

Formulary

May 2024



**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									
		pms-Ursodiol C 250mg Tab	5	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 STOMATOLOGICAL PREPARATIONS****A01A STOMATOLOGICAL PREPARATIONS****A01AB ANTIINFECTIVES AND ANTISEPTICS 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 acetonide 0.1% oral paste

Oracort 0.1% Oral Paste

DNP 1.6563 M SF 01964054 TAR Y

Kenalog 0.1% in Orabase (discontinued)

01999788 BRI Y

A01AD OTHER DRUGS FOR LOCAL ORAL TREATMENT

A01AD02 BENZYLAMINE

benzylamine 0.15% oral rinse

Odan-Benzylamine 1.5mg/mL Mouthwash

DNP 0.0384 M E 02463105 ODN Y

Pharixia 1.5mg/mL Oral Rinse

02229777 PDP Y

pms-Benzylamine 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****A02AH ANTACIDS WITH SODIUM BICARBONATE**

A02AH01 SODIUM BICARBONATE

Jamp-Sodium Bicarbonate 500mg Tab

DNP 0.0720 L SF 80030520 JPC N

Sandoz Sodium Bicarbonate 500mg Tab

DNP 0.0754 L SF 80022194 SDZ N

A02B DRUGS FOR PEPTIC ULCER AND GASTRO-OESOPHAGEAL REFLUX DISEASE(GORD)**A02BA H2-RECEPTOR ANTAGONISTS**

A02BA01 CIMETIDINE

cimetidine 200mg tab

Cimetidine 200mg Tab

DNP 0.3925 M SF 00584215 AAP Y

Tagamet 200mg Tab (discontinued)

01916793 SKR Y

cimetidine 300mg tab

Cimetidine 300mg Tab

DNP 0.3423 M SF 00487872 AAP Y

Tagamet 300mg Tab (discontinued)

01916815 GSK Y

A02BA02 RANITIDINE

ranitidine 15mg/mL o/l

Apo-Ranitidine 15mg/mL O/L

DNP 0.1480 M SFC 02280833 APX Y

A Alimentary Tract and Metabolism

	Zantac 15mg/mL O/L (discontinued)					02212374	GSK	Y
	ranitidine 150mg tab							
	Apo-Ranitidine 150mg Tab	DNP	0.1197	M	SFC	00733059	APX	Y
	Mar-Ranitidine 150mg Tab	DNP	0.1197	M	SFC	02443708	MAR	Y
	Mint-Ranitidine 150mg Tab	DNP	0.1197	M	SFC	02526379	MNT	Y
	pms-Ranitidine 150mg Tab	DNP	0.1197	M	SFC	02242453	PMS	Y
	Ranitidine 150mg Tab	DNP	0.1197	M	SFC	02353016	SAS	Y
	Zantac 150mg Tab (discontinued)					02212331	GSK	Y
	ranitidine 300mg tab							
	Apo-Ranitidine 300mg Tab	DNP	0.2253	M	SFC	00733067	APX	Y
	Mar-Ranitidine 300mg Tab	DNP	0.2253	M	SFC	02443716	MAR	Y
	Mint-Ranitidine 300mg Tab	DNP	0.2253	M	SFC	02526387	MNT	Y
	pms-Ranitidine 300mg Tab	DNP	0.2253	M	SFC	02242454	PMS	Y
	Zantac 300mg Tab (discontinued)					02212358	GSK	Y
A02BA03	FAMOTIDINE							
	famotidine 10mg/mL inj							
	Famotidine Omega 10mg/mL Inj					02247745	OMG	Y
	Pepcid 10mg/mL Inj (discontinued)					00728128	FRS	Y
	famotidine 10mg/mL inj (pf)							
	Famotidine Omega (PF) 10mg/mL Inj					02247735	OMG	Y
	Pepcid (PF) 10mg/mL Inj (discontinued)					00728128	FRS	Y
	famotidine 20mg tab							
	JAMP Famotidine 20mg Tab	DNP	0.2830	M	SF	02507749	JPC	Y
	Novo-Famotidine 20mg Tab	DNP	0.2830	M	SF	02022133	TEV	Y
	Pepcid 20mg Tab (discontinued)					00710121	FRS	Y
	famotidine 40mg tab							
	JAMP Famotidine 40mg Tab	DNP	0.5228	M	SF	02507757	JPC	Y
	Novo-Famotidine 40mg Tab	DNP	0.5228	M	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	0.3293	M	SF	02244022	AAP	Y
	Cytotec 100mcg Tab (discontinued)					00813966	PFI	Y
	misoprostol 200mcg tab							
	Misoprostol 200mcg Tab	DNPM	0.5484	M	SF	02244023	AAP	Y
	Cytotec 200mcg Tab (discontinued)					00632600	PFI	Y
A02BC	PROTON PUMP INHIBITORS							
A02BC01	OMEPRAZOLE							
	omeprazole 10mg cap							
	Sandoz Omeprazole 10mg Cap	DNP	0.2059	P	SFC	02296438	SDZ	Y

A Alimentary Tract and Metabolism

Losec 10mg Cap (discontinued)					02119579	AZE	Y
omeprazole 10mg tab							
Teva-Omeprazole 10mg Tab	DNP	0.2059	P	SFC	02295407	TEV	Y
Losec 10mg Tab (discontinued)					02230737	AZE	Y
omeprazole 20mg cap							
Apo-Omeprazole 20mg Cap	DNP	0.2287	M	SFC	02245058	APX	Y
Omeprazole 20mg Cap	DNP	0.2287	M	SFC	02348691	SAS	Y
Omeprazole-20mg Cap	DNP	0.2287	M	SFC	02411857	SIV	Y
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	XPI	Y
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
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
Omeprazole Magnesium DR 20mg Tab	DNP	0.2287	M	SFC	02504294	SAS	Y
Losec 20mg Tab (discontinued)					02190915	XPI	Y

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
Pantoprazole T 40mg Tab	DNP	0.1875	M	E	02519534	SIV	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 Sodium 20mg Tab	DNP	0.1803	M	SFC	02392615	JPC	Y
Pantoprazole 20mg Tab	DNP	0.1803	M	SFC	02536137	SAS	Y
Pantoprazole-20mg Tab	DNP	0.1803	M	SFC	02428172	SIV	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

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 Sodium 40mg Tab	DNP	0.2016	M	SFC	02392623	JPC	Y
Jamp-Pantoprazole 40mg Tab	DNP	0.2016	M	SFC	02357054	JPC	Y
M-Pantoprazole 40mg Tab	DNP	0.2016	M	SFC	02467372	MRA	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 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

A Alimentary Tract and Metabolism

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

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	02433001	PMS	Y
Lansoprazole 15mg Cap	DNP	0.2500	P	E	02385767	SIV	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
Sandoz Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02385643	SDZ	Y
Taro-Lansoprazole 15mg Cap	DNP	0.2500	P	E	02402610	SUN	Y
Teva-Lansoprazole 15mg DR Cap	DNP	0.2500	P	E	02280515	TEV	Y
Prevacid 15mg Cap	DNP	0.2500	P	E	02165503	BGP	Y
Prevacid FasTab 15mg Tab	DNP	2.3423	L	E	02249464	BGP	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
Sandoz Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02385651	SDZ	Y
Taro-Lansoprazole 30mg Cap	DNP	0.5000	M	E	02402629	SUN	Y
Teva-Lansoprazole 30mg DR Cap	DNP	0.5000	M	E	02280523	TEV	Y
Prevacid 30mg Cap	DNP	0.5000	M	E	02165511	BGP	Y
Prevacid FasTab 30mg Tab	DNP	2.3423	L	E	02249472	BGP	N

A02BC04 RABEPRAZOLE

rabeprazole 10mg EC tab

JAMP Rabeprazole 10mg Tab	DNP	0.0669	M	SFC	02415283	JPC	Y
pms-Rabeprazole 10mg EC Tab (discontinued)					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
Pariet 10mg Tab	DNP	0.0669	M	SFC	02243796	JAN	Y

rabeprazole 20mg EC tab

JAMP Rabeprazole 20mg EC Tab	DNP	0.1338	M	SFC	02415291	JPC	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
Pariet 20mg Tab	DNP	0.1338	M	SFC	02243797	JAN	Y

A02BC05 ESOMEPRAZOLE

A Alimentary Tract and Metabolism

esomeprazole 20mg tab

ACT Esomeprazole 20mg Tab					02423855	ATV	Y
Apo-Esomeprazole 20mg DR Tab					02339099	APX	Y
Esomeprazole 20mg Tab					02535335	SAS	Y
Esomeprazole 20mg Tab					02442493	SIV	Y
Esomeprazole 20mg Tab					02520699	JPC	Y
M-Esomeprazole 20mg Tab					02520109	MRA	Y
Myl-Esomeprazole 20mg Tab					02479419	MYL	Y
pmsc-Esomeprazole 20mg DR Tab					02528479	PMS	Y
RAN-Esomeprazole 20mg Tab					02423979	RAN	Y
Sandoz Esomeprazole 20mg Tab					02460920	SDZ	Y
Nexium 20mg Tab					02244521	AZE	Y

esomeprazole 40mg 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
Esomeprazole 40mg Tab					02520702	JPC	Y
M-Esomeprazole 40mg Tab					02520117	MRA	Y
Myl-Esomeprazole 40mg Tab					02479427	MYL	Y
pmsc-Esomeprazole 40mg DR Tab					02528487	PMS	Y
RAN-Esomeprazole 40mg Tab					02423987	RAN	Y
Sandoz Esomeprazole 40mg Tab					02460939	SDZ	Y
Nexium 40mg Tab					02244522	AZE	Y

A02BC06 DEXLANSOPRAZOLE

dexlansoprazole 30mg DR cap

Apo-Dexlansoprazole 30mg DR Cap					02528991	APX	Y
Dexlansoprazole 30mg DR Cap					02536390	ATS	Y
Dexilant 30mg DR Cap					02354950	TAK	Y

dexlansoprazole 60mg DR cap

Apo-Dexlansoprazole 60mg DR Cap					02529025	APX	Y
Dexlansoprazole 60mg DR Cap					02536404	ATS	Y
Dexilant 60mg DR Cap					02354969	TAK	Y

A02BD COMBINATIONS FOR ERADICATION OF HELICOBACTER PYLORI

A02BD07 LANSOPRAZOLE, AMOXICILLIN AND CLARITHROMYCIN

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

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

*quantity limit of one (1) pack per year

A02BX DRUGS FOR PEPTIC ULCER AND GASTRO-OESPHAGEAL REFLUX DISEASE(GORD)

A02BX02 SUCRALFATE

sucralfate 1g tab

Apo-Sucralate 1g Tab	DNP	0.3089	M	SF	02125250	APX	Y
Novo-Sucralate 1g Tab	DNP	0.3089	M	SF	02045702	TEV	Y
Sulcrate 1g Tab	DNP	0.3089	M	SF	02100622	AXC	Y

A Alimentary Tract and Metabolism

	Sulcrate 1g/5mL Plus Susp	DNP	0.1313	L	SF	02103567	AXC	N
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A03 DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS**A03A DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS****A03AA SYNTHETIC ANTICHOLINERGICS, ESTERS WITH TERTIARY AMINO GROUP**

A03AA05 TRIMEBUTINE

trimebutine 100mg tab

	MINT-Trimbutine 100mg Tab	DNP	0.2939	M	SFC	02538202	MNT	Y
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	Trimebutine 100mg Tab	DNP	0.2939	M	SFC	02245663	AAP	Y
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trimebutine 200mg tab

	MINT-Trimbutine 200mg Tab					02538210	MNT	Y
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	Trimebutine 200mg Tab					02245664	AAP	Y
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	Modulon 200mg Tab (discontinued)					00803499	AXC	Y
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A03AA07 DICYCLOVERINE (DICYCLOMINE)

	Jamp-Dicyclomine 20mg Tab	DNP	0.6990	L	SFC	02366088	JPC	N
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A03AB SYNTHETIC ANTICHOLINERGICS, QUATERNARY AMMONIUM COMPOUNDS

A03AB02 GLYCOPYRROLATE (GLYCOPYRRONIUM)

	Glycopyrrolate 0.2mg/mL Inj	DNP	2.7825	L	SFC	02039508	SDZ	N
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	Glycopyrrolate 0.2mg/mL Inj	DNP	2.7830	L	SFC	02473879	STR	N
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	Glycopyrrolate 0.4mg/2mL Inj	DNP	2.7825	L	SFC	02473895	STR	N
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	Glycopyrrolate 4mg/20mL Inj	DNP	2.7825	L	SFC	02473887	STR	N
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A03AD PAPAVERINE AND DERIVATIVES

A03AD01 PAPAVERINE

	Papaverine HCl 32.5mg/mL Inj					00009881	SDZ	N
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A03AX OTHER DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

A03AX04 PINAVERIUM

pinaverium bromide 50mg tab

	Apo-Pinaverium 50mg Tab	DNP	0.3066	M	SFC	02469677	APX	Y
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	Dicetel 50mg Tab	DNP	0.3066	M	SFC	01950592	BGP	Y
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pinaverium bromide 100mg tab

	Apo-Pinaverium 100mg Tab	DNP	0.5346	M	SFC	02469685	APX	Y
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	Dicetel 100mg Tab	DNP	0.5346	M	SFC	02230684	BGP	Y
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A03AX13 SILICONES

	Ovol 80 (80mg) Tab					00292990	CHU	N
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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
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A Alimentary Tract and Metabolism

	Atropine Sulfate 0.6mg/mL Inj	DNP	2.4880	L	SFC	00392693	SDZ	N
A03BB	BELLADONNA ALKALOIDS SEMISYNT, QUATER AMMONIUM COMP							
A03BB01	BUTYLSCOPOLAMINE							
	Accel-Hyoscine 10mg Tab	DNP	0.2710	L	SF	02512335	ACC	N
	Buscopan 10mg Tab	DNP	0.3590	L	SF	00363812	SNC	N
	hyoscine butylbromide 20mg/mL inj							
	Hyoscine Butylbromide 20mg/mL Inj	DNP	4.7460	M	SF	02229868	SDZ	Y
	Buscopan 20mg/mL Inj (discontinued)					00363839	BOE	Y

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

A03CA02 CLIDINIUM AND PSYCHOLEPTICS

	Librax Cap	DNP	0.4167	L	SFC	00115630	BSL	N
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A03F PROPULSIVES**A03FA PROPULSIVES**

A03FA01 METOCLOPRAMIDE

metoclopramide HCl 1mg o/l

	pms-Metoclopramide 1mg/mL O/L	DNP	0.0656	M	SFC	02230433	PMS	Y
	Maxeran 1mg/mL O/L (discontinued)					00314714	NRD	Y

metoclopramide HCl 5mg tab

	Mar-Metoclopramide 5mg Tab	DNP	0.0514	M	SFC	02517795	MAR	Y
	pms-Metoclopramide 5mg Tab	DNP	0.0514	M	SFC	02230431	PMS	Y
	Maxeran 5mg Tab (discontinued)					02099195	MRR	Y

metoclopramide HCl 5mg/mL inj

	Metoclopramide 5mg/mL Inj	DNP	2.3748	M	SFC	02185431	SDZ	Y
	Metoclopramide HCL 5mg/mL Inj	DNP	2.3748	M	SFC	02537397	JPC	Y

metoclopramide HCl 10mg tab

	pms-Metoclopramide 10mg Tab	DNP	0.0676	M	SFC	02230432	PMS	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
	PRZ-Domperidone 10mg Tab	DNPM	0.0428	M	SFC	02462834	PRZ	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

ACT Ondansetron 4mg Tab	DNP	2.5556	P	E	02296349	TEV	Y
Apo-Ondansetron 4mg Tab	DNP	2.5556	P	E	02288184	APX	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
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
Zofran 4mg Tab (discontinued)					02213567	NVR	Y

ondansetron 4mg/5mL o/l

Apo-Ondansetron 4mg/5mL O/L	DNP	1.1360	M	E	02291967	APX	Y
Jamp Ondansetron 4mg/5mL O/L	DNP	1.1360	M	E	02490617	JPC	Y
Zofran 4mg/5mL O/L	DNP	1.1360	M	E	02229639	NVR	Y

ondansetron OD 4mg tab/film

Mar-Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02514966	MAR	Y
MINT-Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02487330	MNT	Y
Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02519232	JPC	Y
Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02524279	SAS	Y
Ondissolve ODF 4mg Film	DNP	2.5556	P	E	02389983	TAK	Y
pms-Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02519445	PMS	Y
Sandoz Ondansetron ODT 4mg Tab	DNP	2.5556	P	E	02481723	SDZ	Y
Zofran ODT 4mg Tab	DNP	2.5556	P	E	02239372	SDZ	Y

ondansetron 8mg tab

ACT Ondansetron 8mg Tab	DNP	5.1111	M	E	02296357	TEV	Y
Apo-Ondansetron 8mg Tab	DNP	5.1111	M	E	02288192	APX	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
Zofran 8mg Tab (discontinued)					02213575	NVR	Y

ondansetron OD 8mg tab/film

Mar-Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02514974	MAR	Y
MINT-Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02487349	MNT	Y
Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02519240	JPC	Y
Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02524287	SAS	Y
Ondissolve ODF 8mg Film	DNP	4.9930	M	E	02389991	TAK	Y
pms-Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02519453	PMS	Y

A Alimentary Tract and Metabolism

	Sandoz Ondansetron ODT 8mg Tab	DNP	4.9930	M	E	02481731	SDZ	Y
	Zofran ODT 8mg Tab	DNP	4.9930	M	E	02239373	SDZ	Y
A04AA02	GRANISETRON							
	granisetron 1mg tab							
	Apo-Granisetron 1mg Tab	DNP	4.5000	M	E	02308894	APX	Y
	Jamp Granisetron 1mg Tab	DNP	4.5000	M	E	02472686	JPC	Y
	NAT-Granisetron 1mg Tab	DNP	4.5000	M	E	02452359	NAT	Y
	Kytril 1mg Tab (discontinued)					02185881	HLR	Y
A04AA05	PALONOSETRON							
	Aloxi 0.25mg/5mL Inj					02381710	KNI	N
	Aloxi 0.5mg Cap					02381729	KNI	N
A04AA55	PALONOSETRON, COMBINATIONS							
	Akynzeo 300mg/0.5mg Cap	DNP	144.0100	L	E	02468735	KNI	N
A04AD	OTHER ANTIEMETICS							
A04AD01	SCOPOLAMINE							
	Transderm-V 1.5mg Patch					80024336	SDZ	N
A04AD11	NABILONE							
	nabilone 0.25mg cap							
	pms-Nabilone 0.25mg Cap	DNP	1.0268	M	SFC	02380897	PMS	Y
	Teva-Nabilone 0.25mg Cap	DNP	1.0268	M	SFC	02392925	TEV	Y
	Cesamet 0.25mg Cap	DNP	1.0268	M	SFC	02312263	BSL	Y
	nabilone 0.5mg cap							
	pms-Nabilone 0.5mg Cap	DNP	1.8886	M	SFC	02380900	PMS	Y
	Teva-Nabilone 0.5mg Cap	DNP	1.8886	M	SFC	02384884	TEV	Y
	Cesamet 0.5mg Cap	DNP	1.8886	M	SFC	02256193	BSL	Y
	nabilone 1mg cap							
	pms-Nabilone 1mg Cap	DNP	3.6669	M	SFC	02380919	PMS	Y
	Teva-Nabilone 1mg Cap	DNP	3.6669	M	SFC	02384892	TEV	Y
	Cesamet 1mg Cap	DNP	3.6669	M	SFC	00548375	BSL	Y
A04AD12	APREPITANT							
	Emend 80mg Cap	DNP	35.6600	L	E	02298791	FRS	N
	Emend 125mg Cap	DNP	35.3267	L	E	02298805	FRS	N
	Emend Tri-Pack Cap	DNP	35.6600	L	E	02298813	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
	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

A Alimentary Tract and Metabolism

Dimenhydrinate 50mg Supp						00392553	SDZ	N
Dimenhydrinate 100mg (Adult) Supp						00392545	SDZ	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	DNP	0.3818	M	SF	02472392	JPC	Y
pms-Ursodiol C 250mg Tab	DNP	0.3818	M	SF	02273497	PMS	Y
Ursodiol 250mg Tab	DNP	0.3818	M	SF	02426900	GLM	Y
Ursodiol C 250mg Tab	DNP	0.3818	M	SF	02515520	SAS	Y
Urso 250mg Tab (discontinued)					02238984	AXC	Y

ursodiol 500mg tab

Jamp-Ursodiol 500mg Tab	DNP	0.7242	M	SF	02472406	JPC	Y
pms-Ursodiol C 500mg Tab	DNP	0.7242	M	SF	02273500	PMS	Y
Ursodiol 500mg Tab	DNP	0.7242	M	SF	02426919	GLM	Y
Ursodiol C 500mg Tab	DNP	0.7242	M	SF	02515539	SAS	Y
Urso DS 500mg Tab (discontinued)					02245894	AXC	Y

A05AA04 OBETICHOLIC ACID

Ocaliva 5mg Tab	DNP	104.4493	L	E	02463121	ADZ	N
Ocaliva 10mg Tab	DNP	104.4493	L	E	02463148	ADZ	N

A06 DRUGS FOR CONSTIPATION**A06A DRUGS FOR CONSTIPATION****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	0.1980	L	C	02090163	ANB	N
Colace 20mg/5mL Syr	DNP	0.0265	L	C	02086018	ANB	N
ratio-Docusate Sodium 20mg/5mL Syr	DNP	0.0207	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
Colace 100mg Cap	DNP	0.1758	L	C	02106256	ANB	N
Selax 100mg Cap	DNP	0.0383	L	C	00514888	ODN	N

A06AB CONTACT LAXATIVES

A06AB02 BISACODYL

A Alimentary Tract and Metabolism

	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	1.2267	L	C	00003875	BOE	N
	Jamp-Bisacodyl 10mg Supp	DNP	0.5014	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	ANB	N
A06AB56	SENNA GLYCOSIDES, COMBINATIONS							
	Senokot S 8.6mg/50mg Tab	DNP	0.2560	L	C	00026123	ANB	N
A06AD	OSMOTICALLY ACTING LAXATIVES							
A06AD10	MINERAL SALTS IN COMBINATION							
	CoLyte Powder for Solution	DNP	0.0059	L	C	00677442	PDP	N
	Peglyte Powder for Solution	DNP	0.0861	L	C	00777838	PDP	N
A06AD11	LACTULOSE							
	lactulose 667mg/mL o/l							
	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
	PMS-Lactulose-Pharma 667mg/mL O/L	DNP	0.0145	L	E	02469391	PMS	N
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	0.0150	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	ABV	N

A Alimentary Tract and Metabolism

	Constella 290mcg Cap						02417170	ABV	N
A06AX05	PRUCALOPRIDE								
	prucalopride 1mg tab								
	Apo-Prucalopride 1mg Tab						02491591	APX	Y
	JAMP Prucalopride 1mg Tab						02493489	JPC	Y
	Resotran 1mg Tab						02377012	AMD	Y
	prucalopride 2mg tab								
	Apo-Prucalopride 2mg Tab						02491605	APX	Y
	JAMP Prucalopride 2mg Tab						02493497	JPC	Y
	Resotran 2mg Tab						02377020	AMD	Y

A07 ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS**A07A INTESTINAL ANTIINFECTIVES****A07AA ANTIBIOTICS**

A07AA02	NYSTATIN								
	nystatin 100,000iu o/l								
	Jamp-Nystatin 100,000 IU/mL Oral Susp	DNP	0.0518	M	SFC		02433443	JPC	Y
	ratio-Nystatin 100,000 IU/mL Oral Susp	DNP	0.0518	M	SFC		02194201	TEV	Y
	Mycostatin 100,000 IU/mL Oral Susp (discontinued)						00248169	BRI	Y
	pms-Nystatin 100,000 IU/mL Oral Susp	DNP	0.0598	L	SFC		00792667	PMS	N
A07AA06	PAROMOMYCIN								
	Humatin 250mg Cap						02078759	SLP	N
A07AA11	RIFAXIMIN								
	Zaxine 550mg Tab	DNP	8.3030	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

A07D ANTIPROPULSIVES**A07DA ANTIPROPULSIVES**

A07DA01	DIPHENOXYLATE								
	Lomotil 2.5mg Tab	DNP	0.5583	L	SFC		00036323	PFI	N
A07DA03	LOPERAMIDE								
	loperamide HCl 0.2mg/mL o/l								

A Alimentary Tract and Metabolism

pms-Loperamide 0.2mg/mL O/L	DNP	0.1787	M	SFC	02016095	PMS	Y
Imodium 0.2mg/mL O/L (discontinued)					02183323	JNJ	Y
loperamide 2mg caplet							
pms-Loperamide 2mg Caplet	DNP	0.0953	M	SFC	02228351	PMS	Y
Teva-Loperamide 2mg Caplet	DNP	0.0953	M	SFC	02132591	TEV	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

A07EA06 BUDESONIDE

Uceris 2mg/Act	DNP	7.1400	L	SF	02498057	BSL	N
Entocort 2.3mg Enema	DNP	11.2629	L	SF	02052431	TPG	N
Entocort 3mg Cap	DNP	2.1622	L	SF	02229293	TPG	N

A07EB ANTIALLERGIC AGENTS, EXCL CORTICOSTEROIDS

A07EB01 CROMOGLYCATE SODIUM

Nalcrom 100mg Cap	DNP	1.6920	L	SF	00500895	SAV	N
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A07EC AMINOSALICYLIC ACID AND SIMILAR AGENTS

A07EC01 SULFASALAZINE

pms-Sulfasalazine 500mg Tab	DNP	0.2678	L	SF	00598461	PMS	N
pms-Sulfasalazine EC 500mg Tab	DNP	0.4074	L	SF	00598488	PMS	N
Salazopyrin 500mg Entabs	DNP	0.5512	L	SF	02064472	PFI	N
Salazopyrin 500mg Tab	DNP	0.3614	L	SF	02064480	PFI	N

A07EC02 5-AMINOSALICYLIC ACID (MESALAMINE)

Mezera 1g/ACT Enema	DNP	7.0000	L	SF	02474026	AVI	N
Mezera 1g/Supp	DNP	1.8000	L	SF	02474018	AVI	N
Pentasa 1g Supp	DNP	2.6254	L	SF	02153564	FEI	N
Salofalk 1g Supp	DNP	2.5463	L	SF	02242146	ABV	N
Pentasa 1g/100mL Rectal Susp	DNP	0.0642	L	SF	02153521	FEI	N
Mezavant 1.2g Tab	DNP	1.9270	L	SF	02297558	TAK	N
Salofalk 2g/60g Rectal Susp	DNP	0.0904	L	SF	02112795	ABV	N
Salofalk 4g/60g Rectal Susp	DNP	0.1535	L	SF	02112809	ABV	N
Pentasa 4g/100mL Rectal Susp	DNP	0.0809	L	SF	02153556	FEI	N
5-aminosalicylic acid 400mg tab							
Novo-5-ASA 400mg EC Tab	DNP	0.4996	M	SF	02171929	TEV	Y
Asacol 400mg Tab (discontinued)					01997580	ALL	Y
Mezera 500mg DR Tab	DNP	0.6378	L	SF	02524481	AVI	N
Pentasa 500mg Tab	DNP	0.7214	L	SF	02099683	FEI	N
Salofalk 500mg Supp	DNP	1.7337	L	SF	02112760	ABV	N
Salofalk 500mg Tab	DNP	0.7050	L	SF	02112787	ABV	N

A07EC03 OLSALAZINE (5-ASA)

A Alimentary Tract and Metabolism

	Dipentum 250mg Cap	DNP	0.6675	L	SF	02063808	SLP	N
A07F	ANTIDIARRHEAL MICROORGANISMS							
A07FA	ANTIDIARRHEAL MICROORGANISMS							
	A07FA01 LACTIC ACID PRODUCING ORGANISMS							
	Bacid Cap	DNP	1.0800	L	SF	80017987	SLP	N
A08	ANTIOBESITY PREPARATIONS, EXCL DIET PRODUCTS							
A08A	ANTIOBESITY PREPARATIONS, EXCL DIET PRODUCTS							
A08AB	PERIPHERALLY ACTING ANTI OBESITY PRODUCTS							
	A08AB01 ORLISTAT							
	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	0.2507	L	SFC	00263818	ORG	N
	Viokace Tab	DNP	0.3396	L	SFC	02230019	ARN	N
	Pancrease MT 4 Cap	DNP	0.7274	L	SFC	00789445	VVS	N
	Creon Minimicrospheres Micro	DNP	1.8705	L	SFC	02445158	BGP	N
	Cotazym ECS 8 Cap	DNP	0.4524	L	SFC	00502790	ORG	N
	Creon 10 Minimicrospheres	DNP	0.2891	L	SFC	02200104	BGP	N
	Pancrease MT 10 Cap	DNP	1.8188	L	SFC	00789437	VVS	N
	Pancrease MT 16 Cap	DNP	2.9100	L	SFC	00789429	VVS	N
	Viokace 16 Tab	DNP	0.5212	L	SFC	02241933	ARN	N
	Cotazym ECS 20 Cap	DNP	1.1863	L	SFC	00821373	ORG	N
	Creon 25 Minimicrospheres	DNP	0.9031	L	SFC	01985205	BGP	N
	Creon 35 Minimicrospheres	DNP	0.9531	L	SFC	02494639	BGP	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	3.7327	L	SFD	01959220	LIL	N
	Humulin R Insulin	DNP	2.8540	L	SFD	00586714	LIL	N
	Novolin GE Toronto Insulin	DNP	2.4620	L	SFD	02024233	NNO	N
	Novolin GE Toronto Penfill	DNP	3.2240	L	SFD	02024284	NNO	N

A Alimentary Tract and Metabolism**A10AB04 INSULIN LISPRO**

Admelog 100 U/mL Cartridge	DNP	3.0000	L	SFD	02469898	SAV	N
Admelog 100 U/mL Vial	DNP	2.2700	L	SFD	02469901	SAV	N
Admelog Solostar 100 U/mL Prefilled Pen	DNP	3.0000	L	SFD	02469871	SAV	N
Humalog Cartridges					02229705	LIL	N
Humalog Insulin					02229704	LIL	N
Humalog KwikPen					02403412	LIL	N

A10AB05 INSULIN ASPART

NovoMix 30 Penfill					02265435	NNO	N
Kirsty 100 U/mL Prefilled Pen	DNP	2.8473	L	SFD	02520974	BGP	N
Trurapi 100 U/mL Cartridge	DNP	3.0000	L	SFD	02506564	SAV	N
Trurapi 100 U/mL Prefilled Pen	DNP	3.0000	L	SFD	02506572	SAV	N
NovoRapid 100 U/mL Penfill Ins					02244353	NNO	N
NovoRapid 100 U/mL Vial Ins	DNP	3.1210	L	SFD	02245397	NNO	N
NovoRapid Flextouch 100 U/mL Prefilled Pen (discontinued)					02377209	NNO	N

A10AB06 INSULIN GLULISINE

Apidra 3mL Cartridges	DNP	3.6467	L	SFD	02279479	SAV	N
Apidra Solostar 3mL Prefilled Pen	DNP	3.6813	L	SFD	02294346	SAV	N
Apidra 10mL Vial	DNP	2.7610	L	SFD	02279460	SAV	N

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

Humulin N Cartridges	DNP	3.7327	L	SFD	01959239	LIL	N
Humulin N Insulin	DNP	2.8540	L	SFD	00587737	LIL	N
Humulin N KwikPen	DNP	3.7327	L	SFD	02403447	LIL	N
Novolin GE NPH Insulin	DNP	2.5180	L	SFD	02024225	NNO	N
Novolin GE NPH Penfill	DNP	3.3007	L	SFD	02024268	NNO	N
Entuzity 500 U/mL KwikPen	DNP	18.1200	L	E	02466864	LIL	N

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

Humulin 30/70 Cartridges	DNP	3.7327	L	SFD	01959212	LIL	N
Humulin 30/70 Insulin	DNP	2.8540	L	SFD	00795879	LIL	N
Novolin GE 30/70 Insulin	DNP	2.5310	L	SFD	02024217	NNO	N
Novolin GE 30/70 Penfill	DNP	3.1900	L	SFD	02025248	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**

A Alimentary Tract and Metabolism

	Basaglar 100 U/mL Cartridge	DNP	5.3253	L	SFD	02444844	LIL	N
	Basaglar 100 U/mL Kwikpen	DNP	5.3253	L	SFD	02461528	LIL	N
	Semglee 100 U/mL Prefilled Pen	DNP	4.2553	L	SFD	02526441	BGP	N
	Lantus 100 U/mL Cartridge					02251930	SAV	N
	Lantus 100 U/mL Solostar Prefilled Pen					02294338	SAV	N
	Lantus 100 U/mL Vial					02245689	SAV	N
A10AE05	INSULIN DETEMIR							
	Levemir 100 U/mL Penfill	DNP	7.4453	L	E	02271842	NNO	N
	Levemir FlexTouch 100 U/mL Prefilled (discontinued) Pen					02412829	NNO	N
A10AE06	INSULIN DEGLUDEC							
	Tresiba 100 U/mL Penfill Cartridge	DNP	7.4333	L	SFD	02467860	NNO	N
	Tresiba Flextouch 100 U/mL Prefilled Pen	DNP	7.4333	L	SFD	02467879	NNO	N
	Tresiba Flextouch 200 U/mL Prefilled Pen	DNP	14.8667	L	SFD	02467887	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	TEV	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
	Mar-Metformin 500mg Tab	DNP	0.0247	M	SFD	02378620	MAR	Y
	Metformin 500mg Tab	DNP	0.0247	M	SFD	02353377	SAS	Y
	Metformin FC 500mg Tab	DNP	0.0247	M	SFD	02385341	SIV	Y
	MINT-Metformin 500mg Tab	DNP	0.0247	M	SFD	02388766	MNT	Y
	pms-Metformin 500mg Tab	DNP	0.0247	M	SFD	02223562	PMS	Y
	pmsc-Metformin 500mg Tab	DNP	0.0247	M	SFD	02520303	PMS	Y
	PRZ-Metformin 500mg Tab	DNP	0.0247	M	SFD	02531895	PRZ	Y
	Sandoz Metformin FC 500mg Tab	DNP	0.0247	M	SFD	02246820	SDZ	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	TEV	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
	Mar-Metformin 850mg Tab	DNP	0.0339	M	SFD	02378639	MAR	Y
	Metformin 850mg Tab	DNP	0.0339	M	SFD	02353385	SAS	Y
	Metformin FC 850mg Tab	DNP	0.0339	M	SFD	02385368	SIV	Y
	MINT-Metformin 850mg Tab	DNP	0.0339	M	SFD	02388774	MNT	Y
	pms-Metformin 850mg Tab	DNP	0.0339	M	SFD	02242589	PMS	Y
	pmsc-Metformin 850mg Tab	DNP	0.0339	M	SFD	02520311	PMS	Y
	PRZ-Metformin 850mg Tab	DNP	0.0339	M	SFD	02531909	PRZ	Y
	Sandoz Metformin FC 850mg Tab	DNP	0.0339	M	SFD	02246821	SDZ	Y
	Glucophage 850mg Tab	DNP	0.0339	M	SFD	02162849	SAV	Y

metformin 500mg ER tab

	Apo-Metformin ER 500mg Tab					02305062	APX	Y
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A Alimentary Tract and Metabolism

Glumetza 500mg Tab						02268493	BSL	Y
metformin 1000mg ER tab								
Apo-Metformin ER 1000mg Tab						02460653	APX	Y
Glumetza 1000mg Tab						02300451	BSL	Y

A10BB SULFONYLUREAS

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 (discontinued)					02224550	SAV	Y
Euglucon 2.5mg Tab (discontinued)					00720933	PMS	Y

glyburide 5mg tab

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 (discontinued)					02224569	SAV	Y
Euglucon 5mg Tab (discontinued)					00720941	PMS	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
Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02524856	SAS	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
Sandoz Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02461323	SDZ	Y
Taro-Gliclazide MR 30mg Tab	DNP	0.0931	M	SFD	02463571	SUN	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
Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02524864	SAS	Y
MINT-Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02423294	MNT	Y
Sandoz Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02461331	SDZ	Y
Taro-Gliclazide MR 60mg Tab	DNP	0.0632	M	SFD	02439328	SUN	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
Novo-Gliclazide 80mg Tab	DNP	0.0931	M	SFD	02238103	TEV	Y
Diamicron 80mg Tab (discontinued)					00765996	SEV	Y

A10BB12 GLIMEPIRIDE

glimepiride 1mg tab

Sandoz Glimepiride 1mg Tab						02269589	SDZ	Y
Amaryl 1mg Tab (discontinued)						02245272	SAV	Y

glimepiride 2mg tab

A Alimentary Tract and Metabolism

Sandoz Glimepiride 2mg Tab						02269597	SDZ	Y
Amaryl 2mg Tab (discontinued)						02245273	SAV	Y
glimepiride 4mg tab								
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

sitagliptin & metformin 50mg/500mg tab

Apo-Sitagliptin Malate/Metformin 50/500mg Tab	DNP	0.8893	M	E		02509415	APX	Y
Sandoz Sitagliptin Malate/Metformin 50/500mg Tab	DNP	0.8893	M	E		02503956	SDZ	Y
Janumet 50/500mg Tab	DNP	0.8893	M	E		02333856	FRS	Y

sitagliptin & metformin 50mg/500mg XR tab

Apo-Sitagliptin Malate/Metformin 50/500mg XR Tab	DNP	0.8893	M	E		02506270	APX	Y
Sandoz Sitagliptin-Metformin 50/500mg XR Tab	DNP	0.8893	M	E		02529106	SDZ	Y
Janumet 50/500mg XR Tab	DNP	0.8893	M	E		02416786	FRS	Y

sitagliptin & metformin 50mg/850mg tab

Apo-Sitagliptin Malate/Metformin 50/850mg Tab	DNP	0.8893	M	E		02509423	APX	Y
Sandoz Sitagliptin Malate/Metformin 50/850mg Tab	DNP	0.8893	M	E		02503964	SDZ	Y
Janumet 50/850mg Tab	DNP	0.8893	M	E		02333864	FRS	Y

sitagliptin & metformin 50mg/1000mg tab

Apo-Sitagliptin Malate/Metformin 50/1000mg Tab	DNP	0.8893	M	E		02509431	APX	Y
Sandoz Sitagliptin Malate/Metformin 50/1000mg Tab	DNP	0.8893	M	E		02503972	SDZ	Y
Janumet 50/1000mg Tab	DNP	0.8893	M	E		02333872	FRS	Y

sitagliptin & metformin 50mg/1000mg XR tab

Apo-Sitagliptin Malate/Metformin 50/1000mg XR Tab	DNP	0.8893	M	E		02506289	APX	Y
Sandoz Sitagliptin-Metformin 50/1000mg XR Tab	DNP	0.8893	M	E		02529114	SDZ	Y
Janumet 50/1000mg XR Tab	DNP	0.8893	M	E		02416794	FRS	Y

sitagliptin & metformin 100/1000mg XR tab

Apo-Sitagliptin Malate/Metformin 100/1000mg XR Tab	DNP	1.7785	M	E		02506297	APX	Y
Sandoz Sitagliptin-Metformin 100/1000mg XR Tab	DNP	1.7785	M	E		02529122	SDZ	Y
Janumet 100/1000mg XR Tab	DNP	1.7785	M	E		02416808	FRS	Y

A10BD10 METFORMIN AND SAXAGLIPTIN

Komboglyze 2.5mg/500mg Tab	DNP	1.4115	L	E		02389169	AZE	N
Komboglyze 2.5mg/850mg Tab	DNP	1.4115	L	E		02389177	AZE	N
Komboglyze 2.5mg/1000mg Tab	DNP	1.4115	L	E		02389185	AZE	N

A10BD11 METFORMIN AND LINAGLIPTIN

Jentaduetto 2.5mg/500mg Tab	DNP	1.2512	L	E		02403250	BOE	N
Jentaduetto 2.5g/850mg Tab	DNP	1.2512	L	E		02403269	BOE	N
Jentaduetto 2.5mg/1000mg Tab	DNP	1.2512	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

A Alimentary Tract and Metabolism

	Kazano 1000/12.5mg Tab					02417235	TAK	N
A10BD15	METFORMIN AND DAPAGLIFLOZIN							
	dapagliflozin & metformin 5mg/850mg tab							
	Apo-Dapagliflozin/Metformin 5mg/850mg Tab	DNP	0.6432	M	E	02536153	APX	Y
	Auro-Dapagliflozin/Metformin 5mg/850mg Tab	DNP	0.6432	M	E	02533073	ARO	Y
	Xigduo 5mg/850mg Tab	DNP	0.6432	M	E	02449935	AZE	Y
	dapagliflozin & metformin 5mg/1000mg tab							
	Apo-Dapagliflozin/Metformin 5mg/1000mg Tab	DNP	0.6432	M	E	02536161	APX	Y
	Auro-Dapagliflozin/Metformin 5mg/1000mg Tab	DNP	0.6432	M	E	02533081	ARO	Y
	Xigduo 5mg/1000mg Tab	DNP	0.6432	M	E	02449943	AZE	Y
A10BD20	METFORMIN AND EMPAGLIFLOZIN							
	Synjardy 5mg/500mg Tab	DNP	1.4270	L	E	02456575	BOE	N
	Synjardy 5mg/850mg Tab	DNP	1.4270	L	E	02456583	BOE	N
	Synjardy 5mg/1000mg Tab	DNP	1.4270	L	E	02456591	BOE	N
	Synjardy 12.5mg/500mg Tab	DNP	1.4270	L	E	02456605	BOE	N
	Synjardy 12.5mg/850mg Tab	DNP	1.4270	L	E	02456613	BOE	N
	Synjardy 12.5mg/1000mg Tab	DNP	1.4270	L	E	02456621	BOE	N
A10BF	ALPHA GLUCOSIDASE INHIBITORS							
A10BF01	ACARBOSE							
	acarbose 50mg tab							
	Acarbose 50mg Tab	DNP	0.1348	M	SFD	02493780	STD	Y
	Mar-Acarbose 50mg Tab	DNP	0.1348	M	SFD	02494078	MAR	Y
	Glucobay 50mg Tab (discontinued)					02190885	BAY	Y
	acarbose 100mg tab							
	Acarbose 100mg Tab	DNP	0.1866	M	SFD	02493799	STD	Y
	Mar-Acarbose 100mg Tab	DNP	0.1866	M	SFD	02494086	MAR	Y
	Glucobay 100mg Tab (discontinued)					02190893	BAY	Y
A10BG	THIAZOLIDINEDIONES							
A10BG02	ROSIGLITAZONE							
	rosiglitazone 2mg tab							
	Rosiglitazone 2mg Tab					02403366	AAP	Y
	Avandia 2mg Tab (discontinued)					02241112	GSK	Y
	rosiglitazone 4mg tab							
	Rosiglitazone 4mg Tab					02403374	AAP	Y
	Avandia 4mg Tab (discontinued)					02241113	GSK	Y
	rosiglitazone 8mg tab							
	Rosiglitazone 8mg Tab					02403382	AAP	Y
	Avandia 8mg Tab (discontinued)					02241114	GSK	Y
A10BG03	PIOGLITAZONE							
	pioglitazone 15mg tab							
	ACH-Pioglitazone 15mg Tab	DNP	0.5946	M	SFD	02391600	AHI	Y

A Alimentary Tract and Metabolism

ACT Pioglitazone 15mg Tab	DNP	0.5946	M	SFD	02302861	TEV	Y
Apo-Pioglitazone 15mg Tab	DNP	0.5946	M	SFD	02302942	APX	Y
Jamp-Pioglitazone 15mg Tab	DNP	0.5946	M	SFD	02397307	JPC	Y
MINT-Pioglitazone 15mg Tab	DNP	0.5946	M	SFD	02326477	MNT	Y
Actos 15mg Tab (discontinued)					02242572	TAK	Y
pioglitazone 30mg tab							
ACH-Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02339587	AHI	Y
ACT Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02302888	TEV	Y
Apo-Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02302950	APX	Y
Jamp-Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02365529	JPC	Y
MINT-Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02326485	MNT	Y
pms-Pioglitazone 30mg Tab	DNP	0.8330	M	SFD	02303132	PMS	Y
Actos 30mg Tab (discontinued)					02242573	TAK	Y
pioglitazone 45mg tab							
ACH-Pioglitazone 45mg Tab	DNP	1.2525	M	SFD	02339595	AHI	Y
ACT Pioglitazone 45mg Tab	DNP	1.2525	M	SFD	02302896	TEV	Y
Apo-Pioglitazone 45mg Tab	DNP	1.2525	M	SFD	02302977	APX	Y
Jamp-Pioglitazone 45mg Tab	DNP	1.2525	M	SFD	02365537	JPC	Y
MINT-Pioglitazone 45mg Tab	DNP	1.2525	M	SFD	02326493	MNT	Y
Actos 45mg Tab (discontinued)					02242574	TAK	Y

A10BH DIPEPTIDYL PEPTIDASE 4 (DPP-4) INHIBITORS

A10BH01 SITAGLIPTIN

sitagliptin 25mg tab

ACH-Sitagliptin 25mg Tab	DNP	0.8197	M	E	02512475	AHI	Y
Apo-Sitagliptin Malate 25mg Tab	DNP	0.8197	M	E	02508656	APX	Y
Auro-Sitagliptan 25mg Tab	DNP	0.8197	M	E	02529866	ARO	Y
JAMP Sitagliptan 25mg Tab	DNP	0.8197	M	E	02534134	JPC	Y
Sandoz Sitagliptan 25mg Tab	DNP	0.8197	M	E	02504049	SDZ	Y
Sitagliptin 25mg Tab	DNP	0.8197	M	E	02529033	SIV	Y
Taro-Sitagliptan 25mg Tab	DNP	0.8197	M	E	02531631	TAR	Y
Teva-Sitagliptan Malate 25mg Tab	DNP	0.8197	M	E	02522705	TEV	Y
Januvia 25mg Tab	DNP	0.8197	M	E	02388839	FRS	Y

sitagliptin 50mg tab

ACH-Sitagliptin 50mg Tab	DNP	0.8197	M	E	02512483	AHI	Y
Apo-Sitagliptin Malate 50mg Tab	DNP	0.8197	M	E	02508664	APX	Y
Auro-Sitagliptan 50mg Tab	DNP	0.8197	M	E	02529874	ARO	Y
JAMP Sitagliptan 50mg Tab	DNP	0.8197	M	E	02534142	JPC	Y
Sandoz Sitagliptan 50mg Tab	DNP	0.8197	M	E	02504057	SDZ	Y
Sitagliptin 50mg Tab	DNP	0.8197	M	E	02529041	SIV	Y
Taro-Sitagliptan 50mg Tab	DNP	0.8197	M	E	02531658	TAR	Y
Teva-Sitagliptan Malate 50mg Tab	DNP	0.8197	M	E	02522713	TEV	Y
Januvia 50mg Tab	DNP	0.8197	M	E	02388847	FRS	Y

sitagliptin 100mg tab

ACH-Sitagliptin 100mg Tab	DNP	0.8197	M	E	02512491	AHI	Y
Apo-Sitagliptin Malate 100mg Tab	DNP	0.8197	M	E	02508672	APX	Y
Auro-Sitagliptan 100mg Tab	DNP	0.8197	M	E	02529882	ARO	Y
JAMP Sitagliptan 100mg Tab	DNP	0.8197	M	E	02534150	JPC	Y

A Alimentary Tract and Metabolism

	Sandoz Sitagliptan 100mg Tab	DNP	0.8197	M	E	02504065	SDZ	Y
	Sitagliptin 100mg Tab	DNP	0.8197	M	E	02529068	SIV	Y
	Taro-Sitagliptan 100mg Tab	DNP	0.8197	M	E	02531666	TAR	Y
	Teva-Sitagliptan Malate 100mg Tab	DNP	0.8197	M	E	02522721	TEV	Y
	Januvia 100mg Tab	DNP	0.8197	M	E	02303922	FRS	Y

A10BH03 SAXAGLIPTIN

saxagliptin 2.5mg tab

	Apo-Saxagliptin 2.5mg Tab	DNP	1.2650	M	E	02507471	APX	Y
	Sandoz Saxagliptin 2.5mg Tab	DNP	1.2650	M	E	02468603	SDZ	Y
	Onglyza 2.5mg Tab	DNP	1.2650	M	E	02375842	AZE	Y

saxagliptin 5mg tab

	Apo-Saxagliptin 5mg Tab	DNP	1.5195	M	E	02507498	APX	Y
	Sandoz Saxagliptin 5mg Tab	DNP	1.5195	M	E	02468611	SDZ	Y
	Onglyza 5mg Tab	DNP	1.5195	M	E	02333554	AZE	Y

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	2.3783	L	E	02370921	BOE	N
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A10BJ GLUCAGON-LIKE PEPTIDE-1 (GLP-1) ANALOGUES

A10BJ02 LIRAGLUTIDE

	Victoza 6mg/mL Inj					02351064	NNO	N
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A10BJ06 SEMAGLUTIDE

	Ozempic 2mg/1.5mL Prefilled Pen*	DNP	218.0300	L	E	02471477	NNO	N
	Ozempic 2mg/3mL Prefilled Pen*	DNP	218.0300	L	E	02540258	NNO	N
	Ozempic 4mg/3mL Prefilled Pen*	DNP	218.0300	L	E	02471469	NNO	N
	* Billed per pen							
	Rybelsus 3mg Tab	DNP	7.2030	L	E	02497581	NNO	N
	Rybelsus 7mg Tab	DNP	7.2030	L	E	02497603	NNO	N
	Rybelsus 14mg Tab	DNP	7.2030	L	E	02497611	NNO	N

A10BK SODIUM-GLUCOSE CO-TRANSPORTER2 (SGLT2) INHIBITORS

A10BK01 DAPAGLIFLOZIN

dapagliflozin 5mg tab

	Apo-Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02527189	APX	Y
	Auro-Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02531402	ARO	Y
	GLN-Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02519852	GLM	Y
	JAMP Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02531364	JPC	Y
	M-Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02535297	MRA	Y
	pms-Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02531550	PMS	Y

A Alimentary Tract and Metabolism

Sandoz Dapagliflozin 5mg Tab	DNP	0.6825	M	SFD	02518732	SDZ	Y
Forxiga 5mg Tab	DNP	0.6825	M	SFD	02435462	AZE	Y
dapagliflozin 10mg tab							
Apo-Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02527197	APX	Y
Auro-Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02531410	ARO	Y
GLN-Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02519860	GLM	Y
JAMP Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02531372	JPC	Y
M-Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02535300	MRA	Y
pms-Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02531569	PMS	Y
Sandoz Dapagliflozin 10mg Tab	DNP	0.6825	M	SFD	02518740	SDZ	Y
Forxiga 10mg Tab	DNP	0.6825	M	SFD	02435470	AZE	Y

A10BK02 CANAGLIFLOZIN

Invokana 100mg Tab	DNP	2.8910	L	E	02425483	JAN	N
Invokana 300mg Tab	DNP	3.0060	L	E	02425491	JAN	N

A10BK03 EMPAGLIFLOZIN

Jardiance 10mg Tab	DNP	2.7670	L	E	02443937	BOE	N
Jardiance 25mg Tab	DNP	2.7670	L	E	02443945	BOE	N

A10BX OTHER BLOOD GLUCOSE LOWERING DRUGS, EXCL INSULINS

A10BX02 REPAGLINIDE

repaglinide 0.5mg tab

Auro-Repaglinide 0.5mg Tab					02424258	ARO	Y
CO Repaglinide 0.5mg Tab					02321475	ATV	Y
JAMP Repaglinide 0.5mg Tab					02354926	JPC	Y
Sandoz Repaglinide 0.5mg Tab					02357453	SDZ	Y
GlucNorm 0.5mg Tab					02239924	NNO	Y

repaglinide 1mg tab

Auro-Repaglinide 1mg Tab					02424266	ARO	Y
CO Repaglinide 1mg Tab					02321483	ATV	Y
JAMP Repaglinide 1mg Tab					02354934	JPC	Y
Sandoz Repaglinide 1mg Tab					02357461	SDZ	Y
GlucNorm 1mg Tab					02239925	NNO	Y

repaglinide 2mg tab

Auro-Repaglinide 2mg Tab					02424274	ARO	Y
CO Repaglinide 2mg Tab					02321491	ATV	Y
JAMP Repaglinide 2mg Tab					02354942	JPC	Y
Sandoz Repaglinide 2mg Tab					02357488	SDZ	Y
GlucNorm 2mg Tab					02239926	NNO	Y

A11 VITAMINS

A11A MULTIVITAMINS, COMBINATIONS

A11AA MULTIVITAMINS WITH MINERALS

A11AA03 MULTIVIT AND OTHER MINERALS, INCL. COMBINATIONS

Multi 12 Inj Liq Iv					02100606	SDZ	N
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A Alimentary Tract and Metabolism

A11C VIT A AND D, INCL. COMBINATIONS OF THE TWO

A11CC VITAMIN D AND ANALOGUES

A11CC01 ERGOCALCIFEROL

Erdol 8,288 IU/mL Sol

80003615 ODN N

A11CC03 ALFACALCIDOL

alfacalcidol 0.25mcg cap

Sandoz Alfacalcidol 0.25mcg Cap

DNP 0.4313 M SF 02533316 SDZ Y

One-Alpha 0.25mcg Cap

DNP 0.4313 M SF 00474517 XPI Y

alfacalcidol 1mcg cap

Sandoz Alfacalcidol 1mcg Cap

DNP 1.2911 M SF 02533324 SDZ Y

One-Alpha 1mcg Cap

DNP 1.2911 M SF 00474525 XPI Y

One-Alpha 2mcg O/L

DNP 6.5770 L SF 02240329 XPI N

A11CC04 CALCITRIOL

calcitriol 0.25mcg cap

Calcitriol 0.25mcg Cap

DNP 0.2341 M SF 02495899 STD Y

Calcitriol-ODAN 0.25mcg Cap

DNP 0.2341 M SF 02431637 ODN Y

Taro-Calcitriol 0.25mcg Cap

DNP 0.2341 M SF 02485710 TAR Y

Rocaltrol 0.25mcg Cap

DNP 0.2341 M SF 00481823 SLP Y

calcitriol 0.5mcg cap

Calcitriol 0.5mcg Cap

DNP 0.3723 M SF 02495902 STD Y

Calcitriol-ODAN 0.5mcg Cap

DNP 0.3723 M SF 02431645 ODN Y

Taro-Calcitriol 0.5mcg Cap

DNP 0.3723 M SF 02485729 TAR Y

Rocaltrol 0.5mcg Cap

DNP 0.3723 M SF 00481815 SLP 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

A12B POTASSIUM

A12BA POTASSIUM

A12BA01 POTASSIUM CHLORIDE

Micro-K 8mEq Extencap

DNP 0.1240 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

Jamp-Potassium Chloride 600mg ER Cap

DNP 0.0822 L SFC 80062704 JPC N

A Alimentary Tract and Metabolism**A12BA02 POTASSIUM CITRATE**

K-Lyte 25mEq Eff Tab	DNP	0.6990	L	SFC	02085992	ANB	N
Jamp-K 25mEq Eff Tab	DNP	0.4760	L	SFC	80033602	JPC	N

A12C OTHER MINERAL SUPPLEMENTS**A12CC MAGNESIUM****A12CC03 MAGNESIUM GLUCONATE**

Maglucate 500mgTab					00555126	PDP	N
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A12CC99 MAGNESIUM GLUCOHEPTONATE

Jamp-Magnesium 100mg/mL O/L	DNP	0.0200	L	E	80009357	JPC	N
Magnesium-Odan 100mg/mL O/L	DNP	0.0200	L	E	80004109	ODN	N
Rougier-Magnesium 100mg/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
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levocarnitine 100mg/mL

Odan-Levocarnitine 100mg/mL O/L	DNP	0.3809	M	E	02492105	ODN	Y
Carnitor 100mg/mL O/L	DNP	0.3809	M	E	02144336	LBI	Y
Carnitor 330mg Tab	DNP	3.7006	L	E	02144328	LBI	N

A16AA04 CYSTEAMINE BITARTRATE

Procysbi 25mg Cap	DNP	5.9537	L	E	02464705	HRZ	N
Procysbi 75mg Cap	DNP	17.8610	L	E	02464713	HRZ	N
Procysbi 75mg Cap*	DNP	17.8610	L	E	00904355	HRZ	N
Procysbi 75mg Cap*	DNP	17.8610	L	E	00904354	HRZ	N

*use when drug cost in excess of CPhA maximum

A16AA06 BETAINE

Cystadane 1g Powder for Oral Sol					02238526	RRD	N
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A16AB ENZYMES**A16AB05 LARONIDASE**

Aldurazyme 0.58mg/mL Inj					02254506	GZM	N
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A16AB07 ALGLUCOSIDASE ALFA

Myozyme 50mg Pws for Inj	DNP	840.3100	L	E	02284863	GZM	N
Myozyme 50mg Pws for Inj*	DNP	840.3100	L	E	00904187	GZM	N
Myozyme 50mg Pws for Inj*	DNP	840.3100	L	E	00904205	GZM	N
Myozyme 50mg Pws for Inj*	DNP	840.3100	L	E	00904188	GZM	N

*use when drug cost in excess of CPhA maximum

A Alimentary Tract and Metabolism

A16AB09	IDURSULFASE								
	Elaprase 2mg/mL Inj					02296314	PAL	N	
A16AB10	VELAGLUCERASE ALFA								
	VPRIV 400U/Vial Pws for Inj	DNP	1955.0000	L	E	02357119	SHI	N	
	VPRIV 400U/Vial Pws for Inj*	DNP	1955.0000	L	E	00904379	SHI	N	
	VPRIV 400U/Vial Pws for Inj*	DNP	1955.0000	L	E	00904380	SHI	N	
	VPRIV 400U/Vial Pws for Inj*	DNP	1955.0000	L	E	00904378	SHI	N	
	*use when drug cost in excess of CPhA maximum								
A16AB11	TALIGLUCERASE ALFA								
	Elelyso 200U/Vial Pws for Inj	DNP	648.3600	L	E	02425637	PFI	N	
	Elelyso 200U/Vial Pws for Inj*	DNP	648.3600	L	E	00904385	PFI	N	
	Elelyso 200U/Vial Pws for Inj*	DNP	648.3600	L	E	00904383	PFI	N	
	*use when drug cost in excess of CPhA maximum								
A16AB12	ELOSULFASE ALFA								
	Vimizim 1mg/mL IV Sol	DNP	218.2180	L	E	02427184	BMR	N	
	Vimizim 1mg/mL IV Sol*	DNP	218.2180	L	E	00904542	BMR	N	
	Vimizim 1mg/mL IV Sol*	DNP	218.2180	L	E	00904543	BMR	N	
	Vimizim 1mg/mL IV Sol*	DNP	218.2180	L	E	00904545	BMR	N	
	Vimizim 1mg/mL IV Sol*	DNP	218.2180	L	E	00904541	BMR	N	
	Vimizim 1mg/mL IV Sol*	DNP	218.2180	L	E	00904544	BMR	N	
	*use when drug cost in excess of CPhA maximum								
A16AB13	ASFOTASE ALFA								
	Strensiq 18mg/0.45mL Single Use Vial	DNP	1358.6400	L	E	02444615	ALX	N	
	Strensiq 18mg/0.45mL Single Use Vial*	DNP	1358.6400	L	E	00904483	ALX	N	
	Strensiq 28mg/0.7mL Single Use Vial	DNP	2113.4400	L	E	02444623	ALX	N	
	Strensiq 28mg/0.7mL Single Use Vial*	DNP	2113.4400	L	E	00904486	ALX	N	
	Strensiq 40mg/1mL Single Use Vial	DNP	3019.2000	L	E	02444631	ALX	N	
	Strensiq 40mg/1mL Single Use Vial*	DNP	3019.2000	L	E	00904491	ALX	N	
	Strensiq 80mg/0.8mL Single Use Vial	DNP	6038.4000	L	E	02444658	ALX	N	
	Strensiq 80mg/0.8mL Single Use Vial*	DNP	6038.4000	L	E	00904494	ALX	N	
	*use when drug cost in excess of CPhA maximum								
	*Please see Appendix III for additional PINS.								
A16AB14	SEBELIPASE ALFA								
	Kanuma 2mg/mL IV Sol	DNP	854.6000	L	E	02469596	ALX	N	
	Kanuma 2mg/mL IV Sol*	DNP	854.6000	L	E	00904599	ALX	N	
	Kanuma 2mg/mL IV Sol*	DNP	854.6000	L	E	00904600	ALX	N	
	Kanuma 2mg/mL IV Sol*	DNP	854.6000	L	E	00904601	ALX	N	
	*For additional PINs contact Nova Scotia Pharmacare Programs								
	*use when drug cost in excess of CPhA maximum								
A16AB17	CERLIPONASE ALFA								
	Brineura 150mg/5mL Vial					02484013	BMR	N	

A16AX VARIOUS ALIMENTARY TRACT & METABOLISM PRODUCTS

A Alimentary Tract and Metabolism

A16AX03	SODIUM PHENYLBUTYRATE								
	Pheburane 483mg/g Oral Granules	DNP	9.2690	L	E	02436663	MDU	N	
A16AX04	NITISINONE								
	Cycle-Nitisinone 2mg Tab	DNP	12.9500	L	E	02458616	CYC	N	
	Orfadin 2mg Cap	DNP	12.9500	L	E	02459698	SBI	N	
	Cycle-Nitisinone 5mg Tab	DNP	25.0600	L	E	02458624	CYC	N	
	Orfadin 5mg Cap	DNP	25.0600	L	E	02459701	SBI	N	
	Cycle-Nitisinone 10mg Tab	DNP	47.4000	L	E	02458632	CYC	N	
	Cycle-Nitisinone 10mg Tab*	DNP	47.4000	L	E	00904442	CYC	N	
	Cycle-Nitisinone 10mg Tab*	DNP	47.4000	L	E	00904444	CYC	N	
	Cycle-Nitisinone 10mg Tab*	DNP	47.4000	L	E	00904443	CYC	N	
	*use when drug cost in excess of CPhA maximum								
	Orfadin 10mg Cap	DNP	47.4000	L	E	02459728	SBI	N	
	Orfadin 10mg Cap*	DNP	47.4000	L	E	00904436	SBI	N	
	Orfadin 10mg Cap*	DNP	47.4000	L	E	00904434	SBI	N	
	Orfadin 10mg Cap*	DNP	47.4000	L	E	00904435	SBI	N	
	*use when drug cost in excess of CPhA maximum								
	Orfadin 20mg Cap	DNP	128.1000	L	E	02459736	SBI	N	
	Orfadin 20mg Cap*	DNP	128.1000	L	E	00904437	SBI	N	
	Orfadin 20mg Cap*	DNP	128.1000	L	E	00904439	SBI	N	
	Orfadin 20mg Cap*	DNP	128.1000	L	E	00904438	SBI	N	
	*use when drug cost in excess of CPhA maximum								
A16AX06	MIGLUSTAT								
	miglustat 100mg cap								
	Sandoz Miglustat 100mg Cap					02456257	SDZ	Y	
	Zavesca 100mg Cap					02250519	JAN	Y	
A16AX07	SAPROPTERIN								
	Kuvan 100mg Tab	DNP	33.0000	L	E	02350580	BMR	N	
	Kuvan 100mg Tab**	DNP	33.0000	L	E	00904580	BMR	N	
	Kuvan 100mg Sachet*	DNP	33.0000	L	E	02482207	BMR	N	
	Kuvan 100mg Sachet**	DNP	33.0000	L	E	00904805	BMR	N	
	Kuvan 500mg Sachet*	DNP	165.0000	L	E	02482215	BMR	N	
	Kuvan 500mg Sachet**	DNP	165.0000	L	E	00904579	BMR	N	
	**use when drug cost in excess of CPhA maximum								
	*billed per sachet								
A16AX08	TEDUGLUTIDE								
	Revestive 5mg Pws for Inj	DNP	925.0000	L	E	02445727	TAK	N	
	Revestive 5mg Pws for Inj*	DNP	925.0000	L	E	00904402	TAK	N	
	Revestive 5mg Pws for Inj*	DNP	925.0000	L	E	00904403	TAK	N	
	Revestive 5mg Pws for Inj*	DNP	925.0000	L	E	00904422	TAK	N	
	*use when drug cost in excess of CPhA maximum								
A16AX09	GLYCEROL PHENYLBUTYRATE								

A Alimentary Tract and Metabolism

	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	00904361	HRZ	N
	Ravicti 1.1g/mL O/L*	DNP	48.0000	L	E	00904360	HRZ	N
	*use when drug cost in excess of CPhA maximum							
A16AX12	TRIENTINE							
	MAR-Trientine 250mg Cap	DNP	20.0000	L	E	02504855	MAR	N
	Waymade-Trientine 250mg Cap	DNP	20.0000	L	E	02515067	WMD	N
A16AX14	MIGALASTAT							
	Galafold 123mg Cap	DNP	1700.0000	L	E	02468042	AMT	N
	Galafold 123mg Cap*	DNP	1700.0000	L	E	00904407	AMT	N
	Galafold 123mg Cap*	DNP	1700.0000	L	E	00904406	AMT	N
	*use when drug cost in excess of CPhA maximum							
A16AX16	GIVOSIRAN							
	Givlaari 189mg/mL Vial	DNP	64454.5979	L	E	02506343	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904993	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904991	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904992	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904995	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904990	ALN	N
	Givlaari 189mg/mL Vial*	DNP	64454.5979	L	E	00904994	ALN	N
	*use when drug cost in excess of CPhA maximum							
A16AX17	TRIHEPTANOIN							
	Dojolvi 100% O/L	DNP	12.7300	L	E	02512556	UGX	N
	Dojolvi 100% O/L*	DNP	12.7300	L	E	00900021	UGX	N
	*use when drug cost in excess of CPhA maximum							

B Blood and Blood Forming Organs**B01 ANTITHROMBOTIC AGENTS****B01A ANTITHROMBOTIC AGENTS****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 (discontinued)					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 (discontinued)					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 (discontinued)					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 (discontinued)					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 (discontinued)					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 (discontinued)					01918354	BRI	Y

warfarin 6mg tab

Taro-Warfarin 6mg Tab	DNP	0.1860	M	SFC	02242686	TAR	Y
Coumadin 6mg Tab (discontinued)					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 (discontinued)					01918362	BRI	Y

B01AB HEPARIN GROUP

B01AB01 HEPARIN

Heparin 100 IU/mL Inj	DNP	0.6062	L	SFC	00727520	LEO	N
Heparin 1,000 IU/mL Inj	DNP	0.7129	L	SFC	00453811	LEO	N

B01AB04 DALTEPARIN

Fragmin 2,500 IU [anti-Xa] 0.2/mL Syringe Inj	DNP	28.6950	L	SFC	02132621	PFI	N
Fragmin 3,500 IU [anti-Xa] 0.28/mL Syringe Inj	DNP	28.6893	L	SFC	02430789	PFI	N

B Blood and Blood Forming Organs

Fragmin 5,000 IU [anti-Xa] 0.2/mL Syringe Inj	DNP	57.3850	L	SFC	02132648	PFI	N
Fragmin 7,500 IU [anti-Xa] 0.3/mL Syringe Inj	DNP	57.3800	L	SFC	02352648	PFI	N
Fragmin 10,000 IU [anti-Xa]/mL Amp Inj (discontinued)					02132664	PFI	N
Fragmin 10,000 IU [anti-Xa] 0.4/mL Syringe Inj	DNP	57.3850	L	SFC	02352656	PFI	N
Fragmin 12,500 IU [anti-Xa] 0.5/mL Syringe Inj	DNP	57.3880	L	SFC	02352664	PFI	N
Fragmin 15,000 IU [anti-Xa] 0.6/mL Syringe Inj	DNP	57.3867	L	SFC	02352672	PFI	N
Fragmin 16,500 IU [anti-Xa] 0.66mL Inj	DNP	57.3879	L	SFC	02494582	PFI	N
Fragmin 18,000 IU [anti-Xa] 0.72/mL Syringe Inj	DNP	57.3861	L	SFC	02352680	PFI	N
Fragmin 25,000 IU [anti-Xa]/mL Vial Inj	DNP	45.3053	L	SFC	02231171	PFI	N

B01AB05 ENOXAPARIN

Elonox 30mg/0.3mL Prefilled Syringe	DNP	16.3733	L	SFC	02532247	FKB	N
Inclunox 30mg/0.3mLSyringe Inj	DNP	16.5400	L	SFC	02507501	SDZ	N
Lovenox 30mg/0.3mL Syringe Inj					02012472	SAV	N
Noromby 30mg/0.3mL Syringe Inj	DNP	16.3733	L	SFC	02506459	JNO	N
Redesca 30mg/0.3mL Syringe Inj	DNP	16.5400	L	SFC	02509075	VAL	N
Elonox 40mg/0.4mL Prefilled Syringe	DNP	16.3750	L	SFC	02532255	FKB	N
Inclunox 40mg/0.4mL Syringe Inj	DNP	16.5400	L	SFC	02507528	SDZ	N
Lovenox 40mg/0.4mL Syringe Inj					02236883	SAV	N
Noromby 40mg/.0.4mL Syringe Inj	DNP	16.3750	L	SFC	02506467	JNO	N
Redesca 40mg/0.4mL Syringe Inj	DNP	16.5400	L	SFC	02509083	VAL	N
Elonox 60mg/0.6mL Prefilled Syringe	DNP	16.3750	L	SFC	02532263	FKB	N
Inclunox 60mg/0.6mL Syring Inj	DNP	16.5400	L	SFC	02507536	SDZ	N
Lovenox 60mg/0.6mL Syringe Inj					02378426	SAV	N
Noromby 60mg/0.6mL Syringe Inj	DNP	16.3750	L	SFC	02506475	JNO	N
Redesca 60mg/0.6mL Syringe Inj	DNP	16.5400	L	SFC	02509091	VAL	N
Elonox 80mg/0.8mL Prefilled Syringe	DNP	16.3750	L	SFC	02532271	FKB	N
Inclunox 80mg/0.8mL Syringe Inj	DNP	16.5400	L	SFC	02507544	SDZ	N
Lovenox 80mg/0.8mL Syringe Inj					02378434	SAV	N
Noromby 80mg/0.8mL Syringe Inj	DNP	16.3750	L	SFC	02506483	JNO	N
Redesca 80mg/0.8mL Syringe Inj	DNP	16.5400	L	SFC	02509105	VAL	N
Elonox 100mg/mL Prefilled Syringe	DNP	16.3750	L	SFC	02532298	FKB	N
Inclunox 100mg/mL Syringe Inj	DNP	16.5400	L	SFC	02507552	SDZ	N
Lovenox 100mg/mL Syringe Inj					02378442	SAV	N
Lovenox 100mg/mL Vial Inj					02236564	SAV	N
Noromby 100mg/mL Syringe Inj	DNP	16.3750	L	SFC	02506491	JNO	N
Redesca 100mg/mL Syringe Inj	DNP	16.5400	L	SFC	02509113	VAL	N
Elonox HP 120mg/0.8mL Prefilled Syringe	DNP	24.5625	L	SFC	02532301	FKB	N
Inclunox HP 120mg/0.8mL Syringe Inj	DNP	24.8125	L	SFC	02507560	SDZ	N
Lovenox 120mg/0.8mL Syringe Inj					02242692	SAV	N
Noromby HP 120mg/0.8mL Syringe Inj	DNP	24.5625	L	SFC	02506505	JNO	N
Redesca HP 120mg/0.8mL Syringe Inj	DNP	24.8100	L	SFC	02509148	VAL	N
Elonox HP 150mg/mL Prefilled Syringe	DNP	24.5619	L	SFC	02532328	FKB	N
Inclunox HP 150mg/mL Syringe Inj	DNP	24.8100	L	SFC	02507579	SDZ	N
Lovenox HP 150mg/mL Syringe Inj					02378469	SAV	N

B Blood and Blood Forming Organs

	Noromby HP 150mg/mL Syringe Inj	DNP	24.5620	L	SFC	02506513	JNO	N
	Redesca HP 150mg/mL Syringe Inj	DNP	24.8100	L	SFC	02509156	VAL	N
	Redesca 300mg/3mL Vial	DNP	16.5400	L	SFC	02509121	VAL	N

B01AB09 DANAPAROID

	Orgaran 750 IU/0.6mL Inj					02129043	APN	N
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B01AB10 TINZAPARIN

	Innohep 2,500 IU/0.25mL Inj	DNP	26.6480	L	SFC	02229755	LEO	N
	Innohep 3,500 IU/0.35mL Inj	DNP	26.6171	L	SFC	02358158	LEO	N
	Innohep 4,500 IU/0.45mL Inj	DNP	26.6244	L	SFC	02358166	LEO	N
	Innohep 8,000 IU/0.4mL Inj	DNP	51.8050	L	SFC	02429462	LEO	N
	Innohep 10,000 IU/0.5mL Inj	DNP	54.3440	L	SFC	02231478	LEO	N
	Innohep 10,000 IU/mL Inj	DNP	25.1470	L	SFC	02167840	LEO	N
	Innohep 12,000 IU/0.6mL Inj	DNP	54.3950	L	SFC	02429470	LEO	N
	Innohep 14,000 IU/0.7mL Inj	DNP	54.3943	L	SFC	02358174	LEO	N
	Innohep 16,000 IU/0.8mL Inj	DNP	54.3950	L	SFC	02429489	LEO	N
	Innohep 18,000 IU/0.9mL Inj	DNP	54.3878	L	SFC	02358182	LEO	N
	Innohep 20,000 IU/mL Inj	DNP	53.6395	L	SFC	02229515	LEO	N

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

	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
	Jamp-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02415550	JPC	Y
	M-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02502283	MRA	Y
	Mar-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02422255	MAR	Y
	MINT-Clopidogrel 75mg Tab	DNP	0.2631	M	SF	02408910	MNT	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
	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 (discontinued)					02330555	SAV	Y

B01AC05 TICLOPIDINE**ticlopidine 250mg tab**

	Ticlopidine 250mg Tab	DNP	1.0935	M	E	02237701	AAP	Y
	Ticlid 250mg Tab (discontinued)					02162776	HLR	Y

B01AC07 DIPYRIDAMOLE

B Blood and Blood Forming Organs

	Persantine Liq Inj 5mg/mL					00637734	BOE	N
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							
	prasugrel 10mg tab							
	JAMP Prasugrel 10mg Tab	DNP	1.6680	M	E	02502429	JPC	Y
	Effient 10mg Tab (discontinued)					02349124	LIL	Y
B01AC24	TICAGRELOR							
	ticagrelor 60mg tab							
	Apo-Ticagrelor 60mg Tab					02482622	APX	Y
	M-Ticagrelor 60mg Tab					02529750	MRA	Y
	Taro-Ticagrelor 60mg Tab					02492571	TAR	Y
	Brilinta 60mg Tab					02455005	AZE	Y
	ticagrelor 90mg tab							
	Apo-Ticagrelor 90mg Tab	DNP	0.3960	M	E	02482630	APX	Y
	M-Ticagrelor 90mg Tab	DNP	0.3960	M	E	02529769	MRA	Y
	Taro-Ticagrelor 90mg Tab	DNP	0.3960	M	E	02492598	TAR	Y
	Brilinta 90mg Tab	DNP	0.3960	M	E	02368544	AZE	Y
B01AC27	SELEXIPAG							
	Uptravi 200mcg Tab	DNP	73.2750	L	E	02451158	JAN	N
	Uptravi 400mcg Tab	DNP	73.2750	L	E	02451166	JAN	N
	Uptravi 600mcg Tab	DNP	73.2750	L	E	02451174	JAN	N
	Uptravi 800mcg Tab	DNP	73.2750	L	E	02451182	JAN	N
	Uptravi 1000mcg Tab	DNP	73.2750	L	E	02451190	JAN	N
	Uptravi 1200mcg Tab	DNP	73.2750	L	E	02451204	JAN	N
	Uptravi 1400mcg Tab	DNP	73.2750	L	E	02451212	JAN	N
	Uptravi 1600mcg Tab	DNP	73.2750	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 (discontinued)					02242119	BOE	Y
B01AE	DIRECT THROMBIN INHIBITORS							
B01AE07	DABIGATRAN ETEXILATE							
	dabigatran etexilate 75mg cap							
	Apo-Dabigatran 75mg Cap					02468891	APX	Y
	Pradaxa 75mg Cap					02312433	BOE	Y

B Blood and Blood Forming Organs**dabigatran etexilate 110mg cap**

Apo-Dabigatran 110mg Cap	DNP	1.2540	M	SFC	02468905	APX	Y
Pradaxa 110mg Cap	DNP	1.2540	M	SFC	02312441	BOE	Y

dabigatran etexilate 150mg cap

Apo-Dabigatran 150mg Cap	DNP	1.2540	M	SFC	02468913	APX	Y
Pradaxa 150mg Cap	DNP	1.2540	M	SFC	02358808	BOE	Y

B01AF DIRECT FACTOR XA INHIBITORS**B01AF01 RIVAROXABAN****rivaroxaban 2.5mg tab**

Apo-Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02541734	APX	Y
pms-Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02527537	PMS	Y
Reddy-Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02524503	RCH	Y
Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02541467	SIV	Y
Sandoz Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02537877	SDZ	Y
Taro-Rivaroxaban 2.5mg Tab	DNP	0.3550	M	SFC	02526786	TAR	Y
Xarelto 2.5mg Tab	DNP	0.3550	M	SFC	02480808	BAY	Y

rivaroxaban 10mg tab

Apo-Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02470497	APX	Y
pms-Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02512041	PMS	Y
Reddy-Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02472414	RCH	Y
Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02541475	SIV	Y
Sandoz Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02482223	SDZ	Y
Taro-Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02483807	TAR	Y
Teva-Rivaroxaban 10mg Tab	DNP	0.7175	M	SFC	02507196	TEV	Y
Xarelto 10mg Tab	DNP	0.7175	M	SFC	02316986	BAY	Y

rivaroxaban 15mg tab

Apo-Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02470500	APX	Y
pms-Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02512068	PMS	Y
Reddy-Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02472430	RCH	Y
Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02541483	SIV	Y
Sandoz Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02482231	SDZ	Y
Taro-Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02483815	TAR	Y
Teva-Rivaroxaban 15mg Tab	DNP	0.7175	M	SFC	02507218	TEV	Y
Xarelto 15mg Tab	DNP	0.7175	M	SFC	02378604	BAY	Y

rivaroxaban 20mg tab

Apo-Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02470519	APX	Y
pms-Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02512076	PMS	Y
Reddy-Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02472422	RCH	Y
Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02541491	SIV	Y
Sandoz Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02482258	SDZ	Y
Taro-Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02483823	TAR	Y
Teva-Rivaroxaban 20mg Tab	DNP	0.7175	M	SFC	02507226	TEV	Y
Xarelto 20mg Tab	DNP	0.7175	M	SFC	02378612	BAY	Y

B01AF02 APIXABAN**apixaban 2.5mg tab**

ACH-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02487713	AHI	Y
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B Blood and Blood Forming Organs

Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02530708	SIV	Y
Apo-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02487381	APX	Y
Auro-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02486806	ARO	Y
JAMP Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02528924	JPC	Y
M-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02529009	MRA	Y
Mar-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02492369	MAR	Y
MINT-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02495430	MNT	Y
NAT-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02492814	NAT	Y
Sandoz Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02489228	SDZ	Y
Taro-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02510464	TAR	Y
Teva-Apixaban 2.5mg Tab	DNP	0.4084	M	SFC	02484994	TEV	Y
Eliquis 2.5mg Tab	DNP	0.4084	M	SFC	02377233	BRI	Y

apixaban 5mg tab

ACH-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02487721	AHI	Y
Apixaban 5mg Tab	DNP	0.4084	M	SFC	02530716	SIV	Y
Apo-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02487403	APX	Y
Auro-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02486814	ARO	Y
JAMP Apixaban 5mg Tab	DNP	0.4084	M	SFC	02528932	JPC	Y
M-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02529017	MRA	Y
Mar-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02492377	MAR	Y
MINT-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02495449	MNT	Y
NAT-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02492822	NAT	Y
Sandoz Apixaban 5mg Tab	DNP	0.4084	M	SFC	02489236	SDZ	Y
Taro-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02510472	TAR	Y
Teva-Apixaban 5mg Tab	DNP	0.4084	M	SFC	02485001	TEV	Y
Eliquis 5mg Tab	DNP	0.4084	M	SFC	02397714	BRI	Y

B01AF03 EDOXABAN

Lixiana 15mg Tab	DNP	2.9393	L	SFC	02458640	SEV	N
Lixiana 30mg Tab	DNP	2.9393	L	SFC	02458659	SEV	N
Lixiana 60mg Tab	DNP	2.9393	L	SFC	02458667	SEV	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

B01**B01A ANTITHROMBOTIC AGENTS****B01AD ENZYMES****B01AD02 ALTEPLASE**

Cathflo 2mg Vial	DNP	71.5320	L	E	02245859	HLR	N
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B Blood and Blood Forming Organs**B02 ANTIHEMORRHAGICS****B02A ANTIFIBRINOLYTICS****B02AA AMINO ACIDS**

B02AA02 TRANEXAMIC ACID

tranexamic acid 100mg/mL inj

Tranexamic Acid 100mg/mL Inj						02246365	SDZ	Y
Tranexamic Acid 100mg/mL Inj						02392763	OMG	Y
Tranexamic Acid 100mg/mL Inj						02497328	JPC	Y
Cyklokapron 100mg/mL Inj						02064413	PFI	Y

tranexamic acid 500mg tab

GD-Tranexamic Acid 500mg Tab	DNP	0.2967	M	SF	02409097	GMD	Y
Mar-Tranexamic Acid 500mg Tab	DNP	0.2967	M	SF	02496232	MAR	Y
Tranexamic Acid 500mg Tab	DNP	0.2967	M	SF	02401231	STR	Y
Tranexamic Acid 500mg Tab	DNP	0.2967	M	SF	02519194	JPC	Y
Cyklokapron 500mg Tab	DNP	0.2967	M	SF	02064405	PFI	Y

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

B02BA01 PHYTONADIONE

Vitamin K1 10mg/mL Inj	DNPM	6.3720	L	SF	00804312	SDZ	N
Vitamin K1 2mg/mL Inj	DNPM	11.2480	L	SF	00781878	SDZ	N

B02BX OTHER SYSTEMIC HEMOSTATICS

B02BX04 ROMIPLOSTIM

Nplate 250mcg/0.5mL Inj						02322854	AGA	N
Nplate 500mcg/mL Inj						02322862	AGA	N

B02BX05 ELTROMBOPAG

eltrombopag 25mg tab

Apo-Eltrombopag 25mg Tab						02506742	APX	Y
Revolade 25mg Tab						02361825	NVR	Y

eltrombopag 50mg tab

Apo-Eltrombopag 50mg Tab						02506769	APX	Y
Revolade 50mg Tab						02361833	NVR	Y

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

B Blood and Blood Forming Organs**ferrous gluconate 300mg tab**

Ferrous Gluconate 300mg Tab						00545031	AAP	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
Ferodan 150mg5/mL Syr						00758469	ODN	N
Ferrous Sulfate 300mg Tab						00031100	JPC	N

B03AB IRON TRIVALENT, ORAL PREPARATIONS**B03AB02 SACCHARATED IRON OXIDE**

Triferexx 150mg Cap						02248264	AXS	N
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B03AC IRON TRIVALENT, PARENTERAL PREPARATIONS**B03AC02 SACCHARATED IRON OXIDE****iron sucrose 20mg/mL inj**

pms-Iron Sucrose 20mg/mL Inj	DNP	5.5000	M	E		02502917	PMS	Y
Venofer 20mg/mL Inj	DNP	5.5000	M	E		02243716	FRE	Y

B03AC07 FERRIC SODIUM GLUCONATE COMPLEX

Ferrlecit 12.5mg/mL Inj	DNP	5.6600	L	E		02243333	SAV	N
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B03AC99 FERRIC DERISOMALTOSE

Monoferric 100mg/mL IV Inj	DNP	45.0000	L	E		02477777	PFI	N
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B03AE IRON IN OTHER COMBINATIONS**B03AE02 IRON, MULTIVITAMINS AND FOLIC ACID**

Palafer CF Cap						01923455	MVL	N
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B03B VITAMIN B12 AND FOLIC ACID**B03BA VITAMIN B12 (CYANOCOBALAMIN AND DERIVATIVES)****B03BA01 CYANOCOBALAMIN**

Vitamin B12 250mcg Tab						00502758	SWS	N
Vitamin B12 500mcg Tab	DNP	0.0687	L	SE		00689726	EXZ	N
Vitamin B12 1,000mcg/mL Inj	DNP	2.2850	L	E		00521515	SDZ	N
Cyanocobalamin 1,000mcg/mL Inj	DNP	0.3063	L	E		01987003	STR	N
Vitamin B12 1,000mcg Tab	DNP	0.1060	L	SE		02237736	EXZ	N

B03BA51 CYANOCOBALAMIN, COMBINATIONS

Vitamin B12 1,000mcg Tab w Folic Acid	DNP	0.0840	L	SE		02243119	EXZ	N
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B03BB FOLIC ACID AND DERIVATIVES**B03BB01 FOLIC ACID**

B Blood and Blood Forming Organs

Folic Acid 1mg Tab						02048841	PMT	N
Folic Acid 1mg Tab						00318973	JAM	N
Folic Acid 1mg Tab						00647039	VTH	N
Folic Acid 1mg Tab						02236747	WAM	N
Euro-Folic Acid 5mg Tab (discontinued)						02285673	SDZ	N
Folic Acid 5mg Tab	DNPM	0.0433	L	SFC		00426849	AAP	N
Jamp-Folic Acid 5mg Tab	DNPM	0.0363	L	SFC		02366061	JPC	N

B03X OTHER ANTIANEMIC PREPARATIONS**B03XA OTHER ANTIANEMIC PREPARATIONS****B03XA01 ERYTHROPOIETIN**

Eprex 1,000 IU/0.5mL Syringe Inj	DNP	28.5000	L	E		02231583	JAN	N
Eprex 2,000 IU/0.5mL Syringe Inj	DNP	57.0000	L	E		02231584	JAN	N
Eprex 3,000 IU/0.3mL Syringe Inj	DNP	142.5000	L	E		02231585	JAN	N
Eprex 4,000 IU/0.4mL Syringe Inj	DNP	142.5000	L	E		02231586	JAN	N
Eprex 5,000 IU/0.5mL Syringe Inj	DNP	142.5000	L	E		02243400	JAN	N
Eprex 6,000 IU/0.6mL Syringe Inj	DNP	142.5000	L	E		02243401	JAN	N
Eprex 8,000 IU/0.8mL Syringe Inj	DNP	142.5000	L	E		02243403	JAN	N
Eprex 10,000 IU/mL Syringe Inj	DNP	142.5000	L	E		02231587	JAN	N
Eprex 20,000 IU/0.5mL Syringe Inj	DNP	650.1800	L	E		02243239	JAN	N
Eprex 30,000 IU/0.75mL Syringe Inj	DNP	481.1067	L	E		02288680	JAN	N
Eprex 30,000 IU/0.75mL Syringe Inj*	DNP	481.1067	L	E		00903993	JAN	N
*use when drug cost in excess of CPhA maximum								
Eprex 40,000 IU/mL Syringe Inj	DNP	486.7900	L	E		02240722	JAN	N

B03XA02 DARBEPOETIN ALFA

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	1752.5500	L	E		02391805	AGA	N
Aranesp 300mcg/0.6mL Syringe Inj	DNP	1804.9167	L	E		02391821	AGA	N
Aranesp 500mcg/mL Syringe Inj	DNP	1804.9400	L	E		02392364	AGA	N

B03XA06 LUSPATERCEPT

Reblozyl 25mg Vial	DNP	2189.0000	L	E		02505541	CEL	N
Reblozyl 25mg Vial*	DNP	2189.0000	L	E		00904728	CEL	N

B Blood and Blood Forming Organs

Reblozyl 75mg Vial	DNP	6567.0000	L	E	02505568	CEL	N
Reblozyl 75mg Vial*	DNP	6567.0000	L	E	00904729	CEL	N

*use when drug cost in excess of CPhA maximum

B05 BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS**B05C IRRIGATING SOLUTIONS****B05CB SALT SOLUTIONS**

B05CB01 SODIUM CHLORIDE

Sodium Chloride Irr Sol	DNP	0.0107	L	SF	00786160	BAX	N
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B05X I.V. SOLUTION ADDITIVES**B05XA ELECTROLYTE SOLUTIONS**

B05XA01 POTASSIUM CHLORIDE

Potassium Chloride 40mEq/20mL					00037869	PFI	N
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B05XA02 SODIUM BICARBONATE

Sodium Bicarbonate 8.4% Inj					00261998	PFI	N
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B05XA03 SODIUM CHLORIDE

Sodium Chloride 9mg/mL Inj	DNPM	0.2041	L	SF	00037796	PFI	N
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Sodium Chloride 9mg/mL USP Inj	DNPM	0.0998	L	SF	02304341	HIK	N
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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	TAK	N
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*Maximum of two (2) doses on hand at any time

B06AC05 LANADELUMAB

Takhzyro 300mg/2mL Prefilled Syringe	DNP	10269.0000	L	E	02505614	TAK	N
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Takhzyro 300mg/2mL Prefilled Syringe*	DNP	10269.0000	L	E	00904638	TAK	N
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Takhzyro 300mg/2mL Prefilled Syringe*	DNP	10269.0000	L	E	00904639	TAK	N
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Takhzyro 300mg/2mL Vial	DNP	10269.0000	L	E	02480948	TAK	N
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Takhzyro 300mg/2mL Vial*	DNP	10269.0000	L	E	00904577	TAK	N
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Takhzyro 300mg/2mL Vial*	DNP	10269.0000	L	E	00904578	TAK	N
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*use when drug cost in excess of CPhA maximum

C Cardiovascular System**C01 CARDIAC THERAPY****C01A CARDIAC GLYCOSIDES****C01AA DIGITALIS GLYCOSIDES**

C01AA05 DIGOXIN

pms-Digoxin 0.05mg/mL Sol	DNP	1.7433	L	SF	02242320	PMS	N	
digoxin 0.0625mg tab								
JAMP Digoxin 0.0625mg Tab	DNP	0.1850	M	SF	02498502	JPC	Y	
pms-Digoxin 0.0625mg Tab	DNP	0.1850	M	SF	02335700	PMS	Y	
digoxin 0.125mg tab								
JAMP Digoxin 0.125mg Tab	DNP	0.1751	M	SF	02498510	JPC	Y	
pms-Digoxin 0.125mg Tab	DNP	0.1751	M	SF	02335719	PMS	Y	
digoxin 0.25mg/mL inj								
Digoxin 0.25mg/mL Inj					02048264	SDZ	Y	
Lanoxin 0.25mg/mL Inj (discontinued)					02242319	VCO	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

C01BA03 DISOPYRAMIDE

Rythmodan 100mg Cap	DNP	0.3100	L	SF	02224801	XPI	N
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C01BB ANTIARRHYTHMICS, CLASS IB

C01BB02 MEXILETINE

mexiletine 100mg cap

MINT-Mexiletine 100mg Cap	DNP	0.7346	M	SF	02536846	MNT	Y
Novo-Mexiletine 100mg Cap	DNP	0.7346	M	SF	02230359	TEV	Y
Mexitil 100mg Cap (discontinued)					00599956	BOE	Y

mexiletine 200mg cap

MINT-Mexiletine 200mg Cap	DNP	0.9837	M	SF	02536854	MNT	Y
Novo-Mexiletine 200mg Cap	DNP	0.9837	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
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

Apo-Propafenone 300mg Tab	DNP	0.5321	M	SF	02243325	APX	Y
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Mylan-Propafenone 300mg Tab	DNP	0.5321	M	SF	02457164	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	0.1389	M	SF	02275538	APX	Y
Auro-Flecainide 50mg Tab	DNP	0.1389	M	SF	02459957	ARO	Y
Flecainide 50mg Tab	DNP	0.1389	M	SF	02534800	SAS	Y
JAMP Flecainide 50mg Tab	DNP	0.1389	M	SF	02493705	JPC	Y
Mar-Flecainide 50mg Tab	DNP	0.1389	M	SF	02476177	MAR	Y
Tambocor 50mg Tab (discontinued)					01966197	GWP	Y

flecainide 100mg tab

Apo-Flecainide 100mg Tab	DNP	0.2779	M	SF	02275546	APX	Y
Auro-Flecainide 100mg Tab	DNP	0.2779	M	SF	02459965	ARO	Y
Flecainide 100mg Tab	DNP	0.2779	M	SF	02534819	SAS	Y
JAMP Flecainide 100mg Tab	DNP	0.2779	M	SF	02493713	JPC	Y
Mar-Flecainide 100mg Tab	DNP	0.2779	M	SF	02476185	MAR	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	0.8593	L	SF	02292173	PMS	N
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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
JAMP Amiodarone 200mg Tab	DNP	0.3706	M	SF	02531844	JPC	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

C01BD07 DRONEDARONE

Multaq 400mg Tab					02330989	SAV	N
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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

C01CA07 DOBUTAMINE

C Cardiovascular System

dobutamine 12.5mg/mL inj

Dobutamine 12.5mg/mL Inj						02242010	SDZ	Y
Dobutrex 12.5mg/mL Inj (discontinued)						00759538	PPC	Y

C01CA17 MIDODRINE

midodrine 2.5mg tab

Apo-Midodrine 2.5mg Tab	DNP	0.1153	M	SF	02278677	APX	Y
JAMP Midodrine 2.5mg Tab	DNP	0.1153	M	SF	02517701	JPC	Y
Mar-Midodrine 2.5mg Tab	DNP	0.1153	M	SF	02473984	MAR	Y
Midodrine 2.5mg Tab	DNP	0.1153	M	SF	02533200	SAS	Y
Amatine 2.5mg Tab (discontinued)					01934392	SHI	Y

midodrine 5mg tab

Apo-Midodrine 5mg Tab	DNP	0.1921	M	SF	02278685	APX	Y
JAMP Midodrine 5mg Tab	DNP	0.1921	M	SF	02517728	JPC	Y
Mar-Midodrine 5mg Tab	DNP	0.1921	M	SF	02473992	MAR	Y
Midodrine 5mg Tab	DNP	0.1921	M	SF	02533219	SAS	Y
Amatine 5mg Tab (discontinued)					01934406	SHI	Y

C01CA24 EPINEPHRINE

Epinephrine 1mg/mL Inj	DNPM	4.0430	L	SF	00721891	PFI	N
Allerject 0.15mg/0.15mL Autoinjector	DNP	88.5600	L	SF*	02382059	KLO	N
Emerade 0.15mg Prefilled Pen	DNP	81.0000	L	SF*	02458438	BSL	N
Epipen Jr. 0.15mg Autoinjector	DNP	88.5600	L	SF*	00578657	PFI	N
Allerject 0.3mg/0.3mL Autoinjector	DNP	88.5600	L	SF*	02382067	KLO	N
Emerade 0.3mg Prefilled Pen	DNP	81.0000	L	SF*	02458446	BSL	N
Epipen 0.3mg Autoinjector	DNP	88.5600	L	SF*	00509558	PFI	N
Emerade 0.5mg Prefilled Pen	DNP	81.0000	L	SF*	02458454	BSL	N

*quantity limit of two (2) injections per fiscal year. The prescriber can submit a request for consideration should beneficiaries require more than two (2) injections per fiscal year.

C01D VASODILATORS USED IN CARDIAC DISEASES

C01DA ORGANIC NITRATES

C01DA02 NITROGLYCERIN (GLYCERYL TRINITRATE)

nitroglycerin 0.2mg/hr patch

MYLAN-Nitro 0.2mg/hr Patch	DNPM	0.4686	M	SF	02407442	MYL	Y
Nitro-Dur 0.2mg/hr Patch	DNPM	0.4686	M	SF	01911910	RCH	Y
Trinipatch 0.2mg/hr Patch	DNPM	0.7397	L	SF	02230732	PAL	N
Nitrostat 0.3mg Tab	DNPM	0.1737	L	SF	00037613	UJC	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

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MYLAN-Nitro 0.4mg/dose SL Spray	DNPM	0.0423	L	SF	02243588	MYL	N
Nitroglycerin 0.4mg/dose Spray (UK Label)	DNPM	0.0468	L	SF	09858317	JNO	N
Trinipatch 0.4mg/hr Patch	DNPM	0.8517	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
Nitrostat 0.6mg Tab	DNPM	0.1737	L	SF	00037621	UJC	N
Trinipatch 0.6mg/hr Patch	DNPM	0.8517	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

C01DA08 ISOSORBIDE DINITRATE

isosorbide dinitrate 10mg tab

ISDN 10mg Tab	DNP	0.0443	M	SF	00441686	AAP	Y
Isordil 10mg Tab (discontinued)					02042622	WAY	Y

isosorbide dinitrate 30mg tab

ISDN 30mg Tab	DNP	0.1091	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	JNO	Y

C01E OTHER CARDIAC PREPARATIONS

C01EB OTHER CARDIAC PREPARATIONS

C01EB17 IVABRADINE

Lancora 5mg Tab	DNP	0.8934	L	E	02459973	SEV	N
Lancora 7.5mg Tab	DNP	1.6339	L	E	02459981	SEV	N

C02 ANTIHYPERTENSIVES

C02A ANTIADRENERGIC AGENTS, CENTRALLY ACTING

C02AB METHYLDOPA

C02AB02 METHYLDOPA (RACEMIC)

methyldopa 125mg tab

Methyldopa 125mg Tab	DNP	0.1260	M	SF	00360252	AAP	Y
Aldomet 125mg Tab (discontinued)					00016551	LIH	Y

methyldopa 250mg tab

Methyldopa 250mg Tab	DNP	0.1887	M	SF	00360260	AAP	Y
Aldomet 250mg Tab (discontinued)					00016578	LIH	Y

methyldopa 500mg tab

Methyldopa 500mg Tab	DNP	0.3233	M	SF	00426830	AAP	Y
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	Aldomet 500mg Tab (discontinued)					00016586	LIH	Y
C02AC	IMIDAZOLINE RECEPTOR AGONISTS							
C02AC01	CLONIDINE							
	clonidine HCl 0.025mg tab							
	Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02540061	SIV	Y
	JAMP Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02528207	JPC	Y
	Mar-Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02524198	MAR	Y
	MINT-Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02534738	MNT	Y
	Novo-Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02304163	TEV	Y
	Sandoz Clonidine 0.025mg Tab	DNP	0.0680	M	SF	02516217	SDZ	Y
	Dixarit 0.025mg Tab (discontinued)					00519251	BOE	Y
	clonidine HCl 0.1mg tab							
	Clonidine 0.1mg Tab	DNP	0.0679	M	SF	02538490	SIV	Y
	MINT-Clonidine 0.1mg Tab	DNP	0.0679	M	SF	02462192	MNT	Y
	Novo-Clonidine 0.1mg Tab	DNP	0.0679	M	SF	02046121	TEV	Y
	Sandoz Clonidine 0.1mg Tab	DNP	0.0679	M	SF	02515784	SDZ	Y
	Catapres 0.1mg Tab (discontinued)					00259527	BOE	Y
	clonidine HCl 0.2mg tab							
	Clonidine 0.2mg Tab	DNP	0.1212	M	SF	02538504	SIV	Y
	MINT-Clonidine 0.2mg Tab	DNP	0.1212	M	SF	02462206	MNT	Y
	Novo-Clonidine 0.2mg Tab	DNP	0.1212	M	SF	02046148	TEV	Y
	Sandoz Clonidine 0.2mg Tab	DNP	0.1212	M	SF	02515792	SDZ	Y
	Catapres 0.2mg Tab (discontinued)					00291889	BOE	Y
C02AC02	GUANFACINE							
	guanfacine 1mg ER Tab							
	Apo-Guanfacine XR 1mg Tab					02523728	APX	Y
	JAMP Guanfacine XR 1mg Tab					02523558	JPC	Y
	Intuniv XR 1mg Tab					02409100	TAK	Y
	guanfacine 2mg ER Tab							
	Apo-Guanfacine XR 2mg Tab					02523736	APX	Y
	JAMP Guanfacine XR 2mg Tab					02523566	JPC	Y
	Intuniv XR 2mg Tab					02409119	TAK	Y
	guanfacine 3mg ER Tab							
	Apo-Guanfacine XR 3mg Tab					02523744	APX	Y
	JAMP Guanfacine XR 3mg Tab					02523574	JPC	Y
	Intuniv XR 3mg Tab					02409127	TAK	Y
	guanfacine 4mg ER Tab							
	Apo-Guanfacine XR 4mg Tab					02523752	APX	Y
	JAMP Guanfacine XR 4mg Tab					02523582	JPC	Y
	Intuniv XR 4mg Tab					02409135	TAK	Y

C02C ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

C02CA ALPHA-ADRENOCEPTOR ANTAGONISTS

C02CA01 PRAZOSIN

C Cardiovascular System

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 Hydrochloride 1mg Cap (US Label)	DNP	0.2743	L	SF	09858281	STR	N

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 Hydrochloride 2mg Cap (US Label)	DNP	0.3725	L	SF	09858282	STR	N

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
Prazosin Hydrochloride 5mg Cap (US Label)	DNP	0.5121	L	SF	09858283	STR	N

C02CA04 DOXAZOSIN

doxazosin 1mg tab

Apo-Doxazosin 1mg Tab	DNP	0.1719	M	SF	02240588	APX	Y
Jamp-Doxazosin 1mg Tab	DNP	0.1719	M	SF	02489937	JPC	Y
Novo-Doxazosin 1mg Tab	DNP	0.1719	M	SF	02242728	TEV	Y
Cardura-1 1mg Tab (discontinued)					01958100	PFI	Y

doxazosin 2mg tab

Apo-Doxazosin 2mg Tab	DNP	0.2062	M	SF	02240589	APX	Y
Jamp-Doxazosin 2mg Tab	DNP	0.2062	M	SF	02489945	JPC	Y
Novo-Doxazosin 2mg Tab	DNP	0.2062	M	SF	02242729	TEV	Y
Cardura-2 2mg Tab (discontinued)					01958097	PFI	Y

doxazosin 4mg tab

Apo-Doxazosin 4mg Tab	DNP	0.2681	M	SF	02240590	APX	Y
Jamp-Doxazosin 4mg Tab	DNP	0.2681	M	SF	02489953	JPC	Y
Novo-Doxazosin 4mg Tab	DNP	0.2681	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
Hydralazine 10mg Tab	DNP	0.0355	M	SF	02539829	SAS	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
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Hydralazine 25mg Tab	DNP	0.0609	M	SF	02539802	SAS	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
Hydralazine 50mg Tab	DNP	0.0956	M	SF	02539810	SAS	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	0.5250	L	SF	00514497	PFI	N
Loniten 10mg Tab	DNP	1.1582	L	SF	00514500	PFI	N

C02K OTHER ANTIHYPERTENSIVES**C02KX ANTIHYPERTENSIVES FOR PULMONARY ARTERIAL HYPERTENSION**

C02KX01 BOSENTAN

bosentan 62.5mg tab

NAT-Bosentan 62.5mg Tab	DNP	16.0447	M	E	02467984	NAT	Y
pms-Bosentan 62.5mg Tab	DNP	16.0447	M	E	02383012	PMS	Y
Taro-Bosentan 62.5mg Tab	DNP	16.0447	M	E	02483130	TAR	Y
Tracleer 62.5mg Tab	DNP	16.0447	M	E	02244981	JAN	Y

bosentan 125mg tab

NAT-Bosentan 125mg Tab	DNP	16.0447	M	E	02467992	NAT	Y
pms-Bosentan 125mg Tab	DNP	16.0447	M	E	02383020	PMS	Y
Taro-Bosentan 125mg Tab	DNP	16.0447	M	E	02483149	TAR	Y
Tracleer 125mg Tab	DNP	16.0447	M	E	02244982	JAN	Y

C02KX02 AMBRISENTAN

ambrisentan 5mg tab

Apo-Ambrisentan 5mg Tab	DNP	31.2732	M	E	02475375	APX	Y
JAMP Ambrisentan 5mg Tab	DNP	31.2732	M	E	02521938	JPC	Y
Sandoz Ambrisentan 5mg Tab	DNP	31.2732	M	E	02526875	SDZ	Y
Volibris 5mg Tab	DNP	31.2732	M	E	02307065	GSK	Y

ambrisentan 10mg tab

Apo-Ambrisentan 10mg Tab	DNP	31.2732	M	E	02475383	APX	Y
JAMP Ambrisentan 10mg Tab	DNP	31.2732	M	E	02521946	JPC	Y
Sandoz Ambrisentan 10mg Tab	DNP	31.2732	M	E	02526883	SDZ	Y
Volibris 10mg Tab	DNP	31.2732	M	E	02307073	GSK	Y

C02KX04 MACITENTAN

Opsumit 10mg Tab	DNP	132.0550	L	E	02415690	JAN	N
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C02KX05 RIOCIQUAT

Adempas 0.5mg Tab	DNP	43.2200	L	E	02412764	BAY	N
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C Cardiovascular System

	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

C02KX98 TADALAFIL**tadalafil 20mg tab**

	Apo-Tadalafil PAH 20mg Tab					02421933	APX	Y
	Adcirca 20mg Tab					02338327	LIL	Y

C02KX99 SILDENAFIL**sildenafil 20mg tab**

	Jamp-Sildenafil R 20mg Tab	DNP	2.9620	M	E	02469669	JPC	Y
	pms-Sildenafil-R 20mg Tab	DNP	2.9620	M	E	02412179	PMS	Y
	ratio-Sildenafil-R 20mg Tab	DNP	2.9620	M	E	02319500	TEV	Y
	Revatio 20mg Tab	DNP	2.9620	M	E	02279401	UJC	Y

C03 DIURETICS**C03A LOW-CEILING DIURETICS, THIAZIDES****C03AA THIAZIDES, PLAIN****C03AA03 HYDROCHLOROTHIAZIDE****hydrochlorothiazide 12.5mg tab**

	Apo-Hydro 12.5mg Tab	DNP	0.0079	M	SF	02327856	APX	Y
	pms-Hydrochlorothiazide 12.5mg Tab					02274086	PMS	Y
	MINT-Hydrochlorothiazide 12.5mg Tab	DNP	0.0079	L	SF	02425947	MNT	N

hydrochlorothiazide 25mg tab

	Apo-Hydro 25mg Tab	DNP	0.0158	M	SF	00326844	APX	Y
	Hydrochlorothiazide 25mg Tab	DNP	0.0158	M	SF	02360594	SAS	Y
	MINT-Hydrochlorothiazide 25mg Tab	DNP	0.0158	M	SF	02426196	MNT	Y
	pms-Hydrochlorothiazide 25mg Tab	DNP	0.0158	M	SF	02247386	PMS	Y
	Teva-Hydrochlorothiazide 25mg Tab	DNP	0.0158	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-Hydraside 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

C03B LOW-CEILING DIURETICS, EXCL. THIAZIDES**C03BA SULFONAMIDES, PLAIN****C03BA04 CHLORTHALIDONE****chlorthalidone 50mg tab**

	JAMP Chlorthalidone 50mg Tab	DNP	0.1277	M	SF	02523817	JPC	Y
	Chlorthalidone 50mg Tab	DNP	0.1277	M	SF	00360279	AAP	Y

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C03BA08	METOLAZONE								
	Zaroxolyn 2.5mg Tab	DNP	0.2294	L	SF	00888400	SAV	N	
C03BA11	INDAPAMIDE								
	indapamide 1.25mg tab								
	Apo-Indapamide 1.25mg Tab	DNP	0.1490	M	SF	02245246	APX	Y	
	MYLAN-Indapamide 1.25mg Tab	DNP	0.1490	M	SF	02240067	MYL	Y	
	Lozide 1.25mg Tab (discontinued)					02179709	SEV	Y	
	indapamide 2.5mg tab								
	Apo-Indapamide 2.5mg Tab	DNP	0.2364	M	SF	02223678	APX	Y	
	MYLAN-Indapamide 2.5mg Tab	DNP	0.2364	M	SF	02153483	MYL	Y	
	Lozide 2.5mg Tab (discontinued)					00564966	SEV	Y	

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

C03CA01	FUROSEMIDE								
	furosemide 10mg/mL inj								
	Furosemide SDZ 10mg/mL Inj	DNP	0.6055	M	SF	02382539	SDZ	Y	
	Furosemide USP 10mg/mL Inj	DNP	0.6055	M	SF	02461404	STR	Y	
	furosemide 10mg/mL Inj								
	Furosemide USP 10mg/mL Inj	DNP	0.6055	M	SF	00527033	SDZ	Y	
	Furosemide USP 10mg/mL Inj	DNP	0.6055	M	SF	02527502	JPC	Y	
	Lasix 10mg/mL Sol	DNP	0.3465	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	
	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	3.5700	L	SF	02224755	SAV	N	
C03CA02	BUMETANIDE								
	Burinex 1mg Tab	DNP	0.7907	L	SF	00728284	KNI	N	

C Cardiovascular System

	Burinex 5mg Tab	DNP	3.0183	L	SF	00728276	KNI	N
C03CC	ARYLOXYACETIC ACID DERIVATIVES							
	C03CC01 ETHACRYNIC ACID							
	Edecrin 25mg Tab	DNP	1.1168	L	SF	02258528	BSL	N

C03D POTASSIUM-SPARING AGENTS**C03DA ALDOSTERONE ANTAGONISTS**

C03DA01 SPIRONOLACTONE

spironolactone 25mg tab

JAMP Spironolactone 25mg Tab	DNP	0.0405	M	SF	02518821	JPC	Y
MINT-Spironolactone 25mg Tab	DNP	0.0405	M	SF	02488140	MNT	Y
Novo-Spiroton 25mg Tab	DNP	0.0405	M	SF	00613215	TEV	Y
Aldactone 25mg Tab	DNP	0.0405	M	SF	00028606	PFI	Y

spironolactone 100mg tab

JAMP Spironolactone 100mg Tab	DNP	0.0955	M	SF	02518848	JPC	Y
MINT-Spironolactone 100mg Tab	DNP	0.0955	M	SF	02488159	MNT	Y
Novo-Spiroton 100mg Tab	DNP	0.0955	M	SF	00613223	TEV	Y
Aldactone 100mg Tab	DNP	0.0955	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	UJC	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	UJC	Y

C03DA05 FINERENONE

Kerendia 10mg Tab	DNP	3.2564	L	E	02531917	BAY	N
Kerendia 20mg Tab	DNP	3.2564	L	E	02531925	BAY	N

C03DB OTHER POTASSIUM-SPARING AGENTS

C03DB01 AMILORIDE

amiloride 5mg tab

Midamor 5mg Tab	DNP	0.3462	M	SF	02249510	AAP	Y
Midamor 5mg Tab (discontinued)					00487805	ORB	Y

C03E DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION**C03EA LOW-CEILING DIURETICS AND POTASSIUM-SPARING AGENTS**

C03EA01 HYDROCHLOROTHIAZIDE AND POTASSIUM-SPARING AGENTS

hydrochlorothiazide 25mg & spironolactone 25mg tab

Novo-Spirozine 25mg Tab	DNP	0.1441	M	SF	00613231	TEV	Y
Aldactazide 25mg Tab (discontinued)					00180408	PFI	Y

hydrochlorothiazide 25mg & triamterene 50mg tab

C Cardiovascular System

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							
AA-Amilzide 5mg/50mg Tab	DNP	0.1359	M	SF	00784400	AAP	Y
Moduret 5/50 Tab (discontinued)					00487813	PRE	Y
hydrochlorothiazide 50mg & spironolactone 50mg tab							
Novo-Spirozine 50mg Tab	DNP	0.3048	M	SF	00657182	TEV	Y
Aldactazide 50mg Tab (discontinued)					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	SLP	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	0.9611	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

C05AA01 HYDROCORTISONE

hydrocortisone, framycetin sulfate & cinchocaine HCl oint

Proctol Oint	DNPM	0.7712	M	SF	02247322	ODN	Y
Proctosedyl Oint	DNPM	0.7712	M	SF	02223252	AXC	Y

C Cardiovascular System

hydrocortisone, framycetin sulfate & cinchocaine HCl supp

Proctol Supp						02247882	ODN	Y
Proctosedyl Supp (discontinued)						02223260	AXC	Y

hydrocortisone, pramoxine oint

Proctodan-HC Oint						02234466	ODN	Y
Anugesic-HC Oint (discontinued)						00505781	JNJ	Y

hydrocortisone, pramoxine supp

Proctodan-HC Supp						02240851	ODN	Y
Anugesic-HC Supp (discontinued)						00476242	JNJ	Y

Proctofoam HC Aer	DNPM	1.7857	L	SF		00363014	DUI	N
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hydrocortisone 0.5% oint

Anodan-HC Oint	DNPM	0.5733	M	SF		02128446	ODN	Y
Jampzinc-HC Oint	DNPM	0.5733	M	SF		02387239	JPC	Y
Anusol-HC Oint	DNPM	0.5733	M	SF		00505773	CHU	Y

hydrocortisone 10mg supp

Anodan-HC Supp	DNPM	0.9506	M	SF		02236399	ODN	Y
Anusol-HC Supp	DNPM	0.9506	M	SF		00476285	CHU	Y

C05B ANTIVARICOSE THERAPY

C05BA HEPARINS OR HEPARINOIDS FOR TOPICAL USE

C05BA04 PENTOSAN POLYSULFATE SODIUM

Elmiron 100mg Cap	DNP	3.9921	L	SF		02029448	JAN	N
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C07 BETA BLOCKING AGENTS

C07A BETA BLOCKING AGENTS

C07AA BETA BLOCKING AGENTS, NON-SELECTIVE

C07AA03 PINDOLOL

pindolol 5mg tab

Novo-Pindol 5mg Tab	DNP	0.4068	M	SF		00869007	TEV	Y
Visken 5mg Tab	DNP	0.4068	M	SF		00417270	XPI	Y

pindolol 10mg tab

Novo-Pindol 10mg Tab	DNP	0.6947	M	SF		00869015	TEV	Y
Visken 10mg Tab	DNP	0.6947	M	SF		00443174	XPI	Y

pindolol 15mg tab

Apo-Pindol 15mg Tab	DNP	0.8894	M	SF		00755893	APX	Y
Novo-Pindol 15mg Tab	DNP	0.8894	M	SF		00869023	TEV	Y
Visken 15mg Tab (discontinued)						00417289	TRB	Y

C07AA05 PROPRANOLOL

Propranolol HCL 1mg/mL Inj						02225883	SDZ	N
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Hemangioliol 3.75mg/mL Sol	DNP	2.2808	L	E		02457857	PFB	N
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propranolol 10mg tab

Novo-Pranol 10mg Tab	DNP	0.0813	M	SF		00496480	TEV	Y
Inderal 10mg Tab (discontinued)						02042177	WAY	Y

C Cardiovascular System

propranolol 20mg tab

Novo-Pranol 20mg Tab	DNP	0.1257	M	SF	00740675	TEV	Y
Inderal 20mg Tab (discontinued)					02042193	WAY	Y

propranolol 40mg tab

Novo-Pranol 40mg Tab	DNP	0.1388	M	SF	00496499	TEV	Y
Inderal 40mg Tab (discontinued)					02042207	WAY	Y

propranolol 80mg tab

Novo-Pranol 80mg Tab	DNP	0.2399	M	SF	00496502	TEV	Y
Inderal 80mg Tab (discontinued)					02042215	WAY	Y

C07AA06 TIMOLOL

timolol maleate 5mg tab

Timolol 5mg Tab	DNP	0.2541	M	SF	00755842	AAP	Y
Blocadren 5mg Tab (discontinued)					00353914	LIH	Y

timolol maleate 10mg tab

Timolol 10mg Tab	DNP	0.3964	M	SF	00755850	AAP	Y
Blocadren 10mg Tab (discontinued)					00353922	FRS	Y

timolol maleate 20mg tab

Timolol 20mg Tab	DNP	0.7715	M	SF	00755869	AAP	Y
Blocadren 20mg Tab (discontinued)					00495611	FRS	Y

C07AA07 SOTALOL

sotalol 80mg tab

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
Sotacor 80mg Tab (discontinued)					00897272	BRI	Y

sotalol 160mg tab

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
Sotacor 160mg Tab (discontinued)					00483923	BRI	Y

C07AA12 NADOLOL

nadolol 40mg tab

Apo-Nadol 40mg Tab	DNP	0.2375	M	SF	00782505	APX	Y
MINT-Nadolol 40mg Tab	DNP	0.2375	M	SF	02496380	MNT	Y
Corgard 40mg Tab (discontinued)					00607126	BRI	Y

nadolol 80mg tab

Apo- Nadol 80mg Tab	DNP	0.3410	M	SF	00782467	APX	Y
MINT-Nadolol 80mg Tab	DNP	0.3410	M	SF	02496399	MNT	Y
Corgard 80mg Tab (discontinued)					00463256	BRI	Y

nadolol 160mg tab

Apo-Nadol 160mg Tab	DNP	1.3035	M	SF	00782475	APX	Y
Corgard 160mg Tab (discontinued)					00523372	BRI	Y

C07AB BETA BLOCKING AGENTS, SELECTIVE

C07AB02 METOPROLOL

C Cardiovascular System

Apo-Metoprolol 25mg Tab	DNP	0.0643	L	SF	02246010	APX	N
pms-Metoprolol-L 25mg Tab	DNP	0.0643	L	SF	02248855	PMS	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
Teva-Metoprol 50mg Tab (coated)	DNP	0.0671	M	SF	00648035	TEV	Y
Teva-Metoprol 50mg Tab (uncoated)	DNP	0.0671	M	SF	00842648	TEV	Y
Betaloc 50mg Tab (discontinued)					00402605	AZE	Y
Lopresor 50mg Tab (discontinued)					00397423	NVR	Y
metoprolol tartrate 100mg SR tab							
AA-Metoprolol SR 100mg Tab	DNP	0.1782	M	SF	02285169	AAP	Y
Lopresor SR 100mg Tab (discontinued)					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
Teva-Metoprol 100mg Tab (coated)	DNP	0.1464	M	SF	00648043	TEV	Y
Teva-Metoprol 100mg Tab (uncoated)	DNP	0.1464	M	SF	00842656	TEV	Y
Betaloc 100mg Tab (discontinued)					00402540	AZE	Y
Lopresor 100mg Tab (discontinued)					00397431	NVR	Y
metoprolol tartrate 200mg SR tab							
AA-Metoprolol SR 200mg Tab	DNP	0.3234	M	SF	02285177	AAP	Y
Lopresor SR 200mg Tab (discontinued)					00534560	NVR	Y
C07AB03 ATENOLOL							
Jamp-Atenolol 25mg Tab	DNP	0.0441	L	SF	02367556	JPC	N
Mar-Atenolol 25mg Tab	DNP	0.0441	L	SF	02371979	MAR	N
MINT-Atenol 25mg Tab	DNP	0.0441	L	SF	02368013	MNT	N
pms-Atenolol 25mg Tab	DNP	0.0441	L	SF	02246581	PMS	N
RAN-Atenolol 25mg Tab	DNP	0.0441	L	SF	02373963	RAN	N
Teva-Atenolol 25mg Tab	DNP	0.0441	L	SF	02266660	TEV	N
atenolol 50mg tab							
Apo-Atenol 50mg Tab	DNP	0.0938	M	SF	00773689	APX	Y
Atenolol 50mg Tab	DNP	0.0938	M	SF	02466465	SAS	Y
Atenolol-50mg Tab	DNP	0.0938	M	SF	02238316	SIV	Y
Jamp-Atenolol 50mg Tab	DNP	0.0938	M	SF	02367564	JPC	Y
Mar-Atenolol 50mg Tab	DNP	0.0938	M	SF	02371987	MAR	Y
MINT-Atenol 50mg Tab	DNP	0.0938	M	SF	02368021	MNT	Y
pms-Atenolol 50mg Tab	DNP	0.0938	M	SF	02237600	PMS	Y
RAN-Atenolol 50mg Tab	DNP	0.0938	M	SF	02267985	RAN	Y
ratio-Atenolol 50mg Tab	DNP	0.0938	M	SF	02171791	TEV	Y

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Tenormin 50mg Tab	DNP	0.0938	M	SF	02039532	SLP	Y
atenolol 100mg tab							
Apo-Atenol 100mg Tab	DNP	0.1543	M	SF	00773697	APX	Y
Atenolol 100mg Tab	DNP	0.1543	M	SF	02466473	SAS	Y
Atenolol-100mg Tab	DNP	0.1543	M	SF	02238318	SIV	Y
Jamp-Atenolol 100mg Tab	DNP	0.1543	M	SF	02367572	JPC	Y
Mar-Atenolol 100mg Tab	DNP	0.1543	M	SF	02371995	MAR	Y
MINT-Atenol 100mg Tab	DNP	0.1543	M	SF	02368048	MNT	Y
pms-Atenolol 100mg Tab	DNP	0.1543	M	SF	02237601	PMS	Y
RAN-Atenolol 100mg Tab	DNP	0.1543	M	SF	02267993	RAN	Y
ratio-Atenolol 100mg Tab	DNP	0.1543	M	SF	02171805	TEV	Y
Tenormin 100mg Tab	DNP	0.1543	M	SF	02039540	SLP	Y

C07AB04 ACEBUTOLOL

acebutolol HCl 100mg tab							
Apo-Acebutolol 100mg Tab	DNP	0.1871	M	SF	02147602	APX	Y
Novo-Acebutolol 100mg Tab	DNP	0.1871	M	SF	02204517	TEV	Y
Monitan 100mg Tab (discontinued)					02036290	WAY	Y
Sectral 100mg Tab (discontinued)					01926543	SAV	Y
acebutolol HCl 200mg tab							
Apo-Acebutolol 200mg Tab	DNP	0.2808	M	SF	02147610	APX	Y
Novo-Acebutolol 200mg Tab	DNP	0.2808	M	SF	02204525	TEV	Y
Monitan 200mg Tab (discontinued)					02036436	WAY	Y
Sectral 200mg Tab (discontinued)					01926551	SAV	Y
acebutolol HCl 400mg tab							
Apo-Acebutolol 400mg Tab	DNP	0.5348	M	SF	02147629	APX	Y
Novo-Acebutolol 400mg Tab	DNP	0.5348	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	0.0606	M	SF	02256134	APX	Y
Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02495562	SIV	Y
Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02391589	SAS	Y
JAMP Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02518805	JPC	Y
MINT-Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02465612	MNT	Y
Novo-Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02267470	TEV	Y
Sandoz Bisoprolol 5mg Tab	DNP	0.0606	M	SF	02494035	SDZ	Y
Monocor 5mg Tab (discontinued)					02241148	BVL	Y
bisoprolol 10mg tab							
Apo-Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02256177	APX	Y
Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02495570	SIV	Y
Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02391597	SAS	Y
JAMP Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02518791	JPC	Y
MINT-Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02465620	MNT	Y
Novo-Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02267489	TEV	Y

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Sandoz Bisoprolol 10mg Tab	DNP	0.0885	M	SF	02494043	SDZ	Y
Monacor 10mg Tab (discontinued)					02241149	BVL	Y

C07AB12 NEBIVOLOL

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

labetalol 100mg tab

Apo-Labetalol 100mg Tab	DNP	0.1983	M	SF	02243538	APX	Y
Riva-Labetalol 100mg Tab	DNP	0.1983	M	SF	02489406	RIV	Y
Trandate 100mg Tab	DNP	0.1983	M	SF	02106272	PAL	Y

labetalol 200mg tab

Apo-Labetalol 200mg Tab	DNP	0.3504	M	SF	02243539	APX	Y
Riva-Labetalol 200mg Tab	DNP	0.3504	M	SF	02489414	RIV	Y
Trandate 200mg Tab	DNP	0.3504	M	SF	02106280	PAL	Y

C07AG02 CARVEDILOL

carvedilol 3.125mg tab

Apo-Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02247933	APX	Y
Auro-Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02418495	ARO	Y
Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02364913	SAS	Y
Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02248752	SIV	Y
Jamp-Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02368897	JPC	Y
pms-Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02245914	PMS	Y
ratio-Carvedilol 3.125mg Tab	DNP	0.2060	M	SF	02252309	TEV	Y
Coreg 3.125mg Tab (discontinued)					02229650	GSK	Y

carvedilol 6.25mg tab

Apo-Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02247934	APX	Y
Auro-Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02418509	ARO	Y
Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02364921	SAS	Y
Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02248753	SIV	Y
Jamp-Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02368900	JPC	Y
pms-Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02245915	PMS	Y
ratio-Carvedilol 6.25mg Tab	DNP	0.2060	M	SF	02252317	TEV	Y
Coreg 6.25mg Tab (discontinued)					02229651	GSK	Y

carvedilol 12.5mg tab

Apo-Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02247935	APX	Y
Auro-Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02418517	ARO	Y
Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02364948	SAS	Y
Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02248754	SIV	Y

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Jamp-Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02368919	JPC	Y
pms-Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02245916	PMS	Y
ratio-Carvedilol 12.5mg Tab	DNP	0.2060	M	SF	02252325	TEV	Y
Coreg 12.5mg Tab (discontinued)					02229652	GSK	Y
carvedilol 25mg tab							
Apo-Carvedilol 25mg Tab	DNP	0.2060	M	SF	02247936	APX	Y
Auro-Carvedilol 25mg Tab	DNP	0.2060	M	SF	02418525	ARO	Y
Carvedilol 25mg Tab	DNP	0.2060	M	SF	02248755	SIV	Y
Carvedilol 25mg Tab	DNP	0.2060	M	SF	02364956	SAS	Y
Jamp-Carvedilol 25mg Tab	DNP	0.2060	M	SF	02368927	JPC	Y
pms-Carvedilol 25mg Tab	DNP	0.2060	M	SF	02245917	PMS	Y
ratio-Carvedilol 25mg Tab	DNP	0.2060	M	SF	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	1.2250	L	SF	00568627	XPI	N
Viskazine 10/50 Tab	DNP	1.2250	L	SF	00568635	XPI	N

C07CB BETA BLOCKING AGENTS, SELECTIVE, AND OTHER DIURETICS

C07CB03 ATENOLOL AND OTHER DIURETICS

atenolol 50mg & chlorthalidone 25mg tab

AA-Atenidone 50/25mg Tab	DNP	0.5342	M	SF	02248763	AAP	Y
Tenoretic 50/25mg Tab (discontinued)					02049961	AZE	Y

atenolol 100mg & chlorthalidone 25mg tab

AA-Atenidone 100/25mg Tab	DNP	0.8755	M	SF	02248764	AAP	Y
Tenoretic 100/25mg Tab (discontinued)					02049988	AZE	Y

C08 CALCIUM CHANNEL BLOCKERS**C08C SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS****C08CA DIHYDROPYRIDINE DERIVATIVES**

C08CA01 AMLODIPINE

pdp-Amlodipine 1mg/mL Oral Sol	DNP	1.2250	L	E	02484706	PDP	N
Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02385783	SIV	N
Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02419556	AHI	N
Jamp-Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02357186	JPC	N
pharma-Amlodipine 2.5mg Tab	DNP	0.0767	L	SF	02469022	PMS	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	02429217	JPC	Y
Amlodipine 5mg Tab	DNP	0.1343	M	SF	02331284	SAS	Y
Amlodipine Besylate 5mg Tab	DNP	0.1343	M	SF	02419564	AHI	Y
Amlodipine-5mg Tab	DNP	0.1343	M	SF	02385791	SIV	Y

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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
JAMP-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02357194	JPC	Y
M-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02468026	MRA	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
NRA-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02476460	NRA	Y
pharma-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02469030	PMS	Y
pms-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02284065	PMS	Y
PRZ-Amlodipine 5mg Tab	DNP	0.1343	M	SF	02522519	PRZ	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
Norvasc 5mg Tab	DNP	0.1343	M	SF	00878928	UJC	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
JAMP-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02357208	JPC	Y
M-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02468034	MRA	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
NRA-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02476479	NRA	Y
pharma-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02469049	PMS	Y
pms-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02284073	PMS	Y
PRZ-Amlodipine 10mg Tab	DNP	0.1993	M	SF	02522527	PRZ	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
Norvasc 10mg Tab	DNP	0.1993	M	SF	00878936	UJC	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)

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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	0.4596	M	SF	00725110	AAP	Y
Adalat 5mg Cap (discontinued)					00613258	MIP	Y

nifedipine 10mg cap

Nifedipine 10mg Cap	DNP	0.6093	M	SF	00755907	AAP	Y
Adalat 10mg Cap (discontinued)					00557633	MIP	Y

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 (discontinued)					02155990	TEV	Y

C08CA06 NIMODIPINE

Nimotop 30mg Tab	DNP	10.3006	L	SF	02325926	BAY	N
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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

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

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

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verapamil 240mg SR tab

MYLAN-Verapamil SR 240mg Tab	DNP	1.7143	M	SF	02450496	MYL	Y
Isoptin SR 240mg Tab	DNP	1.7143	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

AA-Diltiaz 30mg Tab	DNP	0.1866	M	SF	00771376	AAP	Y
Teva-Diltazem 30mg Tab	DNP	0.1866	M	SF	00862924	TEV	Y
Cardizem 30mg Tab (discontinued)					02097370	BVL	Y

diltiazem HCl 60mg tab

AA-Diltiaz 60mg Tab	DNP	0.3273	M	SF	00771384	AAP	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	02400421	SAS	Y
Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02445999	SIV	Y
JAMP Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02528037	JPC	Y
Mar-Diltiazem CD 120mg Cap	DNP	0.3696	M	SF	02484064	MAR	Y
Novo-Diltazem CD 120mg Cap	DNP	0.3696	M	SF	02242538	TEV	Y
Cardizem CD 120mg Cap (discontinued)					02097249	BSL	Y

diltiazem 120mg ER cap

CO Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02370441	ATV	Y
Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02516101	SAS	Y
Jamp Diltiazem T 120mg Cap	DNP	0.2134	M	SF	02495376	JPC	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
Tiazac ER 120mg Cap	DNP	0.2134	M	SF	02231150	BSL	Y
Tiazac XC 120mg Tab	DNP	1.0082	L	SF	02256738	BSL	N

diltiazem 180mg CD cap

Apo-Diltiaz CD 180mg Cap	DNP	0.4906	M	SF	02230998	APX	Y
Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02400448	SAS	Y
Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02446006	SIV	Y
JAMP Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02528045	JPC	Y
Mar-Diltiazem CD 180mg Cap	DNP	0.4906	M	SF	02484072	MAR	Y
Novo-Diltazem CD 180mg Cap	DNP	0.4906	M	SF	02242539	TEV	Y
Cardizem CD 180mg Cap (discontinued)					02097257	BSL	Y

diltiazem 180mg ER cap

CO Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02370492	ATV	Y
Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02516128	SAS	Y
Jamp Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02495384	JPC	Y
Mar-Diltiazem T 180mg Cap	DNP	0.2889	M	SF	02465361	MAR	Y

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Novo-Diltazem ER 180mg Cap	DNP	0.2889	M	SF	02271613	TEV	Y
Tiazac ER 180mg Cap	DNP	0.2889	M	SF	02231151	BSL	Y
diltiazem 180mg XC tab							
Teva-Diltiazem XC 180mg Tab	DNP	0.9195	M	SF	02429322	TEV	Y
Tiazac XC 180mg Tab	DNP	0.9195	M	SF	02256746	BSL	Y
diltiazem 240mg CD cap							
Apo-Diltiaz CD 240mg Cap	DNP	0.6508	M	SF	02230999	APX	Y
Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02400456	SAS	Y
Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02446014	SIV	Y
JAMP Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02528053	JPC	Y
Mar-Diltiazem CD 240mg Cap	DNP	0.6508	M	SF	02484080	MAR	Y
Novo-Diltazem CD 240mg Cap	DNP	0.6508	M	SF	02242540	TEV	Y
Cardizem CD 240mg Cap (discontinued)					02097265	BSL	Y
diltiazem 240mg ER cap							
CO Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02370506	ATV	Y
Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02516136	SAS	Y
Jamp Diltiazem T 240mg Cap	DNP	0.3832	M	SF	02495392	JPC	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
Tiazac ER 240mg Cap	DNP	0.3832	M	SF	02231152	BSL	Y
diltiazem 240mg XC tab							
Teva-Diltiazem XC 240mg Tab	DNP	1.2212	M	SF	02429330	TEV	Y
Tiazac XC 240mg Tab	DNP	1.2212	M	SF	02256754	BSL	Y
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
Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02400464	SAS	Y
JAMP Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02528061	JPC	Y
Mar-Diltiazem CD 300mg Cap	DNP	0.8134	M	SF	02484099	MAR	Y
Novo-Diltazem CD 300mg Cap	DNP	0.8134	M	SF	02242541	TEV	Y
Cardizem CD 300mg Cap (discontinued)					02097273	BSL	Y
diltiazem 300mg ER cap							
CO Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02370514	ATV	Y
Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02516144	SAS	Y
Jamp Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02495406	JPC	Y
Mar-Diltiazem T 300mg Cap	DNP	0.4719	M	SF	02465396	MAR	Y
Novo-Diltazem ER 300mg Cap	DNP	0.4719	M	SF	02271648	TEV	Y
Tiazac ER 300mg Cap	DNP	0.4719	M	SF	02231154	BSL	Y
diltiazem 300mg XC tab							
Teva-Diltiazem 300mg XC Tab	DNP	1.2175	M	SF	02429349	TEV	Y
Tiazac XC 300mg Tab	DNP	1.2175	M	SF	02256762	BSL	Y
diltiazem 360mg ER cap							
CO Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02370522	ATV	Y
Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02516152	SAS	Y
Jamp Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02495414	JPC	Y
Mar-Diltiazem T 360mg Cap	DNP	0.5778	M	SF	02465418	MAR	Y

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Novo-Diltazem ER 360mg Cap	DNP	0.5778	M	SF	02271656	TEV	Y
Tiazac ER 360mg Cap	DNP	0.5778	M	SF	02231155	BSL	Y
diltiazem 360mg XC tab							
Teva-Diltiazem XC 360mg Tab	DNP	1.2211	M	SF	02429357	TEV	Y
Tiazac XC 360mg Tab	DNP	1.2211	M	SF	02256770	BSL	Y

C09 AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

C09A ACE-INHIBITORS, PLAIN

C09AA ACE-INHIBITORS, PLAIN

C09AA01 CAPTOPRIL

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
Jamp-Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02474786	JPC	Y
Mar-Enalapril 2.5mg Tab	DNP	0.1955	M	SF	02459450	MAR	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
Jamp-Enalapril 5mg Tab	DNP	0.2314	M	SF	02474794	JPC	Y
Mar-Enalapril 5mg Tab	DNP	0.2314	M	SF	02459469	MAR	Y
RAN-Enalapril 5mg Tab	DNP	0.2314	M	SF	02352249	RAN	Y

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Sandoz Enalapril 5mg Tab	DNP	0.2314	M	SF	02299941	SDZ	Y
Vasotec 5mg Tab	DNP	0.2314	M	SF	00708879	ORG	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	02400677	SAS	Y
Enalapril 10mg Tab	DNP	0.2779	M	SF	02442973	SIV	Y
Jamp-Enalapril 10mg Tab	DNP	0.2779	M	SF	02474808	JPC	Y
Mar-Enalapril 10mg Tab	DNP	0.2779	M	SF	02444771	MAR	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	ORG	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	02400685	SAS	Y
Enalapril 20mg Tab	DNP	0.3354	M	SF	02442981	SIV	Y
Jamp-Enalapril 20mg Tab	DNP	0.3354	M	SF	02474816	JPC	Y
Mar-Enalapril 20mg Tab	DNP	0.3354	M	SF	02444798	MAR	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	ORG	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
Jamp-Lisinopril 5mg Tab	DNP	0.1500	M	SF	02361531	JPC	Y
Lisinopril 5mg Tab	DNP	0.1500	M	SF	02525186	SAS	Y
Lisinopril-5mg Tab	DNP	0.1500	M	SF	02386232	SIV	Y
Novo-Lisinopril Z 5mg Tab	DNP	0.1500	M	SF	02285118	TEV	Y
Prinivil 5mg Tab (discontinued)					00839388	FRS	Y
Zestril 5mg Tab	DNP	0.1500	M	SF	02049333	SLP	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
Jamp-Lisinopril 10mg Tab	DNP	0.1801	M	SF	02361558	JPC	Y
Lisinopril 10mg Tab	DNP	0.1801	M	SF	02525194	SAS	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
Prinivil 10mg Tab (discontinued)					00839396	FRS	Y
Zestril 10mg Tab	DNP	0.1801	M	SF	02049376	SLP	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
Jamp-Lisinopril 20mg Tab	DNP	0.2166	M	SF	02361566	JPC	Y
Lisinopril 20mg Tab	DNP	0.2166	M	SF	02525208	SAS	Y
Lisinopril-20mg Tab	DNP	0.2166	M	SF	02386259	SIV	Y

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	Novo-Lisinopril Z 20mg Tab	DNP	0.2166	M	SF	02285134	TEV	Y
	Prinivil 20mg Tab (discontinued)					00839418	FRS	Y
	Zestril 20mg Tab	DNP	0.2166	M	SF	02049384	SLP	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
	Jamp Perindopril 2mg Tab	DNP	0.1632	M	SF	02477009	JPC	Y
	JAMP Perindopril 2mg Tab	DNP	0.1632	M	SF	02527200	JPC	Y
	M-Perindopril Erbumine 2mg Tab	DNP	0.1632	M	SF	02482924	MRA	Y
	Mar-Perindopril Erbumine 2mg Tab	DNP	0.1632	M	SF	02474824	MAR	Y
	MINT-Perindopril 2mg Tab	DNP	0.1632	M	SF	02476762	MNT	Y
	Perindopril Erbumine 2mg Tab	DNP	0.1632	M	SF	02481634	SAS	Y
	Perindopril Erbumine 2mg Tab	DNP	0.1632	M	SF	02479877	SIV	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
	JAMP Perindopril 4mg Tab	DNP	0.2042	M	SF	02527219	JPC	Y
	Jamp Perindopril 4mg Tab	DNP	0.2042	M	SF	02477017	JPC	Y
	M-Perindopril Erbumine 4mg Tab	DNP	0.2042	M	SF	02482932	MRA	Y
	Mar-Perindopril Erbumine 4mg Tab	DNP	0.2042	M	SF	02474832	MAR	Y
	MINT-Perindopril 4mg Tab	DNP	0.2042	M	SF	02476770	MNT	Y
	Perindopril Erbumine 4mg Tab	DNP	0.2042	M	SF	02479885	SIV	Y
	Perindopril Erbumine 4mg Tab	DNP	0.2042	M	SF	02481642	SAS	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
	Jamp Perindopril 8mg Tab	DNP	0.2831	M	SF	02477025	JPC	Y
	JAMP Perindopril 8mg Tab	DNP	0.2831	M	SF	02527227	JPC	Y
	M-Perindopril Erbumine 8mg Tab	DNP	0.2831	M	SF	02482940	MRA	Y
	Mar-Perindopril Erbumine 8mg Tab	DNP	0.2831	M	SF	02474840	MAR	Y
	MINT-Perindopril 8mg Tab	DNP	0.2831	M	SF	02476789	MNT	Y
	Perindopril Erbumine 8mg Tab	DNP	0.2831	M	SF	02481650	SAS	Y
	Perindopril Erbumine 8mg Tab	DNP	0.2831	M	SF	02479893	SIV	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

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
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
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
Altace 1.25mg Cap	DNP	0.0708	M	SF	02221829	BSL	Y

ramipril 2.5mg cap

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
Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02287927	SIV	Y
Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02374846	SAS	Y
RAN-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02310511	RAN	Y
Teva-Ramipril 2.5mg Cap	DNP	0.0817	M	SF	02247945	TEV	Y
Altace 2.5mg Cap	DNP	0.0817	M	SF	02221837	BSL	Y

ramipril 5mg cap

Apo-Ramipril 5mg Cap	DNP	0.0817	M	SF	02251574	APX	Y
Auro-Ramipril 5mg Cap	DNP	0.0817	M	SF	02387409	ARO	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
Ramipril 5mg Cap	DNP	0.0817	M	SF	02287935	SIV	Y
Ramipril 5mg Cap	DNP	0.0817	M	SF	02374854	SAS	Y
RAN-Ramipril 5mg Cap	DNP	0.0817	M	SF	02310538	RAN	Y
Teva-Ramipril 5mg Cap	DNP	0.0817	M	SF	02247946	TEV	Y
Altace 5mg Cap	DNP	0.0817	M	SF	02221845	BSL	Y

ramipril 10mg cap

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
Ramipril 10mg Cap	DNP	0.1034	M	SF	02374862	SAS	Y
Ramipril 10mg Cap	DNP	0.1034	M	SF	02287943	SIV	Y
RAN-Ramipril 10mg Cap	DNP	0.1034	M	SF	02310546	RAN	Y
Teva-Ramipril 10mg Cap	DNP	0.1034	M	SF	02247947	TEV	Y
Altace 10mg Cap	DNP	0.1034	M	SF	02221853	BSL	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

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	RAN-Ramipril 15mg Cap					02425548	RAN	Y
	Altace 15mg Cap	DNP	0.4410	P	SF	02281112	BSL	Y
C09AA06	QUINAPRIL							
	quinapril 5mg tab							
	Apo-Quinapril 5mg Tab	DNP	0.4642	M	SF	02248499	APX	Y
	pms-Quinapril 5mg Tab	DNP	0.4642	M	SF	02340550	PMS	Y
	Accupril 5mg Tab	DNP	0.4642	M	SF	01947664	PFI	Y
	quinapril 10mg tab							
	Apo-Quinapril 10mg Tab	DNP	0.2321	M	SF	02248500	APX	Y
	JAMP Quinapril 10mg Tab	DNP	0.2321	M	SF	02517450	JPC	Y
	pms-Quinapril 10mg Tab	DNP	0.2321	M	SF	02340569	PMS	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
	JAMP Quinapril 20mg Tab	DNP	0.2321	M	SF	02517469	JPC	Y
	pms-Quinapril 20mg Tab	DNP	0.2321	M	SF	02340577	PMS	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
	JAMP Quinapril 40mg Tab	DNP	0.2321	M	SF	02517477	JPC	Y
	pms-Quinapril 40mg Tab	DNP	0.2321	M	SF	02340585	PMS	Y
	Accupril 40mg Tab	DNP	0.2321	M	SF	01947699	PFI	Y
C09AA07	BENAZEPRIL							
	benazepril 5mg tab							
	Benazepril 5mg Tab	DNP	0.9959	M	SF	02290332	AAP	Y
	Lotensin 5mg Tab (discontinued)					00885835	NVR	Y
	benazepril 10mg tab							
	Benazepril 10mg Tab	DNP	1.1796	M	SF	02290340	AAP	Y
	Lotensin 10mg Tab (discontinued)					00885843	NVR	Y
	benazepril 20mg tab							
	Benazepril 20mg Tab	DNP	1.3519	M	SF	02273918	AAP	Y
	Lotensin 20mg Tab (discontinued)					00885851	NVR	Y
C09AA08	CILAZAPRIL							
	cilazapril 1mg tab							
	MYLAN-Cilazapril 1mg Tab	DNP	0.3426	M	SF	02283778	MYL	Y
	Inhibace 1mg Tab (discontinued)					01911465	MSD	Y
	cilazapril 2.5mg tab							
	Apo-Cilazapril 2.5mg Tab	DNP	0.4295	M	SF	02291142	APX	Y
	MYLAN-Cilazapril 2.5mg Tab	DNP	0.4295	M	SF	02283786	MYL	Y
	Inhibace 2.5mg Tab	DNP	0.4295	M	SF	01911473	MSD	Y
	cilazapril 5mg tab							
	Apo-Cilazapril 5mg Tab	DNP	0.4989	M	SF	02291150	APX	Y
	MYLAN-Cilazapril 5mg Tab	DNP	0.4989	M	SF	02283794	MYL	Y
	Inhibace 5mg Tab	DNP	0.4989	M	SF	01911481	MSD	Y

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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
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
Trandolapril 1mg Cap	DNP	0.1762	M	SF	02526565	SIV	Y
Trandolapril 1mg Cap	DNP	0.1762	M	SF	02525046	SAS	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
Trandolapril 2mg Cap	DNP	0.2025	M	SF	02526573	SIV	Y
Trandolapril 2mg Cap	DNP	0.2025	M	SF	02525054	SAS	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
Trandolapril 4mg Cap	DNP	0.2498	M	SF	02525070	SAS	Y
Trandolapril 4mg Cap	DNP	0.2498	M	SF	02526581	SIV	Y
Mavik 4mg Cap	DNP	0.2498	M	SF	02239267	BGP	Y

C09B ACE-INHIBITORS, COMBINATIONS

C09BA ACE-INHIBITORS AND DIURETICS

C09BA02 ENALAPRIL AND DIURETICS

enalapril 5mg & hydrochlorothiazide 12.5mg tab

Enalapril Maleate/HCTZ 5/12.5mg Tab					02352923	AAP	Y
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Vaseretic 5/12.5mg Tab (discontinued)						02242826	FRS	Y
enalapril 10mg & hydrochlorothiazide 25mg tab								
Enalapril Maleate/HCTZ 10/25mg Tab						02352931	AAP	Y
Vaseretic 10/25mg Tab						00657298	ORG	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 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	SLP	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	SLP	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	SLP	Y

C09BA04 PERINDOPRIL AND DIURETICS

perindopril erbumine 2mg & indapamide 0.625mg LD tab								
pms-Perindopril-Indapamide 2mg/0.625mg Tab						02537990	PMS	Y
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								
Apo-Perindopril-Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02297574	APX	Y
Perindopril/Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02479834	SIV	Y
Perindopril/Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02519720	SAS	Y
pms-Perindopril-Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02538008	PMS	Y
Sandoz Perindopril Erbumine/Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02470438	SDZ	Y
Teva-Perindopril/Indapamide 4mg/1.25mg Tab	DNP	0.2556	M	SF		02464020	TEV	Y
Coversyl Plus 4mg/1.25mg Tab	DNP	0.2556	M	SF		02246569	SEV	Y
perindopril erbumine 8mg & indapamide 2.5mg tab								
Apo-Perindopril-Indapamide 8mg/2.5mg Tab	DNP	0.2859	M	SF		02453061	APX	Y
Perindopril/Indapamide 8mg/2.5mg Tab	DNP	0.2859	M	SF		02519739	SAS	Y
Perindopril/Indapamide 8mg/2.5mg Tab	DNP	0.2859	M	SF		02479842	SIV	Y
pms-Perindopril-Indapamide 8mg/2.5mg Tab	DNP	0.2859	M	SF		02537982	PMS	Y
Sandoz Perindopril Erbumine/Indapamide HD 8mg/2.5mg Tab	DNP	0.2859	M	SF		02470446	SDZ	Y
Teva-Perindopril/Indapamide 8mg/2.5mg Tab	DNP	0.2859	M	SF		02464039	TEV	Y
Coversyl Plus HD 8mg/2.5mg Tab	DNP	0.2859	M	SF		02321653	SEV	Y

C09BA05 RAMIPRIL AND DIURETICS

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ramipril 2.5mg & hydrochlorothiazide 12.5mg tab

RAN-Ramipril HCTZ 2.5mg/12.5mg Tab	DNP	0.2242	M	SF	02449439	RAN	Y
Altace HCT 2.5/12.5mg Tab	DNP	0.2242	M	SF	02283131	SAV	Y

ramipril 5mg & hydrochlorothiazide 12.5mg tab

RAN-Ramipril HCTZ 5mg/12.5mg Tab	DNP	0.3016	M	SF	02449447	RAN	Y
Altace HCT 5/12.5mg Tab	DNP	0.3016	M	SF	02283158	SAV	Y

ramipril 5mg & hydrochlorothiazide 25mg tab

RAN-Ramipril HCTZ 5mg/25mg Tab	DNP	0.2872	M	SF	02449463	RAN	Y
Altace HCT 5/25mg Tab	DNP	0.2872	M	SF	02283174	SAV	Y

ramipril 10mg & hydrochlorothiazide 12.5mg tab

pms-Ramipril-HCTZ 10/12.5mg Tab	DNP	0.2634	M	SF	02342154	PMS	Y
RAN-Ramipril HCTZ 10mg/12.5mg Tab	DNP	0.2634	M	SF	02449455	RAN	Y
Altace HCT 10/12.5mg Tab	DNP	0.2634	M	SF	02283166	SAV	Y

ramipril 10mg & hydrochlorothiazide 25mg tab

pms-Ramipril-HCTZ 10/25mg Tab	DNP	0.2634	M	SF	02342170	PMS	Y
RAN-Ramipril HCTZ 10mg/25mg Tab	DNP	0.2634	M	SF	02449471	RAN	Y
Altace HCT 10/25mg Tab	DNP	0.2634	M	SF	02283182	SAV	Y

C09BA06 QUINAPRIL AND DIURETICS

quinapril 10mg & hydrochlorothiazide 12.5mg tab

Apo-Quinapril/HCTZ 10/12.5mg Tab	DNP	0.4786	M	SF	02408767	APX	Y
Auro-Quinapril HCTZ 10/12.5mg Tab	DNP	0.4786	M	SF	02473291	ARO	Y
Accuretic 10/12.5mg Tab	DNP	0.4786	M	SF	02237367	PFI	Y

quinapril 20mg & hydrochlorothiazide 12.5mg tab

Apo-Quinapril/HCTZ 20/12.5mg Tab	DNP	0.4786	M	SF	02408775	APX	Y
Auro-Quinapril HCTZ 20/12.5mg Tab	DNP	0.4786	M	SF	02473305	ARO	Y
Accuretic 20/12.5mg Tab	DNP	0.4786	M	SF	02237368	PFI	Y

quinapril 20mg & hydrochlorothiazide 25mg tab

Apo-Quinapril/HCTZ 20/25mg Tab	DNP	0.4602	M	SF	02408783	APX	Y
Auro-Quinapril HCTZ 20/25mg Tab	DNP	0.4602	M	SF	02473321	ARO	Y
Accuretic 20/25mg Tab	DNP	0.4602	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
Teva-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

C09BB04 PERINDOPRIL AND AMLODIPINE

perindopril arginine 3.5mg & amlodipine 2.5mg tab

Apo-Perindopril/Amlodipine 3.5mg/2.5mg Tab					02468565	APX	Y
pms-Perindopril/Amlodipine 3.5mg/2.5mg Tab					02541696	PMS	Y
Viacoram 3.5mg/2.5mg Tab					02451530	SEV	Y

perindopril arginine 7mg & amlodipine 5mg tab

Apo-Perindopril/Amlodipine 7mg/5mg Tab					02468573	APX	Y
pms-Perindopril/Amlodipine 7mg/5mg Tab					02541718	PMS	Y

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Viacoram 7mg/5mg Tab						02451549	SEV	Y
perindopril arginine 14mg & amlodipine 10mg tab								
Apo-Perindopril/Amlodipine 14mg/10mg Tab						02468581	APX	Y
pms-Perindopril/Amlodipine 14mg/10mg Tab						02541726	PMS	Y
Viacoram 14mg/10mg Tab						02451557	SEV	Y

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
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
Teva-Losartan 25mg Tab	DNP	0.3148	M	SF	02380838	TEV	Y
Cozaar 25mg Tab	DNP	0.3148	M	SF	02182815	ORG	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
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
Teva-Losartan 50mg Tab	DNP	0.3148	M	SF	02357968	TEV	Y
Cozaar 50mg Tab	DNP	0.3148	M	SF	02182874	ORG	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
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
Teva-Losartan 100mg Tab	DNP	0.3148	M	SF	02357976	TEV	Y
Cozaar 100mg Tab	DNP	0.3148	M	SF	02182882	ORG	Y

C09CA03 VALSARTAN

valsartan 40mg tab

Auro-Valsartan 40mg Tab	DNP	0.2211	M	SF	02414201	ARO	Y
M-Valsartan 40mg Tab	DNP	0.2211	M	SF	02524511	MRA	Y

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

valsartan 80mg tab

Auro-Valsartan 80mg Tab	DNP	0.2159	M	SF	02414228	ARO	Y
M-Valsartan 80mg Tab	DNP	0.2159	M	SF	02524538	MRA	Y
Sandoz Valsartan 80mg Tab	DNP	0.2159	M	SF	02356759	SDZ	Y
Taro-Valsartan 80mg Tab	DNP	0.2159	M	SF	02363100	SUN	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

Auro-Valsartan 160mg Tab	DNP	0.2159	M	SF	02414236	ARO	Y
M-Valsartan 160mg Tab	DNP	0.2159	M	SF	02524546	MRA	Y
Sandoz Valsartan 160mg Tab	DNP	0.2159	M	SF	02356767	SDZ	Y
Taro-Valsartan 160mg Tab	DNP	0.2159	M	SF	02363119	SUN	Y
Teva-Valsartan 160mg Tab	DNP	0.2159	M	SF	02356678	TEV	Y
Valsartan 160mg Tab	DNP	0.2159	M	SF	02384558	SIV	Y
Valsartan 160mg Tab	DNP	0.2159	M	SF	02366967	SAS	Y
Diovan 160mg Tab	DNP	0.2159	M	SF	02244782	NVR	Y

valsartan 320mg tab

Auro-Valsartan 320mg Tab	DNP	0.2098	M	SF	02414244	ARO	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

Irbesartan 75mg Tab	DNP	0.2281	M	SF	02372347	SAS	Y
Irbesartan-75mg Tab	DNP	0.2281	M	SF	02385287	SIV	Y
M-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02524813	MRA	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
Sandoz Irbesartan 75mg Tab	DNP	0.2281	M	SF	02328461	SDZ	Y
Teva-Irbesartan 75mg Tab	DNP	0.2281	M	SF	02316390	TEV	Y
Avapro 75mg Tab	DNP	0.2281	M	SF	02237923	SAV	Y

irbesartan 150mg tab

Irbesartan 150mg Tab	DNP	0.2281	M	SF	02372371	SAS	Y
Irbesartan-150mg Tab	DNP	0.2281	M	SF	02385295	SIV	Y
M-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02524821	MRA	Y
MINT-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02422999	MNT	Y

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pms-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02317079	PMS	Y
RAN-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02406829	RAN	Y
Sandoz Irbesartan 150mg Tab	DNP	0.2281	M	SF	02328488	SDZ	Y
Teva-Irbesartan 150mg Tab	DNP	0.2281	M	SF	02316404	TEV	Y
Avapro 150mg Tab	DNP	0.2281	M	SF	02237924	SAV	Y

irbesartan 300mg tab

Irbesartan 300mg Tab	DNP	0.2281	M	SF	02372398	SAS	Y
Irbesartan-300mg Tab	DNP	0.2281	M	SF	02385309	SIV	Y
M-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02524848	MRA	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
Sandoz Irbesartan 300mg Tab	DNP	0.2281	M	SF	02328496	SDZ	Y
Teva-Irbesartan 300mg Tab	DNP	0.2281	M	SF	02316412	TEV	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 4mg Tab					02528258	SIV	Y
Candesartan Cilexetil 4mg Tab					02379260	AHI	Y
MINT-Candesartan 4mg Tab					02476908	MNT	Y
NRA-Candesartan 4mg Tab					02527006	NRA	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	XPI	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
Jamp-Candesartan 8mg Tab	DNP	0.2281	M	SF	02386518	JPC	Y
MINT-Candesartan 8mg Tab	DNP	0.2281	M	SF	02476916	MNT	Y
NRA-Candesartan 8mg Tab	DNP	0.2281	M	SF	02527014	NRA	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	XPI	Y

candesartan 16mg tab

Apo-Candesartan 16mg Tab	DNP	0.2281	M	SF	02365367	APX	Y
Auro-Candesartan 16mg Tab	DNP	0.2281	M	SF	02445808	ARO	Y
Candesartan 16mg Tab	DNP	0.2281	M	SF	02388936	SAS	Y
Candesartan-16mg Tab	DNP	0.2281	M	SF	02388715	SIV	Y
Jamp-Candesartan 16mg Tab	DNP	0.2281	M	SF	02386526	JPC	Y

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MINT-Candesartan 16mg Tab	DNP	0.2281	M	SF	02476924	MNT	Y
NRA-Candesartan 16mg Tab	DNP	0.2281	M	SF	02527022	NRA	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	XPI	Y

candesartan 32mg tab

Apo-Candesartan 32mg Tab	DNP	0.2281	M	SF	02399105	APX	Y
Auro-Candesartan 32mg Tab	DNP	0.2281	M	SF	02445816	ARO	Y
Candesartan 32mg Tab	DNP	0.2281	M	SF	02435845	SAS	Y
Candesartan 32mg Tab	DNP	0.2281	M	SF	02528266	SIV	Y
Candesartan Cilexetil 32mg Tab	DNP	0.2281	M	SF	02379295	AHI	Y
Jamp-Candesartan 32mg Tab	DNP	0.2281	M	SF	02386534	JPC	Y
MINT-Candesartan 32mg Tab	DNP	0.2281	M	SF	02476932	MNT	Y
NRA-Candesartan 32mg Tab	DNP	0.2281	M	SF	02527030	NRA	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	XPI	Y

C09CA07 TELMISARTAN

telmisartan 40mg tab

Auro-Telmisartan 40mg Tab	DNP	0.2161	M	SF	02453568	ARO	Y
Jamp Telmisartan 40mg Tab	DNP	0.2161	M	SF	02386755	JPC	Y
MINT-Telmisartan 40mg Tab	DNP	0.2161	M	SF	02486369	MNT	Y
pms-Telmisartan 40mg Tab	DNP	0.2161	M	SF	02499622	PMS	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	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

Auro-Telmisartan 80mg Tab	DNP	0.2161	M	SF	02453576	ARO	Y
Jamp Telmisartan 80mg Tab	DNP	0.2161	M	SF	02386763	JPC	Y
MINT-Telmisartan 80mg Tab	DNP	0.2161	M	SF	02486377	MNT	Y
pms-Telmisartan 80mg Tab	DNP	0.2161	M	SF	02499630	PMS	Y
Sandoz Telmisartan 80mg Tab	DNP	0.2161	M	SF	02375966	SDZ	Y
Telmisartan 80mg Tab	DNP	0.2161	M	SF	02407493	AHI	Y
Telmisartan 80mg Tab	DNP	0.2161	M	SF	02388952	SAS	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

ACH-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02456311	AHI	Y
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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
GLN-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02469812	GLM	Y
Jamp-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02461641	JPC	Y
NRA-Olmesartan 20mg Tab	DNP	0.3019	M	SF	02499258	NRA	Y
Olmesartan 20mg Tab	DNP	0.3019	M	SF	02481057	SAS	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	ORG	Y

olmesartan medoxomil 40mg tab

ACH-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02456338	AHI	Y
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
GLN-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02469820	GLM	Y
Jamp-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02461668	JPC	Y
NRA-Olmesartan 40mg Tab	DNP	0.3019	M	SF	02499266	NRA	Y
Olmesartan 40mg Tab	DNP	0.3019	M	SF	02481065	SAS	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	ORG	Y

C09CA09 AZILSARTAN MEDOXOMIL

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

C09D ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS

C09DA ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) AND DIURETICS

C09DA01 LOSARTAN AND DIURETICS

losartan 50mg & hydrochlorothiazide 12.5mg tab

Auro-Losartan HCT 50mg/12.5mg Tab	DNP	0.3148	M	SF	02423642	ARO	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
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
Hyzaar 50/12.5mg Tab	DNP	0.3148	M	SF	02230047	ORG	Y

losartan 100mg & hydrochlorothiazide 12.5mg tab

Auro-Losartan HCT 100mg/12.5mg Tab	DNP	0.3082	M	SF	02423650	ARO	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
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
Hyzaar 100/12.5mg Tab	DNP	0.3082	M	SF	02297841	ORG	Y

losartan 100mg & hydrochlorothiazide 25mg tab

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Auro-Losartan HCT 100mg/25mg Tab	DNP	0.3148	M	SF	02423669	ARO	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
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	ORG	Y

C09DA03 VALSARTAN AND DIURETICS

valsartan 80mg & hydrochlorothiazide 12.5mg tab

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

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

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

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
Valsartan HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02384760	SIV	Y
Diovan-HCT 320/12.5mg Tab	DNP	0.2235	M	SF	02308908	NVR	Y

valsartan 320mg & hydrochlorothiazide 25mg tab

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
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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
pms-Irbesartan-HCTZ 150/12.5 mg Tab	DNP	0.2281	M	SF	02328518	PMS	Y
Sandoz Irbesartan HCT 150/12.5mg Tab	DNP	0.2281	M	SF	02337428	SDZ	Y
Teva-Irbesartan HCTZ 150/12.5 mg Tab	DNP	0.2281	M	SF	02330512	TEV	Y
Avalide 150/12.5mg Tab	DNP	0.2281	M	SF	02241818	SAV	Y

irbesartan 300mg & hydrochlorothiazide 12.5mg tab

Auro-Irbesartan HCT 300/12.5mg Tab	DNP	0.2281	M	SF	02447886	ARO	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
pms-Irbesartan-HCTZ 300/12.5 mg Tab	DNP	0.2281	M	SF	02328526	PMS	Y
Sandoz Irbesartan HCT 300/12.5mg Tab	DNP	0.2281	M	SF	02337436	SDZ	Y
Teva-Irbesartan HCTZ 300/12.5 mg Tab	DNP	0.2281	M	SF	02330520	TEV	Y
Avalide 300/12.5mg Tab	DNP	0.2281	M	SF	02241819	SAV	Y

irbesartan 300mg & hydrochlorothiazide 25mg tab

Auro-Irbesartan HCT 300/25mg Tab	DNP	0.2184	M	SF	02447894	ARO	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
pms-Irbesartan-HCTZ 300/25 mg Tab	DNP	0.2184	M	SF	02328534	PMS	Y
Sandoz Irbesartan HCT 300/25mg Tab	DNP	0.2184	M	SF	02337444	SDZ	Y
Teva-Irbesartan HCTZ 300/25 mg Tab	DNP	0.2184	M	SF	02330539	TEV	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
Jamp-Candesartan HCT 16mg/12.5mg Tab	DNP	0.2156	M	SF	02473240	JPC	Y
NRA-Candesartan HCTZ 16mg/12.5mg Tab	DNP	0.2156	M	SF	02531240	NRA	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	XPI	Y

candesartan 32mg & hydrochlorothiazide 12.5mg tab

Auro-Candesartan HCT 32/12.5mg Tab	DNP	0.2156	M	SF	02421046	ARO	Y
Candesartan/HCTZ 32mg/12.5mg Tab	DNP	0.2156	M	SF	02536064	SAS	Y
Jamp-Candesartan HCT 32mg/12.5mg Tab	DNP	0.2156	M	SF	02473259	JPC	Y
NRA-Candesartan HCTZ 32mg/12.5mg Tab	DNP	0.2156	M	SF	02531259	NRA	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	XPI	Y

candesartan 32mg & hydrochlorothiazide 25mg tab

Auro-Candesartan HCT 32/25mg Tab	DNP	0.3047	M	SF	02421054	ARO	Y
Jamp-Candesartan HCT 32mg/25mg Tab	DNP	0.3047	M	SF	02473267	JPC	Y
NRA-Candesartan HCTZ 32mg/25mg Tab	DNP	0.3047	M	SF	02531267	NRA	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	XPI	Y

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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
Auro-Telmisartan HCTZ 80mg/12.5mg Tab	DNP	0.2098	M	SF	02456389	ARO	Y
Jamp Telmisartan-HCT 80mg/12.5mg Tab	DNP	0.2098	M	SF	02389940	JPC	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 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
Auro-Telmisartan HCTZ 80mg/25mg Tab	DNP	0.2098	M	SF	02456397	ARO	Y
Jamp Telmisartan-HCT 80mg/25mg Tab	DNP	0.2098	M	SF	02389959	JPC	Y
Sandoz Telmisartan HCT 80/25mg Tab	DNP	0.2098	M	SF	02393565	SDZ	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

C09DA08 OLMESARTAN MEDOXOMIL AND DIURETICS

olmesartan medoxomil 20mg & hydrochlorothiazide 12.5mg tab

ACH-Olmesartan HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02468948	AHI	Y
ACT Olmesartan HCT 20mg/12.5mg Tab	DNP	0.3019	M	SF	02443112	TEV	Y
Apo-Olmesartan/HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02453606	APX	Y
Auro-Olmesartan HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02476487	ARO	Y
GLN-Olmesartan HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02475707	GLM	Y
Olmesartan/HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02509601	SAS	Y
PRZ-Olmesartan/HCTZ 20mg/12.5mg Tab	DNP	0.3019	M	SF	02526468	PRZ	Y
Olmetec Plus 20mg/12.5mg Tab	DNP	0.3019	M	SF	02319616	ORG	Y

olmesartan medoxomil 40mg & hydrochlorothiazide 12.5mg tab

ACH-Olmesartan HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02468956	AHI	Y
ACT Olmesartan HCT 40mg/12.5mg Tab	DNP	0.3019	M	SF	02443120	TEV	Y
Apo-Olmesartan/HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02453614	APX	Y
Auro-Olmesartan HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02476495	ARO	Y
GLN-Olmesartan HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02475715	GLM	Y
Olmesartan/HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02509636	SAS	Y
PRZ-Olmesartan/HCTZ 40mg/12.5mg Tab	DNP	0.3019	M	SF	02526476	PRZ	Y
Olmetec Plus 40mg/12.5mg Tab	DNP	0.3019	M	SF	02319624	ORG	Y

olmesartan medoxomil 40mg & hydrochlorothiazide 25mg tab

ACH-Olmesartan HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02468964	AHI	Y
ACT Olmesartan HCT 40mg/25mg Tab	DNP	0.3019	M	SF	02443139	TEV	Y
Apo-Olmesartan/HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02453622	APX	Y
Auro-Olmesartan HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02476509	ARO	Y
GLN-Olmesartan HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02475723	GLM	Y
Olmesartan/HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02509628	SAS	Y
PRZ-Olmesartan/HCTZ 40mg/25mg Tab	DNP	0.3019	M	SF	02526484	PRZ	Y
Olmetec Plus 40mg/25mg Tab	DNP	0.3019	M	SF	02319632	ORG	Y

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C09DA99 ASILSARTAN MEDOXOMIL AND CHLORTHALIDONE

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

C09DB ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS) AND CALCIUM CHANNEL BLOCKERS

C09DB04 TELMISARTAN AND AMLODIPINE

Twynsta 40/5mg Tab	DNP	0.7743	L	SF	02371022	BOE	N
Twynsta 40/10mg Tab	DNP	0.7743	L	SF	02371030	BOE	N
Twynsta 80/5mg Tab	DNP	0.7743	L	SF	02371049	BOE	N
Twynsta 80/10mg Tab	DNP	0.7743	L	SF	02371057	BOE	N

C09DX ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS), OTHER COMBINATIONS

C09DX04 VALSARTAN AND SACUBITRIL

Entresto 24.3mg/25.7mg Tab	DNP	3.7060	L	E	02446928	NVR	N
Entresto 48.6mg/51.4mg Tab	DNP	3.7060	L	E	02446936	NVR	N
Entresto 97.2mg/102.8mg Tab	DNP	3.7060	L	E	02446944	NVR	N

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

C09XA02 ALISKIREN

Rasilez 150mg Tab						02302063	ISI	N
Rasilez 300mg Tab						02302071	ISI	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	
Jamp-Simvastatin 5mg Tab	DNP	0.1023	M	SF	02375591	JPC	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	
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
Jamp-Simvastatin 10mg Tab	DNP	0.2023	M	SF	02375605	JPC	Y

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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
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	ORG	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
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	ORG	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
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	ORG	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
MINT-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02372975	MNT	Y
pharma-Simvastatin 80mg Tab	DNP	0.2501	M	SF	02470012	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

CO Lovastatin 20mg Tab	DNP	1.0846	M	SF	02248572	ATV	Y
Lovastatin 20mg Tab	DNP	1.0846	M	SF	02220172	AAP	Y
Mevacor 20mg Tab (discontinued)					00795860	FRS	Y

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lovastatin 40mg tab

CO Lovastatin 40mg Tab	DNP	1.9812	M	SF	02248573	ATV	Y
Lovastatin 40mg Tab	DNP	1.9812	M	SF	02220180	AAP	Y
Mevacor 40mg Tab (discontinued)					00795852	FRS	Y

C10AA03 PRAVASTATIN

pravastatin 10mg tab

ACH-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02440644	AHI	Y
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
M-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02476274	MRA	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
pms-Pravastatin 10mg Tab	DNP	0.2916	M	SF	02247655	PMS	Y
Pravastatin 10mg Tab	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

ACH-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02440652	AHI	Y
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
M-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02476282	MRA	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
pms-Pravastatin 20mg Tab	DNP	0.3440	M	SF	02247656	PMS	Y
Pravastatin 20mg Tab	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 (discontinued)					00893757	BRI	Y

pravastatin 40mg tab

ACH-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02440660	AHI	Y
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
M-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02476290	MRA	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
pms-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02247657	PMS	Y
Pravastatin 40mg Tab	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

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	Teva-Pravastatin 40mg Tab	DNP	0.4143	M	SF	02247010	TEV	Y
	Pravachol 40mg Tab (discontinued)					02222051	BRI	Y
C10AA04	FLUVASTATIN							
	fluvastatin 20mg cap							
	Teva-Fluvastatin 20mg Cap	DNP	0.6882	M	SF	02299224	TEV	Y
	Lescol 20mg Cap (discontinued)					02061562	NVR	Y
	fluvastatin 40mg cap							
	Teva-Fluvastatin 40mg Cap	DNP	0.9671	M	SF	02299232	TEV	Y
	Lescol 40mg Cap (discontinued)					02061570	NVR	Y
C10AA05	ATORVASTATIN							
	atorvastatin 10mg tab							
	ACH-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02457741	AHI	Y
	Apo-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02295261	APX	Y
	Atorvastatin 10mg Tab	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	02504197	JPC	Y
	Jamp-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02391058	JPC	Y
	M-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02471167	MRA	Y
	Mar-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02454017	MAR	Y
	MINT-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02479508	MNT	Y
	MYLAN-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02392933	MYL	Y
	pms-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02477149	PMS	Y
	pmsc-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02507234	PMS	Y
	Sandoz Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02324946	SDZ	Y
	Taro-Atorvastatin 10mg Tab	DNP	0.1743	M	SF	02313707	SUN	Y
	Lipitor 10mg Tab	DNP	0.1743	M	SF	02230711	UJC	Y
	atorvastatin 20mg tab							
	ACH-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02457768	AHI	Y
	Apo-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02295288	APX	Y
	Atorvastatin 20mg Tab	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	02504200	JPC	Y
	Jamp-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02391066	JPC	Y
	M-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02471175	MRA	Y
	Mar-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02454025	MAR	Y
	MINT-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02479516	MNT	Y
	MYLAN-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02392941	MYL	Y
	pms-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02477157	PMS	Y
	pmsc-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02507242	PMS	Y
	Sandoz Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02324954	SDZ	Y
	Taro-Atorvastatin 20mg Tab	DNP	0.2179	M	SF	02313715	SUN	Y
	Lipitor 20mg Tab	DNP	0.2179	M	SF	02230713	UJC	Y
	atorvastatin 40mg tab							

ACH-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02457776	AHI	Y
Apo-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02295296	APX	Y
Atorvastatin 40mg Tab	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	02504219	JPC	Y
Jamp-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02391074	JPC	Y
M-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02471183	MRA	Y
Mar-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02454033	MAR	Y
MINT-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02479524	MNT	Y
MYLAN-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02392968	MYL	Y
pms-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02477165	PMS	Y
pmsc-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02507250	PMS	Y
Sandoz Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02324962	SDZ	Y
Taro-Atorvastatin 40mg Tab	DNP	0.2342	M	SF	02313723	SUN	Y
Lipitor 40mg Tab	DNP	0.2342	M	SF	02230714	UJC	Y

atorvastatin 80mg tab

ACH-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02457784	AHI	Y
Apo-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02295318	APX	Y
Atorvastatin 80mg Tab	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	02504235	JPC	Y
Jamp-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02391082	JPC	Y
M-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02471191	MRA	Y
Mar-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02454041	MAR	Y
MINT-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02479532	MNT	Y
MYLAN-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02392976	MYL	Y
pmsc-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02507269	PMS	Y
Sandoz Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02324970	SDZ	Y
Taro-Atorvastatin 80mg Tab	DNP	0.2342	M	SF	02313758	SUN	Y
Lipitor 80mg Tab	DNP	0.2342	M	SF	02243097	UJC	Y

C10AA07 ROSUVASTATIN

rosuvastatin 5mg tab

ACH-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02438917	AHI	Y
Apo-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02337975	APX	Y
Auro-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02442574	ARO	Y
JAMP Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02498332	JPC	Y
Jamp-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02391252	JPC	Y
M-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02496534	MRA	Y
Mar-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02413051	MAR	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
PRZ-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02505576	PRZ	Y
Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02411628	SIV	Y
Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02405628	SAS	Y

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Sandoz Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02338726	SDZ	Y
Taro-Rosuvastatin 5mg Tab	DNP	0.1284	M	SF	02382644	SUN	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							
ACH-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02438925	AHI	Y
Apo-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02337983	APX	Y
Auro-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02442582	ARO	Y
JAMP Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02498340	JPC	Y
Jamp-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02391260	JPC	Y
M-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02496542	MRA	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
pms-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02378531	PMS	Y
PRZ-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02505584	PRZ	Y
Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02411636	SIV	Y
Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02405636	SAS	Y
Sandoz Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02338734	SDZ	Y
Taro-Rosuvastatin 10mg Tab	DNP	0.1354	M	SF	02382652	SUN	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							
ACH-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02438933	AHI	Y
Apo-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02337991	APX	Y
Auro-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02442590	ARO	Y
JAMP Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02498359	JPC	Y
Jamp-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02391279	JPC	Y
M-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02496550	MRA	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
PRZ-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02505592	PRZ	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
Taro-Rosuvastatin 20mg Tab	DNP	0.1692	M	SF	02382660	SUN	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							
ACH-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02438941	AHI	Y
Apo-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02338009	APX	Y
Auro-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02442604	ARO	Y
JAMP Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02498367	JPC	Y
Jamp-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02391287	JPC	Y
M-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02496569	MRA	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
pms-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02378566	PMS	Y
PRZ-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02505606	PRZ	Y

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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
Taro-Rosuvastatin 40mg Tab	DNP	0.1990	M	SF	02382679	SUN	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	ALL	Y

C10AB04 GEMFIBROZIL

gemfibrozil 600mg tab

Novo-Gemfibrozil 600mg Tab	DNP	0.9787	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

AA-Feno-Micro 67mg Cap	DNP	0.5758	M	SF	02243180	AAP	Y
Lipidil Micro 67mg Cap (discontinued)					02230283	FOU	Y

fenofibrate 100mg tab

AA-Feno-Super 100mg Tab	DNP	0.9883	M	SF	02246859	AAP	Y
Lipidil Supra 100mg Tab (discontinued)					02241601	ABB	Y

fenofibrate 145mg tab

Sandoz Fenofibrate E 145mg Tab					02390701	SDZ	Y
Taro-Fenofibrate E 145mg Tab					02454696	SUN	Y
Lipidil EZ 145mg Tab					02269082	BGP	Y

fenofibrate 160mg tab

AA-Feno-Super 160mg Tab	DNP	1.0022	M	SF	02246860	AAP	Y
Lipidil Supra 160mg Tab	DNP	1.0022	M	SF	02241602	BGP	Y

fenofibrate 200mg cap

AA-Feno-Micro 200mg Cap	DNP	0.9257	M	SF	02239864	AAP	Y
Lipidil Micro 200mg Cap (discontinued)					02146959	ABB	Y

C10AC BILE ACID SEQUESTRANTS

C10AC01 CHOLESTYRAMINE

cholestyramine powder pouches

Cholestyramine-Odan 4g Pws	DNP	0.0923	M	SF	02455609	ODN	Y
Jamp-Cholestyramine 4g/dose Pws	DNP	0.0923	M	SF	02478595	JPC	Y
Olestyr Light 4g/9g Pws (Sugar Reduced)					00890960	PMS	Y
Olestyr Regular 4g/9g Pws					02210320	PMS	Y
Questran Light Pws 4g/dose (discontinued)					01918486	BRI	Y

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	Questran Pws 4g/dose (discontinued)					00464880	BRI	Y
C10AC02	COLESTIPOL							
	Colestid 1g Tab	DNP	0.3775	L	SF	02132680	PFI	N
	Colestid Granules 5g/pack	DNP	0.2919	L	SF	00642975	PFI	N
C10AC04	COLESEVELAM							
	Lodalis 3.75g Pws (discontinued)					02432463	BSL	N
	colesevelam 625mg tab							
	Apo-Colesevelam 625mg Tab	DNP	0.5931	M	SF	02494051	APX	Y
	Lodalis 625mg Tab	DNP	0.5931	M	SF	02373955	BSL	Y
	Colesevelam Hydrochloride (US Labelled)	DNP	0.5931	L	SF	09858334	GLM	N
C10AD	NICOTINIC ACID AND DERIVATIVES							
C10AD02	NICOTINIC ACID							
	Ni-ODAN 500mg ER Tab					00779806	ODN	N
C10AX	OTHER LIPID MODIFYING AGENTS							
C10AX09	EZETIMIBE							
	ezetimibe 10mg tab							
	ACH-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02425610	AHI	Y
	Apo-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02427826	APX	Y
	Auro-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02469286	ARO	Y
	Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02431300	SAS	Y
	Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02429659	SIV	Y
	GLN-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02460750	GLM	Y
	Jamp-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02423235	JPC	Y
	M-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02467437	MRA	Y
	Mar-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02422662	MAR	Y
	MINT-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02423243	MNT	Y
	pms-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02416409	PMS	Y
	RAN-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02419548	RAN	Y
	Sandoz Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02416778	SDZ	Y
	Teva-Ezetimibe 10mg Tab	DNP	0.1811	M	SF	02354101	TEV	Y
	Ezetrol 10mg Tab	DNP	0.1811	M	SF	02247521	ORG	Y
C10AX12	LOMITAPIDE							
	Juxtapid 5mg Cap					02420341	AEG	N
	Juxtapid 10mg Cap					02420376	AEG	N
	Juxtapid 20mg Cap					02420384	AEG	N
C10AX13	EVOLOCUMAB							
	Repatha 120mg/mL Automated Mini Doser (discontinued)					02459779	AGA	N
	Repatha 140mg/mL Prefilled Syringe	DNP	284.8300	L	E	02446057	AGA	N
C10AX14	ALIROCUMAB							
	Praluent 75mg/mL Prefilled Pen	DNP	267.8300	L	E	02453819	SAV	N

C Cardiovascular System

Praluent 150mg/mL Prefilled Pen DNP 267.8300 L E 02453835 SAV 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 1.1603 M SF 02411253 APX Y
 GD-Amlodipine/Atorvastatin 5/10mg Tab DNP 1.1603 M SF 02362759 GMD Y
 Caduet 5/10mg Tab DNP 1.1603 M SF 02273233 UJC Y

amlodipine 5mg & atorvastatin 20mg tab

Apo-Amlodipine/Atorvastatin 5/20mg Tab DNP 1.3683 M SF 02411261 APX Y
 GD-Amlodipine/Atorvastatin 5/20mg Tab DNP 1.3683 M SF 02362767 GMD Y
 Caduet 5/20mg Tab DNP 1.3683 M SF 02273241 UJC 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 UJC 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 UJC Y

amlodipine 10mg & atorvastatin 10mg tab

Apo-Amlodipine/Atorvastatin 10/10mg Tab DNP 1.2250 M SF 02411318 APX Y
 GD-Amlodipine/Atorvastatin 10/10mg Tab DNP 1.2250 M SF 02362791 GMD Y
 Caduet 10/10mg Tab DNP 1.2250 M SF 02273284 UJC Y

amlodipine 10mg & atorvastatin 20mg tab

Apo-Amlodipine/Atorvastatin 10/20mg Tab DNP 1.5272 M SF 02411326 APX Y
 GD-Amlodipine/Atorvastatin 10/20mg Tab DNP 1.5272 M SF 02362805 GMD Y
 Caduet 10/20mg Tab DNP 1.5272 M SF 02273292 UJC 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 UJC 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 UJC Y

D	Dermatologicals								
D01	ANTIFUNGALS FOR DERMATOLOGICAL USE								
D01A	ANTIFUNGALS FOR TOPICAL USE								
D01AA	ANTIBIOTICS								
	D01AA01	NYSTATIN							
		Nyaderm 100,000 IU/g Cr	DNPM	0.2037	L	SFC	00716871	TAR	N
D01AC	IMIDAZOLE AND TRIAZOLE DERIVATIVES								
	D01AC01	CLOTRIMAZOLE							
		clotrimazole 1% cr							
		Clotrimaderm 1% Cr	DNPM	0.2848	M	SFC	00812382	TAR	Y
		Canesten 1% Cr	DNPM	0.2848	M	SFC	02150867	YNO	Y
	D01AC02	MICONAZOLE							
		Micatin 2% Cr	DNPM	0.3093	L	SFC	02085852	WLS	N
		Monistat 2% Derm Cr	DNPM	0.4093	L	SFC	02126567	JNJ	N
	D01AC08	KETOCONAZOLE							
		ketoconazole 2% cr							
		Ketoderm 2% Cr	DNP	0.4594	M	SFC	02245662	TPH	Y
		Nizoral 2% Cr (discontinued)					00703974	JNJ	Y
	D01AC20	IMIDAZOLE DERIVATIVES, COMBINATIONS							
		clotrimazole 1% & bethamethasone dipropionate 0.05% cr							
		Taro-Clotrimazole/Betamethasone Dipropionate 1%/0.05% Cr	DNP	0.6964	M	SFC	02496410	TAR	Y
		Lotriderm Cr	DNP	0.6964	M	SFC	00611174	ORG	Y
D01AE	OTHER ANTIFUNGALS FOR TOPICAL USE								
	D01AE13	SELENIUM SULFIDE							
		Versel 2.5% Lot					00594601	VAL	N
	D01AE14	CICLOPIROX							
		Loprox 1% Cr	DNP	0.3847	L	SFC	02221802	BSL	N
		Loprox 1% Lot	DNP	0.3852	L	SFC	02221810	BSL	N
		Stieprox 1.5% Shampoo (discontinued)					02247228	GSK	N
		ciclopirox 8% w/w top sol							
		Apo-Ciclopirox 8% w/w Top Sol					02298953	APX	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	BSL	Y
	D01AE15	TERBINAFINE							
		Lamisil 1% Cr	DNP	0.6423	L	SFC	02031094	NVR	N
		Lamisil 1% Top Spray	DNP	0.6520	L	SFC	02238703	NVR	N
	D01AE18	TOLNAFTATE							
		Tinactin 10mg/g Cr					00576034	BAY	N
D01B	ANTIFUNGALS FOR SYSTEMIC USE								

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

Apo-Terbinafine 250mg Tab	DNP	0.7714	M	SF	02239893	APX	Y
Auro-Terbinafine 250mg Tab	DNP	0.7714	M	SF	02320134	ARO	Y
CO Terbinafine 250mg Tab	DNP	0.7714	M	SF	02254727	ATV	Y
pms-Terbinafine 250mg Tab	DNP	0.7714	M	SF	02294273	PMS	Y
Terbinafine 250mg Tab	DNP	0.7714	M	SF	02353121	SAS	Y
Terbinafine-250mg Tab	DNP	0.7714	M	SF	02385279	SIV	Y
Lamisil 250mg Tab	DNP	0.7714	M	SF	02031116	NVR	Y

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

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

Lidodan 2% Jelly	DNPM	0.4637	L	SFC	02143879	ODN	N
Lidodan 2% Viscous Liq	DNPM	0.2573	L	SFC	01968823	ODN	N
Xylocaine 2% Jelly	DNPM	0.6400	L	SFC	00001694	APN	N
lidocaine 5% oint							
Lidodan 5% Oint	DNPM	0.3967	M	SFC	02083795	ODN	Y
Xylocaine 5% Oint	DNPM	0.3967	M	SFC	00001961	APN	Y
Xylocaine 12mg/dose Endotracheal Spray					02003767	APN	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	1.0931	L	E	01976133	LEO	N
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D05AX03 CALCITRIOL

Silkis 3ug/G oint					02338572	GAC	N
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D05AX05 TAZAROTENE

Arazlo 0.045% Lot	DNP	1.4051	L	FE*	02517868	BSL	N
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D05AX52 CALCIPOTRIOL, COMBINATIONS

D Dermatologicals**betamethasone 0.5mg/g & calcipotriol 50mcg/g gel**

Taro-Calcipotriol/Betamethasone 50mcg/g/0.5mg/g Gel	DNP	1.3142	M	E	02525178	TAR	Y
Dovobet 50mcg/g/0.5mg/g Gel	DNP	1.3142	M	E	02319012	LEO	Y

betamethasone 0.5mg/g & calcipotriol 50mcg/g oint

Teva-Betamethasone/Calcipotriol 0.5mg/g/50mcg/g Oint					02427419	TEV	Y
Dovobet 0.5mg/g/50mcg/g Oint					02244126	LEO	Y
Enstilar 50mcg/g/0.5mg/g Aer Foam	DNP	1.6397	L	E	02457393	LEO	N

D05AX55 TAZAROTENE

Duobrii 0.01%/0.045% Top Lot	DNP	1.9300	L	E	02499967	BSL	N
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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 FOR DERMATOLOGICAL USE**D06A ANTIBIOTICS FOR TOPICAL USE****D06AX OTHER ANTIBIOTICS FOR TOPICAL USE****D06AX01 FUSIDIC ACID**

Fucidin 2% Cr	DNP	0.9570	L	SF	00586668	LEO	N
Fucidin 2% Oint	DNP	0.9570	L	SF	00586676	LEO	N

D06AX09 MUPIROCIN**mupirocin 2% oint**

Taro-Mupirocin 2% Oint	DNPM	0.5377	M	SF	02279983	TAR	Y
Bactroban 2% Oint (discontinued)					01916947	GCH	Y

D06B CHEMOTHERAPEUTICS FOR TOPICAL USE**D06BA SULFONAMIDES****D06BA01 SILVER SULFADIAZINE**

Flamazine 1% Cr	DNP	0.2989	L	SFC	00323098	SNE	N
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D06BB ANTIVIRALS**D06BB03 ACYCLOVIR****acyclovir 5% oint**

Apo-Acyclovir 5% Oint					02477130	APX	Y
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D

Dermatologicals

	Taro-Acyclovir 5% Oint					02522306	TAR	Y
	Zovirax 5% Oint					00569771	BSL	Y
	Zovirax 5% Cream					02039524	BSL	N

D06BB10 IMIQUIMOD

imiquimod 5% cr

	Taro-Imiquimod Pump 5% Cr	DNP	43.4350	M	E	02482983	TAR	Y
	Aldara P 5% Cr	DNP	43.4350	M	E	02239505	BSL	Y

D06BX OTHER CHEMOTHERAPEUTICS

D06BX01 METRONIDAZOLE

	MetroGel 1% Gel	DNP	0.7093	L	SFC	02297809	GAC	N
	Noritate 1% Cr	DNP	0.7531	L	SFC	02156091	BSL	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	0.1877	M	SF	02242984	TPH	Y
	Westcort 0.2% Cr (discontinued)					01910124	WSQ	Y
	Hydroval 0.2% Oint	DNP	0.1877	L	SF	02242985	TPH	N
	Cortoderm 1% Oint	DNP	0.1422	L	SF	00716693	TAR	N
	Dermaflex HC 1% Cr	DNP	0.2190	L	SF	00681989	PAL	N
	Dermaflex HC 1% Lot	DNP	0.2189	L	SF	00681997	PAL	N
	Hyderm 1% Cr	DNP	0.2176	L	SF	00716839	TAR	N
	Jamp-Hydrocortisone Acetate 1% Cr	DNP	0.0875	L	SF	80057178	JPC	N
	Jamp-Hydrocortisone/Urea 1%/10% Cr	DNP	0.0915	L	SF	80061501	JPC	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	0.4532	M	SF	02229315	PDP	Y
	Tridesilon 0.05% Cr (discontinued)					02154862	PMS	Y

desonide 0.05% oint

	pdp-Desonide 0.05% Oint	DNP	0.4532	M	SF	02229323	PDP	Y
	Tridesilon 0.05% Oint (discontinued)					02154870	PMS	Y

D07AB09 TRIAMCINOLONE

	Triaderm 0.1% Cr	DNP	0.1142	L	SF	00716960	TAR	N
	Aristocort R 0.1% Cr	DNP	0.1717	L	SF	02194058	BSL	N
	Aristocort R 0.1% Oint	DNP	0.1717	L	SF	02194031	BSL	N

D Dermatologicals

	Aristocort C 0.5% Cr					02194066	BSL	N
D07AC	CORTICOSTEROIDS, POTENT (GROUP III)							
D07AC01	BETAMETHASONE							
	betamethasone 17 valerate 0.05% cr							
	Betaderm 0.05% Cr	DNPM	0.0611	M	SF	00716618	TAR	Y
	Celestoderm-V/2 0.05% Cr (discontinued)					00027898	SCH	Y
	Celestoderm-V/2 0.05% Cr (discontinued)					02357860	BSL	Y
	betamethasone dipropionate 0.05% cr							
	Taro-Sone 0.05% Cr	DNPM	0.2048	M	SF	01925350	TAR	Y
	Teva-Topisone 0.05% Cr	DNPM	0.2048	M	SF	00804991	TEV	Y
	Diprosone 0.05% Cr	DNPM	0.2048	M	SF	00323071	ORG	Y
	betamethasone dipropionate 0.05% glycol cr							
	Teva-Topilene 0.05% Cr	DNPM	0.5187	M	SF	00849650	TEV	Y
	Diprolene 0.05% Glycol Cr (discontinued)					00688622	FRS	Y
	betamethasone dipropionate 0.05% glycol lot							
	Teva-Topilene 0.05% Lot	DNPM	0.5620	M	SF	01927914	TEV	Y
	Diprolene 0.05% Glycol Lot (discontinued)					00862975	FRS	Y
	betamethasone dipropionate 0.05% glycol oint							
	Teva-Topilene 0.05% Oint	DNPM	0.5187	M	SF	00849669	TEV	Y
	Diprolene 0.05% Glycol Oint	DNPM	0.5187	M	SF	00629367	ORG	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	ORG	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	ORG	Y
	Betaderm 0.05% Oint	DNPM	0.0716	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
	Celestoderm-V/2 0.05% Oint	DNPM	0.0611	L	SF	02357879	BSL	N
	betamethasone 17 valerate 0.1% cr							
	Betaderm 0.1% Cr	DNPM	0.0911	M	SF	00716626	TAR	Y
	Celestoderm-V 0.1% Cr (discontinued)					02357844	BSL	Y
	Celestoderm-V 0.1% Cr (discontinued)					00027901	SCH	Y
	Betaderm 0.1% Oint	DNPM	0.1066	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	BSL	N
	ratio-Ectosone 0.1% Lot	DNPM	0.3528	L	SF	00750050	TEV	N
D07AC03	DESOXIMETASONE							
	Topicort 0.05% Gel	DNP	0.6177	L	SF	02221926	BSL	N
	Topicort Mild 0.05% Cr	DNP	0.6135	L	SF	02221918	BSL	N
	Topicort 0.25% Cr	DNP	0.8845	L	SF	02221896	BSL	N

D

Dermatologicals

	Topicort 0.25% Oint	DNP	0.8282	L	SF	02221934	BSL	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	0.2859	M	SF	00716863	TPH	Y
	Lidex 0.05% Cr	DNP	0.2859	M	SF	02161923	BSL	Y
	fluocinonide 0.05% gel							
	Lyderm 0.05% Gel	DNP	0.3698	M	SF	02236997	TPH	Y
	Lidex 0.05% Gel	DNP	0.3698	M	SF	02161974	BSL	Y
	fluocinonide 0.05% oint							
	Lyderm 0.05% Oint	DNP	0.3689	M	SF	02236996	TPH	Y
	Lidex 0.05% Oint	DNP	0.3689	M	SF	02161966	BSL	Y
	Lidemol 0.05% Cr	DNP	0.2303	L	SF	02163152	BSL	N
	Tiamol 0.05% Cr	DNP	0.2446	L	SF	00598933	TPH	N
D07AC11	AMCINONIDE							
	amcinonide 0.1% cr							
	Taro-Amcinonide 0.1% Cr	DNP	0.4522	M	SF	02246714	TAR	Y
	Cyclocort 0.1% Cr (discontinued)					02192284	STI	Y
D07AC12	ULOBETASOL							
	Bryhali 0.01% Lot	DNP	0.9817	L	SF	02506262	BSL	N
D07AC13	MOMETASONE							
	mometasone 0.1% cr							
	Taro-Mometasone 0.1% Cr	DNP	0.5798	M	SF	02367157	TAR	Y
	Elocom 0.1% Cr	DNP	0.5798	M	SF	00851744	ORG	Y
	mometasone 0.1% lot							
	Taro-Mometasone 0.1% Lot	DNP	0.4122	M	SF	02266385	TAR	Y
	Elocom 0.1% Lot	DNP	0.4122	M	SF	00871095	ORG	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	ORG	Y
D07AC18	PREDNICARBATE							
	Dermatop Emollient 0.1% Cr					02230642	BSL	N
D07AD	CORTICOSTEROIDS, VERY POTENT (GROUP IV)							
D07AD01	CLOBETASOL							
	clobetasol 0.05% shampoo							
	Reddy-Clobetasol 0.05% Shampoo					02519437	RCH	Y
	Taro-Clobetasol 0.05% Shampoo					02506203	TAR	Y
	Clobex 0.05% Shampoo					02256371	GAC	Y

D Dermatologicals

clobetasol 17-propionate 0.05% cr

MYLAN-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	02024187	MYL	Y
Taro-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	02245523	TAR	Y
Teva-Clobetasol 0.05% Cr	DNP	0.2279	M	SF	01910272	TEV	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
Taro-Clobetasol 0.05% Oint	DNP	0.2279	M	SF	02245524	TAR	Y
Teva-Clobetasol 0.05% Oint	DNP	0.2279	M	SF	01910280	TEV	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
Taro-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	02245522	TAR	Y
Teva-Clobetasol 0.05% Scalp Lot	DNP	0.1990	M	SF	01910299	TEV	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
Odan Clobetasol 0.05% Spray					02490706	ODN	Y
Sandoz Clobetasol 0.05% Spray					02495023	SDZ	Y
Taro-Clobetasol 0.05% Spray					02489619	TAR	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
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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	BSL	N
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D07X CORTICOSTEROIDS, OTHER COMBINATIONS

D Dermatologicals**D07XA CORTICOSTEROIDS, WEAK, OTHER COMBINATIONS**

D07XA01 HYDROCORTISONE

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	ORG	N
bethamethasone dipropionate 0.05% & salicylic acid 2% lot							
ratio-Topisalic Lot	DNP	0.4652	M	SF	02245688	TEV	Y
Diprosalic Lot (discontinued)					00578428	FRS	Y

D10 ANTI-ACNE PREPARATIONS**D10A ANTI-ACNE PREPARATIONS FOR TOPICAL USE****D10AD RETINOIDS FOR TOPICAL USE IN ACNE**

D10AD01 TRETINOIN

Stieva-A 0.01% Cr	DNP	0.3212	L	FE*	00657204	GSK	N
Retin-A 0.025% Gel	DNP	0.5187	L	FE*	00443816	BSL	N
Retin-A 0.05% Cr	DNP	0.5187	L	FE*	00443794	BSL	N
Vitamin A Acid 0.05% Gel	DNP	0.3956	L	FE*	01926489	BSL	N

*full benefit for beneficiaries 30 years and under

D10AD03 ADAPALENE

Differin 0.1% Gel					02148749	GAC	N
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D10AD53 ADAPALENE, COMBINATIONS

adapalene 0.1% & benzoyl peroxide 2.5% gel							
Sandoz Adapalene/Benzoyl Peroxide 0.1%/2.5% Gel					02489007	SDZ	Y
Taro-Adapalene/Benzoyl Peroxide 0.1%/2.5% Gel					02456923	TAR	Y
Tactupump 0.1%/2.5% Gel					02365871	GAC	Y
adapalene 0.3% & benzoyl peroxide 2.5% gel							
Sandoz Adapalene/Benzoyl Peroxide Forte 0.3%/2.5% Gel					02517205	SDZ	Y
Taro-Adapalene/Benzoyl Peroxide Forte 0.3%/2.5% Gel					02505053	TAR	Y
Tactupump Forte 0.3%/2.5% Gel					02446235	GAC	Y

D10AF ANTIINFECTIVES FOR TREATMENT OF ACNE

D10AF01 CLINDAMYCIN

clindamycin 1% top sol							
Clindamycin Phosphate 1% Sol (discontinued)					02483769	TLG	Y
Taro-Clindamycin 1% Sol	DNP	0.2310	M	F	02266938	TAR	Y
Dalacin T 1% Sol (discontinued)					00582301	PFI	Y

D10AF51 CLINDAMYCIN, COMBINATIONS

benzoyl peroxide 5% & clindamycin 1% gel							
Taro-Benzoyl Peroxide/Clindamycin 5%/1% Gel					02464519	TAR	Y

D

Dermatologicals

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

D10AX OTHER ANTI ACNE PREPARATIONS FOR TOPICAL USE

D10AX03 AZELAIC ACID

	Finacea 15% Gel	DNP	0.7672	L	SFC	02270811	LEO	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
	Accutane 10mg Cap	DNP	0.9313	M	F	00582344	HLR	Y

isotretinoin 40mg cap

	Clarus 40mg Cap	DNP	1.9003	M	F	02257963	MYL	Y
	Accutane 40mg Cap	DNP	1.9003	M	F	00582352	HLR	Y
	Epuris 10mg Tab	DNP	1.3637	L	F	02396971	CIP	N
	Epuris 20mg Tab	DNP	1.8863	L	F	02396998	CIP	N
	Epuris 30mg Tab	DNP	2.3723	L	F	02397005	CIP	N
	Epuris 40mg Tab	DNP	2.7813	L	F	02397013	CIP	N

D11 OTHER DERMATOLOGICAL PREPARATIONS**D11A OTHER DERMATOLOGICAL PREPARATIONS****D11AH AGENTS FOR DERMATITIS, EXCLUDING CORTICOSTEROIDS**

D11AH01 TACROLIMUS

	Protopic 0.03% Oint	DNP	2.9407	L	E	02244149	LEO	N
	Protopic 0.1% Oint	DNP	3.1457	L	E	02244148	LEO	N

D11AH02 PIMECROLIMUS

	Elidel 1% Cr					02247238	BSL	N
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D11AH04 ALITRETINOIN

alitretinoin 10mg cap

	Hanzema 10mg Cap					02477432	RCH	Y
	Toctino 10mg Cap (discontinued)					02337630	GSK	Y

alitretinoin 30mg cap

	Hanzema 30mg Cap					02477440	RCH	Y
	Toctino 30mg Cap (discontinued)					02337649	GSK	Y

D11AH05 DUPLIMUMAB

	Dupixent 200mg/1.14mL Prefilled Pen*	DNP	978.7000	L	E	02524252	SAV	N
	Dupixent 200mg/1.14mL Prefilled Syringe*	DNP	978.7000	L	E	02492504	SAV	N

D Dermatologicals

Dupixent 300mg/2mL Prefilled Pen*	DNP	978.7000	L	E	02510049	SAV	N
Dupixent 300mg/2mL Prefilled Syringe*	DNP	978.7000	L	E	02470365	SAV	N
*Billed per pen/syringe							

D11AH08 ABROCITINIB

Cibinqo 50mg Tab	DNP	48.6667	L	E	02528363	PFI	N
Cibinqo 100mg Tab	DNP	48.6667	L	E	02528371	PFI	N
Cibinqo 200mg Tab	DNP	54.4667	L	E	02528398	PFI	N

D11AX OTHER DERMATOLOGICALS

D11AX10 FINASTERIDE

finasteride 1mg tab

Auro-Finasteride 1mg Tab					02428148	ARO	Y
Finasteride 1mg Tab					02447568	SIV	Y
Finasteride 1mg Tab					02445085	SAS	Y
MINT-Finasteride 1mg Tab					02537427	MNT	Y
pms-Finasteride 1mg Tab					02320169	PMS	Y
Sandoz Finasteride A 1mg Tab					02339471	SDZ	Y
Propecia 1mg Tab					02238213	ORG	Y

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

G01AA01 NYSTATIN

Nyaderm 100,000 IU/dose Vag Cr DNP 0.1541 L SFC 00716901 TAR N

G01AA10 CLINDAMYCIN

Dalacin 100mg/dose Vag Cr DNP 1.0138 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 0.3434 L SFC 02125226 BSL N

Flagyl 10% Vag Cr DNP 0.2740 L SFC 01926861 SAV N

G01AF02 CLOTRIMAZOLE

clotrimazole 1% vag cr

Clotrimaderm 1% Vag Cr DNP 0.2176 M SFC 00812366 TAR Y

Canesten 6 Vag Cr (6 day) DNP 0.2176 M SFC 02150891 YNO Y

Canesten 1 Comfortab Combi-Pak (1 day) DNP 15.1200 L SFC 02264102 YNO N

Canesten 1 Vag Cr DNP 2.7680 L SFC 02150883 YNO N

Canesten 1 Vag Cr Combi-Pak DNP 15.1200 L SFC 02230509 YNO N

clotrimazole 2% vag cr

Clotrimaderm 2% Vag Cr DNP 0.4440 M SFC 00812374 TAR Y

Canesten 3 Vag Cr (3 day) DNP 0.4440 M SFC 02150905 YNO Y

Canesten 3 Comfortab Combi-Pak (3 day) DNP 14.2600 L SFC 02264099 YNO N

G01AF04 MICONAZOLE

miconazole 2% vag cr

Micozole 2% Vag Cr (discontinued) 02231106 TAR Y

Monistat 7 (2%) Vag Cr DNP 0.2829 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 14.3100 L SFC 02126257 JNJ N

G02 OTHER GYNECOLOGICALS**G02A UTEROTONICS****G02AD PROSTAGLANDINS**

G02AD02 DINOPROSTONE

Prostin E2 0.5mg Tab 00400688 PAL N

G02B CONTRACEPTIVES FOR TOPICAL USE**G02BA INTRAUTERINE CONTRACEPTIVES**

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

Kyleena IUS 19.5mg/insert	DNP	348.6100	L	F	02459523	BAY	N
Mirena IUD 52mg/insert	DNP	372.5500	L	F	02243005	BAY	N

G02BB INTRAVAGINAL CONTRACEPTIVES**G02BB01 ETHINYL ESTRADIOL AND ETONOGESTREL****etonogestrel & ethinyl estradiol SR vag ring**

Haloette Vag Ring	DNP	12.5400	M	F	02520028	SLP	Y
NuvaRing Vag Ring	DNP	12.5400	M	F	02253186	ORG	Y

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

Bromocriptine 2.5mg Tab	DNP	1.2469	M	SFC	02087324	AAP	Y
Parlodel 2.5mg Tab (discontinued)					00371033	NVR	Y

bromocriptine mesylate 5mg cap

Bromocriptine 5mg Cap	DNP	1.8666	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	SF	02455897	APX	Y
Dostinex 0.5mg Tab	DNP	12.3941	M	SF	02242471	PAL	Y

G03 SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM**G03A HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE****G03AA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS****G03AA05 NORETHINDRONE AND ESTROGEN**

Brevicon 1/35 Tab 28 Day	DNPM	0.5595	L	F	02189062	PFI	N
Brevicon 0.5/35 Tab 21 Day	DNPM	0.7460	L	F	02187086	PFI	N
Brevicon 0.5/35 Tab 28 Day	DNPM	0.5595	L	F	02187094	PFI	N
Ortho 0.5/35 Tab 21 Day	DNPM	1.1538	L	F	00317047	JAN	N
Ortho 0.5/35 Tab 28 Day	DNPM	0.8654	L	F	00340731	JAN	N
LoLo Tab 28 Day					02417456	ABV	N
Brevicon 1/35 Tab 21 Day	DNPM	0.7460	L	F	02189054	PFI	N
Ortho 1/35 Tab 21 Day	DNPM	1.1538	L	F	00372846	JAN	N
Ortho 1/35 Tab 28 Day	DNPM	0.8654	L	F	00372838	JAN	N
Select 1/35 Tab 21 Day	DNPM	0.5505	L	F	02197502	PFI	N
Select 1/35 Tab 28 Day	DNPM	0.4129	L	F	02199297	PFI	N
LoEstrin 1.5/30 Tab 21 Day	DNPM	0.7933	L	F	00297143	WNC	N
LoEstrin 1.5/30 Tab 28 Day	DNPM	0.5950	L	F	00353027	WNC	N

G03AA07 LEVONORGESTREL AND ESTROGEN

G Genito-Urinary System & Sex Hormones

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

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

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

Alysena Tab 21 Day	DNPM	0.1877	M	F		02387875	APX	Y
Audrina Tab 21 Day	DNPM	0.1877	M	F		02532174	JPC	Y
Aviane Tab 21 Day	DNPM	0.1877	M	F		02298538	TEV	Y
Alesse Tab 21 Day	DNPM	0.1877	M	F		02236974	PFI	Y

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

Alysena Tab 28 Day	DNPM	0.1408	M	F		02387883	APX	Y
Audrina Tab 28 Day	DNPM	0.1408	M	F		02532182	JPC	Y
Aviane Tab 28 Day	DNPM	0.1408	M	F		02298546	TEV	Y
Alesse Tab 28 Day	DNPM	0.1408	M	F		02236975	PFI	Y

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

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

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

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

G03AA09 DESOGESTREL AND ESTROGEN

Linessa Tab 21 Day	DNPM	0.9067	L	F		02272903	APN	N
Linessa Tab 28 Day	DNPM	0.6800	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	DNPM	0.3700	M	F		02317192	TEV	Y
Freya Tab 21 Day	DNPM	0.3700	M	F		02396491	MYL	Y
Mirvala Tab 21 Day	DNPM	0.3700	M	F		02410249	APX	Y
Marvelon Tab 21 Day	DNPM	0.3700	M	F		02042487	ORG	Y

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

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

G03AA12 DROSPIRENONE AND ESTROGEN

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

Drospirenone & Ethinyl Estradiol 3mg/0.02mg Tab						02462060	GLM	Y
MYA 3mg/0.02mg Tab						02415380	APX	Y
Yaz 3mg/0.02mg Tab						02321157	BAY	Y

drospirenone 3mg & ethinyl estradiol 0.03mg tab (21)

Drospirenone & Ethinyl Estradiol 21 Day	DNPM	0.2962	M	F		02421437	GLM	Y
Zamine Tab 21 Day	DNPM	0.2962	M	F		02410788	APX	Y
Yasmin Tab 21 Day	DNPM	0.2962	M	F		02261723	BAY	Y

drospirenone 3mg & ethinyl estradiol 0.03mg tab (28)

G Genito-Urinary System & Sex Hormones

Drospirenone & Ethinyl Estradiol 28 Day	DNPM	0.2221	M	F	02421445	GLM	Y
Zamine Tab 28 Day	DNPM	0.2221	M	F	02410796	APX	Y
Yasmin Tab 28 Day	DNPM	0.2221	M	F	02261731	BAY	Y

G03AA13 NORELGESTROMIN AND ESTROGEN

Evra 0.6/6mg Patch					02248297	SLP	N
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G03AB PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATIONS

G03AB03 LEVONORGESTREL AND ESTROGEN

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

G03AB04 NORETHINDRONE AND ESTROGEN

Ortho 7/7/7 Tab 21 Day	DNPM	1.1538	L	F	00602957	JAN	N
Ortho 7/7/7 Tab 28 Day	DNPM	0.8654	L	F	00602965	JAN	N
Synphasic Tab 21 Day	DNPM	0.6495	L	F	02187108	PFI	N
Synphasic Tab 28 Day	DNPM	0.4871	L	F	02187116	PFI	N

G03AB11 NORGESTIMATE AND ESTROGEN

norgestimate & ethinylestradiol 3 phase tab (21)

Tricira Lo (21 Day)	DNPM	0.6377	M	F	02401967	APX	Y
Tri-Cyclen Lo Tab 21 Day (discontinued)					02258560	JAN	Y

norgestimate & ethinylestradiol 3 phase tab (28)

Tricira Lo (28 Day)	DNPM	0.4782	M	F	02401975	APX	Y
Tri-Cyclen Lo Tab 28 Day (discontinued)					02258587	JAN	Y

norgestimate & ethinylestradiol 3 tab (21)

Tri-Cira Tab 21 Day	DNPM	0.6852	M	F	02508087	APX	Y
Tri-Jordyna Tab 21 Day	DNPM	0.6852	M	F	02486296	GLM	Y
Tri-Cyclen Tab 21 Day (discontinued)					02028700	JAN	Y

norgestimate & ethinylestradiol 3 tab (28)

Tri-Cira Tab 28 day	DNPM	0.5139	M	F	02508095	APX	Y
Tri-Jordyna Tab 28 Day	DNPM	0.5139	M	F	02486318	GLM	Y
Tri-Cyclen Tab 28 Day (discontinued)					02029421	JAN	Y

G03AC PROGESTOGENS

G03AC01 NORETHINDRONE

norethindrone 0.35mg tab (28)

Jencycla Tab 28 Day	DNPM	0.3925	M	SF	02441306	LUP	Y
Movisse Tab 28 Day	DNPM	0.3925	M	SF	02410303	MYL	Y
Micronor Tab 28 Day (discontinued)					00037605	JAN	Y

G03AC06 MEDROXYPROGESTERONE

Depo-Provera 150mg/mL Prefilled Syringe	DNP	33.2700	L	SFC	02523493	PFI	N
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G03AC08 ETONOGESTREL

Nexplanon 68mg Implant	DNP	299.2500	L	F	02499509	ORG	N
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G03AD EMERGENCY CONTRACEPTIVES

G Genito-Urinary System & Sex Hormones

G03AD01 LEVONORGESTREL

levonorgestrel 1.5mg tab

Backup Plan Onestep 1.5mg Tab	DNP	8.6000	M	F	02433532	APX	Y
Contingency One 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**G03BA 3-OXOANDROSTEN (4) DERIVATIVES**

G03BA03 TESTOSTERONE

Androgel 1% Gel Pump					02249499	BGP	N
Testim 1% Top Gel Tube	DNP	0.8636	L	E	02280248	PAL	N
testosterone 1% w/w top gel (2.5g/pkt)							
Taro-Testosterone 2.5g/pkt Top Gel	DNP	0.6690	M	E	02463792	TAR	Y
Androgel 2.5g/pkt Top Gel	DNP	0.6690	M	E	02245345	BGP	Y
testosterone 1% w/w top gel (5g/pkt)							
Taro-Testosterone 5g/pkt Top Gel	DNP	0.5915	M	E	02463806	TAR	Y
Androgel 5g/pkt Top Gel	DNP	0.5915	M	E	02245346	BGP	Y
testosterone undecanoate 40mg cap							
pms-Testosterone 40mg Cap	DNP	0.4700	M	SFC	02322498	PMS	Y
Taro-Testosterone 40mg Cap	DNP	0.4700	M	SFC	02421186	TAR	Y
Andriol 40mg Cap (discontinued)					00782327	FRS	Y
testosterone 100mg/ml inj							
Taro-Testosterone Cypionate 100mg/mL Inj	DNP	3.4878	M	SFC	02496003	TAR	Y
Depo-Testosterone 100mg/mL Inj	DNP	3.4878	M	SFC	00030783	PFI	Y
Delatestryl 200mg/mL Inj	DNP	12.9720	L	SFC	00029246	BSL	N

G03C ESTROGENS**G03CA NATURAL AND SEMISYNTHETIC ESTROGENS, PLAIN**

G03CA03 ESTRADIOL

Imvexxy 4mcg Vag Insert	DNP	3.6288	L	SF	02503689	KNI	N
Estrogel 0.06% Top Gel	DNP	0.5539	L	E	02238704	ORG	N
Imvexxy 10mcg Vag Insert	DNP	3.6288	L	SF	02503697	KNI	N
Vagifem 10mcg Vag Tab	DNP	4.6933	L	SFC	02325462	NNO	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	PMS	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	PMS	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	PMS	Y
Estring 7.5mcg/24 hr Vag Ring	DNP	99.4800	L	SFC	02168898	PAL	N

G Genito-Urinary System & Sex Hormones

Estradot Patch (25mcg/day)	DNP	3.6700	L	SFC	02245676	SDZ	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	3.8425	L	SFC	02243999	SDZ	N
estradiol 50mcg/day patch (Estradot)							
Sandoz Estradiol Derm 50 (50mcg/day patch)	DNP	3.0700	M	SFC	02246967	SDZ	Y
Estradot Patch (50mcg/day)	DNP	3.0700	M	SFC	02244000	SDZ	Y
estradiol 50mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 50 (50mcg/day patch)	DNP	3.0700	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	3.2900	M	SFC	02246968	SDZ	Y
Estradot Patch (75mcg/day)	DNP	3.2900	M	SFC	02244001	SDZ	Y
estradiol 75mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 75 (75mcg/day patch)	DNP	3.2900	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	3.4850	M	SFC	02246969	SDZ	Y
Estradot Patch (100mcg/day)	DNP	3.4850	M	SFC	02244002	SDZ	Y
estradiol 100mcg/day patch (Vivelle)							
Sandoz Estradiol Derm 100 (100mcg/day patch)	DNP	3.4850	M	SFC	02246969	SDZ	Y
Vivelle Patch (100mcg/day) (discontinued)					02204444	NVR	Y

G03CA07 ESTRONE

Estragyn Vag Cr	DNP	0.7576	L	SFC	00727369	SLP	N
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G03CA57 CONJUGATED ESTROGENS

Premarin 0.3mg Tab	DNP	0.3893	L	SFC	02414678	PFI	N
Premarin 0.625mg Tab	DNP	0.4089	L	SFC	02414686	PFI	N
Premarin 0.625mg/g Vag Cr	DNP	0.9110	L	SFC	02043440	PFI	N
Premarin 1.25mg Tab	DNP	0.4261	L	SFC	02414694	PFI	N
Premarin 25mg/vial Inj	DNP	51.5300	L	SFC	02043386	PFI	N

G03D PROGESTOGENS
G03DA PREGNEN (4) DERIVATIVES
G03DA02 MEDROXYPROGESTERONE
medroxyprogesterone acetate 2.5mg tab

Apo-Medroxy 2.5mg Tab	DNP	0.1183	M	SFC	02244726	APX	Y
Novo-Medrone 2.5mg Tab	DNP	0.1183	M	SFC	02221284	TEV	Y
Provera 2.5mg Tab	DNP	0.1183	M	SFC	00708917	PFI	Y

G Genito-Urinary System & Sex Hormones

medroxyprogesterone acetate 5mg tab

Apo-Medroxy 5mg Tab	DNP	0.2365	M	SFC	02244727	APX	Y
Novo-Medrone 5mg Tab	DNP	0.2365	M	SFC	02221292	TEV	Y
Provera 5mg Tab	DNP	0.2365	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

Auro-Progesterone 100mg Cap	DNP	0.3762	M	SF	02493578	ARO	Y
pms-Progesterone 100mg Cap	DNP	0.3762	M	SF	02476576	PMS	Y
Progesterone 100mg Cap	DNP	0.3762	M	SF	02516187	SAS	Y
Reddy-Progesterone 100mg Cap	DNP	0.3762	M	SF	02463113	RCH	Y
Teva-Progesterone 100mg Cap	DNP	0.3762	M	SF	02439913	TEV	Y
Prometrium 100mg Cap	DNP	0.3762	M	SF	02166704	ORG	Y

G03DB PREGNADIEN DERIVATIVES

G03DB08 DIENOGEST

dienogest 2mg tab

ASPEN-Dienogest 2mg Tab	DNP	1.0231	M	E	02493055	APN	Y
JAMP Dienogest 2mg Tab	DNP	1.0231	M	E	02498189	JPC	Y
Visanne 2mg Tab	DNP	1.0231	M	E	02374900	BAY	Y

G03F PROGESTOGENS AND ESTROGENS IN COMBINATION

G03FA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS

G03FA01 NORETHINDRONE AND ESTROGEN

Estalis 140/50mcg Transdermal Patch	DNP	4.8200	L	SFC	02241835	SDZ	N
Estalis 250/50mcg Transdermal Patch	DNP	4.8200	L	SFC	02241837	SDZ	N

G03FA04 PROGESTRONE AND ESTROGEN

Bijuva 1mg/100mg Cap	DNP	0.8962	L	SF	02505223	KNI	N
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G03H ANTIANDROGENS

G03HA ANTIANDROGENS, PLAIN

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

G Genito-Urinary System & Sex Hormones**G03HB ANTIANDROGENS AND ESTROGENS**

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 AND MODULATORS OF THE GENITAL SYSTEM**G03XA ANTIGONADOTROPHINS AND SIMILAR AGENTS**

G03XA01 DANAZOL

Cyclomen 50mg Cap

DNP 1.0720 L SFC 02018144 SAV N

Cyclomen 100mg Cap

DNP 1.5910 L SFC 02018152 SAV N

Cyclomen 200mg Cap

DNP 2.5425 L SFC 02018160 SAV N

G03XB PROGESTERONE RECEPTOR MODULATORS

G03XB51 MIFEPRISTONE, COMBINATIONS

Mifegymiso 200mg/200mcg Kit*

02444038 CLP N

*Coverage available for Nova Scotia women.

*Refer to the Nova Scotia Pharmacy Guide for details.

G03XC SELECTIVE ESTROGEN RECEPTOR MODULATORS

G03XC01 RALOXIFENE

raloxifene 60mg tab

Apo-Raloxifene 60mg Tab

DNP 1.0268 M SF 02279215 APX Y

CO Raloxifene 60mg Tab

DNP 1.0268 M SF 02358840 ATV Y

Evista 60mg Tab

DNP 1.0268 M SF 02239028 LIL Y

G04 UROLOGICALS**G04B UROLOGICALS****G04BD DRUGS FOR URINARY FREQUENCY AND INCONTINENCE**

G04BD04 OXYBUTYNIN

oxybutynin 1mg/mL o/l

pms-Oxybutynin 1mg/mL O/L

DNP 0.2065 M SF 02223376 PMS Y

Ditropan 1mg/mL O/L (discontinued)

01924753 JAN Y

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

G04BD06 PROPIVERINE

Mictoryl 5mg Tab

DNP 0.3700 L E 02460289 DUI N

G Genito-Urinary System & Sex Hormones

G04BD07 TOLTERODINE

tolterodine 1mg tab

JAMP Tolterodine 1mg Tab	DNP	0.2455	M	SF	02496836	JPC	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	UJC	Y

tolterodine 2mg ER cap

Sandoz Tolterodine LA 2mg Cap	DNP	0.9822	M	SF	02413140	SDZ	Y
Teva-Tolterodine LA 2mg Cap	DNP	0.9822	M	SF	02412195	TEV	Y
Detrol LA 2mg Cap	DNP	0.9822	M	SF	02244612	UJC	Y

tolterodine 2mg tab

JAMP Tolterodine 2mg Tab	DNP	0.2455	M	SF	02496844	JPC	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	UJC	Y

tolterodine 4mg ER cap

Sandoz Tolterodine LA 4mg Cap	DNP	0.9822	M	SF	02413159	SDZ	Y
Teva-Tolterodine LA 4mg Cap	DNP	0.9822	M	SF	02412209	TEV	Y
Detrol LA 4mg Cap	DNP	0.9822	M	SF	02244613	UJC	Y

G04BD08 SOLIFENACIN

solifenacin 5mg tab

ACH-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02439344	AHI	Y
Auro-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02446375	ARO	Y
JAMP Solifenacin 5mg Tab	DNP	0.3041	M	SF	02428911	JPC	Y
Jamp-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02424339	JPC	Y
M-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02529696	MRA	Y
pms-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02417723	PMS	Y
PRZ-Solifenacin 5mg Tab	DNP	0.3041	M	SF	02493039	PRZ	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

ACH-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02439352	AHI	Y
Auro-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02446383	ARO	Y
JAMP Solifenacin 10mg Tab	DNP	0.3041	M	SF	02428938	JPC	Y
Jamp-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02424347	JPC	Y
M-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02529718	MRA	Y
pms-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02417731	PMS	Y
PRZ-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02493047	PRZ	Y
RAN-Solifenacin 10mg Tab	DNP	0.3041	M	SF	02437996	RAN	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 TROSPIUM

G Genito-Urinary System & Sex Hormones

trospium chloride 20mg tab

JAMP Trospium 20mg Tab	DNP	0.4072	M	E	02506661	JPC	Y
Mar-Trospium 20mg Tab	DNP	0.4072	M	E	02488353	MAR	Y
Trosec 20mg Tab	DNP	0.4072	M	E	02275066	SNV	Y

G04BD10 DARIFENACIN

darifenacin 7.5mg ER tab

Apo-Darifenacin 7.5mg ER Tab	DNP	0.8058	M	E	02452510	APX	Y
JAMP Darifenacin 7.5mg ER Tab	DNP	0.8058	M	E	02491869	JPC	Y
Enablex 7.5mg Tab	DNP	0.8058	M	E	02273217	SLP	Y

darifenacin 15mg ER tab

Apo-Darifenacin 15mg ER Tab	DNP	0.8058	M	E	02452529	APX	Y
JAMP Darifenacin 15mg ER Tab	DNP	0.8058	M	E	02491877	JPC	Y
Enablex 15mg Tab	DNP	0.8058	M	E	02273225	SLP	Y

G04BD11 FESOTERODINE

fesoterodine fumarate 4mg ER tab

Sandoz Fesoterodine Fumarate 4mg ER Tab	DNP	1.1250	M	E	02521768	SDZ	Y
Toviaz 4mg Tab	DNP	1.1250	M	E	02380021	PFI	Y

fesoterodine fumarate 8mg ER tab

Sandoz Fesoterodine Fumarate 8mg ER Tab	DNP	1.1250	M	E	02521776	SDZ	Y
Toviaz 8mg Tab	DNP	1.1250	M	E	02380048	PFI	Y

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
Auro-Sildenafil 25mg Tab					02414368	ARO	Y
Novo-Sildenafil 25mg Tab					02308738	TEV	Y
pms-Sildenafil 25mg Tab					02371626	PMS	Y
PRZ-Sildenafil 25mg Tab					02505150	PRZ	Y
Sildenafil 25mg Tab					02317559	PMS	Y
Viagra 25mg Tab					02239766	UJC	Y

sildenafil 50mg tab

Apo-Sildenafil 50mg Tab					02248202	APX	Y
Auro-Sildenafil 50mg Tab					02414376	ARO	Y
MINT-Sildenafil 50mg Tab					02393077	MNT	Y
Novo-Sildenafil 50mg Tab					02308746	TEV	Y
pms-Sildenafil 50mg Tab					02371634	PMS	Y
PRZ-Sildenafil 50mg Tab					02505169	PRZ	Y
Sildenafil 50mg Tab					02406152	SAS	Y
Sildenafil 50mg Tab					02317575	PMS	Y
Viagra 50mg Tab					02239767	UJC	Y

sildenafil 100mg tab

G Genito-Urinary System & Sex Hormones

Apo-Sildenafil 100mg Tab	02248203	APX	Y
Auro-Sildenafil 100mg Tab	02414384	ARO	Y
Jamp-Sildenafil 100mg Tab	02503506	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
PRZ-Sildenafil 100mg Tab	02468557	PRZ	Y
Sildenafil 100mg Tab	02406160	SAS	Y
Sildenafil 100mg Tab	02317583	PMS	Y
Viagra 100mg Tab	02239768	UJC	Y

G04BE08 TADALAFIL

tadalafil 2.5mg tab

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
PRZ-Tadalafil 2.5mg Tab	02512262	PRZ	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

ACH-Tadalafil 5mg Tab	02515989	AHI	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
MINT-Tadalafil 5mg Tab	02451670	MNT	Y
MYLAN-Tadalafil 5mg Tab	02410648	MYL	Y
pms-Tadalafil 5mg Tab	02409429	PMS	Y
PRZ-Tadalafil 5mg Tab	02512270	PRZ	Y
RAN-Tadalafil 5mg Tab	02452073	RAN	Y
Tadalafil 5mg Tab	02457016	SAS	Y
Teva-Tadalafil 5mg Tab	02440156	TEV	Y
Cialis 5mg Tab	02296896	LIL	Y

tadalafil 10mg tab

ACH-Tadalafil 10mg Tab	02515997	AHI	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
MINT-Tadalafil 10mg Tab	02451689	MNT	Y
MYLAN-Tadalafil 10mg Tab	02410656	MYL	Y
pms-Tadalafil 10mg Tab	02409437	PMS	Y
PRZ-Tadalafil 10mg Tab	02512289	PRZ	Y
Tadalafil 10mg Tab	02457024	SAS	Y
Teva-Tadalafil 10mg Tab	02440164	TEV	Y

G Genito-Urinary System & Sex Hormones

Cialis 10mg Tab	02248088	LIL	Y
tadalafil 20mg tab			
ACH-Tadalafil 20mg Tab	02516004	AHI	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
MINT-Tadalafil 20mg Tab	02451697	MNT	Y
MYLAN-Tadalafil 20mg Tab	02410664	MYL	Y
pms-Tadalafil 20mg Tab	02409445	PMS	Y
PRZ-Tadalafil 20mg Tab	02512297	PRZ	Y
RAN-Tadalafil 20mg Tab	02452111	RAN	Y
Tadalafil 20mg Tab	02457032	SAS	Y
Teva-Tadalafil 20mg Tab	02440172	TEV	Y
Cialis 20mg Tab	02248089	LIL	Y

G04BE09 VARDENAFIL

vardenafil 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 (discontinued)	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
Vardenafil 10mg Tab	02520397	SAS	Y
Levitra 10mg Tab (discontinued)	02250470	BAY	Y
vardenafil ODT 10mg tab			
Jamp-Vardenafil ODT 10mg Tab	02476088	JPC	Y
Staxyn 10mg Tab (discontinued)	02372436	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
Vardenafil 20mg Tab	02520400	SAS	Y
Levitra 20mg Tab (discontinued)	02250489	BAY	Y

G04C DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

G04CA ALPHA-ADRENORECEPTOR ANTAGONISTS

G04AC04 SILODOSIN

silodosin 4mg cap			
Auro-Silodosin 4mg Cap	02478501	ARO	Y
pms-Silodosin 4mg Cap	02517779	PMS	Y
Sandoz Silodosin 4mg Cap	02475421	SDZ	Y
Rapaflo 4mg Cap (discontinued)	02361663	ALL	Y
silodosin 8mg cap			

G Genito-Urinary System & Sex Hormones

Auro-Silodosin 8mg Cap						02478528	ARO	Y
pms-Silodosin 8mg Cap						02517787	PMS	Y
Sandoz Silodosin 8mg Cap						02475448	SDZ	Y
Rapaflo 8mg Cap (discontinued)						02361671	ALL	Y

G04CA01 ALFUZOSIN

alfuzosin 10mg ER tab

Alfuzosin 10mg Tab	DNP	0.2601	M	SF	02519844	SAS	Y
Alfuzosin 10mg Tab	DNP	0.2601	M	SF	02447576	SIV	Y
Apo-Alfuzosin 10mg Tab	DNP	0.2601	M	SF	02315866	APX	Y
Auro-Alfuzosin 10mg Tab	DNP	0.2601	M	SF	02443201	ARO	Y
Sandoz Alfuzosin 10mg Tab	DNP	0.2601	M	SF	02304678	SDZ	Y
Xatral 10mg Tab	DNP	0.2601	M	SF	02245565	SAV	Y

G04CA02 TAMSULOSIN

tamsulosin 0.4mg sustained release cap

JAMP Tamsulosin 0.4mg Cap	DNP	0.4750	M	SF	02352419	JPC	Y
Sandoz Tamsulosin 0.4mg Cap	DNP	0.4750	M	SF	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 (discontinued)					02270102	BOE	Y

G04CA03 TERAZOSIN

terazosin 1mg tab

Apo-Terazosin 1mg Tab	DNP	0.3938	M	SF	02234502	APX	Y
pms-Terazosin 1mg Tab	DNP	0.3938	M	SF	02243518	PMS	Y
Hytrin 1mg Tab (discontinued)					00818658	BGP	Y

terazosin 2mg tab

Apo-Terazosin 2mg Tab	DNP	0.5005	M	SF	02234503	APX	Y
pms-Terazosin 2mg Tab	DNP	0.5005	M	SF	02243519	PMS	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
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	0.9950	M	SF	02234505	APX	Y
pms-Terazosin 10mg Tab	DNP	0.9950	M	SF	02243521	PMS	Y
Hytrin 10mg Tab (discontinued)					00818674	BGP	Y

G04CB TESTOSTERONE-5-ALPHA REDUCTASE INHIBITORS

G04CB01 FINASTERIDE

G Genito-Urinary System & Sex Hormones

finasteride 5mg tab

Apo-Finasteride 5mg Tab	DNP	0.3506	M	SF	02365383	APX	Y
Auro-Finasteride 5mg Tab	DNP	0.3506	M	SF	02405814	ARO	Y
Finasteride 5mg Tab	DNP	0.3506	M	SF	02445077	SAS	Y
Finasteride 5mg Tab	DNP	0.3506	M	SF	02447541	SIV	Y
Finasteride 5mg Tab	DNP	0.3506	M	SF	02355043	AHI	Y
Jamp-Finasteride 5mg Tab	DNP	0.3506	M	SF	02357224	JPC	Y
M-Finasteride 5mg Tab	DNP	0.3506	M	SF	02522489	MRA	Y
MINT-Finasteride 5mg Tab	DNP	0.3506	M	SF	02389878	MNT	Y
Novo-Finasteride 5mg Tab	DNP	0.3506	M	SF	02348500	TEV	Y
pms-Finasteride 5mg Tab	DNP	0.3506	M	SF	02310112	PMS	Y
Riva-Finasteride 5mg Tab	DNP	0.3506	M	SF	02455013	RIV	Y
Sandoz Finasteride 5mg Tab	DNP	0.3506	M	SF	02322579	SDZ	Y
Proscar 5mg Tab	DNP	0.3506	M	SF	02010909	ORG	Y

G04CB02 DUTASTERIDE

dutasteride 0.5mg cap

Apo-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02404206	APX	Y
Auro-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02469308	ARO	Y
Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02429012	SIV	Y
Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02443058	SAS	Y
Jamp Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02484870	JPC	Y
MED-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02416298	GMP	Y
MINT-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02428873	MNT	Y
pms-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02393220	PMS	Y
Teva-Dutasteride 0.5mg Cap	DNP	0.2565	M	SF	02408287	TEV	Y
Avodart 0.5mg Cap	DNP	0.2565	M	SF	02247813	GSK	Y

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

H01AC01 SOMATROPIN

Genotropin MiniQuick 0.6mg/Syringe	DNP	18.0100	L	E	02401762	PFI	N
Genotropin MiniQuick 0.8mg/Syringe	DNP	24.0100	L	E	02401770	PFI	N
Genotropin MiniQuick 1mg/Syringe	DNP	30.0100	L	E	02401789	PFI	N
Genotropin MiniQuick 1.2mg/Syringe	DNP	36.0200	L	E	02401797	PFI	N
Genotropin MiniQuick 1.4mg/Syringe	DNP	42.0200	L	E	02401800	PFI	N
Genotropin MiniQuick 1.6mg/Syringe	DNP	48.0200	L	E	02401819	PFI	N
Genotropin MiniQuick 1.8mg/Syringe	DNP	54.0200	L	E	02401827	PFI	N
Genotropin MiniQuick 2mg/Syringe	DNP	60.0200	L	E	02401835	PFI	N
Nutropin AQ Nuspin 5mg/mL Inj	DNP	213.8950	L	E	02376393	HLR	N
Saizen 5mg/vial Inj	DNP	224.0500	L	E	02237971	EMD	N
Norditropin FlexPro 5mg/1.5mL Pen* *Billed per pen	DNP	194.7000	L	E	02529181	NNO	N
Omnitrope 5mg/1.5mL					02325063	SDZ	N
Genotropin GoQuick 5.3mg/Pen	DNP	159.0700	L	E	02401703	PFI	N
Humatrope 6mg/vial Inj	DNP	330.8200	L	E	02243077	LIL	N
Saizen 6mg Cart	DNP	268.8300	L	E	02350122	EMD	N
Nutropin AQ Nuspin 5mg/2mL Inj	DNP	106.9500	L	E	02399091	HLR	N
Norditropin FlexPro 10mg/1.5mL Pen* *Billed per pen	DNP	389.4000	L	E	02529203	NNO	N
Omnitrope 10mg/1.5mL					02325071	SDZ	N
Genotropin GoQuick 12mg/Pen	DNP	360.1400	L	E	02401711	PFI	N
Humatrope 12mg/vial Inj	DNP	661.6400	L	E	02243078	LIL	N
Saizen 12mg Cart	DNP	537.6600	L	E	02350130	EMD	N
Norditropin FlexPro 15mg/1.5mL Pen* *Billed per pen	DNP	584.1000	L	E	02529211	NNO	N
Nutropin AQ Nuspin 20mg/2mL Inj	DNP	427.7900	L	E	02399083	HLR	N
Saizen 20mg Cart	DNP	896.1000	L	E	02350149	EMD	N
Humatrope 24mg/vial Inj	DNP	1323.2700	L	E	02243079	LIL	N

H01AC03 MECASERMIN

Increlex 10mg/mL Vial	DNP	1479.1600	L	E	02509733	IPS	N
Increlex 10mg/mL Vial*	DNP	1479.1600	L	E	00900016	IPS	N
Increlex 10mg/mL Vial*	DNP	1479.1600	L	E	00900015	IPS	N

*use when drug cost in excess of CPhA maximum

H01AX OTHER ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

H01AX01 PEGVISOMANT

Somavert 10mg/vial Inj					02272199	PFI	N
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H Systemic Hormonal Preparations, Excluding Sex Hormones

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 20 U/mL usp inj

Vasopressin 20 U/mL USP Inj						02247938	SDZ	Y
Pressyn 20 U/mL USP Inj (discontinued)						00693820	FEI	Y
Pressyn AR 20 U/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
pms-Desmopressin 0.1mg Tab	DNP	0.6609	M	F*		02304368	PMS	Y
DDAVP 0.1mg Tab (discontinued)						00824305	FEI	Y

*full benefit for children 16 years and under

desmopressin 0.2mg tab

Apo-Desmopressin 0.2mg Tab	DNP	1.3217	M	F*		02284049	APX	Y
pms-Desmopressin 0.2mg Tab	DNP	1.3217	M	F*		02304376	PMS	Y
DDAVP 0.2mg Tab (discontinued)						00824143	FEI	Y

*full benefit for children 16 years and under

desmopressin 4mcg/mL inj

Bipazen 4mcg/mL Inj						02513579	KVR	Y
DDAVP 4mcg/mL Inj						00873993	FEI	Y

desmopressin 10mcg/dose nasal sp

Desmopressin 10mcg/dose Nasal Sp						02242465	AAP	Y
DDAVP 10mcg/dose Nasal Sp (discontinued)						00836362	FEI	Y
Octostim 15mcg/mL Inj						02024179	FEI	N
DDAVP MELT 60mcg Tab	DNP	0.3304	P	F*		02284995	FEI	N
DDAVP MELT 120mcg Tab	DNP	0.6608	P	F*		02285002	FEI	N

*full benefit for children 16 years and under

H01C HYPOTHALAMIC HORMONES

H01CA GONADOTROPIN-RELEASING HORMONES

H01CA02 NAFARELIN

Synarel 2mg/mL Sol	DNP	7.1167	L	SFC		02188783	PFI	N
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H01CB SOMATOSTATIN AND ANALOGUES

H01CB02 OCTREOTIDE

octreotide 10mg/vial inj

Octreotide 10mg/vial Inj	DNP	990.6975	M	SFC		02503751	TEV	Y
Sandostatin LAR 10mg/vial Inj	DNP	990.6975	M	SFC		02239323	NVR	Y

octreotide 20mg/vial inj

H Systemic Hormonal Preparations, Excluding Sex Hormones

	Octreotide 20mg/vial Inj	DNP	1279.9350	M	SFC	02503778	TEV	Y
	Sandostatin LAR 20mg/vial Inj	DNP	1279.9350	M	SFC	02239324	NVR	Y
	octreotide 30mg/vial inj							
	Octreotide 30mg/vial Inj	DNP	1642.1400	M	SFC	02503786	TEV	Y
	Sandostatin LAR 30mg/vial Inj	DNP	1642.1400	M	SFC	02239325	NVR	Y
	octreotide 50mcg/mL inj							
	Octreotide Acetate Omega 50mcg/mL Inj	DNP	4.0080	M	SFC	02248639	OMG	Y
	Sandostatin 50mcg/mL Inj	DNP	4.0080	M	SFC	00839191	NVR	Y
	octreotide 100mcg/mL inj							
	Octreotide Acetate Omega 100mcg/mL Inj	DNP	7.5660	M	SFC	02248640	OMG	Y
	Sandostatin 100mcg/mL Inj	DNP	7.5660	M	SFC	00839205	NVR	Y
	octreotide 200mcg/mL inj							
	Octreotide Acetate Omega 200mcg/mL Inj	DNP	14.5545	M	SFC	02248642	OMG	Y
	Sandostatin 200mcg/mL Inj (discontinued)					02049392	NVR	Y
	octreotide 500mcg/mL inj							
	Octreotide Acetate Omega 500mcg/mL Inj	DNP	40.3019	M	SFC	02248641	OMG	Y
	Sandostatin 500mcg/mL Inj (discontinued)					00839213	NVR	Y

H01CB03 LANREOTIDE

	Somatuline Autogel 60mg/0.3mL Syringe Inj*	DNP	2634.5600	L	SFC	02283395	IPS	N
	Somatuline Autogel 90mg/0.3mL Syringe Inj*	DNP	3514.3200	L	SFC	02283409	IPS	N
	Somatuline Autogel 120mg/0.5mL Syringe Inj*	DNP	4398.9000	L	SFC	02283417	IPS	N
	*bill as 0.5mL per syringe							

H01CB05 PASIREOTIDE DIASPARTATE

	Signifor 0.3mg/mL Inj					02413299	RRD	N
	Signifor 0.6mg/mL Inj					02413302	RRD	N
	Signifor 0.9mg/mL Inj					02413310	RRD	N

H02 CORTICOSTEROIDS FOR SYSTEMIC USE

H02A CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

H02AA MINERALOCORTICOID

H02AA02 FLUDROCORTISONE

	Florinef 0.1mg Tab	DNP	0.4764	L	SFC	02086026	PAL	N
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H02AB GLUCOCORTICOID

H02AB01 BETAMETHASONE

	Celestone 6mg/mL Soluspan Inj	DNP	14.4900	L	SFC	00028096	ORG	N
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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

H Systemic Hormonal Preparations, Excluding Sex Hormones

	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	0.5530	L	SFC	02279363	PMS	N	
	dexamethasone 4mg tab								
	Apo-Dexamethasone 4mg Tab	DNP	0.6112	M	SFC	02250055	APX	Y	
	pms-Dexamethasone 4mg Tab	DNP	0.6112	M	SFC	01964070	PMS	Y	
	Decadron 4mg Tab (discontinued)					00354309	FRS	Y	
	Dexasone 4mg Tab (discontinued)					00489158	BSL	Y	
	dexamethasone 4mg/mL inj								
	Dexamethasone 4mg/mL Inj	DNP	1.6900	M	SFC	00664227	SDZ	Y	
	Dexamethasone 4mg/mL Inj	DNP	1.6900	M	SFC	01977547	STR	Y	
	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	
H02AB04	METHYLPREDNISOLONE								
	Solu-Medrol 1g/vial Inj	DNP	71.1300	L	SFC	00036137	PFI	N	
	Medrol 4mg Tab	DNP	0.5364	L	SFC	00030988	PFI	N	
	Medrol 16mg Tab	DNP	1.5464	L	SFC	00036129	PFI	N	
	Depo-Medrol 20mg/mL Aq Multidose Inj	DNP	3.0180	L	SFC	01934325	PFI	N	
	Depo-Medrol 40mg/mL Aq Multidose Inj	DNP	6.5500	L	SFC	01934333	PFI	N	
	Depo-Medrol 40mg/mL Aq Multidose Inj (PF)	DNP	6.7480	L	SFC	00030759	PFI	N	
	Depo-Medrol 80mg/mL Aq Multidose Inj	DNP	9.9900	L	SFC	01934341	PFI	N	
	Depo-Medrol 80mg/mL Aq Multidose Inj (PF)	DNP	12.9360	L	SFC	00030767	PFI	N	
	Solu-Medrol 500mg/vial Inj	DNP	46.4040	L	SFC	00030678	PFI	N	
H02AB06	PREDNISOLONE								
	prednisolone sodium phosphare 1mg/mL o/l								
	pms-Prednisolone 1mg/mL O/L	DNP	0.1259	M	SFC	02245532	PMS	Y	
	Pediapred 1mg/mL O/L (discontinued)					02230619	SAV	Y	
H02AB07	PREDNISONONE								
	Winpred 1mg Tab	DNP	0.1276	L	SFC	00271373	AAP	N	
	prednisone 5mg tab								
	Apo-Prednisone 5mg Tab	DNP	0.0401	M	SFC	00312770	APX	Y	
	Teva-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	
	Teva-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	

H Systemic Hormonal Preparations, Excluding Sex Hormones

	Trispan 20mg/mL Inj (discontinued)					02470632	MDX	N
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triamcinolone 40mg/mL inj

	Triamcinolone 40mg/mL Inj	DNP	7.7648	M	SFC	01977563	STR	Y
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	Kenalog-40 (40mg/mL) Inj	DNP	7.7648	M	SFC	01999869	BRI	Y
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H02AB09 HYDROCORTISONE

	Solu-Cortef 1g/vial Inj	DNP	31.9780	L	SFC	00030635	PFI	N
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hydrocortisone 10mg tab

	Auro-Hydrocortisone 10mg Tab	DNP	0.1639	M	SFC	02524465	ARO	Y
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	Cortef 10mg Tab	DNP	0.1639	M	SFC	00030910	PFI	Y
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hydrocortisone 20mg tab

	Auro-Hydrocortisone 20mg Tab	DNP	0.2958	M	SFC	02524473	ARO	Y
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	Cortef 20mg Tab	DNP	0.2958	M	SFC	00030929	PFI	Y
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	Solu-Cortef 100mg/vial Inj	DNP	4.9100	L	SFC	00030600	PFI	N
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	Solu-Cortef 250mg/vial Inj	DNP	8.3100	L	SFC	00030619	PFI	N
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	Solu-Cortef 500mg/vial Inj	DNP	17.1760	L	SFC	00030627	PFI	N
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H02AB10 CORTISONE

	Cortisone Acetate 25mg Tab	DNP	0.4056	L	SFC	00280437	BSL	N
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H02B CORTICOSTEROIDS FOR SYSTEMIC USE, COMBINATIONS**H02BX CORTICOSTEROIDS FOR SYSTEMIC USE, COMBINATIONS****H02BX01 METHYLPREDNISOLONE, COMBINATIONS**

	Depo-Medrol 40mg/mL w Lidocaine Inj	DNP	7.5250	L	SFC	00260428	PFI	N
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H03 THYROID THERAPY**H03A THYROID PREPARATIONS****H03AA THYROID HORMONES****H03AA01 LEVOTHYROXINE SODIUM**

	Synthroid 0.025mg Tab	DNP	0.1086	L	SF	02172062	BGP	N
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	Synthroid 0.05mg Tab	DNP	0.0746	L	SF	02172070	BGP	N
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	Synthroid 0.075mg Tab	DNP	0.1174	L	SF	02172089	BGP	N
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	Synthroid 0.088mg Tab	DNP	0.1174	L	SF	02172097	BGP	N
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	Synthroid 0.1mg Tab	DNP	0.0920	L	SF	02172100	BGP	N
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	Synthroid 0.112mg Tab	DNP	0.1238	L	SF	02171228	BGP	N
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	Synthroid 0.125mg Tab	DNP	0.1252	L	SF	02172119	BGP	N
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	Synthroid 0.137mg Tab	DNP	0.2118	L	SF	02233852	BGP	N
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	Synthroid 0.15mg Tab	DNP	0.0985	L	SF	02172127	BGP	N
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	Synthroid 0.175mg Tab	DNP	0.1345	L	SF	02172135	BGP	N
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	Synthroid 0.2mg Tab	DNP	0.1050	L	SF	02172143	BGP	N
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	Synthroid 0.3mg Tab	DNP	0.1449	L	SF	02172151	BGP	N
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H Systemic Hormonal Preparations, Excluding Sex Hormones

	Eltroxin 50mcg Tab	DNP	0.0388	L	SF	02213192	APN	N
	Eltroxin 100mcg Tab	DNP	0.0477	L	SF	02213206	APN	N
	Eltroxin 150mcg Tab	DNP	0.0525	L	SF	02213214	APN	N
	Eltroxin 200mcg Tab	DNP	0.0557	L	SF	02213222	APN	N

H03AA02 LIOTHYRONINE SODIUM**liothyronine sodium 5mcg tab**

	Teva-Liothyronine 5mcg Tab	DNP	1.1587	M	SF	02494337	TEV	Y
	Cytomel 5mcg Tab	DNP	1.1587	M	SF	01919458	PFI	Y

liothyronine sodium 25mcg tab

	Teva-Liothyronine 25mcg Tab	DNP	1.2595	M	SF	02494345	TEV	Y
	Cytomel 25mcg Tab	DNP	1.2595	M	SF	01919466	PFI	Y

H03AA05 THYROID GLAND PREPARATIONS

	Thyroid 30mg Tab	DNP	0.3862	L	SF	00023949	SLP	N
	Thyroid 60mg Tab	DNP	0.6621	L	SF	00023957	SLP	N
	Thyroid 125mg Tab	DNP	1.1918	L	SF	00023965	SLP	N

H03B ANTITHYROID PREPARATIONS**H03BA THIOURACILS****H03BA02 PROPYLTHIOURACIL**

	Halycil 50mg Tab	DNP	0.5000	L	SF	02521059	ARN	N
	Propylthiouracil 50mg Tab	DNP	0.5000	L	SF	02523019	PCI	N

H03BB SULPHUR-CONTAINING IMIDAZOLE DERIVATIVES**H03BB02 METHIMAZOLE (THIAMAZOLE)****methimazole (thiamazole) 5mg tab**

	Jamp Methimazole 5mg Tab	DNP	0.1531	M	SF	02490625	JPC	Y
	Mar-Methimazole 5mg Tab	DNP	0.1531	M	SF	02480107	MAR	Y
	Tapazole 5mg Tab	DNP	0.1531	M	SF	00015741	PAL	Y

methimazole (thiamazole) 10mg tab

	Jamp Methimazole 10mg Tab	DNP	0.3048	M	SF	02490633	JPC	Y
	Mar-Methimazole 10mg Tab	DNP	0.3048	M	SF	02480115	MAR	Y
	Tapazole 10mg Tab	DNP	0.3048	M	SF	02296039	PAL	Y

H04 PANCREATIC HORMONES**H04A GLYCOGENOLYTIC HORMONES****H04AA GLYCOGENOLYTIC HORMONES****H04AA01 GLUCAGON**

	GlucaGen 1mg/vial	DNP	108.3300	L	SFD	02333619	PAL	N
	GlucaGen Hypokit 1mg/vial	DNP	108.3300	L	SFD	02333627	PAL	N
	Glucagon 1mg/1mL Inj (US Labelled)	DNP	280.0000	L	SFD*	09858279	APM	N
	Baqsimi 3mg Nasal Pws	DNP	145.2800	L	SFD*	02492415	LIL	N

H Systemic Hormonal Preparations, Excluding Sex Hormones

*quantity limit of two (2) devices per fiscal year. The prescriber can submit a request for consideration should beneficiaries require more than two (2) devices per fiscal year.

H05 CALCIUM HOMEOSTASIS

H05A PARATHYROID HORMONES AND ANALOGUES

H05AA PARATHYROID HORMONES AND ANALOGUES

H05AA02 TERIPARATIDE

teriparatide acetate 250mcg/mL inj

Teva-Teriparatide 250mcg/mL Inj

02486423 TEV Y

Forteo 250mcg/mL Inj

02254689 LIL Y

H05B ANTI-PARATHYROID AGENTS

H05BA CALCITONIN PREPARATIONS

H05BA01 CALCITONIN (SALMON SYNTHETIC)

Calcimar 200 IU/mL Inj

DNP 32.7200 L SFC 01926691 SAV N

H05BX OTHER ANTI-PARATHYROID AGENTS

H05BX01 CINACALCET

cinacalcet 30mg tab

Apo-Cinacalcet 30mg Tab

DNP 2.7418 M E 02452693 APX Y

Auro-Cinacalcet 30mg Tab

DNP 2.7418 M E 02478900 ARO Y

Cinacalcet 30mg Tab

DNP 2.7418 M E 02524880 SAS Y

Jamp Cinacalcet 30mg Tab

DNP 2.7418 M E 02500094 JPC Y

M-Cinacalcet 30mg Tab

DNP 2.7418 M E 02481987 MRA Y

Mar-Cinacalcet 30mg Tab

DNP 2.7418 M E 02480298 MAR Y

pms-Cinacalcet 30mg Tab

DNP 2.7418 M E 02517604 PMS Y

Teva-Cinacalcet 30mg Tab

DNP 2.7418 M E 02441624 TEV Y

Sensipar 30mg Tab

DNP 2.7418 M E 02257130 AGA Y

cinacalcet 60mg tab

Apo-Cinacalcet 60mg Tab

DNP 4.9995 M E 02452707 APX Y

Auro-Cinacalcet 60mg Tab

DNP 4.9995 M E 02478919 ARO Y

Jamp Cinacalcet 60mg Tab

DNP 4.9995 M E 02500108 JPC Y

M-Cinacalcet 60mg Tab

DNP 4.9995 M E 02481995 MRA Y

Mar-Cinacalcet 60mg Tab

DNP 4.9995 M E 02480301 MAR Y

pms-Cinacalcet 60mg Tab

DNP 4.9995 M E 02517612 PMS Y

Teva-Cinacalcet 60mg Tab

DNP 4.9995 M E 02441632 TEV Y

Sensipar 60mg Tab

DNP 4.9995 M E 02257149 AGA Y

cinacalcet 90mg tab

Apo-Cinacalcet 90mg Tab

DNP 7.2752 M E 02452715 APX Y

Auro-Cinacalcet 90mg Tab

DNP 7.2752 M E 02478943 ARO Y

Jamp Cinacalcet 90mg Tab

DNP 7.2752 M E 02500116 JPC Y

M-Cinacalcet 90mg Tab

DNP 7.2752 M E 02482002 MRA Y

Mar-Cinacalcet 90mg Tab

DNP 7.2752 M E 02480328 MAR Y

pms-Cinacalcet 90mg Tab

DNP 7.2752 M E 02517620 PMS Y

Teva-Cinacalcet 90mg Tab

DNP 7.2752 M E 02441640 TEV Y

H Systemic Hormonal Preparations, Excluding Sex Hormones

Sensipar 90mg Tab

DNP

7.2752

M

E

02257157 AGA Y

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

J01AA02 DOXYCYCLINE

doxycycline 40mg MR cap

Apo-Doxycycline MR 40mg Cap

02512645 APX Y

Aprilon MR 40mg Cap

02375885 GAC Y

doxycycline 100mg cap

Apo-Doxy 100mg Cap

DNPMO 0.5860 M SFC 00740713 APX Y

Doxycycline 100mg Cap

DNPMO 0.5860 M SFC 02351234 SAS Y

Novo-Doxylin 100mg Cap

DNPMO 0.5860 M SFC 00725250 TEV Y

Vibramycin 100mg Cap (discontinued)

00024368 PFI Y

doxycycline 100mg tab (Vibra-tabs)

Apo-Doxy 100mg Tab

DNPMO 0.5860 M SFC 00874256 APX Y

Doxycycline 100mg Tab

DNPMO 0.5860 M SFC 02351242 SAS Y

Novo-Doxylin 100mg Tab

DNPMO 0.5860 M SFC 02158574 TEV Y

Vibra-Tabs C-Pak (discontinued)

00578452 PFI Y

Doxycin 100mg Cap

00817120 RIV N

Doxycin 100mg Tab

DNPMO 0.5860 L SFC 00860751 RIV N

J01AA07 TETRACYCLINE

tetracycline 250mg cap

Tetra 250mg Cap

DNPO 0.0837 M SFC 00580929 AAP Y

Tetracyn 250mg Cap (discontinued)

00024422 PFI Y

J01AA08 MINOCYCLINE

minocycline HCl 50mg cap

Minocycline 50mg Cap

DNPO 0.5616 M SFC 02084090 AAP Y

Minocin 50mg Cap (discontinued)

02173514 GSK Y

minocycline HCl 100mg cap

Minocycline 100mg Cap

DNPO 1.0836 M SFC 02084104 AAP Y

Minocin 100mg Cap (discontinued)

02173506 GSK Y

J01AA12 TIGECYCLINE

Tygacil 50mg/vial Pws IV

DNP 83.4740 L E 02285401 PFI N

J01B AMPHENICOLS**J01BA AMPHENICOLS**

J01BA01 CHLORAMPHENICOL

Chloromycetin Succinate 1g/vial Inj

00312363 SLP N

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

J01CA01 AMPICILLIN

ampicillin 250mg cap

J General Antiinfectives, Systemic

Novo-Ampicillin 250mg Cap	DNPMO	0.4656	M	SFC	00020877	TEV	Y
Penbritin 250mg Cap (discontinued)					02043122	WAY	Y

ampicillin 500mg cap

Novo-Ampicillin 500mg Cap	DNPMO	0.8826	M	SFC	00020885	TEV	Y
Penbritin 500mg Cap (discontinued)					02043130	WAY	Y

Novo-Ampicillin 500mg Inj					00872652	TEV	N
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J01CA04 AMOXICILLIN

amoxicillin 25mg/mL susp

Apo-Amoxi 125mg Susp	DNPO	0.0247	M	SFC	00628131	APX	Y
JAMP-Amoxicillin 125mg/5mL Susp	DNPO	0.0247	M	SFC	02535793	JPC	Y
Amoxil 25mg/mL Susp (discontinued)					02041316	WAY	Y

amoxicillin 50mg/mL susp

Amoxicillin 250mg Susp	DNPO	0.0540	M	SFC	02352753	SAS	Y
Amoxicillin Sugar Reduced 50mg/mL O/L	DNPO	0.0540	M	SFC	02352788	SAS	Y
Amoxicillin-250mg/5mL Susp	DNPO	0.0540	M	SFC	02401541	SIV	Y
Apo-Amoxi 250mg Susp	DNPO	0.0540	M	SFC	00628158	APX	Y
JAMP-Amoxicillin 250mg/5mL Susp	DNPO	0.0540	M	SFC	02535815	JPC	Y
Novamoxin 250mg Susp	DNPO	0.0540	M	SFC	00452130	TEV	Y
Novamoxin Sugar Reduced 50mg/mL O/L	DNPO	0.0540	M	SFC	01934163	TEV	Y
Amoxil 50mg/mL Susp (discontinued)					02042592	WAY	Y

amoxicillin 250mg cap

Amoxicillin 250mg Cap	DNPO	0.0672	M	SFC	02525348	SAS	Y
Apo-Amoxi 250mg Cap	DNPO	0.0672	M	SFC	00628115	APX	Y
Auro-Amoxicillin 250mg Cap	DNPO	0.0672	M	SFC	02388073	ARO	Y
Jamp-Amoxicillin 250mg Cap	DNPO	0.0672	M	SFC	02433060	JPC	Y
Novamoxin 250mg Cap	DNPO	0.0672	M	SFC	00406724	TEV	Y
Amoxil 250mg Cap (discontinued)					02041294	WAY	Y

amoxicillin 250mg chewable tab

Novamoxin 250mg Chewtab	DNPO	0.8282	M	SFC	02036355	TEV	Y
Amoxil 250mg Chewtab (discontinued)					02041286	WAY	Y

amoxicillin 500mg cap

Amoxicillin 500mg Cap	DNPO	0.1308	M	SFC	02401509	SIV	Y
Amoxicillin 500mg Cap	DNPO	0.1308	M	SFC	02525356	SAS	Y
Apo-Amoxi 500mg Cap	DNPO	0.1308	M	SFC	00628123	APX	Y
Auro-Amoxicillin 500mg Cap	DNPO	0.1308	M	SFC	02388081	ARO	Y
Jamp-Amoxicillin 500mg Cap	DNPO	0.1308	M	SFC	02433079	JPC	Y
Novamoxin 500mg Cap	DNPO	0.1308	M	SFC	00406716	TEV	Y
pms-Amoxicillin 500mg Cap					02230244	PMS	Y
Amoxil 500mg Cap (discontinued)					02041308	WAY	Y

J01CE BETA-LACTAMASE SENSITIVE PENICILLINS

J01CE02 PHENOXYMETHYLPENICILLIN (PENICILLIN V)

penicillin V potassium 300mg tab

Pen VK 300mg Tab	DNPO	0.2340	M	SFC	00642215	AAP	Y
PVF K 300mg Tab (discontinued)					00248843	FRS	Y

J01CF BETA-LACTAMASE RESISTANT PENICILLINS

J General Antiinfectives, Systemic

J01CF02 CLOXACILLIN

cloxacillin 25mg/mL o/l

Novo-Cloxin 125mg/5mL Susp	DNPMO	0.2419	M	SFC	00337757	TEV	Y
Orbenin 125mg/5mL Susp (discontinued)					02042975	WAY	Y

cloxacillin 250mg cap

JAMP Cloxacillin 250mg Cap	DNPMO	0.2141	M	SFC	02510731	JPC	Y
Novo-Cloxin 250mg Cap	DNPMO	0.2141	M	SFC	00337765	TEV	Y
Orbenin 250mg Cap (discontinued)					02042924	WAY	Y

cloxacillin 500mg cap

JAMP Cloxacillin 500mg Cap	DNPMO	0.4045	M	SFC	02510758	JPC	Y
Novo-Cloxin 500mg Cap	DNPMO	0.4045	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	DNPMO	0.1145	L	SFC	01916882	GSK	N
Clavulin-200 (200mg/5mL) Susp	DNPMO	0.1789	L	SFC	02238831	GSK	N

amoxicillin & clavulanic acid 250mg/125mg tab

Apo-Amoxi Clav 250mg Tab	DNPMO	0.4934	M	SFC	02243350	APX	Y
JAMP Amoxi Clav 250mg/125mg Tab	DNPMO	0.4934	M	SFC	02508249	JPC	Y
Clavulin-250 (250mg) Tab (discontinued)					01916866	GSK	Y

amoxicillin & clavulanic acid 250mg/62.5mg/5mL susp

M-Amoxi Clav 250mg/62.5mg/5mL Susp	DNPMO	0.1824	M	SFC	02542226	MRA	Y
Clavulin-250F (250mg/62.5mg/5mL) Susp	DNPMO	0.1824	M	SFC	01916874	GSK	Y

amoxicillin & clavulanic acid 400mg/57mg/5mL susp

M-Amoxi Clav 400mg/57mg/5mL Susp	DNPMO	0.2386	M	SFC	02530694	MRA	Y
Clavulin-400 (400mg/57mg/5mL) Susp	DNPMO	0.2386	M	SFC	02238830	GSK	Y

amoxicillin & clavulanic acid 500mg/125mg tab

Amoxicillin/Clav 500mg/125mg Tab	DNPMO	0.3778	M	SFC	02536021	SAS	Y
Apo-Amoxi Clav 500mg Tab	DNPMO	0.3778	M	SFC	02243351	APX	Y
JAMP Amoxi Clav 500mg/125mg Tab	DNPMO	0.3778	M	SFC	02508257	JPC	Y
Sandoz Amoxi-Clav 500mg/125mg Tab	DNPMO	0.3778	M	SFC	02482576	SDZ	Y
Clavulin-500F (500mg) Tab (discontinued)					01916858	GSK	Y

amoxicillin & clavulanic acid 875mg/125mg tab

Amoxicillin/Clav 875mg/125mg Tab	DNPMO	0.5551	M	SFC	02536048	SAS	Y
Apo-Amoxi Clav 875mg Tab	DNPMO	0.5551	M	SFC	02245623	APX	Y
JAMP Amoxi Clav 875mg/125mg Tab	DNPMO	0.5551	M	SFC	02508265	JPC	Y
Sandoz Amoxi-Clav 875mg/125mg Tab	DNPMO	0.5551	M	SFC	02482584	SDZ	Y
Clavulin-875 (875mg) Tab (discontinued)					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					02308444	APX	Y
Piperacillin & Tazobactam 2g/0.25g Vial Inj					02362619	STR	Y
Tazocin 2g/vial Inj (discontinued)					02170817	PFI	Y

piperacillin sodium & enzyme inhibitor 3g/0.375g vial inj

J General Antiinfectives, Systemic

Piperacillin & Tazobactam 3g/0.375g Vial Inj	02362627	STR	Y
Piperacillin & Tazobactam 3g/0.375g Vial Inj	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	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

Auro-Cephalexin 125mg/5mL Susp	DNPMO	0.1535	M	SFC	02497743	ARO	Y
JAMP Cephalexin 125mg/5mL Susp	DNPMO	0.1535	M	SFC	02528436	JPC	Y
Lupin-Cephalexin 125mg/5mL Susp	DNPMO	0.1535	M	SFC	02469170	LUP	Y
Novo-Lexin 125mg/5mL Susp	DNPMO	0.1535	M	SFC	00342106	TEV	Y
Keflex 125mg/5mL Susp (discontinued)					00015547	PDP	Y

cephalexin monohydrate 250mg tab

Apo-Cephalex 250mg Tab	DNPMO	0.0866	M	SFC	00768723	APX	Y
Auro-Cephalexin 250mg Tab	DNPMO	0.0866	M	SFC	02470578	ARO	Y
Cephalexin 250mg Tab	DNPMO	0.0866	M	SFC	02521253	SAS	Y
JAMP Cephalexin 250mg Tab	DNPMO	0.0866	M	SFC	02494698	JPC	Y
Novo-Lexin 250mg Tab	DNPMO	0.0866	M	SFC	00583413	TEV	Y
Keflex 250mg Tab (discontinued)					00403628	PDP	Y
Novo-Lexin 250mg Cap	DNPMO	0.4440	L	SFC	00342084	TEV	N

cephalexin monohydrate 50mg o/l

Auro-Cephalexin 250mg/5mL Susp	DNPMO	0.2573	M	SFC	02497751	ARO	Y
JAMP Cephalexin 250mg/5mL Susp	DNPMO	0.2573	M	SFC	02528444	JPC	Y
Lupin-Cephalexin 250mg/5mL Susp	DNPMO	0.2573	M	SFC	02469189	LUP	Y
Novo-Lexin 250mg/5mL Susp	DNPMO	0.2573	M	SFC	00342092	TEV	Y
Keflex 250mg/5mL Susp (discontinued)					00035645	PDP	Y

cephalexin monohydrate 500mg tab

Apo-Cephalex 500mg Tab	DNPMO	0.1731	M	SFC	00768715	APX	Y
Auro-Cephalexin 500mg Tab	DNPMO	0.1731	M	SFC	02470586	ARO	Y
Cephalexin 500mg Tab	DNPMO	0.1731	M	SFC	02495651	SIV	Y
Cephalexin 500mg Tab	DNPMO	0.1731	M	SFC	02521261	SAS	Y
JAMP Cephalexin 500mg Tab	DNPMO	0.1731	M	SFC	02494701	JPC	Y
Novo-Lexin 500mg Tab	DNPMO	0.1731	M	SFC	00583421	TEV	Y
Keflex 500mg Tab (discontinued)					00244392	PDP	Y
Novo-Lexin 500mg Cap	DNPMO	0.8396	L	SFC	00342114	TEV	N

J01DB04 CEFAZOLIN

cefazolin sodium 1g/vial inj

Cefazolin 1g/vial Inj	DNPM	2.6961	M	SFC	02465469	STR	Y
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J General Antiinfectives, Systemic

Cefazolin Sodium 1g/vial Inj	DNPM	2.6961	M	SFC	02308959	SDZ	Y
Cefazolin Sodium 1g/vial Inj	DNPM	2.6961	M	SFC	02108127	TEV	Y
Cefazolin Sodium 1g/vial Inj (discontinued)					02297205	APX	Y
cefazolin sodium 10g/vial inj							
Cefazolin 10g/vial Inj					02465477	STR	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	02308932	SDZ	Y
Cefazolin Sodium 500mg/vial Inj	DNPM	4.0000	M	SFC	02108119	TEV	Y

J01DB05 CEFADROXIL

cefadroxil 500mg cap							
Apo-Cefadroxil 500mg Cap	DNPO	0.8421	M	SFC	02240774	APX	Y
Novo-Cefadroxil 500mg Cap	DNPO	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	DNPO	0.1794	L	SFC	02212307	SDZ	N
cefuroxime axetil 250mg tab							
Apo-Cefuroxime 250mg Tab	DNPO	0.8388	M	SFC	02244393	APX	Y
Auro-Cefuroxime 250mg Tab	DNPO	0.8388	M	SFC	02344823	ARO	Y
Ceftin 250mg Tab (discontinued)					02212277	GSK	Y
cefuroxime axetil 500mg tab							
Apo-Cefuroxime 500mg Tab	DNPO	1.6616	M	SFC	02244394	APX	Y
Auro-Cefuroxime 500mg Tab	DNPO	1.6616	M	SFC	02344831	ARO	Y
Ceftin 500mg Tab (discontinued)					02212285	GSK	Y

J01DC10 CEFPROZIL

cefprozil 25mg/mL o/l							
RAN-Cefprozil 125mg/5mL O/L	DNPO	0.1716	M	SFC	02329204	RAN	Y
Cefzil 125mg/5mL O/L (discontinued)					02163675	BRI	Y
cefprozil 250mg tab							
RAN-Cefprozil 250mg Tab	DNPO	1.7374	M	SFC	02293528	RAN	Y
Cefzil 250mg Tab (discontinued)					02163659	BRI	Y
cefprozil 50mg/mL o/l							
RAN-Cefprozil 250mg/5mL O/L	DNPO	0.3427	M	SFC	02293579	RAN	Y
Cefzil 250mg/5mL O/L (discontinued)					02163683	BRI	Y
cefprozil 500mg tab							
Auro-Cefprozil 500mg Tab	DNPO	2.0038	M	SFC	02347253	ARO	Y
RAN-Cefprozil 500mg Tab	DNPO	2.0038	M	SFC	02293536	RAN	Y
Cefzil 500mg Tab (discontinued)					02163667	BRI	Y

J01DD THIRD GENERATION CEPHALOSPORINS

J01DD01 CEFOTAXIME

cefotaxime 1g/vial inj

J General Antiinfectives, Systemic

	Cefotaxime Sodium 1g/vial Inj					02434091	STR	Y
	Claforan 1g/vial Inj (discontinued)					02225093	SAV	Y
	cefotaxime 2g/vial inj							
	Cefotaxime Sodium 2g/vial Inj					02434105	STR	Y
	Claforan 2g/vial Inj (discontinued)					02225107	SAV	Y
J01DD02	CEFTAZIDIME							
	Ceftazidime 1g/vial Pws Inj	DNP	18.8500	L	SFC	02437848	STR	N
	Ceftazidime 2g/vial Pws Inj	DNP	37.1000	L	SFC	02437856	STR	N
	Ceftazidime 6g/vial Pws Inj	DNP	111.2900	L	SFC	02437864	STR	N
J01DD04	CEFTRIAZONE							
	ceftriaxone 0.25g/vial inj							
	Ceftriaxone Sodium 0.25g/vial Inj	DNP	5.6430	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	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	34.4850	M	SFC	02292289	SDZ	Y
	Ceftriaxone Sodium 2g/vial Inj	DNP	34.4850	M	SFC	02325624	STR	Y
	Rocephin 2g/vial Inj (discontinued)					00657409	HLR	Y
	ceftriaxone 10g/vial inj							
	Ceftriaxone Sodium 10g/vial Inj					02325632	STR	Y
	Rocephin 10g/vial Inj (discontinued)					00851957	HLR	Y
J01DD08	CEFIXIME							
	cefixime 100mg/5mL susp							
	Auro-Cefixime 100mg/5mL Susp	DNPO	0.3899	M	SFC	02468689	ARO	Y
	Suprax 100mg/5mL Susp	DNPO	0.3899	M	SFC	00868965	ODN	Y
	cefixime 400mg tab							
	Auro-Cefixime 400mg Tab	DNPO	3.0796	M	SFC	02432773	ARO	Y
	Suprax 400mg Tab	DNPO	3.0796	M	SFC	00868981	ODN	Y
J01DE	FOURTH GENERATION 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							

J General Antiinfectives, Systemic

J01DH02 MEROPENEM

meropenem 500mg/vial inj

Meropenem 500mg/vial Inj					02378787	SDZ	Y
Meropenem 500mg/vial Inj					02493330	STR	Y
Taro-Meropenem 500mg/vial Inj					02421518	SUN	Y
Merrem 500mg/vial Inj (discontinued)					02218488	PFI	Y

meropenem 1g/vial inj

Meropenem 1g/vial Inj					02378795	SDZ	Y
Meropenem 1g/vial Inj					02493349	STR	Y
Taro-Meropenem 1g/vial Inj					02421526	SUN	Y
Merrem 1g/vial Inj (discontinued)					02218496	PFI	Y

J01E SULFONAMIDES AND TRIMETHOPRIM**J01EA TRIMETHOPRIM AND DERIVATIVES**

J01EA01 TRIMETHOPRIM

trimethoprim 100mg tab

Trimethoprim 100mg Tab	DNPMO	0.3270	M	SFC	02243116	AAP	Y
Proloprim 100mg Tab (discontinued)					00675229	GSK	Y

trimethoprim 200mg tab

Trimethoprim 200mg Tab	DNPMO	0.6721	M	SFC	02243117	AAP	Y
Proloprim 200mg Tab (discontinued)					00677590	GSK	Y

J01EE COMBINATIONS OF SULFONAMIDES AND TRIMETHOPRIM, INCL. DERIVATIVES

J01EE01 SULFAMETHOXAZOLE AND TRIMETHOPRIM

sulfamethoxazole 40mg & trimethoprim 8mg/mL o/l

Novo-Trimel 40/8mg Susp	DNPMO	0.2100	M	SFC	00726540	TEV	Y
Septra 40/8mg Susp (discontinued)					00270644	GSK	Y

Sulfatrim 100/20mg Pediatric Tab

DNPMO	0.1026	L	SFC	00445266	AAP	N
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sulfamethoxazole 400mg & trimethoprim 80mg tab

Novo-Trimel 400/80mg Tab	DNPMO	0.0482	M	SFC	00510637	TEV	Y
Sulfatrim 400/80mg Tab	DNPMO	0.0482	M	SFC	00445274	AAP	Y
Septra 400/80mg Tab (discontinued)					00270636	GSK	Y

sulfamethoxazole 800mg & trimethoprim 160mg tab

Sulfatrim DS 800/160mg Tab	DNPMO	0.2074	M	SFC	00445282	AAP	Y
Septra 800/160mg Tab (discontinued)					00368040	GSK	Y

J01F MACROLIDES,LINCOSAMIDES & STREPTOGRAMINS**J01FA MACROLIDES**

J01FA01 ERYTHROMYCIN

Erythro Base 250mg Tab	DNPMO	0.2112	L	SFC	00682020	AAP	N
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J01FA02 SPIRAMYCIN

Rovamycine 250mg Cap	DNPO	1.4729	L	SFC	01927825	ODN	N
Rovamycine 500mg Cap	DNPO	2.8799	L	SFC	01927817	ODN	N

J General Antiinfectives, Systemic

J01FA09 CLARITHROMYCIN

clarithromycin 25mg/mL o/l

Taro-Clarithromycin 125mg/5mL O/L	DNPO	0.2388	M	SFC	02390442	TAR	Y
Biaxin 125mg/5mL O/L	DNPO	0.2388	M	SFC	02146908	BGP	Y

clarithromycin 250mg tab

Apo-Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02274744	APX	Y
Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02466120	SAS	Y
Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02442469	SIV	Y
pms-Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02247573	PMS	Y
RAN-Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02361426	RAN	Y
Sandoz Clarithromycin 250mg Tab	DNPO	0.4122	M	SFC	02266539	SDZ	Y
Biaxin BID 250mg Tab	DNPO	0.4122	M	SFC	01984853	BGP	Y

clarithromycin 50mg/mL o/l

Taro-Clarithromycin 250mg/5mL O/L	DNPO	0.4685	M	SFC	02390450	TAR	Y
Biaxin 250mg/5mL O/L	DNPO	0.4685	M	SFC	02244641	BGP	Y

clarithromycin 500mg XL tab

ACT-Clarithromycin XL 500mg Tab	DNPO	1.2572	M	SFC	02403196	ATV	Y
Apo-Clarithromycin XL 500mg Tab	DNPO	1.2572	M	SFC	02413345	APX	Y
Biaxin XL 500mg Tab (discontinued)					02244756	BGP	Y

clarithromycin 500mg tab

Apo-Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02274752	APX	Y
Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02466139	SAS	Y
Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02442485	SIV	Y
M-Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02471396	MRA	Y
pms-Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02247574	PMS	Y
RAN-Carithromycin 500mg Tab	DNPO	0.8318	M	SFC	02361434	RAN	Y
Sandoz Clarithromycin 500mg Tab	DNPO	0.8318	M	SFC	02266547	SDZ	Y
Biaxin BID 500mg Tab	DNPO	0.8318	M	SFC	02126710	BGP	Y

J01FA10 AZITHROMYCIN

azithromycin pos 20mg/mL susp

Auro-Azithromycin 100mg/5mL Susp	DNPMO	0.5881	M	E	02482363	ARO	Y
Azithromycin POS 100mg/5mL Susp	DNPMO	0.5881	M	E	02332388	SDZ	Y
Zithromax POS 100mg/5mL Susp	DNPMO	0.5881	M	E	02223716	PFI	Y

azithromycin pos 40mg/mL susp

Auro-Azithromycin 200mg/5mL Susp	DNPMO	0.8330	M	E	02482371	ARO	Y
Azithromycin POS 200mg/5mL Susp	DNPMO	0.8330	M	E	02332396	SDZ	Y
Zithromax POS 200mg/5mL Susp	DNPMO	0.8330	M	E	02223724	PFI	Y

azithromycin 250mg tab

Apo-Azithromycin Z 250mg Tab	DNPMO	0.9410	M	E	02415542	APX	Y
Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02330881	SAS	Y
Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02442434	SIV	Y
Jamp-Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02452308	JPC	Y
M-Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02502038	MRA	Y
Mar-Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02452324	MAR	Y
Novo-Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02267845	TEV	Y
pms-Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02261634	PMS	Y

J General Antiinfectives, Systemic

Sandoz Azithromycin 250mg Tab	DNPMO	0.9410	M	E	02265826	SDZ	Y
Zithromax 250mg Tab	DNPMO	0.9410	M	E	02212021	PFI	Y
Zithromax 500mg/vial Inj					02239952	PFI	N
azithromycin 600mg tab							
pms-Azithromycin 600mg Tab	DNPMO	10.6652	M	E	02261642	PMS	Y
Zithromax 600mg Tab (discontinued)					02231143	PFI	Y

J01FF LINCOSAMIDES

J01FF01 CLINDAMYCIN

Dalacin C 75mg/5mL Granules	DNPMO	0.3152	L	SFC	00225851	PFI	N
clindamycin 150mg cap							
Auro-Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02436906	ARO	Y
Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02400529	SAS	Y
Jamp-Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02483734	JPC	Y
M-Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02479923	MRA	Y
NRA-Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02493748	NRA	Y
Teva-Clindamycin 150mg Cap	DNPMO	0.2353	M	SFC	02241709	TEV	Y
Dalacin C 150mg Cap	DNPMO	0.2353	M	SFC	00030570	PFI	Y
clindamycin 150mg/mL (bulk) inj							
Clindamycin 150mg/mL Inj	DNPM	3.9690	M	SFC	02230535	SDZ	Y
Dalacin C Phos 150mg/mL Inj	DNPM	3.9690	M	SFC	00260436	PFI	Y
clindamycin 150mg/mL inj							
Clindamycin 150mg/mL Inj	DNPM	3.9690	M	SFC	02230540	SDZ	Y
Dalacin C Phos 150mg/mL Inj	DNPM	3.9690	M	SFC	00260436	PFI	Y
clindamycin 300mg cap							
Auro-Clindamycin 300mg Cap	DNPMO	0.4706	M	SFC	02436914	ARO	Y
Clindamycin 300mg Cap	DNPMO	0.4706	M	SFC	02400537	SAS	Y
Jamp-Clindamycin 300mg Cap	DNPMO	0.4706	M	SFC	02483742	JPC	Y
M-Clindamycin 3000mg Cap	DNPMO	0.4706	M	SFC	02479931	MRA	Y
Novo-Clindamycin 300mg Cap	DNPMO	0.4706	M	SFC	02241710	TEV	Y
NRA-Clindamycin 300mg Cap	DNPMO	0.4706	M	SFC	02493756	NRA	Y
Dalacin C 300mg Cap	DNPMO	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	BGP	N
tobramycin 40mg/mL inj							
Tobramycin 40mg/mL Inj	DNP	1.5750	M	SFC	02502372	STR	Y
Tobramycin 40mg/mL Inj	DNP	1.5750	M	SFC	02241210	SDZ	Y
Nebcin 40mg/mL Inj (discontinued)					00325449	LIL	Y
tobramycin 300mg/5mL inh sol							

J General Antiinfectives, Systemic

	Teva-Tobramycin 60mg/mL (300mg/5mL) Sol					02389622	TEV	Y
	TOBI 300mg/5mL Sol					02239630	BGP	Y
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
	Amikacin Sulfate 250mg/mL Inj					02529459	JPC	Y
	Amikacin Sulfate 250mg/mL Inj					02486717	OMG	Y
	Amikin 250mg/mL Inj (discontinued)					00397415	BRI	Y

J01M QUINOLONE ANTIBACTERIALS

J01MA FLOUROQUINOLONES

J01MA02	CIPROFLOXACIN							
	Cipro 100mg/mL O/L	DNPMO	0.5756	L	E	02237514	BAY	N
	ciprofloxacin 250mg tab							
	Auro-Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02381907	ARO	Y
	Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02353318	SAS	Y
	Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02386119	SIV	Y
	CO Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02247339	ATV	Y
	Jamp-Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02380358	JPC	Y
	Mar-Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02379686	MAR	Y
	pms-Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02248437	PMS	Y
	RAN-Ciproflox 250mg Tab	DNPMO	0.4454	M	E	02303728	RAN	Y
	Sandoz Ciprofloxacin 250mg Tab	DNPMO	0.4454	M	E	02248756	SDZ	Y
	Cipro 250mg Tab (discontinued)					02155958	BAY	Y
	ciprofloxacin 500mg tab							
	Auro-Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02381923	ARO	Y
	Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02386127	SIV	Y
	Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02353326	SAS	Y
	CO Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02247340	ATV	Y
	Jamp-Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02380366	JPC	Y
	Mar-Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02379694	MAR	Y
	MINT-Ciproflox 500mg Tab	DNPMO	0.5025	M	E	02423561	MNT	Y
	pms-Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02248438	PMS	Y
	RAN-Ciproflox 500mg Tab	DNPMO	0.5025	M	E	02303736	RAN	Y
	Sandoz Ciprofloxacin 500mg Tab	DNPMO	0.5025	M	E	02248757	SDZ	Y
	Cipro 500mg Tab (discontinued)					02155966	BAY	Y
	ciprofloxacin XL 500mg tab							
	pms-Ciprofloxacin XL 500mg Tab					02416433	PMS	Y
	Cipro XL 500mg Tab (discontinued)					02247916	BAY	Y
	ciprofloxacin 750mg tab							
	CO Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02247341	ATV	Y

J General Antiinfectives, Systemic

	Jamp-Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02380374	JPC	Y
	Mar-Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02379708	MAR	Y
	pms-Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02248439	PMS	Y
	RAN-Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02303744	RAN	Y
	Sandoz Ciprofloxacin 750mg Tab	DNPMO	0.9201	M	E	02248758	SDZ	Y
	Cipro 750mg Tab (discontinued)					02155974	BAY	Y
J01MA06	NORFLOXACIN							
	norfloxacin 400mg tab							
	Norfloxacin 400mg Tab	DNPO	1.8586	M	E	02229524	AAP	Y
	Noroxin 400mg Tab (discontinued)					00643025	FRS	Y
J01MA12	LEVOFLOXACIN							
	Quinsair 240mg/2.4mL Inh Sol					02442302	HRZ	N
	levofloxacin 250mg tab							
	ACT Levofloxacin 250mg Tab	DNP	1.3241	M	E	02315424	TEV	Y
	Apo-Levofloxacin 250mg Tab	DNP	1.3241	M	E	02284707	APX	Y
	MINT-Levofloxacin 250mg Tab	DNP	1.3241	M	E	02505797	MNT	Y
	Sandoz Levofloxacin 250mg Tab	DNP	1.3241	M	E	02298635	SDZ	Y
	Levaquin 250mg Tab (discontinued)					02236841	JAN	Y
	levofloxacin 500mg tab							
	ACT Levofloxacin 500mg Tab	DNP	1.5089	M	E	02315432	TEV	Y
	Apo-Levofloxacin 500mg Tab	DNP	1.5089	M	E	02284715	APX	Y
	MINT-Levofloxacin 500mg Tab	DNP	1.5089	M	E	02505819	MNT	Y
	Sandoz Levofloxacin 500mg Tab	DNP	1.5089	M	E	02298643	SDZ	Y
	Levaquin 500mg Tab (discontinued)					02236842	JAN	Y
	levofloxacin 750mg tab							
	ACT Levofloxacin 750mg Tab					02315440	TEV	Y
	Apo-Levofloxacin 750mg Tab					02325942	APX	Y
	MINT-Levofloxacin 750mg Tab					02505800	MNT	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	02447061	JPC	Y
	Jamp-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02443929	JPC	Y
	Mar-Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02447053	MAR	Y
	Moxifloxacin 400mg Tab	DNP	1.5230	M	E	02520710	SAS	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 (discontinued)					02242965	BAY	Y

J01X OTHER ANTIBACTERIALS

J01XA GLYCOPEPTIDE ANTIBACTERIALS

J01XA01 VANCOMYCIN

J General Antiinfectives, Systemic

vancomycin 125mg cap

Jamp-Vancomycin 125mg Cap	DNPMO	5.1800	M	SFC	02407744	JPC	Y
Vancocin 125mg Cap	DNPMO	5.1800	M	SFC	00800430	SLP	Y

vancomycin 250mg cap

Jamp-Vancomycin 250mg Cap					02407752	JPC	Y
Vancocin 250mg Cap					00788716	SLP	Y

vancomycin 500mg vial inj

Vancomycin HCl 500mg/vial Inj	DNPM	9.8669	M	SFC	02394626	SDZ	Y
Vancomycin Hydrochloride 500mg/vial Inj	DNPM	9.8669	M	SFC	02502593	JPC	Y
Vancomycin 500mg/vial Inj	DNPM	9.8669	M	SFC	02139375	FKB	Y

vancomycin HCl 500mg/vial inj

Val-Vancomycin 500mg/vial Inj	DNPM	9.8669	M	SFC	02342855	VLN	Y
Sterile Vancomycin HCl 500mg/vial Inj (discontinued)					02230191	PFI	Y

vancomycin 1g vial inj

Vancomycin HCl 1g/vial Inj	DNPM	18.7810	M	SFC	02394634	SDZ	Y
Vancomycin Hydrochloride 1g/vial Inj	DNPM	18.7810	M	SFC	02502607	JPC	Y
Vancomycin 1g/vial Inj	DNPM	18.7810	M	SFC	02139383	FKB	Y

vancomycin HCl 1g/vial inj

Val-Vancomycin 1000mg/vial Inj	DNPM	18.7810	M	SFC	02342863	VLN	Y
Sterile Vancomycin HCl 1g/vial Inj (discontinued)					02230192	PFI	Y

J01XA04 DALBAVANCIN

Xydalba 500mg Vial	DNP	957.1700	L	E	02480522	PAL	N
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J01XD IMIDAZOLE DERIVATIVES

J01XD01 METRONIDAZOLE

Metronidazole 5mg/mL Inj					00649074	PFI	N
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J01XE NITROFURAN DERIVATIVES

J01XE01 NITROFURANTOIN

nitrofurantoin 50mg cap

Teva-Nitrofurantoin 50mg Cap	DNPM	0.4476	M	SFC	02231015	TEV	Y
Macrochantin 50mg Cap (discontinued)					01997637	PGA	Y

Nitrofurantoin 50mg Tab

DNPM	0.2027	L	SFC	00319511	AAP	N
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nitrofurantoin 100mg cap (Macrobid)

pms-Nitrofurantoin 100mg Cap	DNPM	0.5974	M	SFC	02455676	PMS	Y
Macrobid 100mg Cap (discontinued)					02063662	ALL	Y

nitrofurantoin 100mg cap (Macrochantin)

Teva-Nitrofurantoin 100mg Cap					02231016	TEV	Y
Macrochantin 100mg Cap (discontinued)					01997645	PGA	Y

Nitrofurantoin 100mg Tab

					00312738	AAP	N
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J01XX OTHER ANTIBACTERIALS

J01XX01 FOSFOMYCIN

fosfomycin 3g/pack

Jamp-Fosfomycin 3g Sachet	DNP	4.6750	M	E	02473801	JPC	Y
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J General Antiinfectives, Systemic

	Monurol 3g Sachet	DNP	4.6750	M	E	02240335	PAL	Y
J01XX05	METHENAMINE							
	Mandelamine 500mg Tab	DNP	0.5100	L	SFC	00499013	SLP	N
J01XX08	LINEZOLID							
	linezolid 600mg tab							
	Apo-Linezolid 600mg Tab	DNP	19.3041	M	E	02426552	APX	Y
	JAMP Linezolid 600mg Tab	DNP	19.3041	M	E	02520354	JPC	Y
	Sandoz Linezolid 600mg Tab	DNP	19.3041	M	E	02422689	SDZ	Y
	Zyvoxam 600mg Tab (discontinued)					02243684	PFI	Y
J01XX09	DAPTOMYCIN							
	daptomycin 500mg pws for sol							
	Daptomycin 500mg/vial Pws for Sol					02490463	RCH	Y
	Daptomycin 500mg/vial Pws for Sol					02490838	SDZ	Y
	Cubicin 500mg/vial Pws for Sol					02299909	SNV	Y
	Cubicin RF 500mg/10mL Pws IV	DNP	161.0000	L	E	02465493	SNV	N

J01**J01D OTHER BETA-LACTAM ANTIBACTERIALS****J01DI OTHER CEPHALOSPORINS AND PENEMS**

J01DI54 CEFTOLOZANE AND BETA-LACTAMASE INHIBITOR

	Zerbaxa 1g/0.5g/vial Inj	DNP	149.4750	L	E	02446901	FRS	N
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J02 ANTIMYCOTICS FOR SYSTEMIC USE**J02A ANTIMYCOTICS FOR SYSTEMIC USE****J02AA ANTIBIOTICS**

J02AA01 AMPHOTERICIN

	AmBisome 50mg/vial Inj	DNP	121.0000	L	SFC	02241630	ASL	N
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	Fungizone 50mg/vial Inj	DNP	93.2800	L	SFC	00029149	XPI	N
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J02AB IMIDAZOLE DERIVATIVES

J02AB02 KETOCONAZOLE

ketoconazole 200mg tab

	Apo-Ketoconazole 200mg Tab	DNPO	0.9393	M	SFC	02237235	APX	Y
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	Novo-Ketoconazole 200mg Tab	DNPO	0.9393	M	SFC	02231061	TEV	Y
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	Nizoral 200mg Tab (discontinued)					00633836	JNJ	Y
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J02AC TRIAZOLE DERIVATIVES

J02AC01 FLUCONAZOLE

fluconazole 2mg/mL inj

	Fluconazole 2mg/mL Vial Inj					02388448	SDZ	Y
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	Diflucan 2mg/mL Inj					00891835	PFI	Y
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	Diflucan POS 10mg/mL	DNPO	1.2606	L	E	02024152	PFI	N
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J General Antiinfectives, Systemic

fluconazole 50mg tab

ACT Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02281260	ATV	Y
Apo-Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02237370	APX	Y
Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02534886	SIV	Y
Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02517396	SAS	Y
MYLAN-Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02245292	MYL	Y
Novo-Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02236978	TEV	Y
pms-Fluconazole 50mg Tab	DNPO	1.2904	M	SFC	02245643	PMS	Y
Diflucan 50mg Tab (discontinued)					00891800	PFI	Y

fluconazole 100mg tab

ACT Fluconazole 100mg Tab	DNPO	2.2891	M	SFC	02281279	ATV	Y
Apo-Fluconazole 100mg Tab	DNPO	2.2891	M	SFC	02237371	APX	Y
Fluconazole 100mg Tag	DNPO	2.2891	M	SFC	02517418	SAS	Y
Fluconazole 100mg Tag	DNPO	2.2891	M	SFC	02534894	SIV	Y
MYLAN-Fluconazole 100mg Tab	DNPO	2.2891	M	SFC	02245293	MYL	Y
Novo-Fluconazole 100mg Tab	DNPO	2.2891	M	SFC	02236979	TEV	Y
pms-Fluconazole 100mg Tab	DNPO	2.2891	M	SFC	02245644	PMS	Y
Diflucan 100mg Tab (discontinued)					00891819	PFI	Y

fluconazole 150mg cap

Apo-Fluconazole 150mg Cap	DNPO	5.0518	M	SFC	02241895	APX	Y
Diflucan 150mg Cap (discontinued)					02141442	PFI	Y

fluconazole 150mg cap (otc)

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

J02AC02 ITRACONAZOLE

itraconazole 10mg/mL sol

Jamp Itraconazole 10mg/mL Oral sol	DNP	0.4111	M	E	02484315	JPC	Y
Odan Itraconazole 10mg/mL Oral Sol	DNP	0.4111	M	E	02495988	ODN	Y
Sporanox 10mg/mL Oral Sol (discontinued)					02231347	JAN	Y

itraconazole 100mg cap

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

J02AC03 VORICONAZOLE

voriconazole 50mg tab

JAMP Voriconazole 50mg Tab	DNP	3.3909	M	E	02525771	JPC	Y
Sandoz Voriconazole 50mg Tab	DNP	3.3909	M	E	02399245	SDZ	Y
Teva-Voriconazole 50mg Tab	DNP	3.3909	M	E	02396866	TEV	Y
Vfend 50mg Tab	DNP	3.3909	M	E	02256460	PFI	Y

voriconazole 200mg tab

JAMP Voriconazole 200mg Tab	DNP	13.2403	M	E	02525798	JPC	Y
Sandoz Voriconazole 200mg Tab	DNP	13.2403	M	E	02399253	SDZ	Y
Teva-Voriconazole 200mg Tab	DNP	13.2403	M	E	02396874	TEV	Y
Vfend 200mg Tab	DNP	13.2403	M	E	02256479	PFI	Y

J02AC04 POSACONAZOLE

J General Antiinfectives, Systemic

posaconazole 40mg/mL susp

JAMP Posaconazole 40mg/mL Susp						02530333	JPC	Y
Posanol 40mg/mL Susp						02293404	FRS	Y

posaconazole 100mg DR tab

GLN-Posaconazole 100mg DR Tab						02542021	GLM	Y
Sandoz Posaconazole 100mg DR Tab						02496259	SDZ	Y
Posanol 100mg DR Tab						02424622	FRS	Y

J02AC05 ISAVUCONAZOLE

Cresemba 100mg Cap	DNP	78.8300	L	E		02483971	AVI	N
Cresemba 200mg Vial	DNP	400.0000	L	E		02483998	AVI	N
Cresemba 200mg Vial*	DNP	400.0000	L	E		00904516	AVI	N

*use when drug cost in excess of CPhA maximum

J02AX OTHER ANTIMYCOTICS FOR SYSTEMIC USE

J02AX04 CASPOFUNGIN

Candidas 50mg/vial Pws Inj	DNP	222.0000	L	SFC		02244265	FRS	N
Candidas 70mg/vial Pws Inj	DNP	222.0000	L	SFC		02244266	FRS	N

J04 ANTIMYCOBACTERIALS

J04A DRUGS FOR TREATMENT OF TUBERCULOSIS

J04AB ANTIBIOTICS

J04AB02 RIFAMPIN (RIFAMPICIN)

Rofact 150mg Cap	DNP	0.8406	L	SFC		00393444	BSL	N
Rofact 300mg Cap	DNP	1.3232	L	SFC		00343617	BSL	N

J04AB04 RIFABUTIN

Mycobutin 150mg Cap	DNP	6.2161	L	SFC		02063786	PFI	N
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J04AC HYDRAZIDES

J04AC01 ISONIAZID

pdp-Isoniazid 300mg Tab	DNP	0.9815	L	SFC		00577804	PDP	N
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J04AK OTHER DRUGS FOR TREATMENT OF TUBERCULOSIS

J04AK02 ETHAMBUTOL

Etibi 100mg Tab	DNP	0.2523	L	SFC		00247960	BSL	N
Etibi 400mg Tab	DNP	0.7572	L	SFC		00247979	BSL	N

J04B DRUGS FOR TREATMENT OF LEPROSY

J04BA DRUGS FOR TREATMENT OF LEPROSY

J04BA02 DAPSONE

dapsone 100mg tab

Mar-Dapsone 100mg Tab	DNPO	0.7031	M	SFC		02481227	MAR	Y
Riva-Dapsone 100mg Tab	DNPO	0.7031	M	SFC		02489058	RIV	Y

J General Antiinfectives, Systemic

Dapsone 100mg Tab DNPO 0.7031 M SFC 02041510 JCB Y

J05 ANTIVIRALS FOR SYSTEMIC USE

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 DNPMO 0.3511 M SFC 02207621 APX Y

MINT-Acyclovir 200mg Tab DNPMO 0.3511 M SFC 02524708 MNT Y

MYLAN-Acyclovir 200mg Tab DNPMO 0.3511 M SFC 02242784 MYL Y

Novo-Acyclovir 200mg Tab DNPMO 0.3511 M SFC 02285959 TEV Y

Zovirax 200mg Tab (discontinued) 00634506 GSK Y

Zovirax 200mg/5mL O/L DNPMO 0.2942 L SFC 00886157 GSK N

acyclovir 400mg tab

Apo-Acyclovir 400mg Tab DNPMO 0.8890 M SFC 02207648 APX Y

MINT-Acyclovir 400mg Tab DNPMO 0.8890 M SFC 02524716 MNT Y

MYLAN-Acyclovir 400mg Tab DNPMO 0.8890 M SFC 02242463 MYL Y

Novo-Acyclovir 400mg Tab DNPMO 0.8890 M SFC 02285967 TEV Y

Zovirax 400mg Tab (discontinued) 01911627 GSK Y

acyclovir 800mg tab

Apo-Acyclovir 800mg Tab DNPMO 1.2673 M SFC 02207656 APX Y

MINT-Acyclovir 800mg Tab DNPMO 1.2673 M SFC 02524724 MNT Y

MYLAN-Acyclovir 800mg Tab DNPMO 1.2673 M SFC 02242464 MYL Y

Novo-Acyclovir 800mg Tab DNPMO 1.2673 M SFC 02285975 TEV Y

Zovirax Zostab 800mg Tab (discontinued) 01911635 GSK Y

J05AB06 GANCICLOVIR

Cytovene 500mg/vial Inj 02162695 MSD N

J05AB09 FAMCICLOVIR

famciclovir 125mg tab

Apo-Famciclovir 125mg Tab DNPO 1.5650 M SFC 02292025 APX Y

CO Famciclovir 125mg Tab DNPO 1.5650 M SFC 02305682 ATV Y

Famvir 125mg Tab DNPO 1.5650 M SFC 02229110 APU Y

famciclovir 250mg tab

Apo-Famciclovir 250mg Tab DNPO 2.1230 M SFC 02292041 APX Y

CO Famciclovir 250mg Tab DNPO 2.1230 M SFC 02305690 ATV Y

Famvir 250mg Tab DNPO 2.1230 M SFC 02229129 APU Y

famciclovir 500mg tab

Apo-Famciclovir 500mg Tab DNPO 3.8719 M SFC 02292068 APX Y

CO Famciclovir 500mg Tab DNPO 3.8719 M SFC 02305704 ATV Y

Famvir 500mg Tab DNPO 3.8719 M SFC 02177102 APU Y

J05AB11 VALACYCLOVIR

valacyclovir 500mg tab

J General Antiinfectives, Systemic

Apo-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02295822	APX	Y
Auro-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02405040	ARO	Y
JAMP Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02440598	JPC	Y
Jamp-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02441454	JPC	Y
MYLAN-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02351579	MYL	Y
pms-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02298457	PMS	Y
Sandoz Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02347091	SDZ	Y
Teva-Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02357534	TEV	Y
Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02454645	SAS	Y
Valacyclovir 500mg Tab	DNPMO	0.6198	M	SFC	02442000	SIV	Y
Valtrex 500mg Tab	DNPMO	0.6198	M	SFC	02219492	GSK	Y

valacyclovir 1000mg tab

Apo-Valacyclovir 1000mg Tab	DNPMO	1.7218	M	SFC	02354705	APX	Y
MYLAN-Valacyclovir 1000mg Tab	DNPMO	1.7218	M	SFC	02351560	MYL	Y
pms-Valacyclovir 1000mg Tab	DNPMO	1.7218	M	SFC	02381230	PMS	Y
Valacyclovir 1000mg Tab	DNPMO	1.7218	M	SFC	02519585	SAS	Y
Valtrex 1000mg Tab	DNPMO	1.7218	M	SFC	02246559	GSK	Y

J05AB14 VALGANCICLOVIR

valganciclovir 50mg/mL pws for sol

Auro-Valganciclovir 50mg/mL Pws for Sol	DNP	1.5099	M	E	02535483	ARO	Y
Valcyte 50mg/mL Pws for Sol	DNP	1.5099	M	E	02306085	XPI	Y

valganciclovir 450mg tab

Auro-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02435179	ARO	Y
MINT-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02495457	MNT	Y
Teva-Valganciclovir 450mg Tab	DNP	5.8553	M	SF	02413825	TEV	Y
Valcyte 450mg Tab	DNP	5.8553	M	SF	02245777	XPI	Y

J05AE PROTEASE INHIBITORS

J05AE03 RITONAVIR

Norvir FCT 100mg Tab					02357593	ABV	N
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J05AE07 FOSAMPRENAVIR

Telzir 50mg/mL Susp					02261553	VIV	N
Telzir 700mg Tab					02261545	VIV	N

J05AE08 ATAZANAVIR

atazanavir 150mg cap

JAMP Atazanavir 150mg Cap					02513102	JPC	Y
Mylan-Atazanavir 150mg Cap					02456877	MYL	Y
Teva-Atazanavir 150mg Cap					02443791	TEV	Y
Reyataz 150mg Cap (discontinued)					02248610	BRI	Y

atazanavir 200mg cap

JAMP Atazanavir 200mg Cap					02513110	JPC	Y
Mylan-Atazanavir 200mg Cap					02456885	MYL	Y
Teva-Atazanavir 200mg Cap					02443813	TEV	Y
Reyataz 200mg Cap					02248611	BRI	Y

atazanavir 300mg cap

J General Antiinfectives, Systemic

	JAMP Atazanavir 300mg Cap					02513129	JPC	Y
	Mylan-Atazanavir 300mg Cap					02456893	MYL	Y
	Teva-Atazanavir 300mg Cap					02443821	TEV	Y
	Reyataz 300mg Cap					02294176	BRI	Y
J05AE09	TIPRANA VIR							
	Aptivus 250mg Cap					02273322	BOE	N
J05AE10	DARUNA VIR							
	Prezista 75mg Tab (discontinued)					02338432	JAN	N
	Prezista 400mg Tab (discontinued)					02324016	JAN	N
	darunavir 600mg tab							
	Apo-Darunavir 600mg Tab					02487241	APX	Y
	Auro-Darunavir 600mg Tab					02486121	ARO	Y
	Darunavir 600mg Tab					02521342	JPC	Y
	Prezista 600mg Tab (discontinued)					02324024	JAN	Y
	darunavir 800mg tab							
	Apo-Darunavir 800mg Tab					02487268	APX	Y
	Auro-Darunavir 800mg Tab					02486148	ARO	Y
	Darunavir 800mg Tab					02521350	JPC	Y
	Prezista 800mg Tab (discontinued)					02393050	JAN	Y
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 (discontinued)					01902660	VIV	Y
J05AF05	LAMIVUDINE							
	3TC 10mg/mL O/L					02192691	VIV	N
	lamivudine 100mg tab							
	Apo-Lamivudine HBV 100mg Tab	DNP	2.6154	M	SF	02393239	APX	Y
	JAMP Lamivudine HBV 100mg Tab	DNP	2.6154	M	SF	02512467	JPC	Y
	lamivudine 150mg tab							
	Apo-Lamivudine 150mg Tab					02369052	APX	Y
	JAMP Lamivudine 150mg Tab					02507110	JPC	Y
	3TC 150mg Tab					02192683	VIV	Y
	lamivudine 300mg tab							
	Apo-Lamivudine 300mg Tab					02369060	APX	Y
	JAMP Lamivudine 300mg Tab					02507129	JPC	Y
	3TC 300mg Tab					02247825	VIV	Y
J05AF06	ABACA VIR							

J General Antiinfectives, Systemic

abacavir 300mg tab

Apo-Abacavir 300mg Tab						02396769	APX	Y
MINT-Abacavir 300mg Tab						02480956	MNT	Y
Ziagen 300mg Tab (discontinued)						02240357	VIV	Y

J05AF07 TENOFOVIR DISOPROXIL

tenofovir disoproxil fumarate 300mg tab

Apo-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02451980	APX	Y
Auro-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02460173	ARO	Y
Jamp-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02479087	JPC	Y
MINT-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02512939	MNT	Y
Mylan-Tenofovir Disoproxil 300mg Tab	DNP	4.8884	M	SF	02452634	MYL	Y
NAT-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02472511	NAT	Y
pms-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02453940	PMS	Y
Tenofovir 300mg Tab	DNP	4.8884	M	SF	02512327	SAS	Y
Tenofovir 300mg Tab	DNP	4.8884	M	SF	02523922	SIV	Y
Teva-Tenofovir 300mg Tab	DNP	4.8884	M	SF	02403889	TEV	Y
Viread 300mg Tab	DNP	4.8884	M	SF	02247128	GIL	Y

J05AF08 ADEFOVIR DIPIVOXIL

adefovir 10mg tab

AA-Adefovir 10mg Tab	DNP	20.4400	M	E	02420333	AAP	Y
Hepsera 10mg Tab (discontinued)					02247823	GIL	Y

J05AF10 ENTECAVIR

entecavir 0.5mg tab

Apo-Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02396955	APX	Y
Auro-Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02448777	ARO	Y
Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02453797	STD	Y
Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02527154	SAS	Y
Jamp-Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02467232	JPC	Y
MINT-Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02485907	MNT	Y
pms-Entecavir 0.5mg Tab	DNP	5.5000	M	SF	02430576	PMS	Y
Baraclude 0.5mg Tab	DNP	5.5000	M	SF	02282224	BRI	Y

J05AG NON-NUCLEOSIDES REVERSE TRANSCRIPTASE INHIBITORS

J05AG01 NEVIRAPINE

nevirapine 200mg tab

Auro-Nevirapine 200mg Tab						02318601	ARO	Y
Jamp Nevirapine 200mg Tab						02405776	JPC	Y
MYLAN-Nevirapine 200mg Tab						02387727	MYL	Y
Viramune 200mg Tab (discontinued)						02238748	BOE	Y

J05AG03 EFAVIRENZ

efavirenz 600mg tab

Auro-Efavirenz 600mg Tab						02418428	ARO	Y
Jamp-Efavirenz 600mg Tab						02458233	JPC	Y
MYLAN-Efavirenz 600mg Tab						02381524	MYL	Y
Teva-Efavirenz 600mg Tab						02389762	TEV	Y

J General Antiinfectives, Systemic

	Sustiva 600mg Tab (discontinued)					02246045	BRI	Y
J05AG04	ETRAVIRINE							
	Intelence 100mg Tab					02306778	JAN	N
J05AG05	RILPIVIRINE							
	Edurant 25mg Tab					02370603	JAN	N
J05AG06	DORAVIRINE							
	Pifeltro 100mg Tab					02481545	FRS	N
J05AH	NEURAMINIDASE INHIBITORS							
J05AH01	ZANAMIVIR							
	Relenza 5mg Pwr for Inhalation	DNP	9.0820	L	E	02240863	GSK	N
J05AH02	OSELTAMIVIR							
	oseltamivir 6mg/mL susp							
	NAT-Oseltamivir 6mg/mL Susp	DNP	0.2811	M	E	02499894	NAT	Y
	Tamiflu 6mg/mL Susp	DNP	0.2811	M	E	02381842	HLR	Y
	oseltamivir 30mg cap							
	Jamp Oseltamivir 30mg Cap	DNP	0.5243	M	E	02497409	JPC	Y
	Mar-Oseltamivir 30mg Cap	DNP	0.5243	M	E	02497352	MAR	Y
	MINT-Oseltamivir 30mg Cap	DNP	0.5243	M	E	02497441	MNT	Y
	NAT-Oseltamivir 30mg Cap	DNP	0.5243	M	E	02472635	NAT	Y
	Oseltamivir 30mg Cap	DNP	0.5243	M	E	02504006	STD	Y
	Tamiflu 30mg Cap	DNP	0.5243	M	E	02304848	HLR	Y
	oseltamivir 45mg cap							
	NAT-Oseltamivir 45mg Cap	DNP	1.6135	M	E	02472643	NAT	Y
	Oseltamivir 45mg Cap	DNP	1.6135	M	E	02504014	STD	Y
	Tamiflu 45mg Cap	DNP	1.6135	M	E	02304856	HLR	Y
	oseltamivir 75mg cap							
	Jamp Oseltamivir 75mg Cap	DNP	1.0393	M	E	02497425	JPC	Y
	Mar-Oseltamivir 75mg Cap	DNP	1.0393	M	E	02497379	MAR	Y
	MINT-Oseltamivir 75mg Cap	DNP	1.0393	M	E	02497476	MNT	Y
	NAT-Oseltamivir 75mg Cap	DNP	1.0393	M	E	02457989	NAT	Y
	Oseltamivir 75mg Cap	DNP	1.0393	M	E	02504022	STD	Y
	Tamiflu 75mg Cap	DNP	1.0393	M	E	02241472	HLR	Y
J05AJ	INTEGRASE INHIBITORS							
J05AJ01	RALTEGRAVIR							
	Isentress 400mg Tab					02301881	FRS	N
J05AJ03	DOLUTEGRAVIR							
	Tivicay 50mg Tab					02414945	VIV	N
J05AJ04	CABOTEGRAVIR							
	Vocabria 30mg Tab					02497204	VIV	N
J05AP	ANTIVIRALS FOR TREATMENT OF HCV INFECTIONS							

J General Antiinfectives, Systemic

J05AP08	SOFOSBUVIR								
	Sovaldi 400mg Tab	DNP	654.7618	L	E	02418355	GIL	N	
	Sovaldi 400mg Tab*	DNP	654.7618	L	E	00904042	GIL	N	
	Sovaldi 400mg Tab*	DNP	654.7618	L	E	00904041	GIL	N	
	*use when drug cost in excess of CPhA maximum								
J05AP51	LEDIPASVIR AND SOFOSBUVIR								
	Harvoni 90mg/400mg Tab	DNP	797.6189	L	E	02432226	GIL	N	
	Harvoni 90mg/400mg Tab*	DNP	797.6189	L	E	00904033	GIL	N	
	Harvoni 90mg/400mg Tab*	DNP	797.6189	L	E	00904032	GIL	N	
	*use when drug cost in excess of CPhA maximum								
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	00904234	GIL	N	
	Epclusa 400mg/100mg Tab*	DNP	714.2857	L	E	00904233	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								
J05AP57	GLECAPREVIR AND PIBRENTASVIR								
	Maviret 100mg/40mg Tab	DNP	238.0952	L	E	02467550	ABV	N	
	Maviret 100mg/40mg Tab*	DNP	238.0952	L	E	00904395	ABV	N	
	Maviret 100mg/40mg Tab*	DNP	238.0952	L	E	00904394	ABV	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	
	JAMP Lamivudine/Zidovudine 150mg/300mg Tab					02502801	JPC	Y	
	Combivir 150mg/300mg Tab					02239213	VIV	Y	
J05AR02	LAMIVUDINE AND ABACAVIR								
	abacavir 600mg & lamivudine 300mg tab								
	Apo-Abacavir-Lamivudine 600mg/300mg Tab					02399539	APX	Y	
	Auro-Abacavir/Lamivudine 600mg/300mg Tab					02454513	ARO	Y	
	JAMP Abacavir/Lamivudine 600mg/300mg Tab					02497654	JPC	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								

J General Antiinfectives, Systemic

emtricitabine 200mg & tenofovir disoproxil 300mg tab

Apo-Emtricitabine-Tenofovir Disoproxil 200mg/300mg Tab	DNP	7.3035	M	E	02452006	APX	Y
Auro-Emtricitabine-Tenofovir 200mg/300mg Tab	DNP	7.3035	M	E	02490684	ARO	Y
Jamp Emtricitabine/Tenofovir Disoproxil 200mg/300mg Tab	DNP	7.3035	M	E	02487012	JPC	Y
MINT-Emtricitabine/Tenofovir 200mg/300mg Tab	DNP	7.3035	M	E	02521547	MNT	Y
Mylan-Emtricitabine/Tenofovir Disoproxil 200mg/300mg Tab	DNP	7.3035	M	E	02443902	MYL	Y
pms-Emtricitabine-Tenofovir 200mg/300mg Tab	DNP	7.3035	M	E	02461110	PMS	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 (discontinued)					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
Auro-Efavirenz-Emtricitabine-Tenofovir 600mg/200mg/300mg Tab					02478404	ARO	Y
JAMP Efavirenz/Emtricitabine/Tenofovir Disoproxil 600mg/200mg/300mg Tab					02519461	JPC	Y
Mylan-Efavirenz/Emtricitabine/Tenofovir Disoproxil 600mg/200mg/300mg Tab					02461412	MYL	Y
pms-Efavirenz-Emtricitabine-Tenofovir 600mg/200mg/300mg Tab					02487284	PMS	Y
Teva-Efavirenz/Emtricitabine/Tenofovir 600mg/200mg/300mg Tab					02393549	TEV	Y
Atripla 600mg Tab (discontinued)					02300699	GIL	Y

J05AR08 EMTRICITABINE, TENOFOVIR DISOPROXIL AND RILPIVIRINE

Complera 200mg/25mg/300mg Tab					02374129	GIL	N
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J05AR09 EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICISTAT

Stribild 150mg/150mg/200mg/300mg Tab					02397137	GIL	N
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J05AR13 DULOTEGRAVIR, ABACAVIR, LAMIVUDINE

Triumeq 50mg/600mg/300mg Tab					02430932	VIV	N
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J05AR14 DARUNAVIR AND COBICISTAT

Prezcobix 800mg/150mg Tab					02426501	JAN	N
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J05AR18 EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICISTAT

Genvoya 150mg/150mg/200mg/10mg Tab					02449498	GIL	N
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J05AR19 EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND RILPIVIRINE

Odefsey 200mg/25mg/25mg Tab					02461463	GIL	N
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J05AR20 EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND BICLEGRAVIR

Biktarvy 200mg/25mg/50mg Tab					02478579	GIL	N
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J05AR21 DOLUTEGRAVIR AND RILPIVIRINE

Juluca 50mg/25mg Tab					02475774	VIV	N
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J05AR24 LAMIVUDINE, TENOFOVIR DISOPROXIL AND DORAVIRINE

J General Antiinfectives, Systemic

	Delstrigo 100mg/300mg/300mg Tab					02482592	FRS	N
J05AR25	LAMIVUDINE AND DOLUTEGRAVIR							
	Dovato 50mg/300mg Tab					02491753	VIV	N
J05AR99	CABOTEGRAVIR AND RILPIVIRINE							
	Cabenuva 400mg/2mL/600mg/2mL Kit					02497220	VIV	N
	Cabenuva 600mg/3mL/900mg/3mL Kit					02497247	VIV	N
J05AX	OTHER ANTIVIRALS							
J05AX07	ENFUVRTIDE							
	Fuzeon 108mg/vial Inj					02247725	HLR	N
J05AX09	MARAVIROC							
	Celsentri 150mg Tab					02299844	VIV	N
	Celsentri 300mg Tab					02299852	VIV	N
J05AX18	LETERMOVIR							
	Prevymis 240mg IV Sol	DNP	19.8933	L	E	02469367	FRS	N
	Prevymis 480mg IV Sol	DNP	19.5454	L	E	02469405	FRS	N
	Prevymis 240mg Tab	DNP	238.7160	L	E	02469375	FRS	N
	Prevymis 480mg Tab	DNP	238.7160	L	E	02469383	FRS	N

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

L01AA01 CYCLOPHOSPHAMIDE

Procytox 25mg Tab	DNP	0.9080	L	SFC	02241795	BAX	N
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Procytox 50mg Tab	DNP	1.2262	L	SFC	02241796	BAX	N
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L01AA02 CHLORAMBUCIL

Leukeran 2mg Tab	DNP	1.9452	L	SFC	00004626	APN	N
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L01AA03 MELPHALAN

Alkeran 2mg Tab	DNP	2.2022	L	SFC	00004715	APN	N
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L01AB ALKYL SULPHONATES

L01AB01 BUSULFAN

Myleran 2mg Tab	DNP	2.0692	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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L01AX OTHER ALKYLATING AGENTS

L01AX03 TEMOZOLOMIDE

temozolomide 5mg cap

JAMP Temozolomide 5mg Cap	DNP	1.9500	M	E	02516799	JPC	Y
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Taro-Temozolomide 5mg Cap	DNP	1.9500	M	E	02443473	TAR	Y
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Teva-Temozolomide 5mg Cap	DNP	1.9500	M	E	02441160	TEV	Y
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Temodal 5mg Cap	DNP	1.9500	M	E	02241093	FRS	Y
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temozolomide 20mg cap

JAMP Temozolomide 20mg Cap	DNP	7.8000	M	E	02516802	JPC	Y
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Taro-Temozolomide 20mg Cap	DNP	7.8000	M	E	02443481	TAR	Y
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Teva-Temozolomide 20mg Cap	DNP	7.8000	M	E	02395274	TEV	Y
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Temodal 20mg Cap	DNP	7.8000	M	E	02241094	FRS	Y
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temozolomide 100mg cap

JAMP Temozolomide 100mg Cap	DNP	39.0015	M	E	02516810	JPC	Y
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Taro-Temozolomide 100mg Cap	DNP	39.0015	M	E	02443511	TAR	Y
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Teva-Temozolomide 100mg Cap	DNP	39.0015	M	E	02395282	TEV	Y
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Temodal 100mg Cap	DNP	39.0015	M	E	02241095	FRS	Y
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temozolomide 140mg cap

JAMP Temozolomide 140mg Cap	DNP	54.6025	M	E	02516829	JPC	Y
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Taro-Temozolomide 140mg Cap	DNP	54.6025	M	E	02443538	TAR	Y
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Teva-Temozolomide 140mg Cap	DNP	54.6025	M	E	02395290	TEV	Y
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Temodal 140mg Cap	DNP	54.6025	M	E	02312794	FRS	Y
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temozolomide 250mg cap

JAMP Temozolomide 250mg Cap	DNP	97.5010	M	E	02516845	JPC	Y
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L Antineoplastics and Immunomodulating Agents

Taro-Temozolomide 250mg Cap	DNP	97.5010	M	E	02443554	TAR	Y
Teva-Temozolomide 250mg Cap	DNP	97.5010	M	E	02395312	TEV	Y
Temodal 250mg Cap	DNP	97.5010	M	E	02241096	FRS	Y

L01B ANTIMETABOLITES

L01BA FOLIC ACID ANALOGUES

L01BA01 METHOTREXATE

methotrexate 2.5mg tab

ACH-Methotrexate 2.5mg Tab	DNP	0.2513	M	SFC	02509067	AHI	Y
Apo-Methotrexate 2.5mg Tab	DNP	0.2513	M	SFC	02182963	APX	Y
Auro-Methotrexate 2.5mg Tab	DNP	0.2513	M	SFC	02524023	ARO	Y
pms-Methotrexate 2.5mg Tab	DNP	0.2513	M	SFC	02170698	PMS	Y
Methotrexate 10mg Tab	DNP	2.7987	L	SFC	02182750	PFI	N
Methotrexate 10mg/mL Inj	DNP	8.2650	L	SFC	02182947	PFI	N

methotrexate 25mg/mL inj

Methotrexate 25mg/mL Inj	DNP	4.4600	M	SFC	02464365	AHI	Y
Methotrexate 25mg/mL Inj	DNP	4.4600	M	SFC	02182777	PFI	Y
Methotrexate 25mg/mL Inj	DNP	6.2500	L	SFC	02099705	TEV	N
Methotrexate 25mg/mL Inj (PF)	DNP	6.0750	L	SFC	02182955	PFI	N
Methotrexate 25mg/mL Inj (PF)	DNP	7.8755	L	SFC	02182971	PFI	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	5.8636	L	SFC	00282081	APN	N
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L01BB04 CLADRIBINE

Mavenclad 10mg Tab	DNP	3212.0000	L	E	02470179	EMD	N
Mavenclad 10mg Tab*	DNP	3212.0000	L	E	00904525	EMD	N
Mavenclad 10mg Tab*	DNP	3212.0000	L	E	00904524	EMD	N
Mavenclad 10mg Tab*	DNP	3212.0000	L	E	00904526	EMD	N

*use when drug cost in excess of CPhA maximum

L01BB05 FLUDARABINE

Fludara 10mg Tab	DNP	41.8940	L	E	02246226	SAV	N
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L01BC PYRIMIDINE ANALOGUES

L01BC02 FLUOROURACIL

Efudex 5% Cr	DNP	1.0690	L	SFC	00330582	BSL	N
Fluorouracil 50mg/vial Inj	DNP	1.6090	L	SFC	00012882	SDZ	N

L01BC05 GEMCITABINE

L Antineoplastics and Immunomodulating Agents

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
Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02514982	SAS	Y
Capecitabine 150mg Tab	DNP	0.4575	M	SFC	02519879	JPC	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
Xeloda 150mg Tab (discontinued)					02238453	XPI	Y

capecitabine 500mg tab

ACH-Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02426765	AHI	Y
Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02519887	JPC	Y
Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02514990	SAS	Y
MINT-Capecitabine 500mg Tab	DNP	1.5250	M	SFC	02508028	MNT	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
Xeloda 500mg Tab (discontinued)					02238454	XPI	Y

L01BC07 AZACITIDINE

Onureg 200mg Tab	DNP	952.0000	L	E	02510197	CEL	N
Onureg 200mg Tab*	DNP	952.0000	L	E	00904806	CEL	N
Onureg 300mg Tab	DNP	1428.0000	L	E	02510200	CEL	N
Onureg 300mg Tab*	DNP	1428.0000	L	E	00904815	CEL	N
Onureg 300mg Tab*	DNP	1428.0000	L	E	00904807	CEL	N

*use when drug cost in excess of CPhA maximum

L01BC08 DECITABINE

Inqovi 35mg/100mg Tab	DNP	1172.0000	L	E	02501600	OTS	N
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L01BC52 FLUOROURACIL, COMBINATIONS

Actikerall 0.5%/10% Sol	DNP	1.8804	L	SF	02428946	CIP	N
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L01BC59 TRIFLURIDINE, COMBINATIONS

Lonsurf 15mg/6.14mg Tab	DNP	76.2500	L	E	02472104	TAI	N
Lonsurf 20mg/8.19mg Tab	DNP	78.5385	L	E	02472112	TAI	N

L01C PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

L01CA VINCA ALKALOIDS AND ANALOGUES

L01CA02 VINCRISTINE

Vincristine 1mg/mL Inj						02183013	PFI	N
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L Antineoplastics and Immunomodulating Agents

	Vincristine 1mg/mL Inj					02143305	TEV	N
L01CB	PODOPHYLLOTOXIN DERIVATIVES							
L01CB01	ETOPOSIDE							
	Vepesid 50mg Cap	DNP	43.7085	L	SFC	00616192	XPI	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
	Taxotere 20mg/vial Inj (discontinued)					02177099	SAV	Y
	docetaxel 10mg/mL (8mL)							
	Docetaxel 10mg/mL Inj (8mL)					02361957	PFI	Y
	Taxotere 80mg/vial Inj (discontinued)					02177080	SAV	Y
L01CE	TOPOISOMERASE 1 (TOP1) INHIBITORS							
L01CE01	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 (discontinued)					02231116	NVR	Y
L01D	CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES							
L01DB	ANTHRACYCLINES AND RELATED SUBSTANCES							
L01DB03	EPIRUBICIN							
	Pharmorubicin PFS 2mg/mL inj					02065703	PFI	N
L01E	PROTEIN KINASE INHIBITORS							
L01EA	BCR-ABL TYROSINE KINASE INHIBITORS							
L01EA01	IMATINIB							
	imatinib 100mg tab							
	ACH-Imatinib 100mg Tab	DNP	5.2079	M	SFC	02490986	AHI	Y
	Apo-Imatinib 100mg Tab	DNP	5.2079	M	SFC	02355337	APX	Y
	Imatinib 100mg Tab	DNP	5.2079	M	SFC	02504596	SAS	Y
	JAMP Imatinib 100mg Tab	DNP	5.2079	M	SFC	02495066	JPC	Y
	MINT-Imatinib 100mg Tab	DNP	5.2079	M	SFC	02492334	MNT	Y
	NAT-Imatinib 100mg Tab	DNP	5.2079	M	SFC	02397285	NAT	Y
	Teva-Imatinib 100mg Tab	DNP	5.2079	M	SFC	02399806	TEV	Y
	Gleevec 100mg Tab	DNP	5.2079	M	SFC	02253275	NVR	Y

L Antineoplastics and Immunomodulating Agents

imatinib 400mg tab

ACH-Imatinib 400mg Tab	DNP	20.8314	M	SFC	02490994	AHI	Y
Apo-Imatinib 400mg Tab	DNP	20.8314	M	SFC	02355345	APX	Y
Imatinib 400mg Tab	DNP	20.8314	M	SFC	02504618	SAS	Y
JAMP Imatinib 400mg Tab	DNP	20.8314	M	SFC	02495074	JPC	Y
MINT-Imatinib 400mg Tab	DNP	20.8314	M	SFC	02492342	MNT	Y
NAT-Imatinib 400mg Tab	DNP	20.8314	M	SFC	02397293	NAT	Y
Teva-Imatinib 400mg Tab	DNP	20.8314	M	SFC	02399814	TEV	Y
Gleevec 400mg Tab	DNP	20.8314	M	SFC	02253283	NVR	Y

L01EA02 DASATINIB

dasatinib 20mg tab

Apo-Dasatinib 20mg Tab	DNP	9.6713	M	E	02470705	APX	Y
Reddy-Dasatinib 20mg Tab	DNP	9.6713	M	E	02514737	RCH	Y
Taro-Dasatinib 20mg Tab	DNP	9.6713	M	E	02499282	TAR	Y
Teva-Dasatinib 20mg Tab	DNP	9.6713	M	E	02478307	TEV	Y
Sprycel 20mg Tab	DNP	9.6713	M	E	02293129	BRI	Y

dasatinib 50mg tab

Apo-Dasatinib 50mg Tab	DNP	19.4642	M	E	02470713	APX	Y
Reddy-Dasatinib 50mg Tab	DNP	19.4642	M	E	02514745	RCH	Y
Taro-Dasatinib 50mg Tab	DNP	19.4642	M	E	02499304	TAR	Y
Teva-Dasatinib 50mg Tab	DNP	19.4642	M	E	02478315	TEV	Y
Sprycel 50mg Tab	DNP	19.4642	M	E	02293137	BRI	Y

dasatinib 70mg tab

Apo-Dasatinib 70mg Tab	DNP	21.4511	M	E	02481499	APX	Y
Reddy-Dasatinib 70mg Tab	DNP	21.4511	M	E	02514753	RCH	Y
Taro-Dasatinib 70mg Tab	DNP	21.4511	M	E	02499312	TAR	Y
Teva-Dasatinib 70mg Tab	DNP	21.4511	M	E	02478323	TEV	Y
Sprycel 70mg Tab	DNP	21.4511	M	E	02293145	BRI	Y

dasatinib 80mg tab

Apo-Dasatinib 80mg Tab					02481502	APX	Y
Reddy-Dasatinib 80mg Tab					02514761	RCH	Y
Taro-Dasatinib 80mg Tab					02499320	TAR	Y
Teva-Dasatinib 80mg Tab					02478331	TEV	Y
Sprycel 80mg Tab					02360810	BRI	Y

dasatinib 100mg tab

Apo-Dasatinib 100mg Tab	DNP	38.9021	M	E	02470721	APX	Y
Reddy-Dasatinib 100mg Tab	DNP	38.9021	M	E	02514788	RCH	Y
Taro-Dasatinib 100mg Tab	DNP	38.9021	M	E	02499339	TAR	Y
Teva-Dasatinib 100mg Tab	DNP	38.9021	M	E	02478358	TEV	Y
Sprycel 100mg Tab	DNP	38.9021	M	E	02320193	BRI	Y

dasatinib 140mg tab

Reddy-Dasatinib 140mg Tab					02514796	RCH	Y
Taro-Dasatinib 140mg Tab					02499347	TAR	Y
Sprycel 140mg Tab					02360829	BRI	Y

L01EA03 NILOTINIB

Tasigna 150mg Cap	DNP	32.5194	L	E	02368250	NVR	N
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L Antineoplastics and Immunomodulating Agents

	Tasigna 150mg Cap*	DNP	32.5194	L	E	00904004	NVR	N
	*use when drug cost in excess of CPhA maximum							
	Tasigna 200mg Cap	DNP	45.2668	L	E	02315874	NVR	N
L01EA04	BOSUTINIB							
	Bosulif 100mg Tab	DNP	38.9787	L	E	02419149	PFI	N
	Bosulif 500mg Tab	DNP	152.2404	L	E	02419157	PFI	N
L01EA05	PONATINIB							
	Iclusig 15mg Tab	DNP	157.0815	L	E	02437333	TAK	N
	Iclusig 15mg Tab*	DNP	157.0815	L	E	00904160	TAK	N
	*use when drug cost in excess of CPhA maximum							
L01EA06	ASCIMINIB							
	Scemblix 20mg Tab	DNP	63.0000	L	E	02528320	NVR	N
	Scemblix 40mg Tab	DNP	85.0000	L	E	02528339	NVR	N
L01EB	EPIDERMAL GROWTH FACTOR RECEPTOR -TYROSINE KINASE INHIBITORS							
L01EB01	GEFITINIB							
	gefitinib 250mg tab							
	Apo-Gefitinib 250mg Tab					02468050	APX	Y
	Jamp Gefitinib 250mg Tab					02500663	JPC	Y
	NAT-Gefitinib 250mg Tab					02491796	NAT	Y
	Sandoz Gefitinib 250mg Tab					02487748	SDZ	Y
	Iressa 250mg Tab					02248676	AZE	Y
L01EB02	ERLOTINIB							
	erlotinib 25mg tab							
	Apo-Erlotinib 25mg Tab	DNP	3.4615	M	SFC	02461862	APX	Y
	NAT-Erlotinib 25mg Tab	DNP	3.4615	M	SFC	02483912	NAT	Y
	Teva-Erlotinib 25mg Tab	DNP	3.4615	M	SFC	02377691	TEV	Y
	Tarceva 25mg Tab	DNP	3.4615	M	SFC	02269007	HLR	Y
	erlotinib 100mg tab							
	Apo-Erlotinib 100mg Tab	DNP	13.2000	M	SFC	02461870	APX	Y
	NAT-Erlotinib 100mg Tab	DNP	13.2000	M	SFC	02483920	NAT	Y
	Teva-Erlotinib 100mg Tab	DNP	13.2000	M	SFC	02377705	TEV	Y
	Tarceva 100mg Tab	DNP	13.2000	M	SFC	02269015	HLR	Y
	erlotinib 150mg tab							
	Apo-Erlotinib 150mg Tab	DNP	19.8000	M	SFC	02461889	APX	Y
	NAT-Erlotinib 150mg Tab	DNP	19.8000	M	SFC	02483939	NAT	Y
	Teva-Erlotinib 150mg Tab	DNP	19.8000	M	SFC	02377713	TEV	Y
	Tarceva 150mg Tab	DNP	19.8000	M	SFC	02269023	HLR	Y
L01EB03	AFATINIB							
	Giotrif 20mg Tab	DNP	77.4786	L	E	02415666	BOE	N
	Giotrif 30mg Tab	DNP	77.4786	L	E	02415674	BOE	N
	Giotrif 40mg Tab	DNP	77.4786	L	E	02415682	BOE	N

L Antineoplastics and Immunomodulating Agents**L01EB04 OSIMERTINIB**

Tagrisso 40mg Tab	DNP	322.1280	L	E	02456214	AZE	N
Tagrisso 40mg Tab*	DNP	322.1280	L	E	00900020	AZE	N
Tagrisso 80mg Tab	DNP	322.1280	L	E	02456222	AZE	N
Tagrisso 80mg Tab*	DNP	322.1280	L	E	00904389	AZE	N

*use when drug cost in excess of CPhA maximum

L01EC B-RAF SERINE-THREONINE KINASE (BRAF) INHIBITORS**L01EC01 VEMURAFENIB**

Zelboraf 240mg Tab	DNP	36.9404	L	E	02380242	HLR	N
Zelboraf 240mg Tab*	DNP	36.9404	L	E	00903786	HLR	N

*use when drug cost in excess of CPhA maximum

L01EC02 DABRAFENIB

Tafinlar 50mg Cap	DNP	49.4218	L	E	02409607	NVR	N
Tafinlar 50mg Cap*	DNP	49.4218	L	E	00904168	NVR	N
Tafinlar 75mg Cap	DNP	73.9943	L	E	02409615	NVR	N
Tafinlar 75mg Cap*	DNP	73.9943	L	E	00904169	NVR	N

*use when drug cost in excess of CPhA maximum

L01EC03 ENCORAFENIB

Braftovi 75mg Cap	DNP	52.7625	L	E	02513099	PFI	N
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L01ED ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS**L01ED01 CRIZOTINIB**

Xalkori 200mg Cap	DNP	131.4300	L	E	02384256	PFI	N
Xalkori 250mg Cap	DNP	131.4300	L	E	02384264	PFI	N

L01ED02 CERITINIB

Zykadia 150mg Cap	DNP	53.3880	L	E	02436779	NVR	N
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L01ED03 ALECTINIB

Alecensaro 150mg Cap	DNP	43.8111	L	E	02458136	HLR	N
Alecensaro 150mg Cap*	DNP	43.8111	L	E	00904400	HLR	N

*use when drug cost in excess of CPhA maximum

L01ED04 BRIGATINIB

Alunbrig 30mg Tab	DNP	112.3214	L	E	02479206	TAK	N
Alunbrig 30mg Tab*	DNP	112.3214	L	E	00904758	TAK	N
Alunbrig 90mg Tab	DNP	336.9643	L	E	02479214	TAK	N
Alunbrig 90mg Tab*	DNP	336.9643	L	E	00904759	TAK	N
Alunbrig 180mg Tab	DNP	336.9643	L	E	02479222	TAK	N
Alunbrig 180mg Tab*	DNP	336.9643	L	E	00904760	TAK	N
Alunbrig Initiation Pack	DNP	336.9643	L	E	02479230	TAK	N
Alunbrig Initiation Pack*	DNP	336.9643	L	E	00904761	TAK	N

*use when drug cost in excess of CPhA maximum

L Antineoplastics and Immunomodulating Agents

L01ED05 LORLATINIB

Lorbrena 25mg Tab	DNP	112.4443	L	E	02485966	PFI	N
Lorbrena 100mg Tab	DNP	337.3333	L	E	02485974	PFI	N
Lorbrena 100mg Tab*	DNP	337.3333	L	E	00900025	PFI	N

*use when drug cost in excess of CPhA maximum

L01EE MITOGEN-ACTIVATED PROTEIN KINASE (MEK) INHIBITORS

L01EE01 TRAMETINIB

Mekinist 0.5mg Tab	DNP	84.9400	L	E	02409623	NVR	N
Mekinist 0.5mg Tab*	DNP	84.9400	L	E	00904170	NVR	N
Mekinist 2mg Tab	DNP	338.3493	L	E	02409658	NVR	N
Mekinist 2mg Tab*	DNP	338.3493	L	E	00904171	NVR	N

*use when drug cost in excess of CPhA maximum

L01EE02 COBIMETINIB

Cotellic 20mg Tab	DNP	129.9814	L	E	02452340	HLR	N
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L01EE03 BINIMETINIB

Mektovi 15mg Cap	DNP	38.3250	L	E	02513080	PFI	N
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L01EF CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS

L01EF01 PALBOCICLIB

Ibrance 75mg Cap	DNP	253.9123	L	E	02453150	PFI	N
Ibrance 75mg Tab	DNP	253.9123	L	E	02493535	PFI	N
Ibrance 100mg Cap	DNP	253.9123	L	E	02453169	PFI	N
Ibrance 100mg Tab	DNP	253.9123	L	E	02493543	PFI	N
Ibrance 125mg Cap	DNP	253.9123	L	E	02453177	PFI	N
Ibrance 125mg Tab	DNP	253.9123	L	E	02493551	PFI	N

L01EF02 RIBOCICLIB

Kisqali 200mg Tab	DNP	92.4367	L	E	02473569	NVR	N
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L01EF03 ABEMACICLIB

Verzenio 50mg Tab	DNP	107.5293	L	E	02487098	LIL	N
Verzenio 100mg Tab	DNP	107.2554	L	E	02487101	LIL	N
Verzenio 150mg Tab	DNP	107.5293	L	E	02487128	LIL	N

L01EG MAMMALIAN TARGET OF RAPAMYCIN (MTOR) KINASE INHIBITORS

L01EG02 EVEROLIMUS

Afinitor 2mg Disperz Tab					02425645	NVR	N
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everolimus 2.5mg tab

NAT-Everolimus 2.5mg Tab	DNP	50.6635	M	E	02530090	NAT	Y
pms-Everolimus 2.5mg Tab	DNP	50.6635	M	E	02504677	PMS	Y
Sandoz Everolimus 2.5mg Tab	DNP	50.6635	M	E	02492911	SDZ	Y
Teva-Everolimus 2.5mg Tab	DNP	50.6635	M	E	02463229	TEV	Y
Afinitor 2.5mg Tab	DNP	50.6635	M	E	02369257	NVR	Y

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Afinitor 3mg Disperz Tab						02425653	NVR	N
everolimus 5mg tab								
NAT-Everolimus 5mg Tab	DNP	50.6635	M	E		02530104	NAT	Y
pms-Everolimus 5mg Tab	DNP	50.6635	M	E		02504685	PMS	Y
Sandoz Everolimus 5mg Tab	DNP	50.6635	M	E		02492938	SDZ	Y
Teva-Everolimus 5mg Tab	DNP	50.6635	M	E		02463237	TEV	Y
Afinitor 5mg Tab	DNP	50.6635	M	E		02339501	NVR	Y
Afinitor 5mg Disperz Tab						02425661	NVR	N
everolimus 10mg tab								
NAT-Everolimus 10mg Tab	DNP	50.6635	M	E		02530120	NAT	Y
pms-Everolimus 10mg Tab	DNP	50.6635	M	E		02504693	PMS	Y
Sandoz Everolimus 10mg Tab	DNP	50.6635	M	E		02492946	SDZ	Y
Teva-Everolimus 10mg Tab	DNP	50.6635	M	E		02463253	TEV	Y
Afinitor 10mg Tab	DNP	50.6635	M	E		02339528	NVR	Y

L01EH HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2 TYROSINE KINASE INHIBTOR

L01EH01 LAPATINIB

Tykerb 250mg Tab	DNP	24.7910	L	E		02326442	NVR	N
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L01EH03 TUCATINIB

Tukysa 50mg Tab	DNP	35.4947	L	E		02499827	SGC	N
Tukysa 150mg Tab	DNP	106.4843	L	E		02499835	SGC	N
Tukysa 150mg Tab*	DNP	106.4843	L	E		00904820	SGC	N

*use when drug cost in excess of CPhA maximum

L01EJ JANUS ASSOCIATED KINASE (JAK) INHIBITORS

L01EJ01 RUXOLITINIB

Jakavi 5mg Tab	DNP	86.6275	L	E		02388006	NVR	N
Jakavi 5mg Tab*	DNP	86.6275	L	E		00903985	NVR	N
Jakavi 10mg Tab	DNP	95.4152	L	E		02434814	NVR	N
Jakavi 10mg Tab*	DNP	95.4152	L	E		00904130	NVR	N
Jakavi 15mg Tab	DNP	95.4152	L	E		02388014	NVR	N
Jakavi 15mg Tab*	DNP	95.4152	L	E		00904003	NVR	N
Jakavi 20mg Tab	DNP	95.4152	L	E		02388022	NVR	N

*use when drug cost in excess of CPhA maximum

L01EJ02 FEDRATINIB

Inrebic 100mg Cap	DNP	84.3930	L	E		02502445	CEL	N
Inrebic 100mg Cap*	DNP	84.3930	L	E		00904799	CEL	N

*use when drug cost in excess of CPhA maximum

L01EK VASCULAR ENDOTHELIAL GROWTH FACTOR RECEPTOR-TYROSINE KINASE INHIB

L01EK01 AXITINIB

Inlyta 1mg Tab	DNP	20.5073	L	E		02389630	PFI	N
Inlyta 5mg Tab	DNP	102.5387	L	E		02389649	PFI	N

L01EL BRUTON'S TYROSINE KINASE (BTK) INHIBITORS

L Antineoplastics and Immunomodulating Agents

L01EL01	IBRUTINIB								
	Imbruvica 140mg Cap	DNP	99.8350	L	E	02434407	JAN	N	
	Imbruvica 140mg Cap*	DNP	99.8350	L	E	00904083	JAN	N	
	*use when drug cost in excess of CPhA maximum								
L01EL02	ACALABRUTINIB								
	Calquence 100mg Cap	DNP	142.7738	L	E	02491788	AZE	N	
	Calquence 100mg Tab	DNP	142.7738	L	E	02535696	AZE	N	
L01EL03	ZANUBRUTINIB								
	Brukinsa 80mg Cap	DNP	67.9833	L	E	02512963	BGN	N	
L01EM	PHOSPHATIDYLI NOSITOL-3-KINASE (PI3K) INHIBITORS								
L01EM01	IDELALISIB								
	Zydelig 100mg Tab	DNP	85.3500	L	E	02438798	GIL	N	
	Zydelig 150mg Tab	DNP	85.3500	L	E	02438801	GIL	N	
L01EX	OTHER PROTEIN KINASE INHIBITORS								
L01EX01	SUNITINIB								
	sunitinib 12.5mg cap								
	Sandoz Sunitinib 12.5mg Cap	DNP	16.2810	M	E	02532840	SDZ	Y	
	Taro-Sunitinib 12.5mg Cap	DNP	16.2810	M	E	02524058	TAR	Y	
	Teva-Sunitinib 12.5mg Cap	DNP	16.2810	M	E	02526204	TEV	Y	
	Sutent 12.5mg Cap	DNP	16.2810	M	E	02280795	PFI	Y	
	sunitinib 25mg cap								
	Sandoz Sunitinib 25mg Cap	DNP	32.5618	M	E	02532867	SDZ	Y	
	Taro-Sunitinib 25mg Cap	DNP	32.5618	M	E	02524066	TAR	Y	
	Teva-Sunitinib 25mg Cap	DNP	32.5618	M	E	02526212	TEV	Y	
	Sutent 25mg Cap	DNP	32.5618	M	E	02280809	PFI	Y	
	sunitinib 50mg cap								
	Sandoz Sunitinib 50mg Cap	DNP	65.1238	M	E	02532883	SDZ	Y	
	Taro-Sunitinib 50mg Cap	DNP	65.1238	M	E	02524082	TAR	Y	
	Teva-Sunitinib 50mg Cap	DNP	65.1238	M	E	02526220	TEV	Y	
	Sutent 50mg Cap	DNP	65.1238	M	E	02280817	PFI	Y	
L01EX02	SORAFENIB								
	Nexavar 200mg Tab	DNP	46.4689	L	E	02284227	BAY	N	
L01EX03	PAZOPANIB								
	pazopanib 200mg tab								
	pms-Pazopanib 200mg Tab	DNP	27.3225	M	E	02525666	PMS	Y	
	Votrient 200mg Tab	DNP	27.3225	M	E	02352303	NVR	Y	
L01EX04	VANDETANIB								
	Caprelsa 100mg Tab	DNP	97.5000	L	E	02378582	GZM	N	
	Caprelsa 300mg Tab	DNP	195.0000	L	E	02378590	GZM	N	
L01EX05	REGORAFENIB								

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	Stivarga 40mg Tab	DNP	72.6200	L	E	02403390	BAY	N
L01EX07	CABOZANTINIB							
	Cabometyx 20mg Tab	DNP	301.2943	L	E	02480824	IPS	N
	Cabometyx 40mg Tab	DNP	301.2943	L	E	02480832	IPS	N
	Cabometyx 60mg Tab	DNP	301.2943	L	E	02480840	IPS	N
L01EX08	LENVATINIB							
	Lenvima 4mg/dose Cap* (30 cap compliance pack)	DNP	36.7653	L	E	02484056	EIS	N
	Lenvima 8mg Cap* (60 cap compliance pack)	DNP	38.1655	L	E	02468220	EIS	N
	Lenvima 10mg Cap* (30 cap compliance pack)	DNP	80.6465	L	E	02450321	EIS	N
	Lenvima 12mg Cap* (90 cap compliance pack)	DNP	36.7653	L	E	02484129	EIS	N
	Lenvima 14mg Cap* (60 cap compliance pack)	DNP	63.0499	L	E	02450313	EIS	N
	Lenvima 20mg Cap* (60 cap compliance pack)	DNP	94.5807	L	E	02450305	EIS	N
	Lenvima 24mg Cap* (90 cap compliance pack)	DNP	84.0666	L	E	02450291	EIS	N
	*Billed per cap							
L01EX09	NINTEDANIB							
	Ofev 100mg Cap	DNP	28.4168	L	E	02443066	BOE	N
	Ofev 150mg Cap	DNP	56.8337	L	E	02443074	BOE	N
	Ofev 150mg Cap*	DNP	56.8337	L	E	00904198	BOE	N
	*use when drug cost in excess of CPhA maximum							
L01EX10	MIDOSTAURIN							
	Rydapt 25mg Cap	DNP	172.6250	L	E	02466236	NVR	N
	Rydapt 25mg Cap*	DNP	172.6250	L	E	00904390	NVR	N
	*use when drug cost in excess of CPhA maximum							
L01EX12	LAROTRECTINIB							
	Vitrekvi 20mg/mL O/L	DNP	41.8700	L	E	02490331	BAY	N
	Vitrekvi 20mg/mL O/L*	DNP	41.8700	L	E	00900014	BAY	N
	*use when drug cost in excess of CPhA maximum							
	Vitrekvi 25mg Cap	DNP	52.3375	L	E	02490315	BAY	N
	Vitrekvi 100mg Cap	DNP	209.3500	L	E	02490323	BAY	N
	Vitrekvi 100mg Cap*	DNP	209.3500	L	E	00900013	BAY	N
	*use when drug cost in excess of CPhA maximum							
L01EX13	GILTERITINIB							
	Xospata 40mg Tab	DNP	276.6847	L	E	02495058	ASL	N
	Xospata 40mg Tab*	DNP	276.6847	L	E	00904659	ASL	N
	Xospata 40mg Tab*	DNP	276.6847	L	E	00904658	ASL	N
	*use when drug cost in excess of CPhA maximum							
L01EX14	ENTRECTINIB							
	Rozlytrek 100mg Cap	DNP	50.0500	L	E	02495007	HLR	N

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	Rozlytrek 200mg Cap	DNP	100.1000	L	E	02495015	HLR	N
L01EX19	RIPRETINIB							
	Qinlock 50mg Tab	DNP	216.3194	L	E	02500833	MDP	N
	Qinlock 50mg Tab*	DNP	216.3194	L	E	00900027	MDP	N
	Qinlock 50mg Tab*	DNP	216.3194	L	E	00900026	MDP	N
	*use when drug cost in excess of CPhA maximum							
L01EX22	SELPERCATINIB							
	Retevmo 40mg Cap	DNP	69.0935	L	E	02516918	LIL	N
	Retevmo 80mg Cap	DNP	138.1870	L	E	02516926	LIL	N
	Retevmo 80mg Cap*	DNP	138.1870	L	E	00904987	LIL	N
	*use when drug cost in excess of CPhA maximum							

L01F MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES

L01FA CD20 (CLUSTERS OF DIFFERENTIATION 20) INHIBITORS

L01FA01	RITUXIMAB							
	Riximyo 10mg/mL Vial	DNP	29.7000	L	E	02498316	SDZ	N
	Ruxience 10mg/mL Vial	DNP	29.7000	L	E	02495724	PFI	N
	Truxima 10mg/mL Vial (10mL)	DNP	29.7000	L	E	02478382	TEV	N
	Truxima 10mg/mL Vial (50mL)	DNP	29.7000	L	E	02478390	TEV	N
	Rituxan 10mg/mL Vial					02241927	HLR	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	81.3959	L	SFC	00012750	LDN	N

L01XC MONOCLONAL ANTIBODIES

L01XC10	OFATUMUMAB							
	Kesimpta 20mg/0.4mL Prefilled Pen	DNP	5736.1250	L	E	02511355	NVR	N

L01XF RETINOIDS FOR CANCER TREATMENT

L01XF01	TRETINOIN							
	tretinoin 10mg cap							
	JAMP Tretinoin 10mg Cap	DNP	13.9284	M	SFC	02520036	JPC	Y
	Vesanoid 10mg Cap	DNP	13.9284	M	SFC	02145839	XPI	Y

L01XJ HEDGEHOG PATHWAY INHIBITORS

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L01XJ01	VISMODEGIB								
	Erivedge 150mg Cap	DNP	325.4046	L	E	02409267	HLR	N	
L01XK	POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS								
L01XK01	OLAPARIB								
	Lynparza 100mg Tab	DNP	69.9482	L	E	02475200	AZE	N	
	Lynparza 150mg Tab	DNP	69.9482	L	E	02475219	AZE	N	
L01XK02	NIRAPARIB								
	Zejula 100mg Tab	DNP	133.2346	L	E	02530031	GSK	N	
	Zejula 100mg Tab*	DNP	133.2346	L	E	00904985	GSK	N	
	*use when drug cost in excess of CPhA maximum								
L01XX	OTHER ANTINEOPLASTIC AGENTS								
L01XX05	HYDROXYUREA (HYDROXYCARBAMIDE)								
	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	XPI	Y	
L01XX35	ANAGRELIDE								
	anagrelide 0.5mg cap								
	pms-Anagrelide 0.5mg Cap	DNP	4.6997	M	E	02274949	PMS	Y	
	Agrylin 0.5mg Cap (discontinued)					02236859	TAK	Y	
L01XX52	VENETOCLAX								
	Venclexta 10mg Tab	DNP	7.0800	L	E	02458039	ABV	N	
	Venclexta 50mg Tab	DNP	35.4000	L	E	02458047	ABV	N	
	Venclexta 100mg Tab	DNP	70.8000	L	E	02458055	ABV	N	
	Venclexta Starter Kit	DNP	1833.7200	L	E	02458063	ABV	N	
L01XX66	SELINEXOR								
	Xpovio 20mg Tab	DNP	550.0000	L	E	02527677	FTI	N	
	Xpovio 20mg Tab*	DNP	550.0000	L	E	00900031	FTI	N	
	*use when drug cost in excess of CPhA maximum								

L02 ENDOCRINE THERAPY**L02A HORMONES AND RELATED AGENTS****L02AB PROGESTOGENS**

L02AB01	MEGESTROL								
	megestrol 40mg tab								
	Megestrol 40mg Tab	DNP	1.5943	M	SFC	02195917	AAP	Y	
	Megace 40mg Tab (discontinued)					00386391	BRI	Y	
	megestrol 160mg tab								
	Megestrol 160mg Tab	DNP	6.9500	M	SFC	02195925	AAP	Y	

L Antineoplastics and Immunomodulating Agents

	Megace 160mg Tab (discontinued)					00731323	BRI	Y
L02AE	GONADOTROPHIN RELEASING HORMONE ANALOGUES							
L02AE01	BUSERELIN							
	Suprefact Depot 6.3mg (2 month) Implant	DNP	870.0700	L	SFC	02228955	XPI	N
	Suprefact Depot 9.45mg (3 month) Implant	DNP	1376.9938	L	SFC	02240749	XPI	N
L02AE02	LEUPROLIDE (LEUPRORELIN)							
	Lupron Depot 3.75mg (monthly) Inj Kit	DNP	387.2400	L	SF	00884502	ABV	N
	Zeulide Depot 3.75mg Kit	DNP	304.0000	L	SFC	02429977	VRT	N
	Eligard 7.5mg (1 month) Inj Kit	DNP	310.7200	L	SFC	02248239	TOL	N
	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	1153.8500	L	SF	02239834	ABV	N
	Eligard 22.5mg (3 month) Inj Kit	DNP	891.0000	L	SFC	02248240	TOL	N
	Lupron Depot 22.5mg (3 month) SR Inj Kit	DNP	1071.0000	L	SFC	02230248	ABV	N
	Zeulide Depot 22.5mg Kit	DNP	873.0000	L	SFC	02462699	VRT	N
	Eligard 30mg (4 month) Inj Kit	DNP	1285.2000	L	SFC	02248999	TOL	N
	Lupron Depot 30mg (4 month) SR Inj Kit	DNP	1428.0000	L	SFC	02239833	ABV	N
	Eligard 45mg (6 month) Inj Kit	DNP	1599.1500	L	SFC	02268892	TOL	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	KNI	N
	Trelstar LA 11.25mg/vial Inj	DNP	1042.0300	L	SFC	02243856	KNI	N
	Trelstar 22.5mg/vial Inj	DNP	1659.9000	L	SFC	02412322	KNI	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 (discontinued)					02048485	AZE	Y
	Tamofen 20mg Tab (discontinued)					01926632	SAV	Y
L02BA03	FULVESTRANT							
	fulvestrant 50mg/mL inj							

L Antineoplastics and Immunomodulating Agents

	Fulvestrant 50mg/mL Inj	DNP	58.2895	M	SFC	02483610	SDZ	Y
	Teva-Fulvestrant 50mg/mL Inj	DNP	58.2895	M	SFC	02460130	TEV	Y
	Faslodex 50mg/mL Inj	DNP	58.2895	M	SFC	02248624	AZE	Y

L02BB ANTI-ANDROGENS

L02BB01 FLUTAMIDE

flutamide 250mg tab

	Flutamide 250mg Tab	DNP	1.9839	M	SFC	02238560	AAP	Y
	Euflex 250mg Tab (discontinued)					00637726	FRS	Y

L02BB02 NILUTAMIDE

	Anandron 50mg Tab	DNP	2.7051	L	SFC	02221861	XPI	N
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L02BB03 BICALUTAMIDE

bicalutamide 50mg tab

	Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02519178	SAS	Y
	Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02325985	AHI	Y
	Jamp-Bicalutamide 50mg Tab	DNP	1.2690	M	SFC	02357216	JPC	Y
	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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L02BB05 APALUTAMIDE

	Erleada 60mg Tab	DNP	31.1400	L	E	02478374	JAN	N
	Erleada 240mg Tab	DNP	124.5600	L	E	02540185	JAN	N

L02BB06 DAROLUTAMIDE

	Nubeqa 300mg Tab	DNP	28.3440	L	E	02496348	BAY	N
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L02BG AROMATASE INHIBITORS

L02BG03 ANASTROZOLE

anastrozole 1mg tab

	Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02529904	SIV	Y
	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
	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
	Riva-Anastrozole 1mg Tab	DNP	0.9522	M	SFC	02392259	RIV	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

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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	DNP	1.4759	M	SFC	02524244	SIV	Y
Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02504472	SAS	Y
Mar-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02373424	MAR	Y
MINT-Letrozole 2.5mg Tab	DNP	1.4759	M	SFC	02508109	MNT	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

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

Firmagon 80mg/vial Inj	DNP	274.1800	L	SFC	02337029	FEI	N
Firmagon 120mg/vial Inj	DNP	370.9450	L	SFC	02337037	FEI	N

L02BX03 ABIRATERONE

abiraterone acetate 250mg tab

Apo-Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02491397	APX	Y
JAMP Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02502305	JPC	Y
Mar-Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02503980	MAR	Y
NAT-Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02494132	NAT	Y
pms-Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02492601	PMS	Y
Reddy-Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02477114	RCH	Y
Sandoz Abiraterone 250mg Tab	DNP	7.6563	M	SFC	02486393	SDZ	Y
Zytiga 250mg Tab	DNP	7.6563	M	SFC	02371065	JAN	Y

abiraterone acetate 500mg tab

Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02525380	JPC	Y
Apo-Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02491400	APX	Y
JAMP Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02529629	JPC	Y
Mar-Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02503999	MAR	Y
pms-Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02501503	PMS	Y
Reddy-Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02533251	RCH	Y
Sandoz Abiraterone 500mg Tab	DNP	15.3125	M	SFC	02521644	SDZ	Y
Zytiga 500mg Tab	DNP	15.3125	M	SFC	02457113	JAN	Y

L03 IMMUNOSTIMULANTS

L Antineoplastics and Immunomodulating Agents

L03A IMMUNOSTIMULANTS

L03AA COLONY STIMULATING FACTORS

L03AA13 PEGFILGRASTIM

Lapelga 6mg/0.6mL Prefilled Syringe	DNP	2291.6667	L	E	02474565	APO	N
Fulphila 10mg/mL Prefilled Syringe	DNP	2291.6667	L	E	02484153	BGP	N
Lapelga 10mg/mL Prefilled Autoinjector	DNP	2291.6667	L	E	02529343	APO	N
Nyvepria 10mg/mL Prefilled Syringe	DNP	2291.6667	L	E	02506238	PFI	N
Ziextenzo 10mg/mL Prefilled Syringe	DNP	2291.6667	L	E	02497395	SDZ	N

L03AB INTERFERONS

L03AB07 INTERFERON BETA-1A

Rebif 22mcg Multidose Cartridges	DNP	341.2133	L	E	02318253	EMD	N
Rebif 22mcg/0.5mL Inj	DNP	341.2133	L	E	02237319	EMD	N
Avonex PS 30mcg/0.5mL Inj	DNP	982.5050	L	E	02269201	BIG	N
Rebif 44mcg Multidose Cartridges	DNP	415.3900	L	E	02318261	EMD	N
Rebif 44mcg/0.5mL Inj	DNP	415.4000	L	E	02237320	EMD	N

L03AB08 INTERFERON BETA-1B

Betaseron 0.3mg/vial Inj	DNP	114.4000	L	E	02169649	BAY	N
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L03AB11 PEGINTERFERON ALFA-2A

Pegasys 180mcg/0.5mL Prefilled Syringe	DNP	881.3700	L	SF	02248077	ARN	N
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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 Prefilled Syringe	DNP	52.4920	L	E	02245619	TEV	N
Glatect 20mg/mL Prefilled Syringe	DNP	32.4000	L	E	02460661	PDP	N

L03AX16 PLERIXAFOR

plerixafor 24mg/1.2mL (20mg/mL) sol							
Plerixafor 24mg/1.2mL (20mg/mL) Sol	DNP	4721.8750	M	E	02529815	JPC	Y
Mozobil 24mg/1.2mL (20mg/mL) Sol	DNP	4721.8750	M	E	02377225	SAV	Y

L04 IMMUNOSUPPRESSANTS

L04A IMMUNOSUPPRESSANTS

L04AA SELECTIVE IMMUNOSUPPRESSANTS

L04AA06 MYCOPHENOLIC ACID

mycophenolic acid 180mg tab							
Apo-Mycophenolic Acid 180mg Tab					02372738	APX	Y
Mar-Mycophenolic Acid 180mg Tab					02511673	MAR	Y

L Antineoplastics and Immunomodulating Agents

	Myfortic 180mg Tab					02264560	NVR	Y
	mycophenolate mofetile 200mg/mL susp							
	Mar-Mycophenolate Mofetil 200mg/mL Pws for Susp					02522233	MAR	Y
	Cellcept 200mg/mL Pws for Susp					02242145	HLR	Y
	mycophenolic acid 250mg cap							
	ACH-Mycophenolate 250mg Cap					02383780	AHI	Y
	Apo-Mycophenolate 250mg Cap					02352559	APX	Y
	Jamp-Mycophenolate 250mg Cap					02386399	JPC	Y
	Mycophenolate Mofetil 250mg Cap					02457369	SAS	Y
	Sandoz Mycophenolate Mofetil 250mg Cap					02320630	SDZ	Y
	Teva-Mycophenolate 250mg Cap					02364883	TEV	Y
	Cellcept 250mg Cap					02192748	HLR	Y
	mycophenolic acid 360mg tab							
	Apo-Mycophenolic Acid 360mg Tab					02372746	APX	Y
	Mar-Mycophenolic Acid 360mg Tab					02511681	MAR	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					02378574	AHI	Y
	Mycophenolate Mofetil 500mg Tab					02457377	SAS	Y
	Sandoz Mycophenolate Mofetil 500mg Tab					02313855	SDZ	Y
	Teva-Mycophenolate 500mg Tab					02348675	TEV	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	239.7447	L	E	02286386	BIG	N
L04AA24	ABATACEPT							
	Orencia 125mg/mL Inj	DNP	373.7875	L	E	02402475	BRI	N

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	Orencia 250mg/vial Inj	DNP	500.3400	L	E	02282097	BRI	N
L04AA26	BELIMUMAB							
	Benlysta 120mg/5mg Vial	DNP	305.7100	L	E	02370050	GSK	N
	Benlysta 200mg/mL Autoinjector	DNP	395.3975	L	E	02470489	GSK	N
	Benlysta 400mg/20mL Vial	DNP	1019.0100	L	E	02370069	GSK	N
L04AA27	FINGOLIMOD							
	 fingolimod 0.5mg cap							
	Apo-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02469936	APX	Y
	Jamp Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02487772	JPC	Y
	Mar-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02474743	MAR	Y
	Mylan-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02469715	MYL	Y
	pms-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02469782	PMS	Y
	Sandoz Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02482606	SDZ	Y
	Taro-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02469618	TAR	Y
	Teva-Fingolimod 0.5mg Cap	DNP	21.7381	M	E	02469561	TEV	Y
	Gilenya 0.5mg Cap	DNP	21.7381	M	E	02365480	NVR	Y
L04AA29	TOFACITINIB							
	 tofacitinib citrate 5mg tab							
	Auro-Tofacitinib 5mg Tab	DNP	5.9897	M	E	02530007	ARO	Y
	JAMP Tofacitinib 5mg Tab	DNP	5.9897	M	E	02522896	JPC	Y
	pms-Tofacitinib 5mg Tab	DNP	5.9897	M	E	02522799	PMS	Y
	Taro-Tofacitinib 5mg Tab	DNP	5.9897	M	E	02511304	TAR	Y
	Xeljanz 5mg Tab	DNP	5.9897	M	E	02423898	PFI	Y
	 tofacitinib citrate 10mg tab							
	Auro-Tofacitinib 10mg Tab	DNP	21.1718	M	E	02530015	ARO	Y
	Taro-Tofacitinib 10mg Tab	DNP	21.1718	M	E	02511312	TAR	Y
	Xeljanz 10mg Tab	DNP	21.1718	M	E	02480786	PFI	Y
	Xeljanz 11mg XR Tab	DNP	49.5467	L	E	02470608	PFI	N
L04AA31	TERIFLUNOMIDE							
	 teriflunomide 14mg tab							
	ACH-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02502933	AHI	Y
	Apo-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02500639	APX	Y
	JAMP Teriflunomide 14mg Tab	DNP	14.9300	M	E	02504170	JPC	Y
	M-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02523833	MRA	Y
	Mar-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02500469	MAR	Y
	NAT-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02500310	NAT	Y
	pms-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02500434	PMS	Y
	Sandoz Teriflunomide 14mg Tab	DNP	14.9300	M	E	02505843	SDZ	Y
	Teva-Teriflunomide 14mg Tab	DNP	14.9300	M	E	02501090	TEV	Y
	Aubagio 14mg Tab (discontinued)					02416328	GZM	Y
L04AA32	APREMILAST							
	 apremilast starter pack							
	Auro-Apremilast Starter Pack					02524120	ARO	Y

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JAMP Apremilast Starter Pack						02528967	JPC	Y
Sandoz Apremilast Starter Pack						02529092	SDZ	Y
Otezla Starter Pack						02434318	AGA	Y

apremilast 30mg tab

Apo-Apremilast 30mg Tab						02538180	APX	Y
Auro-Apremilast 30mg Tab						02524104	ARO	Y
GLN-Apremilast 30mg Tab						02518910	GLN	Y
JAMP Apremilast 30mg Tab						02528959	JPC	Y
pms-Apremilast 30mg Tab						02521733	PMS	Y
Sandoz Apremilast 30mg Tab						02529084	SDZ	Y
Otezla 30mg Tab						02434334	AGA	Y

L04AA33 VEDOLIZUMAB

Entyvio 108mg/0.68mL Prefilled Pen	DNP	1299.4412	L	E		02497867	TAK	N
Entyvio 108mg/0.68mL Prefilled Syringe	DNP	1299.4412	L	E		02497875	TAK	N
Entyvio 300mg/vial Pws IV	DNP	3534.5300	L	E		02436841	TAK	N

L04AA34 ALEMTUZUMAB

Lemtrada 12mg/1.2mL Vial Inj	DNP	10859.2583	L	E		02418320	GZM	N
Lemtrada 12mg/1.2mL Vial Inj*	DNP	10859.2583	L	E		00904161	GZM	N

*Please see Appendix III for additional PINS.

L04AA36 OCRELIZUMAB

Ocrevus 300mg/10mL Vial	DNP	815.0000	L	E		02467224	HLR	N
Ocrevus 300mg/10mL Vial*	DNP	815.0000	L	E		00904527	HLR	N

*use when drug cost in excess of CPhA maximum

L04AA42 SIPONIMOD

Mayzent 0.25mg Tab	DNP	22.3285	L	E		02496429	NVR	N
Mayzent 2mg Tab	DNP	89.3150	L	E		02496437	NVR	N

L04AA43 RAVULIZUMAB

Ultomiris 300mg/3mL Vial	DNP	2427.3833	L	E		02533448	ALX	N
Ultomiris 300mg/3mL Vial*	DNP	2427.3833	L	E		00904867	ALX	N
Ultomiris 300mg/3mL Vial*	DNP	2427.3833	L	E		00904866	ALX	N
Ultomiris 300mg/30mL Vial	DNP	242.7383	L	E		02491559	ALX	N
Ultomiris 300mg/30mL Vial*	DNP	242.7383	L	E		00904864	ALX	N
Ultomiris 300mg/30mL Vial*	DNP	242.7383	L	E		00904865	ALX	N
Ultomiris 1100mg/11mL Vial	DNP	2427.3818	L	E		02533456	ALX	N
Ultomiris 1100mg/11mL Vial*	DNP	2427.3818	L	E		00904868	ALX	N
Ultomiris 1100mg/11mL Vial*	DNP	2427.3818	L	E		00904869	ALX	N

*use when drug cost in excess of CPhA maximum

L04AA44 UPADACITINIB

Rinvoq 15mg Tab	DNP	51.6810	L	E		02495155	ABV	N
Rinvoq 30mg Tab	DNP	76.9600	L	E		02520893	ABV	N

L04AB TUMOR NECROSIS FACTOR ALPHA (TNF-ALPHA) INHIBITORS

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L04AB01	ETANERCEPT								
	Erelzi 25mg/0.5mL Prefilled Syringe	DNP	241.0000	L	E	02462877	SDZ	N	
	Brenzys 50mg/mL Prefilled Pen	DNP	241.0000	L	E	02455331	ORG	N	
	Brenzys 50mg/mL Prefilled Syringe	DNP	241.0000	L	E	02455323	ORG	N	
	Erelzi 50mg/mL Prefilled Autoinjector	DNP	241.0000	L	E	02462850	SDZ	N	
	Erelzi 50mg/mL Prefilled Syringe	DNP	241.0000	L	E	02462869	SDZ	N	
	Rymti 50mg/mL Prefilled Autoinjector	DNP	236.1800	L	E	02530309	LUP	N	
	Rymti 50mg/mL Prefilled Syringe	DNP	236.1800	L	E	02530295	LUP	N	
	Enbrel 50mg/mL Inj					02274728	AGA	N	
L04AB02	INFLIXIMAB								
	Avsola 100mg Pws for Inj	DNP	493.0000	L	E	02496933	AGA	N	
	Inflectra 100mg Pws for Inj	DNP	525.0000	L	E	02419475	HOS	N	
	Renflexis 100mg Pws for Inj	DNP	493.0000	L	E	02470373	ORG	N	
	Remicade 100mg Pws for Inj					02244016	JAN	N	
L04AB04	ADALIMUMAB								
	Humira 20mg/0.2mL Prefilled Syringe					02474263	ABV	N	
	Hyrimoz 20mg/0.2mL Prefilled Syringe*	DNP	235.6350	L	E	02542315	SDZ	N	
	Abrilada 20mg/0.4mL Prefilled Syringe*	DNP	235.6300	L	E	02511061	PFI	N	
	Amgevita 20mg/0.4mL Prefilled Syringe*	DNP	235.6400	L	E	02459310	AGA	N	
	Hulio 20mg/0.4mL Prefilled Syringe*	DNP	235.6350	L	E	02502380	BGP	N	
	Hyrimoz 20mg/0.4mL Prefilled Syringe*	DNP	235.6350	L	E	02505258	SDZ	N	
	Hadlima 40mg/0.4mL Autoinjector*	DNP	471.2700	L	E	02533480	ORG	N	
	Hadlima 40mg/0.4mL Syringe*	DNP	471.2700	L	E	02533472	ORG	N	
	Hyrimoz 40mg/0.4mL Autoinjector*	DNP	471.2700	L	E	02542331	SDZ	N	
	Hyrimoz 40mg/0.4mL Prefilled Syringe*	DNP	471.2700	L	E	02542323	SDZ	N	
	Simlandi 40mg/0.4mL Autoinjector*	DNP	471.2700	L	E	02523957	JPC	N	
	Simlandi 40mg/0.4mL Prefilled Syringe*	DNP	471.2700	L	E	02523949	JPC	N	
	Yuflyma 40mg/0.4mL Prefilled Pen*	DNP	471.2700	L	E	02523779	CTL	N	
	Yuflyma 40mg/0.4mL Prefilled Syringe*	DNP	471.2700	L	E	02523760	CTL	N	
	Abrilada 40mg/0.8mL Prefilled Pen*	DNP	471.2700	L	E	02511045	PFI	N	
	Abrilada 40mg/0.8mL Prefilled Syringe*	DNP	471.2700	L	E	02511053	PFI	N	
	Amgevita 40mg/0.8mL Autoinjector*	DNP	471.2700	L	E	02459302	AGA	N	
	Amgevita 40mg/0.8mL Prefilled Syringe*	DNP	471.2700	L	E	02459299	AGA	N	
	Hadlima 40mg/0.8mL Autoinjector*	DNP	471.2700	L	E	02473100	ORG	N	
	Hadlima 40mg/0.8mL Prefilled Syringe*	DNP	471.2700	L	E	02473097	ORG	N	
	Hulio 40mg/0.8mL Prefilled Pen*	DNP	471.2700	L	E	02502402	BGP	N	
	Hulio 40mg/0.8mL Prefilled Syringe*	DNP	471.2700	L	E	02502399	BGP	N	
	Hyrimoz 40mg/0.8mL Autoinjector*	DNP	471.2700	L	E	02492156	SDZ	N	
	Hyrimoz 40mg/0.8mL Prefilled Syringe*	DNP	471.2700	L	E	02492164	SDZ	N	
	Idacio 40mg/0.8mL Prefilled Pen*	DNP	471.2700	L	E	02502674	FKB	N	
	Humira 40mg/0.8mL Inj					02258595	ABV	N	
	Hyrimoz 80mg/0.8mL Autoinjector*	DNP	942.5400	L	E	02542366	SDZ	N	
	Hyrimoz 80mg/0.8mL Prefilled Syringe*	DNP	942.5400	L	E	02542358	SDZ	N	
	Simlandi 80mg/0.8mL Prefilled Syringe*	DNP	942.5400	L	E	02523965	JPC	N	

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	Yuflyma 80mg/0.8mL Prefilled Pen*	DNP	942.5400	L	E	02535084	CTL	N
	Yuflyma 80mg/0.8mL Prefilled Syringe*	DNP	942.5400	L	E	02535076	CTL	N

*Adalimumab biosimilars billed per pen/syringe/autoinjector

L04AB05 CERTOLIZUMAB PEGOL

	Cimzia 200mg/mL Autoinjector Prefilled Pen	DNP	694.4100	L	E	02465574	UCB	N
	Cimzia 200mg/mL SC Inj	DNP	694.4100	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	SBI	N
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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	47.4800	L	E	02350092	HLR	N
	Actemra 162mg/0.9mL Autoinjector	DNP	409.8250	L	E	02483327	HLR	N
	Actemra 162mg/0.9mL SC Inj	DNP	414.3333	L	E	02424770	HLR	N
	Actemra 200mg/10mL Inj	DNP	47.4820	L	E	02350106	HLR	N
	Actemra 400mg/20mL Inj	DNP	47.4820	L	E	02350114	HLR	N

L04AC08 CANAKINUMAB

	Ilaris 150mg/1mL Liq for Inj	DNP	16000.0000	L	E	02460351	NVR	N
	Ilaris 150mg/1mL Liq for Inj*	DNP	16000.0000	L	E	00903809	NVR	N

*use when drug cost in excess of CPhA maximum

L04AC10 SECUKINUMAB

	Cosentyx 150mg/mL Prefilled Pen	DNP	917.0100	L	E	02438070	NVR	N
	Cosentyx 150mg/mL Prefilled Syringe	DNP	917.0100	L	E	02438070	NVR	N

L04AC12 BRODALUMAB

	Siliq 210mg/1.5mL Prefilled Syringe	DNP	430.0000	L	E	02473623	BSL	N
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L04AC13 IXEKIZUMAB

	Taltz 80mg/mL Autoinjector	DNP	1791.1200	L	E	02455102	LIL	N
	Taltz 80mg/mL Prefilled Syringe	DNP	1791.1200	L	E	02455110	LIL	N

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L04AC14	SARILUMAB								
	Kevzara 150mg/1.14mL Prefilled Pen*	DNP	745.6900	L	E	02472961	SAV	N	
	Kevzara 200mg/1.14mL Prefilled Pen*	DNP	745.6900	L	E	02472988	SAV	N	
	Kevzara 200mg/1.14mL Prefilled Syringe*	DNP	745.6900	L	E	02460548	SAV	N	
	*Billed per pen/syringe								
L04AC16	GUSELKUMAB								
	Tremfya 100mg/mL Autoinjector	DNP	3059.7400	L	E	02487314	JAN	N	
	Tremfya 100mg/mL Prefilled Syringe	DNP	3059.7400	L	E	02469758	JAN	N	
L04AC17	TILDRAKIZUMAB								
	Ilumya 100mg/mL Prefilled Syringe	DNP	4935.0000	L	E	02516098	SUN	N	
L04AC18	RISANKIZUMAB								
	Skyrizi 75mg/0.83mL Prefilled Inj	DNP	2972.8916	L	E	02487454	ABV	N	
	Skyrizi 150mg/mL Prefilled Pen	DNP	4935.0000	L	E	02519291	ABV	N	
	Skyrizi 150mg/mL Prefilled Syringe	DNP	4935.0000	L	E	02519283	ABV	N	
	Skyrizi 360mg/2.4mL Prefilled Ctg Inj*	DNP	4593.1400	L	E	02532093	ABV	N	
	*billed per cartridge								
	Skyrizi 600mg/10mL Vial	DNP	459.3140	L	E	02532107	ABV	N	
L04AC19	SATRALIZUMAB								
	Enspryng 120mg/mL Prefilled Syringe	DNP	9450.0000	L	E	02499681	HLR	N	
	Enspryng 120mg/mL Prefilled Syringe*	DNP	9450.0000	L	E	00904802	HLR	N	
	*use when drug cost in excess of CPhA maximum								
L04AC21	BIMEKIZUMAB								
	Bimzelx 160mg/mL Autoinjector	DNP	1625.0000	L	E	02525275	UCB	N	
	Bimzelx 160mg/mL Prefilled Syringe	DNP	1625.0000	L	E	02525267	UCB	N	
L04AD	CALCINEURIN INHIBITORS								
L04AD01	CYCLOSPORINE								
	Neoral 10mg Cap	DNP	0.7470	L	SF	02237671	NVR	N	
	cyclosporine 25mg cap								
	Cyclosporine 25mg Cap	DNP	0.7870	M	SF	02495805	STD	Y	
	Sandoz Cyclosporine 25mg Cap	DNP	0.7870	M	SF	02247073	SDZ	Y	
	Neoral 25mg Cap	DNP	0.7870	M	SF	02150689	NVR	Y	
	cyclosporine 50mg cap								
	Cyclosporine 50mg Cap	DNP	1.5350	M	SF	02495821	STD	Y	
	Sandoz Cyclosporine 50mg Cap	DNP	1.5350	M	SF	02247074	SDZ	Y	
	Neoral 50mg Cap	DNP	1.5350	M	SF	02150662	NVR	Y	
	cyclosporine 100mg cap								
	Cyclosporine 100mg Cap	DNP	3.0720	M	SF	02495813	STD	Y	
	Sandoz Cyclosporine 100mg Cap	DNP	3.0720	M	SF	02242821	SDZ	Y	
	Neoral 100mg Cap	DNP	3.0720	M	SF	02150670	NVR	Y	
	Neoral 100mg/mL O/L	DNP	6.0280	L	SF	02150697	NVR	N	

L Antineoplastics and Immunomodulating Agents

L04AD02 TACROLIMUS

tacrolimus 0.5mg cap

ACH-Tacrolimus 0.5mg Cap						02454068	AHI	N
Sandoz Tacrolimus 0.5mg Cap						02416816	SDZ	Y
Prograf 0.5mg Cap						02243144	ASL	Y
Advagraf 0.5mg ER Cap						02296462	ASL	N
Envarsus PA 0.75mg ER Tab						02485877	PAL	N

tacrolimus 1mg cap

ACH-Tacrolimus 1mg Cap						02456095	AHI	N
Sandoz Tacrolimus 1mg Cap						02416824	SDZ	Y
Prograf 1mg Cap						02175991	ASL	Y
Advagraf 1mg ER Cap						02296470	ASL	N
Envarsus PA 1mg ER Tab						02485885	PAL	N
Advagraf 3mg ER Cap						02331667	ASL	N
Envarsus PA 4mg ER Tab						02485893	PAL	N

tacrolimus 5mg cap

ACH-Tacrolimus 5mg Cap						02456109	AHI	N
Sandoz Tacrolimus 5mg Cap						02416832	SDZ	Y
Prograf 5mg Cap						02175983	ASL	Y
Advagraf 5mg ER Cap						02296489	ASL	N

L04AE SPHINGOSINE-1-PHOSPHATE (S1P)RECEPTOR MODULATORS

L04AE02 OZANIMOD

Zeposia 0.23mg & 0.46mg Initiation Pack	DNP	68.4929	L	E		02506009	CEL	N
Zeposia 0.92mg Cap	DNP	68.4932	L	E		02505991	CEL	N

L04AG MONOCLONAL ANTIBODIES

L04AG11 ANIFROLUMAB

Saphnelo 150mg/mL IV Inj	DNP	868.0700	L	E		02522845	AZE	N
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L04AX OTHER IMMUNOSUPPRESSANTS

L04AX01 AZATHIOPRINE

azathioprine 50mg tab

Apo-Azathioprine 50mg Tab	DNP	0.5185	M	SFC		02242907	APX	Y
Teva-Azathioprine 50mg Tab	DNP	0.5185	M	SFC		02236819	TEV	Y
Imuran 50mg Tab	DNP	0.5185	M	SFC		00004596	APN	Y

L04AX03 METHOTREXATE

methotrexate 10mg/0.2mL inj

pms-Methotrexate 10mg/0.2mL Inj	DNP	111.1500	M	SFC		02539608	PMS	Y
Metobject 10mg/0.2mL Inj	DNP	111.1500	M	SFC		02454831	MDX	Y

methotrexate 12.5mg/0.25mL inj

pms-Methotrexate 12.5mg/0.25mL Inj	DNP	93.6000	M	SFC		02539616	PMS	Y
Metobject 12.5mg/0.25mL Inj	DNP	93.6000	M	SFC		02454750	MDX	Y

methotrexate 15mg/0.3mL inj

L Antineoplastics and Immunomodulating Agents

Methotrexate 15mg/0.3mL Inj	DNP	54.6000	M	SFC	02491311	AHI	Y
pms-Methotrexate 15mg/0.3mL Inj	DNP	54.6000	M	SFC	02539624	PMS	Y
Metoject 15mg/0.3mL Inj	DNP	54.6000	M	SFC	02454858	MDX	Y
methotrexate 17.5mg/0.35mL inj							
Methotrexate 17.5mg/0.35mL Inj	DNP	45.7143	M	SFC	02491338	AHI	Y
pms-Methotrexate 17.5mg/0.35mL Inj	DNP	45.7143	M	SFC	02539632	PMS	Y
Metoject 17.5mg/0.35mL Inj	DNP	45.7143	M	SFC	02454769	MDX	Y
methotrexate 20mg/0.4mL inj							
Methotrexate 20mg/0.4mL Inj	DNP	43.7500	M	SFC	02491346	AHI	Y
pms-Methotrexate 20mg/0.4mL Inj	DNP	43.7500	M	SFC	02539640	PMS	Y
Metoject 20mg/0.4mL Inj	DNP	43.7500	M	SFC	02454866	MDX	Y
methotrexate 22.5mg/0.45mL inj							
Methotrexate 22.5mg/0.45mL Inj	DNP	38.8889	M	SFC	02491354	AHI	Y
pms-Methotrexate 22.5mg/0.45mL Inj	DNP	38.8889	M	SFC	02539659	PMS	Y
Metoject 22.5mg/0.45mL Inj	DNP	38.8889	M	SFC	02454777	MDX	Y
methotrexate 25mg/0.5mL inj							
Methotrexate 25mg/0.5mL Inj	DNP	39.0000	M	SFC	02491362	AHI	Y
pms-Methotrexate 25mg/0.5mL Inj	DNP	39.0000	M	SFC	02539667	PMS	Y
Metoject 25mg/0.5mL Inj	DNP	39.0000	M	SFC	02454874	MDX	Y

L04AX04 LENALIDOMIDE

lenalidomide 2.5mg cap

Apo-Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02507927	APX	Y
JAMP Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02506130	JPC	Y
NAT-Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02493837	NAT	Y
Reddy-Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02484714	RCH	Y
Sandoz Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02518562	SDZ	Y
Taro-Lenalidomide 2.5mg Cap	DNP	82.3750	M	E	02507862	TAR	Y
Revlimid 2.5mg Cap	DNP	82.3750	M	E	02459418	CEL	Y

lenalidomide 5mg cap

Apo-Lenalidomide 5mg Cap	DNP	85.0000	M	E	02507935	APX	Y
JAMP Lenalidomide 5mg Cap	DNP	85.0000	M	E	02506149	JPC	Y
NAT-Lenalidomide 5mg Cap	DNP	85.0000	M	E	02493845	NAT	Y
Reddy-Lenalidomide 5mg Cap	DNP	85.0000	M	E	02483017	RCH	Y
Sandoz Lenalidomide 5mg Cap	DNP	85.0000	M	E	02518570	SDZ	Y
Taro-Lenalidomide 5mg Cap	DNP	85.0000	M	E	02507870	TAR	Y
Revlimid 5mg Cap	DNP	85.0000	M	E	02304899	CEL	Y

lenalidomide 10mg cap

Apo-Lenalidomide 10mg Cap	DNP	90.2500	M	E	02507943	APX	Y
JAMP Lenalidomide 10mg Cap	DNP	90.2500	M	E	02506157	JPC	Y
NAT-Lenalidomide 10mg Cap	DNP	90.2500	M	E	02493861	NAT	Y
Reddy-Lenalidomide 10mg Cap	DNP	90.2500	M	E	02483025	RCH	Y
Sandoz Lenalidomide 10mg Cap	DNP	90.2500	M	E	02518589	SDZ	Y
Taro-Lenalidomide 10mg Cap	DNP	90.2500	M	E	02507889	TAR	Y
Revlimid 10mg Cap	DNP	90.2500	M	E	02304902	CEL	Y

lenalidomide 15mg cap

Apo-Lenalidomide 15mg Cap	DNP	95.5000	M	E	02507951	APX	Y
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L Antineoplastics and Immunomodulating Agents

JAMP Lenalidomide 15mg Cap	DNP	95.5000	M	E	02506165	JPC	Y
NAT-Lenalidomide 15mg Cap	DNP	95.5000	M	E	02493888	NAT	Y
Reddy-Lenalidomide 15mg Cap	DNP	95.5000	M	E	02483033	RCH	Y
Sandoz Lenalidomide 15mg Cap	DNP	95.5000	M	E	02518597	SDZ	Y
Taro-Lenalidomide 15mg Cap	DNP	95.5000	M	E	02507897	TAR	Y
Revlimid 15mg Cap	DNP	95.5000	M	E	02317699	CEL	Y

lenalidomide 20mg cap

Apo-Lenalidomide 20mg Cap	DNP	100.7500	M	E	02507978	APX	Y
JAMP Lenalidomide 20mg Cap	DNP	100.7500	M	E	02506173	JPC	Y
NAT-Lenalidomide 20mg Cap	DNP	100.7500	M	E	02493896	NAT	Y
Reddy-Lenalidomide 20mg Cap	DNP	100.7500	M	E	02483041	RCH	Y
Sandoz Lenalidomide 20mg Cap	DNP	100.7500	M	E	02518600	SDZ	Y
Taro-Lenalidomide 20mg Cap	DNP	100.7500	M	E	02507900	TAR	Y
Revlimid 20mg Cap	DNP	100.7500	M	E	02440601	CEL	Y

lenalidomide 25mg cap

Apo-Lenalidomide 25mg Cap	DNP	106.0000	M	E	02507986	APX	Y
JAMP Lenalidomide 25mg Cap	DNP	106.0000	M	E	02506181	JPC	Y
NAT-Lenalidomide 25mg Cap	DNP	106.0000	M	E	02493918	NAT	Y
Reddy-Lenalidomide 25mg Cap	DNP	106.0000	M	E	02483068	RCH	Y
Sandoz Lenalidomide 25mg Cap	DNP	106.0000	M	E	02518619	SDZ	Y
Taro-Lenalidomide 25mg Cap	DNP	106.0000	M	E	02507919	TAR	Y
Revlimid 25mg Cap	DNP	106.0000	M	E	02317710	CEL	Y

L04AX05 PIRFENIDONE

pirfenidone 267mg cap

JAMP Pirfenidone 267mg Cap	DNP	6.7120	M	E	02509938	JPC	Y
Sandoz Pirfenidone 267mg Cap	DNP	6.7120	M	E	02488833	SDZ	Y
Esbriet 267mg Cap (discontinued)					02393751	HLR	Y

pirfenidone 267mg tab

JAMP Pirfenidone 267mg Tab	DNP	3.3560	M	E	02514702	JPC	Y
pms-Pirfenidone 267mg Tab	DNP	3.3560	M	E	02531526	PMS	Y
Sandoz Pirfenidone 267mg Tab	DNP	3.3560	M	E	02488507	SDZ	Y
Esbriet 267mg Tab	DNP	3.3560	M	E	02464489	HLR	Y

pirfenidone 801mg tab

JAMP Pirfenidone 801mg Tab	DNP	10.0680	M	E	02514710	JPC	Y
pms-Pirfenidone 801mg Tab	DNP	10.0680	M	E	02531534	PMS	Y
Sandoz Pirfenidone 801mg Tab	DNP	10.0680	M	E	02488515	SDZ	Y
Esbriet 801mg Tab	DNP	10.0680	M	E	02464500	HLR	Y

L04AX06 POMALIDOMIDE

pomalidomide 1mg cap

JAMP Pomalidomide 1mg Cap	DNP	125.0000	M	E	02538059	JPC	Y
NAT-Pomalidomide 1mg Cap	DNP	125.0000	M	E	02506394	NAT	Y
Reddy-Pomalidomide 1mg Cap	DNP	125.0000	M	E	02504073	RCH	Y
Sandoz Pomalidomide 1mg Cap	DNP	125.0000	M	E	02523973	SDZ	Y
Apo-Pomalidomide 1mg Cap	DNP	125.0000	M	E	02520427	APX	Y
Pomalyst 1mg Cap	DNP	125.0000	M	E	02419580	CEL	Y

pomalidomide 2mg cap

L Antineoplastics and Immunomodulating Agents

JAMP Pomalidomide 2mg Cap	DNP	125.0000	M	E	02538075	JPC	Y
NAT-Pomalidomide 2mg Cap	DNP	125.0000	M	E	02506408	NAT	Y
Reddy-Pomalidomide 2mg Cap	DNP	125.0000	M	E	02504081	RCH	Y
Sandoz Pomalidomide 2mg Cap	DNP	125.0000	M	E	02523981	SDZ	Y
Apo-Pomalidomide 2mg Cap	DNP	125.0000	M	E	02520435	APX	Y
Pomalyst 2mg Cap	DNP	125.0000	M	E	02419599	CEL	Y

pomalidomide 3mg cap

JAMP Pomalidomide 3mg Cap	DNP	125.0000	M	E	02538083	JPC	Y
NAT-Pomalidomide 3mg Cap	DNP	125.0000	M	E	02506416	NAT	Y
Reddy-Pomalidomide 3mg Cap	DNP	125.0000	M	E	02504103	RCH	Y
Sandoz Pomalidomide 3mg Cap	DNP	125.0000	M	E	02524007	SDZ	Y
Apo-Pomalidomide 3mg Cap	DNP	125.0000	M	E	02520443	APX	Y
Pomalyst 3mg Cap	DNP	125.0000	M	E	02419602	CEL	Y

pomalidomide 4mg cap

JAMP Pomalidomide 4mg Cap	DNP	125.0000	M	E	02538091	JPC	Y
NAT-Pomalidomide 4mg Cap	DNP	125.0000	M	E	02506424	NAT	Y
Reddy-Pomalidomide 4mg Cap	DNP	125.0000	M	E	02504111	RCH	Y
Sandoz Pomalidomide 4mg Cap	DNP	125.0000	M	E	02524015	SDZ	Y
Apo-Pomalidomide 4mg Cap	DNP	125.0000	M	E	02520451	APX	Y
Pomalyst 4mg Cap	DNP	125.0000	M	E	02419610	CEL	Y

L04AX07 DIMETHYL FUMARATE

dimethyl fumarate 120mg DR cap

ACH-Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02495341	AHI	Y
Apo-Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02505762	APX	Y
GLN-Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02494809	GLM	Y
JAMP Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02516047	JPC	Y
Mar-Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02502690	MAR	Y
pms-Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02497026	PMS	Y
Sandoz Dimethyl Fumarate 120mg DR Cap	DNP	4.4266	M	E	02513781	SDZ	Y
Tecfidera 120mg DR Cap	DNP	4.4266	M	E	02404508	BIG	Y

dimethyl fumarate 240mg DR cap

ACH-Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02495368	AHI	Y
Apo-Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02505770	APX	Y
GLN-Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02494817	GLM	Y
JAMP Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02516055	JPC	Y
Mar-Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02502704	MAR	Y
pms-Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02497034	PMS	Y
Sandoz Dimethyl Fumarate 240mg DR Cap	DNP	8.6888	M	E	02513803	SDZ	Y
Tecfidera 240mg DR Cap	DNP	8.6888	M	E	02420201	BIG	Y

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

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

Auro-Indomethacin 50mg Cap	DNPM	0.1234	M	SFC	02499223	ARO	Y
MINT-Indomethacin 50mg Cap	DNPM	0.1234	M	SFC	02461536	MNT	Y
Teva-Indomethacin 50mg Cap	DNPM	0.1234	M	SFC	00337439	TEV	Y
Indocid 50mg Cap (discontinued)					00016047	LIH	Y

indomethacin 50mg supp

Odan-Indomethacin 50mg Supp					02231799	ODN	Y
Indocid 50mg Supp (discontinued)					00594466	FRS	Y

indomethacin 100mg supp

Odan-Indomethacin 100mg Supp					02231800	ODN	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
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
Novo-Difenac 50mg Tab	DNPM	0.2333	P	SF	00808547	TEV	Y
pms-Diclofenac 50mg Tab	DNPM	0.2333	P	SF	02302624	PMS	Y
Voltaren 50mg Tab (discontinued)					00514012	NVR	Y

diclofenac sodium 50mg supp

Sandoz Diclofenac 50mg Supp	DNPM	1.2818	M	SF	02261928	SDZ	Y
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M Musculo-Skeletal System

Voltaren 50mg Supp	DNPM	1.2818	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
Voltaren SR 75mg Tab (discontinued)					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
Sandoz Diclofenac SR 100mg Tab	DNPM	0.4134	M	SF	02261944	SDZ	Y
Voltaren SR 100mg Tab (discontinued)					00590827	NVR	Y

M01AB15 KETOROLAC

ketorolac 10mg tab							
Apo-Ketorolac 10mg Tab					02229080	APX	Y
JAMP Ketorolac 10mg Tab					02510855	JPC	Y
Mar-Ketorolac 10mg Tab					02465124	MAR	Y
MINT-Ketorolac 10mg Tab					02461455	MNT	Y
Toradol 10mg Tab					02162660	AAP	Y
Toradol 10mg/mL Inj	DNP	1.4240	L	SF	02162644	MTP	N
ketorolac 30mg/mL inj							
Ketorolac 30mg/mL Inj	DNP	3.0870	M	SF	02239944	SDZ	Y
Ketorolac Tromethamine USP 30mg/mL Inj	DNP	3.0870	M	SF	02523310	JPC	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
pms-Diclofenac-Misoprostol 50mg/200mcg Tab	DNP	0.3149	M	SF	02413469	PMS	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
pms-Diclofenac-Misoprostol 75mg/200mcg Tab	DNP	0.4286	M	SF	02413477	PMS	Y
Arthrotec 75mg Tab	DNP	0.4286	M	SF	02229837	PFI	Y

M01AC OXICAMS

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

M01AC06 MELOXICAM

meloxicam 7.5mg tab

M Musculo-Skeletal System

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
Meloxicam 7.5mg Tab	DNP	0.2003	M	SF	02353148	SAS	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 (discontinued)					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
Meloxicam 15mg Tab	DNP	0.2311	M	SF	02353156	SAS	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
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
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
Motrin 600mg Tab (discontinued)					00484911	JNJ	Y

M01AE02 NAPROXEN

Pediapharm Naproxen 25mg/mL Susp	DNPM	0.0949	L	SFC	02162431	MDX	N
naproxen 250mg EC tab							
Apo-Naproxen 250mg EC Tab	DNPM	0.2049	M	SFC	02246699	APX	Y
Novo-Naprox 250mg EC Tab	DNPM	0.2049	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 (discontinued)					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

M Musculo-Skeletal System

	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 (discontinued)					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
	Novo-Naprox 500mg EC Tab	DNPM	0.2426	M	SFC	02243314	TEV	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 (discontinued)					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
	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 100mg EC tab							
	Keto-E 100mg Tab	DNP	0.3500	P	SFC	00842664	AAP	Y
	Orudis-E 100mg Tab (discontinued)					01926365	SAV	Y
	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							
	Flurbiprofen 50mg Tab	DNP	0.1750	P	SF	01912046	AAP	Y
	Ansaid 50mg Tab (discontinued)					00647942	PFI	Y
	flurbiprofen 100mg tab							
	Flurbiprofen 100mg Tab	DNP	0.5930	M	SF	01912038	AAP	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	0.8898	M	SF	02179687	TEV	Y

M Musculo-Skeletal System

	Surgam 300mg Tab (discontinued)					02221950	SAV	Y
M01AE52	NAPROXEN AND ESOMEPRAZOLE							
	naproxen 375mg & esomeprazole 20mg tab							
	Mylan-Naproxen-Esomeprazole MR 375mg/20mg Tab					02458608	MYL	Y
	Vimovo 375mg/20mg Tab					02361701	XPI	Y
	naproxen 500mg & esomeprazole 20mg tab							
	Mylan-Naproxen-Esomeprazole MR 500mg/20mg Tab					02443449	MYL	Y
	Vimovo 500mg/20mg Tab					02361728	XPI	Y
M01AG	FENEMATES							
M01AG01	MEFENAMIC ACID							
	mefenamic acid 250mg cap							
	Apo-Mefenamic 250mg Cap	DNP	0.4769	M	F	02229452	AAP	Y
	Ponstan 250mg Cap	DNP	0.4769	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
	Jamp-Celecoxib 100mg Cap	DNP	0.1279	M	SF	02424533	JPC	Y
	M-Celecoxib 100mg Cap	DNP	0.1279	M	SF	02495465	MRA	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
	pmsc-Celecoxib 100mg Cap	DNP	0.1279	M	SF	02517116	PMS	Y
	Celebrex 100mg Cap	DNP	0.1279	M	SF	02239941	UJC	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	02429683	SIV	Y
	Celecoxib 200mg Cap	DNP	0.2558	M	SF	02436302	SAS	Y
	Jamp-Celecoxib 200mg Cap	DNP	0.2558	M	SF	02424541	JPC	Y
	M-Celecoxib 200mg Cap	DNP	0.2558	M	SF	02495473	MRA	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
	pmsc-Celecoxib 200mg Cap	DNP	0.2558	M	SF	02517124	PMS	Y
	Celebrex 200mg Cap	DNP	0.2558	M	SF	02239942	UJC	Y
M01AX	OTHER ANTIINFLAMMATORY/ANTIRHEUMATICS, NON-STEROIDS							
M01AX01	NABUMETONE							
	nabumetone 500mg tab							
	Nabumetone 500mg Tab	DNP	0.1750	P	SF	02238639	AAP	Y
	Relafen 500mg Tab (discontinued)					02083531	GSK	Y

M Musculo-Skeletal System**M01C SPECIFIC ANTIRHEUMATIC AGENTS****M01CB GOLD PREPARATIONS**

M01CB03 AURANOFIN

Ridaura 3mg Cap

01916823 XPI N

M01CC PENICILLAMINE AND SIMILAR AGENTS

M01CC01 PENICILLAMINE

Cuprimine 250mg Cap

DNP

4.4635

L

SF

00016055 BSL N

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

Diclofenac Sodium 1.5% w/w Top Sol

02476134 TLG 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 MUSCLE RELAXANTS, PERIPHERALLY ACTING AGENTS****M03AX OTHER MUSCLE RELAXANTS, PERIPHERALLY ACTING AGENTS**

M03AX01 ABOBOTULINUMTOXIN-A

Dysport Therapeutic 300 U/vial Inj

DNP

385.5600

L

E

02460203 IPS N

Dysport Therapeutic 500 U/vial Inj

DNP

642.6000

L

E

02456117 IPS N

M03AX01 INCOBOTULINUMTOXIN-A

Xeomin 50 U/vial Inj

DNP

165.0000

L

E

02371081 MRZ N

Xeomin 100 U/vial Inj

DNP

330.0000

L

E

02324032 MRZ N

M03AX01 ONABOTULINUMTOXIN-A

Botox 50 U/vial Inj

DNP

187.4300

L

E

02531577 ABV N

Botox 100 U/vial Inj

DNP

374.8500

L

E

01981501 ABV N

Botox 200 U/vial Inj

DNP

749.7000

L

E

02531585 ABV N

M03B MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS**M03BA CARBAMIC ACID ESTERS**

M03BA03 METHOCARBAMOL

Robaxin 500mg Tab

01930990 WCH N

Robaxin 750mg Tab

01932187 WCH N

M Musculo-Skeletal System

M03BA53 METHOCARBAMOL, COMBINATIONS EXCLUDING PSYCHOLEPTICS

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

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

M03BX OTHER CENTRALLY ACTING AGENTS

M03BX01 BACLOFEN

baclofen 0.05mg/mL

Baclofen 0.05mg/mL Intrathecal Inj					02457059	TLG	Y
Val-Baclofen Intrathecal 0.05mg/mL					02413620	VLN	Y
Lioresal Intrathecal 0.05mg/mL					02131048	NVR	Y

baclofen 0.5mg/mL

Baclofen 0.5mg/mL Intrathecal Inj					02457067	TLG	Y
Val-Baclofen Intrathecal 0.5mg/mL					02413639	VLN	Y
Lioresal Intrathecal 0.5mg/mL (discontinued)					02131056	NVR	Y

baclofen 2mg/mL

Baclofen 2mg/mL Intrathecal Inj					02457075	TLG	Y
Val-Baclofen Intrathecal 2mg/mL					02413647	VLN	Y
Lioresal Intrathecal 2mg/mL (discontinued)					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 (discontinued)					00455881	NVR	Y

baclofen 20mg tab

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
Lioresal DS 20mg Tab (discontinued)					00636576	NVR	Y

M03BX02 TIZANIDINE

tizanidine 4mg tab

Apo-Tizanidine 4mg Tab	DNP	0.3931	M	SF	02259893	APX	Y
MINT-Tizanidine 4mg Tab	DNP	0.3931	M	SF	02536765	MNT	Y
Zanaflex 4mg Tab (discontinued)					02239170	PAL	Y

M Musculo-Skeletal System**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	02287064	SAS	Y
Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02424584	SIV	Y
Flexeril 10mg Tab	DNP	0.1022	M	SF	02495422	ORI	Y
Jamp-Cyclobenzaprine 10mg Tab	DNP	0.1022	M	SF	02357127	JPC	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 MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS**M03CA DANTROLENE AND DERIVATIVES****M03CA01 DANTROLENE**

Dantrium 25mg Cap	DNP	0.5763	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
Zyloprim 300mg Tab	DNP	0.2125	M	SFC	00402796	AAP	Y
Zyloprim 300mg Tab (discontinued)					00294322	GSK	Y

M04AA03 FEBUXOSTAT**febuxostat 80mg tab**

Auro-Febuxostat 80mg Tab	DNP	0.3975	M	E	02533243	ARO	Y
Febuxostat 80mg Tab	DNP	0.3975	M	E	02539837	SAS	Y
Jamp-Febuxostat 80mg Tab	DNP	0.3975	M	E	02490870	JPC	Y
Mar-Febuxostat 80mg Tab	DNP	0.3975	M	E	02473607	MAR	Y
Teva-Febuxostat 80mg Tab	DNP	0.3975	M	E	02466198	TEV	Y
Uloric 80mg Tab (discontinued)					02357380	TAK	Y

M04AC PREPARATION WITH NO EFFECT ON URIC ACID METABOLISM

M Musculo-Skeletal System**M04AC01 COLCHICINE****colchicine 0.6mg tab**

Colchicine 0.6mg Tab	DNP	0.2565	M	SF	00572349	ODN	Y
Jamp-Colchicine 0.6mg Tab	DNP	0.2565	M	SF	02373823	JPC	Y
pms-Colchicine 0.6mg Tab	DNP	0.2565	M	SF	02402181	PMS	Y
Sandoz Colchicine 0.6mg Tab					00287873	SDZ	Y
Colchicine 0.6mg Tab (discontinued)					00000396	ABB	Y

M05 DRUGS FOR TREATMENT OF BONE DISEASES**M05B DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION****M05BA BISPHTHONATES****M05BA02 CLODRONIC ACID**

Clasteon 400mg Tab	DNP	1.2083	L	SFC	02245828	SNV	N
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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
Fosamax 5mg Tab (discontinued)					02233055	FRS	Y

alendronate 10mg tab

Alendronate Sodium 10mg Tab	DNP	0.4986	M	SFC	02381486	AHI	Y
Auro-Alendronate 10mg Tab	DNP	0.4986	M	SFC	02388545	ARO	Y
Fosamax 10mg Tab (discontinued)					02201011	FRS	Y

alendronate 70mg tab

Alendronate 70mg Tab	DNP	1.7804	M	SFC	02299712	SIV	Y
Alendronate 70mg Tab	DNP	1.7804	M	SFC	02352966	SAS	Y
Alendronate Sodium 70mg Tab	DNP	1.7804	M	SFC	02381494	AHI	Y
Apo-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02248730	APX	Y
Auro-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02388553	ARO	Y
JAMP Alendronate Sodium 70mg Tab	DNP	1.7804	M	SFC	02500175	JPC	Y
Jamp-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02385031	JPC	Y
M-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02529394	MRA	Y
MINT-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02394871	MNT	Y
pms-Alendronate-FC 70mg Tab	DNP	1.7804	M	SFC	02284006	PMS	Y
Sandoz Alendronate 70mg Tab	DNP	1.7804	M	SFC	02288109	SDZ	Y
Teva-Alendronate 70mg Tab	DNP	1.7804	M	SFC	02261715	TEV	Y
Fosamax 70mg Tab	DNP	1.7804	M	SFC	02245329	ORG	Y

M05BA07 RISEDRONIC ACID (RISEDRONATE)**risedronate 5mg tab**

M Musculo-Skeletal System

Teva-Risedronate 5mg Tab	DNP	1.8445	M	SFC	02298376	TEV	Y
Actonel 5mg Tab (discontinued)					02242518	ALL	Y
risedronate 30mg tab							
Teva-Risedronate 30mg Tab	DNP	11.9497	M	E	02298384	TEV	Y
Actonel 30mg Tab (discontinued)					02239146	ALL	Y
risedronate 35mg DR tab							
AA-Risedronate 35mg DR Tab					02493268	AAP	Y
Actonel 35mg DR Tab					02370417	ABV	Y
risedronate 35mg tab							
Apo-Risedronate 35mg Tab	DNP	1.6764	M	SFC	02353687	APX	Y
Auro-Risedronate 35mg Tab	DNP	1.6764	M	SFC	02406306	ARO	Y
pms-Risedronate 35mg Tab	DNP	1.6764	M	SFC	02302209	PMS	Y
Risedronate 35mg Tab	DNP	1.6764	M	SFC	02370255	SAS	Y
Risedronate-35mg Tab	DNP	1.6764	M	SFC	02411407	SIV	Y
Sandoz Risedronate 35mg Tab	DNP	1.6764	M	SFC	02327295	SDZ	Y
Teva-Risedronate 35mg Tab	DNP	1.6764	M	SFC	02298392	TEV	Y
Actonel 35mg Tab	DNP	1.6764	M	SFC	02246896	ABV	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
Risedronate 150mg Tab					02528460	SAS	Y
Teva-Risedronate 150mg Tab					02413809	TEV	Y
Actonel 150mg Tab					02316838	ABV	Y

M05BA08 ZOLEDRONIC ACID

zoledronic acid 4mg inj							
Jamp-Zoledronic Acid 4mg/5mL Inj					02482525	JPC	Y
Taro-Zoledronic Acid 4mg/5mL Inj					02415186	TAR	Y
Teva-Zoledronic Acid 4mg/5mL Inj					02407639	TEV	Y
Zoledronic Acid 4mg/5mL Inj					02472805	MAR	Y
Zoledronic Acid 4mg/5mL Inj					02444739	MDN	Y
Zoledronic Acid 4mg/5mL Inj					02422425	RCH	Y
Zoledronic Acid 4mg/5mL Inj					02413701	OMG	Y
Zoledronic Acid Z 4mg/5mL Inj					02401606	SDZ	Y
Zometa 4mg/5mL Inj					02248296	NVR	Y
zoledronic acid 5mg inj							
Taro-Zoledronic Acid 5mg/100mL Inj	DNP	3.5601	M	SF	02415100	TAR	Y
Zoledronic Acid 5mg/100mL Inj	DNP	3.5601	M	SF	02422433	RCH	Y
Aclasta 5mg/100mL Inj	DNP	3.5601	M	SF	02269198	SDZ	Y

M05BB BIPHOSPHONATES, COMBINATIONS

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
JAMP Alendronate/Vitamin D3 70mg/2800IU Tab					02519828	JPC	Y
Fosavance 70mg/2800 IU Tab					02276429	ORG	Y

M Musculo-Skeletal System**alendronic acid 70mg & cholecalciferol 5600 IU tab**

Apo-Alendronate/Vitamin D3 70mg/5600 IU Tab	DNP	2.4348	M	SFC	02454475	APX	Y
JAMP Alendronate/Vitamin D3 70mg/5600 IU Tab	DNP	2.4348	M	SFC	02519836	JPC	Y
Fosavance 70mg/5600 IU Tab	DNP	2.4348	M	SFC	02314940	ORG	Y

M05BX OTHER DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION**M05BX04 DENOSUMAB**

Prolia 60mg/mL Inj	DNP	440.1000	L	E	02343541	AGA	N
Xgeva 120mg/1.7mL Sol	DNP	408.4647	L	E	02368153	AGA	N

M05BX05 BUROSUMAB

Crysvita 10mg/mL Vial	DNP	4514.9400	L	E	02483629	UGX	N
Crysvita 20mg/mL Vial	DNP	9029.9000	L	E	02483637	UGX	N
Crysvita 20mg/mL Vial*	DNP	9029.9000	L	E	00904744	UGX	N

*Please see Appendix III for additional PINS.

Crysvita 30mg/mL Vial	DNP	13544.8400	L	E	02483645	UGX	N
Crysvita 30mg/mL Vial*	DNP	13544.8400	L	E	00904749	UGX	N

*Please see Appendix III for additional PINS.

M05BX06 ROMOSOZUMAB

Evenity 90mg/mL Prefilled Syringe	DNP	284.3292	L	E	02489597	AGA	N
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M09 OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM**M09A OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM****M09AX OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM****M09AX07 NUSINERSEN**

Spinraza 12mg/5mL Vial	DNP	23600.0000	L	E	02465663	BIG	N
Spinraza 12mg/5mL Vial*	DNP	23600.0000	L	E	00904367	BIG	N

*Please see Appendix III for additional PINS.

M09AX09 ONASEMNOGENE ABEPARVOVEC

Zolgensma 20 Trillion VG/mL Vial					02509695	NVR	N
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M09AX10 RISDIPLAM

Evrysdi 0.75mg/mL Pws for Sol	DNP	193.9725	L	E	02514931	HLR	N
Evrysdi 0.75mg/mL Pws for Sol*	DNP	193.9725	L	E	00904768	HLR	N
Evrysdi 0.75mg/mL Pws for Sol*	DNP	193.9725	L	E	00904769	HLR	N
Evrysdi 0.75mg/mL Pws for Sol*	DNP	193.9725	L	E	00904770	HLR	N

*use when drug cost in excess of CPhA maximum

N	Nervous System									
N01	ANAESTHETICS									
N01A	ANAESTHETICS, GENERAL									
N01AH	OPIOID ANESTHETICS									
	N01AH01	FENTANYL								
		fentanyl citrate 50mcg/mL inj								
		Fentanyl Citrate 50mcg/mL Inj					02240434	SDZ	Y	
		Fentanyl Citrate 50mcg/mL Inj (discontinued)					00888346	PFI	Y	
	N01AH03	SUFENTANIL								
		sufentanil citrate 50mcg/mL inj								
		Sufentanil Citrate 50mcg/mL Inj					02244147	SDZ	Y	
		Sufentanil Citrate 50mcg/mL Inj					02442213	STR	Y	
		Sufenta 50mcg/mL Inj (discontinued)					01951319	JAN	Y	
N01AX	OTHER GENERAL ANAESTHETICS									
	N01AX03	KETAMINE								
		ketamine 10mg/mL inj								
		Ketamine 10mg/mL Inj					02246795	SDZ	Y	
		Ketalar 10mg/mL Inj					00224391	SLP	Y	
		ketamine 50mg/mL inj								
		Ketamine 50mg/mL Inj					02246796	SDZ	Y	
		Ketalar 50mg/mL Inj					00224405	SLP	Y	
N01B	ANAESTHETICS, LOCAL									
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	0.3105	L	SFC	02302411	APN	N	
		Xylocaine 1% Inj	DNPM	1.4133	L	SFC	00001732	APN	N	
		Xylocaine 2% (with preservative)	DNPM	0.3314	L	SFC	02302438	APN	N	
		Xylocaine 2% Inj	DNPM	1.6931	L	SFC	00036641	APN	N	
		Xylocaine 2% Jelly Inj	DNPM	1.0770	L	SFC	00385484	APN	N	

N Nervous System

	Lidodan Endotracheal 10mg/ACT Liq					02231147	ODN	N
N01BB09	ROPIVACAINE							
	Naropin 2mg/mL Inj					02229411	APN	N
	Naropin 5mg/mL Inj	DNP	0.5486	L	SFC	02229415	APN	N
	Naropin 10mg/mL Inj	DNP	0.9788	L	SFC	02229418	APN	N
N01BB52	LIDOCAINE, COMBINATIONS							
	Xylocaine 2% W Epine Inj	DNPM	0.6748	L	SFC	00284106	APN	N
N01BX	OTHER LOCAL ANESTHETICS							
N01BX04	CAPSAICIN							
	Zostrix 0.025% Cream					00740306	BSL	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
	Doloral 1mg/mL Syr	DNP	0.0399	L	SFC	00614491	ATL	N
	Morphine Sulfate 2mg/mL Inj	DNP	2.7360	L	SFC	02242484	SDZ	N
	Doloral 5g/mL Syr	DNP	0.0750	L	SFC	00614505	ATL	N
	MS-IR 5mg Tab	DNP	0.1240	L	SFC	02014203	PFR	N
	Statex 5mg Tab	DNP	0.1289	L	SFC	00594652	PAL	N
	morphine sulfate 10mg/mL inj							
	Morphine Sulfate 10mg/mL Inj	DNP	2.7620	M	SFC	00392588	SDZ	Y
	Morphine Sulfate 10mg/mL Inj (ABB) (discontinued)					00497355	ABB	Y
	Kadian 10mg Cap	DNP	0.4366	L	SFC	02242163	BGP	N
	M-Eslon ER 10mg Cap	DNP	0.3416	L	SFC	02019930	ETH	N
	MS-IR 10mg Tab	DNP	0.1930	L	SFC	02014211	PFR	N
	Statex 10mg Tab	DNP	0.1992	L	SFC	00594644	PAL	N
	morphine sulfate 15mg SR tab							
	Novo-Morphine SR 15mg Tab	DNP	0.4145	M	SFC	02302764	TEV	Y
	Sandoz Morphine SR 15mg Tab	DNP	0.4145	M	SFC	02244790	SDZ	Y
	MS Contin 15mg Tab	DNP	0.4145	M	SFC	02015439	PFR	Y
	morphine sulfate 15mg/mL inj							
	Morphine Sulfate 15mg/mL Inj	DNP	3.0727	M	SFC	00392561	SDZ	Y
	Morphine Sulfate 15mg/mL Inj (ABB - discontinued)					00497363	ABB	Y
	M-Eslon ER 15mg Cap	DNP	0.3942	L	SFC	02177749	ETH	N
	Kadian 20mg Cap	DNP	0.9385	L	SFC	02184435	BGP	N
	MS-IR 20mg Tab	DNP	0.4438	L	SFC	02014238	PFR	N
	morphine sulfate 30mg SR tab							
	Novo-Morphine SR 30mg Tab	DNP	0.6580	M	SFC	02302772	TEV	Y

N Nervous System

Sandoz Morphine SR 30mg Tab	DNP	0.6580	M	SFC	02244791	SDZ	Y
MS Contin 30mg Tab	DNP	0.6580	M	SFC	02014297	PFR	Y
M-Eslon ER 30mg Cap	DNP	0.5876	L	SFC	02019949	ETH	N
MS-IR 30mg Tab	DNP	0.5695	L	SFC	02014254	PFR	N
Morphine HP 50mg/mL Inj	DNP	9.1400	L	SFC	00617288	SDZ	N
Kadian 50mg Cap	DNP	1.7177	L	SFC	02184443	BGP	N

morphine sulfate 60mg SR tab

Novo-Morphine SR 60mg Tab	DNP	1.2180	M	SFC	02302780	TEV	Y
Sandoz Morphine SR 60mg Tab	DNP	1.2180	M	SFC	02244792	SDZ	Y
MS Contin 60mg Tab	DNP	1.2180	M	SFC	02014300	PFR	Y
M-Eslon ER 60mg Cap	DNP	1.0458	L	SFC	02019957	ETH	N

morphine sulfate 100mg SR tab

Novo-Morphine SR 100mg Tab	DNP	1.5395	M	SFC	02302799	TEV	Y
Sandoz Morphine SR 100mg Tab	DNP	1.5395	M	SFC	02478889	SDZ	Y
MS Contin 100mg Tab	DNP	1.5395	M	SFC	02014319	PFR	Y
Kadian 100mg Cap	DNP	3.0144	L	SFC	02184451	BGP	N
M-Eslon ER 100mg Cap	DNP	2.2555	L	SFC	02019965	ETH	N

morphine sulfate 200mg SR tab

Novo-Morphine SR 200mg Tab	DNP	2.7718	M	SFC	02302802	TEV	Y
Sandoz Morphine SR 200mg Tab	DNP	2.7718	M	SFC	02478897	SDZ	Y
MS Contin 200mg Tab	DNP	2.7718	M	SFC	02014327	PFR	Y
M-Eslon ER 200mg Cap	DNP	4.5150	L	SFC	02177757	ETH	N

N02AA03 HYDROMORPHONE

hydromorphone 1mg/mL oral sol

pms-Hydromorphone 1mg/mL Oral Sol	DNP	0.0911	M	SFC	01916386	PMS	Y
Dilaudid 1mg/mL Oral Sol (discontinued)					00786535	PFR	Y

hydromorphone HCl 1mg tab

Apo-Hydromorphone 1mg Tab	DNP	0.0959	M	SFC	02364115	APX	Y
pms-Hydromorphone 1mg Tab	DNP	0.0959	M	SFC	00885444	PMS	Y
Dilaudid 1mg Tab	DNP	0.0959	M	SFC	00705438	PFR	Y

hydromorphone 2mg/mL inj

Hydromorphone 2mg/mL Inj	DNP	2.0591	M	SFC	02145901	SDZ	Y
Dilaudid 2mg/mL Inj (discontinued)					00627100	PFR	Y

hydromorphone HCl 2mg tab

Apo-Hydromorphone 2mg Tab	DNP	0.1417	M	SFC	02364123	APX	Y
pms-Hydromorphone 2mg Tab	DNP	0.1417	M	SFC	00885436	PMS	Y
Dilaudid 2mg Tab	DNP	0.1417	M	SFC	00125083	PFR	Y
Hydromorph Contin 3mg Cap	DNP	0.7622	L	SFC	02125323	PFR	N

hydromorphone HCl 4mg tab

Apo-Hydromorphone 4mg Tab	DNP	0.2240	M	SFC	02364131	APX	Y
pms-Hydromorphone 4mg Tab	DNP	0.2240	M	SFC	00885401	PMS	Y
Dilaudid 4mg Tab	DNP	0.2240	M	SFC	00125121	PFR	Y
Hydromorph Contin 4.5mg Cap	DNP	0.9198	L	SFC	02359502	PFR	N
Hydromorph Contin 6mg Cap	DNP	1.1413	L	SFC	02125331	PFR	N

N Nervous System

hydromorphone HCl 8mg tab

Apo-Hydromorphone 8mg Tab	DNP	0.3528	M	SFC	02364158	APX	Y
pms-Hydromorphone 8mg Tab	DNP	0.3528	M	SFC	00885428	PMS	Y
Dilaudid 8mg Tab	DNP	0.3528	M	SFC	00786543	PFR	Y
Hydromorph Contin 9mg Cap	DNP	1.5072	L	SFC	02359510	PFR	N

hydromorphone 10mg/mL inj

Hydromorphone HP 10mg/mL Inj	DNP	3.9680	M	SFC	02145928	SDZ	Y
Dilaudid HP 10mg/mL Inj (discontinued)					00622133	PFR	Y
Hydromorph Contin 12mg Cap	DNP	1.9797	L	SFC	02125366	PFR	N
Hydromorph Contin 18mg Cap	DNP	2.8560	L	SFC	02243562	PFR	N

hydromorphone 20mg/mL inj

Hydromorphone HP 20mg/mL Inj	DNP	9.8444	M	SFC	02145936	SDZ	Y
Dilaudid HP Plus 20mg/mL Inj (discontinued)					02146118	PFR	Y
Hydromorph Contin 24mg Cap	DNP	3.3057	L	SFC	02125382	PFR	N
Hydromorph Contin 30mg Cap	DNP	3.9595	L	SFC	02125390	PFR	N

hydromorphone 50mg/mL inj

Hydromorphone HP 50mg/mL Inj	DNP	6.9525	M	SFC	02146126	SDZ	Y
HYDRomorphone Hydrochloride HP 50mg/mL Inj	DNP	6.9525	M	SFC	02469413	STR	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	DNP	0.1865	M	SFC	02319977	PMS	Y
Oxy-IR 5mg Tab	DNP	0.1865	M	SFC	02231934	PFR	Y

oxycodone 5mg tab (Supeudol)

pms-Oxycodone 5mg Tab	DNP	0.1865	M	SFC	02319977	PMS	Y
Supeudol 5mg Tab	DNP	0.1865	M	SFC	00789739	SDZ	Y
Targin 5/10mg Tab					02339609	PFR	N

oxycodone 10mg tab (Oxy-IR)

pms-Oxycodone 10mg Tab	DNP	0.2898	M	SFC	02319985	PMS	Y
Oxy-IR 10mg Tab	DNP	0.2898	M	SFC	02240131	PFR	Y

oxycodone 10mg tab (Supeudol)

pms-Oxycodone 10mg Tab	DNP	0.2898	M	SFC	02319985	PMS	Y
Supeudol 10mg Tab	DNP	0.2898	M	SFC	00443948	SDZ	Y
OxyNeo 10mg Tab					02372525	PFR	N
Supeudol 10mg Supp	DNP	4.2033	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	DNP	0.4765	M	SFC	02319993	PMS	Y
Oxy-IR 20mg Tab	DNP	0.4765	M	SFC	02240132	PFR	Y

oxycodone 20mg tab (Supeudol)

pms-Oxycodone 20mg Tab	DNP	0.4765	M	SFC	02319993	PMS	Y
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N Nervous System

Supeudol 20mg Tab						02262983	SDZ	Y
OxyNeo 20mg Tab						02372797	PFR	N
Supeudol 20mg Supp	DNP	6.0683	L	SFC		00392472	SDZ	N
Targin 20/40mg Tab						02339625	PFR	N
OxyNeo 30mg Tab						02372541	PFR	N
OxyNeo 40mg Tab						02372568	PFR	N
OxyNeo 60mg Tab						02372576	PFR	N
OxyNeo 80mg Tab						02372584	PFR	N

N02AA59 CODEINE, COMBINATIONS EXCL. PSYCHOLEPTICS

Teva-Emtec-30 Tab	DNP	0.1300	L	SFC		00608882	TEV	N
Teva-Lenoltec No.3 Tab	DNP	0.0980	L	SFC		00653276	TEV	N
Teva-Lenoltec No.4 Tab	DNP	0.1769	L	SFC		00621463	TEV	N

N02AB PHENYLPIPERIDINE DERIVATIVES

N02AB02 PETHIDINE (MEPERIDINE)

pethidine 50mg/mL inj								
Meperidine 50mg/mL Inj	DNP	3.0070	M	SFC		00725765	SDZ	Y
Demerol 50mg/mL Inj (discontinued)						02139022	SAV	Y

N02AB03 FENTANYL

fentanyl 12mcg/hr patch								
Sandoz Fentanyl 12mcg/hr Patch	DNP	3.3200	M	E		02327112	SDZ	Y
Teva-Fentanyl 12mcg/hr Patch	DNP	3.3200	M	E		02311925	TEV	Y
Duragesic 12mcg/hr Patch (discontinued)						02280345	JAN	Y
fentanyl 25mcg/hr patch								
Sandoz Fentanyl 25mcg/hr Patch	DNP	8.5600	M	E		02327120	SDZ	Y
Teva-Fentanyl 25mcg/hr Patch	DNP	8.5600	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								
Sandoz Fentanyl 50mcg/hr Patch	DNP	16.1100	M	E		02327147	SDZ	Y
Teva-Fentanyl 50mcg/hr Patch	DNP	16.1100	M	E		02282968	TEV	Y
Duragesic 50mcg/hr Patch (discontinued)						01937391	JAN	Y
Duragesic MAT 50mcg/hr Patch (discontinued)						02275821	JAN	Y
fentanyl 75mcg/hr patch								
Sandoz Fentanyl 75mcg/hr Patch	DNP	22.6500	M	E		02327155	SDZ	Y
Teva-Fentanyl 75mcg/hr Patch	DNP	22.6500	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								
Sandoz Fentanyl 100mcg/hr Patch	DNP	28.1950	M	E		02327163	SDZ	Y
Teva-Fentanyl 100mcg/hr Patch	DNP	28.1950	M	E		02282984	TEV	Y
Duragesic 100mcg/hr Patch (discontinued)						01937413	JAN	Y
Duragesic MAT 100mcg/hr Patch (discontinued)						02275856	JAN	Y

N02AE ORIPAVINE DERIVATIVES

N Nervous System**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	DNP	4.4811	M	E	02242504	AAP	Y
Stadol NS 10mg/mL Nasal Sp (discontinued)					02113031	BMN	Y

N02AJ OPIOIDS IN COMBINATION WITH NON-OPIOID ANALGESICS**N02AJ13 TRAMADOL AND PARACETAMOL****tramadol 37.5mg & acetaminophen 325mg tab**

Apo-Tramadol/Acet 37.5mg/325mg Tab	02336790	APX	Y
Auro-Tramadol/Acetaminophen 37.5mg/325mg Tab	02439050	ARO	Y
Jamp-Acet-Tramadol 325mg/37.5mg Tab	02388308	JPC	Y
Mar-Tramadol/Acet 37.5mg/325mg Tab	02388324	MAR	Y
MINT-Tramadol/Acet 37.5mg/325mg Tab	02389800	MNT	Y
pms-Tramazol-Acet 37.5mg/325mg Tab	02401657	PMS	Y
Taro-Tramadol/Acet 37.5mg/325mg Tab	02388197	SUN	Y
Teva-Tramadol/Acetaminophen 37.5mg/325mg Tab	02347180	TEV	Y
Tramacet 37.5mg/325mg Tab (discontinued)	02264846	JAN	Y

N02AX OTHER OPIOIDS**N02AX02 TRAMADOL****tramadol 50mg tab**

Apo-Tramadol 50mg Tab	02426153	APX	Y
Auro-Tramadol 50mg Tab	02479672	ARO	Y
JAMP Tramadol 50mg Tab	02518759	JPC	Y
JAMP Tramadol 50mg Tab	02507005	JPC	Y
Mar-Tramadol 50mg Tab	02480859	MAR	Y
Ultram 50mg Tab (discontinued)	02349469	JAN	Y

tramadol 100mg tab

Taro-Tramadol ER 100mg Tab	02450429	TAR	Y
Tridural 100mg Tab	02296381	PAL	Y
Ralivia 100mg Tab	02299194	BSL	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	BSL	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

N Nervous System

Ralivia 300mg Tab						02299216	BSL	N
Zytram XL 300mg Tab						02286440	PFR	N
Zytram XL 400mg Tab						02286459	PFR	N

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
ASATAB EC 325mg Tab						02352427	ODN	N
Enteric Coated ASA 650mg Tab	DNP	0.0550	L	SFC	00794244	JPC	N	

N02BA51 ACETYLSALICYLIC ACID (ASA) COMBINATIONS EXCL. PSYCHOLEPTICS

ratio-Oxycodan Tab	DNP	0.4829	L	SFC	00608157	TEV	N	
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N02BA71 ACETYLSALICYLIC ACID (ASA) COMBINATIONS WITH PSYCHOLEPTICS

ratio-Tecnal Tab						00608211	TEV	N
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acetylsalicylic acid 330mg, butalbital 50mg, caffeine 40mg & codeine phosphate 15mg cap

ratio-Tecnal C1/4 Cap						00608203	TEV	Y
Fiorinal C1/4 Cap						00176192	ARZ	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	ARZ	Y

acetylsalicylic acid 330mg, butalbital 50mg & caffeine 40mg cap

ratio-Tecnal Cap						00608238	TEV	Y
Fiorinal Cap						00226327	ARZ	Y

N02BE ANILIDES

N02BE01 ACETAMINOPHEN (PARACETAMOL)

Assorted Generic Brands								N
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Tylenol 325mg Caplets						00723894	JNJ	N
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Tylenol 325mg Tab						00559393	JNJ	N
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Tylenol 500mg Caplets						00723908	JNJ	N
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Tylenol 500mg Tab						00559407	JNJ	N
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N02BE51 ACETAMINOPHEN, COMB. EXCL. PSYCHOLEPTICS

pms-Acetaminophen W Codeine Elx	DNP	0.1358	L	SFC	00816027	PMS	N	
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Teva-Lenoltec No.2 Tab	DNP	0.0933	L	SFC	00653241	TEV	N	
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acetaminophen 325mg & oxycodone 5mg tab

Apo-Oxycodone/Acet 5/325mg Tab	DNP	0.1285	M	SFC	02324628	APX	Y	
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Rivacocet 5/325mg Tab						02242468	RIV	Y
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Sandoz Oxycodone Acet 5/325mg Tab	DNP	0.1285	M	SFC	02307898	SDZ	Y	
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Teva-Oxycocet Tab	DNP	0.1285	M	SFC	00608165	TEV	Y	
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N Nervous System

Endocet Tab (discontinued) 01916548 BRI Y
 Percocet Tab (discontinued) 01916475 BRI Y

N02BF GABAPENTINOIDS

N02BF01 GABAPENTIN

gabapentin 100mg cap

Apo-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02244304	APX	Y
Auro-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02321203	ARO	Y
Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02353245	SAS	Y
Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02416840	AHI	Y
Gabapentin-100mg Cap	DNP	0.0416	M	SFC	02246314	SIV	Y
JAMP Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02535246	JPC	Y
Jamp-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02361469	JPC	Y
Mar-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02391473	MAR	Y
MINT-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02408880	MNT	Y
pms-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02243446	PMS	Y
Teva-Gabapentin 100mg Cap	DNP	0.0416	M	SFC	02244513	TEV	Y
Neurontin 100mg Cap	DNP	0.0416	M	SFC	02084260	UJC	Y

gabapentin 300mg cap

Apo-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02244305	APX	Y
Auro-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02321211	ARO	Y
Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02353253	SAS	Y
Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02416859	AHI	Y
Gabapentin-300mg Cap	DNP	0.1012	M	SFC	02246315	SIV	Y
JAMP Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02535254	JPC	Y
Jamp-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02361485	JPC	Y
Mar-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02391481	MAR	Y
MINT-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02408899	MNT	Y
pms-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02243447	PMS	Y
Teva-Gabapentin 300mg Cap	DNP	0.1012	M	SFC	02244514	TEV	Y
Neurontin 300mg Cap	DNP	0.1012	M	SFC	02084279	UJC	Y

gabapentin 400mg cap

Apo-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02244306	APX	Y
Auro-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02321238	ARO	Y
Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02416867	AHI	Y
Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02353261	SAS	Y
Gabapentin-400mg Cap	DNP	0.1206	M	SFC	02246316	SIV	Y
JAMP Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02535262	JPC	Y
Jamp-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02361493	JPC	Y
Mar-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02391503	MAR	Y
MINT-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02408902	MNT	Y
pms-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02243448	PMS	Y
Teva-Gabapentin 400mg Cap	DNP	0.1206	M	SFC	02244515	TEV	Y
Neurontin 400mg Cap	DNP	0.1206	M	SFC	02084287	UJC	Y

gabapentin 600mg tab

Apo-Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02293358	APX	Y
Auro-Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02428334	ARO	Y
Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02431289	SAS	Y

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Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02392526	AHI	Y
Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02388200	SIV	Y
Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02432072	JPC	Y
GLN-Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02410990	GLM	Y
Jamp-Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02402289	JPC	Y
Teva-Gabapentin 600mg Tab	DNP	0.1809	M	SFC	02248457	TEV	Y
Neurontin 600mg Tab	DNP	0.1809	M	SFC	02239717	UJC	Y

gabapentin 800mg tab

Apo-Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02293366	APX	Y
Auro-Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02428342	ARO	Y
Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02432080	JPC	Y
Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02388219	SIV	Y
Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02431297	SAS	Y
Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02392534	AHI	Y
GLN-Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02411008	GLM	Y
Jamp-Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02402297	JPC	Y
Teva-Gabapentin 800mg Tab	DNP	0.2412	M	SFC	02247346	TEV	Y
Neurontin 800mg Tab	DNP	0.2412	M	SFC	02239718	UJC	Y

N02BF02 PREGABALIN

pregabalin 25mg cap

ACH-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02449838	AHI	Y
Apo-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02394235	APX	Y
Auro-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02433869	ARO	Y
Jamp-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02435977	JPC	Y
M-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02467291	MRA	Y
MINT-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02423804	MNT	Y
NAT-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02494841	NAT	Y
pms-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02359596	PMS	Y
Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02405539	SAS	Y
Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02403692	SIV	Y
RAN-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02392801	RAN	Y
Sandoz Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02390817	SDZ	Y
Teva-Pregabalin 25mg Cap	DNP	0.1481	M	SFC	02361159	TEV	Y
Lyrica 25mg Cap	DNP	0.1481	M	SFC	02268418	UJC	Y

pregabalin 50mg cap

ACH-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02449846	AHI	Y
Apo-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02394243	APX	Y
Auro-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02433877	ARO	Y
Jamp-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02435985	JPC	Y
M-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02467305	MRA	Y
MINT-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02423812	MNT	Y
NAT-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02494868	NAT	Y
pms-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02359618	PMS	Y
Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02405547	SAS	Y
Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02403706	SIV	Y
RAN-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02392828	RAN	Y
Sandoz Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02390825	SDZ	Y
Teva-Pregabalin 50mg Cap	DNP	0.2324	M	SFC	02361175	TEV	Y

N Nervous System

Lyrica 50mg Cap	DNP	0.2324	M	SFC	02268426	UJC	Y
pregabalin 75mg cap							
ACH-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02449854	AHI	Y
Apo-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02394251	APX	Y
Auro-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02433885	ARO	Y
Jamp-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02435993	JPC	Y
M-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02467313	MRA	Y
MINT-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02424185	MNT	Y
NAT-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02494876	NAT	Y
pms-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02359626	PMS	Y
Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02405555	SAS	Y
Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02403714	SIV	Y
RAN-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02392836	RAN	Y
Sandoz Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02390833	SDZ	Y
Teva-Pregabalin 75mg Cap	DNP	0.3007	M	SFC	02361183	TEV	Y
Lyrica 75mg Cap	DNP	0.3007	M	SFC	02268434	UJC	Y
pregabalin 150mg cap							
ACH-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02449870	AHI	Y
Apo-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02394278	APX	Y
Auro-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02433907	ARO	Y
Jamp-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02436000	JPC	Y
M-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02467321	MRA	Y
MINT-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02424207	MNT	Y
NAT-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02494884	NAT	Y
pms-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02359634	PMS	Y
Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02405563	SAS	Y
Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02403722	SIV	Y
RAN-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02392844	RAN	Y
Sandoz Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02390841	SDZ	Y
Teva-Pregabalin 150mg Cap	DNP	0.4145	M	SFC	02361205	TEV	Y
Lyrica 150mg Cap	DNP	0.4145	M	SFC	02268450	UJC	Y
pregabalin 225mg cap							
ACH-Pregabalin 225mg Cap	DNP	0.5757	M	SFC	02449897	AHI	Y
Apo-Pregabalin 225mg Cap	DNP	0.5757	M	SFC	02394286	APX	Y
NAT-Pregabalin 225mg Cap	DNP	0.5757	M	SFC	02494892	NAT	Y
pms-Pregabalin 225mg Cap	DNP	0.5757	M	SFC	02398079	PMS	Y
Teva-Pregabalin 225mg Cap	DNP	0.5757	M	SFC	02361221	TEV	Y
Lyrica 225mg Cap	DNP	0.5757	M	SFC	02268477	UJC	Y
pregabalin 300mg cap							
ACH-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02449900	AHI	Y
Apo-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02394294	APX	Y
Jamp-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02436019	JPC	Y
NAT-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02494906	NAT	Y
pms-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02359642	PMS	Y
Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02405598	SAS	Y
Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02403730	SIV	Y
RAN-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02392860	RAN	Y
Sandoz Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02390868	SDZ	Y

N Nervous System

	Teva-Pregabalin 300mg Cap	DNP	0.4145	M	SFC	02361248	TEV	Y
	Lyrica 300mg Cap	DNP	0.4145	M	SFC	02268485	UJC	Y

N02BG OTHER ANALGESICS AND ANTIPIRETICS

N02BG10 CANNABINOIDS

	Sativex Spray					02266121	BAY	N
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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 SEROTONIN (5HT1) AGONISTS

N02CC01 SUMATRIPTAN

	Imitrex 5mg Nasal Spray	DNP	18.0600	L	E	02230418	GSK	N
	sumatriptan 12mg/mL inj							
	Taro-Sumatriptan 6mg/0.5mL Inj	DNP	77.6368	M	E	02361698	TAR	Y
	Imitrex 6mg/0.5mL Inj	DNP	77.6368	M	E	02212188	GSK	Y
	Imitrex Stat Dose Kit With Case 12mg/mL Inj	DNP	77.6368	M	E	00999446	GSK	Y
	Imitrex Unit Dose 12mg/mL Inj	DNP	77.6368	M	E	00901886	GSK	Y
	Imitrex 20mg Nasal Spray	DNP	18.5850	L	E	02230420	GSK	N
	sumatriptan 25mg tab							
	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
	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
	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
	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
	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

N Nervous System

naratriptan 1mg tab

Novo-Naratriptan 1mg Tab	DNP	13.1237	M	E	02314290	TEV	Y
Amerge 1mg Tab (discontinued)					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 (discontinued)					02237821	GSK	Y

N02CC03 ZOLMITRIPTAN

zolmitriptan 2.5mg tab

Jamp Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02477106	JPC	Y
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
Zolmitriptan 2.5mg Tab	DNP	3.5375	M	SF	02442655	SAS	Y
Zomig 2.5mg Tab	DNP	3.5375	M	SF	02238660	XPI	Y

zolmitriptan ODT 2.5mg tab

Jamp-Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02428237	JPC	Y
Sandoz Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02362996	SDZ	Y
Teva-Zolmitriptan OD 2.5mg Tab	DNP	3.5375	M	SF	02342545	TEV	Y
Zolmitriptan ODT 2.5mg Tab	DNP	3.5375	M	SF	02442671	SAS	Y
Zomig Rapimelt 2.5mg Tab	DNP	3.5375	M	SF	02243045	XPI	Y
Zomig 2.5mg Nasal Spray	DNP	15.8950	L	E	02248992	XPI	N
Zomig 5mg Nasal Spray	DNP	15.8967	L	E	02248993	XPI	N

N02CC04 RIZATRIPTAN

rizatriptan 5mg tab

Apo-Rizatriptan 5mg Tab	DNP	7.4100	M	SF	02393468	APX	Y
Maxalt 5mg Tab (discontinued)					02240520	FRS	Y

rizatriptan ODT 5mg tab

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	02442906	SAS	Y
Rizatriptan ODT 5mg Tab	DNP	3.7050	M	SF	02446111	SIV	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	ORG	Y

rizatriptan 10mg tab

ACT Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02381702	TEV	Y
Apo-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02393476	APX	Y
Auro-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02441144	ARO	Y

N Nervous System

Jamp-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02380463	JPC	Y
Mar-Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02379678	MAR	Y
Rizatriptan 10mg Tab	DNP	3.7050	M	SF	02516756	SAS	Y
Maxalt 10mg Tab	DNP	3.7050	M	SF	02240521	ORG	Y

rizatriptan ODT 10mg tab

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	02442914	SAS	Y
Rizatriptan ODT 10mg Tab	DNP	3.7050	M	SF	02446138	SIV	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	ORG	Y

N02CC05 ALMOTRIPTAN

almotriptan 6.25mg tab

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
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
Teva-Almotriptan 12.5mg Tab	DNP	2.3478	M	E	02434849	TEV	Y
Axert 12.5mg Tab (discontinued)					02248129	JNJ	Y

N02CC06 ELETRIPTAN

eletriptan 20mg tab

Apo-Eletriptan 20mg Tab					02518015	APX	Y
Auro-Eletriptan 20mg Tab					02479451	ARO	Y
Eletriptan 20mg Tab					02511266	SAS	Y
GD-Eletriptan 20mg Tab					02342235	GMD	Y
JAMP Eletriptan 20mg Tab					02493683	JPC	Y
Teva-Eletriptan 20mg Tab					02382091	TEV	Y
Relpax 20mg Tab					02256290	UJC	Y

eletriptan 40mg tab

Apo-Eletriptan 40mg Tab					02518023	APX	Y
Apo-Eletriptan 40mg Tab					02386062	APX	Y
Auro-Eletriptan 40mg Tab					02479478	ARO	Y
Eletriptan 40mg Tab					02511274	SAS	Y
GD-Eletriptan 40mg Tab					02342243	GMD	Y
JAMP Eletriptan 40mg Tab					02493691	JPC	Y
Teva-Eletriptan 40mg Tab					02382105	TEV	Y
Relpax 40mg Tab					02256304	UJC	Y

N02CC07 FROVATRIPTAN

frovatriptan 2.5mg tab

Apo-Frovatriptan 2.5mg Tab					02426471	APX	Y
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N Nervous System

Frovatriptan 2.5mg Tab						02535475	SAS	Y
JAMP Frovatriptan 2.5mg Tab						02497131	JPC	Y
MINT-Frovatriptan 2.5mg Tab						02509687	MNT	Y
Teva-Frovatriptan 2.5mg Tab						02415844	TEV	Y
Frova 2.5mg Tab						02257084	PAL	Y

N02CD CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS**N02CD02 GALCANEZUMAB**

Emgality 120mg/mL Prefilled Pen	DNP	577.8000	L	E		02491087	LIL	N
Emgality 120mg/mL Prefilled Syringe	DNP	577.8000	L	E		02491060	LIL	N

N02CD03 FREMANEZUMAB

Ajovy 225mg/1.5mL Autoinjector	DNP	373.9867	L	E		02509474	TEV	N
Ajovy 225mg/1.5mL Prefilled Syringe	DNP	373.9867	L	E		02497859	TEV	N

N02CD05 EPTINEZUMAB

Vyepti 100mg/1mL IV	DNP	1729.9350	L	E		02510839	LBK	N
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N02CD07 ATOGEPANT

Qulipta 10mg Tab	DNP	18.4400	L	E		02533979	ABV	N
Qulipta 30mg Tab	DNP	18.4400	L	E		02533987	ABV	N
Qulipta 60mg Tab	DNP	18.4400	L	E		02533995	ABV	N

N02CX OTHER ANTIMIGRAINE PREPARATIONS**N02CX01 PIZOTIFEN**

Sandomigran DS 1mg Tab	DNP	1.0076	L	SF		00511552	PAL	N
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N03 ANTIEPILEPTICS**N03A ANTIEPILEPTICS****N03AA BARBITURATES AND DERIVATIVES****N03AA02 PHENOBARBITAL**

Phenobarb 5mg/mL Elixir	DNP	0.1849	L	SFC		00645575	PDP	N
Phenobarb 15mg Tab	DNP	0.1738	L	SFC		00178799	PDP	N
Phenobarb 30mg Tab	DNP	0.2071	L	SFC		00178802	PDP	N
Phenobarb 60mg Tab	DNP	0.2804	L	SFC		00178810	PDP	N
Phenobarb 100mg Tab	DNP	0.3965	L	SFC		00178829	PDP	N

N03AA03 PRIMIDONE**primidone 125mg tab**

Primidone 125mg Tab	DNP	0.0697	M	SF		00399310	AAP	Y
Mysoline 125mg Tab (discontinued)						02042363	DRH	Y

primidone 250mg tab

Primidone 250mg Tab	DNP	0.1097	M	SF		00396761	AAP	Y
Mysoline 250mg Tab (discontinued)						02042355	DRH	Y

N03AB HYDANTOIN DERIVATIVES

N Nervous System

N03AB02 PHENYTOIN

Dilantin-30 (6mg/mL) Susp	DNP	0.0544	L	SFC	00023442	UJC	N
phenytoin 25mg/mL susp							
Taro-Phenytoin 25mg/mL Susp	DNP	0.0494	M	SFC	02250896	TAR	Y
Dilantin-125 (25mg/mL) Susp	DNP	0.0494	M	SFC	00023450	UJC	Y
Dilantin 30mg Cap	DNP	0.1576	L	SFC	00022772	UJC	N
Phenytoin Sodium 50mg/mL Inj					00780626	SDZ	N
Dilantin 50mg Infatabs	DNP	0.1000	L	SFC	00023698	UJC	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	UJC	Y

N03AD SUCCINIMIDE DERIVATIVES

N03AD01 ETHOSUXIMIDE

Zarontin 250mg Cap	DNP	0.5360	L	SF	00022799	SLP	N
Zarontin 250mg/5mL Syr	DNP	0.0783	L	SF	00023485	SLP	N

N03AE BENZODIAZEPINE DERIVATIVES

N03AE01 CLONAZEPAM

pms-Clonazepam 0.25mg Tab	DNP	0.0850	L	SF	02179660	PMS	N
clonazepam 0.5mg tab							
Apo-Clonazepam 0.5mg Tab	DNP	0.0418	M	SF	02177889	APX	Y
pms-Clonazepam 0.5mg Tab	DNP	0.0418	M	SF	02048701	PMS	Y
pms-Clonazepam-R 0.5mg Tab	DNP	0.0418	M	SF	02207818	PMS	Y
Rivotril 0.5mg Tab	DNP	0.0418	M	SF	00382825	XPI	Y
pms-Clonazepam 1mg Tab	DNP	0.1807	L	SF	02048728	PMS	N
clonazepam 2mg tab							
Apo-Clonazepam 2mg Tab	DNP	0.0721	M	SF	02177897	APX	Y
pms-Clonazepam 2mg Tab	DNP	0.0721	M	SF	02048736	PMS	Y
Rivotril 2mg Tab	DNP	0.0721	M	SF	00382841	XPI	Y

N03AF CARBOXAMIDE DERIVATIVES

N03AF01 CARBAMAZEPINE

carbamazepine 100mg chewable tab							
Taro-Carbamazepine 100mg Chewtab	DNP	0.1702	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							
Sandoz Carbamazepine CR 200mg Tab	DNP	0.3845	M	SFC	02261839	SDZ	Y
Tegretol CR 200mg Tab	DNP	0.3845	M	SFC	00773611	NVR	Y
carbamazepine 200mg chewable tab							
Taro-Carbamazepine 200mg Chewtab	DNP	0.3302	M	SFC	02244404	TAR	Y
Tegretol 200mg Chewtab (discontinued)					00665088	NVR	Y

N Nervous System
carbamazepine 200mg tab

Teva-Carbamazepine 200mg Tab	DNP	0.3769	M	SFC	00782718	TEV	Y
Tegretol 200mg Tab	DNP	0.3769	M	SFC	00010405	NVR	Y

carbamazepine 400mg CR tab

Sandoz Carbamazepine CR 400mg Tab	DNP	0.7689	M	SFC	02261847	SDZ	Y
Tegretol CR 400mg Tab	DNP	0.7689	M	SFC	00755583	NVR	Y

N03AF02 OXCARBAZEPINE

Trileptal 60mg/mL O/L	DNP	0.3922	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	0.9082	L	E	02369613	EIS	N
Banzel 200mg Tab	DNP	1.8164	L	E	02369621	EIS	N
Banzel 400mg Tab	DNP	3.9578	L	E	02369648	EIS	N

N03AF04 ESLICARBAZEPINE

Aptiom 200mg Tab	DNP	9.8700	L	E	02426862	SNV	N
Aptiom 400mg Tab	DNP	9.8700	L	E	02426870	SNV	N
Aptiom 600mg Tab	DNP	9.8700	L	E	02426889	SNV	N
Aptiom 800mg Tab	DNP	9.8700	L	E	02426897	SNV	N

N03AG FATTY ACID DERIVATIVES
N03AG01 VALPROIC ACID (DIVALPROEX SODIUM)
valproic acid 50mg/mL syr

Apo-Valproic 50mg/mL Syr (discontinued)					02238370	APX	Y
JAMP Valproic Acid 50mg/mL Syr	DNP	0.0480	M	SF	02532441	JPC	Y
pms-Valproic 50mg/mL Syr	DNP	0.0480	M	SF	02236807	PMS	Y
Depakene 50mg/mL Syr	DNP	0.0480	M	SF	00443832	BGP	Y

divalproex sodium 125mg tab

Apo-Divalproex 125mg Tab	DNP	0.1539	M	SF	02239698	APX	Y
Mylan-Divalproex 125mg Tab	DNP	0.1539	M	SF	02458926	MYL	Y
Epival 125mg Tab	DNP	0.1539	M	SF	00596418	BGP	Y

divalproex sodium 250mg tab

Apo-Divalproex 250mg Tab	DNP	0.2767	M	SF	02239699	APX	Y
Mylan-Divalproex 250mg Tab	DNP	0.2767	M	SF	02458934	MYL	Y
Epival 250mg Tab	DNP	0.2767	M	SF	00596426	BGP	Y

N Nervous System

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	0.5537	M	SF	02239700	APX	Y
Mylan-Divalproex 500mg Tab	DNP	0.5537	M	SF	02459019	MYL	Y
Epival 500mg Tab	DNP	0.5537	M	SF	00596434	BGP	Y

valproic acid 500mg EC cap

pms-Valproic EC 500mg Cap	DNP	0.8102	M	SF	02229628	PMS	Y
Depakene 500mg Cap (discontinued)					00507989	ABB	Y

N03AG04 VIGABATRIN

Vigabatrin 0.5g Sachets (US Label)	DNP	5.0000	L	E	09858315	RCH	N
Sabril 0.5g Sachets	DNP	0.9110	L	E	02068036	LBK	N
Vigabatrin 500mg Tab (US Label)	DNP	5.0000	L	E	09858318	RCH	N
Sabril 500mg Tab	DNP	0.9110	L	E	02065819	LBK	N

N03AX OTHER ANTIEPILEPTICS

N03AX09 LAMOTRIGINE

Lamictal 5mg Chewtab	DNP	0.2123	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
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
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
Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02428229	SIV	Y
MYLAN-Lamotrigine 150mg Tab	DNP	0.4107	M	SF	02265516	MYL	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

N Nervous System

Topamax 15mg Sprinkle Cap	DNP	1.9105	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	02345250	JPC	Y
Jamp-Topiramate 25mg Tab	DNP	0.2433	M	SF	02435608	JPC	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
Topiramate 25mg Tab	DNP	0.2433	M	SF	02395738	AHI	Y
Topiramate 25mg Tab	DNP	0.2433	M	SF	02389460	SIV	Y
Topiramate 25mg Tab	DNP	0.2433	M	SF	02356856	SAS	Y
Topamax 25mg Tab	DNP	0.2433	M	SF	02230893	JAN	Y
Topamax 25mg Sprinkle Cap	DNP	2.0000	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	02345269	JPC	Y
Jamp-Topiramate 100mg Tab	DNP	0.4583	M	SF	02435616	JPC	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
Topiramate 100mg Tab	DNP	0.4583	M	SF	02395746	AHI	Y
Topiramate 100mg Tab	DNP	0.4583	M	SF	02389487	SIV	Y
Topiramate 100mg Tab	DNP	0.4583	M	SF	02356864	SAS	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	02345277	JPC	Y
Jamp-Topiramate 200mg Tab	DNP	0.6748	M	SF	02435624	JPC	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
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
N03AX14 LEVETIRACETAM							
pdp-Levetiracetam 100mg/mL O/L	DNP	0.8549	L	SF	02490447	PDP	N
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

N Nervous System

CO Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02274183	ATV	Y
JAMP Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02504553	JPC	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
M-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02524562	MRA	Y
MINT-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02442388	MNT	Y
NAT-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02440202	NAT	Y
pms-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02296101	PMS	Y
RIVA-Levetiracetam 250mg Tab	DNP	0.3210	M	SF	02482274	RIV	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	02504561	JPC	Y
Jamp-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02403021	JPC	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02442558	SIV	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02399784	AHI	Y
Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02353350	SAS	Y
M-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02524570	MRA	Y
MINT-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02442396	MNT	Y
NAT-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02440210	NAT	Y
pms-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02296128	PMS	Y
RIVA-Levetiracetam 500mg Tab	DNP	0.3911	M	SF	02482282	RIV	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	02504588	JPC	Y
Jamp-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02403048	JPC	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02442566	SIV	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02399792	AHI	Y
Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02353369	SAS	Y
M-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02524589	MRA	Y
MINT-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02442418	MNT	Y
NAT-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02440229	NAT	Y
pms-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02296136	PMS	Y
RIVA-Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02482290	RIV	Y
Sandoz Levetiracetam 750mg Tab	DNP	0.5416	M	SF	02462001	SDZ	Y
Keppra 750mg Tab	DNP	0.5416	M	SF	02247029	UCB	Y

Sandoz Levetiracetam 1000mg Tab	DNP	0.7221	L	SF	02462028	SDZ	N
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N03AX17 STIRIPENTOL

Diacomit 250mg Cap	DNP	6.4807	L	E	02398958	BOX	N
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N Nervous System

Diacomit 250mg Pwd for Susp	DNP	6.4807	L	E	02398974	BOX	N
Diacomit 500mg Cap	DNP	12.9408	L	E	02398966	BOX	N
Diacomit 500mg Pwd for Susp (discontinued)					02398982	BOX	N

N03AX18 LACOSAMIDE

lacosamide 50mg tab

ACH-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02489287	AHI	Y
Auro-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02475332	ARO	Y
Jamp-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02488388	JPC	Y
Lacosamide 50mg Tab	DNP	0.6313	M	SF	02512874	SAS	Y
Mar-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02487802	MAR	Y
MINT-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02490544	MNT	Y
pharma-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02478196	PMS	Y
Sandoz Lacosamide 50mg Tab	DNP	0.6313	M	SF	02474670	SDZ	Y
Teva-Lacosamide 50mg Tab	DNP	0.6313	M	SF	02472902	TEV	Y
Vimpat 50mg Tab	DNP	0.6313	M	SF	02357615	UCB	Y

lacosamide 100mg tab

ACH-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02489295	AHI	Y
Auro-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02475340	ARO	Y
Jamp-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02488396	JPC	Y
Lacosamide 100mg Tab	DNP	0.8750	M	SF	02512882	SAS	Y
Mar-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02487810	MAR	Y
MINT-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02490552	MNT	Y
pharma-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02478218	PMS	Y
Sandoz Lacosamide 100mg Tab	DNP	0.8750	M	SF	02474689	SDZ	Y
Teva-Lacosamide 100mg Tab	DNP	0.8750	M	SF	02472910	TEV	Y
Vimpat 100mg Tab	DNP	0.8750	M	SF	02357623	UCB	Y

lacosamide 150mg tab

ACH-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02489309	AHI	Y
Auro-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02475359	ARO	Y
Jamp-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02488418	JPC	Y
Lacosamide 150mg Tab	DNP	1.1763	M	SF	02512890	SAS	Y
Mar-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02487829	MAR	Y
MINT-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02490560	MNT	Y
pharma-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02478226	PMS	Y
Sandoz Lacosamide 150mg Tab	DNP	1.1763	M	SF	02474697	SDZ	Y
Teva-Lacosamide 150mg Tab	DNP	1.1763	M	SF	02472929	TEV	Y
Vimpat 150mg Tab	DNP	1.1763	M	SF	02357631	UCB	Y

lacosamide 200mg tab

ACH-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02489317	AHI	Y
Auro-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02475367	ARO	Y
Jamp-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02488426	JPC	Y
Lacosamide 200mg Tab	DNP	1.4500	M	SF	02512904	SAS	Y
Mar-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02487837	MAR	Y
MINT-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02490579	MNT	Y
pharma-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02478234	PMS	Y
Sandoz Lacosamide 200mg Tab	DNP	1.4500	M	SF	02474700	SDZ	Y
Teva-Lacosamide 200mg Tab	DNP	1.4500	M	SF	02472937	TEV	Y

N Nervous System

	Vimpat 200mg Tab	DNP	1.4500	M	SF	02357658	UCB	Y
N03AX22	PERAMPANEL							
	perampanel 2mg							
	Taro-Perampanel 2mg Tab	DNP	5.7128	M	E	02522632	TAR	Y
	Fycompa 2mg Tab	DNP	5.7128	M	E	02404516	EIS	Y
	perampanel 4mg							
	Taro-Perampanel 4mg Tab	DNP	5.7128	M	E	02522640	TAR	Y
	Fycompa 4mg Tab	DNP	5.7128	M	E	02404524	EIS	Y
	perampanel 6mg							
	Taro-Perampanel 6mg Tab	DNP	5.7128	M	E	02522659	TAR	Y
	Fycompa 6mg Tab	DNP	5.7128	M	E	02404532	EIS	Y
	perampanel 8mg							
	Taro-Perampanel 8mg Tab	DNP	5.7128	M	E	02522667	TAR	Y
	Fycompa 8mg Tab	DNP	5.7128	M	E	02404540	EIS	Y
	perampanel 10mg							
	Taro-Perampanel 10mg Tab	DNP	5.7128	M	E	02522675	TAR	Y
	Fycompa 10mg Tab	DNP	5.7128	M	E	02404559	EIS	Y
	perampanel 12mg							
	Taro-Perampanel 12mg Tab	DNP	5.7128	M	E	02522683	TAR	Y
	Fycompa 12mg Tab	DNP	5.7128	M	E	02404567	EIS	Y
N03AX23	BRIVARACETAM							
	Brivlera 10mg Tab	DNP	4.3200	L	E	02452936	UCB	N
	Brivlera 25mg Tab	DNP	4.3200	L	E	02452944	UCB	N
	Brivlera 50mg Tab	DNP	4.3200	L	E	02452952	UCB	N
	Brivlera 75mg Tab	DNP	4.3200	L	E	02452960	UCB	N
	Brivlera 100mg Tab	DNP	4.3200	L	E	02452979	UCB	N

N04 ANTI-PARKINSON DRUGS**N04A ANTICHOLINERGIC AGENTS****N04AA TERTIARY AMINES**

N04AA01	TRIHXYPHENIDYL							
	Trihexyphenidyl 2mg Tab	DNP	0.0426	L	SF	00545058	AAP	N
	Trihexyphenidyl 5mg Tab	DNP	0.0810	L	SF	00545074	AAP	N
N04AA05	ETHOPROPAZINE (PROFENAMINE)							
	Parsitan 50mg Tab	DNP	0.3258	L	SF	01927744	SLP	N

N04AC ETHERS OF TROPINE OR TROPINE DERIVATIVES

N04AC01	BENZTROPINE							
	Benztropine 1mg Tab	DNP	0.0629	L	SF	00706531	PDP	N
	Benztropine Omega 1mg Inj					02238903	OMG	N

N04B DOPAMINERGIC AGENTS

N Nervous System

N04BA DOPA AND DOPA DERIVATIVES

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

Prolopa 100-25 Cap	DNP	0.5528	L	SF	00386464	HLR	N
Prolopa 200-50 Cap	DNP	0.9281	L	SF	00386472	HLR	N
Prolopa 50-12.5 Cap	DNP	0.3357	L	SF	00522597	HLR	N
Duodopa 20mg/5mg/mL Intestinal Gel	DNP	1.6981	L	E	02292165	ABV	N
levodopa 100mg & carbidopa 10mg tab							
Apo-Levocarb 100mg/10mg Tab	DNP	0.1479	M	SF	02195933	APX	Y
Auro-Levocarb 100mg/10mg Tab	DNP	0.1479	M	SF	02531593	ARO	Y
Novo-Levocarbidopa 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							
AA-Levocarb CR 100mg/25mg Tab	DNP	0.7974	M	SF	02272873	AAP	Y
Sinemet CR 100mg/25mg Tab (discontinued)					02028786	FRS	Y
levodopa 100mg & carbidopa 25mg tab							
Apo-Levocarb 100mg/25mg Tab	DNP	0.2209	M	SF	02195941	APX	Y
Auro-Levocarb 100mg/25mg Tab	DNP	0.2209	M	SF	02531607	ARO	Y
Novo-Levocarbidopa 100mg/25mg Tab	DNP	0.2209	M	SF	02244495	TEV	Y
Sinemet 100mg/25mg Tab (discontinued)					00513997	ORG	Y
levodopa 200mg & carbidopa 50mg CR tab							
AA-Levocarb CR 200mg/50mg Tab	DNP	1.4282	M	SF	02245211	AAP	Y
Sinemet CR 200mg/50mg Tab (discontinued)					00870935	FRS	Y
levodopa 250mg & carbidopa 25mg tab							
Apo-Levocarb 250mg/25mg Tab	DNP	0.2466	M	SF	02195968	APX	Y
Auro-Levocarb 250mg/25mg Tab	DNP	0.2466	M	SF	02531615	ARO	Y
Novo-Levocarbidopa 250mg/25mg Tab	DNP	0.2466	M	SF	02244496	TEV	Y
Sinemet 250mg/25mg Tab (discontinued)					00328219	ORG	Y

N04BA03 LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR

Stalevo 50mg Tab	DNP	2.0039	L	E	02305933	SDZ	N
Stalevo 75mg Tab	DNP	2.0039	L	E	02337827	SDZ	N
Stalevo 100mg Tab	DNP	2.0039	L	E	02305941	SDZ	N
Stalevo 125mg Tab	DNP	2.0039	L	E	02337835	SDZ	N
Stalevo 150mg Tab	DNP	2.0039	L	E	02305968	SDZ	N

N04BB ADAMANTINE DERIVATIVES

N04BB01 AMANTADINE

amantadine HCl 10mg/mL syr							
Odan-Amantadine 10mg/mL Syr	DNP	0.0988	M	SF	02538601	ODN	Y
pdp-Amantadine 10mg/mL Syr	DNP	0.0988	M	SF	02022826	PDP	Y
Symmetrel 10mg/mL Syr (discontinued)					01913999	BRI	Y
amantadine HCl 100mg cap							
pdp-Amantadine 100mg Cap	DNP	0.7235	M	SF	01990403	PDP	Y
Endantadine 100mg Cap (discontinued)					02034468	BRI	Y
Symmetrel 100mg Cap (discontinued)					01914006	BRI	Y

N Nervous System

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
RAN-Ropinirole 0.25mg Tab	DNP	0.0709	M	SF	02314037	RAN	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
RAN-Ropinirole 1mg Tab	DNP	0.2839	M	SF	02314053	RAN	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
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	1.7450	M	SF	02316870	ATV	Y
RAN-Ropinirole 5mg Tab	DNP	1.7450	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
Pramipexole 0.25mg Tab	DNP	0.1950	M	SF	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
Apo-Pramipexole 0.5mg Tab					02292386	APX	Y
Auro-Pramipexole 0.5mg Tab					02424088	ARO	Y
Pramipexole 0.5mg Tab					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
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

N Nervous System

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
Pramipexole 1.5mg Tab	DNP	0.3901	M	SF	02367645	SAS	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

N04BC07 APOMORPHINE

Kynmobi 10mg Film (discontinued)					02500264	SNV	N
Kynmobi 15mg Film (discontinued)					02500272	SNV	N
Kynmobi 20mg Film (discontinued)					02500280	SNV	N
Kynmobi 25mg Film (discontinued)					02500299	SNV	N
Kynmobi 30mg Film (discontinued)					02500302	SNV	N

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 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 tab

Apo-Rasagiline 0.5mg Tab					02404680	APX	Y
Jamp Rasagiline 0.5mg Tab					02491974	JPC	Y
Teva-Rasagiline 0.5mg Tab					02418436	TEV	Y
Azilect 0.5mg Tab					02284642	TMP	Y

rasagiline 1mg tab

Apo-Rasagiline 1mg Tab					02404699	APX	Y
Jamp Rasagiline 1mg Tab					02491982	JPC	Y
Teva-Rasagiline 1mg Tab					02418444	TEV	Y
Azilect 1mg Tab					02284650	TMP	Y

N04BX OTHER DOPAMINERGIC AGENTS

N04BX02 ENTACAPONE

entacapone 200mg tab

MINT-Entacapone 200mg Tab	DNP	0.4062	M	E	02535939	MNT	Y
Sandoz Entacapone 200mg Tab	DNP	0.4062	M	E	02380005	SDZ	Y

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Teva-Entacapone 200mg Tab	DNP	0.4062	M	E	02375559	TEV	Y
Comtan 200mg Tab	DNP	0.4062	M	E	02243763	SDZ	Y

N05 PSYCHOLEPTICS**N05A ANTIPSYCHOTICS****N05AA PHENOTHIAZINE WITH ALIPHATIC SIDE CHAIN**

N05AA01 CHLORPROMAZINE

Teva-Chlorpromazine 25mg Tab	DNP	0.2706	L	SFC	00232823	TEV	N
Teva-Chlorpromazine 50mg Tab	DNP	0.3095	L	SFC	00232807	TEV	N
Teva-Chlorpromazine 100mg Tab	DNP	0.8241	L	SFC	00232831	TEV	N

N05AA02 METHOTRIMEPRAZINE (LEVOMEPRMAZINE)

methotrimeprazine 2mg tab

Methoprazine 2mg Tab	DNP	0.0832	M	SFC	02238403	AAP	Y
Nozinan 2mg Tab (discontinued)					01927647	SAV	Y

methotrimeprazine 5mg tab

Methoprazine 5mg Tab	DNP	0.1262	M	SFC	02238404	AAP	Y
Nozinan 5mg Tab (discontinued)					01927655	SAV	Y

methotrimeprazine 25mg tab

Methoprazine 25mg Tab	DNP	0.3248	M	SFC	02238405	AAP	Y
Nozinan 25mg Tab (discontinued)					01927663	SAV	Y

Nozinan 25mg/mL Inj

DNP	3.8060	L	SFC	01927698	XPI	N
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methotrimeprazine 50mg tab

Methoprazine 50mg Tab	DNP	0.4915	M	SFC	02238406	AAP	Y
Nozinan 50mg Tab (discontinued)					01927671	SAV	Y

N05AB PHENOTHIAZINE WITH PIPERAZINE STRUCTURE

N05AB02 FLUPHENAZINE

Fluphenazine 1mg Tab	DNP	0.2126	L	SFC	00405345	AAP	N
Fluphenazine 2mg Tab	DNP	0.2733	L	SFC	00410632	AAP	N
Fluphenazine 5mg Tab	DNP	0.4249	L	SFC	00405361	AAP	N

N05AB03 PERPHENAZINE

Perphenazine 2mg Tab	DNP	0.0723	L	SFC	00335134	AAP	N
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perphenazine 4mg tab

Perphenazine 4mg Tab	DNP	0.0919	M	SFC	00335126	AAP	Y
Trilafon 4mg Tab (discontinued)					00028304	SCH	Y

Perphenazine 8mg Tab	DNP	0.1010	L	SFC	00335118	AAP	N
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Perphenazine 16mg Tab	DNP	0.1547	L	SFC	00335096	AAP	N
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N05AB04 PROCHLORPERAZINE

prochlorperazine 5mg tab

Prochlorazine 5mg Tab	DNP	0.2092	M	SFC	00886440	AAP	Y
Stemetil 5mg Tab (discontinued)					01927752	ROP	Y

N Nervous System

prochlorperazine 10mg tab

Prochlorazine 10mg Tab	DNP	0.2554	M	SFC	00886432	AAP	Y
Stemetil 10mg Tab (discontinued)					01927760	ROP	Y
Odan-Prochlorperazine 10mg Supp					00789720	ODN	N

N05AB06 TRIFLUOPERAZINE

trifluoperazine 5mg tab

Trifluoperazine 5mg Tab	DNP	0.2826	M	SFC	00312746	AAP	Y
Stelazine 5mg Tab (discontinued)					01918222	GSK	Y

trifluoperazine 10mg tab

Trifluoperazine 10mg Tab	DNP	0.3387	M	SFC	00326836	AAP	Y
Stelazine 10mg Tab (discontinued)					01918230	GSK	Y

Trifluoperazine 20mg Tab

DNP	0.6774	L	SFC	00595942	AAP	N
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N05AB08 THIOPROPERAZINE

Majeptil 10mg Tab	DNP	0.6929	L	SFC	01927639	SLP	N
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N05AC PHENOTHIAZINE WITH PIPERIDINE STRUCTURE

N05AC01 PERICYAZINE (PROPERICYAZINE)

Neuleptil 5mg Cap					01926780	SLP	N
Neuleptil 10mg Cap					01926772	SLP	N
Neuleptil 10mg/mL Oral Drops					01926756	SLP	N
Neuleptil 20mg Cap (discontinued)					01926764	SLP	N

N05AD BUTYROPHENONE DERIVATIVES

N05AD01 HALOPERIDOL

haloperidol 0.5mg tab

Teva-Haloperidol 0.5mg Tab	DNP	0.1502	M	SFC	00363685	TEV	Y
Haldol 0.5mg Tab (discontinued)					00017655	OMC	Y

haloperidol 1mg tab

Teva-Haloperidol 1mg Tab	DNP	0.2255	M	SFC	00363677	TEV	Y
Haldol 1mg Tab (discontinued)					00017663	OMC	Y

haloperidol 2mg tab

Teva-Haloperidol 2mg Tab	DNP	0.3372	M	SFC	00363669	TEV	Y
Haldol 2mg Tab (discontinued)					00017671	OMC	Y

haloperidol 5mg tab

Teva-Haloperidol 5mg Tab	DNP	0.5377	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	00808652	SDZ	Y
Haloperidol 5mg/mL Inj	DNP	4.8300	M	SFC	02366010	OMG	Y

haloperidol 10mg tab

Teva-Haloperidol 10mg Tab	DNP	0.7823	M	SFC	00713449	TEV	Y
Haldol 10mg Tab (discontinued)					00381772	OMC	Y

haloperidol LA 100mg/mL inj

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Haloperidol LA 100mg/mL Inj	DNP	22.6260	M	SFC	02130300	SDZ	Y
Haldol LA 100mg/mL Inj (discontinued)					00599093	JAN	Y

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	UJC	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	UJC	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	UJC	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	UJC	Y

N05AE05 LURASIDONE

lurasidone 20mg tab

Auro-Lurasidone 20mg Tab	DNP	1.2250	M	SF	02513986	ARO	Y
JAMP Lurasidone 20mg Tab	DNP	1.2250	M	SF	02516438	JPC	Y
pms-Lurasidone 20mg Tab	DNP	1.2250	M	SF	02505878	PMS	Y
Sandoz Lurasidone 20mg Tab	DNP	1.2250	M	SF	02521075	SDZ	Y
Taro-Lurasidone 20mg Tab	DNP	1.2250	M	SF	02504499	TAR	Y
Latuda 20mg Tab	DNP	1.2250	M	SF	02422050	SNV	Y

lurasidone 40mg tab

Auro-Lurasidone 40mg Tab	DNP	1.2250	M	SF	02513994	ARO	Y
JAMP Lurasidone 40mg Tab	DNP	1.2250	M	SF	02516446	JPC	Y
pms-Lurasidone 40mg Tab	DNP	1.2250	M	SF	02505886	PMS	Y
Sandoz Lurasidone 40mg Tab	DNP	1.2250	M	SF	02521091	SDZ	Y
Taro-Lurasidone 40mg Tab	DNP	1.2250	M	SF	02504502	TAR	Y
Latuda 40mg Tab	DNP	1.2250	M	SF	02387751	SNV	Y

lurasidone 60mg tab

Auro-Lurasidone 60mg Tab	DNP	1.2250	M	SF	02514001	ARO	Y
JAMP Lurasidone 60mg Tab	DNP	1.2250	M	SF	02516454	JPC	Y
pms-Lurasidone 60mg Tab	DNP	1.2250	M	SF	02505894	PMS	Y
Sandoz Lurasidone 60mg Tab	DNP	1.2250	M	SF	02521105	SDZ	Y
Taro-Lurasidone 60mg Tab	DNP	1.2250	M	SF	02504510	TAR	Y
Latuda 60mg Tab	DNP	1.2250	M	SF	02413361	SNV	Y

lurasidone 80mg tab

Auro-Lurasidone 80mg Tab	DNP	1.2250	M	SF	02514028	ARO	Y
JAMP Lurasidone 80mg Tab	DNP	1.2250	M	SF	02516462	JPC	Y
pms-Lurasidone 80mg Tab	DNP	1.2250	M	SF	02505908	PMS	Y
Sandoz Lurasidone 80mg Tab	DNP	1.2250	M	SF	02521113	SDZ	Y
Taro-Lurasidone 80mg Tab	DNP	1.2250	M	SF	02504529	TAR	Y
Latuda 80mg Tab	DNP	1.2250	M	SF	02387778	SNV	Y

N Nervous System

lurasidone 120mg tab

Auro-Lurasidone 120mg Tab	DNP	1.2250	M	SF	02514036	ARO	Y
JAMP Lurasidone 120mg Tab	DNP	1.2250	M	SF	02516470	JPC	Y
pms-Lurasidone 120mg Tab	DNP	1.2250	M	SF	02505916	PMS	Y
Sandoz Lurasidone 120mg Tab	DNP	1.2250	M	SF	02521121	SDZ	Y
Taro-Lurasidone 120mg Tab	DNP	1.2250	M	SF	02504537	TAR	Y
Latuda 120mg Tab	DNP	1.2250	M	SF	02387786	SNV	Y

N05AF THIOXANTHENE DERIVATIVES

N05AF01 FLUPENTHIXOL

Fluanxol 0.5mg Tab	DNP	0.3357	L	SFC	02156008	VLH	N
Fluanxol Depot 2% Inj	DNP	9.7190	L	SFC	02156032	VLH	N
Fluanxol 3mg Tab	DNP	0.7251	L	SFC	02156016	VLH	N
Fluanxol Depot 10% Inj	DNP	48.5930	L	SFC	02156040	VLH	N

N05AF05 ZUCLOPENTHIXOL

Clopixol 10mg Tab	DNP	0.5188	L	SF	02230402	VLH	N
Clopixol 25mg Tab	DNP	1.2968	L	SF	02230403	VLH	N
Clopixol-Acuphase 50mg/mL Inj					02230405	VLH	N
Clopixol-Depot 200mg/mL Inj	DNP	20.1690	L	SF	02230406	VLH	N

N05AG DIPHENYLBUTYLPIPERIDINE DERIVATIVES

N05AG02 PIMOZIDE

pimozide 2mg tab

Pimozide 2mg Tab	DNP	0.3940	M	SFC	02245432	AAP	Y
Orap 2mg Tab (discontinued)					00313815	PMS	Y

pimozide 4mg tab

Pimozide 4mg Tab	DNP	0.6002	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	0.2668	L	SFC	02242868	PDP	N
loxapine 10mg tab							
Xylac 10mg Tab	DNP	0.4166	M	SFC	02230838	PDP	Y
Loxapac 10mg Tab (discontinued)					02170027	WAY	Y
loxapine 25mg tab							
Xylac 25mg Tab	DNP	0.6334	M	SFC	02230839	PDP	Y
Loxapac 25mg Tab (discontinued)					02170132	WAY	Y
Loxapac 50mg/mL IM Inj	DNP	27.3420	L	SFC	02169991	SDZ	N

N05AH02 CLOZAPINE

clozapine 25mg tab

AA-Clozapine 25mg Tab					02248034	AAP	Y
Gen-Clozapine 25mg Tab					02247243	MYL	Y

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Clozaril 25mg Tab						00894737	HLS	Y
clozapine 50mg tab								
AA-Clozapine 50mg Tab						02458748	AAP	Y
Clozaril 50mg Tab						02490668	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	HLS	Y
clozapine 200mg tab								
AA-Clozapine 200mg Tab						02458756	AAP	Y
Clozaril 200mg Tab						02490676	HLS	Y
Gen-Clozapine 200mg Tab						02305011	MYL	N

N05AH03 OLANZAPINE

olanzapine 2.5mg tab								
Apo-Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02281791	APX	Y	
Jamp-Olanzapine FC 2.5mg Tab	DNP	0.1772	M	SFC	02417243	JPC	Y	
MINT-Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02410141	MNT	Y	
Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02372819	SAS	Y	
pms-Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02303116	PMS	Y	
Sandoz Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02310341	SDZ	Y	
Teva-Olanzapine 2.5mg Tab	DNP	0.1772	M	SFC	02276712	TEV	Y	
Zyprexa 2.5mg Tab	DNP	0.1772	M	SFC	02229250	LIL	Y	
Olanzapine-2.5mg Tab					02385864	SIV	N	
olanzapine 5mg tab								
Apo-Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02281805	APX	Y	
Jamp-Olanzapine FC 5mg Tab	DNP	0.3544	M	SFC	02417251	JPC	Y	
MINT-Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02410168	MNT	Y	
Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02372827	SAS	Y	
Olanzapine-5mg Tab	DNP	0.3544	M	SFC	02385872	SIV	Y	
pms-Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02303159	PMS	Y	
Sandoz Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02310368	SDZ	Y	
Teva-Olanzapine 5mg Tab	DNP	0.3544	M	SFC	02276720	TEV	Y	
Zyprexa 5mg Tab	DNP	0.3544	M	SFC	02229269	LIL	Y	
olanzapine ODT 5mg tab								
Apo-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02360616	APX	Y	
Auro-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02448726	ARO	Y	
Jamp-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02406624	JPC	Y	
MINT-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02436965	MNT	Y	
Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02352974	SAS	Y	
Olanzapine-ODT 5mg Tab	DNP	0.3574	M	SFC	02343665	SIV	Y	
pms-Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02303191	PMS	Y	
Sandoz Olanzapine ODT 5mg Tab	DNP	0.3574	M	SFC	02327775	SDZ	Y	
Zyprexa Zydys 5mg Tab	DNP	0.3574	M	SFC	02243086	LIL	Y	
olanzapine 7.5mg tab								
Apo-Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02281813	APX	Y	

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Jamp-Olanzapine FC 7.5mg Tab	DNP	0.5316	M	SFC	02417278	JPC	Y
MINT-Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02410176	MNT	Y
Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02372835	SAS	Y
Olanzapine-7.5mg Tab	DNP	0.5316	M	SFC	02385880	SIV	Y
pms-Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02303167	PMS	Y
Sandoz Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02310376	SDZ	Y
Teva-Olanzapine 7.5mg Tab	DNP	0.5316	M	SFC	02276739	TEV	Y
Zyprexa 7.5mg Tab	DNP	0.5316	M	SFC	02229277	LIL	Y
olanzapine 10mg tab							
Apo-Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02281821	APX	Y
Jamp-Olanzapine FC 10mg Tab	DNP	0.7088	M	SFC	02417286	JPC	Y
MINT-Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02410184	MNT	Y
Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02372843	SAS	Y
Olanzapine-10mg Tab	DNP	0.7088	M	SFC	02385899	SIV	Y
pms-Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02303175	PMS	Y
Sandoz Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02310384	SDZ	Y
Teva-Olanzapine 10mg Tab	DNP	0.7088	M	SFC	02276747	TEV	Y
Zyprexa 10mg Tab	DNP	0.7088	M	SFC	02229285	LIL	Y
olanzapine ODT 10mg tab							
Apo-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02360624	APX	Y
Auro-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02448734	ARO	Y
Jamp-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02406632	JPC	Y
MINT-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02436973	MNT	Y
Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02352982	SAS	Y
Olanzapine-ODT 10mg Tab	DNP	0.7143	M	SFC	02343673	SIV	Y
pms-Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02303205	PMS	Y
Sandoz Olanzapine ODT 10mg Tab	DNP	0.7143	M	SFC	02327783	SDZ	Y
Zyprexa Zydis 10mg Tab	DNP	0.7143	M	SFC	02243087	LIL	Y
Zyprexa 10mg/vial Inj					02247099	LIL	N
olanzapine 15mg tab							
Apo-Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02281848	APX	Y
Jamp-Olanzapine FC 15mg Tab	DNP	1.0631	M	SFC	02417294	JPC	Y
MINT-Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02410192	MNT	Y
Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02372851	SAS	Y
Olanzapine-15mg Tab	DNP	1.0631	M	SFC	02385902	SIV	Y
pms-Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02303183	PMS	Y
Sandoz Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02310392	SDZ	Y
Teva-Olanzapine 15mg Tab	DNP	1.0631	M	SFC	02276755	TEV	Y
Zyprexa 15mg Tab	DNP	1.0631	M	SFC	02238850	LIL	Y
olanzapine ODT 15mg tab							
Apo-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02360632	APX	Y
Auro-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02448742	ARO	Y
Jamp-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02406640	JPC	Y
MINT-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02436981	MNT	Y
Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02352990	SAS	Y
Olanzapine-ODT 15mg Tab	DNP	1.0711	M	SFC	02343681	SIV	Y
pms-Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02303213	PMS	Y
Sandoz Olanzapine ODT 15mg Tab	DNP	1.0711	M	SFC	02327791	SDZ	Y

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Zyprexa Zydys 15mg Tab	DNP	1.0711	M	SFC	02243088	LIL	Y
olanzapine 20mg tab							
Apo-Olanzapine 20mg Tab	DNP	1.4378	M	SFC	02333015	APX	Y
Jamp-Olanzapine FC 20mg Tab	DNP	1.4378	M	SFC	02417308	JPC	Y
Olanzapine 20mg Tab	DNP	1.4378	M	SFC	02385910	SIV	Y
Teva-Olanzapine 20mg	DNP	1.4378	M	SFC	02359707	TEV	Y
Zyprexa 20mg Tab	DNP	1.4378	M	SFC	02238851	LIL	Y
olanzapine ODT 20mg tab							
Apo-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SFC	02360640	APX	Y
Auro-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SFC	02448750	ARO	Y
Jamp-Olanzapine ODT 20mg Tab	DNP	1.4137	M	SFC	02406659	JPC	Y
Olanzapine-ODT 20mg Tab	DNP	1.4137	M	SFC	02343703	SIV	Y
Sandoz Olanzapine ODT 20mg Tab	DNP	1.4137	M	SFC	02327805	SDZ	Y
Zyprexa Zydys 20mg Tab	DNP	1.4137	M	SFC	02243089	LIL	Y

N05AH04 QUETIAPINE

quetiapine 25mg tab							
Apo-Quetiapine 25mg Tab	DNP	0.0494	M	SF	02313901	APX	Y
Apo-Quetiapine Fumarate 25mg Tab	DNP	0.0494	M	SF	02501635	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 Fumarate 25mg Tab	DNP	0.0494	M	SF	02390140	JPC	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
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
Seroquel 25mg Tab	DNP	0.0494	M	SF	02236951	AZE	Y
NAT-Quetiapine 25mg Tab					02439158	NAT	N
quetiapine 50mg ER tab							
ACH-Quetiapine Fumarate XR 50mg Tab	DNP	0.2501	M	SF	02450860	AHI	Y
Apo-Quetiapine XR 50mg Tab	DNP	0.2501	M	SF	02457229	APX	Y
M-Quetiapine Fumarate XR 50mg Tab	DNP	0.2501	M	SF	02527928	MRA	Y
MINT-Quetiapine XR 50mg Tab	DNP	0.2501	M	SF	02522187	MNT	Y
Quetiapine Fumarate XR 50mg Tab	DNP	0.2501	M	SF	02516616	SAS	Y
Quetiapine XR 50mg Tab	DNP	0.2501	M	SF	02417359	SIV	Y
Quetiapine XR 50mg Tab	DNP	0.2501	M	SF	02519607	JPC	Y
Sandoz Quetiapine XRT 50mg Tab	DNP	0.2501	M	SF	02407671	SDZ	Y
Teva-Quetiapine XR 50mg Tab	DNP	0.2501	M	SF	02395444	TEV	Y
Seroquel XR 50mg Tab	DNP	0.2501	M	SF	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
Apo-Quetiapine Fumarate 100mg Tab	DNP	0.1318	M	SF	02501643	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

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JAMP Quetiapine Fumarate 100mg Tab	DNP	0.1318	M	SF	02390159	JPC	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
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
Seroquel 100mg Tab	DNP	0.1318	M	SF	02236952	AZE	Y
NAT-Quetiapine 100mg Tab					02439166	NAT	N
quetiapine 150mg ER tab							
ACH-Quetiapine Fumarate XR 150mg Tab	DNP	0.4926	M	SF	02450879	AHI	Y
Apo-Quetiapine XR 150mg Tab	DNP	0.4926	M	SF	02457237	APX	Y
M-Quetiapine Fumarate XR 150mg Tab	DNP	0.4926	M	SF	02527936	MRA	Y
MINT-Quetiapine XR 150mg Tab	DNP	0.4926	M	SF	02522195	MNT	Y
Quetiapine Fumarate XR 150mg Tab	DNP	0.4926	M	SF	02516624	SAS	Y
Quetiapine XR 150mg Tab	DNP	0.4926	M	SF	02519615	JPC	Y
Quetiapine XR 150mg Tab	DNP	0.4926	M	SF	02417367	SIV	Y
Sandoz Quetiapine XRT 150mg Tab	DNP	0.4926	M	SF	02407698	SDZ	Y
Teva-Quetiapine XR 150mg Tab	DNP	0.4926	M	SF	02395452	TEV	Y
Seroquel XR 150mg Tab	DNP	0.4926	M	SF	02321513	AZE	Y
quetiapine 200mg ER tab							
ACH-Quetiapine Fumarate XR 200mg Tab	DNP	0.6661	M	SF	02450887	AHI	Y
Apo-Quetiapine XR 200mg Tab	DNP	0.6661	M	SF	02457245	APX	Y
M-Quetiapine Fumarate XR 200mg Tab	DNP	0.6661	M	SF	02527944	MRA	Y
MINT-Quetiapine XR 200mg Tab	DNP	0.6661	M	SF	02522209	MNT	Y
Quetiapine Fumarate XR 200mg Tab	DNP	0.6661	M	SF	02516632	SAS	Y
Quetiapine XR 200mg Tab	DNP	0.6661	M	SF	02519623	JPC	Y
Quetiapine XR 200mg Tab	DNP	0.6661	M	SF	02417375	SIV	Y
Sandoz Quetiapine XRT 200mg Tab	DNP	0.6661	M	SF	02407701	SDZ	Y
Teva-Quetiapine XR 200mg Tab	DNP	0.6661	M	SF	02395460	TEV	Y
Seroquel XR 200mg Tab	DNP	0.6661	M	SF	02300192	AZE	Y
quetiapine 200mg tab							
Apo-Quetiapine 200mg Tab	DNP	0.2647	M	SF	02313936	APX	Y
Apo-Quetiapine Fumarate 200mg Tab	DNP	0.2647	M	SF	02501651	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 Fumarate 200mg Tab	DNP	0.2647	M	SF	02390167	JPC	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
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
Seroquel 200mg Tab	DNP	0.2647	M	SF	02236953	AZE	Y
NAT-Quetiapine 200mg Tab					02439182	NAT	N
quetiapine 300mg ER tab							

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ACH-Quetiapine Fumarate XR 300mg Tab	DNP	0.9776	M	SF	02450895	AHI	Y
Apo-Quetiapine XR 300mg Tab	DNP	0.9776	M	SF	02457253	APX	Y
M-Quetiapine Fumarate XR 300mg Tab	DNP	0.9776	M	SF	02527952	MRA	Y
MINT-Quetiapine XR 300mg Tab	DNP	0.9776	M	SF	02522217	MNT	Y
Quetiapine Fumarate XR 300mg Tab	DNP	0.9776	M	SF	02516640	SAS	Y
Quetiapine XR 300mg Tab	DNP	0.9776	M	SF	02417383	SIV	Y
Quetiapine XR 300mg Tab	DNP	0.9776	M	SF	02519747	JPC	Y
Sandoz Quetiapine XRT 300mg Tab	DNP	0.9776	M	SF	02407728	SDZ	Y
Teva-Quetiapine XR 300mg Tab	DNP	0.9776	M	SF	02395479	TEV	Y
Seroquel XR 300mg Tab	DNP	0.9776	M	SF	02300206	AZE	Y

quetiapine 300mg tab

Apo-Quetiapine 300mg Tab	DNP	0.3863	M	SF	02313944	APX	Y
Apo-Quetiapine Fumarate 300mg Tab	DNP	0.3863	M	SF	02501678	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 Fumarate 300mg Tab	DNP	0.3863	M	SF	02390175	JPC	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
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	02317931	SIV	Y
Quetiapine-300mg Tab	DNP	0.3863	M	SF	02387832	AHI	Y
Seroquel 300mg Tab	DNP	0.3863	M	SF	02244107	AZE	Y

NAT-Quetiapine 300mg Tab					02439190	NAT	N
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quetiapine 400mg ER tab

ACH-Quetiapine Fumarate XR 400mg Tab	DNP	1.3270	M	SF	02450909	AHI	Y
Apo-Quetiapine XR 400mg Tab	DNP	1.3270	M	SF	02457261	APX	Y
M-Quetiapine Fumarate XR 400mg Tab	DNP	1.3270	M	SF	02527960	MRA	Y
MINT-Quetiapine XR 400mg Tab	DNP	1.3270	M	SF	02522225	MNT	Y
Quetiapine Fumarate XR 400mg Tab	DNP	1.3270	M	SF	02516659	SAS	Y
Quetiapine XR 400mg Tab	DNP	1.3270	M	SF	02417391	SIV	Y
Quetiapine XR 400mg Tab	DNP	1.3270	M	SF	02519763	JPC	Y
Sandoz Quetiapine XRT 400mg Tab	DNP	1.3270	M	SF	02407736	SDZ	Y
Teva-Quetiapine XR 400mg Tab	DNP	1.3270	M	SF	02395487	TEV	Y
Seroquel XR 400mg Tab	DNP	1.3270	M	SF	02300214	AZE	Y

N05AH05 ASENAPINE

Saphris 5mg SL Tab	DNP	1.5910	L	E	02374803	ORG	N
Saphris 10mg SL Tab	DNP	1.5910	L	E	02374811	ORG	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	BSL	Y

lithium 150mg cap (Lithane)

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Apo-Lithium Carbonate 150mg Cap	DNP	0.0667	M	SFC	02242837	APX	Y
Lithane 150mg Cap	DNP	0.0667	M	SFC	02013231	SLP	Y
lithium 300mg SR tab							
Lithmax SR 300mg Tab	DNP	0.2880	M	SFC	02266695	AAP	Y
Duralith 300mg Tab (discontinued)					00590665	JAN	Y
lithium 300mg cap (Carbolith)							
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	BSL	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	SLP	Y
Carbolith 600mg Cap	DNP	0.2318	L	SFC	02011239	BSL	N

N05AX OTHER ANTIPSYCHOTICS

N05AX08 RISPERIDONE

risperidone 0.25mg tab

Apo-Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02282119	APX	Y
Jamp-Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02359529	JPC	Y
pms-Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02252007	PMS	Y
RAN-Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02328305	RAN	Y
Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02533804	SIV	Y
Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02356880	SAS	Y
Sandoz Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02303655	SDZ	Y
Teva-Risperidone 0.25mg Tab	DNP	0.0878	M	SF	02282690	TEV	Y
Risperdal 0.25mg Tab (discontinued)					02240551	JAN	Y

risperidone 0.5mg tab

Apo-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02282127	APX	Y
Jamp-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02359537	JPC	Y
MINT-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02359804	MNT	Y
pms-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02252015	PMS	Y
RAN-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02328313	RAN	Y
Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02356899	SAS	Y
Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02533928	SIV	Y
Sandoz Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02303663	SDZ	Y
Teva-Risperidone 0.5mg Tab	DNP	0.1470	M	SF	02264188	TEV	Y
Risperdal 0.5mg Tab (discontinued)					02240552	JAN	Y

risperidone 1mg tab

Apo-Risperidone 1mg Tab	DNP	0.2031	M	SF	02282135	APX	Y
Jamp-Risperidone 1mg Tab	DNP	0.2031	M	SF	02359545	JPC	Y
MINT-Risperidone 1mg Tab	DNP	0.2031	M	SF	02359812	MNT	Y
pms-Risperidone 1mg Tab	DNP	0.2031	M	SF	02252023	PMS	Y
RAN-Risperidone 1mg Tab	DNP	0.2031	M	SF	02328321	RAN	Y
Risperidone 1mg Tab	DNP	0.2031	M	SF	02533936	SIV	Y
Risperidone 1mg Tab	DNP	0.2031	M	SF	02356902	SAS	Y
Sandoz Risperidone 1mg Tab	DNP	0.2031	M	SF	02279800	SDZ	Y
Teva-Risperidone 1mg Tab	DNP	0.2031	M	SF	02264196	TEV	Y

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Risperdal 1mg Tab (discontinued)						02025280	JAN	Y
risperidone 1mg/mL o/l								
Apo-Risperidone 1mg/mL O/L (discontinued)						02280396	APX	Y
Jamp-Risperidone 1mg/mL O/L	DNP	0.7080	M	SF		02454319	JPC	Y
pms-Risperidone 1mg/mL O/L	DNP	0.7080	M	SF		02279266	PMS	Y
Risperdal 1mg/mL O/L (discontinued)						02236950	JAN	Y
risperidone 2mg tab								
Apo-Risperidone 2mg Tab	DNP	0.4062	M	SF		02282143	APX	Y
Jamp-Risperidone 2mg Tab	DNP	0.4062	M	SF		02359553	JPC	Y
MINT-Risperidone 2mg Tab	DNP	0.4062	M	SF		02359820	MNT	Y
pms-Risperidone 2mg Tab	DNP	0.4062	M	SF		02252031	PMS	Y
RAN-Risperidone 2mg Tab	DNP	0.4062	M	SF		02328348	RAN	Y
Risperidone 2mg Tab	DNP	0.4062	M	SF		02533944	SIV	Y
Risperidone 2mg Tab	DNP	0.4062	M	SF		02356910	SAS	Y
Sandoz Risperidone 2mg Tab	DNP	0.4062	M	SF		02279819	SDZ	Y
Teva-Risperidone 2mg Tab	DNP	0.4062	M	SF		02264218	TEV	Y
Risperdal 2mg Tab (discontinued)						02025299	JAN	Y
risperidone 3mg tab								
Apo-Risperidone 3mg Tab	DNP	0.6083	M	SF		02282151	APX	Y
Jamp-Risperidone 3mg Tab	DNP	0.6083	M	SF		02359561	JPC	Y
MINT-Risperidone 3mg Tab	DNP	0.6083	M	SF		02359839	MNT	Y
pms-Risperidone 3mg Tab	DNP	0.6083	M	SF		02252058	PMS	Y
RAN-Risperidone 3mg Tab	DNP	0.6083	M	SF		02328364	RAN	Y
Risperidone 3mg Tab	DNP	0.6083	M	SF		02356929	SAS	Y
Risperidone 3mg Tab	DNP	0.6083	M	SF		02533952	SIV	Y
Sandoz Risperidone 3mg Tab	DNP	0.6083	M	SF		02279827	SDZ	Y
Teva-Risperidone 3mg Tab	DNP	0.6083	M	SF		02264226	TEV	Y
Risperdal 3mg Tab (discontinued)						02025302	JAN	Y
risperidone 4mg tab								
Apo-Risperidone 4mg Tab	DNP	0.8111	M	SF		02282178	APX	Y
Jamp-Risperidone 4mg Tab	DNP	0.8111	M	SF		02359588	JPC	Y
MINT-Risperidone 4mg Tab	DNP	0.8111	M	SF		02359847	MNT	Y
pms-Risperidone 4mg Tab	DNP	0.8111	M	SF		02252066	PMS	Y
RAN-Risperidone 4mg Tab	DNP	0.8111	M	SF		02328372	RAN	Y
Risperidone 4mg Tab	DNP	0.8111	M	SF		02533960	SIV	Y
Risperidone 4mg Tab	DNP	0.8111	M	SF		02356937	SAS	Y
Sandoz Risperidone 4mg Tab	DNP	0.8111	M	SF		02279835	SDZ	Y
Teva-Risperidone 4mg Tab	DNP	0.8111	M	SF		02264234	TEV	Y
Risperdal 4mg Tab (discontinued)						02025310	JAN	Y
Risperdal Consta 12.5mg/vial Inj	DNP	93.2100	L	E		02298465	JAN	N
Risperdal Consta 25mg/vial Inj	DNP	193.5200	L	E		02255707	JAN	N
Risperdal Consta 37.5mg/vial Inj	DNP	290.2600	L	E		02255723	JAN	N
Risperdal Consta 50mg/vial Inj	DNP	387.0400	L	E		02255758	JAN	N
N05AX12	ARIPRAZOLE							
ariprazole 2mg tab								
Apo-Aripiprazole 2mg Tab	DNP	0.8092	M	SF		02471086	APX	Y

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Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02534320	SIV	Y
Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02506688	SAS	Y
Auro-Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02460025	ARO	Y
MINT-Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02483556	MNT	Y
pms-Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02466635	PMS	Y
Sandoz Aripiprazole 2mg Tab	DNP	0.8092	M	SF	02473658	SDZ	Y
Abilify 2mg Tab	DNP	0.8092	M	SF	02322374	OTS	Y
aripiprazole 5mg tab							
Apo-Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02471094	APX	Y
Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02506718	SAS	Y
Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02534339	SIV	Y
Auro-Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02460033	ARO	Y
MINT-Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02483564	MNT	Y
pms-Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02466643	PMS	Y
Sandoz Aripiprazole 5mg Tab	DNP	0.9046	M	SF	02473666	SDZ	Y
Abilify 5mg Tab	DNP	0.9046	M	SF	02322382	OTS	Y
aripiprazole 10mg tab							
Apo-Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02471108	APX	Y
Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02534347	SIV	Y
Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02506726	SAS	Y
Auro-Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02460041	ARO	Y
MINT-Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02483572	MNT	Y
pms-Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02466651	PMS	Y
Sandoz Aripiprazole 10mg Tab	DNP	1.0754	M	SF	02473674	SDZ	Y
Abilify 10mg Tab	DNP	1.0754	M	SF	02322390	OTS	Y
aripiprazole 15mg tab							
Apo-Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02471116	APX	Y
Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02534355	SIV	Y
Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02506734	SAS	Y
Auro-Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02460068	ARO	Y
MINT-Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02483580	MNT	Y
pms-Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02466678	PMS	Y
Sandoz Aripiprazole 15mg Tab	DNP	1.2692	M	SF	02473682	SDZ	Y
Abilify 15mg Tab	DNP	1.2692	M	SF	02322404	OTS	Y
aripiprazole 20mg tab							
Apo-Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02471124	APX	Y
Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02506750	SAS	Y
Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02534363	SIV	Y
Auro-Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02460076	ARO	Y
MINT-Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02483599	MNT	Y
pms-Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02466686	PMS	Y
Sandoz Aripiprazole 20mg Tab	DNP	1.0017	M	SF	02473690	SDZ	Y
Abilify 20mg Tab	DNP	1.0017	M	SF	02322412	OTS	Y
aripiprazole 30mg tab							
Apo-Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02471132	APX	Y
Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02534371	SIV	Y
Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02506785	SAS	Y
Auro-Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02460084	ARO	Y

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MINT-Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02483602	MNT	Y
pms-Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02466694	PMS	Y
Sandoz Aripiprazole 30mg Tab	DNP	1.0017	M	SF	02473704	SDZ	Y
Abilify 30mg Tab	DNP	1.0017	M	SF	02322455	OTS	Y
Abilify Maintena 300mg/vial Inj	DNP	473.9700	L	E	02420864	OTS	N
Abilify Maintena 400mg/vial Inj	DNP	473.9700	L	E	02420872	OTS	N

N05AX13 PALIPERIDONE

paliperidone 3mg ER tab

Mar-Paliperidone 3mg ER Tab					02511010	MAR	Y
Invega 3mg ER Tab					02300273	JAN	Y

paliperidone 6mg ER tab

Mar-Paliperidone 6mg ER Tab					02511029	MAR	Y
Invega 6mg ER Tab					02300281	JAN	Y

Invega Sustenna 50mg/0.5mL Kit	DNP	327.4500	L	E	02354217	JAN	N
Invega Sustenna 75mg/0.75mL Kit	DNP	491.1800	L	E	02354225	JAN	N
Invega Sustenna 100mg/1mL Kit	DNP	526.2100	L	E	02354233	JAN	N
Invega Sustenna 150mg/1.5mL Kit	DNP	701.6000	L	E	02354241	JAN	N
Invega Trinza 175mg/0.875mL Inj Kit	DNP	953.7300	L	E	02455943	JAN	N
Invega Trinza 263mg/1.315mL Inj Kit	DNP	1430.6100	L	E	02455986	JAN	N
Invega Trinza 350mg/1.75mL Inj Kit	DNP	1430.6100	L	E	02455994	JAN	N
Invega Trinza 525mg/2.625mL Inj Kit	DNP	1907.4900	L	E	02456001	JAN	N

N05AX16 BREXPIPRAZOLE

Rexulti 0.25mg Tab	DNP	3.5000	L	SF	02461749	OTS	N
Rexulti 0.5mg Tab	DNP	3.5000	L	SF	02461757	OTS	N
Rexulti 1mg Tab	DNP	3.5000	L	SF	02461765	OTS	N
Rexulti 2mg Tab	DNP	3.5000	L	SF	02461773	OTS	N
Rexulti 3mg Tab	DNP	3.5000	L	SF	02461781	OTS	N
Rexulti 4mg Tab	DNP	3.5000	L	SF	02461803	OTS	N

N05B ANXIOLYTICS

N05BA BENZODIAZEPINE DERIVATIVES

N05BA01 DIAZEPAM

Diazepam 2mg Tab	DNP	0.0551	L	SFC	00405329	AAP	N
diazepam 5mg tab							
Diazepam 5mg Tab	DNP	0.1662	M	SFC	00362158	AAP	Y
Valium 5mg Tab	DNP	0.1662	M	SFC	00013285	SLP	Y
Vivol 5mg Tab (discontinued)					00013765	AXS	Y
diazepam 5mg/mL inj							
Diazepam 5mg/mL Inj	DNP	1.8475	M	SFC	00399728	SDZ	Y
Valium 5mg/mL Inj (discontinued)					00012874	HLR	Y

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	Diastat 5mg/mL Rectal Gel					02238162	BSL	N
	diazepam 10mg tab							
	Diazepam 10mg Tab	DNP	0.1204	M	SFC	00405337	AAP	Y
	Valium 10mg Tab (discontinued)					00013293	HLR	Y
	Vivol 10mg Tab (discontinued)					00013773	AXS	Y
N05BA02	CHLORDIAZEPOXIDE							
	Chlordiazepoxide 5mg Cap	DNP	0.0825	L	SFC	00522724	AAP	N
	Chlordiazepoxide 10mg Cap	DNP	0.1298	L	SFC	00522988	AAP	N
	Chlordiazepoxide 25mg Cap	DNP	0.2014	L	SFC	00522996	AAP	N
N05BA04	OXAZEPAM							
	oxazepam 10mg tab							
	Apo-Oxazepam 10mg Tab	DNP	0.0420	M	SFC	00402680	APX	Y
	Serax 10mg Tab (discontinued)					02043653	WAY	Y
	oxazepam 15mg tab							
	Apo-Oxazepam 15mg Tab	DNP	0.0560	M	SFC	00402745	APX	Y
	Serax 15mg Tab (discontinued)					02043661	WAY	Y
	oxazepam 30mg tab							
	Apo-Oxazepam 30mg Tab	DNP	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	DNP	0.1883	M	SFC	00860689	AAP	Y
	Tranxene 3.75mg Cap (discontinued)					00264938	ABB	Y
	clorazepate dipotassium 7.5mg cap							
	Clorazepate 7.5mg Cap	DNP	0.2454	M	SFC	00860700	AAP	Y
	Tranxene 7.5mg Cap (discontinued)					00264946	ABB	Y
	clorazepate dipotassium 15mg cap							
	Clorazepate 15mg Cap	DNP	0.4914	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	DNP	0.0359	M	SFC	00655740	APX	Y
	Novo-Lorazem 0.5mg Tab	DNP	0.0359	M	SFC	00711101	TEV	Y
	pms-Lorazepam 0.5mg Tab	DNP	0.0359	M	SFC	00728187	PMS	Y
	Ativan 0.5mg Tab	DNP	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							

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Apo-Lorazepam 1mg Tab	DNP	0.0447	M	SFC	00655759	APX	Y
Novo-Lorazem 1mg Tab	DNP	0.0447	M	SFC	00637742	TEV	Y
pms-Lorazepam 1mg Tab	DNP	0.0447	M	SFC	00728195	PMS	Y
Ativan 1mg Tab	DNP	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	DNP	0.0699	M	SFC	00655767	APX	Y
Novo-Lorazem 2mg Tab	DNP	0.0699	M	SFC	00637750	TEV	Y
pms-Lorazepam 2mg Tab	DNP	0.0699	M	SFC	00728209	PMS	Y
Ativan 2mg Tab	DNP	0.0699	M	SFC	02041448	PFI	Y

lorazepam 4mg/mL inj

Lorazepam 4mg/mL Inj	DNP	21.2000	M	SFC	02243278	SDZ	Y
Ativan 4mg/mL Inj (discontinued)					02041405	WAY	Y

N05BA08 BROMAZEPAM

bromazepam 3mg tab

Apo-Bromazepam 3mg Tab	DNP	0.0897	M	SFC	02177161	APX	Y
Novo-Bromazepam 3mg Tab	DNP	0.0897	M	SFC	02230584	TEV	Y
Lectopam 3mg Tab (discontinued)					00518123	HLR	Y

bromazepam 6mg tab

Apo-Bromazepam 6mg Tab	DNP	0.1310	M	SFC	02177188	APX	Y
Novo-Bromazepam 6mg Tab	DNP	0.1310	M	SFC	02230585	TEV	Y
Lectopam 6mg Tab (discontinued)					00518131	HLR	Y

N05BA09 CLOBAZAM

clobazam 10mg tab

Apo-Clobazam 10mg Tab	DNP	0.2197	M	SF	02244638	APX	Y
Teva-Clobazam 10mg Tab	DNP	0.2197	M	SF	02238334	TEV	Y
Frisium 10mg Tab (discontinued)					02221799	LBK	Y

N05BA12 ALPRAZOLAM

alprazolam 0.25mg tab

Apo-Alpraz 0.25mg Tab	DNP	0.0609	M	SFC	00865397	APX	Y
Teva-Alprazolam 0.25mg Tab	DNP	0.0609	M	SFC	01913484	TEV	Y
Xanax 0.25mg Tab	DNP	0.0609	M	SFC	00548359	UJC	Y

alprazolam 0.5mg tab

Apo-Alpraz 0.5mg Tab	DNP	0.0728	M	SFC	00865400	APX	Y
Teva-Alprazolam 0.5mg Tab	DNP	0.0728	M	SFC	01913492	TEV	Y
Xanax 0.5mg Tab	DNP	0.0728	M	SFC	00548367	UJC	Y

alprazolam 1mg tab

Apo-Alpraz 1mg Tab					02243611	APX	Y
Xanax 1mg Tab					00723770	UJC	Y

alprazolam 2mg tab

Apo-Alpraz 2mg Tab					02243612	APX	Y
Xanax 2mg Tab					00813958	UJC	Y

N Nervous System**N05BB DIPHENYLMETHANE DERIVATIVES**

N05BB01 HYDROXYZINE

Atarax 2mg/mL Syr	DNP	0.0622	L	E	00024694	SLP	N
hydroxyzine HCl 10mg cap							
Hydroxyzine 10mg Cap	DNP	0.1237	M	E	00646059	AAP	Y
Novo-Hydroxyzin 10mg Cap	DNP	0.1237	M	E	00738824	TEV	Y
Atarax 10mg Cap (discontinued)					00024376	ERF	Y
Pms-Hydroxyzine 10mg/5mL Syr					00741817	PMS	N
hydroxyzine HCl 25mg cap							
Hydroxyzine 25mg Cap	DNP	0.1580	M	E	00646024	AAP	Y
Novo-Hydroxyzin 25mg Cap	DNP	0.1580	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							
Hydroxyzine 50mg Cap	DNP	0.2294	M	E	00646016	AAP	Y
Novo-Hydroxyzin 50mg Cap	DNP	0.2294	M	E	00738840	TEV	Y
Atarax 50mg Cap (discontinued)					00024392	ERF	Y

N05BE AZASPIRODECANEDIONE DERIVATIVES

N05BE01 BUSPIRONE

bupirone HCl 10mg tab							
Apo-Buspirone 10mg Tab	DNP	0.2713	M	SFC	02211076	APX	Y
Auro-Buspirone 10mg Tab	DNP	0.2713	M	SFC	02500213	ARO	Y
Buspirone 10mg Tab	DNP	0.2713	M	SFC	02447851	SAS	Y
JAMP Buspirone 10mg Tab	DNP	0.2713	M	SFC	02509911	JPC	Y
MINT-Buspirone 10mg Tab	DNP	0.2713	M	SFC	02519054	MNT	Y
Novo-Buspirone 10mg Tab	DNP	0.2713	M	SFC	02231492	TEV	Y
pms-Buspirone 10mg Tab	DNP	0.2713	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					02247621	ODN	N
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N05CD BENZODIAZEPINE DERIVATIVES

N05CD01 FLURAZEPAM

flurazepam 15mg cap							
Apo-Flurazepam 15mg Cap					00521698	AAP	Y
Dalmane 15mg Cap (discontinued)					00012696	BSL	Y
flurazepam 30mg cap							
Apo-Flurazepam 30mg Cap					00521701	AAP	Y
Dalmane 30mg Cap (discontinued)					00012718	BSL	Y

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N05CD02 NITRAZEPAM

nitrazepam 5mg tab

Mogadon 5mg Tab 00511528 AAP Y

Nitrazadon 5mg Tab (discontinued) 02229654 BSL Y

nitrazepam 10mg tab

Mogadon 10mg Tab 00511536 AAP Y

Nitrazadon 10mg Tab (discontinued) 02229655 BSL Y

N05CD05 TRIAZOLAM

Triazolam 0.25mg Tab DNP 0.2891 L SFC 00808571 AAP N

N05CD07 TEMAZEPAM

Restoril 15mg Cap DNP 0.2461 L SFC 00604453 AAP N

Restoril 30mg Cap DNP 0.2980 L SFC 00604461 AAP N

N05CD08 MIDAZOLAM

midazolam 1mg/mL inj

Midazolam 1mg/mL Inj DNP 0.7800 M E 02240285 SDZ Y

Versed 1mg/mL Inj (discontinued) 00784516 HLR Y

midazolam 5mg/mL inj

Midazolam 5mg/mL Inj DNP 4.1000 M E 02240286 SDZ Y

Versed 5mg/mL Inj (discontinued) 00766011 HLR Y

N05CF BENZODIAZEPINE RELATED DRUGS

N05CF01 ZOPICLONE

pms-Zopiclone 3.75mg Tab DNP 0.0625 L SFC 02458543 PMS N

zopiclone 5mg tab

Apo-Zopiclone 5mg Tab DNP 0.0990 M SFC 02245077 APX Y

Jamp-Zopiclone 5mg Tab DNP 0.0990 M SFC 02406969 JPC Y

M-Zopiclone 5mg Tab DNP 0.0990 M SFC 02467941 MRA 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

pms-Zopiclone 5mg Tab DNP 0.0990 M SFC 02243426 PMS Y

ratio-Zopiclone 5mg Tab DNP 0.0990 M SFC 02246534 TEV Y

Zopiclone 5mg Tab DNP 0.0990 M SFC 02344122 SAS Y

Zopiclone-5mg Tab DNP 0.0990 M SFC 02385821 SIV Y

Imovane 5mg Tab (discontinued) 02216167 SAV Y

zopiclone 7.5mg tab

Apo-Zopiclone 7.5mg Tab DNP 0.1250 M SFC 02218313 APX Y

Jamp-Zopiclone 7.5mg Tab DNP 0.1250 M SFC 02406977 JPC Y

M-Zopiclone 5mg Tab DNP 0.1250 M SFC 02467968 MRA 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

ratio-Zopiclone 7.5mg Tab DNP 0.1250 M SFC 02242481 TEV 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

N Nervous System

	Imovane 7.5mg Tab	DNP	0.1250	M	SFC	01926799	SAV	Y
N05CF02	ZOLPIDEM							
	zolpidem ODT 5mg tab							
	Apo-Zolpidem ODT 5mg Tab					02436159	APX	Y
	MINT-Zolpidem ODT 5mg Tab					02472821	MNT	Y
	pms-Zolpidem ODT 5mg Tab					02436175	PMS	Y
	Sublinox 5mg SL Tab					02391678	BSL	Y
	zolpidem ODT 10mg tab							
	Apo-Zolpidem ODT 10mg Tab					02434946	APX	Y
	MINT-Zolpidem ODT 10mg Tab					02472848	MNT	Y
	pms-Zolpidem ODT 10mg Tab					02436183	PMS	Y
	Sublinox 10mg SL Tab					02370433	BSL	Y

N06 PSYCHOANALEPTICS

N06A ANTIDEPRESSANTS

N06AA NON-SELECTIVE MONOAMINE REUPTAKE INHIBITORS

N06AA01	DESIPRAMINE							
	desipramine 10mg tab							
	Desipramine 10mg Tab	DNP	0.4848	M	SFC	02216248	AAP	Y
	Norpramin 10mg Tab (discontinued)					02103583	SAV	Y
	desipramine 25mg tab							
	Desipramine 25mg Tab	DNP	0.4848	M	SFC	02216256	AAP	Y
	Norpramin 25mg Tab (discontinued)					02099128	SAV	Y
	desipramine 50mg tab							
	Desipramine 50mg Tab	DNP	0.8545	M	SFC	02216264	AAP	Y
	Norpramin 50mg Tab (discontinued)					02099136	SAV	Y
	desipramine 75mg tab							
	Desipramine 75mg Tab	DNP	1.1362	M	SFC	02216272	AAP	Y
	Norpramin 75mg Tab (discontinued)					02099144	SAV	Y
	desipramine 100mg tab							
	Desipramine 100mg Tab	DNP	1.1362	M	SFC	02216280	AAP	Y
	Norpramin 100mg Tab (discontinued)					02103591	SAV	Y
N06AA02	IMIPRAMINE							
	imipramine 10mg tab							
	Imipramine 10mg Tab	DNP	0.1745	M	SFC	00360201	AAP	Y
	Tofranil 10mg Tab (discontinued)					00010464	NVR	Y
	imipramine 25mg tab							
	Imipramine 25mg Tab	DNP	0.3149	M	SFC	00312797	AAP	Y
	Tofranil 25mg Tab (discontinued)					00010472	NVR	Y
	imipramine 50mg tab							
	Imipramine 50mg Tab	DNP	0.6146	M	SFC	00326852	AAP	Y
	Tofranil 50mg Tab (discontinued)					00010480	NVR	Y
	Imipramine 75mg Tab	DNP	0.7657	L	SFC	00644579	AAP	N

N Nervous System

N06AA04	CLOMIPRAMINE								
	Anafranil 10mg Tab	DNP	0.3191	L	SFC	00330566	APX	N	
	clomipramine 25mg cap/tab								
	Taro-Clomipramine 25mg Cap	DNP	0.3417	M	SFC	02497506	TAR	Y	
	Anafranil 25mg Tab	DNP	0.3417	M	SFC	00324019	APX	Y	
	clomipramine 50mg cap/tab								
	Taro-Clomipramine 50mg Cap	DNP	0.6291	M	SFC	02497514	TAR	Y	
	Anafranil 50mg Tab	DNP	0.6291	M	SFC	00402591	APX	Y	
N06AA06	TRIMIPRAMINE								
	trimipramine 12.5mg tab								
	Trimipramine 12.5mg Tab	DNP	0.2747	M	SFC	00740799	AAP	Y	
	Surmontil 12.5mg Tab (discontinued)					01926357	SAV	Y	
	trimipramine 25mg tab								
	Trimipramine 25mg Tab	DNP	0.3539	M	SFC	00740802	AAP	Y	
	Surmontil 25mg Tab (discontinued)					01926322	SAV	Y	
	trimipramine 50mg tab								
	Trimipramine 50mg Tab	DNP	0.6926	M	SFC	00740810	AAP	Y	
	Surmontil 50mg Tab (discontinued)					01926330	SAV	Y	
	trimipramine 75mg cap								
	Trimipramine 75mg Cap	DNP	0.9323	M	SFC	02070987	AAP	Y	
	Surmontil 75mg Cap (discontinued)					01926349	SAV	Y	
	trimipramine 100mg tab								
	Trimipramine 100mg Tab	DNP	1.1819	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	
	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	
	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	

N Nervous System

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	0.2995	L	SFC	00015229	AAP	N
Aventyl 25mg Cap	DNP	0.6054	L	SFC	00015237	AAP	N

N06AA12 DOXEPIN

Sinequan 10mg Cap	DNP	0.4075	L	SFC	00024325	AAP	N
Sinequan 25mg Cap	DNP	0.5000	L	SFC	00024333	AAP	N
Sinequan 50mg Cap	DNP	0.9274	L	SFC	00024341	AAP	N
Sinequan 75mg Cap	DNP	1.2242	L	SFC	00400750	AAP	N
Sinequan 100mg Cap	DNP	1.6100	L	SFC	00326925	AAP	N

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
M-Fluoxetine 10mg Cap	DNP	0.3404	M	SFC	02529432	MRA	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
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
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
M-Fluoxetine 20mg Cap	DNP	0.3311	M	SFC	02529440	MRA	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
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

N Nervous System

	pms-Fluoxetine 40mg Cap	DNP	0.6622	L	SFC	02464640	PMS	N
	pms-Fluoxetine 60mg Cap	DNP	0.9933	L	SFC	02464659	PMS	N
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	L	SFC	02387948	SIV	N
	Citalopram 10mg Tab	DNP	0.0796	L	SFC	02430517	JPC	N
	MINT-Citalopram 10mg Tab	DNP	0.0796	L	SFC	02429691	MNT	N
	NATCO-Citalopram 10mg Tab	DNP	0.0796	L	SFC	02409003	NAT	N
	Teva-Citalopram 10mg Tab	DNP	0.0796	L	SFC	02312336	TEV	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	02430541	JPC	Y
	Citalopram 20mg Tab	DNP	0.1332	M	SFC	02353660	SAS	Y
	Citalopram-20mg Tab	DNP	0.1332	M	SFC	02387956	SIV	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
	NAT-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02409011	NAT	Y
	NATCO-Citalopram 20mg Tab	DNP	0.1332	M	SFC	02443880	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
	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	02430568	JPC	Y
	Citalopram 40mg Tab	DNP	0.1332	M	SFC	02353679	SAS	Y
	Citalopram-40mg Tab	DNP	0.1332	M	SFC	02387964	SIV	Y
	Mar-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02371901	MAR	Y
	NAT-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02409038	NAT	Y
	NATCO-Citalopram 40mg Tab	DNP	0.1332	M	SFC	02443899	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
	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					02507773	JPC	Y
	Jamp-Paroxetine 10mg Tab					02368862	JPC	Y
	M-Paroxetine 10mg Tab					02467402	MRA	Y
	Mar-Paroxetine 10mg Tab					02411946	MAR	Y
	MINT-Paroxetine 10mg Tab					02421372	MNT	Y
	Paroxetine 10mg Tab					02282844	SAS	Y

N Nervous System

Paroxetine 10mg Tab					02388227	SIV	Y
pms-Paroxetine 10mg Tab					02247750	PMS	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
JAMP Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02507781	JPC	Y
Jamp-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02368870	JPC	Y
M-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02467410	MRA	Y
Mar-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02411954	MAR	Y
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	DNP	0.3250	M	SFC	02282852	SAS	Y
pms-Paroxetine 20mg Tab	DNP	0.3250	M	SFC	02247751	PMS	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	02507803	JPC	Y
Jamp-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02368889	JPC	Y
M-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02467429	MRA	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	02282860	SAS	Y
Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02388243	SIV	Y
pms-Paroxetine 30mg Tab	DNP	0.3453	M	SFC	02247752	PMS	Y
Paxil 30mg Tab	DNP	0.3453	M	SFC	01940473	GSK	Y
pms-Paroxetine 40mg Tab					02293749	PMS	N

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
M-Sertraline 25mg Cap	DNP	0.1516	M	SFC	02530937	MRA	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
Sertraline 25mg Cap	DNP	0.1516	M	SFC	02353520	SAS	Y
Sertraline 25mg Cap	DNP	0.1516	M	SFC	02386070	SIV	Y
Sertraline 25mg Cap	DNP	0.1516	M	SFC	02469626	JPC	Y
Zoloft 25mg Cap	DNP	0.1516	M	SFC	02132702	UJC	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
M-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02530945	MRA	Y

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Mar-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02399423	MAR	Y
MINT-Sertraline 50mg Cap	DNP	0.3032	M	SFC	02402394	MNT	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
Sertraline 50mg Cap	DNP	0.3032	M	SFC	02469634	JPC	Y
Sertraline 50mg Cap	DNP	0.3032	M	SFC	02386089	SIV	Y
Sertraline 50mg Cap	DNP	0.3032	M	SFC	02353539	SAS	Y
Zoloft 50mg Cap	DNP	0.3032	M	SFC	01962817	UJC	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
M-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02530953	MRA	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
Sertraline 100mg Cap	DNP	0.3303	M	SFC	02469642	JPC	Y
Sertraline 100mg Cap	DNP	0.3303	M	SFC	02386097	SIV	Y
Sertraline 100mg Cap	DNP	0.3303	M	SFC	02353547	SAS	Y
Teva-Sertraline 100mg Cap	DNP	0.3303	M	SFC	02240481	TEV	Y
Zoloft 100mg Cap	DNP	0.3303	M	SFC	01962779	UJC	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
Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02430118	SAS	Y
Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02429039	SIV	Y
JAMP Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02508893	JPC	Y
Jamp-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02429780	JPC	Y
M-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02471418	MRA	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
pms-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02469243	PMS	Y

N Nervous System

RAN-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02385481	RAN	Y
Sandoz Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02364077	SDZ	Y
Teva-Escitalopram 10mg Tab	DNP	0.3109	M	SFC	02318180	TEV	Y
Cipralext 10mg Tab	DNP	0.3109	M	SFC	02263238	VLH	Y
KYE-Escitalopram 15mg Tab	DNP	0.3210	L	SFC	02512653	KYE	N
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
Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02430126	SAS	Y
Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02429047	SIV	Y
JAMP Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02508907	JPC	Y
Jamp-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02429799	JPC	Y
M-Escitalopram 20mg Tab	DNP	0.3310	M	SFC	02471426	MRA	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
pms-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	0.4992	L	SFC	00476552	SLP	N
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N06AF04 TRANYLCYPROMINE

Parnate 10mg Tab	DNP	0.4957	L	SFC	01919598	GSK	N
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N06AG MONOAMINE OXIDASE A INHIBITORS

N06AG02 MOCLOBEMIDE

moclobemide 100mg tab

Moclobemide 100mg Tab	DNP	0.3400	M	SFC	02232148	AAP	Y
Manerix 100mg Tab (discontinued)					00899348	HLR	Y

moclobemide 150mg tab

Moclobemide 150mg Tab	DNP	0.5295	M	SFC	02232150	AAP	Y
Manerix 150mg Tab	DNP	0.5295	M	SFC	00899356	BSL	Y

moclobemide 300mg tab

Moclobemide 300mg Tab	DNP	1.0399	M	SFC	02240456	AAP	Y
Manerix 300mg Tab	DNP	1.0399	M	SFC	02166747	BSL	Y

N06AX OTHER ANTIDEPRESSANTS

N Nervous System

N06AX02 TRYPTOPHAN

tryptophan 1g tab

Apo-Tryptophan 1g Tab	DNP	0.7126	M	E	02248539	APX	Y
ratio-Tryptophan 1g Tab	DNP	0.7126	M	E	02237250	TEV	Y
Tryptan 1g Tab	DNP	0.7126	M	E	00654531	BSL	Y
Tryptan 250mg Tab	DNP	0.4768	L	E	02239326	BSL	N

tryptophan 500mg cap

Apo-Tryptophan 500mg Cap	DNP	0.3955	M	E	02248540	APX	Y
ratio-Tryptophan 500mg Cap	DNP	0.3955	M	E	02240334	TEV	Y
Tryptan 500mg Cap	DNP	0.3955	M	E	00718149	BSL	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	BSL	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	BSL	Y

N06AX05 TRAZODONE

trazodone 50mg tab

Apo-Trazodone 50mg Tab	DNP	0.0554	M	SFC	02147637	APX	Y
JAMP Trazodone 50mg Tab	DNP	0.0554	M	SFC	02442809	JPC	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
JAMP Trazodone 100mg Tab	DNP	0.0989	M	SFC	02442817	JPC	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	DNP	0.1454	M	SFC	02147653	APX	Y
JAMP Trazodone 150mg Tab	DNP	0.1454	M	SFC	02442825	JPC	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	0.4046	M	SFC	02299801	ARO	Y
Remeron RD 15mg Tab	DNP	0.4046	M	SFC	02248542	ORG	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

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Mirtazapine 15mg Tab	DNP	0.0977	L	SFC	02496666	SIV	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	0.8087	M	SFC	02299828	ARO	Y
Remeron RD 30mg Tab	DNP	0.8087	M	SFC	02248543	ORG	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	DNP	0.3255	M	SFC	02370689	SAS	Y
Mirtazapine 30mg Tab	DNP	0.3255	M	SFC	02496674	SIV	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	ORG	Y

mirtazapine 45mg RD tab

Auro-Mirtazapine OD 45mg Tab	DNP	1.2132	M	SFC	02299836	ARO	Y
Remeron RD 45mg Tab	DNP	1.2132	M	SFC	02248544	ORG	Y

N06AX12 BUPROPION

bupropion 100mg SR tab

Odan Bupropion SR 100mg Tab	DNP	0.5260	M	SFC	02275074	ODN	Y
Wellbutrin SR 100mg Tab (discontinued)					02237824	BVL	Y

bupropion 150mg SR tab

Odan Bupropion SR 150mg Tab	DNP	0.9169	M	SFC	02275082	ODN	Y
Wellbutrin SR 150mg Tab (discontinued)					02237825	BSL	Y

bupropion 150mg XL tab

ACT Bupropion XL 150mg Tab	DNP	0.2926	M	SFC	02439654	ATV	Y
Taro-Bupropion XL 150mg Tab	DNP	0.2926	M	SFC	02475804	SUN	Y
Wellbutrin XL 150mg Tab	DNP	0.2926	M	SFC	02275090	BSL	Y

bupropion 300mg XL tab

ACT Bupropion XL 300mg Tab	DNP	0.5853	M	SFC	02439662	ATV	Y
Taro-Bupropion XL 300mg Tab	DNP	0.5853	M	SFC	02475812	SUN	Y
Wellbutrin XL 300mg Tab	DNP	0.5853	M	SFC	02275104	BSL	Y

N06AX16 VENLAFAXINE

venlafaxine 37.5mg ER cap

ACT Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02304317	TEV	Y
Apo-Venlafaxine XR 37.5mg Cap (discontinued)					02331683	APX	Y
Auro-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02452839	ARO	Y
M-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02471280	MRA	Y
pmsc-Venlafaxine 37.5mg XR Cap	DNP	0.0913	M	SFC	02521466	PMS	Y
Sandoz Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02310317	SDZ	Y
Taro-Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02380072	SUN	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

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Venlafaxine XR 37.5mg Cap	DNP	0.0913	M	SFC	02516535	JPC	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	UJC	Y

venlafaxine 75mg ER cap

ACT Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02304325	TEV	Y
Apo-Venlafaxine XR 75mg Cap (discontinued)					02331691	APX	Y
Auro-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02452847	ARO	Y
M-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02471299	MRA	Y
pmsc-Venlafaxine 75mg XR Cap	DNP	0.1825	M	SFC	02521482	PMS	Y
Sandoz Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02310325	SDZ	Y
Taro-Venlafaxine XR 75mg Cap	DNP	0.1825	M	SFC	02380080	SUN	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	02516543	JPC	Y
Venlafaxine-XR 75mg Cap	DNP	0.1825	M	SFC	02385937	SIV	Y
Effexor XR 75mg Cap	DNP	0.1825	M	SFC	02237280	UJC	Y

venlafaxine 150mg ER cap

ACT Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02304333	TEV	Y
Apo-Venlafaxine XR 150mg Cap (discontinued)					02331705	APX	Y
Auro-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02452855	ARO	Y
M-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02471302	MRA	Y
pmsc-Venlafaxine 150mg XR Cap	DNP	0.1927	M	SFC	02521474	PMS	Y
Sandoz Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02310333	SDZ	Y
Taro-Venlafaxine XR 150mg Cap	DNP	0.1927	M	SFC	02380099	SUN	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	02516551	JPC	Y
Venlafaxine-XR 150mg Cap	DNP	0.1927	M	SFC	02385945	SIV	Y
Effexor XR 150mg Cap	DNP	0.1927	M	SFC	02237282	UJC	Y

N06AX21 DULOXETINE

duloxetine 30mg cap

Apo-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02440423	APX	Y
Auro-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02436647	ARO	Y
Duloxetine 30mg Cap	DNP	0.4814	M	SF	02490889	SAS	Y
Duloxetine 30mg Cap	DNP	0.4814	M	SF	02453630	SIV	Y
Jamp-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02451913	JPC	Y
M-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02473208	MRA	Y
Mar-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02446081	MAR	Y
MINT-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02438984	MNT	Y
pms-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02429446	PMS	Y
Sandoz Duloxetine 30mg Cap	DNP	0.4814	M	SF	02439948	SDZ	Y
Teva-Duloxetine 30mg Cap	DNP	0.4814	M	SF	02456753	TEV	Y
Cymbalta 30mg Cap	DNP	0.4814	M	SF	02301482	LIL	Y

duloxetine 60mg cap

Apo-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02440431	APX	Y
Auro-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02436655	ARO	Y
Duloxetine 60mg Cap	DNP	0.9769	M	SF	02490897	SAS	Y
Duloxetine 60mg Cap	DNP	0.9769	M	SF	02453649	SIV	Y

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Jamp-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02451921	JPC	Y
M-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02473216	MRA	Y
Mar-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02446103	MAR	Y
MINT-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02438992	MNT	Y
pms-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02429454	PMS	Y
Sandoz Duloxetine 60mg Cap	DNP	0.9769	M	SF	02439956	SDZ	Y
Teva-Duloxetine 60mg Cap	DNP	0.9769	M	SF	02456761	TEV	Y
Cymbalta 60mg Cap	DNP	0.9769	M	SF	02301490	LIL	Y

N06AX23 DESVENLAFAXINE

desvenlafaxine 50mg ER tab

Apo-Desvenlafaxine ER 50mg Tab					02466988	APX	Y
Desvenlafaxine ER 50mg Tab					02535106	SAS	Y
Desvenlafaxine ER 50mg Tab					02467119	APX	Y
JAMP Desvenlafaxine ER 50mg Tab					02495139	JPC	Y
Taro-Desvenlafaxine ER 50mg Tab					02532158	TAR	Y
Teva-Desvenlafaxine ER 50mg Tab					02458217	TEV	Y
Pristiq ER 50mg Tab					02321092	PFI	Y

desvenlafaxine 100mg ER tab

Apo-Desvenlafaxine ER 100mg Tab					02466996	APX	Y
Desvenlafaxine ER 100mg Tab					02535114	SAS	Y
Desvenlafaxine ER 100mg Tab					02467127	APX	Y
JAMP Desvenlafaxine ER 100mg Tab					02495147	JPC	Y
Taro-Desvenlafaxine ER 100mg Tab					02532166	TAR	Y
Teva-Desvenlafaxine ER 100mg Tab					02458225	TEV	Y
Pristiq ER 100mg Tab					02321106	PFI	Y

N06AX26 VORTIOXETINE

Trintellix 5mg Tab	DNP	2.8825	L	SFC	02432919	LBK	N
Trintellix 10mg Tab	DNP	3.0192	L	SFC	02432927	LBK	N
Trintellix 20mg Tab	DNP	3.2780	L	SFC	02432943	LBK	N

N06B PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

N06BA CENTRALLY ACTING SYMPATHOMIMETICS

N06BA01 AMPHETAMINES

amphetamine 5mg XR cap

ACT Amphetamine XR 5mg Cap	DNP	0.5372	M	SFC	02439239	ATV	Y
Apo-Amphetamine XR 5mg Cap	DNP	0.5372	M	SFC	02445492	APX	Y
Sandoz Amphetamine XR 5mg Cap	DNP	0.5372	M	SFC	02457288	SDZ	Y
Adderall XR 5mg Cap	DNP	0.5372	M	SFC	02248808	TAK	Y

amphetamine 10mg XR cap

ACT Amphetamine XR 10mg Cap	DNP	0.6105	M	SFC	02439247	ATV	Y
Apo-Amphetamine XR 10mg Cap	DNP	0.6105	M	SFC	02445506	APX	Y
Sandoz Amphetamine XR 10mg Cap	DNP	0.6105	M	SFC	02457296	SDZ	Y
Adderall XR 10mg Cap	DNP	0.6105	M	SFC	02248809	TAK	Y

amphetamine 15mg XR cap

ACT Amphetamine XR 15mg Cap	DNP	0.6838	M	SFC	02439255	ATV	Y
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	Apo-Amphetamine XR 15mg Cap	DNP	0.6838	M	SFC	02445514	APX	Y
	Sandoz Amphetamine XR 15mg Cap	DNP	0.6838	M	SFC	02457318	SDZ	Y
	Adderall XR 15mg Cap	DNP	0.6838	M	SFC	02248810	TAK	Y
	amphetamine 20mg XR cap							
	ACT Amphetamine XR 20mg Cap	DNP	0.7572	M	SFC	02439263	ATV	Y
	Apo-Amphetamine XR 20mg Cap	DNP	0.7572	M	SFC	02445522	APX	Y
	Sandoz Amphetamine XR 20mg Cap	DNP	0.7572	M	SFC	02457326	SDZ	Y
	Adderall XR 20mg Cap	DNP	0.7572	M	SFC	02248811	TAK	Y
	amphetamine 25mg XR cap							
	ACT Amphetamine XR 25mg Cap	DNP	0.8305	M	SFC	02439271	ATV	Y
	Apo-Amphetamine XR 25mg Cap	DNP	0.8305	M	SFC	02445530	APX	Y
	Sandoz Amphetamine XR 25mg Cap	DNP	0.8305	M	SFC	02457334	SDZ	Y
	Adderall XR 25mg Cap	DNP	0.8305	M	SFC	02248812	TAK	Y
	amphetamine 30mg XR cap							
	ACT Amphetamine XR 30mg Cap	DNP	0.9038	M	SFC	02439298	ATV	Y
	Apo-Amphetamine XR 30mg Cap	DNP	0.9038	M	SFC	02445549	APX	Y
	Sandoz Amphetamine XR 30mg Cap	DNP	0.9038	M	SFC	02457342	SDZ	Y
	Adderall XR 30mg Cap	DNP	0.9038	M	SFC	02248813	TAK	Y
N06BA02	DEXAMPHETAMINE							
	dextroamphetamine 5mg tab							
	Dextroamphetamine 5mg Tab	DNP	0.5081	M	SFC	02443236	AAP	Y
	Dexedrine 5mg Tab	DNP	0.5081	M	SFC	01924516	PAL	Y
	dextroamphetamine SR 10mg cap							
	ACT Dextroamphetamine SR 10mg Cap	DNP	0.8096	M	SFC	02448319	ATV	Y
	Dexedrine Spansule 10mg Cap	DNP	0.8096	M	SFC	01924559	PAL	Y
	dextroamphetamine SR 15mg cap							
	ACT Dextroamphetamine SR 15mg Cap	DNP	0.9898	M	SFC	02448327	ATV	Y
	Dexedrine Spansule 15mg Cap	DNP	0.9898	M	SFC	01924567	PAL	Y
N06BA04	METHYLPHENIDATE							
	Apo-Methylphenidate 5mg Tab	DNP	0.0947	L	SFC	02273950	APX	N
	pms-Methylphenidate 5mg Tab	DNP	0.0947	L	SFC	02234749	PMS	N
	methylphenidate 10mg tab							
	Apo-Methylphenidate 10mg Tab	DNP	0.2216	M	SFC	02249324	APX	Y
	pms-Methylphenidate 10mg Tab	DNP	0.2216	M	SFC	00584991	PMS	Y
	Ritalin 10mg Tab (discontinued)					00005606	NVR	Y
	methylphenidate 20mg SR tab							
	Apo-Methylphenidate SR 20mg Tab	DNP	0.6796	M	SFC	02266687	APX	Y
	Ritalin SR 20mg Tab (discontinued)					00632775	NVR	Y
	methylphenidate 20mg tab							
	Apo-Methylphenidate 20mg Tab	DNP	0.3387	M	SFC	02249332	APX	Y
	pms-Methylphenidate 20mg Tab	DNP	0.3387	M	SFC	00585009	PMS	Y
	Ritalin 20mg Tab (discontinued)					00005614	NVR	Y
	methylphenidate 10mg CR cap							
	pms-Methylphenidate CR 10mg Cap	DNP	0.5128	M	E	02536943	PMS	Y
	Biphentin 10mg Cap	DNP	0.5128	M	E	02277166	ELV	Y

methylphenidate 15mg CR cap

pms-Methylphenidate CR 15mg Cap	DNP	0.7354	M	E	02536951	PMS	Y
Biphentin 15mg Cap	DNP	0.7354	M	E	02277131	ELV	Y

methylphenidate 20mg CR cap

pms-Methylphenidate CR 20mg Cap	DNP	0.9477	M	E	02536978	PMS	Y
Biphentin 20mg Cap	DNP	0.9477	M	E	02277158	ELV	Y

methylphenidate 30mg CR cap

pms-Methylphenidate CR 30mg Cap	DNP	1.3021	M	E	02536986	PMS	Y
Biphentin 30mg Cap	DNP	1.3021	M	E	02277174	ELV	Y

methylphenidate 40mg CR cap

pms-Methylphenidate CR 40mg Cap	DNP	1.6588	M	E	02536994	PMS	Y
Biphentin 40mg Cap	DNP	1.6588	M	E	02277182	ELV	Y

methylphenidate 50mg CR cap

pms-Methylphenidate CR 50mg Cap	DNP	2.0130	M	E	02537001	PMS	Y
Biphentin 50mg Cap	DNP	2.0130	M	E	02277190	ELV	Y

methylphenidate 60mg CR cap

pms-Methylphenidate CR 60mg Cap	DNP	2.3425	M	E	02537028	PMS	Y
Biphentin 60mg Cap	DNP	2.3425	M	E	02277204	ELV	Y

methylphenidate 80mg CR cap

pms-Methylphenidate CR 80mg Cap	DNP	3.0883	M	E	02537036	PMS	Y
Biphentin 80mg Cap	DNP	3.0883	M	E	02277212	ELV	Y

methylphenidate 18mg ER tab

ACT Methylphenidate ER 18mg Tab	DNP	1.0493	M	SF	02441934	TEV	Y
Apo-Methylphenidate ER 18mg Tab	DNP	1.0493	M	SF	02452731	APX	Y
Concerta 18mg Tab	DNP	1.0493	M	SF	02247732	JAN	Y

methylphenidate 27mg ER tab

ACT Methylphenidate ER 27mg Tab	DNP	1.2109	M	SF	02441942	TEV	Y
Apo-Methylphenidate ER 27mg Tab	DNP	1.2109	M	SF	02452758	APX	Y
Concerta 27mg Tab	DNP	1.2109	M	SF	02250241	JAN	Y

methylphenidate 36mg ER tab

ACT Methylphenidate ER 36mg Tab	DNP	1.3726	M	SF	02441950	TEV	Y
Apo-Methylphenidate ER 36mg Tab	DNP	1.3726	M	SF	02452766	APX	Y
Concerta 36mg Tab	DNP	1.3726	M	SF	02247733	JAN	Y

methylphenidate 54mg ER tab

ACT Methylphenidate ER 54mg Tab	DNP	1.6958	M	SF	02441969	TEV	Y
Apo-Methylphenidate ER 54mg Tab	DNP	1.6958	M	SF	02330377	APX	Y
Concerta 54mg Tab	DNP	1.6958	M	SF	02247734	JAN	Y

Foquest 25mg Cap	DNP	2.9050	L	E	02470292	ELV	N
Foquest 35mg Cap	DNP	3.1950	L	E	02470306	ELV	N
Foquest 45mg Cap	DNP	3.4725	L	E	02470314	ELV	N
Foquest 55mg Cap	DNP	3.7580	L	E	02470322	ELV	N
Foquest 70mg Cap	DNP	4.1880	L	E	02470330	ELV	N
Foquest 85mg Cap	DNP	4.6080	L	E	02470349	ELV	N
Foquest 100mg Cap	DNP	5.0230	L	E	02470357	ELV	N

N Nervous System

N06BA07 MODAFINIL

modafinil 100mg tab

Auro-Modafinil 100mg Tab	DNP	0.3427	M	E	02430487	ARO	Y
JAMP Modafinil 100mg Tab	DNP	0.3427	M	E	02503727	JPC	Y
Mar-Modafinil 100mg Tab	DNP	0.3427	M	E	02432560	MAR	Y
Modafinil 100mg Tab	DNP	0.3427	M	E	02530244	SAS	Y
Modafinil 100mg Tab	DNP	0.3427	M	E	02285398	APX	Y
Teva-Modafinil 100mg Tab	DNP	0.3427	M	E	02420260	TEV	Y
Alertec 100mg Tab	DNP	0.3427	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
Auro-Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02471485	ARO	Y
JAMP Atomoxetine 10mg Cap	DNP	0.5106	M	SF	02506807	JPC	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 (discontinued)					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
Auro-Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02471493	ARO	Y
JAMP Atomoxetine 18mg Cap	DNP	0.5748	M	SF	02506815	JPC	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
Auro-Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02471507	ARO	Y
JAMP Atomoxetine 25mg Cap	DNP	0.6420	M	SF	02506823	JPC	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 (discontinued)					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	02467771	SAS	Y
Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02445948	SIV	Y
Auro-Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02471515	ARO	Y
JAMP Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02506831	JPC	Y
Novo-Atomoxetine 40mg Cap	DNP	0.7369	M	SF	02314584	TEV	Y

N Nervous System

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 (discontinued)					02262835	LIL	Y
atomoxetine 60mg cap							
Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02445956	SIV	Y
Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02467798	SAS	Y
Auro-Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02471523	ARO	Y
JAMP Atomoxetine 60mg Cap	DNP	0.8092	M	SF	02506858	JPC	Y
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 (discontinued)					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
Auro-Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02471531	ARO	Y
JAMP Atomoxetine 80mg Cap	DNP	1.2193	M	SF	02506866	JPC	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
Auro-Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02471558	ARO	Y
JAMP Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02506874	JPC	Y
Sandoz Atomoxetine 100mg Cap	DNP	1.3382	M	SF	02386488	SDZ	Y
Strattera 100mg Cap (discontinued)					02279355	LIL	Y
N06BA12 LISDEXAMFETAMINE							
Vyvanse 10mg Cap	DNP	2.2769	L	E	02439603	TAK	N
Vyvanse 10mg Chewtab	DNP	2.2769	L	E	02490226	TAK	N
Vyvanse 20mg Cap	DNP	2.8322	L	E	02347156	TAK	N
Vyvanse 20mg Chewtab	DNP	2.8322	L	E	02490234	TAK	N
Vyvanse 30mg Cap	DNP	3.3875	L	E	02322951	TAK	N
Vyvanse 30mg Chewtab	DNP	3.3875	L	E	02490242	TAK	N
Vyvanse 40mg Cap	DNP	3.9429	L	E	02347164	TAK	N
Vyvanse 40mg Chewtab	DNP	3.9429	L	E	02490250	TAK	N
Vyvanse 50mg Cap	DNP	4.4982	L	E	02322978	TAK	N
Vyvanse 50mg Chewtab	DNP	4.4982	L	E	02490269	TAK	N
Vyvanse 60mg Cap	DNP	5.0535	L	E	02347172	TAK	N
Vyvanse 60mg Chewtab	DNP	5.0535	L	E	02490277	TAK	N

N06D ANTI-DEMENTIA DRUGS

N06DA ANTICHOLINESTERASES

N06DA02 DONEPEZIL

donepezil 5mg tab

N Nervous System

Apo-Donepezil 5mg Tab	DNP	0.4586	M	SF	02362260	APX	Y
Auro-Donepezil 5mg Tab	DNP	0.4586	M	SF	02400561	ARO	Y
Donepezil 5mg Tab	DNP	0.4586	M	SF	02426846	SAS	Y
Donepezil HCl 5mg Tab	DNP	0.4586	M	SF	02402645	AHI	Y
Donepezil-5mg Tab	DNP	0.4586	M	SF	02420597	SIV	Y
Jamp-Donepezil 5mg Tab	DNP	0.4586	M	SF	02416948	JPC	Y
M-Donepezil 5mg Tab	DNP	0.4586	M	SF	02467453	MRA	Y
Mar-Donepezil 5mg Tab	DNP	0.4586	M	SF	02402092	MAR	Y
MINT-Donepezil 5mg Tab	DNP	0.4586	M	SF	02408600	MNT	Y
NAT-Donepezil 5mg Tab	DNP	0.4586	M	SF	02439557	NAT	Y
pms-Donepezil 5mg Tab	DNP	0.4586	M	SF	02322331	PMS	Y
RAN-Donepezil 5mg Tab	DNP	0.4586	M	SF	02381508	RAN	Y
Sandoz Donepezil 5mg Tab	DNP	0.4586	M	SF	02328666	SDZ	Y
Teva-Donepezil 5mg Tab	DNP	0.4586	M	SF	02340607	TEV	Y
Aricept 5mg Tab	DNP	0.4586	M	SF	02232043	PFI	Y

donepezil 10mg tab

Apo-Donepezil 10mg Tab	DNP	0.4586	M	SF	02362279	APX	Y
Auro-Donepezil 10mg Tab	DNP	0.4586	M	SF	02400588	ARO	Y
Donepezil 10mg Tab	DNP	0.4586	M	SF	02426854	SAS	Y
Donepezil HCl 10mg Tab	DNP	0.4586	M	SF	02402653	AHI	Y
Donepezil-10mg Tab	DNP	0.4586	M	SF	02420600	SIV	Y
Jamp-Donepezil 10mg tab	DNP	0.4586	M	SF	02416956	JPC	Y
M-Donepezil 10mg Tab	DNP	0.4586	M	SF	02467461	MRA	Y
Mar-Donepezil 10mg Tab	DNP	0.4586	M	SF	02402106	MAR	Y
MINT-Donepezil 10mg Tab	DNP	0.4586	M	SF	02408619	MNT	Y
NAT-Donepezil 10mg Tab	DNP	0.4586	M	SF	02439565	NAT	Y
pms-Donepezil 10mg Tab	DNP	0.4586	M	SF	02322358	PMS	Y
RAN-Donepezil 10mg Tab	DNP	0.4586	M	SF	02381516	RAN	Y
Sandoz Donepezil 10mg Tab	DNP	0.4586	M	SF	02328682	SDZ	Y
Teva-Donepezil 10mg Tab	DNP	0.4586	M	SF	02340615	TEV	Y
Aricept 10mg Tab	DNP	0.4586	M	SF	02232044	PFI	Y

N06DA03 RIVASTIGMINE

rivastigmine 1.5mg cap

Apo-Rivastigmine 1.5mg Cap	DNP	0.6515	M	SF	02336715	APX	Y
Jamp Rivastigmine 1.5mg Cap	DNP	0.6515	M	SF	02485362	JPC	Y
MED-Rivastigmine 1.5mg Cap	DNP	0.6515	M	SF	02401614	GMP	Y
Sandoz Rivastigmine 1.5mg Cap	DNP	0.6515	M	SF	02324563	SDZ	Y
Exelon 1.5mg Cap	DNP	0.6515	M	SF	02242115	KNI	Y
Exelon 2mg/mL O/L	DNP	1.6713	L	SF	02245240	KNI	N

rivastigmine 3mg cap

Apo-Rivastigmine 3mg Cap	DNP	0.6515	M	SF	02336723	APX	Y
Jamp Rivastigmine 3mg Cap	DNP	0.6515	M	SF	02485370	JPC	Y
MED-Rivastigmine 3mg Cap	DNP	0.6515	M	SF	02401622	GMP	Y
Sandoz Rivastigmine 3mg Cap	DNP	0.6515	M	SF	02324571	SDZ	Y
Exelon 3mg Cap	DNP	0.6515	M	SF	02242116	KNI	Y

rivastigmine 4.5mg cap

Apo-Rivastigmine 4.5mg Cap	DNP	0.6515	M	SF	02336731	APX	Y
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N Nervous System

Jamp Rivastigmine 4.5mg Cap	DNP	0.6515	M	SF	02485389	JPC	Y
MED-Rivastigmine 4.5mg Cap	DNP	0.6515	M	SF	02401630	GMP	Y
Sandoz Rivastigmine 4.5mg Cap	DNP	0.6515	M	SF	02324598	SDZ	Y
Exelon 4.5mg Cap	DNP	0.6515	M	SF	02242117	KNI	Y

rivastigmine 4.6mg/24hr patch

Mylan-Rivastigmine Patch 5 (4.6mg/24hr)					02423413	MYL	Y
Rivastigmine Patch 5 (4.6mg/24hr)					02479540	STD	Y
Sandoz Rivastigmine Patch 5 (4.6mg/24hr)					02426293	SDZ	Y
Exelon Patch 5 (4.6mg/24hr)					02302845	KNI	Y

rivastigmine 6mg cap

Apo-Rivastigmine 6mg Cap	DNP	0.6515	M	SF	02336758	APX	Y
Jamp Rivastigmine 6mg Cap	DNP	0.6515	M	SF	02485397	JPC	Y
MED-Rivastigmine 6mg Cap	DNP	0.6515	M	SF	02401649	GMP	Y
Sandoz Rivastigmine 6mg Cap	DNP	0.6515	M	SF	02324601	SDZ	Y
Exelon 6mg Cap	DNP	0.6515	M	SF	02242118	KNI	Y

rivastigmine 9.5mg/24hr patch

Mylan-Rivastigmine Patch 10 (9.5mg/24hr)					02423421	MYL	Y
Rivastigmine Patch 10 (9.5/24hr)					02479559	STD	Y
Sandoz Rivastigmine Patch 10 (9.5mg/24hr)					02426307	SDZ	Y
Exelon Patch 10 (9.5mg/24hr)					02302853	KNI	Y
Exelon Patch 15 (13.3mg/24hr)					02432803	KNI	N

N06DA04 GALANTAMINE

galantamine 8mg ER cap

Auro-Galantamine ER 8mg Cap	DNP	1.2467	M	SF	02425157	ARO	Y
Galantamine ER 8mg Cap	DNP	1.2467	M	SF	02443015	SAS	Y
MYLAN-Galantamine ER 8mg Cap	DNP	1.2467	M	SF	02339439	MYL	Y
PAT-Galantamine ER 8mg Cap	DNP	1.2467	M	SF	02316943	PPH	Y
pms-Galantamine ER 8mg Cap	DNP	1.2467	M	SF	02398370	PMS	Y
Reminyl ER 8mg Cap (discontinued)					02266717	JAN	Y

galantamine 16mg ER cap

Auro-Galantamine ER 16mg Cap	DNP	1.2467	M	SF	02425165	ARO	Y
Galantamine ER 16mg Cap	DNP	1.2467	M	SF	02443023	SAS	Y
MYLAN-Galantamine ER 16mg Cap	DNP	1.2467	M	SF	02339447	MYL	Y
PAT-Galantamine ER 16mg Cap	DNP	1.2467	M	SF	02316951	PPH	Y
pms-Galantamine ER 16mg Cap	DNP	1.2467	M	SF	02398389	PMS	Y
Reminyl ER 16mg Cap (discontinued)					02266725	JAN	Y

galantamine 24mg ER cap

Auro-Galantamine ER 24mg Cap	DNP	1.2467	M	SF	02425173	ARO	Y
Galantamine ER 24mg Cap	DNP	1.2467	M	SF	02443031	SAS	Y
MYLAN-Galantamine ER 24mg Cap	DNP	1.2467	M	SF	02339455	MYL	Y
PAT-Galantamine ER 24mg Cap	DNP	1.2467	M	SF	02316978	PPH	Y
pms-Galantamine ER 24mg Cap	DNP	1.2467	M	SF	02398397	PMS	Y
Reminyl ER 24mg Cap (discontinued)					02266733	JAN	Y

N06DX OTHER ANTI-DEMENTIA DRUGS

N06DX01 MEMANTINE

N Nervous System**memantine 10mg tab**

Apo-Memantine 10mg Tab						02366487	APX	Y
CO Memantine 10mg Tab						02324067	ATV	Y
Memantine 10mg Tab						02446049	SIV	Y
Memantine 10mg Tab						02443082	SAS	Y
pms-Memantine 10mg Tab						02321130	PMS	Y
Sandoz Memantine FCT 10mg Tab						02375532	SDZ	Y
Ebixa 10mg Tab						02260638	VLH	Y

N07 OTHER NERVOUS SYSTEM DRUGS**N07A PARASYMPATHOMIMETICS****N07AA ANTICHOLINESTERASES**

N07AA02 PYRIDOSTIGMINE

pyridostigmine 60mg tab

JAMP Pyridostigmine Bromide 60mg Tab	DNP	0.2673	M	SF	02508362	JPC	Y
Riva-Pyridostigmine 60mg Tab	DNP	0.2673	M	SF	02495643	RIV	Y
Mestinon 60mg Tab	DNP	0.2673	M	SF	00869961	BSL	Y
Mestinon 180mg SR Tab	DNP	1.3293	L	SF	00869953	BSL	N

N07AB CHOLINE ESTERS

N07AB02 BETHANECHOL

Duvoid 10mg Tab	DNP	0.4400	L	SF	01947958	PAL	N
Duvoid 25mg Tab	DNP	0.7125	L	SF	01947931	PAL	N
Duvoid 50mg Tab	DNP	0.9028	L	SF	01947923	PAL	N

N07AX OTHER PARASYMPATHOMIMETICS

N07AX01 PILOCARPINE

pilocarpine hydrochloride 5mg tab

JAMP Pilocarpine 5mg Tab	DNP	0.7321	M	E	02509571	JPC	Y
M-Pilocarpine 5mg Tab	DNP	0.7321	M	E	02496119	MRA	Y
Salagen 5mg Tab	DNP	0.7321	M	E	02216345	MTP	Y

N07B DRUGS USED IN ADDICTIVE DISORDERS**N07BA DRUGS USED IN NICOTINE DEPENDENCE**

N07BA02 BUPROPION

Zyban 150mg Tab	DNP	1.2512	L	SFC*	02238441	BSL	N
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*quantity limit of 168 tablets annually without a special authorization request.

N07BA03 VARENICLINE

varenicline 0.5mg tab

Apo-Varenicline 0.5mg Tab	DNP	0.9237	M	SFC*	02419882	APX	Y
Teva-Varenicline 0.5mg Tab	DNP	0.9237	M	SFC*	02426226	TEV	Y
Champix 0.5mg Tab	DNP	0.9237	M	SFC*	02291177	PFI	Y

*quantity limit of 168 tablets annually without a special authorization

N Nervous System

request.

varenicline 1mg tab

Apo-Varenicline 1mg Tab	DNP	0.9235	M	SFC*	02419890	APX	Y
Teva-Varenicline 1mg Tab	DNP	0.9235	M	SFC*	02426234	TEV	Y
Champix 1mg Tab	DNP	0.9235	M	SFC*	02291185	PFI	Y

*quantity limit of 168 tablets annually without a special authorization request.

varenicline 0.5mg & 1mg combopack

Apo-Varenicline 0.5mg & 1mg Combopack	DNP	0.9203	M	SFC*	02435675	APX	Y
Teva-Varenicline 0.5mg & 1mg Combopack	DNP	0.9203	M	SFC*	02426781	TEV	Y
Champix Combopack	DNP	0.9203	M	SFC*	02298309	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	0.9100	L	SF	02293269	MYL	N
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N07BB04 NALTREXONE

naltrexone 50mg tab

Apo-Naltrexone 50mg Tab	DNP	2.8075	M	SF	02444275	APX	Y
Naltrexone Hydrochloride 50mg Tab	DNP	2.8075	M	SF	02451883	SVA	Y
ReVia 50mg Tab	DNP	2.8075	M	SF	02213826	TEV	Y

N07BC DRUGS USED IN OPIOID DEPENDENCE

N07BC01 BUPRENORPHINE

Sublocade 100mg/0.5mL Prefilled Syringe	DNP	1100.0000	L	SF	02483084	ICL	N
Sublocade 300mg/1.5mL Prefilled Syringe	DNP	366.6667	L	SF	02483092	ICL	N

N07BC02 METHADONE

Methadone Oral Compound Sol*	DNP	0.0150	P	SFC	00999734	VAR	N
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*Compound as per NSCP standards

methadone 1mg tab

Apo-Methadone 1mg Tab	DNP	0.1399	M	E	02533642	APX	Y
Metadol 1mg Tab	DNP	0.1399	M	E	02247698	PAL	Y
Metadol 1mg/mL O/L					02247694	PAL	N

methadone 5mg tab

Apo-Methadone 5mg Tab	DNP	0.4659	M	E	02533650	APX	Y
Metadol 5mg Tab	DNP	0.4659	M	E	02247699	PAL	Y

methadone 10mg tab

Apo-Methadone 10mg Tab	DNP	0.7454	M	E	02533669	APX	Y
Metadol 10mg Tab	DNP	0.7454	M	E	02247700	PAL	Y

methadone HCL 10mg/mL sol (flavored)

Odan-Methadone (Cherry Flavored) 10mg/mL Sol					02495872	ODN	Y
Methadose 10mg/mL Sol					02394596	MAL	Y

methadone HCl 10mg/mL sol (unflavored)

N Nervous System

Jamp Methadone 10mg/mL Sol						02495783	JPC	Y
Odan-Methadone (Unflavored) 10mg/mL Sol						02495880	ODN	Y
Methadose 10mg/mL Sol						02394618	MAL	Y
Metadol 10mg/mL O/L						02241377	PAL	N

methadone 25mg tab

Apo-Methadone 25mg Tab	DNP	1.3850	M	E		02533677	APX	Y
Metadol 25mg Tab	DNP	1.3850	M	E		02247701	PAL	Y

N07BC51 BUPRENORPHINE, COMBINATIONS

buprenorphine 2mg & naloxone 0.5mg tab

ACT Buprenorphine/Naloxone 2mg/0.5mg Tab*	DNP	1.3350	M	SF		02453908	ATV	Y
pms-Buprenorphine-Naloxone 2mg/0.5mg Tab*	DNP	1.3350	M	SF		02424851	PMS	Y
Suboxone 2mg/0.5mg SL Tab*	DNP	1.3350	M	SF		02295695	ICL	Y

buprenorphine 8mg & naloxone 2mg tab

ACT Buprenorphine/Naloxone 8mg/2mg Tab*	DNP	2.3650	M	SF		02453916	ATV	Y
pms-Buprenorphine/Naloxone 8mg/2mg Tab*	DNP	2.3650	M	SF		02424878	PMS	Y
Suboxone 8mg/2mg SL Tab*	DNP	2.3650	M	SF		02295709	ICL	Y
Suboxone 2mg/0.5mg Film*	DNP	2.6700	L	SF		02502313	ICL	N
Suboxone 4mg/1mg Film*	DNP	3.6889	L	SF		02502321	ICL	N
Suboxone 8mg/2mg Film*	DNP	4.7300	L	SF		02502348	ICL	N
Suboxone 12mg/3mg Film*	DNP	7.0950	L	SF		02502356	ICL	N

*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
Betahistine 16mg Tab	DNP	0.1167	M	E		02466449	SAS	Y
M-Betahistine 16mg Tab	DNP	0.1167	M	E		02519690	MRA	Y
MINT-Betahistine 16mg Tab	DNP	0.1167	M	E		02538148	MNT	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
M-Betahistine 24mg Tab	DNP	0.1750	M	E		02519704	MRA	Y
MINT-Betahistine 24mg Tab	DNP	0.1750	M	E		02538156	MNT	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

N Nervous System

Flunarizine 5mg Cap	DNP	0.9181	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	DNP	3.4361	M	E	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

N07XX05 AMIFAMPRIDINE

Firdapse 10mg Tab	DNP	18.0000	L	E	02502984	KYE	N
Ruzurgi 10mg Tab	DNP	20.0000	L	E	02503034	MDU	N

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	BSL	Y

N07XX07 FAMPRIDINE

fampridine 10mg ER tab

pms-FAMPRIDINE 10mg ER Tab					02496216	PMS	Y
Taro-Fampridine 10mg ER Tab					02482398	TAR	Y
Fampyra 10mg SR Tab					02379910	BIG	Y

N07XX08 TAFAMIDIS

Vyndaqel 20mg Cap	DNP	133.5700	L	E	02495732	PFI	N
Vyndaqel 20mg Cap*	DNP	133.5700	L	E	00904637	PFI	N
Vyndamax 61mg Cap	DNP	534.2800	L	E	02517841	PFI	N
Vyndamax 61mg Cap*	DNP	534.2800	L	E	00904778	PFI	N

*use when drug cost in excess of CPhA maximum

N07XX12 PATISIRAN

Onpattro 2mg/mL Sol	DNP	2100.4813	L	E	02489252	ALN	N
Onpattro 2mg/mL Sol*	DNP	2100.4813	L	E	00904586	ALN	N
Onpattro 2mg/mL Sol*	DNP	2100.4813	L	E	00904587	ALN	N
Onpattro 2mg/mL Sol*	DNP	2100.4813	L	E	00904588	ALN	N

*use when drug cost in excess of CPhA maximum

N07XX14 EDARAVONE

Radicava 30mg/100mL IV Inj	DNP	4.7380	L	E	02475472	MBT	N
Radicava 30mg/100mL IV Inj*	DNP	4.7380	L	E	00904538	MBT	N

*use when drug cost in excess of CPhA maximum

Radicava 105mg/5mL Susp	DNP	189.5200	L	E	02532611	MBT	N
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N Nervous System

Radicava 105mg/5mL Susp* DNP 189.5200 L E 00904996 MBT N
 *use when drug cost in excess of CPhA maximum

N07XX15 INOTERSEN

Tegsedi 189mg/mL Prefilled Syringe DNP 8076.9200 L E 02481383 AKT N
 Tegsedi 189mg/mL Prefilled Syringe* DNP 8076.9200 L E 00904551 AKT N
 Tegsedi 189mg/mL Prefilled Syringe* DNP 8076.9200 L E 00904553 AKT N
 Tegsedi 189mg/mL Prefilled Syringe* DNP 8076.9200 L E 00904552 AKT N
 *Billed per syringe
 *use when drug cost in excess of CPhA maximum

N07XX99 SODIUM PHENYLBUTYRATE AND URSODOXICOLTAURINE

Albrioza 3g/1g Sachet DNP 306.7123 L E 02527707 ALY N
 Albrioza 3g/1g Sachet* DNP 306.7123 L E 00904825 ALY N
 *use when drug cost in excess of CPhA maximum
 *Billed per sachet

P Antiparasitic Products, Insecticides and Repellents

P01 ANTIPROTOZOALS

P01A AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DISEASES

P01AB NITROIMIDAZOLE DERIVATIVES

P01AB01 METRONIDAZOLE

metronidazole 250mg tab

Metronidazole 250mg Tab	DNPMO	0.0572	M	SFC	00545066	AAP	Y
MINT-Metronidazole 250mg Tab	DNPMO	0.0572	M	SFC	02535807	MNT	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
M-Metronidazole 500mg Cap					02519755	MRA	Y
Metronidazole 500mg Cap					02534592	SAS	Y
Metronidazole 500mg Cap					02518767	JPC	Y
pms-Metronidazole 500mg Cap					00783137	PMS	Y
Flagyl 500mg Cap					01926853	SAV	Y

P01AX OTHER AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DIS.

P01AX06 ATOVAQUONE

atovaquone 150mg/mL susp

GLN-Atovaquone 150mg/mL Susp	DNP	2.3785	M	SF	02528495	GLM	Y
Mepron 150mg/mL Susp	DNP	2.3785	M	SF	02217422	GSK	Y

P01B ANTIMALARIALS

P01BA AMINOQUINOLINES

P01BA02 HYDROXYCHLOROQUINE

hydroxychloroquine 200mg tab

Apo-Hydroxyquine 200mg Tab	DNP	0.1576	M	SF	02246691	APX	Y
Hydroxychloroquine 200mg Tab	DNP	0.1576	M	SF	02519348	SAS	Y
Jamp Hydroxychloroquine Sulfate 200mg Tab	DNP	0.1576	M	SF	02491427	JPC	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	0.4720	L	SF	02017776	SAV	N
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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

P Antiparasitic Products, Insecticides and Repellents

quinine sulfate 200mg cap

Novo-Quinine 200mg Cap	00021008	TEV	Y
Quinine 200mg Cap (discontinued)	00022837	PDA	Y
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
Quinine-Odan 300mg Cap	00695459	ODN	N
Quinine-Odan 300mg Tab	00695432	ODN	N

P01BC02 MEFLOQUINE

mefloquine 250mg tab

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
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P02C ANTINEMATODAL AGENTS

P02CA BENZIMIDAZOLE AGENTS

P02CA01 MEBENDAZOLE

Vermox 100mg Tab	DNP	8.9300	L	SF	00556734	JAN	N
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P03 ECTOPARASITICIDES,INCL. SCABICIDES,INSECTICIDES & REPELLANTS

P03A ECTOPARASITICIDES, INCL. SCABICIDES

P03AX OTHER ECTOPARACITICIDES, INCL. SCABICIDES

P03AX99 ISOPROPYL MYRISTATE

Resultz 50% Top Sol	02279592	ARZ	N
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R	Respiratory System														
R01	NASAL PREPARATIONS														
R01A	DECONGESTANTS & OTHER NASAL PREPARATIONS FOR TOPICAL USE														
R01AB	SYMPATHOMIMETICS, COMBINATIONS EXCL. CORTICOSTEROIDS														
R01AB01	PHENYLEPHRINE														
	Soframycin Nasal Spray								02224860	SLP	N				
R01AC	ANTIALLERGIC AGENTS, EXCL. CORTICOSTEROIDS														
R01AC02	LEVOCABASTINE														
	Livostin 0.5mg/mL Nasal Spray								DNP	2.5767	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
R01AD08	FLUTICASONE														
	fluticasone 50mcg/act nasal spray														
	Apo-Fluticasone 50mcg/ACT Nasal Spray												02294745	APX	Y
	Teva-Fluticasone 50mcg/ACT Nasal Spray												02453738	TEV	Y
	Flonase 50mcg/ACT Nasal Spray (discontinued)												02213672	GSK	Y
R01AD09	MOMETASONE														
	mometasone 50mcg/dose nasal spray														
	Apo-Mometasone 50mcg Nasal Spray								DNP	0.0752	M	SF	02403587	APX	Y
	Mometasone 50mcg Nasal Spray								DNP	0.0752	M	SF	02519127	SAS	Y
	Sandoz Mometasone 50mcg Nasal Spray								DNP	0.0752	M	SF	02449811	SDZ	Y
	Teva-Mometasone 50mcg Nasal Spray								DNP	0.0752	M	SF	02475863	TEV	Y
	Nasonex 50mcg Nasal Spray								DNP	0.0752	M	SF	02238465	ORG	Y
R01AD11	TRIAMCINOLONE														
	triamcinolone 55mcg/dose aqueous nasal spray														
	Apo-Triamcinolone AQ 55mcg/dose Nasal Spray								DNP	0.1500	M	SF	02437635	APX	Y
	Nasacort AQ 55mcg/dose Nasal Spray								DNP	0.1500	M	SF	02213834	SNC	Y
R01AD58	FLUTICASONE, COMBINATIONS														
	azelastine HCl & fluticasone 137mcg/50mcg nasal spray														
	Apo-Azelastine/Fluticasone 137mcg/50mcg Nasal Spray												02540886	APX	Y
	Mylan-Azelastine HCl/Fluticasone 137mcg/50mcg Nasal Spray												02530341	MYL	Y
	Dymista 137mcg/50mcg Nasal Spray												02432889	MVL	Y
R01AX	OTHER NASAL PREPARATIONS														

R Respiratory System

R01AX03 IPRATROPIUM BROMIDE

ipratropium bromide 0.03% nasal spray (21mcg/dose)

pms-Ipratropium 21mcg/dose Nasal Spray DNP 0.0833 M SF 02239627 PMS Y
 Atrovent 21mcg/dose Nasal Spray (discontinued) 02163705 SAV Y

ipratropium bromide 0.06% nasal spray (42mcg/dose)

Ipravent 42mcg/dose Nasal Spray 02246084 AAP Y
 Atrovent 42mcg/dose Nasal Spray (discontinued) 02163713 SAV Y

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 (discontinued) 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 (discontinued) 02213427 GSK Y
 Ventolin 5mg/mL Resp Sol DNPM 0.2870 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 BSL Y
 Ventolin HFA 100mcg/dose Inh DNPM 0.0325 M SFC 02241497 GSK Y
 Ventolin 200mcg/dose Diskus DNPM 0.1958 L SFC 02243115 GSK N

R03AC03 TERBUTALINE

Bricanyl 0.5mg/dose Turbuhaler DNP 0.0920 L SF 00786616 AZE N

R03AC12 SALMETEROL

Serevent 50mcg/dose Diskus DNP 1.2233 L E 02231129 GSK N

R03AC13 FORMOTEROL

Oxeze 6mcg/dose Turbuhaler DNP 0.6233 L E 02237225 AZE N
 Oxeze 12mcg/dose Turbuhaler DNP 0.8297 L E 02237224 AZE N

R03AK ADRENERGICS AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03AK04 SALBUTAMOL AND SODIUM CROMOGLICATE

ipratropium bromide 200mcg/mL & salbutamol 1mg/mL unit dose inh sol

R Respiratory System

Ipratropium & Salbutamol 0.5mg/2.5mg/2.5mL Inh Sol	DNP	0.3226	M	E	02483394	MDN	Y
Teva-Combo Sterinebs	DNP	0.3226	M	E	02272695	TEV	Y
Combivent UDV Inh Sol (discontinued)					02231675	BOE	Y

R03AK06 SALMETEROL AND FLUTICASONE

Advair HFA 25/125mcg/dose Inh	DNP	1.0020	L	E	02245126	GSK	N
Advair HFA 25/250mcg/dose Inh	DNP	1.4225	L	E	02245127	GSK	N

fluticasone propionate/salmeterol 100mcg/50mcg DPI

pms-Fluticasone Propionate/Salmeterol 100mcg/50mcg DPI	DNP	0.7068	M	E	02494507	PMS	Y
Wixela Inhub 100mcg/50mcg DPI	DNP	0.7068	M	E	02495597	MYL	Y
Advair 50/100mcg Diskus	DNP	0.7068	M	E	02240835	GSK	Y

fluticasone propionate/salmeterol 250mcg/50mcg DPI

pms-Fluticasone Propionate/Salmeterol 250mcg/50mcg DPI	DNP	0.8460	M	E	02494515	PMS	Y
Wixela Inhub 250mcg/50mcg DPI	DNP	0.8460	M	E	02495600	MYL	Y
Advair 50/250mcg Diskus	DNP	0.8460	M	E	02240836	GSK	Y

fluticasone propionate/salmeterol 500mcg/50mcg DPI

pms-Fluticasone Propionate/Salmeterol 500mcg/50mcg DPI	DNP	1.2010	M	E	02494523	PMS	Y
Wixela Inhub 500mcg/50mcg DPI	DNP	1.2010	M	E	02495619	MYL	Y
Advair 50/500mcg Diskus	DNP	1.2010	M	E	02240837	GSK	Y

R03AK07 FORMOTEROL AND BUDESONIDE

Symbicort 100/6mcg Turbuhaler	DNP	0.6371	L	E	02245385	AZE	N
Symbicort 200/6mcg Turbuhaler	DNP	0.8215	L	E	02245386	AZE	N

R03AK09 FORMOTEROL AND MOMETASONE

Zenhale 5/100mcg Inh	DNP	0.9062	L	E	02361752	ORG	N
Zenhale 5/200mcg Inh	DNP	1.0985	L	E	02361760	ORG	N

R03AK10 VILANTEROL AND FLUTICASONE FUROATE

Breo Ellipta 100mcg/25mcg Pwr for Inh	DNP	3.2600	L	E	02408872	GSK	N
Breo Ellipta 200mcg/25mcg Pwr for Inh	DNP	5.0707	L	E	02444186	GSK	N

R03AK14 INDACATEROL AND MOMETASONE

Atectura Breezhaler 150mcg/80mcg Cap	DNP	1.0730	L	E	02498685	VAL	N
Atectura Breezhaler 150mcg/160mcg Cap	DNP	1.3420	L	E	02498707	VAL	N
Atectura Breezhaler 150mcg/320mcg Cap	DNP	1.8473	L	E	02498693	VAL	N

R03AL ADRENERGICS IN COMBINATION WITH ANTICHOLINERGICS INCL. TRIPLE COM

R03AL02 SALBUTAMOL AND IPATROPRIMUM BROMIDE

Combivent 100mcg/20mcg RespiMat	DNP	0.2529	L	SFC	02419106	BOE	N
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R03AL03 VILANTEROL AND UMECLIDINIUM BROMIDE

Anoro Ellipta 62.5/25mcg Pwr for Inh	DNP	2.9503	L	E	02418401	GSK	N
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R03AL04 INDACATEROL AND GLYCOPYRRONIUM BROMIDE

Ultibro Breezhaler 110/50mcg Cap for Inh	DNP	2.5830	L	E	02418282	NVR	N
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R Respiratory System

R03AL05	FORMOTEROL AND ACLIDINIUM BROMIDE								
	Duaklir Genuair 12/400mcg Inh	DNP	1.0453	L	E	02439530	CPC	N	
R03AL06	OLODATEROL AND TIOTROPIUM BROMIDE								
	Inspiolto Respimat 2.5mcg/2.5mcg Inh	DNP	1.0728	L	E	02441888	BOE	N	
R03AL08	VILANTEROL, UMECLIDIUM BROMIDE AND FLUTICASONE FUROATE								
	Trelegy 100mcg/62.5mcg/25mcg Pwr for Inh	DNP	4.5890	L	E	02474522	GSK	N	
R03AL11	FORMOTEROL, GLYCOPYRRONIUM BROMIDE AND BUDESONIDE								
	Breztri Aerosphere 160mcg/7.2mcg/5mcg Inh	DNP	1.0583	L	E	02518058	AZE	N	
R03AL12	INDACATEROL, GLYCOPYRRONIUM BROMIDE AND MOMETASONE								
	Energair Breezhaler 150mcg/50mcg/160mcg Cap	DNP	3.4273	L	E	02501244	VAL	N	

R03B OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

R03BA GLUCOCORTICIDS

R03BA01	BECLOMETHASONE								
	QVAR 50mcg/dose Inh	DNP	0.2029	L	SFC	02242029	BSL	N	
	QVAR 100mcg/dose Inh	DNP	0.4046	L	SFC	02242030	BSL	N	
R03BA02	BUDESONIDE								
	budesonide 0.125mg/mL unit dose								
	Taro-Budesonide 0.125mg/mL Susp	DNP	0.1143	M	E	02494264	TAR	Y	
	Teva-Budesonide 0.125mg/mL Susp	DNP	0.1143	M	E	02465949	TEV	Y	
	Pulmicort 0.125mg/mL Nebuamps	DNP	0.1143	M	E	02229099	AZE	Y	
	budesonide 0.25mg/mL unit dose								
	Taro-Budesonide 0.25mg/mL Susp	DNP	0.3593	M	E	02494272	TAR	Y	
	Pulmicort 0.25mg/mL Nebuamps	DNP	0.3593	M	E	01978918	AZE	Y	
	budesonide 0.5mg/mL unit dose								
	Taro-Budesonide 0.5mg/mL Susp	DNP	0.4559	M	E	02494280	TAR	Y	
	Teva-Budesonide 0.5mg/mL Susp	DNP	0.4559	M	E	02465957	TEV	Y	
	Pulmicort 0.5mg/mL Nebuamps	DNP	0.4559	M	E	01978926	AZE	Y	
	Pulmicort 100mcg/dose Turbuhaler	DNP	0.1867	L	SF	00852074	AZE	N	
	Pulmicort 200mcg/dose Turbuhaler	DNP	0.3818	L	SF	00851752	AZE	N	
	Pulmicort 400mcg/dose Turbuhaler	DNP	0.5573	L	SF	00851760	AZE	N	
R03BA05	FLUTICASONE PROPIONATE								
	Flovent HFA 50mcg Inh	DNP	0.2594	L	SF	02244291	GSK	N	
	Aermony RespiClick 55mcg for Inh	DNP	0.2826	L	SF	02467895	TEV	N	
	Flovent Diskus 100mcg	DNP	0.5188	L	SF	02237245	GSK	N	
	Aermony RespiClick 113mcg for Inh	DNP	0.5160	L	SF	02467909	TEV	N	
	fluticasone propionate 125mcg inh								
	Apo-Fluticasone HFA 125mcg Inh	DNP	0.1951	M	SF	02526557	APX	Y	
	pms-Fluticasone HFA 125mcg Inh	DNP	0.1951	M	SF	02503123	PMS	Y	

R Respiratory System

	Flovent HFA 125mcg Inh	DNP	0.1951	M	SF	02244292	GSK	Y
	Aermony RespiClick 232mcg for Inh	DNP	0.8025	L	SF	02467917	TEV	N
	fluticasone propionate 250mcg inh							
	Apo-Fluticasone HFA 250mcg Inh	DNP	0.3752	M	SF	02510987	APX	Y
	pms-Fluticasone HFA 250mcg Inh	DNP	0.3752	M	SF	02503131	PMS	Y
	Flovent HFA 250mcg Inh	DNP	0.3752	M	SF	02244293	GSK	Y
	Flovent Diskus 250mcg	DNP	0.8950	L	SF	02237246	GSK	N
	Flovent Diskus 500mcg	DNP	1.3922	L	SF	02237247	GSK	N

R03BA07 MOMETASONE

	Asmanex 100mcg/ACTTwisthaler *full benefit for children ages 4-11	DNP	1.3270	L	F*	02438690	ORG	N
	Asmanex 200mcg/ACT Twisthaler	DNP	0.6702	L	SF	02243595	ORG	N
	Asmanex 400mcg/ACT Twisthaler	DNP	1.3403	L	SF	02243596	ORG	N

R03BA08 CICLESONIDE

	Omnaris 50mcg/dose Nasal Spray					02303671	COV	N
	Alvesco 100mcg/dose Inh	DNP	0.4313	L	SF	02285606	CPC	N
	Alvesco 200mcg/dose Inh	DNP	0.7138	L	SF	02285614	CPC	N

R03BA09 FLUTICASONE FUROATE

	Arnuity Ellipta 100mcg Pwr for Inh	DNP	1.4983	L	SF	02446561	GSK	N
	Arnuity Ellipta 200mcg Pwr for Inh	DNP	2.9970	L	SF	02446588	GSK	N

R03BB ANTICHOLINERGICS

R03BB01 IPRATROPIUM BROMIDE

	Atrovent HFA 20mcg/dose Inhaler	DNP	0.1024	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
	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
	Atrovent 250mcg/mL UDV (discontinued)					01950681	BOE	Y

R03BB04 TIOTROPIUM BROMIDE

	Spiriva Respimat 2.5mcg Inh *Billed per dose	DNP	1.8287	L	E*	02435381	BOE	N
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R Respiratory System

tiotropium bromide 18mcg cap for inh

Lupin-Tiotropium 18mcg Cap for Inh	DNP	1.3715	M	E	02537850	LUP	Y
Spiriva 18mcg Cap for Inh	DNP	1.3715	M	E	02246793	BOE	Y

R03BB05 **ACLIDINIUM BROMIDE**

Tudorza Genuair 400mcg Pwr for Inh	DNP	0.9152	L	E	02409720	CPC	N
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R03BB06 **GLYCOPYRRONIUM BROMIDE**

Seebri 50mcg Cap for Inh	DNP	1.8303	L	E	02394936	CPC	N
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R03BB07 **UMECLIDIINIUM BROMIDE**

Incruse Ellipta 62.5 mcg Pwr for Inh	DNP	1.6667	L	E	02423596	GSK	N
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R03D OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03DA XANTHINES

R03DA04 **THEOPHYLLINE**

Theolair 80mg/15mL Liq	DNP	0.0289	L	SF	01966219	BSL	N
AA-Theo LA 100mg Tab	DNP	0.1681	L	SF	00692689	AAP	N
AA-Theo LA 200mg Tab	DNP	0.1868	L	SF	00692697	AAP	N
AA-Theo LA 300mg Tab	DNP	0.2263	L	SF	00692700	AAP	N

theophylline 400mg ER tab

Theo ER 400mg Tab					02360101	AAP	Y
Uniphyl 400mg Tab (discontinued)					02014165	PFR	Y

theophylline 600mg ER tab

Theo ER 600mg Tab					02360128	AAP	Y
Uniphyl 600mg Tab (discontinued)					02014181	PFR	Y

R03DC LEUKOTRIENE RECEPTOR ANTAGONISTS

R03DC03 **MONTELUKAST**

montelukast 4mg chewtab

Apo-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02377608	APX	Y
JAMP-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02514877	JPC	Y
Mar-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02399865	MAR	Y
MINT-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02408627	MNT	Y
Montelukast-4mg Chewtab	DNP	0.2758	M	SF	02382458	SIV	Y
NAT-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02522101	NAT	Y
pms-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02354977	PMS	Y
Sandoz Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02330385	SDZ	Y
Teva-Montelukast 4mg Chewtab	DNP	0.2758	M	SF	02355507	TEV	Y
Singulair 4mg Chewtab	DNP	0.2758	M	SF	02243602	ORG	Y

montelukast 4mg granules

Sandoz Montelukast 4mg Granules	DNP	0.3285	M	SF	02358611	SDZ	Y
Singulair 4mg/pkt Granules	DNP	0.3285	M	SF	02247997	ORG	Y

montelukast 5mg chewtab

Apo-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02377616	APX	Y
JAMP-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02514885	JPC	Y

R Respiratory System

Mar-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02399873	MAR	Y
MINT-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02408635	MNT	Y
Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02379325	SAS	Y
Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02382466	SIV	Y
NAT-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02522128	NAT	Y
pms-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02354985	PMS	Y
Sandoz Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02330393	SDZ	Y
Teva-Montelukast 5mg Chewtab	DNP	0.3082	M	SF	02355515	TEV	Y
Singulair 5mg Chewtab	DNP	0.3082	M	SF	02238216	ORG	Y
montelukast 10mg tab							
Apo-Montelukast 10mg Tab	DNP	0.4231	M	SF	02374609	APX	Y
Auro-Montelukast 10mg Tab	DNP	0.4231	M	SF	02401274	ARO	Y
Jamp-Montelukast 10mg Tab	DNP	0.4231	M	SF	02391422	JPC	Y
M-Montelukast 10mg Tab	DNP	0.4231	M	SF	02488183	MRA	Y
Mar-Montelukast 10mg Tab	DNP	0.4231	M	SF	02399997	MAR	Y
MINT-Montelukast 10mg Tab	DNP	0.4231	M	SF	02408643	MNT	Y
Montelukast 10mg Tab	DNP	0.4231	M	SF	02382474	SIV	Y
Montelukast 10mg Tab	DNP	0.4231	M	SF	02379333	SAS	Y
Montelukast 10mg Tab (AHI)	DNP	0.4231	M	SF	02379236	AHI	Y
NAT-Montelukast 10mg Tab	DNP	0.4231	M	SF	02522136	NAT	Y
pms-Montelukast FC 10mg Tab	DNP	0.4231	M	SF	02373947	PMS	Y
RAN-Montelukast 10mg Tab	DNP	0.4231	M	SF	02389517	RAN	Y
Sandoz Montelukast 10mg Tab	DNP	0.4231	M	SF	02328593	SDZ	Y
Teva-Montelukast 10mg Tab	DNP	0.4231	M	SF	02355523	TEV	Y
Singulair 10mg Tab	DNP	0.4231	M	SF	02238217	ORG	Y

R03DX OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03DX05 OMALIZUMAB

Xolair 150mg Prefilled Syringe	DNP	641.6000	L	E	02459795	NVR	N
Xolair 150mg/vial Inj	DNP	652.9800	L	E	02260565	NVR	N

R03DX07 ROFLUMILAST

Daxas 500mcg Tab					02359456	TAK	N
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R03DX09 MEPOLIZUMAB

Nucala 100mg/mL Autoinjector	DNP	2301.2400	L	E	02492989	GSK	N
Nucala 100mg/mL Prefilled Syringe	DNP	2301.2400	L	E	02492997	GSK	N
Nucala 100mg/mL Pws Inj (discontinued)					02449781	GSK	N

R03DX10 BENRALIZUMAB

Fasenra 30mg/mL Autoinjector	DNP	4036.8000	L	E	02496135	AZE	N
Fasenra 30mg/mL Prefilled Syringe	DNP	4115.5400	L	E	02473232	AZE	N

R03DX11 TEZEPELUMAB

Tezspire 210mg/1.91mL Prefilled Pen*	DNP	1938.4600	L	E	02529556	AZE	N
Tezspire 210mg/1.91mL Prefilled Syringe*	DNP	1938.4600	L	E	02529548	AZE	N

*Billed per pen/syringe

R05 COUGH AND COLD PREPARATIONS

R Respiratory System**R05C EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS****R05CA EXPECTORANTS**

R05CA03 GUAIFENESIN

Robitussin 20mg/mL O/L

01931032 WCH N

R05CB MUCOLYTICS

R05CB01 ACETYLCYSTEINE

acetylcysteine 200mg/mL inj

Acetylcysteine 200mg/mL Inj

DNP

1.0833

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 COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS**R05DA OPIUM ALKALOIDS AND DERIVATIVES**

R05DA04 CODEINE

Linctus Codeine Blanc 2mg/mL Liq

00380571 ATL N

Codeine Phosphate 4.7mg/mL Syr

DNP

0.0679

L

SFC

00050024 ATL N

Teva-Codeine 15mg Tab

DNP

0.0906

L

SFC

00593435 TEV N

Codeine Phosphate 30mg/mL Inj

00544884 SDZ N

Teva-Codeine 30mg Tab

DNP

0.1541

L

SFC

00593451 TEV N

Codeine Contin 50mg Tab

DNP

0.4852

L

E

02230302 PFR N

Codeine Contin 100mg Tab

DNP

0.9703

L

E

02163748 PFR N

Codeine Contin 150mg Tab

DNP

1.4555

L

E

02163780 PFR N

Codeine Contin 200mg Tab

DNP

1.9407

L

E

02163799 PFR N

R06 ANTIHISTAMINES FOR SYSTEMIC USE**R06A ANTIHISTAMINES FOR SYSTEMIC USE****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

R Respiratory System

R06AD01 ALIMEMAZINE (TRIMEPRAZINE)

Panectyl 2.5mg Tab

01926306 SLP N

Panectyl 5mg Tab

01926292 SLP 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 0.2223 M E 02231603 APX Y

Reactine 10mg Tab

DNP 0.2223 M E 02223554 JNJ Y

cetirizine 20mg tab

Apo-Cetirizine 20mg Tab

DNP 0.2223 M E 02453363 APX Y

Cetirizine 20mg Tab

DNP 0.2223 M E 02515695 SAS Y

Cetirizine 20mg Tab

DNP 0.2223 M E 02534126 SIV Y

JAMP Cetirizine 20mg Tab

DNP 0.2223 M E 02517353 JPC Y

Jamp-Cetirizine 20mg Tab

DNP 0.2223 M E 02466171 JPC Y

M-Cetirizine 20mg Tab

DNP 0.2223 M E 02512025 MRA Y

Mar-Cetirizine 20mg Tab

DNP 0.2223 M E 02427141 MAR Y

NAT-Cetirizine 20mg Tab

DNP 0.2223 M E 02496488 NAT Y

pms-Cetirizine 20mg Tab

DNP 0.2223 M E 02315963 PMS Y

Teva-Cetirizine 20mg Tab

DNP 0.2223 M E 02528681 TEV Y

Reactine 20mg Tab

DNP 0.2223 M E 01900978 JNJ Y

R06AX OTHER ANTIHISTAMINES FOR SYSTEMIC USE

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 2.0343 L SF 00577308 TEV N

R06AX26 FEXOFENADINE

Allegra 60mg Tab

02231462 SAV N

Allegra 120mg Tab

02242819 SAV N

R06AX27 DESLORATADINE

Aerius 5mg Tab

02243919 SCH N

R07 OTHER RESPIRATORY SYSTEM PRODUCTS**R07A OTHER RESPIRATORY SYSTEM PRODUCTS****R07AX OTHER RESPIRATORY SYSTEM PRODUCTS**

R07AX01 OTHER RESPIRATORY SYSTEM PRODUCTS

R Respiratory System

AC Girlz Chamber	DNP	23.5500	L	FC	96899963	TMI	N
AC Youth Chamber	DNP	23.5500	L	FC	96899962	TMI	N
AeroChamber AC-Boyz	DNP	21.5400	L	FC	96899976	TMI	N
AeroChamber AC-Girlz	DNP	21.5400	L	FC	96899975	TMI	N
AeroChamber Max Pediatric with Mask	DNP	37.6700	L	FC	96899995	TMI	N
AeroChamber Plus Flow-Vu with Mask (Lg)	DNP	42.8500	L	SFC	96899969	TMI	N
AeroChamber Plus Flow-Vu with Mask (Med)	DNP	40.5000	L	SFC	96899970	TMI	N
AeroChamber Plus Flow-Vu with Mask (Sm)	DNP	40.5000	L	FC	96899971	TMI	N
AeroChamber Plus Flow-Vu with Mouthpiece	DNP	25.3200	L	SFC	96899968	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*					02397412	VTX	N
*Funded through the Cystic Fibrosis Program							

R07AX30 IVACAFTOR AND LUMACAFTOR

Orkambi 125mg/100mg Tab*					02463040	VTX	N
Orkambi 125mg/200mg Tab*					02451379	VTX	N
Orkambi 125mg/100mg Sachet*					02483831	VTX	N
Orkambi 188mg/150mg Sachet*					02483858	VTX	N
*Funded through the Cystic Fibrosis Program							

R07AX32 IVACAFTOR, TEZACAFTOR AND ELEXACAFTOR

Trikafta 50mg/25mg/37.5mg & 75mg Tab*					02526670	VTX	N
Trikafta 100mg/50mg/75mg & 150mg Tab*					02517140	VTX	N
Trikafta 80mg/40mg/60mg & 59.5mg Granules*					02542285	VTX	N
Trikafta 100mg/50mg/75mg & 75mg Granules*					02542277	VTX	N
*Funded through the Cystic Fibrosis Program							

S Sensory Organs**S01 OPHTHALMOLOGICALS****S01A ANTIINFECTIVES****S01AA ANTIBIOTICS**

S01AA07 FRAMYCETIN

Soframycin 0.5% Oph Sol DNPO 1.3663 L SF 02224887 SLP 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

Fucithalamic 1% Oph Sol 02243862 MTP N

S01AA17 ERYTHROMYCIN

erythromycin 5mg/g oph oint

Erythromycin 5mg/g Oph Oint DNPMO 4.2000 M SF 02141574 PST Y

pdp-Erythromycin 5mg/g Oph Oint DNPMO 4.2000 M SF 01912755 PDP Y

S01AA30 ANTIBIOTICS (OPHTHALMIC), COMBINATIONS

polymyxin B 10,000 u/mL & trimethoprim 1mg/mL oph sol

Sandoz Polytrimethoprim Oph Sol DNPO 3.2970 M SF 02239234 SDZ Y

Polytrim Oph Sol (discontinued) 02011956 ALL Y

S01AD ANTIVIRALS

S01AD02 TRIFLURIDINE

Viroptic 1% Oph Sol DNPO 3.7547 L SF 00687456 BSL N

S01AE FLUOROQUINOLONES

S01AE01 OFLOXACIN

Ocuflox 0.3% Oph Sol DNPO 2.8720 L E 02143291 ABV N

S01AE03 CIPROFLOXACIN

ciprofloxacin 0.3% oph sol

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

gatifloxacin 0.3% oph sol

Apo-Gatifloxacin 0.3% Oph sol DNPO 2.3035 M E 02327260 APX Y

Zymar 0.3% Oph Sol DNPO 2.3035 M E 02257270 ABV Y

S01AE07 MOXIFLOXACIN

moxifloxacin 0.5% oph sol

Apo-Moxifloxacin 0.5% Oph Sol DNPO 1.5435 M E 02406373 APX Y

S Sensory Organs

Jamp-Moxifloxacin 0.5% Oph Sol	DNPO	1.5435	M	E	02472120	JPC	Y
Moxifloxacin 0.5% Oph Sol	DNPO	1.5435	M	E	02529076	SAS	Y
Sandoz Moxifloxacin 0.5% Oph Sol	DNPO	1.5435	M	E	02411520	SDZ	Y
Vigamox 0.5% Oph Sol	DNPO	1.5435	M	E	02252260	NVR	Y
pms-Moxifloxacin 0.5% Oph Sol	DNPO	1.5435	L	E	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	ABV	N

S01BA04 PREDNISOLONE

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	ABV	Y

S01BA07 FLUOROMETHOLONE

fluorometholone 0.1% oph susp

Sandoz Fluorometholone 0.1% Oph Susp	DNPO	1.9713	M	SF	00432814	SDZ	Y
FML 0.1% Liquifilm Oph Susp	DNPO	1.9713	M	SF	00247855	ABV	Y
Flarex 0.1% Oph Sol	DNPO	2.0240	L	SF	00756784	NVR	N

S01BA14 LOTEHPREDNOL

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	1.2397	M	SF	02441020	APX	Y
Diclofenac 0.1% Oph Sol (*preservative free)	DNPO	1.2397	M	SF	02475065	PST	Y
JAMP Diclofenac 0.1% Oph Sol	DNPO	1.2397	M	SF	02534525	JPC	Y
MINT-Diclofenac 0.1% Oph Sol	DNPO	1.2397	M	SF	02475197	MNT	Y
Sandoz Diclofenac 0.1% Oph Sol	DNPO	1.2397	M	SF	02454807	SDZ	Y
Voltaren Ophtha 0.1% Oph Sol	DNPO	1.2397	M	SF	01940414	NVR	Y

S01BC05 KETOROLAC

Acuvail 0.45% Oph Sol	DNPO	0.6413	L	SF	02369362	ABV	N
ketorolac 0.5% oph sol							
Ketorolac 0.5% Oph Sol	DNPO	3.0458	M	SF	02245821	AAP	Y
Acular 0.5% Oph Sol	DNPO	3.0458	M	SF	01968300	ABV	Y

S01BC11 BROMFENAC

bromfenac 0.07% oph sol

Apo-Bromfenac 0.07% Oph sol					02537788	APX	Y
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S Sensory Organs

Prolensa 0.07% Oph Sol

02439123 BSH Y

S01C ANTIINFLAMMATORY AGENTS & ANTIINFECTIVES IN COMBINATION

S01CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S01CA01 DEXAMETHASONE AND ANTIINFECTIVES

Maxitrol Oph Oint	DNPO	3.5286	L	SF	00358177	NVR	N
Maxitrol Oph Susp	DNPO	2.5380	L	SF	00042676	NVR	N
Tobradex Oph Oint	DNPO	3.3171	L	SF	00778915	NVR	N
Tobradex Oph Sol	DNPO	2.2500	L	SF	00778907	NVR	N

S01E ANTIGLAUCOMA PREPARATIONS AND MIOTICS

S01EA SYMPATHOMIMETICS IN GLAUCOMA THERAPY

S01EA03 APRACLONIDINE

Iopidine 0.5% Oph Sol	DNPO	5.6500	L	SF	02076306	EPM	N
Iopidine 1% Oph Sol					00888354	EPM	N

S01EA05 BRIMONIDINE

brimonidine 0.15% oph sol

Apo-Brimonidine P 0.15% Oph Sol	DNPO	2.1315	M	SF	02301334	AAP	Y
Alphagan P 0.15% Oph Sol	DNPO	2.1315	M	SF	02248151	ABV	Y

brimonidine 0.2% oph sol

Brimonidine Tartrate 0.2% Oph Sol	DNPO	1.1550	M	SF	02515377	TLG	Y
JAMP-Brimonidone 0.2% Oph Sol	DNPO	1.1550	M	SF	02449226	JPC	Y
Sandoz Brimonidine 0.2% Oph Sol	DNPO	1.1550	M	SF	02305429	SDZ	Y
Alphagan 0.2% Oph Sol	DNPO	1.1550	M	SF	02236876	ABV	Y

S01EB PARASYMPATHOMIMETICS

S01EB01 PILOCARPINE

Isopto Carpine 2% Oph Sol	DNPO	0.3240	L	SF	00000868	NVR	N
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S01EC CARBONIC ANHYDRASE INHIBITORS

S01EC01 ACETAZOLAMIDE

acetazolamide 250mg tab

Acetazolamide 250mg Tab	DNP	0.1578	M	SF	00545015	AAP	Y
Diamox 250mg Tab (discontinued)					02238072	WAY	Y

S01EC03 DORZOLAMIDE

dorzolamide HCl 2% oph sol

Dorzolamide 2% Oph Sol	DNPO	1.4757	M	SF	02522373	JPC	Y
Jamp-Dorzolamide 2% Oph Sol	DNPO	1.4757	M	SF	02453347	JPC	Y
MED-Dorzolamide 2% Oph Sol	DNPO	1.4757	M	SF	02457210	GMP	Y
Sandoz Dorzolamide 2% Oph Sol	DNPO	1.4757	M	SF	02316307	SDZ	Y
Trusopt 2% Oph Sol	DNPO	1.4757	M	SF	02216205	ELV	Y
Trusopt 2% (PF) Oph Sol					02269090	ELV	N

S01EC04 BRINZOLAMIDE

S Sensory Organs

	Azopt 1% Oph Sol	DNPO	3.5560	L	SF	02238873	NVR	N
S01EC05	METHAZOLAMIDE							
	Methazolamide 50mg Tab	DNP	0.5847	L	SF	02245882	AAP	N
S01EC54	BRINZOLAMIDE, COMBINATIONS							
	Simbrinza 10mg/2mg/mL Oph Susp	DNPO	5.0690	L	SF	02435411	NVR	N
S01ED	BETA BLOCKING AGENTS							
S01ED01	TIMOLOL							
	timolol maleate 0.25% oph gel							
	Timolol Maleate-EX 0.25% Oph Gel	DNPO	3.5456	M	SF	02242275	SDZ	Y
	Timoptic-XE 0.25% Oph Gel (discontinued)					02171880	PFR	Y
	timolol maleate 0.25% oph sol							
	Sandoz Timolol 0.25% Oph Sol	DNPO	2.3503	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	DNPO	4.0404	M	SF	02242276	SDZ	Y
	Timoptic-XE 0.5% Oph Gel	DNPO	4.0404	M	SF	02171899	ELV	Y
	timolol maleate 0.5% oph sol							
	Apo-Timop 0.5% Oph Sol	DNPO	1.2754	M	SF	00755834	APX	Y
	Jamp-Timolol 0.5% Oph Sol	DNPO	1.2754	M	SF	02447800	JPC	Y
	Sandoz Timolol 0.5% Oph Sol	DNPO	1.2754	M	SF	02166720	SDZ	Y
	Timoptic 0.5% Oph Sol	DNPO	1.2754	M	SF	00451207	ELV	Y
S01ED02	BETAXOLOL							
	Betoptic-S 0.25% Oph Susp	DNPO	2.5580	L	SF	01908448	NVR	N
S01ED51	TIMOLOL, COMBINATIONS							
	Azarga Oph Susp	DNPO	4.0800	L	SF	02331624	NVR	N
	Cosopt (PF) Oph Sol					02258692	ELV	N
	travoprost 0.004% & timolol maleate 0.5% oph sol							
	Apo-Travoprost-Timop 0.004%/0.5% Oph Sol	DNPO	8.8425	M	SF	02415305	APX	Y
	DuoTrav PQ Oph Sol	DNPO	8.8425	M	SF	02278251	NVR	Y
	brimonidine-timolol 0.2%/0.5% oph sol							
	Apo-Brimonidine-Timop 0.2%/0.5% Oph Sol	DNPO	2.3290	M	SF	02375311	APX	Y
	JAMP Brimonidine/Timolol 0.2%/0.5% Oph sol	DNPO	2.3290	M	SF	02531704	JPC	Y
	Combigan Oph Sol	DNPO	2.3290	M	SF	02248347	ABV	Y
	dorzolamide HCl 2% & timolol maleate 0.5% oph sol							
	Apo-Dorzo-Timop 2%/0.5% Oph Sol	DNPO	2.0097	M	SF	02299615	APX	Y
	Dorzolamide & Timolol BP 2%/0.5% Oph Sol	DNPO	2.0097	M	SF	02489635	TLG	Y
	Dorzolamide-Timolol 20mg/mL/5mL Oph Sol	DNPO	2.0097	M	SF	02522020	JPC	Y
	Jamp-Dorzolamide-Timolol 20mg/mL/5mg/mL Oph Sol	DNPO	2.0097	M	SF	02457539	JPC	Y
	MED-Dorzolamide-Timolol 2%/0.5% Oph Sol	DNPO	2.0097	M	SF	02437686	MED	Y
	Sandoz Dorzolamide/Timolol 2%/0.5% Oph Sol	DNPO	2.0097	M	SF	02344351	SDZ	Y
	Cosopt Oph Sol	DNPO	2.0097	M	SF	02240113	ELV	Y
	latanoprost 50mcg/mL & timolol maleate 5mg/mL oph sol							

S Sensory Organs

ACT-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNPO	4.4268	M	SF	02436256	ATV	Y
GD-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNPO	4.4268	M	SF	02373068	GMD	Y
Jamp-Latanoprost/Timolol 50mcg/5mg/mL Oph Sol	DNPO	4.4268	M	SF	02453770	JPC	Y
M-Latanoprost-Timolol 50mcg/5mg/mL Oph sol	DNPO	4.4268	M	SF	02514516	MRA	Y
Xalacom Oph Sol	DNPO	4.4268	M	SF	02246619	UJC	Y

S01EE PROSTAGLANDIN ANALOGUES**S01EE01 LATANOPROST****latanoprost 50mcg/mL oph sol**

Apo-Latanoprost 0.005% Oph Sol	DNPO	3.8542	M	SF	02296527	APX	Y
GD-Latanoprost 0.005% Oph Sol	DNPO	3.8542	M	SF	02373041	GMD	Y
Jamp-Latanoprost 50mcg/mL Oph Sol	DNPO	3.8542	M	SF	02453355	JPC	Y
Latanoprost 50mcg/mL Oph Sol	DNPO	3.8542	M	SF	02489570	TLG	Y
M-Latanoprost 50mcg/mL Oph Sol	DNPO	3.8542	M	SF	02513285	MRA	Y
MED-Latanoprost 50mcg/mL Oph Sol	DNPO	3.8542	M	SF	02426935	GMP	Y
pms-Latanoprost 0.005% Oph Sol	DNPO	3.8542	M	SF	02317125	PMS	Y
Sandoz Latanoprost 0.005% Oph Sol	DNPO	3.8542	M	SF	02367335	SDZ	Y
Teva-Latanoprost 0.005% Oph Sol	DNPO	3.8542	M	SF	02254786	TEV	Y
Xalatan 0.005% Oph Sol	DNPO	3.8542	M	SF	02231493	UJC	Y

S01EE03 BIMATOPROST

Lumigan RC 0.01% Oph Sol	DNPO	12.0380	L	SF	02324997	ABV	N
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S01EE04 TRAVOPROST

Izba 0.003% Oph Sol	DNPO	3.9400	L	SF	02457997	NVR	N
travoprost 0.004% oph sol							
Sandoz Travoprost 0.004% Oph Sol	DNPO	8.6280	M	SF	02413167	SDZ	Y
Travatan Z 0.004% Oph Sol	DNPO	8.6280	M	SF	02318008	NVR	Y

S01EE06 LATANOPROSTENE BUNOD

Vyzulta 0.024% Oph Sol	DNPO	5.2500	L	SF	02484218	BSL	N
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S01F MYDRIATICS AND CYCLOPLEGICS**S01FA ANTICHOLINERGICS****S01FA01 ATROPINE**

Isopto-Atropine 1% Oph Sol	DNPO	0.8420	L	SF	00035017	ALC	N
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S01FA04 CYCLOPENTOLATE**cyclopentolate 1% oph sol**

ODAN-Cyclopentolate 1% Oph Sol					00626627	ODN	Y
Cyclogyl 1.0% Oph Sol	DNPO	1.1560	M	SF	00252506	ALC	Y

S01FA06 TROPICAMIDE

Mydracyl 0.5% Oph Sol	DNPO	1.2420	L	SF	00000981	ALC	N
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tropicamide 1% oph sol

ODAN-Tropicamide 1% Oph Sol					00622885	ODN	Y
Mydracyl 1% Oph Sol	DNPO	1.5442	M	SF	00001007	ALC	Y

S Sensory Organs**S01G DECONGESTANTS AND ANTIALLERGICS****S01GA SYMPATHOMIMETICS USED AS DECONGESTANTS**

S01GA05 PHENYLEPHRINE

Mydrin 2.5% Oph Sol DNPO 1.4400 L SF 00465763 ALC N

S01GX OTHER ANTIALLERGICS

S01GX01 CROMOGLYCATE SODIUM

cromoglycate sodium 2% oph sol

Cromolyn 2% Oph Sol DNPO 1.0479 M SF 02009277 PDP Y

Opticrom 2% Oph Sol (discontinued) 02230621 ALL Y

S01GX08 KETOTIFEN

Zaditor 0.25mg/mL Oph Sol DNPO 5.7220 L SF 02242324 LTH N

S01GX09 OLOPATADINE

olopatadine 0.1% oph sol

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

Apo-Olopatadine 0.2% Oph Sol DNPO 4.3428 M SF 02402823 APX Y

MINT-Olopatadine 0.2% Oph Sol DNPO 4.3428 M SF 02508605 MNT 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 1789.9600 L E 02242367 XPI 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 3.1257 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 0.7293 L SF 00750824 BSH N

S Sensory Organs**S01XA18 CICLOSPORIN****cyclosporine 0.05% oph emulsion**

Teva-Cyclosporine 0.05% Oph Emulsion

02462486 TEV Y

Restasis 0.05% Oph Emulsion

02355655 ABV Y

Verkazia 0.1% Oph Emulsion

DNPO

12.2223

L

E

02484137 SNN N

S01XA20 ARTIFICIAL TEARS AND OTHER INDIFFERENT PREPARATIONS

GenTeal 3mg/g Oph Sol

DNPO

0.5500

L

SF

02231289 ALC N

Refresh Lacri-Lube Oph Oint

00210889 ABV N

Soothe Night Time (Duolube) Oph Oint

DNPO

1.5657

L

SF

02125706 BSH N

TearGel Oph Gel

DNPO

0.7800

L

SF

00999491 NVO N

Tears Naturale Free Oph Sol

DNPO

0.5660

L

E

01943308 ALC N

Tears Naturale II Oph Sol

DNPO

0.4647

L

SF

00743445 ALC N

Hylashield 0.15%/0.4% Allets

00999176 IMD N

Alcon Tears 0.5% Oph Sol

00000809 ALC N

Refresh Plus 0.5% Oph Sol

DNPO

0.7592

L

E

02049260 ABV N

Refresh Tears 0.5% Oph Sol

DNPO

0.4167

L

E

02231008 ABV N

Alcon Tears 1% Oph Sol

00000817 ALC N

Refresh 1% Liquigel

02244650 ABV N

Refresh Celluvisc 1% Liq

DNPO

0.8217

L

E

00870153 ABV N

Refresh 1.4% Oph Sol

DNPO

0.8533

L

E

02138670 ABV N

Tears Plus 1.4% Oph Sol

00579408 ABV N

S01XA21 MERCAPTAMINE

Cystadrops 3.8mg/mL Oph Sol

DNP

397.2000

L

E

02485605 RRD N

S01XA27 VORETIGENE NEPARVOVEC

Luxtorna 5 Trillion vg/ml Vial

02505851 NVR N

S02 OTOLOGICALS**S02C CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION****S02CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION****S02CA02 FLUMETASONE AND ANTIINFECTIVES**

Locacorten Vioform Otic Sol

DNP

2.3527

L

SF

00074454 PAL N

S02CA06 DEXAMETHASONE AND ANTIINFECTIVES**ciprofloxacin 0.3% & dexamethasone 0.1% otic susp**

Sandoz Ciprofloxacin/Dexamethasone 0.3%/0.1% Otic Susp

DNP

1.9227

M

E

02506882 SDZ Y

Taro-Ciprofloxacin/Dexamethasone 0.3%/0.1% Otic Susp

DNP

1.9227

M

E

02481901 TAR Y

Ciprodex Otic Susp

DNP

1.9227

M

E

02252716 NVR Y

S03 OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS**S03C CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION****S03CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION****S03CA01 DEXAMETHASONE AND ANTIINFECTIVES**

S **Sensory Organs**

Sofracort Oph/Otic Sol

DNPO 2.1263 L SF 02224623 SAV N

V	Various								
V01	ALLERGENS								
V01A	ALLERGENS								
V01AA	ALLERGEN EXTRACTS								
	V01AA02	GRASS POLLEN							
		Pollinex-R Inj	DNP	446.7000	L	E	00464988	PAL	N
		Oralair 100 IU IR S/L Tab	DNP	1.2600	L	E	02381885	STA	N
		Oralair 300 IU 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	14.6700	M	SF	02241600	PFI	Y
		Desferal 500mg/vial Inj	DNP	14.6700	M	SF	01981242	NVR	Y
		Desferoxamine 2g/vial Inj	DNP	60.6800	L	SF	02247022	PFI	N
	V03AC02	DEFERIPRONE							
		Ferriprox 100mg/mL Oral Sol	DNP	3.3495	L	E	02436523	CCC	N
		Ferriprox 100mg/mL Oral Sol*	DNP	3.3495	L	E	00904194	CCC	N
		Ferriprox 100mg/mL Oral Sol*	DNP	3.3495	L	E	00904195	CCC	N
		*use when drug cost in excess of CPhA maximum							
		Ferriprox 1000mg Tab	DNP	33.4740	L	E	02436558	CCC	N
		Ferriprox 1000mg Tab*	DNP	33.4740	L	E	00904192	CCC	N
		Ferriprox 1000mg Tab*	DNP	33.4740	L	E	00904193	CCC	N
		*use when drug cost in excess of CPhA maximum							
	V03AC03	DEFERASIROX							

V Various

deferasirox 90mg tab

Apo-Deferasirox (Type J) 90mg Tab	DNP	2.6303	M	E	02485265	APX	Y
pms-Deferasirox (Type J) 90mg Tab	DNP	2.6303	M	E	02528290	PMS	Y
Sandoz Deferasirox (Type J) 90mg Tab	DNP	2.6303	M	E	02489899	SDZ	Y
Taro-Deferasirox (Type J) 90mg Tab	DNP	2.6303	M	E	02507315	TAR	Y
Jadenu 90mg Tab	DNP	2.6303	M	E	02452219	NVR	Y

deferasirox 125mg tab for susp

Apo-Deferasirox 125mg Tab for Susp	DNP	5.2408	M	E	02461544	APX	Y
Sandoz Deferasirox 125mg Tab for Susp	DNP	5.2408	M	E	02464454	SDZ	Y
Exjade 125mg Tab for Susp	DNP	5.2408	M	E	02287420	NVR	Y

deferasirox 180mg tab

Apo-Deferasirox (Type J) 180mg Tab	DNP	5.2610	M	E	02485273	APX	Y
pms-Deferasirox (Type J) 180mg Tab	DNP	5.2610	M	E	02528304	PMS	Y
Sandoz Deferasirox (Type J) 180mg Tab	DNP	5.2610	M	E	02489902	SDZ	Y
Taro-Deferasirox (Type J) 180mg Tab	DNP	5.2610	M	E	02507323	TAR	Y
Jadenu 180mg Tab	DNP	5.2610	M	E	02452227	NVR	Y

deferasirox 250mg tab for susp

Apo-Deferasirox 250mg Tab for Susp	DNP	10.4820	M	E	02461552	APX	Y
Sandoz Deferasirox 250mg Tab for Susp	DNP	10.4820	M	E	02464462	SDZ	Y
Exjade 250mg Tab for Susp	DNP	10.4820	M	E	02287439	NVR	Y

deferasirox 360mg tab

Apo-Deferasirox (Type J) 360mg Tab	DNP	10.5228	M	E	02485281	APX	Y
pms-Deferasirox (Type J) 360mg Tab	DNP	10.5228	M	E	02528312	PMS	Y
Sandoz Deferasirox (Type J) 360mg Tab	DNP	10.5228	M	E	02489910	SDZ	Y
Taro-Deferasirox (Type J) 360mg Tab	DNP	10.5228	M	E	02507331	TAR	Y
Jadenu 360mg Tab	DNP	10.5228	M	E	02452235	NVR	Y

deferasirox 500mg tab for susp

Apo-Deferasirox 500mg Tab for Susp	DNP	20.9649	M	E	02461560	APX	Y
Sandoz Deferasirox 500mg Tab for Susp	DNP	20.9649	M	E	02464470	SDZ	Y
Exjade 500mg Tab for Susp	DNP	20.9649	M	E	02287447	NVR	Y

V03AE FOR TREATMENT OF HYPERKALEMIA AND HYPERPHOSPHATEMIA

V03AE01 POLYSTYRENE SULFONATE

polystyrene sulfonate 250mg/mL susp

Odan-Sodium Polystyrene Sulfonate 250mg/mL Susp	DNP	0.1409	M	SF	02473968	ODN	Y
Solystat 250mg/mL Susp	DNP	0.1409	M	SF	00769541	PDP	Y
Resonium Calcium 300g Pws					02017741	SAV	N

sodium polystyrene sulfonate 1g/g pws

JAMP Sodium Polystyrene Sulfonate 1g/g Pws	DNP	0.0648	M	SF	02497557	JPC	Y
Odan-Sodium Polystyrene Sulfonate 1g/g Pws	DNP	0.0648	M	SF	02473941	ODN	Y
Kayexalate 1g/g Pws	DNP	0.0648	M	SF	02026961	SAV	Y
Solystat 1g/g Pws	DNP	0.2101	L	SF	00755338	PDP	N

V03AE02 SEVELAMER

sevelamer 800mg tab (Renagel)

Accel-Sevelamer 800mg Tab	DNP	1.2634	M	E	02461501	ACC	Y
Renagel 800mg Tab	DNP	1.2634	M	E	02244310	SAV	Y

V	Various									
		sevelamer 800mg tab (Renvela)								
		Accel-Sevelamer 800mg Tab	DNP	1.2634	M	E	02461501	ACC	Y	
		Renvela 800mg Tab					02354586	SAV	Y	
V03AE03		LANTHANUM CARBONATE								
		lanthanum carbonate 250mg chewtab								
		NAT-Lanthanum 250mg Chewtab					02498731	NAT	Y	
		Fosrenol 250mg Chewtab (discontinued)					02287145	TAK	Y	
		lanthanum carbonate 500mg chewtab								
		NAT-Lanthanum 500mg Chewtab					02498758	NAT	Y	
		Fosrenol 500mg Chewtab					02287153	TAK	Y	
		lanthanum carbonate 750mg chewtab								
		NAT-Lanthanum 750mg Chewtab					02498766	NAT	Y	
		Fosrenol 750mg Chewtab					02287161	TAK	Y	
		lanthanum carbonate 1000mg chewtab								
		NAT-Lanthanum 1000mg Chewtab					02498774	NAT	Y	
		Fosrenol 1000mg Chewtab					02287188	TAK	Y	
V03AE05		SUCROFERRIC OXYHYDROXIDE								
		Velphoro 500mg Tab	DNP	4.2036	L	E	02471574	OTS	N	
V03AF		DETOXIFYING AGENTS FOR ANTINEOPLASTIC TREATMENT								
V03AF03		CALCIUM FOLINATE								
		leucovorin calcium 5mg tab								
		MINT-Leucovorin 5mg Tab	DNP	3.6776	M	SFC	02496828	MNT	Y	
		Riva-Leucovorin 5mg Tab	DNP	3.6776	M	SFC	02493357	RIV	Y	
		Lederle Leucovorin 5mg Tab	DNP	3.6776	M	SFC	02170493	PFI	Y	
V03AG		DRUGS FOR TREATMENT OF HYPERCALCEMIA								
V03AG99		SODIUM PHOSPHATE								
		Jamp-Sodium Phosphate	DNP	1.4010	L	SF	80047562	JPC	N	
V03AH		DRUGS FOR TREATMENT OF HYPOGLYCEMIA								
V03AH01		DIAZOXIDE								
		Proglycem 100mg Cap					00503347	FRS	N	
V04		DIAGNOSTIC AGENTS								
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	922.5000	L	E	02246016	GZM	N	

V	Various									
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	0.1230	L	SF	00038202	HOS	N	
		Sterile Water for Inj	DNP	0.1400	L	SF	02299186	TLG	N	
		Sterile Water for Inj (WP)	DNP	0.2056	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							00501190	ODN N

Diabetic Supplies Benefit List

INSULIN PEN NEEDLES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799433	*BD AutoShield Duo Pen Needles	100	329505	BTD	0.5178	L
97799433	*funded for children requiring insulin in school					
97799160	BD Nano PRO Ultra-Fine Pen Needles, 32g x 4mm	100	320555	BTD	0.3631	L
97799897	BD Ultra-Fine II Pen Needles, 12.7mm, 29g	100	320223	BTD	0.3234	L
97799896	BD Ultra-Fine III Mini Pen Needles, 5mm, 31g	100	320145	BTD	0.3525	L
97799895	BD Ultra-Fine III Short Pen Needles. 8mm, 31g	100	320108	BTD	0.3631	L
97799086	Droplet Micron Pen Needles 3.5mm x 34G	100	7914	SFA	0.3250	L
97799238	Droplet Pen Needles 10mm x 29G	100	8084	SFA	0.2850	L
97799235	Droplet Pen Needles 12mm x 29G	100	8085	SFA	0.2850	L
97799243	Droplet Pen Needles 4mm x 32G	100	8081	SFA	0.2850	L
97799239	Droplet Pen Needles 5mm x 31G	100	8156	SFA	0.2850	L
97799242	Droplet Pen Needles 5mm x 32G	100	8153	SFA	0.2850	L
97799237	Droplet Pen Needles 6mm x 31G	100	8082	SFA	0.2850	L
97799241	Droplet Pen Needles 6mm x 32G	100	8154	SFA	0.2850	L
97799236	Droplet Pen Needles 8mm x 31G	100	8085	SFA	0.2850	L
97799240	Droplet Pen Needles 8mm x 32G	100	8155	SFA	0.2850	L
97799429	Global Ease Pen Inject Needles 29g x 9mm	100	90166-0121-22	CMP	0.2337	L
97799428	Global Ease Pen Inject Needles 31g x 5mm	100	90166-0631-32	CMP	0.2337	L
97799430	Global Ease Pen Inject Needles 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	100	11002007	MTD	0.2799	L
97799335	montKiddy Pen Needles Pink Box 4mm 32g	100	11002008	MTD	0.2799	L
97799336	montKiddy Pen Needles Yellow Box 4mm 32g	100	11002009	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	0.3905	L
97799910	Novofine Pen Needles 30g X 8mm	100	890187	NNO	0.3789	L
97799386	Novofine Plus 32g x 4mm	100	591072	NNO	0.3703	L
97799468	NovoTwist 32g (5mm) Tip Needles	100	14634	NNO	0.3905	L
97799337	SiteSmart Pen Needles 4mm 32g	100	11002010	MTD	0.3630	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
97799149	Ulticare Pen Needles 31G x 5mm	100	71013	UMI	0.3020	L
97799545	Ulticare Pen Needles 31G x 6mm	100	9563	UMI	0.3020	L

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INSULIN PEN NEEDLES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799544	Ulticare Pen Needles 31G x 8mm	100	9583	UMI	0.3020	L
97799148	Ulticare Pen Needles 31G x 8mm	100	71005	UMI	0.3020	L
97799147	Ulticare Pen Needles 32G x 4mm	100	71003	UMI	0.3020	L
97799440	Ulticare Pen Needles 32G x 4mm	100	00543	UMI	0.3020	L
97799150	Ulticare Pen Needles 32G x 6mm	100	71014	UMI	0.3020	L
97799991	Unifine Pen Needles 29g x 12mm	100	OMAM3529	AUT	0.1680	L
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, 31	100	320440	BTD	0.3921	L
97799425	BD Ultra-Fine II Syringes, 0.3cc, 31g	100	324919	BTD	0.3921	L
97799885	BD Ultra-Fine II Syringes, 0.5cc, 30g	100	320468	BTD	0.3921	L
97799890	BD Ultra-Fine II Syringes, 1cc, 30g	100	320469	BTD	0.3921	L
97799385	BD Ultra-Fine Syringes, 0.5cc, 31g	100	324920	BTD	0.3921	L
97799384	BD Ultra-Fine Syringes, 1.0cc, 31g	100	324921	BTD	0.3921	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
97799777	Monoject Syringes 1cc, 28g x 1/2"	100	1188128012	TYC	0.2266	L
97799787	Monoject Syringes 1cc, 28g x 1/2"	100	8881601101	TYC	0.2884	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 Syringes, 0.3cc, 31g	100	22-6504	BBM	0.1411	L
97799260	SureComfort Syringes, 0.3cc, 29g x 1/2"	100	22-9003	BBM	0.1221	L
97799264	SureComfort Syringes, 0.3cc, 30g x 1/2"	100	22-6203	BBM	0.1347	L
97799261	SureComfort Syringes, 0.3cc, 30g x 5/16"	100	22-6003	BBM	0.1347	L
97799274	SureComfort Syringes, 0.3cc, 31g x 5/16"	100	22-6503	BBM	0.1411	L
97799257	SureComfort Syringes, 0.5cc, 28g x 1/2"	100	22-8005	BBM	0.1221	L
97799259	SureComfort Syringes, 0.5cc, 29g x 1/2"	100	22-9005	BBM	0.1221	L
97799270	SureComfort Syringes, 0.5cc, 30g x 1/2"	100	22-6205	BBM	0.1347	L
97799272	SureComfort Syringes, 0.5cc, 30g x 5/16"	100	22-6005	BBM	0.1347	L
97799263	SureComfort Syringes, 0.5cc, 31g x 5/16"	100	22-6505	BBM	0.1411	L
97799275	SureComfort Syringes, 1cc, 28g x 1/2"	100	22-8010	BBM	0.1221	L
97799258	SureComfort Syringes, 1cc, 29g x 1/2"	100	22-9010	BBM	0.1221	L
97799271	SureComfort Syringes, 1cc, 30g x 1/2"	100	22-6210	BBM	0.1347	L
97799265	SureComfort Syringes, 1cc, 30g x 5/16"	100	22-6010	BBM	0.1347	L
97799262	SureComfort Syringes, 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

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INSULIN SYRINGES

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
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

KETONE STRIPS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
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
97799914	Diastix	50	2806	ADI	0.1149	L
97799912	Keto-Diastix	100	2882U	ADI	0.1377	L
97799913	Ketostix	50	2880U	ADI	0.1279	L
97799853	Multistix	100	2820A	ADI	0.5438	L
97799852	Uristix	100	2855U	ADI	0.2647	L

LANCETS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799691	Abbott Thin 28g Lancets	100	7004302	MID	0.0500	P
97799689	Abbott Thin 28g Lancets	200	9868203	MID	0.0445	P
97799494	Accu-Chek Fastclix Lancets	102	05353807001	BOM	0.0500	P
97799495	Accu-Chek Fastclix Lancets	204	05353815001	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	BTD	0.0495	P
97799882	BD Ultra-Fine Lancets	100	326571	BTD	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
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

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LANCETS

PIN	PRODUCT DESCRIPTION	PKG SIZE	PRODUCT #	MFR	PRICE	TYPE
97799501	OneTouch Delica Lancet 33G	100	022-142	LFS	0.0500	P
97799431	OneTouch Delica Lancets 30G	100	022631	LFS	0.0500	P
97799140	OneTouch Delica Plus 30G Lancets	100	024-009	LFS	0.0500	P
97799139	OneTouch Delica Plus 33G Lancets	100	024-010	LFS	0.0500	P
97799058	OneTouch Delica Safety 30g Lancet	200	024206	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
97799815	Accu-Chek AVIVA Test Strips	50	4450000000	BOM	0.8160	L
97799814	Accu-Chek AVIVA Test Strips	100	4540000000	BOM	0.7125	L
97799963	Accu-Chek Compact Test Strips	51	3021475	BOM	0.8161	L
97799962	Accu-Chek Compact Test Strips	102	3021475/102	BOM	0.7125	L
97799178	Accu-Chek Guide Test Strips	50	07453736119	BOM	0.6814	L
97799177	Accu-Chek Guide Test Strips	100	07453744119	BOM	0.6813	L
97799497	Accu-Chek Mobile BG Test Strip Cassette	100	05190843119	BOM	0.7125	L
97799702	Ascensia Contour Test Strip	100	7091B	ADI	0.6989	L
97799703	Ascensia Contour Test Strip	50	7081B	ADI	0.8396	L
97799294	CareSens N BG Test Strip	100	180144	ISN	0.5000	L
97799460	Contour NEXT Blood Glucose Test Strips	50	7321	ADI	0.8162	L
97799459	Contour NEXT Blood Glucose Test Strips	100	7322	ADI	0.6989	L
97799564	EZ Oracle Test Strips	100	GMH-B1S100	THI	0.7381	L
97799597	FreeStyle Lite Test Strips	100	6.99E+11	MID	0.6900	L
97799596	FreeStyle Lite Test Strips	50	6.99E+11	MID	0.7400	L
97799841	Freestyle Precision Strips	50	99786	MID	0.7950	L
97799840	Freestyle Precisions Strips	100	99059	MID	0.6890	L
97799373	GE200 Glucose Test Strip	100	589829	BNM	0.5100	L
97799985	One-Touch Ultra Test Strips	100	020-384	LFS	0.6943	L
97799986	One-Touch Ultra Test Strips	50	020-383	LFS	0.7950	L
97799476	One-Touch Verio Test Strips	50	022279	LFS	0.7950	L
97799475	One-Touch Verio Test Strips	100	022439	LFS	0.6943	L
97799451	Rapid Response Blood Glucose Test Strips	50	04GLU-68	BTX	0.7100	L
97799291	Spirit BG Test Strips	100	288105	ARA	0.5000	L
97799341	Tykess Test Strip (100)	100	TD 4302	TKS	0.9998	L
97799338	Tykess Test Strip (50)	50	TD 4302	TKS	0.9998	L

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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
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
95098781	Active Life Dr Durahesive	125353	CON
95098780	Active Life Dr Durahesive	125354	CON
95098778	Active Life Dr Durahesive	125356	CON
95098776	Active Life Dr Durahesive	125358	CON
95098774	Active Life Dr Durahesive	125360	CON
95099987	Active Life Drainable	22764	CON
95099985	Active Life Drainable	22766	CON
95099983	Active Life Drainable	22768	CON
95098795	Active Life Drainable	125330	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
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
95099943	Active Life Durahesive	650831	CON
95099945	Active Life Durahesive	650829	CON
95099944	Active Life Durahesive	650830	CON
95099946	Active Life Durahesive	650828	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
95099972	Active Life Pre-Cut Closed	175771	CON
95099973	Active Life Pre-Cut Closed	175770	CON
95099974	Active Life Pre-Cut Closed	175769	CON
95099971	Active Life Pre-Cut Closed	175772	CON
95099965	Active Life Pre-Cut Closed	413146	CON
95099966	Active Life Pre-Cut Closed	413145	CON
95099967	Active Life Pre-Cut Closed	413144	CON
95099970	Active Life Pre-Cut Closed	175773	CON
95099969	Active Life Pre-Cut Closed	413142	CON
95099968	Active Life Pre-Cut Closed	413143	CON
95099975	Active Life Stoma Cap	175611	CON
95099942	Active Life Uros Durahesive	650832	CON
95099940	Active Life Uros Durahesive	64927	CON
95099941	Active Life Uros Durahesive	650833	CON
95098989	Assura Drainable	13876	COL
95098990	Assura Drainable	13875	COL
95098991	Assura Drainable	13874	COL
95098992	Assura Drainable	14176	COL
95098993	Assura Drainable	14175	COL
95098994	Assura Drainable	14174	COL
95098995	Assura Drainable	14173	COL
95099064	Assura Drainable	14106	COL
95098797	Assura Drainable w Easiclose	14424	COL
95098799	Assura Drainable w Easiclose	14422	COL
95098996	Assura Drainable w Easiclose	13870	COL
95098801	Assura Drainable w Easiclose	14415	COL
95098798	Assura Drainable w Easiclose	14423	COL
95098800	Assura Drainable w Easiclose	14421	COL
95098802	Assura Drainable w Easiclose	14414	COL
95099007	Assura Drainable w Easiclose	14196	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
95098907	Assura Std Wear Closed	12175	COL
95098905	Assura Std Wear Closed	12177	COL
95098917	Assura Std Wear Closed	14434	COL
95098916	Assura Std Wear Closed	14435	COL
95098895	Assura Std Wear Closed	14441	COL
95098894	Assura Std Wear Closed	14442	COL
95098915	Assura Std Wear Closed	14444	COL

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PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098914	Assura Std Wear Closed	14445	COL
95098903	Assura Std Wear Closed	14452	COL
95098902	Assura Std Wear Closed	14453	COL
95098901	Assura Std Wear Closed	14454	COL
95098919	Assura Std Wear Closed	12110	COL
95098912	Assura Std Wear Closed	12144	COL
95098911	Assura Std Wear Closed	12146	COL
95098898	Assura Std Wear Closed	12170	COL
95098906	Assura Std Wear Closed	12176	COL
95098899	Assura Std Wear Closed	12130	COL
95098918	Assura Std Wear Closed	12140	COL
95098913	Assura Std Wear Closed	12145	COL
95098910	Assura Std Wear Closed	12147	COL
95098908	Assura Std Wear Closed	12174	COL
95099006	Assura Std Wear Dr Easiclose	13840	COL
95099005	Assura Std Wear Dr Easiclose	13844	COL
95099004	Assura Std Wear Dr Easiclose	13845	COL
95099003	Assura Std Wear Dr Easiclose	13846	COL
95099001	Assura Std Wear Dr Easiclose	13860	COL
95099002	Assura Std Wear Dr Easiclose	14103	COL
95098803	Assura Std Wear Dr Easiclose	14412	COL
95098999	Assura Std Wear Dr Easiclose	14164	COL
95098998	Assura Std Wear Dr Easiclose	14165	COL
95098997	Assura Std Wear Dr Easiclose	14166	COL
95098806	Assura Std Wear Dr Easiclose	14404	COL
95098805	Assura Std Wear Dr Easiclose	14405	COL
95098804	Assura Std Wear Dr Easiclose	14411	COL
95099000	Assura Std Wear Dr Easiclose	14163	COL
95098959	Assura Std Wear Drainable	2490	COL
95098962	Assura Std Wear Drainable	2520	COL
95098960	Assura Std Wear Drainable	13706	COL
95098963	Assura Std Wear Drainable	12533	COL
95098931	Assura Std Wear Urostomy	5580	COL
95098927	Assura Std Wear Urostomy	5585	COL
95098930	Assura Std Wear Urostomy	12595	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
95098920	Assura Std Wear Urostomy	12997	COL
95098921	Assura Std Wear Urostomy	12996	COL
95098923	Assura Std Wear Urostomy	12994	COL
95098922	Assura Std Wear Urostomy	12995	COL
95098889	Assura Stoma Cap	2501	COL
95099022	Assura Stoma Cap	2801	COL
95099021	Assura Stoma Cap	2802	COL
95097614	CeraPlus Skin Barrier Urostomy	84893	HOL
95097610	CeraPlus Skin Barrier Urostomy	84200	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097613	CeraPlus Skin Barrier Urostomy	84408	HOL
95097611	CeraPlus Skin Barrier Urostomy	84404	HOL
95097612	CeraPlus Skin Barrier Urostomy	844011	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
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

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PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
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
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
95099290	Contour Stoma Cap	1796	HOL
95098095	Esteem + Closed Pouch	416745	CON
95098107	Esteem + Closed Pouch	416712	CON
95098097	Esteem + Closed Pouch	416741	CON
95098098	Esteem + Closed Pouch	416739	CON
95098099	Esteem + Closed Pouch	416737	CON
95098100	Esteem + Closed Pouch	416733	CON
95098101	Esteem + Closed Pouch	416729	CON
95098102	Esteem + Closed Pouch	416725	CON
95098103	Esteem + Closed Pouch	416719	CON
95098104	Esteem + Closed Pouch	416715	CON
95098105	Esteem + Closed Pouch	416714	CON
95098106	Esteem + Closed Pouch	416713	CON
95097578	Esteem + Closed Pouch	421614	CON
95098089	Esteem + Closed Pouch	416724	CON
95097575	Esteem + Closed Pouch	413511	CON
95098092	Esteem + Closed Pouch	416751	CON
95098093	Esteem + Closed Pouch	416749	CON
95098094	Esteem + Closed Pouch	416747	CON
95097584	Esteem + Closed Pouch	421612	CON
95097581	Esteem + Closed Pouch	421613	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

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098081	Esteem + Closed Pouch	416744	CON
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
95098096	Esteem + Closed Pouch	416743	CON
95097585	Esteem + Drainable Pouch	416975	CON
95097588	Esteem + Drainable Pouch	416908	CON
95097919	Esteem + Drainable Pouch	413519	CON
95097921	Esteem + Drainable Pouch	413518	CON
95097920	Esteem + Drainable Pouch	413516	CON
95097930	Esteem + Drainable Pouch	413515	CON
95097577	Esteem + Drainable Pouch	421622	CON
95097580	Esteem + Drainable Pouch	421619	CON
95097583	Esteem + Drainable Pouch	421615	CON
95097574	Esteem + Drainable Pouch	413523	CON
95097918	Esteem + Drainable Pouch	413510	CON
95097586	Esteem + Drainable Pouch	416976	CON
95097573	Esteem + Drainable Pouch	413517	CON
95097917	Esteem + Drainable Pouch	413509	CON
95097916	Esteem + Drainable Pouch	413522	CON
95097915	Esteem + Drainable Pouch	412521	CON
95097582	Esteem + Urostomy	421623	CON
95097579	Esteem + Urostomy	421626	CON
95097576	Esteem + Urostomy	421628	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
95098045	Pouchkins Pediatric	3795	HOL
95098378	Pouchkins Pediatric	3796	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099174	Pouchkins Pediatric	3777	HOL
95099173	Pouchkins Pediatric	3778	HOL
95097561	Premier Ceraplus Soft Convexity Urostomy	8413	HOL
95097554	Premier Ceraplus Soft Convexity Urostomy	8412	HOL
95097556	Premier Ceraplus Soft Convexity Urostomy	8414	HOL
95097558	Premier Ceraplus Soft Convexity Urostomy	84138	HOL
95097555	Premier Ceraplus Soft Convexity Urostomy	8415	HOL
95097557	Premier Ceraplus Soft Convexity Urostomy	841311	HOL
95097560	Premier Ceraplus Soft Convexity Urostomy	84134	HOL
95098592	Premier Closed	82125	HOL
95098596	Premier Closed	82330	HOL
95098593	Premier Closed	82100	HOL
95098597	Premier Closed	82325	HOL
95098595	Premier Closed	82335	HOL
95098641	Premier Closed	82300	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
95099384	Premier Drainable	8619	HOL
95099386	Premier Drainable	8617	HOL
95098588	Premier Drainable	88300	HOL
95099406	Premier Drainable	8649	HOL
95099410	Premier Drainable	8647	HOL
95099409	Premier Drainable	8642	HOL
95099399	Premier Drainable	8639	HOL
95099403	Premier Drainable	8637	HOL
95099398	Premier Drainable	8634	HOL
95099404	Premier Drainable	8631	HOL
95099396	Premier Drainable	8624	HOL
95099385	Premier Drainable	8618	HOL
95099387	Premier Drainable	8616	HOL
95099390	Premier Drainable	8613	HOL
95099392	Premier Drainable	8611	HOL
95098046	Premier Drainable	8450	HOL
95098043	Premier Drainable	8031	HOL
95099389	Premier Drainable	8614	HOL
95099388	Premier Drainable	8615	HOL
95099391	Premier Drainable	8612	HOL
95099393	Premier Drainable	8610	HOL
95098598	Premier Drainable Lock'n Roll	88740	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098600	Premier Drainable Lock'n Roll	88730	HOL
95098606	Premier Drainable Lock'n Roll	88340	HOL
95098609	Premier Drainable Lock'n Roll	88325	HOL
95098608	Premier Drainable Lock'n Roll	88330	HOL
95098599	Premier Drainable Lock'n Roll	88735	HOL
95098601	Premier Drainable Lock'n Roll	88725	HOL
95098607	Premier Drainable Lock'n Roll	88335	HOL
95098044	Premier Drainable Lock'n Roll	88402	HOL
95098042	Premier Lock'n Roll	8331	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
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
95098668	Premier Lock'n Roll	8510	HOL
95098666	Premier Lock'n Roll	8512	HOL
95098675	Premier Lock'n Roll	8552	HOL
95097820	Premier Lock'n Roll	8588	HOL
95097668	Premier Lock'n Roll	8931	HOL
95097671	Premier Lock'n Roll	8901	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
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

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098669	Premier Lock'n Roll	8528	HOL
95098681	Premier Lock'n Roll	8531	HOL
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
95097815	Premier Soft Convexity	8674	HOL
95097816	Premier Soft Convexity	8678	HOL
95097814	Premier Soft Convexity	86711	HOL
95097817	Premier Soft Convexity	8661	HOL
95097818	Premier Soft Convexity	8662	HOL
95097819	Premier Soft Convexity	8663	HOL
95099365	Premier Urostomy	8488	HOL
95099374	Premier Urostomy	84711	HOL
95099368	Premier Urostomy	8485	HOL
95099370	Premier Urostomy	8483	HOL
95099372	Premier Urostomy	8481	HOL
95099375	Premier Urostomy	8478	HOL
95099380	Premier Urostomy	8468	HOL
95099381	Premier Urostomy	8462	HOL
95099377	Premier Urostomy	8464	HOL
95099364	Premier Urostomy	8489	HOL
95099366	Premier Urostomy	8487	HOL
95099367	Premier Urostomy	8486	HOL
95099369	Premier Urostomy	8484	HOL
95099371	Premier Urostomy	8482	HOL
95099373	Premier Urostomy	8480	HOL
95099376	Premier Urostomy	8474	HOL
95099378	Premier Urostomy	8469	HOL
95099382	Premier Urostomy	8467	HOL
95099379	Premier Urostomy	8463	HOL
95099383	Premier Urostomy	8460	HOL
95099274	Premium Closed	3553	HOL
95099275	Premium Closed	3558	HOL
95099272	Premium Closed	3554	HOL
95099273	Premium Closed	3559	HOL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099287	Premium Drainable	3603	HOL
95099281	Premium Drainable	3668	HOL
95099277	Premium Drainable	3665	HOL
95099279	Premium Drainable	3669	HOL
95099285	Premium Drainable	3604	HOL
95099283	Premium Drainable	3606	HOL
95099282	Premium Drainable	3662	HOL
95099280	Premium Drainable	3663	HOL
95099286	Premium Drainable	3609	HOL
95099278	Premium Drainable	3664	HOL
95099284	Premium Drainable	3605	HOL
95099288	Premium Drainable	3608	HOL
95098379	SenSura Easiclose	15821	COL
95098432	SenSura Maxi	15533	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
95098421	SenSura Maxi	15635	COL
95098423	SenSura Maxi	15633	COL
95098424	SenSura Maxi	15632	COL
95098426	SenSura Maxi	15607	COL
95098428	SenSura Maxi	15605	COL
95098437	SenSura Maxi	15522	COL
95098435	SenSura Maxi	15524	COL
95098434	SenSura Maxi	15531	COL
95098422	SenSura Maxi	15634	COL
95098443	SenSura Maxi Closed	15482	COL
95098441	SenSura Maxi Closed	15484	COL
95098442	SenSura Maxi Closed	15483	COL
95098444	SenSura Maxi Closed	15480	COL
95098445	SenSura Maxi Closed	15474	COL
95098458	SenSura Maxi Closed	15405	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
95098446	SenSura Maxi Closed	15473	COL
95098440	SenSura Midi	15501	COL
95098429	SenSura Midi	15604	COL
95098439	SenSura Midi	15511	COL
95098430	SenSura Midi	15603	COL
95098449	SenSura Midi Closed	15450	COL
95098450	SenSura Midi Closed	15441	COL
95098452	SenSura Midi Closed	15414	COL

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ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098459	SenSura Midi Closed	15404	COL
95098451	SenSura Midi Closed	15415	COL
95098453	SenSura Midi Closed	15413	COL
95098454	SenSura Midi Closed	15412	COL
95098460	SenSura Midi Closed	15403	COL
95097205	Sensura Mio 1 pc Closed Pouch	13683	COL
95097204	Sensura Mio 1 pc Closed Pouch	13684	COL
95097203	Sensura Mio 1 pc Closed Pouch	13685	COL
95097182	Sensura Mio 1 pc Deep Convex	16770	COL
95097183	Sensura Mio 1 pc Deep Convex	16764	COL
95097196	Sensura Mio 1 pc Light Convex	13680	COL
95097180	Sensura Mio 1 pc Light Convex	16735	COL
95097181	Sensura Mio 1 pc Light Convex	16730	COL
95097179	Sensura Mio 1 pc Non-convex	10473	COL
95097177	Sensura Mio 1 pc Non-convex	10480	COL
95097178	Sensura Mio 1 pc Non-convex	10475	COL
95097197	Sensura Mio 1 pc Soft Convex	13676	COL
95097195	Sensura Mio 1 pc Soft Convex	13678	COL
95097194	Sensura Mio 1 pc Soft Convex	13679	COL
95097176	Sensura Mio 1 pc Soft Convex	16801	COL
95097202	Sensura Mio 1 pc Soft Convex	13671	COL
95097201	Sensura Mio 1 pc Soft Convex	13672	COL
95097198	Sensura Mio 1 pc Soft Convex	13675	COL
95097199	Sensura Mio 1 pc Soft Convex	13674	COL
95097200	Sensura Mio 1 pc Soft Convex	13673	COL
95097467	SenSura Mio Concave	18313	COL
95097468	SenSura Mio Concave	18312	COL
95097469	SenSura Mio Concave	18314	COL
95097445	SenSura Mio Concave	18315	COL
95097444	SenSura Mio Concave	18320	COL
95097446	SenSura Mio Concave	18321	COL
95097447	SenSura Mio Concave	18322	COL
95097473	SenSura Mio Concave	18301	COL
95097472	SenSura Mio Concave	18302	COL
95097471	SenSura Mio Concave	18305	COL
95097474	SenSura Mio Concave	18300	COL
95097458	SenSura Mio Concave	18344	COL
95097457	SenSura Mio Concave	18343	COL
95097456	SenSura Mio Concave	18342	COL
95097455	SenSura Mio Concave	18341	COL
95097454	SenSura Mio Concave	18340	COL
95097453	SenSura Mio Concave	18333	COL
95097452	SenSura Mio Concave	18332	COL
95097451	SenSura Mio Concave	18331	COL
95097450	SenSura Mio Concave	18330	COL
95097470	SenSura Mio Concave	18310	COL
95097448	SenSura Mio Concave	18323	COL
95097449	SenSura Mio Concave	18324	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097538	SenSura Mio Concave Maxi	18185	COL
95097547	SenSura Mio Concave Maxi	18152	COL
95097543	SenSura Mio Concave Maxi	18170	COL
95097541	SenSura Mio Concave Maxi	18171	COL
95097542	SenSura Mio Concave Maxi	18172	COL
95097540	SenSura Mio Concave Maxi	18173	COL
95097539	SenSura Mio Concave Maxi	18180	COL
95097536	SenSura Mio Concave Maxi	18181	COL
95097537	SenSura Mio Concave Maxi	18182	COL
95097534	SenSura Mio Concave Midi	18163	COL
95097545	SenSura Mio Concave Midi	18161	COL
95097546	SenSura Mio Concave Midi	18160	COL
95097548	SenSura Mio Concave Midi	18151	COL
95097544	SenSura Mio Concave Midi	18162	COL
95097526	SenSura Mio Concave Uro Opaque	18404	COL
95097525	SenSura Mio Concave Uro Opaque	18403	COL
95097523	SenSura Mio Concave Uro Opaque	18402	COL
95097524	SenSura Mio Concave Uro Opaque	18401	COL
95097527	SenSura Mio Concave Uro Transparent	18405	COL
95097549	SenSura Mio Deep Convex	16352	COL
95097551	SenSura Mio Deep Convex	16768	COL
95097305	SenSura Mio Kids Drainable	18712	COL
95097304	SenSura Mio Kids Drainable	18713	COL
95097302	SenSura Mio Kids Drainable Opaque	18710	COL
95097303	SenSura Mio Kids Drainable Transparent	18711	COL
95097550	SenSura Mio Light Convex	16733	COL
95097535	SenSura Mio Light Convex	16332	COL
95098029	SenSura Mio Maxi	10478	COL
95098028	SenSura Mio Maxi	10481	COL
95098027	SenSura Mio Maxi	10482	COL
95098026	SenSura Mio Maxi	10483	COL
95098024	SenSura Mio Maxi	10484	COL
95098023	SenSura Mio Maxi	10487	COL
95098022	SenSura Mio Maxi	10489	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
95097799	SenSura Mio Maxi	16326	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
95097809	SenSura Mio Maxi	16305	COL
95097808	SenSura Mio Maxi	16306	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
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
95097803	SenSura Mio Maxi	16315	COL
95097804	SenSura Mio Maxi	16313	COL
95097800	SenSura Mio Maxi	16325	COL
95098030	SenSura Mio Maxi	10477	COL
95097950	SenSura Mio Maxi	10479	COL
95098032	SenSura Mio Maxi	10476	COL
95098031	SenSura Mio Maxi	10474	COL
95098033	SenSura Mio Maxi	10472	COL
95098035	SenSura Mio Maxi	10471	COL
95097739	SenSura Mio Maxi	16841	COL
95097793	SenSura Mio Maxi Closed	16345	COL
95097792	SenSura Mio Maxi Closed	16346	COL
95097789	SenSura Mio Maxi Closed	16347	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
95097777	SenSura Mio Maxi Open	16705	COL
95097776	SenSura Mio Maxi Open	16706	COL
95097755	SenSura Mio Maxi Open	16778	COL
95097756	SenSura Mio Maxi Open	16773	COL
95097757	SenSura Mio Maxi Open	16772	COL
95097758	SenSura Mio Maxi Open	16771	COL
95097759	SenSura Mio Maxi Open	16767	COL
95097760	SenSura Mio Maxi Open	16763	COL
95097761	SenSura Mio Maxi Open	16762	COL
95097762	SenSura Mio Maxi Open	16761	COL
95097763	SenSura Mio Maxi Open	16760	COL
95097771	SenSura Mio Maxi Open	16757	COL
95097772	SenSura Mio Maxi Open	16756	COL
95097775	SenSura Mio Maxi Open	16715	COL
95097774	SenSura Mio Maxi Open	16716	COL
95097773	SenSura Mio Maxi Open	16725	COL

Ostomy Supplies Benefit List

ONE-PIECE SYSTEMS

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097770	SenSura Mio Maxi Open	16726	COL
95097717	SenSura Mio Maxi Open	16727	COL
95097769	SenSura Mio Maxi Open	16731	COL
95097768	SenSura Mio Maxi Open	16732	COL
95097767	SenSura Mio Maxi Open	16734	COL
95097766	SenSura Mio Maxi Open	16737	COL
95097765	SenSura Mio Maxi Open	16738	COL
95097764	SenSura Mio Maxi Open	16739	COL
95097728	SenSura Mio Maxi Open	16748	COL
95097729	SenSura Mio Maxi Open	16755	COL
95097802	SenSura Mio Midi	16322	COL
95098034	SenSura Mio Midi	10461	COL
95097801	SenSura Mio Midi	16323	COL
95097810	SenSura Mio Midi	16301	COL
95097621	SenSura Mio Urostomy	10583	COL
95097622	SenSura Mio Urostomy	10582	COL
95097619	SenSura Mio Urostomy	10585	COL
95097639	SenSura Mio Urostomy	10586	COL
95097620	SenSura Mio Urostomy	10584	COL
95097716	SenSura Xpro Maxi Open	15695	COL
95097715	SenSura Xpro Maxi Open	15696	COL
95097714	SenSura Xpro Maxi Open	15981	COL
95099186	Stoma Cap	3186	HOL
95099185	Stoma Cap	3184	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

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95099446	CenterPointLock Closed	3342	HOL
95099444	CenterPointLock Closed	3344	HOL
95099447	CenterPointLock Closed	3347	HOL
95099445	CenterPointLock Closed	3343	HOL
95099464	CenterPointLock Drainable	3897	HOL
95099475	CenterPointLock Drainable	3803	HOL
95099466	CenterPointLock Drainable	3873	HOL
95099462	CenterPointLock Drainable	3893	HOL
95099461	CenterPointLock Drainable	3894	HOL
95099463	CenterPointLock Drainable	3892	HOL
95099465	CenterPointLock Drainable	3874	HOL
95099467	CenterPointLock Drainable	3872	HOL
95099481	CenterPointLock Drainable	3847	HOL
95099478	CenterPointLock Drainable	3844	HOL
95099479	CenterPointLock Drainable	3843	HOL
95099480	CenterPointLock Drainable	3842	HOL
95099460	CenterPointLock Drainable	3837	HOL
95099457	CenterPointLock Drainable	3834	HOL
95099458	CenterPointLock Drainable	3833	HOL
95099459	CenterPointLock Drainable	3832	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
95099476	CenterPointLock Drainable	3802	HOL
95099448	CenterPointLock Premier	8816	HOL
95099441	CenterPointLock Premier	8343	HOL
95099442	CenterPointLock Premier	8342	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099450	CenterPointLock Premier	8813	HOL
95099451	CenterPointLock Premier	8812	HOL
95099440	CenterPointLock Premier	8344	HOL
95099443	CenterPointLock Premier	8347	HOL
95099449	CenterPointLock Premier	8814	HOL
95099452	CenterPointLock Premier	8817	HOL
95099454	CenterPointLock Premier	8843	HOL
95099456	CenterPointLock Premier	8847	HOL
95099428	CenterPointLock Premier	8904	HOL
95099455	CenterPointLock Premier	8842	HOL
95099431	CenterPointLock Premier	8907	HOL
95099429	CenterPointLock Premier	8903	HOL
95099430	CenterPointLock Premier	8902	HOL
95099453	CenterPointLock Premier	8844	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
95099434	CenterPointLock Urostomy	3902	HOL
95099435	CenterPointLock Urostomy	3907	HOL
95099433	CenterPointLock Urostomy	3903	HOL
95099432	CenterPointLock Urostomy	3904	HOL
95098809	Easiflex Closed	14314	COL
95098816	Easiflex Closed	14317	COL
95098811	Easiflex Closed	14327	COL
95098812	Easiflex Closed	14332	COL
95098813	Easiflex Closed	14326	COL
95098810	Easiflex Closed	14319	COL
95098808	Easiflex Closed	14334	COL
95098814	Easiflex Closed	14331	COL
95098807	Easiflex Closed	14329	COL
95098818	Easiflex Closed	14316	COL
95098832	Easiflex Drainable w Easiclose	14346	COL
95098829	Easiflex Drainable w Easiclose	14342	COL
95098821	Easiflex Drainable w Easiclose	14359	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
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

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098823	Easiflex Drainable w Easiclose	14344	COL
95099932	Esteem Synergy Closed	405430	CON
95099927	Esteem Synergy Closed	403946	CON
95099931	Esteem Synergy Closed	405431	CON
95099929	Esteem Synergy Closed	405436	CON
95099926	Esteem Synergy Closed	405441	CON
95099928	Esteem Synergy Closed	405437	CON
95099925	Esteem Synergy Closed	405442	CON
95099895	Esteem Synergy Drainable	410808	CON
95099897	Esteem Synergy Drainable	410806	CON
95099898	Esteem Synergy Drainable	410804	CON
95099899	Esteem Synergy Drainable	410803	CON
95099934	Esteem Synergy Drainable	405405	CON
95099936	Esteem Synergy Drainable	405403	CON
95099894	Esteem Synergy Drainable	410809	CON
95099896	Esteem Synergy Drainable	410807	CON
95099933	Esteem Synergy Drainable	405406	CON
95099935	Esteem Synergy Drainable	405404	CON
95099937	Esteem Synergy Drainable	405402	CON
95099939	Esteem Synergy Drainable	405400	CON
95098653	Esteem Synergy Drainable	403995	CON
95098652	Esteem Synergy Drainable	403997	CON
95099938	Esteem Synergy Drainable	405401	CON
95098732	Esteem Synergy Invisiclose	413354	CON
95098739	Esteem Synergy Invisiclose	410810	CON
95098738	Esteem Synergy Invisiclose	410811	CON
95098735	Esteem Synergy Invisiclose	410814	CON
95098733	Esteem Synergy Invisiclose	413353	CON
95098737	Esteem Synergy Invisiclose	410812	CON
95098736	Esteem Synergy Invisiclose	410813	CON
95098734	Esteem Synergy Invisiclose	410815	CON
95098646	Esteem Synergy Urostomy	405452	CON
95098649	Esteem Synergy Urostomy	405454	CON
95098651	Esteem Synergy Urostomy	405446	CON
95098643	Esteem Synergy Urostomy	405449	CON
95098647	Esteem Synergy Urostomy	405451	CON
95098645	Esteem Synergy Urostomy	405453	CON
95098650	Esteem Synergy Urostomy	405447	CON
95098644	Esteem Synergy Urostomy	405448	CON
95098642	Esteem Synergy Urostomy	405450	CON
95097879	Flexima 3S Closed	931065NA	BBR
95097869	Flexima 3S Closed	931555NA	BBR
95097881	Flexima 3S Closed	931045NA	BBR
95097871	Flexima 3S Closed	931580NA	BBR
95097868	Flexima 3S Closed	931565NA	BBR
95097878	Flexima 3S Closed	931145NA	BBR
95097877	Flexima 3S Closed	931155NA	BBR
95097876	Flexima 3S Closed	931165NA	BBR

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097875	Flexima 3S Closed	931245NA	BBR
95097874	Flexima 3S Closed	931255NA	BBR
95097883	Flexima 3S Closed	931445NA	BBR
95097873	Flexima 3S Closed	931455NA	BBR
95097882	Flexima 3S Closed	931465NA	BBR
95097872	Flexima 3S Closed	931480NA	BBR
95097870	Flexima 3S Closed	931545NA	BBR
95097880	Flexima 3S Closed	931055NA	BBR
95097845	Flexima 3S HF	933080NA	BBR
95097846	Flexima 3S HF	933065NA	BBR
95097847	Flexima 3S HF	933055NA	BBR
95097844	Flexima 3S HF	933155NA	BBR
95097843	Flexima 3S HF	933165NA	BBR
95097842	Flexima 3S HF	933180NA	BBR
95097839	Flexima 3S Rollup	932045NA	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
95097829	Flexima 3S Rollup	932245NA	BBR
95097830	Flexima 3S Rollup	932255NA	BBR
95097835	Flexima 3S Rollup	932445NA	BBR
95097837	Flexima 3S Rollup	932455NA	BBR
95097840	Flexima 3S Rollup	932465NA	BBR
95097836	Flexima 3S Rollup	932480NA	BBR
95097834	Flexima 3S Rollup	932545NA	BBR
95097827	Flexima 3S Rollup	932555NA	BBR
95097833	Flexima 3S Rollup	932565NA	BBR
95097832	Flexima 3S Rollup	932580NA	BBR
95097825	Flexima 3S URO	934045NA	BBR
95097824	Flexima 3S URO	934055NA	BBR
95097821	Flexima 3S URO	934165NA	BBR
95097823	Flexima 3S URO	934145NA	BBR
95097822	Flexima 3S URO	934155NA	BBR
95097826	Flexima 3S URO	934065NA	BBR
95098059	Natura + Drainable Pouch	416407	CON
95098063	Natura + Drainable Pouch	416403	CON
95098061	Natura + Drainable Pouch	416405	CON
95098062	Natura + Drainable Pouch	416404	CON
95098053	Natura + Drainable Pouch	416413	CON
95098054	Natura + Drainable Pouch	416412	CON
95098055	Natura + Drainable Pouch	416411	CON
95098056	Natura + Drainable Pouch	416410	CON
95098057	Natura + Drainable Pouch	416409	CON
95098058	Natura + Drainable Pouch	416408	CON
95098077	Natura + Drainable Pouch	416415	CON
95098076	Natura + Drainable Pouch	416416	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95098060	Natura + Drainable Pouch	416406	CON
95098622	New Image Closed	18374	HOL
95098624	New Image Closed	18372	HOL
95098626	New Image Closed	18363	HOL
95098529	New Image Closed	18333	HOL
95098528	New Image Closed	18334	HOL
95098623	New Image Closed	18373	HOL
95098625	New Image Closed	18364	HOL
95098627	New Image Closed	18362	HOL
95098530	New Image Closed	18332	HOL
95098525	New Image Closed Mini	18354	HOL
95098527	New Image Closed Mini	18352	HOL
95098526	New Image Closed Mini	18353	HOL
95098636	New Image Dr Lock'n Roll	18282	HOL
95098635	New Image Dr Lock'n Roll	18283	HOL
95098634	New Image Dr Lock'n Roll	18284	HOL
95098638	New Image Dr Lock'n Roll	18293	HOL
95098639	New Image Dr Lock'n Roll	18292	HOL
95098637	New Image Dr Lock'n Roll	18294	HOL
95099570	New Image Drainable	18124	HOL
95099563	New Image Drainable	18142	HOL
95099561	New Image Drainable	18144	HOL
95099569	New Image Drainable	18102	HOL
95099571	New Image Drainable	18123	HOL
95099572	New Image Drainable	18122	HOL
95099567	New Image Drainable	18104	HOL
95099565	New Image Drainable	18203	HOL
95099562	New Image Drainable	18143	HOL
95099564	New Image Drainable	18204	HOL
95099566	New Image Drainable	18202	HOL
95098048	New Image Drainable	18014	HOL
95099568	New Image Drainable	18103	HOL
95098047	New Image Drainable	18013	HOL
95099579	New Image Lock'n Roll	18134	HOL
95098629	New Image Lock'n Roll	18174	HOL
95099577	New Image Lock'n Roll	18183	HOL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099576	New Image Lock'n Roll	18184	HOL
95099574	New Image Lock'n Roll	18193	HOL
95099582	New Image Lock'n Roll	18114	HOL
95099580	New Image Lock'n Roll	18133	HOL
95098630	New Image Lock'n Roll	18173	HOL
95099578	New Image Lock'n Roll	18182	HOL
95099575	New Image Lock'n Roll	18192	HOL
95099573	New Image Lock'n Roll	18194	HOL
95098633	New Image Lock'n Roll	18003	HOL
95098631	New Image Lock'n Roll	18006	HOL
95098632	New Image Lock'n Roll	18004	HOL
95099584	New Image Lock'n Roll	18112	HOL
95099583	New Image Lock'n Roll	18113	HOL
95099581	New Image Lock'n Roll	18132	HOL
95098617	New Image Mini	18393	HOL
95098616	New Image Mini	18394	HOL
95098618	New Image Mini	18392	HOL
95098614	New Image Urostomy	18423	HOL
95099557	New Image Urostomy	18402	HOL
95099560	New Image Urostomy	18412	HOL
95099558	New Image Urostomy	18414	HOL
95099559	New Image Urostomy	18413	HOL
95099555	New Image Urostomy	18404	HOL
95099556	New Image Urostomy	18403	HOL
95098615	New Image Urostomy	18422	HOL
95098555	Overnight Drainage Bag	9839	HOL
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
95098376	SenSura Closed	10918	COL
95098382	SenSura Closed	10164	COL
95098380	SenSura Closed	10166	COL
95098319	SenSura Closed	10905	COL
95098318	SenSura Closed	10914	COL
95098384	SenSura Closed	10155	COL
95098398	SenSura Easiclose	11114	COL
95098397	SenSura Easiclose	11115	COL
95098395	SenSura Easiclose	11124	COL
95098394	SenSura Easiclose	11125	COL
95098393	SenSura Easiclose	11126	COL
95098386	SenSura Easiclose	11186	COL
95098389	SenSura Easiclose	11195	COL
95098388	SenSura Easiclose	11196	COL
95098392	SenSura Easiclose	11135	COL
95098391	SenSura Easiclose	11136	COL
95098387	SenSura Easiclose	11185	COL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098390	SenSura Easiclose	11194	COL
95098361	SenSura Flex Dr Pouch	11505	COL
95098360	SenSura Flex Dr Pouch	11514	COL
95098356	SenSura Flex Dr Pouch	11615	COL
95098358	SenSura Flex Dr Pouch	11518	COL
95098359	SenSura Flex Dr Pouch	11515	COL
95097649	SenSura Mio Click Drainable Pouch	11486	COL
95097553	SenSura Mio Click Drainable Pouch	11500	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
95097647	SenSura Mio Click Drainable Pouch	11487	COL
95097552	SenSura Mio Click Drainable Pouch	11499	COL
95097568	SenSura Mio Click High Output Pouch	18642	COL
95097571	SenSura Mio Click High Output Pouch	18632	COL
95097572	SenSura Mio Click High Output Pouch	18631	COL
95097609	SenSura Mio Click High Output Pouch	18630	COL
95097570	SenSura Mio Click High Output Pouch	18641	COL
95097569	SenSura Mio Click High Output Pouch	18640	COL
95097949	SenSura Mio Click Maxi	11484	COL
95097988	SenSura Mio Click Maxi	11483	COL
95097989	SenSura Mio Click Maxi	11482	COL
95097990	SenSura Mio Click Maxi	11474	COL
95097994	SenSura Mio Click Maxi	11463	COL
95097992	SenSura Mio Click Maxi	11472	COL
95097991	SenSura Mio Click Maxi	11473	COL
95097995	SenSura Mio Click Maxi	11462	COL
95097996	SenSura Mio Click Midi	11461	COL
95097993	SenSura Mio Click Midi	11471	COL
95097998	SenSura Mio Closed	12222	COL
95097997	SenSura Mio Closed	12213	COL
95097999	SenSura Mio Closed	12212	COL
95098000	SenSura Mio Closed	12202	COL
95098001	SenSura Mio Closed	12201	COL
95098007	SenSura Mio Closed	11401	COL
95097948	SenSura Mio Closed	11421	COL
95098003	SenSura Mio Closed	11422	COL
95098006	SenSura Mio Closed	11402	COL
95098005	SenSura Mio Closed	11412	COL
95098004	SenSura Mio Closed	11413	COL
95097174	Sensura Mio Flex	18386	COL
95097175	Sensura Mio Flex	18389	COL
95097172	Sensura Mio Flex	18652	COL
95097173	Sensura Mio Flex	18657	COL
95097983	SenSura Mio Flex Maxi	12262	COL
95097979	SenSura Mio Flex Maxi	12274	COL

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097978	SenSura Mio Flex Maxi	12282	COL
95097977	SenSura Mio Flex Maxi	12284	COL
95097981	SenSura Mio Flex Midi	12271	COL
95097617	SenSura Mio Flex Pouch	12292	COL
95097615	SenSura Mio Flex Pouch	12291	COL
95097616	SenSura Mio Flex Pouch	12297	COL
95097618	SenSura Mio Flex Pouch	12298	COL
95097307	SenSura Mio Kids Flex Midi Opaque	18724	COL
95097306	SenSura Mio Kids Flex Midi Opaque	18722	COL
95097308	SenSura Mio Kids Flex Midi Transparent	18723	COL
95097309	SenSura Mio Kids Flex Mini Opaque	18720	COL
95097310	SenSura Mio Kids Flex Mini Transparent	18721	COL
95097311	SenSura Mio Kids Flex Transparent	18725	COL
95097312	SenSura Mio Kids Flex Urology	18730	COL
95097313	SenSura Mio Kids Flex Urology	18731	COL
95097317	SenSura Mio Pediatric Drainable	18700	COL
95098307	SenSura Urostomy Pouch	11827	COL
95098309	SenSura Urostomy Pouch	11824	COL
95098306	SenSura Urostomy Pouch	11828	COL
95098308	SenSura Urostomy Pouch	11825	COL
95098310	SenSura Urostomy Pouch	11822	COL
95098311	SenSura Urostomy Pouch	11821	COL
95099806	Sur-Fit AutoLock Accuseal	401453	CON
95099804	Sur-Fit AutoLock Accuseal	401461	CON
95099802	Sur-Fit AutoLock Accuseal	401463	CON
95099800	Sur-Fit AutoLock Accuseal	401465	CON
95099807	Sur-Fit AutoLock Accuseal	401452	CON
95099805	Sur-Fit AutoLock Accuseal	401460	CON
95099803	Sur-Fit AutoLock Accuseal	401462	CON
95099801	Sur-Fit AutoLock Accuseal	401464	CON
95099790	Sur-Fit AutoLock Closed	401678	CON
95099791	Sur-Fit AutoLock Closed	401677	CON
95099788	Sur-Fit AutoLock Closed	401680	CON
95099789	Sur-Fit AutoLock Closed	401679	CON
95099809	Sur-Fit AutoLock Drainable	401442	CON
95099816	Sur-Fit AutoLock Drainable	401434	CON
95099814	Sur-Fit AutoLock Drainable	401436	CON
95099812	Sur-Fit AutoLock Drainable	401439	CON
95099815	Sur-Fit AutoLock Drainable	401435	CON
95099813	Sur-Fit AutoLock Drainable	401437	CON
95099811	Sur-Fit AutoLock Drainable	401440	CON
95099810	Sur-Fit AutoLock Drainable	401441	CON
95099808	Sur-Fit AutoLock Drainable	401443	CON
95099712	Sur-Fit Natura Accuseal	401553	CON
95099716	Sur-Fit Natura Accuseal	401549	CON
95099719	Sur-Fit Natura Accuseal	401546	CON
95099721	Sur-Fit Natura Accuseal	401544	CON
95099723	Sur-Fit Natura Accuseal	401542	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099722	Sur-Fit Natura Accuseal	401543	CON
95099714	Sur-Fit Natura Accuseal	401551	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
95099725	Sur-Fit Natura Bendable	401540	CON
95099726	Sur-Fit Natura Bendable	401539	CON
95099727	Sur-Fit Natura Bendable	401538	CON
95099729	Sur-Fit Natura Bendable	401536	CON
95099732	Sur-Fit Natura Bendable	401533	CON
95099724	Sur-Fit Natura Bendable	401541	CON
95099728	Sur-Fit Natura Bendable	401537	CON
95099730	Sur-Fit Natura Bendable	401535	CON
95099731	Sur-Fit Natura Bendable	401534	CON
95099739	Sur-Fit Natura Closed	401526	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
95099760	Sur-Fit Natura Drainable	401500	CON
95098683	Sur-Fit Natura Drainable	411291	CON
95099756	Sur-Fit Natura Drainable	401504	CON
95099754	Sur-Fit Natura Drainable	401506	CON
95099753	Sur-Fit Natura Drainable	401507	CON
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

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95099758	Sur-Fit Natura Drainable	401502	CON
95098685	Sur-Fit Natura Drainable	411289	CON
95098692	Sur-Fit Natura Drainable	411267	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
95099686	Sur-Fit Natura Drainable	404017	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
95099697	Sur-Fit Natura Flange Cap	401909	CON
95099696	Sur-Fit Natura Flange Cap	401910	CON
95099698	Sur-Fit Natura Flange Cap	401908	CON
95098745	Sur-Fit Natura Invisiclose	413336	CON
95098538	Sur-Fit Natura Invisiclose	411310	CON
95098536	Sur-Fit Natura Invisiclose	411312	CON
95098535	Sur-Fit Natura Invisiclose	411360	CON
95098533	Sur-Fit Natura Invisiclose	411362	CON
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
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
95098747	Sur-Fit Natura Invisiclose	413334	CON
95098746	Sur-Fit Natura Invisiclose	413335	CON
95099854	Sur-Fit Natura Little Ones	401927	CON
95099853	Sur-Fit Natura Little Ones	401928	CON
95099852	Sur-Fit Natura Little Ones	401929	CON
95099851	Sur-Fit Natura Little Ones	401930	CON
95099736	Sur-Fit Natura Mini	401529	CON

Ostomy Supplies Benefit List

POUCHES (OPEN-CLOSED) (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099735	Sur-Fit Natura Mini	401530	CON
95099734	Sur-Fit Natura Mini	401531	CON
95099733	Sur-Fit Natura Mini	401532	CON

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099150	Adapt Barrier Strips	79400	HOL
95098050	Adapt Convex Barrier Rings	79603	HOL
95098051	Adapt Convex Barrier Rings	79602	HOL
95099147	Adapt Convex Barrier Rings	79540	HOL
95099149	Adapt Convex Barrier Rings	79520	HOL
95098049	Adapt Convex Barrier Rings	79601	HOL
95099148	Adapt Convex Barrier Rings	79530	HOL
95099151	Adapt Paste	79300	HOL
95098052	Adapt Paste	79301	HOL
95097688	Adapt Skin Barrier Rings	8805	HOL
95099146	Adapt Skin Barrier Rings	7805	HOL
95099145	Adapt Skin Barrier Rings	7806	HOL
95097894	Adapt Slim Barrier Ring	7815	HOL
95097687	Adapt Slim Barrier Ring	8815	HOL
95099870	Allkare Protective Barrier Wipe	37439	CON
95099871	Allkare Protective Barrier Wipe	37444	CON
95097206	Brava Convex Protective Ring	12095	COL
95097207	Brava Convex Protective Ring	12094	COL
95097210	Brava Convex Protective Ring	12092	COL
95097209	Brava Convex Protective Ring	12091	COL
95097211	Brava Convex Protective Ring	12090	COL
95097208	Brava Convex Protective Ring	12093	COL
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
95097255	Brava Protective Ring	12033	COL
95097256	Brava Protective Ring	12032	COL
95097423	Brava Protective Ring	12046	COL
95097425	Brava Protective Ring	12038	COL
95097426	Brava Protective Ring	12036	COL
95097424	Brava Protective Ring	12048	COL
95097626	Brava Protective Ring	12047	COL
95097624	Brava Protective Ring	12049	COL
95097629	Brava Protective Ring	12035	COL
95097628	Brava Protective Ring	12045	COL
95097627	Brava Protective Ring	12037	COL
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
95097912	CeraPlus Skin Barrier	11504	HOL

Ostomy Supplies Benefit List

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097913	CeraPlus Skin Barrier	11505	HOL
95097914	CeraPlus Skin Barrier	11506	HOL
95097667	CeraPlus Skin Barrier	15102	HOL
95097905	CeraPlus Skin Barrier	11202	HOL
95097666	CeraPlus Skin Barrier	15103	HOL
95097665	CeraPlus Skin Barrier	15104	HOL
95097676	CeraPlus Skin Barrier	15302	HOL
95097675	CeraPlus Skin Barrier	15303	HOL
95097674	CeraPlus Skin Barrier	15304	HOL
95097906	CeraPlus Skin Barrier	11203	HOL
95097907	CeraPlus Skin Barrier	11204	HOL
95097908	CeraPlus Skin Barrier	11402	HOL
95097909	CeraPlus Skin Barrier	11403	HOL
95097910	CeraPlus Skin Barrier	11404	HOL
95097911	CeraPlus Skin Barrier	11503	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
95098877	Coloplast Skin Barrier	3220	COL
95098879	Coloplast Skin Barrier	3210	COL
95098878	Coloplast Skin Barrier	3215	COL
95098871	Coloplast Skin Barrier Rings	2325	COL
95098868	Coloplast Skin Barrier Rings	2350	COL
95098872	Coloplast Skin Barrier Rings	2320	COL
95098870	Coloplast Skin Barrier Rings	2330	COL
95098869	Coloplast Skin Barrier Rings	2340	COL
95097594	Eakin Ccohesive Paste	839010	CON
95099861	Eakin Cohesive Seals	839001	CON
95099860	Eakin Cohesive Seals	839002	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
95098268	FormaFlex Shape-to-Fit Skin Barrier	14102	HOL
95098266	FormaFlex Shape-to-Fit Skin Barrier	14104	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
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

Ostomy Supplies Benefit List

SKIN BARRIER / ADHESIVES

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95098237	SecuPlast Mouldable Seals	SMSL	ARG
95098235	SecuPlast Mouldable Seals	SMST	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
93299586	Skin-Prep Protective Barrier	420425	SNE
93299587	Skin-Prep Protective Barrier	420279	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
95099103	Assura E-E Wear	14234	COL
95099099	Assura E-E Wear	14238	COL
95099117	Assura E-E Wear	2832	COL
95099118	Assura E-E Wear	2831	COL
95099116	Assura E-E Wear	2833	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
95099104	Assura E-E Wear	14233	COL
95099105	Assura E-E Wear	14232	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

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95099101	Assura E-E Wear	14236	COL
95098888	Assura Pediatric	2181	COL
95099091	Assura Std Wear	14262	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
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
95099066	Assura Std Wear	14278	COL
95099068	Assura Std Wear	14276	COL
95099069	Assura Std Wear	14275	COL
95099071	Assura Std Wear	14273	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
95099067	Assura Std Wear	14277	COL
95099070	Assura Std Wear	14274	COL
95099072	Assura Std Wear	14272	COL
95099073	Assura Std Wear	14271	COL
95099092	Assura Std Wear	14261	COL
95099090	Assura Std Wear	14263	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
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

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
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

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
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
95097859	Flexima 3S BP CX	937640NA	BBR
95097860	Flexima 3S BP CX	937615NA	BBR
95097861	Flexima 3S BP CX	937535NA	BBR
95097864	Flexima 3S BP CX	937425NA	BBR
95097863	Flexima 3S BP CX	937515NA	BBR
95097866	Flexima 3S BP CX	937415NA	BBR
95097867	Flexima 3S BP CX	937420NA	BBR
95097858	Flexima 3S BP CX	937645NA	BBR
95097862	Flexima 3S BP CX	937530NA	BBR
95097885	Flexima 3S BP Flat	936815NA	BBR
95097892	Flexima 3S BP Flat	936645NA	BBR
95097893	Flexima 3S BP Flat	936615NA	BBR
95097886	Flexima 3S BP Flat	936540NA	BBR
95097887	Flexima 3S BP Flat	936535NA	BBR
95097889	Flexima 3S BP Flat	936430NA	BBR
95097888	Flexima 3S BP Flat	936515NA	BBR
95097890	Flexima 3S BP Flat	936425NA	BBR
95097891	Flexima 3S BP Flat	936420NA	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
95097850	Flexima 3S BP Tape Border	938515NA	BBR
95097849	Flexima 3S BP Tape Border	938535NA	BBR
95097851	Flexima 3S BP Tape Border	938540NA	BBR
95097857	Flexima 3S BP Tape Border	938615NA	BBR
95097855	Flexima 3S BP Tape Border	938415NA	BBR
95097848	Flexima 3S BP Tape Border	938815NA	BBR
95097852	Flexima 3S BP Tape Border	938430NA	BBR
95097853	Flexima 3S BP Tape Border	938425NA	BBR
95097854	Flexima 3S BP Tape Border	938420NA	BBR
95097856	Flexima 3S BP Tape Border	938645NA	BBR
95098128	Harmony Duo	HD1370	ARG
95098129	Harmony Duo	HD1350	ARG
95098130	Harmony Duo	HD1332	ARG
95098132	Harmony Duo Flexible	HDF1350	ARG
95098131	Harmony Duo Flexible	HDF1370	ARG
95098133	Harmony Duo Flexible	HDF1332	ARG
95098161	Harmony Duo Flexible w Aloe	FHDF35	ARG
95098165	Harmony Duo Flexible w Aloe	FHDF21	ARG
95098162	Harmony Duo Flexible w Aloe	FHDF32	ARG
95098160	Harmony Duo Flexible w Aloe	FHDF38	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
95098163	Harmony Duo Flexible w Aloe	FHDF28	ARG
95098137	Harmony Duo Pouch	HDDS1370	ARG
95098138	Harmony Duo Pouch	HDDS1350	ARG
95098139	Harmony Duo Pouch	HDDL1332	ARG
95098140	Harmony Duo Pouch	HDDL1370	ARG
95098141	Harmony Duo Pouch	HDDL1350	ARG
95098142	Harmony Duo Pouch	HDDL1370	ARG
95098143	Harmony Duo Pouch	HDDL1350	ARG
95098144	Harmony Duo Pouch	HDDL1332	ARG
95098136	Harmony Duo Pouch	HDD1332	ARG
95098135	Harmony Duo Pouch	HDD1350	ARG
95098134	Harmony Duo Pouch	HDD1370	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
95098158	Harmony Duo w Aloe	FHD1350	ARG
95098159	Harmony Duo w Aloe	FHD1332	ARG
95098157	Harmony Duo w Aloe	FHD1370	ARG
95098156	Harmony Duo w Aloe	FHD21	ARG
95098151	Harmony Duo w Aloe	FHD38	ARG

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098154	Harmony Duo w Aloe	FHD28	ARG
95098153	Harmony Duo w Aloe	FHD32	ARG
95098152	Harmony Duo w Aloe	FHD35	ARG
95098155	Harmony Duo w Aloe	FHD25	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
95097595	Natura Stomahesive	421460	CON
95097597	Natura Stomahesive	421464	CON
95097607	Natura Stomahesive	421456	CON
95098519	New Image Floating	14908	HOL
95098518	New Image Floating	14909	HOL
95098520	New Image Floating	14907	HOL
95098516	New Image Floating	14911	HOL
95098522	New Image Floating	14901	HOL
95098517	New Image Floating	14910	HOL
95098521	New Image Floating	14902	HOL
95098729	New Image Flat w Tape	14303	HOL
95098718	New Image Flat w Tape	14706	HOL
95098531	New Image Flat w Tape	14709	HOL
95098716	New Image Flat w Tape	14708	HOL
95098725	New Image Flat w Tape	14307	HOL
95098724	New Image Flat w Tape	14308	HOL
95098731	New Image Flat w Tape	14301	HOL
95098726	New Image Flat w Tape	14306	HOL
95098727	New Image Flat w Tape	14305	HOL
95098728	New Image Flat w Tape	14304	HOL
95098723	New Image Flat w Tape	14701	HOL
95098722	New Image Flat w Tape	14702	HOL
95098721	New Image Flat w Tape	14703	HOL
95098720	New Image Flat w Tape	14704	HOL
95098532	New Image Flat w Tape	14309	HOL
95098717	New Image Flat w Tape	14707	HOL
95098719	New Image Flat w Tape	14705	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
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

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098708	New Image Flat w/o Tape	16408	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
95098704	New Image Flat w/o Tape	16104	HOL
95098709	New Image Flat w/o Tape	16407	HOL
95098706	New Image Flat w/o Tape	16102	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
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

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95098377	SenSura Flex Skin	10103	COL
95098272	SenSura Flex Skin	11315	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
95098363	SenSura Flex Skin	11316	COL
95098333	SenSura Flex Skin	10101	COL
95098332	SenSura Flex Skin	10102	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
95098326	SenSura Flex Skin	10111	COL
95097316	SenSura Mio Baby Baseplate	18705	COL
95097169	Sensura Mio Click	16963	COL
95097166	Sensura Mio Click	16974	COL
95097171	Sensura Mio Click	18501	COL
95097744	SenSura Mio Click	16901	COL
95097746	SenSura Mio Click	16903	COL
95097745	SenSura Mio Click	16911	COL
95097731	SenSura Mio Click	16914	COL
95097730	SenSura Mio Click	16915	COL
95097727	SenSura Mio Click	16921	COL
95097780	SenSura Mio Click	16923	COL
95097726	SenSura Mio Click	16924	COL
95097725	SenSura Mio Click	16931	COL
95097724	SenSura Mio Click	16941	COL
95097723	SenSura Mio Click	16942	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
95097168	Sensura Mio Click	16964	COL
95097167	Sensura Mio Click	16973	COL
95097170	Sensura Mio Click	16953	COL
95097189	Sensura Mio Click	16934	COL
95097187	Sensura Mio Click	16933	COL
95097188	Sensura Mio Click	16913	COL
95097184	Sensura Mio Click	10525	COL
95097185	Sensura Mio Click	10524	COL
95097186	Sensura Mio Click	10523	COL
95097190	Sensura Mio Click	10516	COL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097191	Sensura Mio Click	10514	COL
95097192	Sensura Mio Click	10505	COL
95097193	Sensura Mio Click	10506	COL
95097969	SenSura Mio Click	10531	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
95097462	SenSura Mio Concave Click	18523	COL
95097461	SenSura Mio Concave Click	18522	COL
95097460	SenSura Mio Concave Click	18521	COL
95097459	SenSura Mio Concave Click	18520	COL
95097463	SenSura Mio Concave Click	18524	COL
95097528	SenSura Mio Concave Click	18513	COL
95097464	SenSura Mio Concave Click	18530	COL
95097530	SenSura Mio Concave Click	18511	COL
95097531	SenSura Mio Concave Click	18510	COL
95097532	SenSura Mio Concave Click	18500	COL
95097465	SenSura Mio Concave Click	18532	COL
95097466	SenSura Mio Concave Click	18531	COL
95097529	SenSura Mio Concave Click	18512	COL
95097162	Sensura Mio Flex	10566	COL
95097161	Sensura Mio Flex	10567	COL
95097787	SenSura Mio Flex	16471	COL
95097784	SenSura Mio Flex	16472	COL
95097786	SenSura Mio Flex	16481	COL
95097785	SenSura Mio Flex	16483	COL
95097783	SenSura Mio Flex	16485	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
95097160	Sensura Mio Flex	10568	COL
95097159	Sensura Mio Flex	10565	COL
95097158	Sensura Mio Flex	10572	COL
95097157	Sensura Mio Flex	10573	COL
95097156	Sensura Mio Flex	18390	COL
95097165	Sensura Mio Flex	16484	COL
95097164	Sensura Mio Flex	16493	COL
95097163	Sensura Mio Flex	16494	COL
95097968	SenSura Mio Flex	10551	COL
95097967	SenSura Mio Flex	10561	COL
95097965	SenSura Mio Flex	10562	COL
95097964	SenSura Mio Flex	10563	COL
95097963	SenSura Mio Flex	10564	COL

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95097962	SenSura Mio Flex	10571	COL
95097314	SenSura Mio Flex Kids	18735	COL
95097301	SenSura Mio Flex Kids	18747	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
95098405	SenSura Std Wear	11021	COL
95098401	SenSura Std Wear	11023	COL
95098404	SenSura Std Wear	11031	COL
95098411	SenSura Std Wear	10012	COL
95098410	SenSura Std Wear	10013	COL
95098414	SenSura Std Wear	10011	COL
95098399	SenSura Std Wear	11032	COL
95098400	SenSura Std Wear	11024	COL
95098402	SenSura Std Wear	11022	COL
95098406	SenSura Std Wear	11011	COL
95098412	SenSura Std Wear	10031	COL
95098409	SenSura Std Wear	10022	COL
95097709	SenSura Xpro Click	10017	COL
95097711	SenSura Xpro Click	10015	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
95097703	SenSura Xpro Click	11027	COL
95097702	SenSura Xpro Click	11028	COL
95097701	SenSura Xpro Click	11035	COL
95097699	SenSura Xpro Click	11036	COL
95097693	SenSura Xpro Click	10045	COL
95097712	SenSura Xpro Click	11045	COL
95097710	SenSura Xpro Click	10016	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
95097698	SenSura Xpro Click	10025	COL
95097708	SenSura Xpro Flex	10106	COL
95097700	SenSura Xpro Flex	10105	COL
95097689	SenSura Xpro Flex	10104	COL
95097690	SenSura Xpro Flex	11308	COL
95097691	SenSura Xpro Flex	11306	COL
95097692	SenSura Xpro Flex	11304	COL
95097713	SenSura Xpro Flex	11305	COL
95099823	Sur-Fit AutoLock Dura Flex	401306	CON
95099821	Sur-Fit AutoLock Dura Flex	401308	CON
95099817	Sur-Fit AutoLock Dura Flex	401432	CON
95099818	Sur-Fit AutoLock Dura Flex	401431	CON

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099819	Sur-Fit AutoLock Dura Flex	401430	CON
95099820	Sur-Fit AutoLock Dura Flex	401429	CON
95099822	Sur-Fit AutoLock Dura Flex	401307	CON
95099824	Sur-Fit AutoLock Dura Flex	401305	CON
95099825	Sur-Fit AutoLock Dura Flex	401304	CON
95099666	Sur-Fit Natura Dura Flex	413161	CON
95099659	Sur-Fit Natura Dura Flex	413168	CON
95099663	Sur-Fit Natura Dura Flex	413164	CON
95099661	Sur-Fit Natura Dura Flex	413166	CON
95099701	Sur-Fit Natura Dura Flex	401905	CON
95099673	Sur-Fit Natura Dura Flex	413153	CON
95099672	Sur-Fit Natura Dura Flex	413154	CON
95099671	Sur-Fit Natura Dura Flex	413155	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
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
95099665	Sur-Fit Natura Dura Flex	413162	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
95099648	Sur-Fit Natura Dura Low Prof	413187	CON
95099658	Sur-Fit Natura Dura Low Prof	413177	CON
95099656	Sur-Fit Natura Dura Low Prof	413179	CON
95099653	Sur-Fit Natura Dura Low Prof	413182	CON
95099652	Sur-Fit Natura Dura Low Prof	413183	CON
95099650	Sur-Fit Natura Dura Low Prof	413185	CON
95099649	Sur-Fit Natura Dura Low Prof	413186	CON
95099647	Sur-Fit Natura Dura Low Prof	413188	CON
95097926	Sur-Fit Natura Dura Mold	413417	CON
95098484	Sur-Fit Natura Dura Mold	411802	CON
95097928	Sur-Fit Natura Dura Mold	413419	CON
95097929	Sur-Fit Natura Dura Mold	413420	CON
95099676	Sur-Fit Natura Dura Mold	404592	CON
95099674	Sur-Fit Natura Dura Mold	404594	CON
95098482	Sur-Fit Natura Dura Mold	411804	CON
95098480	Sur-Fit Natura Dura Mold	411806	CON
95099675	Sur-Fit Natura Dura Mold	404593	CON
95098486	Sur-Fit Natura Dura Mold	411800	CON
95097927	Sur-Fit Natura Dura Mold	413418	CON
95097931	Sur-Fit Natura Dura Mold Acc	421040	CON
95097932	Sur-Fit Natura Dura Mold Acc	421041	CON
95097936	Sur-Fit Natura Dura Mold Acc	421039	CON
95099855	Sur-Fit Natura Little Ones	401925	CON

Ostomy Supplies Benefit List

SKIN BARRIERS OR WAFERS W FLANGE (2 PIECE)

PIN	PRODUCT DESCRIPTION	PRODUCT #	MFR
95099778	Sur-Fit Natura Stoma Flex	125266	CON
95099780	Sur-Fit Natura Stoma Flex	125264	CON
95099781	Sur-Fit Natura Stoma Flex	125263	CON
95099783	Sur-Fit Natura Stoma Flex	125261	CON
95099785	Sur-Fit Natura Stoma Flex	125259	CON
95099787	Sur-Fit Natura Stoma Flex	125257	CON
95099772	Sur-Fit Natura Stoma Flex	125272	CON
95099768	Sur-Fit Natura Stoma Flex	125276	CON
95099770	Sur-Fit Natura Stoma Flex	125274	CON
95099773	Sur-Fit Natura Stoma Flex	125271	CON
95099775	Sur-Fit Natura Stoma Flex	125269	CON
95099777	Sur-Fit Natura Stoma Flex	125267	CON
95099779	Sur-Fit Natura Stoma Flex	125265	CON
95099782	Sur-Fit Natura Stoma Flex	125262	CON
95099784	Sur-Fit Natura Stoma Flex	125260	CON
95099786	Sur-Fit Natura Stoma Flex	125258	CON
95099767	Sur-Fit Natura Stoma Flex	125277	CON
95099769	Sur-Fit Natura Stoma Flex	125275	CON
95099771	Sur-Fit Natura Stoma Flex	125273	CON
95099774	Sur-Fit Natura Stoma Flex	125270	CON
95099776	Sur-Fit Natura Stoma Flex	125268	CON
95097922	Sur-Fit Natura Stoma Mold	413421	CON
95097924	Sur-Fit Natura Stoma Mold	413423	CON
95097923	Sur-Fit Natura Stoma Mold	413422	CON
95098479	Sur-Fit Natura Stoma Mold	411807	CON
95098485	Sur-Fit Natura Stoma Mold	411801	CON
95098483	Sur-Fit Natura Stoma Mold	411803	CON
95098481	Sur-Fit Natura Stoma Mold	411805	CON
95097925	Sur-Fit Natura Stoma Mold	413424	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
95099702	Sur-Fit Natura Stomahesive	401577	CON
95099700	Sur-Fit Natura Stomahesive	401906	CON
95099706	Sur-Fit Natura Stomahesive	401573	CON
95099705	Sur-Fit Natura Stomahesive	401574	CON
95099704	Sur-Fit Natura Stomahesive	401575	CON

Compounds

*For compound formulations please see the Nova Scotia Pharmacy 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	DNP	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

Individuals 19 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
Atenolol Oral Suspension	00903346	DNP	F
Azathioprine Oral Suspension	00903187	DNP	FC
Baclofen Oral Suspension	00903511	DNP	F
Carvedilol Oral Suspension	00903641	DNP	F
Celecoxib Oral Suspension	99099945	DNP	F
Clonazepam Oral Suspension	00903559	DNP	F
Clonidine Oral Suspension	00999330	DNP	F
Dexamethasone Oral Suspension	00903062	DNP	FC
Diazoxide Oral Suspension	99099944	DNP	F
Domperidone Oral Suspension	00903085	DNPM	FC
Enalapril Oral Suspension	00903554	DNP	F
Flecainide Oral Suspension	99099943	DNP	F
Gabapentin Oral Suspension	99099942	DNP	FC
Hydralazine Oral Suspension	00903591	DNP	F
Hydrochlorothiazide Oral Suspension	00999106	DNP	F
Hydrocortisone Oral Suspension	00903296	DNP	FC
Indomethacin Oral Suspension	00903250	DNPM	FC
Lamotrigine Oral Suspension	00903381	DNP	F
Lansoprazole Oral Suspension	00903192	DNP	FC
Levetiracetam Oral Suspension	99099941	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	DNPMO	FC

Compounds

*For compound formulations please see the Nova Scotia Pharmacy Guide

Individuals 19 Years and Under

PRODUCT DESCRIPTION	DIN	PROVTYPE	BENSTAT
Nadolol Oral Suspension	00903406	DNP	F
Nitrazepam Oral Suspension	00903215	DNP	F
Nitrofurantoin Oral Suspension	00903209	DNPM	FC
Prednisone 5mg/mL Oral Suspension	99099940	DNP	FC
Propranolol Oral Suspension	00999155	DNP	F
Pyrazinamide Oral Suspension	00903781	DNP	FC
Pyridoxine Oral Suspension	99099939	DNP	F
Rifampin Oral Suspension	99099938	DNP	FC
Sildenafil Oral Suspension	99099937	DNP	F
Sodium Bicarbonate Solution	99099936	DNP	F
Sodium Chloride Solution	99099935	DNP	F
Sotalol Oral Suspension	00903782	DNP	F
Spironolactone Oral Suspension	00999107	DNP	F
Sulfasalazine Oral Suspension	00903449	DNP	F
Topiramate Oral Suspension	99099934	DNP	F
Ursodiol Oral Suspension	99099933	DNP	F
Valacyclovir Oral Suspension	99099932	DNPMO	F
Vancomycin Oral Suspension	99099931	DNPMO	F

Appendix I – Abbreviations

Aer	Aerosol	mL	Milliliter
ACT	Actuation	MR	Modified Release
Amp	Ampoule	Nas	Nasal
Cap	Capsule	Neb	Nebules
CFU	Colony Forming Units	OD	Orally Disintegrating
Chewtab	Chewable Tablet	O/L	Oral Liquid
Cr	Cream	Oint	Ointment
CD	Controlled Distribution	Oph	Ophthalmic
CR	Controlled Release	Otic	Ear
Ctg	Cartridge	Pck	Package
DR	Delayed Release	PF	Preservative Free
Drp	Drops	pkt	Packet
EC	Enteric Coated	Pl. Ampule	Plastic Ampule
Eff	Effervescent	POS	Powder for Oral Solution
Elx	Elixir	Pwd	Powder
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		

Appendix II – Abbreviations of Manufacturers' Names

AAP	AA Pharma Inc.	CCC	Chiesi Canada Corp
ABB	Abbott Laboratories Ltd.	CEL	Celgene
ABV	AbbVie Corporation	CHU	Church and Dwight Canada Corp.
ACC	Accel Pharma Inc.	CIP	Cipher Pharmaceuticals Inc.
ADI	Ascensia Diab Care Can Inc.	CLP	Celopharma Inc
ADZ	Advanz Pharma Canada Inc	CMP	Canadian Medical Partners
AEG	Aegerion Pharmaceuticals (Canada) Ltd.	COL	Coloplast Canada
AGA	Amgen Canada Inc.	CON	ConvaTec Canada Ltd
AHI	Accord Healthcare Inc.	CPC	Covis Pharma B.V.
AKT	Akcea Therapeutics, Inc.	CPD	<i>manually compounded</i>
ALC	Alcon Canada Inc.	CTL	Celltrion Healthcare Ltd
ALL	Allergan Inc.	CYC	Cycle Pharmaceuticals Ltd.
ALN	Alnylam Netherlands BV	CYI	Cytex Pharmaceuticals Inc.
ALX	Alexion Pharma Canada Corp	DPT	Dermtek Pharmaceuticals Ltd.
ALY	Amylyx Pharmaceuticals Inc	DRX	Domrex Pharma Inc.
AMD	Amdipharm Limited	DUI	Duchesnay Inc.
AMT	Amicus Therapeutic Canada Inc.	EIS	Eisai Limited
ANB	ANB Canada	ELV	Elvium Life Sciences
APM	Amphastar Pharmaceuticals	EMD	EMD Serono Canada Inc.
APN	Aspen Pharmacare Canada Inc.	EPM	Essential Pharma
APO	ApoPharma Inc.	ERF	ERFA Canada Inc.
APR	Aspri Pharma Canada Inc.	ETH	Ethypharm Inc
APU	Atnahs Pharma UK Ltd	EXZ	Exzell Pharma Inc
APX	Apotex Inc.	FEI	Ferring Inc.
ARA	ARA Pharmaceuticals Inc.	FKB	Fresenius Kabi Canada
ARG	Argyle Medical Distributors Inc	FLC	Forest Laboratories Canada Inc.
ARN	Accelerera Pharma Canada Inc	FRA	Foracare Inc
ARO	Auro Pharma Inc	FRE	Fresenius Medical Care Canada
ARZ	Aralez Pharmaceuticals Canada Inc	FRS	Merck Canada Ltd.
ASL	Astellas Pharma Canada Inc.	FTI	Forus Therapeutics Inc.
ATL	Laboratoire Atlas Inc.	GAC	Galderma Canada Inc.
ATS	Altius Healthcare Inc	GCH	GlaxoSmithKline Consumer Healthcare Inc.
ATV	Actavis Pharma Company	GIL	Gilead Sciences Inc.
AUT	Auto Control Medical Inc.	GLM	Glenmark Pharmaceuticals Canada Inc.
AVI	Avir Pharma Inc	GLN	Galenova Inc
AXC	Aptalis Pharma Canada Inc.	GMD	GenMed, A Division of Pfizer Canada Inc.
AXS	Axxess Pharma Inc.	GMP	Generic Medical Partners Inc.
AZE	AstraZeneca Canada Inc.	GSK	GlaxoSmithKline Inc.
BAX	Baxter Corporation	GZM	Genzyme Canada Inc.
BAY	Bayer Inc.	HIK	Hikma Canada Limited
BBM	Best Buy Medical	HLR	Hoffmann-LaRoche Limited
BBR	B. Braun Medical Inc.	HLS	HLS Therapeutics
BGN	Beigene (Canada) ULC	HLZ	Hill Dermaceuticals, Inc.
BGP	BGP Pharma Inc	HOL	Hollister Limited
BIG	Biogen Idec Canada Inc.	HOS	Hospira Healthcare Corporation
BLY	Biolyse Pharma Corporation	HRZ	Horizon Pharma Ireland, Ltd
BMN	Associated Logistic Solutions	ICL	Indivior Canada Limited
BMP	Boca Medical Products	IMD	I-Med Pharma Inc.
BMR	BioMarin Pharmaceuticals Canada	IPS	Ipsen Biopharmaceuticals Canada Inc.
BNM	Bionime USA Corp	ISI	Innomar Strategies Inc
BOE	Boehringer Ingelheim (Canada) Ltd.	ISN	I-Sens Canada
BOM	Roche Diagnostics, Div.of Hoffmann-LaRoche	JAM	Jamieson Laboratories LTP
BOX	Biocodex S.A.	JAN	Janssen-Ortho Inc.
BRI	Bristol-Myers Squibb Canada Inc.	JCB	Jacobus Pharmaceutical Company Inc.
BSH	Bausch & Lomb Canada Inc.	JNJ	Johnson & Johnson Inc.
BSL	Bausch Health, Canada Inc.	JNO	Juno Pharmaceuticals Corp
BTD	Becton Dickinson Canada	JPC	Jamp Pharma Corporation
BTX	BTNX Inc	KLO	Kaleo Inc
BVL	Biovail Pharmaceuticals Canada	KNI	Knight Therapeutics Inc

Appendix II – Abbreviations of Manufacturers' Names

KVR	KVR Pharmaceuticals Inc	ROG	Rougier Pharma, Division of ratiopharm Inc.
KYE	KYE Pharmaceuticals Inc.	RRD	Recordati Rare Diseases Canada Inc
LBI	Leadiant Biosciences Inc	SAS	Sanis Health Inc
LBK	Lundbeck Inc.	SAV	Sanofi-Aventis Canada Inc.
LDN	Leadiant Biosciences Inc	SBI	Sobi Canada Inc
LEO	Leo Pharma Inc.	SCH	Schering-Plough (Canada) Inc.
LFS	Lifescan Canada Ltd.	SDZ	Sandoz Canada Incorporated
LIL	Eli Lilly Canada Inc.	SEV	Servier Canada Inc.
LTH	Labtician Thea	SFA	Strefa
LUP	Lupin Pharma Canada Limited	SGC	Seagen Canada Inc
MAL	Mallinckrodt Canada Ulc	SHI	Shire Canada Inc.
MAR	Marcan Pharmaceuticals Inc	SIV	Sivem Pharmaceuticals
MBT	Mitsubishi Tanabe Pharma Canada Inc	SLP	Searchlight Pharma Inc.
MCK	Zinda Pharma Ltd.	SNC	Sanofi Consumer Health Inc
MDN	MDA Inc	SNE	Smith & Nephew Inc.
MDP	Medison Pharma Canada Inc.	SNN	Santen Incorporated
MDS	Medicis Canada Ltd.	SNV	Sumitomo Pharma Canada Inc.
MDU	Medunik Canada Inc.	STA	Stallergene Canada Inc.
MDX	Medexus Inc.	STD	Strides Pharma Canada Inc
MED	Medican Technologies Inc.	STI	Stiefel Canada Inc.
MID	Abbott Diabetes Care / Medisense	STR	SteriMax Inc.
MNT	Mint Pharmaceuticals Inc.	SUN	Sun Pharma Inc.
MPD	Medical Plastic Devices Inc.	SVA	Sterinova Inc
MRA	Mantra Pharma	SWS	Swiss Herbal Remedies Ltd.
MRZ	Merz Pharmaceuticals Canada	TAI	Taiho Pharma Canada
MSC	Medisca Pharmaceutique Inc.	TAK	Takeda Canada Inc.
MSD	MSD Inc	TAR	Taro Pharmaceuticals Inc.
MTD	Montmed Inc.	TEV	Teva Canada Ltd.
MTP	Methapharm Inc.	THI	Tremblay Harrison Inc.
MYL	Mylan Pharmaceuticals ULC.	TKS	Tykess Pharmaceuticals
MVL	Meda Valeant Pharma Canada	TLG	Teligent Canada
NAT	Natco Pharma (Canada) Inc.	TMI	Trudell Medical International
NNO	Novo Nordisk Canada Inc.	TMP	Teva Neuroscience Canada
NRA	Nora Pharma Inc	TOL	Tolmar Pharmaceuticals Canada, Inc
NVO	Novartis Ophthalmics	TPG	Tillotts Pharma GMBH
NVR	Novartis Pharmaceuticals Canada Inc.	TPH	TaroPharma, Div. of Taro Pharmaceuticals Inc.
ODN	Odan Laboratories Ltd.	TRB	Tribute Pharma Canada Inc
OMG	Omega Laboratories Ltd.	TRT	TerSera Therapeutics LLC
ORB	Orbus Pharma Inc.	TYC	Tyco Healthcare
ORG	Organon Canada LTD	UCB	UCB Pharma Canada Inc.
ORI	Orimed Pharma Inc	UGX	Ultragenyx
OTS	Otsuka Canada Pharmaceuticals	UJC	Upjohn Canada ULC
PAL	Paladin Labs Inc.	UMI	UltiMed Inc.
PCI	Phebra Canada	UTC	United Therapeutics Corporation
PDP	PendoPharm, Division of Pharmascience Inc.	VAL	Valeo Pharma Inc.
PED	Pediapharm Inc.	VAR	<i>various manufacturers</i>
PFB	Pierre Fabre Dermo-Cosmétique Canada Inc	VCO	Virco Pharmaceuticals (Canada) Inc.
PFI	Pfizer Canada Inc.	VIV	ViiV Health Care Inc.
PFR	Purdue Pharma	VLH	Lundbeck Canada Inc.
PGA	Proctor & Gamble Inc.	VLN	Valeant Canada Limited
PMS	Pharmascience Inc.	VRT	Verity Pharmaceuticals
PMT	Pharmetics Inc.	VTH	Vita Health Company LTD
PPC	Pharmaceutical Partners of Canada Inc.	VTX	Vertex Pharmaceuticals
PPH	Patriot Pharmaceuticals LLC.	VVS	Vivus Inc
PRZ	Pharmaris Canada Inc	WAM	Wampole Brands Inc.
PST	Pharma Stulln Inc	WCH	Wyeth Consumer HealthCare Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.	WLS	Wellspring Pharmaceutical Canada Corp.
RCH	Dr. Reddy's Laboratories Inc.	WMD	Waymade Canada Inc
RIV	Riva Laboratories Inc.	WNC	Warner Chilcott Canada Co

Appendix II – Abbreviations of Manufacturers' Names

WSQ Westwood Squibb, Div. of Bristol-Myers Squibb
XPI Xediton Pharmaceuticals Inc.

YNO Bayer Inc., Consumer Care Division
ZIA Zila Pharmaceuticals Inc.

Appendix III – Criteria for Coverage of Exception Status Drugs

Those whose 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 online 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 (*).

***ABEMACICLIB** (*Verzenio 50mg, 100mg and 150mg Tablet*)

- In combination with endocrine therapy (ET) for the adjuvant treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, node-positive early breast cancer at high risk of disease recurrence and a Ki-67 score of at least 20%.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression, unacceptable toxicity, or completion of 2 years of adjuvant therapy. ET may be continued after abemaciclib is completed.
- Patients are not eligible if they have inflammatory breast cancer, or prior treatment with a cyclin-dependent kinases 4 and 6 (CDK4/6) inhibitor.
- Retreatment with a CDK4/6 inhibitor may be reasonable in the metastatic setting if disease recurrence occurs greater than or equal to 6 months after completion of adjuvant abemaciclib.

ABOBOTULINUMTOXIN-A (*Dysport Therapeutic 300U and 500U Vial*)

- For the treatment of cervical dystonia (spasmodic torticollis) in adults.
- For the treatment of upper and lower limb focal spasticity in adults.
- For the treatment of lower limb spasticity in pediatric patients 2 years of age and older.

ABROCITINIB (*Cibinqo 50mg, 100mg and 200mg Tablet*)

- For the treatment of moderate to severe atopic dermatitis (AD) in patients 12 years of age and older who meet all the following criteria:
 - Patients must have had an adequate trial (with a documented refractory disease, including the relief of pruritis), or were intolerant (with documented intolerance), or are ineligible for each of the following therapies:
 - Maximally tolerated medical topical therapies for AD combined with phototherapy (where available), and
 - Maximally tolerated medical topical therapies for AD combined with at least 1 of the 4 systemic immunomodulators (methotrexate, cyclosporine, mycophenolate mofetil, or azathioprine)
 - Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Index (EASI) of 7.1 or greater.

Renewal Criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the EASI score (EASI-75) six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- Not to be used in combination with phototherapy or any immunomodulatory agents (including biologics or other janus kinase inhibitor treatment) for moderate to severe AD. Treatment should continue until disease progression or unacceptable toxicity.

Claim Notes:

- The patient must be under the care of a dermatologist, allergist, clinical immunologist, or pediatrician who has expertise in the management of moderate to severe AD.
- Approvals will be for a maximum of 200 mg once daily.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

***ACALABRUTINIB** (*Calquence 100mg Capsule & Tablet*)

PREVIOUSLY UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)/SMALL LYMPHOCYTIC LYMPHOMA (SLL)

- As a single agent treatment option for adult patients with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) for whom a fludarabine-based regimen is considered inappropriate due to high risk of relapse or refractory disease based on prognostic biomarkers.

Clinical Notes:

- High risk for relapse or refractory disease includes 17p deletion, TP53 mutation, 11q deletion and unmutated IGHV.
- Patients should have a good performance status.
- Treatment should be continued until disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Requests will be considered for patients who are not suitable candidates for intravenous therapy.
- Venetoclax with or without rituximab is funded as a subsequent line of therapy in patients who have experienced disease progression during first-line acalabrutinib treatment, provided all other funding eligibility criteria are met.

RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)/ SMALL LYMPHOCYTIC LYMPHOMA (SLL)

- As a single agent treatment option for adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have received at least one prior therapy.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be continued until disease progression or unacceptable toxicity.

Claim Note:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.

ACLIDINIUM BROMIDE (*Tudorza Genuair 400mcg powder for Inhalation*)

- See [Long-Acting Muscarinic Antagonists](#)

ACLIDINIUM/FORMOTEROL (*Duaklir Genuair 12µg/400µg metered dose for Inhalation*)

- See [Long-Acting Beta₂-Agonists/Long-Acting Muscarinic Antagonists](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

ADALIMUMAB (*Abrilada; Amgevita; Hulio; Hyrimoz; Idacio; Simlandi; Yuflyma*)
(Please see formulary for specific strength/route(s) covered for each product)

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 2 weeks each, 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 2 weeks each 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").

Claim Notes:

- Initial period 6 months.
 - Maximum dose of 40mg every two weeks.
 - Concurrent use of biologics not approved.
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.

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;
 - 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.

HIDRADENITIS SUPPURATIVA

- For the treatment of 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

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).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

- For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) with the following criteria:
 - For patients 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.

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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Initial approval for a maximum of 16 weeks
- Maximum dosage for ongoing coverage is 40mg every two weeks
- Concurrent use of biologics not approved.

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 ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a

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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.
- Concurrent use of biologics not approved.
- Initial period 3 months.
- Maximum dose of 40mg every two weeks
- Renewal approval: 1 year. Confirmation of continued response required.

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.
- Concurrent use of biologics not approved.
- Initial Approval: 6 months.
- Maximum dose 40mg every two weeks with no dose escalation permitted.
- Renewal Approval: 1 year. Confirmation of continued response is required.

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ULCERATIVE COLITIS

- For the treatment of 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 ≥ 40 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.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Concurrent use of biologics not approved.
- Initial Approval: 16 weeks.
- Maximum dose 40mg every two weeks with no dose escalation permitted.
- Renewal Approval: 1 year.

UVEITIS

- For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by, or in consultation with an ophthalmologist.
- Concurrent use of biologics not approved.
- Approvals will be for a maximum of 80 mg followed by 40mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of response is required.

ADEFOVIR DIPVOXIL (*Hepsera 10mg Tablet and generic brands*)

- 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.

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*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.

*ALECTINIB (*Alecensaro 150mg Capsule*)

- For the **first line treatment** of patients with locally advanced or metastatic anaplastic lymphoma kinase (ALK) positive non-small cell lung cancer (NSCLC).
- For the treatment of patients with locally advanced or metastatic anaplastic lymphoma kinase (ALK) positive non-small cell lung cancer (NSCLC) who have disease progression on, or intolerance to crizotinib.

Claim Notes:

- Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity.
- If alectinib is chosen as first-line therapy, ceritinib is not funded as a subsequent line of therapy.
- Alectinib is not funded following two prior ALK inhibitor therapies (e.g. crizotinib followed by ceritinib)
- Claims for Alecensaro 150mg capsule that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904400

ALEMTUZUMAB (*Lemtrada 12mg/1.2mL (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 Notes:

- A maximum of two years of therapy (i.e. two treatment courses; 8 vials) will be reimbursed.
- Claims for Lemtrada 12mg/1.2mL (10mg/mL concentrated solution for IV infusion in single-use vials) that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904161
 - 00904162
 - 00904163
 - 00904164
 - 00904165
 - 00904166
 - 00904167
 - 00904196
 - 00904197

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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).

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904187
 - 00904188
 - 00904205

ALIROCUMAB (*Praluent 75 mg/mL and 150 mg/mL Prefilled Pen*)

- For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:
 - Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
 - Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
 - high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
 - ezetimibe alone if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance
- **Initial renewal criteria:**
 - A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.
- **Subsequent renewal criteria:**
 - The patient continues to maintain a reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:

- LDL-C levels must be provided.
- Intolerance to high dose statin will be considered if patient has developed documented, myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and
 - for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and
 - at least one statin was initiated at the lowest daily starting dose; and
 - other known causes of intolerance or abnormal biomarkers have been ruled out.
- For patients who cannot take a statin due to an intolerance or contraindication, details must be provided (ie.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

confirmed rhabdomyolysis, active liver disease, unexplained persistent elevations of serum transaminases exceeding three times the upper limit of normal).

- For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Maximum dose approved: 300mg every 4 weeks
- Initial approval: 6 months
- Renewal approval: 1 year

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](#)

ALTEPLASE (*Cathflo 2mg Vial*)

- For the treatment of home hemodialysis central venous catheter occlusion.

Clinical Note:

- Not intended for regularly scheduled use.

AMBRISENTAN (*Volibris 5mg, 10mg Tablet and generic brands*)

- 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

AMIFAMPRIDINE (*Firdapse 10mg Tablet*)

- For the treatment of patients with Lambert-Eaton myasthenic syndrome (LEMS) who are 18 years of age and older.

Renewal Criteria:

- Patients should be assessed for a response to treatment within 3 months of initiating amifampridine.
- A response to treatment is defined as an improvement of at least 30% on the 3TUG test.

Claims Notes:

- The patient should be under the care of a neurologist with expertise in managing LEMS.
- Initial Approval: 6 months
- Renewal Approval: long term

AMIFAMPRIDINE (*Ruzurgi 10mg Tablet*)

- For the treatment of patients with Lambert-Eaton myasthenic syndrome (LEMS) who are 6 years of age and older.

Renewal Criteria:

- Patients should be assessed for a response to treatment within 3 months of initiating amifampridine.
- A response to treatment is defined as an improvement of at least 30% on the 3TUG test.

Claims Notes:

- The patient should be under the care of a neurologist with expertise in managing LEMS.
- Initial approval: 6 months
- Renewal approval: Long term

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.

ANIFROLUMAB (*Saphnelo 150mg/mL IV Injection*)

- For the treatment of adult patients with active, autoantibody positive, systemic lupus erythematosus (SLE), in addition to standard therapy, who meet all the following criteria:
 - Moderate to severe SLE, defined as Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) score of at least 6; AND
 - Unable to control their disease while using an oral corticosteroid (OCS) dose of at least 10mg/day of prednisone or equivalent.

Exclusion Criteria:

- Severe or unstable neuropsychiatric SLE
- Active severe SLE nephritis

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Initial Renewal Criteria:

- OCS dose decreased to ≤ 7.5 mg/day of prednisone or equivalent, or OCS dose decreased by at least 50% from baseline; AND
- Reduction in disease activity measured by:
- Reducing the SLEDAI-2K score to 5 or less; OR
- British Isles Lupus Activity Group (BILAG) improvement in organ systems and no new worsening.

Subsequent Renewal Criteria:

- The initial response achieved after the first 12 months of therapy has been maintained.

Clinical Notes:

- SLEDAI-2K and BILAG scores must be provided.

Claim Notes:

- Approval: 12 months.
- Patient should be under the care of a physician with expertise in the diagnosis and management of SLE.
- Not to be used in combination with other biologic treatments.

APALUTAMIDE (Erleada 60mg and 240mg Tablet)*NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (nmCRPC)**

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) who have no detectable distant metastases (M0) by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases¹.

¹High risk of developing metastases is defined as a prostate-specific antigen (PSA) doubling time of ≤ 10 months during continuous ADT.

Clinical Notes:

- Patients should have a good performance status and no risk factors for seizures.
- Treatment should continue until radiographic disease progression or unacceptable toxicity.
- Castration-resistance must be demonstrated during continuous ADT and is defined as 3 PSA rises at least one week apart, with the last PSA greater than 2 ng/mL.
- Castrate levels of testosterone must be maintained.
- Patients with N1 disease, pelvic lymph nodes less than 2cm in short axis located below the common iliac vessels, are eligible for apalutamide.
- Apalutamide will not be funded for patients who experience disease progression on enzalutamide or darolutamide.

METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER (mCSPC)

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).

Clinical Notes:

- Patients should have a good performance status and no risk factors for seizures.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients should have had no prior ADT in the metastatic setting, or are within 6 months of initiating ADT in the

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metastatic setting with no disease progression.

- Patients will be eligible if they received ADT in the non-metastatic setting as long as at least a one year interval has passed since completion.
- Apalutamide will not be funded for patients who experience disease progression on enzalutamide or darolutamide.

APOMORPHINE HYDROCHLORIDE (*Kynmobi 10mg, 15mg, 20mg, 25mg and 30mg Film*)

- For the acute, intermittent treatment of “OFF” episodes in patients with Parkinson’s Disease (PD) who meet the following criteria:
 - Apomorphine sublingual should only be used as adjunctive therapy in patients who are experiencing “OFF” episodes despite receiving optimized PD therapy (levodopa and derivatives and adjunctive therapy such as dopaminergic agonists or MAO-B inhibitors or amantadine derivatives).

Clinical Notes:

- Treatment should be discontinued unless an improvement of at least 3.25 points is achieved in the Movement Disorders Society Unified Parkinson’s Disease Rating Scale Part III (MDS-UPDRS III) score measured within 30 to 60 minutes after a titrated dose is administered.
- This assessment should occur not more than one year after Kynmobi has been titrated to a stable and tolerated dose.

Claims Notes:

- Approvals will be for a maximum of five films per day or 90 mg in total (whichever is reached first).
- Patients should be under the care of a physician with experience in the diagnosis and management of PD.
- Initial approval: 12 months
- Renewal: long term

***APREPITANT** (*Emend 80mg, 125mg Capsule and Tri-Pack Capsule*)

- In combination with a 5-HT3 antiemetic and dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:
 - highly emetogenic chemotherapy, **[Criteria Code 01]** OR
 - moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. **[Criteria Code 02]**

Clinical Notes:

- Highly emetogenic chemotherapy (HEC) may include, but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide $\geq 1500\text{mg/m}^2$.
- Patients who receive carboplatin-based regimens with $\text{AUC} \geq 4$ are also eligible to receive aprepitant in combination with a 5-HT3 antiemetic and dexamethasone for the primary prevention of acute and delayed nausea and vomiting.

ARIPIRAZOLE (*Abilify Maintena 300mg and 400mg Prolonged Release Injectable Suspension*)

- For the treatment of patients who are:
 - not adherent to an oral antipsychotic, OR

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Note:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.

ARTIFICIAL TEARS, PRESERVATIVE FREE (*Celluvisc, Refresh, Refresh Plus, Refresh Tears and Tears Naturale 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.

***ASCIMINIB** (*Scemblix 20mg and 40mg Tablet*)

PHILADELPHIA CHROMOSOME-POSITIVE CHRONIC MYELOID LEUKEMIA (PH+ CML)

- For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in the chronic phase who meet the following criteria:
 - Treatment failure on or intolerance to a minimum of two prior tyrosine kinase inhibitor (TKI) therapies.
 - No evidence of a T315I or V299L mutation.

Clinical Notes:

- Patients should have a good performance status.
- Not for use in the acute phase or blast phase.

ASFOTASE ALFA (*Strensiq 18mg/0.45mL, 28mg/0.7mL, 40mg/1mL and 80mg/0.8mL Single Use Vial*)

- For the treatment of patients with perinatal, infantile, or juvenile-onset hypophosphatasia (HPP).

Clinical Note:

- Eligibility for the treatment of HPP is determined by the Canadian HPP Clinical Expert Committee. Please contact the Nova Scotia Pharmacare Programs via fax at 1-888-594-4440 for the request form.

Claim Notes:

- Must be prescribed by a metabolic specialist with expertise in the diagnosis and management of HPP.
- Claims for Strensiq 18mg/0.45mL, 28mg/0.7mL, 40mg/1mL and 80mg/0.8mL Single Use Vials that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Strensiq 18mg/0.45mL Single Use Vial
 - 00904483
 - 00904484
 - 00904485
 - Strensiq 28mg/0.7mL Single Use Vial
 - 00904486
 - 00904487
 - 00904488

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- 00904489
- 00904490
- Strensiq 40mg/1mL Single Use Vial
 - 00904491
 - 00904492
 - 00904493
- Strensiq 80mg/0.8mL Single Use Vial
 - 00904494
 - 00904495
 - 00904496
 - 00904497
 - 00904498
 - 00904499
 - 00904500
 - 00904501
 - 00904502
 - 00904504
 - 00904505

ASENAPINE (*Saphris 5mg and 10mg SL Tablet*)

- 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.

ATOGEPANT (*Qulipta 10mg, 30mg and 60mg Tablet*)

- For the treatment of patients with episodic¹ migraine who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications of different classes.

Renewal:

- Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline.
- For subsequent renewals, proof that the initial 50% reduction in the average number of migraine days per month has been maintained.

Clinical Notes:

- Baseline number of headache and migraine days per month must be provided at the time of initial request.
- ¹Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.

Claim Notes:

- Initial approval: 6 months
- Renewal approval: 1 year

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Concurrent use of more than one calcitonin gene-related peptide (CGRP) inhibitor will not be reimbursed.
- Must be prescribed by a physician who has experience in the management of migraine headaches.

***AXITINIB** (*Inlyta 1mg and 5mg Tablet*)

- For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:
 - first-line therapy in combination with pembrolizumab
OR
 - second-line therapy following disease progression on a vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR TKI)
OR
 - third-line therapy following disease progression on first-line nivolumab and ipilimumab combination therapy, and a second-line VEGFR TKI.
- Patients must have a good performance status. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Clinical Notes:

- Sequential use of axitinib and everolimus is not permitted except in the case of intolerability or contraindication.
- Sequential use of axitinib (as a single agent) and cabozantinib is not permitted except in the case of intolerance or contraindication. Note: Cabozantinib is funded for patients following progression on first-line axitinib + pembrolizumab.
- For patients treated with nivolumab + ipilimumab first-line and VEGF TKI (sunitinib or pazopanib) second line, either cabozantinib **or** axitinib may be used as third-line therapy.
- Axitinib or cabozantinib monotherapy is funded for patients following progression on first-line lenvatinib + pembrolizumab.
- Both clear cell and non-clear cell histology are eligible for treatment.

***AZACYTIDINE** (*Onureg 200mg and 300mg Tab*)

ACUTE MYELOID LEUKEMIA

- As maintenance therapy for adult patients with acute myeloid leukemia (AML) who meet all of the following criteria:
 - Intermediate or poor risk
 - Complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following induction therapy, with or without consolidation treatment.
 - Not eligible for hematopoietic stem cell transplantation (HSCT)

Clinical Notes:

- Newly diagnosed includes patients with AML secondary to prior myelodysplastic syndrome (MDS) or chronic myelomonocytic leukemia (CMML).
- Last dose of chemotherapy should be within 4 months of starting azacitidine maintenance.
- Treatment should be discontinued upon disease relapse (i.e., appearance of greater than 5% blasts in the bone marrow or peripheral blood), unacceptable toxicity, or if patient becomes eligible for allogeneic bone marrow or stem cell transplant during the treatment period.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

transactions using the DIN first and then the following PINs:

- Onureg 200mg – 00904806
- Onureg 300mg – 00904807
- Onureg 300mg – 00904815

***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]**

BELIMUMAB (*Benlysta 120mg/5mL and 400mg/20mL Vial, 200mg/mL Autoinjector*)

ACTIVE LUPUS NEPHRITIS

- For the treatment of active lupus nephritis (LN) as adjunctive therapy in patients who meet all the following criteria:
 - Diagnosed LN with any of the following:
 - class III with or without class V;
 - class IV with or without class V;
 - class V (i.e., pure class V).
- Must have started standard induction therapy within the previous 60 days.
- Must not have any of the following:
 - previously failed both cyclophosphamide and mycophenolate mofetil (or other forms of mycophenolate) induction therapies;
 - an estimated glomerular filtration rate (eGFR) < 30mL/min/1.73m².

Initial Renewal Criteria:

- Must provide proof of beneficial clinical effect, defined as all of the following:
 - reduction in glucocorticoids to ≤ 7.5mg/day after 12 months of therapy
 - an estimated eGFR that is no more than 20% below the value before the renal flare (preflare value) or ≥ 60mL/min/1.73m² after 12 months of therapy.
- Must provide proof of improvement in proteinuria, defined as either:
 - proteinuria no greater than 0.7g/24 hours after 12 months of therapy if baseline proteinuria is < 3.5g/24 hours
 - proteinuria no greater than 0.7g/24 hours after 18 to 24 months of therapy if baseline proteinuria is in the nephrotic range (i.e., > 3.5g/24 hours).

Subsequent Renewal Criteria:

- Must provide proof that the initial response achieved after the first 12 months of therapy has been maintained.

Discontinuation Criteria:

- Patient has any of the following:

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Does not meet all of the renewal criteria; OR
- An eGFR decrease to less than 30mL/min/1.73m²; OR
- The addition of other immunosuppressant agents (other than as part of the induction and maintenance regimens), corticosteroid use outside of the limits, anti-tumour necrosis factor therapy, or other biologics.

Claim Notes:

- The patient must be under the care of a rheumatologist or a nephrologist experienced in the management of LN.
- Intravenous infusion: Approvals will be for a maximum of 10mg/kg every two weeks for three doses, and every 4 weeks thereafter.
- Subcutaneous injection: Approvals will be for a maximum of 400mg once weekly for four doses, then 200mg once weekly thereafter.
- Approvals: 12 months.

BENRALIZUMAB (*Fasenra 30mg/mL Prefilled Syringe and Autoinjector*)

- 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., long-acting beta-agonist), and meets one of the following criteria:
 - blood eosinophil count of $\geq 0.3 \times 10^9/L$ within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, OR
 - blood eosinophil count of $\geq 0.15 \times 10^9/L$ and is receiving maintenance treatment with oral corticosteroids (OCS).

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, OR
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, OR
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, OR
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, OR
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. A clinically significant asthma 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist with experience in treating severe eosinophilic asthma.
- Combined use of benralizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 30 mg every four weeks for 12 weeks, then every eight weeks thereafter.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

***BENZYDAMINE HCL (0.15% Oral Rinse)**

- For oncology patients only. **[Criteria Code 01]**

BETAHISTINE (Serc 16mg, 24mg Tablet and generic brands)

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

BIMEKIZUMAB (Bimzelx 160mg/mL Prefilled Syringe and 160 mg/mL Autoinjector)

- 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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 16 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Approvals will be for 320mg by subcutaneous injection at weeks 0, 4, 8, 12, and 16, followed by maintenance dosing of 320mg every 8 weeks. Maintenance dosing every 4 weeks may be considered for patients >120kg.
- Initial approval period: 16 weeks
- Renewal approval period: 1 year

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*BINIMETINIB (*Mektovi 15mg Capsule*)

METASTATIC MELANOMA

- In combination with encorafenib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma.

Clinical Notes:

- Patients should have a good performance status.
- If brain metastases are present, patients should be asymptomatic or have stable symptoms.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Binimetinib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.

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 Tablet*)

- For the treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome positive (Ph +) chronic myelogenous leukemia (CML) who have resistance or intolerance to prior tyrosine kinase inhibitor (TKI) therapy.

*BRIGATINIB (*Alunbrig 30mg, 90mg, 180mg Tablet and Initiation Pack*)

LOCALLY ADVANCED OR METASTATIC NON-SMALL CELL LUNG CANCER

- For the first line treatment of patients with locally advanced or metastatic anaplastic lymphoma kinase (ALK) positive non-small cell lung cancer (NSCLC).

Clinical Notes:

- Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity.
- Patients are not eligible for subsequent ALK inhibitor therapy following disease progression on brigatinib.
- Patients may be switched to an alternate ALK inhibitor in the case of intolerance without disease progression.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Alunbrig 30mg Tab – 00904758
 - Alunbrig 90mg Tab – 00904759
 - Alunbrig 180mg Tab – 00904760
 - Alunbrig Initiation Pack – 00904761

BRIVARACETAM (*Brivlera 10mg, 25mg, 50mg, 75mg, 100mg Tablet*)

- For the adjunctive treatment of refractory partial-onset seizures (POS) in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

BRODALUMAB (*Siliq 210mg/1.5 mL Prefilled Syringe*)

- 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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Initial approval for a maximum of 12 weeks. Renewal approval: 1 year.
- Approvals will be for 210mg at week 0, 1, 2, followed by 210mg every two weeks.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***BUDESONIDE** (*Pulmicort Nebuamps 0.125mg/mL, 0.25mg/mL, 0.5mg/mL Suspension and generic brands*)

- See [Wet Nebulization Solutions](#)

SINONASAL IRRIGATION

- For patients who require budesonide for sinonasal irrigation when it is prescribed by, or in consultation with, a specialist (e.g., ENT, allergists, immunologists).

Claim Notes:

- Initial Approval: 1 year.
- Renewal Approval: Long term

BUDESONIDE/GLYCOPYRRONIUM/ FORMOTEROL FUMERATE DIHYDRATE (*Breztri Aerosphere 160mcg/7.2mcg/5mcg Inhaler*)

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting muscarinic antagonist (LABA/LAMA).

Clinical Notes:

- COPD is defined by spirometry as a post-bronchodilator FEV1/FVC ratio of less than 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. MRC Dyspnea Scale Score grade).
- Inadequate control while being treated with a LABA/LAMA for at least two months is defined as persistent symptoms or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.
- Patients should not be started on a LABA, LAMA and an inhaled corticosteroid (triple inhaled therapy) as initial therapy.

BUPROPION (*Zyban 150mg Tablet*)

- See [Smoking Cessation Therapies](#)

BUROSUMAB (*Crysvita 10mg/mL, 20mg/mL and 30mg/mL Vial*)

Initiation Criteria:

- For the treatment of patients with X-linked hypophosphatemia (XLH) who meet all the following criteria:
 - Initiated in a pediatric patient who is at least one year of age and in whom epiphyseal closure has not yet occurred
 - Fasting hypophosphatemia
 - Normal renal function (defined as a serum creatinine below the age-adjusted upper limit of normal)
 - Radiographic evidence of rickets with a rickets severity score (RSS) of two or greater
 - Confirmed phosphate-regulating endopeptidase homolog, X-linked (PHEX) gene variant in either the patient or in a directly related family member with appropriate X-linked inheritance

Discontinuation Criteria:

- In pediatric patients under 18 years of age in whom epiphyseal closure has not yet occurred and who met the initiation criteria, treatment should be discontinued if:
 - there is no demonstrated improvement in the 12-month RSS total score from baseline RSS total score; or

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- the patient's RSS total score achieved after the first 12 months of therapy has not been maintained subsequently.
- In adolescent patients who are 13 to 17 years of age in whom epiphyseal closure has occurred and who met the initiation criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:
 - Hyperparathyroidism; or
 - Nephrocalcinosis; or
 - Evidence of fracture or pseudo-fracture based on radiographic assessment.
- In adult patients who met the initiation criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:
 - Hyperparathyroidism; or
 - Nephrocalcinosis; or
 - Evidence of fracture or pseudo-fracture based on radiographic assessment.

Claim Notes:

- Requests will not be considered for treatment-naïve adults.
- Must be prescribed by a physician working in a multidisciplinary team of health care providers who are experienced in the diagnosis and management of XLH.
- Approvals for children (1-17 years of age) will be up to a maximum of 90mg every 2 weeks.
- Approvals for adults (18 years of age and older) will be up to a maximum of 90mg every 4 weeks.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Crysvida Liq Inj 20mg/mL Vial
 - 00904744
 - 00904745
 - 00904746
 - 00904747
 - 00904748
 - Crysvida Liq Inj 30mg/mL Vial
 - 00904749
 - 00904750
 - 00904751
 - 00904752
 - 00904753

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*CABOZANTINIB (*Cabometyx 20mg, 40mg and 60mg Tablet*)

ADVANCED OR METASTATIC RENAL CELL CARCINOMA (RCC)

- For the treatment of patients with advanced or metastatic renal cell carcinoma (RCC) who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy. Treatment may continue until clinically meaningful disease progression or unacceptable toxicity.

Clinical Notes:

- Patients with any histology (clear cell or non-clear cell) and IMDC risk are eligible.
- For patients treated with a VEGFR-TKI (sunitinib or pazopanib) first-line, cabozantinib may be used as either a second or third-line treatment option.
- For patients treated with nivolumab + ipilimumab first-line and VEGFR TKI (sunitinib or pazopanib) second-line, either cabozantinib or axitinib monotherapy may be used as third-line therapy.
- Sequential use of axitinib (as monotherapy) and cabozantinib is not permitted except in the case of intolerance or contraindication. Note: Cabozantinib is funded for patients following progression on first-line axitinib + pembrolizumab.
- Axitinib or cabozantinib monotherapy is funded for patients following progression on first-line lenvatinib + pembrolizumab.

LOCALLY ADVANCED OR METASTATIC DIFFERENTIATED THYROID CARCINOMA (DTC)

- For the treatment of adult patients with locally advanced or metastatic differentiated thyroid carcinoma (DTC) who have progressed on at least one prior line of vascular endothelial growth factor receptor (VEGFR)-targeted tyrosine kinase inhibitor (TKI) therapy.

Clinical Notes:

- Patients should have a good performance status.
- Patients should be refractory to radioactive iodine therapy (RAI-R) or not eligible for radioactive iodine therapy.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients will be eligible for funding if intolerant to the prior line of VEGFR-targeted TKI therapy.
- Cabozantinib may be used in the third line setting for RET fusion positive patients after progression on or intolerance to selpercatinib.

UNRESECTABLE HEPATOCELLULAR CARCINOMA (HCC)

- For the treatment of patients with unresectable hepatocellular carcinoma (HCC) in the second line setting who have experienced disease progression on sorafenib or lenvatinib and meet all of the following criteria:
 - Child-Pugh class status of A
 - ECOG performance status of 0 or 1
- Treatment should continue until disease progression or unacceptable toxicity.

Clinical Notes:

- Patients with disease progression on regorafenib are not eligible for reimbursement of cabozantinib.
- Patients who are unable to tolerate regorafenib may be switched to cabozantinib if there is no disease progression and provided all other funding criteria are met.
- Patients with disease progression on atezolizumab in combination with bevacizumab are not eligible for reimbursement of cabozantinib.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

CALCIPOTRIOL (*Dovonex 50mcg/g Ointment*)

- For the treatment of psoriasis when conventional therapies have been ineffective or inappropriate.

CALCIPOTRIOL/BETAMETHASONE DIPROPIONATE (*Dovobet 0.5mg/g/50mcg/g Gel and generic brands and Enstilar 50mcg/g/ 0.5mg/g Aer Foam*)

- For the treatment of body and scalp psoriasis after failure of a topical steroid and a vitamin D analogue as single agents.

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.

CANAKINUMAB (*Ilaris 150mg/1mL Solution for Injection*)

- For the treatment of active systemic juvenile idiopathic arthritis, in patients 2 years of age or older, who have an inadequate response or intolerance to systemic corticosteroids (with or without methotrexate) and tocilizumab.

Clinical Note:

- Intolerance is defined as a serious adverse effect as described in the product monograph. The nature of the intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 4 mg/kg for patients > 9 kg, to a maximum of 300mg, administered every four weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00903809

***CEFTOLOZANE/TAZOBACTAM** (*Zerbaxa 1g/0.5g Vial*)

- For the treatment of patients with multidrug-resistant gram-negative infections, specifically caused by extended spectrum beta lactamase (ESBL)-producing Enterobacteriaceae and multidrug-resistant *Pseudomonas aeruginosa* when alternative agents are not an option.

Claim Note:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***CERITINIB** (*Zykadia 150mg Capsule*)

- For the treatment of patients with locally advanced or metastatic anaplastic lymphoma kinase (ALK) positive non-small cell lung cancer (NSCLC) who experience disease progression on, or intolerance to crizotinib.

Claim Notes:

- Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity
- If alectinib is chosen as first-line therapy, ceritinib is not funded as a subsequent line of therapy.
- Disease progression on any other ALK inhibitor in the second-line setting after crizotinib, precludes the use of ceritinib as a subsequent line of therapy.

CERTOLIZUMAB PEGOL (*Cimzia 200mg/mL SC Injection and 200mg/mL Autoinjector Prefilled Pen*)

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 2 weeks each, 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 2 weeks each 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").

Claim Notes:

- 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.
 - Concurrent use of biologics not approved.
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.

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 ≥ 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.
- Concurrent use of biologics not approved.
- Initial coverage period 3 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
- Renewal approval: 1 year. Confirmation of continued response required.

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.
- Concurrent use of biologics not approved.
- Initial Approval: 6 months.
- Maximum dose 400mg at weeks 0, 2 and 4 weeks, then 200mg every 2 weeks (or 400mg every 4 weeks) with no dose escalation permitted.
- 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 (*).

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.

CINACALCET (*Sensipar 30mg, 60mg and 90mg Tablet 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 \geq 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 & DEXAMETHASONE, OTIC (*Ciprodex Otic Suspension and generic brands*)

- 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]**
- 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]**

CLADRIBINE (*Mavenclad 10mg Tablet*)

- For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all the following criteria:
 - Confirmed diagnosis based on McDonald criteria.
 - Has experienced one or more disabling relapses or new MRI activity in the past year.
 - Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5).
 - Refractory or intolerant to at least one disease modifying therapy (e.g., interferon, glatiramer, dimethyl fumarate, teriflunomide, ocrelizumab).

Clinical Notes:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
- A relapse is defined as the appearance of new or worsening neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

objective neurological findings observed through evaluation by a neurologist.

Claim Notes:

- Must be prescribed by a neurologist with experience in the treatment of multiple sclerosis.
- Approvals will be for 1.75mg/kg to a maximum of 200mg per treatment year.
- Approval period: 2 years
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904524
 - 00904525
 - 00904526

***COBIMETINIB (Cotellic 20mg Tablet)**

- For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with vemurafenib.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

- Patients must have a good performance status.
- If brain metastases are present, patients should be asymptomatic or have stable symptoms.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Cobimetinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.

***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).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***CRIZOTINIB** (*Xalkori 200mg and 250mg Capsule*)

ALK-POSITIVE ADVANCED NON-SMALL CELL LUNG CANCER

- As a first or second-line therapy for patients with ALK-positive advanced non-small cell lung cancer (NSCLC) with ECOG performance status ≤ 2.

ROS-1 POSITIVE NON-SMALL CELL LUNG CANCER

- For the first-line treatment of patients with ROS-1 positive non-small cell lung cancer (NSCLC).

Clinical Notes:

- Eligible patients should be previously untreated and have a good performance status.
- Treatment may continue until disease progression or unacceptable toxicity.
- Patients with ROS-1 positive NSCLC who are currently receiving first-line chemotherapy or have been previously treated with chemotherapy or immunotherapy will be eligible for treatment with crizotinib.

***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.

CYCLOSPORINE (*Verkazia 0.1% Ophthalmic Emulsion*)

- For the treatment of pediatric patients between the age of 4 and 18 years of age with severe vernal keratoconjunctivitis (VKC) who meet the following criteria:
 - Grade 3 (severe) or 4 (very severe) on the Bonini scale, or
 - Grade 4 (marked) or 5 (severe) on the modified Oxford scale.

Discontinuation Criteria:

- Treatment should be discontinued if no improvement in signs and symptoms of VKC is observed, or
- Treatment should be discontinued if signs and symptoms of VKC have resolved.

Clinical Notes:

- Documentation of the severity of signs and symptoms of VKC at treatment initiation and renewal must be provided.
- Patients previously treated with cyclosporine 0.1% but who discontinued treatment upon resolution of VKC signs and symptoms are eligible to reinstate treatment if signs and symptoms of severe VKC recur and they meet the initiation criteria.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and management of VKC.
- Initial approval period: 6 months.
- Renewal approval period: 1 year

CYSTEAMINE (*Cystadrops 3.8mg/mL Oph Sol*)

- For the treatment of corneal cystine crystal deposits (CCCDs) in patients 2 years of age and older with cystinosis.

Clinical Note:

- Diagnosis of cystinosis confirmed by cystinosis (lysosomal cystine transporter) gene mutation or elevated white blood cell cystine levels. Documentation must be provided.

Claim Note:

- Must be prescribed by an ophthalmologist experienced in the treatment of CCCDs.

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 DIN first and then the following PINs:
 - 00904354
 - 00904355

***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 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, 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.
- For the adjuvant treatment of patients with stage IIIA (limited to lymph node metastases of > 1 mm) to stage IIID (8th edition of American Joint Committee on Cancer [AJCC] staging system) BRAF-mutated (all BRAF V600 mutations) cutaneous melanoma. Disease must be completely resected including in-transit metastases; however, presence of regional lymph nodes with micrometastases after sentinel lymph node biopsy alone is allowed.

Clinical Notes:

- Patients should have a good performance status.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Treatment with dabrafenib plus trametinib should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.
- Patients are eligible to receive 12 months of adjuvant treatment with immunotherapy or BRAF targeted therapy. Patients who are unable to tolerate initial adjuvant therapy, within the first 3 months of treatment, may switch to alternate funded treatment, provided criteria are met.
- Patients with mucosal or ocular melanoma are not eligible for treatment with dabrafenib/trametinib.
- Patients who relapse during, or at any time after adjuvant dabrafenib/trametinib therapy, are eligible for treatment with combination immunotherapy (i.e. nivolumab with ipilimumab) in the metastatic setting. Patients who are not candidates for combination immunotherapy are eligible for single agent nivolumab or pembrolizumab immunotherapy in the metastatic setting.
- Re-treatment with BRAF targeted therapy is funded if the treatment-free interval is ≥ 6 months from the completion of adjuvant BRAF therapy.
- For BRAF-positive patients, BRAF-targeted therapy and immunotherapy (including nivolumab plus ipilimumab combination therapy) may be sequenced in either order upon treatment failure, based on clinician assessment.

DALBAVANCIN HYDROCHLORIDE (*Xydalba 500mg Vial*)

- For the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) who meet all the following criteria:
 - known or suspected methicillin-resistant Staphylococcus aureus (MRSA) ABSSSI; AND
 - high risk of nonadherence to outpatient antibiotic treatment or high risk of nonadherence to prolonged hospitalization.

Claim Notes:

- Approvals will be for a maximum 1500mg per treatment course.

DAPAGLIFLOZIN AND METFORMIN HYDROCHLORIDE (*Xigduo 5mg/850mg and 5mg/1000mg Tablet and generic brands*)

- 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.

***DAPTOMYCIN** (*Cubicin RF 500mg/10mL Single-Use Vial*)

- For the treatment of patients with resistant gram-positive infections, including methicillin-resistant Staphylococcus aureus (MRSA) who failed to respond, or have a contraindication or intolerance to vancomycin, or for whom IV vancomycin is not appropriate.

Clinical Note:

- Daptomycin is inhibited by pulmonary surfactant and should not be used to treat respiratory tract infections.

Claim Note:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*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 6 months with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions).
- Subsequent 6-month approvals are dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.

*DAROLUTAMIDE (*Nubeqa 300mg Tablet*)

NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (NMCRPC)

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) who have no detectable distant metastases (M0) by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases¹.

¹High risk of developing metastases is defined as a prostate-specific antigen (PSA) doubling time of ≤ 10 months during continuous ADT.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until radiographic disease progression or unacceptable toxicity.
- Castration-resistance must be demonstrated during continuous ADT and is defined as 3 PSA rises at least one week apart, with the last PSA greater than 2 ng/mL.
- Castrate levels of testosterone must be maintained.
- Patients with N1 disease, pelvic lymph nodes less than 2cm in short axis located below the aortic bifurcation are eligible for darolutamide.
- Darolutamide will not be funded for patients who experience disease progression on apalutamide or enzalutamide.

METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER (MCSPC)

- In combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).

Clinical Notes:

- Patients should have a good performance status and be eligible for chemotherapy.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients should have had no prior ADT in the metastatic setting, or are within 6 months of initiating ADT in the metastatic setting with no disease progression.
- Patients will be eligible if they received ADT in the non-metastatic setting as long as at least a one year interval has passed since completion.
- Darolutamide will not be funded for patients who experience disease progression on enzalutamide or apalutamide.

DARIFENACIN (*Enablex 7.5mg, 15mg Tablet and generic brands*)

- See [OAB Medications](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

***DASATINIB** (*Sprycel 20mg, 50mg, 70mg, 100mg Tablet and generic brands*)

- For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic, accelerated, or blast phase.
- For the treatment of patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

***DECITABINE AND CEDAZURIDINE** (*Inqovi 35mg/100mg Tablet*)

MYELOYDYSPLASTIC SYNDROME

- For the treatment of patients with myelodysplastic syndromes (MDS), including previously treated and untreated, who meet all of the following criteria:
 - De novo or secondary MDS including all French-American-British subtypes (i.e., refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia)
 - Intermediate-1, intermediate-2, or high-risk MDS, according to the International Prognostic Scoring System
 - Have not experienced disease progression on a hypomethylating agent

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

DEFERASIROX (*Exjade 125mg, 250mg, 500mg Tablet for Suspension and generic brands*)

- For the treatment of chronic iron overload.

DEFERASIROX (*Jadenu 90mg, 180mg, 360mg Tablet and generic brands*)

- For the treatment of chronic iron overload.

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.

***DENOSUMAB** (*Prolia 60mg/mL Prefilled Syringe*)

- For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:
 - Have a contraindication to oral bisphosphonates; and
 - High risk for fracture, or refractory or intolerant to other available osteoporosis therapies.

Clinical Notes:

- Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year to other available osteoporosis therapies.
- High fracture risk is defined as:
 - Moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
 - High 10-year fracture risk ($\geq 20\%$) as defined by the CAROC or FRAX tool.

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***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 and generic brands*)

- 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 and generic brands*)

- 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 and generic brands*)

- 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.

DUPILUMAB (*Dupixent 200mg/1.14mL Prefilled Syringe/Pen and 300mg/2mL Prefilled Syringe/Pen*)

ATOPIC DERMATITIS

- For the treatment of moderate to severe atopic dermatitis (AD) in patients 12 years of age and older who meet all of the following criteria:
 - Patients must have had an adequate trial (with a documented refractory disease), or were intolerant (with documented intolerance), or are ineligible for each of the following therapies:
 - maximally tolerated medical topical therapies for AD combined with phototherapy (where available), and;
 - maximally tolerated medical topical therapies for AD combined with at least 1 of the 4 systemic immunomodulators (methotrexate, cyclosporine, mycophenolate mofetil, or azathioprine).
 - Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Index (EASI) of 7.1 or greater.

Renewal criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Note:

- Not to be used in combination with phototherapy or any immunomodulatory drugs (including biologics) or a Janus kinase inhibitor treatment for moderate-to-severe AD.

Claim Notes:

- The patient must be under the care of a dermatologist, allergist, clinical immunologist, or pediatrician who has expertise in the management of moderate to severe AD.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

SEVERE ASTHMA (PEDIATRIC)

- For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype in patients aged 6 to 11 years of age who are inadequately controlled with medium-to high-dose inhaled corticosteroids (ICS) plus one or more additional asthma controller(s) (e.g., long-acting beta-agonist) or high-dose ICS alone and meet the following criteria:
 - blood eosinophil count $\geq 0.15 \times 10^9/L$ within the past 12 months; and
 - uncontrolled asthma with at least one clinically significant asthma exacerbation in the past 12 months.

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

- A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
- Medium dose ICS is defined as between 200 mcg and 400 mcg of fluticasone propionate or equivalent daily dose and high-dose ICS is defined as greater than 400 mcg of fluticasone propionate or equivalent daily dose.
- A 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.

Claim Notes:

- Must be prescribed by a pediatric respirologist or allergist experienced in the treatment of severe asthma.
- Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 200 mg every two weeks or 300 mg every four weeks.
- Approval period: 1 year.

SEVERE ASTHMA

- For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype or oral corticosteroid (OCS) dependent severe asthma in patients 12 years of age and older who are inadequately controlled with high-dose

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., long-acting beta-agonist) and meets one of the following criteria:

- blood eosinophil count $\geq 0.15 \times 10^9/L$ within the past 12 months, or
- have OCS dependent asthma.

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

- A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
- A baseline and annual number of clinically significant asthma exacerbations must be provided.
- High-dose ICS is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
- A 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.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe asthma.
- Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Approval period: 1 year.

EDARAVONE (*Radicava 30mg/100mL IV Injection and 105mg/5mL Suspension*)

For the treatment of amyotrophic lateral sclerosis (ALS), if the following criteria are met:

Initiation Criteria:

- Patient with a diagnosis of probable ALS or definite ALS; AND
- Patient who meets all of the following:
 - has scores of at least two points on each item of the ALS Functional Rating Scale – Revised (ALSFRRS-R)
 - has a forced vital capacity greater than or equal to 80% of predicted
 - has had ALS symptoms for two years or less
 - patient is not currently requiring permanent non-invasive or invasive ventilation.

Renewal Criteria:

- Reimbursement of treatment should be discontinued in patients who meet any one of the following criteria:
 - patient becomes non-ambulatory (ALSFRRS-R score ≤ 1 for item 8) AND is unable to cut food and feed

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRS-R score < 1 for item 5a or 5b);

OR

- patient requires permanent non-invasive or invasive ventilation.

Claim Notes:

- Patient must be under the care of a specialist with experience in the diagnosis and management of ALS.
- Claims for Radicava 30mg/100mL IV Injection that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904538
- Claims for Radicava 105mg/5mL Suspension that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904996

ELOSULFASE ALFA (*Vimizim 1mg/mL IV Solution*)

MUCOPOLYSACCHARIDOSIS TYPE IVA

Initiation Criteria:

- For the treatment of mucopolysaccharidosis type IVA (MPS IVA) in patients meeting all the following criteria:
 - Diagnosis is confirmed by enzymatic assay for N-acetylgalactosamine-6-sulfate sulfatase (GALNS) activity in peripheral blood leukocytes or fibroblasts (excluding multiple sulfatase deficiency) AND mutational analysis of GALNS¹; AND
 - Patient is under the care of a specialist with experience in the diagnosis and management of MPS IVA; AND
- The following baseline evaluations prior to initiation of elosulfase alfa must be provided with the request for coverage:
 - Detailed medical history documenting surgeries, medical admissions, subspecialty assessments
 - Orthopedic evaluation including spinal and cranial MRI, skeletal x-rays, pain symptoms from bone and joints as appropriate to age and clinical disease
 - Mobility measure: 6MWT and stair climb (if appropriate for age and disease status)
 - Respiratory function testing including sleep study testing (if appropriate for age)
 - Age-appropriate quality of life measure (such as HAQ, PODCI, EQ5D5L or SF36)²
 - Documentation of mobility aide requirement, such as a walker or cane
 - Documentation of requirement for respiratory aides, including ventilation status and changes in respiratory support requirements
 - Ophthalmologic and ear, nose and throat (ENT) assessment (if appropriate)
 - Urine keratin sulfate (KS) determination: specific KS determination is preferred over total glycosaminoglycans (GAGs)
 - Cardiac echocardiogram

¹Note: not all MPS IVA patients will have two known pathogenic alleles identified and parental mutation analysis to establish the phase of mutations should be performed.

²Note that academic goals (e.g. attendance or participation in school) may be considered case-by-case in pediatric patients.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Exclusion Criteria:

- The patient is diagnosed with an additional progressive life limiting condition where treatment would not provide long term benefit (such as cancer or multiple sclerosis).
- The patient has a forced vital capacity (FVC) of less than 0.3 liters and requires continuous ventilator assistance.
- The patient/family is unwilling to comply with the associated monitoring criteria.
- The patient/family is unwilling to attend clinics for assessment and treatment purposes.

Approval duration of initial approval: 1 year

Recommended dose: 2mg/kg IV infusion once a week.

Renewal criteria:

- Patients must demonstrate at least 3 of the 5 following treatment effects for continuation of coverage of treatment with elosulfase alfa:
 - 6 MWT or Stair Climb test stabilized at or improved by at least 5% of baseline measure
 - FVC or forced expiratory volume in one second (FEV-1) stabilized at or improved by at least 5% of baseline measure or remaining within 2 standard deviations of normal for the patient's age
 - Improvement or no change (if minimal effect) in age-appropriate quality of life measure³
 - Reduction of urine KSs of 20%
 - Stability of cardiac ejection fraction reduction (within 5% of baseline)

³Note that academic goals (e.g. attendance or participation in school) may be considered case-by-case in pediatric patients.

Discontinuation criteria:

- Patients will not be eligible for coverage of treatment if they:
 - Fail to meet 3 of the 5 renewal criteria
 - Are unable to tolerate infusions due to infusion related adverse events that cannot be resolved
 - Require permanent invasive ventilation
 - Miss more than 6 infusions in a 12-month interval, unless for medically related issues
 - Meet any one of the Exclusion Criteria

Approval duration of renewals: 1 year

Recommended dose: 2mg/kg IV infusion once a week.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904541
 - 00904542
 - 00904543
 - 00904544
 - 00904545

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 optionOR
- 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.

EMPAGLIFLOZIN/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.

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 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.

***ENCORAFENIB (*Braftovi 75mg Capsule*)**

METASTATIC MELANOMA

- In combination with binimetinib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma.

Clinical Notes:

- Patients should have a good performance status.
- If brain metastases are present, patients should be asymptomatic or have stable symptoms.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Encorafenib in combination with binimetinib will not be reimbursed in patients who have progressed on BRAF

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

targeted therapy.

- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.

METASTATIC COLORECTAL CANCER

- In combination with panitumumab or cetuximab for the treatment of patients with metastatic colorectal cancer who meet all of the following criteria:
 - Presence of BRAF V600E mutation
 - Disease progression following at least one prior therapy in the metastatic setting
 - No previous treatment with an EGFR inhibitor

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.

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.

***ENTRECTINIB** (*Rozlytrek 100mg and 200mg Capsule*)

ROS-1 POSITIVE NON-SMALL CELL LUNG CANCER OR METASTATIC NON-SMALL CELL LUNG CANCER

- For the first-line treatment of patients with ROS-1 positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity.

UNRESECTABLE LOCALLY ADVANCED OR METASTATIC EXTRACRANIAL SOLID TUMORS WITH A NTRK GENE FUSION

- For the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumors with NTRK gene fusion without a known acquired resistance mutation. Eligible patients are not candidates for surgery and/or radiation due to risk of substantial morbidity and have no satisfactory treatment options.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- CNS metastases are stable if present.
- Patients with prior progression on an NTRK inhibitor are not eligible.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*ENZALUTAMIDE (*Xtandi 40mg Capsule*)

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC)

- For the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC).

Clinical Notes:

- Patients should have a good performance status and no risk factors for seizures.
- Treatment should continue until disease progression or unacceptable toxicity.
- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide or darolutamide.

METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER (MCSPC)

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).

Clinical Notes:

- Patients should have a good performance status and no risk factors for seizures.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients should have had no prior ADT in the metastatic setting, or are within 6 months of initiating ADT in the metastatic setting with no disease progression.
- Patients will be eligible if they received ADT in the non-metastatic setting as long as at least a one year interval has passed since completion.
- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide or darolutamide.

NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (NMCRPC)

- In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) who have no detectable distant metastases (M0) by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases¹.

¹ High risk of developing metastases is defined as a prostate-specific antigen (PSA) doubling time of ≤ 10 months during continuous ADT.

Clinical Notes:

- Patients should have a good performance status and no risk factors for seizures.
- Treatment should continue until radiographic disease progression or unacceptable toxicity.
- Castration-resistance must be demonstrated during continuous ADT and is defined as 3 PSA rises at least one week apart, with the last PSA greater than 2 ng/mL.
- Castrate levels of testosterone must be maintained.
- Patients with N1 disease, pelvic lymph nodes less than 2cm in short axis located below the common iliac vessels are eligible for enzalutamide.
- Enzalutamide will not be funded for patients who experience disease progression on apalutamide or darolutamide.

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EPINEPHRINE (*Allerject 0.3mg and 0.15mg Autoinjector, Emerade 0.15mg, 0.3 mg and 0.5mg Prefilled Pen and EpiPen 0.15mg and 0.3mg 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 tolerated dose.

EPTINEZUMAB (*Vyepti 100mg/1mL IV*)

- For the treatment of patients with episodic¹ or chronic migraine², who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications of different classes.

Renewal:

- Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline.
- For subsequent renewals, proof that the initial 50% reduction in the average number of migraine days per month has been maintained.

Clinical Notes:

- Baseline number of headache and migraine days per month must be provided at the time of initial request.
- ¹Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
- ²Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Initial approval: 6 months
- Renewal approval: 1 year
- Must be prescribed by a physician who has experience in the management of migraine headaches.

***ERYTHROPOIETIN** (*Eprex Multidose Vial and Syringe Injection*)

- For the treatment of transfusion dependent patients with hematologic malignancies who have a baseline anemia of ≤ 90g/L and whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months
- Initial approval for 6 months with the documentation of dose, hemoglobin and therapeutic outcome (number of transfusions).
- Subsequent 6-month approvals are dependent on evidence of satisfactory clinical response or reduced treatment

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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).

ESLICARBAZEPINE (*Aptiom 200mg, 400mg, 600mg and 800mg Tablet*)

- For the adjunctive treatment of refractory partial-onset seizures (POS) in patients who are currently receiving two or more antiepileptic drugs, and have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

***ESTRADIOL** (*Estrogel Topical Gel*)

- For the treatment of menopausal symptoms in women who cannot tolerate the oral forms of hormone replacement therapy.

ETANERCEPT (*Brenzys 50 mg/mL Prefilled Pen/Prefilled Syringe; Erelzi 25mg/0.5mL and 50mg/mL Prefilled Syringe/Prefilled Autoinjector; Rymti 50mg/mL Prefilled Syringe/Prefilled Autoinjector*)

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 2 weeks each, 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 2 weeks each 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").

Claim Notes:

- Initial coverage period 6 months.
- Maximum dose 50mg per week.
- Concurrent use of biologics not approved.

¹Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease do not require a trial of 2 NSAIDs.

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

DMARDs in children.

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 $\geq 75\%$ reduction in the Psoriasis Area and Severity Index (PASI) score; or
 - A $\geq 50\%$ 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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Initial approval 12 weeks.
- Maximum dose 50mg biweekly for initial, then 50mg per week.

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 ≥ 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:

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Must be prescribed by a rheumatologist.
- Concurrent use of biologics not approved.
- Initial approval 3 months.
- Maximum dose of 50mg per week.
- Renewal approval: 1 year. Confirmation of continued response required.

RHEUMATOID ARTHRITIS

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other 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.
- Concurrent use of biologics not approved.
- 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.

***EVEROLIMUS (Afinitor 2.5mg, 5mg, and 10mg Tablet and generic brands)**

METASTATIC RENAL CELL CARCINOMA (RCC)

- For the treatment of patients with advanced or metastatic renal cell carcinoma following disease progression on tyrosine kinase inhibitor therapy.

Clinical Notes:

- Patients must have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- Requests for everolimus will not be considered for patients who experience disease progression on axitinib, cabozantinib or nivolumab monotherapy.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

NEUROENDOCRINE TUMOURS OF GASTROINTESTINAL OR LUNG ORIGIN

- As a single agent treatment for patients with unresectable, locally advanced or metastatic; well-differentiated non-functional neuroendocrine tumours (NETs) of gastrointestinal or lung origin (GIL) in adults with documented radiological disease progression within six months and with a good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity.

EVOLOCUMAB (*Repatha 140mg/mL Prefilled Syringe and 120mg/mL Automated Mini Doser*)

- For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:
 - Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
 - Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
 - high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
 - ezetimibe alone if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance
- **Initial renewal criteria:**
 - A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.
- **Subsequent renewal criteria:**
 - The patient continues to maintain a reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:

- LDL-C levels must be provided.
- Intolerance to high dose statin will be considered if patient has developed documented, myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and
 - for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and

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- at least one statin was initiated at the lowest daily starting dose; and
- other known causes of intolerance or abnormal biomarkers have been ruled out.
- For patients who cannot take a statin due to an intolerance or contraindication, details must be provided (ie. confirmed rhabdomyolysis, active liver disease, unexplained persistent elevations of serum transaminases exceeding three times the upper limit of normal).
- For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Maximum dose approved: 140mg every 2 weeks or 420mg monthly
- Initial approval: 6 months
- Renewal approval: 1 year

FEBUXOSTAT (*Uloric 80mg Tablet and generic brands*)

- For the treatment of symptomatic gout in patients who have documented hypersensitivity to allopurinol.

***FEDRATINIB** (*Inrebic 100mg Capsule*)

- For the treatment of splenomegaly and/or disease-related symptoms in adult patients with intermediate-2 or high-risk primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis, who have a contraindication or intolerance to ruxolitinib.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904799

***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 Tablet and generic brands*)

- See [OAB Medications](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*FERRIC DERISOMALTOSE (*Monoferric 100 mg/mL IV Injection*)

- For the treatment of iron deficiency anemia in patients who:
 - are intolerant to oral iron replacement products,
OR
 - have not responded to an adequate trial of 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.

FIDAXOMICIN (*Dificid 200mg Tablet*)

- 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.

FINERENONE (*Kerendia 10mg and 20mg Tab*)

- For the treatment of patients with chronic kidney disease (CKD) and type 2 diabetes (T2D) who have an estimated glomerular filtration rate (eGFR) level of at least 25 mL/min/1.73 m² and albuminuria level of at least 30 mg/g (or 3 mg/mmol).

Exclusion Criteria:

- Patients with chronic heart failure (CHF) New York Heart Association (NYHA) class II to IV; OR
- Patients receiving a mineralocorticoid receptor antagonist (MRA).

Discontinuation Criteria:

- eGFR less than 15 mL/min/1.73 m²; OR
- Urinary albumin-to-creatinine ratio (UACR) increased from baseline level.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by, or in consultation with, a nephrologist with experience in the diagnosis and management of patients with CKD and T2D.
- Approval: 1 year

FINGOLIMOD (*Gilenya 0.5mg Capsule and generic brands*)

- 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;
 - 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 \leq 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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*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, Gatifloxacin, Moxifloxacin and 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]**

*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]**
- For prevention of recurrent spontaneous bacterial peritonitis (norfloxacin). **[Criteria Code 07]**

*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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

FLUTICASONE FUROATE AND VILANTEROL (AS TRIFENATATE) (*Breo Ellipta 100mcg/25mcg and 200mcg/25mcg Powder for Inhalation*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

FLUTICASONE FUROATE/UMECLIDINIUM/VILANTEROL (*Trelegy Ellipta 100mcg/62.5mcg/25mcg*)

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting muscarinic antagonist (LABA/LAMA).

Clinical Notes:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio of less than 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. MRC Dyspnea Scale Score grade).
- Inadequate control while being treated with a LABA/LAMA for at least two months is defined as persistent symptoms or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.
- Patients should not be started on a LABA, LAMA and an inhaled corticosteroid (triple inhaled therapy) as initial therapy.

FORMOTEROL (*Oxeze 6mcg/Dose, 12mcg/Dose Turbuhaler*)

- See [Long-Acting Beta₂-Agonists](#)

FORMOTEROL, IN COMBINATION (*Symbicort 100/6mcg, 200/6mcg Turbuhaler and Zenhale 50/5mcg, 100/5mcg, 200/5mcg Inh*)

- 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]**

FREMANEZUMAB (*Ajovy 225 mg/1.5 mL Prefilled Syringe and 225 mg/1.5 mL Autoinjector*)

- For the treatment of patients with episodic¹ or chronic migraine², who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications of different classes.

Renewal:

- Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline
- For subsequent renewals, proof that the initial 50% reduction in the average number of migraine days per month has been maintained

Clinical Notes:

- Baseline number of headache and migraine days per month must be provided at the time of initial request.
- ¹ Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- ² Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Approvals: 6 months
- Renewal approval: 1 year
- Must be prescribed by a physician who has experience in the management of migraine headaches.

GALCANEZUMAB (*Emgality 120mg/mL Prefilled Pen and 120mg/mL Prefilled Syringe*)

Initiation:

- For the treatment of patients with episodic¹ or chronic migraine², who have experienced an inadequate response, intolerance, or contraindication to at least two oral prophylactic migraine medications of different classes.

Renewal:

- Proof of beneficial clinical effect, defined as a reduction of at least 50% in the average number of migraine days per month at the time of first renewal compared with baseline.
- For subsequent renewals, proof that the initial 50% reduction in the average number of migraine days per month has been maintained.

Clinical Notes:

- Baseline number of headache and migraine days per month must be provided at the time of initial request.
- ¹Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
- ²Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Initial approval: 6 months
- Renewal approval: 1 year
- Must be prescribed by a physician who has experience in the management of migraine headaches.

GATIFLOXACIN (*Zymar 0.3% Ophthalmic Solution and generic brands*)

- See [Fluoroquinolones, Ophthalmic](#)

***GILTERITINIB** (*Xospata 40mg Tablet*)

- As monotherapy for the treatment of adult patients with relapsed or refractory FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia (AML) who meet the following criteria:
 - Confirmed positive for FLT3 mutation at the time of relapse or determination of refractory disease, eligible FLT3 mutations include FLT3-ITD, and FLT3-TKD.

Clinical Notes:

- Patients should have a good performance status.
- Treatment with gilteritinib should be continued as long as clinical benefit is observed, or until disease progression or unacceptable toxicity, whichever occurs first.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Patients previously treated with midostaurin are eligible for gilteritinib provided all other criteria are met.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904658
 - 00904659

GIVOSIRAN (*Givlaari 189mg/mL Vial*)

- For the treatment of acute hepatic porphyria (AHP) in adults:

Initiation:

- Reimbursement of givosiran should be restricted to patients with 4 or more attacks requiring either hospitalization, an urgent health care visit, or IV hemin in the year before the prescribing date.

Renewal:

- A reduction in the annualized attack rate after 12 months of therapy compared to baseline.

Claim Notes:

- Prescription should be restricted to a clinician experienced in the management of AHP.
- Should not be used in combination with prophylactic hemin.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and the following PINs:
 - 00904990
 - 00904991
 - 00904992
 - 00904993
 - 00904994
 - 00904995

GLATIRAMER ACETATE (*Copaxone 20mg/mL Syringe Injection*)

For glatiramer acetate-naïve patients whose glatiramer acetate therapy is initiated after April 1, 2020, the Glatect brand will be the product approved.

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

GLATIRAMER ACETATE (*Glatect 20mg Pre-Filled Syringe*)

For glatiramer acetate-naïve patients whose glatiramer acetate therapy is initiated after April 1, 2020, the Glatect brand will be the product approved.

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.

GLECAPREVIR/ PIBRENTASVIR (*Maviret 100mg/40mg 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 or 6 ▪ Treatment-naïve	▪ 8 weeks
Genotypes 1, 2, 4, 5 or 6 ▪ Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	▪ 8 weeks (12 weeks with cirrhosis)
Genotype 1 ▪ NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing: <ul style="list-style-type: none"> ▪ Boceprevir/PR; or ▪ Simeprevir (SMV)/SOF; or ▪ SMV/PR; or ▪ Telaprevir/PR 	▪ 12 weeks

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Approval Period and Regimen

Genotype 1

- NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing:
 - Daclatasvir (DCV)/SOF; or
 - DCV/PR; or
 - Ledipasvir/SOF

- 16 weeks

Genotype 3

- Treatment-experienced with regimens containing PR and/or SOF

- 16 weeks

- The following information is also required:
 - Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6
 - Quantitative HCV RNA value within the last 6 months
 - Fibrosis stage

Clinical Note:

- 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.

Claim Notes:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Claims will be limited to a 28-day supply.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904394
 - 00904395

** [Criteria Code 34] has been added for use effective December 1, 2019 to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only.

GLUCAGON (*Baqsimi 3mg Nasal Powder*)

- For the emergency treatment of severe hypoglycemia (SH) reactions for patients who are receiving insulin and at high risk for SH, when impaired consciousness precludes oral carbohydrate.

Claim Note:

- Regular benefit, but with a quantity limit of two (2) devices per fiscal year. Prescribers can submit a request for consideration or contact the Pharmacare Office should beneficiaries require more than two (2) devices per fiscal year (e.g., need for frequent use).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 DIN first and then the following PINs:
 - 00904360
 - 00904361

GLYCOPYRRONIUM BROMIDE (*Seebri 50mcg Capsule for Inhalation*)

- See [Long-Acting Muscarinic Antagonists](#)

GOLIMUMAB (*Simponi 50mg/0.5ml and 100mg/1mL Autoinjector and Prefilled Syringe*)

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 2 weeks each, 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 2 weeks each 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").

Claim Notes:

- Initial period 6 months.
- Maximum dose of 40mg every two weeks.
- Concurrent use of biologics not approved.

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.

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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.
- Concurrent use of biologics not approved.
- Initial period 3 months
- Maximum dose 50mg per month.
- Renewal approval: 1 year. Confirmation of continued response required.

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by a rheumatologist.
- Concurrent use of biologics not approved.
- Initial Approval: 6 months.
- Maximum dose 50mg once a month with no escalation permitted.
- Renewal Approval: 1 year. Confirmation of continued response is required.

ULCERATIVE COLITIS

- For the treatment of 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 ≥ 40 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.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Concurrent use of biologics not approved.
- Initial Approval: 16 weeks.
- Maximum dose 50mg once a month with no escalation permitted.
- Renewal Approval: 1 year.

***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.

GUSELKUMAB (*Tremfya 100mg/mL Autoinjector and Prefilled Syringe*)

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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 16 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Approvals will be for 100mg by subcutaneous injection at weeks 0, 4, followed by maintenance dosing of 100mg every 8 weeks.
- Initial approval period: 16 weeks
- Renewal approval period: 1 year

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 approval: 12 weeks, loading dose of 100mg at weeks 0, 4, and 8 weeks
- Maximum dose of 100mg every 8 weeks
- Renewal approval: 1 year. Confirmation of continued response required.

HALOBETASOL PROPIONATE AND TAZAROTENE (Duobrii 0.01%/0.045% Topical Lotion)

- Patients must have a clinical diagnosis of moderate to severe plaque psoriasis and an inadequate response to a topical high-potency corticosteroid.

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

HUMAN INSULIN R (Entuzity 500 U/mL KwikPen)

- For the treatment of patients with diabetes mellitus with unacceptable glycemic control who require more than 200 units of insulin per day, with or without other therapies.

Claims Notes:

- Treatment must be initiated by an endocrinologist or prescriber with a specialty in endocrinology.

***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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 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.

ICATIBANT (*Firazyr 30mg/30mL Prefilled Syringe*)

- 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 Note:

- 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

***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 ≤ 2 cm; AND
 - located on the trunk, neck or extremities (excluding hands and feet); AND
 - where surgery or eradication therapy is not medically indicated;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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.

INCLOBOTULINUMTOXIN-A (*Xeomin 50U/Vial and 100U/Vial*)

- For the treatment of blepharospasm or cervical dystonia (spasmodic torticollis).

INDACATEROL AND GLYCOPYRRONIUM (*Ultibro Breezhaler 110mcg/50mcg Capsule for Inhalation*)

- See [Long-Acting Beta₂-Agonists/Long-Acting Muscarinic Antagonists](#)

INDACATEROL, GLYCOPYRRONIUM AND MOMETASONE FUROATE (*Energair Breezhaler 150mcg/50mcg/160mcg Capsule for Inhalation*)

- For the treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta₂-agonist (LABA) and a medium or high dose of an inhaled corticosteroid (ICS) who experienced one or more asthma exacerbations in the previous 12 months.

Clinical Note:

- Asthma exacerbation is defined as: worsening signs or symptoms of asthma (shortness of breath, cough, wheezing or chest tightness and progressive decrease in lung function) requiring administration of systemic corticosteroids for at least three days, or asthma-related hospitalization

INDACATEROL, IN COMBINATION (*Aectura Breezhaler 150mcg/80mcg, 150mcg/160mcg and 150mcg/320mcg Capsule for Inhalation*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

INFLIXIMAB (*Avsola, Inflectra and Renflexis 100mg Powder For Injection*)

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 2 weeks each, 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 2 weeks each 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").

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Initial period 6 months.
 - Maximum dose 5mg/kg at 0, 2, and 6 weeks then every 6-8 weeks thereafter.
 - Concurrent use of biologics not approved.
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.

CROHN'S DISEASE

- For treatment of Crohn's disease 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:

- Requires a written request by a gastroenterologist or physician with a specialty in gastroenterology.

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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Initial approval for a maximum of 12 weeks
- Dosage restricted to infliximab 5mg/kg 0, 2 and 6 weeks then every 8 weeks

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 ≥ 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.
- Concurrent use of biologics not approved.
- 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 required.

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by a rheumatologist.
- Concurrent use of biologics not approved.
- Initial Approval: 6 months.
- 3mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
- Renewal Approval: 1 year. Confirmation of continued response is required.

ULCERATIVE COLITIS

- For the treatment of 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 ≥ 40 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

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Concurrent use of biologics not approved.
- Initial Approval: 16 weeks.
- Renewal Approval: 1 year.

INOTERSEN (*Tegsedi 189mg/mL Prefilled Syringe*)**POLYNEUROPATHY IN HEREDITARY TRANSTHYRETIN-MEDIATED AMYLOIDOSIS**

- For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:
 - Confirmed genetic diagnosis of hATTR
 - Symptomatic with early-stage neuropathy
 - Does not have New York Heart Association class III or IV heart failure
 - Has not previously undergone a liver transplant

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living
OR
- The patient is receiving end-of-life care.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Note:

- Symptomatic early-stage neuropathy is defined as polyneuropathy disability stage I to IIB or familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed.
- Initial Approval: 9 months.
- Renewal Approval: 12 months. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904551
 - 00904552
 - 00904553

INSULIN DETEMIR (*Levemir 100iu/mL Penfill and FlexTouch 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)
- For the treatment of pediatric and adolescent patients (under 18 years of age) with Type 1 diabetes.
- For the treatment of pregnant individuals with Type 1 or Type 2 diabetes requiring insulin.

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*)

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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

***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](#)

***ISAVUCONAZOLE** (*Cresamba 100mg Capsule and 200mg Vial*)

- For the treatment of adult patients with invasive aspergillosis who have a contraindication, intolerance or have failed to respond to oral voriconazole and caspofungin.
- For the treatment of adult patients with invasive mucormycosis.

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.
- Claims for Cresamba 200mg Vial that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904516

***ITRACONAZOLE** (*Sporanox 10mg/mL Oral Solution and generic brands*)

- For the treatment of immunocompromised adult patients with oral and/or esophageal candidiasis.

Clinical Note:

- Itraconazole oral solution is not interchangeable with itraconazole capsules due to differences in bioavailability

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.
- 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.

IXEKIZUMAB (*Taltz 80mg/mL Autoinjector and Prefilled Syringe*)**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 $\geq 75\%$ reduction in the Psoriasis Area and Severity Index (PASI) score; or
 - A $\geq 50\%$ 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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Initial approval for a maximum of 12 weeks.
- 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.
- Renewal approval: 1 year.

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 ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 8 weeks; AND

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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.
- Concurrent use of biologics not approved.
- Initial approval for a maximum of 12 weeks.
- Approvals will be for 160mg at week 0, followed by 80mg every 4 weeks.
- Renewal approval: 1 year. Confirmation of continued response required.

***LACTULOSE (667mg/mL Oral Liquid, generic brands)**

- For portal systemic encephalopathy.
- For pneumatosis cystoides intestinalis.

LANADELUMAB (Takhzyro 300mg/2mL Vial and 300mg/2mL Prefilled Syringe)

- For the routine prevention of attacks of type I or II hereditary angioedema (HAE) in patients 12 years of age and older who have experienced at least three HAE attacks within any four-week period and required the use of an acute injectable treatment.

Discontinuation Criteria:

- No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with lanadelumab compared to the number of attacks observed before initiating treatment with lanadelumab;

OR

- Increase in the number of HAE attacks for which acute injectable treatment was received compared to the number of attacks before initiating treatment with lanadelumab.

Clinical Note:

- The pre-treatment attack rate must be provided for those patients who are already receiving long-term prophylactic treatment for HAE and intend to transition to lanadelumab.

Claim Notes:

- Must be prescribed by a physician experienced in the diagnosis and treatment of HAE.
- Combination use of Takhzyro (lanadelumab) with other long-term prophylactic treatment of HAE (e.g., C1 esterase inhibitor) will not be funded.
- Approvals will be for a maximum of 300 mg every two weeks.
- Initial approval period: 3 months.
- Renewal approval period: 6 months.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Claims for Takhzyro 300mg/2mL vial and 300mg/2mL prefilled syringe that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Takhzyro 300mg/2mL Vial
 - 00904577
 - 00904578
 - Takhzyro 300mg/2mL Prefilled Syringe
 - 00904638
 - 00904639

***LANSOPRAZOLE** (*Prevacid FasTab 15mg, 30mg Tablet*)

- For patients who require the use of a proton pump inhibitor and require administration through a feeding tube. **[Criteria code 37]**
- For patients 19 years of age and younger, who require the use of a proton pump inhibitor and who cannot use a tablet or capsule. **[Criteria code 38]**

***LANSOPRAZOLE** (*Prevacid 15mg, 30mg Capsule and generic brands*)

- See [Proton Pump Inhibitors](#)

***LAPATINIB** (*Tykerb 250mg Tablet*)

- For the treatment of patients with unresectable locally advanced or metastatic HER2-positive breast cancer in combination with capecitabine for use as:
 - First line therapy following disease relapse during or within six months of completing adjuvant treatment with trastuzumab or trastuzumab emtansine; or
 - Second line therapy following disease progression during treatment with trastuzumab, with or without pertuzumab, in the advanced setting.

Clinical Note:

- Patients should have a good performance status.

***LAROTRECTINIB** (*Vittrakvi 25mg and 100mg Capsule and 20mg/mL Oral Liquid*)

LOCALLY ADVANCED UNRESECTABLE OR METASTATIC SOLID TUMORS WITH A NEUROTROPHIC TYROSINE RECEPTOR KINASE (NTRK) GENE FUSION

- For the treatment of adult and pediatric patients with locally advanced unresectable or metastatic solid tumors with NTRK gene fusion without a known acquired resistance mutation. Patient is not a candidate for surgery and/or radiation due to risk of substantial morbidity and have no satisfactory treatment options.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- Brain metastases are stable, if present.
- Patients with prior progression on an NTRK inhibitor are not eligible.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

transactions using the DIN first and then the following PINs:

- Vitrakvi 100mg Cap - 00900013
- Vitrakvi 20mg/mL O/L - 00900014

LEDIPASVIR AND SOFOSBUVIR (*Harvoni 90mg/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 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
- 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
- 12 weeks

Genotype 1

- Treatment-experienced with compensated cirrhosis
- 24 weeks

Genotype 1

- Decompensated cirrhosis
 - Liver transplant recipients without cirrhosis or with compensated 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;
 - 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Note:

- 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.

** [Criteria Code 34] has been added for use effective December 1, 2019 to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only.

LENALIDOMIDE (*Revlimid 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule and generic brands*)*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)

- For the treatment of relapsed or refractory multiple myeloma when used:
 - In combination with dexamethasone for patients who have received at least one prior treatment; or
 - In combination with carfilzomib and dexamethasone (KRd regimen) for patients who have received at least one prior treatment; or
 - In combination with daratumumab and dexamethasone (DRd regimen) for patients who have received at least one prior treatment.

NEWLY DIAGNOSED MULTIPLE MYELOMA POST-AUTOLOGOUS STEM CELL TRANSPLANT (NDMM POST-ASCT)

- For the maintenance treatment of patients with newly diagnosed multiple myeloma who have stable or improved disease following autologous stem-cell transplantation (ASCT) and no evidence of disease progression.

MULTIPLE MYELOMA NOT ELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANT (MM-TNE)

- As first-line treatment for newly diagnosed patients with multiple myeloma who are not eligible for autologous stem cell transplantation when used:
 - In combination with dexamethasone, with or without bortezomib; or
 - In combination with daratumumab and dexamethasone

MULTIPLE MYELOMA PRIOR TO AUTOLOGOUS STEM CELL TRANSPLANT (MM PRE-ASCT)

- For the treatment of patients with multiple myeloma when used in combination with bortezomib and dexamethasone as induction therapy prior to autologous stem cell transplant.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be continued until unacceptable toxicity or disease progression.

LENVATINIB (*Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 20mg, 24mg Compliance Pack*)*ADVANCED AND METASTATIC RENAL CELL CARCINOMA**

- In combination with pembrolizumab for the treatment of adult patients with advanced (not amenable to curative surgery or radiation) or metastatic renal cell carcinoma who have not had prior systemic therapy for metastatic disease.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity (can be continued as monotherapy after completing 2 years of combination therapy with pembrolizumab).
- If pembrolizumab or lenvatinib is discontinued for toxicity, the other agent can be continued at the discretion of the physician.
- Patients are eligible for one of pembrolizumab with lenvatinib or pembrolizumab with axitinib in this setting. If intolerant to one tyrosine kinase inhibitor (TKI), patient may be switched to an alternate TKI, provided there has been no progression.
- Patients who received pembrolizumab in the adjuvant setting are eligible for treatment provided there was a disease-free interval of at least six months.
- If patient requires and qualifies for re-treatment with pembrolizumab, lenvatinib may also be given at the discretion of the treating physician.

ADVANCED ENDOMETRIAL CARCINOMA

- In combination with pembrolizumab for the treatment of adult patients with advanced endometrial carcinoma that is not microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR), who have disease progression following prior platinum-based systemic therapy are and are not candidates for curative surgery or radiation.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity (can be continued as monotherapy after completing 2 years of combination therapy with pembrolizumab).
- Confirmation that patient does not have MSI-H or dMMR disease must be done prior to initiating treatment.
- No active CNS metastases (eligible if treated/stable).
- If pembrolizumab or lenvatinib is discontinued for toxicity, the other agent can be continued at the discretion of the physician.
- If patient requires and qualifies for re-treatment with pembrolizumab, lenvatinib can also be given at the discretion of the treating physician.

LOCALLY RECURRENT OR METASTATIC, PROGRESSIVE, RADIOACTIVE-IODINE-REFRACTORY DIFFERENTIATED THYROID CANCER (DTC) (LENVIMA 10MG,14MG, 20MG AND 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.

UNRESECTABLE OR METASTATIC HEPATOCELLULAR CARCINOMA (LENVIMA 4MG, 8MG AND 12MG COMPLIANCE PACK)

- For the treatment of adult patients with unresectable or metastatic hepatocellular carcinoma as either first-line treatment, or second-line treatment following atezolizumab in combination with bevacizumab, who meet all the following criteria:
 - Child-Pugh class status of A
 - ECOG performance status of 0 or 1

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Less than 50% liver involvement and no invasion of the bile duct or main portal vein
- No brain metastases or prior liver transplantation

Clinical Notes:

- Treatment should be continued until disease progression or unacceptable toxicity.
- Patients who are unable to tolerate lenvatinib may be switched to sorafenib if there is no disease progression and provided all other funding criteria are met.
- Patients with disease progression on lenvatinib are not eligible for reimbursement of sorafenib.

LETERMОВIR (*Prevymis 240mg and 480mg Tablet and 240mg and 480mg IV Solution*)

- For the prevention of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who have undetectable CMV viremia at baseline and meet one of the following criteria:
 - umbilical cord blood as a stem cell source
 - recipient of a haploidentical transplant
 - recipient of T-cell depleted transplant
 - treated with antithymocyte globulin (ATG) for conditioning
 - requiring high-dose steroids or other immunosuppression for acute graft versus host disease (GVHD)
 - treated with ATG for steroid-refractory acute GVHD
 - documented history of CMV disease prior to transplantation

Clinical Note:

- High-dose steroids is defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid.

Claim Notes:

- Must be prescribed by a medical oncologist, hematologist, or infectious disease specialist or other physician with experience in the management of HSCT.
- Approvals will be for a maximum dose of 480 mg per day.
- Approval period: 100 days per HSCT.

LEVOCARNITINE (*Carnitor 100mg/mL Oral Liquid, generic brands 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/CARBIDOPA (*Duodopa 20mg/5mg Intestinal Gel Cassettes*)

- For the treatment of patients with advanced levodopa-responsive Parkinson's Disease (PD) who meet all of the following criteria:
 - Experiences severe disability with at least 25% of the waking day in the off state and/or ongoing levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day).
 - Have received an adequate trial of maximally tolerated doses of levodopa, with demonstrated clinical response.
 - Have failed an adequate trial of the following adjunctive medications, if not contraindicated and/or

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

contrary to the clinical judgment of prescriber: entacapone, a dopamine agonist, a monoamine oxidase-B (MAO-B) inhibitor and amantadine.

- Must be able to administer the medication and care for the administration port and infusion pump. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably.

Exclusion Criteria:

- Patients with a contraindication to the insertion of a PEG-J tube.
- Patients with severe psychosis or dementia.

Renewal Criteria:

- Patients continue to demonstrate a significant reduction in the time spent in the off state and/or in ongoing levodopa-induced dyskinesias, along with and an improvement in the related disability.

Clinical Note:

- Time in the off state, frequency of motor fluctuations, and severity of associated disability should be assessed by a movement disorder subspecialist and be based on an adequate and reliable account from longitudinal specialist care, clinical interview of a patient and/or care partner, or motor symptom diary.

Claim Notes:

- Must be prescribed by a movement disorder subspecialist who has appropriate training in the use of Duodopa and is practicing in a movement disorder clinic that provides ongoing management and support for patients receiving treatment with Duodopa.
- Approval period: 1 year.

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 and generic brands*)

- 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

LINAGLIPTIN/METFORMIN (*Jentaduetto 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.

LISDEXAMFETAMINE (*Vyvanse 10mg, 20mg, 30mg, 40mg, 50mg, and 60mg Capsule and 10mg, 20mg, 30mg, 40mg, 50mg, and 60mg Chewable Tablet*)

- For treatment of patients with attention deficit hyperactivity disorder who have tried extended-release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results.

Claim Note:

- The maximum dose reimbursed is 60 mg daily.

LONG-ACTING BETA₂-AGONISTS (*Formoterol, Salmeterol*)

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:

Oxeze • 6mcg/Dose, 12mcg/Dose Turbuhaler

Serevent • 50mcg/dose Diskus

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience:
 - persistent symptoms, as defined by Medical Research Council (MRC) Dyspnea Scale of at least Grade 3 or a COPD Assessment test (CAT) score of at least 10 and have a post-bronchodilator FEV₁ less than 80% predicted; OR
 - two or more moderate exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids; OR
 - at least one acute severe exacerbation of COPD requiring hospitalization.

Clinical Note:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.7. 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. MRC Dyspnea Scale grade).

Claim Note:

- Requests for combination therapy of single agent long-acting bronchodilators, i.e. long-acting beta-2 agonist (LABA) and long-acting muscarinic antagonist (LAMA), will not be considered. Products which combine a LABA/LAMA in a single device are available as special authorization benefits with their own criteria.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Products and Strengths Approved:

Serevent	• 50mcg/dose Diskus
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LONG-ACTING BETA₂-AGONISTS/INHALED CORTICOSTEROIDS (*Formoterol, In Combination; Indacaterol, 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:

Ateectura	• 150mcg/80mcg, 150mcg/160mcg and 150mcg/320mcg Capsule for Inhalation
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Advair and generic brands	• 50/100mcg, 50/250mcg and 50/500mcg Diskus
	• HFA 25/125 mcg/dose
	• HFA 25/250 mcg/dose Inhaler

Breo Ellipta	• 100mcg/25mcg and 200mcg/25mcg dry powder for inhalation
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Symbicort	• 100/6mcg Turbuhaler
	• 200/6mcg Turbuhaler

Zenhale	• 5/100mcg and 5/200mcg
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CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in combination with a long-acting muscarinic antagonist (LAMA), in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting muscarinic antagonist (LABA/LAMA).
- For the treatment of patients with asthma / chronic obstructive pulmonary disease (ACO) overlap, based on patient history and lung function studies indicating an ACO diagnosis.
 - Please provide details to support the ACO diagnosis (patient symptoms, risk factors, spirometry etc.).

Clinical Notes:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.7. 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. MRC Dyspnea Scale grade).
- Inadequate control while being treated with a LABA/LAMA for at least two months is defined as persistent symptoms, or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.

Products and Strengths Approved:

Advair and generic brands	• 50/100mcg Diskus
	• 50/250mcg Diskus
	• 50/500mcg Diskus

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Products and Strengths Approved:

Breo Ellipta	• 100mcg/25mcg dry powder for inhalation
Symbicort	• 100/6mcg Turbuhaler
	• 200/6mcg Turbuhaler

LONG-ACTING BETA₂-AGONISTS/LONG-ACTING MUSCARINIC ANTAGONISTS (*Formoterol and Acclidinium Bromide, Indacaterol and Glycopyrronium Bromide, Olodaterol and Tiotropium Bromide and Vilanterol and Umeclidinium Bromide*)

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with either a long-acting beta-2 agonist (LABA) or long-acting muscarinic antagonist (LAMA).

Clinical Notes:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 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 grade).
- Inadequate control is defined as persistent symptoms (e.g. MRC Dyspnea Scale of at least grade 3 or COPD Assessment test (CAT) score of at least 10) after at least one month of a LAMA or LABA.
- LABA/LAMA combinations are not intended to be used with an inhaled corticosteroid (ICS) unless criteria for triple inhaled therapy (LABA/LAMA/ICS) is met.

LONG-ACTING MUSCARINIC ANTAGONISTS (*Acclidinium Bromide, Glycopyrronium Bromide, Tiotropium Bromide, Tiotropium Bromide Monohydrate and Umeclidinium*)

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience:
 - persistent symptoms, as defined by Medical Research Council (MRC) Dyspnea Scale of at least Grade 3 or a COPD Assessment test (CAT) score of at least 10 and have a post-bronchodilator FEV₁ less than 80% predicted; OR
 - two or more moderate exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids; OR
 - at least one acute severe exacerbation of COPD requiring hospitalization.
- For the treatment of COPD, as defined by spirometry, in combination with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS), for patients who experience inadequate control while being treated with a LABA/ICS or a long-acting beta-2 agonist/long-acting muscarinic receptor antagonists (LABA/LAMA).

Clinical Notes:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.7. 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. MRC Dyspnea Scale grade).
- Inadequate control while being treated with a LABA/LAMA or LABA/ICS for at least two months is defined as persistent symptoms or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.

Claim Note:

- Requests for combination therapy of single agent long-acting bronchodilators, i.e. LABA and LAMA, will not be considered. Products which combine a LABA/LAMA in a single device are available as special authorization

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benefits with their own criteria.

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.

***LORLATINIB** (*Lorbrena 25mg and 100mg Tablet*)

- As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients must not have had any prior systemic treatment for advanced or metastatic disease.
- Patients are not eligible for subsequent ALK inhibitor therapy following disease progression on lorlatinib.
- Patients may be switched to an alternate ALK inhibitor in the case of intolerance without disease progression.

Claim Note:

- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Lorbrena 100mg Tab
 - 00900025

LUSPATERCEPT (*Reblozyl 25mg and 75mg Vial*)

BETA-THALASSEMIA ANEMIA

- For the treatment of adult patients with RBC transfusion-dependent anemia associated with beta-thalassemia. Patients must be receiving regular transfusions, defined as:
 - 6 to 20 RBC units in the 24 weeks prior to initiating treatment with luspatercept, AND
 - No transfusion-free period greater than 35 days in the 24 weeks prior to initiating treatment with luspatercept.

Renewal Criteria:

- Patients must demonstrate an initial response, defined as a $\geq 33\%$ reduction in transfusion burden (RBC units/time) compared to the pre-treatment baseline RBC transfusion burden, measured over 24 weeks prior to initiating treatment with luspatercept.
- For continued coverage, patients should maintain a reduction in transfusion burden of $\geq 33\%$ compared to the pre-luspatercept transfusion burden.
- Luspatercept should be discontinued if a patient does not respond after nine weeks of treatment (three doses) at the maximum dose.

Claim Notes:

- The patient should be under the care of a specialist with experience in managing patients with beta-thalassemia.
- The maximum dose of luspatercept should not exceed 1.25mg/kg (or 120mg total dose) once every three weeks.
- Initial Approval: 6 months
- Renewal Approval: 1 year

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- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Reblozyl 25mg Vial
 - 00904728
 - Reblozyl 75mg Vial
 - 00904729

MYELOYDYSPLASTIC SYNDROMES

- For the treatment of adult patients with red blood cell (RBC) transfusion–dependent anemia associated with very low- to intermediate-risk MDS who have ring sideroblasts and who have failed or are not suitable for erythropoietin-based therapy.

Renewal Criteria:

- Patients should be RBC transfusion independent over a minimum of 16 consecutive weeks within the first 24 weeks of treatment initiation.
- For continued coverage, patients should be RBC transfusion independent over a minimum of 16 consecutive weeks within the previous approval period.

Claims Notes:

- Treatment should be initiated by a specialist with expertise in managing and treating patients with MDS.
- The maximum dose of luspatercept should not exceed 1.75mg/kg (or 168mg total dose) once every three weeks.
- Approval: 6 months
- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - See above.

MACITENTAN (*Opsumit 10mg Tablet*)

- For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with a World Health Organization (WHO) functional class of at least II.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonists will not be reimbursed.
- The maximum dose of macitentan that will be reimbursed is 10mg daily.

MAGNESIUM GLUCOHEPTONATE (*5mg/mL Solution and generic brands*)

- For the treatment of hypomagnesemia.

MECASERMIN (*Increlex 10mg/mL Vial*)

- For the treatment of growth failure in children and adolescents from 2 to 18 years with confirmed severe primary insulin-like growth factor-1 deficiency (SPIGFD) who meet the following criteria:
 - Epiphyseal closure has not yet occurred; AND

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- Have a confirmed diagnosis of SPIGFD, defined by:
 - a known genetic mutation recognized as a cause of SPIGFD, AND/OR
 - has clinical and biochemical features of SPIGFD

Renewal Criteria:

- Treatment with mecasermin must be discontinued upon the occurrence of any of the following:
 - Height velocity is less than 1cm per 6 months or less than 2cm per year, OR
 - Bone age is more than 16 years in boys and 14 years in girls.

Claim Notes:

- The patient must be under the care of a pediatric endocrinologist
- Mecasermin must not be prescribed concomitantly with recombinant GH treatment
- Approvals: 1 year
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00900015
 - 00900016

MEPOLIZUMAB (*Nucala 100mg/mL Powder for Injection, 100mg/mL Autoinjector and 100mg/mL Pre-filled Syringe*)

- 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., long-acting beta-agonist), and meets one of the following criteria:
 - blood eosinophil count of $\geq 0.3 \times 10^9/L$ within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, OR
 - blood eosinophil count of $\geq 0.15 \times 10^9/L$ and is receiving maintenance treatment with oral corticosteroids (OCS).

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, OR
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, OR
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, OR
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, OR
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. A clinically significant asthma exacerbation is defined as worsening of asthma such that the treating physician

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist with experience in treating severe eosinophilic asthma.
- Combined use of mepolizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 100 mg every four weeks.
- Initial approval period: 1 year.
- Renewal approval period: 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.

METHYLPHENIDATE (*Biphentin 10mg, 15mg, 20mg 30mg, 40mg, 50mg, 60mg and 80mg Capsule and generic brands*)

- For the treatment of patients with attention deficit hyperactivity disorder who have tried other forms of extended-release methylphenidate with unsatisfactory results.

Claim Note:

- The maximum dose reimbursed is 80mg daily.

METHYLPHENIDATE HYDROCHLORIDE (*Foquest 25mg, 35mg, 45mg, 55mg, 70mg, 85mg and 100mg Capsule*)

- For the treatment of patients with attention deficit hyperactivity disorder (ADHD) who have tried other forms of extended-release methylphenidate with unsatisfactory results.

Claim Note:

- The maximum dose reimbursed is 100mg daily.

***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]**

***MIDOSTAURIN** (*Rydapt 25mg Capsule*)

- For the treatment of adult patients with newly diagnosed FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia when used in combination with standard cytarabine and daunorubicin (7+3) induction and cytarabine consolidation chemotherapy. Patients should be deemed fit to receive standard induction and consolidation chemotherapy.

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Clinical Notes:

- Midostaurin is not funded as maintenance therapy.
- Midostaurin may be used in combination with other 7+3 induction regimens (i.e. cytarabine and idarubicin)

Claim Note:

- Claims for Rydapt 25mg capsule that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904390

MIGALASTAT (*Galafold 123mg Capsule*)

- Adults with confirmed diagnosis of Fabry Disease (alpha-galactosidase [alpha-Gal A]) and who have an alpha-Gal A mutation, determined to be amenable by an in vitro assay; and
- For use in patients with an amenable mutation and who are otherwise eligible for enzyme replacement therapy (ERT) for the treatment of Fabry Disease as determined through the Canadian Fabry Disease Initiative (CFDI).
- Not for use in pediatrics (i.e. patients < 18 years of age).

Clinical Note:

- Galafold will not be used concomitantly with any ERT.

Claims Note:

- Claims for Galafold 123mg capsule that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904406
 - 00904407

MIRABEGRON (*Myrbetriq 25mg ER and 50mg ER Tablet*)

- See [OAB Medications](#)

MODAFINIL (*Alertec 100mg Tablet and generic brands*)

- For the treatment of narcolepsy confirmed by sleep study

***MOXIFLOXACIN** (*Avelox 400mg Tablet and generic brands*)

- See [Fluoroquinolones, Respiratory](#)

MOXIFLOXACIN (*Vigamox 0.5% Ophthalmic Solution and generic brands*)

- See [Fluoroquinolones, Ophthalmic](#)

NARATRIPTAN (*Amerge 1mg, 2.5mg Tablet and generic brands*)

- See [Selective 5HT₁ - Receptor Agonists](#)

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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

***NETUPITANT/PALONOSETRON (Aynzeo 300mg/0.5mg Capsule)**

- In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:
 - highly emetogenic chemotherapy, **[Criteria Code 01]** OR
 - moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle. **[Criteria Code 02]**

Clinical Notes:

- Highly emetogenic chemotherapy (HEC) may include, but is not limited to: cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine and cyclophosphamide $\geq 1500\text{mg}/\text{m}^2$.
- Patients who receive carboplatin-based regimens with $\text{AUC} \geq 4$ are also eligible to receive netupitant/palonosetron in combination with dexamethasone for primary prevention of acute and delayed nausea and vomiting.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*NILETINIB (*Tasigna 150mg & 200mg Capsule*)

First Line:

- For the first-line treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.

Second Line:

- For the treatment of chronic phase and accelerated phase Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML) in adult patients who:
 - Are resistant to imatinib;
 - Have progressed to accelerated phase while on imatinib;
 - Are intolerant to previous oral tyrosine kinase inhibitors (TKIs) (i.e. imatinib or dasatinib or both). Sequential use of nilotinib and dasatinib is not permitted except in cases of intolerance (i.e. grade 3 or 4 toxicity).

NINTEDANIB (*Ofev 100mg and 150mg Capsule*)

IDIOPATHIC PULMONARY FIBROSIS (IPF)

- **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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

CHRONIC FIBROSING INTERSTITIAL LUNG DISEASE

Initiation criteria:

- For the treatment of chronic fibrosing interstitial lung disease with a progressive phenotype confirmed by a specialist in interstitial lung diseases, if the following criteria are met:
 - the patient has a forced vital capacity greater than or equal to 45% of predicted.

Renewal criteria:

- The patient must not experience a more severe progression of disease, defined as an absolute decline in percent predicted forced vital capacity of 10% or greater over the preceding year of treatment with nintedanib.

Clinical Note:

- The patient's clinical status should be evaluated every 12 months.

Claim Notes:

- The patient is under the care of a physician with experience in interstitial lung diseases.
- Concurrent treatment of nintedanib with pirfenidone should not be reimbursed.
- Approval Period: 12 months

*NIRAPARIB (*Zejula 100mg Tablet*)

NEWLY DIAGNOSED ADVANCED EPITHELIAL OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER

- As monotherapy maintenance treatment of patients with newly-diagnosed ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to at least 4 cycles of first-line platinum-based chemotherapy. Eligible patients should have high-grade serous or endometrioid tumours classified as stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria.

Clinical Notes:

- Patients should have a good performance status.
- Maintenance therapy with niraparib should begin within 12 weeks of completion of platinum-based chemotherapy and may continue for up to 3 years, or until disease progression or unacceptable toxicity, whichever occurs first.
- Patients who have stable brain metastases are eligible for treatment with niraparib.
- Patients who are unable to tolerate platinum-based chemotherapy (due to allergic reaction) and otherwise meet criteria, will be assessed on a case by case basis to determine eligibility for treatment with niraparib.
- Niraparib in combination with bevacizumab is not funded.

RELAPSED, PLATINUM SENSITIVE ADVANCED EPITHELIAL OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER

- As monotherapy maintenance treatment for patients with relapsed, platinum-sensitive high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy, and have achieved a complete or partial response to the most recent platinum-based chemotherapy regimen.

Clinical Notes:

- Platinum-sensitive disease is defined as disease progression occurring at least six months after completion of platinum-based chemotherapy.
- Patients should have a good performance status.
- Patients must have received at least 4 cycles of the most recent platinum-based chemotherapy before starting

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

treatment with niraparib.

- Maintenance therapy with niraparib should begin within 12 weeks of the last chemotherapy treatment and may continue until disease progression or unacceptable toxicity, whichever occurs first.
- Patients who have stable brain metastases are eligible for treatment with niraparib.
- Patients who are unable to tolerate platinum-based chemotherapy (due to allergic reaction) and otherwise meet criteria, will be assessed on a case by case basis to determine eligibility for treatment with niraparib.

Claim Note:

- Claims for Zejula 100mg tablet that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904985

NITISINONE (*Cycle-Nitisinone 2mg, 5mg and 10mg Tablet and Orfadin 2mg, 5mg, 10mg, 20mg Capsule*)

- For the treatment of adult and pediatric patients with hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

Clinical Note:

- For use in patients with an established diagnosis of HT-1.

Claim Notes:

- Must be prescribed by a physician experienced in the diagnosis and management of HT-1.
- Claims for nitisinone 10mg tablet/capsule and 20mg capsule that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Nitisinone 10mg Tab
 - 00904442
 - 00904443
 - 00904444
 - Orfadin 10mg Cap
 - 00904434
 - 00904435
 - 00904436
 - Orfadin 20mg Cap
 - 00904437
 - 00904438
 - 00904439

***NORFLOXACIN** (*400mg Tablet and generic brands*)

- See [Fluoroquinolones, Oral](#)

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NUSINERSEN (*Spinraza 12mg/5mL Vial*)

- For patients diagnosed with 5q Spinal Muscular Atrophy (SMA) under the care of a specialist with experience in the diagnosis and management of SMA, if the following clinical criteria are met:
 - Genetic documentation of 5q SMA homozygous gene deletion, homozygous mutation, or compound heterozygote, AND
 - Patients who:
 - are pre-symptomatic with two or three copies of SMN2, OR
 - have had disease duration of less than six months, two copies of SMN2, and symptom onset after the first week after birth and on or before seven months of age, OR
 - are under the age of 18 with symptom onset after six months of age,AND
 - Patient is not currently requiring permanent invasive ventilation*, AND
 - A baseline assessment using an age-appropriate scale (the Hammersmith Infant Neurological Examination [HINE] Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders [CHOP INTEND], or Hammersmith Functional Motor Scale-Expanded [HFMSE]) must be completed prior to initiation of nusinersen treatment.
- For continued coverage, the patient must meet the following criteria:
 - There is demonstrated achievement or maintenance of motor milestone function (as assessed using age-appropriate scales: the [HINE] Section 2), CHOP INTEND, or HFMSE) since treatment initiation in patients who were pre-symptomatic at the time of treatment initiation; OR
 - There is demonstrated maintenance of motor milestone function (as assessed using age-appropriate scales: the HINE Section 2, CHOP INTEND, or HFMSE) since treatment initiation in patients who were symptomatic at the time of treatment initiation;AND
 - Patient does not require permanent invasive ventilation*.
- Treatment should be discontinued if, prior to the fifth dose or every subsequent dose of nusinersen, the above renewal criteria are not met.

* Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Note:

- Coverage for nusinersen will not be provided in combination with other SMA drug therapies or post administration of onasemnogene abeparvovec.
- Claims for Spinraza 12mg/5mg vials that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904366
 - 00904367
 - 00904368
 - 00904369
 - 00904370
 - 00904371
 - 00904372
 - 00904373

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 00904374
- 00904375
- 00904376
- 00904377
- 00904474
- 00904475
- 00904476
- 00904478

OAB MEDICATIONS (*Darifenacin, Fesoterodine Fumarate, Mirabegron, 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.

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

OCRELIZUMAB (*Ocrevus 300mg/10mL Vial*)

PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS

- For the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) who meet all of the following criteria:
 - Confirmed diagnosis based on McDonald criteria
 - Recent Expanded Disability Status Scale (EDSS) score between 3.0 and 6.5
 - Recent Functional Systems Scale (FSS) score of at least 2 for the pyramidal functions component due to lower extremity findings
 - Disease duration of 10 years for those with an EDSS of less than or equal to 5 or disease duration less than 15 years for those with an EDSS greater than 5
 - Diagnostic imaging features characteristic of inflammatory activity
 - Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

RELAPSING REMITTING MULTIPLE SCLEROSIS

- For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
 - Confirmed diagnosis based on McDonald criteria
 - Experienced one or more disabling relapses or new MRI activity in the last two years
 - Are fully ambulatory without aids (i.e., must provide a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 5.5)
 - Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 6.

Claim Notes:

- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Claims for Ocrevus 300mg/10mL Vial that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904527

OFATUMUMAB (*Kesimpta 20mg/0.4mL Prefilled Pen*)

RELAPSING REMITTING MULTIPLE SCLEROSIS (RRMS)

- For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:
 - An Expanded Disability Status Scale (EDSS) score of less than 6.0
 - Evidence of active disease defined as at least one of the following:
 - One relapse during the previous year

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Two relapses during the previous 2 years
- A positive gadolinium (Gd)-enhancing MRI scan during the year before starting treatment with ofatumumab.

Renewal Criteria:

- EDSS score less than 6.0. 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.

Claims Notes:

- Approval: 1 year.
- Combined use with other disease modifying therapies to treat multiple sclerosis will not be reimbursed.
- Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis.

OFLOXACIN, OPHTHALMIC (*Ocuflox 0.3% Ophthalmic Solution and generic brands*)

- See [Fluoroquinolones, Ophthalmic](#)

***OLAPARIB** (*Lynparza 50mg Capsule and 100mg and 150mg Tablet*)

HIGH-RISK EARLY BREAST CANCER

For the treatment of adult patients with germline BRCA-mutated (gBRCAm) HER2-negative high-risk early breast cancer who meet one of the following criteria:

- For patients who underwent upfront surgery followed by adjuvant chemotherapy:
 - If TNBC: must have node-positive disease or pT ≥ 2cm, or
 - If HR-positive, HER2-negative: must have ≥ 4 involved pathologically confirmed lymph nodes
 OR
- For patients who received neoadjuvant chemotherapy followed by surgery:
 - If TNBC: must have residual invasive disease, or
 - If HR-positive, HER2-negative: must have residual invasive disease and deemed high-risk using a risk assessment tool.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease recurrence, unacceptable toxicity, or to a maximum of one year, whichever occurs first.
- Must have confirmed gBRCAm prior to starting therapy.
- Patients must have completed chemotherapy containing anthracyclines and/or taxanes. Patients who stop chemotherapy early for toxicity are eligible.

NEWLY-DIAGNOSED, ADVANCED, BRCA-MUTATED

- As monotherapy maintenance treatment of patients with newly-diagnosed, advanced, BRCA-mutated (germline or somatic), high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to at least 4 cycles of first-line platinum-based chemotherapy.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

- Patients should have a good performance status.
- Maintenance therapy with olaparib should begin within 12 weeks of completion of platinum-based chemotherapy.
- Patients who are unable to tolerate platinum-based chemotherapy (due to allergic reaction) and otherwise meet criteria, will be assessed on a case by case basis to determine eligibility for treatment with olaparib.
- Treatment should continue until unacceptable toxicity, disease progression, or to a maximum of 2 years of therapy if no evidence of disease, whichever comes first.¹
- Imaging is required for patients who are delayed in starting olaparib therapy, i.e. greater than 12 weeks after completion of platinum-based chemotherapy, or who have had a break in therapy for more than 14 days, to rule out progression prior to starting or re-starting olaparib.
- Olaparib in combination with bevacizumab is not funded. Patients already on bevacizumab maintenance at the time of olaparib funding may be switched to olaparib, as long as there is no evidence of progression on imaging and is within 12 weeks of completion of chemotherapy.

¹ Patients with a partial response or stable disease at 2 years may continue to receive olaparib at the discretion of the treating physician.

RELAPSED, BRCA-MUTATED

- As monotherapy maintenance treatment for patients with platinum-sensitive, relapsed, BRCA-mutated (germline or somatic), high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial.
- Patients must have received at least four cycles of their most recent platinum-based chemotherapy before starting treatment with olaparib.

Clinical Notes:

- Treatment should continue until unacceptable toxicity or disease progression.
- Maintenance therapy with olaparib should begin within eight weeks of the last dose of platinum-based chemotherapy.
- Platinum-sensitive disease is defined as disease progression occurring at least six months after completion of platinum-based chemotherapy.
- Patients should have a good performance status.
- Patients who are unable to tolerate platinum-based chemotherapy (due to allergic reaction) and otherwise meet criteria, will be assessed on a case by case basis to determine eligibility for treatment with olaparib.

METASTATIC CASTRATE-RESISTANT PROSTATE CANCER

- For the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) with deleterious or suspected deleterious germline and/or somatic mutations in the homologous recombination repair (HRR) genes BRCA1, BRCA2 or ATM and who have progressed on prior treatment with androgen-receptor-axis-targeted (ARAT) therapy.

Clinical Note:

- Patients should have a good performance status and treatment should be continued until disease progression or unacceptable toxicity.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

OMALIZUMAB (*Xolair 150mg Powder for Injection and Prefilled Syringe*)

- 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)

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 50iu/vial and 100iu/vial Injection*)

- For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency, in adult patients who have an intolerance or insufficient response to an adequate trial of at least two other pharmacologic treatments (e.g. anticholinergics, mirabegron).

Renewal criteria:

- Requests for renewal should provide objective evidence of a treatment response, defined as a reduction of at least 50% in the frequency of urinary incontinence episodes.

Claim Notes:

- Must be prescribed and administered by a urologist.
- Initial approval period: 12 weeks (one dose).
- Renewal approval period: Maximum of 3 doses per year in responders, at a frequency of no more than once every twelve weeks.

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, 6mg/mL Oral Suspension and generic brands*)

Treatment: [Criteria Code 40]

- For patients who test negative for COVID-19 and meet one of the following:
 1. have suspected¹ or test confirmed severe, complicated, or progressive² influenza OR
 2. are hospitalized² with suspected¹ or test confirmed influenza OR
 3. have suspected¹ or test confirmed influenza and are at higher risk of complications, which include the following age groups, chronic medical conditions, and persons:
 - Asthma and other chronic pulmonary disease, including asthma, bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis, and emphysema
 - Cardiovascular disease (excluding isolated hypertension; including congenital and acquired heart disease, such as congestive heart failure and symptomatic coronary artery disease)
 - Renal disease
 - Chronic liver disease
 - Diabetes mellitus and other metabolic diseases
 - Anemia and hemoglobinopathies, such as sickle cell disease
 - Cancer, immunosuppression, or immunodeficiency due to disease (e.g.: HIV infection, especially if CD4 is <200) or management of underlying condition (solid organ transplant or hematopoietic stem cell transplant recipients)
 - Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (cognitive dysfunction; spinal cord injury; neuromuscular, neurovascular, neurodegenerative, and seizure disorders; cerebral palsy; metabolic disorders)
 - Children aged younger than 5 years²
 - Individuals aged 65 years or older
 - People of any age who are residents of nursing homes or other chronic care facilities
 - Pregnancy and up to 4 weeks postpartum regardless of how the pregnancy ended³
 - Obesity with a BMI ≥40 or a BMI >3 z-scores above the mean for age and gender
 - Children and adolescents aged younger than 18 years undergoing treatment for long periods with acetylsalicylic acid because of the potential increase in Reye's syndrome associated with influenza
 - Indigenous peoples
- For the treatment of long-term care and eligible⁴ residential care residents with clinically suspected or lab confirmed influenza A or B upon advice of the Medical Officer of Health. 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Prophylaxis: [Criteria Code 41]

- For the prophylaxis of influenza A or B in long-term care and eligible⁴ residential care residents where the facility has an outbreak upon advice of the Medical Officer of Health.
- A protocol has been developed by Public Health for the treatment of residents in long-term care facilities and eligible⁴ residential care residents. 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.

Notes:

1. For suspected cases, discontinue oseltamivir if the lab test is negative
2. Among healthy children aged younger than 5 years, the risk of hospitalization is further increased among those aged younger than 2 years
3. The risk of influenza-related hospitalization increases with length of gestation (i.e., it is higher in the third trimester than in the second)
4. Eligible residents are people of any age who are residents of nursing homes or other chronic care facilities.

***OSIMERTINIB (*Tagrisso 40mg and 80mg Tablet*)**

STAGE IB-III A NON-SMALL CELL LUNG CANCER (NSCLC)

- For adjuvant therapy after tumour resection in patients with Stage IB-III A (AJCC 7th edition or equivalent) non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions [exon 19 del] or exon 21 [L858R] substitution mutations.

Clinical Notes:

- Patients should have a good performance status.
- Treatment with osimertinib should continue for a total duration of 3 years, or until disease recurrence or unacceptable toxicity.
- Osimertinib treatment should be initiated within 10 weeks of complete surgical resection if adjuvant chemotherapy was not administered, or within 26 weeks if adjuvant chemotherapy was administered.
- Retreatment with osimertinib in the metastatic setting will be considered if disease recurrence is at least 6 months following completion of adjuvant therapy.

LOCALLY ADVANCED OR METASTATIC NON-SMALL CELL LUNG CANCER (NSCLC)

- For the first-line treatment of patients with locally advanced (not amenable to curative-intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumors have the following epidermal growth factor receptor (EGFR) mutations: exon 19 deletions [exon 19 del] or exon 21 [L858R] mutations. Eligible patients should be previously untreated in the locally advanced or metastatic setting and have a good performance status.

Clinical Notes:

- Treatment may continue until clinically meaningful disease progression or unacceptable toxicity.
- Retreatment with osimertinib in the metastatic setting will be considered if disease recurrence is at least 6 months following completion of adjuvant therapy.

LOCALLY ADVANCED OR METASTATIC T790M MUTATION-POSITIVE NON-SMALL CELL LUNG CANCER (NSCLC)

- For the treatment of patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy, or as initial therapy in patients with a de novo EGFR T790M mutation.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

- Patients currently receiving alternate first-line EGFR TKI's (e.g. erlotinib, gefitinib, afatinib) whose tumors have the noted EGFR mutations (exon 19 del or L858R) may be switched to osimertinib provided they meet all other funding criteria and have not experienced disease progression.
- Patients who have initiated treatment with chemotherapy prior to receiving results of the EGFR mutation status may be switched to osimertinib if otherwise eligible.
- Osimertinib may be continued until there is evidence of disease progression or the development of unacceptable toxicity.
- Retreatment with osimertinib in the metastatic setting will be considered if disease recurrence is at least 6 months following completion of adjuvant therapy.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following:
 - Tagrisso 40mg Tab – 00900020
 - Tagrisso 80mg Tab – 00904389

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.

OZANIMOD (*Zeposia 0.23mg & 0.46mg Initiation Pack and 0.92mg Cap*)

- For the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have a partial Mayo score > 4, and have 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 ≥ 40 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.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Concurrent use of biologics or Janus kinase inhibitors not approved.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Initial Approval: 16 weeks.
- Maximum dose of 0.92mg daily with no dose escalation permitted.
- Renewal Approval: 1 year.

***PALBOCICLIB** (*Ibrance 75mg, 100mg and 125mg Capsule and 75mg, 100mg and 125mg Tablet*)

ER POSITIVE, HER2-NEGATIVE ADVANCED BREAST CANCER IN COMBINATION WITH AN AROMATASE INHIBITOR (AI)

- 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 endocrine-based treatment for metastatic disease. Patients may have received up to one prior line of chemotherapy for advanced disease.

Clinical Notes:

- 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.
- 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. Patients eligible include:
 - Pre and peri-menopausal patients (should be treated with a luteinizing hormone- releasing hormone (LHRH) agonist)
 - Males
 - Patients with bone-only metastases
 - Patients who are HER2 equivocal by FISH testing (these patients are HER2 negative)
 - Patients currently receiving first line aromatase inhibitor monotherapy for ER positive, HER2-negative metastatic breast cancer may have palbociclib added provided the above criteria is met.
- Patients with prior adjuvant treatment with abemaciclib plus endocrine therapy are eligible if disease progression occurred 6 months or greater after completion of adjuvant abemaciclib.

HR POSTIVE, HER2-NEGATIVE ADVANCED OR METASTATIC BREAST CANCER IN COMBINATION WITH FULVESTRANT

- In combination with fulvestrant for the treatment of patients with hormone receptor (HR) positive, HER 2 negative advanced or metastatic breast cancer, as initial endocrine-based therapy or following disease progression on endocrine therapy. Patients may have also received up to one prior line of chemotherapy for advanced disease. Patients should have a good performance status, without active or uncontrolled metastases to the central nervous system and can be of any menopausal status (Perimenopausal and premenopausal women must be treated with an LHRH agonist).

Clinical Notes:

- Treatment should continue until unacceptable toxicity or disease progression.
- Patients who progress ≤ 12 months from (neo) adjuvant therapy are eligible for treatment with palbociclib plus fulvestrant.
- Patients who experience disease progression on prior CDK 4/6 inhibitor therapy, fulvestrant or everolimus are not eligible for treatment with palbociclib with fulvestrant.
- Patients currently receiving fulvestrant monotherapy, and who have not progressed may have palbociclib added, provided they are CDK 4/6 inhibitor naïve and otherwise meet funding criteria.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Patients who previously received everolimus plus exemestane will be eligible for funding of palbociclib plus fulvestrant on progression, provided that treatment was started prior to funding of CDK 4/6 + fulvestrant, patient must be CDK 4/6 naïve and otherwise meet funding criteria.
- Patients with prior adjuvant treatment with abemaciclib plus endocrine therapy are eligible if disease progression occurred 6 months or greater after completion of adjuvant abemaciclib.

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.

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](#)

PATISIRAN (*Onpattro 2mg/mL IV Solution*)

- For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:
 - Confirmed genetic diagnosis of hATTR.
 - Symptomatic with early-stage neuropathy¹.
 - Does not have New York Heart Association class III or IV heart failure.
 - Has not previously undergone a liver transplant.

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living.
OR
- The patient is receiving end-of-life care.

Clinical Note:

1. Symptomatic early-stage neuropathy is defined as polyneuropathy disability stage I to IIIB or familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed.
- Initial Approval: 9 months.
- Renewal Approval: 12 months. Confirmation of continued response is required.
- Claims for Onpattro 2mg/mL IV Solution that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904586

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 00904587
- 00904588

***PAZOPANIB** (*Votrient 200mg Tablet and generic brands*)

- For patients with advanced or metastatic renal cell carcinoma as either first-line therapy, or second-line therapy after failure of first-line immunotherapy.

Clinical Notes:

- Patients must have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- Pazopanib may not be used after another tyrosine kinase inhibitor (i.e., sorafenib, or sunitinib) as sequential therapy.
- In the event of significant toxicity, a switch to another tyrosine kinase inhibitor (i.e., sorafenib or sunitinib) may be allowed.
- Both clear cell and non-clear cell histology are eligible for treatment.

PDP-AMLODIPINE (*1mg/mL Oral Solution*)

- For patients who require administration through a feeding tube. **[Criteria Code 37]**
- For patients 19 years of age and younger, who cannot use a tablet or capsule. **[Criteria Code 38]**

***PEGFILGRASTIM** (*Fulphila 6mg/0.6mL (10mg/mL) PF Solution for Injection, Lapelga 6mg Prefilled Syringe, & 10mg/mL Prefilled Autoinjector, Nyvepria 10mg/mL Prefilled Syringe and Ziextenzo 10mg/mL Injection*)

- For the prevention of febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy with curative intent who:
 - are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; **[Criteria Code 01]** or
 - have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; **[Criteria Code 02]** or
 - have had a dose reduction, or treatment delay greater than one week due to neutropenia **[Criteria Code 03]**

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

PERAMPANEL (*Fycompa 2mg, 4mg, 6mg, 8mg, 10mg and 12mg Tablet*)

- For the adjunctive treatment of refractory partial-onset seizures or primary generalized tonic-clonic seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response to at least three other antiepileptic drugs.

Claim Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

*PILOCARPINE, ORAL (*Salagen 5mg Tablet and generic brands*)

- 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.

PIRFENIDONE (*Esbriet 267mg Capsule, 267mg Tablet, 801mg Tablet and generic brands*)

- **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 case 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 and generic brands*)

- For use in combination with filgrastim to mobilize hematopoietic stem cells for subsequent autologous transplantation in patients who meet one of the following criteria:
 - PBCD34+ count of less than 10 cells/uL after 4 days of filgrastim, or
 - Less than 50% of the target CD34+ yield is achieved on the first day of apheresis (after being mobilized with filgrastim alone or following chemotherapy), or
 - Failed a previous attempt for stem cell mobilization with filgrastim alone or following chemotherapy.

Claim 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 and generic brands*)

- 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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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>.

***PONATINIB (*Iclusig 15mg 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 (*10mg Tablet*)

- In combination with ASA for patients with:
 - Unstable angina (UA) or non-ST-segment elevation myocardial infarction (NSTEMI) managed with percutaneous coronary intervention (PCI); or
 - ST-segment elevation myocardial infarction (STEMI) managed with primary or delayed PCI; or
 - Failure on clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after revascularization with PCI.

Clinical Note:

- Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.

Claim Note:

- Approval Period: 1 year.

PROPIVERINE HYDROCHLORIDE (*Mictoryl 5mg Tablet*)

- For the treatment of overactive bladder with symptoms of urgency incontinence and/or urinary frequency and urgency in pediatric patients under 18 years of age.

PROPRANOLOL (*Hemangirol 3.75mg/mL Solution*)

- For the treatment of patients with proliferating infantile hemangioma that is:
 - Life-or function-threatening OR
 - Ulcerated with pain or not responding to simple wound care measures OR
 - At risk of permanent scarring or disfigurement

***PROTON PUMP INHIBITORS (PPIs)**

PANTOPRAZOLE MAGNESIUM AND LANSOPRAZOLE

- Failure of a trial of all open benefit PPIs (omeprazole, pantoprazole sodium and rabeprazole).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

RAVULIZUMAB (*Ultomiris 300mg/30mL, 300mg/3mL and 1100mg/11mL Vial*)

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

Initiation Criteria:

For the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) who meet the following criteria:

- The diagnosis of PNH has been made based on the following confirmatory results:
 - Flow cytometry/FLAER exam with granulocytes or monocyte clone $\geq 10\%$; AND
 - LDH > 1.5 ULN; AND
 - At least one of the following:
 - A thrombotic or embolic event which required the institution of therapeutic anticoagulant therapy,
 - Minimum transfusion requirement of 4 units of red blood cells in the previous 12 months,
 - Chronic or recurrent anemia where causes other than hemolysis have been excluded and demonstrated by more than one measure of less than or equal to 70g/L or by more than one measure of less than or equal to 100g/L with concurrent symptoms of anemia,
 - Pulmonary insufficiency: Debilitating shortness of breath and/or chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded,
 - Renal insufficiency: History of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m², where causes other than PNH have been excluded,
 - Smooth muscle spasm: Recurrent episodes of severe pain requiring hospitalization and/or narcotic analgesia, where causes other than PNH have been excluded.

Renewal Criteria:

- Renewals will be considered for patients who;
 - Demonstrate clinical improvement while on therapy or
 - Where therapy has been shown to stabilize the patient's condition
- Requests for renewal should be accompanied by confirmation of granulocyte clone size (by flow cytometry).

Exclusion Criteria:

Exclusion criteria for both initiation and renewal requests:

- Small granulocyte or monocyte clone size - the treatment of patients with a granulocyte and monocyte clone size below 10% will not be eligible for treatment; OR
- Aplastic anemia with two or more of the following: neutrophil count below $0.5 \times 10^9/L$, platelet count below $20 \times 10^9/L$, reticulocytes below $25 \times 10^9/L$, or severe bone marrow hypocellularity; OR
- Patients afflicted with PNH and another life-threatening or severe disease where the long term prognosis is unlikely to be influenced by therapy (for example acute myeloid leukemia or high-risk myelodysplastic syndrome); OR
- The presence of another medical condition that might reasonably be expected to compromise a response to therapy.

Exclusion criteria for renewal requests:

- The patient or treating physician fails to comply adequately with treatment or measures, including monitoring requirements, taken to evaluate the effectiveness of the therapy; OR

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- If therapy fails to relieve the symptoms of disease that originally resulted in the patient being approved for subsidized treatment.

Clinical Notes:

- Patients with insufficient initial response or who have failed treatment with eculizumab at the Health Canada–recommended dosage are not eligible for reimbursement of ravulizumab.
- All patients must receive meningococcal vaccination with a tetravalent vaccine at least two weeks prior to receiving the first dose of ravulizumab.

Claim Notes:

- Approvals will be for a maximum of:

Body Weight Range (kg)	Loading Dose (mg)	Maintenance Dose (mg)	Dosing Interval
≥ 5 to < 10	600	300	Every 4 weeks
≥ 10 to < 20	600	600	Every 8 weeks
≥ 20 to < 30	900	2,100	Every 8 weeks
≥ 30 to < 40	1,200	2,700	Every 8 weeks
≥ 40 to < 60	2,400	3,000	Every 8 weeks
≥ 60 to < 100	2,700	3,300	Every 8 weeks
≥ 100	3,000	3,600	Every 8 weeks

- Supplemental dosing following treatment with plasma exchange, plasmapheresis, or intravenous immunoglobulin is approved.
- Initial Approval: 6 months
- Renewal Approval: 1 year
- The patient must be under the care of a pediatric nephrologist, a nephrologist, a pediatric hematologist or a hematologist.

ATYPICAL HEMOLYTIC UREMIC SYNDROME

Initiation Criteria:

- For the treatment of adult and pediatric patients 1 month of age and older with atypical hemolytic uremic syndrome (aHUS) who meet all of the following criteria:
 - Confirmed diagnosis of aHUS at initial presentation, defined by presence of thrombotic microangiopathy (TMA), who meet all the following criteria:
 - A disintegrin and metalloproteinase with a thrombospondin type 1 motif, member 13 (ADAMTS-13) activity ≥ 10% on blood samples taken before plasma exchange or plasma infusion (PE/PI); AND
 - Shiga toxin–producing Escherichia coli (STEC) test negative in patients with a history of bloody diarrhea in the preceding 2 weeks; and
 - TMA must be unexplained (not a secondary TMA).
 - Evidence of ongoing active TMA and progressing, defined by laboratory test abnormalities despite plasmapheresis, if appropriate. Patients must demonstrate:

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Unexplained (not a secondary TMA) thrombocytopenia (platelet count $< 150 \times 10^9/L$); and hemolysis as indicated by the documentation of 2 of the following: schistocytes on the blood film; low or absent haptoglobin; or lactate dehydrogenase (LDH) above normal. OR
 - Tissue biopsy confirms TMA in patients who do not have evidence of platelet consumption and hemolysis.
 - Evidence of at least 1 of the following documented clinical features of active organ damage or impairment:
 - Kidney impairment, as demonstrated by one of the following:
 - A decline in estimated glomerular filtration rate (eGFR) of $> 20\%$ in a patient with pre-existing renal impairment; AND/OR
 - Serum creatinine (SCr) $>$ upper limit of normal (ULN) for age or GFR $< 60\text{mL/min}$ and renal function deteriorating despite prior PE/PI in patients who have no history of preexisting renal impairment (i.e., who have no baseline eGFR measurement); OR
 - SCr $>$ the age-appropriate ULN in pediatric patients (as determined by or in consultation with a pediatric nephrologist) OR
 - The onset of neurological impairment related to TMA.
 - Other TMA-related manifestations, such as cardiac ischemia, bowel ischemia, pancreatitis, and retinal vein occlusion.
- For transplant patients with a documented history of aHUS (i.e., history of TMA [not a secondary TMA only] with ADAMTS 13 $> 10\%$) who meet the following criteria:
 - Develop TMA immediately (within hours to 1 month) following a kidney transplant; OR
 - Previously lost a native or transplanted kidney due to the development of TMA; OR
 - Have a history of proven aHUS and require prophylaxis with ravulizumab at the time of a kidney transplant
- Patients should not have a history of ravulizumab treatment failure (i.e., treated with ravulizumab with a previous aHUS recurrence). Treatment failure is defined as:
 - Dialysis-dependent at 6 months, and failed to demonstrate resolution or stabilization of neurological or extrarenal complications if these were originally present; OR
 - On dialysis for ≥ 4 of the previous 6 months while receiving ravulizumab and failed to demonstrate resolution or stabilization of neurological or extrarenal complications if these were originally present; OR
 - Worsening of kidney function with a reduction in eGFR or increase in SCr $\geq 25\%$ from baseline.

Renewal Criteria:

- Treatment with ravulizumab can be renewed as long as the patient exhibits a response to treatment or as per physician discretion (e.g., long-term funding based on factors like limited organ reserve or high-risk genetic mutation such as Factor H deficiency).
 - Response to treatment is defined as, but not limited to, hematological normalization (e.g., platelet count, LDH), stabilization of end-organ damage (such as acute kidney injury and brain ischemia), transplant graft survival in susceptible individuals, and dialysis avoidance in patients who are pre- end-stage kidney disease (ESKD).

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- Assessment of treatment response should be conducted at 6-months, at 12-months, then annually thereafter.
 - At the 6-month assessment, treatment response and no treatment failure (defined in Initiation Criteria) is required.
 - At the 12-month and annual assessments, treatment response, no treatment failure, and the patient has limited organ reserve or high-risk genetic mutation are required.
 - Limited organ reserve is defined as significant cardiomyopathy, neurological, gastrointestinal, or pulmonary impairment related to TMA; or Grade 4 or 5 chronic kidney disease (eGFR < 30mL/min) is required.
- A patient previously diagnosed with aHUS and who responded to treatment with ravulizumab and has not failed ravulizumab is eligible to restart ravulizumab if the patient redevelops a TMA related to aHUS and meets the following clinical conditions:
 - Significant hemolysis as evidenced by presence of schistocytes on the blood film, or low or absent haptoglobin, or LDH above normal; AND
 - EITHER
 - Platelet consumption as measured by either $\geq 25\%$ decline from patient baseline or thrombocytopenia (platelet count < $150,000 \times 10^9/L$); OR
 - TMA-related organ impairment (e.g., unexplained rise in serum creatinine with onset of urine dipstick positive for hemoglobin) including on recent biopsy.

Claim Notes:

- Approvals will be for a maximum of:

Body Weight Range (kg)	Loading Dose (mg)	Maintenance Dose (mg)	Dosing Interval
≥ 5 to < 10	600	300	Every 4 weeks
≥ 10 to < 20	600	600	Every 8 weeks
≥ 20 to < 30	900	2,100	Every 8 weeks
≥ 30 to < 40	1,200	2,700	Every 8 weeks
≥ 40 to < 60	2,400	3,000	Every 8 weeks
≥ 60 to < 100	2,700	3,300	Every 8 weeks
≥ 100	3,000	3,600	Every 8 weeks

- Supplemental dosing following treatment with plasma exchange, plasmapheresis, or intravenous immunoglobulin is approved.
- The patient must be under the care of a pediatric nephrologist, a nephrologist, a pediatric hematologist or a hematologist.
- Initial approval: 6 months
- Renewal approval: 1 year
- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Ultomiris 300mg/30mL Vial
 - 00904864
 - 00904865

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- Ultomiris 300mg/3mL Vial
 - 00904866
 - 00904867
- Ultomiris 1100mg/11mL Vial
 - 00904868
 - 00904869

***REGORAFENIB** (*Stivarga 40mg Tablet*)

GASTROINTESTINAL STROMAL TUMORS (GIST)

- 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 ≤ 1.

HEPATOCELLULAR CARCINOMA (HCC)

- For the treatment of patients with unresectable hepatocellular carcinoma (HCC) who have experienced disease progression on sorafenib or lenvatinib and meet all of the following criteria:
 - Child-Pugh class status of A.
 - ECOG performance status of 0 or 1.

Clinical Notes:

- Treatment should continue until disease progression or unacceptable toxicity.
- Patients with disease progression on sorafenib must have tolerated a minimum dose of 400 mg per day for at least 20 of the last 28 days of treatment.

***RIBOCICLIB** (*Kisqali 200mg Tablet*)

ER POSITIVE, HER2-NEGATIVE ADVANCED BREAST CANCER IN COMBINATION WITH AN AROMATASE INHIBITOR (AI)

- 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 endocrine-based treatment for metastatic disease. Patients may have received up to one prior line of chemotherapy for advanced disease.

Clinical Notes:

- 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.
- Patients will be eligible for either ribociclib plus an aromatase inhibitor in the first line setting or everolimus plus exemestane as a subsequent line of therapy, but not both therapies. Patients eligible include:
 - Pre and peri-menopausal patients (should be treated with a luteinizing hormone- releasing hormone (LHRH) agonist)
 - Males
 - Patients with bone only metastases
 - Patients who are HER2 equivocal by FISH testing (these patients are HER2 negative)
 - Patients currently receiving first line aromatase inhibitor monotherapy for ER positive, HER2-negative

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metastatic breast cancer may have ribociclib added provided the above criteria is met.

- Patients with prior adjuvant treatment with abemaciclib plus endocrine therapy are eligible if disease progression occurred 6 months or greater after completion of adjuvant abemaciclib.

HR POSTIVE, HER2-NEGATIVE ADVANCED OR METASTATIC BREAST CANCER IN COMBINATION WITH FULVESTRANT

- In combination with fulvestrant for the treatment of patients with hormone receptor (HR) positive, HER 2 negative advanced or metastatic breast cancer, as initial endocrine-based therapy or following disease progression on endocrine therapy. Patients may have also received up to one prior line of chemotherapy for advanced disease. Patients should have a good performance status, without active or uncontrolled metastases to the central nervous system and can be of any menopausal status (Perimenopausal and premenopausal women must be treated with an LHRH agonist).

Clinical Notes:

- Treatment should continue until unacceptable toxicity or disease progression.
- Patients who progress \leq 12 months from (neo) adjuvant therapy are eligible for treatment with ribociclib plus fulvestrant.
- Patients who experience disease progression on prior CDK 4/6 inhibitor therapy, fulvestrant or everolimus are not eligible for treatment with ribociclib with fulvestrant.
- Patients currently receiving fulvestrant monotherapy, and who have not progressed may have ribociclib added, provided they are CDK 4/6 inhibitor naïve and otherwise meet funding criteria.
- Patients who previously received everolimus plus exemestane will be eligible for funding of ribociclib plus fulvestrant on progression, provided that treatment was started prior to funding of CDK 4/6 + fulvestrant, patient must be CDK 4/6 naïve and otherwise meet funding criteria.
- Patients with prior adjuvant treatment with abemaciclib plus endocrine therapy are eligible if disease progression occurred 6 months or greater after completion of adjuvant abemaciclib.

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

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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.

***RIPRETINIB** (*Qinlock 50mg Tablet*)

- For the treatment of adult patients with advanced gastrointestinal stromal tumors (GIST) who have progression on or intolerance to imatinib, sunitinib and regorafenib.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should continue until disease progression or unacceptable toxicity.
- Patients must not have active CNS metastases.

Claim Note:

- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Qinlock 50mg Tablet
 - 00900026
 - 00900027

RISANKIZUMAB (*Skyrizi 75mg/0.83mL Prefilled Injection, 150mg/mL Prefilled Syringe and 150mg/mL Prefilled Pen, 600mg/10ml Vial and 360mg/2.4ml Prefilled Cartridge Injection*)

PLAQUE PSORIASIS (PSO) (75MG/0.83ML PREFILLED INJECTION AND 150MG/ML PREFILLED SYRINGE/PEN)

- 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:
 - $\geq 75\%$ reduction in the Psoriasis Area and Severity Index (PASI) score, OR
 - $\geq 50\%$ 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 Note:

- Treatment should be discontinued if a response has not been demonstrated by 16 weeks.

CROHN'S DISEASE (600MG/10ML VIAL AND 360MG/2.4ML PREFILLED CARTRIDGE INJECTION)

- 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.

Clinical Note:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.

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Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic disease-modifying antirheumatic drugs (DMARD) will not be reimbursed.
- Initial reimbursement will be for intravenous doses of 600mg at Weeks 0, 4 and 8, with clinical response to be assessed prior to Week 12. Subsequent reimbursement for maintenance dosing is 360mg subcutaneously at Week 12, every 8 weeks thereafter.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year

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.

RISDIPLAM (*Evryssi 0.75mg/mL Powder for Solution*)**SPINAL MUSCULAR ATROPHY**

For patients diagnosed with 5q Spinal Muscular Atrophy (SMA) under the care of a specialist with experience in the diagnosis and management of SMA, if the following clinical criteria are met:

- Genetic documentation of 5q SMA homozygous gene deletion or compound heterozygote, AND
- Patients who:
 - are symptomatic and have genetic documentation of two or three copies of the SMN2 gene, AND
 - aged between 2 months and 7 months (inclusive), OR
 - aged 8 months up to 25 years and are non-ambulatory
- Patient is not currently requiring permanent invasive ventilation*, AND
- A baseline assessment using an age-appropriate scale (the Hammersmith Infant Neurological Examination [HINE] Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders [CHOP INTEND], or Hammersmith Functional Motor Scale-Expanded [HFMSE]) must be completed prior to initiation of risdiplam treatment.
- For continued coverage, the patient must meet the following criteria:
 - There is demonstrated achievement or maintenance of motor milestone function (as assessed using age-appropriate scales: the [HINE] Section 2, CHOP INTEND, or HFMSE) after treatment initiation in patients aged between 2 months and 2 years at the time of treatment initiation; OR
 - There is demonstrated maintenance of motor milestone function (as assessed using age-appropriate scales: the HINE Section 2, CHOP INTEND, or HFMSE) after treatment initiation in patients aged between 2 years and 25 years at the time of treatment initiation; AND
 - Patient does not require permanent invasive ventilation*.

The decision to discontinue reimbursement should be based on 2 assessments separated by no longer than a 12-week interval.

Claim Notes:

- Coverage for risdiplam will not be provided in combination with other SMA drug therapies or post administration of onasemnogene abeparvovec.
- Approval: 12 months
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate

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transactions using the DIN first and then the following PINs:

- 00904768
- 00904769
- 00904770

* Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

RISPERIDONE (*Risperdal Consta 12.5mg/2mL 25mg/2mL, 37.5mg/2mL, 50mg/2mL Injection*)

- For the treatment of patients who are:
 - not adherent to an oral antipsychotic, OR
 - currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Note:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.

RITUXIMAB (*Riximyo, Ruxience & Truxima 10mg/mL Injection*)

- For the treatment of rheumatoid arthritis¹, vasculitis², or other autoimmune diseases³.

Clinical Notes:

1. Severe intolerance or other contraindication to an anti-TNF agent or failed an adequate trial of an anti-TNF agent.
2. Severe intolerance or other contraindication to cyclophosphamide or failed an adequate trial of cyclophosphamide.
3. Previously failed treatments must be provided if applicable.

Claims Notes:

- Must be prescribed by a specialist.
- Approval period: long term

ROMOSOZUMAB (*Evenity 90mg/mL Prefilled Syringe*)

- For the treatment of osteoporosis in postmenopausal women who meet all the following criteria:
 - Have a history of osteoporotic fracture; and
 - Are at high risk for future fracture, defined as a 10-year fracture risk \geq 20% as per the Fracture Risk Assessment (FRAX) tool; and
 - Are treatment naive to osteoporosis medications, except for calcium and/or vitamin D.

Claim Notes:

- Maximum approval period: 12 months per lifetime.
- Concurrent use with other osteoporosis medications, except for calcium and/or vitamin D, will not be reimbursed.

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).

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

***RUXOLITINIB** (*Jakavi 5mg, 10mg, 15mg and 20mg Tablet*)

ACUTE GRAFT-VERSUS-HOST DISEASE

- For the treatment of steroid-refractory or steroid-dependent acute graft-versus-host disease (aGvHD) in adult and pediatric patients aged 12 years and older who meet all the following criteria:
 - Clinically diagnosed grade II to IV aGvHD according to the NIH criteria (Harris et al. [2016]).
 - Confirmed diagnosis of corticosteroid-refractory or corticosteroid-dependent aGvHD.

Renewal criteria:

- Achieved an overall response (i.e., CR, VGPR, PR, or stable disease with significant reduction in steroid doses), according to standard NIH criteria at day 28.
- For subsequent renewals, patients should be assessed for treatment response every 2 to 3 months, until the occurrence of any of the discontinuation criteria listed below.

Clinical Notes:

- Treatment should be discontinued upon the occurrence of any of the following:
 - progression of aGvHD, defined as worsening of aGvHD symptoms or occurrence of new aGvHD symptoms
 - unacceptable toxicity
 - addition of systemic therapies (other than calcineurin inhibitors) for aGvHD after day 28
 - recurrence or relapse of underlying hematological malignancy.

Claim Notes:

- Must be prescribed by clinicians who have experience in the diagnosis and management of patients with aGvHD.
- Must not be added to patients' concurrent treatment of systemic therapies for the treatment of aGvHD other than steroids with or without calcineurin inhibitors.
- Approval: 6 months

CHRONIC GRAFT-VERSUS-HOST DISEASE

- For the treatment of chronic graft-versus-host disease (cGvHD) in adults and pediatric patients aged 12 years and older who have inadequate response to corticosteroids or other systemic therapies who meet all the following criteria:
 - Clinically diagnosed cGvHD staging of moderate to severe based on NIH consensus criteria
 - Confirmed diagnosis cGvHD with inadequate response to corticosteroids or other systemic therapies

Renewal criteria:

- Achieved an overall response (i.e., CR or PR, or stable disease with significant reduction in steroid doses), according to NIH criteria, after 24 weeks of therapy

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

- Treatment should be discontinued upon the occurrence of any of the following:
 - Progression of cGvHD, defined as worsening of cGvHD symptoms or occurrence of new cGvHD symptoms
 - recurrence or relapse of underlying hematological malignancy

Claim Notes:

- Must be prescribed by clinicians who have experience in the diagnosis and management of patients with cGvHD.
- Must not be added to patients' concurrent treatment of systemic therapies other than steroids with or without calcineurin inhibitors.
- Initial Approval: 6 months
- Renewal Approval: 1 year

MYELOFIBROSIS

- 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.

POLYCYTHEMIA VERA

- For the treatment of patients with polycythemia vera who have demonstrated resistance or intolerance to hydroxyurea (HU).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.
3. Resistance is considered if, after at least 3 months of HU therapy at the maximum tolerated dose, patients experience at least one of the following:
 - Need for phlebotomy to maintain hematocrit (HCT) $< 45\%$
 - Uncontrolled myeloproliferation (i.e., platelet count $> 400 \times 10^9/L$ and white blood cell count $> 10 \times 10^9/L$)
 - Failure to reduce massive splenomegaly by greater than 50%, as measured by palpation
4. Intolerance to HU is considered if patients experience at least one of the following:
 - Absolute neutrophil count $< 1.0 \times 10^9/L$, platelet count $< 100 \times 10^9/L$ or hemoglobin $< 100g/L$ at the lowest dose of HU required to achieve a response (a response to HU is defined as HCT $< 45\%$ without phlebotomy, and/or all of the following: platelet count $< 400 \times 10^9/L$, white blood cell count $< 10 \times 10^9/L$, and nonpalpable spleen).
 - Presence of leg ulcers or other unacceptable HU-related non-hematological toxicities (defined as grade 3 or 4 or, more than one week of grade 2) such as mucocutaneous manifestations, gastrointestinal symptoms, pneumonitis, or fever.
 - Toxicity requiring permanent discontinuation of HU, interruption of HU until toxicity resolved, or hospitalization due to HU toxicity.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Initial approval period: 6 months
- Renewal approval period: 1 year

***SACCHARATED IRON OXIDE** (*Venofer 20mg/mL Injection and generic brands*)

- 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.

SACUBITRIL/VALSARTAN (*Entresto 24.3mg/25.7mg, 48.6mg/51.4mg, 97.2mg/102.8mg Tablet*)

- For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III HF to reduce the incidence of cardiovascular (CV) death and HF hospitalization, if ALL of the following clinical criteria are met:
 - Reduced left ventricular ejection fraction (LVEF) (< 40%);
 - Patient has NYHA class II to III symptoms despite at least four weeks of treatment with stable doses of all of the following medications:
 - an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB);
 - a beta blocker;
 - other recommended therapies, including an aldosterone antagonist (if tolerable);
- Plasma B-type natriuretic peptide (BNP) ≥ 150 pg/mL or N-terminal prohormone B-type natriuretic peptide (NT-proBNP) ≥ 600 pg/mL; or plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL levels if the patient has been hospitalized for HF within the past 12 months. If BNP testing is not accessible the reasons must be clearly outlined.

Clinical Notes:

- Initiation and up-titration should be conducted by a prescriber experienced with the treatment of heart failure
- For patients who have not received four weeks of therapy with a beta blocker or aldosterone antagonist due to an intolerance or contraindication, details 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 Diskus*)

- See [Long-Acting Beta₂-Agonists](#)

SALMETEROL IN COMBINATION (*Advair 50/100mcg, 50/250mcg, 50/500mcg Diskus, generic brands and HFA 25/125 mcg/dose, HFA 25/250 mcg/dose Inhaler*)

- See [Long-Acting Beta₂-Agonists/Inhaled Corticosteroids](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SAPROPTERIN DIHYDROCHLORIDE (*Kuvan 100mg Tablet and 100mg and 500mg Sachet*)

- Ongoing funding of Kuvan will be considered for nonpregnant patients and patients actively planning pregnancy who have a diagnosis of Phenylketonuria (PKU) and who have demonstrated a response to the initial 6 month trial of sapropterin [reimbursed through the Supplier's Patient Support Program (PSP) 'BioMarin RareConnections']

Inclusion Criteria for entry into the 6 month trial period:

- For the management of patients with the diagnosis of hyperphenylalaninemia (HPA) due to tetrahydrobiopterin (BH4)-responsive phenylketonuria (PKU) who meet ALL of the following criteria:
 - A diagnosis of Phenylketonuria (PKU) confirmed through an approved test.
 - Compliance with a low protein diet and formulas.
 - Baseline blood phenylalanine (Phe) levels > 360 µmol/L despite compliance with a low protein diet (require at least 2 baseline levels during a 3 to 6 month time frame).
 - Baseline protein intake assessment by a dietitian.
 - Ability to comply with medication regimen.
 - Managed by a physician specialized in metabolic/biochemical diseases.
- Modified Criteria for Pregnant Patients during the 6 month trial period:
 - Patient has a diagnosis of PKU confirmed through an approved test
 - Patient's treatment is being managed by a prescriber specialized in metabolic/biochemical diseases; and
 - Patient's baseline blood Phe level is greater than 360 µmol/L despite compliance with all recommendations for dietary intervention and monitoring or compliance with a low protein diet.
- Patients will be eligible for funding through the Nova Scotia Pharmacare Programs after demonstrating a response to the 6 month trial period, as per the trial criteria.

Initial Criteria Post 6 Month Trial:

- For the management of patients with the diagnosis of hyperphenylalaninemia (HPA) due to tetrahydrobiopterin (BH4)-responsive phenylketonuria (PKU) who meet ALL of the following criteria:
 - Compliance with low protein diet, formulas, and Kuvan; AND
 - During the 6 month trial period under the patient support program BioMarin RareConnections, patient has achieved a demonstrated response to the Kuvan responsiveness test or PKU clinical protocol, based on the following information:
 - the clinic's definition for response; and
 - all relevant laboratory results used to determine that the Patient was a responder to Kuvan
 - Patient meets one of the following:
 - normal sustained Blood Phe levels [> 120 µmol/L and < 360 µmol/L] (At least 2 levels measured at least 1 month apart); OR
 - sustained blood Phe reduction of at least 30% (At least 2 levels measured at least 1 month apart) compared to baseline if the Phe baseline level is < 1200 µmol/L; OR
 - sustained blood Phe reduction of at least 50% (At least 2 levels measured at least 1 month apart) compared to baseline if the Phe baseline level is > 1200 µmol/L;
 - Demonstrated an increase in dietary protein tolerance based on targets set between the clinician and patient
 - Managed by a prescriber specialized in metabolic/ biochemical diseases.
- Dosage: Up to a maximum of 20 mg/kg per day
- Approval Duration: 1 year

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Renewal Criteria:

- Renewals will be considered for patients who demonstrate ongoing response to treatment.
- Renewal Approval Duration: 1 year

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Kuvan 100mg Tablet 00904580
 - Kuvan 100mg Sachet 00904805
 - Kuvan 500mg Sachet 00904579

SATRALIZUMAB (*Enspryng 120mg/mL Prefilled Syringe*)**NEUROMYELITIS OPTICA SPECTRUM DISORDER**

- For the treatment of patients 12 years of age and older with neuromyelitis optica spectrum disorder (NMOSD) who meet all of the following criteria:
 - Are anti-aquaporin 4 (AQP4) seropositive
 - Must have had at least one relapse of NMOSD in the previous 12 months:
 - despite an adequate trial of other accessible preventive treatments¹ for NMOSD, OR
 - because the patient cannot tolerate other preventive treatments¹ for NMOSD
- Patients must have an EDSS score of 6.5 points or less.
- Satralizumab should not be initiated during a NMOSD relapse episode.

Renewal:

- Requests for renewal will be considered for patients who maintain an EDSS score of less than 8 points.

Clinical Note:

- Must be prescribed by a neurologist with expertise in treating NMOSD.

Claim Notes:

- Approval Period: 1 year
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 120mg at week 0, 2 and 4, then 120 mg every four weeks thereafter.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904802

¹Other accessible preventative treatments include, but are not limited to, monoclonal antibodies including rituximab and other immunosuppressants.

SARILUMAB (*Kevzara 150mg/1.14mL, 200mg/1.14mL Prefilled Pen & 150mg/1.14mL, 200mg/1.14mL Prefilled Syringe*)

- 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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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.

SAXAGLIPTIN (*Onglyza 2.5mg and 5mg Tablet and generic brands*)

- 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.

SEBELIPASE ALFA (*Kanuma 2mg/mL IV Solution*)

- For the treatment of patients diagnosed with lysosomal acid lipase (LAL) deficiency who meet all of the following criteria:
 - Documented biochemical evidence of deficient LAL activity and two documented pathogenic mutations in the LIPA gene
 - AND**
 - Patients who:
 - Have onset of clinical manifestations¹ of LAL deficiency before six months of age.
 - OR**
 - Have at least one of the following clinical manifestations¹ of LAL deficiency at 6 months of age and older:
 - Persistently elevated transaminases (ALT > 1.5 x ULN² or AST > 1.5 x ULN²) as

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

measured by two assessments three to six months apart.

- Persistent dyslipidemia (LDL-c and/or TG values in the top 5th percentile based on sex and age) as measured by two assessments three to six months apart.
- Any documented hepatomegaly or hepatosplenomegaly.
- Liver fibrosis confirmed by biopsy.
- Failure to thrive.
- Growth impairment³.
- Evidence of intestinal affection and/or malabsorption.

AND

- Must not demonstrate evidence of any of the following:
 - Increased portal vein pressures, or de novo evidence of portal hypertension on ultrasound and Doppler, or new clinical presentation of portal hypertension (e.g., esophageal varices).
 - Severe hepatic dysfunction (Child-Pugh Class C).
 - End-stage liver disease.

Discontinuation Criteria:

- For patients with onset of clinical manifestations of LAL deficiency at six months of age and older if the patient:
 - Progresses to end-stage liver failure or multi-organ failure.

OR

- Has at least three out of the following response components compared to baseline values after 12 months of therapy:
 - Less than 10% improvement in ALT or AST.
 - Worsening of liver fibrosis confirmed by biopsy.
 - Persisting growth impairment³ despite sebelipase alfa therapy and nutritional interventions.
 - At least a 15% increase in spleen volume and/or a greater than 15% increase in liver volume on ultrasound.
 - Increased portal vein pressures, or de novo evidence of portal hypertension on ultrasound and Doppler, or new clinical presentation of portal hypertension (e.g., esophageal varices).
- Regardless of age of onset, for adverse events from sebelipase alfa (particularly hypersensitivity reactions including anaphylaxis, hypotension, or fever), which cannot be managed with standard treatment and/or have a significant impact on the patient's quality of life or are life-threatening.

Clinical Notes:

1. The physician must provide baseline values for the clinical manifestation at the time of initial request for reimbursement.
2. Based on age- and- sex-specific normal values for ALT and AST.
3. Growth impairment is defined as decreased body weight across at least two of the major centiles on a WHO weight-for-age chart, or body weight below 10th centile and no weight gain within two weeks and/or decreased height across at least two of the major centiles on a WHO height-for-age chart.

Claim Notes:

- The patient must be under the care of a specialist with experience in the diagnosis and management of LAL deficiency.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Initial Approval: 12 months.
- Renewals: 6 months.
- Claims for Kanuma 2mg/mL IV Solution that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904599
 - 00904600
 - 00904601

Please call the Nova Scotia Pharmacare Programs if additional PINs are required.

SECUKINUMAB (*Cosentyx 300mg dose kits (two subcutaneous injections of 150mg/1mL)*)

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 2 weeks each, 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating 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”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:

- Must be prescribed by a rheumatologist or prescriber with a specialty in rheumatology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 150mg given at weeks 0, 1, 2, 3, and 4, followed by monthly maintenance dosing. If a patient continues to have active ankylosing spondylitis, a monthly maintenance dosage of 300 mg may be considered.
- Each 300 mg dose is given as two subcutaneous injections of 150 mg.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.

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;

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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.
- 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.

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 ≥ 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.
- Approvals will be for a maximum of 150mg given at weeks 0, 1, 2, 3, and 4, then monthly. Requests for 300mg monthly will be considered for patients who have previously had an inadequate response to TNF-inhibitors.
- Initial approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

Notes:

- 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.

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 Note:

- Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.

***SELINEXOR (*Xpovio 20mg Tablet*)**

- In combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma and who have received at least one prior therapy.

Clinical Notes:

1. Prior treatment with bortezomib/proteasome inhibitor is permitted if all the following criteria are met:
 - Best response achieved with bortezomib/proteasome inhibitor was at least a partial response
 - Bortezomib/proteasome inhibitor not discontinued for grade 3 or higher toxicity
 - Bortezomib/proteasome inhibitor treatment-free interval has been at least six months.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

2. Treatment should continue until disease progression or unacceptable toxicity.

Claim Note:

- Claims that exceed \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00900031

***SELPERCATINIB (*Retevmo 40mg and 80mg Capsule*)**

MEDULLARY THYROID CANCER

- For the treatment of patients 12 years and older with unresectable locally advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who have progressed on, are intolerant to, or have a contraindication to first-line therapy.

Clinical Notes:

- Discontinuation for unacceptable toxicity or loss of clinical benefit.
- Patients should have a good performance status.
- Monotherapy only.
- Confirm RET mutation prior to initiating therapy.
- Patients with prior progression on a RET inhibitor are ineligible.

DIFFERENTIATED THYROID CARCINOMA

- For the treatment of adult patients with locally advanced or metastatic RET fusion-positive differentiated thyroid carcinoma (DTC) not amenable to surgery or radioactive iodine therapy following prior Lenvatinib and/or Sorafenib.

Clinical Notes:

- Discontinuation for unacceptable toxicity or loss of clinical benefit.
- Patients should have a good performance status.
- Monotherapy only.
- Confirm RET mutation prior to initiating therapy.
- Patients with prior progression on a RET inhibitor are ineligible.

NON-SMALL CELL LUNG CANCER

- For the treatment of adult patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC) as first-line treatment or after prior systemic therapy.

Clinical Notes:

- Discontinuation for unacceptable toxicity or loss of clinical benefit.
- Patients should have a good performance status.
- Monotherapy only.
- Confirm RET mutation prior to initiating therapy.
- Patients with prior progression on a RET inhibitor are ineligible.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Retevmo 80mg Cap
 - 00904987

SEMAGLUTIDE (Ozempic 2mg/1.5mL, 2mg/3mL and 4mg/3mL Prefilled Pen)

- For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

Claim Note:

- Approvals will be for a maximum of 1 prefilled pen every 4 weeks.

SEMAGLUTIDE (Rybelsus 3mg, 7mg and 14mg Tablet)

- For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

Claim Note:

- Approvals will be for a maximum of one tablet per day.

SEROTONIN (5-HT₃) ANTAGONISTS (Granisetron, Ondansetron)*EMESIS (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.

NAUSEA, VOMITING IN PEDIATRIC PATIENTS (ONDANSETRON)

- For the treatment of nausea and vomiting in pediatric patients (under 18 years of age) receiving chemotherapy (e.g., methotrexate) for chronic non-oncology conditions who have experienced an episode of nausea/emesis. [**Criteria Code 04**]

SEVELAMER (800mg Tablet and generic brands)

- 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)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

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.

SIPONIMOD (*Mayzent 0.25mg and 2mg Tab*)**SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS****Initiation Criteria:**

- For the treatment of patients with active secondary progressive multiple sclerosis, who meet all the following criteria:
 - a history of relapsing-remitting multiple sclerosis (RRMS)
 - an Expanded Disability Status Scale (EDSS) score of 3.0 to 6.5
 - documented EDSS progression during the two years prior to initiating treatment with siponimod (≥ 1 point if EDSS < 6.0; ≥ 0.5 points if EDSS ≥ 6.0 at screening).

Renewal Criteria:

- Patients who do NOT exhibit evidence of disease progression since the previous assessment. Disease progression is defined as:
 - an increase in the EDSS score of greater than or equal to 1 point if the EDSS score was 3.0 to 5.0 at siponimod initiation
 - OR
 - an increase of greater than or equal to 0.5 points if the EDSS score was 5.5 to 6.5 at siponimod initiation
- Patients who do NOT exhibit one of the following:
 - progression to an EDSS score of equal to or greater than 7.0 at any time during siponimod treatment
 - confirmed worsening of at least 20% on the timed 25-foot walk (T25W) since initiating siponimod treatment

Clinical Note:

- Patients should be assessed for a response to siponimod every six months.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claims Notes:

- The patient is under the care of a neurologist with experience in the diagnosis and management of multiple sclerosis.
- Siponimod should not be used in combination with other disease-modifying treatments (DMTs) used to treat multiple sclerosis.
- Approval period: 1 year

SITAGLIPTIN (*Januvia 25mg, 50mg, 100mg Tablet and generic brands*)

- 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, 50mg/500mg XR, 50/1000 XR and 100mg/1000mg XR Tablet and generic brands*)

- 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 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.

SODIUM PHENYLBUTYRATE (*Pheburane 483mg/g Oral Granules*)

- For the treatment of patients with urea cycle disorders (UCDs).

Clinical Note:

- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Note:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SODIUM PHENYLBUTYRATE AND URSODOXICOLTAURINE (*Albrioza 3g/1g Sachet*)

- For the treatment of amyotrophic lateral sclerosis (ALS), if the following criteria are met:

Initiation:

- Patient with a diagnosis of definite ALS; AND
- Patient who meets all of the following:
 - have had ALS symptoms for 18 months or less
 - have a forced vital capacity of at least 60% of predicted value
 - not require permanent non-invasive ventilation or invasive ventilation

Renewal:

- Reimbursement of treatment should be discontinued in patients who meet any one of the following criteria:
 - the patient becomes non-ambulatory and is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place; OR
 - patient requires permanent non-invasive ventilation

Claim Notes:

- Patient must be under the care of a specialist with experience in the diagnosis and management of ALS.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00904825

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Clinical Notes:

1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and 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 DIN first and then the following PINs:
 - 00904041
 - 00904042
- Claims will be limited to a 28-day supply.

** [Criteria Code 34] has been added for use effective December 1, 2019 to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only.

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:

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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 DIN first and then the following PINs:
 - 00904233
 - 00904234
- Claims will be limited to a 28-day supply.

** **[Criteria Code 34]** has been added for use effective December 1, 2019 to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only.

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 | ▪ 12 weeks |
| ▪ With no 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, 2, 3, 4, 5, 6 or mixed genotypes
 - 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 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.
2. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A).
3. 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 DIN first and then the following PINs:
 - 00904312
 - 00904313
- Claims will be limited to a 28-day supply.

** **[Criteria Code 34]** has been added for use effective December 1, 2019 to allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

SOMATROPIN (*Humatrope, Genotropin GoQuick and MiniQuick, Norditropin FlexPro 5mg/1.5mL, 10mg/1.5mL and 15mg/1.5mL Prefilled Pen, 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*)

HEPATOCELLULAR CARCINOMA (HCC)

- For the treatment of adult patients with a diagnosis of hepatocellular carcinoma (HCC) as either first line-treatment, or second-line treatment following atezolizumab in combination with bevacizumab, who meet all the following criteria:
 - Child-Pugh Class A liver dysfunction (mild hepatic impairment)
 - ECOG performance status of 0 or 1
 - 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)

Clinical Note:

- Patients who are unable to tolerate sorafenib may be switched to lenvatinib if there is no disease progression and provided all other funding criteria are met.
- Patients with disease progression on sorafenib are not eligible for reimbursement of lenvatinib.

METASTATIC RENAL CELL CARCINOMA

- For the treatment of patients with advanced or metastatic renal cell carcinoma when used as a second-line therapy following disease progression on cytokine therapy.

Clinical Notes:

- Patients must have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

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.

SUCROFERRIC OXYHYDROXIDE (*Velphoro 500mg 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)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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).

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 and generic brands*)**METASTATIC RENAL CELL CARCINOMA**

- For patients with advanced or metastatic renal cell carcinoma as either first-line therapy, or second-line therapy after failure of first-line immunotherapy.

Clinical Notes:

- Patients must have a good performance status.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- 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.
- Both clear cell and non-clear cell histology are eligible for treatment.

ADVANCED GASTROINTESTINAL STROMAL TUMOR (GIST)

- As a single agent for the treatment of advanced gastrointestinal stromal tumor (GIST) patients after failure of imatinib due to intolerance or resistance

ADVANCED OR 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

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)

TAFAMIDIS (*Vyndamax 61mg Capsule*)**TAFAMIDIS MEGLUMINE** (*Vyndaqel 20mg Capsule*)

- For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria:
 - New York Heart Association (NYHA) class I to III heart failure

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic
- Has not previously undergone a heart or liver transplant
- Does not have an implanted cardiac mechanical assist device (CMAD)

Discontinuation Criteria:

- The patient has:
 - NYHA class IV heart failure, or
 - received an implanted CMAD, or
 - received a heart or liver transplant.

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
 - a. absence of a variant transthyretin (TTR) genotype
 - b. TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometer
 - c. evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
 - d. presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue) or positive findings on technetium-99m pyrophosphate (Tc-99m-PYP) scintigraphy with single-photon emission computed tomography (SPECT) scanning
2. Hereditary ATTR-CM consists of all of the following:
 - a. presence of a variant TTR genotype associated with CM and presenting with a CM phenotype
 - b. evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
 - c. presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue) or positive findings on Tc-99m-PYP scintigraphy with SPECT scanning

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat ATTR will not be reimbursed.
- Claims will be limited to a 30-day supply.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - Vyndamax 00904778
 - Vyndaqel 00904637

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

TALIGLUCERASE ALFA (*Ellyso 200U Vial*)

- For the treatment of patients with symptomatic Gaucher disease type 1 (GD1) for whom treatment with velaglycerase alfa is not tolerated or contraindicated.

Clinical Notes:

- Velaglycerase alfa is the preferred reimbursed enzyme replacement therapy for GD1.
- Requests for patients currently using taliglycerase alfa who do not have a contraindication or intolerance to velaglycerase alfa will be considered for coverage of velaglycerase alfa only.
- Requests for coverage must meet the criteria for diagnosis of GD1, indication for therapy and expected response to enzyme replacement therapy outlined below:

Initial Coverage

Diagnosis:

- The diagnosis of GD1 must have been established by the demonstration of specific deficiency of glucocerebrosidase (GCase) in tissue or cultured skin fibroblasts, or by demonstration of the presence, in tissue or peripheral blood leukocytes, of mutations in the GCase gene known to result in severe enzyme deficiency.
- Other potentially confounding diagnoses, such as Hodgkin disease or other storage disorders, must have been ruled out. The symptoms experienced by the patient should be shown to be attributable to GD1 and not another condition that might mimic it.
- The patient should not have any GD1-related or other medical condition that might reasonably be expected to compromise their response to treatment. In some patients with GD1, secondary pathologic changes, such as avascular necrosis of bone, may already have occurred that would not be expected to respond to enzyme replacement. In such patients, reversal of the pathology is unlikely.

Disease Severity

Evidence of disease severity must be provided, and include at least one of the following:

- **Hematological complications**
 - Hemoglobin <85% of lower limit of age- and sex-appropriate normal after other causes of anemia, such as iron deficiency, have been treated or ruled out.
 - Platelet count <50 x 10⁹/L on two separate occasions at least one month apart. Higher cut offs may be considered in the event the patient is symptomatic with bleeding or bruising.
 - At least two episodes of severely symptomatic splenic infarcts confirmed by CT or other imaging of the abdomen.
- **Skeletal complications**
 - A single acute bone crisis severe enough to require hospitalization or marked incapacitation.
 - Radiographic or MRI evidence of incipient destruction of any major joint (e.g., hips and shoulders) or significant worsening of bony pathology (e.g. marrow infiltration, avascular necrosis, and infarcts).
 - Spontaneous fractures with evidence from imaging studies that recurrence is likely.
 - Chronic bone pain causing significant loss of time from work or school and not controlled by administration of non-narcotic analgesics or anti-inflammatory drugs.
 - Note: Patients who are scheduled for major joint replacement surgery, made necessary by skeletal complications of GD1, should be treated with enzyme therapy at a dosage of at least 30 units/kg every 2 weeks for at least 6 months before the joint replacement surgery and the dose continued until rehabilitation from the surgery is complete.
- **Gastrointestinal complications**
 - Evidence of significant liver dysfunction attributable to GD1, such as portal hypertension or impaired

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

hepatic synthetic function. Elevation of transaminase levels with no evidence of portal hypertension or impairment in synthetic function is not an indication for ERT.

- Significant discomfort due to enlargement of the spleen or liver.

- **Pulmonary complications**

- Evidence of clinically significant and/or progressive pulmonary disease due to GD1.

- **Systemic complications**

- Growth failure in children: significant decrease in percentile linear growth over a 3 - 6 month period.

Exclusion Criteria:

- Due to the absence of data demonstrating therapy of asymptomatic patients alters long term outcomes, asymptomatic patients will not be considered for coverage.
- Data does not suggest that ERT is effective in improving central nervous system involvement in patients with Type 2 and 3 disease. Therefore, patients exhibiting primary neurological disease due to GD1 will not be considered for coverage. Treatment for patients at risk of neuronopathic disease should be guided by the non-neurological manifestations of their disease as outlined above and ERT should not be initiated in asymptomatic patients who have a genotype that increases their risk of neuronopathic involvement.

Continued Coverage:

- Patients' disease severity must be re-assessed annually.
- A patient may receive approval for further coverage for treatment where there is demonstrated clinical improvement based on the expected response outlined below:

Indication for therapy	Expected Response
Hemoglobin < 85% of lower limit of age and sex-appropriate normal	Increase hemoglobin levels to > 110 for women and children and > 120 for men
Platelet count < 50 x 10 ⁹ /L on two separate occasions, or bleeding complications associated with thrombocytopenia irrespective of the platelet count	Increase platelet count to level sufficient to prevent spontaneous bleeding Normalization of platelet count in splenectomized patients In patients with intact spleen, an increase of at least 1.5X baseline value
Two episodes of severely symptomatic splenic infarcts	Reduction of spleen volume by 50% Prevention of further splenic infarcts
Acute bone crises	Prevent bone crises
Radiographic or MRI evidence of incipient destruction of any major joint	Improvement in imaging parameters (either MRI, QCSI ¹ , or BMD)
Spontaneous fractures	Prevention of further fractures
Chronic bone pain	Reduce bone pain
Major joint replacement surgery	Optimize surgical outcome
Significant hepatic dysfunction	Improvement in hepatic function
Symptomatic hepatosplenomegaly	Reduction of spleen volume by 50% Reduction in liver volume by 30%

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Indication for therapy

Expected Response

Progressive pulmonary disease due to GD1

Improvement in pulmonary hypertension²

Improvement in oxygenation

Reversal of hepatopulmonary syndrome

Growth failure in children

Return to normal range of growth parameters

1. QCSI- quantitative chemical shift imaging

2. May require adjuvant treatment for pulmonary hypertension

Discontinuation of Coverage:

- Renewals will NOT be approved if:
 - The patient or the patient's specialist fails to comply adequately with treatment or measures taken to evaluate the effectiveness of the therapy (e.g. monitoring for expected response).
 - Therapy fails to relieve the symptoms of disease that originally resulted in the patient being approved for treatment.

Claim Notes:

- Approvals will be for a maximum of 60 units/kg every 2 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904383
 - 00904385

TAZAROTENE (*Arazlo 0.045% Lotion*)

- Regular benefit for beneficiaries 30 years and under
- For treatment of acne vulgaris in beneficiaries over the age of 30

TEDUGLUTIDE (*Revestive 5mg Powder for Injection*)

ADULT PATIENTS WITH SHORT BOWEL SYNDROME (SBS)

- **For the treatment of adult patients with Short Bowel Syndrome (SBS) who have all of the following:**
 - SBS as a result of major intestinal resection (e.g., volvulus, vascular disease, cancer, Crohn's disease, injury).
 - dependency on parenteral nutrition (PN) for a least 12 months.
 - prior to initiating teduglutide, PN required at least three times weekly to meet caloric, fluid or electrolyte needs, due to ongoing malabsorption and stable PN frequency and volume for at least one month.

Renewal Criteria:

- Has maintained at least a 20% reduction in PN volume from baseline at 12 months.

Clinical Note:

- PN is defined as the parenteral delivery of lipids, protein and/or carbohydrates to address caloric needs, and intravenous fluids which addresses fluid and electrolyte needs of patients.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Claim Notes:

- Must be prescribed by a specialist with experience in SBS.
- Approval period: 1 year.

PEDIATRIC PATIENTS 1 YEAR OF AGE AND OLDER WITH SHORT BOWEL SYNDROME (SBS)

- **For the treatment of pediatric patients 1 year of age and older with Short Bowel Syndrome (SBS) who have all of the following:**
 - Prior to initiating teduglutide, parenteral support (PS) requirements must be stable or there must have been no improvement in enteral feeding for at least three months.
 - PS must provide more than 30% of caloric and/or fluid/electrolyte needs.
 - The cumulative lifetime duration of PS must be at least 12 months.

Renewal Criteria:

- Has maintained at least a 20% reduction in parenteral support volume from baseline.

Claim Notes:

- Must be prescribed by a pediatric gastroenterologist or other prescriber currently working within a specialized multi-disciplinary intestinal rehabilitation program with expertise in the diagnosis and management of SBS.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

Clinical Note:

- PS is defined as the parenteral delivery of lipids, protein and/or carbohydrates to address caloric needs, and intravenous fluids which addresses fluid and electrolyte needs of patients.

***TEMOZOLOMIDE (*Temodal 5mg, 20mg, 100mg, 140mg, 250mg Capsule and generic brands*)**

- For the treatment of patients with high grade gliomas as monotherapy or in combination with other therapies such as radiation.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be continued until there is no longer a clinical benefit or unacceptable toxicity.

TERIFLUNOMIDE (*Aubagio 14mg Tablet and generic brands*)

- 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- **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** (*AndroGel Gel Packet and 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
 - For those with one of the above diagnoses, the deficiency must be clearly demonstrated by clinical features and confirmed by two separate biochemical tests.

Notes:

- Maximum dose approved is 5g per day.
- This will be adjudicated by limiting the quantity payable each quarter (e.g. Jan-Mar) to:
 - 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).

TESTOSTERONE, TOPICAL (*AndroGel Gel Packet and generic brands, and Testim Gel*)

- For use in gender affirming hormone therapy.

Claim Note:

- Maximum dose approved is 5g gel per day.

TEZPELUMAB (*Tezspire 210mg/1.91mL Prefilled Pen and Syringe*)

- For the treatment of severe asthma in patients 12 years and older who are inadequately controlled with high-dose inhaled corticosteroids (ICS), and one or more additional asthma controller(s) (e.g., long-acting beta-agonist), and have experienced 2 or more clinically significant asthma exacerbations in the past 12 months.

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- The reduction in the daily maintenance dose of OCS achieved after the first 12 months of treatment is not maintained or improved subsequently, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- A baseline assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
- A baseline and annual number of clinically significant asthma exacerbations must be provided.
- High dose ICS is defined as ≥ 500 mcg of fluticasone propionate or equivalent daily dose.
- A 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.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe asthma.
- Combined use of tezepelumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 210mg subcutaneous injection every 4 weeks.
- Approval period: 1 year.

***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 and generic brands*)

- 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.

*TIGECYCLINE (*Tygamil 50mg Vial*)

- For the treatment of patients with multi-drug resistant infections when alternative agents are not an option.

Claim Note:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

TILDRAKIZUMAB (*Ilumya 100 mg/mL Prefilled Syringe*)

- 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- 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 Note:

- Treatment should be discontinued if a response has not been demonstrated after 16 weeks.

Claim Notes:

- Concurrent use of biologics not approved.
- Approvals will be for 100 mg by subcutaneous injection at week 0, week 4, and every 12 weeks thereafter.
- Initial approval period: 16 weeks
- Renewal approval period: 1 year

TIOTROPIUM BROMIDE (*Spiriva 18mcg Cap for Inhalation*)

TIOTROPIUM BROMIDE MONOHYDRATE (*Spiriva Respimat 2.5µg/actuation Inhaled Solution*)

- See [Long-Acting Muscarinic Antagonists](#)

TIOTROPIUM BROMIDE MONOHYDRATE/OLODATEROL HYDROCHLORIDE (*Inspiroto Respimat 2.5mcg/2.5mc g Inhaled Solution*)

- See [Long-Acting Beta₂-Agonists/Long-Acting Muscarinic Antagonists](#)

***TRIFLURIDINE AND TIPIRACIL** (*Lonsurf 15mg/6.14mg and 20mg/8.19mg Tablet*)

- For the treatment of adult patients with metastatic gastric cancer or adenocarcinoma of the gastroesophageal junction who meet the following criteria:
 - Previously treated with at least two prior lines of chemotherapy including a fluoropyrimidine, a platinum, and either a taxane or irinotecan and if appropriate, with HER2-targeted therapy.
 - Patients should have a good performance status.

Clinical Notes:

- Trifluridine/tipiracil should be used in combination with best supportive care.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.
- Requests will be considered for patients who have an intolerance or contraindication to platinum-based therapy.

TOCILIZUMAB (*Actemra 80mg/4mL, 200mg/10mL, 400mg/20mL Injection, 162mg/0.9mL SC Injection and Autoinjector*)

GIANT CELL ARTERITIS (GCA) (ACTEMRA 162MG/0.9ML SC INJECTION AND AUTOINJECTOR)

- For the treatment of Giant Cell Arteritis (GCA) in adult patients who are receiving prednisone at initiation of therapy, or with relapse.

Notes:

- Patients should be under the care of a physician with the experience of diagnosis and management of GCA.
- Duration of therapy with tocilizumab should be limited to 52 weeks per treatment course.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Discontinuation of tocilizumab should be considered at 12 weeks if there is no response to therapy.

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS (PJIA) (ACTEMRA 80MG/4ML, 200MG/10ML, 400MG/20ML INJECTION AND 162MG/0.9ML SC INJECTION AND AUTOINJECTOR)

- 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.
- Subcutaneous injection: Approvals will be for a maximum of 162mg once every three weeks for patients weighing <30kg or 162mg once every two weeks for patients weighing ≥30kg.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

RHEUMATOID ARTHRITIS (RA) (ACTEMRA 80MG/4ML, 200MG/10ML, 400MG/20ML INJECTION AND 162MG/0.9ML SC INJECTION AND AUTOINJECTOR)

- 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 (≥15mg 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.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- **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 AND 162MG/0.9ML SC INJECTION AND AUTOINJECTOR)

- For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or 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.

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 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks.
- Subcutaneous injection: Approvals will be for a maximum of 162mg once every two weeks for patients weighing <30kg or 162mg once every week for patients weighing ≥30kg.
- Initial approval period: 16 weeks
- Renewal Approval: 1 year. Confirmation of continued response is required.

TOFACITINIB (*Xeljanz 5mg, 10mg Tablet and Xeljanz XR 11mg Tablet*)

RHEUMATOID ARTHRITIS (XELJANZ 5MG TABLET AND XELJANZ XR 11MG TABLET)

- 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 ≥ 20mg weekly (≥15mg 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.

ULCERATIVE COLITIS (XELJANZ 5MG AND XELJANZ 10MG TABLET)

- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo

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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 ≥ 40 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 corticosteroid 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 with one or more biologic DMARD will not be reimbursed.
- Approvals will be for a maximum dose of 10 mg twice daily (Xeljanz).
- Initial Approval: 16 weeks.
- Renewal Approval: 1 year.

TOPIRAMATE (*Topamax 15mg and 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 (*Stieva-A, Retin-A, Vitamin A Acid Topical Preparations*)

- Regular benefit for beneficiaries 30 years and under
- For treatment of acne vulgaris in beneficiaries over the age of 30

TRIAMCINOLONE HEXACETONIDE (*Trispan 20mg/mL Injection*)

- For the treatment of juvenile idiopathic arthritis.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

TRIENTINE HYDROCHLORIDE (250mg Capsule)

WILSON'S DISEASE

- For the treatment of Wilson's disease in patients who have experienced intolerance or have a contraindication to d-penicillamine.

Clinical Note:

- Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claims Notes:

- Treatment must be initiated by clinicians experienced in the management of Wilson's disease for adult patients 18 years of age or older.
- Treatment must be initiated and renewed by clinicians experienced in the management of Wilson's disease for patients less than 18 years of age.
- Approval: 12 months

TRihePTANOIN (Dojolvi 100% Oral Liquid)

- For the treatment of adult and pediatric patients with an acute life-threatening long-chain fatty acid oxidation disorders (LC-FAOD) who meet the following criteria:
 - patients with a confirmed diagnosis of LC-FAOD and acute life-threatening events who require alternative therapy to conventional even-chain medium-chain triglyceride (MCT) supplementation, OR
 - patients without a confirmed diagnosis of LC-FAOD presenting with acute life-threatening events consistent with LC-FAOD who require alternative therapy to conventional even-chain MCT supplementation.

Claims Notes:

- Triheptanoin should only be prescribed by clinicians experienced in the management of LC-FAOD.
- Approval: 1 year. Confirmation of continued response required.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - 00900021

TROSPIUM (Trosec 20mg Tablet and generic brands)

- 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

*TUCATINIB (Tukysa 50mg and 150mg Tablet)

LOCALLY ADVANCED UNRESECTABLE OR METASTATIC HER2-POSITIVE BREAST CANCER

- In combination with trastuzumab and capecitabine for the treatment of patients with locally advanced unresectable or metastatic HER2-positive breast cancer who have received prior treatment with trastuzumab, pertuzumab and a HER2-targeted antibody-drug conjugate (e.g., trastuzumab emtansine or trastuzumab deruxtecan), where at

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

least one was given in the advanced or metastatic setting.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be discontinued upon disease progression, unacceptable toxicity, or if both trastuzumab and capecitabine are discontinued.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PIN:
 - Tukysa 150mg Tab 00904820

UMECLIDINIUM (AS BROMIDE) (*Incruse Ellipta 62.5mcg Dry Powder for Oral Inhalation*)

- See [Long-Acting Muscarinic Antagonists](#)

UMECLIDINIUM (AS BROMIDE) AND VILANTEROL (AS TRIFENATATE) (*Anoro Ellipta 62.5mcg/25mcg Powder for Oral Inhalation*)

- See [Long-Acting Beta₂-Agonists/Long-Acting Muscarinic Antagonists](#)

UPADACITINIB (*Rinvoq 15mg and 30mg Tab*)

RHEUMATOID ARTHRITIS

- For the treatment of severely active rheumatoid arthritis, alone or 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 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.
- Concurrent use of more than one biologic DMARD or janus kinase inhibitors will not be reimbursed.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Approvals will be for a maximum of 15 mg daily.
- Initial Approval: 6 months
- Renewal Approval Period: 1 year. Confirmation of continued response required.

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.
- Concurrent use of biologics not approved.
- Approvals will be for a maximum of 15mg daily.
- Initial coverage period: 6 months.
- Renewal approval: 1 year. Confirmation of continued response required.

ATOPIC DERMATITIS

- For the treatment of moderate to severe atopic dermatitis in patients 12 years of age and older who meet all of the following criteria:
 - Patients must have had an adequate trial (with a documented refractory disease), or were intolerant (with documented intolerance), or are ineligible for each of the following therapies:
 - maximally tolerated medical topical therapies for AD combined with phototherapy (where available), and;
 - maximally tolerated medical topical therapies for AD combined with at least 1 of the 4 systemic immunomodulators (methotrexate, cyclosporine, mycophenolate mofetil, or azathioprine)
 - Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Index (EASI) of 7.1 or greater.

Renewal Criteria:

- Requests for renewal must provide proof of beneficial clinical effect when defined as a 75% or greater improvement from baseline in the EASI score (EASI-75) 6 months after treatment initiation.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- Not to be used in combination with phototherapy, any immunomodulatory agents (including biologics or other janus kinase inhibitor treatment) for moderate to severe AD.

Claim Notes:

- The patient must be under the care of a dermatologist, allergist, clinical immunologist, or pediatrician who has expertise in the management of moderate to severe AD.
- Approvals will be for a maximum of 30mg once daily.
- Initial approval period: 6 months
- Renewal approval period: 1 year

USTEKINUMAB (*Stelara 45mg/0.5mL and 90mg/1.0mL 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.

VALGANCICLOVIR (*Valcyte 50mg/mL Powder for Oral Solution and generic brands*)

- 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.

***VANDETANIB** (*Caprelsa 100mg and 300mg Tablet*)

- For the treatment of symptomatic and/or progressive medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease. Treatment should be for patients with a good performance

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status and should continue until disease progression or unacceptable toxicity.

VARENICLINE (*Champix 0.5mg and 1mg Tablet, 0.5mg/1mg combopack and generic brands*)

- See [Smoking Cessation Therapies](#)

VEDOLIZUMAB (*Entyvio 300mg Vial, 108mg/0.68mL Prefilled Pen and Prefilled Syringe*)

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.

Clinical Note:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.

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.
- Intravenous infusion: 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.
- Subcutaneous injection: Initial reimbursement is for at least two doses of intravenous infusions of vedolizumab. Clinical response to be assessed prior to the administration of the first subcutaneous dose. Subsequent reimbursement for maintenance dosing is 108mg subcutaneously every 2 weeks.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year

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 ≥ 40 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.

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.
- Intravenous infusion: 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.
- Subcutaneous injection: Initial reimbursement is for at least two doses of intravenous infusions of vedolizumab. Clinical response to be assessed prior to the administration of the first subcutaneous dose. Subsequent reimbursement for maintenance dosing is 108mg subcutaneously every 2 weeks.
- Initial Approval: 16 weeks
- Renewal Approval: 1 year

VELAGLUCERASE ALFA (*VPRIV 400U Vial*)

- For the treatment of patients with symptomatic Gaucher disease type 1 (GD1) for whom treatment with velaglycerase alfa is tolerated or not contraindicated.

Clinical Notes:

- Velaglycerase alfa is the preferred reimbursed enzyme replacement therapy (i.e. first tier) for all new and existing GD1.
- Requests for patients currently using taliglycerase alfa who do not have a contraindication or intolerance to velaglycerase alfa will be switched to velaglycerase alfa only.
- Requests for coverage must meet the criteria for diagnosis of GD1, indication for therapy and expected response to enzyme replacement therapy outlined below:

Initial Coverage

Diagnosis

- The diagnosis of GD1 must have been established by the demonstration of specific deficiency of glucocerebrosidase (GCase) in tissue or cultured skin fibroblasts, or by demonstration of the presence, in tissue or peripheral blood leukocytes, of mutations in the GCase gene known to result in severe enzyme deficiency.
- Other potentially confounding diagnoses, such as Hodgkin disease or other storage disorders, must have been ruled out. The symptoms experienced by the patient should be shown to be attributable to GD1 and not another condition that might mimic it.
- The patient should not have any GD1-related or other medical condition that might reasonably be expected to compromise their response to treatment. In some patients with GD1, secondary pathologic changes, such as avascular necrosis of bone, may already have occurred that would not be expected to respond to enzyme replacement. In such patients, reversal of the pathology is unlikely.

Disease Severity

Evidence of disease severity must be provided, and include at least one of the following:

- **Hematological complications**
 - Hemoglobin <85% of lower limit of age- and sex-appropriate normal after other causes of anemia, such as iron deficiency, have been treated or ruled out.
 - Platelet count <50 x 10⁹/L on two separate occasions at least one month apart. Higher cut offs may be considered in the event the patient is symptomatic with bleeding or bruising.
 - At least two episodes of severely symptomatic splenic infarcts confirmed by CT or other imaging of the abdomen.
- **Skeletal complications**
 - A single acute bone crisis severe enough to require hospitalization or marked incapacitation.
 - Radiographic or MRI evidence of incipient destruction of any major joint (e.g., hips and shoulders) or

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significant worsening of bony pathology (e.g. marrow infiltration, avascular necrosis, and infarcts).

- Spontaneous fractures with evidence from imaging studies that recurrence is likely.
- Chronic bone pain causing significant loss of time from work or school and not controlled by administration of non-narcotic analgesics or anti-inflammatory drugs.
- Note: Patients who are scheduled for major joint replacement surgery, made necessary by skeletal complications of GD1, should be treated with enzyme therapy at a dosage of at least 30 units/kg every 2 weeks for at least 6 months before the joint replacement surgery and the dose continued until rehabilitation from the surgery is complete.

- **Gastrointestinal complications**

- Evidence of significant liver dysfunction attributable to GD1, such as portal hypertension or impaired hepatic synthetic function. Elevation of transaminase levels with no evidence of portal hypertension or impairment in synthetic function is not an indication for ERT.
- Significant discomfort due to enlargement of the spleen or liver.

- **Pulmonary complications**

- Evidence of clinically significant and/or progressive pulmonary disease due to GD1.

- **Systemic complications**

- Growth failure in children: significant decrease in percentile linear growth over a 3 - 6 month period.

Exclusion Criteria:

- Due to the absence of data demonstrating therapy of asymptomatic patients alters long term outcomes, asymptomatic patients will not be considered for coverage.
- Data does not suggest that ERT is effective in improving central nervous system involvement in patients with Type 2 and 3 disease. Therefore, patients exhibiting primary neurological disease due to GD1 will not be considered for coverage. Treatment for patients at risk of neuronopathic disease should be guided by the non-neurological manifestations of their disease as outlined above and ERT should not be initiated in asymptomatic patients who have a genotype that increases their risk of neuronopathic involvement.

Continued Coverage:

- Patients' disease severity must be re-assessed annually.
- A patient may receive approval for further coverage for treatment where there is demonstrated clinical improvement based on the expected response outlined below:

Indication for therapy	Expected Response
Hemoglobin < 85% of lower limit of age and sex-appropriate normal	Increase hemoglobin levels to > 110 for women and children and > 120 for men
Platelet count < 50 x 10 ⁹ /L on two separate occasions, or bleeding complications associated with thrombocytopenia irrespective of the platelet count	Increase platelet count to level sufficient to prevent spontaneous bleeding Normalization of platelet count in splenectomized patients In patients with intact spleen, an increase of at least 1.5X baseline value
Two episodes of severely symptomatic splenic infarcts	Reduction of spleen volume by 50% Prevention of further splenic infarcts
Acute bone crises	Prevent bone crises

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Indication for therapy	Expected Response
Radiographic or MRI evidence of incipient destruction of any major joint	Improvement in imaging parameters (either MRI, QCSI ¹ , or BMD)
Spontaneous fractures	Prevention of further fractures
Chronic bone pain	Reduce bone pain
Major joint replacement surgery	Optimize surgical outcome
Significant hepatic dysfunction	Improvement in hepatic function
Symptomatic hepatosplenomegaly	Reduction of spleen volume by 50% Reduction in liver volume by 30%
Progressive pulmonary disease due to GD1	Improvement in pulmonary hypertension ² Improvement in oxygenation Reversal of hepatopulmonary syndrome
Growth failure in children	Return to normal range of growth parameters

1. QCSI- quantitative chemical shift imaging

2. May require adjuvant treatment for pulmonary hypertension

Discontinuation of Coverage:

- Renewals will NOT be approved if:
 - The patient or the patient's specialist fails to comply adequately with treatment or measures taken to evaluate the effectiveness of the therapy (e.g. monitoring for expected response).
 - Therapy fails to relieve the symptoms of disease that originally resulted in the patient being approved for treatment.

Claim Notes:

- Approvals will be for a maximum of 60 units/kg every 2 weeks.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions using the DIN first and then the following PINs:
 - 00904378
 - 00904379
 - 00904380

*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
- For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with cobimetinib.

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

- Patients must have a good performance status.
- If brain metastases are present, patients should be asymptomatic or have stable symptoms.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Vemurafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.

VENETOCLAX (Venclexta 10mg, 50mg, 100mg Tablets and Starter Kit)*VENETOCLAX WITH OBINUTUZUMAB FOR PREVIOUSLY UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) OR SMALL LYMPHOCYTIC LYMPHOMA (SLL)**

- In combination with obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who are fludarabine ineligible.

Clinical Notes:

- Treatment should be given for a total of 12 months (six 28-day cycles in combination with obinutuzumab, followed by six months of monotherapy), or until disease progression or unacceptable toxicity, whichever occurs first.
- Retreatment with a venetoclax based regimen is funded if relapse is greater than 12 months from completion of venetoclax in combination with obinutuzumab.
- Either ibrutinib or acalabrutinib is funded as a subsequent treatment option, provided all other funding criteria are met.

VENETOCLAX WITH AZACITIDINE FOR NEWLY DIAGNOSED ACUTE MYELOID LEUKEMIA (AML)

- In combination with azacitidine for the treatment of patients with newly diagnosed acute myeloid leukemia (AML) who are 75 years of age or older, or who have comorbidities that preclude the use of intensive induction chemotherapy.

Clinical Notes:

- Treatment should continue until disease progression or unacceptable toxicity.
- All newly diagnosed AML patients who are ineligible for induction chemotherapy are eligible regardless of cytogenetic risk.
- On a time-limited need, patients who are currently receiving azacitidine for newly diagnosed AML may have venetoclax added to their treatment provided there is no disease progression and patient otherwise meets criteria.

Claim Notes:

- Patients who have been previously treated with a hypomethylating agent or chemotherapy for the treatment of myelodysplastic syndromes (MDS) are not eligible for treatment with venetoclax in combination with azacitidine.
- Patients with high risk MDS are not eligible for treatment with venetoclax in combination with azacitidine.

VENETOCLAX MONOTHERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) OR SMALL LYMPHOCYTIC LYMPHOMA (SLL) IN PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR THERAPY

- As a single agent treatment option for patients with chronic lymphocytic leukemia (CLL) or small lymphocytic

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lymphoma (SLL) who have received at least one prior therapy, and who have failed a B-cell receptor inhibitor (BCRi). Treatment should be continued until disease progression or unacceptable toxicity.

Clinical Note:

- Patients who have an intolerance or a contraindication to a B-cell receptor inhibitor (BCRi) will be eligible for treatment with venetoclax. Intolerance to BCRi would be determined by the clinician.

VENETOCLAX WITH RITUXIMAB FOR CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) OR SMALL LYMPHOCYTIC LYMPHOMA (SLL) IN PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR THERAPY

- In combination with rituximab for the treatment of adult patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) who have received at least one prior therapy, irrespective of their 17p deletion status. Treatment should be continued until disease progression or unacceptable toxicity up to a maximum of two years, whichever comes first.

Clinical Notes:

- Patients who were previously treated with an anti-CD20 therapy (rituximab or obinutuzumab) will be eligible if they had a progression-free interval of 6 months or longer. For patients previously treated with venetoclax, the progression-free interval must be 12 months or longer.
- Patients currently receiving and responding to venetoclax monotherapy, and who have not achieved an adequate response are eligible to have rituximab added to venetoclax. Note: Venetoclax therapy is funded to a maximum of two years from the time rituximab is added.
- Patients will be eligible for treatment with either ibrutinib, or idelalisib with rituximab following progression on venetoclax with rituximab if they have not received before and otherwise meet eligibility criteria.

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 \leq 2

***VITAMIN B₁₂, INJECTION**

- See [Cyanocobalamin, Injection](#)

***VITAMIN B₁₂, ORAL**

- See [Cyanocobalamin, Oral](#)

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).

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.

***WET NEBULIZATION SOLUTIONS** (*Budesonide, 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

***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.

***ZANUBRUTINIB** (*Brukinsa 80mg Capsule*)

PREVIOUSLY UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) OR SMALL LYMPHOCYTIC LYMPHOMA (SLL)

- As monotherapy for the treatment of adult patients with previously untreated chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) for whom a fludarabine-based regimen is considered inappropriate due to a high risk of relapse or refractory disease based on prognostic biomarkers.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be continued until disease progression or unacceptable toxicity.
- High risk for relapse or refractory disease includes 17p deletion, TP53 mutation, 11q deletion and unmutated IGHV.

Claim Notes:

- Patients are not eligible if they have prolymphocytic leukemia or Richter's transformation.
- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Requests will be considered for patients who are not suitable candidates for intravenous therapy.
- Venetoclax with or without rituximab is funded as a subsequent line of therapy in patients who have experienced

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disease progression during first-line zanubrutinib treatment, provided all other funding eligibility criteria are met.

RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) OR SMALL LYMPHOCYTIC LYMPHOMA (SLL)

- As monotherapy for the treatment of adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have received at least one prior systemic therapy.

Clinical Notes:

- Patients should have a good performance status.
- Treatment should be continued until disease progression or unacceptable toxicity.

Claim Notes:

- Patients are not eligible if they have prolymphocytic leukemia or Richter's transformation.
- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.

RELAPSED OR REFRACTORY WALDENSTRÖM MACROGLOBULINEMIA

- For the treatment of adult patients with relapsed or refractory Waldenström macroglobulinemia who have received at least one prior therapy and have not experienced disease progression on a Bruton's tyrosine kinase inhibitor.

Clinical Notes:

- Patients should have a good performance status and no evidence of disease transformation.
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

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

NOTE: Exception status drugs for Drug Assistance for Cancer Patients are indicated by an asterisk (*).