

Health PEI

P.E.I. Pharmacare Formulary

ONE ISLAND FUTURE



ONE ISLAND HEALTH SYSTEM

Inquiries should be directed to:	
PEI Pharmacare Health PEI P.O. Box 2000, 20 Fitzroy St. Charlottetown, PEI C1A 7N8	

Telephone inquiries should be directed to:	
Client Eligibility Prescriber Eligibility Medication Eligibility Pharmacy Eligibility Pharmacist Eligibility Claim Inquiries Special Authorization Drug Status Formulary Inquiries	1-902-368-4947 Charlottetown 1-877-577-3737 Toll Free in PEI 1-902-368-4905 Fax
Pharmacy Information Program (PhIP) Inquiries and Technical Support Help Desk	628-3772 Charlottetown 1-877-201-6771 Toll Free in PEI 7:00 am to 12:00 midnight 7 days per week

Published by the authority of the Minister of Health and Wellness, Province of Prince Edward Island for the exclusive use of PEI Pharmacare

Updated: October 2012

THE FORMULARY

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

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

It is compiled on behalf of the Minister of Health and Wellness based upon recommendations from either the Atlantic or Canadian Expert Drug Advisory Committees, or the Joint Oncology Drug Review Committee.

Medications in the Formulary are listed by Therapeutic Categories developed by the American Society of Hospital Pharmacists.

The PEI Pharmacare Formulary may be downloaded from the Health PEI website at – www.healthpei.ca/pharmacare

PRINCE EDWARD ISLAND DRUG PROGRAMS

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
Programs Delivered Through Community Retail Pharmacies			
Children-In-Care Program (W)	Persons in temporary or permanent custody of the Director of Child Welfare	All prescription medications. Non-prescription medications approved under the Financial Assistance Program	No fee.
Diabetes Control Program (D)	Persons eligible for PEI Medicare, diagnosed with diabetes, and registered with the program.	Approved insulin products	\$10.00 per 10 mL vial of insulin. \$20.00 per box of insulin cartridges.
		Approved oral diabetes medications	\$11.00 per prescription
		Approved urine testing materials (Diastix and Ketostix)	\$11.00 per prescription
		Approved high cost diabetes medications. Patients must apply for coverage on an annual basis and provide income information to the program.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
		Blood Glucose test strips. Patients must have used insulin within 150 days.	\$11 per dispense. Maximum of 100 strips per 30 days.
Financial Assistance Program (W)	Persons eligible under the Social Assistance Act and Regulations.	Approved prescription and non-prescription medications.	No fee.
Family Health Benefit Program	Families (parents, guardians, and	Approved prescription	The pharmacy professional fee for

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
(F)	children under 25 years of age) eligible for PEI Medicare, with at least one child under 25 years of age who is still attending school full time, and a total annual net family income less than \$24,800, plus \$3,000 for each additional child. Families must apply for coverage on an annual basis and provide income information to the program.	medications.	each prescription obtained.
High Cost Drugs Program (M)	Persons eligible for PEI Medicare and approved for coverage for one or more of the medications included in the program. Patients must apply for coverage on an annual basis and provide income information to the program.	Approved high cost medications.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
Nursing Home Program (N)	Residents in private nursing homes eligible for coverage under the Social Assistance Act.	Approved prescription and non-prescription medications.	No fee.
Quit Smoking Program (Z)	Persons eligible for PEI Medicare and who have registered with the program by phone at 1-888-818-6300.	Approved prescription and non-prescription medications.	The program will pay for the first \$75.00 of prescriptions for approved medications per year. Patients are responsible for all additional medication

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
			costs.
Seniors Drug Cost Assistance Plan (S)	Persons eligible for PEI Medicare and 65 years of age or older. Eligibility is effective upon a person becoming 65 years of age.	Approved prescription medications.	First \$8.25 of the medication cost plus the pharmacy professional fee for each prescription obtained.
Sexually Transmitted Diseases (STD) Program (V)	Persons diagnosed with a sexually transmitted disease or identified contacts of a person diagnosed with a sexually transmitted disease	Approved antibiotics	No fee.
Programs Delivered Through the Provincial Pharmacy Note: Beneficiaries are responsible for arranging for and paying for delivery of medications obtained through the Provincial Pharmacy.			
AIDS/HIV Program (A)	Persons diagnosed as HIV positive, diagnosed with AIDS, or with a non work related needle-stick injury and no private insurance; and registered with the program through the Chief Health Officer.	Approved antiretroviral agents and adjunctive therapies	No fee.
Community Mental Health Program (B)	Approved long-term psychiatric patients living in the community.	Approved long-acting injectable antipsychotic medications provided through out-patient psychiatric programs.	No fee.
Cystic Fibrosis Program	Persons eligible for PEI Medicare, diagnosed with cystic	Approved prescription and non-prescription	No fee.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
(C)	fibrosis, and who are registered with the program.	medications.	
Growth Hormone Program (G)	Children eligible for PEI Medicare, with a proven growth hormone deficiency or Turners Syndrome, and who are registered with the program.	Approved growth hormone supplements.	No fee.
Hepatitis Program (H)	Persons diagnosed with hepatitis C	Intron A (Interferon alfa-2b) injections. Pegatron (peg Interferon alfa-2b and Ribavirin)	No fee
	Persons who have been in close contact with a person diagnosed with hepatitis or are at risk of infection.	Hepatitis A vaccine Hepatitis B vaccine Hepatitis A & B vaccine	No fee
	Persons with an occupational risk of infection.	Hepatitis A vaccine Hepatitis B vaccine Hepatitis A & B vaccine	Vaccine may be purchased at cost.
Immunization Program (I)	Children and persons at risk for exposure to various communicable diseases.	Vaccines for various communicable diseases.	Please contact the local Public Health Nursing office.
Institutional Pharmacy Program (N)	Residents in government manors.	Approved prescription and non-prescription medications.	No fee.
Intron A (Interferon alfa-2b) Program (J)	Persons eligible for PEI Medicare; have been diagnosed with	Intron A (Interferon alfa-2b) injections	No fee. The copay is

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
	with Hairy Cell Leukemia, AIDS-related Kaposi Sarcoma, and Basal Cell Carcinoma; who cannot afford the costs, or who do not have third party coverage; and have been registered with the program through the Chief Health Officer.		reimbursed for persons with private drug insurance.
Meningitis Program (K)	Persons who have been in close contact with a person diagnosed with meningitis or are at risk of infection.	Approved antibiotics	No fee.
Nutrition Services Program (O)	High-risk pregnant women diagnosed with a nutritional deficiency.	Approved vitamin and mineral supplement provided through Community Nutritionists.	No fee.
Phenylketonuria (PKU) Program (P)	Persons eligible for PEI Medicare, diagnosed with phenylketonuria, and who are registered with the program.	Special low protein formulae.	No fee.
Rheumatic Fever Program (U)	Persons eligible for PEI Medicare and who have a well-documented history of rheumatic fever or rheumatic heart disease, and are registered with the program.	Approved prophylactic antibiotics	No fee.
Transplant Drugs Program	Persons eligible for PEI Medicare, who	Approved immunosuppressant	No fee.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits)	Fee
(T)	received a bone marrow or solid organ transplant, and are registered with the program.	medications	
Tuberculosis (TB) Drug Program (X)	Persons diagnosed with tuberculosis or who have been in close contact with a person diagnosed with tuberculosis, and who have registered with the program through the Chief Health Officer.	Approved antibiotics	No fee.
Programs Delivered Through Hospitals			
Erythropoietin Program (E)	Persons eligible for PEI Medicare, have been diagnosed with chronic renal failure or are receiving kidney dialysis.	Approved erythropoietin injections	No fee.
Rabies Program (R)	Persons with exposure to or at risk for exposure to rabies through an animal bite.	Rabies vaccine and immunoglobulin	No fee.

FORMULARY REVIEW PROCESS

The coverage of new pharmaceutical products, new dosage forms and new strengths of existing products, and new uses for existing products must be approved on the authority of the Minister of Health and Wellness. The approval is based, in part, upon review by and recommendations received from either the Canadian Expert Drug Advisory Committee (CEDAC), the Atlantic Expert Advisory Committee (AEAC) or the Joint Oncology Drug Review Process (JODR).

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

National Common Drug Review

PEI Pharmacare is a participant in the national Common Drug Review (CDR). The CDR provides participating federal, provincial and territorial drug benefit programs with a systematic review of the best available clinical evidence, a critique of manufacturer-submitted pharmacoeconomic studies, and a formulary listing recommendation made by the Canadian Expert Drug Advisory Committee (CEDAC).

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

Atlantic Common Drug Review

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

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

PEI Pharmacare
Health PEI
P.O. Box 2000, 20 Fitzroy St.
Charlottetown, PE C1A 7N8

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

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

Joint Oncology Drug Review

PEI is a participant in Pan Canadian Oncology Drug Review (P-CODR) Process. This process provides participating federal, provincial and territorial drug benefit programs with a systematic review of the best available clinical evidence and a formulary listing recommendation for oncology medications by an Expert Advisory Committee.

Submissions for new oncology medications and re-submissions related to these products should be directed through this process. More information on P-CODR please reference the following web site:

<http://www.pcodr.ca>

INTERCHANGEABLE PRODUCTS

The process for adding medications to the PEI Pharmacare Interchangeable/Maximum Reimbursable Price (MRP) list has been revised effective July 1, 2012.

Submission Process

All submissions for the addition of products to the PEI Pharmacare Interchangeable/ Maximum Reimbursable Price (MRP) list must be made electronically by email only. Fax, paper, or CD (compact disk) submissions will not be accepted.

All documents must be in an Adobe Acrobat PDF format.

Submissions must not be made until there is product ready for sale and shipment to PEI pharmacies.

Pre-Notice of Compliance (NOC) submissions will not be accepted.

Complete submissions must be received by 4:00 pm Atlantic Standard Time on the last business day of the previous month and be at a price of no more than 35% of the reference brand price in order to be considered for the next monthly update.

If the price is more than 35% of the reference brand price then the manufacturer must submit, in detail, the reasons and this will be considered. The time frame required to determine eligibility of price exceptions cannot be guaranteed.

Submissions must be sent to: PEI Pharmacare(MRP Submissions)

Health PEI
P.O. Box 2000, 20 Fitzroy St.
Charlottetown, PE C1A 7N8
email: pharmservices@ihis.org

The subject of all email submissions must be "MRP List Submission".

Email submissions must not exceed 5 megabytes in size. Submissions may be sent as compressed "zip" files.

An email confirmation will be sent to manufacturers to notify them that submissions are considered to be complete and to confirm availability and pricing. Questions regarding the submission will also be sent to manufacturers by email.

PEI Pharmacare will not be responsible for any errors in submissions noted by manufacturers after the submission cut-off date (i.e. 4:00 pm on the last business day of the month immediately prior to the update).

Submissions will be reviewed by drug program staff.

Submission Requirements

The following information must be contained in the submission and should be compiled in the following order:

1. Cover Letter or Executive Summary.
2. The name, phone number, and email address of a person that may be contacted regarding the submission.
3. Copy of the Notice of Compliance (NOC) issued by Health Canada or, for drug products without a Notice of Compliance, the Drug Notification Form.
4. At least one of the following types of evidence that each dosage form and strength of the submitted product is interchangeable with the same dosage forms and strengths of the original product:
 - a. The dosage form, strength, formula, manufacturing process, and testing standards of the submitted drug product are **identical** to those of the original drug product to which it is compared (i.e. the new product is an “ultra-generic” of the original drug product).

OR

- b. The drug product is designated by Health Canada as being equivalent to the original product the drug product is being compared with, through designation of the original drug product as the Canadian Reference Product under the *Food and Drug Regulations* (Canada).
5. Copy of the Health Canada approved Product Monograph.
6. Current price for all dosage forms and strengths.
7. A signed letter stating that the manufacturer is able to supply the drug product in quantities sufficient to meet the anticipated demand in the province.
8. A signed letter authorizing unrestricted communication regarding the drug product between PEI Pharmacare and
 - a. Other federal, provincial, and territorial (F/P/T) drug programs
 - b. F/P/T health authorities and related facilities
 - c. Health Canada
 - d. Patented Medicine Prices Review Board (PMPRB)
 - e. Canadian Agency for Drugs and Technologies in Health (CADTH)

Determination of Interchangeability

Products may be designated as being interchangeable with products already covered by PEI Pharmacare if:

1. The new product contains the same amounts of the same active ingredients in a similar dosage form as the listed products.

AND

2. The new product is currently available to all PEI pharmacies in quantities sufficient to meet anticipated demand.

AND

3. The manufacturer provides the following evidence of interchangeability with the listed products:
 - a. The dosage form, strength, formula, manufacturing process, and testing standards of the submitted drug product are **identical** to those of the original drug product to which it is compared (i.e. the new product is an “ultra-generic” of the original drug product).

OR

- b. The drug product is designated by Health Canada as being equivalent to the original product the drug product is being compared with, through designation of the original drug product as the Canadian Reference Product the *Food and Drug Regulations* (Canada).

PEI Pharmacare may refuse to designate a product as being interchangeable, although it meets the above conditions, if drug program staff considers it advisable in the public interest to do so.

Products that have not been designated as being interchangeable may still be listed in the Formulary along with a note specifically indicating they are not interchangeable with other similar products listed in the Formulary.

SUBMISSION REQUIREMENTS FOR BRAND PRODUCTS

All submissions should be made electronically by email only. All documents must be in an Adobe Acrobat PDF format. Due to technical limitations individual email submissions must not exceed 5 megabytes in size. Submissions may be sent as compressed “zip” files.

Submission Requirements

The following information must be contained in the submission and should be compiled in the following order:

1. Cover Letter or Executive Summary.
2. The name, phone number, and email address of a person that may be contacted regarding the submission.
3. Copy of the Notice of Compliance (NOC) issued by Health Canada.
4. Copy of the Health Canada approved Product Monograph.
5. Current price for all dosage forms and strengths.
6. A signed letter stating that the manufacturer is able to supply the drug product in quantities sufficient to meet the anticipated demand in the province.
7. A signed letter authorizing unrestricted communication regarding the drug product between PEI Pharmacare and
 - a. Other federal, provincial, and territorial (F/P/T) drug programs
 - b. F/P/T health authorities and related facilities
 - c. Health Canada
 - d. Patented Medicine Prices Review Board (PMPRB)
 - e. Canadian Agency for Drugs and Technologies in Health (CADTH)
8. A Budget Impact Analysis (BIA).

For More Information

For more information on the submission process, please contact:

B. Roy Cairns
Pharmacy Consultant
Department of Health and Wellness
P.O. Box 2000, 20 Fitzroy St.
Charlottetown, PE C1A 7N8
phone: 902-368-4907
fax: 902-368-4905
email: brcairns@gov.pe.ca

PRODUCT DELETIONS

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

SPECIAL AUTHORIZATION DRUG STATUS

Under the AIDS/HIV, Diabetes Control, Family Health Benefit, Financial Assistance, High Cost Drugs, Institutional Pharmacy, Nursing Home, Seniors , and Transplant Drugs Programs certain drug products may be considered for Special Authorization (SA) coverage under the following circumstances:

1. Therapeutic alternatives listed in the Formulary are contraindicated or have been found to be ineffective; or
2. Drugs for which there is no alternative listed in the Formulary.

SA coverage will not be considered for medications that have not yet been reviewed for coverage by the Atlantic Expert Advisory Committee (AEAC), the Canadian Expert Drug Advisory Committee (CEDAC), the Joint Oncology Drug Review (JODR) or that have received a negative recommendation from one of these expert advisory committees.

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

See Appendix A for further detail regarding the SA process.

"NO-SUBSTITUTION" PRESCRIPTIONS

Both generic and brand name products are manufactured under the same standards of good manufacturing practice, and only those brands which meet accepted standards of equivalence are accepted as interchangeable in Prince Edward Island.

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

In cases where a patient experiences problems with a specific brand of medication (e.g. a documented allergy) and has tried all interchangeable products, a prescriber may apply to PEI Pharmacare for exemption from the cost of the higher cost brand by submitting a completed Special Authorization Request form.

EXTEMPORANEOUS PREPARATIONS

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

To be eligible as a benefit, extemporaneous preparations must:

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

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

Claims for extemporaneous preparations intended for internal use will be considered under Special Authorization Status.

EXCLUSIONS

The following are excluded as benefits under PEI Pharmacare:

- All benefits a person is entitled to under any other provincial or federal program (e.g. Workers Compensation, Department of Veterans Affairs, Indian Affairs, etc.) or legislation.
- The following classes of products, except for those specifically listed in the Formulary:
 - Over-the-counter (OTC) or non-prescription medications (some programs)
 - Dietary and nutritional supplements (e.g. Ensure, Boost)
 - Weight loss products
 - Soaps, cleansers, and shampoos
 - Oral ergoloid mesylates (i.e. Hydergine)
 - Peripheral vasodilators (e.g. Arlidin)
 - Combination anti-spasmodic/sedative products (e.g. Donnatal, Librax, Stelabid)
 - Combination sedative/analgesic products (e.g. Fiorinal, Tecnal)
 - Allergy serums
 - Products for the treatment of impotence or infertility.
 - Diagnostic agents (except diabetes)
 - Prostheses, medical devices and appliances, and medical supplies, including first aid supplies and syringes

PRESCRIPTION QUANTITIES

Based on the negotiated Pharmacy Services Contract between the Province and the PEI Pharmacists' Association and due to possible wastage as well as the potential danger of storing large quantities of potent drugs in the home, all PEI Pharmacare programs have limits on the maximum days supply of drugs that will be paid for at one time. These limits are:

Program	Maximum Allowable Days Supply
Private Nursing Home Program	35
Institutional Pharmacy Program (Gov't Manors)	35
AIDS/HIV Program	60
Children-In-Care Program	30 - regular drugs, 90 - maintenance drugs Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Community Mental Health Program	not applicable
Cystic Fibrosis Program	60
Diabetes Control Program	30 – insulin and test strips 90 - oral medications; 30 - drugs under SA coverage Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Erythropoietin Program	not applicable
Family Health Benefit Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Financial Assistance Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Growth Hormone Program	30
Hepatitis Program	30
High Cost Drugs Program	30, unless otherwise specified in criteria for drug(s).
Immunization Program	not applicable
Intron A Program	30

Program	Maximum Allowable Days Supply
Nutrition Services Program	not applicable
Phenylketonuria Program	60
Rheumatic Fever Program	60
Seniors Drug Cost Assistance Plan	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Sexually Transmitted Diseases Program	not applicable
Smoke Program	7 days – OTC Drugs ; 14 days – Prescription drugs
Transplant Drugs Program	60
Tuberculosis Drug Program	60
Rabies Program	not applicable

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

- a. Antilipemic agents, including statins, fibrates, and bile acid sequestrants.
- b. Oral nonsteroidal anti-inflammatory agents (NSAIDS), as well as Acetaminophen 325 mg & 500mg tablets.
- c. Gastrointestinal agents, including digestants, histamine H2 antagonists, prostaglandins, protectants, and proton pump inhibitors.
- d. Cardiovascular Drugs, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers. Nitroglycerin transdermal patches are not included.
- e. Antihypertensives, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers.
- f. Anticonvulsants, except for Lamotrigine, Topiramate, and Vigabatrin.
- g. Anti-Coagulants
- h. Diuretics
- i. Estrogens/Progestogens, including oral contraceptives and products for the prevention of menopause symptoms.
- j. Tamsulosin for use in benign prostatic hyperplasia (BPH).

- k. Thyroid preparations
- l. Other therapeutic classifications or specific drugs which may be listed following negotiations with the P.E.I. Pharmacists' Association.

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

LEGEND

08:00 ANTI-INFECTIVE AGENTS (1)

08:12.16 ANTIBIOTICS PENICILLINS (2)

***AMOXICILLIN (3)**

250MG CAPSULE (4)

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

CEFUROXIME AXETIL

SEE APPENDIX A FOR SA CRITERIA (9)

250MG TABLET

02212277	CEFTIN (SA) (9)	GLA	FSW
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***METOPROLOL TARTRATE**

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

00497827	BETALOC DURULES	AZE	FSW
00534560	LOPRESOR SR	NVR	FSW

TOPIRAMATE

200MG TABLET

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

Legend Key:

1. Pharmacological-Therapeutic classification
2. Pharmacological-Therapeutic sub-classification
3. Non-proprietary or generic name of the drug. Maintenance drugs are identified by an asterix (*) preceding the generic name.
4. Drug strength and dosage form
5. Drug Identification Number (DIN) assigned by Health Canada or an Identification Number assigned by PEI Pharmacare for billing purposes only.
6. Brand name of the drug
7. Three letter identification code assigned to each manufacturer. The codes are listed in the Formulary.
8. Drug programs for which the product is considered to be a benefit:

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

9. This product requires Special Authorization Status (SA) approval (see Appendix A for SA criteria).
10. The products listed are not interchangeable.
11. Special note regarding the product(s) listed in this section.

04:00.00 ANTIHISTAMINES

CETIRIZINE

10MG TABLET

02223554	REACTINE	PFI	NW
02231603	APO-CETIRIZINE	APX	NW
02315955	EXTRA STRENGTH ALLERGY RELIEF	PMS	NW

DIPHENHYDRAMINE HCL

25MG CAPSULE

00757683	PMS-DIPHENHYDRAMINE	PMS	NW
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50MG CAPSULE

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

02019736	BENADRYL	MCL	NW
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50MG/ML INTRAMUSCULAR INJECTION

00596612	DIPHENHYDRAMINE	SDZ	N
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LORATADINE

10MG TABLET

00782696	CLARITIN	SCH	W
02243880	APO-LORATADINE	APX	W

04:04.16 PIPERAZINE DERIVATIVES

FLUNARIZINE HCL

5MG CAPSULE

02246082	APO-FLUNARIZINE	AAA	FNSW
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08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734	VERMOX	JAN	FNW
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PYRANTEL PAMOATE

125MG TABLET

01944363 COMBANTRIN

PFI NW

50MG/ML ORAL SUSPENSION

01944355 COMBANTRIN

PFI NW

08:12.02 ANTIBIOTICS AMINOGLYCOSIDES**GENTAMICIN SULFATE**

80MG/2ML INJECTION SOLUTION (2ML)

02242652 GENTAMICIN

SDZ FNSW

TOBRAMYCIN

80MG/2ML INJECTION SOLUTION

02241210 TOBRAMYCIN

SDZ CFNSW

08:12.04 ANTIBIOTICS ANTIFUNGALS**FLUCONAZOLE**[SEE APPENDIX A](#) FOR SA CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN SA REQUEST)

50MG TABLET

02236978 NOVO-FLUCONAZOLE (SA)

NOP AFNSW

02237370 APO-FLUCONAZOLE (SA)

APX AFNSW

02245292 MYLAN-FLUCONAZOLE (SA)

MYL AFNSW

02245643 PMS-FLUCONAZOLE (SA)

PMS AFNSW

02281260 CO-FLUCONAZOLE (SA)

COB AFNSW

100MG TABLET

02236979 NOVO-FLUCONAZOLE (SA)

NOP AFNSW

02237371 APO-FLUCONAZOLE (SA)

APX AFNSW

02245293 MYLAN-FLUCONAZOLE (SA)

MYL AFNSW

02245644 PMS-FLUCONAZOLE (SA)

PMS AFNSW

02281279 CO-FLUCONAZOLE (SA)

COB AFNSW

150MG TABLET

02141442 DIFLUCAN (SA)

PFI AFNSW

02241895	APO-FLUCONAZOLE (SA)	APX	AFNSW
02282348	PMS-FLUCONAZOLE (SA)	PMS	AFNSW

ITRACONAZOLE

[SEE APPENDIX A](#) FOR SA CRITERIA

100MG CAPSULE

02047454	SPORANOX (SA)	JAN	FNSW
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KETOCONAZOLE

[SEE APPENDIX A](#) FOR SA CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN SA REQUEST)

200MG TABLET

02231061	NOVO-KETOCONAZOLE (SA)	NOP	AFNSW
02237235	APO-KETOCONAZOLE (SA)	APX	AFNSW

08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEFIXIME

400MG TABLET

00868981	SUPRAX	AVN	V
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CEFPROZIL

[SEE APPENDIX A](#) FOR SA CRITERIA

250MG TABLET

02163659	CEFZIL (SA)	BMS	FNSW
02292998	APO-CEFPROZIL (SA)	APX	FNSW
02293528	RAN-CEFPROZIL (SA)	RAN	FNSW
02302179	SANDOZ-CEFPROZIL (SA)	SDZ	FNSW
02347245	AURO-CEFPROZIL (SA)	ARO	FNSW

500MG TABLET

02163667	CEFZIL (SA)	BMS	FNSW
02293005	APO-CEFPROZIL (SA)	APX	FNSW
02293536	RAN-CEFPROZIL (SA)	RAN	FNSW
02302187	SANDOZ-CEFPROZIL (SA)	SDZ	FNSW
02347253	AURO-CEFPROZIL (SA)	ARO	FNSW

25MG/ML ORAL SUSPENSION

02163675	CEFZIL (SA)	BMS	FNSW
02293943	APO-CEFPROZIL (SA)	APX	FNSW
02329204	RAN-CEFPROZIL (SA)	RAN	FNSW
02303426	SANDOZ-CEFPROZIL (SA)	SDZ	FNSW

50MG/ML ORAL SUSPENSION		
02163683	CEFZIL (SA)	BMS FNSW
02293579	RAN-CEFPROZIL (SA)	RBX FNSW
02293951	APO-CEFPROZIL (SA)	APX FNSW
02303434	SANDOZ-CEFPROZIL (SA)	SDZ FNSW

125MG/5ML SUSPENSION		
02329204	RAN-CEFPROZIL (SA)	RBX FNSW

CEFTRIAZONE

1.0G/VIAL INTRAMUSCULAR INJECTION		
00657417	ROCEPHIN	HLR N
02292270	CEFTRIAZONE FOR INJECTION	SDZ N
02292874	CEFTRIAZONE FOR INJECTION	HOS N
02325616	CEFTRIAZONE FOR INJECTION	STE N

CEFUROXIME AXETIL

[SEE APPENDIX A](#) FOR SA CRITERIA (CYSTIC FIBROSIS AND NURSING HOME PROGRAMS DO NOT REQUIRE AN SA REQUEST)

250MG TABLET		
02212277	CEFTIN (SA)	GSK CFNSW
02242656	RATIO-CEFUROXIME (SA)	RPH CFNSW
02244393	APO-CEFUROXIME (SA)	APX CFNSW
02344823	AURO-CEFUROXIME (SA)	ARO CFNSW

500MG TABLET		
02212285	CEFTIN (SA)	GSK CFNSW
02242657	RATIO-CEFUROXIME (SA)	RPH CFNSW
02244394	APO-CEFUROXIME (SA)	APX CFNSW
02344831	AURO-CEFUROXIME (SA)	ARO CFNSW

25MG/ML ORAL SUSPENSION		
02212307	CEFTIN (SA)	GSK CFNSW

CEPHALEXIN MONOHYDRATE

250MG CAPSULE		
00342084	NOVO LEXIN	NOP FNSW

500MG CAPSULE		
00342114	NOVO LEXIN	NOP FNSW

250MG TABLET		
00583413	NOVO-LEXIN	NOP CFNSW
00768723	APO-CEPHALEX	APX CFNSW

500MG TABLET			
00583421	NOVO-LEXIN	NOP	CFNSW
00768715	APO-CEPHALEX	APX	CFNSW
25MG/ML ORAL SUSPENSION			
00342106	NOVO-LEXIN	NOP	CFNSW
50MG/ML ORAL SUSPENSION			
00342092	NOVO-LEXIN	NOP	CFNSW

08:12.12 ANTIBIOTICS ERYTHROMYCINS

AZITHROMYCIN

[SEE APPENDIX A](#) for SA criteria (AIDS/HIV, Cystic Fibrosis, Sexually Transmitted Diseases and Tuberculosis do not require a SA request)

100MG/5ML			
02332388	SANDOZ-AZITHROMYCIN (SA)	SDZ	ACFNSWVX
200MG/5ML			
02332396	SANDOZ-AZITHROMYCIN (SA)	SDZ	ACFNSWVX
250MG TABLET			
02212021	ZITHROMAX (SA)	PFI	ACFNSWVX
02247423	APO-ZITHROMYCIN (SA)	APX	ACFNSWVX
02255340	CO-ZITHROMYCIN (SA)	COB	ACFNSWVX
02261634	PMS-AZITHROMYCIN (SA)	PMS	ACFNSWVX
02265826	SANDOZ AZITHROMYCIN (SA)	SDZ	ACFNSWVX
02274531	GD-AZITHROMYCIN (SA)	GMD	ACFNSWVX
02275287	RATIO-AZITHROMYCIN (SA)	RPH	ACFNSWVX
02267845	NOVO-AZITHROMYCIN (SA)	NOP	ACFNSWVX
02278359	MYLAN-AZITHROMYCIN (SA)	MYL	ACFNSWVX
02278588	PHL-AZITHROMYCIN (SA)	PHL	ACFNSWVX
02330881	AZITHROMYCIN (SA)	SNS	ACFNSWVX
600MG TABLET			
02231143	ZITHROMYCIN (SA)	PFI	ACFNSWX
02256088	CO-AZITHROMYCIN (SA)	COB	ACFNSWX
02261642	PMS-AZITHROMYCIN (SA)	PMS	ACFNSWX
02330911	AZITHROMYCIN (SA)	SNS	ACFNSWX
20MG/ML ORAL SUSPENSION			
02223716	ZITHROMAX (SA)	PFI	ACFNSWX

02274388	PMS-AZITHROMYCIN (SA)	PMS	ACFNSWX
02315157	NOVO-AZITHROMYCIN (SA)	NOP	ACFNSWX
02332388	SANDOZ-AZITHROMYCIN (SA)	SDZ	ACFNSWX

40MG/ML ORAL SUSPENSION

02223724	ZITHROMAX (SA)	PFI	ACFNSWX
02274396	PMS-AZITHROMYCIN (SA)	PMS	ACFNSWX
02315165	NOVO-AZITHROMYCIN (SA)	NOP	ACFNSWX
02332396	SANDOZ-AZITHROMYCIN (SA)	SDZ	ACFNSWX

CLARITHROMYCIN

[SEE APPENDIX A](#) FOR SA CRITERIA (AIDS/HIV, CYSTIC FIBROSIS, AND NURSING HOME PROGRAMS DO NOT REQUIRE AN SA REQUEST)

250MG TABLET

01984853	BIAXIN (SA)	ABB	AFCNSWX
02247573	PMS-CLARITHROMYCIN (SA)	PMS	AFCNSWX
02247818	RATIO-CLARITHROMYCIN (SA)	RPH	AFCNSWX
02248856	MYLAN-CLARITHROMYCIN (SA)	MYL	AFCNSWX
02266539	SANDOZ CLARITHROMYCIN (SA)	SDZ	AFCNSWX
02274744	APO-CLARITHROMYCIN (SA)	APX	AFCNSWX
02361426	RAN-CLARITHROMYCIN (SA)	RAN	AFCNSWX

500MG TABLET

02126710	BIAXIN (SA)	ABB	AFCNSWX
02247574	PMS-CLARITHROMYCIN (SA)	PMS	AFCNSWX
02247819	RATIO-CLARITHROMYCIN (SA)	RPH	AFCNSWX
02248857	MYLAN-CLARITHROMYCIN (SA)	MYL	AFCNSWX
02266547	SANDOZ-CLARITHROMYCIN (SA)	SDZ	AFCNSWX
02274752	APO-CLARITHROMYCIN (SA)	APX	AFCNSWX
02361434	RAN-CLARITHROMYCIN (SA)	RAN	AFCNSWX

500MG EXTENDED-RELEASE TABLET

02244756	BIAXIN XL (SA)	ABB	CFNSW
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25MG/ML ORAL SUSPENSION

02146908	BIAXIN (SA)	ABB	CFNSWX
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50MG/ML ORAL SUSPENSION

02244641	BIAXIN (SA)	ABB	CFNSWX
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ERYTHROMYCIN BASE

250MG CAPSULE (ENTERIC COATED PELLETS)

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

333MG CAPSULE (ENTERIC COATED PELLETS)			
00873454	ERYC	PFI	CFNSW
01925938	APO-ERYTHRO E-C	AAA	CFNSW
250MG TABLET			
00682020	APO-ERYTHRO	AAA	CFNSVW
ERYTHROMYCIN ESTOLATE			
50MG/ML ORAL SUSPENSION			
00262595	NOVO-RYTHRO ESTOLATE	NOP	CFNSW
ERYTHROMYCIN ETHYLSUCCINATE			
600MG TABLET			
00637416	APO-ERYTHRO ES	AAA	CFNSW
40MG/ML ORAL SUSPENSION			
00605859	NOVO-RYTHRO-EES	NOP	CFNSW
80MG/ML ORAL SUSPENSION			
00652318	NOVO-RYTHRO EES	NOP	CFNSW

08:12.16 ANTIBIOTICS PENICILLINS

AMOXICILLIN

250MG CAPSULE			
00406724	NOVAMOXIN	NOP	CFNSW
00628115	APO-AMOXI	APX	CFNSW
02230243	PMS-AMOXICILLIN	PMS	CFNSW
02238171	MYLAN-AMOXICILLIN	MYL	CFNSW
02352710	AMOXICILLIN	SNS	CFNSW
500MG CAPSULE			
00406716	NOVAMOXIN	NOP	CFNSVW
00628123	APO-AMOXI	APX	CFNSVW
02230244	PMS-AMOXICILLIN	PMS	CFNSVW
02238172	MYLAN-AMOXICILLIN	MYL	CFNSVW
02352729	AMOXICILLIN	SNS	CFNSVW
25MG/ML ORAL SUSPENSION			
00452149	NOVAMOXIN	NOP	CFNSW
00628131	APO-AMOXI	APX	CFNSW
01934171	NOVAMOXIN SUGAR REDUCED	NOP	CFNSW
02230245	PMS-AMOXICILLIN	PMS	CFNSW

02352761	AMOXICILLIN SUGAR REDUCED	SNS	CFNSW
02352745	AMOXICILLIN	SNS	CFNSW

50MG/ML ORAL SUSPENSION

00452130	NOVAMOXIN	NOP	CFNSW
00628158	APO-AMOXI	APX	CFNSW
01934163	NOVAMOXIN SUGAR REDUCED	NOP	CFNSW
02230246	PMS-AMOXICILLIN	PMS	CFNSW
02352788	AMOXICILLIN SUGAR REDUCED	SNS	CFNSW
02352753	AMOXICILLIN	SNS	CFNSW

AMOXICILLIN & CLAVULANIC ACID

250MG & 125MG TABLET

02243350	APO-AMOXI CLAV	APX	CFNSW
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500MG & 125MG TABLET

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

875MG & 125MG TABLET

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

25MG & 6.25MG/ML ORAL SUSPENSION

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

50MG & 12.5MG/ML ORAL SUSPENSION

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

80MG & 11.4MG/ML ORAL SUSPENSION

02238830	CLAVULIN	GSK	CFNSW
02288559	APO-AMOXI CLAV	APX	CFNSW

AMPICILLIN

250MG CAPSULE

00020877	NOVO-AMPICILLIN	NOP	CFNSW
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500MG CAPSULE			
00020885	NOVO-AMPICILLIN	NOP	CFNSW
500MG INJECTION POWDER			
00872652	AMPICILLIN SODIUM FOR INJECTION	NOP	N
CLOXACILLIN			
250MG CAPSULE			
00337765	NOVO-CLOXIN	NOP	CFNSW
500MG CAPSULE			
00337773	NOVO-CLOXIN	NOP	CFNSW
25MG/ML ORAL LIQUID			
00337757	NOVO-CLOXIN	NOP	CFNSW
500MG INJECTION POWDER			
01912429	CLOXACILLIN SODIUM	NOP	N
PENICILLIN V (POTASSIUM)			
300MG TABLET			
00021202	NOVO-PEN VK	NOP	CFNSUW
00642215	APO-PEN VK	APX	CFNSUW
25MG/ML ORAL SOLUTION			
00642223	APO-PEN VK	APX	FW
60MG/ML ORAL SOLUTION			
00391603	NOVO-PEN VK	NOP	CFNSW
00642231	APO-PEN VK	APX	CFNSW

8:12.18 QUINOLONES

CIPROFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA (CYSTIC FIBROSIS, NURSING HOME, AND TUBERCULOSIS PROGRAMS DO NOT REQUIRE AN SA REQUEST)

250MG TABLET			
02155958	CIPRO (SA)	BAY	CFNSWX
02161737	NOVO-CIPROFLOXACIN (SA)	NOP	CFNSWX
02229521	APO-CIPROFLOX (SA)	APX	CFNSWX
02245647	MYLAN-CIPROFLOXACIN (SA)	MYL	CFNSWX
02246825	RATIO-CIPROFLOXACIN (SA)	RPH	CFNSWX

02247339	CO-CIPROFLOXACIN (SA)	COB	CFNSWX
02248437	PMS-CIPROFLOXACIN (SA)	PMS	CFNSWX
02248756	SANDOZ CIPROFLOXACIN (SA)	SDZ	CFNSWX
02303728	RAN-CIPROFLOXACIN (SA)	RAN	CFNSWX
02317427	MINT-CIPROFLOXACIN (SA)	MNT	CFNSWX
02353318	CIPROFLOXACIN (SA)	SNS	CFNSWX
02379627	SEPTA-CIPROFLOXACIN (SA)	SPT	CFNSWX
02379686	MAR-CIPROFLOXACIN (SA)	MAR	CFNSWX
02380358	JAMP-CIPROFLOXACIN (SA)	JPC	CFNSWX
02381907	AURO-CIPROFLOXACIN (SA)	ARO	CFNSWX

500MG TABLET

02155966	CIPRO (SA)	BAY	CFNSWX
02161745	NOVO-CIPROFLOXACIN (SA)	NOP	CFNSWX
02229522	APO-CIPROFLOX (SA)	APX	CFNSWX
02245648	MYLAN-CIPROFLOXACIN (SA)	MYL	CFNSWX
02246826	RATIO-CIPROFLOXACIN (SA)	RPH	CFNSWX
02247340	CO-CIPROFLOXACIN (SA)	COB	CFNSWX
02248438	PMS-CIPROFLOXACIN (SA)	PMS	CFNSWX
02248757	SANDOZ CIPROFLOXACIN (SA)	SDZ	CFNSWX
02303736	RAN-CIPROFLOXACIN (SA)	RAN	CFNSWX
02317435	MINT-CIPROFLOXACIN (SA)	MNT	CFNSWX
02353326	CIPROFLOXACIN (SA)	SNS	CFNSWX
02379635	SEPTA-CIPROFLOXACIN (SA)	SPT	CFNSWX
02379694	MAR-CIPROFLOXACIN (SA)	MAR	CFNSWX
02380366	JAMP-CIPROFLOXACIN (SA)	JPC	CFNSWX
02381923	AURO-CIPROFLOXACIN (SA)	ARO	CFNSWX

750MG TABLET

02155974	CIPRO (SA)	BAY	FNSW
02161753	NOVO-CIPROFLOXACIN (SA)	NOP	FNSW
02229523	APO-CIPROFLOX (SA)	APX	FNSW
02245649	MYLAN-CIPROFLOXACIN (SA)	MYL	FNSW
02246827	RATIO-CIPROFLOXACIN (SA)	RPH	FNSW
02247341	CO-CIPROFLOXACIN (SA)	COB	FNSW
02248439	PMS-CIPROFLOXACIN (SA)	PMS	FNSW
02248758	SANDOZ-CIPROFLOXACIN (SA)	SDZ	FNSW
02303744	RAN-CIPROFLOXACIN (SA)	RAN	FNSW
02317443	MINT-CIPROFLOXACIN (SA)	MNT	FNSW
02353334	CIPROFLOXACIN (SA)	SNS	FNSW
02379643	SEPTA-CIPROFLOXACIN (SA)	SPT	FNSW
02379708	MAR-CIPROFLOXACIN (SA)	MAR	FNSW
02380374	JAMP-CIPROFLOXACIN (SA)	JPC	FNSW
02381931	AURO-CIPROFLOXACIN (SA)	ARO	FNSW

100MG/ML ORAL SUSPENSION
02237514 CIPRO (SA) BAY FNSW

1000MG EXTENDED-RELEASE TABLET
02251787 CIPRO XL (SA) BAY FNSW

LEVOFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA (CYSTIC FIBROSIS AND NURSING HOME PROGRAMS DO NOT REQUIRE AN SA REQUEST)

250MG TABLET

02236841	LEVAQUIN (SA)	JAN	CFNSW
02248262	NOVO-LEVOFLOXACIN (SA)	NOP	CFNSW
02284677	PMS-LEVOFLOXACIN (SA)	PMS	CFNSW
02284707	APO-LEVOFLOX (SA)	APX	CFNSW
02298635	SANDOZ-LEVOFLOXACIN (SA)	SDZ	CFNSW
02313979	MYLAN-LEVOFLOXACIN (SA)	MYL	CFNSW
02315424	CO-LEVOFLOXACIN (SA)	COB	CFNSW

500MG TABLET

02236842	LEVAQUIN (SA)	JAN	CFNSW
02248263	NOVO-LEVOFLOXACIN (SA)	NOP	CFNSW
02284685	PMS-LEVOFLOXACIN (SA)	PMS	CFNSW
02284715	APO-LEVOFLOX (SA)	APX	CFNSW
02298643	SANDOZ-LEVOFLOXACIN (SA)	SDZ	CFNSW
02313987	MYLAN-LEVOFLOXACIN (SA)	MYL	CFNSW
02315432	CO-LEVOFLOXACIN (SA)	COB	CFNSW

750MG TABLET

02246804	LEVAQUIN (SA)	JAN	CFNSW
02285649	NOVO-LEVOFLOXACIN (SA)	NOP	CFNSW
02298651	SANDOZ-LEVOFLOXACIN (SA)	SDZ	CFNSW
02305585	PMS-LEVOFLOXACIN (SA)	PMS	CFNSW
02315440	CO-LEVOFLOXACIN (SA)	COB	CFNSW
02325942	APO-LEVOFLOX (SA)	APX	CFNSW

MOXIFLOXACIN HCL

[SEE APPENDIX A](#) FOR SA CRITERIA (CYSTIC FIBROSIS AND NURSING HOME PROGRAMS DO NOT REQUIRE AN SA REQUEST)

400MG TABLET

02242965 AVELOX (SA) BAY FNSW

NORFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

400MG TABLET

02229524	APO-NORFLOX (SA)	APX	FNSW
02237682	NOVO-NORFLOXACIN (SA)	NOP	FNSW
02246596	PMS-NORFLOXACIN (SA)	PMS	FNSW
02269627	CO-NORFLOXACIN (SA)	COB	FNSW

OFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

200MG TABLET

02231529	APO-OFLOX (SA)	AAA	FNSW
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300MG TABLET

02231531	APO-OFLOX (SA)	AAA	FNSW
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400MG TABLET

02231532	APO-OFLOX (SA)	AAA	FNSW
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08:12.20 SULFONAMIDES

SULFAMETHOXAZOLE & TRIMETHOPRIM

400MG & 80MG TABLET

00445274	APO-SULFATRIM	APX	AFCNSWX
00510637	NOVO-TRIMEL	NOP	AFCNSWX

800MG & 160MG TABLET

00445282	APO-SULFATRIM DS	APX	AFCNSWX
00510645	NOVO-TRIMEL DS	NOP	AFCNSWX

40MG & 8MG/ML ORAL SUSPENSION

00726540	NOVO-TRIMEL	NOP	AFCNSWX
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08:12.24 ANTIBIOTICS TETRACYCLINES

DOXYCYCLINE

100MG CAPSULE

00024368	VIBRAMYCIN	PFI	CFNSVWX
00725250	NOVO-DOXYLIN	NOP	CFNSVWX
00740713	APO-DOXY	APX	CFNSVWX
00817120	DOXYCIN	RIV	CFNSVWX
02351234	DOXYCYCLINE	SNS	CFNSVWX

100 MG TABLET

00860751	DOXYCIN	RIV	FNSVW
00874256	APO-DOXY	APX	FNSVW
02158574	NOVO-DOXYLIN	NOP	FNSVW
02351242	DOXYCYCLINE	SNS	FNSVW

MINOCYCLINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

50MG CAPSULE

02084090	APO-MINOCYCLINE (SA)	APX	FW
02108143	NOVO-MINOCYCLINE (SA)	NOP	FW
02173514	MINOCIN (SA)	GSK	FW
02230735	MYLAN-MINOCYCLINE (SA)	MYL	FW
02237313	SANDOZ-MINOCYCLINE (SA)	SDZ	FW
02239238	PMS-MINOCYCLINE (SA)	PMS	FW
02294419	PMS-MINOCYCLINE (SA)	PMS	FW
02287226	MINOCYCLINE (SA)	SNS	FW

100 MG CAPSULE

02084104	APO-MINOCYCLINE (SA)	APX	FW
02108151	NOVO-MINOCYCLINE (SA)	NOP	FW
02230736	MYLAN-MINOCYCLINE (SA)	MYL	FW
02237314	SANDOZ-MINOCYCLINE (SA)	SDZ	FW
02239239	PMS-MINOCYCLINE (SA)	PMS	FW
02294427	PMS-MINOCYCLINE (SA)	PMS	FW
02287234	MINOCYCLINE (SA)	SNS	FW

TETRACYCLINE

250MG CAPSULE

00580929	APO-TETRA	AAA	CFNSW
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8:12.28 ANTIBIOTICS OTHER ANTIBIOTICS

CLINDAMYCIN HCL

150MG CAPSULE

00030570	DALACIN C	PFI	CFNSW
02241709	TEVA-CLINDAMYCIN	NOP	CFNSW
02245232	APO-CLINDAMYCIN	APX	CFNSW
02258331	MYLAN-CLINDAMYCIN	MYL	CFNSW

300MG CAPSULE

02182866	DALACIN C	PFI	CFNSW
02241710	NOVO-CLINDAMYCIN	NOP	CFNSW
02245233	APO-CLINDAMYCIN	APX	CFNSW
02258358	MYLAN-CLINDAMYCIN	MYL	CFNSW

CLINDAMYCIN PALMITATE HCL

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PFI	FNSW
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LINEZOLID

[SEE APPENDIX A](#) FOR SA CRITERIA

600MG TABLET

02243684	ZYVOXAM (SA)	PFI	FNSW
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VANCOMYCIN HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

125MG CAPSULE

00800430	VANCOCIN (SA)	MRS	FNSW
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250MG CAPSULE

00788716	VANCOCIN (SA)	MRS	FNSW
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08:14.00 ANTIFUNGALS

NYSTATIN

500,000U TABLET

02194198	RATIO-NYSTATIN	RPH	AFNSW
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100,000U/ML ORAL SUSPENSION

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

TERBINAFINE[SEE APPENDIX A](#) FOR SA CRITERIA

250MG TABLET

02239893	APO-TERBINAFINE (SA)	APX	AFNSW
02240807	PMS-TERBINAFINE (SA)	PMS	AFNSW
02242503	MYLAN-TERBINAFINE (SA)	MYL	AFNSW
02240346	NOVO-TERBINAFINE (SA)	NOP	AFNSW
02254727	CO-TERBINAFINE (SA)	COB	AFNSW
02262177	SANDOZ-TERBINAFINE (SA)	SDZ	AFNSW
02294273	PMS-TERBINAFINE (SA)	PMS	AFNSW
02320134	AURO-TERBINAFINE (SA)	ARO	AFNSW
02352818	GD-TERBINAFINE (SA)	GMD	AFNSW
02353121	TERBINAFINE (SA)	SNS	AFNSW
02357070	JAMP-TERBINAFINE (SA)	JPC	AFNSW

08:16.00 ANTITUBERCULOSIS AGENTS**ETHAMBUTOL**

100MG TABLET

00247960	ETIBI	VAL	AX
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400MG TABLET

00247979	ETIBI	VAL	AX
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ISONIAZID

300MG TABLET

00272655	ISOTAMINE	VAL	AX
00577804	PMS-ISONIAZID	PMS	AX

10MG/ML ORAL SYRUP

00265500	ISOTAMINE	VAL	AX
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PYRAZINAMIDE

500MG TABLET

00283991	TEBRAZID	VAL	X
00618810	PMS-PYRAZINAMIDE	PMS	X

RIFABUTIN

150MG CAPSULE

02063786	MYCOBUTIN	PFI	AX
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RIFAMPIN

150MG CAPSULE

00393444	ROFACT	VAL	AKX
02091887	RIFADIN	AVN	AKX

300MG CAPSULE

00343617	ROFACT	VAL	AKX
02092808	RIFADIN	AVN	AKX

8:16.92 MISCELLANEOUS ANTIMYCOBACTERIALS

DAPSONE

100MG TABLET

02041510	AVLOSULFON	JAC	A
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8:18.00 ANTIVIRALS

ACYCLOVIR

200MG TABLET

00634506	ZOVIRAX	GSK	AFNSW
02078627	RATIO-AVIRAX	RPH	AFNSW
02207621	APO-ACYCLOVIR	APX	AFNSW
02242784	MYLAN-ACYCLOVIR	MYL	AFNSW
02285959	NOVO-ACYCLOVIR	NOP	AFNSW
02286556	ACYCLOVIR	SNS	AFNSW

400MG TABLET

01911627	ZOVIRAX	GSK	AFNSW
02078635	RATIO-AVIRAX	RPH	AFNSW
02207648	APO-ACYCLOVIR	APX	AFNSW
02242463	MYLAN-ACYCLOVIR	MYL	AFNSW
02285967	NOVO-ACYCLOVIR	NOP	AFNSW
02286564	ACYCLOVIR	SNS	AFNSW

800MG TABLET

01911635	ZOSTAB PAC	GSK	AFNSW
02078651	RATIO-AVIRAX	RPH	AFNSW
02207656	APO-ACYCLOVIR	APX	AFNSW
02242464	MYLAN-ACYCLOVIR	MYL	AFNSW
02285975	NOVO-ACYCLOVIR	NOP	AFNSW

02286572 ACYCLOVIR SNS AFNSW

FAMCICLOVIR

125MG TABLET

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

250MG TABLET

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

500MG TABLET

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

VALACYCLOVIR

500MG CAPLET

02219492	VALTREX	GSK	AFNSW
02295822	APO-VALACYCLOVIR	APX	AFNSW
02298457	PMS-VALACYCLOVIR	PMS	AFNSW
02331748	CO-VALACYCLOVIR	COB	AFNSW
02351579	MYLAN-VALACYCLOVIR	MYL	AFNSW

VALGANCICLOVIR

[SEE APPENDIX A](#) FOR SA CRITERIA

450MG TABLET

02245777	VALCYTE (SA)	HLR	AT
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8:18.04 ADAMANTANES

AMANTADINE HCL

10MG/ML SYRUP

02022826	PMS-AMANTADINE	PMS	FNSW
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100MG CAPSULE

01990403

PMS-AMANTADINE

PMS FNSW

02139200

MYLAN-AMANTADINE

MYL FNSW

08:18.08.04 ANTIRETROVIRAL AGENTS (HIV ENTRY AND FUSION INHIBITORS)

ENFUVRTIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

90MG/ML INJECTION KIT

02247725

FUZEON (SA)

HLR A

MARAVIROX

150MG TABLET

02299844

CELSENTRI

VII A

300MG TABLET

02299852

CELSENTRI

VII A

08:18.08.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

ATAZANAVIR

150MG CAPSULE

02248610

REYATAZ

BMS A

200MG CAPSULE

02248611

REYATAZ

BMS A

300MG CAPSULE

02294176

REYATAZ

BMS A

DAURNAVIR

[SEE APPENDIX A](#) FOR SA CRITERIA

300MG TABLET

02284057

PREZISTA (SA)

JAN A

400MG TABLET

02324016

PREZISTA (SA)

JAN A

200MG CAPSULE (ENTERIC COATED BEADLET)
02244597 VIDEX EC BMS A

250MG CAPSULE (ENTERIC COATED BEADLET)
02244598 VIDEX EC BMS A

400MG CAPSULE (ENTERIC COATED BEADLET)
02244599 VIDEX EC BMS A

EFAVIRENZ & EMBRICITABINE & TENOFOVIR

600MG & 200MG & 300MG TABLET
02300699 ATRIPLA BMS A

LAMIVUDINE

150MG TABLET
02192683 3TC VII A

300MG TABLET
02247825 3TC VII A

LAMIVUDINE & ZIDOVUDINE

150MG & 300MG TABLET
02239213 COMBIVIR VII A

02375540 APO-LAMIVUDINE/ZIDOVUDINE APX A

02387247 TEVA-LAMIVUDINE/ZIDOVUDINE TEV A

STAVUDINE

15MG CAPSULE
02216086 ZERIT BMS A

20MG CAPSULE
02216094 ZERIT BMS A

30MG CAPSULE
02216108 ZERIT BMS A

40MG CAPSULE
02216116 ZERIT BMS A

TENOFOVIR

300MG TABLET
02247128 VIREAD GIL A

TENOFOVIR & EMTRICITABINE

300MG & 200MG TABLET

02274906 TRUVADA GIL A

ZIDOVUDINE (AZT)

100MG CAPSULE

01902660 RETROVIR VII A

01946323 APO-ZIDOVUDINE APX A

8:18:20 INTERFERONS

INTERFERON ALFA-2B

[SEE APPENDIX A](#) FOR SA CRITERIA

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

02238674 INTRON A (SA) MSD HJ

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

02238675 INTRON A (SA) MSD HJ

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

02240693 INTRON A (SA) MSD HJ

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

02240694 INTRON A (SA) MSD HJ

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

02240695 INTRON A (SA) MSD HJ

PEGINTERFERON ALFA-2A

[SEE APPENDIX A](#) FOR SA CRITERIA

180UG/ML INJECTION (VIAL)

02248078 PEGASYS (SA) HLR H

180UG/0.5ML PRE-FILLED SYRINGE

02248077 PEGASYS (SA) HLR H

PEGINTERFERON ALFA-2A & RIBAVIRIN

[SEE APPENDIX A](#) FOR SA CRITERIA

180UG/0.5ML VIAL & 200 MG TABLET

02253410 PEGASYS RBV (SA) HLR H

180UG/0.5ML PRE-FILLED SYRINGE & 200 MG TABLET			
02253429	PEGASYS RBV(SA)	HLR	H

PEGINTERFERON ALFA-2B & RIBAVIRIN

[SEE APPENDIX A](#) FOR SA CRITERIA

80UG/0.5ML PEN & 200MG CAPSULE			
02254581	PEGETRON REDIPEN (SA)	MSD	H

100UG/0.5ML PEN & 200MG CAPSULE			
02254603	PEGETRON REDIPEN (SA)	MSD	H

120UG/0.5ML PEN & 200MG CAPSULE			
02254638	PEGETRON REDIPEN (SA)	MSD	H

150UG/0.5ML PEN & 200MG CAPSULE			
02254646	PEGETRON REDIPEN (SA)	MSD	H

08:30.08 ANTIMALARIALS

HYDROXYCHLOROQUINE SULFATE

200MG TABLET

02017709	PLAQUENIL	AVN	FNSW
02246691	APO-HYDROXYQUINE	APX	FNSW
02252600	MYLAN-HYDROXYCHLOROQUINE	MYL	FNSW

QUININE SULFATE

200MG CAPSULE

00021008	NOVO-QUININE	NOP	FNSW
00695440	QUININE-ODAN	ODN	FNSW
02254514	APO-QUININE	APX	FNSW

300MG CAPSULE

00021016	NOVO-QUININE	NOP	FNSW
00695459	QUININE-ODAN	ODN	FNSW
02254522	APO-QUININE	APX	FNSW

08:30.92 MISCELLANEOUS ANTIPROTOZOALS

METRONIDAZOLE

250MG TABLET

00545066	APO-METRONIDAZOLE	AAA	CFNSW
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08:36.00 URINARY ANTI INFECTIVES

NITROFURANTOIN

50MG CAPSULE (MACROCRYSTALS)
02231015 NOVO-FURANTOIN NOP **FNSW**

100MG CAPSULE (MACROCRYSTALS)
02231016 NOVO-FURANTOIN NOP **FNSW**

50MG TABLET
00319511 APO-NITROFURANTOIN AAA **FNSW**

100MG TABLET
00312738 APO-NITROFURANTOIN AAA **FNSW**

TRIMETHOPRIM

100MG TABLET
02243116 APO-TRIMETHOPRIM AAA **FNSW**

200MG TABLET
02243117 APO-TRIMETHOPRIM AAA **FNSW**

10:00.00 ANTINEOPLASTIC AGENTS

ANASTROZOLE

1MG TABLET
02224135 ARIMIDEX AZE **FNSW**

BICALUTAMIDE

50MG TABLET
02184478 CASODEX AZE **FNSW**

02270226 NOVO-BICALUTAMIDE NOP **FNSW**

02274337 CO-BICALUTAMIDE COB **FNSW**

02275589 PMS-BICALUTAMIDE PMS **FNSW**

02276089 SANDOZ-BICALUTAMIDE SDZ **FNSW**

02277700 RATIO-BICALUTAMIDE RPH **FNSW**

02296063 APO-BICALUTAMIDE APX **FNSW**

02302403 MYLAN-BICALUTAMIDE MYL **FNSW**

02325985 BICALUTAMIDE ACH **FNSW**

02357216 JAMP-BICALUTAMIDE JPC **FNSW**

02371324 RAN-BICALUTAMIDE RAN FNSW

BUSULFAN

2MG TABLET
00004618 MYLERAN TRI FNSW

CAPECITABINE

[SEE APPENDIX A](#) FOR SA CRITERIA

150MG TABLET
02238453 XELODA (SA) HLR M

500MG TABLET
02238454 XELODA (SA) HLR M

CHLORAMBUCIL

2MG TABLET
00004626 LEUKERAN TRI FNSW

CYCLOPHOSPHAMIDE

25MG TABLET
02241795 PROCYTOX BAX FNSW

50MG TABLET
02241796 PROCYTOX BAX FNSW

CYPROTERONE ACETATE

50MG TABLET
00704431 ANDROCUR BAY FNSW
02245898 APO-CYPROTERONE AAA FNSW

DASATINIB

[SEE APPENDIX A](#) FOR SA CRITERIA

20 MG TABLET
02293129 SPRYCEL (SA) BMS M

50 MG TABLET
02293137 SPRYCEL (SA) BMS M

70 MG TABLET
02293145 SPRYCEL (SA) BMS M

ERLOTINIB

[SEE APPENDIX A](#) FOR SA CRITERIA

25 MG TABLET
02269007 TARCEVA (SA) HLR M

100 MG TABLET 02269015	TARCEVA (SA)	HLR	M
150 MG TABLET 02269023	TARCEVA (SA)	HLR	M
EXEMESTANE			
25MG TABLET 02242705	AROMASIN	PFI	FNSW
02390183	CO-EXEMESTANE	COB	FNSW
FLUDARABINE PHOSPHATE			
SEE APPENDIX A FOR SA CRITERIA			
10 MG TABLET 02246226	FLUDARA (SA)	AVN	M
FLUTAMIDE			
250MG TABLET 00637726	EUFLEX	MSD	FNSW
02230089	NOVO-FLUTAMIDE	NOP	FNSW
02230104	PMS-FLUTAMIDE	PMS	FNSW
02238560	APO-FLUTAMIDE	APX	FNSW
HYDROXYUREA			
500MG CAPSULE 00465283	HYDREA	BMS	FNSW
02242920	MYLAN-HYDROXYUREA	MYL	FNSW
02343096	HYDROXYUREA	SNS	FNSW
IMATINIB			
SEE APPENDIX A FOR SA CRITERIA			
100MG TABLET 02253275	GLEEVEC (SA)	NVR	M
400MG TABLET 02253283	GLEEVEC (SA)	NVR	M
LETROZOLE			
2.5MG TABLET 02231384	FEMARA	NVR	FNSW
02309114	PMS-LETROZOLE	PMS	FNSW
02322315	MED-LETROZOLE	GMP	FNSW
02338459	LETROZOLE USP	ACH	FNSW
02344815	SANDOZ-LETROZOLE	SDZ	FNSW

02347997	LETROZOLE	TEV	FNSW
02348969	LETROZOLE	COB	FNSW
02358514	APO-LETROZOLE	APX	FNSW
02372169	MYL-LETROZOLE	MYL	FNSW
02372282	RAN-LETROZOLE	RAN	FNSW
02373009	JAMP-LETROZOLE	JPC	FNSW
02373424	MAR-LETROZOLE	MAR	FNSW

LEUPROLIDE ACETATE

3.75MG/ML DEPOT INJECTION

00884502	LUPRON DEPOT	ABB	G
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7.5MG/ML DEPOT INJECTION (**NOT INTERCHANGEABLE**)

00836273	LUPRON DEPOT	ABB	FGNSW
02248239	ELIGARD	AVN	FGNSW

11.25MG DEPOT INJECTION

02239834	LUPRON DEPOT	ABB	FNSW
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22.5MG/ML DEPOT INJECTION (**NOT INTERCHANGEABLE**)

02230248	LUPRON DEPOT	ABB	FNSW
02248240	ELIGARD	AVN	FNSW

45MG DEPOT INJECTION

02268892	ELIGARD	AVN	FNSW
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MEDROXYPROGESTERONE ACETATE

100MG TABLET

00030945	PROVERA	PFI	FNSW
02267640	APO-MEDROXY	APX	FNSW

MEGESTROL ACETATE

[SEE APENDIX A](#) FOR SA CRITERIA (AIDS/HIV PROGRAM DOES NOT REQUIRE AN SA REQUEST)

40MG TABLET

02195917	MEGESTROL (SA)	AAA	AFNSW
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160MG TABLET

02195925	APO-MEGESTROL (SA)	AAA	FNSW
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40MG/ML ORAL SUSPENSION

02168979	MEGACE OS (SA)	BMS	FNSW
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MELPHALAN

2MG TABLET

00004715 ALKERAN TRI **FNSW****MERCAPTOPURINE**

50MG TABLET

00004723 PURINETHOL NOP **FNSW****METHOTREXATE**

2.5MG TABLET

02170698 METHOTREXATE WAY **FNSW**02182963 METHOTREXATE HOS **FNSW**02244798 RATIO-METHOTREXATE SODIUM RPH **FNSW**

10MG TABLET

02182750 METHOTREXATE HOS **FNSW**

25MG/ML INJECTION SOLUTION

02099705 METHOTREXATE NOP **FNSW**02182777 METHOTREXATE HOS **FNSW**02182955 METHOTREXATE/PF HOS **FNSW****NILUTAMIDE**[SEE APPENDIX A](#) FOR SA CRITERIA

50 MG TABLET

02221861 ANANDRON (SA) AVN **FNSW****RITUXIMAB**[SEE APPENDIX A](#) FOR SA CRITERIA

10MG/ML VIAL

02241927 RITUXAN (SA) HLR **M****SUNITINIB MALATE**[SEE APPENDIX A](#) FOR SA CRITERIA

12.5 MG CAPSULE

02280795 SUTENT (SA) PFI **M**

25 MG CAPSULE

02280809 SUTENT (SA) PFI **M**

50 MG CAPSULE

02280817 SUTENT (SA) PFI **M**

TAMOXIFEN CITRATE

10MG TABLET

00812404	APO-TAMOX	APX	FNSW
00851965	NOVO-TAMOXIFEN	NOP	FNSW
02088428	MYLAN-TAMOXIFEN	MYL	FNSW

20MG TABLET

00812390	APO-TAMOX	APX	FNSW
00851973	NOVO-TAMOXIFEN	NOP	FNSW
02048485	NOLVADEX D	AZE	FNSW
02089858	MYLAN-TAMOXIFEN	MYL	FNSW

TEMOZOLOMIDE

5MG TABLET

02241093	TEMODAL	MSD	FNSW
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20MG TABLET

02241094	TEMODAL	MSD	FNSW
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100MG TABLET

02241095	TEMODAL	MSD	FNSW
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140MG TABLET

02312794	TEMODAL	MSD	FNSW
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250MG TABLET

02241096	TEMODAL	MSD	FNSW
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THIOGUANINE

40MG TABLET

00282081	LANVIS	TRI	FNSW
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TRIPTORELIN

3.75MG INTRAMUSCULAR INJECTION

02240000	TRELSTAR	PAL	FNSW
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11.25MG INTRAMUSCULAR INJECTION

02243856	TRELSTAR LA	PAL	FNSW
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12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

10MG TABLET

01947958 DUVOID SHR **FNSW**

25MG TABLET

01947931 DUVOID SHR **FNSW**

50MG TABLET

01947923 DUVOID SHR **FNSW**

DONEPEZIL

SEE CHOLINESTERASE INHIBITORS IN APPENDIX A FOR SA CRITERIA

[SEE APPENDIX A](#) FOR SA CRITERIA

5MG TABLET

02232043 ARICEPT (SA) PFI **FNSW**

10MG TABLET

02232044 ARICEPT (SA) PFI **FNSW**

GALANTAMINE

SEE CHOLINESTERASE INHIBITORS IN APPENDIX A FOR SA CRITERIA

[SEE APPENDIX A](#) FOR SA CRITERIA

8MG EXTENDED RELEASE CAPSULE

02266717 REMINYL ER (SA) JAN **FNSW**

02316943 PAT-GALANTAMINE ER (SA) PAT **FNSW**

02339439 MYLAN-GALANTAMINE (SA) MYL **FNSW**

02377950 TEVA-GALANTAMINE ER (SA) TEV **FNSW**

16MG EXTENDED RELEASE CAPSULE

02266725 REMINYL ER (SA) JAN **FNSW**

02316951 PAT-GALANTAMINE ER (SA) PAT **FNSW**

02339447 MYLAN-GALANTAMINE (SA) MYL **FNSW**

02377969 TEVA-GALANTAMINE ER (SA) TEV **FNSW**

24MG EXTENDED RELEASE CAPSULE

02266733 REMINYL ER (SA) JAN **FNSW**

02316978 PAT-GALANTAMINE ER (SA) PAT **FNSW**

02339455 MYLAN-GALANTAMINE (SA) MYL **FNSW**

02377977 TEVA-GALANTAMINE ER (SA) TEV **FNSW**

02306069	PMS-RIVASTIGMINE (SA)	PMS	FNSW
02324601	SANDOZ-RIVASTIGMINE (SA)	SDZ	FNSW
02306026	NOVO-RIVASTIGMINE (SA)	NOP	FNSW
02311313	RATIO-RIVASTIGMINE (SA)	RPH	FNSW
02336758	APO-RIVASTIGMINE (SA)	APX	FNSW

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ATROPINE SULFATE

0.6MG/ML INJECTION SOLUTION (1ML)

00392693	ATROPINE SULFATE	SDZ	N
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DICYCLOMINE HCL

2MG/ML SYRUP

02102978	BENTYLOL	AXC	FNSW
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10MG TABLET

02103087	BENTYLOL	AXC	FNSW
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20MG TABLET

02103095	BENTYLOL	AXC	FNSW
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HYOSCINE BUTYLBROMIDE

10MG TABLET

00363812	BUSCOPAN	BOE	FNSW
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IPRATROPIUM BROMIDE

200UG/DOSE INHALER AEROSOL (200 DOSE)

02247686	ATROVENT HFA	BOE	CFNSW
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0.25MG/ML INHALATION SOLUTION (20ML)

02126222	APO-IPRAVENT	APX	CFNSW
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02210479	NOVO-IPRAMIDE	NOP	CFNSW
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02231136	PMS-IPRATROPIUM	PMS	CFNSW
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02239131	MYLAN-IPRATROPIUM	MYL	CFNSW
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0.0125% INHALATION SOLUTION NEBULE (2ML)

02097176	RATIO-IPRATROPIUM UDV	RPH	FNSW
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02231135	PMS-IPRATROPIUM	PMS	FNSW
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0.025% INHALATION SOLUTION NEBULE (2ML)

02097168	RATIO-IPRATROPIUM UDV	RPH	FNSW
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02216221	MYLAN-IPRATROPIUM	MYL	FNSW
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02231245	PMS-IPRATROPIUM	PMS	FNSW
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0.03% NASAL SPRAY - 345 DOSES			
02163705	ATROVENT NASAL SPRAY	BOE	CFNSW
02239627	PMS-IPRATROPIUM	PMS	CFNSW

IPRATROPIUM & SALBUTAMOL

1.0MG & 0.2MG PER ML INHALATION SOLUTION NEBULE (2.5ML)			
02231675	COMBIVENT	BOE	FNSW
02243789	RATIO-IPRA SAL UDV	RPH	FNSW
02272695	MYLAN-COMBO STERINEBS	MYL	FNSW

PINAVERIUM BROMIDE

50MG TABLET			
01950592	DICETEL	SLV	FNSW
100MG TABLET			
02230684	DICETEL	SLV	FNSW

SCOPOLAMINE HYDROBROMIDE

0.4MG/ML INJECTION SOLUTION (1ML)			
00541869	SCOPOLAMINE	HOS	N

TIOTROPIUM BROMIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

18UG/INHALATION POWDER CAPSULE			
02246793	SPIRIVA (SA)	BOE	FNSW

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE HCL

1MG/ML INJECTION SOLUTION (1ML)			
00721891	EPINEPHRINE INJECTION USP	HOS	IN
00155357	ADRENALINE CHLORIDE	ERF	IN

0.15MG PER DOSE AUTO-INJECTOR (NOT INTERCHANGEABLE)

[SEE APPENDIX A](#) FOR SA CRITERIA

00578657	EPIPEN JR. (SA)	ALX	FW
02268205	TWINJECT (SA)	PAL	FW

0.3MG PER DOSE AUTO-INJECTOR (NOT INTERCHANGEABLE)

[SEE APPENDIX A](#) FOR SA CRITERIA

00509558	EPIPEN (SA)	ALX	FW
02247310	TWINJECT (SA)	PAL	FW

FORMOTEROL FUMARATE

[SEE APPENDIX A](#) FOR SA CRITERIA

12UG/DOSE AEROSOL POWDER CAPSULE

02230898 FORADIL (SA) NVR **FNSW**

6UG/DOSE INHALER POWDER

02237225 OXEZE TURBUHALER (SA) AZE **FNSW**

12UG/DOSE INHALER POWDER

02237224 OXEZE TURBUHALER (SA) AZE **FNSW**

FORMOTEROL & BUDESONIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

6UG & 100UG PER DOSE INHALER POWDER

02245385 SYMBICORT TURBUHALER (SA) AZE **FNSW**

6UG & 200UG PER DOSE INHALER POWDER

02245386 SYMBICORT TURBUHALER (SA) AZE **FNSW**

MIDODRINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

2.5MG TABLET

02278677 APO-MIDODRINE (SA) AAA **FNSW**

5MG TABLET

02278685 APO-MIDODRINE (SA) AAA **FNSW**

ORCIPRENALINE SULFATE

2MG/ML SYRUP

02236783 APO-ORCIPRENALINE APX **FNSW**

PSEUDOEPHEDRINE HCL

6MG/ML SYRUP

00815993 PMS-PSEUDOEPHEDRINE PMS **N**

SALBUTAMOL

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

02232570 AIROMIR HFA MDC **CFNSW**

02241497 VENTOLIN HFA GSK **CFNSW**

02245669 APO-SALVENT CFC FREE APX **CFNSW**

02326450 NOVO-SALBUTAMOL HFA NOP **CFNSW**

200UG/DOSE INHALER POWDER

02243115 VENTOLIN DISKUS GSK **CFNSW**

5MG/ML INHALATION SOLUTION (10ML)		
00860808	RATIO-SALBUTAMOL	RPH CFNSW
02069571	PMS-SALBUTAMOL	PMS CFNSW
02154412	SANDOZ-SALBUTAMOL	SDZ CFNSW
02213486	VENTOLIN	GSK CFNSW

0.5MG/ML INHALATION SOLUTION PRESERVATIVE FREE NEBULE (2.5ML)		
02208245	PMS-SALBUTAMOL	PMS CFNSW
02239365	RATIO-SALBUTAMOL	RPH CFNSW

1MG/ML INHALATION SOLUTION PRESERVATIVE FREE NEBULE (2.5ML)		
01926934	MYLAN-SALBUTAMOL STERINEB	MYL CFNSW
01986864	RATIO-SALBUTAMOL	RPH CFNSW
02208229	PMS-SALBUTAMOL	PMS CFNSW
02213419	VENTOLIN NEBULES P.F.	GSK CFNSW

2MG/ML INHALATION SOLUTION PRESERVATIVE FREE NEBULE (2.5ML)		
02213427	VENTOLIN NEBULES P.F.	GSK CFNSW
02173360	MYLAN-SALBUTAMOL STERINEB	MYL CFNSW
02208237	PMS-SALBUTAMOL	PMS CFNSW
02239366	RATIO-SALBUTAMOL	RPH CFNSW

2MG TABLET		
02146843	APO-SALVENT	APX CFNSW

4MG TABLET		
02146851	APO-SALVENT	APX CFNSW

SALMETEROL XINAFOATE

[SEE APPENDIX A](#) FOR SA CRITERIA

50UG/DOSE INHALED POWDER DISK (60)		
02231129	SEREVENT DISKUS (SA)	GSK FNSW

50UG/DOSE AEROSOL POWDER DISK		
02214261	SEREVENT DISKHALER (SA)	GSK FNSW

SALMETEROL & FLUTICASONE

[SEE APPENDIX A](#) FOR SA CRITERIA

25UG & 125UG/DOSE INHALER AEROSOL		
02245126	ADVAIR (SA)	GSK FNSW

25UG & 250UG/DOSE INHALER AEROSOL		
02245127	ADVAIR (SA)	GSK FNSW

02287048 BACLOFEN SNS FNSW

CYCLOBENZAPRINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG TABLET

02080052	NOVO-CYCLOPRINE (SA)	NOP	FNSW
02177145	APO-CYCLOBENZAPRINE (SA)	APX	FNSW
02212048	PMS-CYCLOBENZAPRINE (SA)	PMS	FNSW
02231353	MYLAN-CYCLOPRINE (SA)	MYL	FNSW
02249359	PHL-CYCLOBENZAPRINE (SA)	PHL	FNSW
02287064	CYCLOBENZAPRINE (SA)	SNS	FNSW
02348853	AURO-CLOBENZAPRINE (SA)	ARO	FNSW
02357127	JAMP-CLOBENZAPRINE (SA)	JPC	FNSW

DANTROLENE SODIUM

25MG CAPSULE

01997602 DANTRIUM MPA FNSW

100MG CAPSULE

01997653 DANTRIUM MPA FNSW

METHOCARBAMOL

500MG TABLET

01930990 ROBAXIN WAY NW

METHOCARBAMOL & ACETAMINOPHEN

400MG & 325MG CAPLET

02026805 ROBAXACET WAY W

02230521 METHOXACET ROG W

METHOCARBAMOL & ACETYLSALICYLIC ACID

400MG & 325MG CAPLET

00868868 METHOXISAL ROG W

02026783 ROBAXISAL WAY W

METHOCARBAMOL & ACETYLSALICYLIC ACID & CODEINE

400MG & 325MG & 16.2MG CAPLET

01934783 ROBAXISAL C-1/4 WAY FW

01966367 METHOXISAL C-1/4 ROG FW

400MG & 325MG & 32.4MG CAPLET

01934791 ROBAXISAL C-1/2 WAY FW

01966375 METHOXISAL C-1/2 ROG FW

TIZANIDINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

4MG TABLET

02239170	ZANAFLEX (SA)	PAL	FNSW
02259893	APO-TIZANIDINE (SA)	APX	FNSW
02272059	MYLAN-TIZANIDINE (SA)	MYL	FNSW

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

BUPROPION

[SEE APPENDIX A](#) FOR SA CRITERIA. (QUIT SMOKE PROGRAM DOES NOT REQUIRE A SA REQUEST)

150 MG SUSTAINED RELEASE TABLET

02238441	ZYBAN (SA)	BVL	FWZ
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NICOTINE

7MG/24HOUR TRANSDERMAL PATCH

01943057	HABITROL	NVR	Z
02093111	NICODERM	MCL	Z

14MG/24HOUR TRANSDERMAL PATCH

01943065	HABITROL	NVR	Z
02093138	NICODERM	MCL	Z

21MG/24HOUR TRANSDERMAL PATCH

01943073	HABITROL	NVR	Z
02093146	NICODERM	MCL	Z

NICOTINE POLACRILEX

2MG GUM

02091933	NICORETTE	MCL	Z
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4MG GUM

02091941	NICORETTE PLUS	MCL	Z
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20:04.04 IRON PREPARATIONS

FERROUS GLUCONATE

300MG (35MG IRON) TABLET

00031097	FERROUS GLUCONATE	JPC	CNOW
00021458	FERROUS GLUCONATE	TEV	CNOW

FERROUS SULFATE

30MG (6MG IRON)/ML SYRUP 00792675	PMS-FERROUS SULFATE	PMS	CNW
75MG (15MG IRON)/ML ORAL DROPS 02222574	PMS-FERROUS SULFATE	PMS	W
300MG (60MG IRON) TABLET 00031100	FERROUS SULFATE	JPC	CNOW
160MG (50MG IRON) SUSTAINED-RELEASE TABLET 00623520	SLOW-FE	NVR	NOW

IRON DEXTRAN COMPLEX

[SEE APPENDIX A](#) FOR SA CRITERIA

50MG/ML INTRAMUSCULAR INJECTION

02205963	DEXIRON (SA)	BHC	FNSW
02221780	INFUFER (SA)	SDZ	FNSW

20:12.04 ANTI COAGULANTS

DALTEPARIN

[SEE APPENDIX A](#) FOR SA CRITERIA

PRE-FILLED SYRINGE 2,500 UNITS/0.2ML

02132621	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 5,000 UNITS/0.2ML

02132648	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 7500 UNITS/0.3ML

02352648	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 10,000 UNITS/0.4ML

02352656	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 12,500 UNITS/0.5ML

02352664	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 15,000 UNITS/0.6ML

02352672	FRAGMIN (SA)	PFI	FNSW
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PRE-FILLED SYRINGE 18,000 UNITS/0.72ML

02352680	FRAGMIN (SA)	PFI	FNSW
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AMP 10,000 UNITS/ML (1ML)
02132664 FRAGMIN (SA) PFI FNSW

MULTIDOSE VIAL 25,000 UNITS/ML (3.8ML)
02231171 FRAGMIN (SA) PFI FNSW

ENOXAPARIN

[SEE APPENDIX A](#) FOR SA CRITERA
PRE-FILLED SYRINGE

02242692 LOVENOX (SA) AVN FNSW
02236883 LOVENOX (SA) AVN FNSW
02012472 LOVENOX (SA) AVN FNSW

MULIDOSE VIAL
02236564 LOVENOX (SA) AVN FNSW

HEPARIN

100U/ML LOCK FLUSH SOLUTION
00727520 HEPARIN LEO N
00740578 HEPALEAN-LOK SCH N

10,000U/ML INJECTION SOLUTION
00579718 HEPARIN LEO N
00740497 HEPALEAN SCH N

TINZAPARIN

[SEE APPENDIX A](#) FOR SA CRITERIA
2500 UNIT/0.25ML SYRINGE

02229755 INNOHEP (SA) LEO FNSW

3500 UNIT/0.35ML SYRINGE
02358158 INNOHEP (SA) LEO FNSW

4500 UNIT/0.45ML SYRINGE
02358166 INNOHEP (SA) LEO FNSW

10000 UNIT/0.5ML SYRINGE
02231478 INNOHEP (SA) LEO FNSW

14000 UNIT/0.7ML SYRINGE
02358174 INNOHEP (SA) LEO FNSW

18000 UNIT/0.9ML SYRINGE
02358182 INNOHEP (SA) LEO FNSW

10000 UNIT/ML MULTIDOSE VIAL
02167840 INNOHEP (SA) LEO FNSW

20000 UNIT/ML MULTIDOSE VIAL
02229515 INNOHEP (SA) LEO FNSW

***WARFARIN**

1MG TABLET

01918311 COUMADIN BMS FNSW
02242680 TARO-WARFARIN TAR FNSW
02242924 APO-WARFARIN APX FNSW
02244462 MYLAN-WARFARIN MYL FNSW
02265273 NOVO-WARFARIN NOP FNSW
02344025 WARFARIN SNS FNSW

2MG TABLET

01918338 COUMADIN BMS FNSW
02242681 TARO-WARFARIN TAR FNSW
02242925 APO-WARFARIN APX FNSW
02244463 MYLAN-WARFARIN MYL FNSW
02265281 NOVO-WARFARIN NOP FNSW
02344033 WARFARIN SNS FNSW

2.5MG TABLET

01918346 COUMADIN BMS FNSW
02242682 TARO-WARFARIN TAR FNSW
02242926 APO-WARFARIN APX FNSW
02244464 MYLAN-WARFARIN MYL FNSW
02265303 NOVO-WARFARIN NOP FNSW
02344041 WARFARIN SNS FNSW

3MG TABLET

02240205 COUMADIN BMS FNSW
02242683 TARO-WARFARIN TAR FNSW
02245618 APO-WARFARIN APX FNSW
02265311 NOVO-WARFARIN NOP FNSW
02287498 MYLAN-WARFARIN MYL FNSW
02344068 WARFARIN SNS FNSW

4MG TABLET

02007959 COUMADIN BMS FNSW
02242684 TARO-WARFARIN TAR FNSW
02242927 APO-WARFARIN APX FNSW
02244465 MYLAN-WARFARIN MYL FNSW

02265338	NOVO-WARFARIN	NOP	FNSW
02344076	WARFARIN	SNS	FNSW

5MG TABLET

01918354	COUMADIN	BMS	FNSW
02242685	TARO-WARFARIN	TAR	FNSW
02242928	APO-WARFARIN	APX	FNSW
02244466	MYLAN-WARFARIN	MYL	FNSW
02265346	NOVO-WARFARIN	NOP	FNSW
02344084	WARFARIN	SNS	FNSW

6MG TABLET

02240206	COUMADIN	BMS	FNSW
02287501	MYLAN-WARFARIN	MYL	FNSW

10MG TABLET

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

RIVAROXABAN

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG TABLET

02316986	XARELTO (SA)	BAY	FNSW
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20:12.14 PLATELET REDUCING AGENTS

ANAGRELIDE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

0.5MG Capsule

02236859	AGRYLIN (SA)	SHR	FNSW
02253054	MYLAN-ANAGRELIDE (SA)	MYL	FNSW
02260107	SANDOZ ANAGRELIDE (SA)	SDZ	FNSW
02274949	PMS-ANAGRELIDE (SA)	PMS	FNSW

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL BISULFATE

[SEE APPENDIX A](#) FOR REVISED SA CRITERIA

75MG TABLET

02238682	PLAVIX (SA)	AVN	FNSW
02293161	TEVA-CLOPIDOGREL (SA)	TEV	FNSW
02359316	SANDOZ-CLOPIDOGREL (SA)	SDZ	FNSW
02252767	APO-CLOPIDOGREL (SA)	APX	FNSW
02303027	CO-CLOPIDOGREL (SA)	COB	FNSW
02348004	PMS-CLOPIDOGREL (SA)	PMS	FNSW
02351536	MYLAN-CLOPIDOGREL (SA)	MYL	FNSW
02379813	RAN-CLOPIDOGREL (SA)	RAN	FNSW

TICLOPIDINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

250MG TABLET

02236848	NOVO-TICLOPIDINE (SA)	NOP	FNSW
02237701	APO-TICLOPIDINE (SA)	APX	FNSW
02239744	MYLAN-TICLOPIDINE (SA)	MYL	FNSW
02243327	PMS-TICLOPIDINE (SA)	PMS	FNSW
02243587	SANDOZ-TICLOPIDINE (SA)	SDZ	FNSW
02343045	TICLOPIDINE (SA)	SNS	FNSW

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

[SEE APPENDIX A](#) FOR SA CRITERIA

25UG/ML PRE-FILLED SYRINGE

02246354 ARANESP (SA) AMG E

40UG/ML PRE-FILLED SYRINGE

02246355 ARANESP (SA) AMG E

100UG/ML PRE-FILLED SYRINGE

02246357 ARANESP (SA) AMG E

200UG/ML PRE-FILLED SYRINGE

02246358 ARANESP (SA) AMG E

EPOETIN ALFA

[SEE APPENDIX A](#) FOR SA CRITERIA

4000IU/0.4ML PRE-FILLED SYRINGE

02231586 EPREX (SA) JAN E

400MG TABLET			
01910167	RHOTRAL	AVN	FNSW
01926578	SECTRAL	AVN	FNSW
02147629	APO-ACEBUTOLOL	APX	FNSW
02204533	NOVO-ACEBUTOLOL	NOP	FNSW
02237723	MYLAN-ACEBUTOLOL	MYL	FNSW
02237887	MYLAN-ACEBUTOLOL (TYPE S)	MYL	FNSW
02257610	SANDOZ-ACEBUTOLOL	SDZ	FNSW
02286262	ACEBUTOLOL	SNS	FNSW

***AMIODARONE**

100MG TABLET			
02292173	PMS-AMIODARONE	PMS	FNSW

200MG TABLET

02036282	CORDARONE	PFI	FNSW
02239835	TEVA-AMIODARONE	TEV	FNSW
02240071	RATIO-AMIODARONE	RPH	FNSW
02240604	MYLAN-AMIODARONE	MYL	FNSW
02242472	PMS-AMIODARONE	PMS	FNSW
02243836	SANDOZ-AMIODARONE	SDZ	FNSW
02246194	APO-AMIODARONE	APX	FNSW
02245781	PHL-AMIODARONE	PHL	FNSW
02364336	SANIS-AMIODARONE	SNS	FNSW

***AMLODIPINE BESYLATE**

2.5MG TABLET			
02297477	CO-AMLODIPINE	COB	FNSW
02295148	PMS-AMLODIPINE	PMS	FNSW
02330474	SANDOZ-AMLODIPINE	SDZ	FNSW
02357704	SEPTA-AMLODIPINE	SPT	FNSW
02371707	MAR-AMLODIPINE	MAR	FNSW
02378744	AMLODIPINE-ODAN	ODN	FNSW

5MG TABLET

00878928	NORVASC	PFI	FNSW
02250497	TEVA-AMLODIPINE	TEV	FNSW
02259605	RATIO-AMLODIPINE	RPH	FNSW
02272113	MYLAN-AMLODIPINE	MYL	FNSW
02273373	APO-AMLODIPINE	APX	FNSW
02284065	PMS-AMLODIPINE	PMS	FNSW
02284383	SANDOZ-AMLODIPINE	SDZ	FNSW
02297485	CO-AMLODIPINE	COB	FNSW
02321858	RAN-AMLODIPINE	RAN	FNSW

02280132	GD-AMLODIPINE BESYLATE	GMD	FNSW
02326779	PHL-AMLODIPINE	PHL	FNSW
02331071	JAMP-AMLODIPINE	JPC	FNSW
02331284	SANIS-AMLODIPINE	SNS	FNSW
02357194	JAMP-AMLODIPINE	JPC	FNSW
02357712	SEPTA-AMLODIPINE	SPT	FNSW
02362651	MINT-AMLODIPINE	MNT	FNSW
02371715	MAR-AMLODIPINE	MAR	FNSW
02378760	AMLODIPINE-ODAN	ODN	FNSW

10MG TABLET

00878936	NORVASC	PFI	FNSW
02250500	TEVA-AMLODIPINE	TEV	FNSW
02259613	RATIO-AMLODIPINE	RPH	FNSW
02272121	MYLAN-AMLODIPINE	MYL	FNSW
02273381	APO-AMLODIPINE	APX	FNSW
02284073	PMS-AMLODIPINE	PMS	FNSW
02284391	SANDOZ-AMLODIPINE	SDZ	FNSW
02280140	GD-AMLODIPINE BESYLATE	GMD	FNSW
02297493	CO-AMLODIPINE	COB	FNSW
02321866	RAN-AMLODIPINE	RAN	FNSW
02326787	PHL-AMLODIPINE	PHL	FNSW
02331098	JAMP-AMLODIPINE	JPC	FNSW
02331292	SANIS-AMLODIPINE	SNS	FNSW
02357208	JAMP-AMLODIPINE	JPC	FNSW
02357720	SEPTA-AMLODIPINE	SPT	FNSW
02362678	MINT-AMLODIPINE	MNT	FNSW
02371723	MAR-AMLODIPINE	MAR	FNSW
02378779	AMLODIPINE-ODAN	ODN	FNSW

***ATENOLOL**

25MG TABLET

02246581	PMS-ATENOLOL	PMS	FNSW
02247182	PHL-ATENOLOL	PHL	FNSW
02266660	TEVA-ATENOL	TEV	FNSW
02303647	MYLAN-ATENOLOL	MYL	FNSW

50MG TABLET

00773689	APO-ATENOL	APX	FNSW
02039532	TENORMIN	AZE	FNSW
02146894	MYLAN-ATENOLOL	MYL	FNSW
02171791	RATIO-ATENOLOL	RPH	FNSW
02231731	SANDOZ-ATENOLOL	SDZ	FNSW
02237600	PMS-ATENOLOL	PMS	FNSW
02238316	PHL-ATENOLOL	PHL	FNSW

02255545	CO ATENOLOL	COB	FNSW
02267985	RAN-ATENOLOL	RAN	FNSW
02367564	JAMP-ATENOLOL	JPC	FNSW
02368021	MINT-ATENOL	MNT	FNSW
02368641	SEPTA-ATENOLOL	SPT	FNSW
02371987	MAR-ATENOLOL	MAR	FNSW

100MG TABLET

00773697	APO-ATENOL	APX	FNSW
02039540	TENORMIN	AZE	FNSW
02147432	MYLAN-ATENOLOL	MYL	FNSW
02171805	RATIO-ATENOLOL	RPH	FNSW
02231733	SANDOZ-ATENOLOL	SDZ	FNSW
02237601	PMS-ATENOLOL	PMS	FNSW
02238318	PHL-ATENOLOL	PHL	FNSW
02255553	CO ATENOLOL	COB	FNSW
02267993	RAN-ATENOLOL	RAN	FNSW
02367572	JAMP-ATENOLOL	JPC	FNSW
02368048	MINT-ATENOL	MNT	FNSW
02368668	SEPTA-ATENOLOL	SPT	FNSW
02371995	MAR-ATENOL	MAR	FNSW

***ATENOLOL & CHLORTHALIDONE**

50MG & 25MG TABLET

02049961	TENORETIC	AZE	FNSW
02248763	APO-ATENIDONE	APX	FNSW
02302918	TEVA-ATENOLOL/CHLORTHALIDONE	NOP	FNSW

100MG & 25MG TABLET

02049988	TENORETIC	AZE	FNSW
02248764	APO-ATENIDONE	APX	FNSW
02302926	TEVA-ATENOLOL/CHLORTHALIDONE	NOP	FNSW

***BISOPROLOL**

5MG TABLET

02247439	SANDOZ-BISOPROLOL	SDZ	FNSW
02256134	APO-BISOPROLOL	APX	FNSW
02267470	NOVO-BISOPROLOL	NOP	FNSW
02302632	PMS-BISOPROLOL	PMS	FNSW
02384418	MYLAN-BISOPROLOL	MYL	FNSW

10MG TABLET

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

02302640	PMS-BISOPROLOL	PMS	FNSW
02384426	MYLAN-BISOPROLOL	MYL	FNSW

CARVEDILOL

[SEE APPENDIX A](#) FOR SA CRITERIA

3.125MG TABLET

02245914	PMS-CARVEDILOL (SA)	PMS	FNSW
02247933	APO-CARVEDILOL (SA)	APX	FNSW
02248752	PHL-CARVEDILOL (SA)	PHL	FNSW
02252309	RATIO-CARVEDILOL (SA)	RPH	FNSW
02268027	RAN-CARVEDILOL (SA)	RAN	FNSW
02347512	MYLAN-CARVEDIOLOL (SA)	MYL	FNSW
02364913	CARVEDILOL (SA)	SNS	FNSW
02368897	JAMP-CARVEDILOL (SA)	JPC	FNSW

6.25MG TABLET

02245915	PMS-CARVEDILOL (SA)	PMS	FNSW
02247934	APO-CARVEDILOL (SA)	APX	FNSW
02248753	PHL-CARVEDILOL (SA)	PHL	FNSW
02252317	RATIO-CARVEDILOL (SA)	RPH	FNSW
02268035	RAN-CARVEDILOL (SA)	RAN	FNSW
02347520	MYLAN-CARVEDIOLOL (SA)	MYL	FNSW
02364921	CARVEDILOL (SA)	SNS	FNSW
02368900	JAMP-CARVEDILOL (SA)	JPC	FNSW

12.5MG TABLET

02245916	PMS-CARVEDILOL (SA)	PMS	FNSW
02247935	APO-CARVEDILOL (SA)	APX	FNSW
02248754	PHL-CARVEDILOL (SA)	PHL	FNSW
02252325	RATIO-CARVEDILOL (SA)	RPH	FNSW
02268043	RAN-CARVEDILOL (SA)	RAN	FNSW
02347555	MYLAN-CARVEDIOLOL (SA)	MYL	FNSW
02364948	CARVEDILOL (SA)	SNS	FNSW
02368919	JAMP-CARVEDILOL (SA)	JPC	FNSW

25MG TABLET

02245917	PMS-CARVEDILOL (SA)	PMS	FNSW
02247936	APO-CARVEDILOL (SA)	APX	FNSW
02248755	PHL-CARVEDILOL (SA)	PHL	FNSW
02252333	RATIO-CARVEDILOL (SA)	RPH	FNSW
02268051	RAN-CARVEDILOL (SA)	RAN	FNSW
02347571	MYLAN-CARVEDIOLOL (SA)	MYL	FNSW
02364956	CARVEDILOL (SA)	SNS	FNSW
02368927	JAMP-CARVEDILOL (SA)	JPC	FNSW

***DIGOXIN**

0.05MG/ML ELIXIR				
02242320	TOLOXIN		PEN	FNSW
0.0625MG TABLET				
02335700	TOLOXIN		PEN	FNSW
0.125MG TABLET				
02335719	TOLOXIN		PEN	FNSW
0.25MG TABLET				
02335727	TOLOXIN		PEN	FNSW
0.25 MG/ML INJECTION SOLUTION				
02048264	DIGOXIN		SDZ	N

***DILTIAZEM**

120MG EXTENDED RELEASE CAPSULE				
02231150	TIAZAC		BVL	FNSW
02245918	SANDOZ-DILTIAZEM T		SDZ	FNSW
02271605	NOVO-DILTIAZEM ER		BVL	FNSW
02291037	APO-DILTIAZ TZ		APX	FNSW
02370441	CO-DILTIAZEM		COB	FNSW
180MG EXTENDED RELEASE CAPSULE				
02231151	TIAZAC		BVL	FNSW
02245919	SANDOZ-DILTIAZEM T		SDZ	FNSW
02271613	NOVO-DILTIAZEM ER		BVL	FNSW
02291045	APO-DILTIAZ TZ		APX	FNSW
02370492	CO-DILTIAZEM		COB	FNSW
240MG EXTENDED RELEASE CAPSULE				
02231152	TIAZAC		BVL	FNSW
02245920	SANDOZ-DILTIAZEM T		SDZ	FNSW
02271621	NOVO-DILTIAZEM ER		BVL	FNSW
02291053	APO-DILTIAZ TZ		APX	FNSW
02370506	CO-DILTIAZEM		COB	FNSW
300MG EXTENDED RELEASE CAPSULE				
02231154	TIAZAC		BVL	FNSW
02245921	SANDOZ-DILTIAZEM T		SDZ	FNSW
02271648	NOVO-DILTIAZEM ER		BVL	FNSW
02291061	APO-DILTIAZ TZ		APX	FNSW
02370514	CO-DILTIAZEM		COB	FNSW

360MG EXTENDED RELEASE CAPSULE			
02231155	TIAZAC	BVL	FNSW
02245922	SANDOZ-DILTIAZEM T	SDZ	FNSW
02271656	NOVO-DILTIAZEM ER	BVL	FNSW
02291088	APO-DILTIAZ TZ	APX	FNSW
02370522	CO-DILTIAZEM	COB	FNSW
120MG EXTENDED RELEASE TABLET			
02256738	TIAZAC XC	BVL	FNSW
180MG EXTENDED RELEASE TABLET			
02256746	TIAZAC XC	BVL	FNSW
240MG EXTENDED RELEASE TABLET			
02256754	TIAZAC XC	BVL	FNSW
300MG EXTENDED RELEASE TABLET			
02256762	TIAZAC XC	BVL	FNSW
360MG EXTENDED RELEASE TABLET			
02256770	TIAZAC XC	BVL	FNSW
120MG CONTROLLED DELIVERY CAPSULE			
02097249	CARDIZEM CD	BVL	FNSW
02229781	RATIO-DILTIAZEM CD	RPH	FNSW
02230997	APO-DILTIAZ CD	APX	FNSW
02242538	NOVO-DILTIAZEM CD	NOP	FNSW
02243338	SANDOZ-DILTIAZEM CD	SDZ	FNSW
02355752	PMS-DILTIAZEM CD	PMS	FNSW
02370611	CO-DILTIAZEM	COB	FNSW
180MG CONTROLLED DELIVERY CAPSULE			
02097257	CARDIZEM CD	BVL	FNSW
02229782	RATIO-DILTIAZEM CD	RPH	FNSW
02230998	APO-DILTIAZ CD	APX	FNSW
02242539	NOVO-DILTIAZEM CD	NOP	FNSW
02243339	SANDOZ-DILTIAZEM CD	SDZ	FNSW
02355760	PMS-DILTIAZEM CD	PMS	FNSW
02370638	CO-DILTIAZEM	COB	FNSW
240MG CONTROLLED DELIVERY CAPSULE			
02097265	CARDIZEM CD	BVL	FNSW
02229783	RATIO-DILTIAZEM CD	RPH	FNSW
02230999	APO-DILTIAZ CD	APX	FNSW
02242540	NOVO-DILTIAZEM CD	NOP	FNSW

02243340	SANDOZ-DILTIAZEM CD	SDZ	FNSW
02355779	PMS-DILTIAZEM CD	PMS	FNSW
02370646	CO-DILTIAZEM	COB	FNSW
300MG CONTROLLED DELIVERY CAPSULE			
02097273	CARDIZEM CD	BVL	FNSW
02229526	APO-DILTIAZ CD	APX	FNSW
02229784	RATIO-DILTIAZEM CD	RPH	FNSW
02242541	NOVO-DILTAZEM CD	NOP	FNSW
02243341	SANDOZ-DILTIAZEM CD	SDZ	FNSW
02355787	PMS-DILTIAZEM CD	PMS	FNSW
02370654	CO-DILTIAZEM	COB	FNSW
30MG TABLET			
00771376	APO-DILTIAZ	APX	FNSW
00862924	NOVO-DILTAZEM	NOP	FNSW
60MG TABLET			
00771384	APO-DILTIAZ	APX	FNSW
00862932	NOVO-DILTAZEM	NOP	FNSW
*DISOPYRAMIDE			
100MG CAPSULE			
02224801	RYTHMODAN	AVN	FNSW
150MG CAPSULE			
02224828	RYTHMODAN	AVN	FNSW
*FLECAINIDE ACETATE			
50MG TABLET			
01966197	TAMBOCOR	MDC	FNSW
02275538	APO-FLECAINIDE	AAA	FNSW
100MG TABLET			
01966200	TAMBOCOR	MDC	FNSW
02275546	APO-FLECAINIDE	AAA	FNSW
*LABETALOL HCL			
100MG TABLET			
02106272	TRANDATE	PAL	FNSW
200MG TABLET			
02106280	TRANDATE	PAL	FNSW

***METOPROLOL TARTRATE**

100MG SUSTAINED RELEASE TABLET

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

200MG SUSTAINED RELEASE TABLET

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

25MG TABLET

02246010	APO-METOPROLOL	APX	FNSW
02248855	PMS-METOPROLOL-L	PMS	FNSW
02302055	MYLAN-METOPROLOL (TYPE L)	MYL	FNSW
02356813	JAMP-METOPROLOL-L	JPC	FNSW

50 MG TABLET

00397423	LOPRESOR	NVR	FNSW
00618632	APO-METOPROLOL	APX	FNSW
00648035	TEVA-METOPROL	NOP	FNSW
00749354	APO-METOPROLOL (TYPE L)	APX	FNSW
00842648	NOVO-METOPROL (UNCOATED)	NOP	FNSW
02145413	PMS-METOPROLOL-B	PMS	FNSW
02174545	MYLAN-METOPROLOL (TYPE L)	MYL	FNSW
02230803	PMS-METOPROLOL-L	PMS	FNSW
02247875	SANDOZ-METOPROLOL (TYPE L)	SDZ	FNSW
02350394	METOPROLOL	SNS	FNSW
02354187	SANDOZ-METOPROLOL	SDZ	FNSW
02356821	JAMP-METOPROLOL-L	JPC	FNSW

100MG TABLET

00397431	LOPRESOR	NVR	FNSW
00618640	APO-METOPROLOL	APX	FNSW
00648043	TEVA-METOPROL	NOP	FNSW
00751170	APO-METOPROLOL (TYPE L)	APX	FNSW
00842656	NOVO-METOPROL (UNCOATED)	NOP	FNSW

02145421	PMS-METOPROLOL-B	PMS	FNSW
02174553	MYLAN-METOPROLOL (TYPE L)	MYL	FNSW
02230804	PMS-METOPROLOL-L	PMS	FNSW
02247876	SANDOZ-METOPROLOL (TYPE L)	SDZ	FNSW
02350408	METOPROLOL	SNS	FNSW
02354195	SANDOZ-METOPROLOL	SDZ	FNSW
02356848	JAMP-METOPROLOL-L	JPC	FNSW

***MEXILETINE HCL**

100MG CAPSULE

02230359 NOVO-MEXILETINE NOP **FNSW**

200MG CAPSULE

02230360 NOVO-MEXILETINE NOP **FNSW*****NADOLOL**

40MG TABLET

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

80MG TABLET

00782467 APO-NADOL APX **FNSW**02126761 NOVO-NADOLOL NOP **FNSW**

160MG TABLET

00782475 APO-NADOL APX **FNSW*****NIFEDIPINE**

5MG CAPSULE

00725110 NIFEDIPINE AAA **FNSW**

10MG CAPSULE

00755907 NIFEDIPINE AAA **FNSW**

20MG EXTENDED RELEASE TABLET

02237618 ADALAT XL BAY **FNSW**

30MG EXTENDED RELEASE TABLET

02155907 ADALAT XL BAY **FNSW**02349167 MYLAN-NIFEDIPINE ER MYL **FNSW**

60MG EXTENDED RELEASE TABLET

02155990 ADALAT XL BAY **FNSW**02321149 MYLAN-NIFEDIPINE ER MYL **FNSW*****PINDOLOL**

5MG TABLET

00417270 VISKEN NVR **FNSW**00755877 APO-PINDOL APX **FNSW**00869007 NOVO-PINDOL NOP **FNSW**02231536 PMS-PINDOLOL PMS **FNSW**02261782 SANDOZ-PINDOLOL SDZ **FNSW**

10MG TABLET			
00443174	VISKEN	NVR	FNSW
00755885	APO-PINDOL	APX	FNSW
00869015	NOVO-PINDOL	NOP	FNSW
02231537	PMS-PINDOLOL	PMS	FNSW
02261790	SANDOZ-PINDOLOL	SDZ	FNSW

15MG TABLET			
00417289	VISKEN	NVR	FNSW
00755893	APO-PINDOL	APX	FNSW
00869023	NOVO-PINDOL	NOP	FNSW
02231539	PMS-PINDOLOL	PMS	FNSW
02261804	SANDOZ-PINDOLOL	SDZ	FNSW

***PROCAINAMIDE HCL**

250MG SUSTAINED RELEASE TABLET			
00638692	PROCAN SR	ERF	FNSW

500MG SUSTAINED RELEASE TABLET			
00638676	PROCAN SR	ERF	FNSW

750MG SUSTAINED RELEASE TABLET			
00638684	PROCAN SR	ERF	FNSW

***PROPAFENONE HCL**

150MG TABLET			
00603708	RYTHMOL	ABB	FNSW
02243324	APO-PROPAFENONE	APX	FNSW
02245372	MYLAN-PROPAFENONE	MYL	FNSW
02294559	PMS-PROPAFENONE	PMS	FNSW
02343053	PROPAFENONE	SNS	FNSW

300MG TABLET			
00603716	RYTHMOL	ABB	FNSW
02243325	APO-PROPAFENONE	APX	FNSW
02245373	MYLAN-PROPAFENONE	MYL	FNSW
02294575	PMS-PROPAFENONE	PMS	FNSW
02343061	PROPAFENONE	SNS	FNSW

***PROPRANOLOL**

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

20MG TABLET			
00663719	APO-PROPRANOLOL	APX	FNSW
00740675	NOVO-PRANOL	NOP	FNSW
40MG TABLET			
00402753	APO-PROPRANOLOL	APX	FNSW
00496499	NOVO-PRANOL	NOP	FNSW
80MG TABLET			
00402761	APO-PROPRANOLOL	APX	FNSW
00496502	NOVO-PRANOL	NOP	FNSW
120MG TABLET			
00504335	APO-PROPRANOLOL	APX	FNSW
60MG LONG ACTING CAPSULE			
02042231	INDERAL L.A.	PFI	FNSW
80MG LONG ACTING CAPSULE			
02042258	INDERAL L.A.	PFI	FNSW
120MG LONG ACTING CAPSULE			
02042266	INDERAL L.A.	PFI	FNSW
160MG LONG ACTING CAPSULE			
02042274	INDERAL L.A.	PFI	FNSW
*SOTALOL HCL			
80MG TABLET			
02084228	RATIO-SOTALOL	RPH	FNSW
02210428	APO-SOTALOL	APX	FNSW
02229778	MYLAN-SOTALOL	MYL	FNSW
02231181	NOVO-SOTALOL	NOP	FNSW
02257831	SANDOZ-SOTALOL	SDZ	FNSW
02368617	JAMP-SOTALOL	JPC	FNSW
02238326	PMS-SOTALOL	PMS	FNSW
02270625	CO-SOTALOL	COB	FNSW
160MG TABLET			
02084236	RATIO-SOTALOL	RPH	FNSW
02167794	APO-SOTALOL	APX	FNSW
02229779	MYLAN-SOTALOL	MYL	FNSW
02231182	NOVO-SOTALOL	NOP	FNSW
02238327	PMS-SOTALOL	PMS	FNSW
02270633	CO-SOTALOL	COB	FNSW

02368625 JAMP-SOTALOL JPC FNSW

***TIMOLOL MALEATE**

5MG TABLET

00755842 APO-TIMOL APX FNSW
01947796 NOVO-TIMOL NOP FNSW

10MG TABLET

00755850 APO-TIMOL APX FNSW
01947818 NOVO-TIMOL NOP FNSW

20MG TABLET

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

***VERAPAMIL HCL**

80MG TABLET

00782483 APO-VERAP APX FNSW
02237921 MYLAN-VERAPAMIL MYL FNSW

120MG TABLET

00782491 APO-VERAP APX FNSW
02237922 MYLAN-VERAPAMIL MYL FNSW

120MG SUSTAINED RELEASE TABLET

01907123 ISOPTIN SR ABB FNSW
02210347 MYLAN-VERAPAMIL SR MYL FNSW
02246893 APO-VERAP SR APX FNSW

180MG SUSTAINED RELEASE TABLET

01934317 ISOPTIN SR ABB FNSW
02210355 MYLAN-VERAPAMIL SR MYL FNSW
02246894 APO-VERAP SR APX FNSW

240MG SUSTAINED RELEASE TABLET

00742554 ISOPTIN SR ABB FNSW
02210363 MYLAN-VERAPAMIL SR MYL FNSW
02211920 NOVO-VERAMIL SR NOP FNSW
02237791 PMS-VERAPAMIL SR PMS FNSW
02246895 APO-VERAP SR APX FNSW

180MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET

02231676 COVERA-HS PFI FNSW

240MG CONTROLLED-ONSET EXTENDED-RELEASE TABLET
02231677 COVERA-HS

PFI FNSW

24:06.00 ANTILIPEMIC DRUGS

***ATORVASTATIN CALCIUM**

10MG TABLET

02230711	LIPITOR	PFI	FNSW
02288346	GD-ATROVASTATIN	GMD	FNSW
02295261	APO-ATORVASTATIN	APX	FNSW
02313448	PMS-ATORVASTATIN	PMS	FNSW
02350297	RATIO-ATORVASTATIN	RPH	FNSW
02310899	CO-ATORVASTATIN	COB	FNSW
02313707	RAN-ATORVASTATIN	RBX	FNSW
02324946	SANDOZ-ATORVASTATIN	SDZ	FNSW
02302675	NOVO-ATORVASTATIN	NOP	FNSW
02348705	ATORVASTATIN	SNS	FNSW
02373203	MYLAN-ATORVASTATIN	MYL	FNSW

20MG TABLET

02230713	LIPITOR	PFI	FNSW
02288354	GD-ATROVASTATIN	GMD	FNSW
02295288	APO-ATORVASTATIN	APX	FNSW
02313456	PMS-ATORVASTATIN	PMS	FNSW
02350319	RATIO-ATORVASTATIN	RPH	FNSW
02310902	CO-ATORVASTATIN	COB	FNSW
02313715	RAN-ATORVASTATIN	RAN	FNSW
02324954	SANDOZ-ATORVASTATIN	SDZ	FNSW
02302683	NOVO-ATORVASTATIN	NOP	FNSW
02348713	ATORVASTATIN	SNS	FNSW
02373211	MYLAN-ATORVASTATIN	MYL	FNSW

40MG TABLET

02230714	LIPITOR	PFI	FNSW
02288362	GD-ATROVASTATIN	GMD	FNSW
02295296	APO-ATORVASTATIN	APX	FNSW
02313464	PMS-ATORVASTATIN	PMS	FNSW
02350327	RATIO-ATORVASTATIN	RPH	FNSW
02310910	CO-ATORVASTATIN	COB	FNSW
02313723	RAN-ATORVASTATIN	RAN	FNSW
02324962	SANDOZ-ATORVASTATIN	SDZ	FNSW
02302691	NOVO-ATORVASTATIN	NOP	FNSW
02348721	ATORVASTATIN	SNS	FNSW
02373238	MYLAN-ATORVASTATIN	MYL	FNSW

80MG TABLET

02243097	LIPITOR	PFI	FNSW
02288370	GD-ATORVASTATIN	GMD	FNSW
02295318	APO-ATORVASTATIN	APX	FNSW
02313472	PMS-ATORVASTATIN	PMS	FNSW
02350335	RATIO-ATORVASTATIN	RPH	FNSW
02310929	CO-ATORVASTATIN	COB	FNSW
02313758	RAN-ATORVASTATIN	RAN	FNSW
02324970	SANDOZ-ATORVASTATIN	SDZ	FNSW
02302713	NOVO-ATORVASTATIN	NOP	FNSW
02348748	ATORVASTATIN	SNS	FNSW
02373246	MYLAN-ATORVASTATIN	MYL	FNSW

***CHOLESTYRAMINE**

REGULAR - 4G/POUCH X 30 POUCHES - 120G/PK ORAL POWDER (POUCHES)

02210320	OLESTYR	PEN	FNSW
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* price per gram for cholestyramine powder pouches

LIGHT - 4G/POUCH X 30 POUCHES- 120G/PK

00890960	OLESTYR	PEN	FNSW
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EZETIMIBE

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG TABLET

02247521	EZETROL (SA)	MSD	FNSW
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***FENOFIBRATE**

100MG CAPSULE

02225980	APO-FENOFIBRATE	APX	FNSW
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100MG TABLET

02241601	LIPIDIL SUPRA	FFR	FNSW
02246859	APO-FENO-SUPER	APX	FNSW
02288044	SANDOZ-FENOFIBRATE S	SDZ	FNSW
02289083	NOVO-FENOFIBRATE-S	NOP	FNSW
02356570	FENOFIBRATE-S	SNS	FNSW

160MG TABLET

02241602	LIPIDIL SUPRA	FFR	FNSW
02246860	APO-FENO-SUPRA	APX	FNSW
02288052	SANDOZ-FENOFIBRATE S	SDZ	FNSW
02289091	NOVO-FENOFIBRATE-S	NOP	FNSW
02356589	FENOFIBRATE-S	SNS	FNSW

200MG CAPSULE			
02146959	LIPIDIL MICRO	FFR	FNSW
02239864	APO-FENO-MICRO	APX	FNSW
02240210	MYLAN-FENOFIBRATE MICRO	MYL	FNSW
02243552	NOVO-FENOFIBRATE MICRO	NOP	FNSW
02250039	RATIO-FENOFIBRATE MC	RPH	FNSW
02273551	PMS-FENOFIBRATE MICRO	PMS	FNSW
02286092	FENOFIBRATE MICRO	SNS	FNSW

***FLUVASTATIN**

80MG SUSTAINED RELEASE TABLET			
02250527	LESCOL XL	NVR	FNSW

***FLUVASTATIN SODIUM**

20MG CAPSULE			
02061562	LESCOL	NVR	FNSW

40MG CAPSULE			
02061570	LESCOL	NVR	FNSW

***GEMFIBROZIL**

300MG CAPSULE			
00599026	LOPID	PFI	FNSW
01979574	APO-GEMFIBROZIL	APX	FNSW
02185407	MYLAN-GEMFIBROZIL	MYL	FNSW
02239951	PMS-GEMFIBROZIL	PMS	FNSW
02241704	NOVO-GEMFIBROZIL	NOP	FNSW

600MG TABLET			
00659606	LOPID	PFI	FNSW
01979582	APO-GEMFIBROZIL	APX	FNSW
02142074	NOVO-GEMFIBROZIL	NOP	FNSW
02230183	PMS-GEMFIBROZIL	PMS	FNSW
02230476	MYLAN-GEMFIBROZIL	MYL	FNSW

***LOVASTATIN**

20MG TABLET			
00795860	MEVACOR	MSD	FNSW
02220172	APO-LOVASTATIN	APX	FNSW
02243127	MYLAN-LOVASTATIN	MYL	FNSW
02245822	RATIO-LOVASTATIN	RPH	FNSW
02246013	PMS-LOVASTATIN	PMS	FNSW
02246542	NOVO-LOVASTATIN	NOP	FNSW
02247056	SANDOZ-LOVASTATIN	SDZ	FNSW
02248572	CO-LOVASTATIN	COB	FNSW

02353229	LOVASTATIN	SNS	FNSW
40MG TABLET			
00795852	MEVACOR	MSD	FNSW
02220180	APO-LOVASTATIN	APX	FNSW
02243129	MYLAN-LOVASTATIN	MYL	FNSW
02245823	RATIO-LOVASTATIN	RPH	FNSW
02246014	PMS-LOVASTATIN	PMS	FNSW
02246543	NOVO-LOVASTATIN	NOP	FNSW
02247057	SANDOZ-LOVASTATIN	SDZ	FNSW
02248573	CO-LOVASTATIN	COB	FNSW
02353237	LOVASTATIN	SNS	FNSW

***LOVASTATIN & NIACIN**

20MG & 500MG EXTENDED-RELEASE TABLET			
02270439	ADVICOR	ORX	FNSW
20MG & 1000MG EXTENDED-RELEASE TABLET			
02270447	ADVICOR	ORX	FNSW
40MG & 1000MG EXTENDED-RELEASE TABLET			
02293501	ADVICOR	ORX	FNSW

***PRAVASTATIN**

10MG TABLET			
00893749	PRAVACHOL	BMS	FNSW
02243506	APO-PRAVASTATIN	APX	FNSW
02247008	NOVO-PRAVASTATIN	NOP	FNSW
02247655	PMS-PRAVASTATIN	PMS	FNSW
02247856	SANDOZ-PRAVASTATIN	SDZ	FNSW
02248182	CO-PRAVASTATIN	COB	FNSW
02257092	MYLAN-PRAVASTATIN	MYL	FNSW
02284421	RAN-PRAVASTATIN	RAN	FNSW
02317451	MINT-PRAVASTATIN	MNT	FNSW
02330954	JAMP PRAVASTATIN	JPC	FNSW
02356546	PRAVASTATIN	SNS	FNSW
20MG TABLET			
00893757	PRAVACHOL	BMS	FNSW
02243507	APO-PRAVASTATIN	APX	FNSW
02247009	NOVO-PRAVASTATIN	NOP	FNSW
02247656	PMS-PRAVASTATIN	PMS	FNSW
02247857	SANDOZ-PRAVASTATIN	SDZ	FNSW
02248183	CO-PRAVASTATIN	COB	FNSW
02257106	MYLAN-PRAVASTATIN	MYL	FNSW

02284448	RAN-PRAVASTATIN	RAN	FNSW
02317478	MINT-PRAVASTATIN	MNT	FNSW
02330962	JAMP PRAVASTATIN	JPC	FNSW
02356554	PRAVASTATIN	SNS	FNSW

40MG TABLET

02222051	PRAVACHOL	BMS	FNSW
02243508	APO-PRAVASTATIN	APX	FNSW
02247010	NOVO-PRAVASTATIN	NOP	FNSW
02247657	PMS-PRAVASTATIN	PMS	FNSW
02247858	SANDOZ-PRAVASTATIN	SDZ	FNSW
02248184	CO-PRAVASTATIN	COB	FNSW
02257114	MYLAN-PRAVASTATIN	MYL	FNSW
02284456	RAN-PRAVASTATIN	RAN	FNSW
02317486	MINT-PRAVASTATIN	MNT	FNSW
02330970	JAMP PRAVASTATIN	JPC	FNSW
02356562	PRAVASTATIN	SNS	FNSW

***ROSUVASTATIN**

NOTE: 5MG STRENGTH REQUIRES A SA.
5MG TABLET

02265540	CRESTOR (SA)	AZE	FNSW
02337975	APO-ROSUVASTATIN (SA)	APX	FNSW
02338726	SANDOZ-ROSUVASTATIN (SA)	SDZ	FNSW
02339765	CO-ROSUVASTATIN (SA)	COB	FNSW
02354608	TEVA-ROSUVASTATIN (SA)	TEV	FNSW
02378523	PMS-ROSUVASTATIN (SA)	PMS	FNSW
02381265	MYLAN-ROSUVASTATIN (SA)	MYL	FNSW
02382644	RAN-ROSUVASTATIN (SA)	RAN	FNSW

10MG TABLET

02247162	CRESTOR	AZE	FNSW
02337983	APO-ROSUVASTATIN	APX	FNSW
02338734	SANDOZ-ROSUVASTATIN	SDZ	FNSW
02339773	CO-ROSUVASTATIN	COB	FNSW
02354616	TEVA-ROSUVASTATIN	TEV	FNSW
02378521	PMS-ROSUVASTATIN	PMS	FNSW
02381273	MYLAN-ROSUVASTATIN	MYL	FNSW
02382652	RAN-ROSUVASTATIN	RAN	FNSW

20MG TABLET

02247163	CRESTOR	AZE	FNSW
02337991	APO-ROSUVASTATIN	APX	FNSW
02338742	SANDOZ-ROSUVASTATIN	SDZ	FNSW
02339781	CO-ROSUVASTATIN	COB	FNSW

02354624	TEVA-ROSUVASTATIN	TEV	FNSW
02378558	PMS-ROSUVASTATIN	PMS	FNSW
02381281	MYLAN-ROSUVASTATIN	MYL	FNSW
02382660	RAN-ROSUVASTATIN	RAN	FNSW

40MG TABLET

02247164	CRESTOR	AZE	FNSW
02338009	APO-ROSUVASTATIN	APX	FNSW
02338750	SANDOZ-ROSUVASTATIN	SDZ	FNSW
02339803	CO-ROSUVASTATIN	COB	FNSW
02354632	TEVA-ROSUVASTATIN	TEV	FNSW
02378566	PMS-ROSUVASTATIN	PMS	FNSW
02381303	MYLAN-ROSUVASTATIN	MYL	FNSW
02382679	RAN-ROSUVASTATIN	RAN	FNSW

***SIMVASTATIN**

5MG TABLET

00884324	ZOCOR	MSD	FNSW
02246582	MYLAN-SIMVASTATIN	MYL	FNSW
02247011	APO-SIMVASTATIN	APX	FNSW
02247827	SANDOZ-SIMVASTATIN	SDZ	FNSW
02248103	CO-SIMVASTATIN	COB	FNSW
02250144	TEVA-SIMVASTATIN	TEV	FNSW
02252619	PMS-SIMVASTATIN	PMS	FNSW
02269252	PMS-SIMVASTATIN	PMS	FNSW
02281546	PHL-SIMVASTATIN	PHL	FNSW
02329131	RAN-SIMVASTATIN	RAN	FNSW
02331020	JAMP-SIMVASTATIN	JPC	FNSW
02284723	SIMVASTATIN	SNS	FNSW
02372932	MINT-SIMVASTATIN	MNT	FNSW
02375036	MAR-SIMVISTATIN	MAR	FNSW
02375591	JAMP-SIMVASTATIN	JPC	FNSW
02378884	SIMVASTATIN-ODAN	ODN	FNSW

10MG TABLET

00884332	ZOCOR	MSD	FNSW
02246583	MYLAN-SIMVASTATIN	MYL	FNSW
02247012	APO-SIMVASTATIN	APX	FNSW
02247828	SANDOZ-SIMVASTATIN	SDZ	FNSW
02248104	CO-SIMVASTATIN	COB	FNSW
02250152	TEVA-SIMVASTATIN	TEV	FNSW
02252635	PMS-SIMVASTATIN	PMS	FNSW
02269260	PMS-SIMVASTATIN	PMS	FNSW
02281554	PHL-SIMVASTATIN	JPC	FNSW
02329158	RAN-SIMVASTATIN	RAN	FNSW

02331039	JAMP-SIMVASTATIN	JPC	FNSW
02284731	SIMVASTATIN	SNS	FNSW
02372940	MINT-SIMVASTATIN	MNT	FNSW
02375044	MAR-SIMVISTATIN	MAR	FNSW
02375605	JAMP-SIMVASTATIN	JPC	FNSW
02378892	SIMVASTATIN-ODAN	ODN	FNSW

20MG TABLET

00884340	ZOCOR	MSD	FNSW
02246737	MYLAN-SIMVASTATIN	MYL	FNSW
02247013	APO-SIMVASTATIN	APX	FNSW
02247830	SANDOZ-SIMVASTATIN	SDZ	FNSW
02248105	CO-SIMVASTATIN	COB	FNSW
02250160	TEVA-SIMVASTATIN	TEV	FNSW
02252643	PMS-SIMVASTATIN	PMS	FNSW
02269279	PMS-SIMVASTATIN	PMS	FNSW
02281562	PHL-SIMVASTATIN	PHL	FNSW
02329166	RAN-SIMVASTATIN	RAN	FNSW
02331047	JAMP-SIMVASTATIN	JPC	FNSW
02284758	SIMVASTATIN	SNS	FNSW
02372959	MINT-SIMVASTATIN	MNT	FNSW
02375052	MAR-SIMVISTATIN	MAR	FNSW
02375613	JAMP-SIMVASTATIN	JPC	FNSW
02378906	SIMVASTATIN-ODAN	ODN	FNSW

40MG TABLET

00884359	ZOCOR	MSD	FNSW
02246584	MYLAN-SIMVASTATIN	MYL	FNSW
02247014	APO-SIMVASTATIN	APX	FNSW
02247831	SANDOZ-SIMVASTATIN	SDZ	FNSW
02248106	CO-SIMVASTATIN	COB	FNSW
02250179	TEVA-SIMVASTATIN	TEV	FNSW
02252651	PMS-SIMVASTATIN	PMS	FNSW
02269287	PMS-SIMVASTATIN	PMS	FNSW
02281570	PHL-SIMVASTATIN	PHL	FNSW
02329174	RAN-SIMVASTATIN	RAN	FNSW
02331055	JAMP-SIMVASTATIN	JPC	FNSW
02284766	SIMVASTATIN	SNS	FNSW
02372967	MINT-SIMVASTATIN	MNT	FNSW
02375060	MAR-SIMVISTATIN	MAR	FNSW
02375621	JAMP-SIMVASTATIN	JPC	FNSW
02378914	SIMVASTATIN-ODAN	ODN	FNSW

80MG TABLET

02240332	ZOCOR	MSD	FNSW
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02246585	MYLAN-SIMVASTATIN	MYL	FNSW
02247015	APO-SIMVASTATIN	APX	FNSW
02247833	SANDOZ-SIMVASTATIN	SDZ	FNSW
02248107	CO-SIMVASTATIN	COB	FNSW
02250187	TEVA-SIMVASTATIN	TEV	FNSW
02252678	PMS-SIMVASTATIN	PMS	FNSW
02269295	PMS-SIMVASTATIN	PMS	FNSW
02281589	PHL-SIMVASTATIN	PHL	FNSW
02329182	RAN-SIMVASTATIN	RAN	FNSW
02331063	JAMP-SIMVASTATIN	JPC	FNSW
02284774	SIMVASTATIN	SNS	FNSW
02372975	MINT-SIMVASTATIN	MNT	FNSW
02375079	MAR-SIMVISTATIN	MAR	FNSW
02375648	JAMP-SIMVASTATIN	JPC	FNSW
02378922	SIMVASTATIN-ODAN	ODN	FNSW

24:08.00 HYPOTENSIVE DRUGS

***HYDRALAZINE HCL**

10MG TABLET

00441619	APO-HYDRALAZINE	APX	FNSW
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25MG TABLET

00441627	APO-HYDRALAZINE	APX	FNSW
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50MG TABLET

00441635	APO-HYDRALAZINE	APX	FNSW
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***PERINDOPRIL**

2MG TABLET

02123274	COVERSYL	SEV	FNSW
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4MG TABLET

02123282	COVERSYL	SEV	FNSW
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8MG TABLET

02246624	COVERSYL	SEV	FNSW
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***PERINDOPRIL & INDAPAMIDE**

4MG & 1.25MGMG TABLET

02246569	COVERSYL PLUS	SEV	FNSW
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***PERINDOPRIL ERBUMIN/INDAPAMIDE**
8MG & 2.5MG TABLET
02321653 COVERSYL PLUS HD

SEV **FNSW**

24:08.16 CENTRAL ALPHA AGONISTS

***CLONIDINE HCL**

0.025MG TABLET

00519251 DIXARIT
02304163 NOVO-CLONIDINE

BOE **FNSW**
NOP **FNSW**

0.1MG TABLET

00259527 CATAPRES
02046121 NOVO-CLONIDINE

BOE **FNSW**
NOP **FNSW**

0.2MG TABLET

00291889 CATAPRES
02046148 NOVO-CLONIDINE

BOE **FNSW**
NOP **FNSW**

***METHYLDOPA**

125MG TABLET

00360252 APO-METHYLDOPA

AAA **FNSW**

250MG TABLET

00360260 APO-METHYLDOPA

AAA **FNSW**

500MG TABLET

00426830 APO-METHYLDOPA

AAA **FNSW**

24:12.00 MISCELLANEOUS VASODILATING AGENTS

AMBRISANTAN

[SEE APPENDIX A](#) FOR SA CRITERIA

5MG TABLET

02307065 VOLIBRIS (SA)

GSK **M**

10MG TABLET

02307073 VOLIBRIS (SA)

GSK **M**

***DIPYRIDAMOLE**

25MG TABLET

00895644 APO-DIPYRIDAMOLE-FC

APX **FNSW**

50MG TABLET			
00067393	PERSANTINE	BOE	FNSW
00895652	APO-DIPYRIDAMOLE-FC	APX	FNSW

75MG TABLET			
00895660	APO-DIPYRIDAMOLE-FC	APX	FNSW

***ISOSORBIDE DINITRATE**

5MG SUBLINGUAL TABLET			
00670944	APO-ISDN	AAA	FNSW

10MG TABLET			
00441686	APO-ISDN	AAA	FNSW

30MG TABLET			
00441694	APO-ISDN	AAA	FNSW

***ISOSORBIDE MONONITRATE**

60MG TABLET			
02126559	IMDUR	AST	FNSW
02272830	APO-ISMM	APX	FNSW
02301288	PMS-ISMN	PMS	FNSW

NITROGLYCERIN

NOTES:

1. To prevent development of tolerance, patches should be removed after 12-14 hours to provide daily NITRATE-FREE periods of 10-12 hours. The NITRATE-FREE period should be timed to coincide with the period in which angina is least likely to occur (USUALLY AT NIGHT).
2. Only Nitro-Dur brand of transdermal patches are covered by the Nursing Homes Program.

0.2MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

00584223	TRANSDERM - NITRO 0.2	NVR	FSW
01911910	NITRO-DUR 0.2	MSD	FNSW
02162806	MINITRAN 0.2	MDC	FSW
02230732	TRINIPATCH 0.2	PAL	FSW

0.4 MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)

00852384	TRANSDERM - NITRO 0.4	NVR	FSW
01911902	NITRO-DUR 0.4	MSD	FNSW
02163527	MINITRAN 0.4	MDC	FSW
02230733	TRINIPATCH 0.4	PAL	FSW

0.6 MG/HR TRANSDERMAL PATCH (NOT INTERCHANGEABLE)		
01911929	NITRO-DUR 0.6	MSD FNSW
02046156	TRANSDERM - NITRO 0.6	NVR FSW
02163535	MINITRAN 0.6	MDC FSW
02230734	TRINIPATCH 0.6	PAL FSW
0.8MG/HR TRANSDERMAL PATCH		
02011271	NITRO-DUR 0.8	MSD FNSW
0.3MG SUBLINGUAL TABLET		
00037613	NITROSTAT	PFI NW
0.6MG SUBLINGUAL TABLET		
00037621	NITROSTAT	PFI NW
0.4MG/DOSE METERED DOSE LINGUAL SPRAY		
02231441	NITROLINGUAL PUMPSPRAY	AVN NW
02238998	RHO-NITRO PUMPSPRAY	SDZ NW
02243588	MYLAN-NITRO SL SPRAY	MYL NW
2% TOPICAL OINTMENT		
01926454	NITROL	PAL FNSW

SILDENAFIL CITRATE

[SEE APPENDIX A](#) FOR SA CRITERIA

20 MG TABLET		
02279401	REVATIO (SA)	PFI M
02319500	RATIO-SILDENAFIL R (SA)	RPH M

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

***DOXAZOSIN**

1MG TABLET		
01958100	CARDURA	PFI FNSW
02240498	MYLAN-DOXAZOSIN	MYL FNSW
02240588	APO-DOXAZOSIN	APX FNSW
02242728	NOVO-DOXAZOSIN	NOP FNSW
02244527	PMS-DOXAZOSIN	PMS FNSW
2MG TABLET		
01958097	CARDURA	PFI FNSW
02240499	MYLAN-DOXAZOSIN	MYL FNSW
02240589	APO-DOXAZOSIN	APX FNSW

02242729	NOVO-DOXAZOSIN	NOP	FNSW
02244528	PMS-DOXAZOSIN	PMS	FNSW

4MG TABLET

01958119	CARDURA	PFI	FNSW
02240500	MYLAN-DOXAZOSIN	MYL	FNSW
02240590	APO-DOXAZOSIN	APX	FNSW
02242730	NOVO-DOXAZOSIN	NOP	FNSW
02244529	PMS-DOXAZOSIN	PMS	FNSW

***PRAZOSIN HCL**

1MG TABLET

00882801	APO-PRAZO	APX	FNSW
01934198	NOVO-PRAZIN	NOP	FNSW

2MG TABLET

00882828	APO-PRAZO	APX	FNSW
01934201	NOVO-PRAZIN	NOP	FNSW

5MG TABLET

00882836	APO-PRAZO	APX	FNSW
01934228	NOVO-PRAZIN	NOP	FNSW

***TERAZOSIN HCL**

1MG TABLET

00818658	HYTRIN	ABB	FNSW
02218941	RATIO-TERAZOSIN	RPH	FNSW
02230805	TEVA-TERAZOSIN	TEV	FNSW
02234502	APO-TERAZOSIN	APX	FNSW
02243518	PMS-TERAZOSIN	PMS	FNSW
02350475	TERAZOSIN	SNS	FNSW

2MG TABLET

00818682	HYTRIN	ABB	FNSW
02218968	RATIO-TERAZOSIN	RPH	FNSW
02230806	TEVA-TERAZOSIN	TEV	FNSW
02234503	APO-TERAZOSIN	APX	FNSW
02243519	PMS-TERAZOSIN	PMS	FNSW
02350483	TERAZOSIN	SNS	FNSW

5MG TABLET

00818666	HYTRIN	ABB	FNSW
02218976	RATIO-TERAZOSIN	RPH	FNSW
02230807	TEVA-TERAZOSIN	TEV	FNSW
02234504	APO-TERAZOSIN	APX	FNSW

02243520	PMS-TERAZOSIN	PMS	FNSW
02350491	TERAZOSIN	SNS	FNSW
10MG TABLET			
00818674	HYTRIN	ABB	FNSW
02218984	RATIO-TERAZOSIN	RPH	FNSW
02230808	TEVA-TERAZOSIN	TEV	FNSW
02234505	APO-TERAZOSIN	APX	FNSW
02243521	PMS-TERAZOSIN	PMS	FNSW
02350505	TERAZOSIN	SNS	FNSW

24:28.08 DIHYDROPYRIDINES (CALCIUM CHANNEL BLOCKERS)

***FELODIPINE**

2.5MG SUSTAINED RELEASE TABLET

02057778	PLENDIL	AZE	FNSW
02221985	RENEDIL	AVN	FNSW

5MG SUSTAINED RELEASE TABLET

00851779	PLENDIL	AZE	FNSW
02221993	RENEDIL	AVN	FNSW
02280264	SANDOZ FELODIPINE	SDZ	FNSW

10MG SUSTAINED RELEASE TABLET

00851787	PLENDIL	AZE	FNSW
02222000	RENEDIL	AVN	FNSW
02280272	SANDOZ FELODIPINE	SDZ	FNSW

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

***BENAZEPRIL HCL**

5MG TABLET

00885835	LOTENSIN	NVR	FNSW
02290332	APO-BENAZEPRIL	AAA	FNSW

10MG TABLET

02290340	APO-BENAZEPRIL	AAA	FNSW
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20MG TABLET

00885851	LOTENSIN	NVR	FNSW
02273918	APO-BENAZEPRIL	AAA	FNSW

***CAPTOPRIL**

12.5MG TABLET

00893595	APO-CAPTO	APX	FNSW
01942964	NOVO-CAPTORIL	NOP	FNSW
02163551	MYLAN-CAPTOPRIL	MYL	FNSW
02230203	PMS-CAPTOPRIL	PMS	FNSW

25MG TABLET

00893609	APO-CAPTO	APX	FNSW
01942972	NOVO-CAPTORIL	NOP	FNSW
02163578	MYLAN-CAPTOPRIL	MYL	FNSW

50MG TABLET

00893617	APO-CAPTO	APX	FNSW
01942980	NOVO-CAPTORIL	NOP	FNSW
02163586	MYLAN-CAPTOPRIL	MYL	FNSW

100MG TABLET

00893625	APO-CAPTO	APX	FNSW
01942999	NOVO-CAPTORIL	NOP	FNSW
02163594	MYLAN-CAPTOPRIL	MYL	FNSW

***CILAZAPRIL**

1MG TABLET

02266350	NOVO-CILAZAPRIL	NOP	FNSW
02280442	PMS-CILAZAPRIL	PMS	FNSW
02283778	MYLAN-CILAZAPRIL	MYL	FNSW
02291134	APO-CILAZAPRIL	APX	FNSW
02350963	CILZAPRIL	SNS	FNSW

2.5MG TABLET

01911473	INHIBACE	HLR	FNSW
02266369	NOVO-CILAZAPRIL	NOP	FNSW
02280450	PMS-CILAZAPRIL	PMS	FNSW
02283786	MYLAN-CILAZAPRIL	MYL	FNSW
02285215	CO-CILAZAPRIL	COB	FNSW
02291142	APO-CILAZAPRIL	APX	FNSW
02350971	CILAZAPRIL	SNS	FNSW

5MG TABLET

01911481	INHIBACE	HLR	FNSW
02266377	NOVO-CILAZAPRIL	NOP	FNSW
02280469	PMS-CILAZAPRIL	PMS	FNSW
02283794	MYLAN-CILAZAPRIL	MYL	FNSW
02285223	CO-CILAZAPRIL	COB	FNSW

02291150	APO-CILAZAPRIL	APX	FNSW
02350998	CILAZAPRIL	SNS	FNSW

***CILAZAPRIL & HYDROCHLOROTHIAZIDE**

5MG & 12.5MG TABLET

02181479	INHIBACE PLUS	HLR	FNSW
02284987	APO-CILAZAPRIL/HCTZ	APX	FNSW
02313731	NOVO-CILAZAPRIL/HCTZ	NOP	FNSW

***ENALAPRIL MALEATE**

2.5MG TABLET

00851795	VASOTEC	MSD	FNSW
02020025	APO-ENALAPRIL	APX	FNSW
02291878	CO-ENALAPRIL	COB	FNSW
02299933	SANDOZ-ENALAPRIL	SDZ	FNSW
02300036	MYLAN-ENALAPRIL	MYL	FNSW
02300680	NOVO-ENALAPRIL	NOP	FNSW
02352230	RAN-ENALAPRIL	RAN	FNSW

5MG TABLET

00708879	VASOTEC	MSD	FNSW
02019884	APO-ENALAPRIL	APX	FNSW
02233005	NOVO- ENALAPRIL	NOP	FNSW
02291886	CO-ENALAPRIL	COB	FNSW
02299941	SANDOZ-ENALAPRIL	SDZ	FNSW
02300044	MYLAN-ENALAPRIL	MYL	FNSW
02300087	PMS-ENALAPRIL	PMS	FNSW
02352249	RAN-ENALAPRIL	RAN	FNSW

10MG TABLET

00670901	VASOTEC	MSD	FNSW
02019892	APO-ENALAPRIL	APX	FNSW
02233006	NOVO- ENALAPRIL	NOP	FNSW
02291894	CO-ENALAPRIL	COB	FNSW
02299968	SANDOZ-ENALAPRIL	SDZ	FNSW
02300052	MYLAN-ENALAPRIL	MYL	FNSW
02352257	RAN-ENALAPRIL	RAN	FNSW

20MG TABLET

00670928	VASOTEC	MSD	FNSW
02019906	APO-ENALAPRIL	APX	FNSW
02233007	NOVO- ENALAPRIL	NOP	FNSW
02291908	CO-ENALAPRIL	COB	FNSW
02299976	SANDOZ-ENALAPRIL	SDZ	FNSW
02300060	MYLAN-ENALAPRIL	MYL	FNSW

02352265 RAN-ENALAPRIL RAN FNSW

***ENALAPRIL & HYDROCHLOROTHIAZIDE**

5MG & 12.5MG TABLET

02242826 VASERETIC MSD FNSW

02300222 NOVO-ENALAPRIL/HCTZ NOP FNSW

10MG & 25MG TABLET

00657298 VASERETIC MSD FNSW

02300230 NOVO-ENALAPRIL/HCTZ NOP FNSW

***EPROSARTAN MESYLATE**

400MG TABLET

02240432 TEVETEN ABB FNSW

600MG TABLET

02243942 TEVETEN ABB FNSW

***EPROSARTAN & HYDROCHLOROTHIAZIDE**

600MG & 12.5MG TABLET

02253631 TEVETEN PLUS ABB FNSW

***LISINOPRIL**

5MG TABLET

00839388 PRINIVIL MSD FNSW

02049333 ZESTRIL AZE FNSW

02217481 APO-LISINOPRIL APX FNSW

02256797 RATIO-LISINOPRIL P RPH FNSW

02271443 CO-LISINOPRIL COB FNSW

02274833 MYLAN-LISINOPRIL MYL FNSW

02285061 NOVO-LISINOPRIL (TYPE P) NOP FNSW

02285118 NOVO-LISINOPRIL (TYPE Z) NOP FNSW

02289199 SANDOZ-LISINOPRIL SDZ FNSW

02292203 PMS-LISINOPRIL PMS FNSW

02294230 RAN-LISINOPRIL RAN FNSW

02299879 RATIO-LISINOPRIL Z RPH FNSW

02361531 JAMP-LISINOPRIL JPC FNSW

10MG TABLET

00839396 PRINIVIL MSD FNSW

02049376 ZESTRIL AZE FNSW

02217503 APO-LISINOPRIL APX FNSW

02256800 RATIO-LISINOPRIL P RPH FNSW

02271451 CO-LISINOPRIL COB FNSW

02274841 MYLAN-LISINOPRIL MYL FNSW

02285088	TEVA-LISINOPRIL (TYPE P)	NOP	FNSW
02285126	NOVO-LISINOPRIL (TYPE Z)	NOP	FNSW
02289202	SANDOZ-LISINOPRIL	SDZ	FNSW
02292211	PMS-LISINOPRIL	PMS	FNSW
02294249	RAN-LISINOPRIL	RAN	FNSW
02299887	RATIO-LISINOPRIL Z	RPH	FNSW
02361558	JAMP-LISINOPRIL	JPC	FNSW

20MG TABLET

00839418	PRINIVIL	MSD	FNSW
02049384	ZESTRIL	AZE	FNSW
02217511	APO-LISINOPRIL	APX	FNSW
02256819	RATIO-LISINOPRIL P	RPH	FNSW
02271478	CO-LISINOPRIL	COB	FNSW
02274868	MYLAN-LISINOPRIL	MYL	FNSW
02285096	TEVA-LISINOPRIL (TYPE P)	NOP	FNSW
02285134	NOVO-LISINOPRIL (TYPE Z)	NOP	FNSW
02289229	SANDOZ-LISINOPRIL	SDZ	FNSW
02292238	PMS-LISINOPRIL	PMS	FNSW
02294257	RAN-LISINOPRIL	RAN	FNSW
02299895	RATIO-LISINOPRIL Z	RPH	FNSW
02361566	JAMP-LISINOPRIL	JPC	FNSW

***LISINOPRIL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02103729	ZESTORESTIC	AZE	FNSW
02108194	PRINZIDE	MSD	FNSW
02261979	APO-LISINOPRIL/HCTZ	APX	FNSW
02297736	MYLAN-LISINOPRIL/HCTZ	MYL	FNSW
02301768	NOVO-LISINOPRIL/HCTZ (TYPE Z)	NOP	FNSW
02302136	NOVO-LISINOPRIL/HCTZ (TYPE P)	NOP	FNSW
02302365	SANDOZ LISINOPRIL/HCT	SDZ	FNSW
02362945	LISINOPRIL	SNS	FNSW

20MG & 12.5MG TABLET

00884413	PRINZIDE	MSD	FNSW
02045737	ZESTORESTIC	AZE	FNSW
02261987	APO-LISINOPRIL/HCTZ	APX	FNSW
02297744	MYLAN-LISINOPRIL/HCTZ	MYL	FNSW
02301776	TEVA-LISINOPRIL/HCTZ (TYPE Z)	NOP	FNSW
02302144	NOVO-LISINOPRIL/HCTZ (TYPE P)	NOP	FNSW
02302373	SANDOZ LISINOPRIL/HCT	SDZ	FNSW
02362953	LISINOPRIL	SNS	FNSW

20MG & 25MG TABLET

02045729	ZESTORESTIC	AZE	FNSW
02261995	APO-LISINOPRIL/HCTZ	APX	FNSW
02297752	MYLAN-LISINOPRIL/HCTZ	MYL	FNSW
02301784	NOVO-LISINOPRIL/HCTZ (TYPE Z)	NOP	FNSW
02302152	NOVO-LISINOPRIL/HCTZ (TYPE P)	NOP	FNSW
02302381	SANDOZ-LISINOPRIL/HCT	SDZ	FNSW
02362961	LISINOPRIL	SNS	FNSW

***QUINAPRIL HCL**

5MG TABLET

01947664	ACCUPRIL	PFI	FNSW
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10MG TABLET

01947672	ACCUPRIL	PFI	FNSW
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20MG TABLET

01947680	ACCUPRIL	PFI	FNSW
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40MG TABLET

01947699	ACCUPRIL	PFI	FNSW
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***QUINAPRIL HCL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02237367	ACCURETIC	PFI	FNSW
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20MG & 12.5MG TABLET

02237368	ACCURETIC	PFI	FNSW
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20MG & 25MG TABLET

02237369	ACCURETIC	PFI	FNSW
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***RAMIPRIL**

1.25MG CAPSULE

02221829	ALTACE	AVN	FNSW
02251515	APO-RAMIPRIL	APX	FNSW
02291398	SANDOZ RAMIPRIL	SDZ	FNSW
02295482	CO-RAMIPRIL	COB	FNSW
02299372	RAMIPRIL	RIV	FNSW
02301148	MYLAN-RAMIPRIL	MYL	FNSW
02310503	RAN-RAMIPRIL	RAN	FNSW
02331101	JAMP RAMIPRIL	JPC	FNSW
02295369	PMS-RAMIPRIL	PMS	FNSW

2.5MG CAPSULE

02221837	ALTACE	AVN	FNSW
02247917	PMS-RAMIPRIL	PMS	FNSW
02247945	TEVA-RAMIPRIL	TEV	FNSW
02251531	APO-RAMIPRIL	APX	FNSW
02255316	RAMIPRIL	PMS	FNSW
02291401	SANDOZ RAMIPRIL	SDZ	FNSW
02295490	CO-RAMIPRIL	COB	FNSW
02301156	MYLAN-RAMIPRIL	MYL	FNSW
02310511	RAN-RAMIPRIL	RAN	FNSW
02331128	JAMP-RAMIPRIL	JPC	FNSW
02374846	RAMIPRIL	SNS	FNSW

5MG CAPSULE

02221845	ALTACE	AVN	FNSW
02247918	PMS-RAMIPRIL	PMS	FNSW
02247946	TEVA-RAMIPRIL	TEV	FNSW
02251574	APO-RAMIPRIL	APX	FNSW
02255324	RAMIPRIL	RIV	FNSW
02291428	SANDOZ-RAMIPRIL	SDZ	FNSW
02295504	CO-RAMIPRIL	COB	FNSW
02301164	MYLAN-RAMIPRIL	MYL	FNSW
02310538	RAN-RAMIPRIL	RAN	FNSW
02331136	JAMP-RAMIPRIL	JPC	FNSW
02374854	RAMIPRIL	SNS	FNSW

10MG CAPSULE

02221853	ALTACE	AVN	FNSW
02247919	PMS-RAMIPRIL	PMS	FNSW
02247947	TEVA-RAMIPRIL	TEV	FNSW
02251582	APO-RAMIPRIL	APX	FNSW
02255332	RAMIPRIL	RIV	FNSW
02291436	SANDOZ-RAMIPRIL	SDZ	FNSW
02295512	CO-RAMIPRIL	COB	FNSW
02301172	MYLAN-RAMIPRIL	MYL	FNSW
02310546	RAN-RAMIPRIL	RAN	FNSW
02331144	JAMP-RAMIPRIL	JPC	FNSW
02374862	RAMIPRIL	SNS	FNSW

15MG CAPSULE

02281112	ALTACE	AVN	FNSW
02325381	APO-RAMIPRIL	APX	FNSW

***RAMIPRIL & HYDROCHLOROTHIAZIDE**

2.5MG & 12.5MG TABLET

02283131	ALTACE HCT	SAN	FNSW
02342138	PMS-RAMIPRIL HCTZ	PMS	FNSW

5MG & 12.5MG TABLET

02283158	ALTACE HCT	SAN	FNSW
02342146	PMS-RAMIPRIL HCTZ	PMS	FNSW

10MG & 12.5MG TABLET

02283166	ALTACE HCT	AVN	FNSW
02342154	PMS-RAMIPRIL-HCTZ	PMS	FNSW

5MG & 25MG TABLET

02283174	ALTACE HCT	AVN	FNSW
02342162	PMS-RAMIPRIL-HCTZ	PMS	FNSW

10MG & 25MG TABLET

02283182	ALTACE HCT	AVN	FNSW
02342170	PMS-RAMIPRIL-HCTZ	PMS	FNSW

***TRANDOLAPRIL**

0.5MG CAPSULE

02231457	MAVIK	ABB	FNSW
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1MG CAPSULE

02231459	MAVIK	ABB	FNSW
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2MG CAPSULE

02231460	MAVIK	ABB	FNSW
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4MG CAPSULE

02239267	MAVIK	ABB	FNSW
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24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

***CANDESARTAN CILEXETIL**

4MG TABLET

02239090	ATACAND	AZE	FNSW
02326957	SANDOZ-CANDESARTAN	SDZ	FNSW
02365340	APO-CANDESARTAN	APX	FNSW

02376520	CO-CANDESARTAN	COB	FNSW
02379120	MYLAN-CANDESARTAN	MYL	FNSW
02379260	CANDESARTAN CILEXETIL	ACH	FNSW
02386496	JAMP-CANDESARTAN	JPC	FNSW
02391171	PMS-CANDESARTAN	PMS	FNSW

8MG TABLET

02239091	ATACAND	AZE	FNSW
02326965	SANDOZ-CANDESARTAN	SDZ	FNSW
02365359	APO-CANDESARTAN	APX	FNSW
02366312	TEVA-CANDESARTAN	TEV	FNSW
02376539	CO-CANDESARTAN	COB	FNSW
02379139	MYLAN-CANDESARTAN	MYL	FNSW
02379279	CANDESARTAN CILEXETIL	ACH	FNSW
02386518	JAMP-CANDESARTAN	JPC	FNSW
02391198	PMS-CANDESARTAN	PMS	FNSW

16MG TABLET

02239092	ATACAND	AZE	FNSW
02326973	SANDOZ-CANDESARTAN	SDZ	FNSW
02365367	APO-CANDESARTAN	APX	FNSW
02366320	TEVA-CANDESARTAN	TEV	FNSW
02376547	CO-CANDESARTAN	COB	FNSW
02379147	MYLAN-CANDESARTAN	MYL	FNSW
02379287	CANDESARTAN CILEXETIL	ACH	FNSW
02386526	JAMP-CANDESARTAN	JPC	FNSW
02391201	PMS-CANDESARTAN	PMS	FNSW

32MG TABLET

02311658	ATACAND	AZE	FNSW
02366339	TEVA-CANDESARTAN	TEV	FNSW
02376555	CO-CANDESARTAN	COB	FNSW
02379155	MYLAN-CANDESARTAN	MYL	FNSW
02379295	CANDESARTAN CILEXETIL	ACH	FNSW
02386534	JAMP-CANDESARTAN	JPC	FNSW
02391228	PMS-CANDESARTAN	PMS	FNSW

***CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE**

16MG & 12.5MG TABLET

02244021	ATACAND PLUS	AZE	FNSW
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32MG & 12.5MG TABLET

02332922	ATACAND PLUS	AZE	FNSW
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32MG & 25MG TABLET

02332957 ATACAND PLUS AZE FNSW

***FOSINOPRIL**

10MG TABLET

01907107 MONOPRIL BMS FNSW
02247802 TEVA-FOSINOPRIL TEV FNSW
02262401 MYLAN-FOSINOPRIL MYL FNSW
02266008 APO-FOSINOPRIL APX FNSW
02331004 JAMP-FOSINOPRIL JPC FNSW
02294524 RAN-FOSINOPRIL RAN FNSW

20MG TABLET

01907115 MONOPRIL BMS FNSW
02247803 TEVA-FOSINOPRIL TEV FNSW
02255952 PMS-FOSINOPRIL PMS FNSW
02262428 MYLAN-FOSINOPRIL MYL FNSW
02266016 APO-FOSINOPRIL APX FNSW
02331012 JAMP-FOSINOPRIL JPC FNSW
02294532 RAN-FOSINOPRIL RAN FNSW

***IRBESARTAN**

75MG TABLET

02237923 AVAPRO AVN FNSW
02315971 TEVA-IRBESARTAN TEV FNSW
02316390 RATIO-IRBESARTAN RPH FNSW
02317060 PMS-IRBESARTAN PMS FNSW
02328070 CO-IRBESARTAN COB FNSW
02328461 SANDOZ-IRBESARTAN SDZ FNSW
02347296 MYLAN-IRBESARTAN MYL FNSW
02372347 IRBESARTAN SNS FNSW
02386968 APO-IRBESARTAN APX FNSW

150MG TABLET

02237924 AVAPRO AVN FNSW
02315998 TEVA-IRBESARTAN TEV FNSW
02316404 RATIO-IRBESARTAN RPH FNSW
02317079 PMS-IRBESARTAN PMS FNSW
02328089 CO-IRBESARTAN COB FNSW
02328488 SANDOZ-IRBESARTAN SDZ FNSW
02347318 MYLAN-IRBESARTAN MYL FNSW
02372371 IRBESARTAN SNS FNSW
02386976 APO-IRBESARTAN APX FNSW

300MG TABLET

02237925	AVAPRO	AVN	FNSW
02316005	TEVA-IRBESARTAN	TEV	FNSW
02316412	RATIO-IRBESARTAN	RPH	FNSW
02317087	PMS-IRBESARTAN	PMS	FNSW
02328100	CO-IRBESARTAN	COB	FNSW
02328496	SANDOZ-IRBESARTAN	SDZ	FNSW
02347326	MYLAN-IRBESARTAN	MYL	FNSW
02372398	IRBESARTAN	SNS	FNSW
02386984	APO-IRBESARTAN	APX	FNSW

***IRBESARTAN & HYDROCHLOROTHIAZIDE**

150MG & 12.5MG TABLET

02241818	AVALIDE	AVN	FNSW
02316013	TEVA-IRBESARTAN HCTZ	TEV	FNSW
02328518	PMS-IRBESARTAN HCTZ	PMS	FNSW
02330512	RATIO-IRBESARTAN HCTZ	RPH	FNSW
02337428	SANDOZ-IRBESARTAN HCT	SDZ	FNSW
02357399	CO-IRBESARTAN HCT	COB	FNSW
02363208	RAN-IRBESARTAN HCTZ	RAN	FNSW
02372886	IRBESARTAN HCTZ	SNS	FNSW

300MG & 12.5MG TABLET

02241819	AVALIDE	AVN	FNSW
02316021	TEVA-IRBESARTAN HCTZ	TEV	FNSW
02328526	PMS-IRBESARTAN HCTZ	PMS	FNSW
02330520	RATIO-IRBESARTAN HCTZ	RPH	FNSW
02337436	SANDOZ-IRBESARTAN HCT	SDZ	FNSW
02357402	CO-IRBESARTAN HCT	COB	FNSW
02363216	RAN-IRBESARTAN HCTZ	RAN	FNSW
02372894	IRBESARTAN HCTZ	SNS	FNSW

300MG & 25MG TABLET

02316048	TEVA-IRBESARTAN HCTZ	TEV	FNSW
02328534	PMS-IRBESARTAN HCTZ	PMS	FNSW
02330539	RATIO-IRBESARTAN HCTZ	RPH	FNSW
02337444	SANDOZ-IRBESARTAN HCT	SDZ	FNSW
02357410	CO-IRBESARTAN HCT	COB	FNSW
02363224	RAN-IRBESARTAN HCTZ	RAN	FNSW
02372908	IRBESARTAN HCTZ	SNS	FNSW

***LOSARTAN POTASSIUM**

25MG TABLET

02182815	COZAAR	MSD	FNSW
02313332	SANDOZ-LOSARTAN	SDZ	FNSW

02309750	PMS-LOSARTAN	PMS	FNSW
02354829	CO-LOSARTAN	COB	FNSW
02368277	MYLAN-LOSARTAN	MYL	FNSW
02379058	APO-LOSARTAN	APX	FNSW
02380838	TEVA-LOSARTAN	TEV	FNSW

50MG TABLET

02182874	COZAAR	MSD	FNSW
02309769	PMS-LOSARTAN	PMS	FNSW
02313340	SANDOZ-LOSARTAN	SDZ	FNSW
02353504	APO-LOSARTAN	APX	FNSW
02354837	CO-LOSARTAN	COB	FNSW
02357968	TEVA-LOSARTAN	TEV	FNSW
02368285	MYLAN-LOSARTAN	MYL	FNSW

100MG TABLET

02182882	COZAAR	MSD	FNSW
02309777	PMS-LOSARTAN	PMS	FNSW
02313359	SANDOZ-LOSARTAN	SDZ	FNSW
02353512	APO-LOSARTAN	APX	FNSW
02354845	CO-LOSARTAN	COB	FNSW
02357976	TEVA-LOSARTAN	TEV	FNSW
02368293	MYLAN-LOSARTAN	MYL	FNSW

***LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE**

50MG & 12.5MG TABLET

02230047	HYZAAR	MSD	FNSW
02313375	SANDOZ-LOSARTAN HCT	SDZ	FNSW
02358263	TEVA-LOSARTAN HCTZ	TEV	FNSW
02371235	APO-LOSARTAN HCTZ	APX	FNSW
02378078	MYLAN-LOSARTAN HCTZ	MYL	FNSW

100MG & 12.5MG TABLET

02297841	HYZAAR	MSD	FNSW
02362449	SANDOZ-LOSARTAN HCT	SDZ	FNSW
02371243	APO-LOSARTAN HCTZ	APX	FNSW
02377144	TEVA-LOSARTAN HCTZ	TEV	FNSW
02378086	MYLAN-LOSARTAN HCTZ	MYL	FNSW

100MG & 25MG TABLET

02241007	HYZAAR DS	MSD	FNSW
02313383	SANDOZ-LOSARTAN HCT	SDZ	FNSW
02371251	APO-LOSARTAN HCTZ	APX	FNSW
02377152	TEVA-LOSARTAN HCTZ	TEV	FNSW
02378094	MYLAN-LOSARTAN HCTZ	MYL	FNSW

***OLMESARTAN**

20MG TABLET

02318660 OLMETEC MSD **FNSW**

40MG TABLET

02318679 OLEMETEC MSD **FNSW**

***OLMESARTAN & HYDROCHLOROTHIAZIDE**

20/12.5 TABLET

02319616 OLMETEC PLUS MSD **FNSW**

40/12.5MG TABLET

02319624 OLMETEC PLUS MSD **FNSW**

40/25MG TABLET

02319632 OLMETEC PLUS MSD **FNSW**

***TELMISARTAN**

40MG TABLET

02240769 MICARDIS BOE **FNSW**

02320177 TEVA-TELMISARTAN TEV **FNSW**

02375966 SANDOZ-TELMISARTAN SDZ **FNSW**

02391236 PMS-TELMISARTAN PMS **FNSW**

80MG TABLET

02240770 MICARDIS BOE **FNSW**

02320185 TEVA-TELMISARTAN TEV **FNSW**

02375958 SANDOZ-TELMISARTAN SDZ **FNSW**

02391244 PMS-TELMISARTAN PMS **FNSW**

***TELMISARTAN & AMLODIPINE**

40/5MG TABLET

02371022 TWYNSTA BOE **FNSW**

40/10MG TABLET

02371030 TWYNSTA BOE **FNSW**

02376717 MYLAN-TELMISARTAN MYL **FNSW**

80/5MG TABLET

02371049 TWYNSTA BOE **FNSW**

02376725 MYLAN-TELMISARTAN MYL **FNSW**

80/10MG TABLET

02371057 TWYNSTA BOE **FNSW**

***TELMISARTAN & HYDROCHLOROTHIAZIDE**

80MG & 12.5MG TABLET

02244344	MICARDIS PLUS	BOE	FNSW
02330288	TEVA-TELMISARTAN HCTZ	TEV	FNSW
02373564	MYLAN-TELMISARTAN HCTZ	MYL	FNSW

80MG & 25 MG TABLET

02318709	MICARDIS PLUS	BOE	FNSW
02379252	TEVA-TELMISARTAN HCTZ	TEV	FNSW
02373572	MYLAN-TELMISARTAN HCTZ	MYL	FNSW

***VALSARTAN**

40MG TABLET

02270528	DIOVAN	NVR	FNSW
02312999	PMS-VALSARTAN	PMS	FNSW
02337487	CO-VALSARTAN	COB	FNSW
02356740	SANDOZ-VALSARTAN	SDZ	FNSW
02356643	TEVA-VALSARTAN	TEV	FNSW
02363062	RAN-VALSARTAN	RBX	FNSW
02371510	APO-VALSARTAN	APX	FNSW
02383527	MYLAN-VALSARTAN	MYL	FNSW

80MG TABLET

02244781	DIOVAN	NVR	FNSW
02313006	PMS-VALSARTAN	PMS	FNSW
02337495	CO-VALSARTAN	COB	FNSW
02356759	SANDOZ-VALSARTAN	SDZ	FNSW
02356651	TEVA-VALSARTAN	TEV	FNSW
02363100	RAN-VALSARTAN	RBX	FNSW
02371529	APO-VALSARTAN	APX	FNSW
02383535	MYLAN-VALSARTAN	MYL	FNSW

160MG TABLET

02244782	DIOVAN	NVR	FNSW
02313014	PMS-VALSARTAN	PMS	FNSW
02337509	CO-VALSARTAN	COB	FNSW
02356767	SANDOZ-VALSARTAN	SDZ	FNSW
02356678	TEVA-VALSARTAN	TEV	FNSW
02363119	RAN-VALSARTAN	RBX	FNSW
02371537	APO-VALSARTAN	APX	FNSW
02383543	MYLAN-VALSARTAN	MYL	FNSW

320MG TABLET

02289504	DIOVAN	NVR	FNSW
02337517	CO-VALSARTAN	COB	FNSW

02344564	PMS-VALSARTAN	PMS	FNSW
02356775	SANDOZ-VALSARTAN	SDZ	FNSW
02356686	TEVA-VALSARTAN	TEV	FNSW
02371545	APO-VALSARTAN	APX	FNSW
02383551	MYLAN-VALSARTAN	MYL	FNSW

***VALSARTAN & HYDROCHLORTHIAZIDE**

80MG & 12.5MG TABLET

02241900	DIOVAN-HCT	NVR	FNSW
02356694	SANDOZ-VALSARTAN HCT	SDZ	FNSW
02356996	TEVA-VALSARTAN HCTZ	TEV	FNSW
02373734	MYLAN-VALSARTAN HCTZ	MYL	FNSW
02382547	APO-VALSARTAN HCTZ	APX	FNSW

160MG & 12.5MG TABLET

02241901	DIOVAN-HCT	NVR	FNSW
02356708	SANDOZ-VALSARTAN HCT	SDZ	FNSW
02357003	TEVA-VALSARTAN HCTZ	TEV	FNSW
02373742	MYLAN-VALSARTAN HCTZ	MYL	FNSW
02382555	APO-VALSARTAN HCTZ	APX	FNSW

160MG & 25MG TABLET

02246955	DIOVAN-HCT	NVR	FNSW
02356716	SANDOZ-VALSARTAN HCT	SDZ	FNSW
02357011	TEVA-VALSARTAN HCTZ	TEV	FNSW
02373750	MYLAN-VALSARTAN HCTZ	MYL	FNSW
02382563	APO-VALSARTAN HCTZ	APX	FNSW

320MG & 12.5MG TABLET

02308908	DIOVAN-HCT	NVR	FNSW
02356724	SANDOZ-VALSARTAN HCT	SDZ	FNSW
02357038	TEVA-VALSARTAN HCTZ	TEV	FNSW
02373769	MYLAN-VALSARTAN HCTZ	MYL	FNSW
02382571	APO-VALSARTAN HCTZ	APX	FNSW

320MG & 25MG TABLET

02308916	DIOVAN-HCT	NVR	FNSW
02356732	SANDOZ-VALSARTAN HCT	SDZ	FNSW
02357046	TEVA-VALSARTAN HCTZ	TEV	FNSW
02373777	MYLAN-VALSARTAN HCTZ	MYL	FNSW
02382598	APO-VALSARTAN HCTZ	APX	FNSW

28:08.04 NONSTEROIDAL ANTI INFLAMMATORY AGENTS

***ACETYLSALICYLIC ACID**

325MG TABLET

00999963 ASA (DIN for billing purposes only) NW

81MG ENTERIC COATED TABLET

02237726 COATED ASPIRIN DAILY LOW DOSE BAY NW

02242281 ENTROPHEN PEN NW

325MG ENTERIC COATED TABLET

00010332 ENTROPHEN PMS NW

00216666 NOVASEN NOP NW

02284529 PMS-ASA EC PMS NW

650MG ENTERIC COATED TABLET

00229296 NOVASEN NOP NW

***DICLOFENAC SODIUM**

25MG ENTERIC COATED TABLET

00839175 APO-DICLO APX FNSW

02261952 SANDOZ-DICLOFENAC SDZ FNSW

02302616 PMS-DICLOFENAC PMS FNSW

50MG ENTERIC COATED TABLET

00514012 VOLTAREN NVR FNSW

00808547 TEVA DIFENAC TEV FNSW

00839183 APO-DICLO APX FNSW

02261960 SANDOZ-DICLOFENAC SDZ FNSW

02302624 PMS-DICLOFENAC PMS FNSW

02352397 DICLOFENAC EC SNS FNSW

75MG SUSTAINED RELEASE TABLET

00782459 VOLTAREN SR NVR FNSW

02158582 TEVA DIFENAC SR TEV FNSW

02231504 PMS-DICLOFENAC SR PMS FNSW

02261901 SANDOZ-DICLOFENAC SDZ FNSW

02352400 DICLOFENAC SR SNS FNSW

100MG SUSTAINED RELEASE TABLET

00590827 VOLTAREN SR NVR FNSW

02048698 TEVA DIFENAC SR TEV FNSW

02231505 PMS-DICLOFENAC SR PMS FNSW

02261944 SANDOZ-DICLOFENAC SDZ FNSW

50MG SUPPOSITORY

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

100MG SUPPOSITORY

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

Note: Suppository formulation limited to a maximum one-month supply of medication.

***DIFLUNISAL**

250MG TABLET

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

500MG TABLET

02039494 APO-DIFLUNISAL APX FNSW

***FLURBIPROFEN**

50MG TABLET

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

100MG TABLET

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

***IBUPROFEN**

300MG TABLET

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

400MG TABLET

00506052 APO-IBUPROFEN APX NW
00629340 NOVO-PROFEN NOP NW
02242658 MOTRIN IB SUPER STRENGTH MCL NW
02317338 IBUPROFEN JPC NW

600MG TABLET			
00585114	APO-IBUPROFEN	APX	FNSW
00629359	NOVO-PROFEN	NOP	FNSW

***INDOMETHACIN**

25MG CAPSULE			
00337420	NOVO-METHACIN	NOP	FNSW

50MG CAPSULE			
00337439	NOVO-METHACIN	NOP	FNSW

50MG RECTAL SUPPOSITORY			
02231799	SAB-INDOMETHACIN	SDZ	FNSW

100MG RECTAL SUPPOSITORY			
01934139	RATIO-INDOMETHACIN	RPH	FNSW
02231800	SAB-INDOMETHACIN	SDZ	FNSW

Note: Suppository formulation limited to a maximum one-month supply of medication.

***KETOPROFEN**

50MG CAPSULE			
00790427	APO-KETO	AAA	FNSW

50MG ENTERIC COATED TABLET			
00790435	APO-KETO E	AAA	FNSW

100MG ENTERIC COATED TABLET			
00842664	APO-KETO E	AAA	FNSW

100MG RECTAL SUPPOSITORY			
02015951	PMS-KETOPROFEN	PMS	FNSW

Note: Suppository formulation limited to a maximum one-month supply of medication.

***MEFENAMIC ACID**

250MG CAPSULE			
02229452	APO-MEFENAMIC	AAA	FW

NABUMETONE

[SEE APPENDIX A](#) FOR CRITERIA

500MG TABLET			
02238639	APO-NABUMETONE (SA)	APX	FNSW
02240867	NOVO-NABUMETONE (SA)	NOP	FNSW
02244563	MYLAN-NABUMETONE (SA)	MYL	FNSW
02343282	NABUMETONE (SA)	SNS	FNSW

***NAPROXEN**

125MG TABLET

00522678 APO-NAPROXEN APX **FNSW**

250MG TABLET

00522651 APO-NAPROXEN APX **FNSW**

00565350 TEVA-NAPROX TEV **FNSW**

02350750 NAPROXEN SNS **FNSW**

375MG TABLET

00600806 APO-NAPROXEN APX **FNSW**

00627097 TEVA NAPROX TEV **FNSW**

02350769 NAPROXEN SNS **FNSW**

500MG TABLET

00589861 TEVA-NAPROX NOP **FNSW**

00592277 APO-NAPROXEN APX **FNSW**

02350777 NAPROXEN SNS **FNSW**

250MG ENTERIC COATED TABLET

02162792 NAPROSYN-E HLR **FNSW**

02243312 TEVA-NAPROXEN EC TEV **FNSW**

02246699 APO-NAPROXEN EC APX **FNSW**

02350785 NAPROXEN EC SNS **FNSW**

375MG ENTERIC COATED TABLET

02162415 NAPROSYN-E HLR **FNSW**

02243313 TEVA-NAPROXEN EC TEV **FNSW**

02243432 MYLAN-NAPROXEN EC MYL **FNSW**

02246700 APO-NAPROXEN EC APX **FNSW**

02294702 PMS-NAPROXEN EC PMS **FNSW**

02350793 NAPROXEN EC SNS **FNSW**

500MG ENTERIC COATED TABLET

02162423 NAPROSYN-E HLR **FNSW**

02241024 MYLAN-NAPROXEN EC MYL **FNSW**

02243314 TEVA-NAPROXEN EC TEV **FNSW**

02246701 APO-NAPROXEN EC APX **FNSW**

02294710 PMS-NAPROXEN EC PMS **FNSW**

02350807 NAPROXEN EC SNS **FNSW**

750MG SUSTAINED RELEASE TABLET

02162466 NAPROSYN SR HLR **FNSW**

02177072 APO-NAPROXEN SR APX **FNSW**

500MG RECTAL SUPPOSITORY

02017237 PMS-NAPROXEN

PMS FNSW

Note: Suppository formulation limited to a maximum one-month supply of medication.

***PIROXICAM**

10MG CAPSULE

00642886 APO-PIROXICAM

APX FNSW

00695718 NOVO-PIROCAM

NOP FNSW

20MG CAPSULE

00642894 APO-PIROXICAM

APX FNSW

00695696 NOVO-PIROCAM

NOP FNSW

***SULINDAC**

150MG TABLET

00745588 NOVO-SUNDAC

NOP FNSW

00778354 APO-SULIN

APX FNSW

200MG TABLET

00745596 NOVO-SUNDAC

NOP FNSW

00778362 APO-SULIN

APX FNSW

***TIAPROFENIC ACID**

200MG TABLET

02136112 APO-TIAPROFENIC

APX FNSW

02179679 NOVO-TIAPROFENIC

NOP FNSW

300MG TABLET

02136120 APO-TIAPROFENIC

APX FNSW

02179687 NOVO-TIAPROFENIC

NOP FNSW

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN & CODEINE

300MG & 60MG TABLET

00621463 RATIO-LENOLTEC NO.4

RPH FNSW

02163918 TYLENOL NO.4

JAN FNSW

ACETAMINOPHEN COMPOUND WITH CODEINE

15MG CODEINE TABLET

00653241 RATIO-LENOLTEC NO.2

RPH FNSW

02163934 TYLENOL NO.2

JAN FNSW

30MG CODEINE TABLET			
00653276	RATIO-LENOLTEC NO.3	RPH	FNSW
02163926	TYLENOL NO.3	JAN	FNSW

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

30MG CODEINE TABLET			
02238645	292	PEN	FNSW

CODEINE

15MG TABLET			
00593435	RATIO-CODEINE	RPH	FNSW

30MG TABLET			
00593451	RATIO-CODEINE	RPH	FNSW

50MG CONTROLLED RELEASE TABLET			
SEE APPENDIX A FOR SA CRITERIA			
02230302	CODEINE CONTIN (SA)	PFR	FNSW

100MG CONTROLLED RELEASE TABLET			
SEE APPENDIX A FOR SA CRITERIA			
02163748	CODEINE CONTIN (SA)	PFR	FNSW

150MG CONTROLLED RELEASE TABLET			
SEE APPENDIX A FOR SA CRITERIA			
02163780	CODEINE CONTIN (SA)	PFR	FNSW

200MG CONTROLLED RELEASE TABLET			
SEE APPENDIX A FOR SA CRITERIA			
02163799	CODEINE CONTIN (SA)	PFR	FNSW

FENTANYL

[SEE APPENDIX A](#) FOR SA CRITERIA

12UG/HR TRANSDERMAL PATCH			
02311925	RATIO-FENTANYL (SA)	RPH	FNSW
02327112	SANDOZ-FENTANYL (SA)	SDZ	FNSW
02330105	RAN-FENTANYL MTX(SA)	RBX	FNSW
02334186	DURAGESIC MAT (SA)	JAN	FNSW
02341379	PMS-FENTANYL MTX (SA)	PMS	FNSW

25UG/HR TRANSDERMAL PATCH			
02275813	DURAGESIC MAT (SA)	JAN	FNSW
02282941	RATIO-FENTANYL (SA)	RPH	FNSW
02314630	NOVO-FENTANYL (SA)	NOP	FNSW
02327120	SANDOZ-FENTANYL (SA)	SDZ	FNSW

02330113	RAN-FENTANYL MTX (SA)	RBX	FNSW
02341387	PMS- FENTANYL MTX (SA)	PMS	FNSW

50UG/HR TRANSDERMAL PATCH

02275821	DURAGESIC MAT (SA)	JAN	FNSW
02282968	RATIO-FENTANYL (SA)	RPH	FNSW
02314649	NOVO-FENTANYL (SA)	NOP	FNSW
02327147	SANDOZ-FENTANYL (SA)	SDZ	FNSW
02330121	RAN-FENTANYL MTX (SA)	RBX	FNSW
02341395	PMS- FENTANYL MTX (SA)	PMS	FNSW

75UG/HR TRANSDERMAL PATCH

02275848	DURAGESIC MAT (SA)	JAN	FNSW
02282976	RATIO-FENTANYL (SA)	RPH	FNSW
02314657	NOVO-FENTANYL (SA)	NOP	FNSW
02327155	SANDOZ-FENTANYL (SA)	SDZ	FNSW
02330148	RAN-FENTANYL MTX (SA)	RBX	FNSW
02341409	PMS- FENTANYL MTX (SA)	PMS	FNSW

100UG/HR TRANSDERMAL PATCH

02275856	DURAGESIC MAT (SA)	JAN	FNSW
02282984	RATIO-FENTANYL (SA)	RPH	FNSW
02314665	NOVO-FENTANYL (SA)	NOP	FNSW
02327163	SANDOZ-FENTANYL (SA)	SDZ	FNSW
02330156	RAN-FENTANYL MTX (SA)	RBX	FNSW
02341417	PMS- FENTANYL MTX (SA)	PMS	FNSW

HYDROMORPHONE HCL

1MG TABLET

00705438	DILAUDID	PFR	FNSW
00885444	PMS-HYDROMORPHONE	PMS	FNSW

2MG TABLET

00125083	DILAUDID	PFR	FNSW
00885436	PMS-HYDROMORPHONE	PMS	FNSW

4MG TABLET

00125121	DILAUDID	PFR	FNSW
00885401	PMS-HYDROMORPHONE	PMS	FNSW

8MG TABLET

00786543	DILAUDID	PFR	FNSW
00885428	PMS-HYDROMORPHONE	PMS	FNSW

3MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02125323 HYDROMORPH CONTIN (SA)	PFR	FNSW
6MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02125331 HYDROMORPH CONTIN (SA)	PFR	FNSW
12MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02125366 HYDROMORPH CONTIN (SA)	PFR	FNSW
18MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02243562 HYDROMORPH CONTIN (SA)	PFR	FNSW
24MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02125382 HYDROMORPH CONTIN (SA)	PFR	FNSW
30MG CONTROLLED-RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02125390 HYDROMORPH CONTIN (SA)	PFR	FNSW
1MG/ML ORAL LIQUID 00786535 DILAUDID	PFR	FNSW
01916386 PMS-HYDROMORPHONE	PMS	FNSW
3MG SUPPOSITORY 01916394 PMS-HYDROMORPHONE	PMS	FNSW
2MG/ML INJECTION SOLUTION (1ML) 00627100 DILAUDID	PFR	N
02145901 HYDROMORPHONE	SDZ	N
10MG/ML INJECTION SOLUTION (1ML, 5ML, AND 50ML) SEE APPENDIX A FOR SA CRITERIA. NOTE: SA NOT REQUIRED FOR NURSING HOME PROGRAM.		
00622133 DILAUDID HP (SA)	PFR	FNSW
02145928 HYDROMORPHONE HP (SA)	SDZ	FNSW
20MG/ML INJECTION SEE APPENDIX A FOR SA CRITERIA, . NOTE: SA NOT REQUIRED FOR NURSING HOME PROGRAM.		
02145936 HYDROMORPHONE (SA)	SDZ	FNSW
02146118 DILAUDID HP PLUS (SA)	PFR	FNSW

50MG/ML INJECTION SOLUTION (50ML)

[SEE APPENDIX A](#) FOR SA CRITERIA. . **NOTE:** SA NOT REQUIRED FOR NURSING HOME PROGRAM.

02145863	DILAUDID XP (SA)	PFR	FNSW
02146126	HYDROMORPHONE HP (SA)	SDZ	FNSW

MEPERIDINE HCL

50MG TABLET

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

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

00725749	MEPERIDINE	SDZ	N
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METHADONE

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG/ML ORAL SOLUTION

02241377	METADOL (SA)	PAL	FNSW
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1MG TABLET

02247698	METADOL (SA)	PAL	FNSW
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5MG

02247699	TABLET METADOL (SA)	PAL	FNSW
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10MG TABLET

02247700	METADOL (SA)	PAL	FNSW
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25MG TABLET

02247701	METADOL (SA)	PAL	FNSW
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Oral Solution Only - For the management of patients undergoing therapy for drug dependence.

Tablets Only - For the management of severe chronic or malignant pain as an alternative to other opiates

MORPHINE

1MG/ML ORAL SOLUTION

00591467	STATEX	PAL	FNSW
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00607762	RATIO-MORPHINE	RPH	FNSW
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5MG/ML ORAL SOLUTION			
00591475	STATEX	PAL	FNSW
00607770	RATIO-MORPHINE	RPH	FNSW
10MG/ML ORAL SOLUTION			
00690783	RATIO-MORPHINE	RPH	FNSW
20MG/ML ORAL SOLUTION			
00621935	STATEX	PAL	FNSW
00690791	RATIO-MORPHINE	RPH	FNSW
5MG TABLET			
00594652	STATEX	PAL	FNSW
02009773	M.O.S.-SULFATE	VAL	FNSW
02014203	MSIR	PFR	FNSW
10MG TABLET			
00594644	STATEX	PAL	FNSW
02009765	M.O.S.-SULFATE	VAL	FNSW
02014211	MSIR	PFR	FNSW
25MG TABLET			
00594636	STATEX	PAL	FNSW
02009749	M.O.S.-SULFATE	VAL	FNSW
30MG TABLET			
02014254	MSIR	PFR	FNSW
40MG TABLET			
00690228	M.O.S.	VAL	FNSW
50MG TABLET			
00675962	STATEX	PAL	FNSW
02009706	M.O.S.-SULFATE	VAL	FNSW
60MG TABLET			
00690244	M.O.S.	VAL	FNSW
10MG EXTENDED RELEASE CAPSULE			
02019930	M-ESLON	ETH	FNSW
15MG EXTENDED RELEASE CAPSULE			
02177749	M-ESLON	ETH	FNSW
30MG EXTENDED RELEASE CAPSULE			
02019949	M-ESLON	ETH	FNSW

60MG EXTENDED RELEASE CAPSULE			
02019957	M-ESLON	ETH	FNSW
100MG EXTENDED RELEASE CAPSULE			
02019965	M-ESLON	ETH	FNSW
200MG EXTENDED RELEASE CAPSULE			
02177757	M-ESLON	ETH	FNSW
15MG SUSTAINED RELEASE TABLET			
02015439	MS CONTIN	PFR	FNSW
02244790	SANDOZ-MORPHINE SR	SDZ	FNSW
02302764	NOVO-MORPHINE SR	NOP	FNSW
02350815	MORPHINE SR	SNS	FNSW
30MG SUSTAINED RELEASE TABLET			
02014297	MS CONTIN	PFR	FNSW
02244791	SANDOZ-MORPHINE SR	SDZ	FNSW
02302772	NOVO-MORPHINE SR	NOP	FNSW
02350890	MORPHINE SR	SNS	FNSW
30MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)			
00776181	M.O.S. SR	VAL	FNSW
60MG SUSTAINED RELEASE TABLET			
02014300	MS CONTIN	PFR	FNSW
02244792	SANDOZ-MORPHINE SR	SDZ	FNSW
02302780	NOVO-MORPHINE SR	NOP	FNSW
02350912	MORPHINE SR	SNS	FNSW
60MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)			
00776203	M.O.S. SR	VAL	FNSW
100MG SUSTAINED RELEASE TABLET			
02014319	MS CONTIN	PFR	FNSW
02302799	NOVO-MORPHINE SR	NOP	FNSW
02350920	MORPHINE SR	SNS	FNSW
200MG SUSTAINED RELEASE TABLET			
02014327	MS CONTIN	PFR	FNSW
02302802	NOVO-MORPHINE SR	NOP	FNSW
02350947	MORPHINE SR	SNS	FNSW

10MG/ML INJECTION SOLUTION (1ML)
 00392588 MORPHINE SULFATE SDZ N

15MG/ML INJECTION SOLUTION (1ML)
 00392561 MORPHINE SULFATE SDZ N

50MG/ML INJECTION SOLUTION(5ML AND 10ML)
[SEE APPENDIX A](#) FOR SA CRITERIA
 00617288 MORPHINE SULFATE (SA) SDZ N

OXYCODONE

5MG TABLET
 00789739 SUPEUDOL SDZ **FNSW**
 02231934 OXY-IR PFR **FNSW**
 02319977 PMS-OXYCODONE PMS **FNSW**

10MG TABLET
 00443948 SUPEUDOL SDZ **FNSW**
 02240131 OXY-IR PFR **FNSW**
 02319985 PMS-OXYCODONE PMS **FNSW**

20MG TABLET
 02240132 OXY-IR PFR **FNSW**
 02262983 SUPEUDOL SDZ **FNSW**
 02319993 PMS-OXYCODONE PMS **FNSW**

OXYCODONE HCL & ACETAMINOPHEN

5MG & 325MG TABLET
 00608165 RATIO-OXYCOCET RPH **FNSW**
 01916475 PERCOCET BMS **FNSW**
 01916548 ENDOCET BMS **FNSW**
 02307898 SANDOZ-OXYCONDONE ACET SDZ **FNSW**
 02324628 APO-OXYCODONE/ACET APX **FNSW**

OXYCODONE HCL & ACETYLSALICYLIC ACID

5MG & 325MG TAB
 00608157 RATIO-OXYCODAN RPH **FNSW**

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE & NALOXONE

2MG/0.5MG TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02295695 SUBOXONE (SA) RBH FNSW

8MG/2MG TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02295709 SUBOXONE (SA) RBH FNSW

PENTAZOCINE

50MG TABLET

02137984 TALWIN AVN FNSW

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPIRETTICS

ACETAMINOPHEN

32MG/ML ELIXIR

00999929 ACETAMINOPHEN NW

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

80MG/ML DROPS

00999719 ACETAMINOPHEN W

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

*325MG TABLET

00999939 ACETAMINOPHEN NW

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

*500MG TABLET

00999949 ACETAMINOPHEN NW

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

120MG RECTAL SUPPOSITORY

01919385 ABENOL PEN W

02230434 ACET-120 PEN W

325MG RECTAL SUPPOSITORY

01919393 ABENOL PEN NW

02230436 ACET-325 PEN NW

650MG RECTAL SUPPOSITORY

01919407

ABENOL

PEN NW

02230437

ACET-650

PEN NW

FLOCTAFENINE

200MG TABLET

02244680

APO-FLOCTAFENINE

AAA FNSW

400MG TABLET

02244681

APO-FLOCTAFENINE

AAA FNSW

28:10:00 OPIATE ANTAGONISTS

NALOXONE HCL

0.4MG/ML INJECTION SOLUTION

02148706

NALOXONE

SDZ N

NALTREXONE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

50MG TABLET

02213826

REVIA (SA)

DUR FNSW

28:12.04 ANTICONVULSANTS (BARBITURATES)

***PHENOBARBITAL**

15MG TABLET

00178799

PHENOBARB

PEN FNSW

30MG TABLET

00178802

PHENOBARB

PEN FNSW

60MG TABLET

00178810

PHENOBARB

PEN FNSW

100MG TABLET

00178829

PHENOBARB

PEN FNSW

5MG/ML ELIXIR

00645575

PHENOBARB

PEN FNSW

***PRIMIDONE**

125MG TABLET

00399310 APO-PRIMIDONE AAA FW

250MG TABLET

00396761 APO-PRIMIDONE AAA FNSW

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

***CLONAZEPAM**

0.5MG TABLET

00382825 RIVOTRIL HLR FNSW
02048701 PMS-CLONAZEPAM PMS FNSW
02103656 RATIO-CLONAZEPAM RPH FNSW
02177889 APO-CLONAZEPAM APX FNSW
02207818 PMS-CLONAZEPAM-R PMS FNSW
02230950 MYLAN-CLONAZEPAM MYL FNSW
02233960 SANDOZ-CLONAZEPAM RHP FNSW
02236948 PFL-CLONAZEPAM PHL FNSW
02239024 NOVO-CLONAZEPAM NOP FNSW
02270641 CO-CLONAZEPAM COB FNSW

1MG TABLET

02048728 PMS-CLONAZEPAM PMS FNSW
02145235 PFL-CLONAZEPAM PHL FNSW
02233982 SANDOZ-CLONAZEPAM SDZ FNSW
02270668 CO-CLONAZEPAM COB FNSW

2MG TABLET

00382841 RIVOTRIL HLR FNSW
02048736 PMS-CLONAZEPAM PMS FNSW
02103737 RATIO-CLONAZEPAM RPH FNSW
02145243 PFL-CLONAZEPAM PHL FNSW
02177897 APO-CLONAZEPAM APX FNSW
02230951 MYLAN-CLONAZEPAM MYL FNSW
02233985 SANDOZ-CLONAZEPAM RHP FNSW
02239025 NOVO-CLONAZEPAM NOP FNSW
02270676 CO-CLONAZEPAM COB FNSW

LORAZEPAM

4MG/ML INJECTION SOLUTION

02243278 LORAZEPAM SDZ N

28:12.12 ANTICONVULSANTS (HYDANTOINS)

***PHENYTOIN**

50MG TABLET				
00023698	DILANTIN	PFI	FNSW	
30MG CAPSULE				
00022772	DILANTIN	PFI	FNSW	
100MG CAPSULE				
00022780	DILANTIN	PFI	FNSW	
25MG/ML ORAL SUSPENSION				
00023450	DILANTIN	PFI	FNSW	
02250896	TARO-PHENYTOIN	TAR	FNSW	
50MG/ML INJECTION SOLUTION				
00780626	PHENYTOIN SODIUM	SDZ	N	

28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

***ETHOSUXIMIDE**

50MG/ML SYRUP				
00023485	ZARONTIN	ERF	FNSW	
250MG CAPSULE				
00022799	ZARONTIN	ERF	FNSW	

***METHSUXIMIDE**

300MG CAPSULE				
00022802	CELONTIN	ERF	FNSW	

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

***CARBAMAZEPINE**

100MG CHEWABLE TABLET				
00369810	TEGRETOL CHEWTAB	NVR	FW	
02231542	PMS-CARBAMAZEPINE	PMS	FW	
02244403	TARO-CARBAMAZEPINE	TAR	FW	
02261855	SANDOZ-CARBAMAZEPINE	SDZ	FW	

200MG CHEWABLE TABLET

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

200MG TABLET

00010405	TEGRETOL	NVR	FNSW
00402699	APO-CARBAMAZEPINE	APX	FNSW
00782718	TEVA-CARBAMAZEPINE	NOP	FNSW

200MG CONTROLLED RELEASE TABLET

00773611	TEGRETOL CR	NVR	FNSW
02231543	PMS-CARBAMAZEPINE CR	PMS	FNSW
02241882	MYLAN-CARBAMAZEPINE CR	MYL	FNSW
02261839	SANDOZ-CARBAMAZEPINE CR	SDZ	FNSW

400MG CONTROLLED RELEASE TABLET

00755583	TEGRETOL CR	NVR	FNSW
02231544	PMS-CARBAMAZEPINE CR	PMS	FNSW
02241883	MYLAN-CARBAMAZEPINE CR	MYL	FNSW
02261847	SANDOZ-CARBAMAZEPINE CR	SDZ	FNSW

100MG/5ML SUSPENSION

[SEE APPENDIX A](#) FOR SA CRITERIA

02194333	TEGRETOL (SA)	NVR	FNSW
02367394	TARO-CARBAMAZEPINE (SA)	TAR	FNSW

***CLOBAZAM**

10MG TABLET

02221799	FRISIUM	LUD	FNSW
02238334	NOVO-CLOBAZAM	NOP	FNSW
02244474	PMS-CLOBAZAM	PMS	FNSW
02244638	APO-CLOBAZAM	APX	FNSW

***DIVALPROEX SODIUM**

125MG ENTERIC COATED TABLET

00596418	EPIVAL	ABB	FNSW
02239698	APO-DIVALPROEX	APX	FNSW
02239701	NOVO-DIVALPROEX	NOP	FNSW

250MG ENTERIC COATED TABLET

00596426	EPIVAL	ABB	FNSW
02239699	APO-DIVALPROEX	APX	FNSW
02239702	NOVO-DIVALPROEX	NOP	FNSW

500MG ENTERIC COATED TABLET

00596434	EPIVAL	ABB	FNSW
02239700	APO-DIVALPROEX	APX	FNSW
02239703	NOVO-DIVALPROEX	NOP	FNSW

GABAPENTIN

100MG CAPSULE

02084260	NEURONTIN	PFI	FNSW
02243446	PMS-GABAPENTIN	PMS	FNSW
02244304	APO-GABAPENTIN	APX	FNSW
02244513	TEVA-GABAPENTIN	TEV	FNSW
02248259	MYLAN-GABAPENTIN	MYL	FNSW
02256142	CO-GABAPENTIN	COB	FNSW
02285819	GD-GABAPENTIN	GMD	FNSW
02319055	RAN-GABAPENTIN	RAN	FNSW
02321203	AURO-GABAPENTIN	ARO	FNSW
02353245	GABAPENTIN	SNS	FNSW
02361469	JAMP-GABAPENTIN	JPC	FNSW

300MG CAPSULE

02084279	NEURONTIN	PFI	FNSW
02243447	PMS-GABAPENTIN	PMS	FNSW
02244305	APO-GABAPENTIN	APX	FNSW
02244514	TEVA-GABAPENTIN	TEV	FNSW
02248260	MYLAN-GABAPENTIN	MYL	FNSW
02256150	CO-GABAPENTIN	COB	FNSW
02285827	GD-GABAPENTIN	GMD	FNSW
02321211	AURO-GABAPENTIN	ARO	FNSW
02319063	RAN-GABAPENTIN	RAN	FNSW
02353253	GABAPENTIN	SNS	FNSW
02361485	JAMP-GABAPENTIN	JPC	FNSW

400MG CAPSULE

02084287	NEURONTIN	PFI	FNSW
02243448	PMS-GABAPENTIN	PMS	FNSW
02244306	APO-GABAPENTIN	APX	FNSW
02244515	TEVA-GABAPENTIN	TEV	FNSW
02248261	MYLAN-GABAPENTIN	MYL	FNSW
02256169	CO-GABAPENTIN	COB	FNSW
02260905	RATIO-GABAPENTIN	RPH	FNSW
02285835	GD-GABAPENTIN	GMD	FNSW
02319071	RAN-GABAPENTIN	RAN	FNSW
02321238	AURO-GABAPENTIN	ARO	FNSW
02353261	GABAPENTIN	SNS	FNSW

02361493 JAMP-GABAPENTIN JPC FNSW

600MG CAPSULE

02239717 NEURONTIN PFI FNSW
02248457 TEVA-GABAPENTIN TEV FNSW
02285843 GD-GABAPENTIN GMD FNSW
02293358 APO-GABAPENTIN APX FNSW

800MG CAPSULE

02239718 NEURONTIN PFI FNSW
02247346 TEVA-GABAPENTIN TEV FNSW
02285851 GD-GABAPENTIN GMD FNSW
02293366 APO-GABAPENTIN APX FNSW

LAMOTRIGINE

25MG TABLET

02142082 LAMICTAL GSK FNSW
02243352 RATIO-LAMOTRIGINE RPH FNSW
02245208 APO-LAMOTRIGINE APX FNSW
02246897 PMS-LAMOTRIGINE PMS FNSW
02248232 NOVO-LAMOTRIGINE NOP FNSW
02265494 MYLAN-LAMOTRIGINE MYL FNSW
02343010 LAMOTRIGINE SNS FNSW
02381354 AURO-LAMOTRIGINE ARO FNSW

100MG TABLET

02142104 LAMICTAL GSK FNSW
02243353 RATIO-LAMOTRIGINE RPH FNSW
02245209 APO-LAMOTRIGINE APX FNSW
02246898 PMS-LAMOTRIGINE PMS FNSW
02248233 NOVO-LAMOTRIGINE NOP FNSW
02265508 MYLAN-LAMOTRIGINE MYL FNSW
02343029 LAMOTRIGINE SNS FNSW
02381362 AURO-LAMOTRIGINE ARO FNSW

150MG TABLET

02142112 LAMICTAL GSK FNSW
02245210 APO-LAMOTRIGINE APX FNSW
02246899 PMS-LAMOTRIGINE PMS FNSW
02248234 NOVO-LAMOTRIGINE NOP FNSW
02246963 RATIO-LAMOTRIGINE RPH FNSW
02265516 MYLAN-LAMOTRIGINE MYL FNSW
02343037 LAMOTRIGINE SNS FNSW
02381370 AURO-LAMOTRIGINE ARO FNSW

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

LEVETIRACETAM

250MG TABLET

02247027	KEPPRA	UCB	FNSW
02274183	CO-LEVETIRACETAM	COB	FNSW
02285924	APO-LEVETIRACETAM	APX	FNSW
02296101	PMS-LEVETIRACETAM	PMS	FNSW
02353342	LEVETIRACETAM	SNS	FNSW
02375249	AURO-LEVETIRACETAM	ARO	FNSW

500MG TABLET

02247028	KEPPRA	UCB	FNSW
02274191	CO-LEVETIRACETAM	COB	FNSW
02285932	APO-LEVETIRACETAM	APX	FNSW
02296128	PMS-LEVETIRACETAM	PMS	FNSW
02353350	LEVETIRACETAM	SNS	FNSW
02375257	AURO-LEVETIRACETAM	ARO	FNSW

750MG TABLET

02247029	KEPPRA	UCB	FNSW
02274205	CO-LEVETIRACETAM	COB	FNSW
02285940	APO-LEVETIRACETAM	APX	FNSW
02296136	PMS-LEVETIRACETAM	PMS	FNSW
02353369	LEVETIRACETAM	SNS	FNSW
02375265	AURO-LEVETIRACETAM	ARO	FNSW

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

OXCARBAZEPINE

[SEE APPENDIX A](#) FOR SA CRITERIA

150MG TABLET

02242067	TRILEPTAL (SA)	NVR	FNSW
02284294	APO-OXCARBAZEPINE (SA)	APX	FNSW

300MG TABLET

02242068	TRILEPTAL (SA)	NVR	FNSW
02284308	APO-OXCARBAZEPINE (SA)	APX	FNSW

600MG TABLET

02242069	TRILEPTAL (SA)	NVR	FNSW
02284316	APO-OXCARBAZEPINE (SA)	APX	FNSW

TOPIRAMATE

15MG SPRINKLE CAPSULE

02239907	TOPAMAX	JAN	FW
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25MG TABLET

02230893	TOPAMAX	JAN	FNSW
02248860	NOVO-TOPIRAMATE	NOP	FNSW
02260050	SANDOZ-TOPIRAMATE	SDZ	FNSW
02262991	PMS-TOPIRAMATE	PMS	FNSW
02263351	MYLAN-TOPIRAMATE	MYL	FNSW
02271184	PHL-TOPIRAMATE	PHL	FNSW
02279614	APO-TOPIRAMATE	APX	FNSW
02287765	CO-TOPIRAMATE	COB	FNSW
02315645	MINT-TOPIRAMATE	MNT	FNSW
02345803	AURO-TOPIRAMATE	ARO	FNSW
02352850	GD-TOPIRAMATE	GMD	FNSW
02356856	TOPIRAMATE	SNS	FNSW

50MG TABLET

02312085	PMS-TOPIRAMATE	PMS	FNSW
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100MG TABLET

02230894	TOPAMAX	JAN	FNSW
02248861	NOVO-TOPIRAMATE	NOP	FNSW
02260069	SANDOZ-TOPIRAMATE	SDZ	FNSW
02263009	PMS-TOPIRAMATE	PMS	FNSW
02263378	MYLAN-TOPIRAMATE	MYL	FNSW
02271192	PHL-TOPIRAMATE	PHL	FNSW
02279630	APO-TOPIRAMATE	APX	FNSW
02287773	CO-TOPIRAMATE	COB	FNSW
02315653	MINT-TOPIRAMATE	MNT	FNSW
02345838	AURO-TOPIRAMATE	ARO	FNSW
02352877	GD-TOPIRAMATE	GMD	FNSW
02356864	TOPIRAMATE	SNS	FNSW

200MG TABLET

02230896	TOPAMAX	JAN	FNSW
02248862	NOVO-TOPIRAMATE	NOP	FNSW
02263017	PMS-TOPIRAMATE	PMS	FNSW
02263386	MYLAN-TOPIRAMATE	MYL	FNSW
02267837	SANDOZ-TOPIRAMATE	SDZ	FNSW
02271206	PHL-TOPIRAMATE	PHL	FNSW
02279649	APO-TOPIRAMATE	APX	FNSW
02287781	CO-TOPIRAMATE	COB	FNSW
02315661	MINT-TOPIRAMATE	MNT	FNSW
02345846	AURO-TOPIRAMATE	ARO	FNSW
02352885	GD-TOPIRAMATE	GMD	FNSW
02356872	TOPIRAMATE	SNS	FNSW

15MG SPRINKLE CAPSULE
02239907 TOPAMAX JAN FW

25MG SPRINKLE CAPSULE
02239908 TOPAMAX JAN FW

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

***VALPROATE SODIUM**

50MG/ML SYRUP
00443832 DEPAKENE ABB FNSW
02140063 RATIO-VALPROIC RPH FNSW
02236807 PMS-VALPROIC PMS FNSW
02238370 APO-VALPROIC APX FNSW

***VALPROIC ACID**

250MG CAPSULE
00443840 DEPAKENE ABB FNSW
02100630 NOVO-VALPROIC NOP FNSW
02184648 MYLAN-VALPROIC MYL FNSW
02230768 PMS-VALPROIC PMS FNSW
02238048 APO-VALPROIC APX FNSW
02239714 SANDOZ-VALPROIC SDZ FNSW

500MG ENTERIC COATED CAPSULE
02218321 NOVO-VALPROIC NOP FNSW
02229628 PMS-VALPROIC PMS FNSW

VIGABATRIN

500MG TABLET
02065819 SABRIL LUD FNSW

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

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

AMITRIPTYLINE

10MG TABLET
00335053 ELAVIL AAA FNSW

25MG TABLET
00335061 ELAVIL AAA FNSW

50MG TABLET			
00335088	ELAVIL	AAA	FNSW

75MG TABLET			
00754129	ELAVIL	AAA	FNSW

BUPROPION HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

100MG TABLET			
02275074	SANDOZ-BUPROPION SR (SA)	SDZ	FNSW
02285657	RATIO-BUPROPION SR (SA)	RPH	FNSW
02325373	PMS-BUPROPION SR (SA)	PMS	FNSW

150MG TABLET			
02237825	WELLBUTRIN SR (SA)	BVL	FNSW
02275082	SANDOZ-BUPROPION SR (SA)	SDZ	FNSW
02285665	RATIO-BUPROPION SR (SA)	RPH	FNSW
02313421	PMS-BUPROPION SR (SA)	PMS	FNSW

CITALOPRAM

10MG TABLET			
02270609	PMS-CITALOPRAM	PMS	FNSW
02273543	PHL-CITALOPRAM	PHL	FNSW
02312336	TEVA-CITALOPRAM	TEV	FNSW
02370077	MINT-CITALOPRAM	MNT	FNSW
02370085	JAMP-CITALOPRAM	JPC	FNSW
02371871	MAR-CITALOPRAM	MAR	FNSW

20MG TABLET			
02239607	CELEXA	LUD	FNSW
02246056	APO-CITALOPRAM	APX	FNSW
02246594	MYLAN-CITALOPRAM	MYL	FNSW
02248010	PMS-CITALOPRAM	PMS	FNSW
02248050	CO-CITALOPRAM	COB	FNSW
02248170	SANDOZ-CITALOPRAM	SDZ	FNSW
02248944	PHL-CITALOPRAM	PHL	FNSW
02252112	RATIO-CITALOPRAM	RPH	FNSW
02285622	RAN_CITALOPRAM	RAN	FNSW
02293218	NOVO-CITALOPRAM	NOP	FNSW
02306239	CITALOPRAM-ODAN	ODN	FNSW
02304686	MINT-CITALOPRAM	MNT	FNSW
02313405	JAMP-CITALOPRAM	JPC	FNSW
02353660	CITALOPRAM	SNS	FNSW
02355272	SEPTA-CITALOPRAM	SPT	FNSW
02371898	MAR-CITALOPRAM	MAR	FNSW

40MG TABLET

02239608	CELEXA	LUD	FNSW
02246057	APO-CITALOPRAM	APX	FNSW
02246595	MYLAN-CITALOPRAM	MYL	FNSW
02248011	PMS-CITALOPRAM	PMS	FNSW
02248051	CO-CITALOPRAM	COB	FNSW
02248171	SANDOZ-CITALOPRAM	SDZ	FNSW
02248945	PHL-CITALOPRAM	PHL	FNSW
02252120	RATIO-CITALOPRAM	RPH	FNSW
02285630	RAN-CITALO	RAN	FNSW
02293226	TEVA-CITALOPRAM	TEV	FNSW
02306247	CITALOPRAM-ODAN	ODN	FNSW
02304694	MINT-CITALOPRAM	MNT	FNSW
02313413	JAMP-CITALOPRAM	JPC	FNSW
02353679	CITALOPRAM	SNS	FNSW
02355280	SEPTA-CITALOPRAM	SPT	FNSW
02371901	MAR-CITALOPRAM	MAR	FNSW

CLOMIPRAMINE HCL**10MG TABLET**

00330566	ANAFRANIL	ORX	FNSW
02040786	APO-CLOMIPRAMINE	APX	FNSW
02244816	CO-CLOPAMINE	COB	FNSW

25MG TABLET

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

50MG TABLET

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

DESIPRAMINE**10MG TABLET**

02216248	APO-DESIPRAMINE	APX	FNSW
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25MG TABLET

02216256	APO-DESIPRAMINE	APX	FNSW
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50MG TABLET

02216264	APO-DESIPRAMINE	APX	FNSW
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75MG TABLET 02216272	APO-DESIPRAMINE	APX	FNSW
100MG TABLET 02216280	APO-DESIPRAMINE	APX	FNSW
DOXEPIN HCL			
10MG CAPSULE 00024325 02049996	SINEQUAN APO-DOXEPIN	ERF APX	FNSW FNSW
25MG CAPSULE 00024333 01913425 02050005	SINEQUAN NOVO-DOXEPIN APO-DOXEPIN	ERF NOP APX	FNSW FNSW FNSW
50MG CAPSULE 00024341 01913433 02050013	SINEQUAN NOVO-DOXEPIN APO-DOXEPIN	ERF NOP APX	FNSW FNSW FNSW
75MG CAPSULE 00400750 01913441 02050021	SINEQUAN NOVO-DOXEPIN APO-DOXEPINE	ERF NOP APX	FNSW FNSW FNSW
100MG CAPSULE 00326925 01913468 02050048	SINEQUAN NOVO-DOXEPIN APO-DOXEPIN	ERF NOP APX	FNSW FNSW FNSW
150MG CAPSULE 01913476	NOVO-DOXEPIN	NOP	FNSW
FLUOXETINE HCL			
10MG CAPSULE 02018985 02177579 02216353 02216582 02223481 02237813 02241371 02242177	PROZAC PMS-FLUOXETINE APO-FLUOXETINE TEVA-FLUOXETINE PHL-FLUOXETINE MYLAN-FLUOXETINE RATIO-FLUOXETINE CO-FLUOXETINE	LIL PMS APX TEV PHL MYL RPH COB	FNSW FNSW FNSW FNSW FNSW FNSW FNSW FNSW

02243486	SANDOZ-FLUOXETINE	SDZ	FNSW
02286068	FLUOXETINE	SNS	FNSW
02380560	MINT-FLUOXETINE	MNT	FNSW

20MG CAPSULE

00636622	PROZAC	LIL	FNSW
02177587	PMS-FLUOXETINE	PMS	FNSW
02216361	APO-FLUOXETINE	APX	FNSW
02216590	TEVA-FLUOXETINE	TEV	FNSW
02223503	PHL-FLUOXETINE	PHL	FNSW
02237814	MYLAN-FLUOXETINE	MYL	FNSW
02241374	RATIO-FLUOXETINE	RPH	FNSW
02242178	CO-FLUOXETINE	COB	FNSW
02243487	SANDOZ-FLUOXETINE	SDZ	FNSW
02286076	FLUOXETINE	SNS	FNSW
02380579	MINT-FLUOXETINE	MNT	FNSW
02383241	FLUOXETINE	ACH	FNSW
02386402	JAMP-FLUOXETINE	JPC	FNSW

FLUVOXAMINE MALEATE

50MG TABLET

01919342	LUVOX	ABB	FNSW
02218453	RATIO-FLUVOXAMINE	RPH	FNSW
02231329	APO-FLUVOXAMINE	APX	FNSW
02239953	TEVA-FLUVOXAMINE	TEV	FNSW
02240682	PMS-FLUVOXAMINE	PMS	FNSW
02247054	SANDOZ-FLUVOXAMINE	SDZ	FNSW
02255529	CO-FLUVOXAMINE	COB	FNSW

100MG TABLET

01919369	LUVOX	ABB	FNSW
02218461	RATIO-FLUVOXAMINE	RPH	FNSW
02231330	APO-FLUVOXAMINE	APX	FNSW
02239954	NOVO-FLUVOXAMINE	NOP	FNSW
02240683	PMS-FLUVOXAMINE	PMS	FNSW
02247055	SANDOZ-FLUVOXAMINE	SDZ	FNSW
02255537	CO-FLUVOXAMINE	COB	FNSW

IMIPRAMINE

10MG TABLET

00360201	IMIPRAMINE	AAA	FNSW
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25MG TABLET

00312797	IMIPRAMINE	AAA	FNSW
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50MG TABLET			
00010480	TOFRANIL	NVR	FNSW
00326852	IMIPRAMINE	AAA	FNSW
75MG TABLET			
00644579	IMIPRAMINE	AAA	FNSW
L-TRYPTOPHAN			
500MG TABLET			
02029456	TRYPTAN	VAL	FNSW
02240333	RATIO-TRYPTOPHAN	RPH	FNSW
02248538	APO-TRYPTOPHAN	APX	FNSW
1G TABLET			
00654531	TRYPTAN	VAL	FNSW
02237250	RATIO-TRYPTOPHAN	RPH	FNSW
02248539	APO-TRYPTOPHAN	APX	FNSW
MAPROTILINE HCL			
25MG TABLET			
02158612	NOVO-MAPROTILINE	NOP	FNSW
50MG TABLET			
02158620	NOVO-MAPROTILINE	NOP	FNSW
75MG TABLET			
02158639	NOVO-MAPROTILINE	NOP	FNSW
MIRTAZAPINE			
15 MG TABLET			
02250594	SANDOZ-MIRTAZAPINE	SDZ	FNSW
02256096	MYLAN-MIRTAZAPINE	MYL	FNSW
02273942	PMS-MIRTAZAPINE	PMS	FNSW
02286610	APO-MIRTAZAPINE	APX	FNSW
02299801	AURO-MIRTAZAPINE	ARO	FNSW
02352826	GD-MIRTAZAPINE	GMD	FNSW
30MG TABLET			
02243910	REMERON	MSD	FNSW
02248762	PMS-MIRTAZAPINE	PMS	FNSW
02250608	SANDOZ-MIRTAZAPINE	SDZ	FNSW
02256118	MYLAN-MIRTAZAPINE	MYL	FNSW
02259354	NOVO-MIRTAZAPINE	NOP	FNSW
02286629	APO-MIRTAZAPINE	APX	FNSW
02299828	AURO-MIRTAZAPINE	ARO	FNSW

02352834	GD-MIRTAZAPINE	GMD	FNSW
02370689	MIRTAZAPINE	SNS	FNSW

45MG TABLET

02286637	APO-MIRTAZAPINE	APX	FNSW
02299836	AURO-MIRTAZAPINE	ARO	FNSW
02352842	GD-MIRTAZAPINE	GMD	FNSW

15MG ORALLY DISINTEGRATING TABLET

02248542	REMERON RD	MSD	FNSW
02279894	NOVO-MIRTAZAPINE	NOP	FNSW

30MG ORALLY DISINTEGRATING TABLET

02248543	REMERON RD	SCH	FNSW
02279908	NOVO-MIRTAZAPINE	NOP	FNSW

45MG ORALLY DISINTEGRATING TABLET

02248544	REMERON RD	MSD	FNSW
02279916	NOVO-MIRTAZAPINE	NOP	FNSW

MOCLOBEMIDE

100MG TABLET

02232148	APO-MOCLOBEMIDE	APX	FNSW
02239746	NOVO-MOCLOBEMIDE	NOP	FNSW

150MG TABLET

00899356	MANERIX	HLR	FNSW
02232150	APO-MOCLOBEMIDE	APX	FNSW
02239747	NOVO-MOCLOBEMIDE	NOP	FNSW

300MG TABLET

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

NORTRIPTYLINE

10MG CAPSULE

00015229	AVENTYL	PEN	FNSW
02177692	PMS-NORTRIPTYLINE	PMS	FNSW
02223511	APO-NORTRIPTYLINE	APX	FNSW
02231781	NOVO-NORTRIPTYLINE	NOP	FNSW

25MG CAPSULE

00015237	AVENTYL	PEN	FNSW
02177706	PMS-NORTRIPTYLINE	PMS	FNSW

02223538	APO-NORTRIPTYLINE	APX	FNSW
02231782	NOVO-NORTRIPTYLINE	NOP	FNSW

PAROXETINE HCL

20MG TABLET

01940481	PAXIL	GSK	FNSW
02240908	APO-PAROXETINE	APX	FNSW
02247751	PMS-PAROXETINE	PMS	FNSW
02247811	RATIO-PAROXETINE	RPH	FNSW
02248013	MYLAN-PAROXETINE	MYL	FNSW
02368870	JAMP-PAROXETINE	JPC	FNSW
02248557	TEVA-PAROXETINE	TEV	FNSW
02262754	CO-PAROXETINE	COB	FNSW
02269430	SANDOZ-PAROXETINE	SDZ	FNSW
02282852	PAROXETINE	SNS	FNSW

30MG TABLET

01940473	PAXIL	GSK	FNSW
02240909	APO-PAROXETINE	APX	FNSW
02247752	PMS-PAROXETINE	PMS	FNSW
02247812	RATIO-PAROXETINE	RPH	FNSW
02248014	MYLAN-PAROXETINE	MYL	FNSW
02248558	TEVA-PAROXETINE	TEV	FNSW
02262762	CO-PAROXETINE	COB	FNSW
02368889	JAMP-PAROXETINE	JPC	FNSW
02269449	SANDOZ-PAROXETINE	SDZ	FNSW
02282860	PAROXETINE	SNS	FNSW

40MG TABLET

02293749	PMS-PAROXETINE	PMS	FNSW
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PHENELZINE SULFATE

15MG TABLET

00476552	NARDIL	ERF	FNSW
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SERTRALINE HCL

25MG CAPSULE

02132702	ZOLOFT	PFI	FNSW
02238280	APO-SERTRALINE	APX	FNSW
02240485	TEVA-SERTRALINE	TEV	FNSW
02242519	MYLAN-SERTRALINE	MYL	FNSW
02244838	PMS-SERTRALINE	PMS	FNSW
02245159	SANDOZ-SERTRALINE	SDZ	FNSW
02245824	PHL-SERTRALINE	PHL	FNSW
02273683	GD-SERTRALINE	GMD	FNSW

02287390	CO-SERTRALINE	COB	FNSW
02353520	SERTRALINE	SNS	FNSW
02357143	JAMP-SERTRALINE	JPC	FNSW
02374552	RAN-SERTRALINE	RAN	FNSW

50MG CAPSULE

01962817	ZOLOFT	PFI	FNSW
02238281	APO-SERTRALINE	APX	FNSW
02240484	TEVA-SERTRALINE	TEV	FNSW
02242520	MYLAN-SERTRALINE	MYL	FNSW
02244839	PMS-SERTRALINE	PMS	FNSW
02245160	SANDOZ-SERTRALINE	SDZ	FNSW
02245825	PHL-SERTRALINE	PHL	FNSW
02273691	GD-SERTRALINE	GMD	FNSW
02287404	CO-SERTRALINE	COB	FNSW
02353539	SERTRALINE	SNS	FNSW
02357151	JAMP-SERTRALINE	JPC	FNSW
02374560	RAN-SERTRALINE	RAN	FNSW

100MG CAPSULE

01962779	ZOLOFT	PFI	FNSW
02238282	APO-SERTRALINE	APX	FNSW
02240481	TEVA-SERTRALINE	TEV	FNSW
02242521	MYLAN-SERTRALINE	MYL	FNSW
02244840	PMS-SERTRALINE	PMS	FNSW
02245161	SANDOZ-SERTRALINE	SDZ	FNSW
02245826	PHL-SERTRALINE	PHL	FNSW
02273705	GD-SERTRALINE	GMD	FNSW
02287412	CO-SERTRALINE	COB	FNSW
02353547	SERTRALINE	SNS	FNSW
02357178	JAMP-SERTRALINE	JPC	FNSW
02374579	RAN-SERTRALINE	RAN	FNSW

TRANLYCYPROMINE SULFATE

10MG TABLET

01919598	PARNATE	GSK	FNSW
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TRAZODONE HCL

50MG TABLET

01937227	PMS-TRAZODONE	PMS	FNSW
02144263	TEVA-TRAZODONE	NOP	FNSW
02147637	APO-TRAZODONE	APX	FNSW
02236941	PHL-TRAZODONE	PHL	FNSW
02348772	TRAZADONE	SNS	FNSW

100MG TABLET		
01937235	PMS-TRAZODONE	PMS FNSW
02144271	TEVA-TRAZODONE	NOP FNSW
02147645	APO-TRAZODONE	APX FNSW
02236942	PHL-TRAZODONE	PHL FNSW
02348780	TRAZODONE	SNS FNSW

150MG TABLET		
02144298	TEVA-TRAZADONE	TEV FNSW
02147653	APO-TRAZADONE	APX FNSW
02348799	TRAZADONE	SNS FNSW

TRIMIPRAMINE

12.5MG TABLET		
00740799	TRIMIPRAMINE	AAA FNSW

25MG TABLET		
00740802	TRIMIPRAMINE	AAA FNSW

50MG TABLET		
00740810	TRIMIPRAMINE	AAA FNSW

100MG TABLET		
00740829	TRIMIPRAMINE	AAA FNSW

75MG CAPSULE		
02070987	TRIMIPRAMINE	AAA FNSW

VENLAFAXINE HCL

37.5MG EXTENDED RELEASE CAPSULE		
02237279	EFFEXOR XR	PFI FNSW
02275023	TEVA-VENLAFAXINE XR	TEV FNSW
02273969	RATIO-VENLAFAXINE XR	RPH FNSW
02278545	PMS-VENLAFAXINE XR	PMS FNSW
02304317	CO-VENLAFAXINE XR	COB FNSW
02310279	MYLAN-VENLAFAXINE XR	MYL FNSW
02310317	SANDOZ-VENLAFAXINE XR	SDZ FNSW
02354713	VENAFAXINE XR	SNS FNSW
02360020	GD-VENLAFAXINE	GMD FNSW
02380072	RAN-VENLAFAXINE XR	RAN FNSW

75MG EXTENDED RELEASE CAPSULE		
02237280	EFFEXOR XR	PFI FNSW
02275031	TEVA-VENLAFAXINE XR	TEV FNSW

02273977	RATIO-VENLAFAXINE XR	RPH	FNSW
02278553	PMS-VENLAFAXINE XR	PMS	FNSW
02304325	CO-VENLAFAXINE XR	COB	FNSW
02310287	MYLAN-VENLAFAXINE XR	MYL	FNSW
02310325	SANDOZ VENLAFAXINE XR	SDZ	FNSW
02354721	VENAFAXINE XR	SNS	FNSW
02360039	GD-VENLAFAXINE	GMD	FNSW
02380080	RAN-VENLAFAXINE XR	RAN	FNSW

150MG EXTENDED RELEASE CAPSULE

02237282	EFFEXOR XR	PFI	FNSW
02275058	TEVA-VENLAFAXINE XR	TEV	FNSW
02273985	RATIO-VENLAFAXINE XR	RPH	FNSW
02278561	PMS-VENLAFAXINE XR	PMS	FNSW
02304333	CO-VENLAFAXINE XR	COB	FNSW
02310295	MYLAN-VENLAFAXINE XR	MYL	FNSW
02310333	SANDOZ-VENLAFAXINE XR	SNS	FNSW
02354748	VENLAFAXINE XR	SNS	FNSW
02360047	GD-VENLAFAXINE	GMD	FNSW
02380099	RAN-VENLAFAXINE XR	RAN	FNSW

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

CHLORPROMAZINE

25MG TABLET

00232823	TEVA-CHLORPROMAZINE	TEV	FNSW
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50MG TABLET

00232807	TEVA-CHLORPROMAZINE	TEV	FNSW
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100MG TABLET

00232831	TEVA-CHLORPROMAZINE	TEV	FNSW
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25MG/ML INJECTION SOLUTION (2ML)

00743518	CHLORPROMAZINE	SDZ	N
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CLOZAPINE

[SEE APPENDIX A](#) FOR SA CRITERIA

25MG TABLET

00894737	CLOZARIL (SA)	NVR	FNSW
02247243	GEN-CLOZAPINE (SA)	MYL	FNSW
02248034	APO-CLOZAPINE (SA)	APX	FNSW

50MG TABLET			
02305003	GEN-CLOZAPINE (SA)	MYL	FNSW
100MG TABLET			
00894745	CLOZARIL (SA)	NVR	FNSW
02247244	GEN-CLOZAPINE (SA)	MYL	FNSW
02248035	APO-CLOZAPINE (SA)	APX	FNSW
200MG TABLET			
02305011	GEN-CLOZAPINE (SA)	MYL	FNSW

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

FLUPENTHIXOL DECANOATE

20MG/ML DEPOT INJECTION SOLUTION (10ML)			
02156032	FLUANXOL DEPOT	LUD	B

100MG/ML DEPOT INJECTION SOLUTION (2ML)			
02156040	FLUANXOL DEPOT	LUD	B

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET			
02156008	FLUANXOL	LUD	FNSW

3MG TABLET			
02156016	FLUANXOL	LUD	FNSW

FLUPHENAZINE DECANOATE

25MG/ML DEPOT INJECTION SOLUTION (5ML)			
02091275	PMS-FLUPHENAZINE DECANOATE	PMS	B

100MG/ML DEPOT INJECTION SOLUTION (1ML)			
00755575	MODECATE CONCENTRATE	BMS	B
02241928	PMS-FLUPHENAZINE	PMS	B

FLUPHENAZINE HCL

1MG TABLET			
00405345	APO-FLUPHENAZINE	APX	FNSW

2MG TABLET			
00410632	APO-FLUPHENAZINE	APX	FNSW

5MG TABLET			
00405361	APO-FLUPHENAZINE	APX	FNSW

HALOPERIDOL

0.5MG TABLET			
00363685	NOVO-PERIDOL	NOP	FNSW
00396796	APO-HALOPERIDOL	APX	FNSW

1MG TABLET			
00363677	NOVO-PERIDOL	NOP	FNSW
00396818	APO-HALOPERIDOL	APX	FNSW

2MG TABLET			
00363669	NOVO-PERIDOL	NOP	FNSW
00396826	APO-HALOPERIDOL	APX	FNSW

5 MG TABLET			
00363650	NOVO-PERIDOL	NOP	FNSW
00396834	APO-HALOPERIDOL	APX	FNSW

10MG TABLET			
00463698	APO-HALOPERIDOL	APX	FNSW
00713449	NOVO-PERIDOL	NOP	FNSW

20MG TABLET			
00768820	NOVO-PERIDOL	NOP	FNSW

5MG/ML INJECTION SOLUTION (1ML)			
00808652	HALOPERIDOL	SDZ	N

HALOPERIDOL DECANOATE

50MG/ML DEPOT INJECTION SOLUTION (5ML)			
02130297	HALOPERIDOL LA	SDZ	B

100MG/ML DEPOT INJECTION SOLUTION (5ML)			
02130300	HALOPERIDOL LA	SDZ	B

LOXAPINE SUCCINATE

5MG TABLET			
02230837	XYLAC	PEN	FNSW

10MG TABLET			
02230838	XYLAC	PEN	FNSW

25MG TABLET				
02230839	XYLAC		PEN	FNSW

50MG TABLET				
02230840	XYLAC		PEN	FNSW

METHOTRIMEPRAZINE

2MG TABLET				
02238403	APO-METHOPRAZINE		APX	FNSW

5MG TABLET				
02238404	APO-METHOPRAZINE		APX	FNSW

25MG TABLET				
02238405	APO-METHOPRAZINE		APX	FNSW

50MG TABLET				
02238406	APO-METHOPRAZINE		APX	FNSW

OLANZAPINE

[SEE APPENDIX A](#) FOR SA CRITERIA

2.5MG TABLET				
02229250	ZYPREXA (SA)		LIL	FNSW
02276712	TEVA-OLANZAPINE (SA)		TEV	FNSW
02281791	APO-OLANZAPINE (SA)		APX	FNSW
02303116	PMS-OLANZAPINE (SA)		PMS	FNSW
02310341	SANDOZ-OLANZAPINE (SA)		SDZ	FNSW
02337878	MYLAN-OLANZAPINE (SA)		MYL	FNSW
02372819	OLANZAPINE (SA)		SNS	FNSW

5MG TABLET				
02229269	ZYPREXA (SA)		LIL	FNSW
02276720	TEVA-OLANZAPINE (SA)		TEV	FNSW
02281805	APO-OLANZAPINE (SA)		APX	FNSW
02303159	PMS-OLANZAPINE (SA)		PMS	FNSW
02310368	SANDOZ-OLANZAPINE (SA)		SDZ	FNSW
02337886	MYLAN-OLANZAPINE (SA)		MYL	FNSW
02372827	OLANZAPINE (SA)		SNS	FNSW

7.5MG TABLET				
02229277	ZYPREXA (SA)		LIL	FNSW
02276739	TEVA-OLANZAPINE (SA)		TEV	FNSW
02281813	APO-OLANZAPINE (SA)		APX	FNSW
02303167	PMS-OLANZAPINE (SA)		PMS	FNSW
02310376	SANDOZ-OLANZAPINE (SA)		SDZ	FNSW

02337894	MYLAN-OLANZAPINE (SA)	MYL	FNSW
02372835	OLANZAPINE (SA)	SNS	FNSW

10MG TABLET

02229285	ZYPREXA (SA)	LIL	FNSW
02276747	TEVA-OLANZAPINE (SA)	TEV	FNSW
02281821	APO-OLANZAPINE (SA)	APX	FNSW
02303175	PMS-OLANZAPINE (SA)	PMS	FNSW
02310384	SANDOZ-OLANZAPINE (SA)	SDZ	FNSW
02337908	MYLAN-OLANZAPINE (SA)	MYL	FNSW
02372843	OLANZAPINE (SA)	SNS	FNSW

15MG TABLET

02238850	ZYPREXA (SA)	LIL	FNSW
02276755	TEVA-OLANZAPINE (SA)	TEV	FNSW
02281848	APO-OLANZAPINE (SA)	APX	FNSW
02303183	PMS-OLANZAPINE (SA)	PMS	FNSW
02310392	SANDOZ-OLANZAPINE (SA)	SDZ	FNSW
02337916	MYLAN-OLANZAPINE (SA)	MYL	FNSW
02372851	OLANZAPINE (SA)	SNS	FNSW

5MG ORALLY DISINTEGRATING TABLET

02243086	ZYPREXA ZYDIS (SA)	LIL	FNSW
02303191	PMS-OLANZAPINE ODT (SA)	PMS	FNSW
02321343	TEVA-OLANZAPINE OD (SA)	TEV	FNSW
02327562	CO-OLANZAPINE ODT (SA)	COB	FNSW
02327775	SANDOZ-OLANZAPINE ODT (SA)	SDZ	FNSW
02352974	OLANZAPINE ODT (SA)	SNS	FNSW
02360616	APO-OLANZAPINE ODT (SA)	APX	FNSW
02382709	MYLAN-OLANZAPINE ODT (SA)	MYL	FNSW
02389088	MAR-OLANZAPINE ODT (SA)	MAR	FNSW

10MG ORALLY DISINTEGRATING TABLET

02243087	ZYPREXA ZYDIS (SA)	LIL	FNSW
02303205	PMS-OLANZAPINE ODT (SA)	PMS	FNSW
02321351	TEVA-OLANZAPINE OD (SA)	TEV	FNSW
02327570	CO-OLANZAPINE ODT (SA)	COB	FNSW
02327783	SANDOZ-OLANZAPINE ODT (SA)	SDZ	FNSW
02352982	OLANZAPINE ODT (SA)	SNS	FNSW
02360624	APO-OLANZAPINE ODT (SA)	APX	FNSW
02382717	MYLAN-OLANZAPINE ODT (SA)	MYL	FNSW
02389096	MAR-OLANZAPINE ODT(SA)	MAR	FNSW

15MG ORALLY DISINTEGRATING TABLET

02243088	ZYPREXA ZYDIS (SA)	LIL	FNSW
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02303213	PMS-OLANZAPINE ODT (SA)	PMS	FNSW
02321378	TEVA-OLANZAPINE OD (SA)	TEV	FNSW
02327589	CO-OLANZAPINE ODT (SA)	COB	FNSW
02327791	SANDOZ-OLANZAPINE ODT (SA)	SDZ	FNSW
02352990	OLANZAPINE ODT (SA)	SNS	FNSW
02360632	APO-OLANZAPINE ODT (SA)	APX	FNSW
02382725	MYLAN-OLANZAPINE ODT (SA)	MYL	FNSW
02389118	MAR-OLANZAPINE ODT (SA)	MAR	FNSW

20MG ORALLY DISINTEGRATING TABLET

02243089	ZYPREXA ZYDIS (SA)	LIL	FNSW
02321386	TEVA-OLANZAPINE OD (SA)	TEV	FNSW
02327597	CO-OLANZAPINE ODT (SA)	COB	FNSW
02327805	SANDOZ-OLANZAPINE ODT (SA)	SDZ	FNSW
02360640	APO-OLANZAPINE ODT (SA)	APX	FNSW
02382733	MYLAN-OLANZAPINE ODT (SA)	MYL	FNSW
02389126	MAR-OLANZAPINE ODT(SA)	MAR	FNSW

PERICYAZINE

5MG CAPSULE

01926780	NEULEPTIL	ERF	FNSW
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10MG CAPSULE

01926772	NEULEPTIL	ERF	FNSW
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20MG CAPSULE

01926764	NEULEPTIL	ERF	FNSW
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10MG/ML ORAL DROPS

01926756	NEULEPTIL	ERF	FNSW
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PERPHENAZINE

2MG TABLET

00335134	APO-PERPHENAZINE	AAA	FNSW
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4MG TABLET

00335126	APO-PERPHENAZINE	AAA	FNSW
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8MG TABLET

00335118	APO-PERPHENAZINE	AAA	FNSW
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16MG TABLET

00335096	APO-PERPHENAZINE	AAA	FNSW
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PIMOZIDE

2MG TABLET

00313815	ORAP	PEN	FNSW
02245432	APO-PIMOZIDE	APX	FNSW

4MG TABLET

00313823	ORAP	PEN	FNSW
02245433	APO-PIMOZIDE	APX	FNSW

PIPOTIAZINE PALMITATE

25MG/ML DEPOT INJECTION SOLUTION (1ML)

01926667	PIPORTIL L4	AVN	B
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50MG/ML DEPOT INJECTION SOLUTION (1ML & 2ML)

01926675	PIPORTIL L4	AVN	B
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PROCHLORPERAZINE

5MG TABLET

00886440	APO-PROCHLORAZINE	APX	FNSW
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10MG TABLET

00886432	APO-PROCHLORAZINE	APX	FNSW
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10MG RECTAL SUPPOSITORY

00789720	SANDOZ-PROCHLORPERAZINE	SDZ	FNSW
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5MG/ML INJECTION SOLUTION (2ML)

00789747	PROCHLORPERAZINE	SDZ	N
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QUETIAPINE[SEE APPENDIX A](#) FOR SA CRITERIA

25MG TABLET

02236951	SEROQUEL (SA)	AZE	FNSW
02299054	PHL-QUETIAPINE (SA)	PHL	FNSW
02284235	NOVO-QUETIAPINE (SA)	NOP	FNSW
02296551	PMS-QUETIAPINE (SA)	PMS	FNSW
02307804	MYLAN-QUETIAPINE (SA)	MYL	FNSW
02313901	APO-QUETIAPINE (SA)	APX	FNSW
02313995	SANDOZ-QUETIAPINE (SA)	SDZ	FNSW
02316080	CO-QUETIAPINE (SA)	COB	FNSW
02330415	JAMP-QUETIAPINE (SA)	JPC	FNSW
02353164	QUETIAPINE (SA)	SNS	FNSW

100MG TABLET

02236952	SEROQUEL (SA)	AZE	FNSW
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02284243	NOVO-QUETIAPINE (SA)	NOP	FNSW
02296578	PMS-QUETIAPINE (SA)	PMS	FNSW
02299062	PHL-QUETIAPINE (SA)	PHL	FNSW
02307812	MYLAN-QUETIAPINE (SA)	MYL	FNSW
02313928	APO-QUETIAPINE (SA)	APX	FNSW
02314002	SANDOZ QUETIAPINE (SA)	SDZ	FNSW
02316099	CO-QUETIAPINE (SA)	COB	FNSW
02330423	JAMP-QUETIAPINE (SA)	JPC	FNSW
02353172	QUETIAPINE (SA)	SNS	FNSW

150MG TABLET

02240862	SEROQUEL (SA)	AZE	FNSW
02284251	TEVA-QUETIAPINE (SA)	TEV	FNSW

200MG TABLET

02236953	SEROQUEL (SA)	AZE	FNSW
02284278	NOVO-QUETIAPINE (SA)	NOP	FNSW
02296594	PMS-QUETIAPINE (SA)	PMS	FNSW
02299089	PHL-QUETIAPINE (SA)	SDZ	FNSW
02307839	MYLAN-QUETIAPINE (SA)	MYL	FNSW
02313936	APO-QUETIAPINE (SA)	APX	FNSW
02314010	SANDOZ QUETIAPINE (SA)	SDZ	FNSW
02316110	CO-QUETIAPINE (SA)	COB	FNSW
02330458	JAMP-QUETIAPINE (SA)	JPC	FNSW
02353199	QUETIAPINE (SA)	SNS	FNSW

300MG TABLET

02244107	SEROQUEL (SA)	AZE	FNSW
02284286	TEVA-QUETIAPINE (SA)	TEV	FNSW
02296608	PMS-QUETIAPINE (SA)	PMS	FNSW
02299097	PHL-QUETIAPINE (SA)	PHL	FNSW
02307847	MYLAN-QUETIAPINE (SA)	MYL	FNSW
02313944	APO-QUETIAPINE (SA)	APX	FNSW
02314029	SANDOZ QUETIAPINE (SA)	SDZ	FNSW
02316129	CO-QUETIAPINE (SA)	COB	FNSW
02330466	JAMP-QUETIAPINE (SA)	JPC	FNSW
02353202	QUETIAPINE (SA)	SNS	FNSW

RISPERIDONE

[SEE APPENDIX A](#) FOR SA CRITERIA

0.25MG TABLET

02240551	RISPERDAL (SA)	JAN	FNSW
02252007	PMS-RISPERIDONE (SA)	PMS	FNSW
02258439	PHL-RIPERIDONE (SA)	PHL	FNSW
02264757	RATIO-RISPERIDONE (SA)	RPH	FNSW

02282119	APO-RISPERIDONE (SA)	APX	FNSW
02282240	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282585	CO-RISPERIDONE (SA)	COB	FNSW
02282690	NOVO-RISPERIDONE (SA)	NOP	FNSW
02303655	SANDOZ-RISPERIDONE (SA)	SDZ	FNSW
02328305	RAN-RISPERIDONE (SA)	RAN	FNSW
02356880	RISPERIDONE (SA)	SNS	FNSW
02359529	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359790	MINT-RISPERIDONE (SA)	MNT	FNSW
02371766	MAR-RISPERIDONE (SA)	MAR	FNSW

0.5MG TABLET

02240552	RISPERDAL (SA)	JAN	FNSW
02252015	PMS-RISPERIDONE (SA)	PMS	FNSW
02258447	PHL-RIPERIDONE (SA)	PHL	FNSW
02264188	NOVO-RISPERIDONE (SA)	NOP	FNSW
02264765	RATIO-RISPERIDONE (SA)	RPH	FNSW
02282127	APO-RISPERIDONE (SA)	APX	FNSW
02282259	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282593	CO-RISPERIDONE (SA)	COB	FNSW
02303663	SANDOZ-RISPERIDONE (SA)	SDZ	FNSW
02328313	RAN-RISPERIODONE (SA)	RAN	FNSW
02356899	RISPERIDONE (SA)	SNS	FNSW
02359537	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359804	MINT-RISPERIDONE (SA)	MNT	FNSW
02371774	MAR-RISPERIDONE (SA)	MAR	FNSW

1MG TABLET

02025280	RISPERDAL (SA)	JAN	FNSW
02252023	PMS-RISPERIDONE (SA)	PMS	FNSW
02258455	PHL-RIPERIDONE (SA)	PHL	FNSW
02264196	NOVO-RISPERIDONE (SA)	NOP	FNSW
02264773	RATIO-RISPERIDONE (SA)	RPH	FNSW
02279800	SANDOZ-RISPERIDONE (SA)	SDZ	FNSW
02282135	APO-RISPERIDONE (SA)	APX	FNSW
02282267	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282607	CO-RISPERIDONE (SA)	COB	FNSW
02328321	RAN-RISPERIODONE (SA)	RAN	FNSW
02356902	RISPERIDONE (SA)	SNS	FNSW
02359545	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359812	MINT-RISPERIDONE (SA)	MNT	FNSW
02371782	MAR-RISPERIDONE (SA)	MAR	FNSW

2MG TABLET

02025299	RISPERDAL (SA)	JAN	FNSW
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02252031	PMS-RISPERIDONE (SA)	PMS	FNSW
02258463	PHL-RIPERIDONE (SA)	PHL	FNSW
02264218	NOVO-RISPERIDONE (SA)	NOP	FNSW
02264781	RATIO-RISPERIDONE (SA)	RPH	FNSW
02279819	SANDOZ-RISPERIDONE (SA)	SDZ	FNSW
02282143	APO-RISPERIDONE (SA)	APX	FNSW
02282275	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282615	CO-RISPERIDONE (SA)	COB	FNSW
02328348	RAN-RISPERIODONE (SA)	RAN	FNSW
02356910	RISPERIDONE (SA)	SNS	FNSW
02359553	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359820	MINT-RISPERIDONE (SA)	MNT	FNSW
02371790	MAR-RISPERIDONE (SA)	MAR	FNSW

3MG TABLET

02025302	RISPERDAL (SA)	JAN	FNSW
02252058	PMS-RISPERIDONE (SA)	PMS	FNSW
02258471	PHL-RIPERIDONE (SA)	PHL	FNSW
02264226	NOVO-RISPERIDONE (SA)	NOP	FNSW
02264803	RATIO-RISPERIDONE (SA)	RPH	FNSW
02279827	SANDOZ RISPERIDONE (SA)	SDZ	FNSW
02282151	APO-RISPERIDONE (SA)	APX	FNSW
02282283	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282623	CO-RISPERIDONE (SA)	COB	FNSW
02328364	RAN-RISPERIODONE (SA)	RAN	FNSW
02356929	RISPERIDONE (SA)	SNS	FNSW
02359561	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359839	MINT-RISPERIDONE (SA)	MNT	FNSW
02371804	MAR-RISPERIDONE (SA)	MAR	FNSW

4MG TABLET

02025310	RISPERDAL (SA)	JAN	FNSW
02252066	PMS-RISPERIDONE (SA)	PMS	FNSW
02258498	PHL-RIPERIDONE (SA)	PHL	FNSW
02264234	NOVO-RISPERIDONE (SA)	NOP	FNSW
02264811	RATIO-RISPERIDONE (SA)	RPH	FNSW
02279835	SANDOZ-RISPERIDONE (SA)	SDZ	FNSW
02282178	APO-RISPERIDONE (SA)	APX	FNSW
02282291	MYLAN-RISPERIDONE (SA)	MYL	FNSW
02282631	CO-RISPERIDONE (SA)	COB	FNSW
02328372	RAN-RISPERIODONE (SA)	RBX	FNSW
02356937	RISPERIDONE (SA)	SNS	FNSW
02359588	JAMP-RISPERIDONE (SA)	JPC	FNSW
02359847	MINT-RISPERIDONE (SA)	MNT	FNSW
02371812	MAR-RISPERIDONE (SA)	MAR	FNSW

0.5MG ORALLY DISINTEGRATING TABLET			
02247704	RISPERDAL M-TAB (SA)	JAN	FNSW
1MG ORALLY DISINTEGRATING TABLET			
02247705	RISPERDAL M-TAB (SA)	JAN	FNSW
02291789	PMS-RISPERIDONE ODT (SA)	PMS	FNSW
2MG ORALLY DISINTEGRATING TABLET			
02247706	RISPERDAL M-TAB (SA)	JAN	FNSW
02291797	PMS-RISPERIDONE ODT (SA)	PMS	FNSW
1 MG/ML ORAL SOLUTION			
02236950	RISPERDAL (SA)	JAN	FNSW
02279266	PMS-RISPERIDONE (SA)	PMS	FNSW
02280396	APO-RISPERIDONE (SA)	APX	FNSW
12.5MG PROLONGED RELEASE INJECTION			
02298465	RISPERDAL CONSTA (SA)	JAN	FNSW
25MG PROLONGED RELEASE INJECTION			
02255707	RISPERDAL CONSTA (SA)	JAN	FNSW
37.5MG PROLONGED RELEASE INJECTION			
02255723	RISPERDAL CONSTA (SA)	JAN	FNSW
50MG PROLONGED RELEASE INJECTION			
02255758	RISPERDAL CONSTA (SA)	JAN	FNSW
THIOTHIXENE			
2MG CAPSULE			
00024430	NAVANE	ERF	FNSW
5MG CAPSULE			
00024449	NAVANE	ERF	FNSW
10MG CAPSULE			
00024457	NAVANE	ERF	FNSW
TRIFLUOPERAZINE			
1MG TABLET			
00345539	APO-TRIFLUOPERAZINE	AAA	FNSW
2MG TABLET			
00312754	APO-TRIFLUOPERAZINE	AAA	FNSW

5MG TABLET 00312746	APO-TRIFLUOPERAZINE	AAA	FNSW
10MG TABLET 00326836	APO-TRIFLUOPERAZINE	AAA	FNSW

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE SULFATE

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

METHYLPHENIDATE HCL

5MG TABLET 02234749	PMS-METHYLPHENIDATE	PMS	FW
02273950	APO-METHYLPHENIDATE	APX	FW
10MG TABLET 00005606	RITALIN	NVR	FW
00584991	PMS-METHYLPHENIDATE	PMS	FW
02230321	RATIO-METHYLPHENIDATE	RPH	FW
02249324	APO-METHYLPHENIDATE	APX	FW
20MG TABLET 00005614	RITALIN	NVR	FW
00585009	PMS-METHYLPHENIDATE	PMS	FW
02230322	RATIO-METHYLPHENIDATE	RPH	FW
02249332	APO-METHYLPHENIDATE	APX	FW
20MG SUSTAINED RELEASE TABLET 00632775	RITALIN SR	NVR	FW
02320312	SANDOZ METHYLPHENIDATE SR	SDZ	FW
02266687	APO-METHYLPHENIDATE SR	APX	FW
10MG CONTROLLED RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02277166	BIPHENTIN (SA)	PFR	FW

15MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277131 BIPHENTIN (SA) PFR FW

20MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277158 BIPHENTIN (SA) PFR FW

30MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277174 BIPHENTIN (SA) PFR FW

40MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277182 BIPHENTIN (SA) PFR FW

50MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277190 BIPHENTIN (SA) PFR FW

60MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277204 BIPHENTIN (SA) PFR FW

80MG CONTROLLED RELEASE CAPSULE
[SEE APPENDIX A](#) FOR SA CRITERIA
 02277212 BIPHENTIN (SA) PFR FW

MODAFINIL

[SEE APPENDIX A](#) FOR SA CRITERIA
 100MG TABLET
 02239665 ALERTEC (SA) SHR FNSW
 02285398 MODAFINIL (SA) AAA FNSW

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

ALPRAZOLAM

0.25MG TABLET
 00548359 XANAX PFI FNSW
 00865397 APO-ALPRAZ APX FNSW
 01913484 TEVA-ALPRAZOLAM TEV FNSW
 02137534 MYLAN-ALPRAZOLAM MYL FNSW

02349191	ALPRAZOLAM	SNS	FNSW
0.5MG TABLET			
00548367	XANAX	PFI	FNSW
00865400	APO-ALPRAZ	APX	FNSW
01913492	TEVA-ALPRAZOLAM	TEV	FNSW
02137542	MYLAN-ALPRAZOLAM	MYL	FNSW
02349205	ALPRAZOLAM	SNS	FNSW
BROMAZEPAM			
1.5MG TABLET			
02177153	APO-BROMAZEPAM	APX	FNSW
3MG TABLET			
00518123	LECTOPAM	HLR	FNSW
02177161	APO-BROMAZEPAM	APX	FNSW
02230584	NOVO-BROMAZEPAM	NOP	FNSW
6MG TABLET			
00518131	LECTOPAM	HLR	FNSW
02177188	APO-BROMAZEPAM	APX	FNSW
02230585	NOVO-BROMAZEPAM	NOP	FNSW
CHLORDIAZEPOXIDE			
5MG CAPSULE			
00522724	APO-CHLORDIAZEPOXIDE	APX	FNSW
10MG CAPSULE			
00522988	APO-CHLORDIAZEPOXIDE	APX	FNSW
25MG CAPSULE			
00522996	APO-CHLORDIAZEPOXIDE	APX	FNSW
CLORAZEPATE DIPOTASSIUM			
3.75MG CAPSULE			
00860689	APO-CLORAZEPATE	APX	FNSW
7.5MG CAPSULE			
00860700	APO-CLORAZEPATE	APX	FNSW
15MG CAPSULE			
00860697	APO-CLORAZEPATE	APX	FNSW

DIAZEPAM

2MG TABLET

00405329	APO-DIAZEPAM	APX	FNSW
02247490	PMS-DIAZEPAM	BIM	FNSW

5MG TABLET

00013285	VALIUM	HLR	FNSW
00362158	APO-DIAZEPAM	APX	FNSW
02247491	PMS-DIAZEPAM	BIM	FNSW

10MG TABLET

00405337	APO-DIAZEPAM	APX	FNSW
02247492	PMS-DIAZEPAM	BIM	FNSW

FLURAZEPAM

15MG CAPSULE

00521698	APO-FLURAZEPAM	APX	FNSW
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30MG CAPSULE

00521701	APO-FLURAZEPAM	APX	FNSW
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LORAZEPAM

0.5MG TABLET

00655740	APO-LORAZEPAM	APX	FNSW
00711101	NOVO-LORAZEM	NOP	FNSW
00728187	PMS-LORAZEPAM	PMS	FNSW
02041413	ATIVAN	PFI	FNSW
02351072	LORAZEPAM	SNS	FNSW

1MG TABLET

00637742	NOVO-LORAZEM	NOP	FNSW
00655759	APO-LORAZEPAM	APX	FNSW
00728195	PMS-LORAZEPAM	PMS	FNSW
02041421	ATIVAN	PFI	FNSW
02351080	LORAZEPAM	SNS	FNSW

2MG TABLET

00637750	NOVO-LORAZEM	NOP	FNSW
00655767	APO-LORAZEPAM	APX	FNSW
00728209	PMS-LORAZEPAM	PMS	FNSW
02041448	ATIVAN	PFI	FNSW
02351099	LORAZEPAM	SNS	FNSW

MIDAZOLAM

5MG/ML INJECTION SOLUTION (2ML)

02240286 MIDAZOLAM SDZ N

NITRAZEPAM

5MG TABLET

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

10MG TABLET

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

OXAZEPAM

10MG TABLET

00402680 APO-OXAZEPAM APX FNSW

15MG TABLET

00402745 APO-OXAZEPAM APX FNSW

30MG TABLET

00402737 APO-OXAZEPAM APX FNSW

TEMAZEPAM

15MG CAPSULE

00604453	RESTORIL	ORX	FNSW
02225964	APO-TEMAZEPAM	APX	FNSW
02230095	NOVO-TEMAZEPAM	NOP	FNSW
02244814	CO-TEMAZEPAM	COB	FNSW

30MG CAPSULE

00604461	RESTORIL	ORX	FNSW
02225972	APO-TEMAZEPAM	APX	FNSW
02230102	NOVO-TEMAZEPAM	NOP	FNSW
02244815	CO-TEMAZEPAM	COB	FNSW

TRIAZOLAM

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

0.125MG TABLET

00808563	APO-TRIAZO	APX	FW
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0.25MG TABLET

00808571	APO-TRIAZO	APX	FW
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28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS**BUSPIRONE**

10MG TABLET

02211076	APO-BUSPIRONE	APX	FNSW
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02230942	PMS-BUSPIRONE	PMS	FNSW
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02231492	NOVO-BUSPIRONE	NOP	FNSW
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CHLORAL HYDRATE

100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE	PMS	FNSW
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HYDROXYZINE HCL

10MG CAPSULE

00646059	APO-HYDROXYZINE	APX	FNSW
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00738824	NOVO-HYDROXYZIN	NOP	FNSW
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25MG CAPSULE

00646024	APO-HYDROXYZINE	APX	FNSW
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00738832	NOVO-HYDROXYZIN	NOP	FNSW
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50MG CAPSULE

00646016	APO-HYDROXYZINE	APX	FNSW
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00738840	NOVO-HYDROXYZIN	NOP	FNSW
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2MG/ML SYRUP

00024694	ATARAX	ERF	FNSW
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00741817	PMS-HYDROXYZINE	PMS	FNSW
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ZOPICLONE**5MG TABLET**

02216167	IMOVANE	AVN	FNW
02243426	PMS-ZOPICLONE	PMS	FNW
02245077	APO-ZOPICLONE	APX	FNW
02246534	RATIO-ZOPICLONE	RPH	FNW
02251450	NOVO-ZOPICLONE	NOP	FNW
02257572	SANDOZ-ZOPICLONE	SDZ	FNW
02267918	RAN-ZOPICLONE	RAN	FNW
02271931	CO-ZOPICLONE	COB	FNW
02294052	PHL-ZOPICLONE	PHL	FNW
02296616	MYLAN-ZOPICLONE	MYL	FNW
02344122	ZOPICLONE	SNS	FNW
02386771	MAR-ZOPICLONE	MAR	FNW

7.5MG TABLET

01926799	IMOVANE	AVN	FNW
02008203	RHOVANE	SDZ	FNW
02218313	APO-ZOPICLONE	APX	FNW
02238596	MYLAN-ZOPICLONE	MYL	FNW
02240606	PMS-ZOPICLONE	PMS	FNW
02242481	RATIO-ZOPICLONE	RPH	FNW
02251469	NOVO-ZOPICLONE	NOP	FNW
02267926	RAN-ZOPICLONE	RAN	FNW
02271958	CO-ZOPICLONE	COB	FNW
02294060	PHL-ZOPICLONE	PHL	FNW
02282445	ZOPICLONE	SNS	FNW
02356805	JAMP-ZOPICLONE	JPC	FNW
02386798	MAR-ZOPICLONE	MAR	FNW

28:28.00 ANTIMANIC AGENTS**LITHIUM CARBONATE****150MG CAPSULE**

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

150MG CAPSULE (NOT INTERCHANGEABLE)

02013231	LITHANE	ERF	FNSW
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300MG CAPSULE

00236683	CARBOLITH	VAL	FNSW
02216140	PMS-LITHIUM CARBONATE	PMS	FNSW

02242838	APO-LITHIUM CARBONATE	APX	FNSW
300MG CAPSULE (NOT INTERCHANGEABLE)			
00406775	LITHANE	ERF	FNSW
600MG CAPSULE			
02011239	CARBOLITH	VAL	FNSW
02216159	PMS-LITHIUM CARBONATE	PMS	FNSW
300MG SUSTAINED RELEASE TABLET			
02266695	APO-LITHIUM CARBONATE SR	AAA	FNSW

28:32.00 MISCELLANEOUS ANTIMIGRANE AGENTS

ALMOTRIPTAN

[SEE APPENDIX A](#) FOR SA CRITERIA

6.25MG TABLET

02248128	AXERT (SA)	MCL	FNSW
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12.5MG TABLET

02248129	AXERT (SA)	MCL	FNSW
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Note: Coverage is limited to 6 bottles per 30 day period

NARATRIPTAN HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

1MG TABLET

02237820	AMERGE (SA)	GSK	FNSW
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02314290	NOVO-NARATRIPTAN (SA)	NOP	FNSW
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2.5MG TABLET

02237821	AMERGE (SA)	GSK	FNSW
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02314304	NOVO-NARATRIPTAN (SA)	NOP	FNSW
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02322323	SANDOZ-NARATRIPTAN (SA)	SDZ	FNSW
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Note: Coverage is limited to 6 tablets per 30 day period.

PIZOTYLIN

0.5MG TABLET

00329320	SANDOMIGRAN	PEN	FNSW
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1MG TABLET

00511552	SANDOMIGRAN DS	PEN	FNSW
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SUMATRIPTAN

[SEE APPENDIX A](#) FOR SA CRITERIA

25MG TABLET

02239738	IMITREX DF (SA)	GSK	FNSW
02256428	PMS-SUMATRIPTAN (SA)	PMS	FNSW
02257882	CO-SUMATRIPTAN (SA)	COB	FNSW
02268906	MYLAN-SUMATRIPTAN (SA)	MYL	FNSW
02286815	NOVO-SUMATRIPTAN (SA)	NOP	FNSW
02286513	SUMATRIPTAN (SA)	SNS	FNSW

50MG TABLET

02212153	IMITREX DF (SA)	GSK	FNSW
02256436	PMS-SUMATRIPTAN (SA)	PMS	FNSW
02257890	CO-SUMATRIPTAN (SA)	COB	FNSW
02263025	SANDOZ-SUMATRIPTAN (SA)	SDZ	FNSW
02268388	APO-SUMATRIPTAN (SA)	APX	FNSW
02268914	MYLAN-SUMATRIPTAN (SA)	MYL	FNSW
02286823	NOVO-SUMATRIPTAN (SA)	NOP	FNSW
02286521	SUMATRIPTAN (SA)	SNS	FNSW

100MG TABLET

02212161	IMITREX DF (SA)	GSK	FNSW
02239367	NOVO-SUMATRIPTAN (SA)	NOP	FNSW
02256444	PMS-SUMATRIPTAN (SA)	PMS	FNSW
02257904	CO-SUMATRIPTAN (SA)	COB	FNSW
02263033	SANDOZ-SUMATRIPTAN (SA)	SDZ	FNSW
02268396	APO-SUMATRIPTAN (SA)	APX	FNSW
02268922	MYLAN-SUMATRIPTAN (SA)	MYL	FNSW
02286831	NOVO-SUMATRIPTAN (SA)	NOP	FNSW
02286548	SUMATRIPTAN (SA)	SNS	FNSW

6MG/0.5ML INJECTION SOLUTION

02212188	IMITREX (SA)	GSK	FNSW
02361698	SUMATRIPTAN SUN (SA)	TAR	FNSW

5MG NASAL SPRAY

02230418	IMITREX (SA)	GSK	FNSW
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20MG NASAL SPRAY

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

ZOLMITRIPTAN

[SEE APPENDIX A](#) FOR SA CRITERIA

2.5MG TABLET

02238660	ZOMIG (SA)	AZE	FNSW
02313960	TEVA-ZOLMITRIPTAN (SA)	TEV	FNSW
02362988	SANDOZ-ZOLMITRIPTAN (SA)	SDZ	FNSW
02324229	PMS-ZOLMITRIPTAN (SA)	PMS	FNSW
02369036	MYLAN-ZOLMITRIPTAN (SA)	MYL	FNSW

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

28:36.00 ANTI PARKINSONIAN AGENTS**BROMOCRIPTINE**

2.5MG TABLET

02087324	APO-BROMOCRIPTINE	APX	FNSW
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5MG CAPSULE

02230454	APO-BROMOCRIPTINE	APX	FNSW
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CARBIDOPA & LEVODOPA & ENTACAPONE

[SEE APPENDIX A](#) FOR SA CRITERIA

12.5/50/200MG TABLET

02309533	STALEVO 50 (SA)	NVR	FNSW
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18.75/75/200MG TABLET

02337827	STALEVO 75 (SA)	NVR	FNSW
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25/100/200MG TABLET

02305941	STALEVO 100 (SA)	NVR	FNSW
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31.25/125/200MG TABLET

02337835	STALEVO 125 (SA)	NVR	FNSW
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37.5/150/200MG TABLET

02305968	STALEVO 150 (SA)	NVR	FNSW
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ENTACAPONE

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

200MG TABLET

02243763	COMTAN (SA)	NVR	FNSW
02375559	TEVA-ENTACAPONE (SA)	TEV	FNSW
02380005	SANDOZ-ENTACAPONE (SA)	SDZ	FNSW

LEVODOPA & CARBIDOPA

100MG & 10MG TABLET

00355658	SINEMET	MSD	FNSW
02195933	APO-LEVOCARB	APX	FNSW
02244494	NOVO-LEVOCARBIDOPA	NOP	FNSW

100MG & 25MG TABLET

00513997	SINEMET	MSD	FNSW
02195941	APO-LEVOCARB	APX	FNSW
02244495	NOVO-LEVOCARBIDOPA	NOP	FNSW

250MG & 25MG TABLET

00328219	SINEMET	MSD	FNSW
02195968	APO-LEVOCARB	APX	FNSW
02244496	NOVO-LEVOCARBIDOPA	NOP	FNSW

100MG & 25MG CONTROLLED RELEASE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

02028786	SINEMET CR (SA)	MSD	FNSW
02272873	APO-LEVOCARB CR (SA)	AAA	FNSW

200MG & 50MG CONTROLLED RELEASE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

00870935	SINEMET CR (SA)	MSD	FNSW
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PRAMIPEXOLE DIHYDROCHLORIDE

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

0.25MG TABLET

02237145	MIRAPEX (SA)	BOE	FNSW
02269309	NOVO-PRAMIPEXOLE (SA)	NOP	FNSW
02290111	PMS-PRAMIPEXOLE (SA)	PMS	FNSW
02292378	APO-PRAMIPEXOLE (SA)	APX	FNSW
02297302	CO-PRAMIPEXOLE (SA)	COB	FNSW
02315262	SANDOZ PRAMIPEXOLE (SA)	SDZ	FNSW
02376350	MYLAN-PRAMIPEXOLE (SA)	MYL	FNSW

0.5MG TABLET

02241594	MIRAPEX (SA)	BOE	FNSW
02269317	NOVO-PRAMIPEXOLE (SA)	NOP	FNSW
02290138	PMS-PRAMIPEXOLE (SA)	PMS	FNSW
02292386	APO-PRAMIPEXOLE (SA)	APX	FNSW

02297310	CO-PRAMIPEXOLE (SA)	COB	FNSW
02315270	SANDOZ-PRAMIPEXOLE (SA)	SDZ	FNSW
02376369	MYLAN-PRAMIPEXOLE (SA)	MYL	FNSW

1MG TABLET

02237146	MIRAPEX (SA)	BOE	FNSW
02269325	NOVO-PRMIPEXOLE (SA)	NOP	FNSW
02290146	PMS-PRAMIPEXOLE (SA)	PMS	FNSW
02292394	APO-PRAMIPEXOLE (SA)	APX	FNSW
02297329	CO-PRAMIPEXOLE (SA)	COB	FNSW
02315289	SANDOZ-PRAMIPEXOLE (SA)	SDZ	FNSW
02376377	MYLAN-PRAMIPEXOLE (SA)	MYL	FNSW

1.5MG TABLET

02237147	MIRAPEX (SA)	BOE	FNSW
02269333	NOVO-PRMIPEXOLE (SA)	NOP	FNSW
02290154	PMS-PRAMIPEXOLE (SA)	PMS	FNSW
02292408	APO-PRAMIPEXOLE (SA)	APX	FNSW
02297337	CO-PRAMIPEXOLE (SA)	COB	FNSW
02315297	SANDOZ-PRAMIPEXOLE (SA)	SDZ	FNSW
02376385	MYLAN-PRAMIPEXOLE (SA)	MYL	FNSW

ROPINIROLE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

0.25MG TABLET

02232565	REQUIP (SA)	GSK	FNSW
02314037	RAN-ROPINIROLE (SA)	RAN	FNSW
02316846	CO-ROPINIROLE (SA)	COB	FNSW
02326590	PMS-ROPINIROLE (SA)	PMS	FNSW
02352338	JAMP-ROPINIROLE (SA)	JPC	FNSW
02353040	ROPINIROLE (SA)	SNS	FNSW

1MG TABLET

02232567	REQUIP (SA)	GSK	FNSW
02314053	RAN-ROPINIROLE (SA)	RAN	FNSW
02316854	CO-ROPINIROLE (SA)	COB	FNSW
02326612	PMS-ROPINIROLE (SA)	PMS	FNSW
02352346	JAMP-ROPINIROLE (SA)	JPC	FNSW
02353059	ROPINIROLE (SA)	SNS	FNSW

2MG TABLET

02232568	REQUIP (SA)	GSK	FNSW
02314061	RAN-ROPINIROLE (SA)	RAN	FNSW
02316862	CO-ROPINIROLE (SA)	COB	FNSW

02326620	PMS-ROPINIROLE (SA)	PMS	FNSW
02352354	JAMP-ROPINIROLE (SA)	JPC	FNSW
02353067	ROPINIROLE (SA)	SNS	FNSW

5MG TABLET

02232569	REQUIP (SA)	GSK	FNSW
02314066	RAN-ROPINIROLE (SA)	RAN	FNSW
02316870	CO-ROPINIROLE (SA)	COB	FNSW
02326639	PMS-ROPINIROLE (SA)	PMS	FNSW
02352362	JAMP-ROPINIROLE (SA)	JPC	FNSW
02353075	ROPINIROLE (SA)	SNS	FNSW

SELEGILINE HCL

5MG TABLET

02068087	NOVO-SELEGILINE	NOP	FNSW
02230641	APO-SELEGILINE	APX	FNSW
02231036	MYLAN-SELEGILINE	MYL	FNSW

28:36.08 ANTICHOLINERIC AGENTS

BENZTROPINE MESYLATE

2MG TABLET

00426857	BENZTROPINE	PMS	FNSW
00587265	PMS-BENZTROPINE	PMS	FNSW

1MG/ML INJECTION SOLUTION (2ML)

02238903	BENZTROPINE OMEGA	OMG	N
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PROCYCLIDINE HCL

0.5MG/ML ELIXIR

00587362	PMS-PROCYCLIDINE	PMS	FNSW
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5MG TABLET

00587354	PMS-PROCYCLIDINE	PMS	FNSW
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TRIHEXYPHENIDYL HCL

2MG TABLET

00545058	APO-TRIHEX	AAA	FNSW
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5MG TABLET

00545074	APO-TRIHEX	AAA	FNSW
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28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ACAMPROSATE

[SEE APPENDIX A](#) FOR SA CRITERIA

333MG DELAYED RELEASE TABLET

02293269 CAMPRAL (SA)

MYL FNSW

36:26.00 DIABETES MELLITUS

NOTE: THE DRUG IDENTIFICATION NUMBERS LISTED IN THIS SECTION ARE FOR BILLING PURPOSES ONLY.

BLOOD GLUCOSE TEST STRIP

97799823	ACCU-CHEK ADVANTAGE (50)	BOE D
97799824	ACCU-CHEK ADVANTAGE (100)	BOE D
97799815	ACCU-CHEK AVIVA (50)	BOE D
97799814	ACCU-CHEK AVIVA (100)	BOE D
97799963	ACCU-CHEK COMPACT (51)	BOE D
97799962	ACCU-CHEK COMPACT (102)	BOE D
97799496	ACCU-CHEK MOBILE (100)	ROC D
97799497	ACCU-CHEK MOBILE (50)	ROC D
97799959	ACCUTREND GC (50)	BOE D
97799927	ASCENSIA AUTODISC (50)	BAY D
97799926	ASCENSIA AUTODISC (100)	BAY D
97799749	ASCENSIA BREEZE 2 (50)	BAY D
97799748	ASCENSIA BREEZE 2 (100)	BAY D
97799703	ASCENSIA CONTOUR (50)	BAY D
97799702	ASCENSIA CONTOUR (100)	BAY D
97799925	ASCENSIA ELITE (25)	BAY D
97799924	ASCENSIA ELITE (50)	BAY D
97799923	ASCENSIA ELITE (100)	BAY D
97799901	BD LATIDTUE (50)	BDC D
97799900	BD LATITUDE (100)	BDC D
97799464	BG STAR TEST STRIPS (50)	AVN D
97799465	BG STAR TEST STRIPS (100)	AVN D
97799460	CONTOUR NEXT (50)	BAY D
97799459	CONTOUR NEXT (100)	BAY D
97799564	EZ HEALTH ORACLE (50)	THI D
97799565	EZ HEALTH ORACLE (100)	THI D
97799596	FREESTYLE LITE (50)	ABC D
97799597	FREESTYLE LITE (100)	ABC D
97799829	FREESTYLE (100)	ABC D

97799770	ITEST (50)	ACM	D
97799692	ITEST (100)	ACM	D
97799584	NOVAMAX (50)	NBC	D
97799583	NOVAMAX (100)	NBC	D
97799986	ONE TOUCH ULTRA (50)	LSN	D
97799976	ONE TOUCH ULTRA (100)	LSN	D
97799476	ONE TOUCH VERIO (50)	LSN	D
97799475	ONE TOUCH VERIO (100)	LSN	D
97799841	PRECISION FREESTYLE/XTRA (50)	ABC	D
97799840	PRECISION FREESTYLE/XTRA (100)	ABC	D
97799451	RAPID RESPONSE (50)	BTN	D
97799479	RIGHTEST GS100 (50)	BIN	D
97799478	RIGHTEST GS100 (100)	BIN	D
97799601	SIDEKICK (50)	HOM	D
97799838	SOF-TACT(100)	ABC	D
97799603	TRUE TRACK (50)	HOM	D
97799602	TRUE TRACK (100)	HOM	D

URINE GLUCOSE TEST STRIP

STRIP

00977160	DIASTIX	BAY	DW
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URINE KETONE TEST STRIP

STRIP

00977322	KETOSTIX	BAY	D
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36:60.00 THYROID FUNCTION

THYROTROPIN ALFA

[SEE APPENDIX A](#) FOR SA CRITERIA

1.1MG INJECTION

02246016	THYROGEN (SA)	GZY	FNSW
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36:84.00 TUBERCULOSIS

TUBERCULIN PURIFIED PROTEIN DERIVATIVE

5TUB/0.5ML INJECTION SOLUTION

00317268	TUBERSOL	AVN	I
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40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE

500MG TABLET

00392839 SODIUM BICARBONATE SDZ N

50MMOL INJECTION SOLUTION (50ML SYRINGE)

00261998 SODIUM BICARBONATE INJECTION HOS N

40:12.00 REPLACEMENT AGENTS

CALCIUM CARBONATE

250MG TABLET

00999910 CALCIUM CARBONATE NW

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

500MG TABLET

00999919 CALCIUM CARBONATE NW

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

DEXTROSE

50% INJECTION SOLUTION (50ML SYRINGE)

00037974 DEXTROSE 50% HOS N

MAGNESIUM GLUCOHEPTONATE

100MG/ML ORAL SOLUTION

00026697 ROUGIER-MAGNESIUM ROG FNSW

POTASSIUM CHLORIDE

8MMOL LONG ACTING TABLET

00074225 SLOW-K NVR NW

00602884 APO-K APX NW

1.33MMOL/ML ORAL SOLUTION

01918303 K-10 GSK NW

02238604 PMS-POTASSIUM CHLORIDE PMS NW

25MMOL EFFERVESCENT TABLET

02085992 K-LYTE WES NW

2MMOL/ML INJECTION SOLUTION (10ML)

00037869 POTASSIUM CHLORIDE HOS N

SODIUM CHLORIDE

0.9% INJECTION SOLUTION (10ML)

00037796 SODIUM CHLORIDE

HOS N

0.9% INJECTION SOLUTION (100ML INTRAVENOUS BAG)

00060208 SODIUM CHLORIDE

BAX N

0.9% IRRIGATION SOLUTION (1000ML)

00786160 SODIUM CHLORIDE

BAX CNW

STERILE WATER

INJECTION SOLUTION (10ML)

02142546 STERILE WATER FOR INJECTION

HOS CN

40:18.00 POTASSIUM-REMOVING RESINS**SODIUM POLYSTYRENE SULFONATE**

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

00755338 PMS-SOD POLYSTYRENE SULF

PMS FNSW

02026961 KAYEXALATE

AVN FNSW

40:28.00 DIURETICS***CHLORTHALIDONE**

50MG TABLET

00360279 APO-CHLORTHALIDONE

AAA FNSW

***FUROSEMIDE**

20MG TABLET

00337730 NOVO-SEMIDE

NOP FNSW

00396788 APO-FUROSEMIDE

APX FNSW

02224690 LASIX

AVN FNSW

02247493 PMS-FUROSEMIDE

BIM FNSW

02351420 FUROSEMIDE

SNS FNSW

40MG TABLET

00337749 NOVO-SEMIDE

NOP FNSW

00362166 APO-FUROSEMIDE

APX FNSW

02247494 PMS-FUROSEMIDE

BIM FNSW

02351439 FUROSEMIDE

SNS FNSW

80MG TABLET			
00707570	APO-FUROSEMIDE	APX	FNSW
00765953	NOVO-SEMIDE	NOP	FNSW
02351447	FUROSEMIDE	SNS	FNSW

10MG/ML ORAL SOLUTION			
02224720	LASIX	AVN	FNSW

10MG/ML INJECTION SOLUTION (2ML)			
00527033	FUROSEMIDE	SDZ	N

***HYDROCHLOROTHIAZIDE**

12.5MG TABLET			
02274086	PMS-HYDROCHLOROTHIAZIDE	BIM	FNSW
02327856	APO-HYDRO	APX	FNSW

25MG TABLET			
00021474	TEVA-HYDROCHLOROTHIAZIDE	TEV	FNSW
00326844	APO-HYDRO 25	APX	FNSW
02247386	PMS-HYDROCHLOROTHIAZIDE	BIM	FNSW

50MG TABLET			
00021482	NOVO-HYDRAZIDE	NOP	FNSW
00312800	APO-HYDRO 50	APX	FNSW
02247387	PMS-HYDROCHLOROTHIAZIDE	BIM	FNSW

***INDAPAMIDE HEMIHYDRATE**

1.25MG TABLET			
02179709	LOZIDE	SEV	FNSW
02239619	PMS-INDAPAMIDE	PMS	FNSW
02240067	MYLAN-INDAPMAIDE	MYL	FNSW
02245246	APO-INDAPAMIDE	APX	FNSW
02373904	JAMP-INDAPAMIDE	JPC	FNSW

2.5MG TABLET			
00564966	LOZIDE	SEV	FNSW
02153483	MYLAN-INDAPMAIDE	MYL	FNSW
02223678	APO-INDAPAMIDE	APX	FNSW
02231184	NOVO-INDAPAMIDE	NOP	FNSW
02239620	PMS-INDAPAMIDE	PMS	FNSW
02373912	JAMP-INDAPAMIDE	JPC	FNSW

***METOLAZONE**

2.5MG TABLET			
00888400	ZAROXOLYN	AVN	FNSW

40:28.10 DIURETICS (POTASSIUM SPARING)

***AMILORIDE HCL & HYDROCHLOROTHIAZIDE**

5MG & 50MG TABLET

00784400	APO-AMILZIDE	APX	FNSW
01937219	NOVAMILOR	NOP	FNSW

***SPIRONOLACTONE**

25MG TABLET

00028606	ALDACTONE	PFI	FNSW
00613215	NOVO-SPIROTON	NOP	FNSW

100MG TABLET

00285455	ALDACTONE	PFI	FNSW
00613223	NOVO-SPIROTON	NOP	FNSW

***SPIRONOLACTONE & HYDROCHLOROTHIAZIDE**

25MG & 25MG TABLET

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

50MG & 50MG TABLET

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

***TRIAMTERENE & HYDROCHLOROTHIAZIDE**

50MG & 25MG TABLET

00441775	APO-TRIAZIDE	APX	FNSW
00532657	NOVO-TRIAMZIDE	NOP	FNSW

40:40.00 URICOSURIC DRUGS

PROBENECID

500MG TABLET

00294926	BENURYL	VAL	FNSW
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SULFINPYRAZONE

200MG TABLET

00441767	APO-SULFINPYRAZONE	AAA	FNSW
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48:08.00 ANTITUSSIVES

CODEINE & GUAIFENESIN & PHENIRAMINE

2MG & 20MG & 1.5MG PER ML SYRUP

01934740 ROBITUSSIN AC PFI W

DEXTROMETHORPHAN HBR

3MG/ML SYRUP

00436895 BALMINIL DM ROG NW

01928775 BALMINIL DM (SUGAR FREE) ROG NW

01944738 BENYLIN DM (SUCROSE & ALCOHOL FREE) MCL NW

HYDROCODONE

1MG/ML SYRUP

01916580 HYCODAN BMS N

02324253 PMS-HYDROCODONE PMS N

48:16.00 EXPECTORANTS

GUAIFENESIN

20MG/ML ORAL LIQUID

00608920 BALMINIL EXPECTORANT ROG NW

00609951 BALMINIL EXPECTORANT (SUGAR FREE) ROG NW

01931032 ROBITUSSIN (SUCROSE & ALCOHOL FREE) WAY NW

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE

20% SOLUTION (30 ML)

02091526 MUCOMYST WEL FNSW

02243098 ACETYLCYSTEINE SOLUTION SDZ FNSW

52:04.04 ANTI INFECTIVES (ANTIBIOTICS)

CIPROFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA

0.3% OPHTHALMIC OINTMENT (3.5G)

02200864 CILOXAN (SA) ALC FNSW

0.3% OPHTHALMIC SOLUTION

01945270	CILOXAN (SA)	ALC	FNSW
02253933	PMS-CIPROFLOXACIN (SA)	PMS	FNSW

CIPROFLOXACIN & DEXAMETHASONE

[SEE APPENDIX A](#) FOR SA CRITERIA
 0.3% & 0.1% OTIC SUSPENSION

02252716	CIPRODEX (SA)	ALC	FNSW
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ERYTHROMYCIN BASE

0.5% OPHTHALMIC OINTMENT (3.5G)

01912755	PMS-ERYTHROMYCIN	PMS	FNSW
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GATIFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA
 0.3% OPHTHALMIC DROPS

02257270	ZYMAR (SA)	ALL	FNSW
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GENTAMICIN SULFATE

0.3% OPHTHALMIC SOLUTION

00512192	GARAMYCIN	MSD	FNSW
02229440	SANDOZ GENTAMICIN	SDZ	FNSW

0.3% OTIC SOLUTION

00512184	GARAMYCIN	MSD	FNSW
02229441	SANDOZ GENTAMICIN	SDZ	FNSW

MOXIFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA
 0.5% OPHTHALMIC DROPS

02252260	VIGAMOX (SA)	ALC	FNSW
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OFLOXACIN

[SEE APPENDIX A](#) FOR SA CRITERIA
 0.3% OPHTHALMIC SOLUTION

02143291	OCUFLOX (SA)	ALL	FNSW
02248398	APO-OFLOXACIN (SA))	APX	FNSW
02252570	PMS-OFLOXACIN (SA)	PMS	FNSW

POLYMYXIN B & BACITRACIN

10,000U & 500U/G OPHTHALMIC OINTMENT

02160889	OPTIMYXIN	SDZ	NW
02239157	POLYSPORIN	JJM	NW

POLYMYXIN B & GRAMICIDIN

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

00701785	OPTIMYXIN	SDZ	NW
02239156	POLYSPORIN	JJM	NW

SULFACETAMIDE SODIUM

10% OPHTHALMIC SOLUTION			
00028053	SODIUM SULAMYD	SDZ	FNSW

TOBRAMYCIN

0.3% OPHTHALMIC OINTMENT (3.5G)			
00614254	TOBEX	ALC	FNSW

0.3% OPHTHALMIC SOLUTION

00513962	TOBEX	ALC	FNSW
02239577	PMS-TOBRAMYCIN	PMS	FNSW
02241755	SANDOZ TOBRAMYCIN	SDZ	FNSW

52:04.06 ANTI INFECTIVES (ANTIVIRALS)

TRIFLURIDINE

1% OPHTHALMIC SOLUTION			
00687456	VIROPTIC	THM	FNSW

52:04.92 MISCELLANEOUS ANTI INFECTIVES

CHLORHEXIDINE

[SEE APPENDIX A](#) FOR SA CRITERIA
0.12% ORAL RINSE

02237452	PERIDEX (SA)	MDA	N
02240433	PERICHLOR (SA)	PMS	N

HEXYLRESORCINOL

2.4MG LOZENGE			
00846589	BRADOSOL	CLC	N

52:08.00 ANTI INFLAMMATORY AGENTS

BECLOMETHASONE DIPROPIONATE

50UG/DOSE AQUEOUS NASAL SPRAY			
02172712	MYLAN-BECLO AQ.	MYL	FNSW
02238796	APO-BECLOMETHASONE	APX	FNSW

DEXAMETHASONE

0.1% OPHTHALMIC OINTMENT (3.5G)
00042579 MAXIDEX

ALC **FNSW**

0.1% OPHTHALMIC SUSPENSION
00042560 MAXIDEX

ALC **FNSW**

0.1% OPHTHALMIC/OTIC SOLUTION
00739839 SANDOZ-DEXAMETHASONE

SDZ **FNSW**

DICLOFENAC SODIUM

0.1% OPHTHALMIC SOLUTION
01940414 VOLTAREN OPHTHA

NVR **FNSW**

FLUNISOLIDE

0.025% NASAL SPRAY
02162687 RHINALAR

IVX **FNSW**

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION
00247855 FML 0.1%
02238568 PMS-FLUOROMETHOLONE

ALL **FNSW**

PMS **FNSW**

FLUOROMETHOLONE ACETATE

0.1% OPHTHALMIC SUSPENSION
00756784 FLAREX

ALC **FNSW**

FLURBIPROFEN SODIUM

0.03% OPHTHALMIC SOLUTION
00766046 OCUFEN

ALL **FNSW**

FLUTICASONE PROPIONATE

50UG/DOSE AQUEOUS NASAL SPRAY
02213672 FLONASE
02294745 APO-FLUTICASONE
02296071 RATIO-FLUTICASONE

GSK **FNSW**

APX **FNSW**

RPH **FNSW**

KETOROLAC TROMETHAMINE

0.5% OPHTHALMIC SOLUTION
01968300 ACULAR
02245821 APO-KETOROLAC
02247461 RATIO-KETOROLAC

ALL **FNSW**

APX **FNSW**

RPH **FNSW**

MOMETASONE

50UG/DOSE NASAL SPRAY

02238465 NASONEX MSD FNSW

PREDNISOLONE ACETATE

0.12% OPHTHALMIC SUSPENSION

00299405 PRED MILD ALL FNSW

1% OPHTHALMIC SUSPENSION

00301175 PRED FORTE ALL FNSW

00700401 RATIO-PREDNISOLONE RPH FNSW

01916203 SANDOZ-PREDNISOLONE SDZ FNSW

TRIAMCINOLONE

55UG/DOSE NASAL SPRAY

02213834 NASACORT AQ AVN FNSW

52:08.08 COMBINATION ANTI-INFECTIVE / ANTI INFLAMMATORY AGENTS

CLIOQUINOL & FLUMETHASONE PIVALATE

1% & 0.02% OTIC SOLUTION

00074454 LOCACORTEN-VIOFORM PAL FNSW

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

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

02224623 SOFRACORT AVN FNSW

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

3MG & 1MG/ML OPHTHALMIC/OTIC SOLUTION

00682217 GARASONE MSD FNSW

02244999 SANDOZ-PENTASONE SDZ FNSW

POLYMYXIN B & NEOMYCIN & HYDROCORTISONE

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

02230386 SANDOZ-CORTIMYXIN SDZ FNSW

TOBRAMYCIN & DEXAMETHASONE

0.3% & 0.1% OPHTHALMIC OINTMENT

00778915 TOBRADEX ALC FNSW

0.3% & 0.1% OPHTHALMIC SUSPENSION

00778907 TOBRADEX ALC FNSW

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250MG TABLET

00545015 APO-ACETAZOLAMIDE AAA FNSW

BRINZOLAMIDE

02238873 AZOPT ALL FNSW

DORZOLAMIDE HCL

2% OPHTHALMIC SOLUTION

02216205 TRUSOPT MSD FNSW

02316307 SANDOZ-DORZOLAMIDE SDZ FNSW

METHAZOLAMIDE

50MG TABLET

02245882 APO-METHAZOLAMIDE AAA FNSW

52:24.00 MYDRIATICS

ATROPINE SULFATE

1% OPHTHALMIC SOLUTION

00035017 ISOPTO ATROPINE ALC FNSW

HOMATROPINE HBR

2% OPHTHALMIC SOLUTION

00000779 ISOPTO HOMATROPINE ALC FNSW

5% OPHTHALMIC SOLUTION

00000787 ISOPTO HOMATROPINE ALC FNSW

PHENYLEPHRINE HCL

2.5% OPHTHALMIC SOLUTION

00465763 MYDFRIN ALC FNSW

52:28.00 MOUTHWASHES AND GARGLES

BENZYDAMINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

0.15% ORAL RINSE		
02226820	SUN-BENZ (SA)	SUN FNSW
02229777	PMS-BENZYDAMINE (SA)	PMS FNSW
02310422	NOVO-BENZYDAMINE (SA)	NOP FNSW

52:32.00 VASOCONSTRICTORS

XYLOMETAZOLINE

0.1% NASAL SPRAY		
00653330	OTRIVIN	NVR N
01939998	DECONGESTANT NASAL SPRAY	ROG N

LATANOPROST & TIMOLOL

50MCG & 5 MG PER ML OPHTHALMIC SOLUTION		
02246619	XALACOM	PFI FNSW

LEVOBUNOLOL HCL

0.25% OPHTHALMIC SOLUTION		
02031159	RATIO-LEVOBUNOLOL	RPH FNSW
02241715	SANDOZ LEVOBUNOLOL	SDZ FNSW

0.5% OPHTHALMIC SOLUTION

00637661	BETAGAN	ALL FNSW
02031167	RATIO-LEVOBUNOLOL	RPH FNSW
02237991	PMS-LEVOBUNOLOL	PMS FNSW
02241716	SANDOZ-LEVOBUNOLOL	SDZ FNSW

52:40.00 ALPHA AND BETA ADRENERGIC AGENTS AND PROSTAGLANDIN ANALOGS

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION		
01908448	BETOPTIC S	ALC FNSW

BIMATOPROST

0.1 MG/ML OPHTHALMIC SOLUTION		
02324997	LUMIGAN	ALL FNSW

BRIMONIDINE TARTRATE

0.15% OPHTHALMIC SOLUTION		
02248151	ALPHAGAN P	ALL FNSW
02301334	APO-BRIMONIDINE P	APX FNSW

0.2% OPHTHALMIC SOLUTION		
02236876	ALPHAGAN	ALL FNSW
02243026	RATIO-BRIMONIDINE	RPH FNSW
02246284	PMS-BRIMONIDINE	PMS FNSW
02260077	APO-BRIMONIDINE	APX FNSW
02305429	SANDOZ BRIMONIDINE	SDZ FNSW

BRIMONIDINE & TIMOLOL

0.2% & 0.5% OPHTHALMIC SOLUTION		
02248347	COMBIGAN	ALL FNSW

BRINZOLAMIDE & TIMOLOL

1% & 0.5% OPHTHALMIC SUSPENSION		
02331624	AZARGA	ALC FNSW

DOZOLAMIDE & TIMOLOL

2% & 0.5% OPHTHALMIC SOLUTION		
02240113	COSOPT	MSD FNSW
02299615	APO-DORZO-TIMOP	APX FNSW
02320525	TEVA-DORZOTIMOL	TEV FNSW
02344351	SANDOZ-DORZOLAMIDE/TIMOLOL	SDZ FNSW

LATANOPROST

50UG/ML OPHTHALMIC SOLUTION		
02231493	XALATAN	PFI FNSW
02254786	CO-LATANOPROST	COB FNSW
02296527	APO-LATANOPROST	APX FNSW
02367335	SANDOZ-LATANOPROST	SDZ FNSW
02373041	GD-LATANOPROST	GMD FNSW

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

TIMOLOL MALEATE

0.25% OPHTHALMIC SOLUTION		
00755826	APO-TIMOP	APX FNSW
02083353	PMS-TIMOLOL	PMS FNSW
02166712	SANDOZ-TIMOLOL	SDZ FNSW

0.5% OPHTHALMIC SOLUTION		
00451207	TIMOPTIC	MSD FNSW
00755834	APO-TIMOP	APX FNSW
02083345	PMS-TIMOLOL	PMS FNSW

02166720 SANDOZ-TIMOLOL MALEATE SDZ FNSW

TRAVOPROST

0.004% OPHTHALMIC SOLUTION
02244896 TRAVATAN ALC FNSW

0.004% OPHTHALMIC SOLUTION
02318008 TRAVATAN Z ALC FNSW

TRAVAPROST & TIMOLOL

0.004% & 0.5% OPHTHALMIC SOLUTION
02278251 DUOTRAV ALC FNSW

52:40.20 MIOTICS

CARBACHOL

1.5% OPHTHALMIC SOLUTION
00000655 ISOPTO CARBACHOL ALC FNSW

3% OPHTHALMIC SOLUTION
00000663 ISOPTO CARBACHOL ALC FNSW

PILOCARPINE HCL

4% OPHTHALMIC GEL (5G)
00575240 PILOPINE HS ALC FNSW

1% OPHTHALMIC SOLUTION
00000841 ISOPTO CARPINE ALC FNSW

2% OPHTHALMIC SOLUTION
00000868 ISOPTO CARPINE ALC FNSW

4% OPHTHALMIC SOLUTION
00000884 ISOPTO CARPINE ALC FNSW

52:92.00 EYE, EAR, NOSE, AND THROAT DRUGS, MISCELLANEOUS

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION

02076306 IOPIDINE ALC FNSW

ARTIFICIAL TEARS

0.5% OPHTHALMIC SOLUTION

00000809 ISOPTO TEARS ALC NW

00889806 EYELUBE SDZ NW

1% OPHTHALMIC SOLUTION

00000817 ISOPTO TEARS ALC NW

00874965 EYELUBE SDZ NW

5% OPHTHALMIC OINTMENT

00750816 MURO-128 BLO NW

94% & 3% OPHTHALMIC OINTMENT

02082519 TEARS NATURALE P.M. ALC NW

CARBOXYMETHYLCELLULOSE & ELECTROLYTES

ORAL SPAY

02238696 MOI-STIR PMS NW

RANIBIZUMAB

[SEE APPENDIX A](#) FOR SA CRITERIA

2.3MG/0.23ML VIAL

02296810 LUCENTIS (SA) NVR M

CROMOLYN SODIUM

2% OPHTHALMIC SOLUTION

02230621 OPTICROM ALL FNSW

56:04.00 ANTACIDS AND ADSORBENTS

ALGINIC ACID & ALUMINIUM HYDROXIDE

50MG & 20MG/ML ORAL SUSPENSION

02159775 GAVISCON GSK NW

ALGINIC ACID & MAGNESIUM CARBONATE

200MG & 40MG TABLET

02159791 GAVISCON HEARTBURN RELIEF GSK NW

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE

40MG & 33MG/ML ORAL SUSPENSION

01966529 DIOVOL CDC NW

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE

200MG & 200MG & 25MG TABLET

00116882 DIOVOL PLUS CDC NW

56:08.00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HCL/ATROPINE SULFATE

[SEE APPENDIX A](#) FOR SA CRITERIA

2.5MG/0.025MG TABLET

00036323 LOMOTIL (SA) PFI FNSW

LACTOBACILLUS RHAMNOSUS

CAPSULE

01927906 BACID ERF N

LOPERAMIDE

2MG CAPLET

02132591 NOVO-LOPERAMIDE NOP FNSW

02183862 IMODIUM MCL FNSW

02212005 APO-LOPERAMIDE APX FNSW

02228351 PMS-LOPERAMIDE PMS FNSW

02229552 DIARR-EZE PMS FNSW

02257564 SANDOZ-LOPERAMIDE SDZ FNSW

0.2MG/ML ORAL SOLUTION

02016095 PMS-LOPERAMIDE HCL PMS FNSW

56:10.00 ANTIFLATULENTS

SIMETHICONE

80MG TABLET

00292990 OVOL CDC NW

56:12.00 CATHARTICS AND LAXATIVES

Note: Cathartics and laxatives should only be used after failure of simpler measures. A high

fiber diet, adequate hydration, and a review of potentially constipating medications is often effective in relieving constipation.

BISACODYL

5MG ENTERIC COATED TABLET

00254142	DULCOLAX	BOE	NW
00545023	APO-BISACODYL	APX	NW

5MG RECTAL SUPPOSITORY

00003867	DULCOLAX	BOE	W
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10MG RECTAL SUPPOSITORY

00003875	DULCOLAX	BOE	NW
00404802	RATIO-BISACODYL	RPH	NW
00582883	PMS-BISACODYL	PMS	NW

10MG RECTAL SUPPOSITORY (**NOT INTERCHANGEABLE**)

[SEE APPENDIX A](#) FOR SA CRITERIA

02241091	MAGIC BULLET (SA)	D&C	FNSW
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DOCUSATE SODIUM

4MG/ML SYRUP

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

100MG CAPSULE

00703494	PMS-DOCUSATE SODIUM	PMS	NW
00716731	DOCUSATE SODIUM	TAR	NW
00870196	RATIO-DOCUSATE SODIUM	RPH	NW
02106256	COLACE	WEL	NW
02020084	NOVO-DOCUSATE	NOP	NW
02245079	APO-DOCUSATE SODIUM	APX	NW

GLYCERIN

90%/2.6G SUPPOSITORY

02020394	GLYCERN	ROG	N
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LACTULOSE

667MG/ML SYRUP

00703486	PMS-LACTULOSE	PMS	NW
00854409	RATIO-LACTULOSE	RPH	NW
02242814	APO-LACTULOSE	APX	NW

MAGNESIUM CITRATE

50MG/ML ORAL SOLUTION
00262609 CITRO-MAG ROG NW

MAGNESIUM CITRATE & BISACODYL

KIT
02122774 ROYVAC BOWEL EVACUANT KIT WAP APNW

MAGNESIUM HYDROXIDE & MINERAL OIL

60MG & 0.25ML PER ML ORAL EMULSION
00202045 MAGNOLAX PEN N

PSYLLIUM MUCILLOID

ORAL POWDER
02174782 METAMUCIL SUGAR FREE PGA NW
02174812 METAMUCIL PGA NW

SENNOSIDES A&B

8.6MG TABLET
00026158 SENOKOT PFR N
00896411 PMS-SENNOSIDES PMS N

1.7MG/ML ORAL LIQUID
00367729 SENOKOT PFR N

SODIUM PHOSPHATES

220MG/ML ENEMA (130ML)
00009911 FLEET JJM NW

56:14.00 CHOLELITHOLYTIC AGENTS

URSODIOL

[SEE APPENDIX A](#) FOR SA CRITERIA

URSODIOL 250MG TABLET
02238984 URSO (SA) AXC FNSW
02273497 PMS-URSODIOL C (SA) PMS FNSW

URSODIOL 500MG TABLET

02245894 URSO DS (SA) AXC FNSW
02273500 PMS-URSODIOL C (SA) PMS FNSW

56:16.00 DIGESTANTS

***PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE**

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

00263818 COTAZYM MSD **CFNSW**

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

00502790 COTAZYM ECS 8 MSD **CFNSW**

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

00821373 COTAZYM ECS 20 MSD **CFNSW**

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

02230019 VIOKASE 8 AXC **CFNSW**

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

02241933 VIOKASE 16 AXC **CFNSW**

56:22.00 ANTIEMETICS

APREPIRANT

[SEE APPENDIX A](#) FOR SA CRITERIA

80MG CAPSULE

02298791 EMEND (SA) MSD **FNSW**

125MG CAPSULE

02298805 EMEND (SA) MSD **FNSW**

80MG & 80MG & 125MG CAPSULE (PACKAGE)

02298813 EMEND TRI-PACK (SA) MSD **FNSW**

DIMENHYDRINATE

50MG TABLET

00013803 GRAVOL CDC **NW**

00021423 NOVO-DIMENATE NOP **NW**

00363766 APO-DIMENHYDRINATE APX **NW**

50MG RECTAL SUPPOSITORY

00392553 SANDOZ-DIMENHYDRINATE SDZ **NW**

100MG RECTAL SUPPOSITORY			
00013609	GRAVOL	CDC	NW
00392545	SANDOZ-DIMENHYDRINATE	SDZ	NW

50MG/ML INTRAMUSCULAR INJECTION SOLUTION (5ML)			
00013579	GRAVOL	CDC	N
00392537	DIMENHYDRINATE IM	SDZ	N

10MG/ML INTRAVENOUS INJECTION SOLUTION (5ML)			
00392731	DIMENHYDRINATE IV	SDZ	N

DOXYLAMINE SUCCINATE & PYRIDOXINE HCL

10MG & 10MG DELAYED RELEASE TABLET			
00609129	DICLECTIN	DUI	FW

DRONABINOL

[SEE APPENDIX A](#) FOR SA CRITERIA

2.5MG CAPSULE			
00611190	MARINOL (SA)	ABB	FNSW

5MG CAPSULE			
00611204	MARINOL (SA)	SLV	FNSW

MECLIZINE HCL

25MG TABLET			
00220442	BONAMINE	MCL	FNSW

NABILONE

[SEE APPENDIX A](#) FOR SA CRITERIA

0.5MG CAPSULE			
02256193	CESAMET (SA)	VAL	FNSW
02358085	RAN-NABILONE (SA)	RAN	FNSW
02380900	PMS-NABILONE (SA)	PMS	FNSW
02384884	TEVA-NABILONE (SA)	TEV	FNSW

1MG CAPSULE			
00548375	CESAMET (SA)	VAL	FNSW
02358093	RAN-NABILONE (SA)	RAN	FNSW
02380919	PMS-NABILONE (SA)	PMS	FNSW
02384892	TEVA-NABILONE (SA)	TEV	FNSW

ONDANSETRON HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

4MG TABLET

02213567	ZOFRAN (SA)	GSK	FNSW
02258188	PMS-ONDANSETRON (SA)	PMS	FNSW
02264056	NOVO-ONDANSETRON (SA)	NOP	FNSW
02274310	SANDOZ-ONDANSETRON (SA)	SDZ	FNSW
02278529	RATIO-ONDANSETRON (SA)	RPH	FNSW
02278618	PHL-ONDANSETRON (SA)	PHL	FNSW
02288184	APO-ONDANSETRON (SA)	APX	FNSW
02296349	CO-ONDANSETRON (SA)	COB	FNSW
02297868	MYLAN-ONDANSETRON (SA)	MYL	FNSW
02305259	MINT-ONDANSETRON (SA)	MNT	FNSW
02306212	ONDANSETRON-ODAN (SA)	ODN	FNSW
02312247	RAN-ONDANSETRON (SA)	RAN	FNSW
02313685	JAMP-ONDANSETRON (SA)	JPC	FNSW
02371731	MAR-ONDANSETRON (SA)	MAR	FNSW

8MG TABLET

02213575	ZOFRAN (SA)	GSK	FNSW
02258196	PMS-ONDANSETRON (SA)	PMS	FNSW
02264064	TEVA-ONDANSETRON (SA)	TEV	FNSW
02274329	SANDOZ-ONDANSETRON (SA)	SDZ	FNSW
02278537	RATIO-ONDANSETRON (SA)	RPH	FNSW
02278626	PHL-ONDANSETRON (SA)	PHL	FNSW
02288192	APO-ONDANSETRON (SA)	APX	FNSW
02296357	CO-ONDANSETRON (SA)	COB	FNSW
02297876	MYLAN-ONDANSETRON (SA)	MYL	FNSW
02305267	MINT-ONDANSETRON (SA)	MNT	FNSW
02306220	ONDANSETRON-ODAN (SA)	ODN	FNSW
02312255	RAN-ONDANSETRON (SA)	RAN	FNSW
02313693	JAMP-ONDANSETRON (SA)	JPC	FNSW
02371758	MAR-ONDANSETRON (SA)	MAR	FNSW

0.8MG/ML ORAL SOLUTION

02229639	ZOFRAN (SA)	GSK	FNSW
02291967	APO-ONDANSETRON (SA)	AAA	FNSW

56:28.12 HISTAMINE H2 ANTAGONISTS

***CIMETIDINE**

200MG TABLET

00584215	APO-CIMETIDINE	APX	FNSW
300MG TABLET			
00487872	APO-CIMETIDINE	APX	FNSW
02227444	MYLAN-CIMETIDINE	MYL	FNSW
400MG TABLET			
00600059	APO-CIMETIDINE	APX	FNSW
02227452	MYLAN-CIMETIDINE	MYL	FNSW
600MG TABLET			
00600067	APO-CIMETIDINE	APX	FNSW
02227460	MYLAN-CIMETIDINE	MYL	FNSW
800MG TABLET			
00749494	APO-CIMETIDINE	APX	FNSW
*FAMOTIDINE			
20MG TABLET			
00710121	PEPCID	MSD	FNSW
01953842	APO-FAMOTIDINE	APX	FNSW
02022133	NOVO-FAMOTIDINE	NOP	FNSW
02196018	MYLAN-FAMOTIDINE	MYL	FNSW
02242327	RATIO-FAMOTIDINE	RPH	FNSW
02351102	FAMOTIDINE	SNS	FNSW
40MG TABLET			
00710113	PEPCID	MSD	FNSW
01953834	APO-FAMOTIDINE	APX	FNSW
02022141	NOVO-FAMOTIDINE	NOP	FNSW
02196026	MYLAN-FAMOTIDINE	MYL	FNSW
02242328	RATIO-FAMOTIDINE	RPH	FNSW
02351110	FAMOTIDINE	SNS	FNSW
*NIZATIDINE			
150MG CAPSULE			
00778338	AXID	PEN	FNSW
02177714	PMS-NIZATIDINE	PMS	FNSW
02220156	APO-NIZATIDINE	APX	FNSW
02240457	NOVO-NIZATIDINE	NOP	FNSW
300MG CAPSULE			
00778346	AXID	PEN	FNSW
02177722	PMS-NIZATIDINE	PMS	FNSW
02220164	APO-NIZATIDINE	APX	FNSW

02240458 NOVO-NIZATIDINE NOP FNSW

***RANITIDINE HCL**

150MG TABLET

00733059	APO-RANITIDINE	APX	FNSW
00828564	NOVO-RANIDINE	NOP	FNSW
00828823	RATIO-RANITIDINE	RPH	FNSW
02207761	MYLAN-RANITIDINE	MYL	FNSW
02212331	ZANTAC	GSK	FNSW
02242453	PMS-RANITIDINE	PMS	FNSW
02243229	SANDOZ-RANITIDINE	RHP	FNSW
02248570	CO-RANITIDINE	COB	FNSW
02336480	RAN-RANITIDINE	RAN	FNSW
02353016	RANITIDINE	SNS	FNSW
02367378	MYLAN-RANITIDINE	MYL	FNSW

300MG TABLET

00733067	APO-RANITIDINE	APX	FNSW
00828556	NOVO-RANIDINE	NOP	FNSW
02207788	MYLAN-RANITIDINE	MYL	FNSW
02212358	ZANTAC	GSK	FNSW
02242454	PMS-RANITIDINE	PMS	FNSW
02243230	SANDOZ-RANITIDINE	RHP	FNSW
02248571	CO-RANITIDINE	COB	FNSW
02336502	RAN-RANITIDINE	RAN	FNSW
02353024	RANITIDINE	SNS	FNSW
02367386	MYLAN-RANITIDINE	MYL	FNSW

15MG/ML ORAL SOLUTION

02242940	NOVO-RANIDINE	NOP	FNSW
02280833	APO-RANITIDINE	APX	FNSW

56:28.28 PROSTAGLANDINS

***MISOPROSTOL**

100UG TABLET

02244022	MISOPROSTOL	AAA	FNSW
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200UG TABLET

02244023	MISOPROSTOL	AAA	FNSW
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56:28.32 PROTECTANTS

***SUCRALFATE**

1G TABLET

02045702	NOVO-SUCRALATE	NOP	FNSW
02100622	SULCRATE	AXC	FNSW
02125250	APO-SUCRALFATE	APX	FNSW

200MG/ML ORAL SUSPENSION

02103567	SULCRATE PLUS	AVN	FNSW
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56:28.36 PROTON PUMP INHIBITORS

LANSOPRAZOLE

SEE PROTON PUMP INHIBITORS IN APPENDIX A FOR [SA CRITERIA](#)

15MG DELAYED RELEASE CAPSULE

02165503	PREVACID (SA)	ABB	FNSW
02280515	NOVO-LANSOPRAZOLE (SA)	NOP	FNSW
02293811	APO-LANSOPRAZOLE (SA)	APX	FNSW
02353830	MYLAN-LANSOPRAZOLE (SA)	MYL	FNSW
02357682	LANSOPRAZOLE (SA)	SNS	FNSW
02385643	SANDOZ-LANSOPRAZOLE (SA)	SDZ	FNSW

30MG DELAYED RELEASE CAPSULE

02165511	PREVACID (SA)	ABB	FNSW
02280523	NOVO-LANSOPRAZOLE (SA)	NOP	FNSW
02293838	APO-LANSOPRAZOLE (SA)	APX	FNSW
02353849	MYLAN-LANSOPRAZOLE (SA)	MYL	FNSW
02357690	LANSOPRAZOLE (SA)	SNS	FNSW
02385651	SANDOZ-LANSOPRAZOLE (SA)	SDZ	FNSW

15MG DELAYED RELEASE TABLET

02249464	PREVACID FASTAB (SA)	ABB	FNSW
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30MG DELAYED RELEASE TABLET

02249472	PREVACID FASTAB (SA)	ABB	FNSW
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LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

[SEE APPENDIX A](#) FOR SA CRITERIA

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

02238525 HP-PAC (SA) ABB FNSW

***OMEPRAZOLE**

SEE PROTON PUMP INHIBITORS IN APPENDIX A FOR SA CRITERIA FOR DOSAGES
GREATER THAN 20MG PER DAY.

20MG CAPSULE

00846503	LOSEC	AZE	FNSW
02245058	APO-OMEPRAZOLE	APX	FNSW
02296446	SANDOZ-OMEPRAZOLE	SDZ	FNSW
02320851	PMS-OMEPRAZOLE	PMS	FNSW
02348691	OMEPRAZOLE	SNS	FNSW

20MG DELAYED RELEASE TABLET

02190915	LOSEC	AZE	FNSW
02260867	RATIO-OMEPRAZOLE	RPH	FNSW
02295415	NOVO-OMEPRAZOLE DR	TEV	FNSW
02310260	PMS-OMEPRAZOLE DR	PMS	FNSW
02329433	MYLAN-OMEPRAZOLE	MYL	FNSW
02348691	OMEPRAZOLE	SNS	FNSW
02374870	RAN-OMEPRAZOLE	RAN	FNSW

***PANTOPRAZOLE MAGNESIUM**

SEE PROTON PUMP INHIBITORS IN APPENDIX A FOR SA CRITERIA **FOR DOSAGES
GREATER THAN 40 MG/DAY**

40MG ENTERIC TABLET (NOT INTERCHANGEABLE)

02267233	TECTA	NYC	FNSW
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PANTOPRAZOLE SODIUM

SEE PROTON PUMP INHIBITORS IN APPENDIX A FOR SA CRITERIA

20MG ENTERIC TABLET

02241804	PANTOLOC (SA)	NYC	FNSW
02285479	TEVA-PANTOPRAZOLE (SA)	TEV	FNSW
02292912	APO-PANTOPRAZOLE (SA)	APX	FNSW
02301075	SANDOZ-PANTOPRAZOLE (SA)	SDZ	FNSW
02305038	RAN-PANTOPRAZOLE (SA)	RAN	FNSW

40MG ENTERIC TABLET

02229453	PANTOLOC (SA)	NYC	FNSW
02285487	TEVA-PANTOPRAZOLE (SA)	TEV	FNSW
02292920	APO-PANTOPRAZOLE (SA)	APX	FNSW
02299585	MYLAN-PANTOPRAZOLE (SA)	MYL	FNSW
02300486	CO-PANTOPRAZOLE (SA)	COB	FNSW
02301083	SANDOZ-PANTOPRAZOLE (SA)	SDZ	FNSW
02305046	RAN-PANTOPRAZOLE (SA)	RAN	FNSW

02307871	PMS-PANTOPRAZOLE (SA)	PMS	FNSW
02370808	PANTOPRAZOLE (SA)	SNS	FNSW

***RABEPRAZOLE SODIUM**

SEE PROTON PUMP INHIBITORS FOR SA CRITERIA FOR DOSAGES GREATER THAN 20 MG/DAY

10MG ENTERIC COATED TABLET

02243796	PARIET	JAN	FNSW
02296632	TEVA-RABEPRAZOLE EC	TEV	FNSW
02298074	RAN-RABEPRAZOLE	RAN	FNSW
02310805	PMS-RABEPRAZOLE	PMS	FNSW
02314177	SANDOZ-RABEPRAZOLE	SDZ	FNSW
02345579	APO-RABEPRAZOLE	APX	FNSW
02356511	RABEPRAZOLE	SNS	FNSW
02381737	PAT-RABEPRAZOLE	PAT	FNSW

20MG ENTERIC COATED TABLET

02243797	PARIET	JAN	FNSW
02296640	TEVA-RABEPRAZOLE EC	TEV	FNSW
02298082	RAN-RABEPRAZOLE	RAN	FNSW
02310813	PMS-RABEPRAZOLE	PMS	FNSW
02314185	SANDOZ-RABEPRAZOLE	SDZ	FNSW
02345587	APO-RABEPRAZOLE	APX	FNSW
02356538	RABEPRAZOLE	SNS	FNSW
02381745	PAT-RABEPRAZOLE	PAT	FNSW

56:32.00 MISCELLANEOUS G.I. DRUGS

DOMPERIDONE MALEATE

10MG TABLET

01912070	RATIO-DOMPERIDONE	RPH	FNSW
02103613	APO-DOMPERIDONE	APX	FNSW
02157195	TEVA-DOMPERIDONE	TEV	FNSW
02236466	PMS-DOMPERIDONE	PMS	FNSW
02268078	RAN-DOMPERIDONE	RAN	FNSW
02278669	MYLAN-DOMPERIDONE	MYL	FNSW
02350440	DOMPERIDONE	SNS	FNSW
02369206	JAMP-DOMPERIDONE	JPC	FNSW

METOCLOPRAMIDE HCL

5MG TABLET

02230431	PMS-METOCLOPRAMIDE	PMS	FNSW
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10MG TABLET

02230432	PMS-METOCLOPRAMIDE	PMS	FNSW
1MG/ML ORAL SOLUTION			
02230433	PMS-METOCLOPRAMIDE	PMS	FNSW
5MG/ML INJECTION SOLUTION (2ML)			
02185431	METOCLOPRAMIDE	SDZ	N

SULFASALAZINE

500MG ENTERIC COATED TABLET			
00598488	PMS-SULFASALAZINE E.C.	PMS	FNSW
02064472	SALAZOPYRIN	PFI	FNSW
500MG TABLET			
00598461	PMS-SULFASALAZINE	PMS	FNSW
02064480	SALAZOPYRIN	PFI	FNSW

TRIMEBUTINE MALEATE

100MG TABLET			
02245663	TRIMEBUTINE	AAA	FNSW
200MG TABLET			
00803499	MODULON	AXC	FNSW
02245664	TRIMEBUTINE	AAA	FNSW

56:36.00 ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID (MESALAMINE)			
400MG ENTERIC COATED TABLET			
01997580	ASACOL	WCC	FNSW
500MG ENTERIC COATED TABLET (NOT INTERCHANGEABLE)			
01914030	MESASAL	GSK	FNSW
02112787	SALOFALK	AXC	FNSW
500MG DELAYED RELEASE TABLET			
02099683	PENTASA	FEI	FNSW
500MG RECTAL SUPPOSITORY			
02112760	SALOFALK	AXC	FNSW
4G/60G RETENTION ENEMA (60G)			
02112809	SALOFALK	AXC	FNSW

200UG/DOSE INHALER POWDER (200 DOSE) 00851752	PULMICORT TURBUHALER	AZE	CFNSW
400UG/DOSE INHALER POWDER (200 DOSE) 00851760	PULMICORT TURBUHALER	AZE	CFNSW
0.125MG/ML INHALATION SOLUTION (2ML) SEE APPENDIX A FOR SA CRITERIA 02229099	PULMICORT NEBUAMP (SA)	AZE	FW
0.25MG/ML INHALATION SOLUTION (2ML) SEE APPENDIX A FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST) 01978918	PULMICORT NEBUAMP (SA)	AZE	CFNW
0.5MG/ML INHALATION SOLUTION (2ML) SEE APPENDIX A FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST) 01978926	PULMICORT NEBUAMP (SA)	AZE	CFNW
3 MG CONTROL ILEAL RELEASE CAPSULE SEE APPENDIX A FOR SA CRITERIA 02229293	ENTOCORT (SA)	AZE	FNSW
CICLESONIDE			
100UG/DOSE INHALATION AEROSOL 02285606	ALVESCO	NYC	FNSW
200UG/DOSE INHALATION AEROSOL 02285614	ALVESCO	NYC	FNSW
CORTISONE ACETATE			
25MG TABLET 00280437	CORTISONE	VAL	CFNSW
DEXAMETHASONE			
0.5MG TABLET 01964976	PMS-DEXAMETHASONE	PMS	CFNSW
02240684	RATIO-DEXAMETHASONE	RPH	CFNSW
02261081	APO-DEXAMETHASONE	APX	CFNSW
0.75MG TABLET 01964968	PMS-DEXAMETHASONE	PMS	FNSW
2MG TABLET			

02279363	PMS-DEXAMETHASONE	PMS	FNSW
4MG TABLET			
00489158	DEXASONE	VAL	CFNSW
01964070	PMS-DEXAMETHASONE	PMS	CFNSW
02240687	RATIO-DEXAMETHASONE	RPH	CFNSW
02250055	APO-DEXAMETHASONE	APX	CFNSW

DEXAMETHASONE 21 PHOSPHATE

4MG/ML INJECTION SOLUTION (5ML)			
00664227	DEXAMETHASONE	SDZ	FNSW
01977547	DEXAMETHASONE	CYT	FNSW

FLUDROCORTISONE ACETATE

0.1MG TABLET			
02086026	FLORINEF	PAL	FNSW

FLUTICASONE PROPIONATE

50UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)			
02244291	FLOVENT HFA	GSK	CFNSW

125UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)			
02244292	FLOVENT HFA	GSK	CFNSW

250UG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)			
02244293	FLOVENT HFA	GSK	CFNSW

50UG/DOSE AEROSOL POWDER DISK (60)			
02237244	FLOVENT DISKUS	GSK	FW

100UG/DOSE AEROSOL POWDER DISK (60)			
02237245	FLOVENT DISKUS	GSK	FNSW

250UG/DOSE AEROSOL POWDER DISK (60)			
02237246	FLOVENT DISKUS	GSK	FNSW

500UG/DOSE AEROSOL POWDER DISK (60)			
02237247	FLOVENT DISKUS	GSK	FNSW

HYDROCORTISONE

10MG TABLET			
00030910	CORTEF	PFI	CFNSW

20MG TABLET

00030929	CORTEF	PFI	CFNSW
HYDROCORTISONE SODIUM SUCCINATE			
250MG INJECTION POWDER			
00030619	SOLU-CORTEF	PFI	N
METHYLPREDNISOLONE			
4MG TABLET			
00030988	MEDROL	PFI	CFNSW
16MG TABLET			
00036129	MEDROL	PFI	FNSW
METHYLPREDNISOLONE ACETATE			
40MG/ML INJECTION SUSPENSION (1ML)			
00030759	DEPO MEDROL	PFI	FNSW
02245400	METHYLPREDNISOLONE	SDZ	FNSW
40MG/ML INJECTION SUSPENSION (2ML)			
01934333	DEPO MEDROL	PFI	FNSW
02245407	METHYLPREDNISOLONE	SDZ	FNSW
80MG/ML INJECTION SUSPENSION (1ML)			
00030767	DEPO MEDROL	PFI	FNSW
02245406	METHYLPREDNISOLONE	SDZ	FNSW
PREDNISOLONE SODIUM PHOSPHATE			
1MG/ML ORAL LIQUID			
02230619	PEDIAPRED	AVN	CFNSW
02245532	PMS-PREDNISOLONE	PMS	CFNSW
PREDNISONONE			
1MG TABLET			
00271373	WINPRED	VAL	CFNSW
00598194	APO-PREDNISONONE	APX	CFNSW
5MG TABLET			
00021695	NOVO-PREDNISONONE	NOP	CFNSW
00312770	APO-PREDNISONONE	APX	CFNSW
50MG TABLET			
00232378	NOVO-PREDNISONONE	NOP	CFNSW
00550957	APO-PREDNISONONE	APX	CFNSW

0.025MG & 0.10MG TABLET (28 DAY) 02257238	LINESSA	MSD	FW
0.03MG & 0.15MG TABLET (21 DAY) 02042487	MARVELON	MSD	FW
02317192	APRI	APX	FW
0.03MG & 0.15MG TABLET (28 DAY) 02042479	MARVELON	MSD	FW
02317206	APRI	APX	FW
0.03MG & 0.15MG TABLET (28 DAY) 02042533	ORTHO-CEPT	JAN	FW
*ETHINYL ESTRADIOL & DROSPIRENONE			
3.0MG & 0.03MG TABLETS (21 DAY) 02261723	YASMIN	BAY	FW
3.0MG & 0.03MG TABLETS (28 DAY) 02261731	YASMIN	BAY	FW
*ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			
0.03MG & 2MG TABLET (21 DAY) 00469327	DEMULEN 30	PFI	FW
0.03MG & 2MG TABLET (28 DAY) 00471526	DEMULEN 30	PFI	FW
*ETHINYL ESTRADIOL & L-NORGESTREL			
0.2MG & 0.1MG TABLET (21 DAY) 02236974	ALESSE	PFI	FW
02298538	AVIANE	APX	FW
0.2MG & 0.1MG TABLET (28 DAY) 02236975	ALESSE	PFI	FW
02298546	AVIANE	APX	FW
0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10) TABLET (21 DAY) 00707600	TRIQUILAR	BAY	FW
0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10); INERT TABLETS (7) TABLET (28 DAY) 00707503	TRIQUILAR	BAY	FW

0.03MG & 0.15MG TABLET (21 DAY)			
02042320	MIN-OVRAL	PFI	FW
02295946	PORTIA	APX	FW

0.03MG & 0.15MG TABLET (28 DAY)			
02042339	MIN-OVRAL	PFI	FW
02295954	PORTIA	APX	FW

***ETHINYL ESTRADIOL & NORETHINDRONE**

0.035MG & 0.5MG TABLET (21 DAY) (NOT INTERCHANGEABLE)			
00317047	ORTHO 0.5/35	JAN	FW
02187086	BREVICON	PFI	FW

0.035MG & 0.5MG TABLET (28 DAY) (NOT INTERCHANGEABLE)			
00340731	ORTHO 0.5/35	JAN	FW
02187094	BREVICON	PFI	FW

0.035MG & 0.5MG (7); 0.035MG & 0.75MG (7); 0.035MG & 1.0MG (7) TABLET (21 DAY)			
00602957	ORTHO 7/7/7	JAN	FW

0.035MG & 0.5MG (7); 0.035MG & 0.75MG (7); 0.035MG & 1.0MG (7); INERT TABLETS (7) TABLET (28 DAY)			
00602965	ORTHO 7/7/7	JAN	FW

0.035MG & 0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7) TABLET (21 DAY)			
02187108	SYNPHASIC	PFI	FW

0.035MG & 0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7); INERT TABLETS (7) TABLET (28 DAY)			
02187116	SYNPHASIC	PFI	FW

0.035MG & 1.0MG TABLET (21 DAY) (NOT INTERCHANGEABLE)			
00372846	ORTHO 1/35	JAN	FW
02189054	BREVICON 1/35	PFI	FW
02197502	SELECT 1/35	PFI	FW

0.035MG & 1.0MG TABLET (28DAY) (NOT INTERCHANGEABLE)			
00372838	ORTHO 1/35	JAN	FW
02189062	BREVICON 1/35	PFI	FW
02199297	SELECT 1/35	PFI	FW

***ETHINYL ESTRADIOL & NORETHINDRONE ACETATE**

0.02MG & 1.0MG TABLET (21 DAY)			
00315966	MINISTRIN 1/20	PFI	FW

0.02MG & 1.0MG TABLET (28 DAY)
00343838 MINESTRIN 1/20 PFI FW

0.035MG & 1.5MG TABLET (21 DAY)
00297143 LOESTRIN 1.5/30 PFI FW

0.035MG & 1.5MG TABLET (28 DAY)
00353027 LOESTRIN 1.5/30 PFI FW

***ETHINYL ESTRADIOL & NORGESTIMATE**

0.025MG & 0.180MG (7); 0.025MG & 0.215MG (7); 0.025MG & 0.250MG (7) TABLET (21 DAY)
02258560 TRI-CYCLEN LO JAN FW

0.025MG & 0.180MG (7); 0.025MG & 0.215MG (7); 0.025MG & 0.250MG (7); INERT TABLETS (7) TABLET (28 DAY)
02258587 TRI-CYCLEN LO JAN FW

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7) TABLET (21 DAY)
02028700 TRI-CYCLEN JAN FW

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7); INERT TABLETS (7) TABLET (28 DAY)
02029421 TRI-CYCLEN JAN FW

0.035MG & 0.25MG TABLET (21 DAY)
01968440 CYCLEN JAN FW

0.035MG & 0.25MG TABLET (28 DAY)
01992872 CYCLEN JAN FW

LEVONORGESTROL

0.75MG TABLET
02241674 PLAN B PAL FW

52MG INTRAUTERINE SYSTEM
02243005 MIRENA BAY FW

***NORETHINDRONE**

0.35MG TABLET (28 DAY)
00037605 MICRONOR JAN FW

02246969 SANDOZ-ESTRADIOL DERM (SA) SDZ FNSW

10UG VAGINAL TABLET
02325462 VAGIFEM NNO FNSW

ESTRADIOL & NORETHINRONE ACETATE

[SEE APPENDIX A](#) FOR SA CRITERIA

50UG & 140UG TRANSDERMAL PATCH
02241835 ESTALIS (SA) NVR FNSW

50UG & 250UG TRANSDERMAL PATCH
02241837 ESTALIS (SA) NVR FNSW

***PIPERAZINE ESTRONE SULFATE**

0.625MG TABLET (0.75MG ESTROPIPATE)
02089793 OGEN PFI FNSW

1.25MG TABLET (1.5MG ESTROPIPATE)
02089769 OGEN PFI FNSW

2.5MG TABLET (3MG ESTROPIPATE)
02089777 OGEN PFI FNSW

68:18.00 GONADOTROPINS

GOSERELIN ACETATE

3.6MG DEPOT INJECTION
02049325 ZOLADEX AZE FNSW

10.8MG DEPOT INJECTION
02225905 ZOLADEX LA AZE FNSW

68:20.00 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

***ACARBOSE**

50MG TABLET
02190885 GLUCOBAY BAY DNW

100MG TABLET
02190893 GLUCOBAY BAY DNW

***CHLORPROPAMIDE**

100MG TABLET

00399302 APO-CHLORPROPAMIDE APX **DNW**

250MG TABLET

00312711 APO-CHLORPROPAMIDE APX **DNW**

***GLICLAZIDE**

30MG MODIFIED RELEASE TABLET

02242987 DIAMICRON MR SEV **DNW**

02297795 GLICLAZIDE MR AAA **DNW**

80MG TABLET

00765996 DIAMICRON SEV **DNW**

02229519 MYLAN-GLICLAZIDE MYL **DNW**

02238103 NOVO-GLICLAZIDE NOP **DNW**

02245247 APO-GLICLAZIDE APX **DNW**

02287072 GLICLAZIDE SNS **DNW**

60MG EXTENDED RELEASE TABLET

02356422 DIAMICRON MR SEV **DN**

***GLIMEPIRIDE**

1MG TABLET

02245272 AMARYL AVN **DNW**

02269589 SANDOZ-GLIMEPIRIDE SDZ **DNW**

02273101 RATIO-GLIMEPIRIDE RPH **DNW**

02273756 NOVO-GLIMEPIRIDE NOP **DNW**

02295377 APO-GLIMEPIRIDE APX **DNW**

2MG TABLET

02245273 AMARYL AVN **DNW**

02269597 SANDOZ-GLIMEPIRIDE SDZ **DNW**

02273128 RATIO-GLIMEPIRIDE RPH **DNW**

02273764 NOVO-GLIMEPIRIDE NOP **DNW**

02295385 APO-GLIMEPIRIDE APX **DNW**

4MG TABLET

02245274 AMARYL AVN **DNW**

02269619 SANDOZ-GLIMEPIRIDE SDZ **DNW**

02273136 RATIO-GLIMEPIRIDE RPH **DNW**

02273772 NOVO-GLIMEPIRIDE NOP **DNW**

02295393 APO-GLIMEPIRIDE APX **DNW**

***GLYBURIDE**

2.5MG TABLET

00808733	MYLAN-GLYBE	MYL	DNW
01900927	RATIO-GLYBURIDE	RPH	DNW
01913654	APO-GLYBURIDE	APX	DNW
01913670	TEVA-GLYBURIDE	TEV	DNW
02224550	DIABETA	AVN	DNW
02248008	SANDOZ-GLYBURIDE	SDZ	DNW
02350459	GLYBURIDE	SNS	DNW

5MG TABLET

00808741	MYLAN-GLYBE	MYL	DNW
01900935	RATIO-GLYBURIDE	RPH	DNW
01913662	APO-GLYBURIDE	APX	DNW
01913689	TEVA-GLYBURIDE	TEV	DNW
02224569	DIABETA	AVN	DNW
02236734	PMS-GLYBURIDE	PMS	DNW
02248009	SANDOZ-GLYBURIDE	SDZ	DNW
02350467	GLYBURIDE	SNS	DNW

***METFORMIN**

500MG TABLET

02045710	NOVO-METFORMIN	NOP	DNW
02099233	GLUCOPHAGE	AVN	DNW
02148765	MYLAN-METFORMIN	MYL	DNW
02167786	APO-METFORMIN	APX	DNW
02223562	PMS-METFORMIN	PMS	DNW
02229516	GLYCON	VAL	DNW
02242974	RATIO-METFORMIN	RPH	DNW
02246820	SANDOZ-METFORMIN FC	SDZ	DNW
02257726	CO-METFORMIN	COB	DNW
02269031	RAN-METFORMIN	RAN	DNW
02353377	METFORMIN	SNS	DNW
02378620	MAR-METFORMIN	MAR	DNW
02378841	METFORMIN	MAR	DNW
02379767	SEPTA-METFORMIN	SPT	DNW
02380196	JAMP-METFORMIN	JPC	DNW
02380722	JAMP-METFORMIN BLACKBERRY	JPC	DNW

850MG TABLET

02162849	GLUCOPHAGE	AVN	DNW
02229656	MYLAN-METFORMIN	MYL	DNW
02229785	APO-METFORMIN	APX	DNW
02230475	NOVO-METFORMIN	NOP	DNW
02242589	PMS-METFORMIN	PMS	DNW

02242931	RATIO-METFORMIN	RPH	DNW
02246821	SANDOZ-METFORMIN FC	SDZ	DNW
02257734	CO-METFORMIN	COB	DNW
02269058	RAN-METFORMIN	RAN	DNW
02353385	METFORMIN	SNS	DNW
02378639	MAR-METFORMIN	MAR	DNW
02378868	METFORMIN	MAR	DNW
02379775	SEPTA-METFORMIN	SPT	DNW
02380218	JAMP-METFORMIN	JPC	DNW
02380730	JAMP-METFORMIN-BLACKBERRY	JPC	DNW

PIOGLITAZONE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA

15MG TABLET

02242572	ACTOS (SA)	TAK	DNW
02274914	NOVO-PIOGLITAZONE (SA)	NOP	DNW
02297906	SANDOZ-PIOGLITAZONE (SA)	SDZ	DNW
02298279	MYLAN-PIOLGLITAZONE (SA)	MYL	DNW
02301423	RATIO-PIOGLITAZONE (SA)	RPH	DNW
02302861	CO-PIOGLITAZONE (SA)	COB	DNW
02302942	APO-PIOGLITAZONE (SA)	APX	DNW
02303124	PMS-PIOGLITAZONE (SA)	PMS	DNW
02307669	PHL-PIOGLITAZONE (SA)	PHL	DNW
02326477	MINT-PIOGLICAZONE (SA)	MNT	DNW
02375850	RAN-PIOGLITAZONE (SA)	RAN	DNW

30MG TABLET

02242573	ACTOS (SA)	TAK	DNW
02274922	NOVO-PIOGLITAZONE (SA)	NOP	DNW
02297914	SANDOZ-PIOGLITAZONE (SA)	SDZ	DNW
02298287	MYLAN-PIOLGLITAZONE (SA)	MYL	DNW
02301431	RATIO-PIOGLITAZONE (SA)	RPH	DNW
02302888	CO-PIOGLITAZONE (SA)	COB	DNW
02302950	APO-PIOGLITAZONE (SA)	APX	DNW
02303132	PMS-PIOGLITAZONE (SA)	PMS	DNW
02307677	PHL-PIOGLITAZONE (SA)	PHL	DNW
02326485	MINT-PIOGLITAZONE (SA)	MNT	DNW
02339587	PIOGLITAZONE (SA)	ACH	DNW
02375869	RAN-PIOGLITAZONE (SA)	RAN	DNW

45MG TABLET

02242574	ACTOS (SA)	TAK	DNW
02274930	NOVO-PIOGLITAZONE (SA)	NOP	DNW
02297922	SANDOZ-PIOGLITAZONE (SA)	SDZ	DNW
02298295	MYLAN-PIOLGLITAZONE (SA)	MYL	DNW

02301458	RATIO-PIOGLITZONE (SA)	RPH	DNW
02302896	CO-PIOGLITAZONE (SA)	COB	DNW
02302977	APO-PIOGLITAZONE (SA)	APX	DNW
02303140	PMS-PIOGLITAZONE (SA)	PMS	DNW
02307723	PHL-PIOGLITAZONE (SA)	PHL	DNW
02326493	MINT-PIOGLITAZONE (SA)	MNT	DNW
02339595	PIOGLITAZONE (SA)	ACH	DNW
02375877	RAN-PIOGLITAZONE (SA)	RAN	DNW

ROSIGLITAZONE MALEATE

[SEE APPENDIX A](#) FOR SA CRITERIA

2MG TABLET

02241112	AVANDIA (SA)	GSK	DNW
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4MG TABLET

02241113	AVANDIA (SA)	GSK	DNW
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8MG TABLET

02241114	AVANDIA (SA)	GSK	DNW
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ROSIGLITAZONE MALEATE & METFORMIN

[SEE APPENDIX A](#) FOR SA CRITERIA

1MG & 500MG TABLET

02247085	AVANDAMET (SA)	GSK	DNW
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2MG & 500MG TABLET

02247086	AVANDAMET (SA)	GSK	DNW
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4MG & 500MG TABLET

02247087	AVANDAMET (SA)	GSK	DNW
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2MG & 1000MG TABLET

02248440	AVANDAMET (SA)	GSK	DNW
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4MG & 1000MG TABLET

02248441	AVANDAMET (SA)	GSK	DNW
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***TOLBUTAMIDE**

500MG TABLET

00312762	TOLBUTAMIDE	AAA	DNW
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68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULINE (GLULISINE)

100 UNIT/ML CARTRIDGE

02279479 APIDRA AVN DNW

100 UNIT/ML VIAL

02279460 APIDRA AVN DNW

100 UNIT/ML PREFILLED PEN

02294346 APIDRA AVN DNW

INSULIN (REGULAR) ASPART

100IU/ML INJECTION SOLUTION (10ML)

02245397 NOVORAPID NNO DNW

100IU/ML INJECTION SOLUTION (CARTRIDGE)

02244353 NOVORAPID NNO DNW

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

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

00587737 HUMULIN-N LIL DNW

02024225 NOVOLIN GE NPH NNO DNW

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

01959239 HUMULIN-N CARTRIDGE/KWIKPEN LIL DNW

02024268 NOVOLIN GE NPH PENFILL NNO DNW

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

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

00586714 HUMULIN-R LIL DNW

02024233 NOVOLIN GE TORONTO NNO DNW

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

01959220 HUMULIN-R CARTRIDGE LIL DNW

02024284 NOVOLIN GE TORONTO PENFILL NNO DNW

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC

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

00795879 HUMULIN 30/70 LIL DNW

02024217 NOVOLIN GE 30/70 NNO DNW

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

01959212 HUMULIN 30/70 CARTRIDGE LIL DNW

02025248 NOVOLIN GE 30/70 PENFILL NNO DNW

100U/ML INJECTION SUSPENSION 40%/60% (CARTRIDGE)

02024314 NOVOLIN GE 40/60 PENFILL NNO **DNW**

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

INSULIN (REGULAR) LISPRO

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

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

INSULIN (REGULAR/PROTAMINE) LISPRO

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

68:24.00 PARATHYROID

CALCITONIN SALMON

[SEE APPENDIX A](#) FOR SA CRITERIA

200IU/DOSE NASAL SPRAY

02240775	MIACALCIN (SA)	NVR	FNSW
02247585	APO-CALCITONIN (SA)	APX	FNSW
02261766	SANDOZ CALCITONIN NS (SA)	SDZ	FNSW

68:28.00 PITUITARY AGENTS

DESMOPRESSIN

[SEE APPENDIX A](#) FOR SA CRITERIA

10U/DOSE INTRANASAL SOLUTION

00402516	D.D.A.V.P. RHINYLE (SA)	FEI	FNSW
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10U/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

00836362	D.D.A.V.P. (SA)	FEI	FNSW
02242465	DEMOSPRESSIN (SA)	AAA	FNSW

0.1MG TABLET

00824305	DDAVP (SA)	FEI	FNSW
02284030	APO-DESMOPRESSIN (SA)	APX	FNSW
02287730	NOVO-DESMOPRESSIN (SA)	NOP	FNSW

02304368	PMS-DESMOPRESSIN (SA)	PMS	FNSW
0.2MG TABLET			
00824143	DDAVP (SA)	FEI	FNSW
02284049	APO-DESMOPRESSIN (SA)	APX	FNSW
02287749	NOVO-DESMOPRESSIN (SA)	NOP	FNSW
02304376	PMS-DESMOPRESSIN (SA)	PMS	FNSW
60UG ORAL DISINTEGRATING TABLET			
02284995	DDAVP MELT (SA)	FEI	FNSW
120UG ORAL DISINTEGRATING TABLET			
02285002	DDVAP MELT (SA)	FEI	FNSW
240UG ORAL DISINTEGRATING TABLET			
02285010	DDVAP MELT (SA)	FEI	FNSW
SOMATROPIN			
5MG/1.5ML CARTRIDGE (NOT INTERCHANGEABLE)			
02325063	OMNITROPE	SDZ	G
10MG/1.5ML CARTRIDGE (NOT INTERCHANGEABLE)			
02325071	OMNITROPE	SDZ	G
SOMATROPIN			
5MG INJECTION (VIAL)			
00745626	HUMATROPE (NOT INTERCHANGEABLE)	LIL	G
6MG INJECTION (CARTRIDGE)			
02243077	HUMATROPE CARTRIDGE (NOT INTERCHANGEABLE)	LIL	G
12MG INJECTION (CARTRIDGE)			
02243078	HUMATROPE CARTRIDGE (NOT INTERCHANGEABLE)	LIL	G

68:32.00 PROGESTOGENS

***MEDROXYPROGESTERONE ACETATE**

2.5MG TABLET			
00708917	PROVERA	PFI	FNSW
02221284	NOVO-MEDRONE	NOP	FNSW
02244726	APO-MEDROXY	APX	FNSW

5MG TABLET			
00030937	PROVERA	PFI	FNSW
02221292	NOVO-MEDRONE	NOP	FNSW
02244727	APO-MEDROXY	APX	FNSW

10MG TABLET			
00729973	PROVERA	PFI	FNSW
02221306	NOVO-MEDRONE	NOP	FNSW
02277298	APO-MEDROXY	APX	FNSW

MEDROXYPROGESTERONE ACETATE

150MG/ML INJECTION SUSPENSION (1ML)			
00585092	DEPO-PROVERA	PFI	FW
02322250	MEDROXYPROGESTERONE ACETATE	SDZ	FW

68:36.04 THYROID AGENTS

***LEVOTHYROXINE SODIUM**

0.025MG TABLET			
02172062	SYNTHROID	ABB	FNSW

0.05MG TABLET (NOT INTERCHANGEABLE)			
02172070	SYNTHROID	ABB	FNSW
02213192	ELTROXIN	TRI	FNSW

0.075MG TABLET			
02172089	SYNTHROID	ABB	FNSW

0.088MG TABLET			
02172097	SYNTHROID	ABB	FNSW

0.1MG TABLET (NOT INTERCHANGEABLE)			
02172100	SYNTHROID	ABB	FNSW
02213206	ELTROXIN	GSK	FNSW

0.112MG TABLET			
02171228	SYNTHROID	ABB	FNSW

0.125MG TABLET			
02172119	SYNTHROID	ABB	FNSW

0.137MG TABLET

02233852	SYNTHROID	ABB	FNSW
0.15MG TABLET (NOT INTERCHANGEABLE)			
02172127	SYNTHROID	ABB	FNSW
02213214	ELTROXIN	GSK	FNSW
0.175MG TABLET			
02172135	SYNTHROID	ABB	FNSW
0.2MG TABLET (NOT INTERCHANGEABLE)			
02172143	SYNTHROID	ABB	FNSW
02213222	ELTROXIN	GSK	FNSW
0.3MG TABLET (NOT INTERCHANGEABLE)			
02172151	SYNTHROID	ABB	FNSW
02213230	ELTROXIN	GSK	FNSW

68:36.08 ANTI-THYROID AGENTS

***METHIMAZOLE**

5MG TABLET			
00015741	TAPAZOLE	PAL	FNSW
10MG TABLET			
02296039	TAPAZOLE	PAL	FNSW

***PROPYLTHIOURACIL**

50MG TABLET			
00010200	PROPYL THYRACIL	PAL	FNSW
100MG TABLET			
00010219	PROPYL THYRACIL	PAL	FNSW

72:00.00 LOCAL ANESTHETICS

LIDOCAINE HCL

1% INJECTION SOLUTION			
00001732	XYLOCAINE	AZE	N
2% INJECTION SOLUTION			
00036641	XYLOCAINE	AZE	N

80:04.00 SERUMS

RABIES IMMUNE GLOBULIN (PASTURIZED, HUMAN)

150U/ML INJECTION SOLUTION (2ML)

02230700

HYPERRAB

TAL R

80:08.00 TOXOIDS

PERTUSIS ANTIGEN AND TOXOID

INJECTION SUSPENSION (0.5ML)

02247600

BOOSTRIX

GSK I

TETANUS - DIPHTHERIA TOXOID (ADSORBED) (DT)

INJECTION SOLUTION (5 X 0.5ML)

00514462

Td ADSORBED

AVP I

80:12.00 VACCINES

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

INJECTION SOLUTION (5 X 0.5ML)

00615358

Td POLIO ADSORBED

AVP I

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

INJECTION SOLUTION (5 X 0.5ML)

02230946

QUADRACEL

AVP I

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

INJECTION SOLUTION (5 X 0.5ML)

02243167

PEDIACEL

AVP I

HAEMOPHILUS B CONJUGATE VACCINE (PRP-T)

INJECTION SOLUTION (5 X 1 DOSE)

01959034 ACT-HIB AVP I

HEPATITIS A VACCINE (INACTIVATED)

720 ELISA UNITS PRE-FILLED SYRINGE (0.5ML)

02231056 HAVRIX JUNIOR GSK H

1440 ELISA UNITS PRE-FILLED SYRINGE (1.0ML)

02187078 HAVRIX GSK H

1440 ELISA UNITS (VIAL) (1.0ML)

02187078 HAVRIX GSK H

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

02229702 VAQTA MSD H

25U/0.5ML (PED)/I/M SUSPENSION

02229702 VAQTA MSD H

HEPATITIS A (INACTIVATED) - HEPATITIS B (RECOMBINANT) VACCINE

360 ELISA UNITS & 10MCG PRE-FILLED SYRINGE (0.5ML)

02237548 TWINRIX JUNIOR GSK H

720 ELISA UNITS & 20MCG PRE-FILLED SYRINGE (1.0ML)

02230578 TWINRIX GSK H

HEPATITIS B VACCINE (RECOMBINANT)

5MCG/0.5ML STERILE SUSPENSION

02243676 RECOMBIVAX HB PEDIATRIC
(PRESERVATIVE FREE) MSD HI

10MCG/1ML SOLUTION (I/M)

02243676 RECOMBIVAX HB
(PRESERVATIVE FREE) MSD HI

20MCG/ML STERILE SUSPENSION

01919431 ENGERIX-B GSK HI

40MCG/ML STERILE SUSPENSION (1ML)

02245977 RECOMBIVAX HB (DIALYSIS)
(PRESERVATIVE FREE) MSD H

INFLUENZA, ADULT

0.5ML INJECTION SUSPENSION

02015986 FLUVIRAL (ADULT FLU VACCINE) GSK I

INFLUENZA, PEDIATRIC

0.5ML INJECTION SUSPENSION

02223929 VAXIGRIP (PEDIATRIC FLU VACCINE) AVP I

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

INJECTION SOLUTION (10 X 0.5ML)

00466085 MMR II MSD I

02239208 PRIORIX GSK I

INJECTION POWDER FOR SOLUTION

02297884 PRIORIX-TETRA GSK I

MENINGOCOCCAL VACCINE

INJECTION SOLUTION

01959018 MENOMUNE-A/C/Y/W-135 AVP I

O.5ML SOLUTION

02279924 MENACTRA AVP I

MENINGOCOCCAL "C" VACCINE

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

02243820 MENJUGATE NVR I

PAPILLOMAVIRUS, QUADRIVALENT (HUMAN RECOMBINANT) VACCINE

INJECTION SOLUTION (0.5 ML)

02283190 GARDASIL MSD I

PNEUMOCOCCAL -10

0.5ML/DOSE SUSPENSION (I/M)

02335204 PREVNAR PFI I

PNEUMOCOCCAL - 23

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

00431648 PNEUMOVAX 23 MSD I

POLIOMYELITIS VACCINE, TRIVALENT (INACTIVATED WHOLE VIRUS) VACCINE

INJECTION SOLUTION (0.5ML)

01959042 IMOVAX POLIO AVP I

RABIES VACCINE

2.5IU/VIAL INJECTION POWDER

01908286 IMOVAX AVP R

2.5IU/1ML DOSE POWDER FOR SOLUTION (I/M)
02267667 RABAVERT NVR R

ROTARIX VACCINE, LIVE, ORAL
POWDER FOR SUSPENSION
02300591 ROTARIX GSK I

VARICELLA VIRUS VACCINE
2000 UNIT/0.5ML POWDER FOR SULTION (SUBCUTANEOUS)
02241047 VARILIX GSK I

84:04.04 ANTI INFECTIVES (ANTIBIOTICS)

CLINDAMYCIN PHOSPHATE
1% TOPICAL SOLUTION
00582301 DALACIN T PFI FW
02266938 TARO-CLINDAMYCIN TAR FW

FRAMYCETIN SULFATE
1% OINTMENT DRESSING (10CM X 10CM)
01988840 SOFRA TULLE ERF FNSW

FUSIDIC ACID
2% TOPICAL CREAM
00586668 FUCIDIN LEO FNSW

MUPIROCIN
2% TOPICAL CREAM
02239757 BACTROBAN GSK FNSW

2% TOPICAL OINTMENT
01916947 BACTROBAN GSK FNSW
02279983 TARO-MUPIROCIN TAR FNSW

POLYMYXIN B & BACITRACIN
10,000U & 500U/G TOPICAL OINTMENT
01942921 POLYTOPIC SDZ N
02237227 POLYSPORIN JJM N

POLYMYXIN B & GRAMICIDIN
10,000U & 250U/G TOPICAL CREAM
00422908 POLYTOPIC SDZ N

02230844	POLYSPORIN	JJM	N
POLYMYXIN B & NEOMYCIN & BACITRACIN			
5,000U & 5MG & 400U/G TOPICAL OINTMENT			
00666122	NEOSPORIN	GSK	FNSW
SODIUM FUSIDATE			
2% TOPICAL OINTMENT			
00586676	FUCIDIN	LEO	FNSW

84:04.06 ANTI INFECTIVES (ANTIVIRALS)

ACYCLOVIR			
5% TOPICAL CREAM			
02039524	ZOVIRAX	GSK	FNSW
5% TOPICAL OINTMENT			
00569771	ZOVIRAX	GSK	FNSW
IDOXURIDINE			
0.1% TOPICAL SOLUTION			

84:04.08 ANTI INFECTIVES (FUNGICIDES)

CICLOPIROX OLAMINE			
1% TOPICAL CREAM			
02221802	LOPROX	VAL	FNSW
1% TOPICAL LOTION			
02221810	LOPROX	VAL	FNSW
CLOTRIMAZOLE			
1% TOPICAL CREAM			
00812382	CLOTRIMADERM	TAR	NSW
02150867	CANESTEN	BAY	NSW
1% VAGINAL CREAM			
00812366	CLOTRIMADERM	TAR	NSW
02150891	CANESTEN 6	BAY	NSW
2% VAGINAL CREAM			

00812374	CLOTRIMADERM	TAR	NSW
02150905	CANESTEN 3	BAY	NSW

KETOCONAZOLE

2% TOPICAL CREAM			
02245662	KETODERM	TAR	FNSW

2% SHAMPOO			
02182920	NIZORAL	JJM	N

MICONAZOLE NITRATE

2% TOPICAL CREAM			
02085852	MICATIN	WES	NSW
02126567	MONISTAT DERM	JJM	NSW

2% VAGINAL CREAM			
02084309	MONISTAT-7	JJM	NSW
02231106	MICOZOLE	TAR	NSW

400MG VAGINAL OVULE			
02126605	MONISTAT-3	JJM	NSW

100MG VAGINAL SUPPOSITORY & 2% TOPICAL CREAM (COMBINATION PACKAGE)			
02126257	MONISTAT-7	JJM	NSW

400MG VAGINAL OVULE & 2% TOPICAL CREAM (COMBINATION PACKAGE)			
02126249	MONISTAT-3 COMBINATION	JJM	NSW

NYSTATIN

100,000U/G TOPICAL CREAM			
00716871	NYDERM	TAR	NSW
02194236	RATIO-NYSTATIN	RPH	NSW

100,000U/G TOPICAL OINTMENT			
02194228	RATIO-NYSTATIN	RPH	NSW

25,000U/G VAGINAL CREAM			
00716901	NYADERM	TAR	NSW

100,000U/G VAGINAL CREAM			
02194163	RATIO-NYSTATIN	RPH	NSW

TERBINAFINE HCL

[SEE APPENDIX A](#) FOR SA CRITERIA
1% TOPICAL CREAM

02031094 LAMISIL (SA) NVR FNSW

TOLNAFTATE

1% TOPICAL CREAM

00576034 TINACTIN SCH NW

1% TOPICAL POWDER

00576042 TINACTIN SCH N

84:04.12 ANTI-INFECTIVES, SCABICIDES, AND PEDICULICIDES

ISOPROPYL MYRISTATE

50% TOPICAL LIQUID

02279592 RESULTZ NYC CNW

PERMETHRIN

1% CREME RINSE

00771368 NIX CREME RINSE GSK NW

02231480 KWELLADA-P CREME RINSE GSK NW

5% TOPICAL CREAM

02219905 NIX DERMAL CREAM GSK NW

5% TOPICAL LOTION

02231348 KWELLADA-P LOTION GSK NW

84:04.16 ANTI INFECTIVES, OTHER ANTI INFECTIVES

HEXACHLOROPHENE

3% TOPICAL EMULSION

02017733 PHISOHEX AVN FW

METRONIDAZOLE

1% TOPICAL GEL

02297809 METROGEL GAC FNSW

0.75% TOPICAL CREAM

02226839 METROCREAM GAC FNSW

0.75% TOPICAL LOTION

02248206 METROLOTION GAC **FNSW**

10% VAGINAL CREAM

01926861 FLAGYL AVN **FNSW**

METRONIDAZOLE & NYSTATIN

500MG & 100,000U/APPLICATORFUL VAGINAL CREAM

01926845 FLAGYSTATIN AVN **FNSW**

SILVER SULFADIAZINE

1% TOPICAL CREAM

00323098 FLAMAZINE SNE **FNSW**

TRICLOSAN

0.5% TOPICAL LIQUID

00632317 TERSASEPTIC GSK **NW**

84:06.00 ANTI INFLAMMATORY AGENTS

APPROXIMATE RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS

ULTRA HIGH POTENCY

GROUP N

Betamethasone dipropionate 0.05% glycol cream, ointment, lotion
Betamethasone dipropionate 0.05% & Salicylic Acid 3%, ointment
Clobetasol propionate 0.05% cream, ointment, scalp lotion

HIGH POTENCY

GROUP II

Amcinonide 0.1% ointment
Betamethasone dipropionate 0.05% ointment
Clobetasone butyrate 0.05% cream, ointment
Desoximetasone 0.25% cream, ointment
Desoximetasone 0.05% gel
Fluocinonide 0.05% cream, ointment, gel

GROUP III

Betamethasone dipropionate 0.05% cream, lotion
Betamethasone valerate 0.1% ointment
Diflucortolone valerate 0.1% oily cream
Triamcinolone acetonide 0.1% ointment

MID POTENCY

GROUP IV

Amcinonide 0.1% cream, lotion
Beclomethasone dipropionate 0.025% cream, lotion (lotion d/c=d)
Flucinolone acetonide 0.025% ointment
Desoximetasone 0.05% cream
Mometasone furoate 0.1% cream, ointment
Triamcinolone acetonide 0.1% cream

GROUP V

Betamethasone valerate 0.1% cream, lotion, scalp lotion
Betamethasone valerate 0.05% cream, ointment, lotion
Flucinolone acetonide 0.025% cream
Flucinolone acetonide 0.01% cream
Triamcinolone acetonide 0.25% cream

LOW POTENCY

GROUP VI

Desonide 0.05% cream, ointment

GROUP VII

Hydrocortisone 0.05% cream, ointment, lotion
Hydrocortisone 1% cream, ointment, lotion
Hydrocortison 1% & Urea 10% cream, lotion

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

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

AMCINONIDE

0.1% TOPICAL CREAM

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

0.1% TOPICAL LOTION

02192276	CYCLOCORT	GSK	FNSW
02247097	RATIO-AMCINONIDE	RPH	FNSW

0.1% TOPICAL OINTMENT

02247096	RATIO-AMCINONIDE	RPH	FNSW
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BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

02089602	PROPADERM	PAL	FNSW
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BETAMETHASONE DIPROPIONATE

0.05% TOPICAL CREAM

00323071	DIPROSONE	MSD	FNSW
01925350	TARO-SONE	TAR	FNSW

0.05% TOPICAL LOTION

00417246	DIPROSONE	MSD	FNSW
00809187	RATIO-TOPISONE	RPH	FNSW

0.05% TOPICAL OINTMENT

00344923	DIPROSONE	MSD	FNSW
00805009	RATIO-TOPISONE	RPH	FNSW

0.05% TOPICAL GLYCOL BASE CREAM

00688622	DIPROLENE	MSD	FNSW
00849650	RATIO-TOPILENE GLYCOL	RPH	FNSW

0.05% TOPICAL GLYCOL BASE OINTMENT		
00629367	DIPROLENE	MSD FNSW
00849669	RATIO-TOPILENE GLYCOL	RPH FNSW

0.05% TOPICAL GLYCOL LOTION		
00862975	DIPROLENE	MSD FNSW
01927914	RATIO-TOPILENE	RPH FNSW

BETAMETHASONE DIPROPIONATE & CALCIPOTRIOL
 50MCG/0.5MG/GM TOPICAL GEL
[SEE APPENDIX A](#) FOR SA CRITERIA
 02319012 DOVOBET (SA) LEO **FNSW**

BETAMETHASONE DIPROPIONATE & SALICYLIC ACID
 0.05% & 2% TOPICAL LOTION

00578428	DIPROSALIC	MSD FNSW
02245688	RATIO-TOPISALIC	RPH FNSW

0.05% & 3% TOPICAL OINTMENT		
00578436	DIPROSALIC	MSD FNSW

BETAMETHASONE VALERATE
 0.05% TOPICAL CREAM

00535427	RATIO-ECTOSONE	RPH FNSW
00716618	BETADERM	TAR FNSW

0.1% TOPICAL CREAM		
00535435	RATIO-ECTOSONE	RPH FNSW
00716626	BETADERM	TAR FNSW

0.05% TOPICAL OINTMENT		
00716642	BETADERM	TAR FNSW

0.1% TOPICAL OINTMENT		
00716650	BETADERM	TAR FNSW

0.05% TOPICAL LOTION		
00653209	RATIO-ECTOSONE	RPH FNSW

0.1% TOPICAL LOTION		
00750050	RATIO-ECTOSONE	RPH FNSW

0.1% SCALP LOTION		
00653217	RATIO-ECTOSONE	RPH FNSW

0.5% & 0.5% RECTAL SUPPOSITORY			
00476285	ANUSOL-HC	MCL	FNSW
00607797	RATIO-HEMCORT-HC	RPH	FNSW

MOMETASONE FUROATE

0.1% TOPICAL CREAM			
00851744	ELOCOM	MSD	FNSW
02367157	TARO-MOMETASONE	TAR	FNSW

0.1% TOPICAL OINTMENT			
00851736	ELOCOM	MSD	FNSW
02248130	RATIO-MOMETASONE	RPH	FNSW
02264749	TARO-MOMETASONE	TAR	FNSW

TRIAMCINOLONE ACETONIDE

0.1% TOPICAL CREAM			
00716960	TRIADERM	TAR	FNSW
02194058	ARISTOCORT R	VLO	FNSW

0.1% TOPICAL OINTMENT			
02194031	ARISTOCORT R	VLO	FNSW

0.1% ORAL TOPICAL OINTMENT			
01964054	ORACORT	TAR	FNSW

CLIOQUINOL & HYDROCORTISONE

3% & 1% TOPICAL CREAM			
00074500	VIOFORM HYDROCORTISONE	PAL	FNSW

HYDROCORTISONE & FRAMYCETIN & CINCHOCAINE HCL

1% & 0.5% RECTAL OINTMENT			
02226383	RATIO-PROCTOSONE	RPH	FNSW
02223252	PROCTOSEDYL	AXC	FNSW
02242527	SANDOZ-PROCTOMYXINHC	SDZ	FNSW
02247322	PROCTOL	ODN	FNSW

1% & 0.5% RECTAL SUPPOSITORY			
02223260	PROCTOSEDYL	AXC	FNSW
02226391	RATIO-PROCTOSONE	RPH	FNSW
02242528	SANDOZ-PROCTOMYXINHC	SDZ	FNSW
02247882	PROCTOL	ODN	FNSW

TRIAMCINOLONE & NYSTATIN & NEOMYCIN & GRAMICIDIN

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

2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL OINTMENT			
00717029	VIADERM K C	TAR	FNSW

84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS

CALAMINE

TOPICAL LOTION			
00999829	CALAMINE LOTION		N

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

LIDOCAINE HCL

2% TOPICAL GEL			
00001694	XYLOCAINE	AZE	FNSW

2% TOPICAL SOLUTION			
00001686	XYLOCAINE VISCOUS	AZE	FNSW

2% TOPICAL JELLY (SYRINGE)			
00385484	XYLOCAINE	AZE	N

PHENAZOPYRIDINE HCL

100MG TABLET			
00271489	PHENAZO	VAL	FNSW

200MG TABLET			
00454583	PHENAZO	VAL	FNSW

84:16.00 CELL STIMULANTS AND PROLIFERANTS

TRETINOIN

0.01% TOPICAL CREAM			
00657204	STIEVA-A	GSK	FW

0.025% TOPICAL CREAM			
00578576	STIEVA-A	GSK	FW

0.05% TOPICAL CREAM			
00443794	RETIN A	VAL	FW
00518182	STIEVA-A	GSK	FW

0.1% TOPICAL CREAM			
00662348	STIEVA-A FORTE	GSK	FW

00870021	RETIN A	VAL	FW
0.01% TOPICAL GEL			
00870013	RETIN A	JJM	FW
0.025% TOPICAL GEL			
00443816	RETIN A	VAL	FW
00587966	STIEVA-A	GSK	FW
01926470	VITAMIN A ACID	VAL	FW
0.05% TOPICAL GEL			
00641863	STIEVA-A	GSK	FW
01926489	VITAMIN A ACID	VAL	FW

84:24.00 EMOLLIENTS, DECMULCENTS, AND PROTECTANTS

DIMETHYLPOLYSILOXANE

20% TOPICAL CREAM			
02060841	BARRIERE	WES	NW

84:28.00 KERATOLYTIC AGENTS

UREA

10% TOPICAL CREAM			
01946099	UREMOL 10	TCD	NW
20% TOPICAL CREAM			
00398179	UREMOL 20	TCD	NW
10% TOPICAL LOTION			
01946102	UREMOL 10	TCD	NW

84:32.00 KERATOPLASTIC AGENTS

COAL TAR

0.5% SHAMPOO			
00419133	POLYTAR MILD	GSK	NW

[SEE APPENDIX A](#) FOR SA CRITERIA

0.03% TOPICAL OINTMENT

02244149

PROTOPIC (SA)

AST FNSW

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

DARIFENACIN

[SEE APPENDIX A](#) FOR SA CRITERIA

7.5MG EXTENDED RELEASE TABLET

02273217

ENABLEX (SA)

NVR FNSW

15MG EXTENDED RELEASE TABLET

02273225

ENABLEX (SA)

NVR FNSW

OXYBUTYNIN CHLORIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

1MG/ML SYRUP

02223376

PMS-OXYBUTYNIN

PMS FNSW

5MG TABLET

02163543

APO-OXYBUTYNIN

APX FNSW

02230394

NOVO-OXYBUTYNIN

NOP FNSW

02230800

MYLAN-OXYBUTYNIN

MYL FNSW

02240550

PMS-OXYBUTYNIN

PMS FNSW

02350238

OXYBUTYNIN

SNS FNSW

5MG EXTENDED RELEASE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02243960

DITROPAN XL (SA)

JAN FNSW

10MG EXTENDED RELEASE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02243961

DITROPAN XL (SA)

JAN FNSW

10MG CONTROLLED RELEASE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02273578

UROMAX (SA)

PFR FNSW

15MG CONTROLLED DOSAGE TABLET

[SEE APPENDIX A](#) FOR SA CRITERIA

02273586

UROMAX (SA)

PFR FNSW

SOLIFENACIN[SEE APPENDIX A](#) FOR SA CRITERIA

5MG TABLET

02277263 VESICARE (SA) AST **FNSW**

10MG TABLET

02277271 VESICARE (SA) AST **FNSW****TOLTERODINE**[SEE APPENDIX A](#) FOR SA CRITERIA

1MG TABLET

02239064 DETROL (SA) PFI **FNSW**

2MG TABLET

02239065 DETROL (SA) PFI **FNSW**

2MG EXTENDED RELEASE CAPSULE

02244612 DETROL LA (SA) PFI **FNSW**

4MG EXTENDED RELEASE CAPSULE

02244613 DETROL LA (SA) PFI **FNSW****TROSPIUM – REVISED SA CRITERIA**[SEE APPENDIX A](#) FOR SA CRITERIA

20MG TABLET

02275066 TROSEC (SA) ORX **FNSW****86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS****AMINOPHYLLINE**

225MG SUSTAINED RELEASE TABLET

02014270 PHYLLOCONTIN PFR **FNSW**

350MG SUSTAINED RELEASE TABLET

02014289 PHYLLOCONTIN-350 PFR **FNSW****OXYTRIPHYLLINE**

20MG/ML ELIXIR

00476366 CHOLEDYL ERF **FSW**00792942 PMS-OXYTRIPHYLLINE PMS **FSW**

THEOPHYLLINE ANHYDROUS

100MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)			
00692689	APO-THEO-LA	APX	FNSW
02230085	NOVO-THEOPHYL SR	NOP	FNSW
200MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)			
00692697	APO-THEO-LA	APX	FNSW
02230086	TEVA-THEOPHYL SR	TEV	FNSW
300MG SUSTAINED RELEASE TABLET (NOT INTERCHANGEABLE)			
00692700	APO-THEO-LA	APX	FNSW
02230087	NOVO-THEOPHYL SR	NOP	FNSW
400MG SUSTAINED RELEASE TABLET			
02014165	UNIPHYL	PFR	FNSW
600MG SUSTAINED RELEASE TABLET			
02014181	UNIPHYL	PFR	FNSW
5.33MG/ML ORAL SOLUTION			
01966219	THEOLAIR	RIK	FNSW

88:08.00 VITAMIN B

CYANOCOBALAMIN

1MG/ML INJECTION SOLUTION (10ML)			
00521515	VITAMIN B12	SDZ	NW
01987003	CYANOCOBALAMIN	CYT	NW

FOLIC ACID

1MG TABLET			
00999899	FOLIC ACID		OW

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

5MG TABLET			
00426849	APO-FOLIC	APX	FNW

NIACIN

100MG TABLET			
00999879	NIACIN		NW

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

500MG TABLET

00999889

NIACIN

NW

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

PYRIDOXINE

25 MG Tablet

00268607

VITAMIN B6

VAL OX

01943200

VIATMIN B6

ODN OX

01225645

VITAMIN B6

JAM OX

88:12.00 VITAMIN C

ASCORBIC ACID (VITAMIN C)

500MG TABLET

00999970

ASCORBIC ACID

NW

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

88:16.00 VITAMIN D

CALCITRIOL

0.25UG CAPSULE

00481823

ROCALTROL

HLR FNSW

0.5UG CAPSULE

00481815

ROCALTROL

HLR FNSW

VITAMIN D

1000IU TABLET

00999869

VITAMIN D

N

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

VITAMIN D2

50,000IU CAPSULE

02237450

D-FORTE

EUR FNSW

88:20.00 VITAMIN E

VITAMIN E (D-ALPHA TOCOPHERYL ACETATE)

200UNIT CAPSULE

00999849

VITAMIN E

CN

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

400UNIT CAPSULE
00999859 VITAMIN E CN
Note: The Drug Identification Number listed is for billing purposes only.

88:24.00 VITAMIN K ACTIVITY

PHYTONADIONE (VITAMIN K1)
10MG/ML INJECTION SOLUTION (1ML)
00804312 VITAMIN K1 SDZ N

88:28.00 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS – PEDIATRIC CHEWABLE TABLET
02031388 ADEKS AXC C

92:00.00 MISCELLANEOUS THERAPEUTIC AGENTS

EPOPROSTENOL SODIUM
[SEE APPENDIX A](#) FOR SA CRITERIA
0.5 MG INJECTION
02230845 FLOLAN (SA) GSK M
1.5 MG INJECTION
02230848 FLOLAN (SA) GSK M
FLOLAN DILUENT
02230857 FLOLAN DILUENT (SA) GSK M

ETHINY ESTRADIOL & CYPROTERONE
0.035MG & 2MG TABLET
02233542 DIANE-35 BAY FW
02290308 CYESTRA-35 PAL FW
02309556 NOVO-CYPROTERONE/ETHINYL ESTRADIOL BAY FW

ETIDRONATE DISODIUM

[SEE APPENDIX A](#) FOR SA CRITERIA

200MG TABLET

02245330	MYLAN-ETIDRONATE (SA)	MYL	FNSW
02248686	CO ETIDRONATE (SA)	COB	FNSW

ETIDRONATE DISODIUM & CALCIUM CARBONATE

400MG & 500MG TABLET (PACKAGE)

02176017	DIDROCAL	WCC	FNSW
02247323	MYLAN-ETI-CAL CARE PAC	MYL	FNSW
02263866	CO-ETIDROCAL	COB	FNSW
02324199	NOVO-ETDRONATECAL	NOP	FNSW
02353210	ETRIDOCAL	SNS	FNSW

GLATIRAMER ACETATE

[SEE APPENDIX A](#) FOR SA CRITERIA

20MG PRE-FILLED SYRINGE

02245619	COPAXONE (SA)	TVM	M
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GLUCAGON (RECOMBINANT DNA ORIGIN) (NOT INTERCHANGEABLE)

[SEE APPENDIX A](#) FOR SA CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE A SPECIAL AUTHORIZATION REQUEST.)

INJECTION KIT

02243297	GLUCAGON KIT (SA)	LIL	NW
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GLUCAGON (HUMAN RECOMBINANT) (NOT INTERCHANGEABLE)

[SEE APPENDIX A](#) FOR SA CRITERIA

INJECTION VIAL

02333619	GLUCAGEN VIAL (SA)	PAL	W
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INJECTION KIT

02333627	GLUCAGEN KIT (SA)	PAL	W
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INFLIXIMAB

[SEE APPENDIX A](#) FOR SA CRITERIA

100MG/VIAL INJECTION

02244016	REMICADE (SA)	JAN	M
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INTERFERON BETA-1A

[SEE APPENDIX A](#) FOR SA CRITERIA

30MCG INJECTION POWDER

02269201	AVONEX (SA)	BGN	M
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30MCG PREFILLED SYRINGE, 30MCG PEN WITH AUTO-INJECTOR
02269201 AVONEX PS (SA) BGN M

22MCG SYRINGE
02237319 REBIF (SA) SRO M

44MCG SYRINGE
02237320 REBIF (SA) SRO M

66MCG/1.5ML PRE-FILLED CARTRIDGE
02318253 REBIF MULTIDOSE (SA) SRO M

132MCG/1.5ML PRE-FILLED CARTRIDGE
02318261 REBIF MULTIDOSE (SA) SRO M

INTERFERON BETA-1B

[SEE APPENDIX A](#) FOR SA CRITERIA

0.3MG INJECTION POWDER
02169649 BETASERON (SA) (**NOT INTERCHANGEABLE**) BAY M
02337819 EXTAVIA (SA) (**NOT INTERCHANGEABLE**) NVR M

LEFLUNOMIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG TABLET
02241888 ARAVA (SA) AVN **FNSW**
02256495 APO-LEFLUNOMIDE (SA) APX **FNSW**
02261251 NOVO-LEFLUNOMIDE (SA) NOP **FNSW**
02283964 SANDOZ-LEFLUOMIDE (SA) SDZ **FNSW**
02288265 PMS-LEFLUNOMIDE (SA) PMS **FNSW**
02319225 MYLAN-LEFLUNOMIDE (SA) MYL **FNSW**
02351668 LEFLUNOMIDE (SA) SNS **FNSW**

20MG TABLET
02241889 ARAVA (SA) AVN **FNSW**
02256509 APO-LEFLUNOMIDE (SA) APX **FNSW**
02261278 NOVO-LEFLUNOMIDE (SA) NOP **FNSW**
02283972 SANDOZ -EFLUOMIDE (SA) SDZ **FNSW**
02288273 PMS-LEFLUNOMIDE (SA) PMS **FNSW**
02319233 MYLAN-LEFLUNOMIDE (SA) MYL **FNSW**
02351676 LEFLUNOMIDE (SA) SNS **FNSW**

MONTELUKAST

[SEE APPENDIX A](#) FOR SA CRITERIA

4MG CHEWABLE TABLET
02243602 SINGULAIR (SA) MSD **FW**

02330385	SANDOZ-MONTELUKAST (SA)	SDZ	FW
02354977	PMS-MONTELUKAST (SA)	PMS	FW
02355507	TEVA-MONTELUKAST (SA)	TEV	FW
02379317	MONTELUKAST (SA)	SNS	FW
02380749	MYLAN-MONTELUKAST (SA)	MYL	FW

5MG CHEWABLE TABLET

02238216	SINGULAIR (SA)	MSD	FW
02330393	SANDOZ-MONTELUKAST (SA)	SDZ	FW
02354985	PMS-MONTELUKAST (SA)	PMS	FW
02355515	TEVA-MONTELUKAST (SA)	TEV	FW
02379325	MONTELUKAST (SA)	SNS	FW
02380757	MYLAN-MONTELUKAST (SA)	MYL	FW

10MG TABLET

02238217	SINGULAIR (SA)	MSD	FNSW
02328593	SANDOZ-MONTELUKAST (SA)	SDZ	FNSW
02355523	TEVA-MONTELUKAST (SA)	TEV	FNSW
02368226	MYLAN-MONTELUKAST (SA)	MYL	FNSW
02373947	PMS-MONTELUKAST (SA)	PMS	FNSW
02374609	APO-MONTELUKAST (SA)	APX	FNSW
02379236	MONTELUKAST SODIUM (SA)	ACH	FNSW
02379333	MONTELUKAST (SA)	SNS	FNSW

4MG GRANULES IN PACKET

02247997	SINGULAIR (SA)	MSD	FW
02358611	SANDOZ-MONTELUKAST (SA)	SDZ	FW

***MYCOPHENOLATE MOFETIL**

250MG CAPSULE

02192748	CELLCEPT	HLR	T
02320630	SANDOZ-MYCOPHENOLATE	SDZ	T
02352559	APO-MYCOPHENOLATE	APX	T
02364883	NOVO-MYCOPHENOLATE	NOP	T
02371154	MYLAN-MYCOPHENOLATE	MYL	T
02383780	MYCOPHENOLATE MOFETIL	ACH	T
02386399	JAMP-MYCOPHENOLATE	JPC	T

500MG TABLET

02237484	CELLCEPT	HLR	T
02313855	SANDOZ-MYCOPHENOLATE	SDZ	T
02352567	APO-MYCOPHENOLATE	APX	T
02348675	NOVO-MYCOPHENOLATE	NOP	T
02370549	MYLAN-MYCOPHENOLATE	MYL	T
02379996	CO-MYCOPHENOLATE	COB	T

02378574	MYCOPHENOLATE MOFETIL	ACH	T
02380382	JAMP-MYCOPHENOLATE	JPC	T

***MYCOPHENOLATE SODIUM**

180MG ENTERIC-COATED TABLET			
02264560	MYFORTIC	NVR	T

360MG ENTERIC-COATED TABLET			
02264579	MYFORTIC	NVR	T

OCTREOTIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

200UG/ML INJECTION (5ML)			
02049392	SANDOSTATIN (SA)	NVR	FNSW
02248642	OCTREOTIDE OMEGA (SA)	OMG	FNSW
02299445	OCTREOTIDE (SA)	NOP	FNSW

PAMIDRONATE DISODIUM

[SEE APPENDIX A](#) FOR SA CRITERIA

30MG INJECTION			
02059762	AREDIA (SA)	NVR	FNSW
02244550	PAMIDRONATE DISODIUM (SA)	HOS	FNSW

60MG INJECTION			
02244551	PAMIDRONATE DISODIUM (SA)	HOS	FNSW

90MG INJECTION			
02059789	AREDIA (SA)	NVR	FNSW
02244552	PAMIDRONATE DISODIUM (SA)	HOS	FNSW

PENTOSAN POLYSULFATE SO4

[SEE APPENDIX A](#) FOR SA CRITERIA

100MG CAPSULE			
02029448	ELMIRON (SA)	JAN	FNSW

PHENYLALANINE-REDUCED FOODS

NUTRITIONAL FORMULA (NOT INTERCHANGEABLE)

00030800	PHENEX-1	ROS	P
04444444	PHENEX-2	ROS	P
00368020	PHENYL-FREE	MJS	P

QUINAGOLIDE[SEE APPENDIX A](#) FOR SA CRITERIA

75MCG TABLET

02223767 NORPROLAC (SA) FEI **FNSW**

150MCG TABLET

02223775 NORPROLAC (SA) FEI **FNSW****RISEDRONATE SODIUM**[SEE APPENDIX A](#) FOR SA CRITERIA

5MG TABLET

02242518 ACTONEL (SA) WCC **FNSW**02298376 TEVA-RISEDRONATE (SA) TEV **FNSW**

30MG TABLET

02239146 ACTONEL (SA) WCC **FNSW**02298384 TEVA-RISEDRONATE (SA) TEV **FNSW**

35MG TABLET

02246896 ACTONEL (SA) WCC **FNSW**02298392 TEVA-RISEDRONATE (SA) TEV **FNSW**02319861 RATIO-RISEDRONATE (SA) RPH **FNSW**02302209 PMS-RISEDRONATE (SA) PMS **FNSW**02327295 SANDOZ-RISEDRONATE (SA) SDZ **FNSW**02353687 APO-RISEDRONATE (SA) APX **FNSW**02368552 JAMP-RISEDRONATE (SA) JPC **FNSW**02357984 MYLAN-RISEDRONATE (SA) MYL **FNSW**02370255 SANIS-RISEDRONATE (SA) SNS **FNSW****SEVELAMER HCL**[SEE APPENDIX A](#) FOR SA CRITERIA

800MG TABLET

02244310 RENAGEL (SA) AVN **FNSW****SIROLIMUS**

1MG/ML ORAL SOLUTION

02243237 RAPAMUNE PFI **T**

1MG TABLET

02247111 RAPAMUNE PFI **T**

5MG TABLET
 01926292 PANECTYL ERF FNW

ZARIFLUKAST

[SEE APPENDIX A](#) FOR SA CRITERIA

20MG TABLET
 02236606 ACCOLATE (SA) AST FNSW

ZOLENDRONIC ACID

[SEE APPENDIX A](#) FOR SA CRITERIA

5MG/100ML INJECTION
 02269198 ACLASTA (SA) NVR FNSW

92:00.08 ALFA REDUCTASE INHIBITORS

DUTASTERIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

0.5MG CAPSULE
 02247813 AVODART (SA) GSK FNSW

FINASTERIDE

[SEE APPENDIX A](#) FOR SA CRITERIA

5MG TABLET

02010909	PROSCAR (SA)	MDS	FNSW
02306905	RATIO-FINASTERIDE (SA)	RPM	FNSW
02348500	TEVA-FINASTERIDE (SA)	TEV	FNSW
02322579	SANDOZ-FINASTERIDE (SA)	SDZ	FNSW
02310112	PMS-FINASTERIDE (SA)	PMS	FNSW
02354462	CO-FINASTERIDE (SA)	COB	FNSW
02355043	FINASTERIDE (SA)	ACH	FNSW
02356058	MYLAN-FINASTERIDE (SA)	MYL	FNSW
02357224	JAMP-FINASTERIDE (SA)	JPC	FNSW
02365383	APO-FINASTERIDE (SA)	APX	FNSW
02371820	RAN-FINASTERIDE (SA)	RAN	FNSW
02389878	MINT-FINASTERIDE (SA)	MNT	FNSW

92:16.00 ANTIGOUT AGENTS

ALLOPURINOL

100MG TABLET
 00402818 ZYLOPRIM AAA FNSW

200MG TABLET 00479799	ZYLOPRIM	AAA	FNSW
300MG TABLET 00402796	ZYLOPRIM	AAA	FNSW
COLCHICINE 0.6MG TABLET 00572349	COLCHICINE-ODAN	ODN	FNSW

92:24.00 BONE RESORPTION INHIBITORS

ALENDRONATE & CHOLECALCIFEROL

[SEE APPENDIX A](#) FOR SA CRITERIA

70MG/5600 UNIT TABLET 02314940	FOSAVANCE (SA)	MSD	FNSW
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ALENDRONATE SODIUM

[SEE APPENDIX A](#) FOR SA CRITERIA

10MG TABLET 02201011	FOSAMAX (SA)	MSD	FNSW
02247373	TEVA-ALENDRONATE (SA)	TEV	FNSW
02248728	APO-ALENDRONATE (SA)	APX	FNSW
02270129	MYLAN-ALENDRONATE (SA)	MYL	FNSW
02288087	SANDOZ-ALENDRONATE (SA)	SDZ	FNSW
02381486	ALENDRONATE SODIUM (SA)	ACH	FNSW

40MG TABLET 02201038	FOSAMAX (SA)	MSD	FNSW
02258102	CO-ALENDRONATE (SA)	COB	FNSW

70MG TABLET 02245329	FOSAMAX (SA)	MSD	FNSW
02248730	APO-ALENDRONATE (SA)	APX	FNSW
02258110	CO-ALENDRONATE (SA)	COB	FNSW
02261715	TEVA-ALENDRONATE (SA)	TEV	FNSW
02275279	RATIO-ALENDRONATE (SA)	RPH	FNSW
02284006	PMS-ALENDRONATE (SA)	PMS	FNSW
02288109	SANDOZ-ALENDRONATE (SA)	SDZ	FNSW
02286335	MYLAN-ALENDRONATE (SA)	MYL	FNSW
02352966	ALENDRONATE (SA)	SNS	FNSW
02381494	ALENDRONATE SODIUM (SA)	ACH	FNSW
02385031	JAMP-ALENDRONATE (SA)	JPC	FNSW

ETANERCEPT[SEE APPENDIX A](#) FOR SA CRITERIA

25MG/VIAL INJECTION

02242903 ENBREL (SA) AMG M

50MG/ML PRE-FILLED SYRINGE

02274728 ENBREL (SA) AMG M

GOLIMUMAB[SEE APPENDIX A](#) FOR SA CRITERIA

50MG/0.5ML SYRINGE

02324776 SIMPONI (SA) MSD M

50MG/0.5ML AUTO-INJECTOR

02324784 SIMPONI (SA) MSD M

92:44.00 IMMUNOSUPPRESSIVE AGENTS**AZATHIOPRINE**

50MG TABLET

00004596 IMURAN GSK FNSW

02231491 MYLAN-AZATHIOPRINE MYL FNSW

02236819 TEVA-AZATHIOPRINE TEV FNSW

02242907 APO-AZATHIOPRINE APX FNSW

02343002 AZATHIOPRINE SNS FNSW

***CYCLOSPORINE**

10MG CAPSULE

02237671 NEORAL NVR T

25MG CAPSULE

02150689 NEORAL NVR T

02247073 SANDOZ-CYCLOSPORINE SDZ T

50MG CAPSULE

02150662 NEORAL NVR T

02247074 SANDOZ-CYCLOSPORINE SDZ T

100MG CAPSULE

02150670 NEORAL NVR T

02242821	SANDOZ-CYCLOSPORINE	SDZ	T
100MG/ML ORAL SOLUTION			
02150697	NEORAL	NVR	T
02244324	APO-CYCLOSPORINE	APX	T
*TACROLIMUS			
0.5MG EXTENDED RELEASE CAPSULE			
02296462	ADVAGRAF	AST	T
1MG EXTENDED RELEASE CAPSULE			
02296470	ADVAGRAF	AST	T
3MG EXTENDED RELEASE CAPSULE			
02331667	ADVAGRAF	AST	T
5MG EXTENDED RELEASE CAPSULE			
02296489	ADVAGRAF	AST	T

APPENDIX A Special Authorization Criteria

NOTES REGARDING SPECIAL AUTHORIZATION (SA) COVERAGE

- Special Authorizations are reviewed by a committee of drug program staff, including pharmacists.
- Not all medications currently approved for sale in Canada will be considered for Special Authorization coverage.
- Special Authorization coverage will not be considered for any medications approved for sale in Canada since January 2000 that have not been reviewed, and approved, for coverage by either the Canadian Expert Drug Advisory Committee (CEDAC), the Joint Oncology Drug Review Committee/Pan-Canadian Oncology Drug Review (JODR/PCODR) or the Atlantic Expert Advisory Committee (AEAC).
- Special Authorization coverage will normally only be approved for the treatment of indications and in dosages listed in the official product monograph approved by Health Canada and published in the most recent edition of the Compendium of Pharmaceuticals and Specialities (CPS).
- Special Authorization coverage will potentially be considered for any drug not listed as an open benefit under the:
 - Family Health Benefit Program
 - Financial Assistance Program
 - Nursing Home / Institutional Program
 - Seniors Drug Cost Assistance Plan
- Special Authorization coverage will be limited to selected drugs with specific criteria under the:
 - AIDS/HIV Program
 - Diabetes Control Program
 - High Cost Drugs Program
 - Home Oxygen Program
 - Transplant Drugs Program
- Special Authorization coverage will not be considered under the:
 - Community Mental Health Program
 - Cystic Fibrosis Program
 - Eprex Program
 - Growth Hormone Program
 - Hepatitis Program
 - Immunization Program
 - Intron A Program
 - Meningitis Program
 - Nutrition Services Program
 - Phenylketonuria Program
 - Quit Smoking Program
 - Rabies Program
 - Rheumatic Fever Program

- Sexually Transmitted Diseases Program
 - Tuberculosis Program
- Prescribers may apply for Special Authorization coverage by mailing or faxing a completed Special Authorization to:
 - Special Authorizations
 - PEI Pharmacare
 - P.O. Box 2000
 - Charlottetown, PEI, C1A 7N8
 - Fax: 1-902-368-4905
 - Information that must be completed on, or included with the Special Authorization includes:
 - Patient's name, personal health number (PHN), date of birth, mailing address, and telephone number;
 - Name, dose, and dosage regimen of the medication requested;
 - Anticipated length of therapy of the medication requested;
 - Specific diagnosis or indication being treated using the medication requested;
 - Reason(s) for the request;
 - Other comments, including copies of culture and sensitivity reports for antibiotic requests, copies of relevant test results and relevant advice received from consultants or specialists; and
 - Physician's name, address, and signature. **No request will be considered without a valid physician's signature.**
 - Special Authorizations with insufficient information to properly assess the request will be returned to the physician.
 - Please allow up to three weeks for the processing of Special Authorizations.
 - Copies of the Special Authorization Forms are available by contacting the PEI Pharmacare office at 1-877-577-3737 or online at <http://healthpei.ca/pharmacareforms>.
 - For some drugs a patient application is required in addition to the Special Authorization form. The patient application form is available by contacting the PEI Pharmacare office at 1-877-577-3737 or online at <http://healthpei.ca/pharmacareforms>.
 - Patients and prescribers are notified by letter if coverage has been approved. Patients should take a copy of the approval letter to their pharmacy to initiate coverage.
 - The duration of approval of Special Authorization coverage may range from a one time only fill to coverage with no end date. This will be based upon the medication requested and the condition being treated.
 - Medications approved through the Special Authorization process are limited to a maximum 30 (thirty) day supply per fill unless otherwise noted in drug criteria.

- If additional information is required **or** if the request is denied, a letter is sent to the patient and physician notifying them of the need for additional information **or** reason for the denial. Payment of the medication is the responsibility of the patient in these cases.
- If the request is approved, patients may be reimbursed for one fill of the medication received during the assessment period, after which all of the requested information has been received. **No reimbursement will be provided for medication received by the patient prior to receipt of the Special Authorization by the Drug Programs Office.**
- If it is anticipated that a patient will continue to require the product beyond the last day of approval, the physician is required **to request an extension of coverage at least four weeks before its expiration.** Coverage will not be continued automatically.

CRITERIA FOR COVERAGE OF SPECIFIC MEDICATIONS

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

Abatacept - see Rheumatoid Arthritis Biologic Agents

Acamprosate, delayed release, tablet, 333mg (Campral-MYL)

For the maintenance of abstinence from alcohol in patients with a diagnosis of alcohol dependence who have been abstinent for at least four days, and who have contraindications to naltrexone (e.g. currently receiving opioids, acute hepatitis or liver failure). Treatment with acamprosate should be part of a comprehensive management plan that includes counseling. The maximum treatment duration is 12 months.

Accolate - see Zarfiflukast

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

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

Aclasta - see Zolendronic Acid

Actonel 5mg & 35mg - see Bisphosphonates

Actonel 30mg - see Risedronate

Actos - see Thiazolidinediones

Adalimumab - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Advair - see Salmeterol & Fluticasone

Advair Diskus - see Salmeterol & Fluticasone

Agrylin - see Anagrelide

Alendronate 10mg & 70mg - see Bisphosphonates

Alendronate, tablet, 40mg (Fosamax-MSD and generics)

For the treatment of Paget's disease of the bone for a maximum 6 month period. A copy of the radiological or specialist report supporting the diagnosis must accompany the Special Authorization.

Alertec - see Modafinil

Almotriptan, tablet, 6.25mg, 12.5mg (Axert-JAN)

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed **AND** the patient has not responded to oral Sumatriptan.

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

Amatine - see Midodrine HCl

Ambrisentan - see Pulmonary Arterial Hypertension (PAH) Therapies

Amerge - see Naratriptan HCl

Anagrelide, capsule, 0.5mg (Agrylin-SHR and generics)

For the treatment of essential thrombocythemia (ET) in patients who have:

- a) Failed Hydroxyurea therapy (does not provide sufficient platelet reduction) or
- b) Have intolerable side effects to Hydroxyurea therapy.

Andriol - see Testosterone Undecanoate

AndroGel- see Testosterone

Ankylosing Spondylitis Biologic Agents

Adalimumab, kit, 40mg/0.8ml (Humira-ABB)

Approvals will be for a maximum adult dose of 40mg every two weeks.

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

Approvals will be for a maximum adult dose of 50mg per week or 25mg twice weekly.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-MSD)

Approvals will be for a maximum adult dose of 50mcg once monthly.

Infliximab, injection powder, 100mg/vial (Remicade-JAN)

Approvals will be for a maximum adult dose of 5mg/kg at 0, 2, and 6 weeks then every 6 to 8 weeks.

For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale who:

- a) have axial symptoms* and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated **OR**
- b) have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

*Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.

Approvals for Ankylosing Spondylitis anti-TNF agents will be for a maximum of six months, and will NOT be considered in combination with other biologic agents.

Requests for renewal must include information showing the beneficial effects of the treatment, specifically:

- a) a decrease of at least two points on the BASDAI scale, compared with pre-treatment score **OR**
- b) patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as Health Assessment Questionnaire (HAQ) or ability to return to work).

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Ankylosing Spondylitis Special Authorization form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Patients must also apply for coverage through the High Cost Drug Program. The patient application is available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>.

Aprepitant, capsule, 80mg, 125mg, 80mg & 125mg package (Emend, Emend Tri-Pack)

For use in combination with a 5-HT antagonist and dexamethasone in adult cancer patients treated with chemotherapy that includes Cisplatin as a **single day therapy** greater than or equal to (\geq) 70 mg/m² to prevent acute and delayed nausea and vomiting.

The 5-HT antagonist should only be used on the first day of Cisplatin therapy with Aprepitant continuing on days 2 and 3.

The dose of Dexamethasone may be adjusted due to the increased levels of Dexamethasone when combined with Aprepitant.

Aranesp - see Darbepoetin Alfa

Arava - see Leflunomide

Aredia - see Pamidronate Disodium

Aricept - see Cholinesterase Inhibitors (ChEI)

Avandamet - see Rosiglitazone Maleate & Metformin

Avandia - see Thiazolidinediones

Avelox - see Moxifloxacin

Avodart - see Dutasteride

Avonex - see Multiple Sclerosis Agents

Axert - see Almotriptan

Azithromycin, tablet, 250mg, 600mg; oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI and generics).

Note: For AIDS/HIV, Cystic Fibrosis, Sexually Transmitted Diseases, and Tuberculosis Programs, no Special Authorization is Required.

- a) For the treatment of upper and lower respiratory tract infections known to be resistant to or not responding to alternative antibiotics, including Erythromycin. Up to 5 days of therapy will be considered for coverage of the 250mg tablet. Up to 10 days of therapy will be considered for all other strengths.
- b) For the treatment of moderate to severe exacerbations of chronic bronchitis.
- c) For the treatment of infections in patients allergic to alternative antibiotics.
- d) For the treatment of infections requiring a macrolide when there is documented intolerance to Erythromycin.
- e) For the completion of hospital initiated treatment with macrolides or quinolones.
- f) For the prevention and treatment of Mycobacterium avium complex.

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

For oncology patients only.

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

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

Betamethasone Dipropionate & Calcipotriol, topical gel, 50mcg/0.5mg/gm (Dovobet-LEO)

For the treatment of patients with scalp psoriasis:

Who have failed a trial with a topical steroid alone **AND**;

Who have failed a trial with a topical steroid **and** calcipotriol together.

Betaseron - see Multiple Sclerosis Agents

Biaxin - see Clarithromycin

Biphentin - see Methylphenidate

Bisacodyl, suppository (water based), 10mg (Magic Bullet)

For the treatment of bowel incontinence where alternative therapies have failed.

Bisphosphonates

Alendronate, tablet, 10mg, 70mg (Fosamax-MSD and generics)

Alendronate & Cholecalciferol, tablet, 70mg/5600unit (Fosavance-MSD)

Risedronate, tablet, 5mg, 35mg (Actonel-PGA and generics)

- a) For the treatment of osteoporosis in patients with a documented fragility fracture.
- b) For use in patients without documented fracture but with a high 10-year fracture risk (see fracture risk tables). A copy of the bone density report, including the T-score, supporting the diagnosis must accompany the Special Authorization.
- c) For prophylaxis of corticosteroid induced osteoporosis in patients who will be or have been on systemic corticosteroid therapy for ≥ 3 months.

Reference: Siminoski K. et al. 2005. Recommendations for bone mineral density reporting in Canada. Can. Assoc. Radiol. J. 56:178-

Fracture Risk Tables

Women			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	> - 2.3	- 2.3 to - 3.9	< - 3.9
55	> - 1.9	- 1.9 to - 3.4	< - 3.4
60	> - 1.4	- 1.4 to - 3.0	< - 3.0
65	> - 1.0	- 1.0 to - 2.6	< - 2.6
70	> - 0.8	- 0.8 to - 2.2	< - 2.2
75	> - 0.7	- 0.7 to - 2.1	< - 2.1
80	> - 0.6	- 0.6 to - 2.0	< - 2.0
85	> - 0.7	- 0.7 to - 2.2	< - 2.2

Men			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	>-3.4	<=-3.4	---
55	>-3.1	<=-3.1	---
60	>-3.0	<=-3.0	---
65	>-2.7	<=-2.7	---
70	>-2.1	-2.1 to -3.9	<-3.9
75	>-1.5	-1.5 to -3.2	<-3.2
80	>-1.2	-1.2 to -3.0	<-3.0
85	>-1.3	-1.3 to -3.3	<-3.3

Bosentan - see Pulmonary Arterial Hypertension (PAH) Therapies

Budesonide, inhalation solution, 0.125mg/mL, 0.25mg/mL, 0.5mg/mL (Pulmicort Nebuamp-AZE)

Note: For Nursing Home Program, no Special Authorization is required.

- a) For use in clients on the Nursing Home Program.
- b) For use in children under 6 years of age. The pharmacy must call the drug programs office to have coverage set up initially. Coverage will be in place until the child's sixth birthday.
- c) Other uses will be considered on a case by case basis where there are extreme circumstances.

Budesonide, capsule, 3mg; enema, 2mg/100mL (Entocort-AZE)

For the treatment of Crohn's disease or Colitis in patients for whom Prednisone is contraindicated or in whom significant side effects have occurred.

Buprenorphine & Naloxone, sublingual tablet, 2mg/0.5mg, 8mg/2mg (Suboxone-MSD)

For the treatment of opioid dependence for patients in whom methadone is contraindicated (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone). Commonly reported adverse effects associated with methadone therapy (eg. sweating, constipation, insomnia, etc.) will not be considered to be hypersensitivity

Bupropion HCl, tablet, 100mg, 150mg (Wellbutrin SR-GSK and generics)

For the symptomatic relief of depressive illness.

The maximum dose that will be approved is 300mg per day.

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

Note: For Quit Smoke program, no Special Authorization is required.

For smoking cessation therapy.

NOTE: Treatment is limited to a maximum of 12 weeks.

Calcitonin (Salmon Synthetic), nasal spray, 200IU/day (Miacalcin-NVR)

- a) For the treatment of osteoporosis in patients with a documented fragility fracture and when Etidronate, Alendronate and Risedronate are not tolerated or are contraindicated.
- b) For use in patients without documented fracture but with a high 10-year fracture risk (see fracture risk tables) and when Etidronate, Alendronate and Risedronate are not tolerated or are contraindicated. A copy of the bone density report, including the T-score, supporting the diagnosis must accompany the Special Authorization.
- c) For the short term (up to 3 months) treatment of pain associated with osteoporotic fragility fractures, bone metastases, or pathological fractures. A copy of the radiological or specialist report supporting the diagnosis must accompany the Special Authorization.

Reference: Siminoski K. et al. 2005. Recommendations for bone mineral density reporting in Canada. Can. Assoc. Radiol. J. 56:178-88

Fracture Risk Tables

Women			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	> - 2.3	- 2.3 to - 3.9	< - 3.9
55	> - 1.9	- 1.9 to - 3.4	< - 3.4
60	> - 1.4	- 1.4 to - 3.0	< - 3.0
65	> - 1.0	- 1.0 to - 2.6	< - 2.6
70	> - 0.8	- 0.8 to - 2.2	< - 2.2
75	> - 0.7	- 0.7 to - 2.1	< - 2.1
80	> - 0.6	- 0.6 to - 2.0	< - 2.0
85	> - 0.7	- 0.7 to - 2.2	< - 2.2

Men			
Age (years)	10-YEAR RISK		
	Low Risk < 10%	Moderate Risk 10% - 20%	High Risk > 20%
	LOWEST T-SCORE Lumbar spine, total hip, femoral neck, trochanter		
50	>-3.4	<=-3.4	---
55	>-3.1	<=-3.1	---
60	>-3.0	<=-3.0	---
65	>-2.7	<=-2.7	---
70	>-2.1	-2.1 to -3.9	<-3.9
75	>-1.5	-1.5 to -3.2	<-3.2
80	>-1.2	-1.2 to -3.0	<-3.0
85	>-1.3	-1.3 to -3.3	<-3.3

Campral – see Acamprosate

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

- a) For the treatment of **metastatic breast cancer** in patients who have failed or are intolerant to intravenous drugs or for use in combination with intravenous drugs for aggressive, high risk disease.
Patients must have an ECOG status of 0 - 2*.

- b) As an adjuvant for the curative treatment of **colon cancer** after surgery, alone or in combination with intravenous drugs.
Patients must have an ECOG status of 0 - 2*.
 - c) For use in **metastatic colon cancer** as a single agent or in combination with intravenous drugs.
 - d) As an adjuvant for the curative treatment of **rectal cancer** before or after surgery, alone or in combination with intravenous drugs, or during radiotherapy treatment.
- Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.
 - Must be requested and prescribed by a specialist in hematology or medical oncology.
 - Coverage will be limited to a maximum of 12 months at one time. Coverage beyond this will require completion and submission of a new Special Authorization.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms> .

Carbamazepine, suspension, 100mg/5ml (Tegretol-NVR and generics)

For use in patients for indications as defined in the CPS, and who cannot use carbamazepine chewable, regular and controlled release tablets.

Carbidopa & Levodopa & Entacapone, tablet, 12.5mg/50mg/200mg, 25mg/100mg/200mg, 37.5mg/150mg/200mg, 18.75mg/75mg/200mg, 31.25mg/125mg/200mg (Stalevo-NVR)

For the treatment of Parkinson's disease in patients who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/carbidopa and are currently stabilized on levodopa/carbidopa and entacapone separately.

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

For the treatment of stable symptomatic heart failure with systolic dysfunction (i.e. left ventricular ejection fraction (LVEF) less than or equal to 40%).

Cefprozil, tablets, 250mg, 500mg; oral suspension, 25mg/mL 50mg/mL (Cefzil-BMS and generics)

- a) Step-down care following hospital separation in patients treated with intravenous

- cephalosporins. Up to 10 days of therapy will be considered.
- b) For the treatment of patients with asthma or COPD not responding to alternative antibiotics. Up to 10 days of therapy will be considered.
 - c) For the treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.
 - d) For the treatment of patients known to be allergic to penicillin and who fail to respond to alternative antibiotics. Up to 10 days of therapy will be considered. **(Note: patients who have experienced immediate hypersensitivity to penicillin should not receive cephalosporins)**

Ceftin - see Cefuroxime

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

Note: For Cystic Fibrosis and Nursing Home programs no Special Authorization is required.

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

Cefzil - see Cefprozil

Cesamet - see Nabilone

Chlorhexidine, oral rinse, 0.12% (Peridex-MDA, Perichlor-PMS)

For the treatment of periodontal disease in long term care residents who need assistance in mouth care upon request or recommendation from a dentist. **A copy of the recommendation from the dentist may be required.**

Cholinesterase Inhibitors (ChEI)

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

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

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

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

a) Initial 90-day Trial

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

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

All MMSEs must be completed within 90-days of the request for coverage.

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

b) Continued Coverage

Continued coverage of ChEIs may be available to patients who:

- Participated in a 90-day trial of a ChEI during which their MMSE score remained between 10 and 24 and either stabilized or improved, **OR**
- Have been previously approved for 12-months of coverage, during which their MMSE score remained above 10 and either stabilized or improved.

All MMSEs must be completed within 90-days of the request for coverage.

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

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

Requests for initial and continued coverage must be made using the Alzheimers Special Authorization Form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Chronic Obstructive Pulmonary Disease Medications

**Formoterol Fumerate, powder for inhalation (capsule), 12ug/dose (Foradil-NVR); powder for inhalation (inhaler), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AZE)
Formoterol & Budesonide, powder for inhalation, 6ug & 100ug per dose, 6ug & 200ug per dose (Symbicort Turbuhaler-AZE)
Salmeterol Xinafoate, aerosol powder disk, 50µg/dose (Servent Diskus-GSK,**

Serevent Diskhaler-GSK)

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

Tiotropium, capsule for inhalation, 18ug/dose (Spiriva-BOE)

- a) For the treatment of mild, moderate, and severe chronic obstructive pulmonary disease (COPD) (i.e. MRC score ≥ 2) in patients who continue to be symptomatic after a 3 month trial of ipratropium at a dose of 12 puffs/day and appropriate use of short-acting beta₂-agonists.
- b) For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) (i.e. MRC score 3 to 5) without a trial of short-acting agents (e.g. ipratropium and beta₂-agonists) where spirometry shows moderate to severe airflow obstruction (i.e. FEV1 < 60% predicted **AND** low FEV1/FVC <0.7). A copy of the spirometry report must accompany the Special Authorization.

Note: The drug programs will not pay for concurrent use of Tiotropium and Ipratropium.

Note: Concurrent use of Tiotropium and long acting beta₂-agonists or long acting beta₂-agonists/inhaled corticosteroids will only be considered in patients where FEV1 < 60% predicted **AND** FEV1/FVC <0.7. A copy of the spirometry report must accompany the Special Authorization.

Ciloxan - see Ciprofloxacin, ophthalmic solution

Cipro - see Ciprofloxacin, tablet

Cipro XL - see Ciprofloxacin, extended release tablet

Ciprodex - see Ciprofloxacin & Dexamethasone

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

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

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

Note: For Cystic Fibrosis, Nursing Home and Tuberculosis Programs, no Special Authorization is required.

- a) For the treatment of pseudomonas infections not responding to alternative therapy. Up to 10 days of therapy will be considered.
- b) For the treatment of infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
- c) For the treatment of infections in immunocompromised patients including diabetic foot and complications of orthopaedic surgery. Up to four weeks (28 days) of

- therapy will be considered.
- d) For the treatment of chronic bacterial prostatitis. Up to four weeks (28 days) of therapy will be considered.

Ciprofloxacin, extended release tablet, 1000mg (Cipro XL-BAY)

For the treatment of complicated urinary tract infections in patients unresponsive or allergic to other oral agents.

Ciprofloxacin & Dexamethasone, otic suspension, 0.3% / 0.1% (Ciprodex-ALC)

- a) For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes who require treatment.
- b) For the treatment of patients with acute otitis externa in the presence of tympanostomy tubes or known perforation of the tympanic membrane.

Clarithromycin, oral suspension, 25mg/mL, 50mg/mL; tablets, 250mg, 500mg; extended-release tablet, 500mg (Biaxin-ABB, Biaxin XL-ABB and generics)

Note: For AIDS/HIV, Cystic Fibrosis and Nursing Home Programs, no Special Authorization is required.

- a) For the treatment of upper and lower respiratory tract infections known to be resistant to or not responding to alternative antibiotics, including Erythromycin. Up to 10 days of therapy will be considered.
- b) For the treatment of moderate to severe exacerbations of chronic bronchitis.
- c) For the treatment of infections in patients allergic to alternative antibiotics.
- d) For the treatment of infections requiring a macrolide when there is documented intolerance to Erythromycin.
- e) For the completion of hospital initiated treatments with macrolides or quinolones.
- f) For the prevention and treatment of Mycobacterium avium complex.
- g) One week of therapy will be considered for individuals with documented duodenal or gastric ulcers and a recent documented positive helicobacter pylori test.

Clopidogrel Bisulfate, tablet, 75mg (Plavix-AVN)

- a) For the secondary prevention of the following vascular ischemic events in patients with a history of symptomatic atherosclerotic disease:
- i) **Ischemic stroke or transient ischemic attack (TIA)** in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps) or who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA;
 - ii) **Myocardial infarction (MI)** in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps); or
 - iii) **Peripheral artery disease (PAD)** in patients who have a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps).
 - iv) **Unstable angina** in patients with a documented severe allergy to ASA or experience GI hemorrhage while on ASA.
- b) For the prevention of thrombosis in patients post **intra coronary stent implantation** for a period of up to six months (180 days) for Bare Metal Stents (BMS) and 12

- months (365 days) for Drug Eluting Stents (DES).
- c) For use in combination with ASA in patients with non-ST-segment elevation **acute coronary syndrome** (i.e. unstable angina or non-ST-segment elevation myocardial infarction) for a period of up to three months (90 days). Up to 12 months of therapy will be considered for patients with a second event of acute coronary syndrome within 12 months, or with complex or extensive coronary artery disease (eg diffuse three vessel coronary artery disease not amenable to revascularization or who have had a previous stroke, TIA or symptomatic peripheral artery disease).

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

Requests for Clopidogrel Bisulfate (Plavix-AVN) must be made using the Plavix Special Authorization form which is available from the Drug Programs office or on-line at <http://healthpei.ca/pharmacareforms> .

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

Clozapine is only available upon registration of the patient, prescriber, and pharmacy with a Clozapine-Support and Assistance Network.

Clozapine is only to be dispensed to patients upon receipt of 7 day, 14 day or 28 day hematological test results by the pharmacy.

For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. **A copy of the recommendation must accompany the Special Authorization.**

Clozaril - see Clozapine

Codeine, controlled release tablet, 50mg, 100mg, 150mg, 200mg (Codeine Contin-PFR)

For the treatment of documented mild to moderate chronic pain that is not well controlled by short-acting codeine products or where patients are well controlled on acetaminophen or ASA combinations but the codeine dose is limited by the amount of acetaminophen or ASA. **Coverage will be limited to doses of 200 mg every 12 hours or less.**

Codeine Contin - see Codeine

Comtan - see Entacapone

Copaxone - see Multiple Sclerosis Agents

Coreg - see Carvedilol

Crohn's Disease Biologic Agents

A) Moderate to Severe Crohn's Disease

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

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

Adalimumab, kit, 40mg/0.8ml (Humira-ABB)

Initial 12 week approval for Adalimumab will allow for an induction dose of 160mg followed by 80mg two weeks later, then 40mg every two weeks thereafter. Coverage for ongoing therapy will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage may be approved at a dose not exceeding 40mg every 2 weeks.

Infliximab, injection powder, 100mg/vial (Remicade-JAN)

Initial approval for Infliximab will allow for 3 doses of 5mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage will be approved at a dose not exceeding 5mg/kg every 8 weeks.

B) Fistulizing Crohn's Disease

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

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

Infliximab, injection powder, 100mg/vial (Remicade-JAN)

Initial approval for Infliximab will allow for 3 doses of 5mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage will be approved at a dose not exceeding 5mg/kg every 8 weeks.

The request for coverage must be made by a gastroenterologist using the Crohn's Disease Special Authorization form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Patients must also apply for coverage to the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>.

Cyclobenzaprine, tablet, 10mg (Generics)

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

Dalteparin - see Low Molecular Weight Heparins

Darbepoetin Alfa, pre-filled syringe 25ug/mL, 40ug/mL, 100ug/mL, 200ug/mL (Aranesp-AMG)

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

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

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

The request for coverage must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Darifenacin, extended release tablet, 7.5mg, 15mg (Enablex-NVR)

For the treatment of over-active bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (e.g. 3 months) of immediate release oxybutynin.

Dasatinib, tablet, 20mg, 50mg, 70mg (Sprycel-BMS)

For use as a single agent for the treatment of adults with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) and Philadelphia chromosome acute lymphoblastic leukemia (Ph+ ALL) with resistance or intolerance to prior therapy including Imatinib.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office

or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms> .

Daurnavir, tablet, 300mg, 400mg, 600mg (Prezista-JAN)

As part of a HIV/AIDS treatment regimen for treatment-experienced adult patients who have demonstrated failure to multiple protease inhibitors and in whom less expensive protease inhibitors are not a treatment option.

The request for coverage must be made by a specialist in the treatment of HIV/AIDS.

DDAVP - see Desmopressin

Desmopressin, oral disintegrating tablet, 60ug, 120ug, 240ug (DDAVP Melt-FEI); tablet, 0.1mg, 0.2mg (DDAVP-FEI and generics)

- a) For the treatment of diabetes insipidus in patients unable to tolerate the intranasal solution or when the intranasal solution is ineffective.
- b) For the treatment of enuresis in children over 5 years and under 16 years of age refractory to bed wetting alarms or alternative agents.

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

- a) For the treatment of diabetes insipidus. The maximum recommended daily dosage is 40µg.

Detrol - see Tolterodine

Detrol LA - see Tolterodine

Dexiron - see Iron Dextran Complex

Dicetel – see Pinaverium

Didronel - see Etidronate

Diflucan - see Fluconazole

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

For the treatment of migraine headaches where other standard therapies such as oral analgesics have failed.

Coverage is limited to 6 bottles per 30 day period. Anyone requiring more than 6

bottles per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Dilaudid HP - see Hydromorphone, injection solution

Dilaudid XP - see Hydromorphone, injection solution

Diphenoxylate HCl & Atropine Sulfate, tablet, 2.5mg/0.025mg (Lomotil-PFI)

An adjunct in the management of diarrhea not responding to alternative therapy.

Ditropan XL - see Oxybutynin Chloride

Donepezil - see Cholinesterase Inhibitors (ChEI)

Dronabinol, capsule, 2.5mg, 5mg (Marinol-SLV)

- a) For the treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard stepwise antiemetic therapy.
- b) For the treatment of acquired immune deficiency syndrome (AIDS)-related anorexia associated with weight loss.

Duragesic - see Fentanyl

Dutasteride, capsule, 0.5mg, (Avodart-GSK)

Approval will be for 0.5mg daily.

For the treatment of symptomatic Benign Prostatic Hyperplasia (BPH) when alpha-blockers are contraindicated, not tolerated, or failed.

Initial coverage is limited to 6 months. Continued coverage requires assessment for adequate response and resubmission of a Standard Special Authorization request form.

Elmiron - see Pentosan Polysulfate Sodium

Emend - see Aprepitant

Enbrel - see Ankylosing Spondylitis Biologic Agents **OR**

- see Psoriatic Arthritis Biologic Agents **OR**

- see Rheumatoid Arthritis Biologic Agents

Enablex – see Darifenacin

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

For the treatment of AIDS in patients:

- a) Who have a CD4 count greater than 100 cells/mm³; **AND**

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

Enoxaparin - see Low Molecular Weight Heparins

Entacapone, tablet, 200mg (Comtan-NVR)

Note: For Nursing Home Program, no Special Authorization is required.

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with Levodopa/Carboxylase therapy upon written request or recommendation of a neurologist. **A copy of the recommendation must accompany the Special Authorization.**

Entocort - see Budesonide

Epinephrine, auto-injector, 0.15mg per dose, 0.3mg per dose (EpiPen-ALX, Twinject-ALX)

For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

Coverage is limited to one unit at a time.

To allow for the replacement of used or expired units, the pharmacy must contact the PEI Pharmacare office and coverage will be provided on the day of the fill.

Additional physician requests are not required for replacement units once the initial request has been approved.

NOTE: EpiPen and EpiPen Jr. are not interchangeable with Twinject.

EpiPen - see Epinephrine

EpiPen Jr. - see Epinephrine

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

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

- a) Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL), **OR**
- b) Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure, **OR**
- c) Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies, **OR**
- d) Anemia requiring transfusions in patients who have high levels of panel reactive anti HLA antibodies, **OR**

- e) Severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.

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

The request for coverage must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Epoprostenol - see Pulmonary Arterial Hypertension (PAH) Therapies

Eprex - see Epoetin Alfa

Erlotinib, tablet, 25mg, 100mg, 150mg (Tarceva-HLR)

For use as monotherapy for the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen and whose EGFR expression status is positive or unknown.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>.

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

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

Estradot - see Estradiol

Etanercept - see Ankylosing Spondylitis Biologic Agents **OR**

- see Psoriatic Arthritis Biologic Agents **OR**

- see Rheumatoid Arthritis Biologic Agents

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

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

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

Exelon - see Cholinesterase Inhibitors (ChEI)

Extavia - see Multiple Sclerosis Agents

Ezetrol - see Ezetimibe

Ezetimibe, tablet, 10mg (Ezetrol-FRS)

- a) For the treatment of hypercholesterolemia, as adjunctive therapy with statins, in patients who have not reached treatment goals on maximum tolerated statin therapy alone.
- b) For the treatment of hypercholesterolemia, as monotherapy, in patients who are intolerant to statins and, when appropriate, fibrates.

Fentanyl, transdermal patch, 12ug/hr, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic-JAN and generics)

For the treatment of severe chronic pain that is not well controlled by short and long-acting Morphine and Hydromorphone products.

Filgrastim, parenteral liquid, 300mcg/1mL, 480mcg/1.6mL (Neupogen-AMG)

Chemotherapy Support

- a) For use in patients treated with curative intent, where maintaining maximal dose intensity is likely to improve the cure rate, and where the risk of neutropenic fever is greater than 40%.
- b) For use in patients treated with curative intent, after an episode of neutropenic fever or where treatment is delayed beyond one week due to neutropenia.

High Dose Chemotherapy With Stem Cell Support

For use in mobilizing stem cells in preparation for stem cell collection.

Neutropenic fever is defined as a body temperature of $\geq 38.5^{\circ}\text{C}$ (as a single measurement) or $> 38^{\circ}\text{C}$ three times in a 24 hour period and neutropenia with an absolute neutrophil count (ACN) $< 0.5 \times 10^9/\text{L}$.

Must be requested and prescribed by a specialist in hematology or medical oncology.

The manufacturer recommends an initial dose of 5mcg/kg/day. The dosage can be rounded off to 300mcg or 480mcg to avoid wastage.

When dose scavenging techniques are not available, the following recommendations are suggested:

- Patients ≤ 70 kg use 1 mL vial (300mcg)
- Patients > 70 kg use 1.6 mL vial (480mcg)

Coverage will be limited to a maximum of 3 months. Coverage beyond this will require completion and submission of a new Special Authorization form.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms> .

Finasteride, tablet, 5mg (Proscar-MSD and generics)

Approval will be for 5mg daily.

For the treatment of symptomatic Benign Prostatic Hyperplasia (BPH):

- a) When alpha-blockers are contraindicated, not tolerated, or failed **OR**
- b) In combination with an alpha-blocker when alpha-blocker therapy has been tried as monotherapy and a partial response has been observed.

Initial coverage is limited to 6 months. Continued coverage requires assessment for adequate response and resubmission of a Standard Special Authorization request form.

Flexeril - see Cyclobenzaprine

Flolan - see Pulmonary Arterial Hypertension (PAH) Therapies

Floxin - see Ofloxacin

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

Note: For AIDS/HIV program no Special Authorization is required.

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

Fludara - see Fludarabine

Fludarabine, tablet, 10mg (Fludara-BAY)

For the treatment of chronic lymphocytic leukemia (CLL) in patients with an ECOG performance status of 0 to 2 when the patient has failed to respond to, or relapsed during/ after previous therapy with an alkylating agent and intravenous administration is not desirable.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office

or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms> .

Foradil - see Formoterol

Formoterol Fumerate, powder for inhalation (capsule), 12ug/dose (Foradil-NVR); powder for inhalation (inhaler), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AZE)

- a) For the treatment of asthma when used in patients on concurrent steroid therapy.
- b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

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

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

- a) For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy. Continuation of current coverage requires regular use of an adequate dose of this medication.
- b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

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

Fosamax 10mg & 70mg - see Bisphosphonates

Fosamax 40mg - see Alendronate

Fosavance – see Bisphosphonates

Fragmin - see Low Molecular Weight Heparins

Fuzeon - see Enfuvirtide

Galantamine - see Cholinesterase Inhibitors (ChEI)

Gatifloxacin, ophthalmic drops, 0.3% (Zymar-ALL)

For the treatment/prevention of bacterial conjunctivitis associated with eye surgery.

Glatiramer Acetate - see Multiple Sclerosis Agents

Gleevec - see Imatinib

Glucagon – see Glucagon (Human Recombinant)

Glucagon (Human Recombinant), vial, 1mg; kit, 1mg (Glucagen - PAL)

Note: Not interchangeable. IM administration only.

For emergency treatment of severe hypoglycaemia in patients treated with insulin when unconsciousness precludes oral carbohydrates.

Glucagon – see Glucagon (Recombinant DNA Origin)

Glucagon (Recombinant DNA Origin), vial, 1mg (Glucagon – LIL)

Note: Nursing Home Program does not require a special authorization. Not interchangeable.

For emergency treatment of severe hypoglycaemia in patients treated with insulin when unconsciousness precludes oral carbohydrates.

Golimumab – see Ankylosing Spondylitis Biologic Agents OR
see Psoriatic Arthritis Biologic Agents OR
see Rheumatoid Arthritis Biologic Agents

Granisetron tablet, 1mg & 2mg (Kytril-HLR)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing Cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing Cyclophosphamide, Doxorubicin, Epirubicin, or Melphalan); or receiving radiation therapy and who have:

- a) Experienced adverse effects to Metoclopramide, Prochlorperazine, or Dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
- b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of Metoclopramide, Prochlorperazine, or Dexamethasone.

A maximum of two tablets per cycle of chemotherapy will be approved. Only requests for the oral dosage forms are eligible for consideration.

Hp-PAC - see Lansoprazole & Clarithromycin & Amoxicillin

Humira - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Hydromorph Contin - see Hydromorphone, controlled-release capsule

Hydromorphone HCl, controlled-release capsule, 3mg, 6mg, 12mg, 18mg, 24mg, 30mg (Hydromorph Contin-PFR)

For the treatment of patients with documented severe chronic pain that is not well controlled by short and long-acting Morphine and short-acting Hydromorphone products.

Hydromorphone HCl, injection solution, 10mg/mL, 50mg/mL (Dilaudid HP-JAN, Dilaudid XP-JAN)

Note: For Nursing Home Program, no Special Authorization is required.

For the treatment of severe chronic pain that is not well controlled by short and long-acting oral Morphine and Hydromorphone products:

For other patients upon written request or recommendation from a palliative care or pain clinic. **A copy of the recommendation must accompany the Special Authorization.**

Hydromorphone HP - see Hydromorphone, injection solution

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

- a) For the treatment of patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0 - 2*.
- b) For the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) when used as a single agent for induction and maintenance phase therapy.
- c) For the treatment of patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST) and who have an ECOG performance status of 0 - 2*.

Must be prescribed by a hematologist or oncologist.

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

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage to the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>

Imitrex - see Sumatriptan

Infliximab - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Infufer - see Iron Dextran Complex

Innohep – see Low Molecular Weight Heparins

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

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

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

Interferon Beta-1A - see Multiple Sclerosis Agents

Interferon Beta-1B - see Multiple Sclerosis Agents

Intron A - see Interferon Alfa-2B

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

For the treatment of documented iron deficiency anemia (Hgb less than 115 g/L for men or 100 g/L for women) when patients are intolerant to oral iron replacement products.

Note: Coverage for dialysis patients is provided under the Dialysis Program.

Itraconazole, capsule, 200mg (Sporanox-JAN)

- a) For the treatment of severe systemic fungal infections not responding to alternative therapy.
- b) For the treatment of severe or resistant fungal infections in immunocompromised patients not responding to alternative therapy.
- c) For the treatment of severe onychomycosis caused by dermatophyte fungi not responding to alternative therapy, as diagnosed by a dermatologist or attending physician.

Ketoconazole, tablet, 200mg (generics)

Note: For AIDS/HIV program no Special Authorization is required.

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

therapy.

Kytril – see Granisetron

Lamisil - see Terbinafine

Lansoprazole - see Proton Pump Inhibitors

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

One week of therapy will be considered for individuals with documented duodenal or gastric ulcers and a recent documented positive helicobacter pylori test.

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

For the treatment of patients with active **Rheumatoid Arthritis** who:

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

Levaquin - see Levofloxacin

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

Note: For Nursing Home Program, no Special Authorization is required.

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

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

Note: For Cystic Fibrosis and Nursing Home Programs, no Special Authorization is required.

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

Linezolid, tablet, 600mg (Zyvoxam-PHU)

- (a) For the treatment of proven VRE (Vancomycin-Resistant Enterococcus) infections. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.
- (b) For the treatment of proven MRSA (Methicillin-Resistant Staph. Aureus) and MRSE (Methicillin-Resistant Staph. Epidermidis) infections in patients who are unresponsive or intolerant to Vancomycin. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.

Lomotil - see Diphenoxylate HCl & Atropine Sulfate

Losec - see Proton Pump Inhibitors

Lovenox - see Low Molecular Weight Heparins

Low Molecular Weight Heparins

Dalteparin, pre-filled syringe, 2500 iu, 5000 iu, 7500 iu, 10000 iu, 12500 iu, 15000 iu, 18000 iu; multi-dose vial (3.8ml), 25000 iu/ml (Fragmin-Pfizer)

Enoxaparin, pre-filled syringe, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg; multi-dose vial, (3ml) 100mg/ml (Lovenox-Sanofi)

Tinzaparin, vial, 10000unit/mL, 20000unit/mL; syringe, 2500unit/0.25mL, 3500unit/0.35mL, 4500unit/0.45mL, 10000unit/0.5mL, 14000unit/0.7mL, 18000unit/0.9mL (Innohep-LEO)

For the acute treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 10 days.

For prophylaxis in hip replacement and hip fracture surgery, approval is limited to a maximum of 35 days.

For prophylaxis in knee replacement surgery, approval is limited to a maximum of 10 days.

For prophylaxis in high risk surgery, approval is limited to maximum of 10 days.

The request for coverage must be made using the Low Molecular Weight Heparin Special Authorization form available from the Drug Programs office or online at

<http://healthpei.ca/pharmacareforms>

Lucentis - see Ranibizumab

Magic Bullet - see Bisacodyl

Marinol - see Dronabinol

Megace - see Megestrol Acetate

Megestrol Acetate, tablet, 40mg, 160mg (Megace-BMS and generics)

Note: For AIDS/HIV Program, no Special Authorization is required.

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

Metadol - see Methadone

Methadone, oral solution, 10mg/mL (Metadol-PMS)

For the management of patients undergoing therapy for opioid dependence.

Methadone, tablet, 1mg, 5mg, 10mg, 25mg (Metadol-PMS)

For the management of severe chronic or malignant pain that is not well controlled by short and long-acting Morphine and Hydromorphone as well as Fentanyl products.

Methylphenidate HCl, controlled release capsule, 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg (Biphentin-PFR)

For the treatment of children age 6 to 18 years of age diagnosed with ADHD, who require 12 hours of continuous drug coverage due to academic and psycho-social need and who meet the following:

Demonstrate significant and problematic disruptive behaviour **OR** have problems with inattention that interferes with learning;

AND

Have been tried on methylphenidate (Ritalin) immediate or sustained-release tablets with unsatisfactory results.

Must be prescribed or recommended by a pediatrician, psychiatrist, or general practitioner with expertise in the treatment of ADHD.

The maximum daily approved dosage will be 1mg/kg/day to a maximum of 80mg per day.

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

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

Miacalcin - see Calcitonin (Salmon Synthetic)

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

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

Migranal - see Dihydroergotamine Mesylate

Minocin - see Minocycline

Minocycline HCl, capsule, 50mg, 100mg (Minocin-STI and generics)

For the treatment of acne unresponsive to Tetracycline.

Mirapex - see Pramipexole Dihydrochloride

Modafinil, tablet, 100mg (Alertec-SHR and generics)

For the treatment of patients with a confirmed sleep-laboratory diagnosis of narcolepsy or idiopathic CNS hypersomnia.

Montelukast, chewable tablet, 4mg, 5mg; tablet, 10mg (Singulair-MSD)

For the adjunctive treatment of asthma in patients not well controlled with regular use of inhaled corticosteroids. Only appropriate dosing as shown in the current Compendium of Pharmaceuticals and Specialties (CPS) will be considered.

Morphine Sulfate, injection solution, 50mg/mL (Morphine Sulfate-SAB)

For the treatment of severe chronic pain that is not well controlled by short and long-acting oral Morphine and Hydromorphone products:

- a) For patients covered by the Nursing Home Program without a Special Authorization.
- b) For other patients upon written request or recommendation from a palliative care or pain clinic. **A copy of the recommendation must accompany the Special Authorization.**

Moxifloxacin, ophthalmic drops, 0.5% (Vigamox-ALC)

For the treatment/prevention of bacterial conjunctivitis associated with eye surgery.

Moxifloxacin, tablet, 400mg (Avelox-BAY)

Note: For Nursing Home and Cystic Fibrosis Programs, no Special Authorization is required.

- a) For the treatment of severe pneumonia in nursing home patients
- b) For the completion of therapy instituted in the hospital setting for the treatment of severe community acquired pneumonia.

Multiple Sclerosis Agents

Glatiramer Acetate, syringe, 20mg/mL (Copaxone-TVM)
Interferon Beta-1A, injection powder, 30mcg (Avonex-BGN); pre-filled syringe, 30mcg (Avonex PS-BGN); pre-filled cartridge, 66mcg/1.5ml, 132mcg/1.5ml (Rebif-SRO); pre-filled syringe, 22mcg, 44mcg (Rebif-SRO)
Interferon Beta-1B, injection powder, 0.3mg (Betaseron-BAY); injection powder, 0.3mg (Extavia-NVR)

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

The request for coverage must be made by a neurologist using the PEI Multiple Sclerosis Medications Program Medical Screening Form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>

Patients must also apply for coverage to the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>

Nabilone, capsules, 0.5mg, 1mg (Cesamet-VAL)

- a) For the treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard stepwise antiemetic therapy.
- b) For the treatment of acquired immune deficiency syndrome (AIDS)-related anorexia associated with weight loss.

Nabumetone, tablets, 500mg (Relafen-GSK and generics)

For patients requiring treatment with an NSAID where there has been failure or intolerance to at least three NSAIDs (including at least one enteric coated NSAID).

Nalcrom - see Sodium Cromoglycate

Naltrexone, tablet, 50mg (Revia-APX)

For the treatment of alcohol dependence, as an adjunct to a comprehensive psychotherapeutic or psychological alcoholism counseling program to support abstinence, and reduce the risk of relapse.

Eligibility is initially restricted to a three month period with reassessment at that time for further coverage.

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

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed **AND** the patient has not responded to oral Sumatriptan.

Coverage is limited to 6 tablets per 30 day period. Anyone requiring more than 6

doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Neupogen - see Filgrastim

Nexavar - see Sorafenib

Nilutamide, tab, 50mg (Anadron-AVN)

In the treatment of metastatic prostatic carcinoma (Stage D₂) in conjunction with surgical or chemical castration.

Nitoman - see Tetrabenazine

Nizoral - see Ketoconazole

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

Note: For Nursing Home program no Special Authorization is required.

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

(Note: Recommended dosage is 200mg at bedtime)

Noroxin - see Norfloxacin

Norprolac – see Quinagolide

Ocuflox - see Ofloxacin

Octreotide, injection, 200ug/mL (5mL) (Sandostatin-NVR)

For the management of terminal malignant bowel obstruction.

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

Note: For Nursing Home Program, no Special Authorization is required.

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

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

Note: For Nursing Home Program, no Special Authorization is required.

- a) For the treatment of infections in persons allergic to alternative agents. Up to 10

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

Olanzapine, orally disintegrating tablet, 5mg, 10mg, 15mg (Zyprexa Zydis-LIL and generics); tablet, 2.5mg, 5mg, 7.5mg, 10mg, 15mg (Zyprexa-LIL and generics)

Family Health Benefit and Financial Assistance Programs (No Special Authorization Required)	Nursing Home Program (Special Authorization Required)	Seniors Drug Cost Assistance Plan (Special Authorization Required)
<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</p> <p>(a) Upon prescription by a psychiatrist or geriatrician; or</p> <p>(b) From other practitioners in consultation with a psychiatrist or geriatrician. Consultation with the psychiatrist or geriatrician may be in person or by phone. A statement such as "Prescribed in Consultation With Dr. *****" will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p>

Omeprazole - see Proton Pump Inhibitors

Ondansetron HCl, tablet, 4mg, 8mg (Zofran-GSK and generics)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing Cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing Cyclophosphamide, Doxorubicin, Epirubicin, or Melphalan); or receiving radiation therapy and who have:

- a) Experienced adverse effects to Metoclopramide, Prochlorperazine, or Dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
- b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of Metoclopramide, Prochlorperazine, or Dexamethasone.

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

Only requests for the oral dosage forms are eligible for consideration.

Oxeze - see Formoterol

Oxybutynin Chloride, extended release tablet, 5mg, 10mg (Ditropan XL-JAN); controlled release tablet, 10mg, 15mg (Uromax-PFR)

For the treatment of over-active bladder (not stress incontinence) after a reasonable trial (e.g. 3 months) of Oxybutynin immediate release is not tolerated.

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

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

Pamidronate Disodium, injection powder, 30mg, 60mg, 90mg vial (Aredia-NVR and generics)

For the management of tumour-induced hypercalcemia following adequate saline rehydration or conditions associated with increased osteoclast activity.

Pantoloc - see Proton Pump Inhibitors

Pantoprazole Magnesium - see Proton Pump Inhibitors

Pantoprazole Sodium - see Proton Pump Inhibitors

Pariet - see Proton Pump Inhibitors

Pegasys - see Peginterferon Alfa-2A

Pegasys RBV - see Peginterferon Alfa-2A & Ribavirin

Pegatron Redipen - see Peginterferon Alfa-2B & Ribavirin

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

For the treatment of Hepatitis C.

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

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

For the treatment of Hepatitis C.

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

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

For the treatment of Hepatitis C.

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

Pentosan Polysulfate Sodium, capsule, 100mg (Elmiron-JAN)

For the treatment of interstitial cystitis where other treatments have failed.

Perichlor - see Chlorhexidine

Peridex - see Chlorhexidine

Pilocarpine, tablet, 5mg (Salagen-PFI)

For oncology patients only, for the treatment of the symptoms of xerostomia due to salivary gland hypofunction caused by radiotherapy for cancer of the head and neck. Patients must have tried and failed non-prescription measures (e.g. Moi-Stir).

Pioglitazone - see Thiazolidinediones

Plavix - see Clopidogrel

Pramipexole Dihydrochloride, tablet, 0.25mg, 0.5mg, 1mg, 1.5mg (Mirapex-BOE and generics)

Note: For Nursing Home Program, no Special Authorization is required.

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with Levodopa/Carboxylase therapy upon written request or recommendation of a neurologist. **A copy of the**

recommendation must accompany the Special Authorization.

Prevacid - see Proton Pump Inhibitors

Prevacid Fastab - see Proton Pump Inhibitors

Prezista - see Daurnavir

Proton Pump Inhibitors

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

Lansoprazole, delayed release tablet, 15mg, 30mg (Prevacid Fastab-TAP);

Omeprazole, capsule, 20mg (Losec-AZE and generics);

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

Pantoprazole Magnesium, enteric tablet, 40mg (Tecta-NYC)

Pantoprazole Sodium, enteric tablet, 20mg, 40mg (Pantoloc-NYC and generics);

Rabeprazole, tablet, 10mg, 20mg (Pariet-JAN and generics)

*** Doses of Omeprazole 20mg daily, Pantoprazole Magnesium (Tecta) 40mg daily and up to Rabeprazole 20mg daily DO NOT require a Special Authorization.**

For doses of Omeprazole and Rabeprazole greater than 20mg per day and greater than 40mg per day of Pantoprazole Magnesium (Tecta) and all doses of Lansoprazole and Pantoprazole Sodium **WHERE** evidence is provided of resistance to two **recent** 12 week trials (ie within 6 months) of a standard dose (20mg daily) of omeprazole, rabeprazole or pantoprazole magnesium (Tecta) 40mg daily.

Up to 12 weeks of therapy will be considered for

- a) Gastric and Duodenal Ulcers
- b) Esophagitis

Long term therapy will be considered for

- c) Erosive Esophagitis
- d) Barrett's Esophagitis
- e) Zollinger-Ellison Syndrome
- f) Helicobacter pylori Eradication (**Omeprazole , Rabeprazole, or Pantaprazole Magnesium (Tecta) only**)

One week of therapy will be considered for individuals with documented duodenal or gastric ulcers and a recent documented positive helicobacter pylori test.

Protopic - see Tacrolimus

Proscar - see Finasteride

Psoriatic Arthritis Biologic Agents

Adalimumab, kit, 40mg/0.8ml (Humira-ABB)

Approvals will be for a maximum adult dose of 40mg every two weeks.

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

Approvals will be for a maximum adult dose of 50mg per week or 25 mg twice weekly.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-MSD)

Approvals will be for a maximum adult dose of 50mcg once monthly.

For the treatment of active psoriatic arthritis in patients who meet the following criteria:

- a) Have at least three active and tender joints **AND**
- b) Have not responded to an adequate trial with two DMARDs or have an intolerance or contraindication to DMARDs.

Approvals for initial coverage of Psoriatic Arthritis anti-TNF agents will be 4 months. Coverage will NOT be considered in combination with other biologic agents.

Reassessment for coverage is dependent on patient achieving an improvement in symptoms of at least 20% (ACR20) or response using the Psoriatic Arthritis Response Criteria.

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Psoriatic Arthritis Special Authorization form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>

Patients must also apply for coverage through the High Cost Drug Program. The patient application is available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>

Pulmicort Nebuamps - see Budesonide

Pulmonary Arterial Hypertension (PAH) Therapies

Ambrisentan, tablet, 5mg, 10mg (Volibris-GSK)

Bosentan, tablet, 62.5mg, 125mg (Tracleer-ACT)

Epoprostenol, powder for solution (injection), 0.5mg, 1.5mg (Flolan-GSK)

Sildenafil, tablet, 20 mg (Revatio-PFI and generics)

GENERAL COVERAGE CRITERIA

Coverage is limited to the treatment of Idiopathic Arterial Hypertension (IPAH) and Pulmonary Arterial Hypertension (PAH) secondary to scleroderma, congenital heart disease or HIV.

Coverage will only be approved in a step-wise manner of Sildenafil to Bosentan or Ambrisentan to Flolan (see specific criteria for coverage of these medications below). Coverage of the next medication in the sequence will only be considered where a patient has failed or was intolerant to therapy with the previous medication or where the previous

medication is contraindicated.

Coverage will only be provided for one medication at a time. There will be no coverage allowed for tapering off or overlap of medications.

Coverage will be limited to medication and associated diluent costs only. No coverage will be provided for equipment or medical supplies (e.g. pumps, IV tubing, IV catheters, etc.).

Coverage will be based upon a monthly supply of medication with no more than one prescription for a given medication and strength being covered in a given 30-day period. Coverage must be requested and all medications prescribed by a Pulmonary Arterial Hypertension (PAH) specialist.

Diagnosis of pulmonary arterial hypertension (PAH) must be confirmed by right heart catheterization.

STEP 1 - Sildenafil, tablet, 20mg (Revatio-PFI and generics)

Idiopathic Pulmonary Arterial Hypertension (IPAH) (functional class III)

For the treatment of patients with World Health Organization (WHO) functional class III idiopathic pulmonary arterial hypertension (IPAH) who do not demonstrate vasoreactivity on testing or who do demonstrate vasoreactivity on testing but fail a trial of calcium channel blockers (CCB) or are intolerant to CCB.

Pulmonary Arterial Hypertension (PAH) secondary to connective tissue disease (functional class III)

For the treatment of patients with World Health Organization (WHO) functional class III pulmonary arterial hypertension (PAH) associated with connective tissue disease who do not respond to conventional therapy (e.g. diuretics, Digoxin, Warfarin, and calcium channel blockers).

Note: Dosage is limited to 20mg given three times daily.

STEP 2 - Bosentan, tablet, 62.5mg, 125mg (Tracleer-ACT) OR Ambrisentan, tablet, 5mg, 10mg (Volibris-GSK)

Note: Ambrisentan dosage is limited to 10mg given once daily.

Idiopathic Pulmonary Arterial Hypertension (IPAH) (functional class III and IV)

For the treatment of patients with World Health Organization (WHO) functional class III and IV idiopathic pulmonary arterial hypertension (IPAH) who do not demonstrate vasoreactivity on testing or who do demonstrate vasoreactivity on testing but fail a trial of calcium channel blockers (CCB) or are intolerant to CCB **AND** Sildenafil therapy or where such therapies are contraindicated.

Pulmonary Arterial Hypertension (PAH) secondary to scleroderma, congenital heart disease, or HIV (functional class III and IV)

For the treatment of patients with World Health Organization (WHO) functional class III and IV pulmonary arterial hypertension (PAH) associated with scleroderma, congenital heart disease, or HIV who do not respond to conventional therapy (e.g. diuretics, Digoxin, Warfarin, and calcium channel blockers) **AND** Sildenafil therapy or where such therapies are contraindicated.

STEP 3 - Epoprostenol, powder for solution (injection), 0.5mg, 1.5mg (Flolan-GSK)

Coverage will be limited to patients who meet the criteria for STEP 2 **AND** do not respond to Bosentan or Ambrisentan or where these therapies are contraindicated.

Note: Coverage will be limited to medication and associated diluent costs only. No coverage will be provided for equipment or medical supplies (e.g. pumps, IV tubing, IV catheters, etc.).

Patients must also apply for coverage through the High Cost Drug Program. The patient application is available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>.

Quetiapine, tablet, 25mg, 100mg, 150mg, 200mg, 300mg (Seroquel-AZE and generics)

Family Health Benefit and Financial Assistance Programs (No Special Authorization Required)	Nursing Home Program (Special Authorization)	Seniors Drug Cost Assistance Plan (Special Authorization)
<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</p> <p>(a) Upon prescription by a psychiatrist or geriatrician; or</p> <p>(b) From other practitioners in consultation with a psychiatrist or geriatrician. Consultation with the</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p>	<p>For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p>

<p>psychiatrist or geriatrician may be in person or by phone. A statement such as “Prescribed in Consultation With Dr. *****” will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</p>		
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Quinagolide, tablet, 75mcg, 150mcg (Norprolac-FEI)

For the treatment of patients with hyperprolactinemia who have failed or are intolerant to bromocriptine.

Rabeprazole - see Proton Pump Inhibitors

Ranibizumab, vial, 2.3mg/ 0.23ml (Lucentis-NVR)

For the treatment of the **better seeing affected eye** for patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply to the eye to be treated:

Criteria For Initial Coverage (loading dose for 3 consecutive months):

- a) Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96 **AND**
- b) The lesion size is less than or equal to 12 disc areas in greatest linear dimension **AND**
- c) There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes.

The interval between doses should not be shorter than one month. Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.

Criteria For Continued Coverage:

Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Ranibizumab should be discontinued if any of the following occur:

- a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology **OR**
- b) Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events, or both **OR**

c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Coverage will not be approved for patients :

- a) Receiving concurrent treatment with verteporfin.
- b) With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines.

Coverage is limited to a maximum of one vial for the better seeing affected eye in any 30 day period. Coverage must be renewed every 12 months.

The request for coverage must be made by an ophthalmologist, using the Standard Special Authorization request form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>

Patients must also apply for coverage through the High Cost Drug Program. The patient application is available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>

Rebif - see Multiple Sclerosis Agents

Relafen - see Nabumetone

Remicade - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Reminyl ER - see Cholinesterase Inhibitors (ChEI)

Renagel - see Sevelamer

Revatio - see Pulmonary Arterial Hypertension (PAH) Therapies

ReVia - see Naltrexone

Requip - see Ropinirole

Rheumatoid Arthritis Biologic Agents

Abatacept, vial, 250mg (Orencia-BMS)

Maximum adult dose is 500mg for patients < 60kg, 750mg for patients 60 to 100kg, 1000mg for patients > 100kg, given at 0, 2, 4, 8 weeks and every 4 weeks thereafter. Pediatric patients 6-17 years of age and < 75kg, coverage is for 10mg/kg based on weight at administration (pediatric patients > 75kg to be treated at adult dose) given at 0, 2, 4, 8 weeks and every 4 weeks thereafter.

Adalimumab, pre-filled syringe, 40mg/0.8mL (Humira-ABB)

Maximum adult dose is 40mg every two weeks.

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

Maximum adult dose is 50mg weekly or 25mg twice weekly. Pediatric patients 4-17 years of age, coverage is for 0.8mg/kg/weekly to a maximum of 50mg weekly.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-MSD)

Approvals will be for a maximum adult dose of 50mcg once monthly.

Infliximab, injection powder, 100mg/vial (Remicade-JAN)

Initial approval for adults is for Infliximab is for 3mg/kg/dose given at 0, 2, and 6 weeks.

For the treatment of **Rheumatoid Arthritis** in patients who:

i) Have not responded to a trial of at least 3 months of Leflunomide, **AND**

ii) Have not responded to or have had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**

iii) Are intolerant to or have a contraindication to Methotrexate and are refractory to at least two of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**

iv) Are not a candidate for combination DMARD therapy but have had an adequate trial of Methotrexate and at least two of the following DMARDs in sequence: IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine.

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

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

Renewal of coverage will require reassessment of the patient and submission of a new Special Authorization form.

Initial approval will be for a 6 month period.

Coverage will NOT be considered for use in combination with other biologic agents.

Rituximab, vial, 10mg/ml (Rituxan-HLR)

Maximum adult dose is 1000 mg by IV infusion followed two weeks later by the second 1000 mg IV infusion.

For the treatment of adult patients with severe active **Rheumatoid Arthritis** who have failed to respond to an adequate trial with an anti-TNF agent.

- a) Rituximab will NOT be considered in combination with other biologic agents.
- b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose.

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Rheumatoid Arthritis Special Authorization form available from the Drug Programs office or online at <http://healthpei.ca/pharmacareforms>.

Patients must also apply for coverage through the High Cost Drug Program. The patient application is available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms>.

Risedronate 5mg & 35mg - see Bisphosphonates

Risedronate, tablet, 30mg (Actonel-PGA and generics)

For the treatment of Paget's disease of the bone for a maximum 2 month period. One additional 2 month course of treatment may be considered after a drug holiday of at least 60 days. A copy of the radiological or specialist report supporting the diagnosis must accompany the Special Authorization.

Risperdal - see Risperidone regular tablet

Risperdal Consta - see Risperidone prolonged release injection

Risperdal M-Tab - see Risperidone orally disintegrating tablet

Risperidone, regular tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Risperdal-JAN and generics)

Family Health Benefit and Financial Assistance Programs (No -Special Authorization Required)	Nursing Home Program	Seniors Drug Cost Assistance Plan (Special Authorization Required)
(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided for the	(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided without a	(a) Dosages up to a maximum of 2mg daily (1mg twice daily) may be provided for the symptomatic

<p>symptomatic management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics:</p> <p>i. Upon prescription by a psychiatrist or geriatrician; or</p> <p>ii. From other practitioners in consultation with a psychiatrist or geriatrician.</p> <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder:</p> <p>i. Upon prescription by a psychiatrist or geriatrician; or</p> <p>ii. From other practitioners in consultation with a psychiatrist or geriatrician.</p> <p>Consultation with the psychiatrist or geriatrician may be in person or by phone. A statement such as "Prescribed in Consultation With Dr. *****" will be required on the prescription or if ordered by telephone, the pharmacist must request and include the name of the consulting psychiatrist or geriatrician on the transcribed prescription.</p>	<p>Special Authorization for the symptomatic management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics.</p> <p>(b) Dosages of more than 2mg daily will be considered upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p> <p>(c) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist. A copy of the recommendation must accompany the Special Authorization.</p>	<p>management of inappropriate behaviour due to aggression and/or psychosis with dementia in patients who have failed or are intolerant to a trial of conventional neuroleptics upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p> <p>(b) For the treatment of patients with schizophrenia and related psychotic disorders and the acute treatment of manic or mixed episodes in bipolar disorder upon written request or recommendation of a psychiatrist or geriatrician. A copy of the recommendation must accompany the Special Authorization.</p>
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Risperidone, orally disintegrating tablet, 0.5mg, 1mg, 2mg, 3mg, 4mg (Risperdal M-Tab-JAN)

Coverage under all eligible programs requires the submission of a Special Authorization. Coverage will be limited to patients who meet the criteria for regular Risperidone tablets (see above) **AND** who are unable to use regular Risperidone tablets.

Risperidone, oral solution, 1mg/ml (Risperdal oral solution-JAN and generics)

Coverage under all eligible programs requires the submission of a Special Authorization.

Coverage will be limited to patients who meet the criteria for regular Risperidone tablets (see above) **AND** who are unable to use regular Risperidone tablets.

Risperidone, prolonged release injection, 12.5mg/2mL, 25mg/2mL, 37.5mg/2mL, 50mg/2mL (Risperdal Consta-JAN)

For the treatment of schizophrenia or schizoaffective disorder in patients who have:

a) A history of non-adherence.

AND

b) Inadequate control or significant side-effects from two or more oral antipsychotic medications.

AND

c) Inadequate control or significant side-effects from at least one long-acting depot antipsychotic agent.

**NOTE: Must be requested and prescribed by a psychiatrist.
Only doses up to 50mg every two weeks will be approved.**

Rituxan – see Rheumatoid Arthritis Biologic Agents

Rituximab – see Rheumatoid Arthritis Biologic Agents

Rivaroxaban, tablet, 10mg (Xarelto-BAY)

For the prophylaxis of venous thromboembolism (VTE) following total knee replacement surgery for up to 14 days after surgery or total hip replacement surgery for up to 35 days after surgery as an alternative to low molecular weight heparins. The maximum dose of rivaroxaban that will be reimbursed is 10 mg daily.

Rivastigmine - see Cholinesterase Inhibitors (ChEI)

Ropinirole, tablet, 0.25mg, 1mg, 2mg, 5mg (Requip-GSK and generics)

Note: For Nursing Home Program, no Special Authorization is required.

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with Levodopa/Carboxylase therapy upon written request or recommendation of a neurologist. **A copy of the recommendation must accompany the Special Authorization.**

Rosiglitazone - see Thiazolidinediones

Rosiglitazone Maleate & Metformin, tablet, 1mg & 500mg, 2mg & 500mg, 4mg & 500mg, 2mg & 1000mg, 4mg & 1000mg (Avandamet-GLA)

For the treatment of patients registered with the Diabetes Control Program, diagnosed with Type II diabetes and who are currently stabilized on equivalent strengths of Rosiglitazone and Metformin.

Salagen - see Pilocarpine

Salmeterol Xinafoate, aerosol powder disk, 50µg/dose (Servent Diskus-GSK)

- a) For the treatment of asthma when used in patients on concurrent steroid therapy.
- b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

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

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

- a) For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy. Continuation of current coverage requires regular use of an adequate dose of this medication.
- b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

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

Sandostatin - see Octreotide

Sansert - Methysergide Maleate

Serc - see Betahistine

Serevent - see Salmeterol

Serevent Diskus - see Salmeterol

Seroquel - see Quetiapine

Sevelamer, tablet, 400mg, 800mg (Renagel-GZY)

For the treatment of hyperphosphatemia (>1.8 mmol/L) and calciphylaxis (calcific arteriopathy) or hypercalcemia after failure on a magnesium-based binder.

Initial coverage will be for a three-month period. Renewals will require a decrease of more than 0.7 mmol of phosphate.

NOTE: Must be requested by a nephrologist.

Sildenafil - see Pulmonary Arterial Hypertension (PAH) Therapies

Simponi – see Ankylosing Spondylitis Biologic Agents OR

see Psoriatic Arthritis Biologic Agents OR
see Rheumatoid Arthritis Biologic Agents

Sinemet CR - see Levodopa & Carbidopa

Singulair - see Montelukast

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

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

Solifenacin, tablet, 5mg, 10mg (Vesicare-AST)

For the treatment of over-active bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (e.g. 3 months) of immediate release oxybutynin.

Sorafenib, tablet, 200mg (Nexavar-BAY)

- a) For use as a single agent second line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma, considered to be intermediate or low risk (according to Memorial Sloan-Kettering (MSKCC) prognostic score, see below), have an ECOG performance status of 0 or 1 and progressed after prior cytokine therapy (or intolerance) within the previous 8 months. In any one patient all of the following conditions must be met:
 - Sorafenib may be a second line option only after cytokine therapy.
 - Sorafenib may not be used after another tyrosine kinase inhibitor (i.e. Sunitinib) as sequential therapy.In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. Sunitinib) may be allowed.
- c) For use in patients with Child-Pugh Class A advanced hepatocellular carcinoma, who have progressed on trans-arterial chemoembolization (TACE) or are not suitable for the TACE procedure, and have an ECOG performance status of 0 to 2. Renewal of coverage requires no further progression of the patient's disease as evidenced by radiological or scan results. Copies of the results must accompany the Special Authorization.

The request for coverage must be made and the medication prescribed by a specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient

application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>.

Soriatane - see Acitretin

Spiriva - see Tiotropium

Sporanox - see Itraconazole

Sprycel - see Dasatinib

Stalevo – see Carbidopa & Levodopa & Entacapone

Suboxone – see Buprenorphine

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

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed.

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

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

Sun-Benz - see Benzydamine

Sunitinib, capsule, 12.5mg, 25mg, 50mg (Sutent-PFI)

a) For use as a single agent first line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma who have an ECOG performance status of 0 or 1. In any one patient all of the following conditions must be met:

- Sunitinib may be a first line option.
- Sunitinib may not be used after another tyrosine kinase inhibitor (i.e. Sorafenib) as sequential therapy.

In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. Sorafenib) may be allowed.

b) For use as a single agent for the treatment of advanced gastrointestinal stromal tumor (GIST) patients after failure of Imatinib due to intolerance or resistance.

The request for coverage must be made and the medication prescribed by a

specialist in haematology or medical oncology, or a general practitioner acting under the direction of those specialists, using the Special Authorization Request for Coverage of High Cost Cancer Drugs available from the Drug Programs Office or online at <http://healthpei.ca/pharmacareforms> .

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms> .

Sutent - see Sunitinib

Symbicort Turbuhaler - see Formoterol & Budesonide

Tacrolimus, topical ointment, 0.1% (Protopic-AST)

For intermittent use in adults with moderate to severe atopic dermatitis who have failed or are intolerant to a site appropriate strength of corticosteroid therapy (i.e. low potency on face versus intermediate to high potency for trunk and extremities).

Tacrolimus, topical ointment, 0.03% (Protopic-AST)

For use in children greater than 2 years of age with refractory atopic dermatitis for a period of up to 12 months.

Tantum Oral Rinse - see Benzydamine

Tarceva - Erlotinib

Tecta - see Proton Pump Inhibitors

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

For the treatment of severe onychomycosis caused by dermatophyte fungi.

Testim – see Testosterone

Testosterone, transdermal gel, 25mg/2.5gm packet, 50mg/5gm packet (AndroGel-ABB); 50mg/5gm tube (Testim-PAL)

Note: Not interchangeable.

For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of;

Primary - Cryptorchidism, Klinefelter's, orchiectomy, and other established causes.

Secondary - Pituitary-hypothalamic injury due to tumors, trauma, radiation. Testosterone deficiency should be clearly demonstrated by clinical features and confirmed by two separate biochemical tests before initiating any testosterone therapy. Limited to 5 g/day gel.

Older males with non-specific symptoms of fatigue, malaise or depression who

have low testosterone (T) levels do not satisfy these criteria.

Testosterone Undecanoate, capsule, 40mg (Andriol-MSD)

For patients with a documented deficiency in whom treatment with depo-testosterone products have been unsuccessful, intolerable or are medically contraindicated.

Tetrabenazine, tablet, 25mg (Nitoman-PRS)

For the treatment of hyperkinetic movement disorders such as Huntington's chorea, Hemiballismus, Senile Chorea, Tic and Gille's de la Tourette Syndrome and Tardive Dyskinesia.

Thiazolidinediones

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

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

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

- a) Inadequate glycemic control¹ on optimal doses² of Sulfonylurea and Metformin; **OR**
- b) Demonstrated intolerance or contraindication to Metformin³ and are on optimal doses² of Sulfonylurea; **OR**
- c) Demonstrated intolerance or contraindication to Sulfonylurea⁴ and are on optimal doses² of Metformin.

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

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

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

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

Patients must also apply for coverage to the High Cost Drug Program. The patient application is available from the Drug Program Office or online at <http://healthpei.ca/pharmacareforms>

Thyrogen - see Thyrotropin

Thyrotropin, injection, 0.9mg.mL (Thyrogen-GZY)

For use as a single agent in patients who have documented evidence of thyroid cancer, who have undergone appropriate surgical and/or medical management, and require on-going evaluation to monitor for recurrence and metastatic disease. This includes:

- a) Primary use in patients with inability to raise an endogenous TSH level (≥ 25 mu/L) with thyroid hormone withdrawal.
- b) Primary use in cases of documented morbidity in patients for whom severe

hypothyroidism could be life threatening, such as unstable angina, recent myocardial infarction, class III to IV congestive heart failure, or uncontrolled psychiatric illness.

- c) Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life-threatening event.

Ticlid - see Ticlopidine

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

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

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

Tinzaparin – see Low Molecular Weight Heparins

Tiotropium - see Chronic Obstructive Pulmonary Disease

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

For the second- line treatment for those individuals with spasticity resulting from traumatic brain injury, multiple sclerosis, spinal cord injury or cerebral vascular accident and are intolerant to or have had ineffective results from Baclofen and/or benzodiazepines.

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

For the treatment of over-active bladder (not stress incontinence) after a reasonable trial (e.g. 3 months) of Oxybutynin immediate release is not tolerated.

Tolterodine, extended release capsule, 2mg, 4mg (Detrol LA-PFI)

For the treatment of over-active bladder (not stress incontinence) after a reasonable trial (e.g. 3 months) of Oxybutynin immediate release is not tolerated.

Tracleer - see Pulmonary Arterial Hypertension (PAH) Therapies

Trileptal - see Oxycarbazepine

Trosec - see Trospium

Trospium, tablet, 20mg (Trosec-ORX)

For the treatment of over-active bladder (not stress incontinence) after a reasonable trial

(e.g. 3 months) of Oxybutynin immediate release is not tolerated.

Twinject - see Epinephrine

Urispas - see Flavoxate

Urso - see Ursodiol

Uromax - see Oxybutynin Chloride

Ursodiol, tablet, 250mg, 500mg (Urso-AXC and generics)

- (a) For the dissolution of radiolucent, noncalcified gallstones of less than 20mm in size in patients who cannot undergo a cholecystectomy.
- (b) For the management of cholestatic liver disease such as primary biliary cirrhosis.

Valcyte - see Valganciclovir

Valganciclovir, tablet, 450mg (Valcyte-HLR)

- (a) For the treatment of cytomegalovirus (CMV) retinitis in patients with AIDS.
- (b) For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at risk (where either the donor or the recipient is CMV +).

Vancocin - see Vancomycin

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

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

Vesicare – see Solifenacin

Volibris – see Pulmonary Arterial Hypertension (PAH) Therapies

Vigamox – see Moxifloxacin

Wellbutrin SR - see Bupropion HCl

Xarelto – see Rivaroxaban

Xeloda - see Capecitabine

Zanaflex - see Tizanidine HCl

Zariflukast, tablet, 20mg (Accolate-AST)

For the adjunctive treatment of asthma in patients not well controlled with regular use of

inhaled corticosteroids. Only appropriate dosing as shown in the current Compendium of Pharmaceuticals and Specialties (CPS) will be considered.

Zithromax - see Azithromycin

Zofran - see Ondansetron

Zoledronic acid, injection, 5mg/100mL (Aclasta-NVR)

For the treatment of Paget's disease of the bone. A copy of the radiological or specialist report supporting the diagnosis must accompany the Special Authorization.

Zolmitriptan, tablet, 2.5mg (Zomig-AZE)

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed **AND** the patient has not responded to oral Sumatriptan.

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

Zomig - see Zolmitriptan

Zyban - see Bupropion HCl

Zymar – see Gatifloxacin

Zyprexa - see Olanzapine

Zyprexa Zydys - see Olanzapine

Zyvoxam - see Linezolid

APPENDIX B
Links to Drug Program Forms

Special Authorization Forms

[Alzheimer's Special Authorization Form](#)

[Ankylosing Spondylitis Special Authorization Form](#)

[Crohn's Disease Special Authorization Form](#)

[Enfuvirtide Special Authorization Form](#)

[High Cost Cancer Special Authorization Form](#)

[Low Molecular Weight Heparin Special Authorization Form](#)

[Plavix Special Authorization Form](#)

[Psoriatic Arthritis Special Authorization Form](#)

[Rheumatoid Arthritis Special Authorization Form](#)

[Standard Special Authorization Form](#)

Program Application Forms

[Erythropoietin Program Approval Form](#)

[Pegatron ang Pegasys Approval Form](#)

[Family Health Benefits Program - Application Form](#)

[High Cost Drug Program - Application Form](#)

[Home Oxygen Program - Application Form](#)

[PEI Multiple Sclerosis Medications Program Medical Screening Form](#)

[PEI Multiple Sclerosis Medications Program Patient Application](#)

APPENDIX C List of Manufacturer Abbreviations

AAA	AA Pharmaceuticals Inc.
ABB	Abbott Laboratories Ltd.
ACC	Accel Pharma Inc.
ACH	Accord Healthcare
ACT	Actelion Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALX	Allerex Laboratory Ltd.
AMG	Amgen Canada Inc.
APX	Apotex Inc.
ARO	Auro Pharma Inc
AST	Astellas Pharma Canada, Inc.
AVN	Sanofi Canada Inc.
AVP	Sanofi Pasteur
AXC	Axcen Pharma Inc.
AZE	AstraZeneca Canada Inc.
BAX	Baxter Corporation
BAY	Bayer Inc.
BGN	Biogen Idec Canada Inc.
BHC	BHC Medical
BIM	Biomed 2002 Inc.
BIN	Bionime Corporation
BLO	Bausch & Lomb Inc.
BMS	Bristol-Myers Squibb Canada
BOE	Boehringer Ingelheim (Canada) Ltd.
BTN	BTNX Inc.
BVL	Biovail Pharmaceuticals Canada
CDC	Church & Dwight Canada Corp.
CLC	Columbia Laboratories Canada Inc.
COB	Cobalt Pharmaceuticals Inc.
CYT	Cytex Pharmaceuticals Inc.
DUI	Duchesnay Inc.
DUR	Duramed Pharmaceuticals Inc., Subsidiary of Barr Pharmaceuticals Inc.
D&C	D&C Mobility Solutions Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
FEI	Ferring Inc.
FFR	Fournier Canada Inc.
GAC	Galderma Canada Inc.
GIL	Gilead Sciences, Inc.
GMD	GenMed, Division of Pfizer Canada
GMP	Generic Medical Partners
GSK	GlaxoSmithKline Inc.
GZY	Genzyme Canada
HLR	Hoffmann-La Roche Limited
HOS	Hospira Healthcare Corporation
JAC	Jacobus Pharmaceutical Company Inc.
JAN	Janssen Inc..
JJM	Johnson & Johnson - Merck Consumer Pharmaceuticals of Canada
JPC	Jamp Pharma
KEY	Key Pharmaceuticals, Division of Schering Canada Inc.

LEO Leo Pharma Inc.
 LIL Eli Lilly Canada Inc.
 LSN Life Scan Canada Ltd.
 LUD Lundbeck Canada Inc.
 MAR Marcan Pharmaceuticals Inc.
 MCL McNeil Consumer Healthcare
 MDA 3M Pharmaceuticals
 MDC Medicis Canada Ltd.
 MLP Meliapharm Inc.
 MMT MM Therapeutics Inc.
 MNT Mint Pharmaceuticals
 MPA Methapharm Inc.
 MJS Mead Johnson Canada, Division of Bristol-Myers Squibb Canada Inc.
 MRS Merus Labs
 MSD Merck Frosst Canada Ltd.
 MVL Meda Valeany Canada
 MYL Mylan Pharmaceuticals
 NGP Next Generation Pharma
 NNO Novo Nordisk Canada Inc.
 NOP Novopharm Limited
 NYC Nycomed Canada Inc.
 NVR Novartis Pharmaceuticals Canada Inc.
 ODN Odan Laboratories Ltd.
 OMG Omega Laboratories Ltd.
 ORG Organon Canada Ltd.
 ORX Sepracor Pharmaceuticals Inc.
 PAL Paladin Labs Inc.
 PAT Patriot Pharmaceuticals, Division of Janssen Inc
 PEN Pendopharm, Division of Pharmascience Inc.
 PFI Pfizer Canada Inc.
 PFR Purdue Pharma
 PGA Proctor & Gamble Inc.
 PHL Pharmel Inc.
 PMS Pharmascience Inc.
 RAN Ranbaxy Pharmaceuticals Canada Inc.
 RBH Reckitt Benckiser HealthCare
 RIK Graceway Pharmaceuticals Inc.
 RIV Laboratoire Riva Inc.
 ROC Roche Diagnostics
 ROG Rougier Pharma Inc., Division of Ratiopharm Inc.
 ROS Ross Laboratories, Division of Abbott Laboratories Ltd.
 RPH Ratiopharm
 SCH Schering Canada Inc.
 SDZ Sandoz Canada Inc.
 SEV Servier Canada Inc.
 SHR Shire Biochem Inc.
 SLV Solvay Pharma Inc.
 SNE Smith & Nephew Inc.
 SNS Sanis Health Inc.
 SPT Septa Pharmaceuticals, Inc.
 SRO Serono Canada Inc.
 STE Sterimax Inc.
 STI Stiefel Canada Inc.
 SUN Sun Pharmaceutical Industries Inc.

TAK Takeda Canada Inc.
TAR Taro Pharmaceuticals Inc.
TCD Trans Canaderm Inc.
THM Theramed Corporation
TEV Teva Canada Ltd.
TRI Triton Pharma Inc.
TVM Teva Neuroscience
UCB UCB Canada Inc.
VAL Valeant Canada Limited
VLO Valeo Pharma Inc.
VII VIIV Healthcare ULC
WAM Wampole Brands
WAP Waymar Pharmaceuticals Inc.
WAT Watson Pharma
WAY Wyeth Canada
WCC Warner Chilcott Canada Co.
WES WellSpring Pharmaceutical Canada