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NON-INSURED HEALTH BENEFITS
First Nations and Inuit Health Branch

DRUG BENEFIT LIST
2012

The Non-Insured Health Benefits (NIHB) program provides supplementary health benefits, including prescription and non-prescription drugs, for registered First Nations and recognized Inuit throughout Canada.

Visit our Web site at: www.healthcanada.gc.ca/nihb

Canada 

Non-Insured Health Benefits

INTRODUCTION Drug Benefit List

**Effective
2012**

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1. BACKGROUND ON NIHB PROGRAM

The Non-Insured Health Benefits (NIHB) Program of Health Canada provides coverage for approximately 831,090 eligible registered First Nations and recognized Inuit with a limited range of medically necessary health-related goods and services not provided through private or provincial/territorial health insurance plans. These benefits complement provincial and territorial health care programs, such as physician and hospital care, as well as other First Nations and Inuit community-based programs and services. Benefits include drugs, medical transportation, dental care, medical supplies and equipment, crisis intervention counselling and vision care.

The authority for the NIHB Program is based on the 1979 Indian Health Policy which describes the responsibility for the health of First Nations as shared amongst various levels of government, the private sector and First Nations communities. As a result of this shared responsibility, when a benefit is covered under another plan, the federal government requires the coordination of benefits to ensure that the other plan meets its obligations.

2. PURPOSE OF THE NIHB DRUG BENEFIT LIST

The Drug Benefit List is a listing of the drugs provided as benefits by the Non-Insured Health Benefits (NIHB) Program. The DBL is updated regularly and published annually. The listed drugs are those primarily used in a home or ambulatory setting. A prescription from a licensed practitioner is required for any listed drug to be processed as a benefit. Practitioners are those people authorized to prescribe drugs within the scope of practice in their province or territory. The DBL is a tool for physicians and pharmacists that encourages the selection of optimal, cost-effective drug therapy.

3. DRUG REVIEW PROCESS

The review process for drug products that are considered for inclusion as a benefit under the NIHB Program varies depending on the type of drug submitted.

3.1 New Chemical Entities / New Combination Drug Products/ Existing Chemical Entities with New Indication

Submissions for new chemical entities, new combination drug products and existing chemical entities with new indications, must be sent to the Canadian Agency for Drugs and Technologies in Health (CADTH). Clinical and pharmacoeconomic reviews are coordinated by the Common Drug Review (CDR) Directorate and forwarded to the Canadian Drug Expert Committee (CDEC) for recommendations on formulary listing. These recommendations are forwarded to participating drug plans, including the NIHB Program, for consideration. The NIHB Program and other drug plans make listing decisions based on CDEC recommendations and other specific relevant factors, such as mandate, priorities and resources.

Please refer to the Canadian Agency for Drugs and Technologies in Health (CADTH) for a list of requirements for manufacturers' submissions and a summary of procedures for the Common Drug Review Process. Inquiries should be directed to:

Common Drug Review (CDR)
Canadian Agency for Drugs and Technologies in Health
865 Carling Avenue, Suite 600
Ottawa, Ontario K1S 5S8
Telephone: (613) 226-2553
Website: www.cadth.ca

Please ensure a copy of the complete CDR submission is also sent to NIHB either electronically to NIHB.Drug.Submissions@hc-sc.gc.ca or on CD ROM to the mailing address indicated in section 3.2.2.4

3.2 Line Extensions, Generics and All Other Submissions

Submissions for line extensions, generics and all other submissions are reviewed internally or by the NIHB Drugs and Therapeutics Advisory Committee (DTAC). Generic drug products are considered for inclusion on the formulary based on provincial interchangeability lists and other relevant factors.

3.2.1 Drugs and Therapeutics Advisory Committee (DTAC)

The DTAC provides formulary listing recommendations for drug products to the NIHB Program. The NIHB Program makes listing decisions based on DTAC recommendations and other specific relevant factors, such as mandate, priorities and resources.

The DTAC is an advisory body of highly qualified health professionals who bring impartial and practical expert medical and pharmaceutical advice to the NIHB Program to promote improvement in the health outcomes of First Nations and Inuit clients through effective use of pharmaceuticals. The approach is evidence-based and the advice reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and specific departmental client healthcare needs.

3.2.2 Submission Requirements

All submissions for drug products that are line extensions, generics and all other submissions must be submitted to the NIHB Program. Only drug products with a Health Canada Notice of Compliance will be considered for provision as a benefit.

3.2.2.1 Letter of Authorization

The manufacturer will provide a letter authorizing the NIHB Program to gain access to all information with respect to the product in the possession of Health Canada or of the government of any provinces or territory in Canada, Patented Medicine Prices Review Board (PMPRB) or Canadian Agency for Drugs and Technologies in Health (CADTH).

3.2.2.2 Justification for Consideration of Listing

The manufacturer will provide a statement indicating the rationale and evidence to justify the provision of the new product.

3.2.2.3 General Information

Additional information should include:

- Evidence of approval by Health Canada, such as a Notice of Compliance (NOC) and Drug Identification Number (DIN).and
- Two therapeutic Classifications:
 - *American Hospital Formulary Service (AHFS) Pharmacologic Therapeutic Classification* and;
 - The World Health Organization's *Anatomical Therapeutic Chemical (ATC) Classification*

3.2.2.4 Pricing and Marketing Information

The manufacturer must submit current price information for the drug product.

Manufacturers are required to notify the NIHB Program of any significant change to listed drug products. Significant changes include changes in DIN, product name, manufacturer or distributor, indication, product monograph, packaging, formulation, manufacturing specifications or discontinuation of a product. Notification of changes should be provided electronically to the NIHB Program.

All submissions for drug products, to be reviewed for inclusion on the NIHB Drug Benefit List (DBL), must be sent to the NIHB Program electronically. Please send all drug submissions to the following email address: NIHB.Drug.Submissions@hc-sc.gc.ca. Submissions will also be accepted on CD ROM when mailed to the following address:

C/o Manager of Pharmacy, Benefit Management
Non-Insured Health Benefits
First Nations and Inuit Health Branch, Health Canada
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902A Tunney's Pasture
Ottawa, Ontario K1A 0K9

Only ONE copy of the submission is required. Receipt of submission will be acknowledged electronically.

4. BENEFIT CRITERIA

The following criteria are the framework for the Non-Insured Health Benefits Program Drug Benefit List (DBL). The criteria provide the basis for decisions about drugs on the formulary relating to:

- A. Listings
- B. Deletions
- C. Open Benefit
- D. Limited Use
- E. Exceptions
- F. Exclusions

All drugs that are to be either considered for listing or currently listed as program benefits must, as a minimum:

1. be legally available for sale in Canada with a Notice of Compliance (NOC);
2. be sold in Canada (proof may include a copy of the completed notification form issued under the Food and Drug Regulations or listing on a provincial drug benefit formulary);
3. be administered in a home setting or in other ambulatory care settings;
4. not be provided in a provincially/territorially covered setting (hospital/institution) or provided through provincially/territorial covered programs or clinics according to provincial/territorial legislation; and
5. be in accordance with NIHB Program mandate and policies.

A. Drug Benefit Listings

The Non-Insured Health Benefits (NIHB) Program, with assistance from the Canadian Drug Expert Committee (CDEC) and the NIHB Drugs and Therapeutics Advisory Committee (DTAC), balances a number of factors in making listing decisions about changes to the Drug Benefit List, such as:

- The needs of First Nations and Inuit recipients;
- Accumulated scientific and clinical research on currently-listed drugs;
- Cost-benefit analysis;
- Availability of alternatives;
- Current health practices; and
- Policies and listings in provincial drug formularies.

New formulations and new strengths of listed products may be added or may replace previously approved products.

Generic products are added according to provincial interchangeability lists and other relevant factors.

Combination products are considered for listing if:

1. each component of the combination makes a contribution to the claimed effect;
2. a pharmacological or pharmaceutical rationale exists for the combination;

3. the dosage of each component (amount, frequency, duration) is safe and effective for a significant proportion of the patient population requiring such concurrent therapy as defined in the labeling of the drug; and,
4. the cost is reduced, or scientific evidence indicates that the advantages outweigh any additional cost; or
5. an improvement in compliance, resulting in an increase in clinical effectiveness, is demonstrated.

Sustained Release Products may be listed when:

1. clinical studies have demonstrated the safety and efficacy of the active ingredient when administered in the sustained released form; and,
2. a therapeutic advantage is demonstrated in the treatment of the disease entity for which the product is indicated (therapeutic advantage is defined as: improved efficacy relative to the conventional dosage with no increase in toxicity; or less toxicity with improved or similar efficacy); or,
3. there is demonstrated improvement in compliance resulting in an increase in clinical effectiveness, or,
4. there is evidence that the sustained release product is at least as cost-effective as the best price alternative in the conventional form that is currently covered; or,
5. there is no suitable conventional dosage form(s) of the drug listed that is readily available.

Injectable Drug Products will be considered if they are:

1. self-administered in a home or other ambulatory setting;
2. not part of a physician's standard office supply;
3. not provided in a provincially/territorially covered hospital or institution; or,
4. not provided through provincially/territorial covered programs or clinics according to provincial/territorial legislation.

B. Deletion Criteria

The following deletion criteria guide the removal or delisting of a drug product from the NIHB drug benefit list. Drugs are deleted:

1. when a product is discontinued from the Canadian market;
2. when new products possessing clearly demonstrated therapeutic and safety advantages or improvements have been listed;
3. when new toxicity data shift the risk/benefit ratio to make the continued listing of the product inappropriate;
4. when new information demonstrates that the product does not have the anticipated therapeutic benefit;
5. when the purchase cost is disproportionate to the benefits provided; or
6. when the drug has a high potential for misuse or abuse.

NOTE: Drugs may also be removed at the discretion of the Director General, NIHB Program when there are undesirable financial, supply or administrative implications to the continued listing of a product.

C. Open Benefits

Open benefits are the drugs listed in the NIHB DBL which do not have established criteria or prior approval requirements.

D. Limited Use Benefits

Limited use drugs are drug products listed on the NIHB DBL that may be inappropriate for general listing, but have value in specific circumstances. These products will have specific criteria for provision as a benefit under the NIHB Program. A product will be designated for limited use when:

1. it has the potential for widespread use outside the indications for which benefit has been demonstrated;
2. it has proven effectiveness, but is associated with predictable severe adverse effects;
3. it is usually a second or third line choice for treatment and is required because of allergies, intolerance, treatment failure or noncompliance with a first line alternative; or
4. it is very costly and a therapeutically effective alternative is available as a benefit.

There are three types of limited use benefits:

1. Limited use benefits which do not require prior approval. These include:
 - Multivitamins (which are benefits for children up to 6 years of age); and
 - Prenatal and postnatal vitamins (which are benefits for women of childbearing age (12 to 50 years)).
2. Benefits which have a quantity and frequency limit. A maximum quantity of drug is allowed within a specified period of time. No prior approval is required for the recipient to obtain the allowable quantity of drug within the specified period. Drugs with a quantity and frequency limit include smoking cessation products. Recipients are eligible to receive a 3-month supply of smoking cessation products over a one year period which is renewable 12-months from the day the initial prescription was filled.
3. Limited use benefits which require prior approval (using the "Limited Use Drugs Request Form"). Limited use benefits and the criteria for their coverage are identified in the Drug Benefit List and also in Appendix A. The criteria are also listed on the forms faxed to prescribers for completion.

E. Exceptions

Exception drugs are drug products which are not listed in the DBL. These drug products may be approved in special circumstances upon receipt of a completed "Exception Drugs Request Form" from the attending licensed practitioner.

- when the prescription is for a recognized clinical indication and dose which is supported by published evidence or authoritative opinion; and
- when there is significant evidence that the requested drug is superior to drugs already listed as program benefits; or,
- when a patient has experienced an adverse reaction with a best-price alternative drug, and a higher cost alternative is requested by the prescriber; or
- when there is supporting evidence that available alternatives are ineffective, toxic, or contraindicated (personal preference alone does not justify an exception).

F. Exclusions

Exclusions are items not listed as benefits on the DBL and are not available through the exception or appeal processes. These include certain drug therapies for particular conditions which fall outside of the NIHB mandate and are not provided as benefits under the NIHB Program.

These products are not considered for coverage under the NIHB Program:

- Anti-obesity drugs;
- Household products (regular soaps and shampoos);
- Cosmetics;
- Alternative therapies, including glucosamine and evening primrose oil;
- Megavitamins;
- Drugs with investigational/experimental status;
- Vaccinations for travel indications;
- Hair growth stimulants;
- Fertility agents and impotence drugs;
- Selected over-the-counter products;
- Codeine containing cough preparations;
- Stadol TM NS and generics (butorphanol tartrate nasal spray); and
- Darvon® and 642® (propoxyphene);
- Fiorinal®, Fiorinal® C ¼, Fiorinal® C ½ and generics (Butalbital containing analgesics with and without codeine);
- Dalmane®, Somnol® and generics (flurazepam);
- Librium®, Solium®, Medilium® and generics (chlordiazepoxide);
- Tranxene® and generics (clorazepate).
- Imovane® and generics (zopiclone)

5. POLICIES**A. Best Price Alternative and Interchangeability**

The Non-Insured Health Benefits (NIHB) program will reimburse only the best price (lowest cost) alternative product in a group of interchangeable drug products. Pharmacists must follow their provincial/territorial pharmacy legislation/policies to identify interchangeable products and to select the lowest-priced brand. (NIHB may not necessarily reimburse at the cost listed in the provincial drug plan formulary).

If a recipient selects a higher cost equivalent, he/she will be responsible for any incremental costs above the cost of the best price equivalent drugs.

B. “No Substitution” Claims

NIHB will consider reimbursement for a higher-cost interchangeable product when a patient has experienced an adverse reaction with a lower-cost alternative. In such circumstances, the prescriber must provide the pharmacist with:

1. a completed and signed Health Canada form: ‘*Report of suspected adverse reaction due to drug products marketed in Canada*’ and,
2. the prescription with “*No Substitution*” or “*No Sub*” handwritten.

Upon receipt, the pharmacist will forward a copy of the form and the prescription to NIHB for review. A copy of the form will be forwarded to the Canada Vigilance Program of Health Canada. Forms can be obtained by calling Health Canada at 1-866-234-2345 or by downloading a copy from Health Canada website at

http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php or by photocopying a

copy from the *Compendium of Pharmaceuticals and Specialties*.

NOTE: The report of Adverse Reaction form will not need to be resubmitted for renewals or new prescriptions of the same drug for the patient, although "No Sub" will still have to be written on the prescription.

C. Prescription Quantities

The normal quantity dispensed shall be the entire quantity of the drug prescribed. A maximum 100-day supply should be considered for those circumstances where the patient has been stabilized on a medication and the prescriber feels that further adjustment during the prescribed period is unlikely. The physician may continue to prescribe a smaller quantity with repeats at certain intervals when it is in the patient's best interest.

D. Short Term Dispensing Policy

It is the Program's expectation that certain medications required for long-term maintenance therapy should be prescribed and dispensed in up to 100 days supplies. For refills for medications requiring short-term dispensing for a shorter time than 28 days due to compliance concerns, the Program will only reimburse a total of one dispensing fee per 28 days, except:

- a. Refills for intermittent treatment of a chronic disorder (e.g. dosage change)
- b. Refills for drugs prescribed for as required use (e.g. PRN)
- c. Refills of methadone
- d. Others as identified by the NIHB Program

Minimum 28 day supply

NIHB will consider compensation for no more than one dispensing fee every 28 days for chronically used oral medication. These medications include (but are not limited to) drugs in the following categories:

Alpha-adrenoreceptor Antagonists	Anti-dementia Drugs	Anti-gout Drugs
Anti-Parkinsonian Drugs	Anti-platelet aggregation Drugs	BPH Drugs
Cardiovascular Drugs	Enzyme Preparations	Drugs for Diabetes
Drugs for Treatment of Bone Diseases	GI Anti-inflammatory Drugs	Thyroid Therapy
Proton Pump Inhibitors	Urinary Anti-Spasmodics	
H ₂ -Receptor Antagonists	OTCs (including vitamins)	
Other Drugs for Peptic Ulcer and Gastro-esophageal Reflux Disease (GERD)		

Note: this list may be amended as required and changes will be communicated through the quarterly drug bulletin and as on-line updates to the Drug Benefit List. Medications on the Short term Dispensing list are identified in the DBL using the symbol ST beside the medication strength and dosage form.

Compensation

The compensation will be the lesser of the usual and customary fee up to the maximum negotiated NIHB regional dispensing fee for each 28 days supplied. NIHB will continue to audit and recover in instances where quantity reduction occurs.

Less than 28 Day Supply

For certain "high-risk" drugs where safety, risk of diversion and compliance are of concern, a less than 28 day supply will be compensated. The drug categories for which less than a 28 day supply will be compensated are:

antidepressants anti-psychotics opioids benzodiazepines

Through provider audit, special attention will be given to these drug categories to ensure the appropriateness of short-term dispensing in all cases.

Implementation

- When filling a new prescription for a chronic use drug, the Program will pay a full dispensing fee regardless of the days supply. A new prescription may include a dosage change or an intermittent treatment, based on an assessment by a prescriber.

- When refilling a prescription for a chronic use drug that is for less than a 28 day supply or when a need for compliance packaging is identified by the prescriber, the Program will pay no more than one full dispensing fee per 28 day period.

- A refill is defined as the second and all subsequent fills for a given strength and dosage of a drug.

6. SPECIAL FORMULARY FOR CHRONIC RENAL FAILURE PATIENTS

Recipients with chronic renal failure are eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List but which are required on a long-term basis. Some supplemental benefits include: darbepoetin alfa products (except in provinces where NIHB recipients are eligible to receive darbepoetin alfa through the provincial programs), calcium products, multivitamins formulated for renal patients and select nutritional supplements formulated for renal patients.

New patients requiring drugs on the special formulary will be identified for coverage through the usual prior approval process. Once the patient is confirmed as eligible, coverage will automatically be extended to all drugs in the special formulary for as long as needed.

7. PALLIATIVE CARE FORMULARY

Recipients diagnosed with a terminal illness and are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List. The Palliative Care Formulary includes medications used to provide comfort to those near the end of life.

Requests for any of the DINs on the Palliative Care Formulary will generate a Palliative Care Application Form, faxed to the prescribing physician. Once completed and submitted, the recipient will be eligible for all medications on the Palliative Care Formulary if the following criteria are met:

The recipient:

1. is not receiving care in a provincially covered hospital or provincially covered long-term care facility and
2. has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

Once approved, the recipient will be eligible for all medications on the Palliative Care Formulary for six months without the need for further prior approval. If coverage is required beyond the initial six months, an additional six months may be granted upon receipt of another completed Palliative Care Application Form.

Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

8. DRUG UTILIZATION EVALUATION

A drug utilization evaluation, which is part of the point-of-service or on-line adjudication system, provides an analysis of both previous claims data and current claims data to identify potential drug-related problems. Messages are returned to pharmacists to alert them of the potential problems. These messages are intended to enhance pharmacy practice with additional information. Currently, the system monitors for:

- potential drug/drug interactions
- duplicate drugs
- duplicate therapy

The DTAC is an important component of the NIHB Drug Use Evaluation (DUE) Program which provides advice to the NIHB Program, to promote effective, efficient and optimal drug therapy to First Nations and Inuit

recipients.

9. GENERAL INFORMATION

Sources of information about the NIHB Program include:

- The NIHB Internet site which provides background information on the program and a copy of the Drug Benefit List. It can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fourrir/pharma-prod/med-list/index-eng.php>
- The NIHB Drug Bulletin which is available to pharmacists and to medical practitioners through the Health Canada's website. Bulletins can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/index-eng.php#drug-med>

Information about the NIHB Program can also be obtained by contacting:

Director, Benefit Management
Non-Insured Health Benefits
First Nations and Inuit Health Branch
200 Eglantine Driveway, 2nd Floor
Postal Locator 1902A
Tunney's Pasture
Ottawa, Ontario K1A 0K9

10. NIHB PRIVACY CODE

The NIHB Program of Health Canada is committed to protecting an individual's privacy and safeguarding the personal information in its possession. When a benefit request is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable federal privacy legislation. The information collected is limited to only that information required for the NIHB Program to administer and verify benefits.

As a program of the federal government, the NIHB Program must comply with the Privacy Act, the Canadian Charter of Rights and Freedoms, the Access to Information Act, the Treasury Board of Canada Privacy and Data Protection Policies, the Government Security Policy, and Health Canada's Security Policy.

10. PHARMACOLOGIC-THERAPEUTIC CLASSIFICATION OF DRUGS

The drugs in the Non-Insured Health Benefits (NIHB) Drug Benefit List are classified according to the *AHFS* Pharmacologic-Therapeutic classification developed by the American Society of Health-System Pharmacists for the purposes of the *AHFS Drug Information*.

Permission to use this system has been granted by the American Society of Health-System Pharmacists. The Society is not responsible for the accuracy of transpositions from the original context.

Drugs are listed alphabetically within each therapeutic classification according to their chemical names. Under each drug, acceptable products are listed.

LEGEND

1. Pharmacologic-Therapeutic classification
2. Pharmacologic-Therapeutic sub-classification
3. Nonproprietary or generic name of the drug
4. Drug strength and dosage form. ST indicates the drug is identified as a chronic medication under the Short-Term Dispensing Policy.
5. Drug Identification Number (DIN), assigned by the Therapeutic Products Directorate of Health Canada, to uniquely identify the drug product as to its manufacturer, name and strength of active ingredients, route of administration and pharmaceutical dosage form
6. Brand name of the drug
7. List of all active ingredients in a combination product
8. Strengths of active ingredients in a combination product, listed in the same order as the ingredients
9. List of available brands of drugs. Provincial or territorial drug plan formularies should be consulted to determine interchangeable products and to identify best price (lowest cost) alternatives
10. Three letter identification code assigned to manufacturer
11. An asterisk (*) to the right of the manufacturer code indicates that the product is not available in all regions


1 → 04:00 ANTIHISTAMINE DRUGS

2 → 04.00.00 ANTIHISTAMINE DRUGS

3 → CETIRIZINE HCL

4 → ST 10mg Tablet

5 → 02231603 APO-CETIRIZINE APX

6 → 


7 → 28:08.08 ACETAMINOPHEN, CAFFEINE, CODEINE PHOSPHATE

8 → 300mg & 15mg & 15mg Tablet

00706515 00653241 02163934		PMS-ACET 2 RATIO-LENOLTEC NO.2 TYLENOL WITH CODEINE NO.2	PMS RPH JNO
----------------------------------	---	--	-------------------

9 → 300mg & 15mg & 30mg Tablet

00653276 02163926	RATIO-LENOLTEC NO.3 TYLENOL WITH CODEINE NO.3	RPH JNO
----------------------	--	------------

10 → 

36:00 DIAGNOSTIC AGENTS

36:26.00 DX – DIABETES MELLITUS

GLUCOSE OXIDASE, PEROXIDASE

Freestyle Strip

00901388 00905500 00950907 09857141 44123028 97799829 99004704 99401062	FREESTYLE FREESTYLE FREESTYLE FREESTYLE FREESTYLE FRESSTYLE FREESTYLE FREESTYLE	THS * THS THS * THS THS THS THS * THS
--	--	--

11 → 

DRUG BENEFIT LIST

04:00 ANTIHISTAMINE DRUGS**04:00.00 ANTIHISTAMINE DRUGS****CETIRIZINE HCL**ST **1mg/mL Syrup**

02238337 REACTINE JNO

ST **10mg Tablet**

02315955 ALLERGY RELIEF ES PED

02231603 APO-CETIRIZINE APX

02223554 REACTINE JNO

ST **20mg Tablet**

02315963 PMS-CETIRIZINE PMS

01900978 REACTINE JNO

CHLORPHENIRAMINE MALEATEST **12mg Sustained Release Tablet**

00738964 CHLOR-TRIPOLON SCH

ST **4mg Tablet**

00738972 CHLOR-TRIPOLON SCH

00021288 NOVOPHENIRAM TEV

DESLORATADINEST **0.5mg/mL Oral Liquid**

02247193 AERIUS KIDS SCH

ST **5mg Tablet**

02243919 AERIUS SCH

02338424 DESLORATADINE APX

02298155 DESLORATADINE ALLERGY CONTROL PMS

DIPHENHYDRAMINE HCL**25mg Capsule**

00757683 PMS-DIPHENHYDRAMINE PMS

50mg Capsule

02019671 BENADRYL WLA

00757691 PMS-DIPHENHYDRAMINE PMS

2.5mg/mL Elixir

00804193 ALLERNIX RPH

02019736 BENADRYL WLA

00833266 DIPHENHYDRAMINE HCL TAN

00792705 PMS-DIPHENHYDRAMINE PMS

50mg/mL Injection

00596612 DIPHENHYDRAMINE SDZ

00878200 PMS-DIPHENHYDRAMINE PMS

1.25mg/mL Liquid

02019698 BENADRYL CHILD WLA

12.5mg/5mL Liquid

02298503 JAMP-DIPHENHYDRAMINE JMP

02298503 JAMP-DIPHENHYDRAMINE JMP

25mg Tablet

02176483 ALLER-AIDE RPH

01949454 ALLERGY TAN

02229492 ALLERGY FORMULA SDR

02097583 ALLERNIX RPH

02017849 BENADRYL WLA

02257548 JAMP-DIPHENHYDRAMINE JMP

02239029 NADRYL RIV

04:00.00 ANTIHISTAMINE DRUGS**DIPHENHYDRAMINE HCL****50mg Tablet**

02097575 ALLERNIX PLUS RPH

02230398 DIPHENHYDRAMINE HCL TAN

02257556 JAMP-DIPHENHYDRAMINE JMP

FEXOFENADINE HCLST **60mg Tablet**

02231462 ALLEGRA SAC

ST **120mg Tablet**

02242819 ALLEGRA 24HR SAC

KETOTIFEN FUMARATEST **0.2mg/mL Syrup**

02221330 APO-KETOTIFEN APX

02176084 NOVO-KETOTIFEN TEV

02218305 NU-KETOTIFEN NXP

02231679 PMS-KETOTIFEN PMS

ST **1mg Tablet**

02230730 NOVO-KETOTIFEN TEV

02231680 PMS-KETOTIFEN PMS

00577308 ZADITEN NVR

LORATADINEST **1mg/mL Syrup**

02019973 CLARITIN SCH

02241523 CLARITIN KIDS SCH

ST **10mg Tablet**

02243880 APO-LORATADINE APX

00782696 CLARITIN SCH

02244692 LORATADINE VTH

02280159 LORATADINE VTH

08:00 ANTI-INFECTIVE AGENTS**08:08.00 ANTHELMINTICS****MEBENDAZOLE****100mg Tablet**

00556734 VERMOX JNO

PYRANTEL PAMOATE**50mg/mL Suspension**

01944355 COMBANTRIN PFI

125mg Tablet

01944363 COMBANTRIN PFI

08:12.06 CEPHALOSPORINS**CEFACLOR****250mg Capsule**

02230263 APO-CEFACLOR APX

00465186 CECLOR PHH

02231432 NU-CEFACLOR NXP

02237729 SCHEIN-CEFACLOR SCN

500mg Capsule

02230264 APO-CEFACLOR APX

00465194 CECLOR PHH

02231433 NU-CEFACLOR NXP

02237730 SCHEIN-CEFACLOR SCN

25mg/mL Suspension

00465208 CECLOR PHH

50mg/mL Suspension

00465216 CECLOR PHH

75mg/mL Suspension

02237502 APO-CEFACLOR APX

00832804 CECLOR BID PHH

CEFADROXIL**500mg Capsule**

02240774 APO-CEFADROXIL APX

02311062 PRO-CEFADROXIL PDL

02235134 TEVA-CEFADROXIL TEV

CEFIXIME**20mg/mL Suspension**

00868965 SUPRAX SAC

400mg Tablet

00868981 SUPRAX SAC

CEFPROZIL**25mg/mL Suspension**

02293943 APO-CEFPROZIL APX

02163675 CEFZIL BMS

02329204 RAN-CEFPROZIL RBY

02303426 SANDOZ CEFPROZIL SDZ

50mg/mL Suspension

02293951 APO-CEFPROZIL APX

02163683 CEFZIL BMS

02293579 RAN-CEFPROZIL RBY

02303434 SANDOZ CEFPROZIL SDZ

08:12.06 CEPHALOSPORINS**CEFPROZIL****250mg Tablet**

02292998 APO-CEFPROZIL APX

02163659 CEFZIL BMS

02293528 RAN-CEFPROZIL RBY

02302179 SANDOZ CEFPROZIL SDZ

500mg Tablet

02293005 APO-CEFPROZIL APX

02163667 CEFZIL BMS

02293536 RAN-CEFPROZIL RBY

02302187 SANDOZ CEFPROZIL SDZ

CEFUROXIME AXETIL**25mg/mL Suspension**

02212307 CEFTIN GSK

250mg Tablet

02244393 APO-CEFUROXIME APX

02212277 CEFTIN GSK

02242656 RATIO-CEFUROXIME RPH

500mg Tablet

02244394 APO-CEFUROXIME APX

02212285 CEFTIN GSK

02311453 PRO-CEFUROXIME PDL

02242657 RATIO-CEFUROXIME RPH

CEPHALEXIN**250mg Capsule**

00342084 NOVO-LEXIN TEV

500mg Capsule

00342114 NOVO-LEXIN TEV

25mg/mL Suspension

02177862 DOM-CEPHALEXIN DPC

00342106 NOVO-LEXIN TEV

50mg/mL Suspension

02177870 DOM-CEPHALEXIN DPC

00342092 NOVO-LEXIN TEV

250mg Tablet

00768723 APO-CEPHALEX APX

00828858 CEPHALEXIN PDL

02177846 DOM-CEPHALEXIN DPC

00583413 NOVO-LEXIN TEV

00865877 NU-CEPHALEX NXP

02177781 PMS-CEPHALEXIN PMS

500mg Tablet

00768715 APO-CEPHALEX APX

00828866 CEPHALEXIN PDL

02177854 DOM-CEPHALEXIN DPC

00583421 NOVO-LEXIN TEV

00865885 NU-CEPHALEX NXP

02177803 PMS-CEPHALEXIN PMS

08:12.12 MACROLIDES**AZITHROMYCIN****20mg/mL Suspension**

02274388	PMS-AZITHROMYCIN	PMS
02332388	SANDOZ-AZITHROMYCIN	SDZ
02315157	TEVA-AZITHROMYCIN	TEV
02223716	ZITHROMAX	PFI

40mg/mL Suspension

02274396	PMS-AZITHROMYCIN	PMS
02332396	SANDOZ-AZITHROMYCIN	SDZ
02315165	TEVA-AZITHROMYCIN	TEV
02223724	ZITHROMAX	PFI

250mg Tablet

02247423	APO-AZITHROMYCIN	APX
02330881	AZITHROMYCIN	SAN
02255340	CO AZITHROMYCIN	COB
02278359	MYLAN-AZITHROMYCIN	MYL
02278588	PHL-AZITHROMYCIN	PHH
02261634	PMS-AZITHROMYCIN	PMS
02310600	PRO-AZITHROMYCIN	PDL
02275287	RATIO-AZITHROMYCIN	RPH
02275309	RIVA-AZITHROMYCIN	RIV
02265826	SANDOZ-AZITHROMYCIN	SDZ
02267845	TEVA-AZITHROMYCIN	TEV
02212021	ZITHROMAX	PFI

600mg Tablet

02256088	CO AZITHROMYCIN	COB
02261642	PMS-AZITHROMYCIN	PMS
02275317	RIVA-AZITHROMYCIN	RIV
02231143	ZITHROMAX	PFI

CLARITHROMYCIN**500mg Extended Release Tablet**

02244756	BIAXIN XL	ABB
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250mg Film Coated Tablet

02274744	APO-CLARITHROMYCIN	APX
01984853	BIAXIN	ABB
02248856	MYLAN-CLARITHROMYCIN	MYL
02247573	PMS-CLARITHROMYCIN	PMS
02324482	PRO-CLARITHROMYCIN	PDL
02361426	RAN-CLARITHROMYCIN	RBV
02247818	RATIO-CLARITHROMYCIN	RPH
02346524	RIVA-CLARITHROMYCIN	RIV
02266539	SANDOZ-CLARITHROMYCIN	SDZ

500mg Film Coated Tablet

02274752	APO-CLARITHROMYCIN	APX
02126710	BIAXIN	ABB
02351005	DOM-CLARITHROMYCIN	SEV
02248857	MYLAN-CLARITHROMYCIN	MYL
02247574	PMS-CLARITHROMYCIN	PMS
02324490	PRO-CLARITHROMYCIN	PDL
02361434	RAN-CLARITHROMYCIN	RBV
02247819	RATIO-CLARITHROMYCIN	RPH
02346532	RIVA-CLARITHROMYCIN	RIV
02266547	SANDOZ-CLARITHROMYCIN	SDZ

25mg/mL Suspension

02146908	BIAXIN	ABB
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08:12.12 MACROLIDES**CLARITHROMYCIN****50mg/mL Suspension**

02244641	BIAXIN	ABB
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ERYTHROMYCIN**250mg Enteric Coated Capsule**

00726672	APO-ERYTHRO	APX
00607142	ERYC	PFI

333mg Enteric Coated Capsule

01925938	APO-ERYTHRO	APX
00873454	ERYC	PFI

250mg Tablet

00682020	APO-ERYTHRO BASE	APX
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ERYTHROMYCIN ESTOLATE**50mg/mL Suspension**

00262595	NOVO-RYTHRO ESTOLATE	TEV
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ERYTHROMYCIN ETHYLSUCCINATE**40mg/mL Suspension**

00605859	NOVO-RYTHRO ETHYLSUCCINATE	TEV
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80mg/mL Suspension

00652318	NOVO-RYTHRO ETHYLSUCCINATE	TEV
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600mg Tablet

00637416	APO-ERYTHRO-S	APX
00583782	EES-600	ABB
00704377	ERYTHRO-ES	PDL

ERYTHROMYCIN STEARATE**250mg Tablet**

00545678	APO-ERYTHRO-S	APX
00563854	ERYTHROMYCIN	PDL
02051850	NU-ERYTHROMYCIN S	NXP

500mg Tablet

00688568	APO-ERYTHRO S	APX
00704393	ERYTHRO	PDL

08:12.16 PENICILLINS**AMOXICILLIN****250mg Capsule**

02352710	AMOXICILLIN	SAN
00628115	APO-AMOXI	APX
02238171	MYLAN-AMOXICILLIN	MYL
00406724	NOVAMOXIN	TEV
00865567	NU-AMOXI	NXP
02230243	PMS-AMOXICILLIN	PMS

500mg Capsule

02352729	AMOXICILLIN	SAN
00628123	APO-AMOXI	APX
02238172	MYLAN-AMOXICILLIN	MYL
00406716	NOVAMOXIN	TEV
00865575	NU-AMOXI	NXP
02230244	PMS-AMOXICILLIN	PMS
00644315	PRO-AMOX	PDL

08:12.16 PENICILLINS**AMOXICILLIN****125mg Chewable Tablet**

02036347 NOVAMOXIN TEV

250mg Chewable Tablet

02352737 AMOXICILLIN SAN

02036355 NOVAMOXIN TEV

25mg/mL Oral Solution01934171 NOVAMOXIN SUGAR
REDUCED TEV**50mg/mL Oral Solution**01934163 NOVAMOXIN SUGAR
REDUCED TEV**25mg/mL Suspension**

02352745 AMOXICILLIN SAN

02352761 AMOXICILLIN SUGAR
REDUCED SAN

00628131 APO-AMOXI APX

00452149 NOVAMOXIN TEV

00865540 NU-AMOXI NXP

02230245 PMS-AMOXICILLIN PMS

50mg/mL Suspension

02352753 AMOXICILLIN SAN

02352788 AMOXICILLIN SUGAR
REDUCED SAN

00628158 APO-AMOXI APX

00452130 NOVAMOXIN TEV

00865559 NU-AMOXI NXP

02230246 PMS-AMOXICILLIN PMS

00644331 PRO-AMOX PDL

AMOXICILLIN, CLAVULANIC ACID**25mg & 6.25mg/mL Suspension**

02243986 APO-AMOXI CLAV APX

01916882 CLAVULIN-F 125 GSK

40mg & 5.7mg/mL Suspension

02288559 APO-AMOXI CLAV APX

02238831 CLAVULIN 200 GSK

50mg & 12.5mg/mL Suspension

02243987 APO-AMOXI CLAV APX

01916874 CLAVULIN-F 250 GSK

80mg & 11.4mg/mL Suspension

02238830 CLAVULIN 400 GSK

250mg & 125mg Tablet

02243350 APO-AMOXI CLAV APX

500mg & 125mg Tablet

02326515 AMOXI-CLAV PDL

02243351 APO-AMOXI CLAV APX

01916858 CLAVULIN-F GSK

02243771 RATIO-ACLAVULANATE RPH

875mg & 125mg Tablet

02326523 AMOXI-CLAV PDL

02245623 APO-AMOXI CLAV APX

02238829 CLAVULIN GSK

02247021 RATIO-ACLAVULANATE RPH

02248138 TEVA-CLAVAMOXIN TEV

08:12.16 PENICILLINS**AMPICILLIN****250mg Capsule**

00020877 TEVA-AMPICILLIN TEV

500mg Capsule

00020885 TEVA-AMPICILLIN TEV

25mg/mL Suspension

00717495 NU-AMPI NXP

50mg/mL Suspension

00603287 APO-AMPICILLIN APX

00717649 NU-AMPI NXP

CLOXACILLIN**250mg Capsule**

02069660 CLOXACILLINE PRO

00717584 NU-CLOXI NXP

00337765 TEVA-CLOXIN TEV

500mg Capsule

02069679 CLOXACILLINE PRO

00717592 NU-CLOXI NXP

00337773 TEVA-CLOXIN TEV

25mg/mL Suspension

00717630 NU-CLOXI NXP

00337757 TEVA-CLOXIN TEV

PENICILLIN V POTASSIUM**25mg/mL Suspension**

00642223 APO-PEN VK APX

60mg/mL Suspension

00642231 APO-PEN VK APX

00391603 NOVO-PEN VK TEV

300mg Tablet

00642215 APO-PEN VK APX

00021202 NOVO-PEN VK TEV

00717568 NU-PEN VK NXP

00468029 PENICILLINE V PDL

PIVMECILLINAM HCL**200mg Tablet**

00657212 SELEXID LEO

08:12.18 QUINOLONES**CIPROFLOXACIN HCL****250mg Tablet**

02229521	APO-CIPROFLOX	APX
02155958	CIPRO	BAY
02353318	CIPROFLOXACIN	SAN
02247339	CO CIPROFLOXACIN	COB
02317427	MINT-CIPROFLOXACIN	MIN
02245647	MYLAN-CIPROFLOXACIN	MYL
02251310	PHL-CIPROFLOXACIN	PHH
02248437	PMS-CIPROFLOXACIN	PMS
02317796	PRO-CIPROFLOXACIN	PDL
02303728	RAN-CIPROFLOX	RBV
02246825	RATIO-CIPROFLOXACIN	RPH
02251221	RIVA-CIPROFLOXACIN	RIV
02248756	SANDOZ-CIPROFLOXACIN	SDZ
02266962	TARO-CIPROFLOXACIN	TAR
02161737	TEVA-CIPROFLOXACIN	TEV

500mg Tablet

02229522	APO-CIPROFLOX	APX
02155966	CIPRO	BAY
02353326	CIPROFLOXACIN	SAN
02247340	CO CIPROFLOXACIN	COB
02251280	DOM-CIPROFLOXACIN	PMS
02317435	MINT-CIPROFLOXACIN	MIN
02245648	MYLAN-CIPROFLOXACIN	MYL
02251329	PHL-CIPROFLOXACIN	PHH
02248438	PMS-CIPROFLOXACIN	PMS
02317818	PRO-CIPROFLOXACIN	PDL
02303736	RAN-CIPROFLOX	RBV
02246826	RATIO-CIPROFLOXACIN	RPH
02251248	RIVA-CIPROFLOXACIN	RIV
02248757	SANDOZ-CIPROFLOXACIN	SDZ
02266970	TARO-CIPROFLOXACIN	TAR
02161745	TEVA-CIPROFLOXACIN	TEV

750mg Tablet

02229523	APO-CIPROFLOX	APX
02155974	CIPRO	BAY
02353334	CIPROFLOXACIN	SAN
02247341	CO CIPROFLOXACIN	COB
02317443	MINT-CIPROFLOXACIN	MIN
02245649	MYLAN-CIPROFLOXACIN	MYL
02251337	PHL-CIPROFLOXACIN	PHH
02248439	PMS-CIPROFLOXACIN	PMS
02303744	RAN-CIPROFLOX	RBV
02246827	RATIO-CIPROFLOXACIN	RPH
02251256	RIVA-CIPROFLOXACIN	RIV
02248758	SANDOZ-CIPROFLOXACIN	SDZ
02161753	TEVA-CIPROFLOXACIN	TEV

08:12.18 QUINOLONES**LEVOFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to a maximum of 14 days.

250mg Tablet

02284707	APO-LEVOFLOXACIN	APX
02315424	CO-LEVOFLOXACIN	COB
02236841	LEVAQUIN	JNO
02313979	MYLAN-LEVOFLOXACIN	MYL
02248262	NOVO-LEVOFLOXACIN	TEV
02284677	PMS-LEVOFLOXACIN	PMS
02298635	SANDOZ LEVOFLOXACIN	SDZ

500mg Tablet

02284715	APO-LEVOFLOXACIN	APX
02315432	CO-LEVOFLOXACIN	COB
02236842	LEVAQUIN	JNO
02313987	MYLAN-LEVOFLOXACIN	MYL
02248263	NOVO-LEVOFLOXACIN	TEV
02284685	PMS-LEVOFLOXACIN	PMS
02298643	SANDOZ LEVOFLOXACIN	SDZ

750mg Tablet

02325942	APO-LEVOFLOXACIN	APX
02315440	CO-LEVOFLOXACIN	COB
02246804	LEVAQUIN	JNO
02285649	NOVO-LEVOFLOXACIN	TEV
02305585	PMS-LEVOFLOXACIN	PMS
02298651	SANDOZ LEVOFLOXACIN	SDZ

NORFLOXACIN**400mg Tablet**

02229524	APO-NORFLOX	APX
02269627	CO NORFLOXACIN	COB
02237682	NOVO-NORFLOXACIN	TEV
02246596	PMS-NORFLOXACIN	PMS
02241483	RIVA-NORFLOXACIN	RIV
02301504	RIVA-NORFLOXACIN	RIV

OFLOXACIN**200mg Tablet**

02231529	OFLOXACIN	AAP
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300mg Tablet

02243475	NOVO-OFLOXACIN	TEV
02231531	OFLOXACIN	AAP

400mg Tablet

02231532	OFLOXACIN	AAP
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08:12.20 SULFONAMIDES**SULFAMETHOXAZOLE****500mg Tablet**

00421480	APO-SULFAMETHOXAZOLE	APX
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SULFAMETHOXAZOLE, TRIMETHOPRIM**40mg & 8mg/mL Suspension**

00726540	NOVO-TRIMEL	TEV
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100mg & 20mg Tablet

00445266	APO-SULFATRIM PED	APX
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08:12.20 SULFONAMIDES**SULFAMETHOXAZOLE, TRIMETHOPRIM****400mg & 80mg Tablet**

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

800mg & 160mg Tablet

00445282	APO-SULFATRIM DS	APX
00510645	NOVO-TRIMEL DS	TEV
00865729	NU-COTRIMOX DS	NXP
00512524	PROTRIN DF	PRO

SULFASALAZINE**500mg Enteric Coated Tablet**

00598488	PMS-SULFASALAZINE	PMS
02064472	SALAZOPYRIN	PFI

500mg Tablet

00598461	PMS-SULFASALAZINE	PMS
02064480	SALAZOPYRIN	PFI

08:12.24 TETRACYCLINES**DOXYCYCLINE****100mg Capsule**

00740713	APO-DOXY	APX
00817120	DOXYCIN	RIV
02351234	DOXYCYCLINE	SAN
00725250	NOVO-DOXYLIN	TEV
02044668	NU-DOXYCYCLINE	NXP

100mg Tablet

00874256	APO-DOXY	APX
00860751	DOXYCIN	RIV
02351242	DOXYCYCLINE	SAN
00887064	DOXYTAB	PDL
02158574	NOVO-DOXYLIN	TEV
02044676	NU-DOXYCYCLINE	NXP

MINOCYCLINE HCL

Limited use benefit (prior approval required).

For:

- a. - patients who cannot tolerate other tetracyclines.
- b. - patients with severe widespread acne who have failed on tetracycline.

50mg Capsule

02084090	APO-MINOCYCLINE	APX
02239667	DOM-MINOCYCLINE	DPC
02153394	MINOCYCLINE	PDL
02287226	MINOCYCLINE	SAN
02230735	MYLAN-MINOCYCLINE	MYL
02108143	NOVO-MINOCYCLINE	TEV
02239238	PMS-MINOCYCLINE	PMS
02294419	PMS-MINOCYCLINE	PMS
02242080	RIVA-MINOCYCLINE	RIV
02237313	SANDOZ-MINOCYCLINE	SDZ

08:12.24 TETRACYCLINES**MINOCYCLINE HCL**

Limited use benefit (prior approval required).

For:

- a. - patients who cannot tolerate other tetracyclines.
- b. - patients with severe widespread acne who have failed on tetracycline.

100mg Capsule

02084104	APO-MINOCYCLINE	APX
02239668	DOM-MINOCYCLINE	DPC
02173506	MINOCIN	STI
02154366	MINOCYCLINE	PDL
02239982	MINOCYCLINE	IVX
02287234	MINOCYCLINE	SAN
02230736	MYLAN-MINOCYCLINE	MYL
02108151	NOVO-MINOCYCLINE	TEV
02294427	PMS-MINOCYCLINE	PMS
02239239	PMS-MONOCYCLINE	PMS
02242081	RIVA-MINOCYCLINE	RIV
02237314	SANDOZ-MINOCYCLINE	SDZ

TETRACYCLINE HCL**250mg Capsule**

00580929	APO-TETRA	APX
00717606	NU-TETRA	NXP
00156744	TETRACYCLINE	PRO

08:12.28 MISCELLANEOUS ANTIBIOTICS**CLINDAMYCIN HCL****150mg Capsule**

02245232	APO-CLINDAMYCIN	APX
02248525	CLINDAMYCINE	PDL
00030570	DALACIN C	PFI
02258331	MYLAN-CLINDAMYCIN	MYL
02242409	RIVA-CLINDAMYCIN	RIV
02241709	TEVA-CLINDAMYCIN	TEV

300mg Capsule

02245233	APO-CLINDAMYCIN	APX
02248526	CLINDAMYCINE	PDL
02182866	DALACIN C	PFI
02258358	MYLAN-CLINDAMYCIN	MYL
02242410	RIVA-CLINDAMYCIN	RIV
02241710	TEVA-CLINDAMYCIN	TEV

CLINDAMYCIN PALMITATE HCL**15mg/mL Solution**

00225851	DALACIN C	PFI
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08:12.28 MISCELLANEOUS ANTIBIOTICS**LINEZOLID**

Limited use benefit (prior approval required).

Tablets:

For treatment of proven vancomycin-resistant enterococci (VRE) infections when other antibiotics are not available, and for the treatment of proven Methicillin-Resistant Staphylococcus aureus (MRSA) infections in patients who cannot tolerate or who had an idiosyncratic reaction with Vancomycin.

I.V. solution:

When linezolid cannot be administered orally in the above mentioned situations.

2mg/mL Injection

02243685 ZYVOXAM PFI

600mg Tablet

02243684 ZYVOXAM PFI

08:14.04 ALLYLAMINES**TERBINAFINE HCL****250mg Tablet**

02239893	APO-TERBINAFINE	APX
02254727	CO TERBINAFINE	COB
02299275	DOM-TERBINAFINE	DPC
02031116	LAMISIL	NVR
02242503	MYLAN-TERBINAFINE	MYL
02240346	NOVO-TERBINAFINE	TEV
02248845	NU-TERBINAFINE	NXP
02240807	PMS-TERBINAFINE	PMS
02294273	PMS-TERBINAFINE	PMS
02262924	RIVA-TERBINAFINE	RIV
02262177	SANDOZ-TERBINAFINE	SDZ
02242735	TERBINAFINE	PDL
02353121	TERBINAFINE	SAN

08:14.08 AZOLES**FLUCONAZOLE****150mg Capsule**

02241895	APO-FLUCONAZOLE	APX
02311690	CANESORAL	BAY
02323419	CO FLUCONAZOLE	COB
02141442	DIFLUCAN	PFI
02243645	NOVO-FLUCONAZOLE	TEV
02246620	PMS-FLUCONAZOLE	PMS
02282348	PMS-FLUCONAZOLE	PMS
02310694	PRO-FLUCONAZOLE	PDL
02255510	RIVA-FLUCONAZOLE	RIV

10mg/mL Suspension

02024152 DIFLUCAN PFI

08:14.08 AZOLES**FLUCONAZOLE****50mg Tablet**

02237370	APO-FLUCONAZOLE	APX
02281260	CO FLUCONAZOLE	COB
00891800	DIFLUCAN	PFI
02245292	MYLAN-FLUCONAZOLE	MYL
02236978	NOVO-FLUCONAZOLE	TEV
02245643	PMS-FLUCONAZOLE	PMS
02249294	TARO-FLUCONAZOLE	TAR

100mg Tablet

02237371	APO-FLUCONAZOLE	APX
02281279	CO FLUCONAZOLE	COB
02245293	MYLAN-FLUCONAZOLE	MYL
02236979	NOVO-FLUCONAZOLE	TEV
02245644	PMS-FLUCONAZOLE	PMS
02310686	PRO-FLUCONAZOLE	PDL
02271516	RIVA-FLUCONAZOLE	RIV
02249308	TARO-FLUCONAZOLE	TAR

ITRACONAZOLE**100mg Capsule**

02047454 SPORANOX JNO

10mg/mL Solution

02231347 SPORANOX JNO

KETOCONAZOLE**200mg Tablet**

02237235	APO-KETOCONAZOLE	APX
02231061	NOVO-KETOCONAZOLE	TEV
02122197	NU-KETOCON	NXP

VORICONAZOLE

Limited use benefit (prior approval required).

For the treatment of:

- a. - patients with invasive aspergillosis.
- b. - culture proven invasive candidiasis with documented resistance to fluconazole.

50mg Tablet

02256460 VFEND PFI

200mg Tablet

02256479 VFEND PFI

08:14.28 POLYENES**NYSTATIN****100,000U/mL Suspension**

02125145	DOM-NYSTATIN	DPC
00792667	PMS-NYSTATIN	PMS
02194201	RATIO-NYSTATIN	RPH

500,000U Tablet

02194198 RATIO-NYSTATIN RPH

08:16.04 ANTITUBERCULOSIS AGENTS**ETHAMBUTOL HCL****100mg Tablet**

00247960 ETIBI VAE

08:16.04 ANTITUBERCULOSIS AGENTS**ETHAMBUTOL HCL**

400mg Tablet
00247979 ETIBI VAE

ISONIAZID

10mg/mL Syrup
00265500 ISOTAMINE VAE
00577812 PMS-ISONIAZID PMS

300mg Tablet
00272655 ISOTAMINE VAE
00577804 PMS-ISONIAZID PMS

PYRAZINAMIDE

500mg Tablet
00618810 PMS-PYRAZINAMIDE PMS
00283991 TEBRAZID VAE

RIFABUTIN

150mg Capsule
02063786 MYCOBUTIN PFI

RIFAMPIN

150mg Capsule
02091887 RIFADIN SAC
00393444 ROFACT VAE

300mg Capsule
02092808 RIFADIN SAC
00343617 ROFACT VAE

08:18.04 ADAMANTANES**AMANTADINE HCL**

100mg Capsule
02130963 DOM-AMANTADINE DPC
02139200 MYLAN-AMANTADINE MYL
01990403 PMS-AMANTADINE PMS

10mg/mL Syrup
02022826 PMS-AMANTADINE PMS

08:18.08 ANTIRETROVIRALS**ABACAVIR**

20mg/mL Oral Liquid
02240358 ZIAGEN GSK

300mg Tablet
02240357 ZIAGEN GSK

ABACAVIR, LAMIVUDINE

600mg & 300mg Tablet
02269341 KIVEXA GSK

ABACAVIR, LAMIVUDINE, ZIDOVUDINE

300mg & 150mg & 300mg Tablet
02244757 TRIZIVIR GSK

ATAZANAVIR SULFATE

150mg Capsule
02248610 REYATAZ BMS

200mg Capsule
02248611 REYATAZ BMS

08:18.08 ANTIRETROVIRALS**ATAZANAVIR SULFATE**

300mg Capsule
02294176 REYATAZ BMS

DARUNAVIR

75mg Tablet
02338432 PREZISTA JNO

400mg Tablet
02324016 PREZISTA JNO

600mg Tablet
02324024 PREZISTA JNO

DIDANOSINE

125mg Capsule
02244596 VIDEX EC BMS

200mg Capsule
02244597 VIDEX EC BMS

250mg Capsule
02244598 VIDEX EC BMS

400mg Capsule
02244599 VIDEX EC BMS

EFAVIRENZ

50mg Capsule
02239886 SUSTIVA BMS

200mg Capsule
02239888 SUSTIVA BMS

600mg Tablet
02246045 SUSTIVA BMS

EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection adults where the virus is susceptible to each of tenofovir, emtricitabine and efavirenz, and:

- a. - Atripla is used to replace existing therapy with its component drugs, or
- b. - the patient is treatment naïve, or
- c. - the patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.

Note: Criteria will be confirmed against medication history.

600mg & 200mg & 300mg Tablet
02300699 ATRIPLA BMS

08:18.08 ANTIRETROVIRALS**EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE**

Limited use benefit (prior approval required).

For the treatment of patients with HIV infection where the virus is susceptible to both emtricitabine and tenofovir AND where the triple-entity antiretroviral agent (tenofovir/emtricitabine/efavirenz) is not indicated due to one of the following:

- a. - efavirenz resistance
- b. - adverse effects secondary to efavirenz

200mg/300mg Tablet

02274906 TRUVADA GIL

ETRAVIRINE

Limited use benefit (prior approval required).

For use in combination with other antiretroviral agents for treatment-experienced patients with HIV-1 infection who:

- a.- have failed prior antiretroviral therapy; and
- b. - have HIV-1 strains resistant to multiple antiretroviral agents, including NNRTIs

100mg Tablet

02306778 INTELENCE JNO

FOSAMPRENAVIR CALCIUM**50mg/mL Oral Suspension**

02261553 TELZIR GSK

700mg Tablet

02261545 TELZIR GSK

INDINAVIR SULFATE**200mg Capsule**

02229161 CRIXIVAN FRS

400mg Capsule

02229196 CRIXIVAN FRS

LAMIVUDINE**10mg/mL Solution**

02192691 3TC GSK

100mg Tablet

02239193 HEPTOVIR GSK

150mg Tablet

02192683 3TC GSK

300mg Tablet

02247825 3TC GSK

LAMIVUDINE, ZIDOVUDINE**150mg & 300mg Tablet**

02239213 COMBIVIR GSK

LOPINAVER, RITONAVIR**80mg & 20mg/mL Oral Solution**

02243644 KALETRA ABB

100mg & 25mg Tablet

02312301 KALETRA ABB

200mg & 50mg Tablet

02285533 KALETRA ABB

08:18.08 ANTIRETROVIRALS**MARAVIROC**

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection, given in combination with other antiretroviral agents, in patients who have:

- a. - CR5 tropic viruses; and
- b. - documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors)

150mg Tablet

02299844 CELSENTRI GSK

300mg Tablet

02299852 CELSENTRI GSK

NELFINAVIR MESYLATE**50mg/g Powder for Suspension**

02238618 VIRACEPT PFI

250mg Tablet

02238617 VIRACEPT PFI

625mg Tablet

02248761 VIRACEPT PFI

NEVIRAPINE**200mg Tablet**

02318601 AURO-NEVIRAPINE AUR

02352893 TEVA-NEVIRAPINE TEV

02238748 VIRAMUNE BOE

RALTEGRAVIR

Limited use benefit (prior approval required).

For the treatment of HIV infection in patients who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretroviral agents, nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.

400mg Tablet

02301881 ISENTRESS FRS

RITONAVIR**100mg Capsule**

02241480 NORVIR SEC ABB

80mg/mL Liquid

02229145 NORVIR ABB

100mg Tablet

02357593 NORVIR ABB

SAQUINAVER MESYLATE**200mg Capsule**

02216965 INVIRASE HLR

500mg Tablet

02279320 INVIRASE HLR

STAVUDINE**15mg Capsule**

02216086 ZERIT BMS

20mg Capsule

02216094 ZERIT BMS

08:18.08 ANTIRETROVIRALS**STAVUDINE****30mg Capsule**

02216108 ZERIT BMS

40mg Capsule

02216116 ZERIT BMS

TENOFOVIR DISOPROXIL FUMARATE

Limited use benefit (prior approval required).

For the management of HIV disease in patients who have failed or have experienced adverse events to an alternative nucleoside reverse transcriptase inhibitor.

245mg Tablet

02247128 VIREAD GIL

TIPRANA VIR

Limited use benefit (prior approval required).

For the management of HIV disease in patients
a. - who have failed all currently listed protease inhibitors
b. - intolerant to all currently listed protease inhibitors

250mg Capsule

02273322 APTIVUS BOE

ZIDOVUDINE**100mg Capsule**

01946323 APO-ZIDOVUDINE APX

01902660 RETROVIR GSK

10mg/mL Syrup

01902652 RETROVIR GSK

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2A**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL Injection

02248077 PEGASYS HLR

180mcg/1mL Injection

02248078 PEGASYS HLR

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2A, RIBAVIRIN**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL & 200mg Injection & Tablet

02253429 PEGASYS RBV HLR

180mcg/1mL & 200mg Injection & Tablet

02253410 PEGASYS RBV HLR

PEGINTERFERON ALFA-2B

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered.

74mcg/Vial Injection

02242966 UNITRON PEG SCH

118.4mcg/Vial Injection

02242967 UNITRON PEG SCH

177.6mcg/Vial Injection

02242968 UNITRON PEG SCH

222mcg/Vial Injection

02242969 UNITRON PEG SCH

PEGINTERFERON ALFA-2B, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

50mcg/0.5mL & 200mg Injection & Capsule

02246026 PEGETRON SCH

02254573 PEGETRON REDIPEN SCH

80mcg/0.5mL & 200mg Injection & Capsule

02246027 PEGETRON SCH

02254581 PEGETRON REDIPEN SCH

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2B, RIBAVIRIN**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

100mcg/0.5mL & 200mg Injection & Capsule

02246028	PEGETRON	SCH
02254603	PEGETRON REDIPEN	SCH

120mcg/0.5mL & 200mg Injection & Capsule

02246029	PEGETRON	SCH
02254638	PEGETRON REDIPEN	SCH

150mcg/0.5mL & 200mg Injection & Capsule

02246030	PEGETRON	SCH
02254646	PEGETRON REDIPEN	SCH

08:18.32 NUCLEOSIDES AND NUCLEOTIDES**ACYCLOVIR****40mg/mL Suspension**

00886157	ZOVIRAX	GSK
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200mg Tablet

02286556	ACYCLOVIR	SAN
02207621	APO-ACYCLOVIR	APX
02242784	MYLAN-ACYCLOVIR	MYL
02197405	NU-ACYCLOVIR	NXP
02078627	RATIO-ACYCLOVIR	RPH
02285959	TEVA-ACYCLOVIR	TEV
00634506	ZOVIRAX	GSK

400mg Tablet

02286564	ACYCLOVIR	SAN
02207648	APO-ACYCLOVIR	APX
02242463	MYLAN-ACYCLOVIR	MYL
02197413	NU-ACYCLOVIR	NXP
02078635	RATIO-ACYCLOVIR	RPH
02285967	TEVA-ACYCLOVIR	TEV
01911627	ZOVIRAX	GSK

800mg Tablet

02286572	ACYCLOVIR	SAN
02207656	APO-ACYCLOVIR	APX
02242464	MYLAN-ACYCLOVIR	MYL
02197421	NU-ACYCLOVIR	NXP
02078651	RATIO-ACYCLOVIR	RPH
02285975	TEVA-ACYCLOVIR	TEV
01911635	ZOVIRAX	GSK

08:18.32 NUCLEOSIDES AND NUCLEOTIDES**ADEFOVIR DIPIVOXIL**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection when used in combination with lamivudine in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of $\geq 1 \log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

10mg Tablet

02247823	HEPSERA	GIL
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ENTECAVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

0.5mg Tablet

02282224	BARACLUDE	BMS
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FAMCICLOVIR**125mg Tablet**

02292025	APO-FAMCICLOVIR	APX
02305682	CO FAMCICLOVIR	COB
02324865	FAMCICLOVIR	PDL
02229110	FAMVIR	NVR
02278081	PMS-FAMCICLOVIR	PMS
02278634	SANDOZ-FAMCICLOVIR	SDZ

250mg Tablet

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

500mg Tablet

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

GANCICLOVIR SODIUM**500mg Injection**

02162695	CYTOVENE	HLR
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VALACYCLOVIR HCL**500mg Tablet**

02295822	APO-VALACYCLOVIR	APX
02331748	CO VALACYCLOVIR	COB
02307936	DOM-VALACYCLOVIR	DPC
02351579	MYLAN-VALACYCLOVIR	MYL
02298457	PMS-VALACYCLOVIR	PMS
02315173	PRO-VALACYCLOVIR	PDL
02316447	RIVA-VALACYCLOVIR	RIV
02219492	VALTREX	GSK

08:18.32 NUCLEOSIDES AND NUCLEOTIDES**VALGANCICLOVIR HCL**

450mg Tablet

02245777 VALCYTE HLR

08:30.04 AMEBICIDES**DIIDOXYHYDROXYQUIN**

210mg Tablet

01997769 DIODOQUIN GLE

650mg Tablet

01997750 DIODOQUIN GLE

PAROMOMYCIN SULFATE

250mg Capsule

02078759 HUMATIN ERF

08:30.08 ANTIMALARIALS**CHLOROQUINE PHOSPHATE**

250mg Tablet

00021261 TEVA-CHLOROQUINE TEV

HYDROXYCHLOROQUINE SULFATE

200mg Tablet

02246691 APO-HYDROXYQUINE APX

02252600 MYLAN-HYDROXYCHLOROQUINE MYL

02017709 PLAQUENIL SAC

02311011 PRO-HYDROXYQUINE PDL

PRIMAQUINE PHOSPHATE

26.3mg Tablet

02017776 PRIMAQUINE SAC

PYRIMETHAMINE

25mg Tablet

00004774 DARAPRIM GSK

08:30.92 MISCELLANEOUS ANTIPROTOZOALS**ATOVAQUONE**

150mg/mL Suspension

02217422 MEPRON GSK

METRONIDAZOLE

500mg Capsule

02248562 METRONIDAZOLE AAP

250mg Tablet

00420409 METRONIDAZOLE PDL

00545066 METRONIDAZOLE AAP

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

50mg Capsule

02231015 NOVO-FURANTOIN TEV

100mg Capsule

02063662 MACROBID PGP

02231016 NOVO-FURANTOIN TEV

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

50mg Tablet

00319511 NITROFURANTOIN AAP

100mg Tablet

00312738 NITROFURANTOIN AAP

TRIMETHOPRIM

100mg Tablet

02243116 TRIMETHOPRIM AAP

200mg Tablet

02243117 TRIMETHOPRIM AAP

10:00 ANTINEOPLASTIC AGENTS**10:00.00 ANTINEOPLASTIC AGENTS****ALTRETAMINE****50mg Capsule**

02126230 HEXALEN LIL

ANASTROZOLE**1mg Tablet**

02224135 ARIMIDEX AZC

BICALUTAMIDE**50mg Tablet**

02296063	APO-BICALUTAMIDE	APX
02184478	CASODEX	AZC
02274337	CO BICALUTAMIDE	COB
02302403	MYLAN-BICALUTAMIDE	MYL
02275589	PMS-BICALUTAMIDE	PMS
02311038	PRO-BICALUTAMIDE	PDL
02277700	RATIO-BICALUTAMIDE	RPH
02276089	SANDOZ-BICALUTAMIDE	SDZ
02270226	TEVA-BICALUTAMIDE	TEV

BUSERELIN ACETATE**1mg/mL Injection**

02225166 SUPREFACT SAC

1mg/mL Nasal Solution

02225158 SUPREFACT SAC

6.3mg/Implant Subcutaneous Injection

02228955 SUPREFACT DEPOT 2 MONTHS SAC

9.45mg/Implant Subcutaneous Injection

02240749 SUPREFACT DEPOT 3 MONTHS SAC

BUSULFAN**2mg Tablet**

00004618 MYLERAN GSK

CAPECITABINE**150mg Tablet**

02238453 XELODA HLR

500mg Tablet

02238454 XELODA HLR

CHLORAMBUCIL**2mg Tablet**

00004626 LEUKERAN GSK

CYCLOPHOSPHAMIDE**25mg Tablet**

02241795 PROCYTOX BAT

50mg Tablet

02241796 PROCYTOX BAT

CYPROTERONE ACETATE**50mg Tablet**

00704431 ANDROCUR BEX

02245898 APO-CYPROTERONE APX

10:00.00 ANTINEOPLASTIC AGENTS**ERLOTINIB HYDROCHLORIDE**

Limited use benefit (prior approval required).

Treatment of non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen, and whose EGFR expression status is positive or unknown.

100mg Tablet

02269015 TARCEVA HLR

150mg Tablet

02269023 TARCEVA HLR

ETOPOSIDE**50mg Capsule**

00616192 VEPESID BMS

EXEMESTANE**25mg Tablet**

02242705 AROMASIN PFI

FLUDARABINE PHOSPHATE**10mg Tablet**

02246226 FLUDARA BEX

FLUTAMIDE**250mg Tablet**

02238560 APO-FLUTAMIDE APX

00637726 EUFLEX SCH

02230104 PMS-FLUTAMIDE PMS

02230089 TEVA-FLUTAMIDE TEV

GOSERELIN ACETATE**3.6mg/Depot Injection**

02049325 ZOLADEX AZC

10.8mg/Depot Injection

02225905 ZOLADEX LA AZC

HYDROXYUREA**500mg Capsule**

02247937 APO-HYDROXYUREA APX

00465283 HYDREA BMS

02343096 HYDROXYUREA SAN

02242920 MYLAN-HYDROXYUREA MYL

IMATINIB MESYLATE

Limited use benefit (prior approval required).

a.- For the treatment of patients with chronic myeloid leukemia in blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy.

b.- For the treatment of patients with gastrointestinal stromal tumour.

c.- For newly diagnosed adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (CML).

100mg Tablet

02253275 GLEEVEC NVR

400mg Tablet

02253283 GLEEVEC NVR

INTERFERON ALFA-2B**6,000,000IU/mL Injection**

02238674 INTRON A SCH

10:00.00 ANTINEOPLASTIC AGENTS**INTERFERON ALFA-2B**

10,000,000IU/mL Injection			
02238675	INTRON A	SCH	
10,000,000IU/Vial Injection			
02223406	INTRON A	SCH	
15,000,000IU/mL Injection			
02240693	INTRON A	SCH	
18,000,000IU/Vial Injection			
02231651	INTRON A	SCH	
25,000,000IU/mL Injection			
02240694	INTRON A	SCH	
50,000,000IU/mL Injection			
02240695	INTRON A	SCH	

LETROZOLE

2.5mg Tablet			
02358514	APO-LETROZOLE	APX	
02231384	FEMARA	NVR	
02347997	LETROZOLE	TEV	
02348969	LETROZOLE	COB	
02373424	MAR-LETROZOLE	MAR	
02322315	MED-LETROZOLE	GMP	
02372169	MYL-LETROZOLE	MYL	
02309114	PMS-LETROZOLE	PMS	
02372282	RAN-LETROZOLE	RBV	
02344815	SANDOZ LETROZOLE	SDZ	

LEUPROLIDE ACETATE

3.75mg/Vial Injection			
00884502	LUPRON DEPOT	ABB	
7.5mg/Vial Injection			
00836273	LUPRON DEPOT	ABB	
11.25mg/Vial Injection			
02239834	LUPRON DEPOT	ABB	
22.5mg/Vial Injection			
02248240	ELIGARD	SAC	
02230248	LUPRON DEPOT	ABB	
30mg/Vial Injection			
02248999	ELIGARD	SAC	
02239833	LUPRON DEPOT	ABB	
45mg/Vial Injection			
02268892	ELIGARD	SAC	

LOMUSTINE

10mg Capsule			
00360430	CEENU	BMS	
40mg Capsule			
00360422	CEENU	BMS	
100mg Capsule			
00360414	CEENU	BMS	

MEGESTROL ACETATE

40mg/mL Suspension			
02168979	MEGACE	BMS	

10:00.00 ANTINEOPLASTIC AGENTS**MEGESTROL ACETATE**

40mg Tablet			
02195917	MEGESTROL	AAP	
02185415	NU-MEGESTROL	NXP	
160mg Tablet			
02195925	MEGESTROL	AAP	
02185423	NU-MEGESTROL	NXP	

MELPHALAN

2mg Tablet			
00004715	ALKERAN	GSK	

MERCAPTOPYRINE

50mg Tablet			
00004723	PURINETHOL	TEV	

METHOTREXATE SODIUM

10mg/mL Injection			
02182947	METHOTREXATE	MAY	
25mg/mL Injection			
02182777	METHOTREXATE	MAY	
02182955	METHOTREXATE	MAY	
02099705	NOVO-METHOTREXATE	TEV	
2.5mg Tablet			
02182963	APO-METHOTREXATE	APX	
02170698	METHOTREXATE	WAY	
02244798	RATIO-METHOTREXATE	RPH	
10mg Tablet			
02182750	METHOTREXATE	MAY	

MITOTANE

500mg Tablet			
00463221	LYSODREN	BMS	

NILUTAMIDE

50mg Tablet			
02221861	ANANDRON	SAC	

PROCARBAZINE HCL

50mg Capsule			
00012750	MATULAN	SIG	

RITUXIMAB

Limited use benefit (prior approval required).

Prescribed by a rheumatologist for treatment of adult patients with severely active rheumatoid arthritis who have failed to respond to a trial of an anti-TNF agent. Treatment should be combined with methotrexate. Rituximab should not be used in combination with anti-TNF agents.

Treatment beyond six months will only be considered for patients who have achieved a response. (Please refer to Appendix A).

10mg/mL Injection			
02241927	RITUXAN	HLR	

10:00.00 ANTINEOPLASTIC AGENTS**SUNITINIB MALATE**

Limited use benefit (Prior approval required)

Criteria for initial six month coverage of Sutent:
For patients with histologically proven unresectable or recurrent/metastatic GIST who have failed or are unable to tolerate imatinib therapy. Sunitinib will not be funded concomitantly with imatinib.

Criteria for assessment at every six months:
There is no objective evidence of disease progression.

12.5mg Capsule

02280795 SUTENT PFI

25mg Capsule

02280809 SUTENT PFI

50mg Capsule

02280817 SUTENT PFI

TAMOXIFEN CITRATE**10mg Tablet**

00812404 APO-TAMOX APX

02088428 MYLAN-TAMOXIFEN MYL

02237459 PMS-TAMOXIFEN PMS

00851965 TEVA-TAMOXIFEN TEV

20mg Tablet

00812390 APO-TAMOX APX

02089858 MYLAN-TAMOXIFEN MYL

02048485 NOLVADEX D AZC

02237460 PMS-TAMOXIFEN PMS

00851973 TEVA-TAMOXIFEN TEV

TEMOZOLOMIDE

Limited use benefit (prior approval required).

For:

- a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy).
- b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

5mg Capsule

02241093 TEMODAL SCH

20mg Capsule

02241094 TEMODAL SCH

100mg Capsule

02241095 TEMODAL SCH

140mg Capsule

02312794 TEMODAL FRS

180mg Capsule

02312816 TEMODAL FRS

250mg Capsule

02241096 TEMODAL SCH

THIOGUANINE**40mg Tablet**

00282081 LANVIS GSK

10:00.00 ANTINEOPLASTIC AGENTS**TRETINOIN****10mg Capsule**

02145839 VESANOID HLR

TRIPTORELIN PAMOATE**3.75mg/Vial Injection**

02240000 TRELSTAR WAT

11.25mg/Vial Injection

02243856 TRELSTAR LA WAT

VINCRIStINE SULFATE**1mg/mL Injection**

02143305 VINCRIStINE SULFATE TEV

02183013 VINCRIStINE SULFATE MAY

12:00 AUTONOMIC DRUGS**12:04.00 PARASYMPATHOMIMETIC AGENTS****BETHANECHOL CHLORIDE****10mg Tablet**

01947958 DUVOID SHI

25mg Tablet

01947931 DUVOID SHI

50mg Tablet

01947923 DUVOID SHI

DONEPEZIL HCL

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:

- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains

(please indicate improved, worsened, or no change)

- 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
- 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
- 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
- 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

5mg Tablet

02232043 ARICEPT PFI

10mg Tablet

02232044 ARICEPT PFI

12:04.00 PARASYMPATHOMIMETIC AGENTS**GALANTAMINE**

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:

- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains

(please indicate improved, worsened, or no change)

- 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
- 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
- 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
- 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

8mg Extended Release Capsule

02339439 MYLAN-GALANTAMINE ER MYL

02316943 PAT-GALANTAMINE ER JNO

02266717 REMINYL ER JNO

16mg Extended Release Capsule

02339447 MYLAN-GALANTAMINE ER MYL

02316951 PAT-GALANTAMINE ER JNO

02266725 REMINYL ER JNO

24mg Extended Release Capsule

02339455 MYLAN-GALANTAMINE ER MYL

02316978 PAT-GALANTAMINE ER JNO

02266733 REMINYL ER JNO

NEOSTIGMINE BROMIDE**15mg Tablet**

00869945 PROSTIGMIN VAE

PYRIDOSTIGMINE BROMIDE**180mg Sustained Release Tablet**

00869953 MESTINON-SR VAE

60mg Tablet

00869961 MESTINON VAE

12:04.00 PARASYMPATHOMIMETIC AGENTS**RIVASTIGMINE**

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
 •Diagnosis of mild to moderate Alzheimer's disease; AND
 •Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
 •Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
 •Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains

(please indicate improved, worsened, or no change)

- 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
- 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
- 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
- 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

1.5mg Capsule

02336715	APO-RIVASTIGMINE	APX
02242115	EXELON	NVR
02332809	MYLAN-RIVASTIGMINE	MYL
02305984	NOVO-RIVASTIGMINE	TEV
02306034	PMS-RIVASTIGMINE	PMS
02311283	RATIO-RIVASTIGMINE	RPH
02324563	SANDOZ RIVASTIGMINE	SDZ

3mg Capsule

02336723	APO-RIVASTIGMINE	APX
02242116	EXELON	NVR
02332817	MYLAN-RIVASTIGMINE	MYL
02305992	NOVO-RIVASTIGMINE	TEV
02306042	PMS-RIVASTIGMINE	PMS
02311291	RATIO-RIVASTIGMINE	RPH
02324571	SANDOZ RIVASTIGMINE	SDZ

4.5mg Capsule

02336731	APO-RIVASTIGMINE	APX
02242117	EXELON	NVR
02332825	MYLAN-RIVASTIGMINE	MYL
02306018	NOVO-RIVASTIGMINE	TEV
02306050	PMS-RIVASTIGMINE	PMS
02311305	RATIO-RIVASTIGMINE	RPH
02324598	SANDOZ RIVASTIGMINE	SDZ

12:04.00 PARASYMPATHOMIMETIC AGENTS**RIVASTIGMINE**

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:
 •Diagnosis of mild to moderate Alzheimer's disease; AND
 •Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
 •Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
 •Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains

(please indicate improved, worsened, or no change)

- 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
- 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
- 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
- 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

6mg Capsule

02336758	APO-RIVASTIGMINE	APX
02242118	EXELON	NVR
02332833	MYLAN-RIVASTIGMINE	MYL
02306026	NOVO-RIVASTIGMINE	TEV
02306069	PMS-RIVASTIGMINE	PMS
02311313	RATIO-RIVASTIGMINE	RPH
02324601	SANDOZ RIVASTIGMINE	SDZ

2mg/mL Oral Liquid

02245240	EXELON	NVR
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12:08.08 ANTIMUSCARINICS / ANTISPASMODICS**IPRATROPIUM BROMIDE****250mcg/mL Inhalation Solution (Multi-Dose)**

02126222	APO-IPRAVENT	APX
02239131	MYLAN-IPRATROPIUM	MYL
02210479	NOVO-IPRAMIDE	TEV
02231136	PMS-IPRATROPIUM	PMS

125mcg/mL Inhalation Solution (Unit Dose)

02231135	PMS-IPRATROPIUM UDV	PMS
02097176	RATIO-IPRATROPIUM UDV	RPH

250mcg/mL Inhalation Solution (Unit Dose)

02216221	MYLAN-IPRATROPIUM UDV	MYL
02231785	NU-IPRATROPIUM UDV	NXP
02231244	PMS-IPRATROPIUM UDV	PMS
02231245	PMS-IPRATROPIUM UDV	PMS
02097168	RATIO-IPRATROPIUM UDV	RPH
99001446	RATIO-IPRATROPIUM UDV	RPH

20mcg/Inhalation Inhaler

02247686	ATROVENT HFA	BOE
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**12:08.08 ANTIMUSCARINICS /
ANTISPASMODICS****IPRATROPIUM BROMIDE****0.03% Nasal Spray**

02246083	APO-IPRAVENT	APX
02163705	ATROVENT	BOE
02240508	DOM-IPRATROPIUM	DPC
02239627	PMS-IPRATROPIUM	PMS

0.06% Nasal Spray

02246084	APO-IPRAVENT	APX
02163713	ATROVENT	BOE

IPRATROPIUM BROMIDE, SALBUTAMOL**0.2mg & 1mg/mL Inhalation Solution (Unit Dose)**

02231675	COMBIVENT	BOE
02272695	MYLAN-COMBO	MYL
02243789	RATIO-IPRA SAL	RPH

SCOPOLAMINE BUTYLBROMIDE**10mg Tablet**

00363812	BUSCOPAN	BOE
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TIOTROPIUM BROMIDE MONOHYDRATE

Limited use benefit (prior approval required).

For the treatment of moderate* to severe* chronic obstructive pulmonary disease (COPD), in patients who continue to be symptomatic after an adequate trial (3 months) of ipatropium, at a dose of 8-12 puffs daily.

*Canadian Thoracic Society COPD Classification by Symptoms/Disability and Lung Function
Moderate: shortness of breath from COPD causing the patient to stop after walking about 100 meters (after a few minutes) on level ground (MRC 3 to 4); 50% ≤ FEV1 < 80% predicted, FEV1/FVC < 0.7

Severe: shortness of breath from COPD leaving the patient too breathless to leave the house or breathless after undressing (MRC 5), or in the presence of chronic respiratory failure or clinical signs of right heart failure; 30% ≤ FEV1 < 50% predicted, FEV1/FVC < 0.7

18mcg Powder for Inhalation (Capsule)

02246793	SPIRIVA	BOE
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12:12.08 BETA ADRENERGIC AGONISTS**FORMOTEROL FUMARATE**

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Oxeze is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.

12mcg/Capsule Powder for Inhalation

02230898	FORADIL	NVR
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12:12.08 BETA ADRENERGIC AGONISTS**FORMOTEROL FUMARATE DIHYDRATE**

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of rapid onset, short duration bronchodilator

6mcg/Dose Dry Powder Inhaler

02237225	OXEZE TURBUHALER	AZC
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12mcg/Dose Dry Powder Inhaler

02237224	OXEZE TURBUHALER	AZC
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**FORMOTEROL FUMARATE DIHYDRATE,
BUDESONIDE**

Limited use benefit (prior approval required).

For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 250 - 500 mcg daily, or the equivalent) as the sole agent and require addition of a long- acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

6mcg & 100mcg/Inhalation Inhaler

02245385	SYMBICORT 100 TURBUHALER	AZC
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6mcg & 200mcg/Inhalation Inhaler

02245386	SYMBICORT 200 TURBUHALER	AZC
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ORCIPRENALINE SULFATE**2mg/mL Syrup**

02236783	APO-ORCIPRENALINE	APX
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SALBUTAMOL**5mg/mL Inhalation Solution (Multi-Dose)**

02069571	PMS-SALBUTAMOL	PMS
00860808	RATIO-SALBUTAMOL	RPH
02154412	SANDOZ-SALBUTAMOL	SDZ
02213486	VENTOLIN	GSK

0.5mg/mL Inhalation Solution (Unit Dose)

02208245	PMS-SALBUTAMOL	PMS
02239365	RATIO-SALBUTAMOL	RPH

1mg/mL Inhalation Solution (Unit Dose)

02216949	DOM-SALBUTAMOL	DPC
01926934	MYLAN-SALBUTAMOL PF	MYL
02231783	NU-SALBUTAMOL	NXP
02208229	PMS-SALBUTAMOL	PMS
01986864	RATIO-SALBUTAMOL	RPH
02213419	VENTOLIN PF	GSK

2mg/mL Inhalation Solution (Unit Dose)

02173360	MYLAN-SALBUTAMOL PF	MYL
02231784	NU-SALBUTAMOL	NXP
02208237	PMS-SALBUTAMOL	PMS
02239366	RATIO-SALBUTAMOL	RPH
02213427	VENTOLIN PF	GSK

12:12.08 BETA ADRENERGIC AGONISTS**SALBUTAMOL****100mcg/Inhalation Inhaler**

02232570	AIROMIR	MMH
02245669	APO-SALVENT CFC FREE	APX
02326450	NOVO-SALBUTAMOL HFA	TEV
02241497	VENTOLIN HFA	GSK

2mg Tablet

02146843	APO-SALVENT	APX
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4mg Tablet

02146851	APO-SALVENT	APX
02165376	NU-SALBUTAMOL	NXP

SALMETEROL XINAFOATE

Limited use benefit (prior approval required).

a. - For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Serevent is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.

b. - For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with ipratropium.

50mcg/inhalation Powder Diskus

02231129	SEREVENT DISKUS	GSK
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50mcg/Inhalation Powder for Inhalation

02214261	SEREVENT DISKHALER	GSK
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12:12.08 BETA ADRENERGIC AGONISTS**SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE**

Limited use benefit (prior approval required).

For treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g., fluticasone 250-500mcg daily, or the equivalent) as a sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

For the treatment of moderate* to severe* chronic obstructive pulmonary disease (COPD), in patients who continue to be symptomatic after an adequate trial (2-4 months) of ipratropium, at a dose of 12 puffs daily.

*Canadian Thoracic Society COPD Classification by Symptoms/Disability

Moderate: shortness of breath from COPD causing the patient to stop after walking about 100 meters (after a few minutes) on the level

Severe: shortness of breath from COPD leaving the patient too breathless to leave the house or breathless after undressing, or in the presence of chronic respiratory failure or clinical signs of right heart failure.

By Symptom/Disability:

Moderate: shortness of breath from COPD causing the patient to stop after walking approximately 100 meters (or after a few minutes) on the level.

Severe: shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

25mcg & 125mcg Inhaler

02245126	ADVAIR	GSK
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25mcg & 250mcg Inhaler

02245127	ADVAIR	GSK
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50mcg & 100mcg Inhaler

02240835	ADVAIR DISKUS 100	GSK
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50mcg & 250mcg Inhaler

02240836	ADVAIR DISKUS 250	GSK
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50mcg & 500mcg Inhaler

02240837	ADVAIR DISKUS 500	GSK
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TERBUTALINE SULFATE**500mcg/Inhalation Powder for Inhalation**

00786616	BRICANYL TURBUHALER	AZC
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12:12.12 ALPHA AND BETA ADRENERGIC AGONISTS**EPINEPHRINE****0.15mg/0.15mL Injection**

02268205	TWINJECT	PAL
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0.5mg/mL Injection

00578657	EPIPEN JR	AXL
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12:12.12 ALPHA AND BETA ADRENERGIC AGONISTS**EPINEPHRINE****1mg/mL Injection**

00155357	ADRENALIN	ERF
00721891	EPINEPHRINE	ABB
00509558	EPIPEN	AXL
02247310	TWINJECT	PAL

1mg/mL Topical Solution

00155365	ADRENALIN	ERF
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12:16.00 SYMPATHOLYTIC AGENTS**DIHYDROERGOTAMINE MESYLATE****1mg/mL Injection**

00027243	DIHYDROERGOTAMINE	STE
02241163	DIHYDROERGOTAMINE	SDZ

4mg/mL Nasal Spray

02228947	MIGRANAL	STE
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ERGOTAMINE TARTRATE, CAFFEINE**1mg & 100mg Tablet**

00176095	CAFERGOT	NVR
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12:16.04**ALFUZOSIN HYDROCHLORIDE**ST **10mg Sustained Release Tablet**

02315866	APO-ALFUZOSIN ER	APX
02304678	SANDOZ ALFUZOSIN	SDZ
02314282	TEVA-ALFUZOSIN PR	TEV
02245565	XATRAL	SAC

TAMSULOSIN HCLST **0.4mg Long Acting Capsule**

02298570	MYLAN-TAMSULOSIN	MYL
02294885	RAN-TAMSULOSIN	RBV
02294265	RATIO-TAMSULOSIN	RPH
09857334	RATIO-TAMSULOSIN	RPH
02295121	SANDOZ TAMSULOSIN	SDZ
02281392	TEVA-TAMSULOSIN	TEV

ST **0.4mg Long Acting Tablet**

02362406	APO-TAMSULOSIN	APX
02270102	FLOMAX CR	BOE
02340208	SANDOZ TAMSULOSIN	SDZ

12:20.04 CENTRAL ACTING SKELETAL MUSCLE RELAXANTS**CYCLOBENZAPRINE HCL**

Limited use benefit (prior approval is not required).

For relief of muscle spasm associated with acute, painful musculoskeletal conditions. Coverage is limited to 60mg per day for three (3) weeks, renewable every two (2) months.

10mg Tablet

02177145	APO-CYCLOBENZAPRINE	APX
02220644	CYCLOBENZAPRINE	PDL
02287064	CYCLOBENZAPRINE	SAN
02238633	DOM-CYCLOBENZAPRINE	DPC
02231353	MYLAN-CYCLOPRINE	MYL
02171848	NU-CYCLOBENZAPRINE	NXP
02249359	PHL-CYCLOBENZAPRINE	PHH
02212048	PMS-CYCLOBENZAPRINE	PMS
02236506	RATIO-CYCLOBENZAPRINE	RPH
02242079	RIVA-CYCLOBENZAPRINE	RIV
02080052	TEVA-CYCLOPRINE	TEV

TIZANIDINE HCL

Limited use benefit (prior approval required).

For treatment of spasticity in patients with multiple sclerosis, who have failed therapy with or are intolerant to baclofen.

4mg Tablet

02259893	APO-TIZANIDINE	APX
02272059	MYLAN-TIZANIDINE	MYL
02239170	ZANAFLEX	ELN

12:20.08 DIRECT-ACTING SKELETAL MUSCLE RELAXANTS**DANTROLENE SODIUM****25mg Capsule**

01997602	DANTRIUM	PGP
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100mg Capsule

01997653	DANTRIUM	PGP
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12:20.12 GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS**BACLOFEN****10mg Tablet**

02139332	APO-BACLOFEN	APX
02152584	BACLOFEN	PDL
02287021	BACLOFEN	SAN
02138271	DOM-BACLOFEN	DPC
00455881	LIORESAL	NVR
02088398	MYLAN-BACLOFEN	MYL
02136090	NU-BACLO	NXP
02236963	PHL-BACLOFEN	PHH
02063735	PMS-BACLOFEN	PMS
02236507	RATIO-BACLOFEN	RPH
02242150	RIVA-BACLOFEN	RIV

12:20.12 GABA-DERIVATIVE SKELETAL MUSCLE RELAXANTS

BACLOFEN

20mg Tablet

02139391	APO-BACLOFEN	APX
02152592	BACLOFEN	PDL
02287048	BACLOFEN	SAN
02138298	DOM-BACLOFEN	DPC
00636576	LIORESAL DS	NVR
02088401	MYLAN-BACLOFEN	MYL
02136104	NU-BACLO	NXP
02236964	PHL-BACLOFEN	PHH
02063743	PMS-BACLOFEN	PMS
02236508	RATIO-BACLOFEN	RPH
02242151	RIVA-BACLOFEN	RIV

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (GUM)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

2mg Gum

02091933	NICORETTE	JNO
80000396	THRIVE	NVR

4mg Gum

02091941	NICORETTE PLUS	PMJ
80000118	NICOTINE GUM	PER
80000402	THRIVE	NVR

NICOTINE (INHALER)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

10mg Inhaler

02241742	NICORETTE	JNO
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NICOTINE (LOZENGE)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

1mg Lozenge

80007461	THRIVE	NVR
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12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (LOZENGE)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

2mg Lozenge

02247347	NICORETTE LOZENGE	JNO
80007464	THRIVE	NVR

4mg Lozenge

02247348	NICORETTE LOZENGE	JNO
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NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:
Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	84 patches or
Nicoderm	70 patches or
Nicotrol	70 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

5mg Patch

02028697	NICOTROL TRANSDERMAL	PFI
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7mg Patch

01943057	HABITROL	NVC
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8.3mg/10cm2 Patch

02065738	NICOTROL TRANSDERMAL	JNO
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10mg Patch

02029405	NICOTROL TRANSDERMAL	PFI
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14mg Patch

01943065	HABITROL	NVC
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15mg Patch

02029413	NICOTROL TRANSDERMAL	PFI
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16.6mg/20cm2 Patch

02065754	NICOTROL TRANSDERMAL	JNO
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17.5mg Patch

02241227	TRANSDERMAL NICOTINE	NVC
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21mg Patch

01943073	HABITROL	NVC
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24.9mg/30cm2 Patch

02065762	NICOTROL TRANSDERMAL	JNO
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35mg Patch

02241226	TRANSDERMAL NICOTINE	NVC
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36mg Patch

02093111	NICODERM	PMJ
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12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	84 patches or
Nicoderm	70 patches or
Nicotrol	70 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

52.5mg Patch

02241228	TRANSDERMAL NICOTINE	NVC
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78mg Patch

02093138	NICODERM	PMJ
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114mg Patch

02093146	NICODERM	PMJ
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VARENICLINE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 165 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for varenicline (Champix®) when one year has elapsed from the day the initial prescription was filled.

0.5mg Tablet

02291177	CHAMPIX	PFI
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0.5mg & 1mg Tablet

02298309	CHAMPIX STARTER PACK	PFI
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1mg Tablet

02291185	CHAMPIX	PFI
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20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

20:04.04 IRON PREPARATIONS

FERROUS FUMARATE

ST 300mg Capsule

02237556	EURO-FER	EUR
00482064	NEO FER	NEO
01923420	PALAFER	GSK

ST 300mg/5mL Oral Liquid

02246590	FERRATE O/L	EUR
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ST 60mg/mL Suspension

01923439	PALAFER	GSK
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ST 300mg Tablet

00031089	FERROUS FUMARATE	JMP
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FERROUS GLUCONATE

ST 300mg Tablet

00545031	APO-FERROUS GLUCONATE	APX
00031097	FERROUS GLUCONATE	JMP
00041157	FERROUS GLUCONATE	ADA
80000435	NOVO-FERROGLUC	NUR

ST 324mg Tablet

00582727	FERROUS GLUCONATE	VTH
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FERROUS SULFATE

ST 15mg/mL Drop

02237385	FERODAN	ODN
02232202	PEDIAFER	EUR
02222574	PMS-FERROUS SULFATE	PMS

ST 75mg/mL Drop

00762954	FER-IN-SOL	MJO
80008309	JAMP SULFATE FERREUX	JMP

ST 6mg/mL Syrup

00017884	FER-IN-SOL	MJO
02242863	PEDIAFER	EUR

ST 30mg/mL Syrup

00758469	FERODAN	ODN
80008295	JAMP SULFATE FERREUX	JMP
00792675	PMS-FERROUS SULFATE	PMS

ST 300mg Tablet

01912518	APO-FERROUS SULFATE FC	APX
02246733	EURO-FERROUS SULFATE	EUR
02248699	FERODAN	ODN
00031100	FERROUS SULFATE	JMP
00346918	FERROUS SULFATE	PMT
00782114	FERROUS SULFATE	VTH
00586323	PMS-FERROUS SULFATE	PMS

IRON DEXTRAN

50mg/mL Injection

02205963	DEXIRON	MYL
02221780	INFUFER	SDZ

20:12.04 ANTICOAGULANTS

DALTEPARIN SODIUM

10,000IU/mL Injection (Multi-Dose)

02132664	FRAGMIN	PMJ
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25,000IU/mL Injection (Multi-Dose)

02231171	FRAGMIN	PMJ
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2,500IU/0.2mL Injection (Pre-filled Syringe)

02132621	FRAGMIN	PMJ
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5,000IU/0.2mL Injection (Pre-filled Syringe)

02132648	FRAGMIN	PMJ
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7,500IU/0.3mL Injection (Pre-filled Syringe)

02352648	FRAGMIN	PFI
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10,000IU/0.4mL Injection (Pre-filled Syringe)

02352656	FRAGMIN	PFI
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12,500IU/0.5mL Injection (Pre-filled Syringe)

02352664	FRAGMIN	PFI
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15,000IU/0.6mL Injection (Pre-filled Syringe)

02352672	FRAGMIN	PFI
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18,000IU/0.72mL Injection (Pre-filled Syringe)

02352680	FRAGMIN	PFI
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ENOXAPARIN SODIUM

30mg/0.3mL Injection

02012472	LOVENOX	SAC
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40mg/0.4mL Injection

02236883	LOVENOX	SAC
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60mg/0.6mL Injection

99002965	LOVENOX	SAC
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80mg/0.8mL Injection

99003058	LOVENOX	SAC
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100mg/1.0mL Injection

99002981	LOVENOX	SAC
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120mg/0.8mL Injection

99004941	LOVENEX HP	SAC
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150mg/1.0mL Injection

02242692	LOVENEX HP	SAC
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300mg/3mL Injection

02236564	LOVENOX	SAC
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HEPARIN SODIUM

1,000 U/mL Injection

00740519	HEPALEAN	SCH
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00453811	HEPARIN LEO INJ 1000UNIT/ML	LEO
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02303086	HEPARIN SODIUM 1000U/ML	SDZ
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10,000 U/mL Injection

00579718	HEPARIN LEO INJ 10000UNIT/ML	LEO
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02303094	HEPARIN SODIUM 10000U/ML	SDZ
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02303108	HEPARIN SODIUM 10000U/ML	SDZ
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25,000 U/mL Injection

00453781	HEPARIN LEO INJ 25000UNIT/ML	LEO
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10 U/mL Lock Flush

00725323	HEPARIN LOCK FLUSH	ABB
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20:12.04 ANTICOAGULANTS**HEPARIN SODIUM****100 U/mL Lock Flush**

00727520	HEPARIN LEO	LEO
00725315	HEPARIN LOCK FLUSH	HOS

NADROPARIN CALCIUM**9,500IU/mL Injection**

02236913	FRAXIPARINE	GSK
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19,000IU/mL Injection

02240114	FRAXIPARINE FORTE	GSK
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NICOUMALONE**1mg Tablet**

00010383	SINTROM	PED
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4mg Tablet

00010391	SINTROM	PED
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RIVAROXABAN

Limited use benefit (prior approval not required).

For the prevention of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to two weeks.

10mg Tablet

02316986	XARELTO	BAY
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TINZAPARIN SODIUM**10,000IU/mL Injection**

02167840	INNOHEP	LEO
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20,000IU/mL Injection

02229515	INNOHEP	LEO
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2,500IU Injection (Pre-filled Syringe)

02229755	INNOHEP	LEO
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3,500IU Injection (Pre-filled Syringe)

02358158	INNOHEP	LEO
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4,500IU Injection (Pre-filled Syringe)

02358166	INNOHEP	LEO
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10,000IU Injection (Pre-filled Syringe)

02231478	INNOHEP	LEO
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14,000IU Injection (Pre-filled Syringe)

02358174	INNOHEP	LEO
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18,000IU Injection (Pre-filled Syringe)

02358182	INNOHEP	LEO
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WARFARIN SODIUM**1mg Tablet**

02242924	APO-WARFARIN	APX
01918311	COUMADIN	BMS
02244462	MYLAN-WARFARIN	MYL
02265273	NOVO-WARFARIN	TEV
02242680	TARO-WARFARIN	TAR
02344025	WARFARIN	SAN

20:12.04 ANTICOAGULANTS**WARFARIN SODIUM****2mg Tablet**

02242925	APO-WARFARIN	APX
01918338	COUMADIN	BMS
02244463	MYLAN-WARFARIN	MYL
02265281	NOVO-WARFARIN	TEV
02242681	TARO-WARFARIN	TAR
02344033	WARFARIN	SAN

2.5mg Tablet

02242926	APO-WARFARIN	APX
01918346	COUMADIN	BMS
02244464	MYLAN-WARFARIN	MYL
02265303	NOVO-WARFARIN	TEV
02242682	TARO-WARFARIN	TAR
02344041	WARFARIN	SAN

3mg Tablet

02245618	APO-WARFARIN	APX
02240205	COUMADIN	BMS
02287498	MYLAN-WARFARIN	MYL
02265311	NOVO-WARFARIN	TEV
02242683	TARO-WARFARIN	TAR
02344068	WARFARIN	SAN

4mg Tablet

02242927	APO-WARFARIN	APX
02007959	COUMADIN	BMS
02244465	MYLAN-WARFARIN	MYL
02265338	NOVO-WARFARIN	TEV
02242684	TARO-WARFARIN	TAR
02344076	WARFARIN	SAN

5mg Tablet

02242928	APO-WARFARIN	APX
01918354	COUMADIN	BMS
02244466	MYLAN-WARFARIN	MYL
02265346	NOVO-WARFARIN	TEV
02242685	TARO-WARFARIN	TAR
02344084	WARFARIN	SAN

6mg Tablet

02240206	COUMADIN	BMS
02287501	MYLAN-WARFARIN	MYL
02242686	TARO-WARFARIN	TAR
02344092	WARFARIN	SAN

7.5mg Tablet

02287528	MYLAN-WARFARIN	MYL
02242697	TARO-WARFARIN	TAR
02344106	WARFARIN	SAN

10mg Tablet

02242929	APO-WARFARIN	APX
01918362	COUMADIN	BMS
02244467	MYLAN-WARFARIN	MYL
02242687	TARO-WARFARIN	TAR
02344114	WARFARIN	SAN

20:12.18 PLATELET AGGREGATION INHIBITORS

ANAGRELIDE HCL

ST 0.5mg Capsule

02236859	AGRYLIN	SHI
02253054	MYLAN-ANAGRELIDE	MYL
02274949	PMS-ANAGRELIDE	PMS
02260107	SANDOZ-ANAGRELIDE	SDZ

CLOPIDOGREL BISULFATE

Limited use benefit (one-year duration, prior approval required).

- a. - Patients with intra-coronary stent implantation following insertion.
- b. - Patients with acute coronary syndrome (ACS) (unstable angina or non-ST-segment elevation MI), in combination with ASA.

ST 75mg Tablet

02238682	PLAVIX	SAC
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TICLOPIDINE HCL

ST 250mg Tablet

02237701	APO-TICLOPIDINE	APX
02239744	MYLAN-TICLOPIDINE	MYL
02237560	NU-TICLOPIDINE	NXP
02236848	TEVA-TICLOPIDINE	TEV
02343045	TICLOPIDINE	SAN

20:16.00 HEMATOPOIETIC AGENTS

FILGRASTIM

300mcg/mL Injection

01968017	NEUPOGEN	AMG
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PEGFILGRASTIM

Limited use benefit (prior approval required).

- a. - To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive antineoplastic drugs with curative intent.
- and
- b. - Where access to a health care facility is problematic.

10mg/mL Injection

02249790	NEULASTA	AMG
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20:24.00 HEMORRHOLOGIC AGENTS

PENTOXIFYLLINE

ST 400mg Sustained Release Tablet

02230090	APO-PENTOXIFYL	APX
02230401	NU-PENTOXIFYL	NXP
02221977	TRENTAL	SAC

20:28.16 HEMOSTATICS

TRANEXAMIC ACID

500mg Tablet

02064405	CYKLOKAPRON	PFI
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24:00 CARDIOVASCULAR DRUGS**24:04.04 ANTIARRHYTHMIC AGENTS****AMIODARONE HCL**ST **100mg Tablet**

02292173 PMS-AMIODARONE PMS

ST **200mg Tablet**

02364336 AMIODARONE SAN

02246194 APO-AMIODARONE APX

02036282 CORDARONE WAY

02246331 DOM-AMIODARONE DPC

02240604 MYLAN-AMIODARONE MYL

02245781 PHL-AMIODARONE PHH

02242472 PMS-AMIODARONE PMS

02309661 PRO-AMIODARONE PDL

02240071 RATIO-AMIODARONE RPH

02247217 RIVA-AMIODARONE RIV

02243836 SANDOZ-AMIODARONE SDZ

02239835 TEVA-AMIODARONE TEV

DISOPYRAMIDEST **100mg Capsule**

02224801 RYTHMODAN SAC

ST **150mg Capsule**

02224828 RYTHMODAN SAC

FLECAINIDE ACETATEST **50mg Tablet**

02275538 APO-FLECAINIDE APX

01966197 TAMBOCOR MMH

ST **100mg Tablet**

02275546 APO-FLECAINIDE APX

01966200 TAMBOCOR MMH

MEXILETINE HCLST **100mg Capsule**

02230359 NOVO-MEXILETINE TEV

ST **200mg Capsule**

02230360 NOVO-MEXILETINE TEV

PROCAINAMIDE HCLST **250mg Capsule**

00713325 APO-PROCAINAMIDE APX

ST **375mg Capsule**

00713333 APO-PROCAINAMIDE APX

ST **500mg Capsule**

00713341 APO-PROCAINAMIDE APX

ST **250mg Sustained Release Tablet**

00638692 PROCAN SR PFI

ST **500mg Sustained Release Tablet**

00638676 PROCAN SR PFI

ST **750mg Sustained Release Tablet**

00638684 PROCAN SR PFI

24:04.04 ANTIARRHYTHMIC AGENTS**PROPAFENONE HYDROCHLORIDE**ST **150mg Tablet**

02243324 APO-PROPAFENONE APX

02245372 MYLAN-PROPAFENONE MYL

02243727 PMS-PROPAFENONE PMS

02294559 PMS-PROPAFENONE PMS

02243783 PROPAFENONE PDL

02343053 PROPAFENONE SAN

00603708 RYTHMOL ABB

ST **300mg Tablet**

02243325 APO-PROPAFENONE APX

02245373 MYLAN-PROPAFENONE MYL

02243728 PMS-PROPAFENONE PMS

02294575 PMS-PROPAFENONE PMS

02243784 PROPAFENONE PDL

02343061 PROPAFENONE SAN

00603716 RYTHMOL ABB

24:04.08 CARDIOTONIC AGENTS**DIGOXIN****0.0625mg Tablet**

02335700 TOLOXIN MTH

0.125mg Tablet

02335719 TOLOXIN MTH

0.250mg Tablet

02335727 TOLOXIN MTH

24:06.04 BILE ACID SEQUESTRANTS**CHOLESTYRAMINE RESIN**ST **4g Powder**

00890960 OLESTYR LIGHT MTH

02210320 OLESTYR REGULAR MTH

COLESTIPOL HCLST **5g Granules**

00642975 COLESTID PFI

02132699 COLESTID ORANGE PFI

ST **1g Tablet**

02132680 COLESTID PFI

24:06.05 CHOLESTEROL ABSORPTION INHIBITORS**EZETIMIBE**

Limited use benefit (prior approval required).

a.- 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 "statin" doses.

b.- For use as monotherapy in the management of hypercholesterolemia in patients intolerant to HMG-CoA reductase inhibitors.

ST **10mg Tablet**

02247521 EZETROL MSP

24:06.06 FIBRIC ACID DERIVATIVES**BEZAFIBRATE**

ST **400mg Sustained Release Tablet**
02083523 BEZALIP SR ACG

ST **200mg Tablet**
02240331 PMS-BEZAFIBRATE PMS

FENOFIBRATE

ST **67mg Capsule**
02243180 APO-FENO-MICRO APX
02243551 NOVO-FENOFIBRATE TEV

ST **100mg Capsule**
02225980 APO-FENOFIBRATE APX
02223600 NU-FENOFIBRATE NXP

ST **160mg Capsule**
02250004 FENOMAX CIP

ST **200mg Capsule**
02239864 APO-FENO-MICRO APX
02286092 FENOFIBRATE MICRO SAN
02240360 FENO-MICRO PDL
02146959 LIPIDIL MICRO FOU
02240210 MYLAN-FENOFIBRATE MYL
02243552 NOVO-FENOFIBRATE TEV
02273551 PMS-FENOFIBRATE MICRO PMS
02250039 RATIO-FENOFIBRATE RPH
02247306 RIVA-FENOFIBRATE MICRO RIV

ST **48mg Tablet**
02269074 LIPIDIL EZ FOU

ST **100mg Tablet**
02246859 APO-FENO-SUPER APX
02356570 FENOFIBRATE-S SAN
02241601 LIPIDIL SUPRA FOU
02289083 NOVO-FENOFIBRATE-S TEV
02310228 PRO-FENO-SUPER PDL
02288044 SANDOZ FENOFIBRATE S SDZ

ST **145mg Tablet**
02269082 LIPIDIL EZ FOU

ST **160mg Tablet**
02246860 APO-FENO-SUPER APX
02356589 FENOFIBRATE-S SAN
02241602 LIPIDIL SUPRA FOU
02289091 NOVO-FENOFIBRATE-S TEV
02310236 PRO-FENO-SUPER PDL
02288052 SANDOZ FENOFIBRATE S SDZ

GEMFIBROZIL

ST **300mg Capsule**
01979574 APO-GEMFIBROZIL APX
02241608 DOM-GEMFIBROZIL DPC
02185407 MYLAN-FIBRO MYL
02241704 NOVO-GEMFIBROZIL TEV
02058456 NU-GEMFIBROZIL NXP
02239951 PMS-GEMFIBROZIL PMS

24:06.06 FIBRIC ACID DERIVATIVES**GEMFIBROZIL**

ST **600mg Tablet**
01979582 APO-GEMFIBROZIL APX
02230580 DOM-GEMFIBROZIL DPC
02136058 GEMFIBROZIL PDL
02230476 MYLAN-GEMFIBROZIL MYL
02142074 NOVO-GEMFIBROZIL TEV
02058464 NU-GEMFIBROZIL NXP
02230183 PMS-GEMFIBROZIL PMS
02242126 RIVA-GEMFIBROZIL RIV

24:06.08 HMG-COA REDUCTASE INHIBITORS**ATORVASTATIN CALCIUM**

ST **10mg Tablet**
02295261 APO-ATORVASTATIN APX
02346486 ATORVASTATIN PDL
02348624 ATORVASTATIN RPH
02348705 ATORVASTATIN SAN
02351757 ATORVASTATIN PDL
02310899 CO ATORVASTATIN COB
02355612 DOM-ATORVASTATIN DPC
02288346 GD-ATORVASTATIN PFI
02230711 LIPITOR PFI
02373203 MYLAN-ATORVASTATIN MYL
02313448 PMS-ATORVASTATIN PMS
02313707 RAN-ATORVASTATIN RBY
02350297 RATIO-ATORVASTATIN TEV
02324946 SANDOZ ATORVASTATIN SDZ
02302675 TEVA-ATORVASTATIN TEV

ST **20mg Tablet**
02295288 APO-ATORVASTATIN APX
02346494 ATORVASTATIN PDL
02348632 ATORVASTATIN RPH
02348713 ATORVASTATIN SAN
02351765 ATORVASTATIN PDL
02310902 CO ATORVASTATIN COB
02355620 DOM-ATORVASTATIN DPC
02288354 GD-ATORVASTATIN PFI
02230713 LIPITOR PFI
02373211 MYLAN-ATORVASTATIN MYL
02313456 PMS-ATORVASTATIN PMS
02313715 RAN-ATORVASTATIN RBY
02350319 RATIO-ATORVASTATIN TEV
02324954 SANDOZ ATORVASTATIN SDZ
02302683 TEVA-ATORVASTATIN TEV

24:06.08 HMG-COA REDUCTASE INHIBITORS

ATORVASTATIN CALCIUM

ST 40mg Tablet

02295296	APO-ATORVASTATIN	APX
02346508	ATORVASTATIN	PDL
02348640	ATORVASTATIN	RPH
02348721	ATORVASTATIN	SAN
02351773	ATORVASTATIN	PDL
02310910	CO ATORVASTATIN	COB
02355639	DOM-ATORVASTATIN	DPC
02288362	GD-ATORVASTATIN	PFI
02230714	LIPITOR	PFI
02373238	MYLAN-ATORVASTATIN	MYL
02313464	PMS-ATORVASTATIN	PMS
02313723	RAN-ATORVASTATIN	RBV
02350327	RATIO-ATORVASTATIN	TEV
02324962	SANDOZ ATORVASTATIN	SDZ
02302691	TEVA-ATORVASTATIN	TEV

ST 80mg Tablet

02295318	APO-ATORVASTATIN	APX
02346516	ATORVASTATIN	PDL
02348659	ATORVASTATIN	RPH
02348748	ATORVASTATIN	SAN
02351781	ATORVASTATIN	PDL
02310929	CO ATORVASTATIN	COB
02288370	GD-ATORVASTATIN	PFI
02243097	LIPITOR	PFI
02373246	MYLAN-ATORVASTATIN	MYL
02313472	PMS-ATORVASTATIN	PMS
02313758	RAN-ATORVASTATIN	RBV
02350335	RATIO-ATORVASTATIN	TEV
02324970	SANDOZ ATORVASTATIN	SDZ
02302713	TEVA-ATORVASTATIN	TEV

FLUVASTATIN SODIUM

ST 20mg Capsule

02061562	LESCOL	NVR
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ST 40mg Capsule

02061570	LESCOL	NVR
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ST 80mg Extended Release Tablet

02250527	LESCOL XL	NVR
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LOVASTATIN

ST 20mg Tablet

02220172	APO-LOVASTATIN	APX
02248572	CO LOVASTATIN	COB
02353229	LOVASTATIN	SAN
00795860	MEVACOR	FRS
02243127	MYLAN-LOVASTATIN	MYL
02246542	NOVO-LOVASTATIN	TEV
02231434	NU-LOVASTATIN	NXP
02246013	PMS-LOVASTATIN	PMS
02312670	PRO-LOVASTATIN	PDL
02267969	RAN-LOVASTATIN	RBV
02245822	RATIO-LOVASTATIN	RPH
02272288	RIVA-LOVASTATIN	RIV
02247056	SANDOZ-LOVASTATIN	SDZ

24:06.08 HMG-COA REDUCTASE INHIBITORS

LOVASTATIN

ST 40mg Tablet

02220180	APO-LOVASTATIN	APX
02248573	CO LOVASTATIN	COB
02353237	LOVASTATIN	SAN
00795852	MEVACOR	FRS
02243129	MYLAN-LOVASTATIN	MYL
02246543	NOVO-LOVASTATIN	TEV
02246014	PMS-LOVASTATIN	PMS
02312689	PRO-LOVASTATIN	PDL
02267977	RAN-LOVASTATIN	RBV
02245823	RATIO-LOVASTATIN	RPH
02272296	RIVA-LOVASTATIN	RIV
02247057	SANDOZ-LOVASTATIN	SDZ

PRAVASTATIN SODIUM

ST 40mg TAB

02246932	RATIO-PRAVASTATIN	RPH
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ST 10mg Tablet

02243506	APO-PRAVASTATIN	APX
02248182	CO PRAVASTATIN	COB
02249723	DOM-PRAVASTATIN	DPC
02330954	JAMP-PRAVASTATIN	JMP
02317451	MINT-PRAVASTATIN	MIN
02257092	MYLAN-PRAVASTATIN	MYL
02247008	NOVO-PRAVASTATIN	TEV
02244350	NU-PRAVASTATIN	NXP
02247655	PMS-PRAVASTATIN	PMS
00893749	PRAVACHOL	BMS
02249766	PRAVASTATIN	MEL
02301792	PRAVASTATIN	SOR
02356546	PRAVASTATIN	SAN
02243824	PRAVASTATIN-10	PDL
02284421	RAN-PRAVASTATIN	RBV
02246930	RATIO-PRAVASTATIN	RPH
02270234	RIVA-PRAVASTATIN	RIV
02247856	SANDOZ-PRAVASTATIN	SDZ

ST 20mg Tablet

02243507	APO-PRAVASTATIN	APX
02248183	CO PRAVASTATIN	COB
02249731	DOM-PRAVASTATIN	DPC
02330962	JAMP-PRAVASTATIN	JMP
02317478	MINT-PRAVASTATIN	MIN
02257106	MYLAN-PRAVASTATIN	MYL
02247009	NOVO-PRAVASTATIN	TEV
02244351	NU-PRAVASTATIN	NXP
02247656	PMS-PRAVASTATIN	PMS
00893757	PRAVACHOL	BMS
02249774	PRAVASTATIN	MEL
02301806	PRAVASTATIN	SOR
02356554	PRAVASTATIN	SAN
02243825	PRAVASTATIN-20	PDL
02284448	RAN-PRAVASTATIN	RBV
02246931	RATIO-PRAVASTATIN	RPH
02270242	RIVA-PRAVASTATIN	RIV
02247857	SANDOZ-PRAVASTATIN	SDZ

**24:06.08 HMG-COA REDUCTASE
INHIBITORS****PRAVASTATIN SODIUM**ST **40mg Tablet**

02243508	APO-PRAVASTATIN	APX
02248184	CO PRAVASTATIN	COB
02249758	DOM-PRAVASTATIN	DPC
02330970	JAMP-PRAVASTATIN	JMP
02317486	MINT-PRAVASTATIN	MIN
02257114	MYLAN-PRAVASTATIN	MYL
02247010	NOVO-PRAVASTATIN	TEV
02244352	NU-PRAVASTATIN	NXP
02247657	PMS-PRAVASTATIN	PMS
02222051	PRAVACHOL	BMS
02249782	PRAVASTATIN	MEL
02301814	PRAVASTATIN	SOR
02356562	PRAVASTATIN	SAN
02243826	PRAVASTATIN-40	PDL
02284456	RAN-PRAVASTATIN	RBV
02270250	RIVA-PRAVASTATIN	RIV
02247858	SANDOZ-PRAVASTATIN	SDZ

ROSUVASTATIN CALCIUMST **5mg Tablet**

02265540	CRESTOR	AZC
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ST **10mg Tablet**

02247162	CRESTOR	AZC
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ST **20mg Tablet**

02247163	CRESTOR	AZC
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ST **40mg Tablet**

02247164	CRESTOR	AZC
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SIMVASTATINST **5mg Tablet**

02247011	APO-SIMVASTATIN	APX
02248103	CO SIMVASTATIN	COB
02253747	DOM-SIMVASTATIN	DPC
02281619	DOM-SIMVASTATIN	DPC
02331020	JAMP-SIMVASTATIN	JMP
02375036	MAR-SIMVASTATIN	MAR
02372932	MINT-SIMVASTATIN	MIN
02246582	MYLAN-SIMVASTATIN	MYL
02247072	NU-SIMVASTATIN	NXP
02281546	PHL-SIMVASTATIN	PHH
02252619	PMS-SIMVASTATIN	PMS
02269252	PMS-SIMVASTATIN	PMS
02329131	RAN-SIMVASTATIN	RBV
02247067	RATIO-SIMVASTATIN	RPH
02247297	RIVA-SIMVASTATIN	RIV
02247827	SANDOZ-SIMVASTATIN	SDZ
02284723	SIMVASTATIN	SAN
02250144	TEVA-SIMVASTATIN	TEV
00884324	ZOCOR	FRS
02300907	ZYM-SIMVASTATIN	ZYM

**24:06.08 HMG-COA REDUCTASE
INHIBITORS****SIMVASTATIN**ST **10mg Tablet**

02247012	APO-SIMVASTATIN	APX
02248104	CO SIMVASTATIN	COB
02253755	DOM-SIMVASTATIN	DPC
02281627	DOM-SIMVASTATIN	DPC
02331039	JAMP-SIMVASTATIN	JMP
02375044	MAR-SIMVASTATIN	MAR
02372940	MINT-SIMVASTATIN	MIN
02246583	MYLAN-SIMVASTATIN	MYL
02250152	NOVO-SIMVASTATIN	TEV
02247075	NU-SIMVASTATIN	NXP
02281554	PHL-SIMVASTATIN	PHH
02252635	PMS-SIMVASTATIN	PMS
02269260	PMS-SIMVASTATIN	PMS
02329158	RAN-SIMVASTATIN	RBV
02247068	RATIO-SIMVASTATIN	RPH
02247298	RIVA-SIMVASTATIN	RIV
02247828	SANDOZ-SIMVASTATIN	SDZ
02284731	SIMVASTATIN	SAN
02247221	SIMVASTATIN-10	PDL
02265885	TARO-SIMVASTATIN	TAR
00884332	ZOCOR	FRS
02300915	ZYM-SIMVASTATIN	ZYM

ST **20mg Tablet**

02247013	APO-SIMVASTATIN	APX
02248105	CO SIMVASTATIN	COB
02253763	DOM-SIMVASTATIN	DPC
02281635	DOM-SIMVASTATIN	DPC
02331047	JAMP-SIMVASTATIN	JMP
02375052	MAR-SIMVASTATIN	MAR
02372959	MINT-SIMVASTATIN	MIN
02246737	MYLAN-SIMVASTATIN	MYL
02250160	NOVO-SIMVASTATIN	TEV
02247076	NU-SIMVASTATIN	NXP
02281562	PHL-SIMVASTATIN	PHH
02252643	PMS-SIMVASTATIN	PMS
02269279	PMS-SIMVASTATIN	PMS
02329166	RAN-SIMVASTATIN	RBV
02247299	RIVA-SIMVASTATIN	RIV
02247830	SANDOZ-SIMVASTATIN	SDZ
02284758	SIMVASTATIN	SAN
02247222	SIMVASTATIN-20	PDL
02265893	TARO-SIMVASTATIN	TAR
00884340	ZOCOR	FRS
02300923	ZYM-SIMVASTATIN	ZYM

24:06.08 HMG-COA REDUCTASE INHIBITORS

SIMVASTATIN

ST 40mg Tablet

02247014	APO-SIMVASTATIN	APX
02248106	CO SIMVASTATIN	COB
02253771	DOM-SIMVASTATIN	DPC
02281643	DOM-SIMVASTATIN	DPC
02331055	JAMP-SIMVASTATIN	JMP
02375060	MAR-SIMVASTATIN	MAR
02372967	MINT-SIMVASTATIN	MIN
02246584	MYLAN-SIMVASTATIN	MYL
02250179	NOVO-SIMVASTATIN	TEV
02247077	NU-SIMVASTATIN	NXP
02281570	PHL-SIMVASTATIN	PHH
02252651	PMS-SIMVASTATIN	PMS
02269287	PMS-SIMVASTATIN	PMS
02329174	RAN-SIMVASTATIN	RBY
02247300	RIVA-SIMVASTATIN	RIV
02247831	SANDOZ-SIMVASTATIN	SDZ
02284766	SIMVASTATIN	SAN
02247223	SIMVASTATIN-40	PDL
02265907	TARO-SIMVASTATIN	TAR
00884359	ZOCOR	FRS
02300931	ZYM-SIMVASTATIN	ZYM

ST 80mg Tablet

02247015	APO-SIMVASTATIN	APX
02248107	CO SIMVASTATIN	COB
02253798	DOM-SIMVASTATIN	DPC
02281651	DOM-SIMVASTATIN	DPC
02331063	JAMP-SIMVASTATIN	JMP
02375079	MAR-SIMVASTATIN	MAR
02372975	MINT-SIMVASTATIN	MIN
02246585	MYLAN-SIMVASTATIN	MYL
02250187	NOVO-SIMVASTATIN	TEV
02247078	NU-SIMVASTATIN	NXP
02281589	PHL-SIMVASTATIN	PHH
02252678	PMS-SIMVASTATIN	PMS
02269295	PMS-SIMVASTATIN	PMS
02329182	RAN-SIMVASTATIN	RBY
02247071	RATIO-SIMVASTATIN	RPH
02247301	RIVA-SIMVASTATIN	RIV
02247833	SANDOZ-SIMVASTATIN	SDZ
02284774	SIMVASTATIN	SAN
02247224	SIMVASTATIN-80	PDL
02240332	ZOCOR	FRS
02300974	ZYM-SIMVASTATIN	ZYM

24:08.16 CENTRAL ALPHA-AGONISTS

CLONIDINE HCL

ST 0.025mg Tablet

02248732	APO-CLONIDINE	APX
02361299	CLONIDINE	SAN
00519251	DIXARIT	BOE
02304163	TEVA-CLONIDINE	TEV

24:08.16 CENTRAL ALPHA-AGONISTS

CLONIDINE HCL

ST 0.1mg Tablet

00868949	APO-CLONIDINE	APX
00259527	CATAPRES	BOE
01910396	CLONIDINE	PRO
02361302	CLONIDINE	SAN
01913786	NU-CLONIDINE	NXP
02046121	TEVA-CLONIDINE	TEV

ST 0.2mg Tablet

00868957	APO-CLONIDINE	APX
00291889	CATAPRES	BOE
01908162	CLONIDINE	PRO
02361310	CLONIDINE	SAN
01913220	NU-CLONIDINE	NXP
02046148	TEVA-CLONIDINE	TEV

METHYLDOPA

ST 125mg Tablet

00360252	METHYLDOPA	AAP
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ST 250mg Tablet

00360260	METHYLDOPA	AAP
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ST 500mg Tablet

00426830	METHYLDOPA	AAP
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METHYLDOPA, HYDROCHLOROTHIAZIDE

ST 250mg & 15mg Tablet

00441708	APO-METHAZIDE-15	APX
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ST 250mg & 25mg Tablet

00441716	APO-METHAZIDE-25	APX
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24:08.20 DIRECT VASODILATORS

DIAZOXIDE

ST 100mg Capsule

00503347	PROGLYCEM	SCH
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HYDRALAZINE HCL

ST 10mg Tablet

00441619	APO-HYDRALAZINE	APX
01913638	HYDRALAZINE	PDL
01913204	NU-HYDRAL	NXP

ST 25mg Tablet

00441627	APO-HYDRALAZINE	APX
00759473	NOVO-HYLAZIN	TEV
02004828	NU-HYDRAL	NXP

ST 50mg Tablet

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

MINOXIDIL

ST 2.5mg Tablet

00514497	LONITEN	PFI
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ST 10mg Tablet

00514500	LONITEN	PFI
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24:12.08 NITRATES AND NITRITES**ISOSORBIDE DINITRATE**ST **5mg Sublingual Tablet**

00670944 ISDN AAP

ST **10mg Tablet**

00441686 ISDN AAP

00786667 PMS-ISOSORBIDE PMS

ST **30mg Tablet**

00441694 ISDN AAP

ISOSORBIDE-5-MONONITRATEST **60mg Tablet**

02272830 APO-ISMN APX

02126559 IMDUR AZC

02301288 PMS-ISMN PMS

02311321 PRO-ISMN PDL

NITROGLYCERIN**2% Ointment**

01926454 NITROL SQU

ST **0.2mg Patch**

02162806 MINITRAN MMH

01911910 NITRO-DUR KEY

00584223 TRANSDERM-NITRO NVR

02230732 TRINIPATCH TRT

ST **0.4mg Patch**

02163527 MINITRAN MMH

01911902 NITRO-DUR KEY

00852384 TRANSDERM-NITRO NVR

02230733 TRINIPATCH TRT

ST **0.6mg Patch**

02163535 MINITRAN MMH

01911929 NITRO-DUR KEY

02046156 TRANSDERM-NITRO NVR

02230734 TRINIPATCH TRT

ST **0.8mg Patch**

02011271 NITRO-DUR KEY

0.4mg Spray

02243588 MYLAN-NITRO MYL

02231441 NITROLINGUAL PUMPSPRAY SAC

02238998 RHO-NITRO PUMPSPRAY SAC

0.3mg Sublingual Tablet

00037613 NITROSTAT PFI

0.6mg Sublingual Tablet

00037621 NITROSTAT PFI

24:12.12 PHOSPHODIESTERASE INHIBITORS**SILDENAFIL CITRATE**

Limited use benefit (prior approval required).

Maximum dose covered is 20 mg three times a day

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND

who have failed to respond to conventional therapy; OR who have contraindications to conventional agents.

ST **20mg Tablet**

02319500 RATIO-SILDENAFIL R RPH

02279401 REVATIO PFI

TADALAFIL

Limited use benefit (prior approval required).

Maximum dose covered is 40 mg daily

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND

who have failed to respond to conventional therapy; OR who have contraindications to conventional agents

ST **20mg Tablet**

02338327 ADCIRCA LIL

24:12.92 MISCELLANEOUS VASODILATING AGENTS**AMBRISENTAN**

Limited use benefit (prior approval required).

Maximum dose covered is 10 mg once daily.

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND

-who have failed to respond to sildenafil OR tadalafil; OR -who have contraindications to sildenafil OR tadalafil.

ST **5mg Tablet**

02307065 VOLIBRIS GSK

ST **10mg Tablet**

02307073 VOLIBRIS GSK

24:12.92 MISCELLANEOUS VASODILATING AGENTS

BOSENTAN

Limited use benefit (prior approval required).

Maximum dose covered is 125 mg twice daily

- Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
- who have failed to respond to sildenafil OR tadalafil; OR
- who have contraindications to sildenafil OR tadalafil.

ST 62.5mg Tablet

02244981 TRACLEER ACN

ST 125mg Tablet

02244982 TRACLEER ACN

DIPYRIDAMOLE

ST 25mg Tablet

00895644 APO-DIPYRIDAMOLE APX

ST 50mg Tablet

00571245 APO-DIPYRIDAMOLE APX

00895652 APO-DIPYRIDAMOLE APX

ST 75mg Tablet

00601845 APO-DIPYRIDAMOLE APX

00895660 APO-DIPYRIDAMOLE APX

DIPYRIDAMOLE, ACETYLSALICYLIC ACID

Limited use benefit (prior approval required).

For secondary prevention of stroke or transient ischemic attacks (TIAs) in patients who have failed therapy with ASA alone.

ST 200mg & 25mg Capsule

02242119 AGGRENOX BOE

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

DOXAZOSIN MESYLATE

ST 1mg Tablet

02240588 APO-DOXAZOSIN APX

01958100 CARDURA 1 PFI

02240978 DOXAZOSIN PDL

02240498 MYLAN-DOXAZOSIN MYL

02242728 NOVO-DOXAZOSIN TEV

02244527 PMS-DOXAZOSIN PMS

ST 2mg Tablet

02240589 APO-DOXAZOSIN APX

01958097 CARDURA 2 PFI

02240979 DOXAZOSIN PDL

02240499 MYLAN-DOXAZOSIN MYL

02242729 NOVO-DOXAZOSIN TEV

02244528 PMS-DOXAZOSIN PMS

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

DOXAZOSIN MESYLATE

ST 4mg Tablet

02240590 APO-DOXAZOSIN APX

01958119 CARDURA 4 PFI

02240980 DOXAZOSIN PDL

02240500 MYLAN-DOXAZOSIN MYL

02242730 NOVO-DOXAZOSIN TEV

02244529 PMS-DOXAZOSIN PMS

PRAZOSIN HCL

ST 1mg Tablet

00882801 APO-PRAZO APX

00560952 MINIPRESS ERF

01934198 NOVO-PRAZIN TEV

01913794 NU-PRAZO NXP

ST 2mg Tablet

00882828 APO-PRAZO APX

00560960 MINIPRESS ERF

01934201 NOVO-PRAZIN TEV

01913808 NU-PRAZO NXP

ST 5mg Tablet

00882836 APO-PRAZO APX

00560979 MINIPRESS ERF

01934228 NOVO-PRAZIN TEV

01913816 NU-PRAZO NXP

TERAZOSIN HCL

ST 1mg Tablet

02234502 APO-TERAZOSIN APX

02243746 DOM-TERAZOSIN DPC

00818658 HYTRIN ABB

02233047 NU-TERAZOSIN NXP

02243518 PMS-TERAZOSIN PMS

02218941 RATIO-TERAZOSIN RPH

02237476 TERAZOSIN PDL

02350475 TERAZOSIN SAN

02230805 TEVA-TERAZOSIN TEV

ST 2mg Tablet

02234503 APO-TERAZOSIN APX

02243747 DOM-TERAZOSIN DPC

00818682 HYTRIN ABB

02233048 NU-TERAZOSIN NXP

02243519 PMS-TERAZOSIN PMS

02218968 RATIO-TERAZOSIN RPH

02237477 TERAZOSIN PDL

02350483 TERAZOSIN SAN

02230806 TEVA-TERAZOSIN TEV

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS**TERAZOSIN HCL**ST **5mg Tablet**

02234504	APO-TERAZOSIN	APX
02243748	DOM-TERAZOSIN	DPC
00818666	HYTRIN	ABB
02233049	NU-TERAZOSIN	NXP
02243520	PMS-TERAZOSIN	PMS
02218976	RATIO-TERAZOSIN	RPH
02237478	TERAZOSIN	PDL
02350491	TERAZOSIN	SAN
02230807	TEVA-TERAZOSIN	TEV

ST **10mg Tablet**

02234505	APO-TERAZOSIN	APX
02243749	DOM-TERAZOSIN	DPC
00818674	HYTRIN	ABB
02233050	NU-TERAZOSIN	NXP
02243521	PMS-TERAZOSIN	PMS
02218984	RATIO-TERAZOSIN	RPH
02237479	TERAZOSIN	PDL
02350505	TERAZOSIN	SAN
02230808	TEVA-TERAZOSIN	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**ACEBUTOLOL HCL**ST **100mg Tablet**

02164396	ACEBUTOLOL	PDL
02286246	ACEBUTOLOL	SAN
02147602	APO-ACEBUTOLOL	APX
02237721	MYLAN-ACEBUTOLOL	MYL
02237885	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02165546	NU-ACEBUTOLOL	NXP
02257599	SANDOZ-ACEBUTOLOL	SDZ
01926543	SECTRAL	SAC
02204517	TEVA-ACEBUTOLOL	TEV

ST **200mg Tablet**

02286254	ACEBUTOLOL	SAN
02147610	APO-ACEBUTOLOL	APX
02237722	MYLAN-ACEBUTOLOL	MYL
02237886	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02165554	NU-ACEBUTOLOL	NXP
02164418	PDL-ACEBUTOLOL	PDL
02257602	SANDOZ-ACEBUTOLOL	SDZ
01926551	SECTRAL	SAC
02204525	TEVA-ACEBUTOLOL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**ACEBUTOLOL HCL**ST **400mg Tablet**

02286262	ACEBUTOLOL	SAN
02147629	APO-ACEBUTOLOL	APX
02237723	MYLAN-ACEBUTOLOL	MYL
02237887	MYLAN-ACEBUTOLOL (TYPE S)	MYL
02165562	NU-ACEBUTOLOL	NXP
02164426	PDL-ACEBUTOLOL	PDL
02257610	SANDOZ-ACEBUTOLOL	SDZ
01926578	SECTRAL	SAC
02204533	TEVA-ACEBUTOLOL	TEV

ATENOLOLST **25mg Tablet**

02326701	ATENOLOL	PDL
02371979	MAR-ATENOLOL	MAR
02368013	MINT-ATENOLOL	MIN
02303647	MYLAN-ATENOLOL	MYL
02247182	PHL-ATENOLOL	PHH
02246581	PMS-ATENOLOL	PMS
02277379	RIVA-ATENOLOL	RIV
02266660	TEVA-ATENOL	TEV

ST **50mg Tablet**

00773689	APO-ATENOL	APX
00828807	ATENOLOL	PDL
02255545	CO ATENOLOL	COB
02229467	DOM-ATENOLOL	DPC
02371987	MAR-ATENOLOL	MAR
02368021	MINT-ATENOLOL	MIN
02146894	MYLAN-ATENOLOL	MYL
00886114	NU-ATENOL	NXP
02238316	PHL-ATENOLOL	PHH
02237600	PMS-ATENOLOL	PMS
02267985	RAN-ATENOLOL	RBV
02171791	RATIO-ATENOLOL	RPH
02242094	RIVA-ATENOLOL	RIV
02039532	TENORMIN	AZC
01912062	TEVA-ATENOL	TEV

ST **100mg Tablet**

00773697	APO-ATENOL	APX
00828793	ATENOLOL	PDL
02255553	CO ATENOLOL	COB
02229468	DOM-ATENOLOL	DPC
02371995	MAR-ATENOLOL	MAR
02368048	MINT-ATENOLOL	MIN
02147432	MYLAN-ATENOLOL	MYL
00886122	NU-ATENOL	NXP
02238318	PHL-ATENOLOL	PHH
02237601	PMS-ATENOLOL	PMS
02267993	RAN-ATENOLOL	RBV
02171805	RATIO-ATENOLOL	RPH
02242093	RIVA-ATENOLOL	RIV
02039540	TENORMIN	AZC
01912054	TEVA-ATENOL	TEV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**ATENOLOL, CHLORTHALIDONE**ST **50mg & 25mg Tablet**

02248763	APO-ATENIDONE	APX
02049961	TENORETIC	AZC
02302918	TEVA-ATENOLTHALIDONE	TEV

ST **100mg & 25mg Tablet**

02248764	APO-ATENIDONE	APX
02049988	TENORETIC	AZC
02302926	TEVA-ATENOLTHALIDONE	TEV

BISOPROLOL FUMARATEST **5mg Tablet**

02256134	APO-BISOPROLOL	APX
02321556	BISOPROLOL	SOR
02302632	PMS-BISOPROLOL	PMS
02306999	PRO-BISOPROLOL	PDL
02247439	SANDOZ-BISOPROLOL	SDZ
02267470	TEVA-BIPOPPOLOL	TEV

ST **10mg Tablet**

02256177	APO-BISOPROLOL	APX
02321572	BISOPROLOL	SOR
02302640	PMS-BISOPROLOL	PMS
02307006	PRO-BISOPROLOL	PDL
02247440	SANDOZ-BISOPROLOL	SDZ
02267489	TEVA-BIPOPPOLOL	TEV

CARVEDILOLST **3.125mg Tablet**

02247933	APO-CARVEDILOL	APX
02364913	CARVEDILOL	SAN
02248748	DOM-CARVEDILOL	DPC
02347512	MYLAN-CARVEDILOL	MYL
02248752	PHL-CARVEDILOL	PHH
02245914	PMS-CARVEDILOL	PMS
02324504	PRO-CARVEDILOL	PDL
02268027	RAN-CARVEDILOL	RBV
02252309	RATIO-CARVEDILOL	RPH
02338068	ZYM-CARVEDILOL	ZYM

ST **6.25mg Tablet**

02247934	APO-CARVEDILOL	APX
02364921	CARVEDILOL	SAN
02248749	DOM-CARVEDILOL	DPC
02347520	MYLAN-CARVEDILOL	MYL
02248753	PHL-CARVEDILOL	PHH
02245915	PMS-CARVEDILOL	PMS
02268035	RAN-CARVEDILOL	RBV
02252317	RATIO-CARVEDILOL	RPH
02338092	ZYM-CARVEDILOL	ZYM

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**CARVEDILOL**ST **12.5mg Tablet**

02247935	APO-CARVEDILOL	APX
02364948	CARVEDILOL	SAN
02248750	DOM-CARVEDILOL	DPC
02347555	MYLAN-CARVEDILOL	MYL
02248754	PHL-CARVEDILOL	PHH
02245916	PMS-CARVEDILOL	PMS
02268043	RAN-CARVEDILOL	RBV
02252325	RATIO-CARVEDILOL	RPH
02338106	ZYM-CARVEDILOL	ZYM

ST **25mg Tablet**

02247936	APO-CARVEDILOL	APX
02364956	CARVEDILOL	SAN
02248751	DOM-CARVEDILOL	DPC
02347571	MYLAN-CARVEDILOL	MYL
02248755	PHL-CARVEDILOL	PHH
02245917	PMS-CARVEDILOL	PMS
02268051	RAN-CARVEDILOL	RBV
02252333	RATIO-CARVEDILOL	RPH
02338114	ZYM-CARVEDILOL	ZYM

LABETALOL HCLST **100mg Tablet**

02106272	TRANDATE	SHI
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ST **200mg Tablet**

02106280	TRANDATE	SHI
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METOPROLOL TARTRATEST **100mg Sustained Release Tablet**

02285169	APO-METOPROLOL SR	APX
00658855	LOPRESOR SR	NVR
02303396	SANDOZ-METOPROLOL SR	SDZ

ST **200mg Sustained Release Tablet**

02285177	APO-METOPROLOL SR	APX
00534560	LOPRESOR SR	NVR
02351412	METOPROLOL SR	PDL
02303418	SANDOZ-METOPROLOL SR	SDZ

ST **25mg Tablet**

02246010	APO-METOPROLOL	APX
02252252	DOM-METOPROLOL-L	DPC
02296713	METOPROLOL	PDL
02315106	METOPROLOL-L	SOR
02302055	MYLAN-METOPROLOL (TYPE L)	MYL
02248855	PMS-METOPROLOL-L	PMS
02315300	RIVA-METOPROLOL L	RIV

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**METOPROLOL TARTRATE****ST 50mg Tablet**

00618632	APO-METOPROLOL	APX
00749354	APO-METOPROLOL-L	APX
02172550	DOM-METOPROLOL-B	DPC
02231121	DOM-METOPROLOL-L	DPC
00397423	LOPRESOR	NVR
00648019	METOPROLOL	PDL
02350394	METOPROLOL	SAN
02315114	METOPROLOL-L	SOR
02174545	MYLAN-METOPROLOL (TYPE L)	MYL
00865605	NU-METOP	NXP
02145413	PMS-METOPROLOL-B	PMS
02230803	PMS-METOPROLOL-L	PMS
02315319	RIVA-METOPROLOL L	RIV
02354187	SANDOZ METOPROLOL (L)	SDZ
02247875	SANDOZ-METOPROLOL-L	SDZ
00648035	TEVA-METOPROL	TEV
00842648	TEVA-METOPROL	TEV

ST 100mg Tablet

00618640	APO-METOPROLOL	APX
00751170	APO-METOPROLOL-L	APX
02172569	DOM-METOPROLOL-B	DPC
02231122	DOM-METOPROLOL-L	DPC
00397431	LOPRESOR	NVR
00648027	METOPROLOL	PDL
02350408	METOPROLOL	SAN
02351404	METOPROLOL SR	PDL
02315122	METOPROLOL-L	SOR
02174553	MYLAN-METOPROLOL (TYPE L)	MYL
00865613	NU-METOP	NXP
02145421	PMS-METOPROLOL-B	PMS
02230804	PMS-METOPROLOL-L	PMS
02315327	RIVA-METOPROLOL L	RIV
02354195	SANDOZ METOPROLOL (L)	SDZ
02247876	SANDOZ-METOPROLOL-L	SDZ
00648043	TEVA-METOPROL	TEV
00842656	TEVA-METOPROL-B	TEV

NADOLOL**ST 40mg Tablet**

00782505	APO-NADOL	APX
00828815	NADOLOL	PDL
02126753	NOVO-NADOLOL	TEV

ST 80mg Tablet

00782467	APO-NADOL	APX
00818704	NADOLOL	PDL
02126761	NOVO-NADOLOL	TEV

ST 160mg Tablet

00782475	APO-NADOL	APX
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24:24.00 BETA ADRENERGIC BLOCKING AGENTS**PINDOLOL****ST 5mg Tablet**

00755877	APO-PINDOL	APX
02231650	DOM-PINDOLOL	DPC
00869007	NOVO-PINDOL	TEV
00886149	NU-PINDOL	NXP
00828416	PINDOLOL	PDL
02231536	PMS-PINDOLOL	PMS
02261782	SANDOZ-PINDOLOL	SDZ
00417270	VISKEN	NVR

ST 10mg Tablet

00755885	APO-PINDOL	APX
02238046	DOM-PINDOLOL	DPC
00869015	NOVO-PINDOL	TEV
00886009	NU-PINDOL	NXP
00828424	PINDOLOL	PDL
02231537	PMS-PINDOLOL	PMS
02261790	SANDOZ-PINDOLOL	SDZ
00443174	VISKEN	NVR

ST 15mg Tablet

00755893	APO-PINDOL	APX
02238047	DOM-PINDOLOL	DPC
00869023	NOVO-PINDOL	TEV
00886130	NU-PINDOL	NXP
00828432	PINDOLOL	PDL
02231539	PMS-PINDOLOL	PMS
02261804	SANDOZ-PINDOLOL	SDZ
00417289	VISKEN	NVR

PINDOLOL, HYDROCHLOROTHIAZIDE**ST 10mg & 25mg Tablet**

00568627	VISKAZIDE	NVR
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ST 10mg & 50mg Tablet

00568635	VISKAZIDE	NVR
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PROPRANOLOL HCL**ST 60mg Long Acting Capsule**

02042231	INDERAL LA	WAY
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ST 80mg Long Acting Capsule

02042258	INDERAL LA	WAY
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ST 120mg Long Acting Capsule

02042266	INDERAL LA	WAY
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ST 160mg Long Acting Capsule

02042274	INDERAL LA	WAY
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ST 10mg Tablet

00402788	APO-PROPRANOLOL	APX
02137313	DOM-PROPRANOLOL	DPC
00496480	NOVO-PRANOL	TEV

ST 20mg Tablet

00663719	APO-PROPRANOLOL	APX
00740675	NOVO-PRANOL	TEV
02044692	NU-PROPRANOLOL	NXP

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**PROPRANOLOL HCL**ST **40mg Tablet**

00402753	APO-PROPRANOLOL	APX
02137321	DOM-PROPRANOLOL	DPC
00496499	NOVO-PRANOL	TEV
02044706	NU-PROPRANOLOL	NXP

ST **80mg Tablet**

00402761	APO-PROPRANOLOL	APX
02137348	DOM-PROPRANOLOL	DPC
00496502	NOVO-PRANOL	TEV
00582271	PMS-PROPRANOLOL	PMS

ST **120mg Tablet**

00504335	APO-PROPRANOLOL	APX
00582298	PMS-PROPRANOLOL	PMS

SOTALOL HCLST **80mg Tablet**

02210428	APO-SOTALOL	APX
02270625	CO SOTALOL	COB
02238634	DOM-SOTALOL	DPC
02229778	MYLAN-SOTALOL	MYL
02231181	NOVO-SOTALOL	TEV
02200996	NU-SOTALOL	NXP
02238768	PHL-SOTALOL	PHH
02238326	PMS-SOTALOL	PMS
02316528	PRO-SOTALOL	PDL
02084228	RATIO-SOTALOL	RPH
02242156	RIVA-SOTALOL	RIV
02257831	SANDOZ-SOTALOL	SDZ

ST **160mg Tablet**

02167794	APO-SOTALOL	APX
02270633	CO SOTALOL	COB
02238635	DOM-SOTALOL	DPC
02229779	MYLAN-SOTALOL	MYL
02231182	NOVO-SOTALOL	TEV
02163772	NU-SOTALOL	NXP
02238769	PHL-SOTALOL	PHH
02238327	PMS-SOTALOL	PMS
02316536	PRO-SOTALOL	PDL
02084236	RATIO-SOTALOL	RPH
02242157	RIVA-SOTALOL	RIV
02257858	SANDOZ-SOTALOL	SDZ

TIMOLOL MALEATEST **5mg Tablet**

00755842	APO-TIMOL	APX
02044609	NU-TIMOLOL	NXP
01947796	TEVA-TIMOL	TEV
00812455	TIMOLOL	PDL

ST **10mg Tablet**

00755850	APO-TIMOL	APX
02044617	NU-TIMOLOL	NXP
01947818	TEVA-TIMOL	TEV
00812447	TIMOLOL	PDL

24:24.00 BETA ADRENERGIC BLOCKING AGENTS**TIMOLOL MALEATE**ST **20mg Tablet**

00755869	APO-TIMOL	APX
01947826	TEVA-TIMOL	TEV

24:28.08 DIHYDROPYRIDINES**AMLODIPINE**ST **2.5mg Tablet**

02326795	AMLODIPINE	PDL
02326825	DOM-AMLODIPINE	DPC
02371707	MAR-AMLODIPINE	MAR
02326760	PHL-AMLODIPINE	PHH
02295148	PMS-AMLODIPINE	PMS
02331489	RIVA-AMLODIPINE	RIV
02330474	SANDOZ-AMLODIPINE	SDZ

ST **5mg Tablet**

02341093	ACCEL-AMLODIPINE	ACP
02326809	AMLODIPINE	PDL
02331284	AMLODIPINE	SAN
02273373	APO-AMLODIPINE	APX
02297485	CO AMLODIPINE	COB
02326833	DOM-AMLODIPINE	DPC
02280132	GD-AMLODIPINE	PFI
02357194	JAMP-AMLODIPINE	JMP
02371715	MAR-AMLODIPINE	MAR
02362651	MINT-AMLODIPINE	MIN
02272113	MYLAN-AMLODIPINE	MYL
00878928	NORVASC	PFI
02326779	PHL-AMLODIPINE	PHH
02284065	PMS-AMLODIPINE	PMS
02321858	RAN-AMLODIPINE	RBV
02259605	RATIO-AMLODIPINE	RPH
02331497	RIVA-AMLODIPINE	RIV
02284383	SANDOZ-AMLODIPINE	SDZ
02250497	TEVA-AMLODIPINE	TEV
02342790	ZYM-AMLODIPINE	ZYM

24:28.08 DIHYDROPYRIDINES**AMLODIPINE**ST **10mg Tablet**

02341107	ACCEL-AMLODIPINE	ACP
02326817	AMLODIPINE	PDL
02331292	AMLODIPINE	SAN
02273381	APO-AMLODIPINE	APX
02297493	CO AMLODIPINE	COB
02326841	DOM-AMLODIPINE	DPC
02280140	GD-AMLODIPINE	PFI
02357208	JAMP-AMLODIPINE	JMP
02371723	MAR-AMLODIPINE	MAR
02362678	MINT-AMLODIPINE	MIN
02272121	MYLAN-AMLODIPINE	MYL
00878936	NORVASC	PFI
02326787	PHL-AMLODIPINE	PHH
02284073	PMS-AMLODIPINE	PMS
02321866	RAN-AMLODIPINE	RBY
02259613	RATIO-AMLODIPINE	RPH
02331500	RIVA-AMLODIPINE	RIV
02284391	SANDOZ-AMLODIPINE	SDZ
02250500	TEVA-AMLODIPINE	TEV
02342804	ZYM-AMLODIPINE	ZYM

AMLODIPINE/ATORVASTATINST **5mg & 10mg Tablet**

02273233	CADUET	PFI
02362759	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **5mg & 20mg Tablet**

02273241	CADUET	PFI
02362767	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **5mg & 40mg Tablet**

02273268	CADUET	PFI
02362775	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **5mg & 80mg Tablet**

02273276	CADUET	PFI
02362783	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **10mg & 10mg Tablet**

02273284	CADUET	PFI
02362791	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **10mg & 20mg Tablet**

02273292	CADUET	PFI
02362805	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **10mg & 40mg Tablet**

02273306	CADUET	PFI
02362813	GD-AMLODIPINE/ATORVASTATIN	PFI

ST **10mg & 80mg Tablet**

02273314	CADUET	PFI
02362821	GD-AMLODIPINE/ATORVASTATIN	PFI

24:28.08 DIHYDROPYRIDINES**FELODIPINE**ST **2.5mg Extended Release Tablet**

02057778	PLENDIL	AZC
02221985	RENEDIL	SAC

ST **5mg Extended Release Tablet**

00851779	PLENDIL	AZC
02221993	RENEDIL	SAC
02280264	SANDOZ-FELODIPINE	SDZ
09857203	SANDOZ-FELODIPINE	SDZ

ST **10mg Extended Release Tablet**

00851787	PLENDIL	AZC
02222000	RENEDIL	SAC
02280272	SANDOZ-FELODIPINE	SDZ
09857204	SANDOZ-FELODIPINE	SDZ

NIFEDIPINEST **5mg Capsule**

00725110	NIFEDIPINE	AAP
02235897	PMS-NIFEDIPINE	PMS

ST **10mg Capsule**

00755907	NIFEDIPINE	AAP
00865591	NU-NIFED	NXP
02235898	PMS-NIFEDIPINE	PMS

ST **20mg Extended Release Tablet**

02237618	ADALAT XL	BAY
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ST **30mg Extended Release Tablet**

02155907	ADALAT XL	BAY
02349167	MYLAN-NIFEDIPINE ER	MYL

ST **60mg Extended Release Tablet**

02155990	ADALAT XL	BAY
02321149	MYLAN-NIFEDIPINE ER	MYL

ST **10mg Sustained Release Tablet**

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

ST **20mg Sustained Release Tablet**

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

NIMODIPINEST **30mg Tablet**

02325926	NIMOTOP	BAY
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24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS**DILTIAZEM HCL**ST **120mg Controlled Delivery Capsule**

02230997	APO-DILTIAZ CD	APX
02097249	CARDIZEM CD	BPC
02231472	DILTIAZEM CD	PDL
02231052	NU-DILTIAZ CD	NXP
02355752	PMS-DILTIAZEM CD	PMS
02229781	RATIO-DILTIAZEM CD	RPH
02243338	SANDOZ-DILTIAZEM CD	SDZ
02242538	TEVA-DILTIAZEM CD	TEV

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS**DILTIAZEM HCL**

ST 180mg Controlled Delivery Capsule		
02230998	APO-DILTIAZ CD	APX
02097257	CARDIZEM CD	BPC
02231474	DILTIAZEM CD	PDL
02231053	NU-DILTIAZ CD	NXP
02355760	PMS-DILTIAZEM CD	PMS
02229782	RATIO-DILTIAZEM CD	RPH
02243339	SANDOZ-DILTIAZEM CD	SDZ
02242539	TEVA-DILTIAZEM CD	TEV
ST 240mg Controlled Delivery Capsule		
02230999	APO-DILTIAZ CD	APX
02097265	CARDIZEM CD	BPC
02231475	DILTIAZEM CD	PDL
02231054	NU-DILTIAZ CD	NXP
02355779	PMS-DILTIAZEM CD	PMS
02229783	RATIO-DILTIAZEM CD	RPH
02243340	SANDOZ-DILTIAZEM CD	SDZ
02242540	TEVA-DILTIAZEM CD	TEV
ST 300mg Controlled Delivery Capsule		
02229526	APO-DILTIAZ CD	APX
02097273	CARDIZEM CD	BPC
02231057	DILTIAZEM CD	PDL
02355787	PMS-DILTIAZEM CD	PMS
02229784	RATIO-DILTIAZEM CD	RPH
02243341	SANDOZ-DILTIAZEM CD	SDZ
02242541	TEVA-DILTIAZEM CD	TEV
ST 120mg Extended Release Capsule		
02291037	APO-DILTIAZ TZ	APX
02271605	TEVA-DILTIAZEM ER	TEV
02231150	TIAZAC	BPC
ST 180mg Extended Release Capsule		
02291045	APO-DILTIAZ TZ	APX
02271613	TEVA-DILTIAZEM ER	TEV
02231151	TIAZAC	BPC
ST 240mg Extended Release Capsule		
02291053	APO-DILTIAZ TZ	APX
02271621	TEVA-DILTIAZEM ER	TEV
02231152	TIAZAC	BPC
ST 300mg Extended Release Capsule		
02291061	APO-DILTIAZ TZ	APX
02271648	TEVA-DILTIAZEM ER	TEV
02231154	TIAZAC	BPC
ST 360mg Extended Release Capsule		
02291088	APO-DILTIAZ TZ	APX
02271656	TEVA-DILTIAZEM ER	TEV
02231155	TIAZAC	BPC
ST 120mg Extended Release Tablet		
02256738	TIAZAC XC	BPC
ST 180mg Extended Release Tablet		
02256746	TIAZAC XC	BPC
ST 240mg Extended Release Tablet		
02256754	TIAZAC XC	BPC

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS**DILTIAZEM HCL**

ST 300mg Extended Release Tablet		
02256762	TIAZAC XC	BPC
ST 360mg Extended Release Tablet		
02256770	TIAZAC XC	BPC
ST 60mg Sustained Release Capsule		
02222957	APO-DILTIAZ SR	APX
ST 90mg Sustained Release Capsule		
02222965	APO-DILTIAZ SR	APX
ST 120mg Sustained Release Capsule		
02222973	APO-DILTIAZ SR	APX
02245918	SANDOZ-DILTIAZEM T	SDZ
ST 180mg Sustained Release Capsule		
02245919	SANDOZ-DILTIAZEM T	SDZ
ST 240mg Sustained Release Capsule		
02245920	SANDOZ-DILTIAZEM T	SDZ
ST 300mg Sustained Release Capsule		
02245921	SANDOZ-DILTIAZEM T	SDZ
ST 360mg Sustained Release Capsule		
02245922	SANDOZ-DILTIAZEM T	SDZ
ST 30mg Tablet		
00771376	APO-DILTIAZ	APX
00828785	DILTIAZEM	PDL
00886068	NU-DILTIAZ	NXP
00862924	TEVA-DILTIAZEM	TEV
ST 60mg Tablet		
00771384	APO-DILTIAZ	APX
00828777	DILTIAZEM	PDL
00886076	NU-DILTIAZ	NXP
00862932	TEVA-DILTIAZEM	TEV

VERAPAMIL HCL

ST 180mg Extended Release Tablet		
02231676	COVERA-HS	PFI
ST 240mg Extended Release Tablet		
02231677	COVERA-HS	PFI
ST 120mg Sustained Release Tablet		
02246893	APO-VERAP SR	APX
01907123	ISOPTIN SR	ABB
02210347	MYLAN-VERAPAMIL SR	MYL
02324156	PRO-VERAPAMIL SR	PDL
ST 180mg Sustained Release Tablet		
02246894	APO-VERAP SR	APX
01934317	ISOPTIN SR	ABB
02210355	MYLAN-VERAPAMIL SR	MYL

24:28.92 MISCELLANEOUS CALCIUM-CHANNEL BLOCKING AGENTS**VERAPAMIL HCL****ST 240mg Sustained Release Tablet**

02246895	APO-VERAP SR	APX
02240321	DOM-VERAPAMIL SR	DPC
00742554	ISOPTIN SR	ABB
02210363	MYLAN-VERAPAMIL SR	MYL
02211920	NOVO-VERAMIL SR	TEV
02249812	NU-VERAP SR	NXP
02238276	PHL-VERAPAMIL SR	PHH
02237791	PMS-VERAPAMIL SR	PMS
02312697	PRO-VERAPAMIL SR	PDL
02248082	RIVA-VERAPAMIL SR	RIV

ST 80mg Tablet

00782483	APO-VERAP	APX
02237921	MYLAN-VERAPAMIL	MYL
00812331	NOVO-VERAMIL	TEV
00886033	NU-VERAP	NXP
00871028	VERAPAMIL	PDL

ST 120mg Tablet

00782491	APO-VERAP	APX
02237922	MYLAN-VERAPAMIL	MYL
00812358	NOVO-VERAMIL	TEV
00886041	NU-VERAP	NXP

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS**BENAZEPRIL HCL****ST 5mg Tablet**

02290332	BENAZEPRIL	AAP
00885835	LOTENSIN	NVR

ST 10mg Tablet

02290340	BENAZEPRIL	AAP
00885843	LOTENSIN	NVR

ST 20mg Tablet

02273918	BENAZEPRIL	AAP
00885851	LOTENSIN	NVR

CAPTOPRIL**ST 6.25mg Tablet**

01999559	APO-CAPTO	APX
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ST 12.5mg Tablet

00893595	APO-CAPTO	APX
02242788	CAPTOPRIL	SOR
02238551	DOM-CAPTOPRIL	DPC
02163551	MYLAN-CAPTOPRIL	MYL
01913824	NU-CAPTO	NXP
01942964	TEVA-CAPTORIL	TEV

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS**CAPTOPRIL****ST 25mg Tablet**

00893609	APO-CAPTO	APX
01910337	CAPTOPRIL	PDL
02242789	CAPTOPRIL	SOR
02238552	DOM-CAPTOPRIL	DPC
02163578	MYLAN-CAPTOPRIL	MYL
01913832	NU-CAPTO	NXP
01942972	TEVA-CAPTORIL	TEV

ST 50mg Tablet

00893617	APO-CAPTO	APX
02242790	CAPTOPRIL	SOR
02238553	DOM-CAPTOPRIL	DPC
02163586	MYLAN-CAPTOPRIL	MYL
01913840	NU-CAPTO	NXP
01942980	TEVA-CAPTORIL	TEV

ST 100mg Tablet

00893625	APO-CAPTO	APX
02242791	CAPTOPRIL	SOR
02238554	DOM-CAPTOPRIL	DPC
02163594	MYLAN-CAPTOPRIL	MYL
01913859	NU-CAPTO	NXP
02230206	PMS-CAPTOPRIL	PMS
01942999	TEVA-CAPTORIL	TEV

CILAZAPRIL**ST 1mg Tablet**

02291134	APO-CILAZAPRIL	APX
02350963	CILAZAPRIL	SAN
02283778	MYLAN-CILAZAPRIL	MYL
02280442	PMS-CILAZAPRIL	PMS
02266350	TEVA-CILAZAPRIL	TEV

ST 2.5mg Tablet

02291142	APO-CILAZAPRIL	APX
02350971	CILAZAPRIL	SAN
02285215	CO CILAZAPRIL	COB
01911473	INHIBACE	HLR
02283786	MYLAN-CILAZAPRIL	MYL
02280450	PMS-CILAZAPRIL	PMS
02266369	TEVA-CILAZAPRIL	TEV

ST 5mg Tablet

02291150	APO-CILAZAPRIL	APX
02350998	CILAZAPRIL	SAN
02285223	CO CILAZAPRIL	COB
01911481	INHIBACE	HLR
02283794	MYLAN-CILAZAPRIL	MYL
02280469	PMS-CILAZAPRIL	PMS
02266377	TEVA-CILAZAPRIL	TEV

CILAZAPRIL, HYDROCHLOROTHIAZIDE**ST 5mg & 12.5mg Tablet**

02284987	APO-CILAZAPRIL HCTZ	APX
02181479	INHIBACE PLUS	HLR
02313731	TEVA-CILAZAPRIL/HCTZ	TEV

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

ENALAPRIL MALEATE

ST 2.5mg Tablet

02020025	APO ENALAPRIL	APX
02291878	CO ENALAPRIL	COB
02300036	MYLAN-ENALAPRIL	MYL
02300680	NOVO-ENALAPRIL	TEV
02300079	PMS-ENALAPRIL	PMS
02311402	PRO-ENALAPRIL	PDL
02352230	RAN-ENALAPRIL	RBV
02299984	RATIO-ENALAPRIL	RPH
02300796	RIVA-ENALAPRIL	RIV
02299933	SANDOZ ENALAPRIL	SDZ
02323478	SIG-ENALAPRIL	SIG
02300117	TARO-ENALAPRIL	TAR
00851795	VASOTEC	FRS

ST 5mg Tablet

02019884	APO ENALAPRIL	APX
02291886	CO ENALAPRIL	COB
02300044	MYLAN-ENALAPRIL	MYL
02233005	NOVO-ENALAPRIL	TEV
02300087	PMS-ENALAPRIL	PMS
02311410	PRO-ENALAPRIL	PDL
02352249	RAN-ENALAPRIL	RBV
02299992	RATIO-ENALAPRIL	RPH
02300818	RIVA-ENALAPRIL	RIV
02299941	SANDOZ ENALAPRIL	SDZ
02323486	SIG-ENALAPRIL	SIG
02300125	TARO-ENALAPRIL	TAR
00708879	VASOTEC	FRS

ST 10mg Tablet

02019892	APO ENALAPRIL	APX
02291894	CO ENALAPRIL	COB
02300052	MYLAN-ENALAPRIL	MYL
02233006	NOVO-ENALAPRIL	TEV
02300095	PMS-ENALAPRIL	PMS
02311429	PRO-ENALAPRIL	PDL
02352257	RAN-ENALAPRIL	RBV
02300001	RATIO-ENALAPRIL	RPH
02300826	RIVA-ENALAPRIL	RIV
02299968	SANDOZ ENALAPRIL	SDZ
02323494	SIG-ENALAPRIL	SIG
02300133	TARO-ENALAPRIL	TAR
00670901	VASOTEC	FRS

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

ENALAPRIL MALEATE

ST 20mg Tablet

02019906	APO ENALAPRIL	APX
02291908	CO ENALAPRIL	COB
02300060	MYLAN-ENALAPRIL	MYL
02233007	NOVO-ENALAPRIL	TEV
02300109	PMS-ENALAPRIL	PMS
02311437	PRO-ENALAPRIL	PDL
02352265	RAN-ENALAPRIL	RBV
02300028	RATIO-ENALAPRIL	RPH
02300834	RIVA-ENALAPRIL	RIV
02299976	SANDOZ ENALAPRIL	SDZ
02323508	SIG-ENALAPRIL	SIG
02300141	TARO-ENALAPRIL	TAR
00670928	VASOTEC	FRS

ENALAPRIL MALEATE, HYDROCHLOROTHIAZIDE

ST 5mg & 12.5mg Tablet

02352923	APO-ENALAPRIL MALEATE/HCTZ	APX
02300222	NOVO-ENALAPRIL/HCTZ	TEV

ST 10mg & 25mg Tablet

02352931	APO-ENALAPRIL MALEATE/HCTZ	APX
02300230	NOVO-ENALAPRIL/HCTZ	TEV
00657298	VASERETIC	FRS

FOSINOPRIL SODIUM

ST 10mg Tablet

02266008	APO-FOSINOPRIL	APX
02303000	FOSINOPRIL	PDL
02332566	FOSINOPRIL	RBV
02331004	JAMP-FOSINOPRIL	JMP
01907107	MONOPRIL	BMS
02262401	MYLAN-FOSINOPRIL	MYL
02247802	NOVO-FOSINOPRIL	TEV
02255944	PMS-FOSINOPRIL	PMS
02294524	RAN-FOSINOPRIL	RBV
02265923	RIVA-FOSINOPRIL	RIV

ST 20mg Tablet

02266016	APO-FOSINOPRIL	APX
02303019	FOSINOPRIL	PDL
02332574	FOSINOPRIL	RBV
02331012	JAMP-FOSINOPRIL	JMP
01907115	MONOPRIL	BMS
02262428	MYLAN-FOSINOPRIL	MYL
02247803	NOVO-FOSINOPRIL	TEV
02255952	PMS-FOSINOPRIL	PMS
02294532	RAN-FOSINOPRIL	RBV
02265931	RIVA-FOSINOPRIL	RIV

**24:32.04 ANGIOTENSIN-CONVERTING
ENZYME INHIBITORS****LISINOPRIL****ST 5mg Tablet**

09853685	APO-LISINOPRIL	APX
02217481	APO-LISINOPRIL (TYPE Z)	APX
02271443	CO LISINOPRIL	COB
02274833	MYLAN-LISINOPRIL	MYL
02285061	NOVO-LISINOPRIL (TYPE P)	TEV
02285118	NOVO-LISINOPRIL (TYPE Z)	TEV
02292203	PMS-LISINOPRIL	PMS
00839388	PRINIVIL	FRS
02310961	PRO-LISINOPRIL	PDL
02294230	RAN-LISINOPRIL	RBV
02256797	RATIO-LISINOPRIL P	RPH
02299879	RATIO-LISINOPRIL Z	RPH
02300958	RIVA-LISINOPRIL	RIV
02289199	SANDOZ LISINOPRIL	SDZ
02049333	ZESTRIL	AZC

ST 10mg Tablet

09853960	APO-LISINOPRIL	APX
02217503	APO-LISINOPRIL (TYPE Z)	APX
02271451	CO LISINOPRIL	COB
02274841	MYLAN-LISINOPRIL	MYL
02285088	NOVO-LISINOPRIL (TYPE P)	TEV
02285126	NOVO-LISINOPRIL (TYPE Z)	TEV
02292211	PMS-LISINOPRIL	PMS
00839396	PRINIVIL	FRS
02310988	PRO-LISINOPRIL	PDL
02294249	RAN-LISINOPRIL	RBV
02256800	RATIO-LISINOPRIL P	RPH
02299887	RATIO-LISINOPRIL Z	RPH
02300982	RIVA-LISINOPRIL	RIV
02289202	SANDOZ-LISINOPRIL	SDZ
02049376	ZESTRIL	AZC

ST 20mg Tablet

09854010	APO-LISINOPRIL	APX
02217511	APO-LISINOPRIL (TYPE Z)	APX
02271478	CO LISINOPRIL	COB
02274868	MYLAN-LISINOPRIL	MYL
02285096	NOVO-LISINOPRIL (TYPE P)	TEV
02285134	NOVO-LISINOPRIL (TYPE Z)	TEV
02292238	PMS-LISINOPRIL	PMS
00839418	PRINIVIL	FRS
02310996	PRO-LISINOPRIL	PDL
02294257	RAN-LISINOPRIL	RBV
02256819	RATIO-LISINOPRIL P	RPH
02299895	RATIO-LISINOPRIL Z	RPH
02300990	RIVA-LISINOPRIL	RIV
02289229	SANDOZ LISINOPRIL	SDZ
02049384	ZESTRIL	AZC

**24:32.04 ANGIOTENSIN-CONVERTING
ENZYME INHIBITORS****LISINOPRIL, HYDROCHLOROTHIAZIDE****ST 10mg & 12.5mg Tablet**

02261979	APO-LISINOPRIL/HCTZ	APX
02362945	LISINOPRIL/HCTZ (Z) 10/12.5MG	SAN
02297736	MYLAN-LISINOPRIL HCTZ	MYL
02108194	PRINZIDE	FRS
02302365	SANDOZ LISINOPRIL HCT	SDZ
02302136	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV
02301768	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV
02103729	ZESTORETIC	AZC

ST 20mg & 12.5mg Tablet

02261987	APO-LISINOPRIL/HCTZ	APX
02362953	LISINOPRIL/HCTZ (Z) 20/12.5MG	SAN
02297744	MYLAN-LISINOPRIL HCTZ	MYL
00884413	PRINZIDE	FRS
02302373	SANDOZ LISINOPRIL HCT	SDZ
02302144	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV
02301776	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV
02045737	ZESTORETIC	AZC

ST 20mg & 25mg Tablet

02261995	APO-LISINOPRIL/HCTZ	APX
02362961	LISINOPRIL/HCTZ (Z) 20/25MG	SAN
02297752	MYLAN-LISINOPRIL HCTZ	MYL
02302381	SANDOZ LISINOPRIL HCT	SDZ
02302152	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV
02301784	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV
02045729	ZESTORETIC	AZC

PERINDOPRIL ERBUMINE**ST 2mg Tablet**

02123274	COVERSYL	SEV
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ST 4mg Tablet

02123282	COVERSYL	SEV
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ST 8mg Tablet

02246624	COVERSYL	SEV
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PERINDOPRIL ERBUMINE, INDAPAMIDE**ST 4mg & 1.25mg Tablet**

02246569	COVERSYL PLUS	SEV
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PERINDOPRIL ERBUMINE,INDAPAMIDE**ST 8mg & 2.5mg Tablet**

02321653	COVERSYL PLUS HD	SEV
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QUINAPRIL HCL**ST 5mg Tablet**

01947664	ACCUPRIL	PFI
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ST 10mg Tablet

01947672	ACCUPRIL	PFI
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**24:32.04 ANGIOTENSIN-CONVERTING
ENZYME INHIBITORS****QUINAPRIL HCL**ST **20mg Tablet**

01947680 ACCUPRIL PFI

ST **40mg Tablet**

01947699 ACCUPRIL PFI

QUINAPRIL HCL, HYDROCHLOROTHIAZIDEST **10mg & 12.5mg Tablet**

02237367 ACCURETIC PFI

ST **20mg & 12.5mg Tablet**

02237368 ACCURETIC PFI

ST **20mg & 25mg Tablet**

02237369 ACCURETIC PFI

RAMIPRILST **1.25mg Capsule**

02221829 ALTACE SAC

02251515 APO-RAMIPRIL APX

02295482 CO RAMIPRIL COB

02308371 DOM-RAMIPRIL DPC

02331101 JAMP-RAMIPRIL JMP

02301148 MYLAN-RAMIPRIL MYL

02295369 PMS-RAMIPRIL PMS

02299372 RAMIPRIL RIV

02310503 RAN RAMIPRIL RBY

02287692 RATIO-RAMIPRIL RPH

ST **2.5mg Capsule**

02221837 ALTACE SAC

02251531 APO-RAMIPRIL APX

02295490 CO RAMIPRIL COB

02287951 DOM-RAMIPRIL DPC

02331128 JAMP-RAMIPRIL JMP

02301156 MYLAN-RAMIPRIL MYL

02247945 NOVO-RAMIPRIL TEV

02247917 PMS-RAMIPRIL PMS

02255316 RAMIPRIL RIV

02374846 RAMIPRIL SAN

02310511 RAN RAMIPRIL RBY

02287706 RATIO-RAMIPRIL RPH

ST **5mg Capsule**

02221845 ALTACE SAC

02251574 APO-RAMIPRIL APX

02295504 CO RAMIPRIL COB

02287978 DOM-RAMIPRIL DPC

02331136 JAMP-RAMIPRIL JMP

02301164 MYLAN-RAMIPRIL MYL

02247946 NOVO-RAMIPRIL TEV

02247918 PMS-RAMIPRIL PMS

02255324 RAMIPRIL PMS

02374854 RAMIPRIL SAN

02310538 RAN RAMIPRIL RBY

**24:32.04 ANGIOTENSIN-CONVERTING
ENZYME INHIBITORS****RAMIPRIL**ST **10mg Capsule**

02221853 ALTACE SAC

02251582 APO-RAMIPRIL APX

02295512 CO RAMIPRIL COB

02287986 DOM-RAMIPRIL DPC

02331144 JAMP-RAMIPRIL JMP

02301172 MYLAN-RAMIPRIL MYL

02247947 NOVO-RAMIPRIL TEV

02247919 PMS-RAMIPRIL PMS

02255332 RAMIPRIL PMS

02374862 RAMIPRIL SAN

02310546 RAN RAMIPRIL RBY

ST **15mg Capsule**

02325381 APO-RAMIPRIL APX

02343932 PMS-RAMIPRIL PMS

ST **1.25mg Tablet**

02291398 SANDOZ RAMIPRIL SDZ

ST **2.5mg Tablet**

02291401 SANDOZ RAMIPRIL SDZ

ST **5mg Tablet**

02291428 SANDOZ RAMIPRIL SDZ

ST **10mg Tablet**

02291436 SANDOZ RAMIPRIL SDZ

RAMIPRIL, HYDROCHLOROTHIAZIDEST **2.5mg & 12.5mg Tablet**

02283131 ALTACE HCT SAC

02342138 PMS-RAMIPRIL-HCTZ PMS

ST **5mg & 12.5mg Tablet**

02283158 ALTACE HCT SAC

02342146 PMS-RAMIPRIL-HCTZ PMS

ST **5mg & 25mg Tablet**

02283174 ALTACE HCT SAC

02342162 PMS-RAMIPRIL-HCTZ PMS

ST **10mg & 12.5mg Tablet**

02283166 ALTACE HCT SAC

02342154 PMS-RAMIPRIL-HCTZ PMS

ST **10mg & 25mg Tablet**

02283182 ALTACE HCT SAC

02342170 PMS-RAMIPRIL-HCTZ PMS

TRANDOLAPRILST **0.5mg Capsule**

02231457 MAVIK ABB

ST **1mg Capsule**

02231459 MAVIK ABB

ST **2mg Capsule**

02231460 MAVIK ABB

ST **4mg Capsule**

02239267 MAVIK ABB

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS**CANDESARTAN CILEXETIL**ST **4mg Tablet**

02365340	APO-CANDESARTAN	APX
02239090	ATACAND	AZC
02326957	SANDOZ CANDESARTAN	SDZ

ST **8mg Tablet**

02365359	APO-CANDESARTAN	APX
02239091	ATACAND	AZC
02326965	SANDOZ CANDESARTAN	SDZ

ST **16mg Tablet**

02365367	APO-CANDESARTAN	APX
02239092	ATACAND	AZC
02326973	SANDOZ CANDESARTAN	SDZ

ST **32mg Tablet**

02311658	ATACAND	AZC
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CANDESARTAN CILEXETIL, HYDROCHLOROTHIAZIDEST **16mg & 12.5mg Tablet**

02244021	ATACAND PLUS	AZC
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ST **32mg & 12.5mg Tablet**

02332922	ATACAND PLUS	AZC
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ST **32mg & 25mg Tablet**

02332957	ATACAND PLUS	AZC
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EPOSARTAN MESYLATEST **400mg Tablet**

02240432	TEVETEN	SPH
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ST **600mg Tablet**

02243942	TEVETEN	SPH
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EPOSARTAN MESYLATE, HYDROCHLOROTHIAZIDEST **600mg & 12.5mg Tablet**

02253631	TEVETEN PLUS	SPH
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IRBESARTANST **75mg Tablet**

02237923	AVAPRO	SAC
02328070	CO IRBESARTAN	COB
02365197	IRBESARTAN	PDL
02372347	IRBESARTAN	SAN
02347296	MYLAN-IRBESARTAN	MYL
02317060	PMS-IRBESARTAN	PMS
02316390	RATIO-IRBESARTAN	RPH
02328461	SANDOZ IRBESARTAN	SDZ
02315971	TEVA-IRBESARTAN	TEV

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS**IRBESARTAN**ST **150mg Tablet**

02237924	AVAPRO	SAC
02328089	CO IRBESARTAN	COB
02365200	IRBESARTAN	PDL
02372371	IRBESARTAN	SAN
02347318	MYLAN-IRBESARTAN	MYL
02317079	PMS-IRBESARTAN	PMS
02316404	RATIO-IRBESARTAN	RPH
02328488	SANDOZ IRBESARTAN	SDZ
02315998	TEVA-IRBESARTAN	TEV

ST **300mg Tablet**

02237925	AVAPRO	SAC
02328100	CO IRBESARTAN	COB
02365219	IRBESARTAN	PDL
02372398	IRBESARTAN	SAN
02347326	MYLAN-IRBESARTAN	MYL
02317087	PMS-IRBESARTAN	PMS
02316412	RATIO-IRBESARTAN	RPH
02328496	SANDOZ IRBESARTAN	SDZ
02316005	TEVA-IRBESARTAN	TEV

IRBESARTAN, HYDROCHLOROTHIAZIDEST **150mg & 12.5mg Tablet**

02241818	AVALIDE	SAC
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ST **300mg & 12.5mg Tablet**

02241819	AVALIDE	SAC
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ST **300mg & 25mg Tablet**

02280213	AVALIDE	SAC
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IRBESARTAN/HYDROCHLOROTHIAZIDEST **150mg & 12.5mg Tablet**

02357399	CO IRBESARTAN/HCT	COB
02365162	IRBESARTAN/HCTZ	PDL
02372886	IRBESARTAN/HCTZ	SAN
02328518	PMS-IRBESARTAN/HCT	PMS
02363208	RAN-IRBESARTAN HCTZ	RBV
02330512	RATIO-IRBESART/HCT	RPH
02337428	SANDOZ IRBESART/HCT	SDZ
02316013	TEVA-IRBESARTAN/HCT	TEV

ST **300mg & 12.5mg Tablet**

02357402	CO IRBESARTAN/HCT	COB
02365170	IRBESARTAN/HCTZ	PDL
02372894	IRBESARTAN/HCTZ	SAN
02328526	PMS-IRBESARTAN/HCT	PMS
02363216	RAN-IRBESARTAN HCTZ	RBV
02330520	RATIO-IRBESART/HCT	RPH
02337436	SANDOZ IRBESART/HCT	SDZ
02316021	TEVA-IRBESARTAN/HCT	TEV

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS**IRBESARTAN/HYDROCHLOROTHIAZIDE**ST **300mg & 25mg Tablet**

02357410	CO IRBESARTAN/HCT	COB
02365189	IRBESARTAN/HCTZ	PDL
02372908	IRBESARTAN/HCTZ	SAN
02328534	PMS-IRBESARTAN/HCT	PMS
02363224	RAN-IRBESARTAN HCTZ	RBV
02330539	RATIO-IRBESART/HCT	RPH
02337444	SANDOZ IRBESART/HCT	SDZ
02316048	TEVA-IRBESARTAN/HCT	TEV

LOSARTAN POTASSIUMST **25mg Tablet**

02182815	COZAAR	FRS
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ST **50mg Tablet**

02182874	COZAAR	FRS
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ST **100mg Tablet**

02182882	COZAAR	FRS
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LOSARTAN POTASSIUM, HYDROCHLOROTHIAZIDEST **50mg & 12.5mg Tablet**

02230047	HYZAAR	FRS
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ST **100mg & 12.5mg Tablet**

02297841	HYZAAR	FRS
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ST **100mg & 25mg Tablet**

02241007	HYZAAR DS	FRS
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OLMESARTAN MEDOXOMILST **20mg Tablet**

02318660	OLMETEC	SCH
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ST **40mg Tablet**

02318679	OLMETEC	SCH
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OLMESARTAN MEDOXOMIL, HYDROCHLOROTHIAZIDEST **20mg/12.5mg Tablet**

02319616	OLMETEC PLUS	SCH
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ST **40mg/12.5mg Tablet**

02319624	OLMETEC PLUS	SCH
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ST **40mg/25mg Tablet**

02319632	OLMETEC PLUS	SCH
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TELMISARTANST **40mg Tablet**

02240769	MICARDIS	BOE
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ST **80mg Tablet**

02240770	MICARDIS	BOE
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TELMISARTAN, HYDROCHLOROTHIAZIDEST **80mg & 12.5mg Tablet**

02244344	MICARDIS PLUS	BOE
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ST **80mg & 25mg Tablet**

02318709	MICARDIS PLUS	BOE
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24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS**VALSARTAN**ST **80mg Capsule**

02236808	DIOVAN	NVR
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ST **40mg Tablet**

02371510	APO-VALSARTAN	APX
02337487	CO VALSARTAN	COB
02270528	DIOVAN	NVR
02363062	RAN-VALSARTAN	RBV
02356740	SANDOZ VALSARTAN	SDZ
02356643	TEVA-VALSARTAN	TEV
02367726	VALSARTAN	PDL

ST **80mg Tablet**

02371529	APO-VALSARTAN	APX
02337495	CO VALSARTAN	COB
02244781	DIOVAN	NVR
02363100	RAN-VALSARTAN	RBV
02356759	SANDOZ VALSARTAN	SDZ
02356651	TEVA-VALSARTAN	TEV
02367734	VALSARTAN	PDL

ST **160mg Tablet**

02371537	APO-VALSARTAN	APX
02337509	CO VALSARTAN	COB
02244782	DIOVAN	NVR
02363119	RAN-VALSARTAN	RBV
02356767	SANDOZ VALSARTAN	SDZ
02356678	TEVA-VALSARTAN	TEV
02367742	VALSARTAN	PDL

ST **320mg Tablet**

02371545	APO-VALSARTAN	APX
02337517	CO VALSARTAN	COB
02289504	DIOVAN	NVR
02356775	SANDOZ VALSARTAN	SDZ
02356686	TEVA-VALSARTAN	TEV
02367750	VALSARTAN	PDL

VALSARTAN, HYDROCHLOROTHIAZIDEST **80mg & 12.5mg Tablet**

02241900	DIOVAN-HCT	NVR
02373734	MYLAN-VALSARTAN HCTZ	MYL
02356694	SANDOZ VALSARTAN HCT	SDZ
02356996	TEVA-VALSARTAN/HCTZ	TEV
02367769	VALSARTAN-HCTZ	PDL

ST **160mg & 12.5mg Tablet**

02241901	DIOVAN-HCT	NVR
02373742	MYLAN-VALSARTAN HCTZ	MYL
02356708	SANDOZ VALSARTAN HCT	SDZ
02357003	TEVA-VALSARTAN/HCTZ	TEV
02367777	VALSARTAN-HCTZ	PDL

ST **160mg & 25mg Tablet**

02246955	DIOVAN-HCT	NVR
02373750	MYLAN-VALSARTAN HCTZ	MYL
02356716	SANDOZ VALSARTAN HCT	SDZ
02357011	TEVA-VALSARTAN/HCTZ	TEV
02367785	VALSARTAN-HCTZ	PDL

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

VALSARTAN, HYDROCHLOROTHIAZIDE

ST 320mg & 12.5mg Tablet

02308908	DIOVAN-HCT	NVR
02373769	MYLAN-VALSARTAN HCTZ	MYL
02356724	SANDOZ VALSARTAN HCT	SDZ
02357038	TEVA-VALSARTAN/HCTZ	TEV

ST 320mg & 25mg Tablet

02308916	DIOVAN-HCT	NVR
02373777	MYLAN-VALSARTAN HCTZ	MYL
02356732	SANDOZ VALSARTAN HCT	SDZ
02357046	TEVA-VALSARTAN/HCTZ	TEV

24:32.20 MINERALOCORTICOIDE (ALDOSTERONE) RECEPTOR ANTAGONISTS

SPIRONOLACTONE

ST 25mg Tablet

00028606	ALDACTONE	PFI
00613215	NOVO-SPIROTON	TEV

ST 100mg Tablet

00285455	ALDACTONE	PFI
00613223	NOVO-SPIROTON	TEV

SPIRONOLACTONE, HYDROCHLOROTHIAZIDE

ST 25mg & 25mg Tablet

00180408	ALDACTAZIDE-25	PFI
00613231	NOVO-SPIROZINE-25	TEV

ST 50mg & 50mg Tablet

00594377	ALDACTAZIDE-50	PFI
00657182	NOVO-SPIROZINE-50	TEV

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

80mg Chewable Tablet

02321750	ASA	SOR
02009013	ASAPHEN	PMS
02280167	ASATAB	ODN
02250675	EURO-ASA	EUR
02269139	JAMP-ASA	JMP
02202352	RIVASA	RIV

ST 80mg Delayed Release Tablet

02283905	ACETYLSALICYLIC ACID	JMP
02321769	ASA EC	SOR
02238545	ASAPHEN EC	PMS
02311496	PRO-ASA 80MG EC TAB	PRO
02311518	PRO-ASA 80MG TAB	PRO

ST 81mg Delayed Release Tablet

02242281	ENTROPHEN EC	PED
02283700	PRAXIS ASA EC	PMS

ST 162mg Delayed Release Tablet

02247550	ASAPHEN EC	PMS
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ST 325mg Delayed Release Tablet

02010526	ASA	VTH
02352427	ASATAB EC	ODN
02150417	ASPIRIN	BCD
02050161	ENTROPHEN	WAM
00010332	ENTROPHEN-5	WAM
02284529	PMS-ASA EC	PMS
02285371	PMS-ASA EC	PMS

ST 650mg Delayed Release Tablet

00794244	ASA	WSB
02352435	ASATAB EC	ODN
02284537	PMS-ASA EC	PMS

ST 81mg Enteric Coated Tablet

02243101	ASA	PMS
02244993	ASA	PMS
02237726	ASPIRIN	BCD
02243801	EQUATE DAILY LOW-DOSE	PMS

ST 325mg Enteric Coated Tablet

00510696	APO-ASEN ECT	APX
00216666	NOVASEN	TEV

ST 650mg Enteric Coated Tablet

00472476	ASA	APX
02046261	ASA	FRS
00010340	ENTROPHEN 10	FRS
01905392	ENTROPHEN-10	FRS
00229296	NOVASEN	TEV

150mg Suppository

00785547	PMS-ASA	PMS
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650mg Suppository

00582867	ASA	JNO
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28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

ST 80mg Tablet

02150352	ASPIRIN	BCD
02202360	RIVASA	RIV

ST 325mg Tablet

00472468	APO-ASA	APX
00036145	ASA	PED
00230324	ASA	TEV
00530336	ASA	VTH
02150328	ASPIRIN	BCD

CELECOXIB

Limited use benefit (prior approval required).

For patients with osteoarthritis who have failed therapy with acetaminophen and who:

- have failed to achieve adequate response with 2 other listed NSAIDs, or
- have experienced an adverse event attributable to 2 other listed NSAIDs, or
- have a history of a serious gastrointestinal complication such as bleeding or perforation.

For patients with rheumatoid arthritis who:

- have failed to achieve adequate response with 2 other listed NSAIDs, or
- have experienced an adverse event attributable to 2 other listed NSAIDs, or
- have a history of a serious gastrointestinal complication such as bleeding or perforation.

100mg Capsule

02239941	CELEBREX	PFI
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200mg Capsule

02239942	CELEBREX	PFI
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DICLOFENAC SODIUM

25mg Delayed Release Tablet

02302616	PMS-DICLOFENAC	PMS
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50mg Delayed Release Tablet

02302624	PMS-DICLOFENAC	PMS
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25mg Enteric Coated Tablet

00839175	APO-DICLO	APX
02231662	DOM-DICLOFENAC	DPC
00886017	NU-DICLO	NXP
02231502	PMS-DICLOFENAC	PMS
02261952	SANDOZ-DICLOFENAC	SDZ
00808539	TEVA-DICLOFENAC	TEV

50mg Enteric Coated Tablet

00839183	APO-DICLO	APX
02352397	DICLOFENAC EC	SAN
00870978	DICLOFENAC-50	PDL
02231663	DOM-DICLOFENAC	DPC
00886025	NU-DICLO	NXP
02231503	PMS-DICLOFENAC	PMS
02261960	SANDOZ-DICLOFENAC	SDZ
00808547	TEVA-DICLOFENAC	TEV
00514012	VOLTAREN	NVR

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**DICLOFENAC SODIUM****50mg Suppository**

02231506	PMS-DICLOFENAC	PMS
02261928	SANDOZ-DICLOFENAC	SDZ
00632724	VOLTAREN	NVR

100mg Suppository

02231508	PMS-DICLOFENAC	PMS
02261936	SANDOZ-DICLOFENAC	SDZ
00632732	VOLTAREN	NVR

75mg Sustained Release Tablet

02352400	DICLOFENAC SR	SAN
02224119	DICLOFENAC-SR	PDL
02231664	DOM-DICLOFENAC SR	DPC
02228203	NU-DICLO SR	NXP
02231504	PMS-DICLOFENAC SR	PMS
02261901	SANDOZ-DICLOFENAC SR	SDZ
02158582	TEVA-DICLOFENAC SR	TEV
00782459	VOLTAREN SR	NVR

100mg Sustained Release Tablet

02091194	APO-DICLO SR	APX
02224127	DICLOFENAC-SR	PDL
02228211	NU-DICLO SR	NXP
02231505	PMS-DICLOFENAC SR	PMS
02261944	SANDOZ-DICLOFENAC SR	SDZ
02048698	TEVA-DICLOFENAC SR	TEV
00590827	VOLTAREN SR	NVR

DICLOFENAC SODIUM, MISOPROSTOL**50mg & 200mcg Tablet**

01917056	ARTHROTEC	PFI
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75mg & 200mcg Tablet

02229837	ARTHROTEC	PFI
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DIFLUNISAL**250mg Tablet**

02039486	APO-DIFLUNISAL	APX
02048493	TEVA-DIFLUNISAL	TEV

500mg Tablet

02039494	APO-DIFLUNISAL	APX
02058413	NU-DIFLUNISAL	NXP

FLURBIPROFEN**50mg Tablet**

01912046	APO-FLURBIPROFEN	APX
02100509	NOVO-FLURPROFEN	TEV
02020661	NU-FLURBIPROFEN	NXP

100mg Tablet

01912038	APO-FLURBIPROFEN	APX
02100517	NOVO-FLURPROFEN	TEV
02020688	NU-FLURBIPROFEN	NXP

IBUPROFEN**200mg Capsule**

02241769	ADVIL LIQUI-GEL	WRI
02281384	IBUPROFEN	APX

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**IBUPROFEN****400mg Capsule**

02248231	ADVIL LIQUI-GEL	WAY
02310880	IBUPROFEN	APX

100mg Chewable Tablet

02246403	ADVIL JUNIOR STRENGTH	WRI
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40mg/mL Drop

02242522	ADVIL PEDIATRIC	WRI
02238626	CHILDREN'S MOTRIN	MCL

20mg/mL Oral Liquid

02232297	CHILDREN'S ADVIL	WRI
02242365	CHILDREN'S MOTRIN	JNO

100mg Tablet

02240527	MOTRIN JUNIOR STRENGTH	MCL
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200mg Tablet

01933558	ADVIL	WRI
00441643	APO-IBUPROFEN	APX
02257912	IBUPROFEN	PMT
02272849	IBUPROFEN	VTH
02186934	MOTRIN	MCL

300mg Tablet

00441651	APO-IBUPROFEN	APX
02020696	NU-IBUPROFEN	NXP

400mg Tablet

00506052	APO-IBUPROFEN	APX
00636533	IBUPROFEN	PDL
02317338	JAMP IBUPROFEN	JMP
02020718	NU-IBUPROFEN	NXP
00836133	PMS-IBUPROFEN	PMS

600mg Tablet

00585114	APO-IBUPROFEN	APX
00658804	IBUPROFEN	PDL
00629359	NOVO-PROFEN	TEV
02020726	NU-IBUPROFEN	NXP

INDOMETHACIN**25mg Capsule**

00611158	APO-INDOMETHACIN	APX
00337420	NOVO-METHACIN	TEV
00865850	NU-INDO	NXP
00646261	PRO-INDO	PDL

50mg Capsule

00611166	APO-INDOMETHACIN	APX
00337439	NOVO-METHACIN	TEV
00865869	NU-INDO	NXP
00646288	PRO-INDO	PDL

50mg Suppository

02231799	SANDOZ INDOMETHACIN	SDZ
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100mg Suppository

01934139	RATIO-INDOMETHACIN	RPH
02231800	SANDOZ INDOMETHACIN	SDZ

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**KETOPROFEN****50mg Capsule**

00790427	KETOPROFEN	AAP
02044633	NU-KETOPROFEN	NXP
02150808	PMS-KETOPROFEN	PMS

50mg Enteric Coated Tablet

00790435	KETOPROFEN-E	AAP
02150816	PMS-KETOPROFEN	PMS

100mg Enteric Coated Tablet

00842664	KETOPROFEN-E	AAP
02150824	PMS-KETOPROFEN	PMS

100mg Suppository

02015951	PMS-KETOPROFEN	PMS
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200mg Sustained Release Tablet

02172577	KETOPROFEN SR	AAP
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MEFENAMIC ACID**250mg Capsule**

02237826	DOM-MEFENAMIC ACID	DPC
02229452	MEFENAMIC	AAP
02229569	NU-MEFENAMIC	NXP

MELOXICAM**7.5mg Tablet**

02248973	APO-MELOXICAM	APX
02250012	CO MELOXICAM	COB
02248605	DOM-MELOXICAM	DPC
02324326	MELOXICAM	PDL
02353148	MELOXICAM	SAN
02242785	MOBICOX	BOE
02255987	MYLAN-MELOXICAM	MYL
02258315	NOVO-MELOXICAM	TEV
02248607	PHL-MELOXICAM	PHH
02248267	PMS-MELOXICAM	PMS
02247889	RATIO-MELOXICAM	RPH

15mg Tablet

02248974	APO-MELOXICAM	APX
02250020	CO MELOXICAM	COB
02248606	DOM-MELOXICAM	DPC
02353156	MELOXICAM	SAN
02242786	MOBICOX	BOE
02255995	MYLAN-MELOXICAM	MYL
02258323	NOVO-MELOXICAM	TEV
02248608	PHL-MELOXICAM	PHH
02248268	PMS-MELOXICAM	PMS
02248031	RATIO-MELOXICAM	RPH

NAPROXEN**250mg Enteric Coated Tablet**

02246699	APO-NAPROXEN EC	APX
02162792	NAPROSYN E	HLR
02350785	NAPROXEN EC	SAN
02243312	NOVO-NAPROX	TEV

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**NAPROXEN****375mg Enteric Coated Tablet**

02246700	APO-NAPROXEN EC	APX
02162415	NAPROSYN E	HLR
02350793	NAPROXEN EC	SAN
02243313	NOVO-NAPROX	TEV
02294702	PMS-NAPROXEN EC	PMS
02310945	PRO-NAPROXEN EC	PDL

500mg Enteric Coated Tablet

02246701	APO-NAPROXEN EC	APX
02241024	MYLAN-NAPROXEN EC	MYL
02162423	NAPROSYN E	HLR
02243314	NOVO-NAPROX	TEV
02294710	PMS-NAPROXEN EC	PMS
02310953	PRO-NAPROXEN EC	PDL

25mg/mL Suspension

02162431	NAPROSYN	HLR
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750mg Sustained Release Tablet

02162466	NAPROSYN SR	HLR
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125mg Tablet

00522678	APO-NAPROXEN	APX
00865621	NU-NAPROX	NXP

250mg Tablet

00522651	APO-NAPROXEN	APX
00590762	NAPROXEN	PDL
02350750	NAPROXEN	SAN
00565350	NOVO-NAPROX	TEV
00865648	NU-NAPROX	NXP
02240786	RIVA-NAPROXEN	RIV

375mg Tablet

00600806	APO-NAPROXEN	APX
02243432	MYLAN-NAPROXEN	MYL
00655686	NAPROXEN	PDL
02350769	NAPROXEN	SAN
00627097	NOVO-NAPROX	TEV
00865656	NU-NAPROX	NXP
02240787	RIVA-NAPROXEN	RIV

500mg Tablet

00592277	APO-NAPROXEN	APX
00618721	NAPROXEN	PDL
02350777	NAPROXEN	SAN
00589861	NOVO-NAPROX	TEV
00865664	NU-NAPROX	NXP
02240788	RIVA-NAPROXEN	RIV

NAPROXEN SODIUM**275mg Tablet**

02162725	ANAPROX	HLR
00784354	APO-NAPRO NA	APX
00887056	NAPROXEN NA	PDL
02351013	NAPROXEN SODIUM	SAN
00778389	NOVO-NAPROX SODIUM	TEV

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**NAPROXEN SODIUM****550mg Tablet**

02162717	ANAPROX DS	HLR
01940309	APO-NAPRO NA DS	APX
02153386	NAPROXEN-NA DF	PDL
02026600	NOVO-NAPROX SODIUM DS	TEV
02240828	RIVA-NAPROXEN SODIUM	RIV

PIROXICAM**10mg Capsule**

00642886	APO-PIROXICAM	APX
00865761	NU-PIROX	NXP
00836249	PMS-PIROXICAM	PMS

20mg Capsule

00642894	APO-PIROXICAM	APX
02239536	DOM-PIROXICAM	DPC
00865788	NU-PIROX	NXP
00836230	PMS-PIROXICAM	PMS

10mg Suppository

02154420	PMS-PIROXICAM	PMS
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20mg Suppository

02154463	PMS-PIROXICAM	PMS
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10mg Tablet

00695718	NOVO-PIROCAM	TEV
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20mg Tablet

00695696	NOVO-PIROCAM	TEV
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SULINDAC**150mg Tablet**

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

200mg Tablet

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

TIAPROFENIC ACID**200mg Tablet**

02179679	NOVO-TIAPROFENIC	TEV
02230827	PMS-TIAPROFENIC	PMS

300mg Tablet

02136120	APO-TIAPROFENIC	APX
02231060	DOM-TIAPROFENIC	DPC
02179687	NOVO-TIAPROFENIC	TEV
02146886	NU-TIAPROFENIC	NXP

28:08.08 OPIATE AGONISTS**ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE****300mg & 15mg & 15mg Tablet**

00706515	PMS-ACET 2	PMS
00653241	RATIO-LENOLTEC NO.2	RPH
02163934	TYLENOL WITH CODEINE NO.2	JNO

28:08.08 OPIATE AGONISTS**ACETAMINOPHEN, CAFFEINE CITRATE, CODEINE PHOSPHATE****300mg & 15mg & 30mg Tablet**

00653276	RATIO-LENOLTEC NO.3	RPH
02163926	TYLENOL WITH CODEINE NO.3	JNO

300mg & 30mg & 15mg Tablet

02232388	EXDOL-15	PED
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300mg & 30mg & 30mg Tablet

02232389	EXDOL-30	PED
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325mg & 30mg & 15mg Tablet

00293504	ATASOL-15	HOR
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325mg & 30mg & 30mg Tablet

00293512	ATASOL-30	HOR
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ACETAMINOPHEN, CODEINE PHOSPHATE**32mg & 1.6mg/mL Elixir**

00816027	PMS-ACETAMINOPHEN WITH CODEINE	PMS
02163942	TYLENOL WITH CODEINE	JNO

300mg & 30mg Tablet

01999648	ACET CODEINE 30	PMS
02232658	PROCET-30	PDL
00608882	RATIO-EMTEC-30	RPH
00789828	TRIAEC-30	TRI

300mg & 60mg Tablet

00621463	LENOLTEC NO.4	RPH
02163918	TYLENOL WITH CODEINE NO.4	JNO

ACETAMINOPHEN, OXYCODONE HCL**325mg & 2.5mg Tablet**

01916491	PERCOCET DEMI	BMS
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325mg & 5mg Tablet

02324628	APO-OXYCODONE/ACET	APX
01916548	ENDOCET	EDM
02361361	OXYCODONE/ACET	SAN
01916475	PERCOCET	BMS
02327171	PRO-OXYCOD ACET	PDL
00608165	RATIO-OXYCOCET	RPH
02242468	RIVACOCET	RIV
02307898	SANDOZ OXYCODONE ACET	SDZ

ACETYLSALICYLIC ACID, CAFFEINE CITRATE, CODEINE PHOSPHATE**375mg & 30mg & 15mg Tablet**

02234510	282	PED
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375mg & 30mg & 30mg Tablet

02238645	292	PED
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ACETYLSALICYLIC ACID, OXYCODONE HCL**325mg & 5mg Tablet**

00608157	RATIO-OXYCODAN	RPH
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28:08.08 OPIATE AGONISTS**CODEINE MONOHYDRATE, CODEINE SULFATE TRIHYDRATE**

Limited use benefit (prior approval required).

For treatment of:

- a. - chronic pain and palliative care patients as an alternative to products containing codeine in combination with acetaminophen or ASA with or without caffeine, or
b. - chronic pain and palliative care patients as an alternative to regular release codeine tablets when large doses are required.

50mg Long Acting Tablet

02230302 CODEINE CONTIN CR PFR

100mg Long Acting Tablet

02163748 CODEINE CONTIN CR PFR

150mg Long Acting Tablet

02163780 CODEINE CONTIN CR PFR

200mg Long Acting Tablet

02163799 CODEINE CONTIN CR PFR

CODEINE PHOSPHATE**30mg/mL Injection**

00544884 CODEINE SDZ

00497282 CODEINE PHOSPHATE ABB

60mg/mL Injection

00497290 CODEINE PHOSPHATE ABB

2mg/mL Liquid

00380571 LINCTUS CODEINE ATL

5mg/mL Syrup

00050024 CODEINE PHOSPHATE ATL

00779474 RATIO-CODEINE RPH

15mg Tablet

00779458 CODEINE RPH

02009889 CODEINE RIV

00593435 RATIO-CODEINE RPH

30mg Tablet

02009757 CODEINE RIV

00593451 CODEINE PHOSPHATE RPH

02243979 PMS-CODEINE PMS

FENTANYL

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

12mcg/h Transdermal Patch

02341379 PMS-FENTANYL MTX PMS

02330105 RAN-FENTANYL MATRIX RBY

02311925 RATIO-FENTANYL RPH

02327112 SANDOZ FENTANYL SDZ

28:08.08 OPIATE AGONISTS**FENTANYL**

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

25mcg/h Transdermal Patch

02275813 DURAGESIC MAT JNO

02314630 NOVO-FENTANYL TEV

02341387 PMS-FENTANYL MTX PMS

02330113 RAN-FENTANYL MATRIX RBY

02282941 RATIO-FENTANYL RPH

02327120 SANDOZ FENTANYL SDZ

50mcg/h Transdermal Patch

02275821 DURAGESIC MAT JNO

02314649 NOVO-FENTANYL TEV

02341395 PMS-FENTANYL MTX PMS

02330121 RAN-FENTANYL MATRIX RBY

02282968 RATIO-FENTANYL RPH

02327147 SANDOZ FENTANYL SDZ

75mcg/h Transdermal Patch

02275848 DURAGESIC MAT JNO

02314657 NOVO-FENTANYL TEV

02341409 PMS-FENTANYL MTX PMS

02330148 RAN-FENTANYL MATRIX RBY

02282976 RATIO-FENTANYL RPH

02327155 SANDOZ FENTANYL SDZ

100mcg/h Transdermal Patch

02275856 DURAGESIC MAT JNO

02314665 NOVO-FENTANYL TEV

02341417 PMS-FENTANYL MTX PMS

02330156 RAN-FENTANYL MATRIX RBY

02282984 RATIO-FENTANYL RPH

02327163 SANDOZ FENTANYL SDZ

HYDROMORPHONE**2mg/mL Injection**

00627100 DILAUDID PFR

02145901 HYDROMORPHONE SDZ

10mg/mL Injection

00622133 DILAUDID HP PFR

02145928 HYDROMORPHONE HP 10 SDZ

20mg/mL Injection

02145936 HYDROMORPHONE HP 20 SDZ

50mg/mL Injection

02146126 HYDROMORPHONE HP 50 SDZ

99003163 HYDROMORPHONE HP 50 SDZ

1mg/mL Oral Liquid

00786535 DILAUDID PFR

01916386 PMS-HYDROMORPHONE PMS

3mg Suppository

01916394 PMS-HYDROMORPHONE PMS

28:08.08 OPIATE AGONISTS**HYDROMORPHONE****1mg Tablet**

00705438	DILAUDID	PFR
02192101	HYDROMORPHONE	SOR
00885444	PMS-HYDROMORPHONE	PMS
02319403	TEVA-HYDROMORPHONE	TEV

2mg Tablet

00125083	DILAUDID	PFR
02249928	HYDROMORPHONE	SOR
00885436	PMS-HYDROMORPHONE	PMS
02319411	TEVA-HYDROMORPHONE	TEV

4mg Tablet

00125121	DILAUDID	PFR
02249936	HYDROMORPHONE	SOR
00885401	PMS-HYDROMORPHONE	PMS
02319438	TEVA-HYDROMORPHONE	TEV

8mg Tablet

00786543	DILAUDID	PFR
02192144	HYDROMORPHONE	SOR
00885428	PMS-HYDROMORPHONE	PMS

HYDROMORPHONE HCL

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

3mg Controlled Release Capsule

02125323	HYDROMORPH CONTIN	PFR
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4.5mg Controlled Release Capsule

02359502	HYDROMORPH CONTIN	PFR
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6mg Controlled Release Capsule

02125331	HYDROMORPH CONTIN	PFR
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9mg Controlled Release Capsule

02359510	HYDROMORPH CONTIN	PFR
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12mg Controlled Release Capsule

02125366	HYDROMORPH CONTIN	PFR
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18mg Controlled Release Capsule

02243562	HYDROMORPH CONTIN	PFR
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24mg Controlled Release Capsule

02125382	HYDROMORPH CONTIN	PFR
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30mg Controlled Release Capsule

02125390	HYDROMORPH CONTIN	PFR
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MEPERIDINE**25mg/mL Injection**

00497444	MEPERIDINE	ABB
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50mg/mL Injection

02242003	DEMEROL	ABB
00497452	MEPERIDINE	ABB
00725765	MEPERIDINE	SDZ

28:08.08 OPIATE AGONISTS**MEPERIDINE****75mg/mL Injection**

02242004	DEMEROL	ABB
00497460	MEPERIDINE	ABB
00725757	MEPERIDINE	SDZ

100mg/mL Injection

02242005	DEMEROL	ABB
00725749	MEPERIDINE	SDZ
00497479	PETHIDINE	ABB

MEPERIDINE HCL

Limited use benefit (prior approval not required).

Limited to 2 weeks supply for acute pain. Coverage will be limited to 60 tablets per one month period.

50mg Tablet

02138018	DEMEROL	SAC
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METHADONE**Powder**

00908835	METHADONE
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METHADONE HCL

limited use benefit (prior approval required) with the following criteria:

Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR, For the management of pain for palliative care patients. Pharmacists may only dispense a maximum supply of 30 days at one time.

Methadone pseudo DINs listed for the treatment of pain should not be used for methadone maintenance therapy. Methadone for the treatment of opioid dependency is an open benefit covered under the NIHB Program (Methadone maintenance therapy pseudo DIN 908835). For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the NIHB Provider Guide for Pharmacy Benefits.

1mg/mL Oral Liquid

02247694	METADOL	PAL
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10mg/mL Oral Liquid

02241377	METADOL	PAL
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Powder

09991180	METHADONE POWDER (PAIN)
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1mg Tablet

02247698	METADOL	PAL
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5mg Tablet

02247699	METADOL	PAL
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10mg Tablet

02247700	METADOL	PAL
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25mg Tablet

02247701	METADOL	PAL
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28:08.08 OPIATE AGONISTS**MORPHINE HCL**

30mg Sustained Release Tablet		
00776181	M.O.S. SR	VAE
60mg Sustained Release Tablet		
00776203	M.O.S. SR	VAE
1mg/mL Syrup		
00614491	DOLORAL 1	ATL
00607762	RATIO-MORPHINE	RPH
5mg/mL Syrup		
00614505	DOLORAL 5	ATL
00607770	RATIO-MORPHINE	RPH
10mg/mL Syrup		
00632503	M.O.S. 10	VAE
00690783	RATIO-MORPHINE	RPH
20mg/mL Syrup		
00690791	RATIO-MORPHINE	RPH
50mg/mL Syrup		
00690236	M.O.S. 50	VAE
10mg Tablet		
00690198	M.O.S. 10	VAE
20mg Tablet		
00690201	M.O.S. 20	VAE
40mg Tablet		
00690228	M.O.S. 40	VAE
60mg Tablet		
00690244	M.O.S. 60	VAE

MORPHINE SULFATE

20mg/mL Drop		
00621935	STATEX	PMS
50mg/mL Drop		
00705799	STATEX	PMS
0.5mg/mL Injection		
02021056	MORPHINE LP	SDZ
01949047	MORPHINE SULFATE	ABB
1mg/mL Injection		
02021048	MORPHINE LP	SDZ
01949055	MORPHINE SULFATE	ABB
01980696	MORPHINE SULFATE	SDZ
2mg/mL Injection		
00850314	MORPHINE SULFATE	ABB
01964437	MORPHINE SULFATE	SDZ
02242484	MORPHINE SULFATE	SDZ
5mg/mL Injection		
01964429	MORPHINE SULFATE	SDZ
10mg/mL Injection		
00392588	MORPHINE SULFATE	SDZ
00850322	MORPHINE SULFATE	ABB
15mg/mL Injection		
00392561	MORPHINE SULFATE	SDZ
25mg/mL Injection		
00676411	MORPHINE HP 25	SDZ

28:08.08 OPIATE AGONISTS**MORPHINE SULFATE**

50mg/mL Injection		
00617288	MORPHINE HP 50	SDZ
02137267	MORPHINE SULFATE	HOS
5mg Suppository		
00632228	STATEX	PMS
10mg Suppository		
00632201	STATEX	PMS
20mg Suppository		
00596965	STATEX	PMS
10mg Sustained Release Capsule		
02242163	KADIAN	MAY
02019930	M-ESLON	SAC
15mg Sustained Release Capsule		
02177749	M-ESLON	SAC
20mg Sustained Release Capsule		
02184435	KADIAN	MAY
30mg Sustained Release Capsule		
02019949	M-ESLON	SAC
50mg Sustained Release Capsule		
02184443	KADIAN	MAY
60mg Sustained Release Capsule		
02019957	M-ESLON	SAC
100mg Sustained Release Capsule		
02184451	KADIAN	MAY
02019965	M-ESLON	SAC
200mg Sustained Release Capsule		
02177757	M-ESLON	SAC
15mg Sustained Release Tablet		
02350815	MORPHINE SR	SAN
02015439	MS CONTIN SR	PFR
02302764	NOVO-MORPHINE SR	TEV
30mg Sustained Release Tablet		
02350890	MORPHINE SR	SAN
02014297	MS CONTIN SR	PFR
02302772	NOVO-MORPHINE SR	TEV
60mg Sustained Release Tablet		
02350912	MORPHINE SR	SAN
02014300	MS CONTIN SR	PFR
02302780	NOVO-MORPHINE SR	TEV
02245286	PMS-MORPHINE SULFATE	PMS
100mg Sustained Release Tablet		
02350920	MORPHINE SR	SAN
02014319	MS CONTIN SR	PFR
02302799	NOVO-MORPHINE SR	TEV
200mg Sustained Release Tablet		
02350947	MORPHINE SR	SAN
02014327	MS CONTIN SR	PFR
02302802	NOVO-MORPHINE SR	TEV
02245288	PMS-MORPHINE SR	PMS
1mg/mL Syrup		
00591467	STATEX	PMS

28:08.08 OPIATE AGONISTS**MORPHINE SULFATE****5mg/mL Syrup**

00591475 STATEX PMS

10mg/mL Syrup

00647217 STATEX PMS

5mg Tablet

02009773 M.O.S. SULFATE VAE

02014203 MS IR PFR

00594652 STATEX PMS

10mg Tablet

02009765 M.O.S. SULFATE VAE

02014211 MS IR PFR

00594644 STATEX PMS

20mg Tablet

02014238 MS IR PFR

25mg Tablet

02009749 M.O.S. SULFATE VAE

00594636 STATEX PMS

30mg Tablet

02014254 MS IR PFR

50mg Tablet

02009706 M.O.S. SULFATE VAE

00675962 STATEX PMS

OXYCODONE HCL**10mg Suppository**

00392480 SUPEUDOL SDZ

20mg Suppository

00392472 SUPEUDOL SDZ

5mg Tablet

02325950 OXYCODONE PDL

02231934 OXY-IR PFR

02319977 PMS-OXYCODONE PMS

00789739 SUPEUDOL SDZ

10mg Tablet

02240131 OXY-IR PFR

02319985 PMS-OXYCODONE PMS

00443948 SUPEUDOL SDZ

20mg Tablet

02240132 OXY-IR PFR

02319993 PMS-OXYCODONE PMS

02262983 SUPEUDOL SDZ

28:08.12 OPIATE PARTIAL AGONISTS**BUPRENORPHINE HCL/NALOXONE HCL**

Limited use benefit (prior approval required).

For the treatment of opioid dependence in patients who have a contraindication to methadone due to:

- Evidence of (or high risk for) QT interval prolongation; and
- Prescribed by a physician with experience in substitution treatment in Opioid drug dependence or completion of an accredited Suboxone Education Program.

8mg & 2mg Sublingual Tablet

02295709 SUBOXONE RBP

09991204 SUBOXONE MAINTENANCE RBP

28:08.12 OPIATE PARTIAL AGONISTS**PENTAZOCINE HCL****50mg Tablet**

02137984 TALWIN SAC

PENTAZOCINE LACTATE**30mg/mL Injection**

02241976 TALWIN ABB

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS**ACETAMINOPHEN****ST 80mg Chewable Tablet**

01905856 ACETAMINOPHEN TRI

02015676 ACETAMINOPHEN TAN

02017458 ACETAMINOPHEN RIV

02129957 ACETAMINOPHEN VTH

02263815 PEDIAPHEN CHEWABLE EUR

ST 160mg Chewable Tablet

02017431 ACETAMINOPHEN RIV

02230934 ACETAMINOPHEN TAN

02231011 FEVERHALT PED

02263823 PEDIAPHEN CHEWABLE EUR

80mg/mL Drop

01904140 ACETAMINOPHEN TAN

01905864 ACETAMINOPHEN TRI

00631353 ATASOL HOR

02230787 FEVERHALT PED

02263793 PEDIAPHEN EUR

02027801 PEDIATRIX RPH

00887587 PMS-ACETAMINOPHEN PMS

00875988 TEMPRA MJO

02046059 TYLENOL MCL

16mg/mL Liquid

01905848 ACETAMINOPHEN TRI

02263807 PEDIAPHEN EUR

00792713 PMS-ACETAMINOPHEN PMS

00884553 TEMPRA MJO

32mg/mL Liquid

01901389 ACETAMINOPHEN JMP

01958836 ACETAMINOPHEN TRI

02263831 PEDIAPHEN EUR

02027798 PEDIATRIX RPH

00792691 PMS-ACETAMINOPHEN PMS

00875996 TEMPRA DOUBLE STRENGTH MJO

02046040 TYLENOL MCL

80mg/mL Oral Liquid

02237390 ACETAMINOPHEN PER

120mg Suppository

01919385 ABENOL PED

02230434 ACET 120 PMS

02046660 PMS-ACETAMINOPHEN PMS

160mg Suppository

02230435 ACET PMS

**28:08.92 MISCELLANEOUS ANALGESICS
AND ANTIPIRYRETICS****ACETAMINOPHEN****325mg Suppository**

01919393	ABENOL	PED
02230436	ACET 325	PMS
02046687	PMS-ACETAMINOPHEN	PMS

650mg Suppository

01919407	ABENOL	PED
02230437	ACET 650	PMS
02046695	PMS-ACETAMINOPHEN	PMS

ST **80mg Tablet**

02238295	CHILDREN'S TYLENOL SOFT CHEWS	JNO
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ST **160mg Tablet**

02142805	ACETAMINOPHEN	WTR
02241361	TYLENOL JUNIOR STRENGTH	JNO

ST **325mg Tablet**

00374148	ACETAMINOPHEN	WAM
00382752	ACETAMINOPHEN	PRO
00589241	ACETAMINOPHEN	PMS
00605751	ACETAMINOPHEN	VTH
00743542	ACETAMINOPHEN	PMT
00789801	ACETAMINOPHEN	TRI
01938088	ACETAMINOPHEN	JMP
02022214	ACETAMINOPHEN	RIV
00544981	APO-ACETAMINOPHEN	APX
02229873	APO-ACETAMINOPHEN	APX
00293482	ATASOL	HOR
00389218	NOVO-GESIC	TEV
00891177	PMS-ACETAMINOPHEN	PMS
00559393	TYLENOL	MCL
00723894	TYLENOL	MCL

ST **500mg Tablet**

00386626	ACETAMINOPHEN	PDL
00549703	ACETAMINOPHEN	PMT
00567663	ACETAMINOPHEN	PED
00589233	ACETAMINOPHEN	PMS
00605778	ACETAMINOPHEN	VTH
00789798	ACETAMINOPHEN	TRI
01939122	ACETAMINOPHEN	JMP
02022222	ACETAMINOPHEN	RIV
02252813	ACETAMINOPHEN	PMT
02255251	ACETAMINOPHEN	PMT
00545007	APO-ACETAMINOPHEN	APX
02229977	APO-ACETAMINOPHEN	APX
00013668	ATASOL FORTE	HOR
00482323	NOVO-GESIC	TEV
00892505	PMS-ACETAMINOPHEN	PMS
01962353	TANTAPHEN	TAN
00863270	TYLENOL	MCL
00559407	TYLENOL EXTRA STRENGTH	MCL
00723908	TYLENOL EXTRA STRENGTH	MCL

FLOCTAFENINE**200mg Tablet**

02244680	FLOCTAFENINE	AAP
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**28:08.92 MISCELLANEOUS ANALGESICS
AND ANTIPIRYRETICS****FLOCTAFENINE****400mg Tablet**

02244681	FLOCTAFENINE	AAP
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**28:12.04 ANTICONVULSANTS -
BARBITURATES****PHENOBARBITAL****5mg/mL Liquid**

00645575	PHENOBARB	PED
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15mg Tablet

00178799	PHENOBARB	PED
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30mg Tablet

00178802	PHENOBARB	PED
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60mg Tablet

00178810	PHENOBARB	PED
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100mg Tablet

00178829	PHENOBARB	PED
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PRIMIDONE**125mg Tablet**

00399310	PRIMIDONE	AAP
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250mg Tablet

00396761	PRIMIDONE	AAP
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**28:12.08 ANTICONVULSANTS -
BENZODIAZEPINES****CLONAZEPAM****0.25mg Tablet**

02179660	PMS-CLONAZEPAM	PMS
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0.5mg Tablet

02177889	APO-CLONAZEPAM	APX
02230366	CLONAPAM	VAE
02270641	CO CLONAZEPAM	COB
02130998	DOM-CLONAZEPAM	DPC
02224100	DOM-CLONAZEPAM-R	DPC
02230950	MYLAN-CLONAZEPAM	MYL
02173344	NU-CLONAZEPAM	NXP
02145227	PHL-CLONAZEPAM	PHH
02236948	PHL-CLONAZEPAM-R 0.5MG	PHH
02048701	PMS-CLONAZEPAM	PMS
02207818	PMS-CLONAZEPAM R	PMS
02311593	PRO-CLONAZEPAM	PDL
02242077	RIVA-CLONAZEPAM	RIV
00382825	RIVOTRIL	HLR
02233960	SANDOZ-CLONAZEPAM	SDZ
02239024	TEVA-CLONAZEPAM	TEV
02345676	ZYM-CLONAZEPAM	ZYM

**28:12.08 ANTICONVULSANTS -
BENZODIAZEPINES****CLONAZEPAM****1mg Tablet**

02230368	CLONAPAM	VAE
02270668	CO CLONAZEPAM	COB
02145235	PHL-CLONAZEPAM	PHH
02048728	PMS-CLONAZEPAM	PMS
02311607	PRO-CLONAZEPAM	PDL
02233982	SANDOZ-CLONAZEPAM	SDZ
02303329	ZYM-CLONAZEPAM	ZYM

2mg Tablet

02177897	APO-CLONAZEPAM	APX
02230369	CLONAPAM	VAE
02270676	CO CLONAZEPAM	COB
02131013	DOM-CLONAZEPAM	DPC
02230951	GEN-CLONAZEPAM	MYL
02173352	NU-CLONAZEPAM	NXP
02145243	PHL-CLONAZEPAM	PHH
02048736	PMS-CLONAZEPAM	PMS
02311615	PRO-CLONAZEPAM	PDL
02242078	RIVA-CLONAZEPAM	RIV
00382841	RIVOTRIL	HLR
02233985	SANDOZ-CLONAZEPAM	SDZ
02239025	TEVA-CLONAZEPAM	TEV
02303337	ZYM-CLONAZEPAM	ZYM

**28:12.12 ANTICONVULSANTS -
HYDANTOINS****PHENYTOIN****30mg Capsule**

00022772	DILANTIN	PFI
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100mg Capsule

00022780	DILANTIN	PFI
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50mg Chewable Tablet

00023698	DILANTIN INFATABS	PFI
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6mg/mL Suspension

00023442	DILANTIN 30	PFI
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25mg/mL Suspension

00023450	DILANTIN 125	PFI
02250896	TARO-PHENYTOIN	TAR

**28:12.20 ANTICONVULSANTS-
SUCCINIMIDES****ETHOSUXIMIDE****250mg Capsule**

00022799	ZARONTIN	ERF
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50mg/mL Syrup

00023485	ZARONTIN	ERF
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METHSUXIMIDE**300mg Capsule**

00022802	CELONTIN	ERF
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**28:12.92 MISCELLANEOUS
ANTICONVULSANTS****CARBAMAZEPINE****100mg Chewable Tablet**

02231542	PMS-CARBAMAZEPINE	PMS
02261855	SANDOZ-CARBAMAZEPINE	SDZ
02244403	TARO-CARBAMAZEPINE	TAR
00369810	TEGRETOL	NVR

200mg Chewable Tablet

02231540	PMS-CARBAMAZEPINE	PMS
02261863	SANDOZ-CARBAMAZEPINE	SDZ
02244404	TARO-CARBAMAZEPINE	TAR
00665088	TEGRETOL	NVR

200mg Extended Release Tablet

02261839	SANDOZ-CARBAMAZEPINE	SDZ
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400mg Extended Release Tablet

02261847	SANDOZ-CARBAMAZEPINE	SDZ
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20mg/mL Suspension

02194333	TEGRETOL	NVR
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200mg Sustained Release Tablet

02238222	DOM-CARBAMAZEPINE CR	DPC
02241882	MYLAN-CARBAMAZEPINE CR	MYL
02231543	PMS-CARBAMAZEPINE CR	PMS
02237907	TARO-CARBAMAZEPINE CR	TAR
00773611	TEGRETOL CR	NVR

400mg Sustained Release Tablet

02238223	DOM-CARBAMAZEPINE CR	DPC
02241883	MYLAN-CARBAMAZEPINE CR	MYL
02231544	PMS-CARBAMAZEPINE CR	PMS
02237908	TARO-CARBAMAZEPINE CR	TAR
00755583	TEGRETOL CR	NVR

200mg Tablet

00402699	APO-CARBAMAZEPINE	APX
00578460	CARBAMAZEPINE	PDL
02042568	NU-CARBAMAZEPINE	NXP
00010405	TEGRETOL	NVR
00782718	TEVA-CARBAMAZ	TEV

DIVALPROEX SODIUM**125mg Enteric Coated Tablet**

02239698	APO-DIVALPROEX	APX
00596418	EPIVAL	ABB
02239517	NU-DIVALPROEX	NXP
02244138	PMS-DIVALPROEX	PMS
02239701	TEVA-DIVALPROEX	TEV

250mg Enteric Coated Tablet

02239699	APO-DIVALPROEX	APX
02240342	DIVALPROEX	PDL
00596426	EPIVAL	ABB
02239518	NU-DIVALPROEX	NXP
02244139	PMS-DIVALPROEX	PMS
02239702	TEVA-DIVALPROEX	TEV

28:12.92 MISCELLANEOUS ANTICONSULSANTS

DIVALPROEX SODIUM

500mg Enteric Coated Tablet

02239700	APO-DIVALPROEX	APX
02240343	DIVALPROEX	PDL
00596434	EPIVAL	ABB
02239519	NU-DIVALPROEX	NXP
02244140	PMS-DIVALPROEX	PMS
02239703	TEVA-DIVALPROEX	TEV

GABAPENTIN

100mg Capsule

02244304	APO-GABAPENTIN	APX
02256142	CO GABAPENTIN	COB
02243743	DOM-GABAPENTIN	DPC
02246314	GABAPENTIN	MEL
02304775	GABAPENTIN	SOR
02353245	GABAPENTIN	SAN
02248259	MYLAN-GABAPENTIN	MYL
02084260	NEURONTIN	PFI
02244513	NOVO-GABAPENTIN	TEV
02243446	PMS-GABAPENTIN	PMS
02310449	PRO-GABAPENTIN	PDL
02319055	RAN-GABAPENTIN	RBV
02251167	RIVA-GABAPENTIN	RIV

300mg Capsule

02244305	APO-GABAPENTIN	APX
02256150	CO GABAPENTIN	COB
02243744	DOM-GABAPENTIN	DPC
02246315	GABAPENTIN	MEL
02304783	GABAPENTIN	SOR
02353253	GABAPENTIN	SAN
02248260	MYLAN-GABAPENTIN	MYL
02084279	NEURONTIN	PFI
02244514	NOVO-GABAPENTIN	TEV
02243447	PMS-GABAPENTIN	PMS
02310457	PRO-GABAPENTIN	PDL
02319063	RAN-GABAPENTIN	RBV
02251175	RIVA-GABAPENTIN	RIV

400mg Capsule

02244306	APO-GABAPENTIN	APX
02256169	CO GABAPENTIN	COB
02243745	DOM-GABAPENTIN	DPC
02246316	GABAPENTIN	MEL
02304791	GABAPENTIN	SOR
02353261	GABAPENTIN	SAN
02248261	MYLAN-GABAPENTIN	MYL
02084287	NEURONTIN	PFI
02244515	NOVO-GABAPENTIN	TEV
02243448	PMS-GABAPENTIN	PMS
02310465	PRO-GABAPENTIN	PDL
02319071	RAN-GABAPENTIN	RBV
02260905	RATIO-GABAPENTIN	RPH
02251183	RIVA-GABAPENTIN	RIV

28:12.92 MISCELLANEOUS ANTICONSULSANTS

GABAPENTIN

600mg Tablet

02293358	APO-GABAPENTIN	APX
02285843	GD-GABAPENTIN	PFI
02239717	NEURONTIN	PFI
02248457	NOVO-GABAPENTIN	TEV
02255898	PMS-GABAPENTIN	PMS
02310473	PRO-GABAPENTIN	PDL
02259796	RIVA-GABAPENTIN	RIV

800mg Tablet

02293366	APO-GABAPENTIN	APX
02239718	NEURONTIN	PFI
02247346	NOVO-GABAPENTIN	TEV
02255901	PMS-GABAPENTIN	PMS
02310481	PRO-GABAPENTIN	PDL
02259818	RIVA-GABAPENTIN	RIV

LAMOTRIGINE

2mg Chewable Tablet

02243803	LAMICTAL	GSK
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5mg Chewable Tablet

02240115	LAMICTAL	GSK
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25mg Tablet

02245208	APO-LAMOTRIGINE	APX
02142082	LAMICTAL	GSK
02302969	LAMOTRIGINE	PDL
02343010	LAMOTRIGINE	SAN
02265494	MYLAN-LAMOTRIGINE	MYL
02248232	NOVO-LAMOTRIGINE	TEV
02246897	PMS-LAMOTRIGINE	PMS
02243352	RATIO-LAMOTRIGINE	RPH

100mg Tablet

02245209	APO-LAMOTRIGINE	APX
02142104	LAMICTAL	GSK
02302985	LAMOTRIGINE	PDL
02343029	LAMOTRIGINE	SAN
02265508	MYLAN-LAMOTRIGINE	MYL
02248233	NOVO-LAMOTRIGINE	TEV
02246898	PMS-LAMOTRIGINE	PMS
02243353	RATIO-LAMOTRIGINE	RPH

150mg Tablet

02245210	APO-LAMOTRIGINE	APX
02142112	LAMICTAL	GSK
02302993	LAMOTRIGINE	PDL
02343037	LAMOTRIGINE	SAN
02265516	MYLAN-LAMOTRIGINE	MYL
02248234	NOVO-LAMOTRIGINE	TEV
02246899	PMS-LAMOTRIGINE	PMS
02246963	RATIO-LAMOTRIGINE	RPH

28:12.92 MISCELLANEOUS ANTICONSULSANTS

LEVETIRACETAM

Limited use benefit (prior approval required).

For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of two anti-epileptic medications used either as monotherapy or in combination. This product must be prescribed by a Neurologist.

ST 250mg Tablet

02285924	APO-LEVETIRACETAM	APX
02274183	CO LEVETIRACETAM	COB
02247027	KEPPRA	UCB
02353342	LEVETIRACETAM	SAN
02296101	PMS-LEVETIRACETAM	PMS

ST 500mg Tablet

02285932	APO-LEVETIRACETAM	APX
02274191	CO LEVETIRACETAM	COB
02247028	KEPPRA	UCB
02353350	LEVETIRACETAM	SAN
02296128	PMS-LEVETIRACETAM	PMS
02311380	PRO-LEVETIRACETAM	PDL

ST 750mg Tablet

02285940	APO-LEVETIRACETAM	APX
02274205	CO LEVETIRACETAM	COB
02247029	KEPPRA	UCB
02353369	LEVETIRACETAM	SAN
02296136	PMS-LEVETIRACETAM	PMS
02311399	PRO-LEVETIRACETAM	PDL

TOPIRAMATE

15mg Sprinkle Capsule

02239907	TOPAMAX SPRINKLE	JNO
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25mg Sprinkle Capsule

02239908	TOPAMAX SPRINKLE	JNO
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25mg Tablet

02351307	ACCEL-TOPIRAMATE	ACP
02279614	APO-TOPIRAMATE	APX
02287765	CO TOPIRAMATE	COB
02271141	DOM-TOPIRAMATE	DPC
02315645	MINT-TOPIRAMATE	MIN
02263351	MYLAN-TOPIRAMATE	MYL
02248860	NOVO-TOPIRAMATE	TEV
02271184	PHL-TOPIRAMATE	PHH
02262991	PMS-TOPIRAMATE	PMS
02313650	PRO-TOPIRAMATE	PDL
02260050	SANDOZ-TOPIRAMATE	SDZ
02230893	TOPAMAX	JNO
02356856	TOPIRAMATE	SAN
02325136	ZYM-TOPIRAMATE	ZYM

50mg Tablet

02312085	PMS-TOPIRAMATE	PMS
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28:12.92 MISCELLANEOUS ANTICONSULSANTS

TOPIRAMATE

100mg Tablet

02351315	ACCEL-TOPIRAMATE	ACP
02279630	APO-TOPIRAMATE	APX
02287773	CO TOPIRAMATE	COB
02271168	DOM-TOPIRAMATE	DPC
02315653	MINT-TOPIRAMATE	MIN
02263378	MYLAN-TOPIRAMATE	MYL
02248861	NOVO-TOPIRAMATE	TEV
02271192	PHL-TOPIRAMATE	PHH
02263009	PMS-TOPIRAMATE	PMS
02313669	PRO-TOPIRAMATE	PDL
02260069	SANDOZ-TOPIRAMATE	SDZ
02230894	TOPAMAX	JNO
02356864	TOPIRAMATE	SAN
02325144	ZYM-TOPIRAMATE	ZYM

200mg Tablet

02351323	ACCEL-TOPIRAMATE	ACP
02279649	APO-TOPIRAMATE	APX
02287781	CO TOPIRAMATE	COB
02271176	DOM-TOPIRAMATE	DPC
02315661	MINT-TOPIRAMATE	MIN
02263386	MYLAN-TOPIRAMATE	MYL
02248862	NOVO-TOPIRAMATE	TEV
02271206	PHL-TOPIRAMATE	PHH
02263017	PMS-TOPIRAMATE	PMS
02313677	PRO-TOPIRAMATE	PDL
02267837	SANDOZ-TOPIRAMATE	SDZ
02230896	TOPAMAX	JNO
02356872	TOPIRAMATE	SAN
02325152	ZYM-TOPIRAMATE	ZYM

VALPROATE, SODIUM

50mg/mL Syrup

02238370	APO-VALPROIC	APX
00443832	DEPAKENE	ABB
02238817	DOM-VALPROIC ACID	DPC
02236807	PMS-VALPROIC ACID	PMS
02140063	RATIO-VALPROIC	RPH

VALPROIC ACID

250mg Capsule

02238048	APO-VALPROIC	APX
00443840	DEPAKENE	ABB
02231030	DOM-VALPROIC ACID	DPC
02184648	MYLAN-VALPROIC	MYL
02100630	NOVO-VALPROIC	TEV
02237830	NU-VALPROIC	NXP
02230768	PMS-VALPROIC ACID	PMS
02239714	SANDOZ-VALPROIC	SDZ
02238546	VALPROIC	PDL

500mg Enteric Coated Capsule

02231031	DOM-VALPROIC ACID	DPC
02218321	NOVO-VALPROIC	TEV
02260662	PHL-VALPROIC ACID	PHH
02229628	PMS-VALPROIC ACID	PMS

28:12.92 MISCELLANEOUS ANTICONSULSANTS

VIGABATRIN

500mg Powder

02068036	SABRIL	OVA
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500mg Tablet

02065819	SABRIL	OVA
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28:16.04 ANTIDEPRESSANTS

AMITRIPTYLINE HCL

10mg Tablet

00370991	AMITRIPTYLINE	PRO
02248131	DOM-AMITRIPTYLINE	DPC
00335053	ELAVIL	AAP
02247302	PMS-AMITRIPTYLINE	PMS

25mg Tablet

00371009	AMITRIPTYLINE	PRO
02248132	DOM-AMITRIPTYLINE	DPC
00335061	ELAVIL	AAP
02247303	PMS-AMITRIPTYLINE	PMS

50mg Tablet

00456349	AMITRIPTYLINE	PDL
02248133	DOM-AMITRIPTYLINE	DPC
00335088	ELAVIL	AAP
00271152	LEVATE	VAE
02247304	PMS-AMITRIPTYLINE	PMS

75mg Tablet

00754129	ELAVIL	AAP
00405612	LEVATE	VAE

BUPROPION HCL (WELLBUTRIN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage of Wellbutrin XL and Bupropion SR is limited to 300 mg per day. (Note: this product will not be approved for coverage for smoking cessation).

100mg Sustained Release Tablet

02331616	BUPROPION SR	PDL
02325373	PMS-BUPROPION SR	PMS
02285657	RATIO-BUPROPION	RPH
02275074	SANDOZ-BUPROPION SR	SDZ

150mg Sustained Release Tablet

02325357	BUPROPION SR	PDL
02313421	PMS-BUPROPION SR	PMS
02285665	RATIO-BUPROPION	RPH
02275082	SANDOZ-BUPROPION SR	SDZ
02237825	WELLBUTRIN SR	VAE
02275090	WELLBUTRIN XL	VAE

300mg Sustained Release Tablet

02275104	WELLBUTRIN XL	VAE
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28:16.04 ANTIDEPRESSANTS

BUPROPION HCL (ZYBAN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage is limited to 180 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for bupropion HCl when one year has elapsed from the day the initial prescription was filled.

150mg Sustained Release Tablet

02238441	ZYBAN	VAE
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CITALOPRAM

10MG Tablet

02355248	ACCEL-CITALOPRAM	ACP
02301822	CITALOPRAM	MEL
02325047	CITALOPRAM	PDL
02371871	MAR-CITALOPRAM	MAR
02370077	MINT-CITALOPRAM	MIN
02273543	PHL-CITALOPRAM	PHH
02270609	PMS-CITALOPRAM	PMS
02303256	RIVA-CITALOPRAM	RIV
02312336	TEVA-CITALOPRAM	TEV

20mg Tablet

02355256	ACCEL-CITALOPRAM	ACP
02246056	APO-CITALOPRAM	APX
02239607	CELEXA	LUD
02257513	CITALOPRAM	PDL
02301830	CITALOPRAM	MEL
02306239	CITALOPRAM	ODN
02353660	CITALOPRAM	SAN
02248050	CO CITALOPRAM	COB
02248942	DOM-CITALOPRAM	DPC
02313405	JAMP-CITALOPRAM	JMP
02371898	MAR-CITALOPRAM	MAR
02304686	MINT-CITALOPRAM	MIN
02246594	MYLAN-CITALOPRAM	MYL
02248996	NU-CITALOPRAM	NXP
02248944	PHL-CITALOPRAM	PHH
02248010	PMS-CITALOPRAM	PMS
02285622	RAN-CITALO	RBV
02252112	RATIO-CITALOPRAM	RPH
02249278	RIVA-CITALOPRAM	RIV
02303264	RIVA-CITALOPRAM	RIV
02248170	SANDOZ-CITALOPRAM	SDZ
02293218	TEVA-CITALOPRAM	TEV

30mg Tablet

02296152	CTP 30	ORY
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28:16.04 ANTIDEPRESSANTS**CITALOPRAM****40mg Tablet**

02355264	ACCEL-CITALOPRAM	ACP
02246057	APO-CITALOPRAM	APX
02239608	CELEXA	LUD
02257521	CITALOPRAM	PDL
02301849	CITALOPRAM	MEL
02306247	CITALOPRAM	ODN
02353679	CITALOPRAM	SAN
02248051	CO CITALOPRAM	COB
02248943	DOM-CITALOPRAM	DPC
02313413	JAMP-CITALOPRAM	JMP
02371901	MAR-CITALOPRAM	MAR
02304694	MINT-CITALOPRAM	MIN
02246595	MYLAN-CITALOPRAM	MYL
02248997	NU-CITALOPRAM	NXP
02248945	PHL-CITALOPRAM	PHH
02248011	PMS-CITALOPRAM	PMS
02285630	RAN-CITALO	RBV
02252120	RATIO-CITALOPRAM	RPH
02249286	RIVA-CITALOPRAM	RIV
02303272	RIVA-CITALOPRAM	RIV
02248171	SANDOZ-CITALOPRAM	SDZ
02293226	TEVA-CITALOPRAM	TEV

CLOMIPRAMINE HCL**10mg Tablet**

00330566	ANAFRANIL	ORY
02040786	APO-CLOMIPRAMINE	APX
02244816	CO CLOMIPRAMINE	COB
02230256	TEVA-CLOPAMINE	TEV

25mg Tablet

00324019	ANAFRANIL	ORY
02040778	APO-CLOMIPRAMINE	APX
02244817	CO CLOMIPRAMINE	COB
02130165	TEVA-CLOPAMINE	TEV

50mg Tablet

00402591	ANAFRANIL	ORY
02040751	APO-CLOMIPRAMINE	APX
02244818	CO CLOMIPRAMINE	COB
02130173	TEVA-CLOPAMINE	TEV

DESIPRAMINE HCL**10mg Tablet**

02216248	APO-DESIPRAMINE	APX
02211939	NU-DESIPRAMINE	NXP
02223341	TEVA-DESIPRAMINE	TEV

25mg Tablet

02216256	APO-DESIPRAMINE	APX
02130092	DOM-DESIPRAMINE	DPC
02211947	NU-DESIPRAMINE	NXP
02223325	TEVA-DESIPRAMINE	TEV

28:16.04 ANTIDEPRESSANTS**DESIPRAMINE HCL****50mg Tablet**

02216264	APO-DESIPRAMINE	APX
02130106	DOM-DESIPRAMINE	DPC
02211955	NU-DESIPRAMINE	NXP
01946277	PMS-DESIPRAMINE	PMS
02223333	TEVA-DESIPRAMINE	TEV

75mg Tablet

02216272	APO-DESIPRAMINE	APX
02211963	NU-DESIPRAMINE	NXP
01946242	PMS-DESIPRAMINE	PMS
02223368	TEVA-DESIPRAMINE	TEV

100mg Tablet

02216280	APO-DESIPRAMINE	APX
02211971	NU-DESIPRAMINE	NXP

DOXEPIN HCL**10mg Capsule**

02049996	APO-DOXEPIN	APX
00024325	SINEQUAN	ERF

25mg Capsule

02050005	APO-DOXEPIN	APX
01913425	NOVO-DOXEPIN	TEV
00024333	SINEQUAN	ERF

50mg Capsule

02050013	APO-DOXEPIN	APX
01913433	NOVO-DOXEPIN	TEV
00024341	SINEQUAN	ERF

75mg Capsule

02050021	APO-DOXEPIN	APX
01913441	NOVO-DOXEPIN	TEV
00400750	SINEQUAN	ERF

100mg Capsule

02050048	APO-DOXEPIN	APX
01913468	NOVO-DOXEPIN	TEV
00326925	SINEQUAN	ERF

150mg Capsule

01913476	NOVO-DOXEPIN	TEV
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DULOXETINE HCL

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients with diabetes who have:

- a.- failed an adequate trial with TWO alternative agents (such as a tricyclic antidepressant or anticonvulsant) due to intolerance or lack of response or
- b.- a contraindication to alternative agents

The dose of duloxetine will be limited to a maximum of 60 mg daily.

Note that NIHB has adopted a Common Drug Review CEDAC recommendation that Cymbalta NOT be added to public drug plan formularies for the treatment of major depressive disorder.

30mg Sustained Release Capsule

02301482	CYMBALTA	LIL
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28:16.04 ANTIDEPRESSANTS**DULOXETINE HCL**

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients with diabetes who have:

- a.- failed an adequate trial with TWO alternative agents (such as a tricyclic antidepressant or anticonvulsant) due to intolerance or lack of response or
b.- a contraindication to alternative agents

The dose of duloxetine will be limited to a maximum of 60 mg daily.

Note that NIHB has adopted a Common Drug Review CEDAC recommendation that Cymbalta NOT be added to public drug plan formularies for the treatment of major depressive disorder.

60mg Sustained Release Capsule

02301490 CYMBALTA LIL

FLUOXETINE HCL**10mg Capsule**

02216353	APO-FLUOXETINE	APX
02242177	CO-FLUOXETINE	SCN
02177617	DOM-FLUOXETINE	DPC
02286068	FLUOXETINE	SAN
02237813	MYLAN-FLUOXETINE	MYL
02216582	NOVO-FLUOXETINE	TEV
02192756	NU-FLUOXETINE	NXP
02223481	PHL-FLUOXETINE	PHH
02177579	PMS-FLUOXETINE	PMS
02314991	PRO-FLUOXETINE	PDL
02018985	PROZAC	LIL
02241371	RATIO-FLUOXETINE	RPH
02242123	RIVA-FLUOXETINE	RIV
02243486	SANDOZ-FLUOXETINE	SDZ
02302659	ZYM-FLUOXETINE	ZYM

20mg Capsule

02216361	APO-FLUOXETINE	APX
02242178	CO-FLUOXETINE	SCN
02177625	DOM-FLUOXETINE	DPC
02286076	FLUOXETINE	SAN
02237814	MYLAN-FLUOXETINE	MYL
02216590	NOVO-FLUOXETINE	TEV
02192764	NU-FLUOXETINE	NXP
02223503	PHL-FLUOXETINE	PHH
02177587	PMS-FLUOXETINE	PMS
02315009	PRO-FLUOXETINE	PDL
00636622	PROZAC	LIL
02241374	RATIO-FLUOXETINE	RPH
02242124	RIVA-FLUOXETINE	RIV
02243487	SANDOZ-FLUOXETINE	SDZ
02302667	ZYM-FLUOXETINE	ZYM

4mg/mL Liquid

02231328 APO-FLUOXETINE APX

28:16.04 ANTIDEPRESSANTS**FLUVOXAMINE MALEATE****50mg Tablet**

02231329	APO-FLUVOXAMINE	APX
02255529	CO FLUVOXAMINE	COB
02241347	DOM-FLUVOXAMINE	DPC
02236753	FLUVOXAMINE	PDL
01919342	LUVOX	ABB
02239953	NOVO-FLUVOXAMINE	TEV
02231192	NU-FLUVOXAMINE	NXP
02240682	PMS-FLUVOXAMINE	PMS
02218453	RATIO-FLUVOXAMINE	RPH
02303345	RIVA-FLUVOX	RIV
02247054	SANDOZ-FLUVOXAMINE	SDZ

100mg Tablet

02231330	APO-FLUVOXAMINE	APX
02255537	CO FLUVOXAMINE	COB
02241348	DOM-FLUVOXAMINE	DPC
02236754	FLUVOXAMINE	PDL
01919369	LUVOX	ABB
02239954	NOVO-FLUVOXAMINE	TEV
02231193	NU-FLUVOXAMINE	NXP
02240683	PMS-FLUVOXAMINE	PMS
02218461	RATIO-FLUVOXAMINE	RPH
02303361	RIVA-FLUVOX	RIV
02247055	SANDOZ-FLUVOXAMINE	SDZ

IMIPRAMINE HCL**10mg Tablet**

00360201	IMIPRAMINE	AAP
00021504	NOVO-PRAMINE	TEV

25mg Tablet

00312797	IMIPRAMINE	AAP
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50mg Tablet

00326852	IMIPRAMINE	AAP
00021520	NOVO-PRAMINE	TEV

75mg Tablet

00644579	IMIPRAMINE	AAP
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MAPROTILINE HCL**25mg Tablet**

02158612	NOVO-MAPROTILINE	TEV
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50mg Tablet

02158620	NOVO-MAPROTILINE	TEV
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75mg Tablet

02158639	NOVO-MAPROTILINE	TEV
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MIRTAZAPINE**15mg Orally Disintegrating Tablet**

02299801	AURO-MIRTAZAPINE OD	AUR
02279894	NOVO-MIRTAZAPINE OD	TEV
02248542	REMERON RD	FRS

30mg Orally Disintegrating Tablet

02299828	AURO-MIRTAZAPINE OD	AUR
02279908	NOVO-MIRTAZAPINE OD	TEV
02248543	REMERON RD	FRS

28:16.04 ANTIDEPRESSANTS**MIRTAZAPINE****45mg Orally Disintegrating Tablet**

02299836	AURO-MIRTAZAPINE OD	AUR
02279916	NOVO-MIRTAZAPINE OD	TEV
02248544	REMERON RD	FRS

15mg Tablet

02286610	APO-MIRTAZAPINE	APX
02281732	MIRTAZAPINE	MEL
02256096	MYLAN-MIRTAZAPINE	MYL
02273942	PMS-MIRTAZAPINE	PMS
02312778	PRO-MIRTAZAPINE	PDL
02250594	SANDOZ-MIRTAZAPINE	SDZ
02325179	ZYM-MIRTAZAPINE	ZYM

30mg Tablet

02286629	APO-MIRTAZAPINE	APX
02274361	CO MIRTAZAPINE	COB
02252287	DOM-MIRTAZAPINE	DPC
02252279	MIRTAZAPINE	MEL
02370689	MIRTAZAPINE	SAN
02256118	MYLAN-MIRTAZAPINE	MYL
02259354	NOVO-MIRTAZAPINE	TEV
02248762	PMS-MIRTAZAPINE	PMS
02312786	PRO-MIRTAZAPINE	PDL
02270927	RATIO-MIRTAZAPINE	RPH
02243910	REMERON	FRS
02265265	RIVA-MIRTAZAPINE	RIV
02250608	SANDOZ-MIRTAZAPINE	SDZ
02325187	ZYM-MIRTAZAPINE	ZYM

45mg Tablet

02286637	APO-MIRTAZAPINE	APX
02256126	MYLAN-MIRTAZAPINE	MYL

MOCLOBEMIDE**100mg Tablet**

02232148	APO-MOCLOBEMIDE	APX
02239746	NOVO-MOCLOBEMIDE	TEV
02237111	NU-MOCLOBEMIDE	NXP

150mg Tablet

02232150	APO-MOCLOBEMIDE	APX
00899356	MANERIX	MAB
02239747	NOVO-MOCLOBEMIDE	TEV
02237112	NU-MOCLOBEMIDE	NXP
02243218	PMS-MOCLOBEMIDE	PMS

300mg Tablet

02240456	APO-MOCLOBEMIDE	APX
02166747	MANERIX	MAB
02239748	NOVO-MOCLOBEMIDE	TEV
02243219	PMS-MOCLOBEMIDE	PMS

28:16.04 ANTIDEPRESSANTS**NORTRIPTYLINE HCL****10mg Capsule**

02223511	APO-NORTRIPTYLINE	APX
00015229	AVENTYL	PHH
02178729	DOM-NORTRIPTYLINE	DPC
02231781	NOVO-NORTRIPTYLINE	TEV
02223139	NU-NORTRIPTYLINE	NXP
02177692	PMS-NORTRIPTYLINE	PMS

25mg Capsule

02223538	APO-NORTRIPTYLINE	APX
00015237	AVENTYL	PHH
02178737	DOM-NORTRIPTYLINE	DPC
02231782	NOVO-NORTRIPTYLINE	TEV
02223147	NU-NORTRIPTYLINE	NXP
02177706	PMS-NORTRIPTYLINE	PMS

PAROXETINE HCL**10mg Tablet**

02240907	APO-PAROXETINE	APX
02262746	CO PAROXETINE	COB
02248447	DOM-PAROXETINE	DPC
02248012	MYLAN-PAROXETINE	MYL
02248556	NOVO-PAROXETINE	TEV
02248719	NU-PAROXETINE	NXP
02248450	PAROXETINE	MEL
02248913	PAROXETINE	PDL
02282844	PAROXETINE	SAN
02302012	PAROXETINE	SOR
02027887	PAXIL	GSK
02247750	PMS-PAROXETINE	PMS
02247810	RATIO-PAROXETINE	RPH
02248559	RIVA-PAROXETINE	RIV
02269422	SANDOZ-PAROXETINE	SDZ

20mg Tablet

02240908	APO-PAROXETINE	APX
02262754	CO PAROXETINE	COB
02248448	DOM-PAROXETINE	DPC
02248013	MYLAN-PAROXETINE	MYL
02248557	NOVO-PAROXETINE	TEV
02248720	NU-PAROXETINE	NXP
02248451	PAROXETINE	MEL
02248914	PAROXETINE	PDL
02282852	PAROXETINE	SAN
02302020	PAROXETINE	SOR
01940481	PAXIL	GSK
02247751	PMS-PAROXETINE	PMS
02247811	RATIO-PAROXETINE	RPH
02248560	RIVA-PAROXETINE	RIV
02254751	SANDOZ-PAROXETINE	SDZ
02269430	SANDOZ-PAROXETINE	SDZ

28:16.04 ANTIDEPRESSANTS**PAROXETINE HCL****30mg Tablet**

02240909	APO-PAROXETINE	APX
02262762	CO PAROXETINE	COB
02248449	DOM-PAROXETINE	DPC
02248014	MYLAN-PAROXETINE	MYL
02248558	NOVO-PAROXETINE	TEV
02248721	NU-PAROXETINE	NXP
02248452	PAROXETINE	MEL
02248915	PAROXETINE	PDL
02282860	PAROXETINE	SAN
02302039	PAROXETINE	SOR
01940473	PAXIL	GSK
02247752	PMS-PAROXETINE	PMS
02247812	RATIO-PAROXETINE	RPH
02248561	RIVA-PAROXETINE	RIV
02254778	SANDOZ-PAROXETINE	SDZ
02269449	SANDOZ-PAROXETINE	SDZ

40mg Tablet

02293749	PMS-PAROXETINE	PMS
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PHENELZINE SULFATE**15mg Tablet**

00476552	NARDIL	PFI
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SERTRALINE**25mg Capsule**

02238280	APO-SERTRALINE	APX
02287390	CO SERTRALINE	COB
02245748	DOM-SERTRALINE	DPC
02242519	MYLAN-SERTRALINE	MYL
02240485	NOVO-SERTRALINE	TEV
02247047	NU-SERTRALINE	NXP
02245824	PHL-SERTRALINE	PHH
02244838	PMS-SERTRALINE	PMS
02248496	RIVA-SERTRALINE	RIV
02245159	SANDOZ-SERTRALINE	SDZ
02303779	SERTRALINE	MEL
02353520	SERTRALINE	SAN
02241302	SERTRALINE-25	PDL
02132702	ZOLOFT	PFI

50mg Capsule

02238281	APO-SERTRALINE	APX
02287404	CO SERTRALINE	COB
02245749	DOM-SERTRALINE	DPC
02242520	MYLAN-SERTRALINE	MYL
02240484	NOVO-SERTRALINE	TEV
02247048	NU-SERTRALINE	NXP
02245825	PHL-SERTRALINE	PHH
02244839	PMS-SERTRALINE	PMS
02248497	RIVA-SERTRALINE	RIV
02245160	SANDOZ-SERTRALINE	SDZ
02303809	SERTRALINE	MEL
02353539	SERTRALINE	SAN
02241303	SERTRALINE-50	PDL
01962817	ZOLOFT	PFI

28:16.04 ANTIDEPRESSANTS**SERTRALINE****100mg Capsule**

02238282	APO-SERTRALINE	APX
02287412	CO SERTRALINE	COB
02245750	DOM-SERTRALINE	DPC
02242521	MYLAN-SERTRALINE	MYL
02240481	NOVO-SERTRALINE	TEV
02247050	NU-SERTRALINE	NXP
02245826	PHL-SERTRALINE	PHH
02244840	PMS-SERTRALINE	PMS
02248498	RIVA-SERTRALINE	RIV
02245161	SANDOZ-SERTRALINE	SDZ
02303817	SERTRALINE	MEL
02353547	SERTRALINE	SAN
02241304	SERTRALINE-100	PDL
01962779	ZOLOFT	PFI

TRANLYCYPROMINE SULFATE**10mg Tablet**

01919598	PARNATE	GSK
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TRAZODONE HCL**50mg Tablet**

02147637	APO-TRAZODONE	APX
02128950	DOM-TRAZODONE	DPC
02231683	MYLAN-TRAZODONE	MYL
02144263	NOVO-TRAZODONE	TEV
02165384	NU-TRAZODONE	NXP
02236941	PHL-TRAZODONE	PHH
01937227	PMS-TRAZODONE	PMS
02164353	TRAZODONE	PDL
02348772	TRAZODONE	SAN
02230284	TRAZOREL	VAE

75mg Tablet

02237339	PMS-TRAZODONE	PMS
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100mg Tablet

02147645	APO-TRAZODONE	APX
02128969	DOM-TRAZODONE	DPC
02231684	MYLAN-TRAZODONE	MYL
02144271	NOVO-TRAZODONE	TEV
02165392	NU-TRAZODONE	NXP
02236942	PHL-TRAZODONE	PHH
01937235	PMS-TRAZODONE	PMS
02164361	TRAZODONE	PDL
02348780	TRAZODONE	SAN
02230285	TRAZOREL	VAE

150mg Tablet

02147653	APO-TRAZODONE D	APX
02144298	NOVO-TRAZODONE	TEV
02165406	NU-TRAZODONE D	NXP
02164388	TRAZODONE	PDL
02348799	TRAZODONE	SAN

TRIMIPRAMINE MALEATE**75mg Capsule**

02070987	TRIMIPRAMINE	AAP
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28:16.04 ANTIDEPRESSANTS**TRIMIPRAMINE MALEATE****12.5mg Tablet**

02020599	NU-TRIMIPRAMINE	NXP
00740799	TRIMIPRAMINE	AAP

25mg Tablet

01940430	NOVO-TRIPRAMINE	TEV
02020602	NU-TRIMIPRAMINE	NXP
00740802	TRIMIPRAMINE	AAP

50mg Tablet

01940449	NOVO-TRIPRAMINE	TEV
02020610	NU-TRIMIPRAMINE	NXP
00740810	TRIMIPRAMINE	AAP

100mg Tablet

01940457	NOVO-TRIPRAMINE	TEV
02020629	NU-TRIMIPRAMINE	NXP
00740829	TRIMIPRAMINE	AAP

VENLAFAXINE HCL**37.5mg Sustained Release Capsule**

02331683	APO-VENLAFAXINE XR	APX
02304317	CO VENLAFAXINE XR	COB
02237279	EFFEXOR XR	WAY
02310279	MYLAN-VENLAFAXINE XR	MYL
02275023	NOVO-VENLAFAXINE XR	TEV
02278545	PMS-VENLAFAXINE XR	PMS
02273969	RATIO-VENLAFAXINE XR	RPH
02307774	RIVA-VENLAFAXINE XR	RIV
02310317	SANDOZ VENLAFAXINE XR	SDZ
02339242	VENLAFAXINE XR	PDL
02354713	VENLAFAXINE XR	SAN

75mg Sustained Release Capsule

02331691	APO-VENLAFAXINE XR	APX
02304325	CO VENLAFAXINE XR	COB
02237280	EFFEXOR XR	WAY
02310287	MYLAN-VENLAFAXINE XR	MYL
02275031	NOVO-VENLAFAXINE XR	TEV
02278553	PMS-VENLAFAXINE XR	PMS
02273977	RATIO-VENLAFAXINE SR	RPH
02307782	RIVA-VENLAFAXINE XR	RIV
02310325	SANDOZ VENLAFAXINE XR	SDZ
02339250	VENLAFAXINE XR	PDL
02354721	VENLAFAXINE XR	SAN

150mg Sustained Release Capsule

02331705	APO-VENLAFAXINE XR	APX
02304333	CO VENLAFAXINE XR	COB
02237282	EFFEXOR XR	WAY
02310295	MYLAN-VENLAFAXINE XR	MYL
02275058	NOVO-VENLAFAXINE XR	TEV
02278561	PMS-VENLAFAXINE XR	PMS
02273985	RATIO-VENLAFAXINE XR	RPH
02307790	RIVA-VENLAFAXINE XR	RIV
02310333	SANDOZ VENLAFAXINE XR	SDZ
02339269	VENLAFAXINE XR	PDL
02354748	VENLAFAXINE XR	SAN

28:16.08 ANTIPSYCHOTIC AGENTS**ARIPIRAZOLE**

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have
 a. Intolerance or lack of response to an adequate trial of another antipsychotic agent; OR
 b. A contraindication to another antipsychotic agent

2mg Tablet

02322374	ABILIFY	BMS
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5mg Tablet

02322382	ABILIFY	BMS
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10mg Tablet

02322390	ABILIFY	BMS
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15mg Tablet

02322404	ABILIFY	BMS
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20mg Tablet

02322412	ABILIFY	BMS
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30mg Tablet

02322455	ABILIFY	BMS
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CHLORPROMAZINE**25mg/mL Injection**

00743518	CHLORPROMAZINE HCL	SDZ
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25mg Tablet

00232823	TEVA-CHLORPROMAZINE	TEV
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50mg Tablet

00232807	TEVA-CHLORPROMAZINE	TEV
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100mg Tablet

00232831	TEVA-CHLORPROMAZINE	TEV
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CLOZAPINE**25mg Tablet**

02248034	APO-CLOZAPINE	APX
00894737	CLOZARIL	NVR
02247243	GEN-CLOZAPINE	MYL

50mg Tablet

02305003	GEN-CLOZAPINE	MYL
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100mg Tablet

02248035	APO-CLOZAPINE	APX
00894745	CLOZARIL	NVR
02247244	GEN-CLOZAPINE	MYL

200mg Tablet

02305011	GEN-CLOZAPINE	MYL
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FLUPENTHIXOL DECANOATE**20mg/mL Injection**

02156032	FLUANXOL DEPOT	LUD
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100mg/mL Injection

02156040	FLUANXOL DEPOT	LUD
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FLUPENTHIXOL DIHYDROCHLORIDE**0.5mg Tablet**

02156008	FLUANXOL	LUD
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3mg Tablet

02156016	FLUANXOL	LUD
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28:16.08 ANTIPSYCHOTIC AGENTS**FLUPHENAZINE DECANOATE****25mg/mL Injection**

02239636	FLUPHENAZINE OMEGA	OMG
02091275	PMS-FLUPHENAZINE	PMS

100mg/mL Injection

02242570	FLUPHENAZINE OMEGA	OMG
00755575	MODECATE	BMS
02241928	PMS-FLUPHENAZINE	PMS

FLUPHENAZINE HCL**1mg Tablet**

00405345	APO-FLUPHENAZINE	APX
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2mg Tablet

00410632	APO-FLUPHENAZINE	APX
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5mg Tablet

00405361	APO-FLUPHENAZINE	APX
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HALOPERIDOL**5mg/mL Injection**

00808652	HALOPERIDOL	SDZ
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2mg/mL Solution

00759503	PMS-HALOPERIDOL	PMS
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0.5mg Tablet

00396796	APO-HALOPERIDOL	APX
00363685	NOVO-PERIDOL	TEV

1mg Tablet

00396818	APO-HALOPERIDOL	APX
00363677	NOVO-PERIDOL	TEV

2mg Tablet

00396826	APO-HALOPERIDOL	APX
00363669	NOVO-PERIDOL	TEV

5mg Tablet

00396834	APO-HALOPERIDOL	APX
00363650	NOVO-PERIDOL	TEV

10mg Tablet

00463698	APO-HALOPERIDOL	APX
00713449	NOVO-PERIDOL	TEV

20mg Tablet

00768820	NOVO-PERIDOL	TEV
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HALOPERIDOL DECANOATE**50mg/mL Injection**

02130297	HALOPERIDOL LA	SDZ
02230707	PMS-HALOPERIDOL LA	PMS

100mg/mL Injection

02130300	HALOPERIDOL LA	SDZ
02239640	HALOPERIDOL LA	OMG
02230708	PMS-HALOPERIDOL LA	PMS

LOXAPINE HCL**25mg/mL Oral Liquid**

02239101	XYLAC	MMT
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LOXAPINE SUCCINATE**2.5mg Tablet**

02242868	XYLAC	MMT
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28:16.08 ANTIPSYCHOTIC AGENTS**LOXAPINE SUCCINATE****5mg Tablet**

02239918	DOM-LOXAPINE	DPC
02237534	NU-LOXAPINE	NXP
02236943	PHL-LOXAPINE	PHH
02230837	XYLAC	MMT

10mg Tablet

02239919	DOM-LOXAPINE	DPC
02237535	NU-LOXAPINE	NXP
02236944	PHL-LOXAPINE	PHH
02230838	XYLAC	MMT

25mg Tablet

02239920	DOM-LOXAPINE	DPC
02237536	NU-LOXAPINE	NXP
02236945	PHL-LOXAPINE	PHH
02230839	XYLAC	MMT

50mg Tablet

02239921	DOM-LOXAPINE	DPC
02237537	NU-LOXAPINE	NXP
02236946	PHL-LOXAPINE	PHH
02230840	XYLAC	MMT

METHOTRIMEPRAZINE**2mg Tablet**

02238403	APO-METHOPRAZINE	APX
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5mg Tablet

02238404	APO-METHOPRAZINE	APX
02232903	PMS-METHOTRIMEPRAZINE	PMS

25mg Tablet

02238405	APO-METHOPRAZINE	APX
01964925	NOVO-MEPRAZINE	TEV

50mg Tablet

02238406	APO-METHOPRAZINE	APX
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OLANZAPINE**5mg Orally Disintegrating Tablet**

02360616	APO-OLANZAPINE ODT	APX
02327562	CO OLANZAPINE ODT	COB
02321343	NOVO-OLANZAPINE ODT	TEV
02338645	OLANZAPINE ODT	PDL
02352974	OLANZAPINE ODT	SAN
02303191	PMS-OLANZAPINE ODT	PMS
02327775	SANDOZ OLANZAPINE ODT	SDZ
02243086	ZYPREXA ZYDIS	LIL

10mg Orally Disintegrating Tablet

02360624	APO-OLANZAPINE ODT	APX
02327570	CO OLANZAPINE ODT	COB
02321351	NOVO-OLANZAPINE ODT	TEV
02338653	OLANZAPINE ODT	PDL
02352982	OLANZAPINE ODT	SAN
02303205	PMS-OLANZAPINE ODT	PMS
02327783	SANDOZ OLANZAPINE ODT	SDZ
02243087	ZYPREXA ZYDIS	LIL

28:16.08 ANTIPSYCHOTIC AGENTS**OLANZAPINE****15mg Orally Disintegrating Tablet**

02360632	APO-OLANZAPINE ODT	APX
02327589	CO OLANZAPINE ODT	COB
02321378	NOVO-OLANZAPINE ODT	TEV
02338661	OLANZAPINE ODT	PDL
02352990	OLANZAPINE ODT	SAN
02303213	PMS-OLANZAPINE ODT	PMS
02327791	SANDOZ OLANZAPINE ODT	SDZ
02243088	ZYPREXA ZYDIS	LIL

2.5mg Tablet

02281791	APO-OLANZAPINE	APX
02325659	CO OLANZAPINE	COB
02337878	MYLAN-OLANZAPINE	MYL
02276712	NOVO-OLANZAPINE	TEV
02311968	OLANZAPINE	PDL
02372819	OLANZAPINE	SAN
02303116	PMS-OLANZAPINE	PMS
02337126	RIVA-OLANZAPINE	RIV
02310341	SANDOZ-OLANZAPINE	PDL
02229250	ZYPREXA	LIL

5mg Tablet

02281805	APO-OLANZAPINE	APX
02325667	CO OLANZAPINE	COB
02337886	MYLAN-OLANZAPINE	MYL
02276720	NOVO-OLANZAPINE	TEV
02311976	OLANZAPINE	PDL
02372827	OLANZAPINE	SAN
02303159	PMS-OLANZAPINE	PMS
02337134	RIVA-OLANZAPINE	RIV
02310368	SANDOZ-OLANZAPINE	PDL
02229269	ZYPREXA	LIL

7.5mg Tablet

02281813	APO-OLANZAPINE	APX
02325675	CO OLANZAPINE	COB
02337894	MYLAN-OLANZAPINE	MYL
02276739	NOVO-OLANZAPINE	TEV
02311984	OLANZAPINE	PDL
02372835	OLANZAPINE	SAN
02303167	PMS-OLANZAPINE	PMS
02337142	RIVA-OLANZAPINE	RIV
02310376	SANDOZ-OLANZAPINE	PDL
02229277	ZYPREXA	LIL

10mg Tablet

02281821	APO-OLANZAPINE	APX
02325683	CO OLANZAPINE	COB
02337908	MYLAN-OLANZAPINE	MYL
02276747	NOVO-OLANZAPINE	TEV
02311992	OLANZAPINE	PDL
02372843	OLANZAPINE	SAN
02303175	PMS-OLANZAPINE	PMS
02337150	RIVA-OLANZAPINE	RIV
02310384	SANDOZ-OLANZAPINE	PDL
02229285	ZYPREXA	LIL

28:16.08 ANTIPSYCHOTIC AGENTS**OLANZAPINE****15mg Tablet**

02281848	APO-OLANZAPINE	APX
02325691	CO OLANZAPINE	COB
02337916	MYLAN-OLANZAPINE	MYL
02276755	NOVO-OLANZAPINE	TEV
02312018	OLANZAPINE	PDL
02372851	OLANZAPINE	SAN
02303183	PMS-OLANZAPINE	PMS
02337169	RIVA-OLANZAPINE	RIV
02310392	SANDOZ-OLANZAPINE	PDL
02238850	ZYPREXA	LIL

PERICYAZINE**5mg Capsule**

01926780	NEULEPTIL	ERF
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10mg Capsule

01926772	NEULEPTIL	ERF
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20mg Capsule

01926764	NEULEPTIL	ERF
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10mg/mL Drop

01926756	NEULEPTIL	ERF
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PERPHENAZINE**3.2mg/mL Liquid**

00751898	PMS-PERPHENAZINE	PMS
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2mg Tablet

00335134	APO-PERPHENAZINE	APX
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4mg Tablet

00335126	APO-PERPHENAZINE	APX
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8mg Tablet

00335118	APO-PERPHENAZINE	APX
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16mg Tablet

00335096	APO-PERPHENAZINE	APX
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PIMOZIDE**2mg Tablet**

02245432	APO-PIMOZIDE	APX
00313815	ORAP	PHH

4mg Tablet

02245433	APO-PIMOZIDE	APX
00313823	ORAP	PHH

PIPOTIAZINE PALMITATE**25mg/mL Injection**

01926667	PIPORTIL L4	SAC
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PROCHLORPERAZINE**5mg/mL Injection**

00789747	PROCHLORPERAZINE	SDZ
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10mg Suppository

00753688	PMS-PROCHLORPERAZINE	PMS
00789720	PROCHLORPERAZINE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS**PROCHLORPERAZINE****5mg Tablet**

00886440	APO-PROCHLORAZINE	APX
01964399	NU-PROCHLOR	NXP
00753661	PMS-PROCHLORPERAZINE	PMS

10mg Tablet

00886432	APO-PROCHLORAZINE	APX
01964402	NU-PROCHLOR	NXP
00753637	PMS-PROCHLORPERAZINE	PMS

QUETIAPINE FUMARATE**25mg Tablet**

02313901	APO-QUETIAPINE	APX
02316080	CO QUETIAPINE	COB
02298996	DOM-QUETIAPINE	DPC
02330415	JAMP-QUETIAPINE	JMP
02307804	MYLAN-QUETIAPINE	MYL
02284235	NOVO-QUETIAPINE	TEV
02299054	PHL-QUETIAPINE	PHH
02296551	PMS-QUETIAPINE	PMS
02317346	PRO-QUETIAPINE	PDL
02317893	QUETIAPINE	MEL
02353164	QUETIAPINE	SAN
02311704	RATIO-QUETIAPINE	RPH
02316692	RIVA-QUETIAPINE	RIV
02313995	SANDOZ-QUETIAPINE	SDZ
02236951	SEROQUEL	AZC

50mg Tablet

02361892	PMS-QUETIAPINE	VTH
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100mg Tablet

02313928	APO-QUETIAPINE	APX
02316099	CO QUETIAPINE	COB
02299003	DOM-QUETIAPINE	DPC
02330423	JAMP-QUETIAPINE	JMP
02307812	MYLAN-QUETIAPINE	MYL
02284243	NOVO-QUETIAPINE	TEV
02299062	PHL-QUETIAPINE	PHH
02296578	PMS-QUETIAPINE	PMS
02317354	PRO-QUETIAPINE	PDL
02317907	QUETIAPINE	MEL
02353172	QUETIAPINE	SAN
02311712	RATIO-QUETIAPINE	RPH
02316706	RIVA-QUETIAPINE	RIV
02314002	SANDOZ-QUETIAPINE	SDZ
02236952	SEROQUEL	AZC

150mg Tablet

02284251	NOVO-QUETIAPINE	TEV
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28:16.08 ANTIPSYCHOTIC AGENTS**QUETIAPINE FUMARATE****200mg Tablet**

02313936	APO-QUETIAPINE	APX
02316110	CO QUETIAPINE	COB
02299038	DOM-QUETIAPINE	DPC
02330458	JAMP-QUETIAPINE	JMP
02307839	MYLAN-QUETIAPINE	MYL
02284278	NOVO-QUETIAPINE	TEV
02299089	PHL-QUETIAPINE	PHH
02296594	PMS-QUETIAPINE	PMS
02317362	PRO-QUETIAPINE	PDL
02317923	QUETIAPINE	MEL
02353199	QUETIAPINE	SAN
02311747	RATIO-QUETIAPINE	RPH
02316722	RIVA-QUETIAPINE	RIV
02314010	SANDOZ-QUETIAPINE	SDZ
02236953	SEROQUEL	AZC

300mg Tablet

02313944	APO-QUETIAPINE	APX
02316129	CO QUETIAPINE	COB
02299046	DOM-QUETIAPINE	DPC
02330466	JAMP-QUETIAPINE	JMP
02307847	MYLAN-QUETIAPINE	MYL
02284286	NOVO-QUETIAPINE	TEV
02299097	PHL-QUETIAPINE	PHH
02296608	PMS-QUETIAPINE	PMS
02317370	PRO-QUETIAPINE	PDL
02317931	QUETIAPINE	MEL
02353202	QUETIAPINE	SAN
02316730	RIVA-QUETIAPINE	RIV
02314029	SANDOZ-QUETIAPINE	SDZ
02244107	SEROQUEL	AZC

RISPERIDONE**0.5mg Orally Disintegrating Tablet**

02247704	RISPERDAL-M	JNO
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1mg Orally Disintegrating Tablet

02291789	PMS-RISPERIDONE ODT	PMS
02247705	RISPERDAL-M	JNO

2mg Orally Disintegrating Tablet

02291797	PMS-RISPERIDONE ODT	PMS
02247706	RISPERDAL-M	JNO

3mg Orally Disintegrating Tablet

02268086	RISPERDAL-M	JNO
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4mg Orally Disintegrating Tablet

02268094	RISPERDAL-M	JNO
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1mg/mL Solution

02280396	APO-RISPERIDONE	APX
02279266	PMS-RISPERIDONE	PMS
02236950	RISPERDAL	JNO

0.25mg Tablet

02371766	MAR-RISPERIDONE	MAR
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28:16.08 ANTIPSYCHOTIC AGENTS**RISPERIDONE****0.25mg Tablet**

02282119	APO-RISPERIDONE	APX
02282585	CO RISPERIDONE	COB
02359790	MINT-RISPERIDONE	MIN
02282240	MYLAN-RISPERIDONE	MYL
02282690	NOVO-RISPERIDONE	TEV
02258439	PHL-RISPERIDONE	PHH
02252007	PMS-RISPERIDONE	PMS
02312700	PRO-RISPERIDONE	PDL
02280906	RAN-RISPERIDONE	RBV
02264757	RATIO-RISPERIDONE	RPH
02328305	RBX-RISPERIDONE	RBV
02240551	RISPERDAL	JNO
02303485	RISPERIDONE	MEL
02356880	RISPERIDONE	SAN
02283565	RIVA-RISPERIDONE	RIV
02303655	SANDOZ RISPERIDONE	SDZ

0.5mg Tablet

02282127	APO-RISPERIDONE	APX
02282593	CO RISPERIDONE	COB
02278448	DOM-RISPERIDONE	DPC
02371774	MAR-RISPERIDONE	MAR
02359804	MINT-RISPERIDONE	MIN
02282259	MYLAN-RISPERIDONE	MYL
02264188	NOVO-RISPERIDONE	TEV
02258447	PHL-RISPERIDONE	PHH
02252015	PMS-RISPERIDONE	PMS
02312719	PRO-RISPERIDONE	PDL
02280914	RAN-RISPERIDONE	RBV
02264765	RATIO-RISPERIDONE	RPH
02328313	RBX-RISPERIDONE	RBV
02240552	RISPERDAL	JNO
02303493	RISPERIDONE	MEL
02356899	RISPERIDONE	SAN
02283573	RIVA-RISPERIDONE	RIV
02303663	SANDOZ RISPERIDONE	SDZ

1mg Tablet

02282135	APO-RISPERIDONE	APX
02282607	CO RISPERIDONE	COB
02278456	DOM-RISPERIDONE	DPC
02371782	MAR-RISPERIDONE	MAR
02359812	MINT-RISPERIDONE	MIN
02282267	MYLAN-RISPERIDONE	MYL
02264196	NOVO-RISPERIDONE	TEV
02258455	PHL-RISPERIDONE	PHH
02252023	PMS-RISPERIDONE	PMS
02312727	PRO-RISPERIDONE	PDL
02280922	RAN-RISPERIDONE	RBV
02264773	RATIO-RISPERIDONE	RPH
02328321	RBX-RISPERIDONE	RBV
02025280	RISPERDAL	JNO
02303507	RISPERIDONE	MEL
02356902	RISPERIDONE	SAN
02283581	RIVA-RISPERIDONE	RIV
02279800	SANDOZ-RISPERIDONE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS**RISPERIDONE****2mg Tablet**

02282143	APO-RISPERIDONE	APX
02282615	CO RISPERIDONE	COB
02278464	DOM-RISPERIDONE	DPC
02371790	MAR-RISPERIDONE	MAR
02359820	MINT-RISPERIDONE	MIN
02282275	MYLAN-RISPERIDONE	MYL
02264218	NOVO-RISPERIDONE	TEV
02258463	PHL-RISPERIDONE	PHH
02252031	PMS-RISPERIDONE	PMS
02312735	PRO-RISPERIDONE	PDL
02280930	RAN-RISPERIDONE	RBV
02264781	RATIO-RISPERIDONE	RPH
02328348	RBX-RISPERIDONE	RBV
02025299	RISPERDAL	JNO
02303515	RISPERIDONE	MEL
02356910	RISPERIDONE	SAN
02283603	RIVA-RISPERIDONE	RIV
02279819	SANDOZ-RISPERIDONE	SDZ

3mg Tablet

02282151	APO-RISPERIDONE	APX
02282623	CO RISPERIDONE	COB
02278472	DOM-RISPERIDONE	DPC
02371804	MAR-RISPERIDONE	MAR
02359839	MINT-RISPERIDONE	MIN
02282283	MYLAN-RISPERIDONE	MYL
02264226	NOVO-RISPERIDONE	TEV
02258471	PHL-RISPERIDONE	PHH
02252058	PMS-RISPERIDONE	PMS
02312743	PRO-RISPERIDONE	PDL
02280949	RAN-RISPERIDONE	RBV
02264803	RATIO-RISPERIDONE	RPH
02328364	RBX-RISPERIDONE	RBV
02025302	RISPERDAL	JNO
02303523	RISPERIDONE	MEL
02356929	RISPERIDONE	SAN
02283611	RIVA-RISPERIDONE	RIV
02279827	SANDOZ-RISPERIDONE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS**RISPERIDONE****4mg Tablet**

02282178	APO-RISPERIDONE	APX
02282631	CO RISPERIDONE	COB
02371812	MAR-RISPERIDONE	MAR
02359847	MINT-RISPERIDONE	MIN
02282291	MYLAN-RISPERIDONE	MYL
02264234	NOVO-RISPERIDONE	TEV
02258498	PHL-RISPERIDONE	PHH
02252066	PMS-RISPERIDONE	PMS
02312751	PRO-RISPERIDONE	PDL
02280957	RAN-RISPERIDONE	RBV
02264811	RATIO-RISPERIDONE	RPH
02328372	RBX-RISPERIDONE	RBV
02025310	RISPERDAL	JNO
02303531	RISPERIDONE	MEL
02356937	RISPERIDONE	SAN
02283638	RIVA-RISPERIDONE	RIV
02279835	SANDOZ-RISPERIDONE	SDZ

THIOPROPERAZINE MESYLATE**10mg Tablet**

01927639	MAJEPTIL	ERF
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THIOTHIXENE**2mg Capsule**

00024430	NAVANE	ERF
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5mg Capsule

00024449	NAVANE	ERF
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10mg Capsule

00024457	NAVANE	ERF
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TRIFLUOPERAZINE HCL**10mg/mL Liquid**

00751871	PMS-TRIFLUOPERAZINE	PMS
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1mg Tablet

00345539	TRIFLUOPERAZINE	AAP
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2mg Tablet

00312754	TRIFLUOPERAZINE	AAP
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5mg Tablet

00312746	TRIFLUOPERAZINE	AAP
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10mg Tablet

00326836	TRIFLUOPERAZINE	AAP
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20mg Tablet

00595942	TRIFLUOPERAZINE	AAP
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ZIPRASIDONE HCL MONOHYDRATE

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have:
a.- intolerance or lack of response to an adequate trial of another antipsychotic agent or
b.- a contraindication to another antipsychotic agent

20MG Capsule

02298597	ZELDOX	PFI
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28:16.08 ANTIPSYCHOTIC AGENTS**ZIPRASIDONE HCL MONOHYDRATE**

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have:
a.- intolerance or lack of response to an adequate trial of another antipsychotic agent or
b.- a contraindication to another antipsychotic agent

40MG Capsule

02298600	ZELDOX	PFI
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60mg Capsule

02298619	ZELDOX	PFI
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80mg Capsule

02298627	ZELDOX	PFI
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28:20.04 AMPHETAMINES**DEXTROAMPHETAMINE SULFATE****10mg Sustained Release Capsule**

01924559	DEXEDRINE SPANSULE	GSK
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15mg Sustained Release Capsule

01924567	DEXEDRINE SPANSULE	GSK
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5mg Tablet

01924516	DEXEDRINE	GSK
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28:20.92 MISC ANOREXIGENIC AGENTS & RESPIRATORY & CEREBRAL STIMULANT**METHYLPHENIDATE****20mg Sustained Release Tablet**

02266687	APO-METHYLPHENIDATE SR	APX
00632775	RITALIN SR	NVR
02320312	SANDOZ-METHYLPHENIDATE SR	SDZ

5mg Tablet

02273950	APO-METHYLPHENIDATE	APX
02326221	METHYLPHENIDATE	PDL
02234749	PMS-METHYLPHENIDATE	PMS

10mg Tablet

02249324	APO-METHYLPHENIDATE	APX
02326248	METHYLPHENIDATE	PDL
00584991	PMS-METHYLPHENIDATE	PMS
00005606	RITALIN	NVR

20mg Tablet

02249332	APO-METHYLPHENIDATE	APX
02326256	METHYLPHENIDATE	PDL
00585009	PMS-METHYLPHENIDATE	PMS
00005614	RITALIN	NVR

28:20.92 MISC ANOREXIGENIC AGENTS & RESPIRATORY & CEREBRAL STIMULANT

METHYLPHENIDATE HCL

The limited use benefit (prior approval required) criteria for Concerta® (and generics) are:

- For the treatment of patients aged 6 to 18 with Attention Deficit Hyperactivity Disorder (ADHD) who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interferes with learning AND

- For whom the medication is prescribed by, or in consultation with, a specialist in pediatric psychiatry, pediatrics, or a general practitioner with expertise in ADHD, AND

- For whom sustained release methylphenidate (i.e., Ritalin® SR) or sustained release dextroamphetamine (i.e., Dexedrine Spansules) has not adequately controlled the symptoms of the disorder.

18mg Extended Release Tablet

02247732	CONCERTA	JNO
02315068	NOVO-METHYLPHENIDATE ER	TEV

27mg Extended Release Tablet

02250241	CONCERTA	JNO
02315076	NOVO-METHYLPHENIDATE ER	TEV

36mg Extended Release Tablet

02247733	CONCERTA	JNO
02315084	NOVO-METHYLPHENIDATE ER	TEV

54mg Extended Release Tablet

02330377	APO-METHYLPHENIDATE ER	APX
02247734	CONCERTA	JNO
02315092	NOVO-METHYLPHENIDATE ER	TEV

MODAFINIL

100mg Tablet

02239665	ALERTEC	DPY
02285398	MODAFINIL	AAP

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

ALPRAZOLAM

0.25mg Tablet

01908189	ALPRAZOLAM	PDL
02349191	ALPRAZOLAM	SAN
00865397	APO-ALPRAZ	APX
02137534	MYLAN-ALPRAZOLAM	MYL
01913239	NU-ALPRAZ	NXP
01913484	TEVA-ALPRAZOL	TEV
00548359	XANAX	PFI

0.5mg Tablet

01908170	ALPRAZOLAM	PDL
02349205	ALPRAZOLAM	SAN
00865400	APO-ALPRAZ	APX
02137542	MYLAN-ALPRAZOLAM	MYL
01913247	NU-ALPRAZ	NXP
01913492	TEVA-ALPRAZOL	TEV
00548367	XANAX	PFI

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

ALPRAZOLAM

1mg Tablet

02248706	ALPRAZOLAM	PDL
02243611	APO-ALPRAZ	APX
02229813	MYLAN-ALPRAZOLAM	MYL
00723770	XANAX	PFI

2mg Tablet

02243612	APO-ALPRAZ	APX
02229814	MYLAN-ALPRAZOLAM	MYL
00813958	XANAX TS	PFI

BROMAZEPAM

1.5mg Tablet

02177153	APO-BROMAZEPAM	APX
02171856	NU-BROMAZEPAM	NXP

3mg Tablet

02177161	APO-BROMAZEPAM	APX
02220520	BROMAZEPAM	PDL
00518123	LECTOPAM	HLR
02171864	NU-BROMAZEPAM	NXP
02230584	TEVA-BROMAZEPAM	TEV

6mg Tablet

02177188	APO-BROMAZEPAM	APX
02220539	BROMAZEPAM	PDL
00518131	LECTOPAM	HLR
02171872	NU-BROMAZEPAM	NXP
02230585	TEVA-BROMAZEPAM	TEV

CLOBAZAM

10mg Tablet

02244638	APO-CLOBAZAM	APX
02248454	CLOBAZAM	PDL
02247230	DOM-CLOBAZAM	DPC
02221799	FRISIUM	PED
02244474	PMS-CLOBAZAM	PMS
02238334	TEVA-CLOBAZAM	TEV

DIAZEPAM

1mg/mL Oral Solution

00891797	PMS-DIAZEPAM	PMS
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2mg Tablet

00405329	APO-DIAZEPAM	APX
00434396	DIAZEPAM	PDL
02247490	PMS-DIAZEPAM	PMS

5mg Tablet

00362158	APO-DIAZEPAM	APX
00313580	DIAZEPAM	PRO
02247491	PMS-DIAZEPAM	PMS
00013285	VALIUM	HLR

10mg Tablet

00405337	APO-DIAZEPAM	APX
00434388	DIAZEPAM	PDL
02247492	PMS-DIAZEPAM	PMS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES**LORAZEPAM****0.5mg Tablet**

00655740	APO-LORAZEPAM	APX
02041413	ATIVAN	WAY
02041456	ATIVAN SUBLINGUAL	WAY
02245784	DOM-LORAZEPAM	DPC
02351072	LORAZEPAM	SAN
00711101	NOVO-LORAZEM	TEV
00865672	NU-LORAZ	NXP
00655643	PRO-LORAZEPAM	PDL

1mg Tablet

00655759	APO-LORAZEPAM	APX
02041421	ATIVAN	WAY
02041464	ATIVAN SUBLINGUAL	WAY
02245785	DOM-LORAZEPAM	DPC
02351080	LORAZEPAM	SAN
00637742	NOVO-LORAZEM	TEV
00865680	NU-LORAZ	NXP
00655651	PRO-LORAZEPAM	PDL

2mg Tablet

00655767	APO-LORAZEPAM	APX
02041448	ATIVAN	WAY
02041472	ATIVAN SUBLINGUAL	WAY
02245786	DOM-LORAZEPAM	DPC
02351099	LORAZEPAM	SAN
00637750	NOVO-LORAZEM	TEV
00865699	NU-LORAZ	NXP
00655678	PRO-LORAZEPAM	PDL

NITRAZEPAM**5mg Tablet**

02245230	APO-NITRAZEPAM	APX
00511528	MOGADON	ICN
02229654	NITRAZADON	VAE
02234003	SANDOZ-NITRAZEPAM	SDZ

10mg Tablet

02245231	APO-NITRAZEPAM	APX
00511536	MOGADON	VAE
02229655	NITRAZADON	VAE
02234007	SANDOZ-NITRAZEPAM	SDZ

OXAZEPAM**10mg Tablet**

00402680	APO-OXAZEPAM	APX
00497754	OXAZEPAM	PDL
00568392	RIVA OXAZEPAM	RIV

15mg Tablet

00402745	APO-OXAZEPAM	APX
00497762	OXAZEPAM	PDL
00568406	RIVA OXAZEPAM	RIV

30mg Tablet

00402737	APO-OXAZEPAM	APX
00497770	OXAZEPAM	PDL
00568414	RIVA OXAZEPAM	RIV

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES**TEMAZEPAM****15mg Capsule**

02225964	APO-TEMAZEPAM	APX
02244814	CO TEMAZEPAM	COB
02229756	DOM-TEMAZEPAM	DPC
02230095	NOVO-TEMAZEPAM	TEV
02223570	NU-TEMAZEPAM	NXP
02243023	RATIO-TEMAZEPAM	RPH
00604453	RESTORIL	ORY
02229760	TEMAZEPAM	PDL

30mg Capsule

02225972	APO-TEMAZEPAM	APX
02244815	CO TEMAZEPAM	COB
02229758	DOM-TEMAZEPAM	DPC
02230102	NOVO-TEMAZEPAM	TEV
02223589	NU-TEMAZEPAM	NXP
02243024	RATIO-TEMAZEPAM	RPH
00604461	RESTORIL	ORY
02229761	TEMAZEPAM	PDL

TRIAZOLAM**0.125mg Tablet**

00808563	APO-TRIAZO	APX
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0.25mg Tablet

00808571	APO-TRIAZO	APX
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28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND HYPNOTICS**HYDROXYZINE HCL****10mg Capsule**

00646059	APO-HYDROXYZINE	APX
00739618	HYDROXYZINE	PDL
00738824	NOVO-HYDROXYZIN	TEV
02241192	RIVA-HYDROXYZIN	RIV

25mg Capsule

00646024	APO-HYDROXYZINE	APX
00739626	HYDROXYZINE	PDL
00738832	NOVO-HYDROXYZIN	TEV
02241193	RIVA-HYDROXYZIN	RIV

50mg Capsule

00646016	APO-HYDROXYZINE	APX
00739634	HYDROXYZINE	PDL
00738840	NOVO-HYDROXYZIN	TEV
02241194	RIVA-HYDROXYZIN	RIV

2mg/mL Syrup

00024694	ATARAX	ERF
00741817	PMS-HYDROXYZINE	PMS

28:28.00 ANTIMANIC AGENTS**LITHIUM CARBONATE****150mg Capsule**

02242837	APO-LITHIUM CARB	APX
09857532	APO-LITHIUM CARBONATE	APX
02013231	LITHANE	ERF
02216132	PMS-LITHIUM CARBONATE	PMS

28:28.00 ANTIMANIC AGENTS**LITHIUM CARBONATE****300mg Capsule**

02242838	APO-LITHIUM CARB	APX
09857540	APO-LITHIUM CARBONATE	APX
00236683	CARBOLITH	VAE
00406775	LITHANE	ERF
02216140	PMS-LITHIUM CARBONATE	PMS

600mg Capsule

02011239	CARBOLITH	VAE
02216159	PMS-LITHIUM CARBONATE	PMS

LITHIUM CITRATE**60mg/mL Syrup**

02074834	PMS-LITHIUM CITRATE	PMS
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28:32.28 SELECTIVE SEROTONIN AGONISTS**ALMOTRIPTAN MALATE****6.25mg Tablet**

02248128	AXERT	MCL
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12.5mg Tablet

02248129	AXERT	MCL
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NARATRIPTAN HCL**1mg Tablet**

02237820	AMERGE	GSK
02314290	NOVO-NARATRIPTAN	TEV

2.5mg Tablet

02237821	AMERGE	GSK
02314304	NOVO-NARATRIPTAN	TEV
02322323	SANDOZ NARATRIPTAN	SDZ

RIZATRIPTAN**5mg Tablet**

02240520	MAXALT	FRS
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10mg Tablet

02240521	MAXALT	FRS
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5mg Wafer

02240518	MAXALT RPD	FRS
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10mg Wafer

02240519	MAXALT RPD	FRS
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SUMATRIPTAN HEMISULFATE**5mg Nasal Spray**

02230418	IMITREX	GSK
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20mg Nasal Spray

02230420	IMITREX	GSK
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SUMATRIPTAN SUCCINATE**6mg/0.5mL Injection**

02361698	SUMATRIPTAN SUN	SUN
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12mg/mL Injection

02212188	IMITREX	GSK
99000598	IMITREX	GSK

28:32.28 SELECTIVE SEROTONIN AGONISTS**SUMATRIPTAN SUCCINATE****25mg Tablet**

02257882	CO SUMATRIPTAN	COB
02270749	DOM-SUMATRIPTAN	DPC
02268906	MYLAN-SUMATRIPTAN	MYL
02286815	NOVO-SUMATRIPTAN DF	TEV
02256428	PMS-SUMATRIPTAN	PMS
02286513	SUMATRIPTAN	SAN

50mg Tablet

02268388	APO-SUMATRIPTAN	APX
02257890	CO SUMATRIPTAN	COB
02270757	DOM-SUMATRIPTAN	DPC
02212153	IMITREX DF	GSK
02268914	MYLAN-SUMATRIPTAN	MYL
02286823	NOVO-SUMATRIPTAN DF	TEV
02256436	PMS-SUMATRIPTAN	PMS
02263025	SANDOZ-SUMATRIPTAN	SDZ
02286521	SUMATRIPTAN	SAN
02324652	SUMATRIPTAN	PDL

100mg Tablet

02268396	APO-SUMATRIPTAN	APX
02257904	CO SUMATRIPTAN	COB
02270765	DOM-SUMATRIPTAN	DPC
02212161	IMITREX DF	GSK
02268922	MYLAN-SUMATRIPTAN	MYL
02239367	NOVO-SUMATRIPTAN	TEV
02286831	NOVO-SUMATRIPTAN DF	TEV
02256444	PMS-SUMATRIPTAN	PMS
02263033	SANDOZ-SUMATRIPTAN	SDZ
02286548	SUMATRIPTAN	SAN
02324660	SUMATRIPTAN	PDL

ZOLMITRIPTAN**2.5mg Orally Disintegrating Tablet**

02324768	PMS-ZOLMITRIPTAN ODT	PMS
02362996	SANDOZ ZOLMITRIPTAN ODT	SDZ
02342545	TEVA-ZOLMITRIPTAN OD	TEV
02243045	ZOMIG RAPIMELT	AZC

2.5mg Tablet

02369036	MYLAN ZOLMITRIPTAN	MYL
02324229	PMS-ZOLMITRIPTAN	PMS
02362988	SANDOZ ZOLMITRIPTAN	SDZ
02313960	TEVA-ZOLMITRIPTAN	TEV
02238660	ZOMIG	AZC

28:32.92 MISCELLANEOUS ANTIMIGRANE AGENTS**FLUNARIZINE HCL****5mg Capsule**

02246082	FLUNARIZINE	AAP
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PIZOTYLIN HYDROGEN MALATE**0.5mg Tablet**

00329320	SANDOMIGRAN	PED
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28:32.92 MISCELLANEOUS ANTIMIGRANE AGENTS**PIZOTYLIN HYDROGEN MALATE****1mg Tablet**

00511552 SANDOMIGRAN DS PED

28:36.08 ANTIPARKINSONIAN AGENTS - ANTICHOLINERGIC AGENTS**BENZTROPINE MESYLATE****1mg/mL Injection**

02238903 BENZTROPINE OMEGA OMG

1mg Tablet

00706531 PMS-BENZTROPINE PMS

2mg Tablet

00426857 APO-BENZTROPINE APX

00587265 PMS-BENZTROPINE PMS

ETHOPROPAZINE HCL**50mg Tablet**

01927744 PARSITAN ERF

PROCYCLIDINE HCL**0.5mg/mL Elixir**

00587362 PMS-PROCYCLIDINE PMS

2.5mg Tablet

00649392 PMS-PROCYCLIDINE PMS

5mg Tablet

00587354 PMS-PROCYCLIDINE PMS

TRIHEXYPHENIDYL HCL**0.4mg/mL Liquid**

00885398 PMS-TRIHEXYPHENIDYL PMS

2mg Tablet

00545058 TRIHEXYPHENIDYL AAP

5mg Tablet

00545074 TRIHEXYPHENIDYL AAP

28:36.12 ANTIPARKINSONIAN AGENTS - CATECHOL-O-METHYLTRANSFERASE (COMT) INHIBITORS**ENTACAPONE****ST 200mg Tablet**

02243763 COMTAN NVR

28:36.16 ANTIPARKINSONIAN AGENTS - DOPAMINE PRECURSORS**LEVODOPA, BENZERAZIDE****ST 50mg & 12.5mg Capsule**

00522597 PROLOPA HLR

ST 100mg & 25mg Capsule

00386464 PROLOPA HLR

ST 200mg & 50mg Capsule

00386472 PROLOPA HLR

28:36.16 ANTIPARKINSONIAN AGENTS - DOPAMINE PRECURSORS**LEVODOPA, CARBIDOPA****ST 100mg & 25mg Controlled Release Tablet**

02272873 LEVOCARB CR AAP

02028786 SINEMET CR BMS

ST 200mg & 50mg Controlled Release Tablet

00870935 SINEMET CR BMS

ST 100mg & 10mg Tablet

02195933 APO-LEVOCARB APX

02244494 NOVO-LEVOCARBIDOPA TEV

02182831 NU-LEVOCARB NXP

00355658 SINEMET BMS

ST 100mg & 25mg Tablet

02195941 APO-LEVOCARB APX

02244495 NOVO-LEVOCARBIDOPA TEV

02182823 NU-LEVOCARB NXP

02311178 PRO-LEVOCARB PDL

00513997 SINEMET BMS

ST 250mg & 25mg Tablet

02195968 APO-LEVOCARB APX

02244496 NOVO-LEVOCARBIDOPA TEV

02182858 NU-LEVOCARB NXP

00328219 SINEMET BMS

LEVODOPA, CARBIDOPA, ENTACAPONE**ST 50mg & 12.5mg & 200mg Tablet**

02305933 STALEVO NVR

ST 75mg & 18.75mg & 200mg Tablet

02337827 STALEVO NVR

ST 100mg & 25mg & 200mg Tablet

02305941 STALEVO NVR

ST 125mg & 31.25mg & 200mg Tablet

02337835 STALEVO NVR

ST 150mg & 37.5mg & 200mg Tablet

02305968 STALEVO NVR

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS**BROMOCRIPTINE MESYLATE****5mg Capsule**

02230454 APO-BROMOCRIPTINE APX

02238637 DOM-BROMOCRIPTINE DPC

02236949 PMS-BROMOCRIPTINE PMS

2.5mg Tablet

02087324 APO-BROMOCRIPTINE APX

02238636 DOM-BROMOCRIPTINE DPC

02231702 PMS-BROMOCRIPTINE PMS

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

CABERGOLINE

Limited use benefit (prior approval required).

For treatment of hyperprolactinemia in patients who have failed therapy with or are intolerant to bromocriptine.

0.5mg Tablet

02301407	CO CABERGOLINE	COB
02242471	DOSTINEX	PFI

PRAMIPEXOLE DIHYDROCHLORIDE

ST 0.25mg Tablet

02292378	APO-PRAMIPEXOLE	APX
02297302	CO PRAMIPEXOLE	COB
02237145	MIRAPEX	BOE
09857268	MIRAPEX (ONT)	BOE
02376350	MYLAN-PRAMIPEXOLE	MYL
02269309	NOVO-PRAMIPEXOLE	TEV
02290111	PMS-PRAMIPEXOLE	PMS
02325802	PRAMIPEXOLE	PDL
02367602	PRAMIPEXOLE	SAN
02315262	SANDOZ-PRAMIPEXOLE	SDZ

ST 0.5mg Tablet

02292386	APO-PRAMIPEXOLE	APX
02297310	CO PRAMIPEXOLE	COB
02241594	MIRAPEX	BOE
02376369	MYLAN-PRAMIPEXOLE	MYL
02269317	NOVO-PRAMIPEXOLE	TEV
02290138	PMS-PRAMIPEXOLE	PMS
02325810	PRAMIPEXOLE	PDL
02367610	PRAMIPEXOLE	SAN
02315270	SANDOZ-PRAMIPEXOLE	SDZ

ST 1mg Tablet

02292394	APO-PRAMIPEXOLE	APX
02297329	CO PRAMIPEXOLE	COB
02237146	MIRAPEX	BOE
09857269	MIRAPEX (ONT)	BOE
02376377	MYLAN-PRAMIPEXOLE	MYL
02269325	NOVO-PRAMIPEXOLE	TEV
02290146	PMS-PRAMIPEXOLE	PMS
02325829	PRAMIPEXOLE	PDL
02367629	PRAMIPEXOLE	SAN
02315289	SANDOZ-PRAMIPEXOLE	SDZ

ST 1.5mg Tablet

02292408	APO-PRAMIPEXOLE	APX
02297337	CO PRAMIPEXOLE	COB
02237147	MIRAPEX	BOE
09857270	MIRAPEX (ONT)	BOE
02376385	MYLAN-PRAMIPEXOLE	MYL
02269333	NOVO-PRAMIPEXOLE	TEV
02290154	PMS-PRAMIPEXOLE	PMS
02325837	PRAMIPEXOLE	PDL
02367645	PRAMIPEXOLE	SAN
02315297	SANDOZ-PRAMIPEXOLE	SDZ

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS

ROPINIROLE HCL

ST 0.25mg Tablet

02337746	APO-ROPINIROLE	APX
02316846	CO-ROPINIROLE	COB
02326590	PMS-ROPINIROLE	PMS
02314037	RAN-ROPINIROLE	RBV
02232565	REQUIP	GSK
02353040	ROPINIROLE	SAN

ST 1mg Tablet

02337762	APO-ROPINIROLE	APX
02316854	CO-ROPINIROLE	COB
02326612	PMS-ROPINIROLE	PMS
02314053	RAN-ROPINIROLE	RBV
02232567	REQUIP	GSK
02353059	ROPINIROLE	SAN

ST 2mg Tablet

02337770	APO-ROPINIROLE	APX
02316862	CO-ROPINIROLE	COB
02326620	PMS-ROPINIROLE	PMS
02314061	RAN-ROPINIROLE	RBV
02232568	REQUIP	GSK
02353067	ROPINIROLE	SAN

ST 5mg Tablet

02337800	APO-ROPINIROLE	APX
02316870	CO-ROPINIROLE	COB
02326639	PMS-ROPINIROLE	PMS
02314088	RAN-ROPINIROLE	RBV
02232569	REQUIP	GSK
02353075	ROPINIROLE	SAN

28:36.32 ANTIPARKINSONIAN AGENTS - MONOAMINE OXIDASE B INHIBITORS

SELEGILINE HCL

ST 5mg Tablet

02230641	APO-SELEGILINE	APX
02238340	DOM-SELEGILINE	DPC
02231036	MYLAN-SELEGILINE	MYL
02068087	NOVO-SELEGILINE	TEV
02230717	NU-SELEGILINE	NXP

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ACAMPROSATE CALCIUM

Limited use benefit (prior approval required).

For patients who have been abstinent from alcohol for at least four days and where available, are currently enrolled in an alcohol addiction treatment program

333mg Sustained Release Tablet

02293269	CAMPRAL	MYL
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**28:92.00 MISCELLANEOUS CENTRAL
NERVOUS SYSTEM AGENTS**

TETRABENAZINE

25mg Tablet

02199270 NITOMAN

VAE

32:00 CONTRACEPTIVES (NON-ORAL)**32:00.00 CONTRACEPTIVES (NON-ORAL)****CONDOM, MALE****Device**

99400527	CONDOM, LATEX, LUBRICATED
99400485	CONDOM, LATEX, LUBRICATED, NONOXYNOL
99400486	CONDOM, LATEX, NON- LUBRICATED
99400786	CONDOM, NON-LATEX, LUBRICATED

INTRAUTERINE DEVICE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 30 months.

Device

98099999	FLEXI-T IUD	TSN
99400482	NOVA-T IUD	BEX

36:00 DIAGNOSTIC AGENTS (DX)**36:00.00 DIAGNOSTIC AGENTS (DX)****THYROTROPIN ALFA**

0.9mg/mL Powder for Solution

02246016 THYROGEN GEE

36:26.00 DX - DIABETES MELLITUS**GLUCOSE OXIDASE, PEROXIDASE****ACCU-CHEK ADVANTAGE Strip**

97799824 ACCU-CHEK ADVANTAGE ROD

09853626 ACCU-CHEK ADVANTAGE (ON) ROD

ACCU-CHEK AVIVA Strip

97799814 ACCU-CHEK AVIVA ROD

09857178 ACCU-CHEK AVIVA (ON) ROD

ACCU-CHEK COMPACT Strip

97799962 ACCU-CHEK COMPACT ROD

09854282 ACCU-CHEK COMPACT (ON) ROD

ACCUTREND Strip

97799959 ACCUTREND ROD

09853162 ACCUTREND (ON) ROD

ASCENSIA BREEZE 2 Strip

97799748 ASCENSIA BREEZE 2 BAY

09857293 ASCENSIA BREEZE 2 (ON) BAY

ASCENSIA CONTOUR Strip

97799702 ASCENSIA CONTOUR BAY

09857127 ASCENSIA CONTOUR (ON) BAY

EZ HEALTH ORACLE Strip

97799564 EZ HEALTH ORACLE TRE

09857357 EZ HEALTH ORACLE (ON) TRE

FREESTYLE Strip

97799829 FREESTYLE ABB

09857141 FREESTYLE (ON) ABB

FREESTYLE LITE Strip

97799597 FREESTYLE LITE ABB

09857297 FREESTYLE LITE (ON) ABB

ITEST Strip

97799692 ITEST AUC

09857348 ITEST (ON) AUC

NOVA MAX Strip

97799583 NOVA MAX NCA

09857313 NOVA MAX (ON) NCA

ONE TOUCH ULTRA Strip

97799985 ONE TOUCH ULTRA JAJ

09854290 ONE TOUCH ULTRA (ON) JAJ

PRECISION XTRA Strip

97799840 PRECISION XTRA ABB

09854070 PRECISION XTRA (ON) ABB

TRUETEST Strip

97799532 TRUETEST HOD

TRUETRACK Strip

97799602 TRUETRACK HOD

09857283 TRUETRACK (ON) HOD

36:88.00 DX - URINE AND FECES CONTENTS**GLUCOSE OXIDASE, PEROXIDASE****Strip**

00035130 DIASTIX BAY

00977160 DIASTIX BAY

00980641 DIASTIX BAY

99159954 DIASTIX BAY

SODIUM NITROPRUSSIDE**Strip**

00035092 KETOSTIX BAY

00977322 KETOSTIX BAY

00980595 KETOSTIX BAY

09853286 KETOSTIX BAY

99067074 KETOSTIX BAY

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE**40:08.00 ALKALINIZING AGENTS****CITRIC ACID, SODIUM CITRATE**

66.8mg & 100mg/mL Solution

00721344 DICITRATE PMS

SODIUM BICARBONATE

325mg Tablet

00481912 SODIUM BICARBONATE XEN

40:10.00 AMMONIA DETOXICANTS**LACTULOSE**ST 667mg/mL Oral Liquid

02331551 TEVA-LACTULOSE TEV

40:12.00 REPLACEMENT PREPARATIONS**CALCIUM CARBONATE**ST 500mg Tablet

00682039 APO-CAL 500 APX

02240240 CALCIUM PMT

80003773 CALCIUM TRI

80017732 CALCIUM PRO

02246040 CALCIUM CARBONATE JMP

02237352 EURO-CAL EUR

00618098 NU-CAL ODN

00622443 O-CALCIUM 500 VTH

80001408 OYSTER SHELL CALCIUM NUR

80001122 PMS-CALCIUM PMS

CALCIUM LACTOGLUCONATE

20mg/mL Oral Liquid

80002626 SOLUCAL JMP

80006877 WAMPOLE MINERAL CALCIUM JMP

CALCIUM, VITAMIN DST 500mg & 400IU Chewable Tablet

80009628 CALODAN D ODN

80002901 CARBOCAL D EUR

ST Tablet

80017196 CALCIUM WITH VIT D PRO

80017190 CAL-D PDL

ST 500mg & 125IU Tablet

80004966 CALCITE D 500 RIV

02246041 CALCIUM CARBONATE WITH D JMP

00730599 CALCIUM CARBONATE WITH VIT D PMT

02237351 EURO-CAL D EUR

00720798 NEO CAL-D-500 NEO

80004281 PMS-CALCIUM/VITAMIN D PMS

40:12.00 REPLACEMENT PREPARATIONS**CALCIUM, VITAMIN D**ST 500mg & 400IU Tablet

80003919 BIOCAL-D FORTE BMI

80004963 CALCITE 500 + D 400 RIV

80004969 CALCIUM 500 + D 400 TRI

80002623 CALCIUM 500MG WITH VIT D JMP

02245511 CARBOCAL D EUR

80002122 JAMP-CALCIUM+VITAM D JMP

80013329 M-CAL D MAN

80002703 NU-CAL D ODN

80015351 PRIVA CAL D FORTE PHA

CALCIUM/VITAMIN DST 500mg & 400IU Chewable Tablet

80009412 M-CAL D MAN

ST 500mg & 1000IU Tablet

80019536 M-CAL D MAN

ST 500mg & 125IU Tablet

80004968 CALCIUM D TRI

ST 500mg & 800IU Tablet

80019533 M-CAL D MAN

ELECTROLYTE & DEXTROSE

3.56g & 300mg & 470mg & 530mg Powder

01931563 GASTROLYTE REG SAC

25mg & 2.2mg & 2.2mg & 0.9mg/mL Solution

00630365 PEDIALYTE ABB

02219883 PEDIATRIC ELECTROLYTE PMS

MAGNESIUM

25mg Oral Liquid

80009357 JAMP-MAGNESIUM JMP

28mg Tablet

80009539 JAMP-MAGNESIUM JMP

100mg Tablet

02068400 MAGNESIUM JAM

MAGNESIUM CITRATE

5.40% Oral Liquid

00262609 CITRO MAG 15GM/300ML RPH

MAGNESIUM GLUCONATE

100mg/mL Oral Liquid

00026697 RATIO-MAGNESIUM RPH

POTASSIUM CHLORIDEST 25MEQ Effervescent Tablet

02085992 K LYTE WPC

ST 8mmol Long Acting Capsule

02244068 RIVA-K RIV

ST 600mg Long Acting Capsule

02042304 MICRO K EXTENCAPS WAY

40:12.00 REPLACEMENT PREPARATIONS**POTASSIUM CHLORIDE**ST **8mmol Long Acting Tablet**

00602884	APO-K	APX
02246734	EURO-K 600	EUR
80008214	ODAN K-8	ODN
00613274	PRO-600K	PDL
00074225	SLOW K	NVR

ST **20mmol Long Acting Tablet**

02242261	EURO-K 20	EUR
00713376	K-DUR	KEY
80004415	ODAN K-20	ODN
02243975	RIVA-K 20	RIV

ST **1.33MEQ/mL Oral Liquid**

01918303	K 10	GSK
02238604	PMS-POTASSIUM	PMS

SODIUM CHLORIDE**0.9% Inhalation Diluent**

02094657	BACTERIOSTATIC NACL	BIO
00801267	SODIUM CHLORIDE	
02058235	SODIUM CHLORIDE	BDH

0.9% Injection

00060208	SODIUM CHLORIDE	BAT
00402249	SODIUM CHLORIDE	ABB
02150204	SODIUM CHLORIDE	OMG
99002329	SODIUM CHLORIDE	

40:17.00 CALCIUM-REMOVING RESINS**CALCIUM POLYSTYRENE SULFONATE****1g binds with approx 1.6mmol K Powder**

02017741	RESONIUM CALCIUM	SAC
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40:18.00 ION-REMOVING AGENTS**SODIUM POLYSTYRENE SULFONATE****1g binds with approx 1mmol K Powder**

02026961	KAYEXALATE	SAC
00765252	K-EXIT	OMG
00755338	PMS-SOD POLYSTYRENE SULFONA	PMS

250mg/mL Oral Suspension

00769541	PMS-SOD POLYSTYRENE SULF	PMS
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250mg/mL Retention Enema

00769533	PMS-SOD POLYSTYRENE SULF	PMS
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40:20.00 CALORIC AGENTS**LEVOCARNITINE****100mg/mL Oral Liquid**

02144336	CARNITOR	SIG
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200mg/mL Solution

02144344	CARNITOR IV	SIG
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330mg Tablet

02144328	CARNITOR	SIG
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40:28.08 LOOP DIURETICS**ETHACRYNIC ACID**ST **25mg Tablet**

02258528	EDECRIN	FRS
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FUROSEMIDEST **10mg/mL Solution**

02224720	LASIX	SAC
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ST **20mg Tablet**

00396788	APO-FUROSEMIDE	APX
02247371	BIO-FUROSEMIDE	BMI
02248124	DOM-FUROSEMIDE	BMI
00496723	FUROSEMIDE	PDL
02351420	FUROSEMIDE	SAN
02224690	LASIX	SAC
00337730	NOVO-SEMIDE	TEV
02239224	NU-FUROSEMIDE	NXP
02247493	PMS-FUROSEMIDE	PMS

ST **40mg Tablet**

00362166	APO-FUROSEMIDE	APX
02247372	BIO-FUROSEMIDE	BMI
02248125	DOM-FUROSEMIDE	BMI
00397792	FUROSEMIDE	PDL
02351439	FUROSEMIDE	SAN
02224704	LASIX	SAC
00337749	NOVO-SEMIDE	TEV
02239225	NU-FUROSEMIDE	NXP
02247494	PMS-FUROSEMIDE	PMS

ST **80mg Tablet**

00707570	APO-FUROSEMIDE	APX
00667080	FUROSEMIDE	PDL
02351447	FUROSEMIDE	SAN
00765953	NOVO-SEMIDE	TEV

ST **500mg Tablet**

02224755	LASIX SPECIAL	SAC
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40:28.16 POTASSIUM SPARING DIURETICS**AMILORIDE HCL**ST **5mg Tablet**

02249510	MIDAMOR	AAP
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AMILORIDE HCL, HYDROCHLOROTHIAZIDEST **5mg & 50mg Tablet**

00870943	AMI-HYDRO	PDL
00784400	APO-AMILZIDE	APX
02257378	MYLAN-AMILAZIDE	MYL
01937219	NOVAMILOR	TEV
00886106	NU-AMILZIDE	NXP

TRIAMTERENE, HYDROCHLOROTHIAZIDEST **50mg & 25mg Tablet**

00441775	APO-TRIAZIDE	APX
00532657	NOVO-TRIAMZIDE	TEV
00865532	NU-TRIAZIDE	NXP
00519367	PRO-TRIAZIDE	PRO
02240846	RIVA-ZIDE	RIV

40:28.20 THIAZIDE DIURETICS**HYDROCHLOROTHIAZIDE****12.5mg Tablet**

02327856	APO-HYDRO	APX
02274086	PMS-HYDROCHLOROTHIAZIDE	BMI

ST 25mg Tablet

00326844	APO-HYDROCHLOROTHIAZIDE	APX
02247170	BIO-HYDROCHLOROTHIAZIDE	BMI
02248134	DOM-HYDROCHLOROTHIAZIDE	DPC
00341975	HYDROCHLOROTHIAZIDE	PDL
02360594	HYDROCHLOROTHIAZIDE	SAN
00021474	NOVO-HYDRAZIDE	TEV
02250659	NU-HYDRO	NXP
02247386	PMS-HYDROCHLOROTHIAZIDE	PMS

ST 50mg Tablet

00312800	APO-HYDRO	APX
02247171	BIO-HYDROCHLOROTHIAZIDE	BMI
02248135	DOM-HYDROCHLOROTHIAZIDE	DPC
02360608	HYDROCHLOROTHIAZIDE	SAN
00021482	NOVO-HYDRAZIDE	TEV
02250667	NU-HYDRO	NXP
02247387	PMS-HYDROCHLOROTHIAZIDE	PMS

ST 100mg Tablet

00644552	APO-HYDRO	APX
00532088	HYDROCHLOROTHIAZIDE	PDL

40:28.24 THIAZIDE LIKE DIURETICS**CHLORTHALIDONE****ST 50mg Tablet**

00360279	CHLORTHALIDONE	AAP
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ST 100mg Tablet

00360287	APO-CHLORTHALIDONE	APX
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INDAPAMIDE**ST 1.25mg Tablet**

02245246	APO-INDAPAMIDE	APX
02239913	DOM-INDAPAMIDE	DPC
02227339	INDAPAMIDE	PRO
02179709	LOZIDE	SEV
02240067	MYLAN-INDAPAMIDE	MYL
02240349	PHL-INDAPAMIDE	PHH
02239619	PMS-INDAPAMIDE	PMS
02312530	PRO-INDAPAMIDE	PDL
02247245	RIVA-INDAPAMIDE	RIV

ST 2.5mg Tablet

02223678	APO-INDAPAMIDE	APX
02239917	DOM-INDAPAMIDE	DPC
02049341	INDAPAMIDE	PRO
00564966	LOZIDE	SEV
02153483	MYLAN-INDAPAMIDE	MYL
02231184	NOVO-INDAPAMIDE	TEV
02223597	NU-INDAPAMIDE	NXP
02239620	PMS-INDAPAMIDE	PMS
02312549	PRO-INDAPAMIDE	PDL
02242125	RIVA-INDAPAMIDE	RIV

40:28.24 THIAZIDE LIKE DIURETICS**METOLAZONE****ST 2.5mg Tablet**

00888400	ZAROXOLYN	SAC
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40:36.00 IRRIGATING SOLUTIONS**WATER****Injection**

00038202	STERILE WATER	ABB
99002264	STERILE WATER (QC)	
00402257	STERILE WATER FOR INJ	OMG
02142546	STERILE WATER FOR INJ	HOS
00905178	WATER FOR INJECTION (QC)	

40:40.00 URICOSURIC AGENTS**PROBENECID****500mg Tablet**

00294926	BENURYL	VAE
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SULFINPYRAZONE**200mg Tablet**

02045699	NU-SULFINPYRAZONE	NXP
00441767	SULFINPYRAZONE	AAP

48:00 RESPIRATORY TRACT AGENTS**48:10.24 LEUKOTRIENE MODIFIERS****MONTELUKAST**

Limited use benefit (prior approval required).

For treatment of:

- a. - asthma when used in patients on concurrent steroid therapy.
- b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

4mg Chewable Tablet

02354977	PMS-MONTELUKAST	PMS
02330385	SANDOZ MONTELUKAST	SDZ
02243602	SINGULAIR	FRS
02355507	TEVA-MONTELUKAST	TEV

5mg Chewable Tablet

02354985	PMS-MONTELUKAST	PMS
02330393	SANDOZ MONTELUKAST	SDZ
02238216	SINGULAIR	FRS
02355515	TEVA-MONTELUKAST	TEV

4mg Granules

02358611	SANDOZ MONTELUKAST	SDZ
02247997	SINGULAIR	FRS

10mg Tablet

02374609	APO-MONTELUKAST	APX
02368226	MYLAN-MONTELUKAST	MYL
02373947	PMS-MONTELUKAST	PMS
02328593	SANDOZ MONTELUKAST	SDZ
02238217	SINGULAIR	FRS
02355523	TEVA-MONTELUKAST	TEV

ZAFIRLUKAST

Limited use benefit (prior approval required).

For treatment of:

- a. - asthma when used in patients on concurrent steroid therapy.
- b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

20mg Tablet

02236606	ACCOLATE	AZC
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48:10.32 MAST CELL STABILIZERS**SODIUM CROMOGLYATE****100mg Capsule**

00500895	NALCROM	SAC
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10mg/mL Inhalation Solution (Unit Dose)

02231671	NU-CROMOLYN	NXP
02046113	PMS-SOD CROMOGLYATE	PMS

2% Nasal Solution

02231390	APO-CROMOLYN	APX
01950541	RHINARIS-CS	PMS

2% Ophth Solution

02009277	CROMOLYN	PMS
02230621	OPTICROM	ALL

52:00 EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

52:02.00 EENT - ANTIALLERGIC AGENTS

LEVOCABASTINE HCL

0.05% Nasal Spray

02020017	LIVOSTIN	JNO
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52:04.04 EENT - ANTIBACTERIALS

BACITRACIN ZINC, POLYMYXIN B SULFATE

500IU & 10,000IU/g Ophthalmic Ointment

02160889	OPTIMYXIN	SDZ
02239157	POLYSPORIN	PFI

CHLORAMPHENICOL

1% Ophthalmic Ointment

02026260	DIOCHLORAM	DKT
01980564	PENTAMYCETIN	SDZ

0.25% Ophthalmic Solution

01980556	PENTAMYCETIN	SDZ
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0.5% Ophthalmic Solution

02023857	DIOCHLORAM	DKT
02164051	PENTAMYCETIN	SDZ

CIPROFLOXACIN HCL

0.3% Ophthalmic Ointment

02200864	CILOXAN	ALC
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0.3% Ophthalmic Solution

02263130	APO-CIPROFLOX	APX
01945270	CILOXAN	ALC
02253933	PMS-CIPROFLOXACIN	PMS

CIPROFLOXACIN HCL, DEXAMETHASONE

Limited use benefit (prior approval required).

- a.- for children 16 years old and under
- b.- for acute otitis media with otorrhea through tympanostomy tubes who require treatment
- c.- for acute otitis externa in the presence of tympanostomy tube or known perforation of the tympanic membrane

0.3%/0.1% Otic Solution

02252716	CIPRODEX	ALC
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ERYTHROMYCIN

5mg/g Ointment

02326663	ERYTHROMYCIN	STG
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5mg/g Ophthalmic Ointment

01912755	PMS-ERYTHROMYCIN	PMS
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FRAMYCETIN SULFATE

0.5% Ophthalmic Ointment

02224895	SOFRAMYCIN STERILE EYE	ERF
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0.5% Ophthalmic Solution

02224887	SOFRAMYCIN	ERF
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52:04.04 EENT - ANTIBACTERIALS

GENTAMICIN SULFATE

0.3% Ophthalmic Ointment

02023776	DIOGENT	DKT
00028339	GARAMYCIN	SCH
02230888	SANDOZ-GENTAMICIN	SDZ

0.3% Solution

02023822	DIOGENT	DKT
00512192	GARAMYCIN	SCH
00512184	GARAMYCIN OTIC	SCH
02219581	GENTAMICIN	SPH
00776521	PMS-GENTAMICIN	PMS
02229440	SANDOZ-GENTAMICIN	SDZ
02229441	SANDOZ-GENTAMICIN OTIC	SDZ

GRAMICIDIN, NEOMYCIN SULFATE, POLYMYXIN B SULFATE

0.025mg & 2.5mg & 10,000U/mL Solution

00807435	OPTIMYXIN PLUS EYE/EAR	SDZ
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GRAMICIDIN, POLYMYXIN B SULFATE

0.025mg & 10,000U/mL Solution

00701785	OPTIMYXIN EYE/EAR	SDZ
02239156	POLYSPORIN EYE/EAR	WLA

OFLOXACIN

0.3% Ophthalmic Solution

02248398	APO-OFLOXACIN	APX
02143291	OCUFLOX	ALL
02252570	PMS-OFLOXACIN	PMS

POLYMYXIN B SULFATE, TRIMETHOPRIM SULFATE

10,000U & 1mg/mL Ophthalmic Solution

02240363	PMS-POLYTRIMETHOPRIM	PMS
02011956	POLYTRIM	ALL

SULFACETAMIDE SODIUM

10% Ophthalmic Solution

02023830	DIOSULF	DKT
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TOBRAMYCIN

0.3% Ophthalmic Ointment

00614254	TOBREX	ALC
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0.3% Ophthalmic Solution

02239577	PMS-TOBRAMYCIN	PMS
02241755	SANDOZ-TOBRAMYCIN	SDZ
00513962	TOBREX	ALC

52:04.20 EENT - ANTIVIRALS

TRIFLURIDINE

1% Ophthalmic Solution

02248529	SANDOZ-TRIFLURIDINE	SDZ
00687456	VIROPTIC	GSK

52:08.08 EENT - CORTICOSTEROIDS**BECLOMETHASONE DIPROPIONATE****50mcg/Dose Nasal Spray**

02238796	APO-BECLOMETHASONE	APX
02172712	MYLAN-BECLO AQ	MYL
02238577	NU-BECLOMETHASONE	NXP
02228300	RIVANASE AQ	RIV

BETAMETHASONE SODIUM PHOSPHATE, GENTAMICIN SULFATE**0.1% & 0.3% Ophth Ointment**

00586706	GARASONE	SCH
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0.1% & 0.3% Solution

00682217	GARASONE OPHTH/OTIC	SCH
02244999	SANDOZ-PENTASONE OPHTH/OTIC	SDZ

BUDESONIDE**64mcg/Dose Nasal Spray**

02241003	MYLAN-BUDESONIDE AQ	MYL
02231923	RHINOCORT AQ	AZC

100mcg/Dose Nasal Spray

02230648	MYLAN-BUDESONIDE AQ	MYL
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100mcg/Dose Powder

02035324	RHINOCORT TURBUHALER	AZC
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DEXAMETHASONE**0.1% Ophth Ointment**

00042579	MAXIDEX	ALC
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0.1% Ophth Solution

02023865	DIODEX	DKT
00785261	PMS-DEXAMETHASONE	PMS
00739839	SANDOZ-DEXAMETHASONE	SDZ

0.1% Ophth Suspension

00042560	MAXIDEX	ALC
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DEXAMETHASONE, TOBRAMYCIN**0.1% & 0.3% Ophth Ointment**

00778915	TOBRADEX	ALC
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0.1% & 0.3% Ophth Suspension

00778907	TOBRADEX	ALC
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FLUMETHASONE PIVALATE, CLIQUINOL**0.02% & 1% Otic Solution**

00074454	LOCACORTEN VIOFORM	PAL
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FLUNISOLIDE**0.025% Nasal Spray**

02239288	APO-FLUNISOLIDE	APX
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FLUOROMETHOLONE**0.1% Ophth Solution**

02238568	PMS-FLUOROMETHOLONE	PMS
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0.1% Ophth Suspension

00247855	FML	ALL
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0.25% Ophth Suspension

00707511	FML FORTE	ALL
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52:08.08 EENT - CORTICOSTEROIDS**FLUOROMETHOLONE ACETATE****0.1% Ophth Solution**

00756784	FLAREX	ALC
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FLUTICASONE PROPIONATE**50mcg/Dose Nasal Spray**

02294745	APO-FLUTICASONE	APX
02213672	FLONASE	GSK
02296071	RATIO-FLUTICASONE	RPH

FRAMYCETIN SULFATE, GRAMICIDIN, DEXAMETHASONE**5mg & 0.05mg/mL & 0.5mg Ophth/Otic Solution**

02247920	SANDOZ-OPTICORT	SDZ
02224623	SOFACORT EYE/EAR	SAC

HYDROCORTISONE, NEOMYCIN SULFATE, POLYMYXIN B SULFATE**10mg & 3.5mg & 10,000U/mL Otic Solution**

01912828	CORTISPORIN	GSK
02230386	SANDOZ-CORTIMYXIN	SDZ

MOMETASONE FUROATE**50mcg Nasal Spray**

02238465	NASONEX	SCH
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PREDNISOLONE ACETATE**0.12% Ophth Suspension**

00299405	PRED MILD	ALL
01916181	SANDOZ PREDNISOLONE	SDZ

1% Ophth Suspension

02023768	DIOPRED	DKT
00301175	PRED FORTE	ALL
00700401	RATIO-PREDNISOLONE	RPH
01916203	SANDOZ-PREDNISOLONE	SDZ

PREDNISOLONE ACETATE, SULFACETAMIDE SODIUM**0.2% & 10% Ophth Ointment**

00307246	BLEPHAMIDE	ALL
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0.2% & 10% Ophth Suspension

00807788	BLEPHAMIDE	ALL
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0.5% & 10% Ophth Suspension

02023814	DIOPTIMYD	DKT
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PREDNISOLONE SODIUM PHOSPHATE**0.5% Ophth Solution**

02148498	PREDNISOLONE	CUV
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TRIAMCINOLONE ACETONIDE**55mcg/Dose Nasal Spray**

02213834	NASACORT AQ	SAC
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52:08.20 EENT - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**DICLOFENAC SODIUM****0.1% Ophth Solution**

01940414	VOLTAREN	NVR
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52:08.20 EENT - NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**KETOROLAC TROMETHAMINE****0.5% Ophth Solution**

01968300	ACULAR	ALL
02245821	APO-KETOROLAC	APX
02247461	RATIO-KETOROLAC	RPH

52:20.00 EENT - MIOTICS**CARBACHOL****1.5% Ophth Solution**

00000655	ISOPTO CARBACHOL	ALC
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52:24.00 EENT - MYDRIATICS**ATROPINE SULFATE****1% Ophth Solution**

02023695	ATROPINE	DKT
02148358	ATROPINE SULPHATE MINIMS	NVR
00035017	ISOPTO ATROPINE	ALC

CYCLOPENTOLATE HCL**0.5% Ophth Solution**

02148331	CYCLOPENTOLATE	NVR
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1% Ophth Solution

00252506	CYCLOGYL	ALC
02148382	CYCLOPENTOLATE MINIMS	NVR
02023644	DIOPENTOLATE	DKT

DIPIVEFRIN HCL**0.1% Ophth Solution**

02242232	APO-DIPIVEFRIN	APX
02237868	PMS-DIPIVEFRIN	PMS

HOMATROPINE HBR**2% Ophth Solution**

00000779	ISOPTO HOMATROPINE	ALC
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5% Ophth Solution

00000787	ISOPTO HOMATROPINE	ALC
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52:28.00 EENT - MOUTHWASHES AND GARGLES**BENZYDAMINE HCL**

Limited use benefit (prior approval required).

For:

- a. - treatment of radiation mucositis and oral ulcerative complications of chemotherapy.
- b. - use in immunocompromised patients who are at risk of mucosal breakdown.

0.15% Rinse

02239044	APO-BENZYDAMINE	APX
02239537	DOM-BENZYDAMINE	DPC
02229777	PMS-BENZYDAMINE	PMS
02229799	TEVA-BENZYDAMINE	TEV
02310422	TEVA-BENZYDAMINE	TEV

52:28.00 EENT - MOUTHWASHES AND GARGLES**CHLORHEXIDINE GLUCONATE****0.12% Rinse**

02240433	PERICHLOR	PMS
02237452	PERIDEX	MMH
02207796	PERIOGARD	COP

52:32.00 EENT - VASOCONSTRICTORS**ANTAZOLINE PHOSPHATE, NAPHAZOLINE HCL****0.5% & 0.05% Ophth Solution**

00433519	ALBALON A	ALL
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NAPHAZOLINE HCL**0.1% Ophth Solution**

00001147	ALBALON	ALL
00390283	NAPHCON FORTE	ALC

PHENYLEPHRINE HCL**0.12% Ophth Solution**

00395161	PREFRIN LIQUIFILM	ALL
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2.5% Ophth Solution

02027100	DIONEPRHINE	DKT
00465763	MYDFRIN	ALC
02148447	PHENYLEPHRINE MINIMS	NVR

10% Ophth Solution

02148455	PHENYLEPHRINE	NVR
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52:40.04 EENT - ALPHA-ADRENERGIC AGONISTS**BRIMONIDINE TARTRATE****0.2% Ophth Solution**

02236876	ALPHAGAN	ALL
02260077	APO-BRIMONIDINE	APX
02246284	PMS-BRIMONIDINE	PMS
02243026	RATIO-BRIMONIDINE	RPH
02305429	SANDOZ BRIMONIDINE	SDZ

BRIMONIDINE TARTRATE (ALPHAGAN P)

Limited use benefit (prior approval required).

For patients who are intolerant to brimonidine tartrate 0.2% or benzalkonium chloride.

0.15% Ophth Solution

02248151	ALPHAGAN P	ALL
02301334	APO-BRIMONIDINE P	APX

BRIMONIDINE TARTRATE, TIMOLOL MALEATE**0.2% & 0.5% Ophth Solution**

02248347	COMBIGAN	ALL
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52:40.08 EENT - BETA-ADRENERGIC BLOCKING AGENTS**BETAXOLOL HCL****0.5% Ophth Solution**

02235971	SANDOZ-BETAXOLOL	SDZ
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**52:40.08 EENT - BETA-ADRENERGIC
BLOCKING AGENTS****BETAXOLOL HCL****0.25% Ophth Suspension**

01908448 BETOPTIC S ALC

LEVOBUNOLOL HCL**0.25% Ophth Solution**

02241575 APO-LEVOBUNOLOL APX

00751286 BETAGAN ALL

02031159 RATIO-LEVOBUNOLOL RPH

0.5% Ophth Solution

00637661 BETAGAN ALL

02237991 PMS-LEVOBUNOLOL PMS

02031167 RATIO-LEVOBUNOLOL RPH

02241716 SANDOZ-LEVOBUNOLOL SDZ

TIMOLOL MALEATE**0.25% Long Acting Ophth Solution**

02171880 TIMOPTIC-XE FRS

0.5% Long Acting Ophth Solution

02171899 TIMOPTIC-XE FRS

0.25% Ophth Gel Solution

02242275 TIMOLOL MALEATE-EX ALC

0.5% Ophth Gel Solution

02290812 APO-TIMOP APX

02242276 TIMOLOL MALEATE-EX ALC

0.25% Ophth Solution

00755826 APO-TIMOP APX

02238770 DOM-TIMOLOL DPC

00893773 MYLAN-TIMOLOL MYL

02048523 NOVO-TIMOL TEV

02083353 PMS-TIMOLOL PMS

02166712 SANDOZ-TIMOLOL SDZ

0.5% Ophth Solution

00755834 APO-TIMOP APX

02238771 DOM-TIMOLOL DPC

02083345 PMS-TIMOLOL PMS

02166720 SANDOZ-TIMOLOL SDZ

00451207 TIMOPTIC FRS

**52:40.12 EENT - CARBONIC ANHYDRASE
INHIBITORS****ACETAZOLAMIDE****250mg Tablet**

00545015 ACETAZOLAMIDE AAP

BRINZOLAMIDE**1% Ophth Suspension**

02238873 AZOPT ALC

BRINZOLAMIDE/TIMOLOL MALEATE**1%/0.5% Ophth Solution**

02331624 AZARGA ALC

**52:40.12 EENT - CARBONIC ANHYDRASE
INHIBITORS****DORZOLAMIDE HCL****20mg/mL Ophth Solution**

02316307 SANDOZ DORZOLAMIDE SDZ

02216205 TRUSOPT FRS

DORZOLAMIDE HCL, TIMOLOL MALEATE**20mg & 5mg/mL Ophth Solution**

02299615 APO-DORZO-TIMOP APX

02240113 COSOPT FRS

02344351 SANDOZ
DORZOLAMIDE/TIMOLOL SDZ**METHAZOLAMIDE****50mg Tablet**

02245882 METHAZOLAMIDE AAP

52:40.20 EENT - MIOTICS**CARBACHOL****0.01% Ophth Solution**

00042544 MIOSTAT ALC

3% Ophth Solution

00000663 ISOPTO CARBACHOL ALC

PILOCARPINE HCL**4% Ophth Gel**

00575240 PILOPINE HS ALC

1% Ophth Solution

00000841 ISOPTO CARPINE ALC

02229556 PILOCARPINE SCN

2% Ophth Solution

00000868 ISOPTO CARPINE ALC

4% Ophth Solution

02023733 DIOCARPINE DKT

00000884 ISOPTO CARPINE ALC

PILOCARPINE NITRATE**2% Ophth Solution**

02148463 PILOCARPINE NITRATE NVR

MINIMS

**52:40.28 EENT - PROSTAGLANDIN
AGENTS****BIMATOPROST****0.01% Ophth Solution**

02324997 LUMIGAN ALL

0.03% Ophth Solution

02245860 LUMIGAN ALL

LATANOPROST**0.005% Ophth Solution**

02296527 APO-LATANOPROST APX

02231493 XALATAN PFI

TIMOLOL MALEATE, TRAVOPROST**0.5% & 0.004% Ophth Solution**

02278251 DUO TRAV ALC

52:40.28 EENT - PROSTAGLANDIN AGENTS**TRAVOPROST**

0.004% Opth Solution

02318008 TRAVATAN Z ALC

52:92.00 MISCELLANEOUS EENT DRUGS**ALUMINUM ACETATE, BENZETHONIUM CHLORIDE**

0.5% & 0.03% Otic Solution

00674222 BURO-SOL STI

APRACLONIDINE HCL

0.5% Opth Solution

02076306 IOPIDINE ALC

DEXTRAN 70, HYDROXYPROPYLMETHYLCELLULOSE

0.1% & 0.3% Opth Solution

00390291 TEARS NATURALE ALC

01943308 TEARS NATURALE FREE ALC

00743445 TEARS NATURALE II ALC

DIPIVEFRIN HCL, LEVOBUNOLOL HCL

0.1% & 0.5% Opth Solution

02209071 PROBETA ALL

HYDROXYPROPYL CELLULOSE

5mg Opth Solution

02250624 LACRISERT FRS

HYDROXYPROPYLMETHYLCELLULOSE

0.5% Opth Solution

00000809 ISOPTO TEARS ALC

00889806 SANDOZ EYELUBE SDZ

1% Opth Solution

00000817 ISOPTO TEARS ALC

00874965 SANDOZ EYELUBE SDZ

LODOXAMIDE TROMETHAMINE

0.1% Opth Solution

00893560 ALOMIDE ALC

MACROGOL, PROPYLENE GLYCOL

15% & 20% Nasal Gel

02220806 LUBRICATING NASAL GEL PMS

00551805 SECARIS PMS

15% & 20% Nasal Spray

00732230 LUBRICATING NASAL MIST PMS

MINERAL OIL, PETROLATUM

80% & 20% Opth Ointment

02125706 DUOLUBE BSH

MINERAL OIL, WHITE PETROLATUM

55.5% & 42.5% Opth Ointment

00210889 LACRI LUBE ALL

52:92.00 MISCELLANEOUS EENT DRUGS**PETROLATUM, LANOLIN, MINERAL OIL**

94% & 3% & 3% Opth Ointment

02082519 TEARS NATURALE P.M. ALC

PETROLATUM, PETROLATUM LIQUID

85% & 15% Opth Ointment

02133288 HYPOTEARNS NVR

POLYVINYL ALCOHOL

1% Opth Solution

02133253 HYPOTEARNS NVR

1.4% Opth Solution

02229570 ARTIFICIAL TEARS PMS

00579408 TEARS PLUS ALL

POLYVINYL ALCOHOL, POVIDONE

1.4% & 0.6% Opth Solution

02229632 ARTIFICIAL TEARS EXTRA PMS

SODIUM CARBOXYMETHYL CELLULOSE

0.5% Opth Solution

02049260 REFRESH PLUS ALL

1% Opth Solution

00870153 CELLUVISC ALL

10mg/mL Opth Solution

02244650 REFRESH LIQUIGEL ALL

0.5% Opth Solution (Multi-Dose)

02231008 REFRESH TEARS ALL

SODIUM CHLORIDE

0.7% Nasal Solution

00857777 OTRIVIN SALINE NVC

9mg/mL Nasal Solution

80024901 SALINEX DROPS SDZ

80024381 SALINEX NASAL SPRAY SDZ

0.7% Nasal Spray

00810436 OTRIVIN SALINE NVC

5% Opth Ointment

00750816 MURO-128 BSH

5% Opth Solution

00750824 MURO-128 BSH

VERTEPORFIN

Limited use benefit (prior approval required).

For treatment of age related macular degeneration for patients with this diagnosis who are being treated by a certified ophthalmologist.

15mg/Vial Injection

02242367 VISUDYNE QLT

56:00 GASTROINTESTINAL DRUGS**56:04.00 ANTACIDS AND ADSORBENTS****BISMUTH SUBSALICYLATE****17.6mg/mL Liquid**

02097079 PEPTO BISMOL PGI

262mg Tablet

02177994 PEPTO BISMOL PGI

MAG OXIDE**420mg Tablet**

00299448 MAGNESIUM OXIDE SWS

56:08.00 ANTIDIARRHEA AGENTS**LOPERAMIDE HCL**ST **0.2mg/mL Liquid**

02192667 DIARR-EZE PMS

02016095 PMS-LOPERAMIDE PMS

ST **2mg Tablet**

02212005 APO-LOPERAMIDE APX

02229552 DIARR-EZE PMS

02256452 DIARRHEA RELIEF VTH

02239535 DOM-LOPERAMIDE DPC

02183862 IMODIUM MCL

02225182 LOPERAMIDE PDL

02132591 NOVO-LOPERAMIDE TEV

02228351 PMS-LOPERAMIDE PMS

02238211 RIVA-LOPERAMIDE RIV

02257564 SANDOZ-LOPERAMIDE SDZ

56:12.00 CATHARTICS AND LAXATIVES**BISACODYL**ST **5mg Delayed Release Tablet**

02273411 BISACODYL-ODAN ODN

ST **5mg Enteric Coated Tablet**

00545023 APO-BISACODYL APX

00714488 BISACOLAX ICN

00254142 DULCOLAX BOE

02246039 JAMP-BISACODYL JMP

00587273 PMS-BISACODYL PMS

5mg Suppository

00003867 DULCOLAX BOE

10mg Suppository

00261327 BISACOLAX ICN

00003875 DULCOLAX BOE

00582883 PMS-BISACODYL PMS

00404802 RATIO-BISACODYL RPH

02229743 SOFLAX EX PMS

BISACODYL (POLYETHYLENE GLYCOL BASE)

Limited use benefit (prior approval required).

For treatment of constipation in patients with spinal cord injury.

10mg Suppository

02241091 MAGIC BULLET DCM

56:12.00 CATHARTICS AND LAXATIVES**CITRIC ACID, MAGNESIUM OXIDE, SODIUM PICOSULFATE****Oral Liquid**

02317966 PURG-ODAN ODN

Powder

02254794 PICO-SALAX FEI

DOCUSATE CALCIUMST **240mg Capsule**

02245080 APO-DOCUSATE CALCIUM APX

00830275 DOCUSATE CALCIUM TAR

02283255 JAMP-DOCUSATE CALCIUM JMP

00842044 NOVO-DOCUSATE CALCIUM TEV

00664553 PMS-DOCUSATE CALCIUM PMS

00809055 RATIO-DOCUSATE CALCIUM RPH

DOCUSATE SODIUMST **100mg Capsule**

02245079 APO-DOCUSATE SODIUM APX

02106256 COLACE WPC

00794406 DOCUSATE SODIUM SDR

00830267 DOCUSATE SODIUM TRI

02245946 DOCUSATE SODIUM JMP

02246036 DOCUSATE SODIUM RPH

02326086 DOCUSATE SODIUM PDL

02239658 DOM-DOCUSATE SODIUM DPC

02247385 EURO-DOCUSATE EUR

02303825 EURO-DOCUSATE EUR

02020084 NOVO-DOCUSATE TEV

00703494 PMS-DOCUSATE SODIUM PMS

00870196 RATIO-DOCUSATE SODIUM RPH

00514888 SELAX ODN

01994344 SOFLAX PMS

00716731 TARO-DOCUSATE TAR

ST **200mg Capsule**

02029529 SOFLAX PMS

ST **250mg Capsule**

02006596 SELAX ODN

ST **10mg/mL Drop**

02090163 COLACE WPC

00870218 DOCUSATE SODIUM RPH

00880140 PMS-SODIUM DOCUSATE PMS

02006723 SOFLAX PMS

ST **4mg/mL Syrup**

02086018 COLACE WPC

00703508 PMS-DOCUSATE SODIUM PMS

00870226 RATIO-DOCUSATE SODIUM RPH

02006758 SOFLAX SYRUP PMS

ST **20mg/mL Syrup**

02283239 DOCUSATE SODIUM JMP

ST **50mg/mL Syrup**

02283220 DOCUSATE SODIUM JMP

00848417 PMS-DOCUSATE SODIUM PMS

56:12.00 CATHARTICS AND LAXATIVES**DOCUSATE SODIUM, SENNA**ST 50mg & 187mg Tablet

00026123 SENOKOT S PFR

ST 50mg & 8.6mg Tablet

02247390 EURO-SENNA S EUR

GLYCERINE**Adult Suppository**

00873462 GLYCERIN RPH

01926039 GLYCERIN WLA

Pediatric Suppository

02020815 GLYCERIN INFANT RPH

01926047 GLYCERIN INFANT & CHILD PFI

LACTULOSEST 667mg/mL Oral Liquid

02242814 APO-LACTULOSE APX

02247383 EURO-LAC EUR

02295881 LACTULOSE JMP

00703486 PMS-LACTULOSE PMS

00854409 RATIO-LACTULOSE RPH

MACROGOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE**60g & 750mg & 1.68g & 1.46g & 5.68g/L Powder**

00677442 COLYTE ZYM

00652512 GOLYTELY BAX

00777838 PEGLYTE PMS

MAGNESIUM HYDROXIDE**80mg/mL Liquid**02150646 MILK OF MAGNESIA
PLAIN/SUGARFREE BCD**311mg Tablet**

02150638 MILK OF MAGNESIA BCD

MINERAL OIL**78% Jelly**

00608734 LANSOYL GEL AXC

02186926 LANSOYL GEL SUGARFREE AXC

Liquid

01935348 MINERAL OIL (HEAVY) RWP

PLANTAGO SEED**50% Powder**

00599875 MUCILLIUM PMS

POLYETHYLENE GLYCOL**Powder**

09991007 POLYETHYLENE GLYCOL

POLYETHYLENE GLYCOL 3350**Powder**

09991054 POLYETHYLENE GLYCOL 3350

1g/g Powder

02317680 LAX-A-DAY PED

02358034 PEG 3350 MDS

56:12.00 CATHARTICS AND LAXATIVES**POLYETHYLENE GLYCOL, POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE, SODIUM SULFATE****Oral Liquid**

02147793 KLEAN-PREP RVX

PSYLLIUM HYDROPHILIC MUCILLOID**680mg/g Powder**02174812 METAMUCIL ORIGINAL
TEXTURE PGI02174790 METAMUCIL SM TEXT
ORANGE PGI02174782 METAMUCIL SM TEXT
ORANGE S/F PGI

02174804 METAMUCIL SM TEXT UNFLAV PGI

SENNOSIDESST 1.7mg/mL Liquid

02144379 SENNALAX PMS

02084651 SENNAPREP PMS

00367729 SENOKOT PFR

ST 8.6mg Tablet

02247389 EURO-SENNA EUR

80009182 JAMP-SENNOSIDES JMP

00896411 PMS-SENNOSIDES PMS

01949292 RIVA-SENNA RIV

02237105 SENNA LAXATIVE SDR

02068109 SENNATAB PMS

00026158 SENOKOT PFR

ST 12MG Tablet

80009183 JAMP-SENNOSIDES JMP

00896403 PMS-SENNOSIDES PMS

SODIUM CITRATE, SODIUM LAURYL SULFOACETATE, SORBITOL**90mg & 9mg & 625mg Enema**

02063905 MICROLAX PMS

SODIUM PHOSPHATE**Oral Liquid**

80000689 PHOSLAX ODN

SODIUM PHOSPHATE DIBASIC, SODIUM PHOSPHATE MONOBASIC**180mg & 480mg/mL Oral Liquid**

02230399 PMS-PHOSPHATES SOLUTION PMS

60mg & 160mg/mL Rectal Liquid

02096900 ENEMOL DPC

00009911 FLEET ENEMA FRS

60mg & 160mg/mL PED Rectal Liquid

00108065 FLEET ENEMA PEDIATRIC JAJ

56:14.00 CHOLELITHOLYTIC AGENTS**URSODIOL**ST 250mg Tablet

02281317 PHL-URSODIOL C PHH

02273497 PMS-URSODIOL PMS

02238984 URSO AXC

56:14.00 CHOLELITHOLYTIC AGENTS**URSODIOL**ST 500mg Tablet

02281325	PHL-URSODIOL C	PHH
02273500	PMS-URSODIOL	PMS
02245894	URSO DS	AXC

56:16.00 DIGESTANTS**LACTASE****Oral Liquid**

99100157	LACTEEZE DROPS	GSC
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3,000U Tablet

02200384	DAIRY DIGESTIVE	PER
02239139	DAIRY DIGESTIVE	SDR
01951637	DAIRY AID	TAN
02230653	LACTAID	JNO
02017512	LACTOMAX	STE

4,500U Tablet

02239140	DAIRY DIGESTIVE EXTRA STRENGTH	SDR
02230654	LACTAID EXTRA STRENGTH	JNO
02224909	LACTOMAX EXTRA	STE

LIPASE, AMYLASE, PROTEASEST 5,000U & 16,600U & 18,750U Capsule

02239007	CREON 5 MINIMICROSPHERES	SPH
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ST 8,000U & 30,000U & 30,000U Capsule

00263818	COTAZYM	ORG
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ST 20,000U & 66,400U & 75,000U Capsule

02239008	CREON 20 MINIMICROSPHERES	SPH
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ST 4,000U & 11,000U & 11,000U Capsule (Enteric Coated Particles)

02181215	COTAZYM ECS4	ORG
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ST 4,000U & 12,000U & 12,000U Capsule (Enteric Coated Particles)

00789445	PANCREASE MT 4	JNO
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ST 4,500U & 20,000U & 25,000U Capsule (Enteric Coated Particles)

02203324	ULTRASE MS 4	AXC
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ST 8,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)

00502790	COTAZYM ECS 8	ORG
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ST 10,000U & 30,000U & 30,000U Capsule (Enteric Coated Particles)

00789437	PANCREASE MT 10	JNO
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ST 10,000U & 33,200U & 37,500U Capsule (Enteric Coated Particles)

02200104	CREON 10 MINIMICROSPHERES	SPH
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ST 12,000U & 39,000U & 39,000U Capsule (Enteric Coated Particles)

02045834	ULTRASE MT 12	AXC
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ST 16,000U & 48,000U & 48,000U Capsule (Enteric Coated Particles)

00789429	PANCREASE MT 16	JNO
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56:16.00 DIGESTANTS**LIPASE, AMYLASE, PROTEASE**ST 20,000U & 55,000U & 55,000U Capsule (Enteric Coated Particles)

00821373	COTAZYM ECS 20	ORG
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ST 20,000U & 65,000 & 65,000U Capsule (Enteric Coated Particles)

02045869	ULTRASE MT 20	AXC
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ST 25,000U & 74,000U & 62,500U Capsule (Enteric Coated Particles)

01985205	CREON 25 MINIMICROSPHERES	SPH
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ST 8,000U & 30,000U & 30,000U Tablet

02230019	VIOKASE	AXC
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ST 16,000U & 60,000U & 60,000U Tablet

02241933	VIOKASE	AXC
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56:20.00 EMETICS**IPECAC****14mg/mL Syrup**

00378801	IPECAC	XEN
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56:22.08 ANTIHISTAMINES**DIMENHYDRINATE****50mg/mL Injection**

00392537	DIMENHYDRINATE	SDZ
00013579	GRAVOL	HOR

ST 3mg/mL Liquid

00230197	GRAVOL	HOR
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25mg Suppository

00783595	GRAVOL	HOR
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50mg Suppository

00392553	DIMENHYDRINATE	SDZ
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ST 15mg Tablet

00511196	GRAVOL	HOR
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ST 50mg Tablet

00363766	APO-DIMENHYDRINATE	APX
00013803	GRAVOL	HOR
00399779	NAUSEATOL	SDZ
00586331	PMS-DIMENHYDRINATE	PMS
00021423	TEVA-DIMENATE	TEV
00605786	TRAVEL AID	VTH
02245416	TRAVEL TABLET	JMP

DOXYLAMINE SUCCINATE, PYRIDOXINE HCL**10mg & 10mg Tablet**

00609129	DICLECTIN	DUI
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56:22.20 5-HT3 RECEPTOR ANTAGONISTS**DOLASETRON MESYLATE****100mg Tablet**

02231379	ANZEMET	SAC
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GRANISETRON**1mg Tablet**

02308894	GRANISETRON	AAP
02185881	KYTRIL	HLR

56:22.20 5-HT3 RECEPTOR ANTAGONISTS**ONDANSETRON HCL DIHYDRATE****0.8mg/mL Liquid**

02291967	ONDANSETRON	AAP
02229639	ZOFRAN	GSK

4mg Orally Disintegrating Tablet

02239372	ZOFRAN ODT	GSK
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8mg Orally Disintegrating Tablet

02239373	ZOFRAN ODT	GSK
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4mg Tablet

02288184	APO-ONDANSETRON	APX
02296349	CO-ONDANSETRON	COB
02313685	JAMP ONDANSETRON	JMP
02371731	MAR-ONDANSETRON	MAR
02305259	MINT-ONDANSETRON	MIN
02297868	MYLAN-ONDANSETRON	MYL
02264056	NOVO-ONDANSETRON	TEV
02306212	ONDANSETRON-ODAN	ODN
02278618	PHL-ONDANSETRON	PHH
02258188	PMS-ONDANSETRON	PMS
02312247	RAN-ONDANSETRON	RBV
02278529	RATIO-ONDANSETRON	RPH
02274310	SANDOZ-ONDANSETRON	SDZ
02213567	ZOFRAN	GSK
02344440	ZYM-ONDANSETRON	ZYM

8mg Tablet

02288192	APO-ONDANSETRON	APX
02296357	CO-ONDANSETRON	COB
02313693	JAMP ONDANSETRON	JMP
02305267	MINT-ONDANSETRON	MIN
02297876	MYLAN-ONDANSETRON	MYL
02264064	NOVO-ONDANSETRON	TEV
02325160	ONDANSETRON	PDL
02306220	ONDANSETRON-ODAN	ODN
02278626	PHL-ONDANSETRON	PHH
02258196	PMS-ONDANSETRON	PMS
02312255	RAN-ONDANSETRON	RBV
02278537	RATIO-ONDANSETRON	RPH
02274329	SANDOZ-ONDANSETRON	SDZ
02213575	ZOFRAN	GSK
02344459	ZYM-ONDANSETRON	ZYM

56:22.92 MISCELLANEOUS ANTIEMETICS**APREPITANT**

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

80mg Capsule

02298791	EMEND	FRS
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125mg Capsule

02298805	EMEND	FRS
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56:22.92 MISCELLANEOUS ANTIEMETICS**APREPITANT**

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

125mg & 80mg Capsule

02298813	EMEND TRI PACK	FRS
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DOMPERIDONE MALEATE**10mg Tablet**

02103613	APO-DOMPERIDONE	APX
02238315	DOM-DOMPERIDONE	DPC
02236857	DOMPERIDONE	PDL
02350440	DOMPERIDONE	SAN
02278669	MYLAN-DOMPERIDONE	MYL
02157195	NOVO-DOMPERIDONE	TEV
02231477	NU-DOMPERIDONE	NXP
02236466	PMS-DOMPERIDONE	PMS
02268078	RAN-DOMPERIDONE	RBV
01912070	RATIO-DOMPERIDONE	RPH

NABILONE**0.25mg Capsule**

02312263	CESAMET	VAE
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0.5mg Capsule

02256193	CESAMET	VAE
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1mg Capsule

00548375	CESAMET	VAE
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56:28.12 HISTAMINE H2-ANTAGONISTS**CIMETIDINE****ST 200mg Tablet**

00584215	APO-CIMETIDINE	APX
00865796	NU-CIMET	NXP
02229717	PMS-CIMETIDINE	PMS
00582409	TEVA-CIMETINE	TEV

ST 300mg Tablet

00487872	APO-CIMETIDINE	APX
02231287	DOM-CIMETIDINE	DPC
02227444	MYLAN-CIMETIDINE	MYL
00865818	NU-CIMET	NXP
02229718	PMS-CIMETIDINE	PMS
00582417	TEVA-CIMETINE	TEV

ST 400mg Tablet

00600059	APO-CIMETIDINE	APX
02231288	DOM-CIMETIDINE	DPC
02227452	MYLAN-CIMETIDINE	MYL
00865826	NU-CIMET	NXP
02229719	PMS-CIMETIDINE	PMS
00603678	TEVA-CIMETINE	TEV

56:28.12 HISTAMINE H2-ANTAGONISTS**CIMETIDINE**ST **600mg Tablet**

00600067	APO-CIMETIDINE	APX
00618705	CIMETIDINE	PDL
02231290	DOM-CIMETIDINE	DPC
02227460	MYLAN-CIMETIDINE	MYL
00865834	NU-CIMET	NXP
02229720	PMS-CIMETIDINE	PMS
00603686	TEVA-CIMETINE	TEV

ST **800mg Tablet**

00749494	APO-CIMETIDINE	APX
02227479	MYLAN-CIMETIDINE	MYL
02229721	PMS-CIMETIDINE	PMS
00663727	TEVA-CIMETINE	TEV

FAMOTIDINEST **20mg Tablet**

01953842	APO-FAMOTIDINE	APX
02351102	FAMOTIDINE	SAN
02196018	MYLAN-FAMOTIDINE	MYL
02022133	NOVO-FAMOTIDINE	TEV
02024195	NU-FAMOTIDINE	NXP
00710121	PEPCID	FRS
02237148	ULCIDINE	VAE

ST **40mg Tablet**

01953834	APO-FAMOTIDINE	APX
02351110	FAMOTIDINE	SAN
02196026	MYLAN-FAMOTIDINE	MYL
02022141	NOVO-FAMOTIDINE	TEV
02024209	NU-FAMOTIDINE	NXP
00710113	PEPCID	FRS
02237149	ULCIDINE	VAE

NIZATIDINEST **150mg Capsule**

02220156	APO-NIZATIDINE	APX
00778338	AXID	PHH
02185814	DOM-NIZATIDINE	DPC
02240457	NOVO-NIZATIDINE	TEV
02177714	PMS-NIZATIDINE	PMS

ST **300mg Capsule**

02220164	APO-NIZATIDINE	APX
00778346	AXID	PHH
02238195	NIZATIDINE	PHH
02240458	NOVO-NIZATIDINE	TEV
02177722	PMS-NIZATIDINE	PMS

RANITIDINE HCLST **15mg/mL Oral Solution**

02280833	APO-RANITIDINE	APX
02242940	NOVO-RANITIDINE	TEV

56:28.12 HISTAMINE H2-ANTAGONISTS**RANITIDINE HCL**ST **150mg Tablet**

00733059	APO-RANITIDINE	APX
02248570	CO RANITIDINE	COB
02293471	MAXIMUM STRENGTH ACID REDUCER	PMS
02207761	MYLAN-RANITIDINE	MYL
02367378	MYL-RANITIDINE	MYL
00828564	NOVO-RANITIDINE	TEV
00865737	NU-RANIT	NXP
02245782	PHL-RANITIDINE	PHH
02242453	PMS-RANITIDINE	PMS
00740748	RANITIDINE	PDL
02353016	RANITIDINE	SAN
02336480	RAN-RANITIDINE	RBV
00828823	RATIO-RANITIDINE	RPH
02247814	RIVA-RANTIDINE	RIV
02243229	SANDOZ-RANITIDINE	SDZ
02212331	ZANTAC	GSK

ST **300mg Tablet**

00733067	APO-RANITIDINE	APX
02248571	CO RANITIDINE	COB
02207788	MYLAN-RANITIDINE	MYL
02367386	MYL-RANITIDINE	MYL
00865745	NU-RANIT	NXP
02245783	PHL-RANITIDINE	PHH
02242454	PMS-RANITIDINE	PMS
00740756	RANITIDINE	PDL
02353024	RANITIDINE	SAN
02336502	RAN-RANITIDINE	RBV
00828688	RATIO-RANITIDINE	RPH
02247815	RIVA-RANITIDINE	RIV
02243230	SANDOZ-RANITIDINE	SDZ
02212358	ZANTAC	GSK

56:28.28 PROSTAGLANDINS**MISOPROSTOL**ST **100mcg Tablet**

02244022	MISOPROSTOL	AAP
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ST **200mcg Tablet**

02244023	MISOPROSTOL	AAP
02244125	PMS-MISOPROSTOL	PMS

56:28.32 PROTECTANTS**SUCRALFATE**ST **200mg/mL Suspension**

02103567	SULCRATE PLUS	AXC
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ST **1g Tablet**

02125250	APO-SUCRALFATE	APX
02045702	NOVO-SUCRALATE	TEV
02134829	NU-SUCRALFATE	NXP
02130939	SUCRALFATE-1	PDL
02100622	SULCRATE	AXC

56:28.36 PROTON-PUMP INHIBITORS**AMOXICILLIN, CLARITHROMYCIN,
LANSOPRAZOLE****500mg & 500mg & 30mg Kit**

02238525 HP-PAC TAK

LANSOPRAZOLE

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST **15mg Sustained Release Capsule**

02293811	APO-LANSOPRAZOLE	APX
02357682	LANSOPRAZOLE	SAN
02353830	MYLAN-LANSOPRAZOLE	MYL
02280515	NOVO-LANSOPRAZOLE	TEV
02165503	PREVACID	TAK

ST **30mg Sustained Release Capsule**

02293838	APO-LANSOPRAZOLE	APX
02357690	LANSOPRAZOLE	SAN
02366282	LANSOPRAZOLE	PDL
02353849	MYLAN-LANSOPRAZOLE	MYL
02280523	NOVO-LANSOPRAZOLE	TEV
02165511	PREVACID	TAK

LANSOPRAZOLE ODT

(Please refer to Appendix A).

Limited use benefit (prior approval required).

Coverage will be limited to 400 tablets/capsules every 180 days.

- For children 12 years of age or under who are unable to swallow the capsule formulation
- For patients with dysphagia or a feeding tube when the use of the capsule formulation is not possible.

ST **15mg Orally Disintegrating Tablet**

02249464 PREVACID FASTAB TAK

ST **30mg Orally Disintegrating Tablet**

02249472 PREVACID FASTAB TAK

56:28.36 PROTON-PUMP INHIBITORS**OMEPRAZOLE MAGNESIUM (PA)**

(Please refer to Appendix A).

Limited use benefit (prior approval required).

Coverage will be limited to 400 tablets/capsules every 180 days.

Coverage will be provided for the following medical conditions if the patient has tried at least 30 days each of two of the following open benefit PPIs: Omeprazole (Losec®), Rabeprazole (Pariet®), Pantoprazole sodium (Pantoloc®), Lansoprazole (Prevacid®):

- For treatment of confirmed gastric and duodenal ulcers. OR
 - For mild to moderate gastroesophageal reflux disease (GERD) in patients who have failed on or not tolerated a 4-week trial of histamine-2 receptor antagonists. OR
 - For severe gastroesophageal reflux disease (GERD) and complications as first-line therapy for a maximum period of 3 months. Patients should be reassessed endoscopically or with step-down therapy using a histamine-2 receptor antagonist. OR
 - For treatment of nonsteroidal anti-inflammatory drug (NSAID)-induced ulcers where the NSAID must be continued. OR
 - For prevention of NSAID-induced ulcers in patients who have history of ulcer complications, are over the age of 65 years, have comorbid disease such as cardiovascular disease or coagulopathies or are on concomitant medications which increase risk of ulcers or bleeding. OR
 - Zollinger-Ellison Syndrome*. OR
 - Barrett's Esophagus*. OR
 - Esophagitis associated with connective tissue disease.
- (*) Diagnosis must be confirmed by a specialist qualified to diagnose and treat condition

ST **10mg Delayed Release Tablet**

02230737	LOSEC	AZC
02260859	RATIO-OMEPRAZOLE	RPH

OMEPRAZOLE, OMEPRAZOLE MAGNESIUM (NO PA)

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST **10mg Capsule**

02119579	LOSEC	AZC
02329425	MYLAN-OMEPRAZOLE	MYL
02296438	SANDOZ OMEPRAZOLE	SDZ

ST **20mg Capsule**

02245058	APO-OMEPRAZOLE	APX
00846503	LOSEC	AZC
02329433	MYLAN-OMEPRAZOLE	MYL
02339927	OMEPRAZOLE	PDL
02348691	OMEPRAZOLE	SAN
02320851	PMS-OMEPRAZOLE	PMS
02296446	SANDOZ OMEPRAZOLE	SDZ

ST **20mg Delayed Release Tablet**

02190915	LOSEC	AZC
02310260	PMS-OMEPRAZOLE	PMS
02260867	RATIO-OMEPRAZOLE	RPH

56:28.36 PROTON-PUMP INHIBITORS**PANTOPRAZOLE MAGNESIUM**

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST **40mg Enteric Coated Tablet**

02267233 TECTA NYC

PANTOPRAZOLE SODIUM

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST **40mg Delayed Release Tablet**

02292920	APO-PANTOPRAZOLE	APX
02300486	CO PANTOPRAZOLE	COB
02299585	MYLAN-PANTOPRAZOLE	MYL
02285487	NOVO-PANTOPRAZOLE	TEV
02229453	PANTOLOC	NYC
02309866	PANTOPRAZOLE	MEL
02310201	PANTOPRAZOLE	SOR
02318695	PANTOPRAZOLE	PDL
02307871	PMS-PANTOPRAZOLE	PMS
02305046	RAN-PANTOPRAZOLE	RBV
02316463	RIVA-PANTOPRAZOLE	RIV
02301083	SANDOZ-PANTOPRAZOLE	SDZ

RABEPRAZOLE SODIUM

(Please refer to Appendix A).

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

ST **10mg Enteric Coated Tablet**

02296632	NOVO-RABEPRAZOLE	TEV
02243796	PARIET EC	JNO
02310805	PMS-RABEPRAZOLE	PMS
02315181	PRO-RABEPRAZOLE	PDL
02356511	RABEPRAZOLE EC	SAN
02298074	RAN-RABEPRAZOLE	RBV
02330083	RIVA-RABEPRAZOLE EC	RIV
02314177	SANDOZ-RABEPRAZOLE	SDZ

ST **20mg Enteric Coated Tablet**

02296640	NOVO-RABEPRAZOLE	TEV
02243797	PARIET EC	JNO
02310813	PMS-RABEPRAZOLE	PMS
02315203	PRO-RABEPRAZOLE	PDL
02356538	RABEPRAZOLE EC	SAN
02298082	RAN-RABEPRAZOLE	RBV
02330091	RIVA-RABEPRAZOLE	RIV
02314185	SANDOZ-RABEPRAZOLE	SDZ

56:32.00 PROKINETIC AGENTS**METOCLOPRAMIDE HCL****1mg/mL Oral Liquid**

02230433 PMS-METOCLOPRAMIDE PMS

5mg Tablet

00842826 APO-METOCLOP APX

02143275 NU-METOCLOPRAMIDE NXP

02230431 PMS-METOCLOPRAMIDE PMS

10mg Tablet

00842834 APO-METOCLOP APX

02143283 NU-METOCLOPRAMIDE NXP

02230432 PMS-METOCLOPRAMIDE PMS

56:36.00 ANTI-INFLAMMATORY AGENTS**5-AMINOSALICYLIC ACID**ST **500mg Delayed Release Tablet**

02099683 PENTASA FEI

2g/60g Enema

02112795 SALOFALK AXC

4g/60g Enema

02112809 SALOFALK AXC

ST **400mg Enteric Coated Tablet**

01997580 ASACOL PGP

ST **500mg Enteric Coated Tablet**

02112787 SALOFALK AXC

ST **800mg Enteric Coated Tablet**

02267217 ASACOL WCI

500mg Suppository

02112760 SALOFALK AXC

MESALAZINE**1g/100mL Enema**

02153521 PENTASA FEI

4g/100mL Enema

02153556 PENTASA FEI

ST **400mg Enteric Coated Tablet**

02351463 5-ASA SAN

02171929 NOVO 5-ASA TEV

ST **500mg Enteric Coated Tablet**

01914030 MESASAL GSK

1g Suppository

02153564 PENTASA FEI

1000mg Suppository

02242146 SALOFALK AXC

OLSALAZINE SODIUMST **250mg Capsule**

02063808 DIPENTUM LUD

60:00 GOLD COMPOUNDS**60:00.00 GOLD COMPOUNDS****AURANOFIN****3mg Capsule**

01916823 RIDAURA SQU

SODIUM AUROTHIOMALATE**10mg/mL Injection**

01927620 MYOCHRYSINE SAC

02245456 SODIUM AUROTHIOMALATE SDZ

25mg/mL Injection

01927612 MYOCHRYSINE SAC

02245457 SODIUM AUROTHIOMALATE SDZ

50mg/mL Injection

02245458 SODIUM AUROTHIOMALATE SDZ

64:00 HEAVY METAL ANTAGONISTS

64:00.00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

250mg Capsule

00016055 CUPRIMINE

FRS

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04.00 ADRENALS

BECLOMETHASONE DIPROPIONATE

50mcg Inhaler

02242029 QVAR MMH

100mcg Inhaler

02242030 QVAR MMH

BUDESONIDE

0.125mg/mL Inhalation Solution

02229099 PULMICORT NEBUAMP AZC

0.25mg/mL Inhalation Solution

01978918 PULMICORT NEBUAMP AZC

0.5mg/mL Inhalation Solution

01978926 PULMICORT NEBUAMP AZC

100mcg Powder for Inhalation

00852074 PULMICORT TURBUHALER AZC

200mcg Powder for Inhalation

00851752 PULMICORT TURBUHALER AZC

400mcg Powder for Inhalation

00851760 PULMICORT TURBUHALER AZC

CICLESONIDE

100mg/Inhalation Inhaler

02285606 ALVESCO NYC

200mg/Inhalation Inhaler

02285614 ALVESCO NYC

CORTISONE ACETATE

25mg Tablet

00280437 CORTISONE VAE

DEXAMETHASONE

0.1mg/mL Elixir

01946897 PMS-DEXAMETHASONE PMS

0.5mg Tablet

02261081 APO-DEXAMETHASONE APX

02237044 PHL-DEXAMETHASONE PHH

01964976 PMS-DEXAMETHASONE PMS

02240684 RATIO-DEXAMETHASONE RPH

0.75mg Tablet

00285471 DEXASONE VAE

01964968 PMS-DEXAMETHASONE PMS

2mg Tablet

02279363 PMS-DEXAMETHASONE PMS

4mg Tablet

02250055 APO-DEXAMETHASONE APX

00489158 DEXASONE VAE

02237046 PHL-DEXAMETHASONE PHH

01964070 PMS-DEXAMETHASONE PMS

02311267 PRO-DEXAMETHASONE PRO

02240687 RATIO-DEXAMETHASONE RPH

68:04.00 ADRENALS

DEXAMETHASONE PHOSPHATE

4mg/mL Injection

00664227 DEXAMETHASONE SDZ

01977547 DEXAMETHASONE CYX

02204266 DEXAMETHASONE-OMEGA OMG

10mg/mL Injection

00874582 DEXAMETHASONE SDZ

00783900 PMS-DEXAMETHASONE PMS

FLUDROCORTISONE ACETATE

0.1mg Tablet

02086026 FLORINEF SHI

FLUTICASONE PROPIONATE

50mcg/Inhalation Inhaler

02244291 FLOVENT HFA 50 GSK

125mcg/Inhalation Inhaler

02244292 FLOVENT HFA 125 GSK

250mcg/Inhalation Inhaler

02244293 FLOVENT HFA 250 GSK

50mcg/Dose Powder Diskus

02237244 FLOVENT DISKUS GSK

100mcg/Dose Powder Diskus

02237245 FLOVENT DISKUS GSK

250mcg/Dose Powder Diskus

02237246 FLOVENT DISKUS GSK

500mcg/Dose Powder Diskus

02237247 FLOVENT DISKUS GSK

HYDROCORTISONE

10mg Tablet

00030910 CORTEF PFI

20mg Tablet

00030929 CORTEF PFI

METHYLPREDNISOLONE

4mg Tablet

00030988 MEDROL PFI

16mg Tablet

00036129 MEDROL PFI

METHYLPREDNISOLONE ACETATE

40mg/mL Suspension for Injection

00030759 DEPO-MEDROL PMJ

02245400 METHYLPREDNISOLONE SDZ

02245407 METHYLPREDNISOLONE SDZ

80mg/mL Suspension for Injection

00030767 DEPO-MEDROL PMJ

02245406 METHYLPREDNISOLONE SDZ

02245408 METHYLPREDNISOLONE SDZ

20mg/mL Suspension for Injection (Multi-Dose)

01934325 DEPO-MEDROL PMJ

40mg/mL Suspension for Injection (Multi-Dose)

01934333 DEPO-MEDROL PMJ

80mg/mL Suspension for Injection (Multi-Dose)

01934341 DEPO-MEDROL PMJ

68:04.00 ADRENALS**PREDNISOLONE SODIUM PHOSPHATE****1mg/mL Oral Liquid**

02230619	PEDIAPRED	SAC
02245532	PMS-PREDNISOLONE	PMS

PREDNISONONE**1mg Tablet**

00598194	APO-PREDNISONONE	APX
00271373	WINPRED	VAE

5mg Tablet

00312770	APO-PREDNISONONE	APX
00156876	PREDNISONONE	PRO

50mg Tablet

00550957	APO-PREDNISONONE	APX
00232378	NOVO-PREDNISONONE	TEV
00607517	PREDNISONONE	PRO

TRIAMCINOLONE ACETONIDE**10mg/mL Suspension for Injection**

01999761	KENALOG-10	WSB
02229540	TRIAMCINOLONE	SDZ

40mg/mL Suspension for Injection

01999869	KENALOG-40	WSB
02229550	TRIAMCINOLONE	SDZ
09857128	TRIAMCINOLONE ACETONIDE (5ML)	SDZ

TRIAMCINOLONE DIACETATE**40mg/mL Suspension for Injection**

01977555	STERILE TRIAMCINOLONE	CYX
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TRIAMCINOLONE HEXACETONIDE**20mg/mL Suspension for Injection**

02194155	ARISTOSPAN	VAO
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68:08.00 ANDROGENS**DANAZOL****50mg Capsule**

02018144	CYCLOMEN	SAC
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100mg Capsule

02018152	CYCLOMEN	SAC
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200mg Capsule

02018160	CYCLOMEN	SAC
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TESTOSTERONE CYPIONATE**100mg/mL Injection**

00030783	DEPO-TESTOSTERONE	PFI
02246063	TESTOSTERONE CYPIONATE	SDZ

TESTOSTERONE ENANTHATE**200mg/mL Injection**

00029246	DELATESTRYL	BMS
00739944	PMS-TESTOSTERONE	PMS

TESTOSTERONE UNDECANOATE**40mg Capsule**

00782327	ANDRIOL	ORG
02322498	PMS-TESTOSTERONE	PMS

68:12.00 CONTRACEPTIVES**ETHINYL ESTRADIOL, DESOGESTREL****25mcg & 150mcg, 125mcg, 100mcg Tablet**

02272903	LINESSA 21	ORG
02257238	LINESSA 28	ORG

30mcg & 150mcg Tablet

02317192	APRI 21	BAR
02317206	APRI 28	BAR
02042487	MARVELON 21	ORG
02042479	MARVELON 28	ORG
02042533	ORTHO CEPT 28	JNO

ETHINYL ESTRADIOL, DROSPIRENONE**0.02mg & 3mg Tablet**

02321157	YAZ	BAY
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0.03mg & 3mg Tablet

02261723	YASMIN 21	BAY
02261731	YASMIN 28	BAY

ETHINYL ESTRADIOL, ETHYNODIOL DIACETATE**30mcg & 2mg Tablet**

00469327	DEMULEN 30 21	PFI
00471526	DEMULEN 30 28	PFI

ETHINYL ESTRADIOL, ETONOGESTREL

Limited use benefit (prior approval required).

For patients who are intolerant to or unable to take oral contraceptives.

2.6mg & 11.4mg Device

02253186	NUVARING	ORG
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ETHINYL ESTRADIOL, LEVONORGESTREL**20mcg & 100mcg Tablet**

02236974	ALESSE 21	WAY
02236975	ALESSE 28	WAY
02298538	AVIANE 21	BAR
02298546	AVIANE 28	BAR

30mcg & 0.05mg, 40mcg & 0.075mg, 30mcg & 0.125mg Tablet

00707600	TRIQUILAR 21	BEX
00707503	TRIQUILAR 28	BEX

30mcg & 150mcg Tablet

02042320	MIN-OVRAL 21	WAY
02042339	MIN-OVRAL 28	WAY
02295946	PORTIA 21	BAR
02295954	PORTIA 28	BAR

ETHINYL ESTRADIOL, NORETHINDRONE**35mcg & 0.5mg Tablet**

02187086	BREVICON 0.5/35 21	PFI
02187094	BREVICON 0.5/35 28	PFI
00340731	ORTHO 0.5/35 28	JNO
00317047	ORTHO 0.5/35 21	JNO

35mcg & 0.5mg, 35mcg & 1mg Tablet

02187108	SYNPHASIC 21	PFI
02187116	SYNPHASIC 28	PFI

68:12.00 CONTRACEPTIVES**ETHINYL ESTRADIOL, NORETHINDRONE****35mcg & 1mg Tablet**

02189054	BREVICON 1/35 21	PFI
02189062	BREVICON 1/35 28	PFI
00372838	ORTHO 1/35 28	JNO
00372846	ORTHO 1/35 21	JNO
02197502	SELECT 1/35 21	DSP
02199297	SELECT 1/35 28	DSP

35mcg & 500mcg, 35mcg & 750mcg, 35mcg & 1mg Tablet

00602957	ORTHO 7/7/7 21	JNO
00602965	ORTHO 7/7/7 28	JNO

ETHINYL ESTRADIOL, NORETHINDRONE ACETATE**20mcg & 1mg Tablet**

00315966	MINESTRIN 1/20 21	GCL
00343838	MINESTRIN 1/20 28	GCL

30mcg & 1.5mg Tablet

00297143	LOESTRIN 1.5/30 21	GCL
00353027	LOESTRIN 1.5/30 28	GCL

ETHINYL ESTRADIOL, NORGESTIMATE**25mcg & 0.180mg, 25mcg & 0.215mg, 25mcg & 0.25mg Tablet**

02258560	TRI-CYCLEN LO 21	JNO
02258587	TRI-CYCLEN LO 28	JNO

35mcg & 0.180mg, 35mcg & 0.215mg, 35mcg & 0.25mg Tablet

02028700	TRI-CYCLEN 21	JNO
02029421	TRI-CYCLEN 28	JNO

35mcg & 0.25mg Tablet

01968440	CYCLEN 21	JNO
01992872	CYCLEN 28	JNO

LEVONORGESTREL**0.75mg Tablet**

02364905	NEXT CHOICE	COB
02285576	NORLEVO	HRA
02241674	PLAN B	BAR

LEVONORGESTREL INTRAUTERINE INSERT

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 5 years.

52mg Intrauterine Insert

02243005	MIRENA	BAY
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NORETHINDRONE**0.35mg Tablet**

00037605	MICRONOR 28	JNO
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68:16.04 ESTROGENS**CONJUGATED ESTROGENS****0.3mg Tablet**

02043394	PREMARIN	WAY
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68:16.04 ESTROGENS**CONJUGATED ESTROGENS****0.625mg Tablet**

00265470	C.E.S.	VAE
02043408	PREMARIN	WAY

1.25mg Tablet

02043424	PREMARIN	WAY
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0.625mg/g Vaginal Cream

02043440	PREMARIN	WAY
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CONJUGATED ESTROGENS, MEDROXYPROGESTERONE ACETATE**0.625mg & 2.5mg Kit**

02242878	PREMPLUS	WAY
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0.625mg & 5mg Kit

02242879	PREMPLUS	WAY
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ESTRADIOL**0.06% Gel**

02238704	ESTROGEL	SCH
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0.39mg Patch

02245676	ESTRADOT 25	NVR
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0.585mg Patch

02243999	ESTRADOT 37.5	NVR
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0.78mg Patch

02244000	ESTRADOT 50	NVR
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1.17mg Patch

02244001	ESTRADOT 75	NVR
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1.56mg Patch

02244002	ESTRADOT 100	NVR
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2mg Patch

00756849	ESTRADERM 25	NVR
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4mg Patch

02246967	SANDOZ-ESTRADIOL DERM 50	SDZ
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5mg Patch

02243722	OESCLIM	PAL
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6mg Patch

02246968	SANDOZ-ESTRADIOL DERM 75	SDZ
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8mg Patch

00756792	ESTRADERM 100	NVR
02246969	SANDOZ-ESTRADIOL DERM 100	SDZ

10mg Patch

02243724	OESCLIM	PAL
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0.5mg Tablet

02225190	ESTRACE	SHI
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1mg Tablet

02148587	ESTRACE	SHI
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2mg Tablet

02148595	ESTRACE	SHI
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2mg Vaginal Ring

02168898	ESTRING	PMJ
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68:16.04 ESTROGENS

ESTRADIOL (ESTRADIOL HEMIHYDRATE)

2mg Patch			
02247499	CLIMARA 25		BEX
3.8mg Patch			
02231509	CLIMARA 50		BEX
5.7mg Patch			
02247500	CLIMARA 75		BEX
7.6mg Patch			
02231510	CLIMARA 100		BEX
10mcg Vaginal Tablet			
02325462	VAGIFEM		NOO

ESTRADIOL, NORETHINDRONE ACETATE

0.51mg & 4.8mg Patch			
02241837	ESTALIS 250/50		NVR
0.62mg & 2.7mg Patch			
02241835	ESTALIS 140/50		NVR

ESTRONE

1mg/g Vaginal Cream			
00727369	ESTRAGYN		TRT

ESTROPIPATE

0.75mg Tablet			
02089793	OGEN .625		PFI
1.5mg Tablet			
02089769	OGEN 1.25		PFI
3mg Tablet			
02089777	OGEN 2.5		PFI

ETHINYL ESTRADIOL, NORETHINDRONE ACETATE

5mcg & 1mg Tablet			
02242531	FEMHRT		WCI

68:16.12 ESTROGEN AGONISTS-ANTAGONISTS

RALOXIFENE HCL

Limited use benefit (prior approval required).
 For:
 a.- secondary prevention of osteoporosis in women who experience failure on bisphosphonates.
 b. - secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer.

60mg Tablet			
02279215	APO-RALOXIFENE		APX
02239028	EVISTA		LIL
02312298	NOVO-RALOXIFENE		TEV
02358921	PMS-RALOXIFENE		PMS

68:18.00 GONADOTROPINS

NAFARELIN ACETATE

2mg/mL Nasal Solution			
02188783	SYNAREL		PFI

68:20.02 ALPHA-GLUCOSIDASE INHIBITORS

ACARBOSE

ST 50mg Tablet			
02190885	GLUCOBAY		BAY
ST 100mg Tablet			
02190893	GLUCOBAY		BAY

68:20.04 BIGUANIDES

METFORMIN HCL

ST 500mg Tablet			
02167786	APO-METFORMIN		APX
02257726	CO METFORMIN		COB
02229994	DOM-METFORMIN		DPC
02099233	GLUCOPHAGE		SAC
02229516	GLYCON		VAE
02242794	METFORMIN		MEL
02353377	METFORMIN		SAN
02148765	MYLAN-METFORMIN		MYL
02045710	NOVO-METFORMIN		TEV
02162822	NU-METFORMIN		NXP
02223562	PMS-METFORMIN		PMS
02314908	PRO-METFORMIN		PDL
02269031	RAN-METFORMIN		RBV
02242974	RATIO-METFORMIN		RPH
02239081	RIVA-METFORMIN		RIV
02246820	SANDOZ-METFORMIN FC		SDZ
ST 850mg Tablet			
02229785	APO-METFORMIN		APX
02257734	CO METFORMIN		COB
02242726	DOM-METFORMIN		DPC
02162849	GLUCOPHAGE		SAC
02239214	GLYCON		VAE
02242793	METFORMIN		SOR
02353385	METFORMIN		SAN
02229656	MYLAN-METFORMIN		MYL
02230475	NOVO-METFORMIN		TEV
02229517	NU-METFORMIN		NXP
02242589	PMS-METFORMIN		PMS
02314894	PRO-METFORMIN		PDL
02269058	RAN-METFORMIN		RBV
02242931	RATIO-METFORMIN		RPH
02242783	RIVA-METFORMIN		RIV
02246821	SANDOZ-METFORMIN		SDZ

SITAGLIPTIN/METFORMIN

Limited use benefit (prior approval required).
 Type 2 diabetes mellitus patients who are not adequately controlled by an adequate trial of metformin AND sulfonylureas or for whom these products are contraindicated or not tolerated

ST 50mg & 1000mg Tablet			
02333872	JANUMET		FRS
ST 50mg & 500mg Tablet			
02333856	JANUMET		FRS
ST 50mg & 850mg Tablet			
02333864	JANUMET		FRS

68:20.05**SITAGLIPTIN**

Limited use benefit (prior approval required).

Type 2 diabetes mellitus patients who are not adequately controlled by an adequate trial of metformin AND sulfonylureas or for whom these products are contraindicated or not tolerated

ST **100mg Tablet**

02303922 JANUVIA FRS

68:20.08 INSULINS**INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC****100U/mL Injection**

02025248 NOVOLIN GE 30/70 PENFILL NOO

09853812 NOVOLIN GE 30/70 PENFILL (ON) NOO

02024217 NOVOLIN GE 30/70 VIAL NOO

INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC**100U/mL Injection**

02024314 NOVOLIN GE 40/60 PENFILL NOO

INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC**100U/mL Injection**

02024322 NOVOLIN GE 50/50 PENFILL NOO

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC**100U/mL Injection**

01959239 HUMULIN N CARTRIDGE/KWIKPEN LIL

09853804 HUMULIN N CARTRIDGE/KWIKPEN (ON) LIL

00587737 HUMULIN N VIAL LIL

02024268 NOVOLIN GE NPH PENFILL NOO

09853782 NOVOLIN GE NPH PENFILL (ON) NOO

02024225 NOVOLIN GE NPH VIAL NOO

INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)**100U/mL Injection**

01959220 HUMULIN R CARTRIDGE LIL

09853766 HUMULIN R CARTRIDGE (ON) LIL

00586714 HUMULIN R VIAL LIL

INSULIN ASPART**100U/mL Injection**

02244353 NOVORAPID NOO

02245397 NOVORAPID VIAL NOO

INSULIN GLARGINE**100U/mL Injection**

02251930 LANTUS CARTRIDGE SAC

02294338 LANTUS SOLOSTAR SAC

02245689 LANTUS VIAL SAC

68:20.08 INSULINS**INSULIN GLULISINE****100U/mL Injection**

02279479 APIDRA CARTRIDGE SAC

02294346 APIDRA SOLOSTAR SAC

02279460 APIDRA VIAL SAC

INSULIN HUMAN BIOSYNTHETIC**100U/mL Injection**

02024284 NOVOLIN GE TORONTO PENFILL NOO

09853774 NOVOLIN GE TORONTO PENFILL (ON) NOO

02024233 NOVOLIN GE TORONTO VIAL NOO

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%**100U/mL Injection**

01959212 HUMULIN 30/70 CARTRIDGE LIL

09853855 HUMULIN 30/70 CARTRIDGE (ON) LIL

00795879 HUMULIN 30/70 VIAL LIL

INSULIN LISPRO**100U/mL Injection**

02229705 HUMALOG CARTRIDGE/KWIKPEN LIL

09853715 HUMALOG CARTRIDGE/KWIKPEN (ON) LIL

02229704 HUMALOG VIAL LIL

68:20.16 MEGLITINIDES**NATEGLINIDE**ST **60mg Tablet**

02245438 STARLIX NVR

ST **120mg Tablet**

02245439 STARLIX NVR

REPAGLINIDEST **0.5mg Tablet**

02321475 CO-REPAGLINIDE COB

02239924 GLUCONORM NOO

02354926 PMS-REPAGLINIDE PMS

02357453 SANDOZ REPAGLINIDE SDZ

ST **1mg Tablet**

02321483 CO-REPAGLINIDE COB

02239925 GLUCONORM NOO

02354934 PMS-REPAGLINIDE PMS

02357461 SANDOZ REPAGLINIDE SDZ

ST **2mg Tablet**

02321491 CO-REPAGLINIDE COB

02239926 GLUCONORM NOO

02354942 PMS-REPAGLINIDE PMS

02357488 SANDOZ REPAGLINIDE PFI

**68:20.20 ANTIDIABETIC AGENTS -
SULFONYLUREAS****GLICLAZIDE**ST **30mg Tablet**

02242987	DIAMICRON MR	SEV
02297795	GLICLAZIDE MR	AAP

ST **60mg Tablet**

02356422	DIAMICRON MR	SEV
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ST **80mg Tablet**

02245247	APO-GLICLAZIDE	APX
00765996	DIAMICRON	SEV
02155850	GLICLAZIDE	PRO
02248453	GLICLAZIDE	PDL
02287072	GLICLAZIDE	SAN
02229519	MYLAN-GLICLAZIDE	MYL
02238103	NOVO-GLICLAZIDE	TEV

GLYBURIDEST **2.5mg Tablet**

01913654	APO-GLYBURIDE	APX
02224550	DIABETA	SAC
01959352	GLYBURIDE	PDL
02350459	GLYBURIDE	SAN
00808733	MYLAN-GLYBE	MYL
01913670	NOVO-GLYBURIDE	TEV
02020734	NU-GLYBURIDE	NXP
01900927	RATIO-GLYBURIDE	RPH
02248008	SANDOZ-GLYBURIDE	SDZ

ST **5mg Tablet**

01913662	APO-GLYBURIDE	APX
02224569	DIABETA	SAC
02234514	DOM-GLYBURIDE	DPC
00720941	EUGLUCON	PMS
02350467	GLYBURIDE	SAN
00808741	MYLAN-GLYBE	MYL
01913689	NOVO-GLYBURIDE	TEV
02020742	NU-GLYBURIDE	NXP
02236734	PMS-GLYBURIDE	PMS
02316544	PRO-GLYBURIDE	PDL
01900935	RATIO-GLYBURIDE	RPH
02236548	RIVA-GLYBURIDE	PHH
02248009	SANDOZ-GLYBURIDE	SDZ

TOLBUTAMIDEST **500mg Tablet**

00312762	TOLBUTAMIDE	AAP
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68:20.28 THIAZOLIDINEDIONES**PIOGLITAZONE HCL**

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

ST **15mg Tablet**

02303442	ACCEL PIOGLITAZONE	ACP
02242572	ACTOS	LIL
02302942	APO-PIOGLITAZONE	APX
02302861	CO PIOGLITAZONE	COB
02307634	DOM-PIOGLITAZONE	DPC
02326477	MINT-PIOGLITAZONE	MIN
02298279	MYLAN-PIOGLITAZONE	MYL
02274914	NOVO-PIOGLITAZONE	TEV
02307669	PHL-PIOGLITAZONE	PHH
02303124	PMS-PIOGLITAZONE	PMS
02312050	PRO-PIOGLITAZONE	PDL
02301423	RATIO-PIOGLITAZONE	RPH
02297906	SANDOZ PIOGLITAZONE	SDZ
02320754	ZYM-PIOGLITAZONE	ZYM

ST **30mg Tablet**

02303450	ACCEL PIOGLITAZONE	ACP
02242573	ACTOS	LIL
02302950	APO-PIOGLITAZONE	APX
02302888	CO PIOGLITAZONE	COB
02307642	DOM-PIOGLITAZONE	DPC
02326485	MINT-PIOGLITAZONE	MIN
02298287	MYLAN-PIOGLITAZONE	MYL
02274922	NOVO-PIOGLITAZONE	TEV
02307677	PHL-PIOGLITAZONE	PHH
02303132	PMS-PIOGLITAZONE	PMS
02312069	PRO-PIOGLITAZONE	PDL
02301431	RATIO-PIOGLITAZONE	RPH
02297914	SANDOZ PIOGLITAZONE	SDZ
02320762	ZYM-PIOGLITAZONE	ZYM

ST **45mg Tablet**

02303469	ACCEL PIOGLITAZONE	ACP
02242574	ACTOS	LIL
02302977	APO-PIOGLITAZONE	APX
02302896	CO PIOGLITAZONE	COB
02307650	DOM-PIOGLITAZONE	DPC
02326493	MINT-PIOGLITAZONE	MIN
02298295	MYLAN-PIOGLITAZONE	MYL
02274930	NOVO-PIOGLITAZONE	TEV
02307723	PHL-PIOGLITAZONE	PHH
02303140	PMS-PIOGLITAZONE	PMS
02312077	PRO-PIOGLITAZONE	PDL
02301458	RATIO-PIOGLITAZONE	RPH
02297922	SANDOZ PIOGLITAZONE	SDZ
02320770	ZYM-PIOGLITAZONE	ZYM

68:20.28 THIAZOLIDINEDIONES**ROSIGLITAZONE MALEATE**

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

ST 2mg Tablet			
	02241112	AVANDIA	GSK
ST 4mg Tablet			
	02241113	AVANDIA	GSK
ST 8mg Tablet			
	02241114	AVANDIA	GSK

68:22.12 GLYCOGENOLYTIC AGENTS**GLUCAGON RECOMBINANT DNA ORGIN****1mg/mL Injection**

	02333627	GLUCAGEN HYPOKIT	NOO
	02333619	GLUCAGEN VIAL	NOO
	02243297	GLUCAGON	LIL

68:24.00 PARATHYROID**CALCITONIN SALMON (MIACALCIN)**

Limited use benefit (prior approval required).

For treatment of patients with postmenopausal osteoporosis who have failed therapy, are intolerant to, or who have contraindications to both bisphosphonates and raloxifene.
OR

For treatment of pain due to osteoporotic fractures of the vertebra in patients requiring an alternative pain reliever (eg. due to co-morbidities, intolerance to alternatives or severe pain not controlled by alternatives) for a period of 3 months

200IU/Dose Nasal Spray

	02247585	APO-CALCITONIN	APX
	02240775	MIACALCIN	NVR
	02261766	SANDOZ-CALCITONIN	SDZ

CALCITONIN SALMON (SYNTHETIC)**200IU/mL Injection**

	01926691	CALCIMAR	SAC
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68:28.00 PITUITARY**DESMOPRESSIN ACETATE****4mcg/mL Injection**

	00873993	DDAVP	FEI
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0.1mg/mL Nasal Solution

	00402516	DDAVP	FEI
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0.1mg/mL Nasal Spray

	00836362	DDAVP	FEI
	02242465	DESMOPRESSIN	AAP

0.1mg Tablet

	02284030	APO-DESMOPRESSIN	APX
	00824305	DDAVP	FEI
	02304368	PMS-DESMOPRESSIN	PMS
	02287730	TEVA-DESMOPRESSIN	TEV

68:28.00 PITUITARY**DESMOPRESSIN ACETATE****0.2mg Tablet**

	02284049	APO-DESMOPRESSIN	APX
	00824143	DDAVP	FEI
	02304376	PMS-DESMOPRESSIN	PMS
	02287749	TEVA-DESMOPRESSIN	TEV

60mcg Tablet

	02284995	DDAVP MELT	FEI
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120mcg Tablet

	02285002	DDAVP MELT	FEI
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240mcg Tablet

	02285010	DDAVP MELT	FEI
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68:32.00 PROGESTINS**MEDROXYPROGESTERONE ACETATE****50mg/mL Injection**

	00030848	DEPO-PROVERA	PFI
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150mg/mL Injection

	00585092	DEPO-PROVERA	PFI
	02322250	MEDROXYPROGESTERONE	SDZ

2.5mg Tablet

	02244726	APO-MEDROXY	APX
	02247581	DOM-MEDROXYPROGESTERONE	DPC
	02253550	MEDROXY	PDL
	02221284	NOVO-MEDRONE	TEV
	02252740	NU-MEDROXY	NXP
	00708917	PROVERA	PFI

5mg Tablet

	02244727	APO-MEDROXY	APX
	02247582	DOM-MEDROXYPROGESTERONE	DPC
	02253577	MEDROXY	PDL
	02221292	NOVO-MEDRONE	TEV
	02252759	NU-MEDROXY	NXP
	00030937	PROVERA	PFI
	02010739	PROVERA PAK	PFI

10mg Tablet

	02277298	APO-MEDROXY	APX
	02247583	DOM-MEDROXYPROGESTERONE	DPC
	02221306	NOVO-MEDRONE	TEV
	00729973	PROVERA	PFI
	02010933	PROVERA PAK	PFI

100mg Tablet

	02267640	APO-MEDROXY	APX
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68:36.04 THYROID AGENTS**LEVOTHYROXINE SODIUM**ST **0.025mg Tablet**

	02264323	EUTHYROX	MYL
	02172062	SYNTHROID	ABB

68:36.04 THYROID AGENTS**LEVOTHYROXINE SODIUM**ST **0.05mg Tablet**

02213192	ELTROXIN	GSK
02264331	EUTHYROX	MYL
02172070	SYNTHROID	ABB

ST **0.075mg Tablet**

02264358	EUTHYROX	MYL
02172089	SYNTHROID	ABB

ST **0.088mg Tablet**

02172097	SYNTHROID	ABB
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ST **0.1mg Tablet**

02213206	ELTROXIN	GSK
02264374	EUTHYROX	MYL
02172100	SYNTHROID	ABB

ST **0.112mg Tablet**

02264390	EUTHYROX	MYL
02171228	SYNTHROID	ABB

ST **0.125mg Tablet**

02264404	EUTHYROX	MYL
02172119	SYNTHROID	ABB

ST **0.137mg Tablet**

02264412	EUTHYROX	MYL
02233852	SYNTHROID	ABB

ST **0.15mg Tablet**

02213214	ELTROXIN	GSK
02264420	EUTHYROX	MYL
02172127	SYNTHROID	ABB

ST **0.175mg Tablet**

02264439	EUTHYROX	MYL
02172135	SYNTHROID	ABB

ST **0.2mg Tablet**

02213222	ELTROXIN	GSK
02264447	EUTHYROX	MYL
02172143	SYNTHROID	ABB

ST **0.3mg Tablet**

02264455	EUTHYROX	MYL
02172151	SYNTHROID	ABB

THYROIDST **30mg Tablet**

00023949	THYROID	ERF
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ST **60mg Tablet**

00023957	THYROID	ERF
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ST **125mg Tablet**

00023965	THYROID	ERF
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68:36.08 ANTITHYROID AGENTS**PROPYLTHIOURACIL**ST **50mg Tablet**

00010200	PROPYL THYRACIL	SQU
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ST **100mg Tablet**

00010219	PROPYL THYRACIL	SQU
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68:36.08 ANTITHYROID AGENTS**THIAMAZOLE**ST **5mg Tablet**

00015741	TAPAZOLE	PAL
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ST **10mg Tablet**

02296039	TAPAZOLE	PAL
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80:00 SERUMS, TOXOIDS, AND VACCINES**80:04.00 SERUMS****DOLICHOVESPULA ARENARIA VENOM PROTEIN****120mcg Injection**

01948946	YELLOW HORNET VENOM PROTEIN	ALK
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DOLICHOVESPULA MACULATA VENOM PROTEIN EXTRACT**120mcg Injection**

01949004	WHITE FACED HORNET VENOM	ALK
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HONEY BEE VENOM PROTEIN EXTRACT**1.1mg Injection**

01948903	HONEY BEE VENOM	ALK
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120mcg Injection

01948911	HONEY BEE VENOM	ALK
02226197	VENOMIL HONEY BEE VENOM	HOL

550mcg Injection

02220075	HONEY BEE VENOM	HOL
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NON POLLEN**Injection**

00299979	ALLERGENIC EXTRACT NON POLLENS	ALK
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00514713	ALLERGENIC EXTRACTS	MSL
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POLISTES SPP VENOM PROTEIN EXTRACT**1.1mg Injection**

01948970	WASP VENOM PROTEIN	ALK
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POLLEN**Injection**

00299987	ALLERGENIC EXTRACT POLLENS	ALK
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00464988	POLLINEX R	BEN
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POLLEN AND NON POLLEN**Injection**

00648922	CENTER-AL	ALK
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VESPULA SPP VENOM PROTEIN EXTRACT**1.1mg Injection**

01948954	YELLOW JACKET VENOM PROTEIN	ALG
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120mcg Injection

01948962	YELLOW JACKET VENOM PROTEIN	ALK
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WASP VENOM PROTEIN**120mcg Injection**

02226219	VENOMIL WASP VENOM PROTEIN	HOL
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550mcg Injection

02220091	WASP VENOM PROTEIN	HOL
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80:04.00 SERUMS**WHITE FACED HORNET VENOM PROTEIN****120mcg Injection**

02226235	VENOMIL WHITE FACED HORNET VENOM PROTEIN	HOL
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WHITE FACED HORNET VENOM PROTEIN, YELLOW HORNET VENOM PROTEIN, YELLOW JACKET VENOM PROTEIN**120mcg Injection**

01948881	MIXED VESPID VENOM PROTEIN	ALK
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02226294	VENOMIL MIXED VESPID VENOM PROTEIN	HOL
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550mcg Injection

02221314	MIXED VESPID VENOM PROTEIN	HOL
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YELLOW HORNET VENOM PROTEIN**120mcg/mL Injection**

02226251	YELLOW JACKET HORNET VENOM PROTEIN	BAY
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550mcg Injection

02220083	YELLOW HORNET VENOM PROTEIN	HOL
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YELLOW JACKET VENOM PROTEIN**120mcg Injection**

02226286	VENOMIL YELLOW JACKET VENOM PROTEIN	HOL
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550mcg Injection

02220113	YELLOW JACKET VENOM PROTEIN	BAY
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84:00 SKIN AND MUCOUS MEMBRANE AGENTS (SMMA)

84:04.04 SMMA - ANTIBIOTICS

BACITRACIN

500IU Ointment

00584908 BACITIN PMS

BACITRACIN ZINC, POLYMYXIN B SULFATE

500IU & 10,000IU Ointment

02237227 POLYSPORIN ANTIBIOTIC PFI

CLINDAMYCIN PHOSPHATE

1% Solution

00582301 DALACIN T PFI

02266938 TARO-CLINDAMYCIN TAR

1% Solution

02243659 CLINDA-T VAO

2% Vaginal Cream

02060604 DALACIN PMJ

ERYTHROMYCIN, TRETINOIN

4% & 0.01% Gel

02015994 STIEVAMYCIN MILD STI

4% & 0.025% Gel

01905112 STIEVAMYCIN STI

4% & 0.05% Gel

01945262 STIEVAMYCIN FORTE STI

FUSIDATE SODIUM

2% Ointment

00586676 FUCIDIN LEO

FUSIDIC ACID

2% Cream

00586668 FUCIDIN LEO

GRAMICIDIN, POLYMYXIN B SULFATE

0.25mg & 10,000IU Cream

02230844 POLYSPORIN ANTIBIOTIC PFI

MUPIROCIN

2% Cream

02239757 BACTROBAN GSK

2% Ointment

01916947 BACTROBAN GSK

02279983 TARO-MUPIROCIN TAR

POLYMYXIN B SULFATE, BACITRACIN

10,000IU & 500IU Ointment

00876488 BACIMYXIN PMS

00621366 BIODERM ODN

01942921 POLYTOPIC SDZ

84:04.06 SMMA - ANTIVIRALS

ACYCLOVIR

5% Cream

02039524 ZOVIRAX GSK

84:04.06 SMMA - ANTIVIRALS

ACYCLOVIR

5% Ointment

00569771 ZOVIRAX GSK

IDOXURIDINE

0.1% Topical Solution

02237187 SANDOZ-IDOXURIDINE SDZ

84:04.08 SMMA - ANTIFUNGALS

CLOTRIMAZOLE

1% Cream

02150867 CANESTEN BCD

00812382 CLOTRIMADERM TAR

1% & 200mg Cream & Vaginal Suppository

02264099 CANESTEN 3 COMFORT COMBI PAK BCD

1% & 500mg Cream & Vaginal Suppository

02264102 CANESTEN 1 COMFORT COMBI PAK BCD

1% Vaginal Cream

02150891 CANESTEN BCD

00812366 CLOTRIMADERM TAR

2% Vaginal Cream

02150905 CANESTEN BCD

00812374 CLOTRIMADERM TAR

KETOCONAZOLE

2% Cream

02245662 KETODERM TAR

2% Shampoo

02182920 NIZORAL MCL

MICONAZOLE NITRATE

2% Cream

02085852 MICATIN MCL

02126567 MONISTAT-DERM MCL

2% & 100mg Cream & Vaginal Suppository

02126257 MONISTAT 7 DUAL PAK MCL

2% & 400mg Cream & Vaginal Suppository

02126249 MONISTAT 3 DUAL PAK MCL

2% Vaginal Cream

02231106 MICOZOLE TAR

02084309 MONISTAT 7 MCL

400mg Vaginal Suppository

02171775 MICONAZOLE VTH

02126605 MONISTAT 3 MCL

NYSTATIN

100,000IU Cream

00716871 NYADERM TAR

02194236 RATIO-NYSTATIN RPH

100,000IU Ointment

02194228 RATIO-NYSTATIN RPH

25,000IU Vaginal Cream

00716901 NYADERM TAR

84:04.08 SMMA - ANTIFUNGALS**NYSTATIN**

100,000IU Vaginal Cream

02194163 RATIO-NYSTATIN RPH

TERBINAFINE HCL

1% Cream

02031094 LAMISIL NVR

TERCONAZOLE

0.4% Vaginal Cream

02247651 TARO-TERCONAZOLE TAR

00894729 TERAZOL 7 JNO

0.8% & 80mg Vaginal Cream & Vaginal Suppository

02130874 TERAZOL 3 DUAL PAK JNO

TOLNAFTATE

1% Cream

00576034 TINACTIN SCH

1% Powder

01919245 ATHLETES FOOT SPRAY SCH

00576042 TINACTIN SCH

02029081 ZEASORB AF STI

1% Spray

00576050 TINACTIN AEROSOL SCH

84:04.12 SMMA - SCABICIDES AND PEDICULICIDES**CROTAMITON**

10% Cream

00623377 EURAX NVC

ISOPROPYL MYRISTATE

50% Solution

02279592 RESULTZ NYC

LINDANE

1% Lotion

00703591 PMS-LINDANE PMS

1% Shampoo

00430617 HEXIT ODN

00703605 PMS-LINDANE PMS

PERMETHRIN

5% Cream

02219905 NIX DERMAL GSK

5% Lotion

02231348 KWELLADA-P GSK

1% Rinse

02231480 KWELLADA-P GSK

00771368 NIX WLA

PIPERONYL BUTOXIDE, PYRETHRINS

3% & 0.3% Shampoo

02125447 R & C GSK

84:04.92 SMMA - MISCELLANEOUS LOCAL ANTI-INFECTIVES**BENZOYL PEROXIDE**

5% Gel (Alcohol Base)

02162113 BENZAGEL NVC

00263702 PANOXYL-5 STI

10% Gel (Alcohol Base)

00263699 PANOXYL-10 STI

20% Gel (Alcohol Base)

00373036 PANOXYL-20 STI

2.5% Gel (Water Base)

02214830 PANOXYL AQUAGEL STI

4% Gel (Water Base)

01975382 SOLUGEL STI

5% Gel (Water Base)

00899453 BENZAC AC GAC

01925180 BENZAC W5 GAC

02214849 PANOXYL AQUAGEL STI

8% Gel (Water Base)

02019825 SOLUGEL STI

10% Gel (Water Base)

01912437 BENZAC AC GAC

2.5% Lotion

02046539 OXY 5 GSK

5% Lotion

02166607 BENZAGEL 5 NVC

00374326 OXYDERM VAE

10% Lotion

00370568 BENOXYL STI

5% Soap

00483184 PANOXYL-5 STI

10% Soap

00527661 PANOXYL-10 STI

5% Wash

00896276 BENZAC W GAC

02162121 BENZAGEL NVC

02214857 PANOXYL STI

10% Wash

01925199 BENZAC W GAC

CHLORHEXIDINE ACETATE

0.5% Dressing

00433497 BACTIGRAS SNE

CHLORHEXIDINE GLUCONATE

2% Liquid

01938991 STANHEXIDINE OMG

4% Liquid

01938983 STANHEXIDINE OMG

HYDROGEN PEROXIDE

3% Liquid

00167703 HYDROGEN PEROXIDE 10V RWP

00485721 HYDROGEN PEROXIDE 10V RPH

00579297 PEROXIDE D'HYDROGENE ATL

**84:04.92 SMMA - MISCELLANEOUS
LOCAL ANTI-INFECTIVES****METRONIDAZOLE****0.75% Cream**

02226839 METROCREAM GAC

1% Cream

02156091 NORITATE SAC

0.75% Gel

02092832 METROGEL GAC

1% Gel

02297809 METROGEL GAC

0.75% Lotion

02248206 METROLOTION GAC

10% Vaginal Cream

01926861 FLAGYL SAC

0.75% Vaginal Gel

02125226 NIDAGEL MMH

**METRONIDAZOLE, AVOBENZONE,
OCTINOXATE****1% & 2% & 7.5% Cream**

02242919 ROSASOL STI

METRONIDAZOLE, NYSTATIN**100mg & 20,000U/g Vaginal Cream**

01926845 FLAGYSTATIN SAC

500mg & 100,000IU Vaginal Suppository

01926829 FLAGYSTATIN SAC

POVIDONE-IODINE**10% Liquid**

00158348 BETADINE PFR

SELENIUM SULFIDE**2.5% Lotion**

00243000 SELSUN ABB

00594601 VERSEL VAO

SILVER SULFADIAZINE**1% Cream**

02010917 DERMAZIN PMS

00323098 FLAMAZINE SNE

09854037 FLAMAZINE 50G SNE

TRICLOSAN**0.5% Liquid**

00632317 TERSASEPTIC STI

**84:06.00 SMMA - ANTI-INFLAMMATORY
AGENTS****AMCINONIDE****0.1% Cream**

02192284 CYCLOCORT STI

02247098 RATIO-AMCINONIDE RPH

02246714 TARO-AMCINONIDE TAR

**84:06.00 SMMA - ANTI-INFLAMMATORY
AGENTS****AMCINONIDE****0.1% Lotion**

02192276 CYCLOCORT STI

02247097 RATIO-AMCINONIDE RPH

0.1% Ointment

02192268 CYCLOCORT STI

02247096 RATIO-AMCINONIDE RPH

BECLOMETHASONE DIPROPIONATE**0.025% Cream**

02089602 PROPADERM SHI

BETAMETHASONE DIPROPIONATE**0.05% Cream**

00323071 DIPROSONE SCH

00804991 RATIO-TOPISONE RPH

02122049 ROSONE RIV

01925350 TARO-SONE TAR

0.05% Lotion

00417246 DIPROSONE SCH

00809187 RATIO-TOPISONE RPH

02122030 ROSONE RIV

0.05% Ointment

00344923 DIPROSONE SCH

00805009 RATIO-TOPISONE RPH

02122057 ROSONE RIV

**BETAMETHASONE DIPROPIONATE IN
PROPYLENE GLYCOL****0.05% Cream**

00688622 DIPROLENE SCH

00849650 RATIO-TOPILENE GLYCOL RPH

02122073 ROLENE RIV

0.05% Lotion

00862975 DIPROLENE SCH

01927914 RATIO-TOPILENE GLYCOL RPH

02122065 ROLENE RIV

0.05% Ointment

00629367 DIPROLENE SCH

00849669 RATIO-TOPILENE GLYCOL RPH

02122081 ROLENE RIV

**BETAMETHASONE DIPROPIONATE,
CLOTRIMAZOLE****0.05% & 1% Cream**

00611174 LOTRIDERM SCH

**BETAMETHASONE DIPROPIONATE,
SALICYLIC ACID****0.05% & 2% Lotion**

00578428 DIPROSALIC SCH

02245688 RATIO-TOPISALIC RPH

0.05% & 3% Ointment

00578436 DIPROSALIC SCH

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS**BETAMETHASONE DISODIUM PHOSPHATE****0.05mg/mL Enema**

02060884 BETNESOL SHI

BETAMETHASONE VALERATE**0.05% Cream**

00535427 RATIO-ECTOSONE RPH

0.1% Cream

00716626 BETADERM TAR

00804541 PREVEX B STI

00535435 RATIO-ECTOSONE RPH

0.05% Lotion

00653209 RATIO-ECTOSONE RPH

0.1% Lotion

00750050 RATIO-ECTOSONE RPH

0.05% Ointment

00716642 BETADERM TAR

0.1% Ointment

00716650 BETADERM TAR

0.1% Scalp Lotion

00716634 BETADERM TAR

01940112 RIVASONE RIV

00027944 VALISONE SCH

BUDESONIDE**0.02mg/mL Enema**

02052431 ENTOCORT AZC

CLOBETASOL PROPIONATE**0.05% Cream**

02213265 DERMOVATE TAR

02024187 MYLAN-CLOBETASOL MYL

02232191 PMS-CLOBETASOL PMS

01910272 RATIO-CLOBETASOL RPH

02245523 TARO-CLOBETASOL TAR

02093162 TEVA-CLOBETASOL TEV

0.05% Ointment

02213273 DERMOVATE TAR

02026767 MYLAN-CLOBETASOL MYL

02309548 PMS-CLOBETASOL PMS

01910280 RATIO-CLOBETASOL RPH

02245524 TARO-CLOBETASOL TAR

02126192 TEVA-CLOBETASOL TEV

0.05% Scalp Lotion

02213281 DERMOVATE TAR

02216213 MYLAN-CLOBETASOL MYL

02232195 PMS-CLOBETASOL PMS

01910299 RATIO-CLOBETASOL RPH

0.05% Solution

02245522 TARO-CLOBETASOL TAR

CLOBETASONE BUTYRATE**0.05% Cream**

02214415 EUMOVATE GSK

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS**DESONIDE****0.05% Cream**

02229315 PMS-DESONIDE PMS

02154862 TRIDESILON SCN

0.05% Ointment

02229323 PMS-DESONIDE PMS

02154870 TRIDESILON SCN

DESOXIMETASONE**0.05% Cream**

02221918 TOPICORT SAC

0.25% Cream

02221896 TOPICORT SAC

0.05% Gel

02221926 TOPICORT SAC

0.25% Ointment

02221934 TOPICORT SAC

DIFLUCORTOLONE VALERATE**0.1% Cream**

00587826 NERISONE STI

00587818 NERISONE OILY STI

0.1% Ointment

00587834 NERISONE STI

DIFLUCORTOLONE VALERATE, SALICYLIC ACID**0.1% & 3% Cream**

02028719 NERISALIC OILY STI

FLUOCINOLONE ACETONIDE**0.025% Ointment**

02162512 SYNALAR MDC

0.01% Scalp Lotion

00873292 DERMA-SMOOTHIE HIL

0.01% Shampoo

02242738 CAPEX GAC

FLUOCINONIDE**0.05% Cream**

02161923 LIDEX VAO

00716863 LYDERM OPT

0.05% Emollient Cream

02163152 LIDEMOL MDC

00598933 TIAMOL TAR

0.05% Gel

02161974 LIDEX VAO

02236997 LYDERM OPT

0.05% Ointment

02161966 LIDEX VAO

02236996 LYDERM OPT

FLUTICASONE PROPIONATE**0.05% Cream**

02089912 CUTIVATE GSK

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS**HALOBETASOL PROPIONATE****0.05% Cream**

01962701 ULTRAVATE WSB

0.05% Ointment

01962728 ULTRAVATE WSB

HYDROCORTISONE**1% Cream**

02086034 BARRIERE HC SHI

00192597 EMO CORT STI

00804533 PREVEX HC STI

2.5% Cream

00595799 EMO CORT STI

0.5% Cream

80021088 CORTATE SCH

100mg/60mL Enema

02112736 CORTENEMA AXC

00230316 HYCORT VAE

1% Lotion

00192600 EMO CORT STI

00578541 SARNA HC STI

2.5% Lotion

00595802 EMO CORT STI

00641154 EMO CORT SCALP STI

00856711 SARNA HC STI

0.5% Lotion

80021087 CORTATE SCH

0.5% Ointment

00716685 CORTODERM TAR

1% Ointment

00716693 CORTODERM TAR

0.5% Ointment

80021085 CORTATE SCH

HYDROCORTISONE ACETATE**10% Aerosol Foam**

00579335 CORTIFOAM SQU

0.5% Cream

00716820 HYDERM TAR

1% Cream

00716839 HYDERM TAR

2% Cream

00749834 NEO-HC NEO

1% Lotion

00681997 DERMAFLEX HC NEO

HYDROCORTISONE ACETATE, ZINC SULFATE**0.5% & 0.5% Ointment**

02128446 ANODAN-HC ODN

00505773 ANUSOL HC PFI

02209764 EGOZINC-HC PMS

00607789 RATIO-HEMCORT HC RPH

02179547 RIVASOL HC RIV

02247691 SANDOZ-ANUZINC HC SDZ

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS**HYDROCORTISONE ACETATE, ZINC SULFATE****10mg & 10mg Suppository**

02236399 ANODAN-HC ODN

00476285 ANUSOL HC PFI

02210517 EGOZINC HC PMS

00607797 RATIO-HEMCORT HC RPH

02240112 RIVASOL-HC RIV

02242798 SANDOZ ANUZINC HC SDZ

HYDROCORTISONE ACETATE, ZINC SULFATE, PRAMOXINE HCL**0.5% & 0.5% & 1% Ointment**

00505781 ANUGESIC HC PFI

02234466 PROCTODAN HC ODN

02247692 SANDOZ-ANUZINC HC PLUS SDZ

10mg & 10mg & 20mg Suppository

00476242 ANUGESIC HC PFI

02240851 PROCTODAN HC ODN

02242797 SANDOZ ANUZINC HC PLUS SDZ

HYDROCORTISONE VALERATE**0.2% Cream**

02242984 HYDROVAL TAR

0.2% Ointment

02242985 HYDROVAL TAR

HYDROCORTISONE, DIBUCAINE HCL, ESCULIN, FRAMYCETIN SULFATE**5mg & 5mg & 10mg & 10mg Ointment**

02247322 PROCTOL ODN

02223252 PROCTOSEDYL AXC

02226383 RATIO-PROCTOSONE RPH

02242527 SANDOZ-PROCTOMYXIN HC SDZ

5mg & 5mg & 10mg & 10mg Suppository

02247882 PROCTOL ODN

02223260 PROCTOSEDYL AXC

02226391 RATIO-PROCTOSONE RPH

02242528 SANDOZ PROCTOMYXIN HC SDZ

HYDROCORTISONE, UREA**1% & 10% Cream**

00503134 UREMOL HC STI

1% & 10% Lotion

00560022 UREMOL HC STI

MOMETASONE FUROATE**0.1% Cream**

00851744 ELOCOM SCH

02367157 TARO-MOMETASONE TAR

0.1% Lotion

00871095 ELOCOM SCH

02266385 TARO-MOMETASONE TAR

84:06.00 SMMA - ANTI-INFLAMMATORY AGENTS**MOMETASONE FUROATE****0.1% Ointment**

00851736	ELOCOM	SCH
02244769	PMS-MOMETASONE	PMS
02270862	PMS-MOMETASONE	PMS
02248130	RATIO-MOMETASONE	RPH
02264749	TARO-MOMETASONE	TAR

TRIAMCINOLONE ACETONIDE**0.1% Cream**

02194058	ARISTOCORT R	VAO
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0.5% Cream

02194066	ARISTOCORT C	VAO
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0.1% Ointment

02194031	ARISTOCORT R	VAO
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0.1% Paste

01964054	ORACORT	TAR
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84:08.00 SMMA - ANTIPRURITICS AND LOCAL ANESTHETICS**LIDOCAINE HCL****2% Liquid**

01968823	LIDODAN VISCOUS	ODN
00811874	PMS-LIDOCAINE VISCOUS	PMS
00001686	XYLOCAINE VISCOUS	AZC

LIDOCAINE, PRILOCAINE**2.5% & 2.5% Cream**

00886858	EMLA	AZC
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2.5% & 2.5% Patch

02057794	EMLA	AZC
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84:16.00 SMMA - CELL STIMULANTS AND PROLIFERANTS**TRETINOIN****0.01% Cream**

00897329	RETIN A	JAJ
00657204	STIEVA-A	STI

0.025% Cream

00897310	RETIN A	JAJ
00578576	STIEVA-A	STI

0.05% Cream

00443794	RETIN A	JAJ
00518182	STIEVA-A	STI

0.1% Cream

00870021	RETIN A	JAJ
00662348	STIEVA-A FORTE	STI

0.01% Gel

01926462	VITAMIN A ACID	SAC
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0.025% Gel

00587966	STIEVA-A	STI
01926470	VITAMIN A ACID	SAC

84:16.00 SMMA - CELL STIMULANTS AND PROLIFERANTS**TRETINOIN****0.05% Gel**

00641863	STIEVA-A	STI
01926489	VITAMIN A ACID	SAC

0.025% Solution

00578568	STIEVA-A	STI
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84:24.12 BASIC OINTMENTS AND PROTECTANTS**DIMETHICONE****20% Cream**

02060841	BARRIERE	WPC
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PETROLATUM**67% Cream**

00635189	PREVEX	STI
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ZINC OXIDE**15% Cream**

02215799	ZINC OXIDE CREAM 15%	HJS
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25% Ointment

00532576	IHLES PASTE	RPH
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40% Ointment

02239160	ZINCOFAX EXTRA STRENGTH	GSK
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84:28.00 KERATOLYTIC AGENTS**ADAPALENE****0.1% Cream**

02231592	DIFFERIN	GAC
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0.1% Gel

02148749	DIFFERIN	GAC
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CANTHARIDIN, PODOPHYLLIN, SALICYLIC ACID**1% & 2% & 30% Liquid**

00772011	CANTHARONE PLUS	DOR
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1% & 5% & 30% Liquid

00589500	CANTHACUR PS	PMS
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DITHRANOL**0.1% Cream**

00537594	ANTHRANOL	MTI
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0.2% Cream

00537608	ANTHRANOL	MTI
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0.4% Lotion

00695351	ANTHRASCALP	MTI
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1% Ointment

00566756	ANTHRAFORTE 1	MTI
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2% Ointment

00566748	ANTHRAFORTE 2	MTI
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FORMALDEHYDE, LACTIC ACID, SALICYLIC ACID**5% & 10% & 25% Ointment**

00513091	DUOPLANT	STI
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84:28.00 KERATOLYTIC AGENTS**LACTIC ACID, SALICYLIC ACID**

17% & 17% Liquid

00370576 DUOFILM STI

PODOFILOX

0.5% Solution

01945149 CONDYLINE CDX

PODOPHYLLIN

25% Liquid

00598208 PODOFILM PMS

SALICYLIC ACID

27% Gel

01939645 DUOFORTE 27 STI

170mg/mL Gel

00614246 COMPOUND W DER

20% Liquid

00690333 SOLUVER DER

26% Liquid

00754951 OCCLUSAL HP MDC

27% Liquid

00837733 SOLUVER PLUS DER

40% Plaster

01974335 CLEAR AWAY SCH

4% Shampoo

00666106 SEBCUR DER

84:32.00 KERATOPLASTIC AGENTS**COAL TAR**

10% Gel

00344508 TARGEL ODN

20% Liquid

00358495 ODANS LIQUOR CARBONIS
DETERGENT ODN

1% Shampoo

00632295 TERSA-TAR MILD STI

3% Shampoo

00632309 TERSA-TAR STI

4.3% Shampoo

00740314 PENTRAX MDC

COAL TAR, JUNIPER TAR, PINE TAR

1% Shampoo

00249866 POLYTAR STI

**COAL TAR, JUNIPER TAR, PINE TAR, ZINC
PYRITHIONE**

0.166% & 0.166% & 0.166% & 1% Shampoo

00628042 MULTI-TAR PLUS MILD VAE

0.33% & 0.33% & 0.33% & 1% Shampoo

02240942 MULTITAR PLUS VAE

COAL TAR, SALICYLIC ACID

8% & 2% Gel

00560448 P&S PLUS BAK

84:32.00 KERATOPLASTIC AGENTS**COAL TAR, SALICYLIC ACID**

10% & 3% Liquid

00510335 TARGEL SA ODN

10% & 4% Shampoo

00666114 SEBCUR-T DER

COAL TAR, SALICYLIC ACID, SULFUR

2% & 2% & 2% Shampoo

00444448 STEREX IDE

84:50.06 PIGMENTING AGENTS**METHOXSALEN**

10mg Capsule

00252654 OXSORALEN VAE

01946374 OXSORALEN VAE

1% Lotion

01907476 OXSORALEN VAE

**84:92.00 MISCELLANEOUS SKIN AND
MUCOUS MEMBRANE AGENTS****ACITRETIN**

Soriatane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings, should be consulted prior to prescribing or dispensing this drug.

10mg Capsule

02070847 SORIATANE ACG

25mg Capsule

02070863 SORIATANE ACG

AZELAIC ACID

15% Gel

02270811 FINACEA BAY

CALCIPOTRIOL

50mcg/g Cream

02150956 DOVONEX LEO

50mcg/g Ointment

01976133 DOVONEX LEO

50mcg/mL Solution

02194341 DOVONEX LEO

CAPSAICIN

0.025% Cream

02157101 CAPSAICIN VAO

02244952 ZODERM EUR

00740306 ZOSTRIX MDC

0.075% Cream

02157128 CAPSAICIN HP VAO

02004240 ZOSTRIX HP MDC

COLLAGENASE

250U Ointment

02063670 SANTYL HPC

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

FLUOROURACIL

5% Cream

00330582	EFUDEX	VAE
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ISOTRETINOIN

Accutane should be used with caution in women of childbearing potential due to its teratogenicity. Pregnancy must be excluded. Effective contraception must be used. Manufacturer's literature regarding contraindications and warnings should be consulted prior to prescribing or dispensing this drug.

10mg Capsule

00582344	ACCUTANE	HLR
02257955	CLARUS	MYL

40mg Capsule

00582352	ACCUTANE	HLR
02257963	CLARUS	MYL

PIMECROLIMUS

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

1% Cream

02247238	ELIDEL	NVC
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TACROLIMUS (PROTOPIC)

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

0.03% Ointment

02244149	PROTOPIC	AST
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0.1% Ointment

02244148	PROTOPIC	AST
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TAZAROTENE

0.05% Cream

02243894	TAZORAC	ALL
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0.1% Cream

02243895	TAZORAC	ALL
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0.05% Gel

02230784	TAZORAC	ALL
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0.1% Gel

02230785	TAZORAC	ALL
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VITAMIN E

30IU Ointment

01910787	VITAMIN E	JLF
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86:00 SMOOTH MUSCLE RELAXANTS**86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS****DARIFENACIN HYDROBROMIDE****7.5mg Long Acting Tablet**

02273217 ENABLEX NVR

15mg Long Acting Tablet

02273225 ENABLEX NVR

FLAVOXATE HCLST **200mg Tablet**

00728179 URISPAS PAL

OXYBUTYNIN CHLORIDEST **1mg/mL Syrup**

02231089 APO-OXYBUTYNIN APX

02223376 PMS-OXYBUTYNIN PMS

ST **2.5mg Tablet**

02240549 PMS-OXYBUTYNIN PMS

ST **5mg Tablet**

02163543 APO-OXYBUTYNIN APX

02241285 DOM-OXYBUTYNIN DPC

02230800 MYLAN-OXYBUTYNIN MYL

02230394 NOVO-OXYBUTYNIN TEV

02158590 NU-OXYBUTYN NXP

02220059 OXYBUTYN VAE

02350238 OXYBUTYNIN SAN

02220636 OXYBUTYNINE PDL

02240550 PMS-OXYBUTYNIN PMS

02299364 RIVA-OXYBUTYNIN RIV

SOLIFENACIN SUCCINATE

Limited use benefit (prior approval required).

For symptomatic relief in patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence in patients who have failed on or are intolerant of therapy with oxybutynin.

ST **5mg Tablet**

02277263 VESICARE AST

ST **10mg Tablet**

02277271 VESICARE AST

TOLTERODINE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

ST **2mg Extended Release Capsule**

02244612 DETROL LA PFI

ST **4mg Extended Release Capsule**

02244613 DETROL LA PFI

ST **1mg Tablet**

02239064 DETROL PFI

ST **2mg Tablet**

02239065 DETROL PFI

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS**TROSPIUM CHLORIDE**

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

ST **20mg Tablet**

02275066 TROSEC ORY

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS**OXTRIPHYLLINE****20mg/mL Elixir**

00476366 CHOLEDYL PFI

00792942 PMS-OXTRIPHYLLINE PMS

THEOPHYLLINE**5.33mg/mL Elixir**

00575151 PMS-THEOPHYLLINE PMS

00466409 PULMOPHYLLIN RIV

00627410 THEOPHYLLINE ATL

5.33mg/mL Solution

01966219 THEOLAIR MMH

100mg Sustained Release Tablet

00692689 APO-THEO APX

02230085 NOVO-THEOPHYL SR TEV

200mg Sustained Release Tablet

00692697 APO-THEO LA APX

02230086 NOVO-THEOPHYL SR TEV

300mg Sustained Release Tablet

00692700 APO-THEO LA APX

02230087 NOVO-THEOPHYL SR TEV

400mg Sustained Release Tablet

02014165 UNIPHYL PFR

600mg Sustained Release Tablet

02014181 UNIPHYL PFR

88:00 VITAMINS**88:04.00 VITAMIN A****VITAMIN A**ST **10,000IU Capsule**

00557447	VIT A	VTH
00297720	VITAMIN A	JAM

ST **25,000IU Capsule**

00021067	VITAMIN A	TEV
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ST **50,000IU Capsule**

00021075	VITAMIN A	TEV
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88:08.00 VITAMIN B COMPLEX**CYANOCOBALAMIN****100mcg/mL Injection**

00497533	VITAMIN B12	ABB
02241500	VITAMIN B12	SDZ

1,000mcg/mL Injection

01987003	CYANOCOBALAMIN	CYX
02052717	CYANOCOBALAMIN	TAR
00521515	VIT B12	SDZ
00038830	VITAMIN B12	ABB

ST **25mcg Tablet**

00406988	VITAMIN B12	JAM
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ST **50mcg Tablet**

00305243	VITAMIN B12	JAM
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ST **100mcg Tablet**

00450642	VIT B12	VTH
02023598	VITAMIN B12	PMT

ST **250mcg Tablet**

00335940	VITAMIN B12	JAM
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ST **1000mcg Tablet**

02237736	VITAMIN B12	SWS
80003575	VITAMIN B12	PMT

FOLIC ACIDST **1mg Tablet**

00318973	FOLIC ACID	JAM
00647039	FOLIC ACID	VTH
02048841	FOLIC ACID	PMT
02236747	FOLIC ACID	PED

ST **5mg Tablet**

00426849	APO-FOLIC ACID	APX
02285673	EURO-FOLIC	EUR
02366061	JAMP FOLIC ACID	JMP

NIACINST **50mg Tablet**

00041084	NIACIN	PMS
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ST **100mg Tablet**

00268585	NIACIN	VAE
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88:08.00 VITAMIN B COMPLEX**NIACIN**ST **500mg Tablet**

00294950	NIACIN	VAE
01939130	NIACIN	ODN
02247004	NIACIN	PMT
00557412	NIACIN YEAST FREE	VTH
00309737	VITAMIN B3	JAM

PYRIDOXINE HCLST **25mg Tablet**

00122645	VITAMIN B6	JAM
00232475	VITAMIN B6	PMS
01943200	VITAMIN B6	ODN
80002890	VITAMIN B6	JMP

ST **50mg Tablet**

00252689	VITAMIN B6	VAE
00305227	VITAMIN B6	JAM
00608599	VITAMIN B6	PMS

ST **100mg Tablet**

00263958	VITAMIN B6	ICN
00329185	VITAMIN B6	JAM
00450677	VITAMIN B6	VTH
02239348	VITAMIN B6	PMT

THIAMINE HCL**100mg/mL Injection**

02241983	BETAXIN	ABB
02243525	THIAMINE	CYX
00816078	VITAMIN B1	SDZ

ST **50mg Tablet**

02245506	EURO-B1	EUR
80009633	JAMP-VITAMIN B1	JMP
00268631	VITAMIN B1	VAE

ST **100mg Tablet**

00232467	VITAMIN B1	PMS
00294853	VITAMIN B1	ICN
00407011	VITAMIN B1	JAM

88:12.00 VITAMIN C**ASCORBIC ACID**ST **250mg Chewable Tablet**

00266051	VITAMIN C	PMT
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ST **500mg Chewable Tablet**

00274240	VITAMIN C	PED
00322326	VITAMIN C	LAL
00784591	VITAMIN C	VTH
02243893	VITAMIN C	PMT
02245721	VITAMIN C	PMT

ST **1000mg Sustained Release Tablet**

00760587	VITAMIN C	PMT
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ST **250mg Tablet**

00557811	VIT C	VTH
00162515	VITAMIN C	PMT
00221244	VITAMIN C	ADA

88:12.00 VITAMIN C**ASCORBIC ACID**ST **500mg Tablet**

00266086	ASCORBIC ACID	PMT
00036188	VITAMIN C	PED
00041114	VITAMIN C	ADA
00322997	VITAMIN C	LAL
00557838	VITAMIN C	VTH
01922378	VITAMIN C	SWS
02244469	VITAMIN C	PMT

ST **1000mg Tablet**

00354376	VITAMIN C	PMT
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88:16.00 VITAMIN D**ALFACALCIDOL**ST **0.25mcg Capsule**

00474517	ONE-ALPHA	LEO
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ST **1mcg Capsule**

00474525	ONE-ALPHA	LEO
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ST **2mcg/mL Oral Liquid**

02240329	ONE-ALPHA	LEO
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CALCITRIOLST **0.25mcg Capsule**

00481823	ROCALTROL	HLR
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ST **0.5mcg Capsule**

00481815	ROCALTROL	HLR
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ST **1mcg/mL Solution**

00824291	ROCALTROL	HLR
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CHOLECALCIFEROLST **400IU Capsule**

02242651	EURO D	EUR
80006629	JAMP-VITAMIN D	JMP
80005560	RIVA-D 400 UNIT CAP	RIV

ST **800IU Capsule**

80007769	JAMP-VITAMIN D	JMP
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ST **10,000IU Capsule**

02253178	EURO D	EUR
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ST **50,000IU Capsule**

02301911	OSTOFORTE	TRT
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ST **400IU Drop**

80001869	BABY DDROPS	DDP
80001792	DDROPS VITAMIN D	DDP

ST **400IU/mL Drop**

00762881	D VI SOL	MJO
80003038	JAMP-VITAMIN D	JMP
02231624	PEDIAVIT D	EUR

ST **1000IU Drop**

80001791	DDROPS VITAMIN D	DDP
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ST **400IU Tablet**

00765384	VITAMIN D	LAL
02238729	VITAMIN D	VTH
02240624	VITAMIN D	WAM
02240858	VITAMIN D	PMT

88:16.00 VITAMIN D**CHOLECALCIFEROL**ST **1,000IU Tablet**

02245842	VITAMIN D	PMT
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ST **10,000IU Tablet**

00821772	D-TABS	RIV
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ERGOCALCIFEROLST **50,000IU Capsule**

02237450	D-FORTE	EUR
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ST **8,288IU/mL Solution**

02017598	DRISDOL	SAC
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VITAMIN DST **400IU Capsule**

80008590	VITAMIN D	BMI
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ST **800IU Capsule**

80003010	EURO D	EUR
80008446	VITAMIN D	BMI

ST **400IU Tablet**

80002452	VITAMIN D	WNP
80009578	VITAMIN D	SWS

ST **1000IU Tablet**

80000436	VITAMIN D	JAM
80009580	VITAMIN D	SWS

VITAMIN D3ST **1000IU Tablet**

02240507	VITAMIN D	WNP
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88:20.00 VITAMIN E**ALPHA TOCOPHERYL**ST **400IU Capsule**

00122858	VITAMIN E NATUAL SOURCE	JAM
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VITAMIN EST **200IU Capsule**

00122831	VITAMIN E	JAM
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ST **50IU/mL Liquid**

02162075	AQUASOL E	NVC
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88:28.00 MULTIVITAMIN PREPARATIONS**MULTIVITAMINS (PEDIATRIC)**

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

ST **Drop**

00762946	POLY-VI-SOL	MJO
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ST **Liquid**

00558079	INFANTOL	HOR
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ST **Tablet**

80011134	CENTRUM JUNIOR COMPLETE	PFI
80020794	CENTRUM JUNIOR COMPLETE	PFI
02247975	FLINTSTONES EXTRA C	BCD

88:28.00 MULTIVITAMIN PREPARATIONS**MULTIVITAMINS (PRENATAL)**

Limited use benefit (prior approval is not required.).

Prenatal and postnatal vitamins are benefits only for women of childbearing age (12 to 50 years).

ST **Tablet**

80001842	CENTRUM MATERNA	WAY
02229535	MULTI-PRE AND POST NATAL	PED
80005770	PRENATAL & POSTPARTUM	PMT
02241235	PRENATAL AND POSTPARTUM	SDR

VITAMIN A, CHOLECALCIFEROL, ASCORBIC ACID

Limited use benefit (prior approval is not required.).

Pediatric multivitamins are benefits for children up to 6 years of age.

ST **2,500IU & 666.67IU & 50mg/mL Drop**

02229790	PEDIAVIT	EUR
00762903	TR- VI-SOL	MJO

ST **Oral Liquid**

80008471	JAMP-MULTIVITAMIN A/D/C DROPS	JMP
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

BETAHISTINE HCL

8mg Tablet

02280183 NOVO-BETAHISTINE TEV

16mg Tablet

02374757 CO BETAHISTINE COB

02243878 SERC SPH

02280191 TEVA-BETAHISTINE TEV

24mg Tablet

02374765 CO BETAHISTINE COB

02247998 SERC SPH

02280205 TEVA-BETAHISTINE TEV

ERGOCALCIFEROL

ST 8288IU/mL Oral Liquid

80003615 ERDOL ODN

EXTEMPORANEOUS MIXTURE

Miscellaneous

00990019 EXTEMPORANEOUS MIXTURE (BC) (SK) (YT)

00999997 EXTEMPORANEOUS MIXTURE (NB) (NS) (PE) (NL)

00999999 EXTEMPORANEOUS MIXTURE (NU) (AB) (MB) (QC) (NT)

00999994 EXTEMPORANEOUS MIXTURE (ON)

00915000 STERILE EXTEMPORANEOUS MIXTURE (QC)

LANREOTIDE

120mg/0.5mL Injection

02283417 SOMATULINE AUTOGEL IPS

NEDOCROMIL SODIUM

2% Ophth Solution

02241407 ALOCRIAL ALL

OCTREOTIDE

10mg/Vial Injection

02239323 SANDOSTATIN LAR NVR

20mg/Vial Injection

02239324 SANDOSTATIN LAR NVR

30mg/Vial Injection

02239325 SANDOSTATIN LAR NVR

50mcg/mL Injection

02248639 OCTREOTIDE ACETATE OMEGA OMG

00839191 SANDOSTATIN NVR

100mcg/mL Injection

02248640 OCTREOTIDE ACETATE OMEGA OMG

00839205 SANDOSTATIN NVR

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

OCTREOTIDE

200mcg/mL Injection

02248642 OCTREOTIDE ACETATE OMEGA OMG

02049392 SANDOSTATIN NVR

500mcg/mL Injection

02248641 OCTREOTIDE ACETATE OMEGA OMG

00839213 SANDOSTATIN NVR

PENTOSAN POLYSULFATE SODIUM

100mg Capsule

02029448 ELMIRON JNO

USTEKINUMAB

Limited use benefit (prior approval required).

For the treatment of moderate to severe psoriasis in patients who meet the following criteria:

- Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region and
- Intolerance or lack of response to methotrexate and cyclosporine or
- A contraindication to methotrexate and/or cyclosporine and
- Intolerance or lack of response to phototherapy or
- Inability to access phototherapy

Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

45mg/0.5mL Injection

02320673 STELARA JNO

92:08.00

DUTASTERIDE

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an adrenergic blocker.

or

b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

ST 0.5mg Capsule

02247813 AVODART GSK

92:08.00**FINASTERIDE**

Limited use benefit (prior approval required).

a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha-adrenergic blocker.

or

b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

ST **5mg Tablet**

02365383	APO-FINASTERIDE	APX
02354462	CO FINASTERIDE	COB
02350270	FINASTERIDE	PDL
02356058	MYLAN-FINASTERIDE	MYL
02348500	NOVO-FINASTERIDE	TEV
02310112	PMS-FINASTERIDE	PMS
02010909	PROSCAR	FRS
02306905	RATIO-FINASTERIDE	RPH
02322579	SANDOZ FINASTERIDE	SDZ

92:12.00**LEUCOVORIN CALCIUM****5mg Tablet**

02170493	LEUCOVORIN CALCIUM	WAY
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92:16.00**ALLOPURINOL**ST **100mg Tablet**

00449687	ALLOPRIN	VAE
00555681	ALLOPURINOL	PDL
00402818	ZYLOPRIM	AAP

ST **200mg Tablet**

00514209	ALLOPRIN	VAE
02130157	ALLOPURINOL	PDL
00479799	ZYLOPRIM	AAP

ST **300mg Tablet**

00454354	ALLOPRIN	VAE
00294322	ALLOPURINOL	APX
00555703	ALLOPURINOL	PDL
00402796	ZYLOPRIM	AAP

COLCHICINEST **0.6mg Tablet**

00572349	COLCHICINE	ODN
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ST **1mg Tablet**

00621374	COLCHICINE	ODN
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FEBUXOSTAT

Limited use benefit (prior approval required).

For patients with symptomatic gout who have documented hypersensitivity to allopurinol

80mg Tablet

02357380	ULORIC	TAK
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92:24.00**ALENDRONATE SODIUM**

Limited use benefit (prior approval required).

For the treatment of:

a. - Osteoporosis in patients who are 60 years of age or over OR

b. - Paget's Disease OR

c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR

d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR

e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

ST **5mg Tablet**

02248727	APO-ALENDRONATE	APX
02288079	SANDOZ ALENDRONATE	SDZ
02248251	TEVA-ALENDRONATE	TEV

ST **10mg Tablet**

02248728	APO-ALENDRONATE	APX
02201011	FOSAMAX	FRS
02270129	MYLAN-ALENDRONATE	MYL
02288087	SANDOZ ALENDRONATE	SDZ
02247373	TEVA-ALENDRONATE	TEV

ST **40mg Tablet**

02258102	CO ALENDRONATE	COB
02201038	FOSAMAX	FRS

ST **70mg Tablet**

02299712	ALENDRONATE	MEL
02302004	ALENDRONATE	SOR
02352966	ALENDRONATE	SAN
02303078	ALENDRONATE-70	PDL
02248730	APO-ALENDRONATE	APX
02258110	CO ALENDRONATE	COB
02282763	DOM-ALENDRONATE	DPC
02245329	FOSAMAX	FRS
02286335	MYLAN-ALENDRONATE	MYL
02273179	PMS-ALENDRONATE	PMS
02284006	PMS-ALENDRONATE FC	PMS
02275279	RATIO-ALENDRONATE	RPH
02270889	RIVA-ALENDRONATE	RIV
02288109	SANDOZ ALENDRONATE	SDZ
02261715	TEVA-ALENDRONATE	TEV

92:24.00**ALENDRONATE SODIUM, VITAMIN D3**

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 60 years of age or over OR
- b. - Paget's Disease OR
- c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
- d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
- e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

ST **70mg/2800U Tablet**

02276429 FOSAVANCE FRS

ST **70mg/5600U Tablet**

02314940 FOSAVANCE MSP

DENOSUMAB

Limited use benefit (prior approval required).

For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but for whom:

- bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia); AND

Have at least two of the following:

- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ -2.5

60mg/mL Injection

02343541 PROLIA PRE-FILLED SYR AMG

02343568 PROLIA VIAL AMG

ETIDRONATE DISODIUMST **200mg Tablet**

02248686 CO ETIDRONATE COB

02245330 MYLAN-ETIDRONATE MYL

ETIDRONATE DISODIUM, CALCIUM CARBONATEST **400mg & 500mg Tablet**

02263866 CO-ETIDROCAL COB

02176017 DIDROCAL PGP

02353210 ETIDROCAL SAN

02247323 MYLAN-ETI-CAL CP MYL

02324199 NOVO-ETIDRONATECAL KIT TEV

PAMIDRONATE DISODIUM**30mg Injection**

02059762 AREDIA IV NVR

02244550 PAMIDRONATE DISODIUM MAY

02264951 SANDOZ-PAMIDRONATE SDZ

60mg Injection

02244551 PAMIDRONATE DISODIUM HOS

02264978 SANDOZ-PAMIDRONATE SDZ

92:24.00**PAMIDRONATE DISODIUM****90mg Injection**

02059789 AREDIA IV NVR

02244552 PAMIDRONATE DISODIUM MAY

02245999 PMS-PAMIDRONATE PMS

02264986 SANDOZ-PAMIDRONATE SDZ

RISEDRONATE SODIUM

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 65 years of age and over or
- b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
- c. - Paget's Disease or
- d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
- e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

ST **5mg Tablet**

02242518 ACTONEL PGP

02298376 NOVO-RISEDRONATE TEV

ST **30mg Tablet**

02239146 ACTONEL PGP

02298384 NOVO-RISEDRONATE TEV

ST **35mg Tablet**

02246896 ACTONEL PGP

02353687 APO-RISEDRONATE APX

02309831 DOM-RISEDRONATE DPC

02357984 MYLAN-RISEDRONATE MYL

02298392 NOVO-RISEDRONATE TEV

02302209 PMS-RISEDRONATE PMS

02347474 RISEDRONATE PDL

02370255 RISEDRONATE SAN

02341077 RIVA-RISEDRONATE RIV

02327295 SANDOZ RISEDRONATE SDZ

ZOLEDRONIC ACID

Limited use benefit (prior approval required).

• For the treatment of Paget's disease. Coverage will be granted for one dose per 12 month period. OR.

• For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates*, but who have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia); AND who have at least two of the following:

- age >70 years
- a prior fragility fracture
- bone mineral density (BMD) T-score ≤ -2.5.

5mg/100mL Injection

02269198 ACLASTA NVR

92:36.00**ABATACEPT**

Limited use benefit (prior approval required).

For the treatment of:

- Rheumatoid Arthritis according to established criteria.
- Juvenile Idiopathic Arthritis

(Please refer to Appendix A).

250mg/Vial Injection

02282097 ORENCIA BMS

ADALIMUMAB

Limited use benefit (prior approval required).

For the treatment of:

- Rheumatoid Arthritis according to established criteria.
- Psoriatic Arthritis according to established criteria.
- Ankylosing Spondylitis according to established criteria.
- Psoriasis according to established criteria.
- Crohn's disease according to established criteria.

(Please refer to Appendix A).

40mg/Vial Injection

02258595 HUMIRA ABB

ETANERCEPT

Limited use benefit (prior approval required).

For the treatment of:

- Rheumatoid Arthritis according to established criteria.
- Psoriatic Arthritis according to established criteria.
- Ankylosing Spondylitis according to established criteria.
- Juvenile Idiopathic Arthritis

(Please refer to Appendix A).

25mg/Vial Injection

02242903 ENBREL IMX

50mg/mL Injection

02274728 ENBREL IMX

99100373 ENBREL SURECLICK (QC) AMG

GOLIMUMAB

Limited use benefit (prior approval required).

For the treatment of:

- Rheumatoid Arthritis according to established criteria.
- Psoriatic Arthritis according to established criteria.
- Ankylosing Spondylitis according to established criteria.

(Please refer to Appendix A).

50mg/0.5mL Injection

02324784 SIMPONI AUTO INJECTOR JNO

02324776 SIMPONI PRE-FILLED SYRINGE JNO

92:36.00**INFLIXIMAB**

Limited use benefit (prior approval required).

For treatment of:

- Fistulizing Crohn's disease according to established criteria.
- For adult patients with moderately to severely active Crohn's Disease who have had an inadequate response to conventional therapy.

(Please refer to Appendix A).

or

- Rheumatoid Arthritis according to established criteria

(Please refer to Appendix A).

100mg/Vial Injection

02244016 REMICADE CEN

LEFLUNOMIDE

Limited use benefit (prior approval required).

For treatment of patients with rheumatoid arthritis who:

- have failed treatment with methotrexate: weekly dose (PO, SC or IM) of 20mg or greater (15mg or greater if patient is 65 years of age or older) for more than 8 weeks.

- cannot tolerate or have contraindications to methotrexate.

10mg Tablet

02256495 APO-LEFLUNOMIDE APX

02241888 ARAVA SAC

02351668 LEFLUNOMIDE SAN

02319225 MYLAN-LEFLUNOMIDE MYL

02261251 NOVO-LEFLUNOMIDE TEV

02288265 PMS-LEFLUNOMIDE PMS

02283964 SANDOZ LEFLUNOMIDE SDZ

20mg Tablet

02256509 APO-LEFLUNOMIDE APX

02241889 ARAVA SAC

02351676 LEFLUNOMIDE SAN

02319233 MYLAN-LEFLUNOMIDE MYL

02261278 NOVO-LEFLUNOMIDE TEV

02288273 PMS-LEFLUNOMIDE PMS

02283972 SANDOZ LEFLUNOMIDE SDZ

TOCILIZUMAB

Limited use benefit (prior approval required).

For the treatment of adult patients with moderate to severely active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent.

(Please refer to Appendix A).

80mg/4ml Injection

02350092 ACTEMRA HLR

200mg/10ml Injection

02350106 ACTEMRA HLR

400mg/20ml Injection

02350114 ACTEMRA HLR

92:44.00**AZATHIOPRINE****50mg Tablet**

02242907	APO-AZATHIOPRINE	APX
02343002	AZATHIOPRINE	SAN
02243371	AZATHIOPRINE-50	PDL
00004596	IMURAN	GSK
02231491	MYLAN-AZATHIOPRINE	MYL
02248843	NU-AZATHIOPRINE	NXP

CYCLOSPORINE

Limited use benefit (prior approval required).

For transplant therapy.

10mg Capsule

02237671	NEORAL	NVR
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25mg Capsule

02150689	NEORAL	NVR
02247073	SANDOZ-CYCLOSPORINE	SDZ

50mg Capsule

02150662	NEORAL	NVR
02247074	SANDOZ-CYCLOSPORINE	SDZ

100mg Capsule

02150670	NEORAL	NVR
02242821	SANDOZ-CYCLOSPORINE	SDZ

100mg/mL Solution

02150697	NEORAL	NVR
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MYCOPHENOLATE MOFETIL

Limited use benefit (prior approval required).

For transplant therapy.

250mg Capsule

02192748	CELLCEPT	HLR
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500mg Tablet

02237484	CELLCEPT	HLR
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MYCOPHENOLATE SODIUM

Limited use benefit (prior approval required).

For transplant therapy.

180mg Enteric Coated Tablet

02264560	MYFORTIC	NVR
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360mg Enteric Coated Tablet

02264579	MYFORTIC	NVR
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SIROLIMUS

Limited use benefit (prior approval required).

Coverage will be provided as a second line therapy for patients failing mycophenolate mofetil.

1mg/mL Oral Liquid

02243237	RAPAMUNE	WAY
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1mg Tablet

02247111	RAPAMUNE	WAY
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92:44.00**TACROLIMUS**

Limited use benefit (prior approval required).

For transplant therapy.

0.5mg Capsule

02243144	PROGRAF	AST
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1mg Capsule

02175991	PROGRAF	AST
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5mg Capsule

02175983	PROGRAF	AST
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5mg/mL Injection

02176009	PROGRAF	AST
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0.5mg Long Acting Capsule

02296462	ADVAGRAF	AST
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1mg Long Acting Capsule

02296470	ADVAGRAF	AST
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3mg Long Acting Capsule

02331667	ADVAGRAF	AST
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5mg Long Acting Capsule

02296489	ADVAGRAF	AST
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92:92.00**BOTULINUM TOXIN TYPE A**

Limited use benefit (prior approval required).

For the treatment of:

- strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older
- cervical dystonia (spasmodic torticollis)

100IU Injection

01981501	BOTOX	ALL
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CLOSTRIDIUM BOTULINUM NEUROTOXIN

Limited use benefit (prior approval required).

For:

- the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older or
- the treatment of cervical dystonia (spasmodic torticollis)

100U/vial Injection

02324032	XEOMIN	MEZ
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CYPROTERONE ACETATE, ETHINYL ESTRADIOL**2mg & 35mcg Tablet**

02290308	CYESTRA-35	PMS
02233542	DIANE-35	BAY
02309556	TEVA-CYPROTERONE/ETHINYL ESTRADIOL	TEV

LANREOTIDE**60mg/0.3mL Injection**

02283395	SOMATULINE AUTOGEL	IPS
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90mg/0.3mL Injection

02283409	SOMATULINE AUTOGEL	IPS
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94:00 DEVICES**94:00.00 DEVICES****SPACER DEVICE****Device**

96899962	AEROCHAMBER AC BOYZ	TRU
96899963	AEROCHAMBER AC GIRLZ	TRU
96899969	AEROCHAMBER PLUS FLOW-VU LG	TRU
96899970	AEROCHAMBER PLUS FLOW-VU MED	TRU
96899968	AEROCHAMBER PLUS FLOW-VU MOUTH	TRU
96899971	AEROCHAMBER PLUS FLOW-VU SM	TRU
99400507	E-Z SPACER	WEP
99400511	E-Z SPACER (MASK ONLY)	WEP
99400508	E-Z SPACER WITH SMALL MASK	WEP
99400501	OPTICHAMBER	AUC
99400504	OPTICHAMBER LARGE MASK	AUC
99400503	OPTICHAMBER MEDIUM MASK	AUC
99400502	OPTICHAMBER SMALL MASK	AUC
99400505	OPTIHALER	AUC
99400787	POCKET CHAMBER	MCA
99400791	POCKET CHAMBER WITH ADULT MASK	MCA
99400788	POCKET CHAMBER WITH INFANT MASK	MCA
99400790	POCKET CHAMBER WITH MEDIUM MASK	MCA
99400789	POCKET CHAMBER WITH SMALL MASK	MCA

SYRINGE & NEEDLE (NON-INSULIN)**Syringe & Needle**

99400534	NON-INSULIN 1CC
99400536	NON-INSULIN 3CC
99400537	NON-INSULIN 5CC
99400538	NON-INSULIN 10CC

SYRINGE (NON-INSULIN)**Syringe**

99400823	LUER LOCK (DISP) 30CC	BTD
99400549	LUER LOCK (DISP) 60CC	
99400529	NON-INSULIN (DISP) 1CC	
99400531	NON-INSULIN (DISP) 3CC	
99400532	NON-INSULIN (DISP) 5CC	
99400533	NON-INSULIN (DISP) 10CC	

94:01.00 DEVICES (DIABETIC)**INSULIN PUMP SUPPLIES****Device**

99401049	ADAPTOR	AUC
99401052	ADHESIVE PAD WITH COTTON	AUC
99401053	ADHESIVE PAD WITHOUT COTTON	AUC
99401050	INFUSION SETS	AUC
99401038	INSULIN PUMP BATTERY	AUC
99401047	INSULIN PUMP CARTRIDGES	AUC
99401048	PISTON ROD	AUC
09991061	RESERVOIR 5XX 1.8ML SYRINGE	MDT
09991062	RESERVOIR 7XX 3.0ML SYRINGE	MDT
99401051	TUBING	AUC

ISOPROPYL ALCOHOL**70% Swab**

00480452	ALCOHOL PREP SWAB	PFD
02247809	ALCOHOL SWAB	TIP
00809357	ALCOHOL SWABS BD	BTD
02240759	B-D ALCOHOL SWAB	BTD
99438102	MONOJECT ALCOHOL WIPES	SHM
00795232	WEBCOL ALCOHOL PREP	JAJ

LANCET**Lancet**

97799817	ACCU-CHEK MULTICLIX	ROD
99401068	BD LATITUDE	BTD
97799541	EZ HEALTH ORACLE LANCETS	TRE
00900834	FINGERSTIX	BAY
00995965	FINGERSTIX	BAY
00977839	FREESTYLE	ABB
99401063	FREESTYLE	ABB
97799766	ITEST LANCETS 28G (100)	AUC
97799767	ITEST LANCETS 33G (100)	AUC
00901555	LIFESCAN REGULAR	JAJ
00906190	MEDISENSE	AUC
00906239	MICROLET	BAY
00977493	MICROLET	BAY
00977543	MONOLET ORIGINAL	SHM
99401055	MONOLET THIN	SHM
97799810	MPD THIN (100)	MPD
97799811	MPD THIN (200)	MPD
97799807	MPD ULTRA THIN (100)	MPD
97799808	MPD ULTRA THIN (200)	MPD
00965561	ONE TOUCH DELICA	JAJ
00901359	ONE TOUCH ULTRA SOFT	JAJ
00905917	SOFT TOUCH	ROD
00000165	SOFTCLIX	BOE
97799945	SOFTCLIX	ROD
00902144	SOFTCLIX SELECT	BOE
00977373	SOFTCLIX SELECT	BOE
00900141	ULTRA-FINE II	BTD
00977659	ULTRA-FINE II	BTD
00977051	UNILET COMFORT TOUCH	BAY
00977896	UNILET COMFORT TOUCH	BAY
00984167	UNILET COMFORT TOUCH	BAY

94:01.00 DEVICES (DIABETIC)**LANCING DEVICE**

Device			
99401025	B-D LANCET	BTD	
99401020	GLUCOLET	BAY	
99401021	GLUCOLET 2	BAY	
99401014	MEDISENSE TLC	AUC	
99401017	MICROLET	BAY	
99401015	MONOJECTOR	SHM	
99401016	PENLET PLUS	JAJ	
99401022	REGULAR ENDCAPS FOR GLUCOLET	BAY	
99401018	REGULAR ENDCAPS FOR MICROLET	BAY	
99401023	SUPER ENDCAPS FOR GLUCOLET	BAY	
99401019	SUPER ENDCAPS FOR MICROLET	BAY	

MAGNIFIER

Magnifier			
99400550	SYRINGE SCALE MAGNIFIER		

NEEDLE

Needle			
97799526	BD AUTOSHIELD PEN	BTD	
00908452	B-D PEN	BTD	
97799527	BD ULTRA-FINE NANO PEN	BTD	
00977756	NOVOFINE	NOO	
22g Needle			
00977616	B-D DISPOSABLE 1 INCH 5155	BTD	
00977624	B-D DISPOSABLE 1½ INCH 5156	BTD	
25g Needle			
00977071	B-D DISPOSABLE 5/8 INCH 5122	BTD	
00977063	B-D DISPOSABLE 1½ INCH 5127	BTD	
27g Needle			
00977012	B-D DISPOSABLE ½ INCH 5109	BTD	
28g Needle			
99221028	NOVOFINE INSULIN PEN 28G	NOO	
29g Needle			
00977101	B-D ULTRA-FINE PEN	BTD	
97799897	BD ULTRA-FINE PEN NEEDLE 29G	BTD	
00900513	OWEN MUMFORD UNIFINE PENTIPS 1/2 INCH	AUC	
00908185	ULTRAFINE PEN ULTRA-FINE 29G	BTD	
29GX12MM Needle			
97799566	INSUPEN 29GX12MM	DPI	
97799561	SUPER-FINE STANDARD 29G 12.7MM	PMS	
97799543	ULTI 29GX1/2 WITH SHARP CONTAINER	UMI	

94:01.00 DEVICES (DIABETIC)**NEEDLE**

30g Needle			
00921114	NOVOFINE	NOO	
00908169	NOVOFINE 30G	NOO	
99117796	NOVOFINE INSULIN PEN 30G	NOO	
30GX8MM Needle			
97799567	INSUPEN 30GX8MM	DPI	
31g Needle			
00977011	B-D ULTRA-FINE PEN III	BTD	
00900511	OWEN MUMFORD UNIFINE PENTIPS 1/4 INCH	AUC	
00900512	OWEN MUMFORD UNIFINE PENTIPS 5/16 INCH	AUC	
31GX5MM Needle			
97799563	SUPER-FINE MICRO 31G 5MM	PMS	
31GX6MM Needle			
97799569	INSUPEN 31GX6MM	DPI	
97799545	ULTI 31GX1/4 WITH SHARP CONTAINER	UMI	
31GX8MM Needle			
97799568	INSUPEN 31GX8MM	DPI	
97799562	SUPER-FINE XTRA 31G 8MM	PMS	
97799544	ULTI 31GX5/16 WITH SHARP CONTAINER	UMI	
32GX6MM Needle			
97799571	INSUPEN 32GX6MM	DPI	
97799821	NOVOFINE 32G 6MM	NOO	
32GX8MM Needle			
97799570	INSUPEN 32GX8MM	DPI	
NEEDLE (NON-INSULIN)			
Needle			
99400528	NEEDLES (NON-INSULIN) DISPOSABLE		
SHARPS CONTAINER			
Device			
99401026	B-D SHARPS CONTAINER 1.4L	BTD	
99401027	B-D SHARPS CONTAINER 3.1L	BTD	
SYRINGE			
0.3cc Syringe			
00977961	B-D MICRO-FINE	BTD	
00977977	B-D ULTRA-FINE / ULTRA-FINE II	BTD	
00977951	MONOJECT	SHM	
99254011	MONOJECT DISP 3/10CC (100)	SHM	
99253047	MONOJECT DISP 3/10CC (30)	SHM	
00920053	SYRN MONOJECT	SHM	
00920193	ULTRA-FINE	BTD	
0.5cc Syringe			
00977985	B-D ULTRA-FINE II	BTD	
00920177	MICRO-FINE	BTD	
00920355	MONOJECT	SHM	
99432799	MONOJECT (100)	SHM	
99432633	MONOJECT (30)	SHM	
00920207	ULTRA-FINE	BTD	

94:01.00 DEVICES (DIABETIC)**SYRINGE****1cc Syringe**

99328369	B-D ULTRA-FINE	BTD
00920045	MONOJECT	SHM
99433383	MONOJECT (100)	SHM
99432914	MONOJECT (30)	SHM
00920215	ULTRA-FINE	BTD
00909238	ULTRA-FINE II 30G	BTD

SYRINGE & NEEDLE**0.3cc Syringe and Needle**

99328419	B-D INSULIN 1/3CC 29G UF 1	BTD
99639286	B-D MICRO-FINE 1/3CC	BTD
00909092	SYRN INS U-II 3/10CC 30G	BTD
00905690	SYRN INSULIN MICRO 3/10CC 28G	BTD
00906786	SYRN INSULIN ULTRA 3/10CC 29G	BTD
97799509	ULTI SYG WITH ULTIGUARD 29G 1/2	UMI
97799551	ULTI SYG WITH ULTIGUARD 30G 1/2	UMI
97799506	ULTI SYG WITH ULTIGUARD 30G 5/16	UMI
97799548	ULTI SYG WITH ULTIGUARD 31G 5/16	UMI
00900506	ULTICARE 29G	UMI
00964018	ULTICARE 29G	UMI
00900503	ULTICARE 30G	UMI
00964174	ULTICARE 30G	UMI
97799513	ULTICARE 31G SYG 5/16	UMI
97799999	ULTICARE INSULIN SYR 29G.3CC	UMI
97799996	ULTICARE INSULIN SYR 30G.3CC	UMI
97799908	ULTIGUARD INSULIN SYR 29G.3CC	UMI
97799905	ULTIGUARD INSULIN SYR 30G.3CC	UMI

94:01.00 DEVICES (DIABETIC)**SYRINGE & NEEDLE****0.5cc Syringe and Needle**

99328377	B-D INSULIN 50U 29G	BTD
99221044	B-D MICRO-FINE INSULIN 50U	BTD
00983004	INSULIN LO DOSE MICRO 28G	BTD
00909084	SYRN INSULIN U-II 30G	BTD
00906727	SYRN INSULIN ULTRA 29G	BTD
97799508	ULTI SYG WITH ULTIGUARD 29G 1/2	UMI
97799550	ULTI SYG WITH ULTIGUARD 30G 1/2	UMI
97799505	ULTI SYG WITH ULTIGUARD 30G 5/16	UMI
97799547	ULTI SYG WITH ULTIGUARD 31G 5/16	UMI
97799518	ULTICARE 28G SYG 1/2	UMI
00900505	ULTICARE 29G	UMI
00963941	ULTICARE 29G	UMI
00900502	ULTICARE 30G	UMI
00964115	ULTICARE 30G	UMI
97799512	ULTICARE 31G SYG 5/16	UMI
97799998	ULTICARE INSULIN SYR 29G.5CC	UMI
97799995	ULTICARE INSULIN SYR30G.5CC	UMI
97799510	ULTICARE LOW DEAD SPACE SYG	UMI
97799907	ULTIGUARD INSULIN SYR 29G.5CC	UMI
97799904	ULTIGUARD INSULIN SYR 30G.5CC	UMI

1cc Syringe and Needle

99262295	B-D INJECT-EASE WITH MICRO-FINE	BTD
99767467	B-D MICRO-FINE INSULIN 100U	BTD
00901911	B-D MICRO-FINE INSULIN 28G	BTD
00906816	SYRN INSULIN ULTRA 29G	BTD
97799507	ULTI SYG WITH ULTIGUARD 29G 1/2	UMI
97799549	ULTI SYG WITH ULTIGUARD 30G 1/2	UMI
97799504	ULTI SYG WITH ULTIGUARD 30G 5/16	UMI
97799546	ULTI SYG WITH ULTIGUARD 31G 5/16	UMI
97799517	ULTICARE 28G SYG 1/2	UMI
00900504	ULTICARE 29G	UMI
00963895	ULTICARE 29G	UMI
00900501	ULTICARE 30G	UMI
00964069	ULTICARE 30G	UMI
97799511	ULTICARE 31G SYG 5/16	UMI
97799997	ULTICARE INSULIN SYR 29G.1CC	UMI
97799994	ULTICARE INSULIN SYR 30G.1CC	UMI
97799906	ULTIGUARD INSULIN SYR 29G.1CC	UMI
97799903	ULTIGUARD INSULIN SYR 30G.1CC	UMI

94:01.00 DEVICES (DIABETIC)

SYRINGE CASE

Syringe Case

99400552	MYHEALTH SYRINGE CASE-7	AUC
99400551	MYHEALTH SYRINGE CASE- SINGLE	AUC

96:00 PHARMACEUTICAL AIDS

96:00.00 PHARMACEUTICAL AIDS

LACTOSE

ST 100mg Tablet

00501190 PLACEBO

ODN

APPENDIX A
LIMITED USE BENEFITS AND CRITERIA

08:00 ANTI-INFECTIVE AGENTS**08:12.18 QUINOLONES****LEVOFLOXACIN**

Limited use benefit (prior approval not required).

Coverage will be limited to a maximum of 14 days.

250mg Tablet

02284707	APO-LEVOFLOXACIN	APX
02315424	CO-LEVOFLOXACIN	COB
02236841	LEVAQUIN	JNO
02313979	MYLAN-LEVOFLOXACIN	MYL
02248262	NOVO-LEVOFLOXACIN	TEV
02284677	PMS-LEVOFLOXACIN	PMS
02298635	SANDOZ LEVOFLOXACIN	SDZ

500mg Tablet

02284715	APO-LEVOFLOXACIN	APX
02315432	CO-LEVOFLOXACIN	COB
02236842	LEVAQUIN	JNO
02313987	MYLAN-LEVOFLOXACIN	MYL
02248263	NOVO-LEVOFLOXACIN	TEV
02284685	PMS-LEVOFLOXACIN	PMS
02298643	SANDOZ LEVOFLOXACIN	SDZ

750mg Tablet

02325942	APO-LEVOFLOXACIN	APX
02315440	CO-LEVOFLOXACIN	COB
02246804	LEVAQUIN	JNO
02285649	NOVO-LEVOFLOXACIN	TEV
02305585	PMS-LEVOFLOXACIN	PMS
02298651	SANDOZ LEVOFLOXACIN	SDZ

08:12.24 TETRACYCLINES**MINOCYCLINE HCL**

Limited use benefit (prior approval required).

For:

- a. - patients who cannot tolerate other tetracyclines.
- b. - patients with severe widespread acne who have failed on tetracycline.

50mg Capsule

02084090	APO-MINOCYCLINE	APX
02239667	DOM-MINOCYCLINE	DPC
02153394	MINOCYCLINE	PDL
02287226	MINOCYCLINE	SAN
02230735	MYLAN-MINOCYCLINE	MYL
02108143	NOVO-MINOCYCLINE	TEV
02239238	PMS-MINOCYCLINE	PMS
02294419	PMS-MINOCYCLINE	PMS
02242080	RIVA-MINOCYCLINE	RIV
02237313	SANDOZ-MINOCYCLINE	SDZ

08:12.24 TETRACYCLINES**MINOCYCLINE HCL**

Limited use benefit (prior approval required).

For:

- a. - patients who cannot tolerate other tetracyclines.
- b. - patients with severe widespread acne who have failed on tetracycline.

100mg Capsule

02084104	APO-MINOCYCLINE	APX
02239668	DOM-MINOCYCLINE	DPC
02173506	MINOCIN	STI
02154366	MINOCYCLINE	PDL
02239982	MINOCYCLINE	IVX
02287234	MINOCYCLINE	SAN
02230736	MYLAN-MINOCYCLINE	MYL
02108151	NOVO-MINOCYCLINE	TEV
02294427	PMS-MINOCYCLINE	PMS
02239239	PMS-MONOCYCLINE	PMS
02242081	RIVA-MINOCYCLINE	RIV
02237314	SANDOZ-MINOCYCLINE	SDZ

08:12.28 MISCELLANEOUS ANTIBIOTICS**LINEZOLID**

Limited use benefit (prior approval required).

Tablets:

For treatment of proven vancomycin-resistant enterococci (VRE) infections when other antibiotics are not available, and for the treatment of proven Methicillin-Resistant Staphylococcus aureus (MRSA) infections in patients who cannot tolerate or who had an idiosyncratic reaction with Vancomycin.

I.V. solution:

When linezolid cannot be administered orally in the above mentioned situations.

2mg/mL Injection

02243685	ZYVOXAM	PFI
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600mg Tablet

02243684	ZYVOXAM	PFI
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08:14.08 AZOLES**VORICONAZOLE**

Limited use benefit (prior approval required).

For the treatment of:

- a. - patients with invasive aspergillosis.
- b. - culture proven invasive candidiasis with documented resistance to fluconazole.

50mg Tablet

02256460	VFEND	PFI
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200mg Tablet

02256479	VFEND	PFI
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08:18.08 ANTIRETROVIRALS**EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE**

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection adults where the virus is susceptible to each of tenofovir, emtricitabine and efavirenz, and:

- a. - Atripla is used to replace existing therapy with its component drugs, or
- b. - the patient is treatment naïve, or
- c. - the patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects.

Note: Criteria will be confirmed against medication history.

600mg & 200mg & 300mg Tablet

02300699	ATRIPLA	BMS
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08:18.08 ANTIRETROVIRALS**EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE**

Limited use benefit (prior approval required).

For the treatment of patients with HIV infection where the virus is susceptible to both emtricitabine and tenofovir AND where the triple-entity antiretroviral agent (tenofovir/ emtricitabine/efavirenz) is not indicated due to one of the following:

- a. - efavirenz resistance
- b. - adverse effects secondary to efavirenz

200mg/300mg Tablet

02274906 TRUVADA

GIL

ETRAVIRINE

Limited use benefit (prior approval required).

For use in combination with other antiretroviral agents for treatment-experienced patients with HIV-1 infection who:

- a.- have failed prior antiretroviral therapy; and
- b. - have HIV-1 strains resistant to multiple antiretroviral agents, including NNRTIs

100mg Tablet

02306778 INTELENCE

JNO

MARAVIROC

Limited use benefit (prior approval required).

For the treatment of HIV-1 infection, given in combination with other antiretroviral agents, in patients who have:

- a. - CR5 tropic viruses; and
- b. - documented resistance to at least one agent from each of the three major classes of antiretroviral agents (nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors)

150mg Tablet

02299844 CELSENTRI

GSK

300mg Tablet

02299852 CELSENTRI

GSK

RALTEGRAVIR

Limited use benefit (prior approval required).

For the treatment of HIV infection in patients who are antiretroviral experienced and have virologic failure due to resistance to at least one agent from each of the three major classes of antiretroviral agents, nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.

400mg Tablet

02301881 ISENTRESS

FRS

TENOFOVIR DISOPROXIL FUMARATE

Limited use benefit (prior approval required).

For the management of HIV disease in patients who have failed or have experienced adverse events to an alternative nucleoside reverse transcriptase inhibitor.

245mg Tablet

02247128 VIREAD

GIL

TIPRANAVIR

Limited use benefit (prior approval required).

For the management of HIV disease in patients

- a. - who have failed all currently listed protease inhibitors
- b. - intolerant to all currently listed protease inhibitors

250mg Capsule

02273322 APTIVUS

BOE

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2A**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

- a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).
- b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL Injection

02248077 PEGASYS

HLR

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2A**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/1mL Injection

02248078 PEGASYS

HLR

PEGINTERFERON ALFA-2A, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

180mcg/0.5mL & 200mg Injection & Tablet

02253429 PEGASYS RBV

HLR

180mcg/1mL & 200mg Injection & Tablet

02253410 PEGASYS RBV

HLR

PEGINTERFERON ALFA-2B

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered.

74mcg/Vial Injection

02242966 UNITRON PEG

SCH

118.4mcg/Vial Injection

02242967 UNITRON PEG

SCH

177.6mcg/Vial Injection

02242968 UNITRON PEG

SCH

222mcg/Vial Injection

02242969 UNITRON PEG

SCH

PEGINTERFERON ALFA-2B, RIBAVIRIN

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

50mcg/0.5mL & 200mg Injection & Capsule

02246026 PEGETRON

SCH

02254573 PEGETRON REDIPEN

SCH

80mcg/0.5mL & 200mg Injection & Capsule

02246027 PEGETRON

SCH

02254581 PEGETRON REDIPEN

SCH

100mcg/0.5mL & 200mg Injection & Capsule

02246028 PEGETRON

SCH

02254603 PEGETRON REDIPEN

SCH

08:18.20 INTERFERONS**PEGINTERFERON ALFA-2B, RIBAVIRIN**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis C in patients who are treatment naïve, upon the written request of a hepatologist or other specialist in this area.

a. - For genotypes 1, 4, 5 and 6, an initial 24 week supply will be approved. A further 24 week supply may be approved if patient has a viral reduction of at least 2 logs or HCV is undetectable at 12 weeks (48 weeks total).

b. - For genotypes 2 or 3, initial coverage for a maximum of 24 weeks will be approved. Renewals will not be covered

120mcg/0.5mL & 200mg Injection & Capsule

02246029	PEGETRON	SCH
02254638	PEGETRON REDIPEN	SCH

150mcg/0.5mL & 200mg Injection & Capsule

02246030	PEGETRON	SCH
02254646	PEGETRON REDIPEN	SCH

08:18.32 NUCLEOSIDES AND NUCLEOTIDES**ADEFOVIR DIPIVOXIL**

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection when used in combination with lamivudine in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of $\geq 1 \log_{10}$ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.

10mg Tablet

02247823	HEPSERA	GIL
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ENTECAVIR

Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

0.5mg Tablet

02282224	BARACLUDE	BMS
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10:00 ANTINEOPLASTIC AGENTS**10:00.00 ANTINEOPLASTIC AGENTS****ERLOTINIB HYDROCHLORIDE**

Limited use benefit (prior approval required).

Treatment of non-small cell lung cancer (NSCLC) after failure of at least one prior chemotherapy regimen, and whose EGFR expression status is positive or unknown.

100mg Tablet

02269015	TARCEVA	HLR
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150mg Tablet

02269023	TARCEVA	HLR
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IMATINIB MESYLATE

Limited use benefit (prior approval required).

a.- For the treatment of patients with chronic myeloid leukemia in blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy.

b.- For the treatment of patients with gastrointestinal stromal tumour.

c.- For newly diagnosed adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (CML).

100mg Tablet

02253275	GLEEVEC	NVR
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400mg Tablet

02253283	GLEEVEC	NVR
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10:00.00 ANTINEOPLASTIC AGENTS**RITUXIMAB**

Limited use benefit (prior approval required).

Prescribed by a rheumatologist for treatment of adult patients with severely active rheumatoid arthritis who have failed to respond to a trial of an anti-TNF agent. Treatment should be combined with methotrexate. Rituximab should not be used in combination with anti-TNF agents.

For continued coverage for rituximab beyond twenty-four weeks, patient must meet all the following criteria:

- a. - Initially prescribed by a rheumatologist
- b. - Patient has been assessed after the twentieth to twenty-fourth week of rituximab therapy and meets the response criteria of:
- c. - a >20% reduction in number of tender and swollen joints
- d. - a >20% improvement in physician global assessment scale.
- e. - either a >20% improvement in the patient global assessment scale or a >20% reduction in the acute phase as measured by ESR or CRP.

10mg/mL Injection

02241927 RITUXAN

HLR

SUNITINIB MALATE

Limited use benefit (Prior approval required).

Criteria for initial six month coverage of Sutent:

For patients with histologically proven unresectable or recurrent/metastatic GIST who have failed or are unable to tolerate imatinib therapy. Sunitinib will not be funded concomitantly with imatinib.

Criteria for assessment at every six months:

There is no objective evidence of disease progression.

12.5mg Capsule

02280795 SUTENT

PFI

25mg Capsule

02280809 SUTENT

PFI

50mg Capsule

02280817 SUTENT

PFI

TEMOZOLOMIDE

Limited use benefit (prior approval required).

For:

- a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy).
- b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

5mg Capsule

02241093 TEMODAL

SCH

20mg Capsule

02241094 TEMODAL

SCH

100mg Capsule

02241095 TEMODAL

SCH

140mg Capsule

02312794 TEMODAL

FRS

180mg Capsule

02312816 TEMODAL

FRS

250mg Capsule

02241096 TEMODAL

SCH

12:00 AUTONOMIC DRUGS**12:04.00 PARASYMPATHOMIMETIC AGENTS****DONEPEZIL HCL**

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:

- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change)
 - 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
 - 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
 - 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
 - 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

5mg Tablet

02232043 ARICEPT

PFI

10mg Tablet

02232044 ARICEPT

PFI

GALANTAMINE

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:

- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change)
 - 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
 - 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
 - 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
 - 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

8mg Extended Release Capsule

02339439 MYLAN-GALANTAMINE ER

MYL

02316943 PAT-GALANTAMINE ER

JNO

02266717 REMINYL ER

JNO

16mg Extended Release Capsule

02339447 MYLAN-GALANTAMINE ER

MYL

02316951 PAT-GALANTAMINE ER

JNO

02266725 REMINYL ER

JNO

24mg Extended Release Capsule

02339455 MYLAN-GALANTAMINE ER

MYL

02316978 PAT-GALANTAMINE ER

JNO

02266733 REMINYL ER

JNO

12:04.00 PARASYMPATHOMIMETIC AGENTS**RIVASTIGMINE**

Limited use benefit (prior approval required).

Initial six month coverage for cholinesterase inhibitors:

- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:

- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change)
 - 1.Memory, reasoning and perception (e.g., names, tasks, MMSE)
 - 2.Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
 - 3.Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
 - 4.Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

1.5mg Capsule

02336715	APO-RIVASTIGMINE	APX
02242115	EXELON	NVR
02332809	MYLAN-RIVASTIGMINE	MYL
02305984	NOVO-RIVASTIGMINE	TEV
02306034	PMS-RIVASTIGMINE	PMS
02311283	RATIO-RIVASTIGMINE	RPH
02324563	SANDOZ RIVASTIGMINE	SDZ

3mg Capsule

02336723	APO-RIVASTIGMINE	APX
02242116	EXELON	NVR
02332817	MYLAN-RIVASTIGMINE	MYL
02305992	NOVO-RIVASTIGMINE	TEV
02306042	PMS-RIVASTIGMINE	PMS
02311291	RATIO-RIVASTIGMINE	RPH
02324571	SANDOZ RIVASTIGMINE	SDZ

4.5mg Capsule

02336731	APO-RIVASTIGMINE	APX
02242117	EXELON	NVR
02332825	MYLAN-RIVASTIGMINE	MYL
02306018	NOVO-RIVASTIGMINE	TEV
02306050	PMS-RIVASTIGMINE	PMS
02311305	RATIO-RIVASTIGMINE	RPH
02324598	SANDOZ RIVASTIGMINE	SDZ

6mg Capsule

02336758	APO-RIVASTIGMINE	APX
02242118	EXELON	NVR
02332833	MYLAN-RIVASTIGMINE	MYL
02306026	NOVO-RIVASTIGMINE	TEV
02306069	PMS-RIVASTIGMINE	PMS
02311313	RATIO-RIVASTIGMINE	RPH
02324601	SANDOZ RIVASTIGMINE	SDZ

2mg/mL Oral Liquid

02245240	EXELON	NVR
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12:08.08 ANTIMUSCARINICS / ANTISPASMODICS**TIOTROPIUM BROMIDE MONOHYDRATE**

Limited use benefit (prior approval required).

For the treatment of moderate* to severe* chronic obstructive pulmonary disease (COPD), in patients who continue to be symptomatic after an adequate trial (3 months) of ipratropium, at a dose of 8-12 puffs daily.

*Canadian Thoracic Society COPD Classification by Symptoms/Disability and Lung Function

Moderate: shortness of breath from COPD causing the patient to stop after walking about 100 meters (after a few minutes) on level ground (MRC 3 to 4); 50% ≤ FEV1 < 80% predicted, FEV1/FVC <0.7

Severe: shortness of breath from COPD leaving the patient too breathless to leave the house or breathless after undressing (MRC 5), or in the presence of chronic respiratory failure or clinical signs of right heart failure; 30% ≤ FEV1 < 50% predicted, FEV1/FVC <0.7

18mcg Powder for Inhalation (Capsule)

02246793 SPIRIVA

BOE

12:12.08 BETA ADRENERGIC AGONISTS**FORMOTEROL FUMARATE**

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Oxeze is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.

12mcg/Capsule Powder for Inhalation

02230898 FORADIL

NVR

FORMOTEROL FUMARATE DIHYDRATE

Limited use benefit (prior approval required).

For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of rapid onset, short duration bronchodilator

6mcg/Dose Dry Powder Inhaler

02237225 OXEZE TURBUHALER

AZC

12mcg/Dose Dry Powder Inhaler

02237224 OXEZE TURBUHALER

AZC

FORMOTEROL FUMARATE DIHYDRATE, BUDESONIDE

Limited use benefit (prior approval required).

For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 250 - 500 mcg daily, or the equivalent) as the sole agent and require addition of a long- acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

6mcg & 100mcg/Inhalation Inhaler

02245385 SYMBICORT 100 TURBUHALER

AZC

6mcg & 200mcg/Inhalation Inhaler

02245386 SYMBICORT 200 TURBUHALER

AZC

SALMETEROL XINAFOATE

Limited use benefit (prior approval required).

a. - For the treatment of asthma in patients who are using optimal corticosteroid therapy and experiencing breakthrough symptoms requiring regular use of a rapid onset, short duration bronchodilator. Serevent is not intended for the relief of acute asthma symptoms: patients must have access to an inhaled fast-acting bronchodilator (beta-2 agonist) for symptomatic relief.

b. - For the treatment of Chronic Obstructive Pulmonary Disease (COPD) in patients not adequately controlled with ipratropium.

50mcg/inhalation Powder Diskus

02231129 SEREVENT DISKUS

GSK

50mcg/Inhalation Powder for Inhalation

02214261 SEREVENT DISKHALER

GSK

12:12.08 BETA ADRENERGIC AGONISTS**SALMETEROL XINAFOATE, FLUTICASONE PROPIONATE**

Limited use benefit (prior approval required).

For treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g., fluticasone 250-500mcg daily, or the equivalent) as a sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

For the treatment of moderate* to severe* chronic obstructive pulmonary disease (COPD), in patients who continue to be symptomatic after an adequate trial (2-4 months) of ipatropium, at a dose of 12 puffs daily.

*Canadian Thoracic Society COPD Classification by Symptoms/Disability

Moderate: shortness of breath from COPD causing the patient to stop after walking about 100 meters (after a few minutes) on the level

Severe: shortness of breath from COPD leaving the patient too breathless to leave the house or breathless after undressing, or in the presence of chronic respiratory failure or clinical signs of right heart failure.

By Symptom/Disability:

Moderate: shortness of breath from COPD causing the patient to stop after walking approximately 100 meters (or after a few minutes) on the level.

Severe: shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

25mcg & 125mcg Inhaler

02245126 ADVAIR GSK

25mcg & 250mcg Inhaler

02245127 ADVAIR GSK

50mcg & 100mcg Inhaler

02240835 ADVAIR DISKUS 100 GSK

50mcg & 250mcg Inhaler

02240836 ADVAIR DISKUS 250 GSK

50mcg & 500mcg Inhaler

02240837 ADVAIR DISKUS 500 GSK

12:20.04 CENTRALL ACTING SKELETAL MUSCLE RELAXANTS**CYCLOBENZAPRINE HCL**

Limited use benefit (prior approval is not required).

For relief of muscle spasm associated with acute, painful musculoskeletal conditions. Coverage is limited to 60mg per day for three (3) weeks, renewable every two (2) months.

10mg Tablet

02177145	APO-CYCLOBENZAPRINE	APX
02220644	CYCLOBENZAPRINE	PDL
02287064	CYCLOBENZAPRINE	SAN
02238633	DOM-CYCLOBENZAPRINE	DPC
02231353	MYLAN-CYCLOPRINE	MYL
02171848	NU-CYCLOBENZAPRINE	NXP
02249359	PHL-CYCLOBENZAPRINE	PHH
02212048	PMS-CYCLOBENZAPRINE	PMS
02236506	RATIO-CYCLOBENZAPRINE	RPH
02242079	RIVA-CYCLOBENZAPRINE	RIV
02080052	TEVA-CYCLOPRINE	TEV

TIZANIDINE HCL

Limited use benefit (prior approval required).

For treatment of spasticity in patients with multiple sclerosis, who have failed therapy with or are intolerant to baclofen.

4mg Tablet

02259893	APO-TIZANIDINE	APX
02272059	MYLAN-TIZANIDINE	MYL
02239170	ZANAFLEX	ELN

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS**NICOTINE (GUM)**

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

2mg Gum

02091933	NICORETTE	JNO
80000396	THRIVE	NVR

4mg Gum

02091941	NICORETTE PLUS	PMJ
80000118	NICOTINE GUM	PER
80000402	THRIVE	NVR

NICOTINE (INHALER)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage is limited to 945 during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

10mg Inhaler

02241742	NICORETTE	JNO
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NICOTINE (LOZENGE)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage is limited to 945 pieces during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for nicotine gum or lozenges when one year has elapsed from the day the initial prescription was filled.

1mg Lozenge

80007461	THRIVE	NVR
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2mg Lozenge

02247347	NICORETTE LOZENGE	JNO
80007464	THRIVE	NVR

4mg Lozenge

02247348	NICORETTE LOZENGE	JNO
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NICOTINE (PATCH)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	84 patches or
Nicoderm	70 patches or
Nicotrol	70 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

5mg Patch

02028697	NICOTROL TRANSDERMAL	PFI
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7mg Patch

01943057	HABITROL	NVC
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8.3mg/10cm² Patch

02065738	NICOTROL TRANSDERMAL	JNO
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10mg Patch

02029405	NICOTROL TRANSDERMAL	PFI
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14mg Patch

01943065	HABITROL	NVC
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15mg Patch

02029413	NICOTROL TRANSDERMAL	PFI
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12:92.00 MISCELLANEOUS AUTONOMIC DRUGS**NICOTINE (PATCH)**

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage will be provided for up to the allowable number of patches for one of the following products, during a one-year period. The year starts on the date the first prescription is filled. The number of patches covered in the one-year period is:

Habitrol	84 patches or
Nicoderm	70 patches or
Nicotrol	70 patches

Once this quantity has been reached, the client is eligible again for coverage for nicotine patches when one year has elapsed from the day the initial prescription was filled.

16.6mg/20cm2 Patch

02065754	NICOTROL TRANSDERMAL	JNO
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17.5mg Patch

02241227	TRANSDERMAL NICOTINE	NVC
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21mg Patch

01943073	HABITROL	NVC
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24.9mg/30cm2 Patch

02065762	NICOTROL TRANSDERMAL	JNO
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35mg Patch

02241226	TRANSDERMAL NICOTINE	NVC
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36mg Patch

02093111	NICODERM	PMJ
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52.5mg Patch

02241228	TRANSDERMAL NICOTINE	NVC
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78mg Patch

02093138	NICODERM	PMJ
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114mg Patch

02093146	NICODERM	PMJ
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VARENICLINE

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 165 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for varenicline (Champix®) when one year has elapsed from the day the initial prescription was filled.

0.5mg Tablet

02291177	CHAMPIX	PFI
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0.5mg & 1mg Tablet

02298309	CHAMPIX STARTER PACK	PFI
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1mg Tablet

02291185	CHAMPIX	PFI
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20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS**20:12.04 ANTICOAGULANTS****RIVAROXABAN**

Limited use benefit (prior approval not required).

For the prevention of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to two weeks.

10mg Tablet

02316986	XARELTO	BAY
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20:12.18 PLATELET AGGREGATION INHIBITORS**CLOPIDOGREL BISULFATE**

Limited use benefit (one-year duration, prior approval required).

a. - Patients with intra-coronary stent implantation following insertion.

b. - Patients with acute coronary syndrome (ACS) (unstable angina or non-ST-segment elevation MI), in combination with ASA.

75mg Tablet

02238682	PLAVIX	SAC
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20:16.00 HEMATOPOIETIC AGENTS**PEGFILGRASTIM**

Limited use benefit (prior approval required).

- a. - To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive antineoplastic drugs with curative intent.
and
b. - Where access to a health care facility is problematic.

10mg/mL Injection

02249790 NEULASTA

AMG

24:00 CARDIOVASCULAR DRUGS**24:06.05 CHOLESTEROL ABSORPTION INHIBITORS****EZETIMIBE**

Limited use benefit (prior approval required).

- a.- 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 "statin" doses.
b.- For use as monotherapy in the management of hypercholesterolemia in patients intolerant to HMG-CoA reductase inhibitors.

10mg Tablet

02247521 EZETROL

MSP

24:12.12 PHOSPHODIESTERASE INHIBITORS**SILDENAFIL CITRATE**

Limited use benefit (prior approval required).

Maximum dose covered is 20 mg three times a day

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND who have failed to respond to conventional therapy; OR who have contraindications to conventional agents.

20mg Tablet

02279401 REVATIO

PFI

TADALAFIL

Limited use benefit (prior approval required).

Maximum dose covered is 40 mg daily

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND who have failed to respond to conventional therapy; OR who have contraindications to conventional agents

20mg Tablet

02338327 ADCIRCA

LIL

24:12.92 MISCELLANEOUS VASODILATING AGENTS**AMBRISENTAN**

Limited use benefit (prior approval required).

Maximum dose covered is 10 mg once daily.

Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND -who have failed to respond to sildenafil OR tadalafil; OR -who have contraindications to sildenafil OR tadalafil.

5mg Tablet

02307065 VOLIBRIS

GSK

10mg Tablet

02307073 VOLIBRIS

GSK

24:12.92 MISCELLANEOUS VASODILATING AGENTS**BOSENTAN**

Limited use benefit (prior approval required).

Maximum dose covered is 125 mg twice daily

- Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND
- who have failed to respond to sildenafil OR tadalafil; OR
- who have contraindications to sildenafil OR tadalafil.

62.5mg Tablet

02244981 TRACLEER

ACN

125mg Tablet

02244982 TRACLEER

ACN

DIPYRIDAMOLE, ACETYLSALICYLIC ACID

Limited use benefit (prior approval required).

For secondary prevention of stroke or transient ischemic attacks (TIAs) in patients who have failed therapy with ASA alone.

200mg & 25mg Capsule

02242119 AGGRENOX

BOE

28:00 CENTRAL NERVOUS SYSTEM AGENTS**28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS****CELECOXIB**

Limited use benefit (prior approval required).

For patients with osteoarthritis who have failed therapy with acetaminophen and who:

- a. - have failed to achieve adequate response with 2 other listed NSAIDs, or
- b. - have experienced an adverse event attributable to 2 other listed NSAIDs, or
- c. - have a history of a serious gastrointestinal complication such as bleeding or perforation.

For patients with rheumatoid arthritis who:

- a. - have failed to achieve adequate response with 2 other listed NSAIDs, or
- b. - have experienced an adverse event attributable to 2 other listed NSAIDs, or
- c. - have a history of a serious gastrointestinal complication such as bleeding or perforation.

100mg Capsule

02239941 CELEBREX

PFI

200mg Capsule

02239942 CELEBREX

PFI

28:08.08 OPIATE AGONISTS**CODEINE MONOHYDRATE, CODEINE SULFATE TRIHYDRATE**

Limited use benefit (prior approval required).

For treatment of:

- a. - chronic pain and palliative care patients as an alternative to products containing codeine in combination with acetaminophen or ASA with or without caffeine, or
- b. - chronic pain and palliative care patients as an alternative to regular release codeine tablets when large doses are required.

50mg Long Acting Tablet

02230302 CODEINE CONTIN CR

PFR

100mg Long Acting Tablet

02163748 CODEINE CONTIN CR

PFR

150mg Long Acting Tablet

02163780 CODEINE CONTIN CR

PFR

200mg Long Acting Tablet

02163799 CODEINE CONTIN CR

PFR

28:08.08 OPIATE AGONISTS**FENTANYL**

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

12mcg/h Transdermal Patch

02341379	PMS-FENTANYL MTX	PMS
02330105	RAN-FENTANYL MATRIX	RBY
02311925	RATIO-FENTANYL	RPH
02327112	SANDOZ FENTANYL	SDZ

25mcg/h Transdermal Patch

02275813	DURAGESIC MAT	JNO
02314630	NOVO-FENTANYL	TEV
02341387	PMS-FENTANYL MTX	PMS
02330113	RAN-FENTANYL MATRIX	RBY
02282941	RATIO-FENTANYL	RPH
02327120	SANDOZ FENTANYL	SDZ

50mcg/h Transdermal Patch

02275821	DURAGESIC MAT	JNO
02314649	NOVO-FENTANYL	TEV
02341395	PMS-FENTANYL MTX	PMS
02330121	RAN-FENTANYL MATRIX	RBY
02282968	RATIO-FENTANYL	RPH
02327147	SANDOZ FENTANYL	SDZ

75mcg/h Transdermal Patch

02275848	DURAGESIC MAT	JNO
02314657	NOVO-FENTANYL	TEV
02341409	PMS-FENTANYL MTX	PMS
02330148	RAN-FENTANYL MATRIX	RBY
02282976	RATIO-FENTANYL	RPH
02327155	SANDOZ FENTANYL	SDZ

100mcg/h Transdermal Patch

02275856	DURAGESIC MAT	JNO
02314665	NOVO-FENTANYL	TEV
02341417	PMS-FENTANYL MTX	PMS
02330156	RAN-FENTANYL MATRIX	RBY
02282984	RATIO-FENTANYL	RPH
02327163	SANDOZ FENTANYL	SDZ

HYDROMORPHONE HCL

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

3mg Controlled Release Capsule

02125323	HYDROMORPH CONTIN	PFR
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4.5mg Controlled Release Capsule

02359502	HYDROMORPH CONTIN	PFR
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6mg Controlled Release Capsule

02125331	HYDROMORPH CONTIN	PFR
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9mg Controlled Release Capsule

02359510	HYDROMORPH CONTIN	PFR
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12mg Controlled Release Capsule

02125366	HYDROMORPH CONTIN	PFR
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18mg Controlled Release Capsule

02243562	HYDROMORPH CONTIN	PFR
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28:08.08 OPIATE AGONISTS**HYDROMORPHONE HCL**

Limited use benefit. Prior approval required for controlled release capsules only. Regular release dosage forms are full benefits and do not require prior approval.

For treatment of moderate to severe chronic pain when other opioids such as morphine have been ineffective in controlling pain or in patients experiencing intolerable side effects.

24mg Controlled Release Capsule

02125382 HYDROMORPH CONTIN PFR

30mg Controlled Release Capsule

02125390 HYDROMORPH CONTIN PFR

MEPERIDINE HCL

Limited use benefit (prior approval not required).

Limited to 2 weeks supply for acute pain. Coverage will be limited to 60 tablets per one month period.

50mg Tablet

02138018 DEMEROL SAC

METHADONE HCL

limited use benefit (prior approval required) with the following criteria:

Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND
For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR,
For the management of pain for palliative care patients. Pharmacists may only dispense a maximum supply of 30 days at one time.

Methadone pseudo DINs listed for the treatment of pain should not be used for methadone maintenance therapy. Methadone for the treatment of opioid dependency is an open benefit covered under the NIHB Program (Methadone maintenance therapy pseudo DIN 908835). For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the NIHB Provider Guide for Pharmacy Benefits.

1mg/mL Oral Liquid

02247694 METADOL PAL

10mg/mL Oral Liquid

02241377 METADOL PAL

Powder

09991180 METHADONE POWDER (PAIN)

1mg Tablet

02247698 METADOL PAL

5mg Tablet

02247699 METADOL PAL

10mg Tablet

02247700 METADOL PAL

25mg Tablet

02247701 METADOL PAL

28:08.12 OPIATE PARTIAL AGONISTS**BUPRENORPHINE HCL/NALOXONE HCL**

Limited use benefit (prior approval required).

For the treatment of opioid dependence in patients who have a contraindication to methadone due to:

- Evidence of (or high risk for) QT interval prolongation; and
- Prescribed by a physician with experience in substitution treatment in Opioid drug dependence or completion of an accredited Suboxone Education Program.

8mg & 2mg Sublingual Tablet

02295709 SUBOXONE RBP

09991204 SUBOXONE MAINTENANCE RBP

28:12.92 MISCELLANEOUS ANTICONVULSANTS**LEVETIRACETAM**

Limited use benefit (prior approval required).

For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of two anti-epileptic medications used either as monotherapy or in combination. This product must be prescribed by a Neurologist.

250mg Tablet

02285924	APO-LEVETIRACETAM	APX
02274183	CO LEVETIRACETAM	COB
02247027	KEPPRA	UCB
02353342	LEVETIRACETAM	SAN
02296101	PMS-LEVETIRACETAM	PMS

500mg Tablet

02285932	APO-LEVETIRACETAM	APX
02274191	CO LEVETIRACETAM	COB
02247028	KEPPRA	UCB
02353350	LEVETIRACETAM	SAN
02296128	PMS-LEVETIRACETAM	PMS
02311380	PRO-LEVETIRACETAM	PDL

750mg Tablet

02285940	APO-LEVETIRACETAM	APX
02274205	CO LEVETIRACETAM	COB
02247029	KEPPRA	UCB
02353369	LEVETIRACETAM	SAN
02296136	PMS-LEVETIRACETAM	PMS
02311399	PRO-LEVETIRACETAM	PDL

28:16.04 ANTIDEPRESSANTS**BUPROPION HCL (WELLBUTRIN)**

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage of Wellbutrin XL and Bupropion SR is limited to 300 mg per day. (Note: this product will not be approved for coverage for smoking cessation).

100mg Sustained Release Tablet

02331616	BUPROPION SR	PDL
02325373	PMS-BUPROPION SR	PMS
02285657	RATIO-BUPROPION	RPH
02275074	SANDOZ-BUPROPION SR	SDZ

150mg Sustained Release Tablet

02325357	BUPROPION SR	PDL
02313421	PMS-BUPROPION SR	PMS
02285665	RATIO-BUPROPION	RPH
02275082	SANDOZ-BUPROPION SR	SDZ
02237825	WELLBUTRIN SR	VAE
02275090	WELLBUTRIN XL	VAE

300mg Sustained Release Tablet

02275104	WELLBUTRIN XL	VAE
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BUPROPION HCL (ZYBAN)

Limited use benefit with quantity and frequency limits (prior approval is not required).

For smoking cessation:

Coverage is limited to 180 tablets during a one-year period. The year starts on the date the first prescription is filled. Once this quantity has been reached, the client is eligible again for coverage for bupropion HCl when one year has elapsed from the day the initial prescription was filled.

150mg Sustained Release Tablet

02238441	ZYBAN	VAE
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28:16.04 ANTIDEPRESSANTS**DULOXETINE HCL**

Limited use benefit (prior approval required).

For the treatment of neuropathic pain in patients with diabetes who have:

- a.- failed an adequate trial with TWO alternative agents (such as a tricyclic antidepressant or anticonvulsant) due to intolerance or lack of response or
- b.- a contraindication to alternative agents

The dose of duloxetine will be limited to a maximum of 60 mg daily.

Note that NIHB has adopted a Common Drug Review CEDAC recommendation that Cymbalta NOT be added to public drug plan formularies for the treatment of major depressive disorder.

30mg Sustained Release Capsule

02301482 CYMBALTA

LIL

60mg Sustained Release Capsule

02301490 CYMBALTA

LIL

28:16.08 ANTIPSYCHOTIC AGENTS**ARIPIPRAZOLE**

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have

- a. Intolerance or lack of response to an adequate trial of another antipsychotic agent; OR
- b. A contraindication to another antipsychotic agent

2mg Tablet

02322374 ABILIFY

BMS

5mg Tablet

02322382 ABILIFY

BMS

10mg Tablet

02322390 ABILIFY

BMS

15mg Tablet

02322404 ABILIFY

BMS

20mg Tablet

02322412 ABILIFY

BMS

30mg Tablet

02322455 ABILIFY

BMS

ZIPRASIDONE HCL MONOHYDRATE

Limited use benefit (prior approval required).

For the treatment of schizophrenia and schizoaffective disorders in patients who have:

- a.- intolerance or lack of response to an adequate trial of another antipsychotic agent or
- b.- a contraindication to another antipsychotic agent

20MG Capsule

02298597 ZELDOX

PFI

40MG Capsule

02298600 ZELDOX

PFI

60mg Capsule

02298619 ZELDOX

PFI

80mg Capsule

02298627 ZELDOX

PFI

28:20.92 MISC ANOREXIGENIC AGENTS & RESPIRATORY & CEREBRAL STIMULANT**METHYLPHENIDATE HCL**

The limited use benefit (prior approval required) criteria for Concerta® (and generics) are:

- For the treatment of patients aged 6 to 18 with Attention Deficit Hyperactivity Disorder (ADHD) who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interferes with learning AND
- For whom the medication is prescribed by, or in consultation with, a specialist in pediatric psychiatry, pediatrics, or a general practitioner with expertise in ADHD, AND
- For whom sustained release methylphenidate (i.e., Ritalin® SR) or sustained release dextroamphetamine (i.e., Dexedrine Spansules) has not adequately controlled the symptoms of the disorder.

18mg Extended Release Tablet

02247732	CONCERTA	JNO
02315068	NOVO-METHYLPHENIDATE ER	TEV

27mg Extended Release Tablet

02250241	CONCERTA	JNO
02315076	NOVO-METHYLPHENIDATE ER	TEV

36mg Extended Release Tablet

02247733	CONCERTA	JNO
02315084	NOVO-METHYLPHENIDATE ER	TEV

54mg Extended Release Tablet

02330377	APO-METHYLPHENIDATE ER	APX
02247734	CONCERTA	JNO
02315092	NOVO-METHYLPHENIDATE ER	TEV

28:36.20 ANTIPARKINSONIAN AGENTS - DOPAMINE RECEPTOR AGONISTS**CABERGOLINE**

Limited use benefit (prior approval required).

For treatment of hyperprolactinemia in patients who have failed therapy with or are intolerant to bromocriptine.

0.5mg Tablet

02301407	CO CABERGOLINE	COB
02242471	DOSTINEX	PFI

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS**ACAMPROSATE CALCIUM**

Limited use benefit (prior approval required).

For patients who have been abstinent from alcohol for at least four days and where available, are currently enrolled in an alcohol addiction treatment program

333mg Sustained Release Tablet

02293269	CAMPRAL	MYL
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40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE**40:20.00 CALORIC AGENTS****LEVOCARNITINE****100mg/mL Oral Liquid**

02144336	CARNITOR	SIG
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200mg/mL Solution

02144344	CARNITOR IV	SIG
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330mg Tablet

02144328	CARNITOR	SIG
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48:00 RESPIRATORY TRACT AGENTS**48:10.24 LEUKOTRIENE MODIFIERS****MONTELUKAST**

Limited use benefit (prior approval required).

For treatment of:

- a. - asthma when used in patients on concurrent steroid therapy.
- b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

4mg Chewable Tablet

02354977	PMS-MONTELUKAST	PMS
02330385	SANDOZ MONTELUKAST	SDZ
02243602	SINGULAIR	FRS
02355507	TEVA-MONTELUKAST	TEV

5mg Chewable Tablet

02354985	PMS-MONTELUKAST	PMS
02330393	SANDOZ MONTELUKAST	SDZ
02238216	SINGULAIR	FRS
02355515	TEVA-MONTELUKAST	TEV

4mg Granules

02358611	SANDOZ MONTELUKAST	SDZ
02247997	SINGULAIR	FRS

10mg Tablet

02374609	APO-MONTELUKAST	APX
02368226	MYLAN-MONTELUKAST	MYL
02373947	PMS-MONTELUKAST	PMS
02328593	SANDOZ MONTELUKAST	SDZ
02238217	SINGULAIR	FRS
02355523	TEVA-MONTELUKAST	TEV

ZAFIRLUKAST

Limited use benefit (prior approval required).

For treatment of:

- a. - asthma when used in patients on concurrent steroid therapy.
- b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.

20mg Tablet

02236606	ACCOLATE	AZC
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52:00 EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS**52:04.04 EENT - ANTIBACTERIALS****CIPROFLOXACIN HCL, DEXAMETHASONE**

Limited use benefit (prior approval required).

- a.- for children 16 years old and under
- b.- for acute otitis media with otorrhea through tympanostomy tubes who require treatment
- c.- for acute otitis externa in the presence of tympanostomy tube or known perforation of the tympanic membrane

0.3%/0.1% Otic Solution

02252716	CIPRODEX	ALC
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52:28.00 EENT - MOUTHWASHES AND GARGLES**BENZYDAMINE HCL**

Limited use benefit (prior approval required).

For:

- a. - treatment of radiation mucositis and oral ulcerative complications of chemotherapy.
- b. - use in immunocompromised patients who are at risk of mucosal breakdown.

0.15% Rinse

02239044	APO-BENZYDAMINE	APX
02239537	DOM-BENZYDAMINE	DPC
02229777	PMS-BENZYDAMINE	PMS
02229799	TEVA-BENZYDAMINE	TEV
02310422	TEVA-BENZYDAMINE	TEV

52:40.04 EENT - ALPHA-ADRENERGIC AGONISTS**BRIMONIDINE TARTRATE (ALPHAGAN P)**

Limited use benefit (prior approval required).

For patients who are intolerant to brimonidine tartrate 0.2% or benzalkonium chloride.

0.15% Ophth Solution

02248151	ALPHAGAN P	ALL
02301334	APO-BRIMONIDINE P	APX

52:92.00 MISCELLANEOUS EENT DRUGS**VERTEPORFIN**

Limited use benefit (prior approval required).

For treatment of age related macular degeneration for patients with this diagnosis who are being treated by a certified ophthalmologist.

15mg/Vial Injection

02242367	VISUDYNE	QLT
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56:00 GASTROINTESTINAL DRUGS**56:12.00 CATHARTICS AND LAXATIVES****BISACODYL (POLYETHYLENE GLYCOL BASE)**

Limited use benefit (prior approval required).

For treatment of constipation in patients with spinal cord injury.

10mg Suppository

02241091	MAGIC BULLET	DCM
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56:22.92 MISCELLANEOUS ANTIEMETICS**APREPITANT**

Limited use benefit (prior approval required).

When used in combination with a 5-HT3 antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (eg. Cisplatin > 70mg/m2) in patients who have experienced emesis despite treatment with a combination of a 5-HT3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

80mg Capsule

02298791	EMEND	FRS
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125mg Capsule

02298805	EMEND	FRS
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125mg & 80mg Capsule

02298813	EMEND TRI PACK	FRS
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56:28.36 PROTON-PUMP INHIBITORS**LANSOPRAZOLE**

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
- Double dose PPI is not necessary for initial therapy
- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

Effective July 5, 2010, all proton pump inhibitors (open benefit and limited use (LU) PPIs) will have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.

- For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PPI tablets/capsules towards the quantity limit.
- Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

15mg Sustained Release Capsule

02293811	APO-LANSOPRAZOLE	APX
02357682	LANSOPRAZOLE	SAN
02353830	MYLAN-LANSOPRAZOLE	MYL
02280515	NOVO-LANSOPRAZOLE	TEV
02165503	PREVACID	TAK

30mg Sustained Release Capsule

02293838	APO-LANSOPRAZOLE	APX
02357690	LANSOPRAZOLE	SAN
02366282	LANSOPRAZOLE	PDL
02353849	MYLAN-LANSOPRAZOLE	MYL
02280523	NOVO-LANSOPRAZOLE	TEV
02165511	PREVACID	TAK

LANSOPRAZOLE ODT

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

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- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

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- Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

15mg Orally Disintegrating Tablet

02249464	PREVACID FASTAB	TAK
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30mg Orally Disintegrating Tablet

02249472	PREVACID FASTAB	TAK
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56:28.36 PROTON-PUMP INHIBITORS**OMEPRAZOLE MAGNESIUM (PA)**

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
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- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

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- Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

10mg Delayed Release Tablet

02230737	LOSEC	AZC
02260859	RATIO-OMEPRAZOLE	RPH

OMEPRAZOLE, OMEPRAZOLE MAGNESIUM (NO PA)

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
- Double dose PPI is not necessary for initial therapy
- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

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- For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PPI tablets/capsules towards the quantity limit.
- Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

10mg Capsule

02119579	LOSEC	AZC
02329425	MYLAN-OMEPRAZOLE	MYL
02296438	SANDOZ OMEPRAZOLE	SDZ

20mg Capsule

02245058	APO-OMEPRAZOLE	APX
00846503	LOSEC	AZC
02329433	MYLAN-OMEPRAZOLE	MYL
02339927	OMEPRAZOLE	PDL
02348691	OMEPRAZOLE	SAN
02320851	PMS-OMEPRAZOLE	PMS
02296446	SANDOZ OMEPRAZOLE	SDZ

20mg Delayed Release Tablet

02190915	LOSEC	AZC
02310260	PMS-OMEPRAZOLE	PMS
02260867	RATIO-OMEPRAZOLE	RPH

56:28.36 PROTON-PUMP INHIBITORS**PANTOPRAZOLE MAGNESIUM**

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
- Double dose PPI is not necessary for initial therapy
- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

Effective July 5, 2010, all proton pump inhibitors (open benefit and limited use (LU) PPIs) will have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.

- For example, if a patient fills 30 tablets of rabeprazole, then switch to 30 tablets of omeprazole, then switch to 30 capsules of lansoprazole, this will count as 90 PPI tablets/capsules towards the quantity limit.
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- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

40mg Enteric Coated Tablet

02267233 TECTA

NYC

PANTOPRAZOLE SODIUM

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
- Double dose PPI is not necessary for initial therapy
- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

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- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

40mg Delayed Release Tablet

02292920	APO-PANTOPRAZOLE	APX
02300486	CO PANTOPRAZOLE	COB
02299585	MYLAN-PANTOPRAZOLE	MYL
02285487	NOVO-PANTOPRAZOLE	TEV
02229453	PANTOLOC	NYC
02309866	PANTOPRAZOLE	MEL
02310201	PANTOPRAZOLE	SOR
02318695	PANTOPRAZOLE	PDL
02307871	PMS-PANTOPRAZOLE	PMS
02305046	RAN-PANTOPRAZOLE	RBY
02316463	RIVA-PANTOPRAZOLE	RIV
02301083	SANDOZ-PANTOPRAZOLE	SDZ

56:28.36 PROTON-PUMP INHIBITORS**RABEPRAZOLE SODIUM**

The following PPI status change is primarily based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy. The report concluded that;

- All PPIs are equally efficacious
- Double dose PPI is not necessary for initial therapy
- Double dose PPI is effective in H. Pylori eradication; however, treatment is not needed beyond 14 days.

PPI use has been associated with increased risk of hip fracture, community-acquired pneumonia and Clostridium difficile associated diarrhea. Although further study is needed to establish clinical significance, it is prudent to use the lowest dose and shortest duration of therapy required to control symptoms.

Effective July 5, 2010, all proton pump inhibitors (open benefit and limited use (LU) PPIs) will have a maximum quantity limit of 400 tablets/capsules per 180 day period. This quantity limit will be in effect for the entire class of PPIs.

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- Patients taking two rabeprazole 10mg tablets a day can be switched to one rabeprazole 20mg tablet a day to avoid reaching the quantity limit
- Patients taking two omeprazole 10mg tablets/capsules a day can be switched to one omeprazole 20mg tablet/capsule a day to avoid reaching the quantity limit

Patients with Zollinger Ellison Syndrome, Barrett's esophagus, erosive esophagitis and those who remain symptomatic on a single dose PPI will be eligible for additional doses above 400 tablets/capsules per 180 days through the prior approval process.

Limited use benefit (prior approval not required).

Coverage will be limited to 400 tablets/capsules every 180 days.

10mg Enteric Coated Tablet

02296632	NOVO-RABEPRAZOLE	TEV
02243796	PARIET EC	JNO
02310805	PMS-RABEPRAZOLE	PMS
02315181	PRO-RABEPRAZOLE	PDL
02356511	RABEPRAZOLE EC	SAN
02298074	RAN-RABEPRAZOLE	RBY
02330083	RIVA-RABEPRAZOLE EC	RIV
02314177	SANDOZ-RABEPRAZOLE	SDZ

20mg Enteric Coated Tablet

02296640	NOVO-RABEPRAZOLE	TEV
02243797	PARIET EC	JNO
02310813	PMS-RABEPRAZOLE	PMS
02315203	PRO-RABEPRAZOLE	PDL
02356538	RABEPRAZOLE EC	SAN
02298082	RAN-RABEPRAZOLE	RBY
02330091	RIVA-RABEPRAZOLE	RIV
02314185	SANDOZ-RABEPRAZOLE	SDZ

68:00 HORMONES AND SYNTHETIC SUBSTITUTES**68:12.00 CONTRACEPTIVES****ETHINYL ESTRADIOL, ETONOGESTREL**

Limited use benefit (prior approval required).

For patients who are intolerant to or unable to take oral contraceptives.

2.6mg & 11.4mg Device

02253186	NUVARING	ORG
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68:16.12 ESTROGEN AGONISTS-ANTAGONISTS**RALOXIFENE HCL**

Limited use benefit (prior approval required).

For:

- a.- secondary prevention of osteoporosis in women who experience failure on bisphosphonates.
- b. - secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer.

60mg Tablet

02279215	APO-RALOXIFENE	APX
02239028	EVISTA	LIL
02312298	NOVO-RALOXIFENE	TEV
02358921	PMS-RALOXIFENE	PMS

68:20.04 BIGUANIDES**SITAGLIPTIN/METFORMIN**

Limited use benefit (prior approval required).

Type 2 diabetes mellitus patients who are not adequately controlled by an adequate trial of metformin AND sulfonylureas or for whom these products are contraindicated or not tolerated

50mg & 1000mg Tablet

02333872 JANUMET

FRS

50mg & 500mg Tablet

02333856 JANUMET

FRS

50mg & 850mg Tablet

02333864 JANUMET

FRS

68:20.05**SITAGLIPTIN**

Limited use benefit (prior approval required).

Type 2 diabetes mellitus patients who are not adequately controlled by an adequate trial of metformin AND sulfonylureas or for whom these products are contraindicated or not tolerated

100mg Tablet

02303922 JANUVIA

FRS

68:20.28 THIAZOLIDINEDIONES**PIOGLITAZONE HCL**

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

15mg Tablet

02303442 ACCEL PIOGLITAZONE

ACP

02242572 ACTOS

LIL

02302942 APO-PIOGLITAZONE

APX

02302861 CO PIOGLITAZONE

COB

02307634 DOM-PIOGLITAZONE

DPC

02326477 MINT-PIOGLITAZONE

MIN

02298279 MYLAN-PIOGLITAZONE

MYL

02274914 NOVO-PIOGLITAZONE

TEV

02307669 PHL-PIOGLITAZONE

PHH

02303124 PMS-PIOGLITAZONE

PMS

02312050 PRO-PIOGLITAZONE

PDL

02301423 RATIO-PIOGLITAZONE

RPH

02297906 SANDOZ PIOGLITAZONE

SDZ

02320754 ZYM-PIOGLITAZONE

ZYM

30mg Tablet

02303450 ACCEL PIOGLITAZONE

ACP

02242573 ACTOS

LIL

02302950 APO-PIOGLITAZONE

APX

02302888 CO PIOGLITAZONE

COB

02307642 DOM-PIOGLITAZONE

DPC

02326485 MINT-PIOGLITAZONE

MIN

02298287 MYLAN-PIOGLITAZONE

MYL

02274922 NOVO-PIOGLITAZONE

TEV

02307677 PHL-PIOGLITAZONE

PHH

02303132 PMS-PIOGLITAZONE

PMS

02312069 PRO-PIOGLITAZONE

PDL

02301431 RATIO-PIOGLITAZONE

RPH

02297914 SANDOZ PIOGLITAZONE

SDZ

02320762 ZYM-PIOGLITAZONE

ZYM

68:20.28 THIAZOLIDINEDIONES**PIOGLITAZONE HCL**

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

45mg Tablet

02303469	ACCEL PIOGLITAZONE	ACP
02242574	ACTOS	LIL
02302977	APO-PIOGLITAZONE	APX
02302896	CO PIOGLITAZONE	COB
02307650	DOM-PIOGLITAZONE	DPC
02326493	MINT-PIOGLITAZONE	MIN
02298295	MYLAN-PIOGLITAZONE	MYL
02274930	NOVO-PIOGLITAZONE	TEV
02307723	PHL-PIOGLITAZONE	PHH
02303140	PMS-PIOGLITAZONE	PMS
02312077	PRO-PIOGLITAZONE	PDL
02301458	RATIO-PIOGLITAZONE	RPH
02297922	SANDOZ PIOGLITAZONE	SDZ
02320770	ZYM-PIOGLITAZONE	ZYM

ROSIGLITAZONE MALEATE

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated.

2mg Tablet

02241112	AVANDIA	GSK
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4mg Tablet

02241113	AVANDIA	GSK
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8mg Tablet

02241114	AVANDIA	GSK
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68:24.00 PARATHYROID**CALCITONIN SALMON (MIACALCIN)**

Limited use benefit (prior approval required).

For treatment of patients with postmenopausal osteoporosis who have failed therapy, are intolerant to, or who have contraindications to both bisphosphonates and raloxifene. OR

For treatment of pain due to osteoporotic fractures of the vertebra in patients requiring an alternative pain reliever (eg. due to co-morbidities, intolerance to alternatives or severe pain not controlled by alternatives) for a period of 3 months

200IU/Dose Nasal Spray

02247585	APO-CALCITONIN	APX
02240775	MIACALCIN	NVR
02261766	SANDOZ-CALCITONIN	SDZ

84:00 SKIN AND MUCOUS MEMBRANE AGENTS (SMMA)**84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS****PIMECROLIMUS**

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

1% Cream

02247238	ELIDEL	NVC
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84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS**TACROLIMUS (PROTOPIC)**

Limited use benefit (prior approval required).

For patients who have failed topical corticosteroid therapy or have experienced side effects from such treatment.

Note: Contraindicated in children less than 2 years of age.

0.03% Ointment

02244149 PROTOPIC AST

0.1% Ointment

02244148 PROTOPIC AST

86:00 SMOOTH MUSCLE RELAXANTS**86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS****DARIFENACIN HYDROBROMIDE****7.5mg Long Acting Tablet**

02273217 ENABLEX NVR

15mg Long Acting Tablet

02273225 ENABLEX NVR

SOLIFENACIN SUCCINATE

Limited use benefit (prior approval required).

For symptomatic relief in patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence in patients who have failed on or are intolerant of therapy with oxybutynin.

5mg Tablet

02277263 VESICARE AST

10mg Tablet

02277271 VESICARE AST

TOLTERODINE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

2mg Extended Release Capsule

02244612 DETROL LA PFI

4mg Extended Release Capsule

02244613 DETROL LA PFI

1mg Tablet

02239064 DETROL PFI

2mg Tablet

02239065 DETROL PFI

TROSPIUM CHLORIDE

Limited use benefit (prior approval required).

For the symptomatic relief of patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence or any combination of these in patients who have failed on or are intolerant of therapy with oxybutynin.

20mg Tablet

02275066 TROSEC ORY

88:00 VITAMINS**88:28.00 MULTIVITAMIN PREPARATIONS****MULTIVITAMINS (PEDIATRIC)**

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

Drop

00762946 POLY-VI-SOL MJO

88:28.00 MULTIVITAMIN PREPARATIONS**MULTIVITAMINS (PEDIATRIC)**

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

Liquid

00558079	INFANTOL	HOR
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Tablet

80011134	CENTRUM JUNIOR COMPLETE	PFI
80020794	CENTRUM JUNIOR COMPLETE	PFI
02247975	FLINTSTONES EXTRA C	BCD

MULTIVITAMINS (PRENATAL)

Limited use benefit (prior approval is not required).

Prenatal and postnatal vitamins are benefits only for women of childbearing age (12 to 50 years).

Tablet

80001842	CENTRUM MATERNA	WAY
02229535	MULTI-PRE AND POST NATAL	PED
80005770	PRENATAL & POSTPARTUM	PMT
02241235	PRENATAL AND POSTPARTUM	SDR

VITAMIN A, CHOLECALCIFEROL, ASCORBIC ACID

Limited use benefit (prior approval is not required).

Pediatric multivitamins are benefits for children up to 6 years of age.

Oral Liquid

80008471	JAMP-MULTIVITAMIN A/D/C DROPS	JMP
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS****USTEKINUMAB**

Limited use benefit (prior approval required).

For the treatment of moderate to severe psoriasis in patients who meet the following criteria:

- a. - Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region and
- b. - Intolerance or lack of response to methotrexate and cyclosporine or
- c. - A contraindication to methotrexate and/or cyclosporine and
- d. - Intolerance or lack of response to phototherapy or
- e. - Inability to access phototherapy

Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

45mg/0.5mL Injection

02320673	STELARA	JNO
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92:08.00**DUTASTERIDE**

Limited use benefit (prior approval required).

- a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an adrenergic blocker.
- or
- b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

0.5mg Capsule

02247813	AVODART	GSK
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92:08.00**FINASTERIDE**

Limited use benefit (prior approval required).

- a. - For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha-adrenergic blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

5mg Tablet

02365383	APO-FINASTERIDE	APX
02354462	CO FINASTERIDE	COB
02350270	FINASTERIDE	PDL
02356058	MYLAN-FINASTERIDE	MYL
02348500	NOVO-FINASTERIDE	TEV
02310112	PMS-FINASTERIDE	PMS
02010909	PROSCAR	FRS
02306905	RATIO-FINASTERIDE	RPH
02322579	SANDOZ FINASTERIDE	SDZ

92:16.00**FEBUXOSTAT**

Limited use benefit (prior approval required).

For patients with symptomatic gout who have documented hypersensitivity to allopurinol

80mg Tablet

02357380	ULORIC	TAK
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92:24.00**ALENDRONATE SODIUM**

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 60 years of age or over OR
b. - Paget's Disease OR
c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

5mg Tablet

02248727	APO-ALENDRONATE	APX
02288079	SANDOZ ALENDRONATE	SDZ
02248251	TEVA-ALENDRONATE	TEV

10mg Tablet

02248728	APO-ALENDRONATE	APX
02201011	FOSAMAX	FRS
02270129	MYLAN-ALENDRONATE	MYL
02288087	SANDOZ ALENDRONATE	SDZ
02247373	TEVA-ALENDRONATE	TEV

40mg Tablet

02258102	CO ALENDRONATE	COB
02201038	FOSAMAX	FRS

92:24.00**ALENDRONATE SODIUM**

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 60 years of age or over OR
- b. - Paget's Disease OR
- c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
- d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
- e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

70mg Tablet

02299712	ALENDRONATE	MEL
02302004	ALENDRONATE	SOR
02352966	ALENDRONATE	SAN
02303078	ALENDRONATE-70	PDL
02248730	APO-ALENDRONATE	APX
02258110	CO ALENDRONATE	COB
02282763	DOM-ALENDRONATE	DPC
02245329	FOSAMAX	FRS
02286335	MYLAN-ALENDRONATE	MYL
02273179	PMS-ALENDRONATE	PMS
02284006	PMS-ALENDRONATE FC	PMS
02275279	RATIO-ALENDRONATE	RPH
02270889	RIVA-ALENDRONATE	RIV
02288109	SANDOZ ALENDRONATE	SDZ
02261715	TEVA-ALENDRONATE	TEV

ALENDRONATE SODIUM, VITAMIN D3

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 60 years of age or over OR
- b. - Paget's Disease OR
- c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
- d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
- e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

70mg/2800U Tablet

02276429	FOSAVANCE	FRS
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70mg/5600U Tablet

02314940	FOSAVANCE	MSP
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DENOSUMAB

Limited use benefit (prior approval required).

For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but for whom:

- bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia); AND

Have at least two of the following:

- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score \leq -2.5

60mg/mL Injection

02343541	PROLIA PRE-FILLED SYR	AMG
02343568	PROLIA VIAL	AMG

92:24.00**RISEDRONATE SODIUM**

Limited use benefit (prior approval required).

For the treatment of:

- a. - Osteoporosis in patients who are 65 years of age and over or
- b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or
- c. - Paget's Disease or
- d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or
- e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months

5mg Tablet

02242518	ACTONEL	PGP
02298376	NOVO-RISEDRONATE	TEV

30mg Tablet

02239146	ACTONEL	PGP
02298384	NOVO-RISEDRONATE	TEV

35mg Tablet

02246896	ACTONEL	PGP
02353687	APO-RISEDRONATE	APX
02309831	DOM-RISEDRONATE	DPC
02357984	MYLAN-RISEDRONATE	MYL
02298392	NOVO-RISEDRONATE	TEV
02302209	PMS-RISEDRONATE	PMS
02347474	RISEDRONATE	PDL
02370255	RISEDRONATE	SAN
02341077	RIVA-RISEDRONATE	RIV
02327295	SANDOZ RISEDRONATE	SDZ

ZOLEDRONIC ACID

Limited use benefit (prior approval required).

- For the treatment of Paget's disease. Coverage will be granted for one dose per 12 month period. OR.
- For women with postmenopausal osteoporosis who would other be eligible for coverage of oral bisphosphonates*, but who have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g. esophageal stricture or achalasia); AND who have at least two of the following:
 - age >70 years
 - a prior fragility fracture
 - a bone mineral density (BMD) T-score \leq -2.5.

5mg/100mL Injection

02269198	ACLASTA	NVR
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92:36.00**ABATACEPT**

Limited use benefit (prior approval required).

Criteria for initial one year coverage:

1. Prescribed by a rheumatologist, AND
2. Patient has had a tuberculin skin test performed
3. For the treatment of severely active RHEUMATOID ARTHRITIS:
 - Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS a minimum of two of the following:
 - leflunomide: 20mg daily for 10 weeks OR
 - gold: weekly injections for 20 weeks OR
 - cyclosporine: 2-5 mg/kg/day for 12 weeks OR
 - azathioprine: 2-3 mg/kg/day for 3 months OR
 - sulfasalazine at least 2g daily for 3 months
 - PLUS one of the following combinations:
 - methotrexate with cyclosporine (minimum 4 month trial on both) OR
 - methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
 - methotrexate with gold (minimum 12 week trial) OR
 - in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS

Note: Initial one-year coverage for rheumatoid arthritis is provided at a dose of 500 mg for patients weighing < 60 kg; 750 mg for patients weighing 60 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2 and 4 weeks, then every 4 weeks. Coverage beyond one year will be based on improvement in number of swollen joints, number of tender joints, ESR or CRP, duration of morning stiffness, Physician Global Assessment scale and Patient Global Assessment scale.

For the treatment of JUVENILE IDIOPATHIC ARTHRITIS in children 6 to 17 years with moderate to severe active polyarticular JUVENILE IODIOPATHIC ARTHRITIS who have failed to respond to a trial of etanercept. Criteria will be confirmed against patient's medication history.

Note: Initial 16-week coverage for juvenile idiopathic arthritis is provided at a dose of 10 mg/kg for children weighing < 75 kg; 750 mg for children weighing 75 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2, and 4 weeks, then every 4 weeks. Coverage beyond 16 weeks will be based on improvement in number of active joints, number of joints with loss of range of motion, ESR, Physician Global Assessment scale, Patient or Parent Global Assessment scale and Child Health Assessment Questionnaire.

250mg/Vial Injection

02282097 ORENCIA

BMS

92:36.00**ADALIMUMAB**

Limited use benefit (prior approval required).

Criteria for initial one year coverage for a MAXIMUM dose of 40mg every 2 weeks:

1. Prescribed by a rheumatologist, AND
2. Patient has had a tuberculin skin test performed
3. For the treatment of severely active RHEUMATOID ARTHRITIS:
 - Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks
 - PLUS a minimum of two of the following:
 - leflunomide: 20mg daily for 10 weeks OR
 - gold: weekly injections for 20 weeks OR
 - cyclosporine: 2-5 mg/kg/day for 12 weeks OR
 - azathioprine: 2-3 mg/kg/day for 3 months OR
 - sulfasalazine at least 2g daily for 3 months
 - PLUS one of the following combinations:
 - methotrexate with cyclosporine (minimum 4 month trial on both) OR
 - methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
 - methotrexate with gold (minimum 12 week trial) OR
 - in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS
4. For the treatment of moderate to severe PSORIATIC ARTHRITIS with at least two of the following:
 - five or more swollen joints
 - if less than five swollen joints, at least one joint proximal to, or including wrist or ankle
 - more than one joint with erosion on imaging study
 - dactylitis of two or more digits
 - tenosynovitis refractory to oral NSAIDs and steroid injections
 - enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
 - inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
 - daily use of corticosteroids
 - use of opioids > 12 hours per day for pain resulting from inflammation

Patient is refractory to:

 - NSAIDs and
 - methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:

 - leflunomide: 20mg daily for 10 weeks OR
 - gold: weekly injections for 20 weeks OR
 - cyclosporine: 2-5 mg/kg/day for 12 weeks OR
 - sulfasalazine at least 2g daily for 3 months
5. For the treatment of ANKYLOSING SPONDYLITIS when the following criteria are met:
 - BASDAI > 4 AND
 - patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND sulfasalazine 2g/day for four months.

NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
6. For the treatment of patients with moderate to severe PSORIASIS who meet all of the following criteria:
 - Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region AND
 - Intolerance or lack of response to methotrexate AND cyclosporine OR
 - A contraindication to methotrexate and/or cyclosporine AND
 - Intolerance or lack of response to phototherapy OR
 - Inability to access phototherapy

Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).
7. For the treatment of moderately to severely active CROHN'S DISEASE. Initial treatment will allow for an induction dose of adalimumab 160mg followed by 80mg 2 weeks later. Maintenance therapy will only be provided at a dose not exceeding 40mg every two weeks. Criteria for initial four week coverage for the treatment of moderate to severely active Crohn's disease:
 - Patient is an adult with moderate to severely active Crohn's disease refractory to:
 - therapy with 5-ASA products (at least 3g/day for a minimum of 6 weeks);
 - PLUS
 - glucorticoids equivalent to prednisone 40mg/day for a minimum of 2 weeks; OR
 - treatment discontinued due to serious adverse reactions; OR
 - contraindication to glucorticoid therapy;

40mg/Vial Injection

02258595 HUMIRA

ABB

92:36.00**ETANERCEPT**

Limited use benefit (prior approval required).

Criteria for initial one year coverage for a MAXIMUM dose of 50mg weekly:

1. Prescribed by a rheumatologist, AND
2. Patient has had a tuberculin skin test performed
3. For the treatment of severely active RHEUMATOID ARTHRITIS:
 - Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS a minimum of two of the following:
 - leflunomide: 20mg daily for 10 weeks OR
 - gold: weekly injections for 20 weeks OR
 - cyclosporine: 2-5 mg/kg/day for 12 weeks OR
 - azathioprine: 2-3 mg/kg/day for 3 months OR
 - sulfasalazine at least 2g daily for 3 months
 - PLUS one of the following combinations:
 - methotrexate with cyclosporine (minimum 4 month trial on both) OR
 - methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
 - methotrexate with gold (minimum 12 week trial) OR
 - in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS
4. For the treatment of moderate to severe PSORIATIC ARTHRITIS with at least two of the following:
 - five or more swollen joints
 - if less than five swollen joints, at least one joint proximal to, or including wrist or ankle
 - more than one joint with erosion on imaging study
 - dactylitis of two or more digits
 - tenosynovitis refractory to oral NSAIDs and steroid injections
 - enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
 - inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4
 - daily use of corticosteroids
 - use of opioids > 12 hours per day for pain resulting from inflammation

Patient is refractory to:

 - NSAIDs and
 - methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks

PLUS a minimum of one of the following:

 - leflunomide: 20mg daily for 10 weeks OR
 - gold: weekly injections for 20 weeks OR
 - cyclosporine: 2-5 mg/kg/day for 12 weeks OR
 - sulfasalazine at least 2g daily for 3 months
5. For the treatment of ANKYLOSING SPONDYLITIS when the following criteria are met:
 - BASDAI > 4 AND
 - patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND sulfasalazine 2g/day for four months.

NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.
6. For the treatment of severely active polyarticular JUVENILE IDIOPATHIC ARTHRITIS in children 4 to 17 years where the following criteria are met:
 - ≥ 5 swollen joints; AND
 - ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
 - Condition is refractory to an adequate trial of a therapeutic dose of methotrexate. An adequate trial is defined as at least 3 months of parenteral methotrexate at 10mg/m² weekly (unless significant toxicity limits the dose tolerated)

25mg/Vial Injection

02242903 ENBREL

IMX

50mg/mL Injection

02274728 ENBREL

IMX

99100373 ENBREL SURECLICK (QC)

AMG

92:36.00**GOLIMUMAB**

Limited use benefit (prior approval required).

Criteria for initial one year coverage for a MAXIMUM dose of 50 mg every month for RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS:

1. Prescribed by a rheumatologist, AND
2. Patient has had a tuberculin skin test performed AND
3. For the treatment of severely active RHEUMATOID ARTHRITIS:

- Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20 mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS a minimum of two of the following:

- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- azathioprine: 2-3 mg/kg/day for 3 months OR
- sulfasalazine at least 2g daily for 3 months

PLUS one of the following combinations:

- methotrexate with cyclosporine (minimum 4 month trial on both) OR
- methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
- methotrexate with gold (minimum 12 week trial) OR
- in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS OR

4. For the treatment of moderate to severe PSORIATIC ARTHRITIS with at least two of the following:

- five or more swollen joints
- if less than five swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4 - daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from inflammation

Patient is refractory to:

- NSAIDs and
- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS a minimum of one of the following:

- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months OR

5. For the treatment of ANKYLOSING SPONDYLITIS when the following criteria are met:

- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND sulfasalazine 2g/day for four months.

NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.

50mg/0.5mL Injection

02324784	SIMPONI AUTO INJECTOR	JNO
02324776	SIMPONI PRE-FILLED SYRINGE	JNO

92:36.00**INFLIXIMAB****CRITERIA FOR INITIAL TWELVE WEEKS OF COVERAGE FOR INFLIXIMAB FOR RHEUMATOID ARTHRITIS**

- Prescribed by a rheumatologist
 - Infliximab for use in combination with methotrexate for the treatment of severely active rheumatoid arthritis
- Note: Initial coverage is provided for 3 doses of 3mg/kg of infliximab ONLY.
Patient is refractory to:
- Methotrexate: oral therapy at 20mg or greater total weekly dosage (15mg or greater if patient is <65 years of age) for more than 8 weeks. AND
 - Methotrexate: weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks.
- PLUS
- Leflunomide: 20mg daily for 10 weeks
- PLUS
- Gold: weekly injections for 20 weeks OR
 - Sulfasalazine: at least 2 gm daily for 3 months OR
 - Azathioprine: 2-3mg/kg/day for 3 months
- PLUS One of the following combinations:
- Methotrexate with cyclosporine (minimum 4 month trial on both) OR
 - Methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
 - Methotrexate with gold (minimum 12 week trial) OR
 - Methotrexate with leflunomide (minimum 8 week trial) OR
 - In patients who are intolerant or who have contraindications to methotrexate therapy, refractory to a combination of a least 2 DMARDs.
- PLUS
- Etanercept or Adalimumab: minimum of 12 week trial

CRITERIA FOR CONTINUED COVERAGE FOR INFLIXIMAB BEYOND TWELVE WEEKS

- Patient meets all the following criteria:
- Initially prescribed by a rheumatologist
 - Previous failure to etanercept or adalimumab
 - Patient has been assessed after the eighth to twelfth week of infliximab therapy and meets the following response criteria
- >20% reduction in number of tender and swollen joints PLUS
 - >20% improvement in physician global assessment scale
- PLUS EITHER
- >20% improvement in the patient global assessment scale, OR
 - >20% reduction in the acute phase as measured by ESR or CRP

REQUEST FOR INITIAL COVERAGE OF INFLIXIMAB FOR FISTULIZING CROHN'S DISEASE

The initial coverage will allow for 3 doses of 5mg/kg/dose, administered at 0, 2 and 6 weeks. For continued coverage, patient must be reassessed after the initial doses.

- Infliximab is being prescribed by a gastroenterologist
 - Patient is an adult with actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite:
 1. a course of appropriate antibiotic therapy (e.g. ciprofloxacin with or without metronidazole for a minimum of 3 weeks)
- PLUS
2. immunosuppressive therapy:
- azathioprine 2 to 2.5mg/kg/day for a minimum of 6 weeks or treatment discontinued at < 6 weeks due to severe adverse reactions.
- OR
- 6-mercaptopurine 50-70mg/day for a minimum of 6 weeks or treatment discontinued at <6 weeks due to severe adverse reactions.
- OR
- Other.

REQUEST FOR INITIAL COVERAGE OF INFLIXIMAB FOR SEVERE ACTIVE CROHN'S DISEASE

The initial coverage will allow for 3 doses of 5mg/kg/dose, administered at 0, 2 and 6 weeks. For continued coverage, patient must be reassessed after the initial doses.

- Infliximab is being prescribed by a gastroenterologist
 - Patient is an adult with severe active Crohn's disease that has recurred or persisted despite:
 1. Therapy with 5-ASA products (at least 3g/day for a minimum of 6 weeks).
- PLUS
2. Glucocorticoids equivalent to prednisone 40mg/day for a minimum of 2 weeks.
OR Treatment discontinued due to serious adverse reactions.
OR Contraindication to glucocorticoid therapy.
- PLUS
3. Azathioprine 2 to 2.5mg/kg/day for a minimum of 3 months.
- OR
- 6-mercaptopurine 50 to 70mg/day for a minimum of 3 months.
- OR
- Methotrexate 15 to 25mg/week for a minimum of 3 months.

100mg/Vial Injection

02244016 REMICADE

CEN

92:36.00**LEFLUNOMIDE**

Limited use benefit (prior approval required).

For treatment of patients with rheumatoid arthritis who:

- a. - have failed treatment with methotrexate: weekly dose (PO, SC or IM) of 20mg or greater (15mg or greater if patient is 65 years of age or older) for more than 8 weeks.
b. - cannot tolerate or have contraindications to methotrexate.

10mg Tablet

02256495	APO-LEFLUNOMIDE	APX
02241888	ARAVA	SAC
02351668	LEFLUNOMIDE	SAN
02319225	MYLAN-LEFLUNOMIDE	MYL
02261251	NOVO-LEFLUNOMIDE	TEV
02288265	PMS-LEFLUNOMIDE	PMS
02283964	SANDOZ LEFLUNOMIDE	SDZ

20mg Tablet

02256509	APO-LEFLUNOMIDE	APX
02241889	ARAVA	SAC
02351676	LEFLUNOMIDE	SAN
02319233	MYLAN-LEFLUNOMIDE	MYL
02261278	NOVO-LEFLUNOMIDE	TEV
02288273	PMS-LEFLUNOMIDE	PMS
02283972	SANDOZ LEFLUNOMIDE	SDZ

TOCILIZUMAB

Limited use benefit (prior approval required).

For the treatment of adult patients with moderate to severely active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent AND

- a. Prescribed by a rheumatologist AND
b. Patient has had a tuberculin skin test performed.

Note: Treatment should be combined with methotrexate or other DMARD. Tocilizumab should not be used in combination with anti-TNF agents.

80mg/4ml Injection

02350092	ACTEMRA	HLR
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200mg/10ml Injection

02350106	ACTEMRA	HLR
----------	---------	-----

400mg/20ml Injection

02350114	ACTEMRA	HLR
----------	---------	-----

92:44.00**CYCLOSPORINE**

Limited use benefit (prior approval required).

For transplant therapy.

10mg Capsule

02237671	NEORAL	NVR
----------	--------	-----

25mg Capsule

02150689	NEORAL	NVR
02247073	SANDOZ-CYCLOSPORINE	SDZ

50mg Capsule

02150662	NEORAL	NVR
02247074	SANDOZ-CYCLOSPORINE	SDZ

100mg Capsule

02150670	NEORAL	NVR
02242821	SANDOZ-CYCLOSPORINE	SDZ

100mg/mL Solution

02150697	NEORAL	NVR
----------	--------	-----

92:44.00**MYCOPHENOLATE MOFETIL**

Limited use benefit (prior approval required).

For transplant therapy.

250mg Capsule

02192748 CELLCEPT

HLR

500mg Tablet

02237484 CELLCEPT

HLR

MYCOPHENOLATE SODIUM

Limited use benefit (prior approval required).

For transplant therapy.

180mg Enteric Coated Tablet

02264560 MYFORTIC

NVR

360mg Enteric Coated Tablet

02264579 MYFORTIC

NVR

SIROLIMUS

Limited use benefit (prior approval required).

Coverage will be provided as a second line therapy for patients failing mycophenolate mofetil.

1mg/mL Oral Liquid

02243237 RAPAMUNE

WAY

1mg Tablet

02247111 RAPAMUNE

WAY

TACROLIMUS

Limited use benefit (prior approval required).

For transplant therapy.

0.5mg Capsule

02243144 PROGRAF

AST

1mg Capsule

02175991 PROGRAF

AST

5mg Capsule

02175983 PROGRAF

AST

5mg/mL Injection

02176009 PROGRAF

AST

0.5mg Long Acting Capsule

02296462 ADVAGRAF

AST

1mg Long Acting Capsule

02296470 ADVAGRAF

AST

3mg Long Acting Capsule

02331667 ADVAGRAF

AST

5mg Long Acting Capsule

02296489 ADVAGRAF

AST

92:92.00**BOTULINUM TOXIN TYPE A**

Limited use benefit (prior approval required).

For the treatment of:

- a. - strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older
- b. - cervical dystonia (spasmodic torticollis)

100IU Injection

01981501 BOTOX

ALL

92:92.00

CLOSTRIDIUM BOTULINUM NEUROTOXIN

Limited use benefit (prior approval required).

For:

- a. - the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older or
- b. - the treatment of cervical dystonia (spasmodic torticollis)

100U/vial Injection

02324032 XEOMIN

MEZ

Appendix A
Limited Use Benefits and Criteria

Non-Insured Health Benefits

	Page		Page		Page
	1	CO PIOGLITAZONE	26	MYLAN-LEFLUNOMIDE	38
ABILIFY	18	CODEINE CONTIN CR	14	MYLAN-LEVOFLOXACIN	1
ACCEL PIOGLITAZONE	26	CO-LEVOFLOXACIN	1	MYLAN-MINOCYCLINE	1
ACCOLATE	20	CONCERTA	19	MYLAN-MONTELUKAST	20
ACLASTA	32	CYCLOBENZAPRINE	10	MYLAN-OMEPRAZOLE	23
ACTEMRA	38	CYMBALTA	18	MYLAN-PANTOPRAZOLE	24
ACTONEL	32	DEMEROL	16	MYLAN-PIOGLITAZONE	26
ACTOS	26	DETROL	28	MYLAN-RISEDRONATE	32
ADCIRCA	13	DETROL LA	28	MYLAN-RIVASTIGMINE	8
ADVAGRAF	39	DOM-ALENDRONATE	31	MYLAN-TIZANIDINE	10
ADVAIR	10	DOM-BENZYDAMINE	21	NEORAL	38
ADVAIR DISKUS 100	10	DOM-CYCLOBENZAPRINE	10	NEULASTA	13
ADVAIR DISKUS 250	10	DOM-MINOCYCLINE	1	NICODERM	12
ADVAIR DISKUS 500	10	DOM-PIOGLITAZONE	26	NICORETTE	11
AGGRENOL	14	DOM-RISEDRONATE	32	NICORETTE LOZENGE	11
ALENDRONATE	31	DOSTINEX	19	NICORETTE PLUS	11
ALENDRONATE-70	31	DURAGESIC MAT	15	NICOTINE GUM	11
ALPHAGAN P	21	ELIDEL	27	NICOTROL TRANSDERMAL	11
APO-ALENDRONATE	30	EMEND	21	NOVO-FENTANYL	15
APO-BENZYDAMINE	21	EMEND TRI PACK	21	NOVO-FINASTERIDE	30
APO-BRIMONIDINE P	21	ENABLEX	28	NOVO-LANSOPRAZOLE	22
APO-CALCITONIN	27	ENBREL	35	NOVO-LEFLUNOMIDE	38
APO-CYCLOBENZAPRINE	10	ENBREL SURECLICK (QC)	35	NOVO-LEVOFLOXACIN	1
APO-FINASTERIDE	30	EVISTA	25	NOVO-METHYLPHENIDATE ER	19
APO-LANSOPRAZOLE	22	EXELON	8	NOVO-MINOCYCLINE	1
APO-LEFLUNOMIDE	38	EZETROL	13	NOVO-PANTOPRAZOLE	24
APO-LEVETIRACETAM	17	FINASTERIDE	30	NOVO-PIOGLITAZONE	26
APO-LEVOFLOXACIN	1	FLINTSTONES EXTRA C	29	NOVO-RABEPRAZOLE	25
APO-METHYLPHENIDATE ER	19	FORADIL	9	NOVO-RALOXIFENE	25
APO-MINOCYCLINE	1	FOSAMAX	30	NOVO-RISEDRONATE	32
APO-MONTELUKAST	20	FOSAVANCE	31	NOVO-RIVASTIGMINE	8
APO-OMEPRAZOLE	23	GLEEVEC	5	NU-CYCLOBENZAPRINE	10
APO-PANTOPRAZOLE	24	HABITROL	11	NUVARING	25
APO-PIOGLITAZONE	26	HEPSERA	5	OMEPRAZOLE	23
APO-RALOXIFENE	25	HUMIRA	34	ORENCIA	33
APO-RISEDRONATE	32	HYDROMORPH CONTIN	15	OXEZE TURBUHALER	9
APO-RIVASTIGMINE	8	INFANTOL	29	PANTOLOC	24
APO-TIZANIDINE	10	INTELENCE	3	PANTOPRAZOLE	24
APTIVUS	3	ISENTRESS	3	PARIET EC	25
ARAVA	38	JAMP-MULTIVITAMIN A/D/C DROPS	29	PAT-GALANTAMINE ER	7
ARICEPT	7	JANUMET	26	PEGASYS	3
ATRIPLA	2	JANUVIA	26	PEGASYS RBV	4
AVANDIA	27	KEPPRA	17	PEGETRON	4
AVODART	29	LANSOPRAZOLE	22	PEGETRON REDIPEN	4
BARACLUDE	5	LEFLUNOMIDE	38	PHL-CYCLOBENZAPRINE	10
BOTOX	39	LEVAQUIN	1	PHL-PIOGLITAZONE	26
BUPROPION SR	17	LEVETIRACETAM	17	PLAVIX	12
CAMPRAL	19	LOSEC	23	PMS-ALENDRONATE	31
CARNITOR	19	MAGIC BULLET	21	PMS-ALENDRONATE FC	31
CARNITOR IV	19	METADOL	16	PMS-BENZYDAMINE	21
CELEBREX	14	METHADONE POWDER (PAIN)	16	PMS-BUPROPION SR	17
CELLCEPT	39	MIACALCIN	27	PMS-CYCLOBENZAPRINE	10
CELSENTRI	3	MINOCIN	2	PMS-FENTANYL MTX	15
CENTRUM JUNIOR COMPLETE	29	MINOCYCLINE	1	PMS-FINASTERIDE	30
CENTRUM MATERNA	29	MINT-PIOGLITAZONE	26	PMS-LEFLUNOMIDE	38
CHAMPIX	12	MULTI-PRE AND POST NATAL	29	PMS-LEVETIRACETAM	17
CHAMPIX STARTER PACK	12	MYFORTIC	39	PMS-LEVOFLOXACIN	1
CIPRODEX	20	MYLAN-ALENDRONATE	30	PMS-MINOCYCLINE	1
CO ALENDRONATE	30	MYLAN-CYCLOPRINE	10	PMS-MONTELUKAST	20
CO CABERGOLINE	19	MYLAN-FINASTERIDE	30	PMS-OMEPRAZOLE	23
CO FINASTERIDE	30	MYLAN-GALANTAMINE ER	7	PMS-PANTOPRAZOLE	24
CO LEVETIRACETAM	17	MYLAN-LANSOPRAZOLE	22	PMS-PIOGLITAZONE	26
CO PANTOPRAZOLE	24				

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PMS-RABEPRAZOLE	25	SPIRIVA	9	
PMS-RALOXIFENE	25	STELARA	29	
PMS-RISEDRONATE	32	SUBOXONE	16	
PMS-RIVASTIGMINE	8	SUBOXONE MAINTENANCE	16	
POLY-VI-SOL	28	SUTENT	6	
PRENATAL & POSTPARTUM	29	SYMBICORT 100 TURBUHALER	9	
PRENATAL AND POSTPARTUM	29	SYMBICORT 200 TURBUHALER	9	
PREVACID	22	TARCEVA	5	
PREVACID FASTAB	22	TECTA	24	
PROGRAF	39	TEMODAL	6	
PRO-LEVETIRACETAM	17	TEVA-ALENDRONATE	30	
PROLIA PRE-FILLED SYR	31	TEVA-BENZYLAMINE	21	
PROLIA VIAL	31	TEVA-CYCLOPRINE	10	
PRO-PIOGLITAZONE	26	TEVA-MONTELUKAST	20	
PRO-RABEPRAZOLE	25	THRIVE	11	
PROSCAR	30	TRACLEER	14	
PROTOPIC	28	TRANSDERMAL NICOTINE	12	
RABEPRAZOLE EC	25	TROSEC	28	
RAN-FENTANYL MATRIX	15	TRUVADA	3	
RAN-PANTOPRAZOLE	24	ULORIC	30	
RAN-RABEPRAZOLE	25	UNITRON PEG	4	
RAPAMUNE	39	VESICARE	28	
RATIO-ALENDRONATE	31	VFEND	2	
RATIO-BUPROPION	17	VIREAD	3	
RATIO-CYCLOBENZAPRINE	10	VISUDYNE	21	
RATIO-FENTANYL	15	VOLIBRIS	13	
RATIO-FINASTERIDE	30	WELLBUTRIN SR	17	
RATIO-OMEPRAZOLE	23	WELLBUTRIN XL	17	
RATIO-PIOGLITAZONE	26	XARELTO	12	
RATIO-RIVASTIGMINE	8	XEOMIN	40	
REMICADE	37	ZANAFLEX	10	
REMINYL ER	7	ZELDOX	18	
REVATIO	13	ZYBAN	17	
RISEDRONATE	32	ZYM-PIOGLITAZONE	26	
RITUXAN	6	ZYVOXAM	2	
RIVA-ALENDRONATE	31			
RIVA-CYCLOBENZAPRINE	10			
RIVA-MINOCYCLINE	1			
RIVA-PANTOPRAZOLE	24			
RIVA-RABEPRAZOLE	25			
RIVA-RABEPRAZOLE EC	25			
RIVA-RISEDRONATE	32			
SANDOZ ALENDRONATE	30			
SANDOZ FENTANYL	15			
SANDOZ FINASTERIDE	30			
SANDOZ LEFLUNOMIDE	38			
SANDOZ LEVOFLOXACIN	1			
SANDOZ MONTELUKAST	20			
SANDOZ OMEPRAZOLE	23			
SANDOZ PIOGLITAZONE	26			
SANDOZ RISEDRONATE	32			
SANDOZ RIVASTIGMINE	8			
SANDOZ-BUPROPION SR	17			
SANDOZ-CALCITONIN	27			
SANDOZ-CYCLOSPORINE	38			
SANDOZ-MINOCYCLINE	1			
SANDOZ-PANTOPRAZOLE	24			
SANDOZ-RABEPRAZOLE	25			
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SEREVENT DISKUS	9			
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SIMPONI PRE-FILLED SYRINGE	36			
SINGULAIR	20			

**APPENDIX B
SPECIAL FORMULARY FOR
CHRONIC RENAL FAILURE PATIENTS**

The Special Formulary for Chronic Renal Failure Patients defines selected drugs (for example: darbepoetin alfa, calcium products, water-soluble multivitamin products and selected nutritional products formulated for renal patients) that are covered for identified eligible NIHB clients in chronic renal failure.

These drugs are covered in addition to the drugs and products listed in the NIHB Drug Benefit List.

20:00 BLOOD FORMATION COAGULATION AND THROMBOSIS

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

25mcg/mL Injection		
02246354	ARANESP	AMG
40mcg/mL Injection		
02246355	ARANESP	AMG
100mcg/mL Injection		
02246357	ARANESP	AMG
200mcg/mL Injection		
02246358	ARANESP	AMG
500mcg/mL Injection		
02246360	ARANESP	AMG

EPOETIN ALFA

20,000IU/mL Injection		
02206072	EPREX	JNO
20000IU/0.5mL injection		
02243239	EPREX	JNO
5,000IU/mL Injection		
02243400	EPREX	JNO
30000IU/0.75mL Injection		
02288680	EPREX	JNO
1,000IU/0.5mL Prefilled Syringe		
02231583	EPREX	JNO
2,000IU/0.5mL Prefilled Syringe		
02231584	EPREX	JNO
3,000IU/0.3mL Prefilled Syringe		
02231585	EPREX	JNO
4,000IU/0.4mL Prefilled Syringe		
02231586	EPREX	JNO
6,000IU/0.6mL Prefilled Syringe		
02243401	EPREX	JNO
8,000IU/0.8mL Prefilled Syringe		
02243403	EPREX	JNO
10,000IU/mL Prefilled Syringe		
02231587	EPREX	JNO
40,000IU/mL Prefilled Syringe		
02240722	EPREX	JNO

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE

500mg Tablet

00392839 SANDOZ SOD BICARBONATE SDZ

40:12.00 REPLACEMENT PREPARATIONS

CALCIUM (CALCIUM GLUCONOLACTATE, CALCIUM CARBONATE)

300mg & 2940mg Effervescent Tablet

02232482 CALCIUM SANDOZ NVC

1750mg & 2327mg Effervescent Tablet

02232483 GRAMCAL NVC

CALCIUM CARBONATE

500mg Capsule

00648353 CALSAN NVC

500mg Chewable Tablet

00705373 CALCIUM WAM

00648345 CALSAN NVC

250mg Tablet

00682047 APO-CAL 250 APX

00645958 CALCIUM TEV

CALCIUM CITRATE

300mg Tablet

02231833 CALCIUM CITRATE WNP

PHOSPHORUS

500mg Effervescent Tablet

00225819 PHOSPHATE-NOVARTIS NVR

ZINC GLUCONATE

50mg Tablet

00503169 ZINC VTH

00505463 ZINC JAM

The Special Formulary for Chronic Renal Failure Patients defines selected drugs (for example: darbepoetin alfa, calcium products, water-soluble multivitamin products and selected nutritional products formulated for renal patients) that are covered for identified eligible NIHB clients in chronic renal failure. These drugs are covered in addition to the drugs and products listed in the NIHB Drug Benefit List.

40:18.19 PHOSPHATE - REMOVING AGENTS

SEVELAMER HYDROCHLORIDE

Limited Use Benefit (Prior approval required).

- a. - patients with elevated phosphate levels OR elevated phosphate X calcium product despite dietary restriction of phosphate and use of calcium-based phosphate binders (short term elevations should be managed with aluminium based binders)
- b. - patients with elevated calcium levels despite discontinuation of calcium binder, and Vitamin D analogue and/or modification of dialysate calcium
- c. - patients with adynamic bone disease and low PTH levels (<100 pg/ml or <0.9 pmol/L) with normal or elevated calcium levels

800mg Tablet
 02244310 RENAGEL GEE

56:00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE

500mg Capsule
 02135620 BASALJEL AXC

60mg/mL Liquid
 00572527 ALUGEL ATL

64mg/mL Liquid
 02125862 AMPHOJEL AXC

600mg Tablet
 02124971 AMPHOJEL AXC

CALCIUM CARBONATE

500mg Tablet
 01970240 TUMS GSK

750mg Tablet
 01967932 TUMS EXTRA STRENGTH GSK

1000mg Tablet
 02151138 TUMS ULTRA STRENGTH GSK

88:00 VITAMINS

88:12.00 VITAMIN C

VITAMIN B COMPLEX

Tablet
 00123803 B COMPLEX PLUS C JAM

VITAMIN B COMPLEX WITH VITAMIN C

Tablet
 02245391 DIAMINE EUR

88:28.00 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS

Tablet
 02244872 REPLAVITE WNP
 80007498 REPLAVITE WNP
 00558796 STRESS PLEX C JAM

96:00 PHARMACEUTICAL AIDS

96:00.00 PHARMACEUTICAL AIDS

NUTRITIONAL SUPPLEMENT

Liquid
 09854258 NOVASOURCE RENAL NES

Liquid
 09853723 NEPRO ABB
 00907995 NOVASOURCE NVR
 09853731 SUPLENA ABB

235mL Liquid
 99002639 NEPRO ABB
 99002647 SUPLENA ABB

Powder
 09991056 RESOURCE BENEPROTEIN NVR

	Page
ALUGEL	2
ALUMINUM HYDROXIDE	2
AMPHOJEL	2
APO-CAL 250	1
ARANESP	1
B COMPLEX PLUS C	2
BASALJEL	2
CALCIUM	1
CALCIUM (CALCIUM GLUCONOLACTATE, CALCIUM CARBONATE)	1
CALCIUM CARBONATE	1
CALCIUM CITRATE	1
CALCIUM CITRATE	1
CALCIUM SANDOZ	1
CALSAN	1
DARBEPOETIN ALFA	1
DIAMINE	2
EPOETIN ALFA	1
EPREX	1
GRAMCAL	1
MULTIVITAMINS	2
NEPRO	2
NOVASOURCE	2
NOVASOURCE RENAL	2
NUTRITIONAL SUPPLEMENT	2
PHOSPHATE-NOVARTIS	1
PHOSPHORUS	1
RENAGEL	2
REPLAVITE	2
RESOURCE BENEPROTEIN	2
SANDOZ SOD BICARBONATE	1
SEVELAMER HYDROCHLORIDE	2
SODIUM BICARBONATE	1
STRESS PLEX C	2
SUPLENA	2
TUMS	2
TUMS EXTRA STRENGTH	2
TUMS ULTRA STRENGTH	2
VITAMIN B COMPLEX	2
VITAMIN B COMPLEX WITH VITAMIN C	2
ZINC	1
ZINC GLUCONATE	1

APPENDIX C
PALLIATIVE CARE FORMULARY

Effective April 1, 2009, recipients diagnosed with a terminal illness and are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List. The Palliative Care Formulary includes medications used to provide comfort to those near the end of life.

Requests for any of the DINs below will generate a Palliative Care Application Form, faxed to the prescribing physician. Once completed and submitted, the recipient will be eligible for all medications on the Palliative Care Formulary if the following criteria are met:

The recipient:

1. is not receiving care in a provincially funded hospital or provincially funded long-term care facility and
2. has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

Once approved, the recipient will be eligible for all medications on the Palliative Care Formulary for six months without the need for further prior approval. If coverage is required beyond the initial six months, an additional six months may be granted upon receipt of another Palliative Care Application Form completed.

Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

12:00 AUTONOMIC DRUGS

12:08.08 ANTIMUSCARINICS / ANTISPASMODICS

ATROPINE SULFATE

0.4mg/mL Injection

00392782	ATROPINE SULFATE	SDZ
00497231	ATROPINE SULFATE	ABB
00960624	ATROPINE SULFATE	SDZ

0.6mg/mL Injection

00012076	ATROPINE SULFATE	GSK
00392693	ATROPINE SULFATE	SDZ
00497258	ATROPINE SULFATE	ABB

GLYCOPYRROLATE

0.2mg/mL Injection

02039508	GLYCOPYRROLATE	SDZ
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HYOSCINE BUTYLBROMIDE

20mg/mL Injection

00363839	BUSCOPAN	BOE
02229868	HYOSCINE	SDZ

SCOPOLAMINE HYDROBROMIDE

0.4mg/mL Injection

00541869	SCOPOLAMINE	ABB
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0.6mg/mL Injection

00541877	SCOPOLAMINE	ABB
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.08 OPIATE AGONISTS

FENTANYL

12mcg Transdermal Patch

02311925	RATIO-FENTANYL TRANSDERMAL SYSTEM	RPH
02327112	SANDOZ FENTANYL 12MCG/HR PATCH	SDZ

12mcg/h Transdermal Patch

02341379	PMS-FENTANYL MTX	PMS
02330105	RAN-FENTANYL MATRIX	RBY

25mcg Transdermal Patch

02330113	RAN-FENTANYL MATRIX PATCH 25	RBY
02282941	RATIO-FENTANYL TRANSDERMAL SYSTEM	RPH
02327120	SANDOZ FENTANYL	SDZ

25mcg/h Transdermal Patch

02275813	DURAGESIC MAT 25MCG/HR PATCH	JNO
02314630	NOVO-FENTANYL 25MCG PATCH	TEV
02341387	PMS-FENTANYL MTX	PMS

50mcg Transdermal Patch

02330121	RAN-FENTANYL MATRIX PATCH 50	RBY
02282968	RATIO-FENTANYL TRANSDERMAL SYSTEM	RPH
02327147	SANDOZ FENTANYL 50MCG/HR PATCH	SDZ

50mcg/h Transdermal Patch

02275821	DURAGESIC MAT 50MCG/HR PATCH	JNO
02314649	NOVO-FENTANYL 50MCG PATCH	TEV
02341395	PMS-FENTANYL MTX	PMS

Effective April 1, 2009, recipients diagnosed with a terminal illness and are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List. The Palliative Care Formulary includes medications used to provide comfort to those near the end of life.

Requests for any of the DINs below will generate a Palliative Care Application Form, faxed to the prescribing physician. Once completed and submitted, the recipient will be eligible for all medications on the Palliative Care Formulary if the following criteria are met:

The recipient:

1. is not receiving care in a provincially funded hospital or provincially funded long-term care facility and
2. has been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within six months or less

Once approved, the recipient will be eligible for all medications on the Palliative Care Formulary for six months without the need for further prior approval. If coverage is required beyond the initial six months, an additional six months may be granted upon receipt of another Palliative Care Application Form completed.

Please note: During the six month coverage period, a maximum 30 day supply will be reimbursed at any one time.

28:08.08 OPIATE AGONISTS

FENTANYL

75mcg Transdermal Patch

02330148	RAN-FENTANYL MATRIX PATCH 75	RBY
02282976	RATIO-FENTANYL TRANSDERMAL SYSTEM	RPH
02327155	SANDOZ FENTANYL 75MCG/HR PATCH	SDZ

75mcg/h Transdermal Patch

02275848	DURAGESIC MAT 75MCG/HR PATCH	JNO
02314657	NOVO-FENTANYL 75MCG PATCH	TEV
02341409	PMS-FENTANYL MTX	PMS

100mcg Transdermal Patch

02282984	RATIO-FENTANYL 100MCG/HR PATCH	RPH
02327163	SANDOZ FENTANYL	SDZ

100mcg/h Transdermal Patch

02275856	DURAGESIC MAT 100MCG/HR PATCH	JNO
02314665	NOVO-FENTANYL 100MCG PATCH	TEV
02341417	PMS-FENTANYL MTX	PMS
02330156	RAN-FENTANYL MATRIX PATCH 100	RBY

FENTANYL CITRATE

50mcg/mL Injection

00888346	FENTANYL CITRATE	HOS
02126648	FENTANYL CITRATE	HOS
02240434	FENTANYL CITRATE	SDZ

28:16.08 ANTIPSYCHOTIC AGENTS

METHOTRIMEPRAZINE

25mg/mL Injection

01927698	NOZINAN	SAC
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28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS - BENZODIAZEPINES

DIAZEPAM

5mg/mL Injection

02065614	DIAZEMULS VL	ACG
00399728	DIAZEPAM	SDZ

LORAZEPAM

4mg/mL Injection

02243278	LORAZEPAM	SDZ
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MIDAZOLAM

1mg/mL Injection

02240285	MIDAZOLAM	SDZ
02242904	MIDAZOLAM	PPC
02243934	MIDAZOLAM	TEV

5mg/mL Injection

02240286	MIDAZOLAM	SDZ
02242905	MIDAZOLAM	PPC
02243935	MIDAZOLAM	TEV

56:00 GASTROINTESTINAL DRUGS

56:32.00 PROKINETIC AGENTS

METOCLOPRAMIDE

5mg/mL Injection

02185431	METOCLOPRAMIDE	SDZ
02243563	METOCLOPRAMIDE OMEGA	OMG

56:92.00 MISCELLANEOUS GI DRUGS

METHYLNALTREXONE BROMIDE

20mg/mL Injection

02308215	RELISTOR	PFI
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APPENDIX D
LIST OF DRUG MANUFACTURERS

Appendix D
List of Drug Manufacturers

Non-Insured Health Benefits

MFR	Manufacturer Name	MFR	Manufacturer Name
AAP	AA PHARMA INC.	BMI	BIOMED 2002 INCORPORATED
ABB	ABBOTT LABORATORIES LIMITED	BMS	BRISTOL-MYERS SQUIBB CANADA
ACG	ACTAVIS GROUP PTC EHF	BOE	BOEHRINGER INGELHEIM (CANADA) LIMITED
ACN	ACTELION PHARMACEUTICALS LTD	BPC	BIOVAIL PHARMACEUTICALS CANADA
ACP	ACCEL PHARMA INC	BSH	BAUSCH & LOMB CANADA INCORPORATED
ADA	ADAMS LABS LIMITED	CDX	CANDERM PHARMA
ALC	ALCON CANADA INCORPORATED	CEN	CENTOCOR INCORPORATED
ALG	ALLERGOLOGISK LAB A/S	CIP	CIPHER PHARMACEUTICALS INCORPORATED
ALK	ALK ABELLO A/S	COB	COBALT PHARMACEUTICALS INCORPORATED
ALL	ALLERGAN INCORPORATED	COP	COLGATE ORAL PHARMACEUTICALS INCORPORATED
AMG	AMGEN CANADA INCORPORATED	CUV	CHAUVIN PHARMACEUTICALS LIMITED
APX	APOTEX INCORPORATED	CYX	CYTEX PHARMACEUTICALS INCORPORATED
AST	ASTELLAS PHARMA CANADA INCORPORATED	DCM	D & C MOBILITY
ATL	LABORATORIE ATLAS INCORPORATED	DDP	THE D DROPS COMPANY INCORPORATED
AUC	AUTO CONTROL	DER	DERMIK LABORATORIES CANADA INCORPORATED
AUR	AURO PHARMA INC	DKT	DIOPTIC LABORATORIES INCORPORATED
AXC	AXCAN PHARMA INCORPORATED	DOR	DORMER LABORATORIES INCORPORATED
AXL	ALLEREX LABORATORY LIMITED	DPC	DOMINION PHARMACAL
AXX	AXXESS PHARMA INCORPORATED	DPI	DOMREX PHARMA INC
AZC	ASTRAZENECA CANADA INCORPORATED	DPY	DRAXIS HEALTH INCORPORATED
BAK	BAKER CUMMINS INCORPORATED.	DSP	DISPENSA PHARM CANADA LIMITED
BAR	BARR PHARMACEUTICALS INCORPORATED	DUI	DUCHESNAY INCORPORATED
BAT	BAXTER CORPORATION	EDM	ENDO CANADA INCORPORATED
BAX	BRAINTREE LAB INCORPORATED	ELN	ELAN PHARMACEUTICALS INCORPORATED
BAY	BAYER INCORPORATED, HEALTHCARE/DIAGNOSTICS	ERF	ERFA CANADA INCORPORATED
BCD	BAYER INCORPORATED, CONSUMER CARE DIVISION	EUR	EURO-PHARM INTERNATIONAL CANADA INCORPORATED
BDH	BDH INCORPORATED		
BEN	BENCARD ALLERGY LABORATORIES		
BEX	BERLEX CANADA INCORPORATED		
BIO	BIONICHE PHARMA (CANADA) LIMITED		

Appendix D
List of Drug Manufacturers

Non-Insured Health Benefits

MFR	Manufacturer Name	MFR	Manufacturer Name
FEI	FERRING INCORPORATED	LAL	LABORATOIRE LALCO INCORPORATED
FOU	FOURNIER PHARMA INCORPORATED	LEO	LEO PHARMA INCORPORATED
FRS	MERCK FROSST CANADA LIMITED	LIL	ELI LILLY CANADA INCORPORATED
GAC	GALDERMA CANADA INCORPORATED	LUD	LUNDBECK CANADA INCORPORATED
GCL	GALLEN CHEMICALS LIMITED	MAB	MEDA AB
GEE	GENZYME CANADA INCORPORATED	MAN	MANTRA PHARMA INC
GIL	GILEAD SCIENCES INCORPORATED	MAR	MARCAN PHARMACEUTICALS INC
GLE	GLENWOOD LABORATORIES CANADA LIMITED	MAY	MAYNE PHARMA (CANADA) INCORPORATED
GMP	GENERIC MEDICAL PARTNERS INC	MCA	MCARTHUR MEDICAL SALES INCORPORATED
GSC	GELDA SCIENTIFIC & INDUSTRIAL DEVELOPMENT CORP	MCL	MCNEIL CONSUMER PRODUCTS COMPANY
GSK	GLAXOSMITHKLINE INCORPORATED	MDC	MEDICIS CANADA CORPORATION
HIL	HILL DERMACEUTICALS INCORPORATED	MDS	MEDISCA PHARMACEUTIQUE INC
HJS	H.J. SUTTON INDUSTRIES LIMITED	MDT	MEDTRONIC OF CANADA LIMITED
HLR	HOFFMAN-LAROCHE LIMITED	MEL	MELIAPHARM INC
HOL	HOLLISTER LIMITED	MET	MEDICAL TEXTILES MARKETING INCORPORATED
HOR	CARTER-HORNER CORPORATION	MEZ	MERZ PHARMACEUTICALS GMBH
HOS	HOSPIRA HEALTHCARE CORPORATION	MIN	MINT PHARMACEUTICALS INCORPORATED
HPC	HEALTHPOINT CANADA ULC	MJO	MEAD JOHNSON CANADA INCORPORATED
HRA	HRA PHARMA	MMH	3M PHARMACEUTICALS
ICN	ICN CANADA LIMITED	MMT	MM THERAPEUTICS INC.
IDE	INTERNATIONAL DERMATOLOGICALS INCORPORATED	MPD	MEDICAL PLASTIC DEVICES INCORPORATED
IMX	IMMUNEX CORPORATION	MSL	MEDIC SAVOURE LIMITED
IPS	IPSEN LIMITED	MSP	MERCK FROSST / SCHERING PHARMA GP
IVX	IVAX PHARMACEUTICALS INCORPORATED.	MTH	MM THERAPEUTICS INC
JAJ	JOHNSON & JOHNSON	MTI	MEDICAN TECHNOLOGIES INCORPORATED
JAM	C.E. JAMIESON COMPANY LIMITED	MYL	MYLAN PHARMACEUTICALS ULC
JLF	J.L.FREEMAN	NCA	NOVA DIABETES CARE
JMP	JAMP PHARMA CORPORATION	NEO	NEOLAB INCORPORATED
JNO	JANSSEN-ORTHO INCORPORATED		
KEY	KEY PHARMACEUTICALS INCORPORATED		

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List of Drug Manufacturers

Non-Insured Health Benefits

MFR	Manufacturer Name	MFR	Manufacturer Name
NOO	NOVO NORDISK CANADA INCORPORATED	RIV	LABORATORIE RIVA INCORPORATED
NUR	NUTRICORP INTERNATIONAL	ROD	ROCHE DIAGNOSTICS
NVC	NOVARTIS CONSUMER HEALTH CANADA INCORPORATED	RPH	RATIOPHARM INCORPORATED
NVR	NOVARTIS PHARMACEUTICALS CANADA INCORPORATED	RVX	RIVEX PHARMA INCORPORATED
NXP	NU-PHARM INCORPORATED	RWP	RW PACKAGING LIMITED
NYC	NYCOMED CANADA INCORPORATED	SAC	SANOFI-AVENTIS CANADA
ODN	ODAN LABORATORIES LIMITED	SAN	SANIS HEALTH INC
OMG	OMEGA LABORATORIES LIMITED	SCH	SCHERING CANADA INCORPORATED
OPT	OPTREX LABS LIMITED	SCN	SCHEIN PHARMACEUTICAL CANADA INCORPORATED
ORG	ORGANON CANADA LIMITED	SDR	STANLEY PHARMACEUTICALS LIMITED
ORY	ORYX PHARMACEUTICALS INCORPORATED	SDZ	SANDOZ CANADA INCORPORATED
OVA	OVATION PHARMACEUTICALS INCORPORATED	SEV	SERVIER CANADA INCORPORATED
PAL	PALADIN LABS INCORPORATED	SHI	SHIRE CANADA INCORPORATED
PDL	PRO DOC LIMITED	SHM	SHERWOOD INCORPORATED
PED	PENDOPHARM INCORPORATED	SIG	SIGMA-TAU PHARMACEUTICALS INCORPORATED
PER	PERRIGO INTERNATIONAL	SNE	SMITH & NEPHEW INCORPORATED
PFD	PROFESSIONAL DISPOSABLES	SOR	SORRES PHARMA INC
PFI	PFIZER CANADA INCORPORATED	SPH	SOLVAY PHARMA INCORPORATED
PFR	PURDUE PHARMA	SQU	SQUIRE PHARMACEUTICALS INCORPORATED
PGI	PROCTOR & GAMBLE INCORPORATED	STE	STERIMAX INCORPORATED
PGP	PROCTOR & GAMBLE PHARMACEUTICALS INCORPORATED	STG	LABORATOIRES STERIGEN INC
PHH	PHARMEL INCORPORATED	STI	STIEFEL CANADA INCORPORATED
PMJ	PHARMACIA CANADA INCORPORATED	SUN	SUN PHARMA GLOBAL FZE
PMS	PHARMASCIENCE INCORPORATED	SWS	SWISS HERBAL REMEDIES LIMITED
PMT	PHARMETICS INCORPORATED	TAK	TAKEDA PHARMACEUTICALS AMERICA INC
PPC	PHARMACEUTICAL PARTNERS OF CANADA,INC	TAN	TANTA PHARMACEUTICALS INCORPORATED
PRO	PROVAL PHARMA INCORPORATED	TAR	TARO PHARMACEUTICALS INCORPORATED
QLT	QLT INCORPORATED	TEV	TEVA CANADA LIMITED
RBP	RB PHARMACEUTICALS LIMITED	TIP	H & P INDUSTRIES / THE TRIAD-GROUP
		TRE	TREMBLAY HARRISON INC

Appendix D
List of Drug Manufacturers

Non-Insured Health Benefits

MFR	Manufacturer Name	MFR	Manufacturer Name
TRI	TRIANON LABORATORIES INCORPORATED		
TRT	TRITON PHARMA INCORPORATED		
TRU	TRUDELL MEDICAL INTERNATIONAL		
TSN	TRIMEDIC SUPPLY NETWORK LTD		
UCB	UBC PHARMA INCORPORATED		
UMI	ULTIMED, INCORPORATED		
VAE	VALEANT CANADA LIMITED		
VAO	VALEO PHARMA INCORPORATED		
VTH	VITA HEALTH PRODUCTS INCORPORATED		
WAM	WAMPOLE INCORPORATED		
WAT	WATSON LABORATORIES INCORPORATED		
WAY	WYETH CANADA		
WCC	WOMEN'S CAPITAL CORPORATION		
WCI	WARNER CHILCOTT COMPANY INCORPORATED		
WEP	WE PHARMACEUTICALS		
WLA	WARNER-LAMBERT CONSUMER HEALTHCARE INCORPORATED		
WNP	WN PHARMACEUTICALS LIMITED		
WPC	WELLSPRING PHARMACEUTICAL CANADA CORPORATION		
WRI	WHITEHALL-ROBINS INCORPORATED		
WSB	WESTWOOD SQUIBB INCORPORATED		
WTR	WESTCAN PHARMACEUTICALS LIMITED		
XEN	XENEX LABS INCORPORATED		
ZYM	ZYMCAN PHARMACEUTICALS		

APPENDIX E
LIST OF EXCLUSIONS

Appendix E

Non-Insured Health Benefits

EXCLUSIONS

Certain drug products are not within the scope of the program. These products will not be reimbursed as benefits under the NIHB Program:

Anti-obesity drugs;
Household products (regular soaps and shampoos);
Cosmetics;
Alternative therapies, including glucosamine and evening primrose oil;
Megavitamins;
Drugs with investigational/experimental status;
Vaccinations for travel indications;
Hair growth stimulants;
Fertility agents and impotence drugs;
Selected over-the-counter products;
Codeine containing cough preparations;
Dalmane®, Somno® and generics (flurazepam);
Darvon® and 642® (propoxyphene);
Fiorinal®, Fiorinal® C ¼, Fiorinal® C ½ and generics (Butalbital containing analgesics with and without codeine);
Librium®, Solium®, Medilium® and generics (chlordiazepoxide);
Stadol TM NS and generics (butorphanol tartrate nasal spray);
Tranxene® and generics (clorazepate); and
Imovane® and generics (zopiclone).

The following drugs will be excluded from the NIHB Program as recommended by the Common Drug Review (CDR) and the NIHB Drugs and Therapeutics Advisory Committee (DTAC) because published evidence does not support the clinical value or cost of the drug relative to existing therapies, or there is insufficient clinical evidence to support coverage.

Of Note: The Appeal Process and the Emergency Supply Policy will not apply for the following drug products.

DIN	MFR	BRAND NAME
02248722	ALL	ACULAR LS 0.4% OPHTHALMIC SOLUTION
02259052	AST	AMEVIVE 15MG/0.5ML POWDER FOR SOLUTION
02247916	BAY	CIPRO XL 500MG TABLET
02251787	BAY	CIPRO XL 1000MG TABLET
02268507	BPC	GLUMETZA 1000MG EXTENDED RELEASE TABLET
02268493	BPC	GLUMETZA 500MG EXTENDED RELEASE TABLET
02248417	FEI	GYNAZOLE-1 VAG CREAM 2%
02216167	SAC	IMOVANE 5MG TABLET
01926799	SAC	IMOVANE 7.5MG TABLET
02244521	AZC	NEXIUM 20MG SR TABLET
02244522	AZC	NEXIUM 40MG SR TABLET
02241804	SPH	PANTOLOC 20MG EC TABLET
02248503	GSK	PAXIL CR 12.5MG EXTENDED RELEASE TABLET
02248504	GSK	PAXIL CR 25MG EXTENDED RELEASE TABLET
02229437	NAB	PHOSLO 667MG TABLET

DIN	MFR	BRAND NAME
02256290	PFI	RELPAX 20MG TABLET
02256304	PFI	RELPAX 40MG TABLET

ALPHABETICAL INDEX OF DRUG PRODUCTS

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5-ASA	92	ADHESIVE PAD WITH COTTON	121	ALPHA TOCOPHERYL	114
ABACAVIR	8	ADHESIVE PAD WITHOUT	121	ALPHAGAN	83
ABACAVIR, LAMIVUDINE	8	COTTON		ALPHAGAN P	83
ABACAVIR, LAMIVUDINE,	8	ADRENALIN	20	ALPRAZOLAM	69
ZIDOVUDINE		ADVAGRAF	120	ALPRAZOLAM	69
ABATACEPT	119	ADVAIR	19	ALTACE	42
ABENOL	53	ADVAIR DISKUS 100	19	ALTACE HCT	42
ABILIFY	63	ADVAIR DISKUS 250	19	ALTRETAMINE	13
ACAMPROSATE CALCIUM	73	ADVAIR DISKUS 500	19	ALUMINUM ACETATE,	85
ACARBOSE	98	ADVIL	47	BENZETHONIUM CHLORIDE	
ACCEL PIOGLITAZONE	100	ADVIL JUNIOR STRENGTH	47	ALVESCO	95
ACCEL-AMLODIPINE	36	ADVIL LIQUI-GEL	47	AMANTADINE HCL	8
ACCEL-CITALOPRAM	58	ADVIL PEDIATRIC	47	AMBRISENTAN	31
ACCEL-TOPIRAMATE	57	AERIUS	1	AMCINONIDE	106
ACCOLATE	80	AERIUS KIDS	1	AMERGE	71
ACCU-CHEK ADVANTAGE	76	AEROCHAMBER AC BOYZ	121	AMI-HYDRO	78
ACCU-CHEK ADVANTAGE (ON)	76	AEROCHAMBER AC GIRLZ	121	AMILORIDE HCL	78
ACCU-CHEK AVIVA	76	AEROCHAMBER PLUS FLOW-VU	121	AMILORIDE HCL,	78
ACCU-CHEK AVIVA (ON)	76	LG		HYDROCHLOROTHIAZIDE	
ACCU-CHEK COMPACT	76	AEROCHAMBER PLUS FLOW-VU	121	AMIODARONE	26
ACCU-CHEK COMPACT (ON)	76	MED		AMIODARONE HCL	26
ACCU-CHEK MULTICLIX	121	AEROCHAMBER PLUS FLOW-VU	121	AMITRIPTYLINE	58
ACCU-CHEK MULTICLIX	121	MOUTH		AMITRIPTYLINE HCL	58
ACCU-CHEK MULTICLIX	121	AEROCHAMBER PLUS FLOW-VU	121	AMLODIPINE	36
ACCUPRIL	41	SM		AMLODIPINE	36
ACCURETIC	42	AGGRENOX	32	AMLODIPINE/ATORVASTATIN	37
ACCU-TANE	111	AGRYLIN	25	AMOXICILLIN	3
ACCU-TREND	76	AIROMIR	19	AMOXICILLIN	3
ACCU-TREND (ON)	76	ALBALON	83	AMOXICILLIN SUGAR REDUCED	4
ACEBUTOLOL	33	ALBALON A	83	AMOXICILLIN,	91
ACEBUTOLOL HCL	33	ALCOHOL PREP SWAB	121	CLARITHROMYCIN,	
ACET	53	ALCOHOL SWAB	121	LANSOPRAZOLE	
ACET 120	53	ALCOHOL SWABS BD	121	AMOXICILLIN, CLAVULANIC ACID	4
ACET 325	54	ALDACTAZIDE-25	45	AMOXI-CLAV	4
ACET 650	54	ALDACTAZIDE-50	45	AMPICILLIN	4
ACET CODEINE 30	49	ALDACTONE	45	ANAFRANIL	59
ACETAMINOPHEN	53	ALENDRONATE	117	ANAGRELIDE HCL	25
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HCL		ALESSE 28	96	ANODAN-HC	108
ACETAZOLAMIDE	84	ALFACALCIDOL	114	ANTAZOLINE PHOSPHATE,	83
ACETAZOLAMIDE	84	ALFUZOSIN HYDROCHLORIDE	20	NAPHAZOLINE HCL	
ACETYLSALICYLIC ACID	46	ALKERAN	14	ANTHRAFORTE 1	109
ACETYLSALICYLIC ACID	46	ALLEGRA	1	ANTHRAFORTE 2	109
ACETYLSALICYLIC ACID,	49	ALLEGRA 24HR	1	ANTHRANOL	109
CAFFEINE CITRATE, CODEINE		ALLER-AIDE	1	ANTHRASCALP	109
PHOSPHATE		ALLERGENIC EXTRACT NON	103	ANUGESIC HC	108
ACETYLSALICYLIC ACID,	49	POLLENS		ANUSOL HC	108
OXYCODONE HCL		ALLERGENIC EXTRACT POLLENS	103	ANZEMET	88
ACITRETIN	110	ALLERGENIC EXTRACTS	103	APIDRA CARTRIDGE	99
ACLASTA	118	ALLERGY	1	APIDRA SOLOSTAR	99
ACTEMRA	119	ALLERGY FORMULA	1	APIDRA VIAL	99
ACTONEL	118	ALLERGY RELIEF ES	1	APO ENALAPRIL	40
ACTOS	100	ALLERNIX	1	APO-ACEBUTOLOL	33
ACULAR	83	ALLERNIX PLUS	1	APO-ACETAMINOPHEN	54
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APO-ATENIDONE	34	APO-DOXEPIN	59	APO-LORAZEPAM	70
APO-ATENOL	33	APO-DOXY	6	APO-LOVASTATIN	28
APO-ATORVASTATIN	27	APO-ENALAPRIL MALEATE/HCTZ	40	APO-MEDROXY	101
APO-AZATHIOPRINE	120	APO-ERYTHRO	3	APO-MELOXICAM	48
APO-AZITHROMYCIN	3	APO-ERYTHRO BASE	3	APO-METFORMIN	98
APO-BACLOFEN	20	APO-ERYTHRO S	3	APO-METHAZIDE-15	30
APO-BECLOMETHASONE	82	APO-ERYTHRO-S	3	APO-METHAZIDE-25	30
APO-BENZTROPINE	72	APO-FAMCICLOVIR	11	APO-METHOPRAZINE	64
APO-BENZYDAMINE	83	APO-FAMOTIDINE	90	APO-METHOTREXATE	14
APO-BICALUTAMIDE	13	APO-FENOFIBRATE	27	APO-METHYLPHENIDATE	68
APO-BISACODYL	86	APO-FENO-MICRO	27	APO-METHYLPHENIDATE ER	69
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APO-BRIMONIDINE	83	APO-FERROUS GLUCONATE	23	APO-METOCLOP	92
APO-BRIMONIDINE P	83	APO-FERROUS SULFATE FC	23	APO-METOPROLOL	34
APO-BROMAZEPAM	69	APO-FINASTERIDE	117	APO-METOPROLOL SR	34
APO-BROMOCRIPTINE	72	APO-FLECAINIDE	26	APO-METOPROLOL-L	35
APO-CAL 500	77	APO-FLUCONAZOLE	7	APO-MINOCYCLINE	6
APO-CALCITONIN	101	APO-FLUNISOLIDE	82	APO-MIRTAZAPINE	61
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APO-CEFADROXIL	2	APO-FLUVOXAMINE	60	APO-NAPROXEN	48
APO-CEFPROZIL	2	APO-FOLIC ACID	113	APO-NAPROXEN EC	48
APO-CEFUROXIME	2	APO-FOSINOPRIL	40	APO-NIFED PA	37
APO-CEPHALEX	2	APO-FUROSEMIDE	78	APO-NITRAZEPAM	70
APO-CETIRIZINE	1	APO-GABAPENTIN	56	APO-NIZATIDINE	90
APO-CHLOROTHALIDONE	79	APO-GEMFIBROZIL	27	APO-NORFLOX	5
APO-CILAZAPRIL	39	APO-GLICLAZIDE	100	APO-NORTRIPTYLINE	61
APO-CILAZAPRIL HCTZ	39	APO-GLYBURIDE	100	APO-OFLOXACIN	81
APO-CIMETIDINE	89	APO-HALOPERIDOL	64	APO-OLANZAPINE	65
APO-CIPROFLOX	5	APO-HYDRALAZINE	30	APO-OLANZAPINE ODT	64
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METHADONE HCL	51	MIN-OVRAL 21	96	MULTI-PRE AND POST NATAL	115
METHADONE POWDER (PAIN)	51	MIN-OVRAL 28	96	MULTITAR PLUS	110
METHAZOLAMIDE	84	MINOXIDIL	30	MULTI-TAR PLUS MILD	110
METHAZOLAMIDE	84	MINT-AMLODIPINE	36	MULTIVITAMINS (PEDIATRIC)	114
METHOTREXATE	14	MINT-ATENOLOL	33	MULTIVITAMINS (PRENATAL)	115
METHOTREXATE SODIUM	14	MINT-CIPROFLOXACIN	5	MUPIROCIN	104
METHOTRIMEPRAZINE	64	MINT-CITALOPRAM	58	MURO-128	85
METHOXSALEN	110	MINT-ONDANSETRON	89	MYCOBUTIN	8
METHSUXIMIDE	55	MINT-PIOGLITAZONE	100	MYCOPHENOLATE MOFETIL	120
METHYLDOPA	30	MINT-PRAVASTATIN	28	MYCOPHENOLATE SODIUM	120
METHYLDOPA	30	MINT-RISPERIDONE	67	MYDFRIN	83
METHYLDOPA, HYDROCHLOROTHIAZIDE	30	MINT-SIMVASTATIN	29	MYFORTIC	120
METHYLPHENIDATE	68	MINT-TOPIRAMATE	57	MYHEALTH SYRINGE CASE-7	124
METHYLPHENIDATE	68	MIOSTAT	84	MYHEALTH SYRINGE CASE- SINGLE	124
METHYLPHENIDATE HCL	69	MIRAPEX	73	MYLAN ZOLMITRIPTAN	71
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METHYLPREDNISOLONE	95	MIRENA	97	MYLAN-ACEBUTOLOL (TYPE S)	33
METHYLPREDNISOLONE ACETATE	95	MIRTAZAPINE	60	MYLAN-ACYCLOVIR	11
METOCLOPRAMIDE HCL	92	MIRTAZAPINE	61	MYLAN-ALENDRONATE	117
METOLAZONE	79	MISOPROSTOL	90	MYLAN-ALPRAZOLAM	69
METOPROLOL	34	MISOPROSTOL	90	MYLAN-AMANTADINE	8
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METROCREAM	106	MOCLOBEMIDE	61	MYLAN-AMOXICILLIN	3
METROGEL	106	MODAFINIL	69	MYLAN-ANAGRELIDE	25
METROLOTION	106	MODAFINIL	69	MYLAN-ATENOLOL	33
METRONIDAZOLE	12	MODECATE	64	MYLAN-ATORVASTATIN	27
METRONIDAZOLE	12	MOGADON	70	MYLAN-AZATHIOPRINE	120
METRONIDAZOLE, AVOBENZONE, OCTINOXATE	106	MOMETASONE FUROATE	82	MYLAN-AZITHROMYCIN	3
METRONIDAZOLE, NYSTATIN	106	MONISTAT 3	104	MYLAN-BACLOFEN	20
MEVACOR	28	MONISTAT 3 DUAL PAK	104	MYLAN-BECCLO AQ	82
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MIACALCIN	101	MONISTAT 7 DUAL PAK	104	MYLAN-BUDESONIDE AQ	82
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MYLAN-CLARITHROMYCIN	3	MYLAN-SERTRALINE	62	NEULEPTIL	65
MYLAN-CLINDAMYCIN	6	MYLAN-SIMVASTATIN	29	NEUPOGEN	25
MYLAN-CLOBETASOL	107	MYLAN-SOTALOL	36	NEURONTIN	56
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MYLAN-FAMOTIDINE	90	MYLAN-TRAZODONE	62	NICORETTE PLUS	21
MYLAN-FENOFIBRATE	27	MYLAN-VALACYCLOVIR	11	NICOTINE (GUM)	21
MYLAN-FIBRO	27	MYLAN-VALPROIC	57	NICOTINE (INHALER)	21
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MYLAN-GLICLAZIDE	100	MYL-RANITIDINE	90	NIFEDIPINE	37
MYLAN-GLYBE	100	MYOCHRYSINE	93	NILUTAMIDE	14
MYLAN-HYDROXYCHLOROQUINE	12	NABILONE	89	NIMODIPINE	37
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MYLAN-PRAVASTATIN	28	NELFINAVIR MESYLATE	9	NORTRIPTYLINE HCL	61
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NOVO-FLUOXETINE	60	NOVO-OLANZAPINE ODT	64	NU-AMILZIDE	78
NOVO-FLURPROFEN	47	NOVO-ONDANSETRON	89	NU-AMOXI	3
NOVO-FLUVOXAMINE	60	NOVO-OXYBUTYNIN	112	NU-AMPI	4
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NOVO-FURANTOIN	12	NOVO-PAROXETINE	61	NU-AZATHIOPRINE	120
NOVO-GABAPENTIN	56	NOVO-PEN VK	4	NU-BACLO	20
NOVO-GEMFIBROZIL	27	NOVO-PERIDOL	64	NU-BECLOMETHASONE	82
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NOVO-KETOTIFEN	1	NOVO-PREDNISONE	96	NU-CLONAZEPAM	54
NOVO-LAMOTRIGINE	56	NOVO-PROFEN	47	NU-CLONIDINE	30
NOVO-LANSOPRAZOLE	91	NOVO-QUETIAPINE	66	NU-CLOXI	4
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SANDOZ-ANAGRELIDE	25	SANDOZ-SOTALOL	36	SODIUM BICARBONATE	77
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