Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Drug Programs Policy and Strategy Branch

Ontario Public Drug Programs

Ministry of Health and Long-Term Care

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Ontario

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Part I: Introduction

A. About the Formulary

The Ministry of Health and Long-Term Care (MOHLTC) issued the first Comparative Drug Index (CDI) in 1970 and Edition 1 of the Ontario Drug Benefit (ODB) Formulary was published in 1971. The integrated Formulary/CDI was first produced in 1974, to list the benefits available to eligible persons under the *Ontario Drug Benefit Act* (ODBA). The Formulary/CDI was developed in consultation with the ministry's external expert drug advisory committee, the Drug Quality and Therapeutics Committee (DQTC), now known as the Committee to Evaluate Drugs (CED). For many years, the Formulary/CDI has set the provincial standard for price, quality and interchangeability of drug products. The MOHLTC has liaised with the Ontario Medical Association (OMA), the Ontario Pharmacists Association (OPA), the Ontario College of Pharmacists (OCP), pharmaceutical manufacturers and other professional and patient groups as required on the content and policies embodied in this publication.

The ODB program is one of the most generous drug benefit programs in Canada, providing coverage for over 4,300 drugs and other substances, including some nutrition products and diabetic testing agents. With funding provided by the MOHLTC and the Ministry of Community and Social Services, the ODB program covers most of the cost of prescription drug products listed in the Formulary. As well, drugs that are not listed in the Formulary may be considered for coverage, on a case-by-case basis, through the ministry's Exceptional Access Program (EAP).

1. Purpose

The Formulary/CDI serves as a:

- Guide to prescribers and pharmacists regarding drug products which are eligible for coverage under the ODB program
- Guide for pharmacists regarding conditions for payment
- Guide to professional committees in hospitals and institutions in the selection of drug products
- Guide to drug product interchangeability in respect of drug products that have been designated interchangeable under the *Drug Interchangeability and Dispensing Fee Act* (DIDFA)
- Comparative pricing guide for drug products

2. Recipient Eligibility

The ODB program provides community-based, out-patient drug benefits to the following groups of Ontario residents who are eligible for Ontario Health Insurance Plan (OHIP) coverage under the *Health Insurance Act*:

- People 65 years of age and older
- People receiving benefits under the Ontario Disability Support Program or Ontario Works
- People residing in Homes for Special Care or long-term care homes
- People receiving professional services under the Home Care Program
- Registrants in the Trillium Drug Program

All residents of Ontario who are covered under OHIP will qualify for drug benefits under the ODB program on the first day of the month following their 65th birthday. For example, if a resident's 65th birthday is April 15th, he/she will become eligible for the ODB program on May 1st. People who do not initially meet the residency requirements for OHIP coverage but who later become eligible after the specified waiting period (e.g., new or returning permanent residents, landed immigrants) will qualify for ODB program coverage provided that they fall into one of the categories listed above.
To help make the ODB program sustainable and affordable for the future and to allow the government to continue to add new drugs as benefits, a cost sharing scheme was introduced in July 1996. All ODB recipients are required to pay a portion of their prescriptions. For more details about co-payments and deductibles, please refer to Section C.4 of Part I, entitled "Cost Sharing."

3. Interchangeable Products

The *Drug Interchangeability and Dispensing Fee Act* (DIDFA) gives the Executive Officer (EO) of the Ontario Public Drug Programs (the "Executive Officer") the authority to designate a product as interchangeable with one or more other products where the EO considers it advisable in the public interest to do so and certain requirements and conditions set out in the DIDFA and Regulation 935 made under the DIDFA are met. For example, a product can only be designated as interchangeable with another product if the product has the same amount of the same or similar active ingredient(s) in the same or similar dosage form as the other product. The onus is on the manufacturer to provide evidence of interchangeability.
The reimbursement of products on the current Formulary is based on a "lowest cost" policy, meaning that dispensers will only be reimbursed the lowest cost product listed in a category of drugs (there are some exceptions to this policy). This mandatory substitution, or interchangeability process, is set out in the DIDFA.

Off-Formulary Interchangeability

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products that are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 made under the DIDFA came into force. OFI drug products are reviewed by the CED or by the ministry, and upon approval of the EO, are determined to be interchangeable with an original product.

Please note that OFI products may be covered under the ODB program through the EAP.

Notice to Dispensers

There are occasions when a drug product that is the subject of an ongoing patent dispute in the courts is designated as interchangeable in the Formulary/CDI. The designation of such a drug product is not meant to be, and does not act as, a certification that the drug product is non-infringing under federal patent laws. Dispensers should seek their own advice in that regard. If a court finds a drug product to be patent infringing, the EO may, depending on the relief ordered, reconsider the listing status of the drug product.

4. The Committee to Evaluate Drugs (CED)

The Committee to Evaluate Drugs (CED) is the ministry's independent expert advisory committee on drug-related issues and is established by Order-in-Council under the authority of section 9 of the *Ministry of Health and Long-Term Care Act*.

The CED provides an essential service to the ministry by evaluating the clinical value of drug products, interchangeability of generic drug products and cost-effectiveness of drugs through its rigorous and evidence-based reviews. These reviews result in recommendations being made to the EO regarding the designation of these products as benefits under the ODB program, and as interchangeable under the DIDFA. The EO makes the final decision regarding designations, taking into consideration the recommendations of the CED and public interest. The CED also provides the ministry with advice on a broad range of policy issues relating to the use of drugs.

The CED is comprised of a chair and 16 members appointed by the Lieutenant Governor in Council. Two of the 16 CED members are patient representatives. The remaining CED members include an economist, and practicing physicians and pharmacists, who have expertise in a wide range of specialties including geriatrics, infectious disease, family medicine, pharmacology, health economics, epidemiology and other disciplines. Additional information on the CED membership and its terms of reference can be accessed through the Ontario Public Appointments' website at: Ontario Public Appointments Secretariat Web Site.

To support improved transparency and accountability, the CED's recommendations and the EO's decisions are publicly available on the MOHTLC website at: EO Decisions and CED Recommendations.

For drug products to be eligible for listing in the Formulary, a drug manufacturer must provide a complete submission in accordance with the prescribed conditions set out in:

- O. Reg. 201/96 made under the ODBA; and
- Regulation 935 made under the DIDFA.

Interpretive guidelines have been published to assist manufacturers in making their submissions and are available on the ministry's website at: Guideline and Template Downloads.

Each complete submission undergoes a thorough review by the CED. Following its review, the CED makes recommendations to the EO as to whether a drug product should be designated as a benefit under the ODB program and/or as interchangeable under the DIDFA. As well, the CED makes recommendations as to drug products that should be available through the EAP. More information on how drugs are approved can be found on the ministry's website at: How Drugs Are Approved.

B. How to Use the Formulary

The Formulary/CDI identifies over 4,300 drug products designated as benefits under the ODB program, as well as drug products that are considered to be interchangeable, and serves as a reimbursement guide for prescribers and pharmacists.

The Formulary/CDI consists of a compilation of pharmaceutical products arranged in comparative categories and groupings according to the name, strength and dosage form of the active therapeutic ingredients.

This information requires knowledgeable interpretation and is intended primarily for health care professionals, pharmacies, hospitals and organizations associated with the manufacture, distribution and use of pharmaceutical preparations.

Part III-A ODB Formulary/Comparative Drug Index

Part III-A of the ODB formulary is available through the searchable electronic formulary (e-Formulary) online at: Formulary Search.

Classification

Drugs are indexed by pharmacologic-therapeutic classification based on the classification system of the American Hospital Formulary Service (AHFS) of the American Society of Health-System Pharmacists. Permission to use this classification system has been granted by the Society, which is not responsible for the accuracy of any reproduced content.

The pharmacologic-therapeutic classification under which any drug is listed may be found by consulting the index in Part V of the Formulary/CDI. Drugs with multiple indications are listed under only one of the common uses.

Interchangeable Categories

Where there is more than one drug product listed in a specific category, the products have been designated as interchangeable under the DIDFA, unless otherwise noted. The Drug Benefit Price (DBP) is listed for each drug product as well as the **lowest DBP** for an interchangeable category. The ODB program will reimburse dispensing physicians and pharmacies the lowest DBP within an interchangeable category.

If a pharmacy dispenses an interchangeable product to a patient who does not receive benefits under the ODB program, the pharmacy cannot charge more than the lowest

DBP for the interchangeable category when dispensing the product (see subsection 7(2) of the DIDFA).

Drug Identification Number (DIN)

For each drug product, the Formulary/CDI lists the eight-digit drug identification number (DIN) assigned by Health Canada's Therapeutic Products Directorate*. The DIN uniquely identifies each drug product as to its manufacturer, active ingredient(s), strength of active ingredient(s), route of administration and pharmaceutical dosage form. Please note that only products with DINs or Product Identification Numbers (PINs) that are listed as benefits in the Formulary/CDI are eligible for reimbursement under the ODB program.

*A small number of products, including drugs, nutrition products and diabetic test strips, have been assigned a product identification number (PIN) with leading digits 098 for the purposes of ODB claims. Ministry assigned PINs may differ from those shown on the manufacturer's label but must be used when submitting claims to the ODB program.

Natural Product Number (NPN)

For natural health products, the Formulary/CDI lists the eight-digit Natural Product Number (NPN) assigned by Health Canada. Natural health products, as defined in the *Natural Health Products Regulations* made under the federal *Food and Drugs Act* are excluded from the definition of "drug" in Ontario's *Drug and Pharmacies Regulation Act* (DPRA), unless the natural health product contains pseudoephedrine or its salts, ephedrine or its salts, or any combination of them (see clause 1(1)(f) of the DPRA and subsection 3(7) of O. Reg. 58/11 made under the DPRA). Please note that only natural health products with NPNs listed as benefits in the Formulary/CDI are eligible for reimbursement under the ODB program.

Limited Use Products

Limited Use (LU) products are listed in the Formulary/CDI with specific clinical criteria/conditions for use and will be reimbursed under the ODB program only when those criteria/conditions have been met (see section 23 of the ODBA). LU products will be reimbursed under the ODB program only when prescribed for an ODB-eligible recipient in accordance with the applicable LU criteria and only if the prescriber has provided the **Reason for Use Code, either verbally, electronically or in written format** with the prescription.

For more details about the LU reimbursement process, please refer to Section C.9 of Part I, entitled "Limited Use Products" as well as to Part XII of the Formulary/CDI.

Therapeutic Notes

Many therapeutic notes contain specific clinical criteria that apply to some general benefit products as listed in the ODB Formulary. The therapeutic notes provide guidance to prescribers on where the product can be used in the most cost-effective manner as advised by the ministry's expert advisory committee, the CED. Therapeutic notes define appropriate therapy; and therefore, the expectation is that both prescribers and dispensers should follow them.

Product Listing Agreements

A Product Listing Agreement (PLA) refers to a negotiated agreement between a pharmaceutical manufacturer and the EO. These agreements support reimbursement of some products in the Formulary and other Ontario public drug programs, such as the EAP and the New Drug Funding Program.

Agreements are intended to provide access to new and existing drugs according to certain conditions, and are based on a number of factors including the CED's recommendations, clinical evidence, therapeutic need and cost-effectiveness. Listing agreements may include multiple components:

- Commitment to promote appropriate use
- Requirement to collect outcomes data
- Requirement to gather further evidence related to clinical or economic information for future consideration by the CED
- Cost and utilization considerations

Part III-B Off-Formulary Interchangeable Drugs

Off-Formulary Interchangeable (OFI) drug products are listed by a pharmacologic-therapeutic classification based on the same classification system as applied to products in Part III-A of the Formulary/CDI. All drug products listed in Part III-B of the Formulary/CDI are NOT benefits.

Drug product prices, as reported by the respective manufacturers to the ministry, have been listed for each product for information purposes only. In accordance with paragraph 7 of subsection 8(1) Regulation 935 made under the DIDFA, manufacturers of these drug products shall give the EO notice of every change in the manufacturer's list price for their drug products.

Part IV Consolidated Alphabetical Index of Drugs Products in Part III-B

Drugs in Part III-B listed by alphabetical order by name.

Part V Index of Pharmacologic-Therapeutic Classification

An index of the pharmacologic-therapeutic classification is provided in this section in ascending order.

Part VI Facilitated Access Drug Products

This part lists specific products that are reimbursed through the Facilitated Access mechanism under the ODB program for treatment of ODB recipients with HIV/AIDS or patients receiving palliative (end-of-life) care. Part VI has been divided into Part VI-A (HIV/AIDS) and Part VI-B (Palliative Care) to distinguish the differing categories of drug products available under this mechanism. Products listed in this section are available to these specific patient populations through the EAP, without the need for the submission of an individual patient request. Prescribers must be identified on the Facilitated Access Physician List that is appropriate for the patient and product being prescribed.

Part VII Trillium Drug Benefit Program

The ministry provides benefits through the Trillium Drug Program to help individuals and families who have high prescription drug expenses in relation to their incomes. Part VII explains how the Trillium Drug Benefit Program works and provides a list of allowable expenses.

Part VIII Exceptional Access Program (EAP)

The ministry may consider requests for coverage of drug products not listed in the Formulary/CDI for ODB-eligible persons. Part VIII provides an overview of the EAP.

Part IX Additional Benefits

Nutrition Products

This section includes a maximum allowable reimbursement mechanism for Nutrition Products (NP) covered under the ODB program. Physicians must complete a Nutrition Products form and forward a copy with the prescription to the pharmacy for each NP prescribed. Claims for NPs are reimbursed only for patients who are eligible for ODB coverage and who also meet the eligibility criteria described in Part IX of the ODB Formulary. The ODB program does not provide coverage for NPs for residents of long-term care homes. Long-term care homes are responsible for providing NPs to their residents when required.
Reimbursement of NPs is not considered through the EAP.

Diabetic Testing Agents

Blood glucose test strips covered by the ODB program are listed in Part IX of the ODB Formulary. These products are available to ODB-eligible recipients with a valid prescription from a physician. Blood glucose test strips are listed with a maximum price that will be reimbursed under the ODB program. Please see section on diabetic testing

agents in Part IX for more information, including the maximum reimbursement limits on diabetic testing agents.

Part X Abbreviations

This part contains a list of abbreviations for the names of manufacturers whose products are listed in the Formulary/CDI and a list of abbreviations for dosage forms.

Part XI Section Currently Not In Use

Part XII Limited Use

This section contains a guide for prescribers and pharmacists on how to complete an LU prescription.

C. Dispensary Reimbursement/Procedure

1. Health Network System

The Health Network System (HNS) links all Ontario dispensaries to the ministry computer system and allows online claims processing and adjudication in real-time. The collection, use and disclosure of personal information on the HNS are governed by section 13 of the ODBA and the *Personal Health Information Protection Act*, 2004.

2. Drug Utilization Review (DUR)

The HNS assists pharmacists in providing quality health care through a drug utilization review (DUR) mechanism. The DUR program, part of the HNS, provides an analysis of both previous prescription information/claims data and current prescription data to identify potential problems. Its primary function is to enhance the current principles of good pharmacy practice with additional information sources. The HNS's prospective DUR currently monitors for:

- Potential drug interactions
- Potential double doctoring
- Duplicate prescriptions
- Potential multiple pharmacy use
- Refill too soon/too late

Retrospective claims analysis will also provide insights into drug trends and issues. It can help identify patterns that could form the basis for further study and the development of strategies leading to more rational drug use.

3. Drug Cost

The drug cost in the Formulary is the Drug Benefit Price (DBP) as defined in the *Ontario Drug Benefit Act* (ODBA) and the DIDFA. The DBP for a drug in a particular dosage form and strength reflects the amount, calculated per gram, millilitre, tablet, capsule or other appropriate unit, for which a listed drug product in that dosage form and strength will be reimbursed by the ministry. Some drug products are listed in package ("Pk") sizes (i.e., pressurized inhalers). For these products, the DBP is for the package size listed. For ointments, creams, powders and liquids the DBP is usually per gram or per millilitre. For tablets, capsules and suppositories, other than those designated "Pk," the DBP is per unit dosage form. Claims must be submitted in alignment with the product listing in the Formulary.

Products that are benefits are reimbursed under the ODB program at the listed DBP (or if interchangeable products are listed, at the lowest DBP for an interchangeable category) plus a mark-up plus the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee, minus the applicable co-payment amount for every ODB prescription filled.

4. Cost Sharing

People whose prescription drugs or additional benefits are paid for by the ODB program are required to contribute a co-payment amount for each prescription.

There are two categories of co-payments:

1) As of August 1, 2016, ODB recipients pay up to $2 toward the dispensing fee for each prescription if they are one of the following:
    - A senior single person with an annual net income equal to or less than $19,300
    - A senior couple with a combined annual net income equal to or less than $32,300
    - Receiving benefits under the *Ontario Works Act*, 1997 or the Ontario *Disability Support Program Act, 1997*
    - Receiving professional services under the Home Care Program
    - A resident of a long-term care home under the *Long-Term Care Homes Act, 2007, or Homes for Special Care Act, R.S.O. 1990*
    - Eligible for benefits under the Trillium Drug Program and their deductible for the quarter has been paid
2) As of August 1, 2016, single seniors with annual net income greater than $19,300 or a senior couple with a combined annual net income greater than $32,300 each pay their first $100 (i.e., deductible) in prescription costs each year. After that, each senior may pay up to $6.11 (i.e., co-payment) toward the ODB dispensing fee on each prescription for an eligible benefit.

The ODB deductible for newly eligible seniors in the higher co-payment category is prorated based on the number of months they are eligible for ODB in their first year of eligibility. The ODB program begins August 1 of each year. The HNS will automatically

track and notify pharmacists of an individual's deductible based on the month when they become eligible in their first year of ODB coverage.
Only allowable drug expenses will count towards the $100 deductible, namely, prescriptions for drug products in Part III-A of the Formulary/CDI on the e-Formulary, prescriptions for nutrition products and diabetic testing agents approved as benefits under the ODB program, extemporaneous products that are designated pharmaceutical products under the ODBA, and products that are approved under the EAP. The ODB deductible and co-payment are tracked through the HNS according to the ODB benefit year. The ODB benefit year begins August 1 and ends on July 31 of the subsequent year.

5. Drug Quantity

For most ODB-eligible recipients the maximum quantity that may be charged under the ODB program must not exceed that required for a 100-day course of treatment. The quantity dispensed is subject to the rules set out in the ODBA, and the DIDFA as well as to the details of the prescription as directed by the prescriber. For recipients who are eligible for benefits under the Ontario Works program, the maximum quantity of medication claimed under the ODB program must not exceed that required for a 35-day course of treatment; and in the case of medications to which the Trial Prescription Program applies, the maximum quantity for which the EO is required to pay is a quantity sufficient for 30 days.
Additional quantity restrictions are also enforced by the HNS for some Trillium recipients receiving prescriptions in the third and fourth quarter of the benefit year. Please refer to Part VII for additional drug quantity restrictions related to the Trillium Drug Program.
The HNS provides pharmacists with a "refill too soon" warning for claims where additional supplies are submitted more than ten days prior to the end of a previous supply. Pharmacists should use their professional judgment in consultation with the prescriber and patient when dispensing the second prescription. The ministry recognizes that there are circumstances in which recipients have a valid and appropriate reason for obtaining an early refill of a medication (e.g., dose change). In these cases, the reason for the early refill must be documented. The ministry will monitor claims to ensure that pharmacies comply with the HNS warnings and recoveries of payments will be made where claims are submitted inappropriately.
Effective March 1, 1999, ODB recipients traveling outside the province for between 100 and 200 days, may obtain an early refill (up to a 100-day supply) of medication before leaving the province. In order to obtain an early refill for a vacation supply, ODB recipients must provide the pharmacist with a letter, or a copy of their travel insurance, confirming that they are leaving the province for between 100 and 200 days. The letter or copy of travel insurance must be maintained and be readily retrievable by the pharmacist for a period of 24 months, for audit purposes. It is recommended that these documents be maintained in a separate file, instead of attaching to the prescription hardcopy. Pharmacists must have the letter or copy of their travel insurance confirming travel outside of Ontario ***before*** submitting claims for a vacation supply and overriding

any rejections generated by the HNS (use intervention code “MV” to override the “duplicate claim” rejection if two claims for 100-day supply of medication are submitted for the recipient on the same day). Please refer to Part VII for Trillium vacation supply information.

6. Payment of Dispensing Fees under the Ontario Drug Benefit (ODB) Program

Conditions on Payment of Dispensing Fees

In order to receive payment of a dispensing fee under the ODB program, the dispenser must supply at one time the ***lesser*** of:

1. The maximum quantity of the listed drug product that the dispenser is authorized to supply at one time; or

2. The maximum quantity permitted under section 18 of O. Reg. 201/96.

The amount referred to above (in either item 1 or 2) is the “Maximum Quantity.”

In most cases, the Maximum Quantity is a 35-day supply for Ontario Works recipients, a 30-day supply for the Trial Prescription Program, or a 100-day supply. The dispenser is permitted to dispense a quantity that is not the Maximum Quantity only if one of the following conditions applies:

1. The ODB recipient is a resident of a long-term care home (Conditions for Payment of a Dispensing Fee under the ODB Program).*

2. The ODB recipient is a resident of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer (e.g., Home for Special Care) and published on the ministry website at: (Conditions for Payment of a Dispensing Fee under the ODB Program).*

3. The listed drug product is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: (Conditions for Payment of a Dispensing Fee under the ODB Program) and the dispenser has determined that the quantity supplied should be less than the Maximum Quantity because, in the dispenser’s professional opinion,

    - The safety of the ODB recipient is a concern, or

- There is a risk of abuse or diversion if the drug product is supplied to the ODB recipient.**

4. The dispenser has determined that the quantity supplied should be less than the Maximum Quantity because,

    a. In the dispenser's professional opinion, the ODB recipient is incapable of managing his or her medication as a result of physical, cognitive or sensory impairment; and

    b. The ODB recipient or the person presenting the prescription agrees that the quantity supplied should be less than the Maximum Quantity.***

*Note: In the case of Exceptions 1 to 3, ODB recipients who are deemed to require more frequent dispensing should be assessed regularly to verify an ongoing need for more frequent dispensing.

**Note: In the case of Exception 3, the dispenser must perform all of the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification; and
- Upon request, the dispenser must provide the ministry with copies of the written record and the written notification to the prescriber.

***Note: In the case of Exception 4, the dispenser must perform of all the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification;
- The dispenser shall obtain in writing the agreement of the ODB recipient or the person presenting the prescription;
- Upon request, the dispenser must provide the ministry with copies of the written record, agreement and notification to the prescriber; and

- The exception is only valid for a period of 365 days. A dispenser's assessment that a patient requires more frequent dispensing because of a physical, cognitive or sensory impairment must be re-assessed annually. Records of this annual assessment must be maintained as part of the ODB recipient's permanent pharmacy health record.

All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

Two Fees / Calendar Month

In most cases, the Executive Officer will only pay a dispenser a maximum of two (2) dispensing fees per calendar month for the supply of a listed drug product, even if the prescription directs more frequent dispensing. This rule is subject to the rule respecting Chronic-Use Medications (see section below).

The two-dispensing-fees-per-month rule does not apply if:

- The ODB recipient is a resident of a long-term care home (Conditions for Payment of a Dispensing Fee under the ODB Program).
- The ODB recipient is a resident of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer and published on the ministry website at: (Conditions for Payment of a Dispensing Fee under the ODB Program).
- The listed drug product is supplied in the Maximum Quantity (see definition in previous section "Conditions on Payment of Dispensing Fees") and is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: (Conditions for Payment of a Dispensing Fee under the ODB Program).
- The listed drug product is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: (Conditions for Payment of a Dispensing Fee under the ODB Program) and the dispenser has supplied the drug in a quantity that is *less than* the Maximum Quantity because, in the dispenser's professional opinion,
    - The safety of the ODB recipient is a concern, or

- There is a risk of abuse or diversion if the drug product is supplied to the ODB recipient.

Note: Where the dispenser has supplied *less than* the Maximum Quantity for safety/abuse/diversion reasons, the dispenser must make a written record of the reasons for his or her opinion, notify the prescriber in writing about the assessment, and retain copies of the written record and prescriber notification. All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

Dispensing Fees for Chronic-Use Medications

Effective October 1, 2015 changes were made to Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act* to establish a limit on the number of dispensing fees that can be billed to the Executive Officer for certain **chronic-use medications**. Dispensers are entitled to receive a maximum of five (5) dispensing fees per 365-day period, commencing on the day the first claim for an identified chronic-use medication is submitted to the ministry on or after October 1, 2015. Dispensers are encouraged to provide most ODB recipients with a 100 days' supply of most chronic-use medications to ensure that they receive a dispensing fee for each dispensing event.

The chronic-use medications subject to this new rule are listed on the ministry website: Chronic-use Medications List by Generic Name.

This limit on the number of dispensing fees for chronic-use medications does not apply in the circumstances listed below. In these circumstances, the general rule of a maximum of two-dispensing-fees-per-month applies, unless the dispensing event is also exempt from that rule (see section above).

Exceptions:

1. ODB recipients who receive drug benefits under the Ontario Works Program.
2. ODB recipients who are residents of long-term care homes (Conditions for Payment of a Dispensing Fee under the ODB Program).
3. ODB recipients who are residents of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer (e.g., Home for Special Care) and published on the ministry website (Conditions for Payment of a Dispensing Fee under the ODB Program).
4. The listed drug product dispensed is an extemporaneous preparation.

5. ODB recipients who are on a complex medication regime where patient safety is at risk and who require more frequent dispensing of the listed drug product to assist with the proper administration of the medication regime.**

6. ODB recipients who require more frequent dispensing due to an established physical, cognitive or sensory impairment.**

ODB recipients who are deemed to require more frequent dispensing must be assessed regularly to verify an ongoing need for more frequent dispensing.

**Note: In the case of Exceptions 5 and 6, the dispenser must perform all of the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification;
- The dispenser shall obtain in writing the agreement of the ODB recipient or the person presenting the prescription;
- Upon request, the dispenser must provide the ministry with copies of the written record, agreement and notification to the prescriber; and
- Exceptions 5 and 6 are only valid for a period of 365 days. A dispenser's assessment that a patient requires more frequent dispensing because of a physical, cognitive or sensory impairment or because the patient is on a complex medication regime, must be re-assessed annually. Records of this annual assessment must be maintained as part of the ODB recipient's permanent pharmacy health record.

All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

Note: Any reference in this section to the term "written", "in writing" or "written record" includes electronic records and electronic copies of written records.

7. Cost-to-Operator Claims

Effective March 1, 2007, in accordance with clause 14(3)(b) of O. Reg 201/96 made under the ODBA, the allowable use of the 'MI' (Cost-to-Operator or 'CTO') intervention code is restricted to cases where a pharmacy is unable to acquire the lowest DBP product in an interchangeable category and must dispense the original product or a higher-priced interchangeable drug product. Supporting documentation (manufacturer's or wholesaler's invoice), which clearly indicates that the generic product had been ordered and was unavailable during the appropriate time period, must be retained on file for 24 months for post-payment verification. Overpayments due to inappropriate

submission of MI intervention codes are subject to recovery through post-payment verification.

8. Medically Necessary "No Substitution" Claims

The ministry will provide reimbursement of a higher-cost interchangeable product in medically necessary circumstances — where a patient has experienced a significant adverse reaction with two lower-cost interchangeable drug products, where available. When a prescriber identifies a patient for which it is medically necessary that a higher cost interchangeable product be provided, the prescriber must:

- Complete, sign and forward to the pharmacist a copy of the Health Canada adverse drug reaction form for each lower-cost interchangeable drug product trialed (Canada Vigilance Adverse Reaction Reporting Form); and
- Write "No Substitution" or "No Sub" on a written prescription or indicate "No Substitution" to the pharmacist in the case of a verbal prescription.

The prescriber should keep a copy of the completed form in the patient's record for future use and reference.
When the pharmacist receives a prescription with the written notation "No Substitution," reimbursement will be provided for the higher-cost interchangeable product only if the prescription is accompanied by a completed Health Canada adverse drug reaction form for each of the lower-cost interchangeable drug product trialed. This form must be completely filled out noting the details of the adverse reaction and signed by the prescriber.
Upon receipt, the **pharmacist** must:

- Clearly note on the adverse drug reaction form - "**ODB NO SUBSTITUTION**"; and
- Fax or mail the completed and signed form to Health Canada's Canada Vigilance Program; and
- Retain his or her copy of the completed and signed adverse drug reaction form.

The adverse drug reaction form will not have to be renewed. However, in accordance with sections 19 and 29 of O. Reg. 201/96 made under the ODBA, the dispensary must retain a copy of the prescription and the required Health Canada adverse drug reaction form (completed and signed by the prescriber). The prescriber must write "No Substitution" or "No Sub" on renewal or subsequent new written prescriptions, and indicate "No Substitution" on subsequent new oral prescriptions. The dispenser will be reimbursed the DBP plus a mark-up and the lesser of the posted usual and customary fee or the ODB dispensing fee minus the applicable ODB co-payment amount. Where a completed, signed adverse reaction form is not available at the pharmacy during an audit, the difference between the cost of the higher-cost product and the lowest DBP listed for the interchangeable category will be recovered.
The pharmacist must mail or fax the completed form to:

Canada Vigilance Program, Marketed Health Products Directorate,

Health Canada,
Postal Locator 0701E, Ottawa, Ontario K1A 0K9
Fax: 1-866-678-6789

Please refer to Health Canada's Canada Vigilance Program website to obtain a copy of the adverse drug reaction (Canada Vigilance Drug Reaction Reporting) form at: Canada Vigilance Adverse Reaction Reporting Form.

For additional information on the Canada Vigilance Program, please call 1-866-234-2345 or visit: Canada Vigilance Program.

An ODB recipient with a valid "no substitution" prescription that was filled prior to October 1, 2015 will be permitted to renew and refill their brand therapy as directed, as long as the appropriate documentation remains on file.

9. Limited Use Products

Designating Listed Drugs as LU Benefits

Drug products reimbursed under the ODB program are evaluated and recommended for listing by the ministry's expert drug advisory committee, the CED. LU drugs are those drugs recommended by the CED as having value in specific circumstances, but are not appropriate for general listing in the Formulary/CDI. LU drugs may:

- Have the potential for widespread use outside the indications for which benefit and cost-effectiveness have been demonstrated
- Be clinically useful, but are associated with predictable severe adverse effects and a less toxic alternative is available as a general benefit
- Be very costly and a lower-cost alternative is available as a general benefit

As a result, the CED may recommend that a drug product be reimbursed only when specific clinical criteria/conditions have been met.
The CED and the ministry will continue to review existing LU products to determine if there are opportunities to transition a given product to a general benefit listing.

LU Reimbursement Process

Patients may take the LU prescription to the pharmacy, or prescribers may fax it directly to the pharmacy. The Reason for Use (RFU) code, may be communicated in writing, electronically or verbally. The authorization periods for an LU prescription are noted with the drug listing in the Formulary and are based on the initial date that the first LU prescription is dispensed.
See Part XII for more detailed information about the LU claims process, including instructions for prescribers and pharmacists related to LU prescriptions.

In instances where an ODB-eligible patient does not meet the listed LU criteria, physicians may make a written request for special consideration for coverage under the ODB program's EAP (see Part VIII of the Formulary/CDI for further details).

ODB Audit of LU Claims

The Inspection Unit of Ontario Public Drug Programs routinely conducts on-site audits of all pharmacies for post-payment verification of claims reimbursed under the ODB program. In addition, the ministry may request copies of LU prescriptions from pharmacies by mail for purposes of carrying out office audits relating to ODB claims for LU products. The ministry will recover monies paid for LU product claims if one of the following applies:

- The LU (RFU) code indicated on the prescription does not meet the listed LU clinical criteria
- The LU (RFU) code is not provided with the prescription
- The prescription is incomplete (e.g., the date, drug, patient name or the correct CPSO number or college registration number is missing or the prescriber has not signed the prescription)
- The LU authorization period is expired
- A prescription with valid LU documentation was not obtained/retained in the pharmacy for 24 months

Pharmacists are reminded that copies of prescriptions with LU documentation must be retained by the pharmacy for 24 months as required by section 29 of O. Reg. 201/96 made under the ODBA.

10. Extemporaneous Preparations

An extemporaneous preparation is defined in section 1(1) of O.Reg 201/96 made under the ODBA as a "drug or combination of drugs prepared or compounded in a pharmacy according to a prescription."

Section 17 of the ODBA gives the EO of Ontario Public Drug Programs ("the Executive Officer") the authority to:

- Determine the conditions which must be met before an extemporaneous preparation is designated as a designated pharmaceutical product ("DPP") and therefore deemed eligible for reimbursement under the ODB program; and
- Determine the drug benefit price of a DPP including a formula by which the drug benefit price may be calculated.

Effective October 1, 2006, an extemporaneous preparation that is not equivalent to a manufactured drug product will be deemed by the EO to be a DPP and therefore eligible for reimbursement under the ODB program, if:

a) The preparation is for internal consumption and contains a solid oral dosage form of a listed drug product and no other active substance;

b) The preparation is for injection and is prepared by or under the direct supervision of a pharmacist (i.e., a person holding a certificate of registration from the OCP in accordance with the *Pharmacy Act, 1991* and the *Regulated Health Professions Act, 1991*) (see restrictions below);
c) The preparation is for dermatological use and contains a listed drug product used for dermatological purposes and no other active substances other than one or more of the following: camphor, compound benzoin tincture, hydrocortisone powder, liquor carbonis detergens, menthol, salicylic acid, sulfur or tar distillate;
d) The preparation is for a topical nitrogen mustard preparation;
e) The preparation is for a topical preparation consisting of liquor carbonis detergens, salicylic acid, sulfur or tar distillate, but no other active substances, compounded in petrolatum jelly or lanolin;
f) The preparation is for an ophthalmic solution containing amikacin, cefazolin or vancomycin; or,
g) The preparation is for an ophthalmic solution containing gentamicin or tobramycin in a concentration greater than three milligrams per millilitre.

Restrictions Regarding Extemporaneous Injectables

1) Compounded injectable products which contain one or more of the drug products noted below are not eligible for reimbursement as DPPs under the ODB program unless approved by the EO under the EAP:

   Alprostadil, amphotericin B lipid complex, ancestim, azithromycin, baclofen, calcitriol, cefotaxime, cephalothin, clodronate, daclizumab, danaparoid, darbepoietin, deferoxamine, desmopressin, dolasetron, epoetin alfa, epoprostenol, estradiol dienanthate/estradiol benzoate/testosterone enanthate benzilic acid hydrazine, etanercept, filgrastim, fludarabine, fondaparinux, glatiramer acetate, hepatitis A vaccine, hepatitis B vaccine, infliximab, interferon alfa-2b/ribavirin, interferon beta-1a, interferon beta-1b, iron dextran, iron sucrose, ketorolac, levofloxacin, mycophenolate mofetil, nandrolone decanoate, pamidronate disodium, peginterferon alfa 2-b, somatrem, somatropin, sumatriptan, verteporfin, zoledronic acid.
2) Any injectable drug product which received a Notice of Compliance from Health Canada on or after September 4, 2003 is ineligible for reimbursement as a DPP under the ODB program unless approved by the EO under the EAP.
3) Any injectable drug product that is listed in Part III-A of the Formulary as an LU benefit is ineligible for reimbursement as a DPP under the ODB program unless the patient meets the clinical criteria outlined. Claims for these products in respect of patients who do not meet the defined LU criteria may be considered by the EO for reimbursement under the EAP.

Please refer to Section 6.1 of the Ontario Drug Programs Reference Manual for requirements regarding claims for extemporaneous preparations. Pharmacists are

reminded that claims reimbursed under the ODBA are subject to post-payment verification.
The web posting is considered the authoritative source of information on the extemporaneous preparations policy. Please refer to the ministry's web posting for details on extemporaneous preparations that are eligible for reimbursement under the ODB program at: Extemporaneous Preparations

In the event that there are any discrepancies or inconsistencies between the foregoing list and the list posted on the ministry's website, the website will be considered authoritative. Questions can be directed to the ministry's ODB Help Desk.

11. Professional Pharmacy Services

The Ontario government on the advice from the Ontario Pharmacy Council has launched a number of professional pharmacy services.

Please refer to the ministry's website for information on the following professional pharmacy services at: Professional Pharmacy Services

- MedsCheck program
- MedsCheck at Home
- MedsCheck for Ontarians living with Diabetes
- MedsCheck for Long-Term Home Residents
- Pharmaceutical Opinion program
- Pharmacy Smoking Cessation program

D. Information and Assistance

1. *Personal Health Information Protection Act, 2004* and *Freedom of Information and Protection of Privacy Act*

The information on ODB claims, including those on paper and electronic media, is collected for purposes related to the administration of the ODBA. It is collected under the authority of subsection 13(1) of the ODBA and clause 36(1)(h) of the *Personal Health Information Protection Act, 2004.*
For further information please contact:

Director
Drug Program Services
Ontario Public Drug Programs
Hepburn Block, 9th Floor
80 Grosvenor Street, Queen's Park
Toronto ON M7A 1R3
Tel.: 416-212-4724

Fax: 416-325-6647
Website: Ministry of Health and Long-Term Care

2. Inquiries and Assistance

The following information is provided to assist prescribers, pharmacists and manufacturers in obtaining details on the Ontario Drug Benefit program, claims submission and payments.

Payments
Program Payments
Financial Management Branch
P.O. Box 48
Kingston, ON K7L 5J3

Manual Claims Submissions
Ministry of Health and Long-Term Care
Claims Services Branch
ODB Paper Claims Processing
P.O. Box 2300, Stn 'A', LCD1
Hamilton, ON L8N 4A2

For new ODB program registrations and registry inquiries, please contact:
HNS-Registration.MOH@ontario.ca
OR
Ministry of Health and Long-Term Care
Claims Services Branch
Provider Registry
P.O. Box 68
Kingston, ON K7L 5K1

NOTE: Dispensary operators are requested to notify the Provider Registry three weeks in advance of a change in status for openings, closures or transfers of ownership.
Inquiries and correspondence on this publication should be directed to:
Director
Drug Program Services
Ontario Public Drug Programs
Hepburn Block, 9th Floor
80 Grosvenor Street, Queen's Park
Toronto ON M7A 1R3
Tel.: 416-212-4724
Fax: 416-325-6647
Website: Ministry of Health and Long-Term Care

Part II
Preamble
Ontario Drug Benefit Formulary

The percentage of the Drug Benefit Price (the “mark-up”) that is prescribed for the purpose of paragraph 3 of subsection 6(1) of the *Ontario Drug Benefit Act* is:

- 8 percent when the total drug cost is less than $1,000.00;
- 6 percent when the total drug cost is greater than or equal to $1,000.00.

Total drug cost equals the Drug Benefit Price of the drug product supplied multiplied by the total quantity of the drug product supplied.

Part III
Formulary Listings

Part III-A
Benefits List

The list of benefits may be accessed through the electronic ODB Formulary (e-Formulary) on the ministry's website at: Formulary Search

Part III-B
Off-Formulary Interchangeable Drugs (OFI)

Part III-B: Off-Formulary Interchangeability

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products where the original products are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 under the DIDFA came into force. Listed off-formulary interchangeable drug products are reviewed by the CED or by the ministry, and upon approval of the Executive Officer, are determined to be interchangeable with the brand non-benefit products.

04:00 ANTIHISTAMINICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CETIRIZINE HYDROCHLORIDE	10mg	TAB	Reactine	02223554	MCL	N/A
			Apo-Cetirizine	02231603	APX	0.4083
			Jamp-Cetirizine	02451778	JPC	0.4083
			Extra Strength Allergy Relief	02315955	PMS	0.3938
			Mar-Cetirizine	02427133	MAR	0.4083
	20mg	TAB	Reactine	01900978	MCL	N/A
			Apo-Cetirizine	02453363	APX	0.7535
			Mar-Cetirizine	02427141	MAR	0.7535
			PMS-Cetirizine	02315963	PMS	0.7535
LORATADINE	10mg	TAB	Claritin	00782696	SCP	N/A
			Apo-Loratadine	02243880	APX	0.6267

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
TERBINAFINE HCL	250mg	TAB	Lamisil	02031116	NOV	N/A
			Apo-Terbinafine	02239893	APX	2.5243
			Auro-Terbinafine	02320134	AUR	2.5246
			Co Terbinafine	02254727	COB	2.5243
			Jamp-Terbinafine	02357070	JPC	2.5243
			Novo-Terbinafine	02240346	NOP	2.5243
			PMS-Terbinafine	02294273	PMS	2.5245

08:12:12 ANTIBIOTICS ERYTHROMYCINS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
AZITHROMYCIN	600mg	TAB	Zithromax	02231143	PFI	N/A
			Co-Azithromycin	02256088	COB	7.6250
			PMS-Azithromycin	02261642	PMS	7.6250
CLARITHROMYCIN	500mg	TAB	Biaxin BID	02126710	ABB	N/A
			Apo-Clarithromycin	02274752	APX	2.2009
			Mylan-Clarithromycin	02248857	MYL	2.2009
			PMS-Clarithromycin	02247574	PMS	2.2009
			Ran-Clarithromycin	02361434	RAN	2.2009
			Ratio-Clarithromycin	02247819	RPH	2.2009
			Sandoz Clarithromycin	02266547	SDZ	2.2009
			Teva-Clarithromycin	02248805	TEV	2.2009

08:12:16 ANTIBIOTICS PENICILLINS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
AMOXICILLIN	125mg	TAB	Amoxil Chewable	02041685	AYE	N/A
			Novamoxin Chewable	02036347	NOP	0.4584
	250mg	CHEW TAB	Amoxil Chewable	02041286	AYE	N/A
			Novamoxin Chewable	02036355	NOP	0.6752
PIPERACILLIN SODIUM & TAZOBACTAM SODIUM	2g & 250mg	INJ PD-VIAL PK	Tazocin	02170817	PFI	N/A
			Piperacillin & Tazobactam for Injection	02308444	APX	10.1300
			Piperacillin & Tazobactam for Injection	02362619	STE	10.1300
	3g & 375mg	INJ PD-VIAL PK	Tazocin	02170795	WYE	N/A
			Piperacillin & Tazobactam for Injection	02308452	APX	15.2000
			Piperacillin & Tazobactam for Injection	02391538	MYL	15.2000
			Piperacillin & Tazobactam for Injection	02362627	STE	15.2000
			Piperacillin/Tazobactam Powder for Inj.	02370166	TEV	15.2000
	4g & 500mg	INJ PD-VIAL PK	Tazocin	02170809	WYE	N/A
			Piperacillin & Tazobactam for Injection	02308460	APX	20.2700
			Piperacillin & Tazobactam for Injection	02362635	STE	20.2700
			Piperacillin/Tazobactam Powder for Inj.	02370174	TEV	20.2700

08:12:24 ANTIBIOTICS TETRACYCLINES

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
DOXYCYCLINE HYCLATE	100mg	TAB	Vibra-Tabs	00578452	PFI	N/A
			Apo-Doxy-Tabs	00874256	APX	0.5860
			Novo-Doxylin Tablets	02158574	NOP	0.5860
MINOCYCLINE HCL	50mg	CAP	Minocin	02173514	STI	N/A
			Apo-Minocycline	02084090	APX	0.5350
			Mylan-Minocycline	02230735	MYL	0.5350
			Novo-Minocycline	02108143	NOP	0.5350
			PMS-Minocycline	02294419	PMS	0.5350
			Ratio-Minocycline	01914138	RPH	0.5350
			Sandoz Minocycline	02237313	SDZ	0.5350
	100mg	CAP	Minocin	02173506	STI	N/A
			Apo-Minocycline	02084104	APX	1.0332
			Mylan-Minocycline	02230736	MYL	1.0332
			Novo-Minocycline	02108151	NOP	1.0332
			PMS-Minocycline	02294427	PMS	1.0332
			Ratio-Minocycline	01914146	RPH	1.0332
			Sandoz Minocycline	02237314	SDZ	1.0332
TIGECYCLINE	50mg/vial	PD INJ-5ML VIAL PK (PRESERVATIVE-FREE)	Tygacil	02285401	PFI	N/A
			Tigecycline	02409356	APX	71.4225

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CEFAZOLIN SODIUM	1g/vial	INJ PD-VIAL PK	Cefazolin for Injection	02297205	ORC	6.0000
			Cefazolin for Injection	02108127	NOP	6.0000
	10g/vial	INJ PD-VIAL PK	Cefazolin for Injection	02297213	ORC	56.0000
			Cefazolin for Injection	02108135	NOP	60.0000
CEFOXITIN SODIUM	1g/vial	INJ PD-VIAL PK	Mefoxin	00663697	MSD	N/A
			Cefoxitin for Injection	02291711	ORC	10.6000
			Cefoxitin for Injection USP	02128187	NOP	10.6000
	2g/vial	INJ PD-VIAL PK	Mefoxin	00663700	MSD	N/A
			Cefoxitin for Injection	02291738	ORC	21.2500
			Cefoxitin for Injection USP	02128195	NOP	21.2500
CEFTRIAXONE DISODIUM	10g/vial	INJ PD-1 VIAL PK	Rocephin	00851957	HLR	N/A
			Ceftriaxone for Injection USP	02292904	APX	214.2000
			Ceftriaxone Sodium for Injection USP	02325632	STE	214.2000
VANCOMYCIN HCL	125mg	CAP	Vancocin	00800430	MEU	N/A
			Jamp-Vancomycin	02407744	JPC	5.1800
	250mg	CAP	Vancocin	00788716	MEU	N/A
			Jamp-Vancomycin	02407752	JPC	10.3600

08:18:00 ANTIVIRALS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ACYCLOVIR	200mg	TAB	Zovirax	00634506	GSK	N/A
			Apo-Acyclovir	02207621	APX	0.8783
			Mylan-Acyclovir	02242784	MYL	0.8783
			Novo-Acyclovir	02285959	NOP	0.8783
			Ratio-Acyclovir	02078627	RPH	0.8783
	400mg	TAB	Zovirax	01911627	GSK	N/A
			Apo-Acyclovir	02207648	APX	1.7288
			Mylan-Acyclovir	02242463	MYL	1.7288
			Novo-Acyclovir	02285967	NOP	1.7288
			Ratio-Acyclovir	02078635	RPH	1.7288
ADEFOVIR DIPIVOXIL	10mg	TAB	Hepsera	02247823	GIL	N/A
			Apo-Adefovir	02420333	APX	20.4400
ENTECAVIR	0.5mg	TAB	Baraclude	02282224	BQU	N/A
			Apo-Entecavir	02396955	APX	16.5000
			Auro-Entecavir	02448777	AUR	16.5000
			PMS-Entecavir	02430576	PMS	16.5000
FAMCICLOVIR	125mg	TAB	Famvir	02229110	NOV	N/A
			Apo-Famciclovir	02292025	APX	2.0240
			Co-Famciclovir	02305682	COB	2.0240
			PMS-Famciclovir	02278081	PMS	2.0240
			Sandoz Famciclovir	02278634	SDZ	2.0240
	250mg	TAB	Famvir	02229129	NOV	N/A
			Apo-Famciclovir	02292041	APX	2.7200
			Co-Famciclovir	02305690	COB	2.7200
			PMS-Famciclovir	02278103	PMS	2.7200
			Sandoz Famciclovir	02278642	SDZ	2.7200

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
LAMIVUDINE	100mg	TAB	Heptovir	02239193	VIH	N/A
			Apo-Lamivudine HBV	02393239	APX	3.5316
VALACYCLOVIR	1000mg	TAB	Valtrex	02246559	GSK	N/A
			Apo-Valacyclovir	02354705	APX	5.8537
			Mylan-Valacyclovir	02351560	MYL	3.3924
			Novo-Valacyclovir	02357542	TEV	3.3924
			PMS-Valacyclovir	02381230	PMS	5.8537
ZIDOVUDINE	100mg	CAP	Retrovir	01902660	VIH	N/A
			Apo-Zidovudine	01946323	APX	1.3977

08:20:00 PLASMODICIDES (ANTIMALARIALS)

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ATOVAQUONE & PROGUANIL HCL	250mg & 100mg	TAB	Malarone	02238151	GSK	N/A
			Mylan-Atovaquone Proguanil	02402165	MYL	4.1308
			Teva-Atovaquone Proguanil	02380927	TEV	4.1308
MEFLOQUINE HCL	250mg	TAB	Lariam	02018055	HLR	N/A
			Mefloquine	02244366	AAP	3.6950

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CEFEPIME	1g	INJ PD-VIAL PK	Maxipime	02163632	BQU	N/A
			Cefepime for Injection	02319020	APX	12.9360
	2g	INJ PD-VIAL PK	Maxipime	02163640	BQU	N/A
			Cefepime for Injection	02319039	APX	30.1963
LEVOFLOXACIN	750mg	TAB	Levaquin	02246804	JAN	N/A
			Apo-Levofloxacin	02325942	APX	6.5484
			Co Levofloxacin	02315440	COB	6.5484
			Novo-Levofloxacin	02285649	NOP	6.6150
			PMS-Levofloxacin	02305585	PMS	6.5484
			Sandoz Levofloxacin	02298651	SDZ	6.5484
LINEZOLID	2mg/mL	INJ-300ML PK	Zyvoxam	02243685	PFI	N/A
			Linezolid Injection	02402637	TEV	88.7400

10:00 ANTI-NEOPLASTIC AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ERLOTINIB	25mg	TAB	Tarceva	02269007	HLR	N/A
			Teva-Erlotinib	02377691	TEV	11.8666
	100mg	TAB	Tarceva	02269015	HLR	N/A
			PMS-Erlotinib	02451386	PMS	47.4667
			Teva-Erlotinib	02377705	TEV	47.4666
	150mg	TAB	Tarceva	02269023	HLR	N/A
			PMS-Erlotinib	02454394	PMS	71.2000
			Teva- Erlotinib	02377713	TEV	71.2000

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
DONEPEZIL HCL	5mg	ORALLY DISINTEGRATING TAB	Aricept RDT	02269457	PFI	N/A
			Co Donepezil ODT	02397617	COB	3.6176
			Sandoz Donepezil ODT	02367688	SDZ	3.6176
	10mg	ORALLY DISINTEGRATING TAB	Aricept RDT	02269465	PFI	N/A
			Co Donepezil ODT	02397625	COB	3.6176
			Sandoz Donepezil ODT	02367696	SDZ	3.6176
PILOCARPINE HCL	5mg	TAB	Salagen Tablets	02216345	PFI	N/A
			Pilocarpine Hydrochloride Tablets USP	02402483	STE	0.7805

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
GLYCOPYRROLATE	0.2mg/mL	INJ SOL-2ML VIAL PK (PRESERVATIVE FREE)	Robinul	02043610	WYA	N/A
			Glycopyrrolate Injection	02382857	OMG	7.9500
SCOPOLAMINE HYDROBROMIDE	0.4mg/mL	INJ SOL-1ML PK	Scopolamine Hydrobromide Inj.	00541869	HOS	N/A
			Scopolamine Hydrobromide Inj.	02242810	OMG	4.5000
	0.6mg/mL	INJ SOL-1ML PK	Scopolamine Hydrobromide Inj.	00541877	HOS	N/A
			Scopolamine Hydrobromide Inj.	02242811	OMG	5.0000
TRIMEBUTINE MALEATE	100mg	TAB	Modulon	00587869	BFI	N/A
			Trimebutine	02245663	AAP	0.2690
	200mg	TAB	Modulon	00803499	BFI	N/A
			Trimebutine	02245664	AAP	0.5235

12:20:00 SKELETAL MUSCLE RELAXANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
BACLOFEN	0.05mg/mL	INJ SOL-1ML PK (PRESERVATIVE-FREE)	Lioresal Intrathecal	02131048	NOV	N/A
			Vpi-Baclofen Intrathecal	02413620	VPI	11.2500
	0.5mg/mL	INJ SOL-20ML PK (PRESERVATIVE-FREE)	Lioresal Intrathecal	02131056	NOV	N/A
			Vpi-Baclofen Intrathecal	02413639	VPI	177.2500
	2mg/mL	INJ SOL-5ML PK (PRESERVATIVE-FREE)	Lioresal Intrathecal	02131064	NOV	N/A
			Vpi-Baclofen Intrathecal	02413647	VPI	177.2500
TIZANIDINE HCL	4mg	TAB	Zanaflex	02239170	ELA	N/A
			Apo-Tizanidine	02259893	APX	0.6884

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
EPTIFIBATIDE	0.75mg/ml	100ML VIAL PK	Integrilin	02240351	MEK	N/A
			Eptifibatide Injection	02405083	TEV	94.5600
	2mg/ml	10ML VIAL PK	Integrilin	02240352	MEK	N/A
			Eptifibatide Injection	02367858	TEV	32.3000
FONDAPARINUX SODIUM	7.5mg/0.6ml	0.6ML INJ SOL-PREF SYR (PRESERVATIVE FREE)	Arixtra	02258056	GSK	N/A
			Fondaparinux Sodium Injection	02406896	DRR	18.1356
WARFARIN	6mg	TAB	Coumadin	02240206	BQU	N/A
			Mylan-Warfarin	02287501	MYL	0.2805
			Taro-Warfarin	02242686	TAR	0.2805

20:12:16 COAGULANTS AND ANTI-COAGULANTS HEMOSTATICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
TRANEXAMIC ACID	500mg	TAB	Cyklokapron	02064405	PFI	N/A
			Gd-Tranexamic Acid	02409097	GEM	0.8071
			Tranexamic Acid Tablets	02401231	STE	0.8071

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
SOTALOL HCL	80mg	TAB	Sotacor	00897272	BQU	N/A
			Apo-Sotalol	02210428	APX	0.5932
			Jamp-Sotalol	02368617	JPC	0.5932
			Novo-Sotalol	02231181	NOP	0.5932
			PMS-Sotalol	02238326	PMS	0.5932
			Ratio-Sotalol	02084228	RPH	0.5932

24:06:00 ANTILIPEMIC DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
FENOFIBRATE	67mg	CAP	Lipidil Micro	02230283	FOU	N/A
			Apo-Feno-Micro	02243180	APX	0.4325
			Novo-Fenofibrate Micronized	02243551	NOP	0.4325
	100mg	TAB	Lipidil Supra	02241601	LAF	N/A
			Apo-Feno-Super	02246859	APX	0.7875
			Novo-Fenofibrate-S	02289083	NOP	0.7877
			Sandoz Fenofibrate S	02288044	SDZ	0.7874
GEMFIBROZIL	600mg	TAB	Lopid	00659606	PFI	N/A
			Apo-Gemfibrozil	01979582	APX	0.7520
			Novo-Gemfibrozil	02142074	NOP	0.7520

24:08:00 HYPOTENSIVE DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CLONIDINE HCL	0.025mg	TAB	Dixarit	00519251	BOE	N/A
			Novo-Clonidine	02304163	NOP	0.2584
VERAPAMIL HCL	120mg	LA TAB	Isoptin SR	01907123	ABB	N/A
			Apo-Verap SR	02246893	APX	0.6900
			Mylan-Verapamil SR	02210347	MYL	0.6900
LISINOPRIL & HYDROCHLOROTHIAZIDE	20mg & 25mg	TAB	Prinzide	00884421	MFC	N/A
			Novo-Lisinopril/HCTZ (Type P)	02302152	NOP	0.7011
			Zestoretic	02045729	AZC	N/A
			Sandoz Lisinopril HCT	02302381	SDZ	0.7011
			Teva-Lisinopril/HCTZ (Type Z)	02301784	TEV	0.7011
RAMIPRIL	15mg	CAP	Altace	02281112	SAV	N/A
			Apo-Ramipril	02325381	APX	0.8550
			Jamp-Ramipril	02440334	JPC	0.8550
			Mar-Ramipril	02420503	MAR	0.8550
			Mint-Ramipril	02421348	MIN	0.8132
			Ran-Ramipril	02425548	RAN	0.8550
			Van-Ramipril	02438909	VAN	0.8550
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE	5mg & 12.5mg	TAB	Vaseretic	02242826	MFC	N/A
			Apo-Enalapril Maleate/HCTZ	02352923	APX	0.7493
			Novo-Enalapril/HCTZ	02300222	NOP	0.6417
	10mg & 25mg	TAB	Vaseretic	00657298	MFC	N/A
			Apo-Enalapril Maleate/HCTZ	02352931	APX	1.0741
			Novo-Enalapril/HCTZ	02300230	NOP	0.7712

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
VALSARTAN	40mg	TAB	Diovan	02270528	NOV	N/A
			Apo-Valsartan	02371510	APX	0.5823
			Auro-Valsartan	02414201	AUR	0.5823
			Co Valsartan	02337487	COB	0.5823
			Mylan-Valsartan	02383527	MYL	0.5823
			PMS-Valsartan	02312999	PMS	0.5823
			Ran-Valsartan	02363062	RAN	0.5823
			Sandoz Valsartan	02356740	SDZ	0.5823
			Teva-Valsartan	02356643	TEV	0.5823

24:12:00 VASODILATING DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
BETAHISTINE DIHYDROCHLORIDE	8mg	TAB	Serc	02240601	SPH	N/A
			Auro-Betahistine	02449145	AUR	0.2070
			Novo-Betahistine	02280183	NOP	0.2070
	16mg	TAB	Serc	02243878	SPH	N/A
			Auro-Betahistine	02449153	AUR	0.3557
			Co Betahistine	02374757	COB	0.3557
			Novo-Betahistine	02280191	NOP	0.3557
			PMS-Betahistine	02330210	PMS	0.3557
	24mg	TAB	Serc	02247998	SPH	N/A
			Auro-Betahistine	02449161	AUR	0.4983
			Co Betahistine	02374765	COB	0.4983
			Novo-Betahistine	02280205	NOP	0.4983
			PMS-Betahistine	02330237	PMS	0.4983
BOSENTAN MONOHYDRATE	62.5mg	TAB	Tracleer	02244981	ACT	N/A
			Apo-Bosentan	02399202	APX	32.0893
			Co Bosentan	02386194	COB	32.0893
			Mylan-Bosentan	02383497	MYL	32.0893
			PMS-Bosentan	02383012	PMS	32.0893
			Sandoz Bosentan	02386275	SDZ	32.0893
			Teva-Bosentan	02398400	TEV	32.0893
	125mg	TAB	Tracleer	02244982	ACT	N/A
			Apo-Bosentan	02399210	APX	32.0893
			Co Bosentan	02386208	COB	32.0893
			Mylan-Bosentan	02383500	MYL	32.0893
			PMS-Bosentan	02383020	PMS	32.0893

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Sandoz Bosentan	02386283	SDZ	32.0893
			Teva-Bosentan	02398419	TEV	32.0893
DIPYRIDAMOLE	25mg	TAB	Persantine	00067385	BOE	N/A
			Apo-Dipyridamole	00895644	APX	0.2633
	50mg	TAB	Persantine	00067393	BOE	N/A
			Apo-Dipyridamole	00895652	APX	0.3685
	75mg	TAB	Persantine	00895660	BOE	N/A
			Apo-Dipyridamole	00452092	APX	0.4963
ISOSORBIDE-5-MONONITRATE	60mg	ER TAB	Imdur	02126559	AZC	N/A
			Apo-ISMN	02272830	APX	0.4950
			PMS-ISMN	02301288	PMS	0.4950
NITROGLYCERIN	0.2mg/hr	TRANSDERMAL PATCH	Nitro-Dur	01911910	MEK	N/A
			Mylan-Nitro Patch	02407442	MYL	0.4463
	0.8mg/hr	TRANSDERMAL PATCH	Nitro-Dur	02011271	MEK	N/A
			Mylan-Nitro Patch	02407477	MYL	0.8743
TADALAFIL	20mg	TAB	Adcirca	02338327	LIL	N/A
			Apo-Tadalafil PAH	02421933	APX	11.4725

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
TADALAFIL	2.5mg	Tab	Cialis	02296888	LIL	N/A
			Act Tadalafil	02428628	ACV	3.6471
			Apo-Tadalafil	02422085	APX	3.6470
			Auro-Tadalafil	02435896	AUR	3.6470
			Jamp-Tadalafil	02451824	JPC	3.6471
			Mar-Tadalafil	02452286	MAR	3.6471
			Mylan-Tadalafil	02410621	MYL	3.6471
			PMS-Tadalafil	02409410	PMS	3.6471
			Ran-Tadalafil	02452081	RAN	3.6471
			Teva-Tadalafil	02440148	TEV	3.8616
	5mg	Tab	Cialis	02296896	LIL	N/A
			Act Tadalafil	02428636	ACV	3.6471
			Apo-Tadalafil	02422093	APX	3.6470
			Auro-Tadalafil	02435926	AUR	3.6471
			Jamp-Tadalafil	02451832	JPC	3.6471
			Mar-Tadalafil	02452278	MAR	3.6471
			Mint-Tadalafil	02451670	MIN	3.6472
			Mylan-Tadalafil	02410648	MYL	3.6471
			PMS-Tadalafil	02409429	PMS	3.6471
			Ran-Tadalafil	02452073	RAN	3.6471
			Teva-Tadalafil	02440156	TEV	3.8616
	10mg	Tab	Cialis	02248088	LIL	N/A
			Act Tadalafil	02428644	ACV	11.9255
			Apo-Tadalafil	02422107	APX	11.9250
			Auro-Tadalafil	02435934	AUR	11.9250
			Jamp-Tadalafil	02451840	JPC	11.9255
			Mar-Tadalafil	02452251	MAR	11.9250
			Mylan-Tadalafil	02410656	MYL	11.9255
			PMS-Tadalafil	02409437	PMS	11.9255
			Ran-Tadalafil	02452103	RAN	11.9255
			Teva-Tadalafil	02440164	TEV	12.6270

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
	20mg	Tab	Cialis	02248089	LIL	N/A
			Act Tadalafil	02428652	ACV	12.3569
			Apo-Tadalafil	02422115	APX	12.3575
			Auro-Tadalafil	02435942	AUR	12.3575
			Jamp-Tadalafil	02451859	JPC	12.3569
			Mar-Tadalafil	02452243	MAR	12.3575
			Mint-Tadalafil	02451697	MIN	12.3576
			Mylan-Tadalafil	02410664	MYL	12.3569
			PMS-Tadalafil	02409445	PMS	12.3569
			Ran-Tadalafil	02452111	RAN	12.3569
			Teva-Tadalafil	02440172	TEV	13.0838

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
DICLOFENAC POTASSIUM	50mg	TAB	Voltaren Rapide	00881635	NOV	N/A
			Apo-Diclo Rapide	02243433	APX	0.3937
			PMS-Diclofenac K	02239753	PMS	0.3937
			Sandoz Diclofenac Rapide	02261774	SDZ	0.3937
			Teva-Diclofenac-K	02239355	TEV	0.3937
DICLOFENAC SODIUM	1.5% W/W	TOP SOL	Pennsaid	02247265	PAL	N/A
			PMS-Diclofenac	02356783	PMS	0.6227
			Taro-Diclofenac	02420988	TAR	0.6226
ETODOLAC	200mg	CAP	Ultradol	02142023	PGP	N/A
			Apo-Etodolac	02232317	APX	0.6000
	300mg	CAP	Ultradol	02142031	PGP	N/A
			Apo-Etodolac	02232318	APX	0.6000
KETOROLAC TROMETHAMINE	10mg	TAB	Toradol	02162660	HLR	N/A
			Apo-Ketorolac	02229080	APX	0.5192

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
NABUMETONE	500mg	TAB	Relafen	02083531	GSK	N/A
			Apo-Nabumetone	02238639	APX	0.5025
			Novo-Nabumetone	02240867	NOP	0.5025
	750mg	TAB	Relafen	02083558	GSK	N/A
			Novo-Nabumetone	02240868	NOP	0.9192

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
NAPROXEN	250mg	ENT TAB	Naprosyn E	02162792	HLR	N/A
			Apo-Naproxen EC	02246699	APX	0.2087
			Teva-Naproxen EC	02243312	TEV	0.2835
	375mg	ENT TAB	Naprosyn E	02162415	HLR	N/A
			Apo-Naproxen EC	02246700	APX	0.3675
			Mylan-Naproxen EC	02243432	MYL	0.3675
			PMS-Naproxen EC	02294702	PMS	0.3675
			Teva-Naproxen EC	02243313	TEV	0.3675
	500mg	ENT TAB	Naprosyn E	02162423	HLR	N/A
			Apo-Naproxen EC	02246701	APX	0.6894
			Mylan-Naproxen EC	02241024	MYL	0.6894
			PMS-Naproxen EC	02294710	PMS	0.6894
			Teva-Naproxen EC	02243314	TEV	0.6894
NAPROXEN SODIUM	275mg	TAB	Anaprox	02162725	HLR	N/A
			Apo-Napro-NA	00784354	APX	0.3422
	550mg	TAB	Anaprox DS	02162717	HLR	N/A
			Apo-Napro-NA DS	01940309	APX	0.6667
OXAPROZIN	600mg	TAB	Daypro	02027860	HLR	N/A
			Apo-Oxaprozin	02243661	APX	0.6892

28:08:08 ANALGESICS OPIATE AGONISTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ACETYLSALICYLIC ACID & BUTALBITAL & CAFFEINE	330mg & 50mg & 40mg	CAP	Fiorinal	00226327	NOV	N/A
			Ratio-Tecnal	00608238	RPH	1.3863
ACETYLSALICYLIC ACID & BUTALBITAL & CAFFEINE & CODEINE PHOSPHATE	330mg & 50mg & 40mg & 15mg	CAP	Fiorinal C1/4	00176192	NOV	N/A
			Ratio-Tecnal C1/4	00608203	RPH	1.4865

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
	330mg & 50mg & 40mg & 30mg	CAP	Fiorinal C1/2	00176206	NOV	N/A
			Ratio-Tecnal C1/2	00608181	RPH	1.8203
FENTANYL TRANSDERMAL SYSTEM	12mcg/hr	TRANS PATCH	Duragesic 12	02280345	JNO	N/A
			Co Fentanyl Matrix Patch	02386844	COB	3.1980
			Mylan-Fentanyl Matrix Patch	02396696	MYL	3.1980
			PMS-Fentanyl MTX	02341379	PMS	3.1980
			Ran-Fentanyl Matrix Patch	02330105	RAN	3.1980
			Teva-Fentanyl	02311925	TEV	3.1980
			Sandoz Fentanyl Patch	02327112	SDZ	3.1980
OXYCODONE HCL	5mg	TAB	Oxy.IR	02231934	PFP	N/A
			PMS-Oxycodone	02319977	PMS	0.1776
			Supeudol	00789739	SDZ	0.1776
	10mg	TAB	Oxy.IR	02240131	PFP	N/A
			PMS-Oxycodone	02319985	PMS	0.2760
			Supeudol	00443948	SDZ	0.2760
	20mg	TAB	Oxy.IR	02240132	PFP	N/A
			PMS-Oxycodone	02319993	PMS	0.4358
			Supeudol	02262983	SDZ	0.4358
TRAMADOL HCL	50mg	TAB	Ultram	02349469	JAN	N/A
			Apo-Tramadol	02426153	APX	0.6386
	100mg	ER TAB	Tridural	02296381	PAL	N/A
			Taro-Tramadol ER	02450429	TAR	1.0374
	200mg	ER TAB	Tridural	02296403	PAL	N/A
			Taro-Tramadol ER	02450437	TAR	1.8915
	300mg	ER TAB	Tridural	02296411	PAL	N/A
			Taro-Tramadol ER	02450445	TAR	2.7485

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
TRAMADOL HCL & ACETAMINOPHEN	37.5mg & 325mg	TAB	Tramacet	02264846	JAN	N/A
			Apo-Tramadol/Acet	02336790	APX	0.6264
			Auro-Tramadol/Acetaminophen	02439050	AUR	0.6264
			Co Tramadol/Acet	02383209	COB	0.6264
			Jamp-Acet-Tramadol	02388308	JPC	0.6264
			Mar-Tramadol/Acet	02388324	MAR	0.6264
			Mint-Tramadol/Acet	02389800	MIN	0.6264
			Mylan-Tramadol/Acet	02425599	MYL	0.6264
			PMS-Tramadol-Acet	02401657	PMS	0.6264
			Ran-Tramadol/Acet	02388197	RAN	0.6264
			Teva-Tramadol/ Acetaminophen	02347180	TEV	0.6264

28:10:00 OPIATE ANTAGONISTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
NALTREXONE HCL	50mg	TAB	Revia	02213826	TEV	N/A
			Apo-Naltrexone	02444275	APX	7.3025

28:12:00 ANTICONVULSANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
GABAPENTIN	600mg	TAB	Neurontin	02239717	PFI	N/A
			Apo-Gabapentin	02293358	APX	1.3045
			Gabapentin Tablets USP	02392526	ACH	1.3045
			Gabapentin Tablets USP	02410990	GLP	1.3045
			Gd-Gabapentin	02285843	GEM	1.3045
			Jamp-Gabapentin Tablets	02402289	JPC	1.3045
			Mylan-Gabapentin	02397471	MYL	1.3045
			PMS-Gabapentin	02255898	PMS	1.3045
			Ratio-Gabapentin	02260913	RPH	1.3045
			Teva-Gabapentin	02248457	TEV	1.3045
			Van-Gabapentin	02432544	VAN	1.3045
	800mg	TAB	Neurontin	02239718	PFI	N/A
			Apo-Gabapentin	02293366	APX	1.7393
			Gabapentin Tablets USP	02392534	ACH	1.7393
			Gabapentin Tablets USP	02411008	GLP	1.7393
			Gd-Gabapentin	02285851	GEM	1.7393
			Jamp-Gabapentin Tablets	02402297	JPC	1.7393
			Mylan-Gabapentin	02397498	MYL	1.7393
			PMS-Gabapentin	02255901	PMS	1.7393
			Ratio-Gabapentin	02260921	RPH	1.7393
			Teva-Gabapentin	02247346	TEV	1.7393
			Van-Gabapentin	02432552	VAN	1.7393

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
OXCARBAZEPINE	150mg	TAB	Trileptal	02242067	NOV	N/A
			Apo-Oxcarbazepine	02284294	APX	0.6209
			Jamp-Oxcarbazepine	02440717	JPC	0.6210
	300mg	TAB	Trileptal	02242068	NOV	N/A
			Apo-Oxcarbazepine	02284308	APX	0.9102
			Jamp-Oxcarbazepine	02440725	JPC	0.9102
	600mg	TAB	Trileptal	02242069	NOV	N/A
			Apo-Oxcarbazepine	02284316	APX	1.8204
			Jamp-Oxcarbazepine	02440733	JPC	1.8204

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
PREGABALIN	225mg	CAP	Lyrica	02268477	PFI	N/A
			Apo-Pregabalin	02394286	APX	1.7270
			Co Pregabalin	02402971	COB	1.7270
			Mar-Pregabalin	02417596	MAR	1.7270
			PMS-Pregabalin	02398079	PMS	1.7270
			Ran-Pregabalin	02392852	RAN	1.7270
			Teva-Pregabalin	02361221	TEV	1.7270

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
FLUOXETINE HCL	10mg	CAP	Prozac	02018985	LIL	N/A
			Apo-Fluoxetine	02216353	APX	1.1773
			Auro-Fluoxetine	02385627	AUR	1.1773
			Bio-Fluoxetine	02448424	BMP	1.1773
			Co Fluoxetine	02242177	COB	1.1773
			Fluoxetine Capsules BP	02393441	ACH	1.1773
			Jamp-Fluoxetine	02401894	JPC	1.1773
			Mar-Fluoxetine	02392909	MAR	1.1773
			Mint-Fluoxetine	02380560	MIN	1.1773
			Mylan-Fluoxetine	02237813	MYL	1.1773
			PMS-Fluoxetine	02177579	PMS	1.1773
			Ratio-Fluoxetine	02241371	RPH	1.1773
			Teva-Fluoxetine	02216582	TEV	1.1773
			Van-Fluoxetine	02432412	VAN	1.1773
PAROXETINE HCL	10mg	TAB	Paxil	02027887	SMJ	N/A
			Apo-Paroxetine	02240907	APX	1.0430
			Auro-Paroxetine	02383276	AUR	1.0430
			Co Paroxetine	02262746	COB	1.0430
			Jamp-Paroxetine	02368862	JPC	1.0430
			Mar-Paroxetine	02411946	MAR	1.0430
			Mint-Paroxetine	02421372	MIN	1.0430
			Mylan-Paroxetine	02248012	MYL	1.0430
			PMS-Paroxetine	02247750	PMS	1.0430
			Ratio-Paroxetine	02247810	RPH	1.0430
			Sandoz Paroxetine Tablets	02431777	SDZ	1.0430
			Teva-Paroxetine	02248556	TEV	1.0430

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ALPRAZOLAM	1mg	TAB	Xanax	00723770	PFI	N/A
			Apo-Alpraz	02243611	APX	0.3099
			Jamp-Alprazolam	02400146	JPC	0.3099
			Mylan-Alprazolam	02229813	MYL	0.3099
			Nat-Alprazolam	02417650	NAT	0.3099
	2mg	TAB	Xanax TS	00813958	PFI	N/A
			Apo-Alpraz TS	02243612	APX	0.5508
			Jamp-Alprazolam	02400154	JPC	0.5508
			Mylan-Alprazolam	02229814	MYL	0.5508
			Nat-Alprazolam	02417669	NAT	0.5508
CLOZAPINE	25mg	TAB	Clozaril	00894737	NOV	N/A
			Apo-Clozapine	02248034	APX	0.6594
			Gen-Clozapine	02247243	MYL	0.6594
	100mg	TAB	Clozaril	00894745	NOV	N/A
			Gen-Clozapine	02247244	MYL	2.6446
			Apo-Clozapine	02248035	APX	2.6446
OLANZAPINE	20mg	TAB	Zyprexa	02238851	LIL	N/A
			Apo-Olanzapine	02333015	APX	10.3093
			Co Olanzapine	02325713	COB	10.3093
			Jamp Olanzapine FC	02417308	JPC	10.3093
			PMS-Olanzapine	02367483	PMS	10.3093
			Teva-Olanzapine	02359707	TEV	10.3093
	20mg	RAPID DISSOLVE TAB	Zyprexa Zydis	02243089	LIL	N/A
			Apo-Olanzapine ODT	02360640	APX	7.5977
			Co Olanzapine ODT	02327597	COB	7.5978
			Jamp-Olanzapine ODT	02406659	JPC	7.5977
			Mar-Olanzapine ODT	02389126	MAR	7.5977
			Mint-Olanzapine ODT	02437007	MIN	7.5977
			Mylan-Olanzapine ODT	02382733	MYL	7.5977

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			PMS-Olanzapine ODT	02423944	PMS	7.5977
			Ran-Olanzapine ODT	02414120	RAN	7.4227
			Sandoz Olanzapine ODT	02327805	SDZ	7.5978
QUETIAPINE	150mg	TAB	Seroquel	02240862	AZC	N/A
			Nat-Quetiapine	02439174	NAT	1.6222
			Quetiapine Tablets	02387816	ACH	1.3518
			Teva-Quetiapine	02284251	TEV	1.6222

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
LITHIUM CARBONATE	300mg	ER TAB	Duralith	00590665	JNO	N/A
			Lithmax	02266695	AAP	0.2495
TRYPTOPHAN	500mg	CAP	Tryptan	00718149	VAL	N/A
			Apo-Tryptophan	02248540	APX	0.4987
			Ratio-Tryptophan	02240334	RPH	0.4987
	500mg	TAB	Tryptan	02029456	VAL	N/A
			Apo-Tryptophan	02248538	APX	0.4987
			Ratio-Tryptophan	02240333	RPH	0.4987
	1g	TAB	Tryptan	00654531	VAL	N/A
			Apo-Tryptophan	02248539	APX	0.8978
			Ratio-Tryptophan	02237250	RPH	0.8978

28:20:00 C.N.S. STIMULANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
METHYLPHENIDATE HCL	20mg	TAB	Ritalin	00005614	NOV	N/A
			Apo-Methylphenidate	02249332	APX	0.3536
			PMS-Methylphenidate	00585009	PMS	0.3536
MODAFINIL	100mg	TAB	Alertec	02239665	BJH	N/A
			Apo-Modafinil	02285398	APX	0.9293
			Auro-Modafinil	02430487	AUR	0.9293
			Mar-Modafinil	02432560	MAR	0.9293
			Teva-Modafinil	02420260	TEV	0.9293

28:24:00 SEDATIVES AND HYPNOTICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
LORAZEPAM	0.5mg	SL TAB	Ativan	02041456	PFI	N/A
			Apo-Lorazepam Sublingual	02410745	APX	0.0875
	1mg	SL TAB	Ativan	02041464	PFI	N/A
			Apo-Lorazepam Sublingual	02410753	APX	0.1100
	2mg	SL TAB	Ativan	02041472	PFI	N/A
			Apo-Lorazepam Sublingual	02410761	APX	0.1711
BUSPIRONE HYDROCHLORIDE	10mg	TAB	Buspar	00603821	BQU	N/A
			Buspirone	02447851	SAI	0.6521
			Apo-Buspirone	02211076	APX	0.6521
			Novo-Buspirone	02231492	NOP	0.6521
			PMS-Buspirone	02230942	PMS	0.6521
			Ratio-Buspirone	02237858	RPH	0.6521
MIDAZOLAM HCL	5mg/ml	INJ SOL-2ML VIAL PK	Versed	09857436	HLR	N/A
			Midazolam Injection	02242905	PPC	8.2000
ZOLPIDEM TARTRATE	5mg	SL TAB	Sublinox	02391678	VAL	N/A
			Apo-Zolpidem ODT	02436159	APX	1.1825
	10mg	SL TAB	Sublinox	02370433	VAL	N/A
			Apo-Zolpidem ODT	02434946	APX	1.1884
ZOPICLONE	5mg	TAB	Imovane	02216167	SAV	N/A
			Apo-Zopiclone	02245077	APX	0.2231
			Co Zopiclone	02271931	COB	0.2231
			Jamp-Zopiclone Tablets	02406969	JPC	0.2231

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Mar-Zopiclone	02386771	MAR	0.2231
			Mint-Zopiclone	02391716	MIN	0.2231
			Mylan-Zopiclone	02296616	MYL	0.2231
			Novo-Zopiclone	02251450	NOP	0.2231
			PMS-Zopiclone	02243426	PMS	0.2231
			Ran-Zopiclone	02267918	RAN	0.2231
			Ratio-Zopiclone	02246534	RPH	0.2231
			Sandoz Zopiclone	02257572	SDZ	0.2231
			Septa-Zopiclone	02386909	SET	0.2231
			Zopiclone	02344122	SAI	0.2231
	7.5mg	TAB	Imovane	01926799	SAV	N/A
			Apo-Zopiclone	02218313	APX	0.4685
			Co Zopiclone	02271958	COB	0.4685
			Jamp-Zopiclone	02356805	JPC	0.4685
			Jamp-Zopiclone Tablets	02406977	JPC	0.4685
			Mar-Zopiclone	02386798	MAR	0.4685
			Mint-Zopiclone	02391724	MIN	0.4685
			Mylan-Zopiclone	02238596	MYL	0.4685
			Novo-Zopiclone	02251469	NOP	0.4685
			PMS-Zopiclone	02240606	PMS	0.4685
			Ran-Zopiclone	02267926	RAN	0.4685
			Ratio-Zopiclone	02242481	RPH	0.4685
			Rhovane	02008203	SDZ	0.4685
			Septa-Zopiclone	02386917	SET	0.4685
			Zopiclone	02282445	SAI	0.4685

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ALMOTRIPTAN	6.25mg	TAB	Axert	02248128	JNO	N/A
			Apo-Almotriptan	02405792	APX	10.3300
			Mylan-Almotriptan	02398435	MYL	9.7833
	12.5mg	TAB	Axert	02248129	JNO	N/A
			Apo-Almotriptan	02405806	APX	10.3300
			Mylan-Almotriptan	02398443	MYL	9.7833
			Sandoz Almotriptan	02405334	SDZ	9.7825
			Teva-Almotriptan	02434849	TEV	9.7833
ATOMOXETINE HCL	10mg	CAP	Strattera	02262800	LIL	N/A
			Apo-Atomoxetine	02318024	APX	2.3140
			Novo-Atomoxetine	02314541	NOP	2.3140
			PMS-Atomoxetine	02381028	PMS	2.3140
			Sandoz Atomoxetine	02386410	SDZ	2.3140
	18mg	CAP	Strattera	02262819	LIL	N/A
			Apo-Atomoxetine	02318032	APX	2.6522
			Mylan-Atomoxetine	02378930	MYL	2.6522
			Novo-Atomoxetine	02314568	NOP	2.6523
			PMS-Atomoxetine	02381036	PMS	2.6522
			Sandoz Atomoxetine	02386429	SDZ	2.6523
	25mg	CAP	Strattera	02262827	LIL	N/A
			Apo-Atomoxetine	02318040	APX	2.9281
			Mylan-Atomoxetine	02378949	MYL	2.9281
			Novo-Atomoxetine	02314576	NOP	2.9281
			PMS-Atomoxetine	02381044	PMS	2.9281

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Sandoz Atomoxetine	02386437	SDZ	2.9280
	40mg	CAP	Strattera	02262835	LIL	N/A
			Apo-Atomoxetine	02318059	APX	3.3375
			Mylan-Atomoxetine	02378957	MYL	3.3375
			Novo-Atomoxetine	02314584	NOP	3.3377
			PMS-Atomoxetine	02381052	PMS	3.3375
			Sandoz Atomoxetine	02386445	SDZ	3.3377
	60mg	CAP	Strattera	02262843	LIL	N/A
			Apo-Atomoxetine	02318067	APX	3.7024
			Mylan-Atomoxetine	02378965	MYL	3.7024
			Novo-Atomoxetine	02314592	NOP	3.7024
			PMS-Atomoxetine	02381060	PMS	3.7024
			Sandoz Atomoxetine	02386453	SDZ	3.7023
	80mg	CAP	Strattera	02279347	LIL	N/A
			Apo-Atomoxetine	02318075	APX	3.9961
			Mylan-Atomoxetine	02378973	MYL	3.9960
			Sandoz Atomoxetine	02386461	SDZ	3.9963
			Teva-Atomoxetine	02362511	TEV	3.9960
	100mg	CAP	Strattera	02279355	LIL	N/A
			Apo-Atomoxetine	02318083	APX	4.3521
			Mylan-Atomoxetine	02378981	MYL	4.3520
			Sandoz Atomoxetine	02386488	SDZ	4.3524
			Teva-Atomoxetine	02362538	TEV	4.3520
ELETRIPTAN	20mg	TAB	Relpax	02256290	PFI	N/A
			Apo-Eletriptan	02386054	APX	10.0850
			Gd-Eletriptan	02342235	GEM	10.0850
			PMS-Eletriptan	02434342	PMS	10.0850

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Teva-Eletriptan	02382091	TEV	10.0850
	40mg	TAB	Relpax	02256304	PFI	N/A
			Apo-Eletriptan	02386062	APX	10.0850
			Gd-Eletriptan	02342243	GEM	10.0850
			PMS-Eletriptan	02434350	PMS	10.0850
			Teva-Eletriptan	02382105	TEV	10.0850
FROVATRIPTAN	2.5mg	TAB	Frova	02257084	EDO	N/A
			Apo-Frovatriptan	02426471	APX	12.5033
			Teva-Frovatriptan	02415844	EDO	12.5033
MEMANTINE HCL	10mg	TAB	Ebixa	02260638	VLH	N/A
			Apo-Memantine	02366487	APX	1.6357
			Co Memantine	02324067	COB	1.6357
			Med-Memantine	02409895	GMP	1.6357
			Mylan-Memantine	02430371	MYL	1.6357
			PMS-Memantine	02321130	PMS	1.6357
			Ratio-Memantine	02320908	RPH	1.6357
			Ran-Memantine	02421364	RAN	1.6357
			Sandoz Memantine FCT	02375532	SDZ	1.6357
NARATRIPTAN HYDROCHLORIDE	1mg	TAB	Amerge	02237820	GSK	N/A
			Apo-Naratriptan	02365499	APX	7.7725
			Novo-Naratriptan	02314290	NOP	10.4113

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
	2.5mg	TAB	Amerge	02237821	GSK	N/A
			Apo-Naratriptan	02365502	APX	8.2125
			Novo-Naratriptan	02314304	NOP	8.2125
			Sandoz Naratriptan	02322323	SDZ	8.2125
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE	0.5mg	TAB	Mirapex	02241594	BOE	N/A
			Apo-Pramipexole	02292386	APX	1.3860
			Co Pramipexole	02297310	COB	1.3860
			Mylan-Pramipexole	02376369	MYL	1.3860
			PMS-Pramipexole	02290138	PMS	1.3860
			Sandoz Pramipexole	02315270	SDZ	1.3860
			Teva-Pramipexole	02269317	TEV	1.3860
RIZATRIPTAN	5mg	ORALLY DISINTE-GRATING TAB	Maxalt RPD	02240518	MEK	N/A
			Apo-Rizatriptan RPD	02393484	APX	11.1150
			Co Rizatriptan ODT	02374730	COB	11.1150
			Mint-Rizatriptan ODT	02439573	MIN	11.1150
			Mylan-Rizatriptan ODT	02379198	MYL	11.1150
			Nat-Rizatriptan ODT	02436604	NAT	11.1650
			PMS-Rizatriptan RDT	02393360	PMS	11.1150
			Sandoz Rizatriptan ODT	02351870	SDZ	11.1150
			Teva-Rizatriptan ODT	02396661	TEV	11.1150
	5mg	TAB	Maxalt	02240520	FRS	N/A
			Apo-Rizatriptan	02393468	APX	11.1150
			Jamp-Rizatriptan	02380455	JPC	11.1150
			Jamp-Rizatriptan IR	02429233	JPC	11.1150
			Mar-Rizatriptan	02379651	MAR	11.1150
	10mg	ORALLY DISINTE-GRATING TAB	Maxalt RPD	02240519	MEK	N/A
			Apo-Rizatriptan RPD	02393492	APX	11.1150
			Co Rizatriptan ODT	02374749	COB	11.1150

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Mint-Rizatriptan ODT	02439581	MIN	11.1150
			Mylan-Rizatriptan ODT	02379201	MYL	11.1150
			Nat-Rizatriptan ODT	02436612	NAT	11.1650
			PMS-Rizatriptan RDT	02393379	PMS	11.1150
			Sandoz Rizatriptan ODT	02351889	SDZ	11.1150
			Teva-Rizatriptan ODT	02396688	TEV	11.1150
			Van-Rizatriptan ODT	02448505	VAN	11.1150
	10mg	TAB	Maxalt	02240521	FRS	N/A
			Apo-Rizatriptan	02393476	APX	11.1150
			Auro-Rizatriptan	02441144	AUR	11.1150
			Co Rizatriptan	02381702	COB	11.1150
			Jamp-Rizatriptan	02380463	JPC	11.1150
			Jamp-Rizatriptan IR	02429241	JPC	11.1150
			Mar-Rizatriptan	02379678	MAR	11.1150
SUMATRIPTAN SUCCINATE	25mg	TAB	Imitrex	09857299	GSK	N/A
			Co Sumatriptan	02257882	COB	8.9900
			Mylan-Sumatriptan	02268906	MYL	8.9900
			PMS-Sumatriptan	02256428	PMS	8.9900
	25mg	TAB	Imitrex DF	02239738	GSK	N/A
			Novo-Sumatriptan DF	02286815	NOP	8.9900
	50mg	TAB	Imitrex	02163764	GSK	N/A
			Apo-Sumatriptan	02268388	APX	9.0650
			Co Sumatriptan	02257890	COB	9.0650
			Mylan-Sumatriptan	02268914	MYL	9.0650
			PMS-Sumatriptan	02256436	PMS	9.0650
			Ratio-Sumatriptan	02271583	RPH	9.0650
			Sandoz Sumatriptan	02263025	SDZ	9.0650
	50mg	TAB	Imitrex DF	02212153	GSK	N/A
			Novo-Sumatriptan DF	02286823	NOP	9.0650
	100mg	TAB	Imitrex	01950614	GSK	N/A
			Apo-Sumatriptan	02268396	SPZ	9.9867

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Co Sumatriptan	02257904	COB	9.9867
			Mylan-Sumatriptan	02268922	MYL	9.9867
			PMS-Sumatriptan	02256444	PMS	9.9867
			Ratio-Sumatriptan	02271591	RPH	9.9867
			Sandoz Sumatriptan	02263033	SDZ	9.9867
	100mg	TAB	Imitrex DF	02212161	GSK	N/A
			Novo-Sumatriptan DF	02286831	NOP	9.9866
	6mg/0.5ml	INJ SOL-PREF SYR 0.5ML PK	Imitrex	02212188	GLW	N/A
			Taro-Sumatriptan	02361698	TAR	33.1750
ZOLMITRIPTAN	2.5mg	TAB	Zomig	02238660	AZC	N/A
			Apo-Zolmitriptan	02380951	APX	6.8583
			Jamp-Zolmitriptan	02421623	JPC	6.8583
			Mint-Zolmitriptan	02419521	MIN	6.8583
			Mar-Zolmitriptan	02399458	MAR	6.8583
			Mylan-Zolmitriptan	02369036	MYL	6.8583
			Nat-Zolmitriptan	02421534	NAT	6.8633
			PMS-Zolmitriptan	02324229	PMS	6.8586
			Sandoz Zolmitriptan	02362988	SDZ	6.8586
			Teva-Zolmitriptan	02313960	TEV	6.8583
	2.5mg	ORALLY DISINTE-GRATING TAB	Zomig Rapimelt	02243045	AZC	N/A
			Apo-Zolmitriptan Rapid	02381575	APX	6.8633
			Jamp-Zolmitriptan ODT	02428237	JPC	6.8650
			Mint-Zolmitriptan ODT	02419513	MIN	6.8625
			Mylan-Zolmitriptan ODT	02387158	MYL	6.8633
			PMS-Zolmitriptan ODT	02324768	PMS	6.8625
			Sandoz Zolmitriptan ODT	02362996	SDZ	6.8625
			Septa-Zolmitriptan-ODT	02428474	SET	6.8633
			Teva-Zolmitriptan OD	02342545	TEV	6.8633
			Van-Zolmitriptan ODT	02438763	VAN	6.8633

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
HYDROCHLOROTHIAZIDE	12.5mg	TAB	PMS-Hydrochlorothiazide	02274086	PMS	N/A
			Apo-Hydro	02327856	APX	0.0322

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
MOXIFLOXACIN HCL	0.5%	OPH SOL-3ML PK (PRESERVATIVE-FREE)	Vigamox	02252260	ALC	N/A
			Act Moxifloxacin	02404656	ACV	11.2700
			Apo-Moxifloxacin	02406373	APX	11.2700
			PMS-Moxifloxacin	02432218	PMS	11.2701
			Sandoz Moxifloxacin	02411520	SDZ	11.2700

52:04:12 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CIPROFLOXACIN	0.3%	OPH SOL-5ML PK	Ciloxan	01945270	ALC	N/A
			Apo-Ciproflox	02263130	APX	1.7600
			Sandoz Ciprofloxacin	02387131	SDZ	9.3000

52:08:00 ANTI-INFLAMMATORY AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
FLUTICASONE PROPIONATE	50mcg/ actuation	NAS SP-120 DOSE PK	Flonase	02213672	GSK	N/A
			Apo-Fluticasone	02294745	APX	21.9700
			Ratio-Fluticasone	02296071	RPH	21.9700
MOMETASONE FUROATE	50mcg/dose	NAS SP-140 DOSE PK	Nasonex	02238465	MEK	N/A
			Apo-Mometasone	02403587	APX	21.6900
TRIAMCINOLONE ACETONIDE	55mcg/Metered Dose	NAS SP-120 DOSE PK (WITH PRESERVATIVE)	Nasacort AQ	02213834	SAV	N/A
			Apo-Triamcinolone AQ	02437635	APX	20.8080

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
IPRATROPIUM BROMIDE	0.06%	NASAL SPRAY	Atrovent	02163713	BOE	N/A
			Apo-Ipravent	02246084	APX	1.4900
KETOTIFEN	0.25mg/ml	OPH SOL-5ML PK	Zaditor	02242324	LBT	N/A
			Ketotifen Ophthalmic Solution	02400871	STE	21.1700
OLOPATADINE HCL	0.1%	OPH SOL-5ML PK	Patanol	02233143	ALC	N/A
			Apo-Olopatadine	02305054	APX	26.1300
			Co Olopatadine 0.1%	02403986	COB	26.1300
			Mint-Olopatadine	02422727	MIN	26.1300
			Sandoz Olopatadine	02358913	SDZ	26.1300
	0.2%	OPH SOL-2.5ML PK	Pataday	02362171	ALC	N/A
			Act Olopatadine 0.2%	02404095	ACV	26.1300
			Apo-Olopatadine	02402823	APX	26.1300
			Sandoz Olopatadine 0.2%	02420171	SDZ	26.1300

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
NABILONE	0.25mg	CAP	Cesamet	02312263	VAL	N/A
			Ran-Nabilone	02358077	RAN	1.3962
			Teva-Nabilone	02392925	TEV	1.3962
ONDANSETRON HCL DIHYDRATE	2mg/ml	INJ SOL-2ML VIAL PK	Zofran	02213745	GSK	N/A
			Ondansetron Injection	02265524	NOP	13.2180
	2mg/ml	INJ SOL-4ML VIAL PK	Zofran	09857324	GSK	N/A
			Ondansetron Injection	09857323	NOP	26.4000
	2mg/ml	INJ SOL-20ML VIAL PK	Zofran	09857325	GSK	N/A
			Ondansetron Injection	02265532	NOP	132.1800

56:40:00 MISCELLANEOUS G.I. DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ESOMEPRAZOLE	20mg	DR TAB	Nexium	02244521	AZC	N/A
			Act Esomeprazole	02423855	ACV	1.8690
			Apo-Esomeprazole	02339099	APX	1.8690
			Mylan-Esomeprazole	02383039	MYL	1.8690
			Ran-Esomeprazole	02423979	RAN	1.8690
	40mg	DR TAB/CAP	Nexium	02244522	AZC	N/A
			Act Esomeprazole	02423863	ACV	1.8690
			Apo-Esomeprazole DR TAB	02339102	APX	1.8690
			Mylan-Esomeprazole DR TAB	02383047	MYL	1.8690
			PMS-Esomeprazole DR CAP	02379171	PMS	1.8690
			Ran-Esomeprazole DR TAB	02423987	RAN	1.8690
OMEPRAZOLE	10mg		Losec DR TAB	02230737	AZC	N/A
			Mylan-Omeprazole DR CAP	09857350	MYL	0.8167
			Teva-Omeprazole DR TAB	02295407	TEV	0.8167
	10mg	DR CAP	Losec	02119579	AZC	N/A
			Mylan-Omeprazole	02329425	MYL	0.8167
			Sandoz Omeprazole	02296438	SDZ	0.8167
PANTOPRAZOLE SODIUM	20mg	ENT TAB	Pantoloc	02241804	NYC	N/A
			Apo-Pantoprazole	02292912	APX	1.2750
			Jamp-Pantoprazole	02408414	JPC	0.3246
			Mar-Pantoprazole	02416557	MAR	1.2750
			Novo-Pantoprazole	02285479	NOP	1.2750
			Ran-Pantoprazole	02305038	RAN	1.2750
			Sandoz Pantoprazole	02301075	SDZ	1.2750

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ESTRADIOL	0.5mg	TAB	Estrace	02225190	APC	N/A
			Lupin-Estradiol	02449048	LUP	0.1344
	1mg	TAB	Estrace	02148587	APC	N/A
			Lupin-Estradiol	02449056	LUP	0.2597
	2mg	TAB	Estrace	02148595	APC	N/A
			Lupin-Estradiol	02449064	LUP	0.4586

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
GLIMEPIRIDE	1mg	TAB	Amaryl	02245272	SAV	N/A
			Apo-Glimepiride	02295377	APX	0.4900
			Novo-Glimepiride	02273756	NOP	0.4900
			Ratio-Glimepiride	02273101	RPH	0.4900
			Sandoz Glimepiride	02269589	SDZ	0.4900
	2mg	TAB	Amaryl	02245273	SAV	N/A
			Apo-Glimepiride	02295385	APX	0.4900
			Novo-Glimepiride	02273764	NOP	0.4900
			Ratio-Glimepiride	02273128	RPH	0.4900
			Sandoz Glimepiride	02269597	SDZ	0.4900
	4mg	TAB	Amaryl	02245274	SAV	N/A
			Apo-Glimepiride	02295393	APX	0.4900
			Novo-Glimepiride	02273772	NOP	0.4900

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Ratio-Glimepiride	02273136	RPH	0.4900
			Sandoz Glimepiride	02269619	SDZ	0.4900
METFORMIN HCL	500mg	ER TAB	Glumetza	02268493	BIO	N/A
			Apo-Metformin ER	02305062	APX	0.4259
	850mg	TAB	Glucophage	02162849	SAV	N/A
			Act Metformin	02257734	ACV	0.2090
			Auro-Metformin	02438283	AUR	0.0610
			Ecl-Metformin	02421836	ECL	0.2090
			Jamp-Metformin	02380218	JPC	0.2090
			Jamp-Metformin Blackberry	02380730	JPC	0.2090
			Mar-Metformin	02378639	MAR	0.2090
			Metformin	02378868	MAR	0.2090
			Mint-Metformin	02388774	MIN	0.2090
			Mylan-Metformin	02229656	MYL	0.2090
			PMS-Metformin	02242589	PMS	0.2090
			Ran-Metformin	02269058	RAN	0.2090
			Ratio-Metformin	02242931	RPH	0.2090
			Sandoz Metformin FC	02246821	SDZ	0.2090
PIOGLITAZONE HCL	15mg	TAB	Actos	02242572	TAK	N/A
			Accel Pioglitazone	02303442	ACC	1.1225
			Apo-Pioglitazone	02302942	APX	1.5716
			Auro-Pioglitazone	02384906	AUR	1.5716
			Co Pioglitazone	02302861	COB	1.5716
			Jamp-Pioglitazone	02397307	JPC	1.5716
			Mint-Pioglitazone	02326477	MIN	1.5716
			Mylan-Pioglitazone	02298279	MYL	1.5716
			Novo-Pioglitazone	02274914	NOP	1.5716
			Pioglitazone Hydrochloride Tablet	02391600	ACH	1.5716
			PMS-Pioglitazone	02303124	PMS	1.5716

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Sandoz Pioglitazone	02297906	SDZ	1.5716
			Van-Pioglitazone	02434121	VAN	1.5716
	30mg	TAB	Actos	02242573	TAK	N/A
			Accel Pioglitazone	02303450	ACC	1.5726
			Apo-Pioglitazone	02302950	APX	2.2017
			Auro-Pioglitazone	02384914	AUR	2.2017
			Co Pioglitazone	02302888	COB	2.2017
			Jamp-Pioglitazone	02365529	JPC	2.2017
			Mint-Pioglitazone	02326485	MIN	2.2017
			Mylan-Pioglitazone	02298287	MYL	2.2017
			Novo-Pioglitazone	02274922	NOP	2.2017
			Pioglitazone Hydrochloride Tablet	02339587	ACH	2.2017
			PMS-Pioglitazone	02303132	PMS	2.2017
			Sandoz Pioglitazone	02297914	SDZ	2.2017
			Van-Pioglitazone	02434148	VAN	2.2017
	45mg	TAB	Actos	02242574	TAK	N/A
			Accel Pioglitazone	02303469	ACC	2.3646
			Apo-Pioglitazone	02302977	APX	3.3105
			Auro-Pioglitazone	02384922	AUR	3.3105
			Co Pioglitazone	02302896	COB	3.3105
			Jamp-Pioglitazone	02365537	JPC	3.3105
			Mint-Pioglitazone	02326493	MIN	3.3105
			Mylan-Pioglitazone	02298295	MYL	3.3106
			Novo-Pioglitazone	02274930	NOP	3.3105
			Pioglitazone Hydrochloride Tablet	02339595	ACH	3.3105
			PMS-Pioglitazone	02303140	PMS	3.3105
			Sandoz Pioglitazone	02297922	SDZ	3.3105
			Van-Pioglitazone	02434156	VAN	3.3105
REPAGLINIDE	0.5mg	TAB	Gluconorm	02239924	NOO	N/A
			Apo-Repaglinide	02355663	APX	0.2083

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Auro-Repaglinide	02424258	AUR	0.2083
			Co Repaglinide	02321475	SOB	0.2083
			PMS-Repaglinide	02354926	PMS	0.2083
			Sandoz Repaglinide	02357453	SDZ	0.2083
	1mg	TAB	Gluconorm	02239925	NOO	N/A
			Apo-Repaglinide	02355671	APX	0.2165
			Auro-Repaglinide	02424266	AUR	0.2165
			Co Repaglinide	02321483	SOB	0.2165
			PMS-Repaglinide	02354934	PMS	0.2165
			Sandoz Repaglinide	02357461	SDZ	0.2165
	2mg	TAB	Gluconorm	02239926	NOO	N/A
			Apo-Repaglinide	02355698	APX	0.2441
			Auro-Repaglinide	02424274	AUR	0.2441
			Co Repaglinide	02321491	SOB	0.2441
			PMS-Repaglinide	02354942	PMS	0.2441
			Sandoz Repaglinide	02357488	SDZ	0.2440
RASAGILINE MESYLATE	0.5MG	TAB	Azilect	02284642	TEI	N/A
			Apo-Rasagiline	02404680	APX	6.1285
			Teva-Rasagiline	02418436	TEV	6.1285
	1mg	TAB	Azilect	02284650	TEI	N/A
			Apo-Rasagiline	02404699	APX	6.1285
			Teva-Rasagiline	02418444	TEV	6.1285

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ETHINYL ESTRADIOL & LEVONORGESTREL	0.03mg & 0.15mg	TAB-91 PK	Seasonale	02296659	TEW	N/A
			Indayo	02398869	MYL	45.9550
CYPROTERONE ACETATE & ETHINYL ESTRADIOL	2mg & 0.035mg	TAB-21 PK	Diane-35	02233542	BAY	N/A
			Cyestra-35	02290308	PMS	23.3394
			Novo-Cyproterone/ Ethinyl Estradiol	02309556	NOP	23.3400
			Ran-Cyproterone/ Ethinyl Estradiol	02425017	RAN	23.3394
PROGESTERONE	100mg	CAP	Prometrium	02166704	MEK	N/A
			Teva-Progesterone	02439913	TEV	1.4358

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE PREPARATIONS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
IMIQUIMOD	5%	TOP CR 250MG-UD PK	Aldara	02239505	VAL	N/A
			Apo-Imiquimod	02407825	APX	11.0300

88:00 VITAMINS

88:16:00 VITAMIN D

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
CALCITRIOL	1mcg/mL	INJ SOL AMP-1ML PK	Calcijex	00891738	ABV	N/A
			Calcitriol Injection USP	02399334	STE	9.5132
	2mcg/mL	INJ SOL AMP-1ML PK	Calcijex	00891746	ABV	N/A
			Calcitriol Injection USP	02399342	STE	17.2550

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
ALENDRONATE	5mg	TAB	Fosamax	02233055	MFC	N/A
			Alendronate Sodium Tablets	02381478	ACH	1.0370
			Apo-Alendronate	02248727	APX	1.0370
			Teva-Alendronate	02248251	TEV	1.0370
			Van-Alendronate	02428717	VAN	1.0370
	40mg	TAB	Fosamax	02201038	MFC	N/A
			Co Alendronate	02258102	COB	3.0832
CABERGOLINE	0.5mg	TAB	Dostinex	02242471	PMJ	N/A
			Co Cabergoline	02301407	COB	10.6182
CINACALCET	30mg	TAB	Sensipar	02257130	AMG	N/A
			Apo-Cinacalcet	02452693	APX	10.1947
			Mylan-Cinacalcet	02434539	MYL	10.1947
	60mg	TAB	Sensipar	02257149	AMG	N/A
			Apo-Cinacalcet	02452707	APX	18.5900
	90mg	TAB	Sensipar	02257157	AMG	N/A
			Apo-Cinacalcet	02452715	APX	27.0517
CLOPIDOGREL BISULFATE	300mg	TAB	Plavix	02330555	SAV	N/A
			Apo-Clopidogrel	02398591	APX	9.5447
			Teva-Clopidogrel	02388065	TEV	9.5447
FINASTERIDE	1mg	TAB	Propecia	02238213	MFC	N/A
			Auro-Finasteride	02428148	AUR	1.1455
			Mylan-Finasteride HG	02392631	MYL	1.1453
			PMS-Finasteride	02320169	PMS	1.1453
			Sandoz Finasteride A	02339471	SDZ	1.1453
MONTELUKAST SODIUM	4mg	GRAN PK	Singulair	02247997	MEK	N/A
			Sandoz Montelukast	02358611	SDZ	1.0938
	5mg	CHEW TAB	Singulair	02238216	MEK	N/A

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			Apo-Montelukast	02377616	APX	1.2075
			Auro-Montelukast Chewable Tablet	02422875	AUR	1.2077
			Mar-Montelukast	02399873	MAR	1.2075
			Mint-Montelukast	02408635	MIN	1.2075
			Mylan-Montelukast	02380757	MYL	1.2075
			PMS-Montelukast	02354985	PMS	1.2075
			Ran-Montelukast	02402807	RAN	1.2075
			Sandoz Montelukast	02330393	SDZ	1.2075
			Teva-Montelukast	02355515	TEV	1.2077
	10mg	TAB	Singulair	02238217	MEK	N/A
			Apo-Montelukast	02374609	APX	1.7735
			Auro-Montelukast	02401274	AUR	1.7735
			Jamp-Montelukast	02391422	JPC	1.7735
			Mar-Montelukast	02399997	MAR	1.7735
			Mint-Montelukast	02408643	MIN	1.7735
			Montelukast Sodium Tablets	02379236	ACH	1.7735
			Mylan-Montelukast	02368226	MYL	1.7735
			PMS-Montelukast FC	02373947	PMS	1.7735
			Ran-Montelukast	02389517	RAN	1.7735
			Sandoz Montelukast	02328593	SDZ	1.7735
			Teva-Montelukast	02355523	TEV	1.7737
PAMIDRONATE DISODIUM	3mg/ml	INJ SOL-10ML VIAL	Aredia	02059762	NOV	N/A
			Pamidronate Disodium Omega	02249669	OMG	86.7800
	6mg/ml	INJ SOL-10ML VIAL	Aredia	02059770	NOV	N/A
			Pamidronate Disodium Omega	02249677	OMG	176.7000
	9mg/ml	INJ SOL-10ML VIAL	Aredia	02059789	NOV	N/A
			Pamidronate Disodium Omega	02249685	OMG	260.3300

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
RILUZOLE	50mg	TAB	Rilutek	02242763	SAC	N/A
			Apo-Riluzole	02352583	APX	7.3630
			Mylan-Riluzole	02390299	MYL	7.3630
SILDENAFIL	20mg	TAB	Revatio	02279401	PFI	N/A
			Apo-Sildenafil R	02418118	APX	7.2940
			PMS-Sildenafil R	02412179	PMS	7.2940
			Ratio-Sildenafil R	02319500	RPH	7.2940
	25mg	TAB	Viagra	02239766	PFI	N/A
			Apo-Sildenafil	02248201	APX	8.2894
			Auro-Sildenafil	02414368	AUR	8.2894
			Co Sildenafil	02372053	COB	8.2894
			Jamp-Sildenafil	02405660	JPC	8.2900
			Mint-Sildenafil	02393069	MIN	8.2900
			Myl-Sildenafil	02392577	MYL	8.2900
			Sildenafil	02317559	PMS	8.2894
			Teva-Sildenafil	02308738	TEV	8.2900
	50mg	TAB	Viagra	02239767	PFI	N/A
			Apo-Sildenafil	02248202	APX	8.8481
			Auro-Sildenafil	02414376	AUR	8.8475
			Co Sildenafil	02372061	COB	8.8481
			Jamp-Sildenafil	02405679	JPC	8.8475
			Mint-Sildenafil	02393077	MIN	8.8475
			Myl-Sildenafil	02392585	MYL	8.8475
			Sildenafil	02317575	PMS	8.8481
			Sildenafil	02406152	SAI	8.8475
			Teva-Sildenafil	02308746	TEV	8.8481
	100mg	TAB	Viagra	02239768	PFI	N/A
			Apo-Sildenafil	02248203	APX	9.2006
			Auro-Sildenafil	02414384	AUR	9.2000
			Co Sildenafil	02372088	COB	9.2016
			Jamp-Sildenafil	02405687	JPC	9.2000

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN/PIN	MFR	UNIT COST
			M-Sildenafil	02430037	MAT	9.2000
			Mint-Sildenafil	02393085	MIN	9.2000
			Myl-Sildenafil	02392593	MYL	9.2007
			Sildenafil	02317583	PMS	9.2006
			Sildenafil	02406160	SAI	9.2006
			Teva-Sildenafil	02308754	TEV	9.2006
			Van-Sildenafil	02431866	VAN	9.2006
TETRABENAZINE	25mg	TAB	Nitoman	02199270	VAL	N/A
			Apo-Tetrabenazine	02407590	APX	4.8551
			PMS-Tetrabenazine	02402424	PMS	4.8551
			Tetrabenazine Tablets	02410338	STE	4.8551
ZOLEDRONIC ACID	4mg/5mL	INJ SOL-5ML PK (PRESERVATIVE-FREE)	Zometa Concentrate	02248296	NOV	N/A
			Taro-Zoledronic Acid Concentrate	02415186	TAR	415.5600
			Zoledronic Acid-Z	02401606	SDZ	415.5600
			Zoledronic Acid for Injection	02421550	HOS	134.6500
			Zoledronic Acid for Injection	02407639	TEV	415.5600
			Zoledronic Acid for Injection Concentrate	02422425	DRR	415.5600
			Zoledronic Acid for Injection Concentrate	02413701	OMG	415.0000
			Zoledronic Acid for Injection	02444739	MDI	134.6100

Part IV
Consolidated Alphabetical Index of Drug Products Listed in Part III-B

Part IV: Consolidated Alphabetical Index of Drug Products Listed in Part III-B

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
ACT OLOPATADINE 0.2%	0.20%	OPH SOL-2.5ML PK	02404095	ACV	46
ACYCLOVIR					**6**
ADCIRCA	20MG	TAB	02338327	LIL	19
ADEFOVIR DIPIVOXIL					**6**
ALDARA	5%	TOP CR 250MG-UD PK	02239505	APX	53
ALENDRONATE					**55**
ALENDRONATE SODIUM TABLETS	5MG	TAB	02381478	ACH	55
ALERTEC	100MG	TAB	02239665	BJH	34
ALMOTRIPTAN					**37**
ALPRAZOLAM					**32**
ALTACE	15MG	CAP	02281112	SAV	16
AMARYL	1MG	TAB	02245272	SAV	49
AMARYL	2MG	TAB	02245273	SAV	49
AMARYL	4MG	TAB	02245274	SAV	49
AMERGE	1MG	TAB	02237820	GSK	39
AMERGE	2.5MG	TAB	02237821	GSK	40
AMOXICILLIN					**3**
AMOXIL CHEWABLE	125MG	TAB	02041685	AYE	3
AMOXIL CHEWABLE	250MG	CHEW TAB	02041286	AYE	3
ANAPROX	275MG	TAB	02162725	HLR	24
ANAPROX DS	550MG	TAB	02162717	HLR	24
APO-ACYCLOVIR	200MG	TAB	02207621	APX	6
APO-ACYCLOVIR	400MG	TAB	02207648	APX	6
APO-ADEFOVIR	10MG	TAB	02420333	APX	6
APO-ALENDRONATE	5MG	TAB	02248727	APX	55
APO-ALMOTRIPTAN	12.5MG	TAB	02405806	APX	37
APO-ALMOTRIPTAN	6.25MG	TAB	02405792	APX	37

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-ALPRAZ	1MG	TAB	02243611	APX	32
APO-ALPRAZ TS	2MG	TAB	02243612	APX	32
APO-ATOMOXETINE	10MG	CAP	02318024	APX	37
APO-ATOMOXETINE	18MG	CAP	02318032	APX	37
APO-ATOMOXETINE	25MG	CAP	02318040	APX	37
APO-ATOMOXETINE	40MG	CAP	02318059	APX	38
APO-ATOMOXETINE	60MG	CAP	02318067	APX	38
APO-ATOMOXETINE	80MG	CAP	02318075	APX	38
APO-ATOMOXETINE	100MG	CAP	02318083	APX	38
APO-BOSENTAN	62.5MG	TAB	02399202	APX	18
APO-BOSENTAN	125MG	TAB	02399210	APX	18
APO-BUSPIRONE	10MG	TAB	02211076	APX	35
APO-CETIRIZINE	10MG	TAB	02231603	APX	1
APO-CETIRIZINE	20MG	TAB	02453363	APX	1
APO-CINACALCET	30MG	TAB	02452693	APX	55
APO-CINACALCET	60MG	TAB	02452707	APX	55
APO-CINACALCET	90MG	TAB	02452715	APX	55
APO-CIPROFLOX	0.30%	OPH SOL	02263130	APX	44
APO-CLARITHROMYCIN	500MG	TAB	02274752	APX	2
APO-CLOPIDOGREL	300MG	TAB	02398591	APX	55
APO-CLOZAPINE	25MG	TAB	02248034	APX	32
APO-CLOZAPINE	100MG	TAB	02248035	APX	32
APO-DICLO RAPIDE	50MG	TAB	02243433	APX	22
APO-DIPYRIDAMOLE	25MG	TAB	00895644	APX	19
APO-DIPYRIDAMOLE	50MG	TAB	00895652	APX	19
APO-DIPYRIDAMOLE	75MG	TAB	00895660	APX	19
APO-DOXY-TABS	100MG	TAB	00874256	APX	4
APO-ELETRIPTAN	20MG	TAB	02386054	APX	38
APO-ELETRIPTAN	40MG	TAB	02386062	APX	39

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-ENALAPRIL MALEATE/HCTZ	5MG & 12.5MG	TAB	02352923	APX	16
APO-ENALAPRIL MALEATE/HCTZ	10MG & 25MG	TAB	02352931	APX	16
APO-ENTECAVIR	0.5MG	TAB	02396955	APX	6
APO-ESOMEPRAZOLE	20MG	DR TAB	02339099	APX	48
APO-ESOMEPRAZOLE	40MG	DR TAB	02339102	APX	48
APO-ETODOLAC	200MG	CAP	02232317	APX	22
APO-ETODOLAC	300MG	CAP	02232318	APX	22
APO-FAMCICLOVIR	125MG	TAB	02292025	APX	6
APO-FAMCICLOVIR	250MG	TAB	02292041	APX	6
APO-FENO-MICRO	67MG	CAP	02243180	APX	15
APO-FENO-SUPER	100MG	TAB	02246859	APX	15
APO-FLUOXETINE	10MG	CAP	02216353	APX	31
APO-FLUTICASONE	50MCG/ACTUATION	NAS SP-120 DOSE PK	02294745	APX	45
APO-FROVATRIPTAN	2.5MG	TAB	02426471	APX	39
APO-GABAPENTIN	600MG	TAB	02293358	APX	28
APO-GABAPENTIN	800MG	TAB	02293366	APX	28
APO-GEMFIBROZIL	600MG	TAB	01979582	APX	15
APO-GLIMEPIRIDE	1MG	TAB	02295377	APX	49
APO-GLIMEPIRIDE	2MG	TAB	02295385	APX	49
APO-GLIMEPIRIDE	4MG	TAB	02295393	APX	49
APO-HYDRO	12.5MG	TAB	02327856	APX	43
APO-IMIQUIMOD	5%	TOP CR 250MG-UD PK	02407825	APX	53
APO-IPRAVENT	0.06%	NASAL SPRAY	02246084	APX	46
APO-ISMN	60MG	ER TAB	02272830	APX	19
APO-KETOROLAC	10MG	TAB	02229080	APX	22
APO-LAMIVUDINE HBV	100MG	TAB	02393239	APX	7

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-LEVOFLOXACIN	750MG	TAB	02325942	APX	9
APO-LORATADINE	10MG	TAB	02243880	APX	1
APO-LORAZEPAM SUBLINGUAL	0.5MG	SL TAB	02410745	APX	35
APO-LORAZEPAM SUBLINGUAL	1MG	SL TAB	02410753	APX	35
APO-LORAZEPAM SUBLINGUAL	2MG	SL TAB	02410761	APX	35
APO-MEMANTINE	10MG	TAB	02366487	APX	39
APO-METFORMIN ER	500MG	ER TAB	02305062	APX	50
APO-METHYLPHENIDATE	20MG	TAB	02249332	APX	34
APO-MINOCYCLINE	50MG	CAP	02084090	APX	4
APO-MINOCYCLINE	100MG	CAP	02084104	APX	4
APO-MODAFINIL	100MG	TAB	02285398	APX	34
APO-MOMETASONE	50MG/DOSE	NASAL SPRAY	02403587	APX	45
APO-MONTELUKAST	5MG	CHEW TAB	02377616	APX	56
APO-MONTELUKAST	10MG	TAB	02374609	APX	56
APO-MOXIFLOXACIN	0.5%	Oph Sol-3mL Pk (Preservative-Free)	02406373	APX	44
APO-NABUMETONE	500MG	TAB	02238639	APX	23
APO-NALTREXONE	50MG	TAB	02444275	APX	27
APO-NAPRO-NA	275MG	TAB	00784354	APX	24
APO-NAPRO-NA DS	550MG	TAB	01940309	APX	24
APO-NAPROXEN EC	250MG	ENT TAB	02246699	APX	24
APO-NAPROXEN EC	375MG	ENT TAB	02246700	APX	24
APO-NAPROXEN EC	500MG	ENT TAB	02246701	APX	24
APO-NARATRIPTAN	1MG	TAB	02365499	APX	39
APO-NARATRIPTAN	2.5MG	TAB	02365502	APX	40
APO-OLANZAPINE	20MG	TAB	02333015	APX	32
APO-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02360640	APX	32

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-OLOPATADINE	0.10%	OPH SOL	02305054	APX	46
APO-OLOPATADINE	0.20%	OPH SOL-2.5ML PK	02402823	APX	46
APO-OXAPROZIN	600MG	TAB	02243661	APX	24
APO-OXCARBAZEPINE	150MG	TAB	02284294	APX	29
APO-OXCARBAZEPINE	300MG	TAB	02284308	APX	29
APO-OXCARBAZEPINE	600MG	TAB	02284316	APX	29
APO-PANTOPRAZOLE	20MG	ENT TAB	02292912	APX	48
APO-PAROXETINE	10MG	TAB	02240907	APX	31
APO-PIOGLITAZONE	15MG	TAB	02302942	APX	50
APO-PIOGLITAZONE	30MG	TAB	02302950	APX	51
APO-PIOGLITAZONE	45MG	TAB	02302977	APX	51
APO-PRAMIPEXOLE	0.5MG	TAB	02292386	APX	40
APO-PREGABALIN	225MG	CAP	02394286	APX	30
APO-RAMIPRIL	15MG	CAP	02325381	APX	16
APO-REPAGLINIDE	0.5MG	TAB	02355663	APX	51
APO-REPAGLINIDE	1MG	TAB	02355671	APX	52
APO-REPAGLINIDE	2MG	TAB	02355698	APX	52
APO-RILUZOLE	50MG	TAB	02352583	APX	57
APO-RIZATRIPTAN	5MG	TAB	02393468	APX	40
APO-RIZATRIPTAN	10MG	TAB	02393476	APX	41
APO-RIZATRIPTAN RPD	10MG	ORALLY DISINTEGRATING TAB	02393492	APX	40
APO-RIZATRIPTAN RPD	5MG	ORALLY DISINTEGRATING TAB	02393484	APX	36
APO-RASAGILINE	0.5MG	TAB	02404680	APX	52
APO-RASAGILINE	1MG	TAB	02404699	APX	52
APO-SILDENAFIL	25MG	TAB	02248201	APX	57
APO-SILDENAFIL	50MG	TAB	02248202	APX	57

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-SILDENAFIL	100MG	TAB	02248203	APX	57
APO-SILDENAFIL R	20MG	TAB	02418118	APX	57
APO-SOTALOL	80MG	TAB	02210428	APX	14
APO-SUMATRIPTAN	100MG	TAB	02268396	APX	41
APO-SUMATRIPTAN	50MG	TAB	02268388	APX	41
APO-TADALAFIL	2.5MG	TAB	02422085	APX	20
APO-TADALAFIL	5MG	TAB	02422093	APX	20
APO-TADALAFIL	10MG	TAB	02422107	APX	20
APO-TADALAFIL	20MG	TAB	02422115	APX	21
APO-TADALAFIL PAH	20MG	TAB	02421933	APX	19
APO-TERBINAFINE	250MG	TAB	02239893	APX	2
APO-TIZANIDINE	4MG	TAB	02259893	APX	12
APO-TETRABENAZINE	25MG	TAB	02407590	APX	58
APO-TRAMADOL	50MG	TAB	02426153	APX	25
APO-TRAMADOL/ACET	37.5MG & 325MG	TAB	02336790	APX	26
APO-TRIAMCINOLONE AQ	55MCG/METERED DOSE	NAS SP-120 DOSE PK (WITH PRESERVATIVE)	02437635	APX	45
APO-TRYPTOPHAN	1G	TAB	02248539	APX	33
APO-TRYPTOPHAN	500MG	CAP	02248540	APX	33
APO-TRYPTOPHAN	500MG	TAB	02248538	APX	33
APO-VALACYCLOVIR	1000MG	TAB	02354705	APX	7
APO-VALSARTAN	40MG	TAB	02371510	APX	17
APO-VERAP SR	120MG	LA TAB	02246893	APX	16
APO-ZIDOVUDINE	100MG	CAP	01946323	APX	7
APO-ZOLMITRIPTAN	2.5MG	TAB	02380951	APX	42
APO-ZOLMITRIPTAN RAPID	2.5MG	ORALLY DISINTEGRATING TAB	02381575	APX	42
APO-ZOLPIDEM ODT	5MG	SL TAB	02436159	APX	35
APO-ZOLPIDEM ODT	10MG	SL TAB	02434946	APX	35
APO-ZOPICLONE	5MG	TAB	02245077	APX	35

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
APO-ZOPICLONE	7.5MG	TAB	02218313	APX	36
AREDIA	3MG/ML	INJ SOL-10ML VIAL	02059762	NOV	56
AREDIA	6MG/ML	INJ SOL-10ML VIAL	02059770	NOV	56
AREDIA	9MG/ML	INJ SOL-10ML VIAL	02059789	NOV	56
ARICEPT RDT	5MG	ORALLY DISINTEGRATING TAB	02269457	PFI	10
ARICEPT RDT	10MG	ORALLY DISINTEGRATING TAB	02269465	PFI	10
ARIXTRA	7.5MG/0.6ML	INJ SOL-PREF SYR 0.6ML PK (PRESERVATIVE FREE)	02258056	GSK	13
ATIVAN	0.5MG	SL TAB	02041456	PFI	31
ATIVAN	1MG	SL TAB	02041464	PFI	31
ATIVAN	2MG	SL TAB	02041472	PFI	31
ATOMOXETINE HCL					37
ATOVAQUONE & PROGUANIL HCL					**8**
ATROVENT	0.06%	NASAL SPRAY	02163713	BOE	46
AURO-BETAHISTINE	8MG	TAB	02449145	AUR	18
AURO-BETAHISTINE	16MG	TAB	02449153	AUR	18
AURO-BETAHISTINE	24MG	TAB	02449161	AUR	18
AURO-ENTECAVIR	0.5MG	TAB	02448777	AUR	6
AURO-FINASTERIDE	1MG	TAB	02428148	AUR	55
AURO-FLUOXETINE	10MG	CAP	02385627	AUR	31
AURO-METFORMIN	850MG	TAB	02438283	AUR	50
AURO-MODAFINIL	100MG	TAB	02430487	AUR	34
AURO-MONTELUKAST	10MG	TAB	02401274	AUR	56

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
AURO-MONTELUKAST CHEWABLE TABLET	5MG	CHEW TAB	02422875	AUR	56
AURO-PAROXETINE	10MG	TAB	02383276	AUR	31
AURO-PIOGLITAZONE	15MG	TAB	02384906	AUR	50
AURO-PIOGLITAZONE	30MG	TAB	02384914	AUR	51
AURO-PIOGLITAZONE	45MG	TAB	02384922	AUR	51
AURO-REPAGLINIDE	0.5MG	TAB	02424258	AUR	52
AURO-REPAGLINIDE	1MG	TAB	02424266	AUR	52
AURO-REPAGLINIDE	2MG	TAB	02424274	AUR	52
AURO-RIZATRIPTAN	10MG	TAB	02441144	AUR	41
AURO-SILDENAFIL	25MG	TAB	02414368	AUR	57
AURO-SILDENAFIL	50MG	TAB	02414376	AUR	57
AURO-SILDENAFIL	100MG	TAB	02414384	AUR	57
AURO-TADALAFIL	2.5MG	TAB	02435896	AUR	20
AURO-TADALAFIL	5MG	TAB	02435926	AUR	20
AURO-TADALAFIL	10MG	TAB	02435934	AUR	20
AURO-TADALAFIL	20MG	TAB	02435942	AUR	21
AURO-TERBINAFINE	250MG	TAB	02320134	AUR	2
AURO-TRAMADOL/ACETAMINOPHEN	37.5MG & 325MG	TAB	02439050	AUR	26
AURO-VALSARTAN	40MG	TAB	02414201	AUR	17
AXERT	6.25MG	TAB	02248128	JNO	37
AXERT	12.5MG	TAB	02248129	JNO	37
AZILECT	0.5MG	TAB	02284642	TEI	52
AZILECT	1MG	TAB	02284650	TEI	52
AZITHROMYCIN					**2**
BACLOFEN					**12**
BARACLUDE	0.5MG	TAB	02282224	BQU	6
BETAHISTINE DIHYDROCHLORIDE					**18**
BIAXIN BID	500MG	TAB	02126710	ABB	2

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
BIO-FLUOXETINE	10MG	CAP	02448424	BMP	31
BOSENTAN MONOHYDRATE					**18**
BUSPAR	10MG	TAB	00603821	BQU	35
BUSPIRONE	10MG	TAB	02447851	SAI	**35**
BUSPIRONE HYDROCHLORIDE					**35**
CABERGOLINE					**55**
CALCITRIOL					**54**
CALCIJEX	1MCG/ML	INJ SOL AMP-1ML PK	00891738	ABV	54
CALCIJEX	2MCG/ML	INJ SOL AMP-1ML PK	00891746	ABV	**54**
CALCITRIOL INJECTION USP	1MCG/ML	INJ SOL AMP-1ML PK	02399334	STE	54
CALCITRIOL INJECTION USP	2MCG/ML	INJ SOL AMP-1ML PK	02399342	STE	**54**
CEFAZOLIN FOR INJECTION	10G/VIAL	INJ PD-VIAL PK	02297213	ORC	5
CEFAZOLIN FOR INJECTION	10G/VIAL	INJ PD-VIAL PK	02108135	NOP	5
CEFAZOLIN FOR INJECTION	1G/VIAL	INJ PD-VIAL PK	02297205	ORC	5
CEFAZOLIN FOR INJECTION	1G/VIAL	INJ PD-VIAL PK	02108127	NOP	5
CEFAZOLIN SODIUM					**5**
CEFEPIME					**9**
CEFEPIME FOR INJECTION	1G	INJ PD-VIAL PK	02319020	APX	9
CEFEPIME FOR INJECTION	2G	INJ PD-VIAL PK	02319039	APX	9
CEFOXITIN FOR INJECTION	1G/VIAL	INJ PD-VIAL PK	02291711	ORC	5
CEFOXITIN FOR INJECTION	2G/VIAL	INJ PD-VIAL PK	02291738	ORC	5
CEFOXITIN FOR INJECTION USP	1G/VIAL	INJ PD-VIAL PK	02128187	NOP	5
CEFOXITIN FOR INJECTION USP	2G/VIAL	INJ PD-VIAL PK	02128195	NOP	5
CEFOXITIN SODIUM					**5**
CEFTRIAXONE DISODIUM					**5**
CEFTRIAXONE FOR INJECTION USP	10G/VIAL	INJ PD-1 VIAL PK	02292904	APX	5

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
CEFTRIAXONE SODIUM FOR INJECTION USP	10G/VIAL	INJ PD-1 VIAL PK	02325632	STE	5
CESAMET	0.25MG	CAP	02312263	VAL	47
CETIRIZINE HYDROCHLORIDE					**1**
CILOXAN	0.30%	OPH SOL	01945270	ALC	44
CINACALCET					**55**
CIPROFLOXACIN					**44**
CLARITHROMYCIN					**2**
CLARITIN	10MG	TAB	00782696	SCP	1
CLONIDINE HCL					**16**
CLOPIDOGREL BISULFATE					**55**
CLOZAPINE					**32**
CLOZARIL	100MG	TAB	00894745	NOV	32
CLOZARIL	25MG	TAB	00894737	NOV	32
CO ALENDRONATE	40MG	TAB	02258102	COB	55
CO AZITHROMYCIN	600MG	TAB	02256088	COB	3
CO BETAHISTINE	16MG	TAB	02374757	COB	18
CO BETAHISTINE	24MG	TAB	02374765	COB	18
CO BOSENTAN	125MG	TAB	02386208	COB	18
CO BOSENTAN	62.5MG	TAB	02386194	COB	18
CO CABERGOLINE	0.5MG	TAB	02301407	COB	55
CO DONEPEZIL	5MG	ODT	02397617	COB	10
CO DONEPEZIL	10MG	ODT	02397625	COB	10
CO FAMCICLOVIR	125MG	TAB	02305682	COB	6
CO FAMCICLOVIR	250MG	TAB	02305690	COB	6
CO FENTANYL MATRIX PATCH	12MCG/HR	TRANS PATCH	02386844	COB	25
CO FLUOXETINE	10MG	CAP	02242177	COB	31
CO LEVOFLOXACIN	750MG	TAB	02315440	COB	9
CO MEMANTINE	10MG	TAB	02324067	COB	39

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
CO OLANZAPINE	20MG	TAB	02325713	COB	32
CO OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02327597	COB	32
CO OLOPATADINE 0.1%	0.1%	OPH SOL	02403986	COB	46
CO PAROXETINE	10MG	TAB	02262746	COB	31
CO PIOGLITAZONE	15MG	TAB	02302861	COB	50
CO PIOGLITAZONE	30MG	TAB	02302888	COB	51
CO PIOGLITAZONE	45MG	TAB	02302896	COB	51
CO PRAMIPEXOLE	0.5MG	TAB	02297310	COB	40
CO PREGABALIN	225MG	CAP	02402971	COB	30
CO REPAGLINIDE	0.5MG	TAB	02321475	COB	52
CO REPAGLINIDE	1MG	TAB	02321483	COB	52
CO REPAGLINIDE	2MG	TAB	02321491	COB	52
CO RIZATRIPTAN	10MG	TAB	02381702	COB	41
CO RIZATRIPTAN ODT	10MG	ORALLY DISINTEGRATING TAB	02374749	COB	40
CO RIZATRIPTAN ODT	5MG	ORALLY DISINTEGRATING TAB	02374730	COB	40
CO SILDENAFIL	25MG	TAB	02372053	COB	57
CO SILDENAFIL	50MG	TAB	02372061	COB	57
CO SILDENAFIL	100MG	TAB	02372088	COB	57
CO SUMATRIPTAN	25MG	TAB	02257882	COB	41
CO SUMATRIPTAN	50MG	TAB	02257890	COB	41
CO SUMATRIPTAN	100MG	TAB	02257904	COB	42
CO TERBINAFINE	250MG	TAB	02254727	COB	2
CO TRAMADOL/ACET	37.5MG & 325MG	TAB	02383209	COB	26
CO VALSARTAN	40MG	TAB	02337487	COB	17
CO ZOPICLONE	5MG	TAB	02271931	COB	35
CO ZOPICLONE	7.5MG	TAB	02271958	COB	36

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
COUMADIN	6MG	TAB	02240206	BQU	13
CYESTRA-35	2MG & 0.035MG	TAB-21 PK	02290308	PMS	53
CYKLOKAPRON	500MG	TAB	02064405	PFI	13
CYPROTERONE ACETATE & ETHINYL ESTRADIOL					53
DAYPRO	600MG	TAB	02027860	HLR	24
DIANE-35	2MG & 0.035MG	TAB-21 PK	02233542	BAY	53
DICLOFENAC POTASSIUM					**22**
DICLOFENAC SODIUM					**22**
DIOVAN	40MG	TAB	02270528	NOV	17
DIPYRIDAMOLE					**19**
DIXARIT	0.025MG	TAB	00519251	BOE	16
DONEPEZIL HCL					**10**
DOSTINEX	0.5MG	TAB	02242471	PMJ	55
DOXYCYCLINE HYCLATE					**4**
DURAGESIC 12	12MCG/HR	TRANS PATCH	02280345	JNO	25
DURALITH	300MG	ER TAB	00590665	JNO	33
EBIXA	10MG	TAB	02260638	VLH	39
ECL-METFORMIN	850MG	TAB	02421836	ECL	50
ELETRIPTAN					**38**
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE					**16**
ENTECAVIR					**6**
EPTIFIBATIDE					**13**
EPTIFIBATIDE INJECTION	0.75MG/ML	100ML VIAL PK	02405083	TEV	13
EPTIFIBATIDE INJECTION	2MG/ML	10ML VIAL PK	02367858	TEV	13
ESOMEPRAZOLE					**48**
ESTRACE	0.5MG	TAB	02225190	APC	49
ESTRACE	1MG	TAB	02148587	APC	49
ESTRACE	2MG	TAB	02148595	APC	49

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
ESTRADIOL					**49**
ETHINYL ESTRADIOL & LEVONORGESTREL					**53**
ETODOLAC					**22**
EXTRA STRENGTH ALLERGY RELIEF	10MG	TAB	02315955	PMS	1
FAMCICLOVIR					**6**
FAMVIR	125MG	TAB	02229110	NOV	6
FAMVIR	250MG	TAB	02229129	NOV	6
FENOFIBRATE					**15**
FENTANYL TRANSDERMAL SYSTEM					**25**
FINASTERIDE					**55**
FIORINAL	330MG & 50MG & 40MG	CAP	00226327	NOV	24
FIORINAL C1/2	330MG & 50MG & 40MG & 30MG	CAP	00176206	NOV	25
FIORINAL C1/4	330MG & 50MG & 40MG & 15MG	CAP	00176192	NOV	24
FLONASE	50MCG/ACTUATION	NAS SP-120 DOSE PK	02213672	GSK	41
FLUOXETINE HCL					**31**
FLUOXETINE CAPSULES BP	10MG	CAP	02393441	ACH	31
FLUTICASONE PROPIONATE					**41**
FONDAPARINUX SODIUM					**13**
FONDAPARINUX SODIUM INJECTION	7.5MG/0.6ML	INJ SOL-PREF SYR 0.6ML PK (PRESERVATIVE FREE)	02406896	DRR	13
FOSAMAX	40MG	TAB	02201038	MFC	55
FOSAMAX	5MG	TAB	02233055	MFC	55
FROVA	2.5MG	TAB	02257084	EDO	39

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
FROVATRIPTAN					**39**
GABAPENTIN					**28**
GABAPENTIN TABLETS USP	600MG	TAB	02392526	ACH	28
GABAPENTIN TABLETS USP	600MG	TAB	02410990	GLP	28
GABAPENTIN TABLETS USP	800MG	TAB	02392534	ACH	28
GABAPENTIN TABLETS USP	800MG	TAB	02411008	GLP	28
GD-ELETRIPTAN	20MG	TAB	02342235	GEM	38
GD-ELETRIPTAN	40MG	TAB	02342243	GEM	39
GD-GABAPENTIN	600MG	TAB	02285843	GEM	28
GD-GABAPENTIN	800MG	TAB	02285851	GEM	28
GD-TRANEXAMIC ACID	500MG	TAB	02409097	GEM	13
GEMFIBROZIL					**15**
GEN-CLOZAPINE	100MG	TAB	02247244	MYL	32
GEN-CLOZAPINE	25MG	TAB	02247243	MYL	32
GLIMEPIRIDE					**49**
GLUCONORM	0.5MG	TAB	02239924	NOO	51
GLUCONORM	1MG	TAB	02239925	NOO	52
GLUCONORM	2MG	TAB	02239926	NOO	52
GLUCOPHAGE	850MG	TAB	02162849	SAV	50
GLUMETZA	500MG	ER TAB	02268493	BIO	50
GLYCOPYRROLATE					**11**
GLYCOPYRROLATE INJECTION	0.2MG/ML	INJ SOL-2ML VIAL PK	02382857	OMG	11
HEPSERA	10MG	TAB	02247823	GIL	6
HEPTOVIR	100MG	TAB	02239193	VIH	7
HYDROCHLOROTHIAZIDE					**43**
IMDUR	60MG	ER TAB	02126559	AZC	19
IMIQUIMOD					**53**
IMITREX	100MG	TAB	01950614	GSK	41

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
IMITREX	25MG	TAB	09857299	GSK	41
IMITREX	50MG	TAB	02163764	GSK	41
IMITREX	6MG/0.5ML	INJ SOL-PREF SYR 0.5ML PK	02212188	GLW	42
IMITREX DF	100MG	TAB	02212161	GSK	42
IMITREX DF	25MG	TAB	02239738	GSK	41
IMITREX DF	50MG	TAB	02212153	GSK	41
IMOVANE	5MG	TAB	02216167	SAV	35
IMOVANE	7.5MG	TAB	01926799	SAV	36
INDAYO	0.03MG & 0.15MG	TAB-91 PK	02398869	MYL	53
INTEGRILIN	0.75MG/ML	100ML VIAL PK	02240351	MEK	13
INTEGRILIN	2MG/ML	10ML VIAL PK	02240352	MEK	13
IPRATROPIUM BROMIDE					**46**
ISOPTIN SR	120MG	LA TAB	01907123	ABB	16
ISOSORBIDE-5-MONONITRATE					**19**
JAMP-ACET-TRAMADOL	37.5MG & 325MG	TAB	02388308	JPC	26
JAMP-ALPRAZOLAM	1MG	TAB	02400146	JPC	32
JAMP-ALPRAZOLAM	2MG	TAB	02400154	JPC	32
JAMP-CETIRIZINE	10MG	TAB	02451778	JPC	1
JAMP-FLUOXETINE	10MG	CAP	02401894	JPC	31
JAMP-GABAPENTIN TABLETS	600MG	TAB	02402289	JPC	28
JAMP-GABAPENTIN TABLETS	800MG	TAB	02402297	JPC	28
JAMP-METFORMIN	850MG	TAB	02380218	JPC	50
JAMP-METFORMIN BLACKBERRY	850MG	TAB	02380730	JPC	50
JAMP-MONTELUKAST	10MG	TAB	02391422	JPC	56
JAMP OLANZAPINE FC	20MG	TAB	02417308	JPC	32
JAMP-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02406659	JPC	32
JAMP-OXCARBAZEPINE	150MG	TAB	02440717	JPC	29

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
JAMP-OXCARBAZEPINE	300MG	TAB	02440725	JPC	29
JAMP-OXCARBAZEPINE	600MG	TAB	02440733	JPC	29
JAMP-PANTOPRAZOLE	20MG	ENT TAB	02408414	JPC	48
JAMP-PAROXETINE	10MG	TAB	02368862	JPC	31
JAMP-PIOGLITAZONE	15MG	TAB	02397307	JPC	50
JAMP-PIOGLITAZONE	30MG	TAB	02365529	JPC	51
JAMP-PIOGLITAZONE	45MG	TAB	02365537	JPC	51
JAMP-RIZATRIPTAN	10MG	TAB	02380463	JPC	41
JAMP-RIZATRIPTAN	5MG	TAB	02380455	JPC	40
JAMP-RIZATRIPTAN IR	5MG	TAB	02429233	JPC	40
JAMP-RIZATRIPTAN IR	10MG	TAB	02429241	JPC	41
JAMP-SILDENAFIL	25MG	TAB	02405660	JPC	57
JAMP-SILDENAFIL	50MG	TAB	02405679	JPC	57
JAMP-SILDENAFIL	100MG	TAB	02405687	JPC	57
JAMP-SOTALOL	80MG	TAB	02368617	JPC	14
JAMP-TADALAFIL	2.5MG	TAB	02451824	JPC	20
JAMP-TADALAFIL	5MG	TAB	02451832	JPC	20
JAMP-TADALAFIL	10MG	TAB	02451840	JPC	20
JAMP-TADALAFIL	20MG	TAB	02451859	JPC	21
JAMP-TERBINAFINE	250MG	TAB	02357070	JPC	2
JAMP-ZOLMITRIPTAN	2.5MG	TAB	02421623	JPC	42
JAMP-VANCOMYCIN	125MG	CAP	02407744	JPC	5
JAMP-VANCOMYCIN	250MG	CAP	02407752	JPC	5
JAMP-ZOLMITRIPTAN ODT	2.5MG	ORALLY DISINTEGRATING TAB	02428237	JPC	42
JAMP-ZOPICLONE	7.5MG	TAB	02356805	JPC	36
JAMP-ZOPICLONE TABLETS	5MG	TAB	02406969	JPC	35
JAMP-ZOPICLONE TABLETS	7.5MG	TAB	02406977	JPC	36
KETOROLAC TROMETHAMINE					**22**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
KETOTIFEN					**46**
KETOTIFEN OPHTHALMIC SOLUTION	0.25MG/ML	OPH SOL	02400871	STE	46
LAMISIL	250MG	TAB	02031116	NOV	2
LAMIVUDINE					**7**
LARIAM	250MG	TAB	02018055	HLR	8
LEVAQUIN	750MG	TAB	02246804	JAN	9
LEVOFLOXACIN					**9**
LINEZOLID					9
LINEZOLID INJECTION	2MG/ML	INJ-300ML PK	02402637	TEV	9
LIORESAL INTRATHECAL	0.05MG/ML	INJ SOL-1ML PK (PRESERVATIVE-FREE)	02131048	NOV	12
LIORESAL INTRATHECAL	0.5MG/ML	INJ SOL-20ML PK (PRESERVATIVE-FREE)	02131056	NOV	12
LIORESAL INTRATHECAL	2MG/ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02131064	NOV	12
LIPIDIL MICRO	67MG	CAP	02230283	FOU	15
LIPIDIL SUPRA	100MG	TAB	02241601	LAF	15
LITHIUM CARBONATE					**33**
LISINOPRIL & HYDROCHLOROTHIAZIDE					**16**
LITHMAX	300MG	ER TAB	02266695	AAP	33
LORATADINE					1
LOSEC	10MG	DR CAP	02119579	AZC	48
LOSEC DR TAB	10MG		02230737	AZC	48
LOPID	600 MG	TAB	00659606	PFI	15
LUPIN-ESTRADIOL	0.5MG	TAB	02449048	LUP	49
LUPIN-ESTRADIOL	1MG	TAB	02449056	LUP	49
LUPIN-ESTRADIOL	2MG	TAB	02449064	LUP	49
LYRICA	225MG	CAP	02268477	PFI	30
M-SILDENAFIL	100MG	TAB	02430037	MAT	58
MALARONE	250MG & 100MG	TAB	02238151	GSK	8
MAR-CETIRIZINE	10MG	TAB	02427133	MAR	1

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
MAR-CETIRIZINE	20MG	TAB	02427141	MAR	1
MAR-FLUOXETINE	10MG	CAP	02392909	MAR	31
MAR-METFORMIN	850MG	TAB	02378639	MAR	50
MAR-MODAFINIL	100MG	TAB	02432560	MAR	34
MAR-MONTELUKAST	10MG	TAB	02399997	MAR	56
MAR-MONTELUKAST	5MG	CHEW TAB	02399873	MAR	56
MAR-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02389126	MAR	32
MAR-PANTOPRAZOLE	20MG	ENT TAB	02416557	MAR	48
MAR-PAROXETINE	10 MG	TAB	02411946	MAR	31
MAR-PREGABALIN	225MG	CAP	02417596	MAR	30
MAR-RAMIPRIL	15MG	CAP	02420503	MAR	16
MAR-RIZATRIPTAN	10MG	TAB	02379678	MAR	41
MAR-RIZATRIPTAN	5MG	TAB	02379651	MAR	40
MAR-TADALAFIL	2.5MG	TAB	02451824	MAR	20
MAR-TADALAFIL	5MG	TAB	02452278	MAR	20
MAR-TADALAFIL	10MG	TAB	02452251	MAR	20
MAR-TADALAFIL	20MG	TAB	02452243	MAR	21
MAR-TRAMADOL/ACET	37.5MG & 325MG	TAB	02388324	MAR	26
MAR-ZOLMITRIPTAN	2.5MG	TAB	02399458	MAR	42
MAR-ZOPICLONE	5MG	TAB	02386771	MAR	36
MAR-ZOPICLONE	7.5MG	TAB	02386798	MAR	36
MAXALT	10MG	TAB	02240521	FRS	41
MAXALT	5MG	TAB	02240520	FRS	40
MAXALT RPD	10MG	ORALLY DISINTEGRATING TAB	02240519	MEK	40
MAXALT RPD	5MG	ORALLY DISINTEGRATING TAB	02240518	MEK	40
MAXIPIME	1G	INJ PD-VIAL PK	02163632	BQU	9
MAXIPIME	2G	INJ PD-VIAL PK	02163640	BQU	9
MED-MEMANTINE	10MG	TAB	02409895	GMP	39

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
MEFLOQUINE	250MG	TAB	02244366	AAP	8
MEFLOQUINE HCL					**8**
MEFOXIN	1G/VIAL	INJ PD-VIAL PK	00663697	MSD	5
MEFOXIN	2G/VIAL	INJ PD-VIAL PK	00663700	MSD	5
MEMANTINE HCL					**39**
METFORMIN	850MG	TAB	02378868	MAR	50
METFORMIN HCL					**50**
METHYLPHENIDATE HCL					**34**
MIDAZOLAM HCL					**35**
MIDAZOLAM INJECTION	5MG/ML	INJ SOL-2ML VIAL PK	02242905	PPC	35
MINOCIN	100MG	CAP	02173506	STI	4
MINOCIN	50MG	CAP	02173514	STI	4
MINOCYCLINE HCL					**4**
MINT-FLUOXETINE	10MG	CAP	02380560	MIN	31
MINT-MONTELUKAST	5MG	CHEW TAB	02408635	MIN	56
MINT-MONTELUKAST	10MG	TAB	02408643	MIN	56
MINT-METFORMIN	850MG	TAB	02388774	MIN	**50**
MINT-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02437007	MIN	29
MINT-OLOPATADINE	25MG/ML	OPH SOL-5ML PK	02422727	MIN	42
MINT-PAROXETINE	10MG	TAB	02421372	MIN	27
MINT-PIOGLITAZONE	15MG	TAB	02326477	MIN	47
MINT-PIOGLITAZONE	30MG	TAB	02326485	MIN	48
MINT-PIOGLITAZONE	45MG	TAB	02326493	MIN	48
MINT-RAMIPRIL	15MG	CAP	02421348	MIN	16
MINT-RIZATRIPTAN ODT	5MG	ORALLY DISINTEGRATING TAB	02439573	MIN	36
MINT-RIZATRIPTAN ODT	10MG	ORALLY DISINTEGRATING TAB	02439581	MIN	37
MINT-SILDENAFIL	100MG	TAB	02393085	MIN	58
MINT-SILDENAFIL	25MG	TAB	02393069	MIN	54

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
MINT-SILDENAFIL	50MG	TAB	02393077	MIN	53
MINT-TADALAFIL	5MG	TAB	02451670	MIN	20
MINT-TADALAFIL	20MG	TAB	02451697	MIN	21
MINT-TRAMADOL/ACET	37.5MG & 325MG	TAB	02389800	MIN	23
MINT-ZOLMITRIPTAN	2.5MG	TAB	02419521	MIN	38
MINT-ZOLMITRIPTAN ODT	2.5MG	ORALLY DISINTEGRATING TAB	02419513	MIN	38
MINT-ZOPICLONE	5MG	TAB	02391716	MIN	32
MINT-ZOPICLONE	7.5MG	TAB	02391724	MIN	36
MIRAPEX	0.5MG	TAB	02241594	BOE	40
MODAFINIL					**34**
MODULON	100MG	TAB	00587869	BFI	11
MODULON	200MG	TAB	00803499	BFI	11
MONTELUKAST SODIUM					**55**
MONTELUKAST SODIUM TABLETS	10MG	TAB	02379236	ACH	56
MOXIFLOXACIN HCL					44
MYLAN-ACYCLOVIR	200MG	TAB	02242784	MYL	6
MYLAN-ACYCLOVIR	400MG	TAB	02242463	MYL	6
MYLAN-ALMOTRIPTAN	12.5MG	TAB	02398443	MYL	37
MYLAN-ALMOTRIPTAN	6.25MG	TAB	02398435	MYL	37
MYLAN-ALPRAZOLAM	1MG	TAB	02229813	MYL	32
MYLAN-ALPRAZOLAM	2MG	TAB	02229814	MYL	32
MYLAN-ATOMOXETINE	100MG	CAP	02378981	MYL	38
MYLAN-ATOMOXETINE	18MG	CAP	02378930	MYL	37
MYLAN-ATOMOXETINE	25MG	CAP	02378949	MYL	37
MYLAN-ATOMOXETINE	40MG	CAP	02378957	MYL	38
MYLAN-ATOMOXETINE	60MG	CAP	02378965	MYL	38
MYLAN-ATOMOXETINE	80MG	CAP	02378973	MYL	38
MYLAN-ATOVAQUONE/PROGUANIL	250MG &100MG	TAB	02402165	MYL	8

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
MYLAN-BOSENTAN	125MG	TAB	02383500	MYL	18
MYLAN-BOSENTAN	62.5MG	TAB	02383497	MYL	18
MYLAN-CINACALCET	30MG	TAB	02434539	MYL	55
MYLAN-CLARITHROMYCIN	500MG	TAB	02248857	MYL	2
MYLAN-ESOMEPRAZOLE	20MG	DR TAB	02383039	MYL	48
MYLAN-ESOMEPRAZOLE	40MG	DR TAB	02383047	MYL	48
MYLAN-FENTANYL MATRIX PATCH	12MCG/HR	TRANS PATCH	02396696	MYL	25
MYLAN-FINASTERIDE HG	1MG	TAB	02392631	MYL	55
MYLAN-FLUOXETINE	10MG	CAP	02237813	MYL	31
MYLAN-GABAPENTIN	600MG	TAB	02397471	MYL	28
MYLAN-GABAPENTIN	800MG	TAB	02397498	MYL	28
MYLAN-MEMANTINE	10MG	TAB	02430371	MYL	39
MYLAN-METFORMIN	850MG	TAB	02229656	MYL	50
MYLAN-MINOCYCLINE	100MG	CAP	02230736	MYL	4
MYLAN-MINOCYCLINE	50MG	CAP	02230735	MYL	4
MYLAN-MONTELUKAST	10MG	TAB	02368226	MYL	56
MYLAN-MONTELUKAST	5MG	CHEW TAB	02380757	MYL	56
MYLAN-NAPROXEN EC	375MG	ENT TAB	02243432	MYL	24
MYLAN-NAPROXEN EC	500MG	ENT TAB	02241024	MYL	24
MYLAN-NITRO PATCH	0.2MG/HR	TRANS PATCH	02407442	MYL	19
MYLAN-NITRO PATCH	0.8MG/HR	TRANS PATCH	02407477	MYL	19
MYLAN-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02382733	MYL	32
MYLAN-OMEPRAZOLE	10MG	DR CAP	02329425	MYL	48
MYLAN-OMEPRAZOLE DR CAP	10MG		09857350	MYL	48
MYLAN-PAROXETINE	10MG	TAB	02248012	MYL	31
MYLAN-PIOGLITAZONE	15MG	TAB	02298279	MYL	50
MYLAN-PIOGLITAZONE	30MG	TAB	02298287	MYL	51
MYLAN-PIOGLITAZONE	45MG	TAB	02298295	MYL	51

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
MYLAN-PRAMIPEXOLE	0.5MG	TAB	02376369	MYL	40
MYLAN-RILUZOLE	50MG	TAB	02390299	MYL	57
MYLAN-RIZATRIPTAN ODT	10MG	ORALLY DISINTEGRATING TAB	02379201	MYL	41
MYLAN-RIZATRIPTAN ODT	5MG	ORALLY DISINTEGRATING TAB	02379198	MYL	40
MYLAN-SUMATRIPTAN	100MG	TAB	02268922	MYL	42
MYLAN-SUMATRIPTAN	25MG	TAB	02268906	MYL	41
MYLAN-SUMATRIPTAN	50MG	TAB	02268914	MYL	41
MYLAN-TADALAFIL	2.5MG	TAB	02410621	MYL	20
MYLAN-TADALAFIL	5MG	TAB	02410648	MYL	20
MYLAN-TADALAFIL	10MG	TAB	02410656	MYL	20
MYLAN-TADALAFIL	20MG	TAB	02410664	MYL	21
MYLAN-TRAMADOL/ACET	37.5MG & 325MG	TAB	02425599	MYL	26
MYLAN-VALACYCLOVIR	1000MG	TAB	02351560	MYL	7
MYLAN-VALSARTAN	40MG	TAB	02383527	MYL	17
MYLAN-VERAPAMIL SR	120MG	LA TAB	02210347	MYL	16
MYLAN-WARFARIN	6MG	TAB	02287501	MYL	13
MYLAN-ZOLMITRIPTAN	2.5MG	TAB	02369036	MYL	42
MYLAN-ZOLMITRIPTAN ODT	2.5MG	ORALLY DISINTEGRATING TAB	02387158	MYL	42
MYLAN-ZOPICLONE	5MG	TAB	02296616	MYL	36
MYLAN-ZOPICLONE	7.5MG	TAB	02238596	MYL	36
MYL-SILDENAFIL	100MG	TAB	02392593	MYL	58
MYL-SILDENAFIL	25MG	TAB	02392577	MYL	57
MYL-SILDENAFIL	50MG	TAB	02392585	MYL	58
NABILONE					**47**
NABUMETONE					**23**
NALTREXONE HCL					**27**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
NAPROXEN					**24**
NAPROXEN SODIUM					**24**
NAPROSYN E	250MG	ENT TAB	02162792	HLR	24
NAPROSYN E	375MG	ENT TAB	02162415	HLR	24
NAPROSYN E	500MG	ENT TAB	02162423	HLR	24
NARATRIPTAN HYDROCHLORIDE					**39**
NASACORT AQ	55MCG/METERED DOSE	NAS SP-120 DOSE PK (WITH PRESERVATIVE)	02213834	SAV	45
NASONEX	50MCG/DOSE	NASAL SPRAY	02238465	MEK	45
NAT-ALPRAZOLAM	1MG	TAB	02417650	NAT	32
NAT-ALPRAZOLAM	2MG	TAB	02417669	NAT	32
NAT-QUETIAPINE	150MG	TAB	02439174	NAT	33
NAT-RIZATRIPTAN ODT	5MG	ORALLY DISINTEGRATING TAB	02436604	NAT	40
NAT-RIZATRIPTAN ODT	10MG	ORALLY DISINTEGRATING TAB	02436612	NAT	41
NAT-ZOLMITRIPTAN	2.5MG	TAB	02421534	NAT	42
NEURONTIN	600MG	TAB	02239717	PFI	28
NEURONTIN	800MG	TAB	02239718	PFI	28
NEXIUM	20MG	DR TAB	02244521	AZC	48
NEXIUM	40MG	DR TAB	02244522	AZC	48
NITOMAN	25MG	TAB	02199270	VAL	58
NITRO-DUR	0.2MG/HR	TRANS PATCH	01911910	MEK	19
NITRO-DUR	0.8MG/HR	TRANS PATCH	02011271	MEK	19
NOVAMOXIN CHEWABLE	125MG	TAB	02036347	NOP	3
NOVAMOXIN CHEWABLE	250MG	CHEW TAB	02036355	NOP	3
NOVO-ACYCLOVIR	200MG	TAB	02285959	NOP	6
NOVO-ACYCLOVIR	400MG	TAB	02285967	NOP	6

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
NOVO-ATOMOXETINE	10MG	CAP	02314541	NOP	37
NOVO-ATOMOXETINE	18MG	CAP	02314568	NOP	37
NOVO-ATOMOXETINE	25MG	CAP	02314576	NOP	37
NOVO-ATOMOXETINE	40MG	CAP	02314584	NOP	38
NOVO-ATOMOXETINE	60MG	CAP	02314592	NOP	38
NOVO-BETAHISTINE	16MG	TAB	02280191	NOP	18
NOVO-BETAHISTINE	24MG	TAB	02280205	NOP	18
NOVO-BETAHISTINE	8MG	TAB	02280183	NOP	18
NOVO-BUSPIRONE	10MG	TAB	02231492	NOP	35
NOVO-CLONIDINE	0.025MG	TAB	02304163	NOP	16
NOVO-CYPROTERONE/ETHINYL ESTRADIOL	2MG & 0.035MG	TAB-21 PK	02309556	NOP	53
NOVO-DOXYLIN TABLETS	100MG	TAB	02158574	NOP	4
NOVO-ENALAPRIL/HCTZ	10MG & 25MG	TAB	02300230	NOP	16
NOVO-ENALAPRIL/HCTZ	5MG & 12.5MG	TAB	02300222	NOP	16
NOVO-FENOFIBRATE MICRONIZED	67MG	CAP	02243551	NOP	15
NOVO-FENOFIBRATE-S	100MG	TAB	02289083	NOP	15
NOVO-GEMFIBROZIL	600MG	TAB	02142074	NOP	15
NOVO-GLIMEPIRIDE	1MG	TAB	02273756	NOP	49
NOVO-GLIMEPIRIDE	2MG	TAB	02273764	NOP	49
NOVO-GLIMEPIRIDE	4MG	TAB	02273772	NOP	49
NOVO-LEVOFLOXACIN	750MG	TAB	02285649	NOP	9
NOVO-LISINOPRIL/HCTZ (TYPE P)	20MG/25MG	TAB	02302152	NOP	16
NOVO-MINOCYCLINE	100MG	CAP	02108151	NOP	4
NOVO-MINOCYCLINE	50MG	CAP	02108143	NOP	4
NOVO-NABUMETONE	500MG	TAB	02240867	NOP	23
NOVO-NABUMETONE	750MG	TAB	02240868	NOP	23

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
NOVO-NARATRIPTAN	1MG	TAB	02314290	NOP	39
NOVO-NARATRIPTAN	2.5MG	TAB	02314304	NOP	40
NOVO-OLANZAPINE OD	20MG	RAPID DISSOLVE TAB	02321386	NOP	32
NOVO-PANTOPRAZOLE	20MG	ENT TAB	02285479	NOP	48
NOVO-PIOGLITAZONE	15MG	TAB	02274914	NOP	50
NOVO-PIOGLITAZONE	30MG	TAB	02274922	NOP	51
NOVO-PIOGLITAZONE	45MG	TAB	02274930	NOP	51
NOVO-SOTALOL	80MG	TAB	02231181	NOP	14
NOVO-SUMATRIPTAN DF	100MG	TAB	02286831	NOP	41
NOVO-SUMATRIPTAN DF	25MG	TAB	02286815	NOP	41
NOVO-SUMATRIPTAN DF	50MG	TAB	02286823	NOP	41
NOVO-TERBINAFINE	250MG	TAB	02240346	NOP	2
NOVO-VALACYCLOVIR	1000MG	TAB	02357542	TEV	7
NOVO-ZOPICLONE	5MG	TAB	02251450	NOP	36
NOVO-ZOPICLONE	7.5MG	TAB	02251469	NOP	36
OLANZAPINE					**32**
OLOPATADINE HCL					**46**
OMEPRAZOLE					**48**
ONDANSETRON HCL DIHYDRATE					**47**
ONDANSETRON INJECTION	2MG/ML	INJ SOL-20ML VIAL	02265532	NOP	47
ONDANSETRON INJECTION	2MG/ML	INJ SOL-2ML VIAL PK	02265524	NOP	47
ONDANSETRON INJECTION	2MG/ML	INJ SOL-4ML VIAL PK	09857323	NOP	47
OXAPROZIN					**24**
OXCARBAZEPINE					**29**
OXY.IR	10MG	TAB	02240131	PFP	25
OXY.IR	20MG	TAB	02240132	PFP	25

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
OXY.IR	5MG	TAB	02231934	PFP	25
OXYCODONE HCL					**25**
PAMIDRONATE DISODIUM					**56**
PAMIDRONATE DISODIUM OMEGA	3MG/ML	INJ SOL-10ML VIAL	02249669	OMG	56
PAMIDRONATE DISODIUM OMEGA	6MG/ML	INJ SOL-10ML VIAL	02249677	OMG	56
PAMIDRONATE DISODIUM OMEGA	9MG/ML	INJ SOL-10ML VIAL	02249685	OMG	56
PANTOLOC	20MG	ENT TAB	02241804	NYC	48
PANTOPRAZOLE SODIUM					**48**
PAROXETINE HCL					**31**
PATADAY	0.20%	OPH SOL-2.5ML PK	02362171	ALC	46
PATANOL	0.10%	OPH SOL	02233143	ALC	46
PAXIL	10MG	TAB	02027887	SMJ	31
PENNSAID	1.5% W/W	TOP SOL	02247265	PAL	22
PERSANTINE	25MG	TAB	00067385	BOE	19
PERSANTINE	50MG	TAB	00067393	BOE	19
PERSANTINE	75MG	TAB	00452092	BOE	19
PILOCARPINE HCL					**10**
PILOCARINE HYDROCHLORIDE TABLETS USP	5MG	TAB	02402483	STE	10
PIOGLITAZONE HCL					**50**
PIOGLITAZONE HYDROCHLORIDE TABLETS	15MG	TAB	02391600	ACH	50
PIOGLITAZONE HYDROCHLORIDE TABLETS	30MG	TAB	02339587	ACH	51
PIOGLITAZONE HYDROCHLORIDE TABLETS	45MG	TAB	02339595	ACH	51
PIPERACILLIN SODIUM & TAZOBACTAM SODIUM					**3**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
PIPERACILLIN & TAZOBACTAM FOR INJECTION	2G & 250MG	INJ PD-VIAL PK	02308444	APX	3
PIPERACILLIN & TAZOBACTAM FOR INJECTION	2G & 250MG	INJ PD-VIAL PK	02362619	STE	3
PIPERACILLIN & TAZOBACTAM FOR INJECTION	3G & 375MG	INJ PD-VIAL PK	02308452	APX	3
PIPERACILLIN & TAZOBACTAM FOR INJECTION	3G & 375MG	INJ PD-VIAL PK	02391538	MYL	3
PIPERACILLIN AND TAZOBACTAM FOR INJECTION	3G & 375MG	INJ PD-VIAL PK	02362627	STE	3
PIPERACILLIN/TAZOBACTAM POWDER FOR INJ.	3G & 375MG	INJ PD-VIAL PK	02370166	TEV	3
PIPERACILLIN AND TAZOBACTAM FOR INJECTION	4G & 500MG	INJ PD-VIAL PK	02362635	STE	3
PIPERACILLIN/TAZOBACTAM POWDER FOR INJ.	4G & 500MG	INJ PD-VIAL PK	02370174	TEV	3
PLAVIX	300MG	TAB	02330555	SAV	51
PMS-ATOMOXETINE	10MG	CAP	02381028	PMS	33
PMS-ATOMOXETINE	18MG	CAP	02381036	PMS	33
PMS-ATOMOXETINE	25MG	CAP	02381044	PMS	33
PMS-ATOMOXETINE	40MG	CAP	02381052	PMS	34
PMS-ATOMOXETINE	60MG	CAP	02381060	PMS	34
PMS-AZITHROMYCIN	600MG	TAB	02261642	PMS	2
PMS-BETAHISTINE	16MG	TAB	02330210	PMS	18
PMS-BETAHISTINE	24MG	TAB	02330237	PMS	18
PMS-BOSENTAN	125MG	TAB	02383020	PMS	18
PMS-BOSENTAN	62.5MG	TAB	02383012	PMS	18
PMS-BUSPIRONE	10MG	TAB	02230942	PMS	31
PMS-CETIRIZINE	20MG	TAB	02315963	PMS	1
PMS-CLARITHROMYCIN	500MG	TAB	02247574	PMS	2
PMS-DICLOFENAC	1.5% W/W	TOP SOL	02356783	PMS	22
PMS-DICLOFENAC K	50MG	TAB	02239753	PMS	22

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-ELETRIPTAN	20MG	TAB	02434342	PMS	38
PMS-ELETRIPTAN	40MG	TAB	02434350	PMS	39
PMS-ENTECAVIR	0.5MG	TAB	02430576	PMS	6
PMS-ESOMEPRAZOLE DR	40MG	DR CAP	02379171	PMS	48
PMS-FAMCICLOVIR	125MG	TAB	02278081	PMS	6
PMS-FAMCICLOVIR	250MG	TAB	02278103	PMS	6
PMS-FENTANYL MTX	12MCG/HR	TRANS PATCH	02341379	PMS	25
PMS-FINASTERIDE	1MG	TAB	02320169	PMS	55
PMS-FLUOXETINE	10MG	CAP	02177579	PMS	31
PMS-GABAPENTIN	600MG	TAB	02255898	PMS	28
PMS-GABAPENTIN	800MG	TAB	02255901	PMS	28
PMS-HYDROCHLOROTHIAZIDE	12.5MG	TAB	02274086	PMS	43
PMS-ISMN	60MG	ER TAB	02301288	PMS	19
PMS-LEVOFLOXACIN	750MG	TAB	02305585	PMS	9
PMS-MEMANTINE	10MG	TAB	02321130	PMS	39
PMS-METFORMIN	850MG	TAB	02242589	PMS	50
PMS-METHYLPHENIDATE	20MG	TAB	00585009	PMS	34
PMS-MINOCYCLINE	100MG	CAP	02294427	PMS	4
PMS-MINOCYCLINE	50MG	CAP	02294419	PMS	4
PMS-MONTELUKAST	5MG	CHEW TAB	02354985	PMS	56
PMS-MONTELUKAST FC	10MG	TAB	02373947	PMS	56
PMS-MOXIFLOXACIN	0.5%	OPH SOL-3ML PK (PRESERVATIVE-FREE)	02432218	PMS	44
PMS-NAPROXEN EC	375MG	ENT TAB	02294702	PMS	24
PMS-NAPROXEN EC	500MG	ENT TAB	02294710	PMS	24
PMS-OLANZAPINE	20MG	TAB	02367483	PMS	32
PMS-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02423944	PMS	33

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-OXYCODONE	10MG	TAB	02319985	PMS	25
PMS-OXYCODONE	20MG	TAB	02319993	PMS	25
PMS-OXYCODONE	5MG	TAB	02319977	PMS	25
PMS-PAROXETINE	10MG	TAB	02247750	PMS	31
PMS-PIOGLITAZONE	15MG	TAB	02303124	PMS	50
PMS-PIOGLITAZONE	30MG	TAB	02303132	PMS	51
PMS-PIOGLITAZONE	45MG	TAB	02303140	PMS	51
PMS-PRAMIPEXOLE	0.5MG	TAB	02290138	PMS	40
PMS-PREGABALIN	225MG	CAP	02398079	PMS	30
PMS-REPAGLINIDE	0.5MG	TAB	02354926	PMS	52
PMS-REPAGLINIDE	1MG	TAB	02354934	PMS	52
PMS-REPAGLINIDE	2MG	TAB	02354942	PMS	52
PMS-RIZATRIPTAN RDT	10MG	ORALLY DISINTEGRATING TAB	02393379	PMS	41
PMS-RIZATRIPTAN RDT	5MG	ORALLY DISINTEGRATING TAB	02393360	PMS	40
PMS-SILDENAFIL R	20MG	TAB	02412179	PMS	57
PMS-SOTALOL	80MG	TAB	02238326	PMS	14
PMS-SUMATRIPTAN	25MG	TAB	02256428	PMS	41
PMS-SUMATRIPTAN	50MG	TAB	02256436	PMS	41
PMS-SUMATRIPTAN	100MG	TAB	02256444	PMS	42
PMS-TADALAFIL	2.5MG	TAB	02409410	PMS	20
PMS-TADALAFIL	5MG	TAB	02409429	PMS	20
PMS-TADALAFIL	10MG	TAB	02409437	PMS	20
PMS-TADALAFIL	20MG	TAB	02409445	PMS	21
PMS-TERBINAFINE	250MG	TAB	02294273	PMS	2
PMS-TETRABENAZINE	25MG	TAB	02402424	PMS	58
PMS-TRAMADOL-ACET	37.5MG & 325MG	TAB	02401657	PMS	26
PMS-VALACYCLOVIR	1000MG	TAB	02381230	PMS	7

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-VALSARTAN	40MG	TAB	02312999	PMS	17
PMS-ZOLMITRIPTAN	2.5MG	TAB	02324229	PMS	42
PMS-ZOLMITRIPTAN ODT	2.5MG	ORALLY DISINTEGRATING TAB	02324768	PMS	42
PMS-ZOPICLONE	5MG	TAB	02243426	PMS	36
PMS-ZOPICLONE	7.5MG	TAB	02240606	PMS	36
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE					**40**
PREGABALIN					**30**
PRINZIDE	20MG/25MG	TAB	00884421	MFC	16
PROGESTERONE					53
PROMETRIUM	100MG	CAP	02166704	MEK	53
PROPECIA	1MG	TAB	02238213	MFC	55
PROZAC	10MG	CAP	02018985	LIL	31
QUETIAPINE					**33**
QUETIAPINE TABLETS	150MG	TAB	02387816	ACH	33
RAMIPRIL					**16**
RAN-CLARITHROMYCIN	500MG	TAB	02361434	RAN	2
RAN-CYPROTERONE/ ETHINYL ESTRADIOL	2MG & 0.035MG	TAB-21 Pk	02425017	RAN	53
RAN-ESOMEPRAZOLE	20MG	DR TAB	02423979	RAN	48
RAN-ESOMEPRAZOLE	40MG	DR TAB	02423987	RAN	48
RAN-FENTANYL MATRIX PATCH	12MCG/HR	TRANS PATCH	02330105	RAN	25
RAN-MEMANTINE	10MG	TAB	02421364	RAN	39
RAN-METFORMIN	850MG	TAB	02269058	RAN	50
RAN-MONTELUKAST	10MG	TAB	02389517	RAN	56
RAN-MONTELUKAST	5MG	CHEW TAB	02402807	RAN	56
RAN-NABILONE	0.25MG	CAP	02358077	RAN	47

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
RAN-OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02414120	RAN	33
RAN-PANTOPRAZOLE	20MG	ENT TAB	02305038	RAN	48
RAN-PREGABALIN	225MG	CAP	02392852	RAN	30
RAN-RAMIPRIL	15MG	CAP	02425548	RAN	16
RAN-TADALAFIL	2.5MG	TAB	02452081	RAN	20
RAN-TADALAFIL	5MG	TAB	02452073	RAN	20
RAN-TADALAFIL	10MG	TAB	02452103	RAN	20
RAN-TADALAFIL	20MG	TAB	02452111	RAN	21
RAN-TRAMADOL/ACET	37.5MG & 325MG	TAB	02388197	RAN	26
RAN-VALSARTAN	40MG	TAB	02363062	RAN	17
RAN-ZOPICLONE	5MG	TAB	02267918	RAN	36
RAN-ZOPICLONE	7.5MG	TAB	02267926	RAN	36
RASAGILINE MESYLATE					52
RATIO-ACYCLOVIR	200MG	TAB	02078627	RPH	6
RATIO-ACYCLOVIR	400MG	TAB	02078635	RPH	6
RATIO-BUSPIRONE	10MG	TAB	02237858	RPH	35
RATIO-CLARITHROMYCIN	500MG	TAB	02247819	RPH	2
RATIO-FLUOXETINE	10MG	CAP	02241371	RPH	31
RATIO-FLUTICASONE	50MCG/ACTUATION	NAS SP-120 DOSE PK	02296071	RPH	45
RATIO-GABAPENTIN	600MG	TAB	02260913	RPH	28
RATIO-GABAPENTIN	800MG	TAB	02260921	RPH	28
RATIO-GLIMEPIRIDE	1MG	TAB	02273101	RPH	49
RATIO-GLIMEPIRIDE	2MG	TAB	02273128	RPH	49
RATIO-GLIMEPIRIDE	4MG	TAB	02273136	RPH	50
RATIO-MEMANTINE	10MG	TAB	02320908	RPH	39
RATIO-METFORMIN	850MG	TAB	02242931	RPH	50
RATIO-MINOCYCLINE	100MG	CAP	01914146	RPH	4
RATIO-MINOCYCLINE	50MG	CAP	01914138	RPH	4
RATIO-PAROXETINE	10MG	TAB	02247810	RPH	31

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
RATIO-SILDENAFIL R	20MG	TAB	02319500	RPH	57
RATIO-SOTALOL	80MG	TAB	02084228	RPH	14
RATIO-SUMATRIPTAN	100MG	TAB	02271591	RPH	42
RATIO-SUMATRIPTAN	50MG	TAB	02271583	RPH	41
RATIO-TECNAL	330MG & 50MG & 40MG	CAP	00608238	RPH	24
RATIO-TECNAL C1/2	330MG & 50MG & 40MG & 30MG	CAP	00608181	RPH	25
RATIO-TECNAL C1/4	330MG & 50MG & 40MG & 15MG	CAP	00608203	RPH	24
RATIO-TRYPTOPHAN	1G	TAB	02237250	RPH	33
RATIO-TRYPTOPHAN	500MG	CAP	02240334	RPH	33
RATIO-TRYPTOPHAN	500MG	TAB	02240333	RPH	33
RATIO-ZOPICLONE	5MG	TAB	02246534	RPH	36
RATIO-ZOPICLONE	7.5MG	TAB	02242481	RPH	36
REACTINE	10MG	TAB	02223554	MCL	1
REACTINE	20MG	TAB	01900978	MCL	1
RELAFEN	500MG	TAB	02083531	GSK	23
RELAFEN	750MG	TAB	02083558	GSK	23
RELPAX	20MG	TAB	02256290	PFI	38
RELPAX	40MG	TAB	02256304	PFI	39
REPAGLINIDE					**51**
RETROVIR	100MG	CAP	01902660	VIH	7
REVATIO	20MG	TAB	02279401	PFI	57
REVIA	50MG	TAB	02213826	TEV	27
RHOVANE	7.5MG	TAB	02008203	SDZ	36
RILUTEK	50MG	TAB	02242763	SAC	57
RILUZOLE					**57**
RITALIN	20MG	TAB	00005614	NOV	34
RIZATRIPTAN					**40**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
ROBINUL	0.2MG/ML	INJ SOL-2 ML VIAL PK	02043610	WYA	11
ROCEPHIN	10G/VIAL	INJ PD-1 VIAL PK	00851957	HLR	5
SALAGEN TABLETS	5MG	TAB	02216345	PFI	10
SANDOZ ALMOTRIPTAN	12.5MG	TAB	02405334	SDZ	37
SANDOZ ATOMOXETINE	100MG	CAP	02386488	SDZ	38
SANDOZ ATOMOXETINE	10MG	CAP	02386410	SDZ	37
SANDOZ ATOMOXETINE	18MG	CAP	02386429	SDZ	37
SANDOZ ATOMOXETINE	25MG	CAP	02386437	SDZ	38
SANDOZ ATOMOXETINE	40MG	CAP	02386445	SDZ	38
SANDOZ ATOMOXETINE	60MG	CAP	02386453	SDZ	38
SANDOZ ATOMOXETINE	80MG	CAP	02386461	SDZ	38
SANDOZ BOSENTAN	125MG	TAB	02386283	SDZ	19
SANDOZ BOSENTAN	62.5MG	TAB	02386275	SDZ	18
SANDOZ CIPROFLOXACIN	0.30%	OPH SOL	02387131	SDZ	44
SANDOZ CLARITHROMYCIN	500MG	TAB	02266547	SDZ	2
SANDOZ DICLOFENAC RAPIDE	50MG	TAB	02261774	SDZ	22
SANDOZ DONEPEZIL ODT	5MG	ORALLY DISINTEGRATING TAB	02367688	SDZ	10
SANDOZ DONEPEZIL ODT	10MG	ORALLY DISINTEGRATING TAB	02367696	SDZ	10
SANDOZ FAMCICLOVIR	125MG	TAB	02278634	SDZ	6
SANDOZ FAMCICLOVIR	250MG	TAB	02278642	SDZ	6
SANDOZ FENOFIBRATE S	100MG	TAB	02288044	SDZ	15
SANDOZ FENTANYL PATCH	12MCG/HR	TRANS PATCH	02327112	SDZ	25
SANDOZ FINASTERIDE A	1MG	TAB	02339471	SDZ	55
SANDOZ GLIMEPIRIDE	1MG	TAB	02269589	SDZ	49
SANDOZ GLIMEPIRIDE	2MG	TAB	02269597	SDZ	49
SANDOZ GLIMEPIRIDE	4MG	TAB	02269619	SDZ	49

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
SANDOZ LEVOFLOXACIN	750MG	TAB	02298651	SDZ	9
SANDOZ LISINOPRIL HCT	20MG & 25MG	TAB	02302381	SDZ	16
SANDOZ MEMANTINE FCT	10MG	TAB	02375532	SDZ	39
SANDOZ METFORMIN FC	850MG	TAB	02246821	SDZ	50
SANDOZ MINOCYCLINE	100MG	CAP	02237314	SDZ	4
SANDOZ MINOCYCLINE	50MG	CAP	02237313	SDZ	4
SANDOZ MONTELUKAST	10MG	TAB	02328593	SDZ	56
SANDOZ MONTELUKAST	4MG	GRAN PK	02358611	SDZ	55
SANDOZ MONTELUKAST	5MG	CHEW TAB	02330393	SDZ	56
SANDOZ MOXIFLOXACIN	0.5%	OPH SOL-3ML PK (PRESERVATIVE-FREE)	02411520	SDZ	44
SANDOZ NARATRIPTAN	2.5MG	TAB	02322323	SDZ	40
SANDOZ OLANZAPINE ODT	20MG	RAPID DISSOLVE TAB	02327805	SDZ	33
SANDOZ OLOPATADINE	0.1%	OPH SOL	02358913	SDZ	46
SANDOZ OLOPATADINE 0.2%	0.2%	OPH SOL	02420171	SDZ	46
SANDOZ OMEPRAZOLE	10MG	DR CAP	02296438	SDZ	48
SANDOZ PANTOPRAZOLE	20MG	ENT TAB	02301075	SDZ	48
SANDOZ PAROXETINE TABLETS	10MG	TAB	02431777	SDZ	31
SANDOZ PIOGLITAZONE	15MG	TAB	02297906	SDZ	51
SANDOZ PIOGLITAZONE	30MG	TAB	02297914	SDZ	51
SANDOZ PIOGLITAZONE	45MG	TAB	02297922	SDZ	51
SANDOZ PRAMIPEXOLE	0.5MG	TAB	02315270	SDZ	40
SANDOZ REPAGLINIDE	0.5MG	TAB	02357453	SDZ	52
SANDOZ REPAGLINIDE	1MG	TAB	02357461	SDZ	52
SANDOZ REPAGLINIDE	2MG	TAB	02357488	SDZ	52
SANDOZ RIZATRIPTAN ODT	10MG	ORALLY DISINTEGRATING TAB	02351889	SDZ	41

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
SANDOZ RIZATRIPTAN ODT	5MG	ORALLY DISINTEGRATING TAB	02351870	SDZ	40
SANDOZ SUMATRIPTAN	100MG	TAB	02263033	SDZ	42
SANDOZ SUMATRIPTAN	50MG	TAB	02263025	SDZ	41
SANDOZ VALSARTAN	40MG	TAB	02356740	SDZ	17
SANDOZ ZOLMITRIPTAN	2.5MG	TAB	02362988	SDZ	42
SANDOZ ZOLMITRIPTAN ODT	2.5MG	ORALLY DISINTEGRATING TAB	02362996	SDZ	42
SANDOZ ZOPICLONE	5MG	TAB	02257572	SDZ	36
SCOPOLAMINE HYDROBROMIDE					**11**
SCOPOLAMINE HYDROBROMIDE INJECTION	0.4MG/ML	INJ SOL-1ML PK	02242810	OMG	11
SCOPOLAMINE HYDROBROMIDE INJECTION	0.4MG/ML	INJ SOL-1ML PK	00541869	HOS	11
SCOPOLAMINE HYDROBROMIDE INJECTION	0.6MG/ML	INJ SOL-1ML PK	02242811	OMG	11
SCOPOLAMINE HYDROBROMIDE INJECTION	0.6MG/ML	INJ SOL-1ML PK	00541877	HOS	11
SEASONALE	0.03MG & 0.15MG	TAB-91 PK	02296659	TEW	53
SENSIPAR	30MG	TAB	02257130	AMG	55
SENSIPAR	60MG	TAB	02257149	AMG	55
SENSIPAR	90MG	TAB	02257157	AMG	55
SEPTA-ZOLMITRIPTAN-ODT	2.5MG	ORALLY DISINTEGRATING TAB	02428474	SET	42
SEPTA-ZOPICLONE	5MG	TAB	02386909	SET	36
SEPTA-ZOPICLONE	7.5MG	TAB	02386917	SET	36
SERC	16MG	TAB	02243878	SPH	18
SERC	24MG	TAB	02247998	SPH	18
SERC	8MG	TAB	02240601	SPH	18

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
SEROQUEL	150MG	TAB	02240862	AZC	33
SILDENAFIL					**57**
SILDENAFIL	25MG	TAB	02317559	PMS	57
SILDENAFIL	50MG	TAB	02317575	PMS	57
SILDENAFIL	50MG	TAB	02406152	SAI	57
SILDENAFIL	100MG	TAB	02317583	PMS	58
SILDENAFIL	100MG	TAB	02406160	SAI	58
SINGULAIR	10MG	TAB	02238217	MEK	56
SINGULAIR	4MG	GRAN PK	02247997	MEK	55
SINGULAIR	5MG	CHEW TAB	02238216	MEK	55
SOTACOR	80MG	TAB	00897272	BQU	14
SOTALOL HCL					**14**
STRATTERA	100MG	CAP	02279355	LIL	38
STRATTERA	10MG	CAP	02262800	LIL	37
STRATTERA	18MG	CAP	02262819	LIL	37
STRATTERA	25MG	CAP	02262827	LIL	37
STRATTERA	40MG	CAP	02262835	LIL	38
STRATTERA	60MG	CAP	02262843	LIL	38
STRATTERA	80MG	CAP	02279347	LIL	38
SUBLINOX	5MG	ORALLY DISINTEGRATING TAB	02391678	VAL	35
SUBLINOX	10MG	ORALLY DISINTEGRATING TAB	02370433	VAL	35
SUMATRIPTAN SUCCINATE					**41**
SUPEUDOL	10MG	TAB	00443948	SDZ	25
SUPEUDOL	20MG	TAB	02262983	SDZ	25
SUPEUDOL	5MG	TAB	00789739	SDZ	25
TADALAFIL					**19**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
TARCEVA	25MG	TAB	02269007	HLR	9
TARCEVA	100MG	TAB	02269015	HLR	9
TARCEVA	150MG	TAB	02269023	HLR	9
TARO-DICLOFENAC	1.5% W/W	TOP SOL	02420988	TAR	22
TARO-SUMATRIPTAN	6MG/0.5ML	INJ SOL-PREF SYR 0.5ML PK	02361698	TAR	42
TARO-TRAMADOL ER	100MG	ER TAB	02450429	TAR	25
TARO-TRAMADOL ER	200MG	ER TAB	02450437	TAR	25
TARO-TRAMADOL ER	300mg	ER TAB	02450445	TAR	25
TARO-WARFARIN	6MG	TAB	02242686	TAR	13
TARO-ZOLEDRONIC ACID CONCENTRATE (PRESERVATIVE-FREE)	4MG/5ML	INJ SOL-5ML PK	02415186	TAR	58
TAZOCIN	2G & 250MG	INJ PD-VIAL PK	02170817	PFI	3
TAZOCIN	3G & 375MG	INJ PD-VIAL PK	02170795	WYE	3
TAZOCIN	4G & 500MG	INJ PD-VIAL PK	02170809	WYE	3
TETRABENAZINE					**58**
TETRABENAZINE TABLETS	25MG	TAB	02410338	STE	58
TERBINAFINE HCL					**2**
TEVA-ALENDRONATE	5MG	TAB	02248251	TEV	55
TEVA-ALMOTRIPTAN	12.5MG	TAB	02434849	TEV	37
TEVA-ATOMOXETIN	100MG	CAP	02362538	TEV	38
TEVA-ATOMOXETIN	80MG	CAP	02362511	TEV	38
TEVA-ATOVAQUONE PROGUANIL	250MG & 100MG	TAB	02380927	TEV	8
TEVA-BOSENTAN	62.5MG	TAB	02398400	TEV	18
TEVA-BOSENTAN	125MG	TAB	02398419	TEV	19
TEVA-CLARITHROMYCIN	500MG	TAB	02248805	TEV	2
TEVA-CLOPIDOGREL	300MG	TAB	02388065	TEV	55
TEVA-DICLOFENAC-K	50MG	TAB	02239355	TEV	22
TEVA-ELETRIPTAN	20MG	TAB	02382091	TEV	39

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
TEVA-ELETRIPTAN	40MG	TAB	02382105	TEV	39
TEVA-ERLOTINIB	25MG	TAB	02377691	TEV	9
TEVA-ERLOTINIB	100MG	TAB	02377705	TEV	9
TEVA-ERLOTINIB	150MG	TAB	02377713	TEV	9
TEVA-FENTANYL	12MCG/HR	TRANS PATCH	02311925	TEV	25
TEVA-FLUOXETINE	10MG	CAP	02216582	TEV	31
TEVA-FROVATRIPTAN	2.5MG	TAB	02415844	EDO	39
TEVA-GABAPENTIN	600MG	TAB	02248457	TEV	28
TEVA-GABAPENTIN	800MG	TAB	02247346	TEV	28
TEVA-LISINOPRIL/HCTZ (TYPE Z)	20MG & 25MG	TAB	02301784	TEV	16
TEVA-MODAFINIL	100MG	TAB	02420260	TEV	34
TEVA-MONTELUKAST	10MG	TAB	02355523	TEV	56
TEVA-MONTELUKAST	5MG	CHEW TAB	02355515	TEV	56
TEVA-NABILONE	0.25MG	CAP	02392925	TEV	47
TEVA-NAPROXEN EC	250MG	ENT TAB	02243312	TEV	24
TEVA-NAPROXEN EC	375MG	ENT TAB	02243313	TEV	24
TEVA-NAPROXEN EC	500MG	ENT TAB	02243314	TEV	24
TEVA-OLANZAPINE	20MG	TAB	02359707	TEV	32
TEVA-OMEPRAZOLE	10MG	DR TAB	02295407	TEV	48
TEVA-PAROXETINE	10MG	TAB	02248556	TEV	31
TEVA-PRAMIPEXOLE	0.5MG	TAB	02269317	TEV	40
TEVA-PREGABALIN	225MG	CAP	02361221	TEV	30
TEVA-PROGESTERONE	100MG	CAP	02439913	TEV	53
TEVA-QUETIAPINE	150MG	TAB	02284251	TEV	33
TEVA-RASAGILINE	0.5MG	TAB	02418436	TEV	52
TEVA-RASAGILINE	1MG	TAB	02418444	TEV	52
TEVA-RIZATRIPTAN ODT	5MG	TAB	02396661	TEV	40
TEVA-RIZATRIPTAN ODT	10MG	TAB	02396688	TEV	41
TEVA-SILDENAFIL	25MG	TAB	02308738	TEV	57

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
TEVA-SILDENAFIL	50MG	TAB	02308746	TEV	57
TEVA-SILDENAFIL	100MG	TAB	02308754	TEV	58
TEVA-TRAMADOL/ACETAMINOPHEN	37.5MG & 325MG	TAB	02347180	TEV	26
TEVA-TADALAFIL	2.5MG	TAB	02440148	TEV	20
TEVA-TADALAFIL	5MG	TAB	02440156	TEV	20
TEVA-TADALAFIL	10MG	TAB	02440164	TEV	20
TEVA-TADALAFIL	20MG	TAB	02440172	TEV	21
TEVA-VALSARTAN	40MG	TAB	02356643	TEV	17
TEVA-ZOLMITRIPTAN	2.5MG	TAB	02313960	TEV	42
TEVA-ZOLMITRIPTAN OD	2.5MG	ORALLY DISINTEGRATING TAB	02342545	TEV	42
TIGECYCLINE					**4**
TIGECYCLINE	50MG/VIAL	PD INJ-5ML VIAL PK (PRESERVATIVE-FREE)	02409356	APX	4
TIZANIDINE HCL					**12**
TORADOL	10MG	TAB	02162660	HLR	22
TRACLEER	62.5MG	TAB	02244981	ACT	18
TRACLEER	125MG	TAB	02244982	ACT	18
TRAMACET	37.5MG & 325MG	TAB	02264846	JAN	26
TRAMADOL HCL					**25**
TRAMADOL HCL & ACETAMINOPHEN					**26**
TRANEXAMIC ACID					**13**
TRANEXAMIC ACID TABLETS	500MG	TAB	02401231	STE	13
TRIAMCINOLONE ACETONIDE					**45**
TRIDURAL	100MG	ER TAB	02296381	PAL	25
TRIDURAL	200MG	ER TAB	02296403	PAL	25
TRIDURAL	300MG	ER TAB	02296411	PAL	25
TRILEPTAL	150MG	TAB	02242067	NOV	29
TRILEPTAL	300MG	TAB	02242068	NOV	29
TRILEPTAL	600MG	TAB	02242069	NOV	29

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
TRIMEBUTINE	100MG	TAB	02245663	AAP	11
TRIMEBUTINE	200MG	TAB	02245664	AAP	11
TRIMEBUTINE MALEATE					**11**
TRYPTAN	1G	TAB	00654531	VAL	33
TRYPTAN	500MG	CAP	00718149	VAL	33
TRYPTAN	500MG	TAB	02029456	VAL	33
TRYPTOPHAN					**33**
TYGACIL	50MG/VIAL	PD INJ-5ML VIAL PK (PRESERVATIVE-FREE)	02285401	PFI	4
ULTRADOL	200MG	CAP	02142023	PGP	22
ULTRADOL	300MG	CAP	02142031	PGP	22
ULTRAM	50MG	TAB	02349469	JAN	25
VALACYCLOVIR					**7**
VALSARTAN					**17**
VALTREX	1000MG	TAB	02246559	GSK	7
VAN-ALENDRONATE	5MG	TAB	02428717	VAN	55
VAN-FLUOXETINE	10MG	CAP	02432412	VAN	31
VAN-GABAPENTIN	600MG	CAP	02432544	VAN	28
VAN-GABAPENTIN	800MG	CAP	02432552	VAN	28
VAN-PIOGLITAZONE	15MG	TAB	02434121	VAN	51
VAN-PIOGLITAZONE	30MG	TAB	02434148	VAN	51
VAN-PIOGLITAZONE	45MG	TAB	02434156	VAN	51
VAN-RAMIPRIL	15MG	CAP	02438909	VAN	16
VAN-RIZATRIPTAN ODT	10MG	Orally Disintegrating Tab	02448505	VAN	41
VAN-SILDENAFIL	100MG	TAB	02431866	VAN	58
VAN-ZOLMITRIPTAN ODT	2.5MG	Orally Disintergrating Tab	02438763	VAN	42
VANCOCIN	125MG	CAP	00800430	MEU	5
VANCOCIN	250MG	CAP	00788716	MEU	5
VANCOMYCIN HCL					**5**

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
VASERETIC	10MG & 25MG	TAB	00657298	MFC	16
VASERETIC	5MG & 12.5MG	TAB	02242826	MFC	16
VERAPAMIL HCL					**16**
VERSED	5MG/ML	INJ SOL-2ML VIAL PK	09857436	HLR	35
VIAGRA	25MG	TAB	02239766	PFI	57
VIAGRA	50MG	TAB	02239767	PFI	57
VIAGRA	100MG	TAB	02239768	PFI	57
VIBRA-TABS	100MG	TAB	00578452	PFI	4
VIGAMOX	0.5%	OPH SOL-3ML PK (PRESERVATIVE-FREE)	02252260	ALC	44
VOLTAREN RAPIDE	50MG	TAB	00881635	NOV	22
VPI-BACLOFEN INTRATHECAL	0.05MG/ML	INJ SOL-1ML PK (NO PRESERVATIVE)	02413620	VPI	12
VPI-BACLOFEN INTRATHECAL	0.5MG/ML	INJ SOL-20ML PK (NO PRESERVATIVE)	02413639	VPI	12
VPI-BACLOFEN INTRATHECAL	2MG/ML	INJ SOL-5ML PK (NO PRESERVATIVE)	02413647	VPI	12
WARFARIN					**13**
XANAX	1MG	TAB	00723770	PFI	32
XANAX TS	2MG	TAB	00813958	PFI	32
ZADITOR	0.25MG/ML	OPH SOL	02242324	LBT	46
ZANAFLEX	4MG	TAB	02239170	ELA	12
ZESTORETIC	20MG & 25MG	TAB	02045729	AZC	16
ZIDOVUDINE					**7**
ZITHROMAX	600MG	TAB	02231143	PFI	2
ZOFRAN	2MG/ML	INJ SOL-2ML VIAL PK	02213745	GSK	47
ZOFRAN	2MG/ML	INJ SOL-4ML VIAL PK	09857324	GSK	47
ZOFRAN	2MG/ML	INJ SOL-20ML VIAL PK	09857325	GSK	47
ZOLEDRONIC ACID					58

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
ZOLEDRONIC ACID-Z	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02401606	SDZ	58
ZOLEDRONIC ACID FOR INJECTION	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02421550	HOS	58
ZOLEDRONIC ACID FOR INJECTION	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02444739	MDI	58
ZOLEDRONIC ACID FOR INJECTION	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02407639	TEV	58
ZOLEDRONIC ACID FOR INJECTION CONCENTRATE	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02422425	DRR	58
ZOLEDRONIC ACID FOR INJECTION CONCENTRATE	4MG/5ML	INJ SOL-5ML PK (PRESERVATIVE-FREE)	02413701	OMG	58
ZOLMITRIPTAN					**42**
ZOMETA CONCENTRATE	4MG/5ML	INJ SOL (PRESERVATIVE-FREE)	02248296	NOV	58
ZOMIG	2.5MG	TAB	02238660	AZC	42
ZOMIG RAPIMELT	2.5MG	ORALLY DISINTEGRATING TAB	02243045	AZC	42
ZOPICLONE					**35**
ZOPICLONE	5MG	TAB	02344122	SAI	35
ZOPICLONE	7.5MG	TAB	02282445	SAI	36
ZOVIRAX	200MG	TAB	00634506	GSK	6
ZOVIRAX	400MG	TAB	01911627	GSK	6
ZYPREXA	20MG	TAB	02238851	LIL	32
ZYPREXA ZYDIS	20MG	RAPID DISSOLVE TAB	02243089	LIL	32

PRODUCT NAME	STRENGTH	DOSAGE FORM	DIN/PIN	MFR	PAGE
ZYVOXAM	2MG/ML	INJ-300ML PK	02243685	PAL	9

Part V
Index of Pharmacologic-Therapeutic Classification

Part V: Index of Pharmacologic-Therapeutic Classification

CLASSIFICATION	NAME
04:00	**ANTIHISTAMINES**
08:00	**ANTI-INFECTIVE AGENTS**
08:08	Anthelmintics
08:12	Antibiotics
08:12:04	Antifungals
08:12:12	Erythromycins
08:12:16	Penicillins
08:12:24	Tetracyclines
08:12:28	Other Antibiotics
08:16	Antitubercular Agents
08:18	Antivirals
08:20	Plasmodicides (Antimalarials)
08:24	Sulfonamides
08:32	Trichomonacides
08:36	Urinary Anti-Infectives
08:40	Miscellaneous Anti-Infectives
10:00	**ANTINEOPLASTIC AGENTS**
12:00	**AUTONOMIC AGENTS**
12:04	Parasympathomimetic (Cholinergic) Agents
12:08	Parasympatholytic (Cholinergic Blocking) Agents
12:12	Sympathomimetic (Adrenergic) Agents

CLASSIFICATION	NAME
12:16	Sympatholytic (Adrenergic Blocking) Agents
12:20	Skeletal Muscle Relaxants
20:00	**BLOOD FORMATION AND COAGULATION**
20:04	Antianemia Drugs
20:12	Coagulants and Anti-Coagulants
20:12:16	Hemostatics
20:16	Hematopoietic Agents
20:24	Hemorrheologic Agents
24:00	**CARDIOVASCULAR DRUGS**
24:04	Cardiac Drugs
24:06	Antilipemic Drugs
24:08	Hypotensive Drugs (For Diuretics See 40:28)
24:12	Vasodilating Drugs
28:00	**CENTRAL NERVOUS SYSTEM DRUGS**
28:08	Analgesics
28:08:04	Nonsteroidal Anti-Inflammatory Agents
28:08:08	Opiate Agonists
28:08:12	Opiate Partial Agonists
28:08:92	Miscellaneous Analgesics and Antipyretics
28:10:00	Opiate Antagonists
28:12	Anticonvulsants
28:16	Psychotherapeutic Agents
28:16:04	Antidepressants
28:16:08	Tranquilizers
28:16:12	Other Psychotropics
28:20	C.N.S. Stimulants
28:24	Sedatives and Hypnotics
28:92	Miscellaneous Central Nervous System Drugs

CLASSIFICATION	NAME
36:00	**DIAGNOSTIC AGENTS**
36:04	Adrenal Insufficiency
40:00	**ELECTROLYTIC, CALORIC AND WATER BALANCE**
40:12	Replacement Agents
40:18	Potassium-Removing Resins
40:28	Diuretics
40:40	Uricosuric Drugs
48:00	**COUGH PREPARATIONS**
48:04	Antitussives
48:08	Expectorants
52:00	**EYE, EAR, NOSE AND THROAT PREPARATIONS**
52:04	Anti-Infectives
52:04:04	Antibiotics
52:04:12	Other Anti-Infectives
52:08	Anti-Inflammatory Agents
52:16	Local Anesthetics
52:20	Miotics
52:24	Mydriatics
52:32	Vasoconstrictors
52:36	Other Eye, Ear, Nose and Throat Agents
56:00	**GASTROINTESTINAL DRUGS**
56:04	Antacids and Adsorbents
56:08	Antidiarrhea Agents
56:12	Cathartics
56:16	Digestants
56:22	Antiemetics and Antinauseants
56:40	Miscellaneous G.I. Drugs
60:00	**GOLD COMPOUNDS**

CLASSIFICATION	NAME
64:00	**HEAVY METAL ANTAGONISTS**
68:00	**HORMONES AND SUBSTITUTES**
68:04	Corticosteroids
68:08	Androgens
68:16	Estrogens
68:20	Anti-Diabetic Agents
68:20:02	Oral Anti-Diabetic Agents
68:20:10	Insulins (Rapid Acting)
68:20:12	Insulins (Intermediate Acting)
68:20:14	Insulins (Long Acting)
68:20:16	Insulins (Pre-Mixed)
68:24	Parathyroid Agents
68:28	Pituitary Agents
68:32	Progestogens and Oral Contraceptives
68:36	Thyroids
68:38	Anti-Thyroids
84:00	**SKIN AND MUCOUS MEMBRANE PREPARATIONS**
84:04	Anti-Infectives
84:04:04	Antibiotics
84:04:08	Fungicides
84:04:12	Parasiticides
84:04:16	Other Anti-Infectives
84:06	Anti-Inflammatory
84:28	Keratolytic Agents
84:36	Miscellaneous Skin and Mucous Membrane Agents
86:00	**SPASMOLYTICS**
88:00	**VITAMINS**
88:08	Vitamin B

CLASSIFICATION	NAME
88:12	Vitamin C
88:16	Vitamin D
88:28	Multivitamins
92:00	**UNCLASSIFIED THERAPEUTIC AGENTS**
96:00	**MISCELLANEOUS**
96:01	Nutrition Products
96:05	Diabetic Testing Agents

Part VI
Facilitated Access Drug Products

Part VI-A
Facilitated Access to HIV/AIDS Drug Products

Part VI-A: Facilitated Access to HIV/AIDS Drug Products

The following list of drug products prescribed to ODB-eligible persons with HIV/AIDS are reimbursed through the Facilitated Access process under the EAP. Under this mechanism, approved physicians are exempt from the usual paperwork associated with the provision of these products (i.e., exempt from obtaining special approval under the EAP), provided that the physician's College of Physicians and Surgeons of Ontario (CPSO) registration number also appears on the prescription for purposes of verification.

Eligibility Criteria

For the treatment of HIV/AIDS.
Note: The prescriber must be approved for the Facilitated Access mechanism. Reimbursement for other indications may be considered through the EAP.

Physician List

Pharmacies have been provided with a list of physicians approved to participate in the Facilitated Access mechanism (Physician List). Any changes to this list are communicated to pharmacies via the ONE-mail system.
The ministry is responsible for determining physician eligibility to participate based on one of the following criteria:

- Infectious disease specialist (as per CPSO's website)
- Affiliation with an HIV centre/clinic
- Prior EAP approval on file for any HIV drug

Facilitated Access (FA) Drugs which are also Listed as LU Benefits

Patient meets LU criteria: For Facilitated Access (FA) drugs which are listed as LU benefits in Part III-A of the Formulary/CDI AND prescribed for an indication listed under the LU criteria, an LU prescription must be completed for reimbursement. More details

about the LU reimbursement process are available in Part I - Section C.9 and Part XII of the Formulary/CDI.

Patient does not meet LU criteria: For FA drugs which are listed as LU benefits AND prescribed for indications that do not meet the LU criteria, the claim can be processed through the FA mechanism if FA reimbursement criteria are met (see eligibility criteria above). Reimbursement for other indications may be considered through the EAP.

Please note that the interchangeability of different brands of drugs available through this mechanism has not been evaluated by the ministry, unless they are designated as interchangeable in Part III-A or Part III-B of the Formulary/CDI. Where interchangeability has not been designated, it is necessary for the prescriber to specify the generic drug name, or the particular brand on the prescription, in order for the drug product(s) to be reimbursed by the ministry under this mechanism.

Should a difficulty be encountered by pharmacies attempting to submit claims for these medications, the ODB Help Desk can be contacted.

PHARMACISTS ARE REMINDED THAT THE PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF. THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

Facilitated Access
HIV/AIDS DRUGS

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	DIN	MFR
ACYCLOVIR	200mg/5ml	SUSP	Zovirax	00886157	GLW
	200mg	TAB	Zovirax	00634506	GSK
			Apo-Acyclovir	02207621	APX
			Mylan-Acyclovir	02242784	MYL
			Novo-Acyclovir	02285959	NOP
			Ratio-Acyclovir	02078627	RPH
	400mg	TAB	Zovirax	01911627	GSK
			Apo-Acyclovir	02207648	APX
			Mylan-Acyclovir	02242463	MYL
			Novo-Acyclovir	02285967	NOP
			Ratio-Acyclovir	02078635	RPH
ATOVAQUONE	750mg/5ml	O/L	Mepron	02217422	GLW
AZITHROMYCIN	600mg	TAB	Zithromax	02231143	PFI
			Co Azithromycin	02256088	COB
			PMS-Azithromycin	02261642	PMS
DOXYCYCLINE	100mg	CAP	Vibramycin	00024368	PFI
			Apo-Doxy	00740713	APX
			Novo-Doxylin	00725250	NOP
DOXYCYCLINE HYCLATE	100mg	TAB	Vibra-Tabs	00578452	PFI
			Apo-Doxy-Tabs	00874256	APX
			Novo-Doxylin Tablets	02158574	NOP

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	PIN	MFR
FLUCONAZOLE	Note: Recommended for the treatment of oral/esophageal candidiasis in patients who have failed to respond with nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.				
	10mg/ml	O/L	Diflucan P.O.S.	02024152	PFI
FLUCONAZOLE	50mg	TAB	Diflucan	00891800	PFI
			Apo-Fluconazole	02237370	APX
			Co Fluconazole	02281260	COB
			Mylan-Fluconazole	02245292	MYL
			Novo-Fluconazole	02236978	NOP
			PMS-Fluconazole	02245643	PMS
	100mg	TAB	Diflucan	00891819	PFI
			Apo-Fluconazole	02237371	APX
			Co Fluconazole	02281279	COB
			Mylan-Fluconazole	02245293	MYL
			Novo-Fluconazole	02236979	NOP
			PMS-Fluconazole	02245644	PMS
GANCICLOVIR SODIUM	500mg/vial	PD INJ-10ML PK	Cytovene	02162695	HLR
ITRACONAZOLE	Note: Recommended for the treatment of oral/esophageal candidiasis unresponsive to less expensive alternatives.				
	10mg/ml	ORAL SOL	Sporanox	02231347	JAN
	100mg	CAP	Sporanox	02047454	JAN
NUTRITION PRODUCTS	Note: Only those products on the current list of approved NPs for patients who satisfy the functional impairment criteria.				
PAROMOMYCIN	Note: Recommended for the treatment of cryptosporidium. Therapy should be discontinued if no benefits are observed after a three week trial.				
	250mg	CAP	Humatin	02078759	PDA
PNEUMOCOCCAL VACCINE		INJ-1 DOSE PK	Pneumovax 23	00431648	MSD

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	PIN	MFR
POTASSIUM CHLORIDE	8meq	LA TAB	Apo-K	00602884	APX
			Slow-K	80040226	NOV
		SR CAP	Micro-K Extencaps	02042304	WAY
	10meq	LA TAB	Kalium Durules	00471496	AST
	20meq	SR TAB	K-Dur	00713376	KEY
PYRIMETHAMINE	25mg	TAB	Daraprim	00004774	GLW

Part VI-B
Facilitated Access to Palliative Care Drug Products

Part VI-B: Facilitated Access to Palliative Care Drug Products

The following list of drug products used to treat ODB-eligible patients undergoing palliative (end-of-life) care are reimbursed through the Facilitated Access (FA) mechanism under the EAP. Under this mechanism, a select group of participating physicians are exempt from the usual paperwork associated with the provision of these products (i.e., exempt from obtaining approval under EAP on a case-by-case basis).

Eligibility Criteria

Palliative Care (PC) medication claims reimbursed under the ODB program must be prescribed in accordance with the following patient eligibility criteria:

> "This patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months and the medications are being requested for symptom control for a maximum period of six months."

To facilitate the reimbursement process at the pharmacy, the prescriber is asked to indicate either, "Palliative" or "P.C.F.A.", on the prescription to signify that the patient meets the above-noted eligibility criteria. The physician's CPSO registration number must be included on the prescription for purposes of verification.

Physician List

Pharmacies have been provided with a list of physicians approved to participate in the Facilitated Access mechanism. Any changes to this list are communicated to pharmacies via their ONE-mail system.

The OMA is responsible for determining physician eligibility to participate based on the following criteria:

- Physicians who do more than 20 palliative care consults in a year
- Physicians who do more than 50 palliative care visits in a year
- Physicians who have been identified as a provider of palliative care by a regional director for CCO
- Physicians who have been identified as a provider of palliative care by the executive of the section of palliative medicine at the OMA

- Physicians who have been identified as a provider of palliative care by an End of Life Network or Community Care Access Centre
- Physicians who are members of a Palliative Alternate Funding Plan (AFP)
- Physicians who work in collaboration with a Palliative Care Physician

Physicians wishing to obtain further information can contact the Ontario Medical Association at (416) 599-2580 ext. 3265, or 1-800-268-7215 ext. 3265, or by e-mail at pcfa@oma.org.

EAP Requests

This mechanism facilitates reimbursement for FA drugs for palliative care patients for an initial six-month course of therapy only. EAP requests are required for coverage of FA drugs beyond the initial six-month period, coverage of FA drugs prescribed for use in other clinical settings, and for coverage of drugs not listed in Part III-A or Part VI-B of the Formulary/CDI. Physicians are encouraged to submit renewal requests at least 4 to 6 weeks prior to the expiration date.

Please note that the interchangeability of different brands of drugs available through this mechanism has not been evaluated by the ministry, unless they are designated as interchangeable in Part III-A, or Part III-B of the Formulary/CDI. Where interchangeability has not been designated, the prescription must specify the generic drug name or the particular brand name in order for it to be reimbursed by the ministry under the FA mechanism.

Pharmacies should note that adjudication for these medications via the HNS will be allowed with the proviso that the PIN specifically assigned to each drug product is used for billing. Attempts to adjudicate these medications with the DIN may result in rejection of the claim. Should a difficulty be encountered by pharmacies attempting to adjudicate claims for these medications, the ODB Help Desk should be contacted.

PHARMACISTS ARE REMINDED THAT THE PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF. THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

Facilitated Access Palliative Care Drugs

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	PIN	MFR
DIAZEPAM	5mg/ml	INJ 2ML PK	Sandoz Diazepam	09857240	SDZ
DIMENHYDRINATE	50mg/ml	INJ-5ML PK	Sandoz Dimenhydrinate	09857207	SDZ
FUROSEMIDE	10mg/ml	INJ SOL-2ML PK	Sandoz Furosemide	09857208	SDZ
GLYCOPYRROLATE	0.2mg/ml	INJ SOL-2ML VIAL PK (PRESERVATIVE FREE)	Glycopyrrolate Injection	09857521	OMG
GLYCOPYRRONIUM BROMIDE	0.2mg/ml	INJ-1ML AMP PK	Sandoz Glycopyrrolate	09857212	SDZ
HYOSCINE BUTYLBROMIDE	20mg/ml	INJ SOL	Buscopan	09857213	BOE
	10mg	TAB	Buscopan	09857215	BOE
LORAZEPAM	4mg/ml	INJ-1ML PK	Sandoz Lorazepam	09857216	SDZ
METHADONE HCL	1mg/ml	O/L	Metadol	09857221	PMS
	10mg/ml	O/L	Metadol	09857223	PMS
	1mg	TAB	Metadol	09857217	PMS
	5mg	TAB	Metadol	09857218	PMS
	10mg	TAB	Metadol	09857219	PMS
	25mg	TAB	Metadol	09857220	PMS
METOCLOPRAMIDE HCL	10mg/2ml	INJ-2ML PK	Sandoz Metoclopramide	09857224	SDZ
MIDAZOLAM HCL	5mg/ml	INJ-1ML PK	Sandoz Midazolam	09857225	SDZ
		INJ-1ML PK	Midazolam Injection SDZ (Preservative-Free)	09857479	SDZ
		INJ-2ML PK	Midazolam	09857438	PPC

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	PIN	MFR
MORPHINE SULFATE	2mg/ml	INJ SOL AMP	Sandoz Morphine	09857226	SDZ
	10mg/ml	INJ SOL AMP	Sandoz Morphine	09857227	SDZ
OXYCODONE HCL	5mg	TAB	Oxy.IR	09857243	PFP
			PMS-Oxycodone	09857318	PMS
			Supeudol	09857232	SIL
	10mg	CR TAB	OxyNEO	09857408	PFP
	10mg	TAB	Oxy.IR	09857241	PFP
			PMS-Oxycodone	09857319	PMS
			Supeudol	09857233	SIL
	15mg	CR TAB	OxyNEO	09857409	PFP
	20mg	TAB	Oxy.IR	09857242	PFP
			PMS-Oxycodone	09857321	PMS
			Supeudol	09857234	SIL
	20mg	CR TAB	OxyNEO	09857410	PFP
	30mg	CR Tab	OxyNEO	09857411	PFP
	40mg	CR Tab	OxyNEO	09857412	PFP
	80mg	CR Tab	OxyNEO	09857413	PFP
PAMIDRONATE DISODIUM	3mg/ml	INJ SOL-10ML VIAL	Pamidronate Disodium Omega	09857399	OMG
	6mg/ml	INJ SOL-10ML VIAL	Pamidronate Disodium Omega	09857402	OMG
	9mg/ml	INJ SOL-10ML VIAL	Pamidronate Disodium Omega	09857403	OMG
PHENOBARBITAL	120mg/ml	INJ SOL-1ML PK	Phenobarbital	09857296	SDZ
PHENYTOIN (DIPHENHYDANTOIN)	50mg/ml	INJ-2ML PK	Sandoz Phenytoin	09857235	SDZ

GENERIC NAME	STRENGTH	DOSAGE FORM	BRAND NAME	PIN	MFR
SCOPOLAMINE HYDROBROMIDE	0.4mg/ml	INJ SOL-1ML PK	Scopolamine Hydrobromide Injection	09857236	HOS
			Scopolamine Hydrobromide Injection	09857384	OMG
	0.6mg/ml	INJ SOL-1ML PK	Scopolamine Hydrobromide Injection	09857237	HOS
			Scopolamine Hydrobromide Injection	09857385	OMG

Part VII
Trillium Drug Program

Part VII: Trillium Drug Program

The Trillium Drug Program (TDP) was established on April 1, 1995, to help people who have high drug costs in relation to their incomes. This is an annual provincial government program. Each year starting August 1, drug costs must be paid up to the deductible level before eligibility for coverage begins. The TDP deductible is based on income and family size.

The TDP runs from August 1 of one year to July 31 of the following year. The annual deductible is paid in four installments over the Trillium benefit year. For example, a family with an annual deductible of $500, will pay $125 for prescriptions purchased at the start of each quarter on August 1, November 1, February 1, and May 1. After the deductible is paid in each quarter, the family will receive benefits for that quarter and may be asked to pay up to $2 per prescription for an eligible drug product. Any unpaid deductible in a quarter will be added to the next quarter's deductible. By regulation costs covered by other entities (i.e., private insurers and employers, are not counted towards the TDP deductible). TDP deductibles must be paid by the household's out-of-pocket expenditure.

New applicants to Trillium can choose the date within the program year on which they wish to be enrolled. The deductible is prorated based on the number of days left in the program year. The prorated deductible applies only for the first year of enrollment into the program.

People may qualify for the TDP if they:

- Have a valid Ontario Health Card; and
- Are not currently eligible to receive drug benefits under the ODB program; and
- Do not have prescription drug costs fully covered by a private insurance plan; and
- Are paying a large part of their income for prescription drugs.

The following are considered to be allowable prescription drug expenses that can be counted toward the Trillium deductible:

- Products listed as ODB benefits
- Products on the Facilitated Access list in Part VI of the Formulary/CDI
- Any drug product which has been approved by the EO on an individual basis, under section 16 of the ODBA or in accordance with the regulations under the ODBA [O.Reg. 201/96 sec. 3(4) iv, 3(5)]

- Products on the Nutrition Products list and Diabetic Testing Agents list in Part IX of the Formulary/CDI
- Extemporaneous products designated as pharmaceutical products under the regulations made under the ODBA
- Products listed in Schedule 2 to O. Reg. 201/96 (insulin, adrenocorticotrophic hormones, nitrate vasodilators)

For Trillium-eligible recipients, the ministry will pay for the lesser of a 100 days' supply or a quantity sufficient to extend up to 30 days after the end of the Trillium eligibility period (e.g., in July, a quantity sufficient to last until August 30 will be covered). In addition, to ensure proper application of the Trillium program for households that have not met their annual deductibles as of the third quarter, the days' supply for claims submitted during this period cannot exceed more than 30 days beyond the end of the third quarter (i.e., beyond May 30th of each benefit year). The HNS automatically calculates the days' supply in these circumstances and will not reimburse any exceeded amounts.

During the first and second quarters of the Trillium benefit year (August 1 - January 31 of the following calendar year), a vacation supply claim of up to 100 days may be allowed (in addition to the regular 100 maximum days' supply) for Trillium recipients travelling outside the province for between 101 and 200 days, before they leave Ontario.

In order to obtain a refill for a vacation supply of up to 100 days of ODB medication, provided that the prescription allows for the additional supply, recipients must provide the pharmacist with documentation confirming that they are leaving the province for more than 100 days including either:

- A letter signed and dated by the recipient indicating travel dates
- A copy of the recipient's travel documentation (e.g., travel insurance)

Vacation supply claims must not be submitted through the HNS for Trillium recipients during the third and fourth quarters of the Trillium benefit year (February 1- July 31). Trillium recipients must pay for their vacation supply for the third and fourth quarters of the benefit year. Pharmacists should advise Trillium recipients that the ministry will not reimburse vacation supplies paid for out-of-pocket during the third and fourth quarters of the benefit year except in rare circumstances.

Each program year, Trillium recipients enrolled in the previous program year will automatically be renewed unless one of the following conditions applies:

- Household members have declined to give consent for the ministry to access household income information directly from Canada Revenue Agency (CRA), or consent is missing
- Any household member is turning 16 years of age prior to August 1
- The household has not utilized the TDP for the previous two benefit years
- All members of the household are over 65 years of age

A confirmation letter is mailed to households starting June of each year confirming TDP details for the program year. It is required that households inform the program of any changes or incorrect information.
Trillium applications can be obtained through the TDP at 1-800-575-5386, from local pharmacies, or can be downloaded from the ministry's website at: The Trillium Drug Program (TDP)

Part VIII
Exceptional Access Program (EAP)

Part VIII: Exceptional Access Program (EAP)

The Exceptional Access Program (EAP) facilitates patient access to drugs not funded in the ODB Formulary where no listed alternative is available. In order to receive coverage through the EAP, the patient must be eligible to receive benefits under the ODB program.

The EO, on behalf of the ministry, considers requests for coverage of drug products that are not listed in the ODB Formulary/CDI. Funding decisions for drug products considered by the EAP are based on recommendations and guidelines from the ministry's expert advisory committee, the CED and approved by the EO. Also, the program is supported by an extensive roster of expert medical advisers who may be involved in criteria development and/or the review of individual requests for the coverage of drug products. All EAP requests will be considered according to the policies described below to ensure a fair and consistent review of each request. Modernization initiatives to facilitate the EAP process are ongoing.

Funding Decision

Typically the CED recommends consideration through the EAP for drug products where strong clinical evidence is not available to support efficacy and/or cost-effectiveness, when compared to other drugs already funded through the ODB program.

EAP requests are only considered for a drug or indication(s) which has been approved for funding by the EO. For manufacturer-initiated reviews, each complete submission undergoes a rigorous review by the CED. The CED makes recommendations to the EO as to whether a drug product should be listed as a formulary benefit and/or designated as an interchangeable drug product (for generic drugs). The CED also makes recommendations as to whether or not drug products should be available through the EAP, and may develop clinical criteria.

Please note, the EAP does not consider funding for non-drug products, which include diabetic test strips, medical or assistive devices, natural health products, or nutrition products. Please refer to Part IX of the ODB Formulary/CDI for nutrition products and diabetic test strips that are covered under the ODB program.

The EO may also request that the CED perform a review and provide a recommendation for a drug or indication in the absence of a manufacturer submission for the purposes of consideration under EAP. Normally, this occurs for indications which have not been approved by Health Canada (i.e., off-label indications). For Health

Canada approved indications, the onus is on the manufacturer to submit information to the Ontario Public Drug Programs to request a product review.
Following the CED's review, the EO makes the final decision regarding the reimbursement of the product.

EAP Criteria

For a drug to be considered for funding, the EAP reimbursement criteria must always be met prior to the initiation of treatment with the drug being requested, unless otherwise specified within the criteria. This includes:

- Funding for continued treatment that was previously supplied through a clinical trial, or paid for by other means (such as a third party payer)
  Note: First time applications for the funding of ongoing treatments must meet both initial and renewal criteria for the drug being requested (unless otherwise specified)
- Funding for a renewal beyond the previously approved initial period, unless otherwise specified

Selected drug-specific criteria used in the consideration of EAP requests are available on the ministry's website, in order to improve transparency and assist physicians in making EAP drug requests.

EAP Application Process

To apply through the EAP, the patient's physician must submit a request documenting complete and relevant medical information to the ministry, providing the clinical rationale for requesting the unlisted drug and reasons why covered benefits are not suitable. All requests are reviewed according to the guidelines and criteria recommended by the CED and approved by the EO. This review includes a thorough assessment of the patient's specific case and clinical circumstances, as provided by the physician, as well as the scientific evidence available. If EAP approval is granted, the coverage period begins as of the effective date and extends only to the specified date.
To assist physicians applying for exceptional access, please refer to the Request for an Unlisted Drug Product – Exceptional Access Program (EAP) Form on the ministry's website at: Request for an Unlisted Drug Product - Exceptional Access Program (EAP)

Additionally, the criteria for the funding of frequently requested drugs considered through the EAP are posted on the ministry's website at: Exceptional Access Program
Physicians are encouraged to utilize this resource to ensure that they provide the adequate clinical information necessary for the EAP to assess the requested drug(s).
Only physicians practicing in Ontario may request coverage for an EAP drug.
Requests should be sent to the attention of:

Exceptional Access Program (EAP) Unit
Exceptional Access Program Branch
3rd Floor, 5700 Yonge Street
Toronto ON M2M 4K5
Fax: (416) 327-7526
Toll free fax: 1-866-811-9908

(Faxed requests are preferred – DO NOT mail in a previously faxed request)
Questions from physicians related to a specific request should be directed to the EAP unit by calling the general branch telephone number: 416-327-8109 or toll-free at 1-866-811-9893. Pharmacists with questions regarding the status of an individual's coverage for a specific drug should call the ODB Help Desk.
To minimize delays, please ensure that your request is written legibly. Each request should include a concise clinical description and therapeutic plan which must include, but is not limited to, the following:

- Physician's name, CPSO number, street address, fax number, telephone number, physician's signature (mandatory)
- Patient's name, date of birth, health card number (HCN) / ODB eligibility number
- Trade or generic name, strength and dosage form of the requested drug product
- Specific diagnosis for which the drug is requested or reason for use
- If the patient has been taking the product, provide duration of therapy and objective evidence of its efficacy
- Details of both drug and non-drug alternatives that have been tried to treat the condition including dosages (for drugs), length of therapy and response to therapy
- Where alternatives are not appropriate, outline the reasons
- Concomitant drug therapy to treat other conditions, and relevant details of these co-morbid conditions
- Other relevant information (e.g., culture and sensitivity reports, serum drug levels, laboratory results, bone mineral density reports, consultation reports)

Extension of Coverage for EAP Drugs

If it is anticipated that a patient will continue to require the product beyond the approval period, the physician is required to request an extension of coverage. It is recommended that the request for continued reimbursement and all supporting documentation (including details of current dose and clinical status) be submitted to the ministry at least four to six weeks prior to the expiration of the current approval.
It should be noted that coverage will not be continued automatically between expiration and re-issuance of approval. Physicians are encouraged to review the EAP criteria for renewal consideration of individual drugs to ensure that sufficient and appropriate information is provided to facilitate a timely response. The request should include a

summary of the patient's progress on the drug product, any changes in drug therapy, the rationale for the continued need for the product and a list of all concomitant drug therapies.
Please refer to the EAP Reimbursement Criteria for further information at: Exceptional Access Program

EAP - Telephone Request Service

The Telephone Request Service (TRS) offers physicians another way to submit EAP requests for a group of selected drugs. In most cases, these requests will be assessed in real-time. Physicians or their delegates may call the TRS to submit their requests and obtain a faster funding decision for selected drugs and indications. Please visit the ministry's website for the evaluation questionnaires and reimbursement criteria at: Exceptional Access Program

Physicians and their delegates are encouraged to review the TRS Reimbursement Criteria before calling to ensure that the drug they are requesting is one that can be considered through this service and additionally, to ensure that they provide the necessary information for EAP staff to make a funding decision during the call. Requests for drug products or indications not currently available through TRS will be asked to be submitted via fax.
Physicians and their delegates may call 1-866-811-9893 or 416-327-8109 and select the TRS option. The hours of operation of EAP's TRS are from 8:30 AM to 5:00 PM Monday to Friday. Service is not available on weekends, provincial statutory holidays, and Remembrance Day.
Please refer to the ministry's web posting for additional information at: Exceptional Access Program

Compassionate Review Policy

Where there are rare clinical circumstances in immediately life-, limb-, or organ-threatening conditions, the EO considers requests for drugs or indications in the absence of a final funding decision. Requests must meet the criteria for the Compassionate Review Policy.
Note: For cancer drugs, Cancer Care Ontario (CCO) administers the Case-by-Case Review Program (CBCRP) on behalf of the MOHLTC. The new CBCRP extends and adapts the Compassionate Review Policy to therapies that will be administered in cancer centres and hospitals.
The CBCRP considers funding requests for cancer drugs (both oral therapies and injectable drugs) for cancer patients who have a rare clinical circumstance that is immediately life threatening (i.e., death is likely within a matter of months) and who require treatment with an unfunded drug, because there is no other satisfactory and

funded treatment. For further information on CBCRP including eligibility criteria and how to apply, please visit the CCO website at: Cancer Care Ontario
While CCO administers the CBCRP, the EO of Ontario Public Drug Programs makes all final funding decisions.

Funding for Drugs being used in Clinical Trials

This section is intended to clarify the circumstances in which EAP funding will be considered for drugs being used within the context of a clinical trial. Generally, the ODB program does not fund drugs being studied under a clinical trial. These costs should be funded by the trial organizer and accounted for within the study budget. Supportive therapies may be considered for funding under all of the following circumstances:

- Funding will only be considered for ODB-eligible recipients (must be ODB eligible at the time of enrollment in the trial)
- Funding will only be considered for products currently funded by the ODB program according to their approved criteria
- EAP request should indicate that the requested product is being used as supportive therapy as part of a clinical trial

Manufacturer-sponsored trials will be excluded, and it is expected that manufacturers will provide funding for study treatments as part of the trial budget. For trials that are not manufacturer sponsored, investigators are asked to provide prior notification to the ministry of impending requests for funding of supportive therapies for a clinical trial. Requestors should indicate trial details, funding details, patient numbers, and timelines for their request prior to submitting the first request to EAP.
Inquiries regarding the EAP should be directed to:

E-mail: EAPFeedback.MOH@ontario.ca
Phone: 416-327-8109 or 1-866-811-9893
Fax: 416-327-7526 or 1-866-811-9908
Exceptional Access Program
3rd Floor, 5700 Yonge St.
North York, ON M2M 4K5

Reimbursement

The decision on reimbursement of individual requests will be communicated by letter to the requesting physician. If coverage is approved, the physician may provide a copy of the ministry's response letter to the patient to take to their pharmacy. It should be noted that while pharmacies are not required to keep a copy of the response letter on file, retaining a copy of the letter may facilitate the pharmacy's awareness of covered products and may also assist in the monitoring of the approval duration of the request to avoid a gap in treatment should ongoing coverage be required. (Note: The ministry is aware of its obligations under the *Personal Health Information Protection Act, 2004*

(PHIPA) to ensure the confidentiality of all personal patient information which it holds on file as provided by requesting physicians. Physicians are requested to ensure continuation of this vigilance as it relates to patient privacy issues, particularly when transmitting EAP approval information to other parties.)
The HNS adjudicates EAP claims online. Coverage begins on the specified coverage date and is valid until the expiration date noted on the authorization letter.
For drugs approved under the EAP, the ministry will reimburse pharmacists an amount equal to the Drug Benefit Price as outlined in the Formulary/CDI or listed on the ministry's website, plus a mark-up, and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee, minus the applicable co-payment amount.
For products not outlined in the Formulary/CDI, the ministry will pay dispensers the acquisition cost plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable co-payment amount.
The EO may enter into agreements with manufacturers to establish DBPs for products reimbursed under the EAP. In such cases, drug products reimbursed under the EAP will be adjudicated at the established DBP. Please refer to the ministry's website for further information at: Exceptional Access Program
Products are approved for reimbursement under the EAP for a specific timeframe (i.e., days, weeks, one or more years), depending on the drug product and medical condition in question.
Retroactive reimbursement of approved requests may be considered by the EO on a case-by-case basis.

Effective November 1, 2016, if an EAP drug has an interchangeable generic product designated through the Off-Formulary Interchangeable (OFI) mechanism, the ministry will only approve the funding of the generic product. Where Ontario Drug Benefit (ODB) recipients have had a documented adverse reaction to at least two (2) generic versions, the ministry will reimburse the higher-cost brand product. Similar to products listed on the ODB Formulary, the "No Substitution" policy will apply.

Pharmacists must dispense an OFI generic product in the pharmacy's inventory to ODB recipients with an EAP approval from the ministry. Pharmacists will be reimbursed the cost of the generic product that is dispensed. In order for ODB to reimburse the brand name product, prescribers are required to complete, sign and forward to the pharmacist, a copy of the Health Canada Side Effect Reporting Form for each interchangeable drug product trialed, and will continue to be required to write "no substitution" on a written prescription or indicate "no substitution" to the pharmacist in the case of a verbal prescription. The form(s) must be completely filled out noting the details of the adverse reaction(s) and signed by the prescriber.

Upon receipt of a "no substitution" prescription, the pharmacist will continue to:

• Clearly note on each Side Effect Reporting Form(s) – “ODB No Substitution”; and

• Fax or mail the completed and signed form(s) to Health Canada’s Canada Vigilance Program if not already submitted by the prescriber; and

• Retain copies of the completed and signed adverse drug reaction form(s) in a readily retrievable format at the pharmacy. Note: Copies must be kept for two (2) years past the last claim that relied on the adverse reaction form.

Health Canada Side Effect Reporting Forms do not have an expiry date and serve as a permanent record. The pharmacist will continue to be required to mail or fax the completed form(s), where it has not been submitted by the prescriber, to:
Canada Vigilance Program, Marketed Health Products Directorate, Health Canada, Address locator 0701E, Ottawa, Ontario, K1A 0K9 Fax: 1-866-678-6789.

If ODB recipients choose to exercise their personal preference for the brand therapy without trying at least two (2) generic drug products, pharmacists may continue to provide them with their choice and it will be the responsibility of the recipient to pay for any cost difference. The same will apply if the ODB recipient’s prescriber does not provide the appropriate Side Effect Reporting Form(s) to the pharmacy.

Part IX
Additional Benefits: Nutrition Products/ Diabetic Testing Agents

Part IX: Additional Benefits: Nutrition Products/ Diabetic Testing Agents

Nutrition Products

Nutrition Products (NPs) are listed substances reimbursed as additional benefits for ODB-eligible persons in defined circumstances.
Enteral nutrition products are eligible for coverage under the ODB program only when prescribed by a physician as the patient's sole source of nutrition. Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

Eligibility Criteria:

Enteral nutrition products will be reimbursed for ODB-eligible persons when prescribed as the patient's sole source of nutrition and when one of the following criteria is met:

- Oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia (e.g., head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating)
- Maldigestion or malabsorption disorder and/or significant gut failure where food is not tolerated; (e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome)
- For patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated (i.e., Crohn's disease)

Each claim for reimbursement must be supported by a valid and fully completed Nutrition Product form.
Nutrition Product forms are valid for one year following the date completed. Physicians can order Nutrition Product forms by calling 1-888-310-9008, or print the Nutrition Product form from the ministry's website at: Nutrition Product Form

Pharmacists are required to retain a copy of the Nutrition Product form on file for 24 months after which any NP claim is submitted to the HNS. For example, an NP claim submitted for ODB reimbursement with a date of service on December 31, 2010, must be substantiated with a valid and completed Nutrition Product form signed and dated by the prescribing physician (from January 1, 2010 to December 31, 2010) and retained on file until December 31, 2012.

Exclusion Criteria:

An NP will not be reimbursed under the ODB program if it is intended for one of the following uses:

- Prescribed weight loss in the treatment of obesity
- Food allergies
- Body building
- Voluntary meal replacement
- Nutritional supplement
- Convenience
- Used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function

After conducting a patient assessment, the prescriber or dietician may select any Nutrition Product from the approved list; however, only the prescriber can complete the Nutrition Product form. Depending on which NP is prescribed, the ODB-eligible person may have to pay the pharmacy the difference between the cost the ministry will reimburse the pharmacy and the current listed price for that NP. In many cases, the maximum paid by the ministry covers the entire cost (see attached Maximum Allowable Reimbursement Schedule for the list and price of the approved NPs under the ODB program).
Reimbursement of NPs is not considered through the EAP.

Maximum Allowable Reimbursement Mechanism and Pricing Schedule — Nutrition Products

Administration

A valid prescription from a prescriber is required for pharmacists to dispense approved NPs under the ODB program to eligible recipients. Pharmacists and prescribers are reminded that the nutritional requirements for persons residing in long-term care homes and Homes for Special Care are met by the facility responsible for the care of these

patients. Claims for NPs for these residents are not reimbursed under the ODB program.

Claims

Pharmacists should note the maximum amount the ministry will reimburse pharmacies for each approved NP. Cost-to-operator claims will not be accepted. NP claims are not eligible for a mark-up.

Reimbursement Process

The maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of NPs in a given category, up to a maximum price established for that category, minus the co-payment. The ministry will reimburse pharmacies the amount identified in the column **Amount MOHLTC Pays** plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. No amount more than that shown in the column **Amount Patient Pays** plus the co-payment portion can be charged to recipients. The following maximum allowable reimbursement schedule lists those NPs that are approved for coverage and identifies a maximum price (per 1000kcal) for specific categories.

Maximum Allowable Reimbursement Schedule for Nutrition Products

A.1 COMPLETE POLYMERIC – LACTOSE FREE MAXIMUM = 5.04

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Boost 1.5 Plus Calories	1.5KCAL/ML LIQ-237ML PK	97982610	NES	4.37	1.55	1.55	0.00
Ensure Plus	LIQ-235ML PK CANS	97904333	ABB	5.04	1.79	1.79	0.00
NovaSource Renal	LIQ-235ML PK	09854258	NES	4.32	2.05	2.05	0.00
Nutren 1.5	1.5KCAL/ML LIQ-250ML PK	97984698	NES	5.04	1.89	1.89	0.00
Resource 2.0	LIQ-237ML PK	09853170	NES	4.32	2.05	2.05	0.00
Suplena	LIQ-235ML PK	09853731	ABB	4.94	2.09	2.09	0.00
TwoCal HN	2KCAL/ML LIQ-235ML PK	09854380	ROS	5.04	2.37	2.37	0.00

A.2 COMPLETE POLYMERIC – FIBRE CONTAINING MAXIMUM = 7.68

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Compleat Modified	LIQ-250ML PK	97983330	NES	7.66	2.03	2.03	0.00
Compleat Modified	LIQ-1000ML PK	09854231	NON	7.45	7.97	7.97	0.00
Ensure with Fibre	LIQ-235ML PK CANS	97904317	ABB	7.68	2.00	2.00	0.00
Glucerna 1.0 Cal	LIQ-235ML PK	09854392	ABB	7.68	1.80	1.80	0.00
IsoSource HN with Fibre	LIQ-250ML PK	09854363	NES	6.10	1.83	1.83	0.00
Jevity 1 Cal	1.06KCAL/ML LIQ-235ML PK	97984060	ABB	7.68	1.92	1.92	0.00
Jevity 1 Cal	1.06KCAL/ML LIQ-1500ML PK	09854479	ABB	7.68	12.22	12.22	0.00
Jevity 1.2 Cal	1.2KCAL/ML LIQ-235ML PK	09854096	ABB	7.70	2.17	2.17	0.00
Jevity 1.2 Cal	1.2KCAL/ML LIQ-1000ML PK	09857109	ABB	7.61	9.13	9.13	0.00
Jevity 1.2 Cal	1.2KCAL/ML LIQ-1500ML PK	09857117	ABB	7.61	13.70	13.70	0.00
Jevity 1.5 Cal	1.5KCAL/ML LIQ-235ML PK	09857344	ABB	7.67	2.70	2.70	0.00
Jevity 1.5 Cal	1.5KCAL/ML LIQ-1000ML PK	09857310	ABB	7.68	11.52	11.52	0.00
Jevity 1.5 Cal	1.5KCAL/ML LIQ-1500ML PK	09857312	ABB	7.68	17.28	17.28	0.00
Resource Diabetic	1.06KCAL/ML LIQ-250ML PK	09857427	NES	6.57	1.74	1.74	0.00

A.3 COMPLETE POLYMERIC – HIGH NITROGEN MAXIMUM = 5.11

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
IsoSource 1.5 Cal	LIQ-250ML PK	09854266	NES	4.99	1.87	1.87	0.00
IsoSource HN	LIQ-250ML PK	97984663	NES	4.03	1.20	1.20	0.00
IsoSource VHN	LIQ-250ML PK	09853553	NES	8.51	2.12	1.27	0.85
Osmolite 1 Cal	1.06KCAL/ML LIQ-1500ML PK	09854452	ABB	5.04	8.01	8.01	0.00
Osmolite 1 CAL	LIQ-235ML PK	97973165	ABB	5.07	1.26	1.26	0.00
Osmolite 1.2 Cal	1.2KCAL/ML LIQ-1500 ML PK	09857095	ABB	5.04	9.07	9.07	0.00
Osmolite 1.2 CAL	LIQ-235ML PK	09854169	ABB	5.11	1.44	1.44	0.00

B. INCOMPLETE POLYMERIC MAXIMUM = 8.50

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Boost Fruit Flavoured Beverage	LIQ-237ML PK	09853154	NES	8.61	1.55	1.53	0.02

C.1 MODULAR – PROTEIN MAXIMUM = 15.90

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
HMS 90	PD-10G POUCH	09854193	IMM	49.50	1.98	0.64	1.34

C.3 MODULAR - FAT

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
MCT Oil	7.7KCAL/ML LIQ-946ML PK	97904473	NES		34.49	34.49	0.00

D. CHEMICALLY DEFINED FORMULA MAXIMUM = 35.26

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Peptamen	LIQ-250ML PK	97984779	NES	28.46	7.12	7.12	0.00
Peptamen 1.5	1.5KCAL/ML LIQ-250ML PK	09853090	NES	27.36	10.26	10.26	0.00
Peptamen 1.5	1.5KCAL/ML LIQ-1000ML PK	09857126	NES	27.36	41.04	41.04	0.00
Peptamen with Prebio	1KCAL/ML LIQ-250ML PK	09857101	NES	28.46	7.12	7.12	0.00
Peptamen with Prebio	1KCAL/ML LIQ-1500ML PK	09857102	NES	28.46	42.69	42.69	0.00
Perative	LIQ-237ML PK	09854390	ROS	8.83	2.72	2.72	0.00
Perative	LIQ-1000ML PK	09854391	ROS	8.83	11.48	11.48	0.00
Portagen	1.02KCAL/ML PD-454G PK	09854401	MJN	10.40	22.23	22.23	0.00
Tolerex	PD-80G PK	97982750	NES	13.90	4.17	4.17	0.00
Vivonex T.E.N.	PD-80.4G PK	09853618	NES	23.44	7.03	7.03	0.00
Vivonex Plus	PD-79.5G PK	97982830	NES	23.70	7.03	7.03	0.00

E.1 PEDIATRIC FORMULA, COMPLETE POLYMERIC – LACTOSE FREE
MAXIMUM = 10.51

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Nutren Junior	1KCAL/ML LIQ-250ML PK	09854215	NES	6.59	1.65	1.65	0.00
PediaSure	LIQ-235ML PK	97984370	ABB	10.51	2.47	2.47	0.00

E.2 PEDIATRIC FORMULA, COMPLETE POLYMERIC – FIBRE CONTAINING
MAXIMUM = 10.51

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Compleat Pediatric	1KCAL/ML LIQ-250ML PK	09857173	NES	10.37	2.59	2.59	0.00
Nutren Junior Fibre	1KCAL/ML LIQ-250ML PK	09854223	NES	6.59	1.65	1.65	0.00
Pediasure Plus With Fibre	1.5KCAL/ML LIQ-235ML PK	09857419	ROS	7.77	2.74	2.74	0.00
Pediasure With Fibre	1KCAL/ML LIQ-235ML PK	09854371	ROS	10.51	2.47	2.47	0.00
Resource Kid Essentials 1.5	1.5KCAL/ML LIQ-237ML PK	09857142	NON	6.55	2.33	2.33	0.00

F. PEDIATRIC FORMULA, INCOMPLETE POLYMERIC MAXIMUM = 20.16

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
RCF	LIQ-384ML PK	97973084	ABB	20.16	6.27	6.27	0.00

G.1 PEDIATRIC FORMULA, CHEMICALLY DEFINED – OLIGOMERIC (SEMI-ELEMENTAL) MAXIMUM=13.13

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Alimentum	LIQ-4x237 ML PK	97984558	ABB	9.55	6.16	6.16	0.00
Nutramigen A+	5KCAL/G PD-454G PK	09857345	MJN	8.78	19.94	19.94	0.00
PediaSure Peptide 1 Cal	1.0KCAL/ML LIQ-237ML PK RECLOSABLE PLASTIC BOTTLE	09857523	ABB	11.35	2.69	2.69	0.00

G.2 PEDIATRIC FORMULA, CHEMICALLY DEFINED – MONOMERIC (ELEMENTAL) MAXIMUM=35.15

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
E028 Splash (Orange-Pineapple Flavoured)	1KCAL/ML LIQ-237ML PK	09857336	NUT	30.05	7.12	7.12	0.00
E028 Splash (Grape Flavoured)	1KCAL/ML LIQ-237ML PK	09857335	NUT	30.05	7.12	7.12	0.00
Neocate Junior	1KCAL/ML PD-400G PK	09854207	NUT	35.15	64.68	64.68	0.00
Neocate With DHA & ARA	0.67KCAL/1ML PD-400G CAN PK	09857433	NUT	28.24	54.56	54.56	0.00
PurAmino A+	5KCAL/G PD-400G PK	09857369	MJN	22.90	45.79	45.79	0.00
Vivonex Pediatric	PD-48.7G PK	09853308	NES	35.15	7.03	7.03	0.00

H. PEDIATRIC FORMULA, OTHERS MAXIMUM = N/A

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN	MFR	COST ($) PER 1000K CAL	COST ($) PER PKG	AMT ($) MOHLTC PAYS	AMT ($) PATIENT PAYS
Enfamil EnfaCare A+	22KCAL/30ML PD FOR LIQ-363G PK	09857172	MJS	8.51	15.29	15.29	0.00
KetoCal	7.2KCAL/G PD-300G PK	09854398	NUT	13.89	30.00	30.00	0.00
KetoCal 4:1 (Unflavoured)	1.5KCAL/ML LIQ-237ML TETRA PK	09857497	NUT	16.16	5.75	5.75	0.00
Ketocal 4:1 (Vanilla Flavoured)	1.5KCAL/ML LIQ-237ML TETRA PK	09857388	NUT	16.16	5.75	5.75	0.00
Modulen IBD	1KCAL/ML PD-400G PK	09857393	NES	14.50	29.00	29.00	0.00
Peptamen Junior	LIQ-250ML PK	09853588	NES	28.46	7.12	7.12	0.00
Similac Advance NeoSure	5.15KCAL/G PD-363G PK	09857124	ABB	8.02	14.99	14.99	0.00

Diabetic Testing Agents

Blood Glucose Test Strips (BGTSs) are listed substances that are covered as additional benefits for ODB-eligible persons in defined circumstances.
Effective August 1, 2013, the EO introduced changes to the reimbursement of BGTSs for eligible ODB program recipients. For more information, please visit the ministry's website on diabetes test strips at: Reimbursement levels for Blood Glucose Test Strips.

General Rules and Maximums

The HNS will track and determine appropriate levels of reimbursement of BGTSs based on the current diabetes therapy used by eligible ODB recipients.
When a claim is submitted for BGTS for eligible ODB recipients, the HNS will automatically review the anti-diabetes medications claims in the previous six months, to identify claims for insulin products and other anti-diabetes medications. The HNS will then apply a maximum number of self-monitoring BGTSs that may be reimbursed for the recipient in the following 365 days as follows:

Diabetes Treatment History	Number of BGTS Allowed within a 365-day Period
Patients managing diabetes with insulin	3,000
Patients managing diabetes with anti-diabetes medication with high risk of causing hypoglycemia[1]	400
Patients managing diabetes using anti-diabetes medication with low risk of causing hypoglycemia[2]	200
Patients managing diabetes through diet/lifestyle therapy only (no insulin or anti-diabetes medications)	200

[1]Including but not limited to glyburide, gliclazide, chlorpropamide, tolbutamide, repaglinide, nateglinide, or glimepiride
[2]Including but not limited to metformin, sitagliptin phosphate monohydrate, saxagliptin, acarbose, rosiglitazone, pioglitazone, linagliptin, liraglutide or empagliflozin

Recipients will be allotted the indicated number of test strips for use over the course of a 365-day period. The test strip allotment will apply to both online and paper claims.
When submitting a claim for insulin or anti-diabetes medication along with a claim for BGTS, **pharmacists should submit all anti-diabetes medications prior to entering the BGTS claim**. This ensures that the most current drug profile is included in the historical treatment review, and patients are allocated the proper number of test strips. Similarly, all related paper claims should be submitted for processing as soon as possible.

Pricing Schedule — Diabetic Testing Agents

Administration

A valid prescription from a physician is required for pharmacists to dispense approved Blood Glucose Test Strips (BGTS) under the ODB program to eligible recipients.

Claims

Pharmacists should note the maximum amount the ministry will reimburse pharmacies for each approved test strip. Cost-to-operator claims will not be accepted. Test strips claims are not eligible for a mark-up.

Please note: Only one PIN for each brand of test strips can be used for billing. Package size should not be used since reimbursement is based on the number of unit strips of each product dispensed.

Reimbursement for Blood Glucose Test Strips

The ministry will reimburse pharmacies the amount identified in the column **Amount MOHLTC Pays** plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. The pharmacy cannot charge eligible recipients any amount other than the co-payment for supplying BGTS under the ODB program.

The following pricing schedule lists those BGTS approved for coverage and the maximum price, up to which they will be reimbursed.

Pricing Schedule for Diabetic Testing Agents

BLOOD GLUCOSE TEST STRIPS

PRODUCT NAME	PIN	MFR	AMOUNT ($) MOHLTC PAYS PER UNIT
Accu-Chek Advantage	09853626	ROD	0.7481
Accu-Chek Aviva	09857178	RCH	0.7481
Accu-Chek Compact	09854282	RCH	0.7481
Accu-Chek Inform II Test Strips	09857456	ROD	0.6595
Accu-Chek Mobile	09857452	RCH	0.7481
Accutrend	09853162	ROD	0.7679
Advantage Comfort	09854002	ROD	0.7481
Breeze 2	09857293	BAH	0.7290
BD	09857132	BED	0.7655
BGStar Blood Glucose Strips 2.7IU	09857422	SAC	0.7290
CareSens N Blood Glucose Test Strip	09857526	ISE	0.6912
Contour	09857127	BAY	0.7290
Contour Next	09857453	BAY	0.7290
EZ Health Oracle	09857357	TRE	0.7290
Freestyle	09857141	TER	0.7290
Freestyle Lite	09857297	ABB	0.7290
FreeStyle Precision Test Strips	09857502	ABD	0.7290
GE200 Blood Glucose Test Strips	09857525	BIN	0.5508
Ideal Life Glucose Test Strip	09857538	IDL	0.6800
MediSure Blood Glucose Strip	09857432	MEH	0.6900

PRODUCT NAME	PIN	MFR	AMOUNT ($) MOHLTC PAYS PER UNIT
MyGlucoHealth	09857454	EHS	0.6851
Nova Max	09857313	NOB	0.7290
On Call Plus	09857340	ACO	0.4500
One Touch Ultra	09854290	LIF	0.7290
One Touch Verio	09857392	LIF	0.7290
Precision Xtra	09854070	ABB	0.7290
Prestige Smart System	09853677	THR	0.6067
Spirit Blood Glucose Test Strip	09857547	ARA	0.6912
Suretest Blood Glucose Test Strips	09857522	SKY	0.7290
TrueTrack Smart System	09857283	HOM	0.4000

Part X
Abbreviations

A. List of Manufacturers Abbreviations

ABBREVIATION	MANUFACTURER
AAP	AA Pharma Inc.
ABB	Abbott Laboratories Limited
ABD	Abbott Diabetes Care Ltd.
ABV	AbbVie Corporation
ACC	Accel Pharma Inc.
ACH	Accord Healthcare Inc.
ACO	Acon Laboratories Incorporated
ACT	Actelion Pharmaceutiques Canada Inc.
ACV	Actavis Pharma Company
AGI	Agila Specialties Pvt Ltd.
AGP	Actavis Group PTC ehf
AJC	Agila-Jamp Canada Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALM	Almirall Ltd.
ALV	Alveda Pharmaceuticals Inc.
AMG	Amgen Canada Inc.
APC	Acerus Pharmaceuticals Corporation
APO	ApoPharma Inc.
APU	Atnahs Pharma UK Limited
APX	Apotex Inc.

ABBREVIATION	MANUFACTURER
ARA	ARA Pharmaceuticals Inc.
ASC	Actavis Specialty Pharmaceuticals Co.
ASE	Astellas Pharma Canada Inc.
ASN	Aspen Pharma Trading Limited
AST	Astra Pharma Inc.
ATO	Aton Pharma Inc.
AUR	Auro Pharma Inc.
AUT	Auto Control Medical
AVE	Aventis Pharma
AYE	Ayerst Laboratories, Division of Ayerst, McKenna & Harrison
AZC	AstraZeneca
BAH	Bayer Inc., Health Care Division
BAR	Barr Laboratories Inc.
BAX	Baxter Corporation
BAY	Bayer Inc., Consumer Care Division
BED	BD Consumer Healthcare
BFI	Axcan Pharma Inc.
BGP	BGP Pharma ULC
BIN	Bionime Corporation
BIO	Biovail Pharmaceuticals Canada
BJH	Draxis Health Inc.
BMP	Biomed Pharma
BOE	Boehringer-Ingelheim (Canada) Ltd./Ltee
BQU	Bristol Myers Squibb Canada Inc.
BSH	Bausch & Lomb Canada Inc.
BWE	Burroughs Wellcome Inc.

ABBREVIATION	MANUFACTURER
CIB	Ciba Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
CIP	Cipher Pharmaceuticals Inc.
COB	Cobalt Pharmaceuticals Company
CPL	Clay-Park Labs Inc.
CRY	Crystaal Corp.
CYI	Cytex Pharmaceutical Co.
DES	Desbergers Limited
DKT	Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada
DPC	Dominion Pharmacal
DRR	Dr. Reddy's Laboratories Canada Inc.
DUI	Duchesnay Inc.
ECL	ECL Pharma Group Ltd.
EDO	Endo Pharmaceuticals Inc.
EHS	Entra Health Systems
ELA	Elan Pharmaceuticals Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
EUR	Euro-Pharm International Canada
FAM	Famy Care Ltd.
FEI	Ferring Inc.
FOU	Fournier Pharma Inc.
FRS	Merck Frosst Canada & Cie, Merck Frosst Canada & Co.
HOR	Frank W. Horner Inc.
GAC	Galderma Canada Inc
GCH	GlaxoSmithKline Consumer Healthcare Inc.
GEI	Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.

ABBREVIATION	MANUFACTURER
GEM	Genmed, A Division of Pfizer Canada Inc.
GIL	Gilead Sciences Canada, Inc.
GLA	Glaxo Canada Inc.
GLW	Glaxo Wellcome Inc.
GLP	Glenmark Pharmaceuticals Canada Inc.
GMP	Generic Medical Partners
GPB	G Pohl Boskamp GMBH & Co KG
GRA	Graceway Pharmaceuticals
GSK	GlaxoSmithKline Inc., GlaxoSmithKline Consumer Health Care
GZM	Genzyme Canada Inc.
HEA	Healthpoint Canada
HEY	HEYL Chemisch-pharmazeutische Fabrik GmbH & Co. KG
HLR	Hoffmann-La Roche Limited
HMR	Hoechst Marion Roussel Canada Inc.
HOM	Home Diagnostics Inc
HOS	Hospira Healthcare Corporation
HRU	Hoechst-Roussel Canada Inc.
IDL	Ideal Life Inc.
IMU	Immunex Corporation
IMM	Immunotech Research Ltd.
INT	InterMune Canada Inc.
IOB	Iolab Canada Inc.
IPS	Ipsen Limited
ISE	I-Sens, Inc.
IVA	Ivax Laboratories Incorporated
JAC	Jacobus Pharmaceutical Company Inc.

ABBREVIATION	MANUFACTURER
JAJ	Johnson & Johnson Inc.
JAN	Janssen Inc.
JHP	JHP Pharmaceuticals LLC
JNO	Janssen-Ortho Inc.
JOU	Jouveinal Inc.
JPC	Jamp Pharma Corporation
LAF	Laboratoires Fournier S.A.
LBT	Laboratoires Thea
LEA	Lee-Adams Lab
LED	Lederle – Division of Cyanamid Canada Inc.
LEO	Leo Pharma Inc.
LIF	Lifescan Canada Ltd.
LIL	Eli Lilly Canada Inc.
LUP	Lupin Pharma Canada Limited
MAB	Meda AB
MAL	Mallinckrodt Canada ULC
MAN	Paul Maney Labs, Division of Canapharm Ind. Inc.
MAR	Marcan Pharmaceuticals Inc.
MAT	Mantra Pharma Inc.
MAY	Mayne Pharma (Canada) Inc.
MCL	McNeil Consumer Products Co.
MDI	MDA Inc.
MED	Medisense Canada Inc.
MEF	Medical Futures Inc.
MEH	MediHub International Inc.
MEK	Merck Canada Inc.

ABBREVIATION	MANUFACTURER
MEL	Melia Pharm Inc.
MEP	MedTec Products Inc.
MEU	Merus Labs Inc.
MEZ	Merz Pharmaceutical Gmbh
MFC	Merck Frosst Canada Ltd.
MFS	Merck Frosst/Schering Pharma GP
MIN	Mint Pharmaceuticals Inc.
MJN	Mead Johnson Nutritionals
MJS	Mead Johnson Canada
MMH	3M Pharmaceuticals, Division 3M Canada Inc.
MMT	MM Therapeutics Inc.
MRR	Marion Merrell Dow Canada
MSD	Merck Sharp & Dohme Canada, Division of Merck Frosst Canada
MYL	Mylan Pharmaceuticals ULC
MYS	Mylan Specialty LP
NAT	Natco Pharma (Canada) Inc.
NDA	Nadeau Laboratory Ltd.
NES	Nestle Clinical Nutrition
NGP	Next Generation Pharma Inc.
NOB	Nova Biomedical Corporation
NON	Novartis Nutrition Corporation
NOO	Novo Nordisk Canada Inc.
NOP	Novopharm Ltd.
NOV	Novartis Pharma Canada Inc.
NUT	Nutricia North America
NYC	Nycomed Canada Inc.

ABBREVIATION	MANUFACTURER
ODN	Odan Laboratories Ltd.
OMC	Ortho McNeil
OMG	Omega Laboratories Ltd.
ORC	Orchid Healthcare
ORG	Organon Canada Ltd./Ltee
ORY	Oryx Pharmaceuticals Inc.
OTS	Otsuka Pharmaceutical Co. Ltd.
OVA	Ovation Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PAR	Patriot, A Division of Janssen Inc.
PDA	Parke-Davis, Division Warner-Lambert Canada Inc.
PED	Pediapharm Licensing Inc.
PEN	Pendopharm Inc., Division of Pharmascience Inc.
PFI	Pfizer Canada Inc.
PFP	Purdue Pharma
PGI	Proctor & Gamble Inc.
PGP	Proctor & Gamble Pharmaceuticals Canada, Inc.
PHE	Pharmel Inc.
PMJ	Pharmacia & Upjohn
PMS	Pharmascience Inc.
PPC	Pharmaceutical Partners of Canada
PRE	Prempharm Inc.
QUO	Questcor Operations Ltd.
RAN	Ranbaxy Pharmaceuticals Canada Inc.
RBP	RB Pharmaceuticals Ltd.
RBT	Roberts Pharmaceutical of Canada Inc.

ABBREVIATION	MANUFACTURER
RCH	Roche Diabetes Care GmbH
RIA	Laboratoire Riva Inc.
RIV	Rivex Pharma Inc.
ROD	Roche Diagnostics, A Division of Hoffmann-La Roche Limited
ROG	Rougier Pharma, Division of Ratiopharm Inc.
ROS	Ross Laboratories – Abott (Nutritional Products)
RPH	Ratiopharm Inc.
RPP	Rhone-Poulenc Rorer – Ethical Division
RPR	Rhone-Poulenc Rorer Consumer Inc.
SAC	Schering-Plough Canada Inc.
SAI	Sanis Health Inc.
SAL	Salix Pharmaceuticals Inc.
SAO	Schering Canada Inc.
SAV	Sanofi Aventis Canada Inc.
SCH	Searle Canada Inc.
SCP	Schering-Plough Canada Inc.
SDZ	Sandoz Canada Inc.
SEA	Searle Canada Inc.
SEP	Sepracor Pharmaceuticals Inc.
SET	Septa Pharmaceuticals Inc.
SEV	Servier Canada Inc.
SHI	Shire Pharma Canada ULC
SHL	SHS International Ltd.
SHS	SHS North America
SIG	Sigma-Tau Pharmaceutical Inc.
SKY	Skymed Corporation

ABBREVIATION	MANUFACTURER
SNE	Smith & Nephew Inc.
SMJ	Smith Kline Beecham Pharma Inc.
SOT	Shire Orphan Therapies Inc.
SPH	Solvay Pharma Inc.
STA	Stason Pharmaceuticals Inc.
STE	Sterimax Inc.
STI	Stiefel Canada Inc.
STL	Stallergenes Canada Inc.
SUO	Sunovion Pharmaceuticals Canada Inc.
SYN	Syntex Inc.
TAK	Takeda Canada Inc.
TAR	Taro Pharmaceuticals Inc.
TER	Therasense Canada Inc.
TEV	Teva Canada Limited
TEW	Teva Women's Health Inc.
THE	Theramed Corporation
THR	Thermor Ltd.
TPH	TaroPharma, a Division of Taro Pharmaceuticals Inc.
TRE	Tremblay Harrison Inc.
TRT	Triton Pharma Inc.
UCB	UCB Canada Inc.
UPJ	The Upjohn Company of Canada
VAE	Valeo Pharma Inc.
VAL	Valeant Canada Ltd.
VAN	Vanc Pharmaceuticals Inc.
VIH	ViiV Healthcare ULC

ABBREVIATION	MANUFACTURER
VLH	Lundbeck Canada Inc.
VPI	VPI Pharmaceuticals Inc.
WAB	Waymar Pharmaceuticals Inc.
WAR	Warner Chilcott Canada Co.
WAT	Watson Laboratories Inc.
WAY	Wyeth Pharmaceuticals
WEL	WellSpring Pharmaceutical Canada Corp.
WHB	Whitehall-Robins Inc.
WSQ	Westwood Squibb Pharmaceuticals
WYA	Wyeth-Ayerst Canada Inc.
WYE	Wyeth Ltd.
XED	Xediton Pharmaceuticals Inc.
ZYN	Zymcan Pharmaceuticals Inc.

B. List of Dosage Form Abbreviations

ABBREVIATION	DOSAGE FORM
3 Phase	Three Phase
Aero	Aerosol
Amp	Ampoule
App	With Applicator
Cap	Capsule
Cart	Cartridge
Chew	Chewable
Cl Lot	Cleansing Lotion
Combi Pk	Combination Pack
CR	Controlled Release
Cr	Cream
Dos	Dose
DR	Delayed Release
Eff	Effervescent
Emol	Emollient
Emuls	Emulsion
EC	Enteric Coated
Ent	Enteric Coated
Ent Microsph Cap	Enteric Coated Microspheres in Capsules
ER	Extended Release
Ex (or in) Aq	In Water
Fl	Fluid

ABBREVIATION	DOSAGE FORM
Gran	Granule
Gtt	Drop(s)
Hr	Per Hour
Inh	For Inhalation
Inh Pd	Inhale Powder
Inh Solution	Inhale Solution
Inj	Injectable
LA	Long Acting
Liq	Liquid
Lot	Lotion
Loz	Lozenge
Mcg	Microgram
ML	Millilitre
Multi Dose Vial	Multiple Dose Vial
Nas-Inh	Nasal Inhaler
Nas-Sp	Nasal Spray
Oculent	Eye Ointment
ODT	Orally Disintegrating Tablet
Oily	In Oil
Oint	Ointment
O/L	Oral Liquids
Oph	Ophthalmic
Oph Sol	Ophthalmic Solution
Oral Pd	Oral Powder
Oral Susp	Oral Suspension
Ot	Otic

ABBREVIATION	DOSAGE FORM
Ot Sol	Otic Solution
Past	Paste or Pastille
Patch	Therapeutic System Patch
Pd	Powder
Pd Inh	Powder for Inhalation
P.E.	Powdered Extract
Ped	Pediatric
Pil	Pill
Pk	Package
Pref Autoinj	Prefilled Autoinjector
Pref Pen	Prefilled Pen
Pref Syr	Prefilled Syringe
Prolong-Rel	Prolonged-Release
Pulv	Pulverized
Rect	Rectal
Rect Aero	Rectal Aerosol Foam
SDV	Single Dose Vial
SG Cap	Soft Gelatin Cap
SL	Sublingual
Sol	Solution
Sp	Spray
Sprinkle Cap	Sprinkle Capsule
Sq Cm	Square Centimetre
SR	Sustained Release
Sup	Suppository
Syr	Syrup

ABBREVIATION	DOSAGE FORM
Tab	Tablet
Tamp	Tampon
Tinct, Tr	Tincture
Top	Topical
Top Cr	Topical Cream
Top Gel	Topical Gel
Top Sol	Topical Solution

Part XI
Section Currently Not in Use

Part XII
Limited Use Drug Products

Part XII: Limited Use Drug Products

Introduction

Please refer to the e-Formulary to access up-to-date information on Limited Use (LU) product listings and their clinical criteria. For information about the designation of LU benefits, see Part I of the Formulary/CDI.

Finding an LU Drug Product and its Designated Clinical Criteria

LU drug products are listed in the Formulary/CDI with specific clinical criteria/conditions for use. These LU criteria identify the clinical conditions for which these drugs will be reimbursed by the ODB program. Each LU criterion has a corresponding RFU code. LU drugs are eligible for coverage only in situations where the clinical criteria have been met. Any other indication may be considered through the EAP described in Part VIII of the Formulary/CDI.

LU Reimbursement Process

Completing an LU Prescription

Claims for LU drugs will be reimbursed under the ODB program only when prescribed for an ODB-eligible recipient in accordance with the criteria outlined for each product and accompanied by a valid, fully completed prescription with the appropriate LU documentation (RFU code). The pharmacist should review the prescription and process the claim only if all the required information is provided.

The LU authorization is valid for the duration indicated by the listed LU criteria. As of September 27, 2005, some LU drugs used in chronic conditions have been granted extended authorization periods beyond one year. For drugs with an “indefinite” authorization period, it is only necessary for the prescriber to confirm that the patient meets the LU clinical criteria by completing an LU prescription once.

For other drugs with a defined LU authorization period, a new LU prescription must be completed according to the authorization period provided in the LU criteria (usually on an annual basis). An exception to this policy may occur in situations where LU criteria

have changed. In situations where LU criteria have changed, prescribers must consider whether recipients meet the new criteria. If so, a new LU prescription must be completed within three months of the change in LU criteria.
Documentation that the patient meets the LU criteria may be provided on a regular prescription form according to the following instructions. Failure to have the RFU code appropriately documented on the prescription may result in:

- Prescription not being filled by the pharmacist
- Recoveries of monies paid to pharmacies by the ministry
- Patient being required to pay for the LU drug prescription

All LU prescriptions require an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. Effective May 16, 2008, the RFU code can be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber*
- Verbally during an LU prescription transfer between pharmacies*

*Verbal communications of RFU codes must be documented by the receiving pharmacy in writing

LU prescriptions preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry. Faxed copies of LU prescriptions are acceptable (pharmacies should copy thermal paper faxes onto regular paper for record-keeping purposes). Pursuant to subsection 29(1) of O. Reg. 201/96 made under the ODBA, a valid LU prescription with RFU code must be kept on file for 24 months to support the LU claim.

Monitoring and Accountability Framework

Reimbursement for LU claims is made under the authority of section 23 of the ODBA and can only be made if the LU clinical criteria set out in the Formulary/CDI have been met. By writing the RFU code on a prescription for the LU drug product, the authorized prescriber affirms that the patient meets the clinical criteria.
For the purposes of claims review under the ODBA, it may be necessary on occasion for prescribers to provide supporting documents on request. Pursuant to section 46(1) of the *Personal Health Information Protection Act, 2004*, a health information custodian may be required to disclose personal health information about an individual to the ministry for the purpose of monitoring or verifying claims for payment for health care funded wholly or in part by the ministry. LU prescriptions may therefore be monitored by the ministry to ensure that the RFU code indicated is in accordance with the LU criteria listed in the Formulary/CDI.

A Guide to Completing LU Prescriptions for Prescribers

In order to ensure the LU prescription is fully completed, fill in the prescription form as you normally would. In addition it is necessary to:

- Provide the appropriate RFU code (e.g., RFU# 123); and
- Sign and date the prescription; and
- Fill in your CPSO number (for prescribers other than physicians, fill in your college registration number and indicate the professional college to which you belong).

The initial LU prescription with the RFU code must be fully complete before patients take the prescription to the pharmacy, or prescribers fax it directly to the pharmacy.

All LU prescriptions require an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. Effective May 16, 2008, the RFU code may be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber

The LU authorization will be valid for the duration indicated by the listed LU criteria. During this period, any repeat prescription may be given verbally to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the OCP.

If a patient has met the LU criteria before being eligible for ODB coverage, and supporting documentation is available (e.g., the diagnostic test was done prior to the person turning 65), that information can still be used to verify the LU claim. For instance, a patient who had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive an LU drug as long as supporting documentation is available.

Reimbursement for LU claims is made under the authority of section 23 of the ODBA and can only be made if the authorized LU criteria have been met.

Prescribers should not complete an LU prescription if the patient's clinical condition does not meet one of the listed LU criteria. A written request for special consideration for coverage can be made under the ODB program's EAP (see Part VIII).

The pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.

A Guide to LU Prescriptions for Pharmacists

All drug products, including LU drugs, are to be dispensed in accordance with the regulations of the OCP.

Pharmacists must ensure that all of the following information has been provided by the prescriber:

- The appropriate RFU code
- The date and prescriber's signature
- The physician's CPSO number (for prescribers other than physicians, the prescriber's college registration number is required)

Only the prescriber may fill in this information. If the CPSO or college registration number is missing, pharmacists may enter it only if they are certain it is the correct number. Claims for LU products must contain a valid CPSO or college registration number (i.e., 99999 is not acceptable). Please note:

- Payments made in respect of LU claims with incomplete documentation (i.e., prescriptions that do not include the appropriate RFU code, date, prescriber's signature, CPSO number or college registration number) will be subject to recovery by the ministry
- Pharmacists should ensure the LU criteria have been applied appropriately
- Where a pharmacist has concerns about whether the clinical criteria have been met, the pharmacist should discuss it with the prescriber and record the outcome of the discussion on the prescription according to standard pharmacy practice
- The initial LU prescription with the RFU code must be fully complete before dispensing

All LU prescriptions require an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. The RFU code may be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber

Pharmacists may also communicate the RFU code verbally during an LU prescription transfer between pharmacies. Verbal communications of RFU codes must be documented by the receiving pharmacy in writing.

The LU authorization must be documented and will be valid for the duration indicated by the listed LU criteria. During this period any repeat prescription may be given verbally by a prescriber to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the OCP.

If a patient has met the LU criteria before being eligible for ODB, and supporting documentation is available (e.g., the diagnostic test was done prior to the person turning 65), that information can still be used to verify the LU claim. For instance, a patient who

had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive an LU drug as long as supporting documentation is available. Reimbursement for LU claims is made under the authority of the ODBA and can only be made if the authorized LU criteria have been met. Pursuant to subsection 29(1) of O. Reg. 201/96 made under the ODBA, a valid LU prescription with RFU code must be kept on file for 24 months to support the LU claim.
Note: if the pharmacist is prescribing the drug therapy according to his/her scope of practice, the pharmacist can complete the LU documentation to confirm that the patient meets the LU criteria. As the prescriber of the medication, documentation of the assessment must be recorded appropriately before the claim is submitted. Documentation may be requested for post-payment verification.
The pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.


Ontario