

Formulary

February 2019



**July 2011 was the last printed
publication of
the Nova Scotia Formulary
Monthly updates of the Nova Scotia
Formulary
are published online and can be
accessed
at:
www.nspharmacare.ca**

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INTRODUCTION

The Nova Scotia Formulary details which drugs and supplies are benefits under the Nova Scotia Seniors' Pharmacare Program, Family Pharmacare Program, Diabetes Assistance Program, Community Services Pharmacare Programs and Drug Assistance for Cancer Patients.

The Formulary is provided on our website at www.nspharmacare.ca in PDF.

The ATC Classification System

All medications are classified according to the Anatomical Therapeutic Chemical (ATC) Classification System which is used by the World Health Organization for pharmacoepidemiological purposes and by the Patented Medicine Prices Review Board for pricing purposes.

The ATC Classification System groups chemically similar products according to their site of action and facilitates the comparison of new medicines with previously available medicines. There are fourteen main groups in the ATC system:

A	Alimentary tract and metabolism
B	Blood and blood forming organs
C	Cardiovascular system
D	Dermatologicals
G	Genito-urinary system and sex hormones
H	Systemic hormonal preparations, excluding sex hormones
J	General antiinfectives, systemic
L	Antineoplastic and immunomodulating agents
M	Musculo-skeletal system
N	Nervous system
P	Antiparasitic products, insecticides and repellents
R	Respiratory system
S	Sensory organs
V	Various

Each group is subdivided into anatomical, therapeutic and chemical subgroups as shown in the Legend.

A drug may be given more than one ATC code. If it is available in two or more strengths or formulations with clearly different therapeutic uses, the drug would appear in various categories depending on its different forms. If a drug has more than one clinical indication, the main indication is chosen for the listing of the various brands and strengths of this drug.

Interchangeability, Maximum Reimbursable Price (MRP) and Pharmacare Reimbursement Price (PRP)

The Formulary indicates those products which have been deemed interchangeable by the Drugs and Therapeutics Committee of the Nova Scotia Department of Health and Wellness (see the Legend). For generic products that meet the criteria for interchangeability a Maximum Reimbursable Price (MRP) may be applied. MRP is the maximum price established by the Pharmacare Programs for an interchangeable generic drug. MRP is applied to those drugs which are Pharmacare benefits, and have been deemed interchangeable (e.g., brand name drugs and their generic equivalents) The MRP is the maximum amount that the Pharmacare Programs will reimburse providers for one unit (tablet, capsule, millilitre, etc.) of a drug.

For each interchangeable, generic drug category, a maximum reimbursable price per unit (e.g., tablet, capsule, millilitre) is determined by calculating a percentage of the cost of the equivalent brand name drug. The percentage of the MRP is reimbursed at **25%** of the cost of the manufacturer list price of the equivalent brand drug.

Some generic drugs may have exceptions to the MRP formula, and their MRP will also be included in the Reimbursement List. Exemptions to the MRP are available for beneficiaries who have experienced a severe or life threatening reaction with lower cost alternatives. A request must be received from the prescriber detailing the reaction.

Providers shall not charge any cost difference between the MRP of the drug and amount reimbursed by the Pharmacare Programs unless the beneficiary requests the higher priced drug. If the beneficiary requests the higher priced drug the extra cost is not counted toward their annual maximum copayment or annual maximum deductible.

In addition, a Pharmacare Reimbursement Price (PRP) is the maximum cost assigned to:

- certain groups of drugs that are similar in effect;
- specific services for which coverage is established;
- certain unit dose and special delivery formats that are also available in less expensive bulk formats; and
- certain supplies that are used for the same function.

The PRP is the maximum amount the Pharmacare Program reimburses providers for one unit of a drug (tablet, capsule, millilitre, etc.) supply or service.

Providers may charge the beneficiary the portion of their AAC that exceeds the PRP. The extra cost is not counted toward the beneficiary's annual maximum copayment or annual maximum deductible.

In all pricing categories, except AAC, the Pharmacare Programs will reimburse pharmacies the lesser of the amount submitted, or as applicable, MLP, MRP, or PRP.

All Manufacturer List Prices (MLPs) will be updated on a quarterly basis unless otherwise notified directly by the manufacturer.

Prescriber

The Formulary provides prescriber codes (see Legend) associated with each benefit under the Pharmacare Programs. These codes indicate which benefits will be reimbursed when prescribed by a specific prescriber.

The Nova Scotia Government Pharmacare Programs

1. **Seniors' Pharmacare Program** - available to all Nova Scotia seniors 65 years or older who have a valid Nova Scotia Health Card, and do not have private drug coverage.
2. **Community Services Pharmacare Programs** - The Department of Community Services provides drug benefits as part of the Income Assistance Programs (including Special Needs Pharmacare and Transitional Pharmacare), the Low Income Pharmacare Program for Children, Services for Persons with Disabilities and the Children in Care Programs. Eligibility is determined by the Department of Community Services.
3. **Drug Assistance for Cancer Patients**, an income based assistance program covering medication for the treatment of cancer.
4. **Diabetes Assistance Program**, an income based assistance program covering medication and supplies needed for diabetes treatment.
5. **Under 65-Long Term Care (LTC) Pharmacare**, provides drug coverage for long term care residents under 65 years of age who have no drug insurance.
6. **Family Pharmacare Program**, an income based program available to all Nova Scotians with a valid Nova Scotia Health Card who are not currently receiving drug benefits through Seniors', Community Services, Diabetes Assistance or the Under 65-Long Term Care Pharmacare Programs.

The benefit status of medications reimbursed under these programs are indicated, in the fourth column of the ATC classification, by the letters **S** (Seniors' Pharmacare), **F** (Community Services Pharmacare / Under 65-Long Term Care Pharmacare / Family Pharmacare), **C** (Drug Assistance for Cancer Patients), **D** (Diabetes Assistance) or **E** (Exception Status Drug - see Appendix III). If this column is blank, the product is not a benefit under any of these programs.

Miscellaneous Section

Diabetes and ostomy supplies are listed in this section. These products are benefits under the Seniors' and Community Services Pharmacare Programs and are cross-referenced in the appropriate ATC classification. Diabetes supplies are also benefits under the Diabetes Assistance Program.

Legend

1	A05	BILE AND LIVER THERAPY										
2	A05A	BILE THERAPY										
3	A05AA	BILE ACID PREPARATIONS										
4	A05AA02	URSODIOL (URSODEOXYCHOLIC ACID)										
		ursodiol 250mg tab	6									
5		pms-Ursodiol C 250mg Tab		7	8	9	10	11	12	13		
		Urso 250mg Tab		D	0.9895	M	E	02273497	PMS	Y		
		ursodiol 500mg tab										
		pms-Ursodiol C 500mg Tab		D	1.8769	M	E	02273500	PMS	Y		
		Urso DS 500mg Tab		D	1.8769	M	E	02245894	AXC	Y		
	A05AA99	DEHYDROCHOLIC ACID										
		Dychoilium 300mg Tab		D			SF	02162148	NNC	N		

1. Therapeutic Main Group
2. Therapeutic Subgroup
3. Chemical/Therapeutic Subgroup
4. Subgroup for Chemical Substance
5. Brand or Manufacturer's Name of the Drug, including dosage form and/or route and strength
6. Interchangeable Product Heading
7. Prescriber Codes:
 - D - Physician / Dentist
 - N - Nurse Practitioner
 - P - Pharmacist
 - M - Midwife
 - O - Prescribing Optometrist
8. Unit Price
9. M = Maximum Reimbursement Price
P = Pharmacare Reimbursement Price
L = Manufacturer's List Price
10. Benefit Status (plans for which the product is a benefit):
 - S - Seniors' Pharmacare
 - F - Community Services Pharmacare
 - Under 65-Long Term Care Pharmacare
 - Family Pharmacare
 - C - Drug Assistance for Cancer Patients
 - D - Diabetes Assistance Program
 - E - Exception status applies (see Appendix III)
11. Drug Identification Number (DIN)
12. Abbreviation of Manufacturer (see Appendix II)
13. Interchangeable Product Indicator

A	Alimentary Tract and Metabolism									
A01	STOMATOLOGICALS, MOUTH PREPARATIONS									
A01A	STOMATOLOGICALS, MOUTH PREPARATIONS									
A01AB	ANTIINFECTIVES FOR LOCAL ORAL TREATMENT									
	A01AB03	CHLORHEXIDINE								
		chlorhexidine 0.12% oral rinse								
		Perichlor 0.12% Oral Rinse						02240433	PMS	Y
		Peridex 0.12% Oral Rinse						02237452	ZIA	Y
	A01AB22	DOXYCYCLINE								
		Periostat 20mg Cap						02247104	PDP	N
A01AC	CORTICOSTEROIDS FOR LOCAL ORAL TREATMENT									
	A01AC01	TRIAMCINOLONE								
		triamcinolone acetoneide 0.1% oral paste								
		Oracort 0.1% Oral Paste	DNP	1.4710	M	SF		01964054	TAR	Y
		Kenalog 0.1% in Orabase (discontinued)						01999788	BRI	Y
A01AD	OTHER DRUGS FOR LOCAL ORAL TREATMENT									
	A01AD02	BENZYDAMINE								
		benzydamine 0.15% oral rinse								
		Pharixia 1.5mg/mL Oral Rinse						02229777	PDP	Y
		pms-Benzzydamine 1.5mg/mL Mouthwash	DNP	0.0384	M	E		02239537	PMS	Y
		Tantum Oral Rinse (discontinued)						01966065	MDS	Y
A02	DRUGS FOR ACID RELATED DISORDERS									
A02A	ANTACIDS									
A02AB	ALUMINIUM COMPOUNDS									
	A02AB01	ALUMINIUM HYDROXIDE								
		Basaljel 500mg Cap	DNP	0.1500	L	SF		02135620	AUR	N
A02AD	COMB OF ALUMINIUM,CALCIUM AND MAGNESIUM COMPOUNDS									
	A02AD01	ANTACIDS, ORDINARY SALT COMBINATIONS								
		Diovol Regular O/L						01966529	CHU	N
A02AF	ANTACIDS WITH ANTIFLATULENTS									
	A02AF02	ANTACIDS, ORDINARY SALT COMBINATIONS AND ANTIFLATULENTS								
		Diovol Plus O/L						00116815	CHU	N
		Diovol Plus Tab						00116882	CHU	N
		Mylanta Double St Tab						02019787	JNJ	N
A02AH	ANTACIDS WITH SODIUM BICARBONATE									
	A02AH01	SODIUM BICARBONATE								
		Jamp-Sodium Bicarbonate 500mg Tab	DNP	0.0720	L	E		80030520	JPC	N
		Sandoz Sodium Bicarbonate 500mg Tab	DNP	0.0754	L	E		80022194	SDZ	N
A02B	DRUGS FOR PEPTIC ULCER AND GASTROESOPHAGEAL REFLUX DISEASE(GERD)									

A Alimentary Tract and Metabolism

A02BA H2-RECEPTOR ANTAGONISTS

A02BA01 CIMETIDINE

cimetidine 200mg tab

Apo-Cimetidine 200mg Tab

DNP 0.3284 M SF 00584215 APX Y

Tagamet 200mg Tab (discontinued)

01916793 SKR Y

cimetidine 300mg tab

Apo-Cimetidine 300mg Tab

DNP 0.3423 M SF 00487872 APX Y

Tagamet 300mg Tab (discontinued)

01916815 GSK Y

cimetidine 400mg tab

Apo-Cimetidine 400mg Tab

DNP 0.2930 M SF 00600059 APX Y

Tagamet 400mg Tab (discontinued)

01916785 GSK Y

cimetidine 600mg tab

Apo-Cimetidine 600mg Tab

DNP 0.3405 M SF 00600067 APX Y

Tagamet 600mg Tab (discontinued)

01916777 GSK Y

A02BA02 RANITIDINE

ranitidine 15mg/mL o/l

Apo-Ranitidine 15mg/mL O/L

DNP 0.1480 M SFC 02280833 APX Y

Zantac 15mg/mL O/L (discontinued)

02212374 GSK Y

ranitidine 25mg/mL inj

Ranitidine 25mg/mL Inj

DNP 1.3976 M SFC 02256711 SDZ Y

Zantac 25mg/mL Inj (discontinued)

02212366 GSK Y

ranitidine 75mg tab

Apo-Ranitidine 75mg Tab

02230507 APX Y

Zantac 75mg Tab (discontinued)

02230287 JNJ Y

ranitidine 150mg tab

Apo-Ranitidine 150mg Tab

DNP 0.1197 M SFC 00733059 APX Y

CO Ranitidine 150mg Tab

DNP 0.1197 M SFC 02248570 ATV Y

Jamp-Ranitidine 150mg Tab

DNP 0.1197 M SFC 02463717 JPC Y

Mar-Ranitidine 150mg Tab

DNP 0.1197 M SFC 02443708 MAR Y

pms-Ranitidine 150mg Tab

DNP 0.1197 M SFC 02242453 PMS Y

RAN-Ranitidine 150mg Tab

DNP 0.1197 M SFC 02336480 RAN Y

Ranitidine 150mg Tab

DNP 0.1197 M SFC 02353016 SAS Y

Ranitidine-150mg Tab

DNP 0.1197 M SFC 02385953 SIV Y

Sandoz Ranitidine 150mg Tab

DNP 0.1197 M SFC 02243229 SDZ Y

Zantac 150mg Tab (discontinued)

02212331 GSK Y

ranitidine 300mg tab

Apo-Ranitidine 300mg Tab

DNP 0.2253 M SFC 00733067 APX Y

CO Ranitidine 300mg Tab

DNP 0.2253 M SFC 02248571 ATV Y

Jamp-Ranitidine 300mg Tab

DNP 0.2253 M SFC 02463725 JPC Y

Mar-Ranitidine 300mg Tab

DNP 0.2253 M SFC 02443716 MAR Y

pms-Ranitidine 300mg Tab

DNP 0.2253 M SFC 02242454 PMS Y

RAN-Ranitidine 300mg Tab

DNP 0.2253 M SFC 02336502 RAN Y

Ranitidine 300mg Tab

DNP 0.2253 M SFC 02353024 SAS Y

Ranitidine-300mg Tab

DNP 0.2253 M SFC 02385961 SIV Y

Sandoz Ranitidine 300mg Tab

DNP 0.2253 M SFC 02243230 SDZ Y

Zantac 300mg Tab (discontinued)

02212358 GSK Y

A Alimentary Tract and Metabolism

A02BA03	FAMOTIDINE	famotidine 10mg/mL inj								
		Famotidine Omega 10mg/mL Inj	DNP	1.9850	M	SF	02247745	OMG	Y	
		Pepcid 10mg/mL Inj (discontinued)					00728128	FRS	Y	
		famotidine 10mg/mL inj (pf)								
		Famotidine Omega (PF) 10mg/mL Inj	DNP	1.9850	M	SF	02247735	OMG	Y	
		Pepcid (PF) 10mg/mL Inj (discontinued)					00728128	FRS	Y	
		famotidine 20mg tab								
		Apo-Famotidine 20mg Tab (discontinued)					01953842	APX	Y	
		Famotidine 20mg Tab	DNP	0.1800	P	SF	02351102	SAS	Y	
		Novo-Famotidine 20mg Tab	DNP	0.1800	P	SF	02022133	TEV	Y	
		Pepcid 20mg Tab (discontinued)					00710121	FRS	Y	
		famotidine 40mg tab								
		Apo-Famotidine 40mg Tab (discontinued)					01953834	APX	Y	
		Famotidine 40mg Tab	DNP	0.3600	P	SF	02351110	SAS	Y	
		Novo-Famotidine 40mg Tab	DNP	0.3600	P	SF	02022141	TEV	Y	
		Pepcid 40mg Tab (discontinued)					00710113	FRS	Y	
A02BA04	NIZATIDINE									
		Axid 150mg Cap	DNP	0.1800	P	SF	00778338	PDP	N	
A02BB	PROSTAGLANDINS									
A02BB01	MISOPROSTOL									
		misoprostol 100mcg tab								
		Misoprostol 100mcg Tab	DNPM	0.2691	M	SF	02244022	AAP	Y	
		Cytotec 100mcg Tab (discontinued)					00813966	PFI	Y	
		misoprostol 200mcg tab								
		Misoprostol 200mcg Tab	DNPM	0.4481	M	SF	02244023	AAP	Y	
		Cytotec 200mcg Tab (discontinued)					00632600	PFI	Y	
A02BC	PROTON PUMP INHIBITORS									
A02BC01	OMEPRAZOLE									
		omeprazole 10mg cap								
		MYLAN-Omeprazole 10mg Cap (discontinued)					02329425	MYL	Y	
		Sandoz Omeprazole 10mg Cap	DNP	0.2059	P	SFC*	02296438	SDZ	Y	
		Losec 10mg Cap (discontinued)					02119579	AZE	Y	
		*exception status when daily dose exceeds once daily								
		omeprazole 10mg cap/tab								
		MYLAN-Omeprazole 10mg Cap (discontinued)					02329425	MYL	Y	
		Teva-Omeprazole 10mg Tab	DNP	0.2059	P	SFC*	02295407	TEV	Y	
		Losec 10mg Tab	DNP	0.2059	P	SFC*	02230737	AZE	Y	
		*exception status when daily dose exceeds once daily.								
		omeprazole 20mg cap								
		Apo-Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02245058	APX	Y	
		MYLAN-Omeprazole 20mg Cap (discontinued)					02329433	MYL	Y	
		Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02348691	SAS	Y	
		Omeprazole-20mg Cap	DNP	0.2287	M	SFC*	02411857	SIV	Y	

A Alimentary Tract and Metabolism

pms-Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02320851	PMS	Y
Sandoz Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02296446	SDZ	Y
Losec 20mg Cap	DNP	0.2287	M	SFC*	00846503	AZE	Y

*exception status when daily dose exceeds once daily.

omeprazole 20mg cap/tab

Apo-Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02245058	APX	Y
Jamp-Omeprazole DR 20mg Tab	DNP	0.2287	M	SFC*	02420198	JPC	Y
MYLAN-Omeprazole 20mg Cap (discontinued)					02329433	MYL	Y
NAT-Omeprazole DR 20mg Tab	DNP	0.2287	M	SFC*	02439549	NAT	Y
Novo-Omeprazole Delayed-Release 20mg Tab	DNP	0.2287	M	SFC*	02295415	TEV	Y
Omeprazole 20mg Cap	DNP	0.2287	M	SFC*	02348691	SAS	Y
Omeprazole DR 20mg Tab	DNP	0.2287	M	SFC*	02416549	AHI	Y
pms-Omeprazole DR 20mg Tab	DNP	0.2287	M	SFC*	02310260	PMS	Y
Losec 20mg Tab	DNP	0.2287	M	SFC*	02190915	AZE	Y

*exception status when daily dose exceeds once daily.

A02BC02 PANTOPRAZOLE

pantoprazole magnesium 40mg EC tab

MYLAN-Pantoprazole T 40mg Tab	DNP	0.1875	M	E	02408570	MYL	Y
Pantoprazole Magnesium 40mg Tab	DNP	0.1875	M	E	02441853	APR	Y
Pantoprazole T 40mg Tab	DNP	0.1875	M	E	02466147	SAS	Y
Teva-Pantoprazole Magnesium 40mg Tab	DNP	0.1875	M	E	02440628	TEV	Y
Tecta 40mg Tab	DNP	0.1875	M	E	02267233	TAK	Y

pantoprazole sodium 20mg EC tab

Apo-Pantoprazole 20mg DR Tab	DNP	0.1803	M	SFC*	02292912	APX	Y
Jamp-Pantoprazole 20mg Tab	DNP	0.1803	M	SFC*	02408414	JPC	Y
Pantoprazole-20mg Tab	DNP	0.1803	M	SFC*	02428172	SIV	Y
RAN-Pantoprazole 20mg Tab (discontinued)					02305038	RAN	Y
Sandoz Pantoprazole 20mg DR Tab	DNP	0.1803	M	SFC*	02301075	SDZ	Y
Teva-Pantoprazole 20mg DR Tab	DNP	0.1803	M	SFC*	02285479	TEV	Y
Pantoloc 20mg Tab	DNP	0.1803	M	SFC*	02241804	TAK	Y

*exception status when daily dose exceeds once daily.

pantoprazole sodium 40mg EC tab

Apo-Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02292920	APX	Y
Auro-Pantoprazole 40mg Tab	DNP	0.2016	M	SFC*	02415208	ARO	Y
Jamp-Pantoprazole 40mg Tab	DNP	0.2016	M	SFC*	02357054	JPC	Y
Mar-Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02416565	MAR	Y
MINT-Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02417448	MNT	Y
Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02437945	PMS	Y
Pantoprazole 40mg Tab	DNP	0.2016	M	SFC*	02370808	SAS	Y
Pantoprazole-40mg Tab	DNP	0.2016	M	SFC*	02428180	SIV	Y
pms-Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02307871	PMS	Y
RAN-Pantoprazole 40mg Tab	DNP	0.2016	M	SFC*	02305046	RAN	Y
Sandoz Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02301083	SDZ	Y
Teva-Pantoprazole 40mg DR Tab	DNP	0.2016	M	SFC*	02285487	TEV	Y
Pantoloc 40mg Tab	DNP	0.2016	M	SFC*	02229453	TAK	Y

*exception status when daily dose exceeds once daily.

A02BC03 LANSOPRAZOLE

lansoprazole 15mg cap

Apo-Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02293811	APX	Y
Lansoprazole 15mg Cap	DNP	0.2500	P	E	02385767	SIV	Y
Lansoprazole 15mg Cap	DNP	0.2500	P	E	02433001	PMS	Y
Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02357682	SAS	Y
MYLAN-Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02353830	MYL	Y
RAN-Lansoprazole 15mg Cap	DNP	0.2500	P	E	02402610	RAN	Y
Sandoz Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02385643	SDZ	Y
Teva-Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02280515	TEV	Y
Prevacid 15mg Cap	DNP	0.2500	P	E	02165503	ABB	Y
Prevacid FasTab 15mg Tab	DNP	2.0420	L	E	02249464	ABB	N

lansoprazole 30mg cap

Apo-Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02293838	APX	Y
Lansoprazole 30mg Cap	DNP	0.5000	M	E	02433028	PMS	Y
Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02357690	SAS	Y
Lansoprazole-30mg Cap	DNP	0.5000	M	E	02410389	SIV	Y
MYLAN-Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02353849	MYL	Y
RAN-Lansoprazole 30mg Cap	DNP	0.5000	M	E	02402629	RAN	Y
Sandoz Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02385651	SDZ	Y
Teva-Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02280523	TEV	Y
Prevacid 30mg Cap	DNP	0.5000	M	E	02165511	ABB	Y
Prevacid FasTab 30mg Tab	DNP	2.0420	L	E	02249472	ABB	N

A02BC04 RABEPRAZOLE

rabeprazole 10mg EC tab

Apo-Rabeprazole 10mg EC Tab	DNP	0.0669	M	SFC	02345579	APX	Y
MYLAN-Rabeprazole 10mg Tab (discontinued)					02408392	MYL	Y
pms-Rabeprazole 10mg EC Tab	DNP	0.0669	M	SFC	02310805	PMS	Y
Rabeprazole EC 10mg Tab	DNP	0.0669	M	SFC	02356511	SAS	Y
Rabeprazole-10mg Tab	DNP	0.0669	M	SFC	02385449	SIV	Y
RAN-Rabeprazole 10mg Tab	DNP	0.0669	M	SFC	02298074	RAN	Y
Sandoz Rabeprazole 10mg EC Tab	DNP	0.0669	M	SFC	02314177	SDZ	Y
Teva-Rabeprazole-EC 10mg Tab	DNP	0.0669	M	SFC	02296632	TEV	Y
Pariet 10mg Tab	DNP	0.0669	M	SFC	02243796	JAN	Y

rabeprazole 20mg EC tab

Apo-Rabeprazole 20mg EC Tab (discontinued)					02345587	APX	Y
pms-Rabeprazole 20mg EC Tab	DNP	0.1338	M	SFC	02310813	PMS	Y
Rabeprazole EC 20mg Tab	DNP	0.1338	M	SFC	02356538	SAS	Y
Rabeprazole-20mg Tab	DNP	0.1338	M	SFC	02385457	SIV	Y
RAN-Rabeprazole 20mg Tab	DNP	0.1338	M	SFC	02298082	RAN	Y
Sandoz Rabeprazole 20mg EC Tab	DNP	0.1338	M	SFC	02314185	SDZ	Y
Teva-Rabeprazole-EC 20mg Tab	DNP	0.1338	M	SFC	02296640	TEV	Y
Pariet 20mg Tab	DNP	0.1338	M	SFC	02243797	JAN	Y

A02BC05 ESOMEPRAZOLE

esomeprazole 20mg tab

ACT Esomeprazole 20mg Tab					02423855	ATV	Y
Apo-Esomeprazole 20mg DR Tab					02339099	APX	Y

A Alimentary Tract and Metabolism

Esomeprazole 20mg Tab	02442493	SIV	Y
MYLAN-Esomeprazole 20mg DR Tab	02383039	MYL	Y
RAN-Esomeprazole 20mg Tab	02423979	RAN	Y
Nexium 20mg Tab	02244521	AZE	Y

esomeprazole 40mg cap/tab

ACT Esomeprazole 40mg Tab	02423863	ATV	Y
Apo-Esomeprazole 40mg DR Tab	02339102	APX	Y
Esomeprazole 40mg DR Tab	02431173	SAS	Y
Esomeprazole 40mg Tab	02442507	SIV	Y
MYLAN-Esomeprazole 40mg DR Tab	02383047	MYL	Y
pms-Esomeprazole DR 40mg Cap	02379171	PMS	Y
RAN-Esomeprazole 40mg Tab	02423987	RAN	Y
Nexium 40mg Tab	02244522	AZE	Y

A02BD COMBINATIONS FOR ERADICATION OF HELICOBACTER PYLORI

A02BD07 LANSOPRAZOLE, CLARITHROMYCIN AND AMOXICILLIN

lansoprazole 30mg, amoxicillin 500mg & clarithromycin 500mg kit

Apo-Lansoprazole-Amoxicillin-Clarithromycin Kit	DNP	67.9125	M	SF*	02470780	APX	Y
Hp-PAC	DNP	67.9125	M	SF*	02238525	ABB	Y

*quantity limit of one pack per year

A02BX DRUGS FOR PEPTIC ULCER AND GASTROESOPHAGEAL REFLUX DISEASE(GERD)

A02BX02 SUCRALFATE

sucralfate 1g tab

Apo-Sucralate 1g Tab	DNP	0.3236	M	SF	02125250	APX	Y
Novo-Sucralate 1g Tab	DNP	0.3236	M	SF	02045702	TEV	Y
Sulcrate 1g Tab	DNP	0.3236	M	SF	02100622	AXC	Y
Sulcrate 1g/5mL Plus Susp	DNP	0.1207	L	SF	02103567	AXC	N

A03 DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

A03A DRUGS FOR FUNCTIONAL BOWEL DISORDERS

A03AA SYNT ANTICHOLIN ESTERS WITH TERTIARY AMINO GROUP

A03AA05 TRIMEBUTINE

Trimebutine 100mg Tab	DNP	0.2802	L	SFC	02245663	AAP	N
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trimebutine 200mg tab

Trimebutine 200mg Tab	DNP	0.5537	M	SFC	02245664	AAP	Y
Modulon 200mg Tab	DNP	0.5537	M	SFC	00803499	AXC	Y

A03AA07 DICYCLOVERINE (DICYCLOMINE)

Dicyclomine 10mg/mL Inj					00392812	SDZ	N
Jamp-Dicyclomine 20mg Tab	DNP	0.6990	L	SFC	02366088	JPC	N

A03AB SYNT ANTICHOLINERGICS,ESTERS,QUATER AMMONIUM COMP

A03AB02 GLYCOPYRROLATE (GLYCOPYRRONIUM)

Glycopyrrolate 0.2mg/mL Inj	DNP	3.9775	L	SFC	02039508	SDZ	N
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A Alimentary Tract and Metabolism**A03AD PAPAVERINE AND DERIVATIVES**

A03AD01 PAPAVERINE

Papaverine HCl 32.5mg/mL Inj

00009881 SDZ N

A03AX OTHER DRUGS FOR FUNCTIONAL BOWEL DISORDERS

A03AX04 PINAVERIUM

pinaverium bromide 50mg tab

Apo-Pinaverium 50mg Tab

DNP 0.3066 M SFC 02469677 APX Y

Dicetel 50mg Tab

DNP 0.3066 M SFC 01950592 ABB Y

pinaverium bromide 100mg tab

Apo-Pinaverium 100mg Tab

DNP 0.5346 M SFC 02469685 APX Y

Dicetel 100mg Tab

DNP 0.5346 M SFC 02230684 ABB Y

A03AX13 SILICONES

Ovol 80 (80mg) Tab

00292990 CHU N

A03B BELLADONNA AND DERIVATIVES, PLAIN**A03BA BELLADONNA ALKALOIDS, TERTIARY AMINES**

A03BA01 ATROPINE

Atropine Sulfate 0.4mg/mL Inj

DNP 2.2880 L SFC 00392782 SDZ N

Atropine Sulfate 0.6mg/mL Inj

DNP 2.4880 L SFC 00392693 SDZ N

A03BA03 HYOSCYAMINE

Levsin 0.125mg SL Tab

DNP 0.4935 L SFC 00125857 AXS N

A03C ANTISPASMODICS IN COMBINATION WITH PSYCHOLEPTICS**A03CA SYNTHETICS,PSYCHOLEPTICS COMBINATIONS**

A03CA02 CLIDINIUM AND PSYCHOLEPTICS

chlordiazepoxide HCl 5mg & clidinium Br 2.5mg cap

Apo-Chlorax 5/2.5mg Cap

DN 0.2451 M SFC 00618454 AAP Y

Librax Cap

DN 0.2451 M SFC 00115630 VLN Y

A03E ANTISPASMODICS,ANTICHOLINERGICS WITH ANALGESICS**A03ED ANTISPASMODICS IN COMBINATION WITH OTHER DRUGS**

A03ED99 ANTISPASMODICS, COMBINATIONS

Bellergal Spacetabs (discontinued)

00176141 PAL N

A03F PROPULSIVES**A03FA PROPULSIVES**

A03FA01 METOCLOPRAMIDE

metoclopramide HCl 1mg o/l

Metonia 1mg/mL O/L

DNP 0.0529 M SFC 02230433 PDP Y

Maxeran 1mg/mL O/L (discontinued)

00314714 NRD Y

A Alimentary Tract and Metabolism
metoclopramide HCl 5mg tab

Metonia 5mg Tab	DNP	0.0645	M	SFC	02230431	PDP	Y
Maxeran 5mg Tab (discontinued)					02099195	MRR	Y

Metoclopramide 5mg/mL Inj	DNP	3.3925	L	SFC	02185431	SDZ	N
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metoclopramide HCl 10mg tab

Metonia 10mg Tab	DNP	0.0676	M	SFC	02230432	PDP	Y
Maxeran 10mg Tab (discontinued)					02099209	MRR	Y

A03FA03 DOMPERIDONE

domperidone maleate 10mg tab

Apo-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02103613	APX	Y
Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02350440	SAS	Y
Domperidone-10mg Tab	DNPM	0.0428	M	SFC	02238341	SIV	Y
Jamp-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02369206	JPC	Y
Mar-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02403870	MAR	Y
pms-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02236466	PMS	Y
RAN-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02268078	RAN	Y
Teva-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	01912070	TEV	Y
Motilium 10mg Tab (discontinued)					00855820	JAN	Y

A04 ANTIEMETICS AND ANTINAUSEANTS
A04A ANTIEMETICS AND ANTINAUSEANTS
A04AA SEROTONIN (5HT3) ANTAGONISTS

A04AA01 ONDANSETRON

ondansetron 4mg tab

Apo-Ondansetron 4mg Tab	DNP	2.5556	P	E	02288184	APX	Y
CO Ondansetron 4mg Tab	DNP	2.5556	P	E	02296349	ATV	Y
Jamp-Ondansetron 4mg Tab	DNP	2.5556	P	E	02313685	JPC	Y
Mar-Ondansetron 4mg Tab	DNP	2.5556	P	E	02371731	MAR	Y
MINT-Ondansetron 4mg Tab	DNP	2.5556	P	E	02305259	MNT	Y
MYLAN-Ondansetron 4mg Tab	DNP	2.5556	P	E	02297868	MYL	Y
NAT-Ondansetron 4mg Tab	DNP	2.5556	P	E	02417839	NAT	Y
Novo-Ondansetron 4mg Tab (discontinued)					02264056	TEV	Y
Ondansetron 4mg Tab	DNP	2.5556	P	E	02421402	SAS	Y
pms-Ondansetron 4mg Tab	DNP	2.5556	P	E	02258188	PMS	Y
Sandoz Ondansetron 4mg Tab	DNP	2.5556	P	E	02274310	SDZ	Y
Septa-Ondansetron 4mg Tab	DNP	2.5556	P	E	02376091	SPT	Y
Zofran 4mg Tab	DNP	2.5556	P	E	02213567	NVR	Y

ondansetron 4mg/5mL o/l

Ondansetron 4mg/5mL O/L	DNP	1.6028	M	E	02291967	AAP	Y
Zofran 4mg/5mL O/L	DNP	1.6028	M	E	02229639	NVR	Y

ondansetron OD 4mg tab/film

Ondissolve ODF 4mg Film	DNP	2.5556	P	E	02389983	TAK	Y
Sandoz Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02444674	SDZ	Y
Zofran ODT 4mg Tab	DNP	2.5556	P	E	02239372	NVR	Y

ondansetron 8mg tab

A Alimentary Tract and Metabolism

Apo-Ondansetron 8mg Tab	DNP	5.1111	M	E	02288192	APX	Y
CO Ondansetron 8mg Tab	DNP	5.1111	M	E	02296357	ATV	Y
Jamp-Ondansetron 8mg Tab	DNP	5.1111	M	E	02313693	JPC	Y
Mar-Ondansetron 8mg Tab	DNP	5.1111	M	E	02371758	MAR	Y
MINT-Ondansetron 8mg Tab	DNP	5.1111	M	E	02305267	MNT	Y
MYLAN-Ondansetron 8mg Tab	DNP	5.1111	M	E	02297876	MYL	Y
NAT-Ondansetron 8mg Tab	DNP	5.1111	M	E	02417847	NAT	Y
Ondansetron 8mg Tab	DNP	5.1111	M	E	02421410	SAS	Y
pms-Ondansetron 8mg Tab	DNP	5.1111	M	E	02258196	PMS	Y
Sandoz Ondansetron 8mg Tab	DNP	5.1111	M	E	02274329	SDZ	Y
Septa-Ondansetron 8mg Tab	DNP	5.1111	M	E	02376105	SPT	Y
Teva-Ondansetron 8mg Tab (discontinued)					02264064	TEV	Y
Zofran 8mg Tab	DNP	5.1111	M	E	02213575	NVR	Y
ondansetron OD 8mg tab/film							
Ondissolve ODF 8mg Film	DNP	4.9930	M	E	02389991	TAK	Y
Sandoz Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02444682	SDZ	Y
Zofran ODT 8mg Tab	DNP	4.9930	M	E	02239373	NVR	Y

A04AA02 GRANISETRON
granisetron 1mg tab

Apo-Granisetron 1mg Tab	DNP	9.0000	M	E	02308894	APX	Y
NAT-Granisetron 1mg Tab	DNP	9.0000	M	E	02452359	NAT	Y
Kytril 1mg Tab (discontinued)					02185881	HLR	Y

A04AA05 PALONOSETRON

Aloxi 0.25mg/5mL Inj					02381710	PFR	N
Aloxi 0.5mg Cap					02381729	PFR	N

A04AD OTHER ANTIEMETICS
A04AD01 SCOPOLAMINE

Scopolamine 0.4mg/mL Inj (discontinued)					00541869	HOS	N
Scopolamine 0.6mg/mL Inj (discontinued)					00541877	HOS	N
Transderm-V 1.5mg Patch					80024336	NVR	N
Buscopan 10mg Tab	DNP	0.3552	L	SF	00363812	SAV	N
hyoscine butylbromide 20mg/mL inj							
Hyoscine Butylbromide 20mg/mL Inj	DNP	4.5200	M	SF	02229868	SDZ	Y
Buscopan 20mg/mL Inj (discontinued)					00363839	BOE	Y

A04AD11 NABILONE (CANNABINOID (THC) DERIVATIVES)
nabilone 0.25mg cap

Teva-Nabilone 0.25mg Cap	DN	1.0471	M	SFC	02392925	TEV	Y
Cesamet 0.25mg Cap	DN	1.0471	M	SFC	02312263	VLN	Y

nabilone 0.5mg cap

CO Nabilone 0.5mg Cap	DN	0.7756	M	SFC	02393581	ATV	Y
pms-Nabilone 0.5mg Cap	DN	0.7756	M	SFC	02380900	PMS	Y
Teva-Nabilone 0.5mg Cap	DN	0.7756	M	SFC	02384884	TEV	Y
Cesamet 0.5mg Cap	DN	0.7756	M	SFC	02256193	VLN	Y

A Alimentary Tract and Metabolism**nabilone 1mg cap**

CO Nabilone 1mg Cap	DN	1.5513	M	SFC	02393603	ATV	Y
pms-Nabilone 1mg Cap	DN	1.5513	M	SFC	02380919	PMS	Y
Teva-Nabilone 1mg Cap	DN	1.5513	M	SFC	02384892	TEV	Y
Cesamet 1mg Cap	DN	1.5513	M	SFC	00548375	VLN	Y

A04AD12 APREPITANT

Emend Tri-Pack Cap	DNP	32.8900	L	E	02298813	FRS	N
Emend 80mg Cap	DNP	32.8900	L	E	02298791	FRS	N
Emend 125mg Cap	DNP	32.8900	L	E	02298805	FRS	N

A04AD99 DIMENHYDRINATE**dimenhydrinate 10mg/mL IV inj**

Dimenhydrinate 10mg/mL IV Amp					00392731	SDZ	Y
Gravol 10mg/mL IV Amp (discontinued)					00013560	CHU	Y
Gravol 15mg/5mL O/L					00230197	CHU	N
Gravol 25mg Supp					00783595	CHU	N

dimenhydrinate 50mg/mL IM inj

Dimenhydrinate 50mg/mL IM Inj	DNP	1.4490	M	SFC	00392537	SDZ	Y
Gravol I 50mg/mL IM Inj	DNP	1.4490	M	SFC	00013579	CHU	Y
Dimenhydrinate 50mg Supp					00392553	SDZ	N
Gravol 50mg Tab					00013803	CHU	N
Dimenhydrinate 100mg (Adult) Supp					00392545	SDZ	N
Gravol 100mg Supp					00013609	CHU	N

A05 BILE AND LIVER THERAPY**A05A BILE THERAPY****A05AA BILE ACIDS AND DERIVATIVES****A05AA02 URSODIOL (URSODEOXYCHOLIC ACID)****ursodiol 250mg tab**

Jamp-Ursodiol 250mg Tab	DN	0.3818	M	E	02472392	JPC	Y
pms-Ursodiol C 250mg Tab	DN	0.3818	M	E	02273497	PMS	Y
Ursodiol 250mg Tab	DN	0.3818	M	E	02426900	GLM	Y
Urso 250mg Tab	DN	0.3818	M	E	02238984	AXC	Y

ursodiol 500mg tab

Jamp-Ursodiol 500mg Tab	DN	0.7242	M	E	02472406	JPC	Y
pms-Ursodiol C 500mg Tab	DN	0.7242	M	E	02273500	PMS	Y
Ursodiol 500mg Tab	DN	0.7242	M	E	02426919	GLM	Y
Urso DS 500mg Tab	DN	0.7242	M	E	02245894	AXC	Y

A05AA04 OBETICHOLIC ACID

Ocaliva 5mg Tab	DNP	98.6301	L	E	02463121	INT	N
Ocaliva 10mg Tab	DNP	98.6301	L	E	02463148	INT	N

A06 LAXATIVES

A Alimentary Tract and Metabolism
A06A LAXATIVES
A06AA SOFTENERS, EMOLLIENTS
A06AA02 DOCUSATE SODIUM

pms-Docusate Sodium 4mg/mL Syr	DNP	0.0254	L	C	00703508	PMS	N
Colace 10mg/mL Drp	DNP	0.1770	L	C	02090163	ANB	N
Colace 20mg/5mL Syrup	DNP	0.0232	L	C	02086018	ANB	N
ratio-Docusate Sodium 20mg/5mL Syr	DNP	0.0523	L	C	00870226	TEV	N
Selax 20mg/5mL USP Syr	DNP	0.0220	L	C	00695033	ODN	N
docusate sodium 100mg cap							
Docusate Sodium 100mg Cap	DNP	0.0378	M	C	02426838	SAS	Y
pms-Docusate Sodium 100mg Cap	DNP	0.0378	M	C	00703494	PMS	Y
Docusate Sodium 100mg Cap	DNP	0.0383	L	C	00716731	TAR	N
Jamp-Docusate Sodium 100mg Cap	DNP	0.0250	L	C	02245946	JPC	N
Novo-Docusate 100mg Cap					02020084	TEV	N
ratio-Docusate Sodium 100mg Cap (discontinued)					00870196	TEV	N
Colace 100mg Cap	DNP	0.1567	L	C	02106256	ANB	N
Selax 100mg Cap	DNP	0.0383	L	C	00514888	ODN	N

A06AB CONTACT LAXATIVES
A06AB02 BISACODYL

Apo-Bisacodyl 5mg Tab (discontinued)					00545023	APX	N
Jamp-Bisacodyl 5mg Tab	DNP	0.0405	L	C	02246039	JPC	N
Bisacodyl-ODAN 5mg Tab	DNP	0.0550	L	C	02273411	ODN	N
Dulcolax ECT 5mg Tab	DNP	0.2010	L	C	00254142	BOE	N
Jamp-Bisacodyl 5mg Supp	DNP	0.4500	L	C	02410893	JPC	N
Dulcolax 10mg Supp	DNP	1.2033	L	C	00003875	BOE	N
Jamp-Bisacodyl 10mg Supp	DNP	0.8333	L	C	02361450	JPC	N

A06AB06 SENNA GLYCOSIDES

Senokot 1.7mg/mL Syr	DNP	0.0477	L	C	00367729	PFR	N
Jamp-Sennosides 8.6mg Tab	DNP	0.0488	L	C	80009595	JPC	N
pms-Sennosides 8.6mg Tab	DNP	0.0588	L	C	00896411	PMS	N
Senokot 8.6mg Tab	DNP	0.1740	L	C	00026158	PFR	N

A06AB56 SENNA GLYCOSIDES, COMBINATIONS

Senokot S 8.6mg/50mg Tab	DNP	0.1960	L	C	00026123	PFR	N
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A06AD OSMOTICALLY ACTING LAXATIVES
A06AD10 MINERAL SALTS IN COMBINATION

CoLyte Powder for Solution	DNP	0.0051	L	C	00677442	PDP	N
Peglyte Powder for Solution	DNP	0.0748	L	C	00777838	PDP	N

A06AD11 LACTULOSE

lactulose 667mg/mL o/l							
Apo-Lactulose 667mg/mL O/L (discontinued)					02242814	APX	Y

A Alimentary Tract and Metabolism

	Jamp-Lactulose 667mg/mL O/L	DNP	0.0145	M	E	02295881	JPC	Y
	ratio-Lactulose 667mg/mL O/L	DNP	0.0145	M	E	00854409	TEV	Y
	Teva-Lactulose 667mg/mL O/L					02331551	TEV	Y
	Chronulac 667mg/mL O/L (discontinued)					00534528	MER	Y
	lactulose 667mg/mL syrup							
	Lactulose 667mg/5mL Syr	DNP	0.0145	M	E	02412268	SAS	Y
	pms-Lactulose 667mg/mL Syr	DNP	0.0145	M	E	00703486	PMS	Y
A06AD15	MACROGOL							
	PEG 3350 Pwd Sol					02358034	MSC	N
A06AD19	MAGNESIUM CITRATE							
	Citro Mag 50mg/mL O/L	DNP	0.0156	L	C	00262609	ROG	N
	Citrodan 50mg/mL O/L	DNP	0.0138	L	C	80001809	ODN	N
A06AG	ENEMAS							
A06AG01	SODIUM PHOSPHATE							
	Fleet Enema					00009911	JNJ	N
A06AH	PERIPHERAL OPIOID RECEPTOR ANTAGONISTS							
A06AH01	METHYLNALTREXONE BROMIDE							
	Relistor 20mg/mL Inj					02308215	PFI	N
A06AX	OTHER DRUGS FOR CONSTIPATION							
A06AX04	LINACLOTIDE							
	Constella 145mcg Cap					02417162	ALL	N
	Constella 290mcg Cap					02417170	ALL	N
A06AX05	PRUCALOPRIDE							
	Resotran 1mg Tab					02377012	JAN	N
	Resotran 2mg Tab					02377020	JAN	N
A07	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS							
A07A	INTESTINAL ANTIINFECTIVES							
A07AA	ANTIBIOTICS							
A07AA02	NYSTATIN							
	nystatin 100,000iu o/l							
	ratio-Nystatin 100,000iu/mL Oral Drops	DNP	0.0740	M	SFC	02194201	TEV	Y
	Mycostatin 100,000iu/mL Oral Susp (discontinued)					00248169	BRI	Y
	Jamp-Nystatin 100,000iu/mL Oral Susp	DNP	0.0740	L	SFC	02433443	JPC	N
	pms-Nystatin 100,000iu/mL Oral Susp	DNP	0.0598	L	SFC	00792667	PMS	N
A07AA06	PAROMOMYCIN							
	Humatin 250mg Cap					02078759	ERF	N
A07AA11	RIFAXIMIN							

A Alimentary Tract and Metabolism

	Zaxine 550mg Tab	DNP	7.8400	L	E	02410702	LUP	N
A07AA12	FIDAXOMICIN							
	Dificid 200mg Tab	DNP	94.6000	L	E	02387174	FRS	N
A07B	INTESTINAL ADSORBENTS							
A07BB	BISMUTH PREPARATIONS							
A07BB99	BISMUTH SUBSALICYLATE							
	PeptoBismol 17.6mg/mL O/L					02097079	PGA	N
	PeptoBismol 262mg Cap					02177994	PGA	N
A07C	ELECTROLYTES WITH CARBOHYDRATES							
A07CA	ORAL REHYDRATE SALT FORMULATIONS							
A07CA99	ELECTROLYTES							
	Gastrolyte Sachet					01931563	SAV	N
A07D	ANTIPROPULSIVES							
A07DA	ANTIPROPULSIVES							
A07DA01	DIPHENOXYLATE							
	Lomotil 2.5mg Tab	DN	0.5023	L	SFC	00036323	PFI	N
A07DA02	OPIUM							
	Sandoz Opium & Belladonna 65mg/15mg Supp	DN	5.2717	L	SFC	01901869	SDZ	N
A07DA03	LOPERAMIDE							
	loperamide HCl 0.2mg/mL o/l							
	pms-Loperamide 0.2mg/mL O/L	DNP	0.1677	M	SFC	02016095	PMS	Y
	Imodium 0.2mg/mL O/L (discontinued)					02183323	JNJ	Y
	loperamide 2mg caplet							
	Apo-Loperamide 2mg Caplet	DNP	0.0953	M	SFC	02212005	APX	Y
	Novo-Loperamide 2mg Caplet	DNP	0.0953	M	SFC	02132591	TEV	Y
	pms-Loperamide 2mg Caplet	DNP	0.0953	M	SFC	02228351	PMS	Y
	Imodium 2mg Caplet (discontinued)					02183862	JNJ	Y
	Jamp-Loperamide 2mg Tab	DNP	0.0953	P	SFC	02256452	JPC	N
A07E	INTESTINAL ANTIINFLAMMATORY AGENTS							
A07EA	CORTICOSTEROIDS ACTING LOCALLY							
A07EA02	HYDROCORTISONE							
	Cortifoam	DNP	7.4847	L	SF	00579335	PAL	N
	Cortenema 100mg/60mL Susp	DNP	0.1262	L	SF	02112736	ALL	N
A07EA04	BETAMETHASONE							
	Betnesol 5mg/100mL Retention Enema	DNP	0.1182	L	SF	02060884	PAL	N

A Alimentary Tract and Metabolism

A07EA06 BUDESONIDE									
	Entocort 0.02mg/mL Enema	DNP	9.4314	L	SF	02052431	TPG	N	
	Entocort 3mg Cap	DNP	1.8110	L	SF	02229293	TPG	N	
A07EB	ANTIALLERGIC AGENTS, EXCL CORTICOSTEROIDS								
A07EB01 CROMOGLYCATE SODIUM									
	Nalcrom 100mg Cap	DNP	1.5491	L	SF	00500895	SAV	N	
A07EC	AMINOSALICYLIC ACID AND SIMILAR AGENTS								
A07EC01 SULFASALAZINE									
	pms-Sulfasalazine 500mg Tab	DNP	0.2550	L	SF	00598461	PMS	N	
	pms-Sulfasalazine EC 500mg Tab	DNP	0.3880	L	SF	00598488	PMS	N	
	Salazopyrin 500mg Entabs	DNP	0.5031	L	SF	02064472	PFI	N	
	Salazopyrin 500mg Tab	DNP	0.3298	L	SF	02064480	PFI	N	
A07EC02 5-AMINOSALICYLIC ACID (MESALAMINE)									
	Pentasa 1g Supp	DNP	1.9213	L	SF	02153564	FEI	N	
	Salofalk 1g Supp	DNP	2.0638	L	SF	02242146	ALL	N	
	Pentasa 1g/100mL Rectal Susp	DNP	0.0461	L	SF	02153521	FEI	N	
	Mezavant 1.2g Tab	DNP	1.7079	L	SF	02297558	SHI	N	
	Salofalk 2g/60g Rectal Susp	DNP	0.0733	L	SF	02112795	ALL	N	
	Salofalk 4g/60g Rectal Susp	DNP	0.1244	L	SF	02112809	ALL	N	
	Pentasa 4g/100mL Rectal Susp	DNP	0.0581	L	SF	02153556	FEI	N	
	5-aminosalicylic acid 400mg tab								
	Novo-5-ASA 400mg EC Tab	DNP	0.4899	M	SF	02171929	TEV	Y	
	Asacol 400mg Tab	DNP	0.4899	M	SF	01997580	ALL	Y	
	Pentasa 500mg Tab	DNP	0.5813	L	SF	02099683	FEI	N	
	Salofalk 500mg Supp	DNP	1.4050	L	SF	02112760	ALL	N	
	Salofalk 500mg Tab	DNP	0.6295	L	SF	02112787	ALL	N	
	Asacol 800 (800mg) Tab	DNP	1.1357	L	SF	02267217	ALL	N	
A07EC03 OLSALAZINE (5-ASA)									
	Dipentum 250mg Cap	DNP	0.6143	L	SF	02063808	SLP	N	
A07F	ANTIDIARRHEAL MICROORGANISMS								
A07FA	ANTIDIARRHEAL MICROORGANISMS								
A07FA01 LACTIC ACID PRODUCING ORGANISMS									
	Bacid Cap	DNP	1.0000	L	SF	80017987	ERF	N	
A08	ANTIOBESITY PREPARATIONS, EXCL DIET PRODUCTS								
A08A	ANTIOBESITY PREPARATIONS, EXCL DIET PRODUCTS								
A08AB	PERIPHERALLY ACTING ANTIOBESITY PRODUCTS								
A08AB01 ORLISTAT									

A Alimentary Tract and Metabolism

Xenical 120mg Cap

02240325 HLR N

A09 DIGESTIVES, INCL ENZYMES
A09A DIGESTIVES, INCL ENZYMES
A09AA ENZYME PREPARATIONS

A09AA02 MULTIENZYMES (LIPASE, PROTEASE, ETC)

Cotazym Cap	DNP	0.2205	L	SF	00263818	FRS	N
Viokase Tab	DNP	0.2608	L	SF	02230019	ALL	N
Pancrease MT 4 Cap	DNP	0.6928	L	SF	00789445	JAN	N
Creon 6 Minimicrospheres	DNP	0.1703	L	SF	02415194	ABB	N
Creon Minimicrospheres Micro	DNP	1.7030	L	SF	02445158	BGP	N
Cotazym ECS 8 Cap	DNP	0.3980	L	SF	00502790	FRS	N
Creon 10 Minimicrospheres	DNP	0.2723	L	SF	02200104	ABB	N
Pancrease MT 10 Cap	DNP	1.7322	L	SF	00789437	JAN	N
Pancrease MT 16 Cap	DNP	2.7714	L	SF	00789429	JAN	N
Viokase 16 Tab	DNP	0.4002	L	SF	02241933	ALL	N
Cotazym ECS 20 Cap	DNP	1.0436	L	SF	00821373	FRS	N
Creon 25 Minimicrospheres	DNP	0.8507	L	SF	01985205	ABB	N

A09AA04 TILACTASE

Lactaid Regular Strength Tab

02230653 JNJ N

A10 DRUGS USED IN DIABETES
A10A INSULINS AND ANALOGUES
A10AB INSULINS & ANALOGUES FOR INJECTION, FAST-ACTING

A10AB01 INSULIN (HUMAN)

Humulin R Cartridges	DNP	3.2220	L	SFD	01959220	LIL	N
Humulin R Insulin	DNP	2.4630	L	SFD	00586714	LIL	N
Novolin GE Toronto Insulin	DNP	2.3290	L	SFD	02024233	NNO	N
Novolin GE Toronto Penfill	DNP	3.0480	L	SFD	02024284	NNO	N

A10AB04 INSULIN LISPRO

Humalog Cartridges	DNP	3.9253	L	E*	02229705	LIL	N
Humalog Insulin	DNP	2.9640	L	E*	02229704	LIL	N
Humalog KwikPen	DNP	3.8973	L	E*	02403412	LIL	N

*full benefit for children 18 years and younger.

A10AB05 INSULIN ASPART

NovoMix 30 Penfill					02265435	NNO	N
NovoRapid 100iu/mL Penfill Ins	DNP	4.0420	L	SFD	02244353	NNO	N
NovoRapid 100iu/mL Vial Ins	DNP	2.9900	L	SFD	02245397	NNO	N
NovoRapid Flextouch 100iu/mL Prefilled Pen	DNP	4.2080	L	SFD	02377209	NNO	N

A10AB06 INSULIN GLULISINE

A Alimentary Tract and Metabolism

Apidra 3mL Cartridges	DNP	3.4300	L	SFD	02279479	SAV	N
Apidra Solostar 3mL Prefilled Pen	DNP	3.4633	L	SFD	02294346	SAV	N
Apidra 10mL Vial	DNP	2.5960	L	SFD	02279460	SAV	N

A10AC INSULINS & ANALOGUES FOR INJECTION, INTERMEDIATE-ACTING
A10AC01 INSULIN (HUMAN)

Humulin N Cartridges	DNP	3.2220	L	SFD	01959239	LIL	N
Humulin N Insulin	DNP	2.4630	L	SFD	00587737	LIL	N
Humulin N KwikPen	DNP	3.2220	L	SFD	02403447	LIL	N
Novolin GE NPH Insulin	DNP	2.3820	L	SFD	02024225	NNO	N
Novolin GE NPH Penfill	DNP	3.1213	L	SFD	02024268	NNO	N

A10AD INSULINS & ANALOGUES FOR INJEC. INTERMEDIATE-ACTING + FAST-ACTING
A10AD01 INSULIN (HUMAN)

Humulin 30/70 Cartridges	DNP	3.2220	L	SFD	01959212	LIL	N
Humulin 30/70 Insulin	DNP	2.4630	L	SFD	00795879	LIL	N
Novolin GE 30/70 Insulin	DNP	2.3930	L	SFD	02024217	NNO	N
Novolin GE 30/70 Penfill	DNP	3.0853	L	SFD	02025248	NNO	N
Novolin GE 40/60 Penfill	DNP	3.1073	L	SFD	02024314	NNO	N
Novolin GE 50/50 Penfill	DNP	3.1073	L	SFD	02024322	NNO	N

A10AD04 INSULIN LISPRO

Humalog Mix25 Cartridges					02240294	LIL	N
Humalog Mix25 KwikPen					02403420	LIL	N
Humalog Mix25 Vial					02240296	LIL	N
Humalog Mix50 Cartridges					02240297	LIL	N
Humalog Mix50 KwikPen					02403439	LIL	N

A10AE INSULINS & ANALOGUES, FOR INJECTION LONG-ACTING
A10AE04 INSULIN GLARGINE

Basaglar 100iu/mL Cartridge	DNP	4.6427	L	SF	02444844	LIL	N
Basaglar 100iu/mL Kwikpen	DNP	4.6427	L	SF	02444852	LIL	N
Basaglar 100iu/mL Kwikpen	DNP	4.6425	L	SF	02461528	LIL	N
Lantus 100iu/mL Cartridge	DNP	6.1900	L	E	02251930	SAV	N
Lantus 100iu/mL Solostar Prefilled Pen	DNP	6.1900	L	E	02294338	SAV	N
Lantus 100iu/mL Vial	DNP	6.1690	L	E	02245689	SAV	N

A10AE05 INSULIN DETEMIR

Levemir 100iu/mL Penfill	DNP	7.1013	L	E	02271842	NNO	N
Levemir FlexTouch 100iu/mL Prefilled Pen	DNP	7.2593	L	E	02412829	NNO	N

A10B BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS
A10BA BIGUANIDES
A10BA02 METFORMIN

metformin HCl 500mg tab							
ACT Metformin 500mg Tab	DNP	0.0247	M	SFD	02257726	ATV	Y

A Alimentary Tract and Metabolism

Apo-Metformin 500mg Tab	DNP	0.0247	M	SFD	02167786	APX	Y
Auro-Metformin 500mg Tab	DNP	0.0247	M	SFD	02438275	ARO	Y
Jamp-Metformin 500mg Tab	DNP	0.0247	M	SFD	02380196	JPC	Y
Jamp-Metformin Blackberry 500mg Tab					02380722	JPC	Y
Mar-Metformin 500mg Tab (discontinued)					02378620	MAR	Y
Metformin 500mg Tab (MAR) (discontinued)					02378841	MAR	Y
Metformin 500mg Tab (SAS)	DNP	0.0247	M	SFD	02353377	SAS	Y
Metformin FC 500mg Tab	DNP	0.0247	M	SFD	02385341	SIV	Y
MINT-Metformin 500mg Tab					02388766	MNT	Y
pms-Metformin 500mg Tab	DNP	0.0247	M	SFD	02223562	PMS	Y
RAN-Metformin 500mg Tab Tab	DNP	0.0247	M	SFD	02269031	RAN	Y
ratio-Metformin 500mg Tab	DNP	0.0247	M	SFD	02242974	TEV	Y
Sandoz Metformin FC 500mg Tab	DNP	0.0247	M	SFD	02246820	SDZ	Y
Septa-Metformin 500mg Tab	DNP	0.0247	M	SFD	02379767	SPT	Y
Glucophage 500mg Tab	DNP	0.0247	M	SFD	02099233	SAV	Y
metformin HCl 850mg tab							
ACT Metformin 850mg Tab	DNP	0.0339	M	SFD	02257734	ATV	Y
Apo-Metformin 850mg Tab	DNP	0.0339	M	SFD	02229785	APX	Y
Auro-Metformin 850mg Tab	DNP	0.0339	M	SFD	02438283	ARO	Y
Jamp-Metformin 850mg Tab	DNP	0.0339	M	SFD	02380218	JPC	Y
Jamp-Metformin Blackberry 850mg Tab					02380730	JPC	Y
Mar-Metformin 850mg Tab (discontinued)					02378639	MAR	Y
Metformin 850mg Tab (MAR) (discontinued)					02378868	MAR	Y
Metformin 850mg Tab (SAS)	DNP	0.0339	M	SFD	02353385	SAS	Y
Metformin FC 850mg Tab	DNP	0.0339	M	SFD	02385368	SIV	Y
MINT-Metformin 850mg Tab					02388774	MNT	Y
pms-Metformin 850mg Tab	DNP	0.0339	M	SFD	02242589	PMS	Y
RAN-Metformin 850mg Tab	DNP	0.0339	M	SFD	02269058	RAN	Y
ratio-Metformin 850mg Tab	DNP	0.0339	M	SFD	02242931	TEV	Y
Sandoz Metformin FC 850mg Tab	DNP	0.0339	M	SFD	02246821	SDZ	Y
Septa-Metformin 850mg Tab	DNP	0.0339	M	SFD	02379775	SPT	Y
Glucophage 850mg Tab	DNP	0.0339	M	SFD	02162849	SAV	Y
metformin 500mg ER tab							
Apo-Metformin ER 500mg Tab					02305062	APX	Y
Glumetza 500mg Tab					02268493	VLN	Y
metformin 1000mg ER tab							
Apo-Metformin ER 1000mg Tab					02460653	APX	Y
Glumetza 1000mg Tab					02300451	VLN	Y

A10BB SULFONAMIDES, UREA DERIVATIVES
A10BB01 GLYBURIDE (GLIBENCLAMIDE)
glyburide 2.5mg tab

Apo-Glyburide 2.5mg Tab	DNP	0.0321	M	SFD	01913654	APX	Y
Glyburide 2.5mg Tab	DNP	0.0321	M	SFD	02350459	SAS	Y
Teva-Glyburide 2.5mg Tab	DNP	0.0321	M	SFD	01913670	TEV	Y
Diabeta 2.5mg Tab	DNP	0.0321	M	SFD	02224550	SAV	Y
Euglucon 2.5mg Tab (discontinued)					00720933	PMS	Y

glyburide 5mg tab

A Alimentary Tract and Metabolism

	Apo-Glyburide 5mg Tab	DNP	0.0573	M	SFD	01913662	APX	Y
	Glyburide 5mg Tab	DNP	0.0573	M	SFD	02350467	SAS	Y
	Teva-Glyburide 5mg Tab	DNP	0.0573	M	SFD	01913689	TEV	Y
	Diabeta 5mg Tab	DNP	0.0573	M	SFD	02224569	SAV	Y
	Euglucon 5mg Tab (discontinued)					00720941	PMS	Y
A10BB03	TOLBUTAMIDE							
	tolbutamide 500mg tab							
	Tolbutamide 500mg Tab	DNP	0.1134	M	SFD	00312762	AAP	Y
	Mobenol 500mg Tab (discontinued)					00013889	HOR	Y
A10BB09	GLICLAZIDE							
	gliclazide 30mg MR tab							
	ACT Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02429764	ATV	Y
	Apo-Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02297795	APX	Y
	MINT-Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02423286	MNT	Y
	MYLAN-Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02438658	MYL	Y
	RAN-Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02463571	RAN	Y
	Sandoz Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02461323	SDZ	Y
	Diamicron MR 30mg Tab	DNP	0.0931	M	SFD	02242987	SEV	Y
	gliclazide 60mg MR tab							
	Apo-Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02407124	APX	Y
	MINT-Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02423294	MNT	Y
	RAN-Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02439328	RAN	Y
	Sandoz Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02461331	SDZ	Y
	Diamicron MR 60mg Tab	DNP	0.0632	M	SFD	02356422	SEV	Y
	gliclazide 80mg tab							
	Apo-Gliclazide 80mg Tab	DNP	0.0931	M	SFD	02245247	APX	Y
	Gliclazide 80mg Tab	DNP	0.0931	M	SFD	02287072	SAS	Y
	MYLAN-Gliclazide 80mg Tab (discontinued)					02229519	MYL	Y
	Novo-Gliclazide 80mg Tab	DNP	0.0931	M	SFD	02238103	TEV	Y
	Diamicron 80mg Tab	DNP	0.0931	M	SFD	00765996	SEV	Y
A10BB12	GLIMEPIRIDE							
	glimepiride 1mg tab							
	Apo-Glimepiride 1mg Tab					02295377	APX	Y
	Sandoz Glimepiride 1mg Tab					02269589	SDZ	Y
	Amaryl 1mg Tab (discontinued)					02245272	SAV	Y
	glimepiride 2mg tab							
	Apo-Glimepiride 2mg Tab					02295385	APX	Y
	Sandoz Glimepiride 2mg Tab					02269597	SDZ	Y
	Amaryl 2mg Tab					02245273	SAV	Y
	glimepiride 4mg tab							
	Apo-Glimepiride 4mg Tab					02295393	APX	Y
	Sandoz Glimepiride 4mg Tab					02269619	SDZ	Y
	Amaryl 4mg Tab (discontinued)					02245274	SAV	Y
A10BD	COMBINATIONS OF ORAL BLOOD GLUCOSE LOWERING DRUGS							
A10BD07	METFORMIN AND SITAGLIPTIN							

A Alimentary Tract and Metabolism

	Janumet 50/500mg Tab	DNP	1.6498	L	E	02333856	FRS	N
	Janumet 50/850mg Tab	DNP	1.6498	L	E	02333864	FRS	N
	Janumet 50/1000mg Tab	DNP	1.6498	L	E	02333872	FRS	N
	Janumet 50/1000mg XR Tab	DNP	1.6498	L	E	02416794	FRS	N
A10BD10	METFORMIN AND SAXAGLIPTIN							
	Komboglyze 2.5mg/500mg Tab	DNP	1.2700	L	E	02389169	AZE	N
	Komboglyze 2.5mg/850mg Tab	DNP	1.2700	L	E	02389177	AZE	N
	Komboglyze 2.5mg/1000mg Tab	DNP	1.2700	L	E	02389185	AZE	N
A10BD11	METFORMIN AND LINAGLIPTIN							
	Jentaduetto 2.5mg/500mg Tab	DNP	1.2086	L	E	02403250	BOE	N
	Jentaduetto 2.5g/850mg Tab	DNP	1.2086	L	E	02403269	BOE	N
	Jentaduetto 2.5mg/1000mg Tab	DNP	1.2085	L	E	02403277	BOE	N
A10BD13	METFORMIN AND ALOGLIPTIN							
	Kazano 500/12.5mg Tab					02417219	TAK	N
	Kazano 850/12.5mg Tab					02417227	TAK	N
	Kazano 1000/12.5mg Tab					02417235	TAK	N
A10BD15	METFORMIN AND DAPAGLIFLOZIN							
	Xigduo 5mg/850mg Tab	DNP	1.2250	L	E	02449935	AZE	N
	Xigduo 5mg/1000mg Tab	DNP	1.2250	L	E	02449943	AZE	N
A10BD20	METFORMIN AND EMPAGLIFOZIN							
	Synjardy 5mg/500mg Tab	DNP	1.3783	L	E	02456575	BOE	N
	Synjardy 5mg/850mg Tab	DNP	1.3783	L	E	02456583	BOE	N
	Synjardy 5mg/1000mg Tab	DNP	1.3783	L	E	02456591	BOE	N
	Synjardy 12.5mg/500mg Tab	DNP	1.3783	L	E	02456605	BOE	N
	Synjardy 12.5mg/850mg Tab	DNP	1.3783	L	E	02456613	BOE	N
	Synjardy 12.5mg/1000mg Tab	DNP	1.3783	L	E	02456621	BOE	N
A10BF	ALPHA GLUCOSIDASE INHIBITORS							
A10BF01	ACARBOSE							
	Glucobay 50mg Tab	DNP	0.2695	L	SFD	02190885	BAY	N
	Glucobay 100mg Tab	DNP	0.3733	L	SFD	02190893	BAY	N
A10BG	THIAZOLINEDIONES							
A10BG02	ROSIGLITAZONE							
	rosiglitazone 2mg tab							
	Apo-Rosiglitazone 2mg Tab					02403366	APX	Y
	Avandia 2mg Tab					02241112	GSK	Y
	rosiglitazone 4mg tab							
	Apo-Rosiglitazone 4mg Tab					02403374	APX	Y

A Alimentary Tract and Metabolism

Avandia 4mg Tab						02241113	GSK	Y
rosiglitazone 8mg tab								
Apo-Rosiglitazone 8mg Tab						02403382	APX	Y
Avandia 8mg Tab						02241114	GSK	Y

A10BG03 PIOGLITAZONE

pioglitazone 15mg tab								
Accel Pioglitazone 15mg Tab						02303442	ACC	Y
ACH-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02391600	AHI	Y
Apo-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02302942	APX	Y
CO Pioglitazone 15mg Tab	DNP	0.5946	M	E		02302861	ATV	Y
Jamp-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02397307	JPC	Y
MINT-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02326477	MNT	Y
Novo-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02274914	TEV	Y
pms-Pioglitazone 15mg Tab (discontinued)						02303124	PMS	Y
RAN-Pioglitazone 15mg Tab	DNP	0.5946	M	E		02375850	RAN	Y
Sandoz Pioglitazone 15mg Tab	DNP	0.5946	M	E		02297906	SDZ	Y
Actos 15mg Tab (discontinued)						02242572	TAK	Y

pioglitazone 30mg tab								
Accel Pioglitazone 30mg Tab						02303450	ACC	Y
ACH-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02339587	AHI	Y
Apo-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02302950	APX	Y
CO Pioglitazone 30mg Tab	DNP	0.8330	M	E		02302888	ATV	Y
Jamp-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02365529	JPC	Y
MINT-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02326485	MNT	Y
Novo-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02274922	TEV	Y
pms-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02303132	PMS	Y
RAN-Pioglitazone 30mg Tab	DNP	0.8330	M	E		02375869	RAN	Y
Sandoz Pioglitazone 30mg Tab	DNP	0.8330	M	E		02297914	SDZ	Y
Actos 30mg Tab (discontinued)						02242573	TAK	Y

pioglitazone 45mg tab								
Accel Pioglitazone 45mg Tab						02303469	ACC	Y
ACH-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02339595	AHI	Y
Apo-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02302977	APX	Y
CO Pioglitazone 45mg Tab	DNP	1.2525	M	E		02302896	ATV	Y
Jamp-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02365537	JPC	Y
MINT-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02326493	MNT	Y
Novo-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02274930	TEV	Y
RAN-Pioglitazone 45mg Tab	DNP	1.2525	M	E		02375877	RAN	Y
Sandoz Pioglitazone 45mg Tab	DNP	1.2525	M	E		02297922	SDZ	Y
Actos 45mg Tab (discontinued)						02242574	TAK	Y

A10BH DIPEPTIDYL PEPTIDASE 4 (DPP-4) INHIBITORS

A10BH01 SITAGLIPTIN

Januvia 25mg Tab	DNP	3.0416	L	E		02388839	FRS	N
Januvia 50mg Tab	DNP	3.0416	L	E		02388847	FRS	N
Januvia 100mg Tab	DNP	3.0416	L	E		02303922	FRS	N

A Alimentary Tract and Metabolism

A10BH03	SAXAGLIPTIN									
	Onglyza 2.5mg Tab	DNP	2.4760	L	E	02375842	AZE	N		
	Onglyza 5mg Tab	DNP	2.9560	L	E	02333554	AZE	N		
A10BH04	ALOGLIPTIN									
	Nesina 6.25mg Tab					02417189	TAK	N		
	Nesina 12.5mg Tab					02417197	TAK	N		
	Nesina 25mg Tab					02417200	TAK	N		
A10BH05	LINAGLIPTIN									
	Trajenta 5mg Tab	DNP	2.2973	L	E	02370921	BOE	N		
A10BX	OTHER BLOOD GLUCOSE LOWERING DRUGS, EXCL INSULINS									
A10BX02	REPAGLINIDE									
	repaglinide 0.5mg tab									
	Apo-Repaglinide 0.5mg Tab (discontinued)					02355663	APX	Y		
	Auro-Repaglinide 0.5mg Tab					02424258	ARO	Y		
	CO Repaglinide 0.5mg Tab					02321475	ATV	Y		
	Sandoz Repaglinide 0.5mg Tab					02357453	SDZ	Y		
	GlucoNorm 0.5mg Tab					02239924	NNO	Y		
	repaglinide 1mg tab									
	Apo-Repaglinide 1mg Tab (discontinued)					02355671	APX	Y		
	Auro-Repaglinide 1mg Tab					02424266	ARO	Y		
	CO Repaglinide 1mg Tab					02321483	ATV	Y		
	Sandoz Repaglinide 1mg Tab					02357461	SDZ	Y		
	GlucoNorm 1mg Tab					02239925	NNO	Y		
	repaglinide 2mg tab									
	Apo-Repaglinide 2mg Tab (discontinued)					02355698	APX	Y		
	Auro-Repaglinide 2mg Tab					02424274	ARO	Y		
	CO Repaglinide 2mg Tab					02321491	ATV	Y		
	Sandoz Repaglinide 2mg Tab					02357488	SDZ	Y		
	GlucoNorm 2mg Tab					02239926	NNO	Y		
A10BX04	EXENATIDE									
	Byetta 1.2mL Prefilled Pen					02361809	AZE	N		
	Byetta 2.4mL Prefilled Pen					02361817	AZE	N		
A10BX07	LIRAGLUTIDE									
	Victoza 6mg/mL Inj					02351064	NNO	N		
A10BX09	DAPAGLIFLOZIN									
	Forxiga 5mg Tab	DNP	2.6750	L	E	02435462	AZE	N		
	Forxiga 10mg Tab	DNP	2.6750	L	E	02435470	AZE	N		
A10BX11	CANAGLIFLOZIN									
	Invokana 100mg Tab	DNP	2.7627	L	E	02425483	JAN	N		

A Alimentary Tract and Metabolism

	Invokana 300mg Tab	DNP	2.7627	L	E	02425491	JAN	N
A10BX12	EMPAGLIFLOZIN							
	Jardiance 10mg Tab	DNP	2.6727	L	E	02443937	BOE	N
	Jardiance 25mg Tab	DNP	2.6727	L	E	02443945	BOE	N

A11 VITAMINS**A11A MULTIVITAMINS, COMBINATIONS****A11AA MULTIVITAMINS WITH MINERALS**

A11AA03	MULTIVIT AND OTHER MINERALS, INCL COMBINATIONS							
	Multi 12 Inj Liq Iv					02100606	SDZ	N
	Vitalux Tab					02240199	NVO	N

A11C VIT A AND D, INCL COMBINATIONS OF THE TWO**A11CC VITAMIN D AND ANALOGUES**

A11CC01	ERGOCALCIFEROL							
	Erdol 8,288iu/mL Sol	DNP	0.3917	L	SF	80003615	ODN	N
A11CC03	ALFACALCIDOL							
	One-Alpha 0.25mcg Cap	DNP	0.4963	L	SF	00474517	LEO	N
	One-Alpha 1mcg Cap	DNP	1.4857	L	SF	00474525	LEO	N
	One-Alpha 2mcg O/L	DNP	5.6760	L	SF	02240329	LEO	N
A11CC04	CALCITRIOL							
	calcitriol 0.25mcg cap							
	Calcitriol-ODAN 0.25mcg Cap	DNP	0.6960	M	SF	02431637	ODN	Y
	Rocaltrol 0.25mcg Cap	DNP	0.6960	M	SF	00481823	HLR	Y
	calcitriol 0.5mcg cap							
	Calcitriol-ODAN 0.5mcg Cap	DNP	1.1168	M	SF	02431645	ODN	Y
	Rocaltrol 0.5mcg Cap	DNP	1.1168	M	SF	00481815	HLR	Y

A11D VIT B1,PLAIN AND IN COMB WITH VITAMIN B6 AND B12**A11DA THIAMINE (VIT B1), PLAIN**

A11DA01	THIAMINE (VIT B1)							
	thiamine (vit B1) 100mg/mL inj							
	Thiamine 100mg/mL Inj	DNP	1.1880	M	SF	02243525	CYI	Y
	Betaxin 100mg/mL Inj (discontinued)					02241983	HOS	Y
	Thiamiject 100mg/mL Inj (Omega)	DNP	1.1880	M	SF	02193221	OMG	Y

A12 MINERAL SUPPLEMENTS**A12A CALCIUM****A12AA CALCIUM**

A12AA20	CALCIUM (DIFFERENT SALTS IN COMBINATION)							
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A Alimentary Tract and Metabolism

Calcium Forte Tab

02232482 NNC N

A12B POTASSIUM
A12BA POTASSIUM

A12BA01 POTASSIUM CHLORIDE

potassium chloride 1.33mEq/mL o/l

pms-Potassium Chloride 20mEq/15mL (discontinued)

02238604 PMS Y

K-10 Sol 20mEq/15mL (discontinued)

80024360 GSK Y

Apo-K 8mEq Tab (discontinued)

00602884 APX N

Micro-K 8mEq Extencap

DNP 0.0999 L SFC 02042304 PAL N

Jamp-K8 600mg Tab

DNP 0.0899 L SFC 80013005 JPC N

Jamp-K20 1500mg SR Tab

DNP 0.1995 L SFC 80013007 JPC N

Odan-K20 1500mg SR Tab

DNP 0.2050 L SFC 80004415 ODN N

A12BA02 POTASSIUM CITRATE

K-Lyte 25mEq Eff Tab

DNP 0.5973 L SFC 02085992 ANB N

A12C OTHER MINERAL SUPPLEMENTS
A12CC MAGNESIUM

A12CC03 MAGNESIUM GLUCONATE

Maglucate 500mgTab

00555126 PDP N

A12CC99 MAGNESIUM GLUCOHEPTONATE

Jamp-Magnesium 5mg/mL O/L

DNP 0.0200 L E 80009357 JPC N

Magnesium-Odan 5mg/mL O/L

DNP 0.0200 L E 80004109 ODN N

Rougier-Magnesium 5mg/mL O/L

DNP 0.0200 L E 00026697 ROG N

A16 OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS
A16A OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS
A16AA AMINO ACIDS AND DERIVATIVES

A16AA01 LEVOCARNITINE

Carnitor 1g/5mL Inj

02144344 LBI N

Carnitor 100mg/mL O/L

DNP 0.4220 L E 02144336 LBI N

Carnitor 330mg Tab

DNP 1.3933 L E 02144328 LBI N

A16AA04 CYSTEAMINE BITARTRATE

Procysbi 25mg Cap

DNP 10.3500 L E 02464705 HRZ N

Procysbi 75mg Cap

DNP 31.0500 L E 02464713 HRZ N

Procysbi 75mg Cap*

DNP 31.0500 L E 00904355 HRZ N

Procysbi 75mg Cap*

DNP 31.0500 L E 00904354 HRZ N

*use when drug cost in excess of CPhA maximum

A16AA06 BETAINE

A Alimentary Tract and Metabolism

		Cystadane 1g Powder for Oral Sol						02238526	RRD	N
A16AB	ENZYMES									
	A16AB05	LARONIDASE								
		Aldurazyme 0.58mg/mL Inj						02254506	GZM	N
	A16AB07	ALGLUCOSIDASE ALFA								
		Myozyme 50mg Pws for Inj	DNP	840.3100	L	E		02284863	GZM	N
	A16AB09	IDURSULFASE								
		Elaprase 2mg/mL Inj						02296314	PAL	N
	A16AB11	TALIGLUCERASE ALFA								
		Elelyso 200U/Vial Pws for Inj						02425637	PFI	N
A16AX	VARIOUS ALIMENTARY TRACT & METABOLISM PRODUCTS									
	A16AX06	MIGLUSTAT								
		Zavesca 100mg Cap						02250519	JAN	N
	A16AX09	GLYCEROL PHENYLBUTYRATE								
		Ravicti 1.1g/mL O/L	DNP	48.0000	L	E		02453304	HRZ	N
		Ravicti 1.1g/mL O/L*	DNP	48.0000	L	E		00904360	HRZ	N
		Ravicti 1.1g/mL O/L*	DNP	48.0000	L	E		00904361	HRZ	N
		*use when drug cost in excess of CPhA maximum								

B Blood and Blood Forming Organs**B01 ANTICOAGULANTS****B01A ANTICOAGULANTS****B01AA VITAMIN K ANTAGONISTS****B01AA03 WARFARIN****warfarin 1mg tab**

Apo-Warfarin 1mg Tab	DNP	0.0796	M	SFC	02242924	APX	Y
Taro-Warfarin 1mg Tab	DNP	0.0796	M	SFC	02242680	TAR	Y
Coumadin 1mg Tab	DNP	0.0796	M	SFC	01918311	BRI	Y

warfarin 2mg tab

Apo-Warfarin 2mg Tab	DNP	0.0841	M	SFC	02242925	APX	Y
Taro-Warfarin 2mg Tab	DNP	0.0841	M	SFC	02242681	TAR	Y
Coumadin 2mg Tab	DNP	0.0841	M	SFC	01918338	BRI	Y

warfarin 2.5mg tab

Apo-Warfarin 2.5mg Tab	DNP	0.0674	M	SFC	02242926	APX	Y
Taro-Warfarin 2.5mg Tab	DNP	0.0674	M	SFC	02242682	TAR	Y
Coumadin 2.5mg Tab	DNP	0.0674	M	SFC	01918346	BRI	Y

warfarin 3mg tab

Apo-Warfarin 3mg Tab	DNP	0.1043	M	SFC	02245618	APX	Y
Taro-Warfarin 3mg Tab	DNP	0.1043	M	SFC	02242683	TAR	Y
Coumadin 3mg Tab	DNP	0.1043	M	SFC	02240205	BRI	Y

warfarin 4mg tab

Apo-Warfarin 4mg Tab	DNP	0.1043	M	SFC	02242927	APX	Y
Taro-Warfarin 4mg Tab	DNP	0.1043	M	SFC	02242684	TAR	Y
Coumadin 4mg Tab	DNP	0.1043	M	SFC	02007959	BRI	Y

warfarin 5mg tab

Apo-Warfarin 5mg Tab	DNP	0.0675	M	SFC	02242928	APX	Y
Taro-Warfarin 5mg Tab	DNP	0.0675	M	SFC	02242685	TAR	Y
Coumadin 5mg Tab	DNP	0.0675	M	SFC	01918354	BRI	Y

warfarin 6mg tab

Taro-Warfarin 6mg Tab	DNP	0.1753	M	SFC	02242686	TAR	Y
Coumadin 6mg Tab	DNP	0.1753	M	SFC	02240206	BRI	Y
Taro-Warfarin 7.5mg Tab	DNP	0.5825	L	SFC	02242697	TAR	N

warfarin 10mg tab

Apo-Warfarin 10mg Tab	DNP	0.1211	M	SFC	02242929	APX	Y
Taro-Warfarin 10mg Tab	DNP	0.1211	M	SFC	02242687	TAR	Y
Coumadin 10mg Tab	DNP	0.1211	M	SFC	01918362	BRI	Y

B01AA07 ACENOCOUMAROL

Sintrom 1mg Tab	DNP	0.6184	L	SFC	00010383	PAL	N
Sintrom 4mg Tab	DNP	1.9290	L	SFC	00010391	PAL	N

B01AB HEPARIN GROUP**B01AB01 HEPARIN**

Heparin 100iu/mL Inj	DNP	0.4794	L	SFC	00727520	LEO	N
Heparin 1,000iu/mL Inj	DNP	0.5637	L	SFC	00453811	LEO	N

B Blood and Blood Forming Organs**B01AB04 DALTEPARIN**

Fragmin 2,500iu [anti-Xa] 0.2/mL Syringe Inj	DNP	27.1900	L	SFC	02132621	PFI	N
Fragmin 3,500iu [anti-Xa] 0.28/mL Syringe Inj	DNP	27.1964	L	SFC	02430789	PFI	N
Fragmin 5,000iu [anti-Xa] 0.2/mL Syringe Inj	DNP	54.3850	L	SFC	02132648	PFI	N
Fragmin 7,500iu [anti-Xa] 0.3/mL Syringe Inj	DNP	54.3867	L	SFC	02352648	PFI	N
Fragmin 10,000iu [anti-Xa]/mL Amp Inj	DNP	17.1750	L	SFC	02132664	PFI	N
Fragmin 10,000iu [anti-Xa] 0.4/mL Syringe Inj	DNP	54.3850	L	SFC	02352656	PFI	N
Fragmin 12,500iu [anti-Xa] 0.5/mL Syringe Inj	DNP	54.3840	L	SFC	02352664	PFI	N
Fragmin 15,000iu [anti-Xa] 0.6/mL Syringe Inj	DNP	54.3867	L	SFC	02352672	PFI	N
Fragmin 18,000iu [anti-Xa] 0.72/mL Syringe Inj	DNP	54.3833	L	SFC	02352680	PFI	N
Fragmin 25,000iu [anti-Xa]/mL Vial Inj	DNP	42.9368	L	SFC	02231171	PFI	N

B01AB05 ENOXAPARIN

Lovenox 30mg/0.3mL Syringe Inj	DNP	22.0567	L	SFC	02012472	SAV	N
Lovenox 40mg/0.4mL Syringe Inj	DNP	22.0550	L	SFC	02236883	SAV	N
Lovenox 60mg/0.6mL Syringe Inj	DNP	22.0550	L	SFC	02378426	SAV	N
Lovenox 80mg/0.8mL Syringe Inj	DNP	22.0563	L	SFC	02378434	SAV	N
Lovenox 100mg/mL Prefilled Syringe Inj	DNP	22.0560	L	SFC	02378442	SAV	N
Lovenox 100mg/mL Vial Inj	DNP	22.0567	L	SFC	02236564	SAV	N
Lovenox 120mg/0.8mL Syringe Inj	DNP	33.0838	L	SFC	02242692	SAV	N
Lovenox HP 150mg/mL Syringe Inj	DNP	33.0850	L	SFC	02378469	SAV	N

B01AB09 DANAPAROID

Orgaran 750iu/0.6mL Inj					02129043	SCH	N
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B01AB10 TINZAPARIN

Innohep 2,500iu/0.25mL Inj	DNP	20.0680	L	SFC	02229755	LEO	N
Innohep 3,500iu/0.35mL Inj	DNP	20.0457	L	SFC	02358158	LEO	N
Innohep 4,500iu/0.45mL Inj	DNP	20.0533	L	SFC	02358166	LEO	N
Innohep 8,000iu/0.4mL Inj	DNP	40.9650	L	SFC	02429462	LEO	N
Innohep 10,000iu/0.5mL Inj	DNP	40.9280	L	SFC	02231478	LEO	N
Innohep 10,000iu/mL Inj	DNP	19.8855	L	SFC	02167840	LEO	N
Innohep 12,000iu/0.6mL Inj	DNP	40.9667	L	SFC	02429470	LEO	N
Innohep 14,000iu/0.7mL Inj	DNP	40.9657	L	SFC	02358174	LEO	N
Innohep 16,000iu/0.8mL Inj	DNP	40.9663	L	SFC	02429489	LEO	N
Innohep 18,000iu/0.9mL Inj	DNP	40.9611	L	SFC	02358182	LEO	N
Innohep 20,000iu/mL Inj	DNP	40.3950	L	SFC	02229515	LEO	N

B01AC PLATELET AGGREGATION INHIBITORS EXCL. HEPARIN**B01AC04 CLOPIDOGREL****clopidogrel 75mg tab**

B Blood and Blood Forming Organs

	Apo-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02252767	APX	Y
	Auro-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02416387	ARO	Y
	Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02400553	SAS	Y
	Clopidogrel-75mg Tab	DNP	0.2631	M	SF	02385813	SIV	Y
	CO Clopidogrel 75mg Tab (discontinued)					02303027	ATV	Y
	Jamp-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02415550	JPC	Y
	Mar-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02422255	MAR	Y
	MINT-Clopidogrel 75mg Tab (discontinued)					02408910	MNT	Y
	MYLAN-Clopidogrel 75mg Tab (discontinued)					02351536	MYL	Y
	pms-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02348004	PMS	Y
	RAN-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02379813	RAN	Y
	Sandoz Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02359316	SDZ	Y
	Teva-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02293161	TEV	Y
	Plavix 75mg Tab	DNP	0.2631	M	SF	02238682	SAV	Y
	clopidogrel 300mg tab							
	Apo-Clopidogrel 300mg Tab					02398591	APX	Y
	Teva-Clopidogrel 300mg Tab					02388065	TEV	Y
	Plavix 300mg Tab					02330555	SAV	Y
B01AC05	TICLOPIDINE							
	ticlopidine 250mg tab							
	Ticlopidine 250mg Tab	DNP	1.0697	M	E	02237701	AAP	Y
	Ticlid 250mg Tab (discontinued)					02162776	SYN	Y
B01AC07	DIPYRIDAMOLE							
	Persantine Liq Inj 5mg/mL					00637734	BOE	N
	dipyridamole 25mg tab							
	Apo-Dipyridamole-FC 25mg Tab	DNP	0.2633	M	SF	00895644	APX	Y
	Persantine 25mg Tab (discontinued)					00067385	BOE	Y
	dipyridamole 50mg tab							
	Apo-Dipyridamole-FC 50mg Tab	DNP	0.3685	M	SF	00895652	APX	Y
	Persantine 50mg Tab (discontinued)					00067393	BOE	Y
	dipyridamole 75mg tab							
	Apo-Dipyridamole-FC 75mg Tab	DNP	0.4963	M	SF	00895660	APX	Y
	Persantine 75mg Tab (discontinued)					00452092	BOE	Y
B01AC21	TREPROSTINIL							
	Remodulin 1mg/mL Inj					02246552	UTC	N
	Remodulin 2.5mg/mL Inj					02246553	UTC	N
	Remodulin 5mg/mL Inj					02246554	UTC	N
	Remodulin 10mg/mL Inj					02246555	UTC	N
B01AC22	PRASUGREL							
	Effient 10mg Tab	DNP	1.9163	L	E	02349124	LIL	N
B01AC24	TICAGRELOR							
	Brilinta 90mg Tab	DNP	1.5470	L	E	02368544	AZE	N

B Blood and Blood Forming Organs**B01AC27 SELEXIPAG**

Uptravi 200mcg Tab	DNP	64.1786	L	E	02451158	JAN	N
Uptravi 400mcg Tab	DNP	64.1786	L	E	02451166	JAN	N
Uptravi 600mcg Tab	DNP	64.1786	L	E	02451174	JAN	N
Uptravi 800mcg Tab	DNP	64.1786	L	E	02451182	JAN	N
Uptravi 1000mcg Tab	DNP	64.1786	L	E	02451190	JAN	N
Uptravi 1200mcg Tab	DNP	64.1786	L	E	02451204	JAN	N
Uptravi 1400mcg Tab	DNP	64.1786	L	E	02451212	JAN	N
Uptravi 1600mcg Tab	DNP	64.1786	L	E	02451220	JAN	N

B01AC30 PLATELET AGGREGATION INHIBITORS, COMBINATIONS**dipyridamole 200mg & acetylsalicylic acid 25mg cap**

Taro-Dipyridamole/ASA 200mg/25mg Cap	DNP	0.6656	M	E	02471051	TAR	Y
Aggrenox 200/25mg Cap	DNP	0.6656	M	E	02242119	BOE	Y

B01AE DIRECT THROMBIN INHIBITORS**B01AE07 DABIGATRAN ETEXILATE**

Pradaxa 75mg Cap					02312433	BOE	N
Pradaxa 110mg Cap	DNP	1.6720	L	E	02312441	BOE	N
Pradaxa 150mg Cap	DNP	1.6720	L	E	02358808	BOE	N

B01AF DIRECT FACTOR XA INHIBITORS**B01AF01 RIVAROXABAN**

Xarelto 10mg Tab	DNP	2.8400	L	E	02316986	BAY	N
Xarelto 15mg Tab	DNP	2.8400	L	E	02378604	BAY	N
Xarelto 20mg Tab	DNP	2.8400	L	E	02378612	BAY	N

B01AF02 APIXABAN

Eliquis 2.5mg Tab	DNP	1.6336	L	E	02377233	BRI	N
Eliquis 5mg Tab	DNP	1.6336	L	E	02397714	BRI	N

B01AX OTHER ANTITHROMBOTIC AGENTS**B01AX05 FONDAPARINUX****fondaparinux sodium 2.5mg/0.5mL Inj**

Fondaparinux Sodium 2.5mg/0.5mL Inj					02406853	RCH	Y
Arixtra 2.5mg/0.5mL Inj					02245531	APN	Y

fondapariunux sodium 12.5mg/mL Inj

Fondaparinux Sodium 12.5mg/mL Inj					02406896	RCH	Y
Arixtra 12.5mg/mL Inj					02258056	APN	Y

B02 ANTIHEMORRHAGICS**B02A ANTIFIBRINOLYTICS****B02AA AMINO ACIDS**

B Blood and Blood Forming Organs**B02AA02 TRANEXAMIC ACID****tranexamic acid 100mg/mL inj**

Tranexamic Acid 100mg/mL Inj

02246365 SDZ Y

Cyklokapron 100mg/mL Inj

02064413 PFI Y

tranexamic acid 500mg tab

GD-Tranexamic Acid 500mg Tab

DNP 0.5934 M SF 02409097 GMD Y

Tranexamic Acid 500mg Tab

DNP 0.5934 M SF 02401231 STR Y

Cyklokapron 500mg Tab

DNP 0.5934 M SF 02064405 PFI Y

B02B VITAMIN K AND OTHER HEMOSTATICS**B02BA VITAMIN K****B02BA01 PHYTONADIONE**

Vitamin K1 10mg/mL Inj

DNPM 5.8800 L SF 00804312 SDZ N

Vitamin K1 2mg/mL Inj

DNPM 10.3800 L SF 00781878 SDZ N

B02BX OTHER SYSTEMIC HAEMOSTATICS**B02BX04 ROMIPLOSTIM**

Nplate 250mcg/0.5mL Inj

02322854 AGA N

Nplate 500mcg/mL Inj

02322862 AGA N

B02BX05 ELTROMBOPAG

Revolade 25mg Tab

02361825 NVR N

Revolade 50mg Tab

02361833 NVR N

B03 ANTIANAEMIC PREPARATIONS**B03A IRON PREPARATIONS****B03AA IRON BIVALENT, ORAL PREPARATIONS****B03AA02 FERROUS FUMARATE**

Ferrous Fumarate 300mg Tab

00031089 WAM N

Palafer 300mg Cap

01923420 MVL N

Palafer 300mg/5mL Susp

01923439 MVL N

B03AA03 FERROUS GLUCONATE**ferrous gluconate 300mg tab**

Apo-Ferrous Gluconate 300mg Tab

00545031 APX Y

Novo-Ferrogluc 300mg Tab

80000435 TEV Y

Ferrous Gluconate 300mg Tab

00031097 JPC N

Ferrous Gluconate 324mg Tab

00582727 VTH N

B03AA07 FERROUS SULFATE

Ferodan 75mg/mL Infant Drops

02237385 ODN N

pms-Ferrous Sulfate 75mg/0.6mL Drops (discontinued)

02222574 PMS N

Ferodan 150mg5/mL Syrup

00758469 ODN N

B Blood and Blood Forming Organs

	Ferrous Sulfate 300mg Tab						00031100	JPC	N
B03AB	IRON TRIVALENT, ORAL PREPARATIONS								
B03AB02	SACCHARATED IRON OXIDE								
	Triferexx 150mg Cap						02248264	AXS	N
B03AC	IRON TRIVALENT, PARENTERAL PREPARATIONS								
B03AC01	DEXTRIFERRON (IRON DEXTRAN)								
	DexIron 50mg/mL Inj	DNP	13.7500	L	E		02205963	LUI	N
B03AC02	SACCHARATED IRON OXIDE								
	Venofer 20mg/mL Inj	DNP	7.5000	L	E		02243716	LUI	N
B03AC07	FERRIC SODIUM GLUCONATE COMPLEX								
	Ferrlecit 12.5mg/mL Inj	DNP	5.2720	L	E		02243333	SAV	N
B03AE	IRON IN OTHER COMBINATIONS								
B03AE02	IRON, MULTIVITAMINS AND FOLIC ACID								
	Palafer CF Cap						01923455	MVL	N
B03B	VITAMIN B12 AND FOLIC ACID								
B03BA	VITAMIN B12 (CYANOCOBALAMIN AND DERIVATIVES)								
B03BA01	CYANOCOBALAMIN								
	cyanocobalamin 100mcg/mL inj								
	Vitamin B12 100mcg/mL Inj						02241500	SDZ	Y
	Vitamin B12 100mcg/mL Inj (discontinued)						00497533	HOS	Y
	Vitamin B12 250mcg Tab						00502758	SWS	N
	Vitamin B12 500mcg Tab	DNP	0.0687	L	SE		00689726	VLN	N
	Vitamin B12 1,000mcg/mL Inj	DNP	2.2850	L	E		00521515	SDZ	N
	Cyanocobalamin 1,000mcg/mL Inj	DNP	0.2783	L	E		01987003	STR	N
	Vitamin B12 1,000mcg Tab	DNP	0.0840	L	SE		02237736	VLN	N
B03BA51	CYANOCOBALAMIN, COMBINATIONS								
	Vitamin B12 1,000mcg Tab w Folic Acid	DNP	0.0840	L	SE		02243119	VLN	N
B03BB	FOLIC ACID AND DERIVATIVES								
B03BB01	FOLIC ACID								
	Folic Acid 1mg Tab						00318973	JAM	N
	Folic Acid 1mg Tab						00647039	VTH	N
	Folic Acid 1mg Tab						02048841	PMT	N
	Folic Acid 1mg Tab						02236747	WAM	N
	Euro-Folic Acid 5mg Tab	DNPM	0.0198	L	SFC		02285673	SDZ	N
	Folic Acid 5mg Tab	DNPM	0.0404	L	SFC		00426849	AAP	N
	Folic Acid 5mg/mL Inj	DNPM	3.8700	L	SFC		00816086	SDZ	N
	Jamp-Folic Acid 5mg Tab	DNPM	0.0363	L	SFC		02366061	JPC	N

B Blood and Blood Forming Organs**B03X OTHER ANTIANEMIC PREPARATIONS****B03XA OTHER ANTIANEMIC PREPARATIONS****B03XA01 ERYTHROPOIETIN**

Eprex 1,000iu/0.5mL Syringe Inj	DNP	28.5000	L	E	02231583	JAN	N
Eprex 2,000iu/0.5mL Syringe Inj	DNP	57.0000	L	E	02231584	JAN	N
Eprex 3,000iu/0.3mL Syringe Inj	DNP	142.5000	L	E	02231585	JAN	N
Eprex 4,000iu/0.4mL Syringe Inj	DNP	142.5000	L	E	02231586	JAN	N
Eprex 5,000iu/0.5mL Syringe Inj	DNP	142.5000	L	E	02243400	JAN	N
Eprex 6,000iu/0.6mL Syringe Inj	DNP	142.5000	L	E	02243401	JAN	N
Eprex 8,000iu/0.8mL Syringe Inj	DNP	142.5000	L	E	02243403	JAN	N
Eprex 10,000iu/mL Syringe Inj	DNP	142.5000	L	E	02231587	JAN	N
Eprex 20,000iu/0.5mL Syringe Inj	DNP	617.6600	L	E	02243239	JAN	N
Eprex 30,000iu/0.75mL Syringe Inj	DNP	481.1067	L	E	02288680	JAN	N
Eprex 30,000iu/0.75mL Syringe Inj*	DNP	481.1067	L	E	00903993	JAN	N
*use when drug cost in excess of CPhA maximum							
Eprex 40,000iu/mL Syringe Inj	DNP	462.4300	L	E	02240722	JAN	N

B03XA02 DARBEPOETIN

Aranesp 10mcg/0.4mL Syringe Inj	DNP	67.0000	L	E	02392313	AGA	N
Aranesp 20mcg/0.5mL Syringe Inj	DNP	107.2000	L	E	02392321	AGA	N
Aranesp 30mcg/0.3mL Syringe Inj	DNP	268.0000	L	E	02392348	AGA	N
Aranesp 40mcg/0.4mL Syringe Inj	DNP	268.0000	L	E	02391740	AGA	N
Aranesp 50mcg/0.5mL Syringe Inj	DNP	268.0000	L	E	02391759	AGA	N
Aranesp 100mcg/0.5mL Syringe Inj	DNP	536.0000	L	E	02391775	AGA	N
Aranesp 130mcg/0.65mL Syringe Inj	DNP	536.0000	L	E	02391783	AGA	N
Aranesp 60mcg/0.3mL Syringe Inj	DNP	536.0000	L	E	02392356	AGA	N
Aranesp 80mcg/0.4mL Syringe Inj	DNP	536.0000	L	E	02391767	AGA	N
Aranesp 150mcg/0.3mL Syringe Inj	DNP	1340.0000	L	E	02391791	AGA	N
Aranesp 200mcg/0.4mL Syringe Inj	DNP	1542.7000	L	E	02391805	AGA	N
Aranesp 300mcg/0.6mL Syringe Inj	DNP	1588.7500	L	E	02391821	AGA	N
Aranesp 500mcg/mL Syringe Inj	DNP	1588.7700	L	E	02392364	AGA	N

B05 BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS**B05B I.V. SOLUTIONS****B05BA SOLUTIONS FOR PARENTERAL NUTRITION****B05BA03 CARBOHYDRATES**

Dextrose 50% Inj	DNPM	0.6076	L	SF	00037974	PFI	N
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B05C IRRIGATING SOLUTIONS**B05CB SALT SOLUTIONS****B05CB01 SODIUM CHLORIDE**

B Blood and Blood Forming Organs

		Sodium Chloride Irr Sol		DNP	0.0050	L	SF	00786160	BAX	N
B05X	I.V. SOLUTION ADDITIVES									
B05XA	ELECTROLYTE SOLUTIONS									
	B05XA01	POTASSIUM CHLORIDE								
		Potassium Chloride 40mEq/20mL						00037869	PFI	N
	B05XA02	SODIUM BICARBONATE								
		Sodium Bicarbonate 8.4% Inj						00261998	PFI	N
	B05XA03	SODIUM CHLORIDE								
		Sodium Chloride 9mg/mL Inj		DNPM	0.1690	L	SF	00037796	PFI	N
		Sodium Chloride 146mg/mL Inj		DNPM	0.5320	L	SF	00262005	PFI	N
B06	OTHER HEMATOLOGICAL AGENTS									
B06A	OTHER HEMATOLOGICAL AGENTS									
B06AC	DRUGS USED IN HEREDITARY ANGIOEDEMA									
	B06AC02	ICATIBANT								
		Firazyr 30mg/3mL Single Dose Prefilled Syringe Inj*		DNP	900.0000	L	E	02425696	SHI	N
		*Maximum of two doses on hand at any time								

C	Cardiovascular System									
C01	CARDIAC THERAPY									
C01A	CARDIAC GLYCOSIDES									
C01AA	DIGITALIS GLYCOSIDES									
	C01AA05	DIGOXIN								
		digoxin 0.05mg/mL inj								
		Digoxin 0.05mg/mL Inj						02048272	SDZ	Y
		Lanoxin 0.05mg/mL Inj (discontinued)						00004456	GLA	Y
		Toloxin 0.05mg/mL Sol	DNP	1.3879	L	SF	02242320	PDP	N	
		Toloxin 0.0625mg Tab	DNP	0.2860	L	SF	02335700	PDP	Y	
		Toloxin 0.125mg Tab	DNP	0.2860	L	SF	02335719	PDP	Y	
		digoxin 0.25mg/mL inj								
		Digoxin 0.25mg/mL Inj						02048264	SDZ	Y
		Lanoxin 0.25mg/mL Inj (discontinued)						02242319	VCO	Y
		Toloxin 0.25mg Tab	DNP	0.2860	L	SF	02335727	PDP	Y	
C01B	ANTIARRHYTHMICS, CLASS I AND III									
C01BA	ANTIARRHYTHMICS, CLASS IA									
	C01BA02	PROCAINAMIDE								
		procainamide 100mg/mL inj								
		Procainamide 100mg/mL Inj						02184486	SDZ	Y
		Pronestyl 100mg/mL Inj (discontinued)						00029181	SQU	Y
		Procan SR 250mg Tab	DNP	0.4705	L	SF	00638692	ERF	N	
	C01BA03	DISOPYRAMIDE								
		Rythmodan 100mg Cap	DNP	0.2900	L	SF	02224801	SAV	N	
C01BB	ANTIARRHYTHMICS, CLASS IB									
	C01BB02	MEXILETINE								
		mexiletine 100mg cap								
		Novo-Mexiletine 100mg Cap	DNP	1.4915	M	SF	02230359	TEV	Y	
		Mexitil 100mg Cap (discontinued)						00599956	BOE	Y
		mexiletine 200mg cap								
		Novo-Mexiletine 200mg Cap	DNP	1.9974	M	SF	02230360	TEV	Y	
		Mexitil 200mg Cap (discontinued)						00599964	BOE	Y
C01BC	ANTIARRHYTHMICS, CLASS IC									
	C01BC03	PROPAFENONE								
		propafenone 150mg tab								
		Apo-Propafenone 150mg Tab	DNP	0.3019	M	SF	02243324	APX	Y	
		Mylan-Propafenone 150mg Tab	DNP	0.3019	M	SF	02457172	MYL	Y	
		MYLAN-Propafenone 150mg Tab (discontinued)						02245372	MYL	Y
		Propafenone 150mg Tab	DNP	0.3019	M	SF	02343053	SAS	Y	
		Rythmol 150mg Tab	DNP	0.3019	M	SF	00603708	BGP	Y	
		propafenone 300mg tab								

C Cardiovascular System

	Apo-Propafenone 300mg Tab	DNP	0.5321	M	SF	02243325	APX	Y
	Mylan-Propafenone 300mg Tab	DNP	0.5321	M	SF	02457164	MYL	Y
	MYLAN-Propafenone 300mg Tab (discontinued)					02245373	MYL	Y
	Propafenone 300mg Tab	DNP	0.5321	M	SF	02343061	SAS	Y
	Rythmol 300mg Tab	DNP	0.5321	M	SF	00603716	BGP	Y
C01BC04	FLECAINIDE							
	flecainide 50mg tab							
	Apo-Flecainide 50mg Tab	DNP	0.2778	M	SF	02275538	APX	Y
	Auro-Flecainide 50mg Tab	DNP	0.2778	M	SF	02459957	MNT	Y
	Tambocor 50mg Tab (discontinued)					01966197	GWP	Y
	flecainide 100mg tab							
	Auro-Flecainide 100mg Tab	DNP	0.5558	M	SF	02459965	MNT	Y
	Flecainide 100mg Tab	DNP	0.5558	M	SF	02275546	AAP	Y
	Tambocor 100mg Tab (discontinued)					01966200	GWP	Y
C01BD	ANTIARRHYTHMICS, CLASS III							
C01BD01	AMIODARONE							
	amiodarone HCl 50mg/mL inj							
	Amiodarone 50mg/mL Inj					02242325	SDZ	Y
	Cordarone 50mg/mL Inj (discontinued)					02163616	WAY	Y
	pms-Amiodarone 100mg Tab	DNP	0.8466	L	SF	02292173	PMS	N
	amiodarone 200mg tab							
	Amiodarone 200mg Tab	DNP	0.3706	M	SF	02364336	SAS	Y
	Amiodarone-200mg Tab	DNP	0.3706	M	SF	02385465	SIV	Y
	Apo-Amiodarone 200mg Tab	DNP	0.3706	M	SF	02246194	APX	Y
	pms-Amiodarone 200mg Tab	DNP	0.3706	M	SF	02242472	PMS	Y
	Sandoz Amiodarone 200mg Tab	DNP	0.3706	M	SF	02243836	SDZ	Y
	Teva-Amiodarone 200mg Tab	DNP	0.3706	M	SF	02239835	TEV	Y
	Cordarone 200mg Tab (discontinued)					02036282	PFI	Y
C01BD02	BRETYLIUM TOSYLATE							
	bretylum tosylate 50mg/mL inj							
	Bretylate 50mg/mL Inj (discontinued)					00519243	GLA	Y
	Bretylum Tosylate 50mg/mL Inj					02185377	SDZ	Y
C01BD07	DRONEDARONE							
	Multaq 400mg Tab					02330989	SAV	N
C01C	CARDIAC STIMULANTS EXCL.CARDIAC GLYCOSIDES							
C01CA	ADRENERGIC AND DOPAMINERGIC AGENTS							
C01CA03	NOREPINEPHRINE							
	norepinephrine 1mg/mL inj							
	Norepinephrine Bitartrate 1mg/mL Inj					00893285	SDZ	Y
	Levophed 1mg/mL Inj					02241981	PFI	Y
C01CA06	PHENYLEPHRINE							

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	phenylephrine 10mg/mL inj							
	Phenylephrine 10mg/mL Inj					01953583	SDZ	Y
	Neo-Synephrine 10mg/mL Inj	DNP	4.4300	L	SF	02241980	PFI	Y
C01CA07	DOBUTAMINE							
	dobutamine 12.5mg/mL inj							
	Dobutamine 12.5mg/mL Inj	DNP	2.0643	M	SF	02242010	SDZ	Y
	Dobutrex 12.5mg/mL Inj (discontinued)					00759538	PPC	Y
C01CA17	MIDODRINE							
	midodrine 2.5mg tab							
	Apo-Midodrine 2.5mg Tab	DNP	0.2305	M	SF	02278677	APX	Y
	Mar-Midodrine 2.5mg Tab	DNP	0.2305	M	SF	02473984	MAR	Y
	Amatine 2.5mg Tab (discontinued)					01934392	SHI	Y
	midodrine 5mg tab							
	Apo-Midodrine 5mg Tab	DNP	0.3842	M	SF	02278685	APX	Y
	Mar-Midodrine 5mg Tab	DNP	0.3842	M	SF	02473992	MAR	Y
	Amatine 5mg Tab (discontinued)					01934406	SHI	Y
C01CA24	EPINEPHRINE							
	Allerject 0.15mg/0.15ml Inj	DNPM	83.3500	L	SF*	02382059	SAV	N
	Allerject 0.3mg/0.3ml Inj	DNPM	83.3500	L	SF*	02382067	SAV	N
	Epinephrine 1:1000 Inj	DNPM	3.8500	L	SF	00721891	HOS	N
	Epipen 1:1000 (0.3mg/dose) Inj	DNPM	88.5600	L	SF*	00509558	KNG	N
	Epipen Jr. 1:2000 (0.15mg/dose) Inj	DNPM	88.5600	L	SF*	00578657	KNG	N
	*quantity limit of two injections per fiscal year. The prescriber can submit a request for consideration should beneficiaries require more than two injections per fiscal year.							

C01CE PHOSPHODIESTERASE INHIBITORS

C01CE99	TADALAFIL								
		tadalafil 20mg tab							
		Apo-Tadalafil PAH 20mg Tab					02421933	APX	Y
		Adcirca 20mg Tab					02338327	LIL	Y

C01D VASODILATORS USED IN CARDIAC DISEASES**C01DA ORGANIC NITRATES**

C01DA02	NITROGLYCERIN (GLYCERYL TRINITRATE)								
		nitroglycerin 0.2mg/hr patch							
		MYLAN-Nitro 0.2mg/hr Patch					02407442	MYL	Y
		Nitro-Dur 0.2mg/hr Patch					01911910	RCH	Y
		Minitran 0.2mg/hr Patch					02162806	VLN	N
		Transderm-Nitro 0.2mg/hr Patch					00584223	NVR	N
		Trinipatch 0.2mg/hr Patch					02230732	PAL	N
		Nitrostat 0.3mg Tab					00037613	PFI	N

nitroglycerin 0.4mg/dose pumpspray

Rho-Nitro Pumpspray 0.4mg/dose	DNPM	0.0423	M	SF	02238998	SDZ	Y
Nitrolingual Pumpspray 0.4mg/dose	DNPM	0.0423	M	SF	02231441	SAV	Y

nitroglycerin 0.4mg/hr patch

MYLAN-Nitro 0.4mg/hr Patch	DNPM	0.5292	M	SF	02407450	MYL	Y
Nitro-Dur 0.4mg/hr Patch	DNPM	0.5292	M	SF	01911902	RCH	Y
MYLAN-Nitro 0.4mg/dose SL Spray	DNPM	0.0423	L	SF	02243588	MYL	N
Minitran 0.4mg/hr Patch	DNPM	0.7223	L	SF	02163527	VLN	N
Transderm-Nitro 0.4mg/hr Patch	DNPM	0.9777	L	SF	00852384	NVR	N
Trinipatch 0.4mg/hr Patch	DNPM	0.7417	L	SF	02230733	PAL	N

nitroglycerin 0.6mg/hr patch

MYLAN-Nitro 0.6mg/hr Patch	DNPM	0.5292	M	SF	02407469	MYL	Y
Nitro-Dur 0.6mg/hr Patch	DNPM	0.5292	M	SF	01911929	RCH	Y
Minitran 0.6mg/hr Patch	DNPM	0.7227	L	SF	02163535	VLN	N
Nitrostat 0.6mg Tab	DNPM	0.1509	L	SF	00037621	PFI	N
Transderm-Nitro 0.6mg/hr Patch	DNPM	0.9777	L	SF	02046156	NVR	N
Trinipatch 0.6mg/hr Patch	DNPM	0.7417	L	SF	02230734	PAL	N

nitroglycerin 0.8mg/hr patch

MYLAN-Nitro 0.8mg/hr Patch	DNPM	0.9178	M	SF	02407477	MYL	Y
Nitro-Dur 0.8mg/hr Patch	DNPM	0.9178	M	SF	02011271	RCH	Y
Nitrol 2% Oint (discontinued)					01926454	PAL	N
Nitroglycerin 5mg/mL Inj	DNPM	1.0170	L	SF	00860778	SDZ	N

C01DA08 ISOSORBIDE DINITRATE

isosorbide dinitrate 5mg SL tab

ISDN 5mg Tab	DNP	0.0646	M	SF	00670944	AAP	Y
Isordil Sublingual 5mg Tab (discontinued)					02042606	WAY	Y

isosorbide dinitrate 10mg tab

ISDN 10mg Tab	DNP	0.0380	M	SF	00441686	AAP	Y
Isordil 10mg Tab (discontinued)					02042622	WAY	Y

isosorbide dinitrate 30mg tab

ISDN 30mg Tab	DNP	0.0892	M	SF	00441694	AAP	Y
Isordil 30mg Tab (discontinued)					02042614	WAY	Y

C01DA14 ISOSORBIDE MONONITRATE

isosorbide mononitrate 60mg SR tab

Apo-ISMN 60mg Tab	DNP	0.3523	M	SF	02272830	APX	Y
pms-ISMN 60mg SR Tab	DNP	0.3523	M	SF	02301288	PMS	Y
Imdur 60mg ER Tab	DNP	0.3523	M	SF	02126559	MDN	Y

C01E OTHER CARDIAC PREPARATOINS**C01EB OTHER CARDIAC PRODUCTS**

C01EB17 IVABRADINE

Lancora 5mg Tab	DNP	0.8505	L	E	02459973	SEV	N
Lancora 10mg Tab	DNP	1.5568	L	E	02459981	SEV	N

C Cardiovascular System**C02 ANTIHYPERTENSIVES****C02A ANTIADRENERGIC AGENTS, CENTRALLY ACTING****C02AB METHYLDOPA**

C02AB02 METHYLDOPA (RACEMIC)

methyldopa 125mg tab

Methyldopa 125mg Tab

DNP

0.1030

M

SF

00360252 AAP

Y

Aldomet 125mg Tab (discontinued)

00016551 LIH

Y

methyldopa 250mg tab

Methyldopa 250mg Tab

DNP

0.1542

M

SF

00360260 AAP

Y

Aldomet 250mg Tab (discontinued)

00016578 LIH

Y

methyldopa 500mg tab

Methyldopa 500mg Tab

DNP

0.2642

M

SF

00426830 AAP

Y

Aldomet 500mg Tab (discontinued)

00016586 LIH

Y

C02AC CLONIDINE AND ANALOGUES

C02AC01 CLONIDINE

clonidine HCl 0.025mg tab

Novo-Clonidine 0.025mg Tab

DNP

0.2713

M

SF

02304163 TEV

Y

Dixarit 0.025mg Tab (discontinued)

00519251 BOE

Y

clonidine HCl 0.1mg tab

MINT-Clonidine 0.1mg Tab

DNP

0.1358

M

SF

02462192 MNT

Y

Novo-Clonidine 0.1mg Tab

DNP

0.1358

M

SF

02046121 TEV

Y

Catapres 0.1mg Tab (discontinued)

00259527 BOE

Y

clonidine HCl 0.2mg tab

MINT-Clonidine 0.2mg Tab

DNP

0.2424

M

SF

02462206 MNT

Y

Novo-Clonidine 0.2mg Tab

DNP

0.2424

M

SF

02046148 TEV

Y

Catapres 0.2mg Tab (discontinued)

00291889 BOE

Y

C02C ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING**C02CA ALPHA-ADRENOCEPTOR BLOCKING AGENTS**

C02CA01 PRAZOSIN

prazosin HCl 1mg tab

Apo-Prazo 1mg Tab

DNP

0.1371

M

SF

00882801 APX

Y

Novo-Prazin 1mg Tab

DNP

0.1371

M

SF

01934198 TEV

Y

Minipres 1mg Tab (discontinued)

00560952 PFI

Y

prazosin HCl 2mg tab

Apo-Prazo 2mg Tab

DNP

0.1862

M

SF

00882828 APX

Y

Novo-Prazin 2mg Tab

DNP

0.1862

M

SF

01934201 TEV

Y

Minipres 2mg Tab (discontinued)

00560960 PFI

Y

prazosin HCl 5mg tab

Apo-Prazo 5mg Tab

DNP

0.2560

M

SF

00882836 APX

Y

Novo-Prazin 5mg Tab

DNP

0.2560

M

SF

01934228 TEV

Y

Minipres 5mg Tab (discontinued)

00560979 PFI

Y

C02CA04 DOXAZOSIN

C Cardiovascular System**doxazosin 1mg tab**

Apo-Doxazosin 1mg Tab	DNP	0.1421	M	SF	02240588	APX	Y
Novo-Doxazosin 1mg Tab	DNP	0.1421	M	SF	02242728	TEV	Y
Cardura-1 1mg Tab (discontinued)					01958100	PFI	Y

doxazosin 2mg tab

Apo-Doxazosin 2mg Tab	DNP	0.1704	M	SF	02240589	APX	Y
Novo-Doxazosin 2mg Tab	DNP	0.1704	M	SF	02242729	TEV	Y
Cardura-2 2mg Tab (discontinued)					01958097	PFI	Y

doxazosin 4mg tab

Apo-Doxazosin 4mg Tab	DNP	0.2216	M	SF	02240590	APX	Y
Novo-Doxazosin 4mg Tab	DNP	0.2216	M	SF	02242730	TEV	Y
Cardura-4 4mg Tab (discontinued)					01958119	PFI	Y

C02D ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON**C02DB HYDRAZINOPHTHALAZINE DERIVATIVES****C02DB02 HYDRALAZINE****hydralazine HCl 10mg tab**

Apo-Hydralazine 10mg Tab	DNP	0.0355	M	SF	00441619	APX	Y
Jamp-Hydralazine 10mg Tab	DNP	0.0355	M	SF	02457865	JPC	Y
MINT-Hydralazine 10mg Tab	DNP	0.0355	M	SF	02468778	MNT	Y
Apresoline 10mg Tab (discontinued)					00005525	STR	Y

Apresoline 20mg/mL Inj

DNP 11.6500 L SF 00723754 STR N

hydralazine HCl 25mg tab

Apo-Hydralazine 25mg Tab	DNP	0.0609	M	SF	00441627	APX	Y
Jamp-Hydralazine 25mg Tab	DNP	0.0609	M	SF	02457873	JPC	Y
MINT-Hydralazine 25mg Tab	DNP	0.0609	M	SF	02468786	MNT	Y
Apresoline 25mg Tab (discontinued)					00005533	STR	Y

hydralazine HCl 50mg tab

Apo-Hydralazine 50mg Tab	DNP	0.0956	M	SF	00441635	APX	Y
Jamp-Hydralazine 50mg Tab	DNP	0.0956	M	SF	02457881	JPC	Y
MINT-Hydralazine 50mg Tab	DNP	0.0956	M	SF	02468794	MNT	Y
Apresoline 50mg Tab (discontinued)					00005541	STR	Y

C02DC PYRIMIDINE DERIVATIVES**C02DC01 MINOXIDIL**

Loniten 2.5mg Tab	DNP	0.4611	L	SF	00514497	PFI	N
Loniten 10mg Tab	DNP	1.0165	L	SF	00514500	PFI	N

C02K OTHER ANTIHYPERTENSIVES**C02KX OTHER ANTIHYPERTENSIVES****C02KX01 BOSENTAN****bosentan 62.5mg tab**

Apo-Bosentan 62.5mg Tab (discontinued)					02399202	APX	Y
pms-Bosentan 62.5mg Tab	DNP	16.0447	M	E	02383012	PMS	Y
Sandoz Bosentan 62.5mg Tab	DNP	16.0447	M	E	02386275	SDZ	Y

C Cardiovascular System

	Tracleer 62.5mg Tab	DNP	16.0447	M	E	02244981	JAN	Y
	bosentan 125mg tab							
	Apo-Bosentan 125mg Tab (discontinued)					02399210	APX	Y
	pms-Bosentan 125mg Tab	DNP	16.0447	M	E	02383020	PMS	Y
	Sandoz Bosentan 125mg Tab	DNP	16.0447	M	E	02386283	SDZ	Y
	Tracleer 125mg Tab	DNP	16.0447	M	E	02244982	JAN	Y
C02KX02	AMBRISENTAN							
	ambrisentan 5mg tab							
	Apo-Ambrisentan 5mg Tab	DNP	106.3288	M	E	02475375	APX	Y
	Volibris 5mg Tab	DNP	106.3288	M	E	02307065	GSK	Y
	ambrisentan 10mg tab							
	Apo-Ambrisentan 10mg Tab	DNP	106.3288	M	E	02475383	APX	Y
	Volibris 10mg Tab	DNP	106.3288	M	E	02307073	GSK	Y
C02KX04	MACITENTAN							
	Opsumit 10mg Tab					02415690	JAN	N
C02KX05	RIOCIGUAT							
	Adempas 0.5mg Tab	DNP	43.2200	L	E	02412764	BAY	N
	Adempas 1mg Tab	DNP	43.2200	L	E	02412772	BAY	N
	Adempas 1.5mg Tab	DNP	43.2200	L	E	02412799	BAY	N
	Adempas 2mg Tab	DNP	43.2200	L	E	02412802	BAY	N
	Adempas 2.5mg Tab	DNP	43.2200	L	E	02412810	BAY	N
C02KX99	SILDENAFIL							
	sildenafil 20mg tab							
	Apo-Sildenafil R 20mg Tab (discontinued)					02418118	APX	Y
	pms-Sildenafil-R 20mg Tab					02412179	PMS	Y
	ratio-Sildenafil-R 20mg Tab	DNP	6.2520	M	E	02319500	TEV	Y
	Revatio 20mg Tab	DNP	6.2520	M	E	02279401	PFI	Y

C03 DIURETICS
C03A LOW-CEILING DIURETICS, THIAZIDES
C03AA THIAZIDES, PLAIN

C03AA03	HYDROCHLOROTHIAZIDE							
	hydrochlorothiazide 12.5mg tab							
	Apo-Hydro 12.5mg Tab	DNP	0.0322	M	SF	02327856	APX	Y
	pms-Hydrochlorothiazide 12.5mg Tab	DNP	0.0322	M	SF	02274086	PMS	Y
	hydrochlorothiazide 25mg tab							
	Apo-Hydro 25mg Tab	DNP	0.0184	M	SF	00326844	APX	Y
	Hydrochlorothiazide 25mg Tab	DNP	0.0184	M	SF	02360594	SAS	Y
	pms-Hydrochlorothiazide 25mg Tab	DNP	0.0184	M	SF	02247386	PMS	Y
	Teva-Hydrochlorothiazide 25mg Tab	DNP	0.0184	M	SF	00021474	TEV	Y
	Hydrodiuril 25mg Tab (discontinued)					00016500	FRS	Y

hydrochlorothiazide 50mg tab

Apo-Hydro 50mg Tab	DNP	0.0256	M	SF	00312800	APX	Y
Hydrochlorothiazide 50mg Tab	DNP	0.0256	M	SF	02360608	SAS	Y
Novo-Hydrazide 50mg Tab	DNP	0.0256	M	SF	00021482	TEV	Y
pms-Hydrochlorothiazide 50mg Tab	DNP	0.0256	M	SF	02247387	PMS	Y
Hydrodiuril 50mg Tab (discontinued)					00016519	MSD	Y

hydrochlorothiazide 100mg tab

Apo-Hydro 100mg Tab	DNP	0.1232	M	SF	00644552	APX	Y
Hydrodiuril 100mg Tab (discontinued)					00354317	LIH	Y

C03B LOW-CEILING DIURETICS, EXCL THIAZIDES**C03BA SULFONAMIDES, PLAIN**

C03BA04 CHLORTHALIDONE

Chlorthalidone 50mg Tab	DNP	0.1294	L	SF	00360279	AAP	N
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C03BA08 METOLAZONE

Zaroxolyn 2.5mg Tab	DNP	0.2100	L	SF	00888400	SAV	N
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C03BA11 INDAPAMIDE

indapamide 1.25mg tab

Apo-Indapamide 1.25mg Tab	DNP	0.0745	M	SF	02245246	APX	Y
Jamp-Indapamide 1.25mg Tab	DNP	0.0745	M	SF	02373904	JPC	Y
MYLAN-Indapamide 1.25mg Tab	DNP	0.0745	M	SF	02240067	MYL	Y
Lozide 1.25mg Tab	DNP	0.0745	M	SF	02179709	SEV	Y

indapamide 2.5mg tab

Apo-Indapamide 2.5mg Tab	DNP	0.1182	M	SF	02223678	APX	Y
Jamp-Indapamide 2.5mg Tab	DNP	0.1182	M	SF	02373912	JPC	Y
MYLAN-Indapamide 2.5mg Tab	DNP	0.1182	M	SF	02153483	MYL	Y
Lozide 2.5mg Tab	DNP	0.1182	M	SF	00564966	SEV	Y

C03C HIGH-CEILING DIURETICS**C03CA SULFONAMIDES, PLAIN**

C03CA01 FUROSEMIDE

Furosemide 10mg/mL Inj	DNP	0.8650	L	SF	00527033	SDZ	N
Furosemide 10mg/mL Inj	DNP	0.8650	L	SF	02382539	SDZ	N
Lasix 10mg/mL Sol	DNP	0.3229	L	SF	02224720	SAV	N

furosemide 20mg tab

Apo-Furosemide 20mg Tab	DNP	0.0219	M	SF	00396788	APX	Y
Furosemide 20mg Tab	DNP	0.0219	M	SF	02351420	SAS	Y
MINT-Furosemide 20mg Tab	DNP	0.0219	M	SF	02466759	MNT	Y
Novo-Semide 20mg Tab	DNP	0.0219	M	SF	00337730	TEV	Y
Lasix 20mg Tab (discontinued)					02224690	SAV	Y

furosemide 40mg tab

Apo-Furosemide 40mg Tab	DNP	0.0327	M	SF	00362166	APX	Y
Furosemide 40mg Tab	DNP	0.0327	M	SF	02351439	SAS	Y
MINT-Furosemide 40mg Tab	DNP	0.0327	M	SF	02466767	MNT	Y

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		Novo-Semide 40mg Tab	DNP	0.0327	M	SF	00337749	TEV	Y
		Lasix 40mg Tab (discontinued)					02224704	SAV	Y
		furosemide 80mg tab							
		Apo-Furosemide 80mg Tab	DNP	0.0704	M	SF	00707570	APX	Y
		Furosemide 80mg Tab	DNP	0.0704	M	SF	02351447	SAS	Y
		MINT-Furosemide 80mg Tab	DNP	0.0704	M	SF	02466775	MNT	Y
		Novo-Semide 80mg Tab	DNP	0.0704	M	SF	00765953	TEV	Y
		Lasix 80mg Tab (discontinued)					02224712	SAV	Y
		Lasix Special 500mg Tab	DNP	3.2710	L	SF	02224755	SAV	N
C03CA02		BUMETANIDE							
		Burinex 1mg Tab	DNP	0.7907	L	SF	00728284	LEO	N
		Burinex 5mg Tab	DNP	3.0183	L	SF	00728276	LEO	N
C03CC		ARYLOXYACETIC ACID DERIVATIVES							
C03CC01		ETHACRYNIC ACID							
		Edecrin 25mg Tab	DNP	0.9350	L	SF	02258528	VLN	N
C03D		POTASSIUM-SPARING DRUGS							
C03DA		ALDOSTERONE ANTAGONISTS							
C03DA01		SPIRONOLACTONE							
		spironolactone 25mg tab							
		Novo-Spiroton 25mg Tab	DNP	0.1307	M	SF	00613215	TEV	Y
		Aldactone 25mg Tab	DNP	0.1307	M	SF	00028606	PFI	Y
		spironolactone 100mg tab							
		Novo-Spiroton 100mg Tab	DNP	0.2989	M	SF	00613223	TEV	Y
		Aldactone 100mg Tab	DNP	0.2989	M	SF	00285455	PFI	Y
C03DA04		EPLERENONE							
		eplerenone 25mg tab							
		MINT-Eplerenone 25mg Tab	DNP	2.0595	M	E	02471442	MNT	Y
		Inspra 25mg Tab	DNP	2.0595	M	E	02323052	PFI	Y
		eplerenone 50mg tab							
		MINT-Eplerenone 50mg Tab	DNP	2.0595	M	E	02471450	MNT	Y
		Inspra 50mg Tab	DNP	2.0595	M	E	02323060	PFI	Y
C03DB		OTHER POTASSIUM-SPARING DRUGS							
C03DB01		AMILORIDE							
		amiloride 5mg tab							
		Midamor 5mg Tab	DNP	0.2829	M	SF	02249510	AAP	Y
		Midamor 5mg Tab (discontinued)					00487805	ORB	Y
C03E		DIURETICS AND POTASSIUM-SPARING DRUGS IN COMBINATION							
C03EA		LOW-CEILING DIURETICS AND POTASSIUM-SPARING DRUGS							
C03EA01		HYDROCHLOROTHIAZIDE AND POTASSIUM-SPARING AGENTS							

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hydrochlorothiazide 25mg & spironolactone 25mg tab

Novo-Spirozine 25mg Tab	DNP	0.1307	M	SF	00613231	TEV	Y
Aldactazide 25mg Tab	DNP	0.1307	M	SF	00180408	PFI	Y

hydrochlorothiazide 25mg & triamterene 50mg tab

Apo-Triazide 50-25 Tab	DNP	0.0608	M	SF	00441775	APX	Y
Novo-Triamzide 50/25 Tab	DNP	0.0608	M	SF	00532657	TEV	Y
Dyazide 50/25 Tab (discontinued)					01919547	SKR	Y

hydrochlorothiazide 50mg & amiloride HCl 5mg tab

Apo-Amilzide 5-50 Tab	DNP	0.1293	M	SF	00784400	APX	Y
Novamilor 5/50 Tab (discontinued)					01937219	TEV	Y
Moduret 5/50 Tab (discontinued)					00487813	PRE	Y

hydrochlorothiazide 50mg & spironolactone 50mg tab

Novo-Spirozine 50mg Tab	DNP	0.2765	M	SF	00657182	TEV	Y
Aldactazide 50mg Tab	DNP	0.2765	M	SF	00594377	PFI	Y

C03X OTHER DIURETICS
C03XA VASOPRESSIN ANTAGONISTS

C03XA01 TOLVAPTAN

Samsca 15mg Tab					02370468	OTS	N
Samsca 30mg Tab					02370476	OTS	N

C04 PERIPHERAL VASODILATORS
C04A PERIPHERAL VASODILATORS
C04AA 2-AMINO-1-PHENYLETHANOL DERIVATIVES

C04AA02 BUPHENINE (NYLIDRIN)

Arlidin 6mg Tab					01926713	ERF	N
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C04AB IMIDAZOLINE DERIVATIVES

C04AB01 PHENTOLAMINE

Phentolamine Mesylate 5mg/mL Inj					02243737	SDZ	N
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C04AD PURINE DERIVATIVES

C04AD03 PENTOXIFYLLINE

pentoxifylline 400mg tab

Pentoxifylline SR 400mg Tab	DNP	0.7854	M	SF	02230090	AAP	Y
Trental 400mg Tab (discontinued)					02221977	SAV	Y

C04AE ERGOT ALKALOIDS

C04AE01 ERGOLOID MESYLATES

Hydergine 1mg Tab					00176176	STR	N
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C05 VASOPROTECTIVES
C05A AGENTS FOR TREATMENT OF HEMORRHOIDS & ANAL FISSURES / TOPICAL USE
C05AA CORTICOSTEROIDS

C Cardiovascular System**C05AA01 HYDROCORTISONE****hydrocortisone, framycetin sulfate & cinchocaine HCl oint**

Proctol Oint	DNPM	0.5960	M	SF	02247322	ODN	Y
ratio-Proctosone Oint	DNPM	0.5960	M	SF	02226383	TEV	Y
Sandoz Proctomyxin HC Oint	DNPM	0.5960	M	SF	02242527	SDZ	Y
Proctosedyl Oint	DNPM	0.5960	M	SF	02223252	AXC	Y

hydrocortisone, framycetin sulfate & cinchocaine HCl supp

Proctol Supp	DNPM	0.7925	M	SF	02247882	ODN	Y
ratio-Proctosone Supp	DNPM	0.7925	M	SF	02226391	TEV	Y
Sandoz Proctomyxin HC Supp	DNPM	0.7925	M	SF	02242528	SDZ	Y
Proctosedyl Supp	DNPM	0.7925	M	SF	02223260	AXC	Y

hydrocortisone, pramoxine oint

Proctodan-HC Oint	DNPM	0.7317	M	SF	02234466	ODN	Y
Anugesic-HC Oint	DNPM	0.7317	M	SF	00505781	JNJ	Y

hydrocortisone, pramoxine supp

Proctodan-HC Supp	DNPM	1.0875	M	SF	02240851	ODN	Y
Sandoz Anuzinc HC Plus Supp (discontinued)					02242797	SDZ	Y
Anugesic-HC Supp	DNPM	1.0875	M	SF	00476242	JNJ	Y
Proctofoam HC Aer	DNPM	1.3839	L	SF	00363014	DUI	N

hydrocortisone 0.5% oint

Anodan-HC Oint	DNPM	0.4130	M	SF	02128446	ODN	Y
Sandoz Anuzinc HC Oint	DNPM	0.4130	M	SF	02247691	SDZ	Y
Anusol-HC Oint	DNPM	0.4130	M	SF	00505773	CHU	Y

hydrocortisone 10mg supp

Anodan-HC Supp	DNPM	0.6075	M	SF	02236399	ODN	Y
Anusol-HC Supp	DNPM	0.6075	M	SF	00476285	CHU	Y

C05B ANTIVARICOSE THERAPY**C05BA HEPARINS OR HEPARINOIDS FOR TOPICAL USE****C05BA04 PENTOSAN POLYSULFATE SODIUM**

Elmiron 100mg Cap	DNP	3.0104	L	SF	02029448	JAN	N
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C07 BETA BLOCKING AGENTS**C07A BETA BLOCKING AGENTS, PLAIN****C07AA BETA BLOCKING AGENTS, PLAIN, NON-SELECTIVE****C07AA03 PINDOLOL****pindolol 5mg tab**

Apo-Pindol 5mg Tab	DNP	0.1464	M	SF	00755877	APX	Y
Novo-Pindol 5mg Tab	DNP	0.1464	M	SF	00869007	TEV	Y
Visken 5mg Tab	DNP	0.1464	M	SF	00417270	ARZ	Y

pindolol 10mg tab

Apo-Pindol 10mg Tab	DNP	0.2500	M	SF	00755885	APX	Y
Novo-Pindol 10mg Tab	DNP	0.2500	M	SF	00869015	TEV	Y
Visken 10mg Tab	DNP	0.2500	M	SF	00443174	ARZ	Y

		pindolol 15mg tab						
C07AA05	Apo-Pindol 15mg Tab	DNP	0.3627	M	SF	00755893	APX	Y
	Novo-Pindol 15mg Tab	DNP	0.3627	M	SF	00869023	TEV	Y
	Visken 15mg Tab (discontinued)					00417289	TRB	Y
	PROPRANOLOL							
		Propranolol HCL 1mg/mL Inj						
						02225883	SDZ	N
		propranolol 10mg tab						
C07AA05	Novo-Pranol 10mg Tab	DNP	0.0737	M	SF	00496480	TEV	Y
	Inderal 10mg Tab (discontinued)					02042177	WAY	Y
	propranolol 20mg tab							
	Novo-Pranol 20mg Tab	DNP	0.1184	M	SF	00740675	TEV	Y
		Inderal 20mg Tab (discontinued)						
						02042193	WAY	Y
		propranolol 40mg tab						
C07AA05	Novo-Pranol 40mg Tab	DNP	0.1311	M	SF	00496499	TEV	Y
	Inderal 40mg Tab (discontinued)					02042207	WAY	Y
	Inderal-LA 60mg Cap	DNP	0.6577	L	SF	02042231	PFI	N
	propranolol 80mg tab							
C07AA05	Novo-Pranol 80mg Tab	DNP	0.2176	M	SF	00496502	TEV	Y
	Inderal 80mg Tab (discontinued)					02042215	WAY	Y
	Inderal-LA 80mg Cap	DNP	0.7416	L	SF	02042258	PFI	N
	Inderal-LA 120mg Cap	DNP	1.1419	L	SF	02042266	PFI	N
		Inderal-LA 160mg Cap						
		DNP	1.3504	L	SF	02042274	PFI	N
C07AA06	TIMOLOL							
		timolol maleate 5mg tab						
C07AA06	Timolol 5mg Tab	DNP	0.2077	M	SF	00755842	AAP	Y
	Blocadren 5mg Tab (discontinued)					00353914	LIH	Y
		timolol maleate 10mg tab						
C07AA06	Timolol 10mg Tab	DNP	0.3239	M	SF	00755850	AAP	Y
	Blocadren 10mg Tab (discontinued)					00353922	FRS	Y
		timolol maleate 20mg tab						
C07AA06	Timolol 20mg Tab	DNP	0.6304	M	SF	00755869	AAP	Y
	Blocadren 20mg Tab (discontinued)					00495611	FRS	Y
C07AA07	SOTALOL							
		sotalol 80mg tab						
C07AA07	Apo-Sotalol 80mg Tab	DNP	0.2966	M	SF	02210428	APX	Y
	Jamp-Sotalol 80mg Tab	DNP	0.2966	M	SF	02368617	JPC	Y
	pms-Sotalol 80mg Tab	DNP	0.2966	M	SF	02238326	PMS	Y
	Sotalol-80mg Tab	DNP	0.2966	M	SF	02385988	SIV	Y
	Sotacor 80mg Tab (discontinued)					00897272	BRI	Y
		sotalol 160mg tab						
C07AA07	Apo-Sotalol 160mg Tab	DNP	0.1624	M	SF	02167794	APX	Y
	Jamp-Sotalol 160mg Tab	DNP	0.1624	M	SF	02368625	JPC	Y
	pms-Sotalol 160mg Tab	DNP	0.1624	M	SF	02238327	PMS	Y

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C07AA12 NADOLOL

C07AB BETA BLOCKING AGENTS, PLAIN, SELECTIVE

Sotalol-160mg Tab	DNP	0.1624	M	SF	02385996	SIV	Y
Sotacor 160mg Tab (discontinued)					00483923	BRI	Y
nadolol 40mg tab							
Nadol 40mg Tab	DNP	0.4607	M	SF	00782505	AAP	Y
Corgard 40mg Tab (discontinued)					00607126	BRI	Y
nadolol 80mg tab							
Nadol 80mg Tab	DNP	0.3788	M	SF	00782467	AAP	Y
Corgard 80mg Tab (discontinued)					00463256	BRI	Y
nadolol 160mg tab							
Nadol 160mg Tab	DNP	1.2299	M	SF	00782475	AAP	Y
Corgard 160mg Tab (discontinued)					00523372	BRI	Y

C07AB02 METOPROLOL

metoprolol 25mg tab							
Metoprolol-L 25mg Tab					02442116	SIV	Y
pms-Metoprolol-L 25mg Tab	DNP	0.0643	M	SF	02248855	PMS	Y
Apo-Metoprolol 25mg Tab	DNP	0.0643	L	SF	02246010	APX	N
metoprolol tartrate 50mg tab							
Apo-Metoprolol 50mg Tab	DNP	0.0671	M	SF	00618632	APX	Y
Apo-Metoprolol-L 50mg Tab	DNP	0.0671	M	SF	00749354	APX	Y
Jamp-Metoprolol-L 50mg Tab	DNP	0.0671	M	SF	02356821	JPC	Y
Metoprolol Film-Coated 50mg Tab	DNP	0.0671	M	SF	02350394	SAS	Y
Metoprolol-L 50mg Tab	DNP	0.0671	M	SF	02442124	SIV	Y
pms-Metoprolol-L 50mg Tab	DNP	0.0671	M	SF	02230803	PMS	Y
Sandoz Metoprolol (Type L) 50mg Tab (discontinued)					02354187	SDZ	Y
Teva-Metoprol 50mg Tab (pink)	DNP	0.0671	M	SF	00648035	TEV	Y
Betaloc 50mg Tab (discontinued)					00402605	AZE	Y
Lopresor 50mg Tab (discontinued)					00397423	NVR	Y
Teva-Metoprol 50mg Tab (white)	DNP	0.1225	L	SF	00842648	TEV	N
metoprolol tartrate 100mg SR tab							
Apo-Metoprolol SR 100mg Tab	DNP	0.1782	M	SF	02285169	APX	Y
Sandoz Metoprolol SR 100mg Tab	DNP	0.1782	M	SF	02303396	SDZ	Y
Lopresor SR 100mg Tab	DNP	0.1782	M	SF	00658855	NVR	Y
metoprolol tartrate 100mg tab							
Apo-Metoprolol 100mg Tab	DNP	0.1464	M	SF	00618640	APX	Y
Apo-Metoprolol-L 100mg Tab	DNP	0.1464	M	SF	00751170	APX	Y
Jamp-Metoprolol-L 100mg Tab	DNP	0.1464	M	SF	02356848	JPC	Y
Metoprolol Film-Coated 100mg Tab	DNP	0.1464	M	SF	02350408	SAS	Y
Metoprolol-L 100mg Tab	DNP	0.1464	M	SF	02442132	SIV	Y
pms-Metoprolol-L 100mg Tab	DNP	0.1464	M	SF	02230804	PMS	Y
Sandoz Metoprolol (Type L) 100mg Tab (discontinued)					02354195	SDZ	Y
Teva-Metoprol 100mg Tab (blue)	DNP	0.1464	M	SF	00648043	TEV	Y
Betaloc 100mg Tab (discontinued)					00402540	AZE	Y
Lopresor 100mg Tab (discontinued)					00397431	NVR	Y

	Teva-Metoprolol 100mg Tab (white)	DNP	0.2223	L	SF	00842656	TEV	N
	metoprolol tartrate 200mg SR tab							
	Apo-Metoprolol SR 200mg Tab	DNP	0.3234	M	SF	02285177	APX	Y
	Sandoz Metoprolol SR 200mg Tab	DNP	0.3234	M	SF	02303418	SDZ	Y
	Lopresor SR 200mg Tab	DNP	0.3234	M	SF	00534560	NVR	Y
C07AB03	ATENOLOL							
	atenolol 25mg tab							
	Atenolol-25mg Tab	DNP	0.0521	M	SF	02247182	SIV	Y
	pms-Atenolol 25mg Tab	DNP	0.0521	M	SF	02246581	PMS	Y
	Jamp-Atenolol 25mg Tab	DNP	0.0521	L	SF	02367556	JPC	N
	Mar-Atenolol 25mg Tab	DNP	0.0521	L	SF	02371979	MAR	N
	MINT-Atenol 25mg Tab	DNP	0.0521	L	SF	02368013	MNT	N
	MYLAN-Atenolol 25mg Tab (discontinued)					02303647	MYL	N
	RAN-Atenolol 25mg Tab	DNP	0.0521	L	SF	02373963	RAN	N
	Teva-Atenolol 25mg Tab	DNP	0.0521	L	SF	02266660	TEV	N
	atenolol 50mg tab							
	Apo-Atenol 50mg Tab	DNP	0.1107	M	SF	00773689	APX	Y
	Atenolol 50mg Tab	DNP	0.1107	M	SF	02466465	SAS	Y
	Atenolol-50mg Tab	DNP	0.1107	M	SF	02238316	SIV	Y
	CO Atenolol 50mg Tab	DNP	0.1107	M	SF	02255545	ATV	Y
	Jamp-Atenolol 50mg Tab	DNP	0.1107	M	SF	02367564	JPC	Y
	Mar-Atenolol 50mg Tab	DNP	0.1107	M	SF	02371987	MAR	Y
	MINT-Atenol 50mg Tab	DNP	0.1107	M	SF	02368021	MNT	Y
	pms-Atenolol 50mg Tab	DNP	0.1107	M	SF	02237600	PMS	Y
	RAN-Atenolol 50mg Tab	DNP	0.1107	M	SF	02267985	RAN	Y
	ratio-Atenolol 50mg Tab	DNP	0.1107	M	SF	02171791	TEV	Y
	Septa-Atenolol 50mg Tab	DNP	0.1107	M	SF	02368641	SPT	Y
	Tenormin 50mg Tab	DNP	0.1107	M	SF	02039532	AZE	Y
	atenolol 100mg tab							
	Apo-Atenol 100mg Tab	DNP	0.1821	M	SF	00773697	APX	Y
	Atenolol 100mg Tab	DNP	0.1821	M	SF	02466473	SAS	Y
	Atenolol-100mg Tab	DNP	0.1821	M	SF	02238318	SIV	Y
	CO Atenolol 100mg Tab	DNP	0.1821	M	SF	02255553	ATV	Y
	Jamp-Atenolol 100mg Tab	DNP	0.1821	M	SF	02367572	JPC	Y
	Mar-Atenolol 100mg Tab	DNP	0.1821	M	SF	02371995	MAR	Y
	MINT-Atenol 100mg Tab	DNP	0.1821	M	SF	02368048	MNT	Y
	pms-Atenolol 100mg Tab	DNP	0.1821	M	SF	02237601	PMS	Y
	RAN-Atenolol 100mg Tab	DNP	0.1821	M	SF	02267993	RAN	Y
	ratio-Atenolol 100mg Tab	DNP	0.1821	M	SF	02171805	TEV	Y
	Septa-Atenolol 100mg Tab	DNP	0.1821	M	SF	02368668	SPT	Y
	Tenormin 100mg Tab	DNP	0.1821	M	SF	02039540	AZE	Y
C07AB04	ACEBUTOLOL							
	acebutolol HCl 100mg tab							
	Acebutolol 100mg Tab (discontinued)					02286246	SAS	Y
	Apo-Acebutolol 100mg Tab	DNP	0.0839	M	SF	02147602	APX	Y
	MYLAN-Acebutolol (Type S) 100mg Tab (discontinued)					02237885	MYL	Y

Novo-Acebutolol 100mg Tab	DNP	0.0839	M	SF	02204517	TEV	Y
Monitan 100mg Tab (discontinued)					02036290	WAY	Y
Sectral 100mg Tab (discontinued)					01926543	SAV	Y

acebutolol HCl 200mg tab

Acebutolol 200mg Tab (discontinued)					02286254	SAS	Y
Apo-Acebutolol 200mg Tab	DNP	0.1259	M	SF	02147610	APX	Y
Novo-Acebutolol 200mg Tab	DNP	0.1259	M	SF	02204525	TEV	Y
Monitan 200mg Tab (discontinued)					02036436	WAY	Y
Sectral 200mg Tab (discontinued)					01926551	SAV	Y

acebutolol HCl 400mg tab

Acebutolol 400mg (discontinued)					02286262	SAS	Y
Apo-Acebutolol 400mg Tab	DNP	0.2505	M	SF	02147629	APX	Y
Novo-Acebutolol 400mg Tab	DNP	0.2505	M	SF	02204533	TEV	Y
Monitan 400mg Tab (discontinued)					02036444	WAY	Y
Rhotral 400mg Tab (discontinued)					01910167	SDZ	Y
Sectral 400mg Tab (discontinued)					01926578	SAV	Y

C07AB07 BISOPROLOL

bisoprolol 5mg tab

Apo-Bisoprolol 5mg Tab	DNP	0.0715	M	SF	02256134	APX	Y
Bisoprolol 5mg Tab	DNP	0.0715	M	SF	02391589	SAS	Y
Bisoprolol-5mg Tab	DNP	0.0715	M	SF	02383055	SIV	Y
Novo-Bisoprolol 5mg Tab	DNP	0.0715	M	SF	02267470	TEV	Y
pms-Bisoprolol 5mg Tab (discontinued)					02302632	PMS	Y
Sandoz Bisoprolol 5mg Tab	DNP	0.0715	M	SF	02247439	SDZ	Y
Monocor 5mg Tab (discontinued)					02241148	BVL	Y

bisoprolol 10mg tab

Apo-Bisoprolol 10mg Tab	DNP	0.1044	M	SF	02256177	APX	Y
Bisoprolol 10mg Tab	DNP	0.1044	M	SF	02391597	SAS	Y
Bisoprolol-10mg Tab	DNP	0.1044	M	SF	02383063	SIV	Y
Novo-Bisoprolol 10mg Tab	DNP	0.1044	M	SF	02267489	TEV	Y
pms-Bisoprolol 10mg Tab (discontinued)					02302640	PMS	Y
Sandoz Bisoprolol 10mg Tab	DNP	0.1044	M	SF	02247440	SDZ	Y
Monocor 10mg Tab (discontinued)					02241149	BVL	Y

C07AB12 NEBIVOLOL

Bystolic 2.5mg Tab					02398990	FLC	N
Bystolic 5mg Tab					02399008	FLC	N
Bystolic 10mg Tab					02399016	FLC	N
Bystolic 20mg Tab					02399024	FLC	N

C07AG ALPHA AND BETA BLOCKING AGENTS

C07AG01 LABETALOL

labetalol 5mg/mL inj

Labetalol 5mg/mL Inj					02231689	SDZ	Y
Trandate 5mg/mL Inj (discontinued)					02091518	SHI	Y
Trandate 100mg Tab	DNP	0.3776	L	SF	02106272	PAL	N

	Trandate 200mg Tab	DNP	0.6674	L	SF	02106280	PAL	N
C07AG02	CARVEDILOL							
	carvedilol 3.125mg tab							
	Apo-Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02247933	APX	Y
	Auro-Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02418495	ARO	Y
	Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02364913	SAS	Y
	Carvedilol-3.125mg Tab	DNP	0.2431	M	E	02248752	SIV	Y
	Jamp-Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02368897	JPC	Y
	MYLAN-Carvedilol 3.125mg Tab (discontinued)					02347512	MYL	Y
	pms-Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02245914	PMS	Y
	ratio-Carvedilol 3.125mg Tab	DNP	0.2431	M	E	02252309	TEV	Y
	Coreg 3.125mg Tab (discontinued)					02229650	GSK	Y
	carvedilol 6.25mg tab							
	Apo-Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02247934	APX	Y
	Auro-Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02418509	ARO	Y
	Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02364921	SAS	Y
	Carvedilol-6.25mg Tab	DNP	0.2431	M	E	02248753	SIV	Y
	Jamp-Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02368900	JPC	Y
	MYLAN-Carvedilol 6.25mg Tab (discontinued)					02347520	MYL	Y
	pms-Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02245915	PMS	Y
	ratio-Carvedilol 6.25mg Tab	DNP	0.2431	M	E	02252317	TEV	Y
	Coreg 6.25mg Tab (discontinued)					02229651	GSK	Y
	carvedilol 12.5mg tab							
	Apo-Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02247935	APX	Y
	Auro-Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02418517	ARO	Y
	Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02364948	SAS	Y
	Carvedilol-12.5mg Tab	DNP	0.2431	M	E	02248754	SIV	Y
	Jamp-Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02368919	JPC	Y
	MYLAN-Carvedilol 12.5mg Tab (discontinued)					02347555	MYL	Y
	pms-Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02245916	PMS	Y
	ratio-Carvedilol 12.5mg Tab	DNP	0.2431	M	E	02252325	TEV	Y
	Coreg 12.5mg Tab (discontinued)					02229652	GSK	Y
	carvedilol 25mg tab							
	Apo-Carvedilol 25mg Tab	DNP	0.2431	M	E	02247936	APX	Y
	Auro-Carvedilol 25mg Tab	DNP	0.2431	M	E	02418525	ARO	Y
	Carvedilol 25mg Tab	DNP	0.2431	M	E	02364956	SAS	Y
	Carvedilol-25mg Tab	DNP	0.2431	M	E	02248755	SIV	Y
	Jamp-Carvedilol 25mg Tab	DNP	0.2431	M	E	02368927	JPC	Y
	pms-Carvedilol 25mg Tab	DNP	0.2431	M	E	02245917	PMS	Y
	ratio-Carvedilol 25mg Tab	DNP	0.2431	M	E	02252333	TEV	Y
	Coreg 25mg Tab (discontinued)					02229653	GSK	Y

C07C BETA BLOCKING AGENTS AND OTHER DIURETICS**C07CA BETA BLOCKING AGENTS, NON-SELECTIVE, OTHER DIURETICS**

C07CA03 PINDOLOL AND OTHER DIURETICS

	Viskazine 10/25 Tab	DNP	1.1007	L	SF	00568627	ARZ	N
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	Viskazine 10/50 Tab	DNP	1.1007	L	SF	00568635	ARZ	N
C07CB	BETA BLOCKING AGENTS,SELECTIVE,AND OTHER DIURETICS							
C07CB03	ATENOLOL AND OTHER DIURETICS							
	atenolol 50mg & chlorthalidone 25mg tab							
	Apo-Atenidone 50/25mg Tab	DNP	0.3195	M	SF	02248763	APX	Y
	Teva-Atenolol/Chlorthalidone 50/25mg Tab	DNP	0.3195	M	SF	02302918	TEV	Y
	Tenoretic 50/25mg Tab	DNP	0.3195	M	SF	02049961	AZE	Y
	atenolol 100mg & chlorthalidone 25mg tab							
	Apo-Atenidone 100/25mg Tab	DNP	0.5236	M	SF	02248764	APX	Y
	Teva-Atenolol/Chlorthalidone 100/25mg Tab	DNP	0.5236	M	SF	02302926	TEV	Y
	Tenoretic 100/25mg Tab	DNP	0.5236	M	SF	02049988	AZE	Y
C08	CALCIUM CHANNEL BLOCKERS							
C08C	SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS							
C08CA	DIHYDROPYRIDINE DERIVATIVES							
C08CA01	AMLODIPINE							
	ACT-Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02297477	ATV	N
	pms-Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02295148	PMS	N
	Sandoz Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02330474	SDZ	N
	amlodipine 5mg tab							
	Amlodipine 5mg Tab	DNP	0.1343	M	SF	02331284	SAS	Y
	Amlodipine 5mg Tab	DNP	0.1343	M	SF	02429217	JPC	Y
	Amlodipine Besylate 5mg Tab	DNP	0.1343	M	SF	02419564	AHI	Y
	Amlodipine-5mg Tab	DNP	0.1343	M	SF	02385791	SIV	Y
	Apo-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02273373	APX	Y
	Auro-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02397072	ARO	Y
	CO Amlodipine 5mg Tab	DNP	0.1343	M	SF	02297485	ATV	Y
	GD-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02280132	GMD	Y
	Mar-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02371715	MAR	Y
	MINT-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02362651	MNT	Y
	MYLAN-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02272113	MYL	Y
	pharma-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02469030	PMS	Y
	pms-Amlodipine 5mg Tab (discontinued)					02284065	PMS	Y
	RAN-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02321858	RAN	Y
	Sandoz Amlodipine 5mg Tab	DNP	0.1343	M	SF	02284383	SDZ	Y
	Septa-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02357712	SPT	Y
	Teva-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02250497	TEV	Y
	Norvasc 5mg Tab	DNP	0.1343	M	SF	00878928	PFI	Y
	amlodipine 10mg tab							
	Amlodipine 10mg Tab	DNP	0.1993	M	SF	02331292	SAS	Y
	Amlodipine 10mg Tab	DNP	0.1993	M	SF	02429225	JPC	Y
	Amlodipine Besylate 10mg Tab	DNP	0.1993	M	SF	02419572	AHI	Y
	Amlodipine-10mg Tab	DNP	0.1993	M	SF	02385805	SIV	Y
	Apo-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02273381	APX	Y
	Auro-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02397080	ARO	Y
	CO Amlodipine 10mg Tab	DNP	0.1993	M	SF	02297493	ATV	Y

GD-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02280140	GMD	Y
Mar-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02371723	MAR	Y
MINT-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02362678	MNT	Y
MYLAN-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02272121	MYL	Y
pharma-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02469049	PMS	Y
pms-Amlodipine 10mg Tab (discontinued)					02284073	PMS	Y
RAN-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02321866	RAN	Y
Sandoz Amlodipine 10mg Tab	DNP	0.1993	M	SF	02284391	SDZ	Y
Septa-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02357720	SPT	Y
Teva-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02250500	TEV	Y
Norvasc 10mg Tab	DNP	0.1993	M	SF	00878936	PFI	Y

C08CA02 FELODIPINE

felodipine 2.5mg tab (Plendil)

Apo-Felodipine 2.5mg Tab	DNP	0.4050	M	SF	02452367	APX	Y
Plendil 2.5mg Tab	DNP	0.4050	M	SF	02057778	AZE	Y

felodipine 5mg tab (Plendil)

Apo-Felodipine 5mg Tab	DNP	0.3565	M	SF	02452375	APX	Y
Sandoz Felodipine 5mg Tab	DNP	0.3565	M	SF	02280264	SDZ	Y
Plendil 5mg Tab	DNP	0.3565	M	SF	00851779	AZE	Y

felodipine 5mg tab (Renedil)

Sandoz Felodipine 5mg Tab	DNP	0.3565	M	SF	02280264	SDZ	Y
Renedil 5mg Tab (discontinued)					02221993	SAV	Y

felodipine 10mg tab (Plendil)

Apo-Felodipine 10mg Tab	DNP	0.5350	M	SF	02452383	APX	Y
Sandoz Felodipine 10mg Tab	DNP	0.5350	M	SF	02280272	SDZ	Y
Plendil 10mg Tab	DNP	0.5350	M	SF	00851787	AZE	Y

felodipine 10mg tab (Renedil)

Sandoz Felodipine 10mg Tab	DNP	0.5350	M	SF	02280272	SDZ	Y
Renedil 10mg Tab (discontinued)					02222000	SAV	Y

C08CA05 NIFEDIPINE

nifedipine 5mg cap

Nifedipine 5mg Cap	DNP	0.3756	M	SF	00725110	AAP	Y
Adalat 5mg Cap (discontinued)					00613258	MIP	Y

nifedipine 10mg cap

Nifedipine 10mg Cap	DNP	0.4979	M	SF	00755907	AAP	Y
Adalat 10mg Cap (discontinued)					00557633	MIP	Y

Adalat XL 20mg Tab

DNP	1.2600	L	SF	02237618	TEV	N
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nifedipine 30mg ER tab

MYLAN-Nifedipine ER 30mg Tab	DNP	0.6171	M	SF	02349167	MYL	Y
pms-Nifedipine ER 30mg Tab					02418630	PMS	Y
Adalat XL 30mg Tab	DNP	0.6171	M	SF	02155907	TEV	Y

nifedipine 60mg ER tab

MYLAN-Nifedipine ER 60mg Tab	DNP	0.9374	M	SF	02321149	MYL	Y
pms-Nifedipine ER 60mg Tab					02416301	PMS	Y
Adalat XL 60mg Tab	DNP	0.9374	M	SF	02155990	TEV	Y

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C08CA06 NIMODIPINE

Nimotop 30mg Tab

DNP

10.3006

L

SF

02325926 BAY N

C08D SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS**C08DA PHENYLALKYLAMINE DERIVATIVES**

C08DA01 VERAPAMIL

verapamil 2.5mg/mL inj

Verapamil 2.5mg/mL Inj

02166739 SDZ Y

Isoptin IV 2.5mg/mL Inj (discontinued)

00630535 ABB Y

verapamil HCl 80mg tab

Apo-Verap 80mg Tab

DNP

0.2735

M

SF

00782483 APX Y

MYLAN-Verapamil 80mg Tab

DNP

0.2735

M

SF

02237921 MYL Y

Isoptin 80mg Tab (discontinued)

00554316 ABB Y

verapamil 120mg SR tab

Apo-Verap SR 120mg Tab

02246893 APX Y

MYLAN-Verapamil SR 120mg Tab

02210347 MYL Y

Isoptin SR 120mg Tab

01907123 BGP Y

verapamil HCl 120mg tab

Apo-Verap 120mg Tab

DNP

0.4250

M

SF

00782491 APX Y

MYLAN-Verapamil 120mg Tab

DNP

0.4250

M

SF

02237922 MYL Y

Isoptin 120mg Tab (discontinued)

00554324 ABB Y

verapamil 180mg SR tab

Apo-Verap SR 180mg Tab

DNP

0.8570

M

SF

02246894 APX Y

MYLAN-Verapamil SR 180mg Tab

DNP

0.8570

M

SF

02450488 MYL Y

Isoptin SR 180mg Tab

DNP

0.8570

M

SF

01934317 BGP Y

verapamil 240mg SR tab

Apo-Verap SR 240mg Tab

DNP

0.5166

M

SF

02246895 APX Y

MYLAN-Verapamil SR 240mg Tab

DNP

0.5166

M

SF

02450496 MYL Y

pms-Verapamil SR 240mg Tab

DNP

0.5166

M

SF

02237791 PMS Y

Isoptin SR 240mg Tab

DNP

0.5166

M

SF

00742554 BGP Y

C08DB BENZOTHAZEPINE DERIVATIVES

C08DB01 DILTIAZEM

diltiazem 5mg/mL inj

Diltiazem Hydrochloride 5mg/mL Inj

02244728 SDZ Y

Cardizem 5mg/mL Inj (discontinued)

02099691 BVL Y

diltiazem HCl 30mg tab

Apo-Diltiaz 30mg Tab

DNP

0.1866

M

SF

00771376 APX Y

Teva-Diltiazem 30mg Tab

DNP

0.1866

M

SF

00862924 TEV Y

Cardizem 30mg Tab (discontinued)

02097370 BVL Y

diltiazem HCl 60mg tab

Apo-Diltiaz 60mg Tab

DNP

0.3273

M

SF

00771384 APX Y

Teva-Diltiazem 60mg Tab

DNP

0.3273

M

SF

00862932 TEV Y

Cardizem 60mg Tab (discontinued)

02097389 BVL Y

diltiazem 120mg CD cap

Apo-Diltiaz CD 120mg Cap	DNP	0.3696	M	SF	02230997	APX	Y
CO Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02370611	ATV	Y
Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02445999	SIV	Y
Novo-Diltazem CD 120mg Cap	DNP	0.3696	M	SF	02242538	TEV	Y
Sandoz Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02243338	SDZ	Y
Cardizem CD 120mg Cap	DNP	0.3696	M	SF	02097249	VLN	Y
diltiazem 120mg ER cap							
CO Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02370441	ATV	Y
Mar-Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02465353	MAR	Y
Novo-Diltazem ER 120mg Cap	DNP	0.2134	M	SF	02271605	TEV	Y
Sandoz Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02245918	SDZ	Y
Tiazac ER 120mg Cap	DNP	0.2134	M	SF	02231150	VLN	Y
Tiazac XC 120mg Tab	DNP	0.8805	L	SF	02256738	VLN	N
diltiazem 180mg CD cap							
Apo-Diltiaz CD 180mg Cap	DNP	0.4906	M	SF	02230998	APX	Y
CO Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02370638	ATV	Y
Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02446006	SIV	Y
Novo-Diltazem CD 180mg Cap	DNP	0.4906	M	SF	02242539	TEV	Y
Sandoz Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02243339	SDZ	Y
Cardizem CD 180mg Cap	DNP	0.4906	M	SF	02097257	VLN	Y
diltiazem 180mg ER cap							
CO Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02370492	ATV	Y
Mar-Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02465361	MAR	Y
Novo-Diltazem ER 180mg Cap	DNP	0.2889	M	SF	02271613	TEV	Y
Sandoz Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02245919	SDZ	Y
Tiazac ER 180mg Cap	DNP	0.2889	M	SF	02231151	VLN	Y
Tiazac XC 180mg Tab	DNP	1.1704	L	SF	02256746	VLN	N
diltiazem 240mg CD cap							
Apo-Diltiaz CD 240mg Cap	DNP	0.6508	M	SF	02230999	APX	Y
CO Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02370646	ATV	Y
Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02446014	SIV	Y
Novo-Diltazem CD 240mg Cap	DNP	0.6508	M	SF	02242540	TEV	Y
Sandoz Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02243340	SDZ	Y
Cardizem CD 240mg Cap	DNP	0.6508	M	SF	02097265	VLN	Y
diltiazem 240mg ER cap							
CO Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02370506	ATV	Y
Mar-Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02465388	MAR	Y
Novo-Diltazem ER 240mg Cap	DNP	0.3832	M	SF	02271621	TEV	Y
Sandoz Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02245920	SDZ	Y
Tiazac ER 240mg Cap	DNP	0.3832	M	SF	02231152	VLN	Y
Tiazac XC 240mg Tab	DNP	1.5543	L	SF	02256754	VLN	N
diltiazem 300mg CD cap							
Apo-Diltiaz CD 300mg Cap	DNP	0.8134	M	SF	02229526	APX	Y
CO Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02370654	ATV	Y
Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02446022	SIV	Y
Novo-Diltazem CD 300mg Cap	DNP	0.8134	M	SF	02242541	TEV	Y
Sandoz Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02243341	SDZ	Y

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Cardizem CD 300mg Cap	DNP	0.8134	M	SF	02097273	VLN	Y
diltiazem 300mg ER cap							
CO Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02370514	ATV	Y
Mar-Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02465396	MAR	Y
Novo-Diltiazem ER 300mg Cap	DNP	0.4719	M	SF	02271648	TEV	Y
Sandoz Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02245921	SDZ	Y
Tiazac ER 300mg Cap	DNP	0.4719	M	SF	02231154	VLN	Y
Tiazac XC 300mg Tab	DNP	1.5497	L	SF	02256762	VLN	N
diltiazem 360mg ER cap							
CO Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02370522	ATV	Y
Mar-Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02465418	MAR	Y
Novo-Diltiazem ER 360mg Cap	DNP	0.5778	M	SF	02271656	TEV	Y
Sandoz Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02245922	SDZ	Y
Tiazac ER 360mg Cap	DNP	0.5778	M	SF	02231155	VLN	Y
Tiazac XC 360mg Tab	DNP	1.5542	L	SF	02256770	VLN	N

C09 AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM
C09A ACE-INHIBITORS, PLAIN
C09AA ACE-INHIBITORS, PLAIN
C09AA01 CAPTOPRIL

Apo-Capto 6.25mg Tab (discontinued)					01999559	APX	N
captopril 12.5mg tab							
Apo-Capto 12.5mg Tab	DNP	0.1060	M	SF	00893595	APX	Y
Novo-Captopril 12.5mg Tab	DNP	0.1060	M	SF	01942964	TEV	Y
Capoten 12.5mg Tab (discontinued)					00695661	BRI	Y
captopril 25mg tab							
Apo-Capto 25mg Tab	DNP	0.1500	M	SF	00893609	APX	Y
Novo-Captopril 25mg Tab	DNP	0.1500	M	SF	01942972	TEV	Y
Capoten 25mg Tab (discontinued)					00546283	BRI	Y
captopril 50mg tab							
Apo-Capto 50mg Tab	DNP	0.2795	M	SF	00893617	APX	Y
Novo-Captopril 50mg Tab	DNP	0.2795	M	SF	01942980	TEV	Y
Capoten 50mg Tab (discontinued)					00546291	BRI	Y
captopril 100mg tab							
Apo-Capto 100mg Tab	DNP	0.5198	M	SF	00893625	APX	Y
Novo-Captopril 100mg Tab	DNP	0.5198	M	SF	01942999	TEV	Y
Capoten 100mg Tab (discontinued)					00546305	BRI	Y

C09AA02 ENALAPRIL

enalapril 2.5mg tab							
Apo-Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02020025	APX	Y
CO Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02291878	ATV	Y
Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02442957	SIV	Y
Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02400650	SAS	Y
RAN-Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02352230	RAN	Y

Sandoz Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02299933	SDZ	Y
Vasotec 2.5mg Tab (discontinued)					00851795	FRS	Y

enalapril 5mg tab

Apo-Enalapril 5mg Tab	DNP	0.2314	M	SF	02019884	APX	Y
CO Enalapril 5mg Tab	DNP	0.2314	M	SF	02291886	ATV	Y
Enalapril 5mg Tab	DNP	0.2314	M	SF	02400669	SAS	Y
Enalapril 5mg Tab	DNP	0.2314	M	SF	02442965	SIV	Y
Novo-Enalapril 5mg Tab (discontinued)					02233005	TEV	Y
RAN-Enalapril 5mg Tab	DNP	0.2314	M	SF	02352249	RAN	Y
Sandoz Enalapril 5mg Tab	DNP	0.2314	M	SF	02299941	SDZ	Y
Vasotec 5mg Tab	DNP	0.2314	M	SF	00708879	FRS	Y

enalapril 10mg tab

Apo-Enalapril 10mg Tab	DNP	0.2779	M	SF	02019892	APX	Y
CO Enalapril 10mg Tab	DNP	0.2779	M	SF	02291894	ATV	Y
Enalapril 10mg Tab	DNP	0.2779	M	SF	02442973	SIV	Y
Enalapril 10mg Tab	DNP	0.2779	M	SF	02400677	SAS	Y
Novo-Enalapril 10mg Tab (discontinued)					02233006	TEV	Y
RAN-Enalapril 10mg Tab	DNP	0.2779	M	SF	02352257	RAN	Y
Sandoz Enalapril 10mg Tab	DNP	0.2779	M	SF	02299968	SDZ	Y
Vasotec 10mg Tab	DNP	0.2779	M	SF	00670901	FRS	Y

enalapril 20mg tab

Apo-Enalapril 20mg Tab	DNP	0.3354	M	SF	02019906	APX	Y
CO Enalapril 20mg Tab	DNP	0.3354	M	SF	02291908	ATV	Y
Enalapril 20mg Tab	DNP	0.3354	M	SF	02442981	SIV	Y
Enalapril 20mg Tab	DNP	0.3354	M	SF	02400685	SAS	Y
Novo-Enalapril 20mg Tab (discontinued)					02233007	TEV	Y
RAN-Enalapril 20mg Tab	DNP	0.3354	M	SF	02352265	RAN	Y
Sandoz Enalapril 20mg Tab	DNP	0.3354	M	SF	02299976	SDZ	Y
Vasotec 20mg Tab	DNP	0.3354	M	SF	00670928	FRS	Y

C09AA03 LISINOPRIL

lisinopril 5mg tab

Apo-Lisinopril 5mg Tab	DNP	0.1500	M	SF	02217481	APX	Y
Auro-Lisinopril 5mg Tab	DNP	0.1500	M	SF	02394472	ARO	Y
CO Lisinopril 5mg Tab (discontinued)					02271443	ATV	Y
Jamp-Lisinopril 5mg Tab	DNP	0.1500	M	SF	02361531	JPC	Y
Lisinopril-5mg Tab	DNP	0.1500	M	SF	02386232	SIV	Y
Novo-Lisinopril P 5mg Tab	DNP	0.1500	M	SF	02285061	TEV	Y
Novo-Lisinopril Z 5mg Tab	DNP	0.1500	M	SF	02285118	TEV	Y
RAN-Lisinopril 5mg Tab	DNP	0.1500	M	SF	02294230	RAN	Y
Sandoz Lisinopril 5mg Tab	DNP	0.1500	M	SF	02289199	SDZ	Y
Prinivil 5mg Tab (discontinued)					00839388	FRS	Y
Zestril 5mg Tab	DNP	0.1500	M	SF	02049333	AZE	Y

lisinopril 10mg tab

Apo-Lisinopril 10mg Tab	DNP	0.1801	M	SF	02217503	APX	Y
Auro-Lisinopril 10mg Tab	DNP	0.1801	M	SF	02394480	ARO	Y
CO Lisinopril 10mg Tab (discontinued)					02271451	ATV	Y
Jamp-Lisinopril 10mg Tab	DNP	0.1801	M	SF	02361558	JPC	Y

Lisinopril-10mg Tab	DNP	0.1801	M	SF	02386240	SIV	Y
Novo-Lisinopril Z 10mg Tab	DNP	0.1801	M	SF	02285126	TEV	Y
RAN-Lisinopril 10mg Tab	DNP	0.1801	M	SF	02294249	RAN	Y
Sandoz Lisinopril 10mg Tab	DNP	0.1801	M	SF	02289202	SDZ	Y
Teva-Lisinopril (Type P) 10mg Tab	DNP	0.1801	M	SF	02285088	TEV	Y
Prinivil 10mg Tab	DNP	0.1801	M	SF	00839396	FRS	Y
Zestril 10mg Tab	DNP	0.1801	M	SF	02049376	AZE	Y

lisinopril 20mg tab

Apo-Lisinopril 20mg Tab	DNP	0.2166	M	SF	02217511	APX	Y
Auro-Lisinopril 20mg Tab	DNP	0.2166	M	SF	02394499	ARO	Y
CO Lisinopril 20mg Tab (discontinued)					02271478	ATV	Y
Jamp-Lisinopril 20mg Tab	DNP	0.2166	M	SF	02361566	JPC	Y
Lisinopril-20mg Tab	DNP	0.2166	M	SF	02386259	SIV	Y
MYLAN-Lisinopril 20mg Tab (discontinued)					02274868	MYL	Y
Novo-Lisinopril Z 20mg Tab	DNP	0.2166	M	SF	02285134	TEV	Y
RAN-Lisinopril 20mg Tab	DNP	0.2166	M	SF	02294257	RAN	Y
Sandoz Lisinopril 20mg Tab	DNP	0.2166	M	SF	02289229	SDZ	Y
Teva-Lisinopril (Type P) 20mg Tab	DNP	0.2166	M	SF	02285096	TEV	Y
Prinivil 20mg Tab	DNP	0.2166	M	SF	00839418	FRS	Y
Zestril 20mg Tab	DNP	0.2166	M	SF	02049384	AZE	Y

C09AA04 PERINDOPRIL

perindopril erbumine 2mg tab

Apo-Perindopril 2mg Tab	DNP	0.1632	M	SF	02289261	APX	Y
Auro-Perindopril 2mg Tab	DNP	0.1632	M	SF	02459817	ARO	Y
pms-Perindopril 2mg Tab	DNP	0.1632	M	SF	02470675	PMS	Y
Sandoz Perindopril Erbumine 2mg Tab	DNP	0.1632	M	SF	02470225	SDZ	Y
Teva-Perindopril 2mg Tab	DNP	0.1632	M	SF	02464985	TEV	Y
Coversyl 2mg Tab	DNP	0.1632	M	SF	02123274	SEV	Y

perindopril erbumine 4mg tab

Apo-Perindopril 4mg Tab	DNP	0.2042	M	SF	02289288	APX	Y
Auro-Perindopril 4mg Tab	DNP	0.2042	M	SF	02459825	ARO	Y
pms-Perindopril 4mg Tab	DNP	0.2042	M	SF	02470683	PMS	Y
Sandoz Perindopril Erbumine 4mg Tab	DNP	0.2042	M	SF	02470233	SDZ	Y
Teva-Perindopril 4mg Tab	DNP	0.2042	M	SF	02464993	TEV	Y
Coversyl 4mg Tab	DNP	0.2042	M	SF	02123282	SEV	Y

perindopril erbumine 8mg tab

Apo-Perindopril 8mg Tab	DNP	0.2831	M	SF	02289296	APX	Y
Auro-Perindopril 8mg Tab	DNP	0.2831	M	SF	02459833	ARO	Y
pms-Perindopril 8mg Tab	DNP	0.2831	M	SF	02470691	PMS	Y
Sandoz Perindopril Erbumine 8mg Tab	DNP	0.2831	M	SF	02470241	SDZ	Y
Teva-Perindopril 8mg Tab	DNP	0.2831	M	SF	02465000	TEV	Y
Coversyl 8mg Tab	DNP	0.2831	M	SF	02246624	SEV	Y

C09AA05 RAMIPRIL

ramipril 1.25mg cap/tab

Apo-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02251515	APX	Y
Auro-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02387387	ARO	Y
CO Ramipril 1.25mg Cap (discontinued)					02295482	ATV	Y

Jamp-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02331101	JPC	Y
Mar-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02420457	MAR	Y
pharma-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02469057	PMS	Y
pms-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02295369	PMS	Y
Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02308363	SIV	Y
RAN-Ramipril 1.25mg Cap	DNP	0.0708	M	SF	02310503	RAN	Y
Sandoz Ramipril 1.25mg Tab (discontinued)					02291398	SDZ	Y
Altace 1.25mg Cap	DNP	0.0708	M	SF	02221829	SAV	Y
ramipril 2.5mg cap/tab							
Apo-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02251531	APX	Y
Auro-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02387395	ARO	Y
Jamp-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02331128	JPC	Y
Mar-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02420465	MAR	Y
MINT-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02421305	MNT	Y
pharma-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02469065	PMS	Y
pms-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02247917	PMS	Y
Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02287927	SIV	Y
Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02374846	SAS	Y
Ramipril-2.5mg Cap (discontinued)					02411563	SIV	Y
RAN-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02310511	RAN	Y
Sandoz Ramipril 2.5mg Tab					02291401	SDZ	Y
Teva-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02247945	TEV	Y
Altace 2.5mg Cap	DNP	0.0817	M	SF	02221837	SAV	Y
ramipril 5mg cap/tab							
Apo-Ramipril 5mg Cap	DNP	0.0817	M	SF	02251574	APX	Y
Auro-Ramipril 5mg Cap	DNP	0.0817	M	SF	02387409	ARO	Y
CO Ramipril 5mg Cap	DNP	0.0817	M	SF	02295504	ATV	Y
Jamp-Ramipril 5mg Cap	DNP	0.0817	M	SF	02331136	JPC	Y
Mar-Ramipril 5mg Cap	DNP	0.0817	M	SF	02420473	MAR	Y
MINT-Ramipril 5mg Cap	DNP	0.0817	M	SF	02421313	MNT	Y
pharma-Ramipril 5mg Cap	DNP	0.0817	M	SF	02469073	PMS	Y
pms-Ramipril 5mg Cap	DNP	0.0817	M	SF	02247918	PMS	Y
Ramipril 5mg Cap	DNP	0.0817	M	SF	02374854	SAS	Y
Ramipril 5mg Cap	DNP	0.0817	M	SF	02287935	SIV	Y
Ramipril-5mg Cap (discontinued)					02411571	SIV	Y
RAN-Ramipril 5mg Cap	DNP	0.0817	M	SF	02310538	RAN	Y
Sandoz Ramipril 5mg Tab					02291428	SDZ	Y
Teva-Ramipril 5mg Cap	DNP	0.0817	M	SF	02247946	TEV	Y
Altace 5mg Cap	DNP	0.0817	M	SF	02221845	SAV	Y
ramipril 10mg cap/tab							
Apo-Ramipril 10mg Cap	DNP	0.1034	M	SF	02251582	APX	Y
Auro-Ramipril 10mg Cap	DNP	0.1034	M	SF	02387417	ARO	Y
Jamp-Ramipril 10mg Cap	DNP	0.1034	M	SF	02331144	JPC	Y
Mar-Ramipril 10mg Cap	DNP	0.1034	M	SF	02420481	MAR	Y
MINT-Ramipril 10mg Cap	DNP	0.1034	M	SF	02421321	MNT	Y
pharma-Ramipril 10mg Cap	DNP	0.1034	M	SF	02469081	PMS	Y
pms-Ramipril 10mg Cap	DNP	0.1034	M	SF	02247919	PMS	Y
Ramipril 10mg Cap	DNP	0.1034	M	SF	02287943	SIV	Y
Ramipril 10mg Cap	DNP	0.1034	M	SF	02374862	SAS	Y

	Ramipril-10mg Cap (discontinued)					02411598	SIV	Y
	RAN-Ramipril 10mg Cap	DNP	0.1034	M	SF	02310546	RAN	Y
	Sandoz Ramipril 10mg Tab					02291436	SDZ	Y
	Teva-Ramipril 10mg Cap	DNP	0.1034	M	SF	02247947	TEV	Y
	Altace 10mg Cap	DNP	0.1034	M	SF	02221853	SAV	Y
	ramipril 15mg cap							
	Apo-Ramipril 15mg Cap					02325381	APX	Y
	Mar-Ramipril 15mg Cap					02420503	MAR	Y
	MINT-Ramipril 15mg Cap					02421348	MNT	Y
	RAN-Ramipril 15mg Cap					02425548	RAN	Y
	Altace 15mg Cap	DNP	0.4410	P	SF	02281112	SAV	Y
C09AA06	QUINAPRIL							
	quinapril 5mg tab							
	Apo-Quinapril 5mg Tab	DNP	0.2321	M	SF	02248499	APX	Y
	GD-Quinapril 5mg Tab (discontinued)					02290987	GMD	Y
	Accupril 5mg Tab	DNP	0.2321	M	SF	01947664	PFI	Y
	quinapril 10mg tab							
	Apo-Quinapril 10mg Tab	DNP	0.2321	M	SF	02248500	APX	Y
	GD-Quinapril 10mg Tab (discontinued)					02290995	GMD	Y
	Accupril 10mg Tab	DNP	0.2321	M	SF	01947672	PFI	Y
	quinapril 20mg tab							
	Apo-Quinapril 20mg Tab	DNP	0.2321	M	SF	02248501	APX	Y
	GD-Quinapril 20mg Tab (discontinued)					02291002	GMD	Y
	Accupril 20mg Tab	DNP	0.2321	M	SF	01947680	PFI	Y
	quinapril 40mg tab							
	Apo-Quinapril 40mg Tab	DNP	0.2321	M	SF	02248502	APX	Y
	GD-Quinapril 40mg Tab (discontinued)					02291010	GMD	Y
	Accupril 40mg Tab	DNP	0.2321	M	SF	01947699	PFI	Y
C09AA07	BENAZEPRIL							
	benazepril 5mg tab							
	Benazepril 5mg Tab	DNP	0.7232	M	SF	02290332	AAP	Y
	Lotensin 5mg Tab (discontinued)					00885835	NVR	Y
	benazepril 10mg tab							
	Benazepril 10mg Tab	DNP	0.9639	M	SF	02290340	AAP	Y
	Lotensin 10mg Tab (discontinued)					00885843	NVR	Y
	benazepril 20mg tab							
	Benazepril 20mg Tab	DNP	0.9814	M	SF	02273918	AAP	Y
	Lotensin 20mg Tab (discontinued)					00885851	NVR	Y
C09AA08	CILAZAPRIL							
	cilazapril 1mg tab							
	Apo-Cilazapril 1mg Tab	DNP	0.1780	M	SF	02291134	APX	Y
	MYLAN-Cilazapril 1mg Tab	DNP	0.1780	M	SF	02283778	MYL	Y
	Inhibace 1mg Tab (discontinued)					01911465	HLR	Y
	cilazapril 2.5mg tab							

Apo-Cilazapril 2.5mg Tab	DNP	0.1795	M	SF	02291142	APX	Y
MYLAN-Cilazapril 2.5mg Tab	DNP	0.1795	M	SF	02283786	MYL	Y
Inhibace 2.5mg Tab	DNP	0.1795	M	SF	01911473	HLR	Y

cilazapril 5mg tab

Apo-Cilazapril 5mg Tab	DNP	0.2085	M	SF	02291150	APX	Y
MYLAN-Cilazapril 5mg Tab	DNP	0.2085	M	SF	02283794	MYL	Y
Inhibace 5mg Tab	DNP	0.2085	M	SF	01911481	HLR	Y

C09AA09 FOSINOPRIL

fosinopril 10mg tab

Apo-Fosinopril 10mg Tab	DNP	0.2178	M	SF	02266008	APX	Y
Fosinopril 10mg Tab	DNP	0.2178	M	SF	02459388	SAS	Y
Jamp-Fosinopril 10mg Tab	DNP	0.2178	M	SF	02331004	JPC	Y
Teva-Fosinopril 10mg Tab	DNP	0.2178	M	SF	02247802	TEV	Y
Monopril 10mg Tab (discontinued)					01907107	BRI	Y

fosinopril 20mg tab

Apo-Fosinopril 20mg Tab	DNP	0.2619	M	SF	02266016	APX	Y
Fosinopril 20mg Tab	DNP	0.2619	M	SF	02459396	SAS	Y
Jamp-Fosinopril 20mg Tab	DNP	0.2619	M	SF	02331012	JPC	Y
Teva-Fosinopril 20mg Tab	DNP	0.2619	M	SF	02247803	TEV	Y
Monopril 20mg Tab (discontinued)					01907115	BRI	Y

C09AA10 TRANDOLAPRIL

trandolapril 0.5mg cap

Auro-Trandolapril 0.5mg Cap	DNP	0.0698	M	SF	02471868	ARO	Y
pms-Trandolapril 0.5mg Cap	DNP	0.0698	M	SF	02357755	PMS	Y
Sandoz Trandolapril 0.5mg Cap	DNP	0.0698	M	SF	02325721	SDZ	Y
Teva-Trandolapril 0.5mg Cap	DNP	0.0698	M	SF	02415429	TEV	Y
Mavik 0.5mg Cap	DNP	0.0698	M	SF	02231457	BGP	Y

trandolapril 1mg cap

Auro-Trandolapril 1mg Cap	DNP	0.1762	M	SF	02471876	ARO	Y
pms-Trandolapril 1mg Cap	DNP	0.1762	M	SF	02357763	PMS	Y
Sandoz Trandolapril 1mg Cap	DNP	0.1762	M	SF	02325748	SDZ	Y
Teva-Trandolapril 1mg Cap	DNP	0.1762	M	SF	02415437	TEV	Y
Mavik 1mg Cap	DNP	0.1762	M	SF	02231459	BGP	Y

trandolapril 2mg cap

Auro-Trandolapril 2mg Cap	DNP	0.2025	M	SF	02471884	ARO	Y
pms-Trandolapril 2mg Cap	DNP	0.2025	M	SF	02357771	PMS	Y
Sandoz Trandolapril 2mg Cap	DNP	0.2025	M	SF	02325756	SDZ	Y
Teva-Trandolapril 2mg Cap	DNP	0.2025	M	SF	02415445	TEV	Y
Mavik 2mg Cap	DNP	0.2025	M	SF	02231460	BGP	Y

trandolapril 4mg cap

Auro-Trandolapril 4mg Cap	DNP	0.2498	M	SF	02471892	ARO	Y
pms-Trandolapril 4mg Cap	DNP	0.2498	M	SF	02357798	PMS	Y
Sandoz Trandolapril 4mg Cap	DNP	0.2498	M	SF	02325764	SDZ	Y
Teva-Trandolapril 4mg Cap	DNP	0.2498	M	SF	02415453	TEV	Y
Mavik 4mg Cap	DNP	0.2498	M	SF	02239267	BGP	Y

C Cardiovascular System
C09B ACE-INHIBITORS, COMBINATIONS
C09BA ACE-INHIBITORS AND DIURETICS
C09BA02 ENALAPRIL AND DIURETICS
enalapril 5mg & hydrochlorothiazide 12.5mg tab

Apo-Enalapril Maleate/HCTZ 5/12.5mg Tab

02352923 APX Y

Vaseretic 5/12.5mg Tab (discontinued)

02242826 FRS Y

enalapril 10mg & hydrochlorothiazide 25mg tab

Apo-Enalapril Maleate/HCTZ 10/25mg Tab

02352931 APX Y

Vaseretic 10/25mg Tab

00657298 FRS Y

C09BA03 LISINOPRIL AND DIURETICS
lisinopril 10mg & hydrochlorothiazide 12.5mg tab

Lisinopril/HCTZ 10mg/12.5mg Tab (Type Z)

DNP 0.2144 M SF 02362945 SAS Y

Novo-Lisinopril/HCTZ 10/12.5mg Tab (Type P)

DNP 0.2144 M SF 02302136 TEV Y

Novo-Lisinopril/HCTZ 10/12.5mg Tab (Type Z)

DNP 0.2144 M SF 02301768 TEV Y

Sandoz Lisinopril 10/12.5mg Tab

DNP 0.2144 M SF 02302365 SDZ Y

Prinzide 10/12.5mg Tab (discontinued)

02108194 FRS Y

Zestoretic 10/12.5mg Tab

DNP 0.2144 M SF 02103729 AZE Y

lisinopril 20mg & hydrochlorothiazide 12.5mg tab

Lisinopril/HCTZ 20mg/12.5mg Tab (Type Z)

DNP 0.2575 M SF 02362953 SAS Y

Novo-Lisinopril/HCTZ 20/12.5mg Tab (Type P)

DNP 0.2575 M SF 02302144 TEV Y

Sandoz Lisinopril 20/12.5mg Tab

DNP 0.2575 M SF 02302373 SDZ Y

Teva-Lisinopril/HCTZ 20/12.5mg Tab (Type Z)

DNP 0.2575 M SF 02301776 TEV Y

Zestoretic 20/12.5mg Tab

DNP 0.2575 M SF 02045737 AZE Y

lisinopril 20mg & hydrochlorothiazide 25mg tab

Lisinopril/HCTZ 20mg/25mg Tab (Type Z)

DNP 0.2575 M SF 02362961 SAS Y

Novo-Lisinopril/HCTZ 20/25mg Tab (Type P)

DNP 0.2575 M SF 02302152 TEV Y

Novo-Lisinopril/HCTZ 20/25mg Tab (Type Z)

DNP 0.2575 M SF 02301784 TEV Y

Sandoz Lisinopril 20/25mg Tab

DNP 0.2575 M SF 02302381 SDZ Y

Prinzide 20/25mg Tab (discontinued)

00884421 FRS Y

Zestoretic 20/25mg Tab

DNP 0.2575 M SF 02045729 AZE Y

C09BA04 PERINDOPRIL AND DIURETICS
perindopril erbumine 2mg & indapamide 0.625mg LD tab

Sandoz Perindopril Erbumine/Indapamide LD 2mg/0.625mg Tab

02470411 SDZ Y

Coversyl Plus LD 2mg/0.625mg Tab

02246568 SEV Y

perindopril erbumine 4mg & indapamide 1.25mg tab

Sandoz Perindopril Erbumine/Indapamide 4mg/1.25mg Tab

DNP 0.5113 M SF 02470438 SDZ Y

Teva-Perindopril/Indapamide 4mg/1.25mg Tab

DNP 0.5113 M SF 02464020 TEV Y

Coversyl Plus 4mg/1.25mg Tab

DNP 0.5113 M SF 02246569 SEV Y

perindopril erbumine 8mg & indapamide 2.5mg tab

Sandoz Perindopril Erbumine/Indapamide HD 8mg/2.5mg Tab

DNP 0.5718 M SF 02470446 SDZ Y

Teva-Perindopril/Indapamide 8mg/2.5mg Tab

DNP 0.5718 M SF 02464039 TEV Y

Coversyl Plus HD 8mg/2.5mg Tab

DNP 0.5718 M SF 02321653 SEV Y

C09BA05 RAMIPRIL AND DIURETICS
ramipril 2.5mg & hydrochlorothiazide 12.5mg tab

pms-Ramipril-HCTZ 2.5/12.5mg Tab						02342138	PMS	Y
RAN-Ramipril HCTZ 2.5mg/12.5mg Tab	DNP	0.1495	M	SF		02449439	RAN	Y
Altace HCT 2.5/12.5mg Tab	DNP	0.1495	M	SF		02283131	SAV	Y
ramipril 5mg & hydrochlorothiazide 12.5mg tab								
pms-Ramipril-HCTZ 5/12.5mg Tab	DNP	0.2011	M	SF		02342146	PMS	Y
RAN-Ramipril HCTZ 5mg/12.5mg Tab	DNP	0.2011	M	SF		02449447	RAN	Y
Altace HCT 5/12.5mg Tab	DNP	0.2011	M	SF		02283158	SAV	Y
ramipril 5mg & hydrochlorothiazide 25mg tab								
pms-Ramipril-HCTZ 5/25mg Tab						02342162	PMS	Y
RAN-Ramipril HCTZ 5mg/25mg Tab	DNP	0.1915	M	SF		02449463	RAN	Y
Altace HCT 5/25mg Tab	DNP	0.1915	M	SF		02283174	SAV	Y
ramipril 10mg & hydrochlorothiazide 12.5mg tab								
pms-Ramipril-HCTZ 10/12.5mg Tab	DNP	0.1317	M	SF		02342154	PMS	Y
RAN-Ramipril HCTZ 10mg/12.5mg Tab	DNP	0.1317	M	SF		02449455	RAN	Y
Altace HCT 10/12.5mg Tab	DNP	0.1317	M	SF		02283166	SAV	Y
ramipril 10mg & hydrochlorothiazide 25mg tab								
pms-Ramipril-HCTZ 10/25mg Tab	DNP	0.1317	M	SF		02342170	PMS	Y
RAN-Ramipril HCTZ 10mg/25mg Tab	DNP	0.1317	M	SF		02449471	RAN	Y
Altace HCT 10/25mg Tab	DNP	0.1317	M	SF		02283182	SAV	Y

C09BA06 QUINAPRIL AND DIURETICS

quinapril 10mg & hydrochlorothiazide 12.5mg tab								
Apo-Quinapril/HCTZ 10/12.5mg Tab	DNP	0.6865	M	SF		02408767	APX	Y
Accuretic 10/12.5mg Tab	DNP	0.6865	M	SF		02237367	PFI	Y
quinapril 20mg & hydrochlorothiazide 12.5mg tab								
Apo-Quinapril/HCTZ 20/12.5mg Tab	DNP	0.6865	M	SF		02408775	APX	Y
Accuretic 20/12.5mg Tab	DNP	0.6865	M	SF		02237368	PFI	Y
quinapril 20mg & hydrochlorothiazide 25mg tab								
Apo-Quinapril/HCTZ 20/25mg Tab	DNP	0.6512	M	SF		02408783	APX	Y
Accuretic 20/25mg Tab	DNP	0.6512	M	SF		02237369	PFI	Y

C09BA08 CILAZAPRIL AND DIURETICS

cilazapril 5mg & hydrochlorothiazide 12.5mg tab								
Apo-Cilazapril/HCTZ 5/12.5mg Tab	DNP	0.4170	M	SF		02284987	APX	Y
Novo-Cilazapril/HCTZ 5mg/12.5mg Tab	DNP	0.4170	M	SF		02313731	TEV	Y
Inhibace Plus 5/12.5mg Tab	DNP	0.4170	M	SF		02181479	HLR	Y

C09BB ACE-INHIBITORS AND CALCIUM CHANNEL BLOCKERS

C09BB10 TRANDOLAPRIL AND VERAPAMIL

Tarka 2/240mg Tab						02240946	BGP	N
Tarka 4/240mg Tab						02238097	BGP	N

C09C ANGIOTENSIN II RECEPTOR BLOCKERS, PLAIN**C09CA ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN**

C09CA01 LOSARTAN

losartan 25mg tab

Apo-Losartan 25mg Tab	DNP	0.3148	M	SF	02379058	APX	Y
Auro-Losartan 25mg Tab	DNP	0.3148	M	SF	02403323	ARO	Y
CO Losartan 25mg Tab (discontinued)					02354829	ATV	Y
Jamp-Losartan 25mg Tab	DNP	0.3148	M	SF	02398834	JPC	Y
Losartan 25mg Tab	DNP	0.3148	M	SF	02388863	SAS	Y
Losartan-25mg Tab	DNP	0.3148	M	SF	02388790	SIV	Y
MINT-Losartan 25mg Tab	DNP	0.3148	M	SF	02405733	MNT	Y
pms-Losartan 25mg Tab	DNP	0.3148	M	SF	02309750	PMS	Y
Sandoz Losartan 25mg Tab	DNP	0.3148	M	SF	02313332	SDZ	Y
Septa-Losartan 25mg Tab	DNP	0.3148	M	SF	02424967	SPT	Y
Teva-Losartan 25mg Tab	DNP	0.3148	M	SF	02380838	TEV	Y
Cozaar 25mg Tab	DNP	0.3148	M	SF	02182815	FRS	Y

losartan 50mg tab

Apo-Losartan 50mg Tab	DNP	0.3148	M	SF	02353504	APX	Y
Auro-Losartan 50mg Tab	DNP	0.3148	M	SF	02403331	ARO	Y
CO Losartan 50mg Tab	DNP	0.3148	M	SF	02354837	ATV	Y
Jamp-Losartan 50mg Tab	DNP	0.3148	M	SF	02398842	JPC	Y
Losartan 50mg Tab	DNP	0.3148	M	SF	02388871	SAS	Y
Losartan-50mg Tab	DNP	0.3148	M	SF	02388804	SIV	Y
MINT-Losartan 50mg Tab	DNP	0.3148	M	SF	02405741	MNT	Y
pms-Losartan 50mg Tab	DNP	0.3148	M	SF	02309769	PMS	Y
Sandoz Losartan 50mg Tab	DNP	0.3148	M	SF	02313340	SDZ	Y
Septa-Losartan 50mg Tab	DNP	0.3148	M	SF	02424975	SPT	Y
Teva-Losartan 50mg Tab	DNP	0.3148	M	SF	02357968	TEV	Y
Cozaar 50mg Tab	DNP	0.3148	M	SF	02182874	FRS	Y

losartan 100mg tab

Apo-Losartan 100mg Tab	DNP	0.3148	M	SF	02353512	APX	Y
Auro-Losartan 100mg Tab	DNP	0.3148	M	SF	02403358	ARO	Y
CO Losartan 100mg Tab	DNP	0.3148	M	SF	02354845	ATV	Y
Jamp-Losartan 100mg Tab	DNP	0.3148	M	SF	02398850	JPC	Y
Losartan 100mg Tab	DNP	0.3148	M	SF	02388898	SAS	Y
Losartan-100mg Tab	DNP	0.3148	M	SF	02388812	SIV	Y
MINT-Losartan 100mg Tab	DNP	0.3148	M	SF	02405768	MNT	Y
pms-Losartan 100mg Tab	DNP	0.3148	M	SF	02309777	PMS	Y
Sandoz Losartan 100mg Tab	DNP	0.3148	M	SF	02313359	SDZ	Y
Septa-Losartan 100mg Tab	DNP	0.3148	M	SF	02424983	SPT	Y
Teva-Losartan 100mg Tab	DNP	0.3148	M	SF	02357976	TEV	Y
Cozaar 100mg Tab	DNP	0.3148	M	SF	02182882	FRS	Y

C09CA02 EPROSARTAN

Teveten 400mg Tab	DNP	0.7400	L	SF	02240432	BGP	N
Teveten 600mg Tab	DNP	1.1311	L	SF	02243942	BGP	N

C09CA03 VALSARTAN

valsartan 40mg tab

Apo-Valsartan 40mg Tab	DNP	0.2211	M	SF	02371510	APX	Y
Auro-Valsartan 40mg Tab	DNP	0.2211	M	SF	02414201	ARO	Y
CO Valsartan 40mg Tab (discontinued)					02337487	ATV	Y
MYLAN-Valsartan 40mg Tab (discontinued)					02383527	MYL	Y

pms-Valsartan 40mg Tab						02312999	PMS	Y
RAN-Valsartan 40mg Tab	DNP	0.2211	M	SF		02363062	RAN	Y
Sandoz Valsartan 40mg Tab	DNP	0.2211	M	SF		02356740	SDZ	Y
Teva-Valsartan 40mg Tab	DNP	0.2211	M	SF		02356643	TEV	Y
Valsartan 40mg Tab	DNP	0.2211	M	SF		02366940	SAS	Y
Valsartan-40mg Tab	DNP	0.2211	M	SF		02384523	SIV	Y
Diovan 40mg Tab	DNP	0.2211	M	SF		02270528	NVR	Y

valsartan 80mg tab

ACT Valsartan 80mg Tab (discontinued)						02337495	ATV	Y
Apo-Valsartan 80mg Tab	DNP	0.2159	M	SF		02371529	APX	Y
Auro-Valsartan 80mg Tab	DNP	0.2159	M	SF		02414228	ARO	Y
MYLAN-Valsartan 80mg Tab (discontinued)						02383535	MYL	Y
pms-Valsartan 80mg Tab						02313006	PMS	Y
RAN-Valsartan 80mg Tab	DNP	0.2159	M	SF		02363100	RAN	Y
Sandoz Valsartan 80mg Tab	DNP	0.2159	M	SF		02356759	SDZ	Y
Teva-Valsartan 80mg Tab	DNP	0.2159	M	SF		02356651	TEV	Y
Valsartan 80mg Tab	DNP	0.2159	M	SF		02366959	SAS	Y
Valsartan-80mg Tab	DNP	0.2159	M	SF		02384531	SIV	Y
Diovan 80mg Tab	DNP	0.2159	M	SF		02244781	NVR	Y

valsartan 160mg tab

ACT Valsartan 160mg Tab (discontinued)						02337509	ATV	Y
Apo-Valsartan 160mg Tab	DNP	0.2159	M	SF		02371537	APX	Y
Auro-Valsartan 160mg Tab	DNP	0.2159	M	SF		02414236	ARO	Y
pms-Valsartan 160mg Tab						02313014	PMS	Y
RAN-Valsartan 160mg Tab	DNP	0.2159	M	SF		02363119	RAN	Y
Sandoz Valsartan 160mg Tab	DNP	0.2159	M	SF		02356767	SDZ	Y
Teva-Valsartan 160mg Tab	DNP	0.2159	M	SF		02356678	TEV	Y
Valsartan 160mg Tab	DNP	0.2159	M	SF		02366967	SAS	Y
Valsartan-160mg Tab	DNP	0.2159	M	SF		02384558	SIV	Y
Diovan 160mg Tab	DNP	0.2159	M	SF		02244782	NVR	Y

valsartan 320mg tab

ACT Valsartan 320mg Tab (discontinued)						02337517	ATV	Y
Apo-Valsartan 320mg Tab	DNP	0.2098	M	SF		02371545	APX	Y
Auro-Valsartan 320mg Tab	DNP	0.2098	M	SF		02414244	ARO	Y
MYLAN-Valsartan 320mg Tab (discontinued)						02383551	MYL	Y
pms-Valsartan 320mg Tab						02344564	PMS	Y
Sandoz Valsartan 320mg Tab	DNP	0.2098	M	SF		02356775	SDZ	Y
Teva-Valsartan 320mg Tab	DNP	0.2098	M	SF		02356686	TEV	Y
Valsartan 320mg Tab	DNP	0.2098	M	SF		02366975	SAS	Y
Valsartan-320mg Tab	DNP	0.2098	M	SF		02384566	SIV	Y
Diovan 320mg Tab	DNP	0.2098	M	SF		02289504	NVR	Y

C09CA04 IRBESARTAN

irbesartan 75mg tab

Apo-Irbesartan 75mg Tab (discontinued)						02386968	APX	Y
Auro-Irbesartan 75mg Tab	DNP	0.2281	M	SF		02406098	ARO	Y
Irbesartan 75mg Tab	DNP	0.2281	M	SF		02372347	SAS	Y
Irbesartan-75mg Tab	DNP	0.2281	M	SF		02385287	SIV	Y
Jamp-Irbesartan 75mg Tab	DNP	0.2281	M	SF		02418193	JPC	Y

MINT-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02422980	MNT	Y
pms-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02317060	PMS	Y
RAN-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02406810	RAN	Y
ratio-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02316390	TEV	Y
Sandoz Irbesartan 75mg Tab	DNP	0.2281	M	SF	02328461	SDZ	Y
Avapro 75mg Tab	DNP	0.2281	M	SF	02237923	SAV	Y

irbesartan 150mg tab

Apo-Irbesartan 150mg Tab (discontinued)					02386976	APX	Y
Auro-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02406101	ARO	Y
Irbesartan 150mg Tab	DNP	0.2281	M	SF	02372371	SAS	Y
Irbesartan-150mg Tab	DNP	0.2281	M	SF	02385295	SIV	Y
Jamp-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02418207	JPC	Y
MINT-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02422999	MNT	Y
pms-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02317079	PMS	Y
RAN-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02406829	RAN	Y
ratio-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02316404	TEV	Y
Sandoz Irbesartan 150mg Tab	DNP	0.2281	M	SF	02328488	SDZ	Y
Avapro 150mg Tab	DNP	0.2281	M	SF	02237924	SAV	Y

irbesartan 300mg tab

Apo-Irbesartan 300mg Tab (discontinued)					02386984	APX	Y
Auro-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02406128	ARO	Y
Irbesartan 300mg Tab	DNP	0.2281	M	SF	02372398	SAS	Y
Irbesartan-300mg Tab	DNP	0.2281	M	SF	02385309	SIV	Y
Jamp-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02418215	JPC	Y
MINT-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02423006	MNT	Y
pms-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02317087	PMS	Y
RAN-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02406837	RAN	Y
ratio-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02316412	TEV	Y
Sandoz Irbesartan 300mg Tab	DNP	0.2281	M	SF	02328496	SDZ	Y
Avapro 300mg Tab	DNP	0.2281	M	SF	02237925	SAV	Y

C09CA06 CANDESARTAN

candesartan 4mg tab

Apo-Candesartan 4mg Tab					02365340	APX	Y
Auro-Candesartan 4mg Tab					02445786	ARO	Y
Candesartan 4mg Tab					02388901	SAS	Y
Candesartan Cilexetil 4mg Tab					02379260	AHI	Y
CO Candesartan 4mg Tab					02376520	ATV	Y
Jamp-Candesartan 4mg Tab					02386496	JPC	Y
pms-Candesartan 4mg Tab					02391171	PMS	Y
RAN-Candesartan 4mg Tab					02380684	RAN	Y
Sandoz Candesartan 4mg Tab					02326957	SDZ	Y
Atacand 4mg Tab					02239090	AZE	Y

candesartan 8mg tab

Apo-Candesartan 8mg Tab	DNP	0.2281	M	SF	02365359	APX	Y
Auro-Candesartan 8mg Tab	DNP	0.2281	M	SF	02445794	ARO	Y
Candesartan 8mg Tab	DNP	0.2281	M	SF	02388928	SAS	Y
Candesartan Cilexetil 8mg Tab	DNP	0.2281	M	SF	02379279	AHI	Y
Candesartan-8mg Tab	DNP	0.2281	M	SF	02388707	SIV	Y

CO Candesartan 8mg Tab (discontinued)					02376539	ATV	Y
Jamp-Candesartan 8mg Tab	DNP	0.2281	M	SF	02386518	JPC	Y
MINT-Candesartan 8mg Tab	DNP	0.2281	M	SF	02476916	MNT	Y
pms-Candesartan 8mg Tab	DNP	0.2281	M	SF	02391198	PMS	Y
RAN-Candesartan 8mg Tab	DNP	0.2281	M	SF	02380692	RAN	Y
Sandoz Candesartan 8mg Tab	DNP	0.2281	M	SF	02326965	SDZ	Y
Teva-Candesartan 8mg Tab	DNP	0.2281	M	SF	02366312	TEV	Y
Atacand 8mg Tab	DNP	0.2281	M	SF	02239091	AZE	Y

candesartan 16mg tab

Apo-Candesartan 16mg Tab	DNP	0.2281	M	SF	02365367	APX	Y
Candesartan 16mg Tab	DNP	0.2281	M	SF	02388936	SAS	Y
Candesartan Cilexetil 16mg Tab	DNP	0.2281	M	SF	02379287	AHI	Y
Candesartan-16mg Tab	DNP	0.2281	M	SF	02388715	SIV	Y
CO Candesartan 16mg Tab (discontinued)					02376547	ATV	Y
Jamp-Candesartan 16mg Tab	DNP	0.2281	M	SF	02386526	JPC	Y
MINT-Candesartan 16mg Tab	DNP	0.2281	M	SF	02476924	MNT	Y
pms-Candesartan 16mg Tab	DNP	0.2281	M	SF	02391201	PMS	Y
RAN-Candesartan 16mg Tab	DNP	0.2281	M	SF	02380706	RAN	Y
Sandoz Candesartan 16mg Tab	DNP	0.2281	M	SF	02326973	SDZ	Y
Teva-Candesartan 16mg Tab	DNP	0.2281	M	SF	02366320	TEV	Y
Atacand 16mg Tab	DNP	0.2281	M	SF	02239092	AZE	Y

candesartan 32mg tab

Apo-Candesartan 32mg Tab	DNP	0.2281	M	SF	02399105	APX	Y
Candesartan 32mg Tab	DNP	0.2281	M	SF	02435845	SAS	Y
Candesartan Cilexetil 32mg Tab	DNP	0.2281	M	SF	02379295	AHI	Y
CO Candesartan 32mg Tab (discontinued)					02376555	ATV	Y
Jamp-Candesartan 32mg Tab	DNP	0.2281	M	SF	02386534	JPC	Y
pms-Candesartan 32mg Tab	DNP	0.2281	M	SF	02391228	PMS	Y
RAN-Candesartan 32mg Tab	DNP	0.2281	M	SF	02380714	RAN	Y
Sandoz-Candesartan 32mg Tab	DNP	0.2281	M	SF	02417340	SDZ	Y
Teva-Candesartan 32mg Tab	DNP	0.2281	M	SF	02366339	TEV	Y
Atacand 32mg Tab	DNP	0.2281	M	SF	02311658	AZE	Y

C09CA07 TELMISARTAN

telmisartan 40mg tab

Apo-Telmisartan 40mg Tab (discontinued)					02420082	APX	Y
Auro-Telmisartan 40mg Tab	DNP	0.2161	M	SF	02453568	ARO	Y
CO Telmisartan 40mg Tab (discontinued)					02393247	ATV	Y
Sandoz Telmisartan 40mg Tab	DNP	0.2161	M	SF	02375958	SDZ	Y
Telmisartan 40mg Tab	DNP	0.2161	M	SF	02388944	SAS	Y
Telmisartan 40mg Tab	DNP	0.2161	M	SF	02407485	AHI	Y
Telmisartan 40mg Tab (discontinued)					02432897	PMS	Y
Telmisartan-40mg Tab	DNP	0.2161	M	SF	02390345	SIV	Y
Teva-Telmisartan 40mg Tab	DNP	0.2161	M	SF	02320177	TEV	Y
Micardis 40mg Tab	DNP	0.2161	M	SF	02240769	BOE	Y

telmisartan 80mg tab

Apo-Telmisartan 80mg Tab (discontinued)					02420090	APX	Y
Auro-Telmisartan 80mg Tab	DNP	0.2161	M	SF	02453576	ARO	Y
CO Telmisartan 80mg Tab (discontinued)					02393255	ATV	Y

C Cardiovascular System

Sandoz Telmisartan 80mg Tab	DNP	0.2161	M	SF	02375966	SDZ	Y
Telmisartan 80mg Tab	DNP	0.2161	M	SF	02388952	SAS	Y
Telmisartan 80mg Tab	DNP	0.2161	M	SF	02407493	AHI	Y
Telmisartan 80mg Tab (discontinued)					02432900	PMS	Y
Telmisartan-80mg Tab	DNP	0.2161	M	SF	02390353	SIV	Y
Teva-Telmisartan 80mg Tab	DNP	0.2161	M	SF	02320185	TEV	Y
Micardis 80mg Tab	DNP	0.2161	M	SF	02240770	BOE	Y

C09CA08 OLMESARTAN MEDOXOMIL**olmesartan medoxomil 20mg tab**

ACT Olmesartan 20mg Tab	DNP	0.3019	M	SF	02442191	ATV	Y
Apo-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02453452	APX	Y
Auro-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02443864	ARO	Y
Jamp-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02461641	JPC	Y
pms-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02461307	PMS	Y
Sandoz Olmesartan 20mg Tab	DNP	0.3019	M	SF	02443414	SDZ	Y
Olmotec 20mg Tab	DNP	0.3019	M	SF	02318660	FRS	Y

olmesartan medoxomil 40mg tab

ACT Olmesartan 40mg Tab	DNP	0.3019	M	SF	02442205	ATV	Y
Apo-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02453460	APX	Y
Auro-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02443872	ARO	Y
Jamp-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02461668	JPC	Y
pms-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02461315	PMS	Y
Sandoz Olmesartan 40mg Tab	DNP	0.3019	M	SF	02443422	SDZ	Y
Olmotec 40mg Tab	DNP	0.3019	M	SF	02318679	FRS	Y

C09CA09 ASILSARTAN MEDOXOMIL

Edarbi 40mg Tab					02381389	VLN	N
Edarbi 80mg Tab					02381397	VLN	N

C09D ANGIOTENSIN II RECEPTOR BLOCKERS, COMBINATIONS**C09DA ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) AND DIURETICS****C09DA01 LOSARTAN AND DIURETICS****losartan 50mg & hydrochlorothiazide 12.5mg tab**

Apo-Losartan/HCTZ 50/12.5mg Tab	DNP	0.3148	M	SF	02371235	APX	Y
Auro-Losartan HCT 50mg/12.5mg Tab	DNP	0.3148	M	SF	02423642	ARO	Y
CO Losartan/HCT 50/12.5mg Tab (discontinued)					02388251	ATV	Y
Jamp-Losartan HCTZ 50/12.5mg Tab	DNP	0.3148	M	SF	02408244	JPC	Y
Losartan/HCT-50-12.5mg Tab	DNP	0.3148	M	SF	02388960	SIV	Y
Losartan/HCTZ 50mg/12.5mg Tab	DNP	0.3148	M	SF	02427648	SAS	Y
MINT-Losartan/HCTZ 50/12.5mg Tab	DNP	0.3148	M	SF	02389657	MNT	Y
MYLAN-Losartan HCTZ 50/12.5mg Tab (discontinued)					02378078	MYL	Y
pms-Losartan-HCTZ 50/12.5mg Tab	DNP	0.3148	M	SF	02392224	PMS	Y
Sandoz Losartan HCT 50/12.5mg Tab	DNP	0.3148	M	SF	02313375	SDZ	Y
Teva-Losartan/HCTZ 50/12.5mg Tab	DNP	0.3148	M	SF	02358263	TEV	Y
Hyzaar 50/12.5mg Tab	DNP	0.3148	M	SF	02230047	FRS	Y

losartan 100mg & hydrochlorothiazide 12.5mg tab

Apo-Losartan/HCTZ 100/12.5mg Tab	DNP	0.3082	M	SF	02371243	APX	Y
Auro-Losartan HCT 100mg/12.5mg Tab	DNP	0.3082	M	SF	02423650	ARO	Y
CO Losartan/HCT 100/12.5mg Tab (discontinued)					02388278	ATV	Y
Losartan/HCT-100/12.5mg Tab	DNP	0.3082	M	SF	02388979	SIV	Y
Losartan/HCTZ 100mg/12.5mg Tab	DNP	0.3082	M	SF	02427656	SAS	Y
MINT-Losartan/HCTZ 100/12.5mg Tab	DNP	0.3082	M	SF	02389665	MNT	Y
MYLAN-Losartan HCTZ 100/12.5mg Tab (discontinued)					02378086	MYL	Y
pms-Losartan-HCTZ 100/12.5mg Tab	DNP	0.3082	M	SF	02392232	PMS	Y
Sandoz Losartan HCT 100/12.5mg Tab	DNP	0.3082	M	SF	02362449	SDZ	Y
Teva-Losartan/HCTZ 100/12.5mg Tab	DNP	0.3082	M	SF	02377144	TEV	Y
Hyzaar 100/12.5mg Tab	DNP	0.3082	M	SF	02297841	FRS	Y

losartan 100mg & hydrochlorothiazide 25mg tab

Apo-Losartan/HCTZ 100/25mg Tab	DNP	0.3148	M	SF	02371251	APX	Y
Auro-Losartan HCT 100mg/25mg Tab	DNP	0.3148	M	SF	02423669	ARO	Y
CO Losartan/HCT 100/25mg Tab (discontinued)					02388286	ATV	Y
Jamp-Losartan HCTZ 100/25mg Tab	DNP	0.3148	M	SF	02408252	JPC	Y
Losartan/HCT-100/25mg Tab	DNP	0.3148	M	SF	02388987	SIV	Y
Losartan/HCTZ 100mg/25mg Tab	DNP	0.3148	M	SF	02427664	SAS	Y
MINT-Losartan/HCTZ DS 100/25mg Tab	DNP	0.3148	M	SF	02389673	MNT	Y
MYLAN-Losartan HCTZ 100/25mg Tab (discontinued)					02378094	MYL	Y
pms-Losartan-HCTZ 100/25mg Tab	DNP	0.3148	M	SF	02392240	PMS	Y
Sandoz Losartan HCT DS 100/25mg Tab	DNP	0.3148	M	SF	02313383	SDZ	Y
Teva-Losartan/HCTZ 100/25mg Tab	DNP	0.3148	M	SF	02377152	TEV	Y
Hyzaar DS 100/25mg Tab	DNP	0.3148	M	SF	02241007	FRS	Y

C09DA02 EPROSARTAN AND DIURETICS

Teveten Plus 600mg/12.5mg Tab	DNP	1.1311	L	SF	02253631	BGP	N
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C09DA03 VALSARTAN AND DIURETICS

valsartan 80mg & hydrochlorothiazide 12.5mg tab

Apo-Valsartan/HCTZ 80/12.5mg Tab (discontinued)					02382547	APX	Y
Auro-Valsartan HCT 80/12.5mg Tab	DNP	0.2213	M	SF	02408112	ARO	Y
Sandoz Valsartan/HCT 80/12.5mg Tab	DNP	0.2213	M	SF	02356694	SDZ	Y
Teva-Valsartan/HCTZ 80/12.5mg Tab	DNP	0.2213	M	SF	02356996	TEV	Y
Valsartan HCT 80/12.5mg Tab	DNP	0.2213	M	SF	02367009	SAS	Y
Valsartan HCT-80mg/12.5mg Tab	DNP	0.2213	M	SF	02384736	SIV	Y
Diovan-HCT 80/12.5mg Tab	DNP	0.2213	M	SF	02241900	NVR	Y

valsartan 160mg & hydrochlorothiazide 12.5mg tab

Apo-Valsartan/HCTZ 160/12.5mg Tab (discontinued)					02382555	APX	Y
Auro-Valsartan HCT 160/12.6mg Tab	DNP	0.2240	M	SF	02408120	ARO	Y
Sandoz Valsartan/HCT 160/12.5mg Tab	DNP	0.2240	M	SF	02356708	SDZ	Y
Teva-Valsartan/HCTZ 160/12.5mg Tab	DNP	0.2240	M	SF	02357003	TEV	Y
Valsartan HCT 160/12.5mg Tab	DNP	0.2240	M	SF	02367017	SAS	Y
Valsartan HCT-160mg/12.5mg Tab	DNP	0.2240	M	SF	02384744	SIV	Y
Diovan-HCT 160/12.5mg Tab	DNP	0.2240	M	SF	02241901	NVR	Y

valsartan 160mg & hydrochlorothiazide 25mg tab

Apo-Valsartan/HCTZ 160/25mg Tab (discontinued)					02382563	APX	Y
Auro-Valsartan HCT 160/25mg Tab	DNP	0.2238	M	SF	02408139	ARO	Y
Sandoz Valsartan/HCT 160/25mg Tab	DNP	0.2238	M	SF	02356716	SDZ	Y

Teva-Valsartan/HCTZ 160/25mg Tab	DNP	0.2238	M	SF	02357011	TEV	Y
Valsartan HCT 160/25mg Tab	DNP	0.2238	M	SF	02367025	SAS	Y
Valsartan HCT-160mg/25mg Tab	DNP	0.2238	M	SF	02384752	SIV	Y
Diovan-HCT 160/25mg Tab	DNP	0.2238	M	SF	02246955	NVR	Y

valsartan 320mg & hydrochlorothiazide 12.5mg tab

Apo-Valsartan/HCTZ 320/12.5mg Tab (discontinued)					02382571	APX	Y
Auro-Valsartan HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02408147	ARO	Y
Sandoz Valsartan/HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02356724	SDZ	Y
Teva-Valsartan/HCTZ 320/12.5mg Tab	DNP	0.2235	M	SF	02357038	TEV	Y
Valsartan HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02367033	SAS	Y
Diovan-HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02308908	NVR	Y

valsartan 320mg & hydrochlorothiazide 25mg tab

Apo-Valsartan/HCTZ 320/25mg Tab (discontinued)					02382598	APX	Y
Auro-Valsartan HCT 320/25mg Tab	DNP	0.2231	M	SF	02408155	ARO	Y
Sandoz Valsartan/HCT 320/25mg Tab	DNP	0.2231	M	SF	02356732	SDZ	Y
Teva-Valsartan/HCTZ 320/25mg Tab	DNP	0.2231	M	SF	02357046	TEV	Y
Valsartan HCT 320/25mg Tab	DNP	0.2231	M	SF	02367041	SAS	Y
Diovan-HCT 320/25mg Tab	DNP	0.2231	M	SF	02308916	NVR	Y

C09DA04 IRBESARTAN AND DIURETICS

irbesartan 150mg & hydrochlorothiazide 12.5mg tab

Auro-Irbesartan HCT 150/12.5mg Tab	DNP	0.2281	M	SF	02447878	ARO	Y
CO Irbesartan/HCT 150/12.5mg Tab (discontinued)					02357399	ATV	Y
Irbesartan HCT-150/12.5mg Tab	DNP	0.2281	M	SF	02385317	SIV	Y
Irbesartan/HCTZ 150/12.5mg Tab	DNP	0.2281	M	SF	02372886	SAS	Y
Jamp-Irbesartan/Hydrochlorothiazide 150/12.5mg Tab	DNP	0.2281	M	SF	02418223	JPC	Y
MINT-Irbesartan/HCTZ 150/12.5mg Tab	DNP	0.2281	M	SF	02392992	MNT	Y
pms-Irbesartan-HCTZ 150/12.5 mg Tab	DNP	0.2281	M	SF	02328518	PMS	Y
ratio-Irbesartan HCTZ 150/12.5 mg Tab	DNP	0.2281	M	SF	02330512	TEV	Y
Sandoz Irbesartan HCT 150/12.5mg Tab	DNP	0.2281	M	SF	02337428	SDZ	Y
Avalide 150/12.5mg Tab	DNP	0.2281	M	SF	02241818	SAV	Y

irbesartan 300mg & hydrochlorothiazide 12.5mg tab

Apo-Irbesartan/HCTZ 300/12.5mg Tab (discontinued)					02387654	APX	Y
Auro-Irbesartan HCT 300/12.5mg Tab	DNP	0.2281	M	SF	02447886	ARO	Y
CO Irbesartan/HCT 300/12.5mg Tab (discontinued)					02357402	ATV	Y
Irbesartan HCT-300/12.5mg Tab	DNP	0.2281	M	SF	02385325	SIV	Y
Irbesartan/HCTZ 300/12.5mg Tab	DNP	0.2281	M	SF	02372894	SAS	Y
Jamp-Irbesartan/Hydrochlorothiazide 300/12.5mg Tab	DNP	0.2281	M	SF	02418231	JPC	Y
MINT-Irbesartan/HCTZ 300/12.5mg Tab	DNP	0.2281	M	SF	02393018	MNT	Y
pms-Irbesartan-HCTZ 300/12.5 mg Tab	DNP	0.2281	M	SF	02328526	PMS	Y
ratio-Irbesartan HCTZ 300/12.5 mg Tab	DNP	0.2281	M	SF	02330520	TEV	Y
Sandoz Irbesartan HCT 300/12.5mg Tab	DNP	0.2281	M	SF	02337436	SDZ	Y
Avalide 300/12.5mg Tab	DNP	0.2281	M	SF	02241819	SAV	Y

irbesartan 300mg & hydrochlorothiazide 25mg tab

Apo-Irbesartan/HCTZ 300/25mg Tab (discontinued)					02387662	APX	Y
Auro-Irbesartan HCT 300/25mg Tab	DNP	0.2184	M	SF	02447894	ARO	Y
CO Irbesartan/HCT 300/25mg Tab (discontinued)					02357410	ATV	Y
Irbesartan HCT-300/25mg Tab	DNP	0.2184	M	SF	02385333	SIV	Y

Irbesartan/HCTZ 300/25mg Tab	DNP	0.2184	M	SF	02372908	SAS	Y
Jamp-Irbesartan/Hydrochlorothiazide 300/25mg Tab	DNP	0.2184	M	SF	02418258	JPC	Y
MINT-Irbesartan/HCTZ 300/25mg Tab	DNP	0.2184	M	SF	02393026	MNT	Y
pms-Irbesartan-HCTZ 300/25 mg Tab	DNP	0.2184	M	SF	02328534	PMS	Y
ratio-Irbesartan HCTZ 300/25 mg Tab	DNP	0.2184	M	SF	02330539	TEV	Y
Sandoz Irbesartan HCT 300/25mg Tab	DNP	0.2184	M	SF	02337444	SDZ	Y
Avalide 300/25mg Tab (discontinued)					02280213	BRI	Y

C09DA06 CANDERSARTAN AND DIURETICS

candesartan 16mg & hydrochlorothiazide 12.5mg tab

Auro-Candesartan HCT 16/12.5mg Tab	DNP	0.2156	M	SF	02421038	ARO	Y
Candesartan HCT-16/12.5mg Tab	DNP	0.2156	M	SF	02394812	SIV	Y
Candesartan/HCTZ 16/12.5mg Tab	DNP	0.2156	M	SF	02394804	SAS	Y
pms-Candesartan HCTZ 16/12.5mg Tab	DNP	0.2156	M	SF	02391295	PMS	Y
Sandoz Candesartan Plus 16/12.5mg Tab	DNP	0.2156	M	SF	02327902	SDZ	Y
Teva-Candesartan/HCTZ 16/12.5mg Tab	DNP	0.2156	M	SF	02395541	TEV	Y
Atacand Plus 16/12.5mg Tab	DNP	0.2156	M	SF	02244021	AZE	Y

candesartan 32mg & hydrochlorothiazide 12.5mg tab

Auro-Candesartan HCT 32/12.5mg Tab	DNP	0.2156	M	SF	02421046	ARO	Y
Sandoz Candesartan Plus 32/12.5mg Tab	DNP	0.2156	M	SF	02420732	SDZ	Y
Teva-Candesartan/HCTZ 32/12.5mg Tab	DNP	0.2156	M	SF	02395568	TEV	Y
Atacand Plus 32/12.5mg Tab	DNP	0.2156	M	SF	02332922	AZE	Y

candesartan 32mg & hydrochlorothiazide 25mg tab

Auro-Candesartan HCT 32/25mg Tab	DNP	0.3047	M	SF	02421054	ARO	Y
Sandoz Candesartan Plus 32/25mg Tab	DNP	0.3047	M	SF	02420740	SDZ	Y
Atacand Plus 32/25mg Tab	DNP	0.3047	M	SF	02332957	AZE	Y

C09DA07 TELMISARTAN AND DIURETICS

telmisartan 80mg & hydrochlorothiazide 12.5mg tab

ACH-Telmisartan HCTZ 80/12.5mg Tab	DNP	0.2098	M	SF	02419114	AHI	Y
Apo-Telmisartan/HCT 80/12.5mg Tab (discontinued)					02420023	APX	Y
Auro-Telmisartan HCTZ 80mg/12.5mg Tab	DNP	0.2098	M	SF	02456389	ARO	Y
Sandoz Telmisartan HCT 80/12.5mg Tab	DNP	0.2098	M	SF	02393557	SDZ	Y
Telmisartan HCTZ-80mg/12.5mg Tab	DNP	0.2098	M	SF	02390302	SIV	Y
Telmisartan-HCTZ 80mg/12.5mg Tab (discontinued)					02433214	PMS	Y
Telmisartan/HCTZ 80/12.5mg Tab	DNP	0.2098	M	SF	02395355	SAS	Y
Teva-Telmisartan HCTZ 80/12.5mg tab	DNP	0.2098	M	SF	02330288	TEV	Y
Micardis Plus 80/12.5mg Tab	DNP	0.2098	M	SF	02244344	BOE	Y

telmisartan 80mg & hydrochlorothiazide 25mg tab

ACH-Telmisartan HCTZ 80/25mg Tab	DNP	0.2098	M	SF	02419122	AHI	Y
Apo-Telmisartan/HCT 80/25mg Tab (discontinued)					02420031	APX	Y
Auro-Telmisartan HCTZ 80mg/25mg Tab	DNP	0.2098	M	SF	02456397	ARO	Y
Sandoz Telmisartan HCT 80/25mg Tab	DNP	0.2098	M	SF	02393565	SDZ	Y
Telmisartan HCTZ 80/25mg Tab (discontinued)					02433222	PMS	Y
Telmisartan HCTZ-80mg/25mg Tab	DNP	0.2098	M	SF	02390310	SIV	Y
Telmisartan/HCTZ 80/25mg Tab	DNP	0.2098	M	SF	02395363	SAS	Y
Teva-Telmisartan HCTZ 80/25mg tab	DNP	0.2098	M	SF	02379252	TEV	Y
Micardis Plus 80/25mg Tab	DNP	0.2098	M	SF	02318709	BOE	Y

C Cardiovascular System**C09DA08 OLMESARTAN MEDOXOMIL AND DIURETICS****olmesartan medoxomil 20mg & hydrochlorothiazide 12.5mg tab**

ACT Olmesartan HCT 20mg/12.5mg Tab	DNP	0.6038	M	SF	02443112	ATV	Y
Apo-Olmesartan/HCTZ 20mg/12.5mg Tab	DNP	0.6038	M	SF	02453606	APX	Y
Olmotec Plus 20mg/12.5mg Tab	DNP	0.6038	M	SF	02319616	FRS	Y

olmesartan medoxomil 40mg & hydrochlorothiazide 12.5mg tab

ACT Olmesartan HCT 40mg/12.5mg Tab	DNP	0.6038	M	SF	02443120	ATV	Y
Apo-Olmesartan/HCTZ 40mg/12.5mg Tab	DNP	0.6038	M	SF	02453614	APX	Y
Olmotec Plus 40mg/12.5mg Tab	DNP	0.6038	M	SF	02319624	FRS	Y

olmesartan medoxomil 40mg & hydrochlorothiazide 25mg tab

ACT Olmesartan HCT 40mg/25mg Tab	DNP	0.6038	M	SF	02443139	ATV	Y
Apo-Olmesartan/HCTZ 40mg/25mg Tab	DNP	0.6038	M	SF	02453622	APX	Y
Olmotec Plus 40mg/25mg Tab	DNP	0.6038	M	SF	02319632	FRS	Y

C09DA99 ASILSARTAN MEDOXOMIL AND CHLORTHALIDONE

Edarbyclor 40/12.5mg Tab					02397749	VLN	N
Edarbyclor 40/25mg Tab					02397765	VLN	N
Edarbyclor 80/12.5mg Tab					02397757	VLN	N

C09DB ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) AND CALCIUM CHANNEL BLOCKERS**C09DB04 TELMISARTAN AND AMLODIPINE**

Twynsta 40/5mg Tab	DNP	0.7125	L	SF	02371022	BOE	N
Twynsta 40/10mg Tab	DNP	0.7125	L	SF	02371030	BOE	N
Twynsta 80/5mg Tab	DNP	0.7125	L	SF	02371049	BOE	N
Twynsta 80/10mg Tab	DNP	0.7125	L	SF	02371057	BOE	N

C09X OTHER AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM**C09XA RENIN INHIBITORS****C09XA02 ALISKIREN**

Rasilez 150mg Tab					02302063	NVR	N
Rasilez 300mg Tab					02302071	NVR	N

C10 LIPID MODIFYING AGENTS**C10A LIPID MODIFYING AGENTS, PLAIN****C10AA HMG COA REDUCTASE INHIBITORS****C10AA01 SIMVASTATIN****simvastatin 5mg tab**

Apo-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02247011	APX	Y
Auro-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02405148	ARO	Y
CO Simvastatin 5mg Tab (discontinued)					02248103	ATV	Y
Jamp-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02375591	JPC	Y
Mar-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02375036	MAR	Y
MINT-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02372932	MNT	Y

pharma-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02469979	PMS	Y
pms-Simvastatin 5mg Tab (discontinued)					02269252	PMS	Y
RAN-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02329131	RAN	Y
Simvastatin 5mg Tab	DNP	0.1023	M	SF	02284723	SAS	Y
Simvastatin-5mg Tab	DNP	0.1023	M	SF	02386291	SIV	Y
Teva-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02250144	TEV	Y
Zocor 5mg Tab (discontinued)					00884324	FRS	Y
simvastatin 10mg tab							
Apo-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02247012	APX	Y
Auro-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02405156	ARO	Y
CO Simvastatin 10mg Tab (discontinued)					02248104	ATV	Y
Jamp-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02375605	JPC	Y
Mar-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02375044	MAR	Y
MINT-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02372940	MNT	Y
Novo-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02250152	TEV	Y
pharma-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02469987	PMS	Y
pms-Simvastatin 10mg Tab (discontinued)					02269260	PMS	Y
RAN-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02329158	RAN	Y
Simvastatin 10mg Tab	DNP	0.2023	M	SF	02284731	SAS	Y
Simvastatin-10mg Tab	DNP	0.2023	M	SF	02386305	SIV	Y
Zocor 10mg Tab	DNP	0.2023	M	SF	00884332	FRS	Y
simvastatin 20mg tab							
Apo-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02247013	APX	Y
Auro-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02405164	ARO	Y
CO Simvastatin 20mg Tab (discontinued)					02248105	ATV	Y
Jamp-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02375613	JPC	Y
Mar-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02375052	MAR	Y
MINT-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02372959	MNT	Y
Novo-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02250160	TEV	Y
pharma-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02469995	PMS	Y
RAN-Simvastatin 20mg Tab	DNP	0.2501	M	SF	02329166	RAN	Y
Simvastatin 20mg Tab	DNP	0.2501	M	SF	02284758	SAS	Y
Simvastatin-20mg Tab	DNP	0.2501	M	SF	02386313	SIV	Y
Zocor 20mg Tab	DNP	0.2501	M	SF	00884340	FRS	Y
simvastatin 40mg tab							
Apo-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02247014	APX	Y
Auro-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02405172	ARO	Y
Jamp-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02375621	JPC	Y
Mar-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02375060	MAR	Y
MINT-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02372967	MNT	Y
pharma-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02470004	PMS	Y
pms-Simvastatin 40mg Tab (discontinued)					02269287	PMS	Y
RAN-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02329174	RAN	Y
Simvastatin 40mg Tab	DNP	0.2501	M	SF	02284766	SAS	Y
Simvastatin-40mg Tab	DNP	0.2501	M	SF	02386321	SIV	Y
Teva-Simvastatin 40mg Tab	DNP	0.2501	M	SF	02250179	TEV	Y
Zocor 40mg Tab	DNP	0.2501	M	SF	00884359	FRS	Y
simvastatin 80mg tab							

Apo-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02247015	APX	Y
Auro-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02405180	ARO	Y
Jamp-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02375648	JPC	Y
Mar-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02375079	MAR	Y
MINT-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02372975	MNT	Y
pharma-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02470012	PMS	Y
pms-Simvastatin 80mg Tab (discontinued)					02269295	PMS	Y
RAN-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02329182	RAN	Y
Simvastatin 80mg Tab	DNP	0.2501	M	SF	02284774	SAS	Y
Simvastatin-80mg Tab	DNP	0.2501	M	SF	02386348	SIV	Y
Teva-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02250187	TEV	Y
Zocor 80mg Tab (discontinued)					02240332	FRS	Y

C10AA02 LOVASTATIN

lovastatin 20mg tab

Apo-Lovastatin 20mg Tab	DNP	0.5165	M	SF	02220172	APX	Y
CO Lovastatin 20mg Tab	DNP	0.5165	M	SF	02248572	ATV	Y
Lovastatin 20mg Tab	DNP	0.5165	M	SF	02353229	SAS	Y
Mevacor 20mg Tab (discontinued)					00795860	FRS	Y

lovastatin 40mg tab

Apo-Lovastatin 40mg Tab	DNP	0.9434	M	SF	02220180	APX	Y
CO Lovastatin 40mg Tab	DNP	0.9434	M	SF	02248573	ATV	Y
Lovastatin 40mg Tab	DNP	0.9434	M	SF	02353237	SAS	Y
Mevacor 40mg Tab (discontinued)					00795852	FRS	Y

C10AA03 PRAVASTATIN

pravastatin 10mg tab

Apo-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02243506	APX	Y
Auro-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02458977	ARO	Y
Jamp-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02330954	JPC	Y
Mar-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02432048	MAR	Y
MINT-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02317451	MNT	Y
Pravastatin 10mg Tab (SAS)	DNP	0.2916	M	SF	02356546	SAS	Y
Pravastatin-10mg	DNP	0.2916	M	SF	02389703	SIV	Y
RAN-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02284421	RAN	Y
Sandoz Pravastatin 10mg Tab	DNP	0.2916	M	SF	02468700	SDZ	Y
Teva-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02247008	TEV	Y
Pravachol 10mg Tab (discontinued)					00893749	BRI	Y

pravastatin 20mg tab

Apo-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02243507	APX	Y
Auro-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02458985	ARO	Y
Jamp-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02330962	JPC	Y
Mar-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02432056	MAR	Y
MINT-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02317478	MNT	Y
Pravastatin 20mg Tab (SAS)	DNP	0.3440	M	SF	02356554	SAS	Y
Pravastatin-20mg Tab	DNP	0.3440	M	SF	02389738	SIV	Y
RAN-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02284448	RAN	Y
Sandoz Pravastatin 20mg Tab	DNP	0.3440	M	SF	02468719	SDZ	Y
Teva-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02247009	TEV	Y

	Pravachol 20mg Tab	DNP	0.3440	M	SF	00893757	BRI	Y
	pravastatin 40mg tab							
	Apo-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02243508	APX	Y
	Auro-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02458993	ARO	Y
	Jamp-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02330970	JPC	Y
	Mar-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02432064	MAR	Y
	MINT-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02317486	MNT	Y
	Pravastatin 40mg Tab (SAS)	DNP	0.4143	M	SF	02356562	SAS	Y
	Pravastatin-40mg Tab	DNP	0.4143	M	SF	02389746	SIV	Y
	RAN-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02284456	RAN	Y
	Sandoz Pravastatin 40mg Tab	DNP	0.4143	M	SF	02468727	SDZ	Y
	Teva-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02247010	TEV	Y
	Pravachol 40mg Tab	DNP	0.4143	M	SF	02222051	BRI	Y
C10AA04	FLUVASTATIN							
	fluvastatin 20mg cap							
	Sandoz Fluvastatin 20mg Cap (discontinued)					02400235	SDZ	Y
	Teva-Fluvastatin 20mg Cap	DNP	0.3155	M	SF	02299224	TEV	Y
	Lescol 20mg Cap (discontinued)					02061562	NVR	Y
	fluvastatin 40mg cap							
	Sandoz Fluvastatin 40mg Cap (discontinued)					02400243	SDZ	Y
	Teva-Fluvastatin 40mg Cap	DNP	0.4433	M	SF	02299232	TEV	Y
	Lescol 40mg Cap (discontinued)					02061570	NVR	Y
	Lescol XL 80mg Cap	DNP	1.6225	L	SF	02250527	NVR	N
C10AA05	ATORVASTATIN							
	atorvastatin 10mg tab							
	Apo-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02295261	APX	Y
	Atorvastatin 10mg Tab (SAS)	DNP	0.1743	M	SF	02348705	SAS	Y
	Atorvastatin-10mg Tab	DNP	0.1743	M	SF	02411350	SIV	Y
	Auro-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02407256	ARO	Y
	CO Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02310899	ATV	Y
	Jamp-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02391058	JPC	Y
	Mar-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02454017	MAR	Y
	MYLAN-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02392933	MYL	Y
	pms-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02399377	PMS	Y
	RAN-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02313707	RAN	Y
	ratio-Atorvastatin 10mg Tab (discontinued)					02350297	TEV	Y
	Sandoz Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02324946	SDZ	Y
	Lipitor 10mg Tab	DNP	0.1743	M	SF	02230711	PFI	Y
	atorvastatin 20mg tab							
	Apo-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02295288	APX	Y
	Atorvastatin 20mg Tab (SAS)	DNP	0.2179	M	SF	02348713	SAS	Y
	Atorvastatin-20mg Tab	DNP	0.2179	M	SF	02411369	SIV	Y
	Auro-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02407264	ARO	Y
	CO Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02310902	ATV	Y
	Jamp-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02391066	JPC	Y
	Mar-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02454025	MAR	Y

MYLAN-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02392941	MYL	Y
pms-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02399385	PMS	Y
RAN-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02313715	RAN	Y
ratio-Atorvastatin 20mg Tab (discontinued)					02350319	TEV	Y
Sandoz Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02324954	SDZ	Y
Lipitor 20mg Tab	DNP	0.2179	M	SF	02230713	PFI	Y

atorvastatin 40mg tab

Apo-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02295296	APX	Y
Atorvastatin 40mg Tab (SAS)	DNP	0.2342	M	SF	02348721	SAS	Y
Atorvastatin-40mg Tab	DNP	0.2342	M	SF	02411377	SIV	Y
Auro-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02407272	ARO	Y
CO Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02310910	ATV	Y
Jamp-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02391074	JPC	Y
Mar-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02454033	MAR	Y
MYLAN-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02392968	MYL	Y
pms-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02399393	PMS	Y
RAN-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02313723	RAN	Y
ratio-Atorvastatin 40mg Tab (discontinued)					02350327	TEV	Y
Sandoz Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02324962	SDZ	Y
Lipitor 40mg Tab	DNP	0.2342	M	SF	02230714	PFI	Y

atorvastatin 80mg tab

Apo-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02295318	APX	Y
Atorvastatin 80mg Tab (SAS)	DNP	0.2342	M	SF	02348748	SAS	Y
Atorvastatin-80mg Tab	DNP	0.2342	M	SF	02411385	SIV	Y
Auro-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02407280	ARO	Y
CO Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02310929	ATV	Y
Jamp-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02391082	JPC	Y
Mar-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02454041	MAR	Y
MYLAN-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02392976	MYL	Y
pms-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02399407	PMS	Y
RAN-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02313758	RAN	Y
ratio-Atorvastatin 80mg Tab (discontinued)					02350335	TEV	Y
Sandoz Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02324970	SDZ	Y
Lipitor 80mg Tab	DNP	0.2342	M	SF	02243097	PFI	Y

C10AA07 ROSUVASTATIN

rosuvastatin 5mg tab

Apo-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02337975	APX	Y
Auro-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02442574	ARO	Y
CO Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02339765	ATV	Y
Jamp-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02391252	JPC	Y
Mar-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02413051	MAR	Y
MED-Rosuvastatin 5mg Tab (discontinued)					02399164	GPM	Y
MINT-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02397781	MNT	Y
pms-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02378523	PMS	Y
RAN-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02382644	RAN	Y
Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02405628	SAS	Y
Rosuvastatin-5mg Tab	DNP	0.1284	M	SF	02411628	SIV	Y
Sandoz Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02338726	SDZ	Y

Teva-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02354608	TEV	Y
Crestor 5mg Tab	DNP	0.1284	M	SF	02265540	AZE	Y
rosuvastatin 10mg tab							
Apo-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02337983	APX	Y
Auro-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02442582	ARO	Y
CO Rosuvastatin 10mg Tab (discontinued)					02339773	ATV	Y
Jamp-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02391260	JPC	Y
Mar-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02413078	MAR	Y
MINT-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02397803	MNT	Y
MYLAN-Rosuvastatin 10mg Tab (discontinued)					02381273	MYL	Y
pms-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02378531	PMS	Y
RAN-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02382652	RAN	Y
Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02405636	SAS	Y
Rosuvastatin-10mg Tab	DNP	0.1354	M	SF	02411636	SIV	Y
Sandoz Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02338734	SDZ	Y
Teva-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02354616	TEV	Y
Crestor 10mg Tab	DNP	0.1354	M	SF	02247162	AZE	Y
rosuvastatin 20mg tab							
Apo-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02337991	APX	Y
Auro-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02442590	ARO	Y
CO Rosuvastatin 20mg Tab (discontinued)					02339781	ATV	Y
Jamp-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02391279	JPC	Y
Mar-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02413086	MAR	Y
MINT-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02397811	MNT	Y
pms-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02378558	PMS	Y
RAN-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02382660	RAN	Y
Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02405644	SAS	Y
Rosuvastatin-20mg Tab	DNP	0.1692	M	SF	02411644	SIV	Y
Sandoz Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02338742	SDZ	Y
Teva-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02354624	TEV	Y
Crestor 20mg Tab	DNP	0.1692	M	SF	02247163	AZE	Y
rosuvastatin 40mg tab							
Apo-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02338009	APX	Y
Auro-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02442604	ARO	Y
CO Rosuvastatin 40mg Tab (discontinued)					02339803	ATV	Y
Jamp-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02391287	JPC	Y
Mar-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02413108	MAR	Y
MINT-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02397838	MNT	Y
MYLAN-Rosuvastatin 40mg Tab (discontinued)					02381303	MYL	Y
pms-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02378566	PMS	Y
RAN-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02382679	RAN	Y
Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02405652	SAS	Y
Rosuvastatin-40mg Tab	DNP	0.1990	M	SF	02411652	SIV	Y
Sandoz Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02338750	SDZ	Y
Teva-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02354632	TEV	Y
Crestor 40mg Tab	DNP	0.1990	M	SF	02247164	AZE	Y

C10AB FIBRATES

C10AB02 BEZAFIBRATE

bezafibrate 400mg SR tab

Jamp-Bezafibrate 400mg SR Tab

02453312 JPC Y

Bezalip 400mg SR Tab

02083523 ASP Y

C10AB04 GEMFIBROZIL

gemfibrozil 300mg cap

Apo-Gemfibrozil 300mg Cap

DNP 0.1288 M SF 01979574 APX Y

Novo-Gemfibrozil 300mg Cap

DNP 0.1288 M SF 02241704 TEV Y

Lopid 300mg Cap (discontinued)

00599026 PFI Y

gemfibrozil 600mg tab

Apo-Gemfibrozil 600mg Tab

DNP 0.5157 M SF 01979582 APX Y

Novo-Gemfibrozil 600mg Tab

DNP 0.5157 M SF 02142074 TEV Y

Lopid 600mg Tab (discontinued)

00659606 PFI Y

C10AB05 FENOFIBRATE

fenofibrate 48mg tab

Sandoz Fenofibrate E 48mg Tab

02390698 SDZ Y

Lipidil EZ 48mg Tab

02269074 BGP Y

fenofibrate 67mg cap

Apo-Feno-Micro 67mg Cap

DNP 0.5479 M SF 02243180 APX Y

Lipidil Micro 67mg Cap (discontinued)

02230283 FOU Y

fenofibrate 100mg tab

Apo-Feno-Super 100mg Tab

DNP 0.5407 M SF 02246859 APX Y

Sandoz Fenofibrate S 100mg Tab

DNP 0.5407 M SF 02288044 SDZ Y

Lipidil Supra 100mg Tab (discontinued)

02241601 ABB Y

Apo-Fenofibrate 100mg Cap

DNP 0.6105 L SF 02225980 APX N

fenofibrate 145mg tab

MINT-Fenofibrate E 145mg Tab

02465167 MNT Y

Sandoz Fenofibrate E 145mg Tab

02390701 SDZ Y

Lipidil EZ 145mg Tab

02269082 BGP Y

fenofibrate 160mg tab

Apo-Feno-Super 160mg Tab

DNP 0.3116 M SF 02246860 APX Y

Sandoz Fenofibrate S 160mg Tab

DNP 0.3116 M SF 02288052 SDZ Y

Lipidil Supra 160mg Tab

DNP 0.3116 M SF 02241602 BGP Y

fenofibrate 200mg cap

Apo-Feno-Micro 200mg Cap

DNP 0.2723 M SF 02239864 APX Y

ratio-Fenofibrate MC 200mg Cap

DNP 0.2723 M SF 02250039 TEV Y

Lipidil Micro 200mg Cap (discontinued)

02146959 ABB Y

C10AC BILE ACID SEQUESTRANTS

C10AC01 CHOLESTYRAMINE

cholestyramine powder pouches

Cholestyramine-Odan 4g Pws

DNP 0.1319 M SF 02455609 ODN Y

Olestyr Light 4g/9g Pws (Sugar Reduced)

DNP 0.1319 M SF 00890960 PMS Y

Olestyr Regular 4g/9g Pws

DNP 0.1319 M SF 02210320 PMS Y

Questran Light Pws 4g/dose (discontinued)

01918486 BRI Y

Questran Pws 4g/dose (discontinued)

00464880 BRI Y

C10AC02 COLESTIPOL

Colestid 1g Tab	DNP	0.2796	L	SF	02132680	PFI	N
Colestid Granules 5g/pack	DNP	0.2292	L	SF	00642975	PFI	N
Colestid Orange Gran 5g/pack	DNP	0.1472	L	SF	02132699	PFI	N

C10AC04 COLESEVELAM

Lodalis 3.75g Pws	DNP	1.8331	L	SF	02432463	VLN	N
Lodalis 625mg Tab	DNP	1.1457	L	SF	02373955	VLN	N

C10AD NICOTINIC ACID AND DERIVATIVES

C10AD02 NICOTINIC ACID

Ni-ODAN 500mg ER Tab					00779806	ODN	N
Niaspan FCT 500mg ER Tab					02309254	SNV	N
Niacin 500mg Tab					00294950	VLN	N
Niaspan FCT 1000mg ER Tab					02309289	SNV	N

C10AX OTHER LIPID MODIFYING AGENTS

C10AX09 EZETIMIBE

ezetimibe 10mg tab

ACH-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02425610	AHI	Y
Apo-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02427826	APX	Y
Auro-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02469286	ARO	Y
Ezetimibe 10mg Tab	DNP	0.1811	M	E	02431300	SAS	Y
Ezetimibe 10mg Tab	DNP	0.1811	M	E	02429659	SIV	Y
Jamp-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02423235	JPC	Y
Mar-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02422662	MAR	Y
MINT-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02423243	MNT	Y
pms-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02416409	PMS	Y
RAN-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02419548	RAN	Y
Sandoz Ezetimibe 10mg Tab	DNP	0.1811	M	E	02416778	SDZ	Y
Teva-Ezetimibe 10mg Tab	DNP	0.1811	M	E	02354101	TEV	Y
Ezetrol 10mg Tab	DNP	0.1811	M	E	02247521	FRS	Y

C10AX12 LOMITAPIDE

Juxtapid 5mg Cap					02420341	AEG	N
Juxtapid 10mg Cap					02420376	AEG	N
Juxtapid 20mg Cap					02420384	AEG	N

C10B LIPID MODIFYING AGENTS, COMBINATIONS**C10BX HMG COA REDUCTASE INHIBITORS, OTHER COMBINATIONS**

C10BX03 ATORVASTATIN AND AMLODIPINE

amlodipine 5mg & atorvastatin 10mg tab

Apo-Amlodipine/Atorvastatin 5/10mg Tab	DNP	0.5802	M	SF	02411253	APX	Y
GD-Amlodipine/Atorvastatin 5/10mg Tab	DNP	0.5802	M	SF	02362759	GMD	Y
Caduet 5/10mg Tab	DNP	0.5802	M	SF	02273233	PFI	Y

amlodipine 5mg & atorvastatin 20mg tab

Apo-Amlodipine/Atorvastatin 5/20mg Tab	DNP	0.6842	M	SF	02411261	APX	Y
GD-Amlodipine/Atorvastatin 5/20mg Tab	DNP	0.6842	M	SF	02362767	GMD	Y
Caduet 5/20mg Tab	DNP	0.6842	M	SF	02273241	PFI	Y

amlodipine 5mg & atorvastatin 40mg tab

Apo-Amlodipine/Atorvastatin 5/40mg Tab	DNP	1.0124	M	SF	02411288	APX	Y
GD-Amlodipine/Atorvastatin 5/40mg Tab	DNP	1.0124	M	SF	02362775	GMD	Y
Caduet 5/40mg Tab	DNP	1.0124	M	SF	02273268	PFI	Y

amlodipine 5mg & atorvastatin 80mg tab

Apo-Amlodipine/Atorvastatin 5/80mg Tab	DNP	1.0124	M	SF	02411296	APX	Y
GD-Amlodipine/Atorvastatin 5/80mg Tab	DNP	1.0124	M	SF	02362783	GMD	Y
Caduet 5/80mg Tab	DNP	1.0124	M	SF	02273276	PFI	Y

amlodipine 10mg & atorvastatin 10mg tab

Apo-Amlodipine/Atorvastatin 10/10mg Tab	DNP	0.6125	M	SF	02411318	APX	Y
GD-Amlodipine/Atorvastatin 10/10mg Tab	DNP	0.6125	M	SF	02362791	GMD	Y
Caduet 10/10mg Tab	DNP	0.6125	M	SF	02273284	PFI	Y

amlodipine 10mg & atorvastatin 20mg tab

Apo-Amlodipine/Atorvastatin 10/20mg Tab	DNP	0.7636	M	SF	02411326	APX	Y
GD-Amlodipine/Atorvastatin 10/20mg Tab	DNP	0.7636	M	SF	02362805	GMD	Y
Caduet 10/20mg Tab	DNP	0.7636	M	SF	02273292	PFI	Y

amlodipine 10mg & atorvastatin 40mg tab

Apo-Amlodipine/Atorvastatin 10/40mg Tab	DNP	1.1200	M	SF	02411334	APX	Y
GD-Amlodipine/Atorvastatin 10/40mg Tab	DNP	1.1200	M	SF	02362813	GMD	Y
Caduet 10/40mg Tab	DNP	1.1200	M	SF	02273306	PFI	Y

amlodipine 10mg & atorvastatin 80mg tab

Apo-Amlodipine/Atorvastatin 10/80mg Tab	DNP	1.1200	M	SF	02411342	APX	Y
GD-Amlodipine/Atorvastatin 10/80mg Tab	DNP	1.1200	M	SF	02362821	GMD	Y
Caduet 10/80mg Tab	DNP	1.1200	M	SF	02273314	PFI	Y

D	Dermatologicals									
D01	ANTIFUNGALS, DERMATOLOGICAL									
D01A	ANTIFUNGALS, TOPICAL PREPARATIONS									
D01AA	ANTIBIOTICS									
	D01AA01	NYSTATIN								
		ratio-Nystatin 100,000 iu/g Cr	DNPM	0.0700	L	SFC	02194236	TEV	N	
		ratio-Nystatin 100,000 iu/g Oint	DNPM	0.1277	L	SFC	02194228	TEV	N	
		Nyaderm 100,000 iu/g Cr	DNPM	0.0700	L	SFC	00716871	TAR	N	
D01AC	IMIDAZOLE AND TRIAZOLE DERIVATIVES									
	D01AC01	CLOTRIMAZOLE								
		clotrimazole 1% cr								
		Clotrimaderm 1% Cr	DNPM	0.2233	M	SFC	00812382	TAR	Y	
		Canesten 1% Cr	DNPM	0.2233	M	SFC	02150867	YNO	Y	
	D01AC02	MICONAZOLE								
		Micatin 2% Cr	DNPM	0.2973	L	SFC	02085852	ANB	N	
		Monistat 2% Derm Cr	DNPM	0.3933	L	SFC	02126567	JNJ	N	
	D01AC08	KETOCONAZOLE								
		ketoconazole 2% cr								
		Ketoderm 2% Cr	DNP	0.3597	M	SFC	02245662	TPH	Y	
		Nizoral 2% Cr (discontinued)					00703974	JNJ	Y	
	D01AC20	IMIDAZOLE DERIVATIVES, COMBINATIONS								
		Lotriderm Cr	DNP	1.1067	L	SFC	00611174	FRS	N	
D01AE	OTHER TOPICAL ANTIFUNGALS									
	D01AE13	SELENIUM SULFIDE								
		Versel 2.5% Lot					00594601	VAL	N	
	D01AE14	CICLOPIROX								
		Loprox 1% Cr	DNP	0.3220	L	SFC	02221802	VLN	N	
		Loprox 1% Lot	DNP	0.3225	L	SFC	02221810	VLN	N	
		Stieprox 1.5% Shampoo					02247228	STI	N	
		ciclopirox 8% w/w top sol								
		Apo-Ciclopirox 8% w/w Top Sol					02298953	APX	Y	
		Ciclopirox 8% w/w Top Sol					02410346	STR	Y	
		pms-Ciclopirox 8% w/w Top Sol					02413574	PMS	Y	
		Taro-Ciclopirox 8% w/w Top Sol					02353288	TAR	Y	
		Penlac 8% w/w Top Sol					02250535	VLN	Y	
	D01AE15	TERBINAFINE								
		Lamisil 1% Cr	DNP	0.5480	L	SFC	02031094	NVR	N	
		Lamisil 1% Top Spray	DNP	0.5570	L	SFC	02238703	NVR	N	
	D01AE18	TOLNAFTATE								
		Tinactin 10mg/g Cr					00576034	BAY	N	

D Dermatologicals**D01B ANTIFUNGALS, SYSTEMIC PREPARATIONS****D01BA ANTIFUNGALS FOR SYSTEMIC USE****D01BA02 TERBINAFINE****terbinafine 250mg tab**

Apo-Terbinafine 250mg Tab	DNP	0.7714	M	E	02239893	APX	Y
Auro-Terbinafine 250mg Tab	DNP	0.7714	M	E	02320134	ARO	Y
CO Terbinafine 250mg Tab	DNP	0.7714	M	E	02254727	ATV	Y
Jamp-Terbinafine 250mg Tab					02357070	JPC	Y
Novo-Terbinafine 250mg Tab	DNP	0.7714	M	E	02240346	TEV	Y
pms-Terbinafine 250mg Tab	DNP	0.7714	M	E	02294273	PMS	Y
Terbinafine 250mg Tab	DNP	0.7714	M	E	02353121	SAS	Y
Terbinafine-250mg Tab	DNP	0.7714	M	E	02385279	SIV	Y
Lamisil 250mg Tab	DNP	0.7714	M	E	02031116	NVR	Y

D03 PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS**D03B ENZYMES****D03BA PROTEOLYTIC ENZYMES****D03BA02 COLLAGENASE (CLOSTRIDIOPEPTIDASE)**

Santyl 250u/g Oint					02063670	HPT	N
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D04 ANTIPRURITICS,INCL ANTIHIST,ANAESTHET,ETC.**D04A ANTIPRURITICS,INCL ANTIHIST,ANAESTHET,ETC.****D04AB ANAESTHETICS, TOPICAL****D04AB01 LIDOCAINE**

Lidodan 2% Viscous Liq	DNPM	0.0900	L	SFC	01968823	ODN	N
Xylocaine 2% Jelly	DNPM	0.5150	L	SFC	00001694	AZE	N
Xylocaine 2% Viscous Liq (discontinued)					00001686	AZE	N
lidocaine 5% oint							
Lidodan 5% Oint	DNPM	0.3967	M	SFC	02083795	ODN	Y
Xylocaine 5% Oint	DNPM	0.3967	M	SFC	00001961	AZE	Y
Xylocaine 12mg/dose Endotracheal Spray					02003767	AZE	N
Emla 25mg Cream					00886858	APN	N

D05 ANTIPSORIATICS**D05A ANTIPSORIATICS FOR TOPICAL USE****D05AX OTHER ANTIPSORIATICS FOR TOPICAL USE****D05AX02 CALCIPOTRIOL**

Dovonex 50mcg/g Oint	DNP	0.8233	L	E	01976133	LEO	N
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D05AX03 CALCITRIOL

Silkis 3ug/G oint					02338572	GAC	N
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D05AX05 TAZAROTENE

		Tazorac 0.05% Gel	DNP	1.3886	L	E	02230784	ALL	N
		Tazorac 0.1% Gel	DNP	1.3886	L	E	02230785	ALL	N
D05AX52	CALCIPOTRIOL, COMBINATIONS								
		Dovobet 50mcg/g/0.5mg/g Gel	DNP	1.5377	L	E	02319012	LEO	N
		Dovobet 50mcg/g/0.5mg/g Oint					02244126	LEO	N
D05B	ANTIPSORIATICS FOR SYSTEMIC USE								
D05BB	RETINOIDS FOR TREATMENT OF PSORIASIS								
D05BB02	ACITRETIN								
	acitretin 10mg cap								
		MINT-Acitretin 10mg Cap	DNP	1.2965	M	SF	02468840	MNT	Y
		Taro-Acitretin 10mg Cap	DNP	1.2965	M	SF	02466074	TAR	Y
		Soriatane 10mg Cap	DNP	1.2965	M	SF	02070847	ALL	Y
	acitretin 25mg cap								
		MINT-Acitretin 25mg Cap	DNP	2.2770	M	SF	02468859	MNT	Y
		Taro-Acitretin 25mg Cap	DNP	2.2770	M	SF	02466082	TAR	Y
		Soriatane 25mg Cap	DNP	2.2770	M	SF	02070863	ALL	Y
D06	ANTIBIOTICS AND CHEMOTHERAPEUTICS, DERMATOLOGICALS								
D06A	ANTIBIOTICS, TOPICAL PREPARATIONS								
D06AX	VARIOUS TOPICAL ANTIBIOTICS								
D06AX01	FUSIDIC ACID								
		Fucidin 2% Cr	DNP	0.7207	L	SF	00586668	LEO	N
		Fucidin 2% Oint	DNP	0.7207	L	SF	00586676	LEO	N
D06AX05	BACITRACIN								
		Bacitracin 50,000iu Pws/Vial					00030708	PFI	N
D06AX09	MUPIROCIN								
	mupirocin 2% oint								
		Taro-Mupirocin 2% Oint	DNPM	0.4125	M	SF	02279983	TAR	Y
		Bactroban 2% Oint (discontinued)					01916947	GCH	Y
		Bactroban 2% Cr (discontinued)					02239757	GCH	N
D06AX30	ANTIBIOTICS, COMBINATIONS								
		Soframycin Oint	DNP	1.0893	L	SF	02224879	ERF	N
D06B	CHEMOTHERAPEUTICS, TOPICAL PREPARATIONS								
D06BA	SULFONAMIDES								
D06BA01	SILVER SULFADIAZINE								
		Flamazine 1% Cr	DNP	0.2989	L	SFC	00323098	SNE	N
D06BB	ANTIVIRALS								

D

Dermatologicals

D06BB03 ACYCLOVIR

Zovirax 5% Cream						02039524	VLN	N
Zovirax 5% Oint						00569771	VLN	N

D06BB04 PODOPHYLLOTOXIN

Condylone 0.5% Top Sol	DNP	11.9371	L	SF	01945149	SAV	N
Podofilm 250mg/mL Liq	DNP	1.7936	L	SF	00598208	PAL	N

D06BB10 IMIQUIMOD

imiquimod 5% cr								
Taro-Imiquimod Pump 5% Cr	DNP	0.0434	M	E	02482983	TAR	Y	
Aldara P 5% Cr	DNP	0.0434	M	E	02239505	VLN	Y	

D06BX OTHER CHEMOTHERAPEUTICS

D06BX01 METRONIDAZOLE

MetroGel 1% Gel	DNP	0.6489	L	SFC	02297809	GAC	N
Noritate 1% Cr	DNP	0.6304	L	SFC	02156091	VLN	N

D07 CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS**D07A CORTICOSTEROIDS, PLAIN****D07AA CORTICOSTEROIDS, WEAK (GROUP I)**

D07AA02 HYDROCORTISONE

hydrocortisone valerate 0.2% cr								
Hydroval 0.2% Cr	DNP	0.1667	M	SF	02242984	TPH	Y	
Westcort 0.2% Cr (discontinued)					01910124	WSQ	Y	
Hydroval 0.2% Oint	DNP	0.1667	L	SF	02242985	TPH	N	
Cortoderm 1% Oint	DNP	0.1289	L	SF	00716693	TAR	N	
Dermaflex HC 1% Cr	DNP	0.1781	L	SF	00681989	PAL	N	
Dermaflex HC 1% Lot	DNP	0.1001	L	SF	00681997	PAL	N	
Emo-Cort 1% Cr	DNP	0.1718	L	SF	00192597	STI	N	
Hyderm 1% Cr	DNP	0.2133	L	SF	00716839	TAR	N	
Prevex HC 1% Cr	DNP	0.2703	L	SF	00804533	GSK	N	

D07AB CORTICOSTEROIDS, MODERATELY POTENT (GROUP II)

D07AB01 CLOBETASONE

Spectro Eczemacare Medicated Cream	DNP	0.3817	L	SF	02214415	GCH	N
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D07AB08 DESONIDE

desonide 0.05% cr							
PDP-Desonide 0.05% Cr	DNP	0.3578	M	SF	02229315	PDP	Y
Tridesilon 0.05% Cr (discontinued)					02154862	PMS	Y
desonide 0.05% oint							
PDP-Desonide 0.05% Oint	DNP	0.3396	M	SF	02229323	PDP	Y
Tridesilon 0.05% Oint (discontinued)					02154870	PMS	Y

D07AB09 TRIAMCINOLONE

D Dermatologicals

Triaderm 0.1% Cr	DNP	0.0506	L	SF	00716960	TAR	N
Aristocort R 0.1% Cr	DNP	0.1437	L	SF	02194058	VLN	N
Aristocort R 0.1% Oint	DNP	0.1437	L	SF	02194031	VLN	N
Aristocort C 0.5% Cr					02194066	VLN	N

D07AC CORTICOSTEROIDS, POTENT (GROUP III)

D07AC01 BETAMETHASONE

betamethasone 17 valerate 0.05% cr

Betaderm 0.05% Cr	DNPM	0.0596	M	SF	00716618	TAR	Y
Celestoderm-V/2 0.05% Cr (discontinued)					02357860	VLN	Y
Celestoderm-V/2 0.05% Cr (discontinued)					00027898	SCH	Y

betamethasone dipropionate 0.05% cr

Taro-Sone 0.05% Cr	DNPM	0.2048	M	SF	01925350	TAR	Y
Diprosone 0.05% Cr	DNPM	0.2048	M	SF	00323071	FRS	Y

betamethasone dipropionate 0.05% glycol cr

ratio-Topilene 0.05% Glycol Cr	DNPM	0.5187	M	SF	00849650	TEV	Y
Diprolene 0.05% Glycol Cr	DNPM	0.5187	M	SF	00688622	FRS	Y

betamethasone dipropionate 0.05% glycol lot

ratio-Topilene 0.05% Glycol Lot	DNPM	0.5620	M	SF	01927914	TEV	Y
Diprolene 0.05% Glycol Lot (discontinued)					00862975	FRS	Y

betamethasone dipropionate 0.05% glycol oint

ratio-Topilene 0.05% Glycol Oint	DNPM	0.5187	M	SF	00849669	TEV	Y
Diprolene 0.05% Glycol Oint	DNPM	0.5187	M	SF	00629367	FRS	Y

betamethasone dipropionate 0.05% lot

ratio-Topisone 0.05% Lot	DNPM	0.2010	M	SF	00809187	TEV	Y
Diprosone 0.05% Lot	DNPM	0.2010	M	SF	00417246	FRS	Y

betamethasone dipropionate 0.05% oint

ratio-Topisone 0.05% Oint	DNPM	0.2187	M	SF	00805009	TEV	Y
Diprosone 0.05% Oint	DNPM	0.2187	M	SF	00344923	FRS	Y

Betaderm 0.05% Oint

DNPM 0.0606 L SF 00716642 TAR N

ratio-Ectosone 0.05% Cr

DNPM 0.0611 L SF 00535427 TEV N

ratio-Ectosone 0.05% Lot

DNPM 0.2847 L SF 00653209 TEV N

ratio-Topisone 0.05% Cr

DNPM 0.2048 L SF 00804991 TEV N

Celestoderm-V/2 0.05% Oint

DNPM 0.0611 L SF 02357879 VLN N

betamethasone 17 valerate 0.1% cr

Betaderm 0.1% Cr	DNPM	0.0889	M	SF	00716626	TAR	Y
Celestoderm-V 0.1% Cr (discontinued)					00027901	SCH	Y
Celestoderm-V 0.1% Cr (discontinued)					02357844	VLN	Y

Betaderm 0.1% Oint

DNPM 0.0903 L SF 00716650 TAR N

Betaderm 0.1% Scalp Lot

DNPM 0.0852 L SF 00716634 TAR N

ratio-Ectosone 0.1% Cr

DNPM 0.0911 L SF 00535435 TEV N

ratio-Ectosone 0.1% Scalp Lot

DNPM 0.0853 L SF 00653217 TEV N

Celestoderm-V 0.1% Oint

DNPM 0.0911 L SF 02357852 VLN N

ratio-Ectosone 0.1% Lot

DNPM 0.3528 L SF 00750050 TEV N

D07AC03 DESOXIMETASONE

	Topicort 0.05% Gel	DNP	0.5378	L	SF	02221926	VLN	N
	Topicort Mild 0.05% Cr	DNP	0.5340	L	SF	02221918	VLN	N
	Topicort 0.25% Cr	DNP	0.7700	L	SF	02221896	VLN	N
	Topicort 0.25% Oint	DNP	0.6933	L	SF	02221934	VLN	N
D07AC04	FLUOCINOLONE ACETONIDE							
	Derma-Smoothe FS 0.01% Top Oil	DNP	0.2972	L	SF	00873292	HLZ	N
D07AC08	FLUOCINONIDE							
	fluocinonide 0.05% cr							
	Lyderm 0.05% Cr	DNP	0.2444	M	SF	00716863	TPH	Y
	Lidex 0.05% Cr	DNP	0.2444	M	SF	02161923	VLN	Y
	fluocinonide 0.05% gel							
	Lyderm 0.05% Gel	DNP	0.3322	M	SF	02236997	TPH	Y
	Lidex 0.05% Gel	DNP	0.3322	M	SF	02161974	VLN	Y
	fluocinonide 0.05% oint							
	Lyderm 0.05% Oint	DNP	0.3278	M	SF	02236996	TPH	Y
	Lidex 0.05% Oint	DNP	0.3278	M	SF	02161966	VLN	Y
	Lidemol 0.05% Cr	DNP	0.2174	L	SF	02163152	VLN	N
	Tiamol 0.05% Cr	DNP	0.2180	L	SF	00598933	TPH	N
D07AC11	AMCINONIDE							
	amcinonide 0.1% cr							
	Taro-Amcinonide 0.1% Cr	DNP	0.3821	M	SF	02246714	TAR	Y
	Cyclocort 0.1% Cr (discontinued)					02192284	STI	Y
D07AC13	MOMETASONE							
	mometasone 0.1% cr							
	Taro-Mometasone 0.1% Cr	DNP	0.5660	M	SF	02367157	TAR	Y
	Elocom 0.1% Cr	DNP	0.5660	M	SF	00851744	FRS	Y
	mometasone 0.1% lot							
	Taro-Mometasone 0.1% Lot	DNP	0.3787	M	SF	02266385	TAR	Y
	Elocom 0.1% Lot	DNP	0.3787	M	SF	00871095	FRS	Y
	mometasone 0.1% oint							
	ratio-Mometasone 0.1% Oint	DNP	0.6014	M	SF	02248130	TEV	Y
	Taro-Mometasone 0.1% Oint	DNP	0.6014	M	SF	02264749	TAR	Y
	Elocom 0.1% Oint	DNP	0.6014	M	SF	00851736	FRS	Y
D07AC18	PREDNICARBATE							
	Dermatop Emollient 0.1% Cr					02230642	VLN	N
D07AD	CORTICOSTEROIDS, VERY POTENT (GROUP IV)							
D07AD01	CLOBETASOL							
	clobetasol 17-propionate 0.05% cr							
	MYLAN-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	02024187	MYL	Y
	Novo-Clobetasol 0.05% Cr (discontinued)					02093162	TEV	Y
	ratio-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	01910272	TEV	Y

D Dermatologicals

Taro-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	02245523	TAR	Y
Dermovate 0.05% Cr	DNP	0.2279	M	SF	02213265	TPH	Y
clobetasol 17-propionate 0.05% oint							
MYLAN-Clobetasol 0.05% Oint	DNP	0.2279	M	SF	02026767	MYL	Y
Novo-Clobetasol 0.05% Oint (discontinued)					02126192	TEV	Y
ratio-Clobetasol 0.05% Oint	DNP	0.2279	M	SF	01910280	TEV	Y
Taro-Clobetasol 0.05% Oint	DNP	0.2279	M	SF	02245524	TAR	Y
Dermovate 0.05% Oint	DNP	0.2279	M	SF	02213273	TPH	Y
clobetasol 17-propionate 0.05% scalp lot							
MYLAN-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	02216213	MYL	Y
pms-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	02232195	PMS	Y
ratio-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	01910299	TEV	Y
Taro-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	02245522	TAR	Y
Dermovate 0.05% Scalp Lot	DNP	0.1990	M	SF	02213281	TPH	Y
clobetasol 17-propionate 0.05% sol							
Apo-Clobetasol 0.05% Spray					02475162	APX	Y
Clobex 0.05% Spray					02299739	GAC	Y

D07C CORTICOSTEROIDS, COMB WITH ANTIBIOTICS

D07CA CORTICOSTEROIDS, WEAK, COMB WITH ANTIBIOTICS

D07CA01 HYDROCORTISONE AND ANTIBIOTICS

Vioform HC Cr	00074500	PAL	N
Fucidin H Cr	02238578	LEO	N

D07CB CORTICOSTEROIDS, MODERAT. POTENT, COMB W/ANTIBIOT.

D07CB01 TRIAMCINOLONE AND ANTIBIOTICS

triamcinolone, nystatin, neomycin & gramicidin cr

Viaderm KC Cr	00717002	TAR	Y
Kenacomb Cr (discontinued)	01999850	WSQ	Y

triamcinolone, nystatin, neomycin & gramicidin oint

Viaderm KC Oint	00717029	TAR	Y
Kenacomb Oint (discontinued)	01999826	WSQ	Y
Ratio-Triacomb Cr	00550507	TEV	N

D07CB05 FLUMETASONE AND ANTIBIOTICS

Locacorten Vioform Cr	00074462	PAL	N
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D07CC CORTICOSTEROIDS, POTENT, COMB WITH ANTIBIOTICS

D07CC01 BETAMETHASONE AND ANTIBIOTICS

Valisone G Cream	00177016	VLN	N
Valisone G Oint	00232351	VLN	N

D07X CORTICOSTEROIDS, OTHER COMBINATIONS

D07XA CORTICOSTEROIDS, WEAK, OTHER COMBINATIONS

D07XA01 HYDROCORTISONE

D Dermatologicals										
		Pramox HC 1% Cr	DNP	0.4444	L	SF	00770957	DPT	N	
		Pramox HC 1% Lot	DNP	0.1833	L	SF	01954210	DPT	N	
D07XC	CORTICOSTEROIDS, POTENT, OTHER COMBINATIONS									
	D07XC01	BETAMETHASONE								
		Diprosalic Oint	DNP	1.2051	L	SF	00578436	FRS	N	
		bethamethasone dipropionate 0.05% & salicylic acid 2% lot								
		ratio-Topisalic Lot	DNP	0.4650	M	SF	02245688	TEV	Y	
		Diprosalic Lot	DNP	0.4650	M	SF	00578428	FRS	Y	
D09	MEDICATED DRESSINGS									
D09A	MEDICATED DRESSINGS									
D09AA	OINTMENT DRESSINGS WITH ANTIINFECTIVES									
	D09AA01	FRAMYCETIN								
		Sofra-Tulle 1% 10cm x 10cm	DNP	1.5500	L	SF	01988840	ERF	N	
		Sofra-Tulle 1% 10cm x 30cm	DNP	3.6000	L	SF	01987682	ERF	N	
D10	ANTI-ACNE PREPARATIONS									
D10A	ANTI-ACNE PREPARATIONS									
D10AA	CORTICOSTEROIDS, COMBINATIONS FOR ACNE									
	D10AA02	METHYLPREDNISOLONE								
		Neo-Medrol Acne Lot	DNP	0.3512	L	F	00195057	PFI	N	
D10AD	RETINOIDS FOR TOPICAL USE IN ACNE									
	D10AD01	TRETINOIN								
		Stieva-A 0.01% Cr	DNP	0.3084	L	FE*	00657204	STI	N	
		Retin-A 0.025% Gel	DNP	0.4343	L	FE*	00443816	VLN	N	
		Stieva-A 0.025% Cr	DNP	0.3084	L	FE*	00578576	STI	N	
		Retin-A 0.05% Cr	DNP	0.4343	L	FE*	00443794	VLN	N	
		Stieva-A 0.05% Cr	DNP	0.2060	L	FE*	00518182	STI	N	
		Vitamin A Acid 0.05% Gel	DNP	0.3444	L	FE*	01926489	VLN	N	
		*full benefit for beneficiaries 30 years and under								
	D10AD03	ADAPALENE								
		Differin 0.1% Gel					02148749	GAC	N	
D10AF	ANTIINFECTIVES FOR TREATMENT OF ACNE									
	D10AF01	CLINDAMYCIN								
		clindamycin 1% top sol								
		Taro-Clindamycin 1% Sol	DNP	0.2260	M	F	02266938	TAR	Y	
		Dalacin T 1% Sol	DNP	0.2260	M	F	00582301	PFI	Y	
	D10AF51	CLINDAMYCIN, COMBINATIONS								
		benzoyl peroxide 5% & clindamycin 1% gel								

D Dermatologicals

Taro-Benzoyl Peroxide/Clindamycin 5%/1% Gel	02464519	TAR	Y
BenzaClin Gel	02248472	VLN	Y
clindamycin 1% & benzoyl peroxide 5% gel			
Taro-Clindamycin/Benzoyl Peroxide 1%/5% Gel	02440180	TAR	Y
Clindoxyl Gel	02243158	STI	Y

D10AX OTHER ANTI ACNE PREPARATIONS FOR TOPICAL USE

D10AX03 AZELAIC ACID

Finacea 15% Gel	DNP	0.6066	L	SFC	02270811	BAY	N
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D10B ANTI ACNE PREPARATIONS FOR SYSTEMIC USE**D10BA RETINOIDS FOR TREATMENT OF ACNE**

D10BA01 ISOTRETINOIN

isotretinoin 10mg cap

Clarus 10mg Cap	DNP	0.9313	M	F	02257955	MYL	Y
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Accutane 10mg Cap	DNP	0.9313	M	F	00582344	HLR	Y
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isotretinoin 40mg cap

Clarus 40mg Cap	DNP	1.9003	M	F	02257963	MYL	Y
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Accutane 40mg Cap	DNP	1.9003	M	F	00582352	HLR	Y
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Epuris 10mg Tab	DNP	1.1117	L	F	02396971	CIP	N
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Epuris 20mg Tab	DNP	1.5380	L	F	02396998	CIP	N
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Epuris 30mg Tab	DNP	1.9343	L	F	02397005	CIP	N
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Epuris 40mg Tab	DNP	2.2680	L	F	02397013	CIP	N
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D11 OTHER DERMATOLOGICAL PREPARATIONS**D11A OTHER DERMATOLOGICAL PREPARATIONS****D11AH AGENTS FOR DERMATITIS, EXCLUDING CORTICOSTEROIDS**

D11AH01 TACROLIMUS

Protopic 0.03% Oint	DNP	2.2147	L	E	02244149	LEO	N
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Protopic 0.1% Oint	DNP	2.3690	L	E	02244148	LEO	N
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D11AH02 PIMECROLIMUS

Elidel 1% Cr					02247238	VLN	N
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D11AH04 ALITRETINOIN

Toctino 10mg Cap					02337630	GSK	N
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Toctino 30mg Cap					02337649	GSK	N
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D11AX OTHER DERMATOLOGICALS

D11AX10 FINASTERIDE

finasteride 1mg tab

Auro-Finasteride 1mg Tab					02428148	ARO	Y
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Finasteride 1mg Tab					02445085	SAS	Y
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Finasteride 1mg Tab	02447568	SIV	Y
pms-Finasteride 1mg Tab	02320169	PMS	Y
Sandoz Finasteride A 1mg Tab	02339471	SDZ	Y
Propecia 1mg Tab	02238213	FRS	Y

G Genito-Urinary System & Sex Hormones**G01 GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS****G01A ANTIINFECTIVES/ANTISEPT.,EXCL COMB WITH CORTICOST.****G01AA ANTIBIOTICS**

G01AA01 NYSTATIN

Nyaderm 100,000iu/dose Vag Cr DNP 0.1369 L SFC 00716901 TAR N

ratio-Nystatin 500,000iu/dose Vag Cr DNP 0.3191 L SFC 02194163 TEV N

G01AA10 CLINDAMYCIN

Dalacin 100mg/dose Vag Cr DNP 0.8403 L SFC 02060604 PAL N

G01AA51 NYSTATIN, COMBINATIONS

Flagystatin Vag Ovules 01926829 SAV N

G01AF IMIDAZOLE DERIVATIVES

G01AF01 METRONIDAZOLE

NidaGel 0.75% Vag Gel DNP 0.3017 L SFC 02125226 VLN N

Flagyl 10% Vag Cr DNP 0.2513 L SFC 01926861 SAV N

G01AF02 CLOTRIMAZOLE

clotrimazole 1% vag cr

Clotrimaderm 1% Vag Cr DNP 0.1932 M SFC 00812366 TAR Y

Canesten 6 Vag Cr (6 day) DNP 0.1932 M SFC 02150891 YNO Y

Canesten 1 Comfortab Combi-Pak (1 day) DNP 13.9800 L SFC 02264102 YNO N

Canesten 1 Vag Cr DNP 2.5600 L SFC 02150883 YNO N

Canesten 1 Vag Cr Combi-Pak DNP 13.9800 L SFC 02230509 YNO N

clotrimazole 2% vag cr

Clotrimaderm 2% Vag Cr DNP 0.3860 M SFC 00812374 TAR Y

Canesten 3 Vag Cr (3 day) DNP 0.3860 M SFC 02150905 YNO Y

Canesten 3 Comfortab Combi-Pak (3 day) DNP 13.9800 L SFC 02264099 YNO N

G01AF04 MICONAZOLE

miconazole 2% vag cr

Micozole 2% Vag Cr DNP 0.2576 M SFC 02231106 TAR Y

Monistat 7 (2%) Vag Cr DNP 0.2576 M SFC 02084309 JNJ Y

Monistat 3 (400mg) Vag Ovules DNP 4.0067 L SFC 02126605 JNJ N

Monistat 3 Dual-Pak DNP 13.7600 L SFC 02126249 JNJ N

Monistat 7 Dual-Pak DNP 13.7600 L SFC 02126257 JNJ N

G02 OTHER GYNAECOLOGICALS**G02A OXYTOCICS****G02AD PROSTAGLANDINS**

G02AD02 DINOPROSTONE

Prostin E2 0.5mg Tab 00400688 PAL N

G02B TOPICAL CONTRACEPTIVES

G Genito-Urinary System & Sex Hormones**G02BA INTRAUTERINE CONTRACEPTIVES****G02BA03 PLASTIC IUD WITH PROGESTOGEN**

Jaydess IUD 13.5mg/insert

DNP 279.1300 L F 02408295 BAY N

Mirena IUD 52mg/insert

DNP 348.4500 L F 02243005 BAY N

G02BB INTRAVAGINAL CONTRACEPTIVES**G02BB01 ETHINYL ESTRADIOL AND ETONOGESTREL**

NuvaRing

DNP 15.6700 L F 02253186 FRS N

G02C OTHER GYNAECOLOGICALS**G02CB PROLACTINE INHIBITORS****G02CB01 BROMOCRIPTINE****bromocriptine mesylate 2.5mg tab**

Bromocriptine 2.5mg Tab

DNP 1.0188 M SFC 02087324 AAP Y

Parlodel 2.5mg Tab (discontinued)

00371033 NVR Y

bromocriptine mesylate 5mg cap

Bromocriptine 5mg Cap

DNP 1.5251 M SFC 02230454 AAP Y

Parlodel 5mg Cap (discontinued)

00568643 NVR Y

G02CB03 CABERGOLINE**cabergoline 0.5mg tab**

Apo-Cabergoline 0.5mg Tab

DNP 12.3941 M E 02455897 APX Y

Dostinex 0.5mg Tab

DNP 12.3941 M E 02242471 PAL Y

G02CB04 QUINAGOLIDE

Norprolac 0.025mg Tab

DNP 0.0000 L E 02223740 FEI N

Norprolac 0.05mg Tab

DNP 0.0000 L E 02223759 FEI N

Norprolac 0.075mg Tab

DNP 1.6840 L E 02223767 FEI N

Norprolac 0.15mg Tab

DNP 1.7293 L E 02223775 FEI N

G03 SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM**G03A HORMONAL CONTRACEPTIVES, SYSTEMIC****G03AA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS****G03AA01 ETHYNODIOL AND ESTROGEN**

Demulen 30 Tab 21 Day

DNP 0.7457 L F 00469327 PFI N

Demulen 30 Tab 28 Day

DNP 0.5978 L F 00471526 PFI N

G03AA05 NORETHINDRONE AND ESTROGEN

Brevicon 1/35 Tab 28 Day

DNP 0.5125 L F 02189062 PFI N

Brevicon 0.5/35 Tab 21 Day

DNP 0.6832 L F 02187086 PFI N

Brevicon 0.5/35 Tab 28 Day

DNP 0.5125 L F 02187094 PFI N

Ortho 0.5/35 Tab 21 Day

DNP 1.1538 L F 00317047 JAN N

Ortho 0.5/35 Tab 28 Day

DNP 0.8654 L F 00340731 JAN N

LoLo Tab 28 Day						02417456	ALL	N
MinEstrin 1/20 Tab 21 Day	DNP	0.7466	L	F		00315966	WNC	N
MinEstrin 1/20 Tab 28 Day	DNP	0.5600	L	F		00343838	WNC	N
Brevicon 1/35 Tab 21 Day	DNP	0.6832	L	F		02189054	PFI	N
Ortho 1/35 Tab 21 Day	DNP	1.1538	L	F		00372846	JAN	N
Ortho 1/35 Tab 28 Day	DNP	0.8654	L	F		00372838	JAN	N
Select 1/35 Tab 21 Day	DNP	0.5043	L	F		02197502	PFI	N
Select 1/35 Tab 28 Day	DNP	0.3782	L	F		02199297	PFI	N
LoEstrin 1.5/30 Tab 21 Day	DNP	0.7466	L	F		00297143	WNC	N
LoEstrin 1.5/30 Tab 28 Day	DNP	0.5600	L	F		00353027	WNC	N

G03AA07 LEVONORGESTREL AND ESTROGEN

levonorgestrel 0.15mg & ethinyl estradiol 0.03mg tab (91)

Indayo Tab (91 Day)						02398869	MYL	Y
Seasonale Tab (91 Day)						02296659	WNC	Y

levonorgestrel 0.10mg & ethinyl estradiol 0.02mg tab (21)

Alysena Tab 21 Day	DNP	0.3629	M	F		02387875	APX	Y
Aviane Tab 21 Day	DNP	0.3629	M	F		02298538	TEV	Y
Alesse Tab 21 Day	DNP	0.3629	M	F		02236974	PFI	Y

levonorgestrel 0.10mg & ethinyl estradiol 0.02mg tab (28)

Alysena Tab 28 Day	DNP	0.2721	M	F		02387883	APX	Y
Aviane Tab 28 Day	DNP	0.2721	M	F		02298546	TEV	Y
Alesse Tab 28 Day	DNP	0.2721	M	F		02236975	PFI	Y

levonorgestrel 0.15mg & ethinyl estradiol 0.03mg tab (21)

Ovima Tab 21 Day	DNP	0.5075	M	F		02387085	APX	Y
Portia Tab 21 Day	DNP	0.5075	M	F		02295946	TEV	Y
Min-Ovral Tab 21 Day	DNP	0.5075	M	F		02042320	PFI	Y

levonorgestrel 0.15mg & ethinyl estradiol 0.03mg tab (28)

Ovima Tab 28 Day	DNP	0.3806	M	F		02387093	APX	Y
Portia Tab 28 Day	DNP	0.3806	M	F		02295954	TEV	Y
Min-Ovral Tab 28 Day	DNP	0.3806	M	F		02042339	PFI	Y

G03AA09 DESOGESTREL AND ESTROGEN

Linessa Tab 21 Day	DNP	0.7429	L	F		02272903	APN	N
Linessa Tab 28 Day	DNP	0.5571	L	F		02257238	APN	N
Orthocept Tab 28 Day (discontinued)						02042533	JAN	N

desogestrel 150mcg and ethinyl estradiol 30mcg tab (21)

Apri Tab 21 Day	DNP	0.3700	M	F		02317192	TEV	Y
Freya Tab 21 Day	DNP	0.3700	M	F		02396491	MYL	Y
Mirvala Tab 21 Day	DNP	0.3700	M	F		02410249	APX	Y
Marvelon Tab 21 Day	DNP	0.3700	M	F		02042487	FRS	Y

desogestrel 150mcg and ethinyl estradiol 30mcg tab (28)

Apri Tab 28 Day	DNP	0.2775	M	F		02317206	TEV	Y
Freya Tab 28 Day	DNP	0.2775	M	F		02396610	MYL	Y
Mirvala Tab 28 Day	DNP	0.2775	M	F		02410257	APX	Y
Marvelon Tab 28 Day	DNP	0.2775	M	F		02042479	FRS	Y

G Genito-Urinary System & Sex Hormones**G03AA11 NORGESTIMATE AND ESTROGEN**

Cyclen Tab 21 Day	DNP	1.2577	L	F	01968440	JAN	N
Cyclen Tab 28 Day	DNP	0.9433	L	F	01992872	JAN	N

G03AA12 DROSPIRENONE AND ESTROGEN

Yasmin Tab 21 Day	DNP	0.5924	L	F	02261723	BAY	N
Yasmin Tab 28 Day	DNP	0.4443	L	F	02261731	BAY	N

drospirenone 3mg & ethinyl estradiol 0.02mg tab (28)

MYA 3mg/0.02mg Tab					02415380	APX	Y
Yaz 3mg/0.02mg Tab					02321157	BAY	Y

G03AA13 NORELGESTROMIN AND ESTROGEN

Evra 0.6/6mg Patch					02248297	JAN	N
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G03AB PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATIONS**G03AB03 LEVONORGESTREL AND ESTROGEN**

Triquilar Tab 21 Day	DNP	0.7500	L	F	00707600	BAY	N
Triquilar Tab 28 Day	DNP	0.5625	L	F	00707503	BAY	N

G03AB04 NORETHINDRONE AND ESTROGEN

Ortho 7/7/7 Tab 21 Day	DNP	1.1538	L	F	00602957	JAN	N
Ortho 7/7/7 Tab 28 Day	DNP	0.8654	L	F	00602965	JAN	N
Synphasic Tab 21 Day	DNP	0.6214	L	F	02187108	PFI	N
Synphasic Tab 28 Day	DNP	0.4660	L	F	02187116	PFI	N

G03AB11 NORGESTIMATE AND ESTROGEN**norgestimate & ethinylestradiol 3 phase tab (21)**

Tricira Lo (21 Day)	DNP	0.4511	M	F	02401967	APX	Y
Tri-Cyclen Lo Tab 21 Day	DNP	0.4511	M	F	02258560	JAN	Y

norgestimate & ethinylestradiol 3 phase tab (28)

Tricira Lo (28 Day)	DNP	0.3383	M	F	02401975	APX	Y
Tri-Cyclen Lo Tab 28 Day	DNP	0.3383	M	F	02258587	JAN	Y
Tri-Cyclen Tab 21 Day	DNP	1.2577	L	F	02028700	JAN	N
Tri-Cyclen Tab 28 Day	DNP	0.9433	L	F	02029421	JAN	N

G03AC PROGESTOGENS**G03AC01 NORETHINDRONE****norethindrone 0.35mg tab (28)**

Jencycla Tab 28 Day	DNP	0.3925	M	SF	02441306	LUP	Y
Movisse Tab 28 Day	DNP	0.3925	M	SF	02410303	MYL	Y
Micronor Tab 28 Day	DNP	0.3925	M	SF	00037605	JAN	Y

G03AC06 MEDROXYPROGESTERONE

Depo-Provera 50mg/mL Inj	DNP	7.0320	L	SFC	00030848	PFI	N
Depo-Provera 150mg/mL Inj	DNP	30.4800	L	SFC	00585092	PFI	N

G03AD01 LEVONORGESTREL

levonorgestrel 0.75mg tab

Next Choice 0.75mg Tab (discontinued)

02364905 ATV Y

Plan B 0.75mg Tab (discontinued)

02241674 PAL Y

levonorgestrel 1.5mg tab

Backup Plan Onestep 1.5mg Tab

DNP 8.6000 M F 02433532 APX Y

Contingency Onc 1.5mg Tab

DNP 8.6000 M F 02425009 MYL Y

Plan B 1.5mg Tab

DNP 8.6000 M F 02293854 PAL Y

G03B ANDROGENS AND COMBINATIONS, EXCL G03E
G03BA 3-OXOANDROSTEN (4) DERIVATIVES

G03BA03 TESTOSTERONE

Androgel 1% Gel Pump

02249499 BGP N

Testim 1% Top Gel Tube

DN 0.7635 L E 02280248 PAL N

testosterone 1% w/w top gel (2.5g/pkt)

Taro-Testosterone 2.5g/pkt Top Gel

DN 0.6690 M E 02463792 TAR Y

Androgel 2.5g/pkt Top Gel

DN 0.6690 M E 02245345 BGP Y

Androderm 2.5mg (12.2mg)/24 hr Patch

DN 2.2293 L E 02239653 ALL N

testosterone 1% w/w top gel (5g/pkt)

Taro-Testosterone 5g/pkt Top Gel

DN 0.5915 M E 02463806 TAR Y

Androgel 5g/pkt Top Gel

DN 0.5915 M E 02245346 BGP Y

Androderm 5mg (24.3mg)/24 hr Patch

DN 4.4587 L E 02245972 ALL N

testosterone undecanoate 40mg cap

pms-Testosterone 40mg Cap

DN 0.4700 M SFC 02322498 PMS Y

Taro-Testosterone 40mg Cap

DN 0.4700 M SFC 02421186 TAR Y

Andriol 40mg Cap (discontinued)

00782327 FRS Y

Depo-Testosterone 100mg/mL Inj

DN 4.4161 L SFC 00030783 PFI N

Delatestryl 200mg/mL Inj

DN 10.6600 L SFC 00029246 VLN N

G03C ESTROGENS AND COMBINATIONS, EXCL G03E,G03F,G03HB
G03CA NATURAL AND SEMISYNTHETIC ESTROGENS, PLAIN

G03CA03 ESTRADIOL

Estrogel 0.06% Top Gel

DNP 0.4939 L E 02238704 FRS N

estradiol 0.5mg tab

Lupin-Estradiol 0.5mg Tab

DNP 0.1199 M SFC 02449048 LUP Y

Estrace 0.5mg Tab

DNP 0.1199 M SFC 02225190 ACS Y

estradiol 1mg tab

Lupin-Estradiol 1mg Tab

DNP 0.2313 M SFC 02449056 LUP Y

Estrace 1mg Tab

DNP 0.2313 M SFC 02148587 ACS Y

estradiol 2mg tab

Lupin-Estradiol 2mg Tab

DNP 0.4083 M SFC 02449064 LUP Y

Estrace 2mg Tab

DNP 0.4083 M SFC 02148595 ACS Y

Estring 7.5mcg/24 hr Vag Ring

DNP 81.6400 L SFC 02168898 PAL N

Vagifem 10mcg Vag Tab

DNP 4.0578 L SFC 02325462 NNO N

Estradot Patch (25mcg/day)	DNP	2.8550	L	SFC	02245676	NVR	N
Climara 25 (25mcg/day, 2mg/patch)	DNP	5.2675	L	SFC	02247499	BAY	N
Oesclim (25mcg/day, 5mg/patch)					02243722	SLP	N
Estradot Patch (37.5mcg/day)	DNP	2.8738	L	SFC	02243999	NVR	N
estradiol 50mcg/day patch (Estradot)							
Sandoz Estradiol Derm 50 (50mcg/day patch)	DNP	2.5331	M	SFC	02246967	SDZ	Y
Estradot Patch (50mcg/day)	DNP	2.5331	M	SFC	02244000	NVR	Y
estradiol 50mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 50 (50mcg/day patch)	DNP	2.5331	M	SFC	02246967	SDZ	Y
Vivelle Patch (50mcg/day) (discontinued)					02204428	NVR	Y
Climara 50 (50mcg/day, 3.9mg/patch)	DNP	5.6275	L	SFC	02231509	BAY	N
Oesclim (50mcg/day, 10mg/patch)					02243724	SLP	N
estradiol 75mcg/day patch (Estradot)							
Sandoz Estradiol Derm 75 (75mcg/day patch)	DNP	2.7169	M	SFC	02246968	SDZ	Y
Estradot Patch (75mcg/day)	DNP	2.7169	M	SFC	02244001	NVR	Y
estradiol 75mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 75 (75mcg/day patch)	DNP	2.7169	M	SFC	02246968	SDZ	Y
Vivelle Patch (75mcg/day) (discontinued)					02204436	NVR	Y
Climara 75 (75mcg/day, 5.7mg/patch)	DNP	6.0000	L	SFC	02247500	BAY	N
estradiol 100mcg/day patch (Estradot)							
Sandoz Estradiol Derm 100 (100mcg/day patch)	DNP	2.8744	M	SFC	02246969	SDZ	Y
Estradot Patch (100mcg/day)	DNP	2.8744	M	SFC	02244002	NVR	Y
estradiol 100mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 100 (100mcg/day patch)	DNP	2.8744	M	SFC	02246969	SDZ	Y
Vivelle Patch (100mcg/day) (discontinued)					02204444	NVR	Y
Climara 100 (100mcg/day, 7.8mg/patch) (discontinued)					02231510	BAY	N
G03CA07	ESTRONE						
	Estragyn Vag Cr	DNP	0.7218	L	SFC	00727369	SLP N
G03CA57	CONJUGATED ESTROGENS						
	Premarin 0.3mg Tab	DNP	0.3321	L	SFC	02414678	PFI N
	Premarin 0.625mg Tab	DNP	0.3321	L	SFC	02414686	PFI N
	Premarin 0.625mg/g Vag Cr	DNP	0.7837	L	SFC	02043440	PFI N
	Premarin 1.25mg Tab	DNP	0.3321	L	SFC	02414694	PFI N
	Premarin 25mg/vial Inj	DNP	44.1500	L	SFC	02043386	PFI N

G03D PROGESTOGENS AND COMBINATIONS, EXCL G03E AND G03F

G03DA PREGNEN (4) DERIVATIVES
G03DA02 MEDROXYPROGESTERONE
medroxyprogesterone acetate 2.5mg tab

Apo-Medroxy 2.5mg Tab	DNP	0.0642	M	SFC	02244726	APX	Y
Novo-Medrone 2.5mg Tab	DNP	0.0642	M	SFC	02221284	TEV	Y

	Provera 2.5mg Tab	DNP	0.0642	M	SFC	00708917	PFI	Y
	medroxyprogesterone acetate 5mg tab							
	Apo-Medroxy 5mg Tab	DNP	0.1270	M	SFC	02244727	APX	Y
	Novo-Medrone 5mg Tab	DNP	0.1270	M	SFC	02221292	TEV	Y
	Provera 5mg Tab	DNP	0.1270	M	SFC	00030937	PFI	Y
	medroxyprogesterone acetate 10mg tab							
	Apo-Medroxy 10mg Tab	DNP	0.2577	M	SFC	02277298	APX	Y
	Novo-Medrone 10mg Tab	DNP	0.2577	M	SFC	02221306	TEV	Y
	Provera 10mg Tab	DNP	0.2577	M	SFC	00729973	PFI	Y
	medroxyprogesterone acetate 100mg tab							
	Apo-Medroxy 100mg Tab	DNP	1.2057	M	SFC	02267640	APX	Y
	Provera 100mg Tab (discontinued)					00030945	PFI	Y
G03DA04	PROGESTERONE							
	progesterone 100mg cap							
	pms-Progesterone 100mg Cap					02476576	PMS	Y
	Reddy-Progesterone 100mg Cap					02463113	RCH	Y
	Teva-Progesterone 100mg Cap					02439913	TEV	Y
	Prometrium 100mg Cap					02166704	FRS	Y
G03DB	PREGNADIEN DERIVATIVES							
G03DB08	DIENOGEST							
	Visanne 2mg Tab	DNP	2.0461	L	E	02374900	BAY	N
G03F	PROGESTOGENS AND ESTROGENS IN COMBINATION							
G03FA	PROGESTOGENS AND ESTROGENS COMBINATIONS							
G03FA01	NORETHINDRONE AND ESTROGEN							
	Estalis 140/50mcg Transdermal Patch	DNP	3.4750	L	SFC	02241835	NVR	N
	Estalis 250/50mcg Transdermal Patch	DNP	3.4750	L	SFC	02241837	NVR	N
G03G	GONADOTROPHINS AND OTHER OVULATION STIMULANTS							
G03GB	OVULATION STIMULANTS, SYNTHETICS							
G03GB02	CLOMIFENE							
	Clomid 50mg Tab					02091879	SAV	N
G03H	ANTIANDROGENS AND COMBINATIONS							
G03HA	ANTIANDROGENS, PLAIN PREPARATIONS							
G03HA01	CYPROTERONE							
	cyproterone 50mg tab							
	Cyproterone 50mg Tab	DNP	1.5283	M	SFC	02245898	AAP	Y
	MED-Cyproterone 50mg Tab	DNP	1.5283	M	SFC	02390760	GMP	Y
	Androcur 50mg Tab	DNP	1.5283	M	SFC	00704431	PMS	Y
	Androcur Depot 100mg/mL Inj					00704423	PMS	N
G03HB	ANTIANDROGENS AND ESTROGENS							

G Genito-Urinary System & Sex Hormones

G03HB01 CYPROTERONE AND ESTROGEN

cypoterone acetate 2mg & ethinyl estradiol 0.035mg tab

Cyestra-35 Tab

02290308 PAL Y

Novo-Cyproterone/Ethinyl Estradiol 2mg/0.035mg Tab

02309556 TEV Y

RAN-Cyproterone/Ethinyl Estradiol 2mg/0.035mg Tab

02425017 RAN Y

Diane-35 Tab

02233542 BAY Y

G03X OTHER SEX HORMONES**G03XA ANTIGONADOTROPHINS**

G03XA01 DANAZOL

Cyclomen 50mg Cap

DNP 0.9815 L SF 02018144 SAV N

Cyclomen 100mg Cap

DNP 1.4567 L SF 02018152 SAV N

Cyclomen 200mg Cap

DNP 2.3278 L SF 02018160 SAV N

G03XB02 ULIPRISTAL

Fibristal 5mg Tab

DNP 11.4600 L E 02408163 ALL N

G03XC SELECTIVE ESTROGEN RECEPTOR MODULATORS

G03XC01 RALOXIFENE

raloxifene 60mg tab

Apo-Raloxifene 60mg Tab

DNP 0.4584 M E 02279215 APX Y

CO Raloxifene 60mg Tab

DNP 0.4584 M E 02358840 ATV Y

pms-Raloxifene 60mg Tab

DNP 0.4584 M E 02358921 PMS Y

Evista 60mg Tab

DNP 0.4584 M E 02239028 LIL Y

G04 UROLOGICALS**G04B OTHER UROLOGICALS, INCL ANTISPASMODICS****G04BD URINARY ANTISPASMODICS**

G04BD04 OXYBUTYNIN

oxybutynin 1mg/mL o/l

pms-Oxybutynin 1mg/mL O/L

DNP 0.1554 M SF 02223376 PMS Y

Ditropan 1mg/mL O/L (discontinued)

01924753 JAN Y

Oxytrol Patch (3.9mg/day 36mg/patch)

02254735 ALL N

oxybutynin 5mg tab

Apo-Oxybutynin 5mg Tab

DNP 0.1077 M SF 02163543 APX Y

Novo-Oxybutynin 5mg Tab

DNP 0.1077 M SF 02230394 TEV Y

Oxybutynin 5mg Tab

DNP 0.1077 M SF 02350238 SAS Y

pms-Oxybutynin 5mg Tab

DNP 0.1077 M SF 02240550 PMS Y

Ditropan 5mg Tab (discontinued)

01924761 JAN Y

Ditropan XL 5mg Tab

DNP 2.5680 L E 02243960 JAN N

Ditropan XL 10mg Tab

DNP 2.5680 L E 02243961 JAN N

Gelnique 100mg/g Gel

02366150 ALL N

G04BD07 TOLTERODINE

tolterodine 1mg tab

Apo-Tolterodine 1mg Tab (discontinued)

02369680 APX Y

MINT-Tolterodine 1mg Tab

DNP 0.2455 M SF 02423308 MNT Y

Teva-Tolterodine 1mg Tab

DNP 0.2455 M SF 02299593 TEV Y

Detrol 1mg Tab

DNP 0.2455 M SF 02239064 PFI Y

tolterodine 2mg ER cap

MYLAN-Tolterodine ER 2mg Cap

DNP 0.4911 M SF 02404184 MYL Y

Sandoz Tolterodine LA 2mg Cap

DNP 0.4911 M SF 02413140 SDZ Y

Teva-Tolterodine LA 2mg Cap

DNP 0.4911 M SF 02412195 TEV Y

Detrol LA 2mg Cap

DNP 0.4911 M SF 02244612 PFI Y

tolterodine 2mg tab

Apo-Tolterodine 2mg Tab (discontinued)

02369699 APX Y

MINT-Tolterodine 2mg Tab

DNP 0.2455 M SF 02423316 MNT Y

Teva-Tolterodine 2mg Tab

DNP 0.2455 M SF 02299607 TEV Y

Detrol 2mg Tab

DNP 0.2455 M SF 02239065 PFI Y

tolterodine 4mg ER cap

MYLAN-Tolterodine ER 4mg Cap

DNP 0.4911 M SF 02404192 MYL Y

Sandoz Tolterodine LA 4mg Cap

DNP 0.4911 M SF 02413159 SDZ Y

Teva-Tolterodine LA 4mg Cap

DNP 0.4911 M SF 02412209 TEV Y

Detrol LA 4mg Cap

DNP 0.4911 M SF 02244613 PFI Y

G04BD08 SOLIFENACIN

solifenacin 5mg tab

Apo-Solifenacin 5mg Tab

DNP 0.3041 M SF 02423375 APX Y

Auro-Solifenacin 5mg Tab

DNP 0.3041 M SF 02446375 ARO Y

Jamp-Solifenacin 5mg Tab

DNP 0.3041 M SF 02424339 JPC Y

MINT-Solifenacin 5mg Tab

DNP 0.3041 M SF 02443171 MNT Y

pms-Solifenacin 5mg Tab

DNP 0.3041 M SF 02417723 PMS Y

RAN-Solifenacin 5mg Tab

DNP 0.3041 M SF 02437988 RAN Y

Sandoz Solifenacin 5mg Tab

DNP 0.3041 M SF 02399032 SDZ Y

Solifenacin 5mg Tab

DNP 0.3041 M SF 02458241 SAS Y

Teva-Solifenacin 5mg Tab

DNP 0.3041 M SF 02397900 TEV Y

Vesicare 5mg Tab

DNP 0.3041 M SF 02277263 ASL Y

solifenacin 10mg tab

Apo-Solifenacin 10mg Tab

DNP 0.3041 M SF 02423383 APX Y

Auro-Solifenacin 10mg Tab

DNP 0.3041 M SF 02446383 ARO Y

Jamp-Solifenacin 10mg Tab

DNP 0.3041 M SF 02424347 JPC Y

MINT-Solifenacin 10mg Tab

DNP 0.3041 M SF 02443198 MNT Y

pms-Solifenacin 10mg Tab

DNP 0.3041 M SF 02417731 PMS Y

Sandoz Solifenacin 10mg Tab

DNP 0.3041 M SF 02399040 SDZ Y

Solifenacin 10mg Tab

DNP 0.3041 M SF 02458268 SAS Y

Teva-Solifenacin 10mg Tab

DNP 0.3041 M SF 02397919 TEV Y

Vesicare 10mg Tab

DNP 0.3041 M SF 02277271 ASL Y

G04BD09 TROSPIMUM

Trosec 20mg Tab

DNP 0.7635 L E 02275066 SNV N

G04BD10 DARIFENACIN

G Genito-Urinary System & Sex Hormones

	Enablex 7.5mg Tab	DNP	1.5600	L	E	02273217	MRS	N
	Enablex 15mg Tab	DNP	1.5600	L	E	02273225	MRS	N
G04BD11	FESOTERODINE							
	Toviaz 4mg Tab	DNP	1.5000	L	E	02380021	PFI	N
	Toviaz 8mg Tab	DNP	1.5000	L	E	02380048	PFI	N
G04BD12	MIRABEGRON							
	Myrbetriq 25mg ER Tab	DNP	1.4600	L	E	02402874	ASL	N
	Myrbetriq 50mg ER Tab	DNP	1.4600	L	E	02402882	ASL	N
G04BE	DRUGS USED IN ERECTILE DYSFUNCTION							
G04BE03	SILDENAFIL							
	sildenafil 25mg tab							
	Apo-Sildenafil 25mg Tab					02248201	APX	Y
	Jamp-Sildenafil 25mg Tab					02405660	JPC	Y
	MINT-Sildenafil 25mg Tab (discontinued)					02393069	MNT	Y
	Novo-Sildenafil 25mg Tab					02308738	TEV	Y
	pms-Sildenafil 25mg Tab					02371626	PMS	Y
	RAN-Sildenafil 25mg Tab (discontinued)					02383101	RAN	Y
	Sildenafil 25mg Tab					02317559	PMS	Y
	Viagra 25mg Tab					02239766	PFI	Y
	sildenafil 50mg tab							
	Apo-Sildenafil 50mg Tab					02248202	APX	Y
	CO Sildenafil 50mg Tab (discontinued)					02372061	ATV	Y
	Jamp-Sildenafil 50mg Tab					02405679	JPC	Y
	MINT-Sildenafil 50mg Tab					02393077	MNT	Y
	Myl-Sildenafil 50mg Tab (discontinued)					02392585	MYL	Y
	Novo-Sildenafil 50mg Tab					02308746	TEV	Y
	pms-Sildenafil 50mg Tab					02371634	PMS	Y
	RAN-Sildenafil 50mg Tab (discontinued)					02383128	RAN	Y
	Sildenafil 50mg Tab					02406152	SAS	Y
	Sildenafil 50mg Tab					02317575	PMS	Y
	Viagra 50mg Tab					02239767	PFI	Y
	sildenafil 100mg tab							
	Apo-Sildenafil 100mg Tab					02248203	APX	Y
	Jamp-Sildenafil 100mg Tab					02405687	JPC	Y
	Mar-Sildenafil 100mg Tab					02402548	MAR	Y
	MINT-Sildenafil 100mg Tab					02393085	MNT	Y
	Novo-Sildenafil 100mg Tab					02308754	TEV	Y
	pms-Sildenafil 100mg Tab					02371642	PMS	Y
	RAN-Sildenafil 100mg Tab (discontinued)					02383136	RAN	Y
	Sildenafil 100mg Tab					02406160	SAS	Y
	Sildenafil 100mg Tab					02317583	PMS	Y
	Viagra 100mg Tab					02239768	PFI	Y
G04BE08	TADALAFIL							
	tadalafil 2.5mg tab							

ACT Tadalafil 2.5mg Tab (discontinued)	02428628	ATV	Y
Apo-Tadalafil 2.5mg Tab	02422085	APX	Y
Auro-Tadalafil 2.5mg Tab	02435896	ARO	Y
Jamp-Tadalafil 2.5mg Tab	02451824	JPC	Y
Mar-Tadalafil 2.5mg Tab	02452286	MAR	Y
pms-Tadalafil 2.5mg Tab	02409410	PMS	Y
RAN-Tadalafil 2.5mg Tab	02452081	RAN	Y
Teva-Tadalafil 2.5mg Tab	02440148	TEV	Y
Cialis 2.5mg Tab	02296888	LIL	Y
Mylan - Tadalafil 2.5mg Tab	02410621	MYL	N

tadalafil 5mg tab

ACT Tadalafil 5mg Tab (discontinued)	02428636	ATV	Y
Apo-Tadalafil 5mg Tab	02422093	APX	Y
Auro-Tadalafil 5mg Tab	02435926	ARO	Y
Jamp-Tadalafil 5mg Tab	02451832	JPC	Y
Mar-Tadalafil 5mg Tab	02452278	MAR	Y
MYLAN-Tadalafil 5mg Tab	02410648	MYL	Y
pms-Tadalafil 5mg Tab	02409429	PMS	Y
RAN-Tadalafil 5mg Tab	02452073	RAN	Y
Teva-Tadalafil 5mg Tab	02440156	TEV	Y
Cialis 5mg Tab	02296896	LIL	Y

tadalafil 10mg tab

ACT Tadalafil 10mg Tab (discontinued)	02428644	ATV	Y
Apo-Tadalafil 10mg Tab	02422107	APX	Y
Auro-Tadalafil 10mg Tab	02435934	ARO	Y
Jamp-Tadalafil 10mg Tab	02451840	JPC	Y
Mar-Tadalafil 10mg Tab	02452251	MAR	Y
MYLAN-Tadalafil 10mg Tab	02410656	MYL	Y
pms-Tadalafil 10mg Tab	02409437	PMS	Y
RAN-Tadalafil 10mg Tab	02452103	RAN	Y
Teva-Tadalafil 10mg Tab	02440164	TEV	Y
Cialis 10mg Tab	02248088	LIL	Y

tadalafil 20mg tab

ACT Tadalafil 20mg Tab (discontinued)	02428652	ATV	Y
Apo-Tadalafil 20mg Tab	02422115	APX	Y
Auro-Tadalafil 20mg Tab	02435942	ARO	Y
Jamp-Tadalafil 20mg Tab	02451859	JPC	Y
Mar-Tadalafil 20mg Tab	02452243	MAR	Y
MYLAN-Tadalafil 20mg Tab	02410664	MYL	Y
pms-Tadalafil 20mg Tab	02409445	PMS	Y
RAN-Tadalafil 20mg Tab	02452111	RAN	Y
Teva-Tadalafil 20mg Tab	02440172	TEV	Y
Cialis 20mg Tab	02248089	LIL	Y

G04BE09 VARDENAFIL

vardeafil HCl 5mg tab

Apo-Vardenafil 5mg Tab	02471647	APX	Y
Jamp-Vardenafil IR 5mg Tab	02475677	JPC	Y

MYLAN-Vardenafil 5mg Tab	02464209	MYL	Y
Levitra 5mg Tab	02250462	BAY	Y
vardenafil HCl 10mg tab			
Apo-Vardenafil 10mg Tab	02471655	APX	Y
Jamp-Vardenafil IR 10mg Tab	02475685	JPC	Y
MYLAN-Vardenafil 10mg Tab	02464225	MYL	Y
Levitra 10mg Tab	02250470	BAY	Y
vardenafil HCl 20mg tab			
Apo-Vardenafil 20mg Tab	02471663	APX	Y
Jamp-Vardenafil IR 20mg Tab	02475693	JPC	Y
MYLAN-Vardenafil 20mg Tab	02464233	MYL	Y
Levitra 20mg Tab	02250489	BAY	Y

G04BX OTHER UROLOGICAL

G04BX01	MAGNESIUM HYDROXIDE								
	Urologic G Irr Sol (discontinued)					00039373	HOS	N	

G04C DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY
G04CA ALPHA-ADRENORECEPTOR ANTAGONISTS

G04AC04	SILDOSIN								
	Rapaflo 4mg Cap					02361663	ALL	N	
	Rapaflo 8mg Cap					02361671	ALL	N	
G04CA01	ALFUZOSIN								
	alfuzosin 10mg extended release tab								
	Alfuzosin 10mg Tab					02447576	SIV	Y	
	Apo-Alfuzosin 10mg Tab					02315866	APX	Y	
	Auro-Alfuzosin 10mg Tab					02443201	ARO	Y	
	Sandoz Alfuzosin 10mg Tab					02304678	SDZ	Y	
	Xatral 10mg Tab					02245565	SAV	Y	
G04CA02	TAMSULOSIN								
	tamsulosin 0.4mg sustained release cap								
	Novo-Tamsulosin 0.4mg Cap					02281392	TEV	Y	
	ratio-Tamsulosin 0.4mg Cap					02294265	TEV	Y	
	Sandoz Tamsulosin 0.4mg Cap					02319217	SDZ	Y	
	Flomax 0.4mg Cap (discontinued)					02238123	BOE	Y	
	tamsulosin 0.4mg sustained release tab								
	Apo-Tamsulosin CR 0.4mg Tab	DNP	0.1549	M	SF	02362406	APX	Y	
	Sandoz Tamsulosin CR 0.4mg Tab	DNP	0.1549	M	SF	02340208	SDZ	Y	
	Tamsulosin CR 0.4mg Tab	DNP	0.1549	M	SF	02427117	SAS	Y	
	Tamsulosin CR 0.4mg Tab	DNP	0.1549	M	SF	02429667	SIV	Y	
	Teva-Tamsulosin CR 0.4mg Tab	DNP	0.1549	M	SF	02368242	TEV	Y	
	Flomax 0.4mg CR Tab	DNP	0.1549	M	SF	02270102	BOE	Y	
G04CA03	TERAZOSIN								
	terazosin 1mg tab								

Apo-Terazosin 1mg Tab	DNP	0.1869	M	SF	02234502	APX	Y
pms-Terazosin 1mg Tab	DNP	0.1869	M	SF	02243518	PMS	Y
Terazosin 1mg Tab	DNP	0.1869	M	SF	02350475	SAS	Y
Teva-Terazosin 1mg Tab	DNP	0.1869	M	SF	02230805	TEV	Y
Hytrin 1mg Tab (discontinued)					00818658	BGP	Y
terazosin 2mg tab							
Apo-Terazosin 2mg Tab	DNP	0.2375	M	SF	02234503	APX	Y
pms-Terazosin 2mg Tab	DNP	0.2375	M	SF	02243519	PMS	Y
Terazosin 2mg Tab	DNP	0.2375	M	SF	02350483	SAS	Y
Teva-Terazosin 2mg Tab	DNP	0.2375	M	SF	02230806	TEV	Y
Hytrin 2mg Tab (discontinued)					00818682	BGP	Y
terazosin 5mg tab							
Apo-Terazosin 5mg Tab	DNP	0.3225	M	SF	02234504	APX	Y
pms-Terazosin 5mg Tab	DNP	0.3225	M	SF	02243520	PMS	Y
Terazosin 5mg Tab	DNP	0.3225	M	SF	02350491	SAS	Y
Teva-Terazosin 5mg Tab	DNP	0.3225	M	SF	02230807	TEV	Y
Hytrin 5mg Tab (discontinued)					00818666	BGP	Y
terazosin 10mg tab							
Apo-Terazosin 10mg Tab	DNP	0.4721	M	SF	02234505	APX	Y
pms-Terazosin 10mg Tab	DNP	0.4721	M	SF	02243521	PMS	Y
Terazosin 10mg Tab	DNP	0.4721	M	SF	02350505	SAS	Y
Teva-Terazosin 10mg Tab	DNP	0.4721	M	SF	02230808	TEV	Y
Hytrin 10mg Tab (discontinued)					00818674	BGP	Y

G04CB TESTOSTERONE-5-ALPHA REDUCTASE INHIBITORS
G04CB01 FINASTERIDE
finasteride 5mg tab

Apo-Finasteride 5mg Tab	DNP	0.4138	M	SF	02365383	APX	Y
Auro-Finasteride 5mg Tab	DNP	0.4138	M	SF	02405814	ARO	Y
CO Finasteride 5mg Tab (discontinued)					02354462	ATV	Y
Finasteride 5mg Tab	DNP	0.4138	M	SF	02355043	AHI	Y
Finasteride 5mg Tab	DNP	0.4138	M	SF	02447541	SIV	Y
Finasteride 5mg Tab	DNP	0.4138	M	SF	02445077	SAS	Y
Jamp-Finasteride 5mg Tab	DNP	0.4138	M	SF	02357224	JPC	Y
MINT-Finasteride 5mg Tab	DNP	0.4138	M	SF	02389878	MNT	Y
Novo-Finasteride 5mg Tab	DNP	0.4138	M	SF	02348500	TEV	Y
pms-Finasteride 5mg Tab	DNP	0.4138	M	SF	02310112	PMS	Y
RAN-Finasteride 5mg Tab					02371820	RAN	Y
Sandoz Finasteride 5mg Tab	DNP	0.4138	M	SF	02322579	SDZ	Y
Proscar 5mg Tab	DNP	0.4138	M	SF	02010909	FRS	Y

G04CB02 DUTASTERIDE
dutasteride 0.5mg cap

ACT Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02412691	ATV	Y
Apo-Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02404206	APX	Y
Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02429012	SIV	Y
Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02443058	SAS	Y
MED-Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02416298	GMP	Y

G Genito-Urinary System & Sex Hormones

MINT-Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02428873	MNT	Y
pms-Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02393220	PMS	Y
Sandoz Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02424444	SDZ	Y
Teva-Dutasteride 0.5mg Cap	DNP	0.3027	M	SF	02408287	TEV	Y
Avodart 0.5mg Cap	DNP	0.3027	M	SF	02247813	GSK	Y

H Systemic Hormonal Preparations, Excluding Sex Hormones**H01 PITUITARY AND HYPOTHALAMIC HORMONES****H01A ANTERIOR PITUITARY LOBE HORMONES****H01AC SOMATROPIN AND SOMATROPIN AGONISTS****H01AC01 SOMATROPIN**

Genotropin MiniQuick 0.6mg/syr	DNP	16.7400	L	E	02401762	PFI	N
Genotropin MiniQuick 0.8mg/syr	DNP	22.3200	L	E	02401770	PFI	N
Genotropin MiniQuick 1mg/syr	DNP	27.9000	L	E	02401789	PFI	N
Humatrope 1mg/mL Inj	DNP	233.3500	L	E	00745626	LIL	N
Genotropin MiniQuick 1.2mg/syr	DNP	33.4800	L	E	02401797	PFI	N
Genotropin MiniQuick 1.4mg/syr	DNP	39.0600	L	E	02401800	PFI	N
Genotropin MiniQuick 1.6mg/syr	DNP	44.6400	L	E	02401819	PFI	N
Genotropin MiniQuick 1.8mg/syr	DNP	50.2200	L	E	02401827	PFI	N
Genotropin MiniQuick 2mg/syr	DNP	55.8000	L	E	02401835	PFI	N
Saizen 3.33mg/vial Inj	DNP	149.2500	L	E	02215136	EMD	N
Nutropin AQ Nuspin 5mg/mL Inj	DNP	200.5000	L	E	02376393	HLR	N
Saizen 5mg/vial Inj	DNP	224.0500	L	E	02237971	EMD	N
Omnitrope 5mg/1.5mL					02325063	SDZ	N
Genotropin GoQuick 5.3mg/pen	DNP	147.8700	L	E	02401703	PFI	N
Omnitrope 5.8mg/vial					02325055	SDZ	N
Humatrope 6mg/vial Inj	DNP	280.0200	L	E	02243077	LIL	N
Saizen 6mg Cart	DNP	268.8300	L	E	02350122	EMD	N
Nutropin AQ Nuspin 5mg/2mL Inj	DNP	100.2500	L	E	02399091	HLR	N
Omnitrope 10mg/1.5mL					02325071	SDZ	N
Genotropin GoQuick 12mg/pen	DNP	334.8000	L	E	02401711	PFI	N
Humatrope 12mg/vial Inj	DNP	560.0400	L	E	02243078	LIL	N
Saizen 12mg Cart	DNP	537.6600	L	E	02350130	EMD	N
Nutropin AQ Nuspin 20mg/2mL Inj	DNP	401.0050	L	E	02399083	HLR	N
Saizen 20mg Cart	DNP	896.1000	L	E	02350149	EMD	N
Humatrope 24mg/vial Inj	DNP	1120.0800	L	E	02243079	LIL	N

H01AX OTHER ANTERIOR PITUITARY HORMONES AND ANALOGUES**H01AX01 PEGVISOMANT**

Somavert 10mg/vial Inj					02272199	PFI	N
Somavert 15mg/vial Inj					02272202	PFI	N
Somavert 20mg/vial Inj					02272210	PFI	N

H01B POSTERIOR PITUITARY LOBE HORMONES**H01BA VASOPRESSIN AND ANALOGUES****H01BA01 VASOPRESSIN**

vasopressin 20units/mL usp inj

H Systemic Hormonal Preparations, Excluding Sex Hormones

Vasopressin 20units/mL USP Inj						02247938	SDZ	Y
Pressyn 20units/mL USP Inj (discontinued)						00693820	FEI	Y
Pressyn AR 20units/mL USP Inj (discontinued)						02246133	FEI	Y

H01BA02 DESMOPRESSIN
desmopressin 0.1mg tab

Apo-Desmopressin 0.1mg Tab	DNP	0.6609	M	F*	02284030	APX	Y
DDAVP 0.1mg Tab	DNP	0.6609	M	F*	00824305	FEI	Y

*full benefit for children 16 years and under.

desmopressin 0.2mg tab

Apo-Desmopressin 0.2mg Tab	DNP	1.3216	M	F*	02284049	APX	Y
pms-Desmopressin 0.2mg Tab (discontinued)					02304376	PMS	Y
DDAVP 0.2mg Tab	DNP	1.3216	M	F*	00824143	FEI	Y

*full benefit for children 16 years and under.

Octostim 1.5mg/mL Nasal Spray					02237860	FEI	N
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DDAVP 4mcg/mL Inj					00873993	FEI	N
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desmopressin 10mcg/dose nasal sp

Desmopressin 10mcg/dose Nasal Sp					02242465	AAP	Y
DDAVP 10mcg/dose Nasal Sp					00836362	FEI	Y

Octostim 15mcg/mL Inj					02024179	FEI	N
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DDAVP MELT 60mcg Tab	DNP	0.3304	P	F*	02284995	FEI	N
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DDAVP 100mcg/mL Rhinyle Drops					00402516	FEI	N
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DDAVP MELT 120mcg Tab	DNP	0.6608	P	F*	02285002	FEI	N
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DDAVP MELT 240mcg Tab	DNP	1.3216	P	F*	02285010	FEI	N
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*full benefit for children 16 years and under.

H01C HYPOTHALAMIC HORMONES
H01CA GONADOTROPIN-RELEASING HORMONES
H01CA02 NAFARELIN

Synarel 2mg/mL Sol	DNP	6.4030	L	SFC	02188783	PFI	N
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H01CB SOMATOSTATIN AND ANALOGUES
H01CB02 OCTREOTIDE

Sandostatin LAR 10mg/vial Inj	DNP	1320.9300	L	SFC	02239323	NVR	N
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Sandostatin LAR 20mg/vial Inj	DNP	1706.5800	L	SFC	02239324	NVR	N
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Sandostatin LAR 30mg/vial Inj	DNP	2189.5200	L	SFC	02239325	NVR	N
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octreotide 50mcg/mL inj

Octreotide Acetate Omega 50mcg/mL Inj	DNP	1.7500	M	SFC	02248639	OMG	Y
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Sandostatin 50mcg/mL Inj	DNP	1.7500	M	SFC	00839191	NVR	Y
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octreotide 100mcg/mL inj

Octreotide Acetate Omega 100mcg/mL Inj	DNP	3.3000	M	SFC	02248640	OMG	Y
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Sandostatin 100mcg/mL Inj	DNP	3.3000	M	SFC	00839205	NVR	Y
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octreotide 200mcg/mL inj

H Systemic Hormonal Preparations, Excluding Sex Hormones

	Octreotide Acetate Omega 200mcg/mL Inj	DNP	8.0220	M	SFC	02248642	OMG	Y
	Sandostatin 200mcg/mL Inj	DNP	8.0220	M	SFC	02049392	NVR	Y
	octreotide 500mcg/mL inj							
	Octreotide Acetate Omega 500mcg/mL Inj	DNP	15.9650	M	SFC	02248641	OMG	Y
	Sandostatin 500mcg/mL Inj (discontinued)					00839213	NVR	Y
H01CB03	LANREOTIDE							
	Somatuline Autogel 60mg/0.3mL Syringe Inj*	DNP	2557.4200	L	SFC	02283395	IPS	N
	Somatuline Autogel 90mg/0.3mL Syringe Inj*	DNP	3411.4400	L	SFC	02283409	IPS	N
	Somatuline Autogel 120mg/0.5mL Syringe Inj*	DNP	4270.1000	L	SFC	02283417	IPS	N
	*bill as 0.5mL per syringe							
H01CB05	PASIREOTIDE DIASPARTATE							
	Signifor 0.3mg/mL Inj					02413299	NVR	N
	Signifor 0.6mg/mL Inj					02413302	NVR	N
	Signifor 0.9mg/mL Inj					02413310	NVR	N
H02	SYSTEMIC CORTICOSTEROIDS							
H02A	SYSTEMIC CORTICOSTEROIDS, PLAIN							
H02AA	MINERALOCORTICOIDS							
H02AA02	FLUDROCORTISONE							
	Florinef 0.1mg Tab	DNP	0.3103	L	SFC	02086026	PAL	N
H02AB	GLUCOCORTICOIDS							
H02AB01	BETAMETHASONE							
	Celestone 6mg/mL Soluspan Inj	DNP	14.0700	L	SFC	00028096	FRS	N
H02AB02	DEXAMETHASONE							
	dexamethasone 0.5mg tab							
	Apo-Dexamethasone 0.5mg Tab	DNP	0.1564	M	SFC	02261081	APX	Y
	pms-Dexamethasone 0.5mg Tab	DNP	0.1564	M	SFC	01964976	PMS	Y
	Decadron 0.5mg Tab (discontinued)					00016462	FRS	Y
	dexamethasone 0.75mg tab							
	pms-Dexamethasone 0.75mg Tab					01964968	PMS	Y
	Decadron 0.75mg Tab (discontinued)					00016470	FRS	Y
	pms-Dexamethasone 2mg Tab	DNP	0.5016	L	SFC	02279363	PMS	N
	dexamethasone 4mg tab							
	Apo-Dexamethasone 4mg Tab	DNP	0.4265	M	SFC	02250055	APX	Y
	pms-Dexamethasone 4mg Tab	DNP	0.4265	M	SFC	01964070	PMS	Y
	Decadron 4mg Tab (discontinued)					00354309	FRS	Y
	Dexasone 4mg Tab (discontinued)					00489158	VLN	Y
	dexamethasone 4mg/mL inj							
	Dexamethasone 4mg/mL Inj	DNP	1.6900	M	SFC	01977547	STR	Y
	Dexamethasone 4mg/mL Inj	DNP	1.6900	M	SFC	00664227	SDZ	Y

H Systemic Hormonal Preparations, Excluding Sex Hormones

	Decadron 4mg/mL Inj (discontinued)					00213624	FRS	Y
	Dexamethasone 10mg/mL Inj	DNP	6.5000	L	SFC	02204274	OMG	N
	Dexamethasone 10mg/mL Inj	DNP	4.5600	L	SFC	00874582	SDZ	N
	pms-Dexamethasone 10mg/mL Inj	DNP	1.2830	L	SFC	00783900	PMS	N
H02AB04	METHYLPREDNISOLONE							
	methylprednisolone sodium succinate 1g/vial inj							
	Methylprednisolone Sod. Succ. 1g/vial Inj	DNP	34.4100	M	SFC	02241229	TEV	Y
	Solu-Medrol 1g/vial Inj	DNP	34.4100	M	SFC	00036137	PFI	Y
	Medrol 4mg Tab	DNP	0.4641	L	SFC	00030988	PFI	N
	Medrol 16mg Tab	DNP	1.3375	L	SFC	00036129	PFI	N
	Depo-Medrol 20mg/mL Aq Multidose Inj	DNP	2.7280	L	SFC	01934325	PFI	N
	methylprednisolone sodium succinate 40mg/vial inj							
	Methylprednisolone Sod. Succ. 40mg/vial Inj	DNP	4.3360	M	SFC	02231893	TEV	Y
	Solu-Medrol 40mg/vial Inj (discontinued)					02230211	PFI	Y
	Depo-Medrol 40mg/mL Aq Multidose Inj	DNP	5.7970	L	SFC	01934333	PFI	N
	Depo-Medrol 40mg/mL Aq Multidose Inj (PF)	DNP	6.1180	L	SFC	00030759	PFI	N
	Depo-Medrol 80mg/mL Aq Multidose Inj	DNP	9.0440	L	SFC	01934341	PFI	N
	Depo-Medrol 80mg/mL Aq Multidose Inj (PF)	DNP	11.8260	L	SFC	00030767	PFI	N
	methylprednisolone sodium succinate 125mg/vial inj							
	Methylprednisolone Sod. Succ. 125mg/vial Inj	DNP	9.4340	M	SFC	02231894	TEV	Y
	Solu-Medrol 125mg/vial Inj (discontinued)					02230210	PFI	Y
	methylprednisolone sodium succinate 500mg/vial inj							
	Methylprednisolone Sod. Succ. 500mg/vial Inj	DNP	22.4000	M	SFC	02231895	TEV	Y
	Solu-Medrol 500mg/vial Inj	DNP	22.4000	M	SFC	00030678	PFI	Y
H02AB06	PREDNISOLONE							
	prednisolone sodium phosphare 1mg/mL o/l							
	pms-Prednisolone 1mg/mL O/L	DNP	0.1132	M	SFC	02245532	PMS	Y
	Pediapred 1mg/mL O/L	DNP	0.1132	M	SFC	02230619	SAV	Y
H02AB07	PREDNISONONE							
	Winpred 1mg Tab	DNP	0.1095	L	SFC	00271373	AAP	N
	prednisone 5mg tab							
	Apo-Prednisone 5mg Tab	DNP	0.0401	M	SFC	00312770	APX	Y
	Novo-Prednisone 5mg Tab	DNP	0.0401	M	SFC	00021695	TEV	Y
	Deltasone 5mg Tab (discontinued)					00210188	PUP	Y
	prednisone 50mg tab							
	Apo-Prednisone 50mg Tab	DNP	0.1735	M	SFC	00550957	APX	Y
	Novo-Prednisone 50mg Tab	DNP	0.1735	M	SFC	00232378	TEV	Y
	Deltasone 50mg Tab (discontinued)					00252417	PUP	Y
H02AB08	TRIAMCINOLONE							
	Kenalog-10 (10mg/mL) Inj	DNP	3.8900	L	SFC	01999761	BRI	N
	triamcinolone 40mg/mL inj							
	Triamcinolone 40mg/mL Inj	DNP	7.3950	M	SFC	01977563	STR	Y

H Systemic Hormonal Preparations, Excluding Sex Hormones

	Kenalog-40 (40mg/mL) Inj	DNP	7.3950	M	SFC	01999869	BRI	Y
H02AB09	HYDROCORTISONE							
	Solu-Cortef 1g/vial Inj	DNP	17.9080	L	SFC	00030635	PFI	N
	Cortef 10mg Tab	DNP	0.2052	L	SFC	00030910	PFI	N
	Cortef 20mg Tab	DNP	0.3703	L	SFC	00030929	PFI	N
	Solu-Cortef 100mg/vial Inj	DNP	4.0750	L	SFC	00030600	PFI	N
	Solu-Cortef 250mg/vial Inj	DNP	7.0700	L	SFC	00030619	PFI	N
	Solu-Cortef 500mg/vial Inj	DNP	10.6860	L	SFC	00030627	PFI	N
H02AB10	CORTISONE							
	Cortisone Acetate 25mg Tab	DNP	0.3532	L	SFC	00280437	VLN	N
H02B	SYSTEMIC CORTICOSTEROIDS, COMBINATIONS							
H02BX	SYSTEMIC CORTICOSTEROIDS, COMBINATIONS							
H02BX01	METHYLPREDNISOLONE, COMBINATIONS							
	Depo-Medrol 40mg/mL w Lidocaine Inj	DNP	6.6900	L	SFC	00260428	PFI	N
H03	THYROID THERAPY							
H03A	THYROID PREPARATIONS							
H03AA	THYROID HORMONES							
H03AA01	LEVOTHYROXINE SODIUM							
	Synthroid 0.025mg Tab	DNP	0.0943	L	SF	02172062	BGP	N
	Synthroid 0.05mg Tab	DNP	0.0648	L	SF	02172070	BGP	N
	Synthroid 0.075mg Tab	DNP	0.1020	L	SF	02172089	BGP	N
	Synthroid 0.088mg Tab	DNP	0.1020	L	SF	02172097	BGP	N
	Synthroid 0.1mg Tab	DNP	0.0799	L	SF	02172100	BGP	N
	Synthroid 0.112mg Tab	DNP	0.1076	L	SF	02171228	BGP	N
	Synthroid 0.125mg Tab	DNP	0.1088	L	SF	02172119	BGP	N
	Synthroid 0.137mg Tab	DNP	0.1840	L	SF	02233852	BGP	N
	Synthroid 0.15mg Tab	DNP	0.0856	L	SF	02172127	BGP	N
	Synthroid 0.175mg Tab	DNP	0.1168	L	SF	02172135	BGP	N
	Synthroid 0.2mg Tab	DNP	0.0912	L	SF	02172143	BGP	N
	Synthroid 0.3mg Tab	DNP	0.1259	L	SF	02172151	BGP	N
	Eltroxin 50mcg Tab	DNP	0.0316	L	SF	02213192	APN	N
	Eltroxin 100mcg Tab	DNP	0.0388	L	SF	02213206	APN	N
	Eltroxin 150mcg Tab	DNP	0.0430	L	SF	02213214	APN	N
	Eltroxin 200mcg Tab	DNP	0.0455	L	SF	02213222	APN	N
	Eltroxin 300mcg Tab (discontinued)					02213230	APN	N

H Systemic Hormonal Preparations, Excluding Sex Hormones

H03AA02	LIOTHYRONINE SODIUM								
	Cytomel 5mcg Tab	DNP	1.3390	L	SF	01919458	PFI	N	
	Cytomel 25mcg Tab	DNP	1.4556	L	SF	01919466	PFI	N	
H03AA05	THYROID GLAND PREPARATIONS								
	Thyroid 30mg Tab	DNP	0.2725	L	SF	00023949	ERF	N	
	Thyroid 60mg Tab	DNP	0.4050	L	SF	00023957	ERF	N	
	Thyroid 125mg Tab	DNP	0.9200	L	SF	00023965	ERF	N	
H03B	ANTITHYROID PREPARATIONS								
H03BA	THIOURACILS								
H03BA02	PROPYLTHIOURACIL								
	Propyl-Thyracil 50mg Tab	DNP	0.2669	L	SF	00010200	PAL	N	
	Propyl-Thyracil 100mg Tab	DNP	0.4174	L	SF	00010219	PAL	N	
H03BB	SULPHUR-CONTAINING IMIDAZOLE DERIVATIVES								
H03BB02	METHIMAZOLE (THIAMAZOLE)								
	methimazole (thiamazole) 5mg tab								
	Mar-Methimazole 5mg Tab	DNP	0.2297	M	SF	02480107	MAR	Y	
	Tapazole 5mg Tab	DNP	0.2297	M	SF	00015741	PAL	Y	
	methimazole (thiamazole 10mg tab								
	Mar-Methimazole 10mg Tab	DNP	0.5181	M	SF	02480115	MAR	Y	
	Tapazole 10mg Tab	DNP	0.5181	M	SF	02296039	PAL	Y	
H04	PANCREATIC HORMONES								
H04A	GLYCOGENOLYTIC HORMONES								
H04AA	GLYCOGENOLYTIC HORMONES								
H04AA01	GLUCAGON								
	GlucaGen 1mg/vial	DNP	89.9000	L	SFD	02333619	PAL	N	
	GlucaGen Hypokit 1mg/vial	DNP	89.9000	L	SFD	02333627	PAL	N	
	Glucagon 1mg/vial Inj	DNP	89.8000	L	SFD	02243297	LIL	N	
H05	CALCIUM HOMEOSTASIS								
H05B	ANTI-PARATHYROID AGENTS								
H05BA	CALCITONIN PREPARATIONS								
H05BA01	CALCITONIN (SALMON SYNTHETIC)								
	Calcimar 200iu/mL Inj	DNP	29.9700	L	SFC	01926691	SAV	N	
H05BX	OTHER ANTI-PARATHYROID AGENTS								
H05BX01	CINACALCET								
	cinacalcet 30mg tab								
	Apo-Cinacalcet 30mg Tab	DNP	5.4836	M	E	02452693	APX	Y	

H Systemic Hormonal Preparations, Excluding Sex Hormones

Teva-Cinacalcet 30mg Tab	DNP	5.4836	M	E	02441624	TEV	Y
Sensipar 30mg Tab	DNP	5.4836	M	E	02257130	AGA	Y
cinacalcet 60mg tab							
Apo-Cinacalcet 60mg Tab	DNP	9.9990	M	E	02452707	APX	Y
Teva-Cinacalcet 60mg Tab	DNP	9.9990	M	E	02441632	TEV	Y
Sensipar 60mg Tab	DNP	9.9990	M	E	02257149	AGA	Y
cinacalcet 90mg tab							
Apo-Cinacalcet 90mg Tab	DNP	14.5504	M	E	02452715	APX	Y
Teva-Cinacalcet 90mg Tab	DNP	14.5504	M	E	02441640	TEV	Y
Sensipar 90mg Tab	DNP	14.5504	M	E	02257157	AGA	Y

J General Antiinfectives, Systemic**J01 ANTIBACTERIALS FOR SYSTEMIC USE****J01A TETRACYCLINES****J01AA TETRACYCLINES**

J01AA02 DOXYCYCLINE

Aprilon XR 40mg Cap

02375885 GAC N

doxycycline 100mg cap

Apo-Doxy 100mg Cap

DNPM 0.5860 M SFC 00740713 APX Y

Doxycycline 100mg Cap

DNPM 0.5860 M SFC 02351234 SAS Y

Novo-Doxylin 100mg Cap

DNPM 0.5860 M SFC 00725250 TEV Y

Vibramycin 100mg Cap (discontinued)

00024368 PFI Y

doxycycline 100mg tab (Vibra-tabs)

Apo-Doxy 100mg Tab

DNPM 0.5860 M SFC 00874256 APX Y

Doxycycline 100mg Tab

DNPM 0.5860 M SFC 02351242 SAS Y

Novo-Doxylin 100mg Tab

DNPM 0.5860 M SFC 02158574 TEV Y

Vibra-Tabs C-Pak (discontinued)

00578452 PFI Y

Doxycin 100mg Cap

00817120 RIV N

Doxycin 100mg Tab

DNPM 0.6330 L SFC 00860751 RIV N

J01AA07 TETRACYCLINE

tetracycline 250mg cap

Tetra 250mg Cap

DNP 0.0684 M SFC 00580929 AAP Y

Tetracyc 250mg Cap (discontinued)

00024422 PFI Y

J01AA08 MINOCYCLINE

minocycline HCl 50mg cap

Apo-Minocycline 50mg Cap

DNP 0.1101 M SFC 02084090 APX Y

Minocycline 50mg Cap (discontinued)

02287226 SAS Y

Novo-Minocycline 50mg Cap

DNP 0.1101 M SFC 02108143 TEV Y

pms-Minocycline 50mg Cap (discontinued)

02294419 PMS Y

Minocin 50mg Cap (discontinued)

02173514 GSK Y

minocycline HCl 100mg cap

Apo-Minocycline 100mg Cap

DNP 0.2125 M SFC 02084104 APX Y

Minocycline 100mg Cap (discontinued)

02287234 SAS Y

Novo-Minocycline 100mg Cap

DNP 0.2125 M SFC 02108151 TEV Y

pms-Minocycline 100mg Cap

02294427 PMS Y

Minocin 100mg Cap (discontinued)

02173506 GSK Y

J01AA12 TIGECYCLINE

tigecycline 50mg/vial inj

Tigecycline 50mg/vial Pws IV (discontinued)

02409356 APX Y

Tygacil 50mg/vial Pws IV

02285401 PFI Y

J01B AMPHENICOLS**J01BA AMPHENICOLS**

J01BA01 CHLORAMPHENICOL

Chloromycetin Succinate 1g/vial Inj

00312363 ERF N

J01C BETA LACTAM ANTIBACTERIALS,PENICILLINS**J01CA PENICILLIN WITH EXTENDED SPECTRUMS**

J01CA01 AMPICILLIN

ampicillin 250mg cap

Novo-Ampicillin 250mg Cap

DNPM

0.4223

M

SFC

00020877

TEV

Y

Penbritin 250mg Cap (discontinued)

02043122

WAY

Y

ampicillin 500mg cap

Novo-Ampicillin 500mg Cap

DNPM

0.8006

M

SFC

00020885

TEV

Y

Penbritin 500mg Cap (discontinued)

02043130

WAY

Y

Novo-Ampicillin 500mg Inj

00872652

TEV

N

J01CA04 AMOXICILLIN

amoxicillin 25mg/mL o/l

Apo-Amoxi 125mg Susp

DNP

0.0353

M

SFC

00628131

APX

Y

Apo-Amoxi Sugar Free 125mg Susp

DNP

0.0353

M

SFC

00628131

APX

Y

Novamoxin 125mg Susp

DNP

0.0353

M

SFC

00452149

TEV

Y

Novamoxin Sugar Reduced 25mg/mL O/L

DNP

0.0353

M

SFC

01934171

TEV

Y

pms-Amoxicillin 25mg/mL Susp

DNP

0.0353

M

SFC

02230245

PMS

Y

Amoxil 25mg/mL Susp (discontinued)

02041316

WAY

Y

amoxicillin 50mg/mL o/l

Amoxicillin 250mg Susp

DNP

0.0540

M

SFC

02352753

SAS

Y

Amoxicillin Sugar Reduced 50mg/mL O/L

DNP

0.0540

M

SFC

02352788

SAS

Y

Amoxicillin-250mg/5mL Susp

DNP

0.0540

M

SFC

02401541

SIV

Y

Apo-Amoxi 250mg Susp

DNP

0.0540

M

SFC

00628158

APX

Y

Apo-Amoxi Sugar Free 250mg Susp

DNP

0.0540

M

SFC

00628158

APX

Y

Novamoxin 250mg Susp

DNP

0.0540

M

SFC

00452130

TEV

Y

Novamoxin Sugar Reduced 50mg/mL O/L

DNP

0.0540

M

SFC

01934163

TEV

Y

pms-Amoxicillin 50mg/mL Susp

DNP

0.0540

M

SFC

02230246

PMS

Y

Amoxil 50mg/mL Susp (discontinued)

02042592

WAY

Y

amoxicillin 250mg cap

Amoxicillin 250mg Cap

DNP

0.1750

M

SFC

02352710

SAS

Y

Amoxicillin-250mg Cap (discontinued)

02401495

SIV

Y

Apo-Amoxi 250mg Cap

DNP

0.1750

M

SFC

00628115

APX

Y

Auro-Amoxicillin 250mg Cap

DNP

0.1750

M

SFC

02388073

ARO

Y

Novamoxin 250mg Cap

DNP

0.1750

M

SFC

00406724

TEV

Y

pms-Amoxicillin 250mg Cap

DNP

0.1750

M

SFC

02230243

PMS

Y

Amoxil 250mg Cap (discontinued)

02041294

WAY

Y

amoxicillin 250mg chewable tab

Novamoxin 250mg Chew Tab

DNP

0.7512

M

SFC

02036355

TEV

Y

Amoxil 250mg Chew Tab (discontinued)

02041286

WAY

Y

amoxicillin 500mg cap

Amoxicillin 500mg Cap

DNP

0.3417

M

SFC

02352729

SAS

Y

Amoxicillin-500mg Cap

DNP

0.3417

M

SFC

02401509

SIV

Y

Apo-Amoxi 500mg Cap

DNP

0.3417

M

SFC

00628123

APX

Y

Auro-Amoxicillin 500mg Cap

DNP

0.3417

M

SFC

02388081

ARO

Y

Novamoxin 500mg Cap

DNP

0.3417

M

SFC

00406716

TEV

Y

pms-Amoxicillin 500mg Cap

DNP

0.3417

M

SFC

02230244

PMS

Y

J General Antiinfectives, Systemic

	Amoxil 500mg Cap (discontinued)					02041308	WAY	Y
J01CE	BETA-LACTAMASE SENSITIVE PENICILLINS							
J01CE02	PHENOXYMETHYLPENICILLIN (PENICILLIN V)							
	Apo-Pen VK 125mg/5mL Susp	DNP	0.0535	L	SFC	00642223	APX	N
	penicillin V potassium 300mg tab							
	Pen VK 300mg Tab	DNP	0.1912	M	SFC	00642215	AAP	Y
	PVF K 300mg Tab (discontinued)					00248843	FRS	Y
	penicillin V potassium 60mg/mL o/l							
	Apo-Pen VK 300mg/5mL Susp	DNP	0.0618	M	SFC	00642231	APX	Y
	PVF 500 (300mg/5mL) Susp (discontinued)					00248835	FRS	Y
J01CF	BETA-LACTAMASE RESISTANT PENICILLINS\							
J01CF02	CLOXACILLIN							
	cloxacillin 25mg/mL o/l							
	Novo-Cloxin 125mg/5mL Susp	DNPM	0.2304	M	SFC	00337757	TEV	Y
	Orbenin 125mg/5mL Susp (discontinued)					02042975	WAY	Y
	cloxacillin 250mg cap							
	Novo-Cloxin 250mg Cap	DNPM	0.7100	M	SFC	00337765	TEV	Y
	Orbenin 250mg Cap (discontinued)					02042924	WAY	Y
	cloxacillin 500mg cap							
	Novo-Cloxin 500mg Cap	DNPM	1.4000	M	SFC	00337773	TEV	Y
	Orbenin 500mg Cap (discontinued)					02042932	WAY	Y
J01CR	COMBINATIONS PENICILLINS INCL BETA LACTAMASE INHIB							
J01CR02	AMOXICILLIN AND BETA-LACTAMASE INHIBITOR							
	Clavulin-125F (125mg/5mL) Susp	DNPM	0.0969	L	SFC	01916882	GSK	N
	Clavulin-200 (200mg/5mL) Susp	DNPM	0.1499	L	SFC	02238831	GSK	N
	amoxicillin & enzyme inhibitor 250mg tab							
	Apo-Amoxi Clav 250mg Tab	DNPM	0.9375	M	SFC	02243350	APX	Y
	Clavulin-250 (250mg) Tab (discontinued)					01916866	GSK	Y
	Clavulin-250F (250mg/5mL) Susp	DNPM	0.2039	L	SFC	01916874	GSK	N
	Clavulin-400 (400mg/5mL) Susp	DNPM	0.2857	L	SFC	02238830	GSK	N
	amoxicillin & enzyme inhibitor 500mg tab							
	Apo-Amoxi Clav 500mg Tab	DNPM	1.1333	M	SFC	02243351	APX	Y
	Clavulin-500F (500mg) Tab	DNPM	1.1333	M	SFC	01916858	GSK	Y
	amoxicillin & enzyme inhibitor 875mg tab							
	Apo-Amoxi Clav 875mg Tab	DNPM	0.7771	M	SFC	02245623	APX	Y
	Clavulin-875 (875mg) Tab	DNPM	0.7771	M	SFC	02238829	GSK	Y
J01CR05	PIPERACILLIN AND BETA-LACTAMASE INHIBITOR							
	piperacillin sodium & enzyme inhibitor 2g/0.25g vial inj							
	Piperacillin & Tazobactam 2g/0.25g Vial Inj (Apotex)					02308444	APX	Y
	Tazocin 2g/vial Inj (discontinued)					02170817	PFI	Y
	piperacillin sodium & enzyme inhibitor 2g/0.25g vial inj							

Piperacillin & Tazobactam 2g/0.25g Vial Inj	02362619	STR	Y
piperacillin sodium & enzyme inhibitor 3g/0.375g vial inj			
Piperacillin & Tazobactam 3g/0.375g Vial Inj	02362627	STR	Y
Piperacillin & Tazobactam 3g/0.375g Vial Inj (Apotex)	02308452	APX	Y
Teva-Piperacillin/Tazobactam 3g/0.375g Vial Inj	02370166	TEV	Y
Tazocin 3g/vial Inj (discontinued)	02170795	PFI	Y
piperacillin sodium & enzyme inhibitor 4g/0.5g vial inj			
Piperacillin & Tazobactam 4g/0.5g Vial Inj (Apotex)	02308460	APX	Y
Teva-Piperacillin/Tazobactam 4g/0.5g Vial Inj	02370174	TEV	Y
Piperacillin & Tazobactam 4g/0.5g Vial Inj	02362635	STR	Y
Tazocin 4g/vial Inj (discontinued)	02170809	PFI	Y

J01D OTHER BETA LACTAM ANTIBACTERIALS**J01DB FIRST GENERATION CEPHALOSPORINS**

J01DB01 CEPHALEXIN

cephalexin monohydrate 25mg o/l

Novo-Lexin 125mg/5mL Susp	DNPM	0.3184	M	SFC	00342106	TEV	Y
Keflex 125mg/5mL Susp (discontinued)					00015547	PDP	Y

cephalexin monohydrate 250mg tab

Apo-Cephalex 250mg Tab	DNPM	0.0866	M	SFC	00768723	APX	Y
Auro-Cephalexin 250mg Tab	DNPM	0.0866	M	SFC	02470578	ARO	Y
Novo-Lexin 250mg Tab	DNPM	0.0866	M	SFC	00583413	TEV	Y
Keflex 250mg Tab (discontinued)					00403628	PDP	Y
Novo-Lexin 250mg Cap	DNPM	0.4028	L	SFC	00342084	TEV	N

cephalexin monohydrate 500mg o/l

Novo-Lexin 250mg/5mL Susp	DNPM	0.5687	M	SFC	00342092	TEV	Y
Keflex 250mg/5mL Susp (discontinued)					00035645	PDP	Y

cephalexin monohydrate 500mg tab

Apo-Cephalex 500mg Tab	DNPM	0.1731	M	SFC	00768715	APX	Y
Auro-Cephalexin 500mg Tab	DNPM	0.1731	M	SFC	02470586	ARO	Y
Novo-Lexin 500mg Tab	DNPM	0.1731	M	SFC	00583421	TEV	Y
Keflex 500mg Tab (discontinued)					00244392	PDP	Y
Novo-Lexin 500mg Cap	DNPM	0.7615	L	SFC	00342114	TEV	N

J01DB04 CEFAZOLIN

cefazolin sodium 1g/vial inj

Cefazolin Sodium 1g/vial Inj	DNPM	6.0000	M	SFC	02308959	SDZ	Y
Cefazolin Sodium 1g/vial Inj	DNPM	6.0000	M	SFC	02108127	TEV	Y
Cefazolin Sodium 1g/vial Inj	DNPM	6.0000	M	SFC	02297205	APX	Y

cefazolin sodium 10g/vial inj

Cefazolin Sodium 10g/vial Inj					02297213	APX	Y
Cefazolin Sodium 10g/vial Inj					02108135	TEV	Y
Cefazolin Sodium 10g/vial Inj					02437120	STR	Y

cefazolin sodium 500mg/vial inj

Cefazolin Sodium 500mg/vial Inj	DNPM	4.0000	M	SFC	02108119	TEV	Y
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J General Antiinfectives, Systemic

		Cefazolin Sodium 500mg/vial Inj	DNPM	4.0000	M	SFC	02308932	SDZ	Y
J01DB05		CEFADROXIL							
		cefadroxil 500mg cap							
		Apo-Cefadroxil 500mg Cap	DNP	0.8421	M	SFC	02240774	APX	Y
		Novo-Cefadroxil 500mg Cap	DNP	0.8421	M	SFC	02235134	TEV	Y
		Duricef 500mg Cap (discontinued)					00507245	BRI	Y
J01DC	SECOND GENERATION CEPHALOSPORINS								
J01DC02		CEFUROXIME							
		Ceftin 125mg/5mL O/L	DNP	0.1776	L	SFC	02212307	GSK	N
		cefuroxime axetil 250mg tab							
		Apo-Cefuroxime 250mg Tab	DNP	0.7237	M	SFC	02244393	APX	Y
		Auro-Cefuroxime 250mg Tab	DNP	0.7237	M	SFC	02344823	ARO	Y
		Ceftin 250mg Tab	DNP	0.7237	M	SFC	02212277	GSK	Y
		cefuroxime axetil 500mg tab							
		Apo-Cefuroxime 500mg Tab	DNP	1.4337	M	SFC	02244394	APX	Y
		Auro-Cefuroxime 500mg Tab	DNP	1.4337	M	SFC	02344831	ARO	Y
		Ceftin 500mg Tab	DNP	1.4337	M	SFC	02212285	GSK	Y
J01DC10		CEFPROZIL							
		cefprozil 25mg/mL o/l							
		RAN-Cefprozil 125mg/5mL O/L	DNP	0.1796	M	SFC	02329204	RAN	Y
		Cefzil 125mg/5mL O/L (discontinued)					02163675	BRI	Y
		cefprozil 250mg tab							
		Apo-Cefprozil 250mg Tab	DNP	0.4332	M	SFC	02292998	APX	Y
		RAN-Cefprozil 250mg Tab	DNP	0.4332	M	SFC	02293528	RAN	Y
		Sandoz Cefprozil 250mg Tab	DNP	0.4332	M	SFC	02302179	SDZ	Y
		Cefzil 250mg Tab (discontinued)					02163659	BRI	Y
		cefprozil 50mg/mL o/l							
		RAN-Cefprozil 250mg/5mL O/L	DNP	0.3591	M	SFC	02293579	RAN	Y
		Cefzil 250mg/5mL O/L (discontinued)					02163683	BRI	Y
		cefprozil 500mg tab							
		Apo-Cefprozil 500mg Tab (discontinued)					02293005	APX	Y
		RAN-Cefprozil 500mg Tab	DNP	0.8494	M	SFC	02293536	RAN	Y
		Sandoz-Cefprozil 500mg Tab	DNP	0.8494	M	SFC	02302187	SDZ	Y
		Cefzil 500mg Tab (discontinued)					02163667	BRI	Y
J01DD	THIRD GENERATION CEPHALOSPORINS								
J01DD01		CEFOTAXIME							
		cefotaxime 1g/vial inj							
		Cefotaxime Sodium 1g/vial Inj	DNP	8.3300	M	SFC	02434091	STR	Y
		Claforan 1g/vial Inj (discontinued)					02225093	SAV	Y
		cefotaxime 2g/vial inj							
		Cefotaxime Sodium 2g/vial Inj	DNP	16.6855	M	SFC	02434105	STR	Y
		Claforan 2g/vial Inj (discontinued)					02225107	SAV	Y
J01DD02		CEFTAZIDIME							

J General Antiinfectives, Systemic

	Fortaz 1g/vial Inj	DNP	22.9270	L	SFC	02212218	GSK	N
	Fortaz 2g/vial Inj	DNP	45.0770	L	SFC	02212226	GSK	N
	Fortaz 6g/vial Inj	DNP	135.2967	L	SFC	02212234	GSK	N
J01DD04	CEFTRIAZONE							
	ceftriaxone 0.25g/vial inj							
	Ceftriaxone 0.25g/vial Inj	DNP	7.5250	M	SFC	02292866	APX	Y
	Ceftriaxone Sodium 0.25g/vial Inj	DNP	7.5250	M	SFC	02325594	STR	Y
	Rocephin 0.25g/vial Inj (discontinued)					00657387	HLR	Y
	ceftriaxone 1g/vial inj							
	Ceftriaxone 1g/vial Inj	DNP	12.4950	M	SFC	02292270	SDZ	Y
	Ceftriaxone 1g/vial Inj	DNP	12.4950	M	SFC	02292874	APX	Y
	Ceftriaxone 1g/vial Inj	DNP	12.4950	M	SFC	02287633	TEV	Y
	Ceftriaxone Sodium 1g/vial Inj	DNP	12.4950	M	SFC	02325616	STR	Y
	Rocephin 1g/vial Inj (discontinued)					00657417	HLR	Y
	ceftriaxone 2g/vial inj							
	Ceftriaxone 2g/vial Inj	DNP	24.1400	M	SFC	02292882	APX	Y
	Ceftriaxone 2g/vial Inj	DNP	24.1400	M	SFC	02292289	SDZ	Y
	Ceftriaxone Sodium 2g/vial Inj	DNP	24.1400	M	SFC	02325624	STR	Y
	Rocephin 2g/vial Inj (discontinued)					00657409	HLR	Y
	ceftriaxone 10g/vial inj							
	Ceftriaxone 10g/vial Inj					02292904	APX	Y
	Ceftriaxone Sodium 10g/vial Inj					02325632	STR	Y
	Rocephin 10g/vial Inj (discontinued)					00851957	HLR	Y
J01DD08	CEFIXIME							
	Suprax 100mg/5mL Susp	DNP	0.4312	L	SFC	00868965	ODN	N
	cefixime 400mg tab							
	Auro-Cefixime 400mg Tab	DNP	3.0796	M	SFC	02432773	ARO	Y
	Suprax 400mg Tab	DNP	3.0796	M	SFC	00868981	ODN	Y
J01DE	FOURTH GENERATION AND OTHER CEPHALOSPORINS							
J01DE01	CEFEPIME (HYDROCHLORIDE)							
	cefepime 2g/vial inj							
	Cefepime for injection 2g/vial Inj					02319039	APX	Y
	Maxipime 2g/vial Inj (discontinued)					02163640	BRI	Y
J01DF	MONOBACTAMS							
J01DF01	AZTREONAM							
	Cayston 75mg vial Pws for Sol					02329840	GIL	N
J01DH	CARBAPENEMS							
J01DH51	IMIPENEM AND CILASTATIN							
	Primaxin 500mg/vial Inj	DNP	33.0015	L	SFC	00717282	FRS	N
J01E	SULFONAMIDES AND TRIMETHOPRIM							
J01EA	TRIMETHOPRIM PREPARATIONS							

J General Antiinfectives, Systemic

J01EA01	TRIMETHOPRIM								
		trimethoprim 100mg tab							
		Trimethoprim 100mg Tab	DNPM	0.2672	M	SFC	02243116	AAP	Y
		Proloprim 100mg Tab (discontinued)					00675229	GSK	Y
		trimethoprim 200mg tab							
		Trimethoprim 200mg Tab	DNPM	0.5491	M	SFC	02243117	AAP	Y
		Proloprim 200mg Tab (discontinued)					00677590	GSK	Y
J01EE	COMBINATIONS SULFONAMIDES,TRIMETHOPRIM DERIV								
J01EE01	SULFAMETHOXAZOLE AND TRIMETHOPRIM								
		sulfamethoxazole 40mg & trimethoprim 8mg/mL o/l							
		Novo-Trimel 40/8mg Susp	DNPM	0.2000	M	SFC	00726540	TEV	Y
		Septra 40/8mg Susp (discontinued)					00270644	GSK	Y
		Apo-Sulfatrim 100/20mg Tab	DNPM	0.0911	L	SFC	00445266	APX	N
		sulfamethoxazole 400mg & trimethoprim 80mg tab							
		Apo-Sulfatrim 400/80mg Tab	DNPM	0.0482	M	SFC	00445274	APX	Y
		Novo-Trimel 400/80mg Tab	DNPM	0.0482	M	SFC	00510637	TEV	Y
		Septra 400/80mg Tab (discontinued)					00270636	GSK	Y
		sulfamethoxazole 800mg & trimethoprim 160mg tab							
		Apo-Sulfatrim DS 800/160mg Tab	DNPM	0.1221	M	SFC	00445282	APX	Y
		Novo-Trimel 800/160mg Tab	DNPM	0.1221	M	SFC	00510645	TEV	Y
		Septra 800/160mg Tab (discontinued)					00368040	GSK	Y
J01F	MACROLIDES,LINCOSAMIDES & STREPTOGRAMINS								
J01FA	MACROLIDES								
J01FA01	ERYTHROMYCIN								
		Erythro Base 250mg Tab	DNPM	0.1904	L	SFC	00682020	AAP	N
		Erythro-S 250mg Tab	DNPM	0.2205	L	SFC	00545678	AAP	N
		ERYC 250mg Cap	DNPM	0.2870	L	SFC	00607142	PFI	N
		Novo-Rythro EST 250mg/5mL Susp (discontinued)					00262595	TEV	N
		ERYC 333mg Cap	DNPM	0.7365	L	SFC	00873454	PFI	N
		Erythro-S 500mg Tab (discontinued)					00688568	AAP	N
		erythromycin ethylsuccinate 600mg tab							
		Erythro-ES 600mg Tab (discontinued)					00637416	AAP	Y
		EES-600 (600mg) Tab (discontinued)					00583782	AMD	Y
J01FA02	SPIRAMYCIN								
		Rovamycine 250mg Cap	DNP	1.4300	L	SFC	01927825	ODN	N
		Rovamycine 500mg Cap	DNP	2.7960	L	SFC	01927817	ODN	N
J01FA09	CLARITHROMYCIN								
		clarithromycin 25mg/mL o/l							
		Clarithromycin 125mg/5mL O/L	DNP	0.2047	M	SFC	02408988	SAS	Y
		Taro-Clarithromycin 125mg/5mL O/L	DNP	0.2047	M	SFC	02390442	TAR	Y
		Biaxin 125mg/5mL O/L	DNP	0.2047	M	SFC	02146908	ABB	Y

clarithromycin 250mg tab

Apo-Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02274744	APX	Y
Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02466120	SAS	Y
Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02442469	SIV	Y
pms-Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02247573	PMS	Y
RAN-Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02361426	RAN	Y
Sandoz Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02266539	SDZ	Y
Teva-Clarithromycin 250mg Tab	DNP	0.4122	M	SFC	02248804	TEV	Y
Biaxin BID 250mg Tab	DNP	0.4122	M	SFC	01984853	ABB	Y

clarithromycin 50mg/mL o/l

Clarithromycin 250mg/5mL O/L	DNP	0.3998	M	SFC	02408996	SAS	Y
Taro-Clarithromycin 250mg/5mL O/L	DNP	0.3998	M	SFC	02390450	TAR	Y
Biaxin 250mg/5mL O/L	DNP	0.3998	M	SFC	02244641	ABB	Y

clarithromycin 500mg XL tab

ACT-Clarithromycin XL 500mg Tab	DNP	1.2572	M	SFC	02403196	ATV	Y
Apo-Clarithromycin XL 500mg Tab	DNP	1.2572	M	SFC	02413345	APX	Y
Biaxin XL 500mg Tab	DNP	1.2572	M	SFC	02244756	ABB	Y

clarithromycin 500mg tab

Apo-Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02274752	APX	Y
Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02442485	SIV	Y
pms-Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02247574	PMS	Y
RAN-Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02361434	RAN	Y
Sandoz Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02266547	SDZ	Y
Teva-Clarithromycin 500mg Tab	DNP	1.6292	M	SFC	02248805	TEV	Y
Biaxin BID 500mg Tab	DNP	1.6292	M	SFC	02126710	ABB	Y

J01FA10 AZITHROMYCIN

azithromycin pos 20mg/mL susp

Azithromycin POS 100mg/5mL Susp	DNPM	0.3956	M	E	02274388	PMS	Y
Azithromycin POS 100mg/5mL Susp	DNPM	0.3956	M	E	02332388	SDZ	Y
GD-Azithromycin 100mg/5mL Susp	DNPM	0.3956	M	E	02274566	GMD	Y
pms-Azithromycin 100mg/5mL Susp (discontinued)					02418452	PMS	Y
Zithromax POS 100mg/5mL Susp	DNPM	0.3956	M	E	02223716	PFI	Y

azithromycin pos 40mg/mL susp

Azithromycin POS 200mg/5mL Susp	DNPM	0.5604	M	E	02274396	PMS	Y
Azithromycin POS 200mg/5mL Susp	DNPM	0.5604	M	E	02332396	SDZ	Y
GD-Azithromycin 200mg/5mL Susp	DNPM	0.5604	M	E	02274574	GMD	Y
pms-Azithromycin 200mg/5mL Susp	DNPM	0.5604	M	E	02418460	PMS	Y
Zithromax POS 200mg/5mL Susp	DNPM	0.5604	M	E	02223724	PFI	Y

azithromycin 250mg tab

Apo-Azithromycin Z 250mg Tab	DNPM	0.9410	M	E	02415542	APX	Y
Azithromycin 250mg Tab	DNPM	0.9410	M	E	02330881	SAS	Y
Azithromycin 250mg Tab	DNPM	0.9410	M	E	02442434	SIV	Y
GD-Azithromycin 250mg Tab					02274531	GMD	Y
Jamp-Azithromycin 250mg Tab	DNPM	0.9410	M	E	02452308	JPC	Y
Mar-Azithromycin 250mg Tab	DNPM	0.9410	M	E	02452324	MAR	Y
MYLAN-Azithromycin 250mg Tab (discontinued)					02278359	MYL	Y
Novo-Azithromycin 250mg Tab	DNPM	0.9410	M	E	02267845	TEV	Y

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pms-Azithromycin 250mg Tab	DNPM	0.9410	M	E	02261634	PMS	Y
Sandoz Azithromycin 250mg Tab	DNPM	0.9410	M	E	02265826	SDZ	Y
Zithromax 250mg Tab	DNPM	0.9410	M	E	02212021	PFI	Y
Zithromax 500mg/vial Inj					02239952	PFI	N
azithromycin 600mg tab							
CO Azithromycin 600mg Tab	DNPM	6.0000	M	E	02256088	ATV	Y
pms-Azithromycin 600mg Tab	DNPM	6.0000	M	E	02261642	PMS	Y
Zithromax 600mg Tab (discontinued)					02231143	PFI	Y

J01FF LINCOSAMIDES**J01FF01 CLINDAMYCIN**

Dalacin C 75mg/5mL Granules	DNPM	0.1871	L	SFC	00225851	PFI	N
clindamycin 150mg cap							
Apo-Clindamycin 150mg Cap	DNPM	0.2353	M	SFC	02245232	APX	Y
Auro-Clindamycin 150mg Cap	DNPM	0.2353	M	SFC	02436906	ARO	Y
Teva-Clindamycin 150mg Cap	DNPM	0.2353	M	SFC	02241709	TEV	Y
Dalacin C 150mg Cap	DNPM	0.2353	M	SFC	00030570	PFI	Y
clindamycin 150mg/mL (bulk) inj							
Clindamycin 150mg/mL Inj	DNPM	3.6550	M	SFC	02230535	SDZ	Y
Dalacin C Phos 150mg/mL Inj	DNPM	3.6550	M	SFC	00260436	PFI	Y
clindamycin 150mg/mL inj							
Clindamycin 150mg/mL Inj	DNPM	3.6550	M	SFC	02230540	SDZ	Y
Dalacin C Phos 150mg/mL Inj	DNPM	3.6550	M	SFC	00260436	PFI	Y
clindamycin 300mg cap							
Apo-Clindamycin 300mg Cap	DNPM	0.4706	M	SFC	02245233	APX	Y
Auro-Clindamycin 300mg Cap	DNPM	0.4706	M	SFC	02436914	ARO	Y
Novo-Clindamycin 300mg Cap	DNPM	0.4706	M	SFC	02241710	TEV	Y
Dalacin C 300mg Cap	DNPM	0.4706	M	SFC	02182866	PFI	Y

J01G AMINOGLYCOSIDE ANTIBACTERIALS**J01GB OTHER AMINOGLYCOSIDES****J01GB01 TOBRAMYCIN**

tobramycin 10mg/mL inj							
Tobramycin 10mg/mL Inj					02241209	SDZ	Y
Nebcin 10mg/mL Inj (discontinued)					00325457	LIL	Y
TOBI Podhaler 28mg Cap					02365154	NVR	N
tobramycin 40mg/mL inj							
Jamp-Tobramycin 40mg/mL Inj	DNP	3.7070	M	SFC	02420287	JPC	Y
Tobramycin 40mg/mL Inj (SDZ)	DNP	3.7070	M	SFC	02241210	SDZ	Y
Nebcin 40mg/mL Inj (discontinued)					00325449	LIL	Y
tobramycin 40mg/mL inj (pf)							
Tobramycin 40mg/mL Inj (PF)	DNP	3.7070	M	SFC	02241210	SDZ	Y
Nebcin 40mg/mL Inj (discontinued)					00325449	LIL	Y
tobramycin 300mg/5mL inh sol							
Teva-Tobramycin 60mg/mL (300mg/5mL) Sol					02389622	TEV	Y

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	Tobramycin 60mg/mL (300mg/5mL) Sol					02443368	SDZ	Y
	TOBI 300mg/5mL Sol					02239630	NVR	N
J01GB03	GENTAMICIN							
	gentamicin 40mg/mL inj							
	Gentamicin 40mg/mL Inj	DNP	8.9447	M	SFC	02242652	SDZ	Y
	Garamycin 40mg/mL Inj (discontinued)					00223824	SCH	Y
J01GB06	AMIKACIN							
	amikacin 250mg/mL inj							
	Amikacin 250mg/mL Inj					02242971	SDZ	Y
	Amikin 250mg/mL Inj (discontinued)					00397415	BRI	Y

J01M QUINOLONE ANTIBACTERIALS

J01MA FLOUROQUINOLONES

J01MA02	CIPROFLOXACIN							
	Cipro 100mg/mL O/L	DNPM	0.5756	L	E	02237514	BAY	N
	ciprofloxacin 250mg tab							
	Apo-Ciproflox 250mg Tab (discontinued)					02229521	APX	Y
	Auro-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02381907	ARO	Y
	Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02386119	SIV	Y
	Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02353318	SAS	Y
	CO Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02247339	ATV	Y
	Jamp-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02380358	JPC	Y
	Mar-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02379686	MAR	Y
	MINT-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02423553	MNT	Y
	Novo-Ciprofloxacin 250mg Tab (discontinued)					02161737	TEV	Y
	pms-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02248437	PMS	Y
	RAN-Ciproflox 250mg Tab	DNPM	0.4454	M	E	02303728	RAN	Y
	Sandoz Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02248756	SDZ	Y
	Septa-Ciprofloxacin 250mg Tab	DNPM	0.4454	M	E	02379627	SPT	Y
	Cipro 250mg Tab (discontinued)					02155958	BAY	Y
	ciprofloxacin 500mg tab							
	Apo-Ciproflox 500mg Tab (discontinued)					02229522	APX	Y
	Auro-Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02381923	ARO	Y
	Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02386127	SIV	Y
	Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02353326	SAS	Y
	CO Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02247340	ATV	Y
	Jamp-Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02380366	JPC	Y
	Mar-Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02379694	MAR	Y
	MINT-Ciproflox 500mg Tab	DNPM	0.5025	M	E	02423561	MNT	Y
	pms-Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02248438	PMS	Y
	RAN-Ciproflox 500mg Tab	DNPM	0.5025	M	E	02303736	RAN	Y
	Sandoz Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02248757	SDZ	Y
	Septa-Ciprofloxacin 500mg Tab	DNPM	0.5025	M	E	02379635	SPT	Y
	Cipro 500mg Tab	DNPM	0.5025	M	E	02155966	BAY	Y
	ciprofloxacin XL 500mg tab							

J General Antiinfectives, Systemic

	pms-Ciprofloxacin XL 500mg Tab					02416433	PMS	Y
	Cipro XL 500mg Tab					02247916	BAY	Y
	ciprofloxacin 750mg tab							
	Apo-Ciproflox 750mg Tab (discontinued)					02229523	APX	Y
	Auro-Ciprofloxacin 750mg Tab (discontinued)					02381931	ARO	Y
	CO Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02247341	ATV	Y
	Jamp-Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02380374	JPC	Y
	Mar-Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02379708	MAR	Y
	MINT-Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02423588	MNT	Y
	MYLAN-Ciprofloxacin 750mg Tab (discontinued)					02245649	MYL	Y
	Novo-Ciprofloxacin 750mg Tab (discontinued)					02161753	TEV	Y
	pms-Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02248439	PMS	Y
	RAN-Ciproflox 750mg Tab	DNPM	0.9201	M	E	02303744	RAN	Y
	Sandoz Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02248758	SDZ	Y
	Septa-Ciprofloxacin 750mg Tab	DNPM	0.9201	M	E	02379643	SPT	Y
	Cipro 750mg Tab	DNPM	0.9201	M	E	02155974	BAY	Y
	Cipro XL 1,000mg Tab	DNPM	3.1120	L	E	02251787	BAY	N
J01MA06	NORFLOXACIN							
	norfloxacin 400mg tab							
	Norfloxacin 400mg Tab	DNP	0.7934	M	E	02229524	AAP	Y
	Novo-Norfloxacin 400mg Tab	DNP	0.7934	M	E	02237682	TEV	Y
	Noroxin 400mg Tab (discontinued)					00643025	FRS	Y
J01MA12	LEVOFLOXACIN							
	levofloxacin 250mg tab							
	Apo-Levofloxacin 250mg Tab	DNP	1.3241	M	E	02284707	APX	Y
	CO Levofloxacin 250mg Tab	DNP	1.3241	M	E	02315424	ATV	Y
	Novo-Levofloxacin 250mg Tab	DNP	1.3241	M	E	02248262	TEV	Y
	pms-Levofloxacin 250mg Tab	DNP	1.3241	M	E	02284677	PMS	Y
	Sandoz Levofloxacin 250mg Tab	DNP	1.3241	M	E	02298635	SDZ	Y
	Levaquin 250mg Tab (discontinued)					02236841	JAN	Y
	levofloxacin 500mg tab							
	Apo-Levofloxacin 500mg Tab	DNP	1.5089	M	E	02284715	APX	Y
	CO Levofloxacin 500mg Tab	DNP	1.5089	M	E	02315432	ATV	Y
	Novo-Levofloxacin 500mg Tab	DNP	1.5089	M	E	02248263	TEV	Y
	pms-Levofloxacin 500mg Tab	DNP	1.5089	M	E	02284685	PMS	Y
	Sandoz Levofloxacin 500mg Tab	DNP	1.5089	M	E	02298643	SDZ	Y
	Levaquin 500mg Tab (discontinued)					02236842	JAN	Y
	levofloxacin 750mg tab							
	Apo-Levofloxacin 750mg Tab					02325942	APX	Y
	CO Levofloxacin 750mg Tab					02315440	ATV	Y
	Novo-Levaquin 750mg Tab					02285649	TEV	Y
	pms-Levofloxacin 750mg Tab					02305585	PMS	Y
	Sandoz Levofloxacin 750mg Tab					02298651	SDZ	Y
	Levaquin 750mg Tab (discontinued)					02246804	JAN	Y
J01MA14	MOXIFLOXACIN							

moxifloxacin 400mg tab

Apo-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02404923	APX	Y
Auro-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02432242	ARO	Y
Jamp-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02443929	JPC	Y
Jamp-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02447061	JPC	Y
Mar-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02447053	MAR	Y
Sandoz Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02383381	SDZ	Y
Teva-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02375702	TEV	Y
Avelox 400mg Tab	DNP	1.5230	M	E	02242965	BAY	Y

J01X OTHER ANTIBACTERIALS**J01XA GLYCOPEPTIDE ANTIBACTERIALS**

J01XA01 VANCOMYCIN

vancomycin 125mg cap

Jamp-Vancomycin 125mg Cap	DNPM	5.1800	M	SFC	02407744	JPC	Y
Vancomycin HCl 125mg Cap	DNPM	5.1800	M	SFC	02377470	FKB	Y
Vancocin 125mg Cap	DNPM	5.1800	M	SFC	00800430	MRS	Y

vancomycin 250mg cap

Jamp-Vancomycin 250mg Cap					02407752	JPC	Y
Vancomycin HCl 250mg Cap					02377489	FKB	Y
Vancocin 250mg Cap					00788716	MRS	Y

vancomycin 500mg vial inj

Vancomycin HCl 500mg/vial Inj					02394626	SDZ	Y
Vancomycin 500mg/vial Inj					02139375	FKB	Y

vancomycin HCl 500mg/vial inj

Val-Vancomycin 500mg/vial Inj	DNPM	33.6893	M	SFC	02342855	VLN	Y
Vancomycin HCl 500mg/vial Inj					02411032	STR	Y
Sterile Vancomycin HCl 500mg/vial Inj	DNPM	33.6893	M	SFC	02230191	PFI	Y

vancomycin 1g vial inj

Vancomycin HCl 1g/vial Inj					02394634	SDZ	Y
Vancomycin 1g/vial Inj					02139383	FKB	Y

vancomycin HCl 1g/vial inj

Val-Vancomycin 1000mg/vial Inj	DNPM	64.0042	M	SFC	02342863	VLN	Y
Vancomycin HCl 1g/vial Inj					02396386	STR	Y
Sterile Vancomycin HCl 1g/vial Inj	DNPM	64.0042	M	SFC	02230192	PFI	Y

J01XD IMIDAZOLE DERIVATIVES

J01XD01 METRONIDAZOLE

Metronidazole 5mg/mL Inj					00649074	PFI	N
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metronidazole 250mg tab

Metronidazole 250mg Tab	DNPM	0.0620	M	SFC	00545066	AAP	Y
Flagyl 250mg Tab (discontinued)					01926896	RPR	Y

metronidazole 500mg cap

Apo-Metronidazole 500mg Cap					02248562	APX	Y
Auro-Metronidazole 500mg Cap					02470284	ARO	Y
Flagyl 500mg Cap					01926853	ODN	Y

J General Antiinfectives, Systemic**J01XE NITROFURAN DERIVATIVES****J01XE01 NITROFURANTOIN****nitrofurantoin 50mg cap**

Novo-Furantoin 50mg Cap

DNPM 0.4263 M SFC 02231015 TEV Y

Macrochantin 50mg Cap (discontinued)

01997637 PGA Y

Nitrofurantoin 50mg Tab

DNPM 0.1739 L SFC 00319511 AAP N

nitrofurantoin 100mg cap (Macrobid)

pms-Nitrofurantoin 100mg Cap

DNPM 0.5974 M SFC 02455676 PMS Y

Macrobid 100mg Cap

DNPM 0.5974 M SFC 02063662 ALL Y

nitrofurantoin 100mg cap (Macrochantin)

Novo-Furantoin 100mg Cap

02231016 TEV Y

Macrochantin 100mg Cap (discontinued)

01997645 PGA Y

Nitrofurantoin 100mg Tab

00312738 AAP N

J01XX OTHER ANTIBACTERIALS**J01XX01 FOSFOMYCIN****fosfomycin 3g/pack**

Jamp-Fosfomycin 3g Sachet

DNP 4.6750 M E 02473801 JPC Y

Monurol 3g Sachet

DNP 4.6750 M E 02240335 PAL Y

J01XX05 METHENAMINE

Mandelamine 500mg Tab

DNP 0.5000 L SFC 00499013 ERF N

J01XX08 LINEZOLID**linezolid 600mg tab**

Apo-Linezolid 600mg Tab

DNP 38.6083 M E 02426552 APX Y

Sandoz Linezolid 600mg Tab

DNP 38.6083 M E 02422689 SDZ Y

Zyvoxam 600mg Tab

DNP 38.6083 M E 02243684 PFI Y

J01XX09 DAPTOMYCIN

Cubicin 500mg Vial

02299909 SEP N

J02 SYSTEMIC ANTIMYCOTICS**J02A SYSTEMIC ANTIMYCOTICS****J02AA ANTIBIOTICS****J02AA01 AMPHOTERICIN**

Fungizone 50mg/vial Inj

DNP 88.7500 L SFC 00029149 BRI N

J02AB IMIDAZOLE DERIVATIVES**J02AB02 KETOCONAZOLE****ketoconazole 200mg tab**

Apo-Ketoconazole 200mg Tab

DNP 0.9393 M SFC 02237235 APX Y

Novo-Ketoconazole 200mg Tab

DNP 0.9393 M SFC 02231061 TEV Y

Nizoral 200mg Tab (discontinued)

00633836 JNJ Y

J02AC TRIAZOLE DERIVATIVES

J General Antiinfectives, Systemic
J02AC01 FLUCONAZOLE
fluconazole 2mg/mL inj

Fluconazole 2mg/mL Vial Inj						02388448	SDZ	Y
Diflucan 2mg/mL Inj						00891835	PFI	Y

Diflucan POS 10mg/mL	DNP	1.1714	L	E	02024152	PFI	N
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fluconazole 50mg tab

ACT Fluconazole 50mg Tab	DNP	1.2904	M	SFC	02281260	ATV	Y
Apo-Fluconazole 50mg Tab	DNP	1.2904	M	SFC	02237370	APX	Y
MYLAN-Fluconazole 50mg Tab	DNP	1.2904	M	SFC	02245292	MYL	Y
Novo-Fluconazole 50mg Tab	DNP	1.2904	M	SFC	02236978	TEV	Y
pms-Fluconazole 50mg Tab	DNP	1.2904	M	SFC	02245643	PMS	Y
Diflucan 50mg Tab (discontinued)					00891800	PFI	Y

fluconazole 100mg tab

ACT Fluconazole 100mg Tab	DNP	2.2891	M	SFC	02281279	ATV	Y
Apo-Fluconazole 100mg Tab	DNP	2.2891	M	SFC	02237371	APX	Y
MYLAN-Fluconazole 100mg Tab	DNP	2.2891	M	SFC	02245293	MYL	Y
Novo-Fluconazole 100mg Tab	DNP	2.2891	M	SFC	02236979	TEV	Y
pms-Fluconazole 100mg Tab	DNP	2.2891	M	SFC	02245644	PMS	Y
Diflucan 100mg Tab (discontinued)					00891819	PFI	Y

fluconazole 150mg cap

Apo-Fluconazole 150mg Cap	DNP	5.0518	M	SFC	02241895	APX	Y
pms-Fluconazole 150mg Cap	DNP	5.0518	M	SFC	02282348	PMS	Y
Diflucan 150mg Cap (discontinued)					02141442	PFI	Y

fluconazole 150mg cap (otc)

Jamp-Fluconazole 150mg Cap	DNP	3.9425	M	SFC	02432471	JPC	Y
Mar-Fluconazole 150mg Cap	DNP	3.9425	M	SFC	02428792	MAR	Y
Diflucan One 150mg Cap					02141442	PFI	Y

J02AC02 ITRACONAZOLE

Sporanox 10mg/mL Oral Sol					02231347	JAN	N
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itraconazole 100mg cap

MINT-Itraconazole 100mg Cap	DNP	4.2075	M	E	02462559	MNT	Y
Sporanox 100mg Cap	DNP	4.2075	M	E	02047454	JAN	Y

J02AC03 VORICONAZOLE
voriconazole 50mg tab

Apo-Voriconazole 50mg Tab (discontinued)					02409674	APX	Y
Sandoz Voriconazole 50mg Tab	DNP	3.2465	M	E	02399245	SDZ	Y
Teva-Voriconazole 50mg Tab	DNP	3.2465	M	E	02396866	TEV	Y
Vfend 50mg Tab	DNP	3.2465	M	E	02256460	PFI	Y

voriconazole 200mg tab

Apo-Voriconazole 200mg Tab (discontinued)					02409682	APX	Y
Sandoz Voriconazole 200mg Tab	DNP	12.9808	M	E	02399253	SDZ	Y
Teva-Voriconazole 200mg Tab	DNP	12.9808	M	E	02396874	TEV	Y
Vfend 200mg Tab	DNP	12.9808	M	E	02256479	PFI	Y

J02AC04 POSACONAZOLE

Posanol 40mg/mL Susp

02293404 FRS N

J04 ANTIMYCOBACTERIALS**J04A DRUGS FOR TREATMENT OF TUBERCULOSIS****J04AB ANTIBIOTICS**

J04AB02 RIFAMPIN (RIFAMPICIN)

rifampin 150mg cap

Rifadin 150mg Cap

DNP

0.6748

M

SFC

02091887 SAV

Y

Rofact 150mg Cap

DNP

0.6748

M

SFC

00393444 VLN

Y

rifampin 300mg cap

Rifadin 300mg Cap

DNP

1.0620

M

SFC

02092808 SAV

Y

Rofact 300mg Cap

DNP

1.0620

M

SFC

00343617 VLN

Y

J04AB04 RIFABUTIN

Mycobutin 150mg Cap

DNP

5.4311

L

SFC

02063786 PFI

N

J04AC HYDRAZIDES

J04AC01 ISONIAZID

pdp-Isoniazid 300mg Tab

DNP

0.7151

L

SFC

00577804 PDP

N

J04AK OTHER DRUGS FOR TREATMENT OF TUBERCULOSIS

J04AK02 ETHAMBUTOL

Etibi 100mg Tab

DNP

0.2197

L

SFC

00247960 VLN

N

Etibi 400mg Tab

DNP

0.6593

L

SFC

00247979 VLN

N

J04B DRUGS FOR TREATMENT OF LEPRO**J04BA DRUGS FOR TREATMENT OF LEPRO**

J04BA02 DAPSONE

Dapsone 100mg Tab

DNP

1.4061

L

SFC

02041510 JCB

N

J05 SYSTEMIC ANTIVIRALS**J05A DIRECT ACTING ANTIVIRALS****J05AB NUCLEOSIDES AND NUCLEOTIDES EXCL.REVERSE TRANSCRIPTASE INHIBITORS**

J05AB01 ACYCLOVIR

Acyclovir 50mg/mL Inj

02236926

FKB

N

acyclovir 200mg tab

Apo-Acyclovir 200mg Tab

DNPM

0.6397

M

SFC

02207621 APX

Y

MYLAN-Acyclovir 200mg Tab

DNPM

0.6397

M

SFC

02242784 MYL

Y

Novo-Acyclovir 200mg Tab

DNPM

0.6397

M

SFC

02285959 TEV

Y

ratio-Acyclovir 200mg Tab (discontinued)

02078627

TEV

Y

Zovirax 200mg Tab (discontinued)

00634506

GSK

Y

Zovirax 200mg/5mL O/L

DNPM

0.2596

L

SFC

00886157 GSK

N

acyclovir 400mg tab

J General Antiinfectives, Systemic

	Apo-Acyclovir 400mg Tab	DNPM	1.2700	M	SFC	02207648	APX	Y
	MYLAN-Acyclovir 400mg Tab	DNPM	1.2700	M	SFC	02242463	MYL	Y
	Novo-Acyclovir 400mg Tab	DNPM	1.2700	M	SFC	02285967	TEV	Y
	Zovirax 400mg Tab (discontinued)					01911627	GSK	Y
	acyclovir 800mg tab							
	Apo-Acyclovir 800mg Tab	DNPM	1.2673	M	SFC	02207656	APX	Y
	MYLAN-Acyclovir 800mg Tab	DNPM	1.2673	M	SFC	02242464	MYL	Y
	Novo-Acyclovir 800mg Tab	DNPM	1.2673	M	SFC	02285975	TEV	Y
	Zovirax Zostab 800mg Tab (discontinued)					01911635	GSK	Y
J05AB06	GANCICLOVIR							
	Cytovene 500mg/vial Inj					02162695	HLR	N
J05AB09	FAMCICLOVIR							
	famciclovir 125mg tab							
	Apo-Famciclovir 125mg Tab	DNP	0.5564	M	SFC	02292025	APX	Y
	CO Famciclovir 125mg Tab	DNP	0.5564	M	SFC	02305682	ATV	Y
	pms-Famciclovir 125mg Tab	DNP	0.5564	M	SFC	02278081	PMS	Y
	Sandoz Famciclovir 125mg Tab	DNP	0.5564	M	SFC	02278634	SDZ	Y
	Famvir 125mg Tab	DNP	0.5564	M	SFC	02229110	NVR	Y
	famciclovir 250mg tab							
	Apo-Famciclovir 250mg Tab	DNP	0.7541	M	SFC	02292041	APX	Y
	CO Famciclovir 250mg Tab	DNP	0.7541	M	SFC	02305690	ATV	Y
	pms-Famciclovir 250mg Tab	DNP	0.7541	M	SFC	02278103	PMS	Y
	Sandoz Famciclovir 250mg Tab	DNP	0.7541	M	SFC	02278642	SDZ	Y
	Famvir 250mg Tab	DNP	0.7541	M	SFC	02229129	NVR	Y
	famciclovir 500mg tab							
	Apo-Famciclovir 500mg Tab	DNP	1.3436	M	SFC	02292068	APX	Y
	CO Famciclovir 500mg Tab	DNP	1.3436	M	SFC	02305704	ATV	Y
	pms-Famciclovir 500mg Tab	DNP	1.3436	M	SFC	02278111	PMS	Y
	Sandoz Famciclovir 500mg Tab	DNP	1.3436	M	SFC	02278650	SDZ	Y
	Famvir 500mg Tab	DNP	1.3436	M	SFC	02177102	NVR	Y
J05AB11	VALACYCLOVIR							
	valacyclovir 500mg tab							
	Apo-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02295822	APX	Y
	Auro-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02405040	ARO	Y
	CO Valacyclovir 500mg Tab (discontinued)					02331748	ATV	Y
	Jamp-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02441454	JPC	Y
	Mar-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02441586	MAR	Y
	MYLAN-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02351579	MYL	Y
	pms-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02298457	PMS	Y
	Sandoz Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02347091	SDZ	Y
	Teva-Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02357534	TEV	Y
	Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02442000	SIV	Y
	Valacyclovir 500mg Tab	DNPM	0.6198	M	SFC	02454645	SAS	Y
	Valtrex 500mg Tab	DNPM	0.6198	M	SFC	02219492	GSK	Y
	valacyclovir 1000mg tab							

J General Antiinfectives, Systemic

	Apo-Valacyclovir 1000mg Tab	DNPM	1.7218	M	SFC	02354705	APX	Y
	MYLAN-Valacyclovir 1000mg Tab	DNPM	1.7218	M	SFC	02351560	MYL	Y
	pms-Valacyclovir 1000mg Tab	DNPM	1.7218	M	SFC	02381230	PMS	Y
	Valacyclovir 1000mg Tab	DNPM	1.7218	M	SFC	02442019	SIV	Y
	Valtrex 1000mg Tab	DNPM	1.7218	M	SFC	02246559	GSK	Y
J05AB14	VALGANCICLOVIR							
	Valcyte 50mg/mL Pws for Susp	DNP	2.7020	L	E	02306085	HLR	N
	valganciclovir 450mg tab							
	Apo-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02393824	APX	Y
	Auro-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02435179	ARO	Y
	Teva-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02413825	TEV	Y
	Valcyte 450mg Tab	DNP	5.8553	M	SF	02245777	HLR	Y
J05AE	PROTEASE INHIBITORS							
J05AE01	SAQUINAVIR							
	Invirase 200mg Cap					02216965	HLR	N
	Invirase 500mg Tab					02279320	HLR	N
J05AE03	RITONAVIR							
	Norvir 80mg/mL O/L					02229145	ABV	N
	Norvir FCT 100mg Tab					02357593	ABV	N
J05AE04	NELFINAVIR							
	Viracept 625mg Tab					02248761	VIV	N
J05AE07	FOSAMPRENAVIR							
	Telzir 50mg/mL Susp					02261553	VIV	N
	Telzir 700mg Tab					02261545	VIV	N
J05AE08	ATAZANAVIR							
	atazanavir 150mg cap							
	Mylan-Atazanavir 150mg Cap					02456877	MYL	Y
	Teva-Atazanavir 150mg Cap					02443791	TEV	Y
	Reyataz 150mg Cap					02248610	BRI	Y
	atazanavir 200mg cap							
	Mylan-Atazanavir 200mg Cap					02456885	MYL	Y
	Teva-Atazanavir 200mg Cap					02443813	TEV	Y
	Reyataz 200mg Cap					02248611	BRI	Y
	atazanavir 300mg cap							
	Mylan-Atazanavir 300mg Cap					02456893	MYL	Y
	Teva-Atazanavir 300mg Cap					02443821	TEV	Y
	Reyataz 300mg Cap					02294176	BRI	Y
J05AE09	TIPRANAVIR							
	Aptivus 250mg Cap					02273322	BOE	N
J05AE10	DARUNAVIR							

J General Antiinfectives, Systemic

	Prezista 75mg Tab						02338432	JAN	N
	Prezista 400mg Tab (discontinued)						02324016	JAN	N
	Prezista 600mg Tab						02324024	JAN	N
J05AE30	PROTEASE INHIBITORS, COMBINATIONS								
	Keletra 100/25mg Pediatric Tab						02312301	ABV	N
	Kaletra 200/50mg Tab						02285533	ABV	N
J05AF	NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS								
J05AF01	ZIDOVUDINE								
	zidovudine 100mg cap								
	Apo-Zidovudine 100mg Cap						01946323	APX	Y
	Retrovir 100mg Cap						01902660	VIV	Y
J05AF04	STAVUDINE								
	Zerit 15mg Cap						02216086	BRI	N
	Zerit 20mg Cap						02216094	BRI	N
	Zerit 30mg Cap						02216108	BRI	N
	Zerit 40mg Cap						02216116	BRI	N
J05AF05	LAMIVUDINE								
	3TC 10mg/mL O/L						02192691	VIV	N
	lamivudine 100mg tab								
	Apo-Lamivudine HBV 100mg Tab	DNP	3.5316	M	E		02393239	APX	Y
	Heptovir 100mg Tab	DNP	3.5316	M	E		02239193	GSK	Y
	lamivudine 150mg tab								
	Apo-Lamivudine 150mg Tab						02369052	APX	Y
	3TC 150mg Tab						02192683	VIV	Y
	lamivudine 300mg tab								
	Apo-Lamivudine 300mg Tab						02369060	APX	Y
	3TC 300mg Tab						02247825	VIV	Y
J05AF06	ABACAVIR								
	abacavir 300mg tab								
	Apo-Abacavir 300mg Tab						02396769	APX	Y
	Ziagen 300mg Tab						02240357	VIV	Y
J05AF07	TENOFOVIR DISOPROXIL								
	tenofovir disoproxil fumarate 300mg tab								
	Apo-Tenofovir 300mg Tab	DNP	4.8884	M	E		02451980	APX	Y
	Auro-Tenofovir 300mg Tab	DNP	4.8884	M	E		02460173	ARO	Y
	Mylan-Tenofovir Disoproxil 300mg Tab	DNP	4.8884	M	E		02452634	MYL	Y
	NAT-Tenofovir 300mg Tab	DNP	4.8884	M	E		02472511	NAT	Y
	pms-Tenofovir 300mg Tab	DNP	4.8884	M	E		02453940	PMS	Y
	Teva-Tenofovir 300mg Tab	DNP	4.8884	M	E		02403889	TEV	Y
	Viread 300mg Tab	DNP	4.8884	M	E		02247128	GIL	Y

J General Antiinfectives, Systemic

J05AF08	ADEFOVIR DIPIVOXIL								
	adefovir 10mg tab								
	Apo-Adefovir 10mg Tab	DNP	20.4400	M	E	02420333	APX	Y	
	Hepsera 10mg Tab	DNP	20.4400	M	E	02247823	GIL	Y	
J05AF10	ENTECAVIR								
	entecavir 0.5mg tab								
	Apo-Entecavir 0.5mg Tab	DNP	5.5000	M	E	02396955	APX	Y	
	Auro-Entecavir 0.5mg Tab	DNP	5.5000	M	E	02448777	ARO	Y	
	Jamp-Entecavir 0.5mg Tab	DNP	5.5000	M	E	02467232	JPC	Y	
	pms-Entecavir 0.5mg Tab	DNP	5.5000	M	E	02430576	PMS	Y	
	Baraclude 0.5mg Tab	DNP	5.5000	M	E	02282224	BRI	Y	
J05AF11	TELBIVUDINE								
	Sebivo 600mg Tab					02288389	NVR	N	
J05AG	NON-NUCLEOSIDES REVERSE TRANSCRIPTASE INHIBITORS								
J05AG01	NEVIRAPINE								
	nevirapine 200mg tab								
	Auro-Nevirapine 200mg Tab					02318601	ARO	Y	
	MYLAN-Nevirapine 200mg Tab					02387727	MYL	Y	
	Viramune 200mg Tab					02238748	BOE	Y	
	nevirapine 400mg ER tab								
	Apo-Nevirapine ER 400mg Tab					02427931	APX	Y	
	Viramune XR 400mg Tab					02367289	BOE	Y	
J05AG03	EFAVIRENZ								
	efavirenz 600mg tab								
	Auro-Efavirenz 600mg Tab					02418428	ARO	Y	
	MYLAN-Efavirenz 600mg Tab					02381524	MYL	Y	
	Teva-Efavirenz 600mg Tab					02389762	TEV	Y	
	Sustiva 600mg Tab					02246045	BRI	Y	
J05AG04	ETRAVIRINE								
	Intelence 100mg Tab					02306778	JAN	N	
J05AG05	RILPIVIRINE								
	Edurant 25mg Tab					02370603	JAN	N	
J05AH	NEURAMINIDASE INHIBITORS								
J05AH01	ZANAMIVIR								
	Relenza 5mg Pwr for Inhalation	DNP	7.4280	L	E	02240863	GSK	N	
J05AH02	OSELTAMIVIR								
	Tamiflu 6mg/mL Susp	DNP	0.3254	L	E	02381842	HLR	N	
	oseltamivir 30mg cap								
	NAT-Oseltamivir 30mg Cap	DNP	1.5728	M	E	02472635	NAT	Y	
	Tamiflu 30mg Cap	DNP	1.5728	M	E	02304848	HLR	Y	

J General Antiinfectives, Systemic
oseltamivir 45mg cap

NAT-Oseltamivir 45mg Cap

DNP 2.4203 M E 02472643 NAT Y

Tamiflu 45mg Cap

DNP 2.4203 M E 02304856 HLR Y

oseltamivir 75mg cap

NAT-Oseltamivir 75mg Cap

DNP 3.1178 M E 02457989 NAT Y

Tamiflu 75mg Cap

DNP 3.1178 M E 02241472 HLR Y

J05AP ANTIVIRALS FOR TREATMENT OF HCV INFECTIONS
J05AP01 RIBAVIRIN

Ibavyr 200mg Tab

DNP 7.6915 L E 02439212 PDP N

Moderiba 200mg Tab (discontinued)

02436396 ABV N

Ibavyr 400mg Tab

DNP 15.3831 L E 02425890 PDP N

Moderiba 400mg Tab (discontinued)

02436418 ABV N

Ibavyr 600mg Tab

DNP 23.0746 L E 02425904 PDP N

Moderiba 600mg Tab (discontinued)

02436426 ABV N

J05AP05 SIMEPREVIR

Galexos 150mg Cap (discontinued)

02416441 JAN N

J05AP07 DACLATASVIR

Daklinza 30mg Tab (discontinued)

02444747 BRI N

Daklinza 30mg Tab* (discontinued)

00904231 BRI N

Daklinza 60mg Tab (discontinued)

02444755 BRI N

Daklinza 60mg Tab* (discontinued)

00904232 BRI N

*use when drug cost in excess of CPhA maximum

J05AP08 SOFOSBUVIR

Sovaldi 400mg Tab

DNP 654.7618 L E 02418355 GIL N

Sovaldi 400mg Tab*

DNP 654.7618 L E 00904041 GIL N

Sovaldi 400mg Tab*

DNP 654.7618 L E 00904042 GIL N

*use when drug cost in excess of CPhA maximum

J05AP51 LEDIPASVIR AND SOFOSBUVIR

Harvoni 90/400mg Tab

DNP 797.6189 L E 02432226 GIL N

Harvoni 90/400mg Tab*

DNP 797.6189 L E 00904032 GIL N

Harvoni 90/400mg Tab*

DNP 797.6189 L E 00904033 GIL N

*use when drug cost in excess of CPhA maximum

J05AP52 DASABUVIR, OMBITASVIR, PARITAPREVIR AND RITONAVIR

Holkira Pak Tab (discontinued)

00904082 ABV N

Holkira Pak Tab (discontinued)

00904081 ABV N

Holkira Pak Tab (discontinued)

02436027 ABV N

J05AP54 ELBASVIR AND GRAZOPREVIR

Zepatier 50mg/100mg Tab

DNP 666.9400 L E 02451131 FRS N

Zepatier 50mg/100mg Tab*

DNP 666.9400 L E 00904238 FRS N

Zepatier 50mg/100mg Tab*

DNP 666.9400 L E 00904237 FRS N

*use when drug cost in excess of CPhA maximum

J General Antiinfectives, Systemic

J05AP55 SOFOSBUVIR AND VELPATASVIR

Epclusa 400mg/100mg Tab	DNP	714.2857	L	E	02456370	GIL	N
Epclusa 400mg/100mg Tab*	DNP	714.2857	L	E	00904233	GIL	N
Epclusa 400mg/100mg Tab*	DNP	714.2857	L	E	00904234	GIL	N
*use when drug cost in excess of CPhA maximum							

J05AP56 SOFOSBUVIR, VELPATASVIR AND VOXILAPREVIR

Vosevi 400mg/100mg/100mg Tab	DNP	714.2857	L	E	02467542	GIL	N
Vosevi 400mg/100mg/100mg Tab*	DNP	714.2857	L	E	00904313	GIL	N
Vosevi 400mg/100mg/100mg Tab*	DNP	714.2857	L	E	00904312	GIL	N
*use when drug cost in excess of CPhA maximum							

J05AR ANTIVIRALS FOR TREATMENT OF HIV INFECTIONS, COMBINATIONS

J05AR01 ZIDOVUDINE AND LAMIVUDINE

lamivudine 150mg & zidovudine 300mg tab

Apo-Lamivudine-Zidovudine 150mg/300mg Tab					02375540	APX	Y
Auro-Lamivudine/Zidovudine 150mg/300mg Tab					02414414	ARO	Y
Teva-Lamivudine/Zidovudine 150mg/300mg Tab					02387247	TEV	Y
Combivir 150mg/300mg Tab					02239213	VIV	Y

J05AR02 LAMIVUDINE AND ABACAVIR

abacavir 600mg tab & lamivudine 300mg

Apo-Abacavir-Lamivudine 600mg/300mg Tab					02399539	APX	Y
Auro-Abacavir/Lamivudine 600mg/300mg Tab					02454513	ARO	Y
Mylan-Abacavir/Lamivudine 600mg/300mg Tab					02450682	MYL	Y
pms-Abacavir-Lamivudine 600mg/300mg Tab					02458381	PMS	Y
Teva-Abacavir/Lamivudine 600mg/300mg Tab					02416662	TEV	Y
Kivexa 600mg/300mgTab					02269341	VIV	Y

J05AR03 TENOFOVIR DISOPROXIL AND EMTRICITABINE

emtricitabine 200mg & tenofovir disoproxil 300mg tab

Apo-Emtricitabine-Tenofovir Disoproxil 200mg/300mg Tab	DNP	7.3035	M	E	02452006	APX	Y
Mylan-Emtricitabine/Tenofovir Disoproxil 200mg/300mg Tab	DNP	7.3035	M	E	02443902	MYL	Y
Teva-Emtricitabine/Tenofovir 200mg/300mg Tab	DNP	7.3035	M	E	02399059	TEV	Y
Truvada 300mg/200mg Tab	DNP	7.3035	M	E	02274906	GIL	Y

J05AR04 ZIDOVUDINE, LAMIVUDINE AND ABACAVIR

abacavir 300mg, lamivudine 150mg & zidovudine 300mg tab

Apo-Abacavir-Lamivudine-Zidovudine 300mg/150mg/300mg Tab					02416255	APX	Y
Trizivir 300mg/150mg/300mg Tab					02244757	VIV	Y

J05AR06 EMTRICITABINE, TENOFOVIR DISOPROXIL AND EFAVIRENZ

efavirenz 600mg, emtricitabine 200mg & tenofovir disoproxil 300mg tab

Apo-Efavirenz-Emtricitabine-Tenofovir 600mg/200mg/300mg Tab					02468247	APX	Y
Mylan-Efavirenz/Emtricitabine/Tenofovir Disoproxil 600mg/200mg/300mg Tab					02461412	MYL	Y
Teva-Efavirenz/Emtricitabine/Tenofovir 600mg/200mg/300mg Tab					02393549	TEV	Y
Atripla 600mg Tab					02300699	GIL	Y

J05AR08 EMTRICITABINE, TENOFOVIR DISOPROXIL AND RILPIVIRINE

J General Antiinfectives, Systemic

	Complera 200mg/25mg/300mg Tab	02374129	GIL	N
J05AR09	EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICISTAT			
	Stribild 150mg/150mg/200mg/300mg Tab	02397137	GIL	N
J05AR13	DULOTEGRAVIR, ABACAVIR, LAMIVUDINE			
	Triumeq 50mg/600mg/300mg Tab	02430932	VIV	N
J05AR14	DARUNAVIR AND COBICISTAT			
	Prezcobix 800mg/150mg Tab	02426501	JAN	N
J05AR18	EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICISTAT			
	Genvoya 150mg/150mg/200mg/10mg Tab	02449498	GIL	N
J05AX	OTHER ANTIVIRALS			
J05AX07	ENFUVIRTIDE			
	Fuzeon 108mg/vial Inj	02247725	HLR	N
J05AX08	RALTEGRAVIR			
	Isentress 400mg Tab	02301881	FRS	N
J05AX09	MARAVIROC			
	Celsentri 150mg Tab	02299844	VIV	N
	Celsentri 300mg Tab	02299852	VIV	N
J05AX12	DOLUTEGRAVIR			
	Tivicay 50mg Tab	02414945	VIV	N

L Antineoplastics and Immunomodulating Agents**L01 ANTINEOPLASTIC AGENTS****L01A ALKYLATING AGENTS****L01AA NITROGEN MUSTARD ANALOGUES****L01AA01 CYCLOPHOSPHAMIDE**

Procytex 25mg Tab	DNP	0.6229	L	SFC	02241795	BAX	N
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Procytex 50mg Tab	DNP	0.8383	L	SFC	02241796	BAX	N
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L01AA02 CHLORAMBUCIL

Leukeran 2mg Tab	DNP	1.5600	L	SFC	00004626	APN	N
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L01AA03 MELPHALAN

Alkeran 2mg Tab	DNP	1.7614	L	SFC	00004715	APR	N
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L01AB ALKYL SULPHONATES**L01AB01 BUSULFAN**

Myleran 2mg Tab	DNP	1.6560	L	SFC	00004618	APN	N
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L01AD NITROSOUREAS**L01AD02 LOMUSTINE**

CeeNU 10mg Cap	DNP	7.8900	L	SFC	00360430	BRI	N
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CeeNU 40mg Cap	DNP	13.6025	L	SFC	00360422	BRI	N
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CeeNU 100mg Cap	DNP	22.4550	L	SFC	00360414	BRI	N
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L01AX OTHER ALKYLATING AGENTS**L01AX03 TEMOZOLOMIDE****temozolomide 5mg cap**

ACT Temozolomide 5mg Cap	DNP	3.9000	M	E	02441160	ATV	Y
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Taro-Temozolomide 5mg Cap	DNP	3.9000	M	E	02443473	TAR	Y
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Temodal 5mg Cap	DNP	3.9000	M	E	02241093	FRS	Y
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temozolomide 20mg cap

CO Temozolomide 20mg Cap	DNP	15.6000	M	E	02395274	COB	Y
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Taro-Temozolomide 20mg Cap	DNP	15.6000	M	E	02443481	TAR	Y
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Temodal 20mg Cap	DNP	15.6000	M	E	02241094	FRS	Y
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temozolomide 100mg cap

CO Temozolomide 100mg Cap	DNP	78.0030	M	E	02395282	COB	Y
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Taro-Temozolomide 100mg Cap	DNP	78.0030	M	E	02443511	TAR	Y
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Temodal 100mg Cap	DNP	78.0030	M	E	02241095	FRS	Y
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temozolomide 140mg cap

CO Temozolomide 140mg Cap	DNP	109.2050	M	E	02395290	COB	Y
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Taro-Temozolomide 140mg Cap	DNP	109.2050	M	E	02443538	TAR	Y
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Temodal 140mg Cap	DNP	109.2050	M	E	02312794	FRS	Y
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temozolomide 250mg cap

CO Temozolomide 250mg Cap	DNP	195.0020	M	E	02395312	COB	Y
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Taro-Temozolomide 250mg Cap	DNP	195.0020	M	E	02443554	TAR	Y
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Temodal 250mg Cap	DNP	195.0020	M	E	02241096	FRS	Y
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L01B ANTIMETABOLITES

L01BA FOLIC ACID ANALOGUES

L01BA01 METHOTREXATE

methotrexate 2.5mg tab

Apo-Methotrexate 2.5mg Tab

DNP 0.6325 M SFC 02182963 APX Y

pms-Methotrexate 2.5mg Tab

DNP 0.6325 M SFC 02170698 PMS Y

Metoject 7.5mg/0.15mL Inj

DNP 187.2000 L SFC 02454823 MDX N

Metoject 7.5mg/0.75mL Inj

DNP 37.4400 L SFC 02320029 MDX N

Methotrexate 10mg Tab

DNP 2.7067 L SFC 02182750 PFI N

Methotrexate 10mg/mL Inj

DNP 8.2650 L SFC 02182947 PFI N

Metoject 10mg/mL Inj

DNP 29.6400 L SFC 02320037 MDX N

Metoject 10mg/0.2mL Inj

DNP 148.2000 L SFC 02454831 MDX N

Metoject 12.5mg/0.25mL Inj

DNP 124.8000 L SFC 02454750 MDX N

Metoject 15mg/0.3mL Inj

DNP 109.2000 L SFC 02454858 MDX N

Metoject 15mg/1.5mL Inj

DNP 21.8400 L SFC 02320045 MDX N

Metoject 17.5mg/0.35mL Inj

DNP 91.4286 L SFC 02454769 MDX N

Metoject 20mg/0.4mL Inj

DNP 87.5000 L SFC 02454866 MDX N

Metoject 22.5mg/0.45mL Inj

DNP 77.7778 L SFC 02454777 MDX N

methotrexate 25mg/mL inj

Methotrexate 25mg/mL Inj

DNP 4.4600 M SFC 02398427 SDZ Y

Methotrexate 25mg/mL Inj

DNP 4.4600 M SFC 02182777 PFI Y

methotrexate 25mg/mL inj (pf)

Jamp-Methotrexate 25mg/mL Inj (PF) (2mL)

DNP 6.0750 M SFC 02419173 JPC Y

Methotrexate 25mg/mL Inj (PF)

DNP 6.0750 M SFC 02182955 PFI Y

Methotrexate 25mg/mL Inj

DNP 6.2500 L SFC 02099705 TEV N

Methotrexate 25mg/mL Inj (PF)

DNP 7.8755 L SFC 02182971 PFI N

Metoject 25mg/0.5mL Inj

DNP 78.0000 L SFC 02454874 MDX N

L01BB PURINE ANALOGUES

L01BB02 MERCAPTOPURINE

mercaptopurine 50mg tab

Mercaptopurine 50mg Tab

DNP 2.8610 M SFC 02415275 STR Y

Purinethol 50mg Tab

DNP 2.8610 M SFC 00004723 TEV Y

L01BB03 THIOGUANINE

Lanvis 40mg Tab

DNP 4.8200 L SFC 00282081 APN N

L01BB05 FLUDARABINE

Fludara 10mg Tab

DNP 40.0760 L E 02246226 SAV N

L01BC PYRIMIDINE ANALOGUES

L01BC02 FLUOROURACIL

Efudex 5% Cr

DNP 0.8950 L SFC 00330582 VLN N

L Antineoplastics and Immunomodulating Agents

	Fluorouracil 50mg/vial Inj	DNP	1.6090	L	SFC	00012882	SDZ	N
L01BC05	GEMCITABINE							
	gemcitabine hydrochloride 1g/vial inj							
	Gemcitabine 38mg/mL Inj (1g Vial)					02402831	PFI	Y
	Gemcitabine 1g/vial Inj					02324210	AHI	Y
	Gemzar 1g/vial Inj (discontinued)					02230309	LIL	Y
	gemcitabine hydrochloride 200mg/vial inj							
	Gemcitabine 38mg/mL Inj (200mg Vial)					02402831	PFI	Y
	Gemzar 200mg/vial Inj (discontinued)					02230308	LIL	Y
L01BC06	CAPECITABINE							
	capecitabine 150mg tab							
	ACH-Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02426757	AHI	Y
	Sandoz Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02421917	SDZ	Y
	Taro-Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02457490	TAR	Y
	Teva-Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02400022	TEV	Y
	Xeloda 150mg Tab	DNP	0.4575	M	SFC	02238453	HLR	Y
	capecitabine 500mg tab							
	ACH-Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02426765	AHI	Y
	Sandoz Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02421925	SDZ	Y
	Taro-Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02457504	TAR	Y
	Teva-Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02400030	TEV	Y
	Xeloda 500mg Tab	DNP	1.5250	M	SFC	02238454	HLR	Y
L01C	PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS							
L01CA	VINCA ALKALOIDS AND ANALOGUES							
	L01CA02 VINCRISTINE							
	Vincristine 1mg/mL Inj					02143305	TEV	N
	Vincristine 1mg/mL Inj					02183013	PFI	N
L01CB	PODOPHYLLOTOXIN DERIVATIVES							
	L01CB01 ETOPOSIDE							
	Vepesid 50mg Cap	DNP	41.5875	L	SFC	00616192	BRI	N
L01CD	TAXANES							
	L01CD01 PACLITAXEL							
	paclitaxel 6mg/mL inj							
	Paclitaxel 6mg/mL Inj					02391465	AHI	Y
	Taxol 6mg/mL Inj (discontinued)					02016796	BRI	Y
	Paclitaxel 6mg/mL Inj					02244372	BLY	N
L01CD02	DOCETAXEL							
	docetaxel 10mg/mL (2mL)							
	Docetaxel 10mg/mL Inj (2mL)					02361957	PFI	Y
	Docetaxel 20mg/vial Inj (discontinued)					02412225	TEV	Y
	Taxotere 20mg/vial Inj (discontinued)					02177099	SAV	Y

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docetaxel 10mg/mL (8mL)

Docetaxel 10mg/mL Inj (8mL)	02361957	PFI	Y
Docetaxel 80mg/vial Inj (discontinued)	02412233	TEV	Y
Taxotere 80mg/vial Inj	02177080	SAV	Y

L01D CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

L01DB ANTHRACYCLINES AND RELATED SUBSTANCES

L01DB03	EPIRUBICIN								
	Pharmorubicin PFS 2mg/mL inj					02065703	PFI	N	

L01X OTHER ANTINEOPLASTIC AGENTS

L01XA PLATINUM COMPOUNDS

L01XA01	CISPLATIN								
	cisplatin 1mg/mL inj								
	Cisplatin 1mg/mL					02355183	AHI	Y	
	Teva-Cisplatin 1mg/mL Inj					02403188	TEV	Y	
	Cisplatin 1mg/mL					02126613	PFI	Y	

L01XB METHYLHYDRAZINES

L01XB01	PROCARBAZINE								
	Matulane 50mg Cap	DNP	59.6128	L	SFC	00012750	LDN	N	

L01XC MONOCLONAL ANTIBODIES

L01XC02	RITUXIMAB								
	Rituxan 10mg/mL Inj	DNP	47.4712	L	E	02241927	HLR	N	
	Rituxan 10mg/mL Inj*	DNP	47.4712	L	E	00903777	HLR	N	
	*use when drug cost in excess of CPhA maximum								

L01XE PROTEIN KINASE INHIBITORS

L01XE01	IMATINIB								
	imatinib 100mg tab								
	Apo-Imatinib 100mg Tab	DNP	5.2079	M	E	02355337	APX	Y	
	NAT-Imatinib 100mg Tab	DNP	5.2079	M	E	02397285	NAT	Y	
	pms-Imatinib 100mg Tab	DNP	5.2079	M	E	02431114	PMS	Y	
	Teva-Imatinib 100mg Tab	DNP	5.2079	M	E	02399806	TEV	Y	
	Gleevec 100mg Tab	DNP	5.2079	M	E	02253275	NVR	Y	
	imatinib 400mg tab								
	Apo-Imatinib 400mg Tab	DNP	20.8314	M	E	02355345	APX	Y	
	NAT-Imatinib 400mg Tab	DNP	20.8314	M	E	02397293	NAT	Y	
	pms-Imatinib 400mg Tab	DNP	20.8314	M	E	02431122	PMS	Y	
	Teva-Imatinib 400mg Tab	DNP	20.8314	M	E	02399814	TEV	Y	
	Gleevec 400mg Tab	DNP	20.8314	M	E	02253283	NVR	Y	
L01XE02	GEFITINIB								
	gefitinib 250mg tab								
	Apo-Gefitinib 250mg Tab					02468050	APX	Y	

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	Iressa 250mg Tab					02248676	AZE	Y
L01XE03	ERLOTINIB							
	erlotinib 25mg tab							
	Apo-Erlotinib 25mg Tab					02461862	APX	Y
	Teva-Erlotinib 25mg Tab					02377691	TEV	Y
	Tarceva 25mg Tab					02269007	HLR	Y
	erlotinib 100mg tab							
	Apo-Erlotinib 100mg Tab	DNP	13.2000	M	E	02461870	APX	Y
	pms-Erlotinib 100mg Tab	DNP	13.2000	M	E	02454386	PMS	Y
	Teva-Erlotinib 100mg Tab	DNP	13.2000	M	E	02377705	TEV	Y
	Tarceva 100mg Tab	DNP	13.2000	M	E	02269015	HLR	Y
	erlotinib 150mg tab							
	Apo-Erlotinib 150mg Tab	DNP	19.8000	M	E	02461889	APX	Y
	pms-Erlotinib 150mg Tab	DNP	19.8000	M	E	02454394	PMS	Y
	Teva-Erlotinib 150mg Tab	DNP	19.8000	M	E	02377713	TEV	Y
	Tarceva 150mg Tab	DNP	19.8000	M	E	02269023	HLR	Y
L01XE04	SUNITINIB							
	Sutent 12.5mg Cap	DNP	64.4157	L	E	02280795	PFI	N
	Sutent 25mg Cap	DNP	128.8304	L	E	02280809	PFI	N
	Sutent 50mg Cap	DNP	257.6611	L	E	02280817	PFI	N
	Sutent 50mg Cap*	DNP	257.6611	L	E	00904007	PFI	N
	*use when drug cost in excess of CPhA maximum							
L01XE05	SORAFENIB							
	Nexavar 200mg Tab	DNP	46.4689	L	E	02284227	BAY	N
L01XE06	DASATINIB							
	Sprycel 20mg Cap	DNP	38.6850	L	E	02293129	BRI	N
	Sprycel 50mg Cap	DNP	77.8567	L	E	02293137	BRI	N
	Sprycel 70mg Cap	DNP	85.8042	L	E	02293145	BRI	N
	Sprycel 100mg Cap	DNP	155.6083	L	E	02320193	BRI	N
	Sprycel 100mg Cap*	DNP	155.6083	L	E	00903855	BRI	N
	*use when drug cost in excess of CPhA maximum							
L01XE07	LAPATINIB							
	Tykerb 250mg Tab	DNP	24.2670	L	E	02326442	NVR	N
L01XE08	NILOTINIB							
	Tasigna 150mg Cap	DNP	29.7800	L	E	02368250	NVR	N
	Tasigna 150mg Cap*	DNP	29.7800	L	E	00904004	NVR	N
	*use when drug cost in excess of CPhA maximum							
	Tasigna 200mg Cap	DNP	41.4575	L	E	02315874	NVR	N
L01XE10	EVEROLIMUS							
	Afinitor 2mg Disperz Tab					02425645	NVR	N

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	Afinitor 2.5mg Tab	DNP	202.6540	L	E	02369257	NVR	N
	Afinitor 2.5mg Tab*	DNP	202.6540	L	E	00903881	NVR	N
	Afinitor 3mg Disperz Tab					02425653	NVR	N
	Afinitor 5mg Disperz Tab					02425661	NVR	N
	Afinitor 5mg Tab	DNP	202.6540	L	E	02339501	NVR	N
	Afinitor 5mg Tab*	DNP	202.6540	L	E	00903822	NVR	N
	Afinitor 7.5mg Tab (discontinued)					02450267	NVR	N
	Afinitor 7.5mg Tab* (discontinued)					00904240	NVR	N
	Afinitor 10mg Tab	DNP	202.6540	L	E	02339528	NVR	N
	Afinitor 10mg Tab*	DNP	202.6540	L	E	00903882	NVR	N
	*use when drug cost in excess of CPhA maximum							
L01XE11	PAZOPANIB							
	Votrient 200mg tab	DNP	35.5195	L	E	02352303	NVR	N
L01XE13	AFATINIB							
	Giotrif 20mg Tab	DNP	74.8393	L	E	02415666	BOE	N
	Giotrif 30mg Tab	DNP	74.8393	L	E	02415674	BOE	N
	Giotrif 40mg Tab	DNP	74.8393	L	E	02415682	BOE	N
L01XE14	BOSUTINIB							
	Bosulif 100mg Tab	DNP	38.0654	L	E	02419149	PFI	N
	Bosulif 500mg Tab	DNP	152.2404	L	E	02419157	PFI	N
L01XE15	VEMURAFENIB							
	Zelboraf 240mg Tab	DNP	34.9941	L	E	02380242	HLR	N
	Zelboraf 240mg Tab*	DNP	34.9941	L	E	00903786	HLR	N
	*use when drug cost in excess of CPhA maximum							
L01XE16	CRIZOTINIB							
	Xalkori 200mg Cap	DNP	130.0000	L	E	02384256	PFI	N
	Xalkori 250mg Cap	DNP	130.0000	L	E	02384264	PFI	N
L01XE17	AXITINIB							
	Inlyta 1mg Tab	DNP	19.4262	L	E	02389630	PFI	N
	Inlyta 5mg Tab	DNP	97.1310	L	E	02389649	PFI	N
L01XE18	RUXOLITINIB							
	Jakavi 5mg Tab	DNP	85.6450	L	E	02388006	NVR	N
	Jakavi 5mg Tab*	DNP	85.6450	L	E	00903985	NVR	N
	Jakavi 10mg Tab	DNP	85.6450	L	E	02434814	NVR	N
	Jakavi 10mg Tab*	DNP	85.6450	L	E	00904130	NVR	N
	Jakavi 15mg Tab	DNP	85.6450	L	E	02388014	NVR	N
	Jakavi 15mg Tab*	DNP	85.6450	L	E	00904003	NVR	N
	Jakavi 20mg Tab	DNP	85.6450	L	E	02388022	NVR	N
	*use when drug cost in excess of CPhA maximum							

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L01XE21	REGORAFENIB								
	Stivarga 40mg Tab	DNP	72.6200	L	E	02403390	BAY	N	
L01XE23	DABRAFENIB								
	Tafinlar 50mg Cap	DNP	44.2280	L	E	02409607	NVR	N	
	Tafinlar 50mg Cap*	DNP	44.2280	L	E	00904168	NVR	N	
	Tafinlar 75mg Cap	DNP	66.3420	L	E	02409615	NVR	N	
	Tafinlar 75mg Cap*	DNP	66.3420	L	E	00904169	NVR	N	
	*use when drug cost in excess of CPhA maximum								
L01XE24	PONATINIB								
	Iclusig 15mg Tab	DNP	148.3237	L	E	02437333	PAL	N	
	Iclusig 15mg Tab*	DNP	148.3237	L	E	00904160	PAL	N	
	*use when drug cost in excess of CPhA maximum								
L01XE25	TRAMETINIB								
	Mekinist 0.5mg Tab	DNP	76.0410	L	E	02409623	NVR	N	
	Mekinist 0.5mg Tab*	DNP	76.0410	L	E	00904170	NVR	N	
	Mekinist 2mg Tab	DNP	304.1660	L	E	02409658	NVR	N	
	Mekinist 2mg Tab*	DNP	304.1660	L	E	00904171	NVR	N	
	*use when drug cost in excess of CPhA maximum								
L01XE27	IBRUTINIB								
	Imbruvica 140mg Cap	DNP	94.1270	L	E	02434407	JAN	N	
	Imbruvica 140mg Cap*	DNP	94.1270	L	E	00904083	JAN	N	
	*use when drug cost in excess of CPhA maximum								
L01XE29	LENVATINIB								
	Lenvima 10mg Tab	DNP	71.6400	L	E	02450321	EIS	N	
	Lenvima 14mg Tab	DNP	55.2100	L	E	02450313	EIS	N	
	Lenvima 20mg Tab	DNP	82.8200	L	E	02450305	EIS	N	
	Lenvima 24mg Tab	DNP	73.6133	L	E	02450291	EIS	N	
L01XE31	NINTEDANIB								
	Ofev 100mg Cap	DNP	27.7508	L	E	02443066	BOE	N	
	Ofev 150mg Cap	DNP	55.5016	L	E	02443074	BOE	N	
	Ofev 150mg Cap*	DNP	55.5016	L	E	00904198	BOE	N	
	*use when drug cost in excess of CPhA maximum								
L01XE33	PALBOCICLIB								
	Ibrance 75mg Cap	DNP	253.9123	L	E	02453150	PFI	N	
	Ibrance 100mg Cap	DNP	253.9123	L	E	02453169	PFI	N	
	Ibrance 125mg Cap	DNP	253.9123	L	E	02453177	PFI	N	

L01XX OTHER ANTINEOPLASTIC AGENTS

L01XX05 HYDROXYUREA (HYDROXYCARBAMIDE)

L Antineoplastics and Immunomodulating Agents

	hydroxyurea 500mg cap								
	Apo-Hydroxyurea 500mg Cap	DNP	1.0203	M	SFC	02247937	APX	Y	
	MYLAN-Hydroxyurea 500mg Cap	DNP	1.0203	M	SFC	02242920	MYL	Y	
	Hydrea 500mg Cap	DNP	1.0203	M	SFC	00465283	BRI	Y	
L01XX11	ESTRAMUSTINE								
	Emcyt 140mg Tab	DNP	5.3017	L	SFC	02063794	PFI	N	
L01XX17	TOPOTECAN								
	topotecan 1mg/mL inj								
	Topotecan 1mg/mL Inj (4mL Vial)					02396378	AHI	Y	
	Topotecan HCl 1mg/mL Inj (4mL Vial)					02379422	PFI	Y	
	Hycamtin 4mg/Vial Inj					02231116	NVR	Y	
L01XX35	ANAGRELIDE								
	anagrelide 0.5mg cap								
	Sandoz Anagrelide 0.5mg Cap	DNP	2.6361	M	E	02260107	SDZ	Y	
	Agrylin 0.5mg Cap	DNP	2.6361	M	E	02236859	SHI	Y	
L01XX43	VISMODEGIB								
	Erivedge 150mg Cap	DNP	308.2582	L	E	02409267	HLR	N	
L01XX47	IDELALISIB								
	Zydelig 100mg Tab	DNP	85.3500	L	E	02438798	GIL	N	
	Zydelig 150mg Tab	DNP	85.3500	L	E	02438801	GIL	N	

L02 ENDOCRINE THERAPY
L02A HORMONES AND RELATED AGENTS
L02AB PROGESTOGENS

L02AB01	MEGESTROL							
		megestrol 40mg tab						
		Megestrol 40mg Tab	DNP	1.3027	M	SFC	02195917	AAP Y
		Megace 40mg Tab (discontinued)						00386391 BRI Y
		megestrol 160mg tab						
		Megestrol 160mg Tab	DNP	5.6788	M	SFC	02195925	AAP Y
		Megace 160mg Tab (discontinued)						00731323 BRI Y

L02AE GONADOTROPHIN RH ANALOGUES

L02AE01	BUSERELIN							
	Suprefact 1mg/mL Nasal Sol	DNP	8.4100	L	SFC	02225158	SAV	N
	Suprefact Depot 6.3mg (2 month) Implant	DNP	813.9600	L	SFC	02228955	SAV	N
	Suprefact Depot 9.45mg (3 month) Implant	DNP	1206.2500	L	SFC	02240749	SAV	N
L02AE02	LEUPROLIDE (LEUPRORELIN)							
	Lupron Depot 3.75mg (monthly) Inj Kit	DNP	357.6000	L	SF	00884502	ABV	N
	Lupron 5mg/mL Inj	DNP	189.4100	L	SFC	00727695	ABV	N

L Antineoplastics and Immunomodulating Agents

	Lupron Depot 7.5mg (monthly) Inj Kit	DNP	387.9700	L	SFC	00836273	ABV	N
	Lupron Depot 11.25mg (3 month) SR Inj Kit	DNP	1065.4400	L	SF	02239834	ABV	N
	Eligard 22.5mg (3 month) Inj Kit	DNP	891.0000	L	SFC	02248240	SAV	N
	Lupron Depot 22.5mg (3 month) SR Inj Kit	DNP	1071.0000	L	SFC	02230248	ABV	N
	Lupron Depot 30mg (4 month) SR Inj Kit	DNP	1428.0000	L	SFC	02239833	ABV	N
	Eligard 45mg (6 month) Inj Kit	DNP	1450.0000	L	SFC	02268892	SAV	N
L02AE03	GOSERELIN							
	Zoladex Depot 3.6mg/syringe Inj	DNP	422.6800	L	SFC	02049325	TRT	N
	Zoladex LA 10.8mg/syringe (3 month) Inj	DNP	1204.7300	L	SFC	02225905	TRT	N
L02AE04	TRIPTORELIN							
	Trelstar Depot 3.75mg/vial Inj	DNP	347.3300	L	SFC	02240000	ALL	N
	Trelstar LA 11.25mg/vial Inj	DNP	1042.0300	L	SFC	02243856	ALL	N
	Trelstar 22.5mg/vial Inj	DNP	1659.9000	L	SFC	02412322	ALL	N
L02B HORMONE ANTAGONISTS AND RELATED AGENTS								
L02BA ANTI-ESTROGENS								
L02BA01	TAMOXIFEN							
	tamoxifen citrate 10mg tab							
	Apo-Tamox 10mg Tab	DNP	0.1750	M	SFC	00812404	APX	Y
	Novo-Tamoxifen 10mg Tab	DNP	0.1750	M	SFC	00851965	TEV	Y
	Nolvadex 10mg Tab (discontinued)					02048477	AZE	Y
	Tamofen 10mg Tab (discontinued)					01926624	SAV	Y
	tamoxifen citrate 20mg tab							
	Apo-Tamox 20mg Tab	DNP	0.3500	M	SFC	00812390	APX	Y
	Novo-Tamoxifen 20mg Tab	DNP	0.3500	M	SFC	00851973	TEV	Y
	Nolvadex-D 20mg Tab	DNP	0.3500	M	SFC	02048485	AZE	Y
	Tamofen 20mg Tab (discontinued)					01926632	SAV	Y
L02BB ANTI-ANDROGENS								
L02BB01	FLUTAMIDE							
	flutamide 250mg tab							
	Apo-Flutamide 250mg Tab	DNP	1.8255	M	SFC	02238560	APX	Y
	Euflex 250mg Tab (discontinued)					00637726	FRS	Y
L02BB02	NILUTAMIDE							
	Anandron 50mg Tab	DNP	2.3740	L	SFC	02221861	SAV	N
L02BB03	BICALUTAMIDE							
	bicalutamide 50mg tab							
	Apo-Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02296063	APX	Y
	Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02325985	AHI	Y
	Bicalutamide-50mg Tab	DNP	1.2690	M	SFC	02382423	SIV	Y
	Jamp-Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02357216	JPC	Y

L Antineoplastics and Immunomodulating Agents

	Novo-Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02270226	TEV	Y
	pms-Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02275589	PMS	Y
	Casodex 50mg Tab	DNP	1.2690	M	SFC	02184478	AZE	Y

L02BB04 ENZALUTAMIDE

	Xtandi 40mg Cap	DNP	29.1953	L	E	02407329	ASL	N
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L02BG AROMATASE INHIBITORS
L02BG03 ANASTROZOLE
anastrozole 1mg tab

	Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02351218	AHI	Y
	Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02442736	SAS	Y
	Apo-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02374420	APX	Y
	CO Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02394898	ATV	Y
	Jamp-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02339080	JPC	Y
	Mar-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02379562	MAR	Y
	MED-Anastrozole 1mg Tab (discontinued)					02379104	GMP	Y
	MINT-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02393573	MNT	Y
	NAT-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02417855	NAT	Y
	pms-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02320738	PMS	Y
	Sandoz Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02338467	SDZ	Y
	Taro-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02365650	TAR	Y
	Arimidex 1mg Tab	DNP	0.9522	M	SFC	02224135	AZE	Y

L02BG04 LETROZOLE
letrozole 2.5mg tab

	Apo-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02358514	APX	Y
	Jamp-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02373009	JPC	Y
	Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02338459	AHI	Y
	Letrozole 2.5mg Tab (discontinued)					02348969	ATV	Y
	Mar-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02373424	MAR	Y
	MED-Letrozole 2.5mg Tab (discontinued)					02322315	GMP	Y
	NAT-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02421585	NAT	Y
	pms-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02309114	PMS	Y
	Sandoz Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02344815	SDZ	Y
	Teva-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02343657	TEV	Y
	Zinda-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02378213	MCK	Y
	Femara 2.5mg Tab	DNP	1.4759	M	SFC	02231384	NVR	Y

L02BG06 EXEMESTANE
exemestane 25mg tab

	Apo-Exemestane 25mg Tab	DNP	1.3263	M	SFC	02419726	APX	Y
	CO Exemestane 25mg Tab	DNP	1.3263	M	SFC	02390183	ATV	Y
	MED-Exemestane 25mg Tab	DNP	1.3263	M	SFC	02407841	GMP	Y
	Teva-Exemestane 25mg Tab	DNP	1.3263	M	SFC	02408473	TEV	Y
	Aromasin 25mg Tab	DNP	1.3263	M	SFC	02242705	PFI	Y

L02BX OTHER HORMONE ANTAGONISTS AND RELATED AGENTS
L02BX02 DEGARELIX

L Antineoplastics and Immunomodulating Agents

	Firmagon 80mg/vial Inj	DNP	255.0000	L	SFC	02337029	FEI	N
	Firmagon 120mg/vial Inj	DNP	345.0000	L	SFC	02337037	FEI	N
L02BX03	ABIRATERONE							
	Zytiga 250mg Tab	DNP	29.5910	L	E	02371065	JAN	N
	Zytiga 500mg Tab	DNP	59.1820	L	E	02457113	JAN	N

L03 IMMUNOMODULATORS/-STIMULANTS**L03A IMMUNOSTIMULANTS****L03AB INTERFERONS****L03AB05 INTERFERON ALPHA-2B**

Intron A 6,000,000iu/mL Inj (albumin free)	DNP	72.9200	L	SFC	02238674	FRS	N
Intron A 10,000,000iu/mL Inj (albumin free)	DNP	121.5320	L	SFC	02238675	FRS	N
Intron A 10,000,000iu/vial Inj	DNP	125.8200	L	SFC	02223406	FRS	N
Intron A 15,000,000iu Multidose Pen	DNP	182.3000	L	SFC	02240693	FRS	N
Intron A 25,000,000iu Multidose Pen	DNP	303.8333	L	SFC	02240694	FRS	N
Intron A 50,000,000iu Multidose Pen	DNP	607.6583	L	SFC	02240695	FRS	N

L03AB07 INTERFERON BETA-1A

Rebif 22mcg Multidose Cartridges	DNP	273.4533	L	E	02318253	EMD	N
Rebif 22mcg/0.5mL Inj	DNP	273.4600	L	E	02237319	EMD	N
Avonex PS 30mcg/0.5mL Inj	DNP	874.2400	L	E	02269201	BIG	N
Rebif 44mcg Multidose Cartridges	DNP	332.9000	L	E	02318261	EMD	N
Rebif 44mcg/0.5mL Inj	DNP	332.9067	L	E	02237320	EMD	N

L03AB08 INTERFERON BETA-1B

Betaseron 0.3mg/vial Inj	DNP	114.4000	L	E	02169649	BAY	N
Extavia 0.3mg/vial Inj	DNP	103.0767	L	E	02337819	NVR	N

L03AB13 PEGINTERFERON BETA-1A

Plegridy 63mcg/0.5mL/94mcg/0.5mL Starter Pack					02444402	BIG	N
Plegridy 125mcg/0.5mL Admin Pack					02444399	BIG	N

L03AX OTHER IMMUNOSTIMULANTS**L03AX13 GLATIRAMER ACETATE**

Copaxone 20mg/mL Syr Inj	DNP	47.5760	L	E	02245619	TEV	N
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L03AX16 PLERIXAFOR

Mozobil 24mg/1.2mL (20mg/mL) Single Use Vial	DNP	6295.8333	L	E	02377225	SAV	N
Mozobil 24mg/1.2mL (20mg/mL) Single Use Vial*	DNP	6295.8333	L	E	00903774	SAV	N
Mozobil 24mg/1.2mL (20mg/mL) Single Use Vial*	DNP	6295.8333	L	E	00903773	SAV	N
*use when drug cost in excess of CPhA maximum							

L04 IMMUNOSUPPRESSANTS

L04A IMMUNOSUPPRESSANTS

L04AA SELECTIVE IMMUNOSUPPRESSANTS

L04AA06 MYCOPHENOLIC ACID

mycophenolic acid 180mg tab

Apo-Mycophenolic Acid 180mg Tab

02372738 APX Y

Myfortic 180mg Tab

02264560 NVR Y

mycophenolic acid 250mg cap

Apo-Mycophenolate 250mg Cap

02352559 APX Y

Jamp-Mycophenolate 250mg Cap

02386399 JPC Y

Mycophenolate Mofetil 250mg Cap

02457369 SAS Y

Novo-Mycophenolate 250mg Cap

02364883 TEV Y

Sandoz Mycophenolate Mofetil 250mg Cap

02320630 SDZ Y

Cellcept 250mg Cap

02192748 HLR Y

mycophenolic acid 360mg tab

Apo-Mycophenolic Acid 360mg Tab

02372746 APX Y

Myfortic 360mg Tab

02264579 NVR Y

mycophenolic acid 500mg tab

Apo-Mycophenolate 500mg Tab

02352567 APX Y

Jamp-Mycophenolate Mofetil 500mg Tab

02380382 JPC Y

Mycophenolate Mofetil 500mg Tab

02457377 SAS Y

Novo-Mycophenolate 500mg Tab

02348675 TEV Y

Sandoz Mycophenolate Mofetil 500mg Tab

02313855 SDZ Y

Cellcept 500mg Tab

02237484 HLR Y

L04AA10 SIROLIMUS

Rapamune 1mg Tab

02247111 PFI N

Rapamune 1mg/mL Oral Sol

02243237 PFI N

L04AA13 LEFLUNOMIDE

leflunomide 10mg tab

Apo-Leflunomide 10mg Tab

DNP 2.6855 M SF 02256495 APX Y

Leflunomide 10mg Tab

DNP 2.6855 M SF 02351668 SAS Y

Novo-Leflunomide 10mg Tab

DNP 2.6855 M SF 02261251 TEV Y

Sandoz Leflunomide 10mg Tab

DNP 2.6855 M SF 02283964 SDZ Y

Arava 10mg Tab

DNP 2.6855 M SF 02241888 SAV Y

leflunomide 20mg tab

Apo-Leflunomide 20mg Tab

DNP 2.6855 M SF 02256509 APX Y

Leflunomide 20mg Tab

DNP 2.6855 M SF 02351676 SAS Y

Novo-Leflunomide 20mg Tab

DNP 2.6855 M SF 02261278 TEV Y

Sandoz Leflunomide 20mg Tab

DNP 2.6855 M SF 02283972 SDZ Y

Arava 20mg Tab

DNP 2.6855 M SF 02241889 SAV Y

L04AA23 NATALIZUMAB

Tysabri 300mg/15mL Vial Inj

DNP 219.7260 L E 02286386 BIG N

L04AA24 ABATACEPT

Orencia 125mg/mL Inj

DNP 373.7875 L E 02402475 BRI N

L Antineoplastics and Immunomodulating Agents

	Orencia 250mg/vial Inj	DNP	500.3400	L	E	02282097	BRI	N
L04AA26	BELIMUMAB							
	Benlysta 120mg/vial					02370050	GSK	N
	Benlysta 400mg/vial					02370069	GSK	N
L04AA27	FINGOLIMOD							
	Gilenya 0.5mg Cap	DNP	86.9525	L	E	02365480	NVR	N
L04AA29	TOFACITINIB							
	Xeljanz 5mg Tab	DNP	23.9588	L	E	02423898	PFI	N
L04AA31	TERIFLUNOMIDE							
	Aubagio 14mg Tab	DNP	55.5346	L	E	02416328	GZM	N
L04AA33	VEDOLIZUMAB							
	Entyvio 300mg/vial Pws IV	DNP	3290.0000	L	E	02436841	TAK	N
L04AA34	ALEMTUZUMAB							
	Lemtrada 12mg/1.2mL Vial Inj	DNP	10604.7500	L	E	02418320	GZM	N
	Lemtrada 12mg/1.2mL Vial Inj*	DNP	10604.7500	L	E	00904161	GZM	N
	*Please call NS Pharmacare if further PINS are required.							

L04AB TUMOR NECROSIS FACTOR ALPHA (TNF-ALPHA) INHIBITORS

L04AB01	ETANERCEPT							
	Enbrel 25mg Pws for Inj	DNP	202.9300	L	E	02242903	AGA	N
	Erelzi 25mg/0.5mL Prefilled Syringe	DNP	255.0000	L	E	02462877	SDZ	N
	Brenzys 50mg/mL Prefilled Pen	DNP	255.0000	L	E	02455331	FRS	N
	Brenzys 50mg/mL Prefilled Syringe	DNP	255.0000	L	E	02455323	FRS	N
	Enbrel 50mg/mL Inj	DNP	405.9850	L	E	02274728	AGA	N
	Enbrel 50mg/mL Inj*	DNP	405.9850	L	E	00903810	AGA	N
	Enbrel Sureclick 50mg/mL Autoinject (PIN 00999655)	DNP	405.9850	L	E	02274728	AGA	N
	Erelzi 50mg/mL Prefilled Autoinjector	DNP	255.0000	L	E	02462850	SDZ	N
	Erelzi 50mg/mL Prefilled Syringe	DNP	255.0000	L	E	02462869	SDZ	N
	*use when drug cost in excess of CPhA maximum							
L04AB02	INFLIXIMAB							
	Inflectra 100mg Pws for Inj	DNP	525.0000	L	E	02419475	HOS	N
	Remicade 100mg Pws for Inj	DNP	987.5600	L	E	02244016	JAN	N
	Remicade 100mg Pws for Inj*	DNP	987.5600	L	E	00903607	JAN	N
	*use when drug cost in excess of CPhA maximum							
L04AB04	ADALIMUMAB							
	Humira 40mg/0.8mL Pen (PIN 97799757)	DNP	953.2125	L	E	02258595	ABV	N
	Humira 40mg/0.8mL Syringe Inj (PIN 97799756)	DNP	953.2125	L	E	02258595	ABV	N
	Humira 40mg/0.8mL Syringe Inj*	DNP	953.2125	L	E	00903684	ABV	N
	*use when drug cost in excess of CPhA maximum							
L04AB05	CERTOLIZUMAB PEGOL							

L Antineoplastics and Immunomodulating Agents

	Cimzia 200mg/mL Autoinjector Prefilled Pen	DNP	664.5100	L	E	02465574	UCB	N
	Cimzia 200mg/mL SC Inj	DNP	664.5100	L	E	02331675	UCB	N
L04AB06	GOLIMUMAB							
	Simponi 50mg/0.5mL Autoinjector	DNP	3110.3400	L	E	02324784	JAN	N
	Simponi 50mg/0.5mL Prefilled Syringe	DNP	3110.3400	L	E	02324776	JAN	N
	Simponi 100mg/1mL Autoinjector	DNP	1555.1700	L	E	02413183	JAN	N
	Simponi 100mg/1mL Prefilled Syringe	DNP	1555.1700	L	E	02413175	JAN	N
L04AC	INTERLEUKIN INHIBITORS							
L04AC03	ANAKINRA							
	Kineret 100mg/syringe Inj					02245913	BVT	N
L04AC05	USTEKINUMAB							
	Stelara 45mg/0.5mL Syringe Inj	DNP	9186.2800	L	E	02320673	JAN	N
	Stelara 45mg/0.5mL Syringe Inj*	DNP	9186.2800	L	E	00903860	JAN	N
	Stelara 90mg/1.0mL Syringe Inj	DNP	4593.1400	L	E	02320681	JAN	N
	Stelara 90mg/1.0mL Syringe Inj*	DNP	4593.1400	L	E	00999746	JAN	N
	*use when drug cost in excess of CPhA maximum							
L04AC07	TOCILIZUMAB							
	Actemra 80mg/4mL Inj	DNP	45.7000	L	E	02350092	HLR	N
	Actemra 162mg/0.9mL SC Inj	DNP	398.7833	L	E	02424770	HLR	N
	Actemra 200mg/10mL Inj	DNP	45.7000	L	E	02350106	HLR	N
	Actemra 400mg/20mL Inj	DNP	45.7000	L	E	02350114	HLR	N
L04AC08	CANAKINUMAB							
	Ilaris 150mg/vial Inj					02344939	NVR	N
L04AC10	SECUKINUMAB							
	Cosentyx 150mg/mL Prefilled Pen Inj	DNP	822.5000	L	E	02438070	NVR	N
	Cosentyx 150mg/mL Prefilled Syringe Inj	DNP	822.5000	L	E	02438070	NVR	N
L04AC13	IXEKIZUMAB							
	Taltz 80mg/mL Autoinjector	DNP	1577.2600	L	E	02455102	LIL	N
	Taltz 80mg/mL Prefilled Syringe	DNP	1577.2600	L	E	02455110	LIL	N
L04AD	CALCINEURIN INHIBITORS							
L04AD01	CYCLOSPORINE							
	Neoral 10mg Cap	DNP	0.6368	L	SF	02237671	NVR	N
	cyclosporine 25mg cap							
	Sandoz Cyclosporine 25mg Cap	DNP	1.3050	M	SF	02247073	SDZ	Y
	Neoral 25mg Cap	DNP	1.3050	M	SF	02150689	NVR	Y
	cyclosporine 50mg cap							
	Sandoz Cyclosporine 50mg Cap	DNP	2.5450	M	SF	02247074	SDZ	Y
	Neoral 50mg Cap	DNP	2.5450	M	SF	02150662	NVR	Y
	cyclosporine 100mg cap							

L Antineoplastics and Immunomodulating Agents

	Sandoz Cyclosporine 100mg Cap	DNP	5.0900	M	SF	02242821	SDZ	Y
	Neoral 100mg Cap	DNP	5.0900	M	SF	02150670	NVR	Y
	Neoral 100mg/mL O/L	DNP	5.1330	L	SF	02150697	NVR	N
L04AD02	TACROLIMUS							
	tacrolimus 0.5mg cap							
	Sandoz Tacrolimus 0.5mg Cap					02416816	SDZ	Y
	Prograf 0.5mg Cap					02243144	ASL	Y
	Advagraf 0.5mg ER Cap					02296462	ASL	N
	tacrolimus 1mg cap							
	Sandoz Tacrolimus 1mg Cap					02416824	SDZ	Y
	Prograf 1mg Cap					02175991	ASL	Y
	Advagraf 1mg ER Cap					02296470	ASL	N
	Advagraf 3mg Cap					02331667	ASL	N
	tacrolimus 5mg cap							
	Sandoz Tacrolimus 5mg Cap					02416832	SDZ	Y
	Prograf 5mg Cap					02175983	ASL	Y
	Advagraf 5mg ER Cap					02296489	ASL	N
L04AX	OTHER IMMUNOSUPPRESSANTS							
L04AX01	AZATHIOPRINE							
	azathioprine 50mg tab							
	Apo-Azathioprine 50mg Tab	DNP	0.2405	M	SFC	02242907	APX	Y
	Teva-Azathioprine 50mg Tab	DNP	0.2405	M	SFC	02236819	TEV	Y
	Imuran 50mg Tab	DNP	0.2405	M	SFC	00004596	APN	Y
	Imuran Pws 50mg/mL Inj					02244895	APN	N
L04AX04	LENALIDOMIDE							
	Revlimid 2.5mg Cap	DNP	329.5000	L	E	02459418	CEL	N
	Revlimid 2.5mg Cap*	DNP	329.5000	L	E	00904277	CEL	N
	Revlimid 5mg Cap	DNP	340.0000	L	E	02304899	CEL	N
	Revlimid 5mg Cap*	DNP	340.0000	L	E	00903913	CEL	N
	Revlimid 10mg Cap	DNP	361.0000	L	E	02304902	CEL	N
	Revlimid 10mg Cap*	DNP	361.0000	L	E	00903791	CEL	N
	Revlimid 10mg Cap*	DNP	361.0000	L	E	00903984	CEL	N
	Revlimid 15mg Cap	DNP	382.0000	L	E	02317699	CEL	N
	Revlimid 15mg Cap*	DNP	382.0000	L	E	00903918	CEL	N
	Revlimid 20mg Cap	DNP	403.0000	L	E	02440601	CEL	N
	Revlimid 20mg Cap*	DNP	403.0000	L	E	00904172	CEL	N
	Revlimid 25mg Cap	DNP	424.0000	L	E	02317710	CEL	N
	Revlimid 25mg Cap*	DNP	424.0000	L	E	00903928	CEL	N
	Revlimid 25mg Cap*	DNP	424.0000	L	E	00904065	CEL	N
	*use when drug cost in excess of CPhA maximum							
L04AX05	PIRFENIDONE							

L Antineoplastics and Immunomodulating Agents

Esbriet 267mg Cap	DNP	13.4105	L	E	02393751	HLR	N
Esbriet 267mg Cap*	DNP	13.4105	L	E	00904113	HLR	N
* Use when drug cost in excess of CPhA maximum							

L04AX06 POMALIDOMIDE

Pomalyst 1mg Cap	DNP	500.0000	L	E	02419580	CEL	N
Pomalyst 1mg Cap*	DNP	500.0000	L	E	00904028	CEL	N
Pomalyst 2mg Cap	DNP	500.0000	L	E	02419599	CEL	N
Pomalyst 2mg Cap*	DNP	500.0000	L	E	00904029	CEL	N
Pomalyst 3mg Cap	DNP	500.0000	L	E	02419602	CEL	N
Pomalyst 3mg Cap*	DNP	500.0000	L	E	00904030	CEL	N
Pomalyst 4mg Cap	DNP	500.0000	L	E	02419610	CEL	N
Pomalyst 4mg Cap*	DNP	500.0000	L	E	00904031	CEL	N
*use when drug cost in excess of CPhA maximum							

L04AX07 DIMETHYL FUMARATE

Tecfidera 120mg DR Cap	DNP	17.2002	L	E	02404508	BIG	N
Tecfidera 240mg DR Cap	DNP	34.4004	L	E	02420201	BIG	N

M Musculo-Skeletal System**M01 ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS****M01A ANTIINFLAMMATORY/ANTIRHEUMATIC PROD.,NON-STEROIDS****M01AB ACETIC ACID AND ACETAMIDE DERIVATIVES**

M01AB01 INDOMETHACIN

indomethacin 25mg cap

MINT-Indomethacin 25mg Cap	DNPM	0.1519	M	SFC	02461811	MNT	Y
Teva-Indomethacin 25mg Cap	DNPM	0.1519	M	SFC	00337420	TEV	Y
Indocid 25mg Cap (discontinued)					00016039	FRS	Y

indomethacin 50mg cap

MINT-Indomethacin 50mg Cap	DNPM	0.2469	M	SFC	02461536	MNT	Y
Teva-Indomethacin 50mg Cap	DNPM	0.2469	M	SFC	00337439	TEV	Y
Indocid 50mg Cap (discontinued)					00016047	LIH	Y

indomethacin 50mg supp

Sandoz Indomethacin 50mg Supp	DNPM	0.9282	M	SFC	02231799	SDZ	Y
Indocid 50mg Supp (discontinued)					00594466	FRS	Y

indomethacin 100mg supp

Sandoz Indomethacin 100mg Supp	DNPM	0.9366	M	SFC	02231800	SDZ	Y
Indocid 100mg Supp (discontinued)					00016233	FRS	Y

M01AB02 SULINDAC

sulindac 150mg tab

Novo-Sundac 150mg Tab	DNP	0.3500	P	SF	00745588	TEV	Y
Clinoril 150mg Tab (discontinued)					00456888	LIH	Y

sulindac 200mg tab

Novo-Sundac 200mg Tab	DNP	0.3500	P	SF	00745596	TEV	Y
Clinoril 200mg Tab (discontinued)					00432369	LIH	Y

M01AB05 DICLOFENAC

diclofenac sodium 25mg EC tab

Apo-Diclo 25mg Tab	DNPM	0.0781	M	SF	00839175	APX	Y
Novo-Difenac 25mg Tab	DNPM	0.0781	M	SF	00808539	TEV	Y
pms-Diclofenac 25mg Tab	DNPM	0.0781	M	SF	02302616	PMS	Y
Voltaren 25mg Tab (discontinued)					00514004	NVR	Y

diclofenac potassium 50mg tab

Apo-Diclo Rapide 50mg Tab					02243433	APX	Y
Diclofenac Potassium 50mg Tab					02351684	SAS	Y
pms-Diclofenac-K 50mg Tab					02239753	PMS	Y
Sandoz Diclofenac Rapide 50mg Tab					02261774	SDZ	Y
Teva-Diclofenac-K 50mg Tab					02239355	TEV	Y
Voltaren Rapide 50mg Tab					00881635	NVR	Y

diclofenac sodium 50mg EC tab

Apo-Diclo 50mg Tab	DNPM	0.2333	P	SF	00839183	APX	Y
Diclofenac Sodium 50mg Tab	DNPM	0.2333	P	SF	02352397	SAS	Y
Novo-Difenac 50mg Tab	DNPM	0.2333	P	SF	00808547	TEV	Y
pms-Diclofenac 50mg Tab	DNPM	0.2333	P	SF	02302624	PMS	Y
Sandoz Diclofenac 50mg Tab	DNPM	0.2333	P	SF	02261960	SDZ	Y
Voltaren 50mg Tab	DNPM	0.2333	P	SF	00514012	NVR	Y

M Musculo-Skeletal System
diclofenac sodium 50mg supp

pms-Diclofenac 50mg Supp	DNPM	0.4670	M	SF	02231506	PMS	Y
Sandoz Diclofenac 50mg Supp	DNPM	0.4670	M	SF	02261928	SDZ	Y
Voltaren 50mg Supp	DNPM	0.4670	M	SF	00632724	NVR	Y

diclofenac sodium 75mg SR tab

Apo-Diclo SR 75mg Tab	DNPM	0.3500	P	SF	02162814	APX	Y
Novo-Difenac SR 75mg Tab	DNPM	0.3500	P	SF	02158582	TEV	Y
pms-Diclofenac SR 75mg Tab	DNPM	0.3500	P	SF	02231504	PMS	Y
Sandoz Diclofenac SR 75mg Tab	DNPM	0.3500	P	SF	02261901	SDZ	Y
Voltaren SR 75mg Tab	DNPM	0.3500	P	SF	00782459	NVR	Y

diclofenac sodium 100mg SR tab

Apo-Diclo SR 100mg Tab	DNPM	0.4134	M	SF	02091194	APX	Y
Novo-Difenac SR 100mg Tab	DNPM	0.4134	M	SF	02048698	TEV	Y
pms-Diclofenac SR 100mg Tab	DNPM	0.4134	M	SF	02231505	PMS	Y
Sandoz Diclofenac SR 100mg Tab	DNPM	0.4134	M	SF	02261944	SDZ	Y
Voltaren SR 100mg Tab	DNPM	0.4134	M	SF	00590827	NVR	Y

diclofenac sodium 100mg supp

pms-Diclofenac 100mg Supp	DNPM	0.6286	M	SF	02231508	PMS	Y
Sandoz Diclofenac 100mg Supp	DNPM	0.6286	M	SF	02261936	SDZ	Y
Voltaren 100mg Supp (discontinued)					00632732	NVR	Y

M01AB08 ETODOLAC
etodolac 200mg cap

Etodolac 200mg Cap	DNP	0.3500	P	SF	02232317	AAP	Y
Ultradol 200mg Cap (discontinued)					02142023	PGA	Y

etodolac 300mg cap

Etodolac 300mg Cap	DNP	0.3500	P	SF	02232318	AAP	Y
Ultradol 300mg Cap (discontinued)					02142031	PGA	Y

M01AB15 KETOROLAC
ketorolac 10mg tab

Apo-Ketorolac 10mg Tab					02229080	APX	Y
Mar-Ketorolac 10mg Tab					02465124	MAR	Y
Toradol 10mg Tab					02162660	AAP	Y

Toradol 10mg/mL Inj	DNP	1.2920	L	SF	02162644	MTP	N
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ketorolac 30mg/mL inj

Ketorolac 30mg/mL Inj	DNP	4.4100	M	SF	02239944	SDZ	Y
Toradol 30mg/mL Inj (discontinued)					02162652	HLR	Y

M01AB55 DICLOFENAC, COMBINATIONS
diclofenac 50mg & misoprostol 200mcg tab

GD-Diclofenac/Misoprostol 50mg Tab	DNP	0.3149	M	SF	02341689	GMD	Y
Arthrotec 50mg Tab	DNP	0.3149	M	SF	01917056	PFI	Y

diclofenac 75mg & misoprostol 200mcg tab

GD-Diclofenac/Misoprostol 75mg Tab	DNP	0.4286	M	SF	02341697	GMD	Y
Arthrotec 75mg Tab	DNP	0.4286	M	SF	02229837	PFI	Y

M01AC OXICAMS

M Musculo-Skeletal System
M01AC01 PIROXICAM
piroxicam 10mg cap

Apo-Piroxicam 10mg Cap	DNP	0.3211	M	SF	00642886	APX	Y
Novo-Pirocam 10mg Cap	DNP	0.3211	M	SF	00695718	TEV	Y
Feldene 10mg Cap (discontinued)					00525596	PFI	Y

piroxicam 20mg cap

Apo-Piroxicam 20mg Cap	DNP	0.5196	M	SF	00642894	APX	Y
Novo-Pirocam 20mg Cap	DNP	0.5196	M	SF	00695696	TEV	Y
Feldene 20mg Cap (discontinued)					00525618	PFI	Y

M01AC02 TENOXICAM
tenoxicam 20mg tab

Tenoxicam 20mg Tab	DNP	0.7000	P	SF	02230661	AAP	Y
Mobiflex 20mg Tab (discontinued)					00884367	HLR	Y

M01AC06 MELOXICAM
meloxicam 7.5mg tab

Apo-Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02248973	APX	Y
Auro-Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02390884	ARO	Y
CO Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02250012	ATV	Y
Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02353148	SAS	Y
MYLAN-Meloxicam 7.5mg Tab (discontinued)					02255987	MYL	Y
Novo-Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02258315	TEV	Y
pms-Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02248267	PMS	Y
Mobicox 7.5mg Tab	DNP	0.2003	M	SF	02242785	BOE	Y

meloxicam 15mg tab

Apo-Meloxicam 15mg Tab	DNP	0.2311	M	SF	02248974	APX	Y
Auro-Meloxicam 15mg Tab	DNP	0.2311	M	SF	02390892	ARO	Y
CO Meloxicam 15mg Tab	DNP	0.2311	M	SF	02250020	ATV	Y
Meloxicam 15mg Tab	DNP	0.2311	M	SF	02353156	SAS	Y
MYLAN-Meloxicam 15mg Tab (discontinued)					02255995	MYL	Y
pms-Meloxicam 15mg Tab	DNP	0.2311	M	SF	02248268	PMS	Y
Teva-Meloxicam 15mg Tab	DNP	0.2311	M	SF	02258323	TEV	Y
Mobicox 15mg Tab (discontinued)					02242786	BOE	Y

M01AE PROPIONIC ACID DERIVATIVES
M01AE01 IBUPROFEN

Apo-Ibuprofen 200mg Tab					00441643	APX	N
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ibuprofen 300mg tab

Apo-Ibuprofen 300mg Tab	DNP	0.1377	M	SFC	00441651	APX	Y
Motrin IB 300mg Tab	DNP	0.1377	M	SFC	02242632	JNJ	Y

ibuprofen 400mg tab

Apo-Ibuprofen 400mg Tab					00506052	APX	Y
Jamp-Ibuprofen 400mg Tab (discontinued)					02317338	JPC	Y
Novo-Profen 400mg Tab	DNP	0.0372	M	SFC	00629340	TEV	Y
Motrin IB 400mg Tab	DNP	0.0372	M	SFC	02242658	JNJ	Y
Advil 400mg Tab					02244577	WCH	N

ibuprofen 600mg tab

Apo-Ibuprofen 600mg Tab	DNP	0.1313	M	SFC	00585114	APX	Y
Novo-Profen 600mg Tab	DNP	0.1313	M	SFC	00629359	TEV	Y
Motrin 600mg Tab (discontinued)					00484911	JNJ	Y

M01AE02 NAPROXEN

Pediapharm Naproxen 25mg/mL Susp	DNPM	0.0949	L	SFC	02162431	PED	N
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naproxen 125mg tab

Apo-Naproxen 125mg Tab	DNPM	0.0781	M	SFC	00522678	APX	Y
Naprosyn 125mg Tab (discontinued)					00299413	HLR	Y

naproxen 250mg EC tab

Apo-Naproxen 250mg EC Tab	DNPM	0.1434	M	SFC	02246699	APX	Y
Naproxen 250mg EC Tab	DNPM	0.1434	M	SFC	02350785	SAS	Y
Novo-Naprox 250mg EC Tab	DNPM	0.1434	M	SFC	02243312	TEV	Y
Naprosyn-E 250mg EC Tab (discontinued)					02162792	HLR	Y

naproxen 250mg tab

Apo-Naproxen 250mg Tab	DNPM	0.1068	M	SFC	00522651	APX	Y
Naproxen 250mg Tab	DNPM	0.1068	M	SFC	02350750	SAS	Y
Teva-Naproxen 250mg Tab	DNPM	0.1068	M	SFC	00565350	TEV	Y
Naprosyn 250mg Tab (discontinued)					02162474	HLR	Y

naproxen sodium 275mg tab

Apo-Napro-Na 275mg Tab	DNPM	0.1750	P	SF	00784354	APX	Y
Naproxen Sodium 275mg Tab	DNPM	0.1750	P	SF	02351013	SAS	Y
Teva-Naprox Sodium 275mg Tab	DNPM	0.1750	P	SF	00778389	TEV	Y
Anaprox 275mg Tab	DNPM	0.1750	P	SF	02162725	MTP	Y

naproxen 375mg EC tab

Apo-Naproxen 375mg EC Tab	DNPM	0.1458	M	SFC	02246700	APX	Y
MYLAN-Naproxen 375mg EC Tab (discontinued)					02243432	MYL	Y
Naproxen 375mg EC Tab	DNPM	0.1458	M	SFC	02350793	SAS	Y
pms-Naproxen 375mg EC Tab (discontinued)					02294702	PMS	Y
Teva-Naproxen EC 375mg Tab	DNPM	0.1458	M	SFC	02243313	TEV	Y
Naprosyn-E 375mg EC Tab	DNPM	0.1458	M	SFC	02162415	MTP	Y

naproxen 375mg tab

Apo-Naproxen 375mg Tab	DNPM	0.1458	M	SFC	00600806	APX	Y
Naproxen 375mg Tab	DNPM	0.1458	M	SFC	02350769	SAS	Y
Teva-Naproxen 375mg Tab	DNPM	0.1458	M	SFC	00627097	TEV	Y
Naprosyn 375mg Tab (discontinued)					02162482	HLR	Y

naproxen 500mg EC tab

Apo-Naproxen 500mg EC Tab	DNPM	0.2426	M	SFC	02246701	APX	Y
MYLAN-Naproxen 500mg EC Tab (discontinued)					02241024	MYL	Y
Naproxen 500mg EC Tab	DNPM	0.2426	M	SFC	02350807	SAS	Y
Novo-Naprox 500mg EC Tab	DNPM	0.2426	M	SFC	02243314	TEV	Y
pms-Naproxen 500mg EC Tab (discontinued)					02294710	PMS	Y
Naprosyn-E 500mg EC Tab	DNPM	0.2426	M	SFC	02162423	MTP	Y

naproxen 500mg tab

Apo-Naproxen 500mg Tab	DNPM	0.2110	M	SFC	00592277	APX	Y
Naproxen 500mg Tab	DNPM	0.2110	M	SFC	02350777	SAS	Y

	Teva-Naproxen 500mg Tab	DNPM	0.2110	M	SFC	00589861	TEV	Y
	Naprosyn 500mg Tab (discontinued)					02162490	HLR	Y
	naproxen sodium 550mg tab							
	Apo-Napro-Na DS 550mg Tab	DNPM	0.3500	P	SF	01940309	APX	Y
	Naproxen Sodium DS 550mg Tab	DNPM	0.3500	P	SF	02351021	SAS	Y
	Teva-Naprox Sodium DS 550mg Tab	DNPM	0.3500	P	SF	02026600	TEV	Y
	Anaprox DS 550mg Tab	DNPM	0.3500	P	SF	02162717	MTP	Y
	Naprosyn SR 750mg Tab	DNPM	1.4757	L	SFC	02162466	MTP	N
M01AE03	KETOPROFEN							
	ketoprofen 50mg EC tab							
	Keto-E 50mg Tab	DNP	0.1750	P	SFC	00790435	AAP	Y
	Orudis-E 50mg Tab (discontinued)					01926381	SAV	Y
	ketoprofen 50mg cap							
	Apo-Keto 50mg Cap (discontinued)					00790427	AAP	Y
	Orudis 50mg Cap (discontinued)					01926403	SAV	Y
	ketoprofen 100mg EC tab							
	Keto-E 100mg Tab	DNP	0.3500	P	SFC	00842664	AAP	Y
	Orudis-E 100mg Tab (discontinued)					01926365	SAV	Y
	pms-Ketoprofen 100mg supp	DNP	1.2517	L	SFC	02015951	PMS	N
	ketoprofen 200mg SR tab							
	Ketoprofen SR 200mg Tab	DNP	0.7000	P	SFC	02172577	AAP	Y
	Orudis-SR 200mg Tab (discontinued)					01926373	SAV	Y
M01AE09	FLURBIPROFEN							
	flurbiprofen 50mg tab							
	Apo-Flurbiprofen 50mg Tab	DNP	0.1750	P	SF	01912046	APX	Y
	Ansaid 50mg Tab (discontinued)					00647942	PFI	Y
	flurbiprofen 100mg tab							
	Apo-Flurbiprofen 100mg Tab	DNP	0.3039	M	SF	01912038	APX	Y
	Novo-Flurprofen 100mg Tab (discontinued)					02100517	TEV	Y
	Ansaid 100mg Tab (discontinued)					00600792	PFI	Y
M01AE11	TIAPROFENIC ACID							
	tiaprofenic acid 200mg tab							
	Novo-Tiaprofenic 200mg Tab	DNP	0.5455	P	SF	02179679	TEV	Y
	Surgam 200mg Tab (discontinued)					02221942	SAV	Y
	tiaprofenic acid 300mg tab							
	Novo-Tiaprofenic 300mg Tab	DNP	0.8070	M	SF	02179687	TEV	Y
	Surgam 300mg Tab (discontinued)					02221950	SAV	Y
M01AE12	OXAPROZIN							
	oxaprozin 600mg tab							
	Apo-Oxaprozin 600mg Tab					02243661	APX	Y
	Daypro 600mg Tab (discontinued)					02027860	PFI	Y
M01AE52	NAPROXEN AND ESOMEPRAZOLE							

M Musculo-Skeletal System
naproxen 375mg & esomeprazole 20mg tab

Mylan-Naproxen-Esomeprazole MR 375mg/20mg Tab

02458608 MYL Y

Vimovo 375mg/20mg Tab

02361701 AZE Y

naproxen 500mg & esomeprazole 20mg tab

Mylan-Naproxen-Esomeprazole MR 500mg/20mg Tab

02443449 MYL Y

Vimovo 500mg/20mg Tab

02361728 AZE Y

M01AG FENEMATES

M01AG01 MEFENAMIC ACID

mefenamic acid 250mg cap

Apo-Mefenamic 250mg Cap

DNP 0.5412 M F 02229452 AAP Y

Ponstan 250mg Cap

DNP 0.5412 M F 00155225 AAP Y

M01AH COXIBS

M01AH01 CELECOXIB

celecoxib 100mg cap

Apo-Celecoxib 100mg Cap

DNP 0.1279 M SF 02418932 APX Y

Auro-Celecoxib 100mg Cap

DNP 0.1279 M SF 02445670 ARO Y

Celecoxib 100mg Cap

DNP 0.1279 M SF 02429675 SIV Y

Celecoxib 100mg Cap

DNP 0.1279 M SF 02436299 SAS Y

CO Celecoxib 100mg Cap

DNP 0.1279 M SF 02420155 ATV Y

GD-Celecoxib 100mg Cap

DNP 0.1279 M SF 02291975 GMD Y

Jamp-Celecoxib 100mg Cap

DNP 0.1279 M SF 02424533 JPC Y

Mar-Celecoxib 100mg Cap

DNP 0.1279 M SF 02420058 MAR Y

MINT-Celecoxib 100mg Cap

DNP 0.1279 M SF 02412497 MNT Y

pms-Celecoxib 100mg Cap

DNP 0.1279 M SF 02355442 PMS Y

RAN-Celecoxib 100mg Cap

DNP 0.1279 M SF 02412373 RAN Y

Sandoz Celecoxib 100mg Cap

DNP 0.1279 M SF 02442639 SDZ Y

Celebrex 100mg Cap

DNP 0.1279 M SF 02239941 PFI Y

celecoxib 200mg cap

Apo-Celecoxib 200mg Cap

DNP 0.2558 M SF 02418940 APX Y

Auro-Celecoxib 200mg Cap

DNP 0.2558 M SF 02445689 ARO Y

Celecoxib 200mg Cap

DNP 0.2558 M SF 02436302 SAS Y

Celecoxib 200mg Cap

DNP 0.2558 M SF 02429683 SIV Y

CO Celecoxib 200mg Cap

DNP 0.2558 M SF 02420163 ATV Y

GD-Celecoxib 200mg Cap

DNP 0.2558 M SF 02291983 GMD Y

Jamp-Celecoxib 200mg Cap

DNP 0.2558 M SF 02424541 JPC Y

Mar-Celecoxib 200mg Cap

DNP 0.2558 M SF 02420066 MAR Y

MINT-Celecoxib 200mg Cap

DNP 0.2558 M SF 02412500 MNT Y

pms-Celecoxib 200mg Cap

DNP 0.2558 M SF 02355450 PMS Y

RAN-Celecoxib 200mg Cap

DNP 0.2558 M SF 02412381 RAN Y

Sandoz Celecoxib 200mg Cap

DNP 0.2558 M SF 02442647 SDZ Y

Celebrex 200mg Cap

DNP 0.2558 M SF 02239942 PFI Y

M01AX OTHER ANTIINFLAMMATORY/ANTIRHEUMATICS, NON-STERIODS

M01AX01 NABUMETONE

nabumetone 500mg tab

Apo-Nabumetone 500mg Tab

DNP 0.1750 P SF 02238639 APX Y

M Musculo-Skeletal System

Relafen 500mg Tab (discontinued)	02083531	GSK	Y
nabumetone 750mg tab			
Novo-Nabumetone 750mg Tab (discontinued)	02240868	TEV	Y
Relafen 750mg Tab (discontinued)	02083558	GSK	Y

M01C SPECIFIC ANTIRHEUMATIC AGENTS**M01CB GOLD PREPARATIONS****M01CB01 SODIUM AUROTHIOMALATE**

Myochrysine 10mg/mL Inj	DNP	12.8900	L	SF	01927620	SAV	N
Myochrysine 25mg/mL Inj	DNP	15.6700	L	SF	01927612	SAV	N
Myochrysine 50mg/mL Inj	DNP	24.3700	L	SF	01927604	SAV	N

M01CB03 AURANOFIN

Ridaura 3mg Cap	DNP	6.0142	L	SF	01916823	XPI	N
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M01CC PENICILLAMINE AND SIMILAR AGENTS**M01CC01 PENICILLAMINE**

Cuprimine 250mg Cap	DNP	3.7370	L	SF	00016055	VLN	N
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M02 TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN**M02A TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN****M02AA ANTIINFLAMMATORY PREPS, NON-STERIODS TOPICAL USE****M02AA15 DICLOFENAC****diclofenac 1.5% w/w top sol**

Diclofenac 1.5% Top Sol	02434571	STR	Y
Jamp-Diclofenac 1.5% Top Sol	02472309	JPC	Y
pms-Diclofenac 1.5% Top Sol	02356783	PMS	Y
Taro-Diclofenac 1.5% Top Sol	02420988	TAR	Y
Pennsaid 1.5% Top Sol	02247265	PAL	Y

M03 MUSCLE RELAXANTS**M03A PERIPHERALLY ACTING AGENTS, MUSCLE RELAXANTS****M03AX OTHER MUSCLE RELAXANTS, PERIPHERALLY ACTING****M03AX01 INCOBOTULINUMTOXIN-A**

Xeomin 50iu/vial Inj	DNP	165.0000	L	E	02371081	MRZ	N
Xeomin 100iu/vial Inj	DNP	330.0000	L	E	02324032	MRZ	N

M03AX01 ONABOTULINUMTOXIN-A

Botox 50iu/vial Inj	DNP	178.5000	L	E	00999443	ALL	N
Botox 100iu/vial Inj	DNP	357.0000	L	E	01981501	ALL	N
Botox 200iu/vial Inj	DNP	714.0000	L	E	00999505	ALL	N

M03B CENTRALLY ACTING AGENTS

M Musculo-Skeletal System
M03BA CARBAMIC ACID ESTERS
M03BA03 METHOCARBAMOL

Robaxin 500mg Tab	01930990	WCH	N
Robaxin 750mg Tab	01932187	WCH	N

M03BA53 METHOCARBAMOL, COMBINATIONS EXCLUDING PSYCHOLEPTICS

Methoxacet-C1/8 Caplet	02236872	ROG	N
Methoxisal-C1/2 Caplet	01966375	ROG	N
Methoxisal-C1/4 Caplet	01966367	ROG	N
Methoxisal-C1/8 Caplet	01941895	ROG	N
Robaxacet Caplet	02026805	WCH	N
Robaxacet Extra Strength 400/500mg Tab	02231176	WCH	N
Robaxacet-8 Tab	01934767	WCH	N
Robaxisal C1/2 Tab	01934791	WCH	N
Robaxisal C1/4 Tab	01934783	WCH	N
Robaxisal Extra Strength Tab	02230949	WCH	N

M03BB OXAZOL, THIAZINE, AND THIAZINE DERIVATIVES
M03BB53 CHLORZOXAZONE, COMBINATIONS EXCL PSYCHOLEPTICS

Acetazone Forte Tab	00834300	ROG	N
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M03BC ETHERS, CHEMICALLY CLOSE TO ANTIHISTAMINES
M03BC01 ORPHENADRINE (CITRATE)
orphenadrine 100mg tab

Sandoz Orphenadrine 100mg Tab	02243559	SDZ	Y
Norflex 100mg Tab (discontinued)	01966154	GWP	Y

Orfenace 100mg Tab	02047535	STR	N
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M03BX OTHER CENTRALLY ACTING AGENTS
M03BX01 BACLOFEN
baclofen 0.05mg/mL

Val-Baclofen Intrathecal 0.05mg/mL	02413620	VLN	Y
Lioresal Intrathecal 0.05mg/mL	02131048	NVR	Y

baclofen 0.5mg/mL

Val-Baclofen Intrathecal 0.5mg/mL	02413639	VLN	Y
Lioresal Intrathecal 0.5mg/mL	02131056	NVR	Y

baclofen 2mg/mL

Val-Baclofen Intrathecal 2mg/mL	02413647	VLN	Y
Lioresal Intrathecal 2mg/mL	02131064	NVR	Y

baclofen 10mg tab

Apo-Baclofen 10mg Tab	DNP	0.1716	M	SF	02139332	APX	Y
Baclofen 10mg Tab	DNP	0.1716	M	SF	02287021	SAS	Y
MYLAN-Baclofen 10mg Tab	DNP	0.1716	M	SF	02088398	MYL	Y
pms-Baclofen 10mg Tab	DNP	0.1716	M	SF	02063735	PMS	Y
Lioresal 10mg Tab	DNP	0.1716	M	SF	00455881	NVR	Y

baclofen 20mg tab

M Musculo-Skeletal System

Apo-Baclofen 20mg Tab	DNP	0.3340	M	SF	02139391	APX	Y
Baclofen 20mg Tab	DNP	0.3340	M	SF	02287048	SAS	Y
MYLAN-Baclofen 20mg Tab	DNP	0.3340	M	SF	02088401	MYL	Y
pms-Baclofen 20mg Tab	DNP	0.3340	M	SF	02063743	PMS	Y
ratio-Baclofen 20mg Tab (discontinued)					02236508	TEV	Y
Lioresal DS 20mg Tab	DNP	0.3340	M	SF	00636576	NVR	Y

M03BX02 TIZANIDINE
tizanidine 4mg tab

Apo-Tizanidine 4mg Tab	DNP	0.7029	M	SF	02259893	AAP	Y
Zanaflex 4mg Tab	DNP	0.7029	M	SF	02239170	PAL	Y

M03BX08 CYCLOBENZAPRINE
cyclobenzaprine HCl 10mg tab

Apo-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02177145	APX	Y
Auro-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02348853	ARO	Y
Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02424584	SIV	Y
Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02287064	SAS	Y
Jamp-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02357127	JPC	Y
MYLAN-Cyclobenzaprine 10mgTab (discontinued)					02231353	MYL	Y
pms-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02212048	PMS	Y
Teva-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02080052	TEV	Y
Flexeril 10mg Tab (discontinued)					00782742	JAN	Y

M03C DIRECTLY ACTING AGENTS
M03CA DANTROLENE AND DERIVATIVES
M03CA01 DANTROLENE

Dantrium 25mg Cap	DNP	0.4000	L	SF	01997602	PAL	N
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M04 ANTIGOUT PREPARATIONS
M04A ANTIGOUT PREPARATIONS
M04AA PREPARATIONS INHIBITING URIC ACID PRODUCTION
M04AA01 ALLOPURINOL
allopurinol 100mg tab

Apo-Allopurinol 100mg Tab	DNP	0.0780	M	SFC	02402769	APX	Y
Mar-Allopurinol 100mg Tab	DNP	0.0780	M	SFC	02396327	MAR	Y
Zyloprim 100mg Tab	DNP	0.0780	M	SFC	00402818	AAP	Y
Zyloprim 100mg Tab (discontinued)					00004588	GSK	Y

allopurinol 200mg tab

Apo-Allopurinol 200mg Tab	DNP	0.1300	M	SFC	02402777	APX	Y
Mar-Allopurinol 200mg Tab	DNP	0.1300	M	SFC	02396335	MAR	Y
Zyloprim 200mg Tab	DNP	0.1300	M	SFC	00479799	AAP	Y
Zyloprim 200mg Tab (discontinued)					00506370	GSK	Y

allopurinol 300mg tab

Apo-Allopurinol 300mg Tab	DNP	0.2125	M	SFC	02402785	APX	Y
Mar-Allopurinol 300mg Tab	DNP	0.2125	M	SFC	02396343	MAR	Y

M	Musculo-Skeletal System									
		Zyloprim 300mg Tab	DNP	0.2125	M	SFC	00402796	AAP	Y	
		Zyloprim 300mg Tab (discontinued)					00294322	GSK	Y	
	M04AA03	FEBUXOSTAT								
		Uloric 80mg Tab	DNP	1.5900	L	E	02357380	TAK	N	
M04AB	PREPARATIONS INCREASING URIC ACID EXCRETION									
	M04AB02	SULFINPYRAZONE								
		sulfinpyrazone 200mg tab								
		Sulfinpyrazone 200mg Tab	DNP	0.3121	M	SFC	00441767	AAP	Y	
		Anturan 200mg Tab (discontinued)					00010529	NVR	Y	
M04AC	PREPARATION WITH NO EFFECT ON URIC ACID METABOLISM									
	M04AC01	COLCHICINE								
		colchicine 0.6mg tab								
		Colchicine 0.6mg Tab	DNP	0.2565	M	SF	00572349	ODN	Y	
		Colchicine 0.6mg Tab					00287873	SDZ	Y	
		pms-Colchicine 0.6mg Tab	DNP	0.2565	M	SF	02402181	PMS	Y	
		Colchicine 0.6mg Tab (discontinued)					00000396	ABB	Y	
		Jamp-Colchicine 0.6mg Tab	DNP	0.2565	L	SF	02373823	JPC	N	
M05	DRUGS FOR TREATMENT OF BONE DISEASES									
M05B	DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION									
M05BA	BISPHOSPHONATES									
	M05BA02	CLODRONIC ACID (CLODRONATE)								
		Bonefos 60mg/mL Inj					01984837	BAY	N	
		Bonefos 400mg Cap (discontinued)					01984845	BAY	N	
	M05BA03	PAMIDRONIC ACID (PAMIDRONATE)								
		pamidronate disodium 30mg/vial inj								
		Pamidronate Disodium Omega 30mg/vial Inj					02249669	OMG	Y	
		Aredia 30mg/vial Inj (discontinued)					02059762	NVR	Y	
		pamidronate disodium 90mg/vial inj								
		Pamidronate Disodium Omega 90mg/mL Inj					02249685	OMG	Y	
		Aredia 90mg/vial Inj (discontinued)					02059789	NVR	Y	
	M05BA04	ALENDRONIC ACID (ALENDRONATE)								
		alendronate 5mg tab								
		Alendronate Sodium 5mg Tab					02381478	AHI	Y	
		Apo-Alendronate 5mg Tab					02248727	APX	Y	
		RAN-Alendronate 5mg Tab					02384698	RAN	Y	
		Fosamax 5mg Tab (discontinued)					02233055	FRS	Y	
		Teva-Alendronate 5mg Tab					02248251	TEV	N	
		alendronate 10mg tab								
		Alendronate Sodium 10mg Tab	DNP	0.4986	M	SFC	02381486	AHI	Y	
		Apo-Alendronate 10mg Tab	DNP	0.4986	M	SFC	02248728	APX	Y	

Auro-Alendronate 10mg Tab	DNP	0.4986	M	SFC	02388545	ARO	Y
MINT-Alendronate 10mg Tab (discontinued)					02394863	MNT	Y
RAN-Alendronate 10mg Tab	DNP	0.4986	M	SFC	02384701	RAN	Y
Sandoz Alendronate 10mg Tab	DNP	0.4986	M	SFC	02288087	SDZ	Y
Teva-Alendronate 10mg Tab (discontinued)					02247373	TEV	Y
Fosamax 10mg Tab (discontinued)					02201011	FRS	Y

alendronate 40mg tab

CO Alendronate 40mg Tab	DNP	3.0832	M	E	02258102	ATV	Y
Fosamax 40mg Tab (discontinued)					02201038	FRS	Y

alendronate 70mg tab

Alendronate 70mg Tab	DNP	2.1014	M	SFC	02352966	SAS	Y
Alendronate 70mg Tab	DNP	2.1014	M	SFC	02299712	SIV	Y
Alendronate Sodium 70mg Tab	DNP	2.1014	M	SFC	02381494	AHI	Y
Apo-Alendronate 70mg Tab	DNP	2.1014	M	SFC	02248730	APX	Y
Auro-Alendronate 70mg Tab	DNP	2.1014	M	SFC	02388553	ARO	Y
Jamp-Alendronate 70mg Tab	DNP	2.1014	M	SFC	02385031	JPC	Y
MINT-Alendronate 70mg Tab	DNP	2.1014	M	SFC	02394871	MNT	Y
pms-Alendronate-FC 70mg Tab	DNP	2.1014	M	SFC	02284006	PMS	Y
RAN-Alendronate 70mg Tab					02384728	RAN	Y
Sandoz Alendronate 70mg Tab	DNP	2.1014	M	SFC	02288109	SDZ	Y
Teva-Alendronate 70mg Tab	DNP	2.1014	M	SFC	02261715	TEV	Y
Fosamax 70mg Tab	DNP	2.1014	M	SFC	02245329	FRS	Y

M05BA07 RISEDRONIC ACID (RISEDRONATE)

risedronate 5mg tab

Teva-Risedronate 5mg Tab	DNP	1.6730	M	SFC	02298376	TEV	Y
Actonel 5mg Tab	DNP	1.6730	M	SFC	02242518	ALL	Y

risedronate 30mg tab

Teva-Risedronate 30mg Tab	DNP	10.8387	M	E	02298384	TEV	Y
Actonel 30mg Tab (discontinued)					02239146	ALL	Y

risedronate 35mg tab

Apo-Risedronate 35mg Tab	DNP	1.9787	M	SFC	02353687	APX	Y
Auro-Risedronate 35mg Tab	DNP	1.9787	M	SFC	02406306	ARO	Y
Jamp-Risedronate 35mg Tab	DNP	1.9787	M	SFC	02368552	JPC	Y
pms-Risedronate 35mg Tab	DNP	1.9787	M	SFC	02302209	PMS	Y
Risedronate 35mg Tab	DNP	1.9787	M	SFC	02370255	SAS	Y
Risedronate-35mg Tab	DNP	1.9787	M	SFC	02411407	SIV	Y
Sandoz Risedronate 35mg Tab	DNP	1.9787	M	SFC	02327295	SDZ	Y
Teva-Risedronate 35mg Tab	DNP	1.9787	M	SFC	02298392	TEV	Y
Actonel 35mg Tab	DNP	1.9787	M	SFC	02246896	ALL	Y

risedronate 150mg tab

Apo-Risedronate 150mg Tab					02377721	APX	Y
Auro-Risedronate 150mg Tab					02442760	ARO	Y
pms-Risedronate 150mg Tab					02424177	PMS	Y
Teva-Risedronate 150mg Tab					02413809	TEV	Y
Actonel 150mg Tab					02316838	ALL	Y

M05BA08 ZOLEDRONIC ACID

M Musculo-Skeletal System
zoledronic acid 4mg inj

Taro-Zoledronic Acid 4mg/5mL Inj						02415186	TAR	Y
Teva-Zoledronic Acid 4mg/5mL Inj						02407639	TEV	Y
Zoledronic Acid 4mg/5mL Inj						02413701	OMG	Y
Zoledronic Acid 4mg/5mL Inj						02422425	RCH	Y
Zoledronic Acid 4mg/5mL Inj						02444739	MDN	Y
Zoledronic Acid Z 4mg/5mL Inj						02401606	SDZ	Y
Zometa 4mg/vial Inj						02248296	NVR	Y

zoledronic acid 5mg inj

Taro-Zoledronic Acid 5mg/100mL Inj	DNP	3.3540	M	E		02415100	TAR	Y
Zoledronic Acid 5mg/100mL Inj	DNP	3.3540	M	E		02422433	RCH	Y
Aclasta 5mg/100mL Inj	DNP	3.3540	M	E		02269198	NVR	Y

M05BB BISPHOSPHONATES, COMBINATIONS

M05BB01 ETIDRONIC ACID AND CALCIUM, SEQUENTIAL

etidronic disodium 400mg & calcium carbonate 500mg tab, sequential kit

CO Etidrocal Kit	DNP	29.9880	M	SFC		02263866	ATV	Y
Didrocal Kit (discontinued)						02176017	WNC	Y

M05BB03 ALENDRONIC ACID AND CHOLECALCIFEROL

alendronic acid 70mg & cholecalciferol 2800 IU tab

Alendronate/Cholecalciferol 70mg/2800 IU Tab						02403633	TEV	Y
Apo-Alendronate/Vitamin D3 70mg/2800 IU Tab						02454467	APX	Y
Fosavance 70mg/2800 IU Tab						02276429	FRS	Y

alendronic acid 70mg & cholecalciferol 5600 IU tab

Alendronate/Cholecalciferol 70mg/5600 IU Tab	DNP	1.2174	M	SFC		02403641	TEV	Y
Apo-Alendronate/Vitamin D3 70mg/5600 IU Tab	DNP	1.2174	M	SFC		02454475	APX	Y
Sandoz Alendronate/Cholecalciferol 70mg/5600 IU Tab	DNP	1.2174	M	SFC		02429160	SDZ	Y
Fosavance 70mg/5600 IU Tab	DNP	1.2174	M	SFC		02314940	FRS	Y

M05BX OTHER DRUGS AFFECTING MINERALIZATION

M05BX04 DENOSUMAB

Prolia 60mg/mL Inj	DNP	374.0800	L	E		02343541	AGA	N
Xgeva 120mg/1.7mL Sol	DNP	345.0235	L	E		02368153	AGA	N

N	Nervous System									
N01	ANAESTHETICS									
N01A	ANAESTHETICS, GENERAL									
N01AH	OPIOID ANESTHETICS									
	N01AH01	FENTANYL								
		fentanyl citrate 50mcg/mL inj								
		Fentanyl Citrate 50mcg/mL Inj					00888346	PFI	Y	
		Fentanyl Citrate 50mcg/mL Inj					02240434	SDZ	Y	
	N01AH03	SUFENTANIL								
		sufentanil citrate 50mcg/mL inj								
		Sufentanil Citrate 50mcg/mL Inj					02442213	STR	Y	
		Sufentanil Citrate 50mcg/mL Inj					02244147	SDZ	Y	
		Sufenta 50mcg/mL Inj (discontinued)					01951319	JAN	Y	
N01AX	VARIOUS GENERAL ANAESTHETICS									
	N01AX03	KETAMINE								
		ketamine 10mg/mL inj								
		Ketamine 10mg/mL Inj					02246795	SDZ	Y	
		Ketalar 10mg/mL Inj					00224391	ERF	Y	
		ketamine 50mg/mL inj								
		Ketamine 50mg/mL Inj					02246796	SDZ	Y	
		Ketalar 50mg/mL Inj					00224405	ERF	Y	
N01B	LOCAL ANAESTHETICS, EXCL DERMATOLOGICALS									
N01BA	ESTERS OF AMINOBENZOIC ACID									
	N01BA03	TETRACAINE								
		Ametop 4% Gel					02230575	SNE	N	
N01BB	AMIDES									
	N01BB01	BUPIVACAINE								
		bupivacaine 2.5mg/mL inj								
		Bupivacaine 2.5mg/mL Inj	DNPM	0.4553	M	SFC	02443686	STR	Y	
		Sensorcaine 0.25% Inj	DNPM	0.4553	M	SFC	01976141	APN	Y	
		Marcaine 0.25% Inj	DNPM	0.7505	L	SFC	02241918	PFI	N	
		bupivacaine 5mg/mL inj								
		Bupivacaine 5mg/mL Inj	DNPM	0.5338	M	SFC	02443694	STR	Y	
		Sensorcaine 0.5% Inj	DNPM	0.5338	M	SFC	01976168	APN	Y	
		Marcaine 0.5% Inj	DNPM	0.8930	L	SFC	02241919	PFI	N	
	N01BB02	LIDOCAINE								
		Xylocaine 1% (with preservative)	DNPM	0.2530	L	SFC	02302411	AZE	N	
		Xylocaine 1% Inj	DNPM	1.0980	L	SFC	00001732	AZE	N	
		Lidodan Jelly 2%	DNP	0.4067	L	SFC	02143879	ODN	N	
		Xylocaine 2% (with preservative)	DNPM	0.2695	L	SFC	02302438	AZE	N	
		Xylocaine 2% Inj	DNPM	1.3150	L	SFC	00036641	AZE	N	

N Nervous System

		Xylocaine 2% Jelly Inj	DNPM	0.9170	L	SFC	00385484	AZE	N
		Lidodan Endotracheal 10mg/ACT Liq					02231147	ODN	N
N01BB09		ROPIVACAINE							
		Naropin 2mg/mL Inj					02229411	APN	N
		Naropin 5mg/mL Inj	DNP	0.4570	L	SFC	02229415	APN	N
		Ropivacaine 5mg/mL Inj	DNP	0.4430	L	SFC	02347822	PFI	N
		Naropin 10mg/mL Inj	DNP	0.8480	L	SFC	02229418	APN	N
		Ropivacaine 10mg/mL Inj	DNP	0.8230	L	SFC	02347830	PFI	N
N01BB52		LIDOCAINE, COMBINATIONS							
		Xylocaine 2% W Epine Inj	DNPM	0.5295	L	SFC	00284106	AZE	N
N01BX		OTHER LOCAL ANESTHETICS							
N01BX04		CAPSAICIN							
		Zostrix 0.025% Cream					00740306	MDS	N
N02		ANALGESICS							
N02A		OPIOIDS							
N02AA		NATURAL OPIUM ALKALOIDS							
N02AA01		MORPHINE							
		Morphine LP Epidural 0.5mg/mL Inj					02021056	SDZ	N
		Morphine LP Epidural 1mg/mL Inj					02021048	SDZ	N
		Morphine Sulfate 1mg/mL Inj					01980696	SDZ	N
		Doloral 1mg/mL Syr					00614491	ATL	N
		Statex 1mg/mL Syr	DN	0.0200	L	SFC	00591467	PAL	N
		Morphine Sulfate 2mg/mL Inj	DN	0.2528	L	SFC	01964437	SDZ	N
		Morphine Sulfate 2mg/mL Inj	DN	2.3640	L	SFC	02242484	SDZ	N
		Morphine Sulfate 5mg/mL Inj					01964429	SDZ	N
		MS-IR 5mg Tab	DN	0.1240	L	SFC	02014203	PFR	N
		Statex 5mg Tab	DN	0.1100	L	SFC	00594652	PAL	N
		Statex 5mg/mL Syr (discontinued)					00591475	PAL	N
		morphine sulfate 10mg/mL inj							
		Morphine Sulfate 10mg/mL Inj	DN	2.5053	M	SFC	00392588	SDZ	Y
		Morphine Sulfate 10mg/mL Inj (ABB) (discontinued)					00497355	ABB	Y
		Kadian 10mg Cap	DN	0.4014	L	SFC	02242163	BGP	N
		M-Eslon ER 10mg Cap	DN	0.3200	L	SFC	02019930	ETH	N
		MS-IR 10mg Tab	DN	0.1930	L	SFC	02014211	PFR	N
		Statex 10mg Supp	DN	2.1510	L	SFC	00632201	PAL	N
		Statex 10mg Tab	DN	0.1860	L	SFC	00594644	PAL	N
		morphine sulfate 15mg SR tab							
		Morphine SR 15mg Tab	DN	0.2317	M	SFC	02350815	SAS	Y
		Novo-Morphine SR 15mg Tab	DN	0.2317	M	SFC	02302764	TEV	Y
		Sandoz Morphine SR 15mg Tab	DN	0.2317	M	SFC	02244790	SDZ	Y
		MS Contin 15mg Tab	DN	0.2317	M	SFC	02015439	PFR	Y

morphine sulfate 15mg/mL inj

Morphine Sulfate 15mg/mL Inj	DN	2.6544	M	SFC	00392561	SDZ	Y
Morphine Sulfate 15mg/mL Inj (ABB - discontinued)					00497363	ABB	Y
M-Eslon ER 15mg Cap	DN	0.3700	L	SFC	02177749	SAV	N
Kadian 20mg Cap	DN	0.8628	L	SFC	02184435	BGP	N
MS-IR 20mg Tab	DN	0.3540	L	SFC	02014238	PFR	N
Statex 20mg Supp	DN	2.5700	L	SFC	00596965	PAL	N
Statex 20mg/mL Drops (discontinued)					00621935	PAL	N
Statex 25mg Tab	DN	0.2250	L	SFC	00594636	PAL	N

morphine sulfate 30mg SR tab

Morphine SR 30mg Tab	DN	0.3500	M	SFC	02350890	SAS	Y
Novo-Morphine SR 30mg Tab	DN	0.3500	M	SFC	02302772	TEV	Y
Sandoz Morphine SR 30mg Tab	DN	0.3500	M	SFC	02244791	SDZ	Y
MS Contin 30mg Tab	DN	0.3500	M	SFC	02014297	PFR	Y
M-Eslon ER 30mg Cap	DN	0.5510	L	SFC	02019949	SAV	N
MS-IR 30mg Tab	DN	0.4540	L	SFC	02014254	PFR	N
Statex 30mg Supp	DN	2.8210	L	SFC	00639389	PAL	N
Morphine HP 50mg/mL Inj	DN	7.5191	L	SFC	00617288	SDZ	N
Kadian 50mg Cap	DN	1.5791	L	SFC	02184443	BGP	N
Statex 50mg Tab	DN	0.3450	L	SFC	00675962	PAL	N
Statex 50mg/mL Drops	DN	1.0964	L	SFC	00705799	PAL	N

morphine sulfate 60mg SR tab

Morphine SR 60mg Tab	DN	0.6167	M	SFC	02350912	SAS	Y
Novo-Morphine SR 60mg Tab	DN	0.6167	M	SFC	02302780	TEV	Y
Sandoz Morphine SR 60mg Tab	DN	0.6167	M	SFC	02244792	SDZ	Y
MS Contin 60mg Tab	DN	0.6167	M	SFC	02014300	PFR	Y
M-Eslon ER 60mg Cap	DN	0.9800	L	SFC	02019957	SAV	N

morphine sulfate 100mg SR tab

Novo-Morphine SR 100mg Tab	DN	1.5395	M	SFC	02302799	TEV	Y
Sandoz Morphine SR 100mg Tab	DN	1.5395	M	SFC	02478889	SDZ	Y
MS Contin 100mg Tab	DN	1.5395	M	SFC	02014319	PFR	Y
Kadian 100mg Cap	DN	2.7712	L	SFC	02184451	BGP	N
M-Eslon ER 100mg Cap	DN	2.1130	L	SFC	02019965	SAV	N

morphine sulfate 200mg SR tab

Novo-Morphine SR 200mg Tab	DN	2.7718	M	SFC	02302802	TEV	Y
Sandoz Morphine SR 200mg Tab	DN	2.7718	M	SFC	02478897	SDZ	Y
MS Contin 200mg Tab	DN	2.7718	M	SFC	02014327	PFR	Y
M-Eslon ER 200mg Cap	DN	4.2284	L	SFC	02177757	SAV	N

N02AA03 HYDROMORPHONE
hydromorphone 1mg/mL oral sol

pms-Hydromorphone 1mg/mL Oral Sol	DN	0.0750	M	SFC	01916386	PMS	Y
Dilaudid 1mg/mL Oral Sol (discontinued)					00786535	PFR	Y

hydromorphone HCl 1mg tab

Apo-Hydromorphone 1mg Tab	DN	0.0959	M	SFC	02364115	APX	Y
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pms-Hydromorphone 1mg Tab	DN	0.0959	M	SFC	00885444	PMS	Y
Teva-Hydromorphone 1mg Tab	DN	0.0959	M	SFC	02319403	TEV	Y
Dilaudid 1mg Tab	DN	0.0959	M	SFC	00705438	PFR	Y
hydromorphone 2mg/mL inj							
Hydromorphone 2mg/mL Inj	DN	2.0591	M	SFC	02145901	SDZ	Y
Dilaudid 2mg/mL Inj	DN	2.0591	M	SFC	00627100	PFR	Y
hydromorphone HCl 2mg tab							
Apo-Hydromorphone 2mg Tab	DN	0.1417	M	SFC	02364123	APX	Y
pms-Hydromorphone 2mg Tab	DN	0.1417	M	SFC	00885436	PMS	Y
Teva-Hydromorphone 2mg Tab	DN	0.1417	M	SFC	02319411	TEV	Y
Dilaudid 2mg Tab	DN	0.1417	M	SFC	00125083	PFR	Y
hydromorphone HCl 3mg CR cap							
Apo-HYDROmorphone CR 3mg Cap	DN	0.6023	M	SFC	02476614	APX	Y
Hydromorph Contin 3mg Cap	DN	0.6023	M	SFC	02125323	PFR	Y
hydromorphone HCl 4mg tab							
Apo-Hydromorphone 4mg Tab	DN	0.2240	M	SFC	02364131	APX	Y
pms-Hydromorphone 4mg Tab	DN	0.2240	M	SFC	00885401	PMS	Y
Teva-Hydromorphone 4mg Tab	DN	0.2240	M	SFC	02319438	TEV	Y
Dilaudid 4mg Tab	DN	0.2240	M	SFC	00125121	PFR	Y
Jurnista 4mg Tab (discontinued)					02337266	JAN	N
hydromorphone HCl 4.5mg CR cap							
Apo-HYDROmorphone CR 4.5mg Cap	DN	0.7275	M	SFC	02476622	APX	Y
Hydromorph Contin 4.5mg Cap	DN	0.7275	M	SFC	02359502	PFR	Y
hydromorphone HCl 6mg CR cap							
Apo-HYDROmorphone CR 6mg Cap	DN	0.9030	M	SFC	02476630	APX	Y
Hydromorph Contin 6mg Cap	DN	0.9030	M	SFC	02125331	PFR	Y
hydromorphone HCl 8mg tab							
Apo-Hydromorphone 8mg Tab	DN	0.3528	M	SFC	02364158	APX	Y
pms-Hydromorphone 8mg Tab	DN	0.3528	M	SFC	00885428	PMS	Y
Teva-Hydromorphone 8mg Tab	DN	0.3528	M	SFC	02319446	TEV	Y
Dilaudid 8mg Tab	DN	0.3528	M	SFC	00786543	PFR	Y
Jurnista 8mg Tab (discontinued)					02337274	JAN	N
hydromorphone HCl 9mg CR cap							
Apo-HYDROmorphone CR 9mg Cap	DN	1.1925	M	SFC	02476649	APX	Y
Hydromorph Contin 9mg Cap	DN	1.1925	M	SFC	02359510	PFR	Y
hydromorphone 10mg/mL inj							
Hydromorphone HP 10mg/mL Inj	DN	3.9680	M	SFC	02145928	SDZ	Y
Dilaudid HP 10mg/mL Inj	DN	3.9680	M	SFC	00622133	PFR	Y
hydromorphone HCl 12mg CR cap							
Apo-HYDROmorphone CR 12mg Cap	DN	1.5653	M	SFC	02476657	APX	Y
Hydromorph Contin 12mg Cap	DN	1.5653	M	SFC	02125366	PFR	Y
Jurnista 16mg Tab (discontinued)					02337282	JAN	N
hydromorphone HCl 18mg CR cap							
Apo-HYDROmorphone CR 18mg Cap	DN	2.2590	M	SFC	02476665	APC	Y
Hydromorph Contin 18mg Cap	DN	2.2590	M	SFC	02243562	PFR	Y

hydromorphone 20mg/mL inj

Hydromorphone HP 20mg/mL Inj	DN	8.5037	M	SFC	02145936	SDZ	Y
Dilaudid HP Plus 20mg/mL Inj (discontinued)					02146118	PFR	Y

hydromorphone HCl 24mg CR cap

Apo-HYDROmorphone CR 24mg Cap	DN	2.6138	M	SFC	02476673	APX	Y
Hydromorph Contin 24mg Cap	DN	2.6138	M	SFC	02125382	PFR	Y

hydromorphone HCl 30mg CR cap

Apo-HYDROmorphone CR 30mg Cap	DN	3.1309	M	SFC	02476681	APX	Y
Hydromorph Contin 30mg Cap	DN	3.1309	M	SFC	02125390	PFR	Y
Jurnista 32mg Tab (discontinued)					02337290	JAN	N

hydromorphone 50mg/mL inj

Hydromorphone HP 50mg/mL Inj	DN	21.1273	M	SFC	02146126	SDZ	Y
Dilaudid XP 50mg/mL Inj (discontinued)					02145863	PFR	Y

N02AA05 OXYCODONE

Targin 2.5/5mg Tab					02387425	PFR	N
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oxycodone 5mg tab (Oxy-IR)

pms-Oxycodone 5mg Tab	DN	0.1776	M	SFC	02319977	PMS	Y
Oxy-IR 5mg Tab	DN	0.1776	M	SFC	02231934	PFR	Y

oxycodone 5mg tab (Supeudol)

pms-Oxycodone 5mg Tab	DN	0.1776	M	SFC	02319977	PMS	Y
Supeudol 5mg Tab	DN	0.1776	M	SFC	00789739	SDZ	Y
Targin 5/10mg Tab					02339609	PFR	N

oxycodone 10mg tab (Oxy-IR)

pms-Oxycodone 10mg Tab	DN	0.2760	M	SFC	02319985	PMS	Y
Oxy-IR 10mg Tab	DN	0.2760	M	SFC	02240131	PFR	Y

oxycodone 10mg tab (Supeudol)

pms-Oxycodone 10mg Tab	DN	0.2760	M	SFC	02319985	PMS	Y
Supeudol 10mg Tab	DN	0.2760	M	SFC	00443948	SDZ	Y
OxyNeo 10mg Tab					02372525	PFR	N
Supeudol 10mg Supp	DN	3.8133	L	SFC	00392480	SDZ	N
Targin 10/20mg Tab					02339617	PFR	N
OxyNeo 15mg Tab					02372533	PFR	N

oxycodone 20mg tab (Oxy-IR)

pms-Oxycodone 20mg Tab	DN	0.4538	M	SFC	02319993	PMS	Y
Oxy-IR 20mg Tab	DN	0.4538	M	SFC	02240132	PFR	Y

oxycodone 20mg tab (Supeudol)

pms-Oxycodone 20mg Tab	DN	0.4538	M	SFC	02319993	PMS	Y
Supeudol 20mg Tab					02262983	SDZ	Y
OxyNeo 20mg Tab					02372797	PFR	N
Supeudol 20mg Supp	DN	5.5050	L	SFC	00392472	SDZ	N
Targin 20/40mg Tab					02339625	PFR	N
OxyNeo 30mg Tab					02372541	PFR	N
OxyNeo 40mg Tab					02372568	PFR	N

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OxyNeo 60mg Tab	02372576	PFR	N
OxyNeo 80mg Tab	02372584	PFR	N

N02AA59 CODEINE, COMBINATIONS EXCL. PSYCHOLEPTICS

ratio-Emtec Tab	DN	0.1300	L	SFC	00608882	TEV	N
ratio-Lenoltec #3 Tab	DN	0.0889	L	SFC	00653276	TEV	N
ratio-Lenoltec #4 Tab	DN	0.1605	L	SFC	00621463	TEV	N
Atasol 30 Tab	DN	0.1325	L	SFC	00293512	CHU	N
Tylenol #3 Tab	DN	0.1369	L	SFC	02163926	JAN	N
Tylenol #4 Tab	DN	0.2892	L	SFC	02163918	JAN	N

N02AB PHENYLPIPERIDINE DERIVATIVES
N02AB02 PETHIDINE (MEPERIDINE)

pethidine 50mg/mL inj							
Meperidine 50mg/mL Inj	DN	2.2586	M	SFC	00725765	SDZ	Y
Demerol 50mg/mL Inj (discontinued)					02139022	SAV	Y
Demerol 50mg Tab					02138018	SAV	N
pethidine 75mg/mL inj							
Meperidine 75mg/mL Inj	DN	1.0100	M	SFC	00725757	SDZ	Y
Demerol 75mg/mL Inj (discontinued)					02139049	SAV	Y
pethidine 100mg/mL inj							
Meperidine 100mg/mL Inj	DN	1.0700	M	SFC	00725749	SDZ	Y
Demerol 100mg/mL Inj (discontinued)					02242005	HOS	Y

N02AB03 FENTANYL

fentanyl 12mcg/hr patch							
MYLAN-Fentanyl Matrix 12mcg/hr Patch (discontinued)					02396696	MYL	Y
pms-Fentanyl MTX 12mcg/hr Patch	DN	2.2300	M	E	02341379	PMS	Y
RAN-Fentanyl MTX 12mcg/hr Patch	DN	2.2300	M	E	02330105	RAN	Y
Sandoz Fentanyl 12mcg/hr Patch	DN	2.2300	M	E	02327112	SDZ	Y
Teva-Fentanyl 12mcg/hr Patch	DN	2.2300	M	E	02311925	TEV	Y
Duragesic 12mcg/hr Patch (discontinued)					02280345	JAN	Y
fentanyl 25mcg/hr patch							
Apo-Fentanyl 25mcg/hr Patch (discontinued)					02314630	APX	Y
MYLAN-Fentanyl Matrix 25mcg/hr Patch (discontinued)					02396718	MYL	Y
pms-Fentanyl MTX 25mcg/hr Patch	DN	4.0236	M	E	02341387	PMS	Y
RAN-Fentanyl MTX 25mcg/hr Patch	DN	4.0236	M	E	02330113	RAN	Y
Sandoz Fentanyl 25mcg/hr Patch	DN	4.0236	M	E	02327120	SDZ	Y
Teva-Fentanyl 25mcg/hr Patch	DN	4.0236	M	E	02282941	TEV	Y
Duragesic 25mcg/hr Patch (discontinued)					01937383	JAN	Y
Duragesic MAT 25mcg/hr Patch (discontinued)					02275813	JAN	Y
fentanyl 50mcg/hr patch							
MYLAN-Fentanyl Matrix 50mcg/hr Patch (discontinued)					02396726	MYL	Y
pms-Fentanyl 50mcg/hr Patch	DN	7.5719	M	E	02341395	PMS	Y
RAN-Fentanyl MTX 50mcg/hr Patch	DN	7.5719	M	E	02330121	RAN	Y
Sandoz Fentanyl 50mcg/hr Patch	DN	7.5719	M	E	02327147	SDZ	Y
Teva-Fentanyl 50mcg/hr Patch	DN	7.5719	M	E	02282968	TEV	Y

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Duragesic 50mcg/hr Patch (discontinued)					01937391	JAN	Y
Duragesic MAT 50mcg/hr Patch (discontinued)					02275821	JAN	Y
fentanyl 75mcg/hr patch							
Apo-Fentanyl 75mcg/hr Patch (discontinued)					02314657	APX	Y
MYLAN-Fentanyl Matrix 75mcg/hr Patch (discontinued)					02396734	MYL	Y
pms-Fentanyl 75mcg/hr Patch	DN	10.6498	M	E	02341409	PMS	Y
RAN-Fentanyl MTX 75mcg/hr Patch	DN	10.6498	M	E	02330148	RAN	Y
Sandoz Fentanyl 75mcg/hr Patch	DN	10.6498	M	E	02327155	SDZ	Y
Teva-Fentanyl 75mcg/hr Patch	DN	10.6498	M	E	02282976	TEV	Y
Duragesic 75mcg/hr Patch (discontinued)					01937405	JAN	Y
Duragesic MAT 75mcg/hr Patch (discontinued)					02275848	JAN	Y
fentanyl 100mcg/hr patch							
Apo-Fentanyl 100mcg/hr Patch (discontinued)					02314665	APX	Y
MYLAN-Fentanyl Matrix 100mcg/hr Patch (discontinued)					02396742	MYL	Y
pms-Fentanyl 100mcg/hr Patch	DN	13.2559	M	E	02341417	PMS	Y
RAN-Fentanyl MTX 100mcg/hr Patch	DN	13.2559	M	E	02330156	RAN	Y
Sandoz Fentanyl 100mcg/hr Patch	DN	13.2559	M	E	02327163	SDZ	Y
Teva-Fentanyl 100mcg/hr Patch	DN	13.2559	M	E	02282984	TEV	Y
Duragesic 100mcg/hr Patch (discontinued)					01937413	JAN	Y
Duragesic MAT 100mcg/hr Patch (discontinued)					02275856	JAN	Y
Abstral 100mcg SL Tab (discontinued)					02364174	PAL	N
Abstral 200mcg SL Tab (discontinued)					02364182	PAL	N
Abstral 300mcg SL Tab (discontinued)					02364190	PAL	N
Abstral 400mcg SL Tab (discontinued)					02364204	PAL	N
Abstral 600mcg SL Tab (discontinued)					02364212	PAL	N

N02AD BENZOMORPHAN DERIVATIVES

N02AD01 DEXTROPROPOXYPHENE

Talwin 30mg/mL Inj					02241976	HOS	N
Talwin 50mg Tab					02137984	SAV	N

N02AE ORIPAVINE DERIVATIVES

N02AE01 BUPRENORPHINE

Butrans-5 5mcg/hr Patch					02341174	PFR	N
Butrans-10 10mcg/hr Patch					02341212	PFR	N
Butrans-20 20mcg/hr Patch					02341220	PFR	N

N02AF MORPHINAN DERIVATIVES

N02AF01 BUTORPHANOL

butorphanol 10mg/mL nasal sp

Apo-Butorphanol Nasal Sp	DN	3.8478	M	E	02242504	AAP	Y
Stadol NS 10mg/mL Nasal Sp (discontinued)					02113031	BMN	Y

N02AX OTHER OPIOIDS

N02AX02 TRAMADOL

tramadol 50mg tab

Apo-Tramadol 50mg Tab	02426153	APX	Y
Ultram 50mg Tab	02349469	JAN	Y

tramadol 100mg tab

Taro-Tramadol ER 100mg Tab	02450429	TAR	Y
Tridural 100mg Tab	02296381	PAL	Y
Ralivia 100mg Tab	02299194	VLN	N
Zytram XL 150mg Tab	02286424	PFR	N

tramadol 200mg tab

Taro-Tramadol ER 200mg Tab	02450437	TAR	Y
Tridural 200mg Tab	02296403	PAL	Y
Ralivia 200mg Tab	02299208	VLN	N
Zytram XL 200mg Tab	02286432	PFR	N

tramadol 300mg tab

Taro-Tramadol ER 300mg Tab	02450445	TAR	Y
Tridural 300mg Tab	02296411	PAL	Y
Ralivia 300mg Tab	02299216	VLN	N
Zytram XL 300mg Tab	02286440	PFR	N
Zytram XL 400mg Tab	02286459	PFR	N

N02AX52 TRAMADOL, COMBINATIONS

tramadol 37.5mg & acetaminophen 325mg tab

Apo-Tramadol/Acet 37.5/325mg Tab	02336790	APX	Y
Auro-Tramadol/Acetaminophen 37.5mg/325mg Tab	02439050	ARO	Y
CO Tramadol/Acet 37.5/325mg Tab (discontinued)	02383209	ATV	Y
Jamp-Acet-Tramadol 325/37.5mg Tab	02388308	JPC	Y
Mar-Tramadol/Acet 37.5/325mg Tab	02388324	MAR	Y
MINT-Tramadol/Acet 37.5/325mg Tab	02389800	MNT	Y
pms-Tramadol/Acet 37.5/325mg Tab (discontinued)	02401657	PMS	Y
RAN-Tramadol/Acet 37.5/325mg Tab	02388197	RAN	Y
Teva-Tramadol/Acetaminophen 37.5/325mg Tab	02347180	TEV	Y
Tramadol/Acet 37.5/325mg Tab	02426803	SAS	Y
Tramadol/Acet 37.5/325mg Tab	02429969	SIV	Y
Tramacet 37.5/325mg Tab	02264846	JAN	Y

N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BA SALICYLIC ACID AND DERIVATIVES

N02BA01 ACETYLSALICYLIC ACID

ASATAB 80mg Chewable Tab	02280167	ODN	N
Aspirin Daily Dose 81mg Tab	02237726	YNO	N
acetylsalicylic acid 325mg EC tab			
Novasen 325mg Tab	00216666	TEV	Y
pms-ASA EC 325mg Tab (discontinued)	02284529	PMS	Y
ASATAB EC 325mg Tab	02352427	ODN	N
Enteric Coated ASA 325mg Tab (discontinued)	02010526	JPC	N

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		acetylsalicylic acid 650mg EC tab						
N02BA11		Novasen 650mg Tab	DNP	0.0352	M	SFC	00229296	TEV Y
		Entrophen 650mg Tab (discontinued)					00010340	PDP Y
		Enteric Coated ASA 650mg Tab	DNP	0.0550	L	SFC	00794244	JPC N
		DIFLUNISAL						
		diflunisal 250mg tab						
N02BA51		Novo-Diflunisal 250mg Tab (discontinued)					02048493	TEV Y
		Dolobid 250mg Tab (discontinued)					00587699	LIH Y
		ACETYLSALICYLIC ACID (ASA) COMBINATIONS EXCL. PSYCHOLEPTICS						
N02BA71		ratio-Oxycodan Tab	DN	0.4380	L	SFC	00608157	TEV N
		ACETYLSALICYLIC ACID (ASA) COMBINATIONS WITH PSYCHOLEPTICS						
		ratio-Tecnal Tab					00608211	TEV N
		acetylsalicylic acid 330mg, butalbital 50mg, caffeine 40mg & codeine phosphate 15mg cap						
		ratio-Tecnal C1/4 Cap					00608203	TEV Y
		Fiorinal C1/4 Cap					00176192	TRB Y
		acetylsalicylic acid 330mg, butalbital 50mg, caffeine 40mg & codeine phosphate 30mg cap						
		ratio-Tecnal C1/2 Cap					00608181	TEV Y
		Fiorinal C1/2 Cap					00176206	TRB Y
		acetylsalicylic acid 330mg, butalbital 50mg & caffeine 40mg cap						
		ratio-Tecnal Cap					00608238	TEV Y
		Fiorinal Cap					00226327	TRB Y
N02BE ANILIDES								
N02BE01		ACETAMINOPHEN (PARACETAMOL)						
		Assorted Generic Brands						N
		Tylenol 325mg Caplets					00723894	JNJ N
		Tylenol 325mg Tab					00559393	JNJ N
		Tylenol 500mg Caplets					00723908	JNJ N
		Tylenol 500mg Tab					00559407	JNJ N
N02BE51		ACETAMINOPHEN, COMB. EXCL. PSYCHOLEPTICS						
		pms-Acetaminophen W Codeine Elx	DN	0.1023	L	SFC	00816027	PMS N
		ratio-Lenoltec #2 Tab	DN	0.0847	L	SFC	00653241	TEV N
		Atasol 15 Tab	DN	0.0910	L	SFC	00293504	CHU N
		Tylenol #2 Tab	DN	0.1243	L	SFC	02163934	JAN N
		acetaminophen 325mg & oxycodone 5mg tab						
		Apo-Oxycodone/Acet 5/325mg Tab	DN	0.1285	M	SFC	02324628	APX Y
		Oxycodone/Acet 5/325mg Tab	DN	0.1285	M	SFC	02361361	SAS Y
		ratio-Oxycocet Tab	DN	0.1285	M	SFC	00608165	TEV Y
		Rivacocet 5/325mg Tab					02242468	RIV Y
		Sandoz Oxycodone Acet 5/325mg Tab	DN	0.1285	M	SFC	02307898	SDZ Y
		Endocet Tab (discontinued)					01916548	BRI Y
		Percocet Tab (discontinued)					01916475	BRI Y

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N02BG OTHERS, ANALGESICS AND ANTIPYRETICS

N02BG04 FLOCTAFENINE

floctafenine 200mg tab

Floctafenine 200mg Tab

DNP

0.1167

P

SFC

02244680 AAP Y

Idarac 200mg Tab (discontinued)

02017628 SAV Y

floctafenine 400mg tab

Floctafenine 400mg Tab

DNP

0.2333

P

SFC

02244681 AAP Y

Idarac 400mg Tab (discontinued)

02017636 SAV Y

N02BG99 CANNABINOID DERIVATIVES, COMBINATIONS

Sativex Spray

02266121 BAY N

N02C ANTIMIGRAINE PREPARATIONS

N02CA ERGOT ALKALOIDS

N02CA01 DIHYDROERGOTAMINE

Dihydroergotamine 1mg/mL Inj

00027243 STR N

Migranal 4mg/mL Nasal Spray

DNP

13.8833

L

SF

02228947 STR N

N02CC SELECTIVE 5HT1-RECEPTOR AGONISTS

N02CC01 SUMATRIPTAN

Imitrex 5mg Nasal Spray

DNP

15.2850

L

E

02230418 GSK N

sumatriptan 12mg/mL inj

Taro-Sumatriptan 6mg/0.5mL Inj

DNP

69.2400

M

E

02361698 TAR Y

Imitrex 6mg/0.5mL Inj

DNP

69.2400

M

E

02212188 GSK Y

Imitrex Stat Dose Kit With Case 12mg/mL Inj

DNP

69.2400

M

E

00999446 GSK Y

Imitrex Unit Dose 12mg/mL Inj

DNP

69.2400

M

E

00901886 GSK Y

Imitrex 20mg Nasal Spray

DNP

15.7300

L

E

02230420 GSK N

sumatriptan 25mg tab

CO Sumatriptan 25mg Tab (discontinued)

02257882 ATV Y

MYLAN-Sumatriptan 25mg Tab

02268906 MYL Y

Novo-Sumatriptan DF 25mg Tab

02286815 TEV Y

pms-Sumatriptan 25mg Tab

02256428 PMS Y

Imitrex DF 25mg Tab (discontinued)

02239738 GSK Y

sumatriptan 50mg tab

Apo-Sumatriptan 50mg Tab

DNP

2.7732

M

E

02268388 APX Y

CO Sumatriptan 50mg Tab (discontinued)

02257890 ATV Y

MYLAN-Sumatriptan 50mg Tab

DNP

2.7732

M

E

02268914 MYL Y

Novo-Sumatriptan DF 50mg Tab

DNP

2.7732

M

E

02286823 TEV Y

pms-Sumatriptan 50mg Tab

DNP

2.7732

M

E

02256436 PMS Y

Sandoz Sumatriptan 50mg Tab

DNP

2.7732

M

E

02263025 SDZ Y

Sumatriptan 50mg Tab

DNP

2.7732

M

E

02286521 SAS Y

Sumatriptan DF-50mg Tab

DNP

2.7732

M

E

02385570 SIV Y

Imitrex DF 50mg Tab

DNP

2.7732

M

E

02212153 GSK Y

sumatriptan 100mg tab

Apo-Sumatriptan 100mg Tab

DNP

3.0549

M

E

02268396 APX Y

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CO Sumatriptan 100mg Tab	DNP	3.0549	M	E	02257904	ATV	Y
MYLAN-Sumatriptan 100mg Tab	DNP	3.0549	M	E	02268922	MYL	Y
Novo-Sumatriptan 100mg Tab	DNP	3.0549	M	E	02239367	TEV	Y
Novo-Sumatriptan DF 100mg Tab	DNP	3.0549	M	E	02286831	TEV	Y
pms-Sumatriptan 100mg Tab	DNP	3.0549	M	E	02256444	PMS	Y
Sandoz Sumatriptan 100mg Tab	DNP	3.0549	M	E	02263033	SDZ	Y
Sumatriptan 100mg Tab	DNP	3.0549	M	E	02286548	SAS	Y
Sumatriptan DF-100mg Tab	DNP	3.0549	M	E	02385589	SIV	Y
Imitrex DF 100mg Tab	DNP	3.0549	M	E	02212161	GSK	Y

N02CC02 NARATRIPTAN
naratriptan 1mg tab

Novo-Naratriptan 1mg Tab	DNP	11.9038	M	E	02314290	TEV	Y
Amerge 1mg Tab	DNP	11.9038	M	E	02237820	GSK	Y

naratriptan 2.5mg tab

Sandoz Naratriptan 2.5mg Tab	DNP	6.1438	M	E	02322323	SDZ	Y
Teva-Naratriptan 2.5mg Tab	DNP	6.1438	M	E	02314304	TEV	Y
Amerge 2.5mg Tab	DNP	6.1438	M	E	02237821	GSK	Y

N02CC03 ZOLMITRIPTAN
zolmitriptan 2.5mg tab

Jamp-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02421623	JPC	Y
Mar-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02399458	MAR	Y
MINT-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02419521	MNT	Y
NAT-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02421534	NAT	Y
pms-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02324229	PMS	Y
Sandoz Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02362988	SDZ	Y
Teva-Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02313960	TEV	Y
Zomig 2.5mg Tab	DNP	3.5375	M	SF	02238660	AZE	Y

zolmitriptan ODT 2.5mg tab

Apo-Zolmitriptan ODT 2.5mg Tab (discontinued)					02381575	APX	Y
Jamp-Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02428237	JPC	Y
pms-Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02324768	PMS	Y
Sandoz Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02362996	SDZ	Y
Septa-Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02428474	SPT	Y
Teva-Zolmitriptan OD 2.5mg Tab	DNP	3.5375	M	SF	02342545	TEV	Y
Zomig Rapimelt 2.5mg Tab	DNP	3.5375	M	SF	02243045	AZE	Y
Zomig 2.5mg Nasal Spray	DNP	14.8100	L	E	02248992	AZE	N
Zomig 5mg Nasal Spray	DNP	14.8100	L	E	02248993	AZE	N

N02CC04 RIZATRIPTAN
rizatriptan 5mg tab

Apo-Rizatriptan 5mg Tab	DNP	3.7050	M	SF	02393468	APX	Y
Jamp-Rizatriptan 5mg Tab	DNP	3.7050	M	SF	02380455	JPC	Y
Jamp-Rizatriptan IR 5mg Tab	DNP	3.7050	M	SF	02429233	JPC	Y
Maxalt 5mg Tab (discontinued)					02240520	FRS	Y

rizatriptan ODT 5mg tab

Apo-Rizatriptan RPD 5mg Tab (discontinued)					02393484	APX	Y
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CO Rizatriptan ODT 5mg Tab (discontinued)					02374730	ATV	Y
Jamp-Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02465086	JPC	Y
Mar-Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02462788	MAR	Y
MYLAN-Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02379198	MYL	Y
NAT-Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02436604	NAT	Y
pms-Rizatriptan RDT 5mg Tab	DNP	3.7050	M	SF	02393360	PMS	Y
Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02446111	SIV	Y
Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02442906	SAS	Y
Sandoz Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02351870	SDZ	Y
Teva-Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02396661	TEV	Y
Maxalt RPD 5mg Wafers	DNP	3.7050	M	SF	02240518	FRS	Y

rizatriptan 10mg tab

Apo-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02393476	APX	Y
Auro-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02441144	ARO	Y
CO Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02381702	ATV	Y
Jamp-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02429241	JPC	Y
Jamp-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02380463	JPC	Y
Mar-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02379678	MAR	Y
Maxalt 10mg Tab	DNP	3.7050	M	SF	02240521	FRS	Y

rizatriptan ODT 10mg tab

Apo-Rizatriptan RPD 10mg Tab (discontinued)					02393492	APX	Y
CO Rizatriptan ODT 10mg Tab (discontinued)					02374749	ATV	Y
Jamp-Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02465094	JPC	Y
Mar- Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02462796	MAR	Y
MYLAN-Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02379201	MYL	Y
NAT-Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02436612	NAT	Y
pms-Rizatriptan RDT 10mg Tab	DNP	3.7050	M	SF	02393379	PMS	Y
Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02446138	SIV	Y
Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02442914	SAS	Y
Sandoz Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02351889	SDZ	Y
Teva-Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02396688	TEV	Y
Maxalt RPD 10mg Wafers	DNP	3.7050	M	SF	02240519	FRS	Y

N02CC05 ALMOTRIPTAN
almotriptan 6.25mg tab

Apo-Almotriptan 6.25mg Tab					02405792	APX	Y
MYLAN-Almotriptan 6.25mg Tab	DNP	7.0434	M	E	02398435	MYL	Y
Axert 6.25mg Tab (discontinued)					02248128	JNJ	Y

almotriptan 12.5mg tab

Almotriptan 12.5mg Tab	DNP	2.3478	M	E	02466821	SAS	Y
Apo-Almotriptan 12.5mg Tab					02405806	APX	Y
MYLAN-Almotriptan 12.5mg Tab	DNP	2.3478	M	E	02398443	MYL	Y
Sandoz Almotriptan 12.5mg Tab	DNP	2.3478	M	E	02405334	SDZ	Y
Axert 12.5mg Tab (discontinued)					02248129	JNJ	Y

N02CC06 ELETRIPTAN
eletriptan 20mg tab

Apo-Eletriptan 20mg Tab					02386054	APX	Y
GD-Eletriptan 20mg Tab					02342235	GMD	Y

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Teva-Eletriptan 20mg Tab	02382091	TEV	Y
Relpax 20mg Tab	02256290	PFI	Y

eletriptan 40mg tab

Apo-Eletriptan 40mg Tab	02386062	APX	Y
GD-Eletriptan 40mg Tab	02342243	GMD	Y
Teva-Eletriptan 40mg Tab	02382105	TEV	Y
Relpax 40mg Tab	02256304	PFI	Y

N02CC07 FROVATRIPTAN

frovatriptan 2.5mg tab

Apo-Frovatriptan 2.5mg Tab	02426471	APX	Y
Teva-Frovatriptan 2.5mg Tab	02415844	TEV	Y
Frova 2.5mg Tab	02257084	TMP	Y

N02CX VARIOUS ANTIMIGRAINE PREPARATIONS

N02CX01 PIZOTIFEN

Sandomigran 0.5mg Tab	DNP	0.3894	L	SF	00329320	PAL	N
Sandomigran DS 1mg Tab	DNP	0.7795	L	SF	00511552	PAL	N

N03 ANTIEPILEPTICS

N03A ANTIEPILEPTICS

N03AA BARBITURATES AND DERIVATIVES

N03AA02 PHENOBARBITAL

Phenobarb 5mg/mL Elixir	DN	0.1487	L	SFC	00645575	PDP	N
Phenobarb 15mg Tab	DN	0.1368	L	SFC	00178799	PDP	N
Phenobarb 30mg Tab	DN	0.1627	L	SFC	00178802	PDP	N
Phenobarb 60mg Tab	DN	0.2207	L	SFC	00178810	PDP	N
Phenobarb 100mg Tab	DN	0.3181	L	SFC	00178829	PDP	N

N03AA03 PRIMIDONE

primidone 125mg tab

Primidone 125mg Tab	DN	0.0576	M	SF	00399310	AAP	Y
Mysoline 125mg Tab (discontinued)					02042363	DRH	Y

primidone 250mg tab

Primidone 250mg Tab	DN	0.0906	M	SF	00396761	AAP	Y
Mysoline 250mg Tab (discontinued)					02042355	DRH	Y

N03AB HYDANTOIN DERIVATIVES

N03AB02 PHENYTOIN

Dilantin-30 (6mg/mL) Susp	DNP	0.0478	L	SFC	00023442	PFI	N
phenytoin 25mg/mL susp							
Taro-Phenytoin 25mg/mL Susp	DNP	0.0428	M	SFC	02250896	TAR	Y
Dilantin-125 (25mg/mL) Susp	DNP	0.0428	M	SFC	00023450	PFI	Y
Dilantin 30mg Cap	DNP	0.1356	L	SFC	00022772	PFI	N

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		Phenytoin Sodium 50mg/mL Inj				00780626	SDZ	N
		Dilantin 50mg Infatabs	DNP	0.0869	L	SFC	00023698	PFI N
		phenytoin sodium 100mg cap						
		Apo-Phenytoin Sodium 100mg Cap	DNP	0.0665	M	SFC	02460912	APX Y
		Dilantin 100mg Cap	DNP	0.0665	M	SFC	00022780	PFI Y
N03AD	SUCCINIMIDE DERIVATIVES							
	N03AD01	ETHOSUXIMIDE						
		Zarontin 250mg Cap	DNP	0.5000	L	SF	00022799	ERF N
		Zarontin 250mg/5mL Syr	DNP	0.0715	L	SF	00023485	ERF N
N03AE	BENZODIAZEPINE DERIVATIVES AS ANTIEPILEPTICS							
	N03AE01	CLONAZEPAM						
		clonazepam 0.25mg tab						
		Clonazepam 0.25mg Tab				02442027	SIV	Y
		pms-Clonazepam 0.25mg Tab	DN	0.0837	M	SF	02179660	PMS Y
		clonazepam 0.5mg tab						
		Apo-Clonazepam 0.5mg Tab	DN	0.0418	M	SF	02177889	APX Y
		MYLAN-Clonazepam 0.5mg Tab (discontinued)				02230950	MYL	Y
		Novo-Clonazepam 0.5mg Tab (discontinued)				02239024	TEV	Y
		pms-Clonazepam 0.5mg Tab	DN	0.0418	M	SF	02048701	PMS Y
		pms-Clonazepam-R 0.5mg Tab	DN	0.0418	M	SF	02207818	PMS Y
		Rivotril 0.5mg Tab	DN	0.0418	M	SF	00382825	HLR Y
		clonazepam 1mg tab						
		Clonazepam 1mg Tab				02442043	SIV	Y
		pms-Clonazepam 1mg Tab	DN	0.1487	M	SF	02048728	PMS Y
		clonazepam 2mg tab						
		Apo-Clonazepam 2mg Tab	DN	0.0721	M	SF	02177897	APX Y
		Clonazepam 2mg Tab	DN	0.0721	M	SF	02442051	SIV Y
		MYLAN-Clonazepam 2mg Tab (discontinued)				02230951	MYL	Y
		Novo-Clonazepam 2mg Tab (discontinued)				02239025	TEV	Y
		pms-Clonazepam 2mg Tab	DN	0.0721	M	SF	02048736	PMS Y
		Rivotril 2mg Tab	DN	0.0721	M	SF	00382841	HLR Y
N03AF	CARBOXAMIDE DERIVATIVES							
	N03AF01	CARBAMAZEPINE						
		carbamazepine 100mg chewable tab						
		Taro-Carbamazepine 100mg Chewtab	DNP	0.1802	M	SFC	02244403	TAR Y
		Tegretol 100mg Chewtab (discontinued)				00369810	NVR	Y
		carbamazepine 20mg/mL o/l						
		Taro-Carbamazepine 100mg/5mL O/L				02367394	TAR	Y
		Tegretol 100mg/5mL O/L				02194333	NVR	Y
		carbamazepine 200mg CR tab						
		pms-Carbamazepine CR 200mg Tab	DNP	0.1001	M	SFC	02231543	PMS Y
		Sandoz Carbamazepine CR 200mg Tab	DNP	0.1001	M	SFC	02261839	SDZ Y
		Tegretol CR 200mg Tab	DNP	0.1001	M	SFC	00773611	NVR Y

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carbamazepine 200mg chewable tab

Taro-Carbamazepine 200mg Chewtab	DNP	0.3497	M	SFC	02244404	TAR	Y
Tegretol 200mg Chewtab (discontinued)					00665088	NVR	Y

carbamazepine 200mg tab

Taro-Carbamazepine 200mg Tab	DNP	0.1467	M	SFC	02407515	TAR	Y
Teva-Carbamazepine 200mg Tab	DNP	0.1467	M	SFC	00782718	TEV	Y
Tegretol 200mg Tab	DNP	0.1467	M	SFC	00010405	NVR	Y

carbamazepine 400mg CR tab

pms-Carbamazepine CR 400mg Tab	DNP	0.2001	M	SFC	02231544	PMS	Y
Sandoz Carbamazepine CR 400mg Tab	DNP	0.2001	M	SFC	02261847	SDZ	Y
Tegretol CR 400mg Tab	DNP	0.2001	M	SFC	00755583	NVR	Y

N03AF02 OXCARBAZEPINE

Trileptal 60mg/mL O/L	DNP	0.3466	L	E	02244673	NVR	N
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oxcarbazepine 150mg tab

Apo-Oxcarbazepine 150mg Tab	DNP	0.6209	M	E	02284294	AAP	Y
Trileptal 150mg Tab (discontinued)					02242067	NVR	Y

oxcarbazepine 300mg tab

Apo-Oxcarbazepine 300mg Tab	DNP	0.9102	M	E	02284308	AAP	Y
Trileptal 300mg Tab	DNP	0.9102	M	E	02242068	NVR	Y

oxcarbazepine 600mg tab

Apo-Oxcarbazepine 600mg Tab	DNP	1.8204	M	E	02284316	AAP	Y
Trileptal 600mg Tab	DNP	1.8204	M	E	02242069	NVR	Y

N03AF03 RUFINAMIDE

Banzel 100mg Tab	DNP	0.7183	L	E	02369613	EIS	N
Banzel 200mg Tab	DNP	1.4364	L	E	02369621	EIS	N
Banzel 400mg Tab	DNP	3.1298	L	E	02369648	EIS	N

N03AF04 ESLICARBAZEPINE

Aptiom 200mg Tab	DNP	9.7000	L	E	02426862	SNV	N
Aptiom 400mg Tab	DNP	9.7000	L	E	02426870	SNV	N
Aptiom 600mg Tab	DNP	9.7000	L	E	02426889	SNV	N
Aptiom 800mg Tab	DNP	9.7000	L	E	02426897	SNV	N

N03AG FATTY ACID DERIVATIVES

N03AG01 VALPROIC ACID (DIVALPROEX SODIUM)

valproic acid 50mg/mL syr

Apo-Valproic 50mg/mL Syr	DNP	0.0605	M	SF	02238370	APX	Y
pms-Valproic 50mg/mL Syr	DNP	0.0605	M	SF	02236807	PMS	Y
Depakene 50mg/mL Syr	DNP	0.0605	M	SF	00443832	BGP	Y

divalproex sodium 125mg tab

Apo-Divalproex 125mg Tab	DNP	0.0724	M	SF	02239698	APX	Y
Mylan-Divalproex 125mg Tab	DNP	0.0724	M	SF	02458926	MYL	Y
Novo-Divalproex 125mg Tab	DNP	0.0724	M	SF	02239701	TEV	Y
Epival 125mg Tab	DNP	0.0724	M	SF	00596418	BGP	Y

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divalproex sodium 250mg tab

Apo-Divalproex 250mg Tab	DNP	0.1301	M	SF	02239699	APX	Y
Mylan-Divalproex 250mg Tab	DNP	0.1301	M	SF	02458934	MYL	Y
Novo-Divalproex 250mg Tab	DNP	0.1301	M	SF	02239702	TEV	Y
Epival 250mg Tab	DNP	0.1301	M	SF	00596426	BGP	Y

valproic acid 250mg cap

Apo-Valproic 250mg Cap	DNP	0.2905	M	SF	02238048	APX	Y
pms-Valproic 250mg Cap	DNP	0.2905	M	SF	02230768	PMS	Y
Depakene 250mg Cap (discontinued)					00443840	BGP	Y

divalproex sodium 500mg tab

Apo-Divalproex 500mg Tab	DNP	0.2604	M	SF	02239700	APX	Y
Mylan-Divalproex 500mg Tab	DNP	0.2604	M	SF	02459019	MYL	Y
Novo-Divalproex 500mg Tab	DNP	0.2604	M	SF	02239703	TEV	Y
Epival 500mg Tab	DNP	0.2604	M	SF	00596434	BGP	Y

valproic acid 500mg EC cap

pms-Valproic EC 500mg Cap	DNP	0.6356	M	SF	02229628	PMS	Y
Depakene 500mg Cap (discontinued)					00507989	ABB	Y

N03AG04 VIGABATRIN

Sabril 0.5g Sachets	DNP	0.9110	L	E	02068036	LBK	N
Sabril 500mg Tab	DNP	0.9110	L	E	02065819	LBK	N

N03AX VARIOUS ANTIEPILEPTICS

N03AX09 LAMOTRIGINE

Lamictal 5mg Chewable Tab	DNP	0.1686	L	SF	02240115	GSK	N
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lamotrigine 25mg tab

Apo-Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02245208	APX	Y
Auro-Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02381354	ARO	Y
Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02428202	SIV	Y
Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02343010	SAS	Y
MYLAN-Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02265494	MYL	Y
Novo-Lamotrigine 25mg Tab (discontinued)					02248232	TEV	Y
pms-Lamotrigine 25mg Tab	DNP	0.0698	M	SF	02246897	PMS	Y
Lamictal 25mg Tab	DNP	0.0698	M	SF	02142082	GSK	Y

lamotrigine 100mg tab

Apo-Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02245209	APX	Y
Auro-Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02381362	ARO	Y
Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02343029	SAS	Y
Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02428210	SIV	Y
MYLAN-Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02265508	MYL	Y
Novo-Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02248233	TEV	Y
pms-Lamotrigine 100mg Tab	DNP	0.2787	M	SF	02246898	PMS	Y
Lamictal 100mg Tab	DNP	0.2787	M	SF	02142104	GSK	Y

lamotrigine 150mg tab

Apo-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02245210	APX	Y
Auro-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02381370	ARO	Y
Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02343037	SAS	Y

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Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02428229	SIV	Y
MYLAN-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02265516	MYL	Y
Novo-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02248234	TEV	Y
pms-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02246899	PMS	Y
Lamictal 150mg Tab	DNP	0.4107	M	SF	02142112	GSK	Y

N03AX11 TOPIRAMATE

Topamax 15mg Sprinkle Cap	DNP	1.2885	L	E	02239907	JAN	N
topiramate 25mg tab							
Apo-Topiramate 25mg Tab	DNP	0.2433	M	SF	02279614	APX	Y
Auro-Topiramate 25mg Tab	DNP	0.2433	M	SF	02345803	ARO	Y
Jamp-Topiramate 25mg Tab	DNP	0.2433	M	SF	02435608	JPC	Y
Mar-Topiramate 25mg Tab	DNP	0.2433	M	SF	02432099	MAR	Y
MINT-Topiramate 25mg Tab	DNP	0.2433	M	SF	02315645	MNT	Y
MYLAN-Topiramate 25mg Tab	DNP	0.2433	M	SF	02263351	MYL	Y
Novo-Topiramate 25mg Tab	DNP	0.2433	M	SF	02248860	TEV	Y
pms-Topiramate 25mg Tab	DNP	0.2433	M	SF	02262991	PMS	Y
Sandoz Topiramate 25mg Tab	DNP	0.2433	M	SF	02431807	SDZ	Y
Topiramate 25mg Tab	DNP	0.2433	M	SF	02389460	SIV	Y
Topiramate 25mg Tab	DNP	0.2433	M	SF	02356856	SAS	Y
Topiramate 25mg Tab	DNP	0.2433	M	SF	02395738	AHI	Y
Topamax 25mg Tab	DNP	0.2433	M	SF	02230893	JAN	Y
Topamax 25mg Sprinkle Cap	DNP	1.3520	L	E	02239908	JAN	N
pms-Topiramate 50mg Tab					02312085	PMS	N
topiramate 100mg tab							
Apo-Topiramate 100mg Tab	DNP	0.4583	M	SF	02279630	APX	Y
Auro-Topiramate 100mg Tab	DNP	0.4583	M	SF	02345838	ARO	Y
Jamp-Topiramate 100mg Tab	DNP	0.4583	M	SF	02435616	JPC	Y
Mar-Topiramate 100mg Tab	DNP	0.4583	M	SF	02432102	MAR	Y
MINT-Topiramate 100mg Tab	DNP	0.4583	M	SF	02315653	MNT	Y
MYLAN-Topiramate 100mg Tab	DNP	0.4583	M	SF	02263378	MYL	Y
Novo-Topiramate 100mg Tab	DNP	0.4583	M	SF	02248861	TEV	Y
pms-Topiramate 100mg Tab	DNP	0.4583	M	SF	02263009	PMS	Y
Sandoz Topiramate 100mg Tab	DNP	0.4583	M	SF	02431815	SDZ	Y
Topiramate 100mg Tab	DNP	0.4583	M	SF	02356864	SAS	Y
Topiramate 100mg Tab	DNP	0.4583	M	SF	02395746	AHI	Y
Topiramate 100mg Tab	DNP	0.4583	M	SF	02389487	SIV	Y
Topamax 100mg Tab	DNP	0.4583	M	SF	02230894	JAN	Y
topiramate 200mg tab							
Apo-Topiramate 200mg Tab	DNP	0.6748	M	SF	02279649	APX	Y
Auro-Topiramate 200mg Tab	DNP	0.6748	M	SF	02345846	ARO	Y
CO Topiramate 200mg Tab					02287781	ATV	Y
Jamp-Topiramate 200mg Tab	DNP	0.6748	M	SF	02435624	JPC	Y
Mar-Topiramate 200mg Tab	DNP	0.6748	M	SF	02432110	MAR	Y
MINT-Topiramate 200mg Tab	DNP	0.6748	M	SF	02315661	MNT	Y
MYLAN-Topiramate 200mg Tab	DNP	0.6748	M	SF	02263386	MYL	Y
Novo-Topiramate 200mg Tab	DNP	0.6748	M	SF	02248862	TEV	Y
pms-Topiramate 200mg Tab	DNP	0.6748	M	SF	02263017	PMS	Y

N Nervous System

Sandoz Topiramate 200mg Tab	DNP	0.6748	M	SF	02431823	SDZ	Y
Topiramate 200mg Tab	DNP	0.6748	M	SF	02395754	AHI	Y
Topiramate 200mg Tab	DNP	0.6748	M	SF	02356872	SAS	Y
Topamax 200mg Tab	DNP	0.6748	M	SF	02230896	JAN	Y

N03AX12 GABAPENTIN

gabapentin 100mg cap

Apo-Gabapentin 100mg Cap	DNP	0.0416	M	E	02244304	APX	Y
Auro-Gabapentin 100mg Cap	DNP	0.0416	M	E	02321203	ARO	Y
CO Gabapentin 100mg Cap (discontinued)					02256142	ATV	Y
Gabapentin 100mg Cap (SAS)	DNP	0.0416	M	E	02353245	SAS	Y
Gabapentin-100mg Cap	DNP	0.0416	M	E	02246314	SIV	Y
Jamp-Gabapentin 100mg Cap	DNP	0.0416	M	E	02361469	JPC	Y
Mar-Gabapentin 100mg Cap	DNP	0.0416	M	E	02391473	MAR	Y
pms-Gabapentin 100mg Cap	DNP	0.0416	M	E	02243446	PMS	Y
RAN-Gabapentin 100mg Cap (discontinued)					02319055	RAN	Y
Teva-Gabapentin 100mg Cap	DNP	0.0416	M	E	02244513	TEV	Y
Neurontin 100mg Cap	DNP	0.0416	M	E	02084260	PFI	Y

gabapentin 300mg cap

Apo-Gabapentin 300mg Cap	DNP	0.1012	M	E	02244305	APX	Y
Auro-Gabapentin 300mg Cap	DNP	0.1012	M	E	02321211	ARO	Y
CO Gabapentin 300mg Cap (discontinued)					02256150	ATV	Y
Gabapentin 300mg Cap (SAS)	DNP	0.1012	M	E	02353253	SAS	Y
Gabapentin-300mg Cap	DNP	0.1012	M	E	02246315	SIV	Y
Jamp-Gabapentin 300mg Cap	DNP	0.1012	M	E	02361485	JPC	Y
Mar-Gabapentin 300mg Cap	DNP	0.1012	M	E	02391481	MAR	Y
pms-Gabapentin 300mg Cap	DNP	0.1012	M	E	02243447	PMS	Y
RAN-Gabapentin 300mg Cap	DNP	0.1012	M	E	02319063	RAN	Y
Teva-Gabapentin 300mg Cap	DNP	0.1012	M	E	02244514	TEV	Y
Neurontin 300mg Cap	DNP	0.1012	M	E	02084279	PFI	Y

gabapentin 400mg cap

Apo-Gabapentin 400mg Cap	DNP	0.1206	M	E	02244306	APX	Y
Auro-Gabapentin 400mg Cap	DNP	0.1206	M	E	02321238	ARO	Y
CO Gabapentin 400mg Cap (discontinued)					02256169	ATV	Y
Gabapentin 400mg Cap (SAS)	DNP	0.1206	M	E	02353261	SAS	Y
Gabapentin-400mg Cap	DNP	0.1206	M	E	02246316	SIV	Y
Jamp-Gabapentin 400mg Cap	DNP	0.1206	M	E	02361493	JPC	Y
Mar-Gabapentin 400mg Cap	DNP	0.1206	M	E	02391503	MAR	Y
MYLAN-Gabapentin 400mg Cap (discontinued)					02248261	MYL	Y
pms-Gabapentin 400mg Cap	DNP	0.1206	M	E	02243448	PMS	Y
RAN-Gabapentin 400mg Cap (discontinued)					02319071	RAN	Y
Teva-Gabapentin 400mg Cap	DNP	0.1206	M	E	02244515	TEV	Y
Neurontin 400mg Cap	DNP	0.1206	M	E	02084287	PFI	Y

gabapentin 600mg tab

Apo-Gabapentin 600mg Tab	DNP	0.1809	M	E	02293358	APX	Y
Gabapentin 600mg Tab	DNP	0.1809	M	E	02431289	SAS	Y
Gabapentin 600mg Tab	DNP	0.1809	M	E	02392526	AHI	Y
Gabapentin 600mg Tab	DNP	0.1809	M	E	02410990	GLM	Y
Gabapentin-600mg Tab	DNP	0.1809	M	E	02388200	SIV	Y

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Jamp-Gabapentin 600mg Tab	DNP	0.1809	M	E	02402289	JPC	Y
Teva-Gabapentin 600mg Tab	DNP	0.1809	M	E	02248457	TEV	Y
Neurontin 600mg Tab	DNP	0.1809	M	E	02239717	PFI	Y

gabapentin 800mg tab

Apo-Gabapentin 800mg Tab	DNP	0.2412	M	E	02293366	APX	Y
Gabapentin 800mg Tab	DNP	0.2412	M	E	02431297	SAS	Y
Gabapentin 800mg Tab	DNP	0.2412	M	E	02392534	AHI	Y
Gabapentin 800mg Tab	DNP	0.2412	M	E	02411008	GLM	Y
Gabapentin-800mg Tab	DNP	0.2412	M	E	02388219	SIV	Y
Jamp-Gabapentin 800mg Tab	DNP	0.2412	M	E	02402297	JPC	Y
Teva-Gabapentin 800mg Tab	DNP	0.2412	M	E	02247346	TEV	Y
Neurontin 800mg Tab	DNP	0.2412	M	E	02239718	PFI	Y

N03AX14 LEVETIRACETAM

levetiracetam 250mg tab

Apo-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02285924	APX	Y
Auro-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02375249	ARO	Y
CO Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02274183	ATV	Y
Jamp-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02403005	JPC	Y
Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02442531	SIV	Y
Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02353342	SAS	Y
Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02399776	AHI	Y
Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02454653	PMS	Y
NAT-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02440202	NAT	Y
pms-Levetiracetam 250mg Tab					02296101	PMS	Y
RAN-Levetiracetam 250mg Tab					02396106	RAN	Y
Sandoz Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02461986	SDZ	Y
Keppra 250mg Tab	DNP	0.3210	M	SF	02247027	UCB	Y

levetiracetam 500mg tab

Apo-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02285932	APX	Y
Auro-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02375257	ARO	Y
CO Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02274191	ATV	Y
Jamp-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02403021	JPC	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02353350	SAS	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02454661	PMS	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02442558	SIV	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02399784	AHI	Y
NAT-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02440210	NAT	Y
pms-Levetiracetam 500mg Tab					02296128	PMS	Y
RAN-Levetiracetam 500mg Tab					02396114	RAN	Y
Sandoz Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02461994	SDZ	Y
Keppra 500mg Tab	DNP	0.3911	M	SF	02247028	UCB	Y

levetiracetam 750mg tab

Apo-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02285940	APX	Y
Auro-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02375265	ARO	Y
CO Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02274205	ATV	Y
Jamp-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02403048	JPC	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02399792	AHI	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02442566	SIV	Y

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Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02454688	PMS	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02353369	SAS	Y
NAT-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02440229	NAT	Y
pms-Levetiracetam 750mg Tab					02296136	PMS	Y
RAN-Levetiracetam 750mg Tab					02396122	RAN	Y
Sandoz Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02462001	SDZ	Y
Keppra 750mg Tab	DNP	0.5416	M	SF	02247029	UCB	Y

N03AX16 PREGABALIN

pregabalin 25mg cap

Apo-Pregabalin 25mg Cap	DNP	0.1481	M	E	02394235	APX	Y
Auro-Pregabalin 25mg Cap	DNP	0.1481	M	E	02433869	ARO	Y
CO Pregabalin 25mg Cap (discontinued)					02402912	ATV	Y
Jamp-Pregabalin 25mg Cap	DNP	0.1481	M	E	02435977	JPC	Y
Mar-Pregabalin 25mg Cap	DNP	0.1481	M	E	02417529	MAR	Y
MINT-Pregabalin 25mg Cap	DNP	0.1481	M	E	02423804	MNT	Y
pms-Pregabalin 25mg Cap	DNP	0.1481	M	E	02359596	PMS	Y
Pregabalin 25mg Cap	DNP	0.1481	M	E	02403692	SIV	Y
Pregabalin 25mg Cap	DNP	0.1481	M	E	02405539	SAS	Y
RAN-Pregabalin 25mg Cap	DNP	0.1481	M	E	02392801	RAN	Y
Sandoz Pregabalin 25mg Cap	DNP	0.1481	M	E	02390817	SDZ	Y
Teva-Pregabalin 25mg Cap	DNP	0.1481	M	E	02361159	TEV	Y
Lyrice 25mg Cap	DNP	0.1481	M	E	02268418	PFI	Y

pregabalin 50mg cap

Apo-Pregabalin 50mg Cap	DNP	0.2324	M	E	02394243	APX	Y
Auro-Pregabalin 50mg Cap	DNP	0.2324	M	E	02433877	ARO	Y
CO Pregabalin 50mg Cap (discontinued)					02402920	ATV	Y
Jamp-Pregabalin 50mg Cap	DNP	0.2324	M	E	02435985	JPC	Y
Mar-Pregabalin 50mg Cap	DNP	0.2324	M	E	02417537	MAR	Y
MINT-Pregabalin 50mg Cap	DNP	0.2324	M	E	02423812	MNT	Y
pms-Pregabalin 50mg Cap	DNP	0.2324	M	E	02359618	PMS	Y
Pregabalin 50mg Cap	DNP	0.2324	M	E	02403706	SIV	Y
Pregabalin 50mg Cap	DNP	0.2324	M	E	02405547	SAS	Y
RAN-Pregabalin 50mg Cap	DNP	0.2324	M	E	02392828	RAN	Y
Sandoz Pregabalin 50mg Cap	DNP	0.2324	M	E	02390825	SDZ	Y
Teva-Pregabalin 50mg Cap	DNP	0.2324	M	E	02361175	TEV	Y
Lyrice 50mg Cap	DNP	0.2324	M	E	02268426	PFI	Y

pregabalin 75mg cap

Apo-Pregabalin 75mg Cap	DNP	0.3007	M	E	02394251	APX	Y
Auro-Pregabalin 75mg Cap	DNP	0.3007	M	E	02433885	ARO	Y
CO Pregabalin 75mg Cap (discontinued)					02402939	ATV	Y
Jamp-Pregabalin 75mg Cap	DNP	0.3007	M	E	02435993	JPC	Y
Mar-Pregabalin 75mg Cap	DNP	0.3007	M	E	02417545	MAR	Y
MINT-Pregabalin 75mg Cap	DNP	0.3007	M	E	02424185	MNT	Y
pms-Pregabalin 75mg Cap	DNP	0.3007	M	E	02359626	PMS	Y
Pregabalin 75mg Cap	DNP	0.3007	M	E	02403714	SIV	Y
Pregabalin 75mg Cap	DNP	0.3007	M	E	02405555	SAS	Y
RAN-Pregabalin 75mg Cap	DNP	0.3007	M	E	02392836	RAN	Y
Sandoz Pregabalin 75mg Cap	DNP	0.3007	M	E	02390833	SDZ	Y

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Teva-Pregabalin 75mg Cap	DNP	0.3007	M	E	02361183	TEV	Y
Lyrica 75mg Cap	DNP	0.3007	M	E	02268434	PFI	Y
pregabalin 150mg cap							
Apo-Pregabalin 150mg Cap	DNP	0.4145	M	E	02394278	APX	Y
Auro-Pregabalin 150mg Cap	DNP	0.4145	M	E	02433907	ARO	Y
CO Pregabalin 150mg Cap (discontinued)					02402955	ATV	Y
Jamp-Pregabalin 150mg Cap	DNP	0.4145	M	E	02436000	JPC	Y
Mar-Pregabalin 150mg Cap	DNP	0.4145	M	E	02417561	MAR	Y
MINT-Pregabalin 150mg Cap	DNP	0.4145	M	E	02424207	MNT	Y
pms-Pregabalin 150mg Cap	DNP	0.4145	M	E	02359634	PMS	Y
Pregabalin 150mg Cap	DNP	0.4145	M	E	02403722	SIV	Y
Pregabalin 150mg Cap	DNP	0.4145	M	E	02405563	SAS	Y
RAN-Pregabalin 150mg Cap	DNP	0.4145	M	E	02392844	RAN	Y
Sandoz Pregabalin 150mg Cap	DNP	0.4145	M	E	02390841	SDZ	Y
Teva-Pregabalin 150mg Cap	DNP	0.4145	M	E	02361205	TEV	Y
Lyrica 150mg Cap	DNP	0.4145	M	E	02268450	PFI	Y
pregabalin 225mg cap							
Apo-Pregabalin 225mg Cap	DNP	0.5757	M	E	02394286	APX	Y
CO Pregabalin 225mg Cap (discontinued)					02402971	ATV	Y
pms-Pregabalin 225mg Cap	DNP	0.5757	M	E	02398079	PMS	Y
RAN-Pregabalin 225mg Cap	DNP	0.5757	M	E	02392852	RAN	Y
Teva-Pregabalin 225mg Cap	DNP	0.5757	M	E	02361221	TEV	Y
Lyrica 225mg Cap	DNP	0.5757	M	E	02268477	PFI	Y
pregabalin 300mg cap							
Apo-Pregabalin 300mg Cap	DNP	0.4145	M	E	02394294	APX	Y
CO Pregabalin 300mg Cap (discontinued)					02402998	ATV	Y
pms-Pregabalin 300mg Cap	DNP	0.4145	M	E	02359642	PMS	Y
Pregabalin 300mg Cap	DNP	0.4145	M	E	02405598	SAS	Y
Pregabalin 300mg Cap	DNP	0.4145	M	E	02403730	SIV	Y
RAN-Pregabalin 300mg Cap	DNP	0.4145	M	E	02392860	RAN	Y
Sandoz Pregabalin 300mg Cap	DNP	0.4145	M	E	02390868	SDZ	Y
Teva-Pregabalin 300mg Cap	DNP	0.4145	M	E	02361248	TEV	Y
Lyrica 300mg Cap	DNP	0.4145	M	E	02268485	PFI	Y
N03AX17 STIRIPENTOL							
Diacomit 250mg Cap	DNP	5.8983	L	E	02398958	BOX	N
Diacomit 250mg Pwd for Susp	DNP	5.8983	L	E	02398974	BOX	N
Diacomit 500mg Cap	DNP	11.7783	L	E	02398966	BOX	N
Diacomit 500mg Pwd for Susp	DNP	11.7783	L	E	02398982	BOX	N
N03AX18 LACOSAMIDE							
lacosamide 50mg tab							
Auro-Lacosamide 50mg Tab	DNP	0.6313	M	E	02475332	ARO	Y
pharma-Lacosamide 50mg Tab	DNP	0.6313	M	E	02478196	PMS	Y
Sandoz Lacosamide 50mg Tab	DNP	0.6313	M	E	02474670	SDZ	Y
Teva-Lacosamide 50mg Tab	DNP	0.6313	M	E	02472902	TEV	Y
Vimpat 50mg Tab	DNP	0.6313	M	E	02357615	UCB	Y
lacosamide 100mg tab							

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Auro-Lacosamide 100mg Tab	DNP	0.8750	M	E	02475340	ARO	Y
pharma-Lacosamide 100mg Tab	DNP	0.8750	M	E	02478218	PMS	Y
Sandoz Lacosamide 100mg Tab	DNP	0.8750	M	E	02474689	SDZ	Y
Teva-Lacosamide 100mg Tab	DNP	0.8750	M	E	02472910	TEV	Y
Vimpat 100mg Tab	DNP	0.8750	M	E	02357623	UCB	Y

lacosamide 150mg tab

Auro-Lacosamide 150mg Tab	DNP	1.1763	M	E	02475359	ARO	Y
pharma-Lacosamide 150mg Tab	DNP	1.1763	M	E	02478226	PMS	Y
Sandoz Lacosamide 150mg Tab	DNP	1.1763	M	E	02474697	SDZ	Y
Teva-Lacosamide 150mg Tab	DNP	1.1763	M	E	02472929	TEV	Y
Vimpat 150mg Tab	DNP	1.1763	M	E	02357631	UCB	Y

lacosamide 200mg tab

Auro-Lacosamide 200mg Tab	DNP	1.4500	M	E	02475367	ARO	Y
pharma-Lacosamide 200mg Tab	DNP	1.4500	M	E	02478234	PMS	Y
Sandoz Lacosamide 200mg Tab	DNP	1.4500	M	E	02474700	SDZ	Y
Teva-Lacosamide 200mg Tab	DNP	1.4500	M	E	02472937	TEV	Y
Vimpat 200mg Tab	DNP	1.4500	M	E	02357658	UCB	Y

N03AX22 PERAMPANEL

Fycompa 2mg Tab	DNP	9.4500	L	E	02404516	EIS	N
Fycompa 4mg Tab	DNP	9.4500	L	E	02404524	EIS	N
Fycompa 6mg Tab	DNP	9.4500	L	E	02404532	EIS	N
Fycompa 8mg Tab	DNP	9.4500	L	E	02404540	EIS	N
Fycompa 10mg Tab	DNP	9.4500	L	E	02404559	EIS	N
Fycompa 12mg Tab	DNP	9.4500	L	E	02404567	EIS	N

N04 ANTI-PARKINSON DRUGS
N04A ANTI-CHOLINERGIC AGENTS
N04AA TERTIARY AMINES WITH CARBON CHAIN
N04AA01 TRIHEXYPHENIDYL

Trihexyphenidyl 2mg Tab	DNP	0.0384	L	SF	00545058	AAP	N
Trihexyphenidyl 5mg Tab	DNP	0.0695	L	SF	00545074	AAP	N

N04AA04 PROCYCLIDINE
procyclidine HCl 0.5mg/mL o/l

pdp-Procyclidine 0.5mg/mL Elx (discontinued)					00587362	PDP	Y
Kemadrin 0.5mg/mL O/L (discontinued)					00004405	GSK	Y

procyclidine HCl 5mg tab

pdp-Procyclidine 5mg Tab (discontinued)					00587354	PDP	Y
Kemadrin 5mg Tab (discontinued)					00004758	GSK	Y

N04AA05 ETHOPROPAZINE (PROFENAMINE)

Parsitan 50mg Tab	DNP	0.3000	L	SF	01927744	ERF	N
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N04AC ETHERS OF TROPINE OR TROPINE DERIVATIVES

N Nervous System

N04AC01 BENZTROPINE

Benztropine 1mg Tab	DNP	0.0508	L	SF	00706531	PDP	N
Benztropine Omega 1mg Inj					02238903	OMG	N
benztropine mesylate 2mg tab							
Benztropine 2mg Tab (discontinued)					00426857	PDP	Y
Cogentin 2mg Tab (discontinued)					00016357	FRS	Y

N04B DOPAMINERGIC AGENTS

N04BA DOPA AND DOPA DERIVATIVES

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

Prolopa 100-25 Cap	DNP	0.5182	L	SF	00386464	HLR	N
Prolopa 200-50 Cap	DNP	0.8700	L	SF	00386472	HLR	N
Prolopa 50-12.5 Cap	DNP	0.3147	L	SF	00522597	HLR	N
Duodopa 5mg/20mg/mL Cassette					02292165	ABV	N
levodopa 100mg & carbidopa 10mg tab							
Apo-Levocarb 100mg/10mg Tab	DNP	0.1479	M	SF	02195933	APX	Y
MINT-Levocarb 100mg/10mg Tab	DNP	0.1479	M	SF	02457954	MNT	Y
Novo-Levocarbidoa 100mg/10mg Tab	DNP	0.1479	M	SF	02244494	TEV	Y
Sinemet 100mg/10mg Tab (discontinued)					00355658	FRS	Y
levodopa 100mg & carbidopa 25mg CR tab							
Apo-Levocarb CR 100mg/25mg Tab	DNP	0.5126	M	SF	02272873	APX	Y
Sinemet CR 100mg/25mg Tab	DNP	0.5126	M	SF	02028786	FRS	Y
levodopa 100mg & carbidopa 25mg tab							
Apo-Levocarb 100mg/25mg Tab	DNP	0.2209	M	SF	02195941	APX	Y
MINT-Levocarb 100mg/25mg Tab	DNP	0.2209	M	SF	02457962	MNT	Y
Novo-Levocarbidoa 100mg/25mg Tab	DNP	0.2209	M	SF	02244495	TEV	Y
Sinemet 100mg/25mg Tab	DNP	0.2209	M	SF	00513997	FRS	Y
levodopa 200mg & carbidopa 50mg CR tab							
Apo-Levocarb CR 200mg/50mg Tab	DNP	1.0850	M	SF	02245211	APX	Y
Sinemet CR 200mg/50mg Tab	DNP	1.0850	M	SF	00870935	FRS	Y
levodopa 250mg & carbidopa 25mg tab							
Apo-Levocarb 250mg/25mg Tab	DNP	0.2466	M	SF	02195968	APX	Y
MINT-Levocarb 250mg/25mg Tab	DNP	0.2466	M	SF	02457970	MNT	Y
Novo-Levocarbidoa 250mg/25mg Tab	DNP	0.2466	M	SF	02244496	TEV	Y
Sinemet 250mg/25mg Tab	DNP	0.2466	M	SF	00328219	FRS	Y

N04BA03 LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR

Stalevo 50mg Tab	DNP	1.7471	L	E	02305933	NVR	N
Stalevo 75mg Tab	DNP	1.7471	L	E	02337827	NVR	N
Stalevo 100mg Tab	DNP	1.7471	L	E	02305941	NVR	N
Stalevo 125mg Tab	DNP	1.7471	L	E	02337835	NVR	N
Stalevo 150mg Tab	DNP	1.7471	L	E	02305968	NVR	N

N04BB ADAMANTINE DERIVATIVES

N04BB01 AMANTADINE

N Nervous System

amantadine HCl 10mg/mL syr

pdp-Amantadine 10mg/mL Syr	DNP	0.1165	M	SF	02022826	PDP	Y
Symmetrel 10mg/mL Syr (discontinued)					01913999	BRI	Y

amantadine HCl 100mg cap

pms-Amantadine 100mg Cap	DNP	0.5829	M	SF	01990403	PDP	Y
Endantadine 100mg Cap (discontinued)					02034468	BRI	Y
Symmetrel 100mg Cap (discontinued)					01914006	BRI	Y

N04BC DOPAMINE AGONISTS

N04BC04 ROPINIROLE

ropinirole 0.25mg tab

CO Ropinirole 0.25mg Tab	DNP	0.0709	M	SF	02316846	ATV	Y
Jamp-Ropinirole 0.25mg Tab	DNP	0.0709	M	SF	02352338	JPC	Y
pms-Ropinirole 0.25mg Tab (discontinued)					02326590	PMS	Y
RAN-Ropinirole 0.25mg Tab	DNP	0.0709	M	SF	02314037	RAN	Y
Ropinirole 0.25mg Tab	DNP	0.0709	M	SF	02353040	SAS	Y
ReQuip 0.25mg Tab (discontinued)					02232565	GSK	Y

ropinirole 1mg tab

CO Ropinirole 1mg Tab	DNP	0.2839	M	SF	02316854	ATV	Y
Jamp-Ropinirole 1mg Tab	DNP	0.2839	M	SF	02352346	JPC	Y
pms-Ropinirole 1mg Tab (discontinued)					02326612	PMS	Y
RAN-Ropinirole 1mg Tab	DNP	0.2839	M	SF	02314053	RAN	Y
Ropinirole 1mg Tab	DNP	0.2839	M	SF	02353059	SAS	Y
ReQuip 1mg Tab (discontinued)					02232567	GSK	Y

ropinirole 2mg tab

CO Ropinirole 2mg Tab	DNP	0.3122	M	SF	02316862	ATV	Y
Jamp-Ropinirole 2mg Tab	DNP	0.3122	M	SF	02352354	JPC	Y
pms-Ropinirole 2mg Tab (discontinued)					02326620	PMS	Y
RAN-Ropinirole 2mg Tab	DNP	0.3122	M	SF	02314061	RAN	Y
ReQuip 2mg Tab (discontinued)					02232568	GSK	Y

ropinirole 5mg tab

CO Ropinirole 5mg Tab	DNP	0.8596	M	SF	02316870	ATV	Y
Jamp-Ropinirole 5mg Tab	DNP	0.8596	M	SF	02352362	JPC	Y
RAN-Ropinirole 5mg Tab	DNP	0.8596	M	SF	02314088	RAN	Y
ReQuip 5mg Tab (discontinued)					02232569	GSK	Y

N04BC05 PRAMIPEXOLE

pramipexole 0.25mg tab

ACT Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	02297302	ATV	Y
Apo-Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	02292378	APX	Y
Auro-Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	02424061	ARO	Y
pms-Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	02290111	PMS	Y
Pramipexole 0.25mg Tab (discontinued)					02367602	SAS	Y
Pramipexole-0.25mg Tab	DNP	0.1950	M	SF	02309122	SIV	Y
Sandoz Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	02315262	SDZ	Y
Mirapex 0.25mg Tab	DNP	0.1950	M	SF	02237145	BOE	Y

pramipexole 0.5mg tab

ACT Pramipexole 0.5mg Tab					02297310	ATV	Y
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N Nervous System

Apo-Pramipexole 0.5mg Tab						02292386	APX	Y
Auro-Pramipexole 0.5mg Tab						02424088	ARO	Y
pms-Pramipexole 0.5mg Tab						02290138	PMS	Y
Pramipexole 0.5mg Tab (discontinued)						02367610	SAS	Y
Pramipexole-0.5mg Tab						02309130	SIV	Y
Sandoz Pramipexole 0.5mg Tab						02315270	SDZ	Y
Mirapex 0.5mg Tab (discontinued)						02241594	BOE	Y

pramipexole 1mg tab

ACT Pramipexole 1mg Tab	DNP	0.3901	M	SF	02297329	ATV	Y
Apo-Pramipexole 1mg Tab	DNP	0.3901	M	SF	02292394	APX	Y
Auro-Pramipexole 1mg Tab	DNP	0.3901	M	SF	02424096	ARO	Y
pms-Pramipexole 1mg Tab	DNP	0.3901	M	SF	02290146	PMS	Y
Pramipexole 1mg Tab	DNP	0.3901	M	SF	02367629	SAS	Y
Pramipexole-1mg Tab	DNP	0.3901	M	SF	02309149	SIV	Y
Sandoz Pramipexole 1mg Tab	DNP	0.3901	M	SF	02315289	SDZ	Y
Mirapex 1mg Tab (discontinued)					02237146	BOE	Y

pramipexole 1.5mg tab

ACT Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02297337	ATV	Y
Apo-Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02292408	APX	Y
Auro-Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02424118	ARO	Y
pms-Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02290154	PMS	Y
Pramipexole-1.5mg Tab	DNP	0.3901	M	SF	02309157	SIV	Y
Sandoz Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02315297	SDZ	Y
Mirapex 1.5mg Tab (discontinued)					02237147	BOE	Y

N04BC09 ROTIGOTINE

Neupro 2mg/24hr Patch	DNP	3.5400	L	E	02403900	UCB	N
Neupro 4mg/24hr Patch	DNP	6.5000	L	E	02403927	UCB	N
Neupro 6mg/24hr Patch	DNP	7.2700	L	E	02403935	UCB	N
Neupro 8mg/24hr Patch	DNP	7.2700	L	E	02403943	UCB	N

N04BD MONOAMINE OXIDASE TYPE B INHIBITORS

N04BD01 SELEGILINE

selegiline 5mg tab

Apo-Selegiline 5mg Tab	DNP	0.5022	M	SF	02230641	APX	Y
Novo-Selegiline 5mg Tab	DNP	0.5022	M	SF	02068087	TEV	Y
Eldepryl 5mg Tab (discontinued)					02123312	DRH	Y

N04BD02 RASAGILINE

rasagiline 0.5mg

Apo-Rasagiline 0.5mg Tab					02404680	APX	Y
Teva-Rasagiline 0.5mg Tab					02418436	TEV	Y
Azilect 0.5mg Tab					02284642	TMP	Y

rasagiline 1mg

Apo-Rasagiline 1mg Tab					02404699	APX	Y
Teva-Rasagiline 1mg Tab					02418444	TEV	Y
Azilect 1mg Tab					02284650	TMP	Y

N Nervous System

N04BX OTHER DOPAMINERGIC AGENTS

N04BX02 ENTACAPONE

entacapone 200mg tab

Sandoz Entacapone 200mg Tab

DNP 0.4062 M E 02380005 SDZ Y

Teva-Entacapone 200mg Tab

DNP 0.4062 M E 02375559 TEV Y

Comtan 200mg Tab

DNP 0.4062 M E 02243763 NVR Y

N05 PSYCHOLEPTICS

N05A ANTIPSYCHOTICS

N05AA PHENOTHIAZINE WITH ALIPHATIC SIDE CHAIN

N05AA01 CHLORPROMAZINE

chlorpromazine 25mg/mL inj

Chlorpromazine 25mg/mL Inj

00743518 SDZ Y

Largactil 25mg/5mL Inj (discontinued)

01929968 SAV Y

Teva-Chlorpromazine 25mg Tab

DNP 0.2454 L SFC 00232823 TEV N

Teva-Chlorpromazine 50mg Tab

DNP 0.2808 L SFC 00232807 TEV N

Teva-Chlorpromazine 100mg Tab

DNP 0.7475 L SFC 00232831 TEV N

N05AA02 METHOTRIMEPRAZINE (LEVOMEPRMAZINE)

methotrimeprazine 2mg tab

Methoprazine 2mg Tab

DNP 0.0714 M SFC 02238403 AAP Y

Nozinan 2mg Tab (discontinued)

01927647 SAV Y

methotrimeprazine 5mg tab

Methoprazine 5mg Tab

DNP 0.1032 M SFC 02238404 AAP Y

Nozinan 5mg Tab (discontinued)

01927655 SAV Y

methotrimeprazine 25mg tab

Methoprazine 25mg Tab

DNP 0.2654 M SFC 02238405 AAP Y

Nozinan 25mg Tab (discontinued)

01927663 SAV Y

Nozinan 25mg/mL Inj

DNP 3.6190 L SFC 01927698 SAV N

methotrimeprazine 50mg tab

Methoprazine 50mg Tab

DNP 0.4017 M SFC 02238406 AAP Y

Nozinan 50mg Tab (discontinued)

01927671 SAV Y

N05AB PHENOTHIAZINE WITH PIPERAZINE STRUCTURE

N05AB02 FLUPHENAZINE

Fluphenazine 1mg Tab

DNP 0.1824 L SFC 00405345 AAP N

Fluphenazine 2mg Tab

DNP 0.2345 L SFC 00410632 AAP N

Fluphenazine 5mg Tab

DNP 0.3832 L SFC 00405361 AAP N

Moderate Concentrate 100mg/mL Inj

DNP 29.7800 L SFC 00755575 BRI N

N05AB03 PERPHENAZINE

Perphenazine 2mg Tab

DNP 0.0652 L SFC 00335134 AAP N

perphenazine 4mg tab

N Nervous System

	Perphenazine 4mg Tab	DNP	0.0789	M	SFC	00335126	AAP	Y
	Trilafon 4mg Tab (discontinued)					00028304	SCH	Y
	Perphenazine 8mg Tab	DNP	0.0867	L	SFC	00335118	AAP	N
	Perphenazine 16mg Tab	DNP	0.1327	L	SFC	00335096	AAP	N
N05AB04	PROCHLORPERAZINE							
	prochlorperazine 5mg tab							
	Prochlorazine 5mg Tab	DNP	0.1728	M	SFC	00886440	AAP	Y
	Stemetil 5mg Tab (discontinued)					01927752	ROP	Y
	prochlorperazine 10mg tab							
	Prochlorazine 10mg Tab	DNP	0.2109	M	SFC	00886432	AAP	Y
	Stemetil 10mg Tab (discontinued)					01927760	ROP	Y
	Prochlorperazine 10mg Supp	DNP	1.7580	L	SFC	00789720	SDZ	N
N05AB06	TRIFLUOPERAZINE							
	trifluoperazine 1mg tab							
	Trifluoperazine 1mg Tab	DNP	0.1396	M	SFC	00345539	AAP	Y
	Stelazine 1mg Tab (discontinued)					01918206	GSK	Y
	trifluoperazine 2mg tab							
	Trifluoperazine 2mg Tab	DNP	0.1831	M	SFC	00312754	AAP	Y
	Stelazine 2mg Tab (discontinued)					01918214	GSK	Y
	trifluoperazine 5mg tab							
	Trifluoperazine 5mg Tab	DNP	0.2425	M	SFC	00312746	AAP	Y
	Stelazine 5mg Tab (discontinued)					01918222	GSK	Y
	trifluoperazine 10mg tab							
	Trifluoperazine 10mg Tab	DNP	0.2906	M	SFC	00326836	AAP	Y
	Stelazine 10mg Tab (discontinued)					01918230	GSK	Y
	Trifluoperazine 20mg Tab	DNP	0.5812	L	SFC	00595942	AAP	N
N05AB08	THIOPROPERAZINE							
	Majeptil 10mg Tab	DNP	0.6929	L	SFC	01927639	ERF	N
N05AC	PHENOTHIAZINE WITH PIPERIDINE STRUCTURE							
N05AC01	PERICYAZINE (PROPERICYAZINE)							
	Neuleptil 5mg Cap					01926780	ERF	N
	Neuleptil 10mg Cap					01926772	ERF	N
	Neuleptil 10mg/mL Oral Drops					01926756	ERF	N
	Neuleptil 20mg Cap					01926764	ERF	N
N05AD	BUTYROPHENONE DERIVATIVES							
N05AD01	HALOPERIDOL							
	haloperidol 0.5mg tab							
	Novo-Peridol 0.5mg Tab	DNP	0.1362	M	SFC	00363685	TEV	Y
	Haldol 0.5mg Tab (discontinued)					00017655	OMC	Y
	haloperidol 1mg tab							

N Nervous System

Novo-Peridol 1mg Tab	DNP	0.2046	M	SFC	00363677	TEV	Y
Haldol 1mg Tab (discontinued)					00017663	OMC	Y
haloperidol 2mg tab							
Novo-Peridol 2mg Tab	DNP	0.3058	M	SFC	00363669	TEV	Y
Haldol 2mg Tab (discontinued)					00017671	OMC	Y
haloperidol 5mg tab							
Novo-Peridol 5mg Tab	DNP	0.4877	M	SFC	00363650	TEV	Y
Haldol 5mg Tab (discontinued)					00017698	OMC	Y
haloperidol 5mg/mL inj							
Haloperidol 5mg/mL Inj	DNP	4.8300	M	SFC	02366010	OMG	Y
Haloperidol 5mg/mL Inj	DNP	4.8300	M	SFC	00808652	SDZ	Y
haloperidol 10mg tab							
Novo-Peridol 10mg Tab	DNP	0.7095	M	SFC	00713449	TEV	Y
Haldol 10mg Tab (discontinued)					00381772	OMC	Y
haloperidol 20mg tab							
Novo-Peridol 20mg Tab					00768820	TEV	Y
Haldol 20mg Tab (discontinued)					00499579	OMC	Y
haloperidol LA 100mg/mL inj							
Haloperidol LA 100mg/mL Inj	DNP	18.6142	M	SFC	02130300	SDZ	Y
Haldol LA 100mg/mL Inj (discontinued)					00599093	JAN	Y

N05AD08 DROPERIDOL

Droperidol 2.5mg/mL Inj					02167832	SDZ	N
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N05AE INDOLE DERIVATIVES

N05AE04 ZIPRASIDONE

ziprasidone 20mg cap							
Auro-Ziprasidone 20mg Cap	DNP	1.3784	M	E	02449544	ARO	Y
Zeldox 20mg Cap	DNP	1.3784	M	E	02298597	PFI	Y
ziprasidone 40mg cap							
Auro-Ziprasidone 40mg Cap	DNP	1.5786	M	E	02449552	ARO	Y
Zeldox 40mg Cap	DNP	1.5786	M	E	02298600	PFI	Y
ziprasidone 60mg cap							
Auro-Ziprasidone 60mg Cap	DNP	1.5786	M	E	02449560	ARO	Y
Zeldox 60mg Cap	DNP	1.5786	M	E	02298619	PFI	Y
ziprasidone 80mg cap							
Auro-Ziprasidone 80mg Cap	DNP	1.5786	M	E	02449579	ARO	Y
Zeldox 80mg Cap	DNP	1.5786	M	E	02298627	PFI	Y

N05AE05 LURASIDONE

Latuda 20mg Tab	DNP	4.2000	L	E	02422050	SNV	N
Latuda 40mg Tab	DNP	4.2000	L	E	02387751	SNV	N
Latuda 60mg Tab	DNP	4.2000	L	E	02413361	SNV	N
Latuda 80mg Tab	DNP	4.2000	L	E	02387778	SNV	N
Latuda 120mg Tab	DNP	4.2000	L	E	02387786	SNV	N

N	Nervous System									
N05AF	THIOXANTHENE DERIVATIVES									
N05AF01	FLUPENTHIXOL									
	Fluanxol 0.5mg Tab	DNP	0.2726	L	SFC	02156008	VLH	N		
	Fluanxol Depot 2% Inj	DNP	7.8940	L	SFC	02156032	VLH	N		
	Fluanxol 3mg Tab	DNP	0.5890	L	SFC	02156016	VLH	N		
	Fluanxol Depot 10% Inj	DNP	39.4680	L	SFC	02156040	VLH	N		
N05AF05	ZUCLOPENTHIXOL									
	Clopixol 10mg Tab	DNP	0.4213	L	SF	02230402	VLH	N		
	Clopixol 25mg Tab	DNP	1.0533	L	SF	02230403	VLH	N		
	Clopixol-Acuphase 50mg/mL Inj					02230405	VLH	N		
	Clopixol-Depot 200mg/mL Inj	DNP	16.3820	L	SF	02230406	VLH	N		
N05AG	DIPHENYLBUTYLPYPERIDINE DERIVATIVES									
N05AG02	PIMOZIDE									
	pimozide 2mg tab									
	Pimozide 2mg Tab	DNP	0.3220	M	SFC	02245432	AAP	Y		
	Orap 2mg Tab (discontinued)					00313815	PMS	Y		
	pimozide 4mg tab									
	Pimozide 4mg Tab	DNP	0.4308	M	SFC	02245433	AAP	Y		
	Orap 4mg Tab (discontinued)					00313823	PMS	Y		
N05AH	DIAZEPINES, OXAZEPINES, THIAZEPINES AND OXEPINES									
N05AH01	LOXAPINE									
	Xylac 2.5mg Tab	DNP	0.2079	L	SFC	02242868	PDP	N		
	loxapine 5mg tab									
	Xylac 5mg Tab	DNP	0.1891	M	SFC	02230837	PDP	Y		
	Loxapac 5mg Tab (discontinued)					02170019	WAY	Y		
	loxapine 10mg tab									
	Xylac10mg Tab	DNP	0.3149	M	SFC	02230838	PDP	Y		
	Loxapac 10mg Tab (discontinued)					02170027	WAY	Y		
	loxapine 25mg tab									
	Xylac 25mg Tab	DNP	0.5027	M	SFC	02230839	PDP	Y		
	Loxapac 25mg Tab (discontinued)					02170132	WAY	Y		
	loxapine 50mg tab									
	Xylac 50mg Tab	DNP	0.6703	M	SFC	02230840	PDP	Y		
	Loxapac 50mg Tab (discontinued)					02170035	WAY	Y		
	Loxapac 50mg/mL IM Inj	DNP	20.2370	L	SFC	02169991	SDZ	N		
N05AH02	CLOZAPINE									
	clozapine 25mg tab									
	AA-Clozapine 25mg Tab					02248034	AAP	Y		
	Gen-Clozapine 25mg Tab					02247243	MYL	Y		
	Clozaril 25mg Tab					00894737	HLS	Y		

Gen-Clozapine 50mg Tab						02305003	MYL	N
clozapine 100mg tab								
AA-Clozapine 100mg Tab						02248035	AAP	Y
Gen-Clozapine 100mg Tab						02247244	MYL	Y
Clozaril 100mg Tab						00894745	NVR	Y
Gen-Clozapine 200mg Tab						02305011	MYL	N
N05AH03 OLANZAPINE								
olanzapine 2.5mg tab								
Apo-Olanzapine 2.5mg Tab	DNP	0.1772	M	SF		02281791	APX	Y
CO Olanzapine 2.5mg Tab (discontinued)						02325659	ATV	Y
Jamp-Olanzapine FC 2.5mg Tab	DNP	0.1772	M	SF		02417243	JPC	Y
Mar-Olanzapine 2.5mg Tab (discontinued)						02421232	MAR	Y
Olanzapine 2.5mg Tab	DNP	0.1772	M	SF		02372819	SAS	Y
pms-Olanzapine 2.5mg Tab	DNP	0.1772	M	SF		02303116	PMS	Y
Sandoz Olanzapine 2.5mg Tab	DNP	0.1772	M	SF		02310341	SDZ	Y
Teva-Olanzapine 2.5mg Tab	DNP	0.1772	M	SF		02276712	TEV	Y
Zyprexa 2.5mg Tab	DNP	0.1772	M	SF		02229250	LIL	Y
Olanzapine-2.5mg Tab						02385864	SIV	N
olanzapine 5mg tab								
Apo-Olanzapine 5mg Tab	DNP	0.3544	M	SF		02281805	APX	Y
CO Olanzapine 5mg Tab (discontinued)						02325667	ATV	Y
Jamp-Olanzapine FC 5mg Tab	DNP	0.3544	M	SF		02417251	JPC	Y
Mar-Olanzapine 5mg Tab (discontinued)						02421240	MAR	Y
Olanzapine 5mg Tab	DNP	0.3544	M	SF		02372827	SAS	Y
Olanzapine-5mg Tab	DNP	0.3544	M	SF		02385872	SIV	Y
pms-Olanzapine 5mg Tab	DNP	0.3544	M	SF		02303159	PMS	Y
Sandoz Olanzapine 5mg Tab	DNP	0.3544	M	SF		02310368	SDZ	Y
Teva-Olanzapine 5mg Tab	DNP	0.3544	M	SF		02276720	TEV	Y
Zyprexa 5mg Tab	DNP	0.3544	M	SF		02229269	LIL	Y
olanzapine ODT 5mg tab								
Apo-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02360616	APX	Y
Auro-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02448726	ARO	Y
CO Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02327562	ATV	Y
Jamp-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02406624	JPC	Y
Mar-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02389088	MAR	Y
MINT-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02436965	MNT	Y
Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02352974	SAS	Y
Olanzapine-ODT 5mg Tab	DNP	0.3574	M	SF		02343665	SIV	Y
pms-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02303191	PMS	Y
RAN-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02414090	RAN	Y
Sandoz Olanzapine ODT 5mg Tab	DNP	0.3574	M	SF		02327775	SDZ	Y
Zyprexa Zydys 5mg Tab	DNP	0.3574	M	SF		02243086	LIL	Y
olanzapine 7.5mg tab								
Apo-Olanzapine 7.5mg Tab	DNP	0.5316	M	SF		02281813	APX	Y
CO Olanzapine 7.5mg Tab (discontinued)						02325675	ATV	Y
Jamp-Olanzapine FC 7.5mg Tab	DNP	0.5316	M	SF		02417278	JPC	Y
Mar-Olanzapine 7.5mg Tab (discontinued)						02421259	MAR	Y

Olanzapine 7.5mg Tab	DNP	0.5316	M	SF	02372835	SAS	Y
Olanzapine-7.5mg Tab	DNP	0.5316	M	SF	02385880	SIV	Y
pms-Olanzapine 7.5mg Tab	DNP	0.5316	M	SF	02303167	PMS	Y
Sandoz Olanzapine 7.5mg Tab	DNP	0.5316	M	SF	02310376	SDZ	Y
Teva-Olanzapine 7.5mg Tab	DNP	0.5316	M	SF	02276739	TEV	Y
Zyprexa 7.5mg Tab	DNP	0.5316	M	SF	02229277	LIL	Y
olanzapine 10mg tab							
Apo-Olanzapine 10mg Tab	DNP	0.7088	M	SF	02281821	APX	Y
CO Olanzapine 10mg Tab (discontinued)					02325683	ATV	Y
Jamp-Olanzapine FC 10mg Tab	DNP	0.7088	M	SF	02417286	JPC	Y
Mar-Olanzapine 10mg Tab (discontinued)					02421267	MAR	Y
Olanzapine 10mg Tab	DNP	0.7088	M	SF	02372843	SAS	Y
Olanzapine-10mg Tab	DNP	0.7088	M	SF	02385899	SIV	Y
pms-Olanzapine 10mg Tab	DNP	0.7088	M	SF	02303175	PMS	Y
Sandoz Olanzapine 10mg Tab	DNP	0.7088	M	SF	02310384	SDZ	Y
Teva-Olanzapine 10mg Tab	DNP	0.7088	M	SF	02276747	TEV	Y
Zyprexa 10mg Tab	DNP	0.7088	M	SF	02229285	LIL	Y
olanzapine ODT 10mg tab							
Apo-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02360624	APX	Y
Auro-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02448734	ARO	Y
CO Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02327570	ATV	Y
Jamp-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02406632	JPC	Y
Mar-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02389096	MAR	Y
MINT-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02436973	MNT	Y
Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02352982	SAS	Y
Olanzapine-ODT 10mg Tab	DNP	0.7143	M	SF	02343673	SIV	Y
pms-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02303205	PMS	Y
RAN-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02414104	RAN	Y
Sandoz Olanzapine ODT 10mg Tab	DNP	0.7143	M	SF	02327783	SDZ	Y
Zyprexa Zydys 10mg Tab	DNP	0.7143	M	SF	02243087	LIL	Y
Zyprexa 10mg/vial Inj					02247099	LIL	N
olanzapine 15mg tab							
Apo-Olanzapine 15mg Tab	DNP	1.0631	M	SF	02281848	APX	Y
CO Olanzapine 15mg Tab (discontinued)					02325691	ATV	Y
Jamp-Olanzapine FC 15mg Tab	DNP	1.0631	M	SF	02417294	JPC	Y
Mar-Olanzapine 15mg Tab (discontinued)					02421275	MAR	Y
Olanzapine 15mg Tab	DNP	1.0631	M	SF	02372851	SAS	Y
Olanzapine-15mg Tab	DNP	1.0631	M	SF	02385902	SIV	Y
pms-Olanzapine 15mg Tab	DNP	1.0631	M	SF	02303183	PMS	Y
Sandoz Olanzapine 15mg Tab	DNP	1.0631	M	SF	02310392	SDZ	Y
Teva-Olanzapine 15mg Tab	DNP	1.0631	M	SF	02276755	TEV	Y
Zyprexa 15mg Tab	DNP	1.0631	M	SF	02238850	LIL	Y
olanzapine ODT 15mg tab							
Apo-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02360632	APX	Y
Auro-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02448742	ARO	Y
CO Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02327589	ATV	Y
Jamp-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02406640	JPC	Y
Mar-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02389118	MAR	Y

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MINT-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02436981	MNT	Y
Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02352990	SAS	Y
Olanzapine-ODT 15mg Tab	DNP	1.0711	M	SF	02343681	SIV	Y
pms-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02303213	PMS	Y
RAN-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02414112	RAN	Y
Sandoz Olanzapine ODT 15mg Tab	DNP	1.0711	M	SF	02327791	SDZ	Y
Zyprexa Zydys 15mg Tab	DNP	1.0711	M	SF	02243088	LIL	Y

olanzapine 20mg tab

Apo-Olanzapine 20mg Tab	DNP	1.4378	M	SF	02333015	APX	Y
CO Olanzapine 20mg Tab (discontinued)					02325713	ATV	Y
Jamp-Olanzapine FC 20mg Tab	DNP	1.4378	M	SF	02417308	JPC	Y
pms-Olanzapine 20mg Tab	DNP	1.4378	M	SF	02367483	PMS	Y
Teva-Olanzapine 20mg	DNP	1.4378	M	SF	02359707	TEV	Y
Zyprexa 20mg Tab	DNP	1.4378	M	SF	02238851	LIL	Y

olanzapine ODT 20mg tab

Apo-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02360640	APX	Y
Auro-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02448750	ARO	Y
CO Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02327597	ATV	Y
Jamp-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02406659	JPC	Y
Mar-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02389126	MAR	Y
Olanzapine-ODT 20mg Tab	DNP	1.4137	M	SF	02343703	SIV	Y
RAN-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02414120	RAN	Y
Sandoz Olanzapine ODT 20mg Tab	DNP	1.4137	M	SF	02327805	SDZ	Y
Zyprexa Zydys 20mg Tab	DNP	1.4137	M	SF	02243089	LIL	Y

N05AH04 QUETIAPINE
quetiapine 25mg tab

Apo-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02313901	APX	Y
Auro-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02390205	ARO	Y
CO Quetiapine 25mg Tab	DNP	0.0494	M	SF	02316080	ATV	Y
Jamp-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02330415	JPC	Y
Mar-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02399822	MAR	Y
MINT-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02438003	MNT	Y
Novo-Quetiapine 25mg Tab (discontinued)					02284235	TEV	Y
pms-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02296551	PMS	Y
Quetiapine 25mg Tab	DNP	0.0494	M	SF	02353164	SAS	Y
Quetiapine-25mg Tab	DNP	0.0494	M	SF	02387794	AHI	Y
Quetiapine-25mg Tab	DNP	0.0494	M	SF	02317893	SIV	Y
RAN-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02397099	RAN	Y
Sandoz Quetiapine 25mg Tab	DNP	0.0494	M	SF	02313995	SDZ	Y
Seroquel 25mg Tab	DNP	0.0494	M	SF	02236951	AZE	Y

NAT-Quetiapine 25mg Tab					02439158	NAT	N
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quetiapine 50mg ER tab

Apo-Quetiapine XR 50mg Tab					02457229	APX	Y
Quetiapine XR 50mg Tab					02417359	SIV	Y
Sandoz Quetiapine XRT 50mg Tab					02407671	SDZ	Y
Teva-Quetiapine XR 50mg Tab					02395444	TEV	Y
Seroquel XR 50mg Tab					02300184	AZE	Y

pms-Quetiapine 50mg Tab	DNP	0.6566	L	SF	02361892	PMS	N
quetiapine 100mg tab							
Apo-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02313928	APX	Y
Auro-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02390213	ARO	Y
CO Quetiapine 100mg Tab	DNP	0.1318	M	SF	02316099	ATV	Y
Jamp-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02330423	JPC	Y
Mar-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02399830	MAR	Y
MINT-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02438011	MNT	Y
Novo-Quetiapine 100mg Tab (discontinued)					02284243	TEV	Y
pms-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02296578	PMS	Y
Quetiapine 100mg Tab	DNP	0.1318	M	SF	02353172	SAS	Y
Quetiapine-100mg Tab	DNP	0.1318	M	SF	02317907	SIV	Y
Quetiapine-100mg Tab	DNP	0.1318	M	SF	02387808	AHI	Y
RAN-Quetiapine 100mg Tab	DNP	0.1318	M	SF	02397102	RAN	Y
Sandoz Quetiapine 100mg Tab	DNP	0.1318	M	SF	02314002	SDZ	Y
Seroquel 100mg Tab	DNP	0.1318	M	SF	02236952	AZE	Y
NAT-Quetiapine 100mg Tab					02439166	NAT	N
quetiapine 150mg ER tab							
Apo-Quetiapine XR 150mg Tab					02457237	APX	Y
Quetiapine XR 150mg Tab					02417367	SIV	Y
Sandoz Quetiapine XRT 150mg Tab					02407698	SDZ	Y
Teva-Quetiapine XR 150mg Tab					02395452	TEV	Y
Seroquel XR 150mg Tab					02321513	AZE	Y
quetiapine 150mg tab							
Novo-Quetiapine 150mg Tab	DNP	1.7288	M	SF	02284251	TEV	Y
Seroquel 150mg Tab (discontinued)					02240862	AZE	Y
quetiapine 200mg ER tab							
Apo-Quetiapine XR 200mg Tab					02457245	APX	Y
Quetiapine XR 200mg Tab					02417375	SIV	Y
Sandoz Quetiapine XRT 200mg Tab					02407701	SDZ	Y
Teva-Quetiapine XR 200mg Tab					02395460	TEV	Y
Seroquel XR 200mg Tab					02300192	AZE	Y
quetiapine 200mg tab							
Apo-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02313936	APX	Y
Auro-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02390248	ARO	Y
CO Quetiapine 200mg Tab	DNP	0.2647	M	SF	02316110	ATV	Y
Jamp-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02330458	JPC	Y
Mar-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02399849	MAR	Y
MINT-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02438046	MNT	Y
Novo-Quetiapine 200mg Tab (discontinued)					02284278	TEV	Y
pms-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02296594	PMS	Y
Quetiapine 200mg Tab	DNP	0.2647	M	SF	02353199	SAS	Y
Quetiapine-200mg Tab	DNP	0.2647	M	SF	02317923	SIV	Y
Quetiapine-200mg Tab	DNP	0.2647	M	SF	02387824	AHI	Y
RAN-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02397110	RAN	Y
Sandoz Quetiapine 200mg Tab	DNP	0.2647	M	SF	02314010	SDZ	Y
Seroquel 200mg Tab	DNP	0.2647	M	SF	02236953	AZE	Y

	NAT-Quetiapine 200mg Tab					02439182	NAT	N
	quetiapine 300mg ER tab							
	Apo-Quetiapine XR 300mg Tab					02457253	APX	Y
	Quetiapine XR 300mg Tab					02417383	SIV	Y
	Sandoz Quetiapine XRT 300mg Tab					02407728	SDZ	Y
	Teva-Quetiapine XR 300mg Tab					02395479	TEV	Y
	Seroquel XR 300mg Tab					02300206	AZE	Y
	quetiapine 300mg tab							
	Apo-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02313944	APX	Y
	Auro-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02390256	ARO	Y
	CO Quetiapine 300mg Tab	DNP	0.3863	M	SF	02316129	ATV	Y
	Jamp-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02330466	JPC	Y
	Mar-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02399857	MAR	Y
	MINT-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02438054	MNT	Y
	Novo-Quetiapine 300mg Tab (discontinued)					02284286	TEV	Y
	pms-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02296608	PMS	Y
	Quetiapine 300mg Tab	DNP	0.3863	M	SF	02353202	SAS	Y
	Quetiapine-300mg Tab	DNP	0.3863	M	SF	02387832	AHI	Y
	Quetiapine-300mg Tab	DNP	0.3863	M	SF	02317931	SIV	Y
	RAN-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02397129	RAN	Y
	Sandoz Quetiapine 300mg Tab	DNP	0.3863	M	SF	02314029	SDZ	Y
	Seroquel 300mg Tab	DNP	0.3863	M	SF	02244107	AZE	Y
	NAT-Quetiapine 300mg Tab					02439190	NAT	N
	quetiapine 400mg ER tab							
	Apo-Quetiapine XR 400mg Tab					02457261	APX	Y
	Quetiapine XR 400mg Tab					02417391	SIV	Y
	Sandoz Quetiapine XRT 400mg Tab					02407736	SDZ	Y
	Teva-Quetiapine XR 400mg Tab					02395487	TEV	Y
	Seroquel XR 400mg Tab					02300214	AZE	Y
N05AH05	ASENAPINE							
	Saphris 5mg SL Tab	DNP	1.4935	L	E	02374803	FRS	N
	Saphris 10mg SL Tab	DNP	1.4935	L	E	02374811	FRS	N
N05AN	LITHIUM							
N05AN01	LITHIUM							
	lithium 150mg cap (Carbolith)							
	Apo-Lithium Carbonate 150mg Cap	DNP	0.0667	M	SFC	02242837	APX	Y
	pms-Lithium Carbonate 150mg Cap	DNP	0.0667	M	SFC	02216132	PMS	Y
	Carbolith 150mg Cap	DNP	0.0667	M	SFC	00461733	VLN	Y
	lithium 150mg cap (Lithane)							
	Apo-Lithium Carbonate 150mg Cap	DNP	0.0667	M	SFC	02242837	APX	Y
	Lithane 150mg Cap	DNP	0.0667	M	SFC	02013231	ERF	Y
	lithium 300mg SR tab							
	Lithmax SR 300mg Tab	DNP	0.2598	M	SFC	02266695	AAP	Y
	Duralith 300mg Tab (discontinued)					00590665	JAN	Y
	lithium 300mg cap (Carbolith)							

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Apo-Lithium Carbonate 300mg Cap	DNP	0.0657	M	SFC	02242838	APX	Y
pms-Lithium Carbonate 300mg Cap	DNP	0.0657	M	SFC	02216140	PMS	Y
Carbolith 300mg Cap	DNP	0.0657	M	SFC	00236683	VLN	Y
lithium 300mg cap (Lithane)							
Apo-Lithium Carbonate 300mg Cap	DNP	0.0657	M	SFC	02242838	APX	Y
Lithane 300mg Cap	DNP	0.0657	M	SFC	00406775	ERF	Y
lithium 600mg cap							
pms-Lithium Carbonate 600mg Cap	DNP	0.1894	M	SFC	02216159	PMS	Y
Carbolith 600mg Cap	DNP	0.1894	M	SFC	02011239	VLN	Y

N05AX OTHER NEUROLEPTICS

N05AX08 RISPERIDONE

risperidone 0.25mg tab

Apo-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02282119	APX	Y
CO Risperidone 0.25mg Tab (discontinued)					02282585	ATV	Y
Jamp-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02359529	JPC	Y
Mar-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02371766	MAR	Y
MINT-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02359790	MNT	Y
Novo-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02282690	TEV	Y
pms-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02252007	PMS	Y
RAN-Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02328305	RAN	Y
Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02356880	SAS	Y
Sandoz Risperidone 0.25mg Tab	DNP	0.1036	M	SF	02303655	SDZ	Y
Risperdal 0.25mg Tab	DNP	0.1036	M	SF	02240551	JAN	Y

risperidone 0.5mg tab

Apo-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02282127	APX	Y
CO Risperidone 0.5mg Tab (discontinued)					02282593	ATV	Y
Jamp-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02359537	JPC	Y
Mar-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02371774	MAR	Y
MINT-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02359804	MNT	Y
Novo-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02264188	TEV	Y
pms-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02252015	PMS	Y
RAN-Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02328313	RAN	Y
Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02356899	SAS	Y
Sandoz Risperidone 0.5mg Tab	DNP	0.1735	M	SF	02303663	SDZ	Y
Risperdal 0.5mg Tab	DNP	0.1735	M	SF	02240552	JAN	Y

risperidone ODT 0.5mg tab

MYLAN-Risperidone ODT 0.5mg	DNP	0.5588	M	SF	02413485	MYL	Y
Risperdal M-Tab (0.5mg) (discontinued)					02247704	JAN	Y

risperidone 1mg tab

Apo-Risperidone 1mg Tab	DNP	0.2397	M	SF	02282135	APX	Y
CO Risperidone 1mg Tab (discontinued)					02282607	ATV	Y
Jamp-Risperidone 1mg Tab	DNP	0.2397	M	SF	02359545	JPC	Y
Mar-Risperidone 1mg Tab	DNP	0.2397	M	SF	02371782	MAR	Y
MINT-Risperidone 1mg Tab	DNP	0.2397	M	SF	02359812	MNT	Y
Novo-Risperidone 1mg Tab	DNP	0.2397	M	SF	02264196	TEV	Y
pms-Risperidone 1mg Tab	DNP	0.2397	M	SF	02252023	PMS	Y
RAN-Risperidone 1mg Tab	DNP	0.2397	M	SF	02328321	RAN	Y

Risperidone 1mg Tab	DNP	0.2397	M	SF	02356902	SAS	Y
Sandoz Risperidone 1mg Tab	DNP	0.2397	M	SF	02279800	SDZ	Y
Risperdal 1mg Tab	DNP	0.2397	M	SF	02025280	JAN	Y
risperidone 1mg/mL o/l							
Apo-Risperidone 1mg/mL O/L					02280396	APX	Y
Jamp-Risperidone 1mg/mL O/L	DNP	0.4956	M	SF	02454319	JPC	Y
pms-Risperidone 1mg/mL O/L	DNP	0.4956	M	SF	02279266	PMS	Y
Risperdal 1mg/mL O/L	DNP	0.4956	M	SF	02236950	JAN	Y
risperidone ODT 1mg tab							
MYLAN-Risperidone ODT 1mg Tab	DNP	0.5150	M	SF	02413493	MYL	Y
Risperdal M-Tab (1mg) (discontinued)					02247705	JAN	Y
risperidone 2mg tab							
Apo-Risperidone 2mg Tab	DNP	0.4795	M	SF	02282143	APX	Y
CO Risperidone 2mg Tab (discontinued)					02282615	ATV	Y
Jamp-Risperidone 2mg Tab	DNP	0.4795	M	SF	02359553	JPC	Y
Mar-Risperidone 2mg Tab	DNP	0.4795	M	SF	02371790	MAR	Y
MINT-Risperidon 2mg Tab	DNP	0.4795	M	SF	02359820	MNT	Y
Novo-Risperidone 2mg Tab	DNP	0.4795	M	SF	02264218	TEV	Y
pms-Risperidone 2mg Tab	DNP	0.4795	M	SF	02252031	PMS	Y
RAN-Risperidone 2mg Tab	DNP	0.4795	M	SF	02328348	RAN	Y
Risperidone 2mg Tab	DNP	0.4795	M	SF	02356910	SAS	Y
Sandoz Risperidone 2mg Tab	DNP	0.4795	M	SF	02279819	SDZ	Y
Risperdal 2mg Tab	DNP	0.4795	M	SF	02025299	JAN	Y
risperidone ODT 2mg tab							
MYLAN-Risperidone ODT 2mg Tab	DNP	1.0188	M	SF	02413507	MYL	Y
Risperdal M-Tab (2mg) (discontinued)					02247706	JAN	Y
risperidone 3mg tab							
Apo-Risperidone 3mg Tab	DNP	0.7180	M	SF	02282151	APX	Y
CO Risperidone 3mg Tab (discontinued)					02282623	ATV	Y
Jamp-Risperidone 3mg Tab	DNP	0.7180	M	SF	02359561	JPC	Y
Mar-Risperidone 3mg Tab	DNP	0.7180	M	SF	02371804	MAR	Y
MINT-Risperidon 3mg Tab	DNP	0.7180	M	SF	02359839	MNT	Y
Novo-Risperidone 3mg Tab	DNP	0.7180	M	SF	02264226	TEV	Y
pms-Risperidone 3mg Tab	DNP	0.7180	M	SF	02252058	PMS	Y
RAN-Risperidone 3mg Tab	DNP	0.7180	M	SF	02328364	RAN	Y
Risperidone 3mg Tab	DNP	0.7180	M	SF	02356929	SAS	Y
Sandoz Risperidone 3mg Tab	DNP	0.7180	M	SF	02279827	SDZ	Y
Risperdal 3mg Tab	DNP	0.7180	M	SF	02025302	JAN	Y
risperidone ODT 3mg tab							
MYLAN-Risperidone ODT 3mg Tab	DNP	1.5275	M	SF	02413515	MYL	Y
Risperdal M-Tab (3mg) (discontinued)					02268086	JAN	Y
risperidone 4mg tab							
Apo-Risperidone 4mg Tab	DNP	0.9574	M	SF	02282178	APX	Y
CO Risperidone 4mg Tab (discontinued)					02282631	ATV	Y
Jamp-Risperidone 4mg Tab	DNP	0.9574	M	SF	02359588	JPC	Y
Mar-Risperidone 4mg Tab	DNP	0.9574	M	SF	02371812	MAR	Y
MINT-Risperidon 4mg Tab	DNP	0.9574	M	SF	02359847	MNT	Y

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Novo-Risperidone 4mg Tab	DNP	0.9574	M	SF	02264234	TEV	Y
pms-Risperidone 4mg Tab	DNP	0.9574	M	SF	02252066	PMS	Y
RAN-Risperidone 4mg Tab	DNP	0.9574	M	SF	02328372	RAN	Y
Risperidone 4mg Tab	DNP	0.9574	M	SF	02356937	SAS	Y
Sandoz Risperidone 4mg Tab	DNP	0.9574	M	SF	02279835	SDZ	Y
Risperdal 4mg Tab	DNP	0.9574	M	SF	02025310	JAN	Y

risperidone ODT 4mg tab

MYLAN-Risperidone ODT 4mg Tab	DNP	2.0425	M	SF	02413523	MYL	Y
Risperdal M-Tab (4mg) (discontinued)					02268094	JAN	Y
Risperdal Consta 12.5mg/2mL Inj	DNP	82.0000	L	E	02298465	JAN	N
Risperdal Consta 25mg/2mL Inj	DNP	170.2600	L	E	02255707	JAN	N
Risperdal Consta 37.5mg/2mL Inj	DNP	255.3700	L	E	02255723	JAN	N
Risperdal Consta 50mg/2mL Inj	DNP	340.5000	L	E	02255758	JAN	N

N05AX12 ARIPIPRAZOLE

aripiprazole 2mg tab

Apo-Aripiprazole 2mg Tab	DNP	0.8092	M	E	02471086	APX	Y
Auro-Aripiprazole 2mg Tab	DNP	0.8092	M	E	02460025	ARO	Y
pms-Aripiprazole 2mg Tab	DNP	0.8092	M	E	02466635	PMS	Y
Sandoz Aripiprazole 2mg Tab	DNP	0.8092	M	E	02473658	SDZ	Y
Teva-Aripiprazole 2mg Tab	DNP	0.8092	M	E	02464144	TEV	Y
Abilify 2mg Tab	DNP	0.8092	M	E	02322374	OTS	Y

aripiprazole 5mg tab

Apo-Aripiprazole 5mg Tab	DNP	0.9046	M	E	02471094	APX	Y
Auro-Aripiprazole 5mg Tab	DNP	0.9046	M	E	02460033	ARO	Y
pms-Aripiprazole 5mg Tab	DNP	0.9046	M	E	02466643	PMS	Y
Sandoz Aripiprazole 5mg Tab	DNP	0.9046	M	E	02473666	SDZ	Y
Teva-Aripiprazole 5mg Tab	DNP	0.9046	M	E	02464152	TEV	Y
Abilify 5mg Tab	DNP	0.9046	M	E	02322382	OTS	Y

aripiprazole 10mg tab

Apo-Aripiprazole 10mg Tab	DNP	1.0754	M	E	02471108	APX	Y
Auro-Aripiprazole 10mg Tab	DNP	1.0754	M	E	02460041	ARO	Y
pms-Aripiprazole 10mg Tab	DNP	1.0754	M	E	02466651	PMS	Y
Sandoz Aripiprazole 10mg Tab	DNP	1.0754	M	E	02473674	SDZ	Y
Teva-Aripiprazole 10mg Tab	DNP	1.0754	M	E	02464160	TEV	Y
Abilify 10mg Tab	DNP	1.0754	M	E	02322390	OTS	Y

aripiprazole 15mg tab

Apo-Aripiprazole 15mg Tab	DNP	1.2692	M	E	02471116	APX	Y
Auro-Aripiprazole 15mg Tab	DNP	1.2692	M	E	02460068	ARO	Y
pms-Aripiprazole 15mg Tab	DNP	1.2692	M	E	02466678	PMS	Y
Sandoz Aripiprazole 15mg Tab	DNP	1.2692	M	E	02473682	SDZ	Y
Teva-Aripiprazole 15mg Tab	DNP	1.2692	M	E	02464179	TEV	Y
Abilify 15mg Tab	DNP	1.2692	M	E	02322404	OTS	Y

aripiprazole 20mg tab

Apo-Aripiprazole 20mg Tab	DNP	1.0017	M	E	02471124	APX	Y
Auro-Aripiprazole 20mg Tab	DNP	1.0017	M	E	02460076	ARO	Y
pms-Aripiprazole 20mg Tab	DNP	1.0017	M	E	02466686	PMS	Y

N Nervous System

Sandoz Aripiprazole 20mg Tab	DNP	1.0017	M	E	02473690	SDZ	Y
Teva-Aripiprazole 20mg Tab	DNP	1.0017	M	E	02464187	TEV	Y
Abilify 20mg Tab	DNP	1.0017	M	E	02322412	OTS	Y
aripiprazole 30mg tab							
Apo-Aripiprazole 30mg Tab	DNP	1.0017	M	E	02471132	APX	Y
Auro-Aripiprazole 30mg Tab	DNP	1.0017	M	E	02460084	ARO	Y
pms-Aripiprazole 30mg Tab	DNP	1.0017	M	E	02466694	PMS	Y
Sandoz Aripiprazole 30mg Tab	DNP	1.0017	M	E	02473704	SDZ	Y
Teva-Aripiprazole 30mg Tab	DNP	1.0017	M	E	02464195	TEV	Y
Abilify 30mg Tab	DNP	1.0017	M	E	02322455	OTS	Y
Abilify Maintena 300mg/Vial Inj	DNP	456.1800	L	E	02420864	OTS	N
Abilify Maintena 400mg/Vial Inj	DNP	456.1800	L	E	02420872	OTS	N
N05AX13 PALIPERIDONE							
Invega Sustenna 50mg/0.5mL Kit	DNP	317.9100	L	E	02354217	JAN	N
Invega Sustenna 75mg/0.75mL Kit	DNP	476.8700	L	E	02354225	JAN	N
Invega Sustenna 100mg/1mL Kit	DNP	476.8700	L	E	02354233	JAN	N
Invega Sustenna 150mg/1.5mL Kit	DNP	635.8300	L	E	02354241	JAN	N
Invega Trinza 175mg/0.875mL Inj	DNP	953.7300	L	E	02455943	JAN	N
Invega Trinza 263mg/1.315mL Inj	DNP	1430.6100	L	E	02455986	JAN	N
Invega Trinza 350mg/1.75mL Inj	DNP	1430.6100	L	E	02455994	JAN	N
Invega Trinza 525mg/2.625mL Inj	DNP	1907.4900	L	E	02456001	JAN	N

N05B ANXIOLYTICS
N05BA BENZODIAZEPINE DERIVATIVES
N05BA01 DIAZEPAM

Apo-Diazepam 2mg Tab	DN	0.0508	L	SFC	00405329	APX	N
diazepam 5mg tab							
Apo-Diazepam 5mg Tab	DN	0.0650	M	SFC	00362158	APX	Y
Valium 5mg Tab	DN	0.0650	M	SFC	00013285	HLR	Y
Vivol 5mg Tab (discontinued)					00013765	AXS	Y
diazepam 5mg/mL inj							
Diazepam 5mg/mL Inj	DN	1.6743	M	SFC	00399728	SDZ	Y
Valium 5mg/mL Inj (discontinued)					00012874	HLR	Y
Diastat 5mg/mL Rectal Gel					02238162	VLN	N
diazepam 10mg tab							
Apo-Diazepam 10mg Tab	DN	0.0867	M	SFC	00405337	APX	Y
Valium 10mg Tab (discontinued)					00013293	HLR	Y
Vivol 10mg Tab (discontinued)					00013773	AXS	Y

N05BA02 CHLORDIAZEPOXIDE

Chlordiazepoxide 5mg Cap	DN	0.0708	L	SFC	00522724	AAP	N
Chlordiazepoxide 10mg Cap	DN	0.1114	L	SFC	00522988	AAP	N

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	Chlordiazepoxide 25mg Cap	DN	0.1728	L	SFC	00522996	AAP	N
N05BA04	OXAZEPAM							
	oxazepam 10mg tab							
	Apo-Oxazepam 10mg Tab	DN	0.0420	M	SFC	00402680	APX	Y
	Serax 10mg Tab (discontinued)					02043653	WAY	Y
	oxazepam 15mg tab							
	Apo-Oxazepam 15mg Tab	DN	0.0560	M	SFC	00402745	APX	Y
	Serax 15mg Tab (discontinued)					02043661	WAY	Y
	oxazepam 30mg tab							
	Apo-Oxazepam 30mg Tab	DN	0.0764	M	SFC	00402737	APX	Y
	Serax 30mg Tab (discontinued)					02043688	WAY	Y
N05BA05	CLORAZEPATE DIPOTASSIUM							
	clorazepate dipotassium 3.75mg cap							
	Clorazepate 3.75mg Cap	DN	0.1538	M	SFC	00860689	AAP	Y
	Tranxene 3.75mg Cap (discontinued)					00264938	ABB	Y
	clorazepate dipotassium 7.5mg cap							
	Clorazepate 7.5mg Cap	DN	0.2006	M	SFC	00860700	AAP	Y
	Tranxene 7.5mg Cap (discontinued)					00264946	ABB	Y
	clorazepate dipotassium 15mg cap							
	Clorazepate 15mg Cap	DN	0.4016	M	SFC	00860697	AAP	Y
	Tranxene 15mg Cap (discontinued)					00264911	ABB	Y
N05BA06	LORAZEPAM							
	lorazepam 0.5mg SL tab							
	Lorazepam 0.5mg SL Tab					02410745	AAP	Y
	Ativan 0.5mg SL Tab					02041456	PFI	Y
	lorazepam 0.5mg tab							
	Apo-Lorazepam 0.5mg Tab	DN	0.0359	M	SFC	00655740	APX	Y
	Novo-Lorazem 0.5mg Tab	DN	0.0359	M	SFC	00711101	TEV	Y
	pms-Lorazepam 0.5mg Tab	DN	0.0359	M	SFC	00728187	PMS	Y
	Ativan 0.5mg Tab	DN	0.0359	M	SFC	02041413	PFI	Y
	lorazepam 1mg SL tab							
	Lorazepam 1mg SL Tab					02410753	AAP	Y
	Ativan 1mg SL Tab					02041464	PFI	Y
	lorazepam 1mg tab							
	Apo-Lorazepam 1mg Tab	DN	0.0447	M	SFC	00655759	APX	Y
	Lorazepam 1mg Tab	DN	0.0447	M	SFC	02351080	SAS	Y
	Novo-Lorazem 1mg Tab	DN	0.0447	M	SFC	00637742	TEV	Y
	pms-Lorazepam 1mg Tab	DN	0.0447	M	SFC	00728195	PMS	Y
	Ativan 1mg Tab	DN	0.0447	M	SFC	02041421	PFI	Y
	lorazepam 2mg SL tab							
	Lorazepam 2mg SL Tab					02410761	AAP	Y
	Ativan 2mg SL Tab					02041472	PFI	Y
	lorazepam 2mg tab							
	Apo-Lorazepam 2mg Tab	DN	0.0699	M	SFC	00655767	APX	Y

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	Lorazepam 2mg Tab	DN	0.0699	M	SFC	02351099	SAS	Y
	Novo-Lorazem 2mg Tab	DN	0.0699	M	SFC	00637750	TEV	Y
	pms-Lorazepam 2mg Tab	DN	0.0699	M	SFC	00728209	PMS	Y
	Ativan 2mg Tab	DN	0.0699	M	SFC	02041448	PFI	Y
	Lorazepam 2mg/mL Inj	DN	21.2000	L	SFC	02438704	SDZ	N
	lorazepam 4mg/mL inj							
	Lorazepam 4mg/mL Inj	DN	21.2000	M	SFC	02243278	SDZ	Y
	Ativan 4mg/mL Inj (discontinued)					02041405	WAY	Y
N05BA08	BROMAZEPAM							
	bromazepam 1.5mg tab							
	Apo-Bromazepam 1.5mg Tab (discontinued)					02177153	APX	Y
	Lectopam 1.5mg Tab (discontinued)					00682314	HLR	Y
	bromazepam 3mg tab							
	Apo-Bromazepam 3mg Tab	DN	0.0776	M	SFC	02177161	APX	Y
	Novo-Bromazepam 3mg Tab	DN	0.0776	M	SFC	02230584	TEV	Y
	Lectopam 3mg Tab (discontinued)					00518123	HLR	Y
	bromazepam 6mg tab							
	Apo-Bromazepam 6mg Tab	DN	0.1134	M	SFC	02177188	APX	Y
	Novo-Bromazepam 6mg Tab	DN	0.1134	M	SFC	02230585	TEV	Y
	Lectopam 6mg Tab (discontinued)					00518131	HLR	Y
N05BA09	CLOBAZAM							
	clobazam 10mg tab							
	Apo-Clobazam 10mg Tab	DN	0.2197	M	SF	02244638	APX	Y
	Novo-Clobazam 10mg Tab	DN	0.2197	M	SF	02238334	TEV	Y
	Frisium 10mg Tab (discontinued)					02221799	LBK	Y
N05BA12	ALPRAZOLAM							
	alprazolam 0.25mg tab							
	Alprazolam 0.25mg Tab	DN	0.0609	M	SFC	02349191	SAS	Y
	Apo-Alpraz 0.25mg Tab	DN	0.0609	M	SFC	00865397	APX	Y
	Jamp-Alprazolam 0.25mg Tab	DN	0.0609	M	SFC	02400111	JPC	Y
	MYLAN-Alprazolam 0.25mg Tab (discontinued)					02137534	MYL	Y
	NAT-Alprazolam 0.25mg Tab (discontinued)					02417634	NAT	Y
	Teva-Alprazolam 0.25mg Tab	DN	0.0609	M	SFC	01913484	TEV	Y
	Xanax 0.25mg Tab	DN	0.0609	M	SFC	00548359	PFI	Y
	alprazolam 0.5mg tab							
	Alprazolam 0.5mg Tab	DN	0.0728	M	SFC	02349205	SAS	Y
	Apo-Alpraz 0.5mg Tab	DN	0.0728	M	SFC	00865400	APX	Y
	Jamp-Alprazolam 0.5mg Tab	DN	0.0728	M	SFC	02400138	JPC	Y
	NAT-Alprazolam 0.5mg Tab (discontinued)					02417642	NAT	Y
	Teva-Alprazolam 0.5mg Tab	DN	0.0728	M	SFC	01913492	TEV	Y
	Xanax 0.5mg Tab	DN	0.0728	M	SFC	00548367	PFI	Y
	alprazolam 1mg tab							
	Apo-Alpraz 1mg Tab					02243611	APX	Y
	Jamp-Alprazolam 1mg Tab					02400146	JPC	Y
	NAT-Alprazolam 1mg Tab (discontinued)					02417650	NAT	Y

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Xanax 1mg Tab						00723770	PFI	Y
alprazolam 2mg tab								
Apo-Alpraz 2mg Tab						02243612	APX	Y
Jamp-Alprazolam 2mg Tab						02400154	JPC	Y
NAT-Alprazolam 2mg Tab (discontinued)						02417669	NAT	Y
Xanax 2mg Tab						00813958	PFI	Y

N05BB DIPHENYLMETHANE DERIVATIVES
N05BB01 HYDROXYZINE

Atarax 2mg/mL Syr	DNP	0.0592	L	E		00024694	ERF	N
hydroxyzine HCl 10mg cap								
Apo-Hydroxyzine 10mg Cap	DNP	0.1116	M	E		00646059	APX	Y
Novo-Hydroxyzin 10mg Cap	DNP	0.1116	M	E		00738824	TEV	Y
Atarax 10mg Cap (discontinued)						00024376	ERF	Y
Pms-Hydroxyzine 10mg/5mL Syrup						00741817	PMS	N
hydroxyzine HCl 25mg cap								
Apo-Hydroxyzine 25mg Cap	DNP	0.1425	M	E		00646024	APX	Y
Novo-Hydroxyzin 25mg Cap	DNP	0.1425	M	E		00738832	TEV	Y
Atarax 25mg Cap (discontinued)						00024384	ERF	Y
hydroxyzine 50mg/mL inj								
Hydroxyzine 50mg/mL Inj						00742813	SDZ	Y
Atarax 50mg/mL Inj (discontinued)						00024589	ERF	Y
hydroxyzine HCl 50mg cap								
Apo-Hydroxyzine 50mg Cap	DNP	0.2068	M	E		00646016	APX	Y
Novo-Hydroxyzin 50mg Cap	DNP	0.2068	M	E		00738840	TEV	Y
Atarax 50mg Cap (discontinued)						00024392	ERF	Y

N05BE AZASPIRODECANEDIONE DERIVATIVES
N05BE01 BUSPIRONE

buspirone HCl 10mg tab								
Apo-Buspirone 10mg Tab	DNP	0.3517	M	SFC		02211076	APX	Y
Novo-Buspirone 10mg Tab	DNP	0.3517	M	SFC		02231492	TEV	Y
pms-Buspirone 10mg Tab	DNP	0.3517	M	SFC		02230942	PMS	Y
Buspar 10mg Tab (discontinued)						00603821	BRI	Y

N05C HYPNOTICS AND SEDATIVES
N05CC ALDEHYDES AND DERIVATIVES
N05CC01 CHLORAL HYDRATE

Chloral Hydrate-ODAN 100mg/mL Syr	DNP	0.0433	L	SFC		02247621	ODN	N
pms-Chloral Hydrate 100mg/mL Syr (discontinued)						00792659	PMS	N

N05CD BENZODIAZEPINE DERIVATIVES
N05CD01 FLURAZEPAM

flurazepam 15mg cap								
Apo-Flurazepam 15mg Cap						00521698	AAP	Y

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	Dalmane 15mg Cap (discontinued)					00012696	VLN	Y
	flurazepam 30mg cap							
	Apo-Flurazepam 30mg Cap					00521701	AAP	Y
	Dalmane 30mg Cap (discontinued)					00012718	VLN	Y
N05CD02	NITRAZEPAM							
	nitrazepam 5mg tab							
	Mogadon 5mg Tab					00511528	AAP	Y
	Nitrazadon 5mg Tab (discontinued)					02229654	VLN	Y
	nitrazepam 10mg tab							
	Mogadon 10mg Tab					00511536	AAP	Y
	Nitrazadon 10mg Tab (discontinued)					02229655	VLN	Y
N05CD05	TRIAZOLAM							
	Triazolam 0.25mg Tab	DN	0.2606	L	SFC	00808571	AAP	N
N05CD07	TEMAZEPAM							
	temazepam 15mg cap							
	Temazepam 15mg Cap (discontinued)					02225964	AAP	Y
	Restoril 15mg Cap	DN	0.1313	M	SFC	00604453	AAP	Y
	temazepam 30mg cap							
	Temazepam 30mg Cap (discontinued)					02225972	AAP	Y
	Restoril 30mg Cap	DN	0.1579	M	SFC	00604461	AAP	Y
N05CD08	MIDAZOLAM							
	midazolam 1mg/mL inj							
	Midazolam 1mg/mL Inj	DN	0.7800	M	E	02240285	SDZ	Y
	Versed 1mg/mL Inj (discontinued)					00784516	HLR	Y
	midazolam 5mg/mL inj							
	Midazolam 5mg/mL Inj	DN	4.1000	M	E	02240286	SDZ	Y
	Versed 5mg/mL Inj (discontinued)					00766011	HLR	Y
N05CF	BENZODIAZEPINE RELATED DRUGS							
N05CF01	ZOPICLONE							
	zopiclone 5mg tab							
	Apo-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02245077	APX	Y
	CO Zopiclone 5mg Tab (discontinued)					02271931	ATV	Y
	Jamp-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02406969	JPC	Y
	Mar-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02386771	MAR	Y
	MINT-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02391716	MNT	Y
	MYLAN-Zopiclone 5mg Tab (discontinued)					02296616	MYL	Y
	pms-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02243426	PMS	Y
	RAN-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02267918	RAN	Y
	ratio-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02246534	TEV	Y
	Sandoz Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02257572	SDZ	Y
	Septa-Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02386909	SPT	Y
	Zopiclone 5mg Tab	DNP	0.0990	M	SFC	02344122	SAS	Y
	Zopiclone-5mg Tab	DNP	0.0990	M	SFC	02385821	SIV	Y

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Imovane 5mg Tab	DNP	0.0990	M	SFC	02216167	SAV	Y
zopiclone 7.5mg tab							
Apo-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02218313	APX	Y
CO Zopiclone 7.5mg Tab (discontinued)					02271958	ATV	Y
Jamp-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02406977	JPC	Y
Mar-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02386798	MAR	Y
MINT-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02391724	MNT	Y
pms-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02240606	PMS	Y
RAN-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02267926	RAN	Y
ratio-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02242481	TEV	Y
Septa-Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02386917	SPT	Y
Zopiclone 7.5mg Tab	DNP	0.1250	M	SFC	02282445	SAS	Y
Zopiclone-7.5mg Tab	DNP	0.1250	M	SFC	02385848	SIV	Y
Imovane 7.5mg Tab	DNP	0.1250	M	SFC	01926799	SAV	Y
Rhovane 7.5mg Tab	DNP	0.1250	M	SFC	02008203	SDZ	Y

N05CF02 ZOLPIDEM

zolpidem ODT 5mg tab

Apo-Zolpidem ODT 5mg Tab					02436159	APX	Y
pms-Zolpidem ODT 5mg Tab					02436175	PMS	Y
Sublinox 5mg SL Tab					02391678	MVL	Y

zolpidem ODT 10mg tab

Apo-Zolpidem ODT 10mg Tab					02434946	APX	Y
pms-Zolpidem ODT 10mg Tab					02436183	PMS	Y
Sublinox 10mg SL Tab					02370433	MVL	Y

N06 PSYCHOANALEPTICS

N06A ANTIDEPRESSANTS

N06AA TRICYCLIC DERIVATIVES

N06AA01 DESIPRAMINE

desipramine 10mg tab

Desipramine 10mg Tab	DNP	0.3961	M	SFC	02216248	AAP	Y
Norpramin 10mg Tab (discontinued)					02103583	SAV	Y

desipramine 25mg tab

Desipramine 25mg Tab	DNP	0.3961	M	SFC	02216256	AAP	Y
Norpramin 25mg Tab (discontinued)					02099128	SAV	Y

desipramine 50mg tab

Desipramine 50mg Tab	DNP	0.6982	M	SFC	02216264	AAP	Y
Norpramin 50mg Tab (discontinued)					02099136	SAV	Y

desipramine 75mg tab

Desipramine 75mg Tab	DNP	0.9284	M	SFC	02216272	AAP	Y
Norpramin 75mg Tab (discontinued)					02099144	SAV	Y

desipramine 100mg tab

Desipramine 100mg Tab	DNP	0.9284	M	SFC	02216280	AAP	Y
Norpramin 100mg Tab (discontinued)					02103591	SAV	Y

N06AA02 IMIPRAMINE

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imipramine 10mg tab									
	Imipramine 10mg Tab	DNP	0.1426	M	SFC	00360201	AAP	Y	
	Tofranil 10mg Tab (discontinued)					00010464	NVR	Y	
imipramine 25mg tab									
	Imipramine 25mg Tab	DNP	0.2573	M	SFC	00312797	AAP	Y	
	Tofranil 25mg Tab (discontinued)					00010472	NVR	Y	
imipramine 50mg tab									
	Imipramine 50mg Tab	DNP	0.5021	M	SFC	00326852	AAP	Y	
	Tofranil 50mg Tab (discontinued)					00010480	NVR	Y	
	Imipramine 75mg Tab	DNP	0.6569	L	SFC	00644579	AAP	N	
N06AA04	CLOMIPRAMINE								
	Anafranil 10mg Tab	DNP	0.3011	L	SFC	00330566	AAP	N	
	Anafranil 25mg Tab	DNP	0.4104	L	SFC	00324019	AAP	N	
	Anafranil 50mg Tab	DNP	0.7556	L	SFC	00402591	AAP	N	
N06AA06	TRIMIPRAMINE								
trimipramine 12.5mg tab									
	Trimipramine 12.5mg Tab	DNP	0.2245	M	SFC	00740799	AAP	Y	
	Surmontil 12.5mg Tab (discontinued)					01926357	SAV	Y	
trimipramine 25mg tab									
	Trimipramine 25mg Tab	DNP	0.2891	M	SFC	00740802	AAP	Y	
	Surmontil 25mg Tab (discontinued)					01926322	SAV	Y	
trimipramine 50mg tab									
	Trimipramine 50mg Tab	DNP	0.5659	M	SFC	00740810	AAP	Y	
	Surmontil 50mg Tab (discontinued)					01926330	SAV	Y	
trimipramine 75mg cap									
	Trimipramine 75mg Cap	DNP	0.7617	M	SFC	02070987	AAP	Y	
	Surmontil 75mg Cap (discontinued)					01926349	SAV	Y	
trimipramine 100mg tab									
	Trimipramine 100mg Tab	DNP	0.9657	M	SFC	00740829	AAP	Y	
	Surmontil 100mg Tab (discontinued)					01926284	SAV	Y	
N06AA09	AMITRIPTYLINE								
amitriptyline 10mg tab									
	Apo-Amitriptyline 10mg Tab	DNP	0.0435	M	SFC	02403137	APX	Y	
	Elavil 10mg Tab					00335053	AAP	Y	
	Mar-Amitriptyline 10mg Tab	DNP	0.0435	M	SFC	02429861	MAR	Y	
	pms-Amitriptyline 10mg Tab	DNP	0.0435	M	SFC	00654523	PMS	Y	
	Teva-Amitriptyline 10mg Tab	DNP	0.0435	M	SFC	02326043	TEV	Y	
	Elavil 10mg Tab (discontinued)					00016322	FRS	Y	
amitriptyline 25mg tab									
	Apo-Amitriptyline 25mg Tab	DNP	0.0829	M	SFC	02403145	APX	Y	
	Elavil 25mg Tab					00335061	AAP	Y	
	Mar-Amitriptyline 25mg Tab	DNP	0.0829	M	SFC	02429888	MAR	Y	
	pms-Amitriptyline 25mg Tab	DNP	0.0829	M	SFC	00654515	PMS	Y	

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	Teva-Amitriptyline 25mg Tab	DNP	0.0829	M	SFC	02326051	TEV	Y
	Elavil 25mg Tab (discontinued)					00016330	FRS	Y
amitriptyline 50mg tab								
	Apo-Amitriptyline 50mg Tab	DNP	0.1540	M	SFC	02403153	APX	Y
	Elavil 50mg Tab					00335088	AAP	Y
	Mar-Amitriptyline 50mg Tab	DNP	0.1540	M	SFC	02429896	MAR	Y
	pms-Amitriptyline 50mg Tab	DNP	0.1540	M	SFC	00654507	PMS	Y
	Teva-Amitriptyline 50mg Tab	DNP	0.1540	M	SFC	02326078	TEV	Y
	Elavil 50mg Tab (discontinued)					00016349	FRS	Y
amitriptyline 75mg tab								
	Apo-Amitriptyline 75mg Tab	DNP	0.3634	M	SFC	02403161	APX	Y
	Elavil 75mg Tab					00754129	AAP	Y
	Mar-Amitriptyline 75mg Tab	DNP	0.3634	M	SFC	02429918	MAR	Y
	Elavil 75mg Tab (discontinued)					00354295	FRS	Y
N06AA10	NORTRIPTYLINE							
	Aventyl 10mg Cap	DNP	0.2570	L	SFC	00015229	AAP	N
	Aventyl 25mg Cap	DNP	0.5193	L	SFC	00015237	AAP	N
N06AA12	DOXEPIN							
doxepin HCl 10mg cap								
	Apo-Doxepin 10mg Cap (discontinued)					02049996	APX	Y
	Sinequan 10mg Cap	DNP	0.2397	M	SFC	00024325	AAP	Y
doxepin HCl 25mg cap								
	Apo-Doxepin 25mg Cap (discontinued)					02050005	APX	Y
	Sinequan 25mg Cap	DNP	0.2940	M	SFC	00024333	AAP	Y
doxepin HCl 50mg cap								
	Apo-Doxepin 50mg Cap (discontinued)					02050013	APX	Y
	Sinequan 50mg Cap	DNP	0.5455	M	SFC	00024341	AAP	Y
doxepin HCl 75mg cap								
	Apo-Doxepin 75mg Cap	DNP	0.8066	M	SFC	02050021	APX	Y
	Sinequan 75mg Cap (discontinued)					00400750	ERF	Y
doxepin HCl 100mg cap								
	Apo-Doxepin 100mg Cap	DNP	1.3438	M	SFC	02050048	APX	Y
	Sinequan 100mg Cap (discontinued)					00326925	ERF	Y
N06AA21	MAPROTILINE							
maprotiline 25mg tab								
	Novo-Maprotiline 25mg Tab (discontinued)					02158612	TEV	Y
	Ludiomil 25mg Tab (discontinued)					00360481	NVR	Y
maprotiline 50mg tab								
	Novo-Maprotiline 50mg Tab (discontinued)					02158620	TEV	Y
	Ludiomil 50mg Tab (discontinued)					00360503	NVR	Y
maprotiline 75mg tab								
	Novo-Maprotiline 75mg Tab (discontinued)					02158639	TEV	Y
	Ludiomil 75mg Tab (discontinued)					00360511	PMS	Y

N06AB SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI'S)

N06AB03 FLUOXETINE
fluoxetine 10mg cap

ACH-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02393441	AHI	Y
Apo-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02216353	APX	Y
Auro-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02385627	ARO	Y
Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02286068	SAS	Y
Fluoxetine-10mg Cap	DNP	0.3404	M	SFC	02374447	SIV	Y
Jamp-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02401894	JPC	Y
Mar-Fluoxetine 10mg Cap (discontinued)					02392909	MAR	Y
MINT-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02380560	MNT	Y
pms-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02177579	PMS	Y
Sandoz Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02479486	SDZ	Y
Teva-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02216582	TEV	Y
Prozac 10mg Cap	DNP	0.3404	M	SFC	02018985	LIL	Y

fluoxetine 20mg cap

ACH-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02383241	AHI	Y
Apo-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02216361	APX	Y
Auro-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02385635	ARO	Y
CO Fluoxetine 20mg Cap (discontinued)					02242178	ATV	Y
Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02286076	SAS	Y
Fluoxetine-20mg Cap	DNP	0.3311	M	SFC	02374455	SIV	Y
Jamp-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02386402	JPC	Y
Mar-Fluoxetine 20mg Cap (discontinued)					02392917	MAR	Y
MINT-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02380579	MNT	Y
pms-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02177587	PMS	Y
Sandoz Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02479494	SDZ	Y
Teva-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02216590	TEV	Y
Prozac 20mg Cap	DNP	0.3311	M	SFC	00636622	LIL	Y

fluoxetine 4mg/mL syr

Apo-Fluoxetine 20mg/5mL Syr	DNP	0.3084	M	E	02231328	APX	Y
Odan-Fluoxetine 20mg/5mL Syr	DNP	0.3084	M	E	02459361	ODN	Y
Prozac 20mg/5mL Syr (discontinued)					01917021	LIL	Y

N06AB04 CITALOPRAM
citalopram 10mg tab

Citalopram 10mg Tab	DNP	0.0796	M	SFC	02445719	SAS	Y
pms-Citalopram 10mg Tab	DNP	0.0796	M	SFC	02270609	PMS	Y
Citalopram 10mg Tab	DNP	0.0796	M	SFC	02430517	JPC	N
Jamp Citalopram 10mg Tab (discontinued)					02370085	JPC	N
MINT-Citalopram 10mg Tab	DNP	0.0796	M	SFC	02429691	MNT	N
NAT-Citalopram 10mg Tab	DNP	0.0796	M	SFC	02409003	NAT	N

citalopram 20mg tab

Apo-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02246056	APX	Y
Auro-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02275562	ARO	Y
Citalopram 20mg Tab	DNP	0.1332	M	SFC	02353660	SAS	Y
Citalopram 20mg Tab	DNP	0.1332	M	SFC	02430541	JPC	Y
Citalopram-20mg Tab	DNP	0.1332	M	SFC	02387956	SIV	Y
CO Citalopram 20mg Tab	DNP	0.1332	M	SFC	02248050	ATV	Y

Jamp-Citalopram 20mg Tab					02313405	JPC	Y
Mar-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02371898	MAR	Y
MINT-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02429705	MNT	Y
MINT-Citalopram 20mg Tab (discontinued)					02304686	MNT	Y
NAT-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02409011	NAT	Y
Novo-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02293218	TEV	Y
pms-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02248010	PMS	Y
RAN-Citalo 20mg Tab	DNP	0.1332	M	SFC	02285622	RAN	Y
Sandoz Citalopram 20mg Tab	DNP	0.1332	M	SFC	02248170	SDZ	Y
Septa-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02355272	SPT	Y
Celexa 20mg Tab	DNP	0.1332	M	SFC	02239607	VLH	Y
CTP30 (30mg) Tab	DNP	0.8750	L	SFC	02296152	SNV	N

citalopram 40mg tab

Apo-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02246057	APX	Y
Auro-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02275570	ARO	Y
Citalopram 40mg Tab	DNP	0.1332	M	SFC	02353679	SAS	Y
Citalopram 40mg Tab	DNP	0.1332	M	SFC	02430568	JPC	Y
Citalopram-40mg Tab	DNP	0.1332	M	SFC	02387964	SIV	Y
CO Citalopram 40mg Tab	DNP	0.1332	M	SFC	02248051	ATV	Y
Jamp-Citalopram 40mg Tab					02313413	JPC	Y
Mar-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02371901	MAR	Y
MINT-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02429713	MNT	Y
MINT-Citalopram 40mg Tab (discontinued)					02304694	MNT	Y
NAT-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02409038	NAT	Y
Novo-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02293226	TEV	Y
pms-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02248011	PMS	Y
RAN-Citalo 40mg Tab (discontinued)					02285630	RAN	Y
Sandoz Citalopram 40mg Tab	DNP	0.1332	M	SFC	02248171	SDZ	Y
Septa-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02355280	SPT	Y
Celexa 40mg Tab	DNP	0.1332	M	SFC	02239608	VLH	Y

N06AB05 PAROXETINE

paroxetine 10mg tab

Apo-Paroxetine 10mg Tab					02240907	APX	Y
Jamp-Paroxetine 10mg Tab					02368862	JPC	Y
Mar-Paroxetine 10mg Tab					02411946	MAR	Y
MINT-Paroxetine 10mg Tab					02421372	MNT	Y
Paroxetine 10mg Tab					02388227	SIV	Y
Paroxetine 10mg Tab					02282844	SAS	Y
pms-Paroxetine 10mg Tab					02247750	PMS	Y
Sandoz Paroxetine 10mg Tab					02431777	SDZ	Y
Teva-Paroxetine 10mg Tab					02248556	TEV	Y
Paxil 10mg Tab					02027887	GSK	Y

paroxetine 20mg tab

Apo-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02240908	APX	Y
Auro-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02383284	ARO	Y
CO Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02262754	ATV	Y
Jamp-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02368870	JPC	Y
Mar-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02411954	MAR	Y

N Nervous System

MINT-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02421380	MNT	Y
Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02388235	SIV	Y
Paroxetine 20mg Tab (SAS)	DNP	0.3250	M	SFC	02282852	SAS	Y
pms-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02247751	PMS	Y
Sandoz Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02431785	SDZ	Y
Teva-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02248557	TEV	Y
Paxil 20mg Tab	DNP	0.3250	M	SFC	01940481	GSK	Y

paroxetine 30mg tab

Apo-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02240909	APX	Y
Auro-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02383292	ARO	Y
Jamp-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02368889	JPC	Y
Mar-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02411962	MAR	Y
MINT-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02421399	MNT	Y
Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02388243	SIV	Y
Paroxetine 30mg Tab (SAS)	DNP	0.3453	M	SFC	02282860	SAS	Y
pms-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02247752	PMS	Y
Sandoz Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02431793	SDZ	Y
Teva-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02248558	TEV	Y
Paxil 30mg Tab	DNP	0.3453	M	SFC	01940473	GSK	Y

pms-Paroxetine 40mg Tab					02293749	PMS	N
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N06AB06 SERTRALINE

sertraline 25mg cap

Apo-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02238280	APX	Y
Auro-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02390906	ARO	Y
CO Sertraline 25mg Cap (discontinued)					02287390	ATV	Y
Jamp-Sertaline 25mg Cap	DNP	0.1516	M	SFC	02357143	JPC	Y
Mar-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02399415	MAR	Y
MINT-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02402378	MNT	Y
Novo-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02240485	TEV	Y
pms-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02244838	PMS	Y
RAN-Sertraline 25mg Cap					02374552	RAN	Y
Sandoz Sertraline 25mg Cap	DNP	0.1516	M	SFC	02245159	SDZ	Y
Sertraline 25mg Cap	DNP	0.1516	M	SFC	02353520	SAS	Y
Sertraline 25mg Cap					02469626	JPC	Y
Sertraline-25mg Cap	DNP	0.1516	M	SFC	02386070	SIV	Y
Zoloft 25mg Cap	DNP	0.1516	M	SFC	02132702	PFI	Y

sertraline 50mg cap

Apo-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02238281	APX	Y
Auro-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02390914	ARO	Y
CO Sertraline 50mg Cap (discontinued)					02287404	ATV	Y
Jamp-Sertaline 50mg Cap	DNP	0.3032	M	SFC	02357151	JPC	Y
Mar-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02399423	MAR	Y
MINT-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02402394	MNT	Y
MYLAN-Sertraline 50mg Cap (discontinued)					02242520	MYL	Y
Novo-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02240484	TEV	Y
pms-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02244839	PMS	Y
RAN-Sertraline 50mg Cap					02374560	RAN	Y
Sandoz Sertraline 50mg Cap	DNP	0.3032	M	SFC	02245160	SDZ	Y

N Nervous System

Sertraline 50mg Cap					02469634	JPC	Y
Sertraline 50mg Cap	DNP	0.3032	M	SFC	02353539	SAS	Y
Sertraline-50mg Cap	DNP	0.3032	M	SFC	02386089	SIV	Y
Zoloft 50mg Cap	DNP	0.3032	M	SFC	01962817	PFI	Y

sertraline 100mg cap

Apo-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02238282	APX	Y
Auro-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02390922	ARO	Y
CO Sertraline 100mg Cap (discontinued)					02287412	ATV	Y
Jamp-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02357178	JPC	Y
Mar-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02399431	MAR	Y
MINT-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02402408	MNT	Y
pms-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02244840	PMS	Y
RAN-Sertraline 100mg Cap (discontinued)					02374579	RAN	Y
Sandoz Sertraline 100mg Cap	DNP	0.3303	M	SFC	02245161	SDZ	Y
Sertraline 100mg Cap	DNP	0.3303	M	SFC	02353547	SAS	Y
Sertraline-100mg Cap	DNP	0.3303	M	SFC	02386097	SIV	Y
Teva-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02240481	TEV	Y
Zoloft 100mg Cap	DNP	0.3303	M	SFC	01962779	PFI	Y

N06AB08 FLUVOXAMINE

fluvoxamine 50mg tab

Apo-Fluvoxamine 50mg Tab	DNP	0.2143	M	SFC	02231329	APX	Y
CO Fluvoxamine 50mg Tab	DNP	0.2143	M	SFC	02255529	ATV	Y
Luvox 50mg Tab	DNP	0.2143	M	SFC	01919342	BGP	Y

fluvoxamine 100mg tab

Apo-Fluvoxamine 100mg Tab	DNP	0.3851	M	SFC	02231330	APX	Y
CO Fluvoxamine 100mg Tab	DNP	0.3851	M	SFC	02255537	ATV	Y
Luvox 100mg Tab	DNP	0.3851	M	SFC	01919369	BGP	Y

N06AB10 ESCITALOPRAM

escitalopram 10mg OD tab

ACT Escitalopram ODT 10mg Tab					02454297	ATV	Y
Cipralext Meltz 10mg Tab (discontinued)					02391449	VLH	Y

escitalopram 10mg tab

ACH-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02434652	AHI	Y
Apo-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02295016	APX	Y
Auro-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02397358	ARO	Y
CO Escitalopram 10mg Tab (discontinued)					02313561	ATV	Y
Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02429039	SIV	Y
Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02430118	SAS	Y
Jamp-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02429780	JPC	Y
Mar-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02423480	MAR	Y
Mint-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02407418	MNT	Y
MYLAN-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02309467	MYL	Y
NAT-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02440296	NAT	Y
pharma-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02469243	PMS	Y
pms-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02303949	PMS	Y
RAN-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02385481	RAN	Y
Sandoz Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02364077	SDZ	Y

N Nervous System

Teva-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02318180	TEV	Y
Cipralext 10mg Tab	DNP	0.3109	M	SFC	02263238	VLH	Y
escitalopram 20mg OD tab							
ACT Escitalopram ODT 20mg Tab					02454300	ATV	Y
Cipralext Meltz 20mg Tab (discontinued)					02391457	VLH	Y
escitalopram 20mg tab							
ACH-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02434660	AHI	Y
Apo-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02295024	APX	Y
Auro-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02397374	ARO	Y
CO Escitalopram 20mg Tab (discontinued)					02313588	ATV	Y
Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02429047	SIV	Y
Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02430126	SAS	Y
Jamp-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02429799	JPC	Y
Mar-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02423502	MAR	Y
Mint-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02407434	MNT	Y
MYLAN-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02309475	MYL	Y
NAT-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02440318	NAT	Y
pharma-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02469251	PMS	Y
RAN-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02385503	RAN	Y
Sandoz Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02364085	SDZ	Y
Teva-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02318202	TEV	Y
Cipralext 20mg Tab	DNP	0.3310	M	SFC	02263254	VLH	Y
pms-Escitalopram 20mg Tab					02303965	PMS	N

N06AF MONOAMINE OXIDASE INHIBITORS, NON-SELECTIVE

N06AF03 PHENELZINE

Nardil 15mg Tab	DNP	0.4667	L	SFC	00476552	ERF	N
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N06AF04 TRANYLCYPROMINE

Parnate 10mg Tab	DNP	0.3960	L	SFC	01919598	GSK	N
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N06AG MONOAMINE OXIDASE TYPE A INHIBITORS

N06AG02 MOCLOBEMIDE

moclobemide 100mg tab

Apo-Moclobemide 100mg Tab	DNP	0.3400	M	SFC	02232148	APX	Y
Manerix 100mg Tab (discontinued)					00899348	HLR	Y

moclobemide 150mg tab

Apo-Moclobemide 150mg Tab	DNP	0.5042	M	SFC	02232150	APX	Y
Manerix 150mg Tab	DNP	0.5042	M	SFC	00899356	MVL	Y

moclobemide 300mg tab

Apo-Moclobemide 300mg Tab	DNP	0.9904	M	SFC	02240456	APX	Y
Manerix 300mg Tab	DNP	0.9904	M	SFC	02166747	MVL	Y

N06AX OTHER ANTIDEPRESSANTS

N06AX02 TRYPTOPHAN

tryptophan 1g tab

Apo-Tryptophan 1g Tab	DNP	0.7126	M	E	02248539	APX	Y
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N Nervous System

ratio-Tryptophan 1g Tab	DNP	0.7126	M	E	02237250	TEV	Y
Tryptan 1g Tab	DNP	0.7126	M	E	00654531	VLN	Y
Tryptan 250mg Tab	DNP	0.3957	L	E	02239326	VLN	N
tryptophan 500mg cap							
Apo-Tryptophan 500mg Cap	DNP	0.3563	M	E	02248540	APX	Y
ratio-Tryptophan 500mg Cap	DNP	0.3563	M	E	02240334	TEV	Y
Tryptan 500mg Cap	DNP	0.3563	M	E	00718149	VLN	Y
tryptophan 500mg tab							
Apo-Tryptophan 500mg Tab	DNP	0.3563	M	E	02248538	APX	Y
ratio-Tryptophan 500mg Tab	DNP	0.3563	M	E	02240333	TEV	Y
Tryptan 500mg Tab	DNP	0.3563	M	E	02029456	VLN	Y
tryptophan 750mg tab							
Apo-Tryptophan 750mg Tab	DNP	0.9889	M	E	02458721	APX	Y
Tryptan 750mg Tab	DNP	0.9889	M	E	02239327	VLN	Y

N06AX05 TRAZODONE

trazodone 50mg tab							
Apo-Trazodone 50mg Tab	DNP	0.0554	M	SFC	02147637	APX	Y
pms-Trazodone 50mg Tab	DNP	0.0554	M	SFC	01937227	PMS	Y
Teva-Trazodone 50mg Tab	DNP	0.0554	M	SFC	02144263	TEV	Y
Trazodone 50mg Tab	DNP	0.0554	M	SFC	02348772	SAS	Y
Desyrel 50mg Tab (discontinued)					00579351	BRI	Y
pms-Trazodone 75mg Tab					02237339	PMS	N
trazodone 100mg tab							
Apo-Trazodone 100mg Tab	DNP	0.0989	M	SFC	02147645	APX	Y
pms-Trazodone 100mg Tab	DNP	0.0989	M	SFC	01937235	PMS	Y
Teva-Trazodone 100mg Tab	DNP	0.0989	M	SFC	02144271	TEV	Y
Trazodone 100mg Tab	DNP	0.0989	M	SFC	02348780	SAS	Y
Desyrel 100mg Tab (discontinued)					00579378	BRI	Y
trazodone 150mg tab							
Apo-Trazodone 150mg Tab					02147653	APX	Y
Teva-Trazodone 150mg Tab	DNP	0.1454	M	SFC	02144298	TEV	Y
Trazodone 150mg Tab	DNP	0.1454	M	SFC	02348799	SAS	Y
Desyrel 150mg Tab (discontinued)					00702277	BRI	Y

N06AX11 MIRTAZAPINE

mirtazapine 15mg RD tab							
Auro-Mirtazapine OD 15mg Tab	DNP	0.1406	M	SFC	02299801	ARO	Y
Remeron RD 15mg Tab	DNP	0.1406	M	SFC	02248542	FRS	Y
Apo-Mirtazapine 15mg Tab	DNP	0.0977	L	SFC	02286610	APX	N
Auro-Mirtazapine 15mg Tab	DNP	0.0977	L	SFC	02411695	ARO	N
MYLAN-Mirtazapine 15mg Tab	DNP	0.0975	L	SFC	02256096	MYL	N
pms-Mirtazapine 15mg Tab	DNP	0.0975	L	SFC	02273942	PMS	N
Sandoz Mirtazapine 15mg Tab	DNP	0.0974	L	SFC	02250594	SDZ	N
mirtazapine 30mg RD tab							
Auro-Mirtazapine OD 30mg Tab	DNP	0.2812	M	SFC	02299828	ARO	Y
Remeron RD 30mg Tab	DNP	0.2812	M	SFC	02248543	FRS	Y

mirtazapine 30mg tab

Apo-Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02286629	APX	Y
Auro-Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02411709	ARO	Y
Mirtazapine 30mg Tab (SAS)	DNP	0.3255	M	SFC	02370689	SAS	Y
MYLAN-Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02256118	MYL	Y
Novo-Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02259354	TEV	Y
pms-Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02248762	PMS	Y
Sandoz Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02250608	SDZ	Y
Remeron 30mg Tab	DNP	0.3255	M	SFC	02243910	FRS	Y

mirtazapine 45mg RD tab

Auro-Mirtazapine OD 45mg Tab	DNP	0.4218	M	SFC	02299836	ARO	Y
Remeron RD 45mg Tab	DNP	0.4218	M	SFC	02248544	FRS	Y

N06AX12 BUPROPION
bupropion 100mg SR tab

Bupropion SR 100mg Tab	DNP	0.1548	M	SFC	02391562	SAS	Y
Sandoz Bupropion SR 100mg Tab	DNP	0.1548	M	SFC	02275074	SDZ	Y
Wellbutrin SR 100mg Tab (discontinued)					02237824	BVL	Y

bupropion 150mg SR tab

Bupropion SR 150mg Tab	DNP	0.2311	M	SFC	02391570	SAS	Y
Sandoz Bupropion SR 150mg Tab	DNP	0.2311	M	SFC	02275082	SDZ	Y
Wellbutrin SR 150mg Tab	DNP	0.2311	M	SFC	02237825	VLN	Y

bupropion 150mg XL tab

ACT Bupropion XL 150mg Tab	DNP	0.2926	M	SFC	02439654	ATV	Y
MYLAN-Bupropion XL 150mg Tab	DNP	0.2926	M	SFC	02382075	MYL	Y
Wellbutrin XL 150mg Tab	DNP	0.2926	M	SFC	02275090	VLN	Y

bupropion 300mg XL tab

ACT Bupropion XL 300mg Tab	DNP	0.5853	M	SFC	02439662	ATV	Y
MYLAN-Bupropion XL 300mg Tab	DNP	0.5853	M	SFC	02382083	MYL	Y
Wellbutrin XL 300mg Tab	DNP	0.5853	M	SFC	02275104	VLN	Y

N06AX16 VENLAFAXINE
venlafaxine 37.5mg ER cap

Apo-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02331683	APX	Y
Auro-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02452839	ARO	Y
CO Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02304317	ATV	Y
pms-Venlafaxine XR 37.5mg Cap (discontinued)					02278545	PMS	Y
RAN-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02380072	RAN	Y
Sandoz Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02310317	SDZ	Y
Teva-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02275023	TEV	Y
Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02354713	SAS	Y
Venlafaxine-XR 37.5mg Cap	DNP	0.0913	M	SFC	02385929	SIV	Y
Effexor XR 37.5mg Cap	DNP	0.0913	M	SFC	02237279	PFI	Y

venlafaxine 75mg ER cap

Apo-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02331691	APX	Y
Auro-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02452847	ARO	Y
CO Venlafaxine XR 75mg Cap (discontinued)					02304325	ATV	Y
pms-Venlafaxine XR 75mg Cap (discontinued)					02278553	PMS	Y

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RAN-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02380080	RAN	Y
Sandoz Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02310325	SDZ	Y
Teva-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02275031	TEV	Y
Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02354721	SAS	Y
Venlafaxine-XR 75mg Cap	DNP	0.1825	M	SFC	02385937	SIV	Y
Effexor XR 75mg Cap	DNP	0.1825	M	SFC	02237280	PFI	Y

venlafaxine 150mg ER cap

Apo-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02331705	APX	Y
Auro-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02452855	ARO	Y
CO Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02304333	ATV	Y
pms-Venlafaxine XR 150mg Cap (discontinued)					02278561	PMS	Y
RAN-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02380099	RAN	Y
Sandoz Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02310333	SDZ	Y
Teva-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02275058	TEV	Y
Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02354748	SAS	Y
Venlafaxine-XR 150mg Cap	DNP	0.1927	M	SFC	02385945	SIV	Y
Effexor XR 150mg Cap	DNP	0.1927	M	SFC	02237282	PFI	Y

N06AX21 DULOXETINE
duloxetine 30mg cap

Apo-Duloxetine 30mg Cap	DNP	0.4814	M	E	02440423	APX	Y
Auro-Duloxetine 30mg Cap	DNP	0.4814	M	E	02436647	ARO	Y
Duloxetine 30mg Cap	DNP	0.4814	M	E	02453630	SIV	Y
Duloxetine DR 30mg Cap	DNP	0.4814	M	E	02437082	TEV	Y
Jamp-Duloxetine 30mg Cap	DNP	0.4814	M	E	02451913	JPC	Y
Mar-Duloxetine 30mg Cap	DNP	0.4814	M	E	02446081	MAR	Y
MINT-Duloxetine 30mg Cap	DNP	0.4814	M	E	02438984	MNT	Y
Mylan-Duloxetine 30mg Cap (discontinued)					02426633	MYL	Y
pms-Duloxetine 30mg Cap	DNP	0.4814	M	E	02429446	PMS	Y
Ran-Duloxetine 30mg Cap	DNP	0.4814	M	E	02438259	RAN	Y
Sandoz Duloxetine 30mg Cap	DNP	0.4814	M	E	02439948	SDZ	Y
Cymbalta 30mg Cap	DNP	0.4814	M	E	02301482	LIL	Y

duloxetine 60mg cap

Apo-Duloxetine 60mg Cap	DNP	0.9769	M	E	02440431	APX	Y
Auro-Duloxetine 60mg Cap	DNP	0.9769	M	E	02436655	ARO	Y
Duloxetine 60mg Cap	DNP	0.9769	M	E	02453649	SIV	Y
Duloxetine DR 60mg Cap	DNP	0.9769	M	E	02437090	TEV	Y
Jamp-Duloxetine 60mg Cap	DNP	0.9769	M	E	02451921	JPC	Y
Mar-Duloxetine 60mg Cap	DNP	0.9769	M	E	02446103	MAR	Y
MINT-Duloxetine 60mg Cap	DNP	0.9769	M	E	02438992	MNT	Y
Mylan-Duloxetine 60mg Cap (discontinued)					02426641	MYL	Y
pms-Duloxetine 60mg Cap	DNP	0.9769	M	E	02429454	PMS	Y
Ran-Duloxetine 60mg Cap	DNP	0.9769	M	E	02438267	RAN	Y
Sandoz Duloxetine 60mg Cap	DNP	0.9769	M	E	02439956	SDZ	Y
Cymbalta 60mg Cap	DNP	0.9769	M	E	02301490	LIL	Y

N06AX23 DESVENLAFAXINE
desvenlafaxine 50mg ER tab

Apo-Desvenlafaxine ER 50mg Tab					02466988	APX	Y
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Pristiq ER 50mg Tab						02321092	PFI	Y
desvenlafaxine 100mg ER tab								
Apo-Desvenlafaxine ER 100mg Tab						02466996	APX	Y
Pristiq ER 100mg Tab						02321106	PFI	Y

N06B PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

N06BA CENTRALLY ACTING SYMPATHOMIMETICS
N06BA01 AMPHETAMINES
amphetamine 5mg XR cap

ACT Amphetamine XR 5mg Cap	DN	0.5372	M	SFC	02439239	ATV	Y
Sandoz Amphetamine XR 5mg Cap	DN	0.5372	M	SFC	02457288	SDZ	Y
Adderall XR 5mg Cap	DN	0.5372	M	SFC	02248808	SHI	Y

amphetamine 10mg XR cap

ACT Amphetamine XR 10mg Cap	DN	0.6105	M	SFC	02439247	ATV	Y
Sandoz Amphetamine XR 10mg Cap	DN	0.6105	M	SFC	02457296	SDZ	Y
Adderall XR 10mg Cap	DN	0.6105	M	SFC	02248809	SHI	Y

amphetamine 15mg XR cap

ACT Amphetamine XR 15mg Cap	DN	0.6838	M	SFC	02439255	ATV	Y
Sandoz Amphetamine XR 15mg Cap	DN	0.6838	M	SFC	02457318	SDZ	Y
Adderall XR 15mg Cap	DN	0.6838	M	SFC	02248810	SHI	Y

amphetamine 20mg XR cap

ACT Amphetamine XR 20mg Cap	DN	0.7572	M	SFC	02439263	ATV	Y
pms-Amphetamines XR 20mg Cap (discontinued)					02440393	PMS	Y
Sandoz Amphetamine XR 20mg Cap	DN	0.7572	M	SFC	02457326	SDZ	Y
Adderall XR 20mg Cap	DN	0.7572	M	SFC	02248811	SHI	Y

amphetamine 25mg XR cap

ACT Amphetamine XR 25mg Cap	DN	0.8305	M	SFC	02439271	ATV	Y
Sandoz Amphetamine XR 25mg Cap	DN	0.8305	M	SFC	02457334	SDZ	Y
Adderall XR 25mg Cap	DN	0.8305	M	SFC	02248812	SHI	Y

amphetamine 30mg XR cap

ACT Amphetamine XR 30mg Cap	DN	0.9038	M	SFC	02439298	ATV	Y
pms-Amphetamines XR 30mg Cap (discontinued)					02440415	PMS	Y
Sandoz Amphetamine XR 30mg Cap	DN	0.9038	M	SFC	02457342	SDZ	Y
Adderall XR 30mg Cap	DN	0.9038	M	SFC	02248813	SHI	Y

N06BA02 DEXAMPHETAMINE
dextroamphetamine 5mg tab

Apo-Dextroamphetamine 5mg Tab	DN	0.5081	M	SFC	02443236	APX	Y
Dexedrine 5mg Tab	DN	0.5081	M	SFC	01924516	PAL	Y

dextroamphetamine SR 10mg cap

ACT Dextroamphetamine SR 10mg Cap	DN	0.8096	M	SFC	02448319	ATV	Y
Dexedrine Spansule 10mg Cap	DN	0.8096	M	SFC	01924559	PAL	Y

dextroamphetamine SR 15mg cap

ACT Dextroamphetamine SR 15mg Cap	DN	0.9898	M	SFC	02448327	ATV	Y
Dexedrine Spansule 15mg Cap	DN	0.9898	M	SFC	01924567	PAL	Y

N06BA04 METHYLPHENIDATE

Apo-Methylphenidate 5mg Tab	DN	0.0947	L	SFC	02273950	APX	N
pms-Methylphenidate 5mg Tab	DN	0.0947	L	SFC	02234749	PMS	N
methylphenidate 10mg tab							
Apo-Methylphenidate 10mg Tab	DN	0.1271	M	SFC	02249324	APX	Y
pms-Methylphenidate 10mg Tab	DN	0.1271	M	SFC	00584991	PMS	Y
Ritalin 10mg Tab	DN	0.1271	M	SFC	00005606	NVR	Y
Biphentin 10mg Cap	DN	0.7455	L	E	02277166	PFR	N
Biphentin 15mg Cap	DN	1.0670	L	E	02277131	PFR	N
methylphenidate 18mg ER tab							
ACT Methylphenidate ER 18mg Tab	DN	0.5246	M	E	02441934	ATV	Y
Apo-Methylphenidate ER 18mg Tab	DN	0.5246	M	E	02452731	APX	Y
Novo-Methylphenidate ER-C 18mg Tab (discontinued)					02315068	TEV	Y
pms-Methylphenidate ER 18mg Tab(discontinued)					02413728	PMS	Y
Concerta 18mg Tab	DN	0.5246	M	E	02247732	JAN	Y
methylphenidate 20mg SR tab							
Apo-Methylphenidate SR 20mg Tab	DN	0.2820	M	SFC	02266687	APX	Y
Sandoz Methylphenidate SR 20mg Tab	DN	0.2820	M	SFC	02320312	SDZ	Y
Ritalin SR 20mg Tab	DN	0.2820	M	SFC	00632775	NVR	Y
methylphenidate 20mg tab							
Apo-Methylphenidate 20mg Tab	DN	0.2359	M	SFC	02249332	APX	Y
pms-Methylphenidate 20mg Tab	DN	0.2359	M	SFC	00585009	PMS	Y
Ritalin 20mg Tab	DN	0.2359	M	SFC	00005614	NVR	Y
Biphentin 20mg Cap	DN	1.3770	L	E	02277158	PFR	N
methylphenidate 27mg ER tab							
ACT Methylphenidate ER 27mg Tab	DN	0.6055	M	E	02441942	ATV	Y
Apo-Methylphenidate ER 27mg Tab	DN	0.6055	M	E	02452758	APX	Y
Novo-Methylphenidate ER-C 27mg Tab (discontinued)					02315076	TEV	Y
pms-Methylphenidate ER 27mg Tab (discontinued)					02413736	PMS	Y
Concerta 27mg Tab	DN	0.6055	M	E	02250241	JAN	Y
Biphentin 30mg Cap	DN	1.8900	L	E	02277174	PFR	N
methylphenidate 36mg ER tab							
ACT Methylphenidate ER 36mg Tab	DN	0.6863	M	E	02441950	ATV	Y
Apo-Methylphenidate ER 36mg Tab	DN	0.6863	M	E	02452766	APX	Y
Novo-Methylphenidate ER-C 36mg Tab (discontinued)					02315084	TEV	Y
pms-Methylphenidate ER 36mg Tab (discontinued)					02413744	PMS	Y
Concerta 36mg Tab	DN	0.6863	M	E	02247733	JAN	Y
Biphentin 40mg Cap	DN	2.4080	L	E	02277182	PFR	N
Biphentin 50mg Cap	DN	2.9210	L	E	02277190	PFR	N
methylphenidate 54mg ER tab							
ACT Methylphenidate ER 54mg Tab	DN	0.8479	M	E	02441969	ATV	Y
Apo-Methylphenidate ER 54mg Tab	DN	0.8479	M	E	02330377	APX	Y
Novo-Methylphenidate ER-C 54mg Tab (discontinued)					02315092	TEV	Y
pms-Methylphenidate ER 54mg Tab (discontinued)					02413752	PMS	Y
Concerta 54mg Tab	DN	0.8479	M	E	02247734	JAN	Y

N Nervous System

	Biphentin 60mg Cap	DN	3.4000	L	E	02277204	PFR	N
	Biphentin 80mg Cap	DN	4.4850	L	E	02277212	PFR	N
N06BA07	MODAFINIL							
	modafinil 100mg tab							
	Auro-Modafinil 100mg Tab	DNP	0.3475	M	E	02430487	ARO	Y
	Mar-Modafinil 100mg Tab	DNP	0.3475	M	E	02432560	MAR	Y
	Modafinil 100mg Tab	DNP	0.3475	M	E	02285398	APX	Y
	Teva-Modafinil 100mg Tab	DNP	0.3475	M	E	02420260	TEV	Y
	Alertec 100mg Tab	DNP	0.3475	M	E	02239665	TEV	Y
N06BA09	ATOMOXETINE							
	atomoxetine 10mg cap							
	Apo-Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02318024	APX	Y
	Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02445883	SIV	Y
	Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02467747	SAS	Y
	Novo-Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02314541	TEV	Y
	pms-Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02381028	PMS	Y
	Sandoz Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02386410	SDZ	Y
	Strattera 10mg Cap	DNP	0.5106	M	SF	02262800	LIL	Y
	atomoxetine 18mg cap							
	Apo-Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02318032	APX	Y
	Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02467755	SAS	Y
	Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02445905	SIV	Y
	Novo-Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02314568	TEV	Y
	pms-Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02381036	PMS	Y
	Sandoz Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02386429	SDZ	Y
	Strattera 18mg Cap	DNP	0.5748	M	SF	02262819	LIL	Y
	atomoxetine 25mg cap							
	Apo-Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02318040	APX	Y
	Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02467763	SAS	Y
	Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02445913	SIV	Y
	Novo-Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02314576	TEV	Y
	pms-Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02381044	PMS	Y
	Sandoz Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02386437	SDZ	Y
	Strattera 25mg Cap	DNP	0.6420	M	SF	02262827	LIL	Y
	atomoxetine 40mg cap							
	Apo-Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02318059	APX	Y
	Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02445948	SIV	Y
	Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02467771	SAS	Y
	Novo-Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02314584	TEV	Y
	pms-Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02381052	PMS	Y
	Sandoz Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02386445	SDZ	Y
	Strattera 40mg Cap	DNP	0.7369	M	SF	02262835	LIL	Y
	atomoxetine 60mg cap							
	Apo-Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02318067	APX	Y
	Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02467798	SAS	Y
	Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02445956	SIV	Y

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Novo-Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02314592	TEV	Y
pms-Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02381060	PMS	Y
Sandoz Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02386453	SDZ	Y
Strattera 60mg Cap	DNP	0.8092	M	SF	02262843	LIL	Y
atomoxetine 80mg cap							
Apo-Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02318075	APX	Y
Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02467801	SAS	Y
Sandoz Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02386461	SDZ	Y
Teva-Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02362511	TEV	Y
Strattera 80mg Cap	DNP	1.2193	M	SF	02279347	LIL	Y
atomoxetine 100mg cap							
Apo-Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02318083	APX	Y
Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02467828	SAS	Y
Sandoz Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02386488	SDZ	Y
Teva-Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02362538	TEV	Y
Strattera 100mg Cap	DNP	1.3382	M	SF	02279355	LIL	Y
N06BA12 LISDEXAMFETAMINE							
Vyvanse 10mg Cap	DNP	2.2389	L	E	02439603	SHI	N
Vyvanse 20mg Cap	DNP	2.7849	L	E	02347156	SHI	N
Vyvanse 30mg Cap	DNP	3.3309	L	E	02322951	SHI	N
Vyvanse 40mg Cap	DNP	3.8770	L	E	02347164	SHI	N
Vyvanse 50mg Cap	DNP	4.4230	L	E	02322978	SHI	N
Vyvanse 60mg Cap	DNP	4.9690	L	E	02347172	SHI	N

N06D ANTI-DEMENTIA DRUGS

N06DA ANTICHOLINESTERASES

N06DA02 DONEPEZIL

donepezil 5mg tab							
Apo-Donepezil 5mg Tab	DNP	0.4586	M	E	02362260	APX	Y
Auro-Donepezil 5mg Tab	DNP	0.4586	M	E	02400561	ARO	Y
CO Donepezil 5mg Tab (discontinued)					02397595	ATV	Y
Donepezil 5mg Tab	DNP	0.4586	M	E	02426846	SAS	Y
Donepezil HCl 5mg Tab	DNP	0.4586	M	E	02402645	AHI	Y
Donepezil-5mg Tab	DNP	0.4586	M	E	02420597	SIV	Y
Jamp-Donepezil 5mg Tab	DNP	0.4586	M	E	02404419	JPC	Y
Jamp-Donepezil 5mg Tab	DNP	0.4586	M	E	02416948	JPC	Y
Mar-Donepezil 5mg Tab	DNP	0.4586	M	E	02402092	MAR	Y
MYLAN-Donepezil 5mg Tab (discontinued)					02359472	MYL	Y
NAT-Donepezil 5mg Tab	DNP	0.4586	M	E	02439557	NAT	Y
pms-Donepezil 5mg Tab	DNP	0.4586	M	E	02322331	PMS	Y
RAN-Donepezil 5mg Tab	DNP	0.4586	M	E	02381508	RAN	Y
Sandoz Donepezil 5mg Tab	DNP	0.4586	M	E	02328666	SDZ	Y
Septa-Donepezil 5mg Tab	DNP	0.4586	M	E	02428482	SPT	Y
Teva-Donepezil 5mg Tab	DNP	0.4586	M	E	02340607	TEV	Y
Aricept 5mg Tab	DNP	0.4586	M	E	02232043	PFI	Y

donepezil OD 5mg tab

CO Donepezil ODT 5mg Tab						02397617	ATV	Y
Sandoz Donepezil 5mg Tab						02367688	SDZ	Y
Aricept RDT 5mg Tab						02269457	PFI	Y

donepezil 10mg tab

Apo-Donepezil 10mg Tab	DNP	0.4586	M	E		02362279	APX	Y
Auro-Donepezil 10mg Tab	DNP	0.4586	M	E		02400588	ARO	Y
CO Donepezil 10mg Tab (discontinued)						02397609	ATV	Y
Donepezil 10mg Tab	DNP	0.4586	M	E		02426854	SAS	Y
Donepezil HCl 10mg Tab	DNP	0.4586	M	E		02402653	AHI	Y
Donepezil-10mg Tab	DNP	0.4586	M	E		02420600	SIV	Y
Jamp-Donepezil 10mg Tab	DNP	0.4586	M	E		02404427	JPC	Y
Jamp-Donepezil 10mg tab	DNP	0.4586	M	E		02416956	JPC	Y
Mar-Donepezil 10mg Tab	DNP	0.4586	M	E		02402106	MAR	Y
MYLAN-Donepezil 10mg Tab (discontinued)						02359480	MYL	Y
NAT-Donepezil 10mg Tab	DNP	0.4586	M	E		02439565	NAT	Y
pms-Donepezil 10mg Tab	DNP	0.4586	M	E		02322358	PMS	Y
RAN-Donepezil 10mg Tab	DNP	0.4586	M	E		02381516	RAN	Y
Sandoz Donepezil 10mg Tab	DNP	0.4586	M	E		02328682	SDZ	Y
Septa-Donepezil 10mg Tab	DNP	0.4586	M	E		02428490	SPT	Y
Teva-Donepezil 10mg Tab	DNP	0.4586	M	E		02340615	TEV	Y
Aricept 10mg Tab	DNP	0.4586	M	E		02232044	PFI	Y

donepezil OD 10mg tab

CO Donepezil ODT 10mg Tab						02397625	ATV	Y
Sandoz Donepezil 10mg Tab						02367696	SDZ	Y
Aricept RDT 10mg Tab						02269465	PFI	Y

N06DA03 RIVASTIGMINE
rivastigmine 1.5mg cap

Apo-Rivastigmine 1.5mg Cap	DNP	0.6515	M	E		02336715	APX	Y
MED-Rivastigmine 1.5mg Cap	DNP	0.6515	M	E		02401614	GMP	Y
Novo-Rivastigmine 1.5mg Cap (discontinued)						02305984	TEV	Y
Sandoz Rivastigmine 1.5mg Cap	DNP	0.6515	M	E		02324563	SDZ	Y
Exelon 1.5mg Cap	DNP	0.6515	M	E		02242115	NVR	Y
Exelon 2mg/mL O/L	DNP	1.4236	L	E		02245240	NVR	N

rivastigmine 3mg cap

Apo-Rivastigmine 3mg Cap	DNP	0.6515	M	E		02336723	APX	Y
MED-Rivastigmine 3mg Cap	DNP	0.6515	M	E		02401622	GMP	Y
Novo-Rivastigmine 3mg Cap (discontinued)						02305992	TEV	Y
Sandoz Rivastigmine 3mg Cap	DNP	0.6515	M	E		02324571	SDZ	Y
Exelon 3mg Cap	DNP	0.6515	M	E		02242116	NVR	Y

rivastigmine 4.5mg cap

Apo-Rivastigmine 4.5mg Cap	DNP	0.6515	M	E		02336731	APX	Y
MED-Rivastigmine 4.5mg Cap	DNP	0.6515	M	E		02401630	GMP	Y
Novo-Rivastigmine 4.5mg Cap (discontinued)						02306018	TEV	Y
Sandoz Rivastigmine 4.5mg Cap	DNP	0.6515	M	E		02324598	SDZ	Y
Exelon 4.5mg Cap	DNP	0.6515	M	E		02242117	NVR	Y

rivastigmine 4.6mg/24hr patch

N Nervous System

Mylan-Rivastigmine Patch 5 (4.6mg/24hr)						02423413	MYL	Y
Sandoz Rivastigmine Patch 5 (4.6mg/24hr)						02426293	SDZ	Y
Exelon Patch 5 (4.6mg/24hr)						02302845	NVR	Y

rivastigmine 6mg cap

Apo-Rivastigmine 6mg Cap	DNP	0.6515	M	E		02336758	APX	Y
MED-Rivastigmine 6mg Cap	DNP	0.6515	M	E		02401649	GMP	Y
Novo-Rivastigmine 6mg Cap (discontinued)						02306026	TEV	Y
Sandoz Rivastigmine 6mg Cap	DNP	0.6515	M	E		02324601	SDZ	Y
Exelon 6mg Cap	DNP	0.6515	M	E		02242118	NVR	Y

rivastigmine 9.5mg/24hr patch

Mylan-Rivastigmine Patch 10 (9.5mg/24hr)						02423421	MYL	Y
Sandoz Rivastigmine Patch 10 (9.5mg/24hr)						02426307	SDZ	Y
Exelon Patch 10 (9.5mg/24hr)						02302853	NVR	Y

N06DA04 GALANTAMINE

galantamine 8mg ER cap

Auro-Galantamine ER 8mg Cap	DNP	1.2467	M	E		02425157	ARO	Y
Galantamine ER 8mg Cap	DNP	1.2467	M	E		02443015	SAS	Y
Mar-Galantamine ER 8mg Cap	DNP	1.2467	M	E		02420821	MAR	Y
MYLAN-Galantamine ER 8mg Cap	DNP	1.2467	M	E		02339439	MYL	Y
PAT-Galantamine ER 8mg Cap	DNP	1.2467	M	E		02316943	PPH	Y
pms-Galantamine ER 8mg Cap	DNP	1.2467	M	E		02398370	PMS	Y
Reminyl ER 8mg Cap (discontinued)						02266717	JAN	Y

galantamine 16mg ER cap

Auro-Galantamine ER 16mg Cap	DNP	1.2467	M	E		02425165	ARO	Y
Galantamine ER 16mg Cap	DNP	1.2467	M	E		02443023	SAS	Y
Mar-Galantamine ER 16mg Cap	DNP	1.2467	M	E		02420848	MAR	Y
MYLAN-Galantamine ER 16mg Cap	DNP	1.2467	M	E		02339447	MYL	Y
PAT-Galantamine ER 16mg Cap	DNP	1.2467	M	E		02316951	PPH	Y
pms-Galantamine ER 16mg Cap	DNP	1.2467	M	E		02398389	PMS	Y
Reminyl ER 16mg Cap (discontinued)						02266725	JAN	Y

galantamine 24mg ER cap

Auro-Galantamine ER 24mg Cap	DNP	1.2467	M	E		02425173	ARO	Y
Galantamine ER 24mg Cap	DNP	1.2467	M	E		02443031	SAS	Y
Mar-Galantamine ER 24mg Cap	DNP	1.2467	M	E		02420856	MAR	Y
MYLAN-Galantamine ER 24mg Cap	DNP	1.2467	M	E		02339455	MYL	Y
PAT-Galantamine ER 24mg Cap	DNP	1.2467	M	E		02316978	PPH	Y
pms-Galantamine ER 24mg Cap	DNP	1.2467	M	E		02398397	PMS	Y
Reminyl ER 24mg Cap (discontinued)						02266733	JAN	Y

N06DX OTHER ANTI-DEMENTIA DRUGS

N06DX01 MEMANTINE

memantine 10mg tab

Apo-Memantine 10mg Tab						02366487	APX	Y
CO Memantine 10mg Tab						02324067	ATV	Y
MED-Memantine 10mg Tab (discontinued)						02409895	GMP	Y
Memantine 10mg Tab						02446049	SIV	Y
Memantine 10mg Tab						02443082	SAS	Y

N Nervous System

pms-Memantine 10mg Tab	02321130	PMS	Y
RAN-Memantine 10mg Tab (discontinued)	02421364	RAN	Y
ratio-Memantine 10mg Tab (discontinued)	02320908	TEV	Y
Sandoz Memantine FCT 10mg Tab	02375532	SDZ	Y
Ebixa 10mg Tab	02260638	VLH	Y

N07 OTHER NERVOUS SYSTEM DRUGS

N07A PARASYMPATHOMIMETICS

N07AA ANTICHOLINESTERASES

N07AA01	NEOSTIGMINE								
	Neostigmine Methylsulfate 0.5mg/mL Inj					00874957	SDZ	N	
	Neostigmine Methylsulfate 1mg/mL Inj					00885282	SDZ	N	
	Neostigmine Methylsulfate 2.5mg/mL Inj					01915436	SDZ	N	
N07AA02	PYRIDOSTIGMINE								
	Mestinon 60mg Tab	DNP	0.5038	L	SF	00869961	VLN	N	
	Mestinon 180mg SR Tab	DNP	1.1130	L	SF	00869953	VLN	N	

N07AB CHOLINE ESTERS

N07AB02	BETHANECHOL								
	Duvoid 10mg Tab	DNP	0.3361	L	SF	01947958	PAL	N	
	Duvoid 25mg Tab	DNP	0.5443	L	SF	01947931	PAL	N	
	Duvoid 50mg Tab	DNP	0.7169	L	SF	01947923	PAL	N	

N07AX OTHER PARASYMPATHOMIMETICS

N07AX01	PILOCARPINE								
	Salagen 5mg Tab	DNP	1.4382	L	E	02216345	PFI	N	

N07B DRUGS USED IN ADDICTIVE DISORDERS

N07BA DRUGS USED IN NICOTINE DEPENDENCE

N07BA02	BUPROPION								
	Zyban 150mg Tab	DNP	1.0476	L	SFC*	02238441	VLN	N	
	*quantity limit of 168 tablets annually without a special authorization request.								
N07BA03	VARENICLINE								
	varenicline 0.5mg tab								
	Apo-Varenicline 0.5mg Tab	DNP	1.3855	M	SFC*	02419882	APX	Y	
	Champix 0.5mg Tab	DNP	1.3855	M	SFC*	02291177	PFI	Y	
	*quantity limit of 168 tablets annually without a special authorization request.								
	vareniclin 0.5mg & 1mg combopack								
	Apo-Varenicline 0.5mg & 1mg Combopack	DNP	1.3804	M	SFC*	02435675	APX	Y	
	Champix Combopack	DNP	1.3804	M	SFC*	02298309	PFI	Y	

N Nervous System

*quantity limit of 168 tablets annually without a special authorization request.

varenicline 1mg tab

Apo-Varenicline 1mg Tab

DNP

1.3853

M

SFC*

02419890 APX

Y

Champix 1mg Tab

DNP

1.3853

M

SFC*

02291185 PFI

Y

*quantity limit of 168 tablets annually without a special authorization request.

N07BB DRUGS USED IN ALCOHOL DEPENDENCE

N07BB03 ACAMPROSATE

Campral 333mg Tab

DNP

0.8000

L

E

02293269 MYL

N

N07BB04 NALTREXONE

naltrexone 50mg tab

Apo-Naltrexone 50mg Tab

DNP

2.8075

M

E

02444275 APX

Y

Naltrexone Hydrochloride 50mg Tab

DNP

2.8075

M

E

02451883 SVA

Y

ReVia 50mg Tab

DNP

2.8075

M

E

02213826 TEV

Y

N07BC DRUGS USED IN OPIOID DEPENDENCE

N07BC02 METHADONE

Methadone Oral Compound Sol*

DN

0.0150

P

SFC

00999734 VAR

N

*Compound as per NSCP standards

Metadol 1mg Tab

DN

0.1869

L

E

02247698 PAL

N

Metadol 1mg/mL O/L

02247694 PAL

N

Metadol 5mg Tab

DN

0.6148

L

E

02247699 PAL

N

Metadol 10mg Tab

DN

1.0213

L

E

02247700 PAL

N

Metadol 10mg/mL O/L

02241377 PAL

N

Metadol 25mg Tab

DN

1.7963

L

E

02247701 PAL

N

N07BC51 BUPRENORPHINE, COMBINATIONS

buprenorphine 2mg & naloxone 0.5mg tab

ACT Buprenorphine/Naloxone 2mg/0.5mg Tab*

DN

0.6675

M

SF

02453908 ATV

Y

pms-Buprenorphine-Naloxone 2mg/0.5mg Tab*

DN

0.6675

M

SF

02424851 PMS

Y

Suboxone 2mg/0.5mg SL Tab*

DN

0.6675

M

SF

02295695 ICL

Y

buprenorphine 8mg & naloxone 2mg tab

ACT Buprenorphine/Naloxone 8mg/2mg Tab*

DN

1.1825

M

SF

02453916 ATV

Y

pms-Buprenorphine/Naloxone 8mg/2mg Tab*

DN

1.1825

M

SF

02424878 PMS

Y

Suboxone 8mg/2mg SL Tab*

DN

1.1825

M

SF

02295709 ICL

Y

*to be dispensed according to NSCP standards

N07C ANTIVERTIGO PREPARATIONS

N07CA ANTIVERTIGO PREPARATIONS

N07CA01 BETAHISTINE

betahistine 16mg tab

Auro-Betahistine 16mg Tab

DNP

0.1167

M

E

02449153 ARO

Y

N Nervous System

Betahistine 16mg Tab	DNP	0.1167	M	E	02466449	SAS	Y
Novo-Betahistine 16mg Tab	DNP	0.1167	M	E	02280191	TEV	Y
pms-Betahistine 16mg Tab	DNP	0.1167	M	E	02330210	PMS	Y
Serc 16mg Tab	DNP	0.1167	M	E	02243878	BGP	Y

betahistine 24mg tab

Auro-Betahistine 24mg Tab	DNP	0.1750	M	E	02449161	ARO	Y
Betahistine 24mg Tab	DNP	0.1750	M	E	02466457	SAS	Y
Novo-Betahistine 24mg Tab	DNP	0.1750	M	E	02280205	TEV	Y
pms-Betahistine 24mg Tab	DNP	0.1750	M	E	02330237	PMS	Y
Serc 24mg Tab	DNP	0.1750	M	E	02247998	BGP	Y

N07CA03 FLUNARIZINE

flunarizine 5mg cap

Flunarizine 5mg Cap	DNP	0.7502	M	SF	02246082	AAP	Y
Sibelium 5mg Cap (discontinued)					00846341	PMS	Y

N07X OTHER NERVOUS SYSTEM DRUGS

N07XX OTHER NERVOUS SYSTEM DRUGS

N07XX02 RILUZOLE

riluzole 50mg tab

Apo-Riluzole 50mg Tab (discontinued)					02352583	APX	Y
MYLAN-Riluzole 50mg Tab	DNP	3.4361	M	E	02390299	MYL	Y
Rilutek 50mg Tab	DNP	3.4361	M	E	02242763	SAV	Y

N07XX06 TETRABENAZINE

tetrabenazine 25mg tab

Apo-Tetrabenazine 25mg Tab					02407590	APX	Y
pms-Tetrabenazine 25mg Tab	DNP	3.3746	M	SF	02402424	PMS	Y
Tetrabenazine 25mg Tab	DNP	3.3746	M	SF	02410338	STR	Y
Nitoman 25mg Tab	DNP	3.3746	M	SF	02199270	VLN	Y

N07XX07 FAMPRIDINE

Fampyra 10mg SR Tab					02379910	BIG	N
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P Antiparasitic Products, Insecticides and Repellents**P01 ANTIPROTOZOALS****P01A AGENTS VS.AMOEBIASIS & OTHER PROTOZOAL DISEASES****P01AX OTHER AGENTS VS AMOEBIASIS & OTHER PROTOZOAL DIS.**

P01AX06 ATOVAQUONE

Mepron 150mg/mL Oral Susp

DNP

2.8196

L

SF

02217422 GSK

N

P01B ANTIMALARIALS**P01BA AMINOQUINOLINES**

P01BA01 CHLOROQUINE

chloroquine phosphate 250mg tab

Novo-Chloroquine 250mg Tab

DNP

1.3495

M

SF

00021261 TEV

Y

Aralen 250mg Tab (discontinued)

02017539 SAV

Y

P01BA02 HYDROXYCHLOROQUINE

hydroxychloroquine 200mg tab

Apo-Hydroxyquine 200mg Tab

DNP

0.1576

M

SF

02246691 APX

Y

MINT-Hydroxychloroquine 200mg Tab

DNP

0.1576

M

SF

02424991 MNT

Y

Plaquenil 200mg Tab

DNP

0.1576

M

SF

02017709 SAV

Y

P01BA03 PRIMAQUINE

Primaquine 15mg Tab

DNP

0.4326

L

SF

02017776 SAV

N

P01BB51 PROGUANIL, COMBINATIONS

atovaquone 250mg & proguanil HCl 100mg tab

Atovaquone & Proguanil Hydrochloride 250mg/100mg Tab

02466783 GLM

Y

Atovaquone Proguanil 250/100mg Tab

02421429 SAS

Y

MYLAN-Atovaquone/Proguanil 250mg/100mg Tab

02402165 MYL

Y

Teva-Atovaquone Proguanil 250/100mg Tab

02380927 TEV

Y

Malarone 250/100mg Tab

02238151 GSK

Y

P01BC METHANOLQUINOLINES

P01BC01 QUININE

quinine sulfate 200mg cap

Novo-Quinine 200mg Cap

00021008 TEV

Y

Quinine 200mg Cap (discontinued)

00022837 PDA

Y

Apo-Quinine 200mg Cap (discontinued)

02254514 APX

N

Quinine-Odan 200mg Cap

00695440 ODN

N

quinine sulfate 300mg cap

Novo-Quinine 300mg Cap

00021016 TEV

Y

Quinine 300mg Cap (discontinued)

00022845 PDA

Y

Apo-Quinine 300mg Cap (discontinued)

02254522 APX

N

Quinine-Odan 300mg Cap

00695459 ODN

N

Quinine-Odan 300mg Tab

00695432 ODN

N

P01BC02 MEFLOQUINE

mefloquine 250mg tab

P Antiparasitic Products, Insecticides and Repellents

Mefloquine 250mg Tab

02244366 AAP Y

Larium 250mg Tab (discontinued)

02018055 HLR Y

P02 ANTHELMINTICS

P02B ANTITREMATODALS

P02BA QUINOLINE DERIVATIVES AND RELATED SUBSTANCES

P02BA01 PRAZIQUANTEL

Biltricide 600mg Tab

DNP

6.2900

L

SF

02230897

BAY

N

P02C ANTINEMATODAL AGENTS

P02CA BENZIMIDAZOLE AGENTS

P02CA01 MEBENDAZOLE

Vermox 100mg Tab

DNP

6.0300

L

SF

00556734

JAN

N

P03 ECTOPARASITICIDES,INCL SCABICIDES,INSECT.&REPELLAN

P03A ECTOPARASITICIDES, INCL SCABICIDES

P03AX OTHER ECTOPARACITICIDES, INCL SCABICIDES

P03AX99 ISOPROPYL MYRISTATE

Resultz 50% Top Sol

02279592

MDF

N

R	Respiratory System									
R01	NASAL PREPARATIONS									
R01A	DECONGESTANTS & OTHER NASAL PREPS, TOPICAL USE									
R01AB	SYMPATHOMIMETICS, COMBINATIONS EXCL CORTICOSTEROIDS									
	R01AB01	PHENYLEPHRINE								
		Soframycin Nasal Spray	DNP	3.2000	L	SF	02224860	ERF	N	
R01AC	ANTIALLERGIC AGENTS, EXCL CORTICOSTEROIDS									
	R01AC01	CROMOGLYCATE SODIUM								
		cromoglycate sodium 2% nasal sol								
		Rhinaris-CS Anti-Allergic Nasal Mist	DNP	0.5292	M	SF	01950541	PDP	Y	
		Rynacrom 2% Nasal Sol (discontinued)					00605255	RPR	Y	
	R01AC02	LEVOCABASTINE								
		Livostin 0.5mg/mL Nasal Spray	DNP	2.1687	L	SF	02020017	JAN	N	
R01AD	CORTICOSTEROIDS									
	R01AD01	BECLOMETHASONE								
		beclomethasone dipropionate 50mcg/dose aqueous nasal spray								
		Apo-Beclo 50mcg/dose Acq Nasal Sp	DNP	0.0613	M	SFC	02238796	APX	Y	
		MYLAN-Beclo 50mcg/dose Acq Nasal Spray	DNP	0.0613	M	SFC	02172712	MYL	Y	
		Beconase 50mcg/dose Acq Nasal Sp (discontinued)					01923935	GLA	Y	
	R01AD05	BUDESONIDE								
		budesonide 64mcg/dose aqueous nasal spray								
		MYLAN-Budesonide AQ 64mcg/dose Nasal Spray	DNP	0.0843	M	SF	02241003	MYL	Y	
		Rhinocort 64mcg/dose Aqua Nasal Spray	DNP	0.0843	M	SF	02231923	JNJ	Y	
		MYLAN-Budesonide AQ 100mcg/dose Nasal Spray	DNP	0.0958	L	SF	02230648	MYL	N	
		Rhinocort 100mcg/dose Turbuhaler	DNP	0.1240	L	SF	02035324	AZE	N	
	R01AD08	FLUTICASONE								
		fluticasone 50mcg/dose nasal spray								
		Apo-Fluticasone 50mcg/dose Nasal Spray					02294745	APX	Y	
		ratio-Fluticasone 50mcg/dose Nasal Spray (discontinued)					02296071	TEV	Y	
		Flonase 50mcg/dose Nasal Spray (discontinued)					02213672	GSK	Y	
	R01AD09	MOMETASONE								
		mometasone 50mcg/dose nasal spray								
		Apo-Mometasone 50mcg Nasal Spray	DNP	0.0752	M	F*	02403587	APX	Y	
		Sandoz Mometasone 50mcg Nasal Spray	DNP	0.0752	M	F*	02449811	SDZ	Y	
		Teva-Mometasone 50mcg Nasal Spray	DNP	0.0752	M	F*	02475863	TEV	Y	
		Nasonex 50mcg Nasal Spray	DNP	0.0752	M	F*	02238465	FRS	Y	
		*full benefit for children aged 3 to 11 years.								
	R01AD11	TRIAMCINOLONE								
		triamcinolone 55mcg/dose aqueous nasal spray								
		Apo-Triamcinolone AQ 55mcg/dose Nasal Spray					02437635	APX	Y	
		Nasacort AQ 55mcg/dose Nasal Spray					02213834	SAV	Y	

R Respiratory System

R01AD58 FLUTICASONE, COMBINATIONS

Dymista 137mcg/50mg Nasal Spray

02432889 MVL N

R01AX OTHER NASAL PREPARATIONS

R01AX03 IPRATROPIUM BROMIDE

ipratropium bromide 0.03% nasal spray (21mcg/dose)

pms-Ipratropium 21mcg/dose Nasal Spray

DNP 0.0736 M SF 02239627 PMS Y

Atrovent 21mcg/dose Nasal Spray

DNP 0.0736 M SF 02163705 SAV Y

ipratropium bromide 0.06% nasal spray (42mcg/dose)

Ipravent 42mcg/dose Nasal Spray

DNP 0.1580 M SF 02246084 AAP Y

Atrovent 42mcg/dose Nasal Spray

DNP 0.1580 M SF 02163713 SAV Y

R01AX10 VARIOUS NASAL PREPARATIONS

Dey-Pak Sodium Chloride Inhalation Sol (discontinued)0.9%

02058235 DLU N

R03 DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES**R03A ADRENERGICS, INHALANTS****R03AC SELECTIVE BETA-2-ADRENOCEPTOR AGONISTS**

R03AC02 SALBUTAMOL

salbutamol 0.5mg/mL unit dose inh sol

pms-Salbutamol 0.5mg/mL Polynebs

DNPM 0.1074 P E 02208245 PMS Y

Ventolin 0.5mg/mL Nebules (discontinued)

02213400 GSK Y

salbutamol 1mg/mL unit dose inh sol

pms-Salbutamol 1mg/mL Polynebs

DNPM 0.1448 P E 02208229 PMS Y

Teva-Salbutamol 1mg/mL Sterinebs

DNPM 0.1448 P E 01926934 TEV Y

Ventolin 1mg/mL Nebules

DNPM 0.1448 P E 02213419 GSK Y

salbutamol 2mg/mL unit dose inh sol

pms-Salbutamol 2mg/mL Polynebs

DNPM 0.2300 P E 02208237 PMS Y

Teva-Salbutamol 2mg/mL Sterinebs

DNPM 0.2300 P E 02173360 TEV Y

Ventolin 2mg/mL Nebules

DNPM 0.2300 P E 02213427 GSK Y

Ventolin 5mg/mL Resp Sol

DNPM 0.2300 L E 02213486 GSK N

salbutamol 100mcg/dose oral inh

Apo-Salvent 100mcg/dose CFC Free Inh

DNPM 0.0325 M SFC 02245669 APX Y

Novo-Salbutamol HFC 100mcg/act Inh

DNPM 0.0325 M SFC 02326450 TEV Y

Salbutamol HFA 100mcg/dose Inh

DNPM 0.0325 M SFC 02419858 SAS Y

Airomir 100mcg/act Inh

DNPM 0.0325 M SFC 02232570 VLN Y

Ventolin HFA 100mcg/dose Inh

DNPM 0.0325 M SFC 02241497 GSK Y

Ventolin 200mcg/dose Diskus

DNPM 0.1567 L SFC 02243115 GSK N

R03AC03 TERBUTALINE

Bricanyl 0.5mg/dose Turbuhaler

DNP 0.0808 L SF 00786616 AZE N

R03AC12 SALMETEROL

Serevent 50mcg/dose Diskhaler

DNP 0.9443 L E 02214261 GSK N

Serevent 50mcg/dose Diskus

DNP 0.9788 L E 02231129 GSK N

R03AC13 FORMOTEROL

Oxeze 6mcg/dose Turbuhaler	DNP	0.5608	L	E	02237225	AZE	N
Foradil 12mcg Cap for Inhalation	DNP	0.8740	L	E	02230898	NVR	N
Oxeze 12mcg/dose Turbuhaler	DNP	0.7467	L	E	02237224	AZE	N

R03AC18 INDACATEROL

Onbrez 75mcg Micronized Pwd for Inhalation	DNP	1.5500	L	E	02376938	NVR	N
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R03AK ADRENERGICS AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03AK04 SALBUTAMOL AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

ipratropium bromide 200mcg/mL & salbutamol 1mg/mL unit dose inh sol

Teva-Combo Sterinebs	DNP	0.5318	M	E	02272695	TEV	Y
Combivent UDV Inh Sol	DNP	0.5318	M	E	02231675	BOE	Y

R03AK06 SALMETEROL AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Advair HFA 25/125mcg/dose Inh	DNP	0.8425	L	E	02245126	GSK	N
Advair HFA 25/250mcg/dose Inh	DNP	1.1960	L	E	02245127	GSK	N
Advair 50/100mcg Diskus	DNP	1.4075	L	E	02240835	GSK	N
Advair 50/250mcg Diskus	DNP	1.6850	L	E	02240836	GSK	N
Advair 50/500mcg Diskus	DNP	2.3920	L	E	02240837	GSK	N

R03AK07 FORMOTEROL AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Symbicort 100/6mcg Turbuhaler	DNP	0.5660	L	E	02245385	AZE	N
Symbicort 200/6mcg Turbuhaler	DNP	0.7355	L	E	02245386	AZE	N

R03AK09 FORMOTEROL AND MOMETASONE

Zenhale 5/100mcg Inh	DNP	0.7479	L	E	02361752	FRS	N
Zenhale 5/200mcg Inh	DNP	0.9065	L	E	02361760	FRS	N

R03AK10 VILANTEROL AND FLUTICASONE FUROATE

Breo Ellipta 100mcg/25mcg Pwd for Inh	DNP	2.7973	L	E	02408872	GSK	N
Breo Ellipta 200mcg/25mcg Pwd for Inh	DNP	4.3513	L	E	02444186	GSK	N

R03AL ADRENERGICS IN COMBINATION WITH ANTICHOLINERGICS INCL. TRIPLE COM

R03AL02 SALBUTAMOL AND IPATROPRIMUM BROMIDE

Combivent 100mcg/20mcg Respimat	DNP	0.2442	L	SFC	02419106	BOE	N
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R03AL03 VILANTEROL AND UMECLIDINIUM BROMIDE

Anoro Ellipta 62.5/25mcg Pwd for Inh	DNP	2.7560	L	E	02418401	GSK	N
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R03AL04 INDACATEROL AND GLYCOPYRRONIUM BROMIDE

Ultibro Breezhaler 110/50mcg Cap for Inh	DNP	2.6150	L	E	02418282	NVR	N
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R03AL05 FORMOTEROL AND ACLIDINIUM BROMIDE

Duaklir Genuair 12/400mcg Inh	DNP	1.0000	L	E	02439530	AZE	N
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R03AL06 OLODATEROL AND TIOTROPIUM BROMIDE

Inspiolto RespiMat 2.5mcg/2.5mcg Inh

DNP

1.0363

L

E*

02441888 BOE

N

*Billed per actuation

R03B OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS**R03BA GLUCOCORTICOIDS, ANTI-ASTHMATICS, INHALED**

R03BA01 BECLOMETHASONE

QVAR 50mcg/dose Inh

DNP

0.1699

L

SFC

02242029 VLN

N

QVAR 100mcg/dose Inh

DNP

0.3387

L

SFC

02242030 VLN

N

R03BA02 BUDESONIDE

budesonide 0.125mg/mL unit dose

Teva-Budesonide 0.125mg/mL Susp

DNP

0.1714

M

E

02465949 TEV

Y

Pulmicort 0.125mg/mL Nebuamps

DNP

0.1714

M

E

02229099 AZE

Y

Pulmicort 0.25mg/mL Nebuamps

DNP

0.4573

L

E

01978918 AZE

N

budesonide 0.5mg/mL unit dose

Teva-Budesonide 0.5mg/mL Susp

DNP

0.6839

M

E

02465957 TEV

Y

Pulmicort 0.5mg/mL Nebuamps

DNP

0.6839

M

E

01978926 AZE

Y

Pulmicort 100mcg/dose Turbuhaler

DNP

0.1596

L

SF

00852074 AZE

N

Pulmicort 200mcg/dose Turbuhaler

DNP

0.3260

L

SF

00851752 AZE

N

Pulmicort 400mcg/dose Turbuhaler

DNP

0.4747

L

SF

00851760 AZE

N

R03BA05 FLUTICASONE

Flovent HFA 50mcg/act Inh

DNP

0.2069

L

SF

02244291 GSK

N

Flovent Diskus 100mcg

DNP

0.4138

L

SF

02237245 GSK

N

Flovent HFA 125mcg/act Inh

DNP

0.3568

L

SF

02244292 GSK

N

Flovent Diskus 250mcg

DNP

0.7137

L

SF

02237246 GSK

N

Flovent HFA 250mcg/act Inh

DNP

0.7137

L

SF

02244293 GSK

N

Flovent Diskus 500mcg

DNP

1.0923

L

SF

02237247 GSK

N

R03BA07 MOMETASONE

Asmanex 100mcg/act Twisthaler

DNP

1.1993

L

F*

02438690 FRS

N

*full benefit for children ages 4-11

Asmanex 200mcg/act Twisthaler

DNP

0.6146

L

SF

02243595 FRS

N

Asmanex 400mcg/act Twisthaler

DNP

1.2293

L

SF

02243596 FRS

N

R03BA08 CICLESONIDE

ciclesonide 50mcg/dose nasal spray

Apo-Ciclesonide 50mcg/dose Nasal Spray (discontinued)

02417316 APX

Y

Omnaris 50mcg/dose Nasal Spray

02303671 TAK

Y

Alvesco 100mcg/dose Inh

DNP

0.3910

L

SF

02285606 TAK

N

Alvesco 200mcg/dose Inh

DNP

0.6470

L

SF

02285614 TAK

N

R03BA09 FLUTICASONE FUROATE

R Respiratory System

	Arnuity Ellipta 100mcg Pwr for Inh	DNP	1.2860	L	SF	02446561	GSK	N
	Arnuity Ellipta 200mcg Pwr for Inh	DNP	2.5720	L	SF	02446588	GSK	N
R03BB	ANTICHOLINERGICS							
R03BB01	IPRATROPIUM BROMIDE							
	Atrovent HFA 20mcg/dose Inhaler	DNP	0.0989	L	SFC	02247686	BOE	N
	ipratropium bromide 125mcg/mL unit dose inh sol (2mL)							
	pms-Ipratropium 125mcg/mL Polynebs	DNP	0.1579	P	E	02231135	PMS	Y
	Atrovent 125mcg/mL UDV (discontinued)					02026759	BOE	Y
	ipratropium bromide 250mcg/mL inh sol (20mL)							
	Apo-Ipravent 250mcg/mL Inh Sol	DNP	0.3157	M	E	02126222	APX	Y
	pms-Ipratropium 250mcg/mL Inh Sol	DNP	0.3157	M	E	02231136	PMS	Y
	Atrovent 250mcg/mL Inh Sol (discontinued)					01950681	BOE	Y
	ipratropium bromide 250mcg/mL unit dose inh sol (1mL)							
	pms-Ipratropium 250mcg/mL Polynebs	DNP	0.3157	P	E	02231244	PMS	Y
	ratio-Ipratropium 250mcg/mL Nebules (discontinued)					02097168	TEV	Y
	Teva-Ipratropium 250mcg/mL Sterinebs	DNP	0.3157	P	E	02216221	TEV	Y
	Atrovent 250mcg/mL UDV (discontinued)					00731439	BOE	Y
	ipratropium bromide 250mcg/mL unit dose inh sol (2mL)							
	pms-Ipratropium 250mcg/mL Polynebs	DNP	0.3157	P	E	02231245	PMS	Y
	ratio-Ipratropium 250mcg/mL Nebules (discontinued)					02097168	TEV	Y
	Atrovent 250mcg/mL UDV (discontinued)					01950681	BOE	Y
R03BB04	TIOTROPIUM BROMIDE							
	Spiriva Respimat 2.5mcg Inh	DNP	1.7663	L	E	02435381	BOE	N
	Spiriva 18mcg Cap for Inh	DNP	1.7663	L	E	02246793	BOE	N
R03BB05	ACLIDINIUM BROMIDE							
	Tudorza Genuair 400mcg Pwd for Inh	DNP	0.8850	L	E	02409720	ALM	N
R03BB06	GLYCOPYRRONIUM BROMIDE							
	Seebri 50mcg Cap for Inh	DNP	1.7700	L	E	02394936	NVR	N
R03BB07	UMECLIDINIUM BROMIDE							
	Incruse Ellipta 62.5 mcg Pwr for Inh	DNP	1.6667	L	E	02423596	GSK	N
R03BC	ANTIALLERGIC AGENTS, EXCL CORTICOSTEROIDS							
R03BC01	CROMOGLYCATE SODIUM							
	cromoglycate sodium 1% unit dose inh sol							
	pms-Sodium Cromoglycate 1% Neb Sol	DNP	0.9125	M	E	02046113	PMS	Y
	Intal 1% Neb Sol (discontinued)					00534609	SAV	Y
R03C	ADRENERGICS, SYSTEMIC PREPARATIONS							
R03CB	NON-SELECTIVE BETA-ADRENOCEPTOR AGONISTS							
R03CB03	ORCIPRENALINE							
	orciprenaline 2mg/mL syr							

R Respiratory System

		Orciprenaline 2mg/mL Syr	DNP	0.0586	M	SF	02236783	AAP	Y
		Alupent 2mg/mL Syr (discontinued)					00249920	BOE	Y
R03CC	SELECTIVE BETA-2-ADRENOCEPTOR AGONISTS								
	R03CC02	SALBUTAMOL							
		salbutamol 2mg tab							
		Apo-Salvent 2mg Tab (discontinued)					02146843	APX	Y
		Ventolin 2mg Tab (discontinued)					01961039	GLA	Y
		salbutamol 4mg tab							
		Apo-Salvent 4mg Tab (discontinued)					02146851	APX	Y
		Ventolin 4mg Tab (discontinued)					01932691	GLA	Y
R03D	OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES								
R03DA	XANTINES								
	R03DA02	OXTRIPHYLLINE (CHOLINE THEOPHYLLINATE)							
		Choledyl 20mg/mL Elx (discontinued)					00476366	ERF	N
	R03DA04	THEOPHYLLINE							
		Theolair 80mg/15mL Liq	DNP	0.0280	L	SF	01966219	VLN	N
		Apo-Theo LA 100mg Tab	DNP	0.1624	L	SF	00692689	APX	N
		Apo-Theo LA 200mg Tab	DNP	0.1805	L	SF	00692697	APX	N
		Apo-Theo LA 300mg Tab	DNP	0.2186	L	SF	00692700	APX	N
		theophylline 400mg ER tab							
		Theo ER 400mg Tab					02360101	AAP	Y
		Uniphyl 400mg Tab	DNP	0.5030	L	SF	02014165	PFR	Y
		theophylline 600mg ER tab							
		Theo ER 600mg Tab					02360128	AAP	Y
		Uniphyl 600mg Tab	DNP	0.6090	L	SF	02014181	PFR	Y
	R03DA54	THEOPHYLLINE, COMBINATIONS EXCLUDING PSYCHOLEPTICS							
		Choledyl Expectorant	DNP	0.1080	L	SF	00476374	ERF	N
R03DC	LEUKOTRIENE RECEPTOR ANTAGONISTS								
	R03DC03	MONTELUKAST							
		montelukast 4mg chewtab							
		Apo-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02377608	APX	Y
		Auro-Montelukast 4mg Chewtab (discontinued)					02422867	ARO	Y
		Jamp-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02442353	JPC	Y
		Mar-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02399865	MAR	Y
		MINT-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02408627	MNT	Y
		Montelukast 4mg Chewtab	DNP	0.2758	M	E	02379317	SAS	Y
		Montelukast-4mg Chewtab	DNP	0.2758	M	E	02382458	SIV	Y
		pms-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02354977	PMS	Y
		RAN-Montelukast 4mg Chewtab					02402793	RAN	Y
		Sandoz Montelukast 4mg Chewtab	DNP	0.2758	M	E	02330385	SDZ	Y
		Teva-Montelukast 4mg Chewtab	DNP	0.2758	M	E	02355507	TEV	Y

Singulair 4mg Chewtab	DNP	0.2758	M	E	02243602	FRS	Y
montelukast 4mg granules							
Sandoz Montelukast 4mg Granules	DNP	0.3285	M	E	02358611	SDZ	Y
Singulair 4mg/pkt Granules	DNP	0.3285	M	E	02247997	FRS	Y
montelukast 5mg chewtab							
Apo-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02377616	APX	Y
Auro-Montelukast 5mg Chewtab (discontinued)					02422875	ARO	Y
Jamp-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02442361	JPC	Y
Mar-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02399873	MAR	Y
MINT-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02408635	MNT	Y
Montelukast 5mg Chewtab	DNP	0.3082	M	E	02382466	SIV	Y
Montelukast 5mg Chewtab	DNP	0.3082	M	E	02379325	SAS	Y
pms-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02354985	PMS	Y
RAN-Montelukast 5mg Chewtab					02402807	RAN	Y
Sandoz Montelukast 5mg Chewtab	DNP	0.3082	M	E	02330393	SDZ	Y
Teva-Montelukast 5mg Chewtab	DNP	0.3082	M	E	02355515	TEV	Y
Singulair 5mg Chewtab	DNP	0.3082	M	E	02238216	FRS	Y
montelukast 10mg tab							
Apo-Montelukast 10mg Tab	DNP	0.4231	M	E	02374609	APX	Y
Auro-Montelukast 10mg Tab	DNP	0.4231	M	E	02401274	ARO	Y
Jamp-Montelukast 10mg Tab	DNP	0.4231	M	E	02391422	JPC	Y
Mar-Montelukast 10mg Tab	DNP	0.4231	M	E	02399997	MAR	Y
MINT-Montelukast 10mg Tab	DNP	0.4231	M	E	02408643	MNT	Y
Montelukast 10mg Tab	DNP	0.4231	M	E	02382474	SIV	Y
Montelukast 10mg Tab (AHI)	DNP	0.4231	M	E	02379236	AHI	Y
Montelukast 10mg Tab (SAS)	DNP	0.4231	M	E	02379333	SAS	Y
MYLAN-Montelukast 10mg Tab (discontinued)					02368226	MYL	Y
pms-Montelukast FC 10mg Tab	DNP	0.4231	M	E	02373947	PMS	Y
RAN-Montelukast 10mg Tab	DNP	0.4231	M	E	02389517	RAN	Y
Sandoz Montelukast 10mg Tab	DNP	0.4231	M	E	02328593	SDZ	Y
Teva-Montelukast 10mg Tab	DNP	0.4231	M	E	02355523	TEV	Y
Singulair 10mg Tab	DNP	0.4231	M	E	02238217	FRS	Y

R03DX OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES
R03DX05 OMALIZUMAB

Xolair 150mg/vial Inj	DNP	632.8500	L	E	02260565	NVR	N
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R03DX07 ROFLUMILAST

Daxas 500mcg Tab					02359456	TAK	N
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R03DX09 MEPOLIZUMAB

Nucala 100mg/mL Pws Inj	DNP	1938.4600	L	E	02449781	GSK	N
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R05 COUGH AND COLD PREPARATIONS
R05C EXPECTORANTS,EXCL COMBINATIONS WITH ANTITUSSIVES
R05CA EXPECTORANTS
R05CA03 GUAIFENESIN

R Respiratory System

		Robitussin 20mg/mL O/L						01931032	WCH	N
R05CB	MUCOLYTICS									
	R05CB01	ACETYLCYSTEINE								
		acetylcysteine 200mg/mL inj								
		Acetylcysteine 200mg/mL Inj	DNP	0.7000	M	SF	02243098	SDZ	Y	
		Mucomyst 20% Inj (discontinued)					02091526	WLS	Y	
	R05CB13	DORNASE ALFA (DESOXYRIBONUCLEASE)								
		Pulmozyme 1mg/mL Amp Inh					02046733	HLR	N	
R05D	ANTITUSSIVES, EXCL COMBINATIONS WITH EXPECTORANTS									
R05DA	OPIUM ALKALOIDS AND DERIVATIVES									
	R05DA03	HYDROCODONE								
		Novahistex DH Syrup					02049481	SAV	N	
	R05DA04	CODEINE								
		Linctus Codeine Blanc 2mg/mL Liq					00380571	ATL	N	
		Codeine Phosphate 4.7mg/mL Syr	DN	0.0589	L	SFC	00050024	ATL	N	
		ratio-Codeine 15mg Tab	DN	0.0863	L	SFC	00593435	TEV	N	
		Codeine Phosphate 30mg/mL Inj					00544884	SDZ	N	
		ratio-Codeine 30mg Tab	DN	0.1541	L	SFC	00593451	TEV	N	
		Codeine Contin 50mg Tab	DN	0.3660	L	E	02230302	PFR	N	
		Codeine Contin 100mg Tab	DN	0.7320	L	E	02163748	PFR	N	
		Codeine Contin 150mg Tab	DN	1.0980	L	E	02163780	PFR	N	
		Codeine Contin 200mg Tab	DN	1.4640	L	E	02163799	PFR	N	
	R05DA20	COMBINATIONS, ANTITUSSIVES								
		Tussionex Suspension					01916971	SAV	N	
		Coactifed 10mg/5mL Syrup (discontinued)					00068594	GSK	N	
R06	SYSTEMIC ANTIHISTAMINES									
R06A	SYSTEMIC ANTIHISTAMINES									
R06AA	AMINOALKYL ETHERS									
	R06AA02	DIPHENHYDRAMINE								
		Benadryl 12.5mg/5mL Elx					02019736	JNJ	N	
		Benadryl 25mg Caplets					02017849	JNJ	N	
		Diphenhydramine 50mg/mL Inj					00596612	SDZ	N	
		Allernix 50mg Cap					02097575	ROG	N	
	R06AA09	DOXYLAMINE								
		doxylamine succinate 10mg & pyridoxine hydrochloride 10mg tab								
		Apo-Doxylamine/B6 Tab	DNPM	0.6402	M	SFC	02413248	APX	Y	

pms-Doxylamine-Pyridoxine Tab

DNPM 0.6402 M SFC 02406187 PMS Y

Diclectin Tab

DNPM 0.6402 M SFC 00609129 DUI Y

R06AD PHENOTHIAZINE DERIVATIVES

R06AD01 ALIMEMAZINE (TRIMEPRAZINE)

Panectyl 2.5mg Tab

01926306 ERF N

Panectyl 5mg Tab

01926292 ERF N

R06AD02 PROMETHAZINE

Histantil 50mg Tab

00575186 PDP N

R06AE PIPERAZINE DERIVATIVES

R06AE07 CETIRIZINE

Reactine 5mg Tab

02223546 JNJ N

cetirizine 10mg tab

Apo-Cetirizine 10mg Tab

DNP 0.4083 M E 02231603 APX Y

Reactine 10mg Tab

DNP 0.4083 M E 02223554 JNJ Y

cetirizine 20mg tab

Apo-Cetirizine 20mg Tab

DNP 0.7535 M E 02453363 APX Y

Jamp-Cetirizine 20mg Tab

DNP 0.7535 M E 02466171 JPC Y

Mar-Cetirizine 20mg Tab

DNP 0.7535 M E 02427141 MAR Y

pms-Cetirizine 20mg Tab

DNP 0.7535 M E 02315963 PMS Y

Reactine 20mg Tab

DNP 0.7535 M E 01900978 JNJ Y

R06AX VARIOUS SYSTEMIC ANTIHISTAMINES

R06AX13 LORATADINE

loratadine 10mg tab

Apo-Loratadine 10mg Tab

DNP 0.6267 M E 02243880 APX Y

Claritin 10mg Tab

DNP 0.6267 M E 00782696 BAY Y

R06AX17 KETOTIFEN

Zaditen 1mg Tab

DNP 1.7245 L SF 00577308 TEV N

R06AX26 FEXOFENADINE

Allegra 60mg Tab

02231462 SAV N

Allegra 120mg Tab

02242819 SAV N

R06AX27 DESLORATADINE

desloratadine 5mg tab

Desloratadine Allergy Control 5mg Tab (discontinued)

02298155 PDP Y

Aerius 5mg Tab

02243919 SCH Y

R07 OTHER RESPIRATORY SYSTEM PRODUCTS**R07A OTHER RESPIRATORY SYSTEM PRODUCTS****R07AX OTHER RESPIRATORY SYSTEM PRODUCTS**

R07AX01 OTHER RESPIRATORY SYSTEM PRODUCTS

AC Girlz Chamber	DNP	23.5500	L	FC	96899963	TMI	N
AC Youth Chamber	DNP	23.5500	L	FC	96899962	TMI	N
AeroChamber Max Pediatric with Mask	DNP	37.6700	L	FC	96899995	TMI	N
AeroChamber Plus Flow-Vu with Mask (Lg)	DNP	39.8600	L	SFC	96899969	TMI	N
AeroChamber Plus Flow-Vu with Mask (Med)	DNP	37.6700	L	SFC	96899970	TMI	N
AeroChamber Plus Flow-Vu with Mask (Sm)	DNP	37.6700	L	FC	96899971	TMI	N
AeroChamber Plus Flow-Vu with Mouthpiece	DNP	23.5500	L	SFC	96899968	TMI	N
AreoChamber AC-Boyz	DNP	21.5400	L	FC	96899976	TMI	N
AreoChamber AC-Girlz	DNP	21.5400	L	FC	96899975	TMI	N
OptiChamber Diamond	DNP	16.3400	L	SFC	96899961	AUT	N
OptiChamber Diamond with Mask (Lg)	DNP	30.7800	L	SFC	96899958	AUT	N
OptiChamber Diamond with Mask (Med)	DNP	27.9300	L	SFC	96899959	AUT	N
OptiChamber Diamond with Mask (Sm)	DNP	27.9300	L	SFC	96899960	AUT	N

R07AX02 IVACAFTOR

Kalydeco 150mg Tab	DNP	420.0000	L	E	02397412	VTX	N
Kalydeco 150mg Tab*	DNP	420.0000	L	E	00903964	VTX	N
Kalydeco 150mg Tab*	DNP	420.0000	L	E	00903963	VTX	N

*use when drug cost in excess of CPhA maximum

S	Sensory Organs									
S01	OPHTHALMOLOGICALS									
S01A	ANTIINFECTIVES									
S01AA	ANTIBIOTICS(OPHTHALMOLOGICALS)									
S01AA07	FRAMYCETIN									
	Soframycin 0.5% Oph Sol	DNPO	1.3663	L	SF	02224887	ERF	N		
S01AA12	TOBRAMYCIN									
	tobramycin 0.3% oph sol									
	Sandoz Tobramycin 0.3% Oph Sol	DNPO	1.3620	M	SF	02241755	SDZ	Y		
	Tobrex 0.3% Oph Sol	DNPO	1.3620	M	SF	00513962	NVR	Y		
	Tobrex 0.3% Oph Oint	DNPO	2.7514	L	SF	00614254	NVR	N		
S01AA13	FUSIDIC ACID									
	Fucithalmic 1% Oph Sol					02243862	MTP	N		
S01AA17	ERYTHROMYCIN									
	pms-Erythromycin 5mg/g Oph Oint	DNPMO	3.9514	L	SF	01912755	PMS	N		
	Erythromycin 5mg/g Oph Oint	DNPMO	2.7286	L	SF	02326663	AUR	N		
S01AA30	ANTIBIOTICS (OPHTHALMIC), COMBINATIONS									
	polymyxin B 10,000u/mL & trimethoprim 1mg/mL oph sol									
	Sandoz Polytrimethoprim Oph Sol					02239234	SDZ	Y		
	Polytrim Oph Sol					02011956	ALL	Y		
S01AD	ANTIVIRALS									
S01AD02	TRIFLURIDINE									
	Viroptic 1% Oph Sol	DNPO	3.5387	L	SF	00687456	VLN	N		
S01AE	FLUOROQUINOLONES									
S01AE01	OFLOXACIN									
	Ocuflox 0.3% Oph Sol	DNPO	2.6800	L	E	02143291	ALL	N		
S01AE03	CIPROFLOXACIN									
	ciprofloxacin 0.3% oph sol									
	Apo-Ciproflox 0.3% Oph Sol					02263130	APX	Y		
	Sandoz Ciprofloxacin 0.3% Oph Sol	DNPO	1.7600	M	E	02387131	SDZ	Y		
	Ciloxan 0.3% Oph Sol	DNPO	1.7600	M	E	01945270	NVR	Y		
	Ciloxan 0.3% Oph Oint	DNPO	3.2257	L	E	02200864	NVR	N		
S01AE06	GATIFLOXACIN									
	Zymar 0.3% Oph Sol					02257270	ALL	N		
S01AE07	MOXIFLOXACIN									
	moxifloxacin 0.5% oph sol									
	ACT Moxifloxacin 0.5% Oph Sol					02404656	ATV	Y		
	Apo-Moxifloxacin 0.5% Oph Sol					02406373	APX	Y		
	Sandoz Moxifloxacin 0.5% Oph Sol					02411520	SDZ	Y		

S Sensory Organs

Vigamox 0.5% Oph Sol	02252260	NVR	Y
pms-Moxifloxacin 0.5% Oph Sol	02432218	PMS	N

S01B ANTIINFLAMMATORY AGENTS
S01BA CORTICOSTEROIDS, PLAIN
S01BA01 DEXAMETHASONE

Maxidex 0.1% Oph Oint	DNPO	2.7771	L	SF	00042579	NVR	N
Maxidex 0.1% Oph Susp	DNPO	1.7900	L	SF	00042560	NVR	N
Ozurdex 0.7mg Intravitreal Implant					02363445	ALL	N

S01BA04 PREDNISOLONE

Pred Mild 0.12% Oph Susp	DNPO	1.8950	L	SF	00299405	ALL	N
prednisolone acetate 1% oph susp							
ratio-Prednisolone 1% Oph Susp	DNPO	1.9400	M	SF	00700401	TEV	Y
Sandoz Prednisolone 1% Oph Susp	DNPO	1.9400	M	SF	01916203	SDZ	Y
Pred Forte 1% Oph Susp	DNPO	1.9400	M	SF	00301175	ALL	Y

S01BA07 FLUOROMETHOLONE

fluorometholone 0.1% oph susp							
Sandoz Fluorometholone 0.1% Oph Susp	DNPO	1.7880	M	SF	00432814	SDZ	Y
FML 0.1% Liquifilm Oph Susp	DNPO	1.7880	M	SF	00247855	ALL	Y
Flarex 0.1% Oph Sol	DNPO	2.0240	L	SF	00756784	NVR	N

S01BA14 LOTEPREDNOL

Lotemax 0.5% Oph Susp					02321114	BSH	N
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S01BC ANTIINFLAMMATORY AGENTS, NON STEROIDS
S01BC03 DICLOFENAC

diclofenac 0.1% oph sol							
Apo-Diclofenac 0.1% Oph Sol	DNPO	1.8160	M	SF	02441020	APX	Y
Sandoz Diclofenac 0.1% Oph Sol	DNPO	1.8160	M	SF	02454807	SDZ	Y
Voltaren 0.1% Oph Sol	DNPO	1.8160	M	SF	01940414	NVR	Y

S01BC05 KETOROLAC

Acuvail 0.45% Oph Sol	DNPO	0.6351	L	SF	02369362	ALL	N
ketorolac 0.5% oph sol							
Ketorolac 0.5% Oph Sol	DNPO	2.6723	M	SF	02245821	AAP	Y
Acular 0.5% Oph Sol	DNPO	2.6723	M	SF	01968300	ALL	Y

S01C ANTIINFLAMMATORY AGENTS & ANTIINFECTIVES IN COMB.
S01CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION
S01CA01 DEXAMETHASONE AND ANTIINFECTIVES

Maxitrol Oph Oint	DNPO	3.0914	L	SF	00358177	NVR	N
Maxitrol Oph Susp	DNPO	2.2140	L	SF	00042676	NVR	N
Tobradex Oph Oint	DNPO	3.3171	L	SF	00778915	NVR	N

S Sensory Organs

	Tobradex Oph Sol	DNPO	2.2500	L	SF	00778907	NVR	N
S01CA02	PREDNISOLONE AND ANTIINFECTIVES							
	Blephamide Oph Oint	DNPO	3.7200	L	SF	00307246	ALL	N
	Blephamide Oph Sol	DNPO	2.8540	L	SF	00807788	ALL	N
S01E	ANTIGLAUCOMA PREPARATIONS AND MIOTICS							
S01EA	SYMPATHOMIMETICS IN GLAUCOMA THERAPY							
S01EA03	APRACLONIDINE							
	Iopidine 0.5% Oph Sol	DNP	5.0580	L	SF	02076306	NVR	N
	Iopidine 1% Oph Sol					00888354	NVR	N
S01EA05	BRIMONIDINE							
	brimonidine 0.15% oph sol							
	Apo-Brimonidine P 0.15% Oph Sol	DNP	1.8735	M	SF	02301334	AAP	Y
	Alphagan P 0.15% Oph Sol	DNP	1.8735	M	SF	02248151	ALL	Y
	brimonidine 0.2% oph sol							
	Apo-Brimonidine 0.2% Oph Sol (discontinued)					02260077	APX	Y
	pms-Brimonidine 0.2% Oph Sol	DNP	1.1550	M	SF	02246284	PMS	Y
	Sandoz Brimonidine 0.2% Oph Sol	DNP	1.1550	M	SF	02305429	SDZ	Y
	Alphagan 0.2% Oph Sol	DNP	1.1550	M	SF	02236876	ALL	Y
S01EB	PARASYMPATHOMIMETICS							
S01EB01	PILOCARPINE							
	Isopto Carpine 2% Oph Sol	DNP	0.2787	L	SF	00000868	NVR	N
	Isopto Carpine 4% Oph Sol	DNP	0.3167	L	SF	00000884	NVR	N
S01EC	CARBONIC ANHYDRASE INHIBITORS							
S01EC01	ACETAZOLAMIDE							
	acetazolamide 250mg tab							
	Acetazolamide 250mg Tab	DNP	0.1289	M	SF	00545015	AAP	Y
	Diamox 250mg Tab (discontinued)					02238072	WAY	Y
S01EC03	DORZOLAMIDE							
	dorzolamide HCl 2% oph sol							
	Sandoz Dorzolamide 2% Oph Sol	DNP	3.1620	M	SF	02316307	SDZ	Y
	Trusopt 2% Oph Sol	DNP	3.1620	M	SF	02216205	PFR	Y
	Trusopt 2% (PF) Oph Sol					02269090	PFR	N
S01EC04	BRINZOLAMIDE							
	Azopt 1% Oph Sol	DNP	3.5560	L	SF	02238873	NVR	N
S01EC05	METHAZOLAMIDE							
	Methazolamide 50mg Tab	DNP	0.5016	L	SF	02245882	AAP	N
S01EC54	BRINZOLAMIDE, COMBINATIONS							

S Sensory Organs

	Simbrinza 10mg/2mg/mL Oph Susp	DNP	4.6810	L	SF	02435411	NVR	N
S01ED	BETA BLOCKING AGENTS							
S01ED01	TIMOLOL							
	timolol maleate 0.25% oph gel							
	Timolol Maleate-EX 0.25% Oph Gel	DNP	3.3768	M	SF	02242275	SDZ	Y
	Timoptic-XE 0.25% Oph Gel	DNP	3.3768	M	SF	02171880	PFR	Y
	timolol maleate 0.25% oph sol							
	Apo-Timop 0.25% Oph Sol	DNP	0.9678	M	SF	00755826	APX	Y
	Sandoz Timolol 0.25% Oph Sol	DNP	0.9678	M	SF	02166712	SDZ	Y
	Timoptic 0.25% Oph Sol (discontinued)					00451193	FRS	Y
	timolol maleate 0.5% oph gel							
	Timolol Maleate-EX 0.5% Oph Gel	DNP	4.0404	M	SF	02242276	SDZ	Y
	Timoptic-XE 0.5% Oph Gel	DNP	4.0404	M	SF	02171899	PFR	Y
	timolol maleate 0.5% oph sol							
	Apo-Timop 0.5% Oph Sol	DNP	1.2754	M	SF	00755834	APX	Y
	Jamp-Timolol 0.5% Oph Sol	DNP	1.2754	M	SF	02447800	JPC	Y
	Sandoz Timolol 0.5% Oph Sol	DNP	1.2754	M	SF	02166720	SDZ	Y
	Timoptic 0.5% Oph Sol	DNP	1.2754	M	SF	00451207	PFR	Y
	Apo-Timop 0.5% Oph Gel	DNP	2.7300	L	SF	02290812	APX	N
S01ED02	BETAXOLOL							
	Betoptic-S 0.25% Oph Susp	DNP	2.5580	L	SF	01908448	NVR	N
S01ED03	LEVOBUNOLOL							
	Betagan 0.5% Oph Sol	DNP	3.6000	L	SF	00637661	ALL	N
S01ED51	TIMOLOL, COMBINATIONS							
	Azarga Oph Susp	DNP	4.6700	L	SF	02331624	NVR	N
	Combigan Oph Sol	DNP	4.4530	L	SF	02248347	ALL	N
	Cosopt (PF) Oph Sol					02258692	PFR	N
	DuoTrav PQ Oph Sol	DNP	11.7900	L	SF	02278251	NVR	N
	dorzolamide HCl 2% & timolol maleate 0.5% oph sol							
	Apo-Dorzo-Timop 2%/0.5% Oph Sol	DNP	2.0097	M	SF	02299615	APX	Y
	CO DorzoTimolol 2%/0.5% Oph Sol	DNP	2.0097	M	SF	02404389	ATV	Y
	MED-Dorzolamide-Timolol 2%/0.5% Oph Sol	DNP	2.0097	M	SF	02437686	MED	Y
	MINT-Dorzolamide/Timolol 2%/0.5% Oph Sol	DNP	2.0097	M	SF	02443090	MNT	Y
	Sandoz Dorzolamide/Timolol 2%/0.5% Oph Sol	DNP	2.0097	M	SF	02344351	SDZ	Y
	Cosopt Oph Sol	DNP	2.0097	M	SF	02240113	PFR	Y
	latanoprost 50mcg/mL & timolol maleate 5mg/mL oph sol							
	ACT-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNP	4.4268	M	SF	02436256	ATV	Y
	Apo-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol (discontinued)					02414155	APX	Y
	GD-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNP	4.4268	M	SF	02373068	GMD	Y
	Sandoz Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNP	4.4268	M	SF	02394685	SDZ	Y
	Xalacom Oph Sol	DNP	4.4268	M	SF	02246619	PFI	Y
S01EE	PROSTAGLANDIN ANALOGUES							

S Sensory Organs**S01EE01 LATANOPROST****latanoprost 50mcg/mL oph sol**

Apo-Latanoprost 0.005% Oph Sol	DNP	3.8542	M	SF	02296527	APX	Y
CO Latanoprost 0.005% Oph Sol	DNP	3.8542	M	SF	02254786	ATV	Y
GD-Latanoprost 0.005% Oph Sol	DNP	3.8542	M	SF	02373041	GMD	Y
MED-Latanoprost 50mcg/mL Oph Sol	DNP	3.8542	M	SF	02426935	GMP	Y
pms-Latanoprost 0.005% Oph Sol	DNP	3.8542	M	SF	02317125	PMS	Y
Sandoz Latanoprost 0.005% Oph Sol	DNP	3.8542	M	SF	02367335	SDZ	Y
Xalatan 0.005% Oph Sol	DNP	3.8542	M	SF	02231493	PFI	Y

S01EE03 BIMATOPROST

Lumigan RC 0.01% Oph Sol	DNP	11.8599	L	SF	02324997	ALL	N
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S01EE04 TRAVOPROST**travoprost 0.004% oph sol**

Apo-Travoprost Z 0.004% Oph Sol	DNP	4.0264	M	SF	02415739	APX	Y
Sandoz Travoprost 0.004% Oph Sol	DNP	4.0264	M	SF	02413167	SDZ	Y
Teva-Travoprost Z 0.004% Ops Sol	DNP	4.0264	M	SF	02412063	TEV	Y
Travatan Z 0.004% Oph Sol	DNP	4.0264	M	SF	02318008	NVR	Y

S01F MYDRIATICS AND CYCLOPLEGICS

S01FA ANTICHOLINERGICS**S01FA01 ATROPINE**

Isopto Atropine 1% Oph Sol (discontinued)					00035017	ALC	N
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S01FA04 CYCLOPENTOLATE

Cyclogyl 1.0% Oph Sol	DNPO	0.9580	L	SF	00252506	ALC	N
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S01FA06 TROPICAMIDE

Mydracyl 0.5% Oph Sol	DNPO	0.9933	L	SF	00000981	ALC	N
Mydracyl 1% Oph Sol	DNPO	1.2793	L	SF	00001007	ALC	N

S01G DECONGESTANTS AND ANTIALLERGICS

S01GA SYMPATHOMIMETICS USED AS DECONGESTANTS**S01GA05 PHENYLEPHRINE**

Mydrin 2.5% Oph Sol	DNPO	1.1520	L	SF	00465763	ALC	N
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S01GX OTHER ANTIALLERGICS**S01GX01 CROMOGLYCATE SODIUM****cromoglycate sodium 2% oph sol**

Cromolyn 2% Oph Sol	DNPO	0.9500	M	SF	02009277	PDP	Y
Opticrom 2% Oph Sol	DNPO	0.9500	M	SF	02230621	ALL	Y

S01GX08 KETOTIFEN**ketotifen 0.25mg/mL oph sol**

Ketotifen 0.25mg/mL Oph Sol					02400871	STR	Y
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S Sensory Organs

	Zaditor 0.25mg/mL Oph Sol	DNPO	5.2920	L	SF	02242324	NVO	Y
S01GX09	OLOPATADINE							
	olopatadine 0.1% oph sol							
	ACT Olopatadine 0.1% Oph Sol	DNPO	2.1714	M	SF	02403986	ATV	Y
	Apo-Olopatadine 0.1% Oph Sol	DNPO	2.1714	M	SF	02305054	APX	Y
	Jamp-Olopatadine 0.1% Oph Sol	DNPO	2.1714	M	SF	02458411	JPC	Y
	MINT-Olopatadine 0.1% Oph Sol	DNPO	2.1714	M	SF	02422727	MNT	Y
	Sandoz Olopatadine 0.1% Oph Sol	DNPO	2.1714	M	SF	02358913	SDZ	Y
	Patanol 0.1% Oph Sol	DNPO	2.1714	M	SF	02233143	NVR	Y
	olopatadine 0.2% oph sol							
	ACT Olopatadine 0.2% Oph Sol	DNPO	4.3428	M	SF	02404095	ATV	Y
	Apo-Olopatadine 0.2% Oph Sol	DNPO	4.3428	M	SF	02402823	APX	Y
	Sandoz Olopatadine 0.2% Oph Sol	DNPO	4.3428	M	SF	02420171	SDZ	Y
	Pataday 0.2% Oph Sol	DNPO	4.3428	M	SF	02362171	NVR	Y
S01H	LOCAL ANESTHETICS							
S01HA	LOCAL ANESTHETICS							
	S01HA04 PROXYMETACAINE							
	Alcaine 0.5% Drops					00035076	ALC	N
S01L	OCULAR VASCULAR DISORDER AGENTS							
S01LA	ANTINEOVASCULARISATION AGENTS							
	S01LA01 VERTEPORFIN							
	Visudyne 15mg/vial Inj	DNP	1703.1000	L	E	02242367	VLN	N
S01X	OTHER OPHTHALMOLOGICALS							
S01XA	OTHER OPHTHALMOLOGICALS							
	S01XA03 SODIUM CHLORIDE, HYPERTONIC							
	ODAN-Sodium Chloride 5% Oph Oint	DNPO	2.5686	L	SF	80046696	ODN	N
	Muro 128 (5%) Oph Oint	DNPO	2.9486	L	SF	00750816	BSH	N
	ODAN-Sodium Chloride 5% Oph Sol	DNPO	0.6553	L	SF	80046737	ODN	N
	Muro 128 (5%) Oph Sol	DNPO	0.6553	L	SF	00750824	BSH	N
	S01XA18 CICLOSPORIN							
	cyclosporine 0.05% oph emulsion							
	Teva-Cyclosporine 0.05% Oph Emulsion					02462486	TEV	Y
	Restasis 0.05% Oph Emulsion					02355655	ALL	Y
	S01XA20 ARTIFICIAL TEARS AND OTHER INDIFFERENT PREPARATIONS							
	Duolube Oph Oint	DNPO	1.4771	L	SF	02125706	BSH	N
	GenTeal 3mg/g Oph Sol	DNPO	0.4327	L	SF	02231289	ALC	N
	Refresh Lacri-Lube Oph Oint					00210889	ALL	N
	TearGel Oph Gel	DNPO	0.7800	L	SF	00999491	NVO	N
	Tears Naturale Free Oph Sol	DNPO	0.4944	L	E	01943308	ALC	N

S Sensory Organs

Tears Naturale II Oph Sol	DNPO	0.4220	L	SF	00743445	ALC	N
Hylashield 0.15%/0.4% Allets					00999176	IMD	N
Isopto Tears 0.5% Oph Sol					00000809	ALC	N
Refresh Plus 0.5% Oph Sol	DNPO	0.7592	L	E	02049260	ALL	N
Refresh Tears 0.5% Oph Sol	DNPO	0.4167	L	E	02231008	ALL	N
Isopto Tears 1% Oph Sol					00000817	ALC	N
Refresh 1% Liquigel					02244650	ALL	N
Refresh Celluvisc 1% Liq	DNPO	0.8217	L	E	00870153	ALL	N
Refresh 1.4% Oph Sol	DNPO	0.8533	L	E	02138670	ALL	N
Tears Plus 1.4% Oph Sol					00579408	ALL	N

S01XA22 OCRIPLASMIN

Jetrea 2.5mg/mL Inj	DNP	3950.0000	L	E	02410818	ALC	N
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S02 OTOLOGICALS

S02C CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S02CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S02CA02 FLUMETASONE AND ANTIINFECTIVES

Locacorten Vioform Otic Sol	DNP	1.7736	L	SF	00074454	PAL	N
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S02CA06 DEXAMETHASONE AND ANTIINFECTIVES

Ciprodex Otic Susp	DNP	3.8453	L	E	02252716	NVR	N
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S03 OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

S03C CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S03CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S03CA01 DEXAMETHASONE AND ANTIINFECTIVES

Sofracort Oph/Otic Sol	DNPO	2.0225	L	SF	02224623	SAV	N
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V	Various									
V01	ALLERGENS									
V01A	ALLERGENS									
V01AA	ALLERGEN EXTRACTS									
	V01AA02	GRASS POLLEN								
		Pollinex-R Inj	DNP	425.4300	L	E	00464988	PAL	N	
		Oralair 100iu IR S/L Tab	DNP	1.2600	L	E	02381885	STA	N	
		Oralair 300iu IR S/L Tab	DNP	3.8000	L	E	02381893	STA	N	
	V01AA20	VARIOUS								
		Allergy Serum	DNP	99.9900	L	E	00999938	VAR	N	
V03	ALL OTHER THERAPEUTIC PRODUCTS									
V03A	ALL OTHER THERAPEUTIC PRODUCTS									
V03AB	ANTIDOTES									
	V03AB15	NALOXONE								
		naloxone 0.4mg/mL inj								
		Naloxone 0.4mg/mL Inj					02148706	SDZ	Y	
		Narcan 0.4mg/mL Inj (discontinued)					01913956	BRI	Y	
		naloxone 1mg/mL inj								
		Naloxone 1mg/mL Inj					02148714	SDZ	Y	
		Narcan 1mg/mL Inj (discontinued)					01913964	BRI	Y	
	V03AB25	FLUMAZENIL								
		flumazenil 0.1mg/mL inj								
		Flumazenil 0.1mg/mL Inj					02249561	SDZ	Y	
		Anexate 0.1mg/mL Inj (discontinued)					00874019	HLR	Y	
V03AC	IRON CHELATING AGENTS									
	V03AC01	DEFEROXAMINE								
		deferoxamine 500mg/vial inj								
		Desferoxamine 500mg/vial Inj	DNP	7.4800	M	SF	02241600	PFI	Y	
		Desferal 500mg/vial Inj	DNP	7.4800	M	SF	01981242	NVR	Y	
	V03AC02	DEFERIPRONE								
		Ferriprox 100mg/mL Oral Sol	DNP	3.1900	L	E	02436523	APO	N	
		Ferriprox 100mg/mL Oral Sol*	DNP	3.1900	L	E	00904194	APO	N	
		Ferriprox 100mg/mL Oral Sol*	DNP	3.1900	L	E	00904195	APO	N	
		* Use when drug cost in excess of CPhA maximum								
		Ferriprox 1000mg Tab	DNP	31.8800	L	E	02436558	APO	N	
		Ferriprox 1000mg Tab*	DNP	31.8800	L	E	00904192	APO	N	
		Ferriprox 1000mg Tab*	DNP	31.8800	L	E	00904193	APO	N	
		* Use when drug cost in excess of CPhA maximum								
	V03AC03	DEFERASIROX								
		deferasirox 125mg tab for susp								

V Various

Apo-Deferasirox 125mg Tab for Susp	DNP	2.6204	M	E	02461544	APX	Y
Sandoz Deferasirox 125mg Tab for Susp	DNP	2.6204	M	E	02464454	SDZ	Y
Taro-Deferasirox 125mg Tab for Susp	DNP	2.6204	M	E	02463520	TAR	Y
Teva-Deferasirox 125mg Tab for Susp	DNP	2.6204	M	E	02407957	TEV	Y
Exjade 125mg Tab for Susp	DNP	2.6204	M	E	02287420	NVR	Y
deferasirox 250mg tab for susp							
Apo-Deferasirox 250mg Tab for Susp	DNP	5.2410	M	E	02461552	APX	Y
Sandoz Deferasirox 250mg Tab for Susp	DNP	5.2410	M	E	02464462	SDZ	Y
Taro-Deferasirox 250mg Tab for Susp	DNP	5.2410	M	E	02463539	TAR	Y
Teva-Deferasirox 250mg Tab for Susp	DNP	5.2410	M	E	02407965	TEV	Y
Exjade 250mg Tab for Susp	DNP	5.2410	M	E	02287439	NVR	Y
deferasirox 500mg tab for susp							
Apo-Deferasirox 500mg Tab for Susp	DNP	10.4824	M	E	02461560	APX	Y
Sandoz Deferasirox 500mg Tab for Susp	DNP	10.4824	M	E	02464470	SDZ	Y
Taro-Deferasirox 500mg Tab for Susp	DNP	10.4824	M	E	02463547	TAR	Y
Teva-Deferasirox 500mg Tab for Susp	DNP	10.4824	M	E	02407973	TEV	Y
Exjade 500mg Tab for Susp	DNP	10.4824	M	E	02287447	NVR	Y

V03AE FOR TREATMENT OF HYPERKALEMIA AND HYPERPHOSPHATEMIA
V03AE01 POLYSTYRENE SULFONATE

pms-Sodium Polystyrene Sulfonate Pd	DNP	0.2004	L	SF	00755338	PMS	N
Solystat Oral	DNP	0.1852	L	SF	00769541	PDP	N
Kayexalate Powder	DNP	0.1851	L	SF	02026961	SAV	N
Resonium Calcium 300g Pws					02017741	SAV	N

V03AE02 SEVELAMER

Renagel 800mg Tab	DNP	1.6705	L	E	02244310	SAV	N
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V03AE03 LANTHANUM CARBONATE

Fosrenol 250mg Tab					02287145	SHI	N
Fosrenol 500mg Tab					02287153	SHI	N
Fosrenol 750mg Tab					02287161	SHI	N
Fosrenol 1,000mg Tab					02287188	SHI	N

V03AF DETOXIFYING AGENTS FOR CYTOSTATIC TREATMENT
V03AF03 CALCIUM FOLINATE

Lederle Leucovorin 5mg Tab	DNP	7.0768	L	SFC	02170493	PFI	N
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V03AG DRUGS FOR TREATMENT OF HYPERCALCEMIA
V03AG99 SODIUM PHOSPHATE

Jamp-Sodium Phosphate	DNP	1.4010	L	SF	80047562	JPV	N
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V03AH DRUGS FOR TREATMENT OF HYPOGLYCEMIA
V03AH01 DIAZOXIDE

Proglycem 100mg Cap					00503347	FRS	N
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V04 DIAGNOSTIC AGENTS

V	Various									
V04C	OTHER DIAGNOSTIC AGENTS									
V04CA	TESTS FOR DIABETES									
	V04CA02	GLUCOSE								
		*Diabetic Supplies Benefit List (Testing Strips)	DNP			SFD				
V04CJ	TESTS FOR THYREOIDEA FUNCTION									
	V04CJ01	THYROTROPIN								
		Thyrogen 0.9mg/mL Inj	DNP	871.6750	L	E	02246016	GZM	N	
V07	ALL OTHER NON-THERAPEUTIC PRODUCTS									
V07A	ALL OTHER NON-THERAPEUTIC PRODUCTS									
V07AB	SOLVENTS AND DILUTING AGENTS,INCL IRRIGAT SOLUT									
	V07AB99	STERILE WATER								
		Bacteriostatic Water for Inj	DNP	0.1193	L	SF	00038202	HOS	N	
		Sterile Water for Inj (WP)	DNP	0.1850	L	SF	02142546	PFI	N	
V07AS	STOMI EQUIPMENT									
	V07AS01	STOMI EQUIPMENT								
		*Ostomy Supplies Benefit List	DNP			SFC				
V07AY	VARIOUS NON-THERAPEUTIC AUXILLIARY PRODUCTS									
	V07AY03	MISCELLANEOUS DEVICES								
		CADD Pump Cassette	DNP	41.3600	L	SFC	00999970	VAR	N	
	V07AY04	INSULIN SYRINGES								
		*Diabetic Supplies Benefit List	DNP			SFD				
	V07AY05	INSULIN PEN NEEDLES								
		*Diabetic Supplies Benefit List	DNP			SFD				
	V07AY06	DIABETIC LANCETS								
		*Diabetic Supplies Benefit List	DNP			SFD				
	V07AY90	PLACEBO								
		Placebo Tab	DNP	0.0721	L	SFC	00501190	ODN	N	

Diabetic Supplies Benefit List

INSULIN PEN NEEDLES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799160	BD Nano PRO Ultra-Fine Pen Needles, 32g x 4mm	100	320555	BDT	0.3457	L
97799897	BD Ultra-Fine II Pen Needles, 12.7mm, 29g	100	320223	BDT	0.3234	L
97799896	BD Ultra-Fine III Mini Pen Needles, 5mm, 31g	100	320145	BDT	0.3142	L
97799895	BD Ultra-Fine III Short Pen Needles. 8mm, 31g	100	320108	BDT	0.3142	L
97799527	BD Ultra-Fine Nano Pen Needles 32g x 4mm	100	320144	BDT	0.3143	L
97799238	Droplet Pen Needle 10mm x 29G	100	8084	SFA	0.2850	L
97799235	Droplet Pen Needle 12mm x 29G	100	8085	SFA	0.2850	L
97799243	Droplet Pen Needle 4mm x 32G	100	8081	SFA	0.2850	L
97799239	Droplet Pen Needle 5mm x 31G	100	8156	SFA	0.2850	L
97799242	Droplet Pen Needle 5mm x 32G	100	8153	SFA	0.2850	L
97799237	Droplet Pen Needle 6mm x 31G	100	8082	SFA	0.2850	L
97799241	Droplet Pen Needle 6mm x 32G	100	8154	SFA	0.2850	L
97799236	Droplet Pen Needle 8mm x 31G	100	8085	SFA	0.2850	L
97799240	Droplet Pen Needle 8mm x 32G	100	8155	SFA	0.2850	L
97799429	Global Ease Pen Inject Needle 29g x 9mm	100	90166-0121-22	CMP	0.2337	L
97799428	Global Ease Pen Inject Needle 31g x 5mm	100	90166-0631-32	CMP	0.2337	L
97799430	Global Ease Pen Inject Needle 31g x 8mm	100	90166-0831-52	CMP	0.2337	L
97799567	Insupen, 30g x 8mm	100	22987	DRX	0.2600	L
97799569	Insupen, 31g x 6mm	100	22989	DRX	0.2600	L
97799568	Insupen, 31g x 8mm	100	22990	DRX	0.2600	L
97799399	Insupen, 32g x 4mm	100	22620	DRX	0.2800	L
97799571	Insupen, 32g x 6mm	100	22983	DRX	0.2800	L
97799570	Insupen, 32g x 8mm	100	22984	DRX	0.2800	L
97799383	Insupen, 33g x 4mm	100	22640	DRX	0.2990	L
97799334	MontKiddy Pen Needles, 4mm, 32g, Blue	100	11002007	MTD	0.2799	L
97799337	MontKiddy Pen Needles, 4mm, 32g, Green	100	11002008	MTD	0.2799	L
97799335	MontKiddy Pen Needles, 4mm, 32g, Pink	100	11002009	MTD	0.2799	L
97799336	MontKiddy Pen Needles, 4mm, 32g, Yellow	100	11002010	MTD	0.2799	L
97799367	Montméd Pen Needles, 4mm, 32g	100	11002005	MTD	0.2750	L
97799368	Montméd Pen Needles, 5mm, 31g	100	11002006	MTD	0.2799	L
97799363	Montméd Pen Needles, 6mm, 32g	100	11002001	MTD	0.2799	L
97799364	Montméd Pen Needles, 6mm, 32g	100	11002002	MTD	0.2799	L
97799366	Montméd Pen Needles, 8mm, 31g	100	11002004	MTD	0.2799	L
97799365	Montméd Pen Needles, 8mm, 32g	100	11002003	MTD	0.2999	L
97799764	Novofine ETW Pen Needles 32g	100	86601	NNO	0.3682	L
97799910	Novofine Pen Needles 30g X 8mm	100	890187	NNO	0.3668	L
97799386	Novofine Plus 32g x 4mm	100	591072	NNO	0.3610	L
97799468	NovoTwist 32g (5mm) Tip Needles	100	14634	NNO	0.3682	L
97799561	SUPER-FINE Pen Needles (Micro 29g 12.7mm)	100	933000000	PMS	0.2440	L
97799563	SUPER-FINE Pen Needles (Micro 31g 5mm)	100	933000000	PMS	0.2440	L
97799562	SUPER-FINE Pen Needles (XTRA 31g 8mm)	100	933000000	PMS	0.2440	L
97799280	SureComfort Pen Needles, 12.7mm, 29g	100	24-1010	BBM	0.2414	L
97799267	SureComfort Pen Needles, 4mm, 32g	100	24-1308	BBM	0.2414	L
97799279	SureComfort Pen Needles, 5mm, 31g	100	24-1210	BBM	0.2414	L
97799278	SureComfort Pen Needles, 6mm, 31g	100	24-1305	BBM	0.2414	L
97799269	SureComfort Pen Needles, 8mm, 30g	100	24-1115	BBM	0.2414	L
97799268	SureComfort Pen Needles, 8mm, 31g	100	24-1215	BBM	0.2414	L
97799991	Unifine Pen Needles 29g x 12mm	100	OMAM3529	AUT	0.1680	L

Diabetic Supplies Benefit List

INSULIN PEN NEEDLES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799993	Unifine Pen Needles 31g x 6mm	100	OMAM3590	AUT	0.1895	L
97799992	Unifine Pen Needles 31g x 8mm	100	OMAM3530	AUT	0.1895	L

INSULIN SYRINGES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799760	BD Ultra-Fine II Short Half-Unit Syringes, 0.3cc, 31g	100	320440	BTD	0.3661	L
97799425	BD Ultra-Fine II Syringes, 0.3cc, 31g	100	324919	BTD	0.3661	L
97799885	BD Ultra-Fine II Syringes, 0.5cc, 30g	100	320468	BTD	0.3661	L
97799890	BD Ultra-Fine II Syringes, 1cc, 30g	100	320469	BTD	0.3661	L
97799385	BD Ultra-Fine Syringes, 0.5cc, 31g	100	324920	BTD	0.3661	L
97799384	BD Ultra-Fine Syringes, 1.0cc, 31g	100	32921	BTD	0.3661	L
97799786	Monoject Syringes 0.3cc, 29 x 1/2"	100	8881600145	TYC	0.2884	L
97799783	Monoject Syringes 0.3cc, 30g x 5/16"	100	8881600800	TYC	0.2884	L
97799780	Monoject Syringes 0.5cc, 25g x 5/8"	100	1188528012	TYC	0.2266	L
97799788	Monoject Syringes 0.5cc, 28g x 1/2"	100	8881600004	TYC	0.2884	L
97799785	Monoject Syringes 0.5cc, 29g x 1/2"	100	8881600350	TYC	0.2884	L
97799782	Monoject Syringes 0.5cc, 30g x 5/16"	100	8881600700	TYC	0.2884	L
97799778	Monoject Syringes 1cc, 27g x 1/2"	100	1188127012	TYC	0.2472	L
97799787	Monoject Syringes 1cc, 28g x 1/2"	100	8881601101	TYC	0.2884	L
97799777	Monoject Syringes 1cc, 28g x 1/2"	100	1188128012	TYC	0.2266	L
97799784	Monoject Syringes 1cc, 29g x 1/2"	100	8881601358	TYC	0.2884	L
97799781	Monoject Syringes 1cc, 30g x 5/16"	100	8881601600	TYC	0.2884	L
97799369	Montméd Syringes 0.3cc, 31g	100	11001003	MTD	0.3110	L
97799370	Montméd Syringes 0.5cc, 31g	100	11001002	MTD	0.3090	L
97799371	Montméd Syringes 1cc, 31g	100	11001001	MTD	0.3090	L
97799273	SureComfort Half-Unit Syringe, 0.3cc, 31g	100	22-6504	BBM	0.1411	L
97799260	SureComfort Syringe, 0.3cc, 29g x 1/2"	100	22-9003	BBM	0.1221	L
97799264	SureComfort Syringe, 0.3cc, 30g x 1/2"	100	22-6203	BBM	0.1347	L
97799261	SureComfort Syringe, 0.3cc, 30g x 5/16"	100	22-6003	BBM	0.1347	L
97799274	SureComfort Syringe, 0.3cc, 31g x 5/16"	100	22-6503	BBM	0.1411	L
97799257	SureComfort Syringe, 0.5cc, 28g x 1/2"	100	22-8005	BBM	0.1221	L
97799259	SureComfort Syringe, 0.5cc, 29g x 1/2"	100	22-9005	BBM	0.1221	L
97799270	SureComfort Syringe, 0.5cc, 30g x 1/2"	100	22-6205	BBM	0.1347	L
97799272	SureComfort Syringe, 0.5cc, 30g x 5/16"	100	22-6005	BBM	0.1347	L
97799263	SureComfort Syringe, 0.5cc, 31g x 5/16"	100	22-6505	BBM	0.1411	L
97799275	SureComfort Syringe, 1cc, 28g x 1/2"	100	22-8010	BBM	0.1221	L
97799258	SureComfort Syringe, 1cc, 29g x 1/2"	100	22-9010	BBM	0.1221	L
97799271	SureComfort Syringe, 1cc, 30g x 1/2"	100	22-6210	BBM	0.1347	L
97799265	SureComfort Syringe, 1cc, 30g x 5/16"	100	22-6010	BBM	0.1347	L
97799262	SureComfort Syringe, 1cc, 31g x 5/16"	100	22-6510	BBM	0.1411	L
97799999	UltiCare Syringes 0.3cc, 29g	100	UC09239	AUT	0.1980	L
97799996	UltiCare Syringes 0.3cc, 30g	100	UC09339	AUT	0.2080	L
97799998	UltiCare Syringes 0.5cc, 29g	100	UC09259	AUT	0.1980	L
97799995	UltiCare Syringes 0.5cc, 30g	100	UC09359	AUT	0.2080	L
97799997	UltiCare Syringes 1cc, 29g	100	UC09219	AUT	0.1980	L
97799994	UltiCare Syringes 1cc, 30g	100	UC09319	AUT	0.2080	L

LANCETS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799691	Abbott Thin 28g Lancets	100	7004302	MID	0.0500	P

Diabetic Supplies Benefit List

LANCETS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799689	Abbott Thin 28g Lancets	200	9868203	MID	0.0445	P
97799495	Accu-Chek Fastclix Lancets	204	05353815001	BOM	0.0500	P
97799494	Accu-Chek Fastclix Lancets	102	05353807001	BOM	0.0500	P
97799816	Accu-Chek Multiclix Lancets	204	4470000000	BOM	0.0500	P
97799817	Accu-Chek Multiclix Lancets	102	4470000000	BOM	0.0500	P
97799946	Accu-Chek Softclix Lancets	100	3146707	BOM	0.0500	P
97799945	Accu-Chek Softclix Lancets	200	3146693	BOM	0.0500	P
97799942	Accu-Chek Softclix Pro Lancets	200	3038157	BOM	0.0500	P
97799918	Ascensia Microlet Lancets	100	6546BA	ADI	0.0500	P
97799917	Ascensia Microlet Lancets	200	6550PC	ADI	0.0500	P
97799883	BD Ultra-Fine Lancets	200	326572	BTB	0.0495	P
97799882	BD Ultra-Fine Lancets	100	326571	BTB	0.0500	P
97799466	BGStar Lancets	100	86476	SAV	0.0500	P
97799232	Droplet Personal Lancet 28G	100	7106	SFA	0.0500	P
97799233	Droplet Personal Lancet 30G	100	7167	SFA	0.0500	P
97799234	Droplet Personal Lancet 33G	100	7206	SFA	0.0500	P
97799540	EZ Health Lancets	100	GMH-L3	THI	0.0500	P
97799825	Finger Stix Lancets	200	5965	ADI	0.0500	P
97799253	First Canadian Health Lancet 28g x 0.36mm	100	288082	ARA	0.0500	P
97799292	First Canadian Health Lancet 28g x 0.37mm	100	288082-201	ARA	0.0500	P
97799254	First Canadian Health Lancet 30g x 0.32mm	100	288087	ARA	0.0500	P
97799255	First Canadian Health Lancet 33g x 0.19mm	100	288591	ARA	0.0500	P
97799312	FORA TD-Thin Lancet	200	TD-5084	FRA	0.0500	P
97799826	FreeStyle Lancets	100	83001	MID	0.0500	P
97799766	iTest Lancets 28g	100	IT31005	AUT	0.0465	P
97799767	iTest Lancets 33g	100	IT31003	AUT	0.0404	P
97799388	Medi+Sure Soft 30G Twist Lancet (Purple)	100	DG030N	MSR	0.0490	P
97799389	Medi+Sure Soft 33G Twist Lancet (Beige)	100	DG033N	MSR	0.0490	P
97799592	Medlance Plus Lite Lancets 25g	200	1381	MPD	0.0500	P
97799591	Medlance Plus Universal Lancets 21g	200	1382	MPD	0.0500	P
97799810	MPD Thin Lancets	100	P0555/P0455	MPD	0.0318	P
97799807	MPD Ultra Thin Lancets	100	P0465/P0565	MPD	0.0318	P
97799501	OneTouch Delica Lancet 33G	100	022-142	LFS	0.0500	P
97799431	OneTouch Delica Lancets 30G	100	022631	LFS	0.0500	P
97799765	OneTouch SureSoft Lancets 21g	200	021-139	LFS	0.0500	P
97799970	OneTouch UltraSoft	100	020432	LFS	0.0500	P
97799948	Safe-T-Pro Lancets	200	2210916	BOM	0.0500	P
97799163	Single-Let Lancets	200	05850	ADI	0.0500	P
97799348	Ultilet Classic Lancets 20g	100	598428	BMP	0.0500	P

TESTING STRIPS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799823	Accu-Chek Advantage Glucose Test Strips	50	2030578	BOM	0.7400	P
97799824	Accu-Chek Advantage Glucose Test Strips	100	2030551	BOM	0.7400	P
97799815	Accu-Chek AVIVA Test Strips	50	4450000000	BOM	0.7400	P
97799814	Accu-Chek AVIVA Test Strips	100	4540000000	BOM	0.7400	P
97799963	Accu-Chek Compact Test Strips	51	3021475	BOM	0.7400	P
97799962	Accu-Chek Compact Test Strips	102	3021475/102	BOM	0.7400	P
97799177	Accu-Chek Guide Test Strips	100	07453744119	BOM	0.6813	P

Diabetic Supplies Benefit List

TESTING STRIPS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799178	Accu-Chek Guide Test Strips	50	07453736119	BOM	0.6813	P
97799496	Accu-Chek Mobile BG Test Strip Cassette	50	05127670119	BOM	0.7400	P
97799497	Accu-Chek Mobile BG Test Strip Cassette	100	05190843119	BOM	0.7400	P
97799749	Ascensia Breeze 2 Test Strip Disc	50	1469A	ADI	0.7400	P
97799748	Ascensia Breeze 2 Test Strip Disc	100	1470A	ADI	0.7400	P
97799702	Ascensia Contour Test Strip	100	7091B	ADI	0.7400	P
97799703	Ascensia Contour Test Strip	50	7081B	ADI	0.7400	P
97799465	BGStar Test Strips	100	86366	SAV	0.6750	P
97799294	CareSens N BG Test Strip	100	180144	ISN	0.6400	P
97799956	Chemstrip uGK Glucose and Ketone Strips	50	647705	BOM	0.1280	L
97799953	Chemstrip-9	100	398411	BOM	0.4125	L
97799958	Chemstrip-BG (Accu-Chek)	50	1179446	BOM	0.7220	L
97799957	Chemstrip-BG Glucose Strips (Visual Testing)	25	318710	BOM	0.6888	L
97799951	Chemstrip-GP	100	200743	BOM	0.2545	L
97799459	Contour NEXT Blood Glucose Test Strips	100	7322	ADI	0.6989	P
97799460	Contour NEXT Blood Glucose Test Strips	50	7321	ADI	0.7400	P
97799914	Diastix	50	2806	ADI	0.1094	L
97799564	EZ Oracle Test Strips	100	GMH-B1S100	THI	0.7381	P
97799290	First Canadian Health Spirit BG Test Strips	50	288144	ARA	0.6912	P
97799291	First Canadian Health Spirit BG Test Strips	100	288105	ARA	0.6912	P
97799313	FORA Test n' Go BG Strip	100	TD-4365	FRA	0.7000	P
97799827	FreeStyle Blood Glucose Test Strips	50	82055	MID	0.7400	P
97799829	FreeStyle Blood Glucose Test Strips	100	82058	MID	0.7335	P
97799596	FreeStyle Lite Test Strips	50	6.99E+11	MID	0.7400	P
97799597	FreeStyle Lite Test Strips	100	6.99E+11	MID	0.7335	P
97799841	Freestyle Precision Strips	50	99786	MID	0.7400	P
97799840	Freestyle Precisions Strips	100	99059	MID	0.7325	P
97799372	GE200 Glucose Test Strip	50	589829	BNM	0.5200	P
97799373	GE200 Glucose Test Strip	100	589829	BNM	0.5100	P
97799770	iTest Blood Glucose Test Strips	50	IT31002	AUT	0.6910	P
97799912	Keto-Diastix	100	2882U	ADI	0.1311	L
97799913	Ketostix	50	2880U	ADI	0.1218	L
97799403	Medi+Sure BG Test Strip	100	DG001S	MSR	0.6990	P
97799853	Multistix	100	2820A	ADI	0.5438	L
97799458	MyGlucoHealth Glucose Test Strips	50	CAN-MGH-TS50	EHS	0.6730	P
97799583	NovaMax Test Strips	100	43955	NBM	0.7400	P
97799584	NovaMax Test Strips	50	43894	NBM	0.7400	P
97799581	On-Call Plus Test Strips	50	1130000000	ACO	0.6700	P
97799580	On-Call Plus Test Strips	25	1130000000	ACO	0.7000	P
97799582	On-Call Plus Test Strips	100	1130000000	ACO	0.6300	P
97799983	One-Touch FastTake Blood Glucose Test Strips	50	010-455	LFS	0.7400	P
97799982	One-Touch FastTake Blood Glucose Test Strips	100	010-456	LFS	0.7381	P
97799977	One-Touch Test Strips	50	010-501	LFS	0.7400	P
97799976	One-Touch Test Strips	100	010-638	LFS	0.7381	P
97799985	One-Touch Ultra Test Strips	100	020-384	LFS	0.7381	P
97799986	One-Touch Ultra Test Strips	50	020-383	LFS	0.7400	P
97799476	One-Touch Verio Test Strips	50	022279	LFS	0.7400	P
97799475	One-Touch Verio Test Strips	100	022439	LFS	0.6943	P

Diabetic Supplies Benefit List

TESTING STRIPS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799451	Rapid Response Blood Glucose Test Strips	50	04GLU-68	BTX	0.7100	P
97799479	Rightest GS100 Test Strips	50	8539105202	BNM	0.5730	P
97799478	Rightest GS100 Test Strips	100	8539110202	BNM	0.4500	P
97799601	Sidekick Blood Glucose Testing System	50	K-05011-47/D-4120-81	HOM	0.4444	P
97799355	Suretest Blood Glucose Test Strips	50	83865	SKM	0.7290	P
97799532	TRUEtest Blood Glucose Test Strips	100	E3i20-80	HOM	0.5741	P
97799531	TRUEtest Blood Glucose Test Strips	50	E3i20-81	HOM	0.5742	P
97799602	TrueTrack Blood Glucose Test Strip	100	A-3120-80	HOM	0.3859	P
97799603	TrueTrack Blood Glucose Test Strip	50	A-3120-81	HOM	0.4444	P
97799852	Uristix	100	2855U	ADI	0.2647	L

Ostomy Supplies Benefit List

MISCELLANEOUS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098862	Assura Irrigation Sleeve	1003	COL
95098861	Assura Irrigation Sleeve	12834	COL
95098859	Assura Irrigation Sleeve	12836	COL
95098860	Assura Irrigation Sleeve	12835	COL
95099427	CenterPointLock Irrig Sleeve	3827	HOL
95099424	CenterPointLock Irrig Sleeve	3824	HOL
95099426	CenterPointLock Irrig Sleeve	3822	HOL
95099425	CenterPointLock Irrig Sleeve	3823	HOL
95099423	CenterPointLock Irrig Sleeve	3826	HOL
95099163	Cone Irrigator Kit	7721	HOL
95098038	Confidence Comfort Dr Pouch	DLT013	ARG
95098039	Confidence Comfort Dr Pouch	DT013	ARG
95099866	ConvaTec Pouch Closure	175635	CON
95098244	Dermacol Stoma Collar	DC23	ARG
95098245	Dermacol Stoma Collar	DC20	ARG
95098243	Dermacol Stoma Collar	DC26	ARG
95098242	Dermacol Stoma Collar	DC29	ARG
95098241	Dermacol Stoma Collar	DC32	ARG
95098240	Dermacol Stoma Collar	DC35	ARG
95098239	Dermacol Stoma Collar	DC38	ARG
95098238	Dermacol Stoma Collar	DC41	ARG
95098857	Drainable Pouch Clamp	9500	COL
95099123	Drainable Pouch Clamp	8770	HOL
95099865	DuoLock Pouch Closure	175652	CON
95099160	Irrigator Sleeve w Closure	7724	HOL
95099161	Irrigator Sleeve w Closure	7728	HOL
95099547	New Image Irrigation Sleeve	18153	HOL
95099546	New Image Irrigation Sleeve	18154	HOL
95099548	New Image Irrigation Sleeve	18152	HOL
95099799	Sur-Fit AutoLock Convex Insrt	401614	CON
95099795	Sur-Fit AutoLock Convex Insrt	401618	CON
95099684	Sur-Fit Natura Convex Inserts	404006	CON
95099682	Sur-Fit Natura Convex Inserts	404008	CON
95099683	Sur-Fit Natura Convex Inserts	404007	CON
95099681	Sur-Fit Natura Convex Inserts	404009	CON
95099680	Sur-Fit Natura Convex Inserts	404010	CON
95099679	Sur-Fit Natura Convex Inserts	404011	CON
95099677	Sur-Fit Natura Convex Inserts	404013	CON
95099678	Sur-Fit Natura Convex Inserts	404012	CON
95099766	Sur-Fit Natura Irrig Closure	175650	CON
95099695	Sur-Fit Natura Irrig Sleeve	401911	CON
95099694	Sur-Fit Natura Irrig Sleeve	401912	CON
95099692	Sur-Fit Natura Irrig Sleeve	401914	CON
95099693	Sur-Fit Natura Irrig Sleeve	401913	CON

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099976	Active Life Closed-End	650422	CON
95099977	Active Life Closed-End	650408	CON

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098776	Active Life Dr Durahesive	125358	CON
95098774	Active Life Dr Durahesive	125360	CON
95098772	Active Life Dr Durahesive	125362	CON
95098771	Active Life Dr Durahesive	125363	CON
95098769	Active Life Dr Durahesive	125365	CON
95098767	Active Life Dr Durahesive	125367	CON
95098765	Active Life Dr Durahesive	125369	CON
95099955	Active Life Dr Durahesive	175777	CON
95099953	Active Life Dr Durahesive	175779	CON
95098782	Active Life Dr Durahesive	125352	CON
95098779	Active Life Dr Durahesive	125355	CON
95098777	Active Life Dr Durahesive	125357	CON
95098775	Active Life Dr Durahesive	125359	CON
95098773	Active Life Dr Durahesive	125361	CON
95098770	Active Life Dr Durahesive	125364	CON
95098768	Active Life Dr Durahesive	125366	CON
95098766	Active Life Dr Durahesive	125368	CON
95099954	Active Life Dr Durahesive	175778	CON
95099952	Active Life Dr Durahesive	175780	CON
95098778	Active Life Dr Durahesive	125356	CON
95098780	Active Life Dr Durahesive	125354	CON
95098781	Active Life Dr Durahesive	125353	CON
95099983	Active Life Drainable	22768	CON
95098795	Active Life Drainable	125330	CON
95099986	Active Life Drainable	22765	CON
95099984	Active Life Drainable	22767	CON
95099982	Active Life Drainable	22769	CON
95099981	Active Life Drainable	22771	CON
95098794	Active Life Drainable	125331	CON
95098791	Active Life Drainable	125334	CON
95098789	Active Life Drainable	125336	CON
95098787	Active Life Drainable	125339	CON
95098786	Active Life Drainable	125340	CON
95098784	Active Life Drainable	125342	CON
95099980	Active Life Drainable	400598	CON
95099978	Active Life Drainable	650803	CON
95098792	Active Life Drainable	125333	CON
95098790	Active Life Drainable	125335	CON
95098788	Active Life Drainable	125338	CON
95098785	Active Life Drainable	125341	CON
95098783	Active Life Drainable	125343	CON
95099979	Active Life Drainable	400599	CON
95099987	Active Life Drainable	22764	CON
95099985	Active Life Drainable	22766	CON
95099943	Active Life Durahesive	650831	CON
95099944	Active Life Durahesive	650830	CON
95099946	Active Life Durahesive	650828	CON
95099945	Active Life Durahesive	650829	CON

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099857	Active Life Little Ones	20917	CON
95099856	Active Life Little Ones	20922	CON
95099967	Active Life Pre-Cut Closed	413144	CON
95099966	Active Life Pre-Cut Closed	413145	CON
95099965	Active Life Pre-Cut Closed	413146	CON
95099968	Active Life Pre-Cut Closed	413143	CON
95099969	Active Life Pre-Cut Closed	413142	CON
95099971	Active Life Pre-Cut Closed	175772	CON
95099972	Active Life Pre-Cut Closed	175771	CON
95099973	Active Life Pre-Cut Closed	175770	CON
95099974	Active Life Pre-Cut Closed	175769	CON
95099970	Active Life Pre-Cut Closed	175773	CON
95099975	Active Life Stoma Cap	175611	CON
95099940	Active Life Uros Durahesive	64927	CON
95099942	Active Life Uros Durahesive	650832	CON
95099941	Active Life Uros Durahesive	650833	CON
95098995	Assura Drainable	14173	COL
95098994	Assura Drainable	14174	COL
95098993	Assura Drainable	14175	COL
95098992	Assura Drainable	14176	COL
95098991	Assura Drainable	13874	COL
95098990	Assura Drainable	13875	COL
95098989	Assura Drainable	13876	COL
95099064	Assura Drainable	14106	COL
95099007	Assura Drainable w Easiclose	14196	COL
95098802	Assura Drainable w Easiclose	14414	COL
95098800	Assura Drainable w Easiclose	14421	COL
95098797	Assura Drainable w Easiclose	14424	COL
95098996	Assura Drainable w Easiclose	13870	COL
95098801	Assura Drainable w Easiclose	14415	COL
95098799	Assura Drainable w Easiclose	14422	COL
95098798	Assura Drainable w Easiclose	14423	COL
95099015	Assura E-E Wear Drainable	12416	COL
95099012	Assura E-E Wear Drainable	12432	COL
95099011	Assura E-E Wear Drainable	12433	COL
95099017	Assura E-E Wear Drainable	12419	COL
95099009	Assura E-E Wear Urostomy	12472	COL
95099010	Assura E-E Wear Urostomy	12471	COL
95098881	Assura Pediatric Closed	2125	COL
95098883	Assura Pediatric Drainable	2115	COL
95098880	Assura Pediatric Urostomy	8009	COL
95098899	Assura Std Wear Closed	12130	COL
95098918	Assura Std Wear Closed	12140	COL
95098901	Assura Std Wear Closed	14454	COL
95098902	Assura Std Wear Closed	14453	COL
95098903	Assura Std Wear Closed	14452	COL
95098914	Assura Std Wear Closed	14445	COL
95098915	Assura Std Wear Closed	14444	COL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098894	Assura Std Wear Closed	14442	COL
95098895	Assura Std Wear Closed	14441	COL
95098916	Assura Std Wear Closed	14435	COL
95098917	Assura Std Wear Closed	14434	COL
95098905	Assura Std Wear Closed	12177	COL
95098907	Assura Std Wear Closed	12175	COL
95098908	Assura Std Wear Closed	12174	COL
95098910	Assura Std Wear Closed	12147	COL
95098906	Assura Std Wear Closed	12176	COL
95098898	Assura Std Wear Closed	12170	COL
95098911	Assura Std Wear Closed	12146	COL
95098912	Assura Std Wear Closed	12144	COL
95098919	Assura Std Wear Closed	12110	COL
95098913	Assura Std Wear Closed	12145	COL
95099006	Assura Std Wear Dr Easiclose	13840	COL
95098805	Assura Std Wear Dr Easiclose	14405	COL
95098804	Assura Std Wear Dr Easiclose	14411	COL
95098803	Assura Std Wear Dr Easiclose	14412	COL
95098806	Assura Std Wear Dr Easiclose	14404	COL
95098997	Assura Std Wear Dr Easiclose	14166	COL
95098998	Assura Std Wear Dr Easiclose	14165	COL
95098999	Assura Std Wear Dr Easiclose	14164	COL
95099000	Assura Std Wear Dr Easiclose	14163	COL
95099002	Assura Std Wear Dr Easiclose	14103	COL
95099001	Assura Std Wear Dr Easiclose	13860	COL
95099003	Assura Std Wear Dr Easiclose	13846	COL
95099004	Assura Std Wear Dr Easiclose	13845	COL
95099005	Assura Std Wear Dr Easiclose	13844	COL
95098963	Assura Std Wear Drainable	12533	COL
95098959	Assura Std Wear Drainable	2490	COL
95098960	Assura Std Wear Drainable	13706	COL
95098962	Assura Std Wear Drainable	2520	COL
95098920	Assura Std Wear Urostomy	12997	COL
95098930	Assura Std Wear Urostomy	12595	COL
95098921	Assura Std Wear Urostomy	12996	COL
95098922	Assura Std Wear Urostomy	12995	COL
95098931	Assura Std Wear Urostomy	5580	COL
95098927	Assura Std Wear Urostomy	5585	COL
95098929	Assura Std Wear Urostomy	12596	COL
95098926	Assura Std Wear Urostomy	12991	COL
95098925	Assura Std Wear Urostomy	12992	COL
95098924	Assura Std Wear Urostomy	12993	COL
95098923	Assura Std Wear Urostomy	12994	COL
95099021	Assura Stoma Cap	2802	COL
95099022	Assura Stoma Cap	2801	COL
95098889	Assura Stoma Cap	2501	COL
95097612	CeraPlus Skin Barrier Urostomy	844011	HOL
95097610	CeraPlus Skin Barrier Urostomy	84200	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097614	CeraPlus Skin Barrier Urostomy	84893	HOL
95097613	CeraPlus Skin Barrier Urostomy	84408	HOL
95097611	CeraPlus Skin Barrier Urostomy	84404	HOL
95098201	Confidence Convex Supersoft	CCSS28	ARG
95098200	Confidence Convex Supersoft	CCSS32	ARG
95098199	Confidence Convex Supersoft	CCSS35	ARG
95098198	Confidence Convex Supersoft	CCSS38	ARG
95098197	Confidence Convex Supersoft	CCSS41	ARG
95098196	Confidence Convex Supersoft	CCSSL1325	ARG
95098195	Confidence Convex Supersoft	CCSSL1338	ARG
95098194	Confidence Convex Supersoft	CCSSL1352	ARG
95098193	Confidence Convex Supersoft	CDSS1325	ARG
95098192	Confidence Convex Supersoft	CDSS1338	ARG
95098191	Confidence Convex Supersoft	CDSS1352	ARG
95098169	Confidence Convex Supersoft	CUSS38	ARG
95098189	Confidence Convex Supersoft	CDSS25	ARG
95098188	Confidence Convex Supersoft	CDSS28	ARG
95098187	Confidence Convex Supersoft	CDSS32	ARG
95098186	Confidence Convex Supersoft	CDSS35	ARG
95098185	Confidence Convex Supersoft	CDSS38	ARG
95098184	Confidence Convex Supersoft	CDSS41	ARG
95098183	Confidence Convex Supersoft	CDSSL1325	ARG
95098182	Confidence Convex Supersoft	CDSSL1338	ARG
95098181	Confidence Convex Supersoft	CDSSL1352	ARG
95098180	Confidence Convex Supersoft	CDSSS1325	ARG
95098179	Confidence Convex Supersoft	CDSSS1338	ARG
95098178	Confidence Convex Supersoft	CDSSS1352	ARG
95098177	Confidence Convex Supersoft	CUSS1325	ARG
95098176	Confidence Convex Supersoft	CUSS1338	ARG
95098175	Confidence Convex Supersoft	CUSS1352	ARG
95098174	Confidence Convex Supersoft	CUSS21	ARG
95098173	Confidence Convex Supersoft	CUSS25	ARG
95098172	Confidence Convex Supersoft	CUSS28	ARG
95098171	Confidence Convex Supersoft	CUSS32	ARG
95098170	Confidence Convex Supersoft	CUSS35	ARG
95098202	Confidence Convex Supersoft	CCSS25	ARG
95098203	Confidence Convex Supersoft	CCSS21	ARG
95098204	Confidence Convex Supersoft	CCSS1352	ARG
95098205	Confidence Convex Supersoft	CCSS1338	ARG
95098206	Confidence Convex Supersoft	CCSS1325	ARG
95098190	Confidence Convex Supersoft	CDSS21	ARG
95098226	Confidence Natural	N41	ARG
95098225	Confidence Natural	NL13	ARG
95098224	Confidence Natural	NLT13	ARG
95098223	Confidence Natural	NM13	ARG
95098222	Confidence Natural	NT13	ARG
95098221	Confidence Natural	ND13	ARG
95098220	Confidence Natural	ND25	ARG

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098219	Confidence Natural	ND28	ARG
95098218	Confidence Natural	ND32	ARG
95098217	Confidence Natural	ND35	ARG
95098216	Confidence Natural	NDL13	ARG
95098215	Confidence Natural	NDLT13	ARG
95098214	Confidence Natural	NDS13	ARG
95098213	Confidence Natural	NDT13	ARG
95098212	Confidence Natural	NU13	ARG
95098211	Confidence Natural	NU25	ARG
95098210	Confidence Natural	NU28	ARG
95098209	Confidence Natural	NU32	ARG
95098208	Confidence Natural	NU35	ARG
95098207	Confidence Natural	NUS13	ARG
95098232	Confidence Natural	N13	ARG
95098231	Confidence Natural	N25	ARG
95098230	Confidence Natural	N28	ARG
95098229	Confidence Natural	N32	ARG
95098228	Confidence Natural	N35	ARG
95098227	Confidence Natural	N38	ARG
95099290	Contour Stoma Cap	1796	HOL
95097575	Esteem + Closed Pouch	413511	CON
95098106	Esteem + Closed Pouch	416713	CON
95097581	Esteem + Closed Pouch	421613	CON
95097578	Esteem + Closed Pouch	421614	CON
95098089	Esteem + Closed Pouch	416724	CON
95098105	Esteem + Closed Pouch	416714	CON
95098104	Esteem + Closed Pouch	416715	CON
95098103	Esteem + Closed Pouch	416719	CON
95098102	Esteem + Closed Pouch	416725	CON
95098101	Esteem + Closed Pouch	416729	CON
95098100	Esteem + Closed Pouch	416733	CON
95098099	Esteem + Closed Pouch	416737	CON
95098098	Esteem + Closed Pouch	416739	CON
95098097	Esteem + Closed Pouch	416741	CON
95098096	Esteem + Closed Pouch	416743	CON
95098095	Esteem + Closed Pouch	416745	CON
95098094	Esteem + Closed Pouch	416747	CON
95098093	Esteem + Closed Pouch	416749	CON
95098092	Esteem + Closed Pouch	416751	CON
95098091	Esteem + Closed Pouch	416718	CON
95098090	Esteem + Closed Pouch	416721	CON
95098088	Esteem + Closed Pouch	416728	CON
95098087	Esteem + Closed Pouch	416732	CON
95098086	Esteem + Closed Pouch	416736	CON
95098084	Esteem + Closed Pouch	416738	CON
95098082	Esteem + Closed Pouch	416742	CON
95098083	Esteem + Closed Pouch	416740	CON
95098081	Esteem + Closed Pouch	416744	CON

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098080	Esteem + Closed Pouch	416746	CON
95098079	Esteem + Closed Pouch	416748	CON
95098078	Esteem + Closed Pouch	416750	CON
95098119	Esteem + Closed Pouch	416700	CON
95098118	Esteem + Closed Pouch	416701	CON
95098117	Esteem + Closed Pouch	416702	CON
95098116	Esteem + Closed Pouch	416703	CON
95098115	Esteem + Closed Pouch	416704	CON
95098114	Esteem + Closed Pouch	416705	CON
95098113	Esteem + Closed Pouch	416706	CON
95098112	Esteem + Closed Pouch	416707	CON
95098111	Esteem + Closed Pouch	416708	CON
95098110	Esteem + Closed Pouch	416709	CON
95098109	Esteem + Closed Pouch	416710	CON
95098108	Esteem + Closed Pouch	416711	CON
95098107	Esteem + Closed Pouch	416712	CON
95097584	Esteem + Closed Pouch	421612	CON
95097588	Esteem + Drainable Pouch	416908	CON
95097585	Esteem + Drainable Pouch	416975	CON
95097586	Esteem + Drainable Pouch	416976	CON
95097573	Esteem + Drainable Pouch	413517	CON
95097574	Esteem + Drainable Pouch	413523	CON
95097583	Esteem + Drainable Pouch	421615	CON
95097580	Esteem + Drainable Pouch	421619	CON
95097577	Esteem + Drainable Pouch	421622	CON
95097930	Esteem + Drainable Pouch	413515	CON
95097920	Esteem + Drainable Pouch	413516	CON
95097921	Esteem + Drainable Pouch	413518	CON
95097919	Esteem + Drainable Pouch	413519	CON
95097915	Esteem + Drainable Pouch	412521	CON
95097916	Esteem + Drainable Pouch	413522	CON
95097917	Esteem + Drainable Pouch	413509	CON
95097918	Esteem + Drainable Pouch	413510	CON
95097582	Esteem + Urostomy	421623	CON
95097576	Esteem + Urostomy	421628	CON
95097579	Esteem + Urostomy	421626	CON
95099181	Lo-Profile Urostomy	1432	HOL
95099179	Lo-Profile Urostomy	1433	HOL
95099178	Lo-Profile Urostomy	1439	HOL
95099180	Lo-Profile Urostomy	1438	HOL
95099177	Lo-Profile Urostomy	1434	HOL
95097601	Natura + Urostomy Pouch	413435	CON
95097608	Natura + Urostomy Pouch	413436	CON
95097587	Natura + Urostomy Pouch	413439	CON
95097591	Natura + Urostomy Pouch	413438	CON
95097592	Natura + Urostomy Pouch	413437	CON
95098378	Pouchkins Pediatric	3796	HOL
95098045	Pouchkins Pediatric	3795	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099173	Pouchkins Pediatric	3778	HOL
95099174	Pouchkins Pediatric	3777	HOL
95097557	Premier Ceraplast Soft Convexity Urostomy	841311	HOL
95097555	Premier Ceraplast Soft Convexity Urostomy	8415	HOL
95097558	Premier Ceraplast Soft Convexity Urostomy	84138	HOL
95097560	Premier Ceraplast Soft Convexity Urostomy	84134	HOL
95097556	Premier Ceraplast Soft Convexity Urostomy	8414	HOL
95097554	Premier Ceraplast Soft Convexity Urostomy	8412	HOL
95097561	Premier Ceraplast Soft Convexity Urostomy	8413	HOL
95098596	Premier Closed	82330	HOL
95098597	Premier Closed	82325	HOL
95098592	Premier Closed	82125	HOL
95098595	Premier Closed	82335	HOL
95098641	Premier Closed	82300	HOL
95098593	Premier Closed	82100	HOL
95099389	Premier Drainable	8614	HOL
95099391	Premier Drainable	8612	HOL
95099409	Premier Drainable	8642	HOL
95099410	Premier Drainable	8647	HOL
95099395	Premier Drainable	8628	HOL
95099402	Premier Drainable	8632	HOL
95099400	Premier Drainable	8633	HOL
95099397	Premier Drainable	8635	HOL
95099401	Premier Drainable	8638	HOL
95099411	Premier Drainable	8641	HOL
95099407	Premier Drainable	8643	HOL
95099405	Premier Drainable	8644	HOL
95099408	Premier Drainable	8648	HOL
95099394	Premier Drainable	86211	HOL
95098586	Premier Drainable	88700	HOL
95099406	Premier Drainable	8649	HOL
95098588	Premier Drainable	88300	HOL
95098043	Premier Drainable	8031	HOL
95099403	Premier Drainable	8637	HOL
95099392	Premier Drainable	8611	HOL
95099390	Premier Drainable	8613	HOL
95099387	Premier Drainable	8616	HOL
95099385	Premier Drainable	8618	HOL
95099396	Premier Drainable	8624	HOL
95099404	Premier Drainable	8631	HOL
95099388	Premier Drainable	8615	HOL
95099386	Premier Drainable	8617	HOL
95099384	Premier Drainable	8619	HOL
95099398	Premier Drainable	8634	HOL
95099393	Premier Drainable	8610	HOL
95099399	Premier Drainable	8639	HOL
95098046	Premier Drainable	8450	HOL
95098044	Premier Drainable Lock'n Roll	88402	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098599	Premier Drainable Lock'n Roll	88735	HOL
95098607	Premier Drainable Lock'n Roll	88335	HOL
95098608	Premier Drainable Lock'n Roll	88330	HOL
95098598	Premier Drainable Lock'n Roll	88740	HOL
95098600	Premier Drainable Lock'n Roll	88730	HOL
95098606	Premier Drainable Lock'n Roll	88340	HOL
95098609	Premier Drainable Lock'n Roll	88325	HOL
95098601	Premier Drainable Lock'n Roll	88725	HOL
95097670	Premier Lock'n Roll	8925	HOL
95097669	Premier Lock'n Roll	8930	HOL
95097673	Premier Lock'n Roll	8935	HOL
95097679	Premier Lock'n Roll	8984	HOL
95097678	Premier Lock'n Roll	8988	HOL
95097677	Premier Lock'n Roll	89811	HOL
95097686	Premier Lock'n Roll	8914	HOL
95097685	Premier Lock'n Roll	8918	HOL
95097684	Premier Lock'n Roll	89111	HOL
95097683	Premier Lock'n Roll	8990	HOL
95097682	Premier Lock'n Roll	8991	HOL
95097681	Premier Lock'n Roll	8992	HOL
95097680	Premier Lock'n Roll	8993	HOL
95097664	Premier Lock'n Roll	8954	HOL
95097663	Premier Lock'n Roll	8958	HOL
95097658	Premier Lock'n Roll	89511	HOL
95097659	Premier Lock'n Roll	8960	HOL
95097660	Premier Lock'n Roll	8961	HOL
95097661	Premier Lock'n Roll	8962	HOL
95097662	Premier Lock'n Roll	8963	HOL
95098042	Premier Lock'n Roll	8331	HOL
95097820	Premier Lock'n Roll	8588	HOL
95098668	Premier Lock'n Roll	8510	HOL
95098666	Premier Lock'n Roll	8512	HOL
95098675	Premier Lock'n Roll	8552	HOL
95098672	Premier Lock'n Roll	8559	HOL
95098658	Premier Lock'n Roll	8591	HOL
95098656	Premier Lock'n Roll	8593	HOL
95098375	Premier Lock'n Roll	8596	HOL
95098662	Premier Lock'n Roll	85011	HOL
95098671	Premier Lock'n Roll	85211	HOL
95098661	Premier Lock'n Roll	8504	HOL
95098660	Premier Lock'n Roll	8508	HOL
95098667	Premier Lock'n Roll	8511	HOL
95098665	Premier Lock'n Roll	8513	HOL
95098664	Premier Lock'n Roll	8514	HOL
95098663	Premier Lock'n Roll	8515	HOL
95098670	Premier Lock'n Roll	8524	HOL
95098669	Premier Lock'n Roll	8528	HOL
95098681	Premier Lock'n Roll	8531	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098680	Premier Lock'n Roll	8532	HOL
95098679	Premier Lock'n Roll	8533	HOL
95098678	Premier Lock'n Roll	8538	HOL
95098677	Premier Lock'n Roll	8539	HOL
95098676	Premier Lock'n Roll	8551	HOL
95098674	Premier Lock'n Roll	8553	HOL
95098673	Premier Lock'n Roll	8558	HOL
95098659	Premier Lock'n Roll	8590	HOL
95098657	Premier Lock'n Roll	8592	HOL
95098655	Premier Lock'n Roll	8594	HOL
95098654	Premier Lock'n Roll	8595	HOL
95098374	Premier Lock'n Roll	8597	HOL
95098372	Premier Lock'n Roll	8599	HOL
95098371	Premier Lock'n Roll	85116	HOL
95098369	Premier Lock'n Roll	85118	HOL
95098368	Premier Lock'n Roll	85119	HOL
95097668	Premier Lock'n Roll	8931	HOL
95097671	Premier Lock'n Roll	8901	HOL
95097815	Premier Soft Convexity	8674	HOL
95097816	Premier Soft Convexity	8678	HOL
95097819	Premier Soft Convexity	8663	HOL
95097817	Premier Soft Convexity	8661	HOL
95097818	Premier Soft Convexity	8662	HOL
95097814	Premier Soft Convexity	86711	HOL
95099375	Premier Urostomy	8478	HOL
95099372	Premier Urostomy	8481	HOL
95099370	Premier Urostomy	8483	HOL
95099368	Premier Urostomy	8485	HOL
95099365	Premier Urostomy	8488	HOL
95099374	Premier Urostomy	84711	HOL
95099383	Premier Urostomy	8460	HOL
95099379	Premier Urostomy	8463	HOL
95099382	Premier Urostomy	8467	HOL
95099378	Premier Urostomy	8469	HOL
95099376	Premier Urostomy	8474	HOL
95099373	Premier Urostomy	8480	HOL
95099371	Premier Urostomy	8482	HOL
95099369	Premier Urostomy	8484	HOL
95099367	Premier Urostomy	8486	HOL
95099366	Premier Urostomy	8487	HOL
95099364	Premier Urostomy	8489	HOL
95099381	Premier Urostomy	8462	HOL
95099377	Premier Urostomy	8464	HOL
95099380	Premier Urostomy	8468	HOL
95099274	Premium Closed	3553	HOL
95099273	Premium Closed	3559	HOL
95099275	Premium Closed	3558	HOL
95099272	Premium Closed	3554	HOL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099282	Premium Drainable	3662	HOL
95099278	Premium Drainable	3664	HOL
95099277	Premium Drainable	3665	HOL
95099281	Premium Drainable	3668	HOL
95099287	Premium Drainable	3603	HOL
95099279	Premium Drainable	3669	HOL
95099288	Premium Drainable	3608	HOL
95099286	Premium Drainable	3609	HOL
95099280	Premium Drainable	3663	HOL
95099283	Premium Drainable	3606	HOL
95099285	Premium Drainable	3604	HOL
95099284	Premium Drainable	3605	HOL
95098379	Sensura Easiclose	15821	COL
95098437	Sensura Maxi	15522	COL
95098423	Sensura Maxi	15633	COL
95098434	Sensura Maxi	15531	COL
95098425	Sensura Maxi	15608	COL
95098427	Sensura Maxi	15606	COL
95098431	Sensura Maxi	15534	COL
95098433	Sensura Maxi	15532	COL
95098436	Sensura Maxi	15523	COL
95098438	Sensura Maxi	15521	COL
95098426	Sensura Maxi	15607	COL
95098424	Sensura Maxi	15632	COL
95098422	Sensura Maxi	15634	COL
95098428	Sensura Maxi	15605	COL
95098432	Sensura Maxi	15533	COL
95098421	Sensura Maxi	15635	COL
95098435	Sensura Maxi	15524	COL
95098442	Sensura Maxi Closed	15483	COL
95098444	Sensura Maxi Closed	15480	COL
95098445	Sensura Maxi Closed	15474	COL
95098446	Sensura Maxi Closed	15473	COL
95098447	Sensura Maxi Closed	15472	COL
95098448	Sensura Maxi Closed	15470	COL
95098455	Sensura Maxi Closed	15408	COL
95098456	Sensura Maxi Closed	15407	COL
95098457	Sensura Maxi Closed	15406	COL
95098458	Sensura Maxi Closed	15405	COL
95098443	Sensura Maxi Closed	15482	COL
95098441	Sensura Maxi Closed	15484	COL
95098439	Sensura Midi	15511	COL
95098429	Sensura Midi	15604	COL
95098430	Sensura Midi	15603	COL
95098440	Sensura Midi	15501	COL
95098450	Sensura Midi Closed	15441	COL
95098452	Sensura Midi Closed	15414	COL
95098459	Sensura Midi Closed	15404	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098460	Sensura Midi Closed	15403	COL
95098454	Sensura Midi Closed	15412	COL
95098451	Sensura Midi Closed	15415	COL
95098449	Sensura Midi Closed	15450	COL
95098453	Sensura Midi Closed	15413	COL
95097549	Sensura Mio Deep Convex	16352	COL
95097551	Sensura Mio Deep Convex	16768	COL
95097535	Sensura Mio Light Convex	16332	COL
95097550	Sensura Mio Light Convex	16733	COL
95098023	Sensura Mio Maxi	10487	COL
95098022	Sensura Mio Maxi	10489	COL
95097809	Sensura Mio Maxi	16305	COL
95097808	Sensura Mio Maxi	16306	COL
95097803	Sensura Mio Maxi	16315	COL
95097804	Sensura Mio Maxi	16313	COL
95097800	Sensura Mio Maxi	16325	COL
95097799	Sensura Mio Maxi	16326	COL
95097754	Sensura Mio Maxi	16805	COL
95097753	Sensura Mio Maxi	16810	COL
95097752	Sensura Mio Maxi	16825	COL
95097751	Sensura Mio Maxi	16826	COL
95097750	Sensura Mio Maxi	16827	COL
95097749	Sensura Mio Maxi	16835	COL
95097748	Sensura Mio Maxi	16836	COL
95097747	Sensura Mio Maxi	16837	COL
95097740	Sensura Mio Maxi	16840	COL
95097739	Sensura Mio Maxi	16841	COL
95097738	Sensura Mio Maxi	16842	COL
95097737	Sensura Mio Maxi	16855	COL
95097736	Sensura Mio Maxi	16856	COL
95097735	Sensura Mio Maxi	16857	COL
95097734	Sensura Mio Maxi	16865	COL
95097733	Sensura Mio Maxi	16866	COL
95097732	Sensura Mio Maxi	16867	COL
95097807	Sensura Mio Maxi	16310	COL
95097806	Sensura Mio Maxi	16311	COL
95097805	Sensura Mio Maxi	16312	COL
95097741	Sensura Mio Maxi	16870	COL
95097742	Sensura Mio Maxi	16871	COL
95097743	Sensura Mio Maxi	16872	COL
95098035	Sensura Mio Maxi	10471	COL
95098033	Sensura Mio Maxi	10472	COL
95098031	Sensura Mio Maxi	10474	COL
95098032	Sensura Mio Maxi	10476	COL
95097950	Sensura Mio Maxi	10479	COL
95098030	Sensura Mio Maxi	10477	COL
95098029	Sensura Mio Maxi	10478	COL
95098028	Sensura Mio Maxi	10481	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098027	Sensura Mio Maxi	10482	COL
95098026	Sensura Mio Maxi	10483	COL
95098024	Sensura Mio Maxi	10484	COL
95097791	Sensura Mio Maxi Closed	16350	COL
95097790	Sensura Mio Maxi Closed	16351	COL
95097788	Sensura Mio Maxi Closed	16353	COL
95097798	Sensura Mio Maxi Closed	16327	COL
95097797	Sensura Mio Maxi Closed	16330	COL
95097796	Sensura Mio Maxi Closed	16331	COL
95097795	Sensura Mio Maxi Closed	16333	COL
95097794	Sensura Mio Maxi Closed	16335	COL
95097793	Sensura Mio Maxi Closed	16345	COL
95097792	Sensura Mio Maxi Closed	16346	COL
95097789	Sensura Mio Maxi Closed	16347	COL
95097772	Sensura Mio Maxi Open	16756	COL
95097771	Sensura Mio Maxi Open	16757	COL
95097729	Sensura Mio Maxi Open	16755	COL
95097728	Sensura Mio Maxi Open	16748	COL
95097764	Sensura Mio Maxi Open	16739	COL
95097765	Sensura Mio Maxi Open	16738	COL
95097766	Sensura Mio Maxi Open	16737	COL
95097767	Sensura Mio Maxi Open	16734	COL
95097768	Sensura Mio Maxi Open	16732	COL
95097769	Sensura Mio Maxi Open	16731	COL
95097755	Sensura Mio Maxi Open	16778	COL
95097717	Sensura Mio Maxi Open	16727	COL
95097770	Sensura Mio Maxi Open	16726	COL
95097773	Sensura Mio Maxi Open	16725	COL
95097774	Sensura Mio Maxi Open	16716	COL
95097763	Sensura Mio Maxi Open	16760	COL
95097762	Sensura Mio Maxi Open	16761	COL
95097761	Sensura Mio Maxi Open	16762	COL
95097760	Sensura Mio Maxi Open	16763	COL
95097759	Sensura Mio Maxi Open	16767	COL
95097758	Sensura Mio Maxi Open	16771	COL
95097757	Sensura Mio Maxi Open	16772	COL
95097756	Sensura Mio Maxi Open	16773	COL
95097777	Sensura Mio Maxi Open	16705	COL
95097776	Sensura Mio Maxi Open	16706	COL
95097775	Sensura Mio Maxi Open	16715	COL
95097801	Sensura Mio Midi	16323	COL
95097802	Sensura Mio Midi	16322	COL
95098034	Sensura Mio Midi	10461	COL
95097810	Sensura Mio Midi	16301	COL
95097639	Sensura Mio Urostomy	10586	COL
95097622	Sensura Mio Urostomy	10582	COL
95097621	Sensura Mio Urostomy	10583	COL
95097620	Sensura Mio Urostomy	10584	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097619	Sensura Mio Urostomy	10585	COL
95097714	Sensura Xpro Maxi Open	15981	COL
95097716	Sensura Xpro Maxi Open	15695	COL
95097715	Sensura Xpro Maxi Open	15696	COL
95099185	Stoma Cap	3184	HOL
95099186	Stoma Cap	3186	HOL

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099058	Assura Easiclose Drainable	13974	COL
95098475	Assura Easiclose Drainable	14495	COL
95098478	Assura Easiclose Drainable	14494	COL
95099065	Assura Easiclose Drainable	13924	COL
95099063	Assura Easiclose Drainable	13925	COL
95099061	Assura Easiclose Drainable	13964	COL
95099060	Assura Easiclose Drainable	13965	COL
95099059	Assura Easiclose Drainable	13966	COL
95098514	Assura Easiclose Drainable	14498	COL
95099057	Assura Easiclose Drainable	13975	COL
95099056	Assura Easiclose Drainable	13976	COL
95099055	Assura Easiclose Drainable	13984	COL
95099054	Assura Easiclose Drainable	13985	COL
95099053	Assura Easiclose Drainable	13986	COL
95098886	Assura Pediatric Drainable	14681	COL
95098887	Assura Pediatric Drainable	14691	COL
95098840	Assura Pediatric Urostomy	1789	COL
95099027	Assura Two-Piece Closed	12385	COL
95099026	Assura Two-Piece Closed	12386	COL
95099028	Assura Two-Piece Closed	12384	COL
95099031	Assura Two-Piece Closed	12344	COL
95099030	Assura Two-Piece Closed	12345	COL
95099029	Assura Two-Piece Closed	12346	COL
95099034	Assura Two-Piece Closed	12354	COL
95099033	Assura Two-Piece Closed	12355	COL
95099032	Assura Two-Piece Closed	12356	COL
95099025	Assura Two-Piece Closed	12374	COL
95099024	Assura Two-Piece Closed	12375	COL
95099023	Assura Two-Piece Closed	12376	COL
95099045	Assura Two-Piece Drainable	2792	COL
95099050	Assura Two-Piece Drainable	2743	COL
95099044	Assura Two-Piece Drainable	2793	COL
95098415	Assura Urostomy	14229	COL
95098420	Assura Urostomy	14224	COL
95098418	Assura Urostomy	14226	COL
95098419	Assura Urostomy	14225	COL
95098417	Assura Urostomy	14227	COL
95098416	Assura Urostomy	14228	COL
95099035	Assura Urostomy Night Bag	21365	COL
95099447	CenterPointLock Closed	3347	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099445	CenterPointLock Closed	3343	HOL
95099446	CenterPointLock Closed	3342	HOL
95099444	CenterPointLock Closed	3344	HOL
95099472	CenterPointLock Drainable	3817	HOL
95099469	CenterPointLock Drainable	3814	HOL
95099470	CenterPointLock Drainable	3813	HOL
95099471	CenterPointLock Drainable	3812	HOL
95099477	CenterPointLock Drainable	3807	HOL
95099473	CenterPointLock Drainable	3806	HOL
95099474	CenterPointLock Drainable	3804	HOL
95099475	CenterPointLock Drainable	3803	HOL
95099467	CenterPointLock Drainable	3872	HOL
95099461	CenterPointLock Drainable	3894	HOL
95099481	CenterPointLock Drainable	3847	HOL
95099478	CenterPointLock Drainable	3844	HOL
95099479	CenterPointLock Drainable	3843	HOL
95099480	CenterPointLock Drainable	3842	HOL
95099466	CenterPointLock Drainable	3873	HOL
95099462	CenterPointLock Drainable	3893	HOL
95099464	CenterPointLock Drainable	3897	HOL
95099463	CenterPointLock Drainable	3892	HOL
95099465	CenterPointLock Drainable	3874	HOL
95099459	CenterPointLock Drainable	3832	HOL
95099458	CenterPointLock Drainable	3833	HOL
95099476	CenterPointLock Drainable	3802	HOL
95099460	CenterPointLock Drainable	3837	HOL
95099457	CenterPointLock Drainable	3834	HOL
95099443	CenterPointLock Premier	8347	HOL
95099441	CenterPointLock Premier	8343	HOL
95099431	CenterPointLock Premier	8907	HOL
95099429	CenterPointLock Premier	8903	HOL
95099430	CenterPointLock Premier	8902	HOL
95099453	CenterPointLock Premier	8844	HOL
95099455	CenterPointLock Premier	8842	HOL
95099428	CenterPointLock Premier	8904	HOL
95099456	CenterPointLock Premier	8847	HOL
95099454	CenterPointLock Premier	8843	HOL
95099448	CenterPointLock Premier	8816	HOL
95099449	CenterPointLock Premier	8814	HOL
95099452	CenterPointLock Premier	8817	HOL
95099450	CenterPointLock Premier	8813	HOL
95099451	CenterPointLock Premier	8812	HOL
95099440	CenterPointLock Premier	8344	HOL
95099442	CenterPointLock Premier	8342	HOL
95099436	CenterPointLock Stoma Cap	3404	HOL
95099438	CenterPointLock Stoma Cap	3402	HOL
95099437	CenterPointLock Stoma Cap	3403	HOL
95099439	CenterPointLock Stoma Cap	3407	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099434	CenterPointLock Urostomy	3902	HOL
95099435	CenterPointLock Urostomy	3907	HOL
95099433	CenterPointLock Urostomy	3903	HOL
95099432	CenterPointLock Urostomy	3904	HOL
95098818	Easiflex Closed	14316	COL
95098810	Easiflex Closed	14319	COL
95098811	Easiflex Closed	14327	COL
95098812	Easiflex Closed	14332	COL
95098809	Easiflex Closed	14314	COL
95098816	Easiflex Closed	14317	COL
95098813	Easiflex Closed	14326	COL
95098807	Easiflex Closed	14329	COL
95098814	Easiflex Closed	14331	COL
95098808	Easiflex Closed	14334	COL
95098829	Easiflex Drainable w Easiclose	14342	COL
95098832	Easiflex Drainable w Easiclose	14346	COL
95098462	Easiflex Drainable w Easiclose	14528	COL
95098542	Easiflex Drainable w Easiclose	14527	COL
95098488	Easiflex Drainable w Easiclose	14525	COL
95098465	Easiflex Drainable w Easiclose	14524	COL
95098463	Easiflex Drainable w Easiclose	14521	COL
95098464	Easiflex Drainable w Easiclose	14520	COL
95098822	Easiflex Drainable w Easiclose	14364	COL
95098827	Easiflex Drainable w Easiclose	14362	COL
95098828	Easiflex Drainable w Easiclose	14361	COL
95098821	Easiflex Drainable w Easiclose	14359	COL
95098824	Easiflex Drainable w Easiclose	14357	COL
95098825	Easiflex Drainable w Easiclose	14356	COL
95098826	Easiflex Drainable w Easiclose	14349	COL
95098831	Easiflex Drainable w Easiclose	14347	COL
95098823	Easiflex Drainable w Easiclose	14344	COL
95099926	Esteem Synergy Closed	405441	CON
95099928	Esteem Synergy Closed	405437	CON
95099925	Esteem Synergy Closed	405442	CON
95099929	Esteem Synergy Closed	405436	CON
95099931	Esteem Synergy Closed	405431	CON
95099932	Esteem Synergy Closed	405430	CON
95099927	Esteem Synergy Closed	403946	CON
95099938	Esteem Synergy Drainable	405401	CON
95099934	Esteem Synergy Drainable	405405	CON
95099899	Esteem Synergy Drainable	410803	CON
95099898	Esteem Synergy Drainable	410804	CON
95099897	Esteem Synergy Drainable	410806	CON
95099895	Esteem Synergy Drainable	410808	CON
95099896	Esteem Synergy Drainable	410807	CON
95099894	Esteem Synergy Drainable	410809	CON
95099936	Esteem Synergy Drainable	405403	CON
95098652	Esteem Synergy Drainable	403997	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098653	Esteem Synergy Drainable	403995	CON
95099939	Esteem Synergy Drainable	405400	CON
95099937	Esteem Synergy Drainable	405402	CON
95099935	Esteem Synergy Drainable	405404	CON
95099933	Esteem Synergy Drainable	405406	CON
95098736	Esteem Synergy Invisiclose	410813	CON
95098734	Esteem Synergy Invisiclose	410815	CON
95098732	Esteem Synergy Invisiclose	413354	CON
95098737	Esteem Synergy Invisiclose	410812	CON
95098738	Esteem Synergy Invisiclose	410811	CON
95098733	Esteem Synergy Invisiclose	413353	CON
95098739	Esteem Synergy Invisiclose	410810	CON
95098735	Esteem Synergy Invisiclose	410814	CON
95098650	Esteem Synergy Urostomy	405447	CON
95098644	Esteem Synergy Urostomy	405448	CON
95098642	Esteem Synergy Urostomy	405450	CON
95098646	Esteem Synergy Urostomy	405452	CON
95098647	Esteem Synergy Urostomy	405451	CON
95098643	Esteem Synergy Urostomy	405449	CON
95098651	Esteem Synergy Urostomy	405446	CON
95098649	Esteem Synergy Urostomy	405454	CON
95098645	Esteem Synergy Urostomy	405453	CON
95097873	Flexima 3S Closed	931455NA	BBR
95097883	Flexima 3S Closed	931445NA	BBR
95097872	Flexima 3S Closed	931480NA	BBR
95097870	Flexima 3S Closed	931545NA	BBR
95097869	Flexima 3S Closed	931555NA	BBR
95097868	Flexima 3S Closed	931565NA	BBR
95097871	Flexima 3S Closed	931580NA	BBR
95097882	Flexima 3S Closed	931465NA	BBR
95097874	Flexima 3S Closed	931255NA	BBR
95097875	Flexima 3S Closed	931245NA	BBR
95097876	Flexima 3S Closed	931165NA	BBR
95097877	Flexima 3S Closed	931155NA	BBR
95097878	Flexima 3S Closed	931145NA	BBR
95097879	Flexima 3S Closed	931065NA	BBR
95097880	Flexima 3S Closed	931055NA	BBR
95097881	Flexima 3S Closed	931045NA	BBR
95097842	Flexima 3S HF	933180NA	BBR
95097843	Flexima 3S HF	933165NA	BBR
95097844	Flexima 3S HF	933155NA	BBR
95097845	Flexima 3S HF	933080NA	BBR
95097846	Flexima 3S HF	933065NA	BBR
95097847	Flexima 3S HF	933055NA	BBR
95097832	Flexima 3S Rollup	932580NA	BBR
95097833	Flexima 3S Rollup	932565NA	BBR
95097827	Flexima 3S Rollup	932555NA	BBR
95097834	Flexima 3S Rollup	932545NA	BBR

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097836	Flexima 3S Rollup	932480NA	BBR
95097839	Flexima 3S Rollup	932045NA	BBR
95097837	Flexima 3S Rollup	932455NA	BBR
95097840	Flexima 3S Rollup	932465NA	BBR
95097838	Flexima 3S Rollup	932055NA	BBR
95097828	Flexima 3S Rollup	932065NA	BBR
95097841	Flexima 3S Rollup	932145NA	BBR
95097831	Flexima 3S Rollup	932155NA	BBR
95097865	Flexima 3S Rollup	932165NA	BBR
95097835	Flexima 3S Rollup	932445NA	BBR
95097830	Flexima 3S Rollup	932255NA	BBR
95097829	Flexima 3S Rollup	932245NA	BBR
95097821	Flexima 3S URO	934165NA	BBR
95097822	Flexima 3S URO	934155NA	BBR
95097823	Flexima 3S URO	934145NA	BBR
95097826	Flexima 3S URO	934065NA	BBR
95097824	Flexima 3S URO	934055NA	BBR
95097825	Flexima 3S URO	934045NA	BBR
95098077	Natura + Drainable Pouch	416415	CON
95098053	Natura + Drainable Pouch	416413	CON
95098075	Natura + Drainable Pouch	416417	CON
95098074	Natura + Drainable Pouch	416420	CON
95098073	Natura + Drainable Pouch	416423	CON
95098072	Natura + Drainable Pouch	416418	CON
95098071	Natura + Drainable Pouch	416421	CON
95098070	Natura + Drainable Pouch	416424	CON
95098069	Natura + Drainable Pouch	416472	CON
95098068	Natura + Drainable Pouch	416419	CON
95098067	Natura + Drainable Pouch	416422	CON
95098066	Natura + Drainable Pouch	416400	CON
95098065	Natura + Drainable Pouch	416401	CON
95098064	Natura + Drainable Pouch	416402	CON
95098063	Natura + Drainable Pouch	416403	CON
95098062	Natura + Drainable Pouch	416404	CON
95098061	Natura + Drainable Pouch	416405	CON
95098060	Natura + Drainable Pouch	416406	CON
95098059	Natura + Drainable Pouch	416407	CON
95098058	Natura + Drainable Pouch	416408	CON
95098057	Natura + Drainable Pouch	416409	CON
95098056	Natura + Drainable Pouch	416410	CON
95098055	Natura + Drainable Pouch	416411	CON
95098054	Natura + Drainable Pouch	416412	CON
95098076	Natura + Drainable Pouch	416416	CON
95098529	New Image Closed	18333	HOL
95098528	New Image Closed	18334	HOL
95098626	New Image Closed	18363	HOL
95098624	New Image Closed	18372	HOL
95098622	New Image Closed	18374	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098530	New Image Closed	18332	HOL
95098627	New Image Closed	18362	HOL
95098625	New Image Closed	18364	HOL
95098623	New Image Closed	18373	HOL
95098526	New Image Closed Mini	18353	HOL
95098527	New Image Closed Mini	18352	HOL
95098525	New Image Closed Mini	18354	HOL
95098637	New Image Dr Lock'n Roll	18294	HOL
95098639	New Image Dr Lock'n Roll	18292	HOL
95098634	New Image Dr Lock'n Roll	18284	HOL
95098635	New Image Dr Lock'n Roll	18283	HOL
95098638	New Image Dr Lock'n Roll	18293	HOL
95098636	New Image Dr Lock'n Roll	18282	HOL
95099565	New Image Drainable	18203	HOL
95099562	New Image Drainable	18143	HOL
95098047	New Image Drainable	18013	HOL
95098048	New Image Drainable	18014	HOL
95099564	New Image Drainable	18204	HOL
95099566	New Image Drainable	18202	HOL
95099561	New Image Drainable	18144	HOL
95099563	New Image Drainable	18142	HOL
95099570	New Image Drainable	18124	HOL
95099571	New Image Drainable	18123	HOL
95099572	New Image Drainable	18122	HOL
95099567	New Image Drainable	18104	HOL
95099568	New Image Drainable	18103	HOL
95099569	New Image Drainable	18102	HOL
95099579	New Image Lock'n Roll	18134	HOL
95099578	New Image Lock'n Roll	18182	HOL
95099577	New Image Lock'n Roll	18183	HOL
95099576	New Image Lock'n Roll	18184	HOL
95099574	New Image Lock'n Roll	18193	HOL
95098629	New Image Lock'n Roll	18174	HOL
95099575	New Image Lock'n Roll	18192	HOL
95099573	New Image Lock'n Roll	18194	HOL
95098630	New Image Lock'n Roll	18173	HOL
95099580	New Image Lock'n Roll	18133	HOL
95099582	New Image Lock'n Roll	18114	HOL
95099581	New Image Lock'n Roll	18132	HOL
95099583	New Image Lock'n Roll	18113	HOL
95099584	New Image Lock'n Roll	18112	HOL
95098632	New Image Lock'n Roll	18004	HOL
95098633	New Image Lock'n Roll	18003	HOL
95098631	New Image Lock'n Roll	18006	HOL
95098616	New Image Mini	18394	HOL
95098617	New Image Mini	18393	HOL
95098618	New Image Mini	18392	HOL
95099560	New Image Urostomy	18412	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099559	New Image Urostomy	18413	HOL
95099555	New Image Urostomy	18404	HOL
95099556	New Image Urostomy	18403	HOL
95098615	New Image Urostomy	18422	HOL
95099557	New Image Urostomy	18402	HOL
95098614	New Image Urostomy	18423	HOL
95099558	New Image Urostomy	18414	HOL
95098555	Overnight Drainage Bag	9839	HOL
95098376	Sensura Closed	10918	COL
95098383	Sensura Closed	10156	COL
95098381	Sensura Closed	10165	COL
95098320	Sensura Closed	10904	COL
95098317	Sensura Closed	10915	COL
95098385	Sensura Closed	10154	COL
95098384	Sensura Closed	10155	COL
95098382	Sensura Closed	10164	COL
95098380	Sensura Closed	10166	COL
95098319	Sensura Closed	10905	COL
95098318	Sensura Closed	10914	COL
95098398	Sensura Easiclose	11114	COL
95098397	Sensura Easiclose	11115	COL
95098386	Sensura Easiclose	11186	COL
95098387	Sensura Easiclose	11185	COL
95098391	Sensura Easiclose	11136	COL
95098392	Sensura Easiclose	11135	COL
95098395	Sensura Easiclose	11124	COL
95098394	Sensura Easiclose	11125	COL
95098393	Sensura Easiclose	11126	COL
95098390	Sensura Easiclose	11194	COL
95098389	Sensura Easiclose	11195	COL
95098388	Sensura Easiclose	11196	COL
95098359	Sensura Flex Dr Pouch	11515	COL
95098360	Sensura Flex Dr Pouch	11514	COL
95098356	Sensura Flex Dr Pouch	11615	COL
95098358	Sensura Flex Dr Pouch	11518	COL
95098361	Sensura Flex Dr Pouch	11505	COL
95097649	Sensura Mio Click Drainable Pouch	11486	COL
95097647	Sensura Mio Click Drainable Pouch	11487	COL
95097646	Sensura Mio Click Drainable Pouch	11491	COL
95097645	Sensura Mio Click Drainable Pouch	11492	COL
95097644	Sensura Mio Click Drainable Pouch	11496	COL
95097643	Sensura Mio Click Drainable Pouch	11497	COL
95097642	Sensura Mio Click Drainable Pouch	11498	COL
95097552	Sensura Mio Click Drainable Pouch	11499	COL
95097553	Sensura Mio Click Drainable Pouch	11500	COL
95097569	Sensura Mio Click High Output Pouch	18640	COL
95097568	Sensura Mio Click High Output Pouch	18642	COL
95097570	Sensura Mio Click High Output Pouch	18641	COL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097609	Sensura Mio Click High Output Pouch	18630	COL
95097572	Sensura Mio Click High Output Pouch	18631	COL
95097571	Sensura Mio Click High Output Pouch	18632	COL
95097994	Sensura Mio Click Maxi	11463	COL
95097992	Sensura Mio Click Maxi	11472	COL
95097991	Sensura Mio Click Maxi	11473	COL
95097990	Sensura Mio Click Maxi	11474	COL
95097989	Sensura Mio Click Maxi	11482	COL
95097995	Sensura Mio Click Maxi	11462	COL
95097949	Sensura Mio Click Maxi	11484	COL
95097988	Sensura Mio Click Maxi	11483	COL
95097993	Sensura Mio Click Midi	11471	COL
95097996	Sensura Mio Click Midi	11461	COL
95097998	Sensura Mio Closed	12222	COL
95097997	Sensura Mio Closed	12213	COL
95097999	Sensura Mio Closed	12212	COL
95098007	Sensura Mio Closed	11401	COL
95098006	Sensura Mio Closed	11402	COL
95098000	Sensura Mio Closed	12202	COL
95098001	Sensura Mio Closed	12201	COL
95098003	Sensura Mio Closed	11422	COL
95097948	Sensura Mio Closed	11421	COL
95098004	Sensura Mio Closed	11413	COL
95098005	Sensura Mio Closed	11412	COL
95097977	Sensura Mio Flex Maxi	12284	COL
95097979	Sensura Mio Flex Maxi	12274	COL
95097983	Sensura Mio Flex Maxi	12262	COL
95097978	Sensura Mio Flex Maxi	12282	COL
95097981	Sensura Mio Flex Midi	12271	COL
95097615	Sensura Mio Flex Pouch	12291	COL
95097618	Sensura Mio Flex Pouch	12298	COL
95097616	Sensura Mio Flex Pouch	12297	COL
95097617	Sensura Mio Flex Pouch	12292	COL
95098310	Sensura Urostomy Pouch	11822	COL
95098308	Sensura Urostomy Pouch	11825	COL
95098306	Sensura Urostomy Pouch	11828	COL
95098311	Sensura Urostomy Pouch	11821	COL
95098307	Sensura Urostomy Pouch	11827	COL
95098309	Sensura Urostomy Pouch	11824	COL
95099807	Sur-Fit AutoLock Accuseal	401452	CON
95099805	Sur-Fit AutoLock Accuseal	401460	CON
95099803	Sur-Fit AutoLock Accuseal	401462	CON
95099800	Sur-Fit AutoLock Accuseal	401465	CON
95099806	Sur-Fit AutoLock Accuseal	401453	CON
95099804	Sur-Fit AutoLock Accuseal	401461	CON
95099802	Sur-Fit AutoLock Accuseal	401463	CON
95099801	Sur-Fit AutoLock Accuseal	401464	CON
95099789	Sur-Fit AutoLock Closed	401679	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099788	Sur-Fit AutoLock Closed	401680	CON
95099791	Sur-Fit AutoLock Closed	401677	CON
95099790	Sur-Fit AutoLock Closed	401678	CON
95099816	Sur-Fit AutoLock Drainable	401434	CON
95099814	Sur-Fit AutoLock Drainable	401436	CON
95099812	Sur-Fit AutoLock Drainable	401439	CON
95099809	Sur-Fit AutoLock Drainable	401442	CON
95099808	Sur-Fit AutoLock Drainable	401443	CON
95099813	Sur-Fit AutoLock Drainable	401437	CON
95099811	Sur-Fit AutoLock Drainable	401440	CON
95099810	Sur-Fit AutoLock Drainable	401441	CON
95099815	Sur-Fit AutoLock Drainable	401435	CON
95099723	Sur-Fit Natura Accuseal	401542	CON
95099721	Sur-Fit Natura Accuseal	401544	CON
95099710	Sur-Fit Natura Accuseal	401555	CON
95099711	Sur-Fit Natura Accuseal	401554	CON
95099713	Sur-Fit Natura Accuseal	401552	CON
95099715	Sur-Fit Natura Accuseal	401550	CON
95099717	Sur-Fit Natura Accuseal	401548	CON
95099718	Sur-Fit Natura Accuseal	401547	CON
95099720	Sur-Fit Natura Accuseal	401545	CON
95099722	Sur-Fit Natura Accuseal	401543	CON
95099719	Sur-Fit Natura Accuseal	401546	CON
95099716	Sur-Fit Natura Accuseal	401549	CON
95099714	Sur-Fit Natura Accuseal	401551	CON
95099712	Sur-Fit Natura Accuseal	401553	CON
95099727	Sur-Fit Natura Bendable	401538	CON
95099728	Sur-Fit Natura Bendable	401537	CON
95099730	Sur-Fit Natura Bendable	401535	CON
95099732	Sur-Fit Natura Bendable	401533	CON
95099724	Sur-Fit Natura Bendable	401541	CON
95099731	Sur-Fit Natura Bendable	401534	CON
95099725	Sur-Fit Natura Bendable	401540	CON
95099726	Sur-Fit Natura Bendable	401539	CON
95099729	Sur-Fit Natura Bendable	401536	CON
95099738	Sur-Fit Natura Closed	401527	CON
95099737	Sur-Fit Natura Closed	401528	CON
95099744	Sur-Fit Natura Closed	401521	CON
95099743	Sur-Fit Natura Closed	401522	CON
95099742	Sur-Fit Natura Closed	401523	CON
95099741	Sur-Fit Natura Closed	401524	CON
95099740	Sur-Fit Natura Closed	401525	CON
95099739	Sur-Fit Natura Closed	401526	CON
95099760	Sur-Fit Natura Drainable	401500	CON
95099686	Sur-Fit Natura Drainable	404017	CON
95099756	Sur-Fit Natura Drainable	401504	CON
95099754	Sur-Fit Natura Drainable	401506	CON
95099753	Sur-Fit Natura Drainable	401507	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099751	Sur-Fit Natura Drainable	401509	CON
95099749	Sur-Fit Natura Drainable	401511	CON
95099747	Sur-Fit Natura Drainable	401513	CON
95099745	Sur-Fit Natura Drainable	401515	CON
95099689	Sur-Fit Natura Drainable	404014	CON
95099687	Sur-Fit Natura Drainable	404016	CON
95099685	Sur-Fit Natura Drainable	404018	CON
95098758	Sur-Fit Natura Drainable	404026	CON
95098756	Sur-Fit Natura Drainable	404028	CON
95098755	Sur-Fit Natura Drainable	404029	CON
95098753	Sur-Fit Natura Drainable	404031	CON
95098751	Sur-Fit Natura Drainable	404033	CON
95098696	Sur-Fit Natura Drainable	411263	CON
95098695	Sur-Fit Natura Drainable	411264	CON
95098693	Sur-Fit Natura Drainable	411266	CON
95098686	Sur-Fit Natura Drainable	411288	CON
95098684	Sur-Fit Natura Drainable	411290	CON
95098682	Sur-Fit Natura Drainable	411292	CON
95098691	Sur-Fit Natura Drainable	411489	CON
95098689	Sur-Fit Natura Drainable	411491	CON
95098687	Sur-Fit Natura Drainable	411493	CON
95098759	Sur-Fit Natura Drainable	404025	CON
95098757	Sur-Fit Natura Drainable	404027	CON
95098754	Sur-Fit Natura Drainable	404030	CON
95098752	Sur-Fit Natura Drainable	404032	CON
95098750	Sur-Fit Natura Drainable	404034	CON
95098694	Sur-Fit Natura Drainable	411265	CON
95098692	Sur-Fit Natura Drainable	411267	CON
95098685	Sur-Fit Natura Drainable	411289	CON
95098683	Sur-Fit Natura Drainable	411291	CON
95098690	Sur-Fit Natura Drainable	411490	CON
95098688	Sur-Fit Natura Drainable	411492	CON
95099759	Sur-Fit Natura Drainable	401501	CON
95099757	Sur-Fit Natura Drainable	401503	CON
95099755	Sur-Fit Natura Drainable	401505	CON
95099752	Sur-Fit Natura Drainable	401508	CON
95099750	Sur-Fit Natura Drainable	401510	CON
95099748	Sur-Fit Natura Drainable	401512	CON
95099746	Sur-Fit Natura Drainable	401514	CON
95099688	Sur-Fit Natura Drainable	404015	CON
95099758	Sur-Fit Natura Drainable	401502	CON
95099698	Sur-Fit Natura Flange Cap	401908	CON
95099697	Sur-Fit Natura Flange Cap	401909	CON
95099696	Sur-Fit Natura Flange Cap	401910	CON
95098538	Sur-Fit Natura Invisiclose	411310	CON
95098745	Sur-Fit Natura Invisiclose	413336	CON
95098535	Sur-Fit Natura Invisiclose	411360	CON
95098533	Sur-Fit Natura Invisiclose	411362	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098742	Sur-Fit Natura Invisiclose	413312	CON
95098741	Sur-Fit Natura Invisiclose	413313	CON
95098740	Sur-Fit Natura Invisiclose	413314	CON
95098749	Sur-Fit Natura Invisiclose	413332	CON
95098748	Sur-Fit Natura Invisiclose	413333	CON
95098747	Sur-Fit Natura Invisiclose	413334	CON
95098539	Sur-Fit Natura Invisiclose	411309	CON
95098537	Sur-Fit Natura Invisiclose	411311	CON
95098534	Sur-Fit Natura Invisiclose	411361	CON
95098743	Sur-Fit Natura Invisiclose	413311	CON
95098746	Sur-Fit Natura Invisiclose	413335	CON
95098536	Sur-Fit Natura Invisiclose	411312	CON
95099854	Sur-Fit Natura Little Ones	401927	CON
95099851	Sur-Fit Natura Little Ones	401930	CON
95099852	Sur-Fit Natura Little Ones	401929	CON
95099853	Sur-Fit Natura Little Ones	401928	CON
95099736	Sur-Fit Natura Mini	401529	CON
95099733	Sur-Fit Natura Mini	401532	CON
95099734	Sur-Fit Natura Mini	401531	CON
95099735	Sur-Fit Natura Mini	401530	CON

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099150	Adapt Barrier Strips	79400	HOL
95099149	Adapt Convex Barrier Rings	79520	HOL
95098051	Adapt Convex Barrier Rings	79602	HOL
95099148	Adapt Convex Barrier Rings	79530	HOL
95099147	Adapt Convex Barrier Rings	79540	HOL
95098049	Adapt Convex Barrier Rings	79601	HOL
95098050	Adapt Convex Barrier Rings	79603	HOL
95098052	Adapt Paste	79301	HOL
95099151	Adapt Paste	79300	HOL
95097688	Adapt Skin Barrier Rings	8805	HOL
95099145	Adapt Skin Barrier Rings	7806	HOL
95099146	Adapt Skin Barrier Rings	7805	HOL
95097687	Adapt Slim Barrier Ring	8815	HOL
95097894	Adapt Slim Barrier Ring	7815	HOL
95099870	Allkare Protective Barrier Wipe	37439	CON
95099871	Allkare Protective Barrier Wipe	37444	CON
95097635	Brava Elastic Barrier Strips - Y-shape	12072	COL
95097636	Brava Elastic Barrier Strips -Straight	12074	COL
95097630	Brava Elastic Barrier Strips-Original	12070	COL
95097564	Brava Elastic Tape XL	12076	COL
95097648	Brava Ostomy Powder	1907	COL
95097629	Brava Protective Ring	12035	COL
95097627	Brava Protective Ring	12037	COL
95097626	Brava Protective Ring	12047	COL
95097624	Brava Protective Ring	12049	COL
95097628	Brava Protective Ring	12045	COL

Ostomy Supplies Benefit List

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097625	Brava Protective Ring	12039	COL
95097632	Brava Skin Barrier Spray 50mL	12020	COL
95097631	Brava Skin Barrier Wipe	12021	COL
95097623	Brava Tube Paste (Alcohol-free)	12050	COL
95097913	CeraPlus Skin Barrier	11505	HOL
95097914	CeraPlus Skin Barrier	11506	HOL
95097912	CeraPlus Skin Barrier	11504	HOL
95097911	CeraPlus Skin Barrier	11503	HOL
95097910	CeraPlus Skin Barrier	11404	HOL
95097909	CeraPlus Skin Barrier	11403	HOL
95097908	CeraPlus Skin Barrier	11402	HOL
95097907	CeraPlus Skin Barrier	11204	HOL
95097906	CeraPlus Skin Barrier	11203	HOL
95097905	CeraPlus Skin Barrier	11202	HOL
95097667	CeraPlus Skin Barrier	15102	HOL
95097666	CeraPlus Skin Barrier	15103	HOL
95097674	CeraPlus Skin Barrier	15304	HOL
95097665	CeraPlus Skin Barrier	15104	HOL
95097676	CeraPlus Skin Barrier	15302	HOL
95097675	CeraPlus Skin Barrier	15303	HOL
95098876	Coloplast Ostomy Paste	2650	COL
95098875	Coloplast Ostomy Strip Paste	2655	COL
95098866	Coloplast Prep Barrier	925	COL
95098867	Coloplast Prep Barrier Wipe	2041	COL
95098878	Coloplast Skin Barrier	3215	COL
95098879	Coloplast Skin Barrier	3210	COL
95098877	Coloplast Skin Barrier	3220	COL
95098868	Coloplast Skin Barrier Rings	2350	COL
95098872	Coloplast Skin Barrier Rings	2320	COL
95098871	Coloplast Skin Barrier Rings	2325	COL
95098869	Coloplast Skin Barrier Rings	2340	COL
95098870	Coloplast Skin Barrier Rings	2330	COL
95097594	Eakin Ccohesive Paste	839010	CON
95099860	Eakin Cohesive Seals	839002	CON
95099861	Eakin Cohesive Seals	839001	CON
95098352	Eakin Cohesive Seals - Slim	839005	CON
95099858	Eakin Cohesive Skin Barrier	839004	CON
95099859	Eakin Cohesive Skin Barrier	839003	CON
95097593	Eakin StomaWrap	839006	CON
95099156	Flexextend Ext Wear Skin Barrier	8801	HOL
95099157	Flexextend Ext Wear Skin Barrier	8800	HOL
95098266	FormaFlex Shape-to-Fit Skin Barrier	14104	HOL
95098268	FormaFlex Shape-to-Fit Skin Barrier	14102	HOL
95098267	FormaFlex Shape-to-Fit Skin Barrier	14103	HOL
95099153	Hollihesive Skin Barrier	7700	HOL
95099152	Hollihesive Skin Barrier	7701	HOL
95099132	Medical Adhesive	7730	HOL
95098252	Mouldable Rings (3.0mm)	12030	COL

Ostomy Supplies Benefit List

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098251	Mouldable Rings (4.2mm)	12042	COL
95098041	Night Drainage Bag	ZL0400	ARG
95098040	Night Drainage Bag Adapter	NDA6	ARG
95099142	Premium Powder	7906	HOL
95099154	Premium Skin Barrier	7801	HOL
95099155	Premium Skin Barrier	7800	HOL
95098036	Protective Wipes	PW1010	ARG
95098037	Protective Wipes	PW1515	ARG
95098233	SecuPlast Hydro Stips Aloe	SPHA2	ARG
95098234	SecuPlast Hydro Strips	SPH1	ARG
95098235	SecuPlast Mouldable Seals	SMST	ARG
95098237	SecuPlast Mouldable Seals	SMSL	ARG
95098236	SecuPlast Mouldable Seals	SMSS	ARG
95097939	Sensi-Care Protective Barrier Wipe	413501	CON
95097589	Sillesse Barrier Spray	420790	CON
95097590	Sillesse Skin Barrier Wipe	420789	CON
95099134	Skin Gel Protective Wipes	7917	HOL
93299587	Skin-Prep Protective Barrier	420279	SNE
93299586	Skin-Prep Protective Barrier	420425	SNE
95098127	Stoma Paste	SP60	ARG
95099864	Stomahesive Paste Tube	183910	CON
95099880	Stomahesive Protective Pwr	25510	CON
95099878	Stomahesive Skin Barrier	21715	CON
95099879	Stomahesive Skin Barrier	21712	CON
95099868	Urihesive Strips	173929	CON

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099116	Assura E-E Wear	2833	COL
95099104	Assura E-E Wear	14233	COL
95098544	Assura E-E Wear	14298	COL
95098545	Assura E-E Wear	14297	COL
95098546	Assura E-E Wear	14296	COL
95098547	Assura E-E Wear	14295	COL
95098548	Assura E-E Wear	14294	COL
95098549	Assura E-E Wear	14293	COL
95098550	Assura E-E Wear	14292	COL
95098551	Assura E-E Wear	14291	COL
95098553	Assura E-E Wear	14282	COL
95099106	Assura E-E Wear	14258	COL
95099107	Assura E-E Wear	14257	COL
95099109	Assura E-E Wear	14254	COL
95099111	Assura E-E Wear	14251	COL
95099114	Assura E-E Wear	14246	COL
95099098	Assura E-E Wear	14239	COL
95099099	Assura E-E Wear	14238	COL
95099101	Assura E-E Wear	14236	COL
95099103	Assura E-E Wear	14234	COL
95099105	Assura E-E Wear	14232	COL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099117	Assura E-E Wear	2832	COL
95099118	Assura E-E Wear	2831	COL
95098552	Assura E-E Wear	14283	COL
95098554	Assura E-E Wear	14281	COL
95099108	Assura E-E Wear	14255	COL
95099110	Assura E-E Wear	14252	COL
95099113	Assura E-E Wear	14249	COL
95099115	Assura E-E Wear	14243	COL
95099100	Assura E-E Wear	14237	COL
95099102	Assura E-E Wear	14235	COL
95098888	Assura Pediatric	2181	COL
95099083	Assura Std Wear	12848	COL
95099084	Assura Std Wear	12847	COL
95099086	Assura Std Wear	12844	COL
95099088	Assura Std Wear	12841	COL
95099094	Assura Std Wear	12716	COL
95099066	Assura Std Wear	14278	COL
95099068	Assura Std Wear	14276	COL
95099069	Assura Std Wear	14275	COL
95099071	Assura Std Wear	14273	COL
95099067	Assura Std Wear	14277	COL
95099070	Assura Std Wear	14274	COL
95099072	Assura Std Wear	14272	COL
95099090	Assura Std Wear	14263	COL
95099073	Assura Std Wear	14271	COL
95099085	Assura Std Wear	12845	COL
95099087	Assura Std Wear	12842	COL
95099093	Assura Std Wear	12719	COL
95099074	Assura Std Wear	12709	COL
95099077	Assura Std Wear	12706	COL
95099079	Assura Std Wear	12704	COL
95099081	Assura Std Wear	12702	COL
95099075	Assura Std Wear	12708	COL
95099076	Assura Std Wear	12707	COL
95099078	Assura Std Wear	12705	COL
95099080	Assura Std Wear	12703	COL
95099082	Assura Std Wear	12701	COL
95099095	Assura Std Wear	2883	COL
95099096	Assura Std Wear	2882	COL
95099097	Assura Std Wear	2881	COL
95099091	Assura Std Wear	14262	COL
95099092	Assura Std Wear	14261	COL
95099534	CenterPointLock Floating	3702	HOL
95099532	CenterPointLock Floating	3704	HOL
95099539	CenterPointLock Floating	3722	HOL
95099537	CenterPointLock Floating	3724	HOL
95099540	CenterPointLock Floating	3727	HOL
95099524	CenterPointLock Floating	3731	HOL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099521	CenterPointLock Floating	3734	HOL
95099519	CenterPointLock Floating	3736	HOL
95099517	CenterPointLock Floating	3738	HOL
95099529	CenterPointLock Floating	3742	HOL
95099528	CenterPointLock Floating	3748	HOL
95099544	CenterPointLock Floating	3762	HOL
95099533	CenterPointLock Floating	3703	HOL
95099531	CenterPointLock Floating	3706	HOL
95099535	CenterPointLock Floating	3707	HOL
95099538	CenterPointLock Floating	3723	HOL
95099536	CenterPointLock Floating	3726	HOL
95099525	CenterPointLock Floating	3730	HOL
95099523	CenterPointLock Floating	3732	HOL
95099522	CenterPointLock Floating	3733	HOL
95099520	CenterPointLock Floating	3735	HOL
95099518	CenterPointLock Floating	3737	HOL
95099516	CenterPointLock Floating	3739	HOL
95099527	CenterPointLock Floating	3743	HOL
95099530	CenterPointLock Floating	3747	HOL
95099526	CenterPointLock Floating	3749	HOL
95099543	CenterPointLock Floating	3763	HOL
95099542	CenterPointLock Floating	3764	HOL
95099541	CenterPointLock Floating	3766	HOL
95099545	CenterPointLock Floating	3767	HOL
95099515	CenterPointLock Floating	37310	HOL
95099514	CenterPointLock Floating	37311	HOL
95099488	CenterPointLock Premier Flex	8732	HOL
95099491	CenterPointLock Premier Flex	8778	HOL
95099483	CenterPointLock Premier Flex	8737	HOL
95099509	CenterPointLock Premier Flex	8743	HOL
95099506	CenterPointLock Premier Flex	8746	HOL
95099504	CenterPointLock Premier Flex	8748	HOL
95099501	CenterPointLock Premier Flex	8753	HOL
95099490	CenterPointLock Premier Flex	87711	HOL
95099512	CenterPointLock Premier Flex	8722	HOL
95099511	CenterPointLock Premier Flex	8723	HOL
95099510	CenterPointLock Premier Flex	8724	HOL
95099513	CenterPointLock Premier Flex	8727	HOL
95099489	CenterPointLock Premier Flex	8731	HOL
95099487	CenterPointLock Premier Flex	8733	HOL
95099486	CenterPointLock Premier Flex	8734	HOL
95099484	CenterPointLock Premier Flex	8736	HOL
95099482	CenterPointLock Premier Flex	8738	HOL
95099508	CenterPointLock Premier Flex	8744	HOL
95099507	CenterPointLock Premier Flex	8745	HOL
95099505	CenterPointLock Premier Flex	8747	HOL
95099502	CenterPointLock Premier Flex	8752	HOL
95099500	CenterPointLock Premier Flex	8754	HOL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099492	CenterPointLock Premier Flex	8774	HOL
95099485	CenterPointLock Premier Flex	8735	HOL
95098836	Easiflex E-E Wear	14302	COL
95098977	Easiflex E-E Wear	14304	COL
95098839	Easiflex E-E Wear	14305	COL
95098835	Easiflex E-E Wear	14303	COL
95098837	Easiflex E-E Wear	14301	COL
95098838	Easiflex E-E Wear	14306	COL
95098543	Easiflex Std Wear	14309	COL
95098477	Easiflex Std Wear	14402	COL
95098466	Easiflex Std Wear	14406	COL
95098467	Easiflex Std Wear	14403	COL
95098468	Easiflex Std Wear	14401	COL
95099905	Esteem Synergy Dura Mold	409269	CON
95099904	Esteem Synergy Dura Mold	409270	CON
95099906	Esteem Synergy Dura Mold	409268	CON
95099912	Esteem Synergy Stomahesive	405477	CON
95099910	Esteem Synergy Stomahesive	405479	CON
95099908	Esteem Synergy Stomahesive	405481	CON
95099924	Esteem Synergy Stomahesive	405456	CON
95099923	Esteem Synergy Stomahesive	405457	CON
95099921	Esteem Synergy Stomahesive	405467	CON
95099917	Esteem Synergy Stomahesive	405472	CON
95099915	Esteem Synergy Stomahesive	405474	CON
95099913	Esteem Synergy Stomahesive	405476	CON
95099907	Esteem Synergy Stomahesive	405482	CON
95099909	Esteem Synergy Stomahesive	405480	CON
95099911	Esteem Synergy Stomahesive	405478	CON
95099914	Esteem Synergy Stomahesive	405475	CON
95099916	Esteem Synergy Stomahesive	405473	CON
95099920	Esteem Synergy Stomahesive	405468	CON
95099918	Esteem Synergy Stomahesive	405483	CON
95099919	Esteem Synergy Stomahesive	403948	CON
95099922	Esteem Synergy Stomahesive	405458	CON
95098269	First Choice Drainable	8131	HOL
95097866	Flexima 3S BP CX	937415NA	BBR
95097867	Flexima 3S BP CX	937420NA	BBR
95097864	Flexima 3S BP CX	937425NA	BBR
95097863	Flexima 3S BP CX	937515NA	BBR
95097862	Flexima 3S BP CX	937530NA	BBR
95097861	Flexima 3S BP CX	937535NA	BBR
95097860	Flexima 3S BP CX	937615NA	BBR
95097859	Flexima 3S BP CX	937640NA	BBR
95097858	Flexima 3S BP CX	937645NA	BBR
95097890	Flexima 3S BP Flat	936425NA	BBR
95097891	Flexima 3S BP Flat	936420NA	BBR
95097885	Flexima 3S BP Flat	936815NA	BBR
95097892	Flexima 3S BP Flat	936645NA	BBR

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097884	Flexima 3S BP Flat	936415NA	BBR
95097886	Flexima 3S BP Flat	936540NA	BBR
95097887	Flexima 3S BP Flat	936535NA	BBR
95097888	Flexima 3S BP Flat	936515NA	BBR
95097889	Flexima 3S BP Flat	936430NA	BBR
95097893	Flexima 3S BP Flat	936615NA	BBR
95097854	Flexima 3S BP Tape Border	938420NA	BBR
95097855	Flexima 3S BP Tape Border	938415NA	BBR
95097848	Flexima 3S BP Tape Border	938815NA	BBR
95097856	Flexima 3S BP Tape Border	938645NA	BBR
95097857	Flexima 3S BP Tape Border	938615NA	BBR
95097851	Flexima 3S BP Tape Border	938540NA	BBR
95097849	Flexima 3S BP Tape Border	938535NA	BBR
95097850	Flexima 3S BP Tape Border	938515NA	BBR
95097853	Flexima 3S BP Tape Border	938425NA	BBR
95097852	Flexima 3S BP Tape Border	938430NA	BBR
95098130	Harmony Duo	HD1332	ARG
95098129	Harmony Duo	HD1350	ARG
95098128	Harmony Duo	HD1370	ARG
95098131	Harmony Duo Flexible	HDF1370	ARG
95098132	Harmony Duo Flexible	HDF1350	ARG
95098133	Harmony Duo Flexible	HDF1332	ARG
95098162	Harmony Duo Flexible w Aloe	FHDF32	ARG
95098165	Harmony Duo Flexible w Aloe	FHDF21	ARG
95098160	Harmony Duo Flexible w Aloe	FHDF38	ARG
95098161	Harmony Duo Flexible w Aloe	FHDF35	ARG
95098163	Harmony Duo Flexible w Aloe	FHDF28	ARG
95098164	Harmony Duo Flexible w Aloe	FHDF25	ARG
95098166	Harmony Duo Flexible w Aloe	FHDF1370	ARG
95098167	Harmony Duo Flexible w Aloe	FHDF1350	ARG
95098168	Harmony Duo Flexible w Aloe	FHDF1332	ARG
95098134	Harmony Duo Pouch	HDD1370	ARG
95098144	Harmony Duo Pouch	HDDL1332	ARG
95098135	Harmony Duo Pouch	HDD1350	ARG
95098136	Harmony Duo Pouch	HDD1332	ARG
95098148	Harmony Duo Pouch	HDCL1370	ARG
95098149	Harmony Duo Pouch	HDCL1350	ARG
95098150	Harmony Duo Pouch	HDCL1332	ARG
95098145	Harmony Duo Pouch	HDC1370	ARG
95098146	Harmony Duo Pouch	HDC1350	ARG
95098147	Harmony Duo Pouch	HDC1332	ARG
95098143	Harmony Duo Pouch	HDDL1350	ARG
95098142	Harmony Duo Pouch	HDDL1370	ARG
95098141	Harmony Duo Pouch	HDDLT1350	ARG
95098137	Harmony Duo Pouch	HDDS1370	ARG
95098140	Harmony Duo Pouch	HDDLT1370	ARG
95098139	Harmony Duo Pouch	HDDLT1332	ARG
95098138	Harmony Duo Pouch	HDDS1350	ARG

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098159	Harmony Duo w Aloe	FHD1332	ARG
95098155	Harmony Duo w Aloe	FHD25	ARG
95098154	Harmony Duo w Aloe	FHD28	ARG
95098153	Harmony Duo w Aloe	FHD32	ARG
95098156	Harmony Duo w Aloe	FHD21	ARG
95098151	Harmony Duo w Aloe	FHD38	ARG
95098157	Harmony Duo w Aloe	FHD1370	ARG
95098158	Harmony Duo w Aloe	FHD1350	ARG
95098152	Harmony Duo w Aloe	FHD35	ARG
95097596	Natura Durahesive	421462	CON
95097598	Natura Durahesive	421458	CON
95097602	Natura Durahesive	421643	CON
95097605	Natura Durahesive	421642	CON
95097603	Natura Durahesive	421641	CON
95097600	Natura Durahesive	421640	CON
95097604	Natura Durahesive	421639	CON
95097606	Natura Durahesive	421638	CON
95097599	Natura Durahesive	421454	CON
95097597	Natura Stomahesive	421464	CON
95097595	Natura Stomahesive	421460	CON
95097607	Natura Stomahesive	421456	CON
95098520	New Image Floating	14907	HOL
95098516	New Image Floating	14911	HOL
95098519	New Image Floating	14908	HOL
95098521	New Image Floating	14902	HOL
95098517	New Image Floating	14910	HOL
95098518	New Image Floating	14909	HOL
95098522	New Image Floating	14901	HOL
95098727	New Image Flat w Tape	14305	HOL
95098721	New Image Flat w Tape	14703	HOL
95098725	New Image Flat w Tape	14307	HOL
95098532	New Image Flat w Tape	14309	HOL
95098724	New Image Flat w Tape	14308	HOL
95098720	New Image Flat w Tape	14704	HOL
95098728	New Image Flat w Tape	14304	HOL
95098719	New Image Flat w Tape	14705	HOL
95098717	New Image Flat w Tape	14707	HOL
95098716	New Image Flat w Tape	14708	HOL
95098531	New Image Flat w Tape	14709	HOL
95098718	New Image Flat w Tape	14706	HOL
95098729	New Image Flat w Tape	14303	HOL
95098731	New Image Flat w Tape	14301	HOL
95098723	New Image Flat w Tape	14701	HOL
95098722	New Image Flat w Tape	14702	HOL
95098726	New Image Flat w Tape	14306	HOL
95098710	New Image Flat w/o Tape	16406	HOL
95098712	New Image Flat w/o Tape	16404	HOL
95098714	New Image Flat w/o Tape	16402	HOL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098700	New Image Flat w/o Tape	16108	HOL
95098702	New Image Flat w/o Tape	16106	HOL
95098703	New Image Flat w/o Tape	16105	HOL
95098705	New Image Flat w/o Tape	16103	HOL
95098707	New Image Flat w/o Tape	16101	HOL
95098704	New Image Flat w/o Tape	16104	HOL
95098706	New Image Flat w/o Tape	16102	HOL
95098709	New Image Flat w/o Tape	16407	HOL
95098711	New Image Flat w/o Tape	16405	HOL
95098713	New Image Flat w/o Tape	16403	HOL
95098715	New Image Flat w/o Tape	16401	HOL
95098701	New Image Flat w/o Tape	16107	HOL
95098708	New Image Flat w/o Tape	16408	HOL
95099603	New Image Floating	14804	HOL
95099602	New Image Floating	14903	HOL
95099600	New Image Floating	14905	HOL
95099640	New Image Floating	15202	HOL
95099638	New Image Floating	15204	HOL
95099597	New Image Floating	15403	HOL
95099596	New Image Floating	15404	HOL
95099594	New Image Floating	15504	HOL
95099592	New Image Floating	15506	HOL
95099637	New Image Floating	15602	HOL
95099636	New Image Floating	15603	HOL
95099635	New Image Floating	15604	HOL
95099591	New Image Floating	15802	HOL
95099590	New Image Floating	15803	HOL
95099589	New Image Floating	15804	HOL
95099588	New Image Floating	15903	HOL
95099587	New Image Floating	15904	HOL
95099586	New Image Floating	15905	HOL
95099585	New Image Floating	15906	HOL
95099645	New Image Floating	14203	HOL
95099612	New Image Floating	14402	HOL
95099610	New Image Floating	14404	HOL
95099607	New Image Floating	14505	HOL
95099643	New Image Floating	14602	HOL
95099641	New Image Floating	14604	HOL
95099604	New Image Floating	14803	HOL
95099601	New Image Floating	14904	HOL
95099599	New Image Floating	14906	HOL
95099639	New Image Floating	15203	HOL
95099598	New Image Floating	15402	HOL
95099595	New Image Floating	15503	HOL
95099593	New Image Floating	15505	HOL
95099646	New Image Floating	14202	HOL
95099644	New Image Floating	14204	HOL
95099611	New Image Floating	14403	HOL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099609	New Image Floating	14503	HOL
95099608	New Image Floating	14504	HOL
95099606	New Image Floating	14506	HOL
95099642	New Image Floating	14603	HOL
95099605	New Image Floating	14802	HOL
95098333	Sensura Flex Skin	10101	COL
95098363	Sensura Flex Skin	11316	COL
95098327	Sensura Flex Skin	10108	COL
95098325	Sensura Flex Skin	10113	COL
95098323	Sensura Flex Skin	10116	COL
95098283	Sensura Flex Skin	11301	COL
95098282	Sensura Flex Skin	11302	COL
95098277	Sensura Flex Skin	11307	COL
95098274	Sensura Flex Skin	11313	COL
95098272	Sensura Flex Skin	11315	COL
95098377	Sensura Flex Skin	10103	COL
95098326	Sensura Flex Skin	10111	COL
95098324	Sensura Flex Skin	10114	COL
95098322	Sensura Flex Skin	10117	COL
95098281	Sensura Flex Skin	11303	COL
95098275	Sensura Flex Skin	11312	COL
95098273	Sensura Flex Skin	11314	COL
95098332	Sensura Flex Skin	10102	COL
95097724	Sensura Mio Click	16941	COL
95097725	Sensura Mio Click	16931	COL
95097722	Sensura Mio Click	16951	COL
95097721	Sensura Mio Click	16954	COL
95097720	Sensura Mio Click	16955	COL
95097719	Sensura Mio Click	16961	COL
95097718	Sensura Mio Click	16971	COL
95097976	Sensura Mio Click	10502	COL
95097975	Sensura Mio Click	10503	COL
95097974	Sensura Mio Click	10504	COL
95097973	Sensura Mio Click	10512	COL
95097972	Sensura Mio Click	10513	COL
95097971	Sensura Mio Click	10515	COL
95097970	Sensura Mio Click	10522	COL
95097969	Sensura Mio Click	10531	COL
95097723	Sensura Mio Click	16942	COL
95097726	Sensura Mio Click	16924	COL
95097780	Sensura Mio Click	16923	COL
95097727	Sensura Mio Click	16921	COL
95097730	Sensura Mio Click	16915	COL
95097731	Sensura Mio Click	16914	COL
95097745	Sensura Mio Click	16911	COL
95097746	Sensura Mio Click	16903	COL
95097744	Sensura Mio Click	16901	COL
95097785	Sensura Mio Flex	16483	COL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097968	Sensura Mio Flex	10551	COL
95097779	Sensura Mio Flex	16486	COL
95097778	Sensura Mio Flex	16487	COL
95097782	Sensura Mio Flex	16488	COL
95097781	Sensura Mio Flex	16491	COL
95097786	Sensura Mio Flex	16481	COL
95097784	Sensura Mio Flex	16472	COL
95097787	Sensura Mio Flex	16471	COL
95097962	Sensura Mio Flex	10571	COL
95097963	Sensura Mio Flex	10564	COL
95097964	Sensura Mio Flex	10563	COL
95097965	Sensura Mio Flex	10562	COL
95097967	Sensura Mio Flex	10561	COL
95097783	Sensura Mio Flex	16485	COL
95098414	Sensura Std Wear	10011	COL
95098404	Sensura Std Wear	11031	COL
95098413	Sensura Std Wear	10021	COL
95098408	Sensura Std Wear	10023	COL
95098407	Sensura Std Wear	10032	COL
95098403	Sensura Std Wear	11012	COL
95098410	Sensura Std Wear	10013	COL
95098409	Sensura Std Wear	10022	COL
95098412	Sensura Std Wear	10031	COL
95098406	Sensura Std Wear	11011	COL
95098402	Sensura Std Wear	11022	COL
95098400	Sensura Std Wear	11024	COL
95098399	Sensura Std Wear	11032	COL
95098405	Sensura Std Wear	11021	COL
95098401	Sensura Std Wear	11023	COL
95098411	Sensura Std Wear	10012	COL
95097711	Sensura Xpro Click	10015	COL
95097693	Sensura Xpro Click	10045	COL
95097709	Sensura Xpro Click	10017	COL
95097698	Sensura Xpro Click	10025	COL
95097697	Sensura Xpro Click	10026	COL
95097696	Sensura Xpro Click	10027	COL
95097695	Sensura Xpro Click	10035	COL
95097694	Sensura Xpro Click	10036	COL
95097712	Sensura Xpro Click	11045	COL
95097707	Sensura Xpro Click	11015	COL
95097706	Sensura Xpro Click	11016	COL
95097705	Sensura Xpro Click	11025	COL
95097704	Sensura Xpro Click	11026	COL
95097703	Sensura Xpro Click	11027	COL
95097702	Sensura Xpro Click	11028	COL
95097701	Sensura Xpro Click	11035	COL
95097699	Sensura Xpro Click	11036	COL
95097710	Sensura Xpro Click	10016	COL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097713	Sensura Xpro Flex	11305	COL
95097692	Sensura Xpro Flex	11304	COL
95097691	Sensura Xpro Flex	11306	COL
95097690	Sensura Xpro Flex	11308	COL
95097689	Sensura Xpro Flex	10104	COL
95097700	Sensura Xpro Flex	10105	COL
95097708	Sensura Xpro Flex	10106	COL
95099825	Sur-Fit AutoLock Dura Flex	401304	CON
95099824	Sur-Fit AutoLock Dura Flex	401305	CON
95099822	Sur-Fit AutoLock Dura Flex	401307	CON
95099820	Sur-Fit AutoLock Dura Flex	401429	CON
95099818	Sur-Fit AutoLock Dura Flex	401431	CON
95099821	Sur-Fit AutoLock Dura Flex	401308	CON
95099823	Sur-Fit AutoLock Dura Flex	401306	CON
95099817	Sur-Fit AutoLock Dura Flex	401432	CON
95099819	Sur-Fit AutoLock Dura Flex	401430	CON
95099659	Sur-Fit Natura Dura Flex	413168	CON
95099660	Sur-Fit Natura Dura Flex	413167	CON
95099662	Sur-Fit Natura Dura Flex	413165	CON
95099664	Sur-Fit Natura Dura Flex	413163	CON
95099667	Sur-Fit Natura Dura Flex	413160	CON
95099661	Sur-Fit Natura Dura Flex	413166	CON
95099663	Sur-Fit Natura Dura Flex	413164	CON
95099665	Sur-Fit Natura Dura Flex	413162	CON
95099666	Sur-Fit Natura Dura Flex	413161	CON
95099668	Sur-Fit Natura Dura Flex	413159	CON
95099669	Sur-Fit Natura Dura Flex	413157	CON
95099670	Sur-Fit Natura Dura Flex	413156	CON
95099671	Sur-Fit Natura Dura Flex	413155	CON
95099672	Sur-Fit Natura Dura Flex	413154	CON
95099673	Sur-Fit Natura Dura Flex	413153	CON
95099701	Sur-Fit Natura Dura Flex	401905	CON
95099658	Sur-Fit Natura Dura Low Prof	413177	CON
95099648	Sur-Fit Natura Dura Low Prof	413187	CON
95099657	Sur-Fit Natura Dura Low Prof	413178	CON
95099655	Sur-Fit Natura Dura Low Prof	413180	CON
95099654	Sur-Fit Natura Dura Low Prof	413181	CON
95099651	Sur-Fit Natura Dura Low Prof	413184	CON
95099647	Sur-Fit Natura Dura Low Prof	413188	CON
95099649	Sur-Fit Natura Dura Low Prof	413186	CON
95099650	Sur-Fit Natura Dura Low Prof	413185	CON
95099652	Sur-Fit Natura Dura Low Prof	413183	CON
95099653	Sur-Fit Natura Dura Low Prof	413182	CON
95099656	Sur-Fit Natura Dura Low Prof	413179	CON
95097926	Sur-Fit Natura Dura Mold	413417	CON
95097927	Sur-Fit Natura Dura Mold	413418	CON
95098484	Sur-Fit Natura Dura Mold	411802	CON
95099674	Sur-Fit Natura Dura Mold	404594	CON

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097929	Sur-Fit Natura Dura Mold	413420	CON
95098480	Sur-Fit Natura Dura Mold	411806	CON
95098482	Sur-Fit Natura Dura Mold	411804	CON
95098486	Sur-Fit Natura Dura Mold	411800	CON
95099675	Sur-Fit Natura Dura Mold	404593	CON
95097928	Sur-Fit Natura Dura Mold	413419	CON
95099676	Sur-Fit Natura Dura Mold	404592	CON
95097931	Sur-Fit Natura Dura Mold Acc	421040	CON
95097936	Sur-Fit Natura Dura Mold Acc	421039	CON
95097932	Sur-Fit Natura Dura Mold Acc	421041	CON
95099855	Sur-Fit Natura Little Ones	401925	CON
95099775	Sur-Fit Natura Stoma Flex	125269	CON
95099773	Sur-Fit Natura Stoma Flex	125271	CON
95099770	Sur-Fit Natura Stoma Flex	125274	CON
95099768	Sur-Fit Natura Stoma Flex	125276	CON
95099787	Sur-Fit Natura Stoma Flex	125257	CON
95099785	Sur-Fit Natura Stoma Flex	125259	CON
95099783	Sur-Fit Natura Stoma Flex	125261	CON
95099781	Sur-Fit Natura Stoma Flex	125263	CON
95099780	Sur-Fit Natura Stoma Flex	125264	CON
95099778	Sur-Fit Natura Stoma Flex	125266	CON
95099776	Sur-Fit Natura Stoma Flex	125268	CON
95099774	Sur-Fit Natura Stoma Flex	125270	CON
95099772	Sur-Fit Natura Stoma Flex	125272	CON
95099771	Sur-Fit Natura Stoma Flex	125273	CON
95099769	Sur-Fit Natura Stoma Flex	125275	CON
95099767	Sur-Fit Natura Stoma Flex	125277	CON
95099786	Sur-Fit Natura Stoma Flex	125258	CON
95099784	Sur-Fit Natura Stoma Flex	125260	CON
95099782	Sur-Fit Natura Stoma Flex	125262	CON
95099779	Sur-Fit Natura Stoma Flex	125265	CON
95099777	Sur-Fit Natura Stoma Flex	125267	CON
95098485	Sur-Fit Natura Stoma Mold	411801	CON
95098479	Sur-Fit Natura Stoma Mold	411807	CON
95098481	Sur-Fit Natura Stoma Mold	411805	CON
95098483	Sur-Fit Natura Stoma Mold	411803	CON
95097925	Sur-Fit Natura Stoma Mold	413424	CON
95097924	Sur-Fit Natura Stoma Mold	413423	CON
95097923	Sur-Fit Natura Stoma Mold	413422	CON
95097922	Sur-Fit Natura Stoma Mold	413421	CON
95097935	Sur-Fit Natura Stoma Mold Acc	421035	CON
95097933	Sur-Fit Natura Stoma Mold Acc	421033	CON
95097934	Sur-Fit Natura Stoma Mold Acc	421034	CON
95099703	Sur-Fit Natura Stomahesive	401576	CON
95099700	Sur-Fit Natura Stomahesive	401906	CON
95099705	Sur-Fit Natura Stomahesive	401574	CON
95099702	Sur-Fit Natura Stomahesive	401577	CON
95099704	Sur-Fit Natura Stomahesive	401575	CON

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099706	Sur-Fit Natura Stomahesive	401573	CON

Compounds

*For compound formulations please see the Nova Scotia Pharmacists' Guide

All Beneficiaries

PRODUCT DESCRIPTION	DIN	PROVTYPE	BENSTAT
Anthralin 0.4% Oint	00901113	DNP	SF
Anthralin Soft 0.05% Paste	00902063	DNP	SF
Anthralin Soft 0.1% Paste	00900907	DNP	SF
Anthralin Soft 0.2% Paste	00900915	DNP	SF
Anthralin Weak 0.2% Oint	00901105	DNP	SF
Disulfiram 250mg Cap	00903079	DNP	SF
Hydrocortisone Pwr 1-2.5% in Clotrimazole Cr	00999474	DNP	SF
LCD (coal tar) Preparations	00358494	DNP	SF
LCD(20%) Preparations	00358495	DNP	SF
Magic Mouthwash O/L	00999022	DNPM	SFC
Methadone (O/L compound)	00999734	DN	SFC
Placebo	00999008	DNP	SFC
Probenecid 250mg Cap (Compound)	00903771	DNP	SF
Probenecid 500mg Cap (Compound)	00903772	DNP	SF
Salicylic Acid Oint	00900788	DNP	SF
Tar Pomade	00901121	DNP	SF

Children 12 Years and Under

PRODUCT DESCRIPTION	DIN	PROVTYPE	BENSTAT
Acetazolamide Oral Suspension	00903403	DNP	F
Allopurinol Oral Suspension	00903171	DNP	FC
Amiodarone Oral Suspension	00903325	DNP	F
Amlodipine Oral Suspension	00903749	DNP	F
Atenolol Oral Syrup	00903346	DNP	F
Azathioprine Oral Suspension	00903187	DNP	FC
Baclofen Oral Suspension	00903511	DNP	F
Carvedilol Oral Suspension	00903641	DNP	F
Clonazepam Oral Suspension	00903559	DN	F
Clonidine Oral Suspension	00999330	DNP	F
Clotrimazole Oral Suspension	00903061	DNP	FC
Dexamethasone Oral Suspension	00903062	DNP	FC
Domperidone Oral Suspension	00903085	DNPM	FC
Enalapril Oral Suspension	00903554	DNP	F
Hydralazine Oral Suspension	00903591	DNP	F
Hydrochlorothiazide Oral Suspension	00999106	DNP	F
Hydrocortisone Oral Suspension	00903296	DNP	FC
Indomethacin Oral Suspension	00903250	DNPM	FC
Labetalol Oral Suspension	00903077	DNP	F
Lamotrigine Oral Suspension	00903381	DNP	F
Lansoprazole Oral Suspension	00903192	DNP	FC
Lisinopril Oral Suspension	00903266	DNP	F
Methimazole Oral Suspension	00903779	DNP	F
Metolazone Oral Suspension	00903780	DNP	F
Metoprolol Oral Suspension	00999104	DNP	F
Metronidazole Oral Suspension	00903238	DNPM	FC
Nadolol Oral Syrup	00903406	DNP	F
Naproxen Oral Suspension	00999135	DNPM	FC

Compounds

*For compound formulations please see the Nova Scotia Pharmacists' Guide

Children 12 Years and Under

PRODUCT DESCRIPTION	DIN	PROVTYPE	BENSTAT
Nitrazepam Oral Suspension	00903215	DN	F
Nitrofurantoin Oral Suspension	00903209	DNPM	FC
Propranolol Oral Suspension	00999155	DNP	F
Pyrazinamide Oral Suspension	00903781	DNP	FC
Sotalol Oral Suspension	00903782	DNP	F
Spironolactone Oral Suspension	00999107	DNP	F
Sulfasalazine Oral Suspension	00903449	DNP	F

Appendix I – Abbreviations

Aer	Aerosol	MR	Modified Release
ACT	Actuation	Nas	Nasal
Amp	Ampoule	Neb	Nebules
Cap	Capsule	OD	Orally Disintegrating
CFU	Colony Forming Units	O/L	Oral Liquid
Chewtab	Chewable Tablet	Oint	Ointment
Cr	Cream	Oph	Ophthalmic
CD	Controlled Distribution	Otic	Ear
CR	Controlled Release	Pck	Package
DR	Delayed Release	Pdr	Powder
Drp	Drops	PF	Preservative Free
EC	Enteric Coated	pkt	Packet
Eff	Effervescent	Pl. Ampule	Plastic Ampule
Elx	Elixir	POS	Powder for Oral Solution
ER	Extended Release	Resp	Respirator
FC	Film Coated	RD	Rapid Dissolving
g	Gram	RPD	Rapid Disintegrating
Gran	Granules	SL	Sublingual
IM	Intramuscular	Sod Chl	Sodium Chloride
Inh	Inhaler	Sol	Solution
Inj	Injection	Sp	Spray
Ins	Insulin	SR	Slow Release
IR	Immediate Release	Supp	Suppository
Irr	Irrigation	Susp	Suspension
iu	International Unit	Syr	Syrup
IV	Intravenous	Tab	Tablet
LA	Long Acting	TCT	Tincture
Liq	Liquid	UDV	Unit Dose Vial
Lot	Lotion	USP	United States Pharmacopeia
mcg	Microgram	Vag	Vaginal
mcl	Microliter	w/w	By Weight
mEq	Milli-equivalent	XL	Extended Release
mg	Milligram		
mL	Milliliter		

Appendix II – Abbreviations of Manufacturers' Names

AAP	AA Pharma Inc.	DPT	Dermtek Pharmaceuticals Ltd.
ABB	Abbott Laboratories Ltd.	DRX	Domrex Pharma Inc.
ABV	AbbVie Corporation	DUI	Duchesnay Inc.
ACC	Accel Pharma Inc.	EHS	Entra Health Systems Inc
ACO	Magnum Pharmaceuticals	EIS	Eisai Limited
ACS	Acerus Pharmaceuticals Corporation	EMD	EMD Serono Canada Inc.
ADI	Ascensia Diab Care Can Inc.	ERF	ERFA Canada Inc.
AEG	Aegerion Pharmaceuticals (Canada) Ltd.	ETH	Ethypharm Inc
AGA	Amgen Canada Inc.	EUR	Europharm International Canada Inc.
AHI	Accord Healthcare Inc.	FEI	Ferring Inc.
ALC	Alcon Canada Inc.	FKB	Fresenius Kabi Canada
ALL	Allergan Inc.	FLC	Forest Laboratories Canada Inc.
ALM	Almirall Canada Ltd.	FRA	Foracare Inc
ANB	Associated NTL Brokerage INC	FRS	Merck Canada Ltd.
APN	Aspen Pharmacare Canada Inc.	GAC	Galderma Canada Inc.
APO	ApoPharma Inc.	GCH	GlaxoSmithKline Consumer Healthcare Inc.
APR	Aspri Pharma Canada Inc.	GIL	Gilead Sciences Inc.
APX	Apotex Inc.	GLM	Glenmark Pharmaceuticals Canada Inc.
ARA	ARA Pharmaceuticals Inc.	GMD	GenMed, A Division of Pfizer Canada Inc.
ARG	Argyle Medical Distributors Inc	GMP	Generic Medical Partners Inc.
ARO	Auro Pharma Inc	GSK	GlaxoSmithKline Inc.
ARZ	Aralez Pharmaceuticals Canada Inc	GZM	Genzyme Canada Inc.
ASL	Astellas Pharma Canada Inc.	HLR	Hoffmann-LaRoche Limited
ASP	Actavis Specialty Pharmaceuticals	HLZ	Hill Dermaceuticals, Inc.
ATL	Laboratoire Atlas Inc.	HOL	Hollister Limited
ATV	Actavis Pharma Company	HOM	Home Diagnostics Inc.
AUR	Aurium Pharma Inc.	HOS	Hospira Healthcare Corporation
AUT	Auto Control Medical Inc.	HPT	Healthpoint Canada ULC
AXC	Aptalis Pharma Canada Inc.	HRZ	HZNP Canada Limited
AXS	Axxess Pharma Inc.	ICL	Indivior Canada Limited
AZE	AstraZeneca Canada Inc.	IMD	I-Med Pharma Inc.
BAX	Baxter Corporation	INT	Intercept Pharma Canada Inc.
BAY	Bayer Inc.	IPS	Ipsen Biopharmaceuticals Canada Inc.
BBM	Best Buy Medical	JAM	Jamieson Laboratories LTP
BBR	B. Braun Medical Inc.	JAN	Janssen-Ortho Inc.
BDD	Bayer HealthCare, Diabetes Care Division	JCB	Jacobus Pharmaceutical Company Inc.
BGP	BGP Pharma Inc	JNJ	Johnson & Johnson Inc.
BIG	Biogen Idec Canada Inc.	JPC	Jamp Pharma Corporation
BLY	Biolyse Pharma Corporation	KLO	Kaleo Inc
BMP	Boca Medical Products	KNG	King Pharma Canada Ltd.
BNM	Bionime USA Corp	LBI	Leadiant Biosciences Inc
BOE	Boehringer Ingelheim (Canada) Ltd.	LBK	Lundbeck Inc.
BOM	Roche Diagnostics, Div.of Hoffmann-LaRoche	LDN	Leadiant Biosciences Inc
BOX	Biocodex S.A.	LEO	Leo Pharma Inc.
BRI	Bristol-Myers Squibb Canada Inc.	LFS	Lifescan Canada Ltd.
BSH	Bausch & Lomb Canada Inc.	LIL	Eli Lilly Canada Inc.
BTD	Becton Dickinson Canada	LUI	Luitpold Pharmaceuticals Inc
BTX	BTNX Inc	LUP	Lupin Pharma Canada Limited
BVL	Biovail Pharmaceuticals Canada	MAR	Marcan Pharmaceuticals Inc
BVT	Biovitrum	MCK	Zinda Pharma Ltd.
CEL	Celgene	MDF	Medical Futures Inc.
CHU	Church and Dwight Canada Corp.	MDN	MDA Inc
CIP	Cipher Pharmaceuticals Inc.	MDS	Medicis Canada Ltd.
CMP	Canadian Medical Partners	MDX	Medexus Inc.
COB	Cobalt Pharmaceuticals Company	MED	Medican Technologies Inc.
COL	Coloplast Canada	MID	Abbott Diabetes Care / Medisense
CON	ConvaTec Canada Ltd	MNT	Mint Pharmaceuticals Inc.
CPD	<i>manually compounded</i>	MPD	Medical Plastic Devices Inc.
CYI	Cytex Pharmaceuticals Inc.	MRS	Merus Labs Inc.

Appendix II – Abbreviations of Manufacturers' Names

MRZ	Merz Pharmaceuticals Canada	SHI	Shire Canada Inc.
MSC	Medisca Pharmaceutique Inc.	SIV	Sivem Pharmaceuticals
MSR	Medisure Canada	SKM	SkyMed Medical Products
MTD	Montmed Inc.	SLP	Searchlight Pharma Inc.
MTP	Methapharm Inc.	SNE	Smith & Nephew Inc.
MYL	Mylan Pharmaceuticals ULC.	SNV	Sunovion Pharmaceuticals Canada Inc.
MVL	Meda Valeant Pharma Canada	SPT	Septa Pharmaceuticals Inc.
NAT	Natco Pharma (Canada) Inc.	STA	Stallergene Canada Inc.
NBM	Nova Biomedical	STI	Stiefel Canada Inc.
NEO	Neolab Inc.	STR	SteriMax Inc.
NNC	Novartis Consumer Health Canada Inc.	SVA	Sterinova Inc
NNO	Novo Nordisk Canada Inc.	SWS	Swiss Herbal Remedies Ltd.
NVO	Novartis Ophthalmics	TAK	Takeda Canada Inc.
NVR	Novartis Pharmaceuticals Canada Inc.	TAR	Taro Pharmaceuticals Inc.
NYC	Nycomed Canada Inc.	TEV	Teva Canada Ltd.
ODN	Odan Laboratories Ltd.	THI	Tremblay Harrison Inc.
OMG	Omega Laboratories Ltd.	TMI	Trudell Medical International
ORB	Orbus Pharma Inc.	TML	Trimel Pharmaceutical Corporation
OTS	Otsuka Canada Pharmaceuticals	TMP	Teva Neuroscience Canada
PAL	Paladin Labs Inc.	TPG	Tillotts Pharma GMBH
PDP	PendoPharm, Division of Pharmascience Inc.	TPH	TaroPharma, Div. of Taro Pharmaceuticals Inc.
PED	Pediapharm Inc.	TRB	Tribute Pharma Canada Inc
PFI	Pfizer Canada Inc.	TRT	TerSera Therapeutics LLC
PFR	Purdue Pharma	TYC	Tyco Healthcare
PGA	Proctor & Gamble Inc.	UCB	UCB Pharma Canada Inc.
PMS	Pharmascience Inc.	UTC	United Therapeutics Corporation
PMT	Pharmetics Inc.	VAL	Valeo Pharma Inc.
PPC	Pharmaceutical Partners of Canada Inc.	VAR	<i>various manufacturers</i>
PPH	Patriot Pharmaceuticals LLC.	VCO	Virco Pharmaceuticals (Canada) Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.	VIV	ViiV Health Care Inc.
RCH	Dr. Reddy's Laboratories Inc.	VLH	Lundbeck Canada Inc.
RIV	Riva Laboratories Inc.	VLN	Valeant Canada Limited
ROG	Rougier Pharma, Division of ratiopharm Inc.	VTH	Vita Health Company LTD
RRD	Recordati Rare Diseases Canada Inc	VTX	Vertex Pharmaceuticals
SAS	Sanis Health Inc	WAM	Wampole Brands Inc.
SAV	Sanofi-Aventis Canada Inc.	WCH	Wyeth Consumer HealthCare Inc.
SCH	Schering-Plough (Canada) Inc.	WNC	Warner Chilcott Canada Co
SDZ	Sandoz Canada Incorporated	WLS	Wellspring Pharmaceutical Canada Corp.
SEP	Sunovion Pharmaceuticals Canada Inc.	WSQ	Westwood Squibb, Div.of Bristol-Myers Squibb
SEV	Servier Canada Inc.	XPI	Xediton Pharmaceuticals Inc.
SFA	Strefa	YNO	Bayer Inc., Consumer Care Division
SGQ	Sterigen Inc.	ZIA	Zila Pharmaceuticals Inc.

Appendix III – Criteria for Coverage of Exception Status Drugs

Coverage of exception status drugs will be approved according to the following criteria upon review of a prescriber's written request. Forms for Exception Status Drug request, which may be used to facilitate the approval process can be found at <https://novascotia.ca/dhw/pharmacare/exception-status-drugs.asp>.

As an alternative to sending a written request to the Pharmacare office, certain exception status drugs have been assigned criteria codes. To allow for on-line payment of these drugs, the criteria code may be provided by the prescriber on the prescription or confirmed by the pharmacist. The use of these codes offers the prescriber and the pharmacist access to immediate coverage for patients who clearly meet the exception status criteria. The criteria codes are indicated within the following exception criteria.

ABATACEPT (*Orencia 125mg/mL Prefilled Syringe and 250mg/vial Injection*)

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks;
- AND**
- Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- **Maximum Dosage Approved:**
 - Abatacept Intravenous infusion: 500mg for patients < 60 kg, 750mg for patients 60-100 kg and 1000mg for patients > 100 kg, given at 0, 2, and 4 weeks then every 4 weeks thereafter. Subcutaneous injection: a single IV loading dose of up to 1,000mg may be given, followed by 125mg subcutaneous injection within a day, then once-weekly 125mg subcutaneous injections.
 - Subcutaneous injection: a single IV loading dose of up to 1,000mg may be given, followed by 125mg subcutaneous injection within a day, then once-weekly 125mg subcutaneous injections.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***ABIRATERONE ACETATE** (*Zytiga 250mg and 500mg Tablet*)

ASYMPTOMATIC OR MILDLY SYMPTOMATIC PATIENTS

- In **combination with prednisone** for **asymptomatic or mildly symptomatic** metastatic CRPC patients after failure of androgen deprivation therapy (including an LHRH agonist/antagonist or orchiectomy) who have not received prior chemotherapy for metastatic CRPC and have ECOG PS 0 or 1.
- Abiraterone would be an **alternative** to enzalutamide and **not sequential** therapy in this asymptomatic or mildly symptomatic patient population.

SYMPTOMATIC (POST-DOCETAXEL CHEMOTHERAPY) PATIENTS

- In **combination with prednisone** for metastatic CRPC patients with ECOG PS of 0-2 and progression after previous treatment with docetaxel.
- Abiraterone would be an **alternative** to enzalutamide and **not sequential** therapy in this symptomatic post docetaxel chemotherapy setting.

RETREATMENT

- Use of abiraterone in the post-docetaxel setting is **not permitted** if previously used in the pre-chemotherapy setting.

ACAMPROSATE (*Campral 333mg Tablet*)

- For treatment in patients who have been abstinent from alcohol for at least four days and who have contraindications to naltrexone (i.e., acute hepatitis, liver failure or currently receiving opioids).

ACLIDINIUM BROMIDE (*Tudorza Genuair 400mcg powder for Inhalation*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry; OR
- For the treatment of COPD in patients with an inadequate response to short acting bronchodilators.
- Combination therapy with a long-acting beta₂ agonist /inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhaler will be considered in patients with: moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

- Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3.
MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.
 - Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses*:
 - 8 puffs per day of short acting beta₂ agonist; or
 - 12 puffs per day of ipratropium; or
 - 6 puffs per day of ipratropium plus salbutamol combination inhaler.
- * Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.
- COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Notes:

- Coverage for LABA and LAAC as two separate inhalers will not be considered.
- Inhalers which combine a LABA/LAAC are also available as ESD benefits. These products have their own criteria which are listed in the NS Formulary.

ACLIDINIUM/FORMOTEROL (*Duaklir Genuair 12µg/400µg metered dose for Inhalation*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta₂ agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.
- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta₂ agonist (LABA) or long-acting anticholinergic therapy (LAAC).

ADALIMUMAB (*Humira 40mg/vial Injection*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

ADEFOVIR DIPIVOXIL (*Hepsera 10mg Tablet*)

- In combination with lamivudine in patients who:
 - Have developed failure to lamivudine (increase in HBV DNA of ≥ 1 log10iu/mL over the nadir measured on two separate occasions within an interval of at least one month, after the first 3 months of lamivudine therapy); AND
 - When failure to lamivudine is not due to poor adherence to therapy.
- Coverage approved for 1 year.

***AFATINIB DIMALEATE** (*Giotrif 20mg, 30mg, 40mg Tablet*)

- For first line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung and with an ECOG performance status 0 or 1.

ALEMTUZUMAB (*Lemtrada 12 mg/1.2 mL (10mg/mL) concentrated solution for IV infusion in single-use vials*)

- For the management of adult patients with relapsing-remitting multiple sclerosis (RRMS), with active disease defined by clinical and imaging features, who have had an inadequate response to interferon beta or other disease-modifying therapies, if the following clinical criteria are met:
 - At least two attacks (first episode or relapse) in the previous two years, with at least one attack in the previous year;
 - At least one relapse while on at least six months of a disease modifying therapy within the last 10 years;
 - An Expanded Disability Status Scale (EDSS) score of five (5) or less;
 - Prescribed by a specialist with experience in the treatment of multiple sclerosis.

Claim Note:

- A maximum of two years of therapy (i.e. two treatment courses; 8 vials) will be reimbursed.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ALENDRONATE (*Fosamax 40mg Tablet and generic brands*)

- For the treatment of Paget's disease of bone (6 month limit).
- Other requests reviewed on a case by case basis.

ALGLUCOSIDASE ALFA (*Myozyme 50mg Powder for Injection*)

- For the treatment of infantile onset Pompe disease in patients who have had the onset of symptoms and confirmed cardiomyopathy before the age of 12 months; AND
- Participation in the long-term evaluation of the efficacy of treatment by periodic medical assessment as outlined in the monitoring of therapy guidelines.
- Initial approval is for 6 months. Continued coverage will be based on evaluation of the efficacy of treatment by regular medical assessment as outlined in the monitoring and discontinuation of therapy guidelines (available from the Pharmacare Office upon request).

ALLERGEN IMMUNOTHERAPY (*Allergy Serum, Pollinex-R Injection*)

- For immunotherapy with specific, standardized allergenic material, administered in high-dose schedules for carefully selected patients with a diagnosis of:
 - IgE mediated anaphylactic reactions to insect stings; or
 - Severe, seasonal (lasting two or more years) or perennial IgE dependent allergic rhinoconjunctivitis when optimal drug therapy and allergen avoidance have not been sufficiently effective in controlling symptoms; or
 - IgE mediated allergic asthma, specifically where there is a clear temporal association between exposure and signs and symptoms of asthma and when optimal drug therapy and avoidance measures have not been sufficiently effective in controlling symptoms.

Note:

- The allergy serum must be dispensed from a pharmacy on prescription from a prescriber. Initial authorization is for two years, and can be continued for up to five years if improvement is noted.

ALMOTRIPTAN (*Axert 6.25mg, 12.5mg Tablet and generic brands*)

- See [Selective 5HT₁ - Receptor Agonists](#)

AMBRISENTAN (*Volibris 5mg, 10mg Tablet*)

- For the treatment of patients with at least Class III pulmonary arterial hypertension (PAH), either idiopathic or associated with connective tissue disease who have failed therapy with sildenafil or who have contraindications to sildenafil.
- Diagnosis must be confirmed by right heart catheterization.
- Request must be from a PAH specialist.

ANAGRELIDE (*Agrylin 0.5mg Capsule and generic brands*)

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

- For the treatment of essential thrombocythemia (ET) in patients who have:
 - Failed hydroxyurea therapy (does not provide sufficient platelet reduction); or
 - Intolerable side effects from hydroxyurea therapy.

COMMUNITY SERVICES PHARMACARE PROGRAMS

- For the treatment of essential thrombocythemia (ET) as an alternative to hydroxyurea.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ANTI-TUMOR NECROSIS FACTOR (TNF) AGENTS (*Adalimumab, Certolizumab Pegol, Etanercept, Golimumab, Infliximab, Ixekizumab*)

ANKYLOSING SPONDYLITIS (ADALIMUMAB, ETANERCEPT, GOLIMUMAB, INFLIXIMAB)

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g., Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - Have axial symptoms¹ 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
 - 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.
- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
 - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
 - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

1. Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs.

Initial coverage duration and maximum dosage approved:

Adalimumab	<ul style="list-style-type: none">• initial period 6 months, maximum dose of 40mg every two weeks and not in combination with other anti-TNF agents
Etanercept	<ul style="list-style-type: none">• initial period 6 months, maximum dose of 50mg per week and not in combination with other anti-TNF
Golimumab	<ul style="list-style-type: none">• initial period 16 weeks, maximum dose 50mg per month and not in combination with other anti-TNF
Infliximab	<ul style="list-style-type: none">• initial coverage period 6 months, maximum dose 5mg/kg at 0, 2, and 6 weeks then every 6-8 weeks thereafter and not in combination with other anti-TNF agents

For infliximab-naïve patients whose infliximab therapy is initiated after June 1, 2016, Inflectra will be the product approved.

For etanercept-naïve patients whose etanercept therapy is initiated after November 1, 2017, a biosimilar will be the product that is approved.

ANKYLOSING SPONDYLITIS (CERTOLIZUMAB PEGOL)

- For the treatment of adult patients with moderate to severe ankylosing spondylitis (e.g., Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - Have axial symptoms¹ 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
 - 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.
- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
 - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
 - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
1. Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease do not require a trial of 2 NSAIDs.

Initial coverage duration and maximum dosage approved:

- Initial coverage period 6 months. Loading dose of 400mg at Weeks 0, 2 and 4.
- Maximum maintenance dose of 200mg every 2 weeks or alternatively, 400mg every 4 weeks, and not in combination with other anti-TNF agents.

CROHN'S DISEASE (ADALIMUMAB)

- For patients with moderate to severely active Crohn's disease and are:
 - Refractory or have contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy;
 - Initial reimbursement is restricted to an induction dose of 160mg followed by 80mg;
 - Clinical response to be assessed twelve weeks after the first induction dose and maintenance therapy approved in responders only at a dose not exceeding 40mg every two weeks.

CROHN'S DISEASE (INFLIXIMAB)

- For treatment of Crohn's disease in adults, in patients with moderate to severe active disease refractory to 5-ASA products AND glucocorticoids (e.g., prednisone) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate)¹.
 - Initial approval of infliximab will be for a single infusion of 5mg/kg/dose. A second infusion may be warranted in patients not responding to the first infusion or in patients responding initially but then worsening before maintenance therapy is effective. Request for approval beyond induction therapy will be considered on a case by case basis.
 - In patients with fistulizing disease who have actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite a course of appropriate antibiotic therapy (e.g., metronidazole +/- ciprofloxacin for a minimum of 3 weeks) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate)**.
 - Initial approval is for three infusions of infliximab of 5mg/kg/dose at 0, 2 and 6 week intervals.
1. Patients who are very ill and not candidates for surgery may qualify for infliximab therapy without a trial of AZA, 6-MP or MTX, as they may require a more rapid onset of response.

Note:

- Requires a written request by a gastroenterologist or physician with a specialty in gastroenterology.

For infliximab-naïve patients whose infliximab therapy is initiated after December 1, 2016, Inflectra will be the product approved.

HIDRADENITIS SUPPURATIVA (ADALIMUMAB)

- For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria:
 - A total abscess and nodule count of 3 or greater
 - Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
 - An inadequate response to a 90-day trial of oral antibiotics

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Initial renewal criteria:

- Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12.

Subsequent renewal criteria:

- Requests for renewal should provide objective evidence of the preservation of treatment effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with adalimumab).

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Approvals will be for a maximum of 160mg followed by 80mg two weeks later, then 40mg every week beginning four weeks after the initial dose.
- Initial Approval: 12 weeks
- Renewal Approval: 1 year

JUVENILE RHEUMATOID ARTHRITIS (ETANERCEPT)

- For the treatment of moderate to severely active, polyarticular juvenile rheumatoid arthritis in children (age 4-17) who have not responded to adequate treatment with one or more DMARDs for at least 3 months or have intolerance to DMARDs, and do not have a contraindication to etanercept.

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS (ADALIMUMAB)

- For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria:
 - For patients aged 4-17 years with moderately or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs); and
 - Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children.

PSORIASIS (ADALIMUMAB, ETANERCEPT, INFLIXIMAB, IXEKIZUMAB)

- For patients with severe, debilitating chronic plaque psoriasis who meet all of the following:
 - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals;
 - Failure to, contraindication to or intolerant of methotrexate and cyclosporine;
 - Failure to, intolerant of or unable to access phototherapy;
 - Written request of a dermatologist or prescriber with a specialty in dermatology.
- Continued coverage is dependent on evidence of improvement, specifically:
 - A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or
 - A >50% reduction in PASI with a >5-point improvement in DLQI (Dermatology Life Quality Index); or
 - Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals.

Clinical Notes:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Initial duration and maximum dosage approved:

Adalimumab	<ul style="list-style-type: none">▪ initial approval for a maximum of 16 weeks▪ maximum dosage for ongoing coverage is 40mg every two weeks
Etanercept	<ul style="list-style-type: none">▪ initial approval for a maximum of 12 weeks▪ maximum dosage approved: 50mg biweekly for the initial 12 weeks then 50mg weekly thereafter
Infliximab	<ul style="list-style-type: none">▪ initial approval for a maximum of 12 weeks▪ dosage restricted to infliximab 5mg/kg 0, 2 and 6 weeks then every 8 weeks
Ixekizumab	<ul style="list-style-type: none">▪ initial approval for a maximum of 12 weeks. Renewal approval: 1 year.▪ approvals will be for 160 mg at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12 then 80 mg every four weeks.

For infliximab-naïve patients whose infliximab therapy is initiated after June 1, 2016, Inflectra will be the product approved.

PSORIATIC ARTHRITIS (ADALIMUMAB, CERTOLIZUMAB PEGOL, ETANERCEPT, GOLIMUMAB, INFLIXIMAB, IXEKUMAB)

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
 - The sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; **and**
 - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 8 weeks; **and**
 - Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Renewal approval: 1 year. Confirmation of continued response required.

Initial coverage duration and maximum dosage approved:

Adalimumab	<ul style="list-style-type: none">▪ initial period 3 months, maximum dose of 40mg every two weeks
Certolizumab pegol	<ul style="list-style-type: none">▪ initial coverage period 3 months.▪ Loading dose of 400mg at Weeks 0, 2 and 4.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Initial coverage duration and maximum dosage approved:

	<ul style="list-style-type: none">maximum maintenance dose of 200mg every 2 weeks or alternatively, 400mg every 4 weeks, and not in combination with other anti-TNF agents.
Etanercept	<ul style="list-style-type: none">initial period 3 months, maximum dose of 50mg per week
Golimumab	<ul style="list-style-type: none">initial period 3 months, maximum dose 50mg per month
Infliximab	<ul style="list-style-type: none">initial period 3 months, maximum dose 5mg/kg 0, 2 and 6 weeks then every 8 weeks
Ixekizumab	<ul style="list-style-type: none">initial approval for a maximum of 12 weeks.approvals will be for 160mg at week 0, followed by 80mg every 4 weeks.

For infliximab-naïve patients whose infliximab therapy is initiated after December 1, 2016, Inflectra will be the product approved.

RHEUMATOID ARTHRITIS (ADALIMUMAB, CERTOLIZUMAB PEGOL, ETANERCEPT, GOLIMUMAB, INFLIXIMAB)

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks;AND
 - methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Maximum dosage approved:

Adalimumab	<ul style="list-style-type: none">40mg every two weeks with no dose escalation permitted
Certolizumab pegol	<ul style="list-style-type: none">400mg at weeks 0, 2 and 4 weeks, then 200mg every 2 weeks (or 400mg every 4 weeks) with no dose escalation permitted

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Maximum dosage approved:

Etanercept	▪ 25mg twice a week or 50mg once a week with no dose escalation permitted
Golimumab	▪ 50mg once a month with no dose escalation permitted
Infliximab (Remicade)	▪ 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter
Infliximab (Inflectra)	▪ 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter

For infliximab-naïve patients whose infliximab therapy is initiated after June 1, 2016, Inflectra will be the product approved.

For etanercept-naïve patients whose etanercept therapy is initiated after November 1, 2017, a biosimilar will be the product that is approved.

ULCERATIVE COLITIS (ADALIMUMAB, GOLIMUMAB, INFLIXIMAB)

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
 - refractory or intolerant to conventional therapy (i.e. 5-ASA for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
 - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.)
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease in the partial Mayo score ≥ 2 from baseline, and
 - a decrease in the rectal bleeding subscore ≥ 1.

Clinical Notes:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Patients with severe disease do not require a trial of 5-ASA

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 16 weeks.
- Renewal Approval: 1 year.

For infliximab-naïve patients whose infliximab therapy is initiated after December 1, 2016, Inflectra will be the product approved.

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APIXABAN (*Eliquis, 2.5mg, 5mg Tablet*)

TOTAL KNEE/HIP REPLACEMENT (ELIQUIS 2.5MG TABLET)

- For the prophylaxis of venous thromboembolism following total knee replacement surgery for up to 14 days, as an alternative to low molecular weight heparins. **[Criteria Code 14]**
- For the prophylaxis of venous thromboembolism following total hip replacement surgery for up to 35 days, as an alternative to low molecular weight heparins. **[Criteria Code 35]**

Notes:

- The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting, and the approval period is for the balance of the total duration after discharge.
- The first dose is typically administered 12 to 24 hours after surgery, assuming adequate hemostasis has been achieved.
- The ADVANCE clinical trial program did not evaluate the efficacy or safety of sequential use of molecular weight heparin followed by apixaban for the prophylaxis of VTE. Due to the current lack of evidence for sequential use, coverage is not intended for this practice.
- Clinical judgment is warranted to assess the increased risk for VTE and/or adverse effects in patients with a history of previous VTE, myocardial infarction, transient ischemic attack or ischemic stroke; a history of intraocular or intracerebral bleeding; a history of gastrointestinal disease with gastrointestinal bleeding; moderate or severe renal insufficiency (estimated creatinine clearance <30 mL/min); severe liver disease; concurrent use of other anticoagulants; or age greater than 75 years.
- Apixaban has not been studied in clinical trials in patients undergoing hip fracture surgery, and is not recommended in these patients.

DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM (ELIQUIS 2.5MG, 5MG TABLET)

- **Inclusion Criteria:**
 - For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE)
 - Approval Period: Up to six (6) months

Notes:

- The recommended dose of apixaban for patients initiating DVT or PE treatment is 10mg twice daily for 7 days, followed by 5mg twice daily (for treatment up to 6 months).
- Drug plan coverage for apixaban for the treatment of DVT or PE is an alternative to heparin/warfarin for up to six months. When used for greater than 6 months, apixaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see apixaban product monograph).

****[Criteria Code 32]** will be used to allow the 5mg strength to pay (max 56 tablets), which will allow patients to start therapy while awaiting ESD approval for the six months of therapy.

NON-VALVULAR ATRIAL FIBRILLATION (AF) (ELIQUIS 2.5MG, 5MG TABLET):

- **Inclusion Criteria:**
 - At-risk patients with non-valvular atrial fibrillation (AF) who require apixaban for the prevention of stroke and systemic embolism AND in whom:
 - anticoagulation is inadequate following at least a 2-month trial on warfarin; OR

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- anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).
- **Exclusion Criteria:**
 - Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 25 mL/min) OR > 75 years of age and without documented stable renal function OR hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; OR prosthetic heart valves.

Notes:

- At risk patients with non valvular atrial fibrillation are defined as those with a CHADS2 score of ≥ 1 . Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with CHADS2 score of ≥ 1 .
- Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
- Documented stable renal function is defined as creatinine or estimated glomerular filtration rate maintained for at least 3 months.
- Dosing: the usual recommended dose is 5mg twice daily; a reduced dose of apixaban 2.5mg twice daily is recommended for patients with at least two [2] of the following: age > 80 years, body weight < 60kg, or serum creatinine >133 micromole/litre.
- Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban Product Monograph).
- Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.
- There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended for these patient populations.

***APREPITANT** (*Emend 80mg, 125mg Capsule and Tri-Pack Capsule*)

- In combination with a 5-HT₃ antagonist and dexamethasone in adult cancer patients treated with chemotherapy that includes cisplatin as a single day therapy greater than or equal to (\geq) 70mg/m² to prevent acute and delayed nausea and vomiting.
 - aprepitant will only be used with single day cisplatin-based therapy \geq 70mg/m² (and not multiple day cisplatin chemotherapy);
 - aprepitant will not be used in patients receiving moderately emetogenic cancer chemotherapy or radiotherapy;
 - the 5-HT₃ antagonist should only be used on the first day of cisplatin therapy with aprepitant continuing on Day 2 and Day 3.

ARIPIPRAZOLE (*Abilify 2mg, 5mg, 10mg, 15mg, 20mg and 30mg Tablet and generic brands*)

- For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent.

ARIPIPRAZOLE (*Abilify Maintena 300mg and 400mg Prolonged Release Injectable Suspension*)

- For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who are not adherent to an oral antipsychotic; OR
- Who are currently receiving a long-acting injectable antipsychotic and require an alternative long acting injectable antipsychotic.

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ARTIFICIAL TEARS, PRESERVATIVE FREE (*Celluvisc, Refresh, Refresh Plus, Refresh Tears, Tears Naturelle Free*)

- For patients with a diagnosis of dry eye requiring frequent daily doses of artificial tears, to prevent sensitivity to preservatives or in patients in whom preservative sensitivity is suspected;
- Written request from an ophthalmologist or optometrist confirming the diagnosis will be required to initiate coverage.

ASENAPINE (*Saphris 5mg and 10mg SL Tab*)

- For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:
 - monotherapy, after a trial of lithium or divalproex sodium has failed, and trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response;
 - co-therapy with lithium or divalproex sodium, after trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response.

***AXITINIB** (*Inlyta 1mg and 5mg Tablet*)

- As a single second line agent for the treatment of patients (ECOG PS 0 or 1) with advanced or metastatic clear cell renal cell carcinoma (RCC) who are unable to tolerate ongoing use of an effective dose of everolimus or who have a contraindication to everolimus;
- Sequential use of axitinib and everolimus is not permitted except in the case of intolerability or contraindication.

***AZITHROMYCIN** (*Zithromax POS 100mg/5mL, 200mg/5mL and 250mg, 600mg Tablet and generic brands*)

- The treatment of infections requiring a macrolide antibiotic when the patient has a documented intolerance to clarithromycin. **[Criteria Code 02]**
- The treatment of chlamydia trachomatis as a single dose of 1g. **[Criteria Code 05]**
- The treatment and prevention of mycobacterium avium complex (MAC). **[Criteria Code 06]**
- The treatment of infections requiring a macrolide antibiotic when the patient is taking medications that would significantly interact with erythromycin/clarithromycin. **[Criteria Code 07]**

***BENZYLAMINE HCL** (*0.15% oral rinse*)

- For oncology patients only.

BETAHISTINE (*Serc 16mg, 24mg Tablet and generic brands*)

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

BETAMETHASONE, CALCIPOTRIOL (*Dovobet 0.5mg/g/50mcg/g Gel and 50mcg/g/0.5mg/g Gel (with Applicator)*)

- For the treatment of body and scalp psoriasis after failure of a topical steroid and a vitamin D analogue as single agents.

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BOSENTAN (*Tracleer 62.5mg, 125mg Tablet and generic brands*)

- Written initial request from a pulmonary arterial hypertension (PAH) specialist only.
- Diagnosis of PAH should be confirmed by right heart catheterization.
- **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.
- **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.

***BOSUTINIB** (*Bosulif 100mg and 500mg Tab*)

- As a treatment option for patients with chronic, accelerated or blast phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) which have resistance/disease progression or intolerance to prior tyrosine kinase inhibitor (TKI) therapy, and for whom subsequent treatment with imatinib, nilotinib and dasatinib is not clinically appropriate.

***BUDESONIDE** (*Pulmicort Nebuamps 0.125mg/mL, 0.25mg/mL, 0.5mg/mL Suspension*)

- See [Wet Nebulization Solutions](#)

BUPROPION (*Zyban 150mg Tablet*)

- See [Smoking Cessation Therapies](#)

BUTORPHANOL (*10mg/mL Nasal Spray*)

- For the treatment of migraine, upon the request of a neurologist, prescriber with a specialty in neurology or a specialist in pain management, when conventional forms of therapy are ineffective or inappropriate.

CABERGOLINE (*Dostinex 0.5mg Tablet and generic brands*)

- For the treatment of micro- or macro-adenoma of the pituitary after failure of bromocriptine (as determined by prolactin levels) or if bromocriptine is not tolerated.

CALCIPOTRIOL (*Dovonex 50mcg/g Ointment*)

- For the treatment of psoriasis when conventional therapies have been ineffective or inappropriate.

CANAGLIFLOZIN (*Invokana 100mg and 300mg Tablet*)

- For the treatment of Type II diabetes for patients with:
 - Inadequate glycemic control on metformin and a sulfonylurea; and
 - For whom insulin is not an option.

Note:

- 200mg is not a recognized dose; as such a dose of two 100mg tablets will not be funded.

CARVEDILOL (*Coreg 3.125mg, 6.25mg, 12.5mg, 25mg Tablet and generic brands*)

- For the treatment of stable symptomatic heart failure with systolic dysfunction (i.e., left ventricular ejection fraction

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(LVEF) less than or equal to 40%).

CERTOLIZUMAB PEGOL (*Cimzia 200mg/mL SC Injection and 200mg/mL Autoinjector Prefilled Pen*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

CETIRIZINE (*Reactine 10mg and 20mg Tablet and generic brands*)

- For chronic urticaria, defined as the presence of hives or lesions for longer than six weeks, which has responded to treatment with cetirizine.

CHOLINESTERASE INHIBITORS (ChEI) (*Donepezil, Galantamine, Rivastigmine*)

- For the treatment of patients with mild to moderate dementia who meet the following criteria:
 - A Mini-Mental State Examination (MMSE) score of 10 to 30;
AND
 - A Functional Assessment Staging Test (FAST) score of 4 to 5.
- Initial requests for reimbursement will be considered for a 4 month approval; subsequent requests may be considered for a maximum 12 months approval.

CINACALCET (*Sensipar 30mg, 60mg and 90mg Tablets and generic brands*)

- For the treatment of patients with chronic kidney disease on dialysis with severe secondary hyperparathyroidism who:
 - are not responding to optimal doses of Vitamin D analogues or phosphate binders (calcium or non-calcium based) AND are either not a surgical candidate due to surgical or anesthetic risk OR awaiting kidney transplant;
 - in addition laboratory findings must confirm serum phosphate >1.8mmol/L, serum calcium ≥2.2mmol/L and iPTH >88pmol/L on more than one occasion at least 6 weeks apart;
 - ongoing laboratory investigations must include serum calcium, albumin, phosphorous weekly for three weeks and iPTH every 6 weeks.
- Coverage for cinacalcet will be renewed if there is a greater than 30% decrease in iPTH after at least 3 months with escalating dose, indicating the patient is responding.
- Approval period 12 months, provided there has been a greater than 30% decrease in iPTH as stated above.

CIPROFLOXACIN, OPHTHALMIC (*Ciloxan 0.3% Ophthalmic Solution and generic brands and Ointment*)

- See [Fluoroquinolones, Ophthalmic](#)

***CIPROFLOXACIN, ORAL** (*Cipro 100mg/mL Oral Liquid and 250mg, 500mg, 750mg Tablet and generic brands*)

- See [Fluoroquinolones, Oral](#)

***CIPROFLOXACIN XL, ORAL** (*Cipro XL 1000mg Tablet*)

- For the oral treatment of gram-negative infections in complicated urinary tract infections, for which other oral agents are not effective or available. **[Criteria Code 10]**
- For the oral treatment of acute uncomplicated pyelonephritis. **[Criteria Code 11]**

CIPROFLOXACIN & DEXAMETHASONE, OTIC (*Ciprodex Otic Suspension*)

- For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes; or with known or suspected tympanic membrane perforation with otorrhea. **[Criteria Code 01]**

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- For the treatment of patients with acute otitis externa in the presence of a tympanostomy tube or with known or suspected perforation of the tympanic membrane. **[Criteria Code 02]**

***CODEINE, SUSTAINED RELEASE** (*Codeine Contin 50mg, 100mg, 150mg and 200mg Tablet*)

- For the treatment of mild to moderate chronic pain syndrome, if pain has been controlled by doses less than 200mg q12h.
- Patients may be considered candidates if they are achieving good pain control from immediate-release plain codeine preparations but prefer the convenience of a long-acting preparation, or if they are achieving good pain control from acetaminophen or ASA plus codeine preparations but are limited by the acetaminophen content to no greater than 12 tablets per day.
- Not insured for the treatment of acute pain (e.g., post-operative pain).

***CRIZOTINIB** (*Xalkori 200mg and 250mg Capsule*)

- As a first or second-line therapy for patients with ALK-positive advanced non-small cell lung cancer with ECOG performance status ≤ 2 .

CROMOGLYCATE SODIUM (*pms-Sodium Cromoglycate 1% Nebulizer Solution*)

- See [Wet Nebulization Solutions](#)

***CYANOCOBALAMIN, INJECTION** (*Cyanocobalamin, Vitamin B12 100mcg/mL and 1000mcg/mL Injection*)

- For the treatment of documented cyanocobalamin deficiency, when the oral route is inappropriate or contraindicated. (Criteria applies to all Programs.)

***CYANOCOBALAMIN, ORAL** (*Vitamin B12 500mcg and 1,000mcg Tablet*)

- For the treatment of documented cyanocobalamin deficiency in recipients of the Community Services Pharmacare Program, Family Pharmacare Program and Drug Assistance for Cancer Patients; oral cyanocobalamin is fully insured for Seniors' Pharmacare Program.

***CYANOCOBALAMIN, ORAL IN COMBINATION** (*Vitamin B12 1000mcg SL Tablet with Folic Acid*)

- For the treatment of documented cyanocobalamin deficiency in recipients of the Community Services Pharmacare Program, Family Pharmacare Program and Drug Assistance for Cancer Patients; oral cyanocobalamin is fully insured for Seniors' Pharmacare Program.

CYSTEAMINE BITARTRATE (*Procysbi 25mg and 75mg Capsule*)

- For the treatment of infantile nephropathic cystinosis with documented cystinosis (lysosomal cystine transporter) gene mutation.

Claim Notes:

- Must be prescribed by, or in consultation with, a prescriber with experience in the diagnosis and management of cystinosis
- Claims for Procysbi 75mg capsule that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904354
 - 00904355

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

DABIGATRAN (*Pradaxa 110mg and 150mg Capsule*)

- **Inclusion Criteria:**

- At-risk¹ patients with non-valvular atrial fibrillation (AF) who require dabigatran for the prevention of stroke and systemic embolism AND in whom:
 - anticoagulation is inadequate² following a reasonable trial³ on warfarin;
OR
 - anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

- **Exclusion Criteria:**

- Patients with impaired renal function⁴ (creatinine clearance or estimated glomerular filtration rate < 30mL/min) OR ≥ 75 years of age and without documented stable renal function⁵ OR hemodynamically significant rheumatic valvular heart disease⁶, especially mitral stenosis; OR prosthetic heart valves.

* Please Note: Patients starting dabigatran should have ready access to appropriate medical services to manage a major bleeding event.

1. At risk patients with non valvular atrial fibrillation are defined as those with a CHADS2 score of ≥ 1.
2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
3. A reasonable trial on warfarin is defined as at least two months of therapy.
4. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see Pradaxa® (dabigatran) Product Monograph).
5. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least three months (i.e. 30-49mL/min for 110mg twice daily dosing or ≥ 50 mL/min for 150 mg twice daily dosing).
6. There is currently no data to support that dabigatran provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so dabigatran is not recommended in these populations.

***DABRAFENIB** (*Tafinlar 50mg and 75mg Capsule*) **AND TRAMETINIB** (*Mekinist 0.5mg and 2mg Tablet*)

- Dabrafenib-trametinib combination therapy as a first-line BRAF-mutation targeted treatment for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1. Treatment should continue until disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
- In the event that a patient is initiated on dabrafenib-trametinib combination therapy and has to discontinue one agent due to toxicity, dabrafenib or trametinib monotherapy as a BRAF-mutation targeted treatment for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1, will be funded, should that be the chosen treatment option. Treatment should continue until disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms. For clarity, initiation of treatment with dabrafenib or trametinib monotherapy will not be funded.

DAPAGLIFLOZIN (*Forxiga 5mg and 10mg Tablet*)

- For the treatment of Type II diabetes when:
 - Added on to metformin for patients:
 - who have inadequate glycemic control on metformin; and
 - who have a contraindication or intolerance to a sulfonylurea; and
 - for whom insulin is not an option.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Added on to a sulfonylurea for patients:
 - Who have inadequate glycemic control on a sulfonylurea; and
 - who have a contraindication or intolerance to metformin; and
 - for whom insulin is not an option.

DAPAGLIFLOZIN AND METFORMIN HYDROCHLORIDE (*Xigduo 5mg/850mg and 5mg/1000mg Tablet*)

- For the treatment of Type II diabetes for patients:
 - who are already stabilized on therapy with dapagliflozin and metformin to replace the individual components of dapagliflozin and metformin; and
 - for whom insulin is not an option

Claim Note:

- Must have met criteria for dapagliflozin.

***DARBEPOETIN** (*Aranesp Syringe Injection*)

- For the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of $\leq 90\text{g/L}$ and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months
- Initial approval for 12 weeks with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions).
- Approval of further 12 week cycles are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.

Note:

- Specialized request forms are used to request coverage for darbepoetin.

DARIFENACIN (*Enablex 7.5mg, 15mg Tablet*)

- See [OAB Medications](#)

***DASATINIB** (*Sprycel 20mg, 50mg, 70mg, 100mg Tablet*)

- 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 \oplus ALL) with resistance or intolerance to prior therapy including imatinib.
- Coverage approved for 6 months.

DEFERASIROX (*Exjade 125mg, 250mg, 500mg Tablet for Suspension and generic brands*)

- For the treatment of patients who require iron chelation and deferoxamine is contraindicated.

DEFERIPRONE (*Ferriprox 100mg/mL Solution and 1000mg Tablet*)

- For the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***DENOSUMAB** (*Prolia 60mg/mL Prefilled Syringe*)

- For women with postmenopausal osteoporosis for whom bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia) and have at least two of the following:
 - age >75 years;
 - a prior fragility fracture;
 - a bone mineral density (BMD) T-score \leq -2.5.

***DENOSUMAB** (*Xgeva 120mg/1.7mL Solution*)

- As a single agent for the prevention of skeletal related events (SREs) for metastatic castrate resistant prostate cancer (CRPC) patients with one or more documented bone metastases and ECOG performance status (PS) 0-2.

DIENOGEST (*Visanne 2mg Tablet*)

- For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options are either ineffective or cannot be used.

DIMETHYL FUMARATE (*Tecfidera 120mg and 240mg DR Capsule*)

- For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
 - requested and followed by a neurologist experienced in the management of RRMS; and
 - recent expanded disability status scale (EDSS) score of 5.5 or less (i.e. patients must be able to ambulate at least 100 metres without assistance).
- **Exclusion:**
 - not funded in combination with other disease modifying therapies;
 - not funded in patients with an EDSS > 5.5;
 - not funded in patients < 18 years of age.
- **Renewals:**
 - EDSS score < 5.5 (i.e. patients must be able to ambulate at least 100 metres without assistance). Date and details of the most recent neurological examination and EDSS score must be provided (exam must have occurred within the last 90 days); and
 - patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year.

DIPYRIDAMOLE & ASA (*Aggrenox 200/25mg Capsule*)

- For the secondary prevention of ischemic stroke/transient ischemic attack (TIA) in patients who have experienced a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA.

DONEPEZIL (*Aricept 5mg, 10mg Tablet and generic brands*)

- See [Cholinesterase Inhibitors \(ChEI\)](#)

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DULOXETINE (*Cymbalta 30mg, 60mg Capsule and generic brands*)

- For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first-line agent.

Clinical Note:

- First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain.

Claim Note:

- The maximum dose reimbursed is 60mg daily.

ELBASVIR/GRAZOPREVR (Zepatier 50mg/100mg Tablets)

- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis who meet the following criteria:

Approval Period and Regimen	
Genotype 1	
▪ Treatment-naïve	▪ 12 weeks
▪ Treatment-experienced prior relapsers	▪ <i>(8 weeks may be considered in treatment-naïve genotype 1b patients without significant fibrosis or cirrhosis)</i>
Genotype 1b	
▪ Treatment-experienced on-treatment virologic failures	▪ 12 weeks
Genotype 4	
▪ Treatment-naïve	▪ 12 weeks
▪ Treatment-experienced prior relapsers	
Genotype 1a	
▪ Treatment-experienced on-treatment virologic failures	▪ 16 weeks in combination with ribavirin
Genotype 4	
▪ Treatment-experienced on-treatment virologic failures	▪ 16 weeks in combination with ribavirin

- Patients must also meet all of the following criteria:**
 - Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection);
 - Lab-confirmed hepatitis C genotype 1 or 4;
 - Quantitative HCV RNA value within the last 6 months;
 - Fibrosis stage must be provided.

Clinical Notes:

- Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin (PegIFN/RBV) based regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

2. Treatment-experienced prior relapser is defined as a patient who has undetectable HCV RNA at the end of previous PegIFN/RBV therapy, including regimens containing NS3/4A protease inhibitors (for genotype 1), but with a subsequent detectable HCV RNA during follow-up.
3. Treatment-experienced on-treatment virologic failure is defined as a patient who has been previously treated with PegIFN/RBV regimen, including regimens containing HCV protease inhibitors (for genotype 1), and who has not experienced adequate response, including a null response, partial response, virologic breakthrough or rebound.
4. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
5. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904237
 - 00904238
- Claims will be limited to a 28-day supply.

EMPAGLIFLOZIN (*Jardiance 10mg and 25mg Tablet*)

- For the treatment of Type 2 diabetes mellitus for patients with:
 - inadequate glycemic control on metformin and a sulfonylurea; and
 - for whom insulin is not an option

OR
- As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular death in patients with type 2 diabetes mellitus and established cardiovascular disease (details must be provided as per clinical note below) who have:
 - inadequate glycemic control despite an adequate trial of metformin

Clinical Notes:

- Established cardiovascular disease is defined as one of the following (details must be provided):
 - History of myocardial infarction (MI).
 - Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status).
 - Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection.
 - Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease.
 - History of ischemic or hemorrhagic stroke.
 - Occlusive peripheral artery disease.

EMPAGLIFOZIN/METFORMIN HYDROCHLORIDE (*Synjardy 5mg/500mg, 5mg/850mg, 5mg/1000mg, 12.5mg/500mg, 12.5mg/850mg and 12.5mg/1000mg Tablet*)

- For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with empagliflozin and metformin, to replace the individual components of empagliflozin and metformin. Patients must meet coverage criteria for empagliflozin.

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EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (*Truvada 200mg/ 300mg Tablet and generic brands*)

MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TGW)

- For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in adults at high risk who report condomless anal sex within the last six months and any of the following:
 - Infectious syphilis or rectal bacterial sexually transmitted infection (STI), particularly if diagnosed in the preceding 12 months;
 - Recurrent use of nonoccupational postexposure prophylaxis (nPEP) (more than once);
 - Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL); or
 - High-incidence risk index (HIRI)-MSM risk score ≥ 11 . Please refer to the [BC-CfE PrEP guidelines](#) or the [Canadian PrEP Guidelines](#) which include details about how to calculate the HIRI-MSM risk score.

HETEROSEXUAL EXPOSURE

- For pre-exposure prophylaxis (PrEP), in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in heterosexual men and women at high risk of acquiring HIV infection who meet both of the following:
 - Condomless vaginal or anal sex; and
 - Ongoing sexual relationship with an HIV-positive partner who is not receiving stable ART and/or does not have an HIV viral load <200 copies/ mL. (i.e. not on ART or >200 copies/mL).

PEOPLE WHO INJECT DRUGS (PWID)

- For pre-exposure prophylaxis (PrEP) for PWID who are at high risk of acquiring HIV infection and meet both of the following:
 - Report sharing of injection equipment; and
 - Have an HIV-positive injecting partner who is not receiving stable ART and/or does not have an HIV viral load < 200 copies/mL.

Clinical notes:

- PrEP should be part of a combination prevention strategy that includes behavioural interventions such as condoms and risk reduction counseling.
- PrEP is not recommended in the context of a stable closed relationship with a single partner with no or negligible risk of having transmissible HIV.

Note regarding daily versus “on-demand” dosing:

- As stated in the Canadian Guideline, **daily** emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) is currently the PrEP regimen of choice because it has been the most widely evaluated in high quality studies, and “on-demand” dosing is currently an off-label use of TDF/FTC in Canada. The on-demand regimen requires taking the drug 24 hours before sexual activity, every 24 hours during the sexual activity, and 24 hours after the last sexual encounter. A randomized placebo-controlled trial among MSM in France and Montreal found high efficacy among men who had frequent sex and who regularly took an average of 4 pills per week. These results suggest an on-demand strategy may be less effective for MSM who have less frequent sex because consistent pill use is important to achieve high levels of drugs in the body. A subsequent sub-study found that an on-demand strategy (median 9.5 pills/month) remained highly effective for MSM having infrequent sex (median 5x/month). The implication is that on demand’ PrEP compared with daily, continuous PrEP may decrease the cost of drugs while

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preventing similar numbers of infections. However, study of how on-demand PrEP would work in “real life” settings outside of a placebo-controlled trial are required.

ENTACAPONE (*Comtan 200mg Tablet and generic brands*)

- For the treatment of Parkinson's disease as adjunctive therapy in patients who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with a levodopa and a decarboxylase inhibitor.

ENTECAVIR (*Baraclude 0.5mg Tablet and generic brands*)

- For the treatment of chronic hepatitis B infection in patients with:
 - documented cirrhosis on radiologic or histologic grounds; AND
 - a HBV DNA concentration above 2000iu/mL.

ENZALUTAMIDE (*Xtandi 40mg Capsule*)

ASYMPTOMATIC OR MILDLY SYMPTOMATIC PATIENTS

- As a **single agent treatment** for **asymptomatic or mildly symptomatic** metastatic CRPC patients after failure of androgen deprivation therapy (including an LHRH agonist/antagonist or orchiectomy) who have not received prior chemotherapy for metastatic CRPC, ECOG PS 0-1 and no risk for seizures.
- Enzalutamide would be an **alternative** to abiraterone and **not sequential** therapy in this asymptomatic or mildly symptomatic patient population.

SYMPTOMATIC (POST-DOCETAXEL CHEMOTHERAPY) PATIENTS

- As a **single agent treatment** for metastatic CRPC patients with ECOG PS 0-2, no risk for seizures and progression **after previous treatment with docetaxel**.
- Enzalutamide would be an **alternative** to abiraterone and **not sequential** therapy in this symptomatic post docetaxel chemotherapy setting.

RETREATMENT

- Use of enzalutamide in the post docetaxel setting is **not permitted** if previously used in the pre-chemotherapy setting.

EPINEPHRINE (*Allerject 0.15mg/0.15mL, 0.3mg/0.3mL Injection, Epipen 1:1000 and Epipen Jr. 1:2000 Injection*)

- For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

Note:

- Regular benefit, but with a quantity limit of two injections per fiscal year. Additional units require an exception status request.

EPLERENONE (*Inspira 25mg, 50mg Tablet and generic brands*)

- For patients >55 years with mild to moderate HF on standard HF treatments with EF ≤ 30% (or ≤35% if QRS duration >130ms) and recent (6 months) hospitalization for CV disease or with elevated BNP or NT-proBNP levels.

Notes:

- Requests will be considered from practitioners with a specialty in cardiology.
- Patients must be on optimal therapy with an angiotensin-converting-enzyme (ACE) inhibitor, an angiotensin-receptor blocker (ARB), or both and a beta-blocker (unless contraindicated) at the recommended dose or maximal

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tolerated dose.

***ERLOTINIB** (*Tarceva 100mg and 150mg Tablet and generic brands*)

- For the first-line treatment of patients with EGFR mutation positive locally advanced or metastatic NSCLC with a good performance status.
- For the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen and whose EGFR mutation status is positive or unknown.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Notes:

- Use of erlotinib precludes the use of any other EGFR inhibitor as a subsequent line of therapy.
- Approval period: 6 months
- In the absence of disease progression and in the event of severe toxicity within the first 12 weeks of therapy, a switch to another approved EGFR inhibitor may be allowed.

***ERYTHROPOIETIN** (*Eprex Multidose Vial and Syringe Injection*)

- For the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of $\leq 90\text{g/L}$ and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months
- Initial approval for 12 weeks with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions).
- Approval of further 12 week cycles are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.
- If transfusion requirements increase to ≥ 2 units/ month (over a 3 month period), one dose increase may be attempted (maximum dose 60,000iu per week).

Note:

- Specialized request forms are used to request coverage for erythropoietin.

ESLICARBAZEPINE (*Aptiom 200mg, 400mg, 600mg and 800mg Tablet*)

- As adjunctive treatment for patients with refractory partial-onset seizures who meet all of the following criteria:
 - are under the care of a physician experienced in the treatment of epilepsy, and
 - are currently receiving two or more antiepileptic drugs, and
 - in whom all other antiepileptic drugs are ineffective or not appropriate.

Notes:

- Any combination of lacosamide, perampanel or eslicarbazepine will not be reimbursed.

***ESTRADIOL** (*Estrogel Topical Gel*)

- For the treatment of menopausal symptoms in women who cannot tolerate the oral forms of hormone replacement therapy.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ETANERCEPT (*Brenzys 50 mg/mL Prefilled Pen and 50 mg/mL Prefilled Syringe*)

For etanercept-naïve patients whose etanercept therapy is initiated after November 1, 2017, a biosimilar will be the product that is approved for the following indications.

ANKYLOSING SPONDYLITIS

- For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - 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
 - 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.

Notes:

- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
- Initial coverage period 6 months, maximum dose 50mg per week and not in combination with other anti-TNF agents.
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs.

RHEUMATOID ARTHRITIS

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or
 - use in combination with another DMARD, for a minimum of 12 weeks; **AND**
 - methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Maximum Dosage Approved: 50mg once per week with no dose escalation permitted.

ETANERCEPT (*Enbrel 25mg Powder For Injection and 50mg/ML Injection*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

***ETANERCEPT** (*Erelzi 25mg/0.5 ml and 50mg/ml Prefilled Syringe and 50mg/ml Prefilled Autoinjector*)

For etanercept-naïve patients whose etanercept therapy is initiated after November 1, 2017, a biosimilar will be the product that is approved.

ANKYLOSING SPONDYLITIS

- For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10-point scale) who:
 - 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
 - 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 disease modifying antirheumatic drug (DMARD).

Notes:

- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
- Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
- Initial coverage period 6 months, maximum dose 50mg per week and not in combination with other anti-TNF agents.
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs.

RHEUMATOID ARTHRITIS

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate (MTX) or other DMARDs, in adult patients who are refractory or intolerant to:
 - MTX (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks AND
 - MTX in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral MTX, or who experience gastrointestinal intolerance, a trial of parenteral MTX must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

be considered if no improvement is seen after 12 weeks of triple DMARD use.

- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Maximum Dosage Approved: 25mg twice a week or 50mg once a week with no dose escalation permitted.

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

- For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria:
 - For patients aged 4-17 years with moderate or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs); and
 - Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children.

***EVEROLIMUS (*Afinitor 2.5mg, 5mg, 7.5 mg, and 10mg Tablet*)**

METASTATIC RENAL CELL CARCINOMA (RCC)

- As a single agent for metastatic renal cell carcinoma (RCC) patients with documented clear cell histology who have a Karnofsky performance status 70% or higher after progression or intolerance to the VEGF multi-targeted tyrosine kinase inhibitors (TKIs), (e.g., sunitinib, pazopanib and/or sorafenib).

HORMONE RECEPTOR POSITIVE, HER2 NEGATIVE-ADVANCED BREAST CANCER

- In combination with exemestane for postmenopausal patients (ECOG PS ≤ 2) with documented hormone receptor positive, HER2 negative-advanced breast cancer after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI).

Note:

- It may be clinically reasonable to use the combination in patients with treated and stable brain metastasis.

METASTATIC PANCREATIC NEUROENDOCRINE TUMORS (PNET)

- For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumors (pNET) with good performance status (ECOG 0-2), until disease progression.

Note:

- Patients whose disease progresses on sunitinib are not eligible for funded treatment with everolimus for pNET.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

EZETIMIBE (*Ezetrol 10mg Tablet and generic brands*)

- For the treatment of hypercholesterolemia, as adjunctive therapy with statins, in patients who have not reached treatment goals on maximum tolerated statin therapy alone.
- For the treatment of hypercholesterolemia, as monotherapy, in patients who are intolerant to statins and, when appropriate, fibrates.

FEBUXOSTAT (*Uloric 80mg Tablet*)

- For the treatment of symptomatic gout in patients who have documented hypersensitivity to allopurinol.

***FENTANYL** (*Fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr Transdermal System and generic brands*)

- For the treatment of malignant or chronic non-malignant pain in adult patients who were previously receiving continuous opioid administration (i.e., not opioid naive), or who are unable to take oral therapy.

FESOTERODINE FUMARATE (*Toviaz 4mg and 8mg Tablets*)

- See [OAB Medications](#)

FIDAXOMICIN (*Dificid 200mg Tab*)

- For the treatment of Clostridium Difficile Infection (CDI) where the patient:
 - has experienced a third or subsequent episode within 6 months of treatment with vancomycin for prior episode(s), with no previous trial of fidaxomicin; OR
 - has experienced treatment failure¹ with oral vancomycin for the current CDI episode; OR
 - has had a documented allergy (immune-mediated reaction) to oral vancomycin; OR
 - has experienced a severe adverse reaction or intolerance² to oral vancomycin treatment that resulted in the discontinuation of vancomycin therapy.
- **Re-treatment criteria:**
 - Re-treatment with fidaxomicin will only be considered for an early relapse occurring within 30 days of the completion of the most recent fidaxomicin course.
 - Relapse/recurrence occurring beyond 30 days after the completion of the most recent fidaxomicin course will require a trial with vancomycin, unless there is a documented allergy, severe adverse reaction or intolerance to prior oral vancomycin use.

Clinical Notes:

1. Treatment failure is defined as 7 days of vancomycin therapy without acceptable clinical improvement.
2. Details of severe adverse reaction or intolerance must be provided and should be clinically related to oral administration of vancomycin.

Claim Note:

- Requests will be approved for 200mg twice a day for 10 days.

FINGOLIMOD (*Gilenya 0.5mg Capsule*)

- For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) who meet **all** of the following criteria:
 - have failed to respond to a full and adequate course¹ of at least one disease modifying therapy (DMT) publicly insured in Nova Scotia as an initial therapy, or has contraindications/intolerance² to at least two initial therapies;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- one or more clinically disabling relapses in the previous year;
- significant increase in T2 lesion load compared with that from a previous MRI scan (i.e. 3 or more new lesions) or at least one gadolinium-enhancing lesion;
- requested and followed by a neurologist experienced in the management of RRMS;
- recent expanded disability status scale (EDSS) score of 5.5 or less (i.e. patients must be able to ambulate at least 100 meters without assistance).
- Dosage: 0.5mg daily
- Approval period: 1 year
- **Exclusions:**
 - not funded in combination with other disease modifying therapies;
 - not funded in patients with an EDSS>5.5;
 - not funded in patients who have had a heart attack or stroke in the last six months of funding request, patients with a history of sick sinus syndrome, atrioventricular block, significant QT prolongations, bradycardia, ischemic heart disease, or congestive heart failure;
 - not funded in patients <18 years of age;
 - not funded due to needle phobia or preference for oral therapy over injection in patients without clinical contraindications to interferon or glatiramer therapy.

Note:

- Skin reactions at the site of injection do not qualify as contraindications to interferon or glatiramer therapy.

Renewal:

- EDSS score ≤ 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance). Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days); AND
- Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year.

Of Note:

1. Failure to respond to full and adequate courses: defined as a trial of at least 6 months of interferon or glatiramer therapy AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy
2. Intolerance is defined as: documented serious adverse effects or contraindications that are incompatible with further use of that class of drug

***FLUCONAZOLE** (*Diflucan POS 10mg/mL*)

- For the treatment of oropharyngeal candidiasis when nystatin has failed, or for systemic infections when oral tablets are not an option.

***FLUDARABINE** (*Fludara 10mg Tablet*)

- For the treatment of chronic lymphocytic leukemia (CLL), in patients with an ECOG performance status of 0-2, when:
 - the patient has failed to respond or relapsed during or after previous therapy with an alkylating agent, and
 - intravenous administration is not desirable.

FLUOROQUINOLONES, OPHTHALMIC (*Ciprofloxacin, Ofloxacin*)

- For the treatment of eye infections upon the order of an ophthalmologist, ophthalmology resident, prescribing optometrist or other prescriber who has a specialty in ophthalmology. **[Criteria Code 01]**

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*FLUOROQUINOLONES, ORAL (*Ciprofloxacin, Norfloxacin*)

- For the treatment of patients intolerant or allergic (hypersensitivity reaction) to all other effective oral agents. **[Criteria Code 01]**
- For the treatment of aerobic, gram-negative infections which are resistant to other suitable oral agents. **[Criteria Code 02]**
- For the oral treatment of multi-resistant, aerobic, gram-negative infections traditionally requiring parenteral therapy (e.g., osteomyelitis, complicated urinary tract infections, bacterial pneumonia in cystic fibrosis, prostatitis) for which other oral agents are not effective or available. **[Criteria Code 03]**
- For infections due to *Pseudomonas aeruginosa* (ciprofloxacin is the preferred agent). **[Criteria Code 04]**
- For the treatment of necrotizing (malignant) otitis externa. **[Criteria Code 05]**
- For the prevention of endophthalmitis in patients who have had cataract surgery involving an unplanned vitrectomy (ciprofloxacin). **[Criteria Code 06]**

*FLUOROQUINOLONES, RESPIRATORY (*Levofloxacin, Moxifloxacin*)

- for the completion of therapy instituted in the hospital setting for the treatment of nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic bronchitis (AECB). **[Criteria Code 01]**
 - for the treatment of severe pneumonia in nursing home patients. **[Criteria Code 02]**
 - for the treatment¹ of CAP in patients with comorbidity² upon radiographic confirmation of pneumonia, or who have failed first line therapies (macrolide, doxycycline, amoxicillin-clavulanate). **[Criteria Code 03]**
 - for the treatment¹ of AECB in complicated patients³ who have failed treatment with one of the following: amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate. **[Criteria Code 04]**
1. If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.
 2. Comorbidity includes chronic lung disease, malignancy, diabetes, liver failure, renal failure, congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDS, smoking, malnutrition or acute weight loss.
 3. Complicated AECB defined as increased cough and sputum, sputum purulence and increased dyspnea and FEV1 < 50% predicted or FEV1 50% - 65% and one of the following: ≥4 exacerbations per year, ischemic heart disease, chronic oral steroid use or antibiotic use in past 3 months

FLUOXETINE (*Prozac 20mg/5mL Syr and generic brands*)

- For use in patients for whom oral capsules are not an option.

FLUTICASONE FUROATE AND VILANTEROL (AS TRIFENATATE) (*Breo Ellipta 100mcg/25mg and 200mcg/25mg dry powder for inhalation*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

FORMOTEROL (*Foradil 12ug Capsule For Inhalation, Oxeze 6mcg/Dose, 12mcg/Dose Turbuhaler, Zenhale 50/5mcg, 100/5mcg, 200/5mcg Inh*)

- See [Long-Acting Beta₂-Agonists](#)

FORMOTEROL, IN COMBINATION (*Symbicort 100/6mcg, 200/6mcg Turbuhaler*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

FOSFOMYCIN TROMETHAMINE (*Monurol 3g/sachet and generic brands*)

- For the treatment of uncomplicated urinary tract infections in adult female patients where:
 - the infecting organism is resistant to other oral agents **[Criteria Code 01]**; OR
 - other less costly treatments are not tolerated. **[Criteria Code 02]**

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***GABAPENTIN** (*Neurontin 100mg, 300mg, 400mg, 600mg and 800mg Capsule and Tablet and generic brands*)

- For the treatment of neuropathic pain (e.g. diabetic neuropathy, postherpetic neuropathy) in patients who have failed a trial of a tricyclic antidepressant (e.g. amitriptyline, desipramine, imipramine, nortriptyline).

GALANTAMINE (*Reminyl ER 8mg, 16mg, 24mg Capsule and generic brands*)

- See [Cholinesterase Inhibitors \(ChEI\)](#)

GLATIRAMER ACETATE (*Copaxone 20mg/mL Syringe Injection*)

Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria:

Treatment initiation:

- Diagnosis of Multiple Sclerosis with a relapsing course^{*}:
 - Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses;
 - Does not include primary progressive MS, progressive- relapsing or secondary progressive MS without relapses;
and
 - Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less (exceptions are permitted in special cases).

Renewal:

- EDSS not greater than 6.0 for at least 12 months in the absence of relapses.
- Patients must be assessed for compliance and for any therapy related side effects that are intolerable.

Exclusions:

- Concurrent illness likely to alter compliance or substantially reduce life expectancy

* Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.

GLYCEROL PHENYLBUTYRATE (*Ravicti 1.1g/mL Oral Liquid*)

- For the chronic management of patients with urea cycle disorders (UCDs).

Clinical Note:

- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Notes:

- Must be prescribed by, or in consultation with, a prescriber experienced in the treatment of UCDs.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904360
 - 00904361

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

GLYCOPYRRONIUM BROMIDE (*Seebri 50mcg Capsule for Inhalation*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry.
OR
- For the treatment of COPD in patients with an inadequate response to short acting bronchodilators.
- Combination therapy with a long- acting beta-₂ agonist /inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhaler will be considered in patients with: moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV₁ < 60% predicted and FEV₁/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3.
MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.
2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses*:
 - 8 puffs per day of short acting beta-₂ agonist or
 - 12 puffs per day of ipratropium or
 - 6 puffs per day of ipratropium plus salbutamol combination inhaler* Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.
3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Note:

- Coverage for LABA and LAAC as two separate inhalers will not be considered.
- Inhalers which combine a LABA/LAAC are also available as ESD benefits. These products have their own criteria which are listed in the NS Formulary.

GOLIMUMAB (*Simponi 50mg/0.5ml and 100mg/1mL Autoinjector and Prefilled Syringe*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

***GRANISETRON** (*Kytril 1mg Tablet and generic brands*)

- See [Serotonin \(5-HT₃\) Antagonists](#)

Note:

- Recommended dose is 2mg orally 1 hour pre-chemotherapy or 1mg 1 hour pre-chemotherapy and 1mg 12 hours post-chemotherapy.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

GRASS POLLEN ALLERGEN EXTRACT (*Oralair 100 and 300 Unit IR S/L Tablet*)

- For the seasonal treatment of grass pollen allergic rhinitis in patients that have not adequately responded to, or tolerated, conventional pharmacotherapy.

Notes:

- Treatment with 5-GPAE must be prescribed and initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
- Treatment should be initiated four (4) months before onset of pollen season and should only be continued until the end of the season.
- Treatment should not be taken for more than three (3) consecutive years.

HYDROXYZINE (*10mg, 25mg, 50mg Capsule, generic brands and Atarax Syrup*)

- For chronic urticaria, defined as the presence of hives or lesions for longer than six weeks, which has responded to treatment with hydroxyzine

***IBRUTINIB** (*Imbruvica 140mg Capsule*)

FIRST LINE CHRONIC LYMPHOCYTIC LEUKEMIA/ SMALL LYMPHOCYTIC LYMPHOMA

- As a single agent treatment option for patients with previously untreated chronic lymphocytic leukemia (CLL)/ small lymphocytic lymphoma (SLL) for whom fludarabine –based treatment is considered inappropriate due to high risk of relapse or refractory disease based on prognostic biomarkers. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Clinical Notes:

- High risk for relapse or refractory disease includes 17p deletion, TP53 mutation, 11q deletion and unmutated IGHV.
- Sequential use of ibrutinib and idelalisib will not be funded, except as a bridge to transplant. Exceptions may be considered in the case of intolerance without disease progression.

RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA OR SMALL LYMPHOCYTIC LYMPHOMA

- As a treatment option for patients with relapsed and/or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine-based regimen, including :
 - Patients who received prior fludarabine-based treatment and had a progression free interval of less than three years
 - Patients who received prior fludarabine-based treatment and had a progression free interval of greater than three years, but are now considered unfit for fludarabine-based retreatment due to age ≥ 70 , or age ≥ 65 and the presence of comorbidities (Cumulative Illness Rating Scale [CIRS] ≥ 6 or creatinine clearance $<70\text{ml/min}$)
 - Patients who did not receive prior fludarabine-based treatment because they were considered unfit, and who relapsed after at least two cycles of alkylator-based therapy, regardless of the progression free interval after that therapy

RELAPSED/REFRACTORY MANTLE CELL LYMPHOMA

- As a single agent treatment option for patients with relapsed or refractory mantle cell lymphoma who have received at least one prior therapy. Patients should have a good performance status. Treatment should be discontinued upon disease progression or unacceptable toxicity.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ICATIBANT (*Firazyr 30mg/30mL Single Dose Prefilled Syringes*)

- For the treatment of acute attacks of hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency (type I or type II) under the following conditions:
 - treatment of non-laryngeal attacks of at least moderate severity, or
 - treatment of acute laryngeal attacks

Notes:

- Limited to a single dose for self-administration per attack
- Be prescribed by physicians with experience in the treatment of HAE

Claim Notes:

- Maximum of two doses on hand at any time.

IDELALISIB (*Zydelig 100mg and 150mg Tablet*)

- In combination with rituximab for the treatment of patients with relapsed chronic lymphocytic leukemia (CLL). Treatment should continue until unacceptable toxicity or disease progression

***IMATINIB** (*Gleevec 100mg, 400mg Tablet and generic brands*)

- As a single agent for adult patients with a histological diagnosis of localized primary Gastrointestinal Stromal Tumors (GIST) (KIT (CD-117)-positive) following surgical complete resection and at a high risk of recurrence
 - risk of recurrence is dependent on location, size and mitotic rate. Specific parameters for considering adjuvant therapy after resection of GIST along the gastrointestinal tract may include but are not limited to:
 - gastric: any tumor >3cm where the mitotic rate is >5/50 high powered fields (HPFs). Adjuvant treatment could be considered where the mitotic rate is <5HPFs and tumor >10cm;
 - duodenal, small bowel, peritoneal, colorectal: any tumor where the mitotic rate is >5HPFs; any tumor >5cm in size;
 - coverage duration: 36 months.
- For the treatment of chronic myelogenous leukemia (CML), as a single agent, in patients who have documented evidence of Philadelphia chromosome positive CML, with an ECOG performance status of 0-2 and who:
 - are in blast crisis, accelerated phase, or chronic phase; OR
 - as a secondary treatment in patients who demonstrate a hematologic relapse or cytogenetic progression after interferon-alpha (INF-a) therapy;
 - coverage duration: 1 year.
- Requests for other indications will be reviewed on a case by case basis.
- Written request of an oncologist required.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***IMIQUIMOD** (*Aldara P 5% Cream and generic brands*)

- For the treatment of external genital and perianal warts and condyloma acuminata in adults.
- For the treatment of actinic keratosis on the head and neck in patients who have failed treatment with 5FU and cryotherapy.
- For the treatment of biopsy-confirmed primary superficial basal cell carcinoma:
 - with a tumor diameter of $\leq 2\text{cm}$; AND
 - located on the trunk, neck or extremities (excluding hands and feet); AND
 - where surgery or eradication therapy is not medically indicated;
 - Recurrent lesions in previously irradiated area; OR
 - Multiple lesions, too numerous to irradiate or remove surgically.
 - approval period: 6 weeks

Note:

- Surgical management should be considered first-line for superficial basal cell carcinoma in most patients, especially for isolated lesions.

INCOTULINUMTOXIN A (*Xeomin 50u/vial and 100iu/vial*)

- For the treatment of blepharospasm or cervical dystonia (spasmodic torticollis).

INDACATEROL (*Onbrez 75mcg Micronized powder for inhalation*)

- See [Long-Acting Beta₂-Agonists](#)

INDACATEROL AND GLYCOPYRRONIUM (*Ultibro Breezhaler 110mcg/50mcg Capsule*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-₂ agonist (LABA) or long-acting anticholinergic (LAAC).

Note:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
- If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.
- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta-agonist (LABA) or long-acting anticholinergic therapy (LAAC).

INFLIXIMAB (*Remicade 100mg Powder For Injection*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

INFLIXIMAB (*Inflectra 100mg Powder For Injection*)

For infliximab-naïve patients whose infliximab therapy is initiated after June 1, 2016, Inflectra will be the product approved for the following indications.

ANKYLOSING SPONDYLITIS

- For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - have axial symptoms¹ 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
 - 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.

Notes:

- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
 - Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score; OR
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").
 - Initial coverage period 6 months, maximum dose 5mg/kg at 0, 2, and 6 weeks then every 6-8 weeks thereafter and not in combination with other anti-TNF agents.
1. Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs.

PSORIASIS

- For patients with severe, debilitating chronic plaque psoriasis who meet all of the following:
 - Body surface area (BSA) involvement of $>10\%$ and/or significant involvement of the face, hands, feet or genitals;
 - Failure to, contraindication to or intolerant of methotrexate and cyclosporine;
 - Failure to, intolerant of or unable to access phototherapy;
 - Written request of a dermatologist or prescriber with a specialty in dermatology.
- Continued coverage is dependent on evidence of improvement, specifically:
 - A $>75\%$ reduction in the Psoriasis Area and Severity Index (PASI) score; or
 - A $>50\%$ reduction in PASI with a >5 -point improvement in DLQI (Dermatology Life Quality Index); or
 - Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals.

Clinical Notes:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

RHEUMATOID ARTHRITIS:

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks;

AND

- methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Maximum Dosage Approved:
 - Infliximab (Inflectra): 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter

For infliximab-naïve patients whose infliximab therapy is initiated after December 1, 2016, Inflectra will be the product approved for the following indications.

CROHN'S DISEASE:

- For treatment of Crohn's disease in adults, in patients with moderate to severe active disease refractory to 5-ASA products AND glucocorticoids (e.g., prednisone) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate)¹.
 - Initial approval of infliximab will be for a single infusion of 5mg/kg/dose. A second infusion may be warranted in patients not responding to the first infusion or in patients responding initially but then worsening before maintenance therapy is effective. Request for approval beyond induction therapy will be considered on a case by case basis.
 - In patients with fistulizing disease who have actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite a course of appropriate antibiotic therapy (e.g., metronidazole +/- ciprofloxacin for a minimum of 3 weeks) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate)¹.
 - Initial approval is for three infusions of infliximab of 5mg/kg/dose at 0, 2 and 6 week intervals.

1. Patients who are very ill and not candidates for surgery may qualify for infliximab therapy without a trial of AZA, 6-MP or MTX, as they may require a more rapid onset of response.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Notes:

- Requires a written request by a gastroenterologist or physician with a specialty in gastroenterology.

PSORIATIC ARTHRITIS:

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
 - The sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; **and**
 - Methotrexate (oral or parenteral) at a dose of $\geq 20\text{mg}$ weekly ($\geq 15\text{mg}$ if patient is ≥ 65 years of age) for a minimum of 8 weeks; **and**
 - Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial period 3 months, maximum dose 5mg/kg 0, 2 and 6 weeks then every 8 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

ULCERATIVE COLITIS:

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4 , and a rectal bleeding subscore ≥ 2 and are:
 - refractory or intolerant to conventional therapy (i.e. 5-ASA for a minimum of 4 weeks, and prednisone $\geq 40\text{mg}$ daily for two weeks or IV equivalent for one week); or
 - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease in the partial Mayo score ≥ 2 from baseline, and
 - a decrease in the rectal bleeding subscore ≥ 1 .

Clinical Notes:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Patients with severe disease do not require a trial of 5-ASA

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 16 weeks.
- Renewal Approval: 1 year.

INSULIN LISPRO (*Humalog Insulin, Cartridges and Kwikpen*)

- Regular benefit for children 18 years and younger, under Community Services, Family Pharmacare and Diabetes Assistance Programs
- For the management of Type I and Type II diabetes mellitus in patients 19 years of age and older, who are:
 - undergoing intensive therapy, i.e., administering three or more injections of insulin per day including basal insulin, and
 - testing blood glucose levels 4-6 times per day

INSULIN DETEMIR (*Levemir 100iu/mL Penfill and FlexTouch Prefilled Pen*)**INSULIN GLARGINE** (*Lantus 100iu/mL vial, cartridge, and Solostar Prefilled Pen*)

- For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken NPH and/or premix insulin daily at optimal dosing

AND

- have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management

OR

- have documented severe or continuing systemic or local allergic reaction to existing insulin(s)

***IPRATROPIUM BROMIDE** (*Atrovent 125mcg/mL and 250mcg/mL Inhaled Solutions and generic brands*)

- See [Wet Nebulization Solutions](#)

***IPRATROPIUM BROMIDE, IN COMBINATION** (*Combivent Inhaled Solution and generic brands*)

- See [Wet Nebulization Solutions](#)

***IRON DEXTRAN** (*DexIron 50mg/ml Injection*)

- For the treatment of iron deficiency anemia in patients intolerant to oral iron replacement products OR
- For patients who have not responded to adequate therapy with oral iron.

Notes:

- Given the safety concerns associated with IV iron, it is expected that the patients will be carefully screened and will have tried various oral iron options before being eligible for IV iron.
- Details regarding oral iron tried, length of therapy, and outcome must be provided.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

INTERFERON BETA-1A (*Avonex PS 30mcg/0.5mL Injection and Rebif 22mcg Multidose Cartridges, 22mcg/0.5mL Injection, 44mcg Multidose Cartridges and 44mcg/0.5mL Injection*)
INTERFERON BETA-1B (*Betaseron 0.3mg/vial Injection and Extavia 0.3mg/vial Injection*)

Prescribed by a neurologist with experience in the treatment of multiple sclerosis for patients who meet the following criteria:

Treatment initiation:

- Diagnosis of multiple sclerosis with a relapsing course*.
 - Includes relapsing-remitting MS and secondary progressive MS with clear superimposed relapses;
 - Does not include primary progressive MS, progressive-relapsing or secondary progressive MS without relapses;
and
 - Disability judged to be equivalent to Expanded Disability Status Score (EDSS) of 5.5 or less.

Renewal:

- EDSS not greater than 6.0 for at least 12 months in the absence of relapses.
- Patients must be assessed for compliance and for any therapy related side effects that are intolerable.

Exclusions:

- Concurrent illness likely to alter compliance or substantially reduce life expectancy.
- Planned pregnancy, pregnancy or breast-feeding.
- Active and severe depression.

* Relapsing course is defined as evidence of one relapse in the past 18 months or two relapses in the past 3 years.

***ITRACONAZOLE** (*Sporanox 100mg Capsule and generic brands*)

- For the treatment of severe systemic fungal infections.
- For the treatment of severe or resistant fungal infections in immunocompromised patients.
- For the treatment of severe onychomycosis caused by dermatophyte fungi as diagnosed by a dermatologist, attending physician or prescriber with a specialty in dermatology.

IVABRADINE HYDROCHLORIDE (*Lancora 5mg and 7.5mg Tablet*)

- For the treatment of adult patients with New York Heart Association (NYHA) classes II or III stable chronic heart failure to reduce the incidence of cardiovascular death and hospitalization, administered in combination with standard chronic heart failure therapies, who meet all of the following criteria:
 - reduced left ventricular ejection fraction (LVEF) (<35%)
 - sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm)
 - at least one hospitalization due to heart failure in the past year
 - NYHA class II to III symptoms despite at least four weeks of optimal treatment of the following:
 - a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB); and
 - a stable dose of a beta blocker; and
 - an aldosterone antagonist

Clinical Notes:

- Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided.

Claim Note:

- Patients should be under the care of a specialist experienced in the treatment of heart failure for patient selection, titration, follow-up and monitoring.

IVACAFTOR (*Kalydeco 150mg Tablet*)

- For the treatment of cystic fibrosis in patients who meet the following criteria:
 - age 6 years and older;
AND
 - patient has documented G551D mutation in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene.
- **Initial renewal criteria¹:**
 - Renewals will be considered in patients with documented response to treatment (after at least 6 months of therapy), as evidenced by the following:
 - In cases where the patient's sweat chloride levels prior to commencing therapy were **above** 60 mmol/litre:
 - the patient's sweat chloride level fell below 60 mmol/litre;
OR
 - the patient's sweat chloride level is 30% lower than the level reported in a previous test;
 - In cases where the patient's sweat chloride levels prior to commencing therapy were **below** 60 mmol/litre:
 - the patient's sweat chloride level is 30% lower than the level reported in a previous test;
OR
 - the patient demonstrates a sustained absolute improvement in FEV1 of at least 5% when compared to the FEV1 test conducted prior to the commencement of therapy.
- **Subsequent renewal criteria after the patient has met the initial renewal criteria:**
 - The patient is continuing to benefit from therapy with Kalydeco.

1. It should be noted that, while baseline sweat chloride levels and FEV1 are not required to meet initial approval criteria for ivacaftor, these parameters may be used to evaluate the effect of ivacaftor upon renewal of the request. It is important that the physician measures baseline sweat chloride levels and FEV1 and provides this information upon renewal to avoid delays in the assessment of the renewal funding decision as these measurements may be required to evaluate renewal requests.

IXEKIZUMAB (*Taltz 80mg/mL Autoinjector and Prefilled Syringe*)

- See [Anti-Tumor Necrosis Factor \(TNF\) Agents](#)

LACOSAMIDE (*Vimpat 50mg, 100mg, 150mg, 200mg Tablet and generic brands*)

- As adjunctive treatment for patients with refractory partial-onset seizures who meet all of the following criteria:
 - are under the care of a physician experienced in the treatment of epilepsy, and
 - are currently receiving two or more antiepileptic drugs, and
 - in whom all other antiepileptic drugs are ineffective or not appropriate.

***LACTULOSE** (*667mg/mL Oral Liquid, generic brands*)

- For portal systemic encephalopathy.
- For pneumatosis cystoides intestinalis.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

LAMIVUDINE (*Heptovir 100mg Tablet and generic brands*)

- For the treatment of hepatitis B, upon written request of a specialist.
- Therapy is approved for one year, with reassessment required at that time.

*LANSOPRAZOLE (*Prevacid FasTab 15mg, 30mg Tablet*)

- For patients who require the use of a proton pump inhibitor and require administration through a feeding tube.

*LANSOPRAZOLE (*Prevacid 15mg, 30mg Capsule and generic brands*)

- See [Proton Pump Inhibitors](#)

*LAPATINIB (*Tykerb 250mg Tablet*)

- in combination with capecitabine as a treatment option in patients with human epidermal growth factor receptor 2 (HER2) positive advanced or Metastatic Breast Cancer (MBC) with trastuzumab refractory disease (previously treated with trastuzumab alone or in combination with chemotherapy such as taxane and/or vinorelbine) who have an ECOG performance status of 0 to 2 and choose to receive systemic chemotherapy. Patients with previous exposure to capecitabine are not considered eligible.

LEDIPASVIR AND SOFOSBUVIR (*Harvoni 90mg/400mg Tab*)

- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

Approval Period and Regimen

Genotype 1

- | | |
|--|-----------|
| ▪ Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only | ▪ 8 weeks |
|--|-----------|

Genotype 1

- | | |
|---|------------|
| ▪ Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level ≥ 6 million IU/mL | ▪ 12 weeks |
| ▪ Treatment-naïve with compensated cirrhosis | |
| ▪ Treatment-naïve with advanced liver fibrosis (Fibrosis stage F3-F4) | |
| ▪ Treatment-experienced without cirrhosis | |
| ▪ HCV/HIV co-infected without cirrhosis or with compensated cirrhosis | |

Genotype 1

- | | |
|--|------------|
| ▪ Treatment-experienced with compensated cirrhosis | ▪ 24 weeks |
|--|------------|

Genotype 1

- | | |
|---|--|
| ▪ Decompensated cirrhosis | ▪ 12 weeks in combination with ribavirin |
| ▪ Liver transplant recipients without cirrhosis or with compensated cirrhosis | |
- Patients must also meet all of the following criteria:
 - Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection);
 - Lab-confirmed hepatitis C genotype 1;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Quantitative HCV RNA value within the last 6 months;
- Fibrosis stage must be provided.

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
4. Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904032
 - 00904033
- Claims will be limited to a 28-day supply.

***LENALIDOMIDE** (*Revlimid 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule*)

MYELOYDYSPLASTIC SYNDROME (MDS)

- As a single agent in adult myelodysplastic syndrome (MDS) patients with transfusion dependent anemia due to low or intermediate-1 risk MDS associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.

MULTIPLE MYELOMA (MM-AOPT)

- In combination with dexamethasone in adult patients with progressive myeloma (MM) after at least one previous treatment, not resistant to dexamethasone, documented measurable disease and ECOG performance status of 0-2.

NEWLY DIAGNOSED MULTIPLE MYELOMA POST-AUTOLOGOUS STEM CELL TRANSPLANT (NDMM POST-ASCT)

- For the maintenance treatment of patients with newly diagnosed multiple myeloma, following autologous stem-cell transplantation (ASCT):
 - in patients with stable disease or better, with no evidence of disease progression;
 - treat until progression or development of unacceptable toxicity requiring discontinuation of lenalidomide;
 - initial dose 10 mg lenalidomide PO daily; AND
 - dose adjustments (5-15 mg) may be necessary based on individual patient characteristics/responses.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

MULTIPLE MYELOMA NOT ELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANT (MM-TNE)

- As a first-line treatment option for newly diagnosed patients with multiple myeloma who are not eligible for autologous stem cell transplantation. Treatment should be in combination with dexamethasone for patients with ECOG performance status 0-2, and until disease progression.

Note:

- Celgene will ensure that the Product will be prescribed and dispensed only by physicians and pharmacists, respectively, who are registered with and agree in writing to adhere to the guidelines of the Company's RevAid® Program, details of which Program are available at <https://revaid.ca/revaid>.

LENVATINIB (*Lenvima 10mg, 14mg, 20mg, 24mg Compliance Pack*)

- For the treatment of patients with locally recurrent or metastatic, progressive, radioactive-iodine-refractory differentiated thyroid cancer (DTC). Treatment should be for patients with good performance status and who otherwise meet the eligibility criteria of the SELECT trial and should continue until treatment progression or unacceptable toxicity.

LEVOCARNITINE (*Carnitor 100mg/mL Oral Liquid and 330mg Tablet*)

- For the treatment of patients with primary systemic carnitine deficiency.
- For the treatment of patients with an inborn error of metabolism that results in secondary carnitine deficiency.

LEVODOPA AND CARBIDOPA AND ENTACAPONE (*Stalevo 50mg, 75mg, 100mg, 125mg, 150mg Tablet*)

- For the treatment of Parkinson's disease as adjunctive therapy in patients who:
 - are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/carbidopa;
 - were not well controlled and experienced significant "wearing off" symptoms despite optimal therapy with levodopa/carbidopa and are currently using levodopa/carbidopa and entacapone separately.

***LEVOFLOXACIN (*Levaquin 250mg, 500mg Tablet and generic brands*)**

- See [Fluoroquinolones, Respiratory](#)

LINEZOLID (*Zyvoxam 600mg Tablet*)

- Written request from an infectious disease specialist or prescriber with a specialty in infectious diseases.
- For the treatment of proven vancomycin-resistant enterococci (VRE) infections.
- For the treatment of proven methicillin-resistant staphylococcus aureus or epidermidis (MRSA/MRSE) infections in those patients who are unresponsive to, or intolerant of vancomycin.

LINAGLIPTIN (*Trajenta 5mg Tablet*)

- For the treatment of Type II diabetes for patients with:
 - inadequate glycemic control on metformin and a sulfonylurea; and
 - for whom insulin is not an option.

LINAGLIPTIN/METFORMIN (*Jentadueto 2.5mg/500mg, 2.5mg/850mg and 2.5mg/1000mg Tablet*)

- For the treatment of Type II diabetes for patients:
 - who are already stabilized on therapy with metformin, a sulfonylurea and linagliptin to replace the individual components of linagliptin and metformin; and
 - for whom insulin is not an option.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

LISDEXAMFETAMINE (*Vyvanse 10mg, 20mg, 30mg, 40mg, 50mg, and 60mg Capsule*)

- For the treatment of attention deficit hyperactivity disorder (ADHD) in patients who:
 - demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and
 - have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results.

Notes:

- Requests will be considered from prescribers with expertise in ADHD.
- The maximum dose reimbursed is 60mg daily.

LONG-ACTING BETA₂-AGONISTS (*Formoterol, Indacaterol, Salmeterol*)

LONG-ACTING BETA₂-AGONISTS/INHALED CORTICOSTEROIDS (*Formoterol, In Combination; Salmeterol, In Combination*)

ASTHMA

- For the treatment of moderate to severe asthma in patients who:
 - are compliant with inhaled corticosteroids at optimal doses; and
 - require additional symptom control, (e.g., cough, awakening at night, missing activities such as school, work or social activities because of asthma symptoms); and
 - require increasing amounts of short-acting beta₂-agonists, indicative of poor control.

Products and Strengths Approved:

Advair	<ul style="list-style-type: none">• 50/100mcg, 50/250mcg and 50/500mcg Diskus• HFA 25/125 mcg/dose• HFA 25/250 mcg/dose Inhaler
Breo Ellipta	<ul style="list-style-type: none">• 100mcg/25mg and 200mcg/25mg dry powder for inhalation
Foradil	<ul style="list-style-type: none">• 12ug Capsule For Inhalation
Oxeze	<ul style="list-style-type: none">• 6mcg/Dose, 12mcg/Dose Turbuhaler
Serevent	<ul style="list-style-type: none">• 50mcg/dose Diskhaler• 50mcg/dose Diskus
Symbicort	<ul style="list-style-type: none">• 100/6mcg Turbuhaler• 200/6mcg Turbuhaler
Zenhale	<ul style="list-style-type: none">• 5/100mcg and 5/200mcg

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry; OR
- For the treatment of COPD in patients with an inadequate response to short acting bronchodilators.
- Combination therapy with a long- acting beta₂ agonist /inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhaler will be considered in patients with: moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3.
MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.
2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses*:
 - 8 puffs per day of short acting beta₂ agonist; or
 - 12 puffs per day of ipratropium; or
 - 6 puffs per day of ipratropium plus salbutamol combination inhaler.

* Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.
3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Note:

- Coverage for LABA and LAAC as two separate inhalers will not be considered.
- Inhalers which combine a LABA/LAAC are also available as ESD benefits. These products have their own criteria which are listed in the NS Formulary.

Products and Strengths Approved:

Advair	<ul style="list-style-type: none">• 50/100mcg, 50/250mcg and 50/500mcg Diskus• HFA 25/125 mcg/dose• HFA 25/250 mcg/dose Inhaler
Breo Ellipta	<ul style="list-style-type: none">• 100mcg/25mg dry powder for inhalation
Foradil	<ul style="list-style-type: none">• 12ug Capsule For Inhalation
Onbrez	<ul style="list-style-type: none">• 75mcg Micronized powder for inhalation
Serevent	<ul style="list-style-type: none">• 50mcg/dose Diskhaler• 50mcg/dose Diskus
Symbicort	<ul style="list-style-type: none">• 100/6mcg and 200/6mcg Turbuhaler

LORATADINE (*Claritin 10mg Tablet and generic brands*)

- For chronic urticaria, defined as the presence of hives or lesions for longer than six weeks, which has responded to treatment with loratadine.

LURASIDONE (*Latuda 20mg, 40mg, 60mg, 80mg, 120mg Tablet*)

- For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

MAGNESIUM GLUCOHEPTONATE (5mg/mL Solution and generic brands)

- For the treatment of hypomagnesemia.

MEPOLIZUMAB (Nucala 100mg/mL Pws Injection)

- For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high-dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist), and have a blood eosinophil count of $\geq 0.15 \times 10^9$ /L at initiation of treatment with mepolizumab or $\geq 0.3 \times 10^9$ /L in the past 12 months, if one of the following clinical criteria are met:
 - Patients who have experienced two or more clinically significant asthma exacerbations in the past 12 months and who show reversibility (at least 12% and 200 mL) on spirometry, **or**
 - Are treated with daily oral corticosteroids (OCS).

Stopping Criteria:

- Failure to achieve a decrease in any clinically significant exacerbations at 12 months;
or
- Failure to achieve a decrease in the daily maintenance OCS dose at 12 months.

Clinical Notes:

- Significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.
- A decrease in the daily maintenance OCS dose is defined as a decrease of at least 25%.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist or allergist.
- Approvals will be for a maximum of 100mg every four weeks.
- Initial approval: 1 year.
- Renewal approval: 1 year.

***METHADONE (Metadol 1mg, 5mg, 10mg, 25mg Tablet)**

- For the management of severe chronic or malignant pain as an alternative to other opiates.
- Written request of a physician authorized to prescribe methadone.

Clinical Note:

- In the case of comorbid opioid use disorder (past or current), methadone oral liquid would normally be prescribed as per treatment standards. If methadone tablets are requested in this context, a specialist consult may be required.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

METHYLPHENIDATE (*Biphentin 10mg, 15mg, 20mg 30mg, 40mg, 50mg, 60mg and 80mg Capsule*)
METHYLPHENIDATE ER (*Concerta 18mg, 27mg, 36mg, and 54mg Tablets and generic brands*)

- For patients diagnosed with attention deficit hyperactivity disorder (ADHD) who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:
 - patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
 - have been tried on immediate release or slow release methylphenidate with unsatisfactory results.

Note:

- Requests will be considered from prescribers with expertise in ADHD.

***MIDAZOLAM** (*1mg/mL, 5mg/mL Injection and generic brands*)

- For adjunctive therapy of pain management in palliative care patients outside the hospital setting. **[Criteria Code 01]**

MIRABEGRON (*Myrbetriq 25mg ER and 50mg ER Tablet*)

- For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of immediate-release oxybutynin, solifenacin or tolterodine.

Note:

- Not to be used in combination with other pharmacological treatments for OAB.

MODAFINIL (*Alertec 100mg Tablet and generic brands*)

- for the treatment of narcolepsy confirmed by sleep study

MONTELUKAST (*Singulair 4mg, 5mg Chewtabs, 4mg/pkt Granules and 10mg Tablets and generic brands*)

- For the treatment of moderate to severe asthma in adults and children who:
 - despite compliance are not adequately controlled with a moderate or high dose inhaled corticosteroid and require additional symptom control (e.g., cough, awakening at night, missing activities such as school, work or social activities because of asthma symptoms); and
 - require increasing amounts of short-acting beta₂-agonists, indicative of poor control.

***MOXIFLOXACIN** (*Avelox 400mg Tablet and generic brands*)

- See [Fluoroquinolones, Respiratory](#)

NALTREXONE (*Revia 50mg Tablet and generic brands*)

- 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 (*Amerge 1mg, 2.5mg Tablet and generic brands*)

- See [Selective 5HT₁ - Receptor Agonists](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

NATALIZUMAB (*Tysabri 300mg/15mL Vial*)

- **Initial Request:**

- For the treatment of Relapsing-Remitting Multiple Sclerosis (RRMS) who meet all the following criteria:
 - The patient's physician is a neurologist experienced in the management of relapsing-remitting multiple sclerosis (RRMS); AND
 - The patient;
 - has a current EDSS less than or equal to 5.0; AND
 - has failed to respond to a full and adequate course¹ (at least six months) of at least ONE disease modifying therapy OR has contraindications/intolerance to at least TWO disease modifying therapies; AND
 - has had ONE of the following types of relapses in the past year:
 - the occurrence of one relapse with partial recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI; OR
 - the occurrence of two or more relapses with partial recovery during the past year; OR
 - the occurrence of two or more relapses with complete recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI.
- approval period: 1 year.

- **Requirements for Initial Requests:**

- the patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.
- MRI reports do NOT need to be submitted with the initial request.

- **Renewal:**

- Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within the last 90 days); AND
- Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year; AND
- Recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.0.

1. Failure to respond to a full and adequate course is defined as a trial of at least one approved first line therapy for a minimum of 6 months AND experienced at least one disabling relapse (attack) while on this therapy.

*NILOTINIB (*Tasigna 150mg & 200mg Capsule*)

- **First Line:**

- As a **single first line agent** for the treatment of adults with chronic phase CML.

- **Second Line:**

- As a **single second line agent** for the treatment of adults with chronic or accelerated phase CML with resistance or intolerance to prior therapy.

- These **second line** criteria include:

- Patients with CML in chronic phase who are intolerant to oral tyrosine kinase inhibitors (TKIs) (i.e. imatinib or dasatinib or both);

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Patients with CML in chronic phase who are resistant to imatinib;
- Patients with CML that have progressed to accelerated phase while on imatinib therapy.
- In any one patient, only two of the TKIs will be funded within these criteria during their lifetime.
- If a patient develops grade 3 or 4 toxicity to one of the TKIs used within 3 months of initiating therapy, access to a third agent will be funded.
- Sequential use of nilotinib and dasatinib is not permitted except in the circumstance described above (i.e. grade 3 or 4 toxicity).

NINTEDANIB (*Ofev 100mg and 150mg Capsule*)

- **Initial approval criteria:**
 - Adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF)¹ confirmed by a respirologist and a high-resolution CT scan within the previous 24 months;
 - All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded;
 - Patient is under the care of a physician with experience in IPF;
 - Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests).
- **Initial renewal criteria:**
 - Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.
 - Approval period: 6 months.
- **Second and Subsequent renewal criteria (at 12 months after initiation and thereafter):**
 - Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.
 - Approval period: 12 months.
- **Exclusion Criteria:**
 - Combination use of Ofev (nintedanib) and Esbriet (pirfenidone) will not be funded.

1. Mild-moderate IPF is defined as: a forced vital capacity (FVC) $\geq 50\%$ of predicted.

Note:

- Patients who have experienced intolerance or failure to Ofev (nintedanib) or Esbriet (pirfenidone) will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.

***NORFLOXACIN** (*400mg Tablet and generic brands*)

- See [Fluoroquinolones, Oral](#)

OAB MEDICATIONS (*Darifenacin, Fesoterodine Fumarate and Trospium*)

- For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of immediate-release oxybutynin, solifenacin or tolterodine.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

OBETICHOLIC ACID (*Ocaliva 5mg and 10mg Tablet*)

Initiation Criteria:

- For the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA, where the following criteria are met:
 - A confirmed diagnosis of PBC, defined as:
 - Positive antimitochondrial antibodies (AMA); **or**
 - Liver biopsy results consistent with PBC.
 - The patient is under the care of a gastroenterologist or hepatologist or other prescriber with a specialty in gastroenterology or hepatology.

AND

- The patient has received UDCA for a minimum of 12 months and has experienced an inadequate response to UDCA and can benefit from the addition of obeticholic acid. An inadequate response is defined as:
 - alkaline phosphatase (ALP) $\geq 1.67 \times$ upper limit of normal (ULN) **and/or**
 - bilirubin $> \text{ULN}$ and $< 2 \times \text{ULN}$ **and/or**
 - evidence of compensated cirrhosis
- OR**
- The patient has experienced documented and unmanageable intolerance to UDCA and can benefit from switching therapy to obeticholic acid.

Renewal Criteria:

- The patient continues to benefit from treatment with obeticholic acid as evidenced by:
 - A reduction in the ALP level to less than $1.67 \times \text{ULN}$; **or**
 - A 15% reduction in the ALP level compared with values before beginning treatment with obeticholic acid.

Claim Note:

- Duration of approval: 12 months

OCRIPLASMIN (*Jetrea 2.5mg/mL Injection*)

- For the treatment of symptomatic vitreomacular adhesion (VMA) if the following clinical criteria and conditions are met:
 - diagnosis of VMA should be confirmed through optical coherence tomography
 - patient does not have any of the following: large diameter macular holes (> 400 micrometre), high myopia (> 8 dioptre spherical correction or axial length > 28 millimetre), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage
- **Conditions:**
 - Ocriplasmin should be administered by a retinal specialist or by a qualified ophthalmologist experienced in intravitreal injections
 - Treatment with ocriplasmin should be limited to a single injection per eye (i.e., retreatments are not covered)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

OFLOXACIN, OPHTHALMIC (Ocuflox 0.3% Ophthalmic Solution and generic brands)

- See [Fluoroquinolones, Ophthalmic](#)

OMALIZUMAB (Xolair 150mg sterile powder for reconstitution vials)

- For the treatment of adults and adolescents (12 years of age or older) with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimum management with available oral therapies.

Criteria Notes:

- Prescribed by a specialist (allergist, immunologist, dermatologist, etc.) or other authorized prescriber with knowledge of CIU treatment.
- Initial approval period of 24 weeks at a maximum dose of 300mg every 4 weeks.
- Treatment cessation could be considered for patients who experience complete symptom control for at least 12 consecutive weeks at the end of a 24 week treatment period.
- Continued coverage will be authorized if the patient has achieved:
 - complete symptom control for less than 12 consecutive weeks; or
 - partial response to treatment, defined as at least a ≥ 9.5 point reduction in baseline urticaria activity score over 7 days (UAS7)

*OMEPRAZOLE (Losec 10mg, 20mg Capsule/Tablet and generic brands)

- See [Proton Pump Inhibitors](#)

Note:

- Omeprazole is available as a full benefit if the dose does not exceed the standard dose of 20mg per day (maximum of 425 tablets/capsules per year). If the dosage is greater than 20mg per day then the criteria for coverage must be met.

ONABOTULINUMTOXIN-A (Botox 50iu/vial and 100iu/vial Injection)

- For the treatment of the following Health Canada approved indications:
 - focal spasticity following stroke in adults;
 - equinus foot deformity in cerebral palsy patients 2 years of age and older;
 - cervical dystonia;
 - blepharospasm, hemifacial spasm (VII nerve disorder) or strabismus in patients 12 years of age and older.

ONABOTULINUMTOXIN-A (Botox 200iu/vial Injection)

- For the treatment of urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with multiple sclerosis (MS) or subcervical spinal cord injury (SCI) in patients who have failed to respond to behavioural modification and anticholinergics and/or are intolerant to anticholinergics.
- Subsequent treatments are provided at intervals no less than every 36 weeks.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***ONDANSETRON** (*Zofran 4mg, 8mg Tablet, 4mg/5mL Oral Liquid, ODT Tablet and generic brands*)

- See [Serotonin \(5-HT₃\) Antagonists](#)

Note:

- Only requests for the oral dosage forms are eligible for consideration. Although the dose may vary, usually a single oral 8mg dose pre-chemotherapy is sufficient to control symptoms. As well, some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established and is therefore, not insured.

***OSELTAMIVIR** (*Tamiflu 30mg, 45mg, 75mg Capsule, 12mg/mL Oral Suspension and generic brands*)

- For the treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For the prophylaxis of influenza A or B in long-term care residents where the facility has an outbreak.
- A protocol has been developed by Public Health for the treatment of patients in long-term care facilities. The facility must contact the Medical Officer of Health or local Public Health Office, who will notify the Pharmacare office (or dispensing pharmacy after office hours) if coverage is required.

OXCARBAZEPINE (*Trileptal 60mg/mL Oral Liquid and 150mg, 300mg, 600mg Tablet and generic brands*)

- For the treatment of epileptic seizures in patients who have had an inadequate response to or are intolerant of at least three other formulary agents (prior or current use) including carbamazepine.

OXYBUTYNIN XL (*Ditropan XL 5mg and 10mg Tablet*)

- For the treatment of over-active bladder (not stress incontinence) for patients who cannot tolerate immediate release oxybutynin after an adequate trial (e.g. 3 months).
- A three month trial will be approved initially with assessment of the effectiveness of this therapy required if further coverage is considered.

PALBOCICLIB (*Ibrance 75mg, 100mg and 125mg Capsule*)

- In combination with an aromatase inhibitor (AI) (i.e. letrozole, anastrozole or exemestane) for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER 2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have a good performance status and not be resistant to prior (neo) adjuvant aromatase inhibitor therapy (i.e. have the potential to benefit from first-line endocrine based therapy), without active or uncontrolled metastases to the central nervous system.

Clinical Notes:

- Patients will be eligible for either palbociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies.

PALIPERIDONE (*Invega Sustenna 50mg/0.5mL, 75mg/0.75mL, 100mg/mL and 150mg/1.5mL Injection Kit*)

- For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who are not adherent to an oral antipsychotic; OR
- Who are currently receiving a long-acting injectable antipsychotic and require an alternative long acting injectable antipsychotic.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

PALIPERIDONE (*Invega Trinza 175mg/0.875mL, 263mg/1.315mL, 350mg/1.75mL and 525 mg/2.625mL Injection*)

- For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who have been stabilized on therapy with injectable paliperidone for at least four months.

***PANTOPRAZOLE MAGNESIUM** (*Tecta 40mg Tablet and generic brands*)

- See [Proton Pump Inhibitors](#)

***PANTOPRAZOLE SODIUM** (*Pantoloc 20mg, 40mg EC Tablet and generic brands*)

- See [Proton Pump Inhibitors](#)

***PAZOPANIB** (*Votrient 200mg Tablet*)

- As a single agent first-line treatment option for patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma (RCC) who have an ECOG PS of 0 or 1. In any one patient, all the following conditions must be met:
 - pazopanib may be a first line option;
 - pazopanib may not be used after another VEGF tyrosine kinase inhibitor as sequential therapy;
 - In the event of significant toxicity, a switch to another VEGF tyrosine kinase inhibitor may be allowed.

PERAMPANEL (*Fycompa 2mg, 4mg, 6mg, 8mg, 10mg and 12mg Tablet*)

- As an adjunctive therapy in the management of partial-onset seizures, in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy who meet all of the following criteria:
 - are under the care of a physician experienced in the treatment of epilepsy;
 - are currently receiving two or more antiepileptic drugs; and
 - in whom all other antiepileptic drugs are ineffective or not appropriate.

***PILOCARPINE, ORAL** (*Salagen 5mg Tablet*)

- 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.

PIOGLITAZONE (*Actos 15mg, 30mg, 45mg Tablet and generic brands*)

- For treatment of Type II diabetes in patients who have:
 - inadequate glycemic control on optimal doses of sulfonylurea and metformin; or
 - demonstrated intolerance or contraindication to metformin and are on optimal doses of sulfonylurea; or
 - demonstrated intolerance or contraindication to sulfonylurea and are on optimal doses of metformin.
- Patients must have a recent A1C of < 10% unless insulin therapy is inappropriate for the patient. Duration of initial approval will be 6 months; further coverage will require demonstrated evidence of efficacy (a reduction of A1C of 0.7 observed to continue coverage).

PIRFENIDONE (*Esbriet 267mg Capsule*)

- **Initial approval criteria:**
 - Adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF)¹ confirmed by a respirologist and a high-resolution CT scan within the previous 24 months;
 - All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Patient is under the care of a physician with experience in IPF;
 - Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests).
 - **Initial renewal criteria:**
 - Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later;
 - Approval period: 6 months
 - **Second and Subsequent renewal criteria (at 12 months after initiation and thereafter):**
 - Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later;
 - Approval period: 12 months
 - **Exclusion Criteria:**
 - Combination use of Esbriet (pirfenidone) and Ofev (nintedanib) will not be funded.
1. Mild-moderate IPF is defined as: a forced vital capacity (FVC) $\geq 50\%$ of predicted.

***PLERIXAFOR** (*Mozobil 24mg/1.2mL (20mg/mL) Single Use Vial*)

- For use in combination with filgrastim to mobilize hematopoietic stem cells for subsequent autologous transplantation in patients with Non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM) if one of the following criteria are met:
 - a PBCD34+ count of < 10 cells/uL after 4 days of filgrastim; OR
 - less than 50% of the target CD34 yield is achieved on the 1st day of apheresis (after being mobilized with filgrastim alone or following chemotherapy); OR
 - if a patient has failed a previous stem cell mobilization with filgrastim alone or following chemotherapy.

Note:

- Reimbursement is limited to a maximum of 4 doses (0.24mg/kg given daily) for a single mobilization attempt and to prescriptions written by an oncologist or hematologist.

***POMALIDOMIDE** (*Pomalyst 1mg, 2mg, 3mg, and 4mg Capsule*)

- For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including both bortezomib and lenalidomide and demonstrated disease progression on the last treatment.
- Pomalidomide may be an option in rare instances where bortezomib is not tolerated or contraindicated but in all cases, patients should have failed lenalidomide.

Note:

- Pomalidomide must be prescribed and dispensed only by physicians and pharmacists who are registered with and agree in writing to adhere to the guidelines of the Company's RevAid® Program. Details are available at <https://revaid.ca/revaid>.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*PONATINIB (Iclusig 15mg and 45mg Tablet)

- For the treatment of patients with chronic phase, accelerated phase or blast phase chronic myeloid leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL) for whom other tyrosine kinase inhibitor (TKI) therapy is not appropriate, including CML or Ph+ ALL that is T315i mutation positive or where there is resistance or intolerance to prior TKI therapy. Funding should be for ECOG performance status 0-2. Treatment should continue until unacceptable toxicity or disease progression.

PRASUGREL HYDROCHLORIDE (Effient 10mg Tablet)

- In combination with ASA for patients with:
 - ST-elevated myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab;
 - treatment must be initiated in hospital;
 - approval period 12 months (up to 3 months for patients with bare metal stents).

Notes:

- **[Criteria Code 30]** may be used for the initial 30 day coverage period, however a written request submitted to the Pharmacare office is required to allow coverage for the remaining duration of treatment.
- As per the product monograph, prasugrel is contraindicated in patients with a known history of transient ischemic attack or stroke; those with active pathological bleeding such as gastrointestinal bleeding or intracranial hemorrhage; and those with severe hepatic impairment (Child-Pugh Class C).
- As per the product monograph, prasugrel is not recommended in patients ≥ 75 years of age because of the increase risk of fatal and intracranial bleeding; or those with body weight < 60 kg because of increased risk of major bleeding due to an increase in exposure to the active metabolite of prasugrel.

*PREGABALIN (Lyrica 25mg, 50mg, 75mg, 150mg, 225mg, 300mg Capsule and generic brands)

- For the treatment of neuropathic pain (e.g. diabetic neuropathy, postherpetic neuropathy) in patients who have failed a trial of a tricyclic antidepressant (e.g. amitriptyline, desipramine, imipramine, nortriptyline).

*PROTON PUMP INHIBITORS (PPIs)

OMEPRAZOLE

- Standard dose: full benefit at usual daily dose (e.g. 20mg per day). Maximum 425 tabs/caps per year.
- Double dose: requires special authorization and must have failed standard daily doses of all full benefit PPI's omeprazole, rabeprazole and pantoprazole sodium. Coverage duration: 8 week trial, followed by up to one year of coverage. Use beyond the 8 week trial will be considered if step down to standard dose is not successful.

PANTOPRAZOLE SODIUM

- Standard dose: full benefit at usual daily dose (e.g. 40mg per day). Maximum 425 tabs/caps per year.
- Double dose: requires special authorization and must have failed standard daily doses of all full benefit PPI's omeprazole, rabeprazole and pantoprazole sodium. Coverage duration: 8 week trial, followed by up to one year of coverage. Use beyond the 8 week trial will be considered if step down to standard dose is not successful

PANTOPRAZOLE MAGNESIUM AND LANSOPRAZOLE

- Standard dose: failure of a trial of all open benefit PPIs (omeprazole, rabeprazole and pantoprazole sodium). Maximum 425 tabs/caps per year.
- Double dose: failure of standard dose of requested agent and double doses of rabeprazole. Coverage duration: 8 week trial, followed by up to one year of coverage. Use beyond an 8 week trial will be considered if step down to standard dose is not successful.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***QUINAGOLIDE** (*Norprolac 0.025mg, 0.05mg, 0.075mg, 0.15mg Tablet*)

- For the treatment of hyperprolactinemia (idiopathic or originating from a prolactin secreting micro or macro-adenoma of the pituitary) after failure of bromocriptine (as determined by prolactin levels) or if bromocriptine is not tolerated.

RALOXIFENE (*Evista 60mg Tablet and generic brands*)

- For the treatment of postmenopausal osteoporosis associated with documented fragility fracture when bisphosphonates are not tolerated or are contraindicated.
- For the treatment of postmenopausal osteoporosis without documented fractures when patient is at high 10 year fracture risk (using fracture risk tables) and bisphosphonates are not tolerated or are contraindicated.
- Other requests reviewed on a case by case basis.

***REGORAFENIB** (*Stivarga 40mg Tablet*)

- For patients with metastatic and/or unresectable gastrointestinal stromal tumors (GIST) who have had disease progression on, or intolerance to, imatinib and sunitinib; AND has ECOG \leq 1.

RIBAVIRIN (*Ibavyr 200mg, 400mg and 600mg Tablet*)

- For use within a combination therapy regimen for the treatment of chronic hepatitis C, in accordance with the specific eligibility criteria for approved agents.

RIFAXIMIN (*Zaxine 550mg Tablet*)

- For reducing the risk of overt hepatic encephalopathy (HE) recurrence if the following clinical criteria are met:
 - patients are unable to achieve adequate control of HE recurrence with lactulose alone;
 - used in combination with a maximal tolerated dose of lactulose.

RILUZOLE (*Rilutek 50mg Tablet and generic brands*)

- For the treatment of amyotrophic lateral sclerosis (ALS) or Lou Gehrig's Disease, when initiated by a neurologist with expertise in the management of ALS, when the patient has:
 - probable or definite diagnosis of ALS;
 - ALS symptoms for less than five years;
 - FVC >60% predicted upon initiation of therapy;
 - no tracheostomy for invasive ventilation.
- Coverage to be reviewed every six months.
- Coverage cannot be renewed once the patient has a tracheostomy for the purpose of invasive ventilation or mechanical ventilation.

RIOCIGUAT (*Adempas 0.5mg, 1.0mg, 1.5mg, 2.0mg, 2.5mg Tablet*)

- For the treatment of inoperable chronic thromboembolic pulmonary hypertension (CTEPH, World Health Organization [WHO] Group 4) or persistent or recurrent CTEPH after surgical treatment in adult patients (\geq 18 years of age) with WHO Functional Class (FC) II or III pulmonary hypertension (PH).
- Adempas® should be prescribed by a clinician with experience in the diagnosis and treatment of CTEPH.

RISEDRONATE (*Actonel 30mg Tablet and generic brands*)

- Paget's disease of bone (2 month limit, one re-treatment course may be considered).
- Other requests reviewed on a case by case basis.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

RISPERIDONE (*Risperdal Consta 12.5mg/2mL 25mg/2mL, 37.5mg/2mL, 50mg/2mL Injection*)

- For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who are not adherent to an oral antipsychotic; OR
- Who are currently receiving a long-acting injectable antipsychotic and require an alternative long acting injectable antipsychotic.

RITUXIMAB (*Rituxan 10mg/mL Injection*)

- 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.
- Cannot be used concomitantly with anti-TNF agents.
- Written request from a rheumatologist or prescriber with a specialty in rheumatology.
- 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.
- For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.

RIVAROXABAN (*Xarelto 10mg Tablet*)

- For the prophylaxis of venous thromboembolism following total knee replacement surgery for up to 14 days, as an alternative to low molecular weight heparins. **[Criteria Code 14]**
- For the prophylaxis of venous thromboembolism following total hip replacement surgery for up to 35 days, as an alternative to low molecular weight heparins. **[Criteria Code 35]**

RIVAROXABAN (*Xarelto 15mg and 20mg Tablet*)

DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM

- **Inclusion Criteria:**
 - For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).
 - Approval Period: Up to six (6) months.
 - **[Criteria Code 42]** will be used to allow the 15mg strength to pay (max 42 tablets), which will allow patients to start therapy while awaiting ESD approval for the six months of therapy.

Notes:

- The recommended dose of rivaroxaban for patients initiating DVT or PE treatment is 15mg twice daily for 3 weeks, followed by 20mg once daily.
- Drug plan coverage for rivaroxaban is an alternative to heparin/warfarin for up to six months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see rivaroxaban product monograph).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

NON-VALVULAR ATRIAL FIBRILLATION

- **Inclusion Criteria:**

- At-risk¹ patients with non-valvular atrial fibrillation (AF) who require rivaroxaban for the prevention of stroke and systemic embolism AND in whom:
 - Anticoagulation is inadequate² following a reasonable trial³ on warfarin; OR
 - Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

- **Exclusion Criteria:**

- Patients with impaired renal function⁴ (creatinine clearance or estimated glomerular filtration rate < 30 mL/min) OR ≥ 75 years of age and without documented stable renal function⁵ OR hemodynamically significant rheumatic valvular heart disease⁶, especially mitral stenosis; OR prosthetic heart valves.

* Please Note: Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.

1. At-risk patients with non-valvular atrial fibrillation are defined as those with a CHADS₂ score of ≥ 1. Although the ROCKET-AF trial included patients with higher CHADS₂ scores (≥ 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a CHADS₂ score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS₂ score of 1.
2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
3. A reasonable trial on warfarin is defined as at least two months of therapy.
4. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see Xarelto® (rivaroxaban) Product Monograph).
5. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate of 30-49 mL/min for 15mg once daily dosing or ≥ 50 mL/min for 20mg once daily dosing that is maintained for at least 3 months.
6. There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.

RIVASTIGMINE (*Exelon 2mg/mL Oral Liquid and 1.5mg, 3mg, 4.5mg, 6mg Capsule and generic brands*)

- See [Cholinesterase Inhibitors \(ChEI\)](#)

ROTIGOTINE (*Neupro 2mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr Patch*)

- For adjunctive therapy to levodopa for the treatment of patients with advanced stage Parkinson's disease (APD).

RUFINAMIDE (*Banzel 100mg, 200mg and 400mg Tablet*)

- For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome for patients who meet all of the following criteria:
 - are under the care of a physician experienced in treating Lennox-Gastaut syndrome-associated seizures, AND
 - are currently receiving two or more antiepileptic drugs, AND
 - in whom less costly antiepileptic drugs are ineffective or not appropriate.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***RUXOLITINIB** (*Jakavi 5mg, 10mg, 15mg and 20mg Tablet*)

- As a single agent in patients with intermediate or high risk symptomatic myelofibrosis (using the Dynamic International Prognostic Scoring System (DIPSS) Plus or symptomatic splenomegaly) with an ECOG performance status (PS) ≤ 3 as **first line therapy or refractory to other treatments**. Ongoing monitoring and follow up of therapy will be required.

***SACCHARATED IRON OXIDE** (*Venofer 20mg/mL Injection*)

- For the treatment of iron deficiency anemia in patients intolerant to oral iron replacement products; OR
- For patients who have not responded to adequate therapy with oral iron.

Notes:

- Given the safety concerns associated with IV iron, it is expected that the patients will be carefully screened and will have tried various oral iron options before being eligible for IV iron.
- Details regarding oral iron tried, length of therapy, and outcome must be provided.

***SALBUTAMOL** (*0.5mg/mL, 1mg/mL, 2mg/mL Unit Dose Inhaled Solution and 5mg/mL Inhaled Solution*)

- See [Wet Nebulization Solutions](#)

***SALBUTAMOL, IN COMBINATION** (*Combivent Inhaled Solution and generic brands*)

- See [Wet Nebulization Solutions](#)

SALMETEROL (*Serevent 50mcg/dose Diskhaler and 50mcg/dose Diskus*)

- See [Long-Acting Beta₂-Agonists](#)

SALMETEROL IN COMBINATION (*Advair 50/100mcg, 50/250mcg, 50/500mcg Diskus and HFA 25/125 mcg/dose, HFA 25/250 mcg/dose Inhaler*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

SAXAGLIPTIN (*Onglyza 2.5mg and 5mg Tablet*)

- For the treatment of Type II diabetes for patients with:
 - inadequate glycemic control on metformin and a sulfonylurea; and
 - for whom insulin is not an option.

SAXAGLIPTIN AND METFORMIN (*Komboglyze 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg Tablet*)

- For the treatment of Type II diabetes for patients:
 - who are already stabilized on therapy with metformin, a sulfonylurea and saxagliptin to replace the individual components of saxagliptin and metformin; and
 - for whom insulin is not an option.

SECUKINUMAB (*Cosentyx 300mg dose kits (two subcutaneous injections of 150mg/1mL)*)

- For patients with severe, debilitating chronic plaque psoriasis who meet all of the following:
 - Body surface area (BSA) involvement of $>10\%$ and/or significant involvement of the face, hands, feet or genitals;
 - Failure to, contraindication to or intolerant of methotrexate and cyclosporine;
 - Failure to, intolerant of or unable to access phototherapy;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Written request of a dermatologist or prescriber with a specialty in dermatology.
- Continued coverage is dependent on evidence of improvement, specifically:
 - A >75% reduction in the Psoriasis Area and Severity Index (PASI) score; or
 - A >50% reduction in PASI with a > 5 point improvement in DLQI (Dermatology Life Quality Index); or
 - Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals.
- Concurrent use of biologics not approved.
- Initial approval for a maximum of 12 weeks.
- Coverage may be approved as follows: initial dosing of 300 mg doses at Weeks 0, 1, 2 and 3, followed by monthly maintenance dosing of 300 mg doses starting at Week 4.

SELECTIVE 5HT₁ - RECEPTOR AGONISTS (*Almotriptan Tablet, Naratriptan Tablet, Sumatriptan Nasal Spray*)

SUMATRIPTAN 50MG & 100MG TABLET, NARATRIPTAN TABLET

- For the treatment of migraine¹ headache when:
 - migraines are moderate² in severity and other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective; or
 - migraine attacks are severe² or ultra severe².

ALMOTRIPTAN TABLET, ZOLMITRIPTAN NASAL SPRAY, SUMATRIPTAN NASAL SPRAY

- For the treatment of migraine¹ headache of moderate² intensity when:
 - Other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective AND patients have not responded to oral sumatriptan, zolmitriptan, rizatriptan and naratriptan.
 - For the treatment of migraine¹ headache of severe² or ultra severe² intensity when patients have not responded to oral sumatriptan, zolmitriptan, rizatriptan, and/or naratriptan.

SUMATRIPTAN 6MG/SYRINGE INJECTION

- For the treatment of migraine¹ headache of moderate² intensity when:
 - other therapies (e.g. NSAIDs, acetaminophen, DHE spray) are not effective AND oral and nasal triptans are not appropriate.
 - for the treatment of migraine¹ headache of severe² or ultra severe² intensity when oral and nasal triptans are not appropriate.

Note:

- Coverage limited to 18 doses/3 months³
 - patients with >3 migraines/month on average despite prophylactic therapy may be considered for up to a maximum of 12 doses/30 day
1. As diagnosed based on current Canadian guidelines.
 2. Definitions: Moderate – pain is distracting causing need to slow down and limit activities;
Severe – pain affects ability to concentrate and very difficult to continue with daily activities;
Ultra severe – unable to speak or think clearly; not able to function; likely lying down or sleeping.
 3. Reimbursement will be available for a maximum quantity of 18 triptan doses per quarter (e.g., Jan to Mar) regardless of the agent(s) used within the 90 day period.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SELEXIPAG (*Uptravi 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg Tablet*)

- For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable HPAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III to delay disease progression, if the following clinical criteria are met:
 - Inadequate control with a first- and second-line PAH therapy.
 - Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH.

Claim Notes:

- Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.

***SEROTONIN (5-HT₃) ANTAGONISTS** (*Granisetron, Ondansetron*)

- For the treatment of emesis in patients who are:
 - receiving moderately or severely emetogenic chemotherapy [**Criteria Code 01**] or
 - receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics [**Criteria Code 02**] or
 - receiving intravenous chemotherapy or radiotherapy and who are experiencing intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents [**Criteria Code 03**]

Note:

- Use of criteria codes is limited to appropriate doses pre and post chemotherapy or radiation. Criteria codes must not be used for claims related to other causes of nausea and vomiting or for long term, daily management of nausea and vomiting.

SEVELAMER (*Renagel 800mg Tablet*)

- For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end-stage renal disease (eGFR < 15 mL/min) who have:
 - Inadequate control of phosphate levels on a calcium based phosphate binder, or
 - Hypercalcemia (corrected for albumin), or
 - Calciphylaxis (calcific arteriopathy)

Claim Notes:

- Must be prescribed by a nephrologist or other prescriber within the Provincial Dialysis Program.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of improvement of phosphate levels is required (lab values must be provided).

SILDENAFIL (*Revatio 20mg Tablet and generic brands*)

- Written request from a pulmonary arterial hypertension (PAH) specialist only
- Diagnosis of PAH should be confirmed by right heart catheterization
- Dose of sildenafil will be limited to 20mg tid

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

PAH SECONDARY TO CONNECTIVE TISSUE DISEASE (FUNCTIONAL CLASS III)

- For the treatment of patients with World Health Organization (WHO) functional class III pulmonary hypertension associated with connective tissue disease who do not respond to conventional therapy.

SITAGLIPTIN (*Januvia 25mg, 50mg, 100mg Tablet*)

- For the treatment of Type II diabetes for patients with:
 - inadequate glycemic control on metformin and a sulfonylurea; and
 - for whom insulin is not an option.

SITAGLIPTIN AND METFORMIN (*Janumet 50/500mg, 50/850mg, 50/1000mg and 50/1000 XR Tablet*)

- For the treatment of Type II diabetes for patients:
 - who are already stabilized on therapy with metformin, a sulfonylurea and sitagliptin to replace the individual components of sitagliptin and metformin;
AND
 - for whom insulin is not an option.

SMOKING CESSATION THERAPIES (*bupropion and varenicline*)

- A maximum of 12 weeks standard therapy (168 tablets) will be reimbursed annually without a special authorization request.
- Additional reimbursement (e.g. for a second course of therapy) will require a special authorization request with details regarding readiness to quit, success with previous therapy, enrolment in cessation programs and any other pertinent information.

SODIUM BICARBONATE (*500mg generic brands*)

- For patients with chronic kidney disease with a serum bicarbonate (CO₂) <22 mmol/L.

SODIUM FERRIC GLUCONATE (*Ferrlecit 12.5mg/ml Injection*)

- For the treatment of iron deficiency anemia in patients intolerant to oral iron replacement products; OR
- For patients who have not responded to adequate therapy with oral iron.

Notes:

- Given the safety concerns associated with IV iron, it is expected that the patients will be carefully screened and will have tried various oral iron options before being eligible for IV iron.
- Details regarding oral iron tried, length of therapy, and outcome must be provided.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SOFOSBUVIR (Sovaldi 400mg Tablet)

- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

Approval Period and Regimen

Genotype 2

- | | |
|------------------------------|--|
| ▪ Without cirrhosis | ▪ 12 weeks in combination with ribavirin (RBV) |
| ▪ With compensated cirrhosis | |

Genotype 3

- | | |
|------------------------------|------------------------------------|
| ▪ Without cirrhosis | ▪ 24 weeks in combination with RBV |
| ▪ With compensated cirrhosis | |

Genotype 3

- | | |
|---------------------|--|
| ▪ Without cirrhosis | ▪ 12 weeks in combination with daclatasvir |
|---------------------|--|

Genotype 3

- | | |
|---|--|
| ▪ With compensated or decompensated cirrhosis | ▪ 12 weeks in combination with daclatasvir and RBV |
| ▪ Post-liver transplant without cirrhosis or with compensated cirrhosis | |

- Patients must also meet all of the following criteria:**
 - Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
 - Lab-confirmed hepatitis C genotype 2 and 3
 - Quantitative HCV RNA value within the last 6 months
 - Fibrosis stage must be provided

Clinical Notes:

- Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
- Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
- Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
- Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904041
 - 00904042
- Claims will be limited to a 28-day supply.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SOFOSBUVIR AND VELPATASVIR (*Epclusa 400mg/100mg Tablet*)

- For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

Approval Period and Regimen

Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes

- | | |
|---------------------------------------|------------|
| ▪ Patients with compensated cirrhosis | ▪ 12 weeks |
| ▪ Patients without cirrhosis | |

Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes

- | | |
|---|--|
| ▪ Patients with decompensated cirrhosis | ▪ 12 weeks in combination with ribavirin |
|---|--|

- Patients must also meet all of the following criteria:**
 - Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
 - Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
 - Quantitative HCV RNA value within the last 6 months
 - Fibrosis stage must be provided

Clinical Notes:

- Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.
- Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
- Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).
- Re-treatment for direct-acting antiviral failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904233
 - 00904234
- Claims will be limited to a 28-day supply.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (*Vosevi 400mg/100mg/100mg Tablet*)

- For treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

Approval Period

Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes

- With compensated cirrhosis
- With no cirrhosis
- 12 weeks

Patients must also meet all of the following criteria:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection)
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage must be provided

Clinical Notes:

- Treatment experienced is defined as a patient who has been previously treated with an NS5A inhibitor for genotype 1, 2, 3, 4, 5 or 6 or sofosbuvir without an NS5A inhibitor for genotype 1, 2, 3 or 4 and who has not experienced an adequate response.
- Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A).
- Re-treatment for sofosbuvir-velpatasvir-voxilaprevir treatment failures will be considered on a case-by-case basis.

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the following PINs:
 - 00904312
 - 00904313
- Claims will be limited to a 28-day supply.

SOMATROPIN (*Humatrope, Genotropin GoQuick and MiniQuick, Nutropin, Nutropin AQ, Nutropin AQ NuSpin, Saizen Injection and Cartridge*)

- For treatment of growth hormone deficiency in patients with Turner Syndrome, upon the request of an endocrinologist or prescriber with a specialty in endocrinology

Note:

- The larger 8.8mg/vial format can be approved when suitable for dosing requirements, if it does not result in drug wastage.

***SORAFENIB** (*Nexavar 200mg Tablet*)

- As a single agent first line systemic therapy option in adult patients with a diagnosis of hepatocellular carcinoma (HCC) with Child-Pugh Class A liver dysfunction (mild hepatic impairment) with ECOG performance status 0-1; and who have either progression of disease, or who are not candidates for curative intent treatments (transplantation, hepatic resection), or other well established palliative interventions (ablation, transcatheter arterial chemo-embolization (TACE), internal radiation)
- As a single agent for second line treatment of patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma, considered to be intermediate or low risk (according to

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Memorial Sloan-Kettering (MSKCC) prognostic score), 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
- Coverage approved for 5 months with reassessment

STIRIPENTOL (*Diacomit 250mg and 500mg Capsule, 250mg and 500mg Powder for Suspension*)

- For use in combination with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (Dravet syndrome), whose seizures are not adequately controlled with clobazam and valproate alone.
- The patient must be under the care of a neurologist or a pediatrician.

SUMATRIPTAN (*Imitrex 50mg, 100mg Tablet and generic brands*)

- See [Selective 5HT₁ - Receptor Agonists](#)

SUMATRIPTAN (*Imitrex 6mg/Syringe Injection and generic brands*)

- See [Selective 5HT₁ - Receptor Agonists](#)

***SUNITINIB** (*Sutent 12.5mg, 25mg, 50mg Capsule*)

- 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, or pazopanib) as sequential therapy
 - in the event of significant toxicity, a switch to another tyrosine kinase inhibitor (i.e., sorafenib or pazopanib) may be allowed
- As a single agent for the treatment of advanced gastrointestinal stromal tumor (GIST) patients after failure of imatinib due to intolerance or resistance
- Coverage approved for 9 months with reassessment
- For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumors (pNET) with good performance status (ECOG 0-2), until disease progression

TACROLIMUS (*Protopic 0.03%, 0.1% Ointment*)

- For children greater than 2 years of age with refractory atopic dermatitis. Coverage will be renewed yearly
- For the intermittent use for moderate to severe atopic dermatitis in adults 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)

TAZAROTENE (*Tazorac 0.05%, 0.1% Gel*)

- For use in psoriasis therapy when conventional therapies have been ineffective or inappropriate

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***TEMOZOLOMIDE** (*Temodal 5mg, 20mg, 100mg, 200mg Capsule and generic brands*)

- In combination with radiotherapy (concomitant therapy) and as adjuvant therapy (post radiation for 6 cycles) for newly diagnosed high grade glioma patients with a good performance status (PS) (Karnofsky ≥ 60) and who choose to receive first line systemic chemotherapy
- Use as a single agent may be considered for patients with recurrent high grade glioma and a good PS (Karnofsky ≥ 60) who have not previously been treated with first line combination (temozolomide and radiation) therapy
- Use as a single agent may be considered for patients with high grade glioma who have recurrent disease occurring during their initial adjuvant therapy. Other systemic treatment options such as etoposide, nitrosourea based therapy or a clinical trial should be considered for patients who recur immediately following temozolomide therapy. Rechallenge with temozolomide could be considered for patients with a temozolomide free interval of six months

TENOFOVIR DISOPROXIL (*Viread 300mg Tablet*)

- For the treatment of chronic hepatitis B infection in patients with:
 - documented cirrhosis on radiologic or histologic grounds AND
 - a HBV DNA concentration above 2000iu/mL

TERBINAFINE (*Lamisil 250mg Tablet and generic brands*)

- For the treatment of severe onychomycosis caused by dermatophyte fungi. (Suggested treatment periods: 6 weeks for fingernails and 12 weeks for toenails. Longer periods of time will be considered on a case by case basis)
- For the treatment of dermatophyte infection unresponsive to other treatments or unlikely to respond to other treatments due to the site or severity of the infection

TERIFLUNOMIDE (*Aubagio 14mg Tablet*)

- For the treatment of patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
 - requested and followed by a neurologist experienced in the management of RRMS; and
 - recent expanded disability status scale (EDSS) score of 5.5 or less (i.e. patients must be able to ambulate at least 100 metres without assistance).
- **Exclusions:**
 - not funded in combination with other disease modifying therapies;
 - not funded in patients with an EDSS > 5.5 ;
 - not funded in patients < 18 years of age.
- **Renewals:**
 - EDSS score < 5.5 (i.e. patients must be able to ambulate at least 100 metres without assistance). Date and details of the most recent neurological examination and EDSS score must be provided (exam must have occurred within the last 90 days); and
 - Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year.

***TESTOSTERONE, TOPICAL** (*Androderm Patch, Androgel Gel Packet & generic brands, and Testim Gel*)

- For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of:
 - Primary: cryptorchidism, Klinefelter's, orchidectomy, and other established causes; OR
 - Secondary: pituitary-hypothalamic injury due to tumors, trauma, radiation; AND

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- For those with one of the above diagnoses, the deficiency must be clearly demonstrated by clinical features and confirmed by two separate biochemical tests.

Note:

- Maximum dose approved is 5g per day or a 5mg patch per day.
- This will be adjudicated by limiting the quantity payable each quarter (e.g. Jan-Mar) to:
 - 120 Androderm Patches (2.5mg or 5mg Patch);
 - 300g of Androgel 2.5g gel (packet);
 - 600g of Androgel 5g gel (packet); or
 - 600g of Testim Gel.

Please be reminded that topical gels are to be billed per gram (not per packet).

***THYROTROPIN** (*Thyrogen 0.9mg/mL Injection*)

- To monitor for recurrence and metastatic disease, in patients who have documented evidence of thyroid cancer and who have undergone appropriate surgical and/or medical management. This includes:
 - primary use in patients with inability to raise an endogenous TSH level (≥ 25 mu/L) with thyroid hormone withdrawal;
 - primary use in cases of documented morbidity in patients for whom severe hypothyroidism could be life-threatening;
 - secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life-threatening event.
- As a single agent for the preparation of radioiodine remnant ablation in patients with papillary or follicular thyroid cancer who have undergone thyroidectomy as treatment for thyroid cancer
 - thyrotropin is a reasonable alternate to thyroid hormone withdrawal in patients who are unable to tolerate the prolonged hypothyroid state or who cannot achieve satisfactory elevation of endogenous TSH;
 - thyrotropin may be used in new patients or patients with previously incomplete remnant ablation or who have a recurrence of thyroid cancer and require therapeutic remnant ablation.

TICLOPIDINE (*Ticlid 250mg Tablet and generic brands*)

- For the secondary prevention of ischemic stroke or transient ischemic attack (TIA) in patients with a documented severe allergy to ASA or who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA. **[Criteria Code 01]**
- For the prevention of thrombosis in patients post intracoronary stent implantation for a period of up to 30 days following insertion. **[Criteria Code 02]**
- Other requests on a case by case basis.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

TICAGRELOR (*Brilinta 90mg Tablet*)

- To be taken in combination with ASA 75 mg -150mg daily¹ for patients with acute coronary syndrome (i.e. ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), or unstable angina (UA), as follows:

STEMI^{2,3}

- STEMI patients undergoing primary percutaneous coronary intervention (PCI).

NSTEMI or UA^{2,3}

- presence of high risk features irrespective of intent to perform revascularization:
 - high GRACE risk score (>140);
 - high TIMI risk score (5-7);
 - second ACS within 12 months;
 - complex or extensive coronary artery disease e.g. diffuse three vessel disease;
 - definite documented cerebrovascular or peripheral vascular disease;
 - previous CABG;

OR

- undergoing PCI + high risk angiographic anatomy⁴.
- Coverage duration: 12 months.

Note:

- **[Criteria Code 30]** may be used for the initial 30 day coverage period, however a written request submitted to the Pharmacare office is required to allow coverage for the remaining duration of treatment.

1. Co-administration of ticagrelor with high maintenance dose ASA (>150 mg daily) is not recommended.
2. In the PLATO study more patients on ticagrelor experienced non CABG related major bleeding than patients on clopidogrel, however, there was no difference between the rate of overall major bleeding, between patients treated with ticagrelor and those treated with clopidogrel. As with all other antiplatelet treatments the benefit/risk ratio of antithrombotic effect vs. bleeding complications should be evaluated.
3. Ticagrelor is contraindicated in patients with active pathological bleeding, in those with a history of intracranial hemorrhage and moderate to severe hepatic impairment.
4. High risk angiographic anatomy is defined as any of the following: left main stenting, high risk bifurcation stenting (i.e., two-stent techniques), long stents ≥ 38 mm or overlapping stents, small stents ≤ 2.5 mm in patients with diabetes.

TIOTROPIUM BROMIDE (*Spiriva 18mcg Cap for Inhalation*)

TIOTROPIUM BROMIDE MONOHYDRATE (*Spiriva Respimat 2.5µg/actuation Inhaled Solution*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry;
OR
- For the treatment of COPD in patients with an inadequate response to short acting bronchodilators.
- Combination therapy with a long- acting beta₂ agonist /inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhaler will be considered in patients with: moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses*:

- 8 puffs per day of short acting beta₂ agonist or
- 12 puffs per day of ipratropium or
- 6 puffs per day of ipratropium plus salbutamol combination inhaler

* Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Note:

- Coverage for LABA and LAAC as two separate inhalers will not be considered.
- Inhalers which combine a LABA/LAAC are also available as ESD benefits. These products have their own criteria which are listed in the NS Formulary.

TIOTROPIUM BROMIDE MONOHYDRATE/OLODATEROL HYDROCHLORIDE (*Inspiralto Respimat 2.5mcg/2.5mc g Inhaled Solution*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta₂ agonist (LABA) or long-acting anticholinergic (LAAC).

Notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV₁ < 60% predicted and FEV₁/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.
- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta-agonist (LABA) or long-acting anticholinergic therapy (LAAC).

TOCILIZUMAB (*Actemra 80mg/4mL, 200mg/10mL, 400mg/20mL Injection and 162mg/0.9mL SC Injection*)

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS (PJIA) (ACTEMRA 80MG/4ML, 200MG/10ML, 400MG/20ML INJECTION)

- For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Notes:

- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every four weeks.
- Initial approval period: 16 weeks.
- Renewal Approval: 1 year. Confirmation of continued response is required.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

RHEUMATOID ARTHRITIS (RA) (ACTEMRA 80MG/4ML, 200MG/10ML, 400MG/20ML INJECTION AND 162MG/0.9ML SC INJECTION)

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age), or use in combination with another DMARD, for a minimum of 12 weeks

AND

- methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.
- **Maximum Dosage Approved:**
 - Tocilizumab: 4mg/kg/dose once every 4 weeks followed by an increase to 8 mg/kg/dose based on clinical response

SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS (SJIA) (ACTEMRA 80MG/4ML, 200MG/10ML, 400MG/20ML INJECTION)

- For the treatment of active systemic juvenile idiopathic arthritis (sJIA) in patients two years of age and older who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate), due to intolerance or lack of efficacy
- Written request of a pediatric rheumatologist
- Initial coverage for 16 weeks at dose of 12 mg/kg for those < 30 kg or 8 mg/kg for those ≥ 30 kg to a maximum of 800mg, administered by IV every 2 weeks
- Continued coverage beyond 16 weeks dependent on a positive patient response as determined by a pediatric rheumatology specialist
- Yearly coverage dependent on a continued positive patient response as determined by a pediatric rheumatology specialist

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

TOFACITINIB (*Xeljanz 5mg Tablet*)

RHEUMATOID ARTHRITIS

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - methotrexate (oral or parenteral) at a dose of $\geq 20\text{mg}$ weekly ($\geq 15\text{mg}$ if patient is ≥ 65 years of age) for a minimum of 12 weeks, followed by methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks;
OR
 - initial use of triple DMARD therapy with methotrexate in combination with at least two other DMARDs such as hydroxychloroquine and sulfasalazine, for a minimum of 24 weeks.

Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response may take up to 24 weeks; however coverage of tofacitinib can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If the patient is intolerant to triple DMARD therapy, then dual therapy with DMARDs (methotrexate, hydroxychloroquine, leflunomide, sulfasalazine) must be considered.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Must be prescribed by a rheumatologist.
- Combined use with biologic DMARD will not be reimbursed.

TOPIRAMATE (*Topamax 25mg Sprinkle Capsule*)

- For patients who require topiramate, cannot take the tablet form, and require sprinkle capsules for proper administration.

TRAMETINIB (*Mekinist 0.5mg and 2mg Tablet*)

- See [Dabrafenib \(Tafinlar 50mg and 75mg Capsule\) and Trametinib \(Mekinist 0.5mg and 2mg Tablet\)](#)

TRETINOIN (*Vitamin A Acid Topical Preparations*)

- Regular benefit for beneficiaries 30 years and under
- For treatment of actinic keratosis in beneficiaries over the age of 30

TROSPIUM (*Trosec 20mg Tablet*)

- See [OAB Medications](#)

TRYPTOPHAN (*Tryptan 500mg Capsule and 500mg, 750mg, 1g Tablet and generic brands*)

- As an adjunct for the treatment of depression in the management of patients suffering from bipolar affective disorders

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ULIPRISTAL ACETATE (*Fibristal 5mg Tablet*)

- For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age, who are eligible for surgery, under the following conditions:
 - the duration of treatment will not exceed three months, per patient, per lifetime; and
 - the patient is under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids

UMECLIDINIUM (AS BROMIDE) (*Incruse Ellipta 62.5mcg Dry Powder for Oral Inhalation*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry; OR
- For the treatment of COPD in patients with an inadequate response to short acting bronchodilators.
- Combination therapy with a long-acting beta-₂ agonist /inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhaler will be considered in patients with: moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.
2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses*:
 - 8 puffs per day of short acting beta-₂ agonist or
 - 12 puffs per day of ipratropium or
 - 6 puffs per day of ipratropium plus salbutamol combination inhaler

* Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Note:

- Coverage for LABA and LAAC as two separate inhalers will not be considered.
- Inhalers which combine a LABA/LAAC are also available as ESD benefits. These products have their own criteria which are listed in the NS Formulary.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

UMECLIDINIUM (AS BROMIDE) AND VILANTEROL (AS TRIFENATATE) (*Anoro Ellipta 62.5mcg/25mcg Powder for Oral Inhalation*)

- For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta₂ agonist (LABA) or long-acting anticholinergic (LAAC).

Notes:

- Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV₁ < 60% predicted and FEV₁/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath (SOB) from COPD or has to stop for breath when walking at own pace on the level.
- Inadequate response is defined as persistent symptoms after at least 2 months of long-acting beta agonist (LABA) or long-acting anticholinergic therapy (LAAC).

URSODIOL (*Urso 250mg, DS 500mg Tablet and generic brands*)

- For dissolution of radiolucent, noncalcified gallstones of less than 20mm size for patients who cannot undergo a cholecystectomy
- For management of cholestatic liver disease such as primary biliary cirrhosis

USTEKINUMAB (*Stelara 45mg/0.5mL Injection*)

- For patients with severe, debilitating chronic plaque psoriasis (PsO) who meet all of the following criteria:
 - Body Surface Area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genitals
 - failure to respond to, contraindication to or intolerant of methotrexate and cyclosporine
 - failure to respond to, intolerant of or unable to access phototherapy
- Written request of a dermatologist or prescriber with a specialty in dermatology
- Continued coverage is dependent on evidence of improvement, specifically:
 - ≥ 75% reduction in the Psoriasis Area and Severity Index (PASI) score, or
 - ≥ 50% reduction in PASI with a ≥ 5 point improvement in DLQI (Dermatology Life Quality Index), or
 - significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genitals
- Concurrent use of biologics not approved.
- Initial approval for a maximum of 16 weeks.
- Dosage restricted to 45mg at 0, 4 and 16 weeks, response must be assessed prior to fourth dose.
- Maintenance dosing every 12 weeks.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

VALGANCICLOVIR (*Valcyte 50mg/mL Pws*)

- For the treatment of cytomegalovirus (CMV) retinitis in HIV-positive patients, upon the request of an infectious disease specialist or prescriber with a specialty in infectious disease
- For the prevention of CMV disease post solid organ transplantation in patients at high-risk (D+ / R-) (i.e., donor positive/recipient negative). Coverage will be for a maximum of 90 days
- For the treatment of patients with CMV infection who have received a solid organ transplant.

Note:

- Requests for oral suspension will be considered for patients when oral tablets are not an option.

VARENICLINE (*Champix 0.5mg and 1mg Tablet, 0.5mg/1mg combopack and generic brands*)

- See [Smoking Cessation Therapies](#)

VEDOLIZUMAB (*Entyvio 300mg Vials*)

CROHN'S DISEASE

- For patients with moderate to severely active Crohn's disease and are:
 - refractory or have contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and other immunosuppressive therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Initial reimbursement is restricted to induction doses of 300mg at Weeks 0, 2 and 6.
- Clinical response to be assessed prior to the administration of the fourth dose.

ULCERATIVE COLITIS

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
 - refractory or intolerant to conventional therapy (i.e. 5-ASA for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
 - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.)
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease in the partial Mayo score ≥ 2 from baseline, and
 - a decrease in the rectal bleeding subscore ≥ 1.

Clinical Notes:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Patients with severe disease do not require a trial of 5-ASA

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 16 weeks.
- Renewal Approval: 1 year.

VEMURAFENIB (*Zelboraf 240mg Tablet*)

- As a first line, single agent for the treatment of BRAF V600 mutation positive unresectable or metastatic melanoma in patients with an ECOG performance status (PS) of ≤ 1
- For BRAF V600 mutation positive patients who have progressed after first line treatment prior to vemurafenib availability, funding of vemurafenib as a second line agent may be considered

VERTEPORFIN (*Visudyne 15mg/vial Injection*)

- For the treatment of wet age-related macular degeneration (AMD) as prescribed by an authorized ophthalmologist
[Criteria Code 01]

VIGABATRIN (*Sabril 0.5g Sachet and 500mg Tablet*)

- For the treatment of epilepsy in those patients who respond inadequately to alternative treatment combinations, or in whom other drug combinations have not been tolerated, and in whom the potential benefits conferred by its use outweigh the risk of ophthalmologic abnormalities.
- For the management of infantile spasms.

***VISMODEGIB** (*Erivedge 150mg Capsule*)

- As a single agent for the treatment of measurable metastatic BCC, OR
- For the treatment of locally advanced BCC (including basal cell nevus syndrome i.e. Gorlin syndrome who are 18 years of age and older) in patients who are inappropriate for surgery and radiotherapy based on a discussion/evaluation with other members of the multi-disciplinary team.
- Patient has ECOG ≤ 2

***VITAMIN B₁₂, INJECTION**

- See [Cyanocobalamin, Injection](#)

***VITAMIN B₁₂, ORAL**

- See [Cyanocobalamin, Oral](#)

VORICONAZOLE (*Vfend 50mg, 200mg Tablet and generic brands*)

- For the management of invasive aspergillosis
- For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole

Claim Notes:

- Must be prescribed by a hematologist or specialist in infectious diseases or medical microbiology.
- Initial requests will be approved for a maximum of 3 months.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***WET NEBULIZATION SOLUTIONS** (*Budesonide, Cromoglycate Sodium, Fenoterol, Ipratropium Bromide, Salbutamol*)

- For adult patients with a vital capacity of 900mL or less
- For adult patients with a respiratory rate greater than 25 breaths/minute
- For patients who have demonstrated they cannot follow instructions, cannot hold the spacer device or cannot hold the device long enough to actuate it
- Other requests reviewed on a case by case basis

ZAFIRLUKAST (*Accolate 20mg Tablet*)

- See [Leukotriene Receptor Antagonists](#)

***ZANAMIVIR** (*Relenza 5mg Powder For Inhalation*)

- For the treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B, when there is documented resistance to oseltamivir or when oseltamivir is contraindicated. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For the prophylaxis of influenza A or B in long term care residents where the facility has an outbreak, when there is documented resistance to oseltamivir or when oseltamivir is contraindicated.
- A protocol has been developed by Public Health for the treatment of patients in long-term care facilities. The facility must contact the Medical Officer of Health or local Public Health Office, who will notify the Pharmacare office (or dispensing pharmacy after office hours) if coverage is required.

ZIPRASIDONE (*Zeldox 20mg, 40mg, 60mg, 80mg Capsule and generic brands*)

- For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of failure, intolerance, or contraindication to at least one less expensive antipsychotic agent

***ZOLEDRONIC ACID** (*Aclasta 5mg/100ml Injection and generic brands*)

- For the treatment of Paget's disease
- For women with postmenopausal osteoporosis for whom oral bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g. esophageal stricture or achalasia) and have at least two of the following:
 - age > 75 years;
 - a prior fragility fracture;
 - a bone mineral density (BMD) T-score \leq -2.5.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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