



Saskatchewan
Health

Drug Plan

Formulary

Fifty-First Edition

July 2001 - July 2002

Updated quarterly



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Inquiries should be directed to:

**Pharmaceutical Services Division
Drug Plan & Extended Benefits Branch
Saskatchewan Health
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Regina, Saskatchewan
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.....Regina.....	(306) 787-3317
Pharmacy Inquiries.....Toll Free.....	1-800-667-7578
.....Regina.....	(306) 787-3315
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.....Regina.....	(306) 787-3317
EDS, Palliative Care, "No Substitution" Inquiries.....	(306) 787-8744
EDS Requests (24-hour message system).....Toll Free.....	1-800-667-2549
Profile Release Program.....	(306) 787-1661
Pricing, Contract Inquiries.....	(306) 787-3420
Product Submission Inquiries.....	(306) 933-5599
Research and Utilization Inquiries.....	(306) 787-3305
Hospital Benefit List Inquiries.....	(306) 787-3224

Facsimile numbers:

EDS Unit Fax (EDS requests, Palliative Care forms and "No Substitution" requests only).....	(306) 798-1089
General Fax	(306) 787-8679

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Minister,
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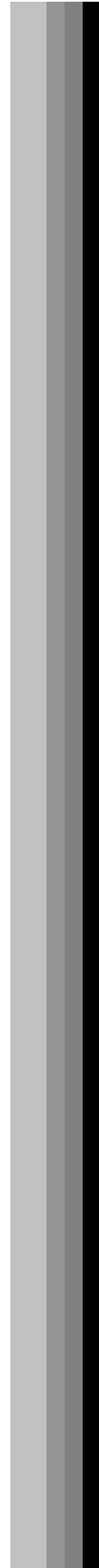
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INTRODUCTION



COMMITTEES

SASKATCHEWAN FORMULARY COMMITTEE

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Association

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Drug Plan & Extended Benefits Branch

PREFACE

OBJECTIVES

The Drug Plan has been established to:

- provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness;
- reduce the direct cost of prescription drugs to Saskatchewan residents;
- reduce the cost of drug materials;
- encourage the rational use of prescription drugs.

THE FORMULARY

The Saskatchewan Formulary is a listing of the therapeutically effective drugs of proven high quality that have been approved for coverage under the Drug Plan. It is compiled by the Minister of Health with the advice of the Saskatchewan Formulary Committee (SFC).

The SFC is advised and assisted by the Drug Quality Assessment Committee (DQAC). Members of both committees are appointed by the Minister of Health.

The Saskatchewan Formulary is published annually in July, with quarterly updates.

The ongoing work of the SFC includes the evaluation of new drug products as they are introduced, and the periodic re-evaluation of all products. The goal is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients.

THE DRUG REVIEW PROCESS

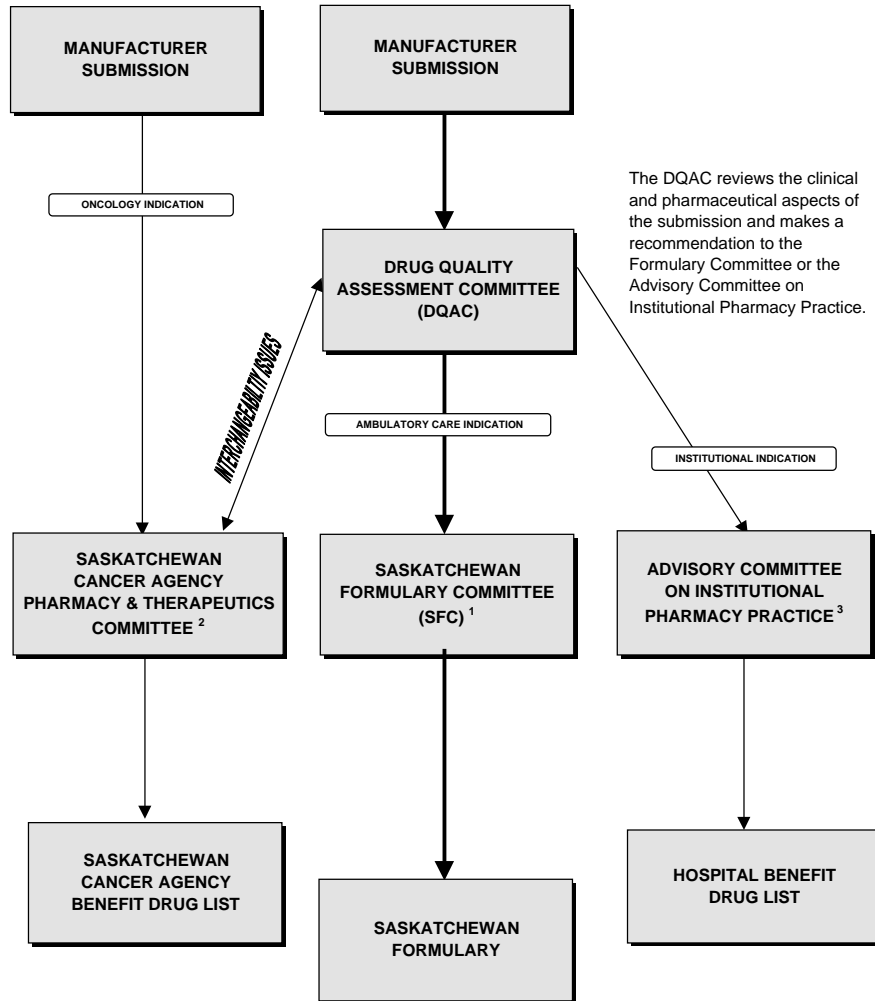
When a new drug is introduced to the Canadian market, the manufacturer submits a request to the Drug Plan so that it can be considered for possible coverage. The request must be supported by scientific reports and manufacturing documents to show that the product meets accepted standards of quality, effectiveness and safety.

The DQAC carries out an initial evaluation of the submission, with emphasis on clinical documents, such as reports of scientific studies comparing the new product with existing therapeutic alternatives. In the case of new brands of currently listed products, the DQAC evaluates comparative bioavailability studies and/or comparative clinical studies in order to determine compliance with accepted standards for interchangeability.

The DQAC reports its findings to the SFC. Using this information, along with additional details of anticipated cost and impact on patterns of practice, the SFC makes a recommendation to the Minister of Health. These recommendations reflect the "Policy for Inclusion of Products in the Saskatchewan Formulary" (see pages ix-xii).

The membership on the two Committees reflects their unique but complementary mandate. The DQAC is composed of clinical specialists in internal medicine and/or pharmacology, clinical pharmacists, pharmacologists, and pharmacists with special interest in pharmaceuticals and pharmaceutical chemistry. The SFC is made up of representatives of the associations or institutions related to the regulation, education, delivery and payment of the cost of drug therapy in Saskatchewan.

PRODUCT SUBMISSION PROCESS



¹ Considers pharmacoeconomic impact in addition to the clinical and pharmaceutical aspects reviewed by the DQAC.

² DQAC advises the Saskatchewan Cancer Agency Pharmacy & Therapeutics Committee regarding interchangeability and product quality issues.

³ All products listed in the Saskatchewan Formulary are benefits when used in the hospital setting.

Note: All committee recommendations are subject to approval by the Minister of Health.

REQUEST FOR PRODUCT ASSESSMENT

Submission Process

Any supplier wishing to have products listed in the Saskatchewan Formulary, the Hospital Benefits List or the Saskatchewan Cancer Agency Benefit List may submit requests for product assessment. The route a submission follows is determined by the indication of the products. There is no deadline date for submissions for listing in the Formulary. In general, submissions are reviewed in order of receipt.

Clinical Documentation

Single-Supplier Product Submissions

Clinical documentation in support of products to be reviewed may be submitted at any time. The committees meet on a regular basis and will review submissions as quickly as possible upon receipt. Details of the criteria for product listings are published in each edition of the Formulary.

Clinical information should clearly illustrate the efficacy of the drug. Comparative studies against listed products demonstrating specific advantages of the drug should be included.

Clinical data is not usually required for additional strengths of a dosage form unless the additional strength is intended for different indications, than listed products. Rationale for the additional strength should be included.

Notification is required whenever there is a change in formulation or in the clinical information published in the product monograph, for any listed product as well as for any product under review.

Interchangeable Product Submissions

Comprehensive clinical data may not be required for new brands of drugs already listed in the Formulary. When a product may be considered as interchangeable with a listed product, the submission should include documentation to demonstrate bioequivalence. Comparative bioavailability data for one strength will apply to other strengths of the same product if they are dose proportionate.

For solid oral dosage forms, comparative dissolution rate studies should be submitted. For topical preparations, oral liquids and injectable drug products, comparative physical parameters (e.g. viscosity, homogeneity, specific gravity, particle size distribution, pH, osmolarity, drop size, drug content per drop, surface tension, etc.) to demonstrate pharmaceutical equivalence.

For a cross-referenced product, letters dated and signed by a senior company official from both the manufacturer making the submission, and the manufacturer of the cross-referenced product, should be submitted to confirm that the product is identical in all aspects, except for embossing and labelling.

Manufacturing Documentation

Manufacturing documentation should be submitted with the clinical documentation if possible, but will be accepted at a later date.

Economic Evaluation

Price information including catalogue or estimated prices should be provided at the time of product submission.

Submission of pharmacoeconomic analyses are encouraged. The National Pharmacoeconomic Guidelines serve as a guide. The Formulary Committee will routinely consider direct “medical” costs such as:

- impact on laboratory test for monitoring, evaluation or diagnosis
- impact on physician office visits
- impact on hospitalization or institutionalization
- impact on surgical procedures
- increased or decreased incidence and severity of side effects.

The availability of quality-of-life analyses is encouraged.

Market Information

To allow for an accurate projection of the impact of a new product, expected market share information is requested.

Patent Status

Product patent expiration date is requested to allow for consideration of the potential long-term economic impact of the product.

Promotion Material

Copies of the initial product launch material, and any subsequent material sent to physicians and pharmacists, are requested.

Submission Procedure

Requests for product assessment, together with supporting clinical (including notice of compliance and product monograph) and manufacturing documentation should be sent to:

Dr. Lorne Davis, Pharmacologist
Department of Pharmacology, College of Medicine
University of Saskatchewan, 107 Wiggins Road
Saskatoon, Saskatchewan S7N 5E5

Copies of the covering letter, the product monograph, notice of compliance, pricing information and economic analysis should be sent to:

Ms Margaret Baker, Acting Director, Pharmaceutical Services Division
Drug Plan and Extended Benefits Branch, Saskatchewan Health
2nd Floor, 3475 Albert Street
Regina, Saskatchewan S4S 6X6

NOTES CONCERNING THE FORMULARY

Benefits

The Saskatchewan Formulary lists the drugs which are covered by the Drug Plan. A prescription is required for all drugs dispensed under the Drug Plan with the exception of insulin, blood-testing agents, and urine-testing agents used by diabetic patients. Drugs not listed in the Formulary will not be covered by the Drug Plan except when approved for coverage under the Exception Drug Status Program. See Appendix A for more information regarding the Exception Drug Status Program.

Eligibility

With a few exceptions, all Saskatchewan residents with a valid Saskatchewan Health Services card are eligible for coverage under the Drug Plan. The exceptions include those who have prescription costs paid by another agency. For example:

- Health Canada, First Nations and Inuit Health Branch
- Workers' Compensation Board
- Veterans Affairs Canada
- members of the Royal Canadian Mounted Police
- members of the Canadian Forces

Policy for Inclusion of Products in the Saskatchewan Formulary

1. Only products produced by manufacturers approved as acceptable suppliers by the SFC will be considered.

Companies without their own manufacturing facilities may be recognized as approved suppliers if, in addition to meeting all other criteria outlined herein, they provide adequate assurance that the product supplied is made under an acceptable contractual arrangement which is approved by the SFC.

The procedures used to evaluate a drug manufacturer include:

- review of manufacturing facilities and procedures by:
 - manufacturers' reports to the Committee;
- evaluation of selected documents pertaining to individual products;
- laboratory analysis of products selected for testing;
- exchange of information and views with Health Canada, and the Food and Drug Administration (Washington), on products and manufacturers, as well as studies relating to particular problems such as dissolution and bioavailability;
- reference to experience and knowledge available to the Committee with relation to manufacturing practices and drug usage at the clinical level.

The review of drug manufacturers is ongoing to ensure that the quality of products listed in the Saskatchewan Formulary is maintained.

2. Only drug products formulated and produced in accordance with sound manufacturing principles and found to comply with official standards will be considered.

The official standards include:

- regulations under the Food and Drugs Act pertaining to drug manufacturing;

- Good Manufacturing Practices for Drug Manufacturers and Importers, 3rd Edition, 1989- Health Canada;
 - official compendia-B.P., U.S.P., N.F. and/or appropriate in-house standards;
 - similar criteria, where applicable, as defined by International (WHO), U.S., and British authorities.
3. Only drug products which are valid therapeutic agents, with proven clinical effectiveness, for the diagnosis, prevention or treatment of mental or physical disorders will be listed. The availability of suitable alternative agents, and potential for undesirable effects will be considered.

The medical literature and clinical studies, supplied by the manufacturers or Committee members, are reviewed and evaluated to determine if the drug product is therapeutically effective for the treatment of the condition(s) for which the drug is indicated.

The clinical literature is also reviewed to determine the therapeutic advantages or disadvantages in relation to alternative agents, which may or may not be listed in the Saskatchewan Formulary.

The rate and severity of potential undesirable effects are reviewed and compared with those for alternative products.

In reviewing products for which suitable alternatives are listed in the Formulary, consideration will be given to the following additional criteria:

- clinical documentation must clearly demonstrate therapeutic advantages such as:
 - more effective for treatment of the condition (s) for which the drug is intended;
 - increased safety as shown by reduced toxicity and reduced incidence of adverse reactions and/or side effects;
 - improved dosing schedule;
 - reduced potential for abuse or inappropriate use;

OR

- anticipated cost of a product of equivalent therapeutic effectiveness must offer a potential economic advantage over listed alternatives.

4. The cost of therapy relative to the clinical efficacy is reviewed and compared to the cost of therapy relative to the clinical efficacy of alternative agents.

An increased cost may be justified if the drug product produces better clinical results in a significant portion of the patient population, demonstrates fewer or less severe undesirable effects, or has a dosage regime which improves patient compliance.

The cost of oral combination products relative to the combined costs of the single entities, the cost of the various dosage strengths relative to therapeutic advantages, and the cost of additional dosage forms relative to the therapeutic advantages will be considered when reviewing such products.

5. Some drug products will not be listed, but may be made available on Exception Drug Status for treatment of selected clinical indications. (See Appendix A)
6. Oral combination products are required to meet the following additional criteria:
- each component must make a contribution to the claimed effect;

- the dosage of each component (amount, frequency, duration of therapeutic effect) must be such that the combination is safe and effective for a significant patient population, requiring such concurrent therapy as defined in the labelling;
 - a component may be added to:
 - enhance safety or effectiveness of the principal active ingredient;
 - minimize the potential for abuse of the principal active ingredient.
 - combination fixed ratio must be "right" for:
 - significant portion of patients;
 - significant amount of natural history of disease.
 - the manufacturer must provide the standards he has adopted for the product (in-house or other) and these standards must be acceptable to the DQAC;
 - the manufacturer must provide evidence that he can consistently meet these standards.
7. Sustained, prolonged or delayed release dosage forms are required to meet the following additional criteria:
- clinical studies have demonstrated the sustained, prolonged or delayed action of the active ingredient;
 - the dosage form possesses therapeutic advantages in the treatment of the disease entity for which the product is indicated;
 - the manufacturer must provide the standards he has adopted for the product (in-house or other) and these standards must be acceptable to the DQAC;
 - the manufacturer must provide evidence that he can consistently meet these standards.
8. The various strengths of one dosage form will be considered if they possess therapeutic advantages and meet the required standards for quality and cost.
9. The various dosage forms of a drug product will be evaluated individually.
10. Drug products not listed in the Schedules of the Food and Drugs Act, Narcotic Control Act or the Saskatchewan Pharmacy Act, but usually sold on prescription, will be considered for inclusion.
11. Products which contain the same amount of the same active ingredient in an equivalent dosage form and are of acceptable equivalent therapeutic effectiveness will be listed as interchangeable.
12. The following will not be listed:
- fertility agents;
 - drugs used in erectile dysfunction;
 - certain over-the-counter preparations;
 - drugs used primarily in hospitals;
 - antineoplastic agents (these are provided to patients through the Saskatchewan Cancer Agency);
 - anti-tuberculosis drugs;

- blood derivatives-immune serum globulin for prophylaxis against infectious hepatitis or measles or for treatment of immune deficiency disease is available from the Health Offices.
 - vaccines and sera-most immunological agents are available from the Health Offices.
13. Drug products identified by trade names deemed to be inappropriate, confusing and/or misleading may not be listed. Some examples include:
- products with similar or identical trade names but containing different active ingredients;
 - products with a different strength of ingredient, manufactured by the same supplier, but with a different trade name.

Policy for Formulary Deletion

The Minister of Health may delete any product from the Saskatchewan Formulary under the following circumstances:

1. Upon the recommendation of the SFC:
 - where the standards of quality and/or production have altered and are not considered to meet accepted standards;
 - where new information demonstrates that the product does not have adequate therapeutic benefit;
 - where undesirable effects of the product make the continued listing of the product inappropriate;
 - where new products possessing clearly demonstrated therapeutic advantages have been listed, thereby making the continued listing of the product unnecessary.
2. Upon the recommendation of the Drug Plan where there are undesirable financial, supply or administrative implications to continued listing of a product, the Drug Plan will consult with the SFC prior to making a recommendation. The comments of the Committee will be brought to the attention of the Minister.
3. Where the Minister of Health believes a product should be deleted, the Minister will consult with the SFC before making a final decision.

Exception Drug Status

Certain drug products may be considered for Exception Drug Status coverage under one or more of the following circumstances:

- the drug is ordinarily administered only to hospital inpatients and is being administered outside of a hospital because of unusual circumstances;
- the drug is not ordinarily prescribed or administered in Saskatchewan but is being prescribed because it is required in the diagnosis or treatment of a patient having an illness, disability or condition rarely found in this province;
- the drug is infrequently used since therapeutic alternatives listed in the Formulary are usually effective but are contraindicated or found to be ineffective because of the clinical condition of the patient;
- the drug has been deleted from the Formulary, but is required by patients who were previously stabilized on the drug;
- the drug has potential for use in other than approved indications;
- the drug has potential for the development of widespread inappropriate use;

- the drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications.

The following information is required to process Exception Drug Status requests:

- patient name
- patient Health Services Number (9 digits)
- name of drug
- diagnosis relevant to use of drug
- prescriber name
- prescriber phone number

Saskatchewan Prescription Drug Plan policy does not allow a fee to be charged to clients for Exception Drug Status applications made to the Drug Plan on the client's behalf.

See Appendix A for further details regarding Exception Drug Status.

"No Substitution" Prescriptions

Drug Plan benefits, as well as credits to deductibles, will be based only on the lowest priced interchangeable brand as listed in the Formulary. Although the Formulary will continue to list all approved brands, patients will, in addition to their normal share of cost, be responsible for any incremental cost associated with the selection of a higher cost brand.

It is important to note that both generic and brand name products are manufactured under the same standards of good manufacturing practice, and that only those brands which meet the SFC's standards for bioequivalence are accepted as interchangeable in Saskatchewan.

In cases where a patient experiences problems with a specific brand of a medication, a prescriber may make application for exemption from the cost of the "no sub" brand. (See Appendix E for details.)

Adverse Drug Reactions

The Health Protection Branch encourages the reporting of suspected adverse drug reactions. In Saskatchewan, prescribers, pharmacists, and other health professionals are encouraged to participate in the **Sask ADR Program**.

Suspected adverse reactions are reported by the observers to this program, which in turn, will send the original report to the Health Protection Branch in Ottawa.

See Appendix D for forms and guidelines.

Index

Drug products are listed numerically by DIN (drug identification number) as well as alphabetically by official name and brand name at the back of the Formulary.

Pharmacologic-Therapeutic Classification of Drugs

The drugs are classified according to the pharmacologic-therapeutic classification developed by the American Society of Hospital Pharmacists for the purpose of the American Hospital Formulary Service.

Permission to use this system has been granted by the American Society of Hospital Pharmacists. The Society is not responsible for the accuracy of transpositions or excerpts from the original content.

Within each therapeutic classification the drugs are listed alphabetically according to their official names. Under each drug, acceptable products are listed. Drugs with multiple uses may be listed in one or more classes.

Prescription Quantities

The Drug Plan places no limitation on the quantities of drugs that may be prescribed. Prescribers shall exercise their professional judgment in determining the course and duration of treatment for their patients. However, in most cases, the Drug Plan will not pay benefits or credit deductibles for more than a 3-month supply of a drug at one time.

The quantity dispensed for one dispensing fee shall be determined by the terms of the contract in force when the prescription was dispensed. For drugs listed on the *Two Month* and *100 Day* maintenance drug lists, refer to Appendix H. Because of possible waste and the potential danger of storing large quantities of potent drugs in the home, the Drug Plan does not encourage the dispensing of unreasonably large quantities of prescription drugs.

Release of Patient Drug Profiles

Saskatchewan prescribers or pharmacists wishing to obtain a drug profile for patients in their care may do so by submitting a written request, stating the patient's name, address, date of birth and Health Services Number to the address below. The drug profile will include all claims for Formulary and Exception Drug Status drugs submitted to the Drug Plan on behalf of the patient in the previous 9-12 months.

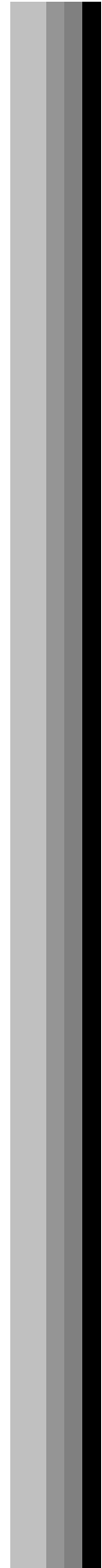
Please submit written request to:

Executive Director
Drug Plan & Extended Benefits Branch
Saskatchewan Health
2nd Floor, 3475 Albert Street
Regina, S4S 6X6

FAX: (306) 787-8679



LEGEND



LEGEND

- ¹ Pharmacological-Therapeutic classification.
- ² Pharmacological-Therapeutic sub-classification.
- ³ Nonproprietary or generic name of the drug.
- ⁴ An asterisk (*) to the left of a drug strength and dosage form indicates that the products listed below are interchangeable.
- ⁵ An asterisk (*) to the right of a price indicates that the Drug Plan has negotiated a contract price for that product.
Pharmacists will dispense these products except where a prescriber indicates "no substitution" for a product in an interchangeable category (see page xii).
In cases where contracts have been negotiated with two suppliers of an interchangeable product, either brand may be used. The prices are expressed as decimal dollars.
- ⁶ The following symbol: ☒, to the left of a drug strength and dosage form indicates that the products listed below are NOT interchangeable.
- ⁷ Drug strength and dosage form.
- ⁸ The Drug Identification Number (DIN), which has been assigned by Health Canada, uniquely identifies the drug product and its manufacturer, name and strength of active ingredients, route of administration, and pharmaceutical dosage form.
- ⁹ This product requires Exception Drug Status (EDS) approval (see Appendix A for EDS criteria).
- ¹⁰ All active ingredients of combination products are listed.
- ¹¹ Strengths of active ingredients are listed in the same order as the ingredients. This example indicates that the tablet contains 300mg of acetaminophen and 30mg of codeine.
- ¹² Brand name of drug.
- ¹³ Three letter identification code assigned to each manufacturer. The codes are listed in Index A near the back of the Formulary.
- ¹⁴ The size of vials or ampoules of injectables is listed in brackets.
- ¹⁵ The size of a tube of ophthalmic ointments is listed in brackets.

1 ▶ 08:00 ANTI-INFECTIVE AGENTS

2 ▶ 08:12.16 ANTIBIOTICS (PENICILLINS)

3 ▶ AMOXICILLIN (AMOXYCILLIN)

4 ▶ * 250MG CAPSULE

00865567	NU-AMOXI	NXP	\$	0.0837	* ◀ 5
00406724	NOVAMOXIN	NOP		0.1120	
00628115	APO-AMOXI	APX		0.1120	
02181487	LIN-AMOX	LIN		0.1120	
0222959	PENTA-AMOXICILLIN	PEN		0.1120	
0223976	UN-AMOXICILLIN	GPM		0.1120	
02239761	MED AMOXICILLIN	MED		0.1120	
0204129	AMO L-250	WYA		0.2051	

WARFARIN

6 ▶ ☒ 5MG TABLET

00010308	WARFILONE	MSD	\$	0.1917	
01918354	COUMADIN	DUP		0.3150	

CIPROFLOXACIN

7 ▶ 500MG TABLET

02155966	CIPRO (EDS) ◀ 9	BAY	\$	2.7188	
----------	-----------------	-----	----	--------	--

10 ▶ ACETAMINOPHEN/CODEINE

11 ▶ * 300MG/30MG TABLET

00608882	EMTEC-30 ◀ 12	TCH	\$	0.0494	
00666130	EMPRACET-30	13 ▶ GLA		0.0494	

FLUPENTHIXOL DECANOATE

20MG/ML INJECTION SOLUTION (10ML) ◀ 14

02156032	FLUANXOL DEPOT	LUD	\$	73.1900	
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GENTAMICIN SO4

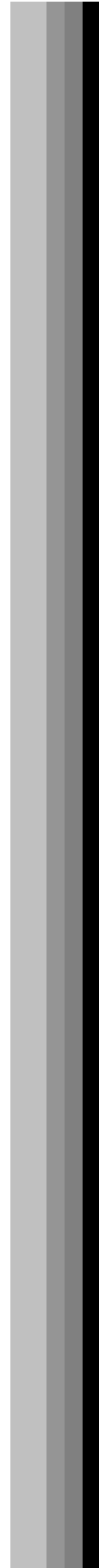
* 5MG/G OPHTHALMIC OINTMENT (3.5G) ◀ 15

00028339	GARAMYCIN	SCH	\$	4.3400	
02230888	GENTAMICIN SULFATE	SAB		4.3400	



ANTI-INFECTIVE AGENTS

8:00



08:00 ANTI-INFECTIVE AGENTS

08:04.00 AMEBICIDES

DIIDOXYHYDROXYQUIN

650MG TABLET

01997750 DIODOQUIN

GLW \$ 0.6906

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734 VERMOX

JAN \$ 3.1592

PIPERAZINE ADIPATE

2G/PKG GRANULES

02100215 ENTACYL

RBP \$ 0.9700

PRAZIQUANTEL

600MG TABLET

02230897 BILTRICIDE

BAY \$ 5.7510

PYRANTEL PAMOATE

125MG TABLET

01944363 COMBANTRIN

PFC \$ 5.9675

50MG/ML ORAL SUSPENSION

01944355 COMBANTRIN

PFC \$ 1.4322

PYRVINIUM PAMOATE

10MG/ML ORAL SUSPENSION

02019809 VANQUIN

PFC \$ 1.0325

08:00 ANTI-INFECTIVE AGENTS

08:12.00 ANTIBIOTICS

ANTIBIOTIC ASSOCIATED COLITIS OR PSEUDOMEMBRANOUS ENTEROCOLITIS IS A SEVERE POTENTIALLY FATAL COLITIS WHICH MAY FOLLOW THE ADMINISTRATION OF ANTIBIOTICS, MOST COMMONLY CLINDAMYCIN. THE SYNDROME IS CAUSED BY A BACTERIAL TOXIN. PATIENTS FOR WHOM ANTIBIOTICS ARE PRESCRIBED SHOULD BE ADVISED TO DISCONTINUE THERAPY AND REPORT TO THE PHYSICIAN IF PERSISTENT DIARRHEA DEVELOPS AND/OR IF BLOOD OR MUCUS APPEARS IN THE STOOL, AND SHOULD BE ADVISED NOT TO USE ANTIDIARRHEAL PREPARATIONS WHILE ON THESE DRUGS AS THEY MAY EXACERBATE THE CONDITION. RECOMMENDED TREATMENT INCLUDES STOPPING ANTIBIOTICS AS SOON AS POSSIBLE, CAREFUL ATTENTION TO FLUIDS AND ELECTROLYTES AND THE USE OF AN APPROPRIATE ANTIBIOTIC (SUCH AS ORALLY ADMINISTERED METRONIDAZOLE OR VANCOMYCIN) DIRECTED AGAINST THE TOXIC PRODUCING ORGANISM.

08:12.02 ANTIBIOTICS (AMINOGLYCOSIDES)

GENTAMICIN SO4

* 40MG/ML INJECTION SOLUTION (2ML)

00223824	GARAMYCIN	SCH	\$	4.3000
02145758	GENTAMICIN SULPHATE	NOP		4.3000

TOBRAMYCIN

SEE APPENDIX A FOR EDS CRITERIA

60MG/ML INHALATION SOLUTION (5ML)

02239630	TOBI (EDS)	CCL	\$	51.1700
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08:12.04 ANTIBIOTICS (ANTIFUNGALS)

FLUCONAZOLE

SEE APPENDIX A FOR EDS CRITERIA

* 150MG CAPSULE

02241895	APO-FLUCONAZOLE	APX	\$	11.0779
02141442	DIFLUCAN	PFI		15.1868

* 50MG TABLET

02237370	APO-FLUCONAZOLE (EDS)	APX	\$	3.7693
00891800	DIFLUCAN (EDS)	PFI		5.0581

* 100MG TABLET

02237371	APO-FLUCONAZOLE (EDS)	APX	\$	6.6867
00891819	DIFLUCAN (EDS)	PFI		8.5699

10MG/ML POWDER FOR ORAL SUSPENSION

02024152	DIFLUCAN P.O.S. (EDS)	PFI	\$	1.0126
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08:00 ANTI-INFECTIVE AGENTS

08:12.04 ANTIBIOTICS (ANTIFUNGALS)

GRISEOFULVIN (ULTRA-FINE)*250MG TABLET*

00028274 FULVICIN U/F SCH \$ 0.2775

*500MG TABLET*00028282 FULVICIN U/F SCH \$ 0.4697

ITRACONAZOLE*SEE APPENDIX A FOR EDS CRITERIA**100MG CAPSULE*

02047454 SPORANOX (EDS) JAN \$ 3.7975

*10MG/ML ORAL SOLUTION*02231347 SPORANOX (EDS) JAN \$ 0.8075

KETOCONAZOLE*SEE APPENDIX A FOR EDS CRITERIA*** 200MG TABLET*

02122197 NU-KETOCON (EDS) NXP \$ 1.2841

02231061 NOVO-KETOCONAZOLE (EDS) NOP 1.2841

02237235 APO-KETOCONAZOLE (EDS) APX 1.2841

00633836 NIZORAL (EDS) MCL 2.0383

NYSTATIN*500,000U TABLET*

02194198 NILSTAT TCH \$ 0.0858

** 100,000U/ML ORAL SUSPENSION*

02125145 DOM-NYSTATIN DOM \$ 0.0534

02194201 NILSTAT TCH 0.0566

02238544 FTP-NYSTATIN FTP 0.0566

00779121 NYADERM TAR 0.0638

00792667 PMS-NYSTATIN PMS 0.0643

00248169 MYCOSTATIN PPZ 0.1978

TERBINAFFINE HCL** 250MG TABLET*

02239893 APO-TERBINAFFINE APX \$ 2.5574

02240807 PMS-TERBINAFFINE PMS 2.7391

02240346 NOVO-TERBINAFFINE NOP 2.7393

02242503 GEN-TERBINAFFINE GPM 2.7393

02031116 LAMISIL NVR 3.8712

08:00 ANTI-INFECTIVE AGENTS

08:12.06 ANTIBIOTICS (CEPHALOSPORINS)

CEFACLOR

SEE APPENDIX A FOR EDS CRITERIA

* 250MG CAPSULE

02185830	PMS-CEFACLOR (EDS)	PMS	\$	0.6977
02230263	APO-CEFACLOR (EDS)	APX		0.6977
02231432	NU-CEFACLOR (EDS)	NXP		0.6977
02231691	NOVO-CEFACLOR (EDS)	NOP		0.6977
02177633	DOM-CEFACLOR (EDS)	DOM		0.8722

* 500MG CAPSULE

02185849	PMS-CEFACLOR (EDS)	PMS	\$	1.3699
02230264	APO-CEFACLOR (EDS)	APX		1.3699
02231433	NU-CEFACLOR (EDS)	NXP		1.3699
02231693	NOVO-CEFACLOR (EDS)	NOP		1.3699
02177641	DOM-CEFACLOR (EDS)	DOM		1.7124

* 25MG/ML ORAL SUSPENSION

02185857	PMS-CEFACLOR (EDS)	PMS	\$	0.0827
02237500	APO-CEFACLOR (EDS)	APX		0.0827
02177668	DOM-CEFACLOR (EDS)	DOM		0.0930
00465208	CECLOR (EDS)	LIL		0.1183

* 50MG/ML ORAL SUSPENSION

02185865	PMS-CEFACLOR (EDS)	PMS	\$	0.1514
02237501	APO-CEFACLOR (EDS)	APX		0.1514
02177676	DOM-CEFACLOR (EDS)	DOM		0.1702
00465216	CECLOR (EDS)	LIL		0.2164

* 75MG/ML ORAL SUSPENSION

02185873	PMS-CEFACLOR (EDS)	PMS	\$	0.2181
02237502	APO-CEFACLOR (EDS)	APX		0.2181
02177684	DOM-CEFACLOR (EDS)	DOM		0.2450
00832804	CECLOR BID (EDS)	LIL		0.3117

CEFIXIME

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

02195984	SUPRAX (EDS)	AVT	\$	3.3570
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20MG/ML ORAL SUSPENSION

02195992	SUPRAX (EDS)	AVT	\$	0.3598
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CEFPROZIL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02163659	CEFZIL (EDS)	BMV	\$	1.6601
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500MG TABLET

02163667	CEFZIL (EDS)	BMV	\$	3.2550
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25MG/ML ORAL SUSPENSION

02163675	CEFZIL (EDS)	BMV	\$	0.1622
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50MG/ML ORAL SUSPENSION

02163683	CEFZIL (EDS)	BMV	\$	0.3245
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08:00 ANTI-INFECTIVE AGENTS

08:12.06 ANTIBIOTICS (CEPHALOSPORINS)

CEFUROXIME AXETIL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02212277 CEFTIN (EDS) GSK \$ 1.5705

500MG TABLET

02212285 CEFTIN (EDS) GSK \$ 3.1112

25MG/ML ORAL SUSPENSION

02212307 CEFTIN (EDS) GSK \$ 0.1736

CEPHALEXIN MONOHYDRATE

250MG CAPSULE

00342084 NOVO-LEXIN NOP \$ 0.1620

500MG CAPSULE

00342114 NOVO-LEXIN NOP \$ 0.3240

* 250MG TABLET

00865877 NU-CEPHALEX NXP \$ 0.1055 *

00583413 NOVO-LEXIN NOP 0.1620

00768723 APO-CEPHALEX APX 0.1620

02177781 PMS-CEPHALEXIN PMS 0.1620

02177846 DOM-CEPHALEXIN DOM 0.1966

* 500MG TABLET

00865885 NU-CEPHALEX NXP \$ 0.2099 *

00583421 NOVO-LEXIN NOP 0.3240

00768715 APO-CEPHALEX APX 0.3240

02177803 PMS-CEPHALEXIN PMS 0.3240

02177854 DOM-CEPHALEXIN DOM 0.3871

00244392 KEFLEX LIL 0.6954

25MG/ML ORAL SUSPENSION

00342106 NOVO-LEXIN NOP \$ 0.0352

* 50MG/ML ORAL SUSPENSION

00342092 NOVO-LEXIN NOP \$ 0.0712

00035645 KEFLEX LIL 0.0980

08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS (MACROLIDES)

PRESCRIPTIONS FOR SOLID DOSAGE FORMS OF ERYTHROMYCIN SHOULD BE FILLED WITH AN ERYTHROMYCIN BASE PREPARATION OF THE STRENGTH PRESCRIBED; DISPENSE THE STEARATE AND ESTOLATE ONLY WHEN SPECIFICALLY PRESCRIBED

AZITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02212021 ZITHROMAX (EDS) PFI \$ 5.1386

600MG TABLET

02231143 ZITHROMAX (EDS) PFI \$ 12.3326

20MG/ML ORAL SUSPENSION

02223716 ZITHROMAX (EDS) PFI \$ 1.1111

40MG/ML ORAL SUSPENSION

02223724 ZITHROMAX (EDS) PFI \$ 1.5740

CLARITHROMYCIN

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

01984853 BIAXIN (EDS) ABB \$ 1.6048

500MG TABLET

02126710 BIAXIN (EDS) ABB \$ 3.2095

25MG/ML ORAL SUSPENSION

02146908 BIAXIN (EDS) ABB \$ 0.2817

ERYTHROMYCIN BASE

333MG PARTICLE COATED TABLET

00769991 PCE ABB \$ 0.5137

250MG CAPSULE (ENTERIC COATED PELLETS)

00607142 ERYC PFI \$ 0.5024

333MG CAPSULE (ENTERIC COATED PELLETS)

00873454 ERYC PFI \$ 0.5581

ERYTHROMYCIN ESTOLATE

25MG/ML ORAL SUSPENSION

00021172 NOVO-RYTHRO ESTOLATE NOP \$ 0.0297

50MG/ML ORAL SUSPENSION

00262595 NOVO-RYTHRO ESTOLATE NOP \$ 0.0598

ERYTHROMYCIN ETHYLSUCCINATE

* 40MG/ML ORAL SUSPENSION

00605859 NOVO-RYTHRO ETHYLSUCC. NOP \$ 0.0671

00000299 EES 200 ABB 0.0748

* 80MG/ML ORAL SUSPENSION

00652318 NOVO-RYTHRO ETHYLSUCC. NOP \$ 0.0899

00453617 EES 400 ABB 0.1133

ERYTHROMYCIN STEARATE

* 250MG TABLET

00545678 APO-ERYTHRO-S APX \$ 0.0940

02051850 NU-ERYTHROMYCIN-S NXP 0.0940

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

AMOXICILLIN (AMOXICILLIN)

* 250MG CAPSULE

00865567	NU-AMOXI	NXP	\$	0.0810 *
00406724	NOVAMOXIN	NOP		0.1120
00628115	APO-AMOXI	APX		0.1120
02181487	LIN-AMOX	LIN		0.1120
02238171	GEN-AMOXICILLIN	GPM		0.1120
02239761	MED-AMOXICILLIN	MED		0.1120

* 500MG CAPSULE

00865575	NU-AMOXI	NXP	\$	0.1578 *
00406716	NOVAMOXIN	NOP		0.2181
00628123	APO-AMOXI	APX		0.2181
02181495	LIN-AMOX	LIN		0.2181
02238172	GEN-AMOXICILLIN	GPM		0.2181
02239762	MED-AMOXICILLIN	MED		0.2181
02041308	AMOXIL	WYA		0.4058

* 125MG CHEWABLE TABLET

02036347	NOVAMOXIN	NOP	\$	0.2512
02041685	AMOXIL	WYA		0.3138

250MG CHEWABLE TABLET

02036355	NOVAMOXIN	NOP	\$	0.3700
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* 25MG/ML ORAL SUSPENSION

00865540	NU-AMOXI	NXP	\$	0.0157 *
00452149	NOVAMOXIN	NOP		0.0217
00628131	APO-AMOXI	APX		0.0217
02181509	LIN-AMOX	LIN		0.0217

* 50MG/ML ORAL SUSPENSION

00865559	NU-AMOXI	NXP	\$	0.0234 *
00452130	NOVAMOXIN	NOP		0.0326
00628158	APO-AMOXI	APX		0.0326
02181517	LIN-AMOX	LIN		0.0326
02042592	AMOXIL-250	WYA		0.0637

AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE

SEE APPENDIX A FOR EDS CRITERIA

* 250MG/125MG TABLET

02243350	APO-AMOXI CLAV (EDS)	APX	\$	0.6631
01916866	CLAVULIN-250 (EDS)	GSK		0.9943

* 500MG/125MG TABLET

02243351	APO-AMOXI CLAV (EDS)	APX	\$	1.0136
01916858	CLAVULIN-500 (EDS)	GSK		1.4915

875MG/125MG TABLET

02238829	CLAVULIN-875 (EDS)	GSK	\$	2.2372
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08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

<i>25MG/6.25MG/ML ORAL SUSPENSION</i>				
01916882 CLAVULIN-125F (EDS)	GSK	\$		0.1179
<i>40MG/5.3MG/ML ORAL SUSPENSION</i>				
02238831 CLAVULIN-200 (EDS)	GSK	\$		0.1452
<i>50MG/12.5MG/ML ORAL SUSPENSION</i>				
01916874 CLAVULIN-250F (EDS)	GSK	\$		0.1979
<i>80MG/11.4MG/ML ORAL SUSPENSION</i>				
02238830 CLAVULIN-400 (EDS)	GSK	\$		0.2712

AMPICILLIN

* 250MG CAPSULE				
00020877 NOVO-AMPICILLIN	NOP	\$		0.0889
00603279 APO-AMPI	APX			0.0889
00717657 NU-AMPI	NXP			0.0889
* 500MG CAPSULE				
00020885 NOVO-AMPICILLIN	NOP	\$		0.1723
00603295 APO-AMPI	APX			0.1723
00717673 NU-AMPI	NXP			0.1723
* 25MG/ML ORAL SUSPENSION				
00603260 APO-AMPI	APX	\$		0.0174
00717495 NU-AMPI	NXP			0.0174
* 50MG/ML ORAL SUSPENSION				
00603287 APO-AMPI	APX	\$		0.0285
00717649 NU-AMPI	NXP			0.0285

CLOXACILLIN

* 250MG CAPSULE				
00337765 NOVO-CLOXIN	NOP	\$		0.1078
00618292 APO-CLOXI	APX			0.1078
00717584 NU-CLOXI	NXP			0.1078
* 500MG CAPSULE				
00337773 NOVO-CLOXIN	NOP	\$		0.2112
00618284 APO-CLOXI	APX			0.2112
00717592 NU-CLOXI	NXP			0.2112
* 25MG/ML ORAL LIQUID				
00337757 NOVO-CLOXIN	NOP	\$		0.0259
00644633 APO-CLOXI	APX			0.0259
00717630 NU-CLOXI	NXP			0.0259

PENICILLIN V (BENZATHINE)

<i>60MG/ML ORAL SUSPENSION</i>				
02229617 PEN-VEE	LIH	\$		0.0537

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

PENICILLIN V (POTASSIUM)

* 300MG TABLET

02232391	PVF-K 500	LIH	\$	0.0388
00021202	NOVO-PEN-VK	NOP		0.0407
00642215	APO-PEN-VK	APX		0.0407
00717568	NU-PEN-VK	NXP		0.0407
25MG/ML ORAL SOLUTION				
00642223	APO-PEN-VK	APX	\$	0.0266

PIVMECILLINAM HCL

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

00657212	SELEXID (EDS)	LEO	\$	0.9203
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08:12.24 ANTIBIOTICS (TETRACYCLINES)

THE USE OF TETRACYCLINES DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT TOOTH DISCOLORATION (YELLOW-GRAY-BROWN). THIS REACTION IS MORE COMMON DURING LONG-TERM USE OF TETRACYCLINES, BUT HAS BEEN OBSERVED FOLLOWING SHORT-TERM COURSES. ENAMEL HYPOPLASIA HAS ALSO BEEN REPORTED FOR TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP UNLESS OTHER DRUGS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDICATED.

DOXYCYCLINE

* 100MG CAPSULE

02044668	NU-DOXYCYCLINE	NXP	\$	0.4346 *
00740713	APO-DOXY	APX		0.6359
00817120	DOXYCIN	GPM		0.6359
02093103	DOXYTEC	TCH		0.6359
02140039	ALTI-DOXYCYCLINE	ALT		0.6359
00024368	VIBRAMYCIN	PFI		1.7703

* 100MG TABLET

02044676	NU-DOXYCYCLINE	NXP	\$	0.4346 *
00860751	DOXYCIN	GPM		0.6359
00874256	APO-DOXY	APX		0.6359
02091232	DOXYTEC	TCH		0.6359
02142058	ALTI-DOXYCYCLINE	ALT		0.6359
02158574	NOVO-DOXYLIN	NOP		0.6359
00578452	VIBRA-TABS	PFI		1.7702

08:00 ANTI-INFECTIVE AGENTS

08:12.24 ANTIBIOTICS (TETRACYCLINES)

MINOCYCLINE HCL*SEE APPENDIX A FOR EDS CRITERIA**** 50MG CAPSULE**

01914138	ALTI-MINOCYCLINE (EDS)	ALT	\$	0.5805
02084090	APO-MINOCYCLINE (EDS)	APX		0.5805
02108143	NOVO-MINOCYCLINE (EDS)	NOP		0.5805
02230735	GEN-MINOCYCLINE (EDS)	GPM		0.5805
02237313	RHOXAL-MINOCYCLINE (EDS)	RHO		0.5805
02237875	MED-MINOCYCLINE (EDS)	MED		0.5805
02239238	PMS-MINOCYCLINE (EDS)	PMS		0.5805
02239667	DOM-MINOCYCLINE (EDS)	DOM		0.6131
02173514	MINOCIN (EDS)	WYA		0.6456

*** 100MG CAPSULE**

01914146	ALTI-MINOCYCLINE (EDS)	ALT	\$	1.1211
02084104	APO-MINOCYCLINE (EDS)	APX		1.1211
02108151	NOVO-MINOCYCLINE (EDS)	NOP		1.1211
02230736	GEN-MINOCYCLINE (EDS)	GPM		1.1211
02237314	RHOXAL-MINOCYCLINE (EDS)	RHO		1.1211
02237876	MED-MINOCYCLINE (EDS)	MED		1.1211
02239239	PMS-MINOCYCLINE (EDS)	PMS		1.1211
02239668	DOM-MINOCYCLINE (EDS)	DOM		1.1769
02173506	MINOCIN (EDS)	WYA		1.2456

TETRACYCLINE*** 250MG CAPSULE**

00580929	APO-TETRA	APX	\$	0.0326
00717606	NU-TETRA	NXP		0.0326

08:12.28 ANTIBIOTICS (MISCELLANEOUS ANTIBIOTICS)

CLINDAMYCIN HCL*SEE NOTE REGARDING ANTIBIOTIC ASSOCIATED COLITIS OR PSEUDOMEMBRANOUS ENTERCOLITIS UNDER SECTION 08:12.00 (ANTIBIOTICS)**** 150MG CAPSULE**

02130033	ALTI-CLINDAMYCIN	ALT	\$	0.5895
02241709	NOVO-CLINDAMYCIN	NOP		0.5895
00030570	DALACIN C	PHU		0.8896

*** 300MG CAPSULE**

02192659	ALTI-CLINDAMYCIN	ALT	\$	1.1791
02241710	NOVO-CLINDAMYCIN	NOP		1.1791
02182866	DALACIN C	PHU		1.7792

CLINDAMYCIN PALMITATE HCL*SEE NOTE REGARDING ANTIBIOTIC ASSOCIATED COLITIS OR PSEUDOMEMBRANOUS ENTERCOLITIS UNDER SECTION 08:12.00 (ANTIBIOTICS)**15MG/ML ORAL SOLUTION*

00225851	DALACIN C	PHU	\$	0.1197
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08:00 ANTI-INFECTIVE AGENTS

08:12.28 ANTIBIOTICS (MISCELLANEOUS ANTIBIOTICS)

VANCOMYCIN HCL

SEE APPENDIX A FOR EDS CRITERIA

125MG CAPSULE

00800430 VANCOCIN (EDS) LIL \$ 7.1133

250MG CAPSULE

00788716 VANCOCIN (EDS) LIL \$ 14.2266

* 500MG INJECTION

02241820 PMS-VANCOMYCIN (EDS) PMS \$ 24.2000

00015423 VANCOCIN (EDS) LIL 28.4600

* 1GM INJECTION

02241821 PMS-VANCOMYCIN (EDS) PMS \$ 48.3700

00722146 VANCOCIN (EDS) LIL 55.4500

08:18.00 ANTIVIRALS

ACYCLOVIR

* 200MG TABLET

02197405 NU-ACYCLOVIR NXP \$ 0.7734 *

02078627 AVIRAX TCH 0.9530

02207621 APO-ACYCLOVIR APX 0.9530

02229707 ALTI-ACYCLOVIR ALT 0.9530

02242784 GEN-ACYCLOVIR GPM 0.9530

00634506 ZOVIRAX GSK 1.2706

* 400MG TABLET

02078635 AVIRAX TCH \$ 1.8758

02197413 NU-ACYCLOVIR NXP 1.8758

02207648 APO-ACYCLOVIR APX 1.8758

02242463 GEN-ACYCLOVIR GPM 1.8758

01911627 ZOVIRAX WELLSTAT PAC GSK 2.5010

* 800MG TABLET

02197421 NU-ACYCLOVIR NXP \$ 3.0985

02207656 APO-ACYCLOVIR APX 3.0985

02229709 ALTI-ACYCLOVIR ALT 3.0985

02242464 GEN-ACYCLOVIR GPM 3.0985

02078651 AVIRAX TCH 3.0986

01911635 ZOVIRAX ZOSTAB PAC GSK 4.9181

AMANTADINE

* 100MG CAPSULE

02130963 DOM-AMANTADINE DOM \$ 0.1722 *

01990403 PMS-AMANTADINE PMS 0.5620

02034468 ENDANTADINE END 0.5620

02139200 GEN-AMANTADINE GPM 0.5620

02199289 MED-AMANTADINE MED 0.5620

01914006 SYMMETREL DUP 1.0703

08:00 ANTI-INFECTIVE AGENTS

08:18.00 ANTIVIRALS** 10MG/ML SYRUP*

01913999	SYMMETREL	DUP	\$	0.0879
02022826	PMS-AMANTADINE	PMS		0.0879
02130971	DOM-AMANTADINE	DOM		0.0924

FAMCICLOVIR*125MG TABLET*

02229110	FAMVIR	NVR	\$	2.7451
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250MG TABLET

02229129	FAMVIR	NVR	\$	3.6890
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500MG TABLET

02177102	FAMVIR	NVR	\$	6.5534
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GANCICLOVIR SO4*SEE APPENDIX A FOR EDS CRITERIA**250MG CAPSULE*

02186802	CYTOVENE (EDS)	HLR	\$	4.5028
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500MG CAPSULE

02240362	CYTOVENE (EDS)	HLR	\$	8.6334
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VALACYCLOVIR*500MG CAPLET*

02219492	VALTREX	GSK	\$	3.2767
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**08:18.08 ANTIRETROVIRAL AGENTS (NONNUCLEOSIDE
REVERSE TRANSCRIPTASE INHIBITORS)**

DELAVIRDINE MESYLATE*SEE APPENDIX A FOR EDS CRITERIA**100MG TABLET*

02238348	RESCRIPTOR (EDS)	AGR	\$	0.7789
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EFAVIRENZ*SEE APPENDIX A FOR EDS CRITERIA**50MG CAPSULE*

02239886	SUSTIVA (EDS)	DUP	\$	1.2019
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100MG CAPSULE

02239887	SUSTIVA (EDS)	DUP	\$	2.4033
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200MG CAPSULE

02239888	SUSTIVA (EDS)	DUP	\$	4.7634
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NEVIRAPINE*SEE APPENDIX A FOR EDS CRITERIA**200MG TABLET*

02238748	VIRAMUNE (EDS)	BOE	\$	5.0453
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08:00 ANTI-INFECTIVE AGENTS**08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE
TRANSCRIPTASE INHIBITORS)****ABACAVIR SO4***SEE APPENDIX A FOR EDS CRITERIA*

300MG TABLET

02240357 ZIAGEN (EDS) GSK \$ 6.7500

20MG/ML ORAL SOLUTION

02240358 ZIAGEN (EDS) GSK \$ 0.4522

DIDANOSINE*SEE APPENDIX A FOR EDS CRITERIA*

25MG CHEWABLE TABLET

01940511 VIDEX (EDS) BMY \$ 0.4178

50MG CHEWABLE TABLET

01940538 VIDEX (EDS) BMY \$ 0.8365

100MG CHEWABLE TABLET

01940546 VIDEX (EDS) BMY \$ 1.6728

150MG CHEWABLE TABLET

01940554 VIDEX (EDS) BMY \$ 2.5091

4G POWDER FOR ORAL SOLUTION (PACKAGE)

01940635 VIDEX (EDS) BMY \$ 73.6100

LAMIVUDINE*SEE APPENDIX A FOR EDS CRITERIA*

100MG TABLET

02239193 HEPTOVIR (EDS) GSK \$ 4.7740

150MG TABLET

02192683 3TC (EDS) GSK \$ 4.7740

10MG/ML ORAL SOLUTION

02192691 3TC (EDS) GSK \$ 0.3184

LAMIVUDINE/ZIDOVUDINE*SEE APPENDIX A FOR EDS CRITERIA*

150MG/300MG TABLET

02239213 COMBIVIR (EDS) GSK \$ 10.0000

STAVUDINE*SEE APPENDIX A FOR EDS CRITERIA*

15MG CAPSULE

02216086 ZERIT (EDS) BRI \$ 4.1013

20MG CAPSULE

02216094 ZERIT (EDS) BRI \$ 4.2641

30MG CAPSULE

02216108 ZERIT (EDS) BRI \$ 4.4485

40MG CAPSULE

02216116 ZERIT (EDS) BRI \$ 4.6113

08:00 ANTI-INFECTIVE AGENTS**08:18.08 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)****ZALCITABINE***SEE APPENDIX A FOR EDS CRITERIA**0.375MG TABLET*

01990918 HIVID (EDS) HLR \$ 1.8662

0.75MG TABLET

01990896 HIVID (EDS) HLR \$ 2.3328

ZIDOVUDINE*SEE APPENDIX A FOR EDS CRITERIA*** 100MG CAPSULE*

01946323 APO-ZIDOVUDINE (EDS) APX \$ 1.3020

01902660 RETROVIR (EDS) GSK 1.8445

10MG/ML SOLUTION

01902652 RETROVIR (EDS) GSK \$ 0.1962

10MG/ML INJECTION SOLUTION

01902644 RETROVIR (EDS) GSK \$ 17.5500

08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)**INDINAVIR SO4***SEE APPENDIX A FOR EDS CRITERIA**200MG CAPSULE*

02229161 CRIXIVAN (EDS) MSD \$ 1.4300

400MG CAPSULE

02229196 CRIXIVAN (EDS) MSD \$ 2.9224

LOPINAVIR/RITONAVIR*SEE APPENDIX A FOR EDS CRITERIA**133.3MG/33.3MG CAPSULE*

02243643 KALETRA (EDS) ABB \$ 3.4612

80MG/20MG (ML) ORAL SOLUTION

02243644 KALETRA (EDS) ABB \$ 2.1448

NELFINAVIR MESYLATE*SEE APPENDIX A FOR EDS CRITERIA**250MG TABLET*

02238617 VIRACEPT (EDS) AGR \$ 1.9200

50MG/G ORAL POWDER

02238618 VIRACEPT (EDS) AGR \$ 0.3951

RITONAVIR*SEE APPENDIX A FOR EDS CRITERIA**100MG SOFT ELASTIC CAPSULE*

02241480 NORVIR SEC (EDS) ABB \$ 1.4491

80MG/ML ORAL SOLUTION

02229145 NORVIR (EDS) ABB \$ 1.1590

08:00 ANTI-INFECTIVE AGENTS

08:18.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

SAQUINAVIR*SEE APPENDIX A FOR EDS CRITERIA**200MG CAPSULE*

02216965 INVIRASE (EDS) HLR \$ 1.9312

*200MG SOFT GELATIN CAPSULE*02239083 FORTOVASE (EDS) HLR \$ 1.1067

08:20.00 ANTIMALARIAL AGENTS

CHLOROQUINE PHOSPHATE** 250MG TABLET*

00021261 NOVO-CHLOROQUINE NOP \$ 0.0865

02017539 ARALEN SAW 0.3481

HYDROXYCHLOROQUINE SO4*200MG TABLET*02017709 PLAQUENIL SAW \$ 0.5686

PYRIMETHAMINE*25MG TABLET*00004774 DARAPRIM GSK \$ 1.2882

QUININE SO4** 200MG CAPSULE*

00021008 NOVO-QUININE NOP \$ 0.1156

00695440 QUININE-ODAN ODN 0.1156

** 300MG CAPSULE*

00021016 NOVO-QUININE NOP \$ 0.1802

00695459 QUININE-ODAN ODN 0.1802

08:22.00 QUINOLONES

CIPROFLOXACIN*SEE APPENDIX A FOR EDS CRITERIA**250MG TABLET*

02155958 CIPRO (EDS) BAY \$ 2.4098

500MG TABLET

02155966 CIPRO (EDS) BAY \$ 2.7188

750MG TABLET

02155974 CIPRO (EDS) BAY \$ 5.1284

*100MG/ML ORAL SUSPENSION*02237514 CIPRO (EDS) BAY \$ 0.5438

08:00 ANTI-INFECTIVE AGENTS

08:22.00 QUINOLONES

LEVOFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02236841 LEVAQUIN (EDS) JAN \$ 4.8174

500MG TABLET

02236842 LEVAQUIN (EDS) JAN \$ 5.4359

MOXIFLOXACIN HCL

SEE APPENDIX A FOR EDS CRITERIA

400MG TABLET

02242965 AVELOX (EDS) BAY \$ 5.4359

NORFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA

* 400MG TABLET

02229524 APO-NORFLOX (EDS) APX \$ 1.6554

02237682 NOVO-NORFLOXACIN (EDS) NOP 1.6554

00643025 NOROXIN (EDS) MSD 2.4120

08:26.00 SULFONES

DAPSONE

100MG TABLET

02041510 AVLOSULFON WYA \$ 0.2496

08:36.00 URINARY ANTI-INFECTIVES

METHENAMINE SALTS ARE EFFECTIVE ONLY IN ACIDIC URINE AN
ACIDIFICATION OF URINE TO PH 5.5 OR LESS IS RECOMMENDEI

FOSFOMYCIN TROMETHAMINE

SEE APPENDIX A FOR EDS CRITERIA

3G ORAL POWDER (SACHET)

02240335 MONUROL (EDS) PFR \$ 21.7000

METHENAMINE MANDELATE

500MG ENTERIC TABLET

00499013 MANDELAMINE PFI \$ 0.1825

NITROFURANTOIN

* 50MG CAPSULE (MACROCRYSTALS)

02231015 NOVO-FURANTOIN NOP \$ 0.2470

01997637 MACRODANTIN ALZ 0.3771

50MG TABLET

00319511 APO-NITROFURANTOIN APX \$ 0.0879

100MG TABLET

00312738 APO-NITROFURANTOIN APX \$ 0.1270

08:00 ANTI-INFECTIVE AGENTS**08:36.00 URINARY ANTI-INFECTIVES****NITROFURANTOIN MONOHYDRATE**

100MG CAPSULE (MACROCRYSTALS)

02063662 MACROBID ALZ \$ 0.6700

TRIMETHOPRIM

* 100MG TABLET

02243116 APO-TRIMETHOPRIM APX \$ 0.2052

00675229 PROLOPRIM GSK 0.3174

* 200MG TABLET

02243117 APO-TRIMETHOPRIM APX \$ 0.4216

00677590 PROLOPRIM GSK 0.6022

08:40.00 MISCELLANEOUS ANTI-INFECTIVES**ATOVAQUONE**

SEE APPENDIX A FOR EDS CRITERIA

150MG/ML SUSPENSION

02217422 MEPRON (EDS) GSK \$ 2.4199

**ERYTHROMYCIN ETHYLSUCCINATE/
SULFISOXAZOLE ACETATE**

40MG(BASE)/120MG(BASE) PER ML ORAL SOLUTION

00583405 PEDIAZOLE ABB \$ 0.1136

METRONIDAZOLE

* 500MG CAPSULE

00783137 TRIKACIDE PMS \$ 0.9223

01926853 FLAGYL RHO 0.9223

* 250MG TABLET

00021555 NOVO-NIDAZOL NOP \$ 0.0353

00584339 PMS-METRONIDAZOLE PMS 0.0364

00545066 APO-METRONIDAZOLE APX 0.0749

**SULFAMETHOXAZOLE/TRIMETHOPRIM
(CO-TRIMOXAZOLE)**

* 400MG/80MG TABLET

00865710 NU-COTRIMOX NXP \$ 0.0412 *

00270636 SEPTRA GSK 0.0523

00445274 APO-SULFATRIM APX 0.0523

00510637 NOVO-TRIMEL NOP 0.0523

* 800MG/160MG TABLET

00865729 NU-COTRIMOX DS NXP \$ 0.1038 *

00445282 APO-SULFATRIM DS APX 0.1325

00510645 NOVO-TRIMEL DS NOP 0.1325

00368040 SEPTRA D.S. GSK 0.1326

08:00 ANTI-INFECTIVE AGENTS

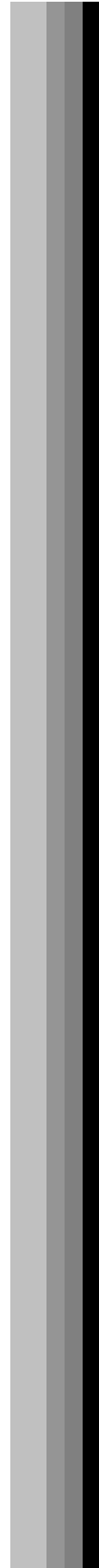
08:40.00 MISCELLANEOUS ANTI-INFECTIVES

<i>100MG/20MG PEDIATRIC TABLET</i>				
00445266	APO-SULFATRIM	APX	\$	0.0955
<i>* 40MG/8MG PER ML ORAL SUSPENSION</i>				
00726540	NOVO-TRIMEL	NOP	\$	0.0215
00846465	APO-SULFATRIM	APX		0.0215
00865753	NU-COTRIMOX	NXP		0.0215
00270644	SEPTRA	GSK		0.0216



ANTINEOPLASTIC AGENTS

10:00



10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

CYPROTERONE ACETATE

SEE APPENDIX A FOR EDS CRITERIA

* 50MG TABLET

00704431	ANDROCUR (EDS)	PMS	\$	1.6375
02229449	ALTI-CPA (EDS)	ALT		1.6375
02229723	GEN-CYPROTERONE (EDS)	GPM		1.6375
02232872	NOVO-CYPROTERONE (EDS)	NOP		1.6375

100MG/ML INJECTION

00704423	ANDROCUR (EDS)	PMS	\$	79.1100
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INTERFERON ALFA-2A

SEE APPENDIX A FOR EDS CRITERIA

3 MILLION IU/1ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (1ML)

02217015	ROFERON-A (EDS)	HLR	\$	36.8900
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9 MILLION IU/1ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (1ML)

02217058	ROFERON-A (EDS)	HLR	\$	110.6700
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18 MILLION IU/3ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (3ML)

02217066	ROFERON-A (EDS)	HLR	\$	221.3400
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INTERFERON ALFA-2B

SEE APPENDIX A FOR EDS CRITERIA

5 MILLION IU POWDER FOR INJECTION (ML)

02223414	INTRON-A PREMIX (EDS)	SCH	\$	61.4700
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6 MILLION IU/ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (0.5ML)

02238674	INTRON-A (EDS)	SCH	\$	36.8800
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10 MILLION IU POWDER FOR INJECTION

02223406	INTRON-A (EDS)	SCH	\$	127.2600
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10 MILLION IU/ML INJECTION SOLUTION

ALBUMIN (HUMAN) FREE (0.5ML, 1ML)

02238675	INTRON-A (EDS)	SCH	\$	122.9400
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18 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240693	INTRON-A (EDS)	SCH	\$	221.2800
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30 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240694	INTRON-A (EDS)	SCH	\$	368.8000
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60 MILLION IU/PEN MULTI-DOSE PEN (KIT)

ALBUMIN (HUMAN) FREE

02240695	INTRON-A (EDS)	SCH	\$	709.8000
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10:00 ANTINEOPLASTIC AGENTS

10:00.00 ANTINEOPLASTIC AGENTS

MEGESTROL

SEE APPENDIX A FOR EDS CRITERIA

* 40MG TABLET

02176092	LIN-MEGESTROL (EDS)	LIN	\$	0.9824
02185415	NU-MEGESTROL (EDS)	NXP		0.9824
02195917	APO-MEGESTROL (EDS)	APX		0.9824
00386391	MEGACE (EDS)	BMY		1.4572

* 160MG TABLET

02195925	APO-MEGESTROL (EDS)	APX	\$	3.9267
02185423	NU-MEGESTROL (EDS)	NXP		3.9350
02176106	LIN-MEGESTROL (EDS)	LIN		3.9353
00731323	MEGACE (EDS)	BMY		5.8302

40MG/ML ORAL SUSPENSION

02168979	MEGACE OS (EDS)	BMY	\$	1.1653
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MERCAPTOPYRINE

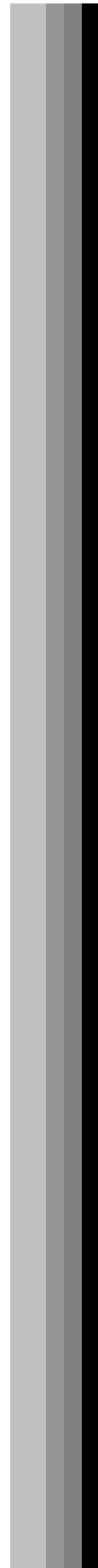
SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00004723	PURINETHOL (EDS)	GSK	\$	1.9899
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AUTONOMIC DRUGS
12:00



12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

<i>10MG TABLET</i>			
01947958	DUVOID	RBP	\$ 0.2512
* <i>25MG TABLET</i>			
01947931	DUVOID	RBP	\$ 0.4069
00349739	URECHOLINE	MSD	0.6847
<i>50MG TABLET</i>			
01947923	DUVOID	RBP	\$ 0.5344

NEOSTIGMINE BROMIDE

<i>15MG TABLET</i>			
00869945	PROSTIGMIN	ICN	\$ 0.4742

PYRIDOSTIGMINE BROMIDE

<i>60MG TABLET</i>			
00869961	MESTINON	ICN	\$ 0.4660
<i>180MG LONG ACTING TABLET</i>			
00869953	MESTINON	ICN	\$ 1.0196

12:08.04 ANTIPARKINSONIAN AGENTS

BENZTROPINE MESYLATE

* <i>2MG TABLET</i>			
00587265	PMS-BENZTROPINE	PMS	\$ 0.0191 *
00426857	APO-BENZTROPINE	APX	0.0586
00016357	COGENTIN	MSD	0.1558
<i>1MG/ML INJECTION SOLUTION (2ML)</i>			
00016128	COGENTIN	MSD	\$ 5.1400

ETHOPROPAZINE

<i>50MG TABLET</i>			
01927744	PARSITAN	AVT	\$ 0.2013

PROCYCLIDINE HCL

* <i>5MG TABLET</i>			
00004758	KEMADRIN	GSK	\$ 0.0277
00587354	PMS-PROCYCLIDINE	PMS	0.0277
02125102	DOM-PROCYCLIDINE	DOM	0.0291
00306290	PROCYCLID	ICN	0.0771
* <i>0.5MG/ML ELIXIR</i>			
00004405	KEMADRIN	GSK	\$ 0.0333
00587362	PMS-PROCYCLIDINE	PMS	0.0333

12:00 AUTONOMIC DRUGS

12:08.04 ANTIPARKINSONIAN AGENTS

TRIHEXYPHENIDYL HCL

2MG TABLET

00545058 APO-TRIHEX APX \$ 0.0228

5MG TABLET

00545074 APO-TRIHEX APX \$ 0.0358

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

DICYCLOMINE HCL

10MG CAPSULE

00361933 FORMULEX ICN \$ 0.0992

20MG TABLET

02103095 BENTYLOL AVT \$ 0.1149

2MG/ML SYRUP

02102978 BENTYLOL AVT \$ 0.0612

HYOSCINE BUTYLBROMIDE

10MG TABLET

00363812 BUSCOPAN BOE \$ 0.2370

IPRATROPIUM BROMIDE

NOTE: WHEN USING THE INHALATION SOLUTION CARE MUST BE TAKEN TO PREVENT CONTACT WITH EYES. A WELL FITTED NEBULIZER MASK MUST BE USED.

INHALER AEROSOL (PACKAGE)

00576158 ATROVENT BOE \$ 17.9200

* 0.0125% INHALATION SOLUTION (2ML)

02097176 ALTI-IPRATROPIUM UDV ALT \$ 0.8200

02231135 PMS-IPRATROPIUM PMS 0.8200

02026759 ATROVENT BOE 1.4301

* 0.025% INHALATION SOLUTION

02097141 ALTI-IPRATROPIUM ALT \$ 0.6000

02126222 APO-IPRAVENT APX 0.6000

02210479 NOVO-IPRAMIDE NOP 0.6000

02231136 PMS-IPRATROPIUM PMS 0.6000

02239131 GEN-IPRATROPIUM GPM 0.6000

00731439 ATROVENT BOE 0.9532

* 0.025% INHALATION SOLUTION (2ML)

02231785 NU-IPRATROPIUM NXP \$ 1.2570 *

02097168 ALTI-IPRATROPIUM UDV ALT 1.6390

02216221 GEN-IPRATROPIUM GPM 1.6390

02231245 PMS-IPRATROPIUM PMS 1.6390

02231494 APO-IPRAVENT APX 1.6390

01950681 ATROVENT BOE 2.8610

12:00 AUTONOMIC DRUGS

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

IPRATROPIUM BROMIDE/SALBUTAMOL SO4

NOTE: SALBUTAMOL STRENGTHS ARE EXPRESSED IN TERMS OF SALBUTAMOL BASE EQUIVALENT.

20UG/100UG INHALER AEROSOL (PACKAGE)

02163721 COMBIVENT BOE \$ 21.2200

0.5MG/2.5MG INHALATION SOLUTION (2.5ML)

02231675 COMBIVENT BOE \$ 1.5930

PROPANTHELINE BROMIDE

7.5MG TABLET

02030829 PRO-BANTHINE RBP \$ 0.2038

* 15MG TABLET

00294837 PROPANTHEL ICN \$ 0.1807

02030837 PRO-BANTHINE RBP 0.2257

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE HCL

1MG/ML INJECTION SOLUTION (1ML)

00155357 ADRENALIN PFI \$ 1.5700

FENOTEROL HYDROBROMIDE

100UG INHALER AEROSOL (PACKAGE)

02006383 BEROTEC BOE \$ 10.6700

0.025% INHALATION SOLUTION (2ML)

02056712 BEROTEC UDV BOE \$ 0.7628

0.0625% INHALATION SOLUTION (2ML)

02056704 BEROTEC UDV BOE \$ 1.5256

0.1% INHALATION SOLUTION

00541389 BEROTEC BOE \$ 0.7628

FORMOTEROL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

12UG/INHALATION POWDER CAPSULE

02230898 FORADIL (EDS) NVR \$ 0.7650

6UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237225 OXEZE TURBUHALER (EDS) AST \$ 34.4500

12UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237224 OXEZE TURBUHALER (EDS) AST \$ 45.9000

MIDODRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

01934392 AMATINE (EDS) RBP \$ 0.5290

5MG TABLET

01934406 AMATINE (EDS) RBP \$ 0.8935

12:00 AUTONOMIC DRUGS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

ORCIPRENALINE SO4

* 2MG/ML SYRUP

02152568	ALTI-ORCIPRENALINE	ALT	\$	0.0415
02236783	APO-ORCIPRENALINE	APX		0.0415
00249920	ALUPENT	BOE		0.0656

SALBUTAMOL SO4

**NOTE: PRODUCT STRENGTHS ARE EXPRESSED IN TERMS OF SALBUTAMOL
BASE EQUIVALENT.**

* 2MG TABLET

00620955	NOVO-SALMOL	NOP	\$	0.0705
02146843	APO-SALVENT	APX		0.0705

* 4MG TABLET

00620963	NOVO-SALMOL	NOP	\$	0.1164
02146851	APO-SALVENT	APX		0.1164
02165376	NU-SALBUTAMOL	NXP		0.1164

200UG/AEROSOL POWDER CAPSULE

02212315	VENTOLIN ROTACAPS	GSK	\$	0.1846
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200UG/DOSE AEROSOL POWDER DISK (8)

02214997	VENTODISK	GSK	\$	1.4764
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400UG/AEROSOL POWDER CAPSULE

02212323	VENTOLIN ROTACAPS	GSK	\$	0.2565
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400UG/DOSE AEROSOL POWDER DISK (8)

02215004	VENTODISK	GSK	\$	2.0514
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0.4MG/ML ORAL LIQUID

02212390	VENTOLIN	GSK	\$	0.0738
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* 100UG/DOSE INHALER AEROSOL (PACKAGE)

00790419	APO-SALVENT	APX	\$	5.0400
00851841	ALTI-SALBUTAMOL	ALT		5.0400
00874086	NOVO-SALMOL	NOP		5.0400
02213478	VENTOLIN	GSK		13.3200

100UG/DOSE INHALER AEROSOL (PACKAGE)
(CFC-FREE)

02232570	AIRIMIR	MDA	\$	5.0500
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* 0.5MG/ML INHALATION SOLUTION PRESERVATIVE

FREE (2.5ML)

02208245	PMS-SALBUTAMOL	PMS	\$	0.4047
02239365	ALTI-SALBUTAMOL P.F.	ALT		0.4047
02022125	VENTOLIN NEBULES P.F.	GSK		0.5398

12:00 AUTONOMIC DRUGS

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

* 1MG/ML INHALATION SOLUTION PRESERVATIVE FREE
(2.5ML)

02231783	NU-SALBUTAMOL	NXP	\$	0.3370 *
01926934	GEN-SALBUTAMOL STERINEB	GPM		0.6610
01986864	ALTI-SALBUTAMOL SULPHATE	ALT		0.6610
02084333	MED-SALBUTAMOL	MED		0.6610
02208229	PMS-SALBUTAMOL	PMS		0.6610
02231430	ASMAVENT	TCH		0.6610
02231488	APO-SALVENT	APX		0.6610
02216949	DOM-SALBUTAMOL	DOM		0.7410
02213419	VENTOLIN NEBULES P.F.	GSK		1.0480

* 2MG/ML INHALATION SOLUTION PRESERVATIVE FREE
(2.5ML)

02173360	GEN-SALBUTAMOL STERINEB	GPM	\$	1.2538
02208237	PMS-SALBUTAMOL	PMS		1.2538
02231678	APO-SALVENT	APX		1.2538
02231784	NU-SALBUTAMOL	NXP		1.2538
02239366	ALTI-SALBUTAMOL P.F.	ALT		1.2538
01945203	VENTOLIN NEBULES P.F.	GSK		1.9905

* 5MG/ML INHALATION SOLUTION

00860808	ALTI-SALBUTAMOL RESP.SOL.	ALT	\$	0.6402
02046741	APO-SALVENT	APX		0.6402
02069571	PMS-SALBUTAMOL RESPIR.SOL	PMS		0.6402
02154412	RHOXAL-SALBUTAMOL RES.SOL	RHO		0.6402
02232987	GEN-SALBUTAMOL RESPIR.SOL	GPM		0.6402
02139324	DOM-SALBUTAMOL RESPIR.SOL	DOM		0.7205
02213486	VENTOLIN RESPIRATOR SOLN.	GSK		1.0167

SALMETEROL XINAFOATE

SEE APPENDIX A FOR EDS CRITERIA

25UG/DOSE INHALER AEROSOL (PACKAGE)

02211742	SEREVENT (EDS)	GSK	\$	54.0400
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50UG/DOSE AEROSOL POWDER DISK (4)

02214261	SEREVENT (EDS)	GSK	\$	3.6022
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50UG/DOSE POWDER FOR INHALATION (PACKAGE)

02231129	SEREVENT DISKUS (EDS)	GSK	\$	54.0400
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SALMETEROL XINAFOATE/FLUTICASONE PROPIONATE

SEE APPENDIX A FOR EDS CRITERIA

50UG/100UG POWDER FOR INHALATION (PACKAGE)

02240835	ADVAIR DISKUS (EDS)	GSK	\$	77.8000
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50UG/250UG POWDER FOR INHALATION (PACKAGE)

02240836	ADVAIR DISKUS (EDS)	GSK	\$	93.1000
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50UG/500UG POWDER FOR INHALATION (PACKAGE)

02240837	ADVAIR DISKUS (EDS)	GSK	\$	132.1600
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TERBUTALINE SO4

0.5MG/DOSE POWDER FOR INHALATION (PACKAGE)

00786616	BRICANYL TURBUHALER	AST	\$	15.5200
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12:00 AUTONOMIC DRUGS

12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

DIHYDROERGOTAMINE MESYLATE*SEE APPENDIX A FOR EDS CRITERIA*** 1MG/ML INJECTION SOLUTION (1ML)*

02241163	DIHYDROERGOTAMINE MESYL.	SAB	\$	3.7200
00027243	DIHYDROERGOTAMINE-SANDOZ	NVR		4.5800

4MG/ML NASAL SPRAY

02228947	MIGRANAL (EDS)	NVR	\$	9.8200
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ERGOTAMINE TARTRATE*2MG SUBLINGUAL TABLET*

00328952	ERGOMAR	AVT	\$	0.7958
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**ERGOTAMINE TARTRATE/CAFFEINE/
BELLADONNA ALKALOIDS/PENTOBARBITAL***2MG/100MG/0.25MG/60MG SUPPOSITORY*

00176214	CAFERGOT-PB	NVR	\$	2.3735
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FLUNARIZINE HCL*SEE APPENDIX A FOR EDS CRITERIA**5MG CAPSULE*

00846341	SIBELIUM (EDS)	PMS	\$	0.8229
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METHYSERGIDE MALEATE*SEE APPENDIX A FOR EDS CRITERIA**2MG TABLET*

00027499	SANSERT (EDS)	NVR	\$	0.6961
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NARATRIPTAN HCL*THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN
IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.**SEE APPENDIX A FOR EDS CRITERIA.**1MG TABLET*

02237820	AMERGE (EDS)	GSK	\$	13.3350
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2.5MG TABLET

02237821	AMERGE (EDS)	GSK	\$	14.0600
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PIZOTYLIN HYDROGEN MALATE*0.5MG TABLET*

00329320	SANDOMIGRAN	NVR	\$	0.3771
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1MG TABLET

00511552	SANDOMIGRAN DS	NVR	\$	0.6261
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PROPRANOLOL*SEE SECTION 24:04.00 (CARDIAC DRUGS)*

12:00 AUTONOMIC DRUGS

12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

RIZATRIPTAN BENZOATE

*THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.
SEE APPENDIX A FOR EDS CRITERIA.*

5MG TABLET

02240520 MAXALT (EDS) MSD \$ 14.0508

10MG TABLET

02240521 MAXALT (EDS) MSD \$ 14.0508

5MG WAFER

02240518 MAXALT RPD (EDS) MSD \$ 14.0508

10MG WAFER

02240519 MAXALT RPD (EDS) MSD \$ 14.0508

SUMATRIPTAN

*THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.
SEE APPENDIX A FOR EDS CRITERIA.*

25MG TABLET

02239738 IMITREX (EDS) GSK \$ 13.3347

50MG TABLET

02212153 IMITREX (EDS) GSK \$ 14.0508

100MG TABLET

02212161 IMITREX (EDS) GSK \$ 15.4785

6MG/0.5ML INJECTION SOLUTION

02212188 IMITREX (EDS) GSK \$ 41.7400

5MG NASAL SPRAY

02230418 IMITREX (EDS) GSK \$ 13.3400

20MG NASAL SPRAY

02230420 IMITREX (EDS) GSK \$ 14.0600

ZOLMITRIPTAN

*THE MAXIMUM QUANTITY THAT CAN BE CLAIMED THROUGH THE DRUG PLAN IS LIMITED TO 6 DOSES PER 30 DAYS WITHIN A 60 DAY PERIOD.
SEE APPENDIX A FOR EDS CRITERIA.*

2.5MG TABLET

02238660 ZOMIG (EDS) AST \$ 14.0510

2.5MG ORALLY DISPERSIBLE TABLET

02243045 ZOMIG RAPIMELT (EDS) AST \$ 14.0510

12:00 AUTONOMIC DRUGS

12:20.00 SKELETAL MUSCLE RELAXANTS

BACLOFEN

* 10MG TABLET

02138271	DOM-BACLOFEN	DOM	\$	0.0785 *
02063735	PMS-BACLOFEN	PMS		0.3159
02084449	MED-BACLOFEN	MED		0.3159
02088398	GEN-BACLOFEN	GPM		0.3159
02136090	NU-BACLO	NXP		0.3159
02139332	APO-BACLOFEN	APX		0.3159
02236507	LIOTEC	TCH		0.3159
02238445	FTP-BACLOFEN	FTP		0.3159
00455881	LIORESAL	NVR		0.5014

* 20MG TABLET

02138298	DOM-BACLOFEN	DOM	\$	0.1535 *
02063743	PMS-BACLOFEN	PMS		0.6149
02084457	MED-BACLOFEN	MED		0.6149
02088401	GEN-BACLOFEN	GPM		0.6149
02136104	NU-BACLO	NXP		0.6149
02139391	APO-BACLOFEN	APX		0.6149
02236508	LIOTEC	TCH		0.6149
02238446	FTP-BACLOFEN	FTP		0.6149
00636576	LIORESAL-DS	NVR		0.9760
<i>0.05MG/ML INJECTION (1ML)</i>				
02131048	LIORESAL INTRATHECAL(EDS)	NVR	\$	9.8800
<i>0.5MG/ML INJECTION (20ML)</i>				
02131056	LIORESAL INTRATHECAL(EDS)	NVR	\$	147.9400
<i>2MG/ML INJECTION (5ML)</i>				
02131064	LIORESAL INTRATHECAL(EDS)	NVR	\$	147.9400

CYCLOBENZAPRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 10MG TABLET

02080052	NOVO-CYCLOPRINE (EDS)	NOP	\$	0.4085
02171848	NU-CYCLOBENZAPRINE (EDS)	NXP		0.4085
02174618	ALTI-CYCLOBENZAPRINE(EDS)	ALT		0.4085
02177145	APO-CYCLOBENZAPRINE (EDS)	APX		0.4085
02212048	PMS-CYCLOBENZAPRINE (EDS)	PMS		0.4085
02231353	GEN-CYCLOBENZAPRINE (EDS)	GPM		0.4085
02236506	FLEXITEC (EDS)	TCH		0.4085
02237275	MED-CYCLOBENZAPRINE (EDS)	MED		0.4085
02238633	DOM-CYCLOBENZAPRINE (EDS)	DOM		0.4289
00782742	FLEXERIL (EDS)	ALZ		0.6159

DANTROLENE SODIUM

25MG CAPSULE

01997602	DANTRIUM	PGA	\$	0.3955
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100MG CAPSULE

01997653	DANTRIUM	PGA	\$	0.7650
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12:00 AUTONOMIC DRUGS

12:20.00 SKELETAL MUSCLE RELAXANTS

TIZANIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

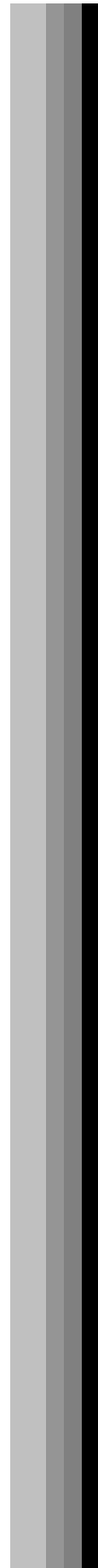
4MG TABLET

02239170 ZANAFLEX (EDS)

DPY \$ 0.7387



BLOOD FORMATION AND COAGULATION
20:00



20:00 BLOOD FORMATION AND COAGULATION

20:04.04 IRON PREPARATIONS

IRON DEXTRAN*SEE APPENDIX A FOR EDS CRITERIA*

50MG/ML INJECTION SOLUTION (2ML)

02221780 INFUFER (EDS) SAB \$ 28.6300

IRON SORBITOL*SEE APPENDIX A FOR EDS CRITERIA*

50MG/ML INJECTION (2ML)

00001910 JECTOFR (EDS) AST \$ 2.8800

20:12.04 ANTICOAGULANTS

ACENOCOUMAROL

1MG TABLET

00010383 SINTROM NVR \$ 0.1343

4MG TABLET

00010391 SINTROM NVR \$ 0.4221

DALTEPARIN SODIUM*SEE APPENDIX A FOR EDS CRITERIA*

2,500IU SYRINGE (0.2ML)

02132621 FRAGMIN (EDS) PHU \$ 5.1600

10,000IU/ML INJECTION SOLUTION (1ML)

02132664 FRAGMIN (EDS) PHU \$ 16.2800

25,000IU/ML SYRINGE (0.2ML, 0.4ML, 0.5ML,
0.6ML, 0.72ML)

02132648 FRAGMIN (EDS) PHU \$ 37.1100

25,000IU/ML INJECTION SOLUTION (3.8ML)

02231171 FRAGMIN (EDS) PHU \$ 154.6200

ENOXAPARIN*SEE APPENDIX A FOR EDS CRITERIA*

30MG/0.3ML SYRINGE (0.3ML)

02012472 LOVENOX (EDS) AVT \$ 6.5600

100MG/ML SYRINGE (0.4ML, 0.6ML, 0.8ML, 1ML)

02236883 LOVENOX (EDS) AVT \$ 21.7000

100MG/ML INJECTION SOLUTION (3ML)

02236564 LOVENOX (EDS) AVT \$ 65.1000

HEPARIN

10,000 USP U/ML INJECTION SOLUTION (5ML)

00740497 HEPALAN ORG \$ 6.0400

20:00 BLOOD FORMATION AND COAGULATION

20:12.04 ANTICOAGULANTS

NADROPARIN CALCIUM

SEE APPENDIX A FOR EDS CRITERIA

9,500IU/ML SYRINGE (0.3ML, 0.4ML, 0.6ML,
0.8ML, 1ML)

02236913 FRAXIPARINE (EDS) SAW \$ 9.7200

19,000IU/ML SYRINGE (0.6ML, 0.8ML, 1ML)

02240114 FRAXIPARINE FORTE (EDS) SAW \$ 19.4300

TINZAPARIN SODIUM

SEE APPENDIX A FOR EDS CRITERIA

10,000IU/ML INJECTION SOLUTION (2ML)

02167840 INNOHEP (EDS) LEO \$ 34.7200

10,000IU/ML SYRINGE (0.35ML, 0.45ML)

02229755 INNOHEP (EDS) LEO \$ 7.8800

20,000IU/ML INJECTION SOLUTION (2ML)

02229515 INNOHEP (EDS) LEO \$ 69.4400

20,000IU/ML SYRINGE (0.5ML, 0.7ML, 0.9ML)

02231478 INNOHEP (EDS) LEO \$ 31.2500

WARFARIN

* 1MG TABLET

02242680 TARO-WARFARIN TAR \$ 0.2149

01918311 COUMADIN DUP 0.3071

* 2MG TABLET

02242681 TARO-WARFARIN TAR \$ 0.2272

01918338 COUMADIN DUP 0.3247

* 2.5MG TABLET

02242682 TARO-WARFARIN TAR \$ 0.1821

01918346 COUMADIN DUP 0.2600

* 3MG TABLET

02242683 TARO-WARFARIN TAR \$ 0.2817

02240205 COUMADIN DUP 0.4025

* 4MG TABLET

02242684 TARO-WARFARIN TAR \$ 0.2817

02007959 COUMADIN DUP 0.4026

* 5MG TABLET

02242685 TARO-WARFARIN TAR \$ 0.1823

01918354 COUMADIN DUP 0.2604

* 10MG TABLET

02242687 TARO-WARFARIN TAR \$ 0.3271

01918362 COUMADIN DUP 0.4672

20:00 BLOOD FORMATION AND COAGULATION

20:12.20 ANTIPLATELET DRUGS

SULFINPYRAZONE*SEE SECTION 40:40:00 (URICOSURIC DRUGS)*

20:16.00 HEMATOPOIETIC AGENTS

EPOETIN ALFA*SEE APPENDIX A FOR EDS CRITERIA*

1000IU/0.5ML PRE-FILLED SYRINGE				
02231583 EPREX (EDS)	JAN	\$		15.4700
2000IU/0.5ML PRE-FILLED SYRINGE				
02231584 EPREX (EDS)	JAN	\$		30.9300
3000IU/0.3ML PRE-FILLED SYRINGE				
02231585 EPREX (EDS)	JAN	\$		46.3900
4000IU/0.4ML PRE-FILLED SYRINGE				
02231586 EPREX (EDS)	JAN	\$		61.8500
6000IU/0.6ML PRE-FILLED SYRINGE				
02243401 EPREX (EDS)	JAN	\$		123.6900
8000IU/0.8ML PRE-FILLED SYRINGE				
02243403 EPREX (EDS)	JAN	\$		92.7700
10000IU/ML PRE-FILLED SYRINGE				
02231587 EPREX (EDS)	JAN	\$		138.9500
20000IU STERILE SOLUTION FOR INJECTION				
02206072 EPREX (EDS)	JAN	\$		290.6800

FILGRASTIM*SEE APPENDIX A FOR EDS CRITERIA*

300UG/ML INJECTION SOLUTION				
01968017 NEUPOGEN (EDS)	AMG	\$		239.4700

20:24.00 HEMORRHEOLOGIC AGENTS

CLOPIDOGREL BISULFATE*SEE APPENDIX A FOR EDS CRITERIA*

75MG TABLET				
02238682 PLAVIX (EDS)	SAW	\$		2.6057

PENTOXIFYLLINE** 400MG SUSTAINED RELEASE TABLET*

01968432 ALBERT PENTOXIFYLLINE	ALT	\$		0.4164
02230090 APO-PENTOXIFYLLINE SR	APX			0.4164
02230401 NU-PENTOXIFYLLINE-SR	NXP			0.4164
02221977 TRENTAL	AVT			0.6629

20:00 BLOOD FORMATION AND COAGULATION

20:24.00 HEMORRHEOLOGIC AGENTS

TICLOPIDINE HCL

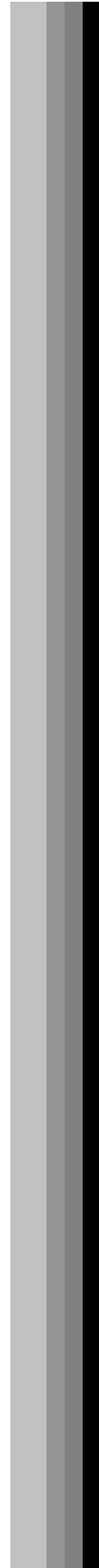
SEE APPENDIX A FOR EDS CRITERIA

* 250MG TABLET

02237560	NU-TICLOPIDINE (EDS)	NXP	\$	0.5865 *
02237701	APO-TICLOPIDINE (EDS)	APX		0.7471
02194422	ALTI-TICLOPIDINE (EDS)	ALT		0.7472
02239744	GEN-TICLOPIDINE (EDS)	GPM		0.7472
02243327	PMS-TICLOPIDINE (EDS)	PMS		0.7472
02162776	TICLID (EDS)	HLR		1.2982



CARDIOVASCULAR DRUGS
24:00



24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

ACEBUTOLOL HCL

* 100MG TABLET

02165546	NU-ACEBUTOLOL	NXP	\$	0.0954 *
01910140	RHOTRAL	ROP		0.1769
02147602	APO-ACEBUTOLOL	APX		0.1769
02204517	NOVO-ACEBUTOLOL	NOP		0.1769
02237721	GEN-ACEBUTOLOL	GPM		0.1769
02237885	GEN-ACEBUTOLOL (TYPE S)	GPM		0.1769
02239754	MED-ACEBUTOLOL (TYPE S)	MED		0.1769
02239758	MED-ACEBUTOLOL	MED		0.1769
01926543	SECTRAL	AVT		0.2949
02036290	MONITAN	WYA		0.2949

* 200MG TABLET

02165554	NU-ACEBUTOLOL	NXP	\$	0.1431 *
01910159	RHOTRAL	ROP		0.2648
02147610	APO-ACEBUTOLOL	APX		0.2648
02204525	NOVO-ACEBUTOLOL	NOP		0.2648
02237722	GEN-ACEBUTOLOL	GPM		0.2648
02237886	GEN-ACEBUTOLOL (TYPE S)	GPM		0.2648
02239755	MED-ACEBUTOLOL (TYPE S)	MED		0.2648
02239759	MED-ACEBUTOLOL	MED		0.2648
01926551	SECTRAL	AVT		0.4424
02036436	MONITAN	WYA		0.4424

* 400MG TABLET

01910167	RHOTRAL	ROP	\$	0.5260
02147629	APO-ACEBUTOLOL	APX		0.5260
02165562	NU-ACEBUTOLOL	NXP		0.5260
02204533	NOVO-ACEBUTOLOL	NOP		0.5260
02237723	GEN-ACEBUTOLOL	GPM		0.5260
02237887	GEN-ACEBUTOLOL (TYPE S)	GPM		0.5260
02239756	MED-ACEBUTOLOL (TYPE S)	MED		0.5260
02239760	MED-ACEBUTOLOL	MED		0.5260
01926578	SECTRAL	AVT		0.8803
02036444	MONITAN	WYA		0.8803

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

AMIODARONE

AMIODARONE IS INDICATED IN TREATMENT OF SEVERE CARDIAC ARRHYTHMIAS. THIS DRUG SHOULD ONLY BE USED UNDER THE SUPERVISION OF A CARDIOLOGIST OR AN INTERNIST WITH EQUIVALENT EXPERIENCE IN CARDIOLOGY.

* 200MG TABLET

02240071	ALTI-AMIODARONE	ALT	\$	1.4074
02036282	CORDARONE	WYA		2.4661

AMLODIPINE BESYLATE

5MG TABLET

00878928	NORVASC	PFI	\$	1.3333
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10MG TABLET

00878936	NORVASC	PFI	\$	1.9791
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ATENOLOL

* 50MG TABLET

02229467	DOM-ATENOLOL	DOM	\$	0.0607 *
00773689	APO-ATENOL	APX		0.3814
00886114	NU-ATENOL	NXP		0.3814
01912062	NOVO-ATENOL	NOP		0.3814
02146894	GEN-ATENOLOL	GPM		0.3814
02171791	TENOLIN	TCH		0.3814
02188961	MED-ATENOLOL	MED		0.3814
02231731	RHOXAL-ATENOLOL	RHO		0.3814
02237600	PMS-ATENOLOL	PMS		0.3814
02238569	FTP-ATENOLOL	FTP		0.3814
02039532	TENORMIN	AST		0.6054

* 100MG TABLET

02229468	DOM-ATENOLOL	DOM	\$	0.1094 *
00773697	APO-ATENOL	APX		0.6268
00886122	NU-ATENOL	NXP		0.6268
01912054	NOVO-ATENOL	NOP		0.6268
02147432	GEN-ATENOLOL	GPM		0.6268
02171805	TENOLIN	TCH		0.6268
02188988	MED-ATENOLOL	MED		0.6268
02231733	RHOXAL-ATENOLOL	RHO		0.6268
02237601	PMS-ATENOLOL	PMS		0.6268
02238570	FTP-ATENOLOL	FTP		0.6268
02039540	TENORMIN	AST		0.9952

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

BISOPROLOL FUMARATE

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02241148 MONOCOR (EDS) BVL \$ 0.3798

10MG TABLET

02241149 MONOCOR (EDS) BVL \$ 0.6293

CAPTOPRIL

SEE SECTION 24:08.00 (HYPOTENSIVE DRUGS)

CARVEDILOL

SEE APPENDIX A FOR EDS CRITERIA

3.125MG TABLET

02229650 COREG (EDS) GSK \$ 1.3780

6.25MG TABLET

02229651 COREG (EDS) GSK \$ 1.3780

12.5MG TABLET

02229652 COREG (EDS) GSK \$ 1.3780

25MG TABLET

02229653 COREG (EDS) GSK \$ 1.3780

DIGOXIN

0.0625MG TABLET

02242321 LANOXIN VIR \$ 0.2164

0.125MG TABLET

02242322 LANOXIN VIR \$ 0.2164

0.25MG TABLET

02242323 LANOXIN VIR \$ 0.2164

0.05MG/ML ELIXIR

02242320 LANOXIN VIR \$ 0.3539

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

DILTIAZEM HCL

* 30MG TABLET

00886068	NU-DILTIAZ	NXP	\$	0.0795 *
00771376	APO-DILTIAZ	APX		0.2252
00862924	NOVO-DILTIAZEM	NOP		0.2252
00888524	ALTI-DILTIAZEM	ALT		0.2252
02146916	GEN-DILTIAZEM	GPM		0.2252
02189038	MED-DILTIAZEM	MED		0.2252
02097370	CARDIZEM	BVL		0.4031

* 60MG TABLET

00886076	NU-DILTIAZ	NXP	\$	0.1378 *
00771384	APO-DILTIAZ	APX		0.3947
00862932	NOVO-DILTIAZEM	NOP		0.3947
00888532	ALTI-DILTIAZEM	ALT		0.3947
02146924	GEN-DILTIAZEM	GPM		0.3947
02189046	MED-DILTIAZEM	MED		0.3947
02097389	CARDIZEM	BVL		0.7070

* 60MG SUSTAINED-RELEASE CAPSULE

02222957	APO-DILTIAZ SR	APX	\$	0.3944
02229406	NOVO-DILTIAZEM SR	NOP		0.3944
02231743	GEN-DILTIAZEM SR	GPM		0.3944
02097214	CARDIZEM-SR	BVL		0.7274

* 90MG SUSTAINED-RELEASE CAPSULE

02222965	APO-DILTIAZ SR	APX	\$	0.5919
02229407	NOVO-DILTIAZEM SR	NOP		0.5919
02231744	GEN-DILTIAZEM SR	GPM		0.5919
02097222	CARDIZEM-SR	BVL		0.9655

* 120MG SUSTAINED-RELEASE CAPSULE

02222973	APO-DILTIAZ SR	APX	\$	0.7888
02229408	NOVO-DILTIAZEM SR	NOP		0.7888
02231745	GEN-DILTIAZEM SR	GPM		0.7888
02097230	CARDIZEM-SR	BVL		1.2807

* 120MG CONTROLLED DELIVERY CAPSULE

02243338	RHOXAL-DILTIAZEM CD	RHO	\$	0.8703
02229781	ALTI-DILTIAZEM CD	ALT		0.9324
02230997	APO-DILTIAZ CD	APX		0.9324
02231052	NU-DILTIAZ-CD	NXP		0.9324
02242538	NOVO-DILTIAZEM CD	NOP		0.9324
02097249	CARDIZEM CD	BVL		1.3093

120MG EXTENDED RELEASE CAPSULE

02231150	TIAZAC	BVL	\$	0.8773
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 180MG CONTROLLED DELIVERY CAPSULE

02243339	RHOXAL-DILTIAZEM CD	RHO	\$	1.1551
02229782	ALTI-DILTIAZEM CD	ALT		1.2377
02230998	APO-DILTIAZ CD	APX		1.2377
02231053	NU-DILTIAZ-CD	NXP		1.2377
02242539	NOVO-DILTAZEM CD	NOP		1.2377
02097257	CARDIZEM CD	BVL		1.7380

180MG EXTENDED RELEASE CAPSULE

02231151	TIAZAC	BVL	\$	1.1645
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* 240MG CONTROLLED DELIVERY CAPSULE

02243340	RHOXAL-DILTIAZEM CD	RHO	\$	1.5322
02229783	ALTI-DILTIAZEM CD	ALT		1.6416
02230999	APO-DILTIAZ CD	APX		1.6416
02231054	NU-DILTIAZ-CD	NXP		1.6416
02242540	NOVO-DILTAZEM CD	NOP		1.6416
02097265	CARDIZEM CD	BVL		2.3053

240MG EXTENDED RELEASE CAPSULE

02231152	TIAZAC	BVL	\$	1.5445
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* 300MG CONTROLLED DELIVERY CAPSULE

02243341	RHOXAL-DILTIAZEM CD	RHO	\$	1.9153
02229526	APO-DILTIAZ CD	APX		2.1608
02229784	ALTI-DILTIAZEM CD	ALT		2.1608
02242541	NOVO-DILTAZEM CD	NOP		2.1608
02097273	CARDIZEM CD	BVL		2.8816

300MG EXTENDED RELEASE CAPSULE

02231154	TIAZAC	BVL	\$	1.9307
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360MG EXTENDED RELEASE CAPSULE

02231155	TIAZAC	BVL	\$	2.3289
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DISOPYRAMIDE

100MG CAPSULE

01989553	RYTHMODAN	AVT	\$	0.2273
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150MG CAPSULE

01989561	RYTHMODAN	AVT	\$	0.3212
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150MG CONTROLLED RELEASE TABLET

02030810	NORPACE-CR	RBP	\$	0.5787
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250MG SUSTAINED RELEASE TABLET

02224836	RYTHMODAN-LA	AVT	\$	0.7617
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FLECAINIDE ACETATE

50MG TABLET

01966197	TAMBOCOR	MDA	\$	0.5344
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100MG TABLET

01966200	TAMBOCOR	MDA	\$	1.0688
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

METOPROLOL TARTRATE

* 50MG TABLET

02172550	DOM-METOPROLOL	DOM	\$	0.0397 *
00618632	APO-METOPROLOL	APX		0.1330
00648035	NOVO-METOPROLOL	NOP		0.1330
00749354	APO-METOPROLOL-TYPE L	APX		0.1330
00842648	NOVO-METOPROLOL (UNCOATED)	NOP		0.1330
00865605	NU-METOP	NXP		0.1330
02145413	PMS-METOPROLOL-B	PMS		0.1330
02174545	GEN-METOPROLOL (TYPE L)	GPM		0.1330
02230448	GEN-METOPROLOL	GPM		0.1330
02230803	PMS-METOPROLOL-L	PMS		0.1330
02239771	MED-METOPROLOL	MED		0.1330
02231121	DOM-METOPROLOL-L	DOM		0.1397
00397423	LOPRESOR	NVR		0.2232
00402605	BETALOC	AST		0.2442

* 100MG TABLET

02172569	DOM-METOPROLOL	DOM	\$	0.0626 *
00618640	APO-METOPROLOL	APX		0.2412
00648043	NOVO-METOPROLOL	NOP		0.2412
00751170	APO-METOPROLOL-TYPE L	APX		0.2412
00842656	NOVO-METOPROLOL (UNCOATED)	NOP		0.2412
00865613	NU-METOP	NXP		0.2412
02145421	PMS-METOPROLOL-B	PMS		0.2412
02174553	GEN-METOPROLOL (TYPE L)	GPM		0.2412
02230449	GEN-METOPROLOL	GPM		0.2412
02230804	PMS-METOPROLOL-L	PMS		0.2412
02239772	MED-METOPROLOL	MED		0.2412
02231122	DOM-METOPROLOL-L	DOM		0.2533
00402540	BETALOC	AST		0.4178
00397431	LOPRESOR	NVR		0.4579

100MG SUSTAINED RELEASE TABLET

00658855	LOPRESOR-SR	NVR	\$	0.2659
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☒ 200MG SUSTAINED RELEASE TABLET

00497827	BETALOC DURULES	AST	\$	0.4824
00534560	LOPRESOR-SR	NVR		0.4824

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

MEXILETINE HCL

* 100MG CAPSULE

02230359	NOVO-MEXILETINE	NOP	\$	0.3785
00599956	MEXITIL	BOE		0.5407

* 200MG CAPSULE

02230360	NOVO-MEXILETINE	NOP	\$	0.5068
00599964	MEXITIL	BOE		0.7241

NADOLOL

* 40MG TABLET

00607126	CORGARD	PPZ	\$	0.2675
00782505	APO-NADOL	APX		0.2675
00851663	ALTI-NADOLOL	ALT		0.2675
02126753	NOVO-NADOLOL	NOP		0.2675

* 80MG TABLET

00463256	CORGARD	PPZ	\$	0.3814
00782467	APO-NADOL	APX		0.3814
00851671	ALTI-NADOLOL	ALT		0.3814
02126761	NOVO-NADOLOL	NOP		0.3814

* 160MG TABLET

00523372	CORGARD	PPZ	\$	0.7156
00782475	APO-NADOL	APX		0.7156
00851698	ALTI-NADOLOL	ALT		0.7156

NIFEDIPINE

* 5MG CAPSULE

00725110	APO-NIFED	APX	\$	0.2648
02047462	NOVO-NIFEDIN	NOP		0.2648
02235897	PMS-NIFEDIPINE	PMS		0.2648

* 10MG CAPSULE

00755907	APO-NIFED	APX	\$	0.2016
00756830	NOVO-NIFEDIN	NOP		0.2016
00865591	NU-NIFED	NXP		0.2016
02235898	PMS-NIFEDIPINE	PMS		0.2016
02236758	DOM-NIFEDIPINE	DOM		0.2117

* 10MG SUSTAINED RELEASE TABLET

02197448	APO-NIFED PA	APX	\$	0.2436
02212102	NU-NIFEDIPINE-PA	NXP		0.2436
02155885	ADALAT PA	BAY		0.5569

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 20MG SUSTAINED RELEASE TABLET

02181525	APO-NIFED PA	APX	\$	0.4232
02200937	NU-NIFEDIPINE-PA	NXP		0.4232
02155893	ADALAT PA	BAY		0.8708

20MG EXTENDED-RELEASE TABLET

02237618	ADALAT XL	BAY	\$	0.8138
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30MG EXTENDED-RELEASE TABLET

02155907	ADALAT XL	BAY	\$	1.0091
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60MG EXTENDED-RELEASE TABLET

02155990	ADALAT XL	BAY	\$	1.5831
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PINDOLOL

* 5MG TABLET

00886149	NU-PINDOL	NXP	\$	0.0871 *
00755877	APO-PINDOL	APX		0.2477
00869007	NOVO-PINDOL	NOP		0.2477
02057808	GEN-PINDOLOL	GPM		0.2477
02084376	MED-PINDOLOL	MED		0.2477
02231536	PMS-PINDOLOL	PMS		0.2477
02231650	DOM-PINDOLOL	DOM		0.2601
00417270	VISKEN	NVR		0.4492

* 10MG TABLET

00886009	NU-PINDOL	NXP	\$	0.1600 *
00755885	APO-PINDOL	APX		0.4302
00869015	NOVO-PINDOL	NOP		0.4302
02057816	GEN-PINDOLOL	GPM		0.4302
02084384	MED-PINDOLOL	MED		0.4302
02231537	PMS-PINDOLOL	PMS		0.4302
02238046	DOM-PINDOLOL	DOM		0.4517
00443174	VISKEN	NVR		0.7671

* 15MG TABLET

00755893	APO-PINDOL	APX	\$	0.6321
00869023	NOVO-PINDOL	NOP		0.6321
00886130	NU-PINDOL	NXP		0.6321
02057824	GEN-PINDOLOL	GPM		0.6321
02084392	MED-PINDOLOL	MED		0.6321
02231539	PMS-PINDOLOL	PMS		0.6321
02238047	DOM-PINDOLOL	DOM		0.6636
00417289	VISKEN	NVR		1.1127

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

PROCAINAMIDE HCL

* 250MG CAPSULE

00029076	PRONESTYL	SQU	\$	0.1913
00713325	APO-PROCAINAMIDE	APX		0.1913

* 375MG CAPSULE

00296031	PRONESTYL	SQU	\$	0.2497
00713333	APO-PROCAINAMIDE	APX		0.2497

* 500MG CAPSULE

00353523	PRONESTYL	SQU	\$	0.3321
00713341	APO-PROCAINAMIDE	APX		0.3321

250MG SUSTAINED RELEASE TABLET

00638692	PROCAN-SR	PFI	\$	0.1628
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☒ 500MG SUSTAINED RELEASE TABLET

00638676	PROCAN-SR	PFI	\$	0.3255
00639885	PRONESTYL-SR	SQU		0.5122

750MG SUSTAINED RELEASE TABLET

00638684	PROCAN-SR	PFI	\$	0.4883
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PROPAFENONE HCL

* 150MG TABLET

02243324	APO-PROPAFENONE	APX	\$	0.7395
00603708	RYTHMOL	KNO		0.9713

* 300MG TABLET

02243325	APO-PROPAFENONE	APX	\$	1.3037
00603716	RYTHMOL	KNO		1.7121

PROPRANOLOL

* 10MG TABLET

02137313	DOM-PROPRANOLOL	DOM	\$	0.0164 *
00402788	APO-PROPRANOLOL	APX		0.0209
00582255	PMS-PROPRANOLOL	PMS		0.0209
00496480	NOVO-PRANOL	NOP		0.0261
02042177	INDERAL	WYA		0.0883

* 20MG TABLET

00663719	APO-PROPRANOLOL	APX	\$	0.0376
00740675	NOVO-PRANOL	NOP		0.0376
02044692	NU-PROPRANOLOL	NXP		0.0376

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

* 40MG TABLET

02137321	DOM-PROPRANOLOL	DOM	\$	0.0282 *
00402753	APO-PROPRANOLOL	APX		0.0378
00496499	NOVO-PRANOL	NOP		0.0378
00582263	PMS-PROPRANOLOL	PMS		0.0378
02044706	NU-PROPRANOLOL	NXP		0.0378
02042207	INDERAL	WYA		0.1574

* 80MG TABLET

00402761	APO-PROPRANOLOL	APX	\$	0.0635
00496502	NOVO-PRANOL	NOP		0.0635
00582271	PMS-PROPRANOLOL	PMS		0.0635
02137348	DOM-PROPRANOLOL	DOM		0.0667
02042215	INDERAL	WYA		0.2207

* 120MG TABLET

00504335	APO-PROPRANOLOL	APX	\$	0.1149
00549657	NOVO-PRANOL	NOP		0.1149
<i>60MG LONG ACTING CAPSULE</i>				
02042231	INDERAL-LA	WYA	\$	0.4532
<i>80MG LONG ACTING CAPSULE</i>				
02042258	INDERAL-LA	WYA	\$	0.6066
<i>120MG LONG ACTING CAPSULE</i>				
02042266	INDERAL-LA	WYA	\$	0.8685
<i>160MG LONG ACTING CAPSULE</i>				
02042274	INDERAL-LA	WYA	\$	1.1001

QUINIDINE BISULFATE

250MG SUSTAINED RELEASE TABLET

00249580	BIQUIN DURULES	AST	\$	0.4449
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QUINIDINE SO4

300MG SUSTAINED RELEASE TABLET

02043505	QUINIDEX EXTENTABS	WYA	\$	0.5525
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24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

SOTALOL HCL

* 80MG TABLET

02238634	DOM-SOTALOL	DOM	\$	0.1834 *
00897272	SOTACOR	BRI		0.6437
02084228	ALTI-SOTALOL	ALT		0.6437
02170833	LINSOTALOL	LIN		0.6437
02200996	NU-SOTALOL	NXP		0.6437
02210428	APO-SOTALOL	APX		0.6437
02229778	GEN-SOTALOL	GPM		0.6437
02231181	NOVO-SOTALOL	NOP		0.6437
02234008	RHOXAL-SOTALOL	RHO		0.6437
02237269	MED-SOTALOL	MED		0.6437
02238326	PMS-SOTALOL	PMS		0.6437
02238417	SOTAMOL	TCH		0.6437

* 160MG TABLET

02238635	DOM-SOTALOL	DOM	\$	0.2423 *
00483923	SOTACOR	BRI		0.7044
02084236	ALTI-SOTALOL	ALT		0.7044
02163772	NU-SOTALOL	NXP		0.7044
02167794	APO-SOTALOL	APX		0.7044
02170841	LINSOTALOL	LIN		0.7044
02229779	GEN-SOTALOL	GPM		0.7044
02231182	NOVO-SOTALOL	NOP		0.7044
02234013	RHOXAL-SOTALOL	RHO		0.7044
02237270	MED-SOTALOL	MED		0.7044
02238327	PMS-SOTALOL	PMS		0.7044
02238415	SOTAMOL	TCH		0.7044

TIMOLOL MALEATE

* 5MG TABLET

00755842	APO-TIMOL	APX	\$	0.1790
01947796	NOVO-TIMOL	NOP		0.1790
02044609	NU-TIMOLOL	NXP		0.1790

* 10MG TABLET

00755850	APO-TIMOL	APX	\$	0.2791
01947818	NOVO-TIMOL	NOP		0.2791
02044617	NU-TIMOLOL	NXP		0.2791

* 20MG TABLET

00755869	APO-TIMOL	APX	\$	0.5431
01947826	NOVO-TIMOL	NOP		0.5431

VERAPAMIL HCL

SEE SECTION 24:08.00 (HYPOTENSIVE DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

ATORVASTATIN CALCIUM

10MG TABLET

02230711 LIPITOR PFI \$ 1.7360

20MG TABLET

02230713 LIPITOR PFI \$ 2.1700

40MG TABLET

02230714 LIPITOR PFI \$ 2.3328

BEZAFIBRATE

SEE APPENDIX A FOR EDS CRITERIA

200MG TABLET

02240331 PMS-BEZAFIBRATE (EDS) PMS \$ 0.6710

400MG SUSTAINED RELEASE TABLET

02083523 BEZALIP SR (EDS) HLR \$ 1.7360

CERIVASTATIN SODIUM

0.2MG TABLET

02237325 BAYCOL BAY \$ 1.3020

0.3MG TABLET

02237326 BAYCOL BAY \$ 1.5733

0.4MG TABLET

02241466 BAYCOL BAY \$ 1.7360

0.8MG TABLET

02243223 BAYCOL BAY \$ 2.1700

CHOLESTYRAMINE RESIN

* 444MG/G ORAL POWDER (9G)

00464880 QUESTRAN BRI \$ 0.6952

02139189 NOVO-CHOLAMINE NOP 0.6952

02210320 PMS-CHOLESTYRAMINE PMS 0.6952

* 800MG/G ORAL POWDER (5G)

00890960 PMS-CHOLESTYRAMINE LIGHT PMS \$ 0.6952

01918486 QUESTRAN LIGHT BRI 0.6952

02139197 NOVO-CHOLAMINE LIGHT NOP 0.6952

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

COLESTIPOL HCL RESIN

5G GRANULES

00642975 COLESTID PHU \$ 0.8880

7.5G GRANULES

02132699 COLESTID PHU \$ 0.8880

1G TABLET

02132680 COLESTID PHU \$ 0.2533

FENOFIBRATE

SEE APPENDIX A FOR EDS CRITERIA

* *100MG CAPSULE*

02223600 NU-FENOFIBRATE (EDS) NXP \$ 0.4693

02225980 APO-FENOFIBRATE (EDS) APX 0.4693

* *200MG CAPSULE*

02231780 PMS-FENOFIBR. MICRO (EDS) PMS \$ 1.3129

02239864 APO-FENO-MICRO (EDS) APX 1.3129

02240210 GEN-FENOFIBR. MICRO (EDS) GPM 1.3129

02240337 DOM-FENOFIBR. MICRO (EDS) DOM 1.3785

02146959 LIPIDIL-MICRO (EDS) FFR 1.8771

FLUVASTATIN SODIUM

20MG CAPSULE

02061562 LESCOL NVR \$ 0.8138

40MG CAPSULE

02061570 LESCOL NVR \$ 1.1393

GEMFIBROZIL

* *300MG CAPSULE*

02241608 DOM-GEMFIBROZIL DOM \$ 0.1533 *

00851922 GEMFIBROZIL ALT 0.3216

01979574 APO-GEMFIBROZIL APX 0.3216

02058456 NU-GEMFIBROZIL NXP 0.3216

02185407 GEN-GEMFIBROZIL GPM 0.3216

02239951 PMS-GEMFIBROZIL PMS 0.3216

02241704 NOVO-GEMFIBROZIL NOP 0.3216

00599026 LOPID PFI 0.5375

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

* 600MG TABLET

02230580	DOM-GEMFIBROZIL	DOM	\$	0.2131 *
00851930	GEMFIBROZIL	ALT		0.8160
01979582	APO-GEMFIBROZIL	APX		0.8160
02058464	NU-GEMFIBROZIL	NXP		0.8160
02142074	NOVO-GEMFIBROZIL	NOP		0.8160
02230183	PMS-GEMFIBROZIL	PMS		0.8160
02230476	GEN-GEMFIBROZIL	GPM		0.8160
02237292	MED-GEMFIBROZIL	MED		0.8160
00659606	LOPID	PFI		1.0760

LOVASTATIN

* 20MG TABLET

02220172	APO-LOVASTATIN	APX	\$	1.5028
02243127	GEN-LOVASTATIN	GPM		1.5028
00795860	MEVACOR	MSD		1.8786

* 40MG TABLET

02220180	APO-LOVASTATIN	APX	\$	2.7717
02243129	GEN-LOVASTATIN	GPM		2.7719
00795852	MEVACOR	MSD		3.4649

PRAVASTATIN

* 10MG TABLET

02242865	BIOPRAVASTATIN	BMI	\$	0.7219 *
02237373	LIN-PRAVASTATIN	LIN		1.1491
00893749	PRAVACHOL	SQU		1.6421

* 20MG TABLET

02242866	BIOPRAVASTATIN	BMI	\$	0.9682 *
02237374	LIN-PRAVASTATIN	LIN		1.3560
00893757	PRAVACHOL	SQU		1.9368

* 40MG TABLET

02242867	BIOPRAVASTATIN	BMI	\$	1.4360 *
02237375	LIN-PRAVASTATIN	LIN		1.6330
02222051	PRAVACHOL	SQU		2.3328

24:00 CARDIOVASCULAR DRUGS

24:06.00 ANTILIPEMIC DRUGS

SIMVASTATIN

5MG TABLET

00884324 ZOCOR MSD \$ 0.9765

10MG TABLET

00884332 ZOCOR MSD \$ 1.9313

20MG TABLET

00884340 ZOCOR MSD \$ 2.3870

40MG TABLET

00884359 ZOCOR MSD \$ 2.3870

80MG TABLET

02240332 ZOCOR MSD \$ 2.3870

24:08.00 HYPOTENSIVE DRUGS

ANTIHYPERTENSIVE COMBINATION PRODUCTS

FIXED COMBINATION DRUGS ARE NOT INDICATED FOR INITIAL THERAPY OF HYPERTENSION. HYPERTENSION REQUIRES THERAPY TO BE TITRATED TO THE INDIVIDUAL PATIENT. IF THE FIXED COMBINATION REPRESENTS THE DOSAGE SO DETERMINED, ITS USE MAY BE MORE CONVENIENT IN PATIENT MANAGEMENT. THE TREATMENT OF HYPERTENSION IS NOT STATIC, BUT MUST BE RE-EVALUATED AT REGULAR INTERVALS UNDER CONDITIONS IN EACH PATIENT WARRANT

ACEBUTOLOL HCL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

AMILORIDE HCL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER SECTION 24:08.00 (HYPOTENSIVE DRUGS)

* 5MG/50MG TABLET

00886106	NU-AMILORIDE	NXP	\$	0.1458 *
00784400	APO-AMILORIDE	APX		0.2080
01937219	NOVAMILOR	NOP		0.2080
02174596	ALTI-AMILORIDE HCTZ	ALT		0.2080
00487813	MODURET	MSD		0.3816

ATENOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

ATENOLOL/CHLORTHALIDONE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

50MG/25MG TABLET

02049961 TENORETIC AST \$ 0.6732

100MG/25MG TABLET

02049988 TENORETIC AST \$ 1.1033

BENAZEPRIL HCL

5MG TABLET

00885835 LOTENSIN NVR \$ 0.6239

10MG TABLET

00885843 LOTENSIN NVR \$ 0.7378

20MG TABLET

00885851 LOTENSIN NVR \$ 0.8463

CANDESARTAN CILEXETIL

8MG TABLET

02239091 ATACAND AST \$ 1.1718

16MG TABLET

02239092 ATACAND AST \$ 1.1718

CAPTOPRIL

6.25MG TABLET

01999559 APO-CAPTO APX \$ 0.1297

* 12.5MG TABLET

02238551 DOM-CAPTOPRIL DOM \$ 0.0369 *

00695661 CAPOTEN SQU 0.2301

00851639 ALTI-CAPTOPRIL ALT 0.2301

00893595 APO-CAPTO APX 0.2301

01913824 NU-CAPTO NXP 0.2301

01942964 NOVO-CAPTORIL NOP 0.2301

02163551 GEN-CAPTOPRIL GPM 0.2301

02188929 MED-CAPTOPRIL MED 0.2301

02230203 PMS-CAPTOPRIL PMS 0.2301

02237861 CAPTRIL TCH 0.2301

02238449 FTP-CAPTOPRIL FTP 0.2301

02242788 CAPTOPRIL ZYP 0.2301

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 25MG TABLET

02238552	DOM-CAPTOPRIL	DOM	\$	0.0456 *
00546283	CAPOTEN	SQU		0.3255
00851833	ALTI-CAPTOPRIL	ALT		0.3255
00893609	APO-CAPTO	APX		0.3255
01913832	NU-CAPTO	NXP		0.3255
01942972	NOVO-CAPTORIL	NOP		0.3255
02163578	GEN-CAPTOPRIL	GPM		0.3255
02188937	MED-CAPTOPRIL	MED		0.3255
02230204	PMS-CAPTOPRIL	PMS		0.3255
02237862	CAPTRIL	TCH		0.3255
02238450	FTP-CAPTOPRIL	FTP		0.3255
02242789	CAPTOPRIL	ZYP		0.3255

* 50MG TABLET

02238553	DOM-CAPTOPRIL	DOM	\$	0.0789 *
00546291	CAPOTEN	SQU		0.6066
00851647	ALTI-CAPTOPRIL	ALT		0.6066
00893617	APO-CAPTO	APX		0.6066
01913840	NU-CAPTO	NXP		0.6066
01942980	NOVO-CAPTORIL	NOP		0.6066
02163586	GEN-CAPTOPRIL	GPM		0.6066
02188945	MED-CAPTOPRIL	MED		0.6066
02230205	PMS-CAPTOPRIL	PMS		0.6066
02237863	CAPTRIL	TCH		0.6066
02238451	FTP-CAPTOPRIL	FTP		0.6066
02242790	CAPTOPRIL	ZYP		0.6066

* 100MG TABLET

00546305	CAPOTEN	SQU	\$	1.1279
00851655	ALTI-CAPTOPRIL	ALT		1.1279
00893625	APO-CAPTO	APX		1.1279
01913859	NU-CAPTO	NXP		1.1279
01942999	NOVO-CAPTORIL	NOP		1.1279
02163594	GEN-CAPTOPRIL	GPM		1.1279
02188953	MED-CAPTOPRIL	MED		1.1279
02230206	PMS-CAPTOPRIL	PMS		1.1279
02242791	CAPTOPRIL	ZYP		1.1279
02238554	DOM-CAPTOPRIL	DOM		1.1843

CILAZAPRIL

1MG TABLET

01911465	INHIBACE	HLR	\$	0.6402
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2.5MG TABLET

01911473	INHIBACE	HLR	\$	0.7378
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5MG TABLET

01911481	INHIBACE	HLR	\$	0.8572
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CILAZAPRIL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER SECTION 24:08.00 (HYPOTENSIVE DRUGS)

5MG/12.5MG TABLET

02181479	INHIBACE PLUS	HLR	\$	0.8572
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CLONIDINE HCL

SEE APPENDIX A FOR EDS CRITERIA

0.025MG TABLET

00519251	DIXARIT (EDS)	BOE	\$	0.2059
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* 0.1MG TABLET

00259527	CATAPRES	BOE	\$	0.1915
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00868949	APO-CLONIDINE	APX		0.1915
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01913786	NU-CLONIDINE	NXP		0.1915
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02046121	NOVO-CLONIDINE	NOP		0.1915
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* 0.2MG TABLET

00291889	CATAPRES	BOE	\$	0.3417
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00868957	APO-CLONIDINE	APX		0.3417
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01913220	NU-CLONIDINE	NXP		0.3417
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02046148	NOVO-CLONIDINE	NOP		0.3417
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DILTIAZEM HCL

NOTE: THE SUSTAINED RELEASE DOSAGE FORMS ARE APPROVED AS ANTIHYPERTENSIVE AGENTS (SEE SECTION 24:04.00)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

DOXAZOSIN MESYLATE** 1MG TABLET*

02240498	GEN-DOXAZOSIN	GPM	\$	0.3760
02240588	APO-DOXAZOSIN	APX		0.3760
02242728	NOVO-DOXAZOSIN	NOP		0.3760
01958100	CARDURA-1	AST		0.5968

** 2MG TABLET*

02240499	GEN-DOXAZOSIN	GPM	\$	0.4512
02240589	APO-DOXAZOSIN	APX		0.4512
02242729	NOVO-DOXAZOSIN	NOP		0.4512
01958097	CARDURA-2	AST		0.7161

** 4MG TABLET*

02240500	GEN-DOXAZOSIN	GPM	\$	0.5865
02240590	APO-DOXAZOSIN	APX		0.5865
02242730	NOVO-DOXAZOSIN	NOP		0.5865
01958119	CARDURA-4	AST		0.9310

ENALAPRIL MALEATE*2.5MG TABLET*

00851795	VASOTEC	MSD	\$	0.7327
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5MG TABLET

00708879	VASOTEC	MSD	\$	0.8666
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10MG TABLET

00670901	VASOTEC	MSD	\$	1.0416
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20MG TABLET

00670928	VASOTEC	MSD	\$	1.2568
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ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER SECTION 24:08.00 (HYPOTENSIVE DRUGS)

10MG/25MG TABLET

00657298	VASERETIC	MSD	\$	1.0416
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EPROSARTAN MESYLATE*300MG TABLET*

02240431	TEVETEN	SLV	\$	0.5534
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400MG TABLET

02240432	TEVETEN	SLV	\$	1.1067
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

FELODIPINE

* 2.5MG SUSTAINED RELEASE TABLET

02221985	RENEDIL	AVT	\$	0.5357
02057778	PLENDIL	AST		0.5359

* 5MG SUSTAINED RELEASE TABLET

00851779	PLENDIL	AST	\$	0.7161
02221993	RENEDIL	AVT		0.7161

* 10MG SUSTAINED RELEASE TABLET

02222000	RENEDIL	AVT	\$	1.0706
00851787	PLENDIL	AST		1.0742

FOSINOPRIL

10MG TABLET

01907107	MONOPRIL	BMV	\$	0.8572
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20MG TABLET

01907115	MONOPRIL	BMV	\$	1.0308
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HYDRALAZINE HCL

* 10MG TABLET

00441619	APO-HYDRALAZINE	APX	\$	0.1001
00759465	NOVO-HYLAZIN	NOP		0.1001
01913204	NU-HYDRAL	NXP		0.1001
00005525	APRESOLINE	NVR		0.1539

* 25MG TABLET

00441627	APO-HYDRALAZINE	APX	\$	0.1784
00759473	NOVO-HYLAZIN	NOP		0.1784
02004828	NU-HYDRAL	NXP		0.1784
00005533	APRESOLINE	NVR		0.2643

* 50MG TABLET

00441635	APO-HYDRALAZINE	APX	\$	0.2742
00759481	NOVO-HYLAZIN	NOP		0.2742
02004836	NU-HYDRAL	NXP		0.2742
00005541	APRESOLINE	NVR		0.4149

IRBESARTAN

75MG TABLET

02237923	AVAPRO	BMV	\$	1.1718
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150MG TABLET

02237924	AVAPRO	BMV	\$	1.1718
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300MG TABLET

02237925	AVAPRO	BMV	\$	1.1718
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

IRBESARTAN/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

150MG/12.5MG TABLET

02241818 AVALIDE BMY \$ 1.1718

300MG/12.5MG TABLET

02241819 AVALIDE BMY \$ 1.1718

LABETALOL HCL

100MG TABLET

02106272 TRANDATE RBP \$ 0.2553

200MG TABLET

02106280 TRANDATE RBP \$ 0.4515

LISINOPRIL

* 5MG TABLET

02217481 APO-LISINOPRIL APX \$ 0.6576

00839388 PRINIVIL MSD 0.7308

02049333 ZESTRIL AST 0.7310

* 10MG TABLET

02217503 APO-LISINOPRIL APX \$ 0.8246

00839396 PRINIVIL MSD 0.8780

02049376 ZESTRIL AST 0.8782

* 20MG TABLET

02217511 APO-LISINOPRIL APX \$ 0.9917

00839418 PRINIVIL MSD 1.0551

02049384 ZESTRIL AST 1.0551

LISINOPRIL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

* 10MG/12.5MG TABLET

02103729 ZESTORETIC AST \$ 0.8782

02108194 PRINZIDE MSD 0.8782

* 20MG/12.5MG TABLET

00884413 PRINZIDE MSD \$ 1.0551

02045737 ZESTORETIC AST 1.0551

* 20MG/25MG TABLET

00884421 PRINZIDE MSD \$ 1.0551

02045729 ZESTORETIC AST 1.0551

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

LOSARTAN POTASSIUM

25MG TABLET

02182815 COZAAR MSD \$ 1.1940

50MG TABLET

02182874 COZAAR MSD \$ 1.1940

100MG TABLET

02182882 COZAAR MSD \$ 1.1940

LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

50MG/12.5MG TABLET

02230047 HYZAAR MSD \$ 1.1940

100MG/25MG TABLET

02241007 HYZAAR DS MSD \$ 1.1935

METHYLDOPA

125MG TABLET

00360252 APO-METHYLDOPA APX \$ 0.0641

* 250MG TABLET

00717509 NU-MEDOPA NXP \$ 0.0841

00360260 APO-METHYLDOPA APX 0.1009

* 500MG TABLET

00717576 NU-MEDOPA NXP \$ 0.1601

00426830 APO-METHYLDOPA APX 0.1921

METHYLDOPA/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

* 250MG/15MG TABLET

00363642 NOVO-DOPARIL NOP \$ 0.0736

00441708 APO-METHAZIDE-15 APX 0.0736

* 250MG/25MG TABLET

00363634 NOVO-DOPARIL NOP \$ 0.0761

00441716 APO-METHAZIDE-25 APX 0.0761

METOPROLOL TARTRATE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

MINOXIDIL

SEE APPENDIX A FOR EDS CRITERIA

2.5MG TABLET

00514497 LONITEN (EDS) PHU \$ 0.3431

10MG TABLET

00514500 LONITEN (EDS) PHU \$ 0.7564

NADOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

NIFEDIPINE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

OXPRENOLOL HCL

40MG TABLET

00402575 TRASICOR NVR \$ 0.2804

80MG TABLET

00402583 TRASICOR NVR \$ 0.4249

80MG SLOW RELEASE TABLET

00534579 SLOW TRASICOR NVR \$ 0.4248

160MG SLOW RELEASE TABLET

00534587 SLOW TRASICOR NVR \$ 0.8496

PERINDOPRIL ERBUMINE

2MG TABLET

02123274 COVERSYL SEV \$ 0.6510

4MG TABLET

02123282 COVERSYL SEV \$ 0.8138

PINDOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS)

PINDOLOL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER

SECTION 24:08.00 (HYPOTENSIVE DRUGS)

10MG/25MG TABLET

00568627 VISKAZIDE NVR \$ 0.7513

10MG/50MG TABLET

00568635 VISKAZIDE NVR \$ 0.7513

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

PRAZOSIN** 1MG TABLET*

00882801	APO-PRAZO	APX	\$	0.1683
01913794	NU-PRAZO	NXP		0.1683
01934198	NOVO-PRAZIN	NOP		0.1683
02139979	ALTI-PRAZOSIN	ALT		0.1683
00560952	MINIPRESS	PFI		0.2960

** 2MG TABLET*

00882828	APO-PRAZO	APX	\$	0.2275
01913808	NU-PRAZO	NXP		0.2275
01934201	NOVO-PRAZIN	NOP		0.2275
02139987	ALTI-PRAZOSIN	ALT		0.2275
00560960	MINIPRESS	PFI		0.4021

** 5MG TABLET*

00882836	APO-PRAZO	APX	\$	0.3284
01913816	NU-PRAZO	NXP		0.3284
01934228	NOVO-PRAZIN	NOP		0.3284
02139995	ALTI-PRAZOSIN	ALT		0.3284
00560979	MINIPRESS	PFI		0.5527

PROPRANOLOL*SEE SECTION 24:04.00 (CARDIAC DRUGS)*

PROPRANOLOL/HYDROCHLOROTHIAZIDE*SEE NOTE REGARDING COMBINATION PRODUCTS UNDER SECTION 24:08.00 (HYPOTENSIVE DRUGS)**40MG/25MG TABLET*

02042282	INDERIDE-40	WYA	\$	0.5672
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80MG/25MG TABLET

02042290	INDERIDE-80	WYA	\$	0.8781
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QUINAPRIL HCL*5MG TABLET*

01947664	ACCUPRIL	PFI	\$	0.8915
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10MG TABLET

01947672	ACCUPRIL	PFI	\$	0.8915
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20MG TABLET

01947680	ACCUPRIL	PFI	\$	0.8915
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40MG TABLET

01947699	ACCUPRIL	PFI	\$	0.8915
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

QUINAPRIL HCL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

10MG/12.5MG TABLET

02237367 ACCURETIC

PFI \$ 0.8914

20MG/12.5MG TABLET

02237368 ACCURETIC

PFI \$ 0.8914

RAMIPRIL

1.25MG CAPSULE

02221829 ALTACE

AVT \$ 0.7053

2.5MG CAPSULE

02221837 ALTACE

AVT \$ 0.8138

5MG CAPSULE

02221845 ALTACE

AVT \$ 0.8138

10MG CAPSULE

02221853 ALTACE

AVT \$ 1.0308

SPIRONOLACTONE/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

* 25MG/25MG TABLET

00613231 NOVO-SPIROZINE

NOP \$ 0.0932

00180408 ALDACTAZIDE-25

PHU 0.0934

* 50MG/50MG TABLET

00594377 ALDACTAZIDE-50

PHU \$ 0.2426

00657182 NOVO-SPIROZINE

NOP 0.2426

TELMISARTAN

40MG TABLET

02240769 MICARDIS

BOE \$ 1.1610

80MG TABLET

02240770 MICARDIS

BOE \$ 1.1610

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

TERAZOSIN HCL

* 1MG TABLET

02218941	ALTI-TERAZOSIN	ALT	\$	0.3787
02230805	NOVO-TERAZOSIN	NOP		0.3787
02233047	NU-TERAZOSIN	NXP		0.3787
02234502	APO-TERAZOSIN	APX		0.3787
02243518	PMS-TERAZOSIN	PMS		0.3787
00818658	HYTRIN	ABB		0.6011

* 2MG TABLET

02218968	ALTI-TERAZOSIN	ALT	\$	0.4813
02230806	NOVO-TERAZOSIN	NOP		0.4813
02233048	NU-TERAZOSIN	NXP		0.4813
02234503	APO-TERAZOSIN	APX		0.4813
02243519	PMS-TERAZOSIN	PMS		0.4813
00818682	HYTRIN	ABB		0.7641

* 5MG TABLET

02218976	ALTI-TERAZOSIN	ALT	\$	0.6538
02230807	NOVO-TERAZOSIN	NOP		0.6538
02233049	NU-TERAZOSIN	NXP		0.6538
02234504	APO-TERAZOSIN	APX		0.6538
02243520	PMS-TERAZOSIN	PMS		0.6538
00818666	HYTRIN	ABB		1.0377

* 10MG TABLET

02218984	ALTI-TERAZOSIN	ALT	\$	0.9570
02230808	NOVO-TERAZOSIN	NOP		0.9570
02233050	NU-TERAZOSIN	NXP		0.9570
02234505	APO-TERAZOSIN	APX		0.9570
02243521	PMS-TERAZOSIN	PMS		0.9570
00818674	HYTRIN	ABB		1.5190

1MG TABLET (7) 2MG TABLET (7) 5MG TABLET (14)
(PACKAGE)

02187876	HYTRIN STARTER PACK	ABB	\$	24.0900
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TIMOLOL MALEATE

SEE SECTION 24:04.00 (CARDIAC DRUGS)

TIMOLOL/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

10MG/25MG TABLET

00509353	TIMOLIDE	MSD	\$	0.4654
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24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

TRANDOLAPRIL

0.5MG CAPSULE

02231457 MAVIK

KNO \$ 0.6727

1MG CAPSULE

02231459 MAVIK

KNO \$ 0.7812

2MG CAPSULE

02231460 MAVIK

KNO \$ 0.8897

TRIAMTERENE/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

* 50MG/25MG TABLET

00865532 NU-TRIAZIDE

NXP \$ 0.0350 *

00441775 APO-TRIAZIDE

APX 0.0518

00532657 NOVO-TRIAMZIDE

NOP 0.0518

VALSARTAN

80MG CAPSULE

02236808 DIOVAN

NVR \$ 1.1393

160MG CAPSULE

02236809 DIOVAN

NVR \$ 1.1393

VALSARTAN/HYDROCHLOROTHIAZIDE

SEE NOTE REGARDING COMBINATION PRODUCTS UNDER
SECTION 24:08.00 (HYPOTENSIVE DRUGS)

80MG/12.5MG TABLET

02241900 DIOVAN-HCT

NVR \$ 1.1393

160MG/12.5MG TABLET

02241901 DIOVAN-HCT

NVR \$ 1.1393

VERAPAMIL HCL

* 80MG TABLET

00886033 NU-VERAP

NXP \$ 0.1655 *

00782483 APO-VERAP

APX 0.2968

00812331 NOVO-VERAMIL

NOP 0.2968

00867365 ALTI-VERAPAMIL

ALT 0.2968

02237921 GEN-VERAPAMIL

GPM 0.2968

02239769 MED-VERAPAMIL

MED 0.2968

00554316 ISOPTIN

KNO 0.3043

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

* 120MG TABLET

00886041	NU-VERAP	NXP	\$	0.2570 *
00782491	APO-VERAP	APX		0.4612
00812358	NOVO-VERAMIL	NOP		0.4612
00867373	ALTI-VERAPAMIL	ALT		0.4612
02237922	GEN-VERAPAMIL	GPM		0.4612
02239770	MED-VERAPAMIL	MED		0.4612
00554324	ISOPTIN	KNO		0.4728

120MG SUSTAINED RELEASE CAPSULE

02100479	VERELAN	WYA	\$	0.7487
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* 120MG SUSTAINED RELEASE TABLET

02210347	GEN-VERAPAMIL SR	GPM	\$	0.7487
01907123	ISOPTIN SR	KNO		1.1038

180MG CONTROLLED-ONSET EXTENDED-RELEASE
TABLET

02231676	CHRONOVERA	PHU	\$	0.8463
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180MG SUSTAINED RELEASE CAPSULE

02100487	VERELAN	WYA	\$	0.8463
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* 180MG SUSTAINED RELEASE TABLET

02210355	GEN-VERAPAMIL SR	GPM	\$	0.8463
01934317	ISOPTIN SR	KNO		1.2466

240MG CONTROLLED-ONSET EXTENDED-RELEASE
TABLET

02231677	CHRONOVERA	PHU	\$	0.9462
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240MG SUSTAINED RELEASE CAPSULE

02100495	VERELAN	WYA	\$	0.9462
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* 240MG SUSTAINED RELEASE TABLET

02240321	DOM-VERAPAMIL SR	DOM	\$	0.7800 *
02210363	GEN-VERAPAMIL SR	GPM		0.9462
02211920	NOVO-VERAMIL SR	NOP		0.9462
02237791	PMS-VERAPAMIL SR	PMS		0.9462
00742554	ISOPTIN SR	KNO		1.6624

24:12.00 VASODILATING DRUGS

BETAHISTINE HCL

8MG TABLET

02240601	SERC	SLV	\$	0.2546
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24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

DIPYRIDAMOLE

SEE APPENDIX A FOR EDS CRITERIA

25MG TABLET

00067385 PERSANTINE (EDS) BOE \$ 0.3008

50MG TABLET

00067393 PERSANTINE (EDS) BOE \$ 0.4008

75MG TABLET

00452092 PERSANTINE (EDS) BOE \$ 0.5398

100MG TABLET

00452106 PERSANTINE (EDS) BOE \$ 0.6325

DIPYRIDAMOLE/ACETYLSALICYLIC ACID

SEE APPENDIX A FOR EDS CRITERIA

200MG/25MG CAPSULE

02242119 AGGRENOX (EDS) BOE \$ 0.9124

ISOSORBIDE DINITRATE

* 10MG TABLET

00441686 APO-ISDN APX \$ 0.0174

00458686 NOVO-SORBIDE NOP 0.0174

02042622 ISORDIL WYA 0.0565

* 30MG TABLET

00441694 APO-ISDN APX \$ 0.0375

00458694 NOVO-SORBIDE NOP 0.0375

02042614 ISORDIL WYA 0.1324

* 5MG SUBLINGUAL TABLET

00670944 APO-ISDN APX \$ 0.0363

02042606 ISORDIL WYA 0.0403

ISOSORBIDE-5 MONONITRATE

20MG TABLET

02058472 ISMO WYA \$ 0.5154

60MG EXTENDED-RELEASE TABLET

02126559 IMDUR AST \$ 0.6944

NIMODIPINE

SEE APPENDIX A FOR EDS CRITERIA

30MG CAPSULE

02155923 NIMOTOP (EDS) BAY \$ 5.7574

24:00 CARDIOVASCULAR DRUGS

24:12.00 VASODILATING DRUGS

NITROGLYCERIN

NOTE: TO PREVENT DEVELOPMENT OF TOLERANCE, PATCHES SHOULD BE REMOVED AFTER 12-14 HOURS TO PROVIDE DAILY NITRATE-FREE PERIODS OF 10-12 HOURS. THE NITRATE-FREE PERIOD SHOULD BE TIMED TO COINCIDE WITH THE PERIOD IN WHICH ANGINA IS LEAST LIKELY TO OCCUR (USUALLY AT NIGHT).

0.2MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

00584223	TRANSDERM-NITRO 0.2	NVR	\$	0.6149
01911910	NITRO-DUR 0.2	KEY		0.6149
02162806	MINITRAN 0.2	MDA		0.6149
02230732	TRINIPATCH 0.2	SAW		0.6149

0.4MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

00852384	TRANSDERM-NITRO 0.4	NVR	\$	0.6944
01911902	NITRO-DUR 0.4	KEY		0.6944
02163527	MINITRAN 0.4	MDA		0.6944
02230733	TRINIPATCH 0.4	SAW		0.6944

0.6MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

01911929	NITRO-DUR 0.6	KEY	\$	0.6944
02046156	TRANSDERM-NITRO 0.6	NVR		0.6944
02163535	MINITRAN 0.6	MDA		0.6944
02230734	TRINIPATCH 0.6	SAW		0.6944

0.8MG/HR. TRANSDERMAL THERAPEUTIC SYSTEM

02011271	NITRO-DUR 0.8	KEY	\$	1.2044
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0.3MG SUBLINGUAL TABLET

00037613	NITROSTAT	PFI	\$	0.0290
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0.6MG SUBLINGUAL TABLET

00037621	NITROSTAT	PFI	\$	0.0302
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2% OINTMENT

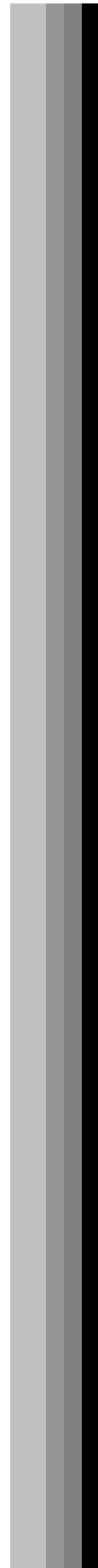
01926454	NITROL	PMS	\$	0.2105
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0.4MG/DOSE LINGUAL SPRAY (PACKAGE)

02231441	NITROLINGUAL PUMPSPRAY	AVT	\$	13.1200
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CENTRAL NERVOUS SYSTEM DRUGS
28:00



28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

* 325MG ENTERIC TABLET

00216666	NOVASEN	NOP	\$	0.0160
02046253	MSD ENTERIC-COATED ASA	JJM		0.0160
00010332	ENTROPHEN	JJM		0.0546

* 650MG ENTERIC TABLET

02046261	MSD ENTERIC-COATED ASA	JJM	\$	0.0263
00229296	NOVASEN	NOP		0.0382
00010340	ENTROPHEN	JJM		0.0936

CELECOXIB

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02239941	CELEBREX (EDS)	PHU	\$	0.6782
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200MG CAPSULE

02239942	CELEBREX (EDS)	PHU	\$	1.3563
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DICLOFENAC SODIUM

* 25MG ENTERIC TABLET

00886017	NU-DICLO	NXP	\$	0.0965 *
00808539	NOVO-DIFENAC	NOP		0.2064
00839175	APO-DICLO	APX		0.2064
02231502	PMS-DICLOFENAC	PMS		0.2064
02231662	DOM-DICLOFENAC	DOM		0.2293
00514004	VOLTAREN	NVR		0.3391

* 50MG ENTERIC TABLET

00886025	NU-DICLO	NXP	\$	0.2067 *
00808547	NOVO-DIFENAC	NOP		0.4272
00839183	APO-DICLO	APX		0.4272
02231503	PMS-DICLOFENAC	PMS		0.4272
02231663	DOM-DICLOFENAC	DOM		0.4585
00514012	VOLTAREN	NVR		0.7155

* 75MG SUSTAINED RELEASE TABLET

02228203	NU-DICLO-SR	NXP	\$	0.4134 *
02158582	NOVO-DIFENAC SR	NOP		0.6191
02162814	APO-DICLO SR	APX		0.6191
02231504	PMS-DICLOFENAC-SR	PMS		0.6191
02231664	DOM-DICLOFENAC SR	DOM		0.6877
00782459	VOLTAREN-SR	NVR		1.0055

* 100MG SUSTAINED RELEASE TABLET

02228211	NU-DICLO-SR	NXP	\$	0.5724 *
02048698	NOVO-DIFENAC SR	NOP		0.8544
02091194	APO-DICLO SR	APX		0.8544
02231505	PMS-DICLOFENAC-SR	PMS		0.8544
02231665	DOM-DICLOFENAC SR	DOM		0.9169
00590827	VOLTAREN-SR	NVR		1.4332

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

* 50MG SUPPOSITORY

02174677	NOVO-DIFENAC	NOP	\$	0.6768
02231506	PMS-DICLOFENAC	PMS		0.6768
02237786	DICLOTEC	TCH		0.6768
02241224	SAB-DICLOFENAC	SAB		0.6768
00632724	VOLTAREN	NVR		1.0742

* 100MG SUPPOSITORY

02174685	NOVO-DIFENAC	NOP	\$	0.9111
02231508	PMS-DICLOFENAC	PMS		0.9111
02237787	DICLOTEC	TCH		0.9111
02241225	SAB-DICLOFENAC	SAB		0.9111
00632732	VOLTAREN	NVR		1.4463

DICLOFENAC SODIUM/MISOPROSTOL

50MG/200UG ENTERIC TABLET

01917056	ARTHROTEC	PHU	\$	0.6011
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75MG/200UG ENTERIC TABLET

02229837	ARTHROTEC 75	PHU	\$	0.8181
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DIFLUNISAL

* 250MG TABLET

02039486	APO-DIFLUNISAL	APX	\$	0.4595
02048493	NOVO-DIFLUNISAL	NOP		0.4595

* 500MG TABLET

02039494	APO-DIFLUNISAL	APX	\$	0.5621
02048507	NOVO-DIFLUNISAL	NOP		0.5621
02058413	NU-DIFLUNISAL	NXP		0.5621

ETODOLAC

SEE APPENDIX A FOR EDS CRITERIA

* 200MG CAPSULE

02232317	APO-ETODOLAC (EDS)	APX	\$	0.6510
02239319	GEN-ETODOLAC (EDS)	GPM		0.6510
02242914	TARO-ETODOLAC (EDS)	TAR		0.6510
02142023	ULTRADOL (EDS)	PGA		0.8680

* 300MG CAPSULE

02232318	APO-ETODOLAC (EDS)	APX	\$	0.6510
02239320	GEN-ETODOLAC (EDS)	GPM		0.6510
02242915	TARO-ETODOLAC (EDS)	TAR		0.6510
02142031	ULTRADOL (EDS)	PGA		0.8680

FENOPROFEN

600MG TABLET

00345504	NALFON	LIL	\$	0.5628
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

FLURBIPROFEN

* 50MG TABLET

00675202	ALTI-FLURBIPROFEN	ALT	\$	0.2782
01912046	APO-FLURBIPROFEN	APX		0.2782
02020661	NU-FLURBIPROFEN	NXP		0.2782
02100509	NOVO-FLURPROFEN	NOP		0.2782
00647942	ANSAID	PHU		0.5346

* 100MG TABLET

00675199	ALTI-FLURBIPROFEN	ALT	\$	0.3807
01912038	APO-FLURBIPROFEN	APX		0.3807
02020688	NU-FLURBIPROFEN	NXP		0.3807
02100517	NOVO-FLURPROFEN	NOP		0.3807
00600792	ANSAID	PHU		0.6999

IBUPROFEN

* 300MG TABLET

00441651	APO-IBUPROFEN	APX	\$	0.0309
00629332	NOVO-PROFEN	NOP		0.0309
02020696	NU-IBUPROFEN	NXP		0.0309
00327794	MOTRIN	MCL		0.1696

* 400MG TABLET

00506052	APO-IBUPROFEN	APX	\$	0.0404
00629340	NOVO-PROFEN	NOP		0.0404
02020718	NU-IBUPROFEN	NXP		0.0404
00364142	MOTRIN	MCL		0.2169

* 600MG TABLET

00585114	APO-IBUPROFEN	APX	\$	0.0505
00629359	NOVO-PROFEN	NOP		0.0505
02020726	NU-IBUPROFEN	NXP		0.0505
00484911	MOTRIN	MCL		0.3048

INDOMETHACIN

* 25MG CAPSULE

00337420	NOVO-METHACIN	NOP	\$	0.0945
00611158	APO-INDOMETHACIN	APX		0.0945
00865850	NU-INDO	NXP		0.0945
02143364	INDOTEC	TCH		0.0945
02238442	FTP-INDOMETHACIN	FTP		0.0945

* 50MG CAPSULE

00337439	NOVO-METHACIN	NOP	\$	0.1640
00611166	APO-INDOMETHACIN	APX		0.1640
00865869	NU-INDO	NXP		0.1640
02143372	INDOTEC	TCH		0.1640
02238443	FTP-INDOMETHACIN	FTP		0.1640

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

* 50MG SUPPOSITORY

02146932	RHODACINE	RHO	\$	0.7194
02176130	NOVO-METHACIN	NOP		0.7194
02231799	SAB-INDOMETHACIN	SAB		0.7194
00594466	INDOCID	MSD		1.1430

* 100MG SUPPOSITORY

02146940	RHODACINE	RHO	\$	0.9668
02176149	NOVO-METHACIN	NOP		0.9668
02231800	SAB-INDOMETHACIN	SAB		0.9668
00016233	INDOCID	MSD		1.5361

KETOPROFEN

* 50MG CAPSULE

00790427	APO-KETO	APX	\$	0.1804
02150808	PMS-KETOPROFEN	PMS		0.1804
01926403	ORUDIS	AVT		0.3853

* 50MG ENTERIC COATED TABLET

00761672	RHODIS EC	ROP	\$	0.1804
02150816	PMS-KETOPROFEN-EC	PMS		0.1804
01926381	ORUDIS-E	AVT		0.3853

* 100MG ENTERIC COATED TABLET

00761680	RHODIS EC	ROP	\$	0.3340
02150824	PMS-KETOPROFEN-EC	PMS		0.3340
01926365	ORUDIS-E	AVT		0.7793

* 200MG SUSTAINED RELEASE TABLET

02031175	RHODIS SR	ROP	\$	0.6680
02172577	APO-KETOPROFEN SR	APX		0.6680
01926373	ORUDIS SR	AVT		1.5864

50MG SUPPOSITORY

01931512	ORUDIS	AVT	\$	0.7831
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* 100MG SUPPOSITORY

02015951	PMS-KETOPROFEN	PMS	\$	1.0774
02156083	NOVO-KETO	NOP		1.0774
02165481	ORAFEN	TCH		1.0774
01926411	ORUDIS	AVT		1.5947

MEFENAMIC ACID

* 250MG CAPSULE

02229452	APO-MEFENAMIC	APX	\$	0.3590
02229569	NU-MEFENAMIC	NXP		0.3590
02231208	PMS-MEFENAMIC ACID	PMS		0.3590
02237826	DOM-MEFENAMIC ACID	DOM		0.4484
00155225	PONSTAN	PFI		0.6115

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

NABUMETONE

SEE APPENDIX A FOR EDS CRITERIA

* 500MG TABLET

02238639	APO-NABUMETONE (EDS)	APX	\$	0.5453
02240867	NOVO-NABUMETONE (EDS)	NOP		0.5453
02083531	RELAFEN (EDS)	GSK		0.7488

750MG TABLET

02240868	NOVO-NABUMETONE (EDS)	NOP	\$	0.7406
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NAPROXEN

* 125MG TABLET

00522678	APO-NAPROXEN	APX	\$	0.0590
00565369	NOVO-NAPROX	NOP		0.0590
00865621	NU-NAPROX	NXP		0.0590

* 250MG TABLET

00865648	NU-NAPROX	NXP	\$	0.0958 *
00522651	APO-NAPROXEN	APX		0.1159
00565350	NOVO-NAPROX	NOP		0.1159
00615315	NAXEN	ALT		0.1159
02162474	NAPROSYN	HLR		0.4256

* 375MG TABLET

00865656	NU-NAPROX	NXP	\$	0.1306 *
00600806	APO-NAPROXEN	APX		0.1582
00615323	NAXEN	ALT		0.1582
00627097	NOVO-NAPROX	NOP		0.1582
02162482	NAPROSYN	HLR		0.5550

* 500MG TABLET

00865664	NU-NAPROX	NXP	\$	0.1888 *
00589861	NOVO-NAPROX	NOP		0.2290
00592277	APO-NAPROXEN	APX		0.2290
00615331	NAXEN	ALT		0.2290
02162490	NAPROSYN	HLR		1.0067

* 750MG SUSTAINED RELEASE TABLET

02177072	APO-NAPROXEN SR	APX	\$	0.8251
02231327	NOVO-NAPROX SR	NOP		0.8251
02162466	NAPROSYN-S.R.	HLR		1.3778

* 500MG SUPPOSITORY

00756814	NAXEN	ALT	\$	0.8601
02230477	NAPROXEN	SAB		0.8601
02017237	PMS-NAPROXEN	PMS		0.8604
02162458	NAPROSYN	HLR		1.1935

25MG/ML SUSPENSION

02162431	NAPROSYN	HLR	\$	0.0622
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

PHENYLBUTAZONE

100MG TABLET

00312789	APO-PHENYLBUTAZONE	APX	\$	0.0358
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PIROXICAM

* *10MG CAPSULE*

00642886	APO-PIROXICAM	APX	\$	0.4500
00695718	NOVO-PIROCAM	NOP		0.4500
00836249	PMS-PIROXICAM	PMS		0.4500
00865761	NU-PIROX	NXP		0.4500
02171813	GEN-PIROXICAM	GPM		0.4500
00525596	FELDENE	PFI		0.9554

* *20MG CAPSULE*

00642894	APO-PIROXICAM	APX	\$	0.7767
00695696	NOVO-PIROCAM	NOP		0.7767
00836230	PMS-PIROXICAM	PMS		0.7767
00865788	NU-PIROX	NXP		0.7767
02139960	ALTI-PIROXICAM	ALT		0.7767
02171821	GEN-PIROXICAM	GPM		0.7767
00525618	FELDENE	PFI		1.6019

10MG SUPPOSITORY

02154420	PMS-PIROXICAM	PMS	\$	0.8040
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* *20MG SUPPOSITORY*

02154463	PMS-PIROXICAM	PMS	\$	1.1802
02238028	FEXICAM	TCH		1.1802
00632716	FELDENE	PFI		1.8634

ROFECOXIB

SEE APPENDIX A FOR EDS CRITERIA

12.5MG TABLET

02241107	VIOXX (EDS)	MSD	\$	1.3563
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25MG TABLET

02241108	VIOXX (EDS)	MSD	\$	1.3563
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2.5MG/ML ORAL SUSPENSION

02241109	VIOXX (EDS)	MSD	\$	0.2713
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SULINDAC

* *150MG TABLET*

00745588	NOVO-SUNDAC	NOP	\$	0.4149
00778354	APO-SULIN	APX		0.4149
02042576	NU-SULINDAC	NXP		0.4149

* *200MG TABLET*

02042584	NU-SULINDAC	NXP	\$	0.4333 *
00745596	NOVO-SUNDAC	NOP		0.5252
00778362	APO-SULIN	APX		0.5252

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

TIAPROFENIC ACID

* 200MG TABLET

01924613	ALBERT-TIAFEN	ALT	\$	0.3730
02136112	APO-TIAPROFENIC	APX		0.3730
02179679	NOVO-TIAPROFENIC	NOP		0.3730
02230827	PMS-TIAPROFENIC	PMS		0.3730

* 300MG TABLET

02146886	NU-TIAPROFENIC	NXP	\$	0.2115 *
01924621	ALBERT-TIAFEN	ALT		0.4453
02136120	APO-TIAPROFENIC	APX		0.4453
02179687	NOVO-TIAPROFENIC	NOP		0.4453
02230828	PMS-TIAPROFENIC	PMS		0.4453
02231060	DOM-TIAPROFENIC	DOM		0.5008
02221950	SURGAM	AVT		0.7069

TOLMETIN

600MG TABLET

00632740	TOLECTIN	JAN	\$	0.8722
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28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN/CAFFEINE/CODEINE

* WITH 15MG CODEINE/TABLET

00653241	LENOLTEC NO.2	TCH	\$	0.0537
02163934	TYLENOL WITH CODEINE NO.2	JAN		0.0646
00687200	NOVO-GESIC C15	NOP		0.0835
00293504	ATASOL-15	HOR		0.0919

* WITH 30MG CODEINE/TABLET

00653276	LENOLTEC NO.3	TCH	\$	0.0603
02163926	TYLENOL WITH CODEINE NO.3	JAN		0.0711
00687219	NOVO-GESIC C30	NOP		0.0867
00293512	ATASOL-30	HOR		0.1334
02232389	EXDOL-30	LIH		0.1469

ACETAMINOPHEN/CODEINE

* 300MG/30MG TABLET

00608882	EMTEC-30	TCH	\$	0.0494
00666130	EMPRACET-30	GSK		0.0494

* 300MG/60MG TABLET

00621463	LENOLTEC #4	TCH	\$	0.1502
02163918	TYLENOL WITH CODEINE NO.4	JAN		0.1502
00666149	EMPRACET-60	GSK		0.1537

32MG/1.6MG/ML ELIXIR

02163942	TYLENOL WITH CODEINE ELX	JAN	\$	0.0835
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETYLSALICYLIC ACID/CAFFEINE/CODEINE

375MG/30MG/30MG TABLET

02238645 292 LIH \$ 0.1834

CODEINE

SEE APPENDIX A FOR EDS CRITERIA

50MG CONTROLLED RELEASE TABLET

02230302 CODEINE CONTIN (EDS) PFR \$ 0.3051

100MG CONTROLLED RELEASE TABLET

02163748 CODEINE CONTIN (EDS) PFR \$ 0.6102

150MG CONTROLLED RELEASE TABLET

02163780 CODEINE CONTIN (EDS) PFR \$ 0.9223

200MG CONTROLLED RELEASE TABLET

02163799 CODEINE CONTIN (EDS) PFR \$ 1.2207

CODEINE PHOSPHATE

15MG TABLET

00593435 CODEINE TCH \$ 0.0832

30MG TABLET

00593451 CODEINE TCH \$ 0.1080

5MG/ML SYRUP

00779474 CODEINE ROG \$ 0.0266

FENTANYL

SEE APPENDIX A FOR EDS CRITERIA

25UG/HR TRANSDERMAL SYSTEM

01937383 DURAGESIC (EDS) JAN \$ 9.2225

50UG/HR TRANSDERMAL SYSTEM

01937391 DURAGESIC (EDS) JAN \$ 17.3600

75UG/HR TRANSDERMAL SYSTEM

01937405 DURAGESIC (EDS) JAN \$ 24.4125

100UG/HR TRANSDERMAL SYSTEM

01937413 DURAGESIC (EDS) JAN \$ 30.3800

HYDROMORPHONE HCL

* 1MG TABLET

00885444 PMS-HYDROMORPHONE PMS \$ 0.1226

00705438 DILAUDID KNO 0.1321

* 2MG TABLET

00125083 DILAUDID KNO \$ 0.1538

00885436 PMS-HYDROMORPHONE PMS 0.1538

* 4MG TABLET

00125121 DILAUDID KNO \$ 0.2431

00885401 PMS-HYDROMORPHONE PMS 0.2431

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

* 8MG TABLET

00885428	PMS-HYDROMORPHONE	PMS	\$	0.4510
00786543	DILAUDID	KNO		0.4854

3MG CONTROLLED-RELEASE CAPSULE

02125323	HYDROMORPH CONTIN	PFR	\$	0.6510
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6MG CONTROLLED RELEASE CAPSULE

02125331	HYDROMORPH CONTIN	PFR	\$	0.9765
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12MG CONTROLLED-RELEASE CAPSULE

02125366	HYDROMORPH CONTIN	PFR	\$	1.6926
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24MG CONTROLLED-RELEASE CAPSULE

02125382	HYDROMORPH CONTIN	PFR	\$	3.1248
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30MG CONTROLLED-RELEASE CAPSULE

02125390	HYDROMORPH CONTIN	PFR	\$	3.7433
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* 1MG/ML ORAL LIQUID

00786535	DILAUDID	KNO	\$	0.0859
01916386	PMS-HYDROMORPHONE	PMS		0.0860

* 2MG/ML INJECTION SOLUTION (1ML)

00627100	DILAUDID	KNO	\$	1.2400
02145901	HYDROMORPHONE HCL	SAB		1.2500

* 10MG/ML INJECTION SOLUTION (1ML)

00622133	DILAUDID-HP	KNO	\$	3.0300
02145928	HYDROMORPHONE HP 10	SAB		3.0400

* 20MG/ML INJECTION SOLUTION (1ML)

02145936	HYDROMORPHONE HP 20	SAB	\$	4.8200
02146118	DILAUDID HP-PLUS	KNO		4.8200

* 50MG/ML INJECTION SOLUTION (1ML)

02145863	DILAUDID-XP	KNO	\$	10.8000
02146126	HYDROMORPHONE HP 50	SAB		10.8000

250MG STERILE POWDER

02085895	DILAUDID	KNO	\$	76.1100
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3MG SUPPOSITORY

00125105	DILAUDID	KNO	\$	2.3979
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MEPERIDINE HCL

50MG TABLET

02138018	DEMEROL	SAW	\$	0.1285
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* 50MG/ML INJECTION SOLUTION (1ML)

00725765	MEPERIDINE HYDROCHLORIDE	SAB	\$	0.6900
00497452	PETHIDINE	ABB		0.8300
02242003	DEMEROL	ABB		0.8300

* 100MG/ML INJECTION SOLUTION (1ML)

00725749	MEPERIDINE HYDROCHLORIDE	SAB	\$	0.7300
00497479	PETHIDINE	ABB		0.8700
02242005	DEMEROL	ABB		0.8700

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

MORPHINE

ORAL FORMS CONTAIN MORPHINE HYDROCHLORIDE OR SULFATE,
INJECTABLE FORMS CONTAIN MORPHINE SULFATE.

* 5MG TABLET

00594652	STATEX	PMS	\$	0.1194
02009773	MOS-SULFATE	ICN		0.1194
02014203	MSIR	PFR		0.1194

* 10MG TABLET

00594644	STATEX	PMS	\$	0.1845
00690198	M.O.S.	ICN		0.1845
02009765	MOS-SULFATE	ICN		0.1845
02014211	MSIR	PFR		0.1856

* 20MG TABLET

02014238	MSIR	PFR	\$	0.3275
00690201	M.O.S.	ICN		0.3519

* 25MG TABLET

00594636	STATEX	PMS	\$	0.2442
02009749	MOS-SULFATE	ICN		0.2442

30MG TABLET

02014254	MSIR	PFR	\$	0.4206
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40MG TABLET

00690228	M.O.S.	ICN	\$	0.4573
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* 50MG TABLET

00675962	STATEX	PMS	\$	0.3744
02009706	MOS-SULFATE	ICN		0.3744

60MG TABLET

00690244	M.O.S.	ICN	\$	0.6349
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10MG EXTENDED-RELEASE CAPSULE

02019930	M-ESLON	AVT	\$	0.3147
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15MG EXTENDED-RELEASE CAPSULE

02177749	M-ESLON	AVT	\$	0.3852
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15MG SUSTAINED RELEASE TABLET

02015439	MS CONTIN	PFR	\$	0.6460
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20MG SUSTAINED-RELEASE CAPSULE

02184435	KADIAN	KNO	\$	0.8173
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30MG EXTENDED-RELEASE CAPSULE

02019949	M-ESLON	AVT	\$	0.6478
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☒ 30MG SUSTAINED RELEASE TABLET

00776181	M.O.S.-S.R.	ICN	\$	0.5953
01988727	ORAMORPH SR	BOE		0.7437
02014297	MS CONTIN	PFR		0.9755

50MG SUSTAINED-RELEASE CAPSULE

02184443	KADIAN	KNO	\$	1.4940
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60MG EXTENDED-RELEASE CAPSULE

02019957	M-ESLON	AVT	\$	1.1593
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

☒ 60MG SUSTAINED RELEASE TABLET				
00776203 M.O.S.-S.R.	ICN	\$		1.0447
01988735 ORAMORPH SR	BOE			1.3056
02014300 MS CONTIN	PFR			1.7195
100MG SUSTAINED-RELEASE CAPSULE				
02184451 KADIAN	KNO	\$		2.6218
100MG EXTENDED-RELEASE CAPSULE				
02019965 M-ESLON	AVT	\$		2.0724
☒ 100MG SUSTAINED RELEASE TABLET				
01988743 ORAMORPH SR	BOE	\$		2.1806
02014319 MS CONTIN	PFR			2.6218
200MG EXTENDED-RELEASE CAPSULE				
02177757 M-ESLON	AVT	\$		4.1447
200MG SUSTAINED RELEASE TABLET				
02014327 MS CONTIN	PFR	\$		4.8739
* 1MG/ML ORAL SOLUTION				
00486582 M.O.S.	ICN	\$		0.0217
00591467 STATEX	PMS			0.0217
00607762 MORPHITEC-1	TCH			0.0217
* 5MG/ML ORAL SOLUTION				
00591475 STATEX	PMS	\$		0.0873
00607770 MORPHITEC-5	TCH			0.0873
00514217 M.O.S.	ICN			0.0914
* 10MG/ML ORAL SOLUTION				
00632503 M.O.S.	ICN	\$		0.1995
00690783 MORPHITEC-10	TCH			0.1995
* 20MG/ML ORAL SOLUTION				
00621935 STATEX	PMS	\$		0.5404
00690791 MORPHITEC-20	TCH			0.5404
00632481 M.O.S.	ICN			0.5686
* 10MG/ML INJECTION SOLUTION (1ML)				
00392588 MORPHINE SO4	SAB	\$		0.5600
00850322 MORPHINE SO4	ABB			0.6600
* 15MG/ML INJECTION SOLUTION (1ML)				
00392561 MORPHINE SO4	SAB	\$		0.5600
00850330 MORPHINE SO4	ABB			0.6700
50MG/ML INJECTION SOLUTION (1ML)				
00617288 MORPHINE HP 50	SAB	\$		3.3700
50MG/ML INJECTION SOLUTION (50ML SYRINGE)				
02137267 MORPHINE SULPHATE	KNO	\$		96.5700
5MG SUPPOSITORY				
00632228 STATEX	PMS	\$		1.4485
* 10MG SUPPOSITORY				
00632201 STATEX	PMS	\$		1.6080
00624268 M.O.S.	ICN			1.8988
02014246 MSIR	PFR			1.9422

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

* 20MG SUPPOSITORY

00596965	STATEX	PMS	\$	1.9020
00624276	M.O.S.	ICN		2.2605
02014262	MSIR	PFR		2.3274

* 30MG SUPPOSITORY

00639389	STATEX	PMS	\$	2.1125
00636681	M.O.S.	ICN		2.4865
02014173	MSIR	PFR		2.5796

30MG SUSTAINED RELEASE SUPPOSITORY

02146827	MS CONTIN	PFR	\$	2.5823
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60MG SUSTAINED RELEASE SUPPOSITORY

02145944	MS CONTIN	PFR	\$	3.2659
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100MG SUSTAINED RELEASE SUPPOSITORY

02145952	MS CONTIN	PFR	\$	4.1773
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200MG SUSTAINED RELEASE SUPPOSITORY

02145960	MS CONTIN	PFR	\$	6.4558
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OXYCODONE HCL

5MG IMMEDIATE RELEASE TABLET

02231934	OXY-IR	PFR	\$	0.2561
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10MG IMMEDIATE RELEASE TABLET

02240131	OXY-IR	PFR	\$	0.3776
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20MG IMMEDIATE RELEASE TABLET

02240132	OXY-IR	PFR	\$	0.6554
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10MG CONTROLLED RELEASE TABLET

02202441	OXYCONTIN	PFR	\$	0.8680
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20MG CONTROLLED RELEASE TABLET

02202468	OXYCONTIN	PFR	\$	1.3020
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40MG CONTROLLED RELEASE TABLET

02202476	OXYCONTIN	PFR	\$	2.2568
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80MG CONTROLLED RELEASE TABLET

02202484	OXYCONTIN	PFR	\$	4.1664
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OXYMORPHONE HCL

5MG SUPPOSITORY

01916513	NUMORPHAN	DUP	\$	4.3480
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PROPOXYPHENE

SEVERE TOXIC INTERACTION BETWEEN PROPOXYPHENE AND CENTRAL NERVOUS SYSTEM DEPRESSANTS, PARTICULARLY ALCOHOL AND DIAZEPAM, HAS BEEN NOTED. IT IS RECOMMENDED THAT ALL PRODUCTS WHICH CONTAIN PROPOXYPHENE SHOULD BE USED ONLY WITH EXTREME CAUTION AND WITH FULL PATIENT AWARENESS OF THE SERIOUS POTENTIAL FOR INTERACTION.

PROPOXYPHENE NAPSYLATE 100MG IS EQUIVALENT IN ANALGESIC ACTIVITY TO PROPOXYPHENE HCL 65MG.

CAPSULE

00261432	DARVON-N	LIL	\$	0.2332
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65MG TABLET

00010081	642	LIH	\$	0.1155
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.12 OPIATE PARTIAL AGONISTS

PENTAZOCINE*50MG TABLET*

02137984 TALWIN

SAW \$ 0.3708

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

FLOCTAFENINE*200MG TABLET*

02017628 IDARAC

SAW \$ 0.3939

400MG TABLET

02017636 IDARAC

SAW \$ 0.6859

28:12.04 ANTICONVULSANTS (BARBITURATES)

PHENOBARBITAL*15MG TABLET*

00178799 PHENOBARBITAL

SDR \$ 0.0063

30MG TABLET

00178802 PHENOBARBITAL

SDR \$ 0.0066

60MG TABLET

00178810 PHENOBARBITAL

SDR \$ 0.0148

100MG TABLET

00178829 PHENOBARBITAL

SDR \$ 0.0199

5MG/ML ELIXIR

00645575 PHENOBARBITAL

SDR \$ 0.0139

PRIMIDONE** 125MG TABLET*

00399310 APO-PRIMIDONE

APX \$ 0.0516

02042363 MYSOLINE

DPY 0.0632

** 250MG TABLET*

00396761 APO-PRIMIDONE

APX \$ 0.0814

02042355 MYSOLINE

DPY 0.1222

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

CLONAZEPAM

* 0.5MG TABLET

02130998	DOM-CLONAZEPAM	DOM	\$	0.0325 *
02224100	DOM-CLONAZEPAM-R	DOM		0.0325 *
02103656	ALTI-CLONAZEPAM	ALT		0.1266
02173344	NU-CLONAZEPAM	NXP		0.1266
02177889	APO-CLONAZEPAM	APX		0.1266
02207818	PMS-CLONAZEPAM-R	PMS		0.1266
02230366	CLONAPAM	ICN		0.1266
02230950	GEN-CLONAZEPAM	GPM		0.1266
02233960	RHOXAL-CLONAZEPAM	RHO		0.1266
02237277	MED-CLONAZEPAM	MED		0.1266
02239024	NOVO-CLONAZEPAM	NOP		0.1266
00382825	RIVOTRIL	HLR		0.2008

* 1MG TABLET

02048728	PMS-CLONAZEPAM	PMS	\$	0.2019
02230368	CLONAPAM	ICN		0.2019
02233982	RHOXAL-CLONAZEPAM	RHO		0.2019

* 2MG TABLET

02131013	DOM-CLONAZEPAM	DOM	\$	0.0556 *
02048736	PMS-CLONAZEPAM	PMS		0.2181
02103737	ALTI-CLONAZEPAM	ALT		0.2181
02173352	NU-CLONAZEPAM	NXP		0.2181
02177897	APO-CLONAZEPAM	APX		0.2181
02230369	CLONAPAM	ICN		0.2181
02230951	GEN-CLONAZEPAM	GPM		0.2181
02233985	RHOXAL-CLONAZEPAM	RHO		0.2181
02237278	MED-CLONAZEPAM	MED		0.2181
02239025	NOVO-CLONAZEPAM	NOP		0.2181
00382841	RIVOTRIL	HLR		0.3462

NITRAZEPAM

* 5MG TABLET

02229654	NITRAZADON	ICN	\$	0.0996
02234003	RHOXAL-NITRAZEPAM	RHO		0.0996
00511528	MOGADON	ICN		0.1476

* 10MG TABLET

02229655	NITRAZADON	ICN	\$	0.1490
02234007	RHOXAL-NITRAZEPAM	RHO		0.1490
00511536	MOGADON	ICN		0.2208

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.12 ANTICONVULSANTS (HYDANTOINS)

PHENYTOIN

30MG CAPSULE				
00022772 DILANTIN	PFI	\$		0.0540
100MG CAPSULE				
00022780 DILANTIN	PFI	\$		0.0674
50MG TABLET				
00023698 DILANTIN	PFI	\$		0.0740
6MG/ML ORAL SUSPENSION				
00023442 DILANTIN	PFI	\$		0.0408
25MG/ML ORAL SUSPENSION				
00023450 DILANTIN	PFI	\$		0.0482

28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

ETHOSUXIMIDE

250MG CAPSULE				
00022799 ZARONTIN	PFI	\$		0.3051
50MG/ML ORAL SYRUP				
00023485 ZARONTIN	PFI	\$		0.0610

METHSUXIMIDE

300MG CAPSULE				
00022802 CELONTIN	PFI	\$		0.3375

28:12.92 MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE

SEE APPENDIX A FOR EDS CRITERIA

100MG CHEWABLE TABLET				
00369810 TEGRETOL	NVR	\$		0.1327
* 200MG TABLET				
02042568 NU-CARBAMAZEPINE	NXP	\$		0.0674 *
00402699 APO-CARBAMAZEPINE	APX			0.0863
00782718 NOVO-CARBAMAZ	NOP			0.0863
00010405 TEGRETOL	NVR			0.3164
* 200MG CONTROLLED RELEASE TABLET				
02231543 PMS-CARBAMAZEPINE CR(EDS)	PMS	\$		0.2048
02237907 TARO-CARBAMAZEPINE (EDS)	TAR			0.2048
02241882 GEN-CARBAMAZEPINE CR(EDS)	GPM			0.2048
02242908 APO-CARBAMAZEPINE CR(EDS)	APX			0.2048
02238222 DOM-CARBAMAZEPINE CR(EDS)	DOM			0.2560
00773611 TEGRETOL CR (EDS)	NVR			0.3251
* 400MG CONTROLLED RELEASE TABLET				
02241883 GEN-CARBAMAZEPINE CR(EDS)	GPM	\$		0.4095
02242909 APO-CARBAMAZEPINE CR(EDS)	APX			0.4095
02231544 PMS-CARBAMAZEPINE CR(EDS)	PMS			0.4096
02237908 TARO-CARBAMAZEPINE (EDS)	TAR			0.4096
02238223 DOM-CARBAMAZEPINE CR(EDS)	DOM			0.5121
00755583 TEGRETOL CR (EDS)	NVR			0.6502
20MG/ML ORAL SUSPENSION				
02194333 TEGRETOL	NVR	\$		0.0628

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

CLOBAZAM

* 10MG TABLET

02238334	NOVO-CLOBAZAM	NOP	\$	0.2598
02238797	ALTI-CLOBAZAM	ALT		0.2598
02221799	FRISIUM	AVT		0.3708

DIVALPROEX SODIUM

* 125MG ENTERIC COATED TABLET

02239517	NU-DIVALPROEX	NXP	\$	0.1660
02239698	APO-DIVALPROEX	APX		0.1660
02239701	NOVO-DIVALPROEX	NOP		0.1660
00596418	EPIVAL	ABB		0.2372

* 250MG ENTERIC COATED TABLET

02239518	NU-DIVALPROEX	NXP	\$	0.2984
02239699	APO-DIVALPROEX	APX		0.2984
02239702	NOVO-DIVALPROEX	NOP		0.2984
00596426	EPIVAL	ABB		0.4262

* 500MG ENTERIC COATED TABLET

02239519	NU-DIVALPROEX	NXP	\$	0.5971
02239700	APO-DIVALPROEX	APX		0.5971
02239703	NOVO-DIVALPROEX	NOP		0.5971
00596434	EPIVAL	ABB		0.8530

GABAPENTIN

* 100MG CAPSULE

02243446	PMS-GABAPENTIN	PMS	\$	0.3038
02084260	NEURONTIN	PFI		0.4340

* 300MG CAPSULE

02243447	PMS-GABAPENTIN	PMS	\$	0.7390
02084279	NEURONTIN	PFI		1.0557

* 400MG CAPSULE

02243448	PMS-GABAPENTIN	PMS	\$	0.8807
02084287	NEURONTIN	PFI		1.2581

LAMOTRIGINE

5MG CHEWABLE TABLET

02240115	LAMICTAL	GSK	\$	0.1551
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25MG TABLET

02142082	LAMICTAL	GSK	\$	0.3597
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100MG TABLET

02142104	LAMICTAL	GSK	\$	1.4388
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150MG TABLET

02142112	LAMICTAL	GSK	\$	2.1581
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

TOPIRAMATE

25MG TABLET

02230893 TOPAMAX JAN \$ 1.1393

100MG TABLET

02230894 TOPAMAX JAN \$ 2.1592

200MG TABLET

02230896 TOPAMAX JAN \$ 3.4178

15MG SPRINKLE CAPSULE

02239907 TOPAMAX JAN \$ 1.0850

25MG SPRINKLE CAPSULE

02239908 TOPAMAX JAN \$ 1.1393

VALPROATE SODIUM

* *50MG/ML ORAL SYRUP*

02238817 DOM-VALPROIC ACID DOM \$ 0.0595

02140063 ALTI-VALPROIC ALT 0.0626

02236807 PMS-VALPROIC ACID PMS 0.0626

02238042 DEPROIC TCH 0.0626

02238370 APO-VALPROIC APX 0.0628

00443832 DEPAKENE ABB 0.0995

VALPROIC ACID

* *250MG CAPSULE*

02231030 DOM-VALPROIC ACID DOM \$ 0.1079 *

02100630 NOVO-VALPROIC NOP 0.2804

02140047 ALTI-VALPROIC ALT 0.2804

02184648 GEN-VALPROIC GPM 0.2804

02217414 DEPROIC TCH 0.2804

02230663 MED-VALPROIC MED 0.2804

02230768 PMS-VALPROIC PMS 0.2804

02237830 NU-VALPROIC NXP 0.2804

02238048 APO-VALPROIC APX 0.2804

02238448 FTP-VALPROIC ACID FTP 0.2804

02239714 RHOXAL-VALPROIC RHO 0.2804

00443840 DEPAKENE ABB 0.4475

* *500MG ENTERIC COATED CAPSULE*

02140055 ALTI-VALPROIC ALT \$ 0.5639

02218321 NOVO-VALPROIC NOP 0.5639

02229628 PMS-VALPROIC ACID E.C. PMS 0.5639

02231489 DEPROIC TCH 0.5639

02239713 RHOXAL-VALPROIC RHO 0.5639

00507989 DEPAKENE ABB 0.8951

VIGABATRIN

500MG TABLET

02065819 SABRIL AVT \$ 0.9624

500MG SACHET

02068036 SABRIL AVT \$ 0.9624

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

PHENELZINE AND TRANLYCYPROMINE
MONOAMINE OXIDASE INHIBITORS INTERACT WITH SYMPATHOMIMETIC
DRUGS, FOODS AND ALCOHOLIC BEVERAGES CONTAINING TYRAMINE OR
OTHER PRESSOR AMINES (EG. CHEESE, HERRING, CHICKEN LIVERS,
BROAD BEANS, CHIANTI WINE, ETC.) AND MAY EVOKE HYPERTENSION.
THESE DRUGS ARE CONTRAINDICATED IN PATIENTS WITH
CEREBROVASCULAR AND CARDIOVASCULAR DISEASE. THE MANUFACTURER'S
LITERATURE REGARDING PRECAUTIONS AND CONTRAINDICATIONS
SHOULD BE CONSULTED PRIOR TO PRESCRIBING THESE DRUGS

AMITRIPTYLINE

** 10MG TABLET*

00335053	APO-AMITRIPTYLINE	APX	\$	0.0196
00016322	ELAVIL	MSD		0.0787

** 25MG TABLET*

00335061	APO-AMITRIPTYLINE	APX	\$	0.0326
00016330	ELAVIL	MSD		0.1500

** 50MG TABLET*

00335088	APO-AMITRIPTYLINE	APX	\$	0.0586
00016349	ELAVIL	MSD		0.2785

AMOXAPINE

50MG TABLET

02169894	ASENDIN	WYA	\$	0.3505
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100MG TABLET

02169908	ASENDIN	WYA	\$	0.6865
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BUPROPION HCL

SEE APPENDIX A FOR EDS CRITERIA

100MG TABLET

02237824	WELLBUTRIN SR (EDS)	GSK	\$	0.5788
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150MG TABLET

02237825	WELLBUTRIN SR (EDS)	GSK	\$	0.8680
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CITALOPRAM HYDROBROMIDE

20MG TABLET

02239607	CELEXA	LUD	\$	1.3563
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40MG TABLET

02239608	CELEXA	LUD	\$	1.3563
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CLOMIPRAMINE HCL

** 10MG TABLET*

02040786	APO-CLOMIPRAMINE	APX	\$	0.1765
02139340	GEN-CLOMIPRAMINE	GPM		0.1765
02188996	MED-CLOMIPRAMINE	MED		0.1765
02230256	NOVO-CLOPAMINE	NOP		0.1765
00330566	ANAFRANIL	NVR		0.2801

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 25MG TABLET

02040778	APO-CLOMIPRAMINE	APX	\$	0.2404
02130165	NOVO-CLOPAMINE	NOP		0.2404
02139359	GEN-CLOMIPRAMINE	GPM		0.2404
02189003	MED-CLOMIPRAMINE	MED		0.2404
00324019	ANAFRANIL	NVR		0.3815

* 50MG TABLET

02040751	APO-CLOMIPRAMINE	APX	\$	0.4425
02130173	NOVO-CLOPAMINE	NOP		0.4425
02139367	GEN-CLOMIPRAMINE	GPM		0.4425
02189011	MED-CLOMIPRAMINE	MED		0.4425
00402591	ANAFRANIL	NVR		0.7025

DESIPRAMINE HCL

* 10MG TABLET

01946250	PMS-DESIPRAMINE	PMS	\$	0.2067
01948776	ALTI-DESIPRAMINE	ALT		0.2067
02211939	NU-DESIPRAMINE	NXP		0.2067
02216248	APO-DESIPRAMINE	APX		0.2067
02223341	NOVO-DESIPRAMINE	NOP		0.2067
02130084	DOM-DESIPRAMINE	DOM		0.2395
02103583	NORPRAMIN	AVT		0.3067

* 25MG TABLET

02130092	DOM-DESIPRAMINE	DOM	\$	0.0859 *
01946269	PMS-DESIPRAMINE	PMS		0.2761
01948784	ALTI-DESIPRAMINE	ALT		0.2761
02211947	NU-DESIPRAMINE	NXP		0.2761
02216256	APO-DESIPRAMINE	APX		0.2761
02223325	NOVO-DESIPRAMINE	NOP		0.2761
02099128	NORPRAMIN	AVT		0.3752

* 50MG TABLET

02130106	DOM-DESIPRAMINE	DOM	\$	0.1349 *
01946277	PMS-DESIPRAMINE	PMS		0.4460
01948792	ALTI-DESIPRAMINE	ALT		0.4460
02211955	NU-DESIPRAMINE	NXP		0.4460
02216264	APO-DESIPRAMINE	APX		0.4460
02223333	NOVO-DESIPRAMINE	NOP		0.4460
02099136	NORPRAMIN	AVT		0.6615

* 75MG TABLET

01946242	PMS-DESIPRAMINE	PMS	\$	0.6873
01948806	ALTI-DESIPRAMINE	ALT		0.6873
02211963	NU-DESIPRAMINE	NXP		0.6873
02216272	APO-DESIPRAMINE	APX		0.6873
02223368	NOVO-DESIPRAMINE	NOP		0.6873

* 100MG TABLET

02211971	NU-DESIPRAMINE	NXP	\$	0.9342
02216280	APO-DESIPRAMINE	APX		0.9342

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

DOXEPIN HCL

* 10MG CAPSULE

02049996	APO-DOXEPIN	APX	\$	0.1286
02140071	ALTI-DOXEPIN	ALT		0.1286
00024325	SINEQUAN	PFI		0.2588

* 25MG CAPSULE

01913425	NOVO-DOXEPIN	NOP	\$	0.1552
02050005	APO-DOXEPIN	APX		0.1552
02140098	ALTI-DOXEPIN	ALT		0.1552
00024333	SINEQUAN	PFI		0.3174

* 50MG CAPSULE

01913433	NOVO-DOXEPIN	NOP	\$	0.2418
02050013	APO-DOXEPIN	APX		0.2418
02140101	ALTI-DOXEPIN	ALT		0.2418
00024341	SINEQUAN	PFI		0.5889

* 75MG CAPSULE

01913441	NOVO-DOXEPIN	NOP	\$	0.5180
02050021	APO-DOXEPIN	APX		0.5180
02140128	ALTI-DOXEPIN	ALT		0.5180
00400750	SINEQUAN	PFI		0.8454

* 100MG CAPSULE

01913468	NOVO-DOXEPIN	NOP	\$	0.6803
02050048	APO-DOXEPIN	APX		0.6803
00326925	SINEQUAN	PFI		1.1137

* 150MG CAPSULE

01913476	NOVO-DOXEPIN	NOP	\$	1.0280
02050056	APO-DOXEPIN	APX		1.0280

FLUOXETINE

* 10MG CAPSULE

02177617	DOM-FLUOXETINE	DOM	\$	0.4097 *
02177579	PMS-FLUOXETINE	PMS		1.2774
02192756	NU-FLUOXETINE	NXP		1.2774
02216353	APO-FLUOXETINE	APX		1.2774
02216582	NOVO-FLUOXETINE	NOP		1.2774
02237813	GEN-FLUOXETINE	GPM		1.2774
02239751	MED FLUOXETINE	MED		1.2774
02241371	ALTI-FLUOXETINE	ALT		1.2774
02243486	RHOXAL-FLUOXETINE	RHO		1.2774
02018985	PROZAC	LIL		1.7035

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 20MG CAPSULE

02177625	DOM-FLUOXETINE	DOM	\$	0.2412 *
02177587	PMS-FLUOXETINE	PMS		1.0972
02192764	NU-FLUOXETINE	NXP		1.0972
02216361	APO-FLUOXETINE	APX		1.0972
02216590	NOVO-FLUOXETINE	NOP		1.0972
02237814	GEN-FLUOXETINE	GPM		1.0972
02239752	MED FLUOXETINE	MED		1.0972
02241374	ALTI-FLUOXETINE	ALT		1.0972
02243487	RHOXAL-FLUOXETINE	RHO		1.0972
00636622	PROZAC	LIL		1.7415

* 4MG/ML ORAL SOLUTION

02177595	PMS-FLUOXETINE	PMS	\$	0.5019
02231328	APO-FLUOXETINE	APX		0.5019
01917021	PROZAC	LIL		0.6692

FLUVOXAMINE MALEATE

* 50MG TABLET

02231192	NU-FLUVOXAMINE	NXP	\$	0.3096 *
02218453	ALTI-FLUVOXAMINE	ALT		0.5373
02231329	APO-FLUVOXAMINE	APX		0.5373
02239953	NOVO-FLUVOXAMINE	NOP		0.5373
02240682	PMS-FLUVOXAMINE	PMS		0.5373
02240849	GEN-FLUVOXAMINE	GPM		0.5373
02241347	DOM-FLUVOXAMINE	DOM		0.5641
01919342	LUVOX	SLV		0.8529

* 100MG TABLET

02231193	NU-FLUVOXAMINE	NXP	\$	0.5565 *
02218461	ALTI-FLUVOXAMINE	ALT		0.9659
02231330	APO-FLUVOXAMINE	APX		0.9659
02239954	NOVO-FLUVOXAMINE	NOP		0.9659
02240683	PMS-FLUVOXAMINE	PMS		0.9659
02240850	GEN-FLUVOXAMINE	GPM		0.9659
02241348	DOM-FLUVOXAMINE	DOM		1.0142
01919369	LUVOX	SLV		1.5331

IMIPRAMINE

10MG TABLET

00360201	APO-IMIPRAMINE	APX	\$	0.0358
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* 25MG TABLET

00312797	APO-IMIPRAMINE	APX	\$	0.0613
00010472	TOFRANIL	NVR		0.2485

* 50MG TABLET

00326852	APO-IMIPRAMINE	APX	\$	0.0879
00010480	TOFRANIL	NVR		0.4619

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

MAPROTILINE

* 10MG TABLET

02158604	NOVO-MAPROTILINE	NOP	\$	0.1644
00641855	LUDIOMIL	NVR		0.2255

* 25MG TABLET

02158612	NOVO-MAPROTILINE	NOP	\$	0.2241
00360481	LUDIOMIL	NVR		0.2992

* 50MG TABLET

02158620	NOVO-MAPROTILINE	NOP	\$	0.4243
00360503	LUDIOMIL	NVR		0.5659

75MG TABLET

02158639	NOVO-MAPROTILINE	NOP	\$	0.5794
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MOCLOBEMIDE

* 100MG TABLET

02232148	APO-MOCLOBEMIDE	APX	\$	0.2735
02237111	NU-MOCLOBEMIDE	NXP		0.2735
02239746	NOVO-MOCLOBEMIDE	NOP		0.2735

* 150MG TABLET

02237112	NU-MOCLOBEMIDE	NXP	\$	0.2905 *
02218410	ALTI-MOCLOBEMIDE	ALT		0.3965
02232150	APO-MOCLOBEMIDE	APX		0.3965
02239747	NOVO-MOCLOBEMIDE	NOP		0.3965
02243218	PMS-MOCLOBEMIDE	PMS		0.3965
02243348	DOM-MOCLOBEMIDE	DOM		0.4164
00899356	MANERIX	HLR		0.6444

* 300MG TABLET

02218429	ALTI-MOCLOBEMIDE	ALT	\$	0.8651
02239748	NOVO-MOCLOBEMIDE	NOP		0.8651
02240456	APO-MOCLOBEMIDE	APX		0.8651
02243219	PMS-MOCLOBEMIDE	PMS		0.8651
02243349	DOM-MOCLOBEMIDE	DOM		0.9084
02166747	MANERIX	HLR		1.2655

NEFAZODONE

* 50MG TABLET

02242822	APO-NEFAZODONE	APX	\$	0.5571
02237397	LIN-NEFAZODONE	LIN		0.5571

* 100MG TABLET

02237398	LIN-NEFAZODONE	LIN	\$	0.6076
02242823	APO-NEFAZODONE	APX		0.6076
02087375	SERZONE	BMV		0.8680

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

* 150MG TABLET

02237399	LIN-NEFAZODONE	LIN	\$	0.6076
02242824	APO-NEFAZODONE	APX		0.6076
02087383	SERZONE	BMY		0.8680

* 200MG TABLET

02242825	APO-NEFAZODONE	APX	\$	0.7090
02237400	LIN-NEFAZODONE	LIN		0.7090
02087391	SERZONE	BMY		1.0128

NORTRIPTYLINE

* 10MG CAPSULE

02223139	NU-NORTRIPTYLINE	NXP	\$	0.1069 *
02177692	PMS-NORTRIPTYLINE	PMS		0.1368
02223511	APO-NORTRIPTYLINE	APX		0.1368
02230361	NORVENTYL	ICN		0.1368
02231686	GEN-NORTRIPTYLINE	GPM		0.1368
02231781	NOVO-NORTRIPTYLINE	NOP		0.1368
02240789	ALTI-NORTRIPTYLINE	ALT		0.1368
02178729	DOM-NORTRIPTYLINE	DOM		0.1709
00015229	AVENTYL	LIL		0.2170

* 25MG CAPSULE

02223147	NU-NORTRIPTYLINE	NXP	\$	0.2160 *
02231782	NOVO-NORTRIPTYLINE	NOP		0.2763
02177706	PMS-NORTRIPTYLINE	PMS		0.2764
02223538	APO-NORTRIPTYLINE	APX		0.2764
02230362	NORVENTYL	ICN		0.2764
02231687	GEN-NORTRIPTYLINE	GPM		0.2764
02240790	ALTI-NORTRIPTYLINE	ALT		0.2764
02178737	DOM-NORTRIPTYLINE	DOM		0.3455
00015237	AVENTYL	LIL		0.4387

PAROXETINE HCL

20MG TABLET

01940481	PAXIL	GSK	\$	1.7771
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30MG TABLET

01940473	PAXIL	GSK	\$	1.8884
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PHENELZINE SO4

SEE NOTE REGARDING MONOAMINE OXIDASE INHIBITORS
UNDER SECTION 28:16.04

15MG TABLET

00476552	NARDIL	PFI	\$	0.3633
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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

SERTRALINE HYDROCHLORIDE

* 25MG CAPSULE

02238280	APO-SERTRALINE	APX	\$	0.5469
02240485	NOVO-SERTRALINE	NOP		0.5469
02242519	GEN-SERTRALINE	GPM		0.5469
02132702	ZOLOFT	PFI		0.8698

* 50MG CAPSULE

02238281	APO-SERTRALINE	APX	\$	1.0937
02240484	NOVO-SERTRALINE	NOP		1.0937
02242520	GEN-SERTRALINE	GPM		1.0937
01962817	ZOLOFT	PFI		1.7395

* 100MG CAPSULE

02238282	APO-SERTRALINE	APX	\$	1.1963
02240481	NOVO-SERTRALINE	NOP		1.1963
02242521	GEN-SERTRALINE	GPM		1.1963
01962779	ZOLOFT	PFI		1.8228

TRANLYCYPROMINE SO4

SEE NOTE REGARDING MONOAMINE OXIDASE INHIBITORS

UNDER SECTION 28:16.04

10MG TABLET

01919598	PARNATE	GSK	\$	0.3734
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TRAZODONE

* 50MG TABLET

02165384	NU-TRAZODONE	NXP	\$	0.1103 *
00579351	DESYREL	BRI		0.2403
01937227	PMS-TRAZODONE	PMS		0.2403
02053187	ALTI-TRAZODONE	ALT		0.2403
02144263	NOVO-TRAZODONE	NOP		0.2403
02147637	APO-TRAZODONE	APX		0.2403
02230284	TRAZOREL	ICN		0.2403
02231683	GEN-TRAZODONE	GPM		0.2403
02128950	DOM-TRAZODONE	DOM		0.2792

* 100MG TABLET

02165392	NU-TRAZODONE	NXP	\$	0.1929 *
00579378	DESYREL	BRI		0.4293
01937235	PMS-TRAZODONE	PMS		0.4293
02053195	ALTI-TRAZODONE	ALT		0.4293
02144271	NOVO-TRAZODONE	NOP		0.4293
02147645	APO-TRAZODONE	APX		0.4293
02230285	TRAZOREL	ICN		0.4293
02231684	GEN-TRAZODONE	GPM		0.4293
02128969	DOM-TRAZODONE	DOM		0.5093

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

TRIMIPRAMINE

* 75MG CAPSULE

02070987	APO-TRIMIP	APX	\$	0.5639
01926349	SURMONTIL	AVT		0.8354

* 12.5MG TABLET

00740799	APO-TRIMIP	APX	\$	0.0890
00761605	RHOTRIMINE	ROP		0.0890
02020599	NU-TRIMIPRAMINE	NXP		0.0890
01926357	SURMONTIL	AVT		0.2462

* 25MG TABLET

00740802	APO-TRIMIP	APX	\$	0.1129
00761613	RHOTRIMINE	ROP		0.1129
01940430	NOVO-TRIPRAMINE	NOP		0.1129
02020602	NU-TRIMIPRAMINE	NXP		0.1129
01926322	SURMONTIL	AVT		0.3171

* 50MG TABLET

00740810	APO-TRIMIP	APX	\$	0.2169
00761621	RHOTRIMINE	ROP		0.2169
01940449	NOVO-TRIPRAMINE	NOP		0.2169
02020610	NU-TRIMIPRAMINE	NXP		0.2169
01926330	SURMONTIL	AVT		0.6207

* 100MG TABLET

00740829	APO-TRIMIP	APX	\$	0.3709
00761648	RHOTRIMINE	ROP		0.3709
01940457	NOVO-TRIPRAMINE	NOP		0.3709
02020629	NU-TRIMIPRAMINE	NXP		0.3709
01926284	SURMONTIL	AVT		1.0591

VENLAFAXINE HCL

37.5MG TABLET

02103680	EFFEXOR	WYA	\$	0.8463
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75MG TABLET

02103702	EFFEXOR	WYA	\$	1.6926
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37.5MG EXTENDED-RELEASE CAPSULE

02237279	EFFEXOR XR	WYA	\$	0.8463
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75MG EXTENDED-RELEASE CAPSULE

02237280	EFFEXOR XR	WYA	\$	1.6926
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150MG EXTENDED-RELEASE CAPSULE

02237282	EFFEXOR XR	WYA	\$	1.7903
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28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS
(ANTIPSYCHOTIC AGENTS)****CHLORPROMAZINE**

<i>10MG TABLET</i>				
00232157	NOVO-CHLORPROMAZINE	NOP	\$	0.0174
<i>25MG TABLET</i>				
00232823	NOVO-CHLORPROMAZINE	NOP	\$	0.0364
<i>50MG TABLET</i>				
00232807	NOVO-CHLORPROMAZINE	NOP	\$	0.0416
<i>100MG TABLET</i>				
00232831	NOVO-CHLORPROMAZINE	NOP	\$	0.0695
<i>5MG/ML ORAL SOLUTION</i>				
01929968	LARGACTIL	RHO	\$	0.0259
* <i>20MG/ML ORAL SOLUTION</i>				
00580988	CHLORPROMANYL	TCH	\$	0.0376
01929976	LARGACTIL	RHO		0.0376
* <i>40MG/ML ORAL SOLUTION</i>				
00690805	CHLORPROMANYL-40	TCH	\$	0.2932
01929992	LARGACTIL	RHO		0.2932
* <i>25MG/ML INJECTION SOLUTION (2ML)</i>				
00743518	CHLORPROMAZINE	SAB	\$	1.0600
01929984	LARGACTIL	RHO		1.0600

CLOZAPINE*SEE APPENDIX A FOR EDS CRITERIA*

<i>25MG TABLET</i>				
00894737	CLOZARIL (EDS)	NVR	\$	1.0221
<i>100MG TABLET</i>				
00894745	CLOZARIL (EDS)	NVR	\$	4.0780

FLUPENTHIXOL DECANOATE

<i>20MG/ML INJECTION SOLUTION (10ML)</i>				
02156032	FLUANXOL DEPOT	LUD	\$	73.1900
<i>100MG/ML INJECTION SOLUTION (2ML)</i>				
02156040	FLUANXOL DEPOT	LUD	\$	73.1900

FLUPENTHIXOL DIHYDROCHLORIDE

<i>0.5MG TABLET</i>				
02156008	FLUANXOL	LUD	\$	0.2528
<i>3MG TABLET</i>				
02156016	FLUANXOL	LUD	\$	0.5461

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS****(ANTIPSYCHOTIC AGENTS)****FLUPHENAZINE DECANOATE**** 25MG/ML INJECTION SOLUTION (5ML)*

00349917	MODECATE	SQU	\$	25.1300
02091275	PMS-FLUPHENAZINE DECAN.	PMS		25.1300
02211157	RHO-FLUPHENAZINE	ROP		25.1300

** 100MG/ML INJECTION SOLUTION (1ML)*

00755575	MODECATE CONCENTRATE	SQU	\$	32.3200
02211165	RHO-FLUPHENAZINE	ROP		32.3200
02241928	PMS-FLUPHENAZINE DECAN.	PMS		32.3200

FLUPHENAZINE ENANTHATE*25MG/ML INJECTION SOLUTION (5ML)*

00029173	MODITEN ENANTHATE	SQU	\$	47.2600
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FLUPHENAZINE HCL*1MG TABLET*

00405345	APO-FLUPHENAZINE	APX	\$	0.1823
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2MG TABLET

00410632	APO-FLUPHENAZINE	APX	\$	0.2214
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5MG TABLET

00405361	APO-FLUPHENAZINE	APX	\$	0.2735
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10MG TABLET

00582514	MODITEN	SQU	\$	0.9559
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HALOPERIDOL** 0.5MG TABLET*

00363685	NOVO-PERIDOL	NOP	\$	0.0391
00396796	APO-HALOPERIDOL	APX		0.0391
00552135	PERIDOL	TCH		0.0391

** 1MG TABLET*

00363677	NOVO-PERIDOL	NOP	\$	0.0667
00396818	APO-HALOPERIDOL	APX		0.0667
00552143	PERIDOL	TCH		0.0667

** 2MG TABLET*

00363669	NOVO-PERIDOL	NOP	\$	0.1140
00396826	APO-HALOPERIDOL	APX		0.1140

** 5MG TABLET*

00363650	NOVO-PERIDOL	NOP	\$	0.1614
00396834	APO-HALOPERIDOL	APX		0.1614
00647969	PERIDOL	TCH		0.1614

** 10MG TABLET*

00463698	APO-HALOPERIDOL	APX	\$	0.1443
00713449	NOVO-PERIDOL	NOP		0.1443

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS****(ANTIPSYCHOTIC AGENTS)***** 2MG/ML ORAL SOLUTION**

00552429	PERIDOL	TCH	\$	0.1165
00759503	PMS-HALOPERIDOL	PMS		0.1165
00587702	APO-HALOPERIDOL	APX		0.1274

5MG/ML INJECTION SOLUTION (1ML)

00808652	HALOPERIDOL	SAB	\$	3.4800
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HALOPERIDOL DECANOATE*** 50MG/ML INJECTION SOLUTION (5ML)**

02130297	HALOPERIDOL LA	SAB	\$	30.4200
02211130	RHO-HALOPERIDOL	ROP		30.4200
02242361	APO-HALOPERIDOL LA	APX		30.4200

*** 100MG/ML INJECTION SOLUTION (5ML)**

02130300	HALOPERIDOL LA	SAB	\$	60.1100
02211149	RHO-HALOPERIDOL	ROP		60.1100
02242362	APO-HALOPERIDOL LA	APX		60.1100

LOXAPINE SUCCINATE*** 5MG TABLET**

02230837	PMS-LOXAPINE	PMS	\$	0.1628
02237534	NU-LOXAPINE	NXP		0.1628
02237651	APO-LOXAPINE	APX		0.1628
02239918	DOM-LOXAPINE	DOM		0.1709
02170019	LOXAPAC	WYA		0.2326

*** 10MG TABLET**

02230838	PMS-LOXAPINE	PMS	\$	0.2711
02237535	NU-LOXAPINE	NXP		0.2711
02237652	APO-LOXAPINE	APX		0.2711
02239919	DOM-LOXAPINE	DOM		0.2846
02170027	LOXAPAC	WYA		0.3872

*** 25MG TABLET**

02230839	PMS-LOXAPINE	PMS	\$	0.4202
02237536	NU-LOXAPINE	NXP		0.4202
02237653	APO-LOXAPINE	APX		0.4202
02239920	DOM-LOXAPINE	DOM		0.4412
02170132	LOXAPAC	WYA		0.6002

*** 50MG TABLET**

02230840	PMS-LOXAPINE	PMS	\$	0.5601
02237537	NU-LOXAPINE	NXP		0.5601
02237654	APO-LOXAPINE	APX		0.5601
02239921	DOM-LOXAPINE	DOM		0.5881
02170035	LOXAPAC	WYA		0.8002

MESORIDAZINE**25MG TABLET**

00027456	SERENTIL	NVR	\$	0.3950
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28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS****(ANTIPSYCHOTIC AGENTS)****OLANZAPINE***SEE APPENDIX A FOR EDS CRITERIA**2.5MG TABLET*

02229250 ZYPREXA (EDS) LIL \$ 1.8310

5MG TABLET

02229269 ZYPREXA (EDS) LIL \$ 3.6619

7.5MG TABLET

02229277 ZYPREXA (EDS) LIL \$ 5.4929

10MG TABLET

02229285 ZYPREXA (EDS) LIL \$ 7.2500

5MG ORALLY DISINTEGRATING TABLET

02243086 ZYPREXA ZYDIS (EDS) LIL \$ 3.6619

10MG ORALLY DISINTEGRATING TABLET

02243087 ZYPREXA ZYDIS (EDS) LIL \$ 7.3238

PERICYAZINE*5MG CAPSULE*

01926780 NEULEPTIL AVT \$ 0.1817

10MG CAPSULE

01926772 NEULEPTIL AVT \$ 0.2796

20MG CAPSULE

01926764 NEULEPTIL AVT \$ 0.4413

10MG/ML ORAL DROPS

01926756 NEULEPTIL AVT \$ 0.3076

PERPHENAZINE*2MG TABLET*

00335134 APO-PERPHENAZINE APX \$ 0.0239

4MG TABLET

00335126 APO-PERPHENAZINE APX \$ 0.0348

8MG TABLET

00335118 APO-PERPHENAZINE APX \$ 0.0456

16MG TABLET

00335096 APO-PERPHENAZINE APX \$ 0.0565

3.2MG/ML SYRUP

00751898 PMS-PERPHENAZINE CONC. PMS \$ 0.1727

PIMOZIDE*2MG TABLET*

00313815 ORAP PMS \$ 0.3533

4MG TABLET

00313823 ORAP PMS \$ 0.6411

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS****(ANTIPSYCHOTIC AGENTS)****PIPOTIAZINE PALMITATE***25MG/ML INJECTION SOLUTION (1ML)*

01926667 PIPORTIL L4 AVT \$ 13.1800

50MG/ML INJECTION SOLUTION (2ML)

01926675 PIPORTIL L4 AVT \$ 42.4300

PROCHLORPERAZINE** 5MG TABLET*

00886440 APO-PROCHLORAZINE APX \$ 0.1145

01927752 STEMETIL RHO 0.1145

01964399 NU-PROCHLOR NXP 0.1145

** 10MG TABLET*

00886432 APO-PROCHLORAZINE APX \$ 0.1400

01927760 STEMETIL RHO 0.1400

01964402 NU-PROCHLOR NXP 0.1400

1MG/ML ORAL SOLUTION

01927787 STEMETIL RHO \$ 0.0552

** 5MG/ML INJECTION SOLUTION (2ML)*

00789747 PROCHLORPERAZINE MESYLATE SAB \$ 1.0800

01927779 STEMETIL RHO 1.0800

10MG SUPPOSITORY

01927795 STEMETIL RHO \$ 0.9006

QUETIAPINE*SEE APPENDIX A FOR EDS CRITERIA**25MG TABLET*

02236951 SEROQUEL (EDS) AST \$ 0.5208

100MG TABLET

02236952 SEROQUEL (EDS) AST \$ 1.3888

150MG TABLET

02240862 SEROQUEL (EDS) AST \$ 2.1483

200MG TABLET

02236953 SEROQUEL (EDS) AST \$ 2.7885

RISPERIDONE*0.25MG TABLET*

02240551 RISPERDAL JAN \$ 0.4503

0.5MG TABLET

02240552 RISPERDAL JAN \$ 0.7541

1MG TABLET

02025280 RISPERDAL JAN \$ 1.0416

2MG TABLET

02025299 RISPERDAL JAN \$ 2.0797

3MG TABLET

02025302 RISPERDAL JAN \$ 3.1194

4MG TABLET

02025310 RISPERDAL JAN \$ 4.1593

1MG/ML ORAL SOLUTION

02236950 RISPERDAL JAN \$ 1.1979

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS
(ANTIPSYCHOTIC AGENTS)****THIORIDAZINE**** 10MG TABLET*

00575119	PMS-THIORIDAZINE	PMS	\$	0.0179
00360228	APO-THIORIDAZINE	APX		0.0358

** 25MG TABLET*

00575127	PMS-THIORIDAZINE	PMS	\$	0.0353
00360198	APO-THIORIDAZINE	APX		0.0619

** 50MG TABLET*

00575135	PMS-THIORIDAZINE	PMS	\$	0.0635
00360236	APO-THIORIDAZINE	APX		0.1009

** 100MG TABLET*

00575143	PMS-THIORIDAZINE	PMS	\$	0.1213
00360244	APO-THIORIDAZINE	APX		0.1660

30MG/ML ORAL SOLUTION

00775320	PMS-THIORIDAZINE	PMS	\$	0.1133
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2MG/ML ORAL SUSPENSION

00027375	MELLARIL	NVR	\$	0.0374
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THIOTHIXENE*2MG CAPSULE*

00024430	NAVANE	PFI	\$	0.2005
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5MG CAPSULE

00024449	NAVANE	PFI	\$	0.3447
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10MG CAPSULE

00024457	NAVANE	PFI	\$	0.4438
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TRIFLUOPERAZINE*1MG TABLET*

00345539	APO-TRIFLUOPERAZINE	APX	\$	0.0358
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2MG TABLET

00312754	APO-TRIFLUOPERAZINE	APX	\$	0.0489
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5MG TABLET

00312746	APO-TRIFLUOPERAZINE	APX	\$	0.0749
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10MG TABLET

00326836	APO-TRIFLUOPERAZINE	APX	\$	0.1140
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10MG/ML ORAL SOLUTION

00751871	PMS-TRIFLUOPERAZINE	PMS	\$	0.2700
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ZUCLOPENTHIXOL ACETATE*SEE APPENDIX A FOR EDS CRITERIA**50MG/ML INJECTION (1ML)*

02230405	CLOPIXOL ACUPHASE (EDS)	LUD	\$	15.1900
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ZUCLOPENTHIXOL DECANOATE*SEE APPENDIX A FOR EDS CRITERIA**200MG/ML INJECTION (10ML)*

02230406	CLOPIXOL DEPOT (EDS)	LUD	\$	151.9000
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28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:16.08 PSYCHOTHERAPEUTIC AGENTS
(ANTIPSYCHOTIC AGENTS)**

ZUCLOPENTHIXOL DIHYDROCHLORIDE*SEE APPENDIX A FOR EDS CRITERIA**10MG TABLET*

02230402 CLOPIXOL (EDS) LUD \$ 0.3906

25MG TABLET

02230403 CLOPIXOL (EDS) LUD \$ 0.9765

*40MG TABLET*02230404 CLOPIXOL (EDS) LUD \$ 1.5624

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE SO4*5MG TABLET*

01924516 DEXEDRINE GSK \$ 0.3082

10MG SPANSULE CAPSULE

01924559 DEXEDRINE GSK \$ 0.4421

*15MG SPANSULE CAPSULE*01924567 DEXEDRINE GSK \$ 0.5405

METHYLPHENIDATE HCL*5MG TABLET*

02234749 PMS-METHYLPHENIDATE PMS \$ 0.1028

** 10MG TABLET*

00584991 PMS-METHYLPHENIDATE PMS \$ 0.1726

02230321 RIPHENIDATE TCH 0.1726

00005606 RITALIN NVR 0.2831

** 20MG TABLET*

00585009 PMS-METHYLPHENIDATE PMS \$ 0.3958

02230322 RIPHENIDATE TCH 0.3958

00005614 RITALIN NVR 0.4948

*20MG SUSTAINED RELEASE TABLET*00632775 RITALIN SR NVR \$ 0.5215

MODAFINIL*SEE APPENDIX A FOR EDS CRITERIA**100MG TABLET*02239665 ALERTEC (EDS) DPY \$ 1.3020

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:24.04 ANXIOLYTICS, SEDATIVES AND HYPNOTICS
(BARBITURATES)****AMOBARBITAL SODIUM**

60MG CAPSULE

00015148 AMYTAL SODIUM

PMS \$ 0.1042

200MG CAPSULE

00015156 AMYTAL SODIUM

PMS \$ 0.2294

PENTOBARBITAL SODIUM

100MG CAPSULE

00000086 NEMBUTAL

ABB \$ 0.2212

PHENOBARBITAL*SEE SECTION 28:12.04 (ANTICONVULSANTS)***SECOBARBITAL SODIUM**

100MG CAPSULE

00015288 SECONAL

PMS \$ 0.1160

**28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS
(BENZODIAZEPINES)****ALPRAZOLAM**** 0.25MG TABLET***01913239 NU-ALPRAZ****NXP \$ 0.0552 ***

00677485 ALTI-ALPRAZOLAM

ALT 0.0825

00865397 APO-ALPRAZ

APX 0.0825

01913484 NOVO-ALPRAZOL

NOP 0.0825

02137534 GEN-ALPRAZOLAM

GPM 0.0825

02237264 MED-ALPRAZOLAM

MED 0.0825

00548359 XANAX

PHU 0.2540

** 0.5MG TABLET***01913247 NU-ALPRAZ****NXP \$ 0.0663 ***

00677477 ALTI-ALPRAZOLAM

ALT 0.0999

00865400 APO-ALPRAZ

APX 0.0999

01913492 NOVO-ALPRAZOL

NOP 0.0999

02137542 GEN-ALPRAZOLAM

GPM 0.0999

02237265 MED-ALPRAZOLAM

MED 0.0999

00548367 XANAX

PHU 0.3037

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS (BENZODIAZEPINES)

BROMAZEPAM

* 1.5MG TABLET

02171858	NU-BROMAZEPAM	NXP	\$	0.0752
02177153	APO-BROMAZEPAM	APX		0.0752
02192705	GEN-BROMAZEPAM	GPM		0.0752
02230666	MED-BROMAZEPAM	MED		0.0752
00682314	LECTOPAM	HLR		0.1118

* 3MG TABLET

02171864	NU-BROMAZEPAM	NXP	\$	0.0635 *
02167816	ALTI-BROMAZEPAM	ALT		0.0957
02177161	APO-BROMAZEPAM	APX		0.0957
02192713	GEN-BROMAZEPAM	GPM		0.0957
02230584	NOVO-BROMAZEPAM	NOP		0.0957
02230667	MED-BROMAZEPAM	MED		0.0957
00518123	LECTOPAM	HLR		0.1519

* 6MG TABLET

02167824	ALTI-BROMAZEPAM	ALT	\$	0.1398
02171872	NU-BROMAZEPAM	NXP		0.1398
02177188	APO-BROMAZEPAM	APX		0.1398
02192721	GEN-BROMAZEPAM	GPM		0.1398
02230585	NOVO-BROMAZEPAM	NOP		0.1398
02230668	MED-BROMAZEPAM	MED		0.1398
00518131	LECTOPAM	HLR		0.2219

CHLORDIAZEPOXIDE

5MG CAPSULE

00522724	APO-CHLORDIAZEPOXIDE	APX	\$	0.0315
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10MG CAPSULE

00522988	APO-CHLORDIAZEPOXIDE	APX	\$	0.0456
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25MG CAPSULE

00522996	APO-CHLORDIAZEPOXIDE	APX	\$	0.0575
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CLORAZEPATE DIPOTASSIUM

* 3.75MG CAPSULE

00628190	NOVO-CLOPATE	NOP	\$	0.0753
00860689	APO-CLORAZEPATE	APX		0.0753
00264938	TRANXENE	ABB		0.1686

* 7.5MG CAPSULE

00628204	NOVO-CLOPATE	NOP	\$	0.1662
00860700	APO-CLORAZEPATE	APX		0.1662
00264946	TRANXENE	ABB		0.2067

* 15MG CAPSULE

00628212	NOVO-CLOPATE	NOP	\$	0.2840
00860697	APO-CLORAZEPATE	APX		0.2840
00264911	TRANXENE	ABB		0.3722

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS
(BENZODIAZEPINES)****DIAZEPAM***2MG TABLET*

00405329	APO-DIAZEPAM	APX	\$	0.0228
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** 5MG TABLET*

00362158	APO-DIAZEPAM	APX	\$	0.0358
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00013765	VIVOL	HOR		0.0952
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00013285	VALIUM	HLR		0.1552
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** 10MG TABLET*

00405337	APO-DIAZEPAM	APX	\$	0.0489
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00013773	VIVOL	HOR		0.1561
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5MG/ML RECTAL GEL (DELIVERY SYSTEM)

02238162	DIASTAT	DPY	\$	72.9700
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FLURAZEPAM HCL** 15MG CAPSULE*

00667102	PMS-FLURAZEPAM	PMS	\$	0.0479
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00521698	APO-FLURAZEPAM	APX		0.0879
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00012696	DALMANE	ICN		0.1330
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** 30MG CAPSULE*

00667099	PMS-FLURAZEPAM	PMS	\$	0.0548
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00521701	APO-FLURAZEPAM	APX		0.1009
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00012718	DALMANE	ICN		0.1557
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LORAZEPAM** 0.5MG TABLET*

00655740	APO-LORAZEPAM	APX	\$	0.0507
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00711101	NOVO-LORAZEM	NOP		0.0507
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00865672	NU-LORAZ	NXP		0.0507
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02041413	ATIVAN	WYA		0.0814
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** 1MG TABLET*

00637742	NOVO-LORAZEM	NOP	\$	0.0517
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00655759	APO-LORAZEPAM	APX		0.0517
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00865680	NU-LORAZ	NXP		0.0517
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02041421	ATIVAN	WYA		0.1009
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** 2MG TABLET*

00637750	NOVO-LORAZEM	NOP	\$	0.0840
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00655767	APO-LORAZEPAM	APX		0.0840
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00865699	NU-LORAZ	NXP		0.0840
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02041448	ATIVAN	WYA		0.1585
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28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:24.08 ANXIOLYTICS, SEDATIVES AND HYPNOTICS
(BENZODIAZEPINES)****OXAZEPAM***10MG TABLET*

00402680	APO-OXAZEPAM	APX	\$	0.0228
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** 15MG TABLET*

00402745	APO-OXAZEPAM	APX	\$	0.0358
02043661	SERAX	WYA		0.0718

** 30MG TABLET*

00402737	APO-OXAZEPAM	APX	\$	0.0489
02043688	SERAX	WYA		0.1040

TEMAZEPAM** 15MG CAPSULE*

02223570	NU-TEMAZEPAM	NXP	\$	0.0467 *
02225964	APO-TEMAZEPAM	APX		0.1196
02229455	PMS-TEMAZEPAM	PMS		0.1196
02230095	NOVO-TEMAZEPAM	NOP		0.1196
02231615	GEN-TEMAZEPAM	GPM		0.1196
02237294	MED-TEMAZEPAM	MED		0.1196
02229756	DOM-TEMAZEPAM	DOM		0.1493
00604453	RESTORIL	NVR		0.1899

** 30MG CAPSULE*

02223589	NU-TEMAZEPAM	NXP	\$	0.0562 *
02225972	APO-TEMAZEPAM	APX		0.1439
02229456	PMS-TEMAZEPAM	PMS		0.1439
02230102	NOVO-TEMAZEPAM	NOP		0.1439
02231616	GEN-TEMAZEPAM	GPM		0.1439
02237295	MED-TEMAZEPAM	MED		0.1439
02229758	DOM-TEMAZEPAM	DOM		0.1795
00604461	RESTORIL	NVR		0.2284

TRIAZOLAM** 0.125MG TABLET*

00614351	ALTI-TRIAZOLAM	ALT	\$	0.0604
00808563	APO-TRIAZO	APX		0.0604
01995227	GEN-TRIAZOLAM	GPM		0.0604
00872423	NOVO-TRIAZOLAM	NOP		0.0606

** 0.25MG TABLET*

00808571	APO-TRIAZO	APX	\$	0.0760
00872431	NOVO-TRIAZOLAM	NOP		0.0760
01913506	GEN-TRIAZOLAM	GPM		0.0760
00443158	HALCION	PHU		0.2199

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND HYPNOTICS

BUSPIRONE

5MG TABLET

02230941	PMS-BUSPIRONE	PMS	\$	0.4323
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* 10MG TABLET

02232564	DOM-BUSPIRONE	DOM	\$	0.1977 *
02176122	LIN-BUSPIRONE	LIN		0.7076
02207672	NU-BUSPIRONE	NXP		0.7076
02211076	APO-BUSPIRONE	APX		0.7076
02230874	GEN-BUSPIRONE	GPM		0.7076
02230942	PMS-BUSPIRONE	PMS		0.7076
02231492	NOVO-BUSPIRONE	NOP		0.7076
02237268	MED-BUSPIRONE	MED		0.7076
02237858	BUSPIREX	TCH		0.7076
02238447	FTP-BUSPIRONE	FTP		0.7076
00603821	BUSPAR	BRI		1.0498

CHLORAL HYDRATE

100MG/ML SYRUP

00792659	PMS-CHLORAL HYDRATE SYRUP	PMS	\$	0.0471
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HYDROXYZINE

* 10MG CAPSULE

00646059	APO-HYDROXYZINE	APX	\$	0.0361
00738824	NOVO-HYDROXYZIN	NOP		0.0361

* 25MG CAPSULE

00646024	APO-HYDROXYZINE	APX	\$	0.0584
00738832	NOVO-HYDROXYZIN	NOP		0.0584

* 50MG CAPSULE

00646016	APO-HYDROXYZINE	APX	\$	0.0814
00738840	NOVO-HYDROXYZIN	NOP		0.0814

* 2MG/ML ORAL SYRUP

00741817	PMS-HYDROXYZINE	PMS	\$	0.0422
00024694	ATARAX	PFI		0.0515

METHOTRIMEPRAZINE

* 2MG TABLET

01927647	NOZINAN	RHO	\$	0.0548
02238403	APO-METHOPRAZINE	APX		0.0548

* 5MG TABLET

01927655	NOZINAN	RHO	\$	0.0573
01964909	NOVO-MEPRAZINE	NOP		0.0573
02232903	PMS-METHOTRIMEPRAZINE	PMS		0.0573
02238404	APO-METHOPRAZINE	APX		0.0573

28:00 CENTRAL NERVOUS SYSTEM DRUGS**28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES
AND HYPNOTICS***** 25MG TABLET**

01927663	NOZINAN	RHO	\$	0.1228
01964925	NOVO-MEPRAZINE	NOP		0.1228
02232904	PMS-METHOTRIMEPRAZINE	PMS		0.1228
02238405	APO-METHOPRAZINE	APX		0.1228

*** 50MG TABLET**

01927671	NOZINAN	RHO	\$	0.1672
01964933	NOVO-MEPRAZINE	NOP		0.1672
02232905	PMS-METHOTRIMEPRAZINE	PMS		0.1672
02238406	APO-METHOPRAZINE	APX		0.1672

5MG/ML ORAL SOLUTION

01927728	NOZINAN	RHO	\$	0.0609
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40MG/ML ORAL SOLUTION

01927701	NOZINAN	RHO	\$	0.4451
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28:28.00 ANTIMANIC AGENTS**LITHIUM CARBONATE***** 150MG CAPSULE**

02242837	APO-LITHIUM CARBONATE	APX	\$	0.0578
02216132	PMS-LITHIUM CARBONATE	PMS		0.0687
00461733	CARBOLITH	ICN		0.1238

*** 300MG CAPSULE**

02242838	APO-LITHIUM CARBONATE	APX	\$	0.0606
02216140	PMS-LITHIUM CARBONATE	PMS		0.0721
00236683	CARBOLITH	ICN		0.1017

*** 600MG CAPSULE**

02216159	PMS-LITHIUM CARBONATE	PMS	\$	0.1476
02011239	CARBOLITH	ICN		0.1845

300MG SUSTAINED RELEASE TABLET

00590665	DURALITH	JAN	\$	0.2068
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DIAGNOSTIC AGENTS

36:00

36:00 DIAGNOSTIC AGENTS

36:04.00 ADRENAL INSUFFICIENCY

COSYNTROPIN ZINC HYDROXIDE

SEE SECTION 68:28.00 (PITUITARY AGENTS)

36:26.00 DIABETES MELLITUS

NOTE: THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION
HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR
BILLING PURPOSES ONLY

GLUCOSE OXIDASE/PEROXIDASE REAGENT

STRIP

00950889	NOVO-GLUCOSE	NOP	\$	0.6011
00950378	GLUCOFILM	BAY		0.7012
00950408	GLUCOSTIX	BAY		0.7012
00950432	ACCUTREND	BOM		0.7324
00950505	ENCORE	BAY		0.7324
00950894	PRECISION XTRA	MDS		0.7476
00950068	CHEMSTRIP BG	BOM		0.7834
00950882	FASTTAKE	LSN		0.8453
00950300	PRECISION PLUS	MDS		0.8626
00950878	GLUCOMETER DEX	BAY		0.8626
00950893	ONE TOUCH ULTRA	LSN		0.8626
00950459	ONE TOUCH	LSN		0.8663
00950734	SURESTEP	LSN		0.8663
00950661	ADVANTAGE	BOM		0.8680
00950883	ADVANTAGE COMFORT	BOM		0.8680
00950572	ELITE	BAY		0.9388

36:88.00 URINE CONTENTS

NOTE: THE IDENTIFICATION NUMBERS LISTED IN THIS SECTION
HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR
BILLING PURPOSES ONLY

CUPRIC SO4 REAGENT

TABLET

00035122	CLINITEST	BAY	\$	0.0998
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GLUCOSE OXIDASE/PEROXIDASE REAGENT

STICK

00035130	DIASTIX	BAY	\$	0.1129
00035114	CLINISTIX	BAY		0.1389

GLUCOSE OXIDASE/PEROXIDASE/SODIUM NITROFERRICYANIDE/GLYCINE REAGENT

STICK

00950238	CHEMSTRIP UG 5000K	BOM	\$	0.1389
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36:00 DIAGNOSTIC AGENTS

36:88.00 URINE CONTENTS

**GLUCOSE OXIDASE/PEROXIDASE/SODIUM
NITROPRUSSIDE REAGENT**

STICK

00035149 KETO DIASTIX BAY \$ 0.1354

SODIUM NITROPRUSSIDE REAGENT

STICK

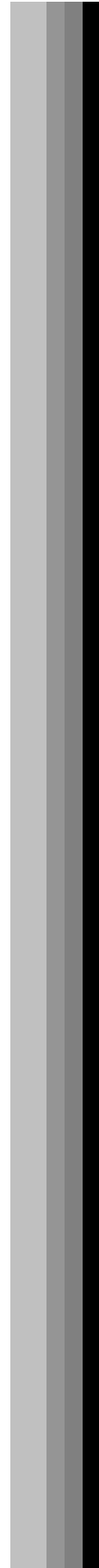
00035092 KETOSTIX BAY \$ 0.1259

TABLET

00035106 ACETEST BAY \$ 0.1728



**ELECTROLYTIC, CALORIC AND
WATER BALANCE
40:00**



40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12.00 REPLACEMENT AGENTS

POTASSIUM CHLORIDE

<i>8MMOL LONG ACTING CAPSULE</i>			
02042304	MICRO-K EXTENCAPS	WYA	\$ 0.0971
<i>10MMOL LONG ACTING CAPSULE</i>			
02042312	MICRO-K 10 EXTENCAPS	WYA	\$ 0.1030
☒ <i>8MMOL LONG ACTING TABLET</i>			
00602884	APO-K	APX	\$ 0.0489
00074225	SLOW-K	NVR	0.0736
<i>20MMOL LONG ACTING TABLET</i>			
00713376	K-DUR	KEY	\$ 0.2887
* <i>1.33MMOL/ML ORAL SOLUTION</i>			
02238604	PMS-POTASSIUM CHLORIDE	PMS	\$ 0.0139
01918303	K-10	GSK	0.0157
<i>20MMOL/PACKAGE POWDER (3G)</i>			
00481211	K-LOR	ABB	\$ 0.3165
<i>25MMOL/PACKAGE POWDER (7.8G)</i>			
02089580	K-LYTE/CL	RBP	\$ 0.5191

40:18.00 POTASSIUM-REMOVING RESINS

CALCIUM POLYSTYRENE SULFONATE

<i>POWDER (1G BINDS WITH APPROX. 1.6MMOL. K)</i>			
02017741	RESONIUM CALCIUM	SAW	\$ 0.3031

SODIUM POLYSTYRENE SULFONATE

<i>250MG/ML ORAL SUSPENSION</i>			
00769541	PMS-SOD POLYSTYRENE SULF	PMS	\$ 0.1027
* <i>POWDER (1G BINDS WITH APPROX. 1MMOL K IN VIVO)</i>			
00755338	PMS-SOD POLYSTYRENE SULF	PMS	\$ 0.1172
02026961	KAYEXALATE	SAW	0.1569
<i>250MG/ML RETENTION ENEMA</i>			
00769533	PMS-SOD POLY SULF (120ML)	PMS	\$ 14.8000

40:28.00 DIURETICS

ACETAZOLAMIDE

SEE SECTION 52:10.00 (CARBONIC ANHYDRASE INHIBITORS)

BUMETANIDE

SEE APPENDIX A FOR EDS CRITERIA

<i>1MG TABLET</i>			
00728284	BURINEX (EDS)	LEO	\$ 0.4883
<i>2MG TABLET</i>			
02176076	BURINEX (EDS)	LEO	\$ 0.9765
<i>5MG TABLET</i>			
00728276	BURINEX (EDS)	LEO	\$ 1.8627

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

CHLORTHALIDONE

50MG TABLET

00360279 APO-CHLORTHALIDONE APX \$ 0.0619

100MG TABLET

00360287 APO-CHLORTHALIDONE APX \$ 0.0879

ETHACRYNIC ACID

SEE APPENDIX A FOR EDS CRITERIA

50MG TABLET

00016497 EDECRIN (EDS) MSD \$ 0.3440

FUROSEMIDE

** 20MG TABLET*

00337730 NOVO-SEMIDE NOP \$ 0.0158

00396788 APO-FUROSEMIDE APX 0.0158

02224690 LASIX AVT 0.0749

** 40MG TABLET*

00337749 NOVO-SEMIDE NOP \$ 0.0082

00362166 APO-FUROSEMIDE APX 0.0082

02224704 LASIX AVT 0.1147

10MG/ML ORAL SOLUTION

02224720 LASIX AVT \$ 0.2356

HYDROCHLOROTHIAZIDE

** 25MG TABLET*

00021474 NOVO-HYDRAZIDE NOP \$ 0.0223

00326844 APO-HYDRO APX 0.0223

00016500 HYDRODIURIL MSD 0.0795

** 50MG TABLET*

00021482 NOVO-HYDRAZIDE NOP \$ 0.0250

00312800 APO-HYDRO APX 0.0250

INDAPAMIDE HEMIHYDRATE

** 1.25MG TABLET*

02239913 DOM-INDAPAMIDE DOM \$ 0.1752 *

02227339 INDAPAMIDE PRO 0.2037

02239619 PMS-INDAPAMIDE PMS 0.2037

02240067 GEN-INDAPAMIDE GPM 0.2037

02179709 LOZIDE SEV 0.3234

** 2.5MG TABLET*

02239917 DOM-INDAPAMIDE DOM \$ 0.1957 *

02049341 INDAPAMIDE PRO 0.3230

02153483 GEN-INDAPAMIDE GPM 0.3230

02223597 NU-INDAPAMIDE NXP 0.3230

02223678 APO-INDAPAMIDE APX 0.3230

02231184 NOVO-INDAPAMIDE NOP 0.3230

02239620 PMS-INDAPAMIDE PMS 0.3230

00564966 LOZIDE SEV 0.5289

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE**40:28.00 DIURETICS****METOLAZONE***2.5MG TABLET*

00888400 ZAROXOLYN AVT \$ 0.1585

5MG TABLET

00888419 ZAROXOLYN AVT \$ 0.2024

40:28.10 POTASSIUM SPARING DIURETICS**AMILORIDE HCL***5MG TABLET*

00487805 MIDAMOR MSD \$ 0.3104

SPIRONOLACTONE** 25MG TABLET*

00028606 ALDACTONE PHU \$ 0.0751

00613215 NOVO-SPIROTON NOP 0.0751

** 100MG TABLET*

00285455 ALDACTONE PHU \$ 0.2301

00613223 NOVO-SPIROTON NOP 0.2301

TRIAMTERENE*50MG TABLET*

01919563 DYRENIUM GSK \$ 0.2022

100MG TABLET

01919571 DYRENIUM GSK \$ 0.2615

40:40.00 URICOSURIC DRUGS**PROBENECID***500MG TABLET*

00294926 BENURYL ICN \$ 0.2045

SULFINPYRAZONE** 100MG TABLET*

00441759 APO-SULFINPYRAZONE APX \$ 0.1302

02045680 NU-SULFINPYRAZONE NXP 0.1302

** 200MG TABLET*

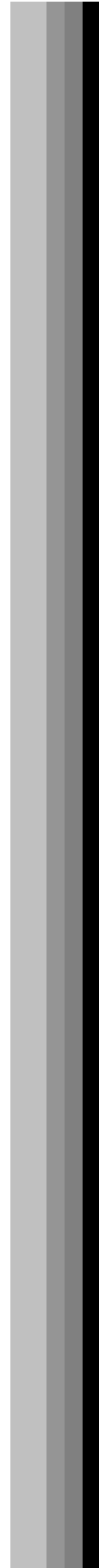
02045699 NU-SULFINPYRAZONE NXP \$ 0.1791

00441767 APO-SULFINPYRAZONE APX 0.2149



COUGH PREPARATIONS

48:00



48:00 COUGH PREPARATIONS

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE

20% AEROSOL SOLUTION (30ML)

02091526 MUCOMYST

RBP \$ 19.1600

DORNASE ALFA

SEE APPENDIX A FOR EDS CRITERIA

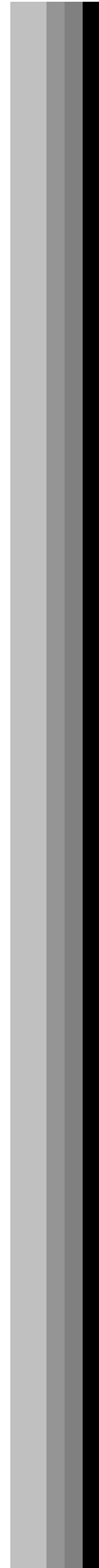
1MG/ML INHALATION SOLUTION (2.5ML)

02046733 PULMOZYME (EDS)

HLR \$ 36.0000



**EYE, EAR, NOSE AND THROAT
PREPARATIONS
52:00**



52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

GENTAMICIN SO4

TOPICAL GENTAMICIN SHOULD BE RESERVED FOR THERAPY OF SERIOUS INFECTIONS INSUSCEPTIBLE TO OTHER AGENTS SINCE RESISTANT ORGANISMS CAN DEVELOP.

GENTAMICIN SO4 5MG/ML IS EQUIVALENT TO 3MG/ML GENTAMICIN BASE.

** 5MG/ML OPHTHALMIC SOLUTION*

00512192	GARAMYCIN	SCH	\$	0.4406
00776521	PMS-GENTAMYCIN	PMS		0.4406
00880191	GARATEC	TCH		0.4406
02229440	GENTAMICIN SULFATE	SAB		0.4406
02212927	GENTAMICIN	RVX		0.4644
00436771	ALCOMICIN	ALC		0.5187

** 5MG/ML OTIC SOLUTION*

02229441	GENTAMICIN SO4	SAB	\$	1.1192
02230889	PMS-GENTAMICIN	PMS		1.1198
00512184	GARAMYCIN	SCH		1.1998

** 5MG/G OPHTHALMIC OINTMENT (3.5G)*

00028339	GARAMYCIN	SCH	\$	4.3400
02230888	GENTAMICIN SULFATE	SAB		4.3400

POLYMYXIN B SO4/NEOMYCIN SO4/BACITRACIN(ZINC)

10,000U/5MG/400U PER G OPHTHALMIC OINTMENT (3.5G)

00694398	NEOSPORIN	GSK	\$	8.1400
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POLYMYXIN B SO4/NEOMYCIN SO4/GRAMICIDIN

10,000U/2.5MG/0.025MG PER ML EYE/EAR SOLUTION

00807435	OPTIMYXIN PLUS	SAB	\$	0.6782
00694371	NEOSPORIN	GSK		0.7975

POLYMYXIN B SO4/TRIMETHOPRIM SO4

** 10,000U/1MG PER ML OPHTHALMIC SOLUTION*

02240363	PMS-POLYTRIMETHOPRIM	PMS	\$	0.7194
02011956	POLYTRIM	ALL		2.6203

TOBRAMYCIN

SEE APPENDIX A FOR EDS CRITERIA

** 0.3% OPHTHALMIC SOLUTION*

02239148	TOBRAMYCIN (EDS)	RVX	\$	1.1371
02238708	TOMYCINE (EDS)	NVO		1.1393
02239577	PMS-TOBRAMYCIN (EDS)	PMS		1.1393
02241755	SAB-TOBRAMYCIN (EDS)	SAB		1.1393
00513962	TOBREX (EDS)	ALC		1.8077

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254	TOBREX (EDS)	ALC	\$	8.9800
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.06 ANTI-INFECTIVES (ANTIVIRALS)

TRIFLURIDINE*1% OPHTHALMIC SOLUTION (7.5ML)*

00687456	VIROPTIC	THM	\$	33.4800
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52:04.08 ANTI-INFECTIVES (SULFONAMIDES)

SULFACETAMIDE (SODIUM)** 10% OPHTHALMIC SOLUTION*

02023830	DIOSULF	AKN	\$	0.0789
00028053	SODIUM SULAMYD	SCH		0.0876

10% OPHTHALMIC OINTMENT (3.5G)

00252522	CETAMIDE	ALC	\$	3.1000
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52:04.12 ANTI-INFECTIVES (MISCELLANEOUS)

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE*0.5%/0.03% OTIC SOLUTION*

00674222	BURO-SOL-OTIC	STI	\$	0.2279
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CIPROFLOXACIN*SEE APPENDIX A FOR EDS CRITERIA**0.3% OPHTHALMIC SOLUTION*

01945270	CILOXAN (EDS)	ALC	\$	2.1049
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0.3% OPHTHALMIC OINTMENT (3.5G)

02200864	CILOXAN (EDS)	ALC	\$	10.5300
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NORFLOXACIN*SEE APPENDIX A FOR EDS CRITERIA**0.3% OPHTHALMIC SOLUTION*

01908294	NOROXIN (EDS)	MSD	\$	1.7686
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OFLOXACIN*SEE APPENDIX A FOR EDS CRITERIA**0.3% OPHTHALMIC SOLUTION*

02143291	OCUFLOX (EDS)	ALL	\$	1.5364
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52:08.00 ANTI-INFLAMMATORY AGENTS

BECLOMETHASONE DIPROPIONATE** 50UG/DOSE AQUEOUS NASAL SPRAY (PACKAGE)*

00872318	ALTI-BECLOMETHASONE AQ.	ALT	\$	13.3100
02172712	GEN-BECLO AQ.	GPM		13.3100
02237379	MED-BECLOMETHASONE AQ	MED		13.3100
02238577	NU-BECLOMETHASONE	NXP		13.3100
02238796	APO-BECLOMETHASONE	APX		13.3100

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DISODIUM PHOSPHATE

0.1% OPHTHALMIC/OTIC SOLUTION

02060868 BETNESOL RBP \$ 3.2724

BUDESONIDE

* *64UG/DOSE NASAL SPRAY (PACKAGE)*

02241003 GEN-BUDESONIDE AQ GPM \$ 9.1500

02231923 RHINOCORT AQUA AST 10.7700

100UG/DOSE NASAL SPRAY (PACKAGE)

02230648 GEN-BUDESONIDE AQ GPM \$ 13.8300

100UG POWDER FOR INHALATION (PACKAGE)

02035324 RHINOCORT TURBUHALER AST \$ 23.9300

DEXAMETHASONE

0.1% OPHTHALMIC SUSPENSION

00042560 MAXIDEX ALC \$ 1.6709

* *0.1% OPHTHALMIC/OTIC SOLUTION*

00739839 DEXAMETHASONE SODIUM PHO SAB \$ 0.7335

00785261 PMS-DEXAMETHASONE SOD PHO PMS 0.7335

02212978 DEXAMETHASONE RVX 0.7335

02023865 DIODEX AKN 0.9071

0.1% OPHTHALMIC OINTMENT (3.5G)

00042579 MAXIDEX ALC \$ 9.0600

FLUNISOLIDE

* *0.025% NASAL SOLUTION (PACKAGE)*

00878790 ALTI-FLUNISOLIDE ALT \$ 15.0400

01927167 RHINARIS-F PMS 15.0400

02239288 APO-FLUNISOLIDE APX 15.0400

02162687 RHINALAR HLR 21.4900

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION

00247855 FML ALL \$ 2.1939

FLUOROMETHOLONE ACETATE

0.1% OPHTHALMIC SUSPENSION

00756784 FLAREX ALC \$ 1.8879

FLURBIPROFEN SODIUM

SEE APPENDIX A FOR EDS CRITERIA

0.03% OPHTHALMIC SOLUTION

00766046 OCUFEN (EDS) ALL \$ 5.0062

FLUTICASONE PROPIONATE

50UG/DOSE AQUEOUS NASAL SPRAY (PACKAGE)

02213672 FLONASE GSK \$ 24.0500

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS

KETOROLAC TROMETHAMINE

SEE APPENDIX A FOR EDS CRITERIA

0.5% OPHTHALMIC SOLUTION

01968300 ACULAR (EDS) ALL \$ 3.4720

MOMETASONE FUROATE MONOHYDRATE

0.05% AQUEOUS NASAL SPRAY

02238465 NASONEX SCH \$ 22.7400

PREDNISOLONE ACETATE

* *0.12% OPHTHALMIC SUSPENSION*

01916181 PREDNISOLONE SAB \$ 1.1501

00299405 PRED MILD ALL 1.5473

* *1.0% OPHTHALMIC SUSPENSION*

00700401 OPHTHO-TATE ALT \$ 0.6293

01916203 PREDNISOLONE SAB 0.6293

02023768 DIOPRED AKN 0.6293

00301175 PRED FORTE ALL 3.7954

PREDNISOLONE SODIUM PHOSPHATE

0.125% OPHTHALMIC SOLUTION

02133296 INFLAMASE MILD NVO \$ 1.6731

* *1% OPHTHALMIC SOLUTION*

02133318 INFLAMASE FORTE NVO \$ 1.5190

02213079 PREDNISOLONE RVX 1.5190

TRIAMCINOLONE ACETONIDE

100UG/DOSE NASAL SPRAY (PACKAGE)

01913328 NASACORT AVT \$ 21.7000

AQUEOUS NASAL SPRAY (PACKAGE)

02213834 NASACORT AQ AVT \$ 23.3900

52:08.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS

CIPROFLOXACIN/HYDROCORTISONE

SEE APPENDIX A FOR EDS CRITERIA

0.2%/1% OTIC SUSPENSION

02240035 CIPRO HC (EDS) ALC \$ 2.2790

FRAMYCETIN SO4/GRAMICIDIN/DEXAMETHASONE BASE

5MG/50UG/0.5MG PER ML EYE/EAR SOLUTION

01987712 SOFRACORT AVT \$ 1.5190

5MG/50UG/0.5MG PER G EYE/EAR OINTMENT (5G)

02224631 SOFRACORT AVT \$ 10.4200

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS**52:08.00 COMBINATION ANTI-INFECTIVE/
ANTI-INFLAMMATORY AGENTS****GENTAMICIN SO4/BETAMETHASONE SODIUM PHOSPHATE***0.3%/0.1% OPHTHALMIC OINTMENT (3.5G)*

00586706 GARASONE SCH \$ 11.0000

0.3%/0.1% OTIC/OPHTHALMIC SOLUTION

00682217 GARASONE SCH \$ 1.9872

IODOCHLORHYDROXYQUIN/FLUMETHASONE PIVALATE*1%/0.02% OTIC SOLUTION*

00074454 LOCACORTEN-VIOFORM NVR \$ 1.3346

**POLYMYXIN B SO4/BACITRACIN (ZINC)/
NEOMYCIN SO4/HYDROCORTISONE***10000U/400U/5MG/10MG PER G OPHTHALMIC
OINTMENT (3.5G)*

00701904 CORTISPORIN GSK \$ 10.5200

POLYMYXIN B SO4/NEOMYCIN SO4/DEXAMETHASONE*6,000U/5MG/1MG PER ML OPHTHALMIC SOLUTION*

00042676 MAXITROL ALC \$ 2.0659

*6,000U/5MG/1MG PER G OPHTHALMIC OINTMENT
(3.5G)*

00358177 MAXITROL ALC \$ 10.0800

POLYMYXIN B SO4/NEOMYCIN SO4/HYDROCORTISONE*10,000U/5MG/10MG PER ML EYE/EAR SUSPENSION*

02025736 CORTISPORIN GSK \$ 1.2424

* *10,000U/5MG/10MG PER ML OTIC SOLUTION*

02230386 CORTIMYXIN SAB \$ 1.0004

01912828 CORTISPORIN GSK 1.2424

SULFACETAMIDE SODIUM/PREDNISOLONE ACETATE*100MG/2.5MG PER ML OPHTHALMIC SOLUTION*

02133342 VASOCIDIN NVO \$ 2.2460

100MG/5MG PER ML OPHTHALMIC SUSPENSION

02023814 DIOPTIMYD AKN \$ 1.2478

*100MG/2MG PER G OPHTHALMIC OINTMENT
(3.5G)*

00307246 BLEPHAMIDE S.O.P. ALL \$ 12.3200

TOBRAMYCIN/DEXAMETHASONE*SEE APPENDIX A FOR EDS CRITERIA**0.3%/0.1% OPHTHALMIC SUSPENSION*

00778907 TOBRADEX (EDS) ALC \$ 2.1353

0.3%/0.1% OPHTHALMIC OINTMENT (3.5G)

00778915 TOBRADEX (EDS) ALC \$ 11.0700

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE** 250MG TABLET*

00545015	APO-ACETAZOLAMIDE	APX	\$	0.0586
02238072	DIAMOX	WYA		0.1413

500MG SUSTAINED RELEASE CAPSULE

02238073	DIAMOX SEQUELS	WYA	\$	0.7567
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BRINZOLAMIDE*1% OPHTHALMIC SUSPENSION*

02238873	AZOPT	ALC	\$	3.4069
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DORZOLAMIDE HCL*2% OPHTHALMIC SOLUTION*

02216205	TRUSOPT	MSD	\$	3.5805
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METHAZOLAMIDE*50MG TABLET*

02238071	NEPTAZANE	WYA	\$	0.4231
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52:20.00 MIOTICS

CARBACHOL*1.5% OPHTHALMIC SOLUTION*

00000655	ISOPTO CARBACHOL	ALC	\$	0.7307
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3% OPHTHALMIC SOLUTION

00000663	ISOPTO CARBACHOL	ALC	\$	0.8789
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ECHOTHIOPHATE IODIDE*0.06% OPHTHALMIC SOLUTION*

02238075	PHOSPHOLINE IODIDE	WYA	\$	4.9737
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0.125% OPHTHALMIC SOLUTION

02238076	PHOSPHOLINE IODIDE	WYA	\$	5.7006
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0.25% OPHTHALMIC SOLUTION

02243343	PHOSPHOLINE IODIDE	WYA	\$	6.4558
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PILOCARPINE HCL*0.5% OPHTHALMIC SOLUTION*

00000833	ISOPTO CARPINE	ALC	\$	0.3328
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** 1% OPHTHALMIC SOLUTION*

02134861	MIOCARPINE	NVO	\$	0.1888
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02229393	PILOCARPINE	TCH		0.1888
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02213036	PILOCARPINE	RVX		0.2026
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00000841	ISOPTO CARPINE	ALC		0.2221
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02023725	DIOCARPINE	AKN		0.2221
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20.00 MIOTICS

** 2% OPHTHALMIC SOLUTION*

02134888	MIOCARPINE	NVO	\$	0.2099
02229394	PILOCARPINE	TCH		0.2099
02213044	PILOCARPINE	RVX		0.2251
00000868	ISOPTO CARPINE	ALC		0.2561
02023741	DIOCARPINE	AKN		0.2561

** 4% OPHTHALMIC SOLUTION*

02134896	MIOCARPINE	NVO	\$	0.2395
02229395	PILOCARPINE	TCH		0.2395
02213052	PILOCARPINE	RVX		0.2561
00000884	ISOPTO CARPINE	ALC		0.2894
02023733	DIOCARPINE	AKN		0.2894

** 6% OPHTHALMIC SOLUTION*

02133334	MIOCARPINE	NVO	\$	0.3661
00000892	ISOPTO CARPINE	ALC		0.4883

4% OPHTHALMIC GEL (5G)

00575240	PILOPINE-HS	ALC	\$	13.5600
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52:24.00 MYDRIATICS

ATROPINE SO4

** 1% OPHTHALMIC SOLUTION*

00035017	ISOPTO ATROPINE	ALC	\$	0.5100
02134853	ATROPISOL	NVO		0.5534
01948598	ATROPINE	NVO		0.6185

DIPIVEFRIN HCL

** 0.1% OPHTHALMIC SOLUTION*

02032376	OPHTHO-DIPIVEFRIN	ALT	\$	1.0807
02237868	PMS-DIPIVEFRIN	PMS		1.0807
02242232	APO-DIPIVEFRIN	APX		1.0807
00529117	PROPINE	ALL		1.7154

HOMATROPINE HYDROBROMIDE

2% OPHTHALMIC SOLUTION

00000779	ISOPTO HOMATROPINE	ALC	\$	0.6293
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5% OPHTHALMIC SOLUTION

00000787	ISOPTO HOMATROPINE	ALC	\$	0.7487
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52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION (5ML)

02076306	IOPIDINE	ALC	\$	23.0800
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1% OPHTHALMIC SOLUTION (1 TREATMENT)

00888354	IOPIDINE	ALC	\$	11.9200
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52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION

01908448 BETOPTIC S ALC \$ 2.4456

BRIMONIDINE TARTRATE

0.2% OPHTHALMIC SOLUTION

02236876 ALPHAGAN ALL \$ 3.5810

DICLOFENAC SODIUM

SEE APPENDIX A FOR EDS CRITERIA

0.1% OPHTHALMIC SOLUTION (ML)

01940414 VOLTAREN OPHTHA (EDS) NVO \$ 2.5715

DORZOLAMIDE HCL/TIMOLOL MALEATE

2%/0.5% OPHTHALMIC SOLUTION

02240113 COSOPT MSD \$ 5.4250

IPRATROPIUM BROMIDE

* *21UG/DOSE NASAL SPRAY (PACKAGE)*

02239627 PMS-IPRATROPIUM PMS \$ 21.0900

02240072 ALTI-IPRATROPIUM ALT 21.0900

02240508 DOM-IPRATROPIUM DOM 22.2000

02163705 ATROVENT NASAL SPRAY BOE 30.2100

LATANOPROST

50UG/ML OPHTHALMIC SOLUTION (2.5ML)

02231493 XALATAN PHU \$ 28.2100

LEVOBUNOLOL HCL

* *0.25% OPHTHALMIC SOLUTION*

02031159 OPHTHO-BUNOLOL ALT \$ 1.2760

02197456 NOVO-LEVOBUNOLOL NOP 1.2760

02231714 LEVOBUNOLOL HYDROCHLORIDE RVX 1.2760

02241575 APO-LEVOBUNOLOL APX 1.2760

02241715 SAB-LEVOBUNOLOL SAB 1.2760

00751286 BETAGAN ALL 2.3078

* *0.5% OPHTHALMIC SOLUTION*

02237991 PMS-LEVOBUNOLOL PMS \$ 1.6872

02031167 OPHTHO-BUNOLOL ALT 1.6883

02197464 NOVO-LEVOBUNOLOL NOP 1.6883

02231715 LEVOBUNOLOL HYDROCHLORIDE RVX 1.6883

02241574 APO-LEVOBUNOLOL APX 1.6883

02241716 SAB-LEVOBUNOLOL SAB 1.6883

00637661 BETAGAN ALL 2.8341

LEVOBUNOLOL HCL/DIPIVEFRIN HCL

0.5%/0.1% OPHTHALMIC SOLUTION

02209071 PROBETA ALL \$ 3.2008

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 MISCELLANEOUS E.E.N.T. DRUGS

LEVOCABASTINE HYDROCHLORIDE

0.5MG PER ML OPHTHALMIC SUSPENSION (5ML)

02131625 LIVOSTIN NVO \$ 18.8300

LODOXAMIDE TROMETHAMINE

0.1% OPHTHALMIC SOLUTION

00893560 ALOMIDE ALC \$ 1.1122

SODIUM CROMOGLYCATE

** 2% NASAL METERED DOSE MIST (PACKAGE)*

01950541 CROMOLYN PMS \$ 14.9300

02231390 APO-CROMOLYN APX 14.9300

TIMOLOL MALEATE

** 0.25% OPHTHALMIC SOLUTION*

00755826 APO-TIMOP APX \$ 1.6818

00893773 GEN-TIMOLOL GPM 1.6818

02048523 NOVO-TIMOL NOP 1.6818

02083353 PMS-TIMOLOL PMS 1.6818

02084317 MED-TIMOLOL MED 1.6818

02166712 TIMOLOL MALEATE SAB 1.6818

02241731 RHOXAL-TIMOLOL RHO 1.6818

02238770 DOM-TIMOLOL DOM 1.7664

** 0.5% OPHTHALMIC SOLUTION*

00755834 APO-TIMOP APX \$ 2.0181

00893781 GEN-TIMOLOL GPM 2.0181

02048515 NOVO-TIMOL NOP 2.0181

02083345 PMS-TIMOLOL PMS 2.0181

02084325 MED-TIMOLOL MED 2.0181

02166720 TIMOLOL MALEATE SAB 2.0181

02241732 RHOXAL-TIMOLOL RHO 2.0181

02238771 DOM-TIMOLOL DOM 2.1190

00451207 TIMOPTIC MSD 3.3874

0.25% OPHTHALMIC GELLAN SOLUTION

02171880 TIMOPTIC-XE MSD \$ 3.5371

0.5% OPHTHALMIC GELLAN SOLUTION

02171899 TIMOPTIC-XE MSD \$ 4.2315

TIMOLOL MALEATE/PILOCARPINE HYDROCHLORIDE

0.5%/2% OPHTHALMIC SOLUTION

01905082 TIMPILO MSD \$ 3.3874

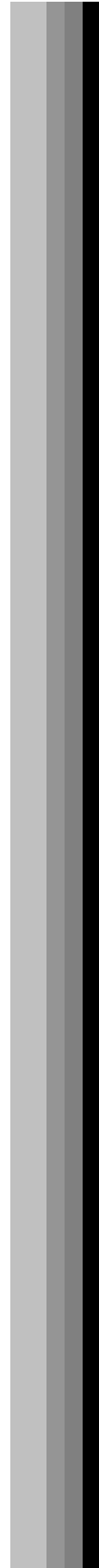
0.5%/4% OPHTHALMIC SOLUTION

01905090 TIMPILO MSD \$ 3.3874



GASTROINTESTINAL DRUGS

56:00



56:00 GASTROINTESTINAL DRUGS

56:08.00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HCL

2.5MG TABLET

00036323	LOMOTIL	PHU	\$	0.4548
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LOPERAMIDE HCL

* 2MG CAPLET

02132591	NOVO-LOPERAMIDE	NOP	\$	0.2676
02212005	APO-LOPERAMIDE	APX		0.2676
02228343	LOPERACAP	ICN		0.2676
02228351	PMS-LOPERAMIDE	PMS		0.2676
02233998	RHOXAL-LOPERAMIDE	RHO		0.2676
02229552	DIARR-EZE	PMS		0.2684
02183862	IMODIUM	MCL		0.7451

* 0.2MG/ML ORAL SOLUTION

02192667	DIARR-EZE	PMS	\$	0.0911
02016095	PMS-LOPERAMIDE HCL	PMS		0.0912

56:12.00 CATHARTICS AND LAXATIVES

LACTULOSE

SEE APPENDIX A FOR EDS CRITERIA

☒ 667MG/ML SYRUP

00703486	PMS-LACTULOSE (EDS)	PMS	\$	0.0158
00854409	ACILAC (EDS)	TCH		0.0158

56:16.00 DIGESTANTS

PANCRELIPASE (LIPASE/AMYLASE/PROTEASE)

4000U/12000U/12000U CAPSULE CONTAINING
ENTERIC COATED PARTICLES

00789445	PANCREASE MT 4	JAN	\$	0.3733
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4000U/20000U/25000U CAPSULE CONTAINING
ENTERIC COATED PARTICLES

00591548	PANCREASE	JAN	\$	0.3727
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4500U/20000U/25000U CAPSULE CONTAINING
ENTERIC COATED PARTICLES

02203324	ULTRASE MS4	AXC	\$	0.2214
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5000U/16600U/18750U CAPSULE CONTAINING
ENTERIC COATED PARTICLES

02239007	CREON 5	SLV	\$	0.1812
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8000U/30000U/30000U CAPSULE
COTAZYM

00263818	COTAZYM	ORG	\$	0.2670
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56:00 GASTROINTESTINAL DRUGS

56:16.00 DIGESTANTS

8000U/30000U/30000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00502790 COTAZYM ECS 8	ORG	\$	0.3662
10000U/30000U/30000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00789437 PANCREASE MT 10	JAN	\$	0.9329
10000U/33200U/37500U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02200104 CREON 10	SLV	\$	0.2897
12000U/39000U/39000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02045834 ULTRASE MT12	AXC	\$	0.4275
16000U/48000U/48000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00789429 PANCREASE MT 16	JAN	\$	1.4925
20000U/55000U/55000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 00821373 COTAZYM ECS 20	ORG	\$	0.9456
20000U/65000U/65000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02045869 ULTRASE MT20	AXC	\$	0.7503
20000U/66400U/75000U CAPSULE CONTAINING ENTERIC COATED PARTICLES 02239008 CREON 20	SLV	\$	0.8597
25000U/74000U/62500U CAPSULE CONTAINING ENTERIC COATED PARTICLES 01985205 CREON 25	SLV	\$	0.9049
8000U/30000U/30000U TABLET 02230019 VIOKASE	AXC	\$	0.2303
16000U/60000U/60000U TABLET 02241933 VIOKASE	AXC	\$	0.3470
24000U/100000U/100000U POWDER 02230020 VIOKASE	AXC	\$	0.4951

56:22.00 ANTI-EMETICS

DIMENHYDRINATE

* 50MG TABLET

00363766 APO-DIMENHYDRINATE	APX	\$	0.0138
00021423 NOVO-DIMENATE	NOP		0.0408
00013803 GRAVOL	HOR		0.1313
3MG/ML ORAL LIQUID			
00230197 GRAVOL	HOR	\$	0.0740

56:00 GASTROINTESTINAL DRUGS

56:22.00 ANTI-EMETICS

* 50MG/ML INJECTION SOLUTION (5ML)

00392537	DIMENHYDRINATE IM	SAB	\$	3.2600
00013579	GRAVOL	HOR		4.4100

50MG SUPPOSITORY

00013595	GRAVOL	HOR	\$	0.5100
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100MG SUPPOSITORY

00013609	GRAVOL	HOR	\$	0.5328
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DOXYLAMINE SUCCINATE/PYRIDOXINE HCL

10MG/10MG DELAYED RELEASE TABLET

00609129	DICLECTIN	DUI	\$	1.3020
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MECLIZINE HCL

25MG TABLET

00220442	BONAMINE	PFC	\$	2.6040
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SCOPOLAMINE

1.5MG TRANSDERMAL THERAPEUTIC SYSTEM

00550094	TRANSDERM-V	NVR	\$	3.8000
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56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

BUDESONIDE

SEE APPENDIX A FOR EDS CRITERIA

3MG CONTROLLED ILEAL RELEASE CAPSULE

02229293	ENTOCORT (EDS)	AST	\$	1.6058
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CIMETIDINE

* 300MG TABLET

02231287	DOM-CIMETIDINE	DOM	\$	0.0435 *
00487872	APO-CIMETIDINE	APX		0.0934
00546240	PEPTOL	TCH		0.0934
00582417	NOVO-CIMETINE	NOP		0.0934
00865818	NU-CIMET	NXP		0.0934
02227444	GEN-CIMETIDINE	GPM		0.0934
02229718	PMS-CIMETIDINE	PMS		0.0934
01916815	TAGAMET	GSK		0.4003

* 400MG TABLET

02231288	DOM-CIMETIDINE	DOM	\$	0.0682 *
00568449	PEPTOL	TCH		0.1465
00600059	APO-CIMETIDINE	APX		0.1465
00603678	NOVO-CIMETINE	NOP		0.1465
00865826	NU-CIMET	NXP		0.1465
02227452	GEN-CIMETIDINE	GPM		0.1465
02229719	PMS-CIMETIDINE	PMS		0.1465
01916785	TAGAMET	GSK		0.6548

56:00 GASTROINTESTINAL DRUGS**56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS**** 600MG TABLET*

02231290	DOM-CIMETIDINE	DOM	\$	0.0870	*
00584282	PEPTOL	TCH		0.1867	
00600067	APO-CIMETIDINE	APX		0.1867	
00603686	NOVO-CIMETINE	NOP		0.1867	
00865834	NU-CIMET	NXP		0.1867	
02227460	GEN-CIMETIDINE	GPM		0.1867	
02229720	PMS-CIMETIDINE	PMS		0.1867	
01916777	TAGAMET	GSK		0.7610	
<i>60MG/ML ORAL LIQUID</i>					
02243085	APO-CIMETIDINE	APX	\$	0.1220	

DOMPERIDONE MALEATE** 10MG TABLET*

02238315	DOM-DOMPERIDONE	DOM	\$	0.0627	*
01912070	ALTI-DOMPERIDONE MALEATE	ALT		0.1624	
02103613	APO-DOMPERIDONE	APX		0.1624	
02157195	NOVO-DOMPERIDONE	NOP		0.1624	
02230473	MOTILIDONE	TCH		0.1624	
02231477	NU-DOMPERIDONE	NXP		0.1624	
02236466	PMS-DOMPERIDONE	PMS		0.1624	
02238444	FTP-DOMPERIDONE MALEATE	FTP		0.1624	
00855820	MOTILIUM	JAN		0.2578	

FAMOTIDINE** 20MG TABLET*

02024195	NU-FAMOTIDINE	NXP	\$	0.4028	*
01953842	APO-FAMOTIDINE	APX		0.6398	
02022133	NOVO-FAMOTIDINE	NOP		0.6398	
02196018	GEN-FAMOTIDINE	GPM		0.6398	
02237148	ULCIDINE	ICN		0.6398	
02240622	RHOXAL-FAMOTIDINE	RHO		0.6398	
02242327	ALTI-FAMOTIDINE	ALT		0.6398	
00710121	PEPCID	MSD		1.0153	

** 40MG TABLET*

02024209	NU-FAMOTIDINE	NXP	\$	0.7208	*
01953834	APO-FAMOTIDINE	APX		1.1514	
02022141	NOVO-FAMOTIDINE	NOP		1.1514	
02196026	GEN-FAMOTIDINE	GPM		1.1514	
02237149	ULCIDINE	ICN		1.1514	
02240623	RHOXAL-FAMOTIDINE	RHO		1.1514	
02242328	ALTI-FAMOTIDINE	ALT		1.1514	
00710113	PEPCID	MSD		1.8461	

LANSOPRAZOLE*SEE APPENDIX A FOR EDS CRITERIA*

<i>15MG DELAYED RELEASE CAPSULE</i>					
02165503	PREVACID (EDS)	ABB	\$	2.1700	
<i>30MG DELAYED RELEASE CAPSULE</i>					
02165511	PREVACID (EDS)	ABB	\$	2.1700	

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

LANSOPRAZOLE/CLARITHROMYCIN/AMOXICILLIN

SEE APPENDIX A FOR EDS CRITERIA

30MG/500MG/500MG 7-DAY PACKAGE

02238525 HP-PAC (EDS) ABB \$ 79.8600

METOCLOPRAMIDE HCL

5MG TABLET

02230431 PMS-METOCLOPRAMIDE PMS \$ 0.0604

* 10MG TABLET

00842834 APO-METOCLOP APX \$ 0.0633

02143283 NU-METOCLOPRAMIDE NXP 0.0633

02230432 PMS-METOCLOPRAMIDE PMS 0.0633

02043521 REGLAN WYA 0.1845

1MG/ML ORAL SOLUTION

02230433 PMS-METOCLOPRAMIDE PMS \$ 0.0291

MISOPROSTOL

100UG TABLET

00813966 CYTOTEC PHU \$ 0.2952

200UG TABLET

00632600 CYTOTEC PHU \$ 0.4914

NIZATIDINE

* 150MG CAPSULE

02177714 PMS-NIZATIDINE PMS \$ 0.5737

02220156 APO-NIZATIDINE APX 0.5737

02240457 NOVO-NIZATIDINE NOP 0.5737

00778338 AXID LIL 0.9106

* 300MG CAPSULE

02177722 PMS-NIZATIDINE PMS \$ 1.0395

02220164 APO-NIZATIDINE APX 1.0395

02240458 NOVO-NIZATIDINE NOP 1.0395

00778346 AXID LIL 1.6499

OLSALAZINE SODIUM

250MG CAPSULE

02063808 DIPENTUM PHU \$ 0.5176

OMEPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

10MG DELAYED RELEASE TABLET

02230737 LOSEC (EDS) AST \$ 1.8988

20MG DELAYED RELEASE TABLET

02190915 LOSEC (EDS) AST \$ 2.3900

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

PANTOPRAZOLE

SEE APPENDIX A FOR EDS CRITERIA

40MG ENTERIC TABLET

02229453	PANTOLOC (EDS)	SLV	\$	2.0615
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RANITIDINE

* 150MG TABLET

00865737	NU-RANIT	NXP	\$	0.1590 *
00733059	APO-RANITIDINE	APX		0.4386
00828564	NOVO-RANIDINE	NOP		0.4386
00828823	ALTI-RANITIDINE	ALT		0.4386
02207761	GEN-RANITIDINE	GPM		0.4386
02219077	MED-RANITIDINE	MED		0.4386
02242453	PMS-RANITIDINE	PMS		0.4386
02212331	ZANTAC	GSK		1.1885

* 300MG TABLET

00865745	NU-RANIT	NXP	\$	0.3074 *
00733067	APO-RANITIDINE	APX		0.8449
00828556	NOVO-RANIDINE	NOP		0.8449
00828688	ALTI-RANITIDINE	ALT		0.8449
02207788	GEN-RANITIDINE	GPM		0.8449
02219085	MED-RANITIDINE	MED		0.8449
02242454	PMS-RANITIDINE	PMS		0.8449
00641790	ZANTAC	GSK		2.2373

15MG/ML ORAL SOLUTION

02212374	ZANTAC	GSK	\$	0.2023
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SUCRALFATE

* 1G TABLET

02134829	NU-SUCRALFATE	NXP	\$	0.1484 *
02045702	NOVO-SUCRALATE	NOP		0.3192
02125250	APO-SUCRALFATE	APX		0.3192
02238209	PMS-SUCRALFATE	PMS		0.3192
02239912	DOM-SUCRALFATE	DOM		0.3352
02100622	SULCRATE	AVT		0.5578

200MG/ML ORAL SUSPENSION

02103567	SULCRATE SUSPENSION PLUS	AVT	\$	0.1014
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SULFASALAZINE (SALICYLAZOSULFAPYRIDINE)

* 500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	\$	0.0907
00685933	ALTI-SULFASALAZINE	ALT		0.0907
02064480	SALAZOPYRIN	PHU		0.2433

* 500MG ENTERIC TABLET

00598488	PMS-SULFASALAZINE	PMS	\$	0.1177
00685925	ALTI-SULFASALAZINE	ALT		0.1177
00445126	S.A.S. 500	ICN		0.2643
02064472	SALAZOPYRIN	PHU		0.3832

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS

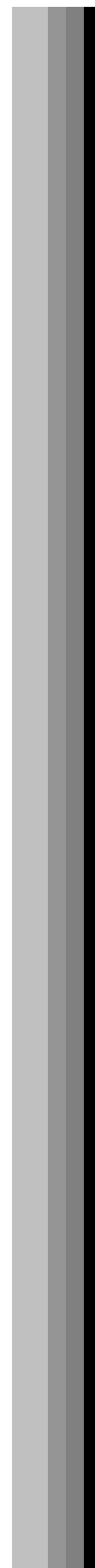
5-AMINOSALICYLIC ACID

250MG DELAYED RELEASE TABLET				
02099675 PENTASA	FEI	\$		0.3339
<input checked="" type="checkbox"/> 400MG ENTERIC COATED TABLET				
02171929 NOVO-5-ASA	NOP	\$		0.4297
01997580 ASACOL	PGA			0.5371
500MG DELAYED RELEASE TABLET				
02099683 PENTASA	FEI	\$		0.6043
<input checked="" type="checkbox"/> 500MG ENTERIC COATED TABLET				
02112787 SALOFALK	AXC	\$		0.5252
01914030 MESASAL	GSK			0.5934
1.0G/100ML RETENTION ENEMA				
02153521 PENTASA	FEI	\$		4.0300
2.0G/60G RETENTION ENEMA				
02112795 SALOFALK RETENTION ENEMA	AXC	\$		3.8100
2.0G/100ML RETENTION ENEMA				
02153548 PENTASA	FEI	\$		4.4200
4.0G/60G RETENTION ENEMA				
02112809 SALOFALK RETENTION ENEMA	AXC	\$		6.4700
4.0G/100ML RETENTION ENEMA				
02153556 PENTASA	FEI	\$		4.8400
250MG SUPPOSITORY				
02112752 SALOFALK	AXC	\$		0.8348
500MG SUPPOSITORY				
02112760 SALOFALK	AXC	\$		1.1820
<input checked="" type="checkbox"/> 1.0G SUPPOSITORY				
02242146 SALOFALK	AXC	\$		1.7360
02153564 PENTASA	FEI			1.7686



GOLD COMPOUNDS

60:00



60:00 GOLD COMPOUNDS

60:00.00 GOLD COMPOUNDS

AURANOFIN

AURANOFIN SHOULD BE CONSIDERED ONLY WHEN SALICYLATES OR OTHER NON-STEROIDAL ANTI-INFLAMMATORY DRUGS, AND, WHEN APPROPRIATE, STEROIDS, HAVE PROVEN TO BE INADEQUATE FOR CONTROLLING THE SYMPTOMS OF RHEUMATOID ARTHRITIS. PHYSICIANS PLANNING TO USE AURANOFIN SHOULD BE EXPERIENCED WITH CHRYSOTHERAPY AND SHOULD THOROUGHLY FAMILIARIZE THEMSELVES WITH THE TOXICITY AND BENEFITS OF AURANOFIN. ADVERSE REACTIONS WERE REPORTED IN 62% OF 4,784 PATIENTS TREATED WITH AURANOFIN. MOST COMMON WERE DIARRHEA (47%), RASH (24%), PRURITIS (17%), ABDOMINAL PAIN (14%), AND STOMATITIS (13%). POTENTIALLY SERIOUS ADVERSE REACTIONS WERE ANEMIA (1.6%), LEUKOPENIA (1.9%), THROMBOCYTOPENIA (0.9%) AND PROTEINUREA (5.0%).

3MG CAPSULE

01916823	RIDAURA	PMS	\$	1.3652
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AUROTHIOGLUCOSE

50MG/ML INJECTION SUSPENSION (10ML)

00855774	SOLGANAL	SAW	\$	116.2100
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SODIUM AUROTHIOMALATE

10MG/ML INJECTION SOLUTION (1ML)

01927620	MYOCHRYSINE	AVT	\$	9.7800
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25MG/ML INJECTION SOLUTION (1ML)

01927612	MYOCHRYSINE	AVT	\$	11.8700
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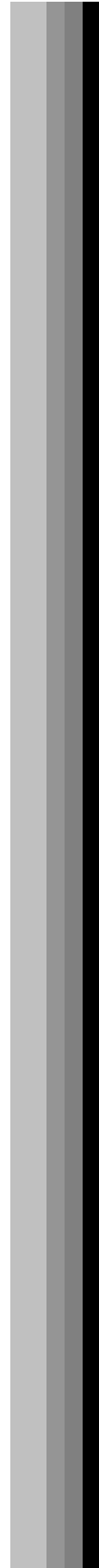
50MG/ML INJECTION SOLUTION (1ML)

01927604	MYOCHRYSINE	AVT	\$	18.4400
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METAL ANTAGONISTS

64:00



64:00 METAL ANTAGONISTS

64:00.00 METAL ANTAGONISTS

DEFEROXAMINE MESYLATE

SEE APPENDIX A FOR EDS CRITERIA

* 500MG/VIAL POWDER FOR SOLUTION

02242055	PMS-DEFEROXAMINE (EDS)	PMS	\$	8.8700
01981242	DEFERAL (EDS)	NVR		14.1900

2G/VIAL POWDER FOR SOLUTION

01981250	DEFERAL (EDS)	NVR	\$	56.9700
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PENICILLAMINE

125MG CAPSULE

00497894	CUPRIMINE	MSD	\$	0.5315
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250MG CAPSULE

00016055	CUPRIMINE	MSD	\$	0.7968
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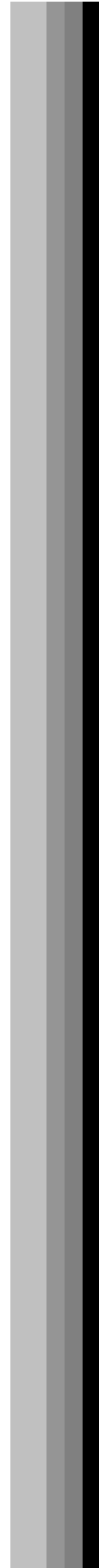
250MG TABLET

00511641	DEPEN	HOR	\$	0.6838
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HORMONES AND SUBSTITUTES

68:00



68:00 HORMONES AND SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

COMPARABLE ANTI-INFLAMMATORY ACTIVITY OF ORAL CORTICOSTEROIDS

(MINERALCORTICOID ACTIVITY NOT COMPARABLE)

DURATION OF ACTION	PRODUCT	COMPARABLE ANTI-INFLAMMATORY DOSE
SHORT ACTING	- CORTISONE	25 mg
	- HYDROCORTISONE	20 mg
	- PREDNISONE	5 mg
	- METHYLPREDNISOLONE	4 mg
INTERMEDIATE ACTING	- TRIAMCINOLONE	4 mg
LONG ACTING	- DEXAMETHASONE	0.75 mg
	- BETAMETHASONE	0.60 mg

THESE CLASSIFICATIONS ARE IMPORTANT CONSIDERATIONS IN ALTERNATE DAY STEROID THERAPY.

COMPARABLE ANTI-INFLAMMATORY ACTIVITY OF SOLUBLE INJECTABLE CORTICOSTEROIDS

PRODUCT	% ACTIVE BASE	COMPARABLE ANTI-INFLAMMATORY DOSE
HYDROCORTISONE SODIUM SUCCINATE	74.8	100 mg
DEXAMETHASONE 21 PHOSPHATE	76.1	4 mg

68:00 HORMONES AND SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

* 50UG/INHALATION AEROSOL (PACKAGE)

00374407	VANCERIL INHALER	SCH	\$	8.1400
00872334	ALTI-BECLOMETHASONE	ALT		8.1400

50UG/INHALATION AEROSOL (PACKAGE)
(CFC-FREE)

02242029	QVAR	MDA	\$	30.7600
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100UG/INHALATION AEROSOL (PACKAGE)
(CFC-FREE)

02242030	QVAR	MDA	\$	61.5200
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BETAMETHASONE ACETATE/

BETAMETHASONE SODIUM PHOSPHATE

* 3MG/3MG PER ML INJECTION SUSPENSION (1ML)

00028096	CELESTONE SOLUSPAN	SCH	\$	4.2900
02237835	BETAJECT	SAB		4.2900

BUDESONIDE

0.125MG/ML INHALATION SOLUTION (2ML)

02229099	PULMICORT NEBUAMP	AST	\$	0.4340
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0.25MG/ML INHALATION SOLUTION (2ML)

01978918	PULMICORT NEBUAMP	AST	\$	0.8680
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0.5MG/ML INHALATION SOLUTION (2ML)

01978926	PULMICORT NEBUAMP	AST	\$	1.7360
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100UG POWDER FOR INHALATION (PACKAGE)

00852074	PULMICORT TURBUHALER	AST	\$	32.0700
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200UG POWDER FOR INHALATION (PACKAGE)

00851752	PULMICORT TURBUHALER	AST	\$	64.1300
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400UG POWDER FOR INHALATION (PACKAGE)

00851760	PULMICORT TURBUHALER	AST	\$	115.3900
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CORTISONE ACETATE

5MG TABLET

00016438	CORTONE	MSD	\$	0.1220
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* 25MG TABLET

00280437	CORTISONE	ICN	\$	0.3327
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00016446	CORTONE	MSD		0.4557
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68:00 HORMONES AND SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

DEXAMETHASONE

* 0.5MG TABLET

00295094	DEXASONE	ICN	\$	0.2138
01964976	PMS-DEXAMETHASONE	PMS		0.2138
02240684	ALTI-DEXAMETHASONE	ALT		0.2138

* 0.75MG TABLET

00285471	DEXASONE	ICN	\$	0.4883
01964968	PMS-DEXAMETHASONE	PMS		0.4883
02240685	ALTI-DEXAMETHASONE	ALT		0.4883

* 4MG TABLET

01964070	PMS-DEXAMETHASONE	PMS	\$	0.8326
02240687	ALTI-DEXAMETHASONE	ALT		0.8326
00489158	DEXASONE	ICN		0.8329

DEXAMETHASONE 21-PHOSPHATE

* 4MG/ML INJECTION SOLUTION (5ML)

00664227	DEXAMETHASONE SOD PHO INJ	SAB	\$	9.1700
01977547	DEXAMETHASONE SOD PHO INJ	CYT		9.1700
00751863	PMS-DEXAMETHASONE SOD PHO	PMS		16.2800

FLUDROCORTISONE ACETATE

0.1MG TABLET

02086026	FLORINEF	RBP	\$	0.2355
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FLUTICASONE PROPIONATE

25UG/INHALATION AEROSOL (PACKAGE)

02213583	FLOVENT	GSK	\$	14.3300
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50UG/INHALATION AEROSOL (PACKAGE)

02213591	FLOVENT	GSK	\$	23.7700
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125UG/INHALATION AEROSOL (PACKAGE)

02213605	FLOVENT	GSK	\$	39.0600
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250UG/INHALATION AEROSOL (PACKAGE)

02213613	FLOVENT	GSK	\$	78.1200
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50UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237244	FLOVENT DISKUS	GSK	\$	14.3300
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100UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237245	FLOVENT DISKUS	GSK	\$	23.7700
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250UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237246	FLOVENT DISKUS	GSK	\$	39.0600
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500UG/DOSE POWDER FOR INHALATION (PACKAGE)

02237247	FLOVENT DISKUS	GSK	\$	78.1200
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HYDROCORTISONE

10MG TABLET

00030910	CORTEF	PHU	\$	0.1468
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20MG TABLET

00030929	CORTEF	PHU	\$	0.2653
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68:00 HORMONES AND SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

HYDROCORTISONE SODIUM SUCCINATE

<i>100MG INJECTION POWDER</i>				
00030600 SOLU-CORTEF	PHU	\$		3.4800
<i>250MG INJECTION POWDER</i>				
00030619 SOLU-CORTEF	PHU	\$		6.0500

METHYLPREDNISOLONE

<i>4MG TABLET</i>				
00030988 MEDROL	PHU	\$		0.3529
<i>16MG TABLET</i>				
00036129 MEDROL	PHU	\$		1.0182

METHYLPREDNISOLONE ACETATE

<i>40MG/ML INJECTION SUSPENSION (1ML)</i>				
00030759 DEPO-MEDROL	PHU	\$		5.1000
<i>80MG/ML INJECTION SUSPENSION (1ML)</i>				
00030767 DEPO-MEDROL	PHU	\$		9.7700

PREDNISOLONE SODIUM PHOSPHATE

<i>1MG/ML ORAL LIQUID</i>				
02230619 PEDIAPRED	AVT	\$		0.1041

PREDNISONE

<i>* 1MG TABLET</i>				
00271373 WINPRED	ICN	\$		0.1123
00598194 APO-PREDNISONE	APX			0.1123
<i>* 5MG TABLET</i>				
00312770 APO-PREDNISONE	APX	\$		0.0098
00021695 NOVO-PREDNISONE	NOP			0.0162
<i>* 50MG TABLET</i>				
00550957 APO-PREDNISONE	APX	\$		0.1091
00232378 NOVO-PREDNISONE	NOP			0.1760

TRIAMCINOLONE

<i>2MG TABLET</i>				
02194082 ARISTOCORT	STI	\$		0.3041
<i>4MG TABLET</i>				
02194090 ARISTOCORT	STI	\$		0.5246

68:00 HORMONES AND SUBSTITUTES

68:04.00 ADRENAL CORTICOSTEROIDS

TRIAMCINOLONE ACETONIDE

<i>200UG/DOSE INHALATION AEROSOL (PACKAGE)</i>			
01926314	AZMACORT	AVT	\$ 17.3600
* <i>10MG/ML INJECTION SUSPENSION (5ML)</i>			
02229540	TRIAMCINOLONE ACETONIDE	SAB	\$ 12.9400
01999761	KENALOG 10	WSD	15.9400
* <i>40MG/ML INJECTION SUSPENSION (1ML)</i>			
01977563	TRIAMCINOLONE ACETONIDE	CYT	\$ 5.5600
02229550	TRIAMCINOLONE ACETONIDE	SAB	5.8048
01999869	KENALOG 40	WSD	7.4000

TRIAMCINOLONE HEXACETONIDE*SEE APPENDIX A FOR EDS CRITERIA*

<i>20MG/ML INJECTION SUSPENSION</i>			
02194155	ARISTOSPAN (EDS)	STI	\$ 6.7000

68:08.00 ANDROGENS

DANAZOL

<i>50MG CAPSULE</i>			
02018144	CYCLOMEN	SAW	\$ 0.7733
<i>100MG CAPSULE</i>			
02018152	CYCLOMEN	SAW	\$ 1.1474
<i>200MG CAPSULE</i>			
02018160	CYCLOMEN	SAW	\$ 1.8336

TESTOSTERONE CYPIONATE

* <i>100MG/ML OILY INJECTION SOLUTION (10ML)</i>			
01977601	TESTOSTERONE CYPIONATE	CYT	\$ 18.4000
00030783	DEPO-TESTOSTERONE	PHU	25.1900

TESTOSTERONE ENANTHATE

<i>200MG/ML OILY INJECTION SOLUTION (ML)</i>			
00029246	DELATESTRYL	THM	\$ 5.3000

TESTOSTERONE UNDECANOATE

<i>40MG CAPSULE</i>			
00782327	ANDRIOL	ORG	\$ 1.0199

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/D-NORGESTREL

0.05MG/0.25MG (21 TABLET)

02043033 OVRAL WYA \$ 12.6900

0.05MG/0.25MG (28 TABLET)

02043041 OVRAL WYA \$ 12.6900

ETHINYL ESTRADIOL/DESOGESTREL

0.03MG/0.15MG (21 TABLET)

02042541 ORTHO-CEPT JAN \$ 11.7800

02042487 MARVELON ORG 12.7300

0.03MG/0.15MG (28 TABLET)

02042533 ORTHO-CEPT JAN \$ 11.7800

02042479 MARVELON ORG 12.7300

ETHINYL ESTRADIOL/ETHYNODIOL DIACETATE

0.03MG/2MG (21 TABLET)

00469327 DEMULEN 30 PHU \$ 12.2700

0.03MG/2MG (28 TABLET)

00471526 DEMULEN 30 PHU \$ 13.1200

ETHINYL ESTRADIOL/L-NORGESTREL

0.02MG/0.1MG (21 TABLET)

02236974 ALESSE WYA \$ 12.4800

0.02MG/0.1MG (28 TABLET)

02236975 ALESSE WYA \$ 12.4800

0.03MG/0.05MG(6)0.04MG/0.075MG(5)

0.03MG/0.125MG(10) (21 TABLET)

00707600 TRIQUILAR BEX \$ 11.7000

02043726 TRIPHASIL WYA 12.4200

0.03MG/0.05MG(6)0.04MG/0.075MG(5)

0.03MG/0.125MG(10) INERT TABLETS (7)
(28 TABLET)

00707503 TRIQUILAR BEX \$ 11.7000

02043734 TRIPHASIL WYA 12.4200

0.03MG/0.15MG (21 TABLET)

02042320 MIN-OVRAL WYA \$ 12.3600

0.03MG/0.15MG (28 TABLET)

02042339 MIN-OVRAL WYA \$ 12.3600

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/NORETHINDRONE

<input checked="" type="checkbox"/> 0.035MG/0.5MG (21 TABLET)				
02187086 BREVICON	PHU	\$	11.2500	
00317047 ORTHO 0.5/35	JAN		11.7800	
<input checked="" type="checkbox"/> 0.035MG/0.5MG (28 TABLET)				
02187094 BREVICON	PHU	\$	11.2500	
00340731 ORTHO 0.5/35	JAN		11.7800	
0.035MG/0.5MG (7) 0.035MG/0.75MG (7)				
0.035/1.0MG (7) (21 TABLET)				
00602957 ORTHO 7/7/7	JAN	\$	11.7800	
0.035MG/0.5MG (7) 0.035MG/0.75MG (7)				
0.035MG/1.0MG (7) INERT TABLETS (7)				
(28 TABLET)				
00602965 ORTHO 7/7/7	JAN	\$	11.7800	
0.035MG/0.5MG(7)0.035MG/1.0MG(9)				
0.035MG/0.5MG(5) (21 TABLET)				
02187108 SYNPHASIC	PHU	\$	11.0900	
0.035MG/0.5MG(7)0.035MG/1.0MG(9)				
0.035MG/0.5MG(5) INERT TABLETS (7)				
(28 TABLET)				
02187116 SYNPHASIC	PHU	\$	11.0900	
<input checked="" type="checkbox"/> 0.035MG/1MG (21 TABLET)				
02197502 SELECT 1/35	PHU	\$	7.6000	
02189054 BREVICON 1/35	PHU		11.2500	
00372846 ORTHO 1/35	JAN		11.7800	
<input checked="" type="checkbox"/> 0.035MG/1MG (28 TABLET)				
02199297 SELECT 1/35	PHU	\$	7.6000	
02189062 BREVICON 1/35	PHU		11.2500	
00372838 ORTHO 1/35	JAN		11.7800	

ETHINYL ESTRADIOL/NORETHINDRONE ACETATE

0.02MG/1MG (21 TABLET)				
00315966 MINISTRIN 1/20	PFI	\$	12.6800	
0.02MG/1MG (28 TABLET)				
00343838 MINISTRIN 1/20	PFI	\$	12.6800	
0.03MG/1.5MG (21 TABLET)				
00297143 LOESTRIN 1.5/30	PFI	\$	12.6800	
0.03MG/1.5MG (28 TABLET)				
00353027 LOESTRIN 1.5/30	PFI	\$	12.6800	

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/NORGESTIMATE

0.035MG/0.18MG (7) 0.035MG/0.215MG (7)

0.035MG/0.25MG (7) (21 TABLET)

02028700 TRI-CYCLEN JAN \$ 11.7800

0.035MG/0.18MG (7) 0.035MG/0.215MG (7)

0.035MG/0.25MG (7) (28 TABLET)

02029421 TRI-CYCLEN JAN \$ 11.7800

0.035MG/0.25MG (21 TABLET)

01968440 CYCLEN JAN \$ 11.7800

0.035MG/0.25MG (28 TABLET)

01992872 CYCLEN JAN \$ 11.7800

LEVONORGESTREL

36MG SUBDERMAL IMPLANTS

02060590 NORPLANT WYA \$ 480.0000

52MG EXTENDED RELEASE INTRAUTERINE INSERT

02243005 MIRENA BEX \$ 314.6500

MESTRANOL/NORETHINDRONE

0.05MG/1MG (21 TABLET)

00022608 ORTHO-NOVUM 1/50 JAN \$ 11.7800

NORETHINDRONE

0.35MG (28 TABLET)

00037605 MICRONOR JAN \$ 11.7800

68:16.00 ESTROGENS

CONJUGATED ESTROGENS

☒ *0.3MG TABLET*

02230891 C.E.S. ICN \$ 0.0862

02043394 PREMARIN WYA 0.1151

☒ *0.625MG TABLET*

00587281 PMS-CONJUGATED ESTROGENS PMS \$ 0.0814

00265470 C.E.S. ICN 0.1055

02043408 PREMARIN WYA 0.1321

☒ *0.9MG TABLET*

02230892 C.E.S. ICN \$ 0.2061

02043416 PREMARIN WYA 0.2750

☒ *1.25MG TABLET*

00587303 PMS-CONJUGATED ESTROGENS PMS \$ 0.1384

00265489 C.E.S. ICN 0.1877

02043424 PREMARIN WYA 0.2348

0.625MG/G VAGINAL CREAM

02043440 PREMARIN WYA \$ 0.3783

68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

CONJUGATED ESTROGENS/MEDROXYPROGESTERONE ACETATE

0.625MG/2.5MG TABLET (PACKAGE)

02242878 PREMLUS WYA \$ 7.6000

ESTRADIOL

SEE APPENDIX A FOR EDS CRITERIA

0.5MG TABLET

02225190 ESTRACE RBP \$ 0.1113

1MG TABLET

02148587 ESTRACE RBP \$ 0.2149

2MG TABLET

02148595 ESTRACE RBP \$ 0.3792

0.06% TRANSDERMAL GEL SPRAY (PACKAGE)

02238704 ESTROGEL (EDS) SCH \$ 19.4800

2MG VAGINAL RING (7.5UG/24 HOURS)

02168898 ESTRING PHU \$ 65.1000

☒ 25UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

00756849 ESTRADERM (EDS) NVR \$ 19.8000

02237807 OESCLIM (EDS) PMS 21.1600

37.5UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

02204401 VIVELLE (EDS) NVR \$ 19.8000

☒ 50UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

00756857 ESTRADERM (EDS) NVR \$ 21.1600

02204428 VIVELLE (EDS) NVR 21.1600

02231509 CLIMARA 50 (EDS) BEX 21.1600

02237808 OESCLIM (EDS) PMS 21.1600

75UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

02204436 VIVELLE (EDS) NVR \$ 22.7100

☒ 100UG TRANSDERMAL THERAPEUTIC SYSTEM (PKG)

00756792 ESTRADERM (EDS) NVR \$ 23.8700

02204444 VIVELLE (EDS) NVR 23.8700

02231510 CLIMARA 100 (EDS) BEX 23.8700

ESTRADIOL & NORETHINDRONE ACETATE/ESTRADIOL

SEE APPENDIX A FOR EDS CRITERIA

50UG & 250UG/50UG TRANSDERMAL THERAPEUTIC SYSTEM (8)

02108186 ESTRACOMB (EDS) NVR \$ 22.4100

ESTRADIOL VALERATE

10MG/ML OILY INJECTION SUSPENSION (5ML)

00029238 DELESTROGEN THM \$ 17.8600

68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

ESTRADIOL/NORETHINDRONE ACETATE*SEE APPENDIX A FOR EDS CRITERIA**50UG/140UG TRANSDERMAL THERAPEUTIC SYSTEM (8)*

02241835 ESTALIS (EDS) NVR \$ 23.6600

*50UG/250UG TRANSDERMAL THERAPEUTIC SYSTEM (8)*02241837 ESTALIS (EDS) NVR \$ 23.6600

**ESTROPIPATE (CALCULATED AS SODIUM
ESTRONE SULFATE)***0.625MG TABLET*

02089793 OGEN PHU \$ 0.1704

1.25MG TABLET

02089769 OGEN PHU \$ 0.3043

*2.5MG TABLET*02089777 OGEN PHU \$ 0.4811

STILBOESTROL*0.1MG TABLET*

02091488 STILBESTROL RBP \$ 0.2329

0.5MG TABLET

02100304 STILBESTROL RBP \$ 0.2821

*1MG TABLET*02091461 STILBESTROL RBP \$ 0.3069

68:16.12 ESTROGEN AGONIST-ANTAGONISTS

RALOXIFENE HCL*SEE APPENDIX A FOR EDS CRITERIA**60MG TABLET*02239028 EVISTA (EDS) LIL \$ 1.6926

68:18.00 GONADOTROPINS

CHORIONIC GONADOTROPIN*SEE APPENDIX A FOR EDS CRITERIA**10000IU/VIAL INJECTION (10ML)*

02168936 APL (EDS) WYA \$ 81.3800

*10000IU/VIAL INJECTION*01925679 PROFASI HP (EDS) SRO \$ 55.9900

68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTI-DIABETIC DRUGS (INSULINS-PORK)

INSULIN (ISOPHANE) PORK

100U/ML INJECTION SUSPENSION (10ML)

00514551 NPH ILETIN II PORK LIL \$ 19.7300

INSULIN (LENTE) PORK

100U/ML INJECTION SUSPENSION (10ML)

00514535 LENTE ILETIN II, PORK LIL \$ 19.7300

INSULIN (REGULAR) PORK

100U/ML INJECTION SOLUTION (10ML)

00513644 REGULAR ILETIN II, PORK LIL \$ 19.7300

68:20.08 ANTI-DIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

00587737 HUMULIN-N LIL \$ 16.2900

02024225 NOVOLIN GE NPH NOO 16.8400

100U/ML INJECTION SUSPENSION (5X3ML)

02024268 NOVOLIN GE NPH PENFILL NOO \$ 33.6700

01959239 HUMULIN-N CARTRIDGE LIL 33.7700

INSULIN (LENTE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

00646148 HUMULIN-L LIL \$ 16.2900

02024241 NOVOLIN GE LENTE NOO 16.8400

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

100U/ML INJECTION SOLUTION (10ML)

00586714 HUMULIN-R LIL \$ 16.2900

02024233 NOVOLIN GE TORONTO NOO 16.8400

100U/ML INJECTION SOLUTION (5X3ML)

02024284 NOVOLIN GE TORONTO PENFIL NOO \$ 33.6700

01959220 HUMULIN-R CARTRIDGE LIL 33.7700

INSULIN (REGULAR) LISPRO

SEE APPENDIX A FOR EDS CRITERIA

100U/ML INJECTION SOLUTION (10ML)

02229704 HUMALOG (EDS) LIL \$ 24.1500

100U/ML INJECTION SOLUTION (5X3ML)

02229705 HUMALOG CARTRIDGE (EDS) LIL \$ 48.3000

68:00 HORMONES AND SUBSTITUTES**68:20.08 ANTI-DIABETIC DRUGS
(INSULINS-HUMAN BIOSYNTHETIC)****INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC**

<i>100U/ML INJECTION SUSPENSION 10%/90%</i>			
<i>(5X3ML)</i>			
02024292	NOVOLIN GE 10/90 PENFILL	NOO	\$ 33.6700
<input checked="" type="checkbox"/>	<i>100U/ML INJECTION SUSPENSION 20%/80%</i>		
<i>(5X3ML)</i>			
02024306	NOVOLIN GE 20/80 PENFILL	NOO	\$ 33.6700
01962655	HUMULIN 20/80 CARTRIDGE	LIL	33.7700
<input checked="" type="checkbox"/>	<i>100U/ML INJECTION SUSPENSION 30%/70% (10ML,</i>		
<i>5X3ML)</i>			
00795879	HUMULIN 30/70	LIL	\$ 16.2900
02024217	NOVOLIN GE 30/70	NOO	16.8400
<input checked="" type="checkbox"/>	<i>100U/ML INJECTION SUSPENSION 30%/70%</i>		
<i>(5X3ML)</i>			
02025248	NOVOLIN GE 30/70 PENFILL	NOO	\$ 33.6700
01959212	HUMULIN 30/70 CARTRIDGE	LIL	33.7700
<i>100U/ML INJECTION SUSPENSION 40%/60%</i>			
<i>(5X3ML)</i>			
02024314	NOVOLIN GE 40/60 PENFILL	NOO	\$ 33.6700
<i>100U/ML INJECTION SUSPENSION 50%/50%</i>			
<i>(5X3ML)</i>			
02024322	NOVOLIN GE 50/50 PENFILL	NOO	\$ 33.6700

INSULIN (REGULAR/PROTAMINE) LISPRO*SEE APPENDIX A FOR EDS CRITERIA*

<i>100U/ML INJECTION SUSPENSION 25%/75%</i>			
<i>(5X3ML)</i>			
02240294	HUMALOG MIX25 (EDS)	LIL	\$ 48.3000

INSULIN (ULTRALENTE) HUMAN BIOSYNTHETIC

<input checked="" type="checkbox"/>	<i>100U/ML INJECTION SUSPENSION (10ML)</i>		
00733075	HUMULIN-U	LIL	\$ 16.2900
02024276	NOVOLIN GE ULTRALENTE	NOO	16.8400

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)**ACARBOSE**

<i>50MG TABLET</i>			
02190885	PRANDASE	BAY	\$ 0.2453
<i>100MG TABLET</i>			
02190893	PRANDASE	BAY	\$ 0.3390

CHLORPROPAMIDE

<i>100MG TABLET</i>			
00399302	APO-CHLORPROPAMIDE	APX	\$ 0.0782
<i>* 250MG TABLET</i>			
00021350	NOVO-PROPAMIDE	NOP	\$ 0.0454
00312711	APO-CHLORPROPAMIDE	APX	0.1075

68:00 HORMONES AND SUBSTITUTES

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

GLYBURIDE

* 2.5MG TABLET

02020734	NU-GLYBURIDE	NXP	\$	0.0159	*
00720933	EUGLUCON	PMS		0.0427	
00808733	GEN-GLYBE	GPM		0.0427	
01900927	ALBERT-GLYBURIDE	ALT		0.0427	
01913654	APO-GLYBURIDE	APX		0.0427	
01913670	NOVO-GLYBURIDE	NOP		0.0427	
02084341	MED-GLYBURIDE	MED		0.0427	
02236733	PMS-GLYBURIDE	PMS		0.0427	
02234513	DOM-GLYBURIDE	DOM		0.0449	
02224550	DIABETA	AVT		0.1144	

* 5MG TABLET

02020742	NU-GLYBURIDE	NXP	\$	0.0223	*
00720941	EUGLUCON	PMS		0.0741	
00808741	GEN-GLYBE	GPM		0.0741	
01913662	APO-GLYBURIDE	APX		0.0741	
01913689	NOVO-GLYBURIDE	NOP		0.0741	
02085887	MED-GLYBURIDE	MED		0.0741	
02236734	PMS-GLYBURIDE	PMS		0.0741	
01900935	ALBERT-GLYBURIDE	ALT		0.0743	
02234514	DOM-GLYBURIDE	DOM		0.0778	
02224569	DIABETA	AVT		0.2051	

METFORMIN

* 500MG TABLET

02162822	NU-METFORMIN	NXP	\$	0.0530	*
02045710	NOVO-METFORMIN	NOP		0.1320	
02148765	GEN-METFORMIN	GPM		0.1320	
02167786	APO-METFORMIN	APX		0.1320	
02223562	PMS-METFORMIN	PMS		0.1320	
02229516	GLYCON	ICN		0.1320	
02230670	MED-METFORMIN	MED		0.1320	
02233999	RHOXAL-METFORMIN	RHO		0.1320	
02242794	METFORMIN	ZYP		0.1320	
02242974	ALTI-METFORMIN	ALT		0.1320	
02229994	DOM-METFORMIN	DOM		0.1504	
02099233	GLUCOPHAGE	AVT		0.2387	

* 850MG TABLET

02229517	NU-METFORMIN	NXP	\$	0.1484	*
02229656	GEN-METFORMIN	GPM		0.2268	
02229785	APO-METFORMIN	APX		0.2268	
02230475	NOVO-METFORMIN	NOP		0.2268	
02242589	PMS-METFORMIN	PMS		0.2268	
02242793	METFORMIN	ZYP		0.2268	
02242931	ALTI-METFORMIN	ALT		0.2268	
02242726	DOM-METFORMIN	DOM		0.2382	
02162849	GLUCOPHAGE	AVT		0.3025	

68:00 HORMONES AND SUBSTITUTES

68:20.20 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS)

PIOGLITAZONE HCL

SEE APPENDIX A FOR EDS CRITERIA

15MG TABLET

02242572 ACTOS (EDS) LIL \$ 2.6691

30MG TABLET

02242573 ACTOS (EDS) LIL \$ 2.9946

45MG TABLET

02242574 ACTOS (EDS) LIL \$ 4.4834

REPAGLINIDE

SEE APPENDIX A FOR EDS CRITERIA

0.5MG TABLET

02239924 GLUCONORM (EDS) NOO \$ 0.2713

1MG TABLET

02239925 GLUCONORM (EDS) NOO \$ 0.2821

2MG TABLET

02239926 GLUCONORM (EDS) NOO \$ 0.2930

ROSIGLITAZONE MALEATE

SEE APPENDIX A FOR EDS CRITERIA

2MG TABLET

02241112 AVANDIA (EDS) GSK \$ 1.3346

4MG TABLET

02241113 AVANDIA (EDS) GSK \$ 2.6691

8MG TABLET

02241114 AVANDIA (EDS) GSK \$ 2.9946

TOLBUTAMIDE

500MG TABLET

00312762 APO-TOLBUTAMIDE APX \$ 0.0619

68:24.00 PARATHYROID

CALCITONIN SALMON

SEE APPENDIX A FOR EDS CRITERIA

100IU/ML INJECTION (0.5ML)

01940376 CALTINE 50 (EDS) FEI \$ 4.2500

100IU/ML INJECTION (1ML)

02007134 CALTINE 100 (EDS) FEI \$ 8.4900

200IU/ML INJECTION

01926691 CALCIMAR (EDS) AVT \$ 45.2200

200IU/DOSE NASAL SPRAY (BOTTLE)

02240775 MIACALCIN (EDS) NVR \$ 26.5900

68:00 HORMONES AND SUBSTITUTES

68:28.00 PITUITARY AGENTS

COSYNTROPIN ZINC HYDROXIDE

1MG/ML INJECTION SUSPENSION (1ML)

00253952 SYNACTHEN DEPOT NVR \$ 23.0900

DESMOPRESSIN

SEE APPENDIX A FOR EDS CRITERIA

0.1MG TABLET

00824305 D.D.A.V.P. (EDS) FEI \$ 1.4341

0.2MG TABLET

00824143 D.D.A.V.P. (EDS) FEI \$ 2.8681

4UG/ML INJECTION (1ML)

00873993 D.D.A.V.P. (EDS) FEI \$ 10.5300

10UG/DOSE INTRANASAL SOLUTION

00402516 D.D.A.V.P. (EDS) FEI \$ 51.2200

* 10UG/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

02242465 APO-DESMOPRESSIN (EDS) APX \$ 71.7000

00836362 D.D.A.V.P. (EDS) FEI 102.4300

150UG/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

02237860 OCTOSTIM (EDS) FEI \$ 416.0000

SOMATREM

SEE APPENDIX A FOR EDS CRITERIA

5MG INJECTION (VIAL)

02204584 PROTROPIN (EDS) HLR \$ 205.9000

10MG INJECTION (VIAL)

02204576 PROTROPIN (EDS) HLR \$ 396.8000

SOMATROPIN

SEE APPENDIX A FOR EDS CRITERIA

3.33MG INJECTION (VIAL)

02215136 SAIZEN (EDS) SRO \$ 136.7100

☒ 5MG INJECTION (VIAL)

02216183 NUTROPIN (EDS) HLR \$ 195.9000

02237971 SAIZEN (EDS) SRO 205.2300

00745626 HUMATROPE (EDS) LIL 238.3500

6MG INJECTION (CARTRIDGE)

02243077 HUMATROPE CARTRIDGE (EDS) LIL \$ 303.8300

10MG INJECTION (VIAL)

02229722 NUTROPIN AQ (EDS) HLR \$ 386.8000

12MG INJECTION (CARTRIDGE)

02243078 HUMATROPE CARTRIDGE (EDS) LIL \$ 590.0400

68:00 HORMONES AND SUBSTITUTES

68:32.00 PROGESTINS

CONJUGATED ESTROGENS/MEDROXYPROGESTERONE ACETATE

SEE SECTION 68:16.00 (ESTROGENS)

ESTRADIOL & NORETHINDRONE ACETATE/ESTRADIOL

SEE SECTION 68:16.00 (ESTROGENS)

ESTRADIOL/NORETHINDRONE ACETATE

SEE SECTION 68:16.00 (ESTROGENS)

MEDROXYPROGESTERONE ACETATE*** 2.5MG TABLET**

02148552	ALTI-MPA	ALT	\$	0.0862
02221284	NOVO-MEDRONE	NOP		0.0862
02229838	GEN-MEDROXY	GPM		0.0862
00708917	PROVERA	PHU		0.1670

*** 5MG TABLET**

02148560	ALTI-MPA	ALT	\$	0.1703
02221292	NOVO-MEDRONE	NOP		0.1703
02229839	GEN-MEDROXY	GPM		0.1703
00030937	PROVERA	PHU		0.3303

*** 10MG TABLET**

02148579	ALTI-MPA	ALT	\$	0.3439
02221306	NOVO-MEDRONE	NOP		0.3439
02229840	GEN-MEDROXY	GPM		0.3439
00729973	PROVERA	PHU		0.6702

50MG/ML INJECTION SUSPENSION (5ML)

00030848	DEPO-PROVERA	PHU	\$	25.2400
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150MG/ML INJECTION SUSPENSION (1ML)

00585092	DEPO-PROVERA	PHU	\$	27.0800
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PROGESTERONE (MICRONIZED)

SEE APPENDIX A FOR EDS CRITERIA

100MG CAPSULE

02166704	PROMETRIUM (EDS)	SCH	\$	0.5410
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68:00 HORMONES AND SUBSTITUTES

68:36.04 THYROID AGENTS

LEVOTHYROXINE (SODIUM)

<i>0.025MG TABLET</i>			
02172062	SYNTHROID	KNO	\$ 0.0782
* <i>0.05MG TABLET</i>			
02213192	ELTROXIN	GSK	\$ 0.0431
02172070	SYNTHROID	KNO	0.0574
<i>0.075MG TABLET</i>			
02172089	SYNTHROID	KNO	\$ 0.0843
<i>0.088MG TABLET</i>			
02172097	SYNTHROID	KNO	\$ 0.0843
* <i>0.1MG TABLET</i>			
02213206	ELTROXIN	GSK	\$ 0.0332
02172100	SYNTHROID	KNO	0.0708
<i>0.112MG TABLET</i>			
02171228	SYNTHROID	KNO	\$ 0.0890
<i>0.125MG TABLET</i>			
02172119	SYNTHROID	KNO	\$ 0.0901
* <i>0.15MG TABLET</i>			
02213214	ELTROXIN	GSK	\$ 0.0369
02172127	SYNTHROID	KNO	0.0758
<i>0.175MG TABLET</i>			
02172135	SYNTHROID	KNO	\$ 0.0966
* <i>0.2MG TABLET</i>			
02213222	ELTROXIN	GSK	\$ 0.0391
02172143	SYNTHROID	KNO	0.0809
* <i>0.3MG TABLET</i>			
02213230	ELTROXIN	GSK	\$ 0.0934
02172151	SYNTHROID	KNO	0.1116

LIOTHYRONINE (SODIUM)

<i>5UG TABLET</i>			
01919458	CYTOMEL	THM	\$ 0.1047
<i>25UG TABLET</i>			
01919466	CYTOMEL	THM	\$ 0.1270

THYROID

<i>30MG TABLET</i>			
00023949	THYROID	PFI	\$ 0.0384
<i>60MG TABLET</i>			
00023957	THYROID	PFI	\$ 0.0478
<i>125MG TABLET</i>			
00023965	THYROID	PFI	\$ 0.0609

68:00 HORMONES AND SUBSTITUTES

68:36.08 ANTITHYROID AGENTS

METHIMAZOLE

5MG TABLET

00015741 TAPAZOLE LIL \$ 0.1243

PROPYLTHIOURACIL

50MG TABLET

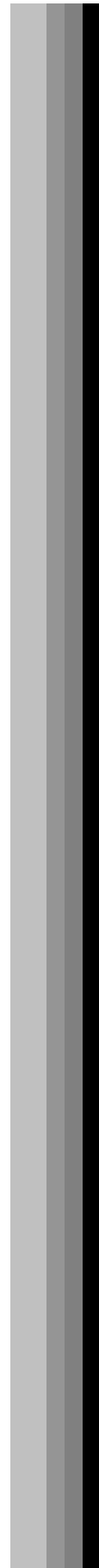
00010200 PROPYL-THYRACIL MSD \$ 0.1243

100MG TABLET

00010219 PROPYL-THYRACIL MSD \$ 0.1945



**SKIN AND MUCOUS MEMBRANE
PREPARATIONS
84:00**



84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

CLINDAMYCIN PHOSPHATE

1% TOPICAL SOLUTION

00582301 DALACIN T PHU \$ 0.3068

ERYTHROMYCIN/ETHYL ALCOHOL

1.5%/55% TOPICAL LOTION

01910086 STATICIN WSD \$ 0.1666

2%/44% TOPICAL LOTION

01902628 SANS-ACNE GAC \$ 0.1549

2%/71.2% TOPICAL LOTION

02047802 T-STAT WSD \$ 0.1666

2%/71.2% TOPICAL LOTION/PRE-MOISTENED PADS

02047799 T-STAT WSD \$ 0.1666

FRAMYCETIN SO4

1% GAUZE (10CM X 10CM)

01988840 SOFRA-TULLE AVT \$ 1.0254

1% GAUZE (30CM X 10CM)

01987682 SOFRA-TULLE AVT \$ 2.9784

FUSIDIC ACID

2% TOPICAL CREAM

00586668 FUCIDIN LEO \$ 0.6258

MUPIROCIN

2% CREAM

02239757 BACTROBAN GSK \$ 0.5512

2% OINTMENT

01916947 BACTROBAN GSK \$ 0.5512

POLYMYXIN B SO4/NEOMYCIN SO4/BACITRACIN(ZINC)

* 5,000U/5MG/400U PER G TOPICAL OINTMENT

00653268 NEOTOPIC TCH \$ 0.3502

00666122 NEOSPORIN GSK 0.4449

POLYMYXIN B SO4/NEOMYCIN SO4/GRAMICIDIN

10,000U/5MG/0.25MG PER G TOPICAL CREAM

00666203 NEOSPORIN GSK \$ 0.4449

SODIUM FUSIDATE

2% TOPICAL OINTMENT

00586676 FUCIDIN LEO \$ 0.6258

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (ANTI-FUNGALS)

CICLOPIROX OLAMINE

1% TOPICAL CREAM				
02221802 LOPROX	AVT	\$	0.5968	
1% TOPICAL LOTION				
02221810 LOPROX	AVT	\$	0.5498	

CLOTRIMAZOLE

200MG VAGINAL TABLET				
02150921 CANESTEN-3-COMBI-PAK	BCD	\$	12.4800	
* 1% TOPICAL CREAM				
00812382 CLOTRIMADERM	TAR	\$	0.2279	
02150867 CANESTEN	BCD		0.3531	
1% TOPICAL SOLUTION				
02150875 CANESTEN	BCD	\$	0.2132	
* 1% VAGINAL CREAM				
00812366 CLOTRIMADERM	TAR	\$	0.1899	
02150891 CANESTEN-6	BCD		0.2285	
* 2% VAGINAL CREAM				
00812374 CLOTRIMADERM	TAR	\$	0.3798	
02150905 CANESTEN-3	BCD		0.4570	
500MG VAGINAL SUPPOSITORY/1% TOPICAL CREAM (COMBINATION PACKAGE)				
02150948 CANESTEN-1-COMBI-PAK	BCD	\$	12.4800	

ECONAZOLE NITRATE

150MG VAGINAL SUPPOSITORY				
02010267 ECOSTATIN	WSD	\$	6.0689	
1% TOPICAL CREAM				
02011948 ECOSTATIN	WSD	\$	0.4630	

KETOCONAZOLE

2% TOPICAL CREAM				
00703974 NIZORAL	MCL	\$	0.4915	

MICONAZOLE NITRATE

100MG VAGINAL SUPPOSITORY				
02084295 MONISTAT-7	MCL	\$	1.5764	
100MG VAGINAL SUPPOSITORY/2% TOPICAL CREAM (COMBINATION PACKAGE)				
02126257 MONISTAT 7 COMBINATION	MCL	\$	12.6200	
* 400MG VAGINAL OVULES				
02171775 MICONAZOLE 3 DAY OVULE	SDR	\$	1.7940	
02126605 MONISTAT-3	MCL		3.6782	

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (ANTI-FUNGALS)

*400MG VAGINAL OVULES/2% TOPICAL CREAM
(COMBINATION PACKAGE)*

02126249	MONISTAT 3 COMBINATION	MCL	\$	12.6200
<i>* 2% VAGINAL CREAM</i>				
02219476	MONAZOLE 7	TCH	\$	0.1595
02084309	MONISTAT-7	MCL		0.3153
<i>2% TOPICAL CREAM</i>				
02085852	MICATIN	MCL	\$	0.3523

NYSTATIN

<i>100,000U VAGINAL TABLET</i>				
02194171	NILSTAT	TCH	\$	0.1519
<i>* 100,000U/G TOPICAL CREAM</i>				
00716871	NYADERM	TAR	\$	0.0760
02194236	NILSTAT	TCH		0.1269
00029092	MYCOSTATIN	PPZ		0.3038
<i>* 100,000U/G TOPICAL OINTMENT</i>				
00716898	NYADERM	TAR	\$	0.1556
02194228	NILSTAT	TCH		0.1556
00029556	MYCOSTATIN	PPZ		0.3038
<i>* 25,000U/G VAGINAL CREAM</i>				
00716901	NYADERM	TAR	\$	0.0534
00295973	MYCOSTATIN	PPZ		0.0955
<i>100,000U/G VAGINAL CREAM</i>				
02194163	NILSTAT	TCH	\$	0.2771
<i>100,000U/G TOPICAL POWDER</i>				
02195704	CANDISTATIN	WSD	\$	0.4022

TERBINAFINE HCL

<i>1% TOPICAL CREAM</i>				
02031094	LAMISIL	NVR	\$	0.4883
<i>1% TOPICAL SPRAY SOLUTION</i>				
02238703	LAMISIL	NVR	\$	0.4883

TERCONAZOLE

<i>80MG VAGINAL OVULES</i>				
00894710	TERAZOL-3	JAN	\$	6.3364
<i>80MG VAGINAL OVULES/0.8% CREAM (DUAL-PAK)</i>				
02130874	TERAZOL-3 DUAL-PAK	JAN	\$	19.0100
<i>0.4% VAGINAL CREAM (PKG)</i>				
00894729	TERAZOL-7	JAN	\$	19.0100
<i>0.8% VAGINAL CREAM (PKG)</i>				
01934155	TERAZOL-3	JAN	\$	19.0100

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**84:04.12 ANTI-INFECTIVES (SCABICIDES AND PEDICULICIDES)****CROTAMITON***10% TOPICAL CREAM*

00623377 EURAX NVC \$ 0.4471

ESDEPALLATHRIN/PIPERONYL BUTOXIDE*0.63%/5.04% AEROSOL*

02229874 SCABENE MED \$ 17.3600

GAMMA-BENZENE HEXACHLORIDE*1% TOPICAL LOTION*

00703591 PMS-LINDANE PMS \$ 0.0792

* *1% SHAMPOO*

00703605 PMS-LINDANE PMS \$ 0.0792

00430617 HEXIT SHAMPOO ODN 0.0999

PERMETHRIN* *1% CREME RINSE*

02231480 KWELLADA-P CREME RINSE RCA \$ 0.1129

00771368 NIX CREME RINSE PFC 1.3528

5% TOPICAL CREAM

02219905 NIX DERMAL CREAM GSK \$ 0.4991

5% TOPICAL LOTION

02231348 KWELLADA-P LOTION RCA \$ 0.2843

PYRETHINS/PIPERONYL BUTOXIDE/**PETROLEUM DISTILLATE***0.33%/3.0%/1.2% SHAMPOO/CONDITIONER*

02125447 R&C SHAMPOO/CONDITIONER RCA \$ 0.1027

84:04.16 MISCELLANEOUS ANTI-INFECTIVES**HEXACHLOROPHENE***3% TOPICAL EMULSION*

02017733 PHISOHEX SAW \$ 0.0620

METRONIDAZOLE*0.75% TOPICAL GEL*

02013223 METROGEL GAC \$ 0.6304

0.75% TOPICAL CREAM

02226839 METROCREAM GAC \$ 0.5354

1% TOPICAL CREAM

02156091 NORITATE DER \$ 0.5357

500MG VAGINAL TABLET

01926888 FLAGYL RHO \$ 0.4796

0.75% VAGINAL GEL

02125226 NIDAGEL MDA \$ 0.2752

10% VAGINAL CREAM

01926861 FLAGYL RHO \$ 0.2189

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.16 MISCELLANEOUS ANTI-INFECTIVES

POVIDONE-IODINE

<i>200MG VAGINAL SUPPOSITORY</i>				
00026050	BETADINE	PFR	\$	0.7595
* <i>10% VAGINAL GEL</i>				
00026034	BETADINE	PFR	\$	0.1034
00026611	PROIODINE	ROG		0.1177
<i>10% VAGINAL SOLUTION</i>				
00026093	BETADINE	PFR	\$	0.0445

SULFACETAMIDE (SODIUM)/COLLOIDAL SULPHUR

<i>10%/5% TOPICAL LOTION</i>				
02220407	SULFACET-R	DER	\$	0.5074

SULFANILAMIDE/AMINACRINE HCL/ALLANTOIN

<i>15%/0.2%/2% VAGINAL CREAM</i>				
02103036	AVC	THM	\$	0.3045

84:06.00 ANTI-INFLAMMATORY AGENTS

SEE INSERT THIS SECTION FOR TABLES SHOWING APPROXIMATE
RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS, RELATIVE
RATES OF PENETRATION IN DIFFERENT ANATOMICAL SITES AND
SUGGESTED GUIDELINES FOR TOPICAL STEROID THERAPY

AMCINONIDE

<i>0.1% TOPICAL CREAM</i>				
02192284	CYCLOCORT	STI	\$	0.5585
<i>0.1% TOPICAL OINTMENT</i>				
02192268	CYCLOCORT	STI	\$	0.5585
<i>0.1% TOPICAL LOTION</i>				
02192276	CYCLOCORT	STI	\$	0.4693

BECLOMETHASONE DIPROPIONATE

<i>0.025% TOPICAL CREAM</i>				
02089602	PROPADERM	RBP	\$	0.6431
<i>0.025% TOPICAL LOTION</i>				
02089610	PROPADERM	RBP	\$	0.3961

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE

PENETRATION OF ACTIVE DRUG THROUGH THE EPIDERMIS IS ENHANCED BY THE PROPYLENE GLYCOL BASE, RESULTING IN INCREASED POTENCY, BECAUSE OF THE DIFFERENCE IN POTENCY YET SIMILARITY OF THE NAMES (DIPROSONE-DIPROLENE) EXTRA CAUTION IS ADVISED.

** 0.05% TOPICAL CREAM*

00323071	DIPROSONE	SCH	\$	0.2337
01925350	TARO-SONE	TAR		0.2337

** 0.05% TOPICAL OINTMENT*

00344923	DIPROSONE	SCH	\$	0.2337
00805009	TOPISONE	TCH		0.2337
01944436	TARO-SONE	TAR		0.2337

** 0.05% TOPICAL LOTION*

00417246	DIPROSONE	SCH	\$	0.2149
00809187	TOPISONE	TCH		0.2149
01944444	TARO-SONE	TAR		0.2149

** 0.05% TOPICAL GLYCOL CREAM*

00688622	DIPROLENE	SCH	\$	0.5628
00849650	TOPILENE GLYCOL	TCH		0.5628

** 0.05% TOPICAL GLYCOL OINTMENT*

00629367	DIPROLENE	SCH	\$	0.5628
00849669	TOPILENE GLYCOL	TCH		0.5628

** 0.05% TOPICAL GLYCOL LOTION*

00862975	DIPROLENE	SCH	\$	0.5083
01927914	TOPILENE GLYCOL	TCH		0.5083

BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID

0.05%/3% TOPICAL OINTMENT

00578436	DIPROSALIC	SCH	\$	0.7697
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0.05%/2% TOPICAL LOTION

00578428	DIPROSALIC	SCH	\$	0.6507
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BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

02060884	BETNESOL ENEMA	RBP	\$	8.6300
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GUIDELINES FOR TOPICAL STEROID THERAPY

1. Apply an appropriately potent compound to bring the condition under control.
2. Continue treatment, with a less potent preparation after control is achieved.
3. Reduce the frequency of application.
4. If required, continue application with the weakest preparation that will control the condition.
5. Once healed, "tail off" treatment.
6. Use special care in treating children, the elderly, and in certain anatomical sites (e.g. face and flexures).
7. Use combination products (those containing anti-infective agents) only for short periods of time.

**APPROXIMATE
RELATIVE POTENCIES
of
TOPICAL STEROID
PREPARATIONS**

The classification of products in this table is based on 'WHO Model Prescribing Information: Drugs Used in Dermatology (1995)'. Comments from Saskatchewan Dermatologists have been incorporated.

In general, ointments, as a result of their more occlusive property, tend to exhibit higher potency than creams of the same strength. Cream formulations, in turn, appear to be more potent than lotions containing the same concentration of the same anti-inflammatory agent.

ULTRA HIGH POTENCY	GROUP I	Betamethasone dipropionate 0.05% glycol cream, ointment, lotion Betamethasone dipropionate 0.05%/salicylic acid 3% ointment Clobetasol propionate 0.05% cream, ointment, scalp lotion Diflorasone diacetate 0.05% ointment Halobetasol propionate 0.05% ointment
HIGH POTENCY	GROUP II	Amcinonide 0.1% ointment Betamethasone dipropionate 0.05% ointment Desoximetasone 0.25% cream, ointment Desoximetasone 0.5% gel Fluocinonide 0.05% cream, ointment, gel, emollient base Halcinonide 0.1% cream, ointment, solution Halobetasol propionate 0.05% cream
	GROUP III	Betamethasone dipropionate 0.05% cream Betamethasone valerate 0.1% ointment Diflorasone diacetate 0.05% cream Triamcinolone acetonide 0.1% ointment
MID POTENCY	GROUP IV	Amcinonide 0.1% cream, lotion Beclomethasone dipropionate 0.025% cream, lotion Desoximetasone 0.05% cream Fluocinolone acetonide 0.025% ointment Hydrocortisone valerate 0.2% ointment Mometasone furoate 0.1% cream, ointment, lotion Triamcinolone acetonide 0.1% cream
	GROUP V	Betamethasone benzoate 0.025% gel Betamethasone valerate 0.1% cream, lotion Betamethasone valerate 0.05% cream, ointment, lotion Fluocinolone acetonide 0.01% cream, ointment, solution Fluocinolone acetonide 0.025% cream Hydrocortisone valerate 0.2% cream Triamcinolone acetonide 0.025% cream, ointment
LOW POTENCY	GROUP VI	Desonide 0.05% cream, ointment, lotion
	GROUP VII	Hydrocortisone 0.5% lotion 1% cream, ointment, lotion 2.5% cream, lotion, scalp solution Methylprednisolone 0.25% ointment

RELATIVE RATES OF PERCUTANEOUS PENETRATION IN DIFFERENT ANATOMICAL SITES

(Based on hydrocortisone/forearm = 1)

SITE	RELATIVE PENETRATION
Foot (plantar)	0.14
Palm	0.83
Forearm	1.0
Back	1.7
Scalp	3.5
Forehead	6.0
Jaw angle/cheeks	13.0
Scrotum	42.0

Arndt, K.A., Manual of Dermatological Therapeutics, 2nd Edition, p. 293

GUIDE TO TOPICAL QUANTITIES IN DERMATOLOGY

Amount used three times daily for one week, average adult.

SITE	% BODY SURFACE	VANISHING CREAM	GREASE BASE	SHAKE LOTION	THIN (NON SHAKE LOTION)	PROPYLENE GLYCOL
ONE WHOLE HAND or FOOT	2%	7.5g	10g	20mL	5mL	15mL
ONE WHOLE ARM	9%	30g	45g	90mL	24mL	60mL
TRUNK	36%	120g	180g	360mL	90mL	240mL
GENITAL AREA	1%	7.5g	5g	not used here	5mL	7.5mL
ONE TOTAL LEG	18%	60g	90g	180mL	45mL	120mL
TOTAL FACE	4.5%	15g	20g	40mL	10mL	30mL
BODY	100%	375g	500g	1000mL	240mL	750mL

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**84:06.00 ANTI-INFLAMMATORY AGENTS****BETAMETHASONE VALERATE**** 0.05% TOPICAL CREAM*

00027898	CELESTODERM-V/2	SCH	\$	0.0167
00535427	ECTOSONE MILD	TCH		0.0167
00716618	BETADERM	TAR		0.0167

** 0.1% TOPICAL CREAM*

00027901	CELESTODERM-V	SCH	\$	0.0248
00535435	ECTOSONE REGULAR	TCH		0.0248
00716626	BETADERM	TAR		0.0248

** 0.05% TOPICAL OINTMENT*

00028355	CELESTODERM-V/2	SCH	\$	0.0167
00716642	BETADERM	TAR		0.0167

** 0.1% TOPICAL OINTMENT*

00028363	CELESTODERM-V	SCH	\$	0.0248
00716650	BETADERM	TAR		0.0248

0.05% TOPICAL LOTION

00653209	ECTOSONE MILD	TCH	\$	0.2062
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** 0.1% TOPICAL LOTION*

00750050	ECTOSONE	TCH	\$	0.2713
02100193	BETNOVATE	RBP		0.3961

** 0.1% SCALP LOTION*

00027944	VALISONE	SCH	\$	0.0927
00653217	ECTOSONE	TCH		0.0927
00716634	BETADERM	TAR		0.0927

BUDESONIDE*0.02MG/ML ENEMA (100ML)*

02052431	ENTOCORT	AST	\$	8.3600
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CLOBETASOL PROPIONATE** 0.05% TOPICAL CREAM*

01910272	DERMASONE	TCH	\$	0.4414
02024187	GEN-CLOBETASOL	GPM		0.4414
02093162	NOVO-CLOBETASOL	NOP		0.4414
02232191	PMS-CLOBETASOL	PMS		0.4414
02213265	DERMOVATE	GSK		0.8131

** 0.05% TOPICAL OINTMENT*

02126192	NOVO-CLOBETASOL	NOP	\$	0.4413
02026767	GEN-CLOBETASOL	GPM		0.4414
02232193	PMS-CLOBETASOL	PMS		0.4414
02213273	DERMOVATE	GSK		0.8131

** 0.05% SCALP APPLICATION*

02216213	GEN-CLOBETASOL	GPM	\$	0.3868
02232195	PMS-CLOBETASOL	PMS		0.3868
01910299	DERMASONE	TCH		0.3871
02213281	DERMOVATE	GSK		0.7834

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

CLOBETASONE BUTYRATE

<i>0.05% TOPICAL CREAM</i>				
02214415 EUMOVATE	GSK	\$		0.4774
<i>0.05% TOPICAL OINTMENT</i>				
00456551 EUMOVATE	GSK	\$		0.4774

DESONIDE

<i>0.05% TOPICAL CREAM</i>				
02048639 DESOCORT	GAC	\$		0.3147
<i>0.05% TOPICAL OINTMENT</i>				
02115522 DESOCORT	GAC	\$		0.3147
<i>0.05% TOPICAL LOTION</i>				
02115514 DESOCORT	GAC	\$		0.1574

DESOXIMETASONE

* <i>0.05% TOPICAL CREAM</i>				
02239068 DESOXI	OPT	\$		0.3022
02221918 TOPICORT MILD	AVT			0.4530
* <i>0.25% TOPICAL CREAM</i>				
02239069 DESOXI	OPT	\$		0.4549
02221896 TOPICORT	AVT			0.6538
* <i>0.05% TOPICAL GEL</i>				
02241887 DESOXI	OPT	\$		0.3350
02221926 TOPICORT	AVT			0.5371
<i>0.25% TOPICAL OINTMENT</i>				
02221934 TOPICORT	AVT	\$		0.6538

DIFLUCORTOLONE VALERATE

<i>0.1% TOPICAL CREAM</i>				
00587826 NERISONE	STI	\$		0.3943
<i>0.1% TOPICAL OILY CREAM</i>				
00587818 NERISONE	STI	\$		0.3943
<i>0.1% TOPICAL OINTMENT</i>				
00587834 NERISONE	STI	\$		0.3943

FLUOCINOLONE ACETONIDE

<i>0.01% TOPICAL CREAM</i>				
00716782 FLUODERM	TAR	\$		0.0703
<i>0.025% TOPICAL CREAM</i>				
00716790 FLUODERM	TAR	\$		0.3364
* <i>0.025% TOPICAL OINTMENT</i>				
00716812 FLUODERM	TAR	\$		0.4676
02162512 SYNALAR REGULAR	MDC			0.4676
<i>0.01% TOPICAL SOLUTION</i>				
02162504 SYNALAR	MDC	\$		0.4440

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

<i>0.01% TOPICAL OIL</i>				
00873292	DERMA-SMOOTH/FS	HDI	\$	0.2346
<i>0.01% SHAMPOO</i>				
02242738	CAPEX SHAMPOO	GAC	\$	0.2575

FLUOCINONIDE

* <i>0.05% TOPICAL CREAM</i>				
00716863	LYDERM	OPT	\$	0.5007
02161923	LIDEX	MDC		0.5010
* <i>0.05% TOPICAL GEL</i>				
02236997	LYDERM	OPT	\$	0.3711
02161974	TOPSYN	MDC		0.5561
* <i>0.05% TOPICAL OINTMENT</i>				
02236996	LYDERM	OPT	\$	0.3657
02161966	LIDEX	MDC		0.5489
<i>0.05% IN EMOLLIENT BASE</i>				
02163152	LIDEMOL	MDC	\$	0.6041

HALCINONIDE

<i>0.1% TOPICAL CREAM</i>				
02011921	HALOG	WSD	\$	0.5650
<i>0.1% TOPICAL OINTMENT</i>				
02010283	HALOG	WSD	\$	0.5180
<i>0.1% TOPICAL SOLUTION</i>				
02010291	HALOG	WSD	\$	0.4356

HALOBETASOL PROPIONATE

SEE APPENDIX A FOR EDS CRITERIA

<i>0.05% CREAM</i>				
01962701	ULTRAVATE (EDS)	WSD	\$	0.7986
<i>0.05% OINTMENT</i>				
01962728	ULTRAVATE (EDS)	WSD	\$	0.7986

HYDROCORTISONE

* <i>0.5% TOPICAL CREAM</i>				
00228079	HYDROCORTISONE CREAM	SDR	\$	0.1310
00716820	HYDERM	TAR		0.1628
00513288	CORTATE	SCP		0.2301
* <i>1% TOPICAL CREAM</i>				
00502200	CORTATE	SCH	\$	0.0198
00716839	HYDERM	TAR		0.0198
00228087	HYDROCORTISONE CREAM	SDR		0.0222
00192597	EMO-CORT	STI		0.1718
<i>2.5% TOPICAL CREAM</i>				
00595799	EMO-CORT	STI	\$	0.2344

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

** 0.5% TOPICAL OINTMENT*

00716685	CORTODERM	TAR	\$	0.1628
00513261	CORTATE	SCP		0.2301

** 1% TOPICAL OINTMENT*

00502197	CORTATE	SCH	\$	0.0212
00716693	CORTODERM	TAR		0.0212

0.5% TOPICAL LOTION

00513253	CORTATE	SCP	\$	0.1817
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1% TOPICAL LOTION

00578541	SARNA HC	STI	\$	0.0938
00192600	EMO-CORT	STI		0.1587

2.5% TOPICAL LOTION

00856711	SARNA HC	STI	\$	0.1812
00595802	EMO-CORT	STI		0.2099

2.5% SCALP SOLUTION

00641154	EMO-CORT	STI	\$	0.1985
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** 100MG/60ML ENEMA (60ML)*

00230316	HYCORT	ICN	\$	5.5800
02112736	CORTENEMA	AXC		6.5700

HYDROCORTISONE ACETATE

10% RECTAL AEROSOL FOAM (15G)

00579335	CORTIFOAM	RCA	\$	80.5400
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HYDROCORTISONE VALERATE

** 0.2% TOPICAL CREAM*

02242984	HYDROVAL	OPT	\$	0.1809
01910124	WESTCORT	WSD		0.2583

** 0.2% TOPICAL OINTMENT*

02242985	HYDROVAL	OPT	\$	0.1809
01910132	WESTCORT	WSD		0.2583

HYDROCORTISONE/UREA

1%/10% TOPICAL CREAM

00503134	UREMOL-HC	STI	\$	0.1747
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1%/10% TOPICAL LOTION

00560022	UREMOL-HC	STI	\$	0.0970
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MOMETASONE FUROATE

0.1% TOPICAL CREAM

00851744	ELOCOM	SCH	\$	0.6938
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0.1% TOPICAL OINTMENT

00851736	ELOCOM	SCH	\$	0.6938
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0.1% TOPICAL LOTION

00871095	ELOCOM	SCH	\$	0.5397
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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY AGENTS

TRIAMCINOLONE ACETONIDE

<i>0.025% TOPICAL CREAM</i>			
00716952	TRIADERM	TAR \$	0.0504
* <i>0.1% TOPICAL CREAM</i>			
00716960	TRIADERM	TAR \$	0.1411
02194058	ARISTOCORT R	STI	0.1411
01999818	KENALOG	WSD	0.3260
* <i>0.1% TOPICAL OINTMENT</i>			
00716987	TRIADERM	TAR \$	0.1411
02194031	ARISTOCORT R	STI	0.1411
01999796	KENALOG	WSD	0.3260
* <i>0.1% ORAL TOPICAL OINTMENT</i>			
01964054	ORACORT DENTAL PASTE	TAR \$	1.2556
01999788	KENALOG-ORABASE	WSD	1.4122

84:06.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE

<i>0.05%/1% TOPICAL CREAM</i>			
00611174	LOTRIDERM	SCH \$	0.6706

FUSIDIC ACID/HYDROCORTISONE ACETATE

<i>2%/1% TOPICAL CREAM</i>			
02238578	FUCIDIN H	LEO \$	0.7595

NEOMYCIN/GRAMICIDIN/NYSTATIN/ TRIAMCINOLONE ACETONIDE

<i>2.5MG/0.25MG/100,000U/0.25MG PER G TOPICAL CREAM</i>			
01999842	KENACOMB MILD	WSD \$	0.5614
* <i>2.5MG/0.25MG/100,000U/1MG PER G TOPICAL CREAM</i>			
00717002	VIADERM-KC	TAR \$	0.4594
01999850	KENACOMB	WSD	0.7943
<i>2.5MG/0.25MG/100,000U/0.25MG PER G TOPICAL OINTMENT</i>			
01999834	KENACOMB MILD	WSD \$	0.5614
* <i>2.5MG/0.25MG/100,000U/1MG PER G TOPICAL OINTMENT</i>			
00717029	VIADERM-KC	TAR \$	0.4594
01999826	KENACOMB	WSD	0.7943

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

**84:06.00 COMBINATION ANTI-INFECTIVE/
ANTI-INFLAMMATORY AGENTS**

**POLYMYXIN B SO4/BACITRACIN (ZINC)/
NEOMYCIN SO4/HYDROCORTISONE***5000U/400U/5MG/10MG PER G TOPICAL OINTMENT*

00666246	CORTISPORIN	GSK	\$	0.7487
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84:08.00 ANTIPRURITICS AND LOCAL ANAESTHETICS

PHENAZOPYRIDINE** 100MG TABLET*

00271489	PHENAZO	ICN	\$	0.1281
00476714	PYRIDIUM	PFI		0.1281

** 200MG TABLET*

00454583	PHENAZO	ICN	\$	0.1598
00476722	PYRIDIUM	PFI		0.1775

84:12.00 ASTRINGENTS

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE*0.35%/0.023% POWDER (2.36G PACKAGE)*

00579947	BURO-SOL	STI	\$	0.7216
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84:16.00 CELL STIMULANTS AND PROLIFERANTS

**CONDITIONS OTHER THAN ACNE VULGARIS ARE NOT APPROVE
INDICATIONS FOR THE USE OF TOPICAL RETINOIDS**

ADAPALENE*0.1% TOPICAL CREAM*

02231592	DIFFERIN	GAC	\$	0.6272
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0.1% TOPICAL GEL

02148749	DIFFERIN	GAC	\$	0.6272
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ISOTRETINOIN*0.05% TOPICAL GEL*

00784338	ISOTREX	STI	\$	0.5968
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TRETINOIN**SEE APPENDIX A FOR EDS CRITERIA**** 0.01% TOPICAL CREAM*

00657204	STIEVA-A	STI	\$	0.3082
01926497	VITAMIN A ACID	DER		0.3082
00897329	RETIN A	JAN		0.3863

** 0.01% TOPICAL GEL*

00587958	STIEVA-A	STI	\$	0.3082
01926462	VITAMIN A ACID	DER		0.3082
00870013	RETIN A	JAN		0.3748

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:16.00 CELL STIMULANTS AND PROLIFERANTS

<i>* 0.025% TOPICAL CREAM</i>				
00578576	STIEVA-A	STI	\$	0.3082
01926500	VITAMIN A ACID	DER		0.3082
00897310	RETIN A	JAN		0.3863
<i>* 0.025% TOPICAL GEL</i>				
00587966	STIEVA-A	STI	\$	0.3082
01926470	VITAMIN A ACID	DER		0.3082
00443816	RETIN A	JAN		0.3748
<i>0.025% TOPICAL SOLUTION</i>				
00578568	STIEVA-A	STI	\$	0.1932
<i>* 0.05% TOPICAL CREAM</i>				
00518182	STIEVA-A	STI	\$	0.3082
01926519	VITAMIN A ACID	DER		0.3082
00443794	RETIN A	JAN		0.3748
<i>* 0.05% TOPICAL GEL</i>				
00641863	STIEVA-A	STI	\$	0.3082
01926489	VITAMIN A ACID	DER		0.3082
<i>0.05% TOPICAL SOLUTION</i>				
00518174	STIEVA-A	STI	\$	0.1932
<i>* 0.1% TOPICAL CREAM</i>				
00662348	STIEVA-A FORTE (EDS)	STI	\$	0.3082
01926527	VITAMIN A ACID (EDS)	DER		0.3082
00870021	RETIN A (EDS)	JAN		0.3863

84:28.00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE

<i>10% BAR</i>				
00527661	PANOXYL	STI	\$	9.1400
<i>* 10% TOPICAL LOTION</i>				
00432938	OXYDERM	ICN	\$	0.1677
00370568	BENOXYL	STI		0.1910
<i>* 20% TOPICAL LOTION</i>				
00187585	BENOXYL	STI	\$	0.2122
00374318	OXYDERM	ICN		0.2176
<input checked="" type="checkbox"/> <i>10% WASH</i>				
01908901	DESQUAM-X	WSD	\$	0.0543
01925199	BENZAC W	GAC		0.0547
<i>10% TOPICAL GEL (ACETONE BASE)</i>				
00406848	ACETOXYL	STI	\$	0.1492
<input checked="" type="checkbox"/> <i>10% TOPICAL GEL (ALCOHOL BASE)</i>				
00263699	PANOXYL-10	STI	\$	0.1492
02220385	BENZAGEL	DER		0.1511

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28.00 KERATOLYTIC AGENTS

☒ 10% TOPICAL GEL (AQUEOUS BASE)			
01908871	DESQUAM-X	WSD	\$ 0.1068
01925997	BENZAC-W	GAC	0.1453
02223856	PANOXYL AQUAGEL	STI	0.1492
01912437	BENZAC AC	GAC	0.1519
15% TOPICAL GEL (ALCOHOL BASE)			
00403571	PANOXYL-15	STI	\$ 0.1806
20% TOPICAL GEL (ALCOHOL BASE)			
00373036	PANOXYL-20	STI	\$ 0.1945
20% TOPICAL GEL (AQUEOUS BASE)			
02223864	PANOXYL AQUAGEL	STI	\$ 0.1945

DITHRANOL

0.1% TOPICAL CREAM			
00537594	ANTHRANOL	MED	\$ 0.2437
0.2% TOPICAL CREAM			
00537608	ANTHRANOL	MED	\$ 0.2570
0.4% TOPICAL LOTION			
00695351	ANTHRASCALP	MED	\$ 0.3038
1% TOPICAL OINTMENT			
00566756	ANTHRAFORTE-1	MED	\$ 0.3318
2% TOPICAL OINTMENT			
00566748	ANTHRAFORTE-2	MED	\$ 0.3501

PODOFILOX

☒ 0.5% TOPICAL SOLUTION (PACKAGE)			
02074788	WARTEC	PMS	\$ 34.4000
01945149	CONDYLINE	CDX	40.1500

84:36.00 MISCELLANEOUS SKIN & MUCOUS MEMBRANE AGENTS

ACITRETIN

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE			
02070847	SORIATANE (EDS)	HLR	\$ 1.6782
25MG CAPSULE			
02070863	SORIATANE (EDS)	HLR	\$ 2.9477

AMETHOPTERIN

* 2.5MG TABLET

02182963	METHOTREXATE	DBU	\$ 0.7747
02170698	METHOTREXATE	WYA	1.0908

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS**84:36.00 MISCELLANEOUS SKIN & MUCOUS MEMBRANE AGENTS****CALCIPOTRIOL**

<i>50UG/G TOPICAL CREAM</i>				
02150956 DOVONEX	LEO	\$		0.7568
<i>50UG/G TOPICAL OINTMENT</i>				
01976133 DOVONEX	LEO	\$		0.7568
<i>50UG/ML SCALP SOLUTION</i>				
02194341 DOVONEX	LEO	\$		0.7568

CYCLOSPORINE

NOTE: THE IDENTIFICATION NUMBERS LISTED FOR THIS PRODUCT HAVE BEEN GENERATED BY THE PRESCRIPTION DRUG PLAN FOR BILLING PURPOSES ONLY.

SEE APPENDIX A FOR EDS CRITERIA.

<i>10MG CAPSULE</i>				
00950792 NEORAL (EDS)	NVR	\$		0.6637
<i>25MG CAPSULE</i>				
00950793 NEORAL (EDS)	NVR	\$		1.5426
<i>50MG CAPSULE</i>				
00950807 NEORAL (EDS)	NVR	\$		3.0073
<i>100MG CAPSULE</i>				
00950815 NEORAL (EDS)	NVR	\$		6.0164
<i>100MG/ML LIQUID</i>				
00950823 NEORAL (EDS)	NVR	\$		5.3480

FLUOROURACIL

<i>5% TOPICAL CREAM</i>				
00330582 EFUDEX	ICN	\$		0.4601

ISOTRETINOIN

<i>10MG CAPSULE</i>				
00582344 ACCUTANE	HLR	\$		1.7903
<i>40MG CAPSULE</i>				
00582352 ACCUTANE	HLR	\$		3.6529

TAZAROTENE

<i>0.05% TOPICAL GEL</i>				
02230784 TAZORAC	ALL	\$		1.3964
<i>0.1% TOPICAL GEL</i>				
02230785 TAZORAC	ALL	\$		1.3964

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

**84:50.06 DEPIGMENTING & PIGMENTING AGENTS
(PIGMENTING AGENTS)**

METHOXSALEN

SEE APPENDIX A FOR EDS CRITERIA

10MG CAPSULE

00252654	OXSORALEN ULTRA (EDS)	ICN	\$	0.4666
00646237	ULTRAMOP (EDS)	CDX		0.5160
01946374	OXSORALEN (EDS)	ICN		0.8181

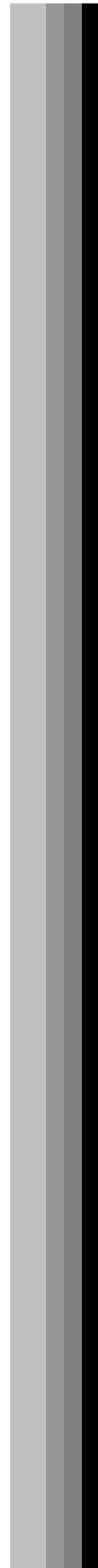
1% LOTION

00698059	ULTRAMOP (EDS)	CDX	\$	1.1198
01907476	OXSORALEN (EDS)	ICN		1.5939



SMOOTH MUSCLE RELAXANTS

86:00



86:00 SMOOTH MUSCLE RELAXANTS**86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS****FLAVOXATE HCL***SEE APPENDIX A FOR EDS CRITERIA**200MG TABLET*

00728179	URISPAS (EDS)	PMS	\$	0.5360
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OXYBUTYNIN CHLORIDE** 5MG TABLET*

02158590	NU-OXYBUTYN	NXP	\$	0.0954 *
02163543	APO-OXYBUTYNIN	APX		0.2697
02220059	OXYBUTYN	ICN		0.2697
02220067	ALBERT OXYBUTYNIN	ALT		0.2697
02230394	NOVO-OXYBUTYNIN	NOP		0.2697
02230800	GEN-OXYBUTYNIN	GPM		0.2697
02240550	PMS-OXYBUTYNIN	PMS		0.2697
02241285	DOM-OXYBUTYNIN	DOM		0.2831
01924761	DITROPAN	ALZ		0.4281

** 1MG/ML SYRUP*

02223376	PMS-OXYBUTYNIN	PMS	\$	0.0675
02231089	APO-OXYBUTYNIN	APX		0.0675
01924753	DITROPAN	ALZ		0.0964

TOLTERODINE L-TARTRATE*SEE APPENDIX A FOR EDS CRITERIA**1MG TABLET*

02239064	DETROL (EDS)	PHU	\$	0.9494
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2MG TABLET

02239065	DETROL (EDS)	PHU	\$	0.9494
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86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS**AMINOPHYLLINE***225MG SUSTAINED RELEASE TABLET*

02014270	PHYLLOCONTIN	PFR	\$	0.2158
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350MG SUSTAINED RELEASE TABLET

02014289	PHYLLOCONTIN-350	PFR	\$	0.2751
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OXTRIPHYLLINE*100MG TABLET*

00441724	APO-OXTRIPHYLLINE	APX	\$	0.0272
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200MG TABLET

00441732	APO-OXTRIPHYLLINE	APX	\$	0.0337
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300MG TABLET

00511692	APO-OXTRIPHYLLINE	APX	\$	0.0345
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400MG SUSTAINED RELEASE TABLET

00503436	CHOLEDYL-SA	PFI	\$	0.2453
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600MG SUSTAINED RELEASE TABLET

00536709	CHOLEDYL-SA	PFI	\$	0.2911
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86:00 SMOOTH MUSCLE RELAXANTS

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

<i>10MG/ML SYRUP</i>				
00405310	ROUPHYLLINE	ROG	\$	0.0112
<i>* 20MG/ML ELIXIR</i>				
00792942	PMS-OXTRIPHYLLINE	PMS	\$	0.0249
00476366	CHOLEDYL	PFI		0.0363

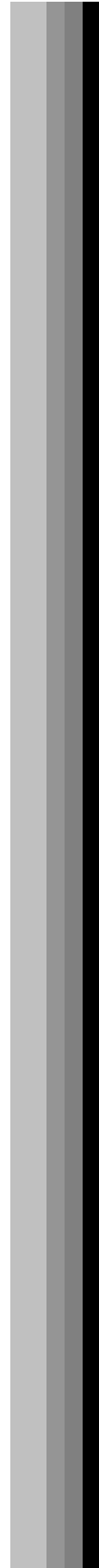
THEOPHYLLINE (ANHYDROUS)

<i>50MG SUSTAINED RELEASE CAPSULE</i>				
01926616	SLO-BID	AVT	\$	0.1826
<i>100MG SUSTAINED RELEASE CAPSULE</i>				
01926586	SLO-BID	AVT	\$	0.2048
<input checked="" type="checkbox"/> <i>100MG SUSTAINED RELEASE TABLET</i>				
00692689	APO-THEO-LA	APX	\$	0.1411
02230085	NOVO-THEOPHYL SR	NOP		0.1411
00460982	THEO-DUR	AST		0.2073
<input checked="" type="checkbox"/> <i>200MG SUSTAINED RELEASE TABLET</i>				
00692697	APO-THEO-LA	APX	\$	0.1465
02230086	NOVO-THEOPHYL SR	NOP		0.1465
00631701	THEOCHRON	RIV		0.1823
00460990	THEO-DUR	AST		0.2404
<input checked="" type="checkbox"/> <i>300MG SUSTAINED RELEASE TABLET</i>				
00692700	APO-THEO-LA	APX	\$	0.1519
02230087	NOVO-THEOPHYL SR	NOP		0.1519
01966278	THEOLAIR-SR	MDA		0.1747
00599905	THEOCHRON	RIV		0.2040
00556742	QUIBRON-T/SR	BRI		0.2811
00461008	THEO-DUR	AST		0.2892
<i>400MG SUSTAINED RELEASE TABLET</i>				
02014165	UNIPHYL	PFR	\$	0.4959
<i>600MG SUSTAINED RELEASE TABLET</i>				
02014181	UNIPHYL	PFR	\$	0.6005
<i>* 5.33MG/ML ELIXIR</i>				
00532223	THEOPHYLLINE	TCH	\$	0.0038
00575151	PMS-THEOPHYLLINE	PMS		0.0038
<i>5.33MG/ML SOLUTION</i>				
01966219	THEOLAIR LIQUID	MDA	\$	0.0208



VITAMINS

88:00



88:00 VITAMINS**88:04.00 VITAMIN A**

VITAMIN A IS TOXIC IN EXCESSIVE DOSES

VITAMIN A

25,000IU CAPSULE

00021067 VITAMIN A

NOP \$ 0.0586

50,000IU CAPSULE

00021075 VITAMIN A

NOP \$ 0.0961

88:08.00 VITAMINS B**CYANOCOBALAMIN**

* 1MG/ML INJECTION SOLUTION (10ML)

00521515 VITAMIN B12

SAB \$ 3.3700

01987003 CYANOCOBALAMIN

CYT 3.3700

02052717 CYANOCOBALAMIN

TAR 3.3700

FOLIC ACID

5MG TABLET

00426849 APO-FOLIC

APX \$ 0.0196

LEUCOVORIN CALCIUM (FOLINIC ACID)

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02170493 LEUCOVORIN (EDS)

WYA \$ 5.9024

NIACIN

50MG TABLET

00268593 NIACIN

ICN \$ 0.0154

100MG TABLET

00268585 NIACIN

ICN \$ 0.0317

* 500MG TABLET

01939130 NIACIN

ODN \$ 0.0429

00294950 NIACIN

ICN 0.0495

PYRIDOXINE HCL

* 25MG TABLET

00232475 PYRIDOXINE HCL

LEA \$ 0.0234

00268607 VITAMIN B6

ICN 0.0280

01943200 VITAMIN B6

ODN 0.0320

THIAMINE HCL

* 50MG TABLET

00610267 VITAMIN B1

LEA \$ 0.0192

00268631 VITAMIN B1

ICN 0.0620

* 100MG/ML INJECTION SOLUTION (10ML)

00816078 VITAMIN B1

SAB \$ 13.5700

02241983 BETAXIN

ABB 16.2500

88:00 VITAMINS

88:16.00 VITAMIN D

VITAMIN D IS TOXIC IN EXCESSIVE DOSES

ALFACALCIDOL

SEE APPENDIX A FOR EDS CRITERIA

0.25UG CAPSULE

00474517 ONE-ALPHA (EDS)

LEO \$ 0.4438

1.0UG CAPSULE

00474525 ONE ALPHA (EDS)

LEO \$ 1.3284

CALCIFEROL

8,288IU/ML ORAL SOLUTION

02017598 DRISDOL

SAW \$ 0.4202

CALCITRIOL

SEE APPENDIX A FOR EDS CRITERIA

0.25UG CAPSULE

00481823 ROCALTROL (EDS)

HLR \$ 0.9538

0.5UG CAPSULE

00481815 ROCALTROL (EDS)

HLR \$ 1.5169

1UG/ML ORAL SOLUTION

00824291 ROCALTROL (EDS)

HLR \$ 3.0380

VITAMIN D

50,000IU CAPSULE

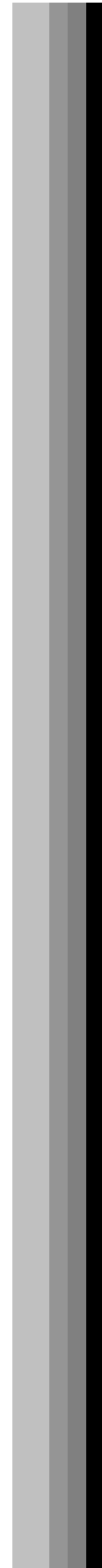
00009830 OSTOFORTE

MSD \$ 0.2177



UNCLASSIFIED THERAPEUTIC AGENTS

92:00



92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ALENDRONATE SODIUM*SEE APPENDIX A FOR EDS CRITERIA**10MG TABLET*

02201011 FOSAMAX (EDS) MSD \$ 1.9042

*40MG TABLET*02201038 FOSAMAX (EDS) MSD \$ 3.8898

ALLOPURINOL** 100MG TABLET*

00364282 NOVO-PUROL NOP \$ 0.0207

00402818 APO-ALLOPURINOL APX 0.0207

00004588 ZYLOPRIM GSK 0.1102

** 200MG TABLET*

00479799 APO-ALLOPURINOL APX \$ 0.0363

00565342 NOVO-PUROL NOP 0.0363

00506370 ZYLOPRIM GSK 0.1829

** 300MG TABLET*

00363693 NOVO-PUROL NOP \$ 0.0446

00402796 APO-ALLOPURINOL APX 0.0446

00294322 ZYLOPRIM GSK 0.2988

ANAGRELIDE HCL*0.5MG CAPSULE*02236859 AGRYLIN RBP \$ 5.0845

AZATHIOPRINE** 50MG TABLET*

02231491 GEN-AZATHIOPRINE GPM \$ 0.5879

02236799 ALTI-AZATHIOPRINE ALT 0.5879

02236819 NOVO-AZATHIOPRINE NOP 0.5879

02242907 APO-AZATHIOPRINE APX 0.5879

00004596 IMURAN GSK 0.9331

BETAINE ANHYDROUS*1G/SCOOP POWDER FOR ORAL SOLUTION*02238526 CYSTADANE ORP \$ 1.4046

BOTULINUM TOXIN TYPE A*SEE APPENDIX A FOR EDS CRITERIA**100IU STERILE LYOPHILIZED POWDER (IU)*01981501 BOTOX (EDS) ALL \$ 3.6890

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

BROMOCRIPTINE MESYLATE** 5MG CAPSULE*

02230454	APO-BROMOCRIPTINE	APX	\$	1.0537
02236949	PMS-BROMOCRIPTINE	PMS		1.0537
00568643	PARLODEL	NVR		1.6726

** 2.5MG TABLET*

02087324	APO-BROMOCRIPTINE	APX	\$	0.5917
02231702	PMS-BROMOCRIPTINE	PMS		0.5917
00371033	PARLODEL	NVR		0.9391

BUSERELIN ACETATE*SEE APPENDIX A FOR EDS CRITERIA**1.05MG/ML INJECTION (2)*

02225166	SUPREFACT (EDS)	AVT	\$	101.7200
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1.05MG/ML INTRANASAL SOLUTION

02225158	SUPREFACT (EDS)	AVT	\$	68.1400
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CABERGOLINE*SEE APPENDIX A FOR EDS CRITERIA**0.5MG TABLET*

02242471	DOSTINEX (EDS)	PHU	\$	13.7253
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COLCHICINE** 0.6MG TABLET*

00287873	COLCHICINE	ROG	\$	0.0722
00572349	COLCHICINE-ODAN	ODN		0.0722

** 1MG TABLET*

00206032	COLCHICINE	ROG	\$	0.2051
00621374	COLCHICINE-ODAN	ODN		0.2051

CYCLOSPORINE (TRANSPLANT)*SEE APPENDIX A FOR EDS CRITERIA**10MG CAPSULE*

02237671	NEORAL (EDS)	NVR	\$	0.6637
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25MG CAPSULE

02150689	NEORAL (EDS)	NVR	\$	1.5426
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50MG CAPSULE

02150662	NEORAL (EDS)	NVR	\$	3.0073
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100MG CAPSULE

02150670	NEORAL (EDS)	NVR	\$	6.0164
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100MG/ML LIQUID

02150697	NEORAL (EDS)	NVR	\$	5.3480
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DISULFIRAM*250MG TABLET*

02041375	ANTABUSE	WYA	\$	0.4180
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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

DONEPEZIL HCL*SEE APPENDIX A FOR EDS CRITERIA*

5MG TABLET

02232043 ARICEPT (EDS) PFI \$ 4.7849

10MG TABLET

02232044 ARICEPT (EDS) PFI \$ 4.7849

ETIDRONATE DISODIUM*SEE APPENDIX A FOR EDS CRITERIA*

200MG TABLET

01997629 DIDRONEL (EDS) PGA \$ 1.4224

ETIDRONATE DISODIUM/CALCIUM CARBONATE

400MG/1250MG TABLET (PACKAGE)

02176017 DIDROCAL PGA \$ 39.8200

FINASTERIDE

5MG TABLET

02010909 PROSCAR MSD \$ 1.7686

GLATIRAMER ACETATE*SEE APPENDIX J FOR EDS CRITERIA*

20MG INJECTION (VIAL)

02233014 COPAXONE (EDS) TVM \$ 34.6900

GLUCAGON

1MG INJECTION POWDER

00015377 GLUCAGON LIL \$ 35.6500

GOSERELIN ACETATE*SEE APPENDIX A FOR EDS CRITERIA*

3.6MG/SYRINGE

02049325 ZOLADEX (EDS) AST \$ 411.7500

INTERFERON ALFA-2B/RIBAVIRIN*SEE APPENDIX A FOR EDS CRITERIA*

6 MILLION IU/ML (0.5ML) INJECTION SOLUTION

ALBUMIN (HUMAN) FREE/200MG CAPSULE (PACKAGE)

02239730 REBETRON (EDS) SCH \$ 861.1800

15 MILLION IU/ML MULTI-DOSE PEN

ALBUMIN (HUMAN) FREE/200MG CAPSULE (PACKAGE)

02241159 REBETRON (EDS) SCH \$ 861.1800

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

INTERFERON BETA-1A*SEE APPENDIX J FOR EDS CRITERIA**22UG (6 MILLION IU) PRE-FILLED SYRINGE*

02237319 REBIF (EDS) SRO \$ 118.2700

44UG (12 MILLION IU) PRE-FILLED SYRINGE

02237320 REBIF (EDS) SRO \$ 145.0000

*30UG POWDER FOR IM INJECTION (VIAL)*02237770 AVONEX (EDS) BGN \$ 330.5800

INTERFERON BETA-1B*SEE APPENDIX J FOR EDS CRITERIA**0.3MG POWDER FOR INJECTION (3ML)*02169649 BETASERON (EDS) BEX \$ 96.0000

KETOTIFEN FUMARATE*SEE APPENDIX A FOR EDS CRITERIA*** 1MG TABLET*

02230730 NOVO-KETOTIFEN (EDS) NOP \$ 0.6874

02231680 PMS-KETOTIFEN (EDS) PMS 0.6874

00577308 ZADITEN (EDS) NVR 0.8594

** 0.2MG/ML SYRUP*

02176084 NOVO-KETOTIFEN (EDS) NOP \$ 0.1443

02218305 NU-KETOTIFEN (EDS) NXP 0.1443

02221330 APO-KETOTIFEN (EDS) APX 0.1443

02231679 PMS-KETOTIFEN (EDS) PMS 0.1443

00600784 ZADITEN (EDS) NVR 0.1925

LEFLUNOMIDE*SEE APPENDIX A FOR EDS CRITERIA**10MG TABLET*

02241888 ARAVA (EDS) AVT \$ 10.4052

*20MG TABLET*02241889 ARAVA (EDS) AVT \$ 10.4052

LEUPROLIDE ACETATE*SEE APPENDIX A FOR EDS CRITERIA**3.75MG/ML INJECTION*

00884502 LUPRON DEPOT (EDS) ABB \$ 330.3900

7.5MG/ML INJECTION

00836273 LUPRON DEPOT (EDS) ABB \$ 417.9700

*11.25MG (3-MONTH SR) DEPOT INJECTION*02239834 LUPRON DEPOT (EDS) ABB \$ 943.5000

LEVAMISOLE*SEE APPENDIX A FOR EDS CRITERIA**50MG TABLET*00846368 ERGAMISOL (EDS) JAN \$ 5.1538

92:00 UNCLASSIFIED THERAPEUTIC AGENTS**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS****LEVODOPA/BENZERAZIDE***50MG/12.5MG CAPSULE*

00522597 PROLOPA HLR \$ 0.2767

100MG/25MG CAPSULE

00386464 PROLOPA HLR \$ 0.4557

200MG/50MG CAPSULE

00386472 PROLOPA HLR \$ 0.7650

LEVODOPA/CARBIDOPA** 100MG/10MG TABLET*

02126176 ENDO-LEVODOPA/CARBIDOPA ALT \$ 0.2745

02182831 NU-LEVOCARB NXP 0.2745

02195933 APO-LEVOCARB APX 0.2745

00355658 SINEMET DUP 0.4580

** 100MG/25MG TABLET*

02126168 ENDO-LEVODOPA/CARBIDOPA ALT \$ 0.4107

02182823 NU-LEVOCARB NXP 0.4107

02195941 APO-LEVOCARB APX 0.4107

00513997 SINEMET DUP 0.6839

** 250MG/25MG TABLET*

02126184 ENDO-LEVODOPA/CARBIDOPA ALT \$ 0.4585

02182858 NU-LEVOCARB NXP 0.4585

02195968 APO-LEVOCARB APX 0.4585

00328219 SINEMET DUP 0.7634

100MG/25MG CONTROLLED RELEASE TABLET

02028786 SINEMET CR DUP \$ 0.6746

200MG/50MG CONTROLLED RELEASE TABLET

00870935 SINEMET CR DUP \$ 1.2443

MONTELUKAST SODIUM*SEE APPENDIX A FOR EDS CRITERIA**5MG CHEWABLE TABLET*

02238216 SINGULAIR (EDS) MSD \$ 1.5190

10MG TABLET

02238217 SINGULAIR (EDS) MSD \$ 2.2351

MYCOPHENOLATE MOFETIL*SEE APPENDIX A FOR EDS CRITERIA**250MG CAPSULE*

02192748 CELLCEPT (EDS) HLR \$ 2.2373

500MG TABLET

02237484 CELLCEPT (EDS) HLR \$ 4.4746

NABILONE*SEE APPENDIX A FOR EDS CRITERIA**1MG CAPSULE*

00548375 CESAMET (EDS) ICN \$ 6.7325

92:00 UNCLASSIFIED THERAPEUTIC AGENTS**92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS****NAFARELIN ACETATE***SEE APPENDIX A FOR EDS CRITERIA*

2MG/ML NASAL SOLUTION

02188783 SYNAREL (EDS) FEI \$ 303.8000

NEDOCROMIL SO4

2MG/DOSE INHALATION AEROSOL (PACKAGE)

02230543 TILADE AVT \$ 27.9700

OCTREOTIDE*WHEN BILLING LAR FORM, SUBMIT QUANTITY IN TERMS OF MILLIGRAMS.**SEE APPENDIX A FOR EDS CRITERIA*

50UG INJECTION (1ML)

00839191 SANDOSTATIN (EDS) NVR \$ 5.4200

100UG INJECTION (1ML)

00839205 SANDOSTATIN (EDS) NVR \$ 10.2300

200UG/ML INJECTION (5ML)

02049392 SANDOSTATIN (EDS) NVR \$ 98.3100

500UG INJECTION (1ML)

00839213 SANDOSTATIN (EDS) NVR \$ 48.0400

10MG/VIAL POWDER FOR INJECTION (MG)

02239323 SANDOSTATIN LAR (EDS) NVR \$ 113.2000

20MG/VIAL POWDER FOR INJECTION (MG)

02239324 SANDOSTATIN LAR (EDS) NVR \$ 75.0000

30MG/VIAL POWDER FOR INJECTION (MG)

02239325 SANDOSTATIN LAR (EDS) NVR \$ 62.3400

PENTOSAN POLYSULFATE SO4*SEE APPENDIX A FOR EDS CRITERIA*

100MG CAPSULE

02029448 ELMIRON (EDS) ALZ \$ 1.2912

PERGOLIDE MESYLATE

0.05MG TABLET

02123320 PERMAX DPY \$ 0.2696

0.25MG TABLET

02123339 PERMAX DPY \$ 0.9883

1MG TABLET

02123347 PERMAX DPY \$ 3.3690

PRAMIPEXOLE DIHYDROCHLORIDE

0.25MG TABLET

02237145 MIRAPEX BOE \$ 1.0742

0.5MG TABLET

02241594 MIRAPEX BOE \$ 2.1483

1MG TABLET

02237146 MIRAPEX BOE \$ 2.1483

1.5MG TABLET

02237147 MIRAPEX BOE \$ 2.1483

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

RIFABUTIN

SEE APPENDIX A FOR EDS CRITERIA

150MG CAPSULE

02063786	MYCOBUTIN (EDS)	PHU	\$	4.0500
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RISEDRONATE SODIUM

SEE APPENDIX A FOR EDS CRITERIA

5MG TABLET

02242518	ACTONEL (EDS)	PGA	\$	1.8011
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30MG TABLET

02239146	ACTONEL (EDS)	PGA	\$	11.6638
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RIVASTIGMINE

SEE APPENDIX A FOR EDS CRITERIA

1.5MG CAPSULE

02242115	EXELON (EDS)	NVR	\$	2.4901
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3MG CAPSULE

02242116	EXELON (EDS)	NVR	\$	2.4901
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4.5MG CAPSULE

02242117	EXELON (EDS)	NVR	\$	2.4901
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6MG CAPSULE

02242118	EXELON (EDS)	NVR	\$	2.4901
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ROPINIROLE HCL

0.25MG TABLET

02232565	REQUIP	GSK	\$	0.2794
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1MG TABLET

02232567	REQUIP	GSK	\$	1.1176
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2MG TABLET

02232568	REQUIP	GSK	\$	1.2293
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5MG TABLET

02232569	REQUIP	GSK	\$	3.4644
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SELEGILINE HCL

SEE APPENDIX A FOR EDS CRITERIA

* 5MG TABLET

02230717	NU-SELEGILINE (EDS)	NXP	\$	0.4028 *
02068087	NOVO-SELEGILINE (EDS)	NOP		1.3726
02230641	APO-SELEGILINE (EDS)	APX		1.3726
02231036	GEN-SELEGILINE (EDS)	GPM		1.3726
02237289	MED-SELEGILINE (EDS)	MED		1.3726
02238102	PMS-SELEGILINE (EDS)	PMS		1.3726
02238340	DOM-SELEGILINE (EDS)	DOM		1.5445
02123312	ELDEPRYL (EDS)	DPY		2.1793

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM CROMOGLYCATE*SEE APPENDIX A FOR EDS CRITERIA**20MG/CAPSULE AEROSOL POWDER*

00261238 INTAL SPINCAPS AVT \$ 0.5007

100MG CAPSULE

00500895 NALCROM (EDS) AVT \$ 1.1621

* *10MG/ML INHALATION SOLUTION (2ML)*

00534609 INTAL NEBULIZER SOLUTION AVT \$ 0.5258

02046113 PMS-SODIUM CROMOGLYCATE PMS 0.5258

02231431 APO-CROMOLYN APX 0.5258

02231671 NU-CROMOLYN NXP 0.5258

02145448 DOM-SODIUM CROMOGLYCATE DOM 0.6562

*1MG/DOSE PRESSURIZED AEROSOL (PACKAGE)*00555649 INTAL AVT \$ 42.8600

SODIUM FLUORIDE*20MG TABLET*02099225 FLUOTIC AVT \$ 0.3521

TACROLIMUS*SEE APPENDIX A FOR EDS CRITERIA**0.5MG CAPSULE*

02243144 PROGRAF (EDS) FUJ \$ 2.1339

1MG CAPSULE

02175991 PROGRAF (EDS) FUJ \$ 2.6583

5MG CAPSULE

02175983 PROGRAF (EDS) FUJ \$ 12.5500

*5MG/ML AMPOULE*02176009 PROGRAF (EDS) FUJ \$ 127.5000

TAMSULOSIN HCL*0.4MG SUSTAINED RELEASE CAPSULE*02238123 FLOMAX BOE \$ 1.0308

TETRABENAZINE*25MG TABLET*02199270 NITOMAN LIV \$ 2.1700

TRIMEPRAZINE TARTRATE*2.5MG TABLET*

01926306 PANECTYL AVT \$ 0.2256

5MG TABLET

01926292 PANECTYL AVT \$ 0.2805

*0.5MG/ML ORAL LIQUID*01926446 PANECTYL AVT \$ 0.0681

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

URSODIOL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02238984	URSO (EDS)	AXC	\$	1.3385
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ZAFIRLUKAST

SEE APPENDIX A FOR EDS CRITERIA

20MG TABLET

02236606	ACCOLATE (EDS)	AST	\$	0.7595
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APPENDICES

APPENDIX A - EXCEPTION DRUG STATUS PROGRAM

APPENDIX B - HOSPITAL BENEFIT DRUG LIST

**APPENDIX C - TIPS ON PRESCRIPTION WRITING AND
PRESCRIPTION REGULATIONS**

**APPENDIX D - GUIDELINES FOR REPORTING ADVERSE
DRUG REACTIONS**

APPENDIX E - SPECIAL COVERAGES

APPENDIX F - TRIPLICATE PRESCRIPTION PROGRAM

**APPENDIX G - CODES FOR PHARMACY ON-LINE CLAIMS
PROCESSING**

APPENDIX H - MAINTENANCE DRUG SCHEDULE

**APPENDIX I - TRIAL PRESCRIPTION PROGRAM
MEDICATION LIST**

APPENDIX J - SASKATCHEWAN MS DRUGS PROGRAM

APPENDIX A

EXCEPTION DRUG STATUS PROGRAM

NOTES REGARDING THE EXCEPTION DRUG STATUS (EDS) PROGRAM

- Physicians, dentists, duly qualified optometrists (or authorized office staff) and pharmacists may apply for EDS.
- Requests can be submitted by telephone, by mail or by fax. A toll-free line with an electronic message system is available **exclusively** for requests on a 24-hour basis. The telephone number to access this line is **1-800-667-2549**, the Drug Plan EDS Unit fax number is **(306) 798-1089**.
- Requests are processed daily on a continuous basis. **Please allow Drug Plan staff 24 hours to process requests.**
- Patients and prescribers are notified by letter if coverage has been approved and the time period for which coverage has been approved.
- If a request has been denied, letters are sent to the patient and prescriber notifying them of the reason for the denial. In most cases, the Drug Plan requires more information to determine the patient's eligibility for coverage, and will reconsider coverage at such time as further information is received.
- If the drug requested is not a benefit under the Drug Plan, the patient and prescriber are notified. Payment for the medication is the responsibility of the patient in these cases. It is important to note that not all medications currently available on the market in Canada are benefits under the Saskatchewan Drug Plan or under the Exception Drug Status Program of the Drug Plan.
- The majority of EDS requests are routinely backdated **30 days** from the time the Drug Plan receives the request. Provision can be made for further backdating of EDS coverage on a case-by-case basis. However, the Drug Plan cannot backdate further than one year from the current date.
- Saskatchewan Prescription Drug Plan policy does not allow a fee to be charged to clients for Exception Drug Status applications made to the Drug Plan on the client's behalf.
- See *NOTES CONCERNING THE FORMULARY*, pages xii-xiii for additional general information regarding Exception Drug Status coverage

CRITERIA FOR COVERAGE UNDER EXCEPTION DRUG STATUS

Following are the criteria for coverage of certain drugs under Exception Drug Status. Coverage may be provided for other products in certain instances. Further information can be provided by professional staff at the Drug Plan.

Certain products may be granted Exception Drug Status for non-approved indications. This is the case only when the Saskatchewan Formulary Committee has reviewed evidence to demonstrate safety and efficacy and the prescriber is aware the drug is being prescribed for a non-approved indication.

The following information is required to process all Exception Drug Status requests:

- patient name
- patient Health Services Number (9 digits)
- name of drug
- diagnosis relevant to use of drug
- prescriber name and phone number

abacavir SO₄, oral solution, 20mg/mL; tablet, 300mg (Ziagen-GSK)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Acilac - see lactulose

acitretin, capsule, 10mg, 25mg (Soriatane-HLR)

For treatment of severe intractable psoriasis, Darier's Disease, ichthyosiform dermatoses, palmoplantar pustulosis and other disorders of keratinization. *For detailed patient information see page 235.*

Accolate - see zafirlukast

Actonel - see risedronate sodium

Actos - see pioglitazone HCl

Acular - see ketorolac tromethamine

Advair Diskus - see salmeterol xinafoate/fluticasone propionate

Aggrenox - see dipyridamole/acetylsalicylic acid

alendronate sodium, tablet, 10mg (Fosamax-MSD)

- (a) For treatment of osteoporosis in patients who do not respond to etidronate disodium/calcium (Didrocal) after receiving it for one year.
- (b) For treatment of osteoporosis in patients unable to tolerate etidronate disodium/calcium (Didrocal).
- (c) For treatment of osteoporosis in patients who have fresh fractures.

alendronate sodium, tablet, 40mg (Fosamax-MSD)

For treatment of symptomatic Paget's Disease of the bone.

Alertec - see modafinil

alfacalcidol, capsule, 0.25ug, 1ug (One-Alpha-LEO)

For management of hypocalcemia and osteodystrophy in chronic renal disease patients prior to initiation of dialysis. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.*

Alti-CPA - see cyproterone acetate

Alti-Cyclobenzaprine - see cyclobenzaprine HCl

Alti-Minocycline - see minocycline HCl

Alti-Ticlopidine - see ticlopidine HCl

Amatine - see midodrine HCl

Amerge - see naratriptan HCl

amoxicillin trihydrate/potassium clavulanate, tablet, 875mg/125mg; oral suspension, 25mg/6.25mg/mL, 50mg/12.5mg/mL, 40mg/5.3mg/mL, 80mg/11.4mg/mL (Clavulin-GSK)

*** tablet, 250mg/125mg, 500mg/125mg (Clavulin-GSK) (Apo-Amoxi Clav-APX)**

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (c) For step-down care following hospital separation in patients treated with intravenous antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).

Androcur - see cyproterone acetate

APL - see chorionic gonadotropin
Apo-Amoxi Clav - see amoxicillin trihydrate/potassium clavulanate
Apo-Carbamazepine CR - see carbamazepine
Apo-Cefaclor - see cefaclor
Apo-Cyclobenzaprine - see cyclobenzaprine HCl
Apo-Desmopressin - see desmopressin
Apo-Etodolac - see etodolac
Apo-Fenofibrate - see fenofibrate
Apo-Feno-Micro - see fenofibrate (micronized)
Apo-Fluconazole – see fluconazole
Apo-Ketoconazole - see ketoconazole
Apo-Ketotifen - see ketotifen fumarate
Apo-Megestrol - see megestrol acetate tablet
Apo-Minocycline - see minocycline HCl
Apo-Nabumetone – see nabumetone
Apo-Norflox – see norfloxacin
Apo-Selegiline - see selegiline HCl
Apo-Ticlopidine - see ticlopidine HCl
Apo-Zidovudine – see zidovudine
Arava - see leflunomide
Aricept - see donepezil HCl
Aristospan - see triamcinolone/hexacetonide

atovaquone, suspension, 150mg/mL (Mepron-GSK)

For treatment of *pneumocystis carinii* pneumonia (PCP) in patients who are intolerant to trimethoprim/sulfamethoxazole.

Avandia - see rosiglitazone maleate
Avelox - see moxifloxacin HCl
Avonex – see Appendix J

azithromycin, tablet, 250mg; oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (c) For treatment of infections in patients allergic to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For treatment of *chlamydia trachomatis* infections.
- (g) For step-down care following hospital separation in patients treated with intravenous macrolides (guided by culture and sensitivity results).

azithromycin, tablet, 600mg (Zithromax-PFI)

For prevention of disseminated *Mycobacterium avium* complex (MAC) disease in patients with advanced HIV infections.

baclofen, injection, 0.05mg/mL, 0.5mg/mL, 2mg/mL (Lioresal Intrathecal-NVR)

For treatment of severe spastic conditions in patients who do not respond or cannot tolerate oral baclofen.

Betaseron - see Appendix J

bezafibrate, tablet, 200mg (pms-Bezafibrate-PMS); sustained release tablet, 400mg (Bezalip SR-HLR)

For treatment of patients with hyperlipidemia who have failed to respond to gemfibrozil or have experienced side effects with it.

Bezalip SR - see bezafibrate

Biaxin - see clarithromycin

bisoprolol fumarate, tablet, 5mg, 10mg (Monacor-BVL)

For treatment of patients with stable symptomatic congestive heart failure taking diuretics and ACE inhibitors, with or without digoxin.

Botox - see botulinum toxin type A

botulinum toxin type A, sterile lyophilized powder, 100IU (Botox-ALL)

- (a) For treatment of eye dystonias, that is, blepharospasm and strabismus.
- (b) For treatment of cervical dystonia, that is, torticollis.
- (c) For treatment of other forms of severe spasticity.

budesonide, controlled ileal release capsule, 3mg (Entocort-AST)

- (a) For treatment of patients with mild to moderate Crohn's Disease affecting the ileum and/or ascending colon. *Coverage will be provided for up to 8 weeks.*
- (b) Maintenance treatment will be approved for patients unresponsive or intolerant to other agents.

bumetanide, tablet, 2mg (Burinex-LEO)

For treatment of patients unable to tolerate furosemide.

bupropion HCl, tablet, 100mg, 150mg (Wellbutrin SR-GSK)

For treatment of depression.

Burinex - see bumetanide

buserelin acetate, intranasal solution, 1.05mg/mL; injection, 1.05mg/mL (Suprefact-HRU)

- (a) For treatment of endometriosis, for a maximum of 6 months. Coverage may be repeated after a six month lapse, for another 6 month course.
- (b) For pre-treatment of uterine fibroids prior to surgical removal, for a maximum of 6 months.
- (c) For treatment of menorrhagia in preparation for endometrial ablation, for a maximum of 6 months.

cabergoline, tablet, 0.5mg (Dostinex-PHU)

For treatment of hyperprolactinemic disorders in patients not responding to, or intolerant to, bromocriptine.

Calcimar - see calcitonin salmon

+calcitonin salmon, injection, 100IU/mL (Caltine-FEI), 200IU/mL (Calcimar-AVT)

- (a) For symptomatic treatment of Paget's Disease of the bone.
- (b) For treatment of crush fracture with bone pain. *Coverage will be provided for a maximum of 3 months.*
- (c) For treatment of osteogenesis imperfecta.

calcitonin salmon, nasal spray, 200IU/dose (Miacalcin-NVR)

- (a) For treatment of osteoporosis in patients unable to tolerate listed bisphosphonates.
- (b) For treatment of osteoporosis in patients not responding to listed bisphosphonates after treatment for one year.
- (c) For treatment of crush fracture with bone pain. *Coverage will be provided for a maximum of 3 months as an alternative to the subcutaneous dosage form.*

calcitriol, capsule, 0.25ug, 0.5ug (Rocaltrol-HLR)

For management of hypocalcemia and clinical manifestations associated with postsurgical hypoparathyroidism, pseudohypoparathyroidism or Vitamin D resistant rickets.

Caltine - see calcitonin salmon

***carbamazepine, controlled release tablet, 200mg, 400mg (Tegretol CR-NVR) (pms-Carbamazepine-CR-PMS) (Dom-Carbamazepine CR-DOM) (Taro-Carbamazepine CR-TAR) (Gen-Carbamazepine CR-GPM) (Apo-Carbamazepine CR-APX)**

For treatment in patients experiencing inadequate control or occurrence of unacceptable adverse reactions using the regular tablet dosage form.

carvedilol, tablet, 3.125mg, 6.25mg, 12.5mg, 25mg (Coreg-GSK)

For treatment of patients with stable symptomatic congestive heart failure taking diuretics and ACE inhibitors, with or without digoxin.

Ceclor - see cefaclor

***cefaclor, suspension, 25mg/mL, 50mg/mL, 75mg/mL (Ceclor-LIL) (Apo-Cefaclor-APX) (Dom-Cefaclor-DOM) (pms-Cefaclor-PMS); capsule, 250mg, 500mg (pms-Cefaclor-PMS) (Apo-Cefaclor-APX) (Dom-Cefaclor-DOM) (Nu-Cefaclor-NXP) (Novo-Cefaclor-NOP)**

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections in patients allergic to alternative antibiotics (*Note: patients with immediate hypersensitivity to penicillin should not receive cephalosporins.*)
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For step-down care following hospital separation in patients treated with intravenous antibiotics (guided by culture and sensitivity results).

cefixime, tablet, 400mg; oral suspension, 20mg/mL (Suprax-AVT)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections in patients allergic to alternative antibiotics (*Note: patients with immediate hypersensitivity to penicillin should not receive cephalosporins.*)
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For step-down care following hospital separation in patients treated with intravenous antibiotics (guided by culture and sensitivity results).
- (g) For treatment of uncomplicated gonorrhea.

cefprozil, tablet, 250mg, 500mg; suspension, 25mg/mL, 50mg/mL (Cefzil-BMY)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections in patients allergic to alternative antibiotics (*Note: patients with immediate hypersensitivity to penicillin should not receive cephalosporins.*)
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For step-down care following hospital separation in patients treated with intravenous antibiotics (guided by culture and sensitivity results).

Ceftin - see cefuroxime axetil

cefuroxime axetil, tablet, 250mg, 500mg; suspension, 25mg/mL (Ceftin-GSK)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections in patients allergic to alternative antibiotics (*Note: patients with immediate hypersensitivity to penicillin should not receive cephalosporins.*)
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For step-down care following hospital separation in patients treated with intravenous antibiotics (guided by culture and sensitivity results).

Cefzil - see cefprozil

Celebrex - see celecoxib

celecoxib, capsule, 100mg, 200mg (Celebrex-PHU)

- (a) For treatment in patients age 65 and over (*approved automatically through the on-line computer system*).
- (b) For treatment of rheumatoid arthritis and osteoarthritis in patients who have one of the following factors:
 - past history of ulcers;
 - concurrent prednisone therapy;
 - concurrent warfarin therapy.
- (c) For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

CellCept - see mycophenolate mofetil

Cesamet - see nabilone

+chorionic gonadotropin, injection, 10,000IU/vial (Profasi HP-SRO) (APL-WYA)

- (a) For treatment of habitual abortion.
- (b) For treatment of delayed puberty.

Ciloxan - see ciprofloxacin

Cipro - see ciprofloxacin tablet

Cipro HC - see ciprofloxacin/hydrocortisone

ciprofloxacin, ophthalmic solution, 0.3%; ophthalmic ointment, 0.3% (Ciloxan-ALC)

For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.

ciprofloxacin, tablet, 250mg, 500mg, 750mg; oral suspension, 100mg/mL (Cipro-BAY)

- (a) For treatment of infections caused by *pseudomonas aeruginosa*.
- (b) For treatment of infections in patients allergic to alternative antibiotics.
- (c) For treatment of infections with organisms known to be resistant to alternative antibiotics.
- (d) For step-down care following hospital separation in patients treated with intravenous antibiotics (guided by culture and sensitivity results).
- (e) For prophylaxis of infection in immunocompromised patients.
- (f) For treatment of genitourinary tract infections unresponsive to first-line antibiotics or based on culture and sensitivity results.
- (g) For treatment of gonorrhea.

ciprofloxacin/hydrocortisone, otic suspension, 0.2%/1% (Cipro HC-ALC)

- (a) For treatment of otitis externa in patients who have failed previous treatment with listed combination anti-infective/anti-inflammatory agents.
- (b) For treatment of patients with perforation of the tympanic membrane.

clarithromycin, tablet, 250mg, 500mg; oral suspension, 25mg/mL (Biaxin-ABB)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (c) For treatment of infections in patients allergic to alternative antibiotics.
- (d) For treatment of respiratory tract infections in nursing home patients.
- (e) For treatment of pneumonia in patients in the community with comorbidity (ie. COPD, diabetes mellitus, renal insufficiency, heart failure).
- (f) For treatment and prophylaxis of *Mycobacterium avium complex* (MAC) in HIV positive patients.
- (g) For one week for eradication of *H. pylori*-related infections when used in combination treatment regimens for the treatment of peptic ulcer disease.
- (h) For step-down care following hospital separation in patients treated with intravenous macrolides (guided by culture and sensitivity results).

Clavulin - see amoxicillin trihydrate/potassium clavulanate

Climara - see estradiol

clonidine HCl, tablet, 0.025mg (Dixarit-BOE)

- (a) For treatment of menopausal flushing in patients unable to tolerate estrogen therapy.
- (b) For treatment of Attention Deficit Disorder.

clopidogrel bisulfate, tablet, 75mg (Plavix-SAW)

- (a) For treatment of patients who have experienced a recurrent vascular episode while on acetylsalicylic acid.
- (b) For treatment of patients who have experienced a recurrent vascular episode and have a clearly demonstrated allergy to acetylsalicylic acid (manifested by asthma or nasal polyps).
- (c) For treatment of patients who have experienced a recurrent vascular episode and are intolerant of acetylsalicylic acid (manifested by gastrointestinal hemorrhage).
- (d) When prescribed following intracoronary stent placement. *Coverage will be provided for a period of 4 weeks.*

Clopixol - see zuclopenthixol

clozapine, tablet, 25mg, 100mg (Clozaril-NVR)

For treatment of patients with schizophrenia who are either treatment resistant or treatment intolerant and have no other medical contraindications.

Clozaril - see clozapine

codeine, controlled release tablet, 50mg, 100mg, 150mg, 200mg (Codeine Contin-PFR)

(a) For treatment of palliative and chronic pain patients as an alternative to ASA/codeine combination products or acetaminophen/codeine combination products.

(b) For treatment of palliative and chronic pain patients as an alternative to the regular release tablet when large doses are required.

In non-palliative patients, coverage will only be approved for a 6 month course of therapy, subject to review.

Codeine Contin - see codeine

Combivir – see lamivudine/zidovudine

Copaxone - see Appendix J

Coreg - see carvedilol

Crixivan - see indinavir SO₄

***cyclobenzaprine HCl, tablet, 10mg (Flexeril-MSD) (Apo-Cyclobenzaprine-APX) (Novo-Cycloprine-NOP) (Nu-Cyclobenzaprine-NXP) (pms-Cyclobenzaprine-PMS) (Alti-Cyclobenzaprine-ALT) (Gen-Cyclobenzaprine-GPM) (Med-Cyclobenzaprine-MED) (Flexitec-TCH) (Dom-Cyclobenzaprine-DOM)**

As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding or experiencing severe adverse reactions to alternative therapy. *Coverage will be provided for up to a 3 week period.*

cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL (Neoral-NVR)

(a) For induction and maintenance of remission of severe psoriasis in patients for whom conventional therapy is ineffective or inappropriate.

(b) For treatment of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents are inappropriate or ineffective.

(c) For treatment of nephrotic syndrome.

*For the above indications prescriptions are subject to deductible and co-payment as for other drugs covered under the Drug Plan. **Pharmacies note: claims on behalf of these patients must use the following identifying numbers (not the DIN):***

10mg – 00950792	100mg – 00950815
25mg – 00950793	100mg/mL - 00950823
50mg – 00950807	

cyclosporine, capsule, 10mg, 25mg, 50mg, 100mg; liquid, 100mg/mL (Neoral-NVR)

For prophylaxis of graft rejection following solid organ transplant and bone marrow transplant procedures. *In such cases, the cost is covered at 100% and the deductible does not apply.*

cyproterone acetate, injection, 100mg/mL (Androcur Depot-PMS);

***tablet, 50mg (Androcur-PMS) (Alti-CPA-ALT) (Gen-Cyproterone-GPM) (Novo-Cyproterone-NOP)**

For treatment of hirsutism.

Cytovene - see ganciclovir sodium

dalteparin sodium, syringe, 2,500IU (0.2mL), 5,000IU (0.2mL); injection solution, 10,000IU/mL (1mL), 25,000IU/mL (3.8mL) (Fragmin-PHU)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty and major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (c) For longterm outpatient prophylaxis in patients who are pregnant.
- (d) For longterm outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
- (e) For longterm outpatient prophylaxis in patients who have lupus anticoagulant syndrome.

DDAVP - see desmopressin acetate

delavirdine mesylate, tablet, 100mg (Rescriptor-PHU)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

***deferoxamine mesylate, powder for solution, 500mg/vial (pms-Deferoxamine) (Desferal-NVR); 2g/vial (Desferal-NVR)**

For treatment of iron overload in patients with transfusion-dependent anemias.

Desferal - see deferoxamine mesylate

desmopressin, tablet, 0.1mg, 0.2mg (DDAVP-FEI)

***intranasal solution, 10ug/dose (DDAVP-FEI) (Apo-Desmopressin-APX)**

- (a) For treatment of diabetes insipidus.
- (b) For treatment of enuresis in children over 5 years of age refractory to bed-wetting alarms or alternative agents listed in the Formulary.

desmopressin, injection, 4ug/mL (DDAVP-FEI); intranasal solution, 150ug/dose (Octostim-FEI)

For prophylaxis of mild hemophilia A and mild von Willebrand's Disease.

Detrol - see tolterodine l-tartrate

diclofenac sodium, ophthalmic solution, 0.1% (Voltaren Ophtha-NVO)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term topical steroids.

didanosine, powder for oral solution (package), 4g; chewable tablet, 25mg, 50mg, 100mg, 150mg (Videx-BMY)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Didronel - see etidronate disodium

Diflucan - see fluconazole

dihydroergotamine mesylate, nasal spray, 4mg/mL (Migranal-NVR)

For treatment of migraines where standard therapy such as an analgesic or oral ergotamine product has failed or cannot be tolerated.

dipyridamole, tablet, 25mg, 50mg, 75mg, 100mg (Persantine-BOE)

- (a) Following transluminal angioplasty, for a maximum of 6 months.
- (b) Following bypass surgery, for a maximum of 12 months.
- (c) Following prosthetic heart valve replacement, for 12 months. *This is renewable on a yearly basis.*

dipyridamole/acetylsalicylic acid, capsule, 200mg/25mg (Aggrenox-BOE)

For treatment of patients who have had a stroke or transient ischemic attack while on acetylsalicylic acid.

Dixarit - see clonidine HCl

Dom-Carbamazepine CR – see carbamazepine

Dom-Cefaclor - see cefaclor

Dom-Cyclobenzaprine – see cyclobenzaprine HCl

Dom-Fenofibrate Micro - see fenofibrate (micronized)

Dom-Minocycline - see minocycline HCl

Dom-Selegiline – see selegiline HCl

donepezil HCl, tablet, 5mg, 10mg (Aricept-PFI)

- (a) A diagnosis of probable Alzheimer's Disease as per DSM-IV criteria.
- (b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60 days prior to application for coverage by a clinician.
- (c) A Functional Activities Questionnaire (FAQ) must be completed.
- (d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with donepezil therapy. List all current medications patient was taking at the time of assessment.
- (e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.

- **Eligible patients currently taking donepezil** would require assessment at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- **Eligible new patients** will enter a 3 month treatment period with donepezil. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with donepezil. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving donepezil, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
- Patients who do not meet criteria to continue donepezil can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
- Donepezil does not need to be discontinued prior to MMSE or FAQ testing.
- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
- Coverage will not be considered for patients who have failed on other drugs in this class.

dornase alfa, inhalation solution, 1mg/mL (Pulmozyme-HLR)

For treatment of cystic fibrosis patients who meet the following criteria:

- (a) at least 5 years of age
- (b) Lung function greater than 40% (as measured by FVC)
- (c) Physicians will be requested to provide evidence of the beneficial effect of this drug in their patients after 6 months of therapy before additional coverage is granted.

Renewal of coverage will be provided for a 6 month period if any of the following criteria are met:

- (a) FEV₁ has improved by 10% from pre-treatment value
- (b) decreased antibiotic utilization
- (c) decreased hospitalizations
- (d) decreased absenteeism from school or work
- (e) if the individual deteriorates upon discontinuation of Pulmozyme therapy.

Physicians must provide appropriate documentation to establish benefit.

Dostinex - see cabergoline

Duragesic - see fentanyl

Edecrin - see ethacrynic acid

efavirenz, capsule, 50mg, 100mg, 200mg (Sustiva-DUP)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Eldepryl - see selegiline HCl

Elmiron - see pentosan polysulfate sodium

enoxaparin, syringe, 100mg/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL, 1mL); injection solution, 100mg/mL (3mL) (Lovenox-AVT)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty and major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (c) For longterm outpatient prophylaxis in patients who are pregnant.
- (d) For longterm outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
- (e) For longterm outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
- (f) For treatment of pediatric patients where anticoagulant therapy is required and warfarin cannot be administered.

Entocort - see budesonide

epoetin alfa, pre-filled syringe, 1,000 IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL; sterile solution for injection, 20,000IU (Eprex-JAN)

- (a) For treatment of anemia in chronic renal disease patients prior to initiation of dialysis. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.*
- (b) For treatment of anemia in AIDS patients.

Eprex - see epoetin alfa

Ergamisol - see levamisole

Estalis - see estradiol/norethindrone acetate

Estracomb - see estradiol & norethindrone acetate/estradiol

Estraderm - see estradiol

+estradiol, transdermal gel (metered dose pump), 0.06% (Estrogel-SCH; transdermal therapeutic system, 25ug, 50ug, 100ug (Estraderm-NVR), 37.5ug, 50ug, 75ug, 100ug (Vivelle-NVR), 50ug, 100ug (Climara-BEX), 25ug, 50ug (Oesclim-PMS)

For treatment in patients who are unable to tolerate oral estrogen.

estradiol/norethindrone acetate, transdermal therapeutic system (8), 50ug/140ug, 50ug/250ug (Estalis-NVR)

For treatment in patients who are unable to tolerate oral hormone replacement therapy (either estrogen or progesterone).

estradiol & norethindrone acetate/estradiol, transdermal therapeutic system, 50ug & 250ug/50ug (Estracomb-NVR)

For treatment in patients who are unable to tolerate oral estrogen.

Estrogel – see estradiol

ethacrynic acid, tablet, 50mg (Edecrin-MSD)

For treatment of patients refractory to furosemide.

etidronate disodium, tablet, 200mg (Didronel-PGA)

(a) For treatment of symptomatic Paget's Disease of the bone for a 6 month period.

Coverage can be renewed after a drug holiday of at least 90 days.

(b) For treatment of heterotopic calcification.

(c) For symptomatic management of bone pain due to cancer in the palliative care patient.

(d) For treatment of osteoporosis in patients who are intolerant to the calcium in Didrocal.

***etodolac, capsule, 200mg, 300mg (Ultradol-PGA) (Apo-Etodolac-APX) (Gen-Etodolac-GPM) (Taro-Etodolac-TAR)**

For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

Evista - see raloxifene HCl

Exelon - see rivastigmine

***fenofibrate, capsule, 100mg (Apo-Fenofibrate-APX) (Nu-Fenofibrate-NXP)**

For treatment of patients with hyperlipidemia who have failed to respond to gemfibrozil or have experienced side effects with it.

***fenofibrate (micronized), capsule, 200mg (Lipidil Micro-FFR) (Apo-Feno-Micro-APX) (Gen-Fenofibrate Micro-GPM) (pms-Fenofibrate Micro-PMS) (Dom-Fenofibrate Micro-DOM)**

For treatment of patients with hyperlipidemia who have failed to respond to gemfibrozil or have experienced side effects with it.

fentanyl, transdermal system, 25ug/hr., 50ug/hr., 75ug/hr., 100ug/hr. (Duragesic-JAN)

For treatment of patients who cannot tolerate, or are unable to take oral sustained-release morphine, or as an alternative to subcutaneous narcotic infusion therapy. *In non-palliative patients, coverage will only be approved for a 6 month course of therapy.*

filgrastim, injection solution, 300ug/mL (Neupogen-AMG)

- (a) For treatment of patients with congenital, cyclic or idiopathic neutropenia with absolute neutrophil counts of less than or equal to 500.
- (b) For treatment of non-cancer patients who have undergone bone marrow transplantation.
- (c) For treatment of AIDS patients with absolute neutrophil counts of less than 500.

flavoxate HCl, tablet, 200mg (Urispas-PMS)

For treatment of spasms in the urinary tract in patients unresponsive or intolerant to listed alternatives.

Flexeril - see cyclobenzaprine HCl

Flexitec - see cyclobenzaprine HCl

fluconazole, powder for oral suspension, 10mg/mL (Diflucan-PFI);

***tablet, 50mg, 100mg (Diflucan-PFI) (Apo-Fluconazole-APX)**

- (a) For treatment of fungal meningitis in immunocompromised patients.
- (b) For treatment of severe or life-threatening fungal infections.
- (c) For treatment of severe dermatophytoses not responding to other forms of therapy including ketoconazole.

Note: the 150mg capsule form of fluconazole is listed in the Saskatchewan Formulary.

flunarizine HCl, capsule, 5mg (Sibelium-JAN)

For prophylaxis of migraines in cases where alternative prophylactic agents have not been effective.

flurbiprofen sodium, ophthalmic solution, 0.03% (Ocufen-ALL)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term topical steroids.

Foradil - see formoterol fumarate

+formoterol fumarate, powder for inhalation (capsule), 12ug (Foradil-NVR); powder for inhalation (package), 6ug/dose, 12ug/dose (Oxeze Turbuhaler-AST)

- (a) For treatment of asthma when used in patients on concurrent steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
- (b) For treatment of chronic obstructive pulmonary disease (COPD).

Fortovase – see saquinavir

Fosamax - see alendronate sodium

fosfomycin tromethamine, oral powder (sachet), 3g (Monurol-PFR)

- (a) For treatment of urinary tract infections with organisms resistant to first line therapy.
- (b) For treatment of urinary tract infections in patients allergic to first line agents.
- (c) For treatment of urinary tract infections in pregnancy when first line agents are inappropriate.

Fragmin – see dalteparin sodium

Fraxiparine – see nadroparin calcium
Fraxiparine Forte – see nadroparin calcium

ganciclovir sodium, capsule, 250mg, 500mg (Cytovene-HLR)

- (a) For treatment of CMV retinitis and other CMV infections in immunocompromised patients.
- (b) For prevention of CMV in solid organ transplant recipients who are considered at risk of developing CMV disease. *Coverage will be granted for a period of 3 months.*

Gen-Carbamazepine CR - see carbamazepine
Gen-Cycloprine - see cyclobenzaprine HCl
Gen-Cyproterone - see cyproterone acetate
Gen-Etodolac – see etodolac
Gen-Fenofibrate Micro - see fenofibrate (micronized)
Gen-Minocycline - see minocycline HCl
Gen-Selegiline - see selegiline HCl
Gen-Ticlopidine – see ticlopidine HCl

glatiramer acetate, injection, 20mg (vial) (Copaxone-TVM)

See Appendix J

GlucNorm - see repaglinide

goserelin acetate, 3.6mg/syringe (Zoladex-AST)

- (a) For treatment of endometriosis, for a maximum of 6 months. Coverage may be repeated after a six month lapse, for another 6 month course.
- (b) For pre-treatment of uterine fibroids prior to surgical removal, for a maximum of 6 months.
- (c) For treatment of menorrhagia in preparation for endometrial ablation, for a maximum of 6 months.

halobetasol propionate, cream, 0.05%; ointment, 0.05% (Ultravate-WSD)

For treatment of patients refractory to or intolerant of other listed products.

Heptovir – see lamivudine
Hivid - see zalcitabine
Hp-PAC – see lansoprazole/clarithromycin/amoxicillin
Humalog - see insulin lispro
Humalog Mix25 - see insulin (regular/protamine) lispro
Humatrope - see somatropin
Imitrex - see sumatriptan

indinavir SO₄, capsule, 200mg, 400mg (Crixivan-MSD)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Infufer - see iron dextran
Innohep - see tinzaparin sodium

insulin lispro, injection, 100U/mL, vial (10mL), cartridge (5 x 1.5mL, 5 x 3mL) (Humalog-LIL)

- (a) For treatment of patients using insulin pumps.
- (b) For treatment of patients with difficult to control diabetes.

insulin (regular/protamine) lispro, injection suspension, 100U/mL, 25%/75% (5x3mL) (Humalog Mix25-LIL)

For treatment of patients with difficult to control diabetes.

interferon alfa-2a, injection solution albumin (human) free, 3 million IU/1mL, 9 million IU/1mL, 18 million IU/3mL (Roferon-A-HLR)

- (a) For treatment of chronic active hepatitis B for a period of up to 6 months.
- (b) For treatment of chronic active hepatitis C. Coverage will be provided for an initial 6 month period with potential renewal for 2 additional 6 month periods.

Note: Interferons are not interchangeable. Pharmacists should dispense the product specified by the physician.

interferon alfa-2b, powder for injection, 10 million IU; injection solution albumin (human) free, 6 million IU/mL (0.5mL), 10 million IU/mL (0.5mL, 1mL); multi-dose pen (kit) albumin (human) free, 18 million IU/pen, 30 million IU/pen, 60 million IU/pen (Intron-A-SCH)

- (a) For treatment of chronic active hepatitis B for a period of up to 6 months.
- (b) For treatment of chronic active hepatitis C. Coverage will be provided for an initial 6 month period with potential renewal for 2 additional 6 month periods.

Note: Interferons are not interchangeable. Pharmacists should dispense the product specified by the physician.

interferon alfa-2b/Ribavirin, injection solution albumin (human) free/capsule (package), 6 million IU/mL(0.5mL)/200mg; multi-dose pen albumin (human) free/capsule (package), 15 million IU/mL/200mg (Rebetron-SCH)

For treatment of hepatitis C. Coverage will be provided for an initial 6 month period with potential renewal for 2 additional 6 month periods.

Intron A - see interferon alfa-2b

interferon beta-1a, powder for IM injection, 30ug (Avonex-BGN)

See Appendix J

interferon beta-1a, pre-filled syringe, 22ug (6 million IU), 44ug (12 million IU) (Rebif-SRO)

See Appendix J

interferon beta-1b, powder for injection, 0.3ng (3mL) (Betaseron-BEX)

See Appendix J

Intron A - see interferon alfa-2b

Invirase - see saquinavir

iron dextran, injection, 50mg/mL (Infufer-SAB)

For treatment of iron deficiency when patients are intolerant to oral iron replacement products. *Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.*

iron sorbitol, injection, 50mg/mL (Jectofer-AST)

For treatment of iron deficiency when patients are intolerant to oral iron replacement products.

itraconazole, capsule, 100mg; oral solution, 10mg/mL (Sporanox-JAN)

- (a) For treatment of severe or life-threatening fungal infections.
- (b) For treatment of severe dermatophytoses not responding to other forms of therapy.
- (c) For treatment of onychomycosis.

Jectofer - see iron sorbitol

Kaletra - see lopinavir/ritonavir

***ketoconazole, tablet, 200mg (Nizoral-MCL) (Apo-Ketoconazole-APX) (Nu-Ketocon-NXP) (Novo-Ketoconazole-NOP)**

- (a) For treatment of severe or life-threatening fungal infections.
- (b) For treatment of severe dermatophytoses not responding to other forms of therapy.

ketorolac tromethamine, ophthalmic solution, 0.5% (Acular-ALL)

- (a) For treatment of post-operative ocular inflammation in patients undergoing cataract surgery.
- (b) For prophylaxis of aphakic macular edema following cataract surgery.
- (c) For treatment of long-term inflammatory conditions not responding to short-term topical steroids.

***ketotifen fumarate, tablet, 1mg (Zaditen-NVR) (Novo-Ketotifen-NOP) (pms-Ketotifen-PMS); syrup, 0.2mg/mL (Zaditen-NVR) (Novo-Ketotifen-NOP) (Nu-Ketotifen-NXP) (Apo-Ketotifen-APX) (pms-Ketotifen-PMS)**

For treatment of pediatric patients with asthma who are unresponsive to or unable to administer alternative prophylactic agents listed in the Formulary.

+lactulose, syrup, 667mg/mL (Acilac-TCH) (pms-Lactulose-PMS)

For treatment of portal systemic encephalopathy.

lamivudine, tablet, 100mg (Heptovir-GSK)

For management of hepatitis B.

lamivudine, tablet, 150mg; oral solution, 10mg/mL (3TC-GSK)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

lamivudine/zidovudine, tablet, 150mg/300mg (Combivir-GSK)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For one year in treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For one year in treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome. *This is renewable on a yearly basis.*
- (d) For one week for eradication of *H. pylori*-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

lansoprazole/clarithromycin/amoxicillin, 7 day package, 30mg/500mg/500mg (Hp-PAC-ABB)

For one week for eradication of *H. pylori*-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

leflunomide, tablet, 10mg, 20mg (Arava-AVT)

For treatment of rheumatoid arthritis in patients who have failed or are intolerant to at least two other DMARDs (e.g. gold, methotrexate, sulfasalazine, azathioprine).

Leucovorin - see leucovorin calcium

leucovorin calcium, tablet, 5mg (Leucovorin-WYA)

For treatment of folic acid deficiency in patients who have been on long-term therapy with trimethoprim/sulfamethoxazole.

leuprolide acetate, injection, 3.75mg/mL, 7.5mg/mL; depot injection, 11.25mg (3-month SR) (Lupron Depot-ABB)

- (a) For treatment of endometriosis, for a maximum of 6 months. Coverage may be repeated after a six month lapse, for another 6 month course.
- (b) For pre-treatment of uterine fibroids prior to surgical removal, for a maximum of 6 months.
- (c) For treatment of menorrhagia in preparation for endometrial ablation, for a maximum of 6 months.

levamisole, tablet, 50mg (Ergamisol-JAN)

For treatment of high-dose steroid-dependent nephrotic syndrome in children as adjunct therapy following relapse on corticosteroids.

Levaquin – see levofloxacin

levofloxacin, tablet, 250mg, 500mg (Levaquin-JAN)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (c) For treatment of infections in patients allergic to alternative antibiotics.

Lin-Megestrol - see megestrol acetate tablet

Lioresal Intrathecal - see baclofen

Lipidil Micro - see fenofibrate (micronized)

Loniten - see minoxidil

lopinavir/ritonavir, capsule, 133.3mg/33.3mg; oral solution, 80mg/20mg(mL) (Kaletra-ABB)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Losec - see omeprazole

Lovenox - see enoxaparin

Lupron Depot - see leuprolide acetate

Maxalt - see rizatriptan benzoate

Maxalt RPD - see rizatriptan benzoate

Med-Cyclobenzaprine - see cyclobenzaprine HCl

Med-Minocycline - see minocycline HCl

Med-Selegiline - see selegiline HCl
Megace - see megestrol acetate tablet
Megace OS - see megestrol acetate oral suspension

***megestrol acetate, tablet, 40mg, 160mg (Megace-BRI) (Lin-Megestrol-LIN) (Apo-Megestrol-APX) (Nu-Megestrol-NXP)**

For treatment of anorexia, cachexia or an unexplained weight loss in patients with a diagnosis of acquired immunodeficiency (AIDS).

megestrol acetate, oral suspension (Megace OS-BRI)

For treatment of anorexia, cachexia or an unexplained weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS) who are unable to tolerate tablets.

Mepron - see atovaquone

mercaptopurine, tablet, 50mg (Purinethol-GSK)

- (a) For treatment of Crohn's Disease.
- (b) For treatment of rheumatoid arthritis.

+methoxsalen, capsule, 10mg (Oxsoralen-ICN) (Oxsoralen Ultra-ICN) (Ultramop-CDX); lotion, 1% (Oxsoralen-ICN) (Ultramop-CDX)

For treatment of psoriasis, for use prior to PUVA therapy.

methysergide maleate, tablet, 2mg (Sansert-NVR)

For prophylaxis of recurrent vascular headaches. *Coverage will be provided for up to 6 months at a time with a 3-4 week medication free interval between courses of therapy.*

Miacalcin - see calcitonin salmon nasal spray

midodrine HCl, tablet, 2.5mg, 5mg (Amatine-RBP)

For treatment of orthostatic hypotension.

Migranal - see dihydroergotamine mesylate

Minocin - see minocycline HCl

***minocycline HCl, capsule, 50mg (Minocin-WYA) (Apo-Minocycline-APX) (Novo-Minocycline-NOP) (Alti-Minocycline-ALT) (Gen-Minocycline-GPM) (Med-Minocycline-MED) (Dom-Minocycline-DOM) (Rhoxal-Minocycline-RHO) (pms-Minocycline-PMS); 100mg (Minocin-WYA) (Apo-Minocycline-APX) (Novo-Minocycline-NOP) (Alti-Minocycline-ALT) (Gen-Minocycline-GPM) (Med-Minocycline-MED) (Dom-Minocycline-DOM) (Rhoxal-Minocycline-RHO) (pms-Minocycline-PMS)**

For treatment of acne unresponsive to tetracycline.

minoxidil, tablet, 2.5mg, 10mg (Loniten-PHU)

For control of hypertension unresponsive to all other listed therapeutic agents.

modafinil, tablet, 100mg (Alertec-DPY)

For treatment of narcolepsy and idiopathic CNS hypersomnia in patients whose symptoms of daytime sleepiness are not controlled on methylphenidate or dextroamphetamine.

Monacor - see bisoprolol fumarate

montelukast sodium, chewable tablet, 5mg; tablet, 10mg (Singulair-MSD)

- (a) For treatment of asthma when used in patients on concurrent steroid therapy.
- (b) For treatment of asthma in patients not well controlled with inhaled corticosteroids.

Monurol - see fosfomycin tromethamine

moxifloxacin HCl, tablet, 400mg (Avelox-BAY)

- (a) For treatment of infections in patients with underlying lung disease not responding to first-line antibiotics.
- (b) For treatment of infections caused by organisms known to be resistant to alternative antibiotics.
- (c) For treatment of infections in patients allergic to alternative antibiotics.

Mycobutin - see rifabutin

mycophenolate mofetil, capsule, 250mg; tablet, 500mg (CellCept-HLR)

For prevention of acute rejection in renal and cardiac transplant patients.

nabilone, capsule, 1mg (Cesamet-LIL)

For treatment of nausea and anorexia in AIDS patients.

**nabumetone, tablet, 750mg (Novo-Nabumetone-NOP);
*tablet, 500mg (Relafen-GSK) (Apo-Nabumetone-APX) (Novo-Nabumetone-NOP)**

For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

nadroparin calcium, syringe, 9,500IU/mL (0.3mL, 0.4mL, 0.6mL, 0.8mL, 1.0mL) (Fraxiparine-SAW); syringe, 19,000IU/mL (0.6mL, 0.8mL, 1mL) (Fraxiparine Forte-SAW)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty and major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (c) For longterm outpatient prophylaxis in patients who are pregnant.
- (d) For longterm outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
- (e) For longterm outpatient prophylaxis in patients who have lupus anticoagulant syndrome.

nafarelin acetate, intranasal solution, 2mg/mL (Synarel-HLR)

- (a) For treatment of endometriosis, for a maximum of 6 months. Coverage may be repeated after a six month lapse, for another 6 month course.
- (b) For pre-treatment of uterine fibroids prior to surgical removal, for a maximum of 6 months.
- (c) For treatment of menorrhagia in preparation for endometrial ablation, for a maximum of 6 months.

Nalcrom - see sodium cromoglycate

naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK)

For treatment of migraine headaches where other standard therapy such as an analgesic and/or an ergotamine product have failed. *Eligibility will be restricted to beneficiaries over 18 and under 65 years of age.*

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60 day period. Patients requiring more than 12 doses in a consecutive 60 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

nelfinavir mesylate, tablet, 250mg; oral powder, 50mg/g (Viracept-AGR)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Neoral - see cyclosporine

Neupogen - see filgrastim

nevirapine, tablet, 200mg (Viramune-BOE)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

nimodipine, capsule, 30mg (Nimotop-BAY)

For treatment of subarachnoid hemorrhage to complete a 3 week course of treatment in cases where a patient is discharged from hospital before completion of the treatment period.

Nimotop - see nimodipine

Nizoral - see ketoconazole

norfloxacin, ophthalmic solution, 0.3% (Noroxin Ophthalmic Solution-MSD)

For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.

***norfloxacin, tablet, 400mg (Noroxin-MSD) (Apo-Norflox-APX) (Novo-Norfloxacin-NOP)**

- (a) For treatment of genitourinary tract infections caused by *pseudomonas aeruginosa*.
- (b) For treatment of genitourinary tract infections in adults with gonococcal urethritis or cervicitis.
- (c) For treatment of genitourinary tract infections in patients allergic to alternative agents.
- (d) For treatment of genitourinary tract infections with organisms known to be resistant to alternative antibiotics.

Noroxin - see norfloxacin

Norvir - see ritonavir

Norvir SEC - ritonavir

Novo-Cefaclor - see cefaclor

Novo-Cycloprine - see cyclobenzaprine HCl

Novo-Cyproterone - see cyproterone acetate

Novo-Ketoconazole - see ketoconazole

Novo-Ketotifen - see ketotifen fumarate

Novo-Minocycline - see minocycline HCl

Novo-Nabumetone - see nabumetone

Novo-Norfloxacin - see norfloxacin

Novo-Selegiline - see selegiline HCl

Nu-Cefaclor - see cefaclor

Nu-Cyclobenzaprine - see cyclobenzaprine HCl

Nu-Fenofibrate - see fenofibrate

Nu-Ketocon - see ketoconazole

Nu-Ketotifen - see ketotifen fumarate

Nu-Megestrol - see megestrol acetate tablet

Nu-Selegiline - see selegiline HCl

Nu-Ticlopidine - see ticlopidine HCl

Nutropin - see somatropin
Nutropin AQ - see somatropin
Octostim – see desmopressin

octreotide, injection, 50ug/mL (1mL), 100ug/mL (1mL), 200ug/mL (5mL), 500ug/mL (1mL) (Sandostatin-NVR); powder for injection, 10mg/vial, 20mg/vial, 30mg/vial (Sandostatin LAR-NVR)

- (a) For management of terminal malignant bowel obstruction in palliative patients.
- (b) For treatment of acromegaly.

Note: Coverage for federally approved cancer indications is provided under the Saskatchewan Cancer Foundation according to their guidelines.

Ocufen - see flurbiprofen sodium
Ocuflox - see ofloxacin ophthalmic solution
Oesclim - see estradiol

ofloxacin, ophthalmic solution, 0.3% (Ocuflox-ALL)

- (a) For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.
- (b) For treatment of infiltrative corneal infections.

olanzapine, tablet, 2.5mg, 5mg, 7.5mg, 10mg (Zyprexa-LIL); orally disintegrating tablet, 5mg, 10mg (Zyprexa Zydis-LIL)

- (a) For treatment of schizophrenia.
- (b) For treatment of other conditions where there has been treatment failure or intolerance to other atypical anti-psychotic agents.
- (c) For treatment of psychosis caused by drugs used in the treatment of Parkinson's Disease.

omeprazole, delayed release tablet, 10mg (Losec-AST)

- (a) For maintenance therapy of healed reflux esophagitis. *This is renewable on a yearly basis.*
- (b) For one year in treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*

omeprazole, enteric coated tablet, 20mg (Losec-AST)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For one year in treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For one year in treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome. *This is renewable on a yearly basis.*
- (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

One-Alpha - see alfacalcidol
Oxeze Turbuhaler - see formoterol fumarate
Oxsoralen - see methoxsalen

pantoprazole, enteric coated tablet, 40mg (Pantoloc-SLV)

- (a) For a maximum of 8 weeks in treatment of peptic ulcer disease, which includes gastric and duodenal ulcers, in patients not responding or experiencing unusual or severe adverse reactions to a reasonable trial with H₂ blockers, sucralfate or misoprostol. *Coverage for a repeat treatment will be approved only after a 3-6 month period of no treatment or prophylaxis with an H₂ blocker, sucralfate or misoprostol.*
- (b) For one year in treatment of symptoms of gastroesophageal reflux disease (GERD). *It was noted that patients with non-erosive GERD could potentially be reduced to step-down therapy with an H₂ antagonist depending on symptom resolution.*
- (c) For one year in treatment of severe erosive esophagitis and Zollinger-Ellison Syndrome. *This is renewable on a yearly basis.*
- (d) For one week for eradication of H. pylori-related infections in individuals with peptic ulcer disease. *Provision will be made for additional coverage in treatment failures.*

Pantoloc - see pantoprazole

pentosan polysulfate sodium, capsule, 100mg (Elmiron-ALZ)

For treatment of interstitial cystitis where other treatments have failed.

Persantine - see dipyridamole

pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-LIL)

For treatment of diabetes in patients who are not adequately controlled on or are intolerant to metformin and sulfonylureas.

pivmecillinam HCl, tablet, 200mg (Selexid-LEO)

- (a) For treatment of urinary tract infections with organisms resistant to first line therapy.
- (b) For treatment of urinary tract infections in patients allergic to first line agents.
- (c) For treatment of urinary tract infections in pregnancy when first line agents are inappropriate.

Plavix – see clopidogrel bisulfate
pms-Bezafibrate - see bezafibrate
pms-Carbamazepine-CR – see carbamazepine
pms-Cefaclor - see cefaclor
pms-Cyclobenzaprine - see cyclobenzaprine HCl
pms-Deferoxamine - see deferoxamine mesylate
pms-Fenofibrate Micro - see fenofibrate (micronized)
pms-Ketotifen – see ketotifen
pms-Lactulose - see lactulose
pms-Minocycline - see minocycline HCl
pms-Ticlopidine - see ticlopidine HCl
pms-Tobramycin – see tobramycin
pms-Vancomycin - see vancomycin HCl
Prevacid - see lansoprazole
Profasi HP - see chorionic gonadotropin

progesterone (micronized), capsule, 100mg (Prometrium-SCH)

- (a) For treatment of patients unable to tolerate medroxyprogesterone acetate (Provera).
- (b) For treatment of patients having low high-density lipoproteins.

Prograf - see tacrolimus

Prometrium - see progesterone (micronized)

Protropin - see somatrem

Pulmozyme - see dornase alfa

Purinethol - see mercaptopurine

quetiapine, tablet, 25mg, 100mg, 150mg, 200mg (Seroquel-AST)

- (a) For treatment of schizophrenia.
- (b) For treatment of other conditions where there has been treatment failure or intolerance to other atypical anti-psychotic agents.
- (c) For treatment of psychosis caused by drugs used in the treatment of Parkinson's Disease.

raloxifene HCl, tablet, 60mg (Evista-LIL)

- (a) For treatment of osteoporosis in women unable to tolerate listed bisphosphonates.
- (b) For treatment of osteoporosis in women who do not respond to listed bisphosphonates after receiving treatment for one year.

Rebetron – see interferon alfa-2b/ribavirin

Rebif - see Appendix J

Relafen - see nabumetone

repaglinide, tablet, 0.5mg, 1mg, 2mg (GlucoNorm-NOO)

For treatment of diabetes in patients who are not adequately controlled on or are intolerant to metformin and sulfonylureas.

Rescriptor – see delavirdine mesylate

Retin A - see tretinoin

Retrovir - see zidovudine

Rhoxal-Minocycline - see minocycline HCl

rifabutin, capsule, 150mg (Mycobutin-PHU)

For prevention of disseminated *Mycobacterium avium complex* (MAC) disease in patients with advanced human immunodeficiency virus (HIV) infection.

risedronate sodium, tablet, 5mg (Actonel-PGA)

- (a) For treatment of osteoporosis in patients who do not respond to etidronate disodium/calcium (Didrocal) after receiving it for one year.
- (b) For treatment of osteoporosis in patients unable to tolerate etidronate disodium/calcium (Didrocal).
- (c) For treatment of osteoporosis in patients unable to tolerate alendronate sodium (Fosamax).

risedronate sodium, tablet, 30mg (Actonel-PGA)

For treatment of symptomatic Paget's Disease of the bone.

ritonavir, oral solution, 80mg/mL (Norvir-ABB); soft elastic capsule, 100mg (Norvir SEC-ABB)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Exelon-NVR)

- (a) A diagnosis of probable Alzheimer's Disease as per DSM-IV criteria.
- (b) A mild to moderate stage of the disease with a MMSE score of 10-26 established within 60 days prior to application for coverage by a clinician.
- (c) A Functional Activities Questionnaire (FAQ) must be completed.
- (d) Patients must discontinue all drugs with anticholinergic activity at least 14 days before the MMSE and FAQ are administered. Drugs with anticholinergic activity are not to be used concurrently with rivastigmine therapy. List all current medications patient was taking at the time of assessment.
- (e) Patients intolerant to one drug may be switched to another drug in this class. Intolerance should be observed within the first month of treatment.

- **Eligible patients currently taking rivastigmine** would require assessment at 6 month intervals. To continue receiving rivastigmine, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- **Eligible new patients** will enter a 3 month treatment period with rivastigmine. During the 3 month trial, patients must exhibit an improvement from the initial MMSE or FAQ to continue treatment with rivastigmine. The improvement must be at least 2 MMSE points or -1 FAQ. Patients who meet these requirements will be re-evaluated at 6 month intervals. To continue receiving rivastigmine, patients must not have both a greater than 2 point reduction in MMSE and a 1 point increase in FAQ in a 6 month evaluation period. Scores are compared to the most recent test results.
- The MMSE score must remain at 10 or greater at all times to be eligible for coverage.
- Patients who do not meet criteria to continue rivastigmine can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued.
- Rivastigmine does not need to be discontinued prior to MMSE or FAQ testing.
- A patient intolerant of one drug and switching to a second will be considered a "new" patient and will be assessed as such.
- Coverage will not be considered for patients who have failed on other drugs in this class.

rizatriptan benzoate, tablet, 5mg, 10mg (Maxalt-MSD); wafer, 5mg, 10mg (Maxalt RPD-MSD)

For treatment of migraine headaches where other standard therapy such as an analgesic and/or an ergotamine product have failed. *Eligibility will be restricted to beneficiaries over 18 and under 65 years of age.*

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60 day period. Patients requiring more than 12 doses in a consecutive 60 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Rocaltrol - see calcitriol

rofecoxib, tablet, 12.5mg, 25mg; oral suspension, 2.5mg/mL (Vioxx-MSD)

- (a) For treatment in patients age 65 and over (*approved automatically through the on-line computer system*).
- (b) For treatment of rheumatoid arthritis and osteoarthritis in patients who have one of the following factors:
 - past history of ulcers;
 - concurrent prednisone therapy;
 - concurrent warfarin therapy.
- (c) For treatment of patients with an intolerance to other NSAIDs listed in the Formulary.

Roferon-A - see interferon alfa-2a

rosiglitazone maleate, tablet, 2mg, 4mg, 8mg (Avandia-GSK)

For treatment of diabetes in patients who are not adequately controlled on or are intolerant to metformin and sulfonylureas.

SAB-Tobramycin - see tobramycin ophthalmic solution

Saizen - see somatropin

salmeterol xinafoate, metered dose inhaler, 25ug/actuation; powder disk, 50ug/blister (Serevent-GSK); powder for inhalation (package), 50ug/dose (Serevent Diskus-GSK)

- (a) For treatment of asthma when used in patients on concurrent steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*
- (b) For treatment of chronic obstructive pulmonary disease (COPD).

salmeterol xinafoate/fluticasone propionate, powder for inhalation (package), 50ug/100ug, 50ug/250ug, 50ug/500ug (Advair Diskus-GSK)

For treatment of asthma in patients not adequately controlled on steroid therapy. *It is important that these patients also have access to a short-acting beta-2 agonist for symptomatic relief.*

Sandostatin - see octreotide

Sandostatin LAR - see octreotide

Sansert - see methysergide maleate

saquinavir, capsule, 200mg (Invirase-HLR); soft gelatin capsule, 200mg (Fortovase-HLR)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

***selegiline HCl, tablet, 5mg (Eldepryl-DPY) (Novo-Selegiline-NOP) (Apo-Selegiline-APX) (Gen-Selegiline-GPM) (Med-Selegiline-MED) (Nu-Selegiline-NXP) (Dom-Selegiline-DOM)**

- (a) For use as an adjunct in cases of Parkinson's Disease being treated with levodopa, levodopa/benserazide, levodopa/carbidopa, or bromocriptine.
- (b) For prophylaxis in early Parkinsonism.

Selexid - see pivmecillinam HCl

Serevent - see salmeterol xinafoate

Serevent Diskus - see salmeterol xinafoate

Seroquel – see quetiapine

Sibelium - see flunarizine HCl
Singulair – see montelukast sodium

sodium cromoglycate, capsule, 100mg (Nalcrom-AVT)

- (a) For treatment of patients who experience severe reactions to foods which cannot be avoided.
- (b) For treatment of patients with Crohn's Disease or ulcerative colitis not responding to traditional therapy.

somatrem, injection, 5mg, 10mg (Protropin-HLR)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

+somatropin, injection, 3.33mg (Saizen-SRO), 5mg (Humatrope-LIL) (Saizen-SRO), 6mg, 12mg (Humatrope Cartridge-LIL)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

+somatropin, injection, 5mg/vial (Nutropin-HLR), 10mg/vial (Nutropin AQ-HLR)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone, and who have growth failure associated with chronic renal insufficiency. *Note: Exception Drug Status coverage is not required for S.A.I.L. patients, coverage is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program.*

Soriatane - see acitretin
Sporanox - see itraconazole

stavudine, capsule, 15mg, 20mg, 30mg, 40mg (Zerit-BRI)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Stieva-A Forte - see tretinoin

sumatriptan, tablet, 25mg, 50mg, 100mg; injection solution, 6mg/0.5mL; nasal spray, 5mg, 20mg (Imitrex-GSK)

For treatment of migraine headaches where other standard therapy such as an analgesic and/or an ergotamine product have failed. *Eligibility will be restricted to beneficiaries over 18 and under 65 years of age.*

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60 day period. Patients requiring more than 12 doses in a consecutive 60 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Suprax - see cefixime
Suprefact - see buserelin acetate
Sustiva - see efavirenz
Synarel - see nafarelin acetate

3TC - see lamivudine

tacrolimus, capsule, 0.5mg, 1mg, 5mg; ampoule, 5mg/mL (Prograf-FUJ)

For prophylaxis of graft rejection.

Taro-Carbamazepine CR – see carbamazepine
Taro-Etodolac - see etodolac
Tegretol CR - see carbamazepine
Ticlid - see ticlopidine HCl

***ticlopidine HCl, tablet, 250mg (Ticlid-HLR) (Apo-Ticlopidine-APX) (Nu-Ticlopidine-NXP) (Gen-Ticlopidine-GPM) (Alti-Ticlopidine-ALT) (pms-Ticlopidine-PMS)**

- (a) For treatment of patients who have experienced a recurrent vascular episode while on acetylsalicylic acid.
- (b) For treatment of patients who have experienced a recurrent vascular episode and have a clearly demonstrated allergy to acetylsalicylic acid (manifested by asthma or nasal polyps).
- (c) For treatment of patients who have experienced a recurrent vascular episode and are intolerant of acetylsalicylic acid (manifested by gastrointestinal hemorrhage).
- (d) When prescribed following intracoronary stent placement. *Coverage will be provided for a period of 4 weeks.*

tinzaparin sodium, syringe, 10,000IU/mL (0.35mL, 0.45mL), 20,000IU/mL (0.5mL, 0.7mL, 0.9mL); injection solution, 10,000IU/mL (2mL), 20,000IU/mL (2mL) (Innohep-LEO)

- (a) For treatment of venous thromboembolism for up to 10 days.
- (b) For prophylaxis following total knee arthroplasty and major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
- (c) For longterm outpatient prophylaxis in patients who are pregnant.
- (d) For longterm outpatient prophylaxis in patients who are intolerant to, or have failed, warfarin therapy.
- (e) For longterm outpatient prophylaxis in patients who have lupus anticoagulant syndrome.

tizanidine HCl, tablet, 4mg (Zanaflex-DPY)

For treatment of patients with severe spasticity who are unresponsive or intolerant to baclofen or benzodiazepines.

TOBI - see tobramycin inhalation solution
Tobradex - see tobramycin/dexamethasone
Tobramycin - see tobramycin ophthalmic solution

tobramycin, inhalation solution, 60mg/mL (TOBI-PCL)

For treatment of cystic fibrosis patients who do not tolerate injectable tobramycin when used for inhalation.

**tobramycin, ophthalmic ointment, 0.3% (Tobrex-ALC);
*ophthalmic solution, 0.3% (Tobrex-ALC) (Tomycine-NVO) (pms-Tobramycin-PMS)
(Tobramycin-RVX) (SAB-Tobramycin-SAB)**

For treatment of ophthalmic infections in cases not responding to gentamicin ophthalmic.

tobramycin/dexamethasone, ophthalmic suspension, 0.3%/0.1%; ophthalmic ointment, 0.3%/0.1% (Tobradex-ALC)

- (a) For treatment of ophthalmic infections in cases not responding to therapeutic alternatives.
- (b) For post-operative long-term (>7days) use.

Tobrex - see tobramycin

tolterodine l-tartrate, tablet, 1mg, 2mg (Detrol-PHU)

For treatment of patients unable to tolerate oxybutynin chloride.

Tomycine - see tobramycin

***tretinoin, cream, 0.1% (Stieva-A Forte-STI) (Retin A-JAN) (Vitamin A Acid-DER)**

For treatment of acne not responding to alternative topical therapy.

triamcinolone hexacetonide, injection suspension, 20mg/mL (Aristospan-STI)

For intra-articular injection in the management of pediatric chronic inflammatory arthropathies.

Ultradol - see etodolac

Ultramop - see methoxsalen

Ultravate - see halobetasol propionate

Urispas - see flavoxate HCl

Urso - see ursodiol

ursodiol, tablet, 250mg (Urso-AXC)

(a) For treatment of radiolucent gallstones.

(b) For management of cholestatic liver diseases such as primary biliary cirrhosis.

Vancocin - see vancomycin HCl

vancomycin HCl, capsule, 125mg, 250mg (Vancocin-LIL)

***injection, 500mg, 1g (Vancocin-LIL) (pms-Vancomycin-PMS)**

For treatment of pseudomembranous colitis for up to two consecutive two week periods after no response to a course of metronidazole. *Repeat approvals will only be granted with laboratory evidence of c. difficile toxin.*

Videx - see didanosine

Vioxx - see rofecoxib

Viracept – see nelfinavir mesylate

Viramune – see nevirapine

Vitamin A Acid - see tretinoin

Vivelle - see estradiol

Voltaren Ophtha - see diclofenac sodium

Wellbutrin SR – see bupropion HCl

Zaditen - see ketotifen fumarate

zafirlukast, tablet, 20mg (Accolate-AST)

(a) For treatment of asthma when used in patients on concurrent steroid therapy.

(b) For treatment of asthma in patients not well controlled with inhaled corticosteroids.

zalcitabine, tablet, 0.375mg, 0.750mg (Hivid-HLR)

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Zanaflex - see tizanidine HCl

Zerit - see stavudine

Ziagen - see abacavir SO₄

zidovudine, syrup, 10mg/mL; injection, 10mg/mL (Retrovir-GSK)

***capsule, 100mg (Retrovir-GSK) (Apo-Zidovudine-APX)**

For management of HIV disease. *This drug, as with other antivirals in treatment of HIV, should be used under the direction of an infectious disease specialist.*

Zithromax - see azithromycin

Zoladex - see goserelin acetate

zolmitriptan, tablet, 2.5mg (Zomig-AST); orally dispersible tablet, 2.5mg (Zomig Rapimelt-AST)

For treatment of migraine headaches where other standard therapy such as an analgesic and/or an ergotamine product have failed. *Eligibility will be restricted to beneficiaries over 18 and under 65 years of age.*

The maximum quantity that can be claimed through the Drug Plan is limited to 6 doses per 30 days within a 60 day period. Patients requiring more than 12 doses in a consecutive 60 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Zomig - see zolmitriptan

Zomig Rapimelt - see zolmitriptan

zuclopenthixol, acetate injection, 50mg/mL (Clopixol-Acuphase-AVT); decanoate injection, 200mg/mL (Clopixol-Depot-AVT); dihydrochloride tablet, 10mg, 25mg, 40mg (Clopixol-AVT)

For treatment of patients with schizophrenia not responding to other neuroleptic medications.

Zyprexa – see olanzapine

Zyprexa Zydis - see olanzapine

LEGEND:

***These brands of products have been approved as interchangeable.**

+These brands of products have NOT been approved as interchangeable.

SORIATANE

Important Information for Female Patients:

Soriatane can cause deformed babies if it is taken by a female before or during pregnancy.

- Do not take Soriatane if you are or may become pregnant during treatment or for an undetermined period of time* after treatment has stopped.
 - You must avoid becoming pregnant while you are taking Soriatane and for an undetermined period of time* after you stop taking Soriatane.
 - You must discuss effective birth control with your doctor before beginning treatment and you must use effective birth control: for at least 1 month before you start Soriatane; while you are taking Soriatane; and for an undetermined period of time* after you stop taking Soriatane, bearing in mind that any method of birth control can fail.
 - It is recommended that you either abstain from sexual intercourse or use 2 reliable methods of birth control at the same time.
 - Do not take Soriatane until you are sure that you are not pregnant: you must have a serum pregnancy test within 2 weeks before you start Soriatane; you must wait until the second or third day of your next menstrual period before you start Soriatane.
 - Contact your doctor immediately if you do become pregnant while taking Soriatane or after treatment has stopped. You should discuss with your doctor the serious risk of your baby having severe birth deformities because you are taking or have taken Soriatane. You should also discuss the desirability of continuing your pregnancy.
 - Do not breast feed while taking Soriatane or for an extended period of time after treatment has stopped.
- * **Soriatane remains in your body for prolonged periods of time after you have stopped treatment. It is not known exactly how long you must avoid pregnancy after Soriatane is stopped. The drug has been found in the blood of some patients for at least 2 years following treatment. Discuss this with your doctor. Talk with your doctor before you stop birth control.**

Important Information for All Patients:

Soriatane can cause deformed babies if taken by a female before or during pregnancy.

- Do not give Soriatane to anyone else who has similar symptoms.
- Do not donate blood, while you are taking Soriatane or for an extended period of time after treatment has stopped. This is because your blood should not be given to a pregnant female.
- Do not consume alcohol while taking Soriatane.

APPENDIX B

HOSPITAL BENEFIT DRUG LIST

JULY 1, 2001

**NOTIFICATION OF UPDATES TO THE HOSPITAL BENEFIT DRUG LIST
WILL BE PROVIDED IN THE DRUG PLAN QUARTERLY UPDATE
BULLETINS**

**PLEASE DIRECT INQUIRIES REGARDING THIS LIST TO:
(306) 787- 3224**

1. This list of drug benefits under Saskatchewan Health is supplementary to the annual Saskatchewan Formulary (51st Edition, July 1, 2001). It is intended to expand on the Formulary as required to meet the special requirements of hospitals.
2. The Benefit Drug List is updated semi-annually by the Advisory Committee on Institutional Pharmacy Practice. This committee is composed of representatives of: the Canadian Society of Hospital Pharmacists (Saskatchewan Branch); the Drug Quality Assessment Committee; the Association of Saskatchewan Health Services Executives and officials of the Department of Health. The new additions to the list are presented in bold type.
3. In summary, the government is accepting the following items as insured benefits under The Saskatchewan Hospitalization Act when administered to patients in hospital. Institutional formularies put in place by District Health Boards may affect the availability of some insured drugs:
 - (a) "All products listed in the Saskatchewan Formulary." (Brands other than those listed are not considered as interchangeable.)
 - (b) Unlisted strengths of products included in the Saskatchewan Formulary or approved for Exception Drug Status coverage (see item 5). [This applies only to brands manufactured by the same supplier(s).]
 - (c) Generally accepted nursing treatments, agents such as antiseptics, disinfectants, mouthwashes, lozenges, lubricants, soaps and emollients.
 - (d) All diagnostic agents.
 - (e) All irrigating solutions.
 - (f) All radioactive agents.
 - (g) All injectable vitamins and injectable multivitamin preparations when used to maintain or attain nutritional status.
 - (h) Alcoholic beverages such as beer, stout, brandy and whiskey.
 - (i) All dietary supplements.
 - (j) All antacids and laxatives marketed by approved manufacturers.
 - (k) All hemostatic agents.
 - (l) All agents appearing on the attached supplemental list including all dosage forms and strengths unless otherwise indicated in the list. Prolonged release, sustained release, and delayed release dosage forms are benefits only when specifically listed.
 - (m) New dosage forms, drug entities and other products released on the market after the effective date of this list are not insured hospital benefits. They may be charged to hospital clients until reviewed and approved as an insured benefit by the Saskatchewan Formulary Committee or the Advisory Committee on Institutional Pharmacy Practice.

4. Formularies established by health facilities or District Health Boards may not include all insured items. If an insured drug is not included in a facility or Health District formulary, its provision will be subject to facility or District Health Board policy.
5. Only drugs listed in the Saskatchewan Formulary, and not those on the Benefit Drug List, are an insured benefit when dispensed to ambulatory patients, i.e. through retail pharmacies or an organized hospital dispensing service.
6. For certain patients, the Prescription Drug Services Branch may approve/has approved Exception Drug Status coverage, on an outpatient basis, for certain products which are not listed in the Saskatchewan Formulary or the Benefit Drug List. Patients with such coverage have been issued a letter of authorization which, upon presentation in a hospital, also entitles the beneficiary to receive the specified drug as an inpatient benefit (notwithstanding Statement 4 above).

In cases where treatment with a product known to be eligible for Exception Drug Status Coverage is initiated in the hospital, it will be recognized as an inpatient benefit providing the patient's case meets the eligibility criteria listed in the Saskatchewan Formulary. The drugs eligible for such coverage and the criteria for patient eligibility are published in the Saskatchewan Formulary as Appendix A.

7. Certain products are benefits only when used according to specific criteria. The usage criteria or restrictions that apply are shown for each product. When these products are ordered, the ordering physician and/or the pharmacist must determine if the conditions for coverage have been met. When the conditions are met, the patient receives the drug as a benefit. The cost is absorbed by the health district. The district may choose to charge the patient for administration of drugs in this section that fails to meet the criteria/restrictions listed.
8. Combination products are only benefits if they are specifically included in the Benefit Drug List. Listing of one ingredient included in a combination product does not make that product a benefit.
9. Products that are not listed in either the Saskatchewan Formulary or this supplementary benefit drug list, or which have not received special approval, are not insured and therefore chargeable to a patient in accordance with instructions included in Statement 137.
10. Certain products may be granted Restricted Coverage status for non-approved indications. This is the case only when the Advisory Committee for Institutional Pharmacy Practice has reviewed evidence to demonstrate safety and efficacy and the prescriber is aware the drug is being prescribed for a non-approved indication.
11. EprexTM, Iron Dextran and VenoferTM may be billed to the Drug Plan when used for the treatment of anemia of renal disease if patients receive these drugs in an institution's dialysis unit as an outpatient. The cost of EprexTM, Iron Dextran and VenoferTM for inpatient use is the responsibility of the health district.

Payment Policy Statement:

- The Drug Plan will reimburse hospital pharmacies the actual acquisition cost (AAC) of the dose of EprexTM, Iron Dextran or VenuferTM that is administered plus a 10% mark-up for each month's supply. The mark-up will be capped at \$20.00 per month, unless there are dosage changes.

How to bill Iron Dextran to the Drug Plan:

- To ensure consistency in billing for these agents, hospital pharmacy departments are asked to use specific billing forms to submit claims. Please contact (306) 787-3315 or toll free 1-800-667-7578 with any questions.

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04:00.00 ANTIHISTAMINE DRUGS

CYPROHEPTADINE
Tablet 4mg
Syrup 0.4mg/mL
DIPHENHYDRAMINE (injection only)
Injection 50mg/mL
PROMETHAZINE
Injection 25mg/mL

08:00.00 ANTI INFECTIVE AGENTS

8:12.00 ANTIBIOTICS

08:12.02 AMINOGLYCOSIDES

AMIKACIN
Injection 250mg/mL
TOBRAMYCIN
Injection 10mg/mL, 40mg/mL
Powder 1.2g

08:12.04 ANTIFUNGALS

AMPHOTERICIN B
Injection 50mg
AMPHOTERICIN B LIPID COMPLEX INJECTION
Restricted Coverage: When used in consultation with an infectious disease specialist under the following guidelines:

- *failure of Amphotericin B deoxycholate. For adults, this is normally defined as poor clinical response to >500mg cumulative doses;*
- *nephrotoxicity due to conventional Amphotericin B therapy as evidenced by doubling of baseline serum creatinine or a significant rise from baseline plus concomitant use of other potential nephrotoxins;*
- *significant pre-existing renal failure – creatinine >220umol/L or CrCl <25mL/minute or special renal condition (e.g. transplant or single kidney);*
- *severe dose-related toxicities which do not resolve with premedication (e.g. fever, rigors, hypotension).*

FLUCONAZOLE
Restricted Coverage: Injection
Injection 2mg/mL
FLUCYTOSINE (HPB – Emergency Drug Release)
Injection 1g, 5g, 10g
Capsules 500mg

08:12.06 CEPHALOSPORINS

CEFAZOLIN
Injection 500mg, 1g
CEFOTAXIME
Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long term use is covered when supported by sensitivity tests.
Injection 500mg, 1g, 2g

CEFOTETAN

Injection 1g, 2g

CEFOXITIN SODIUM

Injection 1g, 2g

CEFTAZIDIME

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long term use is covered when supported by sensitivity tests.

Injection 500mg, 1g, 2g

CEFTRIAXONE

Restricted Coverage: Benefit status is automatic for first 72 hours in severe infections. Long term use is covered when supported by sensitivity tests.

Injection 250mg, 1g, 2g

CEFUROXIME (see Appendix A – Saskatchewan Health Formulary)

Tablet (axetil) 125mg

Injection 750mg, 1.5g

CEPHALOTHIN injection

08:12.07 MISCELLANEOUS BETA LACTAM ANTIBIOTICS

IMIPENEM/CILASTATIN

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 250mg/250mg; 500mg/500mg

08:12.08 CHLORAMPHENICOL

CHLORAMPHENICOL

Injection 1g

08:12.12 ERYTHROMYCINS

AZITHROMYCIN

Restricted Coverage: As per the Exceptional Drug Status (EDS) criteria listed in Appendix A of the Saskatchewan Formulary when a patient cannot tolerate oral dosage forms.

Injection

ERYTHROMYCIN

Injection (lactobionate) 500mg, 1g

08:12.16 PENICILLINS

AMPICILLIN

Injection 125mg, 250mg, 500mg, 1g, 2g

PIPERACILLIN

Injection 2g, 3g, 4g

Piperacillin/Tazobactam

Restricted Coverage: For the treatment of severe infections on the recommendation of an infectious disease specialist; internist or medical microbiologist.

Injection 2g/0.25g; 3g/0.375g; 4g/0.5g

TICARCILLIN

Injection 3g

08:12.28 MISCELLANEOUS ANTIBIOTICS

BACITRACIN STERILE

Vial 50,000 units

POLYMYXIN B SULFATE (injection only) (HPB – Special Access)

QUINUPRISTIN/DALFOPRISTIN (Synercid™)

*Restricted Coverage: Reserved for use against multi-resistant gram positive organisms, including Methicillin Resistant **Staph. Aureus** (MRSA) and vancomycin resistant *E. faecium*, on the recommendation of an infectious disease specialist.*

VANCOMYCIN

Injection

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL

Tablet 100mg, 400mg

ISONIAZID

Tablet 50mg, 100mg, 300mg

Syrup 10mg/mL

PYRAZINAMIDE

Tablet 500mg

RIFAMPIN

Capsule 150mg, 300mg

08:18.00 ANTIVIRALS

ACYCLOVIR

Restricted Coverage:

- a) *IV form only when used for treatment of initial and recurrent mucosal and cutaneous herpes simplex infections in immunocompromised patients and;*
- b) *IV form when used for severe initial episodes of herpes simplex infections in patients who may not be immunocompromised.*

Suspension 40mg/mL

Injection 500mg, 1g

FOSCARNET

Injection 24mg/mL

GANCICLOVIR (see Appendix A - Saskatchewan Health Formulary)

Vial 500mg

RIBAVIRIN

Restricted Coverage: When used in a Pediatric Intensive Care Unit, preferably on the basis of consultation with an infectious disease specialist, and for proven or seriously ill cases during an outbreak of the Respiratory Syncytial Virus (RSV).

Powder for inhalation solution 6g

08:22.00 QUINOLONES

CIPROFLOXACIN

Injection 10mg/mL

LEVOFLOXACIN

Injection 5mg/mL, 25mg/mL

08:40.00 MISCELLANEOUS ANTI INFECTIVES

PENTAMIDINE ISETHIONATE
Injection 300mg
Oral inhalation solution 300mg

10:00.00 ANTINEOPLASTIC AGENTS (Agents used for non-cancer indications.
See Formulary of the Saskatchewan Cancer Foundation for a complete listing of
antineoplastic agents.)

BLEOMYCIN
Injection 15 unit
CYCLOPHOSPHAMIDE
Tablet 25mg, 50mg
Injection 200mg, 1g
DAUNORUBICIN
Injection 20mg
DOXORUBICIN
Injection 2mg/mL
FLUOROURACIL
Injection 50mg/mL
METHOTREXATE
Injection 10mg/mL (2mL), 25mg/mL (2mL, 4mL, 8mL, 20mL, 40mL,
200mL)
Powder for injection 20mg

12:00.00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

EDROPHONIUM
Injection 10mg/mL
NEOSTIGMINE
Injection 0.5mg/mL (1:2000), 1mg/mL (1:1000)
Injection 2.5mg/mL (5mL)
PHYSOSTIGMINE (HPB - Emergency Drug Release)
Injection 1mg/mL

12:08.00 ANTICHOLINERGIC AGENTS

12:08.08 ANTIMUSCARINIC/ANTISPASMODICS

HYOSCINE BUTYLBROMIDE
- Also known as SCOPOLAMINE BUTYLBROMIDE
Injection 20mg/mL
HYOSCINE HYDROBROMIDE
- Also known as SCOPOLAMINE HYDROBROMIDE
Injection 0.4mg/mL, 0.6mg/mL

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

DOBUTAMINE
Injection 12.5mg/mL

DOPAMINE

Injection 40mg/mL (20mL)

IV premixed bag 0.8mg/mL (250mL, 500mL) D5W

EPHEDRINE

Injection 50mg/1mL

Tablet 8mg, 15mg, 25mg, 30mg

Capsule 25mg

ISOPROTERENOL

Injection 0.2mg/mL (1:5000)

METHOXAMINE

Aqueous solution 20mg/mL (1mL)

NOREPINEPHRINE

Injection 1mg/mL

PHENYLEPHRINE

Injection 10mg/mL

PSEUDOEPHEDRINE

Tablet 60mg

Syrup 6mg/mL

12:16.00 SYMPATHOLYTICS

PHENTOLAMINE MESYLATE

Injection 5mg vial

12:20.00 SKELETAL MUSCLE RELAXANTS

ATRACURIUM BESYLATE

Injection 10mg/mL (5mL, 10mL)

GALLAMINE TRIETHIODIDE

Injection 20mg/mL (2mL, 5mL)

PANCURONIUM

Injection 2mg/mL

ROCURONIUM

Injection 10mg/mL (10mL)

SUCCINYLCHOLINE

Injection 20mg/mL

TUBOCURARINE

Injection 3mg/mL (5mL)

VECURONIUM

Injection 10mg

20:00.00 BLOOD FORMATION AND COAGULATION

20:04.00 ANTIANEMIA DRUGS

20:04.04 IRON PREPARATIONS

FERROUS FUMARATE

Capsule

FERROUS GLUCONATE

Tablet

FERROUS SULPHATE

Tablet
Syrup
Oral drops
Oral solution

IRON DEXTRAN

Injection 50mg elemental iron/mL

IRON-SORBITOL

Injection 50mg iron/mL

20:12.00 COAGULANTS AND ANTICOAGULANTS

20:12.04 ANTICOAGULANTS

ANCROD

Injection 70 IU/mL

DALTEPARIN

Restricted Coverage: For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection

ENOXAPARIN

Restricted Coverage: For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection

HEPARIN (not including low molecular weight formulations)

Injection 1,000 IU/mL (1mL, 10mL, 30mL)

Injection (subcutaneous) 25000 IU/mL (0.2mL, 2mL)

Injection (heparin lock flush) 100 IU/mL (2mL, 10mL)

IV premixed bags all strengths mixed in D5W and 0.9% NaCl

NADROPARIN

Restricted Coverage: For in-hospital treatment of acute coronary syndrome to a maximum of eight (8) days.

Injection

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULPHATE

Injection 10mg/mL

20:12.16 HEMOSTATICS

AMINOCAPROIC ACID

Tablet 500mg

Syrup 250mg/mL

Injection 250mg/mL

ANTIHEMOPHILIC FACTOR VIII (HUMAN)

APROTININ

Injection 10,000 Kallikrein Inhibitory Units/mL

FACTOR IX

THROMBIN

Powder 5000 unit, 10000 unit vials

20:20.00 SKELETAL MUSCLE RELAXANT

ATRACURIUM BESYLATE

Ampoules 10mg

Injection 10mg/mL (single use 5mL vials)

Injection 10mg/mL (multi-use 10mL vials)

20:40.00 THROMBOLYTIC AGENTS

STREPTOKINASE

Injection 250,000 IU, 750000 IU, 1.5 million IU

TISSUE PLASMINOGEN ACTIVATOR (tPA)

Restricted Coverage: Streptokinase is the drug of choice when thrombolytic therapy in myocardial infarction is indicated. R-tPA should be used instead of streptokinase under the following circumstances:

- a) *patients with larger acute myocardial infarction and presenting within four (4) hours.*

high risk inferior wall myocardial infarctions.

known allergy to streptokinase.

received streptokinase in the past (5 days – 3 years).

patients with significant hypotension or cardiogenic shock.

Injection 50mg, 100mg

- b) *for the treatment of strokes when all the following circumstances are present: within three (3) hours of the onset of symptoms;*

under the guidance of a neurologist and a neuro-radiologist;

after a CT scan to rule out hemorrhage; and

in conjunction with established treatment protocols.

24:00.00 CARDIOVASCULAR DRUGS

24.04.00 CARDIAC DRUG

ADENOSINE

Restricted Coverage: When used as an antiarrhythmic – for conversion to sinus rhythm of paroxysmal supraventricular tachycardia, including those associated with accessory bypass tracts (Wolf-Parkinson-White Syndrome).

Injection 3mg/mL

BRETYLIUM TOSYLATE

Injection 50mg/mL

DIGOXIN

Injection 0.05mg/mL (1mL), 0.25mg/mL (2mL)

DILTIAZEM

Injection 5mg/mL (5mL, 10mL)

ESMOLOL

Restricted Coverage: For use in Operating Room or Critical Care Areas only for: the perioperative management of tachycardia and hypertension in patients with atrial fibrillation or atrial flutter in acute situations.

Injection 10mg/mL (10mL)

MILRINONE

Restricted Coverage:

- a) *When used in the short term management of ventricular dysfunction unresponsive to digitalis, diuretics and vasodilators or as an aid to weaning off an intra-aortic balloon pump when other inotropes have failed.*

- b) *Must be administered in a critical care setting capable of invasive cardiac monitoring including cardiac output, pulmonary capillary wedge*

pressures and systemic vascular resistance.

Injection 1mg/mL (10mL, 20mL)

PROCAINAMIDE

Injection 100mg/mL (10mL)

24:08.00 HYPOTENSIVE AGENTS

DIAZOXIDE

Injection 15mg/mL (20mL)

LABETALOL

Injection 5mg/mL

SODIUM NITROPRUSSIDE

Injection 50mg

24:12.00 VASODILATING AGENTS

NIMODIPINE

Injection 0.2mg/mL (250mL)

NITROGLYCERIN

Injection 5mg/mL (10mL)

PAPAVERINE

Injection 32.5mg/mL (2mL)

28:00.00 CENTRAL NERVOUS SYSTEM AGENTS

28:04.00 GENERAL ANESTHETICS

DESFLURANE

Inhalation solution 1mL/mL (240mL)

ENFLURANE

Solution 250mL

HALOTHANE

Solution 250mL

ISOFLURANE

Solution 100mL

KETAMINE

Injection 10mg/mL, 50mg/mL

PROPOFOL

Injection 10mg/mL (20mL, 50mL, 100mL)

SEVOFLURANE

Solution 250mL

THIOPENTAL

Injection kit 1g, 2.5g

28:08.00 ANALGESICS AND ANTIPYRETICS

28:08.04 NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACETYLSALICYLIC ACID

Tablet

Enteric coated tablet

Suppository

28:08.08 OPIATE AGONISTS

ALFENTANIL
Injection 0.05mg/mL, 0.5mg/mL
FENTANYL
Injection 50ug/mL
METHADONE
Powder for oral solution
(Use of methadone is restricted to Health Protection Branch authorized prescribers)
SUFENTANIL
Injection 50ug/mL

28:08.12 OPIATE PARTIAL AGONISTS

NALBUPHINE
Ampoule 10mg/mL

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN
Tablet (chewable)
Tablet
Oral liquid
Elixir
Suppository

28:10.00 OPIATE ANTAGONISTS

NALOXONE
Injection 0.02mg/mL, 0.4mg/mL

28:12.00 ANTICONVULSANTS

28:12.92 MISCELLANEOUS ANTICONVULSANTS

MAGNESIUM SULFATE
Injection 50mg/mL

28:16.00 PSYCHOTHERAPEUTIC AGENTS

28:16.08 TRANQUILIZERS

LOXAPINE
Oral solution 25mg/mL

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DOXAPRAM
Restricted Coverage: When used for approved indications.
Injection 20mg/mL (20mL)

28:24.00 ANXIOLYTICS, SEDATIVES AND HYPNOTICS

28:24.04 BARBITURATES

METHOHEXITAL
Injection 50mg/mL (50mL)
Injection 500mg

28:24.08 BENZODIAZEPINES

MIDAZOLAM
Injection 1mg/mL (2mL, 5mL, 10mL), 5mg/mL (1mL, 2mL, 10mL)

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND HYPNOTICS

DROPERIDOL
Injection 2.5mg/mL
PARALDEHYDE
Injection 5mL ampoule (1mL is equivalent to approximately 1g)

36:00.00 DIAGNOSTIC AGENTS

36:56.00 MYASTHENIA GRAVIS

EDROPHONIUM
Injection 10mg/mL

40:00.00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE injectable preparations
Injection 0.5mEq/mL (4.2%), 1mEq/mL (8.4%) pre-load syringe
Injection 5g/100mL (5%) (500mL)
Injection 75mg/mL (7.5%)
Injection 1mEq/mL (8.4%)
TROMETHAMINE injection
Injection 36mg/mL (0.3 Molar)

40:12.00 ELECTROLYTE AND FLUID REPLACEMENT

CALCIUM CHLORIDE
Injection 10% - 100mg/mL (27mg elemental calcium/mL)
CALCIUM GLUCONATE
Injection 10% - 100mg/mL (9mg elemental calcium/mL)
CALCIUM ORAL DOSAGE FORMS

Note: 500mg elemental calcium = 12.5mmol or 25mEq elemental calcium

DEXTRAN 40
Solution 10% in D5W 500mL
Solution 10% in Saline 0.9% 500mL
DEXTRAN 70
Solution 32% in D10W 100mL
Solution 6% in D5W 500mL

Solution 6% in Saline 0.9% 500mL
MAGNESIUM ORAL DOSAGE FORMS
MAGNESIUM SULPHATE
Injection 50% - 500mg/mL (50mg elemental magnesium/mL)

Note: 5mg elemental magnesium = 0.2mmol or 0.4mEq elemental magnesium

PHOSPHATE

Injection potassium phosphate dibasic 236mg/mL
Injection potassium phosphate monobasic 224mg/mL
Effervescent tablet 500mg

POTASSIUM ACETATE

Injection 392mg/mL

POTASSIUM CHLORIDE

Injection 2mEq elemental potassium/mL

POTASSIUM PHOSPHATE

Vial 3mmol/mL

SODIUM CHLORIDE

Injection 2.5mEq/mL

Injection 4mEq/mL

SODIUM PHOSPHATE

Injection 3 mmol/mL

ZINC ORAL DOSAGE FORMS

40:20.00 CALORIC AGENTS

ABSOLUTE ALCOHOL INJECTION (dehydrated alcohol)

Injection 100% (10mL)

AMINO ACIDS SOLUTIONS (with or without electrolytes)

Includes all single substrate formulations

AMINO ACIDS / DEXTROSE SOLUTIONS (with or without electrolytes)

Includes all multisubstrate formulations

DEXTROSE

Injection 5%, 10%, 50%

FAT EMULSION PREPARATIONS

Injection 10%, 20%, 30%

40:28.00 DIURETICS

MANNITOL

Injection 10% (1000mL)

Injection 20% (500mL)

Injection 25% (50mL)

44:00.00 ENZYMES

CHYMOPAPAIN

Restricted Coverage: When recommended by an authorized orthopaedic surgeon or neurosurgeon.

Injection, intradiscal 4NKAT Units/2mL

HYALURONIDASE

Injection 150 USP units/mL (1mL, 10mL)

48:00.00 ANTITUSSIVES, EXPECTORANTS AND MUCOLYTIC AGENTS

48:08.00 ANTITUSSIVES

DEXTROMETHORPHAN
Syrup 3mg/mL

48:16.00 EXPECTORANTS

GUAIFENESIN
Oral solution 20mg/mL

48:24.00 MUCOLYTIC AGENTS

ACETYLCYSTEINE INJECTION
Antidote for acetaminophen poisoning
20% solution

52:00.00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.00 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS

POLYMYXIN B/GRAMICIDIN or BACITRACIN
Ophthalmic/otic solution, each mL: 10,000 units/0.25mg (gramicidin)
Ophthalmic ointment, each g: 10,000 units/500 units (bacitacin)

52:16.00 LOCAL ANESTHETICS

BENZOCAINE
Gel, topical 7.5%
Spray, 20%
Gel, topical 20%

COCAINE
Topical solution 100mg/mL: 4% (4mL), 10% (5mL)

LIDOCAINE (except for lozenges and suppositories)
Aerosol, endotracheal
Liquid (viscous), topical 2%

PROPARACAINE
Ophthalmic solution 0.5%

TETRACAINE
Ophthalmic solution 0.5%
Ophthalmic solution minims 0.5%
Aerosol 754 mg / 65g (oral)

52:20.00 MIOTICS

ACETYLCHOLINE
Solution, intraocular irrigation 10mg/mL

52:24.00 MYDRIATICS

PHENYLEPHRINE
Ophthalmic solution 2.5%
Ophthalmic solution minums 10%
TROPICAMIDE
Ophthalmic solution 0.5%, 1%
Ophthalmic solution minums 1%

52:32.00 VASOCONSTRICTORS

NAPHAZOLINE
Ophthalmic solution 0.1%
XYLOMETAZOLINE
Nasal spray 0.05%, 0.1%
Nasal solution 0.05%, 0.1%

52:36.00 MISCELLANEOUS EYE, EAR, NOSE AND THROAT DRUGS

ALUMINUM ACETATE
Solution, otic 0.5%
ARTIFICIAL TEARS
Ophthalmic sdution
FLUORESCEIN SODIUM
Ophthalmic solution 2%, 10%
Ophthalmic solution minums 2%
Strip, ophthalmic 1mg
Injection 100mg/mL, 250mg/mL

56:00.00 GASTROINTESTINAL DRUGS

56:04.00 ANTACIDS AND ADSORBENTS

ACTIVATED CHARCOAL
Suspension (aqueous), oral - 200mg/mL
Suspension (in sorbitol), oral - 200mg/mL

56:08.00 ANTIDIARRHEA AGENTS

ATTAPULGITE
Tablet 300mg, 600mg, 750mg
Suspension 40mg/mL, 50mg/mL

56:12.00 CATHARTICS AND LAXATIVES

CASTOR OIL
36.4% (115mL)
FLEET
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL
Enema with monobasic sodium phosphate 16g/100mL, dibasic sodium phosphate 6g/100mL, & mineral oil
FLEET PHOSPHO - SODA BUFFERED SALINE
Oral solution with sodium biphosphate 900mg/5mL, sodium phosphate monobasic 2.4g/5mL
GLYCERIN
Suppository - infant 1.63g, adult 2.67g

SENNOSIDES (Standardized)
Liquid 119mg/70mL
Powder 157.5mg/21g pouch
Tablet 8.6mg, 12mg, 15mg, 25mg
Granules 15mg/3g=1tsp
Syrup 1.7mg/mL (70mL, 100mL, 250mL, 500mL)
Suppository 30mg

56:20.00 *EMETICS*

IPECAC
Syrup

56:22.00 *ANTIEMETICS*

DROPERIDOL
Injection 2.5mg/mL

64:00.00 *HEAVY METAL ANTAGONISTS*

CALCIUM DISODIUM EDETATE
Restricted Coverage: Used in the treatment of lead poisonings and other select heavy metal poisonings (zinc, manganese, nickel, chromium and certain radioisotopes). (Coverage not provided for chelation therapy.)
Injection 200mg/mL
DEFEROXAMINE MESYLATE
Injection 500mg, 2g vial
DIMERCAPROL
Injection 100mg/mL

68:00.00 *HORMONES AND SYNTHETIC SUBSTITUTES*

68:04.00 *ADRENALS*

METHYLPREDNISOLONE
Plain
Injection 40mg, 50mg, 125mg, 500mg, 1g
Injection (depot) 20mg/mL, 40mg/mL, 80mg/mL (5mL)
With Lidocaine
Injection 10mg/mL, 40mg/mL (1mL, 2mL, 5mL)

68:08.00 *ANDROGENS*

FLUOXYMESTERONE
Tablet 5mg

68:28.00 *PITUITARY*

ACTH (adrenocorticotrophic hormone / corticotropin)
Jelly 80 unit/mL (5mL)
Powder 80 unit
VASOPRESSIN
Injection (aqueous) 20 units/mL

68:36.00 THYROID AND ANTITHYROID AGENTS

POTASSIUM IODIDE
Tablet 130mg

72:00.00 LOCAL ANESTHETICS

ARTICAINE
Cartridge 4% (5ug/mL epinephrine) (1.7mL)
BUPIVACAINE
Injection 0.25%, 0.5%, 0.75%
Injection 0.25% with epinephrine 1:200,000
Injection 0.5% with epinephrine 1:200,000
Injection, spinal 0.75% with dextrose 8.25% (2mL)
CHLOROPROCAINE
Injection, caudal-epidural 2%, 3%
LIDOCAINE (with the exception of lozenges or suppositories)
Injection 0.5%, 1%, 2%
Injection 0.5% with epinephrine 1:100,000
Injection 0.5% with epinephrine 1:200,000
Injection 1% with epinephrine 1:100,000
Injection 1% with epinephrine 1:200,000
Injection 2% with epinephrine 1:100,000
Injection, epidural 1.5%, 2%
Injection, epidural 1.5% with epinephrine 1:200,000
Injection, epidural 2% with carbon dioxide
Injection, spinal 5% with glucose 7.5% - 2mL vial
MEPIVACAINE
Injection 1%
Injection, caudal-epidural 1%, 2%
PRILOCAINE
Solution 4%
PROCAINE
Vial 2%
TETRACAINE
Injection 20mg ampoule

76:00.00 OXYTOCICS

ALPROSTADIL
Injection 0.5mg/mL
CARBOPROST
Injection 250mg/mL
DINOPROSTONE
Tablet 0.5mg
Gel 0.5mg/2.5mL, 1mg/2.5mL, 2mg/2.5mL syringe
Vaginal insert 10mg
DINOPROST TROMETHAMINE
Injection 5mg/mL
ERGOMETRINE MALEATE
Injection 0.25mg/mL
OXYTOCIN
Injection 10 units/mL

80:00.00 SERUMS, TOXOIDS AND VACCINES

Note:

* indicates the product is supplied to health districts by Saskatchewan Health

** indicates the product is supplied to health districts by the Canadian Blood Services

80:04.00 SERUMS

DIGOXIN IMMUNE FAB

Restricted Coverage:

- a) *When used for the treatment of severe, life threatening digoxin toxicity as defined by: (1) severe ventricular tachy or bradyarrhythmias and/or (2) progressive hyperkalemia of greater than 5mmol/L in the setting of severe digoxin toxicity.*
- b) *It is recommended one of the following medical specialties be consulted before this agent is administered: cardiologist; internist; or pediatrician.*

Injection 38mg

DIPHThERIA ANTITOXIN*

Injection 20,000 IU vial

HEPATITIS B IMMUNE GLOBULIN (HUMAN)**

IMMUNE GLOBULIN (HUMAN IV)**

Injection 0.5%, 10% solution

IMMUNE SERUM GLOBULIN (HUMAN IM)

Injection 18%

TETANUS IMMUNE GLOBULIN (HUMAN)

Injection 250 unit

80:08.00 TOXOIDS

DIPHThERIA TOXOID*

50Lf/mL (1mL, 10mL)

DIPHThERIA TETANUS TOXOIDS*

Injection (2Lf / 0.5mL diphtheria toxoid and 5Lf/0.5mL tetanus toxoid)
(5mL – adult adsorbed)

Injection (25Lf/0.5mL diphtheria toxoid and 5Lf/0.5mL tetanus toxoid) (0.5mL,
5mL)

DIPHThERIA TOXOID/PERTUSSIS VACCINE/TETANUS TOXOID (DPT Adsorbed)*

Injection (diphtheria toxoid 25Lf/0.5mL, tetanus toxoid 5Lf/0.5mL, pertussis vaccine 4 to 12 PU/0.5mL)

TETANUS DIPHThERIA TOXOIDS/POLIOMYELITIS VACCINE*

Injection (diphtheria toxoid 2Lf/0.5mL, poliomyelitis vaccine (inactivated)
NIL/0.5mL, tetanus toxoid
5Lf/0.5mL)

DIPHThERIA TOXOID/PERTUSSIS/TETANUS/POLIOVIRUS VACCINE/ HAEMOPHILUS INFLUENZA TYPE B (PENTA VACCINE)

80:12.00 VACCINES

HEPATITIS B IMMUNE GLOBULIN**

Injection 217 IU/mL

HEPATITIS B VACCINE*

Injection 20ug/mL

INFLUENZA VIRUS VACCINE*

Injection 5mL

MEASLES/MUMPS/RUBELLA VACCINE*
Injection NIL/0.5mL
PNEUMOCOCCAL VACCINE*
Injection 50ug/0.5mL
POLIOMYELITIS VACCINE*
Injection 0.5mL
RUBELLA VIRUS VACCINE*
Injection 31000 TCID₅₀/0.5mL
BCG VACCINE*
Injection 0.1mg/0.1mL
HAEMOPHILUS INFLUENZAE TYPE B VACCINE*

84:00.00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.00 ANTI INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN
Ointment 500 IU/g

84:04.08 ANTIFUNGALS

TOLNAFTATE
Aerosol liquid 0.72mg/g (70g)
Aerosol powder 10mg/g
Cream 10mg/g
Powder 10mg/g
Solution 10mg/mL

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES

CHLORHEXIDINE
Alcoholic scrub
Cleanser 4%
Gauze 0.5%
Jelly 2%, 4%
Liquid 2%, 4%, 20%
Ointment 1%
Soap 2%
MAFENIDE
Cream 8.5%
SILVER SULFADIAZINE
Cream 1% w/w
Cream 1% with chlorhexidine 0.2%

84:08.00 ANTI PRURITICS AND LOCAL ANESTHETICS

CALCIUM FOLINATE (folinic acid)
Powder 50mg, 350mg
Tablets 5mg
Injection 10mg/mL

DIBUCAINE

Cream 0.5% (30g)

Ointment 1% (30g)

LIDOCAINE/PRILOCAINE

Topical cream 2.5%/2.5%

Patch

LIDOCAINE (except lozenges and suppositories)

Jelly 2%

Jelly (urojet) 2%

Ointment 5%

Topical solution 4%

PRAMOXINE

Cream, rectal 1%

84:24.00 *EMOLLIENTS, DEMULCENTS AND PROTECTANTS*

84:24.12 *BASIC CREAMS, OINTMENTS AND PROTECTANTS*

ZINC OXIDE

Ointment 15%

84:24.16 *BASIC POWDERS AND DEMULCENTS*

GELATIN, PECTIN, SODIUM CARBOXYMETHYLCELLULOSE

Paste 13.3% gelatin, 13.3% pectin, 13.3% sodium carboxymethylcellulose

84:40:00 *HEMORRHOID PREPARATIONS*

PRAMOXINE

Ointment, rectal 1%, with zinc sulphate 0.5%

Suppository 20MG, with zinc sulphate 10mg

88:00.00 *VITAMINS*

88:16.00 *VITAMIN D*

CALCITRIOL

-also known as 1,25-DIHYDROXYCHOLECALCIFEROL

Injection 1ug/mL

DIHYDROTACHYSTEROL

Capsule 0.125mg

92:00.00 *UNCLASSIFIED THERAPEUTIC AGENTS*

ABCIXMAB INJECTION

Restricted Coverage: For use in high risk angioplasties carried out in a cardiac catheterization laboratory as per approved health district protocols.

Injection 2 mg/mL (5mL)

ACTHAR GEL 80IU/5mL (Emergency Drug Release from HPB for infantile spasms)

BASILIXIMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection

BERACTANT

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder (reconstituted) 25mg phospholipids/mL

CLIMACTERON

Restricted Coverage: When used in hospital for post-hysterectomy patients.

Injection

COLFOSCERIL PALMITATE

Restricted Coverage: When administered in a Neonatal Intensive Care Unit.

Powder for tracheal suspension

CYANIDE ANTIDOTE KIT

With sodium nitrate injection 30mg/mL (2 x 10mL ampoules), sodium thiosulfate injection 250mg/mL (2 x 50mL ampoules), amyl nitrate inhalant solution (12 x 0.3mL crushable ampoules)

CYCLOSPORINE (see Appendix A - Saskatchewan Health Formulary)

Restricted Coverage: Injection

Injection 50mg/mL

DACLIZUMAB

Restricted Coverage: For prophylaxis of acute rejection in renal transplant patients.

Injection

DIMETHYL SULFOXIDE

Solution 500mg/g (50mL)

LEVOCARNITINE

Restricted Coverage: For the treatment of metabolic disorders with carnitine deficiency and neonates who will be on long term Total Parenteral Nutrition (greater than 14 days).

Injection 200mg/mL

Oral solution 100mg/mL

Tablet 330mg

OCTREOTIDE

Restricted Coverage:

a) *For the treatment of acute variceal bleeds in patients with acute portal hypertension.*

b) *For the prevention of fistulas following pancreatic resection to a maximum of 7 days.*

Injection 50ug, 100ug, 500ug (1mL)

Injection 200ug (5mL)

Injection 10mg, 20mg, 30mg (powder for injection)

PRALIDOXIME CHLORIDE

Injection, 1g vial

SOMATOSTATIN

Restricted Coverage: For the treatment of acute variceal bleeds.

Powder 205ug, 3mg

TRACE ELEMENTS

Chromium 4ug/mL

Copper 0.4mg/mL

Manganese 0.1mg/mL, 0.5mg/mL

Selenium 40ug/mL

Zinc 1mg/mL, 5mg/mL

Note: May come as cocktails.

(M.T.E.-4 contains: 4.0ug/mL chromium, 0.4mg/mL copper, 0.1mg/mL manganese, and 1.0mg/mL zinc)

(Micro 5 contains: 10ug/mL chromium, 1mg/mL copper, 0.5mg/mL manganese, 60ug/mL selenium, 5mg/mL zinc)

APPENDIX I: Products included in the Hospital Benefit List, and as referred to in 3 (a), (b), and (c) are approved for use and are benefits only when manufactured by approved suppliers as listed in the Saskatchewan Formulary or included below:

Adria
Anaquest
Cutter
IMS
Johnson & Johnson-Merck
Lyphomed
Mallinkrodt
Metapharma
Smith & Nephew

APPENDIX II: PROCEDURES FOR OBTAINING DRUGS PROVIDED UNDER PROVINCIAL PROGRAMS

Drugs Used for the Treatment of Tuberculosis:

The following drugs can be obtained for use in the treatment of tuberculosis by contacting the Clinical Director for Tuberculosis Control (933-6166). The drugs will be sent from the TB Pharmacy in Ellis Hall at the Royal University Hospital in Saskatoon.

Amikacin injection 500mg/2mL
Cycloserine capsules 250mg
Ethambutol tablets, 100mg, 400mg
Ethionamide tablets 250mg
Isoniazide syrup 10mg/mL, tablets 100mg, 300mg
Pyrazinamide tablet 500mg
Rifabutin capsule 150mg
Rifampin capsule 150mg, 300mg, suspension 25mg/mL
Streptomycin injection 1 gram/2.5mL

Drugs Used for the Treatment of Sexually Transmitted Diseases:

- The following drugs can be obtained from Saskatchewan Health – Communicable Disease Control at (306) 787-7104 for the treatment of sexually transmitted diseases:

Azithromycin 1g
Erythromycin PCE 333mg or 250mg
Cefixime 400mg

- The following medication/vaccines are available on special request from Saskatchewan Health – Communicable Disease Control (306) 787-1460:

Benzathine Penicillin 2.4 MU IM injection
Ciprofloxacin 500mg

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APPENDIX C

TIPS ON PRESCRIPTION WRITING

(Adapted from "Tips on Prescription Writing", a pamphlet available from the Saskatchewan Pharmaceutical Association.)

Properly issued prescriptions are in the best interest of the patient, the pharmacist and the prescriber. This information is designed to assist prescribers to issue prescriptions most effectively. These guidelines will help to reduce the time involved in the prescription process, increase patient safety and maximize patient compliance.

PRESCRIPTION CONTENT

Prescriptions need to be issued clearly and completely to minimize errors. Clear pronunciation or legible writing with accurate spelling is essential.

The prescription may be written, or verbal for certain classes of drugs, (refer to chart on pages 270 and 271) and must include the following information:

- date
- physician's name and signature
- patient's name
- full name of the medication
- medication concentration where appropriate
- medication strength where appropriate
- dosage
- amount prescribed or the duration of treatment
- administration route if other than oral
- explicit instructions for patient usage of the medication
- number of refills where refills are authorized

The prescriber's name, address and telephone number should be preprinted on the prescription form, or hand printed beneath the signature.

VERBAL PRESCRIPTIONS

Federal and Provincial legislation states that a verbal prescription or refill authority must be given by a medical practitioner, duly qualified optometrist, dentist or veterinary surgeon **directly to a pharmacist**. Having a receptionist or nurse assume this responsibility is contrary to the law.

Direct prescriber/pharmacist communication is necessary to provide the best quality of care for the patient. The pharmacist may wish to discuss an aspect of the drug therapy prior to dispensing the medication. As well, the prescriber may wish to ask the pharmacist about a particular medication, or a patient's medication history, compliance, or pattern of drug use. Both the professionals and the patient will benefit from this direct communication.

MEDICATION DIRECTIONS

Pharmacists maintain patient profiles which contain information concerning prescriptions dispensed, directions for use, drug allergies, medical conditions, and other pertinent information. These profiles are used to monitor the patient's drug usage and compliance, and drug interactions. Thus, it is very important that directions on the prescription be consistent with verbal instructions given to the patient. Clear directions enable the pharmacist to effectively counsel the patient and reinforce the prescriber's instructions.

Prescriptions with closing instructions written "As Directed" create problems for the patient, particularly the elderly or those assisting them. Patients taking more than one medication may become confused if all instructions read "As Directed". Such labelling also makes it impossible for pharmacists to monitor compliance, or assist patients with medication concerns.

It is helpful for a patient taking more than one medication, or for the caregiver, to know what the medication is used for. The prescriber may wish to indicate the use of the medication on the prescription (e.g. for heart), to enable the pharmacist to include this information on the label.

REFILLS

When a patient is stabilized on medication, refills, where permitted by law, should be indicated on the prescription. Authorization should allow for sufficient refills until the patient's next appointment, to a maximum of one year. If refills are not properly indicated on the prescription, the pharmacist must by law, contact the prescriber for refill authorization.

Specific regulations apply to various categories of prescription drugs. Your pharmacist would be pleased to review the regulations with you. Please refer to the following chart for a summary of requirements.

SUBSTITUTION

Unless the prescriber directs otherwise, the pharmacist may select and dispense an interchangeable pharmaceutical product, other than the one prescribed, according to the Saskatchewan Prescription Drug Plan Formulary. An **interchangeable pharmaceutical product** is a product containing a drug or drugs in the same amounts, of the same active ingredients, in the same dosage form as that directed by the prescription. Those which conform to the criteria for interchangeability determined by the Saskatchewan Formulary Committee are designated as "interchangeable" in the Saskatchewan Formulary Listing.

A prescriber may request that a specific brand of a drug be dispensed by indicating in his own handwriting at the time of issuing a written prescription, or verbally at the time of giving a verbal prescription, No Substitution, No Sub, or N/S. In most cases, the patient is responsible for the incremental cost of "No Sub" prescriptions.

TRANSFER OF PRESCRIPTIONS

Schedule F drugs may be transferred from one pharmacist to another at the request of a patient. Prescriptions for benzodiazepines and other targeted substances may be transferred. Prescriptions for Schedule 2 and 3 drugs and Narcotic and Controlled Drugs may **NOT** be transferred.

When a prescription is transferred, the original prescription shall remain on file, and on it shall be entered:

1. the date of the transfer;
2. an indication that no further sales nor transfers may be made under the prescription (i.e. the word "VOID");
3. the name of the pharmacy and pharmacist to whom the prescription was transferred;
4. the patient profile, manual or electronic, must also indicate the prescription is "VOID".

The pharmacist receiving the transferred prescription shall indicate:

1. the name of the pharmacist transferring the prescription;
2. the name and address of the pharmacy transferring the prescription;
3. the number of authorized repeats remaining, if any;
4. the date of the last fill or refill.



Saskatchewan Pharmaceutical Association PRESCRIPTION REGULATIONS

A synopsis* of Federal and Provincial Acts and Regulations governing the Distribution of Drugs by Prescription in Saskatchewan

CLASS	DESCRIPTION	REQUIREMENTS
NARCOTIC DRUG** Examples: Codeine, Demerol, Morphine, Novahistex DH, Percodan, Tussonex, Tylenol #4, Lomotil, Darvon-N, Talwin, 642's, etc.	All straight narcotics, all narcotic drugs or compounds for parenteral use. Compounds containing more than one narcotic or compounds with less than two non-narcotic ingredients. All products containing diacetylmorphine, oxycodone, hydrocodone, methadone, or pentazocine. Refer to the Schedule to the Narcotic Control Regulations.	Written prescription signed and dated by a practitioner. **Refer to Triplicate Prescription Program.
VERBAL PRESCRIPTION NARCOTIC** Examples: A.C. with Codeine 15, 30, 60 mg, Fiorinal C 1/4, C1/2, Tylenol #2 and #3, Darvon-N Compound, 692's, 292's, etc.	A combination product not intended for parenteral use, containing one narcotic (only) and two or more non-narcotic drugs in therapeutic dose, except products containing diacetylmorphine, oxycodone, hydrocodone, methadone, or pentazocine. Refer to the Schedule to the Narcotic Control Regulations.	Written or verbal prescription** from a practitioner. Verbal prescription must be reduced to writing by a pharmacist showing: - name and address of patient; - name, initials and address of prescriber; - name, quantity, and form of drug(s); - directions for use; - date; - prescription number; - name or initials of pharmacist **Refer to Triplicate Prescription Program
CONTROLLED DRUGS - LEVEL I** Examples: Dexedrine, Ritalin, Seconal, Tuinal, etc.	Those drugs listed in Part I of the Schedule to Part G of the Food and Drug Regulations and Schedule III of the Controlled Drugs and Substances Act. They include amphetamines, methaqualone, methylphenidate, phendimetrazine, phenmetrazine, pentobarbital and secobarbital.	**Refer to Triplicate Prescription Program
CONTROLLED DRUG PREPARATION - LEVEL I** Examples: Carbrital, Mandrax, etc.	A combination containing a controlled drug - Level I - as described above, and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a narcotic or controlled drug.	
CONTROLLED DRUGS - LEVEL II** Examples: Phenobarb, Amytal, Butisol, Tenuate, Ionamin, Anabolic Steroids, etc.	Those drugs listed in Parts II & III of the Schedule to Part G of the Food and Drug Regulations and Schedule IV of the Controlled Drugs and Substances Act. They include: barbituric acid and its salts and derivatives (except secobarbital and pentobarbital), butorphanol, chlorphentermine, diethylpropion, nalbuphine, phentermine, thiobarbituric acid.	As immediately above, plus, in the case of verbal prescriptions: - number and frequency of refills (if any) authorized.
CONTROLLED DRUG PREPARATION - LEVEL II Examples: Donnatal, Fiorinal**, Tedral, Anabolic Steroids, etc.	A combination containing a controlled drug - Level II - as described above, and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a narcotic or controlled drug.	
TARGETED DRUGS Examples: Benzodiazepines (except for Flunitrazepam, Clozapine & Olanzapine), Clotiazepam, Ethchlorvynol, Ethinamate, Fencamamin, Mazindol, Mefermorex, Meprobamate, Methnprylon, Pipradol	Those drugs listed in Schedule I of the Benzodiazepines and Other Targeted Substances Regulations.	Written or verbal prescription from practitioner. Verbal prescriptions must be reduced to writing by a pharmacist showing date, prescription number, patient's name and address, name and quantity of drug(s), directions for use, prescriber's name, name and initials of pharmacist, and number of refills (if any).
PRESCRIPTION DRUGS	Those drugs listed in Schedule I of the Bylaws to the Pharmacy Act, 1996, including drugs listed in Schedule F to the Food and Drug Regulations.	Written or verbal prescription from practitioner. Verbal prescriptions must be reduced to writing by a pharmacist showing date, prescription number, patient's name and address, name and quantity of drug(s), directions for use, prescriber's name, name and initials of pharmacist, and number of refills (if any).
TRANSFER OF PRESCRIPTIONS	Only prescriptions for Schedule I and Targeted drugs may be transferred from one pharmacist to another at the request of a patient. Prescriptions for Narcotic and Controlled Drugs may NOT be transferred.	The pharmacist receiving the transferred prescription shall indicate: 1. the name of the pharmacist transferring the prescription; 2. the name and address of the pharmacy transferring the prescription; 3. the number of authorized repeats remaining, if any; 4. the date of the last fill or refill.

* This synopsis is a condensation of some of the pertinent Acts and Regulations. Users of the chart are reminded that it has been compiled for convenient reference only and that the official legislation should always be consulted for the purposes of interpreting and applying the laws.

** **Triplicate Prescription Program**: Effective August 1, 1988, a specially designed prescription form **must** be used by a prescriber to write a prescription for any of the medications on the panel of monitored drugs. Pharmacists **may not** fill a prescription for any of these drugs written on any other form. Verbal prescriptions **may not** be accepted for any of the drugs listed on this panel of drugs. **Please refer to the Triplicate Prescription Program Newsletter for details.**

*** **RECORDS** - Narcotic Register includes either the approved manual or electronic (i.e. pharmacy computer) version.

SOURCE: Saskatchewan Pharmaceutical

Association

REPEATS	RECORDS***
<p>No Repeats. All re-orders must be new, written prescriptions. However, a prescription may be dispensed in divided portions, subject to professional discretion.</p>	<p>All receipts and all sales (except prescription sales of dextropropoxyphene) entered in Narcotic Register. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs. If a part-fill is made, all records, including the prescription itself, and the Narcotic Register, must reflect the actual amount dispensed. Further part-fills must be documented and cross-referenced to the original prescription.</p>
<p>No Repeats. All orders must be new, written prescriptions, however, a prescription may be dispensed in divided portions, subject to professional discretion.</p>	<p>Receipts - entry required in Narcotic Register. Sales - no entry required for sales pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded in sales portion of Register. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p>
<p>No repeats are allowed if original prescription is verbal. If written, the original prescription may be repeated if the prescriber has indicated in writing the number and frequency of repeats.</p>	<p>All receipts and all sales entered in Narcotic Register. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p>
<p>**Refer to the Triplicate Prescription Program.</p>	<p>Receipts - entry required in Narcotic Register. Sales - no entry required in Narcotic Register for sales pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded in sales portion of Register. Prescriptions filed in order of date and number in a special file designated for Narcotics and Controlled Drugs.</p>
<p>Repeats may be authorized on original prescription whether written or verbal, but authorization must indicate number and frequency of repeats.</p>	<p>Receipts - entry required in Narcotic Register or invoices must be available to substantiate receipt. Sales - no entry required in Narcotic Register for sales pursuant to prescriptions, but emergency supplies provided to another pharmacist and returns to licensed dealers must be recorded in sales portion of Register. Prescriptions filed in order of date and number in special file designated for Narcotics and Controlled Drugs.</p>
<p>Repeats may be authorized on original prescription whether written or verbal, but authorization must be for a specific number of refills. Refills are permitted only if less than 1 year has elapsed since the date on which the prescription was issued.</p>	<p>Receipts - entry required in Narcotic Register or invoices must be available to substantiate receipt. Prescriptions filed in the regular Schedule I file and must be retained for at least two years from the date of the last fill or refill.</p>
<p>"PRN" is not valid authority for repeats. Repeats may be authorized on original prescription whether written or verbal, but authorization must be for a specific number of refills. "PRN" is not valid authority for repeats.</p>	<p>No entries required in Narcotic Register. Prescriptions filed in regular file and must be retained for at least two years from date of last fill or refill.</p>

- When a prescription is transferred, the original prescription shall remain on file, and on it shall be entered:
1. the date of the transfer;
 2. an indication that no further sales nor transfers may be made under the prescription (i.e. the word "VOID");
 3. the name of the pharmacy and pharmacist to whom the prescription was transferred;
 4. the patient profile, manual or electronic, must also indicate the prescription is "VOID".

APPENDIX D

GUIDELINES FOR REPORTING ADVERSE DRUG REACTIONS

DEFINITION OF AN ADVERSE DRUG REACTION (ADR):

"Any undesirable patient effect suspected to be associated with drug use."

WHICH ADVERSE DRUG REACTIONS SHOULD BE REPORTED?

Proof a drug caused an undesirable patient effect (causality) is NOT a requirement for reporting an adverse drug reaction. If an adverse event is **suspected** of being drug-related, particularly if the event is unusual in the context of the illness, it should be reported.

Practitioners should report to SaskADR:

- **all suspected** adverse drug reactions which are **unexpected**. An unexpected adverse drug reaction is an undesirable patient effect which is not consistent with product information or labelling;
- **all suspected** adverse drug reactions which are **serious**. A serious adverse drug reaction is an undesirable patient effect which contributes to significant disability or illness. All adverse drug reactions which result in, or prolong hospitalization or require significant medical intervention should be considered serious;
- **all suspected** adverse reactions to **recently marketed drugs** regardless of their nature or severity. A recently marketed drug is considered to be commercially available for **5 (five)** years or less.

HOW TO REPORT A SUSPECTED ADVERSE DRUG REACTION TO SaskADR:

Adverse drug reaction reports from Saskatchewan practitioners should be sent to the Saskatchewan Adverse Drug Reaction Reporting Centre (SaskADR) located at the Dial Access Drug Information Service, College of Pharmacy, University of Saskatchewan.

Please report suspected adverse drug reactions **as soon as possible** after detection even if all details are not known at the time of the report. Staff at SaskADR will follow-up for further information if required.

- Complete a written ADR report form (next page). Record all information that is available and mail to SaskADR. Information may be attached to the report form if insufficient space is available for complete documentation. Additional forms may be obtained from SaskADR at the following address:

SaskADR Centre
Dial Access Drug Information Service
College of Pharmacy & Nutrition
110 Science Place
University of Saskatchewan
Saskatoon, S7N 5C9

Fax: (306) 966-6377

OR

- provide a verbal report to SaskADR by phoning Dial Access Drug Information at toll-free **1-800-667-3425** or (in Saskatoon) at **966-6340** or **966-6329**. Office hours are 9:00 a.m. to 5:00 p.m., Monday to Friday, excluding statutory holidays.



Report of suspected adverse reaction due to drug products marketed in Canada (Vaccines excluded)

PROTECTED

- See reverse for return address.
La version française de ce document est disponible sur demande. Voir au verso pour connaître le centre à contacter.

A. Patient Information
1. Patient identifier, 2. Age at time of reaction, 3. Sex, 4. Height, 5. Weight, Chart Number, Date of birth, B. Adverse Reaction
1. Outcome attributed to adverse reaction, 2. Date and time of reaction, 3. Date of this report, 4. Describe reaction or problem, 5. Relevant tests / laboratory data, 6. Other relevant history

C. Suspected drug product(s)
1. Name, 2. Dose, frequency & route used, 3. Therapy dates, 4. Indication for use of suspected drug product, 5. Reaction abated after use stopped or dose reduced, 6. Lot #, 7. Exp. date, 8. Reaction reappeared after reintroduction, 9. Concomitant drugs, 10. Treatment of adverse reaction, D. Reporter
1. Name, address & phone number, 2. Health professional?, 3. Occupation, 4. Also reported to manufacturer?

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the adverse reaction.

Return this form to the address listed for your region

ADVERSE DRUG REACTION REPORTING GUIDELINES

What to report?

An adverse drug reaction (ADR) is a noxious and unintended response to a drug which occurs with use or testing for the diagnosis, treatment or prevention of a disease or the modification of an organic function. This includes **any** undesirable patient effect suspected to be associated with drug use. ADRs as a result of prescription, non-prescription, biological (including blood products), complementary medicines (including herbals) and radiopharmaceutical drug products are monitored. Drug abuse, drug overdoses, drug interactions and unusual lack of therapeutic efficacy are also considered to be reportable as ADRs.

ADR reports are, for the most part, only *suspected* associations. A temporal or possible association is sufficient for a report to be made. Reporting an ADR does not imply a causal link.

ADRs that should be reported include all suspected adverse drug reactions which are:

- " **unexpected**, regardless of their severity i.e. not consistent with product information or labelling; or
- " **serious**, whether expected or not; or
- " reactions to **recently marketed drugs** (on the market for less than five years) regardless of their nature or severity.

The Canadian Regulations pertaining to reporting ADRs for marketed drug products define a serious adverse drug reaction as "a noxious and unintended response to a drug, which occurs at any dose and requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death".

Confidentiality of ADR Information

Any information related to the reporter and patient identifiers is kept confidential.

How to report?

To report a suspected ADR for drug products marketed in Canada, health professionals should complete a copy of the **ADR Reporting Form (Report of suspected adverse reaction due to drug products marketed in Canada (Vaccines excluded))** (HC/SC 4016 (12-98)). This form may be obtained from your Regional Centre or from the National ADR Unit (see addresses below), and is included in the Canadian Compendium of Pharmaceuticals and Specialties (CPS).

Fill in the sections that apply to the report as completely as possible, using a separate form for each patient. Additional pages may be attached if additional space is required. The success of the program depends on the quality and accuracy of the information sent in by the reporter.

Up to two (2) suspected drug products may be reported on one form (#1 = first suspected drug product, #2 = second suspected drug product). Attach an additional form if there are more than two suspected drug products for the reported adverse reaction.

How to deal with follow-up information for an ADR that has already been reported?

Any follow-up information for an ADR that has already been reported can be sent on another ADR form, or it can be communicated by telephone, fax or e-mail if convenient to the appropriate address for your region (see addresses below). So that this information can be matched with the original report, indicate that it is follow-up information, the date of the original report and the report case number if known. It is very important that follow-up reports are identified and linked to the original report.

What about reporting ADRs to the Manufacturer?

Health professionals may also report ADRs to the manufacturer. Indicate on your ADR report sent to Health Canada if a case was also reported to the manufacturer.

For more information on the ADR monitoring program, additional copies of ADR reporting forms or to report an ADR, physicians, pharmacists and other health professionals are invited to contact the addresses listed for your region.

British Columbia

BC Regional ADR Centre
c/o BC Drug and Poison Information Centre
1081 Burrard St.
Vancouver, British Columbia V6Z 1Y6
Tel: (604) 631-5625 Fax: (604) 631-5262
adr@dpic.bc.ca

Ontario

Ontario Regional ADR Centre
LonDIS Drug Information Centre
London Health Sciences Centre
339 Windermere Road
London, Ontario N6A 5A5
Tel: (519) 663-8801 Fax: (519) 663-2968
adr@lhsc.on.ca

New Brunswick, Nova Scotia Prince Edward Island and Newfoundland

Atlantic Regional ADR Centre
c/o Queen Elizabeth II Health Sciences Centre
Drug Information Centre
1796 Summer Street, Rm 2421
Halifax, Nova Scotia B3H 3A7
Tel: (902) 473-7171 Fax: (902) 473-8612
rxkls1@qe2-hsc.ns.ca

Saskatchewan

Sask ADR Regional Centre
Dial Access Drug Information Service
College of Pharmacy and Nutrition
University of Saskatchewan
110 Science Place
Saskatoon, Saskatchewan S7N 5C9
Tel: (306) 966-6340 or (800) 667-3425
Fax: (306) 966-6377
vogt@duke.usask.ca

Québec

Québec Regional ADR Centre
Drug Information Centre
Hôpital du Sacré-Coeur de Montréal
5400, boul. Gouin ouest
Montréal, Québec H4J 1C5
Tel: (514) 338-2961 or (888) 265-7692
Fax: (514) 338-3670
cip.hscm@sympatico.ca

All other provinces and territories

National ADR Unit
Continuing Assessment Division
Bureau of Drug Surveillance
Therapeutic Products Programme
Finance Building
Tunney's Pasture
AL 0201C2
Ottawa, Ontario K1A 1B9
Tel: (613) 957-0337 Fax: (613) 957-0335
cadrpm@hc-sc.gc.ca

For Therapeutic Products Programme Use Only



Report of suspected adverse reaction due to drug products marketed in Canada (Vaccines excluded)

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1. Patient identifier, 2. Age at time of reaction, 3. Sex, 4. Height, 5. Weight, Chart Number, Date of birth, B. Adverse Reaction
1. Outcome attributed to adverse reaction, 2. Date and time of reaction, 3. Date of this report, 4. Describe reaction or problem, 5. Relevant tests / laboratory data, 6. Other relevant history

C. Suspected drug product(s)
1. Name, 2. Dose, frequency & route used, 3. Therapy dates, 4. Indication for use of suspected drug product, 5. Reaction abated after use stopped or dose reduced, 6. Lot #, 7. Exp. date, 8. Reaction reappeared after reintroduction, 9. Concomitant drugs, 10. Treatment of adverse reaction, D. Reporter
1. Name, address & phone number, 2. Health professional?, 3. Occupation, 4. Also reported to manufacturer?

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the adverse reaction.

Return this form to the address listed for your region

ADVERSE DRUG REACTION REPORTING GUIDELINES

What to report?

An adverse drug reaction (ADR) is a noxious and unintended response to a drug which occurs with use or testing for the diagnosis, treatment or prevention of a disease or the modification of an organic function. This includes **any** undesirable patient effect suspected to be associated with drug use. ADRs as a result of prescription, non-prescription, biological (including blood products), complementary medicines (including herbals) and radiopharmaceutical drug products are monitored. Drug abuse, drug overdoses, drug interactions and unusual lack of therapeutic efficacy are also considered to be reportable as ADRs.

ADR reports are, for the most part, only *suspected* associations. A temporal or possible association is sufficient for a report to be made. Reporting an ADR does not imply a causal link.

ADRs that should be reported include all suspected adverse drug reactions which are:

- " **unexpected**, regardless of their severity i.e. not consistent with product information or labelling; or
- " **serious**, whether expected or not; or
- " reactions to **recently marketed drugs** (on the market for less than five years) regardless of their nature or severity.

The Canadian Regulations pertaining to reporting ADRs for marketed drug products define a serious adverse drug reaction as "a noxious and unintended response to a drug, which occurs at any dose and requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death".

Confidentiality of ADR Information

Any information related to the reporter and patient identifiers is kept confidential.

How to report?

To report a suspected ADR for drug products marketed in Canada, health professionals should complete a copy of the **ADR Reporting Form (Report of suspected adverse reaction due to drug products marketed in Canada (Vaccines excluded))** (HC/SC 4016 (12-98)). This form may be obtained from your Regional Centre or from the National ADR Unit (see addresses below), and is included in the Canadian Compendium of Pharmaceuticals and Specialties (CPS).

Fill in the sections that apply to the report as completely as possible, using a separate form for each patient. Additional pages may be attached if additional space is required. The success of the program depends on the quality and accuracy of the information sent in by the reporter.

Up to two (2) suspected drug products may be reported on one form (#1 = first suspected drug product, #2 = second suspected drug product). Attach an additional form if there are more than two suspected drug products for the reported adverse reaction.

How to deal with follow-up information for an ADR that has already been reported?

Any follow-up information for an ADR that has already been reported can be sent on another ADR form, or it can be communicated by telephone, fax or e-mail if convenient to the appropriate address for your region (see addresses below). So that this information can be matched with the original report, indicate that it is follow-up information, the date of the original report and the report case number if known. It is very important that follow-up reports are identified and linked to the original report.

What about reporting ADRs to the Manufacturer?

Health professionals may also report ADRs to the manufacturer. Indicate on your ADR report sent to Health Canada if a case was also reported to the manufacturer.

For more information on the ADR monitoring program, additional copies of ADR reporting forms or to report an ADR, physicians, pharmacists and other health professionals are invited to contact the addresses listed for your region.

British Columbia

BC Regional ADR Centre
c/o BC Drug and Poison Information Centre
1081 Burrard St.
Vancouver, British Columbia V6Z 1Y6
Tel: (604) 631-5625 Fax: (604) 631-5262
adr@dpic.bc.ca

Ontario

Ontario Regional ADR Centre
LonDIS Drug Information Centre
London Health Sciences Centre
339 Windermere Road
London, Ontario N6A 5A5
Tel: (519) 663-8801 Fax: (519) 663-2968
adr@lhsc.on.ca

New Brunswick, Nova Scotia Prince Edward Island and Newfoundland

Atlantic Regional ADR Centre
c/o Queen Elizabeth II Health Sciences Centre
Drug Information Centre
1796 Summer Street, Rm 2421
Halifax, Nova Scotia B3H 3A7
Tel: (902) 473-7171 Fax: (902) 473-8612
rxkls1@qe2-hsc.ns.ca

Saskatchewan

Sask ADR Regional Centre
Dial Access Drug Information Service
College of Pharmacy and Nutrition
University of Saskatchewan
110 Science Place
Saskatoon, Saskatchewan S7N 5C9
Tel: (306) 966-6340 or (800) 667-3425
Fax: (306) 966-6377
vogt@duke.usask.ca

Québec

Québec Regional ADR Centre
Drug Information Centre
Hôpital du Sacré-Coeur de Montréal
5400, boul. Gouin ouest
Montréal, Québec H4J 1C5
Tel: (514) 338-2961 or (888) 265-7692
Fax: (514) 338-3670
cip.hscm@sympatico.ca

All other provinces and territories

National ADR Unit
Continuing Assessment Division
Bureau of Drug Surveillance
Therapeutic Products Programme
Finance Building
Tunney's Pasture
AL 0201C2
Ottawa, Ontario K1A 1B9
Tel: (613) 957-0337 Fax: (613) 957-0335
cadrpm@hc-sc.gc.ca

For Therapeutic Products Programme Use Only

APPENDIX E

SPECIAL COVERAGES

SPECIAL SUPPORT PROGRAM

An expanded safety net program, called the Special Support Program, has been designed to help **those whose benefit drug costs are high in relation to their income**. Based on the information provided on the application form along with Drug Plan records, the Drug Plan may lower the deductible and give the consumer a lower co-payment to reduce the consumer's share of drug costs.

Benefits are determined by family income (adjusted for number of dependents) and actual benefit drug costs. Residents must apply for Special Support annually.

Residents can call the Drug Plan at 787-3317 (in Regina) or toll-free at 1-800-667-7581 and request an application form be sent to them or they may pick up a form at their community pharmacy. Coverage will be backdated **30 days** from the date the application is received by the Drug Plan.

If the family income or medication costs change during the coverage period, the consumer may wish to contact the Drug Plan for a reassessment of coverage.

Income Supplement Recipients

Families receiving Family Health Benefits, and seniors receiving the Saskatchewan Income Plan supplement (S.I.P.) or receiving the federal Guaranteed Income Supplement (G.I.S.) and residing in a special care home will pay a \$100 semi-annual deductible. Other seniors receiving G.I.S. (ie. living in the community) have a \$200 semi-annual deductible. (If these patients have high drug costs they may also apply for Special Support.) Other seniors are treated the same as non-seniors, based on their income and drug cost.

Children under 18 years of age of families receiving Family Health Benefits are eligible for the same benefits as Supplementary Health beneficiaries with Plan Two coverage. This means all covered drugs will be provided at no charge. Also certain dental services, medical supplies and appliances, optical services, chiropractic services, and emergency medical transportation costs will be covered.

Adults receiving Family Health Benefits are eligible for chiropractic services and an eye examination every two years.

Inquiries regarding benefits, contact the Supplementary Health Program:

Regina: 787-3125 Toll-free: 1-800-266-0695

Inquiries regarding prescription drugs should be directed to the Drug Plan:

Regina: 787-3317 Toll-free: 1-800-667-7581

**SUMMARY OF FAMILY HEALTH BENEFITS FOR FAMILIES RECEIVING
SASKATCHEWAN CHILD BENEFIT AND/OR
SASKATCHEWAN EMPLOYMENT SUPPLEMENT**

HEALTH BENEFITS	CHILDREN	PARENTS OR GUARDIANS
Dental Coverage	Coverage of most services	Coverage not provided
Optometric Services	Eye examinations once a year Basic Eyeglasses	Eye examinations covered once every two years
Emergency Ambulance	Covered	Coverage not provided
Medical Supplies	Basic coverage, some items require prior approval	Coverage not provided
Chiropractic Services	Covered	Covered
Drug Coverage	No charge for Formulary drugs	\$100 semi-annual family deductible; 35% consumer co-payment there after Drug Plan Special Support Program available if provides better coverage (Consumer must apply)

EMERGENCY ASSISTANCE

Eligibility

Residents who require immediate treatment with covered prescription drugs and are unable to cover their share of the cost, may access emergency assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. The level of assistance provided will be in accordance with the consumer's ability to pay.

Request Process

During regular office hours, the patient's pharmacy may call the Drug Plan at 787-3317 (Regina) or toll-free at 1-800-667-7578 to provide the information needed to support the request, as follows:

- patient identification (health services number);
- pharmacy identification (name, number);
- name and cost of the drug(s) required immediately;

- reason for the request, including evidence that other sources of credit or assistance have been explored and are not available.

Following approval by the Drug Plan, the claims may be submitted via the on-line system. The patient may obtain up to a one month supply of covered drug product(s) included in the request. A completed "Request for Special Support" form must be submitted for future assistance.

Outside regular office hours, the pharmacy may provide up to a **four day** supply of benefit drug products in an emergency situation. The paper claim will be honoured by the Drug Plan at the rate of payment specified by the pharmacist. A completed "Request for Special Support" form must be submitted for future assistance.

EXCEPTION DRUG STATUS PROGRAM

Please refer to Appendix A for detailed information and criteria for coverage of medications under the Exception Drug Status Program. For general information regarding Exception Drug Status, see "Notes Concerning the Formulary".

PALLIATIVE CARE COVERAGE

Definition of Palliative Care

Patients who are in the late stages of a terminal illness, where life expectancy is measured in months, and for whom treatment aimed at cure or prolongation of life is no longer deemed appropriate, but for whom care is aimed at improving or maintaining the quality of remaining life (eg. management of symptoms such as pain, nausea and stress), will be eligible for Drug Plan Palliative Care drug benefits. The patient's physician must submit a completed Drug Plan "Request for Palliative Care Coverage" form to the Drug Plan in order to register a patient for this program.

Drug Benefits under Palliative Care

A palliative care patient who is registered with the Drug Plan is entitled to receive prescription drugs listed in the Saskatchewan Formulary at no charge to them. The patient's pharmacy will bill the Drug Plan for 100% of the cost of benefit medications. Coverage is also provided for some commonly used laxatives, on prescription request, to patients registered under this program.

Exception Drug Status Drugs for Palliative Care Patients

Drugs listed under the Exception Drug Status program still require a separate physician request on behalf of the patient. To be eligible for approval of Exception Drug Status drugs, palliative care patients must meet the criteria as outlined in Appendix A of the current Saskatchewan Formulary. The Drug Plan must be provided with all relevant information to determine if the patient meets the criteria for the Exception Drug Status drug being requested on the patient's behalf.

Provisional Approval of Palliative Care Coverage

Provisional approval may be granted in response to a telephoned request from the pharmacy, the physician or social worker involved in the patient's care. At the time of the request, the pharmacy or social worker **must** be in possession of a signed Palliative Care form. After provisional coverage has been granted, the pharmacy or social worker must forward the signed form to the Drug Plan. Provisional approval may be withheld by the Drug Plan if the pharmacy or social worker is not in receipt of a signed form. All

physicians requesting provisional approval must provide the Drug Plan with a signed form on the patient's behalf in a timely manner.

For provisional approval of Palliative Care, please contact the Drug Plan at **787-8744** to arrange coverage.

Notification of Physician and Patient

Upon receipt of a signed Palliative Care form, notification letters are generated by the Drug Plan, to the patient and the requesting physician.

Backdating of Palliative Care Coverage

Palliative Care coverage is routinely backdated **30 days** from the date the form is received by the Drug Plan. In certain cases where a patient is eligible for coverage but application is inadvertently not made, the Drug Plan will consider backdating at the physician's request, beyond this period.

Palliative Care Benefits under Health Districts

Patients, pharmacists or physicians should contact the home care office in their health district to inquire about coverage provided by the district for dietary supplements and other basic supplies.

"NO SUB" PRESCRIPTION DRUG COVERAGE

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the prescriber may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

The request may be submitted in writing or by telephone (787-8744 or toll-free 1-800-667-2549) and must provide sufficient details to permit thorough, objective assessment.

S.A.I.L. COVERAGE (SASKATCHEWAN AIDS TO INDEPENDENT LIVING)

S.A.I.L. beneficiaries include persons with cystic fibrosis, chronic end-stage renal disease and paraplegics. S.A.I.L. provides coverage for Formulary and non-Formulary disease-related drugs used by these beneficiaries. For general inquiries regarding this program, telephone (306) 787-7121. For drug inquiries, telephone (306) 787-3314.

SASKATCHEWAN CANCER AGENCY

Prescriptions for drugs covered by the Saskatchewan Cancer Agency are provided free of charge to registered cancer patients by either the Allan Blair Cancer Centre Pharmacy in Regina (**telephone: (306) 766-2816**) or the Saskatoon Cancer Centre Pharmacy (**telephone: (306) 655-2680**). These drugs would be provided when requested by a clinic oncologist or a physician working in association with the Cancer Agency. **These drugs are not covered by the Drug Plan.** Examples are flutamide, cyproterone and ondansetron. Please note that dexamethasone 4mg when used in the treatment of registered cancer patients would be provided by the Saskatchewan Cancer Agency through the 2 cancer centre pharmacies. When dexamethasone 4mg is used for control of symptoms in the palliative patient, the cost is covered by the Drug Plan, when the patient has been registered under the Drug Plan Palliative Care program.

SOCIAL ASSISTANCE BENEFICIARIES

Plan One Drug Coverage

Holders of Supplementary Health cards designated as "Plan One" may obtain prescriptions for Formulary drugs at a nominal consumer charge, currently no more than \$2.00 per prescription. In addition, they may obtain the following prescribed drugs without charge:

insulin, oral hypoglycemics, injectable Vitamin B₂, oral contraceptives, allergenic extracts, and products used in megavitamin therapy.

Beneficiaries under the age of 18 may obtain Formulary drugs or **approved** Exception Drug Status drugs without charge.

Cost of allergenic extracts and products used in megavitamin therapy are covered by the Supplementary Health Program of Saskatchewan Health. All of the other products listed above are covered and processed through the Drug Plan.

Plan Two Drug Coverage

Beneficiaries requiring several Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two coverage may be initiated by contacting the Drug Plan at 787-8744 or (toll-free) 1-800-667-7581. The request can be made by the patient or a health professional (ie. physician, social worker).

Holders of Supplementary Health cards designated as "Plan Two" may obtain the products available under "Plan One" together with any Formulary drugs or **approved** Exception Drug Status drugs, without charge.

Plan Three Drug Coverage

Holders of Supplementary Health cards designated as "Plan Three" may obtain, in addition to drugs available under the Drug Plan, certain other prescribed drugs at no charge. The cost of such drugs is covered by the Supplementary Health Program of Saskatchewan Health. All pharmacy claims are processed by the Drug Plan.

Pharmacies may contact the Drug Plan at 787-3314 (Regina) or (toll-free) 1-800-667-7578 with inquires regarding Plan Three drug coverage.

Special Drug Authorization

In addition to Formulary and Exception Drug Status benefits, Social Assistance beneficiaries (Plan One and Plan Two) may be eligible for coverage of a selected panel of products under the Supplementary Health Program through the Special Drug Authorization process. Selected over-the-counter (OTC) products which are currently benefits for Plan Three beneficiaries could be considered for coverage for Plan One and Plan Two beneficiaries on a case-by-case basis. The prescriber must submit a request on the patient's behalf. Requests may be submitted in writing or by telephone at (306) 787-8744 or (toll-free) 1-800-667-2549.

APPENDIX F

TRIPPLICATE PRESCRIPTION PROGRAM

PARTICIPANTS:

- Saskatchewan Pharmaceutical Association
- College of Physicians & Surgeons of Saskatchewan
- College of Dental Surgeons of Saskatchewan

OBJECTIVE:

To reduce the abuse and diversion of a select panel of prescription drugs.

PROGRAM CAPABILITY

The Triplicate Prescription program provides the College of Physicians & Surgeons with the ability to:

- identify patients who may be double doctoring or drug shopping;
- upon request from the prescriber or pharmacist, provide accurate and up-to-date prescribing information;
- detect changing trends among the drug shopping patient population;
- observe the prescribing practices of physicians and dentists and the dispensing activities of pharmacies and provide advice to prevent serious problems from developing;
- generate prescriber, patient and pharmacy profiles relevant to the panel of monitored drugs;
- generate statistics and reports relevant to the panel of monitored drugs.

PROCESS

A specially designed prescription form must be used to write a prescription for any of the medications included on the appended list. Pharmacists cannot fill a prescription for any of these drugs written on any other form. Verbal prescriptions cannot be accepted for any of these products. Faxed prescriptions are acceptable if done according to published guidelines for faxing prescriptions.

PRESCRIBER PARTICIPATION

Physicians and dentists who wish to prescribe any of the medications on the panel of monitored drugs must subscribe to the program by ordering their triplicate prescription forms from the College of Physicians & Surgeons. Prescribers without these forms cannot prescribe the monitored drugs.

GENERAL INFORMATION

The prescriber will complete the prescription form according to instructions. The patient will receive the original prescription plus one copy. The patient will present the original and copy to the pharmacist for dispensing. Upon receiving the medication, the patient or the patient's agent will sign the form in the space provided. The pharmacist completes the lower portion of the forms and retains the original. The network will receive and store the information on the existing panel of formulary drugs for Drug Plan beneficiaries only. Pharmacists are asked to continue to mail the College copy for all other beneficiaries and drugs. This is done at least once per week. (The Saskatchewan Pharmaceutical Association distributes self-addressed envelopes for this purpose.)

Upon receipt of the prescription copy, the College of Physicians & Surgeons enters the information into their computer system.

DISPENSING INFORMATION

Prescriptions for the listed drugs must be written on a triplicate prescription form. Prescriptions that are issued incompletely or inaccurately or are issued in any manner which is contrary to the requirements of the Triplicate Prescription Program are rejected. The following information must be complete on the prescription presented at the pharmacy:

- date (the prescription is valid for only 3 days from date of issue);
- patient's name and address;
- personal health number;
- printed name of the prescriber.

The pharmacist enters the following information before sending the copy to the College:

- prescription number;
- date of filling the prescription;
- price charged (optional);
- dispensing pharmacist's signature or initials;
- dispensing pharmacist's certificate (i.e. membership) number.

The prescription form must be signed by the patient (or agent) upon receipt of the dispensed prescription. The signature must appear on the College copy.

ADDITIONAL INFORMATION

The Triplicate Prescription Program does not apply to orders issued in licensed special care homes.

Only those products included in the panel of monitored drugs can be prescribed on the triplicate form, and only one of those medications can be prescribed per form.

Refills are not allowed.

Part-fills are not encouraged but are acceptable subject to the usual legal and record-keeping requirement. Under the program, every part-fill must be documented with the original prescription number and the form number (upper right hand corner). The College copy of the original prescription must be sent to the College of Physicians & Surgeons immediately after the first fill. No subsequent refill information is required by the College.

Triplicate prescription pads are assigned numerically for the individual prescriber's use and cannot be exchanged between practitioners. The prescriber is expected to print his name, address and prescriber number on the form.

If a prescriber or pharmacist is concerned about a patient's drug history, he/she may contact the College personally for confidential information at (306) 244-8778.

Prescriptions written at hospital emergency outpatient departments must be written on a triplicate form if one of the monitored products is prescribed for an outpatient.

If a patient does not have the personal health number available and cannot readily obtain it, the prescriber is expected to ask for identification and accurately fill in the remaining identifiers on the form. Under these circumstances the pharmacist may fill the prescription if this number is absent, but the remaining identifiers are in place.

DRUGS ON THE TRIPLICATE PRESCRIPTION PROGRAM:

NOTE: Trade names are included as examples only. Any brands or dosage forms of products within a particular category are subject to the program. The list is subject to change from time to time. Prescribers and pharmacists will be advised directly of the effective date of any additions or deletions. Questions should be directed to the College of Physicians & Surgeons at (306) 244-8778, or to the Saskatchewan Pharmaceutical Association at (306) 584-2292.

THE TRIPLICATE PRESCRIPTION PROGRAM PANEL OF DRUGS (by product categories with examples)	
<p>ACETAMINOPHEN WITH CODEINE-in all dosage forms except those containing 8mg or less of codeine (for example*)</p> <p>Atasol 15, 30 Empracet 30, 60 Emtec-30 Exdol 15, 30 Lenoltec with Codeine #2, #3, #4 Novogesic C-15, C-30 Tylenol with Codeine #2, #3, #4 Tylenol with Codeine Elixir</p> <p>ACETYLSALICYLIC ACID (ASA) WITH CODEINE -in all dosage forms except those containing 8mg of codeine (for example*)</p> <p>282, 292, 293 Anacasal 15, 30 Phenaphen #2, #3, #4 282 Meps Robaxsal C¼, C½</p> <p>ANILERIDINE-in all dosage forms (for example*)</p> <p>Leritine</p> <p>BUTALBITAL -in all dosage forms (for example*)</p> <p>Fiorinal Plain Tecnal</p> <p>BUTALBITAL WITH CODEINE-in all dosage forms (for example*)</p> <p>Fiorinal C¼, C½ Tecnal C¼, C½</p> <p>BUTORPHANOL</p> <p>Stadol Nasal Spray</p> <p>COCAINE-in all dosage forms</p> <p>CODEINE -as the single active ingredient, or in combination with other active ingredients in all dosage forms except those containing 20mg per 30mL or less of codeine in liquid for oral administration (for example*)</p> <p>Codeine Tablets, all strengths Codeine Syrup, all strengths Codeine Injectable, all strengths Co-Actifed Syrup, Tablets CoSudafed Syrup, Tablets CoSudafed Expectorant Cotridine Novahistex C Omni-Tuss Pentuss Robitussin AC Tussaminc C Forte and C Pediatric</p> <p>DEXTROAMPHETAMINE-in all dosage forms (for example*)</p> <p>Dexedrine</p> <p>DIETHYLPROPION-in all dosage forms (for example*)</p> <p>Tenuate Tenuate Dospan</p> <p>FENTANYL-transdermal system (for example*)</p> <p>Duragesic, all strengths</p> <p>HYDROCODONE-DIHYDROCODEINONE-in all dosage forms (for example*)</p> <p>Dimetane Expectorant-C Hycodan Syrup, Tablets Hycomine Syrup Hycomine-S Pediatric Syrup Mercodol with Decapryn Novahistex DH Novahistex DH Expectorant Novahistex DH</p>	<p>HYDROCODONE-DIHYDROCODEINONE-continued</p> <p>Robidone Triaminic Expectorant DH Tussaminc DH Forte Tussaminc DH Pediatric Tussionex Suspension, Tablets</p> <p>HYDROMORPHONE-DIHYDROMORPHINONE-in all dosage forms (for example*)</p> <p>Dilaudid, all strengths Dilaudid HP Parenteral Hydromorphone, all strengths</p> <p>LEVORPHANOL-in all dosage forms (for example*)</p> <p>Levo-Dromoran</p> <p>MEPERIDINE-PETHIDINE-in all dosage forms (for example*)</p> <p>Demerol Injectable, Tablets Meperidine HCl Injectable</p> <p>METHADONE-in all dosage forms</p> <p>METHYLPHENIDATE-in all dosage forms (for example*)</p> <p>Ritalin Ritalin SR</p> <p>MORPHINE -in all dosage forms (for example*)</p> <p>M.O.S., all strengths Morphine Injectable Morphine HP Morphine LP Morphitec, all strengths MS Contin, all strengths MSIR, all strengths Oramorph SR, all strengths Statex, all strengths</p> <p>NORMETHADONE-P-HYDROXYEPHEDRINE-in all dosage forms (for example*)</p> <p>Cophylac Cophylac Expectorant</p> <p>OXYCODONE-as a single active ingredient, or in combination with other active ingredients in all dosage forms (for example*)</p> <p>Endocet Endodan Oxycocet Oxycodan Oxycontin, all strengths Percocet Percocet-Demi Percodan Percodan-Demi</p> <p>PANTOPON-in all dosage forms</p> <p>PENTAZOCINE-in all dosage forms (for example*)</p> <p>Talwin Talwin Compound-50</p> <p>PHENTERMINE-in all dosage forms (for example*)</p> <p>Fastin lonamin</p> <p>PROPOXYPHENE-in all dosage forms (for example*)</p> <p>642, 692 Darvon-N Darvon-N Compound Darvon-N with ASA Novo-Proxyphe Novo-Proxyphe Compound</p> <p>*DISCLAIMER-The product names listed with each drug category are for example only, and are not intended to be inclusive.</p>

APPENDIX G

CODES FOR PHARMACY ON-LINE CLAIMS PROCESSING

The following is a list of error and warning codes that may appear when processing claims on the on-line system. The **error codes** are highlighted.

<u>CODE</u>	<u>DESCRIPTION</u>
AA	HSN not on file
AI	Registered Indian
AR	HSN no coverage
CA	Prescription number required
CB	Prescriber ineligible
CC	Prescriber required
CD	Prescriber inactive
CE	Prescriber not on file
CF	Prescriber inactive
CO	Pharmacy not on file
CP	Dispensing date no contract
CR	Dispensing date over 62 days
CS	Dispensing date invalid
CT	Invalid prescription number
FC	Formulary Clearance
GA	Possible duplicate same pharmacy
GB	Possible duplicate same pharmacy
GC	Verify quantity & unit cost
GE	Unit drug cost exceeded
GG	Non-formulary drug cost exceeded
GH	Non-formulary drug cost exceeded
GI	Dispense SOC for payment
GJ	Verify quantity & unit cost & possible duplicate
GK	Total prescription cost exceeded(memory claim)
GL	Patient paid exceeded(memory claim)
GM	Verify quantity & possible duplicate
GN	Verify unit cost & possible duplicate
GO	Dispensing fee exceeds maximum
GP	Possible duplicate different pharmacy
GQ	Possible duplicate different pharmacy
GR	Age inconsistent with drug
GT	Total prescription cost invalid(memory claim)
GU	Patient paid invalid(memory claim)
GW	Verify compound unit cost and compound fee
GX	Compound quantity must be 1
GY	Verify compound unit cost
GZ	Verify compound fee
HA	Non-benefit DIN
HB	DIN not on file

<u>CODE</u>	<u>DESCRIPTION</u>
HC	Three month supply exceeded
HD	Three month supply exceeded; another pharmacy
HE	Possible benefit under Exception Drug Status
HF	Three submissions exceeded for Palliative Care
HG	Three submissions exceeded for Palliative Care; another pharmacy
HH	Verify quantity & three submissions exceeded for Palliative Care
HI	Verify unit cost & three submissions exceeded for Palliative Care
HJ	Verify quantity & unit cost & three submissions exceeded for Palliative Care
IP	Alternative Reimbursement not allowed
IS	Alternative Reimbursement Fee exceeds maximum allowable
IT	Alternative Reimbursement Type (Quantity) invalid
MA	Mark-up percentage exceeds the maximum allowable
MB	Discount percentage exceeds 100% (PC interfaced)
NA	Transmission error - re-send
RC	Void - original claim not found
RD	Void - original claim already voided
RE	Void not allowed - claim paid to family
SA	Not authorized for PC interface - contact the Drug Plan Help Desk
SF	File error - contact the Drug Plan Help Desk
TA	Trial/Remainder/Alternative Reimbursement prior to April 1, 1996
TB	Product not eligible for Trial Prescription Program
TC	Trial not allowed - not a new medication
TD	Trial not allowed - not a new medication; another pharmacy
TE	Duplicate Trial prescription same pharmacy
TF	Duplicate Trial prescription different pharmacy
TG	Remainder not allowed - trial not found
TH	Duplicate Remainder prescription same pharmacy
TJ	Remainder not allowed - dispensed to soon after trial
TK	Remainder not allowed - regular prescription found same pharmacy
TL	Remainder not allowed - regular prescription found different pharmacy
TM	Dispensing Fee not allowed on Remainder
TN	Regular prescription not allowed - trial found
TP	Alternative Reimbursement not allowed - trial not found
TQ	Duplicate Alternative Reimbursement
YI	Quantity exceeds maximum
YK	Quantity exceeds the recommended quantity
YL	Quantity exceeds the authorized limit
YM	Quantity lower than minimum

APPENDIX H

MAINTENANCE DRUG SCHEDULE

The following lists of drugs are appended to the contract between Saskatchewan Health and each Saskatchewan pharmacy. Prescribing and dispensing should be in these quantities once the medical therapy of a patient is in the maintenance stage, unless there are unusual circumstances that require these quantities not be dispensed.

100 DAY LIST (by product categories)

DIGITALIS PREPARATIONS

digoxin

PHENOBARBITAL

phenobarbital

ANTICONSULSANTS

carbamazepine

clobazam

clonazepam

divalproex sodium

ethosuximide

gabapentin

lamotrigine

methsuximide

nitrazepam

phenytoin

primidone

topiramate

valproate sodium

valproic acid

vigabatrin

ORAL HYPOGLYCEMICS

acarbose

chlorpropamide

glyburide

metformin

pioglitazone HCl

rosiglitazone maleate

repaglinide

tolbutamide

THYROID PREPARATIONS

thyroid

levothyroxine (sodium)

ANTI-THYROIDS

methimazole

propylthiouracil

TWO MONTH DRUG LIST (by product categories)

ORAL CONTRACEPTIVES

ESTROGENS

conjugated estrogens

estradiol

estropipate

ethinyl estradiol

piperazine estrone sulfate

stilboestrol

stilboestrol sodium diphosphate

APPENDIX I

TRIAL PRESCRIPTION PROGRAM MEDICATION LIST

A trial prescription provides a patient with a 7 or 10 day supply of new medication to determine if it will be tolerated.

The following list of drugs is appended to the contract between Saskatchewan Health and each Saskatchewan pharmacy. These medications are eligible for reimbursement under the Trial Prescription Program.

ALPHA ADRENERGIC BLOCKERS

doxazosin
prazosin
terazosin

ANTIDEPRESSANT AGENTS

fluoxetine
fluvoxamine
moclobemide
nefazodone
paroxetine
sertraline

ANTILIPEMIC AGENTS

cholestyramine
colestipol
gemfibrozil

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
felodipine
nifedipine
verapamil

GASTROINTESTINAL AGENTS

misoprostol

HEMORRHELOGIC AGENTS

pentoxifylline

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

diclofenac
diclofenac/misoprostol
flurbiprofen
indomethacin
ketoprofen
piroxicam
sulindac
tiaprofenic acid
tolmetin

APPENDIX J

SASKATCHEWAN MS DRUGS PROGRAM

CRITERIA FOR COVERAGE OF MS DRUGS

Approval for coverage will be given to patients who are assessed and meet the following criteria:

- have clinical definite relapsing and remitting multiple sclerosis;
- have had at least two attacks of MS during the previous two years (an attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month);
- are fully ambulatory 100 meters without aids (canes, walkers or wheelchairs)- Extended Disability Status Scale (EDSS) 5.5 or less;
- are age 18 or older.

Contraindications to Treatment

- concurrent illness likely to alter compliance or substantially reduce life expectancy;
- pregnancy is planned or occurs;
- nursing women;
- active, severe depression.

Physicians should also forward the following information:

- documentation of attacks, date of onset, date of diagnosis;
- neurological findings, Extended Disability Status Scale (EDSS)-if known;
- MRI reports or other significant information;
- list of current medications.

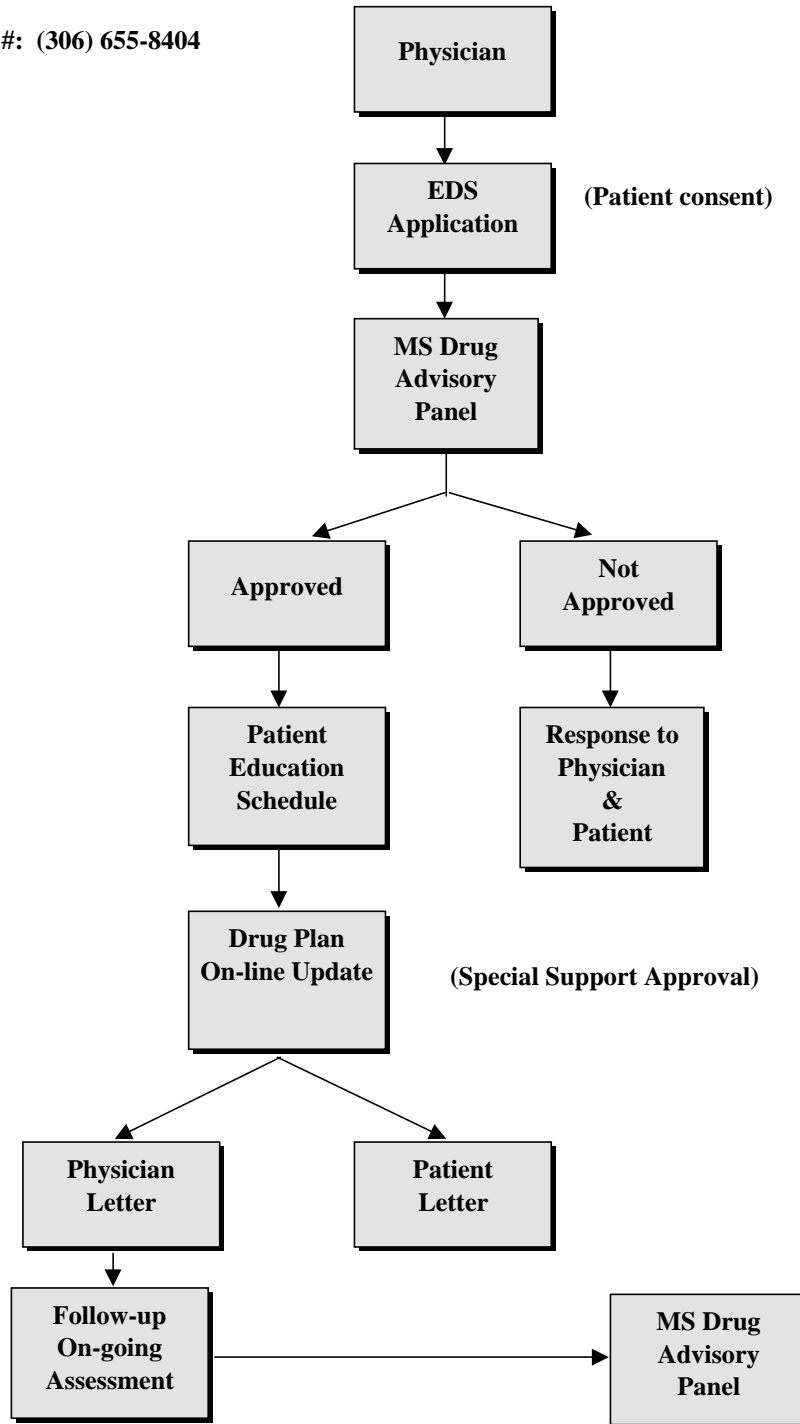
PROCEDURE FOR OBTAINING COVERAGE OF MS DRUGS UNDER DRUG PLAN

- Requests are initiated by a physician. The patient and physician complete the application form and the physician forwards any relevant information to the Saskatchewan MS Drugs Program. A copy of the application form appears in this appendix.
- The MS Drug Advisory Panel reviews the application form and relevant documentation and renders a decision. **Note: A patient's eligibility for coverage is determined by the MS Drug Advisory Panel.** The Drug Plan is notified of the decision and communicates the results to the patient and the physician.
- **Questions regarding eligibility should be directed to:**
Saskatchewan MS Drugs Program
Suite 7703-7th Floor
Saskatoon City Hospital
Saskatoon, S7K 0M7

Telephone: (306) 655-8400
FAX: (306) 655-8404
- Upon approval of coverage, patients are encouraged to apply for assistance with the cost of these medications under the Drug Plan Special Support Program. For more detailed information regarding this program, see Appendix E.

MS DRUG APPROVAL PROCESS

Fax #: (306) 655-8404





**Saskatchewan
Health**

Drug Plan &
Extended Benefits
Branch

MS DRUGS EXCEPTION DRUG STATUS APPLICATION

DATE: _____

NAME: _____ B/D: _____

(D/M/Y)

ADDRESS: _____

PHONE: _____

NEUROLOGIST: _____

DATE OF LAST CONSULTATION: _____

FAMILY PHYSICIAN: _____ HSN: _____

Drug Requested: Betaseron Rebif
 Copaxone Avonex

Exception Drug Status approval will be given to patients who are assessed and meet the following criteria:

	Yes	No
1. Have clinical definite relapsing and remitting multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
2. Have had at least two attacks of MS during the previous two years (an attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are fully ambulatory 100 meters without aids (canes, walkers or wheelchairs) – EDSS 5.5 or less	<input type="checkbox"/>	<input type="checkbox"/>
4. Are age 18 or older	<input type="checkbox"/>	<input type="checkbox"/>

Contraindications to Treatment

1. Concurrent illness likely to alter compliance or substantially reduce life expectancy	<input type="checkbox"/>	<input type="checkbox"/>
2. Pregnancy is planned or occurs, nursing women	<input type="checkbox"/>	<input type="checkbox"/>
3. Active, severe depression	<input type="checkbox"/>	<input type="checkbox"/>

I, (patient signature) _____, give my permission for any health care provider involved in my care to release to the Advisory Panel any information that may be deemed necessary in assessing my application for coverage and subsequent monitoring.

MD Signature: _____ Address: _____

Telephone: _____ Fax: _____

Please Forward:

- clinical history including:

- a) documentation of attacks, date of onset, date of diagnosis
- b) neurological findings, Extended Disability Status Scale (EDSS) - if known
- c) MRI reports or other significant information
- d) list current medications

Mail to: Saskatchewan MS Drugs Program
 Suite 7703 - 7th Floor
 Saskatoon City Hospital
 SASKATOON, Saskatchewan S7K 0M7

OR Fax: (306) 655-8404

For clinical program information: Phone (306) 655-8400 For reimbursement information: Phone 1-800-667-7578.



INDICES

INDEX A - PHARMACEUTICAL MANUFACTURERS LIST

INDEX B - THERAPEUTIC CLASSIFICATION LIST

**INDEX C - NUMERICAL LIST OF DRUG IDENTIFICATION
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**INDEX D - ALPHABETICAL LIST OF PHARMACEUTICAL
PRODUCT NAMES**

INDEX A

PHARMACEUTICAL MANUFACTURERS LIST

ABB	Abbott Laboratories Ltd.
AGR	Agouron Pharmaceuticals Canada Inc.
AKN	Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Ltd.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALT	Altimed Pharmaceutical Company
ALZ	Alza Canada
AMG	Amgen Canada Inc.
APX	Apotex Inc.
AST	AstraZeneca
AVT	Aventis Pharma Inc.
AXC	Axcan Pharma
BAY	Bayer Inc.-Healthcare Division
BCD	Bayer Inc.-Consumer Care Division
BEX	Berlex Canada Inc.
BGN	Biogen Canada Inc.
BMI	Bioenhance Medicines Inc.
BMY	Bristol-Myers Squibb Canada Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BOM	Roche Diagnostics, Division of Hoffmann-LaRoche Limited
BRI	Bristol Pharmaceutical Products - Bristol-Myers Squibb
BVL	Crystaal, Division of Biovail Corporation
CCL	Chiron Canada Ltd.
CDX	Canderm Pharma Inc.
CYT	Cytex Pharmaceuticals Inc.
DBU	Faulding (Canada) Inc.
DER	Dermik Laboratories Canada Inc.
DOM	Dominion Pharmacal
DPY	Draxis Health Inc.
DUI	Duchesnay Inc.
DUP	DuPont Pharma Inc.
END	Endo Canada Inc., Subsidiary of DuPont Pharma
FEI	Ferring Inc.
FFR	Fournier Pharma Inc.
FTP	FTP Pharmacal Inc.
FUJ	Fujisawa Canada Inc.
GAC	Galderma Canada Inc.
GLW	Glenwood Laboratories Canada Ltd.
GPM	Genpharm Inc.
GSK	GlaxoSmithKline
HDI	Hill Dermaceuticals, Inc.
HLR	Hoffmann-LaRoche Ltd.
HOR	Carter-Horner Inc.
ICN	ICN Canada Ltd.
JAN	Janssen-Ortho Inc.
JJM	Johnson & Johnson - Merck
KEY	Key, Division of Schering Canada Inc.
KNO	Knoll Pharma Inc.
LEA	Lee-Adams Laboratories, Division of Pharmascience Inc.
LEO	Leo Pharma Inc.
LIH	Lioh Inc.

LIL Eli Lilly Canada Inc.
LIN Linson Pharma Inc.
LIV Lynden International Logistics
LSN Lifescan Canada Ltd.
LUD Lundbeck Canada Inc
MCL McNeil Consumer Healthcare
MDA 3M Pharmaceuticals, 3M Canada Company
MDC Medicis Canada Ltd.
MDS Medisense Canada Inc.
MED Medican Pharma Inc.
MSD Merck Frosst Canada & Co.
NOO Novo Nordisk Canada Inc.
NOP Novopharm Ltd.
NVC Novartis Consumer Health Canada Inc.
NVO Novartis Ophthalmics, Novartis Pharmaceuticals Canada Inc.
NVR Novartis Pharmaceuticals Canada Inc.
NXP Nu-Pharm Inc.
ODN Odan Laboratories Limited
OPT OptimaPharma, Division of Taro Pharmaceuticals Inc.
ORG Organon Canada Ltd.
ORP Orphan Medical Inc.
PFC Pfizer Canada Inc.-Consumer Health Care Division
PFI Pfizer Canada Inc.
PFR Purdue Pharma
PGA Procter & Gamble Pharm. Canada, Inc.
PHU Pharmacia Canada Inc.
PMS Pharmascience Inc.
PPZ Princeton Pharmaceutical Products - Bristol-Myers Squibb
PRO Proval Pharma Inc.
RBP Shire Canada Inc.
RCA Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RHO Rhoxalpharma Inc.
RIV Riva Laboratories Ltd.
ROG Rougier Pharma Inc., Division of Technilab
ROP Rhodiapharm
RVX Rivex Pharma Inc.
SAB Sabex Inc.
SAW Sanofi-Synthelabo Canada Inc.
SCH Schering Canada Inc.
SCP Schering-Plough Healthcare Products
SDR Vita Health Products
SEV Servier Canada Inc.
SLV Solvay Pharma Inc.
SQU Squibb Pharmaceutical Products - Bristol-Myers Squibb
SRO Serono Canada Inc.
STI Stiefel Canada Inc.
TAR Taro Pharmaceuticals Inc.
TCH Technilab Inc.
THM Theramed Corporation
TVM Teva Marion Partners Canada
VIR Virco Pharmaceuticals (Canada), Inc.
WSD Westwood Squibb Canada
WYA Wyeth-Ayerst Inc.
ZYP Zymcan Pharmaceuticals Inc.

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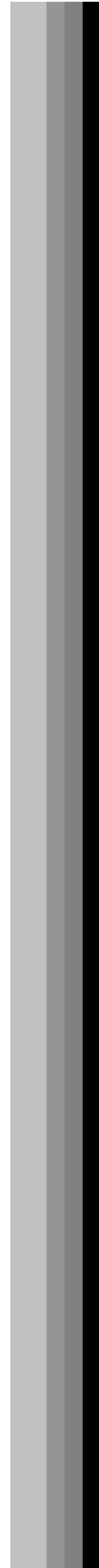
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