan	BOE
10mg Tab 09857215	Buscopan	BOE
LORAZEPAM 4mg/mL Inj-1mL Pk 09857216	Sandoz Lorazepam	SDZ

DRUG NAME, STRENGTH AND DOSAGE FORM PIN	BRAND NAME	MANUFACTURER
METHADONE HCL		
1mg/mL O/L 09857221	Metadol	PMS
10mg/mL O/L 09857223	Metadol	PMS
1mg Tab 09857217	Metadol	PMS
5mg Tab 09857218	Metadol	PMS
10mg Tab 09857219	Metadol	PMS
25mg Tab 09857220	Metadol	PMS
METOCLOPRAMIDE HCL		
10mg/2mL Inj-2mL Pk 09857224	Sandoz Metoclopramide	SDZ
MIDAZOLAM HCL		
5mg/mL Inj-1mL Pk 09857225	Sandoz Midazolam	SDZ
MORPHINE SULFATE		
2mg/mL Inj Sol Amp 09857226	Sandoz Morphine	SDZ
10mg/mL Inj Sol Amp 09857227	Sandoz Morphine	SDZ
OXYCODONE HCL		
5mg 09857232	Supeudol	SIL
5mg 09857243	Oxy-IR	PFP
10mg 09857233	Supeudol	SIL
10mg 09857241	Oxy-IR	PFP
20mg 09857242	Oxy-IR	PFP
20mg 09857234	Supeudol	SIL
PHENYTOIN (DIPHENYLHYDANTOIN)		
50mg/mL Inj-2mL Pk 09857235	Sandoz Phenytoin	SDZ

DRUG NAME, STRENGTH AND DOSAGE FORM
PIN

BRAND NAME

MANUFACTURER

SCOPOLAMINE HYDROBROMIDE

0.4mg/mL Inj Sol

09857236

Hospira-Scopolamine

HOS

0.6mg/mL Inj-1mL Pk

09857237

Hospira-Scopolamine

HOS

PHARMACISTS ARE REMINDED THAT THIS PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF.

THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

PART VII

TRILLIUM DRUG PROGRAM

Trillium Drug Program

The Trillium Drug Program (TDP) was established on April 1, 1995, to help people who have high drug costs in relation to their incomes. This is an annual provincial government program and each year starting August 1, drug costs must be paid up to the deductible level before eligibility for coverage begins. The TDP deductible is based on income and family size.

The program runs from August 1 of one year to July 31 of the following year. Effective August 1, 1999, the annual deductible is paid in four installments over the Trillium benefit year. For example, a family with an annual deductible of \$500, will pay \$125 for prescriptions purchased at the start of each quarter on August 1, November 1, February 1, and May 1. After the deductible is paid in each quarter, the family will receive benefits for that quarter and may be asked to pay up to \$2 per prescription for a covered drug product. Any unpaid deductible in a quarter will be added to the next quarter's deductible.

New applicants to Trillium can choose the date within the program year on which they wish to be enrolled. The deductible is prorated based on the number of days left in the program year. The prorated deductible applies only for the first year of enrollment into the program.

People may qualify for the TDP if they:

- have a valid Ontario Health Card, and
- are not currently eligible to receive drug benefits under the ODB program, and
- do not have prescription drug costs fully covered by a private insurance plan, and
- are paying a large part of their income for prescription drugs.

Effective December 1, 1996, the following are considered to be allowable prescription drug expenses that can be counted toward the Trillium deductible:

- products listed as ODB benefits
- products on the Facilitated Access list (Part VI of the Formulary binder)
- allergenic extracts
- any drug product which has been APPROVED BY THE MINISTRY on an individual basis, under section 16 of the Ontario Drug Benefit Act or in accordance with the regulations under the Ontario Drug Benefit Act [O.Reg. 201/96 sec. 3(4) iv, 3(5)]
- products on the Nutrition Products List and the list of Diabetic Testing Agents (Part IX of the Formulary binder)
- an extemporaneous product that is a designated pharmaceutical product under the regulations made under the Ontario Drug Benefit Act
- a product listed in Schedule 2 (insulin, adrenocorticotrophic hormones, nitrate vasodilators)

For Trillium-eligible recipients, the ministry will pay for the lesser of a 100 days' supply or a quantity sufficient to extend up to 30 days after the end of the Trillium eligibility period (e.g., in July, a quantity sufficient to last until August 30 will be covered).

During the first and second quarters of the Trillium benefit year (August 1 - January 31 of the following calendar year), a vacation supply claim of up to 100 days may be allowed (in addition to the regular 100 maximum days' supply) for Trillium recipients travelling outside the province for between 101 and 200 days, before they leave Ontario.

In order to obtain a refill for a vacation supply of up to 100 days of ODB medication, provided that the prescription allows for the additional supply, recipients must provide the pharmacist with:

- a letter they have written themselves confirming that they are leaving the province for more than 100 days,

OR

- a copy of their travel documentation, confirming that they are leaving the province for more than 100 days.

Vacation supply claims must not be submitted through the Health Network System for Trillium recipients during the third and fourth quarters of the Trillium benefit year (February 1- July 31). Trillium recipients must pay for their vacation supply for the third and fourth quarters of the benefit year. Trillium recipients should be advised by pharmacists to submit their third and fourth quarters' receipt(s) to the Ministry for consideration to be applied towards the deductible and/or for reimbursement.

Each program year, Trillium recipients enrolled in the previous program year will automatically be renewed unless:

- Household members have declined to give consent for the Ministry to access household income information directly from Canada Revenue Agency (CRA), or consent is missing;
- Any household member is turning 16 years of age prior to August 1;
- Household member(s) are paying private insurance premiums.

A confirmation letter is mailed to households starting June of each year confirming TDP details for the program year. It is required that households inform the program of any changes or incorrect information.

A supply of Trillium applications can be obtained through the Health INFOline at 1-800-268-1153 or at your local pharmacy.

PART VIII

Individual Clinical Review (ICR)

Mechanism

Individual Clinical Review (ICR) Mechanism

SCOPE

The ministry considers requests for coverage of drug products approved for marketing by Health Canada but not listed in the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index (Formulary/CDI) for ODB eligible persons. The ministry is guided by recommendations and guidelines developed by the Committee to Evaluate Drugs (CED), as well as supported by an extensive roster of expert medical advisers involved in the review of individual requests for coverage of drug products.

Note that **patients must be eligible for the Ontario Drug Benefit (ODB) Program** in order to receive coverage for the requested product. Patients not currently ODB-eligible may become eligible through the Trillium Drug Program (TDP). For more information on the TDP, call 1-800-575-5386.

The Individual Clinical Review (ICR) mechanism is reserved for clinical situations where there are no Formulary/CDI alternatives to treat conditions or diseases that would otherwise cause severe debilitating effects and the drug is not covered under another government program. The types of products often encountered in the ICR environment include:

- More expensive “me-too” drugs introduced to the market where sufficient Formulary alternatives are available at a lower cost (thus reserving more expensive products for specific clinical situations);
- Drugs that do not have a strong evidence base regarding efficacy, safety and/or cost-effectiveness; and,
- High cost drugs that are associated with risks of usage outside approved indications.

The ICR mechanism is not intended to be used to request reimbursement for drugs to treat self-limiting conditions/symptoms, drugs promoted for patient “convenience”, for nutritional products, drugs that do not require a prescription for sale (i.e. over-the-counter) or to provide therapy that is either part of a clinical trial or a continuation of a therapy in patients previously enrolled in a clinical trial once the drug is approved for marketing. Manufacturers are required to make a submission to the ODB program for their drug products. These products are expected to undergo the normal Formulary review process that includes a final recommendation from the CED regarding reimbursement, before they are considered under the ICR mechanism.

TAKING AN EVIDENCE-BASED APPROACH

The ICR mechanism has evolved since its inception in 1989, from a special authorization process that provided access to drugs in exceptional circumstances, into a commonly used mechanism to access drugs within the Ontario Drug Benefit (ODB) program. Reimbursement decision-making processes within ICR are founded on the same principles used by the CED in making recommendations to the ministry regarding listing of products on the Formulary. The ICR process is a core component of a comprehensive approach to supporting patient access to needed medications while at the same time ensuring that the ministry reimburses on the basis of appropriate prescribing as determined by evidence of efficacy, safety, and cost-effectiveness, considering other therapeutic alternatives.

APPLICATION PROCESS

To apply for special coverage, **physicians** must send a **written request** to the Individual Eligibility Review Branch (IERB). Ministry staff coordinate the review process, which includes obtaining a recommendation from the CED and/or external medical expert reviewers. Full clinical details of an individual’s case are required in order to make an objective assessment of the rationale for the requested drug, and a recommendation to the ministry regarding whether the product should be reimbursed. Your attention to the information requirements listed below will ensure a complete and timely review. Requests that contain insufficient information will be returned to the physician, with a request to provide additional information to ensure a comprehensive assessment.

Requests should be sent to the attention of:

Individual Clinical Review (ICR) Unit
Individual Eligibility Review Branch
3rd Floor, 5700 Yonge Street
Toronto ON M2M 4K5

Facsimile: (416) 327-7526

Toll free Facsimile: 1-866-811-9908

(Faxed requests are preferred – DO NOT mail in a previously faxed request)

Questions from physicians related to a specific request, should be directed to the ICR unit by calling the general Branch telephone number: 416-327-8109 or toll-free at 1-866-811-9893. Physicians should forward any questions regarding DIN and/or dosage changes to the ICR unit. Pharmacists with questions regarding the status of an individual's coverage for a specific drug should call the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

In order to ensure a timely review, legibility is key and each request should include a concise clinical description and therapeutic plan which must include at a minimum:

- Physician's name, CPSO number, street address, fax number, telephone number, signature (mandatory);
- Patient's name, gender, date of birth, Health Number (HN) and ODB eligibility number, if different;
- trade or generic name, strength and dosage form of the requested drug product;
- specific diagnosis for which the drug is requested or reason for use;
- if the patient has been taking the product, provide duration of therapy and objective evidence of its efficacy;
- where formulary alternatives are available, or non-drug therapy may be appropriate, details of the alternatives tried to treat the condition in question including dosages (for drugs), length of therapy and response to therapy;
- where alternatives are not appropriate, outline the reasons;
- concomitant drug therapy to treat other conditions, and relevant details of these comorbid conditions;
- other relevant information e.g., culture and sensitivity reports, serum drug levels, laboratory results, bone mineral density reports.

NOTE: To facilitate ICR requests, IERB has developed a standard template form as well as specific forms and guidelines for various drugs. A hard copy of the standard template form is included in the Formulary for your information, and is also available on the MOHLTC website along with other forms at: http://www.health.gov.on.ca/english/public/forms/form_menu/odb_fm.html.

While use of these forms is not mandatory, it is encouraged as a means of ensuring that as much relevant information as possible is submitted, thus facilitating timely review of the request and response to the physician.

REIMBURSEMENT

The ministry's decision on reimbursement of the proposed therapy in a particular patient's case will be communicated by letter to the physician making the request. If coverage is approved, the physician may provide a copy of the approval notice for the patient to take to their pharmacy. *Pharmacists are **not** required to keep a copy of the authorization letter on file.* (Note: IERB is aware of its obligations under the *Personal Health Information Act (PHIPA)* to ensure the confidentiality of all personal patient information which it holds on file as provided by requesting physicians. Physicians are requested to ensure continuation of this vigilance as it relates to patient privacy issues, particularly when transmitting ICR approval information to other parties.)

Products are approved for reimbursement under the ICR mechanism for specific timeframes (i.e., days, weeks, one or more years), depending on the drug product and medical condition in question. The ministry has implemented extended expiry dates for many chronic medications that are frequently requested through the ICR unit, with many approvals extending for up to five (5) years. This is intended to minimize the administrative burden for physicians and to ensure continuity of treatment for patients with chronic conditions.

Approvals are not retroactive, but begins from the specified coverage date and is valid until the expiration date noted on the authorization letter. The Health Network System adjudicates ICR claims on-line.

As ICR authorizations are DIN specific (i.e., specific to the drug strength, dosage form, etc.), in cases where the dose of the prescription changes, requiring the use of a different strength or dosage form of the drug (i.e. requiring a different DIN), in most cases a new ICR request is required. Pharmacists should forward any questions regarding authorization of a specific ICR claim, including requests to change the DIN of a drug product, to the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

For drugs approved under the ICR mechanism, the ministry will reimburse dispensers an amount equal to the Drug Benefit Price, as outlined in Part III-A of the Formulary/CDI or as noted below, plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable co-payment amount. For products not listed in the Formulary/CDI, the ministry will pay dispensers the acquisition cost plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable co-payment amount.

EXTENSION OF COVERAGE

If it is anticipated that a patient will continue to require the product beyond the approval period, the physician is required to request an extension of coverage. It is recommended that the request for continued reimbursement and all supporting documentation be submitted to the ministry at least four (4) to six (6) weeks prior to the expiration of the current approval.

It should be noted that coverage will **not** be continued automatically between expiration and re-issuance of approval. Requests for extension should include a summary of the patient's progress on the drug product, any changes in drug therapy, the rationale for the continued need for the product and a list of all concomitant drug therapies. Sufficient information is needed to ensure a timely response to requests. Physicians are encouraged to use ICR forms (drug specific and non-drug specific) noted above to facilitate this process. Forms are available on-line at: http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html.

The following is the Drug Benefit Price of a selected drug product when approved under the ICR mechanism of the Ontario Drug Benefit Act.

DRUG NAME, STRENGTH AND DOSAGE FORM	DIN	BRAND NAME	MANUFACTURER	DBP
--	-----	------------	--------------	-----

CLOMIPHENE CITRATE

50mg Tab

00893722

Serophene

SRO

4.3150

PART IX

ADDITIONAL BENEFITS:

**NUTRITION PRODUCTS/
DIABETIC TESTING AGENTS**

NUTRITION PRODUCTS

Nutrition Products are not formulary benefits but are covered as additional benefits for Ontario Drug Benefit (ODB) eligible persons in defined circumstances.

Nutrition Products are eligible for coverage under the ODB program only when prescribed by a practitioner as the patient's sole source of nutrition. Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

Eligibility criteria:

Nutritional products will be reimbursed for ODB eligible persons when prescribed by a practitioner as the patient's sole source of nutrition and when one of the following criteria is met:

- oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g., head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating;
- maldigestion or malabsorption disorder and/or significant gut failure where food is not tolerated; e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; i.e. Crohn's disease

Each claim for reimbursement must be supported by a valid, fully completed Nutrition Products form. An Nutrition Products form is valid for one year following the date completed by the prescriber. This form is available on-line at the following address:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3057-87-2/\\$File/3057-87_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3057-87-2/$File/3057-87_.pdf)

Practitioners can order Nutrition Product forms by calling 1-888-310-9008

Pharmacists are required to retain a copy of the Nutrition Products form on file for a period of two years.

Exclusion criteria:

A Nutrition Product will not be reimbursed under the ODB program if it is intended for one of the following uses:

- prescribed weight loss in the treatment of obesity
- food allergies
- body building
- voluntary meal replacement
- nutritional supplement
- convenience
- used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function

After conducting a patient assessment, the practitioner or dietician may select any Nutrition Product from the approved list, however, only the practitioner can complete the Nutrition Products form. Depending on which Nutrition Product is prescribed, the ODB-eligible person may have to pay the pharmacy the difference between the cost the ministry will reimburse the pharmacy and the current listed price for that Nutrition Product. In many cases, the maximum paid by the ministry covers the entire cost (see attached Maximum Allowable Reimbursement Schedule for the list and price of the approved Nutrition Products under the Ontario Drug Benefit program).

Maximum Allowable Reimbursement Mechanism and Pricing Schedule — Nutrition Products

Administration

A valid prescription from a practitioner is required for pharmacists to dispense approved Nutrition Products under the ODB program to eligible recipients. Pharmacists and practitioners are reminded that the nutritional requirements for persons residing in Long-Term Care homes and Homes for Special Care are met by the facility responsible for the care of these patients. Claims for Nutrition Products for these residents are not reimbursed under the ODB program.

Claims

Dispensaries should note the maximum amount the ministry will reimburse pharmacies for each approved Nutrition Product. Cost-to-operator claims will not be accepted. Nutrition Products are not eligible for a mark-up.

Reimbursement Process

The maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of Nutrition Products in a given category, up to a maximum price established for that category, minus the co-payment. The ministry will reimburse pharmacies the amount identified in the column Amount MOHLTC Pays plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. No amount more than that shown in the column Amount Patient Pays plus the co-payment portion can be charged to recipients.

The following maximum allowable reimbursement schedule lists those Nutrition Products that are approved for coverage and identifies a maximum price for specific categories. Please note that the following legend defines symbols used in the maximum pricing reimbursement schedule:

A new package size

B new price

+ new product

Maximum Allowable Reimbursement Schedule For Nutrition Products

PIN	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
-----	-------	---	-----	---------------------------	-------------------	-------------------------	--------------------------

A. COMPLETE POLYMERIC

1. LACTOSE FREE

Maximum = 5.04

09854258	NovaSource Renal	Liq-237mL Pk	NON	4.32	2.05	2.05	0.00
09853170	Resource 2.0	Liq-237mL Pk	NON	4.32	2.05	2.05	0.00
97982610	Resource Plus	Liq-237mL Pk	NON	4.37	1.55	1.55	0.00
97982580	Resource	Liq-237mL Pk	NON	4.92	1.23	1.23	0.00
97904333	Ensure Plus	Liq-235mL Pk	ABB	5.04	1.79	1.79	0.00
09853529	NuBasic	Liq-250mL Pk	NES	5.04	1.26	1.26	0.00
09853537	NuBasic Plus	Liq-250mL Pk	NES	5.04	1.89	1.89	0.00
97984671	Nutren 1.0	1kcal/mL Liq-250mL Pk	NES	5.04	1.26	1.26	0.00
97984698	Nutren 1.5	1.5kcal/mL Liq-250mL Pk	NES	5.04	1.89	1.89	0.00
97984701	Nutren 2.0	2kcal/mL Liq-250mL Pk	NES	5.04	2.52	2.52	0.00
09854380	TwoCal HN	2kcal/mL Liq-235mL Pk	ROS	5.04	2.37	2.37	0.00
09853723	Nepro	Liq-235mL Pk	ABB	5.09	2.39	2.37	0.02
09853731	Suplena	Liq-235mL Pk	ABB	5.09	2.39	2.37	0.02
97983420	Isocal	Liq-250mL Pk	NON	5.40	1.35	1.26	0.09

2. LACTOSE CONTAINING

Maximum = 7.14

09853570	Nutrisure Pudding	113g Pk	ABB	7.14	1.21	1.21	0.00
----------	-------------------	---------	-----	------	------	------	------

3. FIBRE CONTAINING

Maximum = 7.68

09854363	IsoSource HN with Fibre	Liq-250mL Pk	NON	6.10	1.83	1.83	0.00
09857427	Resource Diabetic	1.06kcal/mL Liq-250mL Pk	NON	6.57	1.74	1.74	0.00
09854231	Compleat Modified	Liq-1000mL Pk	NON	7.45	7.97	7.97	0.00
09857109	Jevity 1.2 Cal	1.2kcal/mL Liq-1000mL Pk	ABB	7.61	9.13	9.13	0.00
09857117	Jevity 1.2 Cal	1.2kcal/mL Liq-1500mL Pk	ABB	7.61	13.70	13.70	0.00
97983330	Compleat Modified	Liq-250mL Pk	NON	7.66	2.03	2.03	0.00
09854392	Glucerna Tube Feeding	Liq-235mL Pk	ABB	7.68	1.80	1.80	0.00
09854393	Glucerna Tube Feeding	Liq-1000mL Pk	ABB	7.68	7.68	7.68	0.00
97984060	Jevity 1 Cal	1.06kcal/mL Liq-235mL Pk	ABB	7.68	1.92	1.92	0.00
09854460	Jevity 1 Cal	1.06kcal/mL Liq-1000mL Pk	ABB	7.68	8.14	8.14	0.00
09854479	Jevity 1 Cal	1.06kcal/mL Liq-1500mL Pk	ABB	7.68	12.22	12.22	0.00
09853111	Isocal with Fibre	Liq-250mL Pk	NON	7.68	1.92	1.92	0.00
09857516	Nutren VHP Fibre	1kcal/mL Liq-250mL Pk	NES	7.69	1.92	1.92	0.00
09857524	Nutren VHP Fibre	1kcal/mL Liq-1500mL Pk	NES	7.69	11.53	11.53	0.00
97904317	Ensure with Fibre	Liq-235mL Pk	ABB	7.69	2.00	2.00	0.00
09854096	Jevity 1.2 Cal	1.2kcal/mL Liq-235mL Pk	ABB	7.70	2.17	2.17	0.00
97984728	Nutren Fibre	1kcal/mL Liq-250mL Pk	NES	7.88	1.97	1.92	0.05

PIN	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 100Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
-----	-------	---	-----	--------------------------	-------------------	-------------------------	--------------------------

4. HIGH NITROGEN

Maximum = 5.11

97984663	IsoSource HN	Liq-250mL Pk	NON	4.03	1.20	1.20	0.00
09854177	Boost Plus Calories	Liq-237mL Pk	NON	4.47	1.59	1.59	0.00
09854266	IsoSource 1.5 Cal	Liq-250mL Pk	NON	4.99	1.87	1.87	0.00
09854444	Osmolite 1 Cal	1.06kcal/mL Liq-1000mL Pk	ABB	5.04	5.34	5.34	0.00
09854452	Osmolite 1 Cal	1.06kcal/mL Liq-1500mL Pk	ABB	5.04	8.01	8.01	0.00
09854487	Osmolite 1.2 Cal	1.2kcal/mL Liq-1000mL Pk	ABB	5.04	6.05	6.05	0.00
09857095	Osmolite 1.2 Cal	1.2kcal/mL Liq-1500mL Pk	ABB	5.04	9.07	9.07	0.00
97973165	Osmolite HN	Liq-235mL Pk	ABB	5.07	1.26	1.26	0.00
09854169	Osmolite HN Plus	Liq-235mL Pk	ABB	5.11	1.44	1.44	0.00
09857608	Nutren VHP	1kcal/mL Liq-1500mL Pk	NES	5.14	7.71	7.66	0.05
09853553	IsoSource VHN	Liq-250mL Pk	NON	8.51	2.12	1.27	0.85
09853561	NuBasic VHP	Liq-250mL Pk	NES	8.64	2.16	1.28	0.88

B. INCOMPLETE POLYMERIC

Maximum = 8.50

09853154	Boost Fruit Flavoured Beverage	Liq-235mL Pk	NON	8.61	1.55	1.53	0.02
----------	--------------------------------	--------------	-----	------	------	------	------

C. MODULAR

1. PROTEIN

Maximum = 15.90

97984795	Promod	Pd-275g Pk	ABB	15.90	16.40	16.40	0.00
09854193	HMS 90	Pd-10g Pouch	IMM	49.50	1.98	0.64	1.34

2. CARBOHYDRATE

Maximum = 4.71

97980390	Caloreen	Pd-5Kg Pk	NES	4.09	81.85	81.85	0.00
97983250	Caloreen	Pd-1Kg Pk	NES	4.71	18.83	18.83	0.00
97972592	Polycose	Pd-350g Pk	ABB	6.87	9.14	6.27	2.87

3. FAT

97904473	MCT Oil	7.7kcal/mL Liq-946mL Pk	NON		34.49	34.49	0.00
----------	---------	-------------------------	-----	--	-------	-------	------

D. CHEMICALLY DEFINED FORMULA

Maximum = 35.26

09854390	Perative	Liq-237mL Pk	ROS	8.83	2.72	2.72	0.00
09854391	Perative	Liq-1000mL Pk	ROS	8.83	11.48	11.48	0.00
09854401	Portagen	1.02kcal/mL Pd-454g Pk	MJN	10.40	22.23	22.23	0.00
97982750	Tolerex	Pd-80g Pk	NON	13.90	4.17	4.17	0.00
09853618	Vivonex T.E.N.	Pd-80.4g Pk	NON	23.44	7.03	7.03	0.00
97982830	Vivonex Plus	Pd-79.5g Pk	NON	23.70	7.03	7.03	0.00
09853200	Peptinex	1kcal/mL Liq-237mL Pk	NON	25.65	6.08	6.08	0.00
09857133	Peptinex DT	1kcal/mL Liq-250mL Pk	NON	25.68	6.42	6.42	0.00
09857125	Peptinex DT	1kcal/mL Liq-1500mL Pk	NON	25.68	38.52	38.52	0.00
97983500	Vital HN	Pd-79g Pk	ABB	25.87	7.77	7.77	0.00
09853090	Peptamen 1.5	1.5kcal/mL Liq-250mL Pk	NES	27.36	10.26	10.26	0.00
09857126	Peptamen 1.5	1.5kcal/mL Liq-1000mL Pk	NES	27.36	41.04	41.04	0.00
09854185	Subdue	Liq-237mL Pk	MJN	27.47	6.51	6.51	0.00
09854274	Optimental	Liq-237mL Pk	ABB	30.80	7.30	7.30	0.00
97984779	Peptamen	Liq-250mL Pk	NES	30.84	7.71	7.71	0.00

PIN	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
-----	-------	---	-----	---------------------------	-------------------	----------------------	-----------------------

D. CHEMICALLY DEFINED FORMULA (Cont'd)

Maximum = 35.26

09857101	Peptamen with Prebio	1kcal/mL Liq-250mL Pk	NES	30.84	7.71	7.71	0.00
09857102	Peptamen with Prebio	1kcal/mL Liq-1500mL Pk	NES	30.84	46.26	46.26	0.00
97980820	Criticare HN	Liq-235mL Pk	NON	35.26	8.74	8.74	0.00

E. PEDIATRIC FORMULA, COMPLETE POLYMERIC

1. LACTOSE FREE

Maximum = 10.51

09853669	Resource Just For Kids	Liq-235mL Pk	NON	6.60	1.55	1.55	0.00
09854215	Nutren Junior	1kcal/mL Liq-250mL Pk	NES	9.00	2.25	2.25	0.00
97984370	PediaSure	Liq-235mL Pk	ABB	10.51	2.47	2.47	0.00

2. FIBRE CONTAINING

Maximum = 10.51

09857609	Resource Just for Kids with Fibre	1kcal/mL Liq-237mL Pk	NON	6.54	1.55	1.55	0.00
09857142	Resource Just for Kids 1.5 Cal	1.5kcal/mL Liq-237mL Pk	NON	6.55	2.33	2.33	0.00
09857419	Pediasure Plus with Fibre	1.5kcal/mL Liq-235mL Pk	ROS	7.76	2.74	2.74	0.00
09854223	Nutren Junior Fibre	1kcal/mL Liq-250mL Pk	NES	9.00	2.25	2.25	0.00
09857173	Compleat Pediatric	1kcal/mL Liq-250mL Pk	NON	10.37	2.59	2.59	0.00
09854371	Pediasure with Fibre	1kcal/mL Liq-235mL Pk	ROS	10.51	2.47	2.47	0.00

F. PEDIATRIC FORMULA, INCOMPLETE POLYMERIC

Maximum = 20.16

97973084	RCF	Liq-384mL Pk	ABB	20.16	6.27	6.27	0.00
----------	-----	--------------	-----	-------	------	------	------

G. PEDIATRIC FORMULA, CHEMICALLY DEFINED

1. OLIGOMERIC (SEMI-ELEMENTAL)

Maximum = 13.13

97972630	Nutramigen	4.94kcal/g Pd-400g Pk	MJN	8.21	16.04	16.04	0.00
97984558	Alimentum	Liq-4x237mL Pk	ABB	8.79	5.65	5.65	0.00
97982440	Pregestimil	Pd-454g Pk	MJN	8.86	18.38	18.38	0.00
97983900	Nutramigen	Liq-945mL Pk	MJN	13.13	8.31	8.31	0.00

2. MONOMERIC (ELEMENTAL)

Maximum = 35.15

09854207	Neocate Junior	1kcal/mL Pd-400g Pk	SHS	20.38	37.50	37.50	0.00
09853510	Neocate	Pd-400g Pk	SHS	20.78	35.00	35.00	0.00
09853308	Vivonex Pediatric	Pd-48.7g Pk	NON	35.15	7.03	7.03	0.00

H. PEDIATRIC FORMULA, OTHERS

Maximum = N/A

09857124	Similac Advance NeoSure	5.15kcal/g Pd-363g Pk	ABB	8.02	14.99	14.99	0.00
09857172	Enfamil EnfaCare A+	22kcal/30mL Pd for Liq-363g Pk	MJS	8.51	15.29	15.29	0.00
09854398	KetoCal	7.2kcal/g Pd-300g Pk	SHS	13.89	30.00	30.00	0.00
09857100	Pediatric Peptinex DT	1kcal/mL Liq-250mL Pk	NON	25.68	6.42	6.42	0.00
09853588	Peptamen Junior	Liq-250mL Pk	NES	30.84	7.71	7.71	0.00

Diabetic Testing Agents

Diabetic Testing Agents are not formulary benefits but are covered as additional benefits for Ontario Drug Benefit (ODB) eligible persons.

Maximum Allowable Reimbursement Mechanism And Pricing Schedule: Diabetic Testing Agents

Administration

A valid prescription from a practitioner is required for pharmacists to dispense approved Diabetic Testing Agents under the ODB program to eligible recipients.

Claims

Dispensaries should note the maximum amount the ministry will reimburse pharmacies for each approved test strip. Cost-to-operator claims will not be accepted. Test strips are not eligible for a markup.

Please note: Only one Product Identification Number (PIN) for each brand of test strips can be used for billing. Package size should not be used since reimbursement is based on the number of unit strips of each product dispensed.

Reimbursement

Blood Glucose Test Strips

The maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of Blood Glucose Test Strips, up to a maximum price that will be reimbursed, minus the co-payment. The ministry will reimburse pharmacies the amount identified in the column Amount MOHLTC Pays plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. No amount more than that shown in the column Amount Patient Pays plus the co-payment portion can be charged to recipients.

The following maximum allowable reimbursement schedule lists those blood glucose test strips approved for coverage and the maximum price, up to which they will be reimbursed.

Please note that the following legend defines symbols used in the maximum pricing reimbursement schedule:

A new package size

B new price

+ new product

**Maximum Allowable Reimbursement Schedule
For Diabetic Testing Agents**

PIN	Product Name	Mfr	Cost/Unit	Amount MOHLTC Pays/Unit	Amount Patient Pays/Unit
-----	--------------	-----	-----------	-------------------------	--------------------------

BLOOD GLUCOSE STRIPS

Maximum = 0.7290

09853480	Novo-Glucose	NOP	0.5222	0.5222	0.0000
09853677	Prestige Smart System	THR	0.6067	0.6067	0.0000
09853189	Chemstrip bG	ROD	0.7193	0.7193	0.0000
09853103	Encore	BAY	0.7290	0.7290	0.0000
09854029	FastTake	LIF	0.7290	0.7290	0.0000
09853243	One Touch	LIF	0.7290	0.7290	0.0000
09854290	One Touch Ultra	LIF	0.7290	0.7290	0.0000
09853634	SureStep	LIF	0.7290	0.7290	0.0000
09853219	ExacTech	MED	0.7290	0.7290	0.0000
09853626	Accu-Chek Advantage	ROD	0.7290	0.7290	0.0000
09853081	Accu-Chek Easy	ROD	0.7301	0.7290	0.0011
09853693	Ascensia Autodisc	BAY	0.7398	0.7290	0.0108
09854088	Ascensia Elite	BAY	0.7398	0.7290	0.0108
09857127	Ascensia Microfill	BAY	0.7398	0.7290	0.0108
09857178	Accu-Chek Aviva	ROD	0.7404	0.7290	0.0114
09854282	Accu-Chek Compact	ROD	0.7404	0.7290	0.0114
09854002	Advantage Comfort	ROD	0.7404	0.7290	0.0114
09857508	Precision Easy	ABB	0.7441	0.7290	0.0151
09854070	Precision Xtra	ABB	0.7441	0.7290	0.0151
09854304	Sof-Tact	ABB	0.7441	0.7290	0.0151
09853146	Precision Plus	MED	0.7441	0.7290	0.0151
09857141	Freestyle	TER	0.7452	0.7290	0.0162
09857132	BD	BED	0.7655	0.7290	0.0365
09853162	Accutrend	ROD	0.7679	0.7290	0.0389

PART X

ABBREVIATIONS, TABLES AND SAMPLE FORMS

Abbreviations of Manufacturers' Names

ABB	Abbott Laboratories Limited
ALA	Altana Pharma Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALT	AltiMed Pharmaceutical Co.
AMG	Amgen Canada Inc.
APX	Apotex Inc.
AST	Astra Pharma Inc.
AVE	Aventis Pharma
AYE	Ayerst Laboratories
AZC	AstraZeneca
BAH	Bayer Inc., Healthcare Division
BAK	Baker Cummins Inc.
BAX	Baxter Corporation
BAY	Bayer Inc., Consumer Care Division
BED	BD Consumer Healthcare
BEX	Berlex Canada Inc.
BFI	Axcan Pharma Inc.
BIO	Biovail Pharmaceuticals Canada
BJH	Draxis Health Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BQU	Bristol Myers Squibb Canada Co.
BSH	Bausch & Lomb Canada Inc.
BWE	Burroughs Wellcome Inc.
CDX	Canderm Pharmacal Ltd.
CIB	Ciba Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
COB	Cobalt Pharmaceuticals Inc.
CPL	Clay-Park Labs Inc.
CRY	Crystaal Corp.
CYI	Cytex Pharmaceutical Co.
DES	Desbergers Limited
DKT	Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Inc.
DPC	Dominion Pharmacal
DUI	Duchesnay Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
EUR	Euro-Pharm International Canada
FAB	Fabrigen Inc.
FEI	Ferring Inc.
FIS	Fisons Corporation Limited
FOU	Fournier Pharma Inc.
FRS	Merck Frosst Canada Ltd.
FUJ	Astellas Pharma Canada Inc.
GAC	Galderma Canada Inc.
GEI	Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
GEN	Genpharm Inc.
GIL	Gilead Sciences Inc.
GLA	Glaxo Canada Inc.
GLW	Glaxo Wellcome Inc.

GSK	GlaxoSmithKline
GZM	Genzyme Canada Inc.
HLR	Hoffman-LaRoche Ltd.
HMR	Hoechst Marion Roussel Canada Inc.
HOR	Frank W. Horner Inc.
HRU	Hoechst-Roussel Canada Inc.
ICN	ICN Canada Ltd.
IMM	Immunotech Research Ltd.
IOB	Iolab Pharmaceuticals
IVA	Ivax Laboratories Incorporated
JAN	Janssen Pharmaceutica Inc.
JNO	Janssen-Ortho Inc.
JOU	Jouveinal Canada Inc.
KAP	Kabi Pharmacia Canada Inc.
LEA	Lee-Adams Laboratories
LED	Lederle Cyanamid Canada Inc.
LEO	Leo Pharma Inc.
LIF	Lifescan Canada Inc.
LIL	Eli Lilly Canada Inc.
LIO	LIOH Inc.
MAN	Paul Maney Labs., Division of Canapharm Ind. Inc.
MAY	Mayne Pharma (Canada) Inc.
MCL	McNeil Consumer Products Co.
MEC	Medicis Canada Ltd.
MED	Medisense Canada Ltd.
MEI	Medican Pharma Inc.
MET	Medican Technologies Inc.
MFC	Merck Frosst Canada Inc.
MFS	Merck Frosst/Schering Pharma GP
MJN	Mead Johnson Nutritionals
MJS	Mead Johnson Canada
MMH	3M Pharmaceuticals, Division/3M Canada Inc.
MRR	Marion Merrell Dow Canada
MSD	Merck Sharp & Dohme, Canada Inc.
NDA	Nadeau Laboratory Ltd.
NES	Nestle Clinical Nutrition
NON	Novartis Nutrition Corporation
NOO	Novo Nordisk Canada Inc.
NOP	Novopharm Ltd.
NOV	Novartis Pharmaceuticals Canada Inc.
NXP	Nu-Pharm Inc.
OMC	Ortho McNeil Inc.
OPS	OPI S.A.
ORG	Organon Canada Ltd.
ORY	Oryx Pharmaceuticals Inc.
OVA	Ovation Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PDA	Parke-Davis, Division Warner-Lambert Canada Inc.
PEN	Pendopharm Inc.
PFI	Pfizer Canada Inc.
PFP	Purdue Pharma

PGI	Proctor & Gamble Inc.
PGP	Proctor & Gamble Pharmaceuticals Canada, Inc.
PHE	Pharmel
PMJ	Pharmacia & Upjohn
PMS	Pharmascience Inc.
PRE	Prempharm Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.
RBT	Roberts Pharmaceutical of Canada Inc.
RCA	Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RIV	Rivex Pharma Inc.
ROD	Roche Diagnostics, a division of Hoffman-LaRoche Ltd.
ROG	Rougier Pharma, Division of Ratiopharm Inc.
ROS	Ross Laboratories-Abbott (Nutritional Products)
RPH	Ratiopharm Inc.
RPP	Rhone-Poulenc Rorer - Ethical Division
RPR	Rhone-Poulenc Rorer Consumer Inc.
SAO	Sanofi Canada Inc.
SAV	Sanofi Aventis Pharma
SCH	Schering Canada Inc.
SDR	Stanley Pharmaceuticals Ltd.
SDZ	Sandoz Canada Inc.
SEA	Searle Canada Inc.
SEV	Servier Canada Inc.
SHI	Shire Canada Inc.
SHS	SHS North America
SIG	Sigma-Tan Pharmaceutical Inc.
SMJ	SmithKline Beecham Pharma Inc.
SNE	Smith & Nephew Inc.
SPH	Solvay Pharma Inc.
SQI	Squire Pharmaceuticals Inc.
STE	Sterimax Inc.
STH	Sterling Health
STI	Stiefel Canada Inc.
SYN	Syntex Inc.
TAN	Tanta Pharmaceutical Co.
TAP	TAP Pharmaceuticals
TAR	Taro Pharmaceuticals Inc.
TER	Therasense Canada Inc.
TCH	Technilab Inc.
THE	Theramed Corporation
THR	Thermor Ltd.
TPH	TaroPharma, a Division of Taro Pharmaceuticals Inc.
UPJ	Upjohn Company of Canada
VAE	Valeo Pharma Inc.
VAL	Valeant Canada Ltd.
VLH	Lundbeck Canada Inc.
VRO	Virco Pharmaceuticals (Canada) Inc.
WAB	Waymar Pharmaceuticals Inc.
WAR	Warner Chilcott Company Inc.
WAY	Wyeth Pharmaceuticals
WCC	Women's Capital Corporation

WEL WellSpring Pharmaceutical Canada Corp.
WHB Whitehall-Robins Inc.
WSQ Westwood Squibb Pharmaceuticals
ZYN Zymcan Pharmaceuticals Inc.

Table 1: Abbreviations of Dosage Forms

Abbreviation	Dosage Form	Abbreviation	Dosage Form
Aero	Aerosol	Oral Rinse	Oral Rinse
App	with Applicator	Ot	Otic
Cap	Capsule	Pd	Powder
Cart	Cartridge	Pd Inh	Powder for Inhalation
Chew	Chewable	Pel	Pellet
Cl Lot	Cleansing Lotion	Ped	Pediatric
CR	Controlled Release	Pk	Package
Cr	Cream	Pref Syr	Prefilled Syringe
Eff	Effervescent	Prolong-Rel	Prolonged-Release
Emol	Emollient	Rect	Rectal
Emuls	Emulsion	Rect Aero	Rectal Aerosol
Ent	Enteric		Foam
Ent Microsph Cap	Enteric Coated Microspheres in Capsules	SDV	Single Dose Vial
		SG Cap	Soft Gelatin Cap
ER	Extended Release	SL	Sublingual
Gran	Granule	Sol	Solution
Inh	for Inhalation	Sp	Spray
Inj	Injectable	Sprinkle Cap	Sprinkle Capsule
LA	Long Acting	SR	Sustained Release
Lot	Lotion	Sup	Suppository
Loz	Lozenge	Susp	Suspension
MDV	Multi Dose Vial	Tab	Tablet
Nas	Nasal	Tamp	Tampon
Oily	in Oil	3 Phase	Three Phase
Oint	Ointment	Top	Topical
O/L	Oral Liquids	Transderm Syst	Transdermal Therapeutic System
Oph	Ophthalmic		
Oral Pd	Oral Powder	Vag	Vaginal

Table 2: Medicinal Preparations That Can be Fatal to a 10kg. Toddler upon Ingestion of 1-2 Tablets, Capsules or Teaspoonfuls

Drug	Minimum potential fatal dose (per Kg wt)	Maximal unit-dose available	Amount that may cause fatality
Camphor	100mg/kg	1g/5mL	1 tsp
Chloroquine	20mg/kg	250mg	2 tabs
Hydroxychloroquine	20mg/kg	200mg	1 tab
Imipramine	15mg/kg	75mg	2 tabs
Desipramine	15mg/kg	100mg	2 tabs
Methyl Salicylate	200mg/kg	1.4g/mL	< 1 tsp
Theophylline	8.4mg/kg	600mg	1 tab
Chlorpromazine	25mg/kg	200mg	1-2 tabs

Table 3: Selected List of Drugs and Their Fatality Potential in Toddlers of 10kg

Drug	Minimum potential fatal dose (per Kg wt)	Maximal unit-dose available	Amount that may cause fatality
Irreversible monoamine oxidase inhibitors	25mg/kg	15mg	15 tabs
Diphenoxylate	1.2mg/kg	2.5mg	5 tabs
Codeine	15mg/kg	60mg	3 tabs
Pentazocine	45mg/kg	50mg	9 tabs
Dimenhydrinate	25mg/kg	75mg	4 tabs
Diphenhydramine	25mg/kg	50mg	5 caps
Orphenadrine	25mg/kg	50mg	5 caps
Quinine	80mg/kg	300mg	2-4 caps

Adapted with permission of Dr. Koren from tables in: Koren, G. (1993). *Medications which can kill a toddler with one tablet or teaspoonful*. Clinical Pharmacology 31(3):407- 413.

Table 4: Approximate Relative Potencies of Listed Topical Steroid Preparations

<p>Low Potency</p> <ul style="list-style-type: none"> Desonide 0.05% (Tridesilon) Hydrocortisone 0.5%, 1% (Cortate, Cortoderm, Emo-Cort, Hyderm) Methylprednisolone 0.025% (Medrol)
<p>Medium Potency</p> <ul style="list-style-type: none"> Beclomethasone Dipropionate 0.025% (Propaderm) Betamethasone Valerate 0.05%, 0.1% (Betaderm, Ectosone, Valisone) Clobetasone Butyrate 0.05% (Eumovate) Diflucortolone Valerate 0.1% (Nerisone) Flumethasone Pivalate 0.03% (Locacorten Vioform) Fluocinolone Acetonide 0.01%, 0.025% (Fluoderm, Synalar, Synamol) Hydrocortisone Valerate 0.2% (Westcort) Mometasone Furoate 0.1% (Elocom) Triamcinolone Acetonide 0.025%, 0.1% (Aristocort, Kenalog, Triaderm)
<p>High Potency</p> <ul style="list-style-type: none"> Amcinonide 0.1% (Cyclocort) Betamethasone Dipropionate 0.05% (Diprosone, TARO-SONE, Topisone) Fluocinonide 0.05% (Lidemol, Lidex, Lyderm, Tiamol) Halcinonide 0.1% (Halog)
<p>Ultra High Potency</p> <ul style="list-style-type: none"> Betamethasone Dipropionate in base containing Propylene Glycol 0.05% (Diprolene, Topilene) Clobetasol Propionate 0.05% (Dermasone, Dermovate, Gen-Clobetasol)

Table 5: Approximate Conversion Tables from the Avoirdupois to the Metric System

Weight		Liquid Measures	
1/6 gr. = 10 mg	1/8 oz. = 4 g	1/4 oz. = 8 mL	10 oz. = 285 mL
1/4 gr. = 15 mg	1/4 oz. = 8 g	1/2 oz. = 15 mL	12 oz. = 345 mL
1/2 gr. = 30 mg	1/2 oz. = 15 g	1 oz. = 30 mL	16 oz. = 455 mL
3/4 gr. = 50 mg	1 oz. = 30 g	2 oz. = 60 mL	20 oz. = 570 mL
1 gr. = 60 mg	2 oz. = 60 g	3 oz. = 85 mL	32 oz. = 910 mL
1 1/2 gr. = 100 mg	4 oz. = 115 g	4 oz. = 115 mL	40 oz. = 1135 mL
3 gr. = 200 mg	8 oz. = 230 g	5 oz. = 145 mL	80 oz. = 2270 mL
5 gr. = 300 mg	16 oz. = 455 g	6 oz. = 170 mL	
7 1/2 gr. = 500 mg	32 oz. = 910 g	8 oz. = 230 mL	
10 gr. = 600 mg	64 oz. = 1820 g		



- The form should be printed and faxed toll free to: 1 866 678-6789 or mailed as per instructions provided.
- La version française de ce document est disponible à:

Report of suspected adverse reaction due to health products* marketed in Canada

http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/form/ar-ci_form_f.html

PROTECTED B**
(when completed)

A. Patient Information (See "Confidentiality" section)				
1. Identifier	3. Sex	4. Height	5. Weight	
2. Age at time of reaction	<input type="checkbox"/> Male	_____ feet	_____ lbs	
	<input type="checkbox"/> Female	_____ cm	_____ kgs	
B. Adverse Reaction				
1. Outcome attributed to adverse reaction (check all that apply)				
<input type="checkbox"/> Death (yyyy/mm/dd) <input type="checkbox"/> Disability <input type="checkbox"/> Life-threatening <input type="checkbox"/> Congenital malformation <input type="checkbox"/> Hospitalization <input type="checkbox"/> Required intervention to prevent damage/permanent impairment <input type="checkbox"/> Hospitalization - prolonged <input type="checkbox"/> Other : _____				
2. Date of reaction YYYY MM DD		3. Date of this report YYYY MM DD		
4. Describe reaction or problem				
5. Relevant tests / laboratory data (including dates (yyyy/mm/dd))				
6. Other relevant history, including pre-existing medical conditions (e.g. allergies, pregnancy, smoking and alcohol use, hepatic / renal dysfunction)				

C. Suspected Health Product(s) (See "How to report" section)		
1. Name (give labeled strength & manufacturer, if known)		
# 1 _____		
# 2 _____		
2. Dose, frequency & route used		3. Therapy dates (if unknown, give duration)
# 1 _____		# 1 From (yyyy/mm/dd) - To (yyyy/mm/dd)
# 2 _____		# 2 _____
4. Indication for use of suspected health product		5. Reaction abated after use stopped or dose reduced
# 1 _____		# 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't apply
# 2 _____		# 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't apply
6. Lot # (if known)	7. Exp. date (if known)	8. Reaction reappeared after reintroduction
# 1 _____	# 1 (yyyy/mm/dd)	
# 2 _____	# 2 _____	# 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't apply
9. Concomitant health products (name, dose, frequency and route used), and therapy dates (yyyy/mm/dd) (exclude treatment of reaction)		
10. Treatment of adverse reaction (medications and / or other therapy), include dates (yyyy/mm/dd)		
D. Reporter Information (See "Confidentiality" section)		
1. Name, address & phone number		
2. Health professional? 3. Occupation 4. Also reported to manufacturer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the adverse reaction.
 * Use this form to report suspected adverse reactions to pharmaceuticals, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products or radiopharmaceuticals.
 ** As per the Treasury Board of Canada Secretariat Government Security Policy.

HC/SC 4016 (04/06)



Return this form to the Adverse Reaction (AR) Monitoring Office listed below for your region

VOLUNTARY ADVERSE REACTION (AR) REPORTING GUIDELINES

Confidentiality of adverse reaction information

Any information related to the identity of the patient and/or the reporter of the AR will be protected as per the *Access to Information Act* and the *Privacy Act*. For the "identifier" box, provide some type of identifier that will allow you, the reporter, to readily locate the case if you are contacted for more information; do not use the patient's name.

Privacy Notice Statement: Individuals have access to and protection of any provided personal information under the provisions of the *Access to Information Act* and the *Privacy Act*. Suspected health product-related AR information is submitted on a voluntary basis, and is maintained in a computerized database. AR information is used for the monitoring of marketed health products, and may contribute to the detection of potential product-related safety issues as well as to the benefit-risk assessments of these products. For more details with regard to personal information collected under this program, visit the Personal Information Bank; Health Canada; Health Products and Food Branch; Branch Incident Reporting System; PIB# PPU 088 at: http://infosource.gc.ca/inst/shc/fed07_e.asp.

What to report?

ARs to Canadian marketed health products, including prescription and non-prescription pharmaceuticals, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals are collected by the Canadian Adverse Drug Reaction Monitoring Program (CADRMP). An AR is a harmful and unintended response to a health product. This includes any undesirable patient effect suspected to be associated with health product use. Unintended effect, health product abuse, overdose, interaction (including drug-drug and drug-food interactions) and unusual lack of therapeutic efficacy are all considered to be reportable ARs.

AR reports are, for the most part, only *suspected* associations. A temporal or possible association is sufficient for a report to be made. Reporting of an AR does not imply a definitive causal link.

All suspected adverse reactions should be reported, especially those that are:

- **unexpected**, regardless of their severity, i.e., not consistent with product information or labeling; or
- **serious**, whether expected or not; or
- reactions to **recently marketed health products** (on the market for less than five years), regardless of their nature or severity.

What is a serious adverse reaction?

A serious AR is one that requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. ARs that require significant medical intervention to prevent one of these listed outcomes are also considered to be serious.

How to report?

To report a suspected AR for health products marketed in Canada, health professionals or consumers (preferably in conjunction with their health professional, so that information about medical history can be included in order to make the reports more complete and scientifically valid) should complete a copy of the Report of Suspected Adverse Reaction Due to Health Products Marketed in Canada (HC/SC 4016). This form may be obtained from the Internet at http://www.hc-sc.gc.ca/dhp-mps/medeff/report_declaration/form/ar-ei_form_e.html, from your Regional AR Monitoring Office (see contact information below), and is also available in the appendices of the Compendium of Pharmaceuticals and Specialties (CPS).

All applicable sections of the AR reporting form should be filled in as completely as possible. Use a separate form for each patient. Up to two suspected health products for a particular AR may be reported on one form. Attach an additional form if there are more than two suspected health products for the AR being reported. Additional pages may be attached if more space is required. The success of the program depends on the quality and accuracy of the information provided by the reporter.

To report an Adverse Event following an Immunization (AEFI) for a vaccine used in the prevention of infectious disease, the same criteria as stated in these guidelines are used. Health professionals should complete a copy of the AEFI reporting form. This form is available on the Internet at http://www.phac-aspc.gc.ca/im/aeifi-form_e.html, or in the appendices of the CPS. These forms also exist as customized Provincial/Territorial adverse event forms which can be obtained either from local public health departments or from the Provincial/Territorial health authorities.

For more information on CADRMP, additional copies of AR reporting forms or to report an AR, health professionals and consumers are invited to contact the Adverse Reaction Monitoring Office listed below for their region. The following toll-free numbers may be used by health professionals and consumers. Calls will be automatically routed to the appropriate Regional Adverse Reaction Monitoring Office based on the area code from which the call originates. Toll-free telephone: 1-866-234-2345 Toll-free fax: 1-866-678-6789.

British Columbia and Yukon: Canadian Adverse Reaction Monitoring - BC and Yukon, 400-4595 Canada Way, Burnaby, British Columbia, V5G 1J9
British_Columbia_AR@hc-sc.gc.ca

Alberta and Northwest Territories: Canadian Adverse Reaction Monitoring - Alberta and Northwest Territories, Suite 730, 9700 Jasper Avenue, Edmonton, Alberta, T5J 4C3
Alberta_AR@hc-sc.gc.ca

Saskatchewan: Canadian Adverse Reaction Monitoring - Saskatchewan, 4th floor, Room 412, 101 - 22nd Street East, Saskatoon, Saskatchewan, S7K 0E1
Saskatchewan_AR@hc-sc.gc.ca

Manitoba: Canadian Adverse Reaction Monitoring - Manitoba, 510 Lagimodière Blvd, Winnipeg, Manitoba, R2J 3Y1
Manitoba_AR@hc-sc.gc.ca

Ontario and Nunavut: Canadian Adverse Reaction Monitoring - Ontario and Nunavut, 2301 Midland Avenue, Toronto, Ontario, M1P 4R7
Ontario_AR@hc-sc.gc.ca

Québec: Canadian Adverse Reaction Monitoring - Québec, 1001 Saint-Laurent Street West, Longueuil, Québec, J4K 1C7
Quebec_AR@hc-sc.gc.ca

Atlantic: Canadian Adverse Reaction Monitoring - Atlantic, For New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, 1505 Barrington St., Maritime Centre, Suite 1625, 16th floor, Halifax, Nova Scotia, B3J 3Y6
Atlantic_AR@hc-sc.gc.ca

How to deal with follow-up information for an AR that has already been reported?

Any follow-up information for an AR that has already been reported can be submitted using a new AR reporting form. It can be communicated by telephone, fax or e-mail to the appropriate Adverse Reaction Monitoring Office (see contact information above). In order that this information can be matched with the original report, indicate that it is follow-up information, and if known, the date of the original report and the case report tracking number provided in the acknowledgement letter. It is very important that follow-up reports are identified and linked to the original report.

What about reporting ARs to the Market Authorization Holder (manufacturer)?

Health professionals and consumers may also report ARs to the market authorization holder (MAH). Indicate on your AR report sent to Health Canada if a case was also reported to the product's MAH.

Please fax completed form and/or any additional relevant information to (416) 327-7526 or toll-free 1 866 811-9908; or send to the Individual Eligibility Review Branch (IERB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5. For copies of this and other ICR forms, please visit http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

The Ministry of Health and Long-Term Care (the "ministry") considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under the Individual Clinical Review (ICR) Mechanism of the *Ontario Drug Benefit Act*. This form is intended to facilitate requests for drugs under ICR mechanism. The ministry may request additional documentation to support the request. Please ensure that all appropriate information for each section is provided to avoid delays.

Section 1 – Prescriber Information			Section 2 – Patient Information		
First name	Initial	Last name	First name	Initial	Last name
Mailing address Street no. Street name			Health Number		
City		Postal code			
Fax no. ()		Telephone no. ()	Date of birth (yyyy/mm/dd)		
<input type="checkbox"/> New request		<input type="checkbox"/> Renewal of existing ICR approval (specify ICR#) _____			

Section 3 – Drug Requested	
Requested drug product	DIN
Strength / Dosage form	Frequency of administration
Expected start date	Duration of therapy

Section 4 – Diagnosis and Reason for Use
Diagnosis for which the drug is requested:
Reason for use over formulary alternatives:
If the patient is currently taking the requested product, please provide start date & objective evidence of its efficacy:

Section 5 – Current and / or Previous Medications				
a) Please provide details of alternatives (listed drugs and/or non-drug therapy) tried for this condition:				
Name of drug (indicate if current or previously taken)	Dosage	Approximate timeframe of therapy	Reason(s) why formulary alternatives are not appropriate	
<input type="checkbox"/> current <input type="checkbox"/> previous				
<input type="checkbox"/> current <input type="checkbox"/> previous				
<input type="checkbox"/> current <input type="checkbox"/> previous				
<input type="checkbox"/> current <input type="checkbox"/> previous				

b) Provide patient's concomitant drug therapies for other conditions:

Section 6 – Clinical Information
Please provide relevant medical data (e.g. culture and sensitivity reports, serum drug levels, laboratory results):

The information on this form is collected under the authority of the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sched. A (PHIPA) and Section 13 of the *Ontario Drug Benefit Act*, R.S.O. 1990 c.O.10 and will be used in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices", which may be accessed at www.health.gov.on.ca. If you have any questions about the collection or use of this information, call the Ontario Drug Programs Help Desk at 1 800 668-6641 or contact the Director, Individual Eligibility Review Branch (IERB), Ministry of Health and Long-Term Care, 3rd floor, 5700 Yonge St., Toronto ON M2M 4K5.

Prescriber signature (mandatory)	CPSO number	Date
----------------------------------	-------------	------

Nutrition Product (NP) claims to be reimbursed by the Ontario Drug Benefit (ODB) program must be prescribed in accordance with patient eligibility criteria and supported by a valid, fully completed NP form. For easy reference to a complete list of NPs eligible for ODB reimbursement and the patient eligibility criteria, refer to Part IX of the Formulary. NP patient eligibility criteria also appear at the back of this form. An NP form is valid for one year following the date completed by the prescriber. NP forms will be audited to ensure that ODB eligible recipients meet the patient eligibility criteria for NPs.

Les demandes de remboursement de produits nutritionnels (PN) en vertu du Programme de médicaments de l'Ontario (PMO) doivent être prescrites conformément aux critères d'admissibilité du patient et accompagnées d'un formulaire PN valide et dûment rempli. Pour consulter facilement la liste complète des PN admissibles à un remboursement en vertu du PMO et les critères d'admissibilité du patient, consulter la Partie IX du formulaire. Les critères d'admissibilité du patient pour les PN sont également indiqués au dos du présent formulaire. Un formulaire PN est valable pendant un an à partir de la date à laquelle le prescripteur l'a rempli. Les formulaires PN seront vérifiés afin de garantir que les prestataires admissibles en vertu du PMO satisfont aux critères d'admissibilité du patient pour les PN.

The information collected on this form is collected for the purpose of payment under the Ministry of Health and Long-Term Care Act and for Drug Utilization Review. It is collected under the authority of section 6 of the Ministry of Health and Long-Term Care Act. For information contact the Ontario Drug Programs Help Desk at 1 800 668-6641.
Les renseignements demandés dans ce formulaire sont réunis aux fins de paiement en vertu de la Loi sur le ministère de la Santé et des Soins de longue durée et aux fins d'étude de la consommation de médicaments. La collecte de ces renseignements est autorisée en vertu de l'article 6 de la Loi sur le ministère de la Santé et des Soins de longue durée. Pour de plus amples renseignements, prière de s'adresser au service d'assistance des Programmes de médicaments de l'Ontario au 1 800 668-6641.

Section 1 – Prescriber / Section 1 – Prescripteur

(To be completed by Prescriber before the claim can be processed. The completed Nutrition Products form should be given to the patient with the prescription for a Nutrition Product. Pharmacists must have a fully completed Nutrition Products form before submitting an ODB claim.)

(À remplir par le prescripteur avant que la demande puisse être traitée. Il faudrait remettre au patient le formulaire Produits nutritionnels dûment rempli en même temps que l'ordonnance pour un produit nutritionnel. Les pharmaciens doivent avoir un formulaire Produits nutritionnels dûment rempli avant de faire une demande de remboursement en vertu du PMO.)

Patient last name / Nom de famille du patient	First name / Prénom
---	---------------------

Nutrition Product (Name / strength) / Produit nutritionnel (Nom/force)

Diagnosis / Diagnostic

Patient eligibility criteria chosen / Critères d'admissibilité du patient choisis

Patient using product as **sole** source of nutrition **and** meets one of the following: / Le patient utilise le ou les produits comme **seule** source de nutrition et satisfait l'un des critères suivants :

- oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g. head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating
Troubles de l'oropharynx ou troubles gastro-intestinaux résultant d'une affection de l'oesophage ou de dysphagie; p. ex., chirurgie de la tête ou du cou, troubles neuromusculaires ou maladie cerebrovasculaire, quand la dysphagie empêche le patient de manger
- maldigestion or malabsorption disorder and / or significant gut failure where food is not tolerated; e.g. pancreatic insufficiency, biliary obstruction, short bowel syndrome
Troubles de la digestion ou de l'absorption et/ou sévère insuffisance intestinale entraînant une intolérance des aliments; p. ex., insuffisance pancréatique, obstruction biliaire, syndrome de l'intestin court
- for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; i.e. Crohn's Disease
Patient nécessitant un régime défini chimiquement comme principal traitement d'une maladie pour laquelle les avantages thérapeutiques ont été prouvés : maladie de Crohn

Nutrition Product is the patient's sole source of nutrition / Les produits nutritionnels sont la seule source de nutrition du patient

yes / oui no / non

Prescriber's last name / Nom de famille du prescripteur	First name / Prénom	CPSO number / Numéro de l'OMCO
---	---------------------	--------------------------------

Prescriber's signature / Signature du prescripteur	Date
--	------

Section 2 – Pharmacist / Pharmacien

Any form that is not fully completed, or that leaves doubt as to whether patient eligibility criteria have been appropriately applied will result in a recovery of funds from the pharmacy.

La pharmacie devra rembourser l'argent versé si un formulaire n'est pas dûment rempli ou s'il y a des doutes quant à l'application des critères d'admissibilité du patient.

1. Patient Health/ODB eligibility number / Numéro d'admissibilité au PMO du patient _____

2. Nutrition Product form is complete and text indicated on form meets patient eligibility criteria:
Le formulaire Produits nutritionnels est dûment rempli et les renseignements donnés sont conformes aux critères d'admissibilité du patient :

yes / oui no / non

3. PIN: / NIP: _____

Pharmacist's signature / Signature du pharmacien	ON no. / N° ON	Date of initial dispensing / Date d'exécution initiale de l'ordonnance
--	----------------	--

Patient Eligibility Criteria for Coverage of Nutrition Products

The following patient eligibility criteria will determine a recipient's eligibility for coverage of Nutrition Products (NPs) under the Ontario Drug Benefit (ODB) program.

Nutrition Products will be reimbursed for ODB eligible persons when prescribed by a physician as the patient's **sole source** of nutrition and meet one of the following:

- oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia, e.g. head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating.
- malabsorption or malabsorption disorder and / or significant gut failure where food is not tolerated: e.g. pancreatic insufficiency, biliary obstruction, short bowel syndrome.
- for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated, i.e. Crohn's Disease

Each claim for reimbursement must be supported by a valid, fully completed Nutrition Product form.

Pharmacists are required to retain a copy of the Nutrition Product form on file for a period of two years.

Exclusions:

A nutrition product will not be reimbursed under the ODB program if it is intended for one of the following uses:

- prescribed weight loss in the treatment of obesity
- food allergies
- body building
- voluntary meal replacement
- nutritional supplement
- convenience
- used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function

Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

Critères d'admissibilité du patient pour le remboursement de produits nutritionnels

Les critères d'admissibilité du patient suivants détermineront l'admissibilité d'un prestataire à un remboursement de produits nutritionnels (PN) en vertu du Programme de médicaments de l'Ontario (PMO).

Les produits nutritionnels ne seront admissibles pour un remboursement en vertu du programme PMO que s'ils sont prescrits par un médecin en tant que **seule source** de nutrition pour l'une des raisons suivantes :

- Troubles de l'oropharynx ou troubles gastro-intestinaux résultant d'une affection de l'œsophage ou de dysphagie, p. ex., chirurgie de la tête ou du cou, troubles neuromusculaires ou maladie cardiovasculaire, quand la dysphagie empêche le patient de manger.
- Troubles de la digestion ou de l'absorption et/ou sévère insuffisance intestinale entraînant une intolérance des aliments; p. ex., insuffisance pancréatique, obstruction biliaire, syndrome de l'intestin court.
- Patient nécessitant un régime défini chimiquement comme principal traitement d'une maladie pour laquelle les avantages thérapeutiques ont été prouvés : maladie de Crohn.

Toute demande de remboursement doit être accompagnée d'un formulaire Produits nutritionnels valable et dûment rempli.

Les pharmaciens doivent conserver une copie du formulaire Produits nutritionnels pendant deux ans.

Exclusions:

Un produit nutritionnel ne sera pas remboursé en vertu du programme PMO s'il sert à l'un des usages suivants :

- Amaigrissement prescrit pour le traitement de l'obésité
- Allergies alimentaires
- Musculation
- Remplacement volontaire de repas
- Additif nutritionnel
- Commodité
- Utilisé pour remplacer l'allaitement maternel des nourrissons ayant des fonctions gastro-intestinales normales

Les patients qui tolèrent certains aliments solides et qui n'ont besoin que de suppléments n'ont pas droit au remboursement.

A Guide to Completing the Nutrition Products Form (refer to Part IX of ODB Formulary for more details)

For the Prescriber

- Complete **all** of Section 1 of the Nutrition Product (NP) form.
- Give completed form to patient together with the NP prescription, or fax the completed NP form directly to the patient's pharmacist.
- Prescribers should not assume that pharmacists will complete missing sections. Pharmacists **cannot** complete Section 1 information on behalf of the prescriber.
- Prescribers should not complete an NP form if the patient does not meet the patient eligibility criteria.

For the Pharmacist

- Ensure Section 1 is complete, and the patient eligibility criteria indicated meets the patient eligibility criteria for NPs **before the prescription is filled**.
- Return forms with information missing from Section 1 to prescriber for completion, or have the prescriber fax you a revised NP form.
- Complete all of Section 2.
- Process the claim through the Health Network, completing all steps for validation. If the Network rejects the claim, check to ensure the patient meets the patient eligibility criteria for the appropriate use of the NP.
- Do not complete / amend Section 1 information. This must be completed by the prescriber.
- Do not process NP claims for patients which in your professional judgement do not meet the patient eligibility criteria for NPs.
- The ministry routinely conducts pharmacy audits for post-payment verification of claims paid by the ODB program. **Any NP form that is not fully completed, or that leaves doubt as to whether the patient eligibility criteria for NPs have been appropriately applied will result in recovery of funds from the pharmacy.**

The Pharmacist must have a fully completed NP form before submitting an ODB claim.

To obtain additional copies of NP forms, physicians and pharmacists call (613) 548-6586, or 1 888 310-9008.

Pour obtenir des formulaires PN supplémentaires, les médecins et les pharmaciens peuvent appeler le (613) 548-6586 ou le 1 888 310-9008.

3057-87 (03/03)

7530-4589

Comment remplir le formulaire Produits nutritionnels

(consulter la partie IX du formulaire PMO pour plus d'information)

Pour le prescripteur

- Remplir **entièrement** la Section 1 du formulaire Produits nutritionnels (PN).
- Remettre au patient le formulaire dûment rempli avec l'ordonnance pour des PN, ou envoyer le formulaire dûment rempli directement à la pharmacie du patient par télécopieur.
- Le prescripteur ne devrait pas supposer que le pharmacien remplira les sections qui **ne sont pas remplies**. Le pharmacien ne peut pas remplir la Section 1 pour le prescripteur.
- Le prescripteur ne devrait pas remplir un formulaire PN si le patient ne satisfait pas aux critères d'admissibilité.

Pour le pharmacien

- Vérifier si la Section 1 est remplie et si les critères d'admissibilité du patient mentionnés satisfont aux critères d'admissibilité pour les PN **avant d'exécuter l'ordonnance**.
- Renvoyer le formulaire dont la Section 1 est incomplète au prescripteur pour qu'il la remplisse, ou lui demander d'envoyer un autre formulaire révisé.
- Remplir entièrement la Section 2.
- Envoyer la demande de remboursement par le Système informatique des programmes de médicaments en effectuant toutes les étapes de la validation. Si le système rejette la demande, vérifier si le patient répond aux critères d'admissibilité pour l'usage du PN.
- Ne pas remplir/modifier l'information de la Section 1. C'est le prescripteur qui doit le faire.
- Ne pas traiter de demandes de remboursement de PN pour des patients qui, selon votre opinion professionnelle, ne répondent pas aux critères d'admissibilité pour les PN.
- Le Ministère vérifie régulièrement les demandes de remboursement en vertu du PMO une fois le remboursement effectué. Pour tout formulaire PN qui n'est pas entièrement rempli ou qui laisse à penser que les critères d'admissibilité du patient pour les PN n'ont pas été appliqués convenablement, la pharmacie devra effectuer un remboursement.

Le pharmacien doit être en possession d'un formulaire PN dûment rempli avant de soumettre une demande de remboursement en vertu du PMO.

PART XI

This section is currently not in use

PART XII

LIMITED USE DRUG PRODUCTS

PART XII

LIMITED USE DRUG PRODUCTS

Introduction

Part XII of the Formulary/CDI provides convenient access to a complete alphabetical listing of Limited Use (LU) drug products and their specific clinical criteria for use. Limited Use products and their clinical criteria are also listed in Part III of the Formulary/CDI according to their pharmacologic-therapeutic classification. For information about the designation of Limited Use benefits, see Part I.

Finding a LU Drug Product and its Designated Clinical Criteria

LU drug products are listed in the Formulary/CDI with specific clinical criteria/conditions for use. These LU criteria identify the clinical conditions for which these drugs will be reimbursed by the Ontario Drug Benefit (ODB) program. Each LU criteria has a corresponding Reason for Use (RFU) code. LU drugs are eligible for coverage *only in situations where the clinical criteria have been met*. Any other indication can be considered through the Individual Clinical Review (ICR) mechanism described in Part VIII of the Formulary/CDI.

Part XII has been designed to provide convenient access to a complete listing of all LU products, arranged alphabetically by **generic name** and their designated clinical criteria. This list can be found after the Table of Contents. LU drugs are listed alphabetically by **brand name** in the Limited Use Products Table of Contents. The Limited Use Products Table of Contents identifies the page number for the full LU drug listing and their clinical criteria.

Limited Use Reimbursement Process

The Health Network System (HNS)

In an effort to better manage the ODB program, the ministry is now able to engage the Health Network System (HNS) to ensure the criteria for LU products have been met. For example, the HNS has the capability to verify a patient's prior use of a first line therapy, verify concomitant drug use, check the elapsed time between prescription refills, monitor days' supply and enforce quantity limits. In situations where the LU criteria do not appear to have been met (i.e., where there may be missing or inconsistent information about a person's prescription, and/or relevant drug history), the HNS can alert the pharmacist that the claim has been rejected. HNS claims checks for affected LU drug products are described in the products' listed LU criteria.

Completing a LU Prescription

Claims for LU drugs will be reimbursed under the ODB program only when prescribed for an ODB eligible recipient in accordance with the criteria outlined for each product and accompanied by a valid, fully completed prescription with the appropriate LU documentation (RFU code). The pharmacist should review the prescription and process the claim only if all the required information is provided.

The LU authorization is valid for the duration indicated by the listed LU criteria. As of September 27, 2005, some Limited Use (LU) drugs used in chronic conditions have been granted extended authorization periods beyond one year. A number of drugs have an "indefinite" authorization period. For these drugs, it is only necessary for the practitioner to confirm that the patient meets the LU clinical criteria by completing an LU prescription once. For other drugs with a defined LU authorization period, a new LU prescription must be completed according to the authorization period provided in the LU criteria (usually on an annual basis).

An exception to this policy may occur in situations where LU criteria have changed. In situations where LU criteria have changed, practitioners must consider whether recipients meet the new criteria. If so, a new LU prescription must be completed within three months of the change in LU criteria.

Also, as of September 27, 2005, the requirement for the use of the ministry-issued LU prescription form was discontinued. Documentation that the patient meets the LU criteria may be written on a regular prescription form as long as the basic instructions for completing the LU prescription as

listed on the following pages are followed. Failure to have the RFU code appropriately written on the prescription may result in:

- prescription not being filled by the pharmacist
- recoveries of monies paid to pharmacies by the ODB
- patient being required to pay for the LU drug prescription

Electronic LU documentation, or LU prescriptions preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry. Although electronically-generated prescriptions for LU drugs are permitted, the RFU code must be written on all prescriptions by the practitioner. Faxed copies of LU prescriptions are acceptable (pharmacies should copy thermal paper faxes onto regular paper for record-keeping purposes). Pharmacies are required to retain LU documentation on file in the pharmacy for 24 months from the date received for the purposes of post-payment verification.

Monitoring and Accountability Framework

Reimbursement for Limited Use claims is made under the authority of section 23 of the *Ontario Drug Benefit Act* (ODBA) and can only be made if the LU clinical criteria set out in the Formulary/CDI have been met. By writing the Reason for Use (RFU) code on a prescription for an LU drug product, the practitioner affirms that the prescription conforms with these clinical criteria.

For the purposes of claims review under the ODBA, it may be necessary on occasion for practitioners to provide supporting documents on request. Pursuant to section 46(1) of the *Personal Health Information and Protection Act, 2004*, S.O. 2004, c.3 Sched. A., a health information custodian may be required to disclose personal health information about an individual to the Minister of Health and Long-Term Care for the purpose of monitoring or verifying claims for payment for health care funded wholly or in part by the ministry. LU prescriptions may therefore be monitored by the ministry to ensure that the RFU code indicated is in accordance with the LU criteria listed in the Formulary/CDI.

A GUIDE TO COMPLETING LIMITED USE PRESCRIPTION FOR THE PRACTITIONER

- In order to ensure the LU prescription is fully completed, fill in the prescription form as you normally would.

In addition it is necessary to:

- provide the appropriate Reason for Use (RFU) code (*e.g., RFU# 123*)
 - sign and date the prescription
 - fill in your CPSO number (for practitioners other than physicians, fill in your college registration number)
- The initial LU prescription with the RFU code must be fully completed in writing. Patients may take the prescription to the pharmacy, or practitioners may fax it directly to the pharmacy. The LU authorization will be valid for the duration indicated by the listed LU criteria. During this period, any repeat prescription may be given verbally to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
 - If a patient has met the LU criteria before being eligible for ODB coverage, and supporting documentation is available (*e.g., the diagnostic test was done prior to the person turning 65*), that information can still be used to verify the LU claim. For instance, a patient who had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive a LU drug as long as supporting documentation is available.
 - Reimbursement for Limited Use claims is made under the authority of section 23 of the *Ontario Drug Benefit Act (ODBA)* and can only be made if the authorized LU criteria have been met.
 - Practitioners should not complete a LU prescription if the patient's clinical condition does not meet one of the listed LU criteria. A written request for special consideration for coverage can be made under the ODB program's Individual Clinical Review (ICR) mechanism (See Part VIII).

The Pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.

A GUIDE TO LIMITED USE PRESCRIPTIONS FOR THE PHARMACIST

- All drug products, including LU drugs, are to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
- Pharmacists must ensure that the following information has been provided by the practitioner:
 - the appropriate Reason for Use (RFU) code
 - the date and practitioner's signature
 - the physician's CPSO number (for practitioners other than physicians, the practitioner's college registration number is required)

Only the practitioner may fill in this information. If the CPSO or college registration number is missing, pharmacists may enter it only if they are certain it is the correct number. Claims for LU products must contain a valid CPSO or college registration number (i.e. 99999 is not acceptable).

- Incomplete LU documentation (e.g., prescriptions that do not include the appropriate RFU code, date, practitioner's signature, CPSO number or college registration number) will be subject to recoveries.
- Pharmacists should ensure the LU criteria have been applied appropriately.
- Where a pharmacist has concerns about whether the clinical criteria have been met, the pharmacist should discuss it with the practitioner and record the outcome of the discussion on the prescription according to standard pharmacy practice.
- The initial LU prescription must be fully completed in writing. Patients may take the prescription to the pharmacy, or physicians may fax it directly to the pharmacy. The LU authorization will be valid for the duration indicated by the listed LU criteria. During this period any repeat prescription may be given verbally by a practitioner to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
- If a patient has met the LU criteria before being eligible for Ontario drug benefits, and supporting documentation is available (e.g., the diagnostic test was done prior to the person turning 65), that information can still be used to verify the LU claim. For instance, a patient who had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive an LU drug as long as supporting documentation is available.
- Reimbursement for LU claims is made under the authority of the Ontario Drug Benefit Act (ODBA) and can only be made if the authorized LU criteria have been met. Prescriptions with LU documentation must be kept on file at the pharmacy for two years and be available for auditing purposes.
- The Limited Use Tripartite Committee will develop a monitoring and accountability framework for Limited Use drug products.

The Pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.

LIMITED USE PRODUCTS TABLE OF CONTENTS

(In alphabetical order of product brand names)

PRODUCT	PAGE
Aclasta 5mg/100mL Inj Sol-100mL Pk	92
Actonel 5mg Tab	79
Actonel 30mg Tab	80
Actonel 35mg Tab	80
Advair 125 25/125mcg/Metered Dose Inh-120 Dose Pk	83
Advair 250 25/250mcg/Metered Dose Inh-120 Dose Pk	83
Advair Diskus 50/100mcg Inh-60 Dose Pk	83
Advair Diskus 50/250mcg Inh-60 Dose Pk	83
Advair Diskus 50/500mcg Inh-60 Dose Pk	83
Aggrenox 200mg/25mg Cap	35
Alphagan 0.2% Oph Sol	21
Alphagan P 0.15% Oph Sol	21
Amatine 2.5mg Tab	64
Amatine 5mg Tab	64
Andriol 40mg Cap	86
Androderm 12.2mg Transdermal Patch	85
Androgel 1% 2.5g Foil Packet	85
Androgel 1% 5.0g Foil Packet	85
Anzemet 50mg Tab	36
Anzemet 100mg Tab	36
Apo-Acyclovir 800mg Tab	18
Apo-Benzzydamine 0.15% Oral Rinse	20
Apo-Brimonidine 0.2% Oph-Sol	21
Apo-Carbamazepine CR 200mg LA Tab	25
Apo-Carbamazepine CR 400mg LA Tab	25
Apo-Carvedilol 3.125mg Tab	26
Apo-Carvedilol 6.25mg Tab	26
Apo-Carvedilol 12.5mg Tab	26
Apo-Carvedilol 25mg Tab	26
Apo-Ciproflox 250mg Tab	27
Apo-Ciproflox 500mg Tab	27
Apo-Ciproflox 750mg Tab	27
Apo-Clobazam 10mg Tab	29
Apo-Cyclosporine 100mg/mL O/L	33
Apo-Famciclovir 500mg Tab	42
Apo-Fluconazole 50mg Tab	46
Apo-Fluconazole 100mg Tab	46
Apo-Fluconazole-150 150mg Cap	44
Apo-Flunarizine 5mg Cap	47
Apo-Gabapentin 100mg Cap	49
Apo-Gabapentin 300mg Cap	49
Apo-Gabapentin 400mg cap	49
Apo-Ipravent 125mcg/mL Inh Sol-2mL UDV Pk	54
Apo-Ipravent 0.03% Nasal Spray	54
Apo-Ipravent Inhalation Solution 250mcg/mL Inh Sol-20mL Pk	53
Apo-Ipravent Sterule 250mcg/mL Inh Sol-2mL UDV Pk	54
Apo-Lamotrigine 25mg Tab	56

Apo-Lamotrigine 100mg Tab.....	56
Apo-Lamotrigine 150mg Tab.....	56
Apo-Leflunomide 10mg Tab.....	60
Apo-Leflunomide 20mg Tab.....	60
Apo-Levocarb CR 200mg & 50mg Tab.....	61
Apo-Loperamide 2mg Caplet.....	63
Apo-Midodrine 2.5mg Tab.....	64
Apo-Midodrine 5mg Tab.....	64
Apo-Oflox 200mg Tab.....	68
Apo-Oflox 300mg Tab.....	68
Apo-Oflox 400mg Tab.....	68
Apo-Ofloxacin 0.3% Oph Sol.....	67
Apo-Omeprazole Cap 20mg.....	69
Apo-Ondansetron 4mg Tab.....	71
Apo-Ondansetron 8mg Tab.....	71
Apo-Pentoxifylline 400mg SR Tab.....	77
Apo-Salvent Ipravent Sterules 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk.....	55
Apo-Salvent Sterule 1mg/mL Inh Sol-2.5mL Pk.....	81
Apo-Salvent Sterule 2mg/mL Inh Sol-2.5mL Pk.....	81
Apo-Ticlopidine 250mg Tab.....	87
Apo-Topiramate 25mg Tab.....	89
Apo-Topiramate 100mg Tab.....	89
Apo-Topiramate 200mg Tab.....	89
Arava 10mg Tab.....	60
Arava 20mg Tab.....	60
Aricept 5mg Tab.....	36
Aricept 10mg Tab.....	36
Arimidex 1mg Tab.....	19
Arixtra 2.5mg Inj-0.5mL Pk.....	47
Aromasin 25mg Tab.....	41
Atrovent 250mcg/mL Inh Sol-20mL Pk.....	53
Atrovent 0.03% Nasal Spray.....	54
Atrovent UDV 125mcg/mL Inh Sol-2mL UDV Pk.....	54
Atrovent UDV 250mcg/mL Inh Sol-2mL UDV Pk.....	54
Avelox 400mg Tab.....	65
Avodart 0.5mg Cap.....	38
Azopt 1% Oph Susp.....	22
Berotec Inh Pd-200 Dose Pk.....	42
Berotec 0.1% Inh Sol-20mL Pk.....	43
Bonefos 400mg Cap.....	30
Botox 100U/Vial Pd Inj-100U Vial Pk.....	21
C.E.S. 0.625mg Tab.....	32
C.E.S. 1.25mg Tab.....	32
Celebrex 100mg Cap.....	27
Celebrex 200mg Cap.....	27
CellCept 200mg/mL Pd for Oral Susp-175mL Pk.....	65
CellCept 250mg SG Cap.....	65
CellCept 500mg Tab.....	65
Cipro 10g/100mL Oral Susp.....	27
Cipro 250mg Tab.....	27
Cipro 500mg Tab.....	27
Cipro 750mg Tab.....	27
Cipro XL 500mg ER Tab.....	29
Cipro XL 1000mg ER Tab.....	29
Clasteon 400mg Cap.....	30
Co-Ciprofloxacin 250mg Tab.....	27

Co-Ciprofloxacin 500mg Tab	27
Co-Ciprofloxacin 750mg Tab	27
Co-Etidronate 200mg Tab.....	41
Co-Gabapentin 100mg Cap.....	49
Co-Gabapentin 300mg Cap.....	49
Co-Gabapentin 400mg Cap.....	49
Codeine Contin 50mg CR Tab.....	31
Codeine Contin 100mg CR Tab.....	31
Codeine Contin 150mg CR Tab.....	31
Codeine Contin 200mg CR Tab.....	31
Combigan 0.2% & 0.5% Oph Sol-5mL Pk.....	22
Combivent UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk.....	55
Comtan 200mg Tab	39
Coreg 3.125mg Tab	26
Coreg 6.25mg Tab	26
Coreg 12.5mg Tab	26
Coreg 25mg Tab	26
Cosopt 2% & 0.5% Oph Sol	37
Cotazym 8000 & 30000 & 30000 USP Units Cap	73
Cotazym ECS 4 4000 & 11000 & 11000 USP Units Ent Microsph Cap.....	73
Cotazym ECS 8 8000 & 30000 & 30000 USP Units Ent Microsph Cap.....	73
Cotazym ECS 20 20000 & 55000 & 55000 USP Units Ent Microsph Cap.....	73
Creon 5 5000 & 16600 & 18750 USP Units Ent Minimicrosph Cap.....	74
Creon 10 10000 & 33200 & 37500 USP Units Ent Minimicrosph Cap.....	74
Creon 20 20000 & 66400 & 75000 USP Units Ent Minimicrosph Cap.....	74
Creon 25 25000 & 74000 & 62500 USP Units Ent Minimicrosph Cap.....	74
Cytovene 500mg/Vial Pd Inj-10mL Pk.....	50
Delatestryl 1000mg/5mL Oily Inj Sol-5mL Pk.....	86
Demerol 50mg Tab	64
Depo-Testosterone 100mg/mL Oily Inj Sol-10mL Pk.....	85
Detrol 1mg Tab	88
Detrol 2mg Tab	88
Detrol LA 2mg SR Cap.....	88
Detrol LA 4mg SR Cap.....	88
Didronel 200mg Tab.....	41
Diflucan 50mg Tab.....	46
Diflucan 100mg Tab.....	46
Diflucan P.O.S. 10mg/mL O/L	45
Diflucan-150 150mg Cap.....	44
Dovonex 50mcg/g Cr.....	24
Dovonex 50mcg/g Oint	24
Duolube 80%/20% Oph Oint-3.5g Pk.....	77
Duragesic 25 25mcg/hr Trans Patch.....	43
Duragesic 50 50mcg/hr Trans Patch.....	43
Duragesic 75 75mcg/hr Trans Patch.....	43
Duragesic 100 100mcg/hr Trans Patch.....	43
Elidel 1% Cr.....	78
Evista 60mg Tab	79
Exelon 1.5mg Cap.....	80
Exelon 3mg Cap.....	80
Exelon 4.5mg Cap.....	80
Exelon 6mg Cap	80
Ezetrol 10mg Tab.....	42
Famvir 500mg Tab	42
Femara 2.5mg Tab.....	60
Flomax 0.4mg Cap	84

Flomax CR 0.4mg Tab	84
Floxin 300mg Tab	68
Floxin 400mg Tab	68
Fludara 10mg Tab	46
Fluotic 20mg Tab	83
Foradil 12mcg/Cap Inh Pd-Device Pk.....	47
Fragmin 2500IU/0.2mL Inj Pref Syr	33
Fragmin 5000IU/0.2mL Inj Pref Syr	33
Fragmin 10000IU/0.4mL Inj Pref Syr	33
Fragmin 12500IU/0.5mL Inj Pref Syr	33
Fragmin 15000IU/0.6mL Inj Pref Syr	33
Fragmin 18000IU/0.72mL Inj Pref Syr	33
Fragmin 10000IU/mL Inj Sol-1mL Pk.....	33
Fragmin 25000IU/mL Multidose 3.8mL Pk	33
Fraxiparine 9500IU/mL Pref Syr-0.3mL Pk.....	66
Fraxiparine 9500IU/mL Pref Syr-0.4mL Pk.....	66
Fraxiparine 9500IU/mL Pref Syr-0.6mL Pk.....	66
Fraxiparine 9500IU/mL Pref Syr-0.8mL Pk.....	66
Fraxiparine 9500IU/mL Pref Syr-1.0mL Pk.....	66
Fraxiparine Forte 19000IU/mL Pref Syr-0.6mL Pk	66
Fraxiparine Forte 19000IU/mL Pref Syr-0.8mL Pk	66
Fraxiparine Forte 19000IU/mL Pref Syr-1.0mL Pk	66
Frisium 10mg Tab	29
Fucidin Leo 250mg Tab	83
Fucidin Leo Suspension 49.2mg/mL Oral Susp	48
Gabapentin 300mg Cap	49
Gen-Acyclovir 800mg Tab.....	18
Gen-Carbamazepine CR 200mg LA Tab.....	25
Gen-Carbamazepine CR 400mg LA Tab.....	25
Gen-Ciprofloxacin 250mg Tab	27
Gen-Ciprofloxacin 500mg Tab	27
Gen-Ciprofloxacin 750mg Tab	27
Gen-Combo Sterinebs 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	55
Gen-Etidronate 200mg Tab.....	41
Gen-Fluconazole 50mg Tab.....	46
Gen-Fluconazole 100mg Tab.....	46
Gen-Fluconazole 150mg Cap.....	44
Gen-Gabapentin 100mg Cap	49
Gen-Gabapentin 300mg Cap	49
Gen-Gabapentin 400mg Cap	49
Gen-Ipratropium 250mcg/mL Inh Sol-20mL Pk.....	53
Gen-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk.....	54
Gen-Lamotrigine 25mg Tab	56
Gen-Lamotrigine 100mg Tab	56
Gen-Lamotrigine 150mg Tab	56
Gen-Salbutamol 2mg/mL Inh Sol-2.5mL Pk.....	81
Gen-Salbutamol 5mg/mL Inh Sol-10mL Pk.....	82
Gen-Salbutamol Sterinebs P.F. 1mg/mL Inh Sol-2.5mL Pk.....	81
Gen-Ticlopidine 250mg Tab.....	87
Gen-Topiramate 25mg Tab	89
Gen-Topiramate 100mg Tab	89
Gen-Topiramate 200mg Tab	89
Glucobay 50mg Tab	17
Glucobay 100mg Tab.....	17
Hp-PAC 30mg & 500mg & 500mg Tab/Cap Pk.....	58
Humalog 100U/mL Inj Sol-10mL Pk.....	52

Humalog 100U/mL Inj Sol-5x3mL Pk	52
Humalog Mix25 25% & 75% Inj Susp-5x3mL Pk.....	52
Hypotears 1% Oph-Sol.....	78
Imodium 2mg Caplet	63
Innohep 10000IU/mL Inj-2mL Pk.....	88
Innohep 20000IU/mL Inj-2mL Pk.....	88
Innohep 3500IU/0.35mL Inj Pref Syr	88
Innohep 4500IU/0.45mL Inj Pref Syr	88
Innohep 10000IU/0.5mL Inj Pref Syr	88
Innohep 14000IU/0.7mL Inj Pref Syr	88
Innohep 18000IU/0.9mL Inj Pref Syr	88
Intron A 15mu/mL 18mu MD Pen Kit.....	53
Intron A 25mu/mL 30mu MD Pen Kit.....	53
Intron A 50mu/mL 60mu MD Pen Kit.....	53
Isopto Tears 0.5% Oph-Sol.....	64
Isopto Tears 1% Oph-Sol.....	64
Isuprel 0.5% Inh Sol-10mL Pk.....	55
Kytril 1mg Tab	51
Lacri-Lube 55%/42.5% Oph Oint-3.5g Pk	77
Lamictal 25mg Tab.....	56
Lamictal 100mg Tab.....	56
Lamictal 150mg Tab.....	56
Lasix Special 500mg Tab.....	48
Leustatin 1mg/mL Inj	29
Levaquin 250mg Tab.....	61
Levaquin 500mg Tab.....	61
Liquifilm Tears 1.4% Oph-Sol	78
Lomotil 2.5mg & 0.025mg Tab	35
Losec DR Tab 20mg	69
Losec 20mg DR Tab	70
Lovenox 100mg/mL Inj Sol-3mL Vial Pk	39
Lovenox 30mg/0.3mL Pref Syr-0.3mL Pk.....	39
Lovenox 40mg/0.4mL Pref Syr-0.4mL Pk.....	39
Lovenox 60mg/0.6mL Pref Syr-0.6mL Pk.....	39
Lovenox 80mg/0.8mL Pref Syr-0.8mL Pk.....	39
Lovenox 100mg/mL Pref Syr-1mL Pk.....	39
Lovenox HP 120mg/0.8mL Pref Syr-0.8mL Pk.....	39
Lovenox HP 150mg/mL Pref Syr-1mL Pk.....	39
Lumigan 0.03% Oph Sol.....	20
Marinol 2.5mg Cap	38
Marinol 5mg Cap	38
Mycobutin 150mg Cap.....	79
Neoral 10mg Cap	33
Neoral 25mg Cap	33
Neoral 50mg Cap	33
Neoral 100mg Cap	33
Neoral 100mg/mL O/L	33
Neurontin 100mg Cap	49
Neurontin 300mg Cap	49
Neurontin 400mg Cap	49
Nimotop 30mg SG Cap	67
Nix Dermal Cream 5% Cr	77
Norprolac 0.075mg Tab	78
Norprolac 0.15mg Tab	78
Novo-Acyclovir 800mg Tab	18
Novo-Benzylamine 0.15% Oral Rinse	20

Novo-Bupropion SR 150mg Tab	24
Novo-Ciprofloxacin 250mg Tab	27
Novo-Ciprofloxacin 500mg Tab	27
Novo-Ciprofloxacin 750mg Tab	27
Novo-Clobazam 10mg Tab	29
Novo-Fluconazole 50mg Tab	46
Novo-Fluconazole 100mg Tab	46
Novo-Fluconazole-150 150mg Cap	44
Novo-Gabapentin 100mg Cap	49
Novo-Gabapentin 300mg Cap	49
Novo-Gabapentin 400mg Cap	49
Novo-Ipramide 250mcg/mL Inh Sol-20mL Pk	53
Novo-Lamotrigine 25mg Tab	56
Novo-Lamotrigine 100mg Tab	56
Novo-Lamotrigine 150mg Tab	56
Novo-Leflunomide 10mg Tab	60
Novo-Leflunomide 20mg Tab	60
Novo-Levofloxacin 250mg Tab	61
Novo-Levofloxacin 500mg Tab	61
Novo-Loperamide 2mg Caplet	63
Novo-Ofloxacin 200mg Tab	68
Novo-Ofloxacin 300mg Tab	68
Novo-Ofloxacin 400mg Tab	68
Novo-Ondansetron 4mg Tab	71
Novo-Ondansetron 8mg Tab	71
Novo-Tamsulosin SR 0.4mg Cap	84
Novo-Ticlopidine 250mg Tab	87
Novo-Topiramate 25mg Tab	89
Novo-Topiramate 100mg Tab	89
Novo-Topiramate 200mg Tab	89
NovoRapid 100U/mL Inj Sol-10mL Pk	51
NovoRapid Penfill 100U/mL Inj Sol-5x3mL Pk	51
Nu-Acyclovir 800mg Tab	18
Nu-Pentoxifylline 400mg SR Tab	77
Nu-Ticlopidine 250mg Tab	87
Ocuflox 0.3% Oph Sol	67
Ogen 1.25 1.5mg Tab	40
Ogen 2.5 3mg Tab	41
Ostac 400mg Cap	30
Oxeze Turbuhaler 6mcg/Metered Dose Pd Inh-60 Dose Pk	48
Oxeze Turbuhaler 12mcg/Metered Dose Pd Inh-60 Dose Pk	48
Oxycontin 10mg SR Tab	73
Oxycontin 20mg SR Tab	73
Oxycontin 40mg SR Tab	73
Oxycontin 80mg SR Tab	73
Pancrease 4500 & 20000 & 25000 USP Units SR Cap	75
Pancrease MT4 4000 & 12000 & 12000 USP Units Ent Microsph Cap	74
Pantoloc 40mg Ent Tab	76
Plavix 75mg Tab	31
PMS-Benzylamine 0.15% Oral Rinse	20
PMS-Brimonidine 0.2% Oph Sol	21
PMS-Carbamazepine CR 200mg LA Tab	25
PMS-Carbamazepine CR 400mg LA Tab	25
PMS-Carvedilol 3.125mg Tab	26
PMS-Carvedilol 6.25mg Tab	26
PMS-Carvedilol 12.5mg Tab	26

PMS-Carvedilol 25mg Tab	26
PMS-Ciprofloxacin 250mg Tab	27
PMS-Ciprofloxacin 500mg Tab	27
PMS-Ciprofloxacin 750mg Tab	27
PMS-Clobazam 10mg Tab	29
PMS-Famciclovir 500mg Tab	42
PMS-Fluconazole 50mg Tab	46
PMS-Fluconazole 100mg Tab	46
PMS-Gabapentin 100mg Cap	49
PMS-Gabapentin 300mg Cap	49
PMS-Gabapentin 400mg Cap	49
PMS-Ipratropium 250mcg/mL Inh Sol-20mL Pk	53
PMS-Ipratropium 125mcg/mL Inh Sol-2mL UDV Pk	54
PMS-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	54
PMS-Ipratropium 0.03% Nasal Spray	54
PMS-Lamotrigine 25mg Tab	56
PMS-Lamotrigine 100mg Tab	56
PMS-Lamotrigine 150mg Tab	56
PMS-Loperamide 2mg Caplet	63
PMS-Ondansetron 4mg Tab	71
PMS-Ondansetron 8mg Tab	71
PMS-Salbutamol 1mg/mL Inh Sol-2.5mL Pk	81
PMS-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	81
PMS-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	82
PMS-Ticlopidine 250mg Tab	87
PMS-Topiramate 25mg Tab	89
PMS-Topiramate 100mg Tab	89
PMS-Topiramate 200mg Tab	89
PMS-Ursodiol C 250mg Tab	91
PMS-Ursodiol C 500mg Tab	91
Premarin 0.3mg Tab	32
Premarin 0.625mg Tab	32
Premarin 1.25mg Tab	32
Premplus 0.625mg/2.5mg Tab-28 Day Pk	32
Premplus 0.625mg/5mg Tab-28 Day Pk	32
Prevacid 15mg DR Cap	57
Prevacid 30mg DR Cap	57
Prograf 5mg/mL Amp	84
Prograf 1mg Cap	84
Prograf 5mg Cap	84
Proscar 5mg Tab	44
Protopic 0.03% Oint	84
Protopic 0.1% Oint	84
Pulmicort Nebuamp 0.125mg/mL Inh Susp	23
Pulmicort Nebuamp 0.25mg/mL Inh Susp	23
Pulmicort Nebuamp 0.5mg/mL Inh Susp	23
Ran-Carvedilol 3.125mg Tab	26
Ran-Carvedilol 6.25mg Tab	26
Ran-Carvedilol 12.5mg Tab	26
Ran-Carvedilol 25mg Tab	26
Ran-Ciprofloxacin 250mg Tab	27
Ran-Ciprofloxacin 500mg Tab	27
Ran-Ciprofloxacin 750mg Tab	27
Ran-Fentanyl 25mcg/hr Trans Patch	43
Ran-Fentanyl 50mcg/hr Trans Patch	43
Ran-Fentanyl 75mcg/hr Trans Patch	43

Ran-Fentanyl 100mcg/hr Trans Patch.....	43
Rapamune 1mg/mL O/L	83
Rapamune 1mg Tab	83
Ratio-Acyclovir 800mg Tab	18
Ratio-Benzydamine 0.15% Oral Rinse	20
Ratio-Brimonidine 0.2% Oph Sol.....	21
Ratio-Bupropion SR 100mg Tab	24
Ratio-Bupropion SR 150mg Tab	24
Ratio-Carvedilol 3.125mg Tab	26
Ratio-Carvedilol 6.25mg Tab	26
Ratio-Carvedilol 12.5mg Tab	26
Ratio-Carvedilol 25mg Tab	26
Ratio-Ciprofloxacin 250mg Tab.....	27
Ratio-Ciprofloxacin 500mg Tab.....	27
Ratio-Ciprofloxacin 750mg Tab.....	27
Ratio-Clobazam 10mg Tab	29
Ratio-Fentanyl 25mcg/hr Trans Patch.....	43
Ratio-Fentanyl 50mcg/hr Trans Patch.....	43
Ratio-Fentanyl 75mcg/hr Trans Patch.....	43
Ratio-Fentanyl 100mcg/hr Trans Patch.....	43
Ratio-Gabapentin 100mg Cap.....	49
Ratio-Gabapentin 300mg Cap.....	49
Ratio-Gabapentin 400mg Cap.....	49
Ratio-IPRA SAL UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	55
Ratio-Ipratropium 250mcg/mL Inh Sol-20mL Pk	53
Ratio-Ipratropium 0.03% Nasal Spray	54
Ratio-Ipratropium UDV 125mcg/mL Inh Sol-2mL UDV Pk.....	54
Ratio-Ipratropium UDV 250mcg/mL Inh Sol-2mL UDV Pk.....	54
Ratio-Lamotrigine 25mg Tab.....	56
Ratio-Lamotrigine 100mg Tab.....	56
Ratio-Lamotrigine 150mg Tab.....	56
Ratio-Omeprazole 20mg DR Tab.....	70
Ratio-Omeprazole DR Tab 20mg.....	69
Ratio-Ondansetron 4mg Tab.....	71
Ratio-Ondansetron 8mg Tab.....	71
Ratio-Pentoxifylline 400mg SR Tab	77
Ratio-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	81
Ratio-Salbutamol Respirator Sol P.F. 1mg/mL Inh Sol-2.5mL Pk	81
Ratio-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk.....	82
Ratio-Topiramate 25mg Tab.....	89
Ratio-Topiramate 100mg Tab.....	89
Ratio-Topiramate 200mg Tab.....	89
Reminyl 4mg Tab	50
Reminyl 8mg Tab	50
Reminyl 12mg Tab	50
Reminyl ER 8mg ER Cap	50
Reminyl ER 16mg ER Cap	50
Reminyl ER 24mg ER Cap	50
Sabril 500mg Tab.....	92
Sandoz Anagrelide 0.5mg Cap.....	19
Sandoz Bupropion SR 100mg Tab	24
Sandoz Bupropion SR 150mg Tab	24
Sandoz Carbamazepine CR 200mg LA Tab.....	25
Sandoz Carbamazepine CR 400mg LA Tab.....	25
Sandoz Ciprofloxacin 250mg Tab.....	27
Sandoz Ciprofloxacin 500mg Tab.....	27

Sandoz Ciprofloxacin 750mg Tab	27
Sandoz Cyclosporine 25mg Cap	33
Sandoz Cyclosporine 50mg Cap	33
Sandoz Cyclosporine 100mg Cap	33
Sandoz Famciclovir 500mg Tab	42
Sandoz Leflunomide 10mg Tab	60
Sandoz Leflunomide 20mg Tab	60
Sandoz Loperamide 2mg Caplet	63
Sandoz Ondansetron 4mg Tab	71
Sandoz Ondansetron 8mg Tab	71
Sandoz Salbutamol 5mg/mL Inh Sol-10mL Pk	82
Sandoz Ticlopidine 250mg Tab	87
Sandoz Topiramate 25mg Tab	89
Sandoz Topiramate 100mg Tab	89
Sandoz Topiramate 200mg Tab	89
SereVent Diskhaler Disks 50mcg/Blister Diskhaler-60 Disk Pk	82
SereVent Diskus 50mcg Pd Inh-60 Dose Pk	82
Sibelium 5mg Cap	47
Sinemet CR 100mg & 25mg Tab	61
Sinemet CR 200mg & 50mg Tab	61
Singulair 4mg Chew Tab	64
Stieva-A 0.01% Cr	90
Stieva-A 0.025% Cr	90
Stieva-A 0.05% Cr	90
Stieva-A 0.01% Gel	90
Stieva-A 0.025% Gel	90
Stieva-A 0.025% Sol	90
Symbicort 100 Turbuhaler 100mcg/6mcg Pd Inh-120 Dose Pk	23
Symbicort 200 Turbuhaler 200mcg/6mcg Pd Inh-120 Dose Pk	23
Tamiflu 75mg Cap	72
Tantum 0.15% Oral Rinse	20
Taro-Ciprofloxacin 250mg Tab	27
Taro-Ciprofloxacin 500mg Tab	27
Taro-Fluconazole 50mg Tab	46
Taro-Fluconazole 100mg Tab	46
Tears Naturale 0.1%/0.3% Oph-Sol	34
Tears Naturale II 0.1%/0.3%/0.001% Oph-Sol	34
Tears Plus Oph-Sol	78
Tegretol CR 200mg LA Tab	25
Tegretol CR 400mg LA Tab	25
Temodal 5mg Cap	85
Temodal 20mg Cap	85
Temodal 100mg Cap	85
Temodal 250mg Cap	85
Thyrogen 0.9mg/mL Inj Pd-2x1.1mg Vial Pk	86
Ticlid 250mg Tab	87
Topamax 25mg Tab	89
Topamax 100mg Tab	89
Topamax 200mg Tab	89
Topamax Sprinkle 15mg Sprinkle Cap	89
Topamax Sprinkle 25mg Sprinkle Cap	89
Travatan 0.004% Oph Sol-2.5mL Pk	90
Trental 400mg SR Tab	77
Trusopt 2% Oph Sol	37
Urso 250mg Tab	91
Urso DS 500mg Tab	91

PRODUCT	PAGE
Valcyte 450mg Tab	91
Valtrex 500mg Cap	91
Vaponefrin 2.25% Inh Sol-30mL Pk.....	40
Ventolin 5mg/mL Inh Sol-10mL Pk	82
Ventolin Nebules P.F. 1mg/mL Inh Sol-2.5mL Pk.....	81
Ventolin Nebules P.F. 2mg/mL Inh Sol-2.5mL Pk.....	81
Vfend 50mg Tab.....	92
Vfend 200mg Tab.....	92
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk.....	75
Viokase 8000 & 30000 & 30000 USP Units Tab.....	75
Viokase 16 16mg Tab	75
Vitamin A Acid 0.05% Cr.....	90
Vitamin A Acid 0.01% Gel	90
Vitamin A Acid 0.05% Gel	90
Wellbutrin SR 100mg Tab.....	24
Wellbutrin SR 150mg Tab.....	24
Xalacom 50mcg/mL & 5mg/mL Oph Sol-2.5mL Pk.....	59
Xalatan 0.005% Oph Sol-2.5mL Pk.....	59
Xatral 10mg Prolong-Rel Tab.....	19
Xeloda 150mg Tab.....	25
Xeloda 500mg Tab.....	25
Zofran 4mg/5mL O/L	71
Zofran 4mg Tab.....	71
Zofran 8mg Tab.....	71
Zofran ODT 4mg Tab.....	71
Zofran ODT 8mg Tab.....	71
Zovirax 800mg Tab	18
Zyvoxam 600mg Tab.....	62

LIMITED USE PRODUCTS COMPLETE LISTING

(In alphabetical order by generic names)

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

ACARBOSE

50mg	Tab	02190885	Glucobay
100mg	Tab	02190893	Glucobay

Reason for Use code	Clinical criteria
	For the treatment of non-insulin-dependent diabetes mellitus (NIDDM):
175	In patients who cannot tolerate or have failed treatment with other oral hypoglycemic agents or in whom other oral hypoglycemic agents are contraindicated; LU Authorization Period: Indefinite.
176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations. LU Authorization Period: Indefinite.

ACYCLOVIR
800mg

Tab

01911635 Zovirax
02078651 Ratio-Acyclovir
02197421 Nu-Acyclovir
02207656 Apo-Acyclovir
02242464 Gen-Acyclovir
02285975 Novo-Acyclovir

**Reason for
Use code**

Clinical criteria

In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved. In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value.

Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames.

Acyclovir tablets will be reimbursed when prescribed for:

- 95 Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 96 Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 97 Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset. Dose: 800mg 5 times/day for 7 days.
LU Authorization Period: 1 year.
- 314 Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions. Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.
NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.
LU Authorization Period: 1 year.

ALFUZOSIN HYDROCHLORIDE

10mg

Prolong-Rel Tab

02245565 Xatral

Reason for
Use Code

Clinical criteria

351

For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g. doxazosin, terazosin) have been ineffective.

LU Authorization Period: Indefinite.

352

For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.

LU Authorization Period: Indefinite.

ANAGRELIDE HCL

0.5mg

Cap

02260107 Sandoz Anagrelide

Reason for
Use Code

Clinical criteria

400

For the treatment of essential thrombocytosis in patients who are intolerant of or who have failed hydroxyurea therapy.

LU Authorization Period: 5 years.

ANASTROZOLE

1mg

Tab

02224135 Arimidex

Reason for
Use code

Clinical criteria

365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

BENZYDAMINE HCL

0.15%

Oral Rinse

01966065 Tantum
02229777 PMS-Benzydamine
02229799 Novo-Benzydamine
02230170 Ratio-Benzydamine
02239044 Apo-Benzydamine

Reason for Use code	Clinical criteria
240	For the symptomatic relief of treatment induced mucositis in cancer patients. LU Authorization Period: 1 year.

BIMATOPROST

0.03%

Oph Sol

02245860 Lumigan

Reason for Use code	Clinical criteria
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

BOTULINUM TOXIN TYPE A

100U/Vial

Pd Inj-100U Vial Pk 01981501 Botox

Reason for Use code	Clinical criteria
10	For the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age or older. LU Authorization Period: 1 year.
130	To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults. LU Authorization Period: 1 year.

BRIMONIDINE

0.15%

Oph Sol

02248151 Alphagan P

0.2%

Oph Sol

02236876 Alphagan
02243026 Ratio-Brimonidine
02246284 PMS-Brimonidine
02260077 Apo-Brimonidine

Reason for Use code	Clinical criteria
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

BRIMONIDINE TARTRATE & TIMOLOL MALEATE

0.2% & 0.5%

Oph Sol-5mL Pk

02248347 Combigan

Reason for Use code	Clinical criteria
310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

BRINZOLAMIDE

1%

Oph Susp

02238873 Azopt

Reason for Use code	Clinical criteria
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

BUDESONIDE

0.125mg/mL	Inh Susp	02229099	Pulmicort Nebuamp
0.25mg/mL	Inh Susp	01978918	Pulmicort Nebuamp
0.5mg/mL	Inh Susp	01978926	Pulmicort Nebuamp

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
260	Children aged 6 years or less; LU Authorization Period: Indefinite.
261	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
262	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
263	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
264	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE

100mcg/6mcg	Pd Inh-120 Dose Pk	02245385	Symbicort 100 Turbuhaler
200mcg/6mcg	Pd Inh-120 Dose Pk	02245386	Symbicort 200 Turbuhaler

Reason for Use Code	Clinical criteria
330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

BUPROPION HCL

100mg	Tab	02237824	Wellbutrin SR
		02275074	Sandoz Bupropion SR
150mg	Tab	02285657	Ratio-Bupropion SR
		02237825	Wellbutrin SR
		02260239	Novo-Bupropion SR
		02275082	Sandoz Bupropion SR
		02285665	Ratio-Bupropion SR

Reason for Use code	Clinical criteria
315	For the treatment of depression. LU Authorization Period: Indefinite.

CALCIPOTRIOL

50mcg/g	Cr	02150956	Dovonex
50mcg/g	Oint	01976133	Dovonex

Reason for Use code	Clinical criteria
191	For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

CAPECITABINE

150mg	Tab	02238453	Xeloda
500mg	Tab	02238454	Xeloda

Reason for Use code	Clinical criteria
346	<p>For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.</p> <p>NOTE: Not to be used in patients who have failed 5-fluorouracil.</p> <p>LU Authorization Period: Indefinite.</p>
360	<p>For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.</p> <p>LU Authorization Period: Indefinite.</p>
406	<p>For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.</p> <p>*high risk stage 2 colon cancer is defined as one of the following:</p> <ul style="list-style-type: none"> • obstruction, • perforation, • poorly differentiated adenocarcinoma, • inadequate lymph node sampling, • T4 tumour. <p>LU Authorization Period: 6 months.</p>

CARBAMAZEPINE

200mg	LA Tab	00773611	Tegretol CR
		02231543	PMS-Carbamazepine CR
		02241882	Gen-Carbamazepine CR
		02242908	Apo-Carbamazepine CR
		02261839	Sandoz Carbamazepine CR
400mg	LA Tab	00755583	Tegretol CR
		02231544	PMS-Carbamazepine CR
		02241883	Gen-Carbamazepine CR
		02242909	Apo-Carbamazepine CR
		02261847	Sandoz Carbamazepine CR

Reason for Use code	Clinical criteria
67	<p>For patients who have been tried on conventional carbamazepine with unsatisfactory results due to adverse effects or poor control of symptoms.</p> <p>LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

CARVEDILOL

3.125mg	Tab	02229650	Coreg
		02245914	PMS-Carvedilol
		02247933	Apo-Carvedilol
		02252309	Ratio-Carvedilol
		02268027	Ran-Carvedilol
6.25mg	Tab	02229651	Coreg
		02245915	PMS-Carvedilol
		02247934	Apo-Carvedilol
		02252317	Ratio-Carvedilol
		02268035	Ran-Carvedilol
12.5mg	Tab	02229652	Coreg
		02245916	PMS-Carvedilol
		02247935	Apo-Carvedilol
		02252325	Ratio-Carvedilol
		02268043	Ran-Carvedilol
25mg	Tab	02229653	Coreg
		02245917	PMS-Carvedilol
		02247936	Apo-Carvedilol
		02252333	Ratio-Carvedilol
		02268051	Ran-Carvedilol

Reason for Use code	Clinical criteria
183	<p>For patients with:</p> <p>a) NYHA Class II or III Congestive Heart Failure (CHF); and</p> <p>b) Currently being treated with an angiotension converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; and</p> <p>c) An ejection fraction less than or equal to 35%; and</p> <p>d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.</p> <p>LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

CELECOXIB

100mg	Cap	02239941	Celebrex
200mg	Cap	02239942	Celebrex

Reason for Use code	Clinical criteria
316	<p>Osteoarthritis For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDs.</p> <p>NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg. LU Authorization Period: 1 year.</p>
317	<p>Rheumatoid arthritis For patients who have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDs.</p> <p>NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg. LU Authorization Period: 1 year.</p>

CIPROFLOXACIN

10g/100mL	Oral Susp	02237514	Cipro
250mg	Tab	02155958	Cipro
		02161737	Novo-Ciprofloxacin
		02229521	Apo-Ciproflox
		02245647	Gen-Ciprofloxacin
		02246825	Ratio-Ciprofloxacin
		02247339	Co-Ciprofloxacin
		02248437	PMS-Ciprofloxacin
		02248756	Sandoz Ciprofloxacin
		02266962	Taro-Ciprofloxacin
500mg	Tab	02267934	Ran-Ciprofloxacin
		02155966	Cipro
		02161745	Novo-Ciprofloxacin
		02229522	Apo-Ciproflox
		02245648	Gen-Ciprofloxacin
		02246826	Ratio-Ciprofloxacin
		02247340	Co-Ciprofloxacin
		02248438	PMS-Ciprofloxacin
		02248757	Sandoz Ciprofloxacin
		02266970	Taro-Ciprofloxacin
750mg	Tab	02267942	Ran-Ciprofloxacin
		02155974	Cipro
		02161753	Novo-Ciprofloxacin
		02229523	Apo-Ciproflox
		02245649	Gen-Ciprofloxacin
		02246827	Ratio-Ciprofloxacin
		02247341	Co-Ciprofloxacin
		02248439	PMS-Ciprofloxacin
		02248758	Sandoz Ciprofloxacin
		02267950	Ran-Ciprofloxacin

Continued on next page...

Reason for Use Code

Clinical criteria

For the treatment of patients with:

332

SST/BJ (Gram negative bacteria):

Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.

LU Authorization Period: 1 year.

333

GU Tract:

Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.

LU Authorization Period: 1 year.

334

COPD with risk:

Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis.

¹Risk factors include: poor pulmonary lung function (FEV₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.

LU Authorization Period: 1 year.

336

Step-Down:

Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.

LU Authorization Period: 1 year.

350

GI:

Traveller's diarrhea; enteric fever syndromes; Crohn's disease.

LU Authorization Period: 1 year.

353

For the prophylaxis or treatment of *B. anthracis* exposure.

LU Authorization Period: 1 year.

977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

CIPROFLOXACIN HCL & CIPROFLOXACIN BASE

500mg

ER Tab

02247916 Cipro XL

Reason for
Use code

Clinical criteria

394

For patients with uncomplicated urinary tract infections (acute cystitis) who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits.

LU Authorization Period: 1 year.

1000mg

ER Tab

02251787 Cipro XL

Reason for
Use code

Clinical criteria

395

For patients with complicated urinary tract infections or acute uncomplicated pyelonephritis who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits.

LU Authorization Period: 1 year.

CLADRIBINE

1mg/mL

Inj

02022117 Leustatin

Reason for
Use code

Clinical criteria

99

For hairy cell leukemia, as a single 7-day treatment course.

LU Authorization Period: 1 year.

CLOBAZAM

10mg

Tab

02221799 Frisium
02238334 Novo-Clobazam
02238797 Ratio-Clobazam
02244474 PMS-Clobazam
02244638 Apo-Clobazam

Reason for
Use code

Clinical criteria

23

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients will become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

CLODRONATE DISODIUM

400mg

Cap

01927078 Ostac
02245828 Clasteon

Reason for Use code	Clinical criteria
280	For the control and prophylaxis of hypercalcemia of malignancy. LU Authorization Period: Indefinite.
358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.
359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.

CLODRONATE DISODIUM TETRAHYDRATE

400mg

Cap

01984845 Bonefos

Reason for Use code	Clinical criteria
280	For the control and prophylaxis of hypercalcemia of malignancy. LU Authorization Period: Indefinite.
358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.
359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.

CLOPIDOGREL BISULFATE

75mg

Tab

02238682 Plavix

Reason for Use Code	Clinical criteria
375	<p>For patients immediately post-hospitalization* for non-ST segment elevation acute coronary syndrome (ACS)**;</p> <p>Note: approval for 12 months</p> <p>LU Authorization Period: 1 year.</p>
376	<p>For patients immediately pre- or post- percutaneous coronary intervention (PCI)***</p> <p>Note: approval for 12 months</p> <p>*The first prescription must be written by a physician based at the hospital where the patient was hospitalized.</p> <p>**ACS, as defined by the CURE study, includes hospitalized patients with unstable angina or non-ST segment elevation myocardial infraction.</p> <p>***Therapy may be initiated up to 10 days prior to PCI.</p> <p>NETWORK NOTE: The Special Authorization Number (SAN) that corresponds to the hospital where the patient was hospitalized must be submitted with the first Limited Use claim.</p> <p>LU Authorization Period: 1 year.</p>

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

50mg	CR Tab	02230302	Codeine Contin
100mg	CR Tab	02163748	Codeine Contin
150mg	CR Tab	02163780	Codeine Contin
200mg	CR Tab	02163799	Codeine Contin

Reason for Use code	Clinical criteria
201	<p>For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.</p> <p>LU Authorization Period: 1 year.</p>

CONJUGATED EQUINE ESTROGEN/MEDROXYPROGESTERONE ACETATE

0.625mg/2.5mg
0.625mg/5mg

Tab-28 Day Pk
Tab-28 Day Pk

02242878 Premplus
02242879 Premplus

Reason for
Use code

Clinical criteria

398

For short-term use in women who are experiencing symptoms of menopause.

Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.

LU Authorization Period: 1 year.

CONJUGATED ESTROGENS

0.3mg
0.625mg

Tab
Tab

02043394 Premarin
00265470 C.E.S.
02043408 Premarin
00265489 C.E.S.
02043424 Premarin

Reason for
Use code

Clinical criteria

398

For short-term use in women who are experiencing symptoms of menopause.

Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

CYCLOSPORINE

10mg	Cap	02237671	Neoral
25mg	Cap	02150689	Neoral
		02247073	Sandoz Cyclosporine
50mg	Cap	02150662	Neoral
		02247074	Sandoz Cyclosporine
100mg	Cap	02150670	Neoral
		02242821	Sandoz Cyclosporine
100mg/mL	O/L	02150697	Neoral
		02244324	Apo-Cyclosporine

Reason for Use code	Clinical criteria
177	For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA; LU Authorization Period: Indefinite.
178	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, other systemic therapies, including Disease-Modifying Antirheumatic Drugs (DMARDs). LU Authorization Period: Indefinite.

DALTEPARIN SODIUM

2500IU/0.2mL	Inj Pref Syr	02132621	Fragmin
5000IU/0.2mL	Inj Pref Syr	02132648	Fragmin
10000IU/0.4mL	Inj Pref Syr	09853790	Fragmin
12500IU/0.5mL	Inj Pref Syr	09853820	Fragmin
15000IU/0.6mL	Inj Pref Syr	09853880	Fragmin
18000IU/0.72mL	Inj Pref Syr	09853910	Fragmin
10000IU/mL	Inj Sol-1mL Pk	02132664	Fragmin
25000IU/mL	Multidose 3.8mL Pk	02231171	Fragmin

Reason for Use code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

0.1%/0.3%

Oph-Sol

00390291 Tears Naturale

**Reason for
Use code**

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

LU Authorization Period: Indefinite.

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

0.1%/0.3%/0.001%

Oph-Sol

00743445 Tears Naturale II

**Reason for
Use code**

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

LU Authorization Period: Indefinite.

DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE

2.5mg & 0.025mg

Tab

00036323 Lomotil

Reason for Use code	Clinical criteria
	For the treatment of diarrhea associated with:
110	An ileostomy or a colostomy; LU Authorization Period: 1 year.
111	Bowel resection, including short bowel syndrome; LU Authorization Period: 1 year.
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis; LU Authorization Period: 1 year.
113	Cancer, including chemotherapy or radiation therapy; LU Authorization Period: 1 year.
114	HIV/AIDS; LU Authorization Period: 1 year.
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care; LU Authorization Period: 1 year.
224	Fecal incontinence. LU Authorization Period: 1 year.

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

200mg/25mg

Cap

02242119 Aggrenox

Reason for Use code	Clinical criteria
349	For the secondary prevention of stroke. LU Authorization Period: Indefinite.

DOLASETRON MESYLATE

50mg
100mg

Tab
Tab

02231378 Anzemet
02231379 Anzemet

Reason for Use code	Clinical criteria
229	<p>For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.</p> <p>LU Authorization Period: 1 year.</p>
230	<p>For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics.</p> <p>LU Authorization Period: 1 year.</p>
231	<p>For patients receiving intravenous chemotherapy who experience intolerable side effects with other anti-emetics.</p> <p>NOTE: The therapeutic value of Anzemet more than <u>24 hours</u> after the last dose of chemotherapy is unproven.</p> <p>LU Authorization Period: 1 year.</p>

DONEPEZIL HCL

5mg
10mg

Tab
Tab

02232043 Aricept
02232044 Aricept

Reason for Use code	Clinical criteria
347	<p>Initial Trial: For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.</p> <p>NETWORK NOTE: Maximum duration 3 months.</p> <p>LU Authorization Period: 1 year.</p>
348	<p>Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.</p> <p>LU Authorization Period: 1 year.</p>

DORZOLAMIDE HCL

2%

Oph Sol

02216205 Trusopt

Reason for Use code	Clinical criteria
171	<p>As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;</p> <p>LU Authorization Period: Indefinite.</p>
172	<p>As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.</p> <p>LU Authorization Period: Indefinite.</p>
387	<p>For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.</p> <p>LU Authorization Period: Indefinite.</p>

DORZOLAMIDE HCL & TIMOLOL MALEATE

2% & 0.5%

Oph Sol

02240113 Cosopt

Reason for Use code	Clinical criteria
310	<p>As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.</p> <p>LU Authorization Period: Indefinite.</p>
393	<p>For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.</p> <p>LU Authorization Period: Indefinite.</p>

DRONABINOL

2.5mg
5mg

Cap
Cap

00611190 Marinol
00611204 Marinol

Reason for Use code	Clinical criteria
40	<p>For the treatment of emesis associated with cancer chemotherapy in patients who are unresponsive to conventional antiemetic therapy:</p> <p>Initial dose -5mg/m.sq. given 1 to 3 hours before administration of chemotherapy;</p> <p>Repeat doses -5mg/m.sq. every 2 to 4 hours after chemotherapy as needed, usually for 1 to 2 days: no more than 4 to 6 doses should be given in a single day.</p> <p>LU Authorization Period: 1 year.</p>
345	<p>For the treatment of AIDS-related anorexia associated with weight loss and prescription is from a prescriber approved for the Facilitated Access mechanism (see Part VI of the Formulary/CDI binder)</p> <p>LU Authorization Period: 1 year.</p>

DUTASTERIDE

0.5mg

Cap

02247813 Avodart

Reason for Use Code	Clinical criteria
384	<p>For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.</p> <p>LU Authorization Period: Indefinite.</p>
385	<p>For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.</p> <p>* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:</p> <ol style="list-style-type: none"> 1. feeling of incomplete emptying of the bladder after voiding 2. needing to urinate again less than 2 hours after previous void 3. stopping and starting urine several times while voiding 4. difficulty postponing urination 5. weak urinary stream 6. pushing or straining to begin voiding 7. the need to get up to void at least 3 times in the night. <p>LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

ENOXAPARIN

100mg/mL	Inj Sol-3mL Vial Pk	02236564	Lovenox
30mg/0.3mL	Pref Syr-0.3mL Pk	02012472	Lovenox
40mg/0.4mL	Pref Syr-0.4mL Pk	02236883	Lovenox
60mg/0.6mL	Pref Syr-0.6mL Pk	09852468	Lovenox
80mg/0.8mL	Pref Syr-0.8mL Pk	09852476	Lovenox
120mg/0.8mL	Pref Syr-0.8mL Pk	09857137	Lovenox HP
100mg/mL	Pref Syr-1mL Pk	09852484	Lovenox
150mg/mL	Pref Syr-1mL Pk	02242692	Lovenox HP

Reason for Use Code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.
323	For the acute treatment of pulmonary embolism, maximum of three weeks. LU Authorization Period: 1 year.

ENTACAPONE

200mg	Tab	02243763	Comtan
-------	-----	----------	--------

Reason for Use Code	Clinical criteria
367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa. LU Authorization Period: Indefinite.

EPINEPHRINE HCL (RACEMIC)

2.25%

Inh Sol-30mL Pk

01927582

Vaponefrin

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)

1.5mg

Tab

02089769

Ogen 1.25

Reason for Use code	Clinical criteria
398	For short-term use in women who are experiencing symptoms of menopause. Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically. LU Authorization Period: 1 year.

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)

3mg

Tab

02089777 Ogen 2.5

Reason for Use code	Clinical criteria
398	<p>For short-term use in women who are experiencing symptoms of menopause.</p> <p>Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.</p> <p>LU Authorization Period: 1 year.</p>

ETIDRONATE DISODIUM

200mg

Tab

01997629 Didronel
02245330 Gen-Etidronate
02248686 Co-Etidronate

Reason for Use code	Clinical criteria
236	<p>For the treatment of Paget's disease;</p> <p>LU Authorization Period: Indefinite.</p>
237	<p>For the management of hypercalcemia of malignancy.</p> <p>LU Authorization Period: Indefinite.</p>

EXEMESTANE

25mg

Tab

02242705 Aromasin

Reason for Use Code	Clinical criteria
180	<p>For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.</p> <p>LU Authorization Period: Indefinite.</p>
407	<p>For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.</p> <p>LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.</p>

EZETIMIBE

10mg

Tab

02247521 Ezetrol

Reason for Use Code	Clinical criteria
380	<p>For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.</p> <p>LU Authorization Period: Indefinite.</p>
381	<p>For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.</p> <p>LU Authorization Period: Indefinite.</p>

FAMCICLOVIR

500mg

Tab

02177102 Famvir
 02278111 PMS-Famciclovir
 02278650 Sandoz Famciclovir
 02292068 Apo-Famciclovir

Reason for Use code	Clinical criteria
147	<p>Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 500mg 3 times/day for 7 days.</p> <p>*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.</p> <p>NETWORK NOTE: Network will limit supply to 7 days and 21 tablets.</p> <p>LU Authorization Period: 1 year.</p>

FENOTEROL HBR

Inh Pd-200 Dose Pk 02006383 Berotec

Reason for Use code	Clinical criteria
08	<p>For patients who have not responded to other less expensive inhaled beta-2 adrenergic agonists.</p> <p>LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

FENOTEROL HBR

0.1%

Inh Sol-20mL Pk

00541389

Berotec

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

FENTANYL TRANSDERMAL SYSTEM

25mcg/hr

Trans Patch

01937383

Duragesic 25

02249391

Ran-Fentanyl

02282941

Ratio-Fentanyl

50mcg/hr

Trans Patch

01937391

Duragesic 50

02249413

Ran-Fentanyl

02282968

Ratio-Fentanyl

75mcg/hr

Trans Patch

01937405

Duragesic 75

02249421

Ran-Fentanyl

02282976

Ratio-Fentanyl

100mcg/hr

Trans Patch

01937413

Duragesic 100

02249448

Ran-Fentanyl

02282984

Ratio-Fentanyl

Reason for Use code	Clinical criteria
201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid. LU Authorization Period: 1 year.

FINASTERIDE

5mg

Tab

02010909 Proscar

Reason for
Use Code

Clinical criteria

384

For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

385

For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

FLUCONAZOLE

150mg

Cap

02141442 Diflucan-150
02241895 Apo-Fluconazole-150
02243645 Novo-Fluconazole-150
02245697 Gen-Fluconazole

Reason for
Use code

Clinical criteria

235

For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.

NOTE: Repeats within a 25 day period will not be reimbursed.

LU Authorization Period: 1 year.

FLUCONAZOLE

10mg/mL

O/L

02024152 Diflucan P.O.S.

Reason for Use code	Clinical criteria
274	<p>For the treatment of oral/esophageal candidiasis in immunocompromised patients (e.g. patients with malignancies and transplant patients) who have failed to respond to nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.</p> <p>NETWORK NOTE: For oral candidiasis, network will limit supply to 2 weeks. For esophageal candidiasis, network will limit supply to 6 weeks.</p> <p>LU Authorization Period: 1 year.</p>
275	<p>For the treatment of patients with disseminated candidiasis when oral tablets of fluconazole cannot be tolerated.</p> <p>NETWORK NOTE: For disseminated candidiasis, network will limit supply to 6 weeks.</p> <p>LU Authorization Period: 1 year.</p>
276	<p>For the treatment of patients with cryptococcal meningitis when oral tablets of fluconazole cannot be tolerated.</p> <p>NETWORK NOTE: For cryptococcal meningitis (initial treatment), network will limit supply to 12 weeks.</p> <p>LU Authorization Period: 1 year.</p>
277	<p>For the treatment of patients with vulvovaginal candidiasis when oral tablets of fluconazole cannot be tolerated.</p> <p>NETWORK NOTE: For vulvovaginal candidiasis, network will limit supply to one dose 150mg (Repeats no more than every 25 days).</p> <p>LU Authorization Period: 1 year.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

FLUCONAZOLE

50mg	Tab	00891800	Diflucan
		02236978	Novo-Fluconazole
		02237370	Apo-Fluconazole
		02245292	Gen-Fluconazole
		02245643	PMS-Fluconazole
100mg	Tab	02249294	Taro-Fluconazole
		00891819	Diflucan
		02236979	Novo-Fluconazole
		02237371	Apo-Fluconazole
		02245293	Gen-Fluconazole
		02245644	PMS-Fluconazole
		02249308	Taro-Fluconazole

Reason for Use code	Clinical criteria
202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations; LU Authorization Period: 1 year.
203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients); LU Authorization Period: 1 year.
204	For patients with disseminated candidiasis; LU Authorization Period: 1 year.
205	For the treatment of acute cryptococcal meningitis. LU Authorization Period: 1 year.

FLUDARABINE PHOSPHATE

10mg	Tab	02246226	Fludara
------	-----	----------	---------

Reason for Use code	Clinical criteria
379	For second line therapy of patients with chronic lymphocytic leukemia (CLL) who have failed or are intolerant to chlorambucil. LU Authorization Period: Indefinite.

FLUNARIZINE HCL

5mg

Cap

00846341

Sibelium

02246082

Apo-Flunarizine

Reason for Use code	Clinical criteria
60	For patients with migraine headaches who have not responded to propranolol. LU Authorization Period: 1 year.
61	For patients who have tried propranolol and experienced significant adverse effects. LU Authorization Period: 1 year.
62	For patients in whom propranolol is contraindicated. CAUTION: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders. LU Authorization Period: 1 year.

FONDAPARINUX SODIUM

2.5mg

Inj-0.5mL Pk

02245531

Arixtra

Reason for Use code	Clinical criteria
378	For the post-operative prophylaxis of venous thromboembolic events in patients undergoing orthopedic surgery of the lower limbs such as hip fracture, hip replacement or knee surgery. NOTE: Limited to 9 days of reimbursement. LU Authorization Period: 1 year.

FORMOTEROL FUMARATE

12mcg/Cap

Inh Pd-Device Pk

02230898

Foradil

Reason for Use code	Clinical criteria
132	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms. NOTE: This drug is not for relief of acute symptoms. LU Authorization Period: Indefinite.

FORMOTEROL FUMARATE DIHYDRATE

6mcg/Metered Dose
12mcg/Metered Dose

Pd Inh-60 Dose Pk 02237225 Oxeze Turbuhaler
Pd Inh-60 Dose Pk 02237224 Oxeze Turbuhaler

Reason for
Use code

Clinical criteria

132

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.
LU Authorization Period: Indefinite.

FUROSEMIDE

500mg

Tab

02224755 Lasix Special

Reason for
Use code

Clinical criteria

33

For patients with severely impaired renal function refractory to conventional dosages of the drug.

LU Authorization Period: Indefinite.

FUSIDIC ACID

49.2mg/mL

Oral Susp

00506036 Fucidin Leo Suspension

Reason for
Use code

Clinical criteria

342

As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of *S. aureus* or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

GABAPENTIN

100mg	Cap	02084260	Neurontin
		02243446	PMS-Gabapentin
		02244304	Apo-Gabapentin
		02244513	Novo-Gabapentin
		02248259	Gen-Gabapentin
300mg	Cap	02256142	Co-Gabapentin
		02260883	Ratio-Gabapentin
		02084279	Neurontin
		02243447	PMS-Gabapentin
		02244305	Apo-Gabapentin
		02244514	Novo-Gabapentin
		02248260	Gen-Gabapentin
		02256150	Co-Gabapentin
		02260891	Ratio-Gabapentin
		02273853	Gabapentin
400mg	Cap	02084287	Neurontin
		02243448	PMS-Gabapentin
		02244306	Apo-Gabapentin
		02244515	Novo-Gabapentin
		02248261	Gen-Gabapentin
		02256169	Co-Gabapentin
		02260905	Ratio-Gabapentin

**Reason for
Use code**

136

Clinical criteria

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

GALANTAMINE HYDROBROMIDE

8mg	ER Cap	02266717	Reminyl ER
16mg	ER Cap	02266725	Reminyl ER
24mg	ER Cap	02266733	Reminyl ER
4mg	Tab	02244298	Reminyl
8mg	Tab	02244299	Reminyl
12mg	Tab	02244300	Reminyl

Reason for Use code	Clinical criteria
347	<p>Initial Trial: For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.</p> <p>NETWORK NOTE: Maximum duration 3 months.</p> <p>LU Authorization Period: 1 year.</p>
348	<p>Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.</p> <p>LU Authorization Period: 1 year.</p>

GANCICLOVIR SODIUM

500mg/Vial	Pd Inj-10mL Pk	02162695	Cytovene
------------	----------------	----------	----------

Reason for Use code	Clinical criteria
12	<p>For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes.</p> <p>LU Authorization Period: 1 year.</p>

GRANISETRON HCL

1mg

Tab

02185881 Kytril

Reason for Use code	Clinical criteria
91	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy. LU Authorization Period: 1 year.
92	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.
93	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 year.
326	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation. NOTE: The therapeutic value of Kytril more than 24 hours after the last dose of chemotherapy is unproven. LU Authorization Period: 1 year.

INSULIN ASPART

100U/mL

Inj Sol-10mL Pk

02245397

NovoRapid

100U/mL

Inj Sol-5x3mL Pk

02244353

NovoRapid Penfill

Reason for Use Code	Clinical criteria
388	For the treatment of patients with Type 1 diabetes mellitus. LU Authorization Period: Indefinite.
389	For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump. LU Authorization Period: Indefinite.
390	For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day). LU Authorization Period: Indefinite.

INSULIN LISPRO

100U/mL

Inj Sol-10mL Pk

02229704

Humalog

100U/mL

Inj Sol-5x3mL Pk

09853715

Humalog

**Reason for
Use code**

Clinical criteria

388

For the treatment of patients with Type 1 diabetes mellitus.

LU Authorization Period: Indefinite.

389

For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.

LU Authorization Period: Indefinite.

390

For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day).

LU Authorization Period: Indefinite.

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

25% & 75%

Inj Susp-5x3mL Pk

02240294

Humalog Mix25

**Reason for
Use code**

Clinical criteria

226

For insulin requiring diabetic patients who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while using 2 or more doses of mixed insulin per day.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

INTERFERON ALFA-2B

15mu/mL	18mu MD Pen Kit	02240693	Intron A
25mu/mL	30mu MD Pen Kit	02240694	Intron A
50mu/mL	60mu MD Pen Kit	02240695	Intron A

Reason for Use code	Clinical criteria
28	For hairy cell leukemia. LU Authorization Period: Indefinite.
29	For Kaposi's Sarcoma. LU Authorization Period: Indefinite.

IPRATROPIUM BROMIDE

250mcg/mL	Inh Sol-20mL Pk	00731439	Atrovent
		02097141	Ratio-Ipratropium
		02126222	Apo-Ipravent Inhalation Solution
		02210479	Novo-Ipramide
		02231136	PMS-Ipratropium
		02239131	Gen-Ipratropium

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

IPRATROPIUM BROMIDE

125mcg/mL

Inh Sol-2mL UDV Pk

02026759
02097176
02231135
02243827

Atrovent UDV
Ratio-Ipratropium UDV
PMS-Ipratropium
Apo-Ipravent

250mcg/mL

Inh Sol-2mL UDV Pk

01950681
02097168
02216221
02231245
02231494

Atrovent UDV
Ratio-Ipratropium UDV
Gen-Ipratropium
PMS-Ipratropium
Apo-Ipravent Sterule

Reason for
Use code

Clinical criteria

- For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
- 265 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;
LU Authorization Period: Indefinite.
- 266 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;
LU Authorization Period: Indefinite.
- 267 Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;
LU Authorization Period: Indefinite.
- 268 Patients who have previously used nebulizer therapy within the last 12 month period.
LU Authorization Period: Indefinite.

IPRATROPIUM BROMIDE

0.03%

Nasal Spray

02163705
02239627
02240072
02246083

Atrovent
PMS-Ipratropium
Ratio-Ipratropium
Apo-Ipravent

Reason for
Use code

Clinical criteria

- 03 For the treatment of non-allergic vasomotor rhinitis
LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

IPRATROPIUM BROMIDE/SALBUTAMOL

500mcg/2.5mg/2.5mL

Inh Sol-2.5mL Pk

02231675 Combivent UDV
 02243789 Ratio-IPRA SAL UDV
 02266393 Apo-Salvent Ipravent Sterules
 02272695 Gen-Combo Sterinebs

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

ISOPROTERENOL HCL

0.5%

Inh Sol-10mL Pk

02017652 Isuprel

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
260	Children aged 6 years or less; LU Authorization Period: Indefinite.
261	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
262	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
263	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
264	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

LAMOTRIGINE

25mg	Tab	02142082	Lamictal
		02243352	Ratio-Lamotrigine
		02245208	Apo-Lamotrigine
		02246897	PMS-Lamotrigine
		02248232	Novo-Lamotrigine
100mg	Tab	02265494	Gen-Lamotrigine
		02142104	Lamictal
		02243353	Ratio-Lamotrigine
		02245209	Apo-Lamotrigine
		02246898	PMS-Lamotrigine
150mg	Tab	02248233	Novo-Lamotrigine
		02265508	Gen-Lamotrigine
		02142112	Lamictal
		02245210	Apo-Lamotrigine
		02246899	PMS-Lamotrigine
		02246963	Ratio-Lamotrigine
		02248234	Novo-Lamotrigine
		02265516	Gen-Lamotrigine

Reason for Use code	Clinical criteria
136	<p>As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.</p> <p>Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.</p> <p>LU Authorization Period: Indefinite.</p>

LANSOPRAZOLE

15mg
30mg

DR Cap
DR Cap

02165503 Prevacid
02165511 Prevacid

Reason for
Use code

Clinical criteria

- Gastroesophageal Reflux Disease (GERD)**
 293 For the treatment of erosive GERD or upper GI malignancy;
 OR
 For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.
 Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.
Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.
 LU Authorization Period: 1 Year.
- H. pylori-positive Peptic Ulcers**
 295 For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.
 Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).
 LU Authorization Period: 1 Year.
- Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:**
 297 For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;
 OR
 For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.
Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.
 LU Authorization Period: 1 Year.
- Other Gastrointestinal Disorders**
 401 For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.
Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.
 LU Authorization Period: 1 Year.

Continued on next page...

LANSOPRAZOLE (cont'd)

Reason for Use code	Clinical criteria
402	<p>Severe Conditions:</p> <p>For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.</p> <p>For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.</p> <p>LU Authorization Period: 1 Year.</p>

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

30mg & 500mg & 500mg

Tab/Cap Pk

02238525 Hp-PAC

Reason for Use code	Clinical criteria
306	<p>a) For the treatment of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course.</p> <p>Maximum duration: 7 days</p> <p>LU Authorization Period: 1 Year.</p>
307	<p>b) For the retreatment of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course.</p> <p>Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)</p> <p>Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.</p> <p>Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.</p> <p>LU Authorization Period: 1 Year.</p>

LATANOPROST

0.005%

Oph Sol-2.5mL Pk 02231493 Xalatan

Reason for Use code	Clinical criteria
171	<p>As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;</p> <p>LU Authorization Period: Indefinite.</p>
172	<p>As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.</p> <p>LU Authorization Period: Indefinite.</p>
387	<p>For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.</p> <p>LU Authorization Period: Indefinite.</p>

LATANOPROST & TIMOLOL MALEATE

50mcg/mL & 5mg/mL

Oph Sol-2.5mL Pk 02246619 Xalacom

Reason for Use code	Clinical criteria
310	<p>As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.</p> <p>LU Authorization Period: Indefinite.</p>
393	<p>For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.</p> <p>LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

LEFLUNOMIDE

10mg	Tab	02241888	Arava
		02256495	Apo-Leflunomide
20mg	Tab	02261251	Novo-Leflunomide
		02283964	Sandoz Leflunomide
		02241889	Arava
		02256509	Apo-Leflunomide
		02261278	Novo-Leflunomide
		02283972	Sandoz Leflunomide

Reason for Use code	Clinical criteria
331	<p>For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, one or more of the listed Disease-Modifying Anti-Rheumatic Drugs (DMARDs).</p> <p>LU Authorization Period: Indefinite.</p>

LETROZOLE

2.5mg	Tab	02231384	Femara
-------	-----	----------	--------

Reason for Use code	Clinical criteria
365	<p>For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.</p> <p>LU Authorization Period: Indefinite.</p>
403	<p>For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy.</p> <p>LU Authorization Period: 5 years.</p>
408	<p>As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.</p> <p>LU Authorization Period: 5 years.</p>

LEVODOPA & CARBIDOPA

100mg & 25mg	Tab	02028786	Sinemet CR
200mg & 50mg	Tab	00870935	Sinemet CR
		02245211	Apo-Levocarb CR

Reason for Use code	Clinical criteria
64	For patients with Parkinson’s disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena. LU Authorization Period: Indefinite.
65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily. LU Authorization Period: Indefinite.

LEVOFLOXACIN

250mg	Tab	02236841	Levaquin
		02248262	Novo-Levofloxacin
500mg	Tab	02236842	Levaquin
		02248263	Novo-Levofloxacin

Reason for Use code	Clinical criteria
337	For the treatment of patients with: <u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy. LU Authorization Period: 1 year.
338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis. *Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year. LU Authorization Period: 1 year.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.

LINEZOLID

600mg

Tab

02243684 Zyvoxam

**Reason for
Use code**

Clinical criteria

For the treatment of patients with:

362

Methicillin-resistant *Staphylococcus* species (MRSA, MRSE) infections* in patients who are intolerant or have failed vancomycin therapy, or have contraindications to venous access.

LU Authorization Period: 1 year.

363

Vancomycin resistant *Enterococcus* species (VRE) infections* in patients switching from IV linezolid.

LU Authorization Period: 1 year.

364

Step-down therapy for the treatment of methicillin-resistant *Staphylococcus* species or vancomycin resistant *Enterococcus* species (VRE) infections* after parenteral therapy or hospital/ emergency department discharge.

* Infections must be documented and culture proven. Not approved for colonization (e.g. nares, urine, etc). Maximum 28 days supply.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

LOPERAMIDE HCL

2mg

Caplet

00860743 Imodium
 02132591 Novo-Loperamide
 02212005 Apo-Loperamide
 02228351 PMS-Loperamide
 02257564 Sandoz Loperamide

Reason for Use code	Clinical criteria
	For the treatment of diarrhea associated with:
110	An ileostomy or a colostomy; LU Authorization Period: 1 year.
111	Bowel resection, including short bowel syndrome; LU Authorization Period: 1 year.
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis; LU Authorization Period: 1 year.
113	Cancer, including chemotherapy or radiation therapy; LU Authorization Period: 1 year.
114	HIV/AIDS; LU Authorization Period: 1 year.
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care; LU Authorization Period: 1 year.
224	Fecal incontinence. LU Authorization Period: 1 year.

MEPERIDINE HCL

50mg

Tab

02138018 Demerol

Reason for
Use code

Clinical criteria

270

Limited to 2 weeks supply for acute pain.

LU Authorization Period: 1 year.

METHYLCELLULOSE

0.5%

Oph-Sol

00000809 Isopto Tears

1%

Oph-Sol

00000817 Isopto Tears

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

LU Authorization Period: Indefinite.

MIDODRINE HCL

2.5mg

Tab

01934392 Amatine

02278677 Apo-Midodrine

5mg

Tab

01934406 Amatine

02278685 Apo-Midodrine

Reason for
Use code

Clinical criteria

01

For the treatment of patients disabled by moderate to severe neurogenic orthostatic hypotension (i.e. drop in systolic BP less than or equal to 20mm Hg from supine to standing position), in whom conventional nonpharmacologic and pharmacologic (i.e. fludrocortisone) therapies have proven ineffective or are poorly tolerated.

LU Authorization Period: Indefinite.

MONTELUKAST SODIUM

4mg

Chew Tab

02243602 Singulair

Reason for
Use code

Clinical criteria

382

For the treatment of asthma in patients aged 2-5 years old.

LU Authorization Period: 1 year.

MOXIFLOXACIN HYDROCHLORIDE

400mg

Tab

02242965 Avelox

Reason for Use code	Clinical criteria
337	<p>For the treatment of patients with:</p> <p>CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.</p> <p>LU Authorization Period: 1 year.</p>
338	<p>COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis.</p> <p>¹Risk factors include: poor pulmonary lung function (FEV₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year.</p> <p>LU Authorization Period: 1 year.</p>
339	<p>Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.</p> <p>LU Authorization Period: 1 year.</p>
977	<p>Exceptional cases of allergy or intolerance to all other appropriate therapies.</p> <p>LU Authorization Period: 1 year.</p>

MYCOPHENOLATE MOFETIL

200mg/mL

Pd for Oral Susp-175mL Pk

02242145 CellCept

250mg

SG Cap

02192748 CellCept

500mg

Tab

02237484 CellCept

Reason for Use code	Clinical criteria
190	<p>For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.</p> <p>LU Authorization Period: Indefinite.</p>

NADROPARIN CALCIUM

9500IU/mL	Pref Syr-0.3mL Pk	09853936	Fraxiparine
9500IU/mL	Pref Syr-0.4mL Pk	09853944	Fraxiparine
9500IU/mL	Pref Syr-0.6mL Pk	09853952	Fraxiparine
19000IU/mL	Pref Syr-0.6mL Pk	02240114	Fraxiparine Forte
9500IU/mL	Pref Syr-0.8mL Pk	09853979	Fraxiparine
19000IU/mL	Pref Syr-0.8mL Pk	09854100	Fraxiparine Forte
9500IU/mL	Pref Syr-1.0mL Pk	09853987	Fraxiparine
19000IU/mL	Pref Syr-1.0mL Pk	09854118	Fraxiparine Forte

Reason for Use code

Clinical criteria

186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.

NIMODIPINE

30mg

SG Cap

02155923 Nimotop

Reason for Use code	Clinical criteria
42	As adjunctive therapy to improve the neurologic outcome following subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage). LU Authorization Period: 1 year.
43	As prophylaxis of ischemia if surgery is delayed. LU Authorization Period: 1 year.

OFLOXACIN

0.3%

Oph Sol

02143291 Ocuflox
02248398 Apo-Ofloxacin

Reason for Use code	Clinical criteria
170	For the treatment of conjunctivitis caused by susceptible strain(s) of <u>Staphylococcus aureus</u> , <u>Staphylococcus epidermidis</u> , <u>Streptococcus pneumoniae</u> and <u>Hemophilus influenzae</u> which is/ are resistant or unresponsive to listed alternative agents. LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

OFLOXACIN

200mg	Tab	02231529	Apo-Oflox
		02243474	Novo-Ofloxacin
300mg	Tab	01968416	Floxin
		02231531	Apo-Oflox
400mg	Tab	02243475	Novo-Ofloxacin
		01968408	Floxin
		02231532	Apo-Oflox
		02243476	Novo-Ofloxacin

Reason for Use code	Clinical criteria
	For the treatment of patients with:
340	SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection. LU Authorization Period: 1 year.
341	GU Tract: Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease. LU Authorization Period: 1 year.
338	COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year. LU Authorization Period: 1 year.
335	GI: Traveller's diarrhea; enteric fever syndromes. LU Authorization Period: 1 year.
339	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.

OMEPRAZOLE

20mg
20mg

02190915 Losec DR Tab
02245058 Apo-Omeprazole Cap
02260867 Ratio-Omeprazole DR Tab

Reason for
Use code

Clinical criteria

Gastroesophageal Reflux Disease (GERD)

293 For the treatment of erosive GERD or upper GI malignancy;
OR
For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 Year.

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

297 For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;
OR
For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 Year.

Other Gastrointestinal Disorders

401 For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.

LU Authorization Period: 1 Year.

Severe Conditions:

402 For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 Year.

OMEPRAZOLE MAGNESIUM

20mg

DR Tab

09857195

Losec

09857267

Ratio-Omeprazole

Reason for
Use code

Clinical criteria

295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

ONDANSETRON HYDROCHLORIDE

4mg/5mL	O/L	02229639	Zofran
4mg	Tab	02213567	Zofran
		02258188	PMS-Ondansetron
		02264056	Novo-Ondansetron
		02274310	Sandoz Ondansetron
		02278529	Ratio-Ondansetron
		02288184	Apo-Ondansetron
		02239372	Zofran ODT
8mg	Tab	02213575	Zofran
		02258196	PMS-Ondansetron
		02264064	Novo-Ondansetron
		02274329	Sandoz Ondansetron
		02278537	Ratio-Ondansetron
		02288192	Apo-Ondansetron
		02239373	Zofran ODT

Reason for Use code	Clinical criteria
215	<p>For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.</p> <p>LU Authorization Period: 1 Year.</p>
216	<p>For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.</p> <p>LU Authorization Period: 1 Year.</p>
217	<p>For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.</p> <p>LU Authorization Period: 1 Year.</p>
218	<p>For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.</p> <p>NOTE: The therapeutic value of Zofran more than 24 hours after the last dose of chemotherapy is unproven.</p> <p>LU Authorization Period: 1 Year.</p>

OSELTAMIVIR PHOSPHATE

75mg

Cap

02241472 Tamiflu

**Reason for
Use Code**

Clinical criteria

371

For the prophylaxis (max: 75mg daily) of institutionalized individuals during confirmed* outbreaks of Influenza A or Influenza B.

Note: Network will limit supply to 6 weeks.

LU Authorization Period: 1 Year.

372

For the treatment (max: 75mg bid) of institutionalized individuals during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis.

Note: Network will limit supply to 5 days.

*The outbreak must be confirmed by Public Health.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

OXYCODONE HCL

10mg	SR Tab	02202441	Oxycontin
20mg	SR Tab	02202468	Oxycontin
40mg	SR Tab	02202476	Oxycontin
80mg	SR Tab	02202484	Oxycontin

Reason for Use code	Clinical criteria
201	<p>For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.</p> <p>LU Authorization Period: 1 Year.</p>

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

8000 & 30000 & 30000 USP Units	Cap	00263818	Cotazym
4000 & 11000 & 11000 USP Units	Ent Microsph Cap	02181215	Cotazym ECS 4
8000 & 30000 & 30000 USP Units	Ent Microsph Cap	00502790	Cotazym ECS 8
20000 & 55000 & 55000 USP Units	Ent Microsph Cap	00821373	Cotazym ECS 20

Reason for Use code	Clinical criteria
124	<p>Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);</p> <p>LU Authorization Period: Indefinite.</p>
125	<p>Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;</p> <p>LU Authorization Period: Indefinite.</p>
126	<p>Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.</p> <p>LU Authorization Period: Indefinite.</p>
225	<p>Replacement therapy for pancreatic insufficiency due to cystic fibrosis.</p> <p>LU Authorization Period: Indefinite.</p>

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

4000 & 12000 & 12000 USP

Units Ent Microsph Cap 00789445 Pancrease MT4

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

5000 & 16600 & 18750 USP

Units Ent Minimicrosph Cap 02239007 Creon 5

10000 & 33200 & 37500 USP

Units Ent Minimicrosph Cap 02200104 Creon 10

20000 & 66400 & 75000 USP

Units Ent Minimicrosph Cap 02239008 Creon 20

25000 & 74000 & 62500 USP

Units Ent Minimicrosph Cap 01985205 Creon 25

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.
225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

16800 & 70000 & 70000 USP

U/0.7g

Pd-114g Pk

02230020 Viokase

4500 & 20000 & 25000 USP

Units

SR Cap

02242374 Pancrease

8000 & 30000 & 30000 USP

Units

Tab

02230019 Viokase

16mg

Tab

02241933 Viokase 16

**Reason for
Use code**

Clinical criteria

124

Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);

LU Authorization Period: Indefinite.

125

Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;

LU Authorization Period: Indefinite.

126

Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.

LU Authorization Period: Indefinite.

PANTOPRAZOLE SODIUM

40mg

Ent Tab

02229453 Pantoloc

Reason for Use code	Clinical criteria
293	<p>Gastroesophageal Reflux Disease (GERD) For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.</p> <p>Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.</p> <p>LU Authorization Period: 1 Year.</p>
295	<p>H. pylori-positive Peptic Ulcers For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.</p> <p>Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).</p> <p>LU Authorization Period: 1 Year.</p>
297	<p>Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis: For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.</p> <p>LU Authorization Period: 1 Year.</p>
401	<p>Other Gastrointestinal Disorders For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.</p> <p>Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.</p> <p>LU Authorization Period: 1 Year.</p>

Continued on next page...

PANTOPRAZOLE SODIUM (cont'd)

Reason for Use code	Clinical criteria
402	<p>Severe Conditions:</p> <p>For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.</p> <p>For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.</p> <p>LU Authorization Period: 1 Year.</p>

PENTOXIFYLLINE

400mg

SR Tab

01968432 Ratio-Pentoxifylline
 02221977 Trental
 02230090 Apo-Pentoxifylline
 02230401 Nu-Pentoxifylline

Reason for Use code	Clinical criteria
76	<p>For the treatment of patients with critical limb ischemia (with arterial ulcers, gangrene and/or rest pain) and documented arterial vascular disease.</p> <p>NOTE: Limited use form must specify if arterial ulcers, gangrene and/or rest pain are present.</p> <p>LU Authorization Period: Indefinite.</p>

PERMETHRIN

5%

Cr

02219905 Nix Dermal Cream

Reason for Use code	Clinical criteria
311	<p>For the treatment of patients who have failed on a less costly listed alternative.</p> <p>LU Authorization Period: 1 Year.</p>

PETROLATUM/MINERAL OIL

55%/42.5%

Oph Oint-3.5g Pk

00210889 Lacri-Lube

80%/20%

Oph Oint-3.5g Pk

02125706 Duolube

Reason for Use code	Clinical criteria
49	<p>For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.</p> <p>LU Authorization Period: Indefinite.</p>

PIMECROLIMUS

1%

Cr

02247238 Elidel

Reason for
Use code

Clinical criteria

383

For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid.

Therapy should be reassessed at 6 months.

LU Authorization Period: 1 Year.

POLYVINYL ALCOHOL

1%

Oph-Sol

02133253 Hypotears

1.4%

Oph-Sol

00045616 Liquifilm Tears

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

LU Authorization Period: Indefinite.

POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE

Oph-Sol

00579408 Tears Plus

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

LU Authorization Period: Indefinite.

QUINAGOLIDE HCL

0.075mg

Tab

02223767 Norprolac

0.15mg

Tab

02223775 Norprolac

Reason for
Use code

Clinical criteria

405

For the treatment of hyperprolactinemia in patients who have:

- Failed to respond to a greater than or equal to 3 month trial of bromocriptine; or
- Failed to tolerate bromocriptine; or
- Failed to shrink a prolactinoma by greater than 1 cm after 12 months of bromocriptine therapy.

LU Authorization Period: 5 years.

RALOXIFENE HCL

60mg

Tab

02239028 Evista

Reason for
Use code

Clinical criteria

373

For the treatment of osteoporosis in postmenopausal women who have:

Failed **or**, experienced intractable side effects, or have a contraindication to, alendronate **OR** risedronate.

Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

RIFABUTIN

150mg

Cap

02063786 Mycobutin

Reason for
Use code

Clinical criteria

103

For the prevention of Mycobacterium Avium Intracellular (MAI) in: Patients with a CD4+ cell count less than 200/mm³ with an AIDS-defining diagnosis.

LU Authorization Period: 1 Year.

104

Patients with a CD4+ cell count less than 100/mm³ without an AIDS-defining diagnosis.

LU Authorization Period: 1 Year.

RISEDRONATE SODIUM

5mg

Tab

02242518 Actonel

Reason for
Use code

Clinical criteria

369

For the treatment of osteoporosis in patients who have:

Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.

LU Authorization Period: Indefinite.

370

Failed* **or**, experienced intractable side effects, **or** have a contraindication to, cyclical etidronate (Didrocal) therapy.

*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

RISEDRONATE SODIUM

30mg

Tab

02239146 Actonel

Reason for Clinical criteria

Use code

319 For the treatment of Paget's disease.

LU Authorization Period: Indefinite.

RISEDRONATE SODIUM

35mg

Tab

02246896 Actonel

Reason for Clinical criteria

Use code

369 For the treatment of osteoporosis in patients who have:
Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.

LU Authorization Period: Indefinite.

370 Failed* **or**, experienced intractable side effects, **or** have a contraindication to, cyclical etidronate (Didrocal) therapy.

*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

RIVASTIGMINE

1.5mg

Cap

02242115 Exelon

3mg

Cap

02242116 Exelon

4.5mg

Cap

02242117 Exelon

6mg

Cap

02242118 Exelon

Reason for Clinical criteria

Use Code

347 Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.

Network note: Maximum duration 3 months.

LU Authorization Period: 1 Year.

348 Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

SALBUTAMOL

1mg/mL	Inh Sol-2.5mL Pk	01926934	Gen-Salbutamol Sterinebs P.F.
		01986864	Ratio-Salbutamol Respirator Sol P.F.
		02208229	PMS-Salbutamol
		02213419	Ventolin Nebules P.F.
2mg/mL	Inh Sol-2.5mL Pk	02231488	Apo-Salvent Sterule
		02173360	Gen-Salbutamol
		02208237	PMS-Salbutamol
		02213427	Ventolin Nebules P.F.
		02231678	Apo-Salvent Sterule
		02239366	Ratio-Salbutamol

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
265	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy; LU Authorization Period: Indefinite.
266	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities; LU Authorization Period: Indefinite.
268	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

SALBUTAMOL

5mg/mL

Inh Sol-10mL Pk

00860808

Ratio-Salbutamol
Respirator Solution

02069571

PMS-Salbutamol
Respirator Solution

02154412

Sandoz Salbutamol

02213486

Ventolin

02232987

Gen-Salbutamol

**Reason for
Use code**

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256

Patients who have a tracheostomy;

LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite.

SALMETEROL XINAFOATE

50mcg/Blister
50mcg

Diskhaler-60 Disk Pk
Pd Inh-60 Dose Pk

02214261

SereVent Diskhaler Disks

02231129

SereVent Diskus

**Reason for
Use code**

Clinical criteria

132

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

LU Authorization Period: Indefinite.

391

For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

25/125mcg/Metered Dose	Inh-120 Dose Pk	02245126	Advair 125
25/250mcg/Metered Dose	Inh-120 Dose Pk	02245127	Advair 250
50/100mcg	Inh-60 Dose Pk	02240835	Advair Diskus
50/250mcg	Inh-60 Dose Pk	02240836	Advair Diskus
50/500mcg	Inh-60 Dose Pk	02240837	Advair Diskus

Reason for Use code	Clinical criteria
330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms. LU Authorization Period: Indefinite.

SIROLIMUS

1mg/mL	O/L	02243237	Rapamune
1mg	Tab	02247111	Rapamune

Reason for Use code	Clinical criteria
392	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants. LU Authorization Period: Indefinite.

SODIUM FLUORIDE

20mg	Tab	02099225	Fluotic
------	-----	----------	---------

Reason for Use code	Clinical criteria
20	For the treatment of otosclerosis. LU Authorization Period: Indefinite.
21	For the treatment of otospongiosis. LU Authorization Period: Indefinite.

SODIUM FUSIDATE

250mg	Tab	01934252	Fucidin Leo
-------	-----	----------	-------------

Reason for Use code	Clinical criteria
342	As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of <i>S. aureus</i> or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure. LU Authorization Period: 1 Year.

TACROLIMUS

5mg/mL	Amp	02176009	Prograf
1mg	Cap	02175991	Prograf
5mg	Cap	02175983	Prograf

Reason for Use code	Clinical criteria
173	For solid organ transplant and bone marrow transplant. LU Authorization Period: Indefinite.

TACROLIMUS

0.03%	Oint	02244149	Protopic
0.1%	Oint	02244148	Protopic

Reason for Use code	Clinical criteria
383	For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid. Therapy should be reassessed at 6 months. LU Authorization Period: 1 year.

TAMSULOSIN HCL

0.4mg	Cap	02238123	Flomax
		02281392	Novo-Tamsulosin SR
0.4mg	Tab	02270102	Flomax CR

Reason for Use code	Clinical criteria
351	<p>NOTE: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.</p> <p>For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective. LU Authorization Period: Indefinite.</p>
352	<p>For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects. LU Authorization Period: Indefinite.</p>

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

TEMOZOLOMIDE

5mg	Cap	02241093	Temodal
20mg	Cap	02241094	Temodal
100mg	Cap	02241095	Temodal
250mg	Cap	02241096	Temodal

Reason for Use code	Clinical criteria
320	<p>For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.</p> <p>LU Authorization Period: Indefinite.</p>

TESTOSTERONE

1% 2.5g	Foil Packet	02245345	Androgel
1% 5.0g	Foil Packet	02245346	Androgel
12.2mg	Transdermal Patch	02239653	Androderm

Reason for Use code	Clinical criteria
397	<p>For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.</p> <p>NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.</p> <p>LU Authorization Period: 1 year.</p>

TESTOSTERONE CYPIONATE

100mg/mL Oily	Inj Sol-10mL Pk	00030783	Depo-Testosterone
---------------	-----------------	----------	-------------------

Reason for Use Code	Clinical criteria
397	<p>For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.</p> <p>NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.</p> <p>LU Authorization Period: 1 year.</p>

TESTOSTERONE ENANTHATE

1000mg/5mL Oily

Inj Sol-5mL Pk

00029246 Delatestryl

Reason for
Use Code

Clinical criteria

397

For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.

NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.

LU Authorization Period: 1 year.

TESTOSTERONE UNDECANOATE

40mg

Cap

00782327 Andriol

Reason for
Use Code

Clinical criteria

397

For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.

NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.

LU Authorization Period: 1 year.

THYROTROPIN ALFA

0.9mg/mL

Inj Pd-2x1.1mg Vial Pk

02246016 Thyrogen

Reason for
Use Code

Clinical criteria

368

For use in the monitoring of patients with well-differentiated thyroid cancer.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

TICLOPIDINE HCL
250mg

Tab

02162776 Ticlid
02236848 Novo-Ticlopidine
02237560 Nu-Ticlopidine
02237701 Apo-Ticlopidine
02239744 Gen-Ticlopidine
02243327 PMS-Ticlopidine
02243587 Sandoz Ticlopidine

Reason for Use code	Clinical criteria
	<p>Ticlopidine is restricted to patients with transient cerebral ischemia. Ticlopidine may be somewhat more effective than ASA in preventing fatal and non-fatal strokes. However, it is associated with neutropenia in 0.8-2.4% of patients, a serious side-effect which may be fatal. Patients on ticlopidine require blood tests every two weeks for the first three months of therapy. There have been more than 60 cases of ticlopidine associated thrombotic thrombocytopenic purpura (TTP) with 33% mortality rate. As well, there are other side-effects such as diarrhea that occurs in 12.5% of patients. Ticlopidine should be used only after careful consideration. The appropriate use of ticlopidine in the management of patients with cerebral ischemic events (TIA or stroke) is based on the following:</p> <p>(a) Determining that the symptoms are due to focal cerebral ischemia, and differentiating the symptoms of dizziness due to vestibular dysfunction, lightheadedness, or syncope from antihypertensive drugs or cardiac dysfunction, and from symptoms due to migraine, epilepsy, hypoglycemia, or other causes, such as tumor.</p> <p>(b) If investigation demonstrates that the events are caused by emboli from the heart, the patient should be treated with anticoagulants, such as warfarin.</p> <p>(c) If the events are due to artery-to-artery emboli from the carotid bifurcation with a severe stenosis, the patient should probably be treated with ASA and offered carotid endarterectomy if medically suitable (70% to 99% stenosis).</p> <p>(d) ASA should be the first line of defense for patients with TIA and threatened stroke, and after an initial stroke of any severity.</p> <p>(e) The only drugs other than ASA that are available as platelet inhibitors and which have been shown to be of value for such patients are ticlopidine and clopidogrel.</p> <p>(f) Before abandoning ASA in favour of ticlopidine, efforts should be made to improve the tolerability of ASA by reducing the dose, taking it with food, and using enteric coated ASA.</p> <p>Ticlopidine will be reimbursed for patients:</p>
219	<p>Who are known to be, or become, intolerant of ASA; LU Authorization Period: Indefinite.</p>
220	<p>Where ASA is contraindicated; LU Authorization Period: Indefinite.</p>
221	<p>Who continue to have TIA or stroke symptoms while being treated with ASA. LU Authorization Period: Indefinite.</p>

TINZAPARIN SODIUM

10000IU/mL	Inj-2mL Pk	02167840	Innohep
20000IU/mL	Inj-2mL Pk	02229515	Innohep
3500IU/0.35mL	Inj Pref Syr	02229755	Innohep
4500IU/0.45mL	Inj Pref Syr	09853898	Innohep
10000IU/0.5mL	Inj Pref Syr	02231478	Innohep
14000IU/0.7mL	Inj Pref Syr	09853901	Innohep
18000IU/0.9mL	Inj Pref Syr	09853928	Innohep

Reason for Use code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 Year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 Year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 Year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 Year.
323	For the acute treatment of pulmonary embolism, <i>maximum of three weeks</i> . LU Authorization Period: 1 Year.

TOLTERODINE L-TARTRATE

2mg	SR Cap	02244612	Detrol LA
4mg	SR Cap	02244613	Detrol LA
1mg	Tab	02239064	Detrol
2mg	Tab	02239065	Detrol

Reason for Use code	Clinical criteria
290	For patients with urinary frequency, urgency or urge incontinence who have: Failed to respond to behavioural techniques AND An adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects. Note: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME
-------------------------	-------------	-----	------------

TOPIRAMATE

15mg	Sprinkle Cap	02239907	Topamax Sprinkle
25mg	Sprinkle Cap	02239908	Topamax Sprinkle

Reason for Use code	Clinical criteria
321	In children age 16 and under, as adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory. LU Authorization Period: Indefinite.

TOPIRAMATE

25mg	Tab	02230893	Topamax
		02248860	Novo-Topiramate
		02256827	Ratio-Topiramate
		02260050	Sandoz Topiramate
		02262991	PMS-Topiramate
100mg	Tab	02263351	Gen-Topiramate
		02279614	Apo-Topiramate
		02230894	Topamax
		02248861	Novo-Topiramate
		02256835	Ratio-Topiramate
200mg	Tab	02260069	Sandoz Topiramate
		02263009	PMS-Topiramate
		02263378	Gen-Topiramate
		02279630	Apo-Topiramate
		02230896	Topamax
		02248862	Novo-Topiramate
		02256843	Ratio-Topiramate
		02263017	PMS-Topiramate
		02263386	Gen-Topiramate
		02267837	Sandoz Topiramate
		02279649	Apo-Topiramate

Reason for Use code	Clinical criteria
223	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory. NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months. LU Authorization Period: Indefinite.

TRAVOPROST

0.004%

Oph Sol-2.5mL Pk 02244896 Travatan

Reason for Use Code	Clinical criteria
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

TRETINOIN

0.01%	Cr	00657204	Stieva-A
0.025%	Cr	00578576	Stieva-A
0.05%	Cr	00518182	Stieva-A
		01926519	Vitamin A Acid
0.01%	Gel	00587958	Stieva-A
		01926462	Vitamin A Acid
0.025%	Gel	00587966	Stieva-A
0.05%	Gel	01926489	Vitamin A Acid
0.025%	Sol	00578568	Stieva-A

Reason for Use code	Clinical criteria
269	For the treatment of acne vulgaris. LU Authorization Period: 1 year.

URSODIOL

250mg

Tab

02238984 Urso
02273497 PMS-Ursodiol C

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.

URSODIOL

500mg

Tab

02245894 Urso DS
02273500 PMS-Ursodiol C

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.
386	For the treatment of primary sclerosing cholangitis. LU Authorization Period: Indefinite.

VALACYCLOVIR

500mg

Cap

02219492 Valtrex

Reason for Use code	Clinical criteria
159	Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days. *The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame. NETWORK NOTE: Network will limit supply to 7 days and 42 capsules. LU Authorization Period: 1 year.

VALGANCICLOVIR

450mg

Tab

02245777 Valcyte

Reason for Use Code	Clinical criteria
374	For the treatment of CMV retinitis in patients with AIDS. LU Authorization Period: 1 year.

VIGABATRIN

500mg

Tab

02065819 Sabril

Reason for
Use code

Clinical criteria

136

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

VORICONAZOLE

50mg

Tab

02256460 Vfend

200mg

Tab

02256479 Vfend

Reason for
Use code

Clinical criteria

399

Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole.

* The first prescription must be written by a physician based at the hospital where the patient was hospitalized.

Note: Limited to 3 months of reimbursement

LU Authorization Period: 1 year.

ZOLEDRONIC ACID

5mg/100mL

Inj Sol-100mL Pk

02269198 Aclasta

Reason for
Use code

Clinical criteria

319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.