Health PEI

P.E.I. Pharmacare Formulary

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

Telephone inquiries should be directed to:	
Client Eligibility Prescriber Eligibility Medication Eligibility Pharmacy Eligibility Pharmacist Eligibility Claim Inquiries Special Authorization Drug Status Formulary Inquiries	**1-902-368-4947 Charlottetown** **1-877-577-3737 Toll Free in PEI** **1-902-368-4905 Fax**
Pharmacy Information Program (PhIP) Inquiries and Technical Support Help Desk	**628-3772 Charlottetown** **1-877-201-6771 Toll Free in PEI** **7:00 am to 12:00 midnight** **7 days per week**
PEI Insulin Pump Program Diabetes Glucose Sensor Program Montague Health Center 407 MacIntyre Avenue Montague, PE C0A 1R0	**1-902-213-4825 Phone** **1-833-335-0538 Toll Free in PEI** **diabetesadminofficer@ihis.org Email**

Statements within this document are not intended to override or modify the provisions within an enactment or Minister authority.

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

Updated: October 2022

THE FORMULARY

The Prince Edward Island Pharmacare Formulary is a listing of therapeutically effective medications approved for coverage through the following programs:

- HIV Drug Program
- Catastrophic Drug Program
- Community Mental Health Drug Program
- Children in Care Program
- Cystic Fibrosis Drug Program
- Diabetes Drug Program
- Erythropoietin Program
- Family Health Benefit Drug Program
- Financial Assistance Drug Program
- Generic Drug Program
- Growth Hormone Drug Program
- Hepatitis Drug Program
- High-Cost Drug Program
- Institutional Pharmacy Program
- Nursing Home Drug Program
- Nutrition Services Program
- Substance Use Harm Reduction Drug Program
- Phenylketonuria (PKU) Program
- Smoking Cessation Drug Program
- Seniors Drug Program
- Sexually Transmitted Diseases Program
- Transplant Drug Program
- Tuberculosis Drug Program

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

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

The PEI Pharmacare Formulary is not to be used to determine interchangeability of therapeutic products.

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

PRINCE EDWARD ISLAND DRUG PROGRAMS

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
Programs Delivered Through Community Retail Pharmacies			
Children-In-Care Program (W)	Persons in temporary or permanent custody of the Director of Child Welfare	All prescription medications. Non-prescription medications approved under the Financial Assistance Program	No fee.
Generic Drug Program (G)	Persons less than 65 years of age with no private drug insurance	Approved generic prescription medications.	Maximum of $19.95 per prescription.
Diabetes Drug Program (D)	Persons eligible for PEI Medicare, diagnosed with diabetes, and registered with the program.	Approved insulin products	$10.00 per 10 mL vial of insulin. $20.00 per box of insulin cartridges.
		Approved oral diabetes medications	$11.00 per prescription
		Approved urine testing materials (Diastix and Ketostix – no prescription required)	$11.00 per prescription
		Blood Glucose test strips. Patients must have used insulin within 150 days (no prescription required).	$11.00 per dispense. Maximum of 100 strips per 25 days.
		Approved glucagon devices. Patients must have used insulin within 150 days (no prescription required for up to 2 units in	$20.00 per unit

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
		12 months).	
Financial Assistance Drug Program (W)	Persons eligible under the Social Assistance Act and Regulations.	Approved prescription and non-prescription medications.	No fee.
Family Health Benefit Drug Program (F)	Families (parents, guardians, and children under 25 years of age) eligible for PEI Medicare, with at least one child under 25 years of age who is still attending school full time, and a total annual net family income less than $24,800, plus $3,000 for each additional child. Families must apply for coverage on an annual basis and provide income information to the program.	Approved prescription medications.	The pharmacy professional fee for each prescription obtained.
High-Cost Drug Program (M)	Persons eligible for PEI Medicare and approved for coverage for one or more of the medications included in the program. Patients must apply for coverage on an annual basis and provide income information to the program.	Approved high-cost medications.	An income-based portion of the medication cost plus the pharmacy professional fee for each prescription obtained.
Nursing Home Drug Program (N)	Residents in private nursing homes eligible for coverage under the Social Assistance Act.	Approved prescription and non-prescription medications.	No fee.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
Substance Use Harm Reduction Drug Program (L)	Persons eligible for PEI Medicare and assessed by a medical practioner or nurse practioner and determined to require treatment for an opioid use disorder or alcohol use disorder	Approved prescription medications.	No fee.
Smoking Cessation Drug Program (Z)	Persons eligible for PEI Medicare and having received smoking cessation counselling through Primary Care. For more information please visit www.princeedwardisland.ca/quitsmoking	12 weeks of approved prescription or non-prescription medications.	No fee.
Seniors Drug Program (S)	Persons eligible for PEI Medicare and 65 years of age or older. Eligibility is effective upon a person becoming 65 years of age.	Approved prescription medications.	First $8.25 of the medication cost plus the first $7.69 of the pharmacy dispensing fee for each prescription obtained.
Catastrophic Drug Program (Q)	PEI permanent residents with a PEI Health card whose household members have up to date tax filings and are experiencing out of pocket eligible drug expenses that exceed their annual household limit. Eligible drug expenses are expenses incurred for drugs designated as having coverage	Out of pocket costs for eligible drug expenses	This is an income based program. Once an applicant's out of pocket eligible drug expenses exceed the annual household limit the program will cover any further eligible drug expenses in the program year.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
	under the Catastrophic Drug Program- (Q) listed on the PEI formulary.		
Sexually Transmitted Diseases (STD) Program (V)	Persons diagnosed with a sexually transmitted disease or identified contacts of a person diagnosed with a sexually transmitted disease	Approved antibiotics	No fee.
Programs Delivered Through the Provincial Pharmacy Note: Beneficiaries are responsible for arranging for and paying for delivery of medications obtained through the Provincial Pharmacy.			
HIV Drug Program (A)	Persons diagnosed as HIV positive, diagnosed with AIDS, or with a non work related needle-stick injury and no private insurance; and registered with the program through the Chief Health Officer.	Approved antiretroviral agents and adjunctive therapies.	No fee.
Community Mental Health Drug Program (B)	Approved long-term psychiatric patients living in the community.	Approved long-acting injectable antipsychotic medications provided through an approved out-patient psychiatric program.	No fee.
Cystic Fibrosis Drug Program (C)	Persons eligible for PEI Medicare, diagnosed with cystic fibrosis, and who are registered with the program.	Approved prescription and non-prescription medications.	No fee.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
Growth Hormone Drug Program (Y)	Children eligible for PEI Medicare, with a proven growth hormone deficiency or Turners Syndrome, and who are registered with the program.	Approved growth hormone supplements.	No fee.
Hepatitis Drug Program (H)	Persons diagnosed with hepatitis	Approved prescription medications.	No fee
	Persons who have been in close contact with a person diagnosed with hepatitis or are at risk of infection.	Hepatitis A vaccine Hepatitis B vaccine Hepatitis A & B vaccine	No fee
Institutional Pharmacy Program (N)	Residents in government manors.	Approved prescription and non-prescription medications.	No fee.
Nutrition Services Program (O)	High-risk pregnant women diagnosed with a nutritional deficiency.	Approved vitamin and mineral supplement provided through Community Nutritionists.	No fee.
Phenylketonuria (PKU) Program (P)	Persons eligible for PEI Medicare, diagnosed with phenylketonuria, and who are registered with the program.	Special low protein formula. Up to $3600 annually for low protein food items.	No fee.
Transplant Drugs Program (T)	Persons eligible for PEI Medicare, who received a bone marrow or solid organ transplant, and are registered with the program.	Approved immunosuppressant medications	No fee.
Tuberculosis (TB) Drug Program	Persons diagnosed with tuberculosis or	Approved antibiotics	No fee.

Program (Formulary Code)	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
(X)	who have been in close contact with a person diagnosed with tuberculosis, and who have registered with the program through the Chief Health Officer.		
Programs Delivered Through Hospitals			
Erythropoietin Program (E)	Persons eligible for PEI Medicare, have been diagnosed with chronic renal failure or are receiving kidney dialysis.	Approved erythropoietin injections	No fee.

PEI Diabetes Glucose Sensor Program

Program	Beneficiaries	Benefits (Note: A prescription is required for all benefits unless otherwise indicated.)	Fee
Program Delivered Through Community Retail Pharmacies			
Diabetes Glucose Sensor Program	Persons eligible for PEI Medicare, diagnosed with diabetes, eligible for program enrollment and registered with the program. www.healthpei.ca/glucose-sensor-program	Approved diabetes glucose sensors and transmitters. See Appendix F	This is an income based program. Fee per dispense period is based on household income to a maximum coverage of $2,400 per program year.

PEI Diabetes Insulin Pump Program

Program	Beneficiaries	Benefits	Fee
Programs Delivered Through Approved Vendors (who have entered into an agreement with Health PEI) See Appendix D For Approved Vendors			
Insulin Pump Program	Children / Youth up to the age of 25 years living with type	Insulin pump and pump supplies from the approved	An income-based program.

	1 diabetes who meet eligibility requirements www.healthpei.ca/insulin-pump	vendors list (see appendix D) The following list details the supplies that are eligible for coverage under the PEI Insulin Pump Program: • Insulin pump (one pump every 5 years) • Infusion sets (maximum of 140 sets per year) • Reservoirs (maximum of 140 per year) • Site inserts (maximum of one replacement device per year) • Skin adhesive wipes (maximum of 150 per year) • Sterile transparent dressings (maximum of 200 per year)	Funding through the program varies depending on household income and private health insurance coverage

PEI Ostomy Supplies Program

Program	Beneficiaries	Benefits	Fee
Programs Delivered Through Ostomy Supply Vendors See Appendix E For Eligible Supplies			
Ostomy Supplies Program	Persons eligible for PEI Medicare, with permanent	Ostomy supplies (see appendix E for examples)	An income-based program.

	abdominal ostomies who meet requirements Ostomy Supplies Program	Coverage is in the form of reimbursement, and will be based on the client's household income. Coverage is not retroactive. Clients must be enrolled in the Ostomy Supplies Program at the time of ostomy supply purchase to be eligible for reimbursement. The following list details the categories that are eligible for coverage under the PEI Ostomy Supplies Program: • Skin wafers • Ostomy pouches • Adhesive removers • Skin barrier wipes • Stoma powders, pastes, and barrier rings • Ostomy belts Appendix E	Funding through the program varies depending on household income and private health insurance coverage Ostomy Supplies Program

FORMULARY REVIEW PROCESS

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

Committee (AEAC) or the pan-Canadian Oncology Drug Review (pCODR). Prioritization of listing for products is under the direction of the Provincial Drugs and Therapeutics (PD&T) Committee.

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

The Drug review process involves the following steps:

Health Canada Approval
Before a manufacturer can sell a drug in Canada, they must receive Health Canada approval. Health Canada assesses the drug's safety, efficacy (usually compared to taking no drug at all) and quality of the manufacturing process used to make the drug. When a drug has met all the regulatory requirements, Health Canada issues a Notice of Compliance (NOC) and/or a Drug Identification Number (DIN).
Information on the Health Canada drug review process is available here.

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

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

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

Submissions for new oncology medications and re-submissions related to these products should be directed through this process. For more information on pCODR, please reference the following web site:
https://cadth.ca/pcodr

Atlantic Common Drug Review
PEI is a participant in the Atlantic Common Drug Review (ACDR). The ACDR provides the provincial drug benefit programs in New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island with a systematic review of the best available clinical evidence, and a formulary listing recommendation made by the Atlantic Expert Advisory Committee (AEAC), for drugs that do not fall under the mandate of CDR or pCODR.

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

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

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

Information on the ACDR requirements and procedures is available here.

pan-Canadian Pharmaceutical Alliance (pCPA)
Price negotiations are conducted through the pCPA to achieve greater value for publicly funded drug plans. All brand name drugs reviewed through the Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) are considered for negotiation. Generic drugs are considered for negotiation through the pCPA Tiered Pricing Framework.
Information on pCPA is available here.

Provincial Drug and Therapeutics Committee
The final formulary listing decision is made by the Provincial Drugs and Therapeutics committee (PD&T). Final drug formulary listing is based on the expert advisory committees' recommendation and other factors such as drug plan mandates, jurisdictional priorities, budget impact, and resources. Drug formulary listing decisions for PEI Pharmacare are announced in a Bulletin which is posted on the PEI Pharmacare webpage.

Maximum Reimbursable Price List

The process for adding medications to the PEI Pharmacare Maximum Reimbursable Price (MRP) list has been revised effective August 1, 2019.

Submission Types:

A manufacturer may file a submission for a generic drug if:

1. The originator brand and strength of the drug is listed on the PEI Pharmacare Formulary.

2. The originator brand of the drug is listed on the PEI Pharmacare Formulary, but not the strength of the generic drug being submitted.

3. The originator brand is not listed but a generic brand of the drug is listed on the PEI Pharmacare Formulary.

4. The generic product was previously listed on the PEI Pharmacare Formulary and was delisted or was withdrawn from the market and is being re-introduced.

5. PEI Pharmacare requests a submission for a generic drug that is being considered for listing.

6. There is a change in DIN for a generic drug that is listed on the PEI Pharmacare Formulary.

A manufacturer must file a new submission for a generic drug if:

7. There is a change in product ownership for a generic product that is listed on the PEI Pharmacare Formulary.

In cases where none of the submission types described above apply, or if there is doubt as to whether a submission should be made, please contact PEI Pharmacare by email at pharmservices@ihis.org for guidance.

Submission Requirements (MRP List)

Submissions filed by manufacturers to have a generic drug product listed on the PEI Pharmacare Formulary must include the requirements outlined below. PEI Pharmacare may request additional

information from the manufacturer, Health Canada, or any other source, or take other factors into consideration when reviewing the submission.

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

1. **Cover Letter or Executive Summary.**
   - Indicate which of the submission types is being filed.
   - The names and contact information (email and phone number) for the primary and backup contact(s) who can be contacted regarding the submission. The manufacturer may designate the consultant(s) preparing the submission as primary and/or backup contact(s). Any changes in contacts should be communicated as soon as possible, by emailing pharmservices@ihis.org
   - Additional information can be included in the Cover Letter. Please limit this to an explanation of unexpected situations or unusual features of a particular submission. For example, if any strengths of a product listed in the NOC will not be marketed, include this information as a comment in the Cover Letter.
   - An electronic signature is acceptable.

2. **Submission Summary Form**
   - Include the completed form as part of the whole PDF file and also as a separate attachment in MS Word format.

3. **Copy of the Notice of Compliance (NOC**) issued by Health Canada or, for drug products without a Notice of Compliance, the Drug Notification Form.

4. Copy of the Health Canada approved **Product Monograph.**

5. **Price**
   - Indicate the submitted price in the Submission Summary Form.
   - Confirm that the price has been submitted to the pan-Canadian Pharmaceutical Alliance (pCPA) Centralized Price Confirmation Process.

6. a) **Drug Notification Form**
   b) A signed letter stating that the manufacturer is able to supply the drug product in quantities sufficient to meet the anticipated demand in the province.

7. **A signed letter authorizing unrestricted communication** regarding the drug product between PEI Pharmacare and
   a. Other federal, provincial, and territorial (F/P/T) drug programs
   b. F/P/T health authorities and related facilities
   c. Health Canada
   d. Patented Medicine Prices Review Board (PMPRB)
   e. Canadian Agency for Drugs and Technologies in Health (CADTH)

All submissions for the addition of products to the PEI Pharmacare Maximum Reimbursable Price (MRP) list must be made by email to pharmservices@ihis.org

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

The email must contain the following attachments:

- A single Portable Document Format (PDF) document that contains all the submission requirements with appropriate bookmarks for each component of the submission
- Submission Summary form (in MS Word format)

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

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

Products will not be listed until pCPA pricing is received.

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

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

Submissions will be reviewed by drug program staff.

Bookmark Names:

The following are suggested bookmark names:

- Cover Letter
- Submission Summary
- Notice of Compliance (or Product License for NHPs)
- Drug Notification Form
- Product Monograph
- Unrestricted Sharing of Information Letter
- Notification of Changes Letter

SUBMISSION REQUIREMENTS (BRAND PRODUCTS)

Manufacturers must complete the CDR, pCODR, pCPA, and ACDR process (as applicable) prior to submitting to PEI Pharmacare for consideration of listing a brand drug. All submissions should be made by email only. The email should contain an attachment in Portable Document Format (PDF) that contains all of the submission requirements with appropriate bookmarks for each component of the submission. Due to technical limitations individual email submissions must not exceed 5 megabytes in size. Submissions may be sent as compressed "zip" files.

Submission Requirements

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

1. Cover Letter or Executive Summary.
   - The names and contact information (email and phone number) for the primary and backup contact(s) who can be contacted regarding the submission. The manufacturer may designate the consultant(s) preparing the submission as primary and/or backup contact(s). Any changes in contacts should be communicated as soon as possible, by emailing pharmservices@ihis.org
   - Additional information can be included in the Cover Letter. Please limit this to an explanation of unexpected situations or unusual features of a particular submission. For example, if any strengths of a product listed in the NOC will not be marketed, include this information as a comment in the Cover Letter.
   - An electronic signature is acceptable.

2. Copy of the Notice of Compliance (NOC) issued by Health Canada.

3 Copy of the Health Canada approved Product Monograph.

4. a) Drug Notification Form
   b) Current price for all marketed dosage forms and strengths.

5. A signed letter stating that the manufacturer is able to supply the drug product in quantities sufficient to meet the anticipated demand in the province.

6. A signed letter authorizing unrestricted communication regarding the drug product between PEI Pharmacare and

   a. Other federal, provincial, and territorial (F/P/T) drug programs
   b. F/P/T health authorities and related facilities
   c. Health Canada
   d. Patented Medicine Prices Review Board (PMPRB)
   e. Canadian Agency for Drugs and Technologies in Health (CADTH)

7. A Budget Impact Analysis (BIA).

For More Information

For more information on the submission process, please contact PEI Pharmacare at pharmservices@ihis.org.

PRODUCT DELETIONS

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

SPECIAL AUTHORIZATION DRUG STATUS

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

1. Therapeutic alternatives listed in the Formulary are contraindicated or have been found to be ineffective; or

2. Drugs for which there is no alternative listed in the Formulary.

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

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

See Appendix A for further detail regarding the SA process.

"NO-SUBSTITUTION" PRESCRIPTIONS

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

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

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

EXTEMPORANEOUS PREPARATIONS

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

To be eligible as a benefit, extemporaneous preparations must:

1. Be specifically tailored to a prescription;

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

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

EXCLUSIONS

The following are excluded as benefits under PEI Pharmacare:

- All benefits a person is entitled to under any other provincial or federal program (e.g. Workers Compensation, Department of Veterans Affairs, Non-Insured Health Benefits, etc.) or legislation.
- Drugs not authorized for sale and use in Canada (e.g. drugs obtained through Health Canada's Special Access Program, experimental or investigational drugs).
- The following classes of products, except for those specifically listed in the Formulary:
    - Over-the-counter (OTC) or non-prescription medications (some programs)
    - Dietary and nutritional supplements (e.g. Ensure, Boost)
    - Weight loss products
    - Soaps, cleansers, and shampoos
    - Oral ergoloid mesylates (i.e. Hydergine)
    - Peripheral vasodilators (e.g. Arlidin)
    - Combination anti-spasmodic/sedative products (e.g. Donnatal, Librax, Stelabid)
    - Combination sedative/analgesic products (e.g. Fiorinal, Tecnal)
    - Allergy serums
    - Products for the treatment of impotence or infertility.
    - Diagnostic agents (except diabetes)
    - Prostheses, medical devices and appliances, and medical supplies, including first aid supplies and syringes

PRESCRIPTION QUANTITIES

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

Program	Maximum Allowable Days' Supply
Nursing Home Drug Program	35
Institutional Pharmacy Program (Gov't Manors)	35
HIV Drug Program	60
Catastrophic Drug Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Children-In-Care Program	30 - regular drugs, 90 - maintenance drugs **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Community Mental Health Drug Program	not applicable
Cystic Fibrosis Drug Program	60 30 - drugs under SA coverage
Diabetes Drug Program	25 – test strips, 30 – insulin, 90 - oral medications 30 - drugs under SA coverage **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Diabetes Glucose Sensor Program	28 – Libre sensors, 30 - Dexcom sensors 35 - Medtronic sensors 90– Dexcom transmitter 365 – Medtronic transmitter
Erythropoietin Program	not applicable
Family Health Benefit Drug Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Financial Assistance Drug Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage

Program	Maximum Allowable Days' Supply
	Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.
Generic Drug Program	90 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Growth Hormone Drug Program	30
Hepatitis Drug Program	30
High-Cost Drug Program	30, unless otherwise specified in criteria for drug(s).
Nutrition Services Program	not applicable
Substance Use Harm Reduction Drug Program	Up to 30 days
Phenylkentonuria Program	60
Seniors Drug Program	30 - regular drugs, 90 - maintenance drugs 30 - drugs under SA coverage **Note: Prescriptions introducing a new medication, strength, dosage, or dosage form shall be filled for a maximum 30 days for the first two prescriptions or refills.**
Sexually Transmitted Diseases Program	not applicable
Smoking Cessation Drug Program	28 days – OTC Drugs ; 28 days – Prescription drugs
Transplant Drugs Program	60
Tuberculosis Drug Program	60

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

a. Antilipemic agents, including statins, fibrates, and bile acid sequestrants.

b. Oral nonsteroidal anti-inflammatory agents (NSAIDS)

c. Gastrointestinal agents, including digestants, histamine H2 antagonists, prostaglandins, protectants, and proton pump inhibitors.

d. Cardiovascular Drugs, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers. Nitroglycerin transdermal patches are not included.

e. Antihypertensives, including beta blockers, calcium channel blockers, ACE inhibitors, angiotensin receptor blockers.

f. Anticonvulsants

g. Anti-coagulants

h. Diuretics

i. Estrogens/Progestogens, including oral contraceptives and products for the prevention of menopause symptoms.

j. Tamsulosin for use in benign prostatic hyperplasia (BPH).

k. Thyroid preparations

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

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

STANDARDIZATION OF PACKAGE SIZES

In order to ensure claims are paid correctly, please use the following guidelines when calculating quantities for each claim and ensure your cost per unit is correct in your system.

FORM	QUANTITY	FORM	QUANTITY
Aerosols	Per dose	Nasal sprays	Per dose
Capsules	Per capsule	Nebules	Per ml
Creams	Per gram	Ointments	Per gram
Enemas	Per gm/per ml	Oral Contraceptives	Per tablet
Gels	Per gram	Patches	Per patch
Inhalers	Per dose	Powders	Per gram
Insulins (vials, pens, cartridges)	Per ml	Powder injectables	Per vial
Kits	Per kit	Sensor (glucose)	Per sensor
Liquid Injectables	Per ml	Suppositories	Per supp
Liquids	Per ml	Tablets	Per tablet
		Test Strips	Per strip

LEGEND

08:12.16 ANTIBIOTICS PENICILLINS [1]

AMOXICILLIN [2]

250MG CAPSULE [3]

00406724 [4]	NOVAMOXIN [5]	TEV [6]	**CFGNQSW** [7]
00628115	APO-AMOXI	APX	**CFGNQSW**
02352710	AMOXICILLIN	SNS	**CFGNQSW**
02388073	AURO-AMOXICILLIN	ARO	**CFGNQSW**
02401495	AMOXICILLIN	SIV	**CFGNQSW**
02433060	JAMP-AMOXICILLIN	JPC	**CFGNQSW**

CEFPROZIL

SEE APPENDIX A FOR SA CRITERIA [8]

250MG TABLET

02293528	RAN-CEFPROZIL (SA) [8]	RAN	**FGNQSW**

LATANOPROST

50UG/ML OPHTHALMIC SOLUTION

02231493	XALATAN	UJC	**FNQSW**
02254786	TEVA-LATANOPROST	TEV	**FGNQSW**
02296527	APO-LATANOPROST	APX	**FGNQSW**
02317125	PMS-LANANOPROST	PMS	**FGNQSW**
02341085	RIVA-LATANOPROST	RIV	**FGNQSW**
02367335	SANDOZ-LATANOPROST	SDZ	**FGNQSW**
02373041	GD-LATANOPROST	GMD	**FGNQSW**
02426935	MED-LATANOPROST	GMP	**FGNQSW**
02453355	JAMP-LATANOPROST	JPC	**FGNQSW**
02489570	LATANOPROST	TLG	**FGNQSW**

Note: The provincial drug programs will only pay for one 2.5 mL bottle of Latanoprost per client every 30 days. Clients are responsible for the entire prescription cost of any Latanoprost required beyond this. [9]

Legend Key:

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

A	HIV Drug Program	N	Nursing Home/Institutional
B	Community Mental Health Drug Program	O	Nutrition Services Program
C	Cystic Fibrosis Drug Program	P	Phenylkentonuria (PKU) Program
D	Diabetes Drug Program	Q	Catastrophic Drug Program
E	Erythropoietin Program	S	Seniors Drug Program
F	Family Health Benefit Drug Program	T	Transplant Drug Program
G	Generic Drug Program	V	Sexually Transmitted Diseases (STD) Program
H	Hepatitis Drug Program	W	Financial Assistance Program / Children-In-Care Program
L	Substance Use Harm Reduction Drug Program	X	Tuberculosis (TB) Drug Program
M	High-Cost Drug Program	Y	Growth Hormone Program
		Z	Smoking Cessation Drug Program

8. This product requires Special Authorization Status (SA) approval (see Appendix A for SA criteria).
9. Special note regarding the product(s) listed in this section.

04:00.00 ANTIHISTAMINES

CETIRIZINE

10MG TABLET

02223554	REACTINE	MCL	**NW**
02231603	APO-CETIRIZINE	APX	**NW**
02451778	JAMP-CETIRIZINE	JPC	**NW**
02517566	CETIRIZINE EXTRA STRENGTH	JPC	**NW**

DIPHENHYDRAMINE HCL

25MG CAPSULE

00757683	PDP-DIPHENHYDRAMINE	PEN	**NW**

50MG CAPSULE

00757691	PDP-DIPHENHYDRAMINE	PEN	**NW**

12.5MG/5ML ELIXIR

02019736	BENADRYL	MCL	**NW**
02298503	DIPHENHYDRAMINE HCL	JPC	**NW**

50MG/ML INTRAMUSCULAR INJECTION

00596612	DIPHENHYDRAMINE	SDZ	**NW**

LORATADINE

10MG TABLET

00782696	CLARITIN	BAY	**W**
02243880	APO-LORATADINE	APX	**W**

04:04.16 PIPERAZINE DERIVATIVES

FLUNARIZINE HCL

5MG CAPSULE

02246082	FLUNARIZINE	AAA	**FGNQSW**

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

00556734	VERMOX	JAN	**FNQW**

PYRANTEL PAMOATE

125MG TABLET

01944363	COMBANTRIN	MCL	**NW**

08:12.02 ANTIBIOTICS AMINOGLYCOSIDES

GENTAMICIN SULFATE

80MG/2ML INJECTION SOLUTION (2ML)

02242652	GENTAMICIN	SDZ	**FGNQSW**

TOBRAMYCIN

80MG/2ML INJECTION SOLUTION

02241210	TOBRAMYCIN INJECTION USP	SDZ	**CFGNQSW**
02420287	JAMP-TOBRAMYCIN	JPC	**CFGNQSW**

08:12.04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

50MG TABLET

02236978	TEVA-FLUCONAZOLE	TEV	**AFGNQSW**
02237370	APO-FLUCONAZOLE	APX	**AFGNQSW**
02245292	MYLAN-FLUCONAZOLE	MYL	**AFGNQSW**
02245643	PMS-FLUCONAZOLE	PMS	**AFGNQSW**
02281260	ACT-FLUCONAZOLE	ATV	**AFGNQSW**
02517396	FLUCONAZOLE	SNS	**AFGNQSW**

100MG TABLET

02236979	TEV-FLUCONAZOLE	TEV	**AFGNQSW**
02237371	APO-FLUCONAZOLE	APX	**AFGNQSW**
02245293	MYLAN-FLUCONAZOLE	MYL	**AFGNQSW**
02245644	PMS-FLUCONAZOLE	PMS	**AFGNQSW**
02281279	ACT-FLUCONAZOLE	ATV	**AFGNQSW**
02517418	FLUCONAZOLE	SNS	**AFGNQSW**

150MG TABLET

02141442	DIFLUCAN ONE	PFI	**AFNQSW**
02241895	APO-FLUCONAZOLE	APX	**AFGNQSW**
02428792	MAR-FLUCONAZOLE	MAR	**AFGNQSW**
02432471	JAMP-FLUCONAZOLE	JPC	**AFGNQSW**
02521229	FLUCONAZOLE-150	SNS	**AFGNQSW**

ITRACONAZOLE

SEE APPENDIX A FOR SA CRITERIA

100MG CAPSULE

02047454	SPORANOX (SA)	JAN	**FNQSW**
02462559	MINT-ITRACONAZOLE (SA)	MNT	**FGNQSW**

KETOCONAZOLE

200MG TABLET

02231061	TEVA-KETOCONAZOLE	TEV	**AFGNQSW**
02237235	APO-KETOCONAZOLE	APX	**AFGNQSW**

08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEFADROXIL

500MG CAPSULE

02235134	TEVA-CEFADROXIL	TEV	**FGNQSW**
02240774	APO-CEFADROXIL	APX	**FGNQSW**

CEFIXIME

400MG TABLET

00868981	SUPRAX	ODN	**FNQSVW**
02432773	AURO-CEFIXIME	ARO	**FGNQSVW**

100MG/5ML ORAL SUSPENSION

02468689	AURO-CEFIXIME	ARO	**FGNQSW**

CEFPROZIL

250MG TABLET

02293528	RAN-CEFPROZIL	RAN	**FGNQSW**

500MG TABLET

02293536	RAN-CEFPROZIL	RAN	**FGNQSW**
02347253	AURO-CEFPROZIL	ARO	**FGNQSW**

25MG/ML ORAL SUSPENSION

02329204	RAN-CEFPROZIL	RAN	**FGNQSW**

50MG/ML ORAL SUSPENSION

02293579	RAN-CEFPROZIL	RAN	**FGNQSW**

CEFTRIAXONE

1.0G/VIAL INTRAMUSCULAR INJECTION

02287633	CEFTRIAXONE FOR SODIUM	TEV	**NQ**

02292270	CEFTRIAXONE	SDZ	**NQ**
02325616	CEFTRIAXONE SODIUM	STE	**NQ**

CEFUROXIME AXETIL

250MG TABLET

02244393	APO-CEFUROXIME	APX	**CFGNQSW**
02344823	AURO-CEFUROXIME	ARO	**CFGNQSW**

500MG TABLET

02244394	APO-CEFUROXIME	APX	**CFGNQSW**
02344831	AURO-CEFUROXIME	ARO	**CFGNQSW**

25MG/ML ORAL SUSPENSION

02212307	CEFTIN	GSK	**CFNQSW**

CEPHALEXIN MONOHYDRATE

250MG CAPSULE

00342084	TEVA-CEPHALEXIN	TEV	**FGNQSW**

500MG CAPSULE

00342114	TEVA-CEPHALEXIN	TEV	**FGNQSW**

250MG TABLET

00583413	TEVA-CEPHALEXIN	TEV	**CFGNQSW**
00768723	APO-CEPHALEX	APX	**CFGNQSW**
02470578	AURO-CEPHALEXIN	ARO	**CFGNQSW**
02521253	CEPHALEXIN	SNS	**CFGNQSW**

500MG TABLET

00583421	TEVA-CEPHALEXIN	TEV	**CFGNQSW**
00768715	APO-CEPHALEX	APX	**CFGNQSW**
02470586	AURO-CEPHALEXIN	ARO	**CFGNQSW**
02495651	CEPHALEXIN	SIV	**CFGNQSW**
02521261	CEPHALEXIN	SNS	**CFGNQSW**

25MG/ML ORAL SUSPENSION

00342106	TEVA-CEPHALEXIN	TEV	**CFGNQSW**

50MG/ML ORAL SUSPENSION

00342092	TEVA-CEPHALEXIN	TEV	**CFGNQSW**

08:12.07 MONOBACTAMS

AZTREONAM

SEE APPENDIX A FOR SA CRITERIA
75MG/ML INHALATION VIAL

02329840	CAYSTON (SA)	GIL	**MQ**

08:12.12 ANTIBIOTICS ERYTHROMYCINS

AZITHROMYCIN

SEE APPENDIX A FOR SA CRITERIA (HIV, CYSTIC FIBROSIS, SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS DO NOT REQUIRE A SA REQUEST)

250MG TABLET

02212021	ZITHROMAX (SA)	PFI	**ACFNQSWVX**
02261634	PMS-AZITHROMYCIN (SA)	PMS	**ACFGNQSWVX**
02265826	SANDOZ AZITHROMYCIN (SA)	SDZ	**ACFGNQSWVX**
02267845	TEVA-AZITHROMYCIN (SA)	TEV	**ACFGNQSWVX**
02275309	RIVA-AZITHROMYCIN (SA)	RIV	**ACFGNQSWVX**
02330881	AZITHROMYCIN (SA)	SNS	**ACFGNQSWVX**
02415542	APO-AZITHROMYCIN Z (SA)	APX	**ACFGNQSWVX**
02442434	AZITHROMYCIN (SA)	SIV	**ACFGNQSWVX**
02452308	JAMP-AZITHROMYCIN (SA)	JPC	**ACFGNQSWVX**
02452324	MAR-AZITHROMYCIN (SA)	MAR	**ACFGNQSWVX**
02479680	NRA-AZITHROMYCIN (SA)	NRA	**ACFGNQSWVX**
02480700	AG-AZITHROMYCIN (SA)	AGP	**ACFGNQSWVX**
02502038	M-AZITHROMYCIN (SA)	MRA	**ACFGNQSWVX**

600MG TABLET

02261642	PMS-AZITHROMYCIN (SA)	PMS	**ACFGNQSWX**

20MG/ML ORAL SUSPENSION

02223716	ZITHROMAX (SA)	PFI	**ACFNQSWX**
02274566	GD-AZITHROMYCIN (SA)	GMD	**ACFGNQSWX**
02332388	SANDOZ-AZITHROMYCIN (SA)	SDZ	**ACFGNQSWX**
02482363	AURO-AZITHROMYCIN (SA)	ARO	**ACFGNQSWX**

40MG/ML ORAL SUSPENSION

02223724	ZITHROMAX (SA)	PFI	**ACFNQSWX**
02274574	GD-AZITHROMYCIN (SA)	GMD	**ACFGNQSWX**
02332396	SANDOZ-AZITHROMYCIN (SA)	SDZ	**ACFGNQSWX**
02482371	AURO-AZITHROMYCIN (SA)	ARO	**ACFGNQSWX**

CLARITHROMYCIN

250MG TABLET

01984853	BIAXIN	BGP	**AFCNQSWX**
02247573	PMS-CLARITHROMYCIN	PMS	**ACFGNQSWX**

02266539	SANDOZ CLARITHROMYCIN	SDZ	**ACFGNQSWX**
02274744	APO-CLARITHROMYCIN	APX	**ACFGNQSWX**
02361426	RAN-CLARITHROMYCIN	RAN	**ACFGNQSWX**
02442469	CLARITHROMYCIN	SIV	**ACFGNQSWX**
02466120	CLARITHROMYCIN	SNS	**ACFGNQSWX**
02471388	M-CLARITHROMYCIN	MRA	**ACFGNQSWX**

500MG TABLET

02126710	BIAXIN	BGP	**ACFNQSWX**
02247574	PMS-CLARITHROMYCIN	PMS	**ACFGNQSWX**
02266547	SANDOZ-CLARITHROMYCIN	SDZ	**ACFGNQSWX**
02274752	APO-CLARITHROMYCIN	APX	**ACFGNQSWX**
02361434	RAN-CLARITHROMYCIN	RAN	**ACFGNQSWX**
02442485	CLARITHROMYCIN	SIV	**ACFGNQSWX**
02466139	CLARITHROMYCIN	SNS	**ACFGNQSWX**
02471396	M-CLARITHROMYCIN	MRA	**ACFGNQSWX**

500MG EXTENDED-RELEASE TABLET

02403196	ACT-CLARITHROMYCIN XL	ATV	**CFGNQSW**
02413345	APO-CLARITHROMYCIN XL	APX	**CFGNQSW**

25MG/ML ORAL SUSPENSION

02146908	BIAXIN	BGP	**CFNQSWX**
02390442	TARO-CLARITHROMYCIN	TAR	**CFGNQSWX**
02408988	CLARITHTROMYCIN	SNS	**CFGNQSWX**

50MG/ML ORAL SUSPENSION

02244641	BIAXIN	BGP	**CFNQSWX**
02390450	TARO-CLARITHROMYCIN	TAR	**CFGNQSWX**
02408996	CLARITHTROMYCIN	SNS	**CFGNQSWX**

ERYTHROMYCIN BASE

333MG CAPSULE (ENTERIC COATED PELLETS)

00873454	ERYC	PFI	**CFNQSW**

250MG TABLET

00682020	ERYTHRO-BASE	AAA	**CFGNQSVW**

FIDAXOMICIN

SEE APPENDIX A FOR SA CRITERIA

200MG TABLET

02387174	DIFICID(SA)	MSD	**FNQSW**

08:12.16 ANTIBIOTICS PENICILLINS

AMOXICILLIN

250MG CAPSULE

00406724	NOVAMOXIN	TEV	**CFGNQSW**
00628115	APO-AMOXI	APX	**CFGNQSW**
02352710	AMOXICILLIN	SNS	**CFGNQSW**
02388073	AURO-AMOXICILLIN	ARO	**CFGNQSW**
02401495	AMOXICILLIN	SIV	**CFGNQSW**
02433060	JAMP-AMOXICILLIN	JPC	**CFGNQSW**

500MG CAPSULE

00406716	NOVAMOXIN	TEV	**CFGNQSVW**
00628123	APO-AMOXI	APX	**CFGNQSVW**
02352729	AMOXICILLIN	SNS	**CFGNQSVW**
02388081	AURO-AMOXICILLIN	ARO	**CFGNQSVW**
02401509	AMOXICILLIN	SIV	**CFGNQSVW**
02433079	JAMP-AMOXICILLIN	JPC	**CFGNQSVW**
02477726	AG-AMOXICILLIN	ANG	**CFGNQSVW**

25MG/ML ORAL SUSPENSION

00628131	APO-AMOXI	APX	**CFGNQSW**

50MG/ML ORAL SUSPENSION

00452130	NOVAMOXIN	TEV	**CFGNQSW**
00628158	APO-AMOXI	APX	**CFGNQSW**
01934163	NOVAMOXIN	TEV	**CFGNQSW**
02352788	AMOXICILLIN SUGAR REDUCED	SNS	**CFGNQSW**
02352753	AMOXICILLIN	SNS	**CFGNQSW**
02401541	AMOXICILLIN	SIV	**CFGNQSW**

AMOXICILLIN & CLAVULANIC ACID

250MG & 125MG TABLET

02243350	APO-AMOXI CLAV	APX	**CFGNQSW**
02471671	AURO-AMOXICLAV	ARO	**CFGNQSW**
02508249	JAMP-AMOXI CLAV	JPC	**CFGNQSW**

500MG & 125MG TABLET

01916858	CLAVULIN	GSK	**CFNQSW**
02243351	APO-AMOXI CLAV	APX	**CFGNQSW**
02471698	AURO-AMOXICLAV	ARO	**CFGNQSW**
02482576	SANDOZ-AMOXI CLAV	SDZ	**CFGNQSW**
02508257	JAMP-AMOXI CLAV	JPC	**CFGNQSW**

875MG & 125MG TABLET

02238829	CLAVULIN	GSK	**CFNQSW**
02245623	APO-AMOXI CLAV	APX	**CFGNQSW**
02471701	AURO-AMOXICLAV	ARO	**CFGNQSW**

02482584	SANDOZ-AMOXI CLAV	SDZ	**CFGNQSW**
02508265	JAMP-AMOXI CLAV	JPC	**CFGNQSW**

25MG & 6.25MG/ML ORAL SUSPENSION

01916882	CLAVULIN	GSK	**CFNQSW**

50MG & 12.5MG/ML ORAL SUSPENSION

01916874	CLAVULIN	GSK	**CFNQSW**

80MG & 11.4MG/ML ORAL SUSPENSION

02238830	CLAVULIN	GSK	**CFNQSW**

AMPICILLIN

250MG CAPSULE

00020877	TEVA-AMPICILLIN	TEV	**CFGNQSW**

500MG CAPSULE

00020885	TEVA-AMPICILLIN	TEV	**CFGNQSW**

500MG INJECTION POWDER

00872652	AMPICILLIN SODIUM	TEV	**NQ**

CLOXACILLIN

250MG CAPSULE

00337765	TEVA-CLOXACILLIN	TEV	**CFGNQSW**
02510731	JAMP-CLOXACILLIN	JPC	**CFGNQSW**

500MG CAPSULE

00337773	TEVA-CLOXACILLIN	TEV	**CFGNQSW**
02510758	JAMP-CLOXACILLIN	JPC	**CFGNQSW**

25MG/ML ORAL LIQUID

00337757	TEVA-CLOXACILLIN	TEV	**CFGNQSW**

PENICILLIN V (POTASSIUM)

300MG TABLET

00642215	PEN-VK	AAA	**CFGNQSW**

8:12.18 QUINOLONES

CIPROFLOXACIN

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

250MG TABLET

02247339	ACT-CIPROFLOXACIN (SA)	ATV	**CFGNQSWX**
02248437	PMS-CIPROFLOXACIN (SA)	PMS	**CFGNQSWX**
02248756	SANDOZ CIPROFLOXACIN (SA)	SDZ	**CFGNQSWX**
02303728	RAN-CIPROFLOXACIN (SA)	RAN	**CFGNQSWX**
02353318	CIPROFLOXACIN (SA)	SNS	**CFGNQSWX**
02379627	SEPTA-CIPROFLOXACIN (SA)	SPT	**CFGNQSWX**
02379686	MAR-CIPROFLOXACIN (SA)	MAR	**CFGNQSWX**
02380358	JAMP-CIPROFLOXACIN (SA)	JPC	**CFGNQSWX**
02381907	AURO-CIPROFLOXACIN (SA)	ARO	**CFGNQSWX**
02386119	CIPROFLOXACIN (SA)	SIV	**CFGNQSWX**

500MG TABLET

02247340	ACT-CIPROFLOXACIN (SA)	ATV	**CFGNQSWX**
02248438	PMS-CIPROFLOXACIN (SA)	PMS	**CFGNQSWX**
02248757	SANDOZ CIPROFLOXACIN (SA)	SDZ	**CFGNQSWX**
02303736	RAN-CIPROFLOXACIN (SA)	RAN	**CFGNQSWX**
02353326	CIPROFLOXACIN (SA)	SNS	**CFGNQSWX**
02379635	SEPTA-CIPROFLOXACIN (SA)	SPT	**CFGNQSWX**
02379694	MAR-CIPROFLOXACIN (SA)	MAR	**CFGNQSWX**
02380366	JAMP-CIPROFLOXACIN (SA)	JPC	**CFGNQSWX**
02381923	AURO-CIPROFLOXACIN (SA)	ARO	**CFGNQSWX**
02386127	CIPROFLOXACIN (SA)	SIV	**CFGNQSWX**
02423561	MINT-CIPROFLOX (SA)	MNT	**CFGNQSWX**
02492008	NRA-CIPROFLOXACIN (SA)	NRA	**CFGNQSWX**

750MG TABLET

02247341	ACT-CIPROFLOXACIN (SA)	ATV	**FGNQSW**
02248439	PMS-CIPROFLOXACIN (SA)	PMS	**FGNQSW**
02248758	SANDOZ-CIPROFLOXACIN (SA)	SDZ	**FGNQSW**
02303744	RAN-CIPROFLOXACIN (SA)	RAN	**FGNQSW**
02379643	SEPTA-CIPROFLOXACIN (SA)	SPT	**FGNQSW**
02379708	MAR-CIPROFLOXACIN (SA)	MAR	**FGNQSW**
02380374	JAMP-CIPROFLOXACIN (SA)	JPC	**FGNQSW**

100MG/ML ORAL SUSPENSION

02237514	CIPRO (SA)	BAY	**FNQSW**

LEVOFLOXACIN

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

250MG TABLET

02284707	APO-LEVOFLOX (SA)	APX	**CFGNQSW**
02298635	SANDOZ-LEVOFLOXACIN (SA)	SDZ	**CFGNQSW**
02315424	ACT-LEVOFLOXACIN (SA)	ATV	**CFGNQSW**
02505797	MINT-LEVOFLOXACIN (SA)	MNT	**CFGNQSW**

500MG TABLET

02284715	APO-LEVOFLOX (SA)	APX	**CFGNQSW**
02298643	SANDOZ-LEVOFLOXACIN (SA)	SDZ	**CFGNQSW**
02315432	ACT-LEVOFLOXACIN (SA)	ATV	**CFGNQSW**
02505819	MINT-LEVOFLOXACIN (SA)	MNT	**CFGNQSW**

MOXIFLOXACIN HCL

SEE APPENDIX A FOR SA CRITERIA (CYSTIC FIBROSIS PROGRAM DOES NOT REQUIRE AN SA REQUEST)

400MG TABLET

02375702	TEVA-MOXIFLOXACIN (SA)	TEV	**FGNQSW**
02383381	SANDOZ-MOXIFLOXACIN (SA)	SDZ	**FGNQSW**
02404923	APO-MOXIFLOXACIN (SA)	APX	**FGNQSW**
02432242	AURO-MOXIFLOXACIN (SA)	ARO	**FGNQSW**
02443929	JAMP-MOXIFLOXACIN (SA)	JPC	**FGNQSW**
02447053	MAR-MOXIFLOXACIN (SA)	MAR	**FGNQSW**
02447061	JAMP-MOXIFLOXACIN (SA)	JPC	**FGNQSW**
02472791	M-MOXIFLOXACIN (SA)	MRA	**FGNQSW**
02478137	AG-MOXIFLOXACIN (SA)	ANG	**FGNQSW**
02520710	MOXIFLOXACIN (SA)	SNS	**FGNQSW**

NORFLOXACIN

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

400MG TABLET

02229524	NORFLOXACIN (SA)	AAA	**FGNQSW**

08:12.20 SULFONAMIDES

SULFAMETHOXAZOLE & TRIMETHOPRIM

400MG & 80MG TABLET

00445274	SULFATRIM	AAA	**ACFGNQSWX**

800MG & 160MG TABLET

00445282	SULFATRIM DS	AAA	**ACFGNQSWX**

40MG & 8MG/ML ORAL SUSPENSION

00726540	TEVA-TRIMEL	TEV	**ACFGNQSWX**

08:12.24 ANTIBIOTICS TETRACYCLINES

DOXYCYCLINE

100MG CAPSULE

00725250	TEVA-DOXYCYCLINE	TEV	**CFGNQSVWX**
00740713	APO-DOXY	APX	**CFGNQSVWX**
02351234	DOXYCYCLINE	SNS	**CFGNQSVWX**

100 MG TABLET

00860751	DOXYCIN	RIV	**FGNQSVW**
00874256	APO-DOXY	APX	**FGNQSVW**
02158574	TEVA-DOXYCYCLINE	TEV	**FGNQSVW**
02351242	DOXYCYCLINE	SNS	**FGNQSVW**

MINOCYCLINE HCL

50MG CAPSULE

02084090	MINOCYCLINE	AAA	**FGQW**

100 MG CAPSULE

02084104	MINOCYCLINE	AAA	**FGQW**

TETRACYCLINE

250MG CAPSULE

00580929	TETRACYCLINE	AAA	**CFGNQSW**

8:12.28 ANTIBIOTICS OTHER ANTIBIOTICS

CLINDAMYCIN HCL

150MG CAPSULE

00030570	DALACIN C	PFI	**CFNQSW**
02241709	TEVA-CLINDAMYCIN	TEV	**CFGNQSW**
02245232	APO-CLINDAMYCIN	APX	**CFGNQSW**
02400529	CLINDAMYCIN	SNS	**CFGNQSW**
02436906	AURO-CLINDAMYCIN	ARO	**CFGNQSW**
02462656	MED-CLINDAMYCIN	GMP	**CFGNQSW**
02468476	RIVA-CLINDAMYCIN	RIV	**CFGNQSW**
02479923	M-CLINDAMYCIN	MRA	**CFGNQSW**
02483734	JAMP-CLINDAMYCIN	JPC	**CFGNQSW**
02493748	NRA-CLINDAMYCIN	NRA	**CFGNQSW**

300MG CAPSULE

02182866	DALACIN C	PFI	**CFNQSW**
02241710	TEVA-CLINDAMYCIN	TEV	**CFGNQSW**

02245233	APO-CLINDAMYCIN	APX	**CFGNQSW**
02400537	CLINDAMYCIN	SNS	**CFGNQSW**
02436914	AURO-CLINDAMYCIN	ARO	**CFGNQSW**
02462664	MED-CLINDAMYCIN	GMP	**CFGNQSW**
02468484	RIVA-CLINDAMYCIN	RIV	**CFGNQSW**
02479931	M-CLINDAMYCIN	MRA	**CFGNQSW**
02483742	JAMP-CLINDAMYCIN	JPC	**CFGNQSW**
02493756	NRA-CLINDAMYCIN	NRA	**CFGNQSW**

CLINDAMYCIN PALMITATE HCL

15MG/ML ORAL SOLUTION

00225851	DALACIN C	PFI	**FNQSW**

LINEZOLID

SEE APPENDIX A FOR SA CRITERIA

600MG TABLET

02422689	SANDOZ-LINEZOLID (SA)	SDZ	**FGNQSW**
02426552	APO-LINEZOLID (SA)	APX	**FGNQSW**

RIFAXIMIN

SEE APPENDIX A FOR SA CRITERIA

550MG TABLET

02410702	ZAXINE (SA)	LUP	**FNQSW**

VANCOMYCIN HCL

125MG CAPSULE

00800430	VANCOCIN	MRS	**FNQSW**
02407744	VANCOMYCIN	JPC	**FGNQSW**

08:14.00 ANTIFUNGALS

NYSTATIN

100,000U/ML ORAL SUSPENSION

00792667	PMS-NYSTATIN	PMS	**AFGNQSW**
02194201	RATIO-NYSTATIN	TEV	**AFGNQSW**
02433443	JAMP-NYSTATIN	JPC	**AFGNQSW**

TERBINAFINE

SEE APPENDIX A FOR SA CRITERIA

250MG TABLET

02239893	APO-TERBINAFINE (SA)	APX	**AFGNQSW**
02254727	ACT-TERBINAFINE (SA)	ATV	**AFGNQSW**
02294273	PMS-TERBINAFINE (SA)	PMS	**AFGNQSW**

02320134	AURO-TERBINAFINE (SA)	ARO	**AFGNQSW**
02353121	TERBINAFINE (SA)	SNS	**AFGNQSW**
02385279	TERBINAFINE (SA)	SIV	**AFGNQSW**

VORICONAZOLE

SEE APPENDIX A FOR SA CRITERIA

50MG TABLET

02256460	VFEND (SA)	PFI	**FNQSW**
02396866	TEVA-VORICONAZOLE (SA)	TEV	**FGNQSW**
02399245	SANDOZ-VORICONAZOLE (SA)	SDZ	**FGNQSW**
02525771	JAMP-VORICONAZOLE (SA)	JPC	**FGNQSW**

200MG TABLET

02256479	VFEND (SA)	PFI	**FNQSW**
02396874	TEVA-VORICONAZOLE (SA)	TEV	**FGNQSW**
02399253	SANDOZ-VORICONAZOLE (SA)	SDZ	**FGNQSW**
02525798	JAMP-VORICONAZOLE (SA)	JPC	**FGNQSW**

08:16.00 ANTITUBERCULOSIS AGENTS

ETHAMBUTOL

100MG TABLET

00247960	ETIBI	VAL	**AX**

400MG TABLET

00247979	ETIBI	VAL	**AX**

ISONIAZID

300MG TABLET

00577804	PDP-ISONIAZID	PEN	**AX**

PYRAZINAMIDE

500MG TABLET

00618810	PDP-PYRAZINAMIDE	PEN	**X**

RIFABUTIN

150MG CAPSULE

02063786	MYCOBUTIN	PFI	**AX**

RIFAMPIN

150MG CAPSULE

00393444	ROFACT	VAL	**AQX**

300MG CAPSULE

00343617	ROFACT	VAL	**AQX**

8:16.92 MISCELLANEOUS ANTIMYCOBACTERIALS

DAPSONE

100MG TABLET

02041510	DAPSONE	JAC	**A**
02481227	MAR-DAPSONE	MAR	**A**
02489058	RIVA-DAPSONE	RIV	**A**

8:18.00 ANTIVIRALS

ACYCLOVIR

200MG TABLET

02207621	APO-ACYCLOVIR	APX	**AFGNQSW**
02242784	MYLAN-ACYCLOVIR	MYL	**AFGNQSW**
02285959	TEVA-ACYCLOVIR	TEV	**AFGNQSW**
02524708	MINT-ACYCLOVIR	MNT	**AFGNQSW**

400MG TABLET

02207648	APO-ACYCLOVIR	APX	**AFGNQSW**
02242463	MYLAN-ACYCLOVIR	MYL	**AFGNQSW**
02285967	TEVA-ACYCLOVIR	TEV	**AFGNQSW**
02524716	MINT-ACYCLOVIR	MNT	**AFGNQSW**

800MG TABLET

02207656	APO-ACYCLOVIR	APX	**AFGNQSW**
02242464	MYLAN-ACYCLOVIR	MYL	**AFGNQSW**
02285975	TEVA-ACYCLOVIR	TEV	**AFGNQSW**
02524724	MINT-ACYCLOVIR	MNT	**AFGNQSW**

FAMCICLOVIR

125MG TABLET

02229110	FAMVIR	ATN	**AFNQSW**
02278081	PMS-FAMICICLOVIR	PMS	**AFGNQSW**
02278634	SANDOZ-FAMCICLOVIR	SDZ	**AFGNQSW**
02292025	APO-FAMCICLOVIR	APX	**AFGNQSW**
02305682	ACT-FAMCICLOVIR	ATV	**AFGNQSW**

250MG TABLET

02229129	FAMVIR	ATN	**AFNQSW**
02278103	PMS-FAMICICLOVIR	PMS	**AFGNQSW**
02278642	SANDOZ-FAMCICLOVIR	SDZ	**AFGNQSW**
02292041	APO-FAMCICLOVIR	APX	**AFGNQSW**
02305690	ACT-FAMCICLOVIR	ATV	**AFGNQSW**

500MG TABLET

02177102	FAMVIR	ATN	**AFNQSW**
02278111	PMS-FAMICICLOVIR	PMS	**AFGNQSW**
02278650	SANDOZ-FAMCICLOVIR	SDZ	**AFGNQSW**
02292068	APO-FAMCICLOVIR	APX	**AFGNQSW**
02305704	ACT-FAMCICLOVIR	ATV	**AFGNQSW**

VALACYCLOVIR

500MG TABLET

02219492	VALTREX	GSK	**AFNQSW**
02295822	APO-VALACYCLOVIR	APX	**AFGNQSW**
02298457	PMS-VALACYCLOVIR	PMS	**AFGNQSW**
02347091	SANDOZ-VALACYCLOVIR	SDZ	**AFGNQSW**
02351579	MYLAN-VALACYCLOVIR	MYL	**AFGNQSW**
02357534	TEVA-VALACYCLOVIR	TEV	**AFGNQSW**
02405040	AURO-VALACYCLOVIR	ARO	**AFGNQSW**
02440598	JAMP-VALACYCLOVIR	JPC	**AFGNQSW**
02441454	JAMP-VALACYCLOVIR	JPC	**AFGNQSW**
02442000	VALACYCLOVIR	SIV	**AFGNQSW**
02454645	VALACYCLOVIR	SNS	**AFGNQSW**

VALGANCICLOVIR

SEE APPENDIX A FOR SA CRITERIA

450MG TABLET

02245777	VALCYTE (SA)	CAG	**AT**
02413825	TEVA-VALGANCICLOVIR (SA)	TEV	**AT**
02435179	AURO-VALGANCICLOVIR (SA)	ARO	**AT**
02495457	MINT-VALGANCICLOVIR (SA)	MNT	**AT**

8:18.04 ADAMANTANES

AMANTADINE HCL

10MG/ML SYRUP

02022826	PDP-AMANTADINE	PEN	**FGNQSW**

100MG CAPSULE

01990403	PDP-AMANTADINE	PEN	**FGNQSW**

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

ENFUVIRTIDE

SEE APPENDIX A FOR SA CRITERIA

90MG/ML INJECTION KIT

02247725	FUZEON (SA)	HLR	**A**

MARAVIROX

150MG TABLET

02299844	CELSENTRI	VII	**A**

300MG TABLET

02299852	CELSENTRI	VII	**A**

08:18.08.08 ANTIRETROVIRAL AGENTS (PROTEASE INHIBITORS)

ATAZANAVIR

150MG CAPSULE

02248610	REYATAZ	BMS	**A**
02443791	TEVA-ATAZANAVIR	TEV	**A**
02456877	MYLAN-ATAZANAVIR	MYL	**A**

200MG CAPSULE

02248611	REYATAZ	BMS	**A**
02443813	TEVA-ATAZANAVIR	TEV	**A**
02456885	MYLAN-ATAZANAVIR	MYL	**A**

300MG CAPSULE

02294176	REYATAZ	BMS	**A**
02443821	TEVA-ATAZANAVIR	TEV	**A**
02456893	MYLAN-ATAZANAVIR	MYL	**A**

DARUNAVIR

75MG TABLET

02338432	PREZISTA	JAN	**A**

150MG TABLET

02369753	PREZISTA	JAN	**A**

600MG TABLET

02324024	PREZISTA	JAN	**A**

02486121	AURO-DARUNAVIR	ARO	**A**
02487241	APO-DARUNAVIR	APX	**A**
02521342	DARUNAVIR	JPC	**A**
02522284	M-DARUNAVIR	MRA	**A**

800MG TABLET

02393050	PREZISTA	JAN	**A**
02486148	AURO-DARUNAVIR	ARO	**A**
02487268	APO-DARUNAVIR	APX	**A**
02521350	DARUNAVIR	JPC	**A**
02522292	M-DARUNAVIR	MRA	**A**

DARUNAVIR/COBICISTAT

800MG/150MG TABLET

02426501	PREZCOBIX	JAN	**A**

ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE

150MG/150MG/200MG/300MG TABLET

02397137	STRIBILD	GIL	**A**

FOSAMPRENAVIR

700MG TABLET

02261545	TELZIR	VII	**A**

LOPINAVIR & RITONAVIR

200MG & 50MG TABLET

02285533	KALETRA	ABV	**A**

NELFINAVIR MESYLATE

250MG TABLET

02238617	VIRACEPT	PFI	**A**

RITONAVIR

100MG FILM COATED TABLET

02357593	NORVIR	ABV	**A**

TIPRANAVIR

SEE APPENDIX A FOR SA CRITERIA

250MG CAPSULE

02273322	APTIVUS (SA)	BOE	**A**

8:18.08.12 ANTIRETROVIRAL AGENTS (INTEGRASE INHIBITORS)

ABACAVIR & DOLUTEGRAVIR & LAMIVUDINE
600MG & 50MG & 300MG TABLET
02430932 TRIUMEQ VII **A**

BICTEGRAVIR & EMTRICITABINE & TENOFOVIR ALAFENAMIDE
50MG & 200MG & 25MG
02478579 BIKTARVY GIL **A**

CABOTEGRAVIR
SEE APPENDIX A FOR SA CRITERA
30MG TABLET
02497204 VOCABRIA (SA) VII **A**

CABOTEGRAVIR & RILPIVIRINE
SEE APPENDIX A FOR SA CRITERIA
400MG/600MG VIAL
02497220 CABENUVA (SA) VII **A**

600MG/900MG VIAL
02497247 CABENUVA (SA) VII **A**

DOLUTEGRAVIR SODIUM
50MG TABLET
02414945 TIVICAY VII **A**

DOLUTEGRAVIR SODIUM & LAMIVUDINE
50MG & 300MG TABLET
02491753 DOVATO VII **A**

DOLUTEGRAVIR/ & RILPIVIRINE
50MG & 25MG TABLET
02475774 JULUCA VII **A**

ELVITEGRAVIR & COBICISTAT & EMTRICITABINE & TENOFOVIR ALAFENAMIDE
150MG &150MG & 200MG & 10MG TABLET
02449498 GENVOYA GIL **A**

RALTEGRAVIR
400MG TABLET
02301881 ISENTRESS MSD **A**

8:18.08.16 ANTIRETROVIRAL AGENTS (NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

DORAVIRINE

100MG TABLET

02481545	PIFELTRO	MER	**A**

DORAVIRINE & LAMIVUDINE & TENOFIVIR

100MG & 300MG & 300MG TABLET

02482592	DELSTRIGO	MER	**A**

EFAVIRENZ

50MG CAPSULE

02239886	SUSTIVA	BMS	**A**

200MG CAPSULE

02239888	SUSTIVA	BMS	**A**

600MG TABLET

02246045	SUSTIVA	BMS	**A**
02381524	MYLAN-EFAVIRENZ	MYL	**A**
02389762	TEVA-EFAVIRENZ	TEV	**A**
02418428	AURO-EFAVIRENZ	ARO	**A**
02458233	JAMP-EFAVIRENZ	JPC	**A**

EMTRICITABINE& RILPIVIRINE &TENOFOVIR

200MG & 25MG & 300MG TABLET

02374129	COMPLERA	GIL	**A**

EMTRICITABINE & RILPIVIRINE & TENOFOVIR ALAFENAMIDE

200MG & 25MG & 25MG TABLET

02461463	ODEFSEY	GIL	**A**

ETRAVIRINE

100MG TABLET

02306778	INTELENCE	JAN	**A**

NEVIRAPINE

200MG TABLET

02318601	AURO-NEVIRAPINE	ARO	**A**
02387727	MYLAN-NEVIRAPINE	MYL	**A**
02405776	JAMP-NEVIRAPINE	JPC	**A**

NEVIRAPINE

400MG EXTENDED RELEASE TABLET

02427931	APO-NEVIRAPINE XR	APX	**A**

RILPIVIRINE

25MG TABLET

02370603	EDURANT	JAN	**A**

08:18.08.20 ANTIRETROVIRAL AGENTS (NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)

ABACAVIR SULFATE

300MG TABLET

02240357	ZIAGEN	VII	**A**
02396769	APO-ABACAVIR	APX	**A**
02480956	MINT-ABACAVIR	MNT	**A**

ABACAVIR & LAMIVUDINE

600MG & 300MG TABLET

02269341	KIVEXA	VII	**A**
02399539	APO-ABACAVIR/LAMUVIDINE	APX	**A**
02416662	TEVA-ABACAVIR/LAMUVIDINE	TEV	**A**
02450682	MYLAN-ABACAVIR/LAMUVIDINE	MYL	**A**
02454513	AURO-ABACAVIR/LAMUVIDINE	ARO	**A**
02458381	PMS-ABACAVIR/LAMIVUDINE	PMS	**A**
02497654	JAMP-ABACAVIR/LAMIVUDINE	JPC	**A**

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

300MG & 150MG TABLET & 300MG

02416255	APO-ABACAVIR/LAMIVUDINE/ZIDOVUDINE	APX	**A**

EFAVIRENZ & EMBRICITABINE & TENOFOVIR

600MG & 200MG & 300MG TABLET

02393549	TEVA-EFAVIRENZ-EMTRICITABINE-TENOFOVIR	TEV	**A**
02461412	MYLAN-EFAVIRENZ-EMTRICITABINE-TENOFOVIR	MYL	**A**
02468247	APO-EFAVIRENZ-EMTRICITABINE-TENOFOVIR	APX	**A**
02478404	AURO-EFAVIRENZ-EMTRICITABINE-TENOFOVIR	ARO	**A**
02484676	SANDOZ-EFAVIRENZ-EMTRICITABINE-TENOFOV	MYL	**A**
02487284	PMS-EFAVIRENZ-EMTRICITABINE-TENOFOVIR	PMS	**A**

LAMIVUDINE

100MG TABLET

02239193	HEPTOVIR	GSK	**H**
02393239	APO-LAMIVUDINE HBV	APX	**H**
02512467	JAMP-LAMIVUDINE HBV	JPC	**H**

150MG TABLET

02192683	3TC	VII	**AH**
02369052	APO-LAMIVUDINE	APX	**AH**
02507110	JAMP-LAMIVUDINE	JPC	**AH**

300MG TABLET

02247825	3TC	VII	**AH**
02369060	APO-LAMIVUDINE	APX	**AH**
02507129	JAMP-LAMIVUDINE	JPC	**AH**

LAMIVUDINE & ZIDOVUDINE

150MG & 300MG TABLET

02239213	COMBIVIR	VII	**A**
02375540	APO-LAMIVUDINE/ZIDOVUDINE	APX	**A**
02414414	AURO-LAMIVUDINE/ZIDOVUDINE	ARO	**A**
02502801	JAMP-LAMIVUDINE/ZIDOVUDINE	JPC	**A**

TENOFOVIR

300MG TABLET

02247128	VIREAD	GIL	**AH**
02403889	TEVA-TENOFOVIR	TEV	**AH**
02451980	APO-TENOFOVIR	APX	**AH**
02452634	MYLAN-TENOFOVIR	MYL	**AH**
02453940	PMS-TENOFOVIR	PMS	**AH**
02460173	AURO-TENOFOVIR	ARO	**AH**
02472511	NAT-TENOFOVIR	NAT	**AH**
02479087	JAMP-TENOFOVIR	JPC	**AH**
02512327	TENOFOVIR DISOPROXIL FUMARATE	SNS	**AH**
02512939	MINT-TENOFOVIR	MNT	**AH**
02523922	TENOFOVIR	SIV	**AH**

TENOFOVIR & EMTRICITABINE

300MG & 200MG TABLET

02274906	TRUVADA	GIL	**A**
02399059	TEVA-EMTRICITABINE-TENOFOVIR	TEV	**A**
02443902	MYLAN-EMTRICITABINE-TENOFOVIR	MYL	**A**
02452006	APO-EMTRICITABINE-TENOFOVIR	APX	**A**
02461110	PMS-EMTRICITABINE-TENOFOVIR	PMS	**A**
02487012	JAMP-EMTRICITABINE-TENOFOVIR	JPC	**A**
02496356	AG-EMTRICITABINE-TENOFOVIR	ANG	**A**

ZIDOVUDINE (AZT)

100MG CAPSULE

01946323	APO-ZIDOVUDINE	APX	**A**

08:18.32 NUCLEOSIDES AND NUCLEOTIDES

ENTECAVIR
SEE APPENDIX A FOR SA CRITERIA
0.5MG TABLET

02282224	BARACLUDE (SA)	BMS	**H**
02396955	APO-ENTECAVIR (SA)	APX	**H**
02430576	PMS-ENTECAVIR (SA)	PMS	**H**
02448777	AURO-ENTECAVIR (SA)	ARO	**H**
02453797	ENTECAVIR (SA)	STR	**H**
02467232	JAMP-ENTECAVIR (SA)	JPC	**H**
02485907	MINT-ENTECAVIR (SA)	MNT	**H**

08:18.40 HCV PROTEASE INHIBITORS

GLECAPREVIR & PIBRENTASVIR
100MG & 40MG TABLET

02467550	MAVIRET	ABV	**H**

08:18.92 MISCELLANEOUS ANTIVIRALS

LETERMOVIR
SEE APPENDIX A FOR SA CRITERIA
240MG TABLET

02469375	PREVYMIS (SA)	MER	**MQ**

480MG TABLET

02469383	PREVYMIS (SA)	MER	**MQ**

08:30.08 ANTIMALARIALS

HYDROXYCHLOROQUINE SULFATE
200MG TABLET

02017709	PLAQUENIL	AVN	**FNQSW**
02246691	APO-HYDROXYQUINE	APX	**FGNQSW**
02424991	MINT-HYDROXYCHLOROQUINE	MNT	**FGNQSW**
02491427	JAMP-HYDROXYCHLOROQUINE SULFATE	JPC	**FGNQSW**

02511886	NRA-HYDROXYCHLOROQUINE	NRA	**FGNQSW**
02519348	HYDROXYCHLOROQUINE	SNS	**FGNQSW**

08:30.92 MISCELLANEOUS ANTIPROTOZOALS

METRONIDAZOLE

250MG TABLET

00545066	METRONIDAZOLE	AAA	**CFGNQSW**

08:36.00 URINARY ANTI INFECTIVES

FOSFOMYCIN

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

3G SACHET

02240335	MONUROL (SA)	PAL	**FNQSW**
02473801	JAMP-FOSFOMYCIN (SA)	JPC	**FGNQSW**

NITROFURANTOIN

50MG CAPSULE (MACROCRYSTALS)

02231015	TEVA-FURANTOIN	TEV	**FGNQSW**

100MG CAPSULE (MACROCRYSTALS)

02231016	TEVA-FURANTOIN	TEV	**FGNQSW**

50MG TABLET

00319511	NITROFURANTOIN	AAA	**FGNQSW**

100MG TABLET

00312738	NITROFURANTOIN	AAA	**FGNQSW**

NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS

100MG CAPSULE

02455676	PMS-NITROFURANTOIN	PMS	**FGNQSW**

TRIMETHOPRIM

100MG TABLET

02243116	TRIMETHOPRIM	AAA	**FGNQSW**

200MG TABLET

02243117	TRIMETHOPRIM	AAA	**FGNQSW**

10:00.00 ANTINEOPLASTIC AGENTS

ABIRATERONE ACETATE
SEE APPENDIX A FOR SA CRITERIA
250MG TABLET

02371065	ZYTIGA (SA)	JAN	**MQ**
02477114	REDDY-ABIRATERONE (SA)	RCH	**MQ**
02486393	SANDOZ-ABIRATERONE (SA)	SDZ	**MQ**
02491397	APO-ABIRATERONE (SA)	APX	**MQ**
02492601	PMS-ABIRATERONE (SA)	PMS	**MQ**
02494132	NAT-ABIRATERONE (SA)	NAT	**MQ**
02502305	JAMP-ABIRATERONE (SA)	JPC	**MQ**
02503980	MAR-ABIRATERONE (SA)	MAR	**MQ**
02525380	ABIRATERONE (SA)	JPC	**MQ**

500MG TABLET

02457113	ZYTIGA (SA)	JAN	**MQ**
02491400	APO-ABIRATERONE (SA)	APX	**MQ**
02501503	PMS-ABIRATERONE (SA)	PMS	**MQ**
02503999	MAR-ABIRATERONE (SA)	MAR	**MQ**
02521644	SANDOZ-ABIRATERONE (SA)	SDZ	**MQ**

AFATINIB
SEE APPENDIX A FOR SA CRITERIA
20MG TABLET

02415666	GIOTRIF (SA)	BOE	**MQ**

30MG TABLET

02415674	GIOTRIF (SA)	BOE	**MQ**

40MG TABLET

02415682	GIOTRIF (SA)	BOE	**MQ**

ALECTINIB
SEE APPENDIX A FOR SA CRITERIA
150MG CAPSULE

02458136	ALECENSARO (SA)	HLR	**MQ**
00904400	ALECENSARO (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

ANASTROZOLE
1MG TABLET

02224135	ARIMIDEX	AZE	**FNQSW**
02320738	PMS-ANASTROZOLE	PMS	**FGNQSW**

02338467	SANDOZ-ANASTROZOLE	SDZ	**FGNQSW**
02339080	JAMP-ANASTROZOLE	JPC	**FGNQSW**
02351218	ACH-ANASTROZOLE	ACH	**FGNQSW**
02365650	TARO-ANASTROZOLE	TAR	**FGNQSW**
02374420	APO-ANASTROZOLE	APX	**FGNQSW**
02379562	MAR-ANASTROZOLE	MAR	**FGNQSW**
02392259	RIVA-ANASTROZOLE	RIV	**FGNQSW**
02393573	MINT-ANASTROZOLE	MNT	**FGNQSW**
02394898	ACT-ANASTROZOLE	ATV	**FGNQSW**
02417855	NAT-ANASTROZOLE	NAT	**FGNQSW**
02442736	ANASTROZOLE	SNS	**FGNQSW**
02458799	CCP-ANASTROZOLE	CCP	**FGNQSW**

AXITINIB

SEE APPENDIX A FOR SA CRITERIA

1MG TABLET

02389630	INLYTA (SA)	PFI	**MQ**

5MG TABLET

02389649	INLYTA (SA)	PFI	**MQ**

BICALUTAMIDE

50MG TABLET

02184478	CASODEX	AZE	**FNQSW**
02270226	TEVA-BICALUTAMIDE	TEV	**FGNQSW**
02275589	PMS-BICALUTAMIDE	PMS	**FGNQSW**
02296063	APO-BICALUTAMIDE	APX	**FGNQSW**
02325985	BICALUTAMIDE	ACH	**FGNQSW**
02357216	JAMP-BICALUTAMIDE	JPC	**FGNQSW**
02519178	BICALUTAMIDE	SNS	**FGNQSW**

BOSUTINIB

SEE APPENDIX A FOR SA CRITERIA

100MG TABLET

02419149	BOSULIF (SA)	PFI	**MQ**

500MG TABLET

02419157	BOSULIF (SA)	PFI	**MQ**

BRIGATINIB

SEE APPENDIX A FOR SA CRITERIA

30MG TABLET

02479206	ALUNBRIG (SA)	TAK	**MQ**
00904758	ALUNBRIG (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

90MG TABLET

02479214	ALUNBRIG (SA)	TAK	**MQ**
00904759	ALUNBRIG (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

180MG TABLET

02479222	ALUNBRIG (SA)	TAK	**MQ**
00904760	ALUNBRIG (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

90MG (7) & 180MG (21) INITIATION PACK

02479230	ALUNBRIG (SA)	TAK	**MQ**
00904761	ALUNBRIG (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

BUSULFAN

2MG TABLET

00004618	MYLERAN	ASN	**FNQSW**

CABOZANTINIB

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET

02480824	CABOMETYX (SA)	IPS	**MQ**

40MG TABLET

02480832	CABOMETYX (SA)	IPS	**MQ**

60MG TABLET

02480840	CABOMETYX (SA)	IPX	**MQ**

CAPECITABINE

150MG TABLET

02238453	XELODA	HLR	**FNQSW**
02400022	TEVA-CAPECITABINE	TEV	**FGNQSW**
02421917	SANDOZ-CAPECITABINE	SDZ	**FGNQSW**
02426757	ACH-CAPECITABINE	ACH	**FGNQSW**
02457490	TARO-CAPECITABINE	TAR	**FGNQSW**
02514982	CAPECITABINE	SNS	**FGNQSW**
02519879	CAPECITABINE	JPC	**FGNQSW**

500MG TABLET

02238454	XELODA	HLR	**FNQSW**
02421925	SANDOZ-CAPECITABINE	SDZ	**FGNQSW**
02426765	ACH-CAPECITABINE	ACH	**FGNQSW**
02457504	TARO-CAPECITABINE	TAR	**FGNQSW**
02508028	MINT-CAPECITABINE	MNT	**FGNQSW**

02514990	CAPECITABINE	SNS	**FGNQSW**
02519887	CAPECITABINE	JPC	**FGNQSW**

CERITINIIB

SEE APPENDIX A FOR SA CRITERIA

150MG CAPSULE

02436779	ZYKADIA (SA)	NVR	**MQ**

CHLORAMBUCIL

2MG TABLET

00004626	LEUKERAN	ASN	**FNQSW**

COBIMETINIB

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET

02452340	COTELLIC (SA)	HLR	**MQ**

CRIZOTINIB

SEE APPENDIX A FOR SA CRITERIA

200MG CAPSULE

02384256	XALKORI (SA)	PFI	**MQ**

250MG CAPSULE

02384264	XALKORI (SA)	PFI	**MQ**

CYCLOPHOSPHAMIDE

25MG TABLET

02241795	PROCYTOX	BAX	**FNQSW**

50MG TABLET

02241796	PROCYTOX	BAX	**FNQSW**

CYPROTERONE ACETATE

50MG TABLET

00704431	ANDROCUR	BAY	**FNQSW**
02245898	APO-CYPROTERONE	AAA	**FGNQSW**
02390760	MED-CYPROTERONE	GMP	**FGNQSW**

DABRAFENIB

SEE APPENDIX A FOR SA CRITERIA

50MG TABLET

02409607	TAFINLAR (SA)	NVR	**MQ**

75MG TABLET

02409615	TAFINLAR (SA)	NVR	**MQ**

DASATINIB

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET

02293129	SPRYCEL (SA)	BMS	**MQ**
02470705	APO-DASATINIB (SA)	APX	**MQ**
02478307	TEVA-DASATINIB (SA)	TEV	**MQ**
02499282	TARO-DASATINIB (SA)	TAR	**MQ**
02514737	REDDY-DASATINIB (SA)	RCH	**MQ**

50MG TABLET

02293137	SPRYCEL (SA)	BMS	**MQ**
02470713	APO-DASATINIB (SA)	APX	**MQ**
02478315	TEVA-DASATINIB (SA)	TEV	**MQ**
02499304	TARO-DASATINIB (SA)	TAR	**MQ**
02514745	REDDY-DASATINIB (SA)	RCH	**MQ**

70MG TABLET

02293145	SPRYCEL (SA)	BMS	**MQ**
02478323	TEVA-DASATINIB (SA)	TEV	**MQ**
02481499	APO-DASATINIB (SA)	APX	**MQ**
02499312	TARO-DASATINIB (SA)	TAR	**MQ**
02514753	REDDY-DASATINIB (SA)	RCH	**MQ**

80MG TABLET

02360810	SPRYCEL (SA)	BMS	**MQ**
02478331	TEVA-DASATINIB (SA)	TEV	**MQ**
02481502	APO-DASATINIB (SA)	APX	**MQ**
02499320	TARO-DASATINIB (SA)	TAR	**MQ**
02514761	REDDY-DASATINIB (SA)	RCH	**MQ**

100MG TABLET

02320193	SPRYCEL (SA)	BMS	**MQ**
02470721	APO-DASATINIB (SA)	APX	**MQ**
02478358	TEVA-DASATINIB (SA)	TEV	**MQ**
02499339	TARO-DASATINIB (SA)	TAR	**MQ**
02514788	REDDY-DASATINIB (SA)	RCH	**MQ**

140MG TABLET

02360829	SPRYCEL (SA)	BMS	**MQ**
02499347	TARO-DASATINIB (SA)	TAR	**MQ**
02514796	REDDY-DASATINIB (SA)	RCH	**MQ**

DEGARELIX

80MG/VIAL POWDER FOR INJECTION

02337029	FIRMAGON	FEI	**FNQSW**

120MG/VIAL POWDER FOR INJECTION

02337037	FIRMAGON	FEI	**FNQSW**

ENZALUTAMIDE

SEE APPENDIX A FOR SA CRITERIA

40MG CAPSULE

02407329	XTANDI (SA)	AST	**MQ**

ERLOTINIB

SEE APPENDIX A FOR SA CRITERIA

25MG TABLET

02269007	TARCEVA (SA)	HLR	**FMNQSW**
02377691	TEVA-ERLOTINIB (SA)	TEV	**FGMNQSW**
02461862	APO-ERLOTINIB (SA)	APX	**FGMNQSW**
02483912	NAT-ERLOTINIB (SA)	NAT	**FGMNQSW**

100MG TABLET

02269015	TARCEVA (SA)	HLR	**FMNQSW**
02377705	TEVA-ERLOTINIB (SA)	TEV	**FGMNQSW**
02454386	PMS-ERLOTINIB (SA)	PMS	**FGMNQSW**
02461870	APO-ERLOTINIB (SA)	APX	**FGMNQSW**
02483920	NAT-ERLOTIBIN (SA)	NAT	**FGMNQSW**

150MG TABLET

02269023	TARCEVA (SA)	HLR	**FMNQSW**
02377713	TEVA-ERLOTINIB (SA)	TEV	**FGMNQSW**
02454394	PMS-ERLOTINIB (SA)	PMS	**FGMNQSW**
02461889	APO-ERLOTINIB (SA)	APX	**FGMNQSW**
02483939	NAT-ERLOTINIB (SA)	NAT	**FGMNQSW**

EXEMESTANE

25MG TABLET

02242705	AROMASIN	PFI	**FNQSW**
02390183	ACT-EXEMESTANE	ATV	**FGNQSW**
02407841	MED-EXEMESTANE	GMP	**FGNQSW**

FLUDARABINE PHOSPHATE

SEE APPENDIX A FOR SA CRITERIA

10 MG TABLET

02246226	FLUDARA (SA)	AVN	**MQ**

FLUOROURACIL /SALICYLIC ACID

0.5%-10% TOPICAL SOLUTION

02428946	ACTIKERALL	CIP	**FNQSW**

FLUTAMIDE

250MG TABLET

02238560	FLUTAMIDE	AAA	**FGNQSW**

FULVESTRANT

SEE APPENDIX A FOR SA CRITERIA

250MG/5ML SYRINGE

02460130	TEVA-FULVESTRANT (SA)	TEV	**FGNQSW**
02483610	FULVESTRANT (SA)	SDZ	**FGNQSW**

HYDROXYUREA

500MG CAPSULE

00465283	HYDREA	BMS	**FNQSW**
02242920	MYLAN-HYDROXYUREA	MYL	**FGNQSW**
02247937	APO-HYDROXYUREA	APX	**FGNQSW**

IBRUTINIB

SEE APPENDIX A FOR SA CRITERIA

140MG CAPSULE

02434407	IMBRUVICA (SA)	JAN	**MQ**
00904337	IMBRUVICA (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

IMATINIB

SEE APPENDIX A FOR SA CRITERIA

100MG TABLET

02253275	GLEEVEC (SA)	NVR	**FMNQSW**
02355337	APO-IMATINIB (SA)	APX	**FGMNQSW**
02397285	NAT-IMATINIB (SA)	NAT	**FGMNQSW**
02399806	TEVA-IMATINIB (SA)	TEV	**FGMNQSW**
02431114	PMS-IMATINIB (SA)	PMS	**FGMNQSW**
02490986	ACH-IMATINIB (SA)	ACH	**FGMNQSW**
02492334	MINT-IMATINIB (SA)	MNT	**FGMNQSW**
02495066	JAMP-IMATINIB (SA)	JPC	**FGMNQSW**
02504596	IMATINIB (SA)	SNS	**FGMNQSW**

400MG TABLET

02253283	GLEEVEC (SA)	NVR	**FMNQSW**
02355345	APO-IMATINIB (SA)	APX	**FGMNQSW**
02397293	NAT-IMATINIB (SA)	NAT	**FGMNQSW**
02399814	TEVA-IMATINIB (SA)	TEV	**FGMNQSW**
02431122	PMS-IMATINIB (SA)	PMS	**FGMNQSW**
02490994	ACH-IMATINIB (SA)	ACH	**FGMNQSW**
02492342	MINT-IMATINIB (SA)	MNT	**FGMNQSW**
02495074	JAMP-IMATINIB (SA)	JPC	**FGMNQSW**
02504618	IMATINIB (SA)	SNS	**FGMNQSW**

LENALIDOMIDE

SEE APPENDIX A FOR SA CRITERIA

5MG CAPSULE

02304899	REVLIMID (SA)	CEL	**MQ**
02483017	REDDY-LENALIDOMIDE (SA)	RCH	**MQ**
02493845	NAT-LENALIDOMIDE (SA)	NAT	**MQ**
02506149	JAMP-LENALIDOMIDE (SA)	JPC	**MQ**
02507870	TARO-LENALIDOMIDE (SA)	TAR	**MQ**
02507935	APO-LENALIDOMIDE (SA)	APX	**MQ**
02518570	SANDOZ-LENALIDOMIDE (SA)	SDZ	**MQ**

10MG CAPSULE

02304902	REVLIMID (SA)	CEL	**MQ**
02483025	REDDY-LENALIDOMIDE (SA)	RCH	**MQ**
02493861	NAT-LENALIDOMIDE (SA)	NAT	**MQ**
02506157	JAMP-LENALIDOMIDE (SA)	JPC	**MQ**
02507889	TARO-LENALIDOMIDE (SA)	TAR	**MQ**
02507943	APO-LENALIDOMIDE (SA)	APX	**MQ**
02518589	SANDOZ-LENALIDOMIDE (SA)	SDZ	**MQ**

15MG CAPSULE

02317699	REVLIMID (SA)	CEL	**MQ**
02483033	REDDY-LENALIDOMIDE (SA)	RCH	**MQ**
02493888	NAT-LENALIDOMIDE (SA)	NAT	**MQ**
02506165	JAMP-LENALIDOMIDE (SA)	JPC	**MQ**
02507897	TARO-LENALIDOMIDE (SA)	TAR	**MQ**
02507951	APO-LENALIDOMIDE (SA)	APX	**MQ**
02518597	SANDOZ-LENALIDOMIDE (SA)	SDZ	**MQ**

25MG CAPSULE

02317710	REVLIMID (SA)	CEL	**MQ**
02483068	REDDY-LENALIDOMIDE (SA)	RCH	**MQ**
02493918	NAT-LENALIDOMIDE (SA)	NAT	**MQ**
02506181	JAMP-LENALIDOMIDE (SA)	JPC	**MQ**
02507919	TARO-LENALIDOMIDE (SA)	TAR	**MQ**
02507986	APO-LENALIDOMIDE (SA)	APX	**MQ**
02518619	SANDOZ-LENALIDOMIDE (SA)	SDZ	**MQ**

LENVATINIB

SEE APPENDIX A FOR SA CRITERIA

4MG CAPSULE

02484056	LENVIMA (SA)	EIS	**MQ**

8MG CAPSULE

02468220	LENVIMA (SA)	EIS	**MQ**

12MG CAPSULE

02484129	LENVIMA (SA)	EIS	**MQ**

LETROZOLE

2.5MG TABLET

02231384	FEMARA	NVR	**FNQSW**
02309114	PMS-LETROZOLE	PMS	**FGNQSW**
02322315	MED-LETROZOLE	GMP	**FGNQSW**
02338459	ACH-LETROZOLE USP	ACH	**FGNQSW**
02343657	TEVA-LETROZOLE	TEV	**FGNQSW**
02344815	SANDOZ-LETROZOLE	SDZ	**FGNQSW**
02358514	APO-LETROZOLE	APX	**FGNQSW**
02372282	RAN-LETROZOLE	RAN	**FGNQSW**
02373009	JAMP-LETROZOLE	JPC	**FGNQSW**
02373424	MAR-LETROZOLE	MAR	**FGNQSW**
02398656	RIVA-LETROZOLE	RIV	**FGNQSW**
02421585	NAT-LETROZOLE	NAT	**FGNQSW**
02459884	CCP-LETROZOLE	CCP	**FGNQSW**
02504472	LETROZOLE	SNS	**FGNQSW**
02508109	MINT-LETROZOLE	MNT	**FGNQSW**
02524244	LETROZOLE	SIV	**FGNQSW**

LEUPROLIDE ACETATE

3.75MG/ML DEPOT INJECTION

00884502	LUPRON DEPOT	ABV	**FQWY**
02429977	ZEULIDE DEPOT	VER	**FNQSW**

7.5MG/ML DEPOT INJECTION

00836273	LUPRON DEPOT	ABV	**FNQSWY**
02248239	ELIGARD	TOL	**FNQSWY**

11.25MG DEPOT INJECTION

02239834	LUPRON DEPOT	ABV	**FNQSW**

22.5MG/ML DEPOT INJECTION

02230248	LUPRON DEPOT	ABV	**FNQSW**
02248240	ELIGARD	TOL	**FNQSW**
02462699	ZEULIDE DEPOT	VER	**FNQSW**

45MG DEPOT INJECTION

02268892	ELIGARD	TOL	**FNQSW**

MEDROXYPROGESTERONE ACETATE

100MG TABLET

02267640	APO-MEDROXY	APX	**FGNQSW**

MEGESTROL ACETATE

40MG TABLET

02195917	MEGESTROL	AAA	**AFGNQSW**

160MG TABLET

02195925	MEGESTROL	AAA	**AFGNQSW**

MELPHALAN

2MG TABLET

00004715	ALKERAN	ASN	**FNQSW**

MERCAPTOPURINE

50MG TABLET

00004723	PURINETHOL	TEV	**FGNQSW**
02415275	MERCAPTOPURINE	STE	**FGNQSW**

METHOTREXATE

2.5MG TABLET

02170698	PMS-METHOTREXATE	PMS	**FGNQSW**
02182963	APO-METHOTREXATE	APX	**FGNQSW**
02509067	ACH-METHOTREXATE	ACH	**FGNQSW**

10MG TABLET

02182750	METHOTREXATE	PFI	**FGNQSW**

10MG & 0.2ML PREFILLED SYRINGE

02454831	METOJECT	MED	**FNQSW**

12.5MG & 0.25ML PREFILLED SYRINGE

02454750	METOJECT	MED	**FNQSW**

15MG & 0.3ML PREFILLED SYRINGE

02454858	METOJECT	MED	**FNQSW**

17.5MG & 0.35ML PREFILLED SYRINGE

02454769	METOJECT	MED	**FNQSW**

20MG & 0.4ML PREFILLED SYRINGE

02454866	METOJECT	MED	**FNQSW**

22.5MG & 0.45ML PREFILLED SYRINGE

02454777	METOJECT	MED	**FNQSW**

25MG & 0.5ML PREFILLED SYRINGE

02454874	METOJECT	MED	**FNQSW**

25MG/ML INJECTION SOLUTION
(WITH PRESERVATIVE)

02182777	METHOTREXATE	PFI	**FNQSW**
02464365	METHOTREXATE	ACH	**FGNQSW**

25MG/ML INJECTION SOLUTION

02099705	METHOTREXATE SODIUM	TEV	**FGNQSW**
02182955	METHOTREXATE/PF	PFI	**FNQSW**
02417626	METHOTREXATE	MYL	**FGNQSW**
02419173	JAMP-METHOTREXATE	JPC	**FGNQSW**

MIDOSTAURIN
SEE APPENDIX A FOR SA CRITERIA
25MG CAPSULE

02466236	RYDAPT (SA)	NVR	**MQ**

NILOTINIB
SEE APPENDIX A FOR SA CRITERIA
150MG CAPSULE

02368250	TASIGNA (SA)	NVR	**MQ**

200MG CAPSULE

02315874	TASIGNA (SA)	NVR	**MQ**

NILUTAMIDE
50MG TABLET

02221861	ANANDRON	CHE	**FNQSW**

OSIMERTINIB
SEE APPENDIX A FOR SA CRITERIA
40MG TABLET

02456214	TAGRISSO (SA)	AZE	**MQ**

80MG TABLET

02456222	TAGRISSO (SA)	AZE	**MQ**

PALBOCICLIB
SEE APPENDIX A FOR SA CRITERIA
75MG CAPSULE

02453150	IBRANCE (SA)	PFI	**MQ**

75MG TABLET

02493535	IBRANCE (SA)	PFI	**MQ**

100MG CAPSULE

02453169	IBRANCE (SA)	PFI	**MQ**
100MG TABLET			
02493543	IBRANCE (SA)	PFI	**MQ**
125MG CAPSULE			
02453177	IBRANCE (SA)	PFI	**MQ**
125MG TABLET			
02493551	IBRANCE (SA)	PFI	**MQ**

PAZOPANIB

SEE APPENDIX A FOR SA CRITERIA

200MG TABLET			
02352303	VOTRIENT (SA)	NVR	**MQ**
02525666	PMS-PAZOPANIB (SA)	PMS	**MQ**

POMALIDOMIDE

SEE APPENDIX A FOR SA CRITERIA

1MG CAPSULE			
02419580	POMALYST (SA)	CEL	**MQ**
2MG CAPSULE			
02419599	POMALYST (SA)	CEL	**MQ**
3MG CAPSULE			
02419602	POMALYST (SA)	CEL	**MQ**
4MG CAPSULE			
02419610	POMALYST (SA)	CEL	**MQ**

PONATINIB

SEE APPENDIX A FOR SA CRITERIA

15MG TABLET			
02437333	ICLUSIG (SA)	ARI	**MQ**

RITUXIMAB

SEE APPENDIX A FOR SA CRITERIA

10MG/ML VIAL			
02241927	RITUXAN (SA)	HLR	**MQ**
02478382	TRUXIMA (SA)	TEV	**MQ**
02478390	TRUXIMA (SA)	TEV	**MQ**
02495724	RUXIENCE (SA)	PFI	**MQ**
02498316	RIXIMYO (SA)	SDZ	**MQ**
02513447	RIABNI (SA)	AMG	**MQ**

RUXOLITINIB

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET			
02388006	JAKAVI (SA)	NVR	**MQ**
10MG TABLET			
02434814	JAKAVI (SA)	NVR	**MQ**
15MG TABLET			
02388014	JAKAVI (SA)	NVR	**MQ**
20MG TABLET			
02388022	JAKAVI (SA)	NVR	**MQ**

SUNITINIB MALATE

SEE APPENDIX A FOR SA CRITERIA

12.5MG CAPSULE			
02280795	SUTENT (SA)	PFI	**MQ**
25MG CAPSULE			
02280809	SUTENT (SA)	PFI	**MQ**
02524066	TARO-SUNITINIB (SA)	TAR	**MQ**
50MG CAPSULE			
02280817	SUTENT (SA)	PFI	**MQ**
02524082	TARO-SUNITINIB (SA)	TAR	**MQ**

TAMOXIFEN CITRATE

10MG TABLET			
00812404	APO-TAMOX	APX	**FGNQSW**
00851965	TEVA-TAMOXIFEN	TEV	**FGNQSW**
20MG TABLET			
00812390	APO-TAMOX	APX	**FGNQSW**
00851973	TEVA-TAMOXIFEN	TEV	**FGNQSW**
02048485	NOLVADEX D	AZE	**FGNQSW**

TEMOZOLOMIDE

SEE APPENDIX A FOR HIGH-COST DRUG PROGRAM CRITERIA

5MG CAPSULE			
02241093	TEMODAL	MSD	**FMNQSW**
02441160	TEVA-TEMOZOLOMIDE	TEV	**FGMNQSW**
02443473	TARO-TEMOZOLOMIDE	TAR	**FGMNQSW**
02516799	JAMP-TEMOZOLOMIDE	JPC	**FGMNQSW**
20MG CAPSULE			

02241094	TEMODAL	MSD	**FMNQSW**
02395274	TEVA-TEMOZOLOMIDE	TEV	**FGMNQSW**
02443481	TARO-TEMOZOLOMIDE	TAR	**FGMNQSW**
02516802	JAMP-TEMOZOLOMIDE	JPC	**FGMNQSW**

100MG CAPSULE

02241095	TEMODAL	MSD	**FMNQSW**
02395282	TEVA-TEMOZOLOMIDE	TEV	**FGMNQSW**
02443511	TARO-TEMOZOLOMIDE	TAR	**FGMNQSW**
02516810	JAMP-TEMOZOLOMIDE	JPC	**FGMNQSW**

140MG CAPSULE

02312794	TEMODAL	MSD	**FMNQSW**
02395290	TEVA-TEMOZOLOMIDE	TEV	**FGMNQSW**
02443538	TARO-TEMOZOLOMIDE	TAR	**FGMNQSW**
02516829	JAMP-TEMOZOLOMIDE	JPC	**FGMNQSW**

250MG CAPSULE

02241096	TEMODAL	MSD	**FMNQSW**
02395312	TEVA-TEMOZOLOMIDE	TEV	**FGMNQSW**
02443554	TARO-TEMOZOLOMIDE	TAR	**FGMNQSW**
02516845	JAMP-TEMOZOLOMIDE	JPC	**FGMNQSW**

THIOGUANINE

40MG TABLET

00282081	LANVIS	ASN	**FNQSW**

TRAMETINIB

SEE APPENDIX A FOR SA CRITERIA

0.5MG TABLET

02409623	MEKINIST (SA)	NVR	**MQ**
00904170	MEKINIST (SA)*		**MQ**

2MG TABLET

02409658	MEKINIST (SA)	NVR	**MQ**
00904171	MEKINIST (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

TRETINOIN

SEE APPENDIX A FOR SA CRITERIA

10MG CAPSULE

02145839	VESANOID (SA)	XED	**MQ**
02520036	JAMP-TRETINOIN (SA)	JPC	**MQ**

TRIPTORELIN

3.75MG INTRAMUSCULAR INJECTION

02240000	TRELSTAR	KNI	**FNQSW**

11.25MG INTRAMUSCULAR INJECTION

02243856	TRELSTAR LA	KNI	**FNQSW**

VEMURAFENIB

SEE APPENDIX A FOR SA CRITERIA

240MG TABLET

02380242	ZELBORAF (SA)	HLR	**MQ**

VENETOCLAX

SEE APPENDIX A FOR SA CRITERIA

10MG (14), 50MG (7), 100MG (7), 100MG (14) STARTER PACK

02458063	VENCLEXTA (SA)	ABV	**MQ**

10MG TABLET

02458039	VENCLEXTA (SA)	ABV	**MQ**

50MG TABLET

02458047	VENCLEXTA (SA)	ABV	**MQ**

100MG TABLET

02458055	VENCLEXTA (SA)	ABV	**MQ**

VISMODEGIB

SEE APPENDIX A FOR SA CRITERIA

150MG CAPSULE

02409267	ERIVEDGE (SA)	HLR	**MQ**

12:04.00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

10MG TABLET

01947958	DUVOID	PAL	**FNQSW**

25MG TABLET

01947931	DUVOID	PAL	**FNQSW**

50MG TABLET

01947923	DUVOID	PAL	**FNQSW**

DONEPEZIL

SEE CHOLINESTERASE INHIBITORS IN APPENDIX A FOR SA CRITERIA

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02232043	ARICEPT (SA)	PFI	**FNQSW**
02322331	PMS-DONEPEZIL (SA)	PMS	**FGNQSW**
02328666	SANDOZ-DONEPEZIL (SA)	SDZ	**FGNQSW**
02340607	TEVA-DONEPEZIL (SA)	TEV	**FGNQSW**
02362260	APO-DONEPEZIL (SA)	APX	**FGNQSW**
02381508	RAN-DONEPEZIL (SA)	RAN	**FGNQSW**
02400561	AURO-DONEPEZIL (SA)	ARO	**FGNQSW**
02402092	MAR-DONEPEZIL (SA)	MAR	**FGNQSW**
02402645	DONEPEZIL (SA)	SIV	**FGNQSW**
02408600	MINT-DONEPEZIL (SA)	MNT	**FGNQSW**
02416948	JAMP-DONEPEZIL (SA)	JPC	**FGNQSW**
02420597	DONEPEZIL (SA)	SIV	**FGNQSW**
02426846	DONEPEZIL (SA)	SNS	**FGNQSW**
02428482	SEPTA-DONEPEZIL (SA)	SPT	**FGNQSW**
02432684	AG-DONEPEZIL (SA)	ANG	**FGNQSW**
02439557	NAT-DONEPEZIL (SA)	NAT	**FGNQSW**
02467453	M-DONEPEZIL (SA)	MRA	**FGNQSW**
02475278	DONEPEZIL (SA)	RIV	**FGNQSW**

10MG TABLET

02232044	ARICEPT (SA)	PFI	**FNQSW**
02322358	PMS-DONEPEZIL (SA)	PMS	**FGNQSW**
02328682	SANDOZ-DONEPEZIL (SA)	SDZ	**FGNQSW**
02340615	TEVA-DONEPEZIL (SA)	TEV	**FGNQSW**
02362279	APO-DONEPEZIL (SA)	APX	**FGNQSW**
02381516	RAN-DONEPEZIL (SA)	RAN	**FGNQSW**
02400588	AURO-DONEPEZIL (SA)	ARO	**FGNQSW**
02402106	MAR-DONEPEZIL (SA)	MAR	**FGNQSW**
02402653	DONEPEZIL (SA)	SIV	**FGNQSW**
02408619	MINT-DONEPEZIL (SA)	MNT	**FGNQSW**
02416956	JAMP-DONEPEZIL (SA)	JPC	**FGNQSW**
02420600	DONEPEZIL (SA)	SIV	**FGNQSW**
02426854	DONEPEZIL (SA)	SNS	**FGNQSW**
02428490	SEPTA-DONEPEZIL (SA)	SPT	**FGNQSW**
02432692	AG-DONEPEZIL (SA)	ANG	**FGNQSW**
02439565	NAT-DONEPEZIL (SA)	NAT	**FGNQSW**
02467461	M-DONEPEZIL (SA)	MRA	**FGNQSW**
02475286	DONEPEZIL (SA)	RIV	**FGNQSW**

GALANTAMINE

SEE CHOLINESTERASE INHIBITORS IN APPENDIX A FOR SA CRITERIA

SEE APPENDIX A FOR SA CRITERIA

8MG EXTENDED RELEASE CAPSULE

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

02339439	MYLAN-GALANTAMINE (SA)	MYL	**FGNQSW**
02398370	PMS-GALANTAMINE ER (SA)	PMS	**FGNQSW**
02425157	AURO-GALANTAMINE ER (SA)	ARO	**FGNQSW**
02443015	GALANTAMINE ER (SA)	SNS	**FGNQSW**

16MG EXTENDED RELEASE CAPSULE

02316951	PAT-GALANTAMINE ER (SA)	PAT	**FGNQSW**
02339447	MYLAN-GALANTAMINE (SA)	MYL	**FGNQSW**
02398389	PMS-GALANTAMINE ER (SA)	PMS	**FGNQSW**
02425165	AURO-GALANTAMINE ER (SA)	ARO	**FGNQSW**
02443023	GALANTAMINE ER (SA)	SNS	**FGNQSW**

24MG EXTENDED RELEASE CAPSULE

02316978	PAT-GALANTAMINE ER (SA)	PAT	**FGNQSW**
02339455	MYLAN-GALANTAMINE (SA)	MYL	**FGNQSW**
02398397	PMS-GALANTAMINE ER (SA)	PMS	**FGNQSW**
02425173	AURO-GALANTAMINE ER (SA)	ARO	**FGNQSW**
02443031	GALANTAMINE ER (SA)	SNS	**FGNQSW**

PILOCARPINE

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02216345	SALAGEN (SA)	PFI	**FNQSW**
02496119	M-PILOCARPINE (SA)	MRA	**FGNQSW**
02509571	JAMP-PILOCARPINE (SA)	JPC	**FGNQSW**

PYRIDOSTIGMINE BROMIDE

60MG TABLET

00869961	MESTINON	VAL	**FNQSW**
02495643	RIVA-PYRIDOSTIGMINE	RIV	**FGNQSW**

180MG LONG ACTING TABLET

00869953	MESTINON	VAL	**FNQSW**

RIVASTIGMINE

SEE CHOLINESTERASE INHIBITORS FOR SA CRITERIA

SEE APPENDIX A FOR SA CRITERIA

1.5MG CAPSULE

02242115	EXELON (SA)	NVR	**FNQSW**
02306034	PMS-RIVASTIGMINE (SA)	PMS	**FGNQSW**
02324563	SANDOZ-RIVASTIGMINE (SA)	SDZ	**FGNQSW**
02336715	APO-RIVASTIGMINE (SA)	APX	**FGNQSW**
02401614	MED-RIVASTIGMINE (SA)	GMP	**FGNQSW**
02485362	JAMP-RIVASTIGMINE (SA)	JPC	**FGNQSW**

3MG CAPSULE

02242116	EXELON (SA)	NVR	**FNQSW**
02306042	PMS-RIVASTIGMINE (SA)	PMS	**FGNQSW**
02324571	SANDOZ-RIVASTIGMINE (SA)	SDZ	**FGNQSW**
02336723	APO-RIVASTIGMINE (SA)	APX	**FGNQSW**
02401622	MED-RIVASTIGMINE (SA)	GMP	**FGNQSW**
02485370	JAMP-RIVASTIGMINE (SA)	JPC	**FGNQSW**

4.5MG CAPSULE

02242117	EXELON (SA)	NVR	**FNQSW**
02306050	PMS-RIVASTIGMINE (SA)	PMS	**FGNQSW**
02324598	SANDOZ-RIVASTIGMINE (SA)	SDZ	**FGNQSW**
02336731	APO-RIVASTIGMINE (SA)	APX	**FGNQSW**
02401630	MED-RIVASTIGMINE (SA)	GMP	**FGNQSW**
02485389	JAMP-RIVASTIGMINE (SA)	JPC	**FGNQSW**

6MG CAPSULE

02242118	EXELON (SA)	NVR	**FNQSW**
02324601	SANDOZ-RIVASTIGMINE (SA)	SDZ	**FGNQSW**
02336758	APO-RIVASTIGMINE (SA)	APX	**FGNQSW**
02401649	MED-RIVASTIGMINE (SA)	GMP	**FGNQSW**
02485397	JAMP-RIVASTIGMINE (SA)	JPC	**FGNQSW**

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ACLIDINIUM BROMIDE

SEE APPENDIX A FOR SA CRITERIA

400MCG/ACTUATION AEROSOL POWDER

02409720	TUDORZA GENUAIR (SA)	AZE	**FNQSW**

ACLIDINIUM BROMIDE & FORMOTEROL FUMARATE DIHYDRATE

SEE APPENDIX A FOR SA CRITERIA

400MCG & 12MCG/ACTUATION AEROSOL POWDER

02439530	DUAKLIR GENUAIR (SA)	AZE	**FNQSW**

ATROPINE SULFATE

0.6MG/ML INJECTION SOLUTION (1ML)

00392693	ATROPINE SULFATE	SDZ	**N**

FLUTICASONE & UMECLIDINIUM & VILANTEROL

SEE APPENDIX A FOR SA CRITERA

100MCG & 62.5MCG & 25MCG DRY POWDER FOR INHALATION

02474522	TRELEGY ELLIPTA (SA)	GSK	**FNQSW**

GLYCOPYRRONIUM BROMIDE
SEE APPENDIX A FOR SA CRITERIA
50MCG INHALATION CAPSULE

02394936	SEEBRI BREEZHALER (SA)	NVR	**FNQSW**

HYOSCINE BUTYLBROMIDE
10MG TABLET

00363812	BUSCOPAN	BOE	**FNQSW**
02512335	ACCEL-HYOSCINE	ACC	**FGNQSW**

20MG/ML VIAL

02229868	HYOSCINE BUTYLBROMIDE	SDZ	**N**

INDACATEROL & GLYCOPYRRONIUM
SEE APPENDIX A FOR SA CRITERIA
110MCG & 50MCG INHALATION CAPSULE

02418282	ULTIBRO BREEZHALER (SA)	NVR	**FNQSW**

INDACATEROL & GLYCOPYRRONIUM & MOMETASONE
SEE APPENDIX A FOR SA CRITERIA
150MCG & 50MCG & 160MCG INHALATION CAPSULE

02501244	ENERZAIR BREEZHALER (SA)	NVR	**FNQSW**

INDACATEROL & MOMETASONE
SEE APPENDIX A FOR SA CRITERIA
150MCG & 80MCG INHALATION CAPSULE

02498685	ATECTURA BREEZHALER (SA)	NVR	**FNQSW**

150MCG & 160MCG INHALATION CAPSULE

02498707	ATECTURA BREEZHALER (SA)	NVR	**FNQSW**

150MCG & 320MCG INHALATION CAPSULE

02498693	ATECTURA BREEZHALER (SA)	NVR	**FNQSW**

IPRATROPIUM BROMIDE
200UG/DOSE INHALER AEROSOL (200 DOSE)

02247686	ATROVENT HFA	BOE	**CFNQSW**

0.25MG/ML INHALATION SOLUTION (20ML)

02126222	APO-IPRAVENT	APX	**CFGNQSW**
02231136	PMS-IPRATROPIUM	PMS	**CFGNQSW**

0.0125% INHALATION SOLUTION NEBULE (2ML)

02231135	PMS-IPRATROPIUM	PMS	**FGNQSW**

0.025% INHALATION SOLUTION NEBULE (2ML)

02216221	TEVA-IPRATROPIUM	TEV	**FGNQSW**
02231245	PMS-IPRATROPIUM	PMS	**FGNQSW**

0.03% NASAL SPRAY - 345 DOSES

02239627	PMS-IPRATROPIUM	PMS	**CFGNQSW**

IPRATROPIUM & SALBUTAMOL

1.0MG & 0.2MG PER ML INHALATION SOLUTION NEBULE (2.5ML)

02272695	TEVA-COMBO STERINEBS	TEV	**FGNQSW**
02483394	IPRATROPIUM-SALBUTAMOL	MDN	**FGNQSW**

IPRATROPIUM BROMIDE & SALBUTAMOL SULPHATE

20MCG-100MCG/ACTUATION MIST INHALER

02419106	COMBIVENT RESPIMAT	BOE	**FNQSW**

PINAVERIUM BROMIDE

50MG TABLET

01950592	DICETEL	BGP	**FNQSW**
02469677	PINAVERIUM	AAA	**FGNQSW**

100MG TABLET

02230684	DICETEL	BGP	**FNQSW**
02469685	PINAVERIUM	AAA	**FGNQSW**

SCOPOLAMINE HYDROBROMIDE

0.4MG/ML VIAL INJECTION

02242810	SCOPOLAMINE HYDROBROMIDE	OMG	**NQ**

TIOTROPIUM BROMIDE

SEE APPENDIX A FOR SA CRITERIA

18UG CAPSULE WITH INHALATION DEVICE

02246793	SPIRIVA (SA)	BOE	**FNQSW**

2.5UG/ACTUATION MIST INHALER

02435381	SPIRIVA RESPIMAT (SA)	BOE	**FNQSW**

TIOTROPIUM & OLODATEROL

SEE APPENDIX A FOR SA CRITERIA

2.5MCG & 2.5MCG/ACTUATION MIST INHALER

02441888	INSPIOLTO RESPIMAT (SA)	BOE	**FNQSW**

UNMECLIDINIUM BROMIDE

SEE APPENDIX A FOR SA CRITERIA

62.5MCG/ACTUATION BLISTER WITH INHALATION DEVICE

02423596	INCRUSE ELLIPTA (SA)	GKS	**FNQSW**

UMECLIDINIUM BROMIDE & VILANTEROL TRIFENATATE
SEE APPENDIX A FOR SA CRITERIA
62.5MCG & 25MCG/ACTUATION BLISTER WITH INHALATION DEVICE

02418401	ANORO ELLIPTA (SA)	GSK	**FNQSW**

12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE HCL
1MG/ML INJECTION SOLUTION (1ML)

00721891	EPINEPHRINE INJECTION USP	HOS	**NQ**
00155357	ADRENALINE CHLORIDE	ERF	**NQ**
02435810	EPINEPHRINE	TLG	**NQ**

SEE APPENDIX A FOR SA CRITERIA
0.15MG PER DOSE AUTO-INJECTOR

00578657	EPIPEN JR. (*)	PFI	**FQW**

0.3MG PER DOSE AUTO-INJECTOR

00509558	EPIPEN (*)	PFI	**FQW**

*quantity limit of two (2) injections per 12 month period. The prescriber can submit a request for consideration should beneficiaries require more than two (2) injections per 12 month period.

EPINEPHRINE BITARTRATE
SEE APPENDIX A FOR SA CRITERIA
0.15MG PER DOSE PRE-FILLED PEN

02458438	EMERADE (*)	BAU	**FQW**

0.3MG PER DOSE PRE-FILLED PEN

02458446	EMERADE (*)	BAU	**FQW**

0.5MG PER DOSE PRE-FILLED PEN

02458454	EMERADE (*)	BAU	**FQW**

*quantity limit of two (2) injections per 12 month period. The prescriber can submit a request for consideration should beneficiaries require more than two (2) injections per 12 month period.

FLUTICASONE FUROATE/VILANTEROL
SEE APPENDIX A FOR SA CRITERIA
100MCG-25MCG/DOSE

02408872	BREO ELLIPTA (SA)	GSK	**FNQSW**

200MCG-25MCG/DOSE

02444186	BREO ELLIPTA (SA)	GSK	**FNQSW**

FORMOTEROL FUMARATE

SEE APPENDIX A FOR SA CRITERIA
12UG/DOSE AEROSOL POWDER CAPSULE

02230898	FORADIL (SA)	NVR	**FNQSW**

SEE APPENDIX A FOR SA CRITERIA
6UG/DOSE INHALER POWDER

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

12UG/DOSE INHALER POWDER

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

FORMOTEROL & BUDESONIDE

SEE APPENDIX A FOR SA CRITERIA
6UG & 100UG PER DOSE INHALER POWDER

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

6UG & 200UG PER DOSE INHALER POWDER

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

INDACATEROL

SEE APPENDIX A FOR SA CRITERIA
75MCG INHALATION POWDER CAPSULE

02376938	ONBREZ (SA)	NVR	**FNQSW**

MIDODRINE HCL

2.5MG TABLET

02278677	APO-MIDODRINE	APX	**FGNQSW**
02473984	MAR-MIDODRINE	MAR	**FGNQSW**
02517701	JAMP-MIDODRINE	JPC	**FGNQSW**

5MG TABLET

02278685	APO-MIDODRINE	APX	**FGNQSW**
02473992	MAR-MIDODRINE	MAR	**FGNQSW**
02517728	JAMP-MIDODRINE	JPC	**FGNQSW**

MOMETASONE FUROATE/FORMOTEROL FUMARATE DIHYDRATE

SEE APPENDIX A FOR SA CRITERIA
100MCG/5MCG INHALER

02361752	ZENHALE (SA)	MSD	**FNQSW**

200MCG/5MCG INHALER

02361760	ZENHALE (SA)	MSD	**FNQSW**

SALBUTAMOL

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

02232570	AIROMIR HFA	VAL	**CFNQSW**
02241497	VENTOLIN HFA	GSK	**CFNQSW**
02245669	APO-SALVENT CFC FREE	APX	**CFGNQSW**
02326450	NOVO-SALBUTAMOL HFA	TEV	**CFGNQSW**
02419858	SALBUTAMOL HFA	SNS	**CFGNQSW**

200UG/DOSE INHALER POWDER

02243115	VENTOLIN DISKUS	GSK	**CFNQSW**

5MG/ML INHALATION SOLUTION (10ML)

02213486	VENTOLIN	GSK	**CFNQSW**

0.5MG/ML INHALATION SOLUTION PRESERVATIVE FREE NEBULE (2.5ML)

02208245	PMS-SALBUTAMOL	PMS	**CFGNQSW**

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

01926934	TEVA-SALBUTAMOL STERINEB	TEV	**CFGNQSW**
02208229	PMS-SALBUTAMOL	PMS	**CFGNQSW**
02213419	VENTOLIN NEBULES P.F.	GSK	**CFNQSW**

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

02213427	VENTOLIN NEBULES P.F.	GSK	**CFNQSW**
02173360	TEVA-SALBUTAMOL STERINEB	TEV	**CFGNQSW**
02208237	PMS-SALBUTAMOL	PMS	**CFGNQSW**

SALMETEROL XINAFOATE

SEE APPENDIX A FOR SA CRITERIA

50MCG/DOSE INHALED POWDER DISK (60)

02231129	SEREVENT DISKUS (SA)	GSK	**FNQSW**

SALMETEROL & FLUTICASONE

SEE APPENDIX A FOR SA CRITERIA

25MCG & 125MCG/DOSE INHALER AEROSOL

02245126	ADVAIR (SA)	GSK	**FNQSW**

25MCG & 250MCG/DOSE INHALER AEROSOL

02245127	ADVAIR (SA)	GSK	**FNQSW**

50MCG & 100MCG/DOSE INHALER POWDER DISK

02240835	ADVAIR DISKUS (SA)	GSK	**FNQSW**
02494507	PMS-FLUTICASONE/SALMETEROL (SA)	PMS	**FGNQSW**
02495597	WIXELA INHUB (SA)	MYL	**FGNQSW**

50MCG & 250MCG/DOSE INHALER POWDER DISK

02240836	ADVAIR DISKUS (SA)	GSK	**FNQSW**
02494515	PMS-FLUTICASONE/SALMETEROL (SA)	PMS	**FGNQSW**
02495600	WIXELA INHUB (SA)	MYL	**FGNQSW**

50MCG & 500MCG/DOSE INHALER POWDER DISK

02240837	ADVAIR DISKUS (SA)	GSK	**FNQSW**
02494523	PMS-FLUTICASONE/SALMETEROL (SA)	PMS	**FGNQSW**
02495619	WIXELA INHUB (SA)	MYL	**FGNQSW**

TERBUTALINE SULFATE

0.5MG/DOSE INHALER POWDER

00786616	BRICANYL TURBUHALER	AZE	**CFNQSW**

12:16.00 SYMPATHOLYTIC AGENTS (ANTIMIGRAINE DRUGS)

DIHYDROERGOTAMINE MESYLATE

4MG/ML NASAL SPRAY

02228947	MIGRANAL	STE	**FNQSW**

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

12:20.00 SKELETAL MUSCLE RELAXANTS

BACLOFEN

10MG TABLET

02063735	PMS-BACLOFEN	PMS	**FGNQSW**
02088398	MYLAN BACLOFEN	MYL	**FGNQSW**
02139332	APO-BACLOFEN	APX	**FGNQSW**
02287021	BACLOFEN	SNS	**FGNQSW**

20MG TABLET

02063743	PMS-BACLOFEN	PMS	**FGNQSW**
02088401	MYLAN BACLOFEN	MYL	**FGNQSW**
02139391	APO-BACLOFEN	APX	**FGNQSW**
02287048	BACLOFEN	SNS	**FGNQSW**

CYCLOBENZAPRINE HCL

SEE APPENDIX A FOR SA CRITERIA

10MG TABLET

02080052	TEVA- CYCLOBENZAPRINE (SA)	TEV	**FGNQSW**
02177145	APO-CYCLOBENZAPRINE (SA)	APX	**FGNQSW**
02212048	PMS-CYCLOBENZAPRINE (SA)	PMS	**FGNQSW**

02287064	CYCLOBENZAPRINE (SA)	SNS	**FGNQSW**
02348853	AURO-CYCLOBENZAPRINE (SA)	ARO	**FGNQSW**
02357127	JAMP-CYCLOBENZAPRINE (SA)	JPC	**FGNQSW**
02424584	CYCLOBENZAPRINE (SA)	SIV	**FGNQSW**
02485419	AG-CYCLOBENZAPRINE (SA)	ANG	**FGNQSW**
02495422	FLEXERIL (SA)	ORI	**FGNQSW**

DANTROLENE SODIUM

25MG CAPSULE

01997602	DANTRIUM	PAL	**FNQSW**

METHOCARBAMOL

500MG TABLET

01930990	ROBAXIN	PFI	**NW**

METHOCARBAMOL & ACETAMINOPHEN

400MG & 325MG CAPLET

02026805	ROBAXACET	PFI	**W**

METHOCARBAMOL & ACETYLSALICYLIC ACID

400MG & 325MG CAPLET

00868868	METHOXISAL	ROG	**W**

METHOCARBAMOL & ACETYLSALICYLIC ACID & CODEINE

400MG & 325MG & 16.2MG CAPLET

01934783	ROBAXISAL C-1/4	PFI	**FQW**

400MG & 325MG & 32.4MG CAPLET

01934791	ROBAXISAL C-1/2	PFI	**FQW**

TIZANIDINE HCL

SEE APPENDIX A FOR SA CRITERIA

4MG TABLET

02259893	TIZANIDINE (SA)	AAA	**FGNQSW**

12:92.00 MISCELLANEOUS AUTONOMIC DRUGS

BUPROPION

150 MG SUSTAINED RELEASE TABLET

02238441	ZYBAN	VAL	**Z**

NICOTINE

7MG/24HOUR TRANSDERMAL PATCH

00999973	NICOTINE PATCH (DIN for billing purposes only)		**Z**

14MG/24HOUR TRANSDERMAL PATCH

00999974	NICOTINE PATCH (DIN for billing purposes only)		**Z**

21MG/24HOUR TRANSDERMAL PATCH

00999975	NICOTINE PATCH (DIN for billing purposes only)		**Z**

10MG INHALATION CARTRIDGE

02241742	NICORETTE INHALER		**Z**

NICOTINE BITARTRATE

1MG LOZENGE

80007461	THRIVE LOZENGE		**Z**

2MG LOZENGE

80007464	THRIVE LOZENGE		**Z**

NICOTINE POLACRILEX

2MG GUM

00999976	NICOTINE GUM (DIN for billing purposes only)		**Z**

4MG GUM

00999980	NICOTINE GUM (DIN for billing purposes only)		**Z**

2MG LOZENGE

02247347	NICORETTE LOZENGE		**Z**

4MG LOZENGE

02247348	NICORETTE LOZENGE		**Z**

VARENICLINE TARTRATE

0.5MG TABLET

02291177	CHAMPIX	PFI	**Z**
02419882	APO-VARENICLINE	APX	**Z**
02426226	TEVA-VARENICLINE	TEV	**Z**

1MG TABLET

02291185	CHAMPIX CONTINUATION PACK	PFI	**Z**
02419890	APO-VARENICLINE	APX	**Z**
02426234	TEVA-VARENICLINE	TEV	**Z**

0.5MG-1MG TABLET DOSE PACK

02298309	CHAMPIX STARTER KIT	PFI	**Z**
02426781	TEVA-VARENICLINE	TEV	**Z**
02435675	APO-VARENICLINE	APX	**Z**

20:04.04 IRON PREPARATIONS

FERROUS GLUCONATE

300MG (35MG IRON) TABLET

80000435	NOVO-FERROGLUC	TEV	**CNOW**
00031097	JAMP-FERROUS GLUCONATE	JPC	**CNOW**

FERROUS SULFATE

30MG (6MG IRON)/ML ORAL LIQUID

80008295	JAMP-FERROUS SULFATE	JPC	**CNW**

75MG (15MG IRON)/ML ORAL DROPS

02237385	FERODAN INFANT	ODN	**W**
80008309	JAMP-FERROUS SULFATE	JPC	**W**

300MG (60MG IRON) TABLET

00031100	JAMP-FERROUS SULFATE	JPC	**CNOW**

20:12.04 ANTI COAGULANTS

APIXABAN

SEE APPENDIX A FOR SA CRITERIA

2.5MG TABLET

02377233	ELIQUIS (SA)	BMS	**FNQSW**
02487381	APO-APIXABAN (SA)	APX	**FGNQSW**
02487713	ACH-APIXABAN (SA)	ACH	**FGNQSW**
02489228	SANDOZ-APIXABAN (SA)	SDZ	**FGNQSW**
02492369	MAR-APIXABAN (SA)	MAR	**FGNQSW**
02492814	NAT-APIXABAN (SA)	NAT	**FGNQSW**
02510464	TARO-APIXABAN (SA)	TAR	**FGNQSW**
02528924	JAMP-APIXABAN (SA)	JPC	**FGNQSW**
02529009	M-APIXABAN (SA)	MRA	**FGNQSW**

5MG TABLET

02397714	ELIQUIS (SA)	BMS	**FNQSW**
02487403	APO-APIXABAN (SA)	APX	**FGNQSW**
02487721	ACH-APIXABAN (SA)	ACH	**FGNQSW**
02489236	SANDOZ-APIXABAN (SA)	SDZ	**FGNQSW**
02492377	MAR-APIXABAN (SA)	MAR	**FGNQSW**
02492822	NAT-APIXABAN (SA)	NAT	**FGNQSW**
02510472	TARO-APIXABAN (SA)	TAR	**FGNQSW**

02528932	JAMP-APIXABAN (SA)	JPC	**FGNQSW**
02529017	M-APIXABAN (SA)	MRA	**FGNQSW**

DABIGATRAN

SEE APPENDIX A FOR SA CRITERIA

110MG CAPSULE

02312441	PRADAXA (SA)	BOE	**FNQSW**
02468905	APO-DABIGATRAN (SA)	APX	**FGNQSW**

150MG CAPSULE

02358808	PRADAXA (SA)	BOE	**FNQSW**
02468913	APO-DABIGATRAN (SA)	APX	**FGNQSW**

DALTEPARIN

SEE APPENDIX A FOR SA CRITERA (NURSING HOME PROGRAM DOES NOT REQUIRE AN SA REQUEST)

Note: Dalteparin claims must be billed in mls

PRE-FILLED SYRINGE 2,500 UNITS/0.2ML

02132621	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 5,000 UNITS/0.2ML

02132648	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 7500 UNITS/0.3ML

02352648	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 10,000 UNITS/0.4ML

02352656	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 12,500 UNITS/0.5ML

02352664	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 15,000 UNITS/0.6ML

02352672	FRAGMIN (SA)	PFI	**FNQSW**

PRE-FILLED SYRINGE 18,000 UNITS/0.72ML

02352680	FRAGMIN (SA)	PFI	**FNQSW**

AMP 10,000 UNITS/ML (1ML)

02132664	FRAGMIN (SA)	PFI	**FNQSW**

MULTIDOSE VIAL 25,000 UNITS/ML (3.8ML)

02231171	FRAGMIN (SA)	PFI	**FNQSW**

EDOXABAN

SEE APPENDIX A FOR SA CRITERIA

15MG TABLET

02458640	LIXIANA (SA)	SER	**FNQSW**

30MG TABLET

02458659	LIXIANA (SA)	SER	**FNQSW**

60MG TABLET

02458667	LIXIANA (SA)	SER	**FNQSW**

ENOXAPARIN

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

Note: Enoxaparin claims must be billed in mls

PRE-FILLED SYRINGE 20MG/.02ML

02506440	NOROMBY	JUN	**FNQSW**

PRE-FILLED SYRINGE 30MG/0.3ML

02507501	INCLUNOX	SDZ	**FNQSW**
02012472	LOVENOX (SA)	AVN	**FNQSW**
02506459	NOROMBY	JUN	**FNQSW**
02509075	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 40MG/0.4ML

02507528	INCLUNOX	SDZ	**FNQSW**
02236883	LOVENOX (SA)	AVN	**FNQSW**
02506467	NOROMBY	JUN	**FNQSW**
02509083	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 60MG/0.6ML

02507536	INCLUNOX	SDZ	**FNQSW**
02378426	LOVENOX (SA)	AVN	**FNQSW**
02506475	NOROMBY	JUN	**FNQSW**
02509091	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 80MG/0.8ML

02507544	INCLUNOX	SDZ	**FNQSW**
02378434	LOVENOX (SA)	AVN	**FNQSW**

02506483	NOROMBY	JUN	**FNQSW**
02509105	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 100MG/1.0ML

02507552	INCLUNOX	SDZ	**FNQSW**
02378442	LOVENOX (SA)	AVN	**FNQSW**
02506491	NOROMBY	JUN	**FNQSW**
02509113	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 120MG/0.8ML

02507560	INCLUNOX	SDZ	**FNQSW**
02242692	LOVENOX (SA)	AVN	**FNQSW**
02506505	NOROMBY	JUN	**FNQSW**
02509148	REDESCA	VAL	**FNQSW**

PRE-FILLED SYRINGE 150MG/1.0ML

02507579	INCLUNOX	SDZ	**FNQSW**
02378469	LOVENOX (SA)	AVN	**FNQSW**
02506513	NOROMBY	JUN	**FNQSW**
02509156	REDESCA	VAL	**FNQSW**

MULIDOSE VIAL

02236564	LOVENOX (SA)	AVN	**FNQSW**
02509121	REDESCA	VAL	**FNQSW**

HEPARIN

100U/ML LOCK FLUSH SOLUTION

00727520	HEPARIN	LEO	**NQ**

TINZAPARIN

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

Note: Tinzaparin claims must be billed in mls

2500 UNIT/0.25ML SYRINGE

02229755	INNOHEP (SA)	LEO	**FNQSW**

3500 UNIT/0.35ML SYRINGE

02358158	INNOHEP (SA)	LEO	**FNQSW**

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

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

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

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

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

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

***WARFARIN**

1MG TABLET
02242680 TARO-WARFARIN TAR **FGNQSW**
02242924 APO-WARFARIN APX **FGNQSW**

2MG TABLET
02242681 TARO-WARFARIN TAR **FGNQSW**
02242925 APO-WARFARIN APX **FGNQSW**

2.5MG TABLET
02242682 TARO-WARFARIN TAR **FGNQSW**
02242926 APO-WARFARIN APX **FGNQSW**

3MG TABLET
02242683 TARO-WARFARIN TAR **FGNQSW**
02245618 APO-WARFARIN APX **FGNQSW**

4MG TABLET
02242684 TARO-WARFARIN TAR **FGNQSW**
02242927 APO-WARFARIN APX **FGNQSW**

5MG TABLET
02242685 TARO-WARFARIN TAR **FGNQSW**
02242928 APO-WARFARIN APX **FGNQSW**

10MG TABLET
02242687 TARO-WARFARIN TAR **FGNQSW**
02242929 APO-WARFARIN APX **FGNQSW**

RIVAROXABAN

SEE APPENDIX A FOR SA CRITERIA

2.5MG TABLET

02480808	XARELTO (SA)	BAY	**FNQSW**

10MG TABLET

02316986	XARELTO (SA)	BAY	**FNQSW**

15MG TABLET

02378604	XARELTO (SA)	BAY	**FNQSW**

20MG TABLET

02378612	XARELTO (SA)	BAY	**FNQSW**

20:12.14 PLATELET REDUCING AGENTS

ANAGRELIDE HCL

SEE APPENDIX A FOR SA CRITERIA

0.5MG CAPSULE

02236859	AGRYLIN (SA)	SHR	**FNQSW**
02274949	PMS-ANAGRELIDE (SA)	PMS	**FGNQSW**

20:12.18 PLATELET AGGREGATION INHIBITORS

CLOPIDOGREL BISULFATE

75MG TABLET

02238682	PLAVIX	AVN	**FNQSW**
02293161	TEVA-CLOPIDOGREL	TEV	**FGNQSW**
02252767	APO-CLOPIDOGREL	APX	**FGNQSW**
02303027	ACT-CLOPIDOGREL	ATV	**FGNQSW**
02348004	PMS-CLOPIDOGREL	PMS	**FGNQSW**
02379813	RAN-CLOPIDOGREL	RAN	**FGNQSW**
02385813	CLOPIDOGREL	SIV	**FGNQSW**
02400553	CLOPIDOGREL	SNS	**FGNQSW**
02408910	MINT-CLOPIDOGREL	MNT	**FGNQSW**
02415550	JAMP-CLOPIDOGREL	JPC	**FGNQSW**
02416387	AURO-CLOPIDOGREL	ARO	**FGNQSW**
02422255	MAR-CLOPIDOGREL	MAR	**FGNQSW**
02482037	NRA-CLOPIDOGREL	NRA	**FGNQSW**
02502283	M-CLOPIDOGREL	MRA	**FGNQSW**

PRASUGREL
SEE APPENDIX A FOR SA CRITERIA
10MG TABLET

02502429	JAMP-PRASUGREL (SA)	JPC	**FGNQSW**

TICAGRELOR
SEE APPENDIX A FOR SA CRITERIA
90MG TABLET

02368544	BRILINTA (SA)	AZE	**FNQSW**
02492598	TARO-TICAGRELOR (SA)	TAR	**FGNQSW**

TICLOPIDINE HCL
SEE APPENDIX A FOR SA CRITERIA
250MG TABLET

02237701	TICLOPIDINE (SA)	AAA	**FGNQSW**

20:16.00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA
SEE APPENDIX A FOR SA CRITERIA
10MCG/ML PRE-FILLED SYRINGE

02392313	ARANESP (SA)	AMG	**E**

20MCG/ML PRE-FILLED SYRINGE

02392321	ARANESP (SA)	AMG	**E**

30MCG/ML PRE-FILLED SYRINGE

02392348	ARANESP (SA)	AMG	**E**

40MCG/ML PRE-FILLED SYRINGE

02391740	ARANESP (SA)	AMG	**E**

50MCG/ML PRE-FILLED SYRINGE

02391759	ARANESP (SA)	AMG	**E**

60MCG/ML PRE-FILLED SYRINGE

02392356	ARANESP (SA)	AMG	**E**

80MCG/ML PRE-FILLED SYRINGE

02391767	ARANESP (SA)	AMG	**E**

100MCG/ML PRE-FILLED SYRINGE

02391775	ARANESP (SA)	AMG	**E**
150MCG/ML PRE-FILLED SYRINGE			
02391791	ARANESP (SA)	AMG	**E**
200MCG/ML PRE-FILLED SYRINGE			
02391805	ARANESP (SA)	AMG	**E**
500MCG/ML PRE-FILLED SYRINGE			
02392364	ARANESP (SA)	AMG	**E**

EPOETIN ALFA

SEE APPENDIX A FOR SA CRITERIA

4000IU/0.4ML PRE-FILLED SYRINGE			
02231586	EPREX (SA)	JAN	**E**
6000IU/0.6ML PRE-FILLED SYRINGE			
02243401	EPREX (SA)	JAN	**E**
8000IU/0.8ML PRE-FILLED SYRINGE			
02243403	EPREX (SA)	JAN	**E**
10,000IU/1.0ML PRE-FILLED SYRINGE			
02231587	EPREX (SA)	JAN	**E**

FILGRASTIM

SEE APPENDIX A FOR SA CRITERIA

300MCG/0.5ML PREFILLED SYRINGE			
02441489	GRASTOFIL (SA)	APX	**MQ**
02485575	NIVESTYM (SA)	PFI	**MQ**
300MCG/ML VIAL			
02485591	NIVESTYM (SA)	PFI	**MQ**
480MCG/0.8ML PREFILLED SYRINGE			
02454548	GRASTOFIL (SA)	APX	**MQ**
02485583	NIVESTYM (SA)	PFI	**MQ**
480MCG/1.6ML VIAL			
02485656	NIVESTYM (SA)	PFI	**MQ**

SEE APPENDIX A FOR SA CRITERIA

300 MCG/ML INJECTION			
01968017	NEUPOGEN (SA)	AMG	**MQ**

PEGFILGRASTIM
SEE APPENDIX A FOR SA CRITERIA
6MG/0.6ML PREFILLED SYRINGE

02474565	LAPELGA (SA)	APX	**MQ**
02484153	FULPHILA (SA)	BGP	**MQ**
02497395	ZIEXTENZO (SA)	SDZ	**MQ**
02506238	NYVEPRIA (SA)	PFI	**MQ**

20:24.00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE
400MG SUSTAINED RELEASE TABLET

02230090	PENTOXIFYLLINE SR	AAA	**FGNQSW**

24:00.00 CARDIAC DRUGS

***ACEBUTOLOL HCL**
100MG TABLET

02147602	APO-ACEBUTOLOL	APX	**FGNQSW**
02204517	TEVA-ACEBUTOLOL	TEV	**FGNQSW**

200MG TABLET

02147610	APO-ACEBUTOLOL	APX	**FGNQSW**
02204525	TEVA-ACEBUTOLOL	TEV	**FGNQSW**

400MG TABLET

02147629	APO-ACEBUTOLOL	APX	**FGNQSW**
02204533	TEVA-ACEBUTOLOL	TEV	**FGNQSW**

***AMIODARONE**
100MG TABLET

02292173	PMS-AMIODARONE	PMS	**FGNQSW**

200MG TABLET

02239835	TEVA-AMIODARONE	TEV	**FGNQSW**
02242472	PMS-AMIODARONE	PMS	**FGNQSW**
02243836	SANDOZ-AMIODARONE	SDZ	**FGNQSW**
02246194	APO-AMIODARONE	APX	**FGNQSW**
02364336	SANIS-AMIODARONE	SNS	**FGNQSW**

02385465	AMIODARONE	SIV	**FGNQSW**

***AMLODIPINE BESYLATE**

2.5MG TABLET

02297477	ACT-AMLODIPINE	ATV	**FGNQSW**
02295148	PMS-AMLODIPINE	PMS	**FGNQSW**
02330474	SANDOZ-AMLODIPINE	SDZ	**FGNQSW**
02357186	JAMP-AMLODIPINE	JPC	**FGNQSW**
02371707	MAR-AMLODIPINE	MAR	**FGNQSW**
02385783	AMLODIPINE	SIV	**FGNQSW**
02419556	AMLODIPINE BESYLATE	ACH	**FGNQSW**
02468018	M-AMLODIPINE	MRA	**FGNQSW**
02469022	PHARMA-AMLODIPINE	PMS	**FGNQSW**
02476452	NRA-AMLODIPINE	NRA	**FGNQSW**
02492199	AMLODIPINE	JPC	**FGNQSW**

5MG TABLET

00878928	NORVASC	UJC	**FNQSW**
02272113	MYLAN-AMLODIPINE	MYL	**FGNQSW**
02273373	APO-AMLODIPINE	APX	**FGNQSW**
02284065	PMS-AMLODIPINE	PMS	**FGNQSW**
02284383	SANDOZ-AMLODIPINE	SDZ	**FGNQSW**
02297485	ACT-AMLODIPINE	ATV	**FGNQSW**
02321858	RAN-AMLODIPINE	RAN	**FGNQSW**
02331284	SANIS-AMLODIPINE	SNS	**FGNQSW**
02357194	JAMP-AMLODIPINE	JPC	**FGNQSW**
02357712	SEPTA-AMLODIPINE	SPT	**FGNQSW**
02385791	AMLODIPINE	SIV	**FGNQSW**
02362651	MINT-AMLODIPINE	MNT	**FGNQSW**
02371715	MAR-AMLODIPINE	MAR	**FGNQSW**
02397072	AURO- AMLODIPINE	ARO	**FGNQSW**
02419564	AMLODIPINE BESYLATE	ACH	**FGNQSW**
02429217	AMLODIPINE	JPC	**FGNQSW**
02468026	M-AMLODIPINE	MRA	**FGNQSW**
02469030	PHARMA-AMLODIPINE	PMS	**FGNQSW**
02476460	NRA-AMLODIPINE	NRA	**FGNQSW**

10MG TABLET

00878936	NORVASC	UJC	**FNQSW**
02272121	MYLAN-AMLODIPINE	MYL	**FGNQSW**
02273381	APO-AMLODIPINE	APX	**FGNQSW**
02284073	PMS-AMLODIPINE	PMS	**FGNQSW**
02284391	SANDOZ-AMLODIPINE	SDZ	**FGNQSW**
02297493	ACT-AMLODIPINE	ATV	**FGNQSW**
02321866	RAN-AMLODIPINE	RAN	**FGNQSW**
02331292	SANIS-AMLODIPINE	SNS	**FGNQSW**

02357208	JAMP-AMLODIPINE	JPC	**FGNQSW**
02357720	SEPTA-AMLODIPINE	SPT	**FGNQSW**
02362678	MINT-AMLODIPINE	MNT	**FGNQSW**
02371723	MAR-AMLODIPINE	MAR	**FGNQSW**
02385805	AMLODIPINE	SIV	**FGNQSW**
02397080	AURO-AMLODIPINE	ARO	**FGNQSW**
02419572	AMLODIPINE BESYLATE	ACH	**FGNQSW**
02429225	AMLODIPINE	JPC	**FGNQSW**
02468034	M-AMLODIPINE	MRA	**FGNQSW**
02469049	PHARMA-AMLODIPINE	PMS	**FGNQSW**
02476479	NRA-AMLODIPINE	NRA	**FGNQSW**

***ATENOLOL**

25MG TABLET

02246581	PMS-ATENOLOL	PMS	**FGNQSW**
02266660	TEVA-ATENOL	TEV	**FGNQSW**
02367556	JAMP-ATENOLOL	JPC	**FGNQSW**
02371979	MAR-ATENOLOL	MAR	**FGNQSW**
02373963	RAN-ATENOLOL	RAN	**FGNQSW**

50MG TABLET

00773689	APO-ATENOL	APX	**FGNQSW**
02039532	TENORMIN	AZE	**FNQSW**
02171791	RATIO-ATENOLOL	RPH	**FGNQSW**
02237600	PMS-ATENOLOL	PMS	**FGNQSW**
02238316	ATENOLOL	SIV	**FGNQSW**
02267985	RAN-ATENOLOL	RAN	**FGNQSW**
02367564	JAMP-ATENOLOL	JPC	**FGNQSW**
02368021	MINT-ATENOL	MNT	**FGNQSW**
02369184	AG-ATENOLOL	ANG	**FGNQSW**
02371987	MAR-ATENOLOL	MAR	**FGNQSW**
02466465	ATENOLOL	SNS	**FGNQSW**

100MG TABLET

00773697	APO-ATENOL	APX	**FGNQSW**
02039540	TENORMIN	AZE	**FNQSW**
02171805	RATIO-ATENOLOL	RPH	**FGNQSW**
02237601	PMS-ATENOLOL	PMS	**FGNQSW**
02238318	ATENOLOL	SIV	**FGNQSW**
02267993	RAN-ATENOLOL	RAN	**FGNQSW**
02367572	JAMP-ATENOLOL	JPC	**FGNQSW**
02368048	MINT-ATENOL	MNT	**FGNQSW**
02369192	AG-ATENOLOL	ANG	**FGNQSW**
02371995	MAR-ATENOL	MAR	**FGNQSW**
02466473	ATENOLOL	SNS	**FGNQSW**

***ATENOLOL & CHLORTHALIDONE**

50MG & 25MG TABLET

02248763	AA-ATENIDONE	AAA	**FGNQSW**

100MG & 25MG TABLET

02248764	AA-ATENIDONE	AAA	**FGNQSW**

***BISOPROLOL**

5MG TABLET

02256134	APO-BISOPROLOL	APX	**FGNQSW**
02267470	TEVA-BISOPROLOL	TEV	**FGNQSW**
02391589	BISOPROLOL	SNS	**FGNQSW**
02465612	MINT-BISOPROLOL	MNT	**FGNQSW**
02494035	SANDOZ-BISOPROLOLS	SDZ	**FGNQSW**
02495562	BISOPROLOL	SIV	**FGNQSW**
02518805	JAMP-BISOPROLOL	JPC	**FGNQSW**

10MG TABLET

02256177	APO-BISOPROLOL	APX	**FGNQSW**
02267489	TEVA-BISOPROLOL	TEV	**FGNQSW**
02391597	BISOPROLOL	SNS	**FGNQSW**
02465620	MINT-BISOPROLOL	MNT	**FGNQSW**
02494043	SANDOZ-BISOPROLOL	SDZ	**FGNQSW**
02495570	BISOPROLOL	SIV	**FGNQSW**
02518791	JAMP-BISOPROLOL	JPC	**FGNQSW**

***CARVEDILOL**

3.125MG TABLET

02245914	PMS-CARVEDILOL	PMS	**FGNQSW**
02247933	APO-CARVEDILOL	APX	**FGNQSW**
02248752	CARVEDILOL	SIV	**FGNQSW**
02252309	TEVA-CARVEDILOL	TEV	**FGNQSW**
02364913	CARVEDILOL	SNS	**FGNQSW**
02368897	JAMP-CARVEDILOL	JPC	**FGNQSW**
02418495	AURO-CARVEDILOL	ARO	**FGNQSW**

6.25MG TABLET

02245915	PMS-CARVEDILOL	PMS	**FGNQSW**
02247934	APO-CARVEDILOL	APX	**FGNQSW**
02248753	CARVEDILOL	SIV	**FGNQSW**
02252317	TEVA-CARVEDILOL	TEV	**FGNQSW**
02364921	CARVEDILOL	SNS	**FGNQSW**
02368900	JAMP-CARVEDILOL	JPC	**FGNQSW**
02418509	AURO-CARVEDILOL	ARO	**FGNQSW**

12.5MG TABLET

02245916	PMS-CARVEDILOL	PMS	**FGNQSW**
02247935	APO-CARVEDILOL	APX	**FGNQSW**
02248754	CARVEDILOL	SIV	**FGNQSW**
02252325	TEVA-CARVEDILOL	TEV	**FGNQSW**
02364948	CARVEDILOL	SNS	**FGNQSW**
02368919	JAMP-CARVEDILOL	JPC	**FGNQSW**
02418517	AURO-CARVEDILOL	ARO	**FGNQSW**

25MG TABLET

02245917	PMS-CARVEDILOL	PMS	**FGNQSW**
02247936	APO-CARVEDILOL	APX	**FGNQSW**
02248755	CARVEDILOL	SIV	**FGNQSW**
02252333	TEVA-CARVEDILOL	TEV	**FGNQSW**
02364956	CARVEDILOL	SNS	**FGNQSW**
02368927	JAMP-CARVEDILOL	JPC	**FGNQSW**
02418525	AURO-CARVEDILOL	ARO	**FGNQSW**

***DIGOXIN**

0.05MG/ML ELIXIR

02242320	TOLOXIN	PEN	**FNQSW**

0.0625MG TABLET

02335700	TOLOXIN	PEN	**FNQSW**
02498502	JAMP-DIGOXIN	JPC	**FGNQSW**

0.125MG TABLET

02335719	TOLOXIN	PEN	**FNQSW**
02498510	JAMP-DIGOXIN	JPC	**FGNQSW**

0.25MG TABLET

02335727	TOLOXIN	PEN	**FNQSW**

0.25 MG/ML INJECTION SOLUTION

02048264	DIGOXIN	SDZ	**NQ**

***DILTIAZEM**

120MG EXTENDED RELEASE CAPSULE

02231150	TIAZAC	VAL	**FNQSW**
02245918	SANDOZ-DILTIAZEM T	SDZ	**FGNQSW**
02271605	TEVA-DILTIAZEM ER	TEV	**FGNQSW**
02370441	ACT-DILTIAZEM	ATV	**FGNQSW**
02465353	MAR-DILTIAZEM T	MAR	**FGNQSW**
02495376	JAMP-DILTIAZEM T	JPC	**FGNQSW**
02516101	DILTIAZEM T	SNS	**FGNQSW**

180MG EXTENDED RELEASE CAPSULE

02231151	TIAZAC	VAL	**FNQSW**
02245919	SANDOZ-DILTIAZEM T	SDZ	**FGNQSW**
02271613	TEVA-DILTIAZEM ER	TEV	**FGNQSW**
02370492	ACT-DILTIAZEM	ATV	**FGNQSW**
02465361	MAR-DILTIAZEM T	MAR	**FGNQSW**
02495384	JAMP-DILTIAZEM T	JPC	**FGNQSW**
02516128	DILTIAZEM T	SNS	**FGNQSW**

240MG EXTENDED RELEASE CAPSULE

02231152	TIAZAC	VAL	**FNQSW**
02271621	TEVA-DILTIAZEM ER	TEV	**FGNQSW**
02370506	ACT-DILTIAZEM	ATV	**FGNQSW**
02465388	MAR-DILTIAZEM T	MAR	**FGNQSW**
02495392	JAMP-DILTIAZEM T	JPC	**FGNQSW**
02516136	DILTIAZEM T	SNS	**FGNQSW**

300MG EXTENDED RELEASE CAPSULE

02231154	TIAZAC	VAL	**FNQSW**
02245921	SANDOZ-DILTIAZEM T	SDZ	**FGNQSW**
02271648	TEVA-DILTIAZEM ER	TEV	**FGNQSW**
02370514	ACT-DILTIAZEM	ATV	**FGNQSW**
02465396	MAR-DILTIAZEM T	MAR	**FGNQSW**
02495406	JAMP-DILTIAZEM T	JPC	**FGNQSW**
02516144	DILTIAZEM T	SNS	**FGNQSW**

360MG EXTENDED RELEASE CAPSULE

02231155	TIAZAC	VAL	**FNQSW**
02271656	TEVA-DILTIAZEM ER	TEV	**FGNQSW**
02370522	ACT-DILTIAZEM	ATV	**FGNQSW**
02465418	MAR-DILTIAZEM T	MAR	**FGNQSW**
02495414	JAMP-DILTIAZEM T	JPC	**FGNQSW**
02516152	DILTIAZEM T	SNS	**FGNQSW**

120MG EXTENDED RELEASE TABLET

02256738	TIAZAC XC	VAL	**FNQSW**

180MG EXTENDED RELEASE TABLET

02256746	TIAZAC XC	VAL	**FNQSW**

240MG EXTENDED RELEASE TABLET

02256754	TIAZAC XC	VAL	**FNQSW**

300MG EXTENDED RELEASE TABLET

02256762	TIAXAC XC	VAL	**FNQSW**

360MG EXTENDED RELEASE TABLET

02256770	TIAXAC XC	BVL	**FNQSW**

120MG CONTROLLED DELIVERY CAPSULE

02097249	CARDIZEM CD	VAL	**FNQSW**
02230997	APO-DILTIAZ CD	APX	**FGNQSW**
02242538	TEVA-DILTAZEM CD	TEV	**FGNQSW**
02243338	SANDOZ-DILTIAZEM CD	SDZ	**FGNQSW**
02355752	PMS-DILTIAZEM CD	PMS	**FGNQSW**
02370611	ACT-DILTIAZEM	ATV	**FGNQSW**
02400421	DILTIAZEM CD	SNS	**FGNQSW**
02445999	DILTIAZEM CD	SIV	**FGNQSW**
02484064	MAR-DILTIAZEM CD	MAR	**FGNQSW**

180MG CONTROLLED DELIVERY CAPSULE

02097257	CARDIZEM CD	VAL	**FNQSW**
02230998	APO-DILTIAZ CD	APX	**FGNQSW**
02242539	TEVA-DILTAZEM CD	TEV	**FGNQSW**
02243339	SANDOZ-DILTIAZEM CD	SDZ	**FGNQSW**
02355760	PMS-DILTIAZEM CD	PMS	**FGNQSW**
02370638	ACT-DILTIAZEM	ATV	**FGNQSW**
02400448	DILTIAZEM CD	SNS	**FGNQSW**
02446006	DILTIAZEM CD	SIV	**FGNQSW**
02484072	MAR-DILTIAZEM CD	MAR	**FGNQSW**

240MG CONTROLLED DELIVERY CAPSULE

02097265	CARDIZEM CD	VAL	**FNQSW**
02230999	APO-DILTIAZ CD	APX	**FGNQSW**
02242540	TEVA-DILTAZEM CD	TEV	**FGNQSW**
02243340	SANDOZ-DILTIAZEM CD	SDZ	**FGNQSW**
02355779	PMS-DILTIAZEM CD	PMS	**FGNQSW**
02370646	ACT-DILTIAZEM	ATV	**FGNQSW**
02400456	DILTIAZEM CD	SNS	**FGNQSW**
02446014	DILTIAZEM CD	SIV	**FGNQSW**
02484080	MAR-DILTIAZEM CD	MAR	**FGNQSW**

300MG CONTROLLED DELIVERY CAPSULE

02097273	CARDIZEM CD	VAL	**FNQSW**
02229526	APO-DILTIAZ CD	APX	**FGNQSW**
02242541	TEVA-DILTAZEM CD	TEV	**FGNQSW**
02243341	SANDOZ-DILTIAZEM CD	SDZ	**FGNQSW**
02355787	PMS-DILTIAZEM CD	PMS	**FGNQSW**
02370654	ACT-DILTIAZEM	ATV	**FGNQSW**
02400464	DILTIAZEM CD	SNS	**FGNQSW**
02446022	DILTIAZEM CD	SIV	**FGNQSW**
02484099	MAR-DILTIAZEM CD	MAR	**FGNQSW**

30MG TABLET

00771376	AA-DILTIAZ	AAA	**FGNQSW**
00862924	TEVA-DILTAZEM	TEV	**FGNQSW**

60MG TABLET

00771384	AA-DILTIAZ	AAA	**FGNQSW**
00862932	TEVA-DILTAZEM	TEV	**FGNQSW**

***DISOPYRAMIDE**

100MG CAPSULE

02224801	RYTHMODAN	CHE	**FNQSW**

***FLECAINIDE ACETATE**

50MG TABLET

02275538	FLECAINIDE	APX	**FGNQSW**
02459957	AURO-FLECAINIDE	ARO	**FGNQSW**
02476177	MAR-FLECAINIDE	MAR	**FGNQSW**
02493705	JAMP-FLECAINIDE	JPC	**FGNQSW**

100MG TABLET

02275546	FLECAINIDE	APX	**FGNQSW**
02459965	AURO-FLECAINIDE	ARO	**FGNQSW**
02476185	MAR-FLECAINIDE	MAR	**FGNQSW**
02493713	JAMP-FLECAINIDE	JPC	**FGNQSW**

IVABRADINE

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02459973	LANCORA (SA)	SER	**FNQSW**

7.5MG TABLET

02459981	LANCORA (SA)	SER	**FNQSW**

***LABETALOL HCL**

100MG TABLET

02106272	TRANDATE	PAL	**FNQSW**
02243538	APO-LABETALOL	APX	**FGNQSW**
02489406	RIVA-LABETALOL	RIV	**FGNQSW**

200MG TABLET

02106280	TRANDATE	PAL	**FNQSW**
02243539	APO-LABETALOL	APX	**FGNQSW**
02489414	RIVA-LABETALOL	RIV	**FGNQSW**

***METOPROLOL TARTRATE**

100MG SUSTAINED RELEASE TABLET

02285169	APO-METOPROLOL SR	APX	**FGNQSW**

200MG SUSTAINED RELEASE TABLET

02285177	APO-METOPROLOL SR	APZ	**FGNQSW**

25MG TABLET

02246010	APO-METOPROLOL	APX	**FGNQSW**
02248855	PMS-METOPROLOL-L	PMS	**FGNQSW**
02356813	JAMP-METOPROLOL-L	JPC	**FGNQSW**

50 MG TABLET

00618632	APO-METOPROLOL	APX	**FGNQSW**
00648035	TEVA-METOPROL	TEV	**FGNQSW**
00749354	APO-METOPROLOL (TYPE L)	APX	**FGNQSW**
00842648	TEVA-METOPROL (UNCOATED)	TEV	**FGNQSW**
02230803	PMS-METOPROLOL-L	PMS	**FGNQSW**
02350394	METOPROLOL	SNS	**FGNQSW**
02356821	JAMP-METOPROLOL-L	JPC	**FGNQSW**
02442124	METOPROLOL-L	SIV	**FGNQSW**
02481316	AG-METOPROLOL-L	ANG	**FGNQSW**

100MG TABLET

00618640	APO-METOPROLOL	APX	**FGNQSW**
00648043	TEVA-METOPROL	TEV	**FGNQSW**
00751170	APO-METOPROLOL (TYPE L)	APX	**FGNQSW**
00842656	TEVA-METOPROL (UNCOATED)	TEV	**FGNQSW**
02230804	PMS-METOPROLOL-L	PMS	**FGNQSW**
02350408	METOPROLOL	SNS	**FGNQSW**
02356848	JAMP-METOPROLOL-L	JPC	**FGNQSW**
02442132	METOPROLOL-L	SIV	**FGNQSW**
02481324	AG-METOPROLOL-L	ANG	**FGNQSW**

***MEXILETINE HCL**

100MG CAPSULE

02230359	TEVA-MEXILETINE	TEV	**FGNQSW**

200MG CAPSULE

02230360	TEVA-MEXILETINE	TEV	**FGNQSW**

***NADOLOL**

40MG TABLET

00782505	APO-NADOLOL	APX	**FGNQSW**
02496380	MINT-NADOLOL	MNT	**FGNQSW**

80MG TABLET

00782467	APO-NADOLOL	APX	**FGNQSW**

02496399	MINT-NADOLOL	MNT	**FGNQSW**
160MG TABLET			
00782475	APO-NADOLOL	APX	**FGNQSW**

***NIFEDIPINE**

5MG CAPSULE			
00725110	NIFEDIPINE	AAA	**FGNQSW**
10MG CAPSULE			
00755907	NIFEDIPINE	AAA	**FGNQSW**
30MG EXTENDED RELEASE TABLET			
02155907	ADALAT XL	BAY	**FNQSW**
02349167	MYLAN-NIFEDIPINE ER	MYL	**FGNQSW**
60MG EXTENDED RELEASE TABLET			
02321149	MYLAN-NIFEDIPINE ER	MYL	**FGNQSW**

***PINDOLOL**

5MG TABLET			
00417270	VISKEN	XED	**FNQSW**
00755877	APO-PINDOL	APX	**FGNQSW**
00869007	TEVA-PINDOL	TEV	**FGNQSW**
10MG TABLET			
00443174	VISKEN	XED	**FNQSW**
00755885	APO-PINDOL	APX	**FGNQSW**
00869015	TEVA-PINDOL	TEV	**FGNQSW**
15MG TABLET			
00755893	APO-PINDOL	APX	**FGNQSW**
00869023	TEVA-PINDOL	TEV	**FGNQSW**

***PROPAFENONE HCL**

150MG TABLET			
00603708	RYTHMOL	BGP	**FNQSW**
02243324	APO-PROPAFENONE	APX	**FGNQSW**
02343053	PROPAFENONE	SNS	**FGNQSW**
02457172	MYLAN-PROPAFENONE	MYL	**FGNQSW**
300MG TABLET			
00603716	RYTHMOL	BGP	**FNQSW**
02243325	APO-PROPAFENONE	APX	**FGNQSW**
02343061	PROPAFENONE	SNS	**FGNQSW**
02457164	MYLAN-PROPAFENONE	MYL	**FGNQSW**

***PROPRANOLOL**

10MG TABLET

00496480	TEVA-PROPRANOLOL	TEV	**FGNQSW**

20MG TABLET

00740675	TEVA-PROPRANOLOL	TEV	**FGNQSW**

40MG TABLET

00496499	TEVA-PROPRANOLOL	TEV	**FGNQSW**

80MG TABLET

00496502	TEVA-PROPRANOLOL	TEV	**FGNQSW**

***SOTALOL HCL**

80MG TABLET

02210428	APO-SOTALOL	APX	**FGNQSW**
02368617	JAMP-SOTALOL	JPC	**FGNQSW**
02238326	PMS-SOTALOL	PMS	**FGNQSW**

160MG TABLET

02167794	APO-SOTALOL	APX	**FGNQSW**
02238327	PMS-SOTALOL	PMS	**FGNQSW**
02368625	JAMP-SOTALOL	JPC	**FGNQSW**

TAFAMIDIS MEGLUMINE

SEE APPENDIX A FOR SA CRITERIA

20MG CAPSULE

02495732	VYNDAQEL (SA)	PFI	**MQ**

***TIMOLOL MALEATE**

5MG TABLET

00755842	TIMOLOL	AAA	**FGNQSW**

10MG TABLET

00755850	TIMOLOL	AAA	**FGNQSW**

20MG TABLET

00755869	TIMOLOL	AAA	**FGNQSW**

***VERAPAMIL HCL**

80MG TABLET

00782483	APO-VERAP	APX	**FGNQSW**
02237921	MYLAN-VERAPAMIL	MYL	**FGNQSW**

120MG TABLET

00782491	APO-VERAP	APX	**FGNQSW**

02237922	MYLAN-VERAPAMIL	MYL	**FGNQSW**

120MG SUSTAINED RELEASE TABLET

01907123	ISOPTIN SR	BGP	**FNQSW**
02210347	MYLAN-VERAPAMIL SR	MYL	**FGNQSW**
02246893	APO-VERAP SR	APX	**FGNQSW**

180MG SUSTAINED RELEASE TABLET

01934317	ISOPTIN SR	BGP	**FNQSW**
02450488	MYLAN-VERAPAMIL SR	MYL	**FGNQSW**

240MG SUSTAINED RELEASE TABLET

00742554	ISOPTIN SR	BGP	**FNQSW**
02450496	MYLAN-VERAPAMIL SR	MYL	**FGNQSW**

24:06.00 ANTILIPEMIC DRUGS

ALIROCUMAB

SEE APPENDIX A FOR SA CRITERIA

75MG/ML PREFILLED PEN

02453819	PRALUENT (SA)	SAV	**FNQSW**

150MG/ML PREFILLED PEN

02453835	PRALUENT (SA)	SAV	**FNQSW**

***ATORVASTATIN CALCIUM**

10MG TABLET

02230711	LIPITOR	UJC	**FNQSW**
02295261	APO-ATORVASTATIN	APX	**FGNQSW**
02310899	ACT-ATORVASTATIN	ATV	**FGNQSW**
02313707	TARO-ATORVASTATIN	SUN	**FGNQSW**
02324946	SANDOZ-ATORVASTATIN	SDZ	**FGNQSW**
02348705	ATORVASTATIN	SNS	**FGNQSW**
02391058	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02392933	MYLAN-ATORVASTATIN	MYL	**FGNQSW**
02407256	AURO-ATORVASTATIN	ARO	**FGNQSW**
02411350	ATORVASTATIN	SIV	**FGNQSW**
02417936	REDDY-ATORVASTATIN	RCH	**FGNQSW**
02454017	MAR-ATORVASTATIN	MAR	**FGNQSW**
02457741	ACH-ATORVASTATIN	ACH	**FGNQSW**
02471167	M-ATORVASTATIN	MRA	**FGNQSW**
02475022	ATORVASTATIN	RIV	**FGNQSW**
02476517	NRA-ATORVASTATIN	NRA	**FGNQSW**

02477149	PMS-ATORVASTATIN	PMS	**FGNQSW**
02478145	AG-ATORVASTATIN	ANG	**FGNQSW**
02479508	MINT-ATORVASTATIN	MNT	**FGNQSW**
02504197	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02507234	PMSC-ATORVASTATIN	PMS	**FGNQSW**

20MG TABLET

02230713	LIPITOR	UJC	**FNQSW**
02295288	APO-ATORVASTATIN	APX	**FGNQSW**
02310902	ACT-ATORVASTATIN	ATV	**FGNQSW**
02313715	TARO-ATORVASTATIN	SUN	**FGNQSW**
02324954	SANDOZ-ATORVASTATIN	SDZ	**FGNQSW**
02348713	ATORVASTATIN	SNS	**FGNQSW**
02391066	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02392941	MYLAN-ATORVASTATIN	MYL	**FGNQSW**
02407264	AURO-ATORVASTATIN	ARO	**FGNQSW**
02411369	ATORVASTATIN	SIV	**FGNQSW**
02417944	REDDY-ATORVASTATIN	RCH	**FGNQSW**
02454025	MAR-ATORVASTATIN	MAR	**FGNQSW**
02457768	ACH-ATORVASTATIN	ACH	**FGNQSW**
02471175	M-ATORVASTATIN	MRA	**FGNQSW**
02475030	ATORVASTATIN	RIV	**FGNQSW**
02476525	NRA-ATORVASTATIN	NRA	**FGNQSW**
02477157	PMS-ATORVASTATIN	PMS	**FGNQSW**
02478153	AG-ATORVASTATIN	ANG	**FGNQSW**
02479516	MINT-ATORVASTATIN	MNT	**FGNQSW**
02504200	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02507242	PMSC-ATORVASTATIN	PMS	**FGNQSW**

40MG TABLET

02230714	LIPITOR	UJC	**FNQSW**
02295296	APO-ATORVASTATIN	APX	**FGNQSW**
02310910	ACT-ATORVASTATIN	ATV	**FGNQSW**
02313723	TARO-ATORVASTATIN	SUN	**FGNQSW**
02324962	SANDOZ-ATORVASTATIN	SDZ	**FGNQSW**
02348721	ATORVASTATIN	SNS	**FGNQSW**
02391074	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02392968	MYLAN-ATORVASTATIN	MYL	**FGNQSW**
02407272	AURO-ATORVASTATIN	ARO	**FGNQSW**
02411377	ATORVASTATIN	SIV	**FGNQSW**
02417952	REDDY-ATORVASTATIN	RCH	**FGNQSW**
02454033	MAR-ATORVASTATIN	MAR	**FGNQSW**
02457776	ACH-ATORVASTATIN	ACH	**FGNQSW**
02471183	M-ATORVASTATIN	MRA	**FGNQSW**
02475049	ATORVASTATIN	RIV	**FGNQSW**
02476533	NRA-ATORVASTATIN	NRA	**FGNQSW**

02477165	PMS-ATORVASTATIN	PMS	**FGNQSW**
02478161	AG-ATORVASTATIN	ANG	**FGNQSW**
02479524	MINT-ATORVASTATIN	MNT	**FGNQSW**
02504219	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02507250	PMSC-ATORVASTATIN	PMS	**FGNQSW**

80MG TABLET

02243097	LIPITOR	UJC	**FNQSW**
02295318	APO-ATORVASTATIN	APX	**FGNQSW**
02310929	ACT-ATORVASTATIN	ATV	**FGNQSW**
02313758	TARO-ATORVASTATIN	SUN	**FGNQSW**
02324970	SANDOZ-ATORVASTATIN	SDZ	**FGNQSW**
02348748	ATORVASTATIN	SNS	**FGNQSW**
02391082	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02392976	MYLAN-ATORVASTATIN	MYL	**FGNQSW**
02407280	AURO-ATORVASTATIN	ARO	**FGNQSW**
02411385	ATORVASTATIN	SIV	**FGNQSW**
02417960	REDDY-ATORVASTATIN	RCH	**FGNQSW**
02454041	MAR-ATORVASTATIN	MAR	**FGNQSW**
02457784	ACH-ATORVASTATIN	ACH	**FGNQSW**
02471191	M-ATORVASTATIN	MRA	**FGNQSW**
02475057	ATORVASTATIN	RIV	**FGNQSW**
02476541	NRA-ATORVASTATIN	NRA	**FGNQSW**
02477173	PMS-ATORVASTATIN	PMS	**FGNQSW**
02478188	AG-ATORVASTATIN	ANG	**FGNQSW**
02504235	JAMP-ATORVASTATIN	JPC	**FGNQSW**
02507269	PMSC-ATORVASTATIN	PMS	**FGNQSW**

***CHOLESTYRAMINE**

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

02210320	OLESTYR	PMS	**FGNQSW**

* price per gram for cholestyramine powder pouches

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

00890960	OLESTYR	PMS	**FGNQSW**
02455609	CHOLESTYRAMINE-ODAN	ODN	**FGNQSW**
02478595	JAMP-CHOLESTYRAMINE	JPC	**FGNQSW**

COLESEVELAM

625MG TABLET

02373955	LODALIS	VAL	**FNQSW**
02494051	APO-COLESEVELAM	APX	**FGNQSW**

3.75G PACKET

02432463	LODALIS	VAL	**FNQSW**

EVOLOCUMAB

SEE APPENDIX A FOR SA CRITERIA

120MG/ML WEARABLE INJECTOR

02459779	REPATHA (SA)	AMG	**FNQSW**

140MG/ML PEN INJECTOR

02446057	REPATHA (SA)	AMG	**FNQSW**

EZETIMIBE

10MG TABLET

02247521	EZETROL	MSD	**FNQSW**
02354101	TEVA-EZETIMIBE	TEV	**FGNQSW**
02416409	PMS-EZETIMIBE	PMS	**FGNQSW**
02416778	SANDOZ-EZETIMIBE	SDZ	**FGNQSW**
02419548	RAN-EZETIMIBE	RAN	**FGNQSW**
02422662	MAR-EZETIMIBE	MAR	**FGNQSW**
02423235	JAMP-EZETIMIBE	JPC	**FGNQSW**
02423243	MINT-EZETIMIBE	MNT	**FGNQSW**
02425610	ACH-EZETIMIBE	ACH	**FGNQSW**
02427826	APO-EZETIMIBE	APX	**FGNQSW**
02429659	EZETIMIBE	SIV	**FGNQSW**
02431300	EZETIMIBE	SNS	**FGNQSW**
02460750	GLN-EZETIMIBE	GLM	**FGNQSW**
02467437	M-EZETIMIBE	MRA	**FGNQSW**
02469286	AURO-EZETIMIBE	ARO	**FGNQSW**
02475898	AG-EZETIMIBE	AGP	**FGNQSW**
02481669	NRA-EZETIMIBE	NRA	**FGNQSW**

***FENOFIBRATE**

100MG TABLET

02246859	AA-FENO-SUPER	AAA	**FGNQSW**

160MG TABLET

02241602	LIPIDIL SUPRA	BGP	**FNQSW**
02246860	AA-FENO-SUPER	AAA	**FGNQSW**

200MG CAPSULE

02239864	AA-FENO-MICRO	AAA	**FGNQSW**

***FLUVASTATIN SODIUM**

20MG CAPSULE

02299224	TEVA-FLUVASTATIN	TEV	**FGNQSW**

40MG CAPSULE

02299232	TEVA-FLUVASTATIN	TEV	**FGNQSW**

***GEMFIBROZIL**

300MG CAPSULE

02241704	TEVA-GEMFIBROZIL	TEV	**FGNQSW**

600MG TABLET

02142074	TEVA-GEMFIBROZIL	TEV	**FGNQSW**

***LOVASTATIN**

20MG TABLET

02220172	LOVASTATIN	AAA	**FGNQSW**
02248572	ACT-LOVASTATIN	TEV	**FGNQSW**

40MG TABLET

02220180	LOVASTATIN	AAA	**FGNQSW**
02248573	ACT-LOVASTATIN	TEV	**FGNQSW**

***PRAVASTATIN**

10MG TABLET

02243506	APO-PRAVASTATIN	APX	**FGNQSW**
02247008	TEVA-PRAVASTATIN	TEV	**FGNQSW**
02247655	PMS-PRAVASTATIN	PMS	**FGNQSW**
02284421	RAN-PRAVASTATIN	RAN	**FGNQSW**
02317451	MINT-PRAVASTATIN	MNT	**FGNQSW**
02330954	JAMP PRAVASTATIN	JPC	**FGNQSW**
02356546	PRAVASTATIN	SNS	**FGNQSW**
02389703	PRAVASTATIN	SVI	**FGNQSW**
02432048	MAR-PRAVASTATIN	MAR	**FGNQSW**
02440644	ACH-PRAVASTATIN	ACH	**FGNQSW**
02458977	AURO-PRAVASTATIN	ARO	**FGNQSW**
02468700	SANDOZ-PRAVASTATIN	SDZ	**FGNQSW**
02476142	AG-PRAVASTATIN	ANG	**FGNQSW**
02476274	M-PRAVASTATIN	MRA	**FGNQSW**

20MG TABLET

02243507	APO-PRAVASTATIN	APX	**FGNQSW**
02247009	TEVA-PRAVASTATIN	TEV	**FGNQSW**
02247656	PMS-PRAVASTATIN	PMS	**FGNQSW**
02284448	RAN-PRAVASTATIN	RAN	**FGNQSW**
02317478	MINT-PRAVASTATIN	MNT	**FGNQSW**
02330962	JAMP PRAVASTATIN	JPC	**FGNQSW**
02356554	PRAVASTATIN	SNS	**FGNQSW**
02389738	PRAVASTATIN	SIV	**FGNQSW**
02432056	MAR-PRAVASTATIN	MAR	**FGNQSW**
02440652	ACH-PRAVASTATIN	ACH	**FGNQSW**
02458985	AURO-PRAVASTATIN	ARO	**FGNQSW**
02468719	SANDOZ-PRAVASTATIN	SDZ	**FGNQSW**

02476150	AG-PRAVASTATIN	ANG	**FGNQSW**
02476282	M-PRAVASTATIN	MRA	**FGNQSW**

40MG TABLET

02243508	APO-PRAVASTATIN	APX	**FGNQSW**
02247010	TEVA-PRAVASTATIN	TEV	**FGNQSW**
02247657	PMS-PRAVASTATIN	PMS	**FGNQSW**
02284456	RAN-PRAVASTATIN	RAN	**FGNQSW**
02317486	MINT-PRAVASTATIN	MNT	**FGNQSW**
02330970	JAMP PRAVASTATIN	JPC	**FGNQSW**
02356562	PRAVASTATIN	SNS	**FGNQSW**
02389746	PRAVASTATIN	SIV	**FGNQSW**
02432064	MAR-PRAVASTATIN	MAR	**FGNQSW**
02458993	AURO-PRAVASTATIN	ARO	**FGNQSW**
02468727	SANDOZ-PRAVASTATIN	SDZ	**FGNQSW**
02476169	AG-PRAVASTATIN	ANG	**FGNQSW**
02476290	M-PRAVASTATIN	MRA	**FGNQSW**

***ROSUVASTATIN**

5MG TABLET

02265540	CRESTOR	AZE	**FNQSW**
02337975	APO-ROSUVASTATIN	APX	**FGNQSW**
02338726	SANDOZ-ROSUVASTATIN	SDZ	**FGNQSW**
02354608	TEVA-ROSUVASTATIN	TEV	**FGNQSW**
02378523	PMS-ROSUVASTATIN	PMS	**FGNQSW**
02382644	TARO-ROSUVASTATIN	SUN	**FGNQSW**
02391252	JAMP-ROSUVASTATIN	JPC	**FGNQSW**
02405628	ROSUVASTATIN	SNS	**FGNQSW**
02397781	MINT-ROSUVASTATIN	MNT	**FGNQSW**
02399164	MED-ROSUVASTATIN	GMP	**FGNQSW**
02411628	ROSUVASTATIN-5	SIV	**FGNQSW**
02413051	MAR-ROSUVASTATIN	MAR	**FGNQSW**
02438917	ACH-ROSUVASTATIN	ACH	**FGNQSW**
02442574	AURO-ROSUVASTATIN	ARO	**FGNQSW**
02477483	NRA-ROSUVASTATIN	NRA	**FGNQSW**
02496534	M-ROSUVASTATIN	MRA	**FGNQSW**
02498332	JAMP-ROSUVASTATIN CALCIUM	JPC	**FGNQSW**

10MG TABLET

02247162	CRESTOR	AZE	**FNQSW**
02337983	APO-ROSUVASTATIN	APX	**FGNQSW**
02338734	SANDOZ-ROSUVASTATIN	SDZ	**FGNQSW**
02354616	TEVA-ROSUVASTATIN	TEV	**FGNQSW**
02378531	PMS-ROSUVASTATIN	PMS	**FGNQSW**
02382652	TARO-ROSUVASTATIN	SUN	**FGNQSW**
02391260	JAMP-ROSUVASTATIN	JPC	**FGNQSW**

02405636	ROSUVASTATIN	SNS	**FGNQSW**
02397803	MINT-ROSUVASTATIN	MNT	**FGNQSW**
02399172	MED-ROSUVASTATIN	GMP	**FGNQSW**
02411636	ROSUVASTATIN-10	SIV	**FGNQSW**
02413078	MAR-ROSUVASTATIN	MAR	**FGNQSW**
02438925	ACH-ROSUVASTATIN	ACH	**FGNQSW**
02442582	AURO-ROSUVASTATIN	ARO	**FGNQSW**
02477491	NRA-ROSUVASTATIN	NRA	**FGNQSW**
02496542	M-ROSUVASTATIN	MRA	**FGNQSW**
02498340	JAMP-ROSUVASTATIN CALCIUM	JPC	**FGNQSW**

20MG TABLET

02247163	CRESTOR	AZE	**FNQSW**
02337991	APO-ROSUVASTATIN	APX	**FGNQSW**
02338742	SANDOZ-ROSUVASTATIN	SDZ	**FGNQSW**
02354624	TEVA-ROSUVASTATIN	TEV	**FGNQSW**
02378558	PMS-ROSUVASTATIN	PMS	**FGNQSW**
02382660	TARO-ROSUVASTATIN	SUN	**FGNQSW**
02391279	JAMP-ROSUVASTATIN	JPC	**FGNQSW**
02405644	ROSUVASTATIN	SNS	**FGNQSW**
02399180	MED-ROSUVASTATIN	GMP	**FGNQSW**
02411644	ROSUVASTATIN-20	SIV	**FGNQSW**
02413086	MAR-ROSUVASTATIN	MAR	**FGNQSW**
02438933	ACH-ROSUVASTATIN	ACH	**FGNQSW**
02442590	AURO-ROSUVASTATIN	ARO	**FGNQSW**
02477505	NRA-ROSUVASTATIN	NRA	**FGNQSW**
02496550	M-ROSUVASTATIN	MRA	**FGNQSW**
02498359	JAMP-ROSUVASTATIN	JPC	**FGNQSW**

40MG TABLET

02247164	CRESTOR	AZE	**FNQSW**
02338009	APO-ROSUVASTATIN	APX	**FGNQSW**
02338750	SANDOZ-ROSUVASTATIN	SDZ	**FGNQSW**
02354632	TEVA-ROSUVASTATIN	TEV	**FGNQSW**
02378566	PMS-ROSUVASTATIN	PMS	**FGNQSW**
02382679	TARO-ROSUVASTATIN	SUN	**FGNQSW**
02391287	JAMP-ROSUVASTATIN	JPC	**FGNQSW**
02405652	ROSUVASTATIN	SNS	**FGNQSW**
02399199	MED-ROSUVASTATIN	GMP	**FGNQSW**
02411652	ROSUVASTATIN-40	SIV	**FGNQSW**
02413108	MAR-ROSUVASTATIN	MAR	**FGNQSW**
02438941	ACH-ROSUVASTATIN	ACH	**FGNQSW**
02442604	AURO-ROSUVASTATIN	ARO	**FGNQSW**
02477513	NRA-ROSUVASTATIN	NRA	**FGNQSW**
02496569	M-ROSUVASTATIN	MRA	**FGNQSW**
02498367	JAMP-ROSUVASTATIN	JPC	**FGNQSW**

***SIMVASTATIN**

5MG TABLET

02247011	APO-SIMVASTATIN	APX	**FGNQSW**
02250144	TEVA-SIMVASTATIN	TEV	**FGNQSW**
02284723	SIMVASTATIN	SNS	**FGNQSW**
02329131	RAN-SIMVASTATIN	RAN	**FGNQSW**
02372932	MINT-SIMVASTATIN	MNT	**FGNQSW**
02375036	MAR-SIMVISTATIN	MAR	**FGNQSW**
02375591	JAMP-SIMVASTATIN	JPC	**FGNQSW**
02386291	SIMVASTATIN	SIV	**FGNQSW**
02405148	AURO-SIMVASTATIN	ARO	**FGNQSW**
02469979	PHARMA-SIMVASTATIN	PMS	**FGNQSW**
02480050	AG-SIMVASTATIN	ANG	**FGNQSW**

10MG TABLET

00884332	ZOCOR	MSD	**FNQSW**
02247012	APO-SIMVASTATIN	APX	**FGNQSW**
02250152	TEVA-SIMVASTATIN	TEV	**FGNQSW**
02284731	SIMVASTATIN	SNS	**FGNQSW**
02329158	RAN-SIMVASTATIN	RAN	**FGNQSW**
02372940	MINT-SIMVASTATIN	MNT	**FGNQSW**
02375044	MAR-SIMVISTATIN	MAR	**FGNQSW**
02375605	JAMP-SIMVASTATIN	JPC	**FGNQSW**
02386305	SIMVASTATIN	SIV	**FGNQSW**
02405156	AURO-SIMVASTATIN	ARO	**FGNQSW**
02469987	PHARMA-SIMVASTATIN	PMS	**FGNQSW**
02480069	AG-SIMVASTATIN	ANG	**FGNQSW**

20MG TABLET

00884340	ZOCOR	MSD	**FNQSW**
02247013	APO-SIMVASTATIN	APX	**FGNQSW**
02250160	TEVA-SIMVASTATIN	TEV	**FGNQSW**
02284758	SIMVASTATIN	SNS	**FGNQSW**
02329166	RAN-SIMVASTATIN	RAN	**FGNQSW**
02372959	MINT-SIMVASTATIN	MNT	**FGNQSW**
02375052	MAR-SIMVISTATIN	MAR	**FGNQSW**
02375613	JAMP-SIMVASTATIN	JPC	**FGNQSW**
02386313	SIMVASTATIN	SIV	**FGNQSW**
02405164	AURO-SIMVASTATIN	ARO	**FGNQSW**
02469995	PHARMA-SIMVASTATIN	PMS	**FGNQSW**
02480077	AG-SIMVASTATIN	ANG	**FGNQSW**

40MG TABLET

00884359	ZOCOR	MSD	**FNQSW**
02247014	APO-SIMVASTATIN	APX	**FGNQSW**
02250179	TEVA-SIMVASTATIN	TEV	**FGNQSW**

02284766	SIMVASTATIN	SNS	**FGNQSW**
02329174	RAN-SIMVASTATIN	RAN	**FGNQSW**
02372967	MINT-SIMVASTATIN	MNT	**FGNQSW**
02375060	MAR-SIMVISTATIN	MAR	**FGNQSW**
02375621	JAMP-SIMVASTATIN	JPC	**FGNQSW**
02386321	SIMVASTATIN	SIV	**FGNQSW**
02405172	AURO-SIMVASTATIN	ARO	**FGNQSW**
02470004	PHARMA-SIMVASTATIN	PMS	**FGNQSW**
02480085	AG-SIMVASTATIN	ANG	**FGNQSW**

80MG TABLET

02247015	APO-SIMVASTATIN	APX	**FGNQSW**
02250187	TEVA-SIMVASTATIN	TEV	**FGNQSW**
02284774	SIMVASTATIN	SNS	**FGNQSW**
02329182	RAN-SIMVASTATIN	RAN	**FGNQSW**
02372975	MINT-SIMVASTATIN	MNT	**FGNQSW**
02375079	MAR-SIMVISTATIN	MAR	**FGNQSW**
02375648	JAMP-SIMVASTATIN	JPC	**FGNQSW**
02386348	SIMVASTATIN	SIV	**FGNQSW**
02405180	AURO-SIMVASTATIN	ARO	**FGNQSW**
02470012	PHARMA-SIMVASTATIN	PMS	**FGNQSW**
02480093	AG-SIMVASTATIN	ANG	**FGNQSW**

24:08.00 HYPOTENSIVE DRUGS

EPLERENONE

SEE APPENDIX A FOR SA CRITERIA

25MG TABLET

02471442	MINT-EPLERENONE (SA)	MNT	**FGNQSW**

50MG TABLET

02471450	MINT-EPLERENONE (SA)	MNT	**FGNQSW**

***HYDRALAZINE HCL**

10MG TABLET

00441619	APO-HYDRALAZINE	APX	**FGNQSW**
02457865	JAMP-HYDRALAZINE	JPC	**FGNQSW**
02468778	MINT-HYDRALAZINE	MNT	**FGNQSW**

25MG TABLET

00441627	APO-HYDRALAZINE	APX	**FGNQSW**
02457873	JAMP-HYDRALAZINE	JPC	**FGNQSW**
02468786	MINT-HYDRALAZINE	MNT	**FGNQSW**

50MG TABLET

00441635	APO-HYDRALAZINE	APX	**FGNQSW**
02457881	JAMP-HYDRALAZINE	JPC	**FGNQSW**
02468794	MINT-HYDRALAZINE	MNT	**FGNQSW**

***PERINDOPRIL**

2MG TABLET

02123274	COVERSYL	SEV	**FNQSW**
02289261	APO-PERINDOPRIL	APX	**FGNQSW**
02459817	AURO-PERINDOPRIL	ARO	**FGNQSW**
02464985	TEVA-PERINDOPRIL	TEV	**FGNQSW**
02470225	SANDOZ-PERINDOPRIL ERBUMINE	SDZ	**FGNQSW**
02470675	PMS-PERINDOPRIL	PMS	**FGNQSW**
02474824	MAR-PERINDOPRIL	MAR	**FGNQSW**
02476762	MINT-PERINDOPRIL	MNT	**FGNQSW**
02477009	JAMP-PERINDOPRIL	JPC	**FGNQSW**
02479877	PERINDOPRIL ERBUMINE	SIV	**FGNQSW**
02481634	PERINDOPRIL ERBUMINE	SNS	**FGNQSW**
02481677	AG-PERINDOPRIL	ANG	**FGNQSW**
02482924	M-PERINDOPRIL ERBUMINE	MRA	**FGNQSW**
02489015	NRA-PERINDOPRIL	NRA	**FGNQSW**

4MG TABLET

02123282	COVERSYL	SEV	**FNQSW**
02289288	APO-PERINDOPRIL	APX	**FGNQSW**
02459825	AURO-PERINDOPRIL	ARO	**FGNQSW**
02464993	TEVA-PERINDOPRIL	TEV	**FGNQSW**
02470233	SANDOZ-PERINDOPRIL ERBUMINE	SDZ	**FGNQSW**
02470683	PMS-PERINDOPRIL	PMS	**FGNQSW**
02474832	MAR-PERINDOPRIL	MAR	**FGNQSW**
02477017	JAMP-PERINDOPRIL	JPC	**FGNQSW**
02476770	MINT-PERINDOPRIL	MNT	**FGNQSW**
02479885	PERINDOPRIL ERBUMINE	SIV	**FGNQSW**
02481642	PERINDOPRIL ERBUMINE	SNS	**FGNQSW**
02481685	AG-PERINDOPRIL	ANG	**FGNQSW**
02482932	M-PERINDOPRIL ERBUMINE	MRA	**FGNQSW**
02489023	NRA-PERINDOPRIL	NRA	**FGNQSW**

8MG TABLET

02246624	COVERSYL	SEV	**FNQSW**
02289296	APO-PERINDOPRIL	APX	**FGNQSW**
02459833	AURO-PERINDOPRIL	ARO	**FGNQSW**
02465000	TEVA-PERINDOPRIL	TEV	**FGNQSW**
02470241	SANDOZ-PERINDOPRIL ERBUMINE	SDZ	**FGNQSW**
02470691	PMS-PERINDOPRIL	PMS	**FGNQSW**

02474840	MAR-PERINDOPRIL	MAR	**FGNQSW**
02477025	JAMP-PERINDOPRIL	JPC	**FGNQSW**
02476789	MINT-PERINDOPRIL	MNT	**FGNQSW**
02479893	PERINDOPRIL ERBUMINE	SIV	**FGNQSW**
02481650	PERINDOPRIL ERBUMINE	SNS	**FGNQSW**
02481693	AG-PERINDOPRIL	ANG	**FGNQSW**
02482940	M-PERINDOPRIL ERBUMINE	MRA	**FGNQSW**
02489031	NRA-PERINDOPRIL	NRA	**FGNQSW**

***PERINDOPRIL & INDAPAMIDE**

4MG & 1.25MGMG TABLET

02246569	COVERSYL PLUS	SEV	**FNQSW**
02297574	APO-PERINDOPRIL/INDAPAMIDE	APX	**FGNQSW**
02464020	TEVA-PERINDOPRIL/INDAPAMIDE	TEV	**FGNQSW**
02470438	PERINDOPRIL ERBUMIN-INDAPAMIDE	SDZ	**FGNQSW**
02479834	PERINDOPRIL ERBUMIN-INDAPAMIDE	SIV	**FGNQSW**
02519720	PERINDOPRIL-INDAPAMIDE	SNS	**FGNQSW**

***PERINDOPRIL ERBUMIN/INDAPAMIDE**

8MG & 2.5MG TABLET

02321653	COVERSYL PLUS HD	SEV	**FNQSW**
02453061	APO-PERINDOPRIL/INDAPAMIDE	APX	**FGNQSW**
02464039	TEVA-PERINDOPRIL/INDAPAMIDE	TEV	**FGNQSW**
02470446	PERINDOPRIL ERBUMIN-INDAPAMIDE HD	SDZ	**FGNQSW**
02479842	PERINDORPIL ERBUMIN-INDAPAMIDE HD	SIV	**FGNQSW**
02519739	PERINDOPRIL-INDAPAMIDE	SNS	**FGNQSW**

24:08.16 CENTRAL ALPHA AGONISTS

***CLONIDINE HCL**

0.025MG TABLET

02304163	TEVA-CLONIDINE	TEV	**FGNQSW**
02516217	SANDOZ-CLONIDINE	SDZ	**FGNQSW**
02524198	MAR-CLONIDINE	MAR	**FGNQSW**

0.1MG TABLET

02046121	TEVA-CLONIDINE	TEV	**FGNQSW**
02462192	MINT-CLONIDINE	MNT	**FGNQSW**
02515784	SANDOZ-CLONIDINE	SDZ	**FGNQSW**

0.2MG TABLET

02046148	TEVA-CLONIDINE	TEV	**FGNQSW**
02462206	MINT-CLONIDINE	MNT	**FGNQSW**

02515792	SANDOZ-CLONIDINE	SDZ	**FGNQSW**

***METHYLDOPA**

125MG TABLET

00360252	METHYLDOPA	AAA	**FGNQSW**

250MG TABLET

00360260	METHYLDOPA	AAA	**FGNQSW**

500MG TABLET

00426830	METHYLDOPA	AAA	**FGNQSW**

24:12.00 MISCELLANEOUS VASODILATING AGENTS

AMBRISENTAN

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02307065	VOLIBRIS (SA)	GSK	**MQ**
02475375	APO-AMBRISENTAN (SA)	APX	**MQ**

10MG TABLET

02307073	VOLIBRIS (SA)	GSK	**MQ**
02475383	APO-AMBRISENTAN (SA)	APX	**MQ**

BETAHISTINE HCL

SEE APPENDIX A FOR SA CRITERIA (EXCEPT NURSING HOME PROGRAM)

16MG TABLET

02243878	SERC (SA)	BGP	**FNQSW**
02280191	TEVA-BETAHISTINE (SA)	TEV	**FGNQSW**
02330210	PMS-BETAHISTINE (SA)	PMS	**FGNQSW**
02374757	ACT-BETAHISTINE (SA)	ATV	**FGNQSW**
02449153	AURO-BETAHISTINE (SA)	ARO	**FGNQSW**
02466449	BETAHISTINE (SA)	SNS	**FGNQSW**
02519690	M-BETAHISTINE (SA)	MRA	**FGNQSW**

24MG TABLET

02247998	SERC (SA)	BGP	**FNQSW**
02280205	TEVA-BETAHISTINE (SA)	TEV	**FGNQSW**
02330237	PMS-BETAHISTINE (SA)	PMS	**FGNQSW**
02449161	AURO-BETAHISTINE (SA)	ARO	**FGNQSW**
02466457	BETAHISTINE (SA)	SNS	**FGNQSW**
02519704	M-BETAHISTINE (SA)	MRA	**FGNQSW**

***DIPYRIDAMOLE**

25MG TABLET			
00895644	APO-DIPYRIDAMOLE-FC	APX	**FGNQSW**
50MG TABLET			
00895652	APO-DIPYRIDAMOLE-FC	APX	**FGNQSW**
75MG TABLET			
00895660	APO-DIPYRIDAMOLE-FC	APX	**FGNQSW**

EPOPROSTENOL SODIUM (GLYCINE)

SEE APPENDIX A FOR SA CRITERIA

0.5 MG INJECTION			
02230845	FLOLAN (SA)	GSK	**MQ**
1.5 MG INJECTION			
02230848	FLOLAN (SA)	GSK	**MQ**

EPOPROSTENOL SODIUM (ARGININE)

SEE APPENDIX A FOR SA CRITERIA

0.5MG INJECTION			
02397447	CARIPUL (SA)	JAN	**MQ**
1.5MG INJECTION			
02397455	CARIPUL (SA)	JAN	**MQ**

***ISOSORBIDE DINITRATE**

5MG SUBLINGUAL TABLET			
00670944	ISDN	AAA	**FGNQSW**
10MG TABLET			
00441686	ISDN	AAA	**FGNQSW**
30MG TABLET			
00441694	ISDN	AAA	**FGNQSW**

***ISOSORBIDE MONONITRATE**

60MG TABLET			
02126559	IMDUR	AST	**FNQSW**
02272830	APO-ISMM	APX	**FGNQSW**
02301288	PMS-ISMN	PMS	**FGNQSW**

NITROGLYCERIN

NOTES:

1. To prevent development of tolerance, patches should be removed after 12-14 hours to provide daily NITRATE-FREE periods of 10-12 hours. The NITRATE-FREE period should be

timed to coincide with the period in which angina is least likely to occur (USUALLY AT NIGHT).

0.2MG/HR TRANSDERMAL PATCH

01911910	NITRO-DUR 0.2	RCH	**FNQSW**
02407442	MYLAN-NITRO PATCH	MYL	**FGNQSW**

0.2MG/HR TRANSDERMAL PATCH

02230732	TRINIPATCH 0.2	PAL	**FQSW**

0.4 MG/HR TRANSDERMAL PATCH

01911902	NITRO-DUR 0.4	RCH	**FNQSW**
02407450	MYLAN-NITRO PATCH	MYL	**FGNQSW**

0.4 MG/HR TRANSDERMAL PATCH

02230733	TRINIPATCH 0.4	PAL	**FQSW**

0.6 MG/HR TRANSDERMAL PATCH

01911929	NITRO-DUR 0.6	RCH	**FNQSW**
02407469	MYLAN-NITRO PATCH	MYL	**FGNQSW**

0.6 MG/HR TRANSDERMAL PATCH

02046156	TRANSDERM - NITRO 0.6	NVR	**FQSW**
02230734	TRINIPATCH 0.6	PAL	**FQSW**

0.8MG/HR TRANSDERMAL PATCH

02011271	NITRO-DUR 0.8	RCH	**FNQSW**
02407477	MYLAN-NITRO PATCH	MYL	**FGNQSW**

0.3MG SUBLINGUAL TABLET

00037613	NITROSTAT	UJC	**NQW**

0.6MG SUBLINGUAL TABLET

00037621	NITROSTAT	UJC	**NQW**

0.4MG/DOSE METERED DOSE LINGUAL SPRAY

02231441	NITROLINGUAL PUMPSPRAY	AVN	**NQW**
02238998	RHO-NITRO PUMPSPRAY	SDZ	**NQW**
02243588	MYLAN-NITRO SL SPRAY	MYL	**NQW**
02393433	APO-NITROGLYCERIN	APX	**NQW**

RIOCIGUAT

SEE APPENDIX A FOR SA CRITERIA

0.5MG TABLET

02412764	ADEMPAS (SA)	BAY	**MQ**

1MG TABLET

02412772	ADEMPAS (SA)	BAY	**MQ**
1.5MG TABLET			
02412799	ADEMPAS (SA)	BAY	**MQ**
2MG TABLET			
02412802	ADEMPAS (SA)	BAY	**MQ**
2.5MG TABLET			
02412810	ADEMPAS (SA)	BAY	**MQ**

SELEXIPAG

SEE APPENDIX A FOR SA CRITERIA

200MCG TABLET			
02451158	UPTRAVI (SA)	ACT	**MQ**
400MCG TABLET			
02451166	UPTRAVI (SA)	ACT	**MQ**
600MCG TABLET			
02451174	UPTRAVI (SA)	ACT	**MQ**
800MCG TABLET			
02451182	UPTRAVI (SA)	ACT	**MQ**
1000MCG TABLET			
02451190	UPTRAVI (SA)	ACT	**MQ**
1200MCG TABLET			
02451204	UPTRAVI (SA)	ACT	**MQ**
1400MCG TABLET			
02451212	UPTRAVI (SA)	ACT	**MQ**
1600MCG TABLET			
02451220	UPTRAVI (SA)	ACT	**MQ**

SILDENAFIL CITRATE

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET			
02279401	REVATIO (SA)	UJC	**MSQ**
02319500	RATIO-SILDENAFIL R (SA)	RPH	**GMSQ**
02412179	PMS-SILDENAFIL-R (SA)	PMS	**GMSQ**
02469669	JAMP-SILDENAFIL R (SA)	JPC	**GMSQ**

24:20.00 ALPHA ADRENERGIC BLOCKING AGENTS

***DOXAZOSIN**

1MG TABLET

02240588	APO-DOXAZOSIN	APX	**FGNQSW**
02242728	TEVA-DOXAZOSIN	TEV	**FGNQSW**
02489937	JAMP-DOXAZOSIN	JPC	**FGNQSW**

2MG TABLET

02240589	APO-DOXAZOSIN	APX	**FGNQSW**
02242729	TEVA-DOXAZOSIN	TEV	**FGNQSW**
02489945	JAMP-DOXAZOSIN	JPC	**FGNQSW**

4MG TABLET

02240590	APO-DOXAZOSIN	APX	**FGNQSW**
02242730	TEVA-DOXAZOSIN	TEV	**FGNQSW**
02489953	JAMP-DOXAZOSIN	JPC	**FGNQSW**

***PRAZOSIN HCL**

1MG TABLET

01934198	TEVA-PRAZOSIN	TEV	**FGNQSW**

2MG TABLET

01934201	TEVA-PRAZOSIN	TEV	**FGNQSW**

5MG TABLET

01934228	TEVA-PRAZOSIN	TEV	**FGNQSW**

***TERAZOSIN HCL**

1MG TABLET

02234502	APO-TERAZOSIN	APX	**FGNQSW**
02243518	PMS-TERAZOSIN	PMS	**FGNQSW**

2MG TABLET

02230806	TEVA-TERAZOSIN	TEV	**FGNQSW**
02234503	APO-TERAZOSIN	APX	**FGNQSW**
02243519	PMS-TERAZOSIN	PMS	**FGNQSW**

5MG TABLET

02230807	TEVA-TERAZOSIN	TEV	**FGNQSW**
02234504	APO-TERAZOSIN	APX	**FGNQSW**
02243520	PMS-TERAZOSIN	PMS	**FGNQSW**

10MG TABLET

02234505	APO-TERAZOSIN	APX	**FGNQSW**
02243521	PMS-TERAZOSIN	PMS	**FGNQSW**

24:28.08 DIHYDROPYRIDINES (CALCIUM CHANNEL BLOCKERS)

***FELODIPINE**

2.5MG SUSTAINED RELEASE TABLET

02057778	PLENDIL	AZE	**FNQSW**
02452367	APO-FELODIPINE	APX	**FGNQSW**

5MG SUSTAINED RELEASE TABLET

00851779	PLENDIL	AZE	**FNQSW**
02280264	SANDOZ FELODIPINE	SDZ	**FGNQSW**
02452375	APO-FELODIPINE	APX	**FGNQSW**

10MG SUSTAINED RELEASE TABLET

00851787	PLENDIL	AZE	**FNQSW**
02280272	SANDOZ FELODIPINE	SDZ	**FGNQSW**
02452383	APO-FELODIPINE	APX	**FGNQSW**

24:32.04 ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

***BENAZEPRIL HCL**

5MG TABLET

02290332	BENAZEPRIL	AAA	**FGNQSW**

10MG TABLET

02290340	BENAZEPRIL	AAA	**FGNQSW**

20MG TABLET

02273918	BENAZEPRIL	AAA	**FGNQSW**

***CAPTOPRIL**

12.5MG TABLET

01942964	TEVA-CAPTOPRIL	TEV	**FGNQSW**

25MG TABLET

01942972	TEVA-CAPTOPRIL	TEV	**FGNQSW**

50MG TABLET

01942980	TEVA-CAPTOPRIL	TEV	**FGNQSW**

100MG TABLET

01942999	TEVA-CAPTORIL	TEV	**FGNQSW**

***CILAZAPRIL**

1MG TABLET

02283778	MYLAN-CILAZAPRIL	MYL	**FGNQSW**
02291134	APO-CILAZAPRIL	APX	**FGNQSW**

2.5MG TABLET

01911473	INHIBACE	CAG	**FNQSW**
02283786	MYLAN-CILAZAPRIL	MYL	**FGNQSW**
02291142	APO-CILAZAPRIL	APX	**FGNQSW**

5MG TABLET

01911481	INHIBACE	CAG	**FNQSW**
02283794	MYLAN-CILAZAPRIL	MYL	**FGNQSW**
02291150	APO-CILAZAPRIL	APX	**FGNQSW**

***CILAZAPRIL & HYDROCHLOROTHIAZIDE**

5MG & 12.5MG TABLET

02181479	INHIBACE PLUS	HLR	**FNQSW**
02284987	APO-CILAZAPRIL/HCTZ	APX	**FGNQSW**
02313731	TEVA-CILAZAPRIL/HCTZ	TEV	**FGNQSW**

***ENALAPRIL MALEATE**

2.5MG TABLET

02020025	APO-ENALAPRIL	APX	**FGNQSW**
02291878	ACT-ENALAPRIL	ATV	**FGNQSW**
02299933	SANDOZ-ENALAPRIL	SDZ	**FGNQSW**
02352230	RAN-ENALAPRIL	RAN	**FGNQSW**
02400650	ENALAPRIL	SNS	**FGNQSW**
02442957	ENALAPRIL	SIV	**FGNQSW**
02459450	MAR-ENALAPRIL	MAR	**FGNQSW**
02474786	JAMP-ENALAPRIL	JPC	**FGNQSW**

5MG TABLET

00708879	VASOTEC	MSD	**FNQSW**
02019884	APO-ENALAPRIL	APX	**FGNQSW**
02291886	ACT-ENALAPRIL	ATV	**FGNQSW**
02299941	SANDOZ-ENALAPRIL	SDZ	**FGNQSW**
02352249	RAN-ENALAPRIL	RAN	**FGNQSW**
02400669	ENALAPRIL	SNS	**FGNQSW**
02442965	ENALAPRIL	SIV	**FGNQSW**
02459469	MAR-ENALAPRIL	MAR	**FGNQSW**

02474794	JAMP-ENALAPRIL	JPC	**FGNQSW**

10MG TABLET

00670901	VASOTEC	MSD	**FNQSW**
02019892	APO-ENALAPRIL	APX	**FGNQSW**
02291894	ACT-ENALAPRIL	ATV	**FGNQSW**
02299968	SANDOZ-ENALAPRIL	SDZ	**FGNQSW**
02352257	RAN-ENALAPRIL	RAN	**FGNQSW**
02400677	ENALAPRIL	SNS	**FGNQSW**
02442973	ENALAPRIL	SIV	**FGNQSW**
02444771	MAR-ENALAPRIL	MAR	**FGNQSW**
02474808	JAMP-ENALAPRIL	JPC	**FGNQSW**

20MG TABLET

00670928	VASOTEC	MSD	**FNQSW**
02019906	APO-ENALAPRIL	APX	**FGNQSW**
02291908	ACT-ENALAPRIL	ATV	**FGNQSW**
02299976	SANDOZ-ENALAPRIL	SDZ	**FGNQSW**
02352265	RAN-ENALAPRIL	RAN	**FGNQSW**
02400685	ENALAPRIL	SNS	**FGNQSW**
02442981	ENALAPRIL	SIV	**FGNQSW**
02444798	MAR-ENALAPRIL	MAR	**FGNQSW**
02474816	JAMP-ENALAPRIL	JPC	**FGNQSW**

***ENALAPRIL & HYDROCHLOROTHIAZIDE**

5MG & 12.5MG TABLET

02352923	ENALAPRIL MALEATE/HCTZ	AAA	**FGNQSW**

10MG & 25MG TABLET

00657298	VASERETIC	MSD	**FNQSW**
02352931	ENALAPRIL MALEATE/HCTZ	AAA	**FGNQSW**

***FOSINOPRIL**

10MG TABLET

02247802	TEVA-FOSINOPRIL	TEV	**FGNQSW**
02266008	APO-FOSINOPRIL	APX	**FGNQSW**
02331004	JAMP-FOSINOPRIL	JPC	**FGNQSW**
02294524	RAN-FOSINOPRIL	RAN	**FGNQSW**
02459388	FOSINOPRIL	SNS	**FGNQSW**

20MG TABLET

02247803	TEVA-FOSINOPRIL	TEV	**FGNQSW**
02266016	APO-FOSINOPRIL	APX	**FGNQSW**
02331012	JAMP-FOSINOPRIL	JPC	**FGNQSW**
02294532	RAN-FOSINOPRIL	RAN	**FGNQSW**
02459396	FOSINOPRIL	SNS	**FGNQSW**

***LISINOPRIL**

5MG TABLET

02049333	ZESTRIL	AZE	**FNQSW**
02217481	APO-LISINOPRIL	APX	**FGNQSW**
02285118	TEVA-LISINOPRIL (TYPE Z)	TEV	**FGNQSW**
02294230	RAN-LISINOPRIL	RAN	**FGNQSW**
02361531	JAMP-LISINOPRIL	JPC	**FGNQSW**
02386232	LISINOPRIL	SIV	**FGNQSW**
02394472	AURO-LISINOPRIL	ARO	**FGNQSW**
02525186	LISINOPRIL	SNS	**FGNQSW**

10MG TABLET

02049376	ZESTRIL	AZE	**FNQSW**
02217503	APO-LISINOPRIL	APX	**FGNQSW**
02285126	TEVA-LISINOPRIL (TYPE Z)	TEV	**FGNQSW**
02294249	RAN-LISINOPRIL	RAN	**FGNQSW**
02361558	JAMP-LISINOPRIL	JPC	**FGNQSW**
02386240	LISINOPRIL	SIV	**FGNQSW**
02394480	AURO-LISINOPRIL	ARO	**FGNQSW**
02525194	LISINOPRIL	SNS	**FGNQSW**

20MG TABLET

02049384	ZESTRIL	AZE	**FNQSW**
02217511	APO-LISINOPRIL	APX	**FGNQSW**
02285134	TEVA-LISINOPRIL (TYPE Z)	TEV	**FGNQSW**
02294257	RAN-LISINOPRIL	RAN	**FGNQSW**
02361566	JAMP-LISINOPRIL	JPC	**FGNQSW**
02386259	LISINOPRIL	SIV	**FGNQSW**
02394499	AURO-LISINOPRIL	ARO	**FGNQSW**
02525208	LISINOPRIL	SNS	**FGNQSW**

***LISINOPRIL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02103729	ZESTORESTIC	AZE	**FNQSW**
02301768	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV	**FGNQSW**
02302136	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV	**FGNQSW**
02302365	SANDOZ LISINOPRIL/HCT	SDZ	**FGNQSW**
02362945	LISINOPRIL	SNS	**FGNQSW**

20MG & 12.5MG TABLET

02045737	ZESTORESTIC	AZE	**FNQSW**
02301776	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV	**FGNQSW**
02302144	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV	**FGNQSW**
02302373	SANDOZ LISINOPRIL/HCT	SDZ	**FGNQSW**
02362953	LISINOPRIL	SNS	**FGNQSW**

20MG & 25MG TABLET

02045729	ZESTORESTIC	AZE	**FNQSW**
02301784	TEVA-LISINOPRIL/HCTZ (TYPE Z)	TEV	**FGNQSW**
02302152	TEVA-LISINOPRIL/HCTZ (TYPE P)	TEV	**FGNQSW**
02302381	SANDOZ-LISINOPRIL/HCT	SDZ	**FGNQSW**
02362961	LISINOPRIL	SNS	**FGNQSW**

***QUINAPRIL HCL**

5MG TABLET

01947664	ACCUPRIL	PFI	**FNQSW**
02248499	APO-QUINAPRIL	APX	**FGNQSW**
02340550	PMS-QUINAPRIL	PMS	**FGNQSW**

10MG TABLET

01947672	ACCUPRIL	PFI	**FNQSW**
02248500	APO-QUINAPRIL	APX	**FGNQSW**
02340569	PMS-QUINAPRIL	PMS	**FGNQSW**

20MG TABLET

01947680	ACCUPRIL	PFI	**FNQSW**
02248501	APO-QUINAPRIL	APX	**FGNQSW**
02340577	PMS-QUINAPRIL	PMS	**FGNQSW**

40MG TABLET

01947699	ACCUPRIL	PFI	**FNQSW**
02248502	APO-QUINAPRIL	APX	**FGNQSW**
02340585	PMS-QUINAPRIL	PMS	**FGNQSW**

***QUINAPRIL HCL & HYDROCHLOROTHIAZIDE**

10MG & 12.5MG TABLET

02237367	ACCURETIC	PFI	**FNQSW**
02408767	APO-QUINAPRIL HCTZ	APX	**FGNQSW**
02473291	AURO-QUINAPRIL HCTZ	ARO	**FGNQSW**

20MG & 12.5MG TABLET

02237368	ACCURETIC	PFI	**FNQSW**
02408775	APO-QUINAPRIL HCTZ	APX	**FGNQSW**
02473305	AURO-QUINAPRIL HCTZ	ARO	**FGNQSW**

20MG & 25MG TABLET

02237369	ACCURETIC	PFI	**FNQSW**
02408783	APO-QUINAPRIL HCTZ	APX	**FGNQSW**
02473321	AURO-QUINAPRIL HCTZ	ARO	**FGNQSW**

***RAMIPRIL**

1.25MG CAPSULE

02221829	ALTACE	VAL	**FNQSW**
02251515	APO-RAMIPRIL	APX	**FGNQSW**
02308363	RAMIPRIL	SIV	**FGNQSW**
02310503	RAN-RAMIPRIL	RAN	**FGNQSW**
02331101	JAMP RAMIPRIL	JPC	**FGNQSW**
02387387	AURO-RAMIPRIL	ARO	**FGNQSW**
02420457	MAR-RAMIPRIL	MAR	**FGNQSW**
02469057	PHARMA-RAMIPRIL	PMS	**FGNQSW**

2.5MG CAPSULE

02221837	ALTACE	VAL	**FNQSW**
02247945	TEVA-RAMIPRIL	TEV	**FGNQSW**
02251531	APO-RAMIPRIL	APX	**FGNQSW**
02287927	RAMIPRIL	SIV	**FGNQSW**
02310511	RAN-RAMIPRIL	RAN	**FGNQSW**
02331128	JAMP-RAMIPRIL	JPC	**FGNQSW**
02374846	RAMIPRIL	SNS	**FGNQSW**
02387395	AURO-RAMIPRIL	ARO	**FGNQSW**
02420465	MAR-RAMIPRIL	MAR	**FNGQSW**
02421305	MINT-RAMIPRIL	MNT	**FGNQSW**
02469065	PHARMA-RAMIPRIL	PMS	**FGNQSW**
02477572	AG-RAMIPRIL	ANG	**FGNQSW**
02486172	NRA-RAMIPRIL	NRA	**FGNQSW**

5MG CAPSULE

02221845	ALTACE	VAL	**FNQSW**
02247946	TEVA-RAMIPRIL	TEV	**FGNQSW**
02251574	APO-RAMIPRIL	APX	**FGNQSW**
02287935	RAMIPRIL	SIV	**FGNQSW**
02310538	RAN-RAMIPRIL	RAN	**FGNQSW**
02331136	JAMP-RAMIPRIL	JPC	**FGNQSW**
02374854	RAMIPRIL	SNS	**FGNQSW**
02387409	AURO-RAMIPRIL	ARO	**FGNQSW**
02420473	MAR-RAMIPRIL	MAR	**FGNQSW**
02421313	MINT-RAMIPRIL	MNT	**FGNQSW**
02469073	PHARMA-RAMIPRIL	PMS	**FGNQSW**
02477580	AG-RAMIPRIL	ANG	**FGNQSW**
02486180	NRA-RAMIPRIL	NRA	**FGNQSW**

10MG CAPSULE

02221853	ALTACE	VAL	**FNQSW**
02247947	TEVA-RAMIPRIL	TEV	**FGNQSW**
02251582	APO-RAMIPRIL	APX	**FGNQSW**
02287943	RAMIPRIL	SIV	**FGNQSW**
02310546	RAN-RAMIPRIL	RAN	**FGNQSW**
02331144	JAMP-RAMIPRIL	JPC	**FGNQSW**

02374862	RAMIPRIL	SNS	**FGNQSW**
02387417	AURO-RAMIPRIL	ARO	**FGNQSW**
02420481	MAR-RAMIPRIL	MAR	**FGNQSW**
02421321	MINT-RAMIPRIL	MNT	**FGNQSW**
02469081	PHARMA-RAMIPRIL	PMS	**FGNQSW**
02477599	AG-RAMIPRIL	ANG	**FGNQSW**
02486199	NRA-RAMIPRIL	NRA	**FGNQSW**

***RAMIPRIL & HYDROCHLOROTHIAZIDE**

2.5MG & 12.5MG TABLET

02283131	ALTACE HCT	VAL	**FNQSW**
02449439	RAN-RAMIPRIL HCTZ	RAN	**FGNQSW**

5MG & 12.5MG TABLET

02283158	ALTACE HCT	VAL	**FNQSW**
02449447	RAN-RAMIPRIL HCTZ	RAN	**FGNQSW**

10MG & 12.5MG TABLET

02283166	ALTACE HCT	VAL	**FNQSW**
02342154	PMS-RAMIPRIL HCTZ	PMS	**FGNQSW**
02449455	RAN-RAMIPRIL HCTZ	RAN	**FGNQSW**

5MG & 25MG TABLET

02283174	ALTACE HCT	VAL	**FNQSW**
02449463	RAN-RAMIPRIL HCTZ	RAN	**FGNQSW**

10MG & 25MG TABLET

02283182	ALTACE HCT	VAL	**FNQSW**
02342170	PMS-RAMIPRIL-HCTZ	PMS	**FGNQSW**
02449471	RAN-RAMIPRIL HCTZ	RAN	**FGNQSW**

***TRANDOLAPRIL**

0.5MG CAPSULE

02231457	MAVIK	BGP	**FNQSW**
02325721	SANDOZ-TRANDOLAPRIL	SDZ	**FGNQSW**
02357755	PMS-TRANDOLAPRIL	PMS	**FGNQSW**
02471868	AURO-TRANDOLAPRIL	ARO	**FGNQSW**

1MG CAPSULE

02231459	MAVIK	BGP	**FNQSW**
02325748	SANDOZ-TRANDOLAPRIL	SDZ	**FGNQSW**
02357763	PMS-TRANDOLAPRIL	PMS	**FGNQSW**
02471876	AURO-TRANDOLAPRIL	ARO	**FGNQSW**

2MG CAPSULE

02231460	MAVIK	BGP	**FNQSW**

02325756	SANDOZ-TRANDOLAPRIL	SDZ	**FGNQSW**
02357771	PMS-TRANDOLAPRIL	PMS	**FGNQSW**
02471884	AURO-TRANDOLAPRIL	ARO	**FGNQSW**

4MG CAPSULE

02239267	MAVIK	BGP	**FNQSW**
02325764	SANDOZ-TRANDOLAPRIL	SDZ	**FGNQSW**
02357798	PMS-TRANDOLAPRIL	PMS	**FGNQSW**
02471892	AURO-TRANDOLAPRIL	ARO	**FGNQSW**

24:32.08 ANGIOTENSIN II RECEPTOR ANTAGONISTS

***CANDESARTAN CILEXETIL**

4MG TABLET

02239090	ATACAND	AZE	**FNQSW**
02326957	SANDOZ-CANDESARTAN	SDZ	**FGNQSW**
02365340	APO-CANDESARTAN	APX	**FGNQSW**
02379260	CANDESARTAN CILEXETIL	ACH	**FGNQSW**
02380684	RAN-CANDESARTAN	RAN	**FGNQSW**
02388901	CANDESARTAN	SNS	**FGNQSW**
02391171	PMS-CANDESARTAN	PMS	**FGNQSW**
02445786	AURO-CANDESARTAN	ARO	**FGNQSW**

8MG TABLET

02239091	ATACAND	AZE	**FNQSW**
02326965	SANDOZ-CANDESARTAN	SDZ	**FGNQSW**
02365359	APO-CANDESARTAN	APX	**FGNQSW**
02366312	TEVA-CANDESARTAN	TEV	**FGNQSW**
02379279	CANDESARTAN CILEXETIL	ACH	**FGNQSW**
02380692	RAN-CANDESARTAN	RAN	**FGNQSW**
02386518	JAMP-CANDESARTAN	JPC	**FGNQSW**
02388707	CANDESARTAN	SIV	**FGNQSW**
02388928	CANDESARTAN	SNS	**FGNQSW**
02391198	PMS-CANDESARTAN	PMS	**FGNQSW**
02445794	AURO-CANDESARTAN	ARO	**FGNQSW**
02476916	MINT-CANDESARTAN	MNT	**FGNQSW**

16MG TABLET

02239092	ATACAND	AZE	**FNQSW**
02326973	SANDOZ-CANDESARTAN	SDZ	**FGNQSW**
02365367	APO-CANDESARTAN	APX	**FGNQSW**
02366320	TEVA-CANDESARTAN	TEV	**FGNQSW**
02379287	CANDESARTAN CILEXETIL	ACH	**FGNQSW**
02380706	RAN-CANDESARTAN	RAN	**FGNQSW**

02386526	JAMP-CANDESARTAN	JPC	**FGNQSW**
02388715	CANDESARTAN	SIV	**FGNQSW**
02388936	CANDESARTAN	SNS	**FGNQSW**
02391201	PMS-CANDESARTAN	PMS	**FGNQSW**
02445808	AURO-CANDESARTAN	ARO	**FGNQSW**
02476924	MINT-CANDESARTAN	MNT	**FGNQSW**

32MG TABLET

02311658	ATACAND	AZE	**FNQSW**
02366339	TEVA-CANDESARTAN	TEV	**FGNQSW**
02379295	CANDESARTAN CILEXETIL	ACH	**FGNQSW**
02380714	RAN-CANDESARTAN	RAN	**FGNQSW**
02386534	JAMP-CANDESARTAN	JPC	**FGNQSW**
02391228	PMS-CANDESARTAN	PMS	**FGNQSW**
02399105	APO-CANDESARTAN	APX	**FGNQSW**
02417340	SANDOZ-CANDESARTAN	SDZ	**FGNQSW**
02435845	CANDESARTAN	SNS	**FGNQSW**
02445816	AURO-CANDESARTAN	ARO	**FGNQSW**

***CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE**

16MG & 12.5MG TABLET

02244021	ATACAND PLUS	AZE	**FNQSW**
02327902	SANDOZ-CANDESARTAN PLUS	SDZ	**FGNQSW**
02391295	PMS-CANDESARTAN HCTZ	PMS	**FGNQSW**
02394804	CANDESARTAN/HCTZ	SNS	**FGNQSW**
02394812	CANDESARTAN/HCTZ	SIV	**FGNQSW**
02395541	TEVA-CANDESARTAN HCTZ	TEV	**FGNQSW**
02421038	AURO-CANDESARTAN HCT	ARO	**FGNQSW**
02473240	JAMP-CANDESARTAN HCT	JPC	**FGNQSW**

32MG & 12.5MG TABLET

02332922	ATACAND PLUS	AZE	**FNQSW**
02395568	TEVA-CANDESARTAN HCTZ	TEV	**FGNQSW**
02420732	SANDOZ-CANDESARTAN HCTZ	SDZ	**FGNQSW**
02421046	AURO-CANDESARTAN HCT	ARO	**FGNQSW**
02473259	JAMP-CANDESARTAN HCT	JPC	**FGNQSW**

32MG & 25MG TABLET

02332957	ATACAND PLUS	AZE	**FNQSW**
02420740	SANDOZ-CANDESARTAN HCTZ	SDZ	**FGNQSW**
02421054	AURO-CANDESARTAN HCT	ARO	**FGNQSW**
02473267	JAMP-CANDESARTAN HCT	JPC	**FGNQSW**

***EPROSARTAN MESYLATE**

400MG TABLET

02240432	TEVETEN	BGP	**FNQSW**

600MG TABLET

02243942	TEVETEN	BGP	**FNQSW**

***EPROSARTAN & HYDROCHLOROTHIAZIDE**

600MG & 12.5MG TABLET

02253631	TEVETEN PLUS	BGP	**FNQSW**

***IRBESARTAN**

75MG TABLET

02237923	AVAPRO	AVN	**FNQSW**
02316390	TEVA-IRBESARTAN	TEV	**FGNQSW**
02317060	PMS-IRBESARTAN	PMS	**FGNQSW**
02328461	SANDOZ-IRBESARTAN	SDZ	**FGNQSW**
02372347	IRBESARTAN	SNS	**FGNQSW**
02385287	IRBESARTAN	SIV	**FGNQSW**
02406098	AURO-IRBESARTAN	ARO	**FGNQSW**
02406810	RAN-IRBESARTAN	RAN	**FGNQSW**
02418193	JAMP-IRBESARTAN	JPC	**FGNQSW**
02422980	MINT-IRBESARTAN	MNT	**FGNQSW**
02524813	M-IRBESARTAN	MRA	**FGNQSW**

150MG TABLET

02237924	AVAPRO	AVN	**FNQSW**
02316404	TEVA-IRBESARTAN	TEV	**FGNQSW**
02317079	PMS-IRBESARTAN	PMS	**FGNQSW**
02328488	SANDOZ-IRBESARTAN	SDZ	**FGNQSW**
02372371	IRBESARTAN	SNS	**FGNQSW**
02385295	IRBESARTAN	SIV	**FGNQSW**
02406101	AURO-IRBESARTAN	ARO	**FGNQSW**
02406829	RAN-IRBESARTAN	RAN	**FGNQSW**
02418207	JAMP-IRBESARTAN	JPC	**FGNQSW**
02422999	MINT-IRBESARTAN	MNT	**FGNQSW**
02524821	M-IRBESARTAN	MRA	**FGNQSW**

300MG TABLET

02237925	AVAPRO	AVN	**FNQSW**
02316412	TEVA-IRBESARTAN	TEV	**FGNQSW**
02317087	PMS-IRBESARTAN	PMS	**FGNQSW**
02328496	SANDOZ-IRBESARTAN	SDZ	**FGNQSW**
02372398	IRBESARTAN	SNS	**FGNQSW**
02385309	IRBESARTAN	SIV	**FGNQSW**
02406128	AURO-IRBESARTAN	ARO	**FGNQSW**
02406837	RAN-IRBESARTAN	RAN	**FGNQSW**
02418215	JAMP-IRBESARTAN	JPC	**FGNQSW**
02423006	MINT-IRBESARTAN	MNT	**FGNQSW**

02524848	M-IRBESARTAN	MRA	**FGNQSW**

***IRBESARTAN & HYDROCHLOROTHIAZIDE**

150MG & 12.5MG TABLET

02241818	AVALIDE	AVN	**FNQSW**
02328518	PMS-IRBESARTAN HCTZ	PMS	**FGNQSW**
02330512	RATIO-IRBESARTAN HCTZ	RPH	**FGNQSW**
02337428	SANDOZ-IRBESARTAN HCT	SDZ	**FGNQSW**
02372886	IRBESARTAN HCTZ	SNS	**FGNQSW**
02385317	IRBESARTAN HCT	SIV	**FGNQSW**
02418223	JAMP-IRBESARTAN/HCTZ	JPC	**FGNQSW**
02447878	AURO-IRBESARTAN HCT	ARO	**FGNQSW**

300MG & 12.5MG TABLET

02241819	AVALIDE	AVN	**FNQSW**
02328526	PMS-IRBESARTAN HCTZ	PMS	**FGNQSW**
02330520	RATIO-IRBESARTAN HCTZ	RPH	**FGNQSW**
02337436	SANDOZ-IRBESARTAN HCT	SDZ	**FGNQSW**
02372894	IRBESARTAN HCTZ	SNS	**FGNQSW**
02385325	IRBESARTAN HCT	SIV	**FGNQSW**
02418231	JAMP-IRBESARTAN HCTZ	JPC	**FGNQSW**
02447886	AURO-IRBESARTAN HCT	ARO	**FGNQSW**

300MG & 25MG TABLET

02328534	PMS-IRBESARTAN HCTZ	PMS	**FGNQSW**
02330539	RATIO-IRBESARTAN HCTZ	RPH	**FGNQSW**
02337444	SANDOZ-IRBESARTAN HCT	SDZ	**FGNQSW**
02372908	IRBESARTAN HCTZ	SNS	**FGNQSW**
02385333	IRBESARTAN HCT	SIV	**FGNQSW**
02418258	JAMP-IRBESRTAN HCTZ	JPC	**FGNQSW**
02447894	AURO-IRBESARTAN HCT	ARO	**FGNQSW**

***LOSARTAN POTASSIUM**

25MG TABLET

02182815	COZAAR	MSD	**FNQSW**
02313332	SANDOZ-LOSARTAN	SDZ	**FGNQSW**
02309750	PMS-LOSARTAN	PMS	**FGNQSW**
02379058	APO-LOSARTAN	APX	**FGNQSW**
02380838	TEVA-LOSARTAN	TEV	**FGNQSW**
02388790	LOSARTAN	SIV	**FGNQSW**
02388863	LOSARTAN	SNS	**FGNQSW**
02398834	JAMP-LOSARTAN	JPC	**FGNQSW**
02403323	AURO-LOSARTAN	ARO	**FGNQSW**
02404451	RAN-LOSARTAN	RAN	**FGNQSW**
02405733	MINT-LOSARTAN	MNT	**FGNQSW**
02424967	SEPTA-LOSARTAN	SPT	**FGNQSW**

50MG TABLET

02182874	COZAAR	MSD	**FNQSW**
02309769	PMS-LOSARTAN	PMS	**FGNQSW**
02313340	SANDOZ-LOSARTAN	SDZ	**FGNQSW**
02353504	APO-LOSARTAN	APX	**FGNQSW**
02357968	TEVA-LOSARTAN	TEV	**FGNQSW**
02388804	LOSARTAN	SIV	**FGNQSW**
02388871	LOSARTAN	SNS	**FGNQSW**
02398842	JAMP-LOSARTAN	JPC	**FGNQSW**
02403331	AURO-LOSARTAN	ARO	**FGNQSW**
02404478	RAN-LOSARTAN	RAN	**FGNQSW**
02405741	MINT-LOSARTAN	MNT	**FGNQSW**
02424975	SEPTA-LOSARTAN	SPT	**FGNQSW**

100MG TABLET

02182882	COZAAR	MSD	**FNQSW**
02309777	PMS-LOSARTAN	PMS	**FGNQSW**
02313359	SANDOZ-LOSARTAN	SDZ	**FGNQSW**
02353512	APO-LOSARTAN	APX	**FGNQSW**
02357976	TEVA-LOSARTAN	TEV	**FGNQSW**
02388812	LOSARTAN	SIV	**FGNQSW**
02388898	LOSARTAN	SNS	**FGNQSW**
02398850	JAMP-LOSARTAN	JPC	**FGNQSW**
02403358	AURO-LOSARTAN	ARO	**FGNQSW**
02404486	RAN-LOSARTAN	RAN	**FGNQSW**
02405768	MINT-LOSARTAN	MNT	**FGNQSW**
02424983	SEPTA-LOSARTAN	SPT	**FGNQSW**

***LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE**

50MG & 12.5MG TABLET

02230047	HYZAAR	MSD	**FNQSW**
02313375	SANDOZ-LOSARTAN HCT	SDZ	**FGNQSW**
02358263	TEVA-LOSARTAN HCTZ	TEV	**FGNQSW**
02388960	LOSARTAN HCTZ	SIV	**FGNQSW**
02389657	MINT-LOSARTAN HCTZ	MNT	**FGNQSW**
02392224	PMS-LOSARTAN HCTZ	PMS	**FGNQSW**
02408244	JAMP-LOSARTAN HCTZ	JPC	**FGNQSW**
02423642	AURO-LOSARTAN HCT	ARO	**FGNQSW**
02427648	LOSARTAN-HCTZ	SNS	**FGNQSW**

100MG & 12.5MG TABLET

02297841	HYZAAR	MSD	**FNQSW**
02362449	SANDOZ-LOSARTAN HCT	SDZ	**FGNQSW**
02377144	TEVA-LOSARTAN HCTZ	TEV	**FGNQSW**
02388979	LOSARTAN HCTZ	SIV	**FGNQSW**

02389665	MINT-LOSARTAN HCTZ	MNT	**FGNQSW**
02392232	PMS-LOSARTAN HCTZ	PMS	**FGNQSW**
02423650	AURO-LOSARTAN HCT	ARO	**FGNQSW**
02427656	LOSARTAN-HCTZ	SNS	**FGNQSW**

100MG & 25MG TABLET

02241007	HYZAAR DS	MSD	**FNQSW**
02313383	SANDOZ-LOSARTAN HCT	SDZ	**FGNQSW**
02377152	TEVA-LOSARTAN HCTZ	TEV	**FGNQSW**
02388987	LOSARTAN HCTZ	SIV	**FGNQSW**
02389673	MINT-LOSARTAN HCTZ	MNT	**FGNQSW**
02392240	PMS-LOSARTAN HCTZ	PMS	**FGNQSW**
02408252	JAMP-LOSARTAN HCTZ	JPC	**FGNQSW**
02423669	AURO-LOSARTAN HCT	ARO	**FGNQSW**
02427664	LOSARTAN-HCTZ	SNS	**FGNQSW**

***OLMESARTAN**

20MG TABLET

02318660	OLMETEC	MSD	**FNQSW**
02442191	ACT-OLMESARTAN	ATV	**FGNQSW**
02443414	SANDOZ-OLMESARTAN	SDZ	**FGNQSW**
02443864	AURO-OLMESARTAN	ARO	**FGNQSW**
02453452	APO-OLMESARTAN	APX	**FGNQSW**
02456311	ACH-OLMESARTAN	ACH	**FGNQSW**
02461307	PMS-OLMESARTAN	PMS	**FGNQSW**
02461641	JAMP-OLMESARTAN	JPC	**FGNQSW**
02469812	GLN-OLMESARTAN	GLM	**FGNQSW**
02481057	OLMESARTAN	SNS	**FGNQSW**
02499258	NRA-OLMESARTAN	NRA	**FGNQSW**

40MG TABLET

02318679	OLMETEC	MSD	**FNQSW**
02442205	ACT-OLMESARTAN	ATV	**FGNQSW**
02443422	SANDOZ-OLMESARTAN	SDZ	**FGNQSW**
02443872	AURO-OLMESARTAN	ARO	**FGNQSW**
02453460	APO-OLMESARTAN	APX	**FGNQSW**
02456338	ACH-OLMESARTAN	ACH	**FGNQSW**
02461315	PMS-OLMESARTAN	PMS	**FGNQSW**
02461668	JAMP-OLMESARTAN	JPC	**FGNQSW**
02469820	GLN-OLMESARTAN	GLM	**FGNQSW**
02481065	OLMESARTAN	SNS	**FGNQSW**
02499266	NRA-OLMESARTAN	NRA	**FGNQSW**

***OLMESARTAN & HYDROCHLOROTHIAZIDE**

20MG & 12.5MG TABLET

02319616	OLMETEC PLUS	MSD	**FNQSW**

02443112	ACT-OLMESARTAN/HCTZ	TEV	**FGNQSW**
02453606	APO-OLMESARTAN/HCTZ	APX	**FGNQSW**
02468948	ACH-OLMESARTAN/HCTZ	ACH	**FGNQSW**
02476487	AURO-OLMESARTAN HCTZ	ARO	**FGNQSW**
02508273	NRA-OLMESARTAN/HCTZ	NRA	**FGNQSW**
02509601	OLMESARTAN-HCTZ	SNS	**FGNQSW**

40MG & 12.5MG TABLET

02319624	OLMETEC PLUS	MSD	**FNQSW**
02443120	ACT-OLMESARTAN/HCTZ	TEV	**FGNQSW**
02453614	APO-OLMESARTAN/HCTZ	APX	**FGNQSW**
02468956	ACH-OLMESARTAN/HCTZ	ACH	**FGNQSW**
02476495	AURO-OLMESARTAN HCTZ	ARO	**FGNQSW**
02508281	NRA-OLMESARTAN/HCTZ	NRA	**FGNQSW**
02509636	OLMESARTAN-HCTZ	SNS	**FGNQSW**

40MG & 25MG TABLET

02319632	OLMETEC PLUS	MSD	**FNQSW**
02443139	ACT-OLMESARTAN/HCTZ	TEV	**FGNQSW**
02453622	APO-OLMESARTAN/HCTZ	APX	**FGNQSW**
02468964	ACH-OLMESARTAN/HCTZ	ACH	**FGNQSW**
02476509	AURO-OLMESARTAN HCTZ	ARO	**FGNQSW**
02508303	NRA-OLMESARTAN/HCTZ	NRA	**FGNQSW**
02509628	OLMESARTAN-HCTZ	SNS	**FGNQSW**

SACUBITRIL & VALSARTAN

SEE APPENDIX A FOR SA CRITERIA

24MG & 26MG TABLET

02446928	ENTRESTO (SA)	NVR	**FNQSW**

49MG & 51MG TABLET

02446936	ENTRESTO (SA)	NVR	**FNQSW**

97MG & 103MG TABLET

02446944	ENTRESTO (SA)	NVR	**FNQSW**

***TELMISARTAN**

40MG TABLET

02240769	MICARDIS	BOE	**FNQSW**
02320177	TEVA-TELMISARTAN	TEV	**FGNQSW**
02375958	SANDOZ-TELMISARTAN	SDZ	**FGNQSW**
02386755	JAMP-TELMISARTAN	JPC	**FGNQSW**
02388944	TELMISARTAN	SNS	**FGNQSW**
02390345	TELMISARTAN	SIV	**FGNQSW**
02407485	TELMISARTAN	ACH	**FGNQSW**
02453568	AURO-TELMISARTAN	ARO	**FGNQSW**

02486369	MINT-TELMISARTAN	MNT	**FGNQSW**
02499622	PMS-TELMISARTAN	PMS	**FGNQSW**
02503794	NRA-TELMISARTAN	NRA	**FGNQSW**

80MG TABLET

02240770	MICARDIS	BOE	**FNQSW**
02320185	TEVA-TELMISARTAN	TEV	**FGNQSW**
02375966	SANDOZ-TELMISARTAN	SDZ	**FGNQSW**
02386763	JAMP-TELMISARTAN	JPC	**FGNQSW**
02388952	TELMISARTAN	SNS	**FGNQSW**
02390353	TELMISARTAN	SIV	**FGNQSW**
02407493	TELMISARTAN	ACH	**FGNQSW**
02453576	AURO-TELMISARTAN	ARO	**FGNQSW**
02486377	MINT-TELMISARTAN	MNT	**FGNQSW**
02499630	PMS-TELMISARTAN	PMS	**FGNQSW**
02503808	NRA-TELMISARTAN	NRA	**FGNQSW**

***TELMISARTAN & AMLODIPINE**

40/5MG TABLET

02371022	TWYNSTA	BOE	**FNQSW**

40/10MG TABLET

02371030	TWYNSTA	BOE	**FNQSW**

80/5MG TABLET

02371049	TWYNSTA	BOE	**FNQSW**

80/10MG TABLET

02371057	TWYNSTA	BOE	**FNQSW**

***TELMISARTAN & HYDROCHLOROTHIAZIDE**

80MG & 12.5MG TABLET

02244344	MICARDIS PLUS	BOE	**FNQSW**
02330288	TEVA-TELMISARTAN HCTZ	TEV	**FGNQSW**
02389940	JAMP-TELMISARTAN HCT	JPC	**FGNQSW**
02390302	TELMISARTAN-HCTZ	SIV	**FGNQSW**
02393557	SANDOZ-TELMISARTAN HCT	SDZ	**FGNQSW**
02395355	TELMISARTAN HCTZ	SNS	**FGNQSW**
02419114	ACH-TELMISARTAN HCTZ	ACH	**FGNQSW**
02456389	AURO-TELMISARTAN HCTZ	ARO	**FGNQSW**
02504146	NRA-TELMISARTAN HCTZ	NRA	**FGNQSW**

80MG & 25 MG TABLET

02318709	MICARDIS PLUS	BOE	**FNQSW**
02379252	TEVA-TELMISARTAN HCTZ	TEV	**FGNQSW**
02389959	JAMP-TELMISARTAN HCT	JPC	**FGNQSW**

02390310	TELMISARTAN-HCTZ	SIV	**FGNQSW**
02393565	SANDOZ-TELMISARTAN HCT	SDZ	**FGNQSW**
02395363	TELMISARTAN HCTZ	SNS	**FGNQSW**
02419122	ACH-TELMISARTAN HCTZ	ACH	**FGNQSW**
02456397	AURO-TELMISARTAN HCTZ	ARO	**FGNQSW**
02504138	NRA-TELMISARTAN HCTZ	NRA	**FGNQSW**

***VALSARTAN**

40MG TABLET

02270528	DIOVAN	NVR	**FNQSW**
02356740	SANDOZ-VALSARTAN	SDZ	**FGNQSW**
02356643	TEVA-VALSARTAN	TEV	**FGNQSW**
02363062	TARO-VALSARTAN	SUN	**FGNQSW**
02366940	VALSARTAN	SNS	**FGNQSW**
02384523	VALSARTAN	SIV	**FGNQSW**
02414201	AURO-VALSARTAN	ARO	**FGNQSW**
02524511	M-VALSARTAN	MRA	**FGNQSW**

80MG TABLET

02244781	DIOVAN	NVR	**FNQSW**
02356759	SANDOZ-VALSARTAN	SDZ	**FGNQSW**
02356651	TEVA-VALSARTAN	TEV	**FGNQSW**
02363100	TARO-VALSARTAN	SUN	**FGNQSW**
02366959	VALSARTAN	SNS	**FGNQSW**
02384531	VALSARTAN	SIV	**FGNQSW**
02414228	AURO-VALSARTAN	ARO	**FGNQSW**
02524538	M-VALSARTAN	MRA	**FGNQSW**

160MG TABLET

02244782	DIOVAN	NVR	**FNQSW**
02356767	SANDOZ-VALSARTAN	SDZ	**FGNQSW**
02356678	TEVA-VALSARTAN	TEV	**FGNQSW**
02363119	TARO-VALSARTAN	SUN	**FGNQSW**
02366967	VALSARTAN	SNS	**FGNQSW**
02384558	VALSARTAN	SIV	**FGNQSW**
02414236	AURO-VALSARTAN	ARO	**FGNQSW**
02524546	M-VALSARTAN	MRA	**FGNQSW**

320MG TABLET

02289504	DIOVAN	NVR	**FNQSW**
02356775	SANDOZ-VALSARTAN	SDZ	**FGNQSW**
02356686	TEVA-VALSARTAN	TEV	**FGNQSW**
02366975	VALSARTAN	SNS	**FGNQSW**
02384566	VALSARTAN	SIV	**FGNQSW**
02414244	AURO-VALSARTAN	ARO	**FGNQSW**

***VALSARTAN & HYDROCHLORTHIAZIDE**

80MG & 12.5MG TABLET

02241900	DIOVAN-HCT	NVR	**FNQSW**
02356694	SANDOZ-VALSARTAN HCT	SDZ	**FGNQSW**
02356996	TEVA-VALSARTAN HCTZ	TEV	**FGNQSW**
02367009	VALSARTAN HCTZ	SNS	**FGNQSW**
02384736	VALSARTAN HCT	SIV	**FGNQSW**
02408112	AURO-VALSARTAN HCT	ARO	**FGNQSW**

160MG & 12.5MG TABLET

02241901	DIOVAN-HCT	NVR	**FNQSW**
02356708	SANDOZ-VALSARTAN HCT	SDZ	**FGNQSW**
02357003	TEVA-VALSARTAN HCTZ	TEV	**FGNQSW**
02367017	VALSARTAN HCTZ	SNS	**FGNQSW**
02384744	VALSARTAN HCT	SIV	**FGNQSW**
02408120	AURO-VALSARTAN HCT	ARO	**FGNQSW**

160MG & 25MG TABLET

02246955	DIOVAN-HCT	NVR	**FNQSW**
02356716	SANDOZ-VALSARTAN HCT	SDZ	**FGNQSW**
02357011	TEVA-VALSARTAN HCTZ	TEV	**FGNQSW**
02367025	VALSARTAN HCTZ	SNS	**FGNQSW**
02384752	VALSARTAN HCT	SIV	**FGNQSW**
02408139	AURO-VALSARTAN HCT	ARO	**FGNQSW**

320MG & 12.5MG TABLET

02308908	DIOVAN-HCT	NVR	**FNQSW**
02356724	SANDOZ-VALSARTAN HCT	SDZ	**FGNQSW**
02357038	TEVA-VALSARTAN HCTZ	TEV	**FGNQSW**
02367033	VALSARTAN HCTZ	SNS	**FGNQSW**
02384760	VALSARTAN HCT	SIV	**FGNQSW**
02408147	AURO-VALSARTAN HCT	ARO	**FGNQSW**

320MG & 25MG TABLET

02308916	DIOVAN-HCT	NVR	**FNQSW**
02356732	SANDOZ-VALSARTAN HCT	SDZ	**FGNQSW**
02357046	TEVA-VALSARTAN HCTZ	TEV	**FGNQSW**
02367041	VALSARTAN HCTZ	SNS	**FGNQSW**
02408155	AURO-VALSARTAN HCT	ARO	**FGNQSW**

28:08.04 NONSTEROIDAL ANTI INFLAMMATORY AGENTS

***ACETYLSALICYLIC ACID**

325MG TABLET

00999963	ASA (DIN for billing purposes only)		**NW**

81MG ENTERIC COATED TABLET

00999971	ASA (DIN for billing purposes only)		**NW**

***CELECOXIB**

100MG CAPSULE

02239941	CELEBREX	UJC	**FNQSW**
02355442	PMS-CELECOXIB	PMS	**FGNQSW**
02412373	RAN-CELECOXIB	RAN	**FGNQSW**
02412497	MINT-CELECOXIB	MNT	**FGNQSW**
02418932	APO-CELECOXIB	APX	**FGNQSW**
02420058	MAR-CELECOXIB	MAR	**FGNQSW**
02420155	ACT-CELECOXIB	ATV	**FGNQSW**
02424533	JAMP-CELECOXIB	JPC	**FGNQSW**
02429675	CELECOXIB	SIV	**FGNQSW**
02436299	CELECOXIB	SNS	**FGNQSW**
02437570	AG-CELECOXIB	ANG	**FGNQSW**
02445670	AURO-CELECOXIB	ARO	**FGNQSW**
02479737	NRA-CELECOXIB	NRA	**FGNQSW**
02495465	M-CELECOXIB	MRA	**FGNQSW**
02517116	PMSC-CELECOXIB	PMS	**FGNQSW**

200MG CAPSULE

02239942	CELEBREX	UJC	**FNQSW**
02355450	PMS-CELECOXIB	PMS	**FGNQSW**
02412381	RAN-CELECOXIB	RAN	**FGNQSW**
02412500	MINT-CELECOXIB	MNT	**FGNQSW**
02418940	APO-CELECOXIB	APO	**FGNQSW**
02420066	MAR-CELECOXIB	MAR	**FGNQSW**
02420163	ACT-CELECOXIB	ATV	**FGNQSW**
02424541	JAMP-CELECOXIB	JPC	**FGNQSW**
02429683	CELECOXIB	SIV	**FGNQSW**
02436302	CELECOXIB	SNS	**FGNQSW**
02437589	AG-CELECOXIB	ANG	**FGNQSW**
02445689	AURO-CELECOXIB	ARO	**FGNQSW**
02479745	NRA-CELECOXIB	NRA	**FGNQSW**
02495473	M-CELECOXIB	MRA	**FGNQSW**
02517124	PMSC-CELECOXIB	PMS	**FGNQSW**

***DICLOFENAC SODIUM**

25MG ENTERIC COATED TABLET

00808539	TEVA-DICLOFENAC EC	TEV	**FGNQSW**
00839175	APO-DICLO	APX	**FGNQSW**
02302616	PMS-DICLOFENAC	PMS	**FGNQSW**

50MG ENTERIC COATED TABLET

00808547	TEVA DIFENAC	TEV	**FGNQSW**
00839183	APO-DICLO	APX	**FGNQSW**
02302624	PMS-DICLOFENAC	PMS	**FGNQSW**
02352397	DICLOFENAC EC	SNS	**FGNQSW**

75MG SUSTAINED RELEASE TABLET

02158582	TEVA DIFENAC SR	TEV	**FGNQSW**
02162814	APO-DICLO SR	APX	**FGNQSW**
02261901	SANDOZ-DICLOFENAC	SDZ	**FGNQSW**

100MG SUSTAINED RELEASE TABLET

02091194	APO-DICLO SR	APX	**FGNQSW**
02261944	SANDOZ-DICLOFENAC	SDZ	**FGNQSW**

50MG SUPPOSITORY

00632724	VOLTAREN	NVR	**FNQSW**
02261928	SANDOZ-DICLOFENAC	SDZ	**FGNQSW**

DICLOFENAC & MISOPROSTOL

50MG/200MG TABLET

01917056	ARTHROTEC	PFI	**FNQSW**
02341689	GD-DICLOFENAC/MISOPROSTOL	GMD	**FGNQSW**
02413469	PMS-DICLOFENAC/MISOPROSTOL	PMS	**FGNQSW**

75MG/200MG TABLET

02229837	ARTHROTEC	PFI	**FNQSW**
02341697	GD-DICLOFENAC/MISOPROSTOL	GMD	**FGNQSW**
02413477	PMS-DICLOFENAC/MISOPROSTOL	PMS	**FGNQSW**

***FLURBIPROFEN**

50MG TABLET

01912046	FLURBIPROFEN	AAA	**FGNQSW**

100MG TABLET

01912038	FLURBIPROFEN	AAA	**FGNQSW**

***IBUPROFEN**

300MG TABLET

00999986	IBUPROFEN (DIN for billing purposes only)		**NW**

400MG TABLET

00999987	IBUPROFEN (DIN for billing purposes only)		**NW**

600MG TABLET

00585114	APO-IBUPROFEN	APX	**FNQSW**
00629359	TEVA-PROFEN	TEV	**FNQSW**

***INDOMETHACIN**

25MG CAPSULE

00337420	TEVA-METHACIN	TEV	**FGNQSW**
02461811	MINT-INDOMETHACIN	MNT	**FGNQSW**

50MG CAPSULE

00337439	TEVA-METHACIN	TEV	**FGNQSW**
02461536	MINT-INDOMETHACIN	MNT	**FGNQSW**
02499223	AURO-INDOMETHACIN	ARO	**FGNQSW**

50MG RECTAL SUPPOSITORY

02231799	SANDOZ-INDOMETHACIN	SDZ	**FGNQSW**

100MG RECTAL SUPPOSITORY

02231800	SANDOZ-INDOMETHACIN	SDZ	**FGNQSW**

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

***KETOPROFEN**

50MG CAPSULE

00790427	KETOPROFEN	AAA	**FGNQSW**

50MG ENTERIC COATED TABLET

00790435	KETOPROFEN-E	AAA	**FGNQSW**

100MG ENTERIC COATED TABLET

00842664	KETOPROFEN-E	AAA	**FGNQSW**

***MEFENAMIC ACID**

250MG CAPSULE

00155225	PONSTAN	AAA	**FQW**

***MELOXICAM**

7.5MG TABLET

02248267	PMS-MELOXICAM	PMS	**FGNQSW**
02248973	APO-MELOXICAM	APX	**FGNQSW**
02258315	TEVA-MELOXICAM	TEV	**FGNQSW**
02353148	MELOXICAM	SNS	**FGNQSW**
02390884	AURO-MELOXICAM	ARO	**FGNQSW**

15MG TABLET

02248268	PMS-MELOXICAM	PMS	**FGNQSW**
02248974	APO-MELOXICAM	APX	**FGNQSW**
02258323	TEVA-MELOXICAM	TEV	**FGNQSW**

02353156	MELOXICAM	SNS	**FGNQSW**
02390892	AURO-MELOXICAM	ARO	**FGNQSW**
500MG TABLET			
02238639	NABUMETONE	AAA	**FGNQSW**

***NAPROXEN**

125MG TABLET			
00522678	APO-NAPROXEN	APX	**FGNQSW**
250MG TABLET			
00522651	APO-NAPROXEN	APX	**FGNQSW**
00565350	TEVA-NAPROX	TEV	**FGNQSW**
02350750	NAPROXEN	SNS	**FGNQSW**
375MG TABLET			
00600806	APO-NAPROXEN	APX	**FGNQSW**
00627097	TEVA NAPROX	TEV	**FGNQSW**
02350769	NAPROXEN	SNS	**FGNQSW**
500MG TABLET			
00589861	TEVA-NAPROX	TEV	**FGNQSW**
00592277	APO-NAPROXEN	APX	**FGNQSW**
02350777	NAPROXEN	SNS	**FGNQSW**
250MG ENTERIC COATED TABLET			
02243312	TEVA-NAPROXEN EC	TEV	**FGNQSW**
02350785	NAPROXEN EC	SNS	**FGNQSW**
375MG ENTERIC COATED TABLET			
02162415	NAPROSYN-E	MTP	**FNQSW**
02243313	TEVA-NAPROXEN EC	TEV	**FGNQSW**
02246700	APO-NAPROXEN EC	APX	**FGNQSW**
02350793	NAPROXEN EC	SNS	**FGNQSW**
500MG ENTERIC COATED TABLET			
02162423	NAPROSYN-E	MTP	**FNQSW**
02243314	TEVA-NAPROXEN EC	TEV	**FGNQSW**
02246701	APO-NAPROXEN EC	APX	**FGNQSW**
02350807	NAPROXEN EC	SNS	**FGNQSW**
750MG SUSTAINED RELEASE TABLET			
02162466	NAPROSYN SR	MTP	**FNQSW**
500MG RECTAL SUPPOSITORY			
02017237	PMS-NAPROXEN	PMS	**FGNQSW**

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

***PIROXICAM**

10MG CAPSULE

00695718	TEVA-PIROXICAM	TEV	**FGNQSW**

20MG CAPSULE

00695696	TEVA-PIROXICAM	TEV	**FGNQSW**

***SULINDAC**

150MG TABLET

00745588	TEVA-SULINDAC	TEV	**FGNQSW**

200MG TABLET

00745596	TEVA-SULINDAC	TEV	**FGNQSW**

***TIAPROFENIC ACID**

200MG TABLET

02179679	TEVA-TIAPROFENIC ACID	TEV	**FGNQSW**

300MG TABLET

02179687	TEVA-TIAPROFENIC ACID	TEV	**FGNQSW**

28:08.08 OPIATE AGONISTS (NARCOTIC ANALGESICS)

ACETAMINOPHEN & CODEINE

300MG & 60MG TABLET

00621463	TEVA-LENOLTEC NO.4	TEV	**FNQSW**

ACETAMINOPHEN COMPOUND WITH CODEINE

15MG CODEINE TABLET

00653241	TEVA-LENOLTEC NO.2	TEV	**FNQSW**

30MG CODEINE TABLET

00653276	TEVA-LENOLTEC NO.3	TEV	**FNQSW**

CODEINE

15MG TABLET

00593435	TEVA-CODEINE	TEV	**FNQSW**

30MG TABLET

00593451	TEVA-CODEINE	TEV	**FNQSW**

SEE APPENDIX A FOR SA CRITERIA

50MG CONTROLLED RELEASE TABLET

02230302	CODEINE CONTIN (SA)	PFR	**FNQSW**

100MG CONTROLLED RELEASE TABLET

02163748	CODEINE CONTIN (SA)	PFR	**FNQSW**

150MG CONTROLLED RELEASE TABLET

02163780	CODEINE CONTIN (SA)	PFR	**FNQSW**

200MG CONTROLLED RELEASE TABLET

02163799	CODEINE CONTIN (SA)	PFR	**FNQSW**

FENTANYL

SEE APPENDIX A FOR SA CRITERIA

12MCG/HR TRANSDERMAL PATCH

02311925	TEVA-FENTANYL (SA)	TEV	**FNQSW**
02327112	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**
02341379	PMS-FENTANYL MTX (SA)	PMS	**FNQSW**

25MCG/HR TRANSDERMAL PATCH

02282941	TEVA-FENTANYL (SA)	TEV	**FNQSW**
02327120	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**
02341387	PMS- FENTANYL MTX (SA)	PMS	**FNQSW**

37MCG/HR TRANSDERMAL PATCH

02327139	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**

50MCG/HR TRANSDERMAL PATCH

02282968	TEVA-FENTANYL (SA)	TEV	**FNQSW**
02327147	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**
02341395	PMS- FENTANYL MTX (SA)	PMS	**FNQSW**

75MCG/HR TRANSDERMAL PATCH

02282976	TEVA-FENTANYL (SA)	TEV	**FNQSW**
02327155	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**
02341409	PMS- FENTANYL MTX (SA)	PMS	**FNQSW**

100MCG/HR TRANSDERMAL PATCH

02282984	TEVA-FENTANYL (SA)	TEV	**FNQSW**
02327163	SANDOZ-FENTANYL (SA)	SDZ	**FNQSW**
02341417	PMS- FENTANYL MTX (SA)	PMS	**FNQSW**

HYDROMORPHONE HCL

1MG TABLET

00705438	DILAUDID	PFR	**FNQSW**
00885444	PMS-HYDROMORPHONE	PMS	**FNQSW**
02364115	APO-HYDROMORPHONE	APX	**FNQSW**

2MG TABLET

00125083	DILAUDID	PFR	**FNQSW**
00885436	PMS-HYDROMORPHONE	PMS	**FNQSW**
02364123	APO-HYDROMORPHONE	APX	**FNQSW**

4MG TABLET

00125121	DILAUDID	PFR	**FNQSW**
00885401	PMS-HYDROMORPHONE	PMS	**FNQSW**
02364131	APO-HYDROMORPHONE	APX	**FNQSW**

8MG TABLET

00786543	DILAUDID	PFR	**FNQSW**
00885428	PMS-HYDROMORPHONE	PMS	**FNQSW**
02364158	APO-HYDROMORPHONE	APX	**FNQSW**

SEE APPENDIX A FOR SA CRITERIA

3MG CONTROLLED-RELEASE CAPSULE

02125323	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

4.5MG CONTROLLED-RELEASE CAPSULE

02359502	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

6MG CONTROLLED-RELEASE CAPSULE

02125331	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

9MG CONTROLLED-RELEASE CAPSULE

02359510	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

12MG CONTROLLED-RELEASE CAPSULE

02125366	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

18MG CONTROLLED-RELEASE CAPSULE

02243562	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

24MG CONTROLLED-RELEASE CAPSULE

02125382	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

30MG CONTROLLED-RELEASE CAPSULE

02125390	HYDROMORPH CONTIN (SA)	PFR	**FNQSW**

1MG/ML ORAL LIQUID

01916386	PMS-HYDROMORPHONE	PMS	**FNQSW**

3MG SUPPOSITORY

01916394	PMS-HYDROMORPHONE	PMS	**FNQSW**

2MG/ML INJECTION SOLUTION (1ML)

02145901	HYDROMORPHONE	SDZ	**NQ**

SEE APPENDIX A FOR SA CRITERIA. **NOTE**: SA NOT REQUIRED FOR NURSING HOME PROGRAM.

10MG/ML INJECTION SOLUTION (1ML, 5ML, AND 50ML)

02145928	HYDROMORPHONE (SA)	SDZ	**FNQSW**

20MG/ML INJECTION

02145936	HYDROMORPHONE (SA)	SDZ	**FNQSW**

50MG/ML INJECTION SOLUTION (50ML)

02146126	HYDROMORPHONE HP (SA)	SDZ	**FNQSW**

METHADONE

SEE APPENDIX A FOR SA CRITERIA

1MG TABLET

02247698	METADOL (SA)	PAL	**FNQSW**

5MG TABLET

02247699	METADOL (SA)	PAL	**FNQSW**

10MG TABLET

02247700	METADOL (SA)	PAL	**FNQSW**

25MG TABLET

02247701	METADOL (SA)	PAL	**FNQSW**

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

METHADONE SOLUTION

10MG/ML

02244290	METADOL-D	PAL	**FLNQSW**

MORPHINE

1MG/ML ORAL SYRUP

00614491	DOLORAL 1	ATL	**FNQSW**

5MG TABLET

00594652	STATEX	PAL	**FNQSW**
02014203	MSIR	PFR	**FNQSW**

10MG TABLET

00594644	STATEX	PAL	**FNQSW**
02014211	MSIR	PFR	**FNQSW**

20MG TABLET

02014238	MSIR	PFR	**FNQSW**

25MG TABLET

00594636	STATEX	PAL	**FNQSW**

30MG TABLET

02014254	MSIR	PFR	**FNQSW**

50MG TABLET

00675962	STATEX	PAL	**FNQSW**

10MG EXTENDED RELEASE CAPSULE

02019930	M-ESLON	ETH	**FNQSW**

15MG EXTENDED RELEASE CAPSULE

02177749	M-ESLON	ETH	**FNQSW**

30MG EXTENDED RELEASE CAPSULE

02019949	M-ESLON	ETH	**FNQSW**

60MG EXTENDED RELEASE CAPSULE

02019957	M-ESLON	ETH	**FNQSW**

100MG EXTENDED RELEASE CAPSULE

02019965	M-ESLON	ETH	**FNQSW**

200MG EXTENDED RELEASE CAPSULE

02177757	M-ESLON	ETH	**FNQSW**

15MG SUSTAINED RELEASE TABLET

02015439	MS CONTIN	PFR	**FNQSW**
02244790	SANDOZ-MORPHINE SR	SDZ	**FNQSW**
02302764	TEVA-MORPHINE SR	TEV	**FNQSW**

30MG SUSTAINED RELEASE TABLET

02014297	MS CONTIN	PFR	**FNQSW**
02244791	SANDOZ-MORPHINE SR	SDZ	**FNQSW**
02302772	TEVA-MORPHINE SR	TEV	**FNQSW**

60MG SUSTAINED RELEASE TABLET

02014300	MS CONTIN	PFR	**FNQSW**
02244792	SANDOZ-MORPHINE SR	SDZ	**FNQSW**
02302780	TEVA-MORPHINE SR	TEV	**FNQSW**

100MG SUSTAINED RELEASE TABLET

02014319	MS CONTIN	PFR	**FNQSW**
02302799	TEVA-MORPHINE SR	TEV	**FNQSW**
02478889	SANDOZ-MORPHINE SR	SDZ	**FNQSW**

200MG SUSTAINED RELEASE TABLET

02014327	MS CONTIN	PFR	**FNQSW**
02302802	TEVA-MORPHINE SR	TEV	**FNQSW**
02478897	SANDOZ-MORPHINE SR	SDZ	**FNQSW**

10MG/ML INJECTION SOLUTION (1ML)

00392588	MORPHINE SULFATE	SDZ	**NQ**

15MG/ML INJECTION SOLUTION (1ML)

00392561	MORPHINE SULFATE	SDZ	**NQ**

SEE APPENDIX A FOR SA CRITERIA

50MG/ML INJECTION SOLUTION(5ML AND 10ML)

00617288	MORPHINE SULFATE (SA)	SDZ	**NQ**

OXYCODONE

5MG TABLET

00789739	SUPEUDOL	SDZ	**FNQSW**
02231934	OXY-IR	PFR	**FNQSW**
02319977	PMS-OXYCODONE	PMS	**FNQSW**

10MG TABLET

00443948	SUPEUDOL	SDZ	**FNQSW**
02240131	OXY-IR	PFR	**FNQSW**
02319985	PMS-OXYCODONE	PMS	**FNQSW**

20MG TABLET

02240132	OXY-IR	PFR	**FNQSW**
02262983	SUPEUDOL	SDZ	**FNQSW**
02319993	PMS-OXYCODONE	PMS	**FNQSW**

OXYCODONE HCL & ACETAMINOPHEN

5MG & 325MG TABLET

00608165	TEVA-OXYCOCET	TEV	**FNQSW**
02307898	SANDOZ-OXYCODONE ACET	SDZ	**FNQSW**
02324628	APO-OXYCODONE/ACET	APX	**FNQSW**

OXYCODONE HCL & ACETYLSALICYLIC ACID

5MG & 325MG TAB

00608157	RATIO-OXYCODAN	RPH	**FQSW**

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE

SEE APPENDIX A FOR SA CRITERIA

80MG SUBDERMAL IMPLANT

02474921	PROBUPHINE (SA)	KNI	**FLNQSW**

100MG/0.5ML SYRINGE

02483084	SUBLOCADE	ICL	**FLNQSW**

300MG/1.5ML SYRINGE

02483092	SUBLOCADE	ICL	**FLNQSW**

BUPRENORPHINE & NALOXONE

2MG/0.5MG TABLET

02295695	SUBOXONE	ICL	**FLNQSW**
02424851	PMS-BUPRENORPHINE/NALOXONE	PMS	**FLNQSW**
02453908	ACT-BUPRENORPHINE/NALOXONE	ATV	**FLNQSW**

8MG/2MG TABLET

02295709	SUBOXONE	ICL	**FLNQSW**
02424878	PMS-BUPRENORPHINE/NALOXONE	PMS	**FLNQSW**
02453916	ACT-BUPRENORPHINE/NALOXONE	ATV	**FLNQSW**

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

32MG/ML ELIXIR

00999929	ACETAMINOPHEN	**NW**

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

80MG/ML DROPS

00999719	ACETAMINOPHEN	**W**

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

*325MG TABLET

00999939	ACETAMINOPHEN	**NW**

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

*500MG TABLET

00999949	ACETAMINOPHEN		**NW**

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

120MG RECTAL SUPPOSITORY

02230434	ACET-120	PEN	**W**

325MG RECTAL SUPPOSITORY

02230436	ACET-325	PEN	**NW**

650MG RECTAL SUPPOSITORY

02230437	ACET-650	PEN	**NW**

28:10:00 OPIATE ANTAGONISTS

NALOXONE HCL

0.4MG/ML INJECTION SOLUTION

02148706	NALOXONE	SDZ	**NQ**

NALTREXONE HCL

SEE APPENDIX A FOR SA CRITERIA (FOR SUBSTANCE USE HARM REDUCTION DRUG PROGRAM, NO SA IS REQUIRED)

50MG TABLET

02213826	REVIA (SA)	TEV	**FLNQSW**
02444275	APO-NALTREXONE (SA)	APX	**FGLNQSW**
02451883	NALTREXONE (SA)	JPC	**FGLNQSW**

28:12.04 ANTICONVULSANTS (BARBITURATES)

***PHENOBARBITAL**

15MG TABLET

00178799	PHENOBARB	PEN	**FNQSW**

30MG TABLET

00178802	PHENOBARB	PEN	**FNQSW**

60MG TABLET

00178810	PHENOBARB	PEN	**FNQSW**

100MG TABLET

00178829	PHENOBARB	PEN	**FNQSW**

5MG/ML ELIXIR

00645575	PHENOBARB	PEN	**FNQSW**

***PRIMIDONE**

125MG TABLET

00399310	PRIMIDONE	AAA	**FGQW**

250MG TABLET

00396761	PRIMIDONE	AAA	**FGNQSW**

28:12.08 ANTICONVULSANTS (BENZODIAZEPINES)

***CLONAZEPAM**

0.5MG TABLET

00382825	RIVOTRIL	CAG	**FNQSW**
02048701	PMS-CLONAZEPAM	PMS	**FNQSW**
02177889	APO-CLONAZEPAM	APX	**FNQSW**
02207818	PMS-CLONAZEPAM-R	PMS	**FNQSW**

1MG TABLET

02048728	PMS-CLONAZEPAM	PMS	**FNQSW**

2MG TABLET

00382841	RIVOTRIL	CAG	**FNQSW**
02048736	PMS-CLONAZEPAM	PMS	**FNQSW**
02177897	APO-CLONAZEPAM	APX	**FNQSW**

LORAZEPAM

4MG/ML INJECTION SOLUTION

02243278	LORAZEPAM	SDZ	**NQ**

28:12.12 ANTICONVULSANTS (HYDANTOINS)

***PHENYTOIN**

50MG TABLET

00023698	DILANTIN	UJC	**FGNQSW**

30MG CAPSULE

00022772	DILANTIN	UJC	**FGNQSW**

100MG CAPSULE

00022780	DILANTIN	UJC	**FGNQSW**
02460912	PHENYTOIN SODIUM	AAA	**FGNQSW**

25MG/ML ORAL SUSPENSION

00023450	DILANTIN	UJC	**FGNQSW**
02250896	TARO-PHENYTOIN	TAR	**FGNQSW**

50MG/ML INJECTION SOLUTION

00780626	PHENYTOIN SODIUM	SDZ	**NQ**

28:12.20 ANTICONVULSANTS (SUCCINIMIDES)

***ETHOSUXIMIDE**

50MG/ML SYRUP

00023485	ZARONTIN	ERF	**FNQSW**

250MG CAPSULE

00022799	ZARONTIN	ERF	**FNQSW**

28:12.92 ANTICONVULSANTS (MISCELLANEOUS)

BRIVARACETAM

SEE APPENDIX A FOR SA CRITERIA

10MG TABLET

02452936	BRIVLERA (SA)	UCB	**FNQSW**

25MG TABLET

02452944	BRIVLERA (SA)	UCB	**FNQSW**

50MG TABLET

02452952	BRIVLERA (SA)	UCB	**FNQSW**

75MG TABLET

02452960	BRIVLERA (SA)	UCB	**FNQSW**

100MG TABLET

02452979	BRIVLERA (SA)	UCB	**FNQSW**

***CARBAMAZEPINE**

100MG CHEWABLE TABLET

02244403	TARO-CARBAMAZEPINE	TAR	**FGQW**

200MG CHEWABLE TABLET

02244404	TARO-CARBAMAZEPINE	TAR	**FGQW**

200MG TABLET

00010405	TEGRETOL	NVR	**FNQSW**
00782718	TEVA-CARBAMAZEPINE	TEV	**FGNQSW**
02407515	TARO-CARBAMAZEPINE	TAR	**FGNQSW**

200MG CONTROLLED RELEASE TABLET

00773611	TEGRETOL CR	NVR	**FNQSW**
02261839	SANDOZ-CARBAMAZEPINE CR	SDZ	**FGNQSW**

400MG CONTROLLED RELEASE TABLET

00755583	TEGRETOL CR	NVR	**FNQSW**
02231544	PMS-CARBAMAZEPINE CR	PMS	**FGNQSW**
02261847	SANDOZ-CARBAMAZEPINE CR	SDZ	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA

100MG/5ML SUSPENSION

02194333	TEGRETOL (SA)	NVR	**FNQSW**
02367394	TARO-CARBAMAZEPINE (SA)	TAR	**FGNQSW**

***CLOBAZAM**

10MG TABLET

02238334	TEVA-CLOBAZAM	TEV	**FGNQSW**
02244638	APO-CLOBAZAM	APX	**FGNQSW**

***DIVALPROEX SODIUM**

125MG ENTERIC COATED TABLET

00596418	EPIVAL	BGP	**FNQSW**
02239698	APO-DIVALPROEX	APX	**FGNQSW**
02458926	MYLAN-DIVALPROEX	MYL	**FGNQSW**

250MG ENTERIC COATED TABLET

00596426	EPIVAL	BGP	**FNQSW**
02239699	APO-DIVALPROEX	APX	**FGNQSW**
02458934	MYLAN-DIVALPROEX	MYL	**FGNQSW**

500MG ENTERIC COATED TABLET

00596434	EPIVAL	BGP	**FNQSW**
02239700	APO-DIVALPROEX	APX	**FGNQSW**
02459019	MYLAN-DIVALPROEX	MYL	**FGNQSW**

ESLICARBAZEPINE ACETATE

SEE APPENDIX A FOR SA CRITERIA

200MG TABLET

02426862	APTIOM (SA)	SNV	**FNQSW**

400MG TABLET

02426870	APTIOM (SA)	SNV	**FNQSW**

600MG TABLET

02426889	APTIOM (SA)	SNV	**FNQSW**

800MG TABLET

02426897	APTIOM (SA)	SNV	**FNQSW**

GABAPENTIN

100MG CAPSULE

02084260	NEURONTIN	UJC	**FNQSW**
02243446	PMS-GABAPENTIN	PMS	**FGNQSW**
02244304	APO-GABAPENTIN	APX	**FGNQSW**
02244513	TEVA-GABAPENTIN	TEV	**FGNQSW**
02246314	GABAPENTIN	SIV	**FGNQSW**
02321203	AURO-GABAPENTIN	ARO	**FGNQSW**
02353245	GABAPENTIN	SNS	**FGNQSW**
02361469	JAMP-GABAPENTIN	JPC	**FGNQSW**
02391473	MAR-GABAPENTIN	MAR	**FGNQSW**
02416840	GABAPENTIN	ACH	**FGNQSW**

300MG CAPSULE

02084279	NEURONTIN	UJC	**FNQSW**
02243447	PMS-GABAPENTIN	PMS	**FGNQSW**
02244305	APO-GABAPENTIN	APX	**FGNQSW**
02244514	TEVA-GABAPENTIN	TEV	**FGNQSW**
02246315	GABAPENTIN	SIV	**FGNQSW**
02321211	AURO-GABAPENTIN	ARO	**FGNQSW**
02319063	RAN-GABAPENTIN	RAN	**FGNQSW**
02353253	GABAPENTIN	SNS	**FGNQSW**
02361485	JAMP-GABAPENTIN	JPC	**FGNQSW**
02391481	MAR-GABAPENTIN	MAR	**FGNQSW**
02416859	GABAPENTIN	ACH	**FGNQSW**

400MG CAPSULE

02084287	NEURONTIN	UJC	**FNQSW**
02243448	PMS-GABAPENTIN	PMS	**FGNQSW**
02244306	APO-GABAPENTIN	APX	**FGNQSW**
02244515	TEVA-GABAPENTIN	TEV	**FGNQSW**
02246316	GABAPENTIN	SIV	**FNQSW**
02321238	AURO-GABAPENTIN	ARO	**FGNQSW**
02353261	GABAPENTIN	SNS	**FGNQSW**

02361493	JAMP-GABAPENTIN	JPC	**FGNQSW**
02391503	MAR-GABAPENTIN	MAR	**FGNQSW**
02416867	GABAPENTIN	ACH	**FGNQSW**

600MG TABLET

02239717	NEURONTIN	UJC	**FNQSW**
02248457	TEVA-GABAPENTIN	TEV	**FGNQSW**
02293358	APO-GABAPENTIN	APX	**FGNQSW**
02388200	GABAPENTIN	SIV	**FGNQSW**
02392526	GABAPENTIN	ACH	**FGNQSW**
02402289	JAMP-GABAPENTIN	JPC	**FGNQSW**
02410990	GLN-GABAPENTIN	GLM	**FGNQSW**
02428334	AURO-GABAPENTIN	ARO	**FGNQSW**
02431289	GABAPENTIN	SNS	**FGNQSW**

800MG TABLET

02239718	NEURONTIN	UJC	**FNQSW**
02247346	TEVA-GABAPENTIN	TEV	**FGNQSW**
02293366	APO-GABAPENTIN	APX	**FGNQSW**
02388219	GABAPENTIN	SIV	**FGNQSW**
02392534	GABAPENTIN	ACH	**FGNQSW**
02402297	JAMP-GABAPENTIN	JPC	**FGNQSW**
02411008	GLN-GABAPENTIN	GLM	**FGNQSW**
02428342	AURO-GABAPENTIN	ARO	**FGNQSW**
02431297	GABAPENTIN	SNS	**FGNQSW**

LACOSAMIDE

SEE APPENDIX A FOR CRITERIA

50MG TABLET

02357615	VIMPAT (SA)	UCB	**FNQSW**
02472902	TEVA-LACOSAMIDE (SA)	TEV	**FGNQSW**
02474670	SANDOZ-LACOSAMIDE (SA)	SDZ	**FGNQSW**
02475332	AURO-LACOSAMIDE (SA)	ARO	**FGNQSW**
02478196	PHARMA-LACOSAMIDE (SA)	PMS	**FGNQSW**
02487802	MAR-LACOSAMIDE (SA)	MAR	**FGNQSW**
02488388	JAMP-LACOSAMIDE (SA)	JPC	**FGNQSW**
02489287	ACH-LACOSAMIDE (SA)	ACH	**FGNQSW**
02490544	MINT-LACOSAMIDE (SA)	MNT	**FGNQSW**
02499568	NRA-LACOSAMIDE (SA)	NRA	**FGNQSW**
02512874	LACOSAMIDE (SA)	SNS	**FGNQSW**

100MG TABLET

02357623	VIMPAT (SA)	UCB	**FNQSW**
02472910	TEVA-LACOSAMIDE (SA)	TEV	**FGNQSW**
02474689	SANDOZ-LACOSAMIDE (SA)	SDZ	**FGNQSW**
02475340	AURO-LACOSAMIDE (SA)	ARO	**FGNQSW**

02478218	PHARMA-LACOSAMIDE (SA)	PMS	**FGNQSW**
02487810	MAR-LACOSAMIDE (SA)	MAR	**FGNQSW**
02488396	JAMP-LACOSAMIDE (SA)	JPC	**FGNQSW**
02489295	ACH-LACOSAMIDE (SA)	ACH	**FGNQSW**
02490552	MINT-LACOSAMIDE (SA)	MNT	**FGNQSW**
02499576	NRA-LACOSAMIDE (SA)	NRA	**FGNQSW**
02512882	LACOSAMIDE (SA)	SNS	**FGNQSW**

150MG TABLET

02357631	VIMPAT (SA)	UCB	**FNQSW**
02472929	TEVA-LACOSAMIDE (SA)	TEV	**FGNQSW**
02474697	SANDOZ-LACOSAMIDE (SA)	SDZ	**FGNQSW**
02475359	AURO-LACOSAMIDE (SA)	ARO	**FGNQSW**
02478226	PHARMA-LACOSAMIDE (SA)	PMS	**FGNQSW**
02487829	MAR-LACOSAMIDE (SA)	MAR	**FGNQSW**
02488418	JAMP-LACOSAMIDE (SA)	JPC	**FGNQSW**
02489309	ACH-LACOSAMIDE (SA)	ACH	**FGNQSW**
02490560	MINT-LACOSAMIDE (SA)	MNT	**FGNQSW**
02499584	NRA-LACOSAMIDE (SA)	NRA	**FGNQSW**
02512890	LACOSAMIDE (SA)	SNS	**FGNQSW**

200MG TABLET

02357658	VIMPAT (SA)	UCB	**FNQSW**
02472937	TEVA-LACOSAMIDE (SA)	TEV	**FGNQSW**
02474700	SANDOZ-LACOSAMIDE (SA)	SDZ	**FGNQSW**
02475367	AURO-LACOSAMIDE (SA)	ARO	**FGNQSW**
02478234	PHARMA-LACOSAMIDE (SA)	PMS	**FGNQSW**
02487837	MAR-LACOSAMIDE (SA)	MAR	**FGNQSW**
02488426	JAMP-LACOSAMIDE (SA)	JPC	**FGNQSW**
02489317	ACH-LACOSAMIDE (SA)	ACH	**FGNQSW**
02490579	MINT-LACOSAMIDE (SA)	MNT	**FGNQSW**
02499592	NRA-LACOSAMIDE (SA)	NRA	**FGNQSW**
02512904	LACOSAMIDE (SA)	SNS	**FGNQSW**

***LAMOTRIGINE**

25MG TABLET

02142082	LAMICTAL	GSK	**FNQSW**
02245208	APO-LAMOTRIGINE	APX	**FGNQSW**
02246897	PMS-LAMOTRIGINE	PMS	**FGNQSW**
02265494	MYLAN-LAMOTRIGINE	MYL	**FGNQSW**
02343010	LAMOTRIGINE	SNS	**FGNQSW**
02381354	AURO-LAMOTRIGINE	ARO	**FGNQSW**
02428202	LAMOTRIGINE	SIV	**FGNQSW**

100MG TABLET

02142104	LAMICTAL	GSK	**FNQSW**

02245209	APO-LAMOTRIGINE	APX	**FGNQSW**
02246898	PMS-LAMOTRIGINE	PMS	**FGNQSW**
02248233	TEVA-LAMOTRIGINE	TEV	**FGNQSW**
02265508	MYLAN-LAMOTRIGINE	MYL	**FGNQSW**
02343029	LAMOTRIGINE	SNS	**FGNQSW**
02381362	AURO-LAMOTRIGINE	ARO	**FGNQSW**
02428210	LAMOTRIGINE	SIV	**FGNQSW**

150MG TABLET

02142112	LAMICTAL	GSK	**FNQSW**
02245210	APO-LAMOTRIGINE	APX	**FGNQSW**
02246899	PMS-LAMOTRIGINE	PMS	**FGNQSW**
02248234	TEVA-LAMOTRIGINE	TEV	**FGNQSW**
02265516	MYLAN-LAMOTRIGINE	MYL	**FGNQSW**
02343037	LAMOTRIGINE	SNS	**FGNQSW**
02381370	AURO-LAMOTRIGINE	ARO	**FGNQSW**
02428229	LAMOTRIGINE	SIV	**FGNQSW**

***LEVETIRACETAM**

250MG TABLET

02247027	KEPPRA	UCB	**FNQSW**
02274183	ACT-LEVETIRACETAM	ATV	**FGNQSW**
02285924	APO-LEVETIRACETAM	APX	**FGNQSW**
02296101	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02353342	LEVETIRACETAM	SNS	**FGNQSW**
02375249	AURO-LEVETIRACETAM	ARO	**FGNQSW**
02399776	LEVETIRACETAM	ACH	**FGNQSW**
02403005	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02440202	NAT-LEVETIRACETAM	NAT	**FGNQSW**
02442388	MINT-LEVETIRACETAM	MNT	**FGNQSW**
02442531	LEVETIRACETAM	SIV	**FGNQSW**
02454653	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02461986	SANDOZ-LEVETIRACETAM	SDZ	**FGNQSW**
02482274	RIVA-LEVETIRACETAM	RIV	**FGNQSW**
02499193	NRA-LEVETIRACETAM	NRA	**FGNQSW**
02504553	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02524562	M-LEVETIRACETAM	MRA	**FGNQSW**

500MG TABLET

02247028	KEPPRA	UCB	**FNQSW**
02274191	ACT-LEVETIRACETAM	ATV	**FGNQSW**
02285932	APO-LEVETIRACETAM	APX	**FGNQSW**
02296128	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02353350	LEVETIRACETAM	SNS	**FGNQSW**
02375257	AURO-LEVETIRACETAM	ARO	**FGNQSW**
02399784	LEVETIRACETAM	ACH	**FGNQSW**

02403021	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02440210	NAT-LEVETIRACETAM	NAT	**FGNQSW**
02442396	MINT-LEVETIRACETAM	MNT	**FGNQSW**
02442558	LEVETIRACETAM	SIV	**FGNQSW**
02454661	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02461994	SANDOZ-LEVETIRACETAM	SDZ	**FGNQSW**
02482282	RIVA-LEVERTIRACETAM	RIV	**FGNQSW**
02499207	NRA-LEVETIRACETAM	NRA	**FGNQSW**
02504561	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02524570	M-LEVETIRACETAM	MRA	**FGNQSW**

750MG TABLET

02247029	KEPPRA	UCB	**FNQSW**
02274205	ACT-LEVETIRACETAM	ATV	**FGNQSW**
02285940	APO-LEVETIRACETAM	APX	**FGNQSW**
02296136	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02353369	LEVETIRACETAM	SNS	**FGNQSW**
02375265	AURO-LEVETIRACETAM	ARO	**FGNQSW**
02399792	LEVETIRACETAM	ACH	**FGNQSW**
02403048	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02440229	NAT-LEVETIRACETAM	NAT	**FGNQSW**
02442418	MINT-LEVETIRACETAM	MNT	**FGNQSW**
02442566	LEVETIRACETAM	SIV	**FGNQSW**
02454688	PMS-LEVETIRACETAM	PMS	**FGNQSW**
02462001	SANDOZ-LEVETIRACETAM	SDZ	**FGNQSW**
02482290	RIVA-LEVETIRACETAM	RIV	**FGNQSW**
02499215	NRA-LEVETIRACETAM	NRA	**FGNQSW**
02504588	JAMP-LEVETIRACETAM	JPC	**FGNQSW**
02524589	M-LEVETIRACETAM	MRA	**FGNQSW**

1000MG TABLET

02462028	SANDOZ-LEVETIRACETAM	SDZ	**FGNQSW**

OXCARBAZEPINE

SEE APPENDIX A FOR SA CRITERIA

150MG TABLET

02284294	APO-OXCARBAZEPINE (SA)	APX	**FGNQSW**

300MG TABLET

02242068	TRILEPTAL (SA)	NVR	**FNQSW**
02284308	APO-OXCARBAZEPINE (SA)	APX	**FGNQSW**

600MG TABLET

02242069	TRILEPTAL (SA)	NVR	**FNQSW**
02284316	APO-OXCARBAZEPINE (SA)	APX	**FGNQSW**

PERAMPANEL

SEE APPENDIX A FOR SA CRITERIA

2MG TABLET			
02404516	FYCOMPA (SA)	EIS	**FNQSW**
4MG TABLET			
02404524	FYCOMPA (SA)	EIS	**FNQSW**
6MG TABLET			
02404532	FYCOMPA (SA)	EIS	**FNQSW**
8MG TABLET			
02404540	FYCOMPA (SA)	EIS	**FNQSW**
10MG TABLET			
02404559	FYCOMPA (SA)	EIS	**FNQSW**
12MG TABLET			
02404567	FYCOMPA (SA)	EIS	**FNQSW**

PREGABALIN

25MG CAPSULE			
02268418	LYRICA	UJC	**FNQSW**
02359596	PMS-PREGABALIN	PMS	**FGNQSW**
02361159	TEVA-PREGABALIN	TEV	**FGNQSW**
02390817	SANDOZ-PREGABALIN	SDZ	**FGNQSW**
02392801	RAN-PREGABALIN	RAN	**FGNQSW**
02394235	APO-PREGABALIN	APX	**FGNQSW**
02403692	PREGABALIN	SIV	**FGNQSW**
02405539	PREGABALIN	SNS	**FGNQSW**
02417529	MAR-PREGABALIN	MAR	**FGNQSW**
02423804	MINT-PREGABALIN	MNT	**FGNQSW**
02433869	AURO-PREGABALIN	ARO	**FGNQSW**
02435977	JAMP-PREGABALIN	JPC	**FGNQSW**
02449838	ACH-PREGABALIN	ACH	**FGNQSW**
02467291	M-PREGABALIN	MRA	**FGNQSW**
02479117	NRA-PREGABALIN	NRA	**FGNQSW**
02480727	AG-PREGABALIN	ANG	**FGNQSW**
02494841	NAT-PREGABALIN	NAT	**FGNQSW**
50MG CAPSULE			
02268426	LYRICA	UJC	**FNQSW**
02359618	PMS-PREGABALIN	PMS	**FGNQSW**
02361175	TEVA-PREGABALIN	TEV	**FGNQSW**
02390825	SANDOZ-PREGABALIN	SDZ	**FGNQSW**
02392828	RAN-PREGABALIN	RAN	**FGNQSW**

02394243	APO-PREGABALIN	APX	**FGNQSW**
02403706	PREGABALIN	SIV	**FGNQSW**
02405547	PREGABALIN	SNS	**FGNQSW**
02417537	MAR-PREGABALIN	MAR	**FGNQSW**
02423812	MINT-PREGABALIN	MNT	**FGNQSW**
02433877	AURO-PREGABALIN	ARO	**FGNQSW**
02435985	JAMP-PREGABALIN	JPC	**FGNQSW**
02449846	ACH-PREGABALIN	ACH	**FGNQSW**
02467305	M-PREGABALIN	MRA	**FGNQSW**
02479125	NRA-PREGABALIN	NRA	**FGNQSW**
02480735	AG-PREGABALIN	ANG	**FGNQSW**
02494868	NAT-PREGABALIN	NAT	**FGNQSW**

75MG CAPSULE

02268434	LYRICA	UJC	**FNQSW**
02359626	PMS-PREGABALIN	PMS	**FGNQSW**
02361183	TEVA-PREGABALIN	TEV	**FGNQSW**
02390833	SANDOZ-PREGABALIN	SDZ	**FGNQSW**
02392836	RAN-PREGABALIN	RAN	**FGNQSW**
02394251	APO-PREGABALIN	APX	**FGNQSW**
02403714	PREGABALIN	SIV	**FGNQSW**
02405555	PREGABALIN	SNS	**FGNQSW**
02417545	MAR-PREGABALIN	MAR	**FGNQSW**
02424185	MINT-PREGABALIN	MNT	**FGNQSW**
02433885	AURO-PREGABALIN	ARO	**FGNQSW**
02435993	JAMP-PREGABALIN	JPC	**FGNQSW**
02449854	ACH-PREGABALIN	ACH	**FGNQSW**
02467313	M-PREGABALIN	MRA	**FGNQSW**
02479133	NRA-PREGABALIN	NRA	**FGNQSW**
02480743	AG-PREGABALIN	ANG	**FGNQSW**
02494876	NAT-PREGABALIN	NAT	**FGNQSW**

150MG CAPSULE

02268450	LYRICA	UJC	**FNQSW**
02359634	PMS-PREGABALIN	PMS	**FGNQSW**
02361205	TEVA-PREGABALIN	TEV	**FGNQSW**
02390841	SANDOZ-PREGABALIN	SDZ	**FGNQSW**
02392844	RAN-PREGABALIN	RAN	**FGNQSW**
02394278	APO-PREGABALIN	APX	**FGNQSW**
02403722	PREGABALIN	SIV	**FGNQSW**
02405563	PREGABALIN	SNS	**FGNQSW**
02417561	MAR-PREGABALIN	MAR	**FGNQSW**
02424207	MINT-PREGABALIN	MNT	**FGNQSW**
02433907	AURO-PREGABALIN	ARO	**FGNQSW**
02436000	JAMP-PREGABALIN	JPC	**FGNQSW**
02449870	ACH-PREGABALIN	ACH	**FGNQSW**

02467321	M-PREGABALIN	MRA	**FGNQSW**
02479168	NRA-PREGABALIN	NRA	**FGNQSW**
02480751	AG-PREGABALIN	ANG	**FGNQSW**
02494884	NAT-PREGABALIN	NAT	**FGNQSW**

225MG CAPSULE

02268477	LYRICA	UJC	**FNQSW**
02361221	TEVA-PREGABALIN	TEV	**FGNQSW**
02392852	RAN-PREGABALIN	RAN	**FGNQSW**
02394286	APO-PREGABALIN	APX	**FGNQSW**
02398079	PMS-PREGABALIN	PMS	**FGNQSW**
02449897	ACH-PREGABALIN	ACH	**FGNQSW**
02494892	NAT-PREGABALIN	NAT	**FGNQSW**

300MG CAPSULE

02268485	LYRICA	UJC	**FNQSW**
02359642	PMS-PREGABALIN	PMS	**FGNQSW**
02361248	TEVA-PREGABALIN	TEV	**FGNQSW**
02390868	SANDOZ-PREGABALIN	SDZ	**FGNQSW**
02392860	RAN-PREGABALIN	RAN	**FGNQSW**
02394294	APO-PREGABALIN	APX	**FGNQSW**
02403730	PREGABALIN	SIV	**FGNQSW**
02405598	PREGABALIN	SNS	**FGNQSW**
02436019	JAMP-PREGABALIN	JPC	**FGNQSW**
02449900	ACH-PREGABALIN	ACH	**FGNQSW**
02480778	AG-PREGABALIN	ANG	**FGNQSW**
02494906	NAT-PREGABALIN	NAT	**FGNQSW**

RUFINAMIDE

SEE APPENDIX A FOR SA CRITERIA

100 MG TABLET

02369613	BANZEL (SA)	EIS	**Q**

200 MG TABLET

02369621	BANZEL (SA)	EIS	**Q**

400 MG TABLET

02369648	BANZEL (SA)	EIS	**Q**

STIRIPENTOL

SEE APPENDIX A FOR SA CRITERIA

250MG CAPSULE

02398958	DIACOMIT (SA)	BIO	**MQ**

250MG POWDER FOR SUSPENSION

02398974	DIACOMIT (SA)	BIO	**MQ**

500MG CAPSULE

02398966	DIACOMIT (SA)	BIO	**MQ**

500MG POWDER FOR SUSPENSION

02398982	DIACOMIT (SA)	BIO	**MQ**

***TOPIRAMATE**

25MG TABLET

02230893	TOPAMAX	JAN	**FNQSW**
02248860	TEVA-TOPIRAMATE	TEV	**FGNQSW**
02262991	PMS-TOPIRAMATE	PMS	**FGNQSW**
02263351	MYLAN-TOPIRAMATE	MYL	**FGNQSW**
02279614	APO-TOPIRAMATE	APX	**FGNQSW**
02315645	MINT-TOPIRAMATE	MNT	**FGNQSW**
02345803	AURO-TOPIRAMATE	ARO	**FGNQSW**
02356856	TOPIRAMATE	SNS	**FGNQSW**
02389460	TOPIRAMATE	SIV	**FGNQSW**
02395738	TOPIRAMATE	ACH	**FGNQSW**
02431807	SANDOZ-TOPIRAMATE	SDZ	**FGNQSW**
02432099	MAR-TOPIRAMATE	MAR	**FGNQSW**
02435608	JAMP-TOPIRAMATE	JPC	**FGNQSW**
02475936	AG-TOPIRAMATE	ANG	**FGNQSW**

100MG TABLET

02230894	TOPAMAX	JAN	**FNQSW**
02248861	TEVA-TOPIRAMATE	TEV	**FGNQSW**
02263009	PMS-TOPIRAMATE	PMS	**FGNQSW**
02263378	MYLAN-TOPIRAMATE	MYL	**FGNQSW**
02279630	APO-TOPIRAMATE	APX	**FGNQSW**
02315653	MINT-TOPIRAMATE	MNT	**FGNQSW**
02345838	AURO-TOPIRAMATE	ARO	**FGNQSW**
02356864	TOPIRAMATE	SNS	**FGNQSW**
02389487	TOPIRAMATE	SIV	**FGNQSW**
02395746	TOPIRAMATE	ACH	**FGNQSW**
02431815	SANDOZ-TOPIRAMATE	SDZ	**FNGQSW**
02432102	MAR-TOPIRAMATE	MAR	**FGNQSW**
02435616	JAMP-TOPIRAMATE	JPC	**FGNQSW**
02475944	AG-TOPIRAMATE	ANG	**FGNQSW**

200MG TABLET

02230896	TOPAMAX	JAN	**FNQSW**
02248862	TEVA-TOPIRAMATE	TEV	**FGNQSW**
02263017	PMS-TOPIRAMATE	PMS	**FGNQSW**
02263386	MYLAN-TOPIRAMATE	MYL	**FGNQSW**
02279649	APO-TOPIRAMATE	APX	**FGNQSW**

02315661	MINT-TOPIRAMATE	MNT	**FGNQSW**
02345846	AURO-TOPIRAMATE	ARO	**FGNQSW**
02356872	TOPIRAMATE	SNS	**FGNQSW**
02395754	TOPIRAMATE	ACH	**FGNQSW**
02431823	SANDOZ-TOPIRAMATE	SDZ	**FGNQSW**
02432110	MAR-TOPIRAMATE	MAR	**FGNQSW**
02435624	JAMP-TOPIRAMATE	JPC	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA

15MG SPRINKLE CAPSULE

02239907	TOPAMAX (SA)	JAN	**FQW**

25MG SPRINKLE CAPSULE

02239908	TOPAMAX (SA)	JAN	**FQW**

***VALPROATE SODIUM**

50MG/ML SYRUP

00443832	DEPAKENE	BGP	**FNQSW**
02236807	PMS-VALPROIC	PMS	**FGNQSW**
02238370	APO-VALPROIC ACID	APX	**FGNQSW**

***VALPROIC ACID**

250MG CAPSULE

02230768	PMS-VALPROIC	PMS	**FGNQSW**
02238048	APO-VALPROIC	APX	**FGNQSW**

500MG ENTERIC COATED CAPSULE

02229628	PMS-VALPROIC	PMS	**FGNQSW**

VIGABATRIN

SEE APPENDIX A FOR SA CRITERIA

500MG TABLET

02065819	SABRIL (SA)	LUD	**FNQSW**

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS)

AMITRIPTYLINE

10MG TABLET

00335053	ELAVIL	AAA	**FNQSW**
00654523	PMS-AMITRIPTYLINE	PMS	**FGNQSW**
02326043	TEVA-AMITRIPTYLINE	TEV	**FGNQSW**
02403137	APO-AMITRIPTYLINE	APX	**FGNQSW**
02429861	MAR-AMITRIPTYLINE	MAR	**FGNQSW**

25MG TABLET

00335061	ELAVIL	AAA	**FNQSW**
00654515	PMS-AMITRIPTYLINE	PMS	**FGNQSW**
02326051	TEVA-AMITRIPTYLINE	TEV	**FGNQSW**
02403145	APO-AMITRIPTYLINE	APX	**FGNQSW**
02429888	MAR-AMITRIPTYLINE	MAR	**FGNQSW**

50MG TABLET

00335088	ELAVIL	AAA	**FNQSW**
00654507	PMS-AMITRIPTYLINE	PMS	**FGNQSW**
02326078	TEVA-AMITRIPTYLINE	TEV	**FGNQSW**
02403153	APO-AMITRIPTYLINE	APX	**FGNQSW**
02429896	MAR-AMITRIPTYLINE	MAR	**FGNQSW**

75MG TABLET

00754129	ELAVIL	AAA	**FNQSW**
02403161	AMITRIPTYLINE	APX	**FGNQSW**
02429918	MAR-AMITRIPTYLINE	MAR	**FGNQSW**

BUPROPION HCL

100MG TABLET

02275074	ODAN-BUPROPION SR	ODN	**FGNQSW**
02325373	PMS-BUPROPION SR	PMS	**FGNQSW**

150MG TABLET

02237825	WELLBUTRIN SR	VAL	**FNQSW**
02275082	ODAN-BUPROPION SR	ODN	**FGNQSW**
02313421	PMS-BUPROPION SR	PMS	**FGNQSW**

150MG EXTENDED RELEASE TABLET

02275090	WELLBUTRIN XL	VAL	**FNQSW**
02439654	ACT-BUPROPION XL	ATV	**FGNQSW**
02475804	TARO-BUPROPION XL	SUN	**FGNQSW**

300MG EXTENDED RELEASE TABLET

02275104	WELLBUTRIN XL	VAL	**FNQSW**
02439662	ACT-BUPROPION XL	ATV	**FGNQSW**
02475812	TARO-BUPROPION XL	SUN	**FGNQSW**

CITALOPRAM

10MG TABLET

02270609	PMS-CITALOPRAM	PMS	**FGNQSW**
02312336	TEVA-CITALOPRAM	TEV	**FGNQSW**
02371871	MAR-CITALOPRAM	MAR	**FGNQSW**
02387948	CITALOPRAM	SIV	**FGNQSW**
02409003	NAT-CITALOPRAM	NAT	**FGNQSW**

02429691	MINT-CITALOPRAM	MNT	**FGNQSW**
02430517	CITALOPRAM	JPC	**FGNQSW**
02431629	SEPTA-CITALOPRAM	SPT	**FGNQSW**
02445719	CITALOPRAM	SNS	**FGNQSW**

20MG TABLET

02239607	CELEXA	LUD	**FNQSW**
02246056	APO-CITALOPRAM	APX	**FGNQSW**
02248010	PMS-CITALOPRAM	PMS	**FGNQSW**
02248050	ACT-CITALOPRAM	ATV	**FGNQSW**
02275562	AURO-CITALOPRAM	ARO	**FGNQSW**
02285622	RAN-CITALOPRAM	RAN	**FGNQSW**
02293218	TEVA-CITALOPRAM	TEV	**FGNQSW**
02353660	CITALOPRAM	SNS	**FGNQSW**
02355272	SEPTA-CITALOPRAM	SPT	**FGNQSW**
02371898	MAR-CITALOPRAM	MAR	**FGNQSW**
02387956	CITALOPRAM	SIV	**FGNQSW**
02409011	NAT-CITALOPRAM	NAT	**FGNQSW**
02429705	MINT-CITALOPRAM	MNT	**FGNQSW**
02430541	CITALOPRAM	JPC	**FGNQSW**
02459914	CCP-CITALOPRAM	CCP	**FGNQSW**

40MG TABLET

02239608	CELEXA	LUD	**FNQSW**
02246057	APO-CITALOPRAM	APX	**FGNQSW**
02248011	PMS-CITALOPRAM	PMS	**FGNQSW**
02248051	ACT-CITALOPRAM	ATV	**FGNQSW**
02275570	AURO-CITALOPRAM	ARO	**FGNQSW**
02293226	TEVA-CITALOPRAM	TEV	**FGNQSW**
02353679	CITALOPRAM	SNS	**FGNQSW**
02355280	SEPTA-CITALOPRAM	SPT	**FGNQSW**
02371901	MAR-CITALOPRAM	MAR	**FGNQSW**
02387964	CITALOPRAM	SIV	**FGNQSW**
02409038	NAT-CITALOPRAM	NAT	**FGNQSW**
02429713	MINT-CITALOPRAM	MNT	**FGNQSW**
02430568	CITALOPRAM	JPC	**FGNQSW**
02459922	CCP-CITALOPRAM	CCP	**FGNQSW**

CLOMIPRAMINE HCL

10MG TABLET

00330566	ANAFRANIL	AAA	**FNQSW**

25MG TABLET & CAPSULE

00324019	ANAFRANIL	APX	**FNQSW**
02497506	TARO-CLOMIPRAMINE	TAR	**FGNQSW**

50MG TABLET & CAPSULE

00402591	ANAFRANIL	APX	**FNQSW**
02497514	TARO-CLOMIPRAMINE	TAR	**FGNQSW**

DESIPRAMINE

10MG TABLET

02216248	DESIPRAMINE	AAA	**FGNQSW**

25MG TABLET

02216256	DESIPRAMINE	AAA	**FGNQSW**

50MG TABLET

02216264	DESIPRAMINE	AAA	**FGNQSW**

75MG TABLET

02216272	DESIPRAMINE	AAA	**FGNQSW**

100MG TABLET

02216280	DESIPRAMINE	AAA	**FGNQSW**

DOXEPIN HCL

10MG CAPSULE

00024325	SINEQUAN	AAA	**FNQSW**

25MG CAPSULE

00024333	SINEQUAN	AAA	**FNQSW**

50MG CAPSULE

00024341	SINEQUAN	AAA	**FNQSW**

75MG CAPSULE

00400750	SINEQUAN	AAA	**FNQSW**

100MG CAPSULE

00326925	SINEQUAN	AAA	**FNQSW**

DULOXETINE HYDROCHLORIDE

SEE APPENDIX A FOR SA CRITERIA

30MG DELAYED RELEASE CAPSULE

02301482	CYMBALTA (SA)	LIL	**FNQSW**
02429446	PMS-DULOXETINE (SA)	PMS	**FGNQSW**
02436647	AURO-DULOXETINE (SA)	ARO	**FGNQSW**
02437082	TEVA-DULOXETINE (SA)	TEV	**FGNQSW**
02438259	RAN-DULOXETINE (SA)	RAN	**FGNQSW**
02438984	MINT-DULOXETINE (SA)	MNT	**FGNQSW**
02439948	SANDOX-DULOXETINE (SA)	SDZ	**FGNQSW**

02440423	APO-DULOXETINE (SA)	APX	**FGNQSW**
02446081	MAR-DULOXETINE (SA)	MAR	**FGNQSW**
02451913	JAMP-DULOXETINE (SA)	JPC	**FGNQSW**
02453630	DULOXETINE (SA)	SIV	**FGNQSW**
02456753	TEVA-DULOXETINE (SA)	TEV	**FGNQSW**
02473208	M-DULOXETINE (SA)	MRA	**FGNQSW**
02475308	AG-DULOXETINE (SA)	ANG	**FGNQSW**
02482126	NRA-DULOXETINE (SA)	NRA	**FGNQSW**
02490889	DULOXETINE (SA)	SNS	**FGNQSW**

60MG DELAYED RELEASE CAPSULE

02301490	CYMBALTA (SA)	LIL	**FNQSW**
02429454	PMS-DULOXETINE (SA)	PMS	**FGNQSW**
02436655	AURO-DULOXETINE (SA)	ARO	**FGNQSW**
02437090	TEVA-DULOXETINE (SA)	TEV	**FGNQSW**
02438267	RAN-DULOXETINE (SA)	RAN	**FGNQSW**
02438992	MINT-DULOXETINE (SA)	MNT	**FGNQSW**
02439956	SANDOZ-DULOXETINE (SA)	SDZ	**FGNQSW**
02440431	APO-DULOXETINE (SA)	APX	**FGNQSW**
02446103	MAR-DULOXETINE (SA)	MAR	**FGNQSW**
02451921	JAMP-DULOXETINE (SA)	JPC	**FGNQSW**
02453649	DULOXETINE (SA)	SIV	**FGNQSW**
02456761	TEVA-DULOXETINE (SA)	TEV	**FGNQSW**
02473216	M-DULOXETINE (SA)	MRA	**FGNQSW**
02475316	AG-DULOXETINE (SA)	ANG	**FGNQSW**
02482134	NRA-DULOXETINE (SA)	NRA	**FGNQSW**
02490897	DULOXETINE (SA)	SNS	**FGNQSW**

ESCITALOPRAM

10MG TABLET

02263238	CIPRALEX	LUD	**FNQSW**
02295016	APO-ESCITALOPRAM	APX	**FGNQSW**
02318180	TEVA-ESCITALOPRAM	TEV	**FGNQSW**
02364077	SANDOZ-ESCITALOPRAM	SDZ	**FGNQSW**
02385481	RAN-ESCITALOPRAM	RAN	**FGNQSW**
02397358	AURO-ESCITALOPRAM	ARO	**FGNQSW**
02407418	MINT-ESCITALOPRAM	MNT	**FGNQSW**
02429039	ESCITALOPRAM	SIV	**FGNQSW**
02429780	JAMP-ESCITALOPRAM	JPC	**FGNQSW**
02430118	ESCITALOPRAM	SNS	**FGNQSW**
02440296	NAT-ESCITALOPRAM	NAT	**FGNQSW**
02469243	PMS-ESCITALOPRAM	PMS	**FGNQSW**
02471418	M-ESCITALOPRAM	MRA	**FGNQSW**
02476851	NRA-ESCITALOPRAM	NRA	**FGNQSW**

15MG TABLET

02512653	KYE-ESCITALOPRAM	KYE	**FGNQSW**

20MG TABLET

02263254	CIPRALEX	LUD	**FNQSW**
02295024	APO-ESCITALOPRAM	APX	**FGNQSW**
02318202	TEVA-ESCITALOPRAM	TEV	**FGNQSW**
02364085	SANDOZ-ESCITALOPRAM	SDZ	**FGNQSW**
02385503	RAN-ESCITALOPRAM	RAN	**FGNQSW**
02397374	AURO-ESCITALOPRAM	ARO	**FGNQSW**
02407434	MINT-ESCITALOPRAM	MNT	**FGNQSW**
02429047	ESCITALOPRAM	SIV	**FGNQSW**
02429799	JAMP-ESCITALOPRAM	JPC	**FGNQSW**
02430126	ESCITALOPRAM	SNS	**FGNQSW**
02440318	NAT-ESCITALOPRAM	NAT	**FGNQSW**
02469251	PMS-ESCITALOPRAM	PMS	**FGNQSW**
02471426	M-ESCITALOPRAM	MRA	**FGNQSW**
02476878	NRA-ESCITALOPRAM	NRA	**FGNQSW**

FLUOXETINE HCL

10MG CAPSULE

02018985	PROZAC	LIL	**FNQSW**
02177579	PMS-FLUOXETINE	PMS	**FGNQSW**
02216353	APO-FLUOXETINE	APX	**FGNQSW**
02216582	TEVA-FLUOXETINE	TEV	**FGNQSW**
02286068	FLUOXETINE	SNS	**FGNQSW**
02374447	FLUOXETINE	SIV	**FGNQSW**
02380560	MINT-FLUOXETINE	MNT	**FGNQSW**
02385627	AURO-FLUOXETINE	ARO	**FGNQSW**
02393441	FLUOXETINE	ACH	**FGNQSW**
02401894	JAMP-FLUOXETINE	JPC	**FGNQSW**
02485052	AG-FLUOXETINE	ANG	**FGNQSW**
02503875	NRA-FLUOXETINE	NRA	**FGNQSW**

20MG CAPSULE

00636622	PROZAC	LIL	**FNQSW**
02177587	PMS-FLUOXETINE	PMS	**FGNQSW**
02216361	APO-FLUOXETINE	APX	**FGNQSW**
02216590	TEVA-FLUOXETINE	TEV	**FGNQSW**
02286076	FLUOXETINE	SNS	**FGNQSW**
02374455	FLUOXETINE	SIV	**FGNQSW**
02380579	MINT-FLUOXETINE	MNT	**FGNQSW**
02383241	FLUOXETINE	ACH	**FGNQSW**
02385635	AURO-FLUOXETINE	ARO	**FGNQSW**
02386402	JAMP-FLUOXETINE	JPC	**FGNQSW**
02485060	AG-FLUOXETINE	ANG	**FGNQSW**
02503883	NRA-FLUOXETINE	NRA	**FGNQSW**

40MG CAPSULE

02464640	PMS-FLUOXETINE	PMS	**FGNQSW**

60MG CAPSULE

02464659	PMS-FLUOXETINE	PMS	**FGNQSW**

FLUOXETINE

SEE APPENDIX A FOR SA CRITERIA

20MG/5ML ORAL SOLUTION

02231328	APO-FLUOXETINE (SA)	APX	**FGNQSW**
02459361	ODAN-FLUOXETINE (SA)	ODN	**FGNQSW**

FLUVOXAMINE MALEATE

50MG TABLET

01919342	LUVOX	BGP	**FNQSW**
02231329	APO-FLUVOXAMINE	APX	**FGNQSW**
02255529	ACT-FLUVOXAMINE	ATV	**FGNQSW**

100MG TABLET

01919369	LUVOX	BGP	**FNQSW**
02231330	APO-FLUVOXAMINE	APX	**FGNQSW**
02255537	ACT-FLUVOXAMINE	ATV	**FGNQSW**

IMIPRAMINE

10MG TABLET

00360201	IMIPRAMINE	AAA	**FGNQSW**

25MG TABLET

00312797	IMIPRAMINE	AAA	**FGNQSW**

50MG TABLET

00326852	IMIPRAMINE	AAA	**FGNQSW**

75MG TABLET

00644579	IMIPRAMINE	AAA	**FGNQSW**

TRYPTOPHAN

500MG CAPSULE

00718149	TRYPTAN	VAL	**FNQSW**
02248540	APO-TRYPTOPHAN	APX	**FGNQSW**

500MG TABLET

02029456	TRYPTAN	VAL	**FNQSW**
02240333	TEVA-TRYPTOPHAN	TEV	**FGNQSW**
02248538	APO-TRYPTOPHAN	APX	**FGNQSW**

1G TABLET

00654531	TRYPTAN	VAL	**FNQSW**
02237250	TEVA-TRYPTOPHAN	TEV	**FGNQSW**
02248539	APO-TRYPTOPHAN	APX	**FGNQSW**

MIRTAZAPINE

15 MG TABLET

02250594	SANDOZ-MIRTAZAPINE	SDZ	**FGNQSW**
02256096	MYLAN-MIRTAZAPINE	MYL	**FGNQSW**
02273942	PMS-MIRTAZAPINE	PMS	**FGNQSW**
02286610	APO-MIRTAZAPINE	APX	**FGNQSW**
02411695	AURO-MIRTAZAPINE	ARO	**FGNQSW**
02496666	MIRTAZAPINE	SIV	**FGNQSW**

30MG TABLET

02243910	REMERON	MSD	**FNQSW**
02248762	PMS-MIRTAZAPINE	PMS	**FGNQSW**
02250608	SANDOZ-MIRTAZAPINE	SDZ	**FGNQSW**
02256118	MYLAN-MIRTAZAPINE	MYL	**FGNQSW**
02259354	TEVA-MIRTAZAPINE	TEV	**FGNQSW**
02286629	APO-MIRTAZAPINE	APX	**FGNQSW**
02370689	MIRTAZIPINE	SNS	**FGNQSW**
02411709	AURO-MIRTAZAPINE	ARO	**FGNQSW**
02496674	MIRTAZAPINE	SIV	**FGNQSW**

45MG TABLET

02286637	APO-MIRTAZAPINE	APX	**FGNQSW**
02411717	MIRTAZAPINE	ARO	**FGNQSW**
02496682	MIRTAZAPINE	SIV	**FGNQSWA**

15MG ORALLY DISINTEGRATING TABLET

02248542	REMERON RD	MSD	**FNQSW**
02299801	AURO-MIRTAZAPINE	ARO	**FGNQSW**

30MG ORALLY DISINTEGRATING TABLET

02248543	REMERON RD	MSD	**FNQSW**
02299828	AURO-MIRTAZAPINE	ARO	**FGNQSW**

45MG ORALLY DISINTEGRATING TABLET

02248544	REMERON RD	MSD	**FNQSW**
02299836	AURO-MIRTAZAPINE	ARO	**FGNQSW**

MOCLOBEMIDE

100MG TABLET

02232148	MOCLOBEMIDE	AAA	**FGNQSW**

150MG TABLET

00899356	MANERIX	HLR	**FNQSW**
02232150	MOCLOBEMIDE	AAA	**FGNQSW**

300MG TABLET

02166747	MANERIX	HLR	**FNQSW**
02240456	MOCLOBEMIDE	AAA	**FGNQSW**

NORTRIPTYLINE

10MG CAPSULE

00015229	AVENTYL	AAA	**FNQSW**

25MG CAPSULE

00015237	AVENTYL	AAA	**FNQSW**

PAROXETINE HCL

20MG TABLET

01940481	PAXIL	GSK	**FNQSW**
02240908	APO-PAROXETINE	APX	**FGNQSW**
02247751	PMS-PAROXETINE	PMS	**FGNQSW**
02368870	JAMP-PAROXETINE	JPC	**FGNQSW**
02248557	TEVA-PAROXETINE	TEV	**FGNQSW**
02282852	PAROXETINE	SNS	**FGNQSW**
02383284	AURO-PAROXETINE	ARO	**FGNQSW**
02388235	PAROXETINE	SIV	**FGNQSW**
02411954	MAR-PAROXETINE	MAR	**FGNQSW**
02421380	MINT-PAROXETINE	MNT	**FGNQSW**
02467410	M-PAROXETINE	MRA	**FGNQSW**
02475545	AG-PAROXETINE	ANG	**FGNQSW**
02479761	NRA-PAROXETINE	NRA	**FGNQSW**
02507781	JAMP-PAROXETINE	JPC	**FGNQSW**

30MG TABLET

01940473	PAXIL	GSK	**FNQSW**
02240909	APO-PAROXETINE	APX	**FGNQSW**
02247752	PMS-PAROXETINE	PMS	**FGNQSW**
02248558	TEVA-PAROXETINE	TEV	**FGNQSW**
02368889	JAMP-PAROXETINE	JPC	**FGNQSW**
02282860	PAROXETINE	SNS	**FGNQSW**
02383292	AURO-PAROXETINE	ARO	**FGNQSW**
02388243	PAROXETINE	SIV	**FGNQSW**
02411962	MAR-PAROXETINE	MAR	**FGNQSW**
02421399	MINT-PAROXETINE	MNT	**FGNQSW**
02467429	M-PAROXETINE	MRA	**FGNQSW**
02475553	AG-PAROXETINE	ANG	**FGNQSW**

02479788	NRA-PAROXETINE	NRA	**FGNQSW**
02507803	JAMP-PAROXETINE	JPC	**FGNQSW**

PHENELZINE SULFATE

15MG TABLET

00476552	NARDIL	ERF	**FNQSW**

SERTRALINE HCL

25MG CAPSULE

02132702	ZOLOFT	UJC	**FNQSW**
02238280	APO-SERTRALINE	APX	**FGNQSW**
02240485	TEVA-SERTRALINE	TEV	**FGNQSW**
02244838	PMS-SERTRALINE	PMS	**FGNQSW**
02245159	SANDOZ-SERTRALINE	SDZ	**FGNQSW**
02353520	SERTRALINE	SNS	**FGNQSW**
02357143	JAMP-SERTRALINE	JPC	**FGNQSW**
02386070	SERTRALINE	SIV	**FGNQSW**
02390906	AURO-SERTRALINE	ARO	**FGNQSW**
02399415	MAR-SERTRALINE	MAR	**FGNQSW**
02402378	MINT-SERTRALINE	MNT	**FGNQSW**
02469626	SERTRALINE	JPC	**FGNQSW**
02477882	AG-SERTRALINE	ANG	**FGNQSW**
02488434	NRA-SERTRALINE	NRA	**FGNQSW**

50MG CAPSULE

01962817	ZOLOFT	UJC	**FNQSW**
02238281	APO-SERTRALINE	APX	**FGNQSW**
02240484	TEVA-SERTRALINE	TEV	**FGNQSW**
02244839	PMS-SERTRALINE	PMS	**FGNQSW**
02245160	SANDOZ-SERTRALINE	SDZ	**FGNQSW**
02353539	SERTRALINE	SNS	**FGNQSW**
02357151	JAMP-SERTRALINE	JPC	**FGNQSW**
02386089	SERTRALINE	SIV	**FGNQSW**
02390914	AURO-SERTRALINE	ARO	**FGNQSW**
02399423	MAR-SERTRALINE	MAR	**FGNQSW**
02402394	MINT-SERTRALINE	MNT	**FGNQSW**
02469634	SERTRALINE	JPC	**FGNQSW**
02477890	AG-SERTRALINE	ANG	**FGNQSW**
02488442	NRA-SERTRALINE	NRA	**FGNQSW**

100MG CAPSULE

01962779	ZOLOFT	UJC	**FNQSW**
02238282	APO-SERTRALINE	APX	**FGNQSW**
02240481	TEVA-SERTRALINE	TEV	**FGNQSW**
02244840	PMS-SERTRALINE	PMS	**FGNQSW**
02353547	SERTRALINE	SNS	**FGNQSW**

02357178	JAMP-SERTRALINE	JPC	**FGNQSW**
02386097	SERTRALINE	SIV	**FGNQSW**
02390922	AURO-SERTRALINE	ARO	**FGNQSW**
02399431	MAR-SERTRALINE	MAR	**FGNQSW**
02402408	MINT-SERTRALINE	MNT	**FGNQSW**
02469642	SERTRALINE	JPC	**FGNQSW**
02477904	AG-SERTRALINE	ANG	**FGNQSW**
02488450	NRA-SERTRALINE	NRA	**FGNQSW**

TRANYLCYPROMINE SULFATE

10MG TABLET

01919598	PARNATE	GSK	**FNQSW**

TRAZODONE HCL

50MG TABLET

01937227	PMS-TRAZODONE	PMS	**FGNQSW**
02144263	TEVA-TRAZODONE	TEV	**FGNQSW**
02147637	APO-TRAZODONE	APX	**FGNQSW**
02348772	TRAZADONE	SNS	**FGNQSW**
02442809	JAMP-TRAZADONE	JPC	**FGNQSW**

100MG TABLET

01937235	PMS-TRAZODONE	PMS	**FGNQSW**
02144271	TEVA-TRAZODONE	TEV	**FGNQSW**
02147645	APO-TRAZODONE	APX	**FGNQSW**
02348780	TRAZODONE	SNS	**FGNQSW**
02442817	JAMP-TRAZADONE	JPC	**FGNQSW**

150MG TABLET

02144298	TEVA-TRAZADONE	TEV	**FGNQSW**
02147653	APO-TRAZADONE D	APX	**FGNQSW**
02348799	TRAZADONE	SNS	**FGNQSW**
02442825	JAMP-TRAZADONE	JPC	**FGNQSW**

TRIMIPRAMINE

12.5MG TABLET

00740799	TRIMIPRAMINE	AAA	**FGNQSW**

25MG TABLET

00740802	TRIMIPRAMINE	AAA	**FGNQSW**

50MG TABLET

00740810	TRIMIPRAMINE	AAA	**FGNQSW**

100MG TABLET

00740829	TRIMIPRAMINE	AAA	**FGNQSW**

75MG CAPSULE

02070987	TRIMIPRAMINE	AAA	**FGNQSW**

VENLAFAXINE HCL

37.5MG EXTENDED RELEASE CAPSULE

02237279	EFFEXOR XR	UJC	**FNQSW**
02275023	TEVA-VENLAFAXINE XR	TEV	**FGNQSW**
02278545	PMS-VENLAFAXINE XR	PMS	**FGNQSW**
02304317	ACT-VENLAFAXINE XR	TEV	**FGNQSW**
02310317	SANDOZ-VENLAFAXINE XR	SDZ	**FGNQSW**
02331683	APO-VENLAFAXINE XR	APX	**FGNQSW**
02354713	VENLAFAXINE XR	SNS	**FGNQSW**
02380072	TARO-VENLAFAXINE XR	SUN	**FGNQSW**
02385929	VENLAFAXINE XR	SIV	**FGNQSW**
02452839	AURO-VENLAFAXINE XR	ARO	**FGNQSW**
02471280	M-VENLAFAXINE XR	MRA	**FGNQSW**
02516535	VENLAFAXINE XR	JPC	**FGNQSW**
02521466	PMSC-VENLAFAXINE XR	PMS	**FGNQSW**

75MG EXTENDED RELEASE CAPSULE

02237280	EFFEXOR XR	UJC	**FNQSW**
02275031	TEVA-VENLAFAXINE XR	TEV	**FGNQSW**
02278553	PMS-VENLAFAXINE XR	PMS	**FGNQSW**
02304325	ACT-VENLAFAXINE XR	TEV	**FGNQSW**
02310325	SANDOZ VENLAFAXINE XR	SDZ	**FGNQSW**
02331691	APO-VENLAFAXINE XR	APX	**FGNQSW**
02354721	VENLAFAXINE XR	SNS	**FGNQSW**
02380080	TARO-VENLAFAXINE XR	SUN	**FGNQSW**
02385937	VENLAFAXINE XR	SIV	**FGNQSW**
02452847	AURO-VENLAFAXINE XR	ARO	**FGNQSW**
02471299	M-VENLAFAXINE XR	MRA	**FGNQSW**
02516543	VENLAFAXINE XR	JPC	**FGNQSW**
02521482	PMSC-VENLAFAXINE XR	PMS	**FGNQSW**

150MG EXTENDED RELEASE CAPSULE

02237282	EFFEXOR XR	UJC	**FNQSW**
02275058	TEVA-VENLAFAXINE XR	TEV	**FGNQSW**
02278561	PMS-VENLAFAXINE XR	PMS	**FGNQSW**
02304333	ACT-VENLAFAXINE XR	TEV	**FGNQSW**
02310333	SANDOZ-VENLAFAXINE XR	SNS	**FGNQSW**
02331705	APO-VENLAFAXINE XR	APX	**FGNQSW**
02354748	VENLAFAXINE XR	SNS	**FGNQSW**
02380099	TARO-VENLAFAXINE XR	SUN	**FGNQSW**
02385945	VENLAFAXINE XR	SIV	**FGNQSW**
02452855	AURO-VENLAFAXINE XR	ARO	**FGNQSW**

02471302	M-VENLAFAXINE XR	MRA	**FGNQSW**
02516551	VENLAFAXINE XR	JPC	**FGNQSW**
02521474	PMSC-VENLAFAXINE XR	PMS	**FGNQSW**

VORTIOXETINE

5MG TABLET

02432919	TRINTELLIX	LUD	**FNQSW**

10MG TABLET

02432927	TRINTELLIX	LUD	**FNQSW**

20MG TABLET

02432943	TRINTELLIX	LUD	**FNQSW**

28:16.08 PSYCHOTHERAPEUTIC AGENTS (ANTIPSYCHOTICS)

ARIPIPRAZOLE

2MG TABLET

02322374	ABILIFY	OTS	**FNQSW**
02460025	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466635	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471086	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473658	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483556	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506688	ARIPIPRAZOLE	SNS	**FGNQSW**

5MG TABLET

02322382	ABILIFY	OTS	**FNQSW**
02460033	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466643	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471094	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473666	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483564	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506718	ARIPIPRAZOLE	SNS	**FGNQSW**

10MG TABLET

02322390	ABILIFY	OTS	**FNQSW**
02460041	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466651	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471108	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473674	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483572	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506726	ARIPIPRAZOLE	SNS	**FGNQSW**

15MG TABLET

02322404	ABILIFY	OTS	**FNQSW**
02460068	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466678	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471116	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473682	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483580	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506734	ARIPIPRAZOLE	SNS	**FGNQSW**

20MG TABLET

02322412	ABILIFY	OTS	**FNQSW**
02460076	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466686	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471124	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473690	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483599	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506750	ARIPIPRAZOLE	SNS	**FGNQSW**

30MG TABLET

02322455	ABILIFY	OTS	**FNQSW**
02460084	AURO-ARIPIPRAZOLE	ARO	**FGNQSW**
02466694	PMS-ARIPIPRAZOLE	PMS	**FGNQSW**
02471132	APO-ARIPIPRAZOLE	APX	**FGNQSW**
02473704	SANDOZ-ARIPIPRAZOLE	SDZ	**FGNQSW**
02483602	MINT-ARIPIPRAZOLE	MNT	**FGNQSW**
02506785	ARIPIPRAZOLE	SNS	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA (COMMUNITY MENTAL HEALTH DRUG PROGRAM DOES NOT REQUIRE A SA)

300MG INJECTION

02420864	ABILIFY MAINTENA (SA)	OTS	**BFNQSW**

400MG INJECTION

02420872	ABILIFY MAINTENA (SA)	OTS	**BFNQSW**

ASENAPINE

SEE APPENDIX A FOR SA CRITERIA

5MG SUBLINGUAL TABLET

02374803	SAPHRIS (SA)	LUD	**Q**

10MG SUBLINGUAL TABLET

02374811	SAPHRIS (SA)	LUD	**Q**

BREXPIPRAZOLE

SEE APPENDIX A FOR SA CRITERIA

0.25MG TABLET

02461749	REXULTI (SA)	OTS	**FNQSW**
0.5MG TABLET			
02461757	REXULTI (SA)	OTS	**FNQSW**
1MG TABLET			
02461765	REXULTI (SA)	OTS	**FNQSW**
2MG TABLET			
02461773	REXULTI (SA)	OTS	**FNQSW**
3MG TABLET			
02461781	REXULTI (SA)	OTS	**FNQSW**
4MG TABLET			
02461803	REXULTI (SA)	OTS	**FNQSW**

CHLORPROMAZINE

25MG TABLET			
00232823	TEVA-CHLORPROMAZINE	TEV	**FGNQSW**
50MG TABLET			
00232807	TEVA-CHLORPROMAZINE	TEV	**FGNQSW**
100MG TABLET			
00232831	TEVA-CHLORPROMAZINE	TEV	**FGNQSW**

CLOZAPINE

SEE APPENDIX A FOR SA CRITERIA

25MG TABLET			
00894737	CLOZARIL (SA)	NVR	**FNQSW**
02247243	GEN-CLOZAPINE (SA)	MYL	**FGNQSW**
02248034	AA-CLOZAPINE (SA)	AAA	**FGNQSW**
50MG TABLET			
02305003	GEN-CLOZAPINE (SA)	MYL	**FGNQSW**
02458748	AA-CLOZAPINE (SA)	AAA	**FGNQSW**
100MG TABLET			
00894745	CLOZARIL (SA)	NVR	**FNQSW**
02247244	GEN-CLOZAPINE (SA)	MYL	**FGNQSW**
02248035	AA-CLOZAPINE (SA)	AAA	**FGNQSW**
200MG TABLET			
02305011	GEN-CLOZAPINE (SA)	MYL	**FGNQSW**
02458756	AA-CLOZAPINE (SA)	AAA	**FGNQSW**

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

FLUPENTHIXOL DECANOATE

20MG/ML DEPOT INJECTION SOLUTION (10ML)

02156032	FLUANXOL DEPOT	LUD	**B**

100MG/ML DEPOT INJECTION SOLUTION (2ML)

02156040	FLUANXOL DEPOT	LUD	**B**

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET

02156008	FLUANXOL	LUD	**FNQSW**

3MG TABLET

02156016	FLUANXOL	LUD	**FNQSW**

FLUPHENAZINE HCL

1MG TABLET

00405345	FLUPHENAZINE	AAA	**FGNQSW**

2MG TABLET

00410632	FLUPHENAZINE	AAA	**FGNQSW**

5MG TABLET

00405361	FLUPHENAZINE	AAA	**FGNQSW**

HALOPERIDOL

0.5MG TABLET

00363685	TEVA-HALOPERIDOL	TEV	**FGNQSW**

1MG TABLET

00363677	TEVA-HALOPERIDOL	TEV	**FGNQSW**

2MG TABLET

00363669	TEVA-HALOPERIDOL	TEV	**FGNQSW**

5MG TABLET

00363650	TEVA-HALOPERIDOL	TEV	**FGNQSW**

10MG TABLET

00713449	TEVA-HALOPERIDOL	TEV	**FGNQSW**

5MG/ML INJECTION SOLUTION (1ML)

00808652	HALOPERIDOL	SDZ	**NQ**
02366010	HALOPERIDOL	OMG	**NQ**

HALOPERIDOL DECANOATE

100MG/ML DEPOT INJECTION SOLUTION (5ML)

02130300	HALOPERIDOL LA	SDZ	**B**

LOXAPINE SUCCINATE

2.5MG TABLET

02242868	XYLAC	PEN	**FNQSW**

10MG TABLET

02230838	XYLAC	PEN	**FNQSW**

25MG TABLET

02230839	XYLAC	PEN	**FNQSW**

LURASIDONE

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET

02422050	LATUDA (SA)	SNV	**FNQSW**
02504499	TARO-LURASIDONE (SA)	TAR	**FGNQSW**
02505878	PMS-LURASIDONE (SA)	PMS	**FGNQSW**
02516438	JAMP-LURASIDONE (SA)	JPC	**FGNQSW**
02521075	SANDOZ-LURASIDONE (SA)	SDZ	**FGNQSW**

40MG TABLET

02387751	LATUDA (SA)	SNV	**FNQSW**
02504502	TARO-LURASIDONE (SA)	TAR	**FGNQSW**
02505886	PMS-LURASIDONE (SA)	PMS	**FGNQSW**
02516446	JAMP-LURASIDONE (SA)	JPC	**FGNQSW**
02521091	SANDOZ-LURASIDONE (SA)	SDZ	**FGNQSW**

60MG TABLET

02413361	LATUDA (SA)	SNV	**FNQSW**
02504510	TARO-LURASIDONE (SA)	TAR	**FGNQSW**
02505894	PMS-LURASIDONE (SA)	PMS	**FGNQSW**
02516454	JAMP-LURASIDONE (SA)	JPC	**FGNQSW**
02521105	SANDOZ-LURASIDONE (SA)	SDZ	**FGNQSW**

80MG TABLET

02387778	LATUDA (SA)	SNV	**FNQSW**
02504529	TARO-LURASIDONE (SA)	TAR	**FGNQSW**
02505908	PMS-LURASIDONE (SA)	PMS	**FGNQSW**
02516462	JAMP-LURASIDONE (SA)	JPC	**FGNQSW**
02521113	SANDOZ-LURASIDONE (SA)	SDZ	**FGNQSW**

120MG TABLET

02387786	LATUDA (SA)	SNV	**FNQSW**
02504537	TARO-LURASIDONE (SA)	TAR	**FGNQSW**
02505916	PMS-LURASIDONE (SA)	PMS	**FGNQSW**
02516470	JAMP-LURASIDONE (SA)	JPC	**FGNQSW**

METHOTRIMEPRAZINE

2MG TABLET

02238403	METHOPRAZINE	AAA	**FGNQSW**

5MG TABLET

02238404	METHOPRAZINE	AAA	**FGNQSW**

25MG TABLET

02238405	METHOPRAZINE	AAA	**FGNQSW**

50MG TABLET

02238406	METHOPRAZINE	AAA	**FGNQSW**

25MG/ML AMPUL

01927698	NOZINAN	AVN	**N**

OLANZAPINE

2.5MG TABLET

02229250	ZYPREXA	LIL	**FNQSW**
02276712	TEVA-OLANZAPINE	TEV	**FGNQSW**
02281791	APO-OLANZAPINE	APX	**FGNQSW**
02303116	PMS-OLANZAPINE	PMS	**FGNQSW**
02310341	SANDOZ-OLANZAPINE	SDZ	**FGNQSW**
02372819	OLANZAPINE	SNS	**FGNQSW**
02385864	OLANZAPINE	SIV	**FGNQSW**
02410141	MINT-OLANZAPINE	MNT	**FGNQSW**
02417243	JAMP-OLANZAPINE	JPC	**FGNQSW**
02487608	AG-OLANZAPINE	ANG	**FGNQSW**

5MG TABLET

02229269	ZYPREXA	LIL	**FNQSW**
02276720	TEVA-OLANZAPINE	TEV	**FGNQSW**
02281805	APO-OLANZAPINE	APX	**FGNQSW**
02303159	PMS-OLANZAPINE	PMS	**FGNQSW**
02310368	SANDOZ-OLANZAPINE	SDZ	**FGNQSW**
02372827	OLANZAPINE	SNS	**FGNQSW**
02385872	OLANZAPINE	SIV	**FGNQSW**
02410168	MINT-OLANZAPINE	MNT	**FGNQSW**
02417251	JAMP-OLANZAPINE	JPC	**FGNQSW**

02487616	AG-OLANZAPINE	ANG	**FGNQSW**

7.5MG TABLET

02229277	ZYPREXA	LIL	**FNQSW**
02276739	TEVA-OLANZAPINE	TEV	**FGNQSW**
02281813	APO-OLANZAPINE	APX	**FGNQSW**
02303167	PMS-OLANZAPINE	PMS	**FGNQSW**
02310376	SANDOZ-OLANZAPINE	SDZ	**FGNQSW**
02372835	OLANZAPINE	SNS	**FGNQSW**
02385880	OLANZAPINE	SIV	**FGNQSW**
02410176	MINT-OLANZAPINE	MNT	**FGNQSW**
02417278	JAMP-OLANZAPINE	JPC	**FGNQSW**

10MG TABLET

02229285	ZYPREXA	LIL	**FNQSW**
02276747	TEVA-OLANZAPINE	TEV	**FGNQSW**
02281821	APO-OLANZAPINE	APX	**FGNQSW**
02303175	PMS-OLANZAPINE	PMS	**FGNQSW**
02310384	SANDOZ-OLANZAPINE	SDZ	**FGNQSW**
02372843	OLANZAPINE	SNS	**FGNQSW**
02385899	OLANZAPINE	SIV	**FGNQSW**
02410184	MINT-OLANZAPINE	MNT	**FGNQSW**
02417286	JAMP-OLANZAPINE	JPC	**FGNQSW**
02487632	AG-OLANZAPINE	ANG	**FGNQSW**

15MG TABLET

02238850	ZYPREXA	LIL	**FNQSW**
02276755	TEVA-OLANZAPINE	TEV	**FGNQSW**
02281848	APO-OLANZAPINE	APX	**FGNQSW**
02303183	PMS-OLANZAPINE	PMS	**FGNQSW**
02310392	SANDOZ-OLANZAPINE	SDZ	**FGNQSW**
02372851	OLANZAPINE	SNS	**FGNQSW**
02385902	OLANZAPINE	SIV	**FGNQSW**
02410192	MINT-OLANZAPINE	MNT	**FGNQSW**
02417294	JAMP-OLANZAPINE	JPC	**FGNQSW**

20MG TABLET

02238851	ZYPREXA	LIL	**FNQSW**
02333015	APO-OLANZAPINE	APX	**FGNQSW**
02359707	TEVA-OLANZAPINE	TEV	**FGNQSW**
02417308	JAMP-OLANZAPINE	JPC	**FGNQSW**

5MG ORALLY DISINTEGRATING TABLET

02243086	ZYPREXA ZYDIS	LIL	**FNQSW**
02303191	PMS-OLANZAPINE ODT	PMS	**FGNQSW**
02327775	SANDOZ-OLANZAPINE ODT	SDZ	**FGNQSW**

02343665	OLANZAPINE ODT	SIV	**FGNQSW**
02352974	OLANZAPINE ODT	SNS	**FGNQSW**
02360616	APO-OLANZAPINE ODT	APX	**FGNQSW**
02406624	JAMP-OLANZAPINE ODT	JPC	**FGNQSW**
02414090	RAN-OLANAZPINE ODT	RAN	**FGNQSW**
02436965	MINT-OLANZAPINE ODT	MNT	**FGNQSW**
02448726	AURO-OLANZAPINE ODT	ARO	**FGNQSW**

10MG ORALLY DISINTEGRATING TABLET

02243087	ZYPREXA ZYDIS	LIL	**FNQSW**
02303205	PMS-OLANZPAINE ODT	PMS	**FGNQSW**
02327783	SANDOZ-OLANZAPINE ODT	SDZ	**FGNQSW**
02343673	OLANZAPINE ODT	SIV	**FGNQSW**
02352982	OLANZAPINE ODT	SNS	**FGNQSW**
02360624	APO-OLANZAPINE ODT	APX	**FGNQSW**
02406632	JAMP-OLANZAPINE ODT	JPC	**FGNQSW**
02414104	RAN-OLANZAPINE ODT	RAN	**FGNQSW**
02436973	MINT-OLANZAPINE ODT	MNT	**FGNQSW**
02448734	AURO-OLANZAPINE ODT	ARO	**FGNQSW**

15MG ORALLY DISINTEGRATING TABLET

02243088	ZYPREXA ZYDIS	LIL	**FNQSW**
02303213	PMS-OLANZAPINE ODT	PMS	**FGNQSW**
02327791	SANDOZ-OLANZAPINE ODT	SDZ	**FGNQSW**
02343681	OLANZAPINE ODT	SIV	**FGNQSW**
02352990	OLANZAPINE ODT	SNS	**FGNQSW**
02360632	APO-OLANZAPINE ODT	APX	**FGNQSW**
02406640	JAMP-OLANZAPINE ODT	JPC	**FGNQSW**
02414112	RAN-OLANZAPINE ODT	RAN	**FGNQSW**
02436981	MINT-OLANZAPINE ODT	MNT	**FGNQSW**
02448742	AURO-OLANZAPINE ODT	ARO	**FGNQSW**

20MG ORALLY DISINTEGRATING TABLET

02243089	ZYPREXA ZYDIS	LIL	**FNQSW**
02327805	SANDOZ-OLANZAPINE ODT	SDZ	**FGNQSW**
02343703	OLANZAPINE ODT	SIV	**FGNQSW**
02360640	APO-OLANZAPINE ODT	APX	**FGNQSW**
02414120	RAN-OLANZAPINE ODT	RAN	**FGNQSW**
02406659	JAMP-OLANZAPINE ODT	JPC	**FGNQSW**
02448750	AURO-OLANZAPINE ODT	ARO	**FGNQSW**

PALIPERIDONE

SEE APPENDIX A FOR SA CRITERIA (COMMUNITY MENTAL HEALTH DRUG PROGRAM DOES NOT REQUIRE A SA)

50MG/0.5ML INJECTION

02354217	INVEGA SUSTENNA (SA)	JAN	**BFNQSW**

75MG/0.75ML INJECTION
02354225 INVEGA SUSTENNA (SA) JAN **BFNQSW**

100MG/ML INJECTION
02354233 INVEGA SUSTENNA (SA) JAN **BFNQSW**

150MG/1.5ML INJECTION
02354241 INVEGA SUSTENNA (SA) JAN **FNQSW**

SEE APPENDIX A FOR SA CRITERIA (COMMUNITY MENTAL HEALTH DRUG PROGRAM DOES NOT REQUIRE A SA)
175MG/0.875ML PREFILLED SYRINGE
02455943 INVEGA TRINZA (SA) JAN **BFNQSW**

263MG/1.315ML PREFILLED SYRINGE
02455986 INVEGA TRINZA (SA) JAN **BFNQSW**

350MG/1.75ML PREFILLED SYRINGE
02455994 INVEGA TRINZA (SA) JAN **BFNQSW**

525MG/2.625ML PREFILLED SYRINGE
02456001 INVEGA TRINZA (SA) JAN **FNQSW**

PERICYAZINE
5MG CAPSULE
01926780 NEULEPTIL ERF **FNQSW**

10MG CAPSULE
01926772 NEULEPTIL ERF **FNQSW**

20MG CAPSULE
01926764 NEULEPTIL ERF **FNQSW**

10MG/ML ORAL DROPS
01926756 NEULEPTIL ERF **FNQSW**

PERPHENAZINE
2MG TABLET
00335134 PERPHENAZINE AAA **FGNQSW**

4MG TABLET
00335126 PERPHENAZINE AAA **FGNQSW**

8MG TABLET
00335118 PERPHENAZINE AAA **FGNQSW**

16MG TABLET

00335096	PERPHENAZINE	AAA	**FGNQSW**

PIMOZIDE

2MG TABLET

02245432	PIMOZIDE	AAA	**FGNQSW**

4MG TABLET

02245433	PIMOZIDE	AAA	**FGNQSW**

PROCHLORPERAZINE

5MG TABLET

00886440	PROCHLORAZINE	AAA	**FGNQSW**

10MG TABLET

00886432	PROCHLORAZINE	AAA	**FGNQSW**

10MG RECTAL SUPPOSITORY

00789720	SANDOZ-PROCHLORPERAZINE	SDZ	**FGNQSW**

QUETIAPINE

25MG TABLET

02236951	SEROQUEL	AZE	**FNQSW**
02296551	PMS-QUETIAPINE	PMS	**FGNQSW**
02313901	APO-QUETIAPINE	APX	**FGNQSW**
02316080	ACT-QUETIAPINE	ATV	**FGNQSW**
02317893	QUETIAPINE	SIV	**FGNQSW**
02330415	JAMP-QUETIAPINE	JPC	**FGNQSW**
02353164	QUETIAPINE	SNS	**FGNQSW**
02387794	QUETIAPINE	ACH	**FGNQSW**
02390140	JAMP-QUETIAPINE	JPC	**FGNQSW**
02397099	RAN-QUETIAPINE	RAN	**FGNQSW**
02399822	MAR-QUETIAPINE	MAR	**FGNQSW**
02390205	AURO-QUETIAPINE	ARO	**FGNQSW**
02438003	MINT-QUETIAPINE	MNT	**FGNQSW**
02439158	NAT-QUETIAPINE	NAT	**FGNQSW**
02475979	AG-QUETIAPINE	ANG	**FGNQSW**
02486237	NRA-QUETIAPINE	NRA	**FGNQSW**
02501635	APO-QUETIAPINE FUMARATE	APX	**FGNQSW**

100MG TABLET

02236952	SEROQUEL	AZE	**FNQSW**
02296578	PMS-QUETIAPINE	PMS	**FGNQSW**
02313928	APO-QUETIAPINE	APX	**FGNQSW**
02316099	ACT-QUETIAPINE	ATV	**FGNQSW**

02317907	QUETIAPINE	SIV	**FGNQSW**
02330423	JAMP-QUETIAPINE	JPC	**FGNQSW**
02353172	QUETIAPINE	SNS	**FGNQSW**
02387808	QUETIAPINE	ACH	**FGNQSW**
02390159	JAMP-QUETIAPINE	JPC	**FGNQSW**
02397102	RAN-QUETIAPINE	RAN	**FGNQSW**
02399830	MAR-QUETIAPINE	MAR	**FGNQSW**
02390213	AURO-QUETIAPINE	ARO	**FGNQSW**
02438011	MINT-QUETIAPINE	MNT	**FGNQSW**
02439166	NAT-QUETIAPINE	NAT	**FGNQSW**
02501643	APO-QUETIAPINE FUMARATE	APX	**FGNQSW**

150MG TABLET

02439174	NAT-QUETIAPINE	NAT	**FGNQSW**

200MG TABLET

02236953	SEROQUEL	AZE	**FNQSW**
02296594	PMS-QUETIAPINE	PMS	**FGNQSW**
02313936	APO-QUETIAPINE	APX	**FGNQSW**
02316110	ACT-QUETIAPINE	ATV	**FGNQSW**
02317923	QUETIAPINE	SIV	**FGNQSW**
02330458	JAMP-QUETIAPINE	JPC	**FGNQSW**
02353199	QUETIAPINE	SNS	**FGNQSW**
02387824	QUETIAPINE	ACH	**FGNQSW**
02390167	JAMP-QUETIAPINE	JPC	**FGNQSW**
02397110	RAN-QUETIAPINE	RAN	**FGNQSW**
02399849	MAR-QUETIAPINE	MAR	**FGNQSW**
02390248	AURO-QUETIAPINE	ARO	**FGNQSW**
02438046	MINT-QUETIAPINE	MNT	**FGNQSW**
02439182	NAT-QUETIAPINE	NAT	**FGNQSW**
02501651	APO-QUETIAPINE FUMARATE	APX	**FGNQSW**

300MG TABLET

02244107	SEROQUEL	AZE	**FNQSW**
02296608	PMS-QUETIAPINE	PMS	**FGNQSW**
02313944	APO-QUETIAPINE	APX	**FGNQSW**
02316129	ACT-QUETIAPINE	ATV	**FGNQSW**
02317931	QUETIAPINE	SIV	**FGNQSW**
02330466	JAMP-QUETIAPINE	JPC	**FGNQSW**
02353202	QUETIAPINE	SNS	**FGNQSW**
02387832	QUETIAPINE	ACH	**FGNQSW**
02390175	JAMP-QUETIAPINE	JPC	**FGNQSW**
02397129	RAN-QUETIAPINE	RAN	**FGNQSW**
02399857	MAR-QUETIAPINE	MAR	**FGNQSW**
02390256	AURO-QUETIAPINE	ARO	**FGNQSW**
02438054	MINT-QUETIAPINE	MNT	**FGNQSW**

02439190	NAT-QUETIAPINE	NAT	**FGNQSW**
02501678	APO-QUETIAPINE FUMARATE	APX	**FGNQSW**

RISPERIDONE

0.25MG TABLET

02252007	PMS-RISPERIDONE	PMS	**FGNQSW**
02282119	APO-RISPERIDONE	APX	**FGNQSW**
02282690	TEVA-RISPERIDONE	TEV	**FGNQSW**
02303655	SANDOZ-RISPERIDONE	SDZ	**FGNQSW**
02328305	RAN-RISPERIDONE	RAN	**FGNQSW**
02356880	RISPERIDONE	SNS	**FGNQSW**
02359529	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359790	MINT-RISPERIDONE	MNT	**FGNQSW**
02371766	MAR-RISPERIDONE	MAR	**FNGQSW**

0.5MG TABLET

02252015	PMS-RISPERIDONE	PMS	**FGNQSW**
02264188	TEVA-RISPERIDONE	TEV	**FGNQSW**
02282127	APO-RISPERIDONE	APX	**FGNQSW**
02303663	SANDOZ-RISPERIDONE	SDZ	**FGNQSW**
02328313	RAN-RISPERIODONE	RAN	**FGNQSW**
02356899	RISPERIDONE	SNS	**FGNQSW**
02359537	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359804	MINT-RISPERIDONE	MNT	**FGNQSW**
02371774	MAR-RISPERIDONE	MAR	**FGNQSW**

1MG TABLET

02252023	PMS-RISPERIDONE	PMS	**FGNQSW**
02264196	TEVA-RISPERIDONE	TEV	**FGNQSW**
02279800	SANDOZ-RISPERIDONE	SDZ	**FGNQSW**
02282135	APO-RISPERIDONE	APX	**FGNQSW**
02328321	RAN-RISPERIODONE	RAN	**FGNQSW**
02356902	RISPERIDONE	SNS	**FGNQSW**
02359545	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359812	MINT-RISPERIDONE	MNT	**FGNQSW**
02371782	MAR-RISPERIDONE	MAR	**FGNQSW**

2MG TABLET

02252031	PMS-RISPERIDONE	PMS	**FGNQSW**
02264218	TEVA-RISPERIDONE	TEV	**FGNQSW**
02279819	SANDOZ-RISPERIDONE	SDZ	**FGNQSW**
02282143	APO-RISPERIDONE	APX	**FGNQSW**
02328348	RAN-RISPERIODONE	RAN	**FGNQSW**
02356910	RISPERIDONE	SNS	**FGNQSW**
02359553	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359820	MINT-RISPERIDONE	MNT	**FGNQSW**

02371790	MAR-RISPERIDONE	MAR	**FGNQSW**

3MG TABLET

02252058	PMS-RISPERIDONE	PMS	**FGNQSW**
02264226	TEVA-RISPERIDONE	TEV	**FGNQSW**
02279827	SANDOZ RISPERIDONE	SDZ	**FGNQSW**
02282151	APO-RISPERIDONE	APX	**FGNQSW**
02328364	RAN-RISPERIODONE	RAN	**FGNQSW**
02356929	RISPERIDONE	SNS	**FGNQSW**
02359561	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359839	MINT-RISPERIDONE	MNT	**FGNQSW**
02371804	MAR-RISPERIDONE	MAR	**FGNQSW**

4MG TABLET

02252066	PMS-RISPERIDONE	PMS	**FGNQSW**
02264234	TEVA-RISPERIDONE	TEV	**FGNQSW**
02279835	SANDOZ-RISPERIDONE	SDZ	**FGNQSW**
02282178	APO-RISPERIDONE	APX	**FGNQSW**
02328372	RAN-RISPERIODONE	RBX	**FGNQSW**
02356937	RISPERIDONE	SNS	**FGNQSW**
02359588	JAMP-RISPERIDONE	JPC	**FGNQSW**
02359847	MINT-RISPERIDONE	MNT	**FGNQSW**
02371812	MAR-RISPERIDONE	MAR	**FGNQSW**

1 MG/Ml ORAL SOLUTION

02236950	RISPERDAL	JAN	**FNQSW**
02279266	PMS-RISPERIDONE	PMS	**FGNQSW**
02454319	JAMP-RISPERIDONE	JPC	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA (COMMUNITY MENTAL HEALTH DRUG PROGRAM DOES NOT REQUIRE A SA)

12.5MG PROLONGED RELEASE INJECTION

02298465	RISPERDAL CONSTA (SA)	JAN	**BFNQSW**

25MG PROLONGED RELEASE INJECTION

02255707	RISPERDAL CONSTA (SA)	JAN	**BFNQSW**

37.5MG PROLONGED RELEASE INJECTION

02255723	RISPERDAL CONSTA (SA)	JAN	**BFNQSW**

50MG PROLONGED RELEASE INJECTION

02255758	RISPERDAL CONSTA (SA)	JAN	**BFNQSW**

TRIFLUOPERAZINE

1MG TABLET

00345539	TRIFLUOPERAZINE	AAA	**FGNQSW**

2MG TABLET

00312754	TRIFLUOPERAZINE	AAA	**FGNQSW**

5MG TABLET

00312746	TRIFLUOPERAZINE	AAA	**FGNQSW**

10MG TABLET

00326836	TRIFLUOPERAZINE	AAA	**FGNQSW**

ZIPRASIDONE HYDROCHLORIDE

SEE APPENDIX A FOR SA CRITERIA

20MG CAPSULE

02298597	ZELDOX (SA)	UJC	**FNQSW**
02449544	AURO-ZIPRASIDONE (SA)	ARO	**FGNQSW**

40MG CAPSULE

02298600	ZELDOX (SA)	UJC	**FNQSW**
02449552	AURO-ZIPRASIDONE (SA)	ARO	**FGNQSW**

60MG CAPSULE

02298619	ZELDOX (SA)	UJC	**FNQSW**
02449560	AURO-ZIPRASIDONE (SA)	ARO	**FGNQSW**

80MG CAPSULE

02298627	ZELDOX (SA)	UJC	**FNQSW**
02449579	AURO-ZIPRASIDONE (SA)	ARO	**FGNQSW**

ZUCLOPENTHIXOL DECANOATE

200MG INJECTION

02230406	CLOPIXOL	LUD	**B**

ZUCLOENTHIXOL HCL

10MG TABLET

02230402	CLOPIXOL	LUD	**FNQSW**

25MG TABLET

02230403	CLOPIXOL	LUD	**FNQSW**

28:20.00 RESPIRATORY AND CEREBRAL STIMULANTS

DEXTROAMPHETAMINE/AMPHETAMINE

5MG CAPSULE

02248808	ADDERALL XR	SHR	**FQW**
02439239	ACT-AMPHETAMINE XR	ATV	**FQW**
02445492	APO-AMPHETAMINE XR	APX	**FQW**
02457288	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

10MG CAPSULE

02248809	ADDERALL XR	SHR	**FQW**
02439247	ACT-AMPHETAMINE XR	ATV	**FQW**
02445506	APO-AMPHETAMINE XR	APX	**FQW**
02457296	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

15MG CAPSULE

02248810	ADDERALL XR	SHR	**FQW**
02439255	ACT-AMPHETAMINE XR	ATV	**FQW**
02445514	APO-AMPHETAMINE XR	APX	**FQW**
02457318	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

20MG CAPSULE

02248811	ADDERALL XR	SHR	**FQW**
02439263	ACT-AMPHETAMINE XR	ATV	**FQW**
02445522	APO-AMPHETAMINE XR	APX	**FQW**
02457326	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

25MG CAPSULE

02248812	ADDERALL XR	SHR	**FQW**
02439271	ACT-AMPHETAMINE XR	ATV	**FQW**
02445530	APO-AMPHETAMINE XR	APX	**FQW**
02457334	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

30MG CAPSULE

02248813	ADDERALL XR	SHR	**FQW**
02439298	ACT-AMPHETAMINE XR	ATV	**FQW**
02445549	APO-AMPHETAMINE XR	APX	**FQW**
02457342	SANDOZ-AMPHETAMINE XR	SDZ	**FQW**

DEXTROAMPHETAMINE SULFATE

5MG TABLET

01924516	DEXEDRINE	PAL	**FQW**
02443236	DEXTROAMPHETAMINE	AAA	**FQW**

10MG SUSTAINED RELEASE CAPSULE

01924559	DEXEDRINE	PAL	**FQW**
02448319	ACT-DEXTROAMPHETAMINE	ATV	**FQW**

15MG SUSTAINED RELEASE CAPSULE

01924567	DEXEDRINE	PAL	**FQW**

02448327	ACT-DEXTROAMPHETAMINE SR	ATV	**FQW**

LISDEXAMFETAMINE

SEE APPENDIX A FOR SA CRITERIA

10MG CAPSULE

02439603	VYVANSE (SA)	TAK	**FQW**

10MG CHEWABLE TABLET

02490226	VYVANSE (SA)	TAK	**FQW**

20MG CAPSULE

02347156	VYVANSE (SA)	TAK	**FQW**

20MG CHEWABLE TABLET

02490234	VYVANSE (SA)	TAK	**FQW**

30MG CAPSULE

02322951	VYVANSE (SA)	TAK	**FQW**

30MG CHEWABLE TABLET

02490242	VYVANSE (SA)	TAK	**FQW**

40MG CAPSULE

02347164	VYVANSE (SA)	TAK	**FQW**

40MG CHEWABLE TABLET

02490250	VYVANSE (SA)	TAK	**FQW**

50MG CAPSULE

02322978	VYVANSE (SA)	TAK	**FQW**

50MG CHEWABLE TABLET

02490269	VYVANSE (SA)	TAK	**FQW**

60MG CAPSULE

02347172	VYVANSE (SA)	TAK	**FQW**

60MG CHEWABLE TABLET

02490277	VYVANSE (SA)	TAK	**FQW**

METHYLPHENIDATE HCL

5MG TABLET

02234749	PMS-METHYLPHENIDATE	PMS	**FQW**
02273950	APO-METHYLPHENIDATE	APX	**FQW**

10MG TABLET

00005606	RITALIN	NVR	**FQW**
00584991	PMS-METHYLPHENIDATE	PMS	**FQW**
02249324	APO-METHYLPHENIDATE	APX	**FQW**
20MG TABLET			
00585009	PMS-METHYLPHENIDATE	PMS	**FQW**
02249332	APO-METHYLPHENIDATE	APX	**FQW**
20MG SUSTAINED RELEASE TABLET			
00632775	RITALIN SR	NVR	**FQW**
02320312	SANDOZ METHYLPHENIDATE SR	SDZ	**FQW**
02266687	APO-METHYLPHENIDATE SR	APX	**FQW**
18MG EXTENDED RELEASE TABLET			
02247732	CONCERTA	JAN	**FQW**
02441934	ACT-METHYLPHENIDATE ER	TEV	**FQW**
02452731	APO-METHYLPHENIDATE ER	APX	**FQW**
27MG EXTENDED RELEASE TABLET			
02250241	CONCERTA	JAN	**FQW**
02441942	ACT-METHYLPHENIDATE ER	TEV	**FQW**
02452758	APO-METHYLPHENIDATE ER	APX	**FQW**
36MG EXTENDED RELEASE TABLET			
02247733	CONCERTA	JAN	**FQW**
02441950	ACT-METHYLPHENIDATE ER	TEV	**FQW**
02452766	APO-METHYLPHENIDATE ER	APX	**FQW**
54MG EXTENDED RELEASE TABLET			
02247734	CONCERTA	JAN	**FQW**
02330377	APO-METHYLPHENIDATE ER	APX	**FQW**
02441969	ACT-METHYLPHENIDATE ER	TEV	**FQW**

SEE APPENDIX A FOR SA CRITERIA

10MG CONTROLLED RELEASE CAPSULE			
02277166	BIPHENTIN (SA)	ELV	**FQW**
15MG CONTROLLED RELEASE CAPSULE			
02277131	BIPHENTIN (SA)	ELV	**FQW**
20MG CONTROLLED RELEASE CAPSULE			
02277158	BIPHENTIN (SA)	ELV	**FQW**
30MG CONTROLLED RELEASE CAPSULE			
02277174	BIPHENTIN (SA)	ELV	**FQW**

40MG CONTROLLED RELEASE CAPSULE

02277182	BIPHENTIN (SA)	ELV	**FQW**

50MG CONTROLLED RELEASE CAPSULE

02277190	BIPHENTIN (SA)	ELV	**FQW**

60MG CONTROLLED RELEASE CAPSULE

02277204	BIPHENTIN (SA)	ELV	**FQW**

80MG CONTROLLED RELEASE CAPSULE

02277212	BIPHENTIN (SA)	ELV	**FQW**

MODAFINIL

SEE APPENDIX A FOR SA CRITERIA

100MG TABLET

02239665	ALERTEC (SA)	TEV	**FNQSW**
02285398	APO-MODAFINIL (SA)	APX	**FGNQSW**
02420260	TEVA-MODAFINIL (SA)	TEV	**FGNQSW**
02430487	AURO-MODAFINIL (SA)	ARO	**FGNQSW**
02432560	MAR-MODAFINIL (SA)	MAR	**FGNQSW**
02503727	JAMP-MODAFINIL (SA)	JPC	**FGNQSW**

28:24.08 ANXIOLYTICS, SEDATIVES, HYPNOTICS (BENZODIAZEPINES)

ALPRAZOLAM

0.25MG TABLET

00548359	XANAX	UJC	**FNQSW**
00865397	APO-ALPRAZ	APX	**FNQSW**
01913484	TEVA-ALPRAZOLAM	TEV	**FNQSW**

0.5MG TABLET

00548367	XANAX	UJC	**FNQSW**
00865400	APO-ALPRAZ	APX	**FNQSW**
01913492	TEVA-ALPRAZOLAM	TEV	**FNQSW**

BROMAZEPAM

1.5MG TABLET

02177153	APO-BROMAZEPAM	APX	**FNQSW**

3MG TABLET

02177161	APO-BROMAZEPAM	APX	**FNQSW**
02230584	TEVA-BROMAZEPAM	TEV	**FNQSW**

6MG TABLET

02177188	APO-BROMAZEPAM	APX	**FNQSW**
02230585	TEVA-BROMAZEPAM	TEV	**FNQSW**

CHLORDIAZEPOXIDE

5MG CAPSULE

00522724	CHLORDIAZEPOXIDE	AAA	**FNQSW**

10MG CAPSULE

00522988	CHLORDIAZEPOXIDE	AAA	**FNQSW**

25MG CAPSULE

00522996	CHLORDIAZEPOXIDE	AAA	**FNQSW**

CLORAZEPATE DIPOTASSIUM

3.75MG CAPSULE

00860689	CLORAZEPATE	AAA	**FNQSW**

7.5MG CAPSULE

00860700	CLORAZEPATE	AAA	**FNQSW**

15MG CAPSULE

00860697	CLORAZEPATE	AAA	**FNQSW**

DIAZEPAM

2MG TABLET

00405329	DIAZEPAM	AAA	**FNQSW**

5MG TABLET

00013285	VALIUM	HLR	**FNQSW**
00362158	DIAZEPAM	AAA	**FNQSW**

10MG TABLET

00405337	DIAZEPAM	AAA	**FNQSW**

FLURAZEPAM

15MG CAPSULE

00521698	FLURAZEPAM	AAA	**FNQSW**

30MG CAPSULE

00521701	FLURAZEPAM	AAA	**FNQSW**

LORAZEPAM

0.5MG TABLET

00655740	APO-LORAZEPAM	APX	**FNQSW**
00711101	TEVA-LORAZEPAM	TEV	**FNQSW**

00728187	PMS-LORAZEPAM	PMS	**FNQSW**
02041413	ATIVAN	PFI	**FNQSW**
1MG TABLET			
00637742	TEVA-LORAZEPAM	TEV	**FNQSW**
00655759	APO-LORAZEPAM	APX	**FNQSW**
00728195	PMS-LORAZEPM	PMS	**FNQSW**
02041421	ATIVAN	PFI	**FNQSW**
2MG TABLET			
00637750	TEVA-LORAZEPAM	TEV	**FNQSW**
00655767	APO-LORAZEPAM	APX	**FNQSW**
00728209	PMS-LORAZEPAM	PMS	**FNQSW**
02041448	ATIVAN	PFI	**FNQSW**

MIDAZOLAM

5MG/ML INJECTION SOLUTION (2ML)			
02240286	MIDAZOLAM	SDZ	**NQ**

NITRAZEPAM

5MG TABLET			
00511528	MOGADON	AAA	**FNQSW**
10MG TABLET			
00511536	MOGADON	AAA	**FNQSW**

OXAZEPAM

10MG TABLET			
00402680	APO-OXAZEPAM	APX	**FNQSW**
15MG TABLET			
00402745	APO-OXAZEPAM	APX	**FNQSW**
30MG TABLET			
00402737	APO-OXAZEPAM	APX	**FNQSW**

TEMAZEPAM

15MG CAPSULE			
00604453	RESTORIL	AAA	**FNQSW**
30MG CAPSULE			
00604461	RESTORIL	AAA	**FNQSW**

TRIAZOLAM

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

0.25MG TABLET

00808571	TRIAZOLAM	AAA	**FW**

28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, HYPNOTICS

BUSPIRONE

10MG TABLET

02211076	APO-BUSPIRONE	APX	**FGNQSW**
02230942	PMS-BUSPIRONE	PMS	**FGNQSW**
02231492	TEVA-BUSPIRONE	TEV	**FGNQSW**
02447851	BUSPIRONE	SNS	**FGNQSW**
02500213	AURO-BUSPIRONE	ARO	**FGNQSW**
02509911	JAMP-BUSPIRONE	JPC	**FGNQSW**
02519054	MINT-BUSPIRONE	MNT	**FGNQSW**

CHLORAL HYDRATE

100MG/ML SYRUP

02247621	CHLORAL HYDRATE ODAN	ODN	**FNQSW**

HYDROXYZINE HCL

10MG CAPSULE

00646059	HYDROXYZINE	AAA	**FGNQSW**

25MG CAPSULE

00646024	HYDROXYZINE	AAA	**FGNQSW**

50MG CAPSULE

00646016	HYDROXYZINE	AAA	**FGNQSW**

2MG/ML SYRUP

00024694	ATARAX	ERF	**FNQSW**

ZOPICLONE

5MG TABLET

02243426	PMS-ZOPICLONE	PMS	**FNQW**
02245077	APO-ZOPICLONE	APX	**FNQW**
02246534	RATIO-ZOPICLONE	RPH	**FNQW**
02267918	RAN-ZOPICLONE	RAN	**FNQW**
02344122	ZOPICLONE	SNS	**FNQW**
02385821	ZOPICLONE	SIV	**FNQW**
02386771	MAR-ZOPICLONE	MAR	**FNQW**
02386909	SEPTA-ZOPICLONE	SPT	**FNQW**
02391716	MINT-ZOPICLONE	MNT	**FNQW**
02406969	JAMP-ZOPICLONE	JPC	**FNQW**

02467941	M-ZOPICLONE	MRA	**FNQW**
02475839	AG-ZOPICLONE	ANG	**FNQW**
02477378	NRA-ZOPICLONE	NRA	**FNQW**

7.5MG TABLET

01926799	IMOVANE	AVN	**FNQW**
02218313	APO-ZOPICLONE	APX	**FNQW**
02240606	PMS-ZOPICLONE	PMS	**FNQW**
02242481	RATIO-ZOPICLONE	RPH	**FNQW**
02267926	RAN-ZOPICLONE	RAN	**FNQW**
02282445	ZOPICLONE	SNS	**FNQW**
02385848	ZOPICLONE	SIV	**FNQW**
02386917	SEPTA-ZOPICLONE	SPT	**FNQW**
02386798	MAR-ZOPICLONE	MAR	**FNQW**
02391724	MINT-ZOPICLONE	MNT	**FNQW**
02406977	JAMP-ZOPICLONE	JPC	**FNQW**
02467968	M-ZOPICLONE	MRA	**FNQW**
02475847	AG-ZOPICLONE	ANG	**FNQW**
02477386	NRA-ZOPICLONE	NRA	**FNQW**

28:28.00 ANTIMANIC AGENTS

LITHIUM CARBONATE

150MG CAPSULE

00461733	CARBOLITH	VAL	**FNQSW**
02216132	PMS-LITHIUM CARBONATE	PMS	**FGNQSW**
02242837	APO-LITHIUM CARBONATE	APX	**FGNQSW**

150MG CAPSULE

02013231	LITHANE	ERF	**FNQSW**

300MG CAPSULE

00236683	CARBOLITH	VAL	**FNQSW**
02216140	PMS-LITHIUM CARBONATE	PMS	**FGNQSW**
02242838	APO-LITHIUM CARBONATE	APX	**FGNQSW**

300MG CAPSULE

00406775	LITHANE	ERF	**FNQSW**

600MG CAPSULE

02011239	CARBOLITH	VAL	**FNQSW**
02216159	PMS-LITHIUM CARBONATE	PMS	**FGNQSW**

300MG SUSTAINED RELEASE TABLET

02266695	LITHMAX	AAA	**FNQSW**

28:32.00 MISCELLANEOUS ANTIMIGRAINE AGENTS

ALMOTRIPTAN

12.5MG TABLET

02398443	MYLAN-ALMOTRIPTAN	MYL	**FGNQSW**
02405334	SANDOZ-ALMOTRIPTAN	SDZ	**FGNQSW**
02405806	APO-ALMOTRIPTAN	APX	**FGNQSW**
02434849	TEVA-ALMOTRIPTAN	TEV	**FGNQSW**
02466821	ALMOTRIPTAN	SNS	**FGNQSW**

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

NARATRIPTAN HCL

SEE APPENDIX A FOR SA CRITERIA

1MG TABLET

02237820	AMERGE (SA)	GSK	**FNQSW**
02314290	TEVA-NARATRIPTAN (SA)	TEV	**FGNQSW**

2.5MG TABLET

02237821	AMERGE (SA)	GSK	**FNQSW**
02314304	TEVA-NARATRIPTAN (SA)	TEV	**FGNQSW**
02322323	SANDOZ-NARATRIPTAN (SA)	SDZ	**FGNQSW**

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

PIZOTYLINE

1MG TABLET

00511552	SANDOMIGRAN DS	PAL	**FNQSW**

RIZATRIPTAN

5MG TABLET

02393468	APO-RIZATRIPTAN	APX	**FGNQSW**
02429233	JAMP-RIZATRIPTAN IR	JPC	**FGNQSW**

10MG TABLET

02240521	MAXALT	MSD	**FNQSW**
02379678	MAR-RIZATRIPTAN	MAR	**FGNQSW**
02380463	JAMP-RIZATRIPTAN	JPC	**FGNQSW**
02381702	ACT-RIZATRIPTAN	TEV	**FGNQSW**
02393476	APO-RIZATRIPTAN	APX	**FGNQSW**
02429241	JAMP-RIZATRIPTAN IR	JPC	**FGNQSW**
02441144	AURO-RIZATRIPTAN	ARO	**FGNQSW**
02516756	RIZATRIPTAN	SNS	**FGNQSW**

5MG ORALLY DISINTEGRATING TABLET

02240518	MAXALT RPD	MSD	**FNQSW**
02351870	SANDOZ-RIZATRIPTAN ODT	SDZ	**FGNQSW**
02379198	MYLAN-RIZATRIPTAN ODT	MYL	**FGNQSW**
02393360	PMS-RIZATRIPTAN ODT	PMS	**FGNQSW**
02396661	TEVA-RIZATRIPTAN ODT	TEV	**FGNQSW**
02436604	NAT-RIZATRIPTAN ODT	NAT	**FGNQSW**
02442906	RIZATRIPTAN ODT	SNS	**FGNQSW**
02446111	RIZATRIPTAN ODT	SIV	**FGNQSW**
02458764	CCP-RIZATRIPTAN ODT	CCP	**FGNQSW**
02462788	MAR-RIZATRIPTAN ODT	MAR	**FGNQSW**
02465086	JAMP-RIZATRIPTAN ODT	JPC	**FGNQSW**

10MG ORALLY DISINTEGRATING TABLET

02240519	MAXALT RPD	MSD	**FNQSW**
02351889	SANDOZ-RIZATRIPTAN ODT	SDZ	**FGNQSW**
02379201	MYLAN-RIZATRIPTAN ODT	MYL	**FGNQSW**
02393379	PMS-RIZATRIPTAN ODT	PMS	**FGNQSW**
02396688	TEVA-RIZATRIPTAN ODT	TEV	**FGNQSW**
02436612	NAT-RIZATRIPTAN ODT	NAT	**FGNQSW**
02442914	RIZATRIPTAN ODT	SNS	**FGNQSW**
02446138	RIZATRIPTAN ODT	SIV	**FGNQSW**
02458772	CCP-RIZATRIPTAN ODT	CCP	**FGNQSW**
02462796	MAR-RIZATRIPTAN ODT	MAR	**FGNQSW**
02465094	JAMP-RIZATRIPAN ODT	JPC	**FGNQSW**
02492490	AG-RIZATRIPTAN ODT	ANG	**FGNQSW**

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

SUMATRIPTAN

50MG TABLET

02212153	IMITREX DF	GSK	**FNQSW**
02256436	PMS-SUMATRIPTAN	PMS	**FGNQSW**
02268388	APO-SUMATRIPTAN	APX	**FGNQSW**
02268914	MYLAN-SUMATRIPTAN	MYL	**FGNQSW**
02286823	TEVA-SUMATRIPTAN DF	TEV	**FGNQSW**
02286521	SUMATRIPTAN	SNS	**FGNQSW**
02385570	SUMATRIPTAN	SIV	**FGNQSW**

100MG TABLET

02212161	IMITREX DF	GSK	**FNQSW**
02239367	TEVA-SUMATRIPTAN	TEV	**FGNQSW**
02256444	PMS-SUMATRIPTAN	PMS	**FGNQSW**
02268396	APO-SUMATRIPTAN	APX	**FGNQSW**
02268922	MYLAN-SUMATRIPTAN	MYL	**FGNQSW**
02286831	TEVA-SUMATRIPTAN DF	TEV	**FGNQSW**
02286548	SUMATRIPTAN	SNS	**FGNQSW**

02385589	SUMATRIPTAN	SIV	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA
6MG/0.5ML INJECTION SOLUTION

02212188	IMITREX (SA)	GSK	**FNQSW**
02361698	TARO-SUMATRIPTAN (SA)	TAR	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA
5MG NASAL SPRAY

02230418	IMITREX (SA)	GSK	**FNQSW**

20MG NASAL SPRAY

02230420	IMITREX (SA)	GSK	**FNQSW**

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

ZOLMITRIPTAN

2.5MG TABLET

02238660	ZOMIG	AZE	**FNQSW**
02313960	TEVA-ZOLMITRIPTAN	TEV	**FGNQSW**
02362988	SANDOZ-ZOLMITRIPTAN	SDZ	**FGNQSW**
02380951	APO-ZOLMITRIPTAN	APX	**FGNQSW**
02324229	PMS-ZOLMITRIPTAN	PMS	**FGNQSW**
02399458	MAR-ZOLMITRIPTAN	MAR	**FGNQSW**
02419521	MINT-ZOLMITRIPTAN	MNT	**FGNQSW**
02421534	NAT-ZOLMITRIPTAN	NAT	**FGNQSW**
02421623	JAMP-ZOLMITRIPTAN	JPC	**FGNQSW**
02442655	ZOLMITRIPTAN	SNS	**FGNQSW**
02458780	CCP-ZOLMITRIPTAN	CCP	**FGNQSW**
02477106	JAMP-ZOLMITRIPTAN	JPC	**FGNQSW**
02481030	AURO-ZOLMITRIPTAN	ARO	**FGNQSW**

2.5MG ORALLY DISINTEGRATING TABLET

02243045	ZOMIG RAPIMELT	AZE	**FNQSW**
02324768	PMS-ZOLMITRIPTAN ODT	PMS	**FGNQSW**
02342545	TEVA-ZOLMITRIPTAN ODT	TEV	**FGNQSW**
02362996	SANDOZ-ZOLMITRIPTAN ODT	SDZ	**FGNQSW**
02428237	JAMP-ZOLMITRIPTAN ODT	JPC	**FGNQSW**
02428474	SEPTA-ZOLMITRIPTAN ODT	SPT	**FGNQSW**
02442671	ZOLMITRIPTAN ODT	SNS	**FGNQSW**

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

28:36.00 ANTI PARKINSONIAN AGENTS

BROMOCRIPTINE

2.5MG TABLET

02087324	BROMOCRIPTINE	AAA	**FGNQSW**

5MG CAPSULE

02230454	BROMOCRIPTINE	AAA	**FGNQSW**

CARBIDOPA & LEVODOPA & ENTACAPONE

SEE APPENDIX A FOR SA CRITERIA

12.5/50/200MG TABLET

02305933	STALEVO 50 (SA)	SDZ	**FNQSW**

18.75/75/200MG TABLET

02337827	STALEVO 75 (SA)	SDZ	**FNQSW**

25/100/200MG TABLET

02305941	STALEVO 100 (SA)	SDZ	**FNQSW**

31.25/125/200MG TABLET

02337835	STALEVO 125 (SA)	SDZ	**FNQSW**

37.5/150/200MG TABLET

02305968	STALEVO 150 (SA)	SDZ	**FNQSW**

ENTACAPONE

200MG TABLET

02243763	COMTAN	SND	**FNQSW**
02375559	TEVA-ENTACAPONE	TEV	**FGNQSW**
02380005	SANDOZ-ENTACAPONE	SDZ	**FGNQSW**

LEVODOPA & CARBIDOPA

100MG & 10MG TABLET

02195933	APO-LEVOCARB	APX	**FGNQSW**
02244494	TEVA-LEVOCARBIDOPA	TEV	**FGNQSW**
02457954	MINT-LEVOCARB	MNT	**FGNQSW**

100MG & 25MG TABLET

00513997	SINEMET	MSD	**FNQSW**
02195941	APO-LEVOCARB	APX	**FGNQSW**
02244495	TEVA-LEVOCARBIDOPA	TEV	**FGNQSW**
02457962	MINT-LEVOCARB	MNT	**FGNQSW**

250MG & 25MG TABLET

00328219	SINEMET	MSD	**FNQSW**
02195968	APO-LEVOCARB	APX	**FGNQSW**
02244496	TEVA-LEVOCARBIDOPA	TEV	**FGNQSW**
02457970	MINT-LEVOCARB	MNT	**FGNQSW**

100MG & 25MG CONTROLLED RELEASE TABLET

02272873	AA-LEVOCARB CR	AAA	**FGNQSW**

200MG & 50MG CONTROLLED RELEASE TABLET

02245211	AA-LEVOCARB CR	AAA	**FGNQSW**

PRAMIPEXOLE DIHYDROCHLORIDE

0.25MG TABLET

02237145	MIRAPEX	BOE	**FNQSW**
02292378	APO-PRAMIPEXOLE	APX	**FGNQSW**
02297302	ACT-PRAMIPEXOLE	ATV	**FGNQSW**
02309122	PRAMIPEXOLE	SIV	**FGNQSW**
02315262	SANDOZ PRAMIPEXOLE	SDZ	**FGNQSW**
02367602	PRAMIPEXOLE	SNS	**FGNQSW**
02424061	AURO-PRAMIPEXOLE	ARO	**FGNQSW**

1MG TABLET

02292394	APO-PRAMIPEXOLE	APX	**FGNQSW**
02297329	ACT-PRAMIPEXOLE	ATV	**FGNQSW**
02309149	PRAMIPEXOLE	SIV	**FGNQSW**
02315289	SANDOZ-PRAMIPEXOLE	SDZ	**FGNQSW**
02367629	PRAMIPEXOLE	SNS	**FGNQSW**
02424096	AURO-PRAMIPEXOLE	ARO	**FGNQSW**

1.5MG TABLET

02292408	APO-PRAMIPEXOLE	APX	**FGNQSW**
02297337	ACT-PRAMIPEXOLE	ATV	**FGNQSW**
02309157	PRAMIPEXOLE	SIV	**FGNQSW**
02315297	SANDOZ-PRAMIPEXOLE	SDZ	**FGNQSW**
02367645	PRAMIPEXOLE	SNS	**FGNQSW**
02424118	AURO-PRAMIPEXOLE	ARO	**FGNQSW**

ROPINIROLE HCL

0.25MG TABLET

02314037	RAN-ROPINIROLE	RAN	**FGNQSW**
02316846	TEVA-ROPINIROLE	TEV	**FGNQSW**
02326590	PMS-ROPINIROLE	PMS	**FGNQSW**
02352338	JAMP-ROPINIROLE	JPC	**FGNQSW**
02353040	ROPINIROLE	SNS	**FGNQSW**

1MG TABLET

02314053	RAN-ROPINIROLE	RAN	**FGNQSW**
02316854	TEVA-ROPINIROLE	TEV	**FGNQSW**
02326612	PMS-ROPINIROLE	PMS	**FGNQSW**
02352346	JAMP-ROPINIROLE	JPC	**FGNQSW**
02353059	ROPINIROLE	SNS	**FGNQSW**

2MG TABLET

02314061	RAN-ROPINIROLE	RAN	**FGNQSW**
02316862	TEVA-ROPINIROLE	TEV	**FGNQSW**
02326620	PMS-ROPINIROLE	PMS	**FGNQSW**
02352354	JAMP-ROPINIROLE	JPC	**FGNQSW**

5MG TABLET

02314088	RAN-ROPINIROLE	RAN	**FGNQSW**
02316870	TEVA-ROPINIROLE	TEV	**FGNQSW**

ROTIGOTINE

SEE APPENDIX A FOR SA CRITERIA

2MG TRANSDERMAL PATCH

02403900	NEUPRO (SA)	UCB	**FNQSW**

4MG TRANSDERMAL PATCH

02403927	NEUPRO (SA)	UCB	**FNQSW**

6MG TRANSDERMAL PATCH

02403935	NEUPRO (SA)	UCB	**FNQSW**

8MG TRANSDERMAL PATCH

02403943	NEUPRO (SA)	UCB	**FNQSW**

SELEGILINE HCL

5MG TABLET

02068087	TEVA-SELEGILINE	TEV	**FGNQSW**
02230641	SELEGILINE	AAA	**FGNQSW**

28:36.08 ANTICHOLINERIC AGENTS

BENZTROPINE MESYLATE

1MG TABLET

00706531	PDP-BENZTROPINE	PEN	**FGNQSW**

1MG/ML INJECTION SOLUTION (2ML)

02238903	BENZTROPINE OMEGA	OMG	**NQ**

PROCYCLIDINE HCL

5MG TABLET

00587354	PDP-PROCYCLIDINE	PEN	**FGNQSW**

TRIHEXYPHENIDYL HCL

2MG TABLET

00545058	TRIHEXYPHENIDYL	AAA	**FGNQSW**

5MG TABLET

00545074	TRIHEXYPHENIDYL	AAA	**FGNQSW**

28:92.00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ACAMPROSATE

SEE APPENDIX A FOR SA CRITERIA (FOR SUBSTANCE USE HARM REDUCTION DRUG PROGRAM, NO SA IS REQUIRED)

333MG DELAYED RELEASE TABLET

02293269	CAMPRAL (SA)	MYL	**FLNQSW**

ATOMOXETINE

10MG CAPSULE

02262800	STRATTERA	LIL	**FQW**
02314541	TEVA-ATOMOXETINE	TEV	**FGQW**
02318024	APO-ATOMOXETINE	APX	**FGQW**
02381028	PMS-ATOMOXETINE	PMS	**FGQW**
02386410	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02445883	ATOMOXETINE	SIV	**FGQW**
02467747	ATOMOXETINE	SNS	**FGQW**
02471485	AURO-ATOMOXETINE	ARO	**FGQW**

18MG CAPSULE

02262819	STRATTERA	LIL	**FQW**
02314568	TEVA-ATOMOXETINE	TEV	**FGQW**
02318032	APO-ATOMOXETINE	APX	**FGQW**
02381036	PMS-ATOMOXETINE	PMS	**FGQW**
02386429	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02445905	ATOMOXETINE	SIV	**FGQW**
02467755	ATOMOXETINE	SNS	**FGQW**
02471493	AURO-ATOMOXETINE	ARO	**FGQW**

25MG CAPSULE

02262827	STRATTERA	LIL	**FQW**
02314576	TEVA-ATOMOXETINE	TEV	**FGQW**
02318040	APO-ATOMOXETINE	APX	**FGQW**
02381044	PMS-ATOMOXETINE	PMS	**FGQW**
02386437	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02445913	ATOMOXETINE	SIV	**FGQW**

02467763	ATOMOXETINE	SNS	**FGQW**
02471507	AURO-ATOMOXETINE	ARO	**FGQW**

40MG CAPSULE

02262835	STRATTERA	LIL	**FQW**
02314584	TEVA-ATOMOXETINE	TEV	**FGQW**
02318059	APO-ATOMOXETINE	APX	**FGQW**
02381052	PMS-ATOMOXETINE	PMS	**FGQW**
02386445	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02445948	ATOMOXETINE	SIV	**FGQW**
02467771	ATOMOXETINE	SNS	**FGQW**
02471515	AURO-ATOMOXETINE	ARO	**FGQW**

60MG CAPSULE

02262843	STRATTERA	LIL	**FQW**
02314592	TEVA-ATOMOXETINE	TEV	**FGQW**
02318067	APO-ATOMOXETINE	APX	**FGQW**
02381060	PMS-ATOMOXETINE	PMS	**FGQW**
02386453	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02445956	ATOMOXETINE	SIV	**FGQW**
02467798	ATOMOXETINE	SNS	**FGQW**
02471523	AURO-ATOMOXETINE	ARO	**FGQW**

80MG CAPSULE

02279347	STRATTERA	LIL	**FQW**
02318075	APO-ATOMOXETINE	APX	**FGQW**
02362511	TEVA-ATOMOXETINE	TEV	**FGQW**
02386461	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02467801	ATOMOXETINE	SNS	**FGQW**
02471531	AURO-ATOMOXETINE	ARO	**FGQW**

100MG CAPSULE

02279355	STRATTERA	LIL	**FQW**
02318083	APO-ATOMOXETINE	APX	**FGQW**
02386488	SANDOZ-ATOMOXETINE	SDZ	**FGQW**
02467828	ATOMOXETINE	SNS	**FGQW**
02471558	AURO-ATOMOXETINE	ARO	**FGQW**

EDARAVONE

SEE APPENDIX A FOR SA CRITERIA

0.3MG/ML SOLUTION FOR INJECTION

02475472	RADICAVA (SA)	BMT	**MQ**
00904538	RADICAVA (SA)*		

*use when drug cost in excess of CPHA maximum

RILUZOLE

50MG TABLET

02242763	RILUTEK	AVN	**FNQSW**
02390299	MYLAN-RILUZOLE	MYL	**FGNQSW**

36:26.00 DIABETES MELLITUS

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

BLOOD GLUCOSE TEST STRIP

97799814	ACCU-CHEK AVIVA (100)	ROC	**DQ**
97799962	ACCU-CHEK COMPACT (102)	ROC	**DQ**
97799177	ACCU-CHEK GUIDE (100)	ROC	**DQ**
97799497	ACCU-CHEK MOBILE (100)	ROC	**DQ**
97799702	ASCENSIA CONTOUR (100)	BDD	**DQ**
97799459	CONTOUR NEXT (100)	BDD	**DQ**
97799564	EZ HEALTH ORACLE (100)	THI	**DQ**
97799597	FREESTYLE LITE (100)	ABC	**DQ**
97799373	GE200 (100)	BIN	**DQ**
97799403	MEDISURE (100)	MSR	**DQ**
97799985	ONE TOUCH ULTRA (100)	LSN	**DQ**
97799475	ONE TOUCH VERIO (100)	LSN	**DQ**
97799840	PRECISION FREESTYLE/XTRA (100)	ABC	**DQ**
97799532	TRUE TEST (100)	TRI	**DQ**
97799602	TRUE TRACK (100)	TRI	**DQ**

URINE GLUCOSE TEST STRIP

STRIP

00977160	DIASTIX	BAY	**DQW**

URINE KETONE TEST STRIP

STRIP

00977322	KETOSTIX	BAY	**DQ**

36:60.00 THYROID FUNCTION

THYROTROPIN ALFA

SEE APPENDIX A FOR SA CRITERIA

1.1MG INJECTION

02246016	THYROGEN (SA)	GZY	**FNQSW**

36:84.00 TUBERCULOSIS

TUBERCULIN PURIFIED PROTEIN DERIVATIVE

5TUB/0.5ML INJECTION SOLUTION

00317268	TUBERSOL	AVN	**I**

40:08.00 ALKALINIZING AGENTS

SODIUM BICARBONATE

500MG TABLET

80022194	SODIUM BICARBONATE	SDZ	**NW**

50MMOL INJECTION SOLUTION (50ML SYRINGE)

00261998	SODIUM BICARBONATE INJECTION	PFI	**NQ**

40:12.00 REPLACEMENT AGENTS

CALCIUM CARBONATE

250MG TABLET

00999910	CALCIUM CARBONATE	**NW**

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

500MG TABLET

00999919	CALCIUM CARBONATE	**NW**

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

DEXTROSE

50% INJECTION SOLUTION (50ML SYRINGE)

00037974	DEXTROSE 50%	HOS	**NQ**

MAGNESIUM GLUCOHEPTONATE

100MG/ML ORAL SOLUTION

00026697	ROUGIER-MAGNESIUM	ROG	**FNQSW**
80009357	JAMP-MAGNESIUM	JPC	**FNQSW**

POTASSIUM CHLORIDE

8MMOL EXTENDED RELEASE TABLET

80013005	JAMP-K 8	JPC	**NW**

8MMOL EXTENDED RELEASE CAPSULE

80062704	JAMP-POTASSIUM CHLORIDE ER	JPC	**NW**

20MMOL/15ML ORAL SOLUTION

02238604	PMS-POTASSIUM CHLORIDE	PMS	**NW**
80024835	JAMP-POTASSIUM CHLORIDE	JPC	**NW**
80046782	ODAN POTASSIUM CHLORIDE	ODN	**NW**

2MMOL/ML INJECTION SOLUTION (10ML)

00037869	POTASSIUM CHLORIDE	PFI	**NQ**

POTASSIUM CITRATE

25MMOL EFFERVESCENT TABLET

02085992	K-LYTE	WES	**NW**
80033602	JAMP-K EFFERVESCENT	JPC	**NW**

SODIUM CHLORIDE

0.9% INJECTION SOLUTION (10ML)

00037796	SODIUM CHLORIDE	PFI	**NQ**
02304341	SODIUM CHLORIDE	TLG	**NQ**

0.9% IRRIGATION SOLUTION (1000ML)

00786160	SODIUM CHLORIDE	BAX	**CNQW**

STERILE WATER

INJECTION SOLUTION (10ML)

02142546	STERILE WATER FOR INJECTION	PFI	**CNQ**
02299186	STERILE WATER FOR INJECTION	TLG	**CNQ**

40:18.00 POTASSIUM-REMOVING RESINS

SODIUM POLYSTYRENE SULFONATE

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

00755338	SOLYSTAT	PEN	**FGNQSW**
02026961	KAYEXALATE	AVN	**FNQSW**
02473941	ODAN-SODIUM POLYSTYRENE SULFONATE	ODN	**FGNQSW**
02497557	JAMP-SODIUM POLYSTYRENE SULFONATE	JPC	**FGNQSW**

15G/60ML ORAL POWDER

00769541	SOLYSTAT	PEN	**FGNQSW**
02473968	ODAN-SODIUM POLYSTYRENE SULFONATE	ODN	**FGNQSW**

40:28.00 DIURETICS

***CHLORTHALIDONE**

50MG TABLET

00360279	CHLORTHALIDONE	AAA	**FGNQSW**

***FUROSEMIDE**

20MG TABLET

00337730	TEVA-FUROSEMIDE	TEV	**FGNQSW**
00396788	APO-FUROSEMIDE	APX	**FGNQSW**
02351420	FUROSEMIDE	SNS	**FGNQSW**
02466759	MINT-FUROSEMIDE	MNT	**FGNQSW**

40MG TABLET

00337749	TEVA-FUROSEMIDE	TEV	**FGNQSW**
00362166	APO-FUROSEMIDE	APX	**FGNQSW**
02351439	FUROSEMIDE	SNS	**FGNQSW**
02466767	MINT-FUROSEMIDE	MNT	**FGNQSW**

80MG TABLET

00707570	APO-FUROSEMIDE	APX	**FGNQSW**
00765953	TEVA-FUROSEMIDE	TEV	**FGNQSW**
02351447	FUROSEMIDE	SNS	**FGNQSW**
02466775	MINT-FUROSEMIDE	MNT	**FGNQSW**

10MG/ML ORAL SOLUTION

02224720	LASIX	AVN	**FNQSW**

10MG/ML AMPUL INJECTION (2ML)

02382539	FUROSEMIDE	SDZ	**NQ**

10MG/ML INJECTION SOLUTION (2ML)

00527033	FUROSEMIDE	SDZ	**NQ**

***HYDROCHLOROTHIAZIDE**

12.5MG TABLET

02274086	PMS-HYDROCHLOROTHIAZIDE	PMS	**FGNQSW**
02327856	APO-HYDRO	APX	**FGNQSW**
02425947	MINT-HYDROCHLOROTHIAZIDE	MNT	**FGNQSW**

25MG TABLET

00021474	TEVA-HYDROCHLOROTHIAZIDE	TEV	**FGNQSW**
00326844	APO-HYDRO 25	APX	**FGNQSW**

02247386	PMS-HYDROCHLOROTHIAZIDE	PMS	**FGNQSW**
02360594	HYDROCHLOROTHIAZIDE	SNS	**FGNQSW**
02426196	MINT-HYDROCHLOROTHIAZIDE	MNT	**FGNQSW**

50MG TABLET

00021482	TEVA-HYDROCHLOROTHIAZIDE	TEV	**FGNQSW**
00312800	APO-HYDRO 50	APX	**FGNQSW**
02247387	PMS-HYDROCHLOROTHIAZIDE	PMS	**FGNQSW**
02360608	HYDROCLOROTHIAZIDE	SNS	**FGNQSW**

***INDAPAMIDE HEMIHYDRATE**

1.25MG TABLET

02240067	MYLAN-INDAPAMIDE	MYL	**FGNQSW**
02245246	APO-INDAPAMIDE	APX	**FGNQSW**

2.5MG TABLET

02153483	MYLAN-INDAPAMIDE	MYL	**FGNQSW**
02223678	APO-INDAPAMIDE	APX	**FGNQSW**

***METOLAZONE**

2.5MG TABLET

00888400	ZAROXOLYN	AVN	**FNQSW**

40:28.10 DIURETICS (POTASSIUM SPARING)

***AMILORIDE HCL & HYDROCHLOROTHIAZIDE**

5MG & 50MG TABLET

00784400	AA-AMILZIDE	AAA	**FNQSW**

***SPIRONOLACTONE**

25MG TABLET

00028606	ALDACTONE	PFI	**FNQSW**
00613215	TEVA-SPIRONOLACTONE	TEV	**FGNQSW**
02488140	MINT-SPIRONOLACTONE	MNT	**FGNQSW**
02518821	JAMP-SPIRONOLACTONE	JPC	**FGNQSW**

100MG TABLET

00285455	ALDACTONE	PFI	**FNQSW**
00613223	TEVA-SPIRONOLACTONE	TEV	**FGNQSW**
02488159	MINT-SPIRONOLACTONE	MNT	**FGNQSW**
02518848	JAMP-SPIRONOLACTONE	JPC	**FGNQSW**

***SPIRONOLACTONE & HYDROCHLOROTHIAZIDE**

25MG & 25MG TABLET

00613231	TEVA-SPIRONOLACTONE/HCTZ	TEV	**FGNQSW**

50MG & 50MG TABLET

00657182	TEVA-SPIRONOLACTONE/HCTZ	TEV	**FGNQSW**

***TRIAMTERENE & HYDROCHLOROTHIAZIDE**

50MG & 25MG TABLET

00441775	APO-TRIAZIDE	APX	**FGNQSW**
00532657	TEVA-TRIAMTERENE/HCTZ	TEV	**FGNQSW**

44:00.00 ENZYMES

AGALSIDASE ALFA

SEE APPENDIX A FOR SA CRITERIA

1MG/ML VIAL

02249057	REPLAGAL (SA)	TAK	**MQ**

AGALSIDASE BETA

SEE APPENDIX A FOR SA CRITERIA

5MG VIAL

02248965	FABRAZYME (SA)	AVN	**MQ**

35MG VIAL

02248966	FABRAZYME (SA)	AVN	**MQ**

DORNASE ALFA

SEE APPENDIX A FOR SA CRITERIA

1MG/ML INHALATION SOLUTION

02046733	PULMOZYME (SA)	HLR	**C**

VELAGLUCERASE ALFA

SEE APPENDIX A FOR SA CRITERIA

400 UNIT VIAL

02357119	VPRIV (SA)	SHR	**MQ**

48:08.00 ANTITUSSIVES

CODEINE & GUAIFENESIN & PHENIRAMINE

2MG & 20MG & 1.5MG PER ML SYRUP

01934740	ROBITUSSIN AC	PFI	**W**

DEXTROMETHORPHAN HBR

3MG/ML SYRUP

01944738	BENYLIN DM (SUCROSE & ALCOHOL FREE)	MCL	**NW**

HYDROCODONE

1MG/ML SYRUP

02324253	PDP-HYDROCODONE	PEN	**N**

12:12.20 INTERLEUKIN ANTAGONISTS

BENRALIZUMAB

SEE APPENDIX A FOR SA CRITERIA

30MG/ML SYRINGE

02473232	FASENRA (SA)	AZN	**MQ**

30MG/ML AUTOINJECTOR

02496135	FASENRA (SA)	AZN	**MQ**

MEPOLIZUMAB

SEE APPENDIX A FOR SA CRITERIA

100MG VIAL

02449781	NUCALA (SA)	GSK	**MQ**

100MG/ML AUTOINJECTOR

02492989	NUCALA (SA)	GSK	**MQ**

100MG/ML SYRINGE

02492997	NUCALA (SA)	GSK	**MQ**

48:14.12 CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR POTENTIATORS

ELEXACAFTOR & TEZACAFTOR & IVACAFTOR & IVACAFTOR

SEE APPENDIX A FOR SA CRITERIA

50MG & 25MG & 37.5MG TABLET & 75MG TABLET

02526670	TRIKAFTA (SA)	VTX	**C**

100MG & 50MG & 75MG TABLET & 150MG TABLET

02517140	TRIKAFTA (SA)	VTX	**C**

IVACAFTOR
SEE APPENDIX A FOR SA CRITERIA
150MG TABLET

02397412	KALYDECO (SA)	VTX	**C**

48:16.00 EXPECTORANTS

GUAIFENESIN
40MG/ML ORAL LIQUID

01931032	ROBITUSSIN (SUCROSE & ALCOHOL FREE)	PFI	**NW**
02142783	ROBITUSSIN MUCUS AND PHLEGM	PFI	**NW**
02320940	BENYLIN MUCOUS & PHLEGM RELIEF	MCL	**NW**

48:92.00 RESPIRATORY AGENTS, MISCELLANEOUS

OMALIZUMAB
SEE APPENDIX A FOR SA CRITERIA
150MG VIAL

02260565	XOLAIR (SA)	NVR	**MQ**

52:02.00 ANTIALLERGIC AGENTS

KETOTIFEN
0.025% OPHTHALMIC DROPS

02242324	ZADITOR	LTH	**FNQSW**

OLOPATADINE
0.1% OPHTHALMIC DROPS

02233143	PATANOL	NVR	**FNQSW**
02305054	APO-OLOPATADINE	APX	**FGNQSW**
02358913	SANDOZ-OLOPATADINE	SDZ	**FGNQSW**
02422727	MINT-OLOPATADINE	MNT	**FGNQSW**
02458411	JAMP-OLOPATADINE	JPC	**FGNQSW**

OLOPATADINE
0.2% OPHTHALMIC DROPS

02362171	PATADAY	NVR	**FNQSW**

02402823	APO-OLOPATADINE	APX	**FGNQSW**
02420171	SANDOZ-OLOPATADINE	SDZ	**FGNQSW**
02508605	MINT-OLOPATADINE	MNT	**FGNQSW**

52:04.04 ANTI INFECTIVES (ANTIBIOTICS)

CIPROFLOXACIN

SEE APPENDIX A FOR SA CRITERIA

0.3% OPHTHALMIC OINTMENT (3.5G)

02200864	CILOXAN (SA)	ALC	**FNQSW**

0.3% OPHTHALMIC SOLUTION

01945270	CILOXAN (SA)	ALC	**FNQSW**
02387131	SANDOZ-CIPROFLOXACIN (SA)	SDZ	**FGNQSW**

CIPROFLOXACIN & DEXAMETHASONE

SEE APPENDIX A FOR SA CRITERIA

0.3% & 0.1% OTIC SUSPENSION

02252716	CIPRODEX (SA)	ALC	**FNQSW**
02481901	TARO-CIPROFLOXACIN/DEXAMETHASONE (SA)	TAR	**FGNQSW**
02506882	SANDOZ-CIPROFLOXACIN/DEXAMETHASONE(SA)	SDZ	**FGNQSW**

ERYTHROMYCIN BASE

0.5% OPHTHALMIC OINTMENT (3.5G)

01912755	PDP-ERYTHROMYCIN	PEN	**FGNQSW**

GATIFLOXACIN

SEE APPENDIX A FOR SA CRITERIA

0.3% OPHTHALMIC DROPS

02257270	ZYMAR (SA)	ALL	**FNQSW**
02327260	APO-GATIFLOXACIN (SA)	APX	**FGNQSW**

MOXIFLOXACIN

SEE APPENDIX A FOR SA CRITERIA

0.5% OPHTHALMIC DROPS

02252260	VIGAMOX (SA)	ALC	**FNQSW**
02404656	ACT-MOXIFLOXACIN (SA)	ATV	**FGNQSW**
02406373	APO-MOXIFLOXACIN (SA)	APX	**FGNQSW**
02411520	SANDOZ-MOXIFLOXACIN (SA)	SDZ	**FGNQSW**
02432218	PMS-MOXIFLOXACIN (SA)	PMS	**FGNQSW**
02472120	JAMP-MOXIFLOXACIN (SA)	JPC	**FGNQSW**
02484757	AG-MOXIFLOXACIN (SA)	ANG	**FGNQSW**

OFLOXACIN

SEE APPENDIX A FOR SA CRITERIA

0.3% OPHTHALMIC SOLUTION

02143291	OCUFLOX (SA)	ALL	**FNQSW**

POLYMYXIN B & BACITRACIN

10,000U & 500U/G OPHTHALMIC OINTMENT

02239157	POLYSPORIN	JJM	**NW**

POLYMYXIN B & GRAMICIDIN

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

02239156	POLYSPORIN	JJM	**NW**

TOBRAMYCIN

0.3% OPHTHALMIC OINTMENT (3.5G)

00614254	TOBREX	ALC	**FNQSW**

0.3% OPHTHALMIC SOLUTION

00513962	TOBREX	ALC	**FNQSW**
02241755	SANDOZ TOBRAMYCIN	SDZ	**FGNQSW**

52:04.06 ANTI INFECTIVES (ANTIVIRALS)

TRIFLURIDINE

1% OPHTHALMIC SOLUTION

00687456	VIROPTIC	VAL	**FNQSW**

52:04.92 MISCELLANEOUS ANTI INFECTIVES

CHLORHEXIDINE

SEE APPENDIX A FOR SA CRITERIA

0.12% ORAL RINSE

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

52:08.00 ANTI INFLAMMATORY AGENTS

BECLOMETHASONE DIPROPIONATE

50MCG/DOSE AQUEOUS NASAL SPRAY

02172712	MYLAN-BECLO AQ.	MYL	**FGNQSW**
02238796	APO-BECLOMETHASONE	APX	**FGNQSW**

BUDESONIDE

64MCG/DOSE NASAL SPRAY

02241003	MYLAN-BUDESONIDE AQ	MYL	**FGNQSW**

100MCG/DOSE NASAL SPRAY

02230648	MYLAN-BUDESONIDE AQ	MYL	**FGNQSW**

DEXAMETHASONE

0.1% OPHTHALMIC OINTMENT (3.5G)

00042579	MAXIDEX	ALC	**FNQSW**

0.1% OPHTHALMIC SUSPENSION

00042560	MAXIDEX	ALC	**FNQSW**

DICLOFENAC SODIUM

0.1% OPHTHALMIC SOLUTION

01940414	VOLTAREN OPHTHA	ALC	**FNQSW**
02441020	APO-DICLOFENAC	APX	**FGNQSW**
02454807	SANDOZ-DICLOFENAC OPHTHA	SDZ	**FGNQSW**
02475065	DICLOFENAC	PSL	**FGNQSW**
02475197	MINT-DICLOFENAC	MNT	**FGNQSW**

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION

00247855	FML 0.1%	ALL	**FNQSW**
00432814	SANDOZ-FLUOROMETHOLONE	SDZ	**FGNQSW**

FLUOROMETHOLONE ACETATE

0.1% OPHTHALMIC SUSPENSION

00756784	FLAREX	ALC	**FNQSW**

FLUTICASONE PROPIONATE

50MCG/DOSE AQUEOUS NASAL SPRAY

02294745	APO-FLUTICASONE	APX	**FGNQSW**

KETOROLAC TROMETHAMINE

0.5% OPHTHALMIC SOLUTION

01968300	ACULAR	ALL	**FNQSW**
02245821	KETOROLAC	AAA	**FGNQSW**

MOMETASONE

50MCG/DOSE NASAL SPRAY

02238465	NASONEX	MSD	**FNQSW**
02403587	APO-MOMETASONE	APX	**FGNQSW**
02449811	SANDOZ-MOMETASONE	SDZ	**FGNQSW**
02475863	TEVA-MOMETASONE	TEV	**FGNQSW**
02519127	MOMETASONE	SNS	**FGNQSW**

PREDNISOLONE ACETATE

0.12% OPHTHALMIC SUSPENSION

00299405	PRED MILD	ALL	**FNQSW**

1% OPHTHALMIC SUSPENSION

00301175	PRED FORTE	ALL	**FNQSW**
00700401	TEVA-PREDNISOLONE	TEV	**FGNQSW**
01916203	SANDOZ-PREDNISOLONE	SDZ	**FGNQSW**

TRIAMCINOLONE

55MCG/DOSE NASAL SPRAY

02213834	NASACORT AQ	AVN	**FNQSW**
02437635	APO-TRIAMCINOLONE AQ	APX	**FGNQSW**

52:08.08 COMBINATION ANTI-INFECTIVE / ANTI INFLAMMATORY AGENTS

CLIOQUINOL & FLUMETHASONE PIVALATE

1% & 0.02% OTIC SOLUTION

00074454	LOCACORTEN-VIOFORM	PAL	**FNQSW**

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

5MG & 50MCG & 0.5MG/ML OPHTHALMIC/OTIC SOLUTION

02224623	SOFRACORT	AVN	**FNQSW**

TOBRAMYCIN & DEXAMETHASONE

0.3% & 0.1% OPHTHALMIC OINTMENT

00778915	TOBRADEX	ALC	**FNQSW**

0.3% & 0.1% OPHTHALMIC SUSPENSION

00778907	TOBRADEX	ALC	**FNQSW**

52:10.00 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE

250MG TABLET

00545015	ACETAZOLAMIDE	AAA	**FGNQSW**

BRINZOLAMIDE

02238873	AZOPT	ALC	**FNQSW**

DORZOLAMIDE HCL

2% OPHTHALMIC SOLUTION

02216205	TRUSOPT	ELV	**FNQSW**
02316307	SANDOZ-DORZOLAMIDE	SDZ	**FGNQSW**
02453347	JAMP-DORZOLAMIDE	JPC	**FGNQSW**

METHAZOLAMIDE

50MG TABLET

02245882	METHAZOLAMIDE	AAA	**FGNQSW**

52:24.00 MYDRIATICS

ATROPINE SULFATE

1% OPHTHALMIC SOLUTION

00035017	ISOPTO ATROPINE	ALC	**FNQSW**
02023695	ATROPINE	PSL	**FGNQSW**

CYCLOPENTOLATE

1% OPHTHALMIC SOLUTION

00252506	CYCLOGYL	ALC	**FNQSW**

PHENYLEPHRINE HCL

2.5% OPHTHALMIC SOLUTION

00465763	MYDFRIN	ALC	**FNQSW**

52:28.00 MOUTHWASHES AND GARGLES

BENZYDAMINE HCL

SEE APPENDIX A FOR SA CRITERIA

0.15% ORAL RINSE

02239537	PMS-BENZYDAMINE (SA)	PMS	**FGNQSW**
02463105	ODAN-BENZYDAMINE (SA)	ODN	**FGNQSW**

52:32.00 VASOCONSTRICTORS

XYLOMETAZOLINE

0.1% NASAL SPRAY

00653330	OTRIVIN	NVR	**N**

52:40.00 ALPHA AND BETA ADRENERGIC AGENTS AND PROSTAGLANDIN ANALOGS

BETAXOLOL HCL

0.25% OPHTHALMIC SUSPENSION

01908448	BETOPTIC S	ALC	**FNQSW**

BIMATOPROST

0.1 MG/ML OPHTHALMIC SOLUTION

02324997	LUMIGAN	ALL	**FNQSW**

BRIMONIDINE TARTRATE

0.15% OPHTHALMIC SOLUTION

02248151	ALPHAGAN P	ALL	**FNQSW**
02301334	BRIMONIDINE P	AAA	**FGNQSW**

0.2% OPHTHALMIC SOLUTION

02236876	ALPHAGAN	ALL	**FNQSW**
02246284	PMS-BRIMONIDINE	PMS	**FGNQSW**
02260077	APO-BRIMONIDINE	APX	**FGNQSW**
02305429	SANDOZ BRIMONIDINE	SDZ	**FGNQSW**
02507811	MED-BRIMONIDINE	GMP	**FGNQSW**
02515377	BRIMONIDINE TARTRATE	TEL	**FGNQSW**

BRIMONIDINE & TIMOLOL

0.2% & 0.5% OPHTHALMIC SOLUTION

02248347	COMBIGAN	ALL	**FNQSW**

BRINZOLAMIDE & BRIMONIDINE

1% & 0.2% OPHTHALMIC SUSPENSION

02435411	SIMBRINZA	ALC	**FNQSW**

BRINZOLAMIDE & TIMOLOL

1% & 0.5% OPHTHALMIC SUSPENSION

02331624	AZARGA	ALC	**FNQSW**

DORZOLAMIDE & TIMOLOL

2% & 0.5% OPHTHALMIC SOLUTION

02240113	COSOPT	ELV	**FNQSW**
02299615	APO-DORZO-TIMOP	APX	**FGNQSW**
02437686	MED-DORZOLAMIDE-TIMOLOL	GMP	**FGNQSW**
02344351	SANDOZ-DORZOLAMIDE/TIMOLOL	SDZ	**FGNQSW**
02441659	RIVA-DORZOLAMIDE/TIMOLOL	RIV	**FGNQSW**
02457539	JAMP-DORZOLAMIDE/TIMOLOL	JPC	**FGNQSW**
02489635	DORZOLAMIDE AND TIMOLOL	TEL	**FGNQSW**

LATANOPROST

50MCG/ML OPHTHALMIC SOLUTION

02231493	XALATAN	UJC	**FNQSW**
02254786	ACT-LATANOPROST	ATV	**FGNQSW**
02296527	APO-LATANOPROST	APX	**FGNQSW**
02317125	PMS-LANANOPROST	PMS	**FGNQSW**
02367335	SANDOZ-LATANOPROST	SDZ	**FGNQSW**
02373041	GD-LATANOPROST	UJC	**FGNQSW**
02426935	MED-LATANOPROST	GMP	**FGNQSW**
02453355	JAMP-LATANOPROST	JPC	**FGNQSW**
02489570	LATANOPROST	TLG	**FGNQSW**
02513285	M-LATANOPROST	MRA	**FGNQSW**

LATANOPROST & TIMOLOL

50MCG & 5MG PER ML OPHTHALMIC SOLUTION

02246619	XALACOM	UJC	**FNQSW**
02373068	GD-LATANOPROST/TIMOLOL	UJC	**FGNQSW**
02436256	ACT-LATANOPROST/TIMOLOL	ATV	**FGNQSW**
02453770	JAMP-LATANOPROST/TIMOLOL	JPC	**FGNQSW**
02454505	MED-LATANOPROST/TIMOLOL	MED	**FGNQSW**
02489368	LATANOPROST/TIMOLOL	TLG	**FGNQSW**
02514516	M-LATANOPROST/TIMOLOL	MRA	**FGNQSW**

LATANOPROSTENE BUNOD

0.024% OPHTHALMIC SOLUTION

02484218	VYZULTA	BLO	**FNQSW**

TIMOLOL MALEATE

0.25% OPHTHALMIC SOLUTION

02166712	SANDOZ-TIMOLOL	SDZ	**FGNQSW**

0.5% OPHTHALMIC SOLUTION

00451207	TIMOPTIC	ELV	**FNQSW**
00755834	APO-TIMOP	APX	**FGNQSW**
02166720	SANDOZ-TIMOLOL MALEATE	SDZ	**FGNQSW**
02447800	JAMP-TIMOLOL	JPC	**FGNQSW**

0.25% GEL FORMING SOLUTION

02242275	TIMOLOL MALEATE-EX	SDZ	**FGNQSW**

0.5% GEL FORMING SOLUTION

02171899	TIMOPTIC-XE	PFR	**FNQSW**
02242276	TIMOLOL MALEATE-EX	SDZ	**FGNQSW**

TRAVOPROST

0.003% OPHTHALMIC SOLUTION

02457997	IZBA	NVR	**FNQSW**

0.004% OPHTHALMIC SOLUTION

02318008	TRAVATAN Z	ALC	**FNQSW**
02413167	SANDOZ-TRAVOPROST	SDZ	**FGNQSW**

TRAVOPROST & TIMOLOL

0.004% & 0.5% OPHTHALMIC SOLUTION

02278251	DUOTRAV	ALC	**FNQSW**
02415305	APO-TRAVOPROST-TIMOLOL	APX	**FGNQSW**

52:40.20 MIOTICS

PILOCARPINE HCL

2% OPHTHALMIC SOLUTION

00000868	ISOPTO CARPINE	ALC	**FNQSW**

4% OPHTHALMIC SOLUTION

00000884	ISOPTO CARPINE	ALC	**FNQSW**

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

AFLIBERCEPT

SEE APPENDIX A FOR SA CRITERIA

2MG/0.05ML VIAL

02415992	EYLEA (SA)	BAY	**MQ**

APRACLONIDINE HCL

0.5% OPHTHALMIC SOLUTION

02076306	IOPIDINE	NVR	**FNQSW**

ARTIFICIAL TEARS

0.5% OPHTHALMIC SOLUTION

00000809	ALCON TEARS	ALC	**NW**

1% OPHTHALMIC SOLUTION

00000817	ALCON TEARS	ALC	**NW**

5% OPHTHALMIC OINTMENT

00750816	MURO-128	BLO	**NW**

LANOLIN & MINERAL OIL & PETROLATUM

3 % & 3 % & 94 % OINTMENT

02444062	SYSTANE	ALC	**NW**

RANIBIZUMAB

SEE APPENDIX A FOR SA CRITERIA

2.3MG/0.23ML VIAL

02296810	LUCENTIS (SA)	NVR	**MQ**

0.5MG/0.5ML PREFILLED SYRINGE

02425629	LUCENTIS (SA)	NVR	**MQ**

CROMOLYN SODIUM

2% OPHTALMIC SOLUTION

02009277	CROMOLYN	PEN	**FNSW**

56:04.00 ANTACIDS AND ADSORBENTS

ALGINIC ACID & ALUMINIUM HYDROXIDE

50MG & 20MG/ML ORAL SUSPENSION

02159775	GAVISCON	GSK	**NW**

ALGINIC ACID & MAGNESIUM CARBONATE

200MG & 40MG TABLET

02159791	GAVISCON HEARTBURN RELIEF	GSK	**NW**

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE

40MG & 33MG/ML ORAL SUSPENSION

01966529	DIOVOL	CDC	**NW**

MAGNESIUM HYDROXIDE & ALUMINIUM HYDROXIDE & SIMETHICONE

200MG & 200MG & 25MG TABLET

00116882	DIOVOL PLUS	CDC	**NW**

56:08.00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HCL/ATROPINE SULFATE

2.5MG/0.025MG TABLET

00036323	LOMOTIL	PFI	**FNQSW**

LOPERAMIDE

2MG CAPLET

02132591	TEVA-LOPERAMIDE	TEV	**FNQSW**
02183862	IMODIUM	MCL	**FNQSW**
02212005	APO-LOPERAMIDE	APX	**FNQSW**
02228351	PMS-LOPERAMIDE	PMS	**FNQSW**
02229552	DIARR-EZE	PMS	**FNQSW**

0.2MG/ML ORAL SOLUTION

02016095	PMS-LOPERAMIDE HCL	PMS	**FNQSW**

56:10.00 ANTIFLATULENTS

SIMETHICONE

80MG TABLET

00292990	OVOL	CDC	**NW**

56:12.00 CATHARTICS AND LAXATIVES

Note: Cathartics and laxatives should only be used after failure of simpler measures. A high fiber diet, adequate hydration, and a review of potentially constipating medications is often effective in relieving constipation.

BISACODYL

5MG ENTERIC COATED TABLET

00254142	DULCOLAX	BOE	**NW**
02273411	ODAN-BISACODYL	ODN	**NW**

10MG RECTAL SUPPOSITORY

00003875	DULCOLAX	BOE	**NW**
02361450	JAMP-BISACODYL	JPC	**NW**

10MG RECTAL SUPPOSITORY
SEE APPENDIX A FOR SA CRITERIA

02241091	MAGIC BULLET (SA)	D&C	**FNSW**

GLYCERIN

90%/2.6G SUPPOSITORY

02020394	GLYCERIN	ROG	**N**

LACTULOSE

SEE APPENDIX A FOR SA CRITERIA
667MG/ML SYRUP

00703486	PMS-LACTULOSE (SA)	PMS	**NW**
00854409	RATIO-LACTULOSE (SA)	RPH	**NW**
02295881	JAMP-LACTULOSE (SA)	JPC	**NW**
02412268	LACTULOSE (SA)	SNS	**NW**
02469391	PMS-LACTULOSE-PHARMA (SA)	PMS	**NW**

MAGNESIUM CITRATE

50MG/ML ORAL SOLUTION

00262609	CITRO-MAG	ROG	**NW**

MAGNESIUM HYDROXIDE & MINERAL OIL

60MG & 0.25ML PER ML ORAL EMULSION

00202045	MAGNOLAX	PEN	**N**

POLYETHYLENE GLYCOL 3350

ORAL POWDER

09991054	POLYETHYLENE GLYCOL 3350		**NW**

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

PSYLLIUM MUCILLOID

ORAL POWDER

02174782	METAMUCIL SUGAR FREE	PGA	**NW**
02174812	METAMUCIL	PGA	**NW**

SENNOSIDES A&B

8.6MG TABLET

00026158	SENOKOT	PFR	**NW**
00896411	PMS-SENNOSIDES	PMS	**NW**

1.7MG/ML ORAL LIQUID

00367729	SENOKOT	PFR	**N**

SODIUM PHOSPHATES

220MG/ML ENEMA (130ML)

00009911	FLEET	JJM	**NW**

56:14.00 CHOLELITHOLYTIC AGENTS

URSODIOL

250MG TABLET

02238984	URSO	ALL	**FNQSW**
02273497	PMS-URSODIOL C	PMS	**FGNQSW**
02426900	GLN-URSODIOL	GLM	**FGNQSW**
02472392	JAMP-URSODIOL	JPC	**FGNQSW**
02505363	AG-URSODIOL	ANG	**FGNQSW**
02515520	URSODIOL	SNS	**FGNQSW**

500MG TABLET

02245894	URSO DS	ALL	**FNQSW**
02273500	PMS-URSODIOL C	PMS	**FGNQSW**
02426919	GLN-URSODIOL	GLM	**FGNQSW**
02472406	JAMP-URSODIOL	JPC	**FGNQSW**
02505371	AG-URSODIOL	ANG	**FGNQSW**
02515539	URSODIOL	SNS	**FGNQSW**

56:16.00 DIGESTANTS

LIPASE & PROTEASE & AMYLASE

5,000 & 320 & 5,100 UNIT GRANULES

02445158	CREON MINIMICROSPHERES MICRO	BGP	**CFNQSW**

10,000 & 730 & 11,200 UNIT CAPSULE

02200104	CREON 10 MINIMICROSPHERES	BGP	**CFNQSW**

25,000 & 1,600 & 25,500 UNIT CAPSULE

01985205	CREON 25 MINIMICROSPHERES	BGP	**CFNQSW**

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

10,000 & 35,000 & 40,000USP U CAPSULE

00263818	COTAZYM	MSD	**CFNQSW**

10,800 & 45,000 & 42,000USP U CAPSULE (ENTERIC COATED PARTICLES)
00502790 COTAZYM ECS 8 MSD **CFNQSW**

25,000 & 100,000 & 100,000USP U CAPSULE (ENTERIC COATED PARTICLES)
00821373 COTAZYM ECS 20 MSD **CFNQSW**

10,440 & 57,100 & 56,400USP U TABLET
02230019 VIOKACE NES **CFNQSW**

20,880 & 112,500 & 113,400USP U TABLET
02241933 VIOKACE NES **CFNQSW**

56:22.00 ANTIEMETICS

APREPITANT

SEE APPENDIX A FOR SA CRITERIA
80MG CAPSULE
02298791 EMEND (SA) MSD **FNQSW**

125MG CAPSULE
02298805 EMEND (SA) MSD **FNQSW**

80MG & 80MG & 125MG CAPSULE (PACKAGE)
02298813 EMEND TRI-PACK (SA) MSD **FNQSW**

DIMENHYDRINATE

50MG TABLET
00999972 DIMENHYDRINATE **NW**
Note: The Drug Identification Number listed is for billing purposes only.

50MG RECTAL SUPPOSITORY
00392553 SANDOZ-DIMENHYDRINATE SDZ **NW**

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

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

DOXYLAMINE SUCCINATE & PYRIDOXINE HCL

10MG & 10MG DELAYED RELEASE TABLET

00609129	DICLECTIN	DUI	**FQW**
02406187	PMS-DOXYLAMINE-PYRIDOXINE	PMS	**FGQW**
02413248	APO-DOXYLAMINE/B6	APX	**FGQW**

NABILONE

SEE APPENDIX A FOR SA CRITERIA

0.5MG CAPSULE

02256193	CESAMET (SA)	VAL	**FNQSW**
02380900	PMS-NABILONE (SA)	PMS	**FNQSW**
02384884	TEVA-NABILONE (SA)	TEV	**FNQSW**
02393581	ACT-NABILONE (SA)	ATV	**FNQSW**

1MG CAPSULE

00548375	CESAMET (SA)	VAL	**FNQSW**
02380919	PMS-NABILONE (SA)	PMS	**FNQSW**
02384892	TEVA-NABILONE (SA)	TEV	**FNQSW**

NETUPITANT & PALONOSETRON HCL

SEE APPENDIX A FOR SA CRITERIA

300MG/0.5MG CAPSULE

02468735	AKYNZEO (SA)	ELV	**FNQSW**

ONDANSETRON

SEE APPENDIX A FOR SA CRITERIA

4MG MEDICATED FILM

02389983	ONDISSOLVE ODT (SA)	TAK	**FNQSW**

8MG MEDICATED FILM

02389991	ONDISSOLVE ODT (SA)	TAK	**FNQSW**

SEE APPENDIX A FOR SA CRITERIA

4MG ORAL DISINTEGRATING TABLET

02481723	ONDANSETRON ODT (SA)	SDZ	**FGNQSW**
02487330	MINT-ONDANSETRON ODT (SA)	MNT	**FGNQSW**
02511282	AURO-ONDANSETRON ODT (SA)	ARO	**FGNQSW**
02514966	MAR-ONDANSETRON ODT (SA)	MAR	**FGNQSW**
02519232	ONDANSETRON ODT (SA)	JPC	**FGNQSW**
02519445	PMS-ONDANSETRON ODT (SA)	PMS	**FGNQSW**

8MG ORAL DISINTEGRATING TABLET

02481731	ONDANSETRON ODT (SA)	SDZ	**FGNQSW**
02487349	MINT-ONDANSETRON ODT (SA)	MNT	**FGNQSW**
02511290	AURO-ONDANSETRON ODT (SA)	ARO	**FGNQSW**
02514974	MAR-ONDANSETRON ODT (SA)	MAR	**FGNQSW**
02519240	ONDANSETRON ODT (SA)	JPC	**FGNQSW**
02519453	PMS-ONDANSETRON ODT (SA)	PMS	**FGNQSW**

ONDANSETRON HCL

SEE APPENDIX A FOR SA CRITERIA

4MG TABLET

02213567	ZOFRAN (SA)	NVR	**FNQSW**
02258188	PMS-ONDANSETRON (SA)	PMS	**FGNQSW**
02274310	SANDOZ-ONDANSETRON (SA)	SDZ	**FGNQSW**
02288184	APO-ONDANSETRON (SA)	APX	**FGNQSW**
02296349	ACT-ONDANSETRON (SA)	TEV	**FGNQSW**
02297868	MYLAN-ONDANSETRON (SA)	MYL	**FGNQSW**
02305259	MINT-ONDANSETRON (SA)	MNT	**FGNQSW**
02312247	RAN-ONDANSETRON (SA)	RAN	**FGNQSW**
02313685	JAMP-ONDANSETRON (SA)	JPC	**FGNQSW**
02371731	MAR-ONDANSETRON (SA)	MAR	**FGNQSW**
02376091	SEPTA-ONDANSETRON (SA)	SPT	**FGNQSW**
02417839	NAT-ONDANSETRON (SA)	NAT	**FGNQSW**
02421402	ONDANSETRON (SA)	SNS	**FGNQSW**
02458810	CCP-ONDANSETRON (SA)	CCP	**FGNQSW**

8MG TABLET

02213575	ZOFRAN (SA)	NVR	**FNQSW**
02258196	PMS-ONDANSETRON (SA)	PMS	**FGNQSW**
02274329	SANDOZ-ONDANSETRON (SA)	SDZ	**FGNQSW**
02288192	APO-ONDANSETRON (SA)	APX	**FGNQSW**
02296357	ACT-ONDANSETRON (SA)	TEV	**FGNQSW**
02297876	MYLAN-ONDANSETRON (SA)	MYL	**FGNQSW**
02305267	MINT-ONDANSETRON (SA)	MNT	**FGNQSW**
02312255	RAN-ONDANSETRON (SA)	RAN	**FGNQSW**
02313693	JAMP-ONDANSETRON (SA)	JPC	**FGNQSW**
02371758	MAR-ONDANSETRON (SA)	MAR	**FGNQSW**
02376105	SEPTA-ONDANSETRON (SA)	SPT	**FGNQSW**
02417847	NAT-ONDANSETRON (SA)	NAT	**FGNQSW**
02421410	ONDANSETRON (SA)	SNS	**FGNQSW**
02458802	CCP-ONDANSETRON (SA)	CCP	**FGNQSW**

0.8MG/ML ORAL SOLUTION

02229639	ZOFRAN (SA)	NVR	**FNQSW**
02291967	APO-ONDANSETRON (SA)	APX	**FGNQSW**
02490617	JAMP-ONDANSETRON (SA)	JPC	**FGNQSW**

56:28.12 HISTAMINE H2 ANTAGONISTS

***CIMETIDINE**

200MG TABLET

00584215	CIMETIDINE	AAA	**FGNQSW**

300MG TABLET

00487872	CIMETIDINE	AAA	**FGNQSW**

***FAMOTIDINE**

20MG TABLET

02022133	TEVA-FAMOTIDINE	TEV	**FGNQSW**
02507749	JAMP-FAMOTIDINE	JPC	**FGNQSW**

40MG TABLET

02022141	TEVA-FAMOTIDINE	TEV	**FGNQSW**
02507757	JAMP-FAMOTIDINE	JPC	**FGNQSW**

***NIZATIDINE**

150MG CAPSULE

00778338	AXID	PEN	**FNQSW**

***RANITIDINE HCL**

150MG TABLET

00733059	APO-RANITIDINE	APX	**FGNQSW**
02242453	PMS-RANITIDINE	PMS	**FGNQSW**
02336480	RAN-RANITIDINE	RAN	**FGNQSW**
02353016	RANITIDINE	SNS	**FGNQSW**
02385953	RANITIDINE	SIV	**FGNQSW**
02443708	MAR-RANITIDINE	MAR	**FGNQSW**
02463717	JAMP-RANITIDINE	JPC	**FGNQSW**

300MG TABLET

00733067	APO-RANITIDINE	APX	**FGNQSW**
02242454	PMS-RANITIDINE	PMS	**FGNQSW**
02336502	RAN-RANITIDINE	RAN	**FGNQSW**
02353024	RANITIDINE	SNS	**FGNQSW**
02385961	RANITIDINE	SIV	**FGNQSW**
02443716	MAR-RANITIDINE	MAR	**FGNQSW**
02463725	JAMP-RANITIDINE	JPC	**FGNQSW**

15MG/ML ORAL SOLUTION

02280833	APO-RANITIDINE	APX	**FGNQSW**

56:28.28 PROSTAGLANDINS

***MISOPROSTOL**

100MCG TABLET

02244022	MISOPROSTOL	AAA	**FGNQSW**

200MCG TABLET

02244023	MISOPROSTOL	AAA	**FGNQSW**

56:28.32 PROTECTANTS

***SUCRALFATE**

1G TABLET

02045702	TEVA-SUCRALFATE	TEV	**FGNQSW**
02100622	SULCRATE	ALL	**FNQSW**
02125250	APO-SUCRALFATE	APX	**FGNQSW**

200MG/ML ORAL SUSPENSION

02103567	SULCRATE PLUS	AVN	**FNQSW**

56:28.36 PROTON PUMP INHIBITORS

LANSOPRAZOLE

SEE PROTON PUMP INHIBITORS IN APPENDIX A FOR SA CRITERIA

15MG DELAYED RELEASE CAPSULE

02165503	PREVACID (SA)	ABB	**FNQSW**
02280515	TEVA-LANSOPRAZOLE (SA)	TEV	**FGNQSW**
02293811	APO-LANSOPRAZOLE (SA)	APX	**FGNQSW**
02353830	MYLAN-LANSOPRAZOLE (SA)	MYL	**FGNQSW**
02357682	LANSOPRAZOLE (SA)	SNS	**FGNQSW**
02385643	SANDOZ-LANSOPRAZOLE (SA)	SDZ	**FGNQSW**
02385767	LANSOPRAZOLE DR (SA)	SIV	**FGNQSW**
02395258	PMS-LANSOPRAZOLE (SA)	PMS	**FGNQSW**
02402610	TARO-LANSOPRAZOLE (SA)	SUN	**FGNQSW**
02433001	LANSOPRAZOLE (SA)	PMS	**FGNQSW**

30MG DELAYED RELEASE CAPSULE

02165511	PREVACID (SA)	ABB	**FNQSW**
02280523	TEVA-LANSOPRAZOLE (SA)	TEV	**FGNQSW**
02293838	APO-LANSOPRAZOLE (SA)	APX	**FGNQSW**
02353849	MYLAN-LANSOPRAZOLE (SA)	MYL	**FGNQSW**
02357690	LANSOPRAZOLE (SA)	SNS	**FGNQSW**
02385651	SANDOZ-LANSOPRAZOLE (SA)	SDZ	**FGNQSW**

02395266	PMS-LANSOPRAZOLE (SA)	PMS	**FGNQSW**
02402629	TARO-LANSOPRAZOLE (SA)	SUN	**FGNQSW**
02410389	LANSOPRAZOLE (SA)	SIV	**FGNQSW**
02433028	LANSOPRAZOLE (SA)	PMS	**FGNQSW**

15MG DELAYED RELEASE TABLET

02249464	PREVACID FASTAB (SA)	ABB	**FNQSW**

30MG DELAYED RELEASE TABLET

02249472	PREVACID FASTAB (SA)	ABB	**FNQSW**

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

SEE APPENDIX A FOR SA CRITERIA

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

02470780	APO-LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	APX	**FGNQSW**

***OMEPRAZOLE**

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

20MG CAPSULE

00846503	LOSEC	AZE	**FNQSW**
02245058	APO-OMEPRAZOLE	APX	**FGNQSW**
02296446	SANDOZ-OMEPRAZOLE	SDZ	**FGNQSW**
02320851	PMS-OMEPRAZOLE	PMS	**FGNQSW**
02348691	OMEPRAZOLE	SNS	**FGNQSW**
02411857	OMEPRAZOLE-20	SIV	**FGNQSW**

20MG DELAYED RELEASE TABLET

02295415	TEVA-OMEPRAZOLE	TEV	**FGNQSW**
02416549	OMEPRAZOLE MAGNESIUM	ACH	**FGNQSW**
02420198	JAMP-OMEPRAZOLE	JPC	**FGNQSW**
02439549	NAT-OMEPRAZOLE	NAT	**FGNQSW**
02501880	NRA-OMEPRAZOLE MAGNESIUM	NRA	**FGNQSW**
02504294	OMEPRAZOLE MAGNESIUM	SNS	**FGNQSW**

***PANTOPRAZOLE MAGNESIUM**

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

40MG ENTERIC TABLET

02267233	TECTA	TAK	**FNQSW**
02408570	MYLAN-PANTOPRAZOLE T	MYL	**FGNQSW**
02440628	TEVA-PANTOPRAZOLE MAGNESIUM	TEV	**FGNQSW**
02441853	PANTOPRAZOLE MAGNESIUM	ALH	**FGNQSW**
02466147	PANTOPRAZOLE T	SNS	**FGNQSW**
02519534	PANTOPRAZOLE T	SIV	**FGNQSW**

PANTOPRAZOLE SODIUM

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

20MG ENTERIC TABLET

02241804	PANTOLOC	TAK	**FNQSW**
02285479	TEVA-PANTOPRAZOLE	TEV	**FGNQSW**
02292912	APO-PANTOPRAZOLE	APX	**FGNQSW**
02301075	SANDOZ-PANTOPRAZOLE	SDZ	**FGNQSW**
02392615	JAMP-PANTOPRAZOLE SODIUM	JPC	**FGNQSW**
02408414	JAMP-PANTOPRAZOLE EC	JPC	**FGNQSW**
02428172	PANTOPRAZOLE	SIV	**FGNQSW**

40MG ENTERIC TABLET

02229453	PANTOLOC	TAK	**FNQSW**
02285487	TEVA-PANTOPRAZOLE	TEV	**FGNQSW**
02292920	APO-PANTOPRAZOLE	APX	**FGNQSW**
02301083	SANDOZ-PANTOPRAZOLE	SDZ	**FGNQSW**
02305046	RAN-PANTOPRAZOLE	RAN	**FGNQSW**
02307871	PMS-PANTOPRAZOLE	PMS	**FGNQSW**
02357054	JAMP-PANTOPRAZOLE EC	JPC	**FGNQSW**
02370808	PANTOPRAZOLE	SNS	**FGNQSW**
02392623	JAMP-PANTOPRAZOLE SODIUM	JPC	**FGNQSW**
02415208	AURO-PANTOPRAZOLE	ARO	**FGNQSW**
02416565	MAR-PANTOPRAZOLE	MAR	**FGNQSW**
02417448	MINT-PANTOPRAZOLE	MNT	**FGNQSW**
02428180	PANTOPRAZOLE	SIV	**FGNQSW**
02437945	PANTOPRAZOLE	PMS	**FGNQSW**
02467372	M-PANTOPRAZOLE SODIUM	MRA	**FGNQSW**
02471825	NRA-PANTOPRAZOLE	NRA	**FGNQSW**
02481588	AG-PANTOPRAZOLE SODIUM	ANG	**FGNQSW**

***RABEPRAZOLE SODIUM**

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

10MG ENTERIC COATED TABLET

02243796	PARIET	JAN	**FNQSW**
02298074	RAN-RABEPRAZOLE	RAN	**FGNQSW**
02310805	PMS-RABEPRAZOLE	PMS	**FGNQSW**
02314177	SANDOZ-RABEPRAZOLE	SDZ	**FGNQSW**
02345579	APO-RABEPRAZOLE	APX	**FGNQSW**
02356511	RABEPRAZOLE	SNS	**FGNQSW**
02385449	RABEPRAZOLE	SIV	**FGNQSW**

20MG ENTERIC COATED TABLET

02243797	PARIET	JAN	**FNQSW**
02298082	RAN-RABEPRAZOLE	RAN	**FGNQSW**

02310813	PMS-RABEPRAZOLE	PMS	**FGNQSW**
02314185	SANDOZ-RABEPRAZOLE	SDZ	**FGNQSW**
02356538	RABEPRAZOLE	SNS	**FGNQSW**
02385457	RABEPRAZOLE	SIV	**FGNQSW**

56:32.00 MISCELLANEOUS G.I. DRUGS

DOMPERIDONE MALEATE

10MG TABLET

01912070	TEVA-DOMPERIDONE	TEV	**FGNQSW**
02103613	APO-DOMPERIDONE	APX	**FGNQSW**
02236466	PMS-DOMPERIDONE	PMS	**FGNQSW**
02238341	DOMPERIDONE	SIV	**FGNQSW**
02268078	RAN-DOMPERIDONE	RAN	**FGNQSW**
02350440	DOMPERIDONE	SNS	**FGNQSW**
02369206	JAMP-DOMPERIDONE	JPC	**FGNQSW**
02403870	MAR-DOMPERIDONE	MAR	**FGNQSW**

METOCLOPRAMIDE HCL

5MG TABLET

02230431	PMS-METOCLOPRAMIDE	PMS	**FGNQSW**
02517795	MAR-METOCLOPRAMIDE	MAR	**FGNQSW**

10MG TABLET

02230432	PMS-METOCLOPRAMIDE	PMS	**FGNQSW**

1MG/ML ORAL SOLUTION

02230433	PMS-METOCLOPRAMIDE	PMS	**FGNQSW**

5MG/ML INJECTION SOLUTION (2ML)

02185431	METOCLOPRAMIDE HCL	SDZ	**NQ**

OBETICHOLIC

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02463121	OCALIVA (SA)	INT	**MQ**

10MG TABLET

02463148	OCALIVA (SA)	INT	**MQ**

SULFASALAZINE

500MG ENTERIC COATED TABLET

00598488	PMS-SULFASALAZINE E.C.	PMS	**FGNQSW**

02064472	SALAZOPYRIN	PFI	**FNQSW**

500MG TABLET

00598461	PMS-SULFASALAZINE	PMS	**FGNQSW**
02064480	SALAZOPYRIN	PFI	**FNQSW**

TRIMEBUTINE MALEATE

100MG TABLET

02245663	TRIMEBUTINE	AAA	**FGNQSW**

200MG TABLET

02245664	TRIMEBUTINE	AAA	**FGNQSW**

56:36.00 ANTI-INFLAMMATORY AGENTS

5-AMINOSALICYLIC ACID (MESALAZINE)

400MG ENTERIC COATED TABLET

02171929	TEVA-5 ASA	TEV	**FGNQSW**

500MG ENTERIC COATED TABLET

02112787	SALOFALK	ALL	**FNQSW**

500MG DELAYED RELEASE TABLET

02099683	PENTASA	FEI	**FNQSW**

1G EXTENDED RELEASE TABLET

02399466	PENTASA	FEI	**FNQSW**

500MG RECTAL SUPPOSITORY

02112760	SALOFALK	APT	**FNQSW**

1G/ACTUATION RECTAL FOAM

02474026	MEZERA	AVI	**FNQSW**

1G RECTAL SUPPOSITORY

02242146	SALOFALK	APT	**FNQSW**
02153564	PENTASA	FEI	**FNQSW**
02474018	MEZERA	AVI	**FNQSW**

1G/100ML RECTAL ENEMA

02153521	PENTASA	FEI	**FNQSW**

4G/100ML RECTAL ENEMA

02153556	PENTASA	FEI	**FNQSW**

2G/60G RETENTION ENEMA (60G)

02112795	SALOFALK	APT	**FNQSW**

4G/60G RETENTION ENEMA (60G)

02112809	SALOFALK	APT	**FNQSW**

BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

02060884	BETNESOL	PAL	**FNQSW**

MESALAMINE

1.2GM DELAYED RELEASE TABLET

02297558	MEZAVANT	SHI	**FNQSW**

OLSALAZINE SODIUM

250MG CAPSULE

02063808	DIPENTUM	ATN	**FNQSW**

64:00.00 HEAVY METAL ANTAGONISTS

DEFERASIROX

SEE APPENDIX A FOR SA CRITERIA

90MG TABLET

02485265	APO-DEFERASIROX (TYPE J)	APX	**Q**
02489899	SANDOZ-DEFERASIROX (TYPE J)	SDZ	**Q**
02507315	TARO-DEFERASIROX (TYPE J)	TAR	**Q**
02528290	PMS-DEFERASIROX (TYPE J)	PMS	**Q**

180MG TABLET

02485273	APO-DEFERASIROX (TYPE J)	APX	**Q**
02489902	SANDOZ-DEFERASIROX (TYPE J)	SDZ	**Q**
02507323	TARO-DEFERASIROX (TYPE J)	TAR	**Q**

360MG TABLET

02485281	APO-DEFERASIROX (TYPE J)	APX	**Q**
02489910	SANDOZ-DEFERASIROX (TYPE J)	SDZ	**Q**
02507331	TARO-DEFERASIROX (TYPE J)	TAR	**Q**
02528312	PMS-DEFERASIROX (TYPE J)	PMS	**Q**

125MG DISPERSIBLE TABLETS

02287420	EXJADE (SA)	NVR	**Q**
02461544	APO-DEFERASIROX (SA)	APX	**Q**

02464454	SANDOZ-DEFERASIROX (SA)	SDZ	**Q**

250MG DISPERSIBLE TABLETS

02287439	EXJADE (SA)	NVR	**Q**
02461552	APO-DEFERASIROX (SA)	APX	**Q**
02464462	SANDOZ-DEFERASIROX (SA)	SDZ	**Q**

500MG DISPERSIBLE TABLETS

02287447	EXJADE (SA)	NVR	**Q**
02461560	APO-DEFERASIROX (SA)	APX	**Q**
02464470	SANDOZ-DEFERASIROX (SA)	SDZ	**Q**

PENICILLAMINE

250MG CAPSULE

00016055	CUPRIMINE	VAL	**FNQSW**

68:04.00 CORTICOSTEROIDS

BECLOMETHASONE DIPROPIONATE

50MCG/INHALER

02242029	QVAR	VAL	**FNQSW**

100MCG/INHALER

02242030	QVAR	VAL	**FNQSW**

BUDESONIDE

100MCG/DOSE INHALER POWDER (200 DOSE)

00852074	PULMICORT TURBUHALER	AZE	**FQW**

200MCG/DOSE INHALER POWDER (200 DOSE)

00851752	PULMICORT TURBUHALER	AZE	**CFNQSW**

400MCG/DOSE INHALER POWDER (200 DOSE)

00851760	PULMICORT TURBUHALER	AZE	**CFNQSW**

SEE APPENDIX A FOR SA CRITERIA (NURSING HOME PROGRAM AND CYSTIC FIBROSIS PROGRAM DOES NOT REQUIRE AN SA REQUEST)

0.125MG/ML INHALATION SOLUTION (2ML)

02229099	PULMICORT NEBUAMP (SA)	AZE	**CFQW**
02465949	TEVA-BUDESONIDE (SA)	TEV	**CFGQW**
02494264	TARO-BUDESONIDE (SA)	TAR	**CFGQW**

0.25MG/ML INHALATION SOLUTION (2ML)

01978918	PULMICORT NEBUAMP (SA)	AZE	**CFNQW**
02494272	TARO-BUDESONIDE (SA)	TAR	**CFGNQW**

0.5MG/ML INHALATION SOLUTION (2ML)

01978926	PULMICORT NEBUAMP (SA)	AZE	**CFNQW**
02465957	TEVA-BUDESONIDE (SA)	TEV	**CFGNQW**
02494280	TARO-BUDESONDE (SA)	TAR	**CFGNQW**

3MG DELAYED AND EXTENDED RELEASE CAPSULE
SEE APPENDIX A FOR SA CRITERIA

02229293	ENTOCORT (SA)	TPG	**FNQSW**

0.02MG/ML RECTAL ENEMA

02052431	ENTOCORT	TPG	**FNQSW**

CICLESONIDE

100MCG/DOSE INHALATION AEROSOL

02285606	ALVESCO	COV	**FGNQSW**

200MCG/DOSE INHALATION AEROSOL

02285614	ALVESCO	COV	**FGNQSW**

CORTISONE ACETATE

25MG TABLET

00280437	CORTISONE	VAL	**CFNQSW**

DEXAMETHASONE

0.5MG TABLET

01964976	PMS-DEXAMETHASONE	PMS	**CFGNQSW**
02261081	APO-DEXAMETHASONE	APX	**CFGNQSW**

0.75MG TABLET

01964968	PMS-DEXAMETHASONE	PMS	**FGNQSW**

2MG TABLET

02279363	PMS-DEXAMETHASONE	PMS	**FGNQSW**

4MG TABLET

01964070	PMS-DEXAMETHASONE	PMS	**CFGNQSW**
02250055	APO-DEXAMETHASONE	APX	**CFGNQSW**

DEXAMETHASONE 21 PHOSPHATE

4MG/ML INJECTION SOLUTION (5ML)

00664227	DEXAMETHASONE	SDZ	**FGNQSW**
01977547	DEXAMETHASONE	STE	**FGNQSW**

FLUDROCORTISONE ACETATE

0.1MG TABLET

02086026	FLORINEF	PAL	**FNQSW**

FLUTICASONE FUROATE

100MCG POWDER FOR INHALATION

02446561	ARNUITY ELLIPTA	GSK	**FNQSW**

200MCG POWDER FOR INHALATION

02446588	ARNUITY ELLIPTA	GSK	**FNQSW**

FLUTICASONE PROPIONATE

55MCG/DOSE AEROSOL POWDER

02467895	AERMONY RESPICLICK	TEV	**FGNQSW**

113MCG/DOSE AEROSOL POWDER

02467909	AERMONY RESPICLICK	TEV	**FGNQSW**

232MCG/DOSE AEROSOL POWDER

02467917	AERMONY RESPICLICK	TEV	**FGNQSW**

50MCG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244291	FLOVENT HFA	GSK	**CFNQSW**

125MCG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244292	FLOVENT HFA	GSK	**CFNQSW**

250MCG/DOSE INHALATION AEROSOL HYDROFLUOROALKANE (HFA)

02244293	FLOVENT HFA	GSK	**CFNQSW**
02503131	PMS-FLUTICASONE HFA	PMS	**CFGNQSW**
02510987	APO-FLUTICASONE HFA	APX	**CFGNQSW**

100MCG/DOSE AEROSOL POWDER DISK (60)

02237245	FLOVENT DISKUS	GSK	**FNQSW**

250MCG/DOSE AEROSOL POWDER DISK (60)

02237246	FLOVENT DISKUS	GSK	**FNQSW**

500MCG/DOSE AEROSOL POWDER DISK (60)

02237247	FLOVENT DISKUS	GSK	**FNQSW**

HYDROCORTISONE

10MG TABLET

00030910	CORTEF	PFI	**CFNQSW**

20MG TABLET

00030929	CORTEF	PFI	**CFNQSW**

HYDROCORTISONE SODIUM SUCCINATE

250MG INJECTION POWDER			
00030619	SOLU-CORTEF	PFI	**NQ**

METHYLPREDNISOLONE

4MG TABLET			
00030988	MEDROL	PFI	**CFNQSW**
16MG TABLET			
00036129	MEDROL	PFI	**FNQSW**

METHYLPREDNISOLONE ACETATE

40MG/ML INJECTION SUSPENSION (1ML)			
00030759	DEPO MEDROL	PFI	**FNQSW**
40MG/ML INJECTION SUSPENSION (2ML)			
01934333	DEPO MEDROL	PFI	**FNQSW**
80MG/ML INJECTION SUSPENSION (1ML)			
00030767	DEPO MEDROL	PFI	**FNQSW**

MOMETASONE FUROATE

200MCG DRY POWDER INHALER			
02243595	ASMANEX	MSD	**CFNQSW**
400MCG DRY POWDER INHALER			
02243596	ASMANEX	MSD	**CFNQSW**

PREDNISOLONE SODIUM PHOSPHATE

1MG/ML ORAL LIQUID			
02230619	PEDIAPRED	AVN	**CFNQSW**
02245532	PMS-PREDNISOLONE	PMS	**CFGNQSW**

PREDNISONE

1MG TABLET			
00271373	WINPRED	AAA	**CFNQSW**
5MG TABLET			
00021695	TEVA-PREDNISONE	TEV	**CFGNQSW**
00312770	APO-PREDNISONE	APX	**CFGNQSW**
50MG TABLET			
00232378	TEVA-PREDNISONE	TEV	**CFGNQSW**
00550957	APO-PREDNISONE	APX	**CFGNQSW**

TRIAMCINOLONE ACETONIDE

10MG/ML VIAL

01999761	KENALOG-10	BMS	**FNQSW**

40MG/ML VIAL

01999869	KENALOG-40	BMS	**FNQSW**
01977563	TRIAMCINOLONE ACETONIDE	STE	**FNQSW**

TRIAMCINOLONE HEXACETONIDE

SEE APPENDIX A FOR SA CRITERIA

20MG/ML AMPULE

02470632	TRISPAN (SA)	MED	**FQW**

68:08.00 ANDROGENS

DANAZOL

50MG CAPSULE

02018144	CYCLOMEN	AVN	**FQW**

100MG CAPSULE

02018152	CYCLOMEN	AVN	**FQW**

200MG CAPSULE

02018160	CYCLOMEN	AVN	**FQW**

TESTOSTERONE

SEE APPENDIX A FOR SA CRITERIA

25MG/2.5GM TRANSDERMAL GEL

02245345	ANDROGEL (SA)	BGP	**FNQSW**
02463792	TARO-TESTOSTERONE (SA)	TAR	**FNQSW**

50MG/5GM TRANSDERMAL GEL

02245346	ANDROGEL (SA)	BGP	**FNQSW**
02463806	TARO-TESTOSTERONE (SA)	TAR	**FNQSW**

50MG/5GM TRANSDERMAL GEL

02245346	ANDROGEL (SA)	BGP	**FNQSW**
02280248	TESTIM (SA)	PAL	**FNQSW**

TESTOSTERONE CYPIONATE

100MG/ML VIAL

00030783	DEPO-TESTOSTERONE	PFI	**FQW**

02496003	TARO-TESTOSTERONE	TAR	**FQW**

TESTOSTERONE ENANTHATE

200MG/ML OILY INJECTION SOLUTION

00029246	DELATESTRYL	VAL	**FQW**

TESTOSTERONE UNDECANOATE

SEE APPENDIX A FOR SA CRITERIA

40MG CAPSULE

02322498	PMS-TESTOSTERONE (SA)	PMS	**FNQSW**
02421186	TARO-TESTOSTERONE (SA)	TAR	**FNQSW**

68:12.00 CONTRACEPTIVES

ESTRADIOL & ETONOGESTREL

2MG & 11.4MG VAGINAL INSERT

02253186	NUVARING	MSD	**FQW**
02520028	HALOETTE	SLP	**FGQW**

***ETHINYL ESTRADIOL & DESOGESTREL**

0.025MG & 0.10MG TABLET (21 DAY)

02272903	LINESSA	ASN	**FQW**

0.025MG & 0.10MG TABLET (28 DAY)

02257238	LINESSA	ASN	**FQW**

0.03MG & 0.15MG TABLET (21 DAY)

02042487	MARVELON	MSD	**FQW**
02317192	APRI 21	TEV	**FGQW**
02396491	FREYA 21	MYL	**FGQW**
02410249	MIRVALA 21	APX	**FGQW**

0.03MG & 0.15MG TABLET (28 DAY)

02042479	MARVELON	MSD	**FQW**
02317206	APRI 28	TEV	**FGQW**
02396610	FREYA 21	MYL	**FGQW**
02410257	MIRVALA 28	APX	**FGQW**

***ETHINYL ESTRADIOL & DROSPIRENONE**

3.0MG & 0.03MG TABLETS (21 DAY)

02261723	YASMIN 21	BAY	**FQW**
02410788	ZAMINE 21	APX	**FGQW**
02421437	DROSPIRENONE-ETHINYL ESTRADIOL	GLN	**FGQW**

3.0MG & 0.03MG TABLETS (28 DAY)

02261731	YASMIN 28	BAY	**FQW**
02410796	ZAMINE 28	APX	**FGQW**
02421445	DROSPIRENONE-ETHINYL ESTRADIOL	GLN	**FGQW**

***ETHINYL ESTRADIOL & L-NORGESTREL**

0.2MG & 0.1MG TABLET (21 DAY)

02236974	ALESSE	PFI	**FQW**
02298538	AVIANE 21	TEV	**FGQW**
02387875	ALYSENA	APX	**FGQW**

0.2MG & 0.1MG TABLET (28 DAY)

02236975	ALESSE	PFI	**FQW**
02298546	AVIANE 28	TEV	**FGQW**
02387883	ALYSENA	APX	**FGQW**

0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10) TABLET (21 DAY)

00707600	TRIQUILAR	BAY	**FQW**

0.03MG & 0.05MG (6); 0.04MG & 0.075MG (5); 0.03MG & 0.125MG (10); INERT TABLETS (7) TABLET (28 DAY)

00707503	TRIQUILAR	BAY	**FQW**

0.03MG & 0.15MG TABLET (21 DAY)

02042320	MIN-OVRAL	PFI	**FQW**
02295946	PORTIA	TEV	**FGQW**
02387085	OVIMA	APX	**FGQW**

0.03MG & 0.15MG TABLET (28 DAY)

02042339	MIN-OVRAL	PFI	**FQW**
02295954	PORTIA	TEV	**FGQW**
02387093	OVIMA	APX	**FGQW**

***ETHINYL ESTRADIOL & NORETHINDRONE**

0.035MG & 0.5MG TABLET (21 DAY)

02187086	BREVICON	PFI	**FQW**

0.035MG & 0.5MG TABLET (28 DAY)

02187094	BREVICON	PFI	**FQW**

0.035MG &0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7) TABLET (21 DAY)

02187108	SYNPHASIC	PFI	**FQW**

0.035MG &0.5MG (7); 0.035MG & 1.0MG (7); 0.035MG & 0.5MG (7); INERT TABLETS (7) TABLET (28 DAY)

02187116	SYNPHASIC	PFI	**FQW**

0.035MG & 1.0MG TABLET (21 DAY)

02189054	BREVICON 1/35	PFI	**FQW**
02197502	SELECT 1/35	PFI	**FQW**

0.035MG & 1.0MG TABLET (28DAY)

02189062	BREVICON 1/35	PFI	**FQW**
02199297	SELECT 1/35	PFI	**FQW**

***ETHINYL ESTRADIOL & NORETHINDRONE ACETATE**

0.02MG & 1.0MG TABLET (21 DAY)

00315966	MINESTRIN 1/20	PFI	**FQW**

0.02MG & 1.0MG TABLET (28 DAY)

00343838	MINESTRIN 1/20	PFI	**FQW**

0.035MG & 1.5MG TABLET (21 DAY)

00297143	LOESTRIN 1.5/30	PFI	**FQW**

***ETHINYL ESTRADIOL & NORGESTIMATE**

0.025MG & 0.180MG (7); 0.025MG & 0.215MG (7); 0.025MG & 0.250MG (7) TABLET (21 DAY)

02401967	TRICIRA LO	APX	**FGQW**

0.025MG & 0.180MG (7); 0.025MG & 0.215MG (7); 0.025MG & 0.250MG (7); INERT TABLETS (7) TABLET (28 DAY)

02401975	TRICIRA LO	APX	**FGQW**

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7) TABLET (21 DAY)

02486296	TRI-JORDYNA 21	GLM	**FGQW**
02508087	TRI-CIRA 21	APX	**FGQW**

0.035MG & 0.180MG (7); 0.035MG & 0.215MG (7); 0.035MG & 0.250MG (7); TABLET (28 DAY)

02486318	TRI-JORDYNA 28	GLM	**FGQW**
02508095	TRI-CIRA 28	APX	**FGQW**

ETONOGESTREL

68MG SC IMPLANT

02499509	NEXPLANON	ORG	**FQW**

LEVONORGESTROL

1.5MG TABLET

02293854	PLAN B	PAL	**FQW**

02433532	BACKUP PLAN ONESTEP	APX	**FGQW**
19.5MG INTRAUTERINE SYSTEM			
02459523	KYLEENA	BAY	**FQW**
52MG INTRAUTERINE SYSTEM			
02243005	MIRENA	BAY	**FQW**

***NORETHINDRONE**

0.35MG TABLET (28 DAY)			
02410303	MOVISSE	MYL	**FGQW**
02441306	JENCYCLA	LUP	**FGQW**

68:16.00 ESTROGENS

***CONJUGATED ESTROGENS**

0.3MG TABLET			
02414678	PREMARIN	PFI	**FNQSW**
0.625MG TABLET			
02414686	PREMARIN	PFI	**FNQSW**
1.25MG TABLET			
02414694	PREMARIN	PFI	**FNQSW**
0.625MG/G VAGINAL CREAM			
02043440	PREMARIN	PFI	**FNQSW**

ESTRADIOL

0.5MG TABLET			
02225190	ESTRACE	ACS	**FNQSW**
02449048	LUPIN-ESTRADIOL	LUP	**FGNQSW**
1MG TABLET			
02148587	ESTRACE	ACS	**FNQSW**
02449056	LUPIN-ESTRADIOL	LUP	**FGNQSW**
2MG TABLET			
02148595	ESTRACE	ACS	**FNQSW**
02449064	LUPIN-ESTRADIOL	LUP	**FGNQSW**
25MCG TRANSERMAL PATCH			
02245676	ESTRADOT	NVR	**FNQSW**

50MCG TRANSDERMAL PATCH

02244000	ESTRADOT	NVR	**FNQSW**
02246967	SANDOZ-ESTRADIOL DERM	SDZ	**FGNQSW**

75MCG TRANSDERMAL PATCH

02244001	ESTRADOT	NVR	**FNQSW**
02246968	SANDOZ-ESTRADIOL DERM	SDZ	**FGNQSW**

100MCG TRANSDERMAL PATCH

02244002	ESTRADOT	NVR	**FNQSW**
02246969	SANDOZ-ESTRADIOL DERM	SDZ	**FGNQSW**

10MCG VAGINAL TABLET

02325462	VAGIFEM	NNO	**FNQSW**

ESTRADIOL & NORETHINRONE ACETATE

50MCG & 140MCG TRANSDERMAL PATCH

02241835	ESTALIS	NVR	**FNQSW**

50MCG & 250MCG TRANSDERMAL PATCH

02241837	ESTALIS	NVR	**FNQSW**

68:18.00 GONADOTROPINS

GOSERELIN ACETATE

3.6MG DEPOT INJECTION

02049325	ZOLADEX	TRT	**FNQSW**

10.8MG DEPOT INJECTION

02225905	ZOLADEX LA	TRT	**FNQSW**

68:20.00 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

***ACARBOSE**

50MG TABLET

02190885	GLUCOBAY	BAY	**DNQW**
02493780	ACARBOSE	STR	**DNQW**
02494078	MAR-ACARBOSE	MAR	**DNQW**

100MG TABLET

02190893	GLUCOBAY	BAY	**DNQW**
02493799	ACARBOSE	STR	**DNQW**

02494086	MAR-ACARBOSE	MAR	**DNQW**

CANAGLIFLOZIN
SEE APPENDIX A FOR SA CRITERIA
100MG TABLET

02425483	INVOKANA (SA)	JAN	**DNQW**

300MG TABLET

02425491	INVOKANA (SA)	JAN	**DNQW**

DAPAGLIFLOZIN
SEE APPENDIX A FOR SA CRITERIA
5MG TABLET

02435462	FORXIGA (SA)	AZE	**DNQW**

10MG TABLET

02435470	FORXIGA (SA)	AZE	**DNQW**

DAPAGLIFLOZIN & METFORMIN HYDROCHLORIDE
SEE APPENDIX A FOR SA CRITERIA
5MG/850MG TABLET

02449935	XIGDUO (SA)	AZE	**DNQW**

5MG/1000MG TABLET

02449943	XIGDUO (SA)	AZE	**DNQW**

EMPAGLIFLOZIN
SEE APPENDIX A FOR SA CRITERIA
10MG TABLET

02443937	JARDIANCE (SA)	BOE	**DNQW**

25MG TABLET

02443945	JARDIANCE (SA)	BOE	**DNQW**

EMPAGLIFLOZIN & METFORMIN HCL
SEE APPENDIX A FOR SA CRITERIA
5MG & 500MG TABLET

02456575	SYNJARDY (SA)	BOE	**DNQW**

5MG & 850MG TABLET

02456583	SYNJARDY (SA)	BOE	**DNQW**

5MG & 1000MG TABLET

02456591	SYNJARDY (SA)	BOE	**DNQW**

12.5MG & 500MG TABLET

02456605	SYNJARDY (SA)	BOE	**DNQW**

12.5MG & 850MG TABLET

02456613	SYNJARDY (SA)	BOE	**DNQW**

12.5MG & 1000MG TABLET

02456621	SYNJARDY (SA)	BOE	**DNQW**

***GLICLAZIDE**

30MG MODIFIED RELEASE TABLET

02242987	DIAMICRON MR	SEV	**DNQW**
02297795	APO-GLICLAZIDE MR	APX	**DNQW**
02423286	MINT-GLICLAZIDE MR	MNT	**DNQW**
02438658	MYLAN-GLICLAZIDE MR	MYL	**DNQW**
02461323	SANDOZ-GLICLAZIDE MR	SDZ	**DNQW**
02463571	TARO-GLICLAZIDE MR	SUN	**DNQW**
02524856	GLICLAZIDE MR	SNS	**DNQW**

80MG TABLET

00765996	DIAMICRON	SEV	**DNQW**
02238103	TEVA-GLICLAZIDE	TEV	**DNQW**
02245247	APO-GLICLAZIDE	APX	**DNQW**
02287072	GLICLAZIDE	SNS	**DNQW**

60MG EXTENDED RELEASE TABLET

02356422	DIAMICRON MR	SEV	**DNQW**
02407124	APO-GLICLAZIDE MR	APZ	**DNQW**
02423294	MINT-GLICLAZIDE MR	MNT	**DNQW**
02439328	TARO-GLICLAZINE MR	SUN	**DNQW**
02461331	SANDOZ-GLICLAZIDE MR	SDZ	**DNQW**
02524864	GLICLAZIDE MR	SNS	**DNQW**

***GLIMEPIRIDE**

1MG TABLET

02269589	SANDOZ-GLIMEPIRIDE	SDZ	**DNQW**

2MG TABLET

02269597	SANDOZ-GLIMEPIRIDE	SDZ	**DNQW**

4MG TABLET

02269619	SANDOZ-GLIMEPIRIDE	SDZ	**DNQW**

***GLYBURIDE**

2.5MG TABLET

01913654	APO-GLYBURIDE	APX	**DNQW**
01913670	TEVA-GLYBURIDE	TEV	**DNQW**
02350459	GLYBURIDE	SNS	**DNQW**

5MG TABLET

01913662	APO-GLYBURIDE	APX	**DNQW**
01913689	TEVA-GLYBURIDE	TEV	**DNQW**
02236734	PMS-GLYBURIDE	PMS	**DNQW**
02350467	GLYBURIDE	SNS	**DNQW**

LINAGLIPTIN

SEE APPENDIX A FOR SA CRITERIA

5MG TABLET

02370921	TRAJENTA (SA)	BOE	**DNQW**

LINAGLIPTIN & METFORMIN HYDROCHLORIDE

SEE APPENDIX A FOR SA CRITERIA

2.5MG/500MG TABLET

02403250	JENTADUETO (SA)	BOE	**DNQW**

2.5MG/850MG TABLET

02403269	JENTADUETO (SA)	BOE	**DNQW**

2.5MG/1000MG TABLET

02403277	JENTADUETO (SA)	BOE	**DNQW**

***METFORMIN**

500MG TABLET

02099233	GLUCOPHAGE	AVN	**DNQW**
02167786	APO-METFORMIN	APX	**DNQW**
02223562	PMS-METFORMIN	PMS	**DNQW**
02246820	SANDOZ-METFORMIN FC	SDZ	**DNQW**
02257726	ACT-METFORMIN	ATV	**DNQW**
02269031	RAN-METFORMIN	RAN	**DNQW**
02353377	METFORMIN	SNS	**DNQW**
02379767	SEPTA-METFORMIN	SPT	**DNQW**
02380196	JAMP-METFORMIN	JPC	**DNQW**
02385341	METFORMIN	SIV	**DNQW**
02438275	AURO-METFORMIN	ARO	**DNQW**
02520303	PMSC-METFORMIN	PMS	**DNQW**

850MG TABLET

02162849	GLUCOPHAGE	AVN	**DNQW**
02229785	APO-METFORMIN	APX	**DNQW**
02242589	PMS-METFORMIN	PMS	**DNQW**
02246821	SANDOZ-METFORMIN FC	SDZ	**DNQW**
02257734	ACT-METFORMIN	ATV	**DNQW**
02269058	RAN-METFORMIN	RAN	**DNQW**
02353385	METFORMIN	SNS	**DNQW**

02379775	SEPTA-METFORMIN	SPT	**DNQW**
02380218	JAMP-METFORMIN	JPC	**DNQW**
02385368	METFORMIN	SIV	**DNQW**
02388774	MINT-METFORMIN	MNT	**DNQW**
02438283	AURO-METFORMIN	ARO	**DNQW**
02520311	PMSC-METFORMIN	PMS	**DNQW**

PIOGLITAZONE HCL

15MG TABLET

02297906	SANDOZ-PIOGLITAZONE	SDZ	**DNQW**
02302861	ACT-PIOGLITAZONE	TEV	**DNQW**
02302942	APO-PIOGLITAZONE	APX	**DNQW**
02303124	PMS-PIOGLITAZONE	PMS	**DNQW**
02326477	MINT-PIOGLICAZONE	MNT	**DNQW**
02375850	RAN-PIOGLITAZONE	RAN	**DNQW**
02391600	PIOGLITAZONE HYDROCHLORIDE	ACH	**DNQW**
02397307	JAMP-PIOGLITAZONE	JPC	**DNQW**

30MG TABLET

02297914	SANDOZ-PIOGLITAZONE	SDZ	**DNQW**
02302888	ACT-PIOGLITAZONE	TEV	**DNQW**
02302950	APO-PIOGLITAZONE	APX	**DNQW**
02303132	PMS-PIOGLITAZONE	PMS	**DNQW**
02326485	MINT-PIOGLITAZONE	MNT	**DNQW**
02339587	PIOGLITAZONE	ACH	**DNQW**
02365529	JAMP-PIOGLITAZONE	JPC	**DNQW**
02375869	RAN-PIOGLITAZONE	RAN	**DNQW**

45MG TABLET

02297922	SANDOZ-PIOGLITAZONE	SDZ	**DNQW**
02302896	ACT-PIOGLITAZONE	TEV	**DNQW**
02302977	APO-PIOGLITAZONE	APX	**DNQW**
02326493	MINT-PIOGLITAZONE	MNT	**DNQW**
02339595	PIOGLITAZONE	ACH	**DNQW**
02365537	JAMP-PIOGLITAZONE	JPC	**DNQW**
02375877	RAN-PIOGLITAZONE	RAN	**DNQW**

SAXAGLIPTIN

SEE APPENDIX A FOR SA CRITERIA

2.5MG TABLET

02375842	ONGLYZA (SA)	AZE	**DNQW**
02468603	SANDOZ-SAXAGLIPTIN (SA)	SDZ	**DNQW**
02507471	APO-SAXAGLIPTIN (SA)	APX	**DNQW**

5MG TABLET

02333554	ONGLYZA (SA)	AZE	**DNQW**

02468611	SANDOZ-SAXAGLIPTIN (SA)	SDZ	**DNQW**
02507498	APO-SAXAGLIPTIN (SA)	APX	**DNQW**

SAXAGLIPTIN & METFORMIN HYDROCHLORIDE
SEE APPENDIX A FOR SA CRITERIA
2.5MG/500MG TABLET

02389169	KOMBOGLYZE (SA)	AZE	**DNQW**

2.5MG/850MG TABLET

02389177	KOMBOGLYZE (SA)	AZE	**DNQW**

2.5MG/1000MG TABLET

02389185	KOMBOGLYZE (SA)	AZE	**DNQW**

SITAGLIPTIN
SEE APPENDIX A FOR SA CRITERIA
25MG TABLET

02388839	JANUVIA (SA)	MSD	**DNQW**

50MG TABLET

02388847	JANUVIA (SA)	MSD	**DNQW**

100MG TABLET

02303922	JANUVIA (SA)	MSD	**DNQW**

SITAGLIPTIN & METFORMIN HYDROCHLORIDE
SEE APPENDIX A FOR SA CRITERIA
50MG/500MG TABLET

02333856	JANUMET (SA)	MSD	**DNQW**

50MG/850MG TABLET.

02333864	JANUMET (SA)	MSD	**DNQW**

50MG/1000MG TABLET

02333872	JANUMET (SA)	MSD	**DNQW**

SEE APPENDIX A FOR SA CRITERIA
50MG/500MG EXTENDED RELEASE TABLET

02416786	JANUMET XR (SA)	MSD	**DNQW**

50MG/1000MG EXTENDED RELEASE TABLET

02416794	JANUMET XR (SA)	MSD	**DNQW**

100MG/1000MG EXTENDED RELEASE TABLET

02416808	JANUMET XR (SA)	MSD	**DNQW**

68:20.06 ANTIDIABETIC DRUGS (INCRETIN MIMETICS)

LIXISENATIDE
SEE APPENDIX A FOR SA CRITERIA
10MCG/0.2ML PER DOSE PREFILLED PEN
02464276 ADLYXINE (SA) AVN **DNQW**

20MCG/0.2ML PER DOSE PREFILLED PEN
02464284 ADLYXINE (SA) AVN **DNQW**

SEMAGLUTIDE
SEE APPENDIX A FOR SA CRITERIA
0.25-0.5MG PER DOSE (2MG/1.5ML) PEN INJECTOR
02471477 OZEMPIC (SA) NNO **DNQW**

1MG/0.75ML (2MG/1.5ML) PEN INJECTOR
02471469 OZEMPIC (SA) NNO **DNQW**

68:20.08 ANTIDIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (DEGLUDEC)
100MG UNIT/ML PREFILLED PEN
02467879 TRESIBA FLEXTOUCH NNO **DNQW**

200MG UNIT/ML PREFILLED PEN
02467887 TRESIBA FLEXTOUCH NNO **DNQW**

INSULIN (DETEMIR)
SEE APPENDIX A FOR SA CRITERIA
100 UNIT/ML CARTRIDGE
02271842 LEVEMIR (SA) NNO **DNQW**

100 UNIT/ML PREFILLED PEN
02412829 LEVEMIR FLEXTOUCH (SA) NNO **DNQW**

INSULIN (GLARGINE)
100 UNIT/ML CARTRIDGE
02444844 BASAGLAR LIL **DNQW**

100UNIT/ML PREFILLED PEN (80 UNIT)
02461528 BASAGLAR LIL **DNQW**

SEE APPENDIX A FOR SA CRITERIA

100 UNIT/ML VIAL

02245689	LANTUS (SA)	AVN	**DNQW**

100 UNIT/ML CARTRIDGE

02251930	LANTUS (SA)	AVN	**DNQW**

100 UNIT/ML PREFILLED PEN

02294338	LANTUS SOLOSTAR (SA)	AVN	**DNQW**

SEE APPENDIX A FOR SA CRITERIA

300 UNIT/ML PREFILLED PEN

02441829	TOUJEO SOLOSTAR (SA)	AVN	**DNQW**

300 UNIT/ML PREFILLED PEN

02493373	TOUJEO DOUBLESTAR (SA)	AVN	**DNQW**

INSULIN (GLULISINE)

100 UNIT/ML CARTRIDGE

02279479	APIDRA	AVN	**DNQW**

100 UNIT/ML VIAL

02279460	APIDRA	AVN	**DNQW**

100 UNIT/ML PREFILLED PEN

02294346	APIDRA	AVN	**DNQW**

INSULIN (REGULAR) ASPART

100IU/ML INJECTION SOLUTION (10ML)

02245397	NOVORAPID	NNO	**DNQW**

100IU/ML INJECTION SOLUTION (CARTRIDGE)

02244353	NOVORAPID	NNO	**DNQW**
02506564	TRURAPI	AVN	**DNQW**

100IU/ML INJECTION SOLUTION (PEN)

02377209	NOVORAPID FLEXTOUCH	NNO	**DNQW**
02506572	TRURAPI SOLOSTAR	AVN	**DNQW**

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

00587737	HUMULIN-N	LIL	**DNQW**
02024225	NOVOLIN GE NPH	NNO	**DNQW**

100U/ML INJECTION SUSPENSION (CARTRIDGE)

01959239	HUMULIN-N CARTRIDGE	LIL	**DNQW**
02024268	NOVOLIN GE NPH PENFILL	NNO	**DNQW**

100U/ML INJECTION SUSPENSION (KWIKPEN)

02403447	HUMULIN-N KWIKPEN	LIL	**DNQW**

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

100U/ML INJECTION SOLUTION (10ML)

00586714	HUMULIN-R	LIL	**DNQW**
02024233	NOVOLIN GE TORONTO	NNO	**DNQW**

100U/ML INJECTION SOLUTION (CARTRIDGE)

01959220	HUMULIN-R CARTRIDGE	LIL	**DNQW**
02024284	NOVOLIN GE TORONTO PENFILL	NNO	**DNQW**

INSULIN (REGULAR/ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION 30%/70% (10ML)

00795879	HUMULIN 30/70	LIL	**DNQW**
02024217	NOVOLIN GE 30/70	NNO	**DNQW**

100U/ML INJECTION SUSPENSION 30%/70% (CARTRIDGE)

01959212	HUMULIN 30/70 CARTRIDGE	LIL	**DNQW**
02025248	NOVOLIN GE 30/70 PENFILL	NNO	**DNQW**

100U/ML INJECTION SUSPENSION 40%/60% (CARTRIDGE)

02024314	NOVOLIN GE 40/60 PENFILL	NNO	**DNQW**

100U/ML INJECTION SUSPENSION 50%/50% (CARTRIDGE)

02024322	NOVOLIN GE 50/50 PENFILL	NNO	**DNQW**

INSULIN (REGULAR) LISPRO

100U/ML INJECTION SOLUTION (10ML)

02229704	HUMALOG	LIL	**DNQW**
02469901	ADMELOG	AVN	**DNQW**

100U/ML INJECTION SOLUTION (CARTRIDGE)

02229705	HUMALOG CARTRIDGE	LIL	**DNQW**
02469898	ADMELOG	AVN	**DNQW**

100U/ML INJECTION SOLUTION (KWIKPEN)

02403412	HUMALOG KWIKPEN	LIL	**DNQW**
02469871	ADMELOG SOLOSTAR	AVN	**DNQW**

INSULIN (REGULAR/PROTAMINE) LISPRO

100U/ML INJECTION SUSPENSION 25%/75% (CARTRIDGE)

02240294	HUMALOG MIX 25 CARTRIDGE	LIL	**DNQW**

100U/ML INJECTION SUSPENSION 25%/75% (KWIKPEN)

02403420	HUMALOG MIX 25 KWIKPEN	LIL	**DNQW**

68:28.00 PITUITARY AGENTS

DESMOPRESSIN

SEE APPENDIX A FOR SA CRITERIA

10U/DOSE INTRANASAL SOLUTION (SPRAY PUMP)

02242465	DEMOSPRESSIN (SA)	AAA	**FGNQSW**

0.1MG TABLET

00824305	DDAVP (SA)	FEI	**FNQSW**
02284030	APO-DESMOPRESSIN (SA)	APX	**FGNQSW**
02304368	PMS-DESMOPRESSIN (SA)	PMS	**FGNQSW**

0.2MG TABLET

00824143	DDAVP (SA)	FEI	**FNQSW**
02284049	APO-DESMOPRESSIN (SA)	APX	**FGNQSW**
02304376	PMS-DESMOPRESSIN (SA)	PMS	**FGNQSW**

60MCG ORAL DISINTEGRATING TABLET

02284995	DDAVP MELT (SA)	FEI	**FNQSW**

120MCG ORAL DISINTEGRATING TABLET

02285002	DDVAP MELT (SA)	FEI	**FNQSW**

240MCG ORAL DISINTEGRATING TABLET

02285010	DDVAP MELT (SA)	FEI	**FNQSW**

SOMATROPIN

5.3MG/ML SYRINGE

02401703	GENOTROPIN GOQUICK	PFI	**Y**

12MG/ML SYRINGE

02401711	GENOTROPIN GOQUICK	PFI	**Y**

0.6MG/0.25ML

02401762	GENOTROPIN MINIQUICK	PFI	**Y**

0.8MG/0.25ML

02401770	GENOTROPIN MINIQUICK	PFI	**Y**

1MG/0.25ML
02401789 GENOTROPIN MINIQUICK PFI **Y**

1.2MG/0.25ML
02401797 GENOTROPIN MINIQUICK PFI **Y**

1.4MG/0.25ML
02401800 GENOTROPIN MINIQUICK PFI **Y**

1.6MG/0.25ML
02401819 GENOTROPIN MINIQUICK PFI **Y**

1.8MG/0.25ML
02401827 GENOTROPIN MINIQUICK PFI **Y**

2MG/0.25ML
02401835 GENOTROPIN MINIQUICK PFI **Y**

SOMATROPIN
6MG INJECTION (CARTRIDGE)
02243077 HUMATROPE CARTRIDGE LIL **Y**

12MG INJECTION (CARTRIDGE)
02243078 HUMATROPE CARTRIDGE LIL **Y**

24MG INJECTION (CARTRIDGE)
02243079 HUMATROPE CARTRIDGE LIL **Y**

SOMATROPIN
5MG/1.5ML CARTRIDGE
02325063 OMNITROPE SDZ **Y**

10MG/1.5ML CARTRIDGE
02325071 OMNITROPE SDZ **Y**

15MG/1.5ML CARTRIDGE
02459647 OMNITROPE SDZ **Y**

SOMATROPIN
5MG/1.5ML PREFILLED PEN
02334852 NORDITROPIN NORDIFLEX NNO **Y**

10MG/1.5ML PREFILLED PEN
02334860 NORDITROPIN NORDIFLEX NNO **Y**

15MG/1.5ML PREFILLED PEN

02334879	NORDITROPIN NORDIFLEX	NNO	**Y**

SOMATROPIN
5MG/2ML PEN INJECTOR

02399091	NUTROPIN AQ	HLR	**Y**

10MG/2ML PEN INJECTOR

02376393	NUTROPIN AQ	HLR	**Y**

20MG/2ML PEN INJECTOR

02399083	NUTROPIN AQ	HLR	**Y**

SOMATROPIN
6MG CARTRIDGE

02350122	SAIZEN	EMD	**Y**

12MG CARTRIDGE

02350130	SAIZEN	EMD	**Y**

20MG CARTRIDGE

02350149	SAIZEN	EMD	**Y**

68:32.00 PROGESTOGENS

DIENOGEST
SEE APPENDIX A FOR SA CRITERIA
2MG TABLET

02374900	VISANNE (SA)	BAY	**FQW**
02493055	ASPEN-DIENOGEST	ASN	**FGQW**
02498189	JAMP-DIENOGEST	JPC	**FGQW**

***MEDROXYPROGESTERONE ACETATE**
2.5MG TABLET

00708917	PROVERA	PFI	**FNQSW**
02221284	TEVA-MEDROXYPROGESTERONE	TEV	**FGNQSW**
02244726	APO-MEDROXY	APX	**FGNQSW**

5MG TABLET

00030937	PROVERA	PFI	**FNQSW**
02221292	TEVA-MEDROXYPROGESTERONE	TEV	**FGNQSW**
02244727	APO-MEDROXY	APX	**FGNQSW**

10MG TABLET

00729973	PROVERA	PFI	**FNQSW**

02221306	TEVA-MEDROXYPROGESTERONE	TEV	**FGNQSW**
02277298	APO-MEDROXY	APX	**FGNQSW**

MEDROXYPROGESTERONE ACETATE

150MG/ML INJECTION SUSPENSION (1ML)

00585092	DEPO-PROVERA	PFI	**FQW**

68:36.04 THYROID AGENTS

***LEVOTHYROXINE SODIUM**

25 MCG TABLET

02172062	SYNTHROID	BGP	**FNQSW**

50 MCG TABLET

02172070	SYNTHROID	BGP	**FNQSW**
02213192	ELTROXIN	ASN	**FNQSW**

75 MCG TABLET

02172089	SYNTHROID	BGP	**FNQSW**

88 MCG TABLET

02172097	SYNTHROID	BGP	**FNQSW**

100 MCG TABLET

02172100	SYNTHROID	BGP	**FNQSW**
02213206	ELTROXIN	ASN	**FNQSW**

112 MCG TABLET

02171228	SYNTHROID	BGP	**FNQSW**

125 MCG TABLET

02172119	SYNTHROID	BGP	**FNQSW**

137 MCG TABLET

02233852	SYNTHROID	BGP	**FNQSW**

150 MCG TABLET

02172127	SYNTHROID	BGP	**FNQSW**
02213214	ELTROXIN	ASN	**FNQSW**

175 MCG TABLET

02172135	SYNTHROID	BGP	**FNQSW**

200 MCG TABLET

02172143	SYNTHROID	BGP	**FNQSW**
02213222	ELTROXIN	ASN	**FNQSW**

300 MCG TABLET

02172151	SYNTHROID	BGP	**FNQSW**

68:36.08 ANTI-THYROID AGENTS

***METHIMAZOLE**

5MG TABLET

00015741	TAPAZOLE	PAL	**FNQSW**
02480107	MAR-METHIMAZOLE	MAR	**FGNQSW**
02490625	JAMP-METHIMAZOLE	JPC	**FGNQSW**

10MG TABLET

02296039	TAPAZOLE	PAL	**FNQSW**
02480115	MAR-METHIMAZOLE	MAR	**FGNQSW**
02490633	JAMP-METHIMAZOLE	JPC	**FGNQSW**

72:00.00 LOCAL ANESTHETICS

LIDOCAINE HCL

1% INJECTION SOLUTION

00001732	XYLOCAINE	ASN	**NQ**

2% INJECTION SOLUTION

00036641	XYLOCAINE	ASN	**NQ**

2% ORAL SOLUTION

01968823	LIDODAN VISCOUS	ODN	**FNQSW**

80:12.00 VACCINES

HEPATITIS A VACCINE (INACTIVATED)

720 ELISA UNITS PRE-FILLED SYRINGE (0.5ML)

02231056	HAVRIX JUNIOR	GSK	**H**

1440 ELISA UNITS PRE-FILLED SYRINGE (1.0ML)

02187078	HAVRIX	GSK	**H**

1440 ELISA UNITS (VIAL) (1.0ML)
02187078 HAVRIX GSK **H**

50U/1.0ML VIAL (ADULT)I/M SUSPENSION
02229702 VAQTA MSD **H**

25U/0.5ML (PED)1/M SUSPENSION
02229702 VAQTA MSD **H**

HEPATITIS A (INACTIVATED) - HEPATITIS B (RECOMBINANT) VACCINE
360 ELISA UNITS & 10MCG PRE-FILLED SYRINGE (0.5ML)
02237548 TWINRIX JUNIOR GSK **H**

720 ELISA UNITS & 20MCG PRE-FILLED SYRINGE (1.0ML)
02230578 TWINRIX GSK **H**

HEPATITIS B VACCINE (RECOMBINANT)
5MCG/0.5ML STERILE SUSPENSION
02243676 RECOMBIVAX HB PEDIATRIC MSD **H**
(PRESERVATIVE FREE)

10MCG/1ML SOLUTION (I/M)
02243676 RECOMBIVAX HB MSD **H**
(PRESERVATIVE FREE)

40MCG/ML STERILE SUSPENSION (1ML)
02245977 RECOMBIVAX HB (DIALYSIS) MSD **H**
(PRESERVATIVE FREE)

84:04.04 ANTI INFECTIVES (ANTIBIOTICS)

CLINDAMYCIN PHOSPHATE
1% TOPICAL SOLUTION
02266938 TARO-CLINDAMYCIN TAR **FQW**
02483769 CLINDAMYCIN TLG **FQW**

FRAMYCETIN SULFATE
1% OINTMENT DRESSING (10CM X 10CM)
01988840 SOFRA TULLE ERF **FNQSW**

FUSIDIC ACID
2% TOPICAL CREAM
00586668 FUCIDIN LEO **FNQSW**

METRONIDAZOLE

1% TOPICAL CREAM

02156091	NORITATE	VAL	**FNQSW**

MUPIROCIN

2% TOPICAL OINTMENT

02279983	TARO-MUPIROCIN	TAR	**FGNQSW**

POLYMYXIN B & BACITRACIN

10,000U & 500U/G TOPICAL OINTMENT

02181908	POLYDERM	TAR	**N**
02237227	POLYSPORIN	JJM	**N**
02357569	JAMPOLYCIN	JPC	**N**

POLYMYXIN B & GRAMICIDIN

10,000U & 250U/G TOPICAL CREAM

02230844	POLYSPORIN	JJM	**N**

SODIUM FUSIDATE

2% TOPICAL OINTMENT

00586676	FUCIDIN	LEO	**FNQSW**

84:04.08 ANTI INFECTIVES (FUNGICIDES)

CICLOPIROX OLAMINE

1% TOPICAL CREAM

02221802	LOPROX	VAL	**FNQSW**

1% TOPICAL LOTION

02221810	LOPROX	VAL	**FNSQW**

CLOTRIMAZOLE

1% TOPICAL CREAM

00812382	CLOTRIMADERM	TAR	**NSW**
02150867	CANESTEN	BAY	**NSW**

1% VAGINAL CREAM

00812366	CLOTRIMADERM	TAR	**NSW**
02150891	CANESTEN 6	BAY	**NSW**

2% VAGINAL CREAM

00812374	CLOTRIMADERM	TAR	**NSW**
02150905	CANESTEN 3	BAY	**NSW**

KETOCONAZOLE

2% TOPICAL CREAM

02245662	KETODERM	TAR	**FNQSW**

2% SHAMPOO

02182920	NIZORAL	JJM	**N**

MICONAZOLE NITRATE

2% TOPICAL CREAM

02085852	MICATIN	WES	**NSW**
02126567	MONISTAT DERM	JJM	**NSW**

2% VAGINAL CREAM

02084309	MONISTAT-7	JJM	**NSW**
02231106	MICOZOLE	TAR	**NSW**

400MG VAGINAL OVULE

02126605	MONISTAT-3	JJM	**NSW**

100MG VAGINAL SUPPOSITORY & 2% TOPICAL CREAM (COMBINATION PACKAGE)

02126257	MONISTAT-7	JJM	**NSW**

400MG VAGINAL OVULE & 2% TOPICAL CREAM (COMBINATION PACKAGE)

02126249	MONISTAT-3 COMBINATION	JJM	**NSW**

NYSTATIN

100,000U/G TOPICAL CREAM

00716871	NYADERM	TAR	**NSW**

25,000U/G VAGINAL CREAM

00716901	NYADERM	TAR	**NSW**

100,000U/G VAGINAL CREAM

02194163	RATIO-NYSTATIN	RPH	**NSW**

TERBINAFINE HCL

1% TOPICAL CREAM

02031094	LAMISIL	NVR	**FNQSW**

TOLNAFTATE

1% TOPICAL CREAM

00576034	TINACTIN	BAY	**NW**

1% TOPICAL POWDER

00576042	TINACTIN	BAY	**N**

84:04.12 ANTI-INFECTIVES, SCABICIDES, AND PEDICULICIDES

ISOPROPYL MYRISTATE
50% TOPICAL LIQUID

02279592	RESULTZ	MFI	**CNW**

PERMETHRIN
1% CREME RINSE

00771368	NIX CREME RINSE	GSK	**NW**
02231480	KWELLADA-P CREME RINSE	GSK	**NW**

5% TOPICAL CREAM

02219905	NIX DERMAL CREAM	GSK	**NW**

5% TOPICAL LOTION

02231348	KWELLADA-P LOTION	GSK	**NW**

84:04.16 ANTI INFECTIVES, OTHER ANTI INFECTIVES

METRONIDAZOLE
1% TOPICAL GEL

02297809	METROGEL	GAC	**FNQSW**

10% VAGINAL CREAM

01926861	FLAGYL	AVN	**FNQSW**

SILVER SULFADIAZINE
1% TOPICAL CREAM

00323098	FLAMAZINE	SNE	**FNQSW**

84:06.00 ANTI INFLAMMATORY AGENTS

APPROXIMATE RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS

ULTRA HIGH POTENCY
GROUP N
Betamethasone dipropionate 0.05% glycol cream, ointment, lotion
Betamethasone dipropionate 0.05% & Salicylic Acid 3%, ointment
Clobetasol propionate 0.05% cream, ointment, scalp lotion

HIGH POTENCY

GROUP II
Amcinonide 0.1% ointment
Betamethasone dipropionate 0.05% ointment
Clobetasone butyrate 0.05% cream, ointment
Desoximetasone 0.25% cream, ointment
Desoximetasone 0.05% gel
Fluocinonide 0.05% cream, ointment, gel

GROUP III
Betamethasone dipropionate 0.05% cream, lotion
Betamethasone valerate 0.1% ointment
Diflucortolone valerate 0.1% oily cream
Triamcinolone acetonide 0.1% ointment

MID POTENCY
GROUP IV
Amcinonide 0.1% cream, lotion
Beclomethasone dipropionate 0.025% cream, lotion (lotion d/c=d)
Flucinolone acetonide 0.025% ointment
Desoximetasone 0.05% cream
Mometasone furoate 0.1% cream, ointment
Triamcinolone acetonide 0.1% cream

GROUP V
Betamethasone valerate 0.1% cream, lotion, scalp lotion
Betamethasone valerate 0.05% cream, ointment, lotion
Triamcinolone acetonide 0.25% cream

LOW POTENCY
GROUP VI
Desonide 0.05% cream, ointment

GROUP VII
Hydrocortisone 0.5% cream, ointment, lotion
Hydrocortisone 1% cream, ointment, lotion
Hydrocortison 1% & Urea 10% cream, lotion

The classification of products in this table is based upon the >WHO Model Prescribing Information: Drugs Used in Dermatology (1995).

In general, ointments, as a result of their more occlusive property, tend to exhibit higher potency than creams containing the same concentration of the same anti-inflammatory agent. Cream formulations, in turn, appear to be more potent than lotions of the same strength.

AMCINONIDE

0.1% TOPICAL CREAM

02246714	TARO-AMCINONIDE	TAR	**FGNQSW**

BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

02089602	PROPADERM	PAL	**FNQSW**

BETAMETHASONE DIPROPIONATE

0.05% TOPICAL CREAM

00323071	DIPROSONE	MSD	**FNQSW**
01925350	TARO-SONE	TAR	**FGNQSW**

0.05% TOPICAL LOTION

00417246	DIPROSONE	MSD	**FNQSW**
00809187	TEVA-TOPISONE	TEV	**FGNQSW**

0.05% TOPICAL OINTMENT

00344923	DIPROSONE	MSD	**FNQSW**
00805009	TEVA-TOPISONE	TEV	**FGNQSW**

0.05% TOPICAL GLYCOL BASE CREAM

00849650	TEVA-TOPILENE GLYCOL	TEV	**GFNQSW**

0.05% TOPICAL GLYCOL BASE OINTMENT

00629367	DIPROLENE	ORG	**FNQSW**
00849669	TEVA-TOPILENE GLYCOL	TEV	**FGNQSW**

0.05% TOPICAL GLYCOL LOTION

01927914	TEVA-TOPILENE	TEV	**FGNQSW**

BETAMETHASONE DIPROPIONATE & CALCIPOTRIOL

50MCG/0.5MG/GM TOPICAL GEL

02319012	DOVOBET	LEO	**FNQSW**
02525178	TARO-CALCIPOTRIOL/BETAMETHASONE	TAR	**FGNQSW**

50MCG/0.5MG/GM TOPICAL OINTMENT

02427419	TEVA-BETAMETHASONE/CALCIPOTRIOL	TEV	**FGNQSW**

50MCG/0.5MG/GM TOPICAL FOAM

02457393	ENSTILAR	LEO	**FNQSW**

BETAMETHASONE DIPROPIONATE & SALICYLIC ACID

0.05% & 2% TOPICAL LOTION

02245688	RATIO-TOPISALIC	RPH	**FGNQSW**

0.05% & 3% TOPICAL OINTMENT

00578436	DIPROSALIC	MSD	**FNQSW**

BETAMETHASONE VALERATE

0.05% TOPICAL CREAM

00535427	TEVA-ECTOSONE	TEV	**FGNQSW**
00716618	BETADERM	TAR	**FGNQSW**
02357860	CELESTODERM V/2	VAL	**FNQSW**

0.1% TOPICAL CREAM

00535435	TEVA-ECTOSONE	TEV	**FGNQSW**
00716626	BETADERM	TAR	**FGNQSW**
02357844	CELESTODERM V	VAL	**FNQSW**

0.05% TOPICAL OINTMENT

00716642	BETADERM	TAR	**FGNQSW**
02357879	CELESTODERM V/2	VAL	**FNQSW**

0.1% TOPICAL OINTMENT

00716650	BETADERM	TAR	**FGNQSW**
02357852	CELESTODERM V	VAL	**FNQSW**

0.05% TOPICAL LOTION

00653209	TEVA-ECTOSONE	TEV	**FGNQSW**

0.1% TOPICAL LOTION

00750050	TEVA-ECTOSONE	TEV	**FGNQSW**

0.1% SCALP LOTION

00653217	TEVA-ECTOSONE	TEV	**FGNQSW**
00716634	BETADERM	TAR	**FGNQSW**

CLOBETASOL 17 PROPIONATE

0.05% TOPICAL CREAM

01910272	TEVA-CLOBETASOL	TEV	**FGNQSW**
02024187	MYLAN-CLOBETASOL	MYL	**FGNQSW**
02213265	DERMOVATE	TAR	**FGNQSW**
02245523	TARO-CLOBETASOL	TAR	**FGNQSW**
02309521	PMS-CLOBETASOL	PMS	**FGNQSW**

0.05% TOPICAL OINTMENT

01910280	TEVA-CLOBETASOL	TEV	**FGNQSW**
02026767	MYLAN-CLOBETASOL	MYL	**FGNQSW**
02213273	DERMOVATE	TAR	**FGNQSW**
02245524	TARO-CLOBETASOL	TAR	**FGNQSW**
02309548	PMS-CLOBETASOL	PMS	**FGNQSW**

0.05% SCALP LOTION

01910299	TEVA-CLOBETASOL	TEV	**FGNQSW**

02213281	DERMOVATE	TAR	**FGNQSW**
02216213	MYLAN-CLOBETASOL	MYL	**FGNQSW**
02245522	TARO-CLOBETASOL	TAR	**FGNQSW**

CLOBETASONE BUTYRATE

0.05% TOPICAL CREAM

02214415	SPECTRO ECZEMA CARE	GSK	**FNQSW**

DESONIDE

0.05% TOPICAL CREAM

02229315	PDP-DESONIDE	PEN	**FGNQSW**

0.05% TOPICAL OINTMENT

02229323	PDP-DESONIDE	PEN	**FGNQSW**

DESOXIMETASONE

0.05% TOPICAL EMOLLIENT CREAM

02221918	TOPICORT MILD	VAL	**FNQSW**

0.25% TOPICAL EMOLLIENT CREAM

02221896	TOPICORT	VAL	**FNQSW**

0.05% TOPICAL GEL

02221926	TOPICORT	VAL	**FNQSW**

0.25% TOPICAL OINTMENT

02221934	TOPICORT	VAL	**FNQSW**

FLUOCINONIDE

0.05% TOPICAL CREAM

00716863	LYDERM	TAR	**FGNQSW**
02161923	LIDEX	VAL	**FNQSW**

0.05% TOPICAL GEL

02161974	LIDEX	VAL	**FNQSW**
02236997	LYDERM	TAR	**FGNQSW**

0.05% TOPICAL OINTMENT

02161966	LIDEX	VAL	**FNQSW**
02236996	LYDERM	TAR	**FGNQSW**

HYDROCORTISONE

0.5% TOPICAL CREAM

00716820	HYDERM	TAR	**NW**

1% TOPICAL CREAM

00716839	HYDERM	TAR	**FGNQSW**

02412926	HYDROCORTISONE	SDZ	**FGNQSW**
80057178	JAMP-HC	JPC	**FGNQSW**
80057189	JAMP-HYDROCORITSONE	JPC	**FGNQSW**

1% OINTMENT

00716693	CORTODERM	TAR	**FGNQSW**

HYDROCORTISONE ACETATE/UREA

1%-10% TOPICAL CREAM

00681989	DERMAFLEX HC	PAL	**FNQSW**
80061501	JAMP-HYDROCORTISONE ACET-UREA	JPC	**FGNQSW**

1%-10% TOPICAL LOTION

00681997	DERMAFLEX HC	PAL	**FNQSW**

HYDROCORTISONE & ZINC SULFATE

0.5% & 0.5% RECTAL OINTMENT

00505773	ANUSOL-HC	MCL	**FNQSW**
02128446	ANODAN-HC	ODN	**FGNQSW**
02387239	JAMPZINC-HC	JPC	**FGNQSW**

0.5% & 0.5% RECTAL SUPPOSITORY

00476285	ANUSOL-HC	MCL	**FNQSW**
02236399	ANODAN-HC	ODN	**FGNQSW**

MOMETASONE FUROATE

0.1% TOPICAL CREAM

00851744	ELOCOM	MSD	**FNQSW**
02367157	TARO-MOMETASONE	TAR	**FGNQSW**

0.1% TOPICAL OINTMENT

00851736	ELOCOM	MSD	**FNQSW**
02248130	RATIO-MOMETASONE	RPH	**FGNQSW**

TRIAMCINOLONE ACETONIDE

0.1% TOPICAL CREAM

00716960	TRIADERM	TAR	**FGNQSW**
02194058	ARISTOCORT R	VAL	**FNQSW**

0.1% TOPICAL OINTMENT

02194031	ARISTOCORT R	VAL	**FNQSW**

0.1% ORAL TOPICAL OINTMENT

01964054	ORACORT	TAR	**FGNQSW**

CLIOQUINOL & HYDROCORTISONE

3% & 1% TOPICAL CREAM

00074500	VIOFORM HYDROCORTISONE	PAL	**FNQSW**

HYDROCORTISONE & FRAMYCETIN & CINCHOCAINE HCL

1% & 0.5% RECTAL OINTMENT

02226383	TEVA-PROCTOSONE	TEV	**FGNQSW**
02223252	PROCTOSEDYL	ALL	**FNQSW**
02247322	PROCTOL	ODN	**FGNQSW**

1% & 0.5% RECTAL SUPPOSITORY

02247882	PROCTOL	ODN	**FGNQSW**

TRIAMCINOLONE & NYSTATIN & NEOMYCIN & GRAMICIDIN

2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL CREAM

00717002	VIADERM K C	TAR	**FGNQSW**

2.5MG & 0.25MG & 100,000U & 1MG/G TOPICAL OINTMENT

00717029	VIADERM K C	TAR	**FGNQSW**

84:08.00 ANTIPRURITICS AND TOPICAL ANESTHETICS

CALAMINE

TOPICAL LOTION

00999829	CALAMINE LOTION	**N**

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

LIDOCAINE HCL

2% TOPICAL GEL

00001694	XYLOCAINE	ASN	**FNQSW**

2% TOPICAL JELLY (SYRINGE)

00385484	XYLOCAINE	ASN	**NQ**
02143879	LIDODAN	ODN	**NQ**

84:16.00 CELL STIMULANTS AND PROLIFERANTS

TRETINOIN

0.01% TOPICAL CREAM

00657204	STIEVA-A	GSK	**FQW**

0.025% TOPICAL CREAM

00578576	STIEVA-A	GSK	**FQW**

0.05% TOPICAL CREAM

00443794	RETIN A	VAL	**FQW**
00518182	STIEVA-A	GSK	**FQW**

0.1% TOPICAL CREAM

00870021	RETIN A	VAL	**FQW**

0.01% TOPICAL GEL

00870013	RETIN A	VAL	**FQW**

0.025% TOPICAL GEL

00443816	RETIN A	VAL	**FQW**
01926470	VITAMIN A ACID	VAL	**FQW**

0.05% TOPICAL GEL

01926489	VITAMIN A ACID	VAL	**FQW**

84:24.00 EMOLLIENTS, DECMULCENTS, AND PROTECTANTS

DIMETHYLPOLYSILOXANE

20% TOPICAL CREAM

02060841	BARRIERE	WES	**NW**

84:28.00 KERATOLYTIC AGENTS

UREA

10% TOPICAL CREAM

80005397	URISEC 10	ODN	**NW**

12% TOPICAL LOTION

00514896	URISEC	ODN	**NW**

22% TOPICAL CREAM

00396125	URISEC 22	ODN	**NW**

84:32.00 KERATOPLASTIC AGENTS

COAL TAR

1% TOPICAL SHAMPOO

02307146	T/GEL THERAPEUTIC	JJM	**NW**

84:92.00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

10MG CAPSULE

02070847	SORIATANE	HLR	**FNQSW**
02466074	TARO-ACITRETIN	TAR	**FGNQSW**
02468840	MINT-ACITRETIN	MNT	**FGNQSW**

25MG CAPSULE

02070863	SORIATANE	HLR	**FNQSW**
02466082	TARO-ACITRETIN	TAR	**FGNQSW**
02468859	MINT-ACITRETIN	MNT	**FGNQSW**

AZELAIC ACID

15% TOPICAL GEL

02270811	FINACEA	LEO	**FNQSW**

BRODALUMAB

SEE APPENDIX A FOR SA CRITERIA

210MG/1.5ML SYRINGE

02473623	SILIQ (SA)	VAL	**MQ**

CALCIPOTRIOL

50MCG/G TOPICAL OINTMENT

01976133	DOVONEX	LEO	**FNQSW**

DUPILUMAB

SEE APPENDIX A FOR SA CRITERIA

200MG/1.14ML SYRINGE

02492504	DUPIXENT (SA)	AVN	**MQ**

300MG/2ML PREFILLED PEN

02510049	DUPIXENT (SA)	AVN	**MQ**

300MG/2ML PREFILLED SYRINGE

02470365	DUPIXENT (SA)	AVN	**MQ**

FLUOROURACIL

5% TOPICAL CREAM

00330582	EFUDEX	VAL	**FNQSW**

IMIQUIMOD

5% TOPICAL CREAM

02239505	ALDARA	VAL	**FNQSW**
02482983	TARO-IMIQUIMOD	TAR	**FGNQSW**

ISOTRETINOIN

10MG CAPSULE

00582344	ACCUTANE	HLR	**FQW**
02257955	CLARUS	MYL	**FGQW**

10MG CAPSULE

02396971	EPURIS	CIP	**FQW**

20MG CAPSULE

02396998	EPURIS	CIP	**FQW**

30MG CAPSULE

02397005	EPURIS	CIP	**FQW**

40MG CAPSULE

00582352	ACCUTANE	HLR	**FQW**
02257963	CLARUS	MYL	**FGQW**

40MG CAPSULE

02397013	EPURIS	CIP	**FQW**

IXEKIZUMAB

SEE APPENDIX A FOR SA CRITERIA

80MG/ML AUTOINJECTOR

02455102	TALTZ (SA)	LIL	**MQ**

80MG/ML SYRINGE

02455110	TALTZ (SA)	LIL	**MQ**

RISANKIZUMAB

SEE APPENDIX A FOR SA CRITIERA

75MG/0.83ML
PREFILLED SYRINGE

02487454	SKYRIZI (SA)	ABV	**MQ**

150MG/ML AUTO-INJECTOR

02519291	SKYRIZI (SA)	ABV	**MQ**

150MG/ML PREFILLED SYRINGE

02519283	SKYRIZI (SA)	ABV	**MQ**

SECUKINUMAB

SEE APPENDIX A FOR SA CRITERIA

150MG/ML INJECTION

02438070	COSENTYX (SA)	NVR	**MQ**

TACROLIMUS

SEE APPENDIX A FOR SA CRITERIA

0.1% OINTMENT

02244148	PROTOPIC (SA)	LEO	**FNQSW**

SEE APPENDIX A FOR SA CRITERIA

0.03% TOPICAL OINTMENT

02244149	PROTOPIC (SA)	LEO	**FNQSW**

USTEKINUMAB

SEE APPENDIX A FOR SA CRITERIA

45MG/0.5ML SYRINGE

02320673	STELARA (SA)	JAN	**MQ**

90MG/ML SYRINGE

02320681	STELARA (SA)	JAN	**MQ**

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

DARIFENACIN

SEE APPENDIX A FOR SA CRITERIA

7.5MG EXTENDED RELEASE TABLET

02273217	ENABLEX (SA)	MRS	**FNQSW**
02452510	APO-DARIFENACIN (SA)	APX	**FGNQSW**
02491869	JAMP-DARIFENACIN (SA)	JPC	**FGNQSW**

15MG EXTENDED RELEASE TABLET

02273225	ENABLEX (SA)	MRS	**FNQSW**
02452529	APO-DARIFENACIN (SA)	APX	**FGNQSW**
02491877	JAMP-DARIFENACIN (SA)	JPC	**FGNQSW**

FESOTERODINE FUMARATE

SEE APPENDIX A FOR SA CRITERIA

4MG EXTENDED RELEASE TABLET

02380021	TOVIAZ (SA)	PFI	**FNQSW**
02521768	SANDOZ-FESOTERODINE (SA)	SDZ	**FGNQSW**

8MG EXTENDED RELEASE TABLET

02380048	TOVIAZ (SA)	PFI	**FNQSW**
02521776	SANDOZ-FESOTERODINE (SA)	SDZ	**FGNQSW**

MIRABEGRON

SEE APPENDIX A FOR SA CRITERIA

25MG EXTENDED RELEASE TABLET

02402874	MYRBETRIQ (SA)	AST	**FNQSW**

50MG EXTENDED RELEASE TABLET

02402882	MYRBETRIQ (SA)	AST	**FNQSW**

OXYBUTYNIN CHLORIDE

1MG/ML SYRUP

02223376	PMS-OXYBUTYNIN	PMS	**FGNQSW**

5MG TABLET

02163543	APO-OXYBUTYNIN	APX	**FGNQSW**
02230394	TEVA-OXYBUTYNIN	TEV	**FGNQSW**
02240550	PMS-OXYBUTYNIN	PMS	**FGNQSW**
02350238	OXYBUTYNIN	SNS	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA

5MG EXTENDED RELEASE TABLET

02243960	DITROPAN XL (SA)	JAN	**FNQSW**

10MG EXTENDED RELEASE TABLET

02243961	DITROPAN XL (SA)	JAN	**FNQSW**

PROPIVERINE

5MG TABLET

SEE APPENDIX A FOR SA CRITERIA

02460289	MICTORYL PEDIATRIC	DUI	**FQW**

SOLIFENACIN

5MG TABLET

02277263	VESICARE	AST	**FNQSW**
02397900	TEVA-SOLIFENACIN	TEV	**FGNQSW**
02399032	SANDOZ-SOLIFENACIN	SDZ	**FGNQSW**
02417723	PMS-SOLIFENACIN	PMS	**FGNQSW**
02423375	APO-SOLIFENACIN	APX	**FGNQSW**
02424339	JAMP-SOLIFENACIN	JPC	**FGNQSW**
02428911	MED-SOLIFENACIN	GMP	**FGNQSW**

02437988	RAN-SOLIFENACIN	RAN	**FGNQSW**
02446375	AURO-SOLIFENACIN	ARO	**FGNQSW**
02458241	SOLIFENACIN	SNS	**FGNQSW**

10MG TABLET

02277271	VESICARE	AST	**FNQSW**
02397919	TEVA-SOLIFENACIN	TEV	**FGNQSW**
02399040	SANDOZ-SOLIFENACIN	SDZ	**FGNQSW**
02417731	PMS-SOLIFENACIN	PMS	**FGNQSW**
02423383	APO-SOLIFENACIN	APX	**FGNQSW**
02424347	JAMP-SOLIFENACIN	JPC	**FGNQSW**
02428938	MED-SOLIFENACIN	GMP	**FGNQSW**
02437996	RAN-SOLIFENACIN	RAN	**FGNQSW**
02446383	AURO-SOLIFENACIN	ARO	**FGNQSW**
02458268	SOLIFENACIN	SNS	**FGNQSW**

TOLTERODINE

1MG TABLET

02239064	DETROL	UJC	**FNQSW**
02299593	TEVA-TOLTERODINE	TEV	**FGNQSW**
02423308	MINT-TOLTERODINE	MNT	**FGNQSW**
02496836	JAMP-TOLTERODINE	JPC	**FGNQSW**

2MG TABLET

02239065	DETROL	UJC	**FNQSW**
02299607	TEVA-TOLTERODINE	TEV	**FGNQSW**
02423316	MINT-TOLTERODINE	MNT	**FGNQSW**
02496844	JAMP-TOLTERODINE	JPC	**FGNQSW**

2MG EXTENDED RELEASE CAPSULE

02244612	DETROL LA	UJC	**FNQSW**
02412195	TEVA-TOLTERODINE	TEV	**FGNQSW**
02413140	SANDOZ-TOLTERODINE	SDZ	**FGNQSW**

4MG EXTENDED RELEASE CAPSULE

02244613	DETROL LA	UJC	**FNQSW**
02412209	TEVA-TOLTERODINE	TEV	**FGNQSW**
02413159	SANDOZ-TOLTERODINE	SDZ	**FGNQSW**

TROSPIUM

SEE APPENDIX A FOR SA CRITERIA

20MG TABLET

02275066	TROSEC (SA)	SNV	**FNQSW**
02488353	MAR-TROSPIUM (SA)	MAR	**FGNQSW**

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

THEOPHYLLINE ANHYDROUS

100MG SUSTAINED RELEASE TABLET

00692689	AA-THEO-LA	AAA	**FGNQSW**

200MG SUSTAINED RELEASE TABLET

00692697	AA-THEO-LA	AAA	**FGNQSW**

300MG SUSTAINED RELEASE TABLET

00692700	AA-THEO-LA	AAA	**FGNQSW**

400MG SUSTAINED RELEASE TABLET

02360101	THEO ER	AAA	**FGNQSW**

600MG SUSTAINED RELEASE TABLET

02360128	THEO ER	AAA	**FGNQSW**

5.33MG/ML ORAL SOLUTION

01966219	THEOLAIR	VAL	**FNQSW**

88:08.00 VITAMIN B

CYANOCOBALAMIN

1MG/ML INJECTION SOLUTION (10ML)

00521515	VITAMIN B12	SDZ	**NW**
01987003	CYANOCOBALAMIN	STE	**NW**
02413795	CYANOCOBALAMIN	MYL	**NW**

FOLIC ACID

1MG TABLET

00999899	FOLIC ACID		**OW**

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

5MG TABLET

00426849	FOLIC ACID	AAA	**FGNQW**
02285673	SANDOZ-FOLIC ACID	SDZ	**FGNQW**
02366061	JAMP-FOLIC ACID	JPC	**FGNQW**

NIACIN

100MG TABLET

00999879	NIACIN		**NW**

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

500MG TABLET

00999889	NIACIN		**NW**

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

PYRIDOXINE

25 MG Tablet

00268607	VITAMIN B6	VAL	**OX**

88:16.00 VITAMIN D

CALCITRIOL

0.25MCG CAPSULE

00481823	ROCALTROL	HLR	**FNQSW**
02431637	CALCITRIOL-ODAN	ODN	**FGNQSW**
02485710	TARO-CALCITRIOL	TAR	**FGNQSW**
02495899	CALCITRIOL	STR	**FGNQSW**

0.5MCG CAPSULE

00481815	ROCALTROL	HLR	**FNQSW**
02431645	CALCITRIOL-ODAN	ODN	**FGNQSW**
02485729	TARO-CALCITRIOL	TAR	**FGNQSW**
02495902	CALCITRIOL	STR	**FGNQSW**

VITAMIN D

1000IU TABLET

00999869	VITAMIN D		**N**

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

VITAMIN D2

50,000IU CAPSULE

02237450	D-FORTE	SDZ	**FNQSW**

88:20.00 VITAMIN E

VITAMIN E (D-ALPHA TOCOPHERYL ACETATE)

200UNIT CAPSULE

00999849	VITAMIN E		**CN**

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

400UNIT CAPSULE

00999859	VITAMIN E		**CN**

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

88:24.00 VITAMIN K ACTIVITY

PHYTONADIONE (VITAMIN K1)

10MG/ML INJECTION SOLUTION (1ML)

00804312	VITAMIN K1	SDZ	**NQ**

92:00.00 MISCELLANEOUS THERAPEUTIC AGENTS

ALEMTUZUMAB

SEE APPENDIX A FOR SA CRITERIA

12MG/1.2ML VIAL

02418320	LEMTRADA (SA)	GZY	**MQ**

BUROSUMAB

SEE APPENDIX A FOR SA CRITERIA

10MG/ML VIAL

02483629	CRYSVITA (SA)	ULT	**MQ**

20MG/ML VIAL

02483637	CRYSVITA (SA)	ULT	**MQ**

30MG/ML VIAL

02483645	CRYSVITA (SA)	ULT	**MQ**
00904749	CRYSVITA (SA)*		

*use when drug cost in excess of CPHA maximum

CINACALCET

SEE APPENDIX A FOR CRITIERA

30MG TABLET

02441624	TEVA-CINACALCET (SA)	TEV	**FGNQSW**
02452693	APO-CINACALCET (SA)	APX	**FGNQSW**
02480298	MAR-CINACALCET (SA)	MAR	**FGNQSW**
02481987	M-CINACALCET (SA)	MRA	**FGNQSW**
02500094	JAMP-CINACALCET (SA)	JPC	**FGNQSW**
02524880	CINACALCET (SA)	SNS	**FGNQSW**

60MG TABLET

02441632	TEVA-CINACALCET (SA)	TEV	**FGNQSW**
02452707	APO-CINACALCET (SA)	APX	**FGNQSW**
02480301	MAR-CINACALCET (SA)	MAR	**FGNQSW**
02481995	M-CINACALCET (SA)	MRA	**FGNQSW**
02500108	JAMP-CINACALCET (SA)	JPC	**FGNQSW**

90MG TABLET

02441640	TEVA-CINACALCET (SA)	TEV	**FGNQSW**
02452715	APO-CINACALCET (SA)	APX	**FGNQSW**
02480328	MAR-CINACALCET (SA)	MAR	**FGNQSW**
02482002	M-CINACALCET (SA)	MRA	**FGNQSW**
02500116	JAMP-CINACALCET (SA)	JPC	**FGNQSW**

DIMETHYL FUMARATE

SEE APPENDIX A FOR SA CRITERIA

120MG DELAYED RELEASE CAPSULE

02404508	TECFIDERA (SA)	BGN	**MQ**
02494809	GLN-DIMETHYL FUMARATE	GLN	**MQ**
02495341	ACH-DIMETHYL FUMARATE	ACH	**MQ**
02497026	PMS-DIMETHYL FUMARATE	PMS	**MQ**
02502690	MAR-DIMETHYL FUMARATE	MAR	**MQ**
02505762	APO-DIMETHYL FUMARATE	APX	**MQ**
02513781	SANDOZ-DIMETHYL FUMARATE	SDZ	**MQ**
02516047	JAMP-DIMETHYL FUMARATE	JPC	**MQ**

240MG DELAYED RELEASE CAPSULE

02420201	TECFIDERA (SA)	BGN	**MQ**
02494817	GLN-DIMETHYL FUMARATE	GLN	**MQ**
02495368	ACH-DIMETHYL FUMARATE	ACH	**MQ**
02497034	PMS-DIMETHYL FUMARATE	PMS	**MQ**
02502704	MAR-DIMETHYL FUMARATE	MAR	**MQ**
02505770	APO-DIMETHYL FUMARATE	APX	**MQ**
02513803	SANDOZ-DIMETHYL FUMARATE	SDZ	**MQ**
02516055	JAMP-DIMETHYL FUMARATE	JPC	**MQ**

ETHINYL ESTRADIOL & CYPROTERONE

0.035MG & 2MG TABLET

02233542	DIANE-35	BAY	**FQW**
02290308	CYESTRA-35	PAL	**FGQW**
02309556	TEVA-CYPROTERONE/ETHINYL ESTRADIOL	TEV	**FGQW**

ETIDRONATE DISODIUM

200MG TABLET

02248686	ACT-ETIDRONATE	ATV	**FGNQSW**

FINGOLIMOD

SEE APPENDIX A FOR CRITERIA
0.5MG CAPSULE

02365480	GILENYA (SA)	NVR	**MQ**
02469561	TEVA-FINGOLIMOD (SA)	TEV	**MQ**
02469618	TARO-FINGOLIMOD (SA)	TAR	**MQ**
02469715	MYLAN-FINGOLIMOD (SA)	MYL	**MQ**
02469782	PMS-FINGOLIMOD (SA)	PMS	**MQ**
02469936	APO-FINGOLIMOD (SA)	APX	**MQ**
02474743	MAR-FINGOLIMOD (SA)	MAR	**MQ**
02482606	SANDOZ-FINGOLIMOD (SA)	SDZ	**MQ**
02487772	JAMP-FINGOLIMOD (SA)	JPC	**MQ**

GLATIRAMER ACETATE
SEE APPENDIX A FOR SA CRITERIA
20MG PRE-FILLED SYRINGE

02245619	COPAXONE (SA)	TEV	**MQ**
02460661	GLATECT (SA)	PMS	**MQ**

GLUCAGON
SEE APPENDIX A FOR SA CRITIERA
3MG NASAL SPRAY

02492415	BAQSIMI (*)	LIL	**DNQW**

*Regular benefit up to two devices per 12 months. Additional units require patient meets SA criteria

GLUCAGON (RECOMBINANT DNA ORIGIN)
SEE APPENDIX A FOR SA CRITERIA
INJECTION KIT

02243297	GLUCAGON KIT (*)	LIL	**DNQW**

*Regular benefit up to two devices per 12 months. Additional units require patient meets SA criteria

GLUCAGON (HUMAN RECOMBINANT)
SEE APPENDIX A FOR SA CRITERIA
INJECTION VIAL

02333619	GLUCAGEN VIAL (*)	PAL	**DNQW**

INJECTION KIT

02333627	GLUCAGEN KIT (*)	PAL	**DNQW**

*Regular benefit up to two devices per 12 months. Additional units require patient meets SA criteria

INTERFERON BETA-1A

SEE APPENDIX A FOR SA CRITERIA

30MCG INJECTION POWDER

02237770	AVONEX (SA)	BGN	**MQ**

30MCG PREFILLED SYRINGE, 30MCG PEN WITH AUTO-INJECTOR

02269201	AVONEX PS (SA)	BGN	**MQ**

22MCG SYRINGE

02237319	REBIF (SA)	SRO	**MQ**

44MCG SYRINGE

02237320	REBIF (SA)	SRO	**MQ**

66MCG/1.5ML PRE-FILLED CARTRIDGE

02318253	REBIF MULTIDOSE (SA)	SRO	**MQ**

132MCG/1.5ML PRE-FILLED CARTRIDGE

02318261	REBIF MULTIDOSE (SA)	SRO	**MQ**

INTERFERON BETA-1B

SEE APPENDIX A FOR SA CRITERIA

0.3MG INJECTION POWDER

02169649	BETASERON (SA)	BAY	**MQ**
02337819	EXTAVIA (SA)	NVR	**MQ**

LEFLUNOMIDE

10MG TABLET

02241888	ARAVA	AVN	**FNQSW**
02256495	APO-LEFLUNOMIDE	APX	**FGNQSW**
02261251	TEVA-LEFLUNOMIDE	TEV	**FGNQSW**
02283964	SANDOZ-LEFLUOMIDE	SDZ	**FGNQSW**
02288265	PMS-LEFLUNOMIDE	PMS	**FGNQSW**
02351668	LEFLUNOMIDE	SNS	**FGNQSW**

20MG TABLET

02241889	ARAVA	AVN	**FNQSW**
02256509	APO-LEFLUNOMIDE	APX	**FGNQSW**
02261278	TEVA-LEFLUNOMIDE	TEV	**FGNQSW**
02283972	SANDOZ -EFLUOMIDE	SDZ	**FGNQSW**
02288273	PMS-LEFLUNOMIDE	PMS	**FGNQSW**
02351676	LEFLUNOMIDE	SNS	**FGNQSW**

LEVOCARNITINE

SEE APPENDIX A FOR SA CRITERIA

330MG TABLET

02144328	CARNITOR (SA)	SIG	**FNQSW**

100MG/ML ORAL SOLUTION

02144336	CARNITOR (SA)	SIG	**FNQSW**
02492105	ODAN-LEVOCARNITINE (SA)	ODN	**FGNQSW**

MONTELUKAST

4MG CHEWABLE TABLET

02243602	SINGULAIR	MSD	**FQW**
02330385	SANDOZ-MONTELUKAST	SDZ	**FGQW**
02354977	PMS-MONTELUKAST	PMS	**FGQW**
02355507	TEVA-MONTELUKAST	TEV	**FGQW**
02377608	APO-MONTELUKAST	APX	**FGQW**
02382458	MONTELUKAST	SIV	**FGQW**
02399865	MAR-MONTELUKAST	MAR	**FGQW**
02408627	MINT-MONTELUKAST	MNT	**FGQW**
02442353	JAMP-MONTELUKAST	JPC	**FGQW**
02514877	JAMP-MONTELUKAST	JPC	**FGQW**

5MG CHEWABLE TABLET

02238216	SINGULAIR	MSD	**FQW**
02330393	SANDOZ-MONTELUKAST	SDZ	**FGQW**
02354985	PMS-MONTELUKAST	PMS	**FGQW**
02355515	TEVA-MONTELUKAST	TEV	**FGQW**
02377616	APO-MONTELUKAST	APX	**FGQW**
02382466	MONTELUKAST	SIV	**FGQW**
02399873	MAR-MONTELUKAST	MAR	**FGQW**
02408635	MINT-MONTELUKAST	MNT	**FGQW**
02442361	JAMP-MONTELUKAST	JPC	**FGQW**
02514885	JAMP-MONTELUKAST	JPC	**FGQW**

10MG TABLET

02238217	SINGULAIR	MSD	**FNQSW**
02328593	SANDOZ-MONTELUKAST	SDZ	**FGNQSW**
02355523	TEVA-MONTELUKAST	TEV	**FGNQSW**
02373947	PMS-MONTELUKAST	PMS	**FGNQSW**
02374609	APO-MONTELUKAST	APX	**FGNQSW**
02379236	MONTELUKAST SODIUM	ACH	**FGNQSW**
02379333	MONTELUKAST	SNS	**FGNQSW**
02382474	MONTELUKAST	SIV	**FGNQSW**
02389517	RAN-MONTELUKAST	RAN	**FGNQSW**
02391422	JAMP-MONTELUKAST	JPC	**FGNQSW**
02401274	AURO-MONTELUKAST	ARO	**FGNQSW**
02399997	MAR-MONTELUKAST	MAR	**FGNQSW**
02408643	MINT-MONTELUKAST	MNT	**FGNQSW**
02488183	M-MONTELUKAST	MRA	**FGNQSW**

02489821	NRA-MONTELUKAST	NRA	**FGNQSW**

4MG GRANULES IN PACKET

02247997	SINGULAIR	MSD	**FQW**
02358611	SANDOZ-MONTELUKAST	SDZ	**FGQW**

NUSINERSEN

SEE APPENDIX A FOR SA CRITERIA

2.4MG/ML INTRATHECAL VIAL

02465663	SPINRAZA (SA)	BGN	**MQ**
00904366	SPINRAZA (SA)*		**MQ**
00904367	SPINRAZA (SA)*		**MQ**
00904368	SPINRAZA (SA)*		**MQ**
00904369	SPINRAZA (SA)*		**MQ**
00904370	SPINRAZA (SA)*		**MQ**
00904371	SPINRAZA (SA)*		**MQ**
00904372	SPINRAZA (SA)*		**MQ**
00904373	SPINRAZA (SA)*		**MQ**
00904374	SPINRAZA (SA)*		**MQ**
00904375	SPINRAZA (SA)*		**MQ**
00904376	SPINRAZA (SA)*		**MQ**

*use when drug cost in excess of CPHA maximum

OCTREOTIDE

200MCG/ML INJECTION (5ML)

02049392	SANDOSTATIN	NVR	**FNQSW**
02248642	OCTREOTIDE OMEGA	OMG	**FGNQSW**

ONABOTULINUMTOXINA

SEE APPENDIX A FOR SA CRITERIA

200UNITS/VIAL

01981501	BOTOX (SA)	ALL	**Q**

PAMIDRONATE DISODIUM

SEE APPENDIX A FOR SA CRITERIA

30MG INJECTION

02244550	PAMIDRONATE DISODIUM (SA)	PFI	**FGNQSW**

60MG INJECTION

02244551	PAMIDRONATE DISODIUM (SA)	PFI	**FGNQSW**

90MG INJECTION

02244552	PAMIDRONATE DISODIUM (SA)	PFI	**FGNQSW**

PEGINTERFERON BETA-1A

SEE APPENDIX A FOR SA CRITERIA

63/94MCG/0.5ML

02444402	PLEGRIDY (SA)	BGN	**MQ**

125MCG/0.5ML

02444399	PLEGRIDY (SA)	BGN	**MQ**

PENTOSAN POLYSULFATE SO4

SEE APPENDIX A FOR SA CRITERIA

100MG CAPSULE

02029448	ELMIRON (SA)	JAN	**FNQSW**

PHENYLALANINE-REDUCED FOODS

NUTRITIONAL FORMULA

00030800	PHENEX-1	ROS	**P**
04444444	PHENEX-2	ROS	**P**
00368020	PHENYL-FREE	MJS	**P**

SEVELAMER CARBONATE

SEE APPENDIX A FOR SA CRITERIA

800MG TABLET

02461501	ACCEL-SEVELAMER (SA)	ACC	**FGNQSW**

SEVELAMER HCL

SEE APPENDIX A FOR SA CRITERIA

800MG TABLET

02244310	RENAGEL (SA)	AVN	**FNQSW**

SODIUM CHLORIDE

7% INHALATION LIQUID

80029414	HYPERSAL 7%	KEG	**C**

SODIUM CROMOGLYCATE

SEE APPENDIX A FOR SA CRITERIA

100MG CAPSULE

00500895	NALCROM (SA)	AVN	**FQSW**

SORAFENIB TOSYLATE

SEE APPENDIX A FOR SA CRITERIA

200 MG TABLET

02284227	NEXAVAR (SA)	BAY	**MQ**

***TAMSULOSIN**

0.4MG CONTROL RELEASE TABLET

02270102	FLOMAX CR	BOE	**FNQSW**
02340208	SANDOZ-TAMSULOSIN	SDZ	**FGNQSW**

02362406	APO-TAMULOSIN	APX	**FGNQSW**
02368242	TEVA-TAMSULOSIN CR	TEV	**FGNQSW**
02427117	TAMSULOSIN CR	SNS	**FGNQSW**
02429667	TAMSULOSIN CR	SIV	**FGNQSW**

TERIFLUNOMIDE

SEE APPENDIX A FOR SA CRITERIA

14MG TABLET

02416328	AUBAGIO (SA)	GZY	**MQ**
02500310	NAT-TERIFLUNOMIDE (SA)	NAT	**MQ**
02500434	PMS-TERIFLUNOMIDE (SA)	PMS	**MQ**
02500469	MAR-TERIFLUNOMIDE (SA)	MAR	**MQ**
02500639	APO-TERIFLUNOMIDE (SA)	APX	**MQ**
02501090	TEVA-TERIFLUNOMIDE (SA)	TEV	**MQ**
02502933	ACH-TERIFLUNOMIDE (SA)	ACH	**MQ**
02504170	JAMP-TERIFLUNOMIDE (SA)	JPC	**MQ**
02505843	SANDOZ-TERIFLUNOMIDE (SA)	SDZ	**MQ**
02523833	M-TERIFLUNOMIDE (SA)	MRA	**MQ**

TETRABENAZINE

25MG TABLET

02199270	NITOMAN	VAL	**FNQSW**
02402424	PMS-TETRABENAZINE	PMS	**FGNQSW**
02407590	APO-TETRABENAZINE	APX	**FGNQSW**
02410338	TETRABENAZINE	STE	**FGNQSW**

TOCILIZUMAB

SEE APPENDIX A FOR SA CRITERIA

80MG/4ML IV VIAL

02350092	ACTEMRA (SA)	HLR	**MQ**

200MG/10ML IV VIAL

02350106	ACTEMRA (SA)	HLR	**MQ**

400MG/20ML IV VIAL

02350114	ACTEMRA (SA)	HLR	**MQ**

162MG/0.9ML SYRINGE

02424770	ACTEMRA (SA)	HLR	**MQ**

162MG/0.9ML PREFILLED AUTOINJECTOR

02483327	ACTEMRA (SA)	HLR	**MQ**

TRIMEPRAZINE TARTRATE

2.5MG TABLET

01926306	PANECTYL	ERF	**FNQW**

5MG TABLET

01926292	PANECTYL	ERF	**FNQW**

VEDOLIZUMAB

SEE APPENDIX A FOR SA CRITERIA

300MG VIAL

02436841	ENTYVIO (SA)	TAK	**MQ**

108MG/0.68ML PREFILLED SYRINGE

02497875	ENTYVIO (SA)	TAK	**MQ**

108MG/0.68ML PREFILLED PEN

02497867	ENTYVIO (SA)	TAK	**MQ**

ZOLEDRONIC ACID

SEE APPENDIX A FOR SA CRITERIA

5MG/100ML INJECTION

02269198	ACLASTA (SA)	NVR	**FNQSW**
02415100	TARO-ZOLEDRONIC ACID (SA)	TAR	**FGNQSW**
02422433	ZOLEDRONIC ACID (SA)	RCH	**FGNQSW**

92:00.08 ALFA REDUCTASE INHIBITORS

DUTASTERIDE

0.5MG CAPSULE

02247813	AVODART	GSK	**FNQSW**
02393220	PMS-DUTASTERIDE	PMS	**FGNQSW**
02404206	APO-DUTASTERIDE	APX	**FGNQSW**
02408287	TEVA-DUTASTERIDE	TEV	**FGNQSW**
02416298	MED-DUTASTERIDE	GMP	**FGNQSW**
02424444	SANDOZ-DUTASTERIDE	SDZ	**FGNQSW**
02428873	MINT-DUTASTERIDE	MNT	**FGNQSW**
02429012	DUTASTERIDE	SIV	**FGNQSW**
02443058	DUTASTERIDE	SNS	**FGNQSW**
02469308	AURO-DUTASTERIDE	ARO	**FGNQSW**
02484870	JAMP-DUTASTERIDE	JPC	**FGNQSW**

FINASTERIDE

5MG TABLET

02010909	PROSCAR	MDS	**FNQSW**
02348500	TEVA-FINASTERIDE	TEV	**FGNQSW**
02322579	SANDOZ-FINASTERIDE	SDZ	**FGNQSW**

02310112	PMS-FINASTERIDE	PMS	**FGNQSW**
02355043	FINASTERIDE	ACH	**FGNQSW**
02357224	JAMP-FINASTERIDE	JPC	**FGNQSW**
02365383	APO-FINASTERIDE	APX	**FGNQSW**
02389878	MINT-FINASTERIDE	MNT	**FGNQSW**
02405814	AURO-FINASTERIDE	ARO	**FGNQSW**
02445077	FINASTERIDE	SNS	**FGNQSW**
02447541	FINASTERIDE	SIV	**FGNQSW**
02455013	RIVA-FINASTERIDE	RIV	**FGNQSW**

92:16.00 ANTIGOUT AGENTS

ALLOPURINOL

100MG TABLET

00402818	ZYLOPRIM	AAA	**FGNQSW**
02396327	MAR-ALLOPURINOL	MAR	**FGNQSW**
02402769	APO-ALLOPURINOL	APX	**FGNQSW**

200MG TABLET

00479799	ZYLOPRIM	AAA	**FGNQSW**
02396335	MAR-ALLOPURINOL	MAR	**FGNQSW**
02402777	APO-ALLOPURINOL	APX	**FGNQSW**

300MG TABLET

00402796	ZYLOPRIM	AAA	**FGNQSW**
02396343	MAR-ALLOPURINOL	MAR	**FGNQSW**
02402785	APO-ALLOPURINOL	APX	**FGNQSW**

COLCHICINE

0.6MG TABLET

00287873	SANDOZ-COLCHICINE	SDZ	**FGNQSW**
00572349	COLCHICINE-ODAN	ODN	**FGNQSW**
02373823	JAMP-COLCHICINE	JPC	**FGNQSW**
02402181	PMS-COLCHICINE	PMS	**FGNQSW**

FEBUXOSTAT

SEE APPENDIX A FOR SA CRITERIA

80MG TABLETS

02466198	TEVA-FEBUXOSTAT	TEV	**Q**
02473607	MAR-FEBUXOSTAT	MAR	**Q**
02490870	JAMP-FEBUXOSTAT	JPC	**Q**

92:24:00 BONE RESORPTION INHIBITORS

ALENDRONATE & CHOLECALCIFEROL

70MG/5600 UNIT TABLET

02314940	FOSAVANCE	MSD	**FNQSW**
02403641	TEVA-ALENDRONATE/CHOLECALCIFEROL	TEV	**FGNQSW**
02454475	APO-ALENDRONATE/VITAMIN D3	APX	**FGNQSW**

ALENDRONATE SODIUM

10MG TABLET

02248728	APO-ALENDRONATE	APX	**FGNQSW**
02381486	ALENDRONATE SODIUM	ACH	**FGNQSW**
02384701	RAN-ALENDRONATE	RAN	**FGNQSW**
02388545	AURO-ALENDRONATE	ARO	**FGNQSW**

70MG TABLET

02245329	FOSAMAX	MSD	**FNQSW**
02248730	APO-ALENDRONATE	APX	**FGNQSW**
02261715	TEVA-ALENDRONATE	TEV	**FGNQSW**
02270889	RIVA-ALENDRONATE	RIV	**FGNQSW**
02284006	PMS-ALENDRONATE	PMS	**FGNQSW**
02288109	SANDOZ-ALENDRONATE	SDZ	**FGNQSW**
02299712	ALENDRONATE	SIV	**FGNQSW**
02352966	ALENDRONATE	SNS	**FGNQSW**
02381494	ALENDRONATE SODIUM	ACH	**FGNQSW**
02385031	JAMP-ALENDRONATE	JPC	**FGNQSW**
02388553	AURO-ALENDRONATE	ARO	**FGNQSW**
02394871	MINT-ALENDRONATE	MNT	**FGNQSW**
02485184	AG-ALENDRONATE	ANG	**FGNQSW**
02500175	JAMP-ALENDRONATE	JPC	**FGNQSW**

DENOSUMAB

SEE APPENDIX A FOR SA CRITERIA

60MG/ML SC SYRINGE

02343541	PROLIA (SA)	AMG	**FNQSW**

RISEDRONATE SODIUM

5MG TABLET

02298376	TEVA-RISEDRONATE	TEV	**FGNQSW**

SEE APPENDIX A FOR SA CRITERIA

30MG TABLET

02298384	TEVA-RISEDRONATE (SA)	TEV	**FGNQSW**

35MG TABLET

02246896	ACTONEL	ALL	**FNQSW**
02298392	TEVA-RISEDRONATE	TEV	**FGNQSW**
02302209	PMS-RISEDRONATE	PMS	**FGNQSW**
02327295	SANDOZ-RISEDRONATE	SDZ	**FGNQSW**
02353687	APO-RISEDRONATE	APX	**FGNQSW**
02368552	JAMP-RISEDRONATE	JPC	**FGNQSW**
02370255	SANIS-RISEDRONATE	SNS	**FGNQSW**
02406306	AURO-RISEDRONATE	ARO	**FGNQSW**
02411407	RISEDRONATE	SIV	**FGNQSW**

92:32.00 COMPLEMENT INHIBITORS

ICATIBANT

SEE APPENDIX A FOR SA CRITERIA

30MG/3ML SC SYRINGE

02425696	FIRAZYR (SA)	SHR	**MQ**

92:36.00 DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

ABATACEPT

SEE APPENDIX A FOR SA CRITERIA

250 MG VIAL

02282097	ORENCIA (SA)	BMS	**MQ**

125MG/ML PREFILLED SC SYRINGE

02402475	ORENCIA (SA)	BMS	**MQ**

ADALIMUMAB

SEE APPENDIX A FOR SA CRITERIA

40MG/0.4ML PREFILLED SYRINGE

02523949	SIMLANDI (SA)	JPC	**MQ**

40MG/0.4ML AUTO-INJECTOR

02523957	SIMLANDI (SA)	JPC	**MQ**

40MG/0.8ML PREFILLED SYRINGE

02258595	HUMIRA (SA)	ABV	**MQ**
02459299	AMGEVITA (SA)	AMG	**MQ**
02473097	HADLIMA (SA)	MER	**MQ**
02492164	HYRIMOZ (SA)	SND	**MQ**

02502399	HULIO (SA)	BGP	**MQ**
02502682	IDACIO (SA)	FKB	**MQ**

40MG/0.8ML PREFILLED PEN

02459302	AMGEVITA (SA)	AMG	**MQ**
02473100	HADLIMA (SA)	MER	**MQ**
02492156	HYRIMOZ (SA)	SND	**MQ**
02502402	HULIO (SA)	BGP	**MQ**
02502674	IDACIO (SA)	FKB	**MQ**

80MG/0.8ML PREFILLED SYRINGE

02523965	SIMLANDI (SA)	JPC	**MQ**

BOSENTAN

SEE APPENDIX A FOR CRITERIA

62.5 MG TABLET

02244981	TRACLEER (SA)	JAN	**MSQ**
02383012	PMS-BOSENTAN (SA)	PMS	**GMSQ**
02467984	NAT-BOSENTAN (SA)	NAT	**GMSQ**
02483130	TARO-BOSENTAN (SA)	TAR	**GMSQ**

125 MG TABLET

02244982	TRACLEER (SA)	JAN	**MSQ**
02383020	PMS-BOSENTAN (SA)	PMS	**GMSQ**
02467992	NAT-BOSENTAN (SA)	NAT	**GMSQ**
02483149	TARO-BOSENTAN (SA)	TAR	**GMSQ**

CERTOLIZUMAB

SEE APPENDIX A FOR CRITERIA

200MG/ML SYRINGE KIT UCB **MQ**

02331675	CIMZIA (SA)		

200MG/ML AUTO-INJECTOR KIT UCB **MQ**

02465574	CIMZIA (SA)		

ETANERCEPT

SEE APPENDIX A FOR SA CRITERIA

50MG/ML AUTO-INJECTOR

02455331	BRENZYS (SA)	MSD	**MQ**

50MG/ML PRE-FILLED SYRINGE

02455323	BRENZYS (SA)	MSD	**MQ**

25MG/VIAL INJECTION
02242903 ENBREL (SA) AMG **MQ**

50MG/ML PRE-FILLED SYRINGE
02274728 ENBREL (SA) AMG **MQ**

25MG/0.5ML PEN INJECTOR
02462877 ERELZI (SA) SDZ **MQ**

50MG/ML PEN INJECTOR
02462850 ERELZI (SA) SDZ **MQ**

50MG/ML PRE-FILLED SYRINGE
02462869 ERELZI (SA) SDZ **MQ**

GOLIMUMAB
SEE APPENDIX A FOR SA CRITERIA
50MG/0.5ML SYRINGE
02324776 SIMPONI (SA) JAN **MQ**

50MG/0.5ML AUTO-INJECTOR
02324784 SIMPONI (SA) JAN **MQ**

INFLIXIMAB
SEE APPENDIX A FOR SA CRITERIA
100MG/VIAL INJECTION
02244016 REMICADE (SA) JAN **MQ**
00903607 REMICADE (SA)* **MQ**
*use when drug cost in excess of CPHA maximum

100MG/VIAL INJECTION
02419475 INFLECTRA (SA) HOS **MQ**

100MG/VIAL INJECTION
02470373 RENFLEXIS (SA) MSD **MQ**

SARILUMAB
SEE APPENDIX A FOR SA CRITERIA
150MG/1.14ML PEN
02472961 KEVZARA (SA) AVN **MQ**

200MG/1.14ML SYRINGE
02460548 KEVZARA (SA) AVN **MQ**

200MG/1.14ML PEN
02472988 KEVZARA (SA) AVN **MQ**

TOFACITINIB
SEE APPENDIX A FOR SA CRITERIA

5MG TABLET			
02423898	XELJANZ (SA)	PFI	**MQ**
10MG TABLET			
02480786	XELJANZ (SA)	PFI	**MQ**
11MG TABLET			
02470608	XELJANZ XR (SA)	PFI	**MQ**

92:44.00 IMMUNOSUPPRESSIVE AGENTS

AZATHIOPRINE

50MG TABLET			
00004596	IMURAN	ASN	**FNQSW**
02236819	TEVA-AZATHIOPRINE	TEV	**FGNQSW**
02242907	APO-AZATHIOPRINE	APX	**FGNQSW**

BARICITINIB
SEE APPENDIX A FOR SA CRITERIA

2MG TABLET			
02480018	OLUMIANT (SA)	LIL	**MQ**

***CYCLOSPORINE**

10MG CAPSULE			
02237671	NEORAL	NVR	**FNQSTW**
25MG CAPSULE			
02150689	NEORAL	NVR	**FNQSTW**
02247073	SANDOZ-CYCLOSPORINE	SDZ	**FGNQSTW**
02495805	CYCLOSPORINE	STR	**FGNQSTW**
50MG CAPSULE			
02150662	NEORAL	NVR	**FNQSTW**
02247074	SANDOZ-CYCLOSPORINE	SDZ	**FGNQSTW**
02495821	CYCLOSPORINE	STR	**FGNQSTW**
100MG CAPSULE			
02150670	NEORAL	NVR	**FNQSTW**
02242821	SANDOZ-CYCLOSPORINE	SDZ	**FGNQSTW**
02495813	CYCLOSPORINE	STR	**FGNQSTW**

100MG/ML ORAL SOLUTION

02150697	NEORAL	NVR	**FNQSTW**
02244324	APO-CYCLOSPORINE	APX	**FGNQSTW**

***MYCOPHENOLATE MOFETIL**

250MG CAPSULE

02192748	CELLCEPT	HLR	**T**
02320630	SANDOZ-MYCOPHENOLATE	SDZ	**T**
02352559	APO-MYCOPHENOLATE	APX	**T**
02364883	TEVA-MYCOPHENOLATE	TEV	**T**
02383780	MYCOPHENOLATE MOFETIL	ACH	**T**
02386399	JAMP-MYCOPHENOLATE	JPC	**T**
02457369	MYCOPHENOLATE MOFETIL	SNS	**T**

500MG TABLET

02237484	CELLCEPT	HLR	**T**
02313855	SANDOZ-MYCOPHENOLATE	SDZ	**T**
02352567	APO-MYCOPHENOLATE	APX	**T**
02348675	TEVA-MYCOPHENOLATE	TEV	**T**
02378574	MYCOPHENOLATE MOFETIL	ACH	**T**
02380382	JAMP-MYCOPHENOLATE	JPC	**T**
02457377	MYCOPHENOLATE MOFETIL	SNS	**T**

***MYCOPHENOLATE SODIUM**

180MG ENTERIC-COATED TABLET

02264560	MYFORTIC	NVR	**T**
02372738	APO-MYCOPHENOLIC ACID	APX	**T**
02511673	MAR-MYCOPHENOLIC ACID	MAR	**T**

360MG ENTERIC-COATED TABLET

02264579	MYFORTIC	NVR	**T**
02372746	APO-MYCOPHENOLIC ACID	APX	**T**
02511681	MAR-MYCOPHENOLIC ACID	MAR	**T**

NINTEDANIB

SEE APPENDIX A FOR SA CRITERIA

100MG CAPSULE

02443066	OFEV (SA)	BOE	**MQ**

150MG CAPSULE

02443074	OFEV (SA)	BOE	**MQ**

PIRFENIDONE

SEE APPENDIX A FOR SA CRITERIA

267MG CAPSULE

02393751	ESBRIET (SA)	HLR	**MQ**

02488833	SANDOZ-PIRFENIDONE (SA)	SDZ	**MQ**
02509938	JAMP-PIRFENIDONE (SA)	JPC	**MQ**

267MG TABLET

02464489	ESBRIET (SA)	HLR	**MQ**
02488507	SANDOZ-PIRFENIDONE (SA)	SDZ	**MQ**
02514702	JAMP-PIRFENIDONE (SA)	JPC	**MQ**

801MG TABLET

02464500	ESBRIET (SA)	HLR	**MQ**
02488515	SANDOZ-PIRFENIDONE (SA)	SDZ	**MQ**
02514710	JAMP-PIRFENIDONE (SA)	JPC	**MQ**

SIROLIMUS

1MG/ML ORAL SOLUTION

02243237	RAPAMUNE	PFI	**T**

1MG TABLET

02247111	RAPAMUNE	PFI	**T**

***TACROLIMUS**

0.5MG CAPSULE

02243144	PROGRAF	AST	**T**
02416816	SANDOZ-TACROLIMUS	SDZ	**T**

1MG CAPSULE

02175991	PROGRAF	AST	**T**
02416824	SANDOZ-TACROLIMUS	SDZ	**T**

5MG CAPSULE

02175983	PROGRAF	AST	**T**
02416832	SANDOZ-TACROLIMUS	SDZ	**T**

0.5MG EXTENDED RELEASE CAPSULE

02296462	ADVAGRAF	AST	**T**

1MG EXTENDED RELEASE CAPSULE

02296470	ADVAGRAF	AST	**T**

3MG EXTENDED RELEASE CAPSULE

02331667	ADVAGRAF	AST	**T**

5MG EXTENDED RELEASE CAPSULE

02296489	ADVAGRAF	AST	**T**

0.75MG EXTENDED RELEASE TABLET

02485877	ENVARSUS PA	END	**T**
1MG EXTENDED RELEASE TABLET			
02485885	ENVARSUS PA	END	**T**
4MG EXTENDED RELEASE TABLET			
02485893	ENVARSUS PA	END	**T**

PROFESSIONAL SERVICES

MEDICATION REVIEW

93899926	BASIC MEDICATION REVIEW	**DNSW**
93899924	BASIC MEDICATION REVIEW FOLLOW-UP	**DNSW**
93899925	DIABETES MEDICATION REVIEW	**DNW**
93899923	DIABETES MEDICATION REVIEW FOLLOW-UP	**DNW**

OTHER SERVICES

93899914	COMPLIANCE PACKAGING	**DFMSW**
93899916	THERAPEUTIC SUBSTITUTION	**FNSW**
93899917	REFUSAL TO FILL	**FLNSW**
93899918	PRESCRIPTION ADAPTATION	**DFMNVWZ**

APPENDIX A Special Authorization Criteria

NOTES REGARDING SPECIAL AUTHORIZATION (SA) COVERAGE

The following prescribers are permitted to submit and sign special authorization requests:

- medical practitioners and nurse practitioners
- hospital and community pharmacists for medications affiliated with a Common Ailment assessment (as per *Pharmacist and Pharmacy Technician Regulations)*
- Hospital pharmacists for medications prescribed under a practice directive approved by a regulatory licensing body in approved settings.

- Special Authorizations are reviewed by drug program staff.

- Not all medications currently approved for sale in Canada will be considered for Special Authorization coverage.

- Special Authorization coverage will not be considered for any medications approved for sale in Canada since January 2000 that have not been reviewed, and approved, for coverage by either the Canadian Expert Drug Advisory Committee (CEDAC), the Pan-Canadian Oncology Drug Review (P-CODR) or the Atlantic Expert Advisory Committee (AEAC).

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

  - Special Authorization coverage will potentially be considered for any drug not listed as an open benefit under the:

- Family Health Benefit Drug Program
- Financial Assistance Program
- Nursing Home / Institutional Program
- Seniors Drug Program

  - Special Authorization coverage will be limited to selected drugs with specific criteria under the:

- HIV Program
- Diabetes Drug Program
- Generic Drug Program
- High-Cost Drug Program
- Home Oxygen Program
- Substance Use Harm Reduction Drug Program
- Transplant Drugs Program

  - Special Authorization coverage will not be considered under the:

- Community Mental Health Program
- Cystic Fibrosis Program
- Eprex Program
- Growth Hormone Program
- Hepatitis Program
- Immunization Program
- Meningitis Program
- Nutrition Services Program
- Phenylketonuria Program
- Quit Smoking Program
- Rabies Program
- Rheumatic Fever Program
- Sexually Transmitted Diseases Program
- Tuberculosis Program

• Prescribers may apply for Special Authorization coverage by mailing or faxing a completed Special Authorization to:

Special Authorizations
PEI Pharmacare
P.O. Box 2000
Charlottetown, PEI, C1A 7N8
Fax: 1-902-368-4905

• Information that must be completed on, or included with the Special Authorization includes:
• Patient's name, personal health number (PHN), date of birth, mailing address, and telephone number;
• Name, dose, and dosage regimen of the medication requested;
• Anticipated length of therapy of the medication requested;
• Specific diagnosis or indication being treated using the medication requested;
• Reason(s) for the request;
• Other comments, including copies of culture and sensitivity reports for antibiotic requests, copies of relevant test results and relevant advice received from consultants or specialists; and
• Prescriber's name, address, and signature. **No request will be considered without a valid prescriber's signature.**

• Special Authorizations with insufficient information to properly assess the request will be returned to the prescriber.

• Please allow up to three weeks for the processing of Special Authorizations.

• Copies of the Special Authorization Forms are available by contacting the PEI Pharmacare office at 1-877-577-3737 or online at http://healthpei.ca/pharmacareforms .

• For some drugs a patient application is required in addition to the Special Authorization form. The patient application form is available by contacting the PEI Pharmacare office at 1-877-577-3737 or online at http://healthpei.ca/pharmacareforms .

- Patients and prescribers are notified by letter if coverage has been approved. Patients should take a copy of the approval letter to their pharmacy to initiate coverage.

- The duration of approval of Special Authorization coverage may range from a one time only fill to coverage with no end date. This will be based upon the medication requested and the condition being treated.

- Medications approved through the Special Authorization process are limited to a maximum 30 (thirty) day supply per fill unless otherwise noted in drug criteria.

- If additional information is required **or** if the request is denied, a letter is sent to the patient and prescriber notifying them of the need for additional information **or** reason for the denial. Payment of the medication is the responsibility of the patient in these cases.

- If the request is approved, patients may be reimbursed for one fill of the medication received during the assessment period, after which all of the requested information has been received. **No reimbursement will be provided for medication received by the patient prior to receipt of the Special Authorization by the Drug Programs Office.**

- If it is anticipated that a patient will continue to require the product beyond the last day of approval, the prescriber is required **to request an extension of coverage at least four weeks before its expiration**. Coverage will not be continued automatically.

CRITERIA FOR COVERAGE OF SPECIFIC MEDICATIONS

The following are criteria for Special Authorization coverage of specific medications. Coverage may be granted for other products in certain instances.

Abatacept - see Rheumatoid Arthritis Biologic Agents

Abiraterone, tablet, 250mg (Zytiga-JAN and generics)

1. In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, or have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy.
2. In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration sensitive prostate cancer who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

Prescriptions written by PEI oncologists do not require written Special

Authorization.

Patients must apply for coverage to the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Abilify Maintena – see Aripiprazole

Acamprosate, delayed release, tablet, 333mg (Campral-MYL)

Note: For Substance Use Harm Reduction Drug Program, no Special Authorization is required.
For the treatment of alcohol use disorder.

Aclasta - see Zoledronic Acid

Actemra – see Tocilizumab

Actonel 30mg - see Risedronate

Adalimumab - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Adempas – see Riociguat

Adlyxine – see Lixisenatide

Advair - see Salmeterol & Fluticasone

Advair Diskus - see Salmeterol & Fluticasone

Afatinib, tablet, 20mg, 30mg, 40mg (Giotrif-BOE)

For the first line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung and with an ECOG performance status of 0 or 1.
NOTE
Use of Afatinib precludes the use of any other EGFR inhibitor as a subsequent line of therapy.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Aflibercept, vial, 2mg/0.5ml (Eylea-BAY)

Neovascular Age-Related Macular Degeneration:

Criteria For Initial Coverage:
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply:
a) Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96 **AND**
b) The lesion size is less than or equal to 12 disc areas in greatest linear dimension **AND**
c) There is evidence of recent (<3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes. The interval between doses should not be shorter than one month. Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.

Criteria For Continued Coverage:
Treatment with aflibercept should be continued only in people who maintain adequate response to therapy.

Aflibercept should be discontinued if any of the following occur:
a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology OR
b) Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events, or both OR
c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Coverage will not be approved for patients:
a) Receiving concurrent treatment with verteporfin.
b) With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines.
Coverage is limited to a maximum of one vial per eye in any 30 day period. The request for coverage must be made by an ophthalmologist.

Approval Period: 1 year

Diabetic macular edema (DME)

Initial coverage:
For the treatment of visual impairment due to diabetic macular edema (DME) in patients who meet all of the following criteria:

- clinically significant centre-involving macular edema for whom laser photocoagulation is also indicated
- hemoglobin A1c test in the past 6 months with a value of less than or equal to 11%
- best corrected visual acuity of 20/32 to 20/400
- central retinal thickness greater than or equal to 250 micrometers

Renewal Criteria:

- confirm that a hemoglobin A1c test in the past 6 months had a value of less than or equal to 11%
- date of last visit and results of best corrected visual acuity at that visit
- date of last OCT and central retinal thickness on that examination
- if aflibercept is being administered monthly, please provide details on the rationale

Clinical Notes:
1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive months.
3. Treatment should be discontinued if there is no improvement of retinal thickness or visual acuity after five consecutive treatments.
4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Approval Period: 1 year

<u>Retinal vein occlusion (RVO)</u>

For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Clinical Notes:
1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive months.
3. Treatment should be discontinued if there is no improvement after 6 months of initial treatment.
4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Approval Period: 1 year

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms

Agalsidase alfa – see Replagal

Agalsidase beta – see Fabrazyme

Agrylin - see Anagrelide

Akynzeo – see Netupitant & Palonosetron

Alecensaro – see Alectinib

Alectinib, capsule, 150mg (Alecensaro-HLR)

For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer when used:
• as first-line therapy, or
• following disease progression on, or intolerance to, crizotinib.

Renewal Criteria:
• Confirmation that the patient is responding to treatment.

Claim Notes:
• Requests for alectinib will not be considered for patients who experience disease progression on any ALK inhibitor other than crizotinib.
• No further ALK inhibitor will be reimbursed following disease progression on alectinib.
• Initial approval period: 1 year.
• Renewal approval period: 1 year
* Claims that exceed the maximum claim amount of $9999.99 must be divided as separate transactions, using DIN first and PDIN* second.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Alertec - see Modafinil

Alirocumab, prefilled pen, 75mg/ml, 150mg/ml (Praluent-SAV)

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the

following criteria are met:

- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
- Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
  high-dose statin (e.g.atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or−ezetimibe alone, if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance.

Initial renewal criteria:

- A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-Cless than 2.0 mmol/L.

Subsequent renewal criteria:

- The patient continues to maintain a reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:

1. LDL-C levels must be provided.
2. Intolerance to high dose statin will be considered if patient has developed documented myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and−for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and
   - − at least one statin was initiated at the lowest daily starting dose; and
   - − other known causes of intolerance have been ruled out.
3. For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Approvals will be for a maximum of 300mg every 4 weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Alunbrig – see Brigatinib

Ambrisentan, 5mg, 10mg (Volibris-GSK)

For treatment of patients with pulmonary arterial hypertension (PAH), of at least World Health Organization (WHO) functional class III, which is associated with either idiopathic or connective tissue disease and who have failed to respond to or who have contraindications to, or who are not a candidate for sildenafil.

Clinical Notes:

1. Diagnosis of PAH should be confirmed by cardiac catheterization
2. Ambrisentan will not be approved when used concurrently with other endothelin receptor antagonists, epoprostenol, treprostinil or sildenafil.
3. Coverage must be requested and medications prescribed by a Pulmonary Arterial Hypertension (PAH) specialist.

Claim Note:
The maximum dose of ambrisentan that will be reimbursed is 10mg daily

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Amerge - see Naratriptan HCl

Amgevita - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Anagrelide, capsule, 0.5mg (Agrylin-SHR and generics)

For the treatment of essential thrombocythemia (ET) in patients who have:
a) Failed Hydroxyurea therapy (does not provide sufficient platelet reduction) or
b) Have intolerable side effects to Hydroxyurea therapy.

Prescriptions written by PEI oncologists do not require written Special Authorization.

AndroGel- see Testosterone

Ankylosing Spondylitis Biologic Agents

Adalimumab, 40mg/0.4mg prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-JPC) 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)
Approvals will be for a maximum adult dose of 40mg every two weeks.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Certolizumab, syringe kit, 400mg/2ml; auto-injector kit, 400mg/2ml (Cimzia-UCB)
Maximum adult dose is 400mg (given as two Sc injections of 200mg) given at 0,2,4 weeks then 200mg every 2 weeks thereafter.

Etanercept, pre-filled syringe, 50mg/ml (Brenzys-MSD; Erelzi-SDZ); auto-injector, 25mg/0.5ml (Erelzi-SDZ); 50mg/ml (Brenzys-MSD; Erelzi-SDZ)
Approvals will be for a maximum adult dose of 50mg per week or 25mg twice weekly. For etanercept-naïve patients whose etanercept therapy is initiated after November 27, 2017, Brenzys or Erelzi will be the product approved.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-JAN)
Approvals will be for a maximum adult dose of 50mg once monthly.

Infliximab, injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)
Approvals will be for a maximum adult dose of 5mg/kg at 0, 2, and 6 weeks then every 6 to 8 weeks.

Secukinumab, syringe or pen, 150mg/ml (Cosentyx-NVR)
Approvals will be for a maximum adult dose of 150mg at weeks 0, 1, 2 and 3 followed by monthly maintenance dosing of 150mg starting at week 4.

For the treatment of patients with moderate to severe ankylosing spondylitis (Bath AS Disease Activity Index (BASDAI) score ∃4 on 10 point scale who:

a) have axial symptoms* and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation or in whom NSAIDs are contraindicated **OR**

b) have peripheral symptoms and who have failed to respond to, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months observation and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

*Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease, do not require a trial of NSAIDs alone.

Claim Notes:

- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months
- Renewal Approval: maximum of 12 months. Requests for renewal must include information showing the beneficial effects of the treatment, specifically:
  a) a decrease of at least two points on the BASDAI scale, compared with pre-treatment score **OR**
  b) patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as Health Assessment Questionnaire (HAQ) or ability to return to work).

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Ankylosing Spondylitis Special Authorization

form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms **.**

Anoro Ellipta – see Umeclidinium Bromide & Vilanterol Trifenatate

Apixaban, tablet, 2.5mg, 5mg (Eliquis-BMS and generics)

For the treatment of venous thromboembolic events (VTE) (deep vein thrombosis [DVT] and pulmonary embolism [PE] and prevention of recurrent DVT and PE, **for a duration of up to six months**.

For the prophylaxis of venous thromboembolism (VTE) following total knee replacement surgery for up to 14 days after surgery or total hip replacement surgery for up to 35 days after surgery as an alternative to low molecular weight heparins**. The maximum dose of apixaban that will be reimbursed is 2.5mg twice daily.**

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:

a) Anticoagulation is inadequate following at least a two month trial of warfarin; or
b) Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

The following patient groups are excluded from coverage for apixaban for atrial fibrillation:

a) Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 25 mL/min)
b) Patients 75 years of age or older without documented stable renal function
c) Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
d) Patients with prosthetic heart valves

Notes:

1. At-risk patients with atrial fibrillation are defined as those with a $CHADS_2$ score of ≥ 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a $CHADS_2$ score of 1.
2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
3. Documented stable renal function is defined as creatinine clearance or estimated

glomerular filtration rate maintained for at least 3 months.

a) Dosing: the usual recommended dose is 5 mg twice daily; a reduced dose of apixaban 2.5 mg twice daily is recommended for patients with at least two [2] of the following: age ≥ 80 years, body weight ≤ 60 kg, or serum creatinine ≥ 133 micromole/litre.

b) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban product monograph).

c) Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.

d) There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended for these patient populations.

The request for coverage must be made using the Apixaban, Dabigatran, Edoxaban, Rivaroxaban Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Aprepitant, capsule, 80mg, 125mg, 80mg & 125mg package (Emend, Emend Tri-Pack)

In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:

- highly emetogenic chemotherapy or
- moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle.

Clinical notes:

- Highly emetogenic chemotherapy (HEC) includes but it not limited to : cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine, and cyclophosphamide > 1500mg/m²
- Patients who receive carboplatin-based regimens with AUC ≥ 4 are also eligible to receive aprepitant in combination a 5-HT3 antagonist and dexamethasone for primary prevention of acute and delayed nausea and vomiting

Aptiom – see Eslicarbazepine Acetate

Aptivus – see Tipranavir

Aranesp - see Darbepoetin Alfa

Aricept - see Cholinesterase Inhibitors (ChEI)

Aripiprazole, injection, 300mg, 400mg (Abilify Maintena-OTS)

Note: For Community Mental Health Drug Program, no Special Authorization is required.

For the treatment of schizophrenia in patients with documented compliance issues with an oral antipsychotic OR who are currently receiving a conventional depot antipsychotic and experiencing significant side effects (EPS or TD) or lack of efficacy.
NOTE: Must be requested and prescribed by a psychiatrist. Only doses up to 400mg monthly will be approved.

In accordance with the manufacturer's product monograph:
For patients who have never taken aripiprazole, establish tolerability with oral aripiprazole prior to initiating treatment with Abilify Maintena.

Asenapine, sublingual tablet, 5mg, 10mg (Saphris-MSD)

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:
• Monotherapy, after a trial of lithium or divalproex sodium has failed, and trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response.
• Co-therapy with lithium or divalproex sodium, after trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response.

Atectura Breezhaler – see Indacaterol & Mometasone

Aubagio – see Multiple Sclerosis Agents

Avonex - see Multiple Sclerosis Agents

Axitinib, tablet, 1 mg, 5 mg (Inlyta-PFI)

As second line therapy for the treatment of patients with metastatic renal cell carcinoma after failure of prior therapy with either a cytokine or tyrosine kinase inhibitor.

Renewal Criteria:
Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:
1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Initial approval period: 6 months.
Renewal period: 1 year.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Aztreonam, inhalation vial, 75mg/ml (Cayston-GIL)

For the treatment of chronic pulmonary Pseudomonas aeruginosa infections, when used as a cyclic treatment, in patients with moderate to severe cystic fibrosis and deteriorating clinical condition despite treatment with inhaled tobramycin.

Clinical Note:
Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Azithromycin, tablet, 250mg, 600mg; oral suspension, 20mg/mL, 40mg/mL (Zithromax-PFI and generics).

Note: For HIV, Cystic Fibrosis, Sexually Transmitted Diseases, and Tuberculosis Programs, no Special Authorization is required.

a) For the treatment of infections requiring a macrolide antibiotic when the patient has a documented intolerance to clarithromycin
b) For the completion of hospital initiated treatment with azithromycin (maximum 5 days)
c) For the treatment and prevention of non-tuberculosis mycobacterial
d) For the treatment of infections requiring a macrolide antiobiotic when the patient is taking medications that would significantly interact with erythromycin/clarithromycin

Baqsimi – see Glucagon

Baraclude – see Entecavir

Baricitinib, tablet, 2mg (Olumiant-LIL)

For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:

• Methotrexate (oral or parenteral) , alone or in combination with another DMARD, at a dose of ≥ 20mg weekly (≥ 15mg in patient is ≥ 65 years of age), for a minimum of 12 weeks AND

• Methotrexate in combination with at least two other DMARDs, such as hydoxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Combined use of more than one biologic DMARD will not be reimbursed.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage

can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 2 mg daily.
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of response is required.

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Benralizumab, syringe, autoinjector, 30mg/ml (Fasenra-AZN)

As add-on maintenance treatment for adult patients with severe eosinophilic asthma, if the following criteria are met:

Initiation Criteria:
- Patient must have a documented diagnosis of asthma.
- Patient is inadequately controlled with high-dose inhaled corticosteroids, defined as greater or equal to 500mcg of fluticasone propionate or equivalent daily, and one or more additional asthma controller(s) (e.g., long-acting beta agonists).
- Patient has one of the following:
    - blood eosinophil count of ≥ 300 cells/μL within the past 12 months AND has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
    - blood eosinophil count of ≥150 cells/μL AND is receiving maintenance treatment with oral corticosteroids (OCS).

Renewal Criteria:
- The effects of treatment should be assessed every 12 months to determine whether reimbursement should continue
- Reimbursement of treatment should be discontinued if:
    - the 12 months asthma control questionnaire score has not improved from baseline, when baseline represents the initiation of treatment, or
    - the asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
    - the number of clinically significant exacerbations has increased within the previous 12 months, or

- in patients on maintenance treatment with OCS, there has been no decrease in the OCS dose in the first 12 months of treatment, or
- in patients on maintenance treatment with OCS, the reduction in the dose of OCS achieved after the first 12 months of treatment is not maintained subsequently.

Clinical Notes:

- Benralizumab should not be used in combination with other biologics used to treat asthma.
- A baseline assessment of asthma symptom control using a validated asthma control questionnaire must be completed prior to initiation of benralizumab treatment.
- Patients should be managed by a physician with expertise in treating asthma.

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Benzydamine HCl, oral rinse, 0.15% (Generic)

For oncology patients only.

Betahistine HCL, tablet, 16mg, 24mg (Serc-BGP and generics)

For the symptomatic treatment of recurrent episodes of vertigo associated with Meniere's disease.

Betaseron - see Multiple Sclerosis Agents

Biphentin - see Methylphenidate

Bisacodyl, suppository (water based), 10mg (Magic Bullet)

- For the treatment of bowel incontinence where alternative therapies have failed.
- For use as part of a bowel program for neurogenic bowel dysfunction in patients with spinal cord injuries.

Bosentan, tablet, 62.5mg, 125mg (Tracleer-ACT and generics)

For treatment of pulmonary arterial hypertension (PAH) in patients with World Health Organization (WHO) functional class III or IV

Clinical Notes:

- Idiopathic pulmonary arterial hypertension (IPAH) in patients who do not demonstrate vasoreactivity on testing or who demonstrate vasoreactivity on testing but fail a trial of, or are intolerant to, calcium channel blockers.
- Pulmonary arterial hypertension associated with connective tissue disease or congenital heart disease or human immunodeficiency virus (HIV) who do not respond adequately to conventional therapy.

Coverage must be requested and medications prescribed by a Pulmonary Arterial Hypertension (PAH) specialist.

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Bosulif – see Bosutinib

Bosutinib, tablet, 100mg, 500mg (Bosulif-PFI)

For treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) with resistance or intolerance to prior TKI therapy.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Brexpiprazole, tablet, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (Rexulti-OTS)

For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to a trial of at least two less expensive antipsychotic agents because of intolerance or lack or response.

Brigatinib, tablet, 30mg, 90mg, 180mg; initiation kit, 90mg (7) & 180mg (21) (Alunbrig-TAK)

For the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who have not been previously treated with an ALK inhibitor.

Renewal Criteria:
• Written confirmation that the patient is responding to treatment.

Clinical Note:
• Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:
• No further ALK inhibitor will be reimbursed following disease progression on brigatinib.
• Initial approval period: 1 year.
• Renewal approval period: 1 year

Prescriptions written by PEI oncologists do not require written Special

Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Brilinta – see Ticagrelor

Brivaracetam, tablet, 10mg, 25mg 50mg, 75mg, 100mg (Brivlera-UCB)

For the treatment of partial onset seizures in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy if the following clinical criteria and conditions are met:
1. Patients are currently receiving two or more antiepileptic drugs (AEDs).
2. Patients are not receiving concurrent therapy with levetiractam.
3. Patients are those for whom less costly AEDs are ineffective or not clinically appropriate.

Brivlera – see Brivaracetam

Breo Ellipta – see Fluticasone Furoate/Vilanterol

Brenzys - see Ankylosing Spondylitis Biologic Agents **OR**
see Rheumatoid Arthritis Biologic Agents

Budesonide, inhalation solution, 0.125mg/mL, 0.25mg/mL, 0.5mg/mL (Pulmicort Nebuamp-AZE and generics)

Note: For Nursing Home Program, no Special Authorization is required.

- For use in clients on the Nursing Home Program.
- For use in children under 6 years of age. The pharmacy must call the drug programs office to have coverage set up initially. Coverage will be in place until the child's sixth birthday.
- Other uses will be considered on a case by case basis where there are extreme circumstances.

Budesonide, capsule, 3mg (Entocort-AZE)

For the treatment of Crohn's disease or Colitis in patients for whom Prednisone is contraindicated or in whom significant side effects have occurred.

Buprenorphine, subdermal implant, 80mg (Probuphine-KNI)

For the treatment of patients with opioid use disorder who have been stabilized on a daily dose of no more than 8mg of sublingual buprenorphine for the preceding 90 days.
Clinical Note:
Insertion of the subdermal implants should be performed by a healthcare provider who has completed the training program.
Claim Note:

Approval period of every 6 months up to 2 years.

Burosumab, vial, 10mg/ml, 20mg/ml, 30mg/ml (Crysvita-ULT)

For the treatment of patients with X-linked hypophosphatemia (XLH) who meet the following criteria:

- Initiated in a pediatric patient who is at least one year of age and in whom epiphyseal closure has not yet occurred
- Fasting hypophosphatemia
- Normal renal function (defined as a serum creatinine below the age-adjusted upper limit of normal)
- Radiographic evidence of rickets with a rickets severity score (RSS) of two or greater
- Confirmed phosphate-regulating endopeptidase homolog, X-linked (PHEX) gene variant in either the patient or in a directly related family member with appropriate X-linked inheritance

Discontinuation Criteria:

In pediatric patients under 18 years of age in whom epiphyseal closure has not yet occurred and who met the above criteria, treatment should be discontinued if

- there is no demonstrated improvement in the 12-month RSS total score from baseline RSS total score; or
- the patient's RSS total score achieved after the first 12 months of therapy has not been maintained subsequently.

In adolescent patients who are 13 to 17 years of age in whom epiphyseal closure has occurred and who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

In adult patients who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

Claim Notes:

- Requests will not be considered for treatment-naïve adults
- Must be prescribed by a physician working in a multidisciplinary team of health care providers who are experienced in the diagnosis and management of XLH
- Approvals for children (1-17 years of age) will be up to a maximum of 90mg every 2 weeks

- Approvals for adults (18 years of age and older) will be up to a maximum of 90mg
  every 4 weeks.
- Approval period: 1 year.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Cabenuva – see Cabotegravir & Rilpivirine

Cabometyx – see Cabozantinib

Cabotegravir, tablet, 30mg (Vocabria-VII)

For the treatment of adult patients with HIV-1 infection who are virologically stable and suppressed (HIV-1 RNA less than 50 copies per mL).

Cabotegravir & Rilpivirine, vial, 400mg/600mg, 600mg/900mg (Cabenuva-VII)

For the treatment of adult patients with HIV-1 infection who are virologically stable and suppressed (HIV-1 RNA less than 50 copies per mL).

Cabozantinib, tablet, 20mg, 40mg, 60mg (Cabometyx-IPS)

For the treatment of patients with advanced or metastatic renal cell carcinoma who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy when used as:
• second-line therapy following disease progression on sunitinib, pazopanib or pembrolizumab in combination with axitinib; or
• third-line therapy following disease progression on immunotherapy and VEGFR TKI (i.e., sunitinib or pazopanib), used in any sequence.
Renewal Criteria:
• Written confirmation that the patient has responded to treatment and there is no evidence of clinically meaningful disease progression.
Clinical Note:
• Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.
Claim Notes:
• Requests for cabozantinib will not be considered for patients who experience disease progression on everolimus or axitinib monotherapy.
• Initial approval period: 1 year.
• Renewal approval period: 1 year

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at

http://healthpei.ca/pharmacareforms .

Campral – see Acamprosate

Canagliflozin, tablet, 100mg, 300mg (Invokana-JAN)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin in not an option.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Carbamazepine, suspension, 100mg/5ml (Tegretol-NVR and generics)

For use in patients for indications as defined in the CPS, and who cannot use carbamazepine chewable, regular and controlled release tablets.

Carbidopa & Levodopa & Entacapone, tablet, 12.5mg/50mg/200mg, 25mg/100mg/200mg, 37.5mg/150mg/200mg, 18.75mg/75mg/200mg, 31.25mg/125mg/200mg (Stalevo-NVR)

For the treatment of Parkinson's disease in patients who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/carbidopa and are currently stabilized on levodopa/carbidopa and entacapone separately.

Carnitor – see Levocarnitine

Caripul – see Epoprostentol

Cayston – see Aztreonam

Ceritinib, capsule, 150mg (Zykadia-NVR)

As monotherapy treatment for patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who experience disease progression on, or intolerance to, crizotinib.

Renewal Criteria:
• Confirmation that the patient is responding to treatment.

Clinical Note:
• Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient

application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Certolizumab - see Rheumatoid Arthritis Biologic Agents

Cesamet - see Nabilone

Chlorhexidine, oral rinse, 0.12% (Peridex-MDA, Perichlor-PMS)

For the treatment of periodontal disease in long term care residents who need assistance in mouth care upon request or recommendation from a dentist. **A copy of the recommendation from the dentist may be required.**

Cholinesterase Inhibitors (ChEI)

Donepezil, tablet, 5mg, 10mg (Aricept-PFI and generics)
Galantamine, extended-release capsule, 8mg, 16mg, 24mg (Generics)
Rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Exelon-NVR and generics)

For the treatment of patients with a diagnosis of mild to moderate probable Alzheimer's Disease (AD) or possible Alzheimer's Disease with a vascular component, with Lewy bodies, or other factors (as specified) and who meet the following criteria:

a) **Initial 90-day Trial**

An initial 90-day trial using an available ChEI is available to patients who:

- Have a diagnosis of probable or possible AD, **AND**
- Are 65 years of age or older (Coverage for patients less than 65 years of age will be considered upon receipt of a written consultation from a neurologist, psychiatrist or geriatrician supporting the diagnosis and treatment), **AND**
- Have not previously used a ChEI, **AND**
- Have a Mini Mental State Examination (MMSE) score of between 10 and 24. An MMSE score of 25 or 26 will be considered upon receipt of a written consultation from a neurologist, psychiatrist or geriatrician supporting the diagnosis and treatment.

All MMSEs must be completed within 90-days of the request for coverage.

Patients unable to tolerate the first ChEI or where their MMSE score remained between 10 and 24, but declined significantly during the trial, may also qualify for a second 90-day trial using a different ChEI. Patients must stop the first ChEI before coverage for the second 90-day trial of a ChEI will be approved.

b) **Continued Coverage**

Continued coverage of ChEIs may be available to patients who:

- Participated in a 90-day trial of a ChEI during which their MMSE score remained between 10 and 24 and either stabilized or improved, **OR**
- Have been previously approved for 12-months of coverage, during which their MMSE score remained above 10 and either stabilized or improved.

All MMSEs must be completed within 90-days of the request for coverage.

Continued coverage will not be approved for patients where their latest MMSE score is less than 10 or has dramatically decreased during the previous trial or monitoring period.

Continued coverage will be approved for a maximum of twelve (12) months at a time.

Requests for initial and continued coverage must be made using the Alzheimers Special Authorization Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Chronic Obstructive Pulmonary Disease Medications

Aclidinium Bromide, aerosol powder for inhalation, 400mcg/dose (Tudorza Genuair-ALM)
Aclidinium Bromide & Formoterol Fumarate Dyhydrate, aerosol powder, 400mcg/12mcg actuation (Duaklir Genuair-AZE)
Fluticasone & Umeclidinium & Vilanterol, dry powder for inhalation, 100mcg-62.5mcg-25mcg/dose (Trelegy Ellipta-GSK)
Fluticasone Furoate/Vilanterol, blister with inhalation device, 100mcg-25mcg/dose (Breo Ellipta-GSK)
Formoterol Fumerate, powder for inhalation (capsule), 12mcg/dose (Foradil-NVR); powder for inhalation (inhaler), 6mcg/dose, 12mcg/dose (Oxeze Turbuhaler-AZE)
Formoterol & Budesonide, powder for inhalation, 6mcg & 100mcg per dose, 6mcg & 200mcg per dose (Symbicort Turbuhaler-AZE)
Glycopyrronium Bromide, capsule for inhalation, 50mcg (Seebri Breezhaler-NVR)
Indacaterol, capsule,inhalation powder, 75mcg (Onbrez-NVR)
Indacaterol & Glycopyrronium powder for inhalation (capsule),110mcg-50mcg (Ultibro Breezhaler – NVR)
Salmeterol Xinafoate, aerosol powder disk, 50µg/dose (Serevent Diskus-GSK)
Salmeterol & Fluticasone, aerosol inhalation, 25mcg & 125mcg per dose, 25mcg & 250mcg per dose (Advair-GSK); inhaled powder disk, 50mcg & 100mcg per dose, 50mcg & 250mcg per dose, 50mcg & 500mcg per dose (Advair Diskus- GSK)
Tiotropium, capsule for inhalation, 18mcg/dose (Spiriva-BOE); mist inhaler, 2.5mcg/dose (Spiriva Respimat-BOE)
Tiotropium &Olodaterol mist inhaler, 2.5mcg-2.5mcg, (Inspiolto Respimat - BOE)
Umeclidinium Bromide, blister with inhalation device, 62.5mcg (Incruse Ellipta-GSK)
Umeclidinium Bromide & Vilanterol Trifenatate, blister, 62.5mcg/25mcg (Anoro Ellipta-GSK)

Table 1 (of 3)

LABA	LAAC
Formoterol fumarate dehydrate (Oxeze	Aclidinium (Tudorza Genuair)

Turbuhaler) Formoterol fumarate (Foradil) Indacaterol maleate (Onbrez) Salmeterol (Serevent)	Glycopyrronium Bromide (Seebri) Tiotropium (Spiriva) 18mcg; (Spiriva Respimat) 2.5mcg Umeclidinium Bromide (Incruse Ellipta)

For any one agent listed in Table 1:
For the treatment of chronic obstructive pulmonary disease (COPD) as defined by spirometry[1] in patients

AND

- Experiencing persistent symptoms, as defined by Medical Research Council (MRC) score of at least 3[2] or a COPD Assessment test (CAT) score ≥ 10[3] and a post-bronchodilator FEV_1 <80% predicted
  OR
- Experiencing 2 or more moderate exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids OR at least 1 acute severe exacerbation of COPD (AECOPD) requiring hospitalization. .

NOTE: Coverage for both a LABA and a LAAC as separate inhalers will not be considered. See below for combination LABA/LAAC coverage criteria.

Table 2 (of 3)

LABA/LAAC
Aclidinium Bromide & Formoterol Fumarate Dihydrate (Duaklir Genuair)
Indacaterol/Glycopyrronium (Ultibro Breezhaler)
Tiotropium/Olodaterol (Inspiolto Respimat)
Umeclidinium Bromide & Vilanterol Trifenatate (Anoro Ellipta)

For any one agent listed in Table 2:

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry[1], in patients with inadequate control[4] with either a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Coverage for both a LABA and a LAAC as separate inhalers will not be considered. LABA/LAAC inhalers are not intended to be used in combination with an inhaled corticosteroid (ICS) unless criteria for triple therapy[5] is fulfilled.

Table 3 (of 3)

LABA/ICS
Budesonide/ formoterol (Symbicort)
Fluticasone/umeclidinium/vilanterol (Trelegy Ellipta)
Fluticasone/vilanterol (Breo Ellipta)
Salmeterol /fluticasone (Advair)

For any one agent listed in Table 3:

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry[1]
  AND
- When the LABA/ICS is part of triple therapy[5] in patients with COPD
  OR
- In patients with asthma/COPD (ACO) overlap, based on patient history and lung function studies indicating an ACO diagnosis

Clinical Notes:

1. COPD is defined by spirometry as a post bronchodilator FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

2. MRC Grade 3 is described as: walks slower than people of the same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level because of COPD.

3. The COPD assessment test (CAT) is an 8-item tool for measuring health status impairment with scores from 0-40. It is available online at http://www.catestonline.org/images/pdfs/CATest.pdf

4. Inadequate control is defined as persistent symptoms after at least 1 month of long- acting beta-agonist (LABA) or long-acting anticholinergic therapy (LAAC); and an MRC[2] score of at least 3 or a CAT score ≥ 10[3].

5. Triple therapy criteria:
   Combination therapy with LABA/LAAC/ICS will be considered for patients who experience inadequate control (persistent symptoms or experiencing 2 or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least 1 exacerbation requiring hospitalization) while being treated with a LABA/LAAC combination for at least two months.

6. Prescriptions written by PEI respirologists do not require written Special Authorization.

Ciloxan - see Ciprofloxacin, ophthalmic solution

Cimzia – see Rheumatoid Arthritis Biologic Agents or
see Ankylosing Spondylitis Biologic Agents or
see Psoriatic Arthritis Biologic Agents

Cinacalcet, tablet, 30mg, 60mg 90mg (Generics)

For the treatment of dialysis patients with severe hyperparathyroidism (PTH > 88 pmol/L measured twice in 3 months at least 6 weeks apart) who have maximized phosphate binder therapy and vitamin D therapy.
Patients must have one of the following:

- corrected serum calcium > 2.54mmol/L; serum phosphate > 1.8mmol/L; **or**
- presence of symptoms related to hyperparathyroidism (i.e. bone pain)

Ciprodex - see Ciprofloxacin & Dexamethasone

Ciprofloxacin, ophthalmic solution, 0.3%; ophthalmic ointment, 0.3% (Ciloxan-ALC and generics)

For the treatment of ophthalmic infections caused by susceptible bacteria and not responding to alternative agents.

Ciprofloxacin HCl, tablet, 250mg, 500mg, 750mg; (Generics) oral suspension, 100mg/ml (Cipro-BAY)

Note: For Cystic Fibrosis, Nursing Home and Tuberculosis Programs, no Special Authorization is required.

- For treatment of complicated urinary tract infections (UTI), early pyelonephritis, or bacterial prostatitis.
- For treatment of severe (malignant) otitis externa
- For empiric treatment of acute exacerbations of chronic obstructive pulmonary disease (AECOPD) in patients at risk of Pseudomonas infection (e.g. previously isolated Pseudomonas, end stage lung disease, concomitant bronchiectasis, frequent or recent broad spectrum antibiotic use).
- For empiric treatment of outpatient febrile neutropenia.
- For the prevention of endophthalmitis in patients who have had cataract surgery with unplanned vitrectomy.
- For treatment of lung infections in patients with cystic fibrosis.
- Pseudomonas aeruginosa susceptible disease (or if previous Pseudomonas susceptible disease).
- For the oral treatment of multi-resistant, aerobic, gram-negative infections traditionally requiring parenteral therapy for which other oral agents are not effective or available.

- For the treatment of patients intolerant or allergic (hypersensitivity reaction) to all other effective oral agents.
- For the empiric treatment of peritonitis in patients currently receiving peritoneal dialysis.

Ciprofloxacin & Dexamethasone, otic suspension, 0.3% / 0.1% (Ciprodex-ALC and generics)

- For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes; or with known or suspected tympanic membrane perforation with otorrhea.
- For the treatment of patients with acute otitis externa in the presence of tympanostomy tubes or known perforation of the tympanic membrane.

Clozapine, tablet, 25mg, 50mg, 100mg, 200mg (Clozaril-NVR and generics)

Clozapine is only available upon registration of the patient, prescriber, and pharmacy with a Clozapine Support and Assistance Network.
Clozapine is only to be dispensed to patients upon receipt of 7 day, 14 day or 28 day hematological test results by the pharmacy.

For the treatment of patients with schizophrenia refractory to other treatments upon written request or recommendation of a psychiatrist. **A copy of the recommendation must accompany the Special Authorization.**

Clozaril - see Clozapine

Cobimetinib – tablet, 20mg (Cotellic-HLR)

In combination with vemurafenib, for the treatment of patients with previously untreated BRAF V600 mutation-positive unresectable stage III or stage IV melanoma who have a good performance status. Treatment should continue until unacceptable toxicity or disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
Approvals are for a maximum daily dose of 60mg during 21 consecutive days per 28 day cycle.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Codeine, controlled release tablet, 50mg, 100mg, 150mg, 200mg (Codeine Contin-PFR)

For the treatment of documented mild to moderate chronic pain that is not well controlled by short-acting codeine products or where patients are well controlled on acetaminophen or ASA combinations but the codeine dose is limited by the amount of acetaminophen or ASA. **The maximum dose of Codeine Contin that will be reimbursed is 200mg every 12 hours.**

Codeine Contin - see Codeine

Copaxone - see Multiple Sclerosis Agents

Cosentyx – see Ankylosing Spondylitis Biologic Agents or
see Plaque Psoriasis Biologic Agents or
see Psoriatic Arthritis Biologic Agents

Cotellic – see Cobimetinib

Crizotinib, capsule, 200mg, 250mg (Xalkori-PFI)

For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive locally advanced non-small cell lung cancer (NSCLC) with an ECOG performance status ≤2 when used as:
a) first line therapy or
b) second line therapy following chemotherapy

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Crohn's Disease Biologic Agents

A) Moderate to Severe Crohn's Disease

For the treatment of patients with moderate to severe **Crohn's disease** who have active disease and are refractory, intolerant or have contraindications to:
• Prednisone 40mg (or equivalent) daily for ≥ 2 weeks, AND
• Azathioprine ≥ 2 mg/kg/day for ≥ 3 months, OR
• Mercaptopurine ≥ 1 mg/kg/day for ≥ 3 months, OR
• Methotrexate (SC or IM) ≥ 15 mg/week for ≥ 3 months

Clinical Notes:
• Refractory is defined as lack or loss of effect at the recommended doses and for duration of treatments specified above.
• Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.
• Consideration will be given for the approval of a biologic DMARD (disease modifying antirheumatic drug) without a trial of a traditional DMARD for patients who have an aggressive/severe disease course (e.g. extensive disease, a modified Harvey Bradshaw Index score > 16) and are refractory, intolerant or have contraindications to systemic corticosteroids.

Claim notes:

• Initial approval: 12 weeks. Renewal Approval: 1 year. Confirmation of continued response is required.
• Maximum dosages as per existing criteria on the PEI Pharmacare Formulary.
• Combined use of more than one biologic DMARD will not be reimbursed.

Adalimumab, 40mg/0.4ml prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-JPC), 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)
Initial 12 week approval for adults is for an induction dose of 160mg followed by 80mg two weeks later, then 40mg every two weeks thereafter. Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage may be approved at a dose not exceeding 40mg every 2 weeks.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Infliximab, **injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)**
Initial approval is for 3 doses of 5mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage will be approved at a dose not exceeding 5mg/kg every 8 weeks.

Vedolizumab, prefilled pen, prefilled syringe (108 mg/0.68 ml), vial, 300mg (Entyvio-TAK)
Intravenous infusion: Initial approval for adults is for induction doses of 300mg at weeks 0, 2, and 6.
Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.

Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage may be approved at a dose not exceeding 300mg every 8 weeks.

B) Fistulizing Crohn's Disease
For the treatment of fistulizing Crohn's Disease in patients who:
1. Have a Harvey Bradshaw Index score of 7 or more, **AND**
2. Have an actively draining perianal or enercutaneious fistula(e) that have recurred or persisted despite a course of appropriate antibiotic therapy (e.g. Ciprofloxacin with or without Metronidazole for a minimum of 3 weeks), **AND**
3. Have not responded to or are intolerant to immunosuppressive therapy (Azathioprine, Mercaptopurine or Methotrexate) or where such therapy is contraindicated.

Infliximab, **injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN: Renflexis-MSD)**
Initial approval for Infliximab will allow for 3 doses of 5mg/kg/dose administered at 0, 2, and 6 weeks. Renewal of coverage will require reassessment of the patient and submission of a new Crohn's Disease Special Authorization form. Continued coverage will be approved at a dose not exceeding 5mg/kg every 8 weeks.

The request for coverage must be made by a gastroenterologist using the Crohn's Disease Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Patients must also apply for coverage to the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Crysvita – see Burosumab

Cyclobenzaprine, tablet, 10mg (Generics)
As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding or experiencing severe adverse reactions to alternative therapy. **A maximum of three weeks (21 days) of therapy will be considered.**

Dabigatran, capsule, 110mg, 150mg (Pradaxa-BOE and generic)
For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:
a) Anticoagulation is inadequate following at least a two month trial of warfarin; or
b) Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

The following patient groups are **excluded** from coverage for dabigatran for atrial fibrillation:
a) Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate < 30mL/min)
b) Patients 75 years of age or older without documented stable renal function
c) Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
d) Patients with prosthetic heart valves
Notes:
1. At-risk patients with atrial fibrillation are defined as those with a $CHADS_2$ score of ≥ 1.

2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e. adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).

3. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see dabigatran product monograph).

4. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that maintained for at least three months (i.e. 30-49 mL/min for 110 mg twice daily dosing or ≥ 50 mL/min for 150 mg twice daily dosing).

5. There is currently no data to support that dabigatran provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so dabigatran is not recommended in these populations.

6. Patients starting dabigatran should have ready access to appropriate medical services to manage a major bleeding event.

The request for coverage must be made using the Apixaban, Dabigatran, Edoxaban, Rivaroxaban Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Dabrafenib, capsule, 50mg, 75mg (Tafinlar-NVR)

Adjuvant Melanoma
In combination with trametinib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease (AJCC 8thedition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

1. Requests will be considered for patients with regional lymphnodes with micrometastases after sentinel lymph node biopsy.
2. Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
3. Approval period: up to 12 months

Metastatic Melanoma
For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic

melanoma when used alone or in combination with trametinib.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Dalteparin - see Low Molecular Weight Heparins

Dapagliflozin, tablet, 5mg, 10mg (Forxiga-AZE)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Dapagliflozin and Metformin HCL, tablet, 5mg/850mg, 5mg/1000mg (Xigduo-AZE)

For the treatment of type 2 diabetes for patients for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and dapagliflozin, to replace the individual components of dapagliflozin and metformin in these patients.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Darbepoetin Alfa, pre-filled syringe 25mcg/mL, 40mcg/mL, 100mcg/mL, 200mcg/mL (Aranesp-AMG)

For the treatment of severe anemia related to chronic renal failure in patients with:

a) Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL), **OR**
b) Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure, **OR**
c) Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies, **OR**
d) Anemia requiring transfusions in patients who have high levels of panel reactive

anti HLA antibodies, **OR**

e) Severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.

The request for coverage must be made by or in consultation with a nephrologist, internal medicine specialist, or oncologist. A copy of the consultation must accompany the request.

The request for coverage must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Darifenacin, extended release tablet, 7.5mg, 15mg (Enablex-NVR and generic)

For the treatment of over-active bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (e.g. 3 months) of immediate release oxybutynin, solifenacin, or tolterodine.

Dasatinib, tablet, 20mg, 50mg, 70mg, 80mg, 100mg, 140mg (Sprycel-BMS and generics)

For use as a single agent for the treatment of adults with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) and Philadelphia chromosome acute lymphoblastic leukemia (Ph+ ALL) with resistance or intolerance to prior therapy including Imatinib.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

DDAVP - see Desmopressin

Deferasirox, tablet, 90mg, 180mg, 360mg; dispersible tablet, 125mg, 250mg, 500mg (Exjade – NVR and generics)

For the treatment of patients who require iron chelation.

Denosumab, pre-filled syringe, 60mg/ml (Prolia – AMG)

For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:

- Have a contraindication to oral bisphosphonates; and
- High risk for fracture, or refractory or intolerant to other available osteoporosis therapies.

Clinical Notes:

- Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year to other available osteoporosis therapies.

- High fracture risk is defined as:
    - Moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
    - High 10-year fracture risk (≥ 20%) as defined by the CAROC or FRAX tool.

Desmopressin, oral disintegrating tablet, 60mcg, 120mcg, 240mcg (DDAVP Melt-FEI); tablet, 0.1mg, 0.2mg (DDAVP-FEI and generics)

a) For the treatment of diabetes insipidus in patients unable to tolerate the intranasal solution or when the intranasal solution is ineffective.
b) For the treatment of enuresis in children over 5 years and under 16 years of age.

Desmopressin, intranasal solution (spray pump), 10mcg/dose (Generic)

a) For the treatment of diabetes insipidus. The maximum recommended daily dosage is 40µg.

Diacomit – see Stiripentol

Dienogest, tablet, 2mg (Visanne-BAY and generic)

For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly options are either ineffective or cannot be used.

Dificid – see Fidaxomicin

Ditropan XL - see Oxybutynin Chloride

Donepezil - see Cholinesterase Inhibitors (ChEI)

Dornase Alfa, inhalation solution, 1mg/ml (Pulmozyme-HLR)

For cystic fibrosis patients with a FEV1<70% predicted with clinically significant decline in FEV1 not responsive to usual treatment.

Duaklir Genuair – see Aclidinium Bromide & Formoterol Fumarate Dihydrate

Duloxetine hydrochloride, delayed release capsule, 30mg, 60mg (Cymbalta – LIL and generics)

- For the treatment of chronic pain.
- The maximum reimbursed dose is 60mg daily.

Dupilumab, syringe, 200mg/1.14ml, prefilled pen, 300mg/2ml prefilled pen, 300mg/2ml prefilled syringe (Dupixent-AVN)

For the treatment of moderate to severe atopic dermatitis in patients 12 years and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies

- Refractory, intolerant or have contraindications to an adequate trial of phototherapy (where available), methotrexate, and cyclosporine.
- Baseline Eczema Area and Severity Index (EASI) score of ≥ 7.1 and Physician Global Assessment score of ≥ 3 at the time of initial request for reimbursement.
- The maximum duration of initial authorization is 6 months.

Renewal Criteria:

- Renewal requests must provide proof of beneficial clinical effect, defined as a 75% or greater improvement from baseline in the EASI score (EASI-75) six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Clinical Note:

- The patient must be under the care of a dermatologist.
- Dupilumab is not to be used in combination with phototherapy or immunosuppressant drugs, such as methotrexate or cyclosporine.
- Approvals will be for a maximum of 600mg at week 0, then 300mg every two weeks thereafter.

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Dupixent – see Dupilumab

Edaravone, solution for injection, 0.3mg/ml (Radicava-BMT)

For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all of the following critiera:

Initiation criteria:

- Scores of at least two points on each item of the ALS Functional Rating Scale-Revised (ALSFRS-R).
- Forced vital capacity is greater than or equal to 80% of predicted.
- ALS symptoms for two years or less.
- Not currently requiring permanent non-invasive or invasive ventilation.

Discontinuation Criteria:

- Patient becomes non-ambulatory (ALSFRS-R score ≤ 1 for item 8) AND is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRS-R score < 1 for item 5a or 5b); or
- Patient requires permanent non-invasive or invasive ventilation.

Clinical Note :

- Patient must be under the care of a specialist with experience in the diagnosis

and management of ALS.
- Approval period: 6 months

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Edoxaban, tablet, 15mg, 30mg, 60mg (Lixiana-SER)

For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE) for up to six (6) months.

NOTE: The recommended dose of edoxaban for patients initiating DVT or PE treatment is 60mg once daily following initial use of a parenteral anticoagulant for 5 to 10 days. Edoxaban 30mg once daily is recommended in patients with one of more of the following clinical factors:

- Moderate renal impairment (creatinine clearance (CrCl) 30-50 mL/min)
- Low body weight less than or equal to 60Kg, or
- Concomitant use of P-glycoprotein (P-gp) inhibitors except amiodarone and verapamil

Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:

a. Anticoagulation is inadequate following at least a two month trial of warfarin; OR
b. Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

The following patient groups are **excluded** from coverage for edoxaban for atrial fibrillation:

a. Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <30mL/min)
b. Patients ≥75 years of age or older without documented stable renal function
c. Patients who have hemodynamically significant rheumatoid valvular heart disease (especially mitral stenosis), or who have prosthetic heart valves.
- Safety and efficacy have not been studied in patients with prosthetic (mechanical or biological) heart valves or those with hemodynamically significant rheumatic heart disease, especially mitral stenosis.

The recommended dose of edoxaban for patients initiating treatment is 60mg once daily. Edoxaban 30mg once daily is recommended in patients with one or more of the following

clinical factors: moderate renal impairment (creatinine clearance 30mL/min to 50mL/min); low body weight ≤ 60kg; or concomitant use of P-glycoprotein inhibitors, except amiodarone and verapamil.

The request for coverage must be made using the Apixaban, Dabigatran, Edoxaban, Rivaroxaban Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Elexacaftor & Tezacaftor & Ivacaftor, tablet, 100mg & 50mg & 75mg (day) & Ivacaftor, tablet, 150mg (night) (Trikafta-VER)

For the treatment of cystic fibrosis (CF) in patients 6 years of age and older who meet all of the following criteria:

- Confirmed diagnoses of CF with at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR gene); AND
- Patient has been optimized on best supportive care for their CF prior to starting Trikafta; AND
- Prescribed by a clinical specialist affiliated with a Canadian cystic fibrosis centre.

The following measurements must be completed prior to initiating treatment with Trikafta:

- Baseline spirometry measurements of FEV1 in liters and percent predicted (within the last 30 days); AND
- Number of days treated with oral and/or intravenous (IV) antibiotics for pulmonary exacerbations in the previous 6 months OR number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months; AND
- Number of CF-related hospitalizations in the previous 6 months; AND
- Weight, height, and body mass index (BMI); AND
- A score from an age-appropriate cystic fibrosis questionnaire as follows:
    - Cystic Fibrosis Questionnaire Child (CFQ-C) and Cystic Fibrosis Questionnaire-Parent (CFQ-P), if the Patient is 6 to 13 years of age, inclusive: or
    - Cystic Fibrosis Questionnaire Revised (CFQ-R teen/adult) Respiratory Domain score, if the Patient is 14 years of age or older.

Exclusion Critiera:

- Patient has undergone lung transplantation; OR
- Patient is using Trikafta as combination therapy with another cystic fibrosis transmembrane conductance regulator (CFTR) modulator.

Initial approval duration: 6 months

Initial renewal criteria:

Renewal of funding will be considered in patients demonstrating at least ONE of the following improvements after 6 months of treatment with Trikafta;

1. Improvement or percent predicted FEV1 by 5% or more above the baseline measurement; OR
2. A decrease in the total number of days for which the patient received treatment with oral and/or IV antiobiotics for pulmonary exacerbations compared with the 6-month period prior to initiating treatment OR a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antiobiotics compared with the 6-month period prior to initiating treatment; OR
3. Decreased number of CF-related hospitalizations in the 6 months after initiation of Trikafta treatment compared with the 6-month period prior to initiating Trikafta; OR
4. No decline in BMI at 6 months compared with the baseline BMI assessment; OR
5. Improvement by 4 points or more in the CFQ-R Respiratory Domain scale compared to baseline scores.

Subsequent renewal criteria:
For patients who have met the initiation criteria and initial renewal criteria.

- Ongoing renewal of funding will be provided for those who are continuing to benefit from therapy with Trikafta and who do not meet any of the exclusion criteria.
- At the time of renewal application, please include the patient's most recent ppFEV1 and a clinical update to confirm the treatment benefits or response experienced by the patient.

Approval Duration of renewals: 1 year

Approved doses:

- 6 to < 12 years of age (weight < 30kg): 2 tablets (each containing elexacaftor/ tezacaftor/ ivacaftor 50mg/ 25mg/ 37.5mg) taken in the morning & one tablet (ivacaftor 75mg) taken in the evening approximately 12 hours apart.
- 6 to < 12 years of age (weight ≥ 30kg): 2 tablets (each containing elexacaftor/ tezacaftor/ ivacaftor 100mg/ 50mg/ 75mg) taken in the morning & one tablet (ivacaftor 150mg) taken in the evening approximately 12 hours apart.
- 12 years of age and older: 2 tablets (each containing elexacaftor/ tezacaftor/ ivacaftor 100mg/ 50mg/ 75mg) taken in the morning & one tablet (ivacaftor 150mg) taken in the evening approximately 12 hours apart.

Elmiron - see Pentosan Polysulfate Sodium

Emend - see Aprepitant

Emerade – see Epinephrine Bitartrate

Empagliflozin, tablet, 10mg, 25mg (Jardiance-BOE)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin

and a sulfonylurea, and for whom insulin is not an option
OR
As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with type 2 diabetes mellitus and established cardiovascular disease, if the following criteria are met:

- Patients have inadequate glycemic control despite an adequate trial of metformin

Clinical Notes:
Established cardiovascular disease is defined as one of the following (details must be provided):

- History of myocardial infarction (MI).
- Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status).
- Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection.
- Last episode of unstable angina ≥2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease.
- History of ischemic or hemorrhagic stroke.
- Occlusive peripheral artery disease.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Empagliflozin & Metformin, tablet, 5mg & 500mg, 5mg & 850mg, 5mg & 1000mg, 12.5mg & 500mg, 12.5mg & 850mg, 12.5mg & 1000mg (Synjardy-BOE)

For patients with type 2 diabetes mellitus who are already stabilized on therapy with metformin and empagliflozin, to replace the individual components of metformin and empagliflozin in these patients.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Enablex – see Darifenacin

Enbrel - see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents (pediatric indication)

Enerzair Breezhaler – see Indacaterol & Glycopyrronium & Mometasone

Enfuvirtide, injection kit, 90mg/mL (Fuzeon-HLR)

For patients:

a) Who have a CD4 count greater than 100 cells/mm^3; **AND**
b) Who have a viral load less than 100,000 copies/mL; **AND**
c) Who have previously received less than 11 antiretroviral agents; **AND**
d) Where therapy with Enfurvirtide is planned in combination with at least one other antiretroviral drug to which sensitivity has been demonstrated on resistance testing.

Requests for Enfuvirtide (Fuzeon-HLR) must be made using the Enfuvirtide Special Authorization form which is available from the Drug Programs office or on-line at http://healthpei.ca/pharmacareforms .

Enoxaparin - see Low Molecular Weight Heparins

Entecavir, tablet, 0.5mg (Baraclude – BMS and generics)

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2,000 IU/mL.

Entocort - see Budesonide

Entresto – see Sacubitril & Valsartan

Entyvio - see Crohn's Disease Biologic Agents or
- see Ulcerative Colitis Biologic Agents

Enzalutamide, capsule, 40mg (Xtandi-AST)

For treatment of patients with metastatic castration resistant prostate cancer who:

- Are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy with an ECOG peformance status ≤ 1 and have not received prior chemotherapy and would be an alternative to abiraterone for patients and not sequential therapy in this asymptomatic or midly symptomatic patient population **OR**
- Have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients and not sequential therapy in this symptomatic post docetaxel chemotherapy setting

Notes:

- Enzalutamide will not be reimbursed in combination with abiraterone.
- Use of enzalutamide in the past docetaxel setting is not permitted if previously used in the prechemotherapy setting

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at

http://healthpei.ca/pharmacareforms .

Epinephrine, auto-injector, 0.15mg per dose, 0.3mg per dose (EpiPen-ALX)

For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

Note: • Regular benefit, but with a quantity limit of two injections per 12 month period. Additional units require an exception status request.

Epinephrine, pre-filled pen, 0.15mg per dose, 0.3mg per dose, 0.5mg per dose (Emerade-BAU)

For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

Note: • Regular benefit, but with a quantity limit of two injections per 12 month period. Additional units require an exception status request.

EpiPen - see Epinephrine

EpiPen Jr. - see Epinephrine

Eplerenone, tablet, 25mg, 50mg (Generic)

For the treatment of patients with New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction ≤ 35%), as a complement to standard therapy.
Clinical Note:
Patients must be on optimal therapy with an angiotensin-converting–enzyme (ACE) inhibitor or angiotensinreceptor blocker (ARB), and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.

Epoetin Alfa, pre-filled syringe, 10,000IU/mL (Eprex-JAN)

For the treatment of severe anemia related to chronic renal failure in patients with:

a) Normocytic normochromic anemia, requiring transfusions in patients who have evidence of iron overload (Ferritin > 1000 ng/mL), **OR**
b) Anemia requiring blood transfusions in patients having symptomatic angina and/or heart failure, **OR**
c) Anemia requiring transfusion in patients with difficulties in blood grouping and febrile reactions due to antibodies, **OR**
d) Anemia requiring transfusions in patients who have high levels of panel reactive anti HLA antibodies, **OR**
e) Severe normocytic normochromic anemia (Hb < 100 g/L) whose only symptom is fatigue and have never received transfusions.

The request for coverage must be made by or in consultation with a nephrologist, internal medicine specialist, or oncologist. A copy of the consultation must accompany the request.

The request for coverage must be made using the Erythropoietin Program Approval Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Epoprostenol, **vials, 0.5mg, 1.5mg (Caripul-ACT, Flolan-GSK)**

For the treatment of World Health Organization (WHO) class III or IV idiopathic pulmonary arterial hypertension in patients who do not demonstrate vasoreactivity on testing or who demonstrate vasoreactivity on testing but fail a trial of, or are intolerant to, calcium channel blockers.

For the treatment of WHO class III or IV pulmonary arterial hypertension associated with scleroderma in patients who do not respond adequately to conventional therapy.

Note: Coverage will be limited to medication and associated diluent costs only. No coverage will be provided for equipment or medical supplies (e.g. pumps, IV tubing, IV catheters, etc.).

Coverage must be requested and medications prescribed by a Pulmonary Arterial Hypertension (PAH) specialist.

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Eprex - see Epoetin Alfa

Erelzi - see Ankylosing Spondylitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Erivedge – see Vismodegib

Erlotinib, tablet, 25mg, 100mg, 150mg (Tarceva-HLR and generics)

For use as monotherapy for the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen and whose EGFR expression status is positive or unknown.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients requesting coverage under the High-Cost Drug Program must apply to this program using the application that is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Esbriet – see Pirfenidone

Eslicarbazepine Acetate, tablet, 200mg, 400mg, 600mg, 800mg (Aptiom-SNV)

For the treatment of partial-onset seizures in patients with epilepsy who are currently receiving two or more antiepileptic drugs (AEDs) and for whom less costly AEDs are ineffective or not clinically appropriate.

Etanercept - see Ankylosing Spondylitis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Evolocumab, prefilled mini-doser, 120mg/ml; prefilled autoinjector, 140mg/ml (Repatha-AMG)

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:

• Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and

• Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months ofcontinuous treatment with:

- high-dose statin (e.g.atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
- ezetimibe alone, if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance

Initial renewal criteria:

• A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Subsequent renewal criteria:

• The patient continues to maintain a reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L

Clinical Notes:

1. LDL-C levels must be provided.
2. Intolerance to high dose statin will be considered if patient has developed documented myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and
   - for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and
   - at least one statin was initiated at the lowest daily starting dose; and
   - other known causes of intolerance have been ruled out.
3. For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Approvals will be for a maximum of 140mg every 2 weeks or 420mg monthly.
- Initial approval period: 6 months.
- Renewal approval period: 1 year

Exelon - see Cholinesterase Inhibitors (ChEI)

Extavia - see Multiple Sclerosis Agents

Eylea – see Aflibercept

Fabrazyme – vial, 5mg, 25mg (AVN)

Coverage may be available for Fabrazyme for the treatment of Fabry Disease through the High Cost Drug Plan and Catastrophic Drug Plan, for eligible patients who meet the criteria set out in the Canadian Fabry Diease Treatment Guidelines.

The treatment guidelines are supported by the Canadian Fabry Disease Initiative (CFDI), and may be amended by the CFDI from time to time.

Please contact the PEI Pharmacare Program office at 1-877-577-3737 for more information regarding coverage availability and the Special Authorization application process for this product.

Fasenra – see Benralizumab

Febuxostat, tablet, 80mg (Uloric-TAK and generics)

For the treatment of symptomatic gout in patients who have documented hypersensitivity to allopurinol.
Note: Intolerance or lack of response to allopurinol will not be covered by these criteria.

Fentanyl, transdermal patch, 12mcg/hr, 25mcg/hr, 37mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr (Generics)

For the treatment of severe chronic pain that is not well controlled by short and long-acting Morphine and Hydromorphone products.

Fesoterodine Fumarate, extended release tablet, 4mg,8mg (Toviaz-PFI)

For the treatment of over active bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (e.g. 3 months) of immediate release oxybutynin, solifenacin, or tolterodine.

Fidaxomicin, tablet, 200mg (Dificid-MER)

For the treatment of patients with documented Clostridium Difficile Infection, when prescribed in consultation with an infectious diseases consultant AND

- Where there is demonstrated intolerance or contraindication to vancomycin; OR
- For use in patients with prior Clostridium Difficile Infection after other current

Clostridium Difficile Infection treatment options fail.

Filgrastim, prefilled syringe, 300mcg/0.5ml, 480mcg/0.8ml (Grastofil-APX, Nivestym-PFI), vial, 300mcg/ml, 480mcg/1.6ml (Nivestym-PFI)

Chemotherapy Support

For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of filgrastim for prevention of febrile neutropenia.

High Dose Chemotherapy with Stem Cell Support:

For use in mobilizing stem cells in preparation for stem cell collection.

Must be requested and prescribed by a specialist in hematology or medical oncology.

Claim Notes:

- All requests for coverage of filgrastim will be approved for the biosimilar versions only.

Note: Special Authorization for Neupogen will be considered for patients who have used all biosimilar filgrastim products and have had documented serious intolerance or allergic reactions.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Fingolimod - See Multiple Sclerosis Agents

Firazyr – see Icatibant

Flolan - see Epoprostentol

Fludara - see Fludarabine

Fludarabine, tablet, 10mg (Fludara-BAY)

For the treatment of chronic lymphocytic leukemia (CLL) in patients with an ECOG performance status of 0 to 2 when the patient has failed to respond to, or relapsed during/ after previous therapy with an alkylating agent and intravenous administration is not desirable.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Fluoxetine, oral solution, 20mg/5ml (Generics)

For use in patients for whom oral capsules are not an option.

Fluticasone Furoate/Vilanterol, Inhaler, 100/25mcg/dose, 200/25mcg/dose (Breo Ellipta-GSK)

a. For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.
   NOTE
   Patients using this product must also have access to a short acting beta-2 agonist bronchodilator for the relief of acute symptoms.
b. For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

Foradil - see Formoterol

Formoterol Fumerate, powder for inhalation (capsule), 12mcg/dose (Foradil-NVR); powder for inhalation (inhaler), 6mcg/dose, 12mcg/dose (Oxeze Turbuhaler-AZE)

a) For the treatment of asthma when used in patients on concurrent steroid therapy.
b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

Note: Patients using these products must also have access to a short-acting beta-2 agonist bronchodilator for the relief of acute symptoms.

Formoterol & Budesonide, powder for inhalation, 6mcg & 100mcg per dose, 6mcg & 200mcg per dose (Symbicort Turbuhaler-AZE)

a) For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.
b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

Note: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for the relief of acute symptoms.

Forxiga – see Dapagliflozin

Fosfomycin, sachet, 3g (Monurol-PAL)

Note: For Nursing Home, no Special Authorization is required.

For the treatment of uncomplicated urinary tract infections in adult female patients where:

- The infecting organism is resistant to other oral agents, or
- Other less costly treatments are not tolerated

Fragmin - see Low Molecular Weight Heparins

Fulphila – see Pegfilgrastim

Fulvestrant, syringe, 250mg/5ml (Generics)

For the treatment of postmenopausal women with non-visceral locally advanced or metastatic estrogen receptor positive, HER2 negative breast cancer, who have not been previously treated with endocrine therapy.

Clinical Note:
1. Patients must have a good performance status
2. Coverage will not be considered in combination with CDK4/6 inhibitors
3. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Fuzeon - see Enfuvirtide

Fycompa – see Perampanel

Galantamine - see Cholinesterase Inhibitors (ChEI)

Gatifloxacin, ophthalmic drops, 0.3% (Zymar-ALL)

For the treatment/prevention of bacterial conjunctivitis associated with eye surgery.

Glatect - see Multiple Sclerosis Agents

Glatiramer Acetate - see Multiple Sclerosis Agents

Gleevec - see Imatinib

Gilenya – see Multiple Sclerosis Agents

Giotrif – see Afatinib

Glucagen – see Glucagon (Human Recombinant)

Glucagon, nasal spray, 3mg (Baqsimi-LIL)

Regular benefit up to two devices per 12 months. Additional units require patient meets criteria as below:

For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus receiving insulin and at high risk for SH, when impaired consciousness precludes oral carbohydrate administration.

- Request should detail the clinical need for greater than 2 glucagon devices per 12 months, including the number of devices anticipated
- Request must be from a medical practioner or nurse practioner
- Special authorization requests for additional doses will be considered for up to one dose per month
- SA is valid for 12 months
- Coverage is limited to one unit at a time

Glucagon (Human Recombinant), vial, 1mg; kit, 1mg (Glucagen - PAL)
Note: IM administration only.

Regular benefit up to two devices per 12 months. Additional units require patient meets criteria as below:

For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus receiving insulin and at high risk for SH, when impaired consciousness precludes oral carbohydrate administration.

- Request should detail the clinical need for greater than 2 glucagon devices per 12 months, including the number of devices anticipated
- Request must be from a medical practioner or nurse practioner
- Special authorization requests for additional doses will be considered for up to one dose per month
- SA is valid for 12 months
- Coverage is limited to one unit at a time

Glucagon – see Glucagon (Recombinant DNA Origin)

Glucagon (Recombinant DNA Origin), vial,1mg (Glucagon – LIL)

Regular benefit up to two devices per 12 months. Additional units require patient meets criteria as below:

For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus receiving insulin and at high risk for SH, when impaired consciousness precludes oral carbohydrate administration.

- Request should detail the clinical need for greater than 2 glucagon devices per 12 months, including the number of devices anticipated
- Request must be from a medical practioner or nurse practioner
- Special authorization requests for additional doses will be considered for up to one dose per month.
- SA is valid for 12 months

- Coverage is limited to one unit at a time

Golimumab – see Ankylosing Spondylitis Biologic Agents OR
see Psoriatic Arthritis Biolgoic Agents OR
see Rheumatoid Arthritis Biolgoic Agents

Grastofil – see Filgrastim

Hadlima - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Hulio - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Humira - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Hydromorph Contin - see Hydromorphone, controlled-release capsule

Hydromorphone HCl, controlled-release capsule, 3mg, 4.5mg, 6mg, 9mg, 12mg, 18mg, 24mg, 30mg (Hydromorph Contin-PFR)

For the treatment of patients with documented severe chronic pain that is not well controlled by short and long-acting Morphine and short-acting Hydromorphone products.

Hydromorphone HCl, injection solution, 10mg/mL, 20mg/mL, 50mg/mL (Generic)

Note: For Nursing Home Program, no Special Authorization is required.

For the treatment of severe chronic pain that is not well controlled by short and long-acting oral Morphine and Hydromorphone products:

For other patients upon written request or recommendation from a palliative care or pain clinic. A copy of the recommendation must accompany the Special Authorization**.**

Hydromorphone HP - see Hydromorphone, injection solution

Hyrimoz - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Ibrance – see Palbociclib

Ibrutinib, capsule, 140mg (Imbruvica-JAN)

For the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is considered inappropriate due to high risk of relapse or refractory disease (includes 17p deletion, TP3 mutation, 11q deletion and unmutated IGHV) based on prognostic biomarkers.
AND
For the treatment of patients with CLL/SLL who have received at least one prior therapy and are considered inappropriate for treatment of retreatment with a fludarabine-based regimen.
AND
For the treatment of patients with relapsed or refractory mantle cell lymphoma.

Clinical Notes:
1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Ibrutinib will not be reimbursed when used in combination with rituximab.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients requesting coverage under the High-Cost Drug Program must apply to this program using the application that is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Icatibant, syringe, 30mg/3ml (Firazyr-SHR)

For the treatment of acute attacks of hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency (type I or type II) if the following conditions are met :
- Treatment of non-laryngeal attacks of at least moderate severity, or
- Treatment of acute laryngeal attacks

Limited to a single dose for self-administration per attack AND prescribed by physicians with experience in the treatment of HAE

The Special Authorization form is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms .

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Iclusig – see Ponatinib

Idacio - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Imatinib, tablet, 100mg, 400mg (Gleevec-NVR and generics)

a) For the treatment of patients who have documented evidence of Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML), with an ECOG performance status of 0 - 2*.
b) For the treatment of adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) when used as a single agent for induction and maintenance phase therapy.
c) For the treatment of patients with C-Kit positive (CD117), metastatic or locally advanced, inoperable gastrointestinal stromal tumours (GIST) and who have an ECOG performance status of 0 - 2*.
d) For the adjuvant treatment of adult patients who are at intermediate to high risk of relapse following complete resection of Kit (CD117) positive GIST.

Must be prescribed by a hematologist or oncologist.

- Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients requesting coverage under the High-Cost Drug Program must apply to this program using the application that is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Imbruvica – see Ibrutinib

Imitrex - see Sumatriptan

Incruse Ellipta – see Umeclidinium Bromide

Indacaterol & Glycopyrronium & Mometasone, inhalation capsule, 150mcg & 50mcg & 160mcg (Enerzair Breezhaler-NVR)

For the maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of long-acting-beta$_2$-agonist and a medium or high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous 12 months.

Indacaterol & Mometasone, inhalation capsule, 150mcg & 80mcg, 150mcg & 160mcg, 150mcg & 320mcg (Atectura Breezhaler-NVR)

For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.

Infliximab (Inflectra) - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Infliximab (Remicade) - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Infliximab (Renflexis) - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Inlyta - see Axitinib

Innohep – see Low Molecular Weight Heparins

Inspiolto Respimat – see Tiotropium/Olodaterol

Insulin Detemir, cartridge, prefilled pen; 100 unit/ml (Levemir-NNO)

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously taken all open benefit long acting insulin analogues daily at optimal dosing AND
have experienced unexplained nocturnal hypoglycaemia at least once a month despite

optimal management OR have documented severe or continuing systemic or local allergic reaction to existing insulin(s).

The request for coverage must be made using the Long Acting Insulin Analogues Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Insulin Glargine, cartridge, prefilled pen, vial; 100 unit/ml (Lantus-AVN)

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously taken all eligible open benefit long acting insulin analogues daily at optimal dosing AND
have experienced unexplained nocturnal hypoglycaemia at least once a month despite optimal management OR have documented severe or continuing systemic or local allergic reaction to existing insulin(s).

The request for coverage must be made using the Long Acting Insulin Analogues Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Insulin Glargine, prefilled pen, 300 unit/ml (Toujeo Solostar & Toujeo Doublestar-AVN)

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously used **all eligible open benefit** long acting insulin analogues at optimal dosing AND have experienced unexplained hypoglycemia at least once a month desite optimal management **OR**
For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring high dose insulin.

The request for coverage must be made using the Long Acting Insulin Analogues Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Interferon Beta-1A - see Multiple Sclerosis Agents

Interferon Beta-1B - see Multiple Sclerosis Agents

Invega Sustenna – see Paliperidone

Invega Trinza – see Paliperidone

Invokana – see Canagliflozin

Itraconazole, capsule, 100mg (Sporanox-JAN and generics)

a) For the treatment of severe systemic fungal infections not responding to alternative therapy.
b) For the treatment of severe or resistant fungal infections in immunocompromised

patients not responding to alternative therapy.

c) For the treatment of severe onychomycosis caused by dermatophyte fungi not responding to alternative therapy, as diagnosed by a dermatologist or attending physician.

Ivabradine, tablet, 5mg, 7.5mg (Lancora-SER)

For the treatment of adult patients with New York Heart Association (NYHA) class II or III stable heart failure when administered in combination with standard chronic heart failure therapies to reduce the incidence of cardiovascular deatih and hospitalization, who meet all of the following criteria:

- Left ventricular ejection fraction (LVEF) of ≤ 35%
- Sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm)
- At least one hospitalization due to heart failure in the past year
- NYHA class II or III symptoms despite at least four weeks of treatment with the following:
  - a stable dose of an angiotensin coverting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB)
  - a stable dose of a beta blocker
  - an aldosterone antagonist

Clinical Notes:
1. Resting heart rate must be docemented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.
2. For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker and aldosterone antagonist due to an intolerance or contraindication, details must be provided.
3. Initiation and up-titration should be under the supervision of a physician experienced in the treatment of heart failure.

Ivacaftor, tablet, 150mg (Kalydeco-VTX)

For the treatment of cystic fibrosis in patients who meet the following criteria:

- the patient is at least 6 years old and has one of the following mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, OR S549R; OR
- the patient is at least 18 years old with an R117H mutation in the CFTR gene.

Renewal requests will be considered in patients with documented response to treatment as evidenced by the following:

a) In cases where the patient's sweat chloride levels prior to commencing therapy were above 60mmol/L:
   - the patient's sweat chloride level fell below 60mmol/L; or
   - the patient's sweat chloride level is 30% lower then the level reported in a previous test;

b) In cases where the patient's sweat chloride levels prior to commencing therapy were below 60mmol/L:

- the patient's sweat chloride level is 30% lower than the level reported in a previous test; or
- the patient demonstrates a sustained absolute improvement in FEV_1 of at least 5% when compared to the FEV_1 test conducted prior to the commencement of therapy. FEV_1 will be compared with the baseline pre-treatment level one month and three months after starting treatment.

Clinical Notes:

- The patient's sweat chloride level and FEV_1 must be provided with each request.
- A sweat chloride test must be performed within a few months of starting ivacaftor therapy to determine if sweat chloride levels are reducing.
    - If the expected reduction occurs, a sweat chloride test must be performed again 6 months after starting therapy to determine if the full reduction has been achieved. Thereafter, sweat chloride levels must be checked annually.
    - If the expected reduction does not occur, a sweat chloride test should be performed again one week later. If the criteria are not met, coverage will be discontinued.

Claim Notes:

- Approved dose: 150mg every 12 hours
- Approval period: 1 year

[1]Please note:baseline sweat chloride levels and FEV1 are not required to meet initial approval criteria for Kalydeco,but these parameters are used to evaluate the effect of Kalydeco at the time of renewal. To avoid delays, the prescriber should submit a copy of the mutation report, recent baseline sweat chloride levels before starting Kalydeco, and recent baseline FEV1 with the initial request for funding of Kalydeco. These baseline values will be used to evaluate the patient's response to therapy at the time of renewal and would be logistically difficult to obtain once treatment is initiated.

Ivacaftor/lumacaftor – see Orkambi

Jakavi – see Ruxolitinib

Januvia – see Sitagliptin

Janumet – see Sitagliptin & Metformin Hydrochloride

Janumet XR – see Sitagliptin & Metformin Hydrochloride

Jardiance – see Empagliflozin

Jentadueto – see Linagliptin & Metformin Hydrochloride

Kalydeco – see Ivacaftor

Kevzara – see Rheumatoid Arthritis Biologic Agents

Komboglyze – see Saxagliptin & Metformin Hydrochloride

Lacosamide, tablet, 50mg, 100mg, 150mg, 200mg (Vimpat-UCB and generics)

For adjunctive therapy in patients with **refractory partial-onset seizures** who meet all of the following criteria:
a) Are under the care of a physician experienced in the treatment of epilepsy, AND
b) Are currently receiving two or more antiepileptic drugs, AND
c) In whom all other antiepileptic drugs are ineffective or not appropriate.

Lactulose 667mg/ml syrup

For the treatment of hepatic encephalopathy.

Lancora – see Ivabradine

Lansoprazole - see Proton Pump Inhibitors

Lansoprazole & Clarithromycin & Amoxicillin, 7-day package, 30mg & 500mg & 500mg (Generics)

One week of therapy will be considered for individuals with documented duodenal or gastric ulcers and a recent documented positive helicobacter pylori test.

Lantus – see Insulin Glargine

Lapelga – see Pegfilgrastim

Latuda – see Lurasidone

Lemtrada - see Multiple Sclerosis Agents

Lenalidomide, capsule, 5mg, 10mg, 15mg, 25mg (Revlimid-CEL and generics)

Multiple Myeloma

For the treatment of newly diagnosed Multiple Myeloma, in combination with daratumumab and dexamethasone, for patients who are not suitable for autologous stem cell transplant and have a good performance status.

For the treatment of Multiple Myeloma when used in combination with dexamethasone, in patients who:

- Are not candidates for autologous stem cell transplant;
  AND
- Where the patient is either:
  - Refractory to or has relapsed after the conclusion of initial or subsequent treatments and who is suitable for further chemotherapy;
    OR
  - Has completed at least one full treatment regimen therapy and is

experiencing intolerance to their current chemotherapy.

For the Maintenance Treatment of patients with newly diagnosed Multiple Myeloma, following autologous stem-cell transplantation (ASCT), in patients who are with stable disease or better, with no evidence of disease progression.

Myelodysplastic Syndrome
For the treatment of Myelodysplastic Syndrome (MDS) in patients with:

- Demonstrated diagnosis of MDS on bone marrow aspiration
- Presence of 5-Q31 deletion documented by appropriate genetic testing
- International Prognostic Scoring System (IPSS) risk category low or intermediate (Calculator available on www.uptodate.com)
- Presence of symptomatic anemia (defined as transfusion dependent)
    - Initial approval period – 6 months
      Renewal criteria:
    - For patients who were transfusion-dependent and have demonstrated a reduction in transfusion requirements of at least 50%.
    - Renewal period – 1 year

Clinical Note: Due to its structural similarities to thalidomide, lenalidomide (Revlimid) is only available through a controlled distribution program called RevAidSM to minimize the risk of fetal exposure. Only prescribers and pharmacists registered with this program are able to prescribe and dispense lenalidomide (Revlimid). In addition, patients must be registered and meet all the conditions of the program in order to receive the product. For information, call 1-888-RevAid1 or log onto www.RevAid.ca.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms .

Lenvatinib, capsule, 4mg/dose, 8mg/dose, 12mg/dose (Lenvima-EIS)

For the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma who meet all the following critiera:

1. Child-Pugh class status of A.
2. ECOG performance status of 0 or 1.
3. Less than 50% liver involvement and no invasion of the bile duct or main portal vein.
4. No brain metastases or prior liver transplantation.

Clinical Notes:

- Treatment should be continued until disease progression or unacceptable toxicity. Patients who are unable to tolerate lenvatinib may be switched to sorafenib if

there is no disease progression and provided all other funding criteria are met.
- Patients with disease progression on lenvatinib are not eligible for reimbursement of sorafenib.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms .

Lenvima – see Lenvatinib

Letermovir, tablet, 240mg, 480mg (Prevymis-MER)

For the prevention of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who have undetectable CMV viremia at baseline and meet one of the following criteria:
• umbilical cord blood as a stem cell source
• recipient of a haploidentical transplant
• recipient of T-cell depleted transplant
• treated with antithymocyte globulin (ATG) for conditioning
• requiring high-dose steroids or other immunosuppression for acute graft versus host disease (GVHD)
• treated with ATG for steroid-refractory acute GVHD
• documented history of CMV disease prior to transplantation
Clinical Note:
• High-dose steroids is defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid.
Claim Notes:
• Must be prescribed by a medical oncologist, hematologist, or infectious disease specialist or other physician with experience in the management of HSCT.
• Approvals will be for a maximum dose of 480 mg per day.
• Approval period: 100 days per HSCT

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Levemir – see Insulin Detemir

Levocarnitine, tablet, oral solution, 330mg, 100mg/ml (Carnitor-SIG and generic)

1. For the treatment of patients with primary systemic carnitine deficiency.
2. For the treatment of patients with an inborn error of metabolism that results in secondary carnitine deficiency.

Levofloxacin, tablet, 250mg, 500mg (Generics)

Note: For Cystic Fibrosis and Nursing Home Programs, no Special Authorization is required.

a) For the treatment of infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
b) For the treatment of infections in patients with asthma or COPD not responding to first-line antibiotics. Up to 10 days of therapy will be considered.
c) For the treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.
d) For the completion of treatment started in the hospital inpatient setting. Up to 7 days of therapy will be considered.

Lisdexamfetamine, capsule, chewable tablet, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg (Vyvanse-TAK)

For treatment of patients with Attention Deficit Hyperactivity Disorder (ADHD) who have tried extended release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results.

Claim Note:
The maximum dose reimbursed is 60mg daily.

Linagliptin, tablet, 5mg (Trajenta-BOE)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, **and** for whom insulin is not an option.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Linagliptin & Metformin Hydrochloride, tablet, 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg (Jentadueto-BOE)

For patients with type 2 diabetes for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and linagliptin, to replace the individual components of linagliptin and metformin in these patients.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Linezolid, tablet, 600mg (Zyvoxam-PHU and generics)

(a) For the treatment of proven VRE (Vancomycin-Resistant Entercoccus) infections. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.
(b) For the treatment of proven MRSA (Methicillin-Resistant Staph. Aureus) and

MRSE (Methicillin-Resistant Staph. Epidermidis) infections in patients who are unresponsive or intolerant to Vancomycin. Must be prescribed in consultation with a specialist in infectious diseases. A copy of a C&S report demonstrating Vancomycin resistance must accompany the request. Up to 28 days of therapy will be considered.

Lixiana – see Edoxaban

Lixisenatide, prefilled pen, 10mcg/0.2ml, 20mcg/0.2ml (Adlyxine-AVN)

For the treatment of type 2 diabetes mellitus when added to:

- basal insulin for patients who have inadequate glycemic control on basal insulin; or
- basal insulin and metformin for patients who have inadequate glycemic control on metformin and basal insulin

Losec - see Proton Pump Inhibitors

Lovenox - see Low Molecular Weight Heparins

Low Molecular Weight Heparins

Dalteparin, pre-filled syringe, 2500 iu, 5000 iu, 7500 iu, 10000 iu, 12500 iu, 15000 iu, 18000 iu; multi-dose vial (3.8ml), 25000 iu/ml (Fragmin-PFI)

Enoxaparin, pre-filled syringe, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg; multi-dose vial, (3ml) 100mg/ml (Lovenox-AVN)

Note: Special Authorization for Lovenox will be considered for patients who have used all eligible open benefit enoxaparin products and have had documented serious intolerance or allergic reaction.

Tinzaparin, vial, 10000unit/mL, 20000unit/mL; syringe, 2500unit/0.25mL, 3500unit/0.35mL, 4500unit/0.45mL, 10000unit/0.5mL, 14000unit/0.7mL, 18000unit/0.9mL (Innohep-LEO)

Note: For Nursing Home Program, no Special Authorization is required.

For the acute treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 30 days.

For prophylaxis in hip replacement and hip fracture surgery, approval is limited to a maximum of 35 days.

For prophylaxis in knee replacement surgery, approval is limited to a maximum of 10 days.

For prophylaxis in high risk surgery, approval is limited to maximum of 10 days.

For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while patients are on therapeutic doses of warfarin.

For the treatment and secondary prevention of symptomatic venous thromboembolism (VTE) or pulmonary embolism (PE) for a period of up to 6 months in patients with cancer.

The request for coverage must be made using the Low Molecular Weight Heparin Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Lucentis - see Ranibizumab

Lurasidone, tablet, 20mg, 40mg, 60mg, 80mg, 120mg (Latuda-SNV)

For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to a trial of at least TWO less expensive antipsychotic agents because of intolerance or lack of response.

Magic Bullet - see Bisacodyl

Mekinist – see Trametinib

Mepolizumab, 100mg, vial, 100mg/ml, autoinjector, syringe (Nucala-GSK)

As add-on maintenance treatment for adult patients with severe eosinophilic asthma, if the following criteria are met:

Initiation Criteria:

- Patient must have a documented diagnosis of asthma.
- Patient is inadequately controlled with high-dose inhaled corticosteroids, defined as greater or equal to 500mcg of fluticasone propionate or equivalent daily, and one or more additional asthma controller(s) (e.g., long-acting beta agonists).
- Patient has one of the following:
    - blood eosinophil count of ≥ 300 cells/μL within the past 12 months AND has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
    - blood eosinophil count of ≥150 cells/μL AND is receiving maintenance treatment with oral corticosteroids (OCS).

Renewal Criteria:

- The effects of treatment should be assessed every 12 months to determine whether reimbursement should continue
- Reimbursement of treatment should be discontinued if:
    - the 12 months asthma control questionnaire score has not improved from baseline, when baseline represents the initiation of treatment, or

- the asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or the number of clinically significant exacerbations has increased within the previous 12 months, or
- in patients on maintenance treatment with OCS, there has been no decrease in the OCS dose in the first 12 months of treatment, or
- in patients on maintenance treatment with OCS, the reduction in the dose of OCS achieved after the first 12 months of treatment is not maintained subsequently.

Clinical Notes:

- Mepolizumab should not be used in combination with other biologics used to treat asthma.
- A baseline assessment of asthma symptom control using a validated asthma control questionnaire must be completed prior to initiation of benralizumab treatment.
- Patients should be managed by a physician with expertise in treating asthma.

Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Metadol - see Methadone

Methadone, tablet, 1mg, 5mg, 10mg, 25mg (Metadol-PMS)

For the management of severe chronic or malignant pain that is not well controlled by short and long-acting Morphine and Hydromorphone as well as Fentanyl products.

Methylphenidate HCl, controlled release capsule, 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg (Biphentin-PFR)

For the treatment of patients with Attention Deficit Hyperactivity Disorder who have tried extended-release methylphenidate with unsatisfactory results.
Claim Note: The maximum dose reimbursed is 80 mg daily

Mictoryl Pediatric – see Propiverine

Midostaurin, capsule, 25mg (Rydapt-NVR)

For the treatment of adult patients with newly diagnosed FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia (AML) when used in combination with standard cytarabine and daunorubicin (7+3) induction and cytarabine consolidation chemotherapy.

Claim Notes:

- Requests for midostaurin will not be considered when used as maintenance therapy, or as part of re-induction and/or re-consolidation.
- Requests for midostaurin in combination with idarubicin containing 7+3 induction

and cytarabine consolidation chemotherapy will be considered.
- Approval period: Up to 6 cycles (maximum of 2 cycles of induction and 4 cycles of consolidation)

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Mirabegron, extended release tablet, 25mg, 50mg (Myrbetriq-AST)

For the treatment of overactive bladder (not stress incontinence) in patients who cannot tolerate or have an insufficient response to an adequate trial (eg. 3 months) of immediate release oxybutynin, solifenacin, tolterodine, or tolterodine XL.

Modafinil, tablet, 100mg (Alertec-SHR and generics)

For the treatment of patients with a confirmed sleep-laboratory diagnosis of narcolepsy or idiopathic CNS hypersomnia.

Mometasone Furoate/Formoterol Fumarate Dihydrate, inhaler, 50mcg/5mcg, 100mcg/5mcg, 200mcg/5mcg (Zenhale-MSD)

For the treatment of asthma in patients 12 years of age and older who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy. Continuation of current coverage requires regular use of an adequate dose of this medication.

Maximum dose is 800mcg/20mcg (4 puffs) per day

Monurol – see Fosfomycin

Morphine Sulfate, injection solution, 50mg/mL (Morphine Sulfate-SAB)

For the treatment of severe chronic pain that is not well controlled by short and long-acting oral Morphine and Hydromorphone products:

a) For patients covered by the Nursing Home Program without a Special Authorization.

b) For other patients upon written request or recommendation from a palliative care or pain clinic. **A copy of the recommendation must accompany the Special Authorization.**

Moxifloxacin, ophthalmic drops, 0.5% (Vigamox-ALC and generics)

For the treatment/prevention of bacterial conjunctivitis associated with eye surgery.

Moxifloxacin, tablet, 400mg (Generics)

Note: For the Cystic Fibrosis Program, no Special Authorization is required.

a) For the treatment of severe pneumonia in nursing home patients
b) For the completion of therapy instituted in the hospital setting for the treatment of severe community acquired pneumonia.

Multiple Sclerosis Agents

Dimethyl Fumarate, delayed release capsule, 120mg, 240mg (Tecfidera-BGN & generics)
Glatiramer Acetate, syringe, 20mg/mL (Copaxone-TEV & Glatect-PMS)
Interferon Beta-1A, injection powder, 30mcg (Avonex-BGN); pre-filled syringe, 30mcg (Avonex PS-BGN); pre-filled cartridge, 66mcg/1.5ml, 132mcg/1.5ml (Rebif-SRO); pre-filled syringe, 22mcg, 44mcg (Rebif-SRO)
Interferon Beta-1B, injection powder, 0.3mg (Betaseron-BAY); injection powder, 0.3mg (Extavia-NVR)
Peginterferon Beta-1A, SC injection, 63/94mcg/0.5ml, 125mcg/0.5ml (Plegridy-BGN)
Teriflunomide, tablet, 14mg (Aubagio-GZY & generics)

Note: For glatiramer acetate naïve patients whose glatiramer therapy is initiated July 26, 2021 or later, Glatect® formulation will be approved.

For the treatment of patients 18 years of age or older, diagnosed with relapsing-remitting and secondary progressive multiple sclerosis (if applicable), who have had two attacks within the past two years, and have an EDSS score of 6.5 or less.

The request for coverage of any of the above medications must be made by a neurologist using the PEI Multiple Sclerosis Medications Program Medical Screening Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Patients must also apply for coverage using the PEI Multiple Sclerosis Medications Program Patient Application Form. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Fingolimod, capsule, 0.5mg (Gilenya-NVR and generics)

For the treatment of patients with Relapsing Remitting Multiple Sclerosis (RRMS) who meet **all** of the following criteria:

a) Failure to respond to full and adequate courses* of at least one disease modifying therapy (DMT) publicly insured under PEI Pharmacare as an initial therapy, or has intolerance** to at least two initial publicly funded therapies.

b) One or more clinically disabling relapses in the previous year.

c) Significant increase in T2 lesion load compared with that from a previous MRI scan (i.e. 3 or more new lesions) or at least one gadolinium-enhancing lesion.

d) Requested and followed by a neurologist experienced in the management of RRMS.

e) Recent Expanded Disability Status Scale (EDSS) score of less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

* Failure to respond to full and adequate courses: defined as a trial of at least 6 months of a publicly funded DMT **AND** experienced at least one disabling relapse (attack) while on a publicly funded DMT (MRI report does not need to be submitted with the request).

**Intolerance is defined as: documented serious adverse effects or contraindications that are incomplete with further use of that class of drug.

Dosage: 0.5 mg once daily

Approval period: Up to 12 months

Exclusion Criteria:

a) Do not fund combination therapy of Gilenya with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Tysabri) nor in combination with Fampyra.

b) Do not fund in patients with EDSS > 5.5

c) Do not fund in patients who have had a heart attack or stroke in the last 6 months of funding request, history of sick sinus syndrome, atrioventricular block, significant QT prolongation, bradycardia, ischemic heart disease, or congestive heart failure

d) Patients < 18 years of age

e) Needle phobia or preference for oral therapy over injection in patients without clinical contraindication to interferon or glatiramer therapy

f) Skin reactions at the site of injection do NOT qualify as a contraindication to interferon or glatiramer therapy

Renewal:

a) Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days).

b) Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year; **AND**

c) Recent Expanded Disability Status Scale (EDSS) score of less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

Dosage: 0.5 mg once daily

Renewal period: 12 months

The request for coverage must be made by a neurologist using the PEI Multiple Sclerosis Medications Program Medical Screening Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Patients must also apply for coverage using the PEI Multiple Sclerosis Medications Program Patient Application Form. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Alemtuzumab, vial, 12mg/1.2ml (Lemtrada-GZY)

For the management of adult patients with relapsing-remitting multiple sclerosis (RRMS), with active disease defined by clinical and imaging features, who have had an inadequate response to two other disease-modifying therapies (DMT's), except for when any other DMT is contraindicated or unsuitable, if the following clinical criteria are met:

- At least two attacks (first episode or relapse) in the previous two years, with at least one attack in the previous year;
- At least one relapse while on at least six months of two different disease modifying therapies within the last 10 years; except for when any other DMT is contraindicated or unsuitable,
- An Expanded Disability Status Scale (EDSS) score of five (5) or less;
- Prescribed by a specialist with experience in the treatment of multiple sclerosis

The request for coverage must be made by a neurologist using the PEI Multiple Sclerosis Medications Program Medical Screening Form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Patients must also apply for coverage using the PEI Multiple Sclerosis Medications Program Patient Application Form. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Myrbetriq – see Mirabegron

Nabilone, capsules, 0.5mg, 1mg (Cesamet-VAL and generics)

a) For the treatment of severe nausea and vomiting associated with cancer chemotherapy in patients who have not been well controlled by standard stepwise antiemetic therapy.

b) For the treatment of acquired immune deficiency syndrome (AIDS)-related anorexia associated with weight loss.

Nalcrom - see Sodium Cromoglycate

Naltrexone, tablet, 50mg (Revia-TEV and generics)

Note: For Substance Use Harm Reduction Drug Program, no Special Authorization is required.

For the treatment of alcohol use disorder.

Naratriptan HCl, tablet, 1mg, 2.5mg (Amerge-GSK and generics)

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed **AND** the patient has not responded to Zolmitriptan or Rizatriptan.

Coverage is limited to 6 tablets per 30 day period. Anyone requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Netupitant & Palonosetron, capsule, 300mg/0.5mg (Akynzeo-PFR)

In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:

- highly emetogenic chemotherapy or
- moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle.

Clinical notes:

- Highly emetogenic chemotherapy (HEC) includes but it not limited to : cisplatin regimens, anthracycline and cyclophosphamide combination regimens, and regimens containing carmustine, mechlorethamine, streptozocin, dacarbazine, and cyclophosphamide > 1500mg/m^2
- Patients who receive carboplatin-based regimens with AUC ≥ 4 are also eligible to receive netupitant/palonosetron in combination with dexamethasone for primary prevention of acute and delayed nausea and vomiting

Neupogen - see Filgrastrim

Neupro – see Rotigotine

Nexavar - see Sorafenib

Nilotinib, capsule, 150mg, 200mg (Tasigna-NVR)

For the treatment of leukemia (CML, progressed or intolerant of imatinib)

a) As a single second line agent for the treatment of adults with chronic or accelerated phase CML with resistance or intolerance to prior therapy.

These second line criteria include:

· Patients with CML in chronic phase who are intolerant to oral tyrosine kinase inhibitors (TKIs) (i.e. imatinib or dasatinib or both)

· Patients with CML in chronic phase who are resistant to imatinib

· Patients with CML that have progressed to accelerated phase while on imatinib therapy

b) In any one patient, only two of the TKIs will be funded within these criteria during their lifetime.
c) If a patient develops grade 3 or 4 toxicity to one of the TKIs used within 3 months of initiating therapy, access to a third agent will be funded.
d) Sequential use of nilotinib and dasatinib is not permitted except in the circumstance described above (i.e. grade 3 or 4 toxicity).

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Nintedanib, capsule, 100mg, 150mg (Ofev-BOE)

Chronic Fibrosing Interstitial Lung Disease
For the treatment of adult patients with chronic fibrosing interstitial lung disease (ILD) with a progressive phenotype and a forced vital capacity (FVC) greater than or equal to 45% of predicted.

Renewal criteria:
Patient must not demonstrate progression of a disease defined as an absolute decline in percent predicted FVC of greater than or equal to 10% over the preceding 12 months of treatment with nintedanib.

Claim Notes:
- Must be prescribed by, or in consultation with a physician experience in the treatment of ILD.
- Combination therapy of Ofev (nindetanib) and Esbriet (perfenidone) will not be reimbursed

Idiopathic Pulmonary Fibrosis
For the treatment of mild to moderate idiopathic pulmonary fibrosis in adult patients confirmed by a respirologist and a high-resolution CT scan within the previous 24 months. All other causes of restrictive lung disease should be excluded. Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted.

Initial renewal criteria (at 6 months):
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥ 10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Second and subsequent renewals (at 12 months and thereafter):

Patients must not demonstrate progession of disease defined as an absolute decline in percent predicted FVC of ≥ 10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Excluded criteria:
Combination therapy of Ofev (nindetanib) and Esbriet (perfenidone) will not be reimbursed.

Note:
Patients who have experienced intolerance or failure to nintedanib or perfenidone will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.

Requests for Nintedanib (Ofev-BOE) must be made using the Nintedanib/Pirfenidone Special Authorization form which is available from the Drug Programs office or on-line at http://healthpei.ca/pharmacareforms .

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Nivestym – see Filgrastim

Norfloxacin, tablet, 400mg (Generics)

Note: For Nursing Home program no Special Authorization is required.

a) For the treatment of urinary tract infections caused by Pseudomonas aeruginosa. Up to 10 days of therapy will be considered.
b) For the treatment of urinary tract infections not responding to alternative therapy. Up to 10 days of therapy will be considered.
c) For the treatment of urinary tract infections in persons allergic to alternative agents. Up to 10 days of therapy will be considered.
d) Prophylaxis of chronic urinary tract infections in persons allergic to alternative agents or where prophylaxis with alternative agents has failed.
(Note: Recommended dosage is 200mg at bedtime)

Nucala – see Mepolizumab

Nusinersen, intrathecal vial, 2.4mg/ml (Spinraza-BGN)

For patients diagnosed with 5q Spinal Muscular Atrophy (SMA) if the following clinical criteria are met:

1) Genetic documentation of 5q SMA homozygous gene deletion, homozygous mutation, or compound heterozygote, AND
2) Patients who:
   - are pre-symptomatic with two or three copies of SMN2, OR

- have had disease duration of less than six months, two copies of SMN2, and symptom onset after the first week after birth and on or before seven months of age, OR
- are under the age of 18 with symptom onset after six months of age, AND

3) Patient is not currently requiring permanent invasive ventilation*, AND

4) A baseline assessment using an age-appropriate scale (the Hammersmith Infant Neurological Examination [HINE] Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders [CHOP INTEND], or Hammersmith Functional Motor Scale- Expanded [HFMSE] must be completed prior to initiation of nusinersen treatment.

Other patients with SMA type 2 or 3 who are over the age of 18 may be considered on a case by case basis.

For continued coverage, the patient must meet the following criteria:

1) There is demonstrated achievement or maintenance of motor milestone function (as assessed using age-appropriate scales: the [HINE] Section 2), CHOP INTEND, or HFMSE since treatment initiation in patients who were pre- symptomatic at the time of treatment initiation; OR

There is demonstrated maintenance of motor milestone function (as assessed using age-appropriate scales: the HINE Section 2, CHOP INTEND, or HFMSE since treatment initiation in patients who were symptomatic at the time of treatment initiation;

AND

2) Patient does not require permanent invasive ventilation*.

Treatment should be discontinued if, prior to the fifth dose or every subsequent dose of nusinersen, the above renewal criteria are not met.

* Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Notes:

• The patient must be under the care of a specialist experienced in the treatment of SMA.
• Approval Period: 1 year.
• Claims for Spinraza vials that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions using the DIN first, and then PDINs.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Nyvepria – see Pegfilgrastim

Obeticholic, tablet, 5mg, 10mg (Ocaliva-INT)

For the treatment of adult patients with primary biliary cholangitis (PBC) as either:
• combination therapy with ursodeoxycholic acid (UDCA) in patients who have experienced an inadequate response to a minimum of 12 months of UDCA treatment; or
• monotherapy in patients who have experienced unmanageable intolerance to UDCA.

Requirement for Initial Requests:
• Alkaline phosphatase (ALP) and bilirubin levels prior to initiation of treatment with obeticholic acid must be provided.

Renewal Criteria:
• Requests for renewal will be considered if the patient achieved:
  - a reduction in the ALP to less than 1.67 times the upper limit of normal (ULN); or
  - at least a 15% reduction in the ALP level from baseline (i.e. prior to initiation of treatment with obeticholic acid).

Clinical Notes:
• Diagnosis confirmed by positive antimitochondrial antibodies or liver biopsy results consistent with PBC.
• An inadequate response is defined as:
  - ALP ≥ 1.67 times ULN, or
  - bilirubin > ULN and < 2 times the ULN, or
  - evidence of compensated cirrhosis.
• For patients who experience unmanageable intolerance to UDCA, details must be provided.

Claim Notes:
• Must be prescribed by, or in consultation with, a gastroenterologist, hepatologist or other physician experienced in the treatment of PBC.
• Approval period: 12 months.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Ocaliva – see Obeticholic

Ocuflox - see Ofloxacin

Ofev – see Nintedanib

Ofloxacin, ophthalmic solution, 0.3% (Ocuflox and generics)

Note: For Nursing Home Program, no Special Authorization is required.
For the treatment of ophthalmic infections caused by susceptible bacteria and not responding to alternative agents.

Olumiant – see Baricitinib

Omalizumab, vial, 150mg (Xolair-NVR)

For the treatment of patients ≥ 12 years of age with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimum management with H1 antihistamines.

Initiation Criteria:

- Documentation of the most recent Urticaria Activity Score over 7 days (UAS7) to be provided on the submitted request.
- Approvals will be for a maximum dose of 300mg every four weeks.
- Initial approval period: 24 weeks.

Renewal Criteria:

- Requests for renewal will be considered if the patient has achieved:
  - Complete symptom control for less than 12 consecutive weeks; or
  - Partial response to treatment, defined as at least a ≥ 9.5 point reduction in baseline UAS7

Clinical Notes:

1. Moderate to severe CIU is defined as UAS7 ≥16.
2. Treatment cessation could be considered for patients who experience complete symptom control for at least 12 consecutive weeks at the end of a 24 week treatment period.
3. In patients who discontinue treatment due to temporary symptom control, re-initiation can be considered if CIU symptoms reappear.
4. Optimal management is defined as H1 antihistamines at up to 4 times the standard daily dose.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Omeprazole - see Proton Pump Inhibitors

Onabotulinumtoxina, injection, 200units/vial (Botox-ALL)

For the treatment of urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with multiple sclerosis (MS) or subcervical spinal cord injury (SCI) if the following conditions are met:

• patient failed to respond to behavioural modification and anticholinergics and/or is intolerant to anticholinergics.

• subsequent treatments are provided at intervals no less than every 36 weeks.

• Patients who fail to respond to initial treatment with onabotulinumtoxinA should not be retreated.

Ondansetron, medicated film, 4mg, 8mg (Ondissolve-TAK)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing Cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing

Cyclophosphamide, Doxorubicin, Epirubicin, or Melphalan); or receiving radiation therapy and who have:

a) Experienced adverse effects to Metoclopramide, Prochlorperazine, or Dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of Metoclopramide, Prochlorperazine, or Dexamethasone.

A maximum of 10 films per cycle of chemotherapy will be approved.

Ondansetron HCl, tablet, 4mg, 8mg (Zofran-GSK and generics)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing Cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing Cyclophosphamide, Doxorubicin, Epirubicin, or Melphalan); or receiving radiation therapy and who have:

a) Experienced adverse effects to Metoclopramide, Prochlorperazine, or Dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of Metoclopramide, Prochlorperazine, or Dexamethasone.

A maximum of 10 tablets per cycle of chemotherapy will be approved.

Only requests for the oral dosage forms are eligible for consideration.

Ondansetron, oral disintegrating tablets, 4mg, 8mg (Generic)

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy (i.e. containing Cisplatin); receiving moderately emetogenic chemotherapy (i.e. containing Cyclophosphamide, Doxorubicin, Epirubicin, or Melphalan); or receiving radiation therapy and who have:

a) Experienced adverse effects to Metoclopramide, Prochlorperazine, or Dexamethasone or have a specific contraindication which does not allow use of these drugs as antiemetics or,
b) Continued episodes of nausea and vomiting related to chemotherapy which have not responded to therapeutic doses of Metoclopramide, Prochlorperazine, or Dexamethasone.

A maximum of 10 tablets per cycle of chemotherapy will be approved.

Ondissolve – see Ondansetron

Orkambi – granule packet, 100 mg/125 mg, 150mg/188 mg; tablet, 100 mg/125 mg, 200 mg/125 mg

Coverage may be available for Orkambi through the High Cost Drug Plan and Catastrophic Drug Plan for the treatment of cystic fibrosis patients who meet certain medical criteria.

Please contact the PEI Pharmacare Program office at 1-877-577-3737 for more information regarding coverage availability and the Special Authorization application process for this product.

Osimertinib, tablet, 40mg, 80mg (Tagrisso-AZE)

1. For the first-line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) mutations (exon 19 deletions [exon 19 del] or exon 21 [L858R]].
2. In patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy.

   Clinical Notes:
   1. Eligible patients should be previously untreated in the locally advanced or metastatic setting and have a good performance status.
   2. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.
   3. Prior treatment with EGFR TKI therapy is not required in patients with de novo T790M mutation-positive NSCLC.

   Prescriptions written by PEI oncologists do not require written Special Authorization.

   Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Oxeze - see Formoterol

Oxybutynin Chloride, extended release tablet, 5mg, 10mg (Ditropan XL-JAN)

For the treatment of over-active bladder (not stress incontinence) after a reasonable trial (e.g. 3 months) of immediate release oxybutynin, solifenacin, or tolterodine is not tolerated.

Oxcarbazepine, tablet, 150mg, 300mg, 600mg (Trileptal-NVR and generics)

For use in patients who have a diagnosis of epilepsy and have had an inadequate response to or are intolerant to at least 3 other formulary agents (prior or current use), including Carbamazepine.

Ozempic – see Semaglutide

Palbociclib, capsules & tablets, 75mg, 100mg, 125mg (Ibrance-PFI)

1. In combination with an aromatase inhibitor for the treatment of estrogen receptor positive,

HER2 negative advanced breast cancer in postmenopausal women who:

- have not received prior therapy for metastatic disease and
- are not resistant to (neo) adjuvant non-steroidal aromatase inhibitor (NSAI) therapy and
- do not have active or uncontrolled metastasis to the central nervous system.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

- Patients must have a good performance status.
- Resistance is defined as disease progression occurring during or within 12 months following NSAI therapy.
- Treatment should be discontinued up on disease progression or unacceptable toxicity.

Claim Notes:
Initial approval period: 1 year
Renewal approval period: 1 year

2. In combination with fulvestrant for the treatment of patients with hormone receptor (HR) positive, HER 2 negative advanced or metastatic breast cancer as initial endocrine-based therapy or following disease progression on endocrine therapy. Patients may have also received up to one prior line of chemotherapy for advanced disease. Patients should have a good performance status, without active or uncontrolled metastases to the central nervous system and in the case of women can be of any menopausal status (Perimenopausal and premenopausal women must be treated with an LHRH agonist).

   Clinical Notes:

   - Treatment should continue until unacceptable toxicity or disease progression.
   - Patients who progress ≤ 12 months from (neo) adjuvant therapy are eligible for treatment with palbociclib plus fulvestrant.
   - Patients who experience disease progression on prior CDK 4/6 inhibitor therapy, fulvestrant or everolimus are not eligible for treatment with palbociclib with fulvestrant.
   - Patients currently receiving fulvestrant monotherapy, and who have not progressed may have palbociclib added, provided they are CDK 4/6 inhibitor naïve and otherwise meet funding criteria.
   - Patients who previously received everolimus plus exemestane will be eligible for funding of palbociclib plus fulvestrant on progression, provided that treatment was started prior to funding of CDK 4/6 + fulvestrant, patient must be CDK 4/6 naïve and otherwise meet funding criteria.

     Patients must apply for coverage by the High-Cost Drug Program. The

patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Paliperidone, injection, 50mg, 75mg, 100mg, 150mg (Invega Sustenna-JAN)

Note: For Community Mental Health Drug Program, no Special Authorization is required.

For the treatment of schizophrenia or schizoaffective disorder in patients who have:

a) A history of non adherence
   OR
b) Inadequate control or significant side effects from two or more oral antipsychotic medications
   OR
c) Inadequate control or significant side effects from at least one long acting depot antipsychotic agent.

Note: Must be requested and prescribed by a psychiatrist. Only doses up to 150 mg monthly will be approved.

Paliperidone, prefilled pen, 175mg/0.875ml, 263mg/1.315ml, 350mg/1.75ml, 525mg/2.625ml (Invega Trinza-JAN)

Note: For Community Mental Health Drug Program, no Special Authorization is required.

For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who have been stabilized on therapy with injectable paliperidone for at least four months.

Pamidronate Disodium, injection powder, 30mg, 60mg, 90mg vial (Generics)

For the management of tumour-induced hypercalcemia following adequate saline rehydration or conditions associated with increased osteoclast activity.

Pantoloc - see Proton Pump Inhibitors

Pantoprazole Magnesium - see Proton Pump Inhibitors

Pantoprazole Sodium - see Proton Pump Inhibitors

Pariet - see Proton Pump Inhibitors

Pazopanib, tablet, 200mg (Votrient-GSK)

1. As a first-line treatment for patients with advanced or metastatic clear cell renal carcinoma and good performance status.
2. For the treatment of advanced or metastatic renal cell (clear cell) carcinoma (mRCC) in patients who are unable to tolerate sunitinib and who have an ECOG performance status of 0 or 1.

Renewal criteria:

Written confirmation that the patient has benefited from therapy and is expected to continue to do so.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Pegfilgrastim, prefilled syringe, 6mg/0.6ml (Fulphila-BGP, Lapelga-APX, Nyvepria-PFI, Ziextenzo-SDZ)

For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

Must be requested and prescribed by a specialist in hematology or medical oncology.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Pentosan Polysulfate Sodium, capsule, 100mg (Elmiron-JAN)

For the treatment of interstitial cystitis where other treatments have failed.

Perampanel, tablet, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg (Fycompa-EIS)

For the adjunctive treatment of refractory partial-onset seizures or primary generalized tonic-clonic seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response to at least three other antiepileptic drugs.

Perichlor - see Chlorhexidine

Peridex - see Chlorhexidine

Pilocarpine, tablet, 5mg (Salagen-PFI and generic)

For oncology patients only, for the treatment of the symptoms of xerostomia due to salivary gland hypofunction caused by radiotherapy for cancer of the head and neck.

Pirfenidone, capsule, 267mg, tablet, 267mg, tablet, 801mg (Esbriet-HLR)

Initial approval criteria:

For the treatment of mild to moderate idiopathic pulmonary fibrosis in adult patients confirmed by a respirologist and a high-resolution CT scan within the previous 24 months. All other causes of restrictive lung disease should be excluded. Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted.

Initial renewal criteria (at 6 months):

Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of ≥ 10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Second and subsequent renewals (12 months and thereafter):

Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥ 10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Excluded criteria:

Combination therapy of Ofev (nindetanib) and Esbriet (pirfenidone) will not be reimbursed.

Note:

Patients who have experienced intolerance or failure to nintedanib or pirfenidone will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.

Requests for Pirfenidone (Esbriet-HLR) must be made using the Nintedanib/Pirfenidone Special Authorization form which is available from the Drug Programs office or on-line at http://healthpei.ca/pharmacareforms .

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Plaque Psoriasis Biologic Agents

Adalimumab, 40mg/0.4ml prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-

JPC), 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB) 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)
Approvals will be for a maximum adult dose of 80 mg administered once, followed by 40 mg after 1 week of initial dose, then 40mg every other week thereafter up to 16 weeks. If response criteria is met at 16 weeks, approval will be continued at a dose of 40 mg every two weeks up to one year.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Brodalumab, syringe, 210mg/1.5ml (Siliq-VAL)
Approvals will be for a maximum adult dose of 210 mg administered at 0, 1 and 2 weeks followed by 210 mg every 2 weeks. If response criteria is met at 16 weeks, approval will be continued at a dose of 210 mg every two weeks up to one year.

Etanercept, pre-filled syringe, 50mg/ml; injection powder, 25mg/kit (Enbrel-AMG)
Approvals will be for a maximum adult dose of 50 mg twice weekly for 12 weeks. If response criteria is met at 12 weeks, approval will be continued at a dose of 50 mg weekly up to one year.

Infliximab, injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)
Approvals will be for a maximum adult dose of 5 mg/kg at 0, 2, and 6 weeks then every 8 weeks for 12 weeks. If response criteria is met at 12 weeks, approval will be continued at 5 mg/kg every 8 weeks up to one year.

Ixekizumab, autoinjector, syringe, 80mg/ml (Taltz-LIL)
Approvals will be for a maximum adult dose of 160 mg at week 0, followed by 80mg at week 2, 4, 6, 8, 10 and 12. If response criteria is met at 12 weeks, approval will be continued at a dose of 80 mg every 4 weeks up to one year.

Risankizumab, prefilled syringe, 75mg/0.83ml, 150mg/ml; auto-injector, 150mg/ml (Skyrizi-ABV)
Approvals will be for a maximum adult dose of 150mg administered at week 0, week 4, and every 12 weeks thereafter. If response criteria is met at 16 weeks, approval will be continued to a maximum dose of 150mg every 12 weeks up to one year.

Secukinumab, syringe or pen, 150mg/ml (Cosentyx-NVR)
Approvals will be for a maximum adult dose of 300 mg at weeks 0, 1, 2 and 3 followed by monthly maintenance dosing starting at week 4, up to 12 weeks. If response criteria is met at 12 weeks, approval will be continued to a maximum dose of 300 mg every month up to one year.

Ustekinumab, syringe, 45mg/0.5ml, 90mg/ml (Stelara-JAN)
Approvals will be for a maximum adult dose of up to 90 mg at 0, 4, and 16 weeks. If

response criteria is met at 16 weeks, approval will be continued to a maximum dose of up to 90 mg every 12 weeks up to one year.

For the treatment of patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:
• Psoriasis Area Severity Index (PASI) > 10; and Dermatology Life Quality Index (DLQI) > 10; or
• Major involvement of visible areas, scalp, genitals, at least two finger nails, presence of itch leading to scratching or the presence of recalcitrant plaques; AND
• Refractory, intolerant or have contraindications to:
    - Phototherapy (unless restricted by geographic location); and
    - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 12 weeks or cyclosporine for a minimum of 6 weeks

Clinical notes:
• For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered
• Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
• Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim notes:
• Combined use of more than one biologic DMARD will not be reimbursed
• Maximum dosages as per existing criteria on the PEI Pharmacare Formulary
• Initial approval: 16 weeks. Renewal approval: 1 year. Confirmation of continued response is required

Requests for Plaque Psoriasis Biologic Agents must be requested by a dermatologist using the Plaque Psoriasis Special Authorization form which is available from the Drug Programs office or on-line at http://healthpei.ca/pharmacareforms .

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Plegridy – see Multiple Sclerosis Agents

Pomalidomide, capsule,1mg, 2mg, 3mg, 4mg (Pomalyst-CEL)

For patients with relapsed and/or refractory multiple myeloma who have previously failed at least two treatments, including both bortezomib and lenalidomide and demonstrated disease progression on the last treatment.
Note: Pomalidomide may be an option in rare instances where bortezomib is not tolerated

or contraindicated but in all cases, patients should have failed lenalidomide.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms .

Pomalyst – see Pomalidomide

Ponatinib – tablet, 15mg (Iclusig-ARI)

For the treatment of patients with chronic, accelerated or blast phase chronic myelogenous leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) who have:

- resistance or intolerance to two or more tyrosine kinase inhibitors (TKIs), OR
- confirmed T315i mutation positive disease.

Clinical Notes:

1. Patients must have an ECOG performance status of ≤2.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms .

Pulmozyme – see Dornase Alfa

Pradaxa – see Dabigatran

Praluent – see Alirocumab

Prasugrel, tablet, 10mg (Generic)

For use in combination with ASA for patients with:

- ST-elevated myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab. Treatment must be initiated in hospital.
  OR
- Acute coronary syndrome who failed on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI or UA after prior revascularization via PCI.
  Approval: up to 12 months

Prevacid - see Proton Pump Inhibitors

Prevacid Fastab - see Proton Pump Inhibitors

Prevymis – see Letemovir

Probuphine – see Buprenorphine

Prolia – see Denosumab

Propiverine, tablet, 5mg (Mictoryl Pediatric-DUI)

For the treatment of overactive bladder with symptoms of urgency incontinence and/or urinary frequency and urgency in pediatric patients under 18 years of age.

Proton Pump Inhibitors

Lansoprazole, delayed release capsule, 15mg, 30mg (Prevacid-ABB and generics);
Lansoprazole, delayed release tablet, 15mg, 30mg (Prevacid Fastab-ABB);
Omeprazole, capsule, 20mg (Losec-AZE and generics);
Omeprazole, delayed release tablet, 20mg (Losec-AZE and generics);
Pantoprazole Magnesium, enteric tablet, 40mg (Tecta-TAK and generics)
Pantoprazole Sodium, enteric tablet, 20mg, 40mg (Pantoloc-TAK and generics);
Rabeprazole, tablet, 10mg, 20mg (Pariet-JAN and generics)

*** Doses of Omeprazole 20mg daily, Pantoprazole Magnesium 40mg daily , Pantoprazole Sodium 20mg or 40mg up to one unit daily, and up to Rabeprazole 20mg daily DO NOT require a Special Authorization.**

For doses of Omeprazole and Rabeprazole greater than 20mg per day and greater than 40mg per day of Pantoprazole Magnesium, greater than one unit/day of Pantoprazole Sodium 20mg or 40mg, and all doses of Lansoprazole **WHERE** evidence is provided of resistance to two **recent** 12 week trials (ie within 6 months) of a standard dose (20mg daily) of Omeprazole, Rabeprazole, Pantoprazole Magnesium 40mg daily and greater than one unit per day of Pantoprazole Sodium 20mg or 40mg.

Up to 12 weeks of therapy will be considered for
a) Gastric and Duodenal Ulcers
b) Esophagitis

Long term therapy will be considered for
c) Erosive Esophagitis
d) Barrett's Esophagitis
e) Zollinger-Ellison Syndrome

f) Helicobacter pylori Eradication – Up to 14 days of twice daily dosing for clients who are registered in an eligible Pharmacare Program, are symptomatic and have a documented positive Helicobacter Pylori test

Protopic - see Tacrolimus

Psoriatic Arthritis Biologic Agents

Adalimumab, 40mg/0.4ml prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-JPC), 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)
Approvals will be for a maximum adult dose of 40mg every two weeks.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Certolizumab, syringe kit, 400mg/2ml; auto-injector kit, 400mg/2ml (Cimzia-UCB)
Approvals will be for a maximum adult dose of 400mg (given as two Sc injections of 200mg) given at 0,2,4 weeks then 200mg every 2 weeks thereafter.

Etanercept, pre-filled syringe, 50mg/ml (Enbrel-AMG; Erelzi-SDZ); injection powder, 25mg/kit (Enbrel-AMG); pen injector, 50mg/ml (Erelzi-SDZ); syringe, 25mg/0.5ml (Erelzi-SDZ)
Approvals will be for a maximum adult dose of 50mg per week or 25 mg twice weekly.

For Etanercept-naive adult patients whose etanercept therapy is initiated after November 27, 2017, Brenzys or Erelzi will be the product approved.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-MSD)
Approvals will be for a maximum adult dose of 50mcg once monthly.

Infliximab, injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)
Approvals will be for a maximum adult dose of 5mg/kg at 0, 2, and 6 weeks then every 8 weeks thereafter.

Ixekizumab, auto-injector, syringe, 80mg/ml (Taltz-LIL)
Approvals will be for a maximum adult dose of 160 mg by subcutaneous injection (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks.

Secukinumab, syringe or pen, 150mg/ml (Cosentyx-NVR)
Approvals will be for a maximum adult dose of 150mg at weeks 0, 1, 2 and 3 followed by monthly maintenance dosing of 150mg starting at week 4.
For patients who are anti-TNFα inadequate responders and continue to have active psoriatic arthritis, consider using the 300 mg dose.
For psoriatic arthritis patients with coexistent moderate to severe plaque psoriasis, use the dosing and administration recommendations for plaque psoriasis (i.e. 300 mg at weeks 0, 1, 2, and 3, followed by monthly maintenance dosing starting at week 4).

- For the treatment of predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs for a minimum of two weeks each.

- For the treatment of predominantly peripheral psoriatic arthritis who are refractory or intolerant to:
  - Sequential use of at least two NSAIDs for a minimum of two weeks each; and
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 8 weeks; and
  - Leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

  Clinical notes:
  • For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
  • Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
  • Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

  Claim notes:
  • Combined use of more than one biologic DMARD will not be reimbursed.
  • Initial approval duration and maximum dosages as per existing criteria on the PEI Pharmacare Formulary.
  • Initial approval 16 weeks. Renewal approval: 1 year. Confirmation of continued response is required.

  The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Psoriatic Arthritis Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

  Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms

Pulmicort Nebuamps - see Budesonide

Rabeprazole - see Proton Pump Inhibitors

Radicava – see Edaravone

Ranibizumab, vial, 2.3mg/ 0.23ml (Lucentis-NVR)

1. Neovascular Age-Related Macular Degeneration

   Initial Coverage:
   For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply:
   a) Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96 AND
   b) The lesion size is less than or equal to 12 disc areas in greatest linear dimension AND
   c) There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes.

   The interval between doses should not be shorter than one month. Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.

   Criteria For Continued Coverage:
   Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.
   Ranibizumab should be discontinued if any of the following occur:
   a) Reduction in BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributed to AMD in the absence of other pathology **OR**
   b) Reductions in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect, adverse events, or both OR
   c) There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

   Coverage will not be approved for patients :
   a) Receiving concurrent treatment with verteporfin.
   b) With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines.

   Coverage is limited to a maximum of one vial per eye in any 30 day period. Coverage must be renewed every 12 months.

2. Diabetic macular edema (DME)

   Initial coverage:
   For the treatment of visual impairment due to diabetic macular edema (DME) in patients who meet all of the following criteria:

- clinically significant centre-involving macular edema for whom laser photocoagulation is also indicated
- hemoglobin A1c test in the past 6 months with a value of less than or equal to 11%
- best corrected visual acuity of 20/32 to 20/400
- central retinal thickness greater than or equal to 250 micrometers

   Renewal Criteria:

- confirm that a hemoglobin A1c test in the past 6 months had a value of less than or equal to 11%
- date of last visit and results of best corrected visual acuity at that visit
- date of last OCT and central retinal thickness on that examination
- if ranibizumab is being administered monthly, please provide details on the rationale

Clinical Notes:
1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive months.
3. Treatment should be discontinued if there is no improvement of retinal thickness or visual acuity after three consecutive treatments.
4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Approval Period: 1 year

3. <u>Retinal vein occlusion (RVO)</u>

For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).
Clinical Notes:
1. Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months). Thereafter, visual acuity should be monitored monthly.
2. Treatment should be resumed when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive months.
3. Treatment should be discontinued if there is no improvement after 6 months of initial treatment.
4. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections.

Approval Period: 1 year

4. <u>Choroidal Neovascularization</u>

For the treatment of patients with visual impairment due to choroidal neovascularization secondary to pathologic myopia.

1. Treatment is initiated with a single intravitreal injection. Monitoring is recommended monthly for the first 2 months and at least every 3 months thereafter during the first year.

2. Treatment should be resumed if monitoring reveals signs of disease activity (e.g. reduced visual acuity and/or signs of lesion activity), further treatment is recommended at a frequency of 1 injection per month until no disease activity is seen.
3. Injection will be by a qualified ophthalmologist with experience in administering intravitreal injections

   Approval Period: 1 year

   Patients must apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms

Rebif - see Multiple Sclerosis Agents

Remicade – see Crohn's Disease Biologic Agents (pediatric indication)

Renagel - see Sevelamer

Repatha – see Evolocumab

Replagal – **agalsidase alfa, vial, 1 mg/ml (Takeda)**

Coverage may be available for the treatment of Fabry Disease through the High Cost Drug Plan and Catastrophic Drug Plan, for eligible patients who meet the criteria set out in the Canadian Fabry Disease Treatment Guidelines.

The treatment guidelines are supported by the Canadian Fabry Disease Initiative (CFDI), and may be amended by the CFDI from time to time.

Please contact the PEI Pharmacare Program office at *1-877-577-3737* for more information regarding coverage availability and the Special Authorization application process for this product.

Rexulti – see Brexpiprazole

Revatio - see Sildenafil

ReVia - see Naltrexone

Revlimid – see Lenalidomide

Rheumatoid Arthritis Biologic Agents

Abatacept, vial, 250mg; syringe, 125mg/ml (Orencia-BMS)
Maximum IV adult dose is 500mg for patients < 60kg, 750mg for patients 60 to 100kg, 1000mg for patients > 100kg, given at 0, 2, 4, 8 weeks and every 4 weeks thereafter. Pediatric patients 6-17 years of age and < 75kg, coverage is for IV dose 10mg/kg based

on weight at administration (pediatric patients > 75kg to be treated at adult dose) given at 0, 2, 4, 8 weeks and every 4 weeks thereafter.

Abatacept, syringe, 125mg/ml (Orencia-BMS)
For adult Orencia-naive patients, a single loading dose of up to 1000mg, then 125mg sc injection should be give within a day, and once weekly thereafter.

Adalimumab, 40mg/0.4ml prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-JPC), 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)
Maximum adult dose is 40mg every two weeks.

For the treatment of Polyarticular Juvenile Idiopathic Arthritis (pJIA) for patients aged 4-17 years with moderately or severe pJIA who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs). Treatment must be initiated by a rheumatologist who is familiar with the use of DMARDs and/or biologic DMARDs in children.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Certolizumab, syringe kit, 400mg/2ml; auto-injector kit, 400mg/2ml (Cimzia-UCB)
Maximum adult dose for Rheumatoid Arthritis is 400mg (given as two sc injections of 200mg) given at 0,2,4 weeks then 200mg every 2 weeks thereafter.

*Initial approval is three (3) months.

Etanercept, injection powder, 25mg/kit (Enbrel-AMG); pre-filled syringe, 50mg/ml; auto-injector, 25mg/0.5ml (Erelzi-SDZ); 50mg/ml (Brenzys-MSD; Erelzi-SDZ)
Maximum adult dose is 50mg weekly or 25mg twice weekly.
For Etanercept-naive adult patients whose etanercept therapy is initiated after November 27, 2017, Brenzys or Erelzi will be the product approved.
Erelzi will be approved for pediatric patients 4-17 years of age, and coverage is for 0.8mg/kg/weekly to a maximum of 50mg weekly.

Golimumab, Syringe, 50mg/0.5ml; auto-injector, 50mg/0.5ml (Simponi-MSD)
Approvals will be for a maximum adult dose of 50mcg once monthly.

Infliximab, **injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)**
Approvals for adults is 3mg/kg/dose given at 0, 2, and 6 weeks, and then every 8 weeks thereafter.

Sarilumab, syringe, 150mg/1.14ml, 200mg/1.14ml; pen, 150mg/1.14ml, 200mg/1.14ml (Kevzara-AVN)

Approval for adults is 200 mg once every 2 weeks given as a subcutaneous injection. Reduction of dose to 150 mg once every 2 weeks is recommended for management of neutropenia, thrombocytopenia, and elevated liver enzymes.

Tocilizumab, IV Vial, 80mg/4ml, 200mg/10ml, 400mg/20ml, 162mg/0.9ml (Actemra-HLR)
IV formulation: approvals for adults is 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion.
SC formulation: approvals for adults is 162mg every other week for patients less than 100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients equal to or greater than 100kg will be approved for 162mg every week, with no dose escalation permitted

For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:

Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age), (or use in combination with another DMARD) for a minimum of 12 weeks

AND

Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks;

Clinical Notes:

- For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
- Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
- If patient factors (e.g. intolerance) prevent the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: 6 months
- Renewal Approval: 1 year. Confirmation of continued response is required.

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Rheumatoid Arthritis Special Authorization form available from the Drug Programs office or online at
http://healthpei.ca/pharmacareforms

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at
http://healthpei.ca/pharmacareforms

Rifaximin, tablet, 550mg (Zaxine-LUP)

For reducing the risk of overt hepatic encephalopathy (HE) recurrence (i.e., 2 or more episodes), if the following clinical criteria are met:
Clinical Criteria:
• Patients are unable to achieve adequate control of HE recurrence with maximal tolerated dose of lactulose alone.
• Must be used in combination with maximal tolerated doses of lactulose.
• For patients not maintained on lactulose, information is required regarding the nature of the patient's intolerance to lactulose.

Riociguat, tablet, 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg (Adempas-BAY)

For the treatment of inoperable chronic thromboembolic pulmonary hypertension (CTEPH, World Health Organization [WHO] Group 4) or persistent or recurrent CTEPH after surgical treatment in adult patients (>18 years of age) with WHO Functional Class (FC) II or III pulmonary hypertension (PH).
Should be prescribed by a clinician with experience in the diagnosis and treatment of CTEPH.

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Rituximab, vial, 10mg/ml (Riabni-AMG, Rituxan-HLR, RIximyo-SDZ, Ruxience-PFI, Truxima-TEV)

Maximum adult dose is 1000 mg by IV infusion followed two weeks later by the second 1000 mg IV infusion.
For Rituximab-naive adult patients whose rituximab therapy is initiated after August 30, 2021, a rituximab biosimilar will be the product approved.

For the treatment of adult patients with severe active **Rheumatoid Arthritis** who have failed to respond to an adequate trial with an anti-TNF agent.

a) Rituximab will NOT be considered in combination with other biologic agents.
b) Approval for re-treatment with rituximab will only be considered for patients who have achieved a response, followed by a subsequent loss of effect and, after an interval of no less than six months from the previous dose.

For the induction of remission in patients with severly active granulomatosis with polyangitis (GPA) or microscopic polyangitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Rheumatoid Arthritis Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms

Risedronate, tablet, 30mg (Actonel-PGA and generics)

For the treatment of Paget's disease of the bone for a maximum 2 month period. One additional 2 month course of treatment may be considered after a drug holiday of at least 60 days. .

Risperdal Consta - see Risperidone prolonged release injection

Risperidone, prolonged release injection, 12.5mg/2mL, 25mg/2mL, 37.5mg/2mL, 50mg/2mL (Risperdal Consta-JAN)

Note: For Community Mental Health Drug Program, no Special Authorization is required.
For the treatment of schizophrenia or schizoaffective disorder in patients who have:

a) A history of non-adherence.

OR

b) Inadequate control or significant side-effects from two or more oral antipsychotic medications.

OR

c) Inadequate control or significant side-effects from at least one long-acting depot antipsychotic agent.

NOTE: Must be requested and prescribed by a psychiatrist.
Only doses up to 50mg every two weeks will be approved.

Rituxan – see Rituximab

Rivaroxaban, tablet, 2.5mg (Xarelto-BAY)

For use in combination with acetylsalicylic acid (75mg to 100mg) for the prevention of atherothrombotic events1 in patients with concomitant coronary artery disease (CAD) and peripheral artery disease (PAD) who meet the following criteria:

- Patients with CAD are defined as having one or more of the following:
  - Myocardial infarction within the last 20 years.
  - Multi-vessel CAD (i.e., stenosis of ≥ 50% in two of more coronary arteries,

or in one coronary territory if at least one other territory has been revascularized) with symptoms or history of stable or unstable angina.
    - Multi-vessel percutaneous coronary intervention.
    - Multi-vessel coronary artery bypass graft surgery.

AND

- Patients with CAD as defined above, must also meet one of the following criteria:
    - Ages 65 years or older; OR
    - Aged younger than 65 years with documented atherosclerosis or revascularization involving at least two vascular beds (coronary and other vascular) or at least two additional risk factors (current smoker, diabetes mellitus, estimated glomerular filtration rate < 60mL/min, heart failure, non-lacunar ischemic stroke 1 month or more ago).

- Patients with PAD are defined as having one or more of the following:
    - Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries.
    - Previous limb or foot amputation for arterial vascular disease.
    - History of intermitten claudication and one or more of the following: an ankle-brachial index of less than 0.90, OR significant peripheral artery stenosis greater than or equal to 50% documented by angiography or duplex ultrasound.
    - Previous carotid revascularization or asymptomatic carotid artery stenosis greater than or equal to 50% diagnosed by angiography or duplex ultrasound.

Exclusion Criteria:

- Patients who have CAD or PAD alone; OR
- In patients with any one of the following characteristics:
    - At high risk of bleeding
    - A history of stroke within one month of treatment initiation or any history of hemorrhagic or lacunar stroke.
    - Severe heart failure with a known ejection fraction less than 30% or New York Heart Association class III or IV symptoms.
    - An Estimated glomerular filtration rate less than 15mL/min.
    - Require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy.

Clinical Notes:

1. Atherothrombotic events include stroke, myocardial infarction, cardiovascular death, acutre limb ischemia and mortality.

Rivaroxaban, tablet, 10mg (Xarelto-BAY)

For the prophylaxis of venous thromboembolism (VTE) following total knee replacement surgery for up to 14 days after surgery or total hip replacement surgery for up to 35 days after surgery as an alternative to low molecular weight heparins**. The maximum dose of**

rivaroxaban that will be reimbursed is 10 mg daily.

Rivaroxaban, tablet, 15mg, 20mg (Xarelto-BAY)

For the treatment of venous thromboembolism (DVT and PE) and prevention of recurrent DVT and PE**, for a duration of up to six months**.

For the prevention of stroke and systemic embolism in at-risk patients with non-valvular atrial fibrillation for whom:
a) Anticoagulation is inadequate following at least a two month trial of warfarin; or
b) Warfarin is contraindicated or not possible due to inability to regularly monitor through International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

The following patient groups are **excluded** from coverage for rivaroxaban for atrial fibrillation:
a) Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate <30 mL/min)
b) Patients 75 years of age or older without documented stable renal function
c) Patients with hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis
d) Patients with prosthetic heart valves.

Notes:
1. At-risk patients with atrial fibrillation are defined as those with a $CHADS_2$ score of ≥ 1. Although the ROCKET-AF trial included patients with higher $CHADS_2$ scores (≥2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a $CHADS_2$ score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a $CHADS_2$ score of 1.

2. Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).

3. Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see rivaroxaban product monograph).

4. Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least three months (i.e. 30-49 mL/min for 15 mg once daily dosing or ≥ 50 mL/min for 20 mg once daily dosing).

5. There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.

6. Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.

The request for coverage must be made using the Apixaban, Edoxaban, Dabigatran, Rivaroxaban Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms

Rivastigmine - see Cholinesterase Inhibitors (ChEI)

Rotigotine, transdermal patch, 2mg, 4mg, 6mg, 8mg (Neupro-UCB)

For the treatment of the signs and symptoms of Parkinson's Disease in patients who are experiencing motor fluctuations despite optimal treatment with Levodopa/Carboxylase therapy upon written request or recommendation of a neurologist. A copy of the recommendation must accompany the Special Authorization.

Rufinamide, tablet, 100mg, 200mg, 400mg (Banzel-EIS)

For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome for patients who meet all of the following criteria:

• are under the care of a physician experienced in treating Lennox-Gastaut syndrome-associated seizures, AND
• are currently receiving two or more antiepileptic drugs, AND
• in whom less costly antiepileptic drugs are ineffective or not appropriate.

Ruxolitinib, tablet, 5mg, 10mg, 15mg, 20mg (Jakavi-NVR)

For patients with intermediate to high risk symptomatic Myelofibrosis (MF) as assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus or patients with symptomatic splenomegaly. Patients should have ECOG performance status of ≤3 and be either previously untreated or refractory to other treatment.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Rydapt – see Midostaurin

Sabril – see Vigabatrin

Sacubitril & Valsartan, tablet, 24mg & 26mg, 49mg & 51mg, 97mg &103mg (Entresto-NVR)

For the treatment of patients with New York Heart Association (NYHA) class II or III heart failure to reduce the incidence of cardiovascular death and heart failure hospitalization, who meet all of the following criteria:

- Left ventricular ejection fraction (LVEF) of <40%
- NYHA class II or III symptoms despite at least four weeks of treatment of the following:

- a stable dose of an angiotensin-coverting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB); and
- a stable dose of a beta-blocker and other recommended therapies, including an aldosterone antagonist.

- Plasma B-type natriuretic peptide (BNP) ≥ 150pg/mL or N-terminal prohormone B-type natriuretic peptide (NTproBNP) ≥ 600 pg/mL.

  Clinical Notes:
  1. A plasma BNP ≥ 100 pg/mL or NT-proBNP ≥ 400 pg/mL will be considered if the patient has been hospitalized for heart failure within the past 12 months.
  2. For patients who have not received four weeks of therapy with a beta blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided.

Salagen - see Pilocarpine

Salmeterol Xinafoate, aerosol powder disk, 50µg/dose (Serevent Diskus-GSK)

a) For the treatment of asthma when used in patients on concurrent steroid therapy.
b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

Note: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for the relief of acute symptoms.

Salmeterol & Fluticasone, aerosol inhalation, 25mcg & 125mcg per dose, 25mcg & 250mcg per dose (Advair-GSK); inhaled powder disk, 50mcg & 100mcg per dose, 50mcg & 250mcg per dose, 50mcg & 500mcg per dose (Advair Diskus- GSK and generics)

a) For the treatment of asthma in patients who are not well controlled on a regular and adequate course of inhaled steroid therapy prior to the request for combination therapy.
b) For the treatment of COPD, see Chronic Obstructive Pulmonary Disease.

Note: Patients using this product must also have access to a short-acting beta-2 agonist bronchodilator for the relief of acute symptoms.

Sarilumab – see Rheumatoid Arthritis Biologic Agents

Saxagliptin, tablet, 2.5mg, 5mg (Onglyza-AZE and generics)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, **and** for whom insulin is not an option.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Saxagliptin & Metformin Hydrochloride, 2.5mg/500mg, 2.5mg/850mg/2.5mg/1000mg

(Komboglyze-AZE)

For patients with type 2 diabetes for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and saxagliptin, to replace the individual components of saxagliptin and metformin in these patients.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Secukinumab – see Ankylosing Spondylitis Biologic Agents or
see Plaque Psoriasis Biologic Agents or
see Psoriatic Arthritis Biologic Agents

Seebri Breezhaler – see Glycopyrronium Bromide

Selexipag, tablet, 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg (Uptravi-ACT)

For the long-term treatment od idiopathic pulmonary arterial hypertension (PAH), heritable PAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional calss (FC) II to III to delay disease progression, if the following clinical criterion and conditions are met:

- Inadequate control with a first and second-line PAH therapy
- Prescribed by a clinician with experience in the diagnosis and treatment of PAH

NOTE:
Combination therapy with prostacyclin or prostacyclin analogs therapies will not be covered

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Semaglutide, pen injector, 0.25-0.5mg, 1mg (Ozempic-NNO)

For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

Serc - see Betahistine

Serevent - see Salmeterol

Serevent Diskus - see Salmeterol

Sevelamer carbonate, tablet, 800mg (Accel-Sevelamer)

For the treatment of hyperphosphetemia (>1.8 mmol/L) in patients with end stage renal disease (eGFR<15ml/min) who have:

- Inadequate control of phosphate levels on a calcium based phosphate binder, or
- Hypercalcemia (corrected for albumin), or

- Calciphylaxis (calcific arteriolopathy)
  NOTE
  Initial approval for 6 months, renewed at 1 year intervals with demonstration of clinically meaningful improvement of phosphate levels (lab values must be provided).

Sevelamer hcl, tablet, 800mg (Renagel-GZY)

For the treatment of hyperphosphetemia (>1.8 mmol/L) in patients with end stage renal disease (eGFR<15ml/min) who have:

- Inadequate control of phosphate levels on a calcium based phosphate binder, or
- Hypercalcemia (corrected for albumin), or
- Calciphylaxis (calcific arteriolopathy)
  NOTE
  Initial approval for 6 months, renewed at 1 year intervals with demonstration of clinically meaningful improvement of phosphate levels (lab values must be provided).

Sildenafil, tablet, 20mg (Revatio-PFI and generics)

For the treatment of patients with World Health Organization (WHO) functional class III idiopathic pulmonary arterial hypertension (IPAH) who do not demonstrate vasoreactivity on testing or who do demonstrate vasoreactivity on testing but fail a trial of calcium channel blockers.

For the treatment of patients with World Health Organization (WHO) functional class III pulmonary arterial hypertension (PAH) associated with connective tissue diseases who do not respond to conventional therapy.

Diagnosis of PAH should be confirmed by cardiac catheterization.

Coverage must be requested and medications prescribed by a Pulmonary Arterial Hypertension (PAH) specialist.

Claim Note:
The maximum dose of sildenafil that will be reimbursed is 20mg three times daily.

Patients requesting coverage through the High-Cost Drug Program must submit a patient application, available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Siliq – see Plaque Psoriasis Biologic Agents

Simlandi - see Ankylosing Spondylitis Biologic Agents **OR**
- see Crohn's Disease Biologic Agents **OR**
- see Plaque Psoriasis Biologic Agents **OR**
- see Psoriatic Arthritis Biologic Agents **OR**
- see Ulcerative Colitis Biologic Agents **OR**
- see Rheumatoid Arthritis Biologic Agents

Simponi – see Ankylosing Spondylitis Biologic Agents OR
see Psoriatic Arthritis Biologic Agents OR
see Rheumatoid Arthritis Biologic Agents

Sinemet CR - see Levodopa & Carbidopa

Sitagliptin, tablet, 25mg, 50mg, 100mg (Januvia-MSD)

For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, **and** for whom insulin is not an option.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Sitagliptin & Metformin Hydrochloride, tablet, 50mg/500mg, 50mg/850mg, 50mg/1000mg, (Janumet-MSD)

For the treatment of type 2 diabetes for patients for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and sitagliptin, to replace the individual components of sitagliptin and metformin.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Sitagliptin & Metformin Hydrochloride, extended release tablet, 50mg/500mg, 50mg/1000mg, 100mg/1000mg, (Janumet XR-MSD)

For the treatment of type 2 diabetes for patients for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea and sitagliptin, to replace the individual components of sitagliptin and metformin.

The request for coverage must be made using the DPP-4/SGLT2 Inhibitors Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms .

Skyrizi – see Plaque Psoriasis Biologic Agents

Sodium Cromoglycate, capsule, 100mg (Nalcrom-AVN)

For the treatment of patients who experience severe reactions to foods which cannot be avoided.

Sorafenib, tablet, 200mg (Nexavar-BAY)

- For use as a single agent second line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma, considered to be intermediate or low risk (according to Memorial Sloan-Kettering (MSKCC) prognostic

score, see below), have an ECOG performance status of 0 or 1 and progressed after prior cytokine therapy (or intolerance) within the previous 8 months. In any one patient all of the following conditions must be met:

- Sorafenib may be a second line option only after cytokine therapy.
- Sorafenib may not be used after another tyrosine kinase inhibitor (i.e. Sunitinib) as sequential therapy.

  In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. Sunitinib) may be allowed.

- For use in patients with Child-Pugh Class A advanced hepatocellular carcinoma, who have progressed on trans-arterial chemoembolization (TACE) or are not suitable for the TACE procedure, and have an ECOG performance status of 0 to 2. Renewal of coverage requires no further progression of the patient's disease as evidenced by radiological or scan results. Copies of the results must accompany the Special Authorization.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Spinraza – see Nusinersen

Spiriva - see Tiotropium

Spiriva Respimat – see Tiotropium

Sporanox - see Itraconazole

Sprycel - see Dasatinib

Stalevo – see Carbidopa & Levodopa & Entacapone

Stelara – see Plaque Psoriasis Biologic Agents

Stiripentol, capsules, poweder for inhalation, 250mg, 500mg (Diacomit-BIO)

For use in combination with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (Dravet syndrome), whose seizures are not adequately controlled with clobazam and valproate alone.
The patient must be under the care of a neurologist or a pediatrician.

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms.

Sumatriptan, nasal spray, 5mg, 20mg; injection 6mg/0.5mL (Imitrex DF-GSK and generics)

For the treatment of migraine headaches where other standard therapies, such as oral analgesics have failed **AND** the patient has not responded to Zolmitriptan or Rizatriptan.

Coverage for the injectable form will only be considered if the tablet and nasal dosage forms are not appropriate.

Coverage is limited to 6 sprays or 6 syringes per 30 day period. Anyone requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

Sunitinib, capsule, 12.5mg, 25mg, 50mg (Sutent-PFI)

a) For use as a single agent first line treatment in patients with documented evidence of histologically confirmed advanced or metastatic clear cell renal cell carcinoma who have an ECOG performance status of 0 or 1. In any one patient all of the following conditions must be met:
- Sunitinib may be a first line option.
- Sunitinib may not be used after another tyrosine kinase inhibitor (i.e. Sorafenib) as sequential therapy.

In the event of severe toxicity within the first 8 weeks of therapy, a switch to another tyrosine kinase inhibitor (i.e. Sorafenib) may be allowed.

b) For use as a single agent for the treatment of advanced gastrointestinal stromal tumor (GIST) patients after failure of Imatinib due to intolerance or resistance.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Sutent - see Sunitinib

Symbicort Turbuhaler - see Formoterol & Budesonide

Synjardy – see Empagliflozin & Metformin

Tacrolimus, topical ointment, 0.1% (Protopic-AST)

For intermittent use in adults with moderate to severe atopic dermatitis who have failed or are intolerant to a site appropriate strength of corticosteroid therapy (i.e. low potency on face versus intermediate to high potency for trunk and extremities).

Tacrolimus, topical ointment, 0.03% (Protopic-AST)

For use in children greater than 2 years of age with refractory atopic dermatitis for a period of up to 12 months.

Tafamidis meglumine, capsule, 20mg (Vyndaqel-PFI)

For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria :

- New York Heart Association (NYHA) class I to III heart failure.
- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic.
- Has not previously undergone a heart or liver transplant.
- Does not have an implanted cardiac mechanical assist device (CMAD).

Discontinuation Criteria:
The patient has:

- NYHA class IV heart failure, or
- received an implanted CMAD, or
- received a heart or liver transplant.

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
   - absence of a variant transthyretin (TTR) genotype
   - TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometer
   - Evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12mm
   - presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue)

2. Hereditary ATTR-CM consists of all of the following:
   - presence of a variant TTR genotrype associated with CM and presenting with a CM phenotype
   - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12mm
   - presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue)

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stablizers used to treat ATTR-CM will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.

Patients must also apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Tafinlar – see Dabrafenib

Tagrisso – see Osimertinib

Tarceva – Erlotinib

Tasigna – see Nilotinib

Tecfidera – see Multiple Sclerosis Agents

Tecta - see Proton Pump Inhibitors

Temodal – see Temozolomide

Temozolomide, capsule, 5mg, 20mg, 100mg, 140mg, 250mg (Temodal–MSD and generics)

For the treatment of brain tumors (Malignant glioma)

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Terbinafine, tablet, 250mg (Generics)

For the treatment of severe onychomycosis caused by dermatophyte fungi.

Testim – see Testosterone

Testosterone, transdermal gel, 25mg/2.5gm packet, 50mg/5gm packet (AndroGel-BGP); 50mg/5gm tube (Testim-PAL)

For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of;
Primary - Cryptorchidism, Klinefelter's, orichidectomy, and other established causes.
Secondary - Pituitary-hypothalamic injury due to tumors, trauma, radiation. Testosterone deficiency should be clearly demonstrated by clinical features and confirmed by two separate biochemical tests before initiating any testosterone therapy. Limited to 5 g/day gel.

Older males with non-specific symptoms of fatigue, malaise or depression who have low testosterone (T) levels do not satisfy these criteria.

Testosterone Undecanoate, capsule, 40mg (Generics)

For patients with a documented deficiency in whom treatment with depo-testosterone products have been unsuccessful, intolerable or are medically contraindicated.

Tofacitinib, tablet, 5mg (Xeljanz-PFI); extended release tablet, 11mg (Xeljanz XR-PFI)

For the treatment of **severely active rheumatoid arthritis**, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥ 15mg in patient is ≥ 65 years of age), (or use in combination with another DMARD) for a minimum of 12 weeks
AND
Methotrexate in combination with at least two other DMARDs, such as hydoxychloroquine and sulfasalazine, for a minimum of 12 weeks
NOTE:
Must be prescribed by a rheumatologist.
Combined use of more than one biologic DMARD will not be reimbursed.

The request for coverage must be made by a rheumatologist or prescriber with a specialty in rheumatology, using the Rheumatoid Arthritis Special Authorization form available from the Drug Programs office or online at
http://healthpei.ca/pharmacareforms

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at
http://healthpei.ca/pharmacareforms

Topamax – see Topiramate

Topiramate, 15mg, 25mg, sprinkle capsule (Topamax-JAN)

For patients who require topiramate, cannot take the tablet form, and require sprinkle capsules for proper administration

Thyrogen - see Thyrotropin

Thyrotropin, injection, 0.9mg.mL (Thyrogen-GZY)

For use as a single agent in patients who have documented evidence of thyroid cancer, who have undergone appropriate surgical and/or medical management, and require on-going evaluation to monitor for recurrence and metastatic disease. This includes:

a) Primary use in patients with inability to raise an endogenous TSH level (∃25 mu/L) with thyroid hormone withdrawal.
b) Primary use in cases of documented morbidity in patients for whom severe hypothyroidism could be life threatening, such as unstable angina, recent myocardial infarction, class III to IV congestive heart failure, or uncontrolled psychiatric illness.
c) Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life-threatening event.

(This criteria is for clients of the Catastrophic Drug Program, only)

d) As a single agent for the preparation of radioiodine remnant ablation in patients with

papillary or follicular thyroid cancer who have undergone thyroidectomy as treatment for thyroid cancer. Thyrotropin may be used in new patients or patients with previously incomplete remnant ablation or who have a recurrence of thyroid cancer and require therapeutic remnant ablation.

Ticagrelor, tablet, 90mg (Brilinta – AZE and generic)

To be taken in combination with ASA 75mg -150mg daily[a] for patients with acute coronary syndrome (i.e. ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), or unstable angina (UA), as follows:

STEMI[bc]

• STEMI patients undergoing primary PCI

NSTEMI or Unstable Angina[bc]

- Presence of high risk features irrespective of intent to perform revascularization:
  - • High GRACE risk score (>140)
  - • High TIMI ris/k score (5-7)
  - • Second ACS within 12 months
  - • Complex or extensive coronary artery disease e.g. diffuse three vessel disease
  - • Definite documented cerebrovascular or peripheral vascular disease
  - • Previous CABG

OR

- Undergoing PCI + high risk angiographic anatomy[d]

Notes:

(a) Co-administration of ticagrelor with high maintenance dose ASA (>150mg daily) is not recommended.
(b) In the PLATO study more patients on ticagrelor experienced non CABG related major bleeding than patients on clopidogrel, however, there was no difference between the rate of overall major bleeding, between patients treated with ticagrelor and those treated with clopidogrel. As with all other antiplatelet treatments the benefit/risk ratio of antithrombotic effect vs. bleeding complications should be evaluated.
(c) Ticagrelor is contraindicated in patients with active pathological bleeding, in those with a history of intracranial hemorrhage and moderate to severe hepatic impairment.
(d) High risk angiographic anatomy is defined as any of the following: left main stenting, high risk bifurcation stenting (i.e., two-stent techniques), long stents ≥ 38 mm or overlapping stents, small stents ≤ 2.5 mm in patients with diabetes.

Approval will be for a maximum of 12 months.

Ticlopidine HCL, tablet, 250mg (Generics)

- For the secondary prevention of the ischemic stroke or transient ischemic attack (TIA) in patients with a documented severe allergy to ASA (manifested by anaphylactic reaction, asthma, or nasal polyps) or who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA; or

- For the prevention of thrombosis in patients post intra coronary stent implantation for a period of up to six months.

  GI intolerance to ASA is not considered a criterion for coverage of Ticlopidine, although severe cases (e.g. gastric ulceration or bleeds) may be considered.

Tinzaparin – see Low Molecular Weight Heparins

Tiotropium - see Chronic Obstructive Pulmonary Disease

Tipranavir, capsule, 250mg (Aptivus-BOE)

For the treatment of adult patients with HIV-1 infection who are treatment experienced, have demonstrated failure to multiple protease inhibitors and in whom no other protease inhibitor is a treatment option.

Tizanidine HCl, tablet 4mg (Generic)

For the second- line treatment for those individuals with spasticity resulting from traumatic brain injury, multiple sclerosis, spinal cord injury or cerebral vascular accident and are intolerant to or have had ineffective results from Baclofen and/or benzodiazepines.

Tocilizumab, IV Vial, 80mg/4l, 200mg/10ml, 400mg/20ml, 162mg/0.9ml (Actemra-HLR)

Giant Cell Arteritis: For the treatment of adult patients with new onset or relapsed giant cell arteritis (GCA) in combination with glucocorticoids (at initiation of therapy, or with relapse).

Initial coverage will be for 16 weeks.
• Reassessment should occur after between 12 weeks and 16 weeks of therapy to determine response.

Renewal requests:
• Confirmation of response to treatment (i.e absence of flares AND normalization of C-reactive protein (CRP) to <1mg/dL)

Clinical Note:
• Flare is defined as the recurrence of signs or symptoms of GCA and/or erythrocyte sedimentation rate (ESR) greater or equal to 30 mm/hr attributable to GCA.

Claim Note:
• Must be prescribed by, or in consultation with, a rheumatologist or other physician experienced in the treatment of GCA.
• Combined use of more than one biologic DMARD will not be reimbursed.

- Subcutaneous injection: Approvals will be for 162 mg every week
- Duration of therapy will be limited to 52 weeks per treatment course

Authorization may be granted following any new episode of the disease, according to the treatment terms and conditions previously mentioned for the initial episode.

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms **.**

Tocilizumab, IV Vial, 80mg/4l, 200mg/10ml, 400mg/20ml, 162mg/0.9ml (Actemra-HLR)

- see Rheumatoid Arthritis Biologic Agents for adult information

Juvenile Idiopathic Arthritis: For the treatment of active systemic juvenile idiopathic arthritis (sJIA), in patients 2 years of age or older, who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids (with or without methotrexate) due to intolerance or lack of efficacy.

• Must be prescribed by, or in consultation with, a pediatric rheumatologist.
• Coverage will be approved for an IV dose of 12 mg/kg for patients weighing less than 30kg or 8 mg/kg for patients weighing greater than or equal to 30kg to a maximum of 800mg, administered every two weeks.
• Continued coverage will be dependent on a positive patient response as determined by a pediatric rheumatologist. Initial approval period: 16 weeks. Renewal period: 1 year

Polyarticular Juvenile Idiopathic Arthritis: For patients who have had an inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

• Must be prescribed by, or in consultation with, a pediatric rheumatologist.
• Coverage will be approved for an IV dose of 10 mg/kg for patients weighing less than 30kg or 8 mg/kg for patients weighing greater than or equal to 30kg to a maximum of 800mg, administered every four weeks.
• Continued coverage will be dependent on a positive patient response as determined by a pediatric rheumatologist. Initial approval period: 16 weeks. Renewal period: 1 year

Patients must also apply for coverage through the High-Cost Drug Program. The patient application is available from the Drug Programs Office or online at http://healthpei.ca/pharmacareforms **.**

Toujeo Solostar– see insulin Glargine

Toujeo Doublestar – see insulin Glargine

Tracleer - see Bosentan

Trajenta – see Linagliptin

Trametinib, tablet, 0.5mg, 2mg (Mekinist-NVR)

Adjuvant Melanoma

In combination with dabrafenib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria:

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease (AJCC 8thedition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

1. Requests will be considered for patients with regional lymph nodes with micrometastases after sentinel lymph node biopsy.
2. Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
3. Approval period: up to 12 months

Metastatic Melanoma

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with dabrafenib.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms

Trelegy Ellipta – see Fluticasone & Umeclidinium & Vilanterol

Tretinoin, capsule, 10mg (Vesanoid – ROC)

Open benefit if written by an oncologist upon notification to Pharmacare.

Patients must apply for coverage by the High-Cost Drug Program. The patient

application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Triamcinolone Hexacetonide, ampule, 20mg/ml (Trispan-MED)
For the treatment of Juvenile Idiopathic Arthritis.

Trikafta – see Elexacaftor & Tezacaftor & Ivacaftor & Ivacaftor

Trileptal - see Oxcarbazepine

Trispan – see Triamcinolone Hexacetonide

Trosec - see Trospium

Trospium, tablet, 20mg (Trosec-SNV)
For the treatment of over-active bladder (not stress incontinence) after a reasonable trial (e.g. 3 months) of immediate release oxybutynin, solifenacin, or tolterodine is not tolerated.

Turdoze Genuair – see Aclidinium Bromide

Ulcerative Colitis Biologic Agents
For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:

- Refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks AND prednisone ≥ 40mg daily for two weeks or IV equivalent for one week) OR
- Corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year.

Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:

- a decrease in the partial Mayo score ≥ 2 from baseline, and
- a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:

- Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
- Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.
- Patients with severe disease (partial Mayo > 6)do not require a trial of 5-ASA

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in

gastroenterology.

- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial Approval: As per induction approval.
- Renewal Approval: 1 year.

Adalimumab, 40mg/0.4ml prefilled syringe, 40mg/0.4ml auto-injector (Simlandi-JPC), 40mg/0.8ml prefilled syringe (Humira-ABV, Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 40mg/0.8ml prefilled pen (Amgevita-AMG, Hadlima-MER, Hulio-BGP, Hyrimoz-SDZ, Idacio-FKB), 80mg/0.8ml prefilled syringe (Simlandi-JPC)

Initial 8 week approval is for an induction dose of 160mg followed by 80mg two weeks later, then 40mg every two weeks thereafter. Renewal of coverage will require reassessment of the patient and submission of a new Ulcerative Colitis Special Authorization form. Continued coverage will be approved at a dose not exceeding 40mg every 2 weeks.

For Adalimumab naïve patients, approved requests will be for a biosimilar product.

Infliximab, injection powder, 100mg/vial (Inflectra-HOS; Remicade-JAN; Renflexis-MSD)
Initial approval is for 3 doses of 5mg/kg/dose administered at 0, 2, and 6 weeks.
Renewal of coverage will require reassessment of the patient and submission of a new Ulcerative Colitis Special Authorization form. Continued coverage may be approved at a dose not exceeding 5mg/kg every 8 weeks.

Tofacitinib, tablet, 5mg, 10mg (Xeljanz-PFI)
Initial approval is for a maximum dose of 10mg twice daily for 16 weeks.
Renewal of coverage will require reassessment of the patient and submission of a new Ulcerative Colitis Special Authorization form. Continued coverage will be approved at a maximum dose of 10mg twice daily.

Vedolizumab,prefilled pen, prefilled syringe (108 mg/0.68 ml),vial, 300mg (Entyvio-TAK)
Intravenous infusion: Initial approval is for induction doses of 300mg at weeks 0, 2, and 6, then 300 mg every eight weeks.
Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.
Renewal of coverage will require reassessment of the patient and submission of a new Ulcerative Colitis Special Authorization form. Continued coverage will be approved at a dose not exceeding 300mg every 8 weeks.

The request for coverage must be made by a gastroenterologist using the Ulcerative Colitis Special Authorization form available from the Drug Programs office or online at http://healthpei.ca/pharmacareforms **.**

Patients must also apply for coverage to the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms **.**

Ultibro Breezhaler – see Indacaterol & Glycopyrronium

Uptravi – see Selexipag

Urispas - see Flavoxate

Ustekinumab – see Plaque Psoriasis Biologic Agents

Valcyte - see Valganciclovir

Valganciclovir, tablet, 450mg (Valcyte-CAG and generics)

(a) For the treatment of cytomegalovirus (CMV) retinitis in patients with AIDS.
(b) For the prevention of cytomegalovirus (CMV) disease in solid organ transplant patients at risk (where either the donor or the recipient is CMV +).

Velaglucerase alfa, vial, 400 unit (VPRIV-SHR)

For patients with Gaucher disease type 1 (GD1) who meet established clinical criteria.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms.

Vemurafenib, tablet, 240mg (Zelboraf-HLR)

As a first line, single agent for the treatment of BRAF V600 mutation positive unresectable or metastatic melanoma in patients with an ECOG performance status (PS) of 0 or 1. For BRAF V600 mutation positive patients who have progressed after first line treatment prior to vemurafenib availability, funding or vemurafenib as a second line agent may be considered.
OR
For use in combination with cobimetinib, for the treatment of patients with previously untreated BRAF V600 mutation-positive unresectable stage III or IV melanoma who have a good performance status. Treatment should continue until unacceptable toxicity or disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Venclexta – see Venetoclax

Venetoclax, tablet, starter pack, 10mg, 50mg 100mg (Venclexta-ABV)

Monotherapy:

- As monotherapy in patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy and who have failed a B-cell receptor inhibitor (BCRi).
- Patients should have good performance status and treatment should be continued until disease progression or unacceptable toxicity.

Combination therapy:

- As combination therapy with rituximab for the treatment of adult patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy, irrespective of their 17p deletion status.
- Patients should be continued until disease progression or unacceptable toxicity up to a maximum of two years, whichever comes first.

Clinical Notes:

- Patients currently receiving and responding to venetoclax monotherapy, but who have not achieved and adequate response are eligible to have rituximab added to venetoclax. The funded duration of venetoclax therapy from the point rituximab addition will be up to a maximum of 2 years.
- Patients may be re-treated with ventoclax plus rituximab if they responded to and completed two years of therapy with at least 12 months of progression-free interval.
- Patients with relapsed CLL will be eligible for sequencing venetoclax + rituximab and ibrutinib in second or third line settings, for either intolerance or disease progression, providing patients have not received prior treatment with either option and meet all other funding criteria.

Vesanoid – see Tretinoin

Vigabatrin, tablet, 500mg (Sabril-LUD)

- Vigabatrin is an alternative treatment option for patients who have had an inadequate response or intolerance to other antiepileptic drug combinations
- A restricted benefit status is appropriate due to the risk of ophthalmological adverse effects associated with vigabatrin

Vigamox – see Moxifloxacin

Vismodegib, capsule, 150mg (Erivedge-HLR)

For the treatment of locally advanced BCC (including basal cell nevus syndrome i.e. Gorlin syndrome who are 18 years of age and older) in patients who are inappropriate for surgery and radiotherapy based on a discussion/evaluation with other members of the multi-disciplinary team OR

As a single agent for the treatment of measurable metastatic basal cell carcinoma (BCC)
Clinical Note:

1. Patients must have an ECOG performance status of ≤2

Note: VIsmodegib (Erivedge) is only available through a controlled distribution program called the Erivedge Pregnancy Prevention Program (EPPP). Under this program, only prescribers and pharmacies registered with the program are able to prescribe and dispense the product, respectively. In addition, Vismodegib can only be dispensed to patients who are registered and meet all the conditions of the EPPP.

Prescriptions written by PEI oncologists do not require written Special Authorization.

Patients must apply for coverage by the High-Cost Drug Program. The patient application is available from the Drug Program Office or online at http://healthpei.ca/pharmacareforms .

Vocabria – see Cabotegravir

Volibris – see Ambrisentan

Voriconazole, tablet, 50mg, 200mg (Vfend-PFI and generics)

Candidemia: For the treatment of culture proven invasive candidiasis with documented resistance to fluconazole.
Aspergillosis, invasive: For the management of invasive aspergillosis. Initial requests will be approved for a maximum of 3 months.

Must be prescribed in consultation with a specialist in infectious diseases or medical microbiology.

Votrient – see Pazopanib

VPRIV – see Velaglucerase Alfa

Vyndaqel – see Tafamidis meglumine

Vyvanse – see Lisdexamfetamine

Xalkori – see Crizotinib

Xeljanz – see Tofacitinib

Xeljanz XR – see Tofacitinib

Xarelto – see Rivaroxaban

Xigduo – see Dapagliflozin and Metformin HCL

Xolair – see Omalizumab

Xtandi – see Enzalutamide

Zaxine – see Rifaximin

Zelboraf – see Venurafenib

Ziextenzo – see Pegfilgrastim

Ziprasidone hydrochloride. Capsule, 20mg, 40mg, 60mg, 80mg (Zeldox-PFI and generic)

For the treatment of schizophrenia and schizoaffective disorders in patients who have a contraindication to a trial of at least TWO less expensive antipsychotic agents because of intolerance or lack of response.

Zithromax - see Azithromycin

Zofran - see Ondansetron

Zoledronic acid, injection, 5mg/100mL (Aclasta-NVR)

(1) For the treatment of Paget's disease of the bone

(2) For the treatment of osteoporosis in postmenopausal women who:

- Have experienced further significant decline in bone mineral density (BMD) after 1 year of continuous oral bisphosphonate therapy.

  OR
- Have experienced serious intolerance to oral bisphosphonates.

  OR
- Have a contraindication to oral bisphosphonates.

Note: Serious intolerance is defined as esophageal ulceration, erosion or stricture, or lower gastrointestinal symptoms severe enough to cause discontinuation of oral bisphosphonates, or swallowing disorders that will increase the risk of esophageal ulceration from oral bisphosphonates

Zykadia – see Ceritinib

Zymar – see Gatifloxacin

Zytiga – see Abiraterone

Zyvoxam - see Linezolid

APPENDIX B
Links to Drug Program Forms

Special Authorization Forms

Alzheimer's Special Authorization Form

Ankylosing Spondylitis Special Authorization Form

Apixaban, Dabigatran, Edoxaban, Rivaroxaban Special Authorization Form

Crohn's Disease Special Authorization Form

Diabetes Glucose Sensor Program

DPP-4/SGLT2 Inhibitors

Enfuvirtide Special Authorization Form

Idiopathic Pulmonary Fibrosis Special Authorization Form

Long Acting Insulin Analogues Special Authorization Form

Low Molecular Weight Heparin Special Authorization Form

Multiple Sclerosis Medications Program Special Authorization Form

Plaque Psoriasis Special Authorization Form

Psoriatic Arthritis Special Authorization Form

Rheumatoid Arthritis Special Authorization Form

Standard Special Authorization Form

Ulcerative Colitis Special Authorization Form

Program Application Forms

Catastrophic Drug Program Application Form

Diabetes Glucose Sensor Program

Diabetes Referral Form

Erythropoietin Program Approval Form

Family Health Benefits Drug Program - Application Form

High-Cost Drug Program - Application Form

Home Oxygen Program - Application Form

Insulin Pump Program

Ostomy Supplies Program Application Form

Ostomy Supplies Program Registration Form for Health Care Providers

APPENDIX C List of Manufacturer Abbreviations

AAA	AA Pharmaceuticals Inc.
ABB	Abbott Laboratories Ltd.
ABC	Abbott Diabetes Care
ABV	Abbvie Coroporation
ACC	Accel Pharma
ACH	Accord Healthcare
ACM	Auto Control medical Inc
ACS	Acerus Pharmaceuticals Corp.
ACT	Actelion Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALH	Altius Healthcare
ALL	Allergan Inc.
AMG	Amgen Canada Inc.
ANG	Angita Pharma.
APX	Apotex Inc.
ARA	ARA Pharmaceuticals Inc.
ARO	Auro Pharma Inc
ARZ	Aralez Pharmaceuticals Canada Inc
ASN	Aspen Pharma Trading Ltd.
AST	Astellas Pharma Canada, Inc.
ATL	Laboratoire Atlas
ATN	Atnahs Pharma UK Ltd.
ATV	Actavis Pharma
AVN	Sanofi-Aventis
AVP	Sanofi Pasteur
AZE	AstraZeneca Canada Inc.
BAX	Baxter Corporation
BAY	Bayer Inc.
BDC	Becton, Dickison & Co
BDD	Bayer Healthcare, Diabetes Care Division
BIO	Biocodex Canada
BGN	Biogen Idec Canada Inc.
BGP	BGP Pharma Ulc.
BIN	Bionime Corporation
BLO	Bausch & Lomb Inc.
BMS	Bristol-Myers Squibb Canada
BOE	Boehringer Ingelheim (Canada) Ltd.
BTN	BTNX Inc.
CCP	Cell Chem Pharmaceuticals
CAG	Cheplapharm Arz.
CDC	Church & Dwight Canada Corp.
CEL	Celgene Inc.
CIP	Cipher Pharmaceuticals
CHE	Cheplapharm Arzneimittel GMBH.
CLC	Columbia Laboratories Canada Inc.
COV	Covis Pharma Canada Ltd.
DUI	Duchesnay Inc.
D&C	D&C Mobility Solutions Inc.
EIS	Eisai Limited
ELV	Elvium Life Sciences
END	Endomedical
ERF	Erfa Canada Inc.

ETH	Ethypharm Inc.
FEI	Ferring Inc.
FKB	Fresenius Kabi Canada
GAC	Galderma Canada Inc.
CHE	Cheplapharm Arzneimittel GMBH
GCH	GlaxoSmithKline Consumer Healthcare
GIL	Gilead Sciences, Inc.
GMD	GenMed, Division of Pfizer Canada
GMP	Generic Medical Partners
GRI	Grifols Canada Ltd.
GZY	Genzyme Canada
GSK	GlaxoSmithKline Inc.
GLM	Glenmark Generic
ICL	Indivior Canada Ltd.
HLR	Hoffmann-La Roche Limited
HOS	Hospira Healthcare Corporation
JAC	Jacobus Pharmaceutical Company Inc.
JAN	Janssen Inc..
JJM	Johnson & Johnson - Merck Consumer Pharmaceuticals of Canada
JPC	Jamp Pharma
KNI	Knight Therapeutics Inc.
KYE	Kye Pharmaceuticals
LEO	Leo Pharma Inc.
LIF	Life Brand
LIL	Eli Lilly Canada Inc.
LTH	Labtician Thea
LSN	Life Scan Canada Ltd.
LUD	Lundbeck Canada Inc.
LUP	Lupin Pharma
MAL	Mallinckrodt Canada
MRA	MantraPharma
MAR	Marcan Pharmaceuticals Inc.
MCL	McNeil Consumer Healthcare
MDN	MDA Inc.
MSR	Medisure Canada Inc.
MDA	3M Pharmaceuticals
MDN	MDA Inc.
MFI	Medical Futures Inc.
MNT	Mint Pharmaceuticals
MJS	Mead Johnson Canada, Division of Bristol-Myers Squibb Canada Inc.
MRS	Merus Labs
MSD	Merck Frosst Canada Ltd.
MTP	Methapharm Inc.
MYL	Mylan Pharmaceuticals
NAT	Natco Pharma
NES	Nestle Health Science
NRA	Nora Pharma Inc.
NBC	Nova Biomedical Corp.
NNO	Novo Nordisk Canada Inc.
NOP	Novopharm Limited
NVR	Novartis Pharmaceuticals Canada Inc.
ODN	Odan Laboratories Ltd.
OMG	Omega Laboratories Ltd.

ORI	Orimed Pharma
ORG	Organon Canada
OTS	Otsuka Canada Pharmaceuticals
PAL	Paladin Labs Inc.
PAT	Patriot Pharmaceuticals, Division of Janssen Inc
PEN	Pendopharm, Division of Pharmascience Inc.
PFI	Pfizer Canada ULC
PSL	Pharma Stullin
PFR	Purdue Pharma
PGA	Proctor & Gamble Inc.
PMI	Pharmapar Inc.
PMS	Pharmascience Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.
RCH	Dr. Reddy's Labortory
RIV	Laboratoire Riva Inc.
ROC	Roche Diagnostics
ROG	Rougier Pharma Inc., Division of Ratiopharm Inc.
ROS	Ross Laboratories, Division of Abbott Laboratories Ltd.
RPH	Ratiopharm
SDZ	Sandoz Canada Inc.
SEV	Servier Canada Inc.
SHR	Shire Biochem Inc.
SIV	Sivem Pharmaceutical
SNE	Smith & Nephew Inc.
SNS	Sanis Health Inc.
SPT	Septa Pharmaceuticals, Inc.
SRO	Serono Canada Inc.
SUN	Sun Pharma Inc.
STE	Sterimax Inc.
STR	Strides Pharma.
SNV	Sunovion Pharmaceuticals Canada
TAK	Takeda Canada Inc.
TAR	Taro Pharmaceuticals Inc.
TPG	Tillotts Pharma
TRT	TerSera Therapeutics
TEV	Teva Canada Ltd.
THI	Tremblay Harrison Inc.
TLG	Teligent
TOL	Tolmar International Ltd.
TRI	Trividia Health
UCB	UCB Canada Inc.
UJC	Upjohn Canada ULC
VAL	Valeant Canada Limited
VAN	VancPharm
VTS	Vertex Pharmaceuticals
VII	VIIV Healthcare ULC
WAP	Waymar Pharmaceuticals Inc.
WCC	Warner Chilcott Canada Co.
WES	WellSpring Pharmaceutical Canada
XED	Xediton Pharmaceuticals Inc.

Appendix D Insulin Pump Program Approved Vendors List

Revised November 15, 2021

Medtronic of Canada Insulin Pumps and Supplies

Device Name	Model Number	Description
MiniMed 630G-Insulin Pump	MMT-1754K	Pump 3.0 reservoir capacity • Black
MiniMed 670G-Insulin Pump	MMT-1762KCN*	Pump 3.0 reservoir capacity • Black
MiniMed 770G-Insulin Pump	MMT- 1891 CN	Pump 3.0 reservoir capacity • Black
Reservoir for 5 series MiniMed® Paradigm ® Pump (1.8 mls reservoir)	MMT-326A	1.8 mls reservoir for use in 5 series Paradigm Insulin Pump (10 reservoirs /box)
Reservoir for 7 Series MiniMed® Paradigm ® Pump (3.0mls reservoir)	MMT-332A	3.0 mls reservoir for use in 7 series Paradigm Insulin Pump only (10 reservoirs /box)
Quick –Serter	MMT-305QS600	Insertion device for Quickset infusion sets
MiniMed Mio 30 infusion set	MMT 905A600	13mm cannula infusion set with 60cm (23 “) tubing GRAY (10 per box)
	MMT 906A600	13mm cannula infusion set with 110cm (43 “) tubing GRAY (10 per box)
Quickset®Infusion Sets • 6mm or 9mm cannula	MMT-394A600	6 mm teflon cannula infusion set with 45cm (18”) tubing (10 cannula and 10 tubing / box)
	MMT-399A600	6 mm teflon cannula infusion set with 60cm (23”) tubing (10 cannula and 10 tubing / box)
Quickset®Infusion Sets(cont’d) • 6mm or 9mm cannula	MMT-387A600	6 mm teflon cannula infusion set with 80cm (32”) tubing (10 cannula and 10 tubing / box)
	MMT-398A600	6 mm teflon cannula infusion set with 110cm (43”) tubing (10 cannula and 10 tubing / box)
	MMT-397A600	9 mm teflon cannula infusion set with 60cm (23”) tubing (10 cannula and 10 tubing / box)
	MMT-386A600	9 mm teflon cannula infusion set with 80cm (32”) tubing (10 cannula and 10 tubing / box)
	MMT-396A600	9 mm teflon cannula infusion set with 110cm (43”) tubing (10 cannula and 10 tubing / box)
MiniMed Mio Advance Infusion Sets • *P cap connectors* - Compatible with Medtronic insulin pumps only • *Leur Lock connectors*- Compatible with Non-Medtronic durable insulin pumps only	MMT-242600	6mm cannula infusion set with Length - 23 “ tubing, P-cap connector, (10 cannula and 10 tubing / box) Color- Clear
	MMT-233600	6mm cannula infusion set with Length - 43 “ tubing, P-cap connector, (10 cannula and 10 tubing / box) Color- Pink
	MMT-243A600	9mm cannula infusion set with Length - 23 “ tubing, P-cap connector, (10 cannula and 10 tubing / box) Color- Clear
	MMT-244A600	9mm cannula infusion set with Length - 43 “ tubing, P-cap connector, (10 cannula and 10 tubing / box)

		Color- Clear
	MMT-247600	6mm cannula infusion set with Length - 23 " tubing, Luer lock connector, (10 cannula and 10 tubing / box) Color- Clear
	MMT-248600	9mm cannula infusion set with Length - 43 " tubing, Luer lock connector, (10 cannula and 10 tubing / box) Color- Clear
Device Name	**Model Number**	**Description**
mio™ Infusion Sets • All in one infusion set and insertion device • 6mm or 9mm cannula	MMT-921A600	6 mm teflon cannula infusion set with 45cm (18") tubing PINK (10 cannula and 10 tubing / box)
	MMT-941A600	6 mm teflon cannula infusion set with 45cm (18") tubing BLUE (10 cannula and 10 tubing / box)
	MMT-923A600	6 mm teflon cannula infusion set with 60cm (23") tubing PINK (10 cannula and 10 tubing / box)
	MMT-943A600	6 mm teflon cannula infusion set with 60cm (23") tubing BLUE (10 cannula and 10 tubing / box)
	MMT-965A600	6 mm teflon cannula infusion set with 80cm (32") tubing CLEAR (10 cannula and 10 tubing / box)
	MMT-975A600	9 mm teflon cannula infusion set with 80cm (32") tubing CLEAR (10 cannula and 10 tubing / box)
Silhouette® Infusion Sets • 13mm or 17mm cannula	MMT-371	Silhouette 43" Full Set 10/Box
	MMT-373	Silhouette 23" Full Set 10/Box
	MMT-368A600	13 mm teflon cannula infusion set with 45cm (18") tubing (10 cannula and 10 tubing / box)
	MMT-381A600	13 mm teflon cannula infusion set with 60cm (23") tubing (10 cannula and 10 tubing / box)
	MMT-383A600	13 mm teflon cannula infusion set with 80cm (32") tubing (10 cannula and 10 tubing / box)
	MMT-382A600	13 mm teflon cannula infusion set with 110cm (43") tubing (10 cannula and 10 tubing / box)
	MMT-378A600	17 mm teflon cannula infusion set with 60cm (23") tubing (10 cannula and 10 tubing / box)
	MMT-384A600	17 mm teflon cannula infusion set with 80cm (32") tubing (10 cannula and 10 tubing / box)
	MMT-377A600	17 mm teflon cannula infusion set with 110cm (43") tubing (10 cannula and 10 tubing / box)
	MMT- 369600	Silhouette Cannula only, 13 mm 10 cannulas / box
	MMT- 370600	Silhouette Cannula only, 17 mm 10 cannulas / box
Sure-T Infusion Sets • Needle infusion set • (90° angle of insertion)	MMT-862A	6mm needle infusion set with 45cm (18") tubing (10 needles & 10 tubing / box)
	MMT-864A	6mm needle infusion set with 60cm (23") tubing (10 needles & 10 tubing / box)
	MMT-866A	6mm needle infusion set with 80cm (32") tubing (10 needles & 10 tubing / box)
	MMT-874A	8mm needle infusion set with 60cm (23") tubing (10 needles & 10 tubing / box)
Additional supplies – Skin Preparation and Skin Tape		

Skin Prep Wipes	HMS-59420425	Skin Prep Adhesive wipes (box of 50)
Skin Tact Wipes	HMS-180	Skin Tact Wipes (50 / box)
Tape Dressing	MMT-134A	Polyskin Tape Dressing (100 / box)
Adhesive patch	MMT-172	Acutek Non-Sterile Sof-set Adhesive Patch (50/box)
Transparent dressing	MMT-174	IV 3000 1-Hand with Strips and Label (100 / box)
Transparent dressing	HMS-175	IV 3000 Adhesive patch Large (50/box)
Transparent dressing	HMS-66800786	IV 3000 Adhesive tape 1/3" x 2 ¾ " transparent dressing (box of 30)
Adhesive remover wipes	403120	Universal Adhesive Remover Wipes (50 / box)

Insulet Canada Insulin Pumps and Supplies

Insulin Pumps		
Device Name	**Model Number**	**Description**
Omnipod Insulin Management System Starter Kit (ENGLISH)	SKT-CAT45E	• 1 Personal Diabetes Manager • 1 USB Cable • 1 User guide • 1 Carrying care • 1 Software CD • Choice of PDM gel skin cover (7 colors available)
Omnipod Insulin Management System Starter Kit (FRENCH)	SKT-CAT45F	
Omnipod DASH® Insulin Management System – Personal Diabetes Manager (PDM) Starter Kit [Bilingual]	SKT-CAN-D001-MM	
Pump Supplies		
Device Name	**Model Number**	**Description**
Omnipod Insulin management System (POD)	POD-ZXR425	Internal insulin reservoir and pumping mechanism • Small and lightweight • Strong adhesive • Stores personalized settings • Built-in insertion components • Durable, waterproof exterior • Customizable reminders
Omnipod DASH® Insulin Management System - PODs	POD-BLE-C1-529	

Tandem Diabetes Care Canada Insulin Pumps and Supplies

Insulin Pumps		
Device Name	**Model Number**	**Description**
t:slim X2 insulin pump with Control-IQ technology v7.4	1005611	Insulin Pump with 5 year warranty
t:slim X2 insulin pump with Basal-IQ technology v6.4	1006419	Insulin Pump with 5 year warranty
Accessory Kit Included with Pump Purchase (based on pump model)	**For version 7.4** 1005583 EN 1005585 FR **For version 6.4** 1006816 EN 1006730 FR	Accessory Kit includes • t:slim™ USB Cable (6ft.) • t:slim Wall Power USB Adapter • t:slim Car Power USB Adapter • Cartridge Removal Tool • Pump Screen Protector • t:case™ Pump Case, Black • User Guide and Instructions (EN or FR)
Pump Supplies		
Device Name	**Model Number**	**Description / Units or Measure per box**
t:slim Cartridge (300 units)	1002541	300 units (3mls) cartridge for insulin, 10 cartridges per box
AutoSoft 90 infusion sets	1002817	6mm cannula infusion set with 23” (60cm) tubing, grey (10 cannula and tubing/box)
	1002818	6mm cannula infusion set with 43” (110cm) tubing, grey (10 cannula and tubing/box)
	1002819	9mm cannula infusion set with 23” (60cm) tubing, grey (10 cannula and tubing/box)
	1002820	9mm cannula infusion set with 43” (110cm) tubing, grey (10 cannula and tubing/box)
	1002821	6mm cannula infusion set with 23” (60cm) tubing, pink (10 cannula and tubing/box)
	1002822	9mm cannula infusion set with 23” (60cm) tubing, pink (10 cannula and tubing/box)
	1002823	6mm cannula infusion set with 23” (60cm) tubing, blue (10 cannula and tubing/box)
	1002824	9mm cannula infusion set with 23” (60cm) tubing, blue (10 cannula and tubing/box)
Pump Supplies (cont’d)		
Device Name	**Model Number**	**Description / Units or Measure per box**
AutoSoft 30 infusion sets	1002825	13mm cannula infusion set with 23” (60cm) tubing (10 cannula and tubing/box)
	1002826	13mm cannula infusion set with 23” (110cm) tubing (10 cannula and tubing/box)
VariSoft infusion sets	1002827	13mm cannula infusion set with 23” (60cm) tubing (10 cannula and tubing/box)

	1002828	13mm cannula infusion set with 32” (80cm) tubing (10 cannula and tubing/box)
	1002830	17mm cannula infusion set with 23” (60cm) tubing (10 cannula and tubing/box)
	1002832	17mm cannula infusion set with 43” (110cm) tubing (10 cannula and tubing/box)
TruSteel infusion sets	1002833	6mm needle infusion set with 23” (60cm) tubing (10 needles and tubing/box)
	1002834	6mm needle infusion set with 32” (80cm) tubing (10 needles and tubing/box)
	1002835	8mm needle infusion set, 23” (60cm) tubing (10 needles and tubing/box)
	1002836	8mm needle infusion set, 32” (80cm) tubing (10 needles and tubing/box)
Skin preparation		
Product Name	**Model Number**	**Description / Units or Measure per box**
3M Tegaderm Transparent Dressing	RP-1624W	100 dressings per box
Smith & Nephew Skin Prep wipes	MMT-173	50 wipes per box

Appendix E Eligible Ostomy Supplies List

This list details eligible categories, and examples of products within each category. This list may not be exhaustive of all examples within each category.

Skin wafers & Pouches

Hollister
- Ceraplus
- New Image
- Premier
- Karaya
- Pouchkins
- Hollihesive

Coloplast
- Sensura Mio
- Sensura
- Assura
- Easiflex

Convatec
- Natura
- Esteem synergy
- Esteem
- Activelife
- Little Ones

Salts
- Confidence
- Harmony

Adhesive removers
- Brava
- Wipeaway
- AllKare
- Niltac
- Adapt
- Universal

Skin barrier wipes
- Peri-prep sensitive
- Brava
- AllKare
- Silesse
- Restore

Stoma powders, pastes and barrier rings
- Adapt
- Karaya

- Stomahesive
- Eakin Cohesive
- Stomapaste
- Secuplast
- Brava

Ostomy belts

- Ostomy appliance belt
- Adjustable ostomy belt
- Brava
- Adapt

Appendix F Eligible Diabetes Glucose Sensor Supplies

Sensor (pseudoDIN)	Wear time per sensor	Maximum Annual # of device	Packaged	Annual maximum # of dispenses	Quantity/ Day Supply
Medtronic Guardian Sensor (3) (97799158)	7 days	55 sensors	5 per box	11 boxes per year	5 sensors every 35 days
Dexcom G6 (97799136)	10 days	39 sensors	3 per box	13 boxes per year	3 sensors every 30 days
Libre (97799171)	14 days	26 sensors	1 per box	26 boxes per year	2 sensors every 28 days
Libre 2 (97799075)					
Medtronic Guardian Link transmitter for Minimed 670G (97799154)	365 days	1 transmitter	1 per box	1 per year	1 transmitter every 365 days
Medtronic Guardian Link transmitter for Minimed 770G (97799071)	365 days	1 transmitter	1 per box	1 per year	1 transmitter every 365 days
Medtronic Guardian Connect transmitter (97799152)	365 days	1 transmitter	1 per box	1 per year	1 transmitter every 365 days
Dexcom G6 Transmitter (97799135)	90 days	4 transmitters	1 per box	4 per year	1 transmitter every 90 days

Optional readers (for Libre) and receivers (for Dexcom) should be acquired by the clients directly through the manufacturer's Customer Care Line.

Household Income Range	Co-payment per dispense period of benefit*
$0 to $20,000	$0.00
$20,001 to $40,000	$10.00
$41,001 to $50,000	$20.00
$50,001 to $100,000	$60.00
$100,001 or greater	$80.00

*co-payment adjustments for those with third-party insurance based on the *Drug Cost Assistance Regulations*