New Brunswick Drug Plans Formulary

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Administered by Medavie Blue Cross on Behalf of the Government of New Brunswick

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New Brunswick Drug Plans
Formulary

Introduction

The New Brunswick Drug Plans provides prescription drug coverage to eligible New Brunswick residents (see pages II and III).

The New Brunswick Drug Plans Formulary is a list of the drugs which are eligible benefits under the drug plans. All drugs considered for listing as benefits must be reviewed according to the drug review process.

Most drugs listed in the New Brunswick Drug Plans Formulary are "regular" benefits which are reimbursed with no criteria or prior approval requirements. Some drugs require special authorization in order to be reimbursed. Certain drug products are not eligible benefits and are identified on the exclusion list (see Formulary page IV).

New Brunswick Drug Plans

Plans	Fees	Eligibility	Legislative Authority
A	$9.05 per prescription up to an annual copay ceiling of $500 for GIS recipients. $15.00 per prescription with no annual copay ceiling for non-GIS recipients	Eligible residents of the province who are sixty-five years of age or older	Prescription Drug Payment Act and Regulations
B	$50 per year registration fee; 20% of cost of prescription to a maximum of $20 per prescription up to an annual copay ceiling of $500 per family unit	Persons with cystic fibrosis who are eligible residents and registered with the Department of Health	Prescription Drug Payment Act and Regulations
D	Premiums and copays are based on income	Uninsured New Brunswick residents	Prescription and Catastrophic Drug Insurance Act and Regulation
E	$4 per prescription(1); up to an annual copay ceiling of $250 per person	Persons in licensed residential facilities who hold a valid health card issued by the Department of Social Development	Health Services Act and Regulations
F	$4 per prescription(1) for adults (18 years and over) $2 per prescription(1) for children (under 18 years); up to an annual copay ceiling of $250 per family unit	Department of Social Development clients	Health Services Act and Regulations
G	None	Children in care of the Minister of the Department of Social Development and special needs children	Health Services Act and Regulations
H	$50 per year premium; copay ranges from zero to 100 per cent for each prescription	Persons with multiple sclerosis who are eligible residents and registered with the Department of Health	Prescription Drug Payment Act and Regulations
I	None	Publicly Funded, Pharmacist Administered Seasonal Influenza Vacccine	Public Health
P	None	Publically funded drugs for the management of active or latent tuberculosis (TB) infection.	Public Health

New Brunswick Drug Plans

Plans	Fees	Eligibility	Legislative Authority
R	$50 per year registration fee; 20% of cost of prescription to a maximum of $20 per prescription up to an annual ceiling of $500 per family unit	Solid organ transplant recipients who are eligible residents and registered with the Department of Health	Prescription Drug Payment Act and Regulations
T	$50 per year registration fee; 20% of cost of prescription to a maximum of $20 per prescription up to an annual ceiling of $500 per family unit	Persons with growth hormone deficiency who are eligible residents and registered with the Department of Health	Prescription Drug Payment Act and Regulations
U	$50 per year registration fee; 20% of cost of prescription to a maximum of $20 per prescription up to an annual ceiling of $500 per family unit	HIV-infected persons who are eligible residents and registered with the Department of Health	Prescription Drug Payment Act and Regulations
V	None	Eligible residents of Nursing Homes as defined in the Nursing Home Act operated by a licensee under the Act	Prescription Drug Payment Act and Regulations
W	$9.05 per prescription	Extra Mural Program patients who are in possession of a Prescription Drug Authorization Form	Hospital Services Act

(1) Does not apply to prescriptions for certain drugs (e.g. contraceptives and methadone for the treatment of opioid use disorder).

Exclusions

The following classes of products, except those specifically listed on the Formulary, are excluded as benefits under the New Brunswick Drug Plans.

- Drugs not authorized for sale and use in Canada (e.g. drugs obtained through Health Canada's Special Access Program, experimental or investigational drugs)
- Non-prescription drugs
- Natural health products (e.g. vitamins and minerals, herbal remedies, probiotics, homeopathic medicines, traditional medicines)
- Cannabis or cannabis products
- Nutritional supplements and food products
- Weight loss products
- Products for the treatment of erectile/sexual dysfunction, or infertility
- Drugs for the prevention of travel acquired diseases
- Products for esthetic or cosmetic purposes
- Soaps, cleansers, shampoos, antiseptics, or disinfectants
- Diagnostic agents and point-of-care testing kits
- Medical supplies, devices and equipment (e.g. prostheses, first aid supplies, ostomy supplies, diabetes test strips and syringes, etc.)
- Vaccines

Legend

M01[1] **ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS**

M01A[2] **ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS**

M01AE[3] **PROPIONIC ACID DERIVATIVES**

M01AE02[4] NAPROXEN			6	7	8	9
ECT[5]	Orl[5]	250mg[5]	Naproxen EC	02350785	SAS	ADEFGVW
			Teva-Naprox EC	02243312	TEV	ADEFGVW
ECT	Orl	375mg	Naprosyn E	02162415	MTP	ADEFGVW
			Apo-Naproxen EC	02246700	APX	ADEFGVW
			Naproxen EC	02350793	SAS	ADEFGVW
			Mylan-Naproxen EC	02243432	MYL	ADEFGVW
			[10] pms-Naproxen EC (Disc/non disp Mar 4/19)	02294702	PMS	ADEFGVW
			Teva-Naprox EC	02243313	TEV	ADEFGVW

1 Second level ATC, therapeutic subgroup
2 Third level ATC, pharmacological subgroup
3 Fourth level ATC, chemical subgroup
4 Fifth level ATC, chemical substance
5 Dosage form, route and strength. Strength represents the amount of ingredients present in a solid dosage form (tablet) or in one gram or one millilitre of a product (cream, liquid, etc.)
6 Brand or manufacturers' product name approved by Health Canada.
7 Drug Identification Number (DIN)
8 Manufacturers' identification code. See Appendix I-D for details.
9 Drug plans for which the product is a benefit. See page II for details. Please note that products marked (SA) are only eligible for coverage under NB Drug Plans through special authorization.
10 Manufacturer has discontinued this product. It will be deleted from the Formulary on the date indicated.

A **ALIMENTARY TRACT AND METABOLISM**

A01 **STOMATOLOGICAL PREPARATIONS**

A01A **STOMATOLOGICAL PREPARATIONS**

A01AC **CORTICOSTEROIDS FOR LOCAL ORAL TREATMENT**

A01AC01 TRIAMCINOLONE

Pst	Den	0.1%	Oracort	01964054	TAR	ADEFGV

A01AD **OTHER AGENTS FOR LOCAL ORAL TREATMENT**

A01AD02 BENZYDAMINE

Liq	Buc	0.15%	pms-Benzydamine	02239537	PMS	ADEFGV

A02 **DRUGS FOR ACID RELATED DISORDERS**

A02A **ANTACIDS**

A02AD **COMBINATIONS AND COMPLEXES OF ALUMINIUM, CALCIUM AND MAGNESIUM COMPOUNDS**

A02AD01 ORDINARY SALT COMBINATIONS

ALUMINUM / MAGNESIUM

Sus	Orl	45.6 mg / 40 mg	Diovol	01966529	CHU	G
Sus	Orl	120 mg / 60 mg	Diovol EX	00491217	CHU	G

A02AH **ANTACIDS WITH SODIUM BICARBONATE**

A02AH01 SODIUM BICARBONATE

Tab	Orl	500 mg	Jamp-Sodium Bicarbonate	80030520	JPC	(SA)
			Sandoz Sodium Bicarbonate	80022194	SDZ	(SA)

A02B **DRUGS FOR PEPTIC ULCER AND GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)**

A02BA **H2-RECEPTOR ANTAGONISTS**

A02BA01 CIMETIDINE

Tab	Orl	200 mg	Cimetidine	00584215	AAP	ADEFGV
Tab	Orl	300 mg	Cimetidine	00487872	AAP	ADEFGV
Tab	Orl	400 mg	Cimetidine (Disc/non disp Jan 1/20)	00600059	AAP	ADEFGV
Tab	Orl	600 mg	Cimetidine (Disc/non disp Jan 1/20)	00600067	AAP	ADEFGV

A02BA02 RANITIDINE

Liq	Orl	15 mg/mL	Apo-Ranitidine	02280833	APX	DEFGVW
			Teva-Ranidine	02242940	TEV	DEFGVW

A02BA02 RANITIDINE

Tab	Orl	150 mg	Act Ranitidine	02248570	TEV	ABDEFGVW
			Apo-Ranitidine	00733059	APX	ABDEFGVW
			Jamp-Ranitidine	02463717	JPC	ABDEFGVW
			Mar-Ranitidine	02443708	MAR	ABDEFGVW
			pms-Ranitidine	02242453	PMS	ABDEFGVW
			Ran-Ranitidine	02336480	RAN	ABDEFGVW
			Ranitidine	02353016	SAS	ABDEFGVW
			Ranitidine	02385953	SIV	ABDEFGVW
			Sandoz Ranitidine	02243229	SDZ	ABDEFGVW
Tab	Orl	300 mg	Act Ranitidine	02248571	TEV	ABDEFGVW
			Apo-Ranitidine	00733067	APX	ABDEFGVW
			Jamp-Ranitidine	02463725	JPC	ABDEFGVW
			Mar-Ranitidine	02443716	MAR	ABDEFGVW
			pms-Ranitidine	02242454	PMS	ABDEFGVW
			Ran-Ranitidine	02336502	RAN	ABDEFGVW
			Ranitidine	02353024	SAS	ABDEFGVW
			Ranitidine	02385961	SIV	ABDEFGVW
			Sandoz Ranitidine	02243230	SDZ	ABDEFGVW

A02BA03 FAMOTIDINE

Tab	Orl	20 mg	Famotidine	02351102	SAS	ADEFGV
			Teva-Famotidine	02022133	TEV	ADEFGV
Tab	Orl	40 mg	Famotidine	02351110	SAS	ADEFGV
			Teva-Famotidine	02022141	TEV	ADEFGV

A02BB PROSTAGLANDINS

A02BB01 MISOPROSTOL

Tab	Orl	100 mcg	Misoprostol	02244022	AAP	ADEFGV
Tab	Orl	200 mcg	Misoprostol	02244023	AAP	ADEFGV

A02BC PROTON PUMP INHIBITORS

A02BC01 OMEPRAZOLE

A02BC01 OMEPRAZOLE

SRC	Orl	20 mg	Losec	00846503	AZE	ABDEFGV
			Apo-Omeprazole	02245058	APX	ABDEFGV
			Omeprazole	02348691	SAS	ABDEFGV
			Omeprazole	02411857	SIV	ABDEFGV
			pms-Omeprazole	02320851	PMS	ABDEFGV
			Sandoz Omeprazole	02296446	SDZ	ABDEFGV
SRT	Orl	20 mg	Losec	02190915	AZE	ABDEFGV
			Jamp-Omeprazole	02420198	JPC	ABDEFGV
			Nat-Omeprazole DR	02439549	NAT	ABDEFGV
			Omeprazole	02416549	AHI	ABDEFGV
			pms-Omeprazole DR (Disc/non disp Jan 4/20)	02310260	PMS	ABDEFGV
			Teva-Omeprazole	02295415	TEV	ABDEFGV

A02BC02 PANTOPRAZOLE

PANTOPRAZOLE MAGNESIUM

ECT	Orl	40 mg	Tecta	02267233	TAK	ABDEFGV
			Mylan-Pantoprazole T	02408570	MYL	ABDEFGV
			Pantoprazole Magnesium	02441853	ATS	ABDEFGV
			Pantoprazole T	02466147	SAS	ABDEFGV
			Teva-Pantoprazole Magnesium	02440628	TEV	ABDEFGV

PANTOPRAZOLE SODIUM

ECT	Orl	20 mg	Pantoloc	02241804	TAK	ADEFGV
			Apo-Pantoprazole	02292912	APX	ADEFGV
			Jamp-Pantoprazole	02408414	JPC	ADEFGV
			Pantoprazole-20	02428172	SIV	ADEFGV
			Sandoz Pantoprazole	02301075	SDZ	ADEFGV
			Teva-Pantoprazole	02285479	TEV	ADEFGV

A02BC02 PANTOPRAZOLE

PANTOPRAZOLE SODIUM

ECT	Orl	40 mg	Pantoloc	02229453	TAK	ADEFGV
			Apo-Pantoprazole	02292920	APX	ADEFGV
			Auro-Pantoprazole	02415208	ARO	ADEFGV
			Jamp-Pantoprazole	02357054	JPC	ADEFGV
			M-Pantoprazole	02467372	MRA	ADEFGV
			Mar-Pantoprazole	02416565	MAR	ADEFGV
			Mint-Pantoprazole	02417448	MNT	ADEFGV
			Pantoprazole	02318695	PDL	ADEFGV
			Pantoprazole	02437945	PMS	ADEFGV
			Pantoprazole	02370808	SAS	ADEFGV
			Pantoprazole-40	02428180	SIV	ADEFGV
			pms-Pantoprazole	02307871	PMS	ADEFGV
			Ran-Pantoprazole	02305046	RAN	ADEFGV
			Sandoz Pantoprazole	02301083	SDZ	ADEFGV
			Teva-Pantoprazole	02285487	TEV	ADEFGV

A02BC03 LANSOPRAZOLE

SRC	Orl	15 mg	Prevacid	02165503	ABB	(SA)
			Apo-Lansoprazole	02293811	APX	(SA)
			Lansoprazole	02433001	PMS	(SA)
			Lansoprazole	02357682	SAS	(SA)
			Lansoprazole	02385767	SIV	(SA)
			Mylan-Lansoprazole	02353830	MYL	(SA)
			Ran-Lansoprazole	02402610	RAN	(SA)
			Sandoz Lansoprazole	02385643	SDZ	(SA)
			Teva-Lansoprazole	02280515	TEV	(SA)
SRC	Orl	30 mg	Prevacid	02165511	ABB	(SA)
			Apo-Lansoprazole	02293838	APX	(SA)
			Lansoprazole	02433028	PMS	(SA)
			Lansoprazole	02357690	SAS	(SA)
			Lansoprazole	02410389	SIV	(SA)
			Mylan-Lansoprazole	02353849	MYL	(SA)
			Ran-Lansoprazole	02402629	RAN	(SA)
			Sandoz Lansoprazole	02385651	SDZ	(SA)
			Teva-Lansoprazole	02280523	TEV	(SA)
SRT	Orl	15 mg	Prevacid FasTab	02249464	ABB	(SA)

A02BC03 LANSOPRAZOLE

SRT	Orl	30 mg	Prevacid FasTab	02249472	ABB	(SA)

A02BC04 RABEPRAZOLE

ECT	Orl	10 mg	Pariet	02243796	JAN	ABDEFGV
			Apo-Rabeprazole	02345579	APX	ABDEFGV
			pms-Rabeprazole EC	02310805	PMS	ABDEFGV
			Rabeprazole	02385449	SIV	ABDEFGV
			Rabeprazole EC	02356511	SAS	ABDEFGV
			Ran-Rabeprazole	02298074	RAN	ABDEFGV
			Sandoz Rabeprazole	02314177	SDZ	ABDEFGV
			Teva-Rabeprazole EC	02296632	TEV	ABDEFGV
ECT	Orl	20 mg	Pariet	02243797	JAN	ABDEFGV
			pms-Rabeprazole EC	02310813	PMS	ABDEFGV
			Rabeprazole	02385457	SIV	ABDEFGV
			Rabeprazole EC	02356538	SAS	ABDEFGV
			Ran-Rabeprazole	02298082	RAN	ABDEFGV
			Sandoz Rabeprazole	02314185	SDZ	ABDEFGV
			Teva-Rabeprazole EC	02296640	TEV	ABDEFGV

A02BX OTHER DRUGS FOR PEPTIC ULCER AND GASTROESOPHAGEAL REFLUX DISEASE (GORD)

A02BX02 SUCRALFATE

Sus	Orl	1 g/5 mL	Sulcrate Suspension Plus	02103567	AXC	ADEFGV
Tab	Orl	1 g	Sulcrate	02100622	AXC	ADEFGV
			Apo-Sulcralfate	02125250	APX	ADEFGV
			Teva-Sulcralfate	02045702	TEV	ADEFGV

A03 DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

A03A DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

A03AA SYNTHETIC ANTICHOLINERGICS, ESTERS WITH TERTIARY AMINO GROUP

A03AA05 TRIMEBUTINE

Tab	Orl	100 mg	Trimebutine	02245663	AAP	ADEFGV
Tab	Orl	200 mg	Modulon (Disc/non disp Jan 28/20)	00803499	AXC	ADEFGV
			Trimebutine	02245664	AAP	ADEFGV

A03AA07 DICYCLOVERINE (DICYCLOMINE)

Cap	Orl	10 mg	Protylol	00287709	PDL	ADEFGV

A03AA07 DICYCLOVERINE (DICYCLOMINE)

Tab	Orl	20 mg	Bentylol (Disc/non disp Nov 19/19)	02103095	AXC	ADEFGV
			Jamp-Dicyclomine	02366088	JPC	ADEFGV

A03AB SYNTHETIC ANTICHOLINERGICS, QUATERNARY AMMONIUM COMPOUNDS

A03AB02 GLYCOPYRRONIUM BROMIDE (GLYCOPYRROLATE)

Liq	Inj	0.2 mg/mL	Glycopyrrolate	02039508	SDZ	ADEFVW

A03AX OTHER DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

A03AX04 PINAVERIUM

Tab	Orl	50 mg	Dicetel	01950592	ABB	ADEFGV
			Apo-Pinaverium	02469677	APX	ADEFGV
Tab	Orl	100 mg	Dicetel	02230684	ABB	ADEFGV
			Apo-Pinaverium	02469685	APX	ADEFGV

A03C ANTISPASMODICS IN COMBINATION WITH PSYCHOLEPTICS

A03CA SYNTHETIC ANTICHOLINERGIC AGENTS IN COMBINATION WITH PSYCHOLEPTICS

A03CA02 CLIDINIUM AND PSYCHOLEPTICS

CLIDINIUM / CHLORDIAZEPOXIDE

Cap	Orl	5 mg / 2.5 mg	Librax	00115630	BSL	ADEFGV
			Chlorax	00618454	AAP	ADEFGV

A03F PROPULSIVES

A03FA PROPULSIVES

A03FA01 METOCLOPRAMIDE

Liq	Inj	5 mg/mL	Metoclopramide	02185431	SDZ	ADEFVW
Syr	Orl	1 mg/mL	Metonia	02230433	PDP	ADEFGVW
Tab	Orl	5 mg	Metonia	02230431	PDP	ADEFGVW
Tab	Orl	10 mg	Metonia	02230432	PDP	ADEFGVW

A03FA03 DOMPERIDONE

A03FA03 DOMPERIDONE

Tab	Orl	10 mg	Apo-Domperidone	02103613	APX	ADEFGVW
			Domperidone	02350440	SAS	ADEFGVW
			Domperidone	02238341	SIV	ADEFGVW
			Jamp-Domperidone	02369206	JPC	ADEFGVW
			Mar-Domperidone	02403870	MAR	ADEFGVW
			pms-Domperidone	02236466	PMS	ADEFGVW
			Ran-Domperidone	02268078	RAN	ADEFGVW
			Teva-Domperidone	01912070	TEV	ADEFGVW

A04 ANTIEMETICS AND ANTINAUSEANTS

A04A ANTIEMETICS AND ANTINAUSEANTS

A04AA SEROTONIN (5HT3) ANTAGONISTS

A04AA01 ONDANSETRON

Liq	Inj	2 mg/mL	Zofran	02213745	NVR	W
			Zofran (PF)	02213745	NVR	W
			Jamp-Ondansetron (PF)	02420414	JPC	W
			Jamp-Ondansetron with preservative	02420422	JPC	W
Liq	Orl	4 mg/5 mL	Zofran	02229639	NVR	(SA)
			Ondansetron	02291967	AAP	(SA)
ODT	Slg	4 mg	Zofran ODT	02239372	NVR	(SA)
			Ondansetron ODT	02481723	SDZ	(SA)
			Ondissolve	02389983	TAK	(SA)
			VPI-Ondansetron ODT	02444674	VPI	(SA)
ODT	Slg	8 mg	Zofran ODT	02239373	NVR	(SA)
			Ondansetron ODT	02481731	SDZ	(SA)
			Ondissolve	02389991	TAK	(SA)
			VPI-Ondansetron ODT (Disc/non disp Jun 25/20)	02444682	VPI	(SA)

A04AA01 ONDANSETRON

Tab	Orl	4 mg	Zofran	02213567	NVR	W (SA)
			Act Ondansetron	02296349	ATV	W (SA)
			Apo-Ondansetron	02288184	APX	W (SA)
			CCP-Ondansetron	02458810	CCM	W (SA)
			Jamp-Ondansetron	02313685	JPC	W (SA)
			Mar-Ondansetron	02371731	MAR	W (SA)
			Mint-Ondansetron	02305259	MNT	W (SA)
			Mylan-Ondansetron	02297868	MYL	W (SA)
			Nat-Ondansetron	02417839	NAT	W (SA)
			Ondansetron	02421402	SAS	W (SA)
			pms-Ondansetron	02258188	PMS	W (SA)
			Sandoz Ondansetron	02274310	SDZ	W (SA)
			Septa-Ondansetron	02376091	SPT	W (SA)
			Van-Ondansetron	02448440	VAN	W (SA)
Tab	Orl	8 mg	Zofran	02213575	NVR	W (SA)
			Act Ondansetron	02296357	ATV	W (SA)
			Apo-Ondansetron	02288192	APX	W (SA)
			CCP-Ondansetron	02458802	CCM	W (SA)
			Jamp-Ondansetron	02313693	JPC	W (SA)
			Mar-Ondansetron	02371758	MAR	W (SA)
			Mint-Ondansetron	02305267	MNT	W (SA)
			Mylan-Ondansetron	02297876	MYL	W (SA)
			Nat-Ondansetron	02417847	NAT	W (SA)
			Ondansetron	02421410	SAS	W (SA)
			pms-Ondansetron	02258196	PMS	W (SA)
			Sandoz Ondansetron	02274329	SDZ	W (SA)
			Septa-Ondansetron	02376105	SPT	W (SA)
			Van-Ondansetron	02448467	VAN	W (SA)

A04AA02 GRANISETRON

Tab	Orl	1 mg	Apo-Granisetron	02308894	APX	(SA)
			Nat-Granisetron	02452359	NAT	(SA)

A04AD OTHER ANTIEMETICS

A04AD01 SCOPOLAMINE

Liq	Inj	0.4 mg/mL	Scopolamine Hydrobromide	02242810	OMG	ADEFVW
			Scopolamine Hydrobromide (Disc/non disp Oct 25/19)	00541869	PFI	ADEFVW

A04AD01 SCOPOLAMINE

Liq	Inj	0.6 mg/mL	Scopolamine Hydrobromide (Disc/non disp Oct 25/19)	00541877	PFI	ADEFVW
Liq	Inj	20 mg/mL	Buscopan	00363839	SAV	ADEFGVW
			Hyoscine Butylbromide	02229868	SDZ	ADEFGVW
Srd	Trd	1.5 mg	Transderm-V	80024336	SDZ	AEFGVW
Tab	Orl	10 mg	Buscopan	00363812	SAV	ADEFGVW

A04AD11 NABILONE

Cap	Orl	0.25 mg	Cesamet	02312263	BSL	ADEFVW
			Ran-Nabilone	02358077	RAN	ADEFVW
			Teva-Nabilone	02392925	TEV	ADEFVW
Cap	Orl	0.5 mg	Cesamet	02256193	BSL	ADEFVW
			Act Nabilone	02393581	ATV	ADEFVW
			pms-Nabilone	02380900	PMS	ADEFVW
			Ran-Nabilone	02358085	RAN	ADEFVW
			Teva-Nabilone	02384884	TEV	ADEFVW
Cap	Orl	1 mg	Cesamet	00548375	BSL	ADEFVW
			Act Nabilone	02393603	ATV	ADEFVW
			pms-Nabilone	02380919	PMS	ADEFVW
			Ran-Nabilone	02358093	RAN	ADEFVW
			Teva-Nabilone	02384892	TEV	ADEFVW

A04AD12 APREPITANT

Cap	Orl	80 mg	Emend	02298791	FRS	(SA)
Cap	Orl	125 mg	Emend	02298805	FRS	(SA)
Kit	Orl	80 mg, 125 mg	Emend-Tri-Pack	02298813	FRS	(SA)

A04AD99 DIMENHYDRINATE

Liq	Inj	50 mg/mL	Gravol	00013579	CHU	W
Syr	Orl	15 mg/5 mL	Gravol	00230197	CHU	G

A05 BILE AND LIVER THERAPY

A05A BILE THERAPY

A05AA BILE ACID PREPERATIONS

A05AA02 URSODEOXYCHOLIC ACID (URSODIOL)

Tab	Orl	250 mg	Urso	02238984	AXC	ADEFGV
			Jamp-Ursodiol	02472392	JPC	ADEFGV
			pms-Ursodiol C	02273497	PMS	ADEFGV
			Ursodiol	02426900	GLM	ADEFGV
Tab	Orl	500 mg	Urso DS	02245894	AXC	ADEFGV
			Jamp-Ursodiol	02472406	JPC	ADEFGV
			pms-Ursodiol C	02273500	PMS	ADEFGV
			Ursodiol	02426919	GLM	ADEFGV

A05AA04 OBETICHOLIC ACID

Tab	Orl	5 mg	Ocaliva	02463121	INT	(SA)
Tab	Orl	10 mg	Ocaliva	02463148	INT	(SA)

A06 DRUGS FOR CONSTIPATION

A06A DRUGS FOR CONSTIPATION

A06AD OSMOTICALLY ACTING LAXATIVES

A06AD11 LACTULOSE

Syr	Orl	667 mg	Apo-Lactulose (Disc/non disp Oct 29/19)	02242814	APX	(SA)
			Jamp-Lactulose	02295881	JPC	(SA)
			Lactulose	02412268	SAS	(SA)
			pms-Lactulose	00703486	PMS	(SA)
			pms-Lactulose-pharma	02469391	PMS	(SA)
			ratio-Lactulose	00854409	RPH	(SA)

A07 ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

A07A INTESTINAL ANTIINFECTIVES

A07AA ANTIBIOTICS

A07AA02 NYSTATIN

Sus	Orl	100 000 IU/mL	Jamp-Nystatin	02433443	JPC	ABDEFGVW
			pms-Nystatin Suspension	00792667	PMS	ABDEFGVW
			Teva-Nystatin	02194201	TEV	ABDEFGVW

A07AA11 RIFAXIMIN

Tab	Orl	550 mg	Zaxine	02410702	SAX	(SA)

A07AA12 FIDAXOMICIN

Tab	Orl	200 mg	Dificid	02387174	FRS	(SA)

A07D ANTIPROPULSIVES

A07DA ANTIPROPULSIVES

A07DA01 DIPHENOXYLATE

DIPHENOXYLATE / ATROPINE

Tab	Orl	2.5 mg / 0.025 mg	Lomotil	00036323	PFI	ADEFGV

A07DA03 LOPERAMIDE

Liq	Orl	0.2 mg/mL	pms-Loperamide Hydrochloride	02016095	PMS	AEFGV
Tab	Orl	2 mg	Apo-Loperamide (Disc/non disp May 2/20)	02212005	APX	AEFGV
			pms-Loperamide	02228351	PMS	AEFGV
			Teva-Loperamide	02132591	TEV	AEFGV

A07E INTESTINAL ANTIINFLAMMATORY AGENTS

A07EA CORTICOSTEROIDS ACTING LOCALLY

A07EA02 HYDROCORTISONE

Aer	Rt	10%	Cortifoam	00579335	PAL	ADEFGV
Enm	Rt	100 mg/60 mL	Cortenema	02112736	AXC	ADEFGV

A07EA04 BETAMETHASONE

Enm	Rt	5 mg/100 mL	Betnesol	02060884	PAL	ADEFGV

A07EA06 BUDESONIDE

Cap	Orl	3 mg	Entocort	02229293	AZE	ADEFGV
Enm	Rt	2.3 mg	Entocort	02052431	AZE	ADEFGV

A07EB ANTIALLERGIC AGENTS, EXCL. CORTICOSTEROIDS

A07EB01 CROMOGLICIC ACID

Cap	Orl	100 mg	Nalcrom	00500895	SAV	ADEFGV

A07EC AMINOSALICYLIC ACID AND SIMILAR AGENTS

A07EC01 SULFASALAZINE

ECT	Orl	500 mg	Salazopyrin EN	02064472	PFI	ADEFGV
			pms-Sulfasalazine EC	00598488	PMS	ADEFGV
Tab	Orl	500 mg	Salazopyrin	02064480	PFI	ADEFGV
			pms-Sulfasalazine	00598461	PMS	ADEFGV

A07EC02 MESALAZINE

A07EC02 MESALAZINE

ECT	Orl	400 mg	Asacol	01997580	ALL	ADEFGV
			Teva-5-ASA	02171929	TEV	ADEFGV
ECT	Orl	500 mg	Salofalk	02112787	AXC	ADEFGV
ECT	Orl	800 mg	Asacol	02267217	ALL	ADEFGV
ERT	Orl	500 mg	Pentasa	02099683	FEI	ADEFGV
ERT	Orl	1 000 mg	Pentasa	02399466	FEI	ADEFGV
Sup	Rt	500 mg	Salofalk	02112760	AXC	ADEFGV
Sup	Rt	1 g	Pentasa	02153564	FEI	ADEFGV
			Salofalk	02242146	AXC	ADEFGV
Sup	Rt	1 g/100 mL	Pentasa	02153521	FEI	ADEFGV
Sup	Rt	2 g / 60 g	Salofalk	02112795	AXC	ADEFGV
Sup	Rt	4 g/100 mL	Pentasa	02153556	FEI	ADEFGV
Sup	Rt	4 g / 60 g	Salofalk	02112809	AXC	ADEFGV
Tab	Orl	1.2 g	Mezavant	02297558	SHI	ADEFGV

A07EC03 OLSALAZINE

Cap	Orl	250 mg	Dipentum	02063808	SLP	ADEFGV

A07F ANTIDIARRHEAL MICROORGANISMS

A07FA ANTIDIARRHEAL MICROORGANISMS

A07FA01 LACTIC ACID PRODUCING ORGANISMS

Cap	Orl	1 B	Bacid	80017987	ERF	AEFGV

A09 DIGESTIVES, INCLUDING ENZYMES

A09A DIGESTIVES, INCLUDING ENZYMES

A09AA ENZYME PREPARATIONS

A09AA02 MULTIENZYMES (LIPASE, PROTEASE, ETC)

Cap	Orl	35 000 U / 10 000 U / 40 000 U	Cotazym	00263818	FRS	ABDEFGV
ECC	Orl	4 200 U / 10 000 U / 17 500 U	Pancrease MT 4	00789445	JAN	ABDEFGV

A09AA02 MULTIENZYMES (LIPASE, PROTEASE, ETC)

ECC	Orl	6 000 U / 19 000 U / 30 000 U	Creon 6 Minimicrospheres	02415194	ABB	ABDEFGV
ECC	Orl	10 000 U / 730 U / 11 200 U	Creon 10 Minimicrospheres	02200104	ABB	ABDEFGV
ECC	Orl	10 500 U / 25 000 U / 43 750 U	Pancrease MT 10	00789437	JAN	ABDEFGV
ECC	Orl	10 800 U / 45 000 U / 42 000 U	Cotazym ECS 8	00502790	FRS	ABDEFGV
ECC	Orl	16 800 U / 40 000 U / 70 000 U	Pancrease MT 16	00789429	JAN	ABDEFGV
ECC	Orl	25 000 U / 1 600 U / 25 500 U	Creon 25 Minimicrospheres	01985205	ABB	ABDEFGV
ECC	Orl	25 000 U / 100 000 U / 100 000 U	Cotazym ECS 20	00821373	FRS	ABDEFGV
Gran	Orl	5 000 U / 5 100 U / 320 U	Creon Minimicrospheres Micro	02445158	BGP	ABDEFGV
Tab	Orl	10 440 U / 39 150 U / 39 150 U	Viokace	02230019	AXC	ABDEFGV
Tab	Orl	20 880 U / 78 300 U / 78 300 U	Viokace	02241933	AXC	ABDEFGV

A10 DRUGS USED IN DIABETES

A10A INSULINS AND ANALOGUES

A10AB INSULINS AND ANALOGUES FOR INJECTION, FAST-ACTING

A10AB01 INSULIN (HUMAN)

Liq	Inj	100 U/mL	Humulin R	00586714	LIL	ADEFGV
			Humulin R (cartridge)	01959220	LIL	ADEFGV
			Novolin GE Toronto	02024233	NNO	ADEFGV
			Novolin GE Toronto (penfill)	02024284	NNO	ADEFGV

A10AB04 INSULIN LISPRO

Liq	Inj	100 U/mL	Humalog	02229704	LIL	(SA)
			Humalog (cartridge)	02229705	LIL	(SA)
			Humalog (kwikpen)	02403412	LIL	(SA)

A10AB05 INSULIN ASPART

Liq	Inj	100 U/mL	NovoRapid	02245397	NNO	ADEFGV
			NovoRapid (penfill)	02244353	NNO	ADEFGV
			NovoRapid Flextouch	02377209	NNO	ADEFGV

A10AB06 INSULIN GLULISINE

A10AB06 INSULIN GLULISINE

Liq	Inj	100 U/mL	Apidra	02279460	SAV	ADEFGVW
			Apidra (cartridge)	02279479	SAV	ADEFGVW
			Apidra Solostar	02294346	SAV	ADEFGVW

A10AC INSULINS AND ANALOGUES FOR INJECTION, INTERMEDIATE-ACTING

A10AC01 INSULIN (HUMAN)

Sus	Inj	100 U/mL	Humulin N	00587737	LIL	ADEFGV
			Humulin N (cartridge)	01959239	LIL	ADEFGV
			Humulin N (kwikpen)	02403447	LIL	ADEFGV
			Novolin GE NPH	02024225	NNO	ADEFGV
			Novolin GE NPH (penfill)	02024268	NNO	ADEFGV

A10AD INSULINS AND ANALOGUES FOR INJECTION, INTERMEDIATE-ACTING AND FAST-ACTING

A10AD01 INSULIN (HUMAN)

Sus	Inj	30 U / 70 U	Humulin 30/70	00795879	LIL	ADEFGV
			Humulin 30/70 (cartridge)	01959212	LIL	ADEFGV
			Novolin GE 30/70	02024217	NNO	ADEFGV
			Novolin GE 30/70 (penfill)	02025248	NNO	ADEFGV
Sus	Inj	40 U / 60 U	Novolin GE 40/60 (penfill)	02024314	NNO	ADEFGV
Sus	Inj	50 U / 50 U	Novolin GE 50/50 (penfill)	02024322	NNO	ADEFGV

A10AE INSULINS AND ANALOGUES FOR INJECTION, LONG-ACTING

A10AE04 INSULIN GLARGINE

Liq	Inj	100 U/mL	Basaglar cartridge	02444844	LIL	ADEFGV
			Basaglar KwikPen	02444852	LIL	ADEFGV
			Basaglar KwikPen	02461528	LIL	ADEFGV
			Lantus cartridge	02251930	SAV	(SA)
			Lantus SoloSTAR pre-filled pen	02294338	SAV	(SA)
			Lantus vial	02245689	SAV	(SA)

A10AE05 INSULIN DETEMIR

Liq	Inj	100 U/mL	Levemir FlexTouch	02412829	NNO	(SA)
			Levemir Penfill Cartridge	02271842	NNO	(SA)

A10AE06 INSULIN DEGLUDEC

Liq	Inj	100 U/mL	Tresiba Flextouch	02467879	NNO	ADEFGV
Liq	Inj	200 U/mL	Tresiba Flextouch	02467887	NNO	ADEFGV

A10B BLOOD GLUCOSE LOWERING DRUGS, EXCLUDING INSULINS

A10BA BIGUANIDES

A10BA02 METFORMIN

Tab	Orl	500 mg	Glucophage	02099233	SAV	ADEFGV
			Act Metformin	02257726	TEV	ADEFGV
			Apo-Metformin (Disc/non disp Dec 12/2019)	02167786	APX	ADEFGV
			Auro-Metformin	02438275	ARO	ADEFGV
			Jamp-Metformin	02380196	JPC	ADEFGV
			Metformin	02353377	SAS	ADEFGV
			Metformin FC	02385341	SIV	ADEFGV
			Mint-Metformin	02388766	MNT	ADEFGV
			pms-Metformin	02223562	PMS	ADEFGV
			Pro-Metformin	02314908	PDL	ADEFGV
			Ran-Metformin	02269031	RAN	ADEFGV
			ratio-Metformin	02242974	RPH	ADEFGV
			Sandoz Metformin FC	02246820	SDZ	ADEFGV
			Septa-Metformin	02379767	SPT	ADEFGV
Tab	Orl	850 mg	Glucophage	02162849	SAV	ADEFGV
			Act Metformin	02257734	TEV	ADEFGV
			Apo-Metformin (Disc/non disp May 2/20)	02229785	APX	ADEFGV
			Auro-Metformin	02438283	ARO	ADEFGV
			Jamp-Metformin	02380218	JPC	ADEFGV
			Metformin	02353385	SAS	ADEFGV
			Metformin FC	02385368	SIV	ADEFGV
			Mint-Metformin	02388774	MNT	ADEFGV
			pms-Metformin	02242589	PMS	ADEFGV
			Pro-Metformin	02314894	PDL	ADEFGV
			Ran-Metformin	02269058	RAN	ADEFGV
			ratio-Metformin	02242931	RPH	ADEFGV
			Sandoz Metformin FC	02246821	SDZ	ADEFGV
			Septa-Metformin	02379775	SPT	ADEFGV

A10BB SULFONAMIDES, UREA DERIVATIVES

A10BB01 GLIBENCLAMIDE (GLYBURIDE)

Tab	Orl	2.5 mg	Diabeta	02224550	SAV	ADEFGV
			Apo-Glyburide	01913654	APX	ADEFGV
			Glyburide	02350459	SAS	ADEFGV
			Teva-Glyburide	01913670	TEV	ADEFGV

A10BB01 GLIBENCLAMIDE (GLYBURIDE)

Tab	Orl	5 mg	Diabeta	02224569	SAV	ADEFGV
			Apo-Glyburide	01913662	APX	ADEFGV
			Glyburide	02350467	SAS	ADEFGV
			Teva-Glyburide	01913689	TEV	ADEFGV

A10BB03 TOLBUTAMIDE

Tab	Orl	500 mg	Tolbutamide	00312762	AAP	ADEFGV

A10BB09 GLICLAZIDE

ERT	Orl	30 mg	Diamicron MR	02242987	SEV	ADEFGV
			Apo-Gliclazide MR	02297795	APX	ADEFGV
			Jamp-Gliclazide MR	02429764	JPC	ADEFGV
			Mint-Gliclazide MR	02423286	MNT	ADEFGV
			Mylan-Gliclazide MR	02438658	MYL	ADEFGV
			Ran-Gliclazide MR	02463571	RAN	ADEFGV
			Sandoz Gliclazide MR	02461323	SDZ	ADEFGV
ERT	Orl	60 mg	Diamicron MR	02356422	SEV	ADEFGV
			Apo-Gliclazide MR	02407124	APX	ADEFGV
			Mint-Gliclazide MR	02423294	MNT	ADEFGV
			Ran-Gliclazide MR	02439328	RAN	ADEFGV
			Sandoz Gliclazide MR	02461331	SDZ	ADEFGV
Tab	Orl	80 mg	Diamicron	00765996	SEV	ADEFGV
			Apo-Gliclazide	02245247	APX	ADEFGV
			Gliclazide	02287072	SAS	ADEFGV
			Teva-Gliclazide	02238103	TEV	ADEFGV

A10BB12 GLIMEPIRIDE

Tab	Orl	1 mg	Amaryl (Disc/non disp Jul 31/19)	02245272	SAV	ADEFGV
			Apo-Glimepiride	02295377	APX	ADEFGV
			Sandoz Glimepiride	02269589	SDZ	ADEFGV
Tab	Orl	2 mg	Amaryl (Disc/non disp Jul 10/20)	02245273	SAV	ADEFGV
			Apo-Glimepiride	02295385	APX	ADEFGV
			Sandoz Glimepiride	02269597	SDZ	ADEFGV
Tab	Orl	4 mg	Apo-Glimepiride	02295393	APX	ADEFGV
			Sandoz Glimepiride	02269619	SDZ	ADEFGV

A10BD COMBINATIONS OF ORAL BLOOD GLUCOSE LOWERING DRUGS

A10BD07 METFORMIN AND SITAGLIPTIN

ERT	Orl	1 000 mg / 50 mg	Janumet XR	02416794	FRS	(SA)
Tab	Orl	500 mg / 50 mg	Janumet	02333856	FRS	(SA)
Tab	Orl	850 mg / 50 mg	Janumet	02333864	FRS	(SA)
Tab	Orl	1 000 mg / 50 mg	Janumet	02333872	FRS	(SA)

A10BD10 METFORMIN AND SAXAGLIPTIN

Tab	Orl	500 mg / 2.5 mg	Komboglyze	02389169	AZE	(SA)
Tab	Orl	850 mg / 2.5 mg	Komboglyze	02389177	AZE	(SA)
Tab	Orl	1 000 mg / 2.5 mg	Komboglyze	02389185	AZE	(SA)

A10BD11 METFORMIN AND LINAGLIPTIN

Tab	Orl	500 mg / 2.5 mg	Jentadueto	02403250	BOE	(SA)
Tab	Orl	850 mg / 2.5 mg	Jentadueto	02403269	BOE	(SA)
Tab	Orl	1 000 mg / 2.5 mg	Jentadueto	02403277	BOE	(SA)

A10BD15 METFORMIN AND DAPAGLIFLOZIN

Tab	Orl	850 mg / 5 mg	XigDuo	02449935	AZE	(SA)
Tab	Orl	1 000 mg / 5 mg	XigDuo	02449943	AZE	(SA)

A10BD20 METFORMIN AND EMPAGLIFLOZIN

Tab	Orl	500 mg / 5 mg	Synjardy	02456575	BOE	(SA)
Tab	Orl	500 mg / 12.5 mg	Synjardy	02456605	BOE	(SA)
Tab	Orl	850 mg / 5 mg	Synjardy	02456583	BOE	(SA)
Tab	Orl	850 mg / 12.5 mg	Synjardy	02456613	BOE	(SA)
Tab	Orl	1000 mg / 5 mg	Synjardy	02456591	BOE	(SA)
Tab	Orl	1000 mg / 12.5 mg	Synjardy	02456621	BOE	(SA)

A10BF ALPHA GLUCOSIDASE INHIBITORS

A10BF01 ACARBOSE

Tab	Orl	50 mg	Glucobay	02190893	BAY	ADEFGV
Tab	Orl	100 mg	Glucobay	02190885	BAY	ADEFGV

A10BG THIAZOLINEDIONES

A10BG03 PIOGLITAZONE

Tab	Orl	15 mg	Accel Pioglitazone	02303442	ACC	(SA)
			Ach-Pioglitazone	02391600	AHI	(SA)
			Act Pioglitazone	02302861	ATV	(SA)
			Apo-Pioglitazone	02302942	APX	(SA)
			Jamp-Pioglitazone	02397307	JPC	(SA)
			Mint-Pioglitazone	02326477	MNT	(SA)
			pms-Pioglitazone	02303124	PMS	(SA)
			Ran-Pioglitazone	02375850	RAN	(SA)
			Sandoz Pioglitazone	02297906	SDZ	(SA)
			Teva-Pioglitazone (Disc/non disp Apr 12/20)	02274914	TEV	(SA)
			Van-Pioglitazone	02434121	VAN	(SA)
Tab	Orl	30 mg	Accel Pioglitazone	02303450	ACC	(SA)
			Ach-Pioglitazone	02339587	AHI	(SA)
			Act Pioglitazone	02302888	ATV	(SA)
			Apo-Pioglitazone	02302950	APX	(SA)
			Jamp-Pioglitazone	02365529	JPC	(SA)
			Mint-Pioglitazone	02326485	MNT	(SA)
			pms-Pioglitazone	02303132	PMS	(SA)
			Ran-Pioglitazone	02375869	RAN	(SA)
			Sandoz Pioglitazone	02297914	SDZ	(SA)
			Teva-Pioglitazone (Disc/non disp Apr 12/20)	02274922	TEV	(SA)
			Van-Pioglitazone	02434148	VAN	(SA)

A10BG03 PIOGLITAZONE

Tab	Orl	45 mg	Accel Pioglitazone	02303469	ACC	(SA)
			Ach-Pioglitazone	02339595	AHI	(SA)
			Act Pioglitazone	02302896	ATV	(SA)
			Apo-Pioglitazone	02302977	APX	(SA)
			Jamp-Pioglitazone	02365537	JPC	(SA)
			Mint-Pioglitazone	02326493	MNT	(SA)
			Mylan-Pioglitazone (Disc/non disp Jul 03/19)	02298295	MYL	(SA)
			pms-Pioglitazone	02303140	PMS	(SA)
			Ran-Pioglitazone	02375877	RAN	(SA)
			Sandoz Pioglitazone	02297922	SDZ	(SA)
			Teva-Pioglitazone (Disc/non disp Apr 12/20)	02274930	TEV	(SA)
			Van-Pioglitazone	02434156	VAN	(SA)

A10BH DIPEPTIDYL PEPTIDASE 4 (DPP-4) INHIBITORS

A10BH01 SITAGLIPTIN

Tab	Orl	25 mg	Januvia	02388839	FRS	(SA)
Tab	Orl	50 mg	Januvia	02388847	FRS	(SA)
Tab	Orl	100 mg	Januvia	02303922	FRS	(SA)

A10BH03 SAXAGLIPTIN

Tab	Orl	2.5 mg	Onglyza	02375842	AZE	(SA)
Tab	Orl	5 mg	Onglyza	02333554	AZE	(SA)

A10BH05 LINAGLIPTIN

Tab	Orl	5 mg	Trajenta	02370921	BOE	(SA)

A10BK SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

A10BK01 DAPAGLIFLOZIN

Tab	Orl	5 mg	Forxiga	02435462	AZE	(SA)
Tab	Orl	10 mg	Forxiga	02435470	AZE	(SA)

A10BK02 CANAGLIFLOZIN

Tab	Orl	100 mg	Invokana	02425483	JAN	(SA)
Tab	Orl	300 mg	Invokana	02425491	JAN	(SA)

A10BK03 EMPAGLIFLOZIN

A10BK03 EMPAGLIFLOZIN

Tab	Orl	10 mg	Jardiance	02443937	BOE	(SA)
Tab	Orl	25 mg	Jardiance	02443945	BOE	(SA)

A10BX OTHER BLOOD GLUCOSE LOWERING DRUGS, EXCL INSULINS

A10BX02 REPAGLINIDE

Tab	Orl	0.5 mg	Gluconorm	02239924	NNO	(SA)
			Act Repaglinide	02321475	ATV	(SA)
			Auro-Repaglinide	02424258	ARO	(SA)
			Jamp-Repaglinide	02354926	JPC	(SA)
			Sandoz Repaglinide	02357453	SDZ	(SA)
Tab	Orl	1 mg	Gluconorm	02239925	NNO	(SA)
			Act Repaglinide	02321483	ATV	(SA)
			Auro-Repaglinide	02424266	ARO	(SA)
			Jamp-Repaglinide	02354934	JPC	(SA)
			Sandoz Repaglinide	02357461	SDZ	(SA)
Tab	Orl	2 mg	Gluconorm	02239926	NNO	(SA)
			Act Repaglinide	02321491	ATV	(SA)
			Auro-Repaglinide	02424274	ARO	(SA)
			Jamp-Repaglinide	02354942	JPC	(SA)
			Sandoz Repaglinide	02357488	SDZ	(SA)

A11 VITAMINS

A11A MULTIVITAMINS, COMBINATIONS

A11AA MULTIVITAMINS WITH MINERALS

A11AA03 MULTIVITAMIN AND OTHER MINERALS, INCLUDING COMBINATIONS

Tab	Orl		Centrum Junior	02246236	WCH	G

A11C VITAMIN A AND D, INCLUDING COMBINATIONS OF THE TWO

A11CC VITAMIN D AND ANALOGUES

A11CC01 ERGOCALCIFEROL

Cap	Orl	50 000 IU	D-Forte	02237450	EUR	ADEFGV
			Osto-D2 (Disc/non disp Jul 30/19)	02301911	PAL	ADEFGV
Dps	Orl	8 288 IU	Erdol (Drisodan)	80003615	ODN	AEFGV

A11CC03 ALFACALCIDOL

Cap	Orl	0.25 mcg	One-Alpha	00474517	LEO	ADEFGV

A11CC03 ALFACALCIDOL

Cap	Orl	1 mcg	One-Alpha	00474525	LEO	ADEFGV

A11CC04 CALCITRIOL

Cap	Orl	0.25 mcg	Rocaltrol	00481823	HLR	ADEFGV
			Calcitriol-Odan	02431637	ODN	ADEFGV
Cap	Orl	0.5 mcg	Rocaltrol	00481815	HLR	ADEFGV
			Calcitriol-Odan	02431645	ODN	ADEFGV

A11CC05 CHOLECALCIFEROL

Tab	Orl	1 000 IU	Vitamin D	80000436	JAM	EF-18G

A11H OTHER PLAIN VITAMIN PREPARATIONS

A11HA OTHER PLAIN VITAMIN PREPARATIONS

A11HA03 TOCOPHEROL (VIT E)

Cap	Orl	100 IU	Vitamin E	00189227	SWS	BEF-18G
			Vitamin E Natural	00122823	JAM	BEF-18G
Cap	Orl	200 IU	Vitamin E	00189235	SWS	BEF-18G
			Vitamin E Natural	00122831	JAM	BEF-18G
Cap	Orl	400 IU	Vitamin E	00266108	PMT	BEF-18G
			Vitamin E	02040816	PMT	BEF-18G
			Vitamin E Natural	00122858	JAM	BEF-18G
			Vitamin E Natural	00201995	WAM	BEF-18G
			Vitamin E Synthetic	00274259	WAM	BEF-18G
Dps	Orl	50 IU	Aquasol E	02162075	CLC	BEF-18G

A12 MINERAL SUPPLEMENTS

A12B POTASSIUM

A12BA POTASSIUM

A12BA01 POTASSIUM CHLORIDE

Liq	Orl	100 mg/mL	Jamp-Potassium Chloride	80024835	JPC	ADEFGV
SRC	Orl	600 mg	Micro-K	02042304	PAL	ADEFGV
			Jamp-Potassium Chloride ER	80062704	JPC	ADEFGV
SRT	Orl	600 mg	Jamp-K8	80013005	JPC	ADEFGV
			Sandoz K 8	02246734	SDZ	ADEFGV

A12BA01 POTASSIUM CHLORIDE

SRT	Orl	1 500 mg	Jamp-K20	80013007	JPC	ADEFGV
			Odan K-20	80004415	ODN	ADEFGV
			Sandoz K 20	02242261	SDZ	ADEFGV

A12BA02 POTASSIUM CITRATE

ERT	Orl	540 mg	Urocit-K	01914022	PAL	ADEFGV
ERT	Orl	1 080 mg	Urocit-K	02353997	PAL	ADEFGV

A12C OTHER MINERAL SUPPLEMENTS

A12CD FLUORIDE

A12CD01 SODIUM FLUORIDE

Dps	Orl	5.56 mg/mL	Fluor-a-Day	00610100	PDP	EF-18G
Tab	Orl	2.21 mg	Fluor-a-Day	00575569	PDP	EF-18G

A16 OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

A16A OTHER ALIMENTARY TRACT AND METABOLISM PRODUTS

A16AA AMINO ACIDS AND DERIVATIVES

A16AA01 LEVOCARNITINE

Liq	Orl	100 mg/mL	Carnitor	02144336	LBI	(SA)
Tab	Orl	330 mg	Carnitor	02144328	LBI	(SA)

A16AA04 MERCAPTAMINE

CDR	Orl	75 mg	Procysbi	02464713	ISI	(SA)
Tab	Orl	25 mg	Procysbi	02464705	ISI	(SA)

A16AB ENZYMES

A16AB07 ALGLUCOSIDASE ALFA

Pws	IV	50 mg	Myozyme	02284863	GZM	(SA)

A16AB10 VELAGLUCERASE ALFA

Pws	IV	400 units	VPRIV	02357119	PAL	(SA)

A16AB11 TALIGLUCERASE ALFA

Pws	IV	200 units/vial	Elelyso	02425637	PFI	(SA)

A16AX VARIOUS ALIMENTARY TRACT AND METABOLISM PRODUCTS

A16AX03 SODIUM PHENYLBUTYRATE

A16AX03	SODIUM PHENYLBUTYRATE					
Gra	Orl	483 mg/g	Pheburane	02436663	MDU	(SA)
A16AX08	TEDUGLUTIDE					
Pws	SC	5 mg	Revestive	02445727	SHI	(SA)
A16AX09	GLYCEROL PHENYLBUTYRATE					
Liq	Orl	1.1 g/mL	Ravicti	02453304	ISI	(SA)
A16AX14	MIGALASTAT					
Cap	Orl	123 mg	Galafold	02468042	AMT	(SA)

B BLOOD AND BLOOD FORMING ORGANS

B01 ANTITHROMBOTIC AGENTS

B01A ANTITHROMBOTIC AGENTS

B01AA VITAMIN K ANTAGONISTS

B01AA03	WARFARIN					
Tab	Orl	1 mg	Coumadin	01918311	BRI	ADEFGV
			Apo-Warfarin	02242924	APX	ADEFGV
			Taro-Warfarin	02242680	TAR	ADEFGV
Tab	Orl	2 mg	Coumadin	01918338	BRI	ADEFGV
			Apo-Warfarin	02242925	APX	ADEFGV
			Taro-Warfarin	02242681	TAR	ADEFGV
Tab	Orl	2.5 mg	Coumadin	01918346	BRI	ADEFGV
			Apo-Warfarin	02242926	APX	ADEFGV
			Taro-Warfarin	02242682	TAR	ADEFGV
Tab	Orl	3 mg	Coumadin	02240205	BRI	ADEFGV
			Apo-Warfarin	02245618	APX	ADEFGV
			Taro-Warfarin	02242683	TAR	ADEFGV
Tab	Orl	4 mg	Coumadin	02007959	BRI	ADEFGV
			Apo-Warfarin	02242927	APX	ADEFGV
			Taro-Warfarin	02242684	TAR	ADEFGV
Tab	Orl	5 mg	Coumadin	01918354	BRI	ADEFGV
			Apo-Warfarin	02242928	APX	ADEFGV
			Taro-Warfarin	02242685	TAR	ADEFGV

B01AA03 WARFARIN

Tab	Orl	6 mg	Coumadin	02240206	BRI	ADEFGV
			Taro-Warfarin	02242686	TAR	ADEFGV
Tab	Orl	10 mg	Coumadin	01918362	BRI	ADEFGV
			Apo-Warfarin	02242929	APX	ADEFGV
			Taro-Warfarin	02242687	TAR	ADEFGV

B01AA07 ACENOCOUMAROL

Tab	Orl	1 mg	Sintrom	00010383	PAL	ADEFGV
Tab	Orl	4 mg	Sintrom	00010391	PAL	ADEFGV

B01AB HEPARIN GROUP

B01AB01 HEPARIN

Liq	Inj	100 IU/mL	Heparin	00727520	LEO	ADEFGVW

B01AB04 DALTEPARIN

Liq	Inj	2 500 IU/0.2 mL	Fragmin (pre-filled syringe)	02132621	PFI	W (SA)
Liq	Inj	3 500 IU/0.28 mL	Fragmin (pre-filled syringe)	02430789	PFI	W (SA)
Liq	Inj	5 000 IU/0.2 mL	Fragmin (pre-filled syringe)	02132648	PFI	W (SA)
Liq	Inj	7 500 IU/0.3 mL	Fragmin (pre-filled syringe)	02352648	PFI	W (SA)
Liq	Inj	10 000 IU/0.4 mL	Fragmin (pre-filled syringe)	02352656	PFI	W (SA)
Liq	Inj	10 000 IU/mL	Fragmin (ampoule)	02132664	PFI	W (SA)
Liq	Inj	12 500 IU/0.5 mL	Fragmin (pre-filled syringe)	02352664	PFI	W (SA)
Liq	Inj	15 000 IU/0.6 mL	Fragmin (pre-filled syringe)	02352672	PFI	W (SA)
Liq	Inj	18 000 IU/0.72 mL	Fragmin (pre-filled syringe)	02352680	PFI	W (SA)
Liq	Inj	25 000 IU/mL	Fragmin (multi-dose vial)	02231171	PFI	W (SA)

B01AB05 ENOXAPARIN

Liq	Inj	30 mg/0.3 mL	Lovenox (pre-filled syringe)	02012472	SAV	W (SA)
Liq	Inj	40 mg/0.4 mL	Lovenox (pre-filled syringe)	02236883	SAV	W (SA)

B01AB05 ENOXAPARIN

Liq	Inj	60 mg/0.6 mL	Lovenox (pre-filled syringe)	02378426	SAV	W (SA)
Liq	Inj	80 mg/0.8 mL	Lovenox (pre-filled syringe)	02378434	SAV	W (SA)
Liq	Inj	100 mg/mL	Lovenox (pre-filled syringe)	02378442	SAV	W (SA)
Liq	Inj	120 mg/0.8 mL	Lovenox HP (pre-filled syringe)	02242692	SAV	W (SA)
Liq	Inj	150 mg/mL	Lovenox HP (pre-filled syringe)	02378469	SAV	W (SA)
Liq	Inj	300 mg/3 mL	Lovenox (multi-dose vial)	02236564	SAV	W (SA)

B01AB06 NADROPARIN

Liq	Inj	2 850 IU/0.3 mL	Fraxiparin (pre-filled syringe)	02236913	APR	W (SA)
Liq	Inj	3 800 IU/0.4 mL	Fraxiparin (pre-filled syringe)	02450623	APR	W (SA)
Liq	Inj	5 700 IU/0.6 mL	Fraxiparin (pre-filled syringe)	02450631	APR	W (SA)
Liq	Inj	9 500 IU/mL	Fraxiparin (pre-filled syringe)	02450658	APR	W (SA)
Liq	Inj	11 400 IU/0.6 mL	Fraxiparin Forte (pre-filled syringe)	02450674	APR	W (SA)
Liq	Inj	15 200 IU/0.8 mL	Fraxiparin Forte (pre-filled syringe)	02450666	APR	W (SA)
Liq	Inj	19 000 IU/mL	Fraxiparin Forte (pre-filled syringe)	02240114	APR	W (SA)

B01AB10 TINZAPARIN

Liq	Inj	2 500 IU/0.25 mL	Innohep (pre-filled syringe)	02229755	LEO	W (SA)
Liq	Inj	3 500 IU/0.35 mL	Innohep (pre-filled syringe)	02358158	LEO	W (SA)
Liq	Inj	4 500 IU/0.45 mL	Innohep (pre-filled syringe)	02358166	LEO	W (SA)
Liq	Inj	8 000 IU/0.4 mL	Innohep (pre-filled syringe)	02429462	LEO	W (SA)
Liq	Inj	10 000 IU/0.5 mL	Innohep (pre-filled syringe)	02231478	LEO	W (SA)
Liq	Inj	12 000 IU/0.6 mL	Innohep (pre-filled syringe)	02429470	LEO	W (SA)
Liq	Inj	14 000 IU/0.7 mL	Innohep (pre-filled syringe)	02358174	LEO	W (SA)
Liq	Inj	16 000 IU/0.8 mL	Innohep (pre-filled syringe)	02429489	LEO	W (SA)

B01AB10 TINZAPARIN

Liq	Inj	18 000 IU/0.9 mL	Innohep (pre-filled syringe)	02358182	LEO	W (SA)
Liq	Inj	20 000 IU/2 mL	Innohep (multi-dose vial)	02167840	LEO	W (SA)
Liq	Inj	40 000 IU/2 mL	Innohep (multi-dose vial)	02229515	LEO	W (SA)

B01AC PLATELET AGGREGATION INHIBITORS EXCLUDING HEPARIN

B01AC04 CLOPIDOGREL

Tab	Orl	75 mg	Plavix	02238682	SAV	ADEFV
			Apo-Clopidogrel	02252767	APX	ADEFV
			Auro-Clopidogrel	02416387	ARO	ADEFV
			Clopidogrel	02394820	PDL	ADEFV
			Clopidogrel	02400553	SAS	ADEFV
			Clopidogrel	02385813	SIV	ADEFV
			Jamp-Clopidogrel	02415550	JPC	ADEFV
			Mar-Clopidogrel	02422255	MAR	ADEFV
			pms-Clopidogrel	02348004	PMS	ADEFV
			Ran-Clopidogrel	02379813	RAN	ADEFV
			Sandoz Clopidogrel	02359316	SDZ	ADEFV
			Teva-Clopidogrel	02293161	TEV	ADEFV

B01AC05 TICLOPIDINE

Tab	Orl	250 mg	Ticlopidine	02237701	AAP	ADEFV

B01AC07 DIPYRIDAMOLE

Tab	Orl	25 mg	Apo-Dipyridamole FC/FE	00895644	APX	ADEFGV
Tab	Orl	50 mg	Apo-Dipyridamole FC/FE	00895652	APX	ADEFGV
Tab	Orl	75 mg	Apo-Dipyridamole FC/FE	00895660	APX	ADEFGV

B01AC09 EPOPROSTENOL

Pws	IV	0.5 mg	Caripul	02397447	JAN	(SA)
			Flolan	02230845	GSK	(SA)
Pws	IV	1.5 mg	Caripul	02397455	JAN	(SA)
			Flolan	02230848	GSK	(SA)

B01AC21 TREPROSTINIL

Liq	SC	1 mg/mL	Remodulin	02246552	UTC	(SA)

B01AC21 TREPROSTINIL

Liq	SC	2.5 mg/mL	Remodulin	02246553	UTC	(SA)
Liq	SC	5 mg/mL	Remodulin	02246554	UTC	(SA)
Liq	SC	10 mg/mL	Remodulin	02246555	UTC	(SA)

B01AC22 PRASUGREL

Tab	Orl	10 mg	Effient	02349124	LIL	(SA)

B01AC24 TICAGRELOR

Tab	Orl	90 mg	Brilinta	02368544	AZE	(SA)

B01AC27 SELEXIPAG

Tab	Orl	200 mcg	Uptravi	02451158	JAN	(SA)
Tab	Orl	400 mcg	Uptravi	02451166	JAN	(SA)
Tab	Orl	600 mcg	Uptravi	02451174	JAN	(SA)
Tab	Orl	800 mcg	Uptravi	02451182	JAN	(SA)
Tab	Orl	1 000 mcg	Uptravi	02451190	JAN	(SA)
Tab	Orl	1 200 mcg	Uptravi	02451204	JAN	(SA)
Tab	Orl	1 400 mcg	Uptravi	02451212	JAN	(SA)
Tab	Orl	1 600 mcg	Uptravi	02451220	JAN	(SA)

B01AC30 COMBINATIONS

DIPYRIDAMOLE / ACETYLSALICYLIC ACID

Cap	Orl	200 mg / 25 mg	Aggrenox	02242119	BOE	(SA)
			Taro-Dipyridamole/ASA	02471051	TAR	(SA)

B01AE DIRECT THROMBIN INHIBITORS

B01AE07 DABIGATRAN ETEXILATE

Cap	Orl	110 mg	Pradaxa	02312441	BOE	(SA)
			Apo-Dabigatran	02468905	APX	(SA)
Cap	Orl	150 mg	Pradaxa	02358808	BOE	(SA)
			Apo-Dabigatran	02468913	APX	(SA)

B01AF DIRECT FACTOR XA INHIBITORS

B01AF01 RIVAROXABAN

Tab	Orl	10 mg	Xarelto	02316986	BAY	(SA)
Tab	Orl	15 mg	Xarelto	02378604	BAY	(SA)
Tab	Orl	20 mg	Xarelto	02378612	BAY	(SA)

B01AF02 APIXABAN

Tab	Orl	2.5 mg	Eliquis	02377233	BRI	(SA)
Tab	Orl	5 mg	Eliquis	02397714	BRI	(SA)

B01AF03 EDOXABAN

Tab	Orl	15 mg	Lixiana	02458640	SEV	(SA)
Tab	Orl	30 mg	Lixiana	02458659	SEV	(SA)
Tab	Orl	60 mg	Lixiana	02458667	SEV	(SA)

B02 ANTIHAEMORRHAGICS

B02A ANTIFIBRINOLYTICS

B02AA AMINO ACIDS

B02AA02 TRANEXAMIC ACID

Tab	Orl	500 mg	Cyklokapron	02064405	PFI	ADEFGV
			GD-Tranexamic Acid	02409097	GMD	ADEFGV
			Tranexamic Acid	02401231	STR	ADEFGV

B02B VITAMIN K AND OTHER HEMOSTATICS

B02BA VITAMIN K

B02BA01 PHYTOMENADIONE

Liq	IM	1 mg/0.5 mL	Vitamin K	00781878	SDZ	ADEFGVW
Liq	IM	10 mg/mL	Vitamin K	00804312	SDZ	ADEFGVW

B03 ANTIANAEMIC PREPARATIONS

B03A IRON PREPARATIONS

B03AA IRON BIVALENT, ORAL PREPARATIONS

B03AA02 FERROUS FUMARATE

Cap	Orl	300 mg	Palafer	01923420	MVL	AEFGV
			Euro-Fer	02237556	EUR	AEFGV
			Jamp-Fer	80024232	JPC	AEFGV

B03AA02 FERROUS FUMARATE

Sus	Orl	60 mg/mL	Palafer	01923439	MVL	AEFGV
Tab	Orl	300 mg	Ferrous Fumarate	00031089	WAM	AEFGV

B03AA03 FERROUS GLUCONATE

Tab	Orl	300 mg	Ferrous Gluconate	00031097	JPC	AEFGV
			Ferrous Gluconate	00582727	VTH	AEFGV
			Novo-Ferrogluc	80000435	TEV	AEFGV

B03AA07 FERROUS SULPHATE

Dps	Orl	75 mg	pms-Ferrous Sulfate (Disc/non disp Nov 07/19)	02222574	PMS	AEFGV
Dps	Orl	125 mg/mL	pms-Ferrous Sulfate	00816035	PMS	AEFGV
Liq	Orl	15 mg	Fer-In-Sol	00762954	MJO	AEFGV
			Ferodan	02237385	ODN	AEFGV
			Jamp Ferrous Sulfate	80008309	JPC	AEFGV
Syr	Orl	150 mg/5 mL	Fer-In-Sol	00017884	MJO	AEFGV
			Ferodan	00758469	ODN	AEFGV
Tab	Orl	300 mg	Ferrous Sulfate	00031100	JPC	AEFGV
			Ferrous Sulfate SC	00346918	PMT	AEFGV
			pms-Ferrous Sulfate	00586323	PMS	AEFGV

B03AC IRON TRIVALENT, PARENTERAL PREPARATIONS

B03AC01 FERRIC OXIDE POLYMALTOSE COMPLEXES

Liq	Inj	50 mg/mL	DexIron (Disc/non disp Jan 25/20)	02205963	FRE	(SA)

B03AC02 SACCHARATED IRON OXIDE

Liq	Inj	20 mg/mL	Venofer	02243716	FRE	(SA)

B03AC07 FERRIC SODIUM GLUCONATE COMPLEX

Liq	Inj	12.5 mg/mL	Ferrlecit	02243333	SAV	(SA)

B03B VITAMIN B12 AND FOLIC ACID

B03BA VITAMIN B12 (CYANOCOBALAMIN AND DERIVATIVES)

B03BA01 CYANOCOBALAMIN

B03BA01 CYANOCOBALAMIN

Liq	Inj	1 000 mcg/mL	Cyanocobalamin	01987003	STR	ADEFGV
			Cyanocobalamin Injection USP	00626112	OMG	ADEFGV
			Jamp-Cyanocobalamin	02420147	JPC	ADEFGV
			Vitamin B12	00521515	SDZ	ADEFGV

B03BB FOLIC ACID AND DERIVATIVES

B03BB01 FOLIC ACID

Tab	Orl	5 mg	Euro-Folic	02285673	EUR	ADEFGV
			Jamp-Folic	02366061	JPC	ADEFGV

B03X OTHER ANTIANEMIC PREPARATIONS

B03XA OTHER ANTIANEMIC PREPARATIONS

B03XA01 ERYTHROOPOIETIN (EPOETIN ALFA)

Liq	Inj	1 000 IU/0.5 mL	Eprex	02231583	JAN	W (SA)
Liq	Inj	2 000 IU/0.5 mL	Eprex	02231584	JAN	W (SA)
Liq	Inj	3 000 IU/0.3 mL	Eprex	02231585	JAN	W (SA)
Liq	Inj	4 000 IU/0.4 mL	Eprex	02231586	JAN	W (SA)
Liq	Inj	5 000 IU/0.5 mL	Eprex	02243400	JAN	W (SA)
Liq	Inj	6 000 IU/0.6 mL	Eprex	02243401	JAN	W (SA)
Liq	Inj	8 000 IU/0.8 mL	Eprex	02243403	JAN	W (SA)
Liq	Inj	10 000 IU/mL	Eprex	02231587	JAN	W (SA)
Liq	Inj	20 000 IU/0.5 mL	Eprex	02243239	JAN	W (SA)
Liq	Inj	30 000 IU/0.75 mL	Eprex	02288680	JAN	W (SA)
Liq	Inj	40 000 IU/mL	Eprex	02240722	JAN	W (SA)

B03XA02 DARBEPOETIN ALFA

Liq	Inj	10 mcg/0.4 mL	Aranesp	02392313	AGA	W (SA)
Liq	Inj	20 mcg/0.5 mL	Aranesp	02392321	AGA	W (SA)
Liq	Inj	30 mcg/0.3 mL	Aranesp	02392348	AGA	W (SA)

B03XA02 DARBEPOETIN ALFA

Liq	Inj	40 mcg/0.4 mL	Aranesp	02391740	AGA	W (SA)
Liq	Inj	50 mcg/0.5 mL	Aranesp	02391759	AGA	W (SA)
Liq	Inj	60 mcg/0.3 mL	Aranesp	02392356	AGA	W (SA)
Liq	Inj	80 mcg/0.4 mL	Aranesp	02391767	AGA	W (SA)
Liq	Inj	100 mcg/0.5 mL	Aranesp	02391775	AGA	W (SA)
Liq	Inj	130 mcg/0.65 mL	Aranesp	02391783	AGA	W (SA)
Liq	Inj	150 mcg/0.3 mL	Aranesp	02391791	AGA	W (SA)
Liq	Inj	200 mcg/0.4 mL	Aranesp	02391805	AGA	W (SA)
Liq	Inj	300 mcg/0.6 mL	Aranesp	02391821	AGA	W (SA)
Liq	Inj	500 mcg/1 mL	Aranesp	02392364	AGA	W (SA)

B06 OTHER HEMATOLOGICAL AGENTS

B06A OTHER HEMATOLOGICAL AGENTS

B06AC DRUGS USED IN HEREDITARY ANGIOEDEMA

B06AC02 ICATIBANT

Liq	SC	30 mg/3 mL	Firazyr	02425696	SHI	(SA)

C CARDIOVASCULAR SYSTEM

C01 CARDIAC THERAPY

C01A CARDIAC GLYCOSIDES

C01AA DIGITALIS GLYCOSIDES

C01AA05 DIGOXIN

Liq	Orl	0.05 mg/mL	Toloxin	02242320	PDP	ADEFGV
Tab	Orl	0.0625 mg	Toloxin	02335700	PDP	ADEFGV
Tab	Orl	0.125 mg	Toloxin	02335719	PDP	ADEFGV
Tab	Orl	0.25 mg	Toloxin (Disc/non disp Nov 5/19)	02335727	PDP	ADEFGV

C01B ANTIARRHYTHMICS, CLASS I AND III

C01BA ANTIARRHYTHMICS, CLASS IA

C01BA03 DISOPYRAMIDE

C01BA03 DISOPYRAMIDE

Cap	Orl	100 mg	Rythmodan	02224801	SAV	ADEFGV

C01BB ANTIARRHYTHMICS, CLASS IB

C01BB01 LIDOCAINE

Gel	Top	2%	Lidodan Jelly	02143879	ODN	AEFGV

C01BB02 MEXILETINE

Cap	Orl	100 mg	Teva-Mexiletine	02230359	TEV	ADEFGV
Cap	Orl	200 mg	Teva-Mexiletine	02230360	TEV	ADEFGV

C01BC ANTIARRHYTHMICS, CLASS IC

C01BC03 PROPAFENONE

Tab	Orl	150 mg	Rythmol	00603708	BGP	ADEFGV
			Apo-Propafenone	02243324	APX	ADEFGV
			Mylan-Propafenone	02457172	MYL	ADEFGV
			Propafenone	02343053	SAS	ADEFGV
Tab	Orl	300 mg	Rythmol	00603716	BGP	ADEFGV
			Apo-Propafenone	02243325	APX	ADEFGV
			Mylan-Propafenone	02457164	MYL	ADEFGV
			Propafenone	02343061	SAS	ADEFGV

C01BC04 FLECAINIDE

Tab	Orl	50 mg	Apo-Flecainide	02275538	APX	ADEFGV
			Auro-Flecainide	02459957	ARO	ADEFGV
Tab	Orl	100 mg	Apo-Flecainide	02275546	APX	ADEFGV
			Auro-Flecainide	02459965	ARO	ADEFGV

C01BD ANTIARRHYTHMICS, CLASS III

C01BD01 AMIODARONE

Tab	Orl	100 mg	pms-Amiodarone	02292173	PMS	ADEFGV
Tab	Orl	200 mg	Amiodarone	02364336	SAS	ADEFGV
			Amiodarone	02385465	SIV	ADEFGV
			Apo-Amiodarone	02246194	APX	ADEFGV
			pms-Amiodarone	02242472	PMS	ADEFGV
			Sandoz Amiodarone	02243836	SDZ	ADEFGV
			Teva-Amiodarone	02239835	TEV	ADEFGV

C01C CARDIAC STIMULANTS EXCLUDING CARDIAC GLYCOSIDES

C01CA ADRENERGIC AND DOPAMINERGIC AGENTS

C01CA17 MIDODRINE

Tab	Orl	2.5 mg	Apo-Midodrine	02278677	APX	ADEFGV
			Mar-Midodrine	02473984	MAR	ADEFGV
Tab	Orl	5 mg	Apo-Midodrine	02278685	APX	ADEFGV
			Mar-Midodrine	02473992	MAR	ADEFGV

C01CA24 EPINEPHRINE

Liq	Inj	0.15 mg	Allerject	02382059	KLO	ADEFGV
			EpiPen Jr	00578657	KNG	ADEFGV
Liq	Inj	0.3 mg	Allerject	02382067	KLO	ADEFGV
			EpiPen	00509558	KNG	ADEFGV
Liq	Inj	1 mg/mL	Adrenalin	00155357	ERF	ADEFGV

C01D VASODILATORS USED IN CARDIAC DISEASES

C01DA ORGANIC NITRATES

C01DA02 NITROGLYCERIN (GLYCERYL TRINITRATE)

Aem	Sig	0.4 mg	Rho-Nitro	02238998	SDZ	ADEFGV
Aem	Slg	0.4 mg	Nitrolingual	02231441	SAV	ADEFGV
			Mylan-Nitro SL	02243588	MYL	ADEFGV
Ont	Top	2%	Nitrol (Disc/non disp Jul 26/19)	01926454	PAL	ADEFGV
Pth	Trd	0.2 mg/hr	Minitran	02162806	VLN	ADEFV
			Nitro-Dur	01911910	RCH	ADEFV
			Trinipatch	02230732	PAL	ADEFV
			Mylan-Nitro Patch	02407442	MYL	ADEFV
Pth	Trd	0.4 mg/hr	Minitran	02163527	VLN	ADEFV
			Nitro-Dur	01911902	RCH	ADEFV
			Trinipatch	02230733	PAL	ADEFV
			Mylan-Nitro Patch	02407450	MYL	ADEFV
Pth	Trd	0.6 mg/hr	Minitran	02163535	VLN	ADEFV
			Nitro-Dur	01911929	RCH	ADEFV
			Trinipatch	02230734	PAL	ADEFV
			Mylan-Nitro Patch	02407469	MYL	ADEFV

C01DA02 NITROGLYCERIN (GLYCERYL TRINITRATE)

Pth	Trd	0.8 mg/hr	Nitro-Dur	02011271	RCH	ADEFV
			Mylan-Nitro Patch	02407477	MYL	ADEFV
Slt	Slg	0.3 mg	Nitrostat	00037613	PFI	ADEFGV
Slt	Slg	0.6 mg	Nitrostat	00037621	PFI	ADEFGV
Srd	Trd	0.2 mg	Transderm-Nitro	00584223	NVR	ADEFV
Srd	Trd	0.4 mg	Transderm-Nitro	00852384	NVR	ADEFV
Srd	Trd	0.6 mg	Transderm-Nitro	02046156	NVR	ADEFV

C01DA08 ISOSORBIDE DINITRATE

Slt	Slg	5 mg	ISDN S/L	00670944	AAP	ADEFGV
Tab	Orl	10 mg	ISDN	00441686	AAP	ADEFGV
Tab	Orl	30 mg	ISDN	00441694	AAP	ADEFGV

C01DA14 ISOSORBIDE MONONITRATE

SRT	Orl	60 mg	Imdur	02126559	MDN	ADEFGV
			Apo-ISMN	02272830	APX	ADEFGV
			pms-ISMN	02301288	PMS	ADEFGV

C01E OTHER CARDIAC PREPARATIONS

C01EB OTHER CARDIAC PRODUCTS

C01EB17 IVABRADINE

Tab	Orl	5 mg	Lancora	02459973	SEV	(SA)
Tab	Orl	7.5 mg	Lancora	02459981	SEV	(SA)

C02 ANTIHYPERTENSIVES

C02A ANTIADRENERGIC AGENTS, CENTRALLY ACTING

C02AB METHYLDOPA

C02AB02 METHYLDOPA (RACEMIC)

Tab	Orl	125 mg	Methyldopa	00360252	AAP	ADEFGV
Tab	Orl	250 mg	Methyldopa	00360260	AAP	ADEFGV
Tab	Orl	500 mg	Methyldopa	00426830	AAP	ADEFGV

C02AC IMIDAZOLINE RECEPTOR AGONISTS

C02AC01 CLONIDINE

Tab	Orl	0.025 mg	Teva-Clonidine	02304163	TEV	ADEFGV
Tab	Orl	0.1 mg	Mint-Clonidine	02462192	MNT	ADEFGV
			Teva-Clonidine	02046121	TEV	ADEFGV
Tab	Orl	0.2 mg	Mint-Clonidine	02462206	MNT	ADEFGV
			Teva-Clonidine	02046148	TEV	ADEFGV

C02C ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

C02CA ALPHA-ADRENOCEPTOR ANTAGONISTS

C02CA01 PRAZOSIN

Tab	Orl	1 mg	Teva-Prazin	01934198	TEV	ADEFGV
Tab	Orl	2 mg	Teva-Prazin	01934201	TEV	ADEFGV
Tab	Orl	5 mg	Teva-Prazin	01934228	TEV	ADEFGV

C02CA04 DOXAZOSIN

Tab	Orl	1 mg	Apo-Doxazosin	02240588	APX	ADEFGV
			Teva-Doxazosin	02242728	TEV	ADEFGV
Tab	Orl	2 mg	Apo-Doxazosin	02240589	APX	ADEFGV
			Teva-Doxazosin	02242729	TEV	ADEFGV
Tab	Orl	4 mg	Apo-Doxazosin	02240590	APX	ADEFGV
			Teva-Doxazosin	02242730	TEV	ADEFGV

C02D ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

C02DB HYDRAZINOPHTHALAZINE DERIVATIVES

C02DB02 HYDRALAZINE

Tab	Orl	10 mg	Apo-Hydralazine	00441619	APX	ADEFGV
			Jamp-Hydralazine	02457865	JPC	ADEFGV
			Mint-Hydralazine	02468778	MNT	ADEFGV
Tab	Orl	25 mg	Apo-Hydralazine	00441627	APX	ADEFGV
			Jamp-Hydralazine	02457873	JPC	ADEFGV
			Mint-Hydralazine	02468786	MNT	ADEFGV

C02DB02 HYDRALAZINE

Tab	Orl	50 mg	Apo-Hydralazine	00441635	APX	ADEFGV
			Jamp-Hydralazine	02457881	JPC	ADEFGV
			Mint-Hydralazine	02468794	MNT	ADEFGV

C02DC PYRIMIDINE DERIVATIVES

C02DC01 MINOXIDIL

Tab	Orl	2.5 mg	Loniten	00514497	PFI	ADEFGV
Tab	Orl	10 mg	Loniten	00514500	PFI	ADEFGV

C02K OTHER ANTIHYPERTENSIVES

C02KX ANTIHYPERTENSIVES FOR PULMONARY ARTERIAL HYPERTENSION

C02KX01 BOSENTAN

Tab	Orl	62.5 mg	Tracleer	02244981	JAN	(SA)
			Apo-Bosentan (Disc/non disp Dec 17/19)	02399202	APX	(SA)
			pms-Bosentan	02383012	PMS	(SA)
			Sandoz Bosentan	02386275	SDZ	(SA)
Tab	Orl	125 mg	Tracleer	02244982	JAN	(SA)
			pms-Bosentan	02383020	PMS	(SA)
			Sandoz Bosentan	02386283	SDZ	(SA)

C02KX02 AMBRISENTAN

Tab	Orl	5 mg	Volibris	02307065	GSK	(SA)
			Apo-Ambrisentan	02475375	APX	(SA)
Tab	Orl	10 mg	Volibris	02307073	GSK	(SA)
			Apo-Ambrisentan	02475383	APX	(SA)

C02KX05 RIOCIGUAT

Tab	Orl	0.5 mg	Adempas	02412764	BAY	(SA)
Tab	Orl	1 mg	Adempas	02412772	BAY	(SA)
Tab	Orl	1.5 mg	Adempas	02412799	BAY	(SA)
Tab	Orl	2 mg	Adempas	02412802	BAY	(SA)
Tab	Orl	2.5 mg	Adempas	02412810	BAY	(SA)

C02KX99 SILDENAFIL

C02KX99 SILDENAFIL

Tab	Orl	20 mg	Revatio	02279401	PFI	(SA)
			Apo-Sildenafil R (Disc/non disp Dec 17/19)	02418118	APX	(SA)
			ratio-Sildenafil R	02319500	TEV	(SA)

C03 DIURETICS

C03A LOW-CEILING DIURETICS, THIAZIDES

C03AA THIAZIDES, PLAIN

C03AA03 HYDROCHLOROTHIAZIDE

Tab	Orl	12.5 mg	Apo-Hydro	02327856	APX	ADEFGV
			Mint-Hydrochlorothiazide	02425947	MNT	ADEFGV
			pms-Hydrochlorothiazide	02274086	PMS	ADEFGV
Tab	Orl	25 mg	Apo-Hydro	00326844	APX	ADEFGV
			Mint-Hydrochlorothiazide	02426196	MNT	ADEFGV
			pms-Hydrochlorothiazide	02247386	PMS	ADEFGV
			Teva-Hydrochlorothiazide	00021474	TEV	ADEFGV
Tab	Orl	50 mg	Apo-Hydro	00312800	APX	ADEFGV
			Hydrochlorothiazide	02360608	SAS	ADEFGV
			pms-Hydrochlorothiazide	02247387	PMS	ADEFGV
			Teva-Hydrazide	00021482	TEV	ADEFGV

C03B LOW-CEILING DIURETICS, EXCLUDING THIAZIDES

C03BA SULFONAMIDES, PLAIN

C03BA04 CHLORTHALIDONE

Tab	Orl	50 mg	Chlorthalidone	00360279	AAP	ADEFGV

C03BA08 METOLAZONE

Tab	Orl	2.5 mg	Zaroxolyn	00888400	SAV	ADEFGV

C03BA11 INDAPAMIDE

Tab	Orl	1.25 mg	Lozide	02179709	SEV	ADEFGV
			Apo-Indapamide	02245246	APX	ADEFGV
			Jamp-Indapamide	02373904	JPC	ADEFGV
			Mylan-Indapamide	02240067	MYL	ADEFGV
Tab	Orl	2.5 mg	Lozide	00564966	SEV	ADEFGV
			Apo-Indapamide	02223678	APX	ADEFGV
			Jamp-Indapamide	02373912	JPC	ADEFGV
			Mylan-Indapamide	02153483	MYL	ADEFGV

C03C HIGH-CEILING DIURETICS

C03CA SULFONAMIDES, PLAIN

C03CA01 FUROSEMIDE

Liq	Inj	10 mg/mL	Furosemide	00527033	SDZ	VW
			Furosemide	02382539	SDZ	VW
Liq	Orl	10 mg/mL	Lasix	02224720	SAV	ADEFGVW
Tab	Orl	20 mg	Apo-Furosemide	00396788	APX	ADEFGVW
			Mint-Furosemide	02466759	MNT	ADEFGVW
			Teva-Furosemide	00337730	TEV	ADEFGVW
Tab	Orl	40 mg	Apo-Furosemide	00362166	APX	ADEFGVW
			Mint-Furosemide	02466767	MNT	ADEFGVW
			Teva-Furosemide	00337749	TEV	ADEFGVW
Tab	Orl	80 mg	Apo-Furosemide	00707570	APX	ADEFGVW
			Furosemide	02351447	SAS	ADEFGVW
			Mint-Furosemide	02466775	MNT	ADEFGVW
			Teva-Furosemide	00765953	TEV	ADEFGVW
Tab	Orl	500 mg	Lasix Special	02224755	SAV	ADEFGVW

C03CA02 BUMETANIDE

Tab	Orl	1 mg	Burinex	00728284	KNI	ADEFV
Tab	Orl	5 mg	Burinex	00728276	KNI	ADEFV

C03CC ARYLOXYACETIC ACID DERIVATIVES

C03CC01 ETHACRYNIC ACID

Tab	Orl	25 mg	Edecrin	02258528	VLN	ADEFGV

C03D POTASSIUM-SPARING DRUGS

C03DA ALDOSTERONE ANTAGONISTS

C03DA01 SPIRONOLACTONE

Tab	Orl	25 mg	Aldactone	00028606	PFI	ADEFGV
			Teva-Spiroton	00613215	TEV	ADEFGV
Tab	Orl	100 mg	Aldactone	00285455	PFI	ADEFGV
			Teva-Spiroton	00613223	TEV	ADEFGV

C03DA04 EPLERENONE

C03DA04 EPLERENONE

Tab	Orl	25 mg	Inspra	02323052	PFI	(SA)
			Mint-Eplerenone	02471442	MNT	(SA)
Tab	Orl	50 mg	Inspra	02323060	PFI	(SA)
			Mint-Eplerenone	02471450	MNT	(SA)

C03DB OTHER POTASSIUM-SPARING AGENTS

C03DB01 AMILORIDE

Tab	Orl	5 mg	Midamor	02249510	AAP	ADEFGV

C03E DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION

C03EA LOW-CEILING DIURETICS AND POTASSIUM-SPARING AGENTS

C03EA01 HYDROCHLOROTHIAZIDE AND POTASSIUM-SPARING DRUGS

HYDROCHLOROTHIAZIDE / AMILORIDE

Tab	Orl	50 mg / 5 mg	AA-Amilzide	00784400	AAP	ADEFGV

HYDROCHLOROTHIAZIDE / SPIRONOLACTONE

Tab	Orl	25 mg / 25 mg	Aldactazide-25	00180408	PFI	ADEFGV
			Teva-Spirozine-25	00613231	TEV	ADEFGV
Tab	Orl	50 mg / 50 mg	Aldactazide-50	00594377	PFI	ADEFGV
			Teva-Spirozine-50	00657182	TEV	ADEFGV

HYDROCHLOROTHIAZIDE / TRIAMTERENE

Tab	Orl	25 mg / 50 mg	Apo-Triazide	00441775	APX	ADEFGV
			Teva-Triamterene/HCTZ	00532657	TEV	ADEFGV

C04 PERIPHERAL VASODILATORS

C04A PERIPHERAL VASODILATORS

C04AA 2-AMINO-1-PHENYLETHANOL DERIVATIVES

C04AA02 BUPHENINE (NYLIDRIN)

Tab	Orl	6 mg	Arlidin	01926713	ERF	ADEFGV

C04AD PURINE DERIVATIVES

C04AD03 PENTOXIFYLLINE

SRT	Orl	400 mg	Pentoxifylline SR	02230090	AAP	ADEFGV

C05 VASOPROTECTIVES

C05A AGENTS FOR TREATMENT OF HEMORRHOIDS & ANAL FISSURES FOR TOPICAL USE

C05AA CORTICOSTEROIDS

C05AA01 HYDROCORTISONE

C05AA01 HYDROCORTISONE

HYDROCORTISONE / CINCHOCAINE / FRAMYCETIN / ESCULIN

Ont	Rt	5 mg / 5 mg / 10 mg / 10 mg	Proctosedyl	02223252	AXC	ADEFGV
			Proctol Ointment	02247322	ODN	ADEFGV
			Sandoz Proctomyxin HC	02242527	SDZ	ADEFGV
Sup	Rt	5 mg / 5 mg / 10 mg / 10 mg	Proctosedyl	02223260	AXC	ADEFGV
			Proctol Suppositories	02247882	ODN	ADEFGV
			Sandoz Proctomyxin HC Supp	02242528	SDZ	ADEFGV

HYDROCORTISONE / PRAMOXINE

Aer	Rt	1% / 1%	Proctofoam HC	00363014	DUI	ADEFGV

HYDROCORTISONE / PRAMOXINE / ZINC

Ont	Rt	0.5% / 1% / 0.5%	Anugesic-HC	00505781	JNJ	ADEFGV
			Proctodan-HC Ointment	02234466	ODN	ADEFGV
Sup	Rt	10 mg / 20 mg / 10 mg	Anugesic-HC	00476242	JNJ	ADEFGV
			Proctodan-HC Suppositories	02240851	ODN	ADEFGV
			Sandoz Anuzinc HC Plus	02242797	SDZ	ADEFGV

HYDROCORTISONE / ZINC

Ont	Rt	0.5% / 0.5%	Anusol-HC	00505773	JNJ	ADEFGV
			Anodan HC	02128446	ODN	ADEFGV
			Jamp-Zinc-HC	02387239	JPC	ADEFGV
Sup	Rt	0.5% / 0.5%	Anusol-HC	00476285	JNJ	ADEFGV
			Anodan HC	02236399	ODN	ADEFGV
			Sandoz Anuzinc HC	02242798	SDZ	ADEFGV

C05B ANTIVARICOSE THERAPY

C05BA HEPARINS OR HEPARINOIDS FOR TOPICAL USE

C05BA04 PENTOSAN POLYSULFATE SODIUM

Cap	Orl	100 mg	Elmiron	02029448	JAN	ADEFGV

C07 BETA BLOCKING AGENTS

C07A BETA BLOCKING AGENTS, PLAIN

C07AA BETA BLOCKING AGENTS, NON-SELECTIVE

C07AA03 PINDOLOL

C07AA03	PINDOLOL					
Tab	Orl	5 mg	Visken	00417270	ARZ	ADEFGV
			Apo-Pindol	00755877	APX	ADEFGV
			Teva-Pindolol	00869007	TEV	ADEFGV
Tab	Orl	10 mg	Visken	00443174	ARZ	ADEFGV
			Apo-Pindol	00755885	APX	ADEFGV
			Teva-Pindolol	00869015	TEV	ADEFGV
Tab	Orl	15 mg	Apo-Pindol	00755893	APX	ADEFGV
			Teva-Pindolol	00869023	TEV	ADEFGV
C07AA05	PROPRANOLOL					
Liq	Orl	3.75 mg/mL	Hemangiol	02457857	PFB	(SA)
SRC	Orl	60 mg	Inderal LA	02042231	PFI	ADEFGV
SRC	Orl	80 mg	Inderal LA	02042258	PFI	ADEFGV
SRC	Orl	120 mg	Inderal LA	02042266	PFI	ADEFGV
SRC	Orl	160 mg	Inderal LA	02042274	PFI	ADEFGV
Tab	Orl	10 mg	Teva-Propranolol	00496480	TEV	ADEFGV
Tab	Orl	20 mg	Teva-Propranolol	00740675	TEV	ADEFGV
Tab	Orl	40 mg	Teva-Propranolol	00496499	TEV	ADEFGV
Tab	Orl	80 mg	Teva-Propranolol	00496502	TEV	ADEFGV
C07AA06	TIMOLOL					
Tab	Orl	5 mg	Timolol	00755842	AAP	ADEFGV
Tab	Orl	10 mg	Timolol	00755850	AAP	ADEFGV
Tab	Orl	20 mg	Timolol	00755869	AAP	ADEFGV
C07AA07	SOTALOL					
Tab	Orl	80 mg	Apo-Sotalol	02210428	APX	ADEFGV
			Jamp-Sotalol	02368617	JPC	ADEFGV
			pms-Sotalol	02238326	PMS	ADEFGV
			Sotalol	02385988	SIV	ADEFGV

C07AA07 SOTALOL

Tab	Orl	160 mg	Apo-Sotalol	02167794	APX	ADEFGV
			Jamp-Sotalol	02368625	JPC	ADEFGV
			pms-Sotalol	02238327	PMS	ADEFGV
			Sotalol	02385996	SIV	ADEFGV

C07AA12 NADOLOL

Tab	Orl	40 mg	Nadolol	00782505	AAP	ADEFGV
Tab	Orl	80 mg	Nadolol	00782467	AAP	ADEFGV
Tab	Orl	160 mg	Nadolol	00782475	AAP	ADEFGV

C07AB BETA BLOCKING AGENTS, SELECTIVE

C07AB02 METOPROLOL

SRT	Orl	100 mg	Lopresor SR	00658855	NVR	ADEFGV
			Sandoz Metoprolol SR	02303396	SDZ	ADEFGV
SRT	Orl	200 mg	Lopresor SR	00534560	NVR	ADEFGV
			Sandoz Metoprolol SR	02303418	SDZ	ADEFGV
Tab	Orl	25 mg	Apo-Metoprolol	02246010	APX	ADEFGV
			Jamp-Metoprolol-L	02356813	JPC	ADEFGV
			pms-Metoprolol-L	02248855	PMS	ADEFGV
Tab	Orl	50 mg	Lopresor (coated)	00397423	NVR	ADEFGV
			Apo-Metoprolol (uncoated)	00618632	APX	ADEFGV
			Apo-Metoprolol type "L"	00749354	APX	ADEFGV
			Jamp-Metoprolol-L	02356821	JPC	ADEFGV
			Metoprolol	02350394	SAS	ADEFGV
			Metoprolol-L	02442124	SIV	ADEFGV
			pms-Metoprolol-L	02230803	PMS	ADEFGV
			Teva-Metoprolol (coated)	00648035	TEV	ADEFGV
			Teva-Metoprolol (uncoated)	00842648	TEV	ADEFGV

C07AB02 METOPROLOL

Tab	Orl	100 mg	Lopresor (coated)	00397431	NVR	ADEFGV
			Apo-Metoprolol (uncoated)	00618640	APX	ADEFGV
			Apo-Metoprolol type "L"	00751170	APX	ADEFGV
			Jamp-Metoprolol-L	02356848	JPC	ADEFGV
			Metoprolol	02350408	SAS	ADEFGV
			Metoprolol-L	02442132	SIV	ADEFGV
			pms-Metoprolol-L	02230804	PMS	ADEFGV
			Teva-Metoprolol (coated)	00648043	TEV	ADEFGV
			Teva-Metoprolol (uncoated)	00842656	TEV	ADEFGV

C07AB03 ATENOLOL

Tab	Orl	25 mg	Jamp-Atenolol	02367556	JPC	ADEFGV
			Mar-Atenolol	02371979	MAR	ADEFGV
			Mint-Atenolol	02368013	MNT	ADEFGV
			pms-Atenolol	02246581	PMS	ADEFGV
			Ran-Atenolol	02373963	RAN	ADEFGV
			Teva-Atenolol	02266660	TEV	ADEFGV
Tab	Orl	50 mg	Tenormin	02039532	AZE	ADEFGV
			Act Atenolol	02255545	ATV	ADEFGV
			Apo-Atenol	00773689	APX	ADEFGV
			Atenolol	02466465	SAS	ADEFGV
			Atenolol	02238316	SIV	ADEFGV
			Jamp-Atenolol	02367564	JPC	ADEFGV
			Mar-Atenolol	02371987	MAR	ADEFGV
			Mint-Atenolol	02368021	MNT	ADEFGV
			pms-Atenolol	02237600	PMS	ADEFGV
			Ran-Atenolol	02267985	RAN	ADEFGV
			Septa-Atenolol	02368641	SPT	ADEFGV
			Teva-Atenolol	02171791	TEV	ADEFGV

C07AB03 ATENOLOL

Tab	Orl	100 mg	Tenormin	02039540	AZE	ADEFGV
			Act Atenolol	02255553	ATV	ADEFGV
			Apo-Atenol	00773697	APX	ADEFGV
			Atenolol	02466473	SAS	ADEFGV
			Atenolol	02238318	SIV	ADEFGV
			Jamp-Atenolol	02367572	JPC	ADEFGV
			Mar-Atenolol	02371995	MAR	ADEFGV
			Mint-Atenolol	02368048	MNT	ADEFGV
			pms-Atenolol	02237601	PMS	ADEFGV
			Ran-Atenolol	02267993	RAN	ADEFGV
			Septa-Atenolol	02368668	SPT	ADEFGV
			Teva-Atenolol	02171805	TEV	ADEFGV

C07AB04 ACEBUTOLOL

Tab	Orl	100 mg	Sectral (Disc/non disp Oct 02/19)	01926543	SAV	ADEFGV
			Acebutolol (Disc/non disp Jul 16/19)	02286246	SAS	ADEFGV
			Apo-Acebutolol	02147602	APX	ADEFGV
			Mylan-Acebutolol (Disc/non disp Jul 03/19)	02237721	MYL	ADEFGV
			Teva-Acebutolol	02204517	TEV	ADEFGV
Tab	Orl	200 mg	Sectral (Disc/non disp Aug 9/19)	01926551	SAV	ADEFGV
			Acebutolol (Disc/non disp Jul 16/19)	02286254	SAS	ADEFGV
			Apo-Acebutolol	02147610	APX	ADEFGV
			Mylan-Acebutolol (Disc/non disp Jul 03/19)	02237722	MYL	ADEFGV
			Teva-Acebutolol	02204525	TEV	ADEFGV
Tab	Orl	400 mg	Acebutolol (Disc/non disp Jul 16/19)	02286262	SAS	ADEFGV
			Apo-Acebutolol	02147629	APX	ADEFGV
			Mylan-Acebutolol (Disc/non disp Jul 03/19)	02237723	MYL	ADEFGV
			Teva-Acebutolol	02204533	TEV	ADEFGV

C07AB07 BISOPROLOL

Tab	Orl	5 mg	Apo-Bisoprolol	02256134	APX	ADEFGV
			Bisoprolol	02391589	SAS	ADEFGV
			Bisoprolol	02383055	SIV	ADEFGV
			Mint-Bisoprolol	02465612	MNT	ADEFGV
			Sandoz Bisoprolol	02247439	SDZ	ADEFGV
			Teva-Bisoprolol	02267470	TEV	ADEFGV

C07AB07 BISOPROLOL

Tab	Orl	10 mg	Apo-Bisoprolol	02256177	APX	ADEFGV
			Bisoprolol	02391597	SAS	ADEFGV
			Bisoprolol	02383063	SIV	ADEFGV
			Mint-Bisoprolol	02465620	MNT	ADEFGV
			Sandoz Bisoprolol	02247440	SDZ	ADEFGV
			Teva-Bisoprolol	02267489	TEV	ADEFGV

C07AG ALPHA AND BETA BLOCKING AGENTS

C07AG01 LABETALOL

Tab	Orl	100 mg	Trandate	02106272	PAL	ADEFGV
Tab	Orl	200 mg	Trandate	02106280	PAL	ADEFGV

C07AG02 CARVEDILOL

Tab	Orl	3.125 mg	Apo-Carvedilol	02247933	APX	ADEFGV
			Auro-Carvedilol	02418495	ARO	ADEFGV
			Carvedilol	02364913	SAS	ADEFGV
			Carvedilol	02248752	SIV	ADEFGV
			Jamp-Carvedilol	02368897	JPC	ADEFGV
			pms-Carvedilol	02245914	PMS	ADEFGV
			ratio-Carvedilol	02252309	TEV	ADEFGV
Tab	Orl	6.25 mg	Apo-Carvedilol	02247934	APX	ADEFGV
			Auro-Carvedilol	02418509	ARO	ADEFGV
			Carvedilol	02364921	SAS	ADEFGV
			Carvedilol	02248753	SIV	ADEFGV
			Jamp-Carvedilol	02368900	JPC	ADEFGV
			pms-Carvedilol	02245915	PMS	ADEFGV
			ratio-Carvedilol	02252317	TEV	ADEFGV
Tab	Orl	12.5 mg	Apo-Carvedilol	02247935	APX	ADEFGV
			Auro-Carvedilol	02418517	ARO	ADEFGV
			Carvedilol	02364948	SAS	ADEFGV
			Carvedilol	02248754	SIV	ADEFGV
			Jamp-Carvedilol	02368919	JPC	ADEFGV
			pms-Carvedilol	02245916	PMS	ADEFGV
			ratio-Carvedilol	02252325	TEV	ADEFGV

C07AG02 CARVEDILOL

Tab	Orl	25 mg	Apo-Carvedilol	02247936	APX	ADEFGV
			Auro-Carvedilol	02418525	ARO	ADEFGV
			Carvedilol	02364956	SAS	ADEFGV
			Carvedilol	02248755	SIV	ADEFGV
			Jamp-Carvedilol	02368927	JPC	ADEFGV
			pms-Carvedilol	02245917	PMS	ADEFGV
			ratio-Carvedilol	02252333	TEV	ADEFGV

C07C BETA BLOCKING AGENTS AND OTHER DIURETICS

C07CA BETA BLOCKING AGENTS, NON-SELECTIVE, OTHER DIURETICS

C07CA03 PINDOLOL AND OTHER DIURETICS

PINDOLOL / HYDROCHLOROTHIAZIDE

Tab	Orl	10 mg / 25 mg	Viskazide	00568627	ARZ	ADEFGV
Tab	Orl	10 mg / 50 mg	Viskazide	00568635	ARZ	ADEFGV

C07CB BETA BLOCKING AGENTS, SELECTIVE, AND OTHER DIURETICS

C07CB03 ATENOLOL AND OTHER DIURETICS

ATENOLOL / CHLORTHALIDONE

Tab	Orl	50 mg / 25 mg	Tenoretic	02049961	AZE	ADEFGV
			Apo-Atenidone	02248763	APX	ADEFGV
			Teva-Atenolol/Chlorthalidone	02302918	TEV	ADEFGV
Tab	Orl	100 mg / 25 mg	Tenoretic	02049988	AZE	ADEFGV
			Apo-Atenidone	02248764	APX	ADEFGV
			Teva-Atenolol/Chlorthalidone	02302926	TEV	ADEFGV

C08 CALCIUM CHANNEL BLOCKERS

C08C SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

C08CA DIHYDROPYRIDINE DERIVATIVES

C08CA01 AMLODIPINE

Tab	Orl	2.5 mg	Act Amlodipine (Disc/non disp Mar 15/20)	02297477	ATV	ADEFGV
			Amlodipine	02326795	PDL	ADEFGV
			Amlodipine	02385783	SIV	ADEFGV
			Amlodipine Besylate	02419556	AHI	ADEFGV
			Jamp-Amlodipine	02357186	JPC	ADEFGV
			Mar-Amlodipine	02371707	MAR	ADEFGV
			pharma-Amlodipine	02469022	PMS	ADEFGV
			pms-Amlodipine	02295148	PMS	ADEFGV
			Sandoz Amlodipine	02330474	SDZ	ADEFGV

C08CA01 AMLODIPINE

Tab	Orl	5 mg	Norvasc	00878928	PFI	ADEFGV
			Act Amlodipine	02297485	ATV	ADEFGV
			Amlodipine	02429217	JPC	ADEFGV
			Amlodipine	02326809	PDL	ADEFGV
			Amlodipine	02331284	SAS	ADEFGV
			Amlodipine	02385791	SIV	ADEFGV
			Amlodipine Besylate	02419564	AHI	ADEFGV
			Apo-Amlodipine	02273373	APX	ADEFGV
			Auro-Amlodipine	02397072	ARO	ADEFGV
			GD-Amlodipine	02280132	GMD	ADEFGV
			Mar-Amlodipine	02371715	MAR	ADEFGV
			Mint-Amlodipine	02362651	MNT	ADEFGV
			Mylan-Amlodipine	02272113	MYL	ADEFGV
			pharma-Amlodipine	02469030	PMS	ADEFGV
			Ran-Amlodipine	02321858	RAN	ADEFGV
			Sandoz Amlodipine	02284383	SDZ	ADEFGV
			Septa-Amlodipine	02357712	SPT	ADEFGV
			Teva-Amlodipine	02250497	TEV	ADEFGV
Tab	Orl	10 mg	Norvasc	00878936	PFI	ADEFGV
			Act Amlodipine	02297493	ATV	ADEFGV
			Amlodipine	02429225	JPC	ADEFGV
			Amlodipine	02326817	PDL	ADEFGV
			Amlodipine	02331292	SAS	ADEFGV
			Amlodipine	02385805	SIV	ADEFGV
			Amlodipine Besylate	02419572	AHI	ADEFGV
			Apo-Amlodipine	02273381	APX	ADEFGV
			Auro-Amlodipine	02397080	ARO	ADEFGV
			GD-Amlodipine (Disc/non disp Apr 1/20)	02280140	GMD	ADEFGV
			Jamp-Amlodipine (new formulation)	02357208	JPC	ADEFGV
			Mar-Amlodipine	02371723	MAR	ADEFGV
			Mint-Amlodipine	02362678	MNT	ADEFGV
			Mylan-Amlodipine	02272121	MYL	ADEFGV
			pharma-Amlodipine	02469049	PMS	ADEFGV
			Ran-Amlodipine	02321866	RAN	ADEFGV
			Sandoz Amlodipine	02284391	SDZ	ADEFGV
			Septa-Amlodipine	02357720	SPT	ADEFGV
			Teva-Amlodipine	02250500	TEV	ADEFGV

C08CA02 FELODIPINE

ERT	Orl	2.5 mg	Plendil	02057778	AZE	ADEFGV
			Apo-Felodipine	02452367	APX	ADEFGV
ERT	Orl	5 mg	Plendil	00851779	AZE	ADEFGV
			Apo-Felodipine	02452375	APX	ADEFGV
			Sandoz Felodipine	02280264	SDZ	ADEFGV
ERT	Orl	10 mg	Plendil	00851787	AZE	ADEFGV
			Apo-Felodipine	02452383	APX	ADEFGV
			Sandoz Felodipine	02280272	SDZ	ADEFGV

C08CA05 NIFEDIPINE

Cap	Orl	5 mg	Nifedipine	00725110	AAP	ADEFGV
Cap	Orl	10 mg	Nifedipine	00755907	AAP	ADEFGV
ERT	Orl	20 mg	Adalat XL	02237618	TEV	ADEFGV
ERT	Orl	30 mg	Adalat XL	02155907	TEV	ADEFGV
			Mylan-Nifedipine Extended Release	02349167	MYL	ADEFGV
ERT	Orl	60 mg	Adalat XL	02155990	TEV	ADEFGV
			Mylan-Nifedipine Extended Release	02321149	MYL	ADEFGV

C08CA06 NIMODIPINE

Tab	Orl	30 mg	Nimotop	02325926	BAY	ADEFGV

C08D SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS

C08DA PHENYLALKYLAMINE DERIVATIVES

C08DA01 VERAPAMIL

SRT	Orl	120 mg	Isoptin SR	01907123	BGP	ADEFGVW
			Apo-Verapamil SR	02246893	APX	ADEFGVW
			Mylan-Verapamil SR	02210347	MYL	ADEFGVW
SRT	Orl	180 mg	Isoptin SR	01934317	BGP	ADEFGVW
			Apo-Verap SR	02246894	APX	ADEFGVW
			Mylan-Verapamil SR	02450488	MYL	ADEFGVW

C08DA01 VERAPAMIL

SRT	Orl	240 mg	Isoptin SR	00742554	BGP	ADEFGVW
			Apo-Verap SR	02246895	APX	ADEFGVW
			Mylan-Verapamil SR	02450496	MYL	ADEFGVW
			pms-Verapamil SR	02237791	PMS	ADEFGVW
Tab	Orl	80 mg	Apo-Verap	00782483	APX	ADEFGVW
			Mylan-Verapamil	02237921	MYL	ADEFGVW
Tab	Orl	120 mg	Apo-Verap	00782491	APX	ADEFGVW
			Mylan-Verapamil	02237922	MYL	ADEFGVW

C08DB BENZOTHIAZEPINE DERIVATIVES

C08DB01 DILTIAZEM

CDC	Orl	120 mg	Cardizem CD	02097249	VLN	ADEFGV
			Act Diltiazem CD	02370611	TEV	ADEFGV
			Apo-Diltiaz CD	02230997	APX	ADEFGV
			Diltiazem CD	02400421	SAS	ADEFGV
			Diltiazem CD	02445999	SIV	ADEFGV
			Diltiazem-CD	02231472	PDL	ADEFGV
			Sandoz Diltiazem CD	02243338	SDZ	ADEFGV
			Teva-Diltazem CD	02242538	TEV	ADEFGV
CDC	Orl	180 mg	Cardizem CD	02097257	VLN	ADEFGV
			Act Diltiazem CD (Disc/non disp Mar 15/20)	02370638	TEV	ADEFGV
			Apo-Diltiaz CD	02230998	APX	ADEFGV
			Diltiazem CD	02400448	SAS	ADEFGV
			Diltiazem CD	02446006	SIV	ADEFGV
			Diltiazem-CD	02231474	PDL	ADEFGV
			Sandoz Diltiazem CD	02243339	SDZ	ADEFGV
			Teva-Diltazem CD	02242539	TEV	ADEFGV
CDC	Orl	240 mg	Cardizem CD	02097265	VLN	ADEFGV
			Act Diltiazem CD (Disc/non disp Mar 15/20)	02370646	TEV	ADEFGV
			Apo-Diltiaz CD	02230999	APX	ADEFGV
			Diltiazem CD	02400456	SAS	ADEFGV
			Diltiazem CD	02446014	SIV	ADEFGV
			Diltiazem-CD	02231475	PDL	ADEFGV
			Sandoz Diltiazem CD	02243340	SDZ	ADEFGV
			Teva-Diltazem CD	02242540	TEV	ADEFGV

C08DB01 DILTIAZEM

CDC	Orl	300 mg	Cardizem CD	02097273	VLN	ADEFGV
			Act Diltiazem CD	02370654	TEV	ADEFGV
			Apo-Diltiaz CD	02229526	APX	ADEFGV
			Diltiazem CD	02400464	SAS	ADEFGV
			Diltiazem CD	02446022	SIV	ADEFGV
			Diltiazem-CD	02231057	PDL	ADEFGV
			Sandoz Diltiazem CD	02243341	SDZ	ADEFGV
			Teva-Diltazem CD	02242541	TEV	ADEFGV
ERC	Orl	120 mg	Tiazac	02231150	VLN	ADEFV
			Act Diltiazem T	02370441	ATV	ADEFV
			Diltiazem TZ	02325306	PDL	ADEFV
			Mar-Diltiazem T	02465353	MAR	ADEFV
			Sandoz Diltiazem T	02245918	SDZ	ADEFV
			Teva-Diltiazem ER	02271605	TEV	ADEFV
ERC	Orl	180 mg	Tiazac	02231151	VLN	ADEFV
			Act Diltiazem T	02370492	ATV	ADEFV
			Diltiazem TZ	02325314	PDL	ADEFV
			Mar-Diltiazem T	02465361	MAR	ADEFV
			Sandoz Diltiazem T	02245919	SDZ	ADEFV
			Teva-Diltiazem ER	02271613	TEV	ADEFV
ERC	Orl	240 mg	Tiazac	02231152	VLN	ADEFV
			Act Diltiazem T	02370506	ATV	ADEFV
			Diltiazem TZ	02325322	PDL	ADEFV
			Mar-Diltiazem T	02465388	MAR	ADEFV
			Sandoz Diltiazem T	02245920	SDZ	ADEFV
			Teva-Diltiazem ER	02271621	TEV	ADEFV
ERC	Orl	300 mg	Tiazac	02231154	VLN	ADEFV
			Act Diltiazem T	02370514	ATV	ADEFV
			Diltiazem TZ	02325330	PDL	ADEFV
			Mar-Diltiazem T	02465396	MAR	ADEFV
			Sandoz Diltiazem T	02245921	SDZ	ADEFV
			Teva-Diltiazem ER	02271648	TEV	ADEFV

C08DB01 DILTIAZEM

ERC	Orl	360 mg	Tiazac	02231155	VLN	ADEFV
			Act Diltiazem T	02370522	ATV	ADEFV
			Diltiazem TZ	02325349	PDL	ADEFV
			Mar-Diltiazem T	02465418	MAR	ADEFV
			Sandoz Diltiazem T	02245922	SDZ	ADEFV
			Teva-Diltiazem ER	02271656	TEV	ADEFV
ERT	Orl	120 mg	Tiazac XC	02256738	VLN	ADEFGV
ERT	Orl	180 mg	Tiazac XC	02256746	VLN	ADEFGV
ERT	Orl	240 mg	Tiazac XC	02256754	VLN	ADEFGV
ERT	Orl	300 mg	Tiazac XC	02256762	VLN	ADEFGV
ERT	Orl	360 mg	Tiazac XC	02256770	VLN	ADEFGV
Tab	Orl	30 mg	Apo-Diltiaz	00771376	APX	ADEFGV
			Teva-Diltiazem	00862924	TEV	ADEFGV
Tab	Orl	60 mg	Apo-Diltiaz	00771384	APX	ADEFGV
			Teva-Diltiazem	00862932	TEV	ADEFGV

C09 AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

C09A ACE INHIBITORS, PLAIN

C09AA ACE INHIBITORS, PLAIN

C09AA01 CAPTOPRIL

Tab	Orl	12.5 mg	Teva-Captopril	01942964	TEV	ADEFGV
Tab	Orl	25 mg	Teva-Captopril	01942972	TEV	ADEFGV
Tab	Orl	50 mg	Teva-Captopril	01942980	TEV	ADEFGV
Tab	Orl	100 mg	Teva-Captopril	01942999	TEV	ADEFGV

C09AA02 ENALAPRIL

C09AA02 ENALAPRIL

Tab	Orl	2.5 mg	Act Enalapril	02291878	TEV	ADEFGV
			Apo-Enalapril	02020025	APX	ADEFGV
			Enalapril	02400650	SAS	ADEFGV
			Enalapril	02442957	SIV	ADEFGV
			Jamp-Enalapril	02474786	JPC	ADEFGV
			Mar-Enalapril	02459450	MAR	ADEFGV
			Mylan-Enalapril (Disc/non disp Jul 03/19)	02300036	MYL	ADEFGV
			Ran-Enalapril	02352230	RAN	ADEFGV
			Sandoz Enalapril	02299933	SDZ	ADEFGV
Tab	Orl	5 mg	Vasotec	00708879	FRS	ADEFGV
			Act Enalapril	02291886	TEV	ADEFGV
			Apo-Enalapril	02019884	APX	ADEFGV
			Enalapril	02400669	SAS	ADEFGV
			Enalapril	02442965	SIV	ADEFGV
			Jamp-Enalapril	02474794	JPC	ADEFGV
			Mar-Enalapril	02459469	MAR	ADEFGV
			Mylan-Enalapril (Disc/non disp Jul 03/19)	02300044	MYL	ADEFGV
			Ran-Enalapril	02352249	RAN	ADEFGV
			Sandoz Enalapril	02299941	SDZ	ADEFGV
			Teva-Enalapril	02233005	TEV	ADEFGV
Tab	Orl	10 mg	Vasotec	00670901	FRS	ADEFGV
			Act Enalapril	02291894	TEV	ADEFGV
			Apo-Enalapril	02019892	APX	ADEFGV
			Enalapril	02400677	SAS	ADEFGV
			Enalapril	02442973	SIV	ADEFGV
			Jamp-Enalapril	02474808	JPC	ADEFGV
			Mar-Enalapril	02444771	MAR	ADEFGV
			Mylan-Enalapril (Disc/non disp Jul 03/19)	02300052	MYL	ADEFGV
			Ran-Enalapril	02352257	RAN	ADEFGV
			Sandoz Enalapril	02299968	SDZ	ADEFGV
			Teva-Enalapril	02233006	TEV	ADEFGV

C09AA02 ENALAPRIL

Tab	Orl	20 mg	Vasotec	00670928	FRS	ADEFGV
			Act Enalapril	02291908	TEV	ADEFGV
			Apo-Enalapril	02019906	APX	ADEFGV
			Enalapril	02400685	SAS	ADEFGV
			Enalapril	02442981	SIV	ADEFGV
			Jamp-Enalapril	02474816	JPC	ADEFGV
			Mar-Enalapril	02444798	MAR	ADEFGV
			Mylan-Enalapril (Disc/non disp Jul 03/19)	02300060	MYL	ADEFGV
			Ran-Enalapril	02352265	RAN	ADEFGV
			Sandoz Enalapril	02299976	SDZ	ADEFGV
			Teva-Enalapril	02233007	TEV	ADEFGV

C09AA03 LISINOPRIL

Tab	Orl	5 mg	Zestril	02049333	AZE	ADEFGV
			Apo-Lisinopril	02217481	APX	ADEFGV
			Auro-Lisinopril	02394472	ARO	ADEFGV
			Lisinopril	02386232	SIV	ADEFGV
			pms-Lisinopril	02292203	PMS	ADEFGV
			Ran-Lisinopril	02294230	RAN	ADEFGV
			Sandoz Lisinopril	02289199	SDZ	ADEFGV
			Teva-Lisinopril P	02285061	TEV	ADEFGV
			Teva-Lisinopril Z	02285118	TEV	ADEFGV
Tab	Orl	10 mg	Prinivil	00839396	FRS	ADEFGV
			Zestril	02049376	AZE	ADEFGV
			Apo-Lisinopril	02217503	APX	ADEFGV
			Auro-Lisinopril	02394480	ARO	ADEFGV
			Lisinopril	02386240	SIV	ADEFGV
			pms-Lisinopril	02292211	PMS	ADEFGV
			Ran-Lisinopril	02294249	RAN	ADEFGV
			Sandoz Lisinopril	02289202	SDZ	ADEFGV
			Teva-Lisinopril P	02285088	TEV	ADEFGV
			Teva-Lisinopril Z	02285126	TEV	ADEFGV

C09AA03 LISINOPRIL

Tab	Orl	20 mg	Prinivil	00839418	FRS	ADEFGV
			Zestril	02049384	AZE	ADEFGV
			Apo-Lisinopril	02217511	APX	ADEFGV
			Auro-Lisinopril	02394499	ARO	ADEFGV
			Lisinopril	02386259	SIV	ADEFGV
			pms-Lisinopril	02292238	PMS	ADEFGV
			Ran-Lisinopril	02294257	RAN	ADEFGV
			Sandoz Lisinopril	02289229	SDZ	ADEFGV
			Teva-Lisinopril P	02285096	TEV	ADEFGV
			Teva-Lisinopril Z	02285134	TEV	ADEFGV

C09AA04 PERINDOPRIL

Tab	Orl	2 mg	Coversyl	02123274	SEV	ADEFGV
			Apo-Perindopril	02289261	APX	ADEFGV
			Auro-Perindopril	02459817	ARO	ADEFGV
			Mar-Perindopril	02474824	MAR	ADEFGV
			Mint-Perindopril	02476762	MNT	ADEFGV
			Perindopril Erbumine	02481634	SAS	ADEFGV
			Perindopril Erbumine	02479877	SIV	ADEFGV
			pms-Perindopril	02470675	PMS	ADEFGV
			Sandoz Perindopril	02470225	SDZ	ADEFGV
			Teva-Perindopril	02464985	TEV	ADEFGV
Tab	Orl	4 mg	Coversyl	02123282	SEV	ADEFGV
			Apo-Perindopril	02289288	APX	ADEFGV
			Auro-Perindopril	02459825	ARO	ADEFGV
			Jamp-Perindopril	02477017	JPC	ADEFGV
			Mar-Perindopril	02474832	MAR	ADEFGV
			Mint-Perindopril	02476770	MNT	ADEFGV
			Perindopril Erbumine	02481642	SAS	ADEFGV
			Perindopril Erbumine	02481642	SAS	ADEFGV
			Perindopril Erbumine	02479885	SIV	ADEFGV
			pms-Perindopril	02470683	PMS	ADEFGV
			Sandoz Perindopril	02470233	SDZ	ADEFGV
			Teva-Perindopril	02464993	TEV	ADEFGV

C09AA04 PERINDOPRIL

Tab	Orl	8 mg	Coversyl	02246624	SEV	ADEFGV
			Apo-Perindopril	02289296	APX	ADEFGV
			Auro-Perindopril	02459833	ARO	ADEFGV
			Jamp-Perindopril	02477025	JPC	ADEFGV
			Mar-Perindopril	02474840	MAR	ADEFGV
			Mint-Perindopril	02476789	MNT	ADEFGV
			Perindopril Erbumine	02481650	SAS	ADEFGV
			Perindopril Erbumine	02479893	SIV	ADEFGV
			pms-Perindopril	02470691	PMS	ADEFGV
			Sandoz Perindopril	02470241	SDZ	ADEFGV
			Teva-Perindopril	02465000	TEV	ADEFGV

C09AA05 RAMIPRIL

Cap	Orl	1.25 mg	Altace	02221829	SAV	ADEFGV
			Apo-Ramipril	02251515	APX	ADEFGV
			Auro-Ramipril	02387387	ARO	ADEFGV
			Jamp-Ramipril	02331101	JPC	ADEFGV
			Mar-Ramipril	02420457	MAR	ADEFGV
			pharma-Ramipril	02469057	PMS	ADEFGV
			pms-Ramipril	02295369	PMS	ADEFGV
			Pro-Ramipril	02310023	PDL	ADEFGV
			Ramipril	02308363	SIV	ADEFGV
			Ran-Ramipril	02310503	RAN	ADEFGV
Cap	Orl	2.5 mg	Altace	02221837	SAV	ADEFGV
			Apo-Ramipril	02251531	APX	ADEFGV
			Auro-Ramipril	02387395	ARO	ADEFGV
			Jamp-Ramipril	02331128	JPC	ADEFGV
			Mar-Ramipril	02420465	MAR	ADEFGV
			Mint-Ramipril	02421305	MNT	ADEFGV
			pharma-Ramipril	02469065	PMS	ADEFGV
			pms-Ramipril	02247917	PMS	ADEFGV
			Pro-Ramipril	02310066	PDL	ADEFGV
			Ramipril	02374846	SAS	ADEFGV
			Ramipril	02287927	SIV	ADEFGV
			Ran-Ramipril	02310511	RAN	ADEFGV
			Teva-Ramipril	02247945	TEV	ADEFGV

C09AA05 RAMIPRIL

Cap	Orl	5 mg	Altace	02221845	SAV	ADEFGV
			Apo-Ramipril	02251574	APX	ADEFGV
			Auro-Ramipril	02387409	ARO	ADEFGV
			Jamp-Ramipril	02331136	JPC	ADEFGV
			Mar-Ramipril	02420473	MAR	ADEFGV
			Mint-Ramipril	02421313	MNT	ADEFGV
			pharma-Ramipril	02469073	PMS	ADEFGV
			pms-Ramipril	02247918	PMS	ADEFGV
			Pro-Ramipril	02310074	PDL	ADEFGV
			Ramipril	02374854	SAS	ADEFGV
			Ramipril	02287935	SIV	ADEFGV
			Ran-Ramipril	02310538	RAN	ADEFGV
			Teva-Ramipril	02247946	TEV	ADEFGV
Cap	Orl	10 mg	Altace	02221853	SAV	ADEFGV
			Apo-Ramipril	02251582	APX	ADEFGV
			Auro-Ramipril	02387417	ARO	ADEFGV
			Jamp-Ramipril	02331144	JPC	ADEFGV
			Mar-Ramipril	02420481	MAR	ADEFGV
			Mint-Ramipril	02421321	MNT	ADEFGV
			pharma-Ramipril	02469081	PMS	ADEFGV
			pms-Ramipril	02247919	PMS	ADEFGV
			Pro-Ramipril	02310104	PDL	ADEFGV
			Ramipril	02374862	SAS	ADEFGV
			Ramipril	02287943	SIV	ADEFGV
			Ran-Ramipril	02310546	RAN	ADEFGV
			Teva-Ramipril	02247947	TEV	ADEFGV
Cap	Orl	15 mg	Altace	02281112	SAV	ADEFGV
			Apo-Ramipril	02325381	APX	ADEFGV

C09AA06 QUINAPRIL

Tab	Orl	5 mg	Accupril	01947664	PFI	ADEFGV
			Apo-Quinapril	02248499	APX	ADEFGV
Tab	Orl	10 mg	Accupril	01947672	PFI	ADEFGV
			Apo-Quinapril	02248500	APX	ADEFGV
			GD-Quinapril (Disc/non disp May 01/20)	02290995	GMD	ADEFGV

C09AA06 QUINAPRIL

Tab	Orl	20 mg	Accupril	01947680	PFI	ADEFGV
			Apo-Quinapril	02248501	APX	ADEFGV
			GD-Quinapril (Disc/non disp Nov 30/19)	02291002	GMD	ADEFGV
Tab	Orl	40 mg	Accupril	01947699	PFI	ADEFGV
			Apo-Quinapril	02248502	APX	ADEFGV

C09AA07 BENAZEPRIL

Tab	Orl	5 mg	Benazapril	02290332	AAP	ADEFGV
Tab	Orl	10 mg	Benazapril	02290340	AAP	ADEFGV
Tab	Orl	20 mg	Benazapril	02273918	AAP	ADEFGV

C09AA08 CILAZAPRIL

Tab	Orl	1 mg	Apo-Cilazapril	02291134	APX	ADEFGV
			Mylan-Cilazapril	02283778	MYL	ADEFGV
Tab	Orl	2.5 mg	Inhibace	01911473	HLR	ADEFGV
			Apo-Cilazapril	02291142	APX	ADEFGV
			Mylan-Cilazapril	02283786	MYL	ADEFGV
Tab	Orl	5 mg	Inhibace	01911481	HLR	ADEFGV
			Apo-Cilazapril	02291150	APX	ADEFGV
			Mylan-Cilazapril	02283794	MYL	ADEFGV

C09AA09 FOSINOPRIL

Tab	Orl	10 mg	Apo-Fosinopril	02266008	APX	ADEFGV
			Fosinopril	02459388	SAS	ADEFGV
			Jamp-Fosinopril	02331004	JPC	ADEFGV
			Ran-Fosinopril	02294524	RAN	ADEFGV
			Teva-Fosinopril	02247802	TEV	ADEFGV
Tab	Orl	20 mg	Apo-Fosinopril	02266016	APX	ADEFGV
			Fosinopril	02459396	SAS	ADEFGV
			Jamp-Fosinopril	02331012	JPC	ADEFGV
			Mylan-Fosinopril (Disc/non disp Mar 31/20)	02262428	MYL	ADEFGV
			Ran-Fosinopril	02294532	RAN	ADEFGV
			Teva-Fosinopril	02247803	TEV	ADEFGV

C09AA10 TRANDOLAPRIL

C09AA10 TRANDOLAPRIL

Cap	Orl	0.5 mg	Mavik	02231457	BGP	ADEFGV
			Auro-Trandolapril	02471868	ARO	ADEFGV
			pms-Trandolapril	02357755	PMS	ADEFGV
			Sandoz Trandolapril	02325721	SDZ	ADEFGV
			Teva-Trandolapril	02415429	TEV	ADEFGV
Cap	Orl	1 mg	Mavik	02231459	BGP	ADEFGV
			Auro-Trandolapril	02471876	ARO	ADEFGV
			pms-Trandolapril	02357763	PMS	ADEFGV
			Sandoz Trandolapril	02325748	SDZ	ADEFGV
			Teva-Trandolapril	02415437	TEV	ADEFGV
Cap	Orl	2 mg	Mavik	02231460	BGP	ADEFGV
			Auro-Trandolapril	02471884	ARO	ADEFGV
			pms-Trandolapril	02357771	PMS	ADEFGV
			Sandoz Trandolapril	02325756	SDZ	ADEFGV
			Teva-Trandolapril	02415445	TEV	ADEFGV
Cap	Orl	4 mg	Mavik	02239267	BGP	ADEFGV
			Auro-Trandolapril	02471892	ARO	ADEFGV
			pms-Trandolapril	02357798	PMS	ADEFGV
			Sandoz Trandolapril	02325764	SDZ	ADEFGV
			Teva-Trandolapril	02415453	TEV	ADEFGV

C09B ACE-INHIBITORS, COMBINATIONS

C09BA ACE-INHIBITORS AND DIURETICS

C09BA02 ENALAPRIL AND DIURETICS

ENALAPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	5 mg / 12.5 mg	Enalapril/HCTZ	02352923	AAP	ADEFGV
Tab	Orl	10 mg / 25 mg	Vaseretic	00657298	FRS	ADEFGV
			Enalapril/HCTZ	02352931	AAP	ADEFGV

C09BA03 LISINOPRIL AND DIURETICS

LISINOPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	10 mg / 12.5 mg	Zestoretic	02103729	AZE	ADEFGV
			Lisinopril HCTZ (Type Z)	02362945	SAS	ADEFGV
			Sandoz Lisinopril HCT	02302365	SDZ	ADEFGV
			Teva-Lisinopril HCTZ (Type P) (Disc/non disp Mar 15/20)	02302136	TEV	ADEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301768	TEV	ADEFGV

C09BA03 LISINOPRIL AND DIURETICS

LISINOPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	20 mg / 12.5 mg	Zestoretic	02045737	AZE	ADEFGV
			Lisinopril HCTZ (Type Z)	02362953	SAS	ADEFGV
			Sandoz Lisinopril HCT	02302373	SDZ	ADEFGV
			Teva-Lisinopril HCTZ (Type P)	02302144	TEV	ADEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301776	TEV	ADEFGV
Tab	Orl	20 mg / 25 mg	Zestoretic	02045729	AZE	ADEFGV
			Lisinopril HCTZ (Type Z)	02362961	SAS	ADEFGV
			Sandoz Lisinopril HCT	02302381	SDZ	ADEFGV
			Teva-Lisinopril HCTZ (Type P)	02302152	TEV	ADEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301784	TEV	ADEFGV

C09BA04 PERINDOPRIL AND DIURETICS

PERINDOPRIL / INDAPAMIDE

Tab	Orl	4 mg / 1.25 mg	Coversyl Plus	02246569	SEV	ADEFGV
			Sandoz Perindopril / Indapamide	02470438	SDZ	ADEFGV
			Teva-Perindopril / Indapamide	02464020	TEV	ADEFGV
Tab	Orl	8 mg / 2.5 mg	Coversyl Plus HD	02321653	SEV	ADEFGV
			Sandoz Perindopril / Indapamide	02470446	SDZ	ADEFGV
			Teva-Perindopril / Indapamide	02464039	TEV	ADEFGV

C09BA05 RAMIPRIL AND DIURETICS

RAMIPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	2.5 mg / 12.5 mg	Altace HCT	02283131	SAV	ADEFGV
			Ran-Ramipril HCTZ	02449439	RAN	ADEFGV
Tab	Orl	5 mg / 12.5 mg	Altace HCT	02283158	SAV	ADEFGV
			pms-Ramipril-HCTZ (Disc/non disp Jan 17/20)	02342146	PMS	ADEFGV
			Ran-Ramipril HCTZ	02449447	RAN	ADEFGV
Tab	Orl	5 mg / 25 mg	Altace HCT	02283174	SAV	ADEFGV
			Ran-Ramipril HCTZ	02449463	RAN	ADEFGV
Tab	Orl	10 mg / 12.5 mg	Altace HCT	02283166	SAV	ADEFGV
			pms-Ramipril-HCTZ	02342154	PMS	ADEFGV
			Ran-Ramipril HCTZ	02449455	RAN	ADEFGV

C09BA05 RAMIPRIL AND DIURETICS

RAMIPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	10 mg / 25 mg	Altace HCT	02283182	SAV	ADEFGV
			pms-Ramipril-HCTZ	02342170	PMS	ADEFGV
			Ran-Ramipril HCTZ	02449471	RAN	ADEFGV

C09BA06 QUINAPRIL AND DIURETICS

QUINAPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	10 mg / 12.5 mg	Accuretic	02237367	PFI	ADEFGV
			Apo-Quinapril/HCTZ	02408767	APX	ADEFGV
			Auro-Quinapril HCTZ	02473291	ARO	ADEFGV
Tab	Orl	20 mg / 12.5 mg	Accuretic	02237368	PFI	ADEFGV
			Apo-Quinapril/HCTZ	02408775	APX	ADEFGV
			Auro-Quinapril HCTZ	02473305	ARO	ADEFGV
Tab	Orl	20 mg / 25 mg	Accuretic	02237369	PFI	ADEFGV
			Apo-Quinapril/HCTZ	02408783	APX	ADEFGV
			Auro-Quinapril HCTZ	02473321	ARO	ADEFGV

C09BA08 CILAZAPRIL AND DIURETICS

CILAZAPRIL / HYDROCHLOROTHIAZIDE

Tab	Orl	5 mg / 12.5 mg	Inhibace Plus	02181479	HLR	ADEFGV
			Apo-Cilazapril/HCTZ	02284987	APX	ADEFGV
			Novo-Cilazapril/HCTZ	02313731	TEV	ADEFGV

C09C ANGIOTENSIN II ANTAGONISTS, PLAIN

C09CA ANGIOTENSIN II ANTAGONISTS, PLAIN

C09CA01 LOSARTAN

Tab	Orl	25 mg	Cozaar	02182815	FRS	ADEFGV
			Act Losartan	02354829	ATV	ADEFGV
			Apo-Losartan	02379058	APX	ADEFGV
			Auro-Losartan	02403323	ARO	ADEFGV
			Jamp-Losartan	02398834	JPC	ADEFGV
			Losartan	02388863	SAS	ADEFGV
			Losartan	02388790	SIV	ADEFGV
			Mint-Losartan	02405733	MNT	ADEFGV
			pms-Losartan	02309750	PMS	ADEFGV
			Sandoz Losartan	02313332	SDZ	ADEFGV
			Septa-Losartan	02424967	SPT	ADEFGV
			Teva-Losartan	02380838	TEV	ADEFGV

C09CA01 LOSARTAN

Tab	Orl	50 mg	Cozaar	02182874	FRS	ADEFGV
			Act Losartan	02354837	ATV	ADEFGV
			Apo-Losartan	02353504	APX	ADEFGV
			Auro-Losartan	02403331	ARO	ADEFGV
			Jamp-Losartan	02398842	JPC	ADEFGV
			Losartan	02388871	SAS	ADEFGV
			Losartan	02388804	SIV	ADEFGV
			Mint-Losartan	02405741	MNT	ADEFGV
			Mylan-Losartan (Disc/non disp Jul 03/19)	02368285	MYL	ADEFGV
			pms-Losartan	02309769	PMS	ADEFGV
			Sandoz Losartan	02313340	SDZ	ADEFGV
			Septa-Losartan	02424975	SPT	ADEFGV
			Teva-Losartan	02357968	TEV	ADEFGV
Tab	Orl	100 mg	Cozaar	02182882	FRS	ADEFGV
			Act Losartan	02354845	ATV	ADEFGV
			Apo-Losartan	02353512	APX	ADEFGV
			Auro-Losartan	02403358	ARO	ADEFGV
			Jamp-Losartan	02398850	JPC	ADEFGV
			Losartan	02388898	SAS	ADEFGV
			Losartan	02388812	SIV	ADEFGV
			Mint-Losartan	02405768	MNT	ADEFGV
			Mylan-Losartan (Disc/non disp Jul 03/19)	02368293	MYL	ADEFGV
			pms-Losartan	02309777	PMS	ADEFGV
			Sandoz Losartan	02313359	SDZ	ADEFGV
			Septa-Losartan	02424983	SPT	ADEFGV
			Teva-Losartan	02357976	TEV	ADEFGV

C09CA02 EPROSARTAN

Tab	Orl	400 mg	Teveten	02240432	BGP	ADEFGV
Tab	Orl	600 mg	Teveten	02243942	BGP	ADEFGV

C09CA03 VALSARTAN

C09CA03 VALSARTAN

Tab	Orl	40 mg	Diovan	02270528	NVR	ADEFGV
			Auro-Valsartan	02414201	ARO	ADEFGV
			Ran-Valsartan	02363062	RAN	ADEFGV
			Sandoz Valsartan	02356740	SDZ	ADEFGV
			Teva-Valsartan	02356643	TEV	ADEFGV
			Valsartan	02367726	PDL	ADEFGV
			Valsartan	02366940	SAS	ADEFGV
			Valsartan	02384523	SIV	ADEFGV
Tab	Orl	80 mg	Diovan	02244781	NVR	ADEFGV
			Apo-Valsartan (Disc/non disp Mar 1/20)	02371529	APX	ADEFGV
			Auro-Valsartan	02414228	ARO	ADEFGV
			Ran-Valsartan	02363100	RAN	ADEFGV
			Sandoz Valsartan	02356759	SDZ	ADEFGV
			Teva-Valsartan	02356651	TEV	ADEFGV
			Valsartan	02367734	PDL	ADEFGV
			Valsartan	02366959	SAS	ADEFGV
			Valsartan	02384531	SIV	ADEFGV
Tab	Orl	160 mg	Diovan	02244782	NVR	ADEFGV
			Apo-Valsartan (Disc/non disp Mar 1/20)	02371537	APX	ADEFGV
			Auro-Valsartan	02414236	ARO	ADEFGV
			Ran-Valsartan	02363119	RAN	ADEFGV
			Sandoz Valsartan	02356767	SDZ	ADEFGV
			Teva-Valsartan	02356678	TEV	ADEFGV
			Valsartan	02367742	PDL	ADEFGV
			Valsartan	02366967	SAS	ADEFGV
			Valsartan	02384558	SIV	ADEFGV
Tab	Orl	320 mg	Diovan	02289504	NVR	ADEFGV
			Apo-Valsartan (Disc/non disp Mar 1/20)	02371545	APX	ADEFGV
			Sandoz Valsartan	02356775	SDZ	ADEFGV
			Teva-Valsartan	02356686	TEV	ADEFGV
			Valsartan	02367750	PDL	ADEFGV
			Valsartan	02366975	SAS	ADEFGV
			Valsartan	02384566	SIV	ADEFGV

C09CA04 IRBESARTAN

C09CA04 IRBESARTAN

Tab	Orl	75 mg	Avapro	02237923	SAV	ADEFGV
			Apo-Irbesartan (Disc/non disp Dec 17/19)	02386968	APX	ADEFGV
			Auro-Irbesartan	02406098	ARO	ADEFGV
			Irbesartan	02365197	PDL	ADEFGV
			Irbesartan	02372347	SAS	ADEFGV
			Irbesartan	02385287	SIV	ADEFGV
			Jamp-Irbesartan	02418193	JPC	ADEFGV
			Mint-Irbesartan	02422980	MNT	ADEFGV
			pms-Irbesartan	02317060	PMS	ADEFGV
			Ran-Irbesartan	02406810	RAN	ADEFGV
			Sandoz Irbesartan	02328461	SDZ	ADEFGV
			Teva-Irbesartan	02316390	TEV	ADEFGV
Tab	Orl	150 mg	Avapro	02237924	SAV	ADEFGV
			Apo-Irbesartan (Disc/non disp Dec 17/19)	02386976	APX	ADEFGV
			Auro-Irbesartan	02406101	ARO	ADEFGV
			Irbesartan	02365200	PDL	ADEFGV
			Irbesartan	02372371	SAS	ADEFGV
			Irbesartan	02385295	SIV	ADEFGV
			Jamp-Irbesartan	02418207	JPC	ADEFGV
			Mint-Irbesartan	02422999	MNT	ADEFGV
			pms-Irbesartan	02317079	PMS	ADEFGV
			Ran-Irbesartan	02406829	RAN	ADEFGV
			Sandoz Irbesartan	02328488	SDZ	ADEFGV
			Teva-Irbesartan	02316404	TEV	ADEFGV
Tab	Orl	300 mg	Avapro	02237925	SAV	ADEFGV
			Apo-Irbesartan (Disc/non disp Dec 17/19)	02386984	APX	ADEFGV
			Auro-Irbesartan	02406128	ARO	ADEFGV
			Irbesartan	02365219	PDL	ADEFGV
			Irbesartan	02372398	SAS	ADEFGV
			Irbesartan	02385309	SIV	ADEFGV
			Jamp-Irbesartan	02418215	JPC	ADEFGV
			Mint-Irbesartan	02423006	MNT	ADEFGV
			pms-Irbesartan	02317087	PMS	ADEFGV
			Ran-Irbesartan	02406837	RAN	ADEFGV
			Sandoz Irbesartan	02328496	SDZ	ADEFGV
			Teva-Irbesartan	02316412	TEV	ADEFGV

C09CA06 CANDESARTAN

Tab	Orl	4 mg	Atacand	02239090	AZE	ADEFGV
			Apo-Candesartan	02365340	APX	ADEFGV
			Auro-Candesartan	02445786	ARO	ADEFGV
			Candesartan	02388901	SAS	ADEFGV
			Candesartan Cilexetil	02379260	AHI	ADEFGV
			Co Candesartan	02376520	COB	ADEFGV
			Jamp-Candesartan	02386496	JPC	ADEFGV
			pms-Candesartan	02391171	PMS	ADEFGV
			Ran-Candesartan	02380684	RAN	ADEFGV
			Sandoz Candesartan	02326957	SDZ	ADEFGV
Tab	Orl	8 mg	Atacand	02239091	AZE	ADEFGV
			Apo-Candesartan	02365359	APX	ADEFGV
			Auro-Candesartan	02445794	ARO	ADEFGV
			Candesartan	02388928	SAS	ADEFGV
			Candesartan	02388707	SIV	ADEFGV
			Candesartan Cilexetil	02379279	AHI	ADEFGV
			Jamp-Candesartan	02386518	JPC	ADEFGV
			Mint-Candesartan	02476916	MNT	ADEFGV
			pms-Candesartan	02391198	PMS	ADEFGV
			Ran-Candesartan	02380692	RAN	ADEFGV
			Sandoz Candesartan	02326965	SDZ	ADEFGV
			Teva-Candesartan	02366312	TEV	ADEFGV
Tab	Orl	16 mg	Atacand	02239092	AZE	ADEFGV
			Apo-Candesartan	02365367	APX	ADEFGV
			Auro-Candesartan	02445808	ARO	ADEFGV
			Candesartan	02388936	SAS	ADEFGV
			Candesartan	02388715	SIV	ADEFGV
			Candesartan Cilexetil	02379287	AHI	ADEFGV
			Jamp-Candesartan	02386526	JPC	ADEFGV
			Mint-Candesartan	02476924	MNT	ADEFGV
			pms-Candesartan	02391201	PMS	ADEFGV
			Ran-Candesartan	02380706	RAN	ADEFGV
			Sandoz Candesartan	02326973	SDZ	ADEFGV
			Teva-Candesartan	02366320	TEV	ADEFGV

C09CA06 CANDESARTAN

Tab	Orl	32 mg	Atacand	02311658	AZE	ADEFGV
			Apo-Candesartan	02399105	APX	ADEFGV
			Auro-Candesartan	02445816	ARO	ADEFGV
			Candesartan	02435845	SAS	ADEFGV
			Candesartan Cilexetil	02379295	AHI	ADEFGV
			Co Candesartan	02376555	COB	ADEFGV
			Jamp-Candesartan	02386534	JPC	ADEFGV
			pms-Candesartan	02391228	PMS	ADEFGV
			Ran-Candesartan	02380714	RAN	ADEFGV
			Sandoz Candesartan	02417340	SDZ	ADEFGV
			Teva-Candesartan	02366339	TEV	ADEFGV

C09CA07 TELMISARTAN

Tab	Orl	40 mg	Micardis	02240769	BOE	ADEFGV
			Auro-Telmisartan	02453568	ARO	ADEFGV
			Sandoz Telmisartan	02375958	SDZ	ADEFGV
			Telmisartan	02407485	AHI	ADEFGV
			Telmisartan	02388944	SAS	ADEFGV
			Telmisartan	02390345	SIV	ADEFGV
			Teva-Telmisartan	02320177	TEV	ADEFGV
Tab	Orl	80 mg	Micardis	02240770	BOE	ADEFGV
			Apo-Telmisartan (Disc/non disp Sep 20/19)	02420090	APX	ADEFGV
			Auro-Telmisartan	02453576	ARO	ADEFGV
			Sandoz Telmisartan	02375966	SDZ	ADEFGV
			Telmisartan	02407493	AHI	ADEFGV
			Telmisartan	02388952	SAS	ADEFGV
			Telmisartan	02390353	SIV	ADEFGV
			Teva-Telmisartan	02320185	TEV	ADEFGV

C09CA08 OLMESARTAN MEDOXOMIL

Tab	Orl	20 mg	Olmetec	02318660	FRS	ADEFGV
			Act Olmesartan	02442191	TEV	ADEFGV
			Apo-Olmesartan	02453452	APX	ADEFGV
			Auro-Olmesartan	02443864	ARO	ADEFGV
			Jamp-Olmesartan	02461641	JPC	ADEFGV
			pms-Olmesartan	02461307	PMS	ADEFGV
			Sandoz Olmesartan	02443414	SDZ	ADEFGV

C09CA08 OLMESARTAN MEDOXOMIL

Tab	Orl	40 mg	Olmetec	02318679	FRS	ADEFGV
			Act Olmesartan	02442205	TEV	ADEFGV
			Apo-Olmesartan	02453460	APX	ADEFGV
			Auro-Olmesartan	02443872	ARO	ADEFGV
			Jamp-Olmesartan	02461668	JPC	ADEFGV
			pms-Olmesartan	02461315	PMS	ADEFGV
			Sandoz Olmesartan	02443422	SDZ	ADEFGV

C09D ANGIOTENSIN II ANTAGONISTS, COMBINATIONS

C09DA ANGIOTENSIN II ANTAGONISTS AND DIURETICS

C09DA01 LOSARTAN AND DIURETICS

LOSARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	50 mg / 12.5 mg	Hyzaar	02230047	FRS	ADEFGV
			Apo-Losartan HCTZ (Disc/non disp Mar 1/20)	02371235	APX	ADEFGV
			Auro-Losartan HCT	02423642	ARO	ADEFGV
			Jamp-Losartan HCTZ	02408244	JPC	ADEFGV
			Losartan HCT	02388960	SIV	ADEFGV
			Losartan/HCTZ	02427648	SAS	ADEFGV
			Mint-Losartan/HCTZ	02389657	MNT	ADEFGV
			pms-Losartan-HCTZ	02392224	PMS	ADEFGV
			Sandoz Losartan HCT	02313375	SDZ	ADEFGV
			Teva-Losartan HCTZ	02358263	TEV	ADEFGV
Tab	Orl	100 mg / 12.5 mg	Hyzaar	02297841	FRS	ADEFGV
			Apo-Losartan HCTZ (Disc/non disp Mar 1/20)	02371243	APX	ADEFGV
			Auro-Losartan HCT	02423650	ARO	ADEFGV
			Losartan HCT	02388979	SIV	ADEFGV
			Losartan/HCTZ	02427656	SAS	ADEFGV
			Mint-Losartan/HCTZ	02389665	MNT	ADEFGV
			pms-Losartan-HCTZ	02392232	PMS	ADEFGV
			Sandoz Losartan HCT	02362449	SDZ	ADEFGV
			Teva-Losartan HCTZ	02377144	TEV	ADEFGV

C09DA01	LOSARTAN AND DIURETICS					
	LOSARTAN / HYDROCHLOROTHIAZIDE					
Tab	Orl	100 mg / 25 mg	Hyzaar DS	02241007	FRS	ADEFGV
			Apo-Losartan HCTZ (Disc/non disp Mar 1/20)	02371251	APX	ADEFGV
			Auro-Losartan HCT	02423669	ARO	ADEFGV
			Jamp-Losartan HCTZ	02408252	JPC	ADEFGV
			Losartan HCT	02388987	SIV	ADEFGV
			Losartan/HCTZ	02427664	SAS	ADEFGV
			Mint-Losartan/HCTZ DS	02389673	MNT	ADEFGV
			pms-Losartan-HCTZ	02392240	PMS	ADEFGV
			Sandoz Losartan HCT	02313383	SDZ	ADEFGV
			Teva-Losartan HCTZ	02377152	TEV	ADEFGV
C09DA02	EPROSARTAN AND DIURETICS					
	EPROSARTAN / HYDROCHLOROTHIAZIDE					
Tab	Orl	600 mg / 12.5 mg	Teveten Plus	02253631	BGP	ADEFGV
C09DA03	VALSARTAN AND DIURETICS					
	VALSARTAN / HYDROCHLOROTHIAZIDE					
Tab	Orl	80 mg / 12.5 mg	Diovan HCT	02241900	NVR	ADEFGV
			Auro-Valsartan HCT	02408112	ARO	ADEFGV
			Sandoz Valsartan HCT	02356694	SDZ	ADEFGV
			Teva-Valsartan/ HCTZ	02356996	TEV	ADEFGV
			Valsartan HCT	02384736	SIV	ADEFGV
			Valsartan/HCTZ	02367009	SAS	ADEFGV
Tab	Orl	160 mg / 12.5 mg	Diovan HCT	02241901	NVR	ADEFGV
			Auro-Valsartan HCT	02408120	ARO	ADEFGV
			Sandoz Valsartan HCT	02356708	SDZ	ADEFGV
			Teva-Valsartan/ HCTZ	02357003	TEV	ADEFGV
			Valsartan HCT	02384744	SIV	ADEFGV
			Valsartan/HCTZ	02367017	SAS	ADEFGV
Tab	Orl	160 mg / 25 mg	Diovan HCT	02246955	NVR	ADEFGV
			Auro-Valsartan HCT	02408139	ARO	ADEFGV
			Sandoz Valsartan HCT	02356716	SDZ	ADEFGV
			Teva-Valsartan/ HCTZ	02357011	TEV	ADEFGV
			Valsartan HCT	02384752	SIV	ADEFGV
			Valsartan/HCTZ	02367025	SAS	ADEFGV

C09DA03 VALSARTAN AND DIURETICS

VALSARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	320 mg / 12.5 mg	Diovan HCT	02308908	NVR	ADEFGV
			Auro-Valsartan HCT	02408147	ARO	ADEFGV
			Sandoz Valsartan HCT	02356724	SDZ	ADEFGV
			Teva-Valsartan/ HCTZ	02357038	TEV	ADEFGV
			Valsartan/HCTZ	02367033	SAS	ADEFGV
Tab	Orl	320 mg / 25 mg	Diovan HCT	02308916	NVR	ADEFGV
			Auro-Valsartan HCT	02408155	ARO	ADEFGV
			Sandoz Valsartan HCT	02356732	SDZ	ADEFGV
			Teva-Valsartan/ HCTZ	02357046	TEV	ADEFGV
			Valsartan/HCTZ	02367041	SAS	ADEFGV

C09DA04 IRBESARTAN AND DIURETICS

IRBESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	150 mg / 12.5 mg	Avalide	02241818	SAV	ADEFGV
			Auro-Irbesartan HCT	02447878	ARO	ADEFGV
			Irbesartan HCT	02385317	SIV	ADEFGV
			Irbesartan/HCTZ	02372886	SAS	ADEFGV
			Jamp-Irbesartan/Hydrochlorothiazide	02418223	JPC	ADEFGV
			Mint-Irbesartan/HCTZ	02392992	MNT	ADEFGV
			pms-Irbesartan HCTZ	02328518	PMS	ADEFGV
			ratio-Irbesartan HCTZ	02330512	TEV	ADEFGV
			Sandoz Irbesartan HCT	02337428	SDZ	ADEFGV
Tab	Orl	300 mg / 12.5 mg	Avalide	02241819	SAV	ADEFGV
			Auro-Irbesartan HCT	02447886	ARO	ADEFGV
			Irbesartan HCT	02385325	SIV	ADEFGV
			Irbesartan/HCTZ	02372894	SAS	ADEFGV
			Jamp-Irbesartan/Hydrochlorothiazide	02418231	JPC	ADEFGV
			Mint-Irbesartan/HCTZ	02393018	MNT	ADEFGV
			pms-Irbesartan HCTZ	02328526	PMS	ADEFGV
			ratio-Irbesartan HCTZ	02330520	TEV	ADEFGV
			Sandoz Irbesartan HCT	02337436	SDZ	ADEFGV

C09DA04 IRBESARTAN AND DIURETICS

IRBESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	300 mg / 25 mg	Auro-Irbesartan HCT	02447894	ARO	ADEFGV
			Irbesartan HCT	02385333	SIV	ADEFGV
			Irbesartan/HCTZ	02372908	SAS	ADEFGV
			Jamp-Irbesartan/Hydrochlorothiazide	02418258	JPC	ADEFGV
			Mint-Irbesartan/HCTZ	02393026	MNT	ADEFGV
			pms-Irbesartan HCTZ	02328534	PMS	ADEFGV
			ratio-Irbesartan HCTZ	02330539	TEV	ADEFGV
			Sandoz Irbesartan HCT	02337444	SDZ	ADEFGV

C09DA06 CANDESARTAN AND DIURETICS

CANDESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	16 mg / 12.5 mg	Atacand Plus	02244021	AZE	ADEFGV
			Auro-Candesartan HCT	02421038	ARO	ADEFGV
			Candesartan HCT	02394812	SIV	ADEFGV
			Candesartan/HCTZ	02394804	SAS	ADEFGV
			Jamp-Candesartan HCT	02473240	JPC	ADEFGV
			pms-Candesartan-HCTZ	02391295	PMS	ADEFGV
			Sandoz Candesartan Plus	02327902	SDZ	ADEFGV
			Teva-Candesartan/HCTZ	02395541	TEV	ADEFGV
Tab	Orl	32 mg / 12.5 mg	Atacand Plus	02332922	AZE	ADEFGV
			Auro-Candesartan HCT	02421046	ARO	ADEFGV
			Jamp-Candesartan HCT	02473259	JPC	ADEFGV
			Sandoz Candesartan Plus	02420732	SDZ	ADEFGV
			Teva-Candesartan/HCTZ	02395568	TEV	ADEFGV
Tab	Orl	32 mg / 25 mg	Atacand Plus	02332957	AZE	ADEFGV
			Auro-Candesartan HCT	02421054	ARO	ADEFGV
			Jamp-Candesartan HCT	02473267	JPC	ADEFGV
			Sandoz Candesartan Plus	02420740	SDZ	ADEFGV

C09DA07 TELMISARTAN AND DIURETICS

TELMISARTAN / HYDROCHLOROTHIAZIDE

C09DA07 TELMISARTAN AND DIURETICS

TELMISARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	80 mg / 12.5 mg	Micardis Plus	02244344	BOE	ADEFGV
			ACH-Telmisartan HCTZ	02419114	AHI	ADEFGV
			Auro-Telmisartan HCTZ	02456389	ARO	ADEFGV
			Sandoz Telmisartan HCT	02393557	SDZ	ADEFGV
			Telmisartan HCTZ	02390302	SIV	ADEFGV
			Telmisartan/HCTZ	02395355	SAS	ADEFGV
			Teva-Telmisartan HCTZ	02330288	TEV	ADEFGV
Tab	Orl	80 mg / 25 mg	Micardis Plus	02318709	BOE	ADEFGV
			ACH-Telmisartan HCTZ	02419122	AHI	ADEFGV
			Auro-Telmisartan HCTZ	02456397	ARO	ADEFGV
			Sandoz Telmisartan HCT	02393565	SDZ	ADEFGV
			Telmisartan HCTZ	02390310	SIV	ADEFGV
			Telmisartan/HCTZ	02395363	SAS	ADEFGV
			Teva-Telmisartan HCTZ	02379252	TEV	ADEFGV

C09DA08 OLMESARTAN AND DIURETICS

OLMESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	20 mg / 12.5 mg	Olmetec Plus	02319616	FRS	ADEFGV
			Act Olmesartan HCT	02443112	TEV	ADEFGV
			Apo-Olmesartan/HCTZ	02453606	APX	ADEFGV
Tab	Orl	40 mg / 12.5 mg	Olmetec Plus	02319624	FRS	ADEFGV
			Act Olmesartan HCT	02443120	TEV	ADEFGV
			Apo-Olmesartan/HCTZ	02453614	APX	ADEFGV
Tab	Orl	40 mg / 25 mg	Olmetec Plus	02319632	FRS	ADEFGV
			Act Olmesartan HCT	02443139	TEV	ADEFGV
			Apo-Olmesartan/HCTZ	02453622	APX	ADEFGV

C09DB ANGIOTENSIN II ANTAGONISTS AND CALCIUM CHANNEL BLOCKERS

C09DB04 TELMISARTAN AND AMLODIPINE

Tab	Orl	40 mg / 5 mg	Twynsta	02371022	BOE	ADEFGV
Tab	Orl	40 mg / 10 mg	Twynsta	02371030	BOE	ADEFGV
Tab	Orl	80 mg / 5 mg	Twynsta	02371049	BOE	ADEFGV
Tab	Orl	80 mg / 10 mg	Twynsta	02371057	BOE	ADEFGV

C09DX ANGIOTENSIN II ANTAGONISTS, OTHER COMBINATIONS

C09DX04 VALSARTAN AND SACUBITRIL

Tab	Orl	26 mg / 24 mg	Entresto	02446928	NVR	(SA)
Tab	Orl	51 mg / 49 mg	Entresto	02446936	NVR	(SA)
Tab	Orl	103 mg / 97 mg	Entresto	02446944	NVR	(SA)

C10 LIPID MODIFYING AGENTS

C10A LIPID MODIFYING AGENTS, PLAIN

C10AA HMG COA REDUCTASE INHIBITORS

C10AA01 SIMVASTATIN

Tab	Orl	5 mg	Apo-Simvastatin	02247011	APX	ADEFGV
			Auro-Simvastatin	02405148	ARO	ADEFGV
			Jamp-Simvastatin	02375591	JPC	ADEFGV
			Mar-Simvastatin	02375036	MAR	ADEFGV
			Mint-Simvastatin	02372932	MNT	ADEFGV
			pharma-Simvastatin	02469979	PMS	ADEFGV
			Ran-Simvastatin	02329131	RAN	ADEFGV
			Simvastatin	02284723	SAS	ADEFGV
			Simvastatin	02386291	SIV	ADEFGV
			Teva-Simvastatin	02250144	TEV	ADEFGV
Tab	Orl	10 mg	Zocor	00884332	FRS	ADEFGV
			Apo-Simvastatin	02247012	APX	ADEFGV
			Auro-Simvastatin	02405156	ARO	ADEFGV
			Jamp-Simvastatin	02375605	JPC	ADEFGV
			Mar-Simvastatin	02375044	MAR	ADEFGV
			Mint-Simvastatin	02372940	MNT	ADEFGV
			pharma-Simvastatin	02469987	PMS	ADEFGV
			pms-Simvastatin	02269260	PMS	ADEFGV
			Ran-Simvastatin	02329158	RAN	ADEFGV
			Simvastatin	02284731	SAS	ADEFGV
			Simvastatin	02386305	SIV	ADEFGV
			Simvastatin-10	02247221	PDL	ADEFGV
			Teva-Simvastatin	02250152	TEV	ADEFGV

C10AA01 SIMVASTATIN

Tab	Orl	20 mg	Zocor	00884340	FRS	ADEFGV
			Apo-Simvastatin	02247013	APX	ADEFGV
			Auro-Simvastatin	02405164	ARO	ADEFGV
			Jamp-Simvastatin	02375613	JPC	ADEFGV
			Mar-Simvastatin	02375052	MAR	ADEFGV
			Mint-Simvastatin	02372959	MNT	ADEFGV
			Mylan-Simvastatin (Disc/non disp Jul 03/19)	02246737	MYL	ADEFGV
			pharma-Simvastatin	02469995	PMS	ADEFGV
			Ran-Simvastatin	02329166	RAN	ADEFGV
			Simvastatin	02284758	SAS	ADEFGV
			Simvastatin	02386313	SIV	ADEFGV
			Simvastatin-20	02247222	PDL	ADEFGV
			Teva-Simvastatin	02250160	TEV	ADEFGV
Tab	Orl	40 mg	Zocor	00884359	FRS	ADEFGV
			Apo-Simvastatin	02247014	APX	ADEFGV
			Auro-Simvastatin	02405172	ARO	ADEFGV
			Jamp-Simvastatin	02375621	JPC	ADEFGV
			Mar-Simvastatin	02375060	MAR	ADEFGV
			Mint-Simvastatin	02372967	MNT	ADEFGV
			pharma-Simvastatin	02470004	PMS	ADEFGV
			Ran-Simvastatin	02329174	RAN	ADEFGV
			Simvastatin	02284766	SAS	ADEFGV
			Simvastatin	02386321	SIV	ADEFGV
			Simvastatin-40	02247223	PDL	ADEFGV
			Teva-Simvastatin	02250179	TEV	ADEFGV
Tab	Orl	80 mg	Apo-Simvastatin	02247015	APX	ADEFGV
			Auro-Simvastatin	02405180	ARO	ADEFGV
			Jamp-Simvastatin	02375648	JPC	ADEFGV
			Mar-Simvastatin	02375079	MAR	ADEFGV
			Mint-Simvastatin	02372975	MNT	ADEFGV
			pharma-Simvastatin	02470012	PMS	ADEFGV
			Ran-Simvastatin	02329182	RAN	ADEFGV
			Simvastatin	02284774	SAS	ADEFGV
			Simvastatin	02386348	SIV	ADEFGV
			Simvastatin-80	02247224	PDL	ADEFGV
			Teva-Simvastatin	02250187	TEV	ADEFGV

C10AA02 LOVASTATIN

Tab	Orl	20 mg	Act Lovastatin	02248572	ATV	ADEFGV
			Apo-Lovastatin	02220172	APX	ADEFGV
			Lovastatin	02353229	SAS	ADEFGV
Tab	Orl	40 mg	Act Lovastatin	02248573	ATV	ADEFGV
			Apo-Lovastatin	02220180	APX	ADEFGV
			Lovastatin	02353237	SAS	ADEFGV

C10AA03 PRAVASTATIN

Tab	Orl	10 mg	Apo-Pravastatin	02243506	APX	ADEFGV
			Auro-Pravastatin	02458977	ARO	ADEFGV
			Jamp-Pravastatin	02330954	JPC	ADEFGV
			Mar-Pravastatin	02432048	MAR	ADEFGV
			Mint-Pravastatin	02317451	MNT	ADEFGV
			pms-Pravastatin	02247655	PMS	ADEFGV
			Pravastatin	02356546	SAS	ADEFGV
			Pravastatin	02389703	SIV	ADEFGV
			Pravastatin-10	02243824	PDL	ADEFGV
			Ran-Pravastatin	02284421	RAN	ADEFGV
			Sandoz Pravastatin	02468700	SDZ	ADEFGV
			Teva-Pravastatin	02247008	TEV	ADEFGV
Tab	Orl	20 mg	Pravachol	00893757	BRI	ADEFGV
			Apo-Pravastatin	02243507	APX	ADEFGV
			Auro-Pravastatin	02458985	ARO	ADEFGV
			Jamp-Pravastatin	02330962	JPC	ADEFGV
			Mar-Pravastatin	02432056	MAR	ADEFGV
			Mint-Pravastatin	02317478	MNT	ADEFGV
			pms-Pravastatin	02247656	PMS	ADEFGV
			Pravastatin	02356554	SAS	ADEFGV
			Pravastatin	02389738	SIV	ADEFGV
			Pravastatin-20	02243825	PDL	ADEFGV
			Ran-Pravastatin	02284448	RAN	ADEFGV
			Sandoz Pravastatin	02468719	SDZ	ADEFGV
			Teva-Pravastatin	02247009	TEV	ADEFGV

C10AA03	PRAVASTATIN					
	Tab	Orl	40 mg	Pravachol	02222051	BRI	ADEFGV
				Apo-Pravastatin	02243508	APX	ADEFGV
				Auro-Pravastatin	02458993	ARO	ADEFGV
				Jamp-Pravastatin	02330970	JPC	ADEFGV
				Mar-Pravastatin	02432064	MAR	ADEFGV
				Mint-Pravastatin	02317486	MNT	ADEFGV
				pms-Pravastatin	02247657	PMS	ADEFGV
				Pravastatin	02356562	SAS	ADEFGV
				Pravastatin	02389746	SIV	ADEFGV
				Pravastatin-40	02243826	PDL	ADEFGV
				Ran-Pravastatin	02284456	RAN	ADEFGV
				Sandoz Pravastatin	02468727	SDZ	ADEFGV
				Teva-Pravastatin	02247010	TEV	ADEFGV
C10AA04	FLUVASTATIN					
	Cap	Orl	20 mg	Teva-Fluvastatin	02299224	TEV	ADEFGV
	Cap	Orl	40 mg	Teva-Fluvastatin	02299232	TEV	ADEFGV
	SRT	Orl	80 mg	Lescol XL	02250527	NVR	ADEFGV
C10AA05	ATORVASTATIN					
	Tab	Orl	10 mg	Lipitor	02230711	PFI	ADEFGV
				Apo-Atorvastatin	02295261	APX	ADEFGV
				Atorvastatin	02346486	PDL	ADEFGV
				Atorvastatin	02411350	SIV	ADEFGV
				Atorvastatin (Disc/non-disp Feb 28/20)	02348705	SAS	ADEFGV
				Auro-Atorvastatin	02407256	ARO	ADEFGV
				Jamp-Atorvastatin	02391058	JPC	ADEFGV
				Mar-Atorvastatin	02454017	MAR	ADEFGV
				Mylan-Atorvastatin	02392933	MYL	ADEFGV
				pms-Atorvastatin	02399377	PMS	ADEFGV
				Ran-Atorvastatin	02313707	RAN	ADEFGV
				Reddy-Atorvastatin	02417936	RCH	ADEFGV
				Sandoz Atorvastatin	02324946	SDZ	ADEFGV
				Teva-Atorvastatin	02310899	TEV	ADEFGV

C10AA05 ATORVASTATIN

Tab	Orl	20 mg	Lipitor	02230713	PFI	ADEFGV
			Apo-Atorvastatin	02295288	APX	ADEFGV
			Atorvastatin	02346494	PDL	ADEFGV
			Atorvastatin	02411369	SIV	ADEFGV
			Atorvastatin (Disc/non-disp Mar 31/20)	02348713	SAS	ADEFGV
			Auro-Atorvastatin	02407264	ARO	ADEFGV
			Jamp-Atorvastatin	02391066	JPC	ADEFGV
			Mar-Atorvastatin	02454025	MAR	ADEFGV
			Mylan-Atorvastatin	02392941	MYL	ADEFGV
			pms-Atorvastatin	02399385	PMS	ADEFGV
			Ran-Atorvastatin	02313715	RAN	ADEFGV
			Reddy-Atorvastatin	02417944	RCH	ADEFGV
			Sandoz Atorvastatin	02324954	SDZ	ADEFGV
			Teva-Atorvastatin	02310902	TEV	ADEFGV
Tab	Orl	40 mg	Lipitor	02230714	PFI	ADEFGV
			Apo-Atorvastatin	02295296	APX	ADEFGV
			Atorvastatin	02346508	PDL	ADEFGV
			Atorvastatin	02411377	SIV	ADEFGV
			Atorvastatin (Disc/non-disp May 31/20)	02348721	SAS	ADEFGV
			Auro-Atorvastatin	02407272	ARO	ADEFGV
			Jamp-Atorvastatin	02391074	JPC	ADEFGV
			Mar-Atorvastatin	02454033	MAR	ADEFGV
			Mylan-Atorvastatin	02392968	MYL	ADEFGV
			pms-Atorvastatin	02399393	PMS	ADEFGV
			Ran-Atorvastatin	02313723	RAN	ADEFGV
			Reddy-Atorvastatin	02417952	RCH	ADEFGV
			Sandoz Atorvastatin	02324962	SDZ	ADEFGV
			Teva-Atorvastatin	02310910	TEV	ADEFGV

C10AA05 ATORVASTATIN

Tab	Orl	80 mg	Lipitor	02243097	PFI	ADEFGV
			Apo-Atorvastatin	02295318	APX	ADEFGV
			Atorvastatin	02346516	PDL	ADEFGV
			Atorvastatin	02411385	SIV	ADEFGV
			Atorvastatin (Disc/non-disp Jun 30/20)	02348748	SAS	ADEFGV
			Auro-Atorvastatin	02407280	ARO	ADEFGV
			Jamp-Atorvastatin	02391082	JPC	ADEFGV
			Mar-Atorvastatin	02454041	MAR	ADEFGV
			Mylan-Atorvastatin	02392976	MYL	ADEFGV
			pms-Atorvastatin	02399407	PMS	ADEFGV
			Ran-Atorvastatin	02313758	RAN	ADEFGV
			Reddy-Atorvastatin	02417960	RCH	ADEFGV
			Sandoz Atorvastatin	02324970	SDZ	ADEFGV
			Teva-Atorvastatin	02310929	TEV	ADEFGV

C10AA07 ROSUVASTATIN

Tab	Orl	5 mg	Crestor	02265540	AZE	ADEFGV
			Act Rosuvastatin	02339765	ATV	ADEFGV
			Apo-Rosuvastatin	02337975	APX	ADEFGV
			Auro-Rosuvastatin	02442574	ARO	ADEFGV
			Jamp-Rosuvastatin	02391252	JPC	ADEFGV
			Mar-Rosuvastatin	02413051	MAR	ADEFGV
			Mint-Rosuvastatin	02397781	MNT	ADEFGV
			pms-Rosuvastatin	02378523	PMS	ADEFGV
			Ran-Rosuvastatin	02382644	SUN	ADEFGV
			Rosuvastatin	02381176	PDL	ADEFGV
			Rosuvastatin	02405628	SAS	ADEFGV
			Rosuvastatin	02411628	SIV	ADEFGV
			Sandoz Rosuvastatin	02338726	SDZ	ADEFGV
			Teva-Rosuvastatin	02354608	TEV	ADEFGV

C10AA07 ROSUVASTATIN

Tab	Orl	10 mg	Crestor	02247162	AZE	ADEFGV
			Apo-Rosuvastatin	02337983	APX	ADEFGV
			Auro-Rosuvastatin	02442582	ARO	ADEFGV
			Jamp-Rosuvastatin	02391260	JPC	ADEFGV
			Mar-Rosuvastatin	02413078	MAR	ADEFGV
			Mint-Rosuvastatin	02397803	MNT	ADEFGV
			pms-Rosuvastatin	02378531	PMS	ADEFGV
			Ran-Rosuvastatin	02382652	SUN	ADEFGV
			Rosuvastatin	02381184	PDL	ADEFGV
			Rosuvastatin	02405636	SAS	ADEFGV
			Rosuvastatin	02411636	SIV	ADEFGV
			Sandoz Rosuvastatin	02338734	SDZ	ADEFGV
			Teva-Rosuvastatin	02354616	TEV	ADEFGV
Tab	Orl	20 mg	Crestor	02247163	AZE	ADEFGV
			Apo-Rosuvastatin	02337991	APX	ADEFGV
			Auro-Rosuvastatin	02442590	ARO	ADEFGV
			Jamp-Rosuvastatin	02391279	JPC	ADEFGV
			Mar-Rosuvastatin	02413086	MAR	ADEFGV
			Mint-Rosuvastatin	02397811	MNT	ADEFGV
			pms-Rosuvastatin	02378558	PMS	ADEFGV
			Ran-Rosuvastatin	02382660	SUN	ADEFGV
			Rosuvastatin	02381192	PDL	ADEFGV
			Rosuvastatin	02405644	SAS	ADEFGV
			Rosuvastatin	02411644	SIV	ADEFGV
			Sandoz Rosuvastatin	02338742	SDZ	ADEFGV
			Teva-Rosuvastatin	02354624	TEV	ADEFGV

C10AA07 ROSUVASTATIN

Tab	Orl	40 mg	Crestor	02247164	AZE	ADEFGV
			Apo-Rosuvastatin	02338009	APX	ADEFGV
			Auro-Rosuvastatin	02442604	ARO	ADEFGV
			Jamp-Rosuvastatin	02391287	JPC	ADEFGV
			Mar-Rosuvastatin	02413108	MAR	ADEFGV
			Mint-Rosuvastatin	02397838	MNT	ADEFGV
			pms-Rosuvastatin	02378566	PMS	ADEFGV
			Ran-Rosuvastatin	02382679	SUN	ADEFGV
			Rosuvastatin	02381206	PDL	ADEFGV
			Rosuvastatin	02405652	SAS	ADEFGV
			Rosuvastatin	02411652	SIV	ADEFGV
			Sandoz Rosuvastatin	02338750	SDZ	ADEFGV
			Teva-Rosuvastatin	02354632	TEV	ADEFGV

C10AB FIBRATES

C10AB04 GEMFIBROZIL

Tab	Orl	300 mg	Apo-Gemfibrozil (Disc/non disp May 2/20)	01979574	APX	ADEFGV
			pms-Gemfibrozil	02239951	PMS	ADEFGV
			Teva-Gemfibrozil (Disc/non disp Mar 15/20)	02241704	TEV	ADEFGV
Tab	Orl	600 mg	Apo-Gemfibrozil (Disc/non disp May 2/20)	01979582	APX	ADEFGV
			Teva-Gemfibrozil	02142074	TEV	ADEFGV

C10AB05 FENOFIBRATE

Cap	Orl	67 mg	Apo-Feno Micro	02243180	APX	ADEFGV
Cap	Orl	100 mg	Apo-Fenofibrate (Disc/non disp Jan 31/20)	02225980	APX	ADEFGV
Cap	Orl	200 mg	Apo-Feno-Micro	02239864	APX	ADEFGV
			Mylan-Fenofibrate Micro (Disc/non disp Aug 31/19)	02240210	MYL	ADEFGV
			ratio-Fenofibrate MC	02250039	TEV	ADEFGV
Tab	Orl	100 mg	Apo-Feno-Super	02246859	APX	ADEFGV
			Sandoz Fenofibrate S	02288044	SDZ	ADEFGV
Tab	Orl	160 mg	Lipidil Supra	02241602	BGP	ADEFGV
			Apo-Feno-Super	02246860	APX	ADEFGV
			Sandoz Fenofibrate S	02288052	SDZ	ADEFGV

C10AC BILE ACID SEQUESTRANTS

C10AC01 CHOLESTYRAMINE

Pws	Orl	4 g Packets/sachets	Cholestyramine-Odan	02455609	ODN	ADEFGV
			Olestyr	00890960	PMS	ADEFGV
			Olestyr	02210320	PMS	ADEFGV

C10AC02 COLESTIPOL

Pws	Orl	5 mg	Colestid	00642975	PFI	ADEFGV
Pws	Orl	7.5 mg	Colestid (Orange)	02132699	PFI	ADEFGV
Tab	Orl	1 mg	Colestid	02132680	PFI	ADEFGV

C10AC04 COLESEVELAM

Pws	Orl	3.75 mg	Lodalis	02432463	VLN	ADEFGV
Tab	Orl	625 mg	Lodalis	02373955	VLN	ADEFGV

C10AX OTHER LIPID MODIFYING AGENTS

C10AX09 EZETIMIBE

Tab	Orl	10 mg	Ezetrol	02247521	FRS	ADEFGV
			ACH-Ezetimibe	02425610	AHI	ADEFGV
			Apo-Ezetimibe	02427826	APX	ADEFGV
			Auro-Ezetimibe	02469286	ARO	ADEFGV
			Ezetimibe	02422549	PDL	ADEFGV
			Ezetimibe	02431300	SAS	ADEFGV
			Ezetimibe	02429659	SIV	ADEFGV
			Jamp-Ezetimibe	02423235	JPC	ADEFGV
			Mar-Ezetimibe	02422662	MAR	ADEFGV
			Mint-Ezetimibe	02423243	MNT	ADEFGV
			pms-Ezetimibe	02416409	PMS	ADEFGV
			Ran-Ezetimibe	02419548	RAN	ADEFGV
			Sandoz Ezetimibe	02416778	SDZ	ADEFGV
			Teva-Ezetimibe	02354101	TEV	ADEFGV

C10AX13 EVOLOCUMAB

Liq	SC	120 mg/mL	Repatha (pre-filled mini-doser)	02459779	AGA	(SA)
Liq	SC	140 mg/mL	Repatha (pre-filled autoinjector)	02446057	AGA	(SA)

C10AX14 ALIROCUMAB

Liq	SC	75 mg/mL	Praluent (pre-filled pen)	02453819	SAV	(SA)
			Praluent (pre-filled syringe)	02453754	SAV	(SA)

C10AX14 ALIROCUMAB

Liq	SC	150 mg/mL	Praluent (pre-filled pen)	02453835	SAV	(SA)
			Praluent (pre-filled syringe)	02453762	SAV	(SA)

C10B LIPID MODIFYING AGENTS, COMBINATIONS

C10BX HMG COA REDUCTASE INHIBITORS, OTHER COMBINATIONS

C10BX03 ATORVASTATIN AND AMLODIPINE

Tab	Orl	10 mg / 5 mg	Caduet	02273233	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411253	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362759	GMD	ADEFGV
			pms-Amlodipine/Atorvastatin	02404222	PMS	ADEFGV
Tab	Orl	10 mg / 10 mg	Caduet	02273284	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411318	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362791	GMD	ADEFGV
			pms-Amlodipine/Atorvastatin	02404249	PMS	ADEFGV
Tab	Orl	20 mg / 5 mg	Caduet	02273241	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411261	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362767	GMD	ADEFGV
			pms-Amlodipine/Atorvastatin	02404230	PMS	ADEFGV
Tab	Orl	20 mg / 10 mg	Caduet	02273292	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411326	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362805	GMD	ADEFGV
			pms-Amlodipine/Atorvastatin	02404257	PMS	ADEFGV
Tab	Orl	40 mg / 5 mg	Caduet	02273268	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411288	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362775	GMD	ADEFGV
Tab	Orl	40 mg / 10 mg	Caduet	02273306	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411334	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362813	GMD	ADEFGV
Tab	Orl	80 mg / 5 mg	Caduet	02273276	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411296	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362783	GMD	ADEFGV

C10BX03 ATORVASTATIN AND AMLODIPINE

Tab	Orl	80 mg / 10 mg	Caduet	02273314	PFI	ADEFGV
			Apo-Amlodipine-Atorvastatin	02411342	APX	ADEFGV
			GD-Amlodipine/Atorvastatin	02362821	GMD	ADEFGV

D DERMATOLOGICALS

D01 ANTIFUNGALS FOR DERMATOLOGICAL USE

D01A ANTIFUNGALS FOR TOPICAL USE

D01AA ANTIBIOTICS

D01AA01 NYSTATIN

Crm	Top	100 000 IU	Nyaderm	00716871	TAR	ADEFGV
			ratio-Nystatin	02194236	RPH	ADEFGV
Ont	Top	100 000 IU	ratio-Nystatin	02194228	RPH	ADEFGV

D01AC IMIDAZOLE AND TRIAZOLE DERIVATIVES

D01AC01 CLOTRIMAZOLE

Crm	Top	1%	Canesten	02150867	YNO	ADEFGV
			Clotrimaderm	00812382	TAR	ADEFGV

D01AC02 MICONAZOLE

Crm	Top	2%	Micatin	02085852	ANB	ADEFGV
			Monistat Derm	02126567	JNJ	ADEFGV

D01AC08 KETOCONAZOLE

Crm	Top	2%	Ketoderm	02245662	TPH	ADEFGV

D01AC20 IMIDAZOLES AND TRIAZOLES IN COMBINATION WITH CORTICOSTEROIDS

CLOTRIMAZOLE / BETAMETHASONE

Crm	Top	1% / 0.05%	Lotriderm	00611174	FRS	ADEFGV

D01AE OTHER ANTIFUNGALS FOR TOPICAL USE

D01AE14 CICLOPIROX

Crm	Top	1%	Loprox	02221802	VLN	ADEFGV
Lot	Top	1%	Loprox	02221810	VLN	ADEFGV

D01AE15 TERBINAFINE

Crm	Top	1%	Lamisil	02031094	NVR	ADEFGV

D01B ANTIFUNGALS, SYSTEMIC PREPARATIONS

D01BA ANTIFUNGALS FOR SYSTEMIC USE

D01BA02 TERBINAFINE

Tab	Orl	250 mg	Lamisil	02031116	NVR	ADEFGV
			Act Terbinafine	02254727	TEV	ADEFGV
			Apo-Terbinafine	02239893	APX	ADEFGV
			Auro-Terbinafine	02320134	ARO	ADEFGV
			pms-Terbinafine	02294273	PMS	ADEFGV
			Terbinafine	02353121	SAS	ADEFGV
			Terbinafine	02385279	SIV	ADEFGV
			Teva-Terbinafine	02240346	TEV	ADEFGV

D05 ANTIPSORIATICS

D05A ANTIPSORIATICS FOR TOPICAL USE

D05AA TARS

D05AA99 TARS

Liq	Top	20%	Odans LCD	00358495	ODN	ADEFGV

D05AX OTHER ANTIBIOTICS FOR TOPICAL USE

D05AX02 CALCIPOTRIOL

Ont	Top	50 mcg	Dovonex	01976133	LEO	ADEFV

D05AX05 TAZAROTENE

Crm	Top	0.05%	Tazorac Cream	02243894	ALL	(SA)
Crm	Top	0.1%	Tazorac Cream	02243895	ALL	(SA)
Gel	Top	0.05%	Tazorac Gel	02230784	ALL	(SA)
Gel	Top	0.1%	Tazorac Gel	02230785	ALL	(SA)

D05AX52 CALCIPOTRIOL, COMBINATIONS

CALCIPOTRIOL / BETAMETHASONE

Aer	Top	50 mcg 0.5 mg	Enstilar	02457393	LEO	ADEFGV
Gel	Top	50 mcg / 0.5 mg	Dovobet	02319012	LEO	ADEFGV

D05B ANTIPSORIATICS FOR SYSTEMIC USE

D05BB RETINOIDS FOR TREATMENT OF PSORIASIS

D05BB02 ACITRETIN

Cap	Orl	10 mg	Soriatane	02070847	ALL	ADEFGV
			Mint-Acitretin	02468840	MNT	ADEFGV
			Taro-Acitretin	02466074	TAR	ADEFGV

D05BB02 ACITRETIN

Cap	Orl	25 mg	Soriatane	02070863	ALL	ADEFGV
			Mint-Acitretin	02468859	MNT	ADEFGV
			Taro-Acitretin	02466082	TAR	ADEFGV

D06 ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

D06A ANTIBIOTICS FOR TOPICAL USE

D06AX OTHER ANTIBIOTICS FOR TOPICAL USE

D06AX01 FUSIDIC ACID

Crm	Top	2%	Fucidin	00586668	LEO	ADEFGV
Ont	Top	2%	Fucidin	00586676	LEO	ADEFGV

D06AX09 MUPIROCIN

Crm	Top	2%	Bactroban	02239757	GCH	ADEFGV
Ont	Top	2%	Bactroban	01916947	GCH	ADEFGV
			Taro-Mupirocin	02279983	TAR	ADEFGV

D06B CHEMOTHERAPEUTICS FOR TOPICAL USE

D06BA SULFONAMIDES

D06BA01 SILVER SULFADIAZINE

Crm	Top	1%	Flamazine	00323098	SNE	ADEFGVW

D06BB ANTIVIRALS

D06BB03 ACYCLOVIR

Ont	Top	5%	Zovirax	00569771	VLN	ADEFGV
			Apo-Acyclovir	02477130	APX	ADEFGV

D06BB04 PODOPHYLLOTOXIN

Liq	Top	0.5%	Condyline	01945149	SAV	ADEFGV
Liq	Top	250 mg/mL	Podofilm	00598208	PAL	ADEFGV

D06BB10 IMIQUIMOD

Crm	Top	5%	Aldara P	02239505	BSL	(SA)
			Taro-Imiquimod Pump	02482983	TAR	(SA)

D06BX OTHER CHEMOTHERAPEUTICS

D06BX01 METRONIDAZOLE

Crm	Top	1%	Noritate	02156091	BSL	ADEFGV

D06BX01 METRONIDAZOLE

Gel	Top	1%	Metrogel	02297809	GAC	ADEFGV

D07 CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

D07A CORTICOSTEROIDS, PLAIN

D07AA CORTICOSTEROIDS, WEAK (GROUP I)

D07AA02 HYDROCORTISONE

HYDROCORTISONE ACETATE

Crm	Top	0.5%	Cortate	80021088	SCO	AEFGV
			Hydrosone	00564281	ROG	AEFGV
Crm	Top	1%	Emo-Cort (Disc/non disp Jan 1/20)	00192597	STI	ADEFGV
			Prevex HC	00804533	GSK	ADEFGV
			Hyderm	00716839	TAR	ADEFGV
			Sandoz Hydrocortisone	02412926	SDZ	ADEFGV
Lot	Top	1%	Jamp-Hydrocortisone	80057191	JPC	ADEFGV
Ont	Top	1%	Cortoderm	00716693	TAR	ADEFGV

HYDROCORTISONE VALERATE

Crm	Top	0.2%	Hydroval	02242984	TPH	ADEFGV
Ont	Top	0.2%	Hydroval	02242985	TPH	ADEFGV

HYDROCORTISONE/UREA

Crm	Top	1%	Dermaflex HC	00681989	PAL	ADEFGV
Lot	Top	1%	Dermaflex HC	00681997	PAL	ADEFGV

D07AB CORTICOSTEROIDS, MODERATELY POTENT (GROUP II)

D07AB01 CLOBETASONE

Crm	Top	0.05%	Spectro Eczemacare	02214415	GCH	AEFGV

D07AB08 DESONIDE

Crm	Top	0.05%	pdp-Desonide	02229315	PDP	ADEFGV
Ont	Top	0.05%	pdp-Desonide	02229323	PDP	ADEFGV

D07AB09 TRIAMCINOLONE

Crm	Top	0.1%	Aristocort R	02194058	VLN	ADEFGV

D07AB09 TRIAMCINOLONE

Crm	Top	0.5%	Aristocort C	02194066	VLN	ADEFGV
Ont	Top	0.1%	Aristocort R	02194031	VLN	ADEFGV

D07AC CORTICOSTEROIDS, POTENT (GROUP III)

D07AC01 BETAMETHASONE

BETAMETHASONE DIPROPIONATE

Crm	Top	0.05%	Diprolene Glycol	00688622	FRS	ADEFGV
			Diprosone	00323071	FRS	ADEFGV
			ratio-Topisone	00804991	RPH	ADEFGV
			Teva-Topilene	00849650	TEV	ADEFGV
Lot	Top	0.05%	Diprosone	00417246	FRS	ADEFGV
			ratio-Topisone	00809187	RPH	ADEFGV
			Teva-Topilene	01927914	TEV	ADEFGV
Ont	Top	0.05%	Diprolene Glycol	00629367	FRS	ADEFGV
			Diprosone	00344923	FRS	ADEFGV
			ratio-Topisone	00805009	RPH	ADEFGV
			Teva-Topilene Glycol	00849669	TEV	ADEFGV

BETAMETHASONE VALERATE

Crm	Top	0.05%	Celestoderm V/2	02357860	VLN	ADEFGV
			Betaderm	00716618	TAR	ADEFGV
			ratio-Ectosone Mild	00535427	RPH	ADEFGV
Crm	Top	0.1%	Betaderm	00716626	TAR	ADEFGV
			Celestoderm V	02357844	PMS	ADEFGV
			ratio-Ectosone	00535435	RPH	ADEFGV
Lot	Top	0.05%	ratio-Ectosone Mild	00653209	RPH	ADEFGV
Lot	Top	0.1%	Betaderm	00716634	TAR	ADEFGV
			ratio-Ectosone	00750050	RPH	ADEFGV
			ratio-Ectosone Scalp	00653217	RPH	ADEFGV
Ont	Top	0.05%	Celestoderm V/2	02357879	VLN	ADEFGV
			Betaderm	00716642	TAR	ADEFGV
Ont	Top	0.1%	Celestoderm V	02357852	VLN	ADEFGV
			Betaderm	00716650	TAR	ADEFGV

D07AC03 DESOXIMETASONE

Crm	Top	0.05%	Topicort Mild	02221918	BSL	ADEFGV
Crm	Top	0.25%	Topicort	02221896	BSL	ADEFGV
Gel	Top	0.05%	Topicort	02221926	BSL	ADEFGV
Ont	Top	0.25%	Topicort	02221934	BSL	ADEFGV

D07AC04 FLUOCINOLONE

Liq	Top	0.01%	Derma-Smoothe	00873292	HLZ	ADEFGV

D07AC08 FLUOCINONIDE

Crm	Top	0.05%	Lidemol	02163152	VLN	ADEFGV
			Lidex	02161923	VLN	ADEFGV
			Lyderm	00716863	TPH	ADEFGV
Gel	Top	0.05%	Lidex Gel	02161974	VLN	ADEFGV
			Lyderm	02236997	TPH	ADEFGV
Ont	Top	0.05%	Lidex	02161966	VLN	ADEFGV
			Lyderm	02236996	TPH	ADEFGV

D07AC11 AMCINONIDE

Crm	Top	0.1%	Taro-Amcinonide	02246714	TAR	ADEFGV

D07AC13 MOMETASONE

Crm	Top	0.1%	Elocom	00851744	FRS	ADEFGV
			Taro-Mometasone	02367157	TAR	ADEFGV
Lot	Top	0.1%	Elocom	00871095	FRS	ADEFGV
			Taro-Mometasone	02266385	TAR	ADEFGV
Ont	Top	0.1%	Elocom	00851736	FRS	ADEFGV
			ratio-Mometasone	02248130	TEV	ADEFGV

D07AD CORTICOSTEROIDS, VERY POTENT (GROUP IV)

D07AD01 CLOBETASOL

Crm	Top	0.05%	Dermovate	02213265	TPH	ADEFGV
			Mylan-Clobetasol	02024187	MYL	ADEFGV
			ratio-Clobetasol	01910272	TEV	ADEFGV
			Taro-Clobetasol Cream	02245523	TAR	ADEFGV

D07AD01 CLOBETASOL

Lot	Top	0.05%	Dermovate	02213281	TPH	ADEFGV
			Mylan-Clobetasol Propionate	02216213	MYL	ADEFGV
			ratio-Clobetasol	01910299	TEV	ADEFGV
			Taro-Clobetasol Topical Sol'n	02245522	TAR	ADEFGV
Ont	Top	0.05%	Dermovate	02213273	TPH	ADEFGV
			Mylan-Clobetasol	02026767	MYL	ADEFGV
			ratio-Clobetasol	01910280	TEV	ADEFGV
			Taro-Clobetasol Ointment	02245524	TAR	ADEFGV

D07C CORTICOSTEROIDS, COMBINATIONS WITH ANTIBIOTICS

D07CA CORTICOSTEROIDS, WEAK, COMBINATIONS WITH ANTIBIOTICS

D07CA01 HYDROCORTISONE AND ANTIBIOTICS

HYDROCORTISONE / CLIOQUINOL

Crm	Top	1% / 3%	Vioform HC	00074500	PAL	ADEFGV

HYDROCORTISONE / FUSIDIC ACID

Crm	Top	1% / 2%	Fucidin H	02238578	LEO	ADEFGV

D07CB CORTICOSTEROIDS, MODERATELY POTENT, COMBINATIONS WITH ANTIBIOTICS

D07CB01 TRIAMCINOLONE AND ANTIBIOTICS

TRIAMCINOLONE / NEOMYCIN / NYSTATIN / GRAMICIDIN

Crm	Top	1 mg / 2.5 mg / 100 000 IU / 0.25 mg	Viaderm K-C	00717002	TAR	ADEFGV
Ont	Top	1 mg / 2.5 mg / 100 000 IU / 0.25 mg	Viaderm K-C	00717029	TAR	ADEFGV

D07CB05 FLUMETASONE AND ANTIBIOTICS

FLUMETHASONE / CLIOQUINOL

Crm	Top	0.02% / 3%	Locacorten-Vioform	00074462	PAL	ADEFGV

D07CC CORTICOSTEROIDS, POTENT, COMBINATIONS WITH ANTIBIOTICS

D07CC01 BETAMETHASONE AND ANTIBIOTICS

BETAMETHASONE / GENTAMICIN

Crm	Top	0.1% / 0.1%	Valisone G	00177016	VLN	ADEFGV
Ont	Top	0.1% / 0.1%	Valisone G	00232351	VLN	ADEFGV

D07X CORTICOSTEROIDS, OTHER COMBINATIONS

D07XA CORTICOSTEROIDS, WEAK, OTHER COMBINATIONS

D07XA01 HYDROCORTISONE

D07XA01 HYDROCORTISONE

HYDROCORTISONE / PRAMOXINE

Crm	Top	1% / 1%	Pramox HC	00770957	DPT	ADEFGV

D07XC CORTICOSTEROIDS, POTENT, OTHER COMBINATIONS

D07XC01 BETAMETHASONE

BETAMETHASONE / SALICYLIC ACID

Lot	Top	0.5 mg / 20 mg	Diprosalic	00578428	FRS	ADEFGV
			ratio-Topisalic	02245688	TEV	ADEFGV
Ont	Top	0.5 mg / 30 mg	Diprosalic	00578436	FRS	ADEFGV

D09 MEDICATED DRESSINGS

D09A MEDICATED DRESSINGS

D09AA MEDICATED DRESSINGS WITH ANTIINFECTIVES

D09AA01 FRAMYCETIN

Dre	Top	1%	Sofra-Tulle (10cm x 10cm)	01988840	ERF	ADEFGVW
			Sofra-Tulle (10cm x 30cm)	01987682	ERF	ADEFGVW

D10 ANTI-ACNE PREPARATIONS

D10A ANTI-ACNE PREPARATIONS FOR TOPICAL USE

D10AA CORTICOSTEROIDS, COMBINATIONS FOR TREATMENT OF ACNE

D10AA02 METHYLPREDNISOLONE

METHYLPREDNISOLONE / ALUMINUM CHLORHYDRATE / NEOMYCIN / SULPHUR

Lot	Top	2.5 mg / 100 mg / 2.5 mg / 50 mg	Neo-Medrol Acne	00195057	PFI	DEFG

D10AD RETINOIDS FOR TOPICAL USE IN ACNE

D10AD01 TRETINOIN

Crm	Top	0.01%	Stieva-A	00657204	GSK	DEFG
Crm	Top	0.025%	Stieva-A	00578576	GSK	DEFG
Crm	Top	0.05%	Retin-A	00443794	VLN	DEFG
			Stieva-A	00518182	GSK	DEFG
Gel	Top	0.01%	Vitamin A Acid	01926462	VLN	DEFG
Gel	Top	0.025%	Vitamin A Acid	01926470	VLN	DEFG
Gel	Top	0.05%	Vitamin A Acid	01926489	VLN	DEFG

D10AF ANTIINFECTIVES FOR TREATMENT OF ACNE

D10AF01 CLINDAMYCIN

Liq	Top	1%	Dalacin T	00582301	PFI	ADEFGV
			Taro-Clindamycin	02266938	TAR	ADEFGV

D10AX OTHER ANTI ACNE PREPARATIONS FOR TOPICAL USE

D10AX03 AZELAIC ACID

Gel	Top	15%	Finacea	02270811	BAY	ADEFGV

D10B ANTI ACNE PREPARATIONS FOR SYSTEMIC USE

D10BA RETINOIDS FOR TREATMENT OF ACNE

D10BA01 ISOTRETINOIN

Cap	Orl	10 mg	Accutane Roche	00582344	HLR	DEFG
			Epuris	02396971	CIP	EFG
			Clarus	02257955	MYL	DEFG
Cap	Orl	20 mg	Epuris	02396998	CIP	EFG
Cap	Orl	30 mg	Epuris	02397005	CIP	EFG
Cap	Orl	40 mg	Accutane Roche	00582352	HLR	DEFG
			Epuris	02397013	CIP	EFG
			Clarus	02257963	MYL	DEFG

D11 OTHER DERMATOLOGICAL PREPARATIONS

D11A OTHER DERMATOLOGICAL PREPARATIONS

D11AH AGENTS FOR DERMATITIS, EXCLUDING CORTICOSTEROIDS

D11AH01 TACROLIMUS

Ont	Top	0.03%	Protopic	02244149	LEO	(SA)
Ont	Top	0.1%	Protopic	02244148	LEO	(SA)

G GENITO URINARY SYSTEM AND SEX HORMONES

G01 GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

G01A ANTIINFECTIVES AND ANTISEPTICS, EXCLUDING COMBINATIONS WITH CORTICOSTEROIDS

G01AA ANTIBIOTICS

G01AA01 NYSTATIN

Crm	Vag	25 000 IU	Nyaderm	00716901	TAR	ADEFGV
Crm	Vag	100 000 IU	ratio-Nystatin	02194163	RPH	ADEFGV

G01AA10 CLINDAMYCIN

Crm	Vag	20 mg/g	Dalacin Vaginal Cream	02060604	PAL	ADEFGV

G01AF IMIDAZOLE DERIVATIVES

G01AF01 METRONIDAZOLE

Crm	Vag	10%	Flagyl	01926861	SAV	ADEFGV
Gel	Vag	0.75%	Nidagel	02125226	VLN	ADEFGV

G01AF02 CLOTRIMAZOLE

Crm	Vag	1%	Canesten	02150891	YNO	ADEFGV
Crm	Vag	2%	Canesten 3	02150905	YNO	ADEFGV
Crm	Vag	500 mg/1%	Canesten 1 Comfortab	02264102	YNO	ADEFGV
			Canesten 3 Comfortab Combi-Pak	02264099	YNO	ADEFGV

G01AF04 MICONAZOLE

Crm	Vag	2%	Monistat 7	02084309	JNJ	ADEFGV
			Micozole Vaginal 2%	02231106	TAR	ADEFGV
Crm	Vag	1 200 mg / 2%	Monistat 3 Dual Pak	02126249	JNJ	ADEFGV
Sup	Vag	400 mg	Monistat-3	02126605	JNJ	ADEFGV

G01AG TRIAZOLE DERIVATIVES

G01AG02 TERCONAZOLE

Crm	Vag	0.4%	Taro-Terconazole	02247651	TAR	ADEFGV

G02 OTHER GYNECOLOGICALS

G02B CONTRACEPTIVES FOR TOPICAL USE

G02BA INTRAUTERINE CONTRACEPTIVES

G02BA03 PLASTIC IUD WITH PROGESTERONE

LEVONORGESTREL

Ins	Vag	13.5 mg	Jaydess (Disc/non disp Dec 20/19)	02408295	BAY	DEFGV
Ins	Vag	19.5 mg	Kyleena	02459523	BAY	DEFGV
Ins	Vag	52 mg	Mirena	02243005	BAY	DEFGV

G02BB INTRAVAGINAL CONTRACEPTIVES

G02BB01 VAGINAL RING WITH PROGESTOGEN AND ESTROGEN

ETHINYL ESTRADIOL / ETONOGESTREL

Ins	Vag	2.6 mg / 11.4 mg	NuvaRing	02253186	FRS	DEFG

G02C OTHER GYNECOLOGICALS

G02CB PROLACTINE INHIBITORS

G02CB01 BROMOCRIPTINE

Cap	Orl	5 mg	Bromocriptine	02230454	AAP	ADEFGV
Tab	Orl	2.5 mg	Bromocriptine	02087324	AAP	ADEFGV

G02CB03 CABERGOLINE

Tab	Orl	0.5 mg	Dostinex	02242471	PAL	(SA)
			Apo-Cabergoline	02455897	APX	(SA)

G02CB04 QUINAGOLIDE

Tab	Orl	0.075 mg	Norprolac	02223767	FEI	(SA)
Tab	Orl	0.15 mg	Norprolac	02223775	FEI	(SA)

G03 SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

G03A HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE

G03AA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS

G03AA01 ETHYNODIOL AND ETHINYL ESTRADIOL

Tab	Orl	0.03 mg / 2 mg	Demulen 30 (21)	00469327	PFI	DEFGV
			Demulen 30 (28)	00471526	PFI	DEFGV

G03AA05 NORETHISTERONE (NORETHINDRONE) AND ETHINYL ESTRADIOL

Tab	Orl	0.5 mg / 0.035 mg	Brevicon (21)	02187086	PFI	DEFGV
			Brevicon (28)	02187094	PFI	DEFGV
Tab	Orl	1 mg / 0.02 mg	Minestrin 1/20 (21)	00315966	ALL	DEFGV
			Minestrin 1/20 (28)	00343838	ALL	DEFGV
Tab	Orl	1 mg / 0.035 mg	Brevicon 1/35 (21)	02189054	PFI	DEFGV
			Brevicon 1/35 (28)	02189062	PFI	DEFGV
			Select 1/35 (21)	02197502	PFI	DEFGV
			Select 1/35 (28)	02199297	PFI	DEFGV
Tab	Orl	1.5 mg / 0.03 mg	Loestrin 1.5/30 (21)	00297143	WNC	DEFGV
			Loestrin 1.5/30 (28)	00353027	WNC	DEFGV

G03AA07 LEVONORGESTREL AND ETHINYL ESTRADIOL

G03AA07 LEVONORGESTREL AND ETHINYL ESTRADIOL

Tab	Orl	0.1 mg / 0.02 mg	Alesse (21)	02236974	PFI	DEFGV
			Alesse (28)	02236975	PFI	DEFGV
			Alysena (21)	02387875	APX	DEFGV
			Alysena (28)	02387883	APX	DEFGV
			Aviane (21)	02298538	TEV	DEFGV
			Aviane (28)	02298546	TEV	DEFGV
Tab	Orl	0.15 mg / 0.03 mg	Min-Ovral (21)	02042320	PFI	DEFGV
			Min-Ovral (28)	02042339	PFI	DEFGV
			Ovima (21)	02387085	APX	DEFGV
			Ovima (28)	02387093	APX	DEFGV
			Portia (21)	02295946	TEV	DEFGV
			Portia (28)	02295954	TEV	DEFGV

G03AA09 DESOGESTREL AND ETHINYL ESTRADIOL

Tab	Orl	0.1 mg, 0.125 mg, 0.15 mg / 0.025 mg	Linessa (21)	02272903	APN	DEFGV
			Linessa (28)	02257238	APN	DEFGV
Tab	Orl	0.15 mg / 0.03 mg	Marvelon (21)	02042487	FRS	DEFGV
			Marvelon (28)	02042479	FRS	DEFGV
			Apri (21)	02317192	TEV	DEFGV
			Apri (28)	02317206	TEV	DEFGV
			Freya (21)	02396491	MYL	DEFGV
			Freya (28)	02396610	MYL	DEFGV
			Mirvala (21)	02410249	APX	DEFGV
			Mirvala (28)	02410257	APX	DEFGV

G03AA11 NORGESTIMATE AND ETHINYL ESTRADIOL

Tab	Orl	0.25 mg / 0.035 mg	Cyclen (21)	01968440	JAN	DEFGV
			Cyclen (28)	01992872	JAN	DEFGV

G03AA12 DROSPIRENONE AND ETHINYLESTRADIOL

Tab	Orl	3 mg / 0.03 mg	Yasmin (21)	02261723	BAY	DEFGV
			Yasmin (28)	02261731	BAY	DEFGV

G03AB PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATIONS

G03AB03 LEVONORGESTREL AND ETHINYL ESTRADIOL

Tab	Orl	0.05 mg / 0.03 mg, 0.075 mg / 0.04 mg, 0.125 mg / 0.03 mg	Triquilar (21)	00707600	BAY	DEFGV
			Triquilar (28)	00707503	BAY	DEFGV

G03AB04 NORETHISTERONE (NORETHINDRONE) AND ETHINYL ESTRADIOL

Tab	Orl	0.5 mg / 0.035 mg, 1 mg / 0.035 mg	Synphasic (21)	02187108	PFI	DEFGV
			Synphasic (28)	02187116	PFI	DEFGV

G03AB11 NORGESTIMATE AND ETHINYL ESTRADIOL

Tab	Orl	0.18 mg,0.215 mg, 0.25 mg / 0.035 mg	Tri-Cyclen (21)	02028700	JAN	DEFGV
			Tri-Cyclen (28)	02029421	JAN	DEFGV
Tab	Orl	0.215 mg,0.18 mg, 0.025 mg / 0.025 mg	Tri-Cyclen LO (21)	02258560	JAN	DEFGV
			Tri-Cyclen LO (28)	02258587	JAN	DEFGV
			Tricira LO (21)	02401967	APX	DEFGV
			Tricira LO (28)	02401975	APX	DEFGV

G03AC PROGESTOGENS

G03AC01 NORETHISTERONE (NORETHINDRONE)

Tab	Orl	0.35 mg	Micronor (28)	00037605	JAN	DEFGV
			Jencycla (28)	02441306	LUP	DEFGV
			Movisse (28)	02410303	MYL	DEFGV

G03AC06 MEDROXYPROGESTERONE

Sus	Inj	50 mg/mL	Depo-Provera	00030848	PFI	W
Sus	Inj	150 mg/mL	Depo-Provera	00585092	PFI	DEFGV
			Medroxyprogesterone Acetate	02322250	SDZ	DEFGV

G03AD EMERGENCY CONTRACEPTIVES

G03AD01 LEVONORGESTREL

Tab	Orl	1.5 mg	Plan B	02293854	PAL	DEFGV
			Backup Plan Onestep	02433532	APX	DEFGV
			Contingency One	02425009	MYL	DEFGV

G03B ANDROGENS

G03BA 3-OXOANDROSTEN (4) DERIVATIVES

G03BA03 TESTOSTERONE

TESTOSTERONE UNDECANOATE

Cap	Orl	40 mg	pms-Testosterone	02322498	PMS	(SA)
			Taro-Testosterone	02421186	TAR	(SA)
Gel	Top	1%	Testim	02280248	PAL	(SA)
Gel	Top	25 mg	AndroGel Packets	02245345	BGP	(SA)
			Taro-Testosterone Gel	02463792	TAR	(SA)

G03BA03 TESTOSTERONE

Gel	Top	50 mg	AndroGel Packets	02245346	BGP	(SA)
			Taro-Testosterone Gel	02463806	TAR	(SA)
Liq	Inj	100 mg/mL	Depo-Testosterone	00030783	PFI	ADEFGV
Liq	Inj	200 mg/mL	Delatestryl	00029246	VLN	ADEFGV
Pad	Trd	2.5 mg	Androderm	02239653	ALL	(SA)
Pad	Trd	5 mg	Androderm	02245972	ALL	(SA)

G03C ESTROGENS

G03CA NATURAL AND SEMISYNTHETIC ESTROGENS, PLAIN

G03CA03 ESTRADIOL

Gel	Trd	0.06%	Estrogel	02238704	FRS	ADEFGV
Gel	Trd	0.25 mg	Divigel	02424924	SLP	ADEFGV
Gel	Trd	0.5 mg	Divigel	02424835	SLP	ADEFGV
Gel	Trd	1 mg	Divigel	02424843	SLP	ADEFGV
Ins	Vag	2 mg	Estring	02168898	PAL	ADEFGV
Pth	Trd	25 mcg	Climara 25	02247499	BAY	ADEFGV
			Estradot	02245676	NVR	ADEFGV
Pth	Trd	37.5 mcg	Estradot	02243999	NVR	ADEFGV
Pth	Trd	50 mcg	Climara 50	02231509	BAY	ADEFGV
			Estradot	02244000	NVR	ADEFGV
			Sandoz Estradiol Derm Srd	02246967	SDZ	ADEFGV
Pth	Trd	75 mcg	Climara 75	02247500	BAY	ADEFGV
			Estradot	02244001	NVR	ADEFGV
			Sandoz Estradiol Derm Srd	02246968	SDZ	ADEFGV
Pth	Trd	100 mcg	Climara 100 (Disc/non disp Jul 26/19)	02231510	BAY	ADEFGV
			Estradot	02244002	NVR	ADEFGV
			Sandoz Estradiol Derm Srd	02246969	SDZ	ADEFGV

G03CA03 ESTRADIOL

Tab	Orl	0.5 mg	Estrace	02225190	TML	ADEFGV
			Lupin-Estradiol	02449048	LUP	ADEFGV
Tab	Orl	1 mg	Estrace	02148587	TML	ADEFGV
			Lupin-Estradiol	02449056	LUP	ADEFGV
Tab	Orl	2 mg	Estrace	02148595	TML	ADEFGV
			Lupin-Estradiol	02449064	LUP	ADEFGV
Tab	Vag	10 mcg	Vagifem 10	02325462	NNO	ADEFGV

G03CA57 CONJUGATED ESTROGENS

Crm	Vag	0.625 mg	Premarin	02043440	PFI	ADEFGV
Tab	Orl	0.3 mg	Premarin	02414678	PFI	ADEFGV
Tab	Orl	0.625 mg	Premarin	02414686	PFI	ADEFGV
Tab	Orl	1.25 mg	Premarin	02414694	PFI	ADEFGV

G03D PROGESTOGENS

G03DA PREGNEN (4) DERIVATIVES

G03DA02 MEDROXYPROGESTERONE

Tab	Orl	2.5 mg	Provera	00708917	PFI	ADEFGV
			Apo-Medroxy	02244726	APX	ADEFGV
			Teva-Medrone	02221284	TEV	ADEFGV
Tab	Orl	5 mg	Provera	00030937	PFI	ADEFGV
			Apo-Medroxy	02244727	APX	ADEFGV
			Teva-Medrone	02221292	TEV	ADEFGV
Tab	Orl	10 mg	Provera	00729973	PFI	ADEFGV
			Apo-Medroxy	02277298	APX	ADEFGV
			Teva-Medrone	02221306	TEV	ADEFGV
Tab	Orl	100 mg	Apo-Medroxy	02267640	APX	ADEFGV

G03DB PREGNADIEN DERIVATIVES

G03DB08 DIENOGEST

Tab	Orl	2 mg	Visanne	02374900	BAY	(SA)

G03DC ESTREN DERIVATIVES

G03DC02 NORETHISTERONE (NORETHINDRONE)

Tab	Orl	5 mg	Norlutate	00023760	ERF	(SA)

G03F PROGESTOGENS AND ESTROGENS IN COMBINATION

G03FA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS

G03FA01 NORETHISTERONE (NORETHINDRONE) AND ESTROGEN

Pad	Trd	140 mcg / 50 mcg	Estalis	02241835	NVR	ADEFGV
Pad	Trd	250 mcg / 50 mcg	Estalis	02241837	NVR	ADEFGV

G03H ANTIANDROGENS

G03HA ANTIANDROGENS, PLAIN

G03HA01 CYPROTERONE

Tab	Orl	50 mg	Androcur	00704431	PMS	ADEFV
			Med-Cyproterone	02390760	GMP	ADEFV

G03X OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

G03XA ANTIGONADOTROPHINS AND SIMILAR AGENTS

G03XA01 DANAZOL

Cap	Orl	50 mg	Cyclomen	02018144	SAV	ADEFV
Cap	Orl	100 mg	Cyclomen	02018152	SAV	ADEFV
Cap	Orl	200 mg	Cyclomen	02018160	SAV	ADEFV

G03XB PROGESTERONE RECEPTOR MODULATORS

G03XB02 ULIPRISTAL

Tab	Orl	5 mg	Fibristal	02408163	ALL	(SA)

G03XC OTHER SEX HORMONES

G03XC01 RALOXIFENE

Tab	Orl	60 mg	Evista	02239028	LIL	ADEFV
			Act Raloxifene	02358840	ATV	ADEFV
			Apo-Raloxifene	02279215	APX	ADEFV
			pms-Raloxifene	02358921	PMS	ADEFV

G04 UROLOGICALS

G04B UROLOGICALS

G04BD DRUGS FOR URINARY FREQUENCY AND INCONTINENCE

G04BD04 OXYBUTYNIN

ERT	Orl	5 mg	Ditropan XL	02243960	JAN	(SA)

G04BD04 OXYBUTYNIN

ERT	Orl	10 mg	Ditropan XL	02243961	JAN	(SA)
Syr	Orl	1 mg	pms-Oxybutynin	02223376	PMS	ADEFGV
Tab	Orl	2.5 mg	pms-Oxybutynin	02240549	PMS	ADEFGV
Tab	Orl	5 mg	Apo-Oxybutynin	02163543	APX	ADEFGV
			Novo-Oxybutynin	02230394	TEV	ADEFGV
			Oxybutynin	02350238	SAS	ADEFGV
			pms-Oxybutynin	02240550	PMS	ADEFGV

G04BD06 PROPIVERINE

Tab	Orl	5 mg	Mictoryl Pediatric	02460289	DUI	(SA)

G04BD07 TOLTERODINE

ERC	Orl	2 mg	Detrol LA	02244612	PFI	ADEFGV
			Mylan-Tolterodine ER	02404184	MYL	ADEFGV
			Sandoz Tolterodine LA	02413140	SDZ	ADEFGV
			Teva-Tolterodine LA	02412195	TEV	ADEFGV
ERC	Orl	4 mg	Detrol LA	02244613	PFI	ADEFGV
			Mylan-Tolterodine ER	02404192	MYL	ADEFGV
			Sandoz Tolterodine LA	02413159	SDZ	ADEFGV
			Teva-Tolterodine LA	02412209	TEV	ADEFGV
Tab	Orl	1 mg	Detrol	02239064	PFI	ADEFGV
			Apo-Tolterodine (Disc/non disp Dec 17/19)	02369680	APX	ADEFGV
			Mint-Tolterodine	02423308	MNT	ADEFGV
			Teva-Tolterodine	02299593	TEV	ADEFGV
Tab	Orl	2 mg	Detrol	02239065	PFI	ADEFGV
			Apo-Tolterodine (Disc/non disp Dec 17/19)	02369699	APX	ADEFGV
			Mint-Tolterodine	02423316	MNT	ADEFGV
			Teva-Tolterodine	02299607	TEV	ADEFGV

G04BD08 SOLIFENACIN

G04BD08 SOLIFENACIN

Tab	Orl	5 mg	Vesicare	02277263	ASL	ADEFGV
			Apo-Solifenacin (Disc/non disp Mar 1/20)	02423375	APX	ADEFGV
			Auro-Solifenacin	02446375	ARO	ADEFGV
			Jamp-Solifenacin	02424339	JPC	ADEFGV
			Med-Solifenacin	02428911	GMP	ADEFGV
			Mint-Solifenacin	02443171	MNT	ADEFGV
			pms-Solifenacin	02417723	PMS	ADEFGV
			Ran-Solifenacin	02437988	RAN	ADEFGV
			Sandoz Solifenacin	02399032	SDZ	ADEFGV
			Solifenacin	02458241	SAS	ADEFGV
			Solifenacin Succinate	02448335	MDN	ADEFGV
			Teva-Solifenacin	02397900	TEV	ADEFGV
Tab	Orl	10 mg	Vesicare	02277271	ASL	ADEFGV
			Apo-Solifenacin (Disc/non disp Mar 1/20)	02423383	APX	ADEFGV
			Auro-Solifenacin	02446383	ARO	ADEFGV
			Jamp-Solifenacin	02424347	JPC	ADEFGV
			Med-Solifenacin	02428938	GMP	ADEFGV
			Mint-Solifenacin	02443198	MNT	ADEFGV
			pms-Solifenacin	02417731	PMS	ADEFGV
			Ran-Solifenacin	02437996	RAN	ADEFGV
			Sandoz Solifenacin	02399040	SDZ	ADEFGV
			Solifenacin	02458268	SAS	ADEFGV
			Solifenacin Succinate	02448343	MDN	ADEFGV
			Teva-Solifenacin	02397919	TEV	ADEFGV

G04BD09 TROSPIUM

Tab	Orl	20 mg	Trosec	02275066	SNV	(SA)

G04BD10 DARIFENACIN

ERT	Orl	7.5 mg	Enablex	02273217	SLP	(SA)
ERT	Orl	15 mg	Enablex	02273225	SLP	(SA)

G04BD11 FESOTERODINE

ERT	Orl	4 mg	Toviaz	02380021	PFI	(SA)
ERT	Orl	8 mg	Toviaz	02380048	PFI	(SA)

G04BD12 MIRABEGRON

G04BD12 MIRABEGRON

ERT	Orl	25 mg	Myrbetriq	02402874	ASL	(SA)
ERT	Orl	50 mg	Myrbetriq	02402882	ASL	(SA)

G04BX OTHER UROLOGICAL

G04BX13 DIMETHYL SULFOXIDE

Liq	ITV	500 mg/g	Rimso-50	00493392	MYL	ADEFGV

G04C DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

G04CA ALPHA-ADRENORECEPTOR ANTAGONISTS

G04CA02 TAMSULOSIN

ERT	Orl	0.4 mg	Flomax CR	02270102	BOE	ADEFV
			Apo-Tamsulosin CR	02362406	APX	ADEFV
			Sandoz Tamsulosin CR	02340208	SDZ	ADEFV
			Tamsulosin CR	02427117	SAS	ADEFV
			Tamsulosin CR	02429667	SIV	ADEFV
			Teva-Tamsulosin CR	02368242	TEV	ADEFV
SRC	Orl	0.4 mg	Sandoz Tamsulosin	02319217	SDZ	ADEFV

G04CA03 TERAZOSIN

Tab	Orl	1 mg	Apo-Terazosin	02234502	APX	ADEFV
			pms-Terazosin	02243518	PMS	ADEFV
			Terazosin	02350475	SAS	ADEFV
			Teva-Terazosin	02230805	TEV	ADEFV
Tab	Orl	2 mg	Apo-Terazosin	02234503	APX	ADEFV
			pms-Terazosin	02243519	PMS	ADEFV
			Terazosin	02350483	SAS	ADEFV
			Teva-Terazosin	02230806	TEV	ADEFV
Tab	Orl	5 mg	Apo-Terazosin	02234504	APX	ADEFV
			pms-Terazosin	02243520	PMS	ADEFV
			Terazosin	02350491	SAS	ADEFV
			Teva-Terazosin	02230807	TEV	ADEFV
Tab	Orl	10 mg	Apo-Terazosin	02234505	APX	ADEFV
			pms-Terazosin	02243521	PMS	ADEFV
			Terazosin	02350505	SAS	ADEFV
			Teva-Terazosin	02230808	TEV	ADEFV

G04CB TESTOSTERONE-5-ALPHA REDUCTASE INHIBITORS

G04CB01 FINASTERIDE

Tab	Orl	5 mg	Proscar	02010909	FRS	ADEFGV
			Apo-Finasteride	02365383	APX	ADEFGV
			Auro-Finasteride	02405814	ARO	ADEFGV
			Finasteride	02355043	AHI	ADEFGV
			Finasteride	02445077	SAS	ADEFGV
			Finasteride	02447541	SIV	ADEFGV
			Jamp-Finasteride	02357224	JPC	ADEFGV
			Mint-Finasteride	02389878	MNT	ADEFGV
			pms-Finasteride	02310112	PMS	ADEFGV
			Sandoz Finasteride	02322579	SDZ	ADEFGV
			Teva-Finasteride	02348500	TEV	ADEFGV

G04CB02 DUTASTERIDE

Cap	Orl	0.5 mg	Avodart	02247813	GSK	ADEFGV
			Act Dutasteride	02412691	TEV	ADEFGV
			Apo-Dutasteride	02404206	APX	ADEFGV
			Auro-Dutasteride	02469308	ARO	ADEFGV
			Dutasteride	02443058	SAS	ADEFGV
			Dutasteride	02429012	SIV	ADEFGV
			Med-Dutasteride	02416298	GMP	ADEFGV
			Mint-Dutasteride	02428873	MNT	ADEFGV
			pms-Dutasteride	02393220	PMS	ADEFGV
			Sandoz Dutasteride	02424444	SDZ	ADEFGV
			Teva-Dutasteride	02408287	TEV	ADEFGV

H SYSTEMIC HORMONAL PREPARATIONS EXCLUDING SEX HORMONES

H01 PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

H01A ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

H01AC SOMATROPIN AND SOMATROPIN AGONISTS

H01AC01 SOMATROPIN

Ctg	Inj	6 mg	Humatrope	02243077	LIL	T (SA)
Ctg	Inj	12 mg	Humatrope	02243078	LIL	T (SA)
Ctg	Inj	24 mg	Humatrope	02243079	LIL	T (SA)
Liq	Inj	5 mg/1.5 mL	Norditropin Nordiflex	02334852	NNO	T (SA)
			Omnitrope	02325063	SDZ	T (SA)

H01AC01 SOMATROPIN

Liq	Inj	5 mg/2 mL	Nutropin AQ NuSpin	02399091	HLR	T (SA)
Liq	Inj	6 mg	Saizen	02350122	EMD	T (SA)
Liq	Inj	10 mg/1.5 mL	Norditropin Nordiflex	02334860	NNO	T (SA)
			Omnitrope	02325071	SDZ	T (SA)
Liq	Inj	10 mg/2 mL	Nutropin AQ NuSpin	02376393	HLR	T (SA)
Liq	Inj	12 mg	Saizen	02350130	EMD	T (SA)
Liq	Inj	15 mg/1.5 mL	Norditropin Nordiflex	02334879	NNO	T (SA)
			Omnitrope	02459647	SDZ	T (SA)
Liq	Inj	20 mg	Saizen	02350149	EMD	T (SA)
Liq	Inj	20 mg/2 mL	Nutropin AQ NuSpin	02399083	HLR	T (SA)
Pwd	Inj	3.33 mg	Saizen (Disc/non disp Feb 21/20)	02215136	EMD	T (SA)
Pwd	Inj	5 mg	Humatrope	00745626	LIL	T (SA)
			Saizen	02237971	EMD	T (SA)
Pws	SC	0.6 mg	Genotropin MiniQuick	02401762	PFI	T (SA)
Pws	SC	0.8 mg	Genotropin MiniQuick	02401770	PFI	T (SA)
Pws	SC	1 mg	Genotropin MiniQuick	02401789	PFI	T (SA)
Pws	SC	1.2 mg	Genotropin MiniQuick	02401797	PFI	T (SA)
Pws	SC	1.4 mg	Genotropin MiniQuick	02401800	PFI	T (SA)
Pws	SC	1.6 mg	Genotropin MiniQuick	02401819	PFI	T (SA)
Pws	SC	1.8 mg	Genotropin MiniQuick	02401827	PFI	T (SA)
Pws	SC	2 mg	Genotropin MiniQuick	02401835	PFI	T (SA)
Pws	SC	5.3 mg	Genotropin GoQuick	02401703	PFI	T (SA)
Pws	SC	12 mg	Genotropin GoQuick	02401711	PFI	T (SA)

H01B POSTERIOR PITUITARY LOBE HORMONES

H01BA VASOPRESSIN AND ANALOGUES

H01BA02 DESMOPRESSIN

Aem	Nas	10 mcg	DDAVP Spray	00836362	FEI	(SA)
			Desmopressin Spray	02242465	AAP	(SA)
Liq	Inj	4 mcg/mL	DDAVP	00873993	FEI	ADEFGV
Liq	Nas	0.1 mg/mL	DDAVP Rhinyle	00402516	FEI	(SA)
ODT	Slg	60 mcg	DDAVP Melt	02284995	FEI	DEF-18G (SA)
ODT	Slg	120 mcg	DDAVP Melt	02285002	FEI	DEF-18G (SA)
ODT	Slg	240 mcg	DDAVP Melt	02285010	FEI	DEF-18G (SA)
Tab	Orl	0.1 mg	DDAVP	00824305	FEI	DEF-18G (SA)
			Desmopressin	02284030	AAP	DEF-18G (SA)
Tab	Orl	0.2 mg	DDAVP	00824143	FEI	DEF-18G (SA)
			Desmopressin	02284049	AAP	DEF-18G (SA)

H01C HYPOTHALAMIC HORMONES

H01CA GONADOTROPIN-RELEASING HORMONES

H01CA02 NAFARELIN

Liq	Nas	2 mg/mL	Synarel	02188783	PFI	ADEFGV

H01CB SOMATOSTATIN AND ANALOGUES

H01CB02 OCTREOTIDE

Liq	Inj	0.05 mg/mL	Sandostatin	00839191	NVR	ADEFGVW
			Octreotide Acetate Omega	02248639	OMG	ADEFGVW
Liq	Inj	0.1 mg/mL	Sandostatin	00839205	NVR	ADEFGVW
			Octreotide Acetate Omega	02248640	OMG	ADEFGVW
Liq	Inj	0.2 mg/mL	Sandostatin	02049392	NVR	ADEFGVW
			Octreotide Acetate Omega	02248642	OMG	ADEFGVW
Liq	Inj	0.5 mg/mL	Octreotide Acetate Omega	02248641	OMG	ADEFGVW
Pws	Inj	10 mg	Sandostatin LAR	02239323	NVR	ADEFGVW
Pws	Inj	20 mg	Sandostatin LAR	02239324	NVR	ADEFGVW

H01CB02 OCTREOTIDE

Pws	Inj	30 mg	Sandostatin LAR	02239325	NVR	ADEFGVW

H01CB03 LANREOTIDE

Liq	SC	60 mg/0.5 mL	Somatuline Autogel (pre-filled syringe)	02283395	IPS	(SA)
Liq	SC	90 mg/0.5 mL	Somatuline Autogel (pre-filled syringe)	02283409	IPS	(SA)
Liq	SC	120 mg/0.5 mL	Somatuline Autogel (pre-filled syringe)	02283417	IPS	(SA)

H02 CORTICOSTEROIDS FOR SYSTEMIC USE

H02A CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

H02AA MINERALOCORTICOIDS

H02AA02 FLUDROCORTISONE

Tab	Orl	0.1 mg	Florinef	02086026	PAL	ADEFGV

H02AB GLUCOCORTICOIDS

H02AB01 BETAMETHASONE

Sus	IM	3 mg / 3 mg	Celestone Soluspan	00028096	FRS	ADEFGV

H02AB02 DEXAMETHASONE

Liq	Inj	4 mg/mL	Dexamethasone sodium phosphate	00664227	SDZ	ADEFGVW
			Dexamethasone sodium phosphate	01977547	STR	ADEFGVW
			Dexamethasone-Omega	02204266	OMG	ADEFGVW
Tab	Orl	0.5 mg	Apo-Dexamethasone	02261081	APX	ADEFGVW
			pms-Dexamethasone	01964976	PMS	ADEFGVW
Tab	Orl	2 mg	pms-Dexamethasone	02279363	PMS	ADEFGVW
Tab	Orl	4 mg	Apo-Dexamethasone	02250055	APX	ADEFGVW
			pms-Dexamethasone	01964070	PMS	ADEFGVW

H02AB04 METHYLPREDNISOLONE

Pws	Inj	40 mg	Solu-Medrol (Act-O-Vial)	02367947	PFI	ADEFGVW
Pws	Inj	125 mg	Solu-Medrol (Act-O-Vial)	02367955	PFI	ADEFGVW
Pws	Inj	500 mg	Solu-Medrol	00030678	PFI	ADEFGVW
			Solu-Medrol (Act-O-Vial)	02367963	PFI	ADEFGVW

H02AB04	METHYLPREDNISOLONE					
Pws	Inj	1 g	Solu-Medrol	00036137	PFI	ADEFGVW
			Solu-Medrol (Act-O-Vial)	02367971	PFI	ADEFGVW
Sus	Inj	20 mg/mL	Depo-Medrol	01934325	PFI	ADEFGVW
Sus	Inj	40 mg/mL	Depo-Medrol	00030759	PFI	ADEFGVW
			Depo-Medrol	01934333	PFI	ADEFGVW
Sus	Inj	80 mg/mL	Depo-Medrol	00030767	PFI	ADEFGVW
			Depo-Medrol	01934341	PFI	ADEFGVW
Tab	Orl	4 mg	Medrol	00030988	PFI	ADEFGVW
Tab	Orl	16 mg	Medrol	00036129	PFI	ADEFGVW
H02AB06	PREDNISOLONE					
Liq	Orl	5 mg/5 mL	Pediapred	02230619	SAV	ADEFGVW
			pms-Prednisolone	02245532	PMS	ADEFGVW
H02AB07	PREDNISONE					
Tab	Orl	1 mg	Winpred	00271373	AAP	ADEFGRVW
Tab	Orl	5 mg	Apo-Prednisone	00312770	APX	ABDEFGRVW
			Teva-Prednisone	00021695	TEV	ABDEFGRVW
Tab	Orl	50 mg	Apo-Prednisone	00550957	APX	ADEFGRVW
			Teva-Prednisone	00232378	TEV	ADEFGRVW
H02AB08	TRIAMCINOLONE					
Sus	IA	10 mg/mL	Kenalog-10	01999761	BRI	ADEFGV
Sus	IA	40 mg/mL	Kenalog-40	01999869	BRI	ADEFGV
			Triamcinolone Acetonide	01977563	STR	ADEFGV
H02AB09	HYDROCORTISONE					
Pws	Inj	100 mg	Solu-Cortef (Act-O-Vial)	00030600	PFI	ADEFGVW
Pws	Inj	250 mg	Solu-Cortef (Act-O-Vial)	00030619	PFI	ADEFGVW
Pws	Inj	500 mg	Solu-Cortef (Act-O-Vial)	00030627	PFI	ADEFGVW
Pws	Inj	1 g	Solu-Cortef (Act-O-Vial)	00030635	PFI	ADEFGVW

H02AB09	HYDROCORTISONE						
Tab	Orl	10 mg		Cortef	00030910	PFI	ADEFGVW
Tab	Orl	20 mg		Cortef	00030929	PFI	ADEFGVW
H02AB10	CORTISONE						
Tab	Orl	25 mg		Cortisone	00280437	VLN	ADEFGVW
H02B	**CORTICOSTEROIDS FOR SYSTEMIC USE, COMBINATIONS**						
H02BX	**CORTICOSTEROIDS FOR SYSTEMIC USE, COMBINATIONS**						
H02BX01	METHYLPREDNISOLONE, COMBINATIONS						
	METHYLPREDNISOLONE / LIDOCAINE						
Sus	IA	40 mg / 10 mg		Depo-Medrol with Lidocaine	00260428	PFI	ADEFGVW
H03	**THYROID THERAPY**						
H03A	**THYROID PREPARATIONS**						
H03AA	**THYROID HORMONES**						
H03AA01	LEVOTHYROXINE SODIUM						
Tab	Orl	0.025 mg		Synthroid	02172062	BGP	ADEFGV
Tab	Orl	0.05 mg		Synthroid	02172070	BGP	ADEFGV
				Eltroxin	02213192	APN	ADEFGV
Tab	Orl	0.075 mg		Synthroid	02172089	BGP	ADEFGV
Tab	Orl	0.088 mg		Synthroid	02172097	BGP	ADEFGV
Tab	Orl	0.1 mg		Synthroid	02172100	BGP	ADEFGV
				Eltroxin	02213206	APN	ADEFGV
Tab	Orl	0.112 mg		Synthroid	02171228	BGP	ADEFGV
Tab	Orl	0.125 mg		Synthroid	02172119	BGP	ADEFGV
Tab	Orl	0.137 mg		Synthroid	02233852	BGP	ADEFGV
Tab	Orl	0.15 mg		Synthroid	02172127	BGP	ADEFGV
				Eltroxin	02213214	APN	ADEFGV
Tab	Orl	0.175 mg		Synthroid	02172135	BGP	ADEFGV
Tab	Orl	0.2 mg		Synthroid	02172143	BGP	ADEFGV
				Eltroxin	02213222	APN	ADEFGV

H03AA01	LEVOTHYROXINE SODIUM						
	Tab	Orl	0.3 mg	Synthroid	02172151	BGP	ADEFGV
H03AA02	LIOTHYRONINE SODIUM						
	Tab	Orl	5 mcg	Cytomel	01919458	PFI	ADEFGV
	Tab	Orl	25 mcg	Cytomel	01919466	PFI	ADEFGV
H03AA05	THYROID GLAND PREPARATIONS						
	DESICCATED THYROID						
	Tab	Orl	30 mg	Thyroid	00023949	ERF	ADEFGV
	Tab	Orl	60 mg	Thyroid	00023957	ERF	ADEFGV
	Tab	Orl	125 mg	Thyroid	00023965	ERF	ADEFGV
H03B	**ANTITHYROID PREPARATIONS**						
H03BA	**THIOURACILS**						
H03BA02	PROPYLTHIOURACIL						
	Tab	Orl	50 mg	Propyl-Thyracil	00010200	PAL	ADEFGV
	Tab	Orl	100 mg	Propyl-Thyracil	00010219	PAL	ADEFGV
H03BB	**SULPHUR-CONTAINING IMIDAZOLE DERIVATIVES**						
H03BB02	THIAMAZOLE						
	Tab	Orl	5 mg	Tapazole	00015741	PAL	ADEFGV
				Mar-Methimazole	02480107	MAR	ADEFGV
	Tab	Orl	10 mg	Tapazole	02296039	PAL	ADEFGV
				Mar-Methimazole	02480115	MAR	ADEFGV
H04	**PANCREATIC HORMONES**						
H04A	**GLYCOGENOLYTIC HORMONES**						
H04AA	**GLYCOGENOLYTIC HORMONES**						
H04AA01	GLUCAGON						
	Pws	Inj	1 mg	Glucagen	02333619	PAL	ADEFGV
				Glucagen Hypokit	02333627	PAL	ADEFGV
				Glucagon	02243297	LIL	ADEFGV
H05	**CALCIUM HOMEOSTASIS**						
H05B	**ANTI-PARATHYROID AGENTS**						
H05BA	**CALCITONIN PREPARATIONS**						

H05BA01 CALCITONIN (SALMON SYNTHETIC)

Liq	Inj	200 U/mL	Calcimar	01926691	SAV	ADEFGV

J ANTIINFECTIVES FOR SYSTEMIC USE

J01 ANTIBACTERIALS FOR SYSTEMIC USE

J01A TETRACYCLINES

J01AA TETRACYCLINES

J01AA02 DOXYCYCLINE

Cap	Orl	100 mg	Apo-Doxy	00740713	APX	ABDEFGVW
			Doxycycline	02351234	SAS	ABDEFGVW
			Teva-Doxycycline	00725250	TEV	ABDEFGVW
Tab	Orl	100 mg	Doxycin	00860751	RIV	ABDEFGVW
			Apo-Doxy	00874256	APX	ABDEFGVW
			Doxycycline	02351242	SAS	ABDEFGVW
			Teva-Doxycycline	02158574	TEV	ABDEFGVW

J01AA07 TETRACYCLINE

Cap	Orl	250 mg	Tetra	00580929	AAP	ADEFGVW

J01AA08 MINOCYCLINE

Cap	Orl	50 mg	Apo-Minocycline	02084090	APX	ABDEFGVW
			Mylan-Minocycline (Disc/non disp Jul 03/19)	02230735	MYL	ABDEFGVW
			Teva-Minocycline	02108143	TEV	ABDEFGVW
Cap	Orl	100 mg	Apo-Minocycline	02084104	APX	ABDEFGVW
			Teva-Minocycline	02108151	TEV	ABDEFGVW

J01C BETA LACTAM ANTIBACTERIALS, PENICILLINS

J01CA PENICILLIN WITH EXTENDED SPECTRUMS

J01CA01 AMPICILLIN

Cap	Orl	250 mg	Teva-Ampicillin	00020877	TEV	ADEFGVW
Cap	Orl	500 mg	Teva-Ampicillin	00020885	TEV	ADEFGVW
Pws	Inj	500 mg	Ampicillin Sodium	00872652	TEV	ADEFGW
Pws	Inj	1 g	Ampicillin Sodium	01933345	TEV	ADEFGW
Pws	Inj	2 g	Ampicillin Sodium	01933353	TEV	ADEFGW

J01CA04 AMOXICILLIN

J01CA04 AMOXICILLIN

Cap	Orl	250 mg	Amoxicillin	02352710	SAS	ABDEFGVW
			Apo-Amoxi	00628115	APX	ABDEFGVW
			Auro-Amoxicillin	02388073	ARO	ABDEFGVW
			Jamp-Amoxicillin	02433060	JPC	ABDEFGVW
			Novamoxin	00406724	TEV	ABDEFGVW
Cap	Orl	500 mg	Amoxicillin	02352729	SAS	ABDEFGVW
			Amoxicillin	02401509	SIV	ABDEFGVW
			Apo-Amoxi	00628123	APX	ABDEFGVW
			Auro-Amoxicillin	02388081	ARO	ABDEFGVW
			Jamp-Amoxicillin	02433079	JPC	ABDEFGVW
			Novamoxin	00406716	TEV	ABDEFGVW
Pws	Orl	25 mg	Apo-Amoxi	00628131	APX	ABDEFGVW
			Novamoxin	00452149	TEV	ABDEFGVW
			Novamoxin 125 (sugar-reduced)	01934171	TEV	ABDEFGVW
			pms-Amoxicillin	02230245	PMS	ABDEFGVW
Pws	Orl	50 mg	Amoxicillin	02352753	SAS	ABDEFGVW
			Amoxicillin	02401541	SIV	ABDEFGVW
			Amoxicillin (sugar-reduced)	02352788	SAS	ABDEFGVW
			Apo-Amoxi	00628158	APX	ABDEFGVW
			Apo-Amoxi (Sugar-Free)	02230880	APX	ABDEFGVW
			Novamoxin	00452130	TEV	ABDEFGVW
			Novamoxin 125 (sugar-reduced)	01934163	TEV	ABDEFGVW
			pms-Amoxicillin	02230246	PMS	ABDEFGVW
TabC	Orl	125 mg	Novamoxin chew	02036347	TEV	ABDEFGVW
TabC	Orl	250 mg	Novamoxin chew	02036355	TEV	ABDEFGVW

J01CE BETA-LACTAMASE SENSITIVE PENICILLINS

J01CE01 BENZYLPENICILLIN (PENICILLIN G)

Pws	Inj	5 000 000 U	Penicillin G Sodium (Disc/non disp Jul 30/19)	00883751	TEV	ADEFGW

J01CE02 PHENOXYMETHYLPENICILLIN (PENICILLIN V)

Pws	Orl	25 mg	Apo-Pen VK (Disc/non disp Mar 1/20)	00642223	APX	ADEFGVW
Pws	Orl	60 mg	Apo-Pen VK (Disc/non disp Mar 1/20)	00642231	APX	ADEFGVW
Tab	Orl	300 mg	Pen VK	00642215	AAP	ADEFGVW

J01CE08 BENZATHINE BENZYLPENICILLIN (PENICILLIN G BENZATHINE)

Sus	Inj	1 200 000 unit/2 mL	Bicillin L-A	02291924	PFI	ADEFGV

J01CF BETA-LACTAMASE RESISTANT PENICILLINS

J01CF02 CLOXACILLIN

Cap	Orl	250 mg	Teva-Cloxacillin	00337765	TEV	ABDEFGVW
Cap	Orl	500 mg	Teva-Cloxacillin	00337773	TEV	ABDEFGVW
Pws	Inj	2 g	Cloxacillin	02367424	STR	ADEFGVW
Pws	Orl	25 mg	Teva-Cloxacillin	00337757	TEV	ABDEFGVW

J01CR COMBINATIONS PENICILLINS INCLUDING BETA LACTAMASE INHIBITORS

J01CR02 AMOXICILLIN AND ENZYME INHIBITOR

AMOXICILLIN / CLAVULANIC ACID

Pws	Orl	125 mg / 31.25 mg/5 mL	Clavulin	01916882	GSK	ABDEFGVW
Pws	Orl	200 mg / 28.5 mg/5 mL	Clavulin 200	02238831	GSK	ABDEFGVW
Pws	Orl	250 mg / 62.5 mg/5 mL	Clavulin-250 F	01916874	GSK	ABDEFGVW
			Apo-Amoxi Clav (Disc/non disp May 2/20)	02243987	APX	ABDEFGVW
Pws	Orl	400 mg / 57 mg/5 mL	Clavulin 400	02238830	GSK	ABDEFGVW
			Apo-Amoxi Clav (Disc/non disp May 2/20)	02288559	APX	ABDEFGVW
Tab	Orl	250 mg / 125 mg	Apo-Amoxi Clav	02243350	APX	ABDEFGVW
Tab	Orl	500 mg / 125 mg	Clavulin-500 F	01916858	GSK	ABDEFGVW
			Apo-Amoxi Clav	02243351	APX	ABDEFGVW
			Sandoz Amoxi-Clav	02482576	SDZ	ABDEFGVW
Tab	Orl	875 mg / 125 mg	Clavulin	02238829	GSK	ABDEFGVW
			Apo-Amoxi Clav	02245623	APX	ABDEFGVW
			Sandoz Amoxi-Clav	02482584	SDZ	ABDEFGVW

J01CR05 PIPERACILLIN AND ENZYME INHIBITOR

PIPERACILLIN / TAZOBACTAM

Pws	Inj	2 g / 0.25 g	Piperacillin & Tazobactam	02308444	APX	ABDEFGW
			Piperacillin & Tazobactam	02299623	SDZ	ABDEFGW
			Piperacillin & Tazobactam	02401312	TLG	ABDEFGW

J01CR05 PIPERACILLIN AND ENZYME INHIBITOR

PIPERACILLIN / TAZOBACTAM

Pws	Inj	3 g / 0.375 g	Piperacillin & Tazobactam	02308452	APX	ABDEFGW
			Piperacillin & Tazobactam	02299631	SDZ	ABDEFGW
			Piperacillin & Tazobactam	02401320	TLG	ABDEFGW
			Piperacillin/Tazobactam	02370166	TEV	ABDEFGW
Pws	Inj	4 g / 0.5 g	Piperacillin & Tazobactam	02308460	APX	ABDEFGW
			Piperacillin & Tazobactam	02299658	SDZ	ABDEFGW
			Piperacillin & Tazobactam	02401339	TLG	ABDEFGW
			Piperacillin/Tazobactam	02370174	TEV	ABDEFGW

J01D OTHER BETA LACTAM ANTIBACTERIALS

J01DB FIRST GENERATION CEPHALOSPORINS

J01DB01 CEPHALEXIN

Cap	Orl	250 mg	Teva-Cephalexin	00342084	TEV	ABDEFGVW
Cap	Orl	500 mg	Teva-Cephalexin	00342114	TEV	ABDEFGVW
Pws	Orl	25 mg	Teva-Cephalexin	00342106	TEV	ABDEFGVW
Pws	Orl	50 mg	Teva-Cephalexin	00342092	TEV	ABDEFGVW
Tab	Orl	250 mg	Apo-Cephalex	00768723	APX	ABDEFGVW
			Auro-Cephalexin	02470578	ARO	ABDEFGVW
			Teva-Cephalexin	00583413	TEV	ABDEFGVW
Tab	Orl	500 mg	Apo-Cephalex	00768715	APX	ABDEFGVW
			Auro-Cephalexin	02470586	ARO	ABDEFGVW
			Teva-Cephalexin	00583421	TEV	ABDEFGVW

J01DB04 CEFAZOLIN

Pws	Inj	500 mg	Cefazolin Sodium	02308932	SDZ	ABDEFGVW
			Cefazolin Sodium	02108119	TEV	ABDEFGVW
Pws	Inj	1 g	Cefazolin	02297205	PFI	ABDEFGVW
			Cefazolin Sodium	02308959	SDZ	ABDEFGVW
			Cefazolin Sodium	02108127	TEV	ABDEFGVW

J01DB05 CEFADROXIL

Cap	Orl	500 mg	Apo-Cefadroxil	02240774	APX	ADEFGVW
			Teva-Cefadroxil	02235134	TEV	ADEFGVW

J01DC SECOND GENERATION CEPHALOSPORINS

J01DC01 CEFOXITIN

Pws	Inj	1 g	Cefoxitin for Injection	02291711	PFI	ADEFGVW
			Cefoxitin Sodium	02128187	TEV	ADEFGVW
Pws	Inj	2 g	Cefoxitin for Injection	02291738	PFI	ADEFGVW
			Cefoxitin Sodium	02128195	TEV	ADEFGVW

J01DC02 CEFUROXIME

Liq	Orl	125 mg/mL	Ceftin	02212307	GSK	ABDEFGVW
Pws	Inj	750 mg	Cefuroxime	02241638	FKB	ADEFGVW
Pws	Inj	1.5 g	Cefuroxime	02241639	FKB	ADEFGVW
Tab	Orl	250 mg	Ceftin	02212277	GSK	ABDEFGVW
			Apo-Cefuroxime	02244393	APX	ABDEFGVW
			Auro-Cefuroxime	02344823	ARO	ABDEFGVW
Tab	Orl	500 mg	Ceftin	02212285	GSK	ABDEFGVW
			Apo-Cefuroxime	02244394	APX	ABDEFGVW
			Auro-Cefuroxime	02344831	ARO	ABDEFGVW

J01DC10 CEFPROZIL

Pws	Orl	25 mg	Apo-Cefprozil (Disc/non disp May 2/20)	02293943	APX	ADEFGVW
			Ran-Cefprozil	02329204	RAN	ADEFGVW
Pws	Orl	50 mg	Apo-Cefprozil (Disc/non disp May 2/20)	02293951	APX	ADEFGVW
			Ran-Cefprozil	02293579	RAN	ADEFGVW
Tab	Orl	250 mg	Apo-Cefprozil (Disc/non disp Mar 1/20)	02292998	APX	ADEFGVW
			Auro-Cefprozil	02347245	ARO	ADEFGVW
			Ran-Cefprozil	02293528	RAN	ADEFGVW
			Sandoz Cefprozil	02302179	SDZ	ADEFGVW
Tab	Orl	500 mg	Apo-Cefprozil (Disc/non disp Sep 20/19)	02293005	APX	ADEFGVW
			Auro-Cefprozil	02347253	ARO	ADEFGVW
			Ran-Cefprozil	02293536	RAN	ADEFGVW
			Sandoz Cefprozil	02302187	SDZ	ADEFGVW

J01DD THIRD GENERATION CEPHALOSPORINS

J01DD01 CEFOTAXIME

J01DD01 CEFOTAXIME

Pws	Inj	1 g	Cefotaxime Sodium	02434091	STR	ADEFGVW
Pws	Inj	2 g	Cefotaxime Sodium	02434105	STR	ADEFGVW

J01DD02 CEFTAZIDIME

Pws	Inj	1 g	Fortaz	02212218	GSK	ABDEFGVW
			Ceftazidime	00886971	FKB	ABDEFGVW
Pws	Inj	2 g	Fortaz	02212226	GSK	ABDEFGVW
			Ceftazidime	00886955	FKB	ABDEFGVW

J01DD04 CEFTRIAXONE

Pws	Inj	250 mg	Ceftriaxone	02292866	APX	ADEFGVW
			Ceftriaxone Sodium	02325594	STR	ADEFGVW
Pws	Inj	1 g	Ceftriaxone	02292874	PFI	ADEFGVW
			Ceftriaxone	02292270	SDZ	ADEFGVW
			Ceftriaxone Sodium	02325616	STR	ADEFGVW
			Ceftriaxone Sodium	02287633	TEV	ADEFGVW
Pws	Inj	2 g	Ceftriaxone	02292882	PFI	ADEFGVW
			Ceftriaxone	02292289	SDZ	ADEFGVW
			Ceftriaxone Sodium	02325624	STR	ADEFGVW

J01DD08 CEFIXIME

Pws	Orl	20 mg	Suprax	00868965	ODN	ABDEFGVW
			Auro-Cefixime	02468689	ARO	ABDEFGVW
Tab	Orl	400 mg	Suprax	00868981	ODN	ABDEFGVW
			Auro-Cefixime	02432773	ARO	ABDEFGVW

J01DE FOURTH GENERATION CEPHALOSPORINS

J01DE01 CEFEPIME

Pws	Inj	1 g	Apo-Cefepime	02467496	APX	ADEFGVW
Pws	Inj	2 g	Apo-Cefepime	02467518	APX	ADEFGVW

J01DF MONOBACTAMS

J01DF01 AZTREONAM

Pwr	Inh	75 mg	Cayston	02329840	GIL	(SA)

J01DH CARBAPENEMS

J01DH02 MEROPENEM

Pws	Inj	500 mg	Meropenem	02378787	SDZ	ADEFGVW
Pws	Inj	1 g	Meropenem	02436507	STR	ADEFGVW

J01DH03 ERTAPENEM

Pws	Inj	1 g	Invanz	02247437	FRS	ADEFGVW

J01DH51 IMIPENEM AND ENZYME INHIBITOR

IMIPENEM / CILASTATIN

Pws	Inj	250 mg / 250 mg	Ran-Imipenem-Cilastatin	02351692	RAN	ADEFGVW
Pws	Inj	500 mg / 500 mg	Primaxin	00717282	FRS	ADEFGVW
			Ran-Imipenem-Cilastatin	02351706	RAN	ADEFGVW

J01E SULFONAMIDES AND TRIMETHOPRIM

J01EA TRIMETHOPRIM AND DERIVATIVES

J01EA01 TRIMETHOPRIM

Tab	Orl	100 mg	Trimethoprim	02243116	AAP	ADEFGV
Tab	Orl	200 mg	Trimethoprim	02243117	AAP	ADEFGV

J01EE COMBINATIONS OF SULFONAMIDES AND TRIMETHOPRIM, INCLUDING DERIVATIVES

J01EE01 SULFAMETHOXASOLE AND TRIMETHOPRIM

Sus	Orl	40 mg / 8 mg	Teva-Trimel	00726540	TEV	ABDEFGVW
Tab	Orl	100 mg / 20 mg	Sulfatrim	00445266	AAP	ABDEFGVW
Tab	Orl	400 mg / 80 mg	Sulfatrim	00445274	AAP	ABDEFGVW
			Teva-Trimel	00510637	TEV	ABDEFGVW
Tab	Orl	800 mg / 160 mg	Sulfatrim DS	00445282	AAP	ABDEFGVW
			Teva-Trimel DS	00510645	TEV	ABDEFGVW

J01F MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

J01FA MACROLIDES

J01FA01 ERYTHROMYCIN

ECC	Orl	250 mg	Eryc	00607142	PFI	ABDEFGVW
ECC	Orl	333 mg	Eryc	00873454	PFI	ABDEFGVW

J01FA01	ERYTHROMYCIN					
Tab	Orl	250 mg	Erythro	00682020	AAP	ABDEFGVW
			Erythro-S	00545678	AAP	ABDEFGVW
Tab	Orl	600 mg	Erythro-ES (Disc/non disp Jan 15/20)	00637416	AAP	ABDEFGVW
J01FA02	SPIRAMYCIN					
Cap	Orl	750 000 IU	Rovamycine 250	01927825	ODN	ADEFGVW
Cap	Orl	1 500 000 IU	Rovamycine 500	01927817	ODN	ADEFGVW
J01FA09	CLARITHROMYCIN					
ERT	Orl	500 mg	Biaxin XL	02244756	ABB	ABDEFGVW
			Act Clarithromycin XL	02403196	ATV	ABDEFGVW
			Apo-Clarithromycin XL	02413345	APX	ABDEFGVW
Pws	Orl	125 mg/5 mL	Biaxin	02146908	ABB	ABDEFGVW
			Clarithromycin	02408988	SAS	ABDEFGVW
			Taro-Clarithromycin	02390442	TAR	ABDEFGVW
Pws	Orl	250 mg/5 mL	Biaxin	02244641	ABB	ABDEFGVW
			Clarithromycin	02408996	SAS	ABDEFGVW
			Taro-Clarithromycin	02390450	TAR	ABDEFGVW
Tab	Orl	250 mg	Biaxin BID	01984853	ABB	ABDEFGVW
			Apo-Clarithromycin	02274744	APX	ABDEFGVW
			Clarithromycin	02466120	SAS	ABDEFGVW
			Clarithromycin	02442469	SIV	ABDEFGVW
			pms-Clarithromycin	02247573	PMS	ABDEFGVW
			Ran-Clarithromycin	02361426	RAN	ABDEFGVW
			Sandoz Clarithromycin	02266539	SDZ	ABDEFGVW
			Teva-Clarithromycin	02248804	TEV	ABDEFGVW
Tab	Orl	500 mg	Biaxin BID	02126710	ABB	ABDEFGVW
			Apo-Clarithromycin	02274752	APX	ABDEFGVW
			Clarithromycin	02442485	SIV	ABDEFGVW
			Ran-Clarithromycin	02361434	RAN	ABDEFGVW
			Sandoz Clarithromycin	02266547	SDZ	ABDEFGVW
			Teva-Clarithromycin	02248805	TEV	ABDEFGVW
J01FA10	AZITHROMYCIN					
Pws	Inj	500 mg	Zithromax	02239952	PFI	ADEFGVW

J01FA10 AZITHROMYCIN

Pws	Orl	100 mg/5 mL	Zithromax	02223716	PFI	ABDEFGVW
			Azithromycin	02274388	PMS	ABDEFGVW
			GD-Azithromycin	02274566	GMD	ABDEFGVW
			Sandoz Azithromycin	02332388	SDZ	ABDEFGVW
Pws	Orl	200 mg/5 mL	Zithromax	02223724	PFI	ABDEFGVW
			Azithromycin	02274396	PMS	ABDEFGVW
			GD-Azithromycin	02274574	GMD	ABDEFGVW
			pms-Azithromycin	02418460	PMS	ABDEFGVW
			Sandoz Azithromycin	02332396	SDZ	ABDEFGVW
Tab	Orl	250 mg	Zithromax	02212021	PFI	ABDEFGVW
			Apo-Azithromycin Z	02415542	APX	ABDEFGVW
			Azithromycin	02330881	SAS	ABDEFGVW
			Azithromycin	02442434	SIV	ABDEFGVW
			Jamp-Azithromycin	02452308	JPC	ABDEFGVW
			Mar-Azithromycin	02452324	MAR	ABDEFGVW
			pms-Azithromycin	02261634	PMS	ABDEFGVW
			Sandoz Azithromycin	02265826	SDZ	ABDEFGVW
			Teva-Azithromycin	02267845	TEV	ABDEFGVW
Tab	Orl	600 mg	Act Azithromycin	02256088	ATV	(SA)
			pms-Azithromycin	02261642	PMS	(SA)

J01FF LINCOSAMIDES

J01FF01 CLINDAMYCIN

Cap	Orl	150 mg	Dalacin C	00030570	PFI	ABDEFGVW
			Apo-Clindamycin (Disc/non disp Jun 6/20)	02245232	APX	ABDEFGVW
			Auro-Clindamycin	02436906	ARO	ABDEFGVW
			Mylan-Clindamycin (Disc/non disp Jul 03/19)	02258331	MYL	ABDEFGVW
			Teva-Clindamycin	02241709	TEV	ABDEFGVW
Cap	Orl	300 mg	Dalacin C	02182866	PFI	ABDEFGVW
			Apo-Clindamycin (Disc/non disp Jun 6/20)	02245233	APX	ABDEFGVW
			Auro-Clindamycin	02436914	ARO	ABDEFGVW
			Mylan-Clindamycin (Disc/non disp Jul 03/19)	02258358	MYL	ABDEFGVW
			Teva-Clindamycin	02241710	TEV	ABDEFGVW

J01FF01	CLINDAMYCIN					
Liq	Inj	150 mg/mL	Dalacin C Phosphate	00260436	PFI	ADEFGW
			Clindamycin (2mL, 4mL, 6mL vials)	02230540	SDZ	ADEFGW
			Clindamycin (bulk vials)	02230535	SDZ	ADEFGW
Pws	Orl	75 mg/5 mL	Dalacin C	00225851	PFI	ABDEFGVW
J01G	**AMINOGLYCOSIDE ANTIBACTERIALS**					
J01GB	**OTHER AMINOGLYCOSIDES**					
J01GB01	TOBRAMYCIN					
Liq	Inh	300 mg/5 mL	Tobi	02239630	NVR	(SA)
			Teva-Tobramycin	02389622	TEV	(SA)
			Tobramycin Inhalation Solution	02443368	SDZ	(SA)
Liq	Inj	40 mg/mL	Tobramycin (PF)	02241210	SDZ	ABDEFGVW
Pwr	Inh	28 mg	Tobi Podhaler	02365154	NVR	(SA)
J01GB03	GENTAMICIN					
Liq	Inj	40 mg/mL	Gentamicin	02242652	SDZ	ADEFGVW
J01GB06	AMIKACIN					
Liq	Inj	250 mg/mL	Amikacin	02242971	SDZ	ADEFGVW
J01M	**QUINOLONE ANTIBACTERIALS**					
J01MA	**FLUOROQUINOLONES**					
J01MA02	CIPROFLOXACIN					
ERT	Orl	1 000 mg	Cipro XL	02251787	BAY	(SA)
Liq	IV	2 mg/mL	Ciprofloxacin Intravenous Infusion BP	02304759	SDZ	ADEFGVW
Liq	Orl	500 mg/5 mL	Cipro Oral Suspension	02237514	BAY	(SA)

J01MA02 CIPROFLOXACIN

Tab	Orl	250 mg	Act Ciprofloxacin	02247339	TEV	BW (SA)
			Apo-Ciproflox (Disc/non disp Dec 17/19)	02229521	APX	BW (SA)
			Auro-Ciprofloxacin	02381907	ARO	BW (SA)
			Ciprofloxacin	02353318	SAS	BW (SA)
			Ciprofloxacin	02386119	SIV	BW (SA)
			Jamp-Ciprofloxacin	02380358	JPC	BW (SA)
			Mar-Ciprofloxacin	02379686	MAR	BW (SA)
			Mint-Ciproflox	02423553	MNT	BW (SA)
			pms-Ciprofloxacin	02248437	PMS	BW (SA)
			Ran-Ciproflox	02303728	RAN	BW (SA)
			Sandoz Ciprofloxacin	02248756	SDZ	BW (SA)
			Septa-Ciprofloxacin	02379627	SPT	BW (SA)
Tab	Orl	500 mg	Cipro	02155966	BAY	BW (SA)
			Act Ciprofloxacin	02247340	TEV	BW (SA)
			Apo-Ciproflox (Disc/non disp Dec 17/19)	02229522	APX	BW (SA)
			Auro-Ciprofloxacin	02381923	ARO	BW (SA)
			Ciprofloxacin	02353326	SAS	BW (SA)
			Ciprofloxacin	02386127	SIV	BW (SA)
			Jamp-Ciprofloxacin	02380366	JPC	BW (SA)
			Mar-Ciprofloxacin	02379694	MAR	BW (SA)
			Mint-Ciproflox	02423561	MNT	BW (SA)
			pms-Ciprofloxacin	02248438	PMS	BW (SA)
			Ran-Ciproflox	02303736	RAN	BW (SA)
			Sandoz Ciprofloxacin	02248757	SDZ	BW (SA)
			Septa-Ciprofloxacin	02379635	SPT	BW (SA)
Tab	Orl	750 mg	Act Ciprofloxacin	02247341	TEV	BW (SA)
			Apo-Ciproflox (Disc/non disp Dec 17/19)	02229523	APX	BW (SA)
			Jamp-Ciprofloxacin	02380374	JPC	BW (SA)
			Mar-Ciprofloxacin	02379708	MAR	BW (SA)
			Mint-Ciproflox	02423588	MNT	BW (SA)
			pms-Ciprofloxacin	02248439	PMS	BW (SA)
			Ran-Ciproflox	02303744	RAN	BW (SA)
			Sandoz Ciprofloxacin	02248758	SDZ	BW (SA)
			Septa-Ciprofloxacin	02379643	SPT	BW (SA)

J01MA06 NORFLOXACIN

Tab	Orl	400 mg	Norfloxacin	02229524	AAP	ADEFGVW

J01MA12 LEVOFLOXACIN

Liq	Inh	240 mg / 2.4 mL	Quinsair	02442302	HRZ	(SA)
Liq	Inj	5 mg/mL	Levofloxacin	02314932	PFI	W
Tab	Orl	250 mg	Act Levofloxacin	02315424	TEV	VW (SA)
			Apo-Levofloxacin	02284707	APX	VW (SA)
			pms-Levofloxacin	02284677	PMS	VW (SA)
			Sandoz Levofloxacin	02298635	SDZ	VW (SA)
			Teva-Levofloxacin (Disc/non disp May 1/20)	02248262	TEV	VW (SA)
Tab	Orl	500 mg	Act Levofloxacin	02315432	TEV	VW (SA)
			Apo-Levofloxacin	02284715	APX	VW (SA)
			pms-Levofloxacin	02284685	PMS	VW (SA)
			Sandoz Levofloxacin	02298643	SDZ	VW (SA)
			Teva-Levofloxacin (Disc/non disp May 1/20)	02248263	TEV	VW (SA)

J01MA14 MOXIFLOXACIN

Liq	Inj	400 mg/250 mL	Avelox I.V.	02246414	BAY	ADEFGVW
Tab	Orl	400 mg	Avelox	02242965	BAY	VW (SA)
			Apo-Moxifloxacin	02404923	APX	VW (SA)
			Auro-Moxifloxacin	02432242	ARO	VW (SA)
			Jamp-Moxifloxacin	02443929	JPC	VW (SA)
			Jamp-Moxifloxacin	02447061	JPC	VW (SA)
			M-Moxifloxacin	02472791	MRA	VW (SA)
			Mar-Moxifloxacin	02447053	MAR	VW (SA)
			Med-Moxifloxacin	02457814	GMP	VW (SA)
			Sandoz Moxifloxacin	02383381	SDZ	VW (SA)
			Teva-Moxifloxacin	02375702	TEV	VW (SA)

J01X OTHER ANTIBACTERIALS

J01XA GLYCOPEPTIDE ANTIBACTERIALS

J01XA01 VANCOMYCIN

Cap	Orl	125 mg	Vancocin	00800430	SLP	ADEFGVW
			Jamp-Vancomycin	02407744	JPC	ADEFGVW
Pws	Inj	500 mg	Sterile Vancomycin	02230191	PFI	ABDEFGVW
			Sterile Vancomycin HCl	02139375	FKB	ABDEFGVW
			Vancomycin	02394626	SDZ	ABDEFGVW
			Vancomycin	02342855	STR	ABDEFGVW

J01XA01 VANCOMYCIN

Pws	Inj	1 g	Vancomycin	02394634	SDZ	ABDEFGVW
			Vancomycin	02342863	STR	ABDEFGVW
			Vancomycin HCl	02139383	FKB	ABDEFGVW

J01XD IMIDAZOLE DERIVATIVES

J01XD01 METRONIDAZOLE

Liq	Inj	5 mg/mL	Metronidazole	00870420	BAX	ADEFGVW
			Metronidazole	00649074	PFI	ADEFGVW
Tab	Orl	250 mg	Metronidazole	00545066	AAP	ADEFGVW

J01XE NITROFURAN DERIVATIVES

J01XE01 NITROFURANTOIN

Cap	Orl	50 mg	Teva-Furantoin	02231015	TEV	ADEFGV
Cap	Orl	100 mg	Macrobid	02063662	ALL	ADEFGV
			pms-Nitrofurantoin	02455676	PMS	ADEFGV
Tab	Orl	50 mg	Nitrofurantoin	00319511	AAP	ADEFGV
Tab	Orl	100 mg	Nitrofurantoin	00312738	AAP	ADEFGV

J01XX OTHER ANTIBACTERIALS

J01XX01 FOSFOMYCIN

Pws	Orl	3 g	Monurol	02240335	PAL	(SA)
			Jamp-Fosfomycin	02473801	JPC	(SA)

J01XX05 METHENAMINE

Tab	Orl	500 mg	Mandelamine	00499013	ERF	ADEFGV

J01XX08 LINEZOLID

Tab	Orl	600 mg	Zyvoxam	02243684	PFI	(SA)
			Apo-Linezolid	02426552	APX	(SA)
			Sandoz Linezolid	02422689	SDZ	(SA)

J02 ANTIMYCOTICS FOR SYSTEMIC USE

J02A ANTIMYCOTICS FOR SYSTEMIC USE

J02AA ANTIBIOTICS

J02AA01 AMPHOTERICIN B

Pws	Inj	50 mg	Fungizone	00029149	BRI	ADEFGVW

J02AB IMIDAZOLE DERIVATIVES

J02AB02 KETOCONAZOLE

Tab	Orl	200 mg	Apo-Ketoconazole	02237235	APX	ADEFGVW
			Teva-Ketoconazole	02231061	TEV	ADEFGVW

J02AC TRIAZOLE DERIVATIVES

J02AC01 FLUCONAZOLE

Cap	Orl	150 mg	Diflucan	02141442	CHC	ADEFGVW
			Apo-Fluconazole	02241895	APX	ADEFGVW
			Mar-Fluconazole-150	02428792	MAR	ADEFGVW
			pms-Fluconazole (Disc/non disp Jan 23/20)	02282348	PMS	ADEFGVW
Liq	Inj	2 mg/mL	Diflucan	00891835	PFI	ADEFGVW
Pwr	Orl	50 mg/5 mL	Diflucan	02024152	PFI	(SA)
Tab	Orl	50 mg	Act Fluconazole	02281260	ATV	ADEFGVW
			Apo-Fluconazole	02237370	APX	ADEFGVW
			Mylan-Fluconazole	02245292	MYL	ADEFGVW
			Novo-Fluconazole	02236978	TEV	ADEFGVW
			pms-Fluconazole	02245643	PMS	ADEFGVW
Tab	Orl	100 mg	Act Fluconazole	02281279	ATV	ADEFGVW
			Apo-Fluconazole	02237371	APX	ADEFGVW
			Mylan-Fluconazole	02245293	MYL	ADEFGVW
			Novo-Fluconazole	02236979	TEV	ADEFGVW
			pms-Fluconazole	02245644	PMS	ADEFGVW

J02AC02 ITRACONAZOLE

Cap	Orl	100 mg	Sporanox	02047454	JAN	(SA)
			Mint-Itraconazole	02462559	MNT	(SA)
Liq	Orl	100 mg	Sporanox	02231347	JAN	(SA)

J02AC03 VORICONAZOLE

Tab	Orl	50 mg	Vfend	02256460	PFI	(SA)
			Sandoz Voriconazole	02399245	SDZ	(SA)
			Teva-Voriconazole	02396866	TEV	(SA)
Tab	Orl	200 mg	Vfend	02256479	PFI	(SA)
			Sandoz Voriconazole	02399253	SDZ	(SA)
			Teva-Voriconazole	02396874	TEV	(SA)

J02AX ANTIMYCOTICS FOR SYSTEMIC USE

J02AX04 CASPOFUNGIN

Pwd	Inj	50 mg	Cancidas IV	02244265	FRS	ADEFGVW

J02AX05 MICAFUNGIN

Pws	IV	50 mg	Mycamine	02294222	ASL	ADEFGVW
Pws	IV	100 mg	Mycamine	02311054	ASL	ADEFGVW

J04 ANTIMYCOBACTERIALS

J04A DRUGS FOR TREATMENT OF TUBERCULOSIS

J04AB ANTIBIOTICS

J04AB02 RIFAMPICIN

Cap	Orl	150 mg	Rifadin	02091887	SAV	ADEFGPVW
			Rofact	00393444	VLN	ADEFGPVW
Cap	Orl	300 mg	Rifadin	02092808	SAV	ADEFGPVW
			Rofact	00343617	VLN	ADEFGPVW

J04AB04 RIFABUTIN

Cap	Orl	150 mg	Mycobutin	02063786	PFI	(SA)

J04AC HYDRAZIDES

J04AC01 ISONIAZID

Syr	Orl	10 mg/mL	pdp-Isoniazid	00577812	PMS	P
Tab	Orl	300 mg	pdp-Isoniazid	00577804	PMS	P

J04AK OTHER DRUGS FOR TREATMENT OF TUBERCULOSIS

J04AK01 PYRAZINAMIDE

Tab	Orl	500 mg	pdp-Pyrazinamde	00618810	PMS	P

J04AK02 ETHAMBUTOL

Tab	Orl	100 mg	Etibi	00247960	VLN	ADEFGPV
Tab	Orl	400 mg	Etibi	00247979	VLN	ADEFGPV

J04B DRUGS FOR TREATMENT OF LEPRA

J04BA DRUGS FOR TREATMENT OF LEPRA

J04BA02 DAPSONE

Tab	Orl	100 mg	Dapsone	02041510	JCB	ADEFGV
			Mar-Dapsone	02481227	MAR	ADEFGV

J05 ANTIVIRALS FOR SYSTEMIC USE

J05A DIRECT ACTING ANTIVIRALS

J05AB NUCLEOSIDES AND NUCLEOTIDES EXCLUDING REVERSE TRANSCRIPTASE INHIBITORS

J05AB01 ACYCLOVIR

Liq	Inj	25 mg/mL	Acyclovir Sodium	02236916	PFI	ADEFGW
Liq	Inj	50 mg/mL	Acyclovir Sodium	02236926	FKB	ADEFGW
Sus	Orl	200 mg/5 mL	Zovirax	00886157	GSK	ADEFGV
Tab	Orl	200 mg	Apo-Acyclovir	02207621	APX	ADEFGV
			Mylan-Acyclovir	02242784	MYL	ADEFGV
			Teva-Acyclovir	02285959	TEV	ADEFGV
Tab	Orl	400 mg	Apo-Acyclovir	02207648	APX	ADEFGV
			Mylan-Acyclovir	02242463	MYL	ADEFGV
			Teva-Acyclovir	02285967	TEV	ADEFGV
Tab	Orl	800 mg	Apo-Acyclovir	02207656	APX	ADEFGV
			Mylan-Acyclovir	02242464	MYL	ADEFGV
			Teva-Acyclovir	02285975	TEV	ADEFGV

J05AB06 GANCICLOVIR

Pws	Inj	500 mg	Cytovene	02162695	MCK	ADEFGV

J05AB09 FAMCICLOVIR

Tab	Orl	125 mg	Famvir	02229110	NVR	ADEFGV
			Act Famciclovir	02305682	ATV	ADEFGV
			Apo-Famciclovir	02292025	APX	ADEFGV
			pms-Famciclovir	02278081	PMS	ADEFGV
			Sandoz Famciclovir	02278634	SDZ	ADEFGV
Tab	Orl	250 mg	Famvir	02229129	NVR	ADEFGV
			Act Famciclovir	02305690	ATV	ADEFGV
			Apo-Famciclovir	02292041	APX	ADEFGV
			pms-Famciclovir	02278103	PMS	ADEFGV
			Sandoz Famciclovir	02278642	SDZ	ADEFGV

J05AB09 FAMCICLOVIR

Tab	Orl	500 mg	Famvir	02177102	NVR	ADEFGV
			Act Famciclovir	02305704	ATV	ADEFGV
			Apo-Famciclovir	02292068	APX	ADEFGV
			pms-Famciclovir	02278111	PMS	ADEFGV
			Sandoz Famciclovir	02278650	SDZ	ADEFGV

J05AB11 VALACYCLOVIR

Tab	Orl	500 mg	Valtrex	02219492	GSK	ADEFGV
			Apo-Valacyclovir	02295822	APX	ADEFGV
			Auro-Valacyclovir	02405040	ARO	ADEFGV
			Jamp-Valacyclovir	02441454	JPC	ADEFGV
			Mar-Valacyclovir	02441586	MAR	ADEFGV
			Mylan-Valacyclovir	02351579	MYL	ADEFGV
			pms-Valacyclovir	02298457	PMS	ADEFGV
			Sandoz Valacyclovir	02347091	SDZ	ADEFGV
			Teva-Valacyclovir	02357534	TEV	ADEFGV
			Valacyclovir	02454645	SAS	ADEFGV
			Valacyclovir	02442000	SIV	ADEFGV
Tab	Orl	1 000 mg	Valtrex	02246559	GSK	ADEFGV
			Apo-Valacyclovir	02354705	APX	ADEFGV
			pms-Valacyclovir	02381230	PMS	ADEFGV
			Valacyclovir	02442019	SIV	ADEFGV

J05AB14 VALGANCICLOVIR

Pws	Orl	50 mg/mL	Valcyte	02306085	HLR	(SA)
Tab	Orl	450 mg	Valcyte	02245777	HLR	ADEFGV
			Auro-Valganciclovir	02435179	ARO	ADEFGV
			Teva-Valganciclovir	02413825	TEV	ADEFGV

J05AE PROTEASE INHIBITORS

J05AE01 SAQUINAVIR

Tab	Orl	500 mg	Invirase	02279320	HLR	DU

J05AE03 RITONAVIR

Tab	Orl	100 mg	Norvir	02357593	ABV	DU

J05AE04 NELFINAVIR

Tab	Orl	250 mg	Viracept	02238617	VIV	DU

J05AE04	NELFINAVIR					
Tab	Orl	625 mg	Viracept	02248761	VIV	DU
J05AE07	FOSAMPRENAVIR					
Sus	Orl	50 mg/mL	Telzir	02261553	VIV	DU
Tab	Orl	700 mg	Telzir	02261545	VIV	DU
J05AE08	ATAZANAVIR					
Cap	Orl	150 mg	Reyataz	02248610	BRI	DU
			Mylan-Atazanavir	02456877	MYL	DU
			Teva-Atazanavir	02443791	TEV	DU
Cap	Orl	200 mg	Reyataz	02248611	BRI	DU
			Mylan-Atazanavir	02456885	MYL	DU
			Teva-Atazanavir	02443813	TEV	DU
Cap	Orl	300 mg	Reyataz	02294176	BRI	DU
			Mylan-Atazanavir	02456893	MYL	DU
			Teva-Atazanavir	02443821	TEV	DU
J05AE09	TIPRANAVIR					
Cap	Orl	250 mg	Aptivus	02273322	BOE	(SA)
J05AE10	DARUNAVIR					
Tab	Orl	75 mg	Prezista	02338432	JAN	DU
Tab	Orl	150 mg	Prezista	02369753	JAN	DU
Tab	Orl	600 mg	Prezista	02324024	JAN	DU
Tab	Orl	800 mg	Prezista	02393050	JAN	DU
J05AF	**NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS**					
J05AF01	ZIDOVUDINE					
Cap	Orl	100 mg	Retrovir	01902660	VIV	DU
			Apo-Zidovudine	01946323	APX	DU
Liq	Inj	10 mg/mL	Retrovir	01902644	VIV	DU
Syr	Orl	50 mg/5 mL	Retrovir	01902652	VIV	DEFGU
J05AF02	DIDANOSINE					

J05AF02	DIDANOSINE					
ECC	Orl	125 mg	Videx EC	02244596	BRI	DU
ECC	Orl	200 mg	Videx EC	02244597	BRI	DU
ECC	Orl	250 mg	Videx EC	02244598	BRI	DU
ECC	Orl	400 mg	Videx EC	02244599	BRI	DU
J05AF04	STAVUDINE					
Cap	Orl	15 mg	Zerit	02216086	BRI	DU
Cap	Orl	20 mg	Zerit	02216094	BRI	DU
Cap	Orl	30 mg	Zerit	02216108	BRI	DU
Cap	Orl	40 mg	Zerit	02216116	BRI	DU
J05AF05	LAMIVUDINE					
Liq	Orl	5 mg/mL	Heptovir	02239194	GSK	(SA)
Liq	Orl	10 mg/mL	3TC	02192691	VIV	DEFGU
Tab	Orl	100 mg	Heptovir	02239193	GSK	(SA)
			Apo-Lamivudine HBV	02393239	APX	(SA)
Tab	Orl	150 mg	3TC	02192683	VIV	ADEFGUV
			Apo-Lamivudine	02369052	APX	ADEFGUV
Tab	Orl	300 mg	3TC	02247825	VIV	ADEFGUV
			Apo-Lamivudine	02369060	APX	ADEFGUV
J05AF06	ABACAVIR					
Liq	Orl	20 mg/mL	Ziagen	02240358	VIV	DU
Tab	Orl	300 mg	Ziagen	02240357	VIV	DU
			Apo-Abacavir	02396769	APX	DU
			Mint-Abacavir	02480956	MNT	DU
J05AF07	TENOFOVIR DISOPROXIL					

J05AF07 TENOFOVIR DISOPROXIL

Tab	Orl	300 mg	Viread	02247128	GIL	ADEFGUV
			Apo-Tenofovir	02451980	APX	ADEFGUV
			Auro-Tenofovir	02460173	ARO	ADEFGUV
			Jamp-Tenofovir	02479087	JPC	ADEFGUV
			Mylan-Tenofovir Disoproxil	02452634	MYL	ADEFGUV
			Nat-Tenofovir	02472511	NAT	ADEFGUV
			pms-Tenofovir	02453940	PMS	ADEFGUV
			Teva-Tenofovir	02403889	TEV	ADEFGUV

J05AF10 ENTECAVIR

Tab	Orl	0.5 mg	Baraclude	02282224	BRI	(SA)
			Apo-Entecavir	02396955	APX	(SA)
			Auro-Entecavir	02448777	ARO	(SA)
			Jamp-Entecavir	02467232	JPC	(SA)
			pms-Entecavir	02430576	PMS	(SA)

J05AG NON-NUCLEOSIDES REVERSE TRANSCRIPTASE INHIBITORS

J05AG01 NEVIRAPINE

ERT	Orl	400 mg	Viramune XR	02367289	BOE	DU
			Apo-Nevirapine XR (Disc/non disp Mar 1/20)	02427931	APX	DU
Tab	Orl	200 mg	Viramune	02238748	BOE	DU
			Auro-Nevirapine	02318601	ARO	DU
			Mylan-Nevirapine	02387727	MYL	DU

J05AG03 EFAVIRENZ

Cap	Orl	50 mg	Sustiva	02239886	BRI	DU
Cap	Orl	200 mg	Sustiva	02239888	BRI	DU
Tab	Orl	600 mg	Sustiva	02246045	BRI	DU
			Auro-Efavirenz	02418428	ARO	DU
			Mylan-Efavirenz	02381524	MYL	DU
			Teva-Efavirenz	02389762	TEV	DU

J05AG04 ETRAVIRINE

Tab	Orl	100 mg	Intelence	02306778	JAN	(SA)
Tab	Orl	200 mg	Intelence	02375931	JAN	(SA)

J05AG05 RILPIVIRINE

J05AG05 RILPIVIRINE

Tab	Orl	25 mg	Edurant	02370603	JAN	DU

J05AH NEURAMINIDASE INHIBITORS

J05AH01 ZANAMIVIR

Pwr	Inh	5 mg	Relenza	02240863	GSK	(SA)

J05AH02 OSELTAMIVIR

Cap	Orl	30 mg	Tamiflu	02304848	HLR	(SA)
			Nat-Oseltamivir	02472635	NAT	(SA)
Cap	Orl	45 mg	Tamiflu	02304856	HLR	(SA)
			Nat-Oseltamivir	02472643	NAT	(SA)
Cap	Orl	75 mg	Tamiflu	02241472	HLR	(SA)
			Nat-Oseltamivir	02457989	NAT	(SA)

J05AP ANTIVIRALS FOR TREATMENT OF HIV INFECTIONS

J05AP01 J05AP01 RIBAVIRIN

Tab	Orl	200 mg	Ibavyr	02439212	PDP	(SA)
Tab	Orl	400 mg	Ibavyr	02425890	PDP	(SA)
Tab	Orl	600 mg	Ibavyr	02425904	PDP	(SA)

J05AP07 DACLATASVIR

Tab	Orl	30 mg	Daklinza (Disc/non disp Nov 29/20)	02444747	BRI	(SA)
Tab	Orl	400 mg	Daklinza (Disc/non disp Nov 29/20)	02444755	BRI	(SA)

J05AP08 SOFOSBUVIR

Tab	Orl	400 mg	Sovaldi	02418355	GIL	(SA)

J05AP51 SOFOSBUVIR AND LEDIPASVIR

Tab	Orl	400 mg / 90 mg	Harvoni	02432226	GIL	(SA)

J05AP54 ELBASVIR AND GRAZOPREVIR

Tab	Orl	50 mg / 100 mg	Zepatier	02451131	FRS	(SA)

J05AP55 SOFOSBUVIR AND VELPATASVIR

Tab	Orl	400 mg / 100 mg	Epclusa	02456370	GIL	(SA)

J05AP56 SOFOSBUVIR/VELPATASVIR/ VOXILAPREVIR

J05AP56 SOFOSBUVIR/VELPATASVIR/ VOXILAPREVIR

Tab	Orl	400 mg /100 mg / 100mg	Vosevi	02467542	GIL	(SA)

J05AP57 GLECAPREVIR/PIBRENTASVIR

Tab	Orl	100 mg / 40 mg	Maviret	02467550	ABV	(SA)

J05AR ANTIVIRALS FOR TREATMENT OF HIV INFECTIONS, COMBINATIONS

J05AR01 ZIDOVUDINE AND LAMIVUDINE

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

J05AR02 LAMIVUDINE AND ABACAVIR

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

J05AR03 TENOFOVIR DISOPROXIL AND EMTRICITABINE

Tab	Orl	300 mg / 200 mg	Truvada	02274906	GIL	ADEFGUV
			Apo- Emtricitabine-Tenofovir	02452006	APX	ADEFGUV
			Mylan-Emtricitabine/Tenofovir Disoproxil	02443902	MYL	ADEFGUV
			Teva-Emtricitabine/Tenofovir	02399059	TEV	ADEFGUV

J05AR04 ZIDOVUDINE, LAMIVUDINE AND ABACAVIR

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

J05AR06 EMTRICITABINE, TENOFOVIR DISOPROXIL AND EFAVIRENZ

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

J05AR08 EMTRICITABINE, TENOFOVIR DISOPROXIL AND RILPIVIRINE

Tab	Orl	200 mg / 300 mg / 25 mg	Complera	02374129	GIL	DU

J05AR09 EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICSTAT

J05AR09	EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICSTAT						
	Tab	Orl	200 mg / 300 mg / 150 mg / 150 mg	Stribild	02397137	GIL	(SA)
J05AR10	LOPINAVIR AND RITONAVIR						
	Liq	Orl	80 mg / 20 mg/mL	Kaletra Oral Solution	02243644	ABV	DU
	Tab	Orl	100 mg / 25 mg	Kaletra	02312301	ABV	DU
	Tab	Orl	200 mg / 50 mg	Kaletra Tab	02285533	ABV	DU
J05AR13	LAMIVUDINE, ABACAVIR AND DOLUTEGRAVIR						
	Tab	Orl	300 mg / 600 mg / 50 mg	Triumeq	02430932	VIV	DU
J05AR14	DARUNAVIR AND COBICSTAT						
	Tab	Orl	800 mg / 150 mg	Prezcobix	02426501	JAN	(SA)
J05AR18	EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICSTAT						
	Tab	Orl	200 mg / 10 mg / 150 mg / 150 mg	Genvoya	02449498	GIL	(SA)
J05AR19	EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND RILPIVIRINE						
	Tab	Orl	200 mg / 25 mg / 25 mg	Odefsey	02461463	GIL	(SA)
J05AX	**OTHER ANTIVIRALS**						
J05AX08	RALTEGRAVIR						
	Tab	Orl	400 mg	Isentress	02301881	FRS	ADEFGUV
J05AX09	MARAVIROC						
	Tab	Orl	150 mg	Celsentri	02299844	VIV	(SA)
	Tab	Orl	300 mg	Celsentri	02299852	VIV	(SA)
J05AX12	DOLUTEGRAVIR						
	Tab	Orl	50 mg	Tivicay	02414945	VIV	ADEFGUV
L	**ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS**						
L01	**ANTINEOPLASTIC AGENTS**						
L01A	**ALKYLATING AGENTS**						
L01AA	**NITROGEN MUSTARD ANALOGUES**						
L01AA01	CYCLOPHOSPHAMIDE						
	Tab	Orl	25 mg	Procytox	02241795	BAX	ADEFGV
	Tab	Orl	50 mg	Procytox	02241796	BAX	ADEFGV

L01AA02 CHLORAMBUCIL

Tab	Orl	2 mg	Leukeran	00004626	APN	ADEFGV

L01AA03 MELPHALAN

Tab	Orl	2 mg	Alkeran	00004715	APR	ADEFGV

L01AB ALKYL SULPHONATES

L01AB01 BUSULFAN

Tab	Orl	2 mg	Myleran	00004618	APN	ADEFGV

L01AD NITROSOUREAS

L01AD02 LOMUSTINE

Cap	Orl	10 mg	CeeNU	00360430	BRI	ADEFGV
Cap	Orl	40 mg	CeeNU	00360422	BRI	ADEFGV
Cap	Orl	100 mg	CeeNU	00360414	BRI	ADEFGV

L01AX OTHER ALKYLATING AGENTS

L01AX03 TEMOZOLOMIDE

Cap	Orl	5 mg	Temodal	02241093	FRS	ADEFGV
			Act Temozolomide	02441160	ATV	ADEFGV
			Taro-Temozolomide	02443473	TAR	ADEFGV
Cap	Orl	20 mg	Temodal	02241094	FRS	ADEFGV
			Act Temozolomide	02395274	ATV	ADEFGV
			Taro-Temozolomide	02443481	TAR	ADEFGV
Cap	Orl	100 mg	Temodal	02241095	FRS	ADEFGV
			Act Temozolomide	02395282	ATV	ADEFGV
			Taro-Temozolomide	02443511	TAR	ADEFGV
Cap	Orl	140 mg	Temodal	02312794	FRS	ADEFGV
			Act Temozolomide	02395290	ATV	ADEFGV
			Taro-Temozolomide	02443538	TAR	ADEFGV
Cap	Orl	250 mg	Temodal	02241096	FRS	ADEFGV
			Act Temozolomide	02395312	ATV	ADEFGV
			Taro-Temozolomide	02443554	TAR	ADEFGV

L01B ANTIMETABOLITES

L01BA FOLIC ACID ANALOGUES

L01BA01 METHOTREXATE

Liq	IM	7.5 mg/0.3 mL	Methotrexate Inj BP	02422166	PMS	ADEFGV
Liq	IM	7.5 mg/0.75 mL	Metoject	02320029	MDX	ADEFGV
Liq	IM	10 mg/0.4 mL	Methotrexate Inj BP	02422174	PMS	ADEFGV
Liq	IM	10 mg/mL	Metoject	02320037	MDX	ADEFGV
Liq	IM	15 mg/0.6 mL	Methotrexate Inj BP	02422182	PMS	ADEFGV
Liq	IM	15 mg/1.5 mL	Metoject	02320045	MDX	ADEFGV
Liq	IM	20 mg/0.8 mL	Methotrexate Inj BP	02422190	PMS	ADEFGV
Liq	IM	25 mg/mL	Methotrexate Inj BP	02422204	PMS	ADEFGV
Liq	Inj	10 mg/mL	Methotrexate Inj USP	02182947	PFI	ADEFGV
Liq	Inj	25 mg/mL	Methotrexate Inj USP	02182777	PFI	ADEFGV
			Methotrexate Inj USP (PF)	02182955	PFI	ADEFGV
			Methotrexate Inj USP (PF)	02099705	TEV	ADEFGV
Liq	SC	15 mg/0.3 mL	Metoject Subcutaneous	02454858	MDX	ADEFGV
Liq	SC	17.5 mg/0.35 mL	Metoject Subcutaneous	02454769	MDX	ADEFGV
Liq	SC	20 mg/0.4 mL	Metoject Subcutaneous	02454866	MDX	ADEFGV
Liq	SC	22.5 mg/0.45 mL	Metoject Subcutaneous	02454777	MDX	ADEFGV
Liq	SC	25 mg/0.5 mL	Metoject Subcutaneous	02454874	MDX	ADEFGV
Tab	Orl	2.5 mg	pms-Methotrexate	02170698	PMS	ADEFGV
			Methotrexate	02182963	PFI	ADEFGV
Tab	Orl	10 mg	Methotrexate	02182750	PFI	ADEFGV

L01BB PURINE ANALOGUES

L01BB02 MERCAPTOPURINE

Tab	Orl	50 mg	Purinethol	00004723	TEV	ADEFGV
			Mercaptopurine	02415275	STR	ADEFGV

L01BB03	TIOGUANINE						
	Tab	Orl	40 mg	Lanvis	00282081	APN	ADEFGV
L01BB05	FLUDARABINE						
	Tab	Orl	10 mg	Fludara	02246226	SAV	(SA)
L01BC	**PYRIMIDINE ANALOGUES**						
L01BC02	FLUOROURACIL						
	Crm	Top	5%	Efudex	00330582	VLN	ADEFGV
L01BC06	CAPECITABINE						
	Tab	Orl	150 mg	Xeloda	02238453	HLR	ADEFGV
				Ach-Capecitabine	02426757	AHI	ADEFGV
				Sandoz Capecitabine	02421917	SDZ	ADEFGV
				Taro-Capecitabine	02457490	TAR	ADEFGV
				Teva-Capecitabine	02400022	TEV	ADEFGV
	Tab	Orl	500 mg	Xeloda	02238454	HLR	ADEFGV
				Ach-Capecitabine	02426765	AHI	ADEFGV
				Sandoz Capecitabine	02421925	SDZ	ADEFGV
				Taro-Capecitabine	02457504	TAR	ADEFGV
				Teva-Capecitabine	02400030	TEV	ADEFGV
L01BC52	FLUOROURACIL, COMBINATION						
	FLUOROURACIL / SALICYLIC ACID						
	Liq	Top	0.5% / 10%	Actikerall	02428946	CIP	ADEFGV
L01C	**PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS**						
L01CB	**PODOPHYLLOTOXIN DERIVATIVES**						
L01CB01	ETOPOSIDE						
	Cap	Orl	50 mg	Vepesid	00616192	BRI	ADEFGV
L01X	**OTHER ANTINEOPLASTIC AGENTS**						
L01XB	**METHYLHYDRAZINES**						
L01XB01	PROCARBAZINE						
	Cap	Orl	50 mg	Matulane	00012750	LDN	ADEFGV
L01XC	**MONOCLONAL ANTIBODIES**						
L01XC02	RITUXIMAB						
	Liq	IV	10 mg/mL	Rituxan	02241927	HLR	(SA)
L01XE	**PROTEIN KINASE INHIBITORS**						

L01XE01	IMATINIB						
	Tab	Orl	100 mg	Gleevec	02253275	NVR	ADEFGV
				Apo-Imatinib	02355337	APX	ADEFGV
				Nat-Imatinib	02397285	NAT	ADEFGV
				pms-Imatinib	02431114	PMS	ADEFGV
				Teva-Imatinib	02399806	TEV	ADEFGV
	Tab	Orl	400 mg	Gleevec	02253283	NVR	ADEFGV
				Apo-Imatinib	02355345	APX	ADEFGV
				Nat-Imatinib	02397293	NAT	ADEFGV
				pms-Imatinib	02431122	PMS	ADEFGV
				Teva-Imatinib	02399814	TEV	ADEFGV
L01XE03	ERLOTINIB						
	Tab	Orl	25 mg	Tarceva	02269007	HLR	ADEFGV
				Apo-Erlotinib	02461862	APX	ADEFGV
				Nat-Erlotinib	02483912	NAT	ADEFGV
				Teva-Erlotinib	02377691	TEV	ADEFGV
	Tab	Orl	100 mg	Tarceva	02269015	HLR	ADEFGV
				Apo-Erlotinib	02461870	APX	ADEFGV
				Nat-Erlotinib	02483920	NAT	ADEFGV
				pms-Erlotinib	02454386	PMS	ADEFGV
				Teva-Erlotinib	02377705	TEV	ADEFGV
	Tab	Orl	150 mg	Tarceva	02269023	HLR	ADEFGV
				Apo-Erlotinib	02461889	APX	ADEFGV
				Nat-Erlotinib	02483939	NAT	ADEFGV
				pms-Erlotinib	02454394	PMS	ADEFGV
				Teva-Erlotinib	02377713	TEV	ADEFGV
L01XE04	SUNITINIB						
	Cap	Orl	12.5 mg	Sutent	02280795	PFI	(SA)
	Cap	Orl	25 mg	Sutent	02280809	PFI	(SA)
	Cap	Orl	50 mg	Sutent	02280817	PFI	(SA)
L01XE05	SORAFENIB						
	Tab	Orl	200 mg	Nexavar	02284227	BAY	(SA)
L01XE06	DASATINIB						

L01XE06	DASATINIB						
	Tab	Orl	20 mg	Sprycel	02293129	BRI	(SA)
	Tab	Orl	50 mg	Sprycel	02293137	BRI	(SA)
	Tab	Orl	70 mg	Sprycel	02293145	BRI	(SA)
	Tab	Orl	80 mg	Sprycel	02360810	BRI	(SA)
	Tab	Orl	100 mg	Sprycel	02320193	BRI	(SA)
	Tab	Orl	140 mg	Sprycel	02360829	BRI	(SA)
L01XE07	LAPATINIB						
	Tab	Orl	250 mg	Tykerb	02326442	NVR	(SA)
L01XE08	NILOTINIB						
	Cap	Orl	150 mg	Tasigna	02368250	NVR	(SA)
	Cap	Orl	200 mg	Tasigna	02315874	NVR	(SA)
L01XE10	EVEROLIMUS						
	Tab	Orl	2.5 mg	Afinitor	02369257	NVR	(SA)
	Tab	Orl	5 mg	Afinitor	02339501	NVR	(SA)
	Tab	Orl	10 mg	Afinitor	02339528	NVR	(SA)
L01XE11	PAZOPANIB						
	Tab	Orl	200 mg	Votrient	02352303	NVR	(SA)
L01XE12	VANDETANIB						
	Tab	Orl	100 mg	Caprelsa	02378582	GZM	(SA)
	Tab	Orl	300 mg	Caprelsa	02378590	GZM	(SA)
L01XE13	AFATINIB						
	Tab	Orl	20 mg	Giotrif	02415666	BOE	(SA)
	Tab	Orl	30 mg	Giotrif	02415674	BOE	(SA)
	Tab	Orl	40 mg	Giotrif	02415682	BOE	(SA)

L01XE14	BOSUTINIB						
Tab	Orl	100 mg		Bosulif	02419149	PFI	(SA)
Tab	Orl	500 mg		Bosulif	02419157	PFI	(SA)
L01XE15	VEMURAFENIB						
Tab	Orl	240 mg		Zelboraf	02380242	HLR	(SA)
L01XE16	CRIZOTINIB						
Cap	Orl	200 mg		Xalkori	02384256	PFI	(SA)
Cap	Orl	250 mg		Xalkori	02384264	PFI	(SA)
L01XE17	AXITINIB						
Tab	Orl	1 mg		Inlyta	02389630	PFI	(SA)
Tab	Orl	5 mg		Inlyta	02389649	PFI	(SA)
L01XE18	RUXOLITINIB						
Tab	Orl	5 mg		Jakavi	02388006	NVR	(SA)
Tab	Orl	10 mg		Jakavi	02434814	NVR	(SA)
Tab	Orl	15 mg		Jakavi	02388014	NVR	(SA)
Tab	Orl	20 mg		Jakavi	02388022	NVR	(SA)
L01XE21	REGORAFENIB						
Tab	Orl	40 mg		Stivarga	02403390	BAY	(SA)
L01XE23	DABRAFENIB						
Cap	Orl	50 mg		Tafinlar	02409607	NVR	(SA)
Cap	Orl	75 mg		Tafinlar	02409615	NVR	(SA)
L01XE24	PONATINIB						
Tab	Orl	15 mg		Iclusig	02437333	PAL	(SA)
Tab	Orl	45 mg		Iclusig	02437341	PAL	(SA)
L01XE25	TRAMETINIB						
Tab	Orl	0.5 mg		Mekinist	02409623	NVR	(SA)

L01XE25	TRAMETINIB						
Tab	Orl	2 mg	Mekinist	02409658	NVR	(SA)	
L01XE27	IBRUTINIB						
Cap	Orl	140 mg	Imbruvica	02434407	JAN	(SA)	
L01XE28	CERITINIB						
Cap	Orl	150 mg	Zykadia	02436779	NVR	(SA)	
L01XE29	LENVATINIB						
Cap	Orl	10 mg/dose	Lenvima	02450321	EIS	(SA)	
Cap	Orl	14 mg/dose	Lenvima	02450313	EIS	(SA)	
Cap	Orl	20 mg/dose	Lenvima	02450305	EIS	(SA)	
Cap	Orl	24 mg/dose	Lenvima	02450291	EIS	(SA)	
L01XE31	NINTEDANIB						
Cap	Orl	100 mg	Ofev	02443066	BOE	(SA)	
Cap	Orl	150 mg	Ofev	02443074	BOE	(SA)	
L01XE33	PALBOCICLIB						
Cap	Orl	75 mg	Ibrance	02453150	PFI	(SA)	
Cap	Orl	100 mg	Ibrance	02453169	PFI	(SA)	
Cap	Orl	125 mg	Ibrance	02453177	PFI	(SA)	
L01XE35	OSIMERTINIB						
Tab	Orl	40 mg	Tagrisso	02456214	AZE	(SA)	
Tab	Orl	80 mg	Tagrisso	02456222	AZE	(SA)	
L01XE36	ALECTINIB						
Cap	Orl	150 mg	Alecensaro	02458136	HLR	(SA)	
L01XE38	COBIMETINIB						
Tab	Orl	20 mg	Cotellic	02452340	HLR	(SA)	
L01XE39	MIDOSTAURIN						
Cap	Orl	25 mg	Rydapt	02466236	NVR	(SA)	

L01XX OTHER ANTINEOPLASTIC AGENTS

L01XX05 HYDROXYCARBAMIDE (HYDROXYUREA)

Cap	Orl	500 mg	Hydrea	00465283	BRI	ADEFGV
			Apo-Hydroxyurea	02247937	APX	ADEFGV
			Mylan-Hydroxyurea	02242920	MYL	ADEFGV

L01XX11 ESTRAMUSTINE

Cap	Orl	140 mg	Emcyt	02063794	PFI	ADEFGV

L01XX14 TRETINOIN

Cap	Orl	10 mg	Vesanoid	02145839	XPI	ADEFGV

L01XX35 ANAGRELIDE

Cap	Orl	0.5 mg	Agrylin	02236859	SHI	ADEFGV
			pms-Anagrelide	02274949	PMS	ADEFGV
			Sandoz Anagrelide	02260107	SDZ	ADEFGV

L01XX43 VISMODEGIB

Cap	Orl	150 mg	Erivedge	02409267	HLR	(SA)

L01XX46 OLAPARIB

Cap	Orl	50 mg	Lynparza	02454408	AZE	(SA)
Tab	Orl	100 mg	Lynparza	02475200	AZE	(SA)
Tab	Orl	150 mg	Lynparza	02475219	AZE	(SA)

L01XX47 IDELALISIB

Tab	Orl	100 mg	Zydelig	02438798	GIL	(SA)
Tab	Orl	150 mg	Zydelig	02438801	GIL	(SA)

L02 ENDOCRINE THERAPY

L02A HORMONES AND RELATED AGENTS

L02AB PROGESTOGENS

L02AB01 MEGESTROL

Tab	Orl	40 mg	Megestrol	02195917	AAP	ADEFGVW
Tab	Orl	160 mg	Megestrol	02195925	AAP	ADEFGVW

L02AE GONADOTROPHIN RELEASING HORMONE ANALOGUES

L02AE01 BUSERELIN

L02AE01 BUSERELIN

Asp	Nas	1 mg/mL	Suprefact	02225158	SAV	ADEFV
Imp	Inj	6.3 mg	Suprefact Depot	02228955	SAV	ADEFV
Imp	Inj	9.45 mg	Suprefact Depot	02240749	SAV	ADEFV

L02AE02 LEUPRORELIN (LEUPROLIDE)

Liq	Inj	5 mg	Lupron	00727695	ABV	AV (SA)
Pws	Inj	3.75 mg	Lupron Depot	00884502	ABV	ADEFV
Pws	Inj	7.5 mg	Lupron Depot	00836273	ABV	ADEFV
Pws	Inj	11.25 mg	Lupron Depot	02239834	ABV	ADEFV
Pws	Inj	22.5 mg	Lupron Depot	02230248	ABV	ADEFV
Pws	Inj	30 mg	Lupron Depot	02239833	ABV	ADEFV
Sus	Inj	7.5 mg	Eligard	02248239	SAV	ADEFV
Sus	Inj	22.5 mg	Eligard	02248240	SAV	ADEFV
Sus	Inj	30 mg	Eligard	02248999	SAV	ADEFV
Sus	Inj	45 mg	Eligard	02268892	SAV	ADEFV

L02AE03 GOSERELIN

Imp	Inj	3.6 mg	Zoladex	02049325	AZE	ADEFV
Imp	Inj	10.8 mg	Zoladex LA	02225905	AZE	ADEFV

L02AE04 TRIPTORELIN

Pws	Inj	3.75 mg	Trelstar	02240000	ALL	ADEFV
Pws	Inj	11.25 mg	Trelstar	02243856	ALL	ADEFV
Pws	Inj	22.5 mg	Trelstar	02412322	ALL	ADEFV

L02B HORMONE ANTAGONISTS AND RELATED AGENTS

L02BA ANTI-ESTROGENS

L02BA01 TAMOXIFEN

L02BA01 TAMOXIFEN

Tab	Orl	10 mg	Apo-Tamox	00812404	APX	ADEFGV
			Teva-Tamoxifen	00851965	TEV	ADEFGV
Tab	Orl	20 mg	Nolvadex-d	02048485	AZE	ADEFGV
			Apo-Tamox	00812390	APX	ADEFGV
			Teva-Tamoxifen	00851973	TEV	ADEFGV

L02BB ANTI-ANDROGENS

L02BB01 FLUTAMIDE

Tab	Orl	250 mg	Flutamide	02238560	AAP	ADEFV

L02BB02 NILUTAMIDE

Tab	Orl	50 mg	Anandron	02221861	SAV	ADEFV

L02BB03 BICALUTAMIDE

Tab	Orl	50 mg	Casodex	02184478	AZE	ADEFV
			Apo-Bicalutamide	02296063	APX	ADEFV
			Bicalutamide	02325985	AHI	ADEFV
			Bicalutamide	02382423	SIV	ADEFV
			Jamp-Bicalutamide	02357216	JPC	ADEFV
			pms-Bicalutamide	02275589	PMS	ADEFV
			Teva-Bicalutamide	02270226	TEV	ADEFV

L02BB04 ENZALUTAMIDE

Cap	Orl	40 mg	Xtandi	02407329	ASL	(SA)

L02BG AROMATASE INHIBITORS

L02BG03 ANASTROZOLE

L02BG03 ANASTROZOLE

Tab	Orl	1 mg	Arimidex	02224135	AZE	ADEFV
			Act Anastrozole	02394898	TEV	ADEFV
			Anastrozole	02351218	AHI	ADEFV
			Anastrozole	02442736	SAS	ADEFV
			Apo-Anastrozole	02374420	APX	ADEFV
			CCP-Anastrozole	02458799	CCM	ADEFV
			Jamp-Anastrozole	02339080	JPC	ADEFV
			Mar-Anastrozole	02379562	MAR	ADEFV
			Mint-Anastrozole	02393573	MNT	ADEFV
			Nat-Anastrozole	02417855	NAT	ADEFV
			pms-Anastrozole	02320738	PMS	ADEFV
			Sandoz Anastrozole	02338467	SDZ	ADEFV
			Taro-Anastrozole	02365650	TAR	ADEFV

L02BG04 LETROZOLE

Tab	Orl	2.5 mg	Femara	02231384	NVR	ADEFV
			Apo-Letrozole	02358514	APX	ADEFV
			CCP-Letrozole	02459884	CCM	ADEFV
			Jamp-Letrozole	02373009	JPC	ADEFV
			Letrozole tablets usp	02338459	AHI	ADEFV
			Mar-Letrozole	02373424	MAR	ADEFV
			Med-Letrozole	02322315	GMP	ADEFV
			Nat-Letrozole	02421585	NAT	ADEFV
			pms-Letrozole	02309114	PMS	ADEFV
			Sandoz Letrozole	02344815	SDZ	ADEFV
			Teva-Letrozole	02343657	TEV	ADEFV
			Zinda-Letrozole	02378213	MCK	ADEFV

L02BG06 EXEMESTANE

Tab	Orl	25 mg	Aromasin	02242705	PFI	ADEFV
			Act Exemestane	02390183	ATV	ADEFV
			Apo-Exemestane (Disc/non disp May 2/20)	02419726	APX	ADEFV
			Med-Exemestane	02407841	GMP	ADEFV
			Teva-Exemestane	02408473	TEV	ADEFV

L02BX OTHER HORMONE ANTAGONISTS AND RELATED AGENTS

L02BX02 DEGARELIX

Pws	Inj	80 mg/vial	Firmagon	02337029	FEI	ADEFV
Pws	Inj	120 mg/vial	Firmagon	02337037	FEI	ADEFV

L02BX03 ABIRATERONE

Tab	Orl	250 mg	Zytiga	02371065	JAN	(SA)
Tab	Orl	500 mg	Zytiga	02457113	JAN	(SA)

L03 IMMUNOSTIMULANTS

L03A IMMUNOSTIMULANTS

L03AA COLONY STIMULATING FACTORS

L03AA02 FILGRASTIM

Liq	Inj	300 mcg/mL	Neupogen	01968017	AGA	(SA)
			Neupogen (1.6 mL size only)	00999001	AGA	(SA)
Liq	SC	300 mcg/0.5 mL	Grastofil	02441489	APO	(SA)
Liq	SC	480 mcg/0.8 mL	Grastofil	02454548	APO	(SA)

L03AA13 PEGFILGRASTIM

Liq	SC	6 mg/0.6 mL	Lapelga	02474565	APX	(SA)

L03AB INTERFERONS

L03AB05 INTERFERON ALFA-2B

Liq	Inj	6 000 000 IU/mL	Intron A	02238674	SCH	ADEFGV
Liq	Inj	10 000 000 IU/mL	Intron A	02223406	SCH	ADEFGV
			Intron A	02238675	SCH	ADEFGV
Liq	Inj	15 000 000 IU/mL	Intron A (Disc/non disp Dec 20/19)	02240693	SCH	ADEFGV
Liq	Inj	25 000 000 IU/mL	Intron A (Disc/non disp Feb 20/20)	02240694	FRS	ADEFGV

L03AB07 INTERFERON BETA-1A

Liq	Inj	22 mcg/0.5 mL	Rebif	02237319	EMD	(SA)
Liq	Inj	30 mcg/0.5 mL	Avonex PS	02269201	BIG	(SA)
Liq	Inj	44 mcg/0.5 mL	Rebif	02237320	EMD	(SA)
Liq	Inj	66 mcg/1.5 mL	Rebif Cartridge	02318253	EMD	(SA)
Liq	Inj	132 mcg/1.5 mL	Rebif Cartridge	02318261	EMD	(SA)

L03AB08 INTERFERON BETA-1B

L03AB08 INTERFERON BETA-1B

Liq	Inj	0.3 mg	Betaseron	02169649	BAY	(SA)
			Extavia	02337819	NVR	(SA)

L03AB13 PEGINTERFERON BETA-1A

Kit	SC	63 mcg/0.5 mL, 94 mcg/0.5 mL	Plegridy (starter pack)	02444402	BIG	(SA)
Liq	SC	125 mcg/0.5 mL	Plegridy	02444399	BIG	(SA)

L03AX OTHER IMMUNOSTIMULANTS

L03AX13 GLATIRAMER ACETATE

Liq	Inj	20 mg/mL	Copaxone	02245619	TEV	(SA)
Liq	Inj	20 mg/mL	Glatect	02460661	PMS	ADEFGV (SA)

L03AX16 PLERIXAFOR

Liq	Inj	24 mg/1.2 mL	Mozobil	02377225	SAV	(SA)

L04 IMMUNOSUPPRESSANTS

L04A IMMUNOSUPPRESSANTS

L04AA SELECTIVE IMMUNOSUPPRESSANTS

L04AA06 MYCOPHENOLIC ACID

Cap	Orl	250 mg	Cellcept	02192748	HLR	ADEFGRV
			Apo-Mycophenolate	02352559	APX	ADEFGRV
			Jamp-Mycophenolate	02386399	JPC	ADEFGRV
			Mycophenolate Mofetil	02383780	AHI	ADEFGRV
			Mycophenolate Mofetil	02457369	SAS	ADEFGRV
			Novo-Mycophenolate	02364883	TEV	ADEFGRV
			Sandoz Mycophenolate	02320630	SDZ	ADEFGRV
ECT	Orl	180 mg	Myfortic	02264560	NVR	ADEFGRV
			Apo-Mycophenolic Acid	02372738	APX	ADEFGRV
ECT	Orl	360 mg	Myfortic	02264579	NVR	ADEFGRV
			Apo-Mycophenolic Acid	02372746	APX	ADEFGRV
Pwd	Orl	200 mg	Cellcept	02242145	HLR	ADEFGRV

L04AA06	MYCOPHENOLIC ACID					
Tab	Orl	500 mg	Cellcept	02237484	HLR	ADEFGRV
			Apo-Mycophenolate	02352567	APX	ADEFGRV
			Jamp-Mycophenolate	02380382	JPC	ADEFGRV
			Mycophenolate Mofetil	02378574	AHI	ADEFGRV
			Mycophenolate Mofetil	02457377	SAS	ADEFGRV
			Sandoz Mycophenolate	02313855	SDZ	ADEFGRV
			Teva-Mycophenolate	02348675	TEV	ADEFGRV
L04AA10	SIROLIMUS					
Liq	Orl	1 mg/mL	Rapamune	02243237	PFI	ADEFGRV
Tab	Orl	1 mg	Rapamune	02247111	PFI	ADEFGRV
L04AA13	LEFLUNOMIDE					
Tab	Orl	10 mg	Arava	02241888	SAV	ADEFGV
			Apo-Leflunomide	02256495	APX	ADEFGV
			Leflunomide	02351668	SAS	ADEFGV
			Novo-Leflunomide	02261251	TEV	ADEFGV
			pms-Leflunomide	02288265	PMS	ADEFGV
			Sandoz Leflunomide	02283964	SDZ	ADEFGV
Tab	Orl	20 mg	Arava	02241889	SAV	ADEFGV
			Apo-Leflunomide	02256509	APX	ADEFGV
			Leflunomide	02351676	SAS	ADEFGV
			Novo-Leflunomide	02261278	TEV	ADEFGV
			pms-Leflunomide	02288273	PMS	ADEFGV
			Sandoz Leflunomide	02283972	SDZ	ADEFGV
L04AA23	NATALIZUMAB					
Liq	IV	300 mg/15 mL	Tysabri	02286386	BIG	(SA)
L04AA24	ABATACEPT					
Liq	SC	125 mg/mL	Orencia	02402475	BRI	(SA)
Pws	IV	250 mg/15 mL	Orencia	02282097	BRI	(SA)
L04AA25	ECULIZUMAB					
Liq	IV	300 mg/30 mL	Soliris	02322285	ALX	(SA)
L04AA27	FINGOLIMOD					
Cap	Orl	0.5 mg	Gilenya	02365480	NVR	(SA)

L04AA29	TOFACITINIB					
Tab	Orl	5 mg	Xeljanz	02423898	PFI	(SA)
L04AA31	TERIFLUNOMIDE					
Tab	Orl	14 mg	Aubagio	02416328	GZM	(SA)
L04AA33	VEDOLIZUMAB					
Pws	IV	300 mg	Entyvio	02436841	TAK	(SA)
L04AA34	ALEMTUZUMAB					
Liq	IV	12 mg/1.2 mL	Lemtrada	02418320	GZM	(SA)
L04AB	**TUMOR NECROSIS FACTOR ALPHA (TNF-A) INHIBITORS**					
L04AB01	ETANERCEPT					
Liq	SC	25 mg/0.5 mL	Erelzi (syringe)	02462877	SDZ	(SA)
Liq	SC	50 mg/mL	Brenzys (Auto-injector)	02455331	FRS	(SA)
			Brenzys (Syringe)	02455323	FRS	(SA)
			Enbrel	02274728	AGA	(SA)
			Erelzi (auto-injector)	02462850	SDZ	(SA)
			Erelzi (syringe)	02462869	SDZ	(SA)
Pws	SC	25 mg/mL	Enbrel	02242903	AGA	(SA)
L04AB02	INFLIXIMAB					
Pws	IV	100 mg	Inflectra	02419475	HOS	(SA)
			Remicade	02244016	JAN	(SA)
			Renflexis	02470373	FRS	(SA)
L04AB04	ADALIMUMAB					
Liq	SC	40 mg/0.8 mL	Humira	02258595	ABV	(SA)
L04AB05	CERTOLIZUMAB PEGOL					
Liq	SC	200 mg/mL	Cimzia	02331675	UCB	(SA)
			Cimzia (auto-injector)	02465574	UCB	(SA)
L04AB06	GOLIMUMAB					
Liq	SC	50 mg/0.5 mL	Simponi (auto-injector)	02324784	JAN	(SA)
			Simponi (pre-filled syringe)	02324776	JAN	(SA)
Liq	SC	100 mg/mL	Simponi (auto-injector)	02413183	JAN	(SA)
			Simponi (pre-filled syringe)	02413175	JAN	(SA)

L04AC INTERLEUKIN INHIBITORS

L04AC05 USTEKINUMAB

Liq	SC	45 mg/0.5 mL	Stelara	02320673	JAN	(SA)
Liq	SC	90 mg/mL	Stelara	02320681	JAN	(SA)

L04AC07 TOCILIZUMAB

Liq	IV	80 mg/4 mL	Actemra	02350092	HLR	(SA)
Liq	IV	200 mg/10 mL	Actemra	02350106	HLR	(SA)
Liq	IV	400 mg/20 mL	Actemra	02350114	HLR	(SA)
Liq	SC	162 mg/0.9 mL	Actemra (pre-filled syringe)	02424770	HLR	(SA)

L04AC08 CANAKINUMAB

Liq	SC	150 mg/mL	Ilaris	02460351	NVR	(SA)
Pws	SC	150 mg	Ilaris	02344939	NVR	(SA)

L04AC10 SECUKINUMAB

Liq	SC	150 mg	Cosentyx	02438070	NVR	(SA)

L04AC12 BRODALUMAB

Liq	SC	210 mg	Siliq	02473623	BSL	(SA)

L04AC13 IXEKIZUMAB

Liq	SC	80 mg/mL	Taltz (autoinjector)	02455102	LIL	(SA)
			Taltz (prefilled syringe)	02455110	LIL	(SA)

L04AD CALCINEURIN INHIBITORS

L04AD01 CYCLOSPORINE

Cap	Orl	10 mg	Neoral	02237671	NVR	AEFGRV
Cap	Orl	25 mg	Neoral	02150689	NVR	AEFGRV
			Sandoz Cyclosporine	02247073	SDZ	ADEFGRV
Cap	Orl	50 mg	Neoral	02150662	NVR	AEFGRV
			Sandoz Cyclosporine	02247074	SDZ	ADEFGRV
Cap	Orl	100 mg	Neoral	02150670	NVR	AEFGRV
			Sandoz Cyclosporine	02242821	SDZ	ADEFGRV

L04AD01 CYCLOSPORINE

Liq	Orl	100 mg/mL	Neoral	02150697	NVR	AEFGRV

L04AD02 TACROLIMUS

Cap	Orl	0.5 mg	Prograf	02243144	ASL	ADEFGRV
			Sandoz Tacrolimus	02416816	SDZ	ADEFGRV
Cap	Orl	1 mg	Prograf	02175991	ASL	ADEFGRV
			Sandoz Tacrolimus	02416824	SDZ	ADEFGRV
Cap	Orl	5 mg	Prograf	02175983	ASL	ADEFGRV
			Sandoz Tacrolimus	02416832	SDZ	ADEFGRV
ERC	Orl	0.5 mg	Advagraf	02296462	ASL	ADEFGRV
ERC	Orl	1 mg	Advagraf	02296470	ASL	ADEFGRV
ERC	Orl	3 mg	Advagraf	02331667	ASL	ADEFGRV
ERC	Orl	5 mg	Advagraf	02296489	ASL	ADEFGRV

L04AX OTHER IMMUNOSUPPRESSANTS

L04AX01 AZATHIOPRINE

Tab	Orl	50 mg	Imuran	00004596	APN	ADEFGV
			Apo-Azathioprine	02242907	APX	ADEFGV
			Teva-Azathioprine	02236819	TEV	ADEFGV

L04AX04 LENALIDOMIDE

Cap	Orl	2.5 mg	Revlimid	02459418	CEL	(SA)
Cap	Orl	5 mg	Revlimid	02304899	CEL	(SA)
Cap	Orl	10 mg	Revlimid	02304902	CEL	(SA)
Cap	Orl	15 mg	Revlimid	02317699	CEL	(SA)
Cap	Orl	20 mg	Revlimid	02440601	CEL	(SA)
Cap	Orl	25 mg	Revlimid	02317710	CEL	(SA)

L04AX05 PIRFENIDONE

Cap	Orl	267 mg	Esbriet	02393751	HLR	(SA)

L04AX05 PIRFENIDONE

Tab	Orl	267 mg	Esbriet	02464489	HLR	(SA)
Tab	Orl	801 mg	Esbriet	02464500	HLR	(SA)

L04AX06 POMALIDOMIDE

Cap	Orl	1 mg	Pomalyst	02419580	CEL	(SA)
Cap	Orl	2 mg	Pomalyst	02419599	CEL	(SA)
Cap	Orl	3 mg	Pomalyst	02419602	CEL	(SA)
Cap	Orl	4 mg	Pomalyst	02419610	CEL	(SA)

M MUSCULO-SKELETAL SYSTEM

M01 ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

M01A ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

M01AB ACETIC ACID DERIVATIVES AND RELATED SUBSTANCES

M01AB01 INDOMETHACIN

Cap	Orl	25 mg	Mint-Indomethacin	02461811	MNT	ADEFGV
			Teva-Indomethacin	00337420	TEV	ADEFGV
Cap	Orl	50 mg	Mint-Indomethacin	02461536	MNT	ADEFGV
			Teva-Indomethacin	00337439	TEV	ADEFGV
Sup	Rt	50 mg	Sab-Indomethacin	02231799	SDZ	ADEFGV
Sup	Rt	100 mg	Sab-Indomethacin	02231800	SDZ	ADEFGV

M01AB02 SULINDAC

Tab	Orl	150 mg	Teva-Sundac	00745588	TEV	ADEFGV
Tab	Orl	200 mg	Teva-Sundac	00745596	TEV	ADEFGV

M01AB05 DICLOFENAC

ECT	Orl	25 mg	Apo-Diclo	00839175	APX	ADEFGV
			pms-Diclofenac	02302616	PMS	ADEFGV
			Teva-Difenac	00808539	TEV	ADEFGV

M01AB05 DICLOFENAC

ECT	Orl	50 mg	Voltaren	00514012	NVR	ADEFGV
			Apo-Diclo	00839183	APX	ADEFGV
			Diclofenac EC	02352397	SAS	ADEFGV
			pms-Diclofenac	02302624	PMS	ADEFGV
			Sandoz Diclofenac	02261960	SDZ	ADEFGV
			Teva-Difenac	00808547	TEV	ADEFGV
SRT	Orl	75 mg	Voltaren SR	00782459	NVR	ADEFGV
			Apo-Diclo SR	02162814	APX	ADEFGV
			pms-Diclofenac SR	02231504	PMS	ADEFGV
			Sandoz Diclofenac SR	02261901	SDZ	ADEFGV
			Teva-Difenac SR	02158582	TEV	ADEFGV
SRT	Orl	100 mg	Voltaren SR	00590827	NVR	ADEFGV
			Apo-Diclo SR	02091194	APX	ADEFGV
			pms-Diclofenac SR	02231505	PMS	ADEFGV
			Sandoz Diclofenac SR	02261944	SDZ	ADEFGV
			Teva-Difenac SR	02048698	TEV	ADEFGV
Sup	Rt	50 mg	Voltaren	00632724	NVR	ADEFGV
			pms-Difenac	02231506	PMS	ADEFGV
			Sandoz Diclofenac	02261928	SDZ	ADEFGV
Sup	Rt	100 mg	pms-Difenac	02231508	PMS	ADEFGV
			Sandoz Diclofenac	02261936	SDZ	ADEFGV

M01AB15 KETOROLAC

Liq	Inj	10 mg	Toradol	02162644	MTP	W

M01AB55 DICLOFENAC COMBINATIONS

DICLOFENAC / MISOPROSTOL

Tab	Orl	50 mg / 200 mcg	Arthrotec	01917056	PFI	ADEFGV
			GD-Diclofenac/Misoprostol	02341689	GMD	ADEFGV
			pms-Diclofenac/Misoprostol	02413469	PMS	ADEFGV
Tab	Orl	75 mg / 200 mcg	Arthrotec	02229837	PFI	ADEFGV
			GD-Diclofenac/Misoprostol	02341697	GMD	ADEFGV
			pms-Diclofenac/Misoprostol	02413477	PMS	ADEFGV

M01AC OXICAMS

M01AC01 PIROXICAM

Cap	Orl	10 mg	Novo-Pirocam	00695718	TEV	ADEFGV
Cap	Orl	20 mg	Novo-Pirocam	00695696	TEV	ADEFGV

M01AC02 TENOXICAM

Tab	Orl	20 mg	Tenoxicam	02230661	AAP	ADEFGV

M01AC06 MELOXICAM

Tab	Orl	7.5 mg	Mobicox (Disc/non disp Oct 24/19)	02242785	BOE	ADEFGV
			Act Meloxicam	02250012	TEV	ADEFGV
			Apo-Meloxicam	02248973	APX	ADEFGV
			Auro-Meloxicam	02390884	ARO	ADEFGV
			Meloxicam	02353148	SAS	ADEFGV
			pms-Meloxicam	02248267	PMS	ADEFGV
			Teva-Meloxicam	02258315	TEV	ADEFGV
Tab	Orl	15 mg	Act Meloxicam	02250020	TEV	ADEFGV
			Apo-Meloxicam	02248974	APX	ADEFGV
			Auro-Meloxicam	02390892	ARO	ADEFGV
			Meloxicam	02353156	SAS	ADEFGV
			pms-Meloxicam	02248268	PMS	ADEFGV
			Teva-Meloxicam	02258323	TEV	ADEFGV

M01AE PROPIONIC ACID DERIVATIVES

M01AE01 IBUPROFEN

Tab	Orl	300 mg	Apo-Ibuprofen	00441651	APX	AEFGV
Tab	Orl	400 mg	Motrin IB	02242658	JNJ	AEFGV
			Jamp-Ibuprofen	02401290	JPC	AEFGV
			Novo-Profen (Disc/non disp Mar 15/20)	00629340	TEV	AEFGV
Tab	Orl	600 mg	Apo-Ibuprofen	00585114	APX	ADEFGV
			Novo-Profen	00629359	TEV	ADEFGV

M01AE02 NAPROXEN

ECT	Orl	250 mg	Naproxen EC	02350785	SAS	ADEFGV
			Teva-Naprox EC	02243312	TEV	ADEFGV

M01AE02 NAPROXEN

ECT	Orl	375 mg	Naprosyn E	02162415	MTP	ADEFGV
			Apo-Naproxen EC	02246700	APX	ADEFGV
			Mylan-Naproxen EC (Disc/non disp Jul 03/19)	02243432	MYL	ADEFGV
			Naproxen EC	02350793	SAS	ADEFGV
			Teva-Naprox EC	02243313	TEV	ADEFGV
ECT	Orl	500 mg	Naprosyn E	02162423	MTP	ADEFGV
			Apo-Naproxen EC	02246701	APX	ADEFGV
			Mylan-Naproxen EC (Disc/non disp Jul 03/19)	02241024	MYL	ADEFGV
			Naproxen EC	02350807	SAS	ADEFGV
			pms-Naproxen EC	02294710	PMS	ADEFGV
			Teva-Naprox EC	02243314	TEV	ADEFGV
SRT	Orl	750 mg	Naprosyn SR	02162466	MTP	ADEFGV
Sus	Orl	25 mg/mL	Pediapharm Naproxen	02162431	PED	ADEFGV
Tab	Orl	125 mg	Apo-Naproxen (Disc/non disp Jun 6/20)	00522678	APX	ADEFGV
Tab	Orl	250 mg	Apo-Naproxen	00522651	APX	ADEFGV
			Naproxen	02350750	SAS	ADEFGV
			Teva-Naproxen	00565350	TEV	ADEFGV
Tab	Orl	275 mg	Anaprox	02162725	MTP	ADEFGV
			Apo-Napro-Na	00784354	APX	ADEFGV
			Naproxen Sodium	02351013	SAS	ADEFGV
			Teva-Naproxen Sodium	00778389	TEV	ADEFGV
Tab	Orl	375 mg	Apo-Naproxen	00600806	APX	ADEFGV
			Naproxen	02350769	SAS	ADEFGV
			Teva-Naproxen	00627097	TEV	ADEFGV
Tab	Orl	500 mg	Apo-Naproxen	00592277	APX	ADEFGV
			Naproxen	02350777	SAS	ADEFGV
			Teva-Naproxen	00589861	TEV	ADEFGV
Tab	Orl	550 mg	Anaprox DS	02162717	MTP	ADEFGV
			Apo-Napro-Na DS	01940309	APX	ADEFGV
			Naproxen Sodium DS	02351021	SAS	ADEFGV
			Teva-Naproxen Sodium DS	02026600	TEV	ADEFGV

M01AE03 KETOPROFEN

Cap	Orl	50 mg	Keto	00790427	AAP	ADEFGV
ECT	Orl	50 mg	Keto-E	00790435	AAP	ADEFGV
ECT	Orl	100 mg	Keto-E	00842664	AAP	ADEFGV
SRT	Orl	200 mg	Keto SR	02172577	AAP	ADEFGV
Sup	Rt	100 mg	pms-Ketoprofen	02015951	PMS	ADEFGV

M01AE09 FLURBIPROFEN

Tab	Orl	50 mg	Flurbiprofen	01912046	AAP	ADEFGV
Tab	Orl	100 mg	Flurbiprofen	01912038	AAP	ADEFGV
			Teva-Flurbiprofen	02100517	TEV	ADEFGV

M01AE11 TIAPROFENIC ACID

Tab	Orl	200 mg	Teva-Tiaprofenic	02179679	TEV	ADEFGV
Tab	Orl	300 mg	Teva-Tiaprofenic	02179687	TEV	ADEFGV

M01AG FENEMATES

M01AG01 MEFENAMIC ACID

Cap	Orl	250 mg	Ponstan	00155225	AAP	ADEFGV
			Mefenamic	02229452	AAP	ADEFGV

M01AH COXIBS

M01AH01 CELECOXIB

Cap	Orl	100 mg	Celebrex	02239941	PFI	ADEFGV
			Act-Celecoxib	02420155	ATV	ADEFGV
			Apo-Celecoxib	02418932	APX	ADEFGV
			Auro-Celecoxib	02445670	ARO	ADEFGV
			Celecoxib	02436299	SAS	ADEFGV
			Celecoxib	02429675	SIV	ADEFGV
			Jamp-Celecoxib	02424533	JPC	ADEFGV
			Mar-Celecoxib	02420058	MAR	ADEFGV
			Mint-Celecoxib	02412497	MNT	ADEFGV
			pms-Celecoxib	02355442	PMS	ADEFGV
			Ran-Celecoxib	02412373	RAN	ADEFGV
			SDZ Celecoxib	02442639	SDZ	ADEFGV

M01AH01 CELECOXIB

Cap	Orl	200 mg	Celebrex	02239942	PFI	ADEFGV
			Act-Celecoxib	02420163	ATV	ADEFGV
			Apo-Celecoxib	02418940	APX	ADEFGV
			Auro-Celecoxib	02445689	ARO	ADEFGV
			Celecoxib	02436302	SAS	ADEFGV
			Celecoxib	02429683	SIV	ADEFGV
			Jamp-Celecoxib	02424541	JPC	ADEFGV
			Mar-Celecoxib	02420066	MAR	ADEFGV
			Mint-Celecoxib	02412500	MNT	ADEFGV
			pms-Celecoxib	02355450	PMS	ADEFGV
			Ran-Celecoxib	02412381	RAN	ADEFGV
			SDZ Celecoxib	02442647	SDZ	ADEFGV

M01AX OTHER ANTIINFLAMMATORY AND ANTIRHEUMATIC AGENTS, NON STEROIDS

M01AX01 NABUMETONE

Tab	Orl	500 mg	Nabumetone	02238639	AAP	ADEFGV

M01C SPECIFIC ANTIRHEUMATIC AGENTS

M01CB GOLD PREPARATIONS

M01CB01 SODIUM AUROTHIOMALATE

Liq	Inj	10 mg/mL	Myochrysine (Disc/non disp Jun 13/20)	01927620	SAV	ADEFGV
Liq	Inj	25 mg/mL	Myochrysine (Disc/non disp Jun 13/20)	01927612	SAV	ADEFGV
Liq	Inj	50 mg/mL	Myochrysine (Disc/non disp Jun 13/20)	01927604	SAV	ADEFGV

M01CC PENICILLAMINE AND SIMILAR AGENTS

M01CC01 PENICILLAMINE

Cap	Orl	250 mg	Cuprimine	00016055	VLN	ADEFGV

M03 MUSCLE RELAXANTS

M03A PERIPHERALLY ACTING AGENTS, MUSCLE RELAXANTS

M03AX OTHER MUSCLE RELAXANTS, PERIPHERALLY ACTING

M03AX01 BOTULINUM TOXIN

ABOBOTULINUMTOXINA

Pws	IM	300 Unit	Dysport Therapeutic	02460203	IPS	(SA)
Pws	IM	500 Unit	Dysport Therapeutic	02456117	IPS	(SA)

INCOBOTULINUMTOXINA

M03AX01 BOTULINUM TOXIN

INCOBOTULINUMTOXINA

Pws	IM	50 Unit	Xeomin	02371081	MRZ	(SA)
Pws	IM	100 Unit	Xeomin	02324032	MRZ	(SA)

ONABOTULINUMTOXINA

Pws	IM	50 Unit	Botox	00903741	ALL	(SA)
Pws	IM	100 Unit	Botox	01981501	ALL	(SA)
Pws	IM	200 Unit	Botox	00999505	ALL	(SA)

M03B MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

M03BA CARBAMIC ACID ESTERS

M03BA03 METHOCARBAMOL

Tab	Orl	500 mg	Robaxin	01930990	WCH	AEFGV
Tab	Orl	750 mg	Robaxin	01932187	WCH	AEFGV

M03BC ETHERS, CHEMICALLY CLOSE TO ANTIHISTAMINES

M03BC01 ORPHENADRINE

SRT	Orl	100 mg	Sandoz Orphenadrine Citrate	02243559	SDZ	AEFGV

M03BX OTHER CENTRALLY ACTING AGENTS

M03BX01 BACLOFEN

Tab	Orl	10 mg	Lioresal	00455881	NVR	ADEFGV
			Apo-Baclofen	02139332	APX	ADEFGV
			Baclofen	02287021	SAS	ADEFGV
			Mylan-Baclofen	02088398	MYL	ADEFGV
			pms-Baclofen	02063735	PMS	ADEFGV
Tab	Orl	20 mg	Lioresal D.S.	00636576	NVR	ADEFGV
			Apo-Baclofen	02139391	APX	ADEFGV
			Baclofen	02287048	SAS	ADEFGV
			Mylan-Baclofen	02088401	MYL	ADEFGV
			pms-Baclofen	02063743	PMS	ADEFGV

M03BX02 TIZANIDINE

Tab	Orl	4 mg	Pal-Tizanidine	02239170	PAL	ADEFGV
			Tizanidine	02259893	AAP	ADEFGV

M03BX08 CYCLOBENZAPRINE

Tab	Orl	10 mg	Apo-Cycloprine	02177145	APX	ADEFGV
			Auro-Cyclobenzaprine	02348853	ARO	ADEFGV
			Cyclobenzaprine	02287064	SAS	ADEFGV
			Cyclobenzaprine	02424584	SIV	ADEFGV
			Jamp-Cyclobenzaprine	02357127	JPC	ADEFGV
			Novo-Cycloprine	02080052	TEV	ADEFGV
			pms-Cyclobenzaprine	02212048	PMS	ADEFGV

M03C MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

M03CA DANTROLENE AND DERIVATIVES

M03CA01 DANTROLENE

Cap	Orl	25 mg	Dantrium	01997602	PAL	ADEFGV

M04 ANTIGOUT PREPARATIONS

M04A ANTIGOUT PREPARATIONS

M04AA PREPARATIONS INHIBITING URIC ACID PRODUCTION

M04AA01 ALLOPURINOL

Tab	Orl	100 mg	Zyloprim	00402818	AAP	ADEFGV
			Apo-Allopurinol	02402769	APX	ADEFGV
			Mar-Allopurinol	02396327	MAR	ADEFGV
Tab	Orl	200 mg	Zyloprim	00479799	AAP	ADEFGV
			Apo-Allopurinol	02402777	APX	ADEFGV
			Mar-Allopurinol	02396335	MAR	ADEFGV
Tab	Orl	300 mg	Zyloprim	00402796	AAP	ADEFGV
			Apo-Allopurinol	02402785	APX	ADEFGV
			Mar-Allopurinol	02396343	MAR	ADEFGV

M04AA03 FEBUXOSTAT

Tab	Orl	80 mg	Uloric	02357380	TAK	(SA)
			Mar-Febuxostat	02473607	MAR	(SA)

M04AB PREPARATIONS INCREASING URIC ACID EXCRETION

M04AB02 SULFINPYRAZONE

Tab	Orl	200 mg	Sulfinpyrazone	00441767	AAP	ADEFGV

M04AC PREPARATION WITH NO EFFECT ON URIC ACID METABOLISM

M04AC01 COLCHICINE

M04AC01 COLCHICINE

Tab	Orl	0.6 mg	Colchicine	00572349	ODN	ADEFGV
			Jamp-Colchicine	02373823	JPC	ADEFGV
			pms-Colchicine	02402181	PMS	ADEFGV
			Sandoz Colchicine	00287873	SDZ	ADEFGV

M05 DRUGS FOR TREATMENT OF BONE DISEASES

M05B DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

M05BA BISPHOSPHONATES

M05BA01 ETIDRONIC ACID

Tab	Orl	200 mg	Act Etidronate	02248686	ATV	ADEFGV

M05BA02 CLODRONIC ACID

Cap	Orl	400 mg	Clasteon	02245828	SNV	ADEFGV

M05BA04 ALENDRONIC ACID

Tab	Orl	10 mg	Alendronate Sodium	02381486	AHI	ADEFGV
			Apo-Alendronate	02248728	APX	ADEFGV
			Auro-Alendronate	02388545	ARO	ADEFGV
			Ran-Alendronate	02384701	RAN	ADEFGV
			Sandoz Alendronate	02288087	SDZ	ADEFGV
			Teva-Alendronate	02247373	TEV	ADEFGV
Tab	Orl	40 mg	Co Alendronate	02258102	COB	(SA)
Tab	Orl	70 mg	Fosamax	02245329	FRS	ADEFGV
			Alendronate	02352966	SAS	ADEFGV
			Alendronate	02299712	SIV	ADEFGV
			Alendronate Sodium	02381494	AHI	ADEFGV
			Alendronate-70	02303078	PDL	ADEFGV
			Apo-Alendronate	02248730	APX	ADEFGV
			Auro-Alendronate	02388553	ARO	ADEFGV
			Jamp-Alendronate	02385031	JPC	ADEFGV
			Mint-Alendronate	02394871	MNT	ADEFGV
			pms-Alendronate FC	02284006	PMS	ADEFGV
			Sandoz Alendronate	02288109	SDZ	ADEFGV
			Teva-Alendronate	02261715	TEV	ADEFGV

M05BA07 RISEDRONIC ACID

Tab	Orl	5 mg	Actonel (Disc/non disp Jan 4/20)	02242518	ALL	ADEFGV
			Teva-Risedronate	02298376	TEV	ADEFGV

M05BA07 RISEDRONIC ACID

Tab	Orl	30 mg	Teva-Risedronate	02298384	TEV	(SA)
Tab	Orl	35 mg	Actonel	02246896	ALL	ADEFGV
			Apo-Risedronate	02353687	APX	ADEFGV
			Auro-Risedronate	02406306	ARO	ADEFGV
			Jamp-Risedronate	02368552	JPC	ADEFGV
			pms-Risedronate	02302209	PMS	ADEFGV
			Risedronate	02347474	PDL	ADEFGV
			Risedronate	02370255	SAS	ADEFGV
			Risedronate	02411407	SIV	ADEFGV
			Sandoz Risedronate	02327295	SDZ	ADEFGV
			Teva-Risedronate	02298392	TEV	ADEFGV

M05BA08 ZOLEDRONIC ACID

Liq	IV	5 mg/100 mL	Aclasta	02269198	NVR	(SA)
			Taro-Zoledronic Acid	02415100	TAR	(SA)
			Zoledronic Acid	02422433	RCH	(SA)

M05BB BISPHOSPHONATES, COMBINATIONS

M05BB01 ETIDRONIC ACID AND CALCIUM, SEQUENTIAL

Tab	Orl	400 mg , 500 mg	Act Etidrocal (Kit) (Disc/non disp Mar 15/20)	02263866	ATV	ADEFGV

M05BB03 ALENDRONIC ACID AND COLECALCIFEROL

Tab	Orl	70 mg / 5 600 IU	Fosavance	02314940	FRS	ADEFGV
			Apo-Alendronate/Vitamin D3	02454475	APX	ADEFGV
			Sandoz Alendronate/Cholecalciferol	02429160	SDZ	ADEFGV
			Teva-Alendronate/Cholecalciferol	02403641	TEV	ADEFGV

M05BX OTHER DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

M05BX04 DENOSUMAB

Liq	SC	60 mg/mL	Prolia	02343541	AGA	(SA)
Liq	SC	120 mg/1.7 mL	Xgeva	02368153	AGA	(SA)

M09 OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

M09A OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

M09AX OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

M09AX07 NUSINERSEN

Liq	INT	2.4 mg/mL	Spinraza	02465663	BIG	(SA)

N **NERVOUS SYSTEM**

N01 **ANAESTHETICS**

N01B **LOCAL ANAESTHETICS**

N01BB **AMIDES**

N01BB09 ROPIVACAINE

Liq	Prt	5 mg/mL	Naropin	02229415	APN	ADEFGV
Liq	Prt	10 mg/mL	Naropin	02229418	APN	ADEFGV

N01BX **OTHER LOCAL ANAESTHETICS**

N01BX04 CAPSAICIN

Crm	Top	0.025%	Zostrix	00740306	MDS	AEFGV
			Capsaicin	02157101	VLN	AEFGV
Crm	Top	0.075%	Zostrix H.P.	02004240	MDS	AEFGV
			Capsaicin Crm	02157128	VLN	AEFGV

N02 **ANALGESICS**

N02A **OPIOIDS**

N02AA **NATURAL OPIUM ALKALOIDS**

N02AA01 MORPHINE

MORPHINE SULFATE

Liq	Inj	10 mg/mL	Morphine Sulfate	00392588	SDZ	ADEFGVW
Liq	Inj	15 mg/mL	Morphine Sulfate	00392561	SDZ	ADEFGVW
Liq	Inj	50 mg/mL	Morphine HP 50	00617288	SDZ	ADEFGVW
SRC	Orl	10 mg	Kadian	02242163	BGP	ADEFGVW
			M-Eslon	02019930	ETH	ADEFGVW
SRC	Orl	15 mg	M-Eslon 15	02177749	SAV	ADEFGVW
SRC	Orl	20 mg	Kadian	02184435	BGP	ADEFGVW
SRC	Orl	30 mg	M-Eslon	02019949	SAV	ADEFGVW
SRC	Orl	50 mg	Kadian	02184443	BGP	ADEFGVW
SRC	Orl	60 mg	M-Eslon	02019957	SAV	ADEFGVW
			Morphine SR	02350912	SAS	ADEFGVW
			Sandoz Morphine SR	02244792	SDZ	ADEFGVW

N02AA01 MORPHINE

MORPHINE SULFATE

SRC	Orl	100 mg	Kadian	02184451	BGP	ADEFGVW
			M-Eslon	02019965	SAV	ADEFGVW
SRC	Orl	200 mg	M-Eslon	02177757	SAV	ADEFGVW
SRT	Orl	15 mg	MS Contin	02015439	PFR	ADEFGVW
			Morphine SR	02350815	SAS	ADEFGVW
			Sandoz Morphine SR	02244790	SDZ	ADEFGVW
			Teva-Morphine SR	02302764	TEV	ADEFGVW
SRT	Orl	30 mg	MS Contin	02014297	PFR	ADEFGVW
			Morphine SR	02350890	SAS	ADEFGVW
			Sandoz Morphine SR	02244791	SDZ	ADEFGVW
			Teva-Morphine SR	02302772	TEV	ADEFGVW
SRT	Orl	60 mg	MS Contin	02014300	PFR	ADEFGVW
			Teva-Morphine SR	02302780	TEV	ADEFGVW
SRT	Orl	100 mg	MS Contin	02014319	PFR	ADEFGVW
			Sandoz Morphine SR	02478889	SDZ	ADEFGVW
			Teva-Morphine SR	02302799	TEV	ADEFGVW
SRT	Orl	200 mg	MS Contin	02014327	PFR	ADEFGVW
			Sandoz Morphine SR	02478897	SDZ	ADEFGVW
			Teva-Morphine SR	02302802	TEV	ADEFGVW
Sup	Rt	5 mg	Statex	00632228	PAL	ADEFGVW
Sup	Rt	10 mg	Statex	00632201	PAL	ADEFGVW
Sup	Rt	20 mg	Statex	00596965	PAL	ADEFGVW
Sup	Rt	30 mg	Statex	00639389	PAL	ADEFGVW
Syr	Orl	1 mg/mL	Statex	00591467	PAL	ADEFGVW
Syr	Orl	5 mg/mL	Statex (Disc/non disp Sep 18/19)	00591475	PAL	ADEFGVW
Tab	Orl	5 mg	MS IR	02014203	PFR	ADEFGVW
			Statex	00594652	PAL	ADEFGVW

N02AA01	MORPHINE					
	MORPHINE SULFATE					
Tab	Orl	10 mg	MS IR	02014211	PFR	ADEFGVW
			Statex	00594644	PAL	ADEFGVW
Tab	Orl	20 mg	MS IR	02014238	PFR	ADEFGVW
Tab	Orl	25 mg	Statex	00594636	PAL	ADEFGVW
Tab	Orl	30 mg	MS IR	02014254	PFR	ADEFGVW
Tab	Orl	50 mg	Statex	00675962	PAL	ADEFGVW
N02AA03	HYDROMORPHONE					
Liq	Inj	2 mg/mL	Dilaudid	00627100	PFR	ADEFGVW
			Hydromorphone Hydrochloride	02145901	SDZ	ADEFGVW
Liq	Inj	10 mg/mL	Dilaudid HP	00622133	PFR	ADEFGVW
			Hydromorphone HP 10	02145928	SDZ	ADEFGVW
Liq	Inj	20 mg/mL	Hydromorphone HP 20	02145936	SDZ	ADEFGVW
Liq	Inj	50 mg/mL	Hydromorphone HP 50	02146126	SDZ	ADEFGVW
SRC	Orl	3 mg	Hydromorph Contin	02125323	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476614	APX	ADEFGVW
SRC	Orl	4.5 mg	Hydromorph Contin	02359502	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476622	APX	ADEFGVW
SRC	Orl	6 mg	Hydromorph Contin	02125331	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476630	APX	ADEFGVW
SRC	Orl	9 mg	Hydromorph Contin	02359510	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476649	APX	ADEFGVW
SRC	Orl	12 mg	Hydromorph Contin	02125366	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476657	APX	ADEFGVW
SRC	Orl	18 mg	Hydromorph Contin	02243562	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476665	APX	ADEFGVW

N02AA03 HYDROMORPHONE

SRC	Orl	24 mg	Hydromorph Contin	02125382	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476673	APX	ADEFGVW
SRC	Orl	30 mg	Hydromorph Contin	02125390	PFR	ADEFGVW
			Apo-Hydromorphone CR	02476681	APX	ADEFGVW
Syr	Orl	1 mg/mL	pms-Hydromorphone	01916386	PMS	ADEFGVW
Tab	Orl	1 mg	Dilaudid	00705438	PFR	ADEFGVW
			Apo-Hydromorphone	02364115	APX	ADEFGVW
			pms-Hydromorphone	00885444	PMS	ADEFGVW
			Teva-Hydromorphone	02319403	TEV	ADEFGVW
Tab	Orl	2 mg	Dilaudid	00125083	PFR	ADEFGVW
			Apo-Hydromorphone	02364123	APX	ADEFGVW
			pms-Hydromorphone	00885436	PMS	ADEFGVW
			Teva-Hydromorphone	02319411	TEV	ADEFGVW
Tab	Orl	4 mg	Dilaudid	00125121	PFR	ADEFGVW
			Apo-Hydromorphone	02364131	APX	ADEFGVW
			pms-Hydromorphone	00885401	PMS	ADEFGVW
			Teva-Hydromorphone	02319438	TEV	ADEFGVW
Tab	Orl	8 mg	Dilaudid	00786543	PFR	ADEFGVW
			Apo-Hydromorphone	02364158	APX	ADEFGVW
			pms-Hydromorphone	00885428	PMS	ADEFGVW
			Teva-Hydromorphone	02319446	TEV	ADEFGVW

N02AA05 OXYCODONE

ERT	Orl	10 mg	Oxyneo	02372525	PFR	W
ERT	Orl	15 mg	Oxyneo	02372533	PFR	W
ERT	Orl	20 mg	Oxyneo	02372797	PFR	W
ERT	Orl	30 mg	Oxyneo	02372541	PFR	W
ERT	Orl	40 mg	Oxyneo	02372568	PFR	W
ERT	Orl	60 mg	Oxyneo	02372576	PFR	W

N02AA05 OXYCODONE

ERT	Orl	80 mg	Oxyneo	02372584	PFR	W
Sup	Rt	10 mg	Supeudol	00392480	SDZ	ADEFGV
Tab	Orl	5 mg	Oxy-IR	02231934	PFR	W (SA)
			Supeudol	00789739	SDZ	W (SA)
			pms-Oxycodone IR	02319977	PMS	W (SA)
Tab	Orl	10 mg	Oxy-IR	02240131	PFR	W (SA)
			Supeudol	00443948	SDZ	W (SA)
			pms-Oxycodone IR	02319985	PMS	W (SA)
Tab	Orl	20 mg	Oxy-IR	02240132	PFR	W (SA)
			Supeudol	02262983	SDZ	W (SA)
			pms-Oxycodone IR	02319993	PMS	W (SA)

N02AA59 CODEINE, COMBINATIONS, EXCLUDING PSYCHOLEPTICS

ACETAMINOPHEN / CAFFEINE / CODEINE

Tab	Orl	300 mg / 15 mg / 30 mg	Tylenol No.3	02163926	JAN	ADEFGVW
			Teva-Lenoltec #3	00653276	TEV	ADEFGVW
Tab	Orl	325 mg / 30 mg / 30 mg	Atasol-30 (Disc/non disp Apr 2/20)	00293512	CHU	ADEFGVW

ACETAMINOPHEN / CODEINE

Tab	Orl	300 mg / 30 mg	Teva-Emtec-30	00608882	TEV	ADEFGVW
Tab	Orl	300 mg / 60 mg	Tylenol No.4	02163918	JAN	ADEFGVW
			Teva-Lenoltec #4	00621463	TEV	ADEFGVW

N02AB PHENYLPIPERIDINE DERIVATIVES

N02AB03 FENTANYL

Pth	Trd	12 mcg	pms-Fentanyl MTX	02341379	PMS	W (SA)
			Ran-Fentanyl Matrix	02330105	RAN	W (SA)
			Sandoz Fentanyl patch	02327112	SDZ	W (SA)
			Teva-Fentanyl	02311925	TEV	W (SA)
Pth	Trd	25 mcg	pms-Fentanyl MTX	02341387	PMS	W (SA)
			Ran-Fentanyl Matrix	02330113	RAN	W (SA)
			Sandoz Fentanyl	02327120	SDZ	W (SA)
			Teva-Fentanyl	02282941	TEV	W (SA)

N02AB03 FENTANYL

Pth	Trd	37 mcg	Sandoz Fentanyl	02327139	SDZ	W
Pth	Trd	50 mcg	Duragesic Mat (Disc/non disp Nov 1/19)	02275821	JAN	W (SA)
			pms-Fentanyl MTX	02341395	PMS	W (SA)
			Ran-Fentanyl Matrix	02330121	RAN	W (SA)
			Sandoz Fentanyl	02327147	SDZ	W (SA)
			Teva-Fentanyl	02282968	TEV	W (SA)
Pth	Trd	75 mcg	pms-Fentanyl MTX	02341409	PMS	W (SA)
			Ran-Fentanyl Matrix	02330148	RAN	W (SA)
			Sandoz Fentanyl	02327155	SDZ	W (SA)
			Teva-Fentanyl	02282976	TEV	W (SA)
Pth	Trd	100 mcg	pms-Fentanyl MTX	02341417	PMS	W (SA)
			Ran-Fentanyl Matrix	02330156	RAN	W (SA)
			Sandoz Fentanyl	02327163	SDZ	W (SA)
			Teva-Fentanyl	02282984	TEV	W (SA)

N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BA SALICYLIC ACID AND DERIVATIVES

N02BA01 ACETYLSALICYLIC ACID

ECT	Orl	81 mg	ASA	02449277	TLI	V
			ASA EC	02244993	PMS	V
			ASA EC	02426811	SAS	V
			Equate daily low-dose EC	02243801	PMS	V
			Exact Coated daily low dose ASA	02243896	PMS	V
			Praxis ASA	02283700	PDP	V
ECT	Orl	325 mg	ASATAB EC	02352427	ODN	AEFGV
			Enteric Coated ASA	02010526	TAN	AEFGV
			Novasen	00216666	TEV	AEFGV
ECT	Orl	650 mg	Novasen (Disc/non disp Mar 15/20)	00229296	TEV	AEFGV

N02BA11 DIFLUNISAL

Tab	Orl	250 mg	Diflunisal	02039486	AAP	ADEFGV
Tab	Orl	500 mg	Diflunisal	02039494	AAP	ADEFGV

N02BE ANILIDES

N02BE01 PARACETAMOL (ACETAMINOPHEN)

N02BE01 PARACETAMOL (ACETAMINOPHEN)

Sup	Rt	120 mg	Acet - 120	02230434	PDP	G
Tab	Orl	325 mg	Novo-Gesic	00389218	TEV	G
Tab	Orl	500 mg	Novo-Gesic	00482323	TEV	G

N02BE51 PARACETAMOL (ACETAMINOPHEN), COMBINATIONS EXCLUDING PSYCHOLEPTICS

ACETAMINOPHEN / CAFFEINE / CODEINE

Tab	Orl	300 mg / 15 mg / 15 mg	Tylenol No.2	02163934	JAN	ADEFGVW
			Teva-Lenoltec #2	00653241	TEV	ADEFGVW
Tab	Orl	325 mg / 30 mg / 15 mg	Atasol-15	00293504	CHU	ADEFGVW

ACETAMINOPHEN / OXYCODONE

Tab	Orl	325 mg / 5 mg	Apo-Oxycodone/Acet	02324628	APX	ADEFGVW
			Oxycodone/Acet	02361361	SAS	ADEFGVW
			Sandoz Oxycodone/Acetaminophen	02307898	SDZ	ADEFGVW
			Teva-Oxycocet	00608165	TEV	ADEFGVW

N02BG OTHER ANALGESICS AND ANTIPYRETICS

N02BG04 FLOCTAFENINE

Tab	Orl	200 mg	Floctafenine	02244680	AAP	ADEFGV
Tab	Orl	400 mg	Floctafenine	02244681	AAP	ADEFGV

N02C ANTIMIGRAINE PREPARATIONS

N02CA ERGOT ALKALOIDS

N02CA01 DIHYDROERGOTAMINE

Liq	Nas	4 mg/mL	Migranal	02228947	STR	ADEFGV

N02CC SELECTIVE 5HT1-RECEPTOR AGONISTS

N02CC01 SUMATRIPTAN

Liq	SC	12 mg/mL	Imitrex	02212188	GSK	(SA)
			Taro-Sumatriptan	02361698	TAR	(SA)
Spr	Nas	5 mg	Imitrex	02230418	GSK	(SA)
Spr	Nas	20 mg	Imitrex	02230420	GSK	(SA)

N02CC01 SUMATRIPTAN

Tab	Orl	50 mg	Imitrex DF	02212153	GSK	ADEFGV
			Apo-Sumatriptan	02268388	APX	ADEFGV
			Mylan-Sumatriptan	02268914	MYL	ADEFGV
			pms-Sumatriptan	02256436	PMS	ADEFGV
			Sandoz Sumatriptan	02263025	SDZ	ADEFGV
			Sumatriptan	02286521	SAS	ADEFGV
			Sumatriptan DF	02385570	SIV	ADEFGV
			Teva-Sumatriptan DF	02286823	TEV	ADEFGV
Tab	Orl	100 mg	Imitrex DF	02212161	GSK	ADEFGV
			Act Sumatriptan	02257904	ATV	ADEFGV
			Apo-Sumatriptan	02268396	APX	ADEFGV
			Mylan-Sumatriptan	02268922	MYL	ADEFGV
			pms-Sumatriptan	02256444	PMS	ADEFGV
			Sandoz Sumatriptan	02263033	SDZ	ADEFGV
			Sumatriptan	02286548	SAS	ADEFGV
			Sumatriptan DF	02385589	SIV	ADEFGV
			Teva-Sumatriptan	02239367	TEV	ADEFGV
			Teva-Sumatriptan DF	02286831	TEV	ADEFGV

N02CC02 NARATRIPTAN

Tab	Orl	1 mg	Amerge	02237820	GSK	(SA)
			Teva-Naratriptan	02314290	TEV	(SA)
Tab	Orl	2.5 mg	Amerge	02237821	GSK	(SA)
			Sandoz Naratriptan	02322323	SDZ	(SA)
			Teva-Naratriptan	02314304	TEV	(SA)

N02CC03 ZOLMITRIPTAN

ODT	Orl	2.5 mg	Zomig Rapimelt	02243045	AZE	ADEFGV
			Apo-Zolmitriptan Rapid (Disc/non disp Dec 17/19)	02381575	APX	ADEFGV
			Jamp-Zolmitriptan ODT	02428237	JPC	ADEFGV
			Mylan-Zolmitriptan ODT (Disc/non disp Jul 03/19)	02387158	MYL	ADEFGV
			pms-Zolmitriptan ODT	02324768	PMS	ADEFGV
			Sandoz Zolmitriptan ODT	02362996	SDZ	ADEFGV
			Septa-Zolmitriptan ODT	02428474	SPT	ADEFGV
			Teva-Zolmitriptan OD	02342545	TEV	ADEFGV
			Van-Zolmitriptan ODT	02438763	VAN	ADEFGV
Spr	Nas	2.5 mg	Zomig	02248992	AZE	(SA)

N02CC03 ZOLMITRIPTAN

Spr	Nas	5 mg	Zomig Nasal	02248993	AZE	(SA)
Tab	Orl	2.5 mg	Zomig	02238660	AZE	ADEFGV
			Jamp-Zolmitriptan	02421623	JPC	ADEFGV
			Mar-Zolmitriptan	02399458	MAR	ADEFGV
			Nat-Zolmitriptan	02421534	NAT	ADEFGV
			pms-Zolmitriptan	02324229	PMS	ADEFGV
			Sandoz Zolmitriptan	02362988	SDZ	ADEFGV
			Teva-Zolmitriptan	02313960	TEV	ADEFGV

N02CC04 RIZATRIPTAN

ODT	Orl	5 mg	Maxalt RPD	02240518	FRS	ADEFGV
			Act Rizatriptan ODT	02374730	ATV	ADEFGV
			Jamp-Rizatriptan ODT	02465086	JPC	ADEFGV
			Mar-Rizatriptan ODT	02462788	MAR	ADEFGV
			Mylan-Rizatriptan ODT	02379198	MYL	ADEFGV
			Nat-Rizatriptan ODT	02436604	NAT	ADEFGV
			pms-Rizatriptan RDT	02393360	PMS	ADEFGV
			Rizatriptan ODT	02442906	SAS	ADEFGV
			Rizatriptan ODT	02446111	SIV	ADEFGV
			Sandoz Rizatriptan ODT	02351870	SDZ	ADEFGV
			Teva-Rizatriptan ODT	02396661	TEV	ADEFGV
ODT	Orl	10 mg	Maxalt RPD	02240519	FRS	ADEFGV
			Act Rizatriptan ODT	02374749	ATV	ADEFGV
			Apo-Rizatriptan RPD (Disc/non disp Dec 17/19)	02393492	APX	ADEFGV
			Jamp-Rizatriptan ODT	02465094	JPC	ADEFGV
			Mar-Rizatriptan ODT	02462796	MAR	ADEFGV
			Mylan-Rizatriptan ODT	02379201	MYL	ADEFGV
			Nat-Rizatriptan ODT	02436612	NAT	ADEFGV
			pms-Rizatriptan RDT	02393379	PMS	ADEFGV
			Rizatriptan ODT	02442914	SAS	ADEFGV
			Rizatriptan ODT	02446138	SIV	ADEFGV
			Sandoz Rizatriptan ODT	02351889	SDZ	ADEFGV
			Teva-Rizatriptan ODT	02396688	TEV	ADEFGV
			Van-Rizatriptan ODT	02448505	VAN	ADEFGV

N02CC04 RIZATRIPTAN

Tab	Orl	5 mg	Apo-Rizatriptan	02393468	APX	ADEFGV
			Jamp-Rizatriptan	02380455	JPC	ADEFGV
			Jamp-Rizatriptan IR	02429233	JPC	ADEFGV
			Van-Rizatriptan	02428512	VAN	ADEFGV
Tab	Orl	10 mg	Maxalt	02240521	FRS	ADEFGV
			Act Rizatriptan	02381702	ATV	ADEFGV
			Apo-Rizatriptan	02393476	APX	ADEFGV
			Auro-Rizatriptan	02441144	ARO	ADEFGV
			Jamp-Rizatriptan	02380463	JPC	ADEFGV
			Jamp-Rizatriptan IR	02429241	JPC	ADEFGV
			Mar-Rizatriptan	02379678	MAR	ADEFGV
			Van-Rizatriptan	02428520	VAN	ADEFGV

N02CC05 ALMOTRIPTAN

Tab	Orl	12.5 mg	Almotriptan	02466821	SAS	ADEFGV
			Apo-Almotriptan (Disc/non disp May 2/20)	02405806	APX	ADEFGV
			Mylan-Almotriptan	02398443	MYL	ADEFGV
			Sandoz Almotriptan	02405334	SDZ	ADEFGV

N02CC06 ELETRIPTAN

Tab	Orl	20 mg	Relpax	02256290	PFI	ADEFGV
			Teva-Eletriptan	02382091	TEV	ADEFGV
Tab	Orl	40 mg	Relpax	02256304	PFI	ADEFGV
			Teva-Eletriptan	02382105	TEV	ADEFGV

N02CX OTHER ANTIMIGRAINE PREPARATIONS

N02CX01 PIZOTIFEN

Tab	Orl	0.5 mg	Sandomigran	00329320	PAL	ADEFGV
Tab	Orl	1 mg	Sandomigran DS	00511552	PAL	ADEFGV

N03 ANTIEPILEPTICS

N03A ANTIEPILEPTICS

N03AA BARBITURATES AND DERIVATIVES

N03AA02 PHENOBARBITAL

Elx	Orl	5 mg/mL	Phenobarbital	00645575	PDP	ADEFGV
Liq	Inj	30 mg/mL	Phenobarbital Sodium	02304082	SDZ	ADEFGVW

N03AA02 PHENOBARBITAL

Liq	Inj	120 mg/mL	Phenobarbital Sodium	02304090	SDZ	ADEFGVW
Tab	Orl	15 mg	Phenobarbital	00178799	PDP	ADEFGV
Tab	Orl	30 mg	Phenobarbital	00178802	PDP	ADEFGV
Tab	Orl	60 mg	Phenobarbital	00178810	PDP	ADEFGV
Tab	Orl	100 mg	Phenobarbital	00178829	PDP	ADEFGV

N03AA03 PRIMIDONE

Tab	Orl	125 mg	Primidone	00399310	AAP	ADEFGV
Tab	Orl	250 mg	Primidone	00396761	AAP	ADEFGV

N03AB HYDANTOIN DERIVATIVES

N03AB02 PHENYTOIN

Cap	Orl	30 mg	Dilantin	00022772	PFI	ADEFGV
Cap	Orl	100 mg	Dilantin	00022780	PFI	ADEFGV
			Apo-Phenytoin Sodium	02460912	APX	ADEFGV
Liq	Inj	50 mg/mL	Phenytoin Sodium	00780626	SDZ	V
Sus	Orl	30 mg/5 mL	Dilantin 30	00023442	PFI	ADEFGV
Sus	Orl	125 mg/5 mL	Dilantin 125	00023450	PFI	ADEFGV
			Taro-Phenytoin	02250896	TAR	ADEFGV
Tab	Orl	50 mg	Dilantin infatabs	00023698	PFI	ADEFGV

N03AD SUCCINIMIDE DERIVATIVES

N03AD01 ETHOSUXIMIDE

Cap	Orl	250 mg	Zarontin	00022799	ERF	ADEFGV
Syr	Orl	50 mg/mL	Zarontin	00023485	ERF	ADEFGV

N03AE BENZODIAZEPINE DERIVATIVES

N03AE01 CLONAZEPAM

Tab	Orl	0.25 mg	pms-Clonazepam	02179660	PMS	ADEFGV

N03AE01 CLONAZEPAM

Tab	Orl	0.5 mg	Rivotril	00382825	HLR	ADEFGV
			Apo-Clonazepam	02177889	APX	ADEFGV
			pms-Clonazepam R	02207818	PMS	ADEFGV
Tab	Orl	1 mg	pms-Clonazepam	02048728	PMS	ADEFGV
Tab	Orl	2 mg	Rivotril	00382841	HLR	ADEFGV
			Apo-Clonazepam	02177897	APX	ADEFGV
			Clonazepam	02442051	SIV	ADEFGV
			pms-Clonazepam	02048736	PMS	ADEFGV

N03AF CARBOXAMIDE DERIVATIVES

N03AF01 CARBAMAZEPINE

SRT	Orl	200 mg	Tegretol CR	00773611	NVR	ADEFGV
			pms-Carbamazepine	02231543	PMS	ADEFGV
			Sandoz Carbamazepine CR	02261839	SDZ	ADEFGV
SRT	Orl	400 mg	Tegretol CR	00755583	NVR	ADEFGV
			pms-Carbamazepine	02231544	PMS	ADEFGV
			Sandoz Carbamazepine CR	02261847	SDZ	ADEFGV
Sus	Orl	100 mg/5 mL	Tegretol	02194333	NVR	ADEFGV
			Taro-Carbamazepine	02367394	TAR	ADEFGV
Tab	Orl	200 mg	Tegretol	00010405	NVR	ADEFGV
			Taro-Carbamazepine	02407515	TAR	ADEFGV
			Teva-Carbamazepine	00782718	TEV	ADEFGV

N03AF02 OXCARBAZEPINE

Sus	Orl	60 mg/mL	Trileptal	02244673	NVR	(SA)
Tab	Orl	150 mg	Apo-Oxcarbazepine	02284294	APX	(SA)
Tab	Orl	300 mg	Trileptal	02242068	NVR	(SA)
			Apo-Oxcarbazepine	02284308	APX	(SA)
Tab	Orl	600 mg	Trileptal	02242069	NVR	(SA)
			Apo-Oxcarbazepine	02284316	APX	(SA)

N03AF03 RUFINAMIDE

Tab	Orl	100 mg	Banzel	02369613	EIS	(SA)

N03AF03 RUFINAMIDE

Tab	Orl	200 mg	Banzel	02369621	EIS	(SA)
Tab	Orl	400 mg	Banzel	02369648	EIS	(SA)

N03AF04 ESLICARBAZEPINE

Tab	Orl	200 mg	Aptiom	02426862	SNV	(SA)
Tab	Orl	400 mg	Aptiom	02426870	SNV	(SA)
Tab	Orl	600 mg	Aptiom	02426889	SNV	(SA)
Tab	Orl	800 mg	Aptiom	02426897	SNV	(SA)

N03AG FATTY ACID DERIVATIVES

N03AG01 VALPROIC ACID

Cap	Orl	250 mg	Apo-Valproic	02238048	APX	ADEFGV
			pms-Valproic Acid	02230768	PMS	ADEFGV
ECC	Orl	500 mg	pms-Valproic Acid	02229628	PMS	ADEFGV
ECT	Orl	125 mg	Epival	00596418	BGP	ADEFGV
			Apo-Divalproex	02239698	APX	ADEFGV
			Mylan-Divalproex	02458926	MYL	ADEFGV
			Novo-Divalproex	02239701	TEV	ADEFGV
ECT	Orl	250 mg	Epival	00596426	BGP	ADEFGV
			Apo-Divalproex	02239699	APX	ADEFGV
			Mylan-Divalproex	02458934	MYL	ADEFGV
			Novo-Divalproex	02239702	TEV	ADEFGV
ECT	Orl	500 mg	Epival	00596434	BGP	ADEFGV
			Apo-Divalproex	02239700	APX	ADEFGV
			Mylan-Divalproex	02459019	MYL	ADEFGV
			Novo-Divalproex	02239703	TEV	ADEFGV
Syr	Orl	250 mg/5 mL	Depakene	00443832	BGP	ADEFGV
			Apo-Valproic Acid	02238370	APX	ADEFGV
			pms-Valproic	02236807	PMS	ADEFGV

N03AG04 VIGABATRIN

Pwr	Orl	500 mg	Sabril (Sachet)	02068036	LBK	(SA)

N03AG04 VIGABATRIN

Tab	Orl	500 mg	Sabril	02065819	LBK	(SA)

N03AX OTHER ANTIEPILEPTICS

N03AX09 LAMOTRIGINE

Tab	Orl	25 mg	Lamictal	02142082	GSK	ADEFGV
			Apo-Lamotrigine	02245208	APX	ADEFGV
			Auro-Lamotrigine	02381354	ARO	ADEFGV
			Lamotrigine	02343010	SAS	ADEFGV
			Lamotrigine	02428202	SIV	ADEFGV
			Mylan-Lamotrigine	02265494	MYL	ADEFGV
			pms-Lamotrigine	02246897	PMS	ADEFGV
			Teva-Lamotrigine	02248232	TEV	ADEFGV
Tab	Orl	100 mg	Lamictal	02142104	GSK	ADEFGV
			Apo-Lamotrigine	02245209	APX	ADEFGV
			Auro-Lamotrigine	02381362	ARO	ADEFGV
			Lamotrigine	02343029	SAS	ADEFGV
			Lamotrigine	02428210	SIV	ADEFGV
			Mylan-Lamotrigine	02265508	MYL	ADEFGV
			pms-Lamotrigine	02246898	PMS	ADEFGV
			Teva-Lamotrigine	02248233	TEV	ADEFGV
Tab	Orl	150 mg	Lamictal	02142112	GSK	ADEFGV
			Apo-Lamotrigine	02245210	APX	ADEFGV
			Auro-Lamotrigine	02381370	ARO	ADEFGV
			Lamotrigine	02343037	SAS	ADEFGV
			Lamotrigine	02428229	SIV	ADEFGV
			Mylan-Lamotrigine	02265516	MYL	ADEFGV
			pms-Lamotrigine	02246899	PMS	ADEFGV
			Teva-Lamotrigine	02248234	TEV	ADEFGV
TabC	Orl	2 mg	Lamictal Chewtabs	02243803	GSK	ADEFGV
TabC	Orl	5 mg	Lamictal Chewtabs	02240115	GSK	ADEFGV

N03AX11 TOPIRAMATE

Cap	Orl	15 mg	Topamax	02239907	JAN	(SA)
Cap	Orl	25 mg	Topamax	02239908	JAN	(SA)

N03AX11 TOPIRAMATE

Tab	Orl	25 mg	Topamax	02230893	JAN	ADEFGV
			Apo-Topiramate	02279614	APX	ADEFGV
			Auro-Topiramate	02345803	ARO	ADEFGV
			Jamp-Topiramate	02435608	JPC	ADEFGV
			Mar-Topiramate	02432099	MAR	ADEFGV
			Mint-Topiramate	02315645	MNT	ADEFGV
			Mylan-Topiramate	02263351	MYL	ADEFGV
			pms-Topiramate	02262991	PMS	ADEFGV
			Sandoz Topiramate Tablets	02431807	SDZ	ADEFGV
			Teva-Topiramate	02248860	TEV	ADEFGV
			Topiramate	02395738	AHI	ADEFGV
			Topiramate	02356856	SAS	ADEFGV
			Topiramate	02389460	SIV	ADEFGV
Tab	Orl	50 mg	pms-Topiramate	02312085	PMS	ADEFGV
Tab	Orl	100 mg	Topamax	02230894	JAN	ADEFGV
			Apo-Topiramate	02279630	APX	ADEFGV
			Auro-Topiramate	02345838	ARO	ADEFGV
			Jamp-Topiramate	02435616	JPC	ADEFGV
			Mar-Topiramate	02432102	MAR	ADEFGV
			Mint-Topiramate	02315653	MNT	ADEFGV
			Mylan-Topiramate	02263378	MYL	ADEFGV
			pms-Topiramate	02263009	PMS	ADEFGV
			Sandoz Topiramate Tablets	02431815	SDZ	ADEFGV
			Teva-Topiramate	02248861	TEV	ADEFGV
			Topiramate	02395746	AHI	ADEFGV
			Topiramate	02356864	SAS	ADEFGV
			Topiramate	02389487	SIV	ADEFGV

N03AX11 TOPIRAMATE

Tab	Orl	200 mg	Topamax	02230896	JAN	ADEFGV
			Apo-Topiramate	02279649	APX	ADEFGV
			Auro-Topiramate	02345846	ARO	ADEFGV
			Jamp-Topiramate	02435624	JPC	ADEFGV
			Mar-Topiramate	02432110	MAR	ADEFGV
			Mint-Topiramate	02315661	MNT	ADEFGV
			Mylan-Topiramate	02263386	MYL	ADEFGV
			pms-Topiramate	02263017	PMS	ADEFGV
			Sandoz Topiramate Tablets	02431823	SDZ	ADEFGV
			Teva-Topiramate	02248862	TEV	ADEFGV
			Topiramate	02395754	AHI	ADEFGV
			Topiramate	02356872	SAS	ADEFGV

N03AX12 GABAPENTIN

Cap	Orl	100 mg	Neurontin	02084260	PFI	ADEFGVW
			Apo-Gabapentin	02244304	APX	ADEFGVW
			Auro-Gabapentin	02321203	ARO	ADEFGVW
			Gabapentin	02416840	AHI	ADEFGVW
			Gabapentin	02353245	SAS	ADEFGVW
			Gabapentin	02246314	SIV	ADEFGVW
			Jamp-Gabapentin	02361469	JPC	ADEFGVW
			Mar-Gabapentin	02391473	MAR	ADEFGVW
			pms-Gabapentin	02243446	PMS	ADEFGVW
			Ran-Gabapentin	02319055	RAN	ADEFGVW
			Teva-Gabapentin	02244513	TEV	ADEFGVW
Cap	Orl	300 mg	Neurontin	02084279	PFI	ADEFGVW
			Apo-Gabapentin	02244305	APX	ADEFGVW
			Auro-Gabapentin	02321211	ARO	ADEFGVW
			Gabapentin	02416859	AHI	ADEFGVW
			Gabapentin	02353253	SAS	ADEFGVW
			Gabapentin	02246315	SIV	ADEFGVW
			Jamp-Gabapentin	02361485	JPC	ADEFGVW
			Mar-Gabapentin	02391481	MAR	ADEFGVW
			pms-Gabapentin	02243447	PMS	ADEFGVW
			Ran-Gabapentin	02319063	RAN	ADEFGVW
			Teva-Gabapentin	02244514	TEV	ADEFGVW

N03AX12 GABAPENTIN

Cap	Orl	400 mg	Neurontin	02084287	PFI	ADEFGVW
			Apo-Gabapentin	02244306	APX	ADEFGVW
			Auro-Gabapentin	02321238	ARO	ADEFGVW
			Gabapentin	02416867	AHI	ADEFGVW
			Gabapentin	02353261	SAS	ADEFGVW
			Gabapentin	02246316	SIV	ADEFGVW
			Jamp-Gabapentin	02361493	JPC	ADEFGVW
			Mar-Gabapentin	02391503	MAR	ADEFGVW
			pms-Gabapentin	02243448	PMS	ADEFGVW
			Ran-Gabapentin	02319071	RAN	ADEFGVW
			Teva-Gabapentin	02244515	TEV	ADEFGVW
Tab	Orl	600 mg	Neurontin	02239717	PFI	ADEFGVW
			Apo-Gabapentin	02293358	APX	ADEFGVW
			Auro-Gabapentin	02428334	ARO	ADEFGVW
			Gabapentin	02392526	AHI	ADEFGVW
			Gabapentin	02410990	GLM	ADEFGVW
			Gabapentin	02431289	SAS	ADEFGVW
			Gabapentin	02388200	SIV	ADEFGVW
			Jamp-Gabapentin	02402289	JPC	ADEFGVW
			Teva-Gabapentin	02248457	TEV	ADEFGVW
Tab	Orl	800 mg	Neurontin	02239718	PFI	ADEFGVW
			Apo-Gabapentin	02293366	APX	ADEFGVW
			Auro-Gabapentin	02428342	ARO	ADEFGVW
			Gabapentin	02392534	AHI	ADEFGVW
			Gabapentin	02411008	GLM	ADEFGVW
			Gabapentin	02431297	SAS	ADEFGVW
			Gabapentin	02388219	SIV	ADEFGVW
			Jamp-Gabapentin	02402297	JPC	ADEFGVW
			Teva-Gabapentin	02247346	TEV	ADEFGVW

N03AX14 LEVETIRACETAM

N03AX14 LEVETIRACETAM

Tab	Orl	250 mg	Keppra	02247027	UCB	ADEFGV
			Act Levetiracetam	02274183	ATV	ADEFGV
			Apo-Levetiracetam	02285924	APX	ADEFGV
			Auro-Levetiracetam	02375249	ARO	ADEFGV
			Jamp-Levetiracetam	02403005	JPC	ADEFGV
			Levetiracetam	02454653	PMS	ADEFGV
			Levetiracetam	02353342	SAS	ADEFGV
			Levetiracetam	02442531	SIV	ADEFGV
			Nat-Levetiracetam	02440202	NAT	ADEFGV
			Sandoz Levetiracetam	02461986	SDZ	ADEFGV
Tab	Orl	500 mg	Keppra	02247028	UCB	ADEFGV
			Act Levetiracetam	02274191	ATV	ADEFGV
			Apo-Levetiracetam	02285932	APX	ADEFGV
			Auro-Levetiracetam	02375257	ARO	ADEFGV
			Jamp-Levetiracetam	02403021	JPC	ADEFGV
			Levetiracetam	02454661	PMS	ADEFGV
			Levetiracetam	02353350	SAS	ADEFGV
			Levetiracetam	02442558	SIV	ADEFGV
			Nat-Levetiracetam	02440210	NAT	ADEFGV
			Pro-Levetiracetam	02311380	PDL	ADEFGV
			Sandoz Levetiracetam	02461994	SDZ	ADEFGV
Tab	Orl	750 mg	Keppra	02247029	UCB	ADEFGV
			Act Levetiracetam	02274205	ATV	ADEFGV
			Apo-Levetiracetam	02285940	APX	ADEFGV
			Auro-Levetiracetam	02375265	ARO	ADEFGV
			Jamp-Levetiracetam	02403048	JPC	ADEFGV
			Levetiracetam	02454688	PMS	ADEFGV
			Levetiracetam	02353369	SAS	ADEFGV
			Levetiracetam	02442566	SIV	ADEFGV
			Nat-Levetiracetam	02440229	NAT	ADEFGV
			Pro-Levetiracetam	02311399	PDL	ADEFGV
			Sandoz Levetiracetam	02462001	SDZ	ADEFGV

N03AX16 PREGABALIN

N03AX16 PREGABALIN

Cap	Orl	25 mg	Lyrica	02268418	PFI	ADEFGVW
			Apo-Pregabalin	02394235	APX	ADEFGVW
			Auro-Pregabalin	02433869	ARO	ADEFGVW
			Jamp-Pregabalin	02435977	JPC	ADEFGVW
			Mar-Pregabalin	02417529	MAR	ADEFGVW
			Mint-Pregabalin	02423804	MNT	ADEFGVW
			pms-Pregabalin	02359596	PMS	ADEFGVW
			Pregabalin	02396483	PDL	ADEFGVW
			Pregabalin	02405539	SAS	ADEFGVW
			Pregabalin	02403692	SIV	ADEFGVW
			Ran-Pregabalin	02392801	RAN	ADEFGVW
			Sandoz Pregabalin	02390817	SDZ	ADEFGVW
			Teva-Pregabalin	02361159	TEV	ADEFGVW
Cap	Orl	50 mg	Lyrica	02268426	PFI	ADEFGVW
			Apo-Pregabalin	02394243	APX	ADEFGVW
			Auro-Pregabalin	02433877	ARO	ADEFGVW
			Jamp-Pregabalin	02435985	JPC	ADEFGVW
			Mar-Pregabalin	02417537	MAR	ADEFGVW
			Mint-Pregabalin	02423812	MNT	ADEFGVW
			pms-Pregabalin	02359618	PMS	ADEFGVW
			Pregabalin	02396505	PDL	ADEFGVW
			Pregabalin	02405547	SAS	ADEFGVW
			Pregabalin	02403706	SIV	ADEFGVW
			Ran-Pregabalin	02392828	RAN	ADEFGVW
			Sandoz Pregabalin	02390825	SDZ	ADEFGVW
			Teva-Pregabalin	02361175	TEV	ADEFGVW

N03AX16 PREGABALIN

Cap	Orl	75 mg	Lyrica	02268434	PFI	ADEFGVW
			Apo-Pregabalin	02394251	APX	ADEFGVW
			Auro-Pregabalin	02433885	ARO	ADEFGVW
			Jamp-Pregabalin	02435993	JPC	ADEFGVW
			Mar-Pregabalin	02417545	MAR	ADEFGVW
			Mint-Pregabalin	02424185	MNT	ADEFGVW
			pms-Pregabalin	02359626	PMS	ADEFGVW
			Pregabalin	02396513	PDL	ADEFGVW
			Pregabalin	02405555	SAS	ADEFGVW
			Pregabalin	02403714	SIV	ADEFGVW
			Ran-Pregabalin	02392836	RAN	ADEFGVW
			Sandoz Pregabalin	02390833	SDZ	ADEFGVW
			Teva-Pregabalin	02361183	TEV	ADEFGVW
Cap	Orl	150 mg	Lyrica	02268450	PFI	ADEFGVW
			Apo-Pregabalin	02394278	APX	ADEFGVW
			Auro-Pregabalin	02433907	ARO	ADEFGVW
			Jamp-Pregabalin	02436000	JPC	ADEFGVW
			Mar-Pregabalin	02417561	MAR	ADEFGVW
			Mint-Pregabalin	02424207	MNT	ADEFGVW
			pms-Pregabalin	02359634	PMS	ADEFGVW
			Pregabalin	02396521	PDL	ADEFGVW
			Pregabalin	02405563	SAS	ADEFGVW
			Pregabalin	02403722	SIV	ADEFGVW
			Ran-Pregabalin	02392844	RAN	ADEFGVW
			Sandoz Pregabalin	02390841	SDZ	ADEFGVW
			Teva-Pregabalin	02361205	TEV	ADEFGVW
Cap	Orl	225 mg	Lyrica	02268477	PFI	ADEFGVW
			Act Pregabalin	02402971	ATV	ADEFGVW
			Apo-Pregabalin (Disc/non disp May 2/20)	02394286	APX	ADEFGVW
			pms-Pregabalin	02398079	PMS	ADEFGVW
			Ran-Pregabalin	02392852	RAN	ADEFGVW
			Teva-Pregabalin	02361221	TEV	ADEFGVW

N03AX16 PREGABALIN

Cap	Orl	300 mg	Lyrica	02268485	PFI	ADEFGVW
			Apo-Pregabalin	02394294	APX	ADEFGVW
			pms-Pregabalin	02359642	PMS	ADEFGVW
			Pregabalin	02396548	PDL	ADEFGVW
			Pregabalin	02405598	SAS	ADEFGVW
			Pregabalin	02403730	SIV	ADEFGVW
			Ran-Pregabalin	02392860	RAN	ADEFGVW
			Sandoz Pregabalin	02390868	SDZ	ADEFGVW
			Teva-Pregabalin	02361248	TEV	ADEFGVW

N03AX17 STIRIPENTOL

Cap	Orl	250 mg	Diacomit	02398958	BOX	(SA)
Cap	Orl	500 mg	Diacomit	02398966	BOX	(SA)
Pws	Orl	250 mg	Diacomit	02398974	BOX	(SA)
Pws	Orl	500 mg	Diacomit	02398982	BOX	(SA)

N03AX18 LACOSAMIDE

Tab	Orl	50 mg	Vimpat	02357615	UCB	(SA)
			Auro-Lacosamide	02475332	ARO	(SA)
			pharma-Lacosamide	02478196	PMS	(SA)
			Sandoz-Lacosamide	02474670	SDZ	(SA)
			Teva-Lacosamide	02472902	TEV	(SA)
Tab	Orl	100 mg	Vimpat	02357623	UCB	(SA)
			Auro-Lacosamide	02475340	ARO	(SA)
			pharma-Lacosamide	02478218	PMS	(SA)
			Sandoz-Lacosamide	02474689	SDZ	(SA)
			Teva-Lacosamide	02472910	TEV	(SA)
Tab	Orl	150 mg	Vimpat	02357631	UCB	(SA)
			Auro-Lacosamide	02475359	ARO	(SA)
			pharma-Lacosamide	02478226	PMS	(SA)
			Sandoz-Lacosamide	02474697	SDZ	(SA)
			Teva-Lacosamide	02472929	TEV	(SA)

N03AX18 LACOSAMIDE

Tab	Orl	200 mg	Vimpat	02357658	UCB	(SA)
			Auro-Lacosamide	02475367	ARO	(SA)
			pharma-Lacosamide	02478234	PMS	(SA)
			Sandoz-Lacosamide	02474700	SDZ	(SA)
			Teva-Lacosamide	02472937	TEV	(SA)

N03AX22 PERAMPANEL

Tab	Orl	2 mg	Fycompa	02404516	EIS	(SA)
Tab	Orl	4 mg	Fycompa	02404524	EIS	(SA)
Tab	Orl	6 mg	Fycompa	02404532	EIS	(SA)
Tab	Orl	8 mg	Fycompa	02404540	EIS	(SA)
Tab	Orl	10 mg	Fycompa	02404559	EIS	(SA)
Tab	Orl	12 mg	Fycompa	02404567	EIS	(SA)

N03AX23 BRIVARACETAM

Tab	Orl	10 mg	Brivlera	02452936	UCB	(SA)
Tab	Orl	25 mg	Brivlera	02452944	UCB	(SA)
Tab	Orl	50 mg	Brivlera	02452952	UCB	(SA)
Tab	Orl	75 mg	Brivlera	02452960	UCB	(SA)
Tab	Orl	100 mg	Brivlera	02452979	UCB	(SA)

N04 ANTI-PARKINSON DRUGS

N04A ANTI-CHOLINERGIC AGENTS

N04AA TERTIARY AMINES

N04AA01 TRIHEXYPHENIDYL

Tab	Orl	2 mg	Trihex	00545058	AAP	ADEFGV
Tab	Orl	5 mg	Trihex	00545074	AAP	ADEFGV

N04AA04 PROCYCLIDINE

Elx	Orl	2.5 mg/5 mL	pdp-Procyclidine	00587362	PDP	ADEFGV
Tab	Orl	2.5 mg	pdp-Procyclidine	00649392	PDP	ADEFGV

N04AA04 PROCYCLIDINE

Tab	Orl	5 mg	pdp-Procyclidine	00587354	PDP	ADEFGV

N04AA05 PROFENAMINE (ETHOPROPAZINE)

Tab	Orl	50 mg	Parsitan	01927744	ERF	ADEFGV

N04AC ETHERS OF TROPINE OR TROPINE DERIVATIVES

N04AC01 BENZATROPINE

Liq	Inj	1 mg/mL	Benztropine Omega	02238903	OMG	ADEFGV
Tab	Orl	1 mg	pdp-Benztropine	00706531	PDP	ADEFGV
Tab	Orl	2 mg	pdp-Benztropine	00426857	PDP	ADEFGV

N04B DOPAMINERGIC AGENTS

N04BA DOPA AND DOPA DERIVATIVES

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

LEVODOPA / BENSERAZIDE

Cap	Orl	50 mg / 12.5 mg	Prolopa	00522597	HLR	ADEFGV
Cap	Orl	100 mg / 25 mg	Prolopa	00386464	HLR	ADEFGV
Cap	Orl	200 mg / 50 mg	Prolopa	00386472	HLR	ADEFGV

LEVODOPA / CARBIDOPA

SRT	Orl	100 mg / 25 mg	Sinemet CR	02028786	FRS	ADEFV
			Apo-Levocarb CR	02272873	APX	ADEFV
SRT	Orl	200 mg / 50 mg	Sinemet CR (Disc/non disp Feb 22/20)	00870935	FRS	ADEFV
			Apo-Levocarb CR	02245211	APX	ADEFV
Tab	Orl	100 mg / 10 mg	Apo-Levocarb	02195933	APX	ADEFGV
			Mint-Levocarb	02457954	MNT	ADEFGV
			Teva-Levocarbidopa	02244494	TEV	ADEFGV
Tab	Orl	100 mg / 25 mg	Sinemet	00513997	FRS	ADEFGV
			Apo-Levocarb	02195941	APX	ADEFGV
			Mint-Levocarb	02457962	MNT	ADEFGV
			Teva-Levocarbidopa	02244495	TEV	ADEFGV

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

LEVODOPA / CARBIDOPA

Tab	Orl	250 mg / 25 mg	Sinemet	00328219	FRS	ADEFGV
			Apo-Levocarb	02195968	APX	ADEFGV
			Mint-Levocarb	02457970	MNT	ADEFGV
			Teva-Levocarbidopa	02244496	TEV	ADEFGV

N04BA03 LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR

LEVODOPA, CARBIDOPA, ENTACAPONE

Tab	Orl	50 mg / 12.5 mg / 200 mg	Stalevo	02305933	NVR	(SA)
Tab	Orl	75 mg / 18.75 mg / 200 mg	Stalevo	02337827	NVR	(SA)
Tab	Orl	100 mg / 25 mg / 200 mg	Stalevo	02305941	NVR	(SA)
Tab	Orl	125 mg / 31.25 mg / 200 mg	Stalevo	02337835	NVR	(SA)
Tab	Orl	150 mg / 37.5 mg / 200 mg	Stalevo	02305968	NVR	(SA)

N04BB ADAMANTANE DERIVATIVES

N04BB01 AMANTADINE

Cap	Orl	100 mg	pdp-Amantadine Hydrochloride	01990403	PDP	ADEFGV
Syr	Orl	10 mg/mL	pdp-Amantadine	02022826	PDP	ADEFGV

N04BC DOPAMINE AGONISTS

N04BC04 ROPINIROLE

Tab	Orl	0.25 mg	Act Ropinirole	02316846	ATV	ADEFV
			Jamp-Ropinirole	02352338	JPC	ADEFV
			Ran-Ropinirole	02314037	RAN	ADEFV
			Ropinirole	02353040	SAS	ADEFV
Tab	Orl	1 mg	Act Ropinirole	02316854	ATV	ADEFV
			Jamp-Ropinirole	02352346	JPC	ADEFV
			Ran-Ropinirole	02314053	RAN	ADEFV
			Ropinirole	02353059	SAS	ADEFV
Tab	Orl	2 mg	Act Ropinirole	02316862	ATV	ADEFV
			Jamp-Ropinirole	02352354	JPC	ADEFV
			Ran-Ropinirole	02314061	RAN	ADEFV

N04BC04 ROPINIROLE

Tab	Orl	5 mg	Act Ropinirole	02316870	ATV	ADEFV
			Jamp-Ropinirole	02352362	JPC	ADEFV
			Ran-Ropinirole	02314088	RAN	ADEFV

N04BC05 PRAMIPEXOLE

Tab	Orl	0.25 mg	Mirapex	02237145	BOE	ADEFV
			Act Pramipexole	02297302	ATV	ADEFV
			Apo-Pramipexole	02292378	APX	ADEFV
			Auro-Pramipexole	02424061	ARO	ADEFV
			pms-Pramipexole (Disc/non disp May 1/20)	02290111	PMS	ADEFV
			Pramipexole	02309122	SIV	ADEFV
			Sandoz Pramipexole	02315262	SDZ	ADEFV
Tab	Orl	0.5 mg	Act Pramipexole	02297310	ATV	ADEFV
			Apo-Pramipexole	02292386	APX	ADEFV
			Auro-Pramipexole	02424088	ARO	ADEFV
			pms-Pramipexole (Disc/non disp May 1/20)	02290138	PMS	ADEFV
			Pramipexole	02309130	SIV	ADEFV
			Sandoz Pramipexole	02315270	SDZ	ADEFV
Tab	Orl	1 mg	Act Pramipexole	02297329	ATV	ADEFV
			Apo-Pramipexole	02292394	APX	ADEFV
			Auro-Pramipexole	02424096	ARO	ADEFV
			pms-Pramipexole (Disc/non disp May 1/20)	02290146	PMS	ADEFV
			Pramipexole	02309149	SIV	ADEFV
			Sandoz Pramipexole	02315289	SDZ	ADEFV
Tab	Orl	1.5 mg	Act Pramipexole	02297337	ATV	ADEFV
			Apo-Pramipexole	02292408	APX	ADEFV
			Auro-Pramipexole	02424118	ARO	ADEFV
			pms-Pramipexole (Disc/non disp May 1/20)	02290154	PMS	ADEFV
			Pramipexole	02309157	SIV	ADEFV
			Sandoz Pramipexole	02315297	SDZ	ADEFV

N04BC09 ROTIGOTINE

Pth	Trd	2 mg	Neupro	02403927	UCB	(SA)
Pth	Trd	4 mg	Neupro	02403935	UCB	(SA)
Pth	Trd	6 mg	Neupro	02403900	UCB	(SA)

N04BC09 ROTIGOTINE

Pth	Trd	8 mg	Neupro	02403943	UCB	(SA)

N04BD MONOAMINE OXIDASE TYPE B INHIBITORS

N04BD01 SELEGILINE

Tab	Orl	5 mg	Apo-Selegiline	02230641	APX	ADEFV
			Mylan-Selegiline (Disc/non disp Jan 31/20)	02231036	MYL	ADEFV
			Novo-Selegiline	02068087	TEV	ADEFV

N04BX OTHER DOPAMINERGIC AGENTS

N04BX02 ENTACAPONE

Tab	Orl	200 mg	Comtan	02243763	NVR	ADEFGV
			Sandoz Entacapone	02380005	SDZ	ADEFGV
			Teva-Entacapone	02375559	TEV	ADEFGV

N05 PSYCHOLEPTICS

N05A ANTIPSYCHOTICS

N05AA PHENOTHIAZINE WITH ALIPHATIC SIDE CHAIN

N05AA01 CHLORPROMAZINE

Tab	Orl	25 mg	Teva-Chlorpromazine	00232823	TEV	ADEFGVW
Tab	Orl	50 mg	Teva-Chlorpromazine	00232807	TEV	ADEFGVW
Tab	Orl	100 mg	Teva-Chlorpromazine	00232831	TEV	ADEFGVW

N05AA02 LEVOMEPROMAZINE (METHOTRIMEPRAZINE)

Liq	Inj	25 mg/mL	Nozinan	01927698	SAV	ADEFVW
Tab	Orl	2 mg	Methoprazine	02238403	AAP	ADEFGVW
Tab	Orl	5 mg	Methoprazine	02238404	AAP	ADEFGVW
Tab	Orl	25 mg	Methoprazine	02238405	AAP	ADEFGVW
Tab	Orl	50 mg	Methoprazine	02238406	AAP	ADEFGVW

N05AB PHENOTHIAZINE WITH PIPERAZINE STRUCTURE

N05AB02 FLUPHENAZINE

Tab	Orl	1 mg	Fluphenazine	00405345	AAP	ADEFGV
Tab	Orl	2 mg	Fluphenazine	00410632	AAP	ADEFGV

N05AB02 FLUPHENAZINE

Tab	Orl	5 mg	Fluphenazine	00405361	AAP	ADEFGV

N05AB03 PERPHENAZINE

Tab	Orl	2 mg	Perphenazine	00335134	AAP	ADEFGV
Tab	Orl	4 mg	Perphenazine	00335126	AAP	ADEFGV
Tab	Orl	8 mg	Perphenazine	00335118	AAP	ADEFGV
Tab	Orl	16 mg	Perphenazine	00335096	AAP	ADEFGV

N05AB04 PROCHLORPERAZINE

Sup	Rt	10 mg	Sandoz Prochlorperazine	00789720	SDZ	ADEFGV
Tab	Orl	5 mg	Prochlorazine	00886440	AAP	ADEFGV
Tab	Orl	10 mg	Prochlorazine	00886432	AAP	ADEFGV

N05AB06 TRIFLUOPERAZINE

Tab	Orl	1 mg	Trifluoperazine	00345539	AAP	ADEFGV
Tab	Orl	2 mg	Trifluoperazine	00312754	AAP	ADEFGV
Tab	Orl	5 mg	Trifluoperazine	00312746	AAP	ADEFGV
Tab	Orl	10 mg	Trifluoperazine	00326836	AAP	ADEFGV

N05AC PHENOTHIAZINE WITH PIPERIDINE STRUCTURE

N05AC01 PERICYAZINE

Cap	Orl	5 mg	Neuleptil	01926780	ERF	ADEFGV
Cap	Orl	10 mg	Neuleptil	01926772	ERF	ADEFGV
Cap	Orl	20 mg	Neuleptil	01926764	ERF	ADEFGV
Dps	Orl	10 mg/mL	Neuleptil	01926756	ERF	ADEFGV

N05AD BUTYROPHENONE DERIVATIVES

N05AD01 HALOPERIDOL

Liq	Inj	5 mg/mL	Haloperidol	00808652	SDZ	ADEFGVW
			Haloperidol Injection	02366010	OMG	ADEFGVW

N05AD01 HALOPERIDOL

Liq	Inj	100 mg/mL	Haloperidol LA	02130300	SDZ	ADEFGVW
Tab	Orl	0.5 mg	Teva-Haloperidol	00363685	TEV	ADEFGVW
Tab	Orl	1 mg	Teva-Haloperidol	00363677	TEV	ADEFGVW
Tab	Orl	2 mg	Teva-Haloperidol	00363669	TEV	ADEFGVW
Tab	Orl	5 mg	Teva-Haloperidol	00363650	TEV	ADEFGVW
Tab	Orl	10 mg	Teva-Haloperidol	00713449	TEV	ADEFGVW
Tab	Orl	20 mg	Teva-Haloperidol	00768820	TEV	ADEFGVW

N05AE INDOLE DERIVATIVES

N05AE04 ZIPRASIDONE

Cap	Orl	20 mg	Zeldox	02298597	PFI	ADEFGV
			Auro-Ziprasidone	02449544	ARO	ADEFGV
Cap	Orl	40 mg	Zeldox	02298600	PFI	ADEFGV
			Auro-Ziprasidone	02449552	ARO	ADEFGV
Cap	Orl	60 mg	Zeldox	02298619	PFI	ADEFGV
			Auro-Ziprasidone	02449560	ARO	ADEFGV
Cap	Orl	80 mg	Zeldox	02298627	PFI	ADEFGV
			Auro-Ziprasidone	02449579	ARO	ADEFGV

N05AE05 LURASIDONE

Tab	Orl	20 mg	Latuda	02422050	SNV	(SA)
Tab	Orl	40 mg	Latuda	02387751	SNV	(SA)
Tab	Orl	60 mg	Latuda	02413361	SNV	(SA)
Tab	Orl	80 mg	Latuda	02387778	SNV	(SA)
Tab	Orl	120 mg	Latuda	02387786	SNV	(SA)

N05AF THIOXANTHENE DERIVATIVES

N05AF01 FLUPENTHIXOL

Liq	Inj	20 mg/mL	Fluanxol Depot	02156032	VLH	ADEFGV

N05AF01 FLUPENTHIXOL

Liq	Inj	100 mg/mL	Fluanxol Depot	02156040	VLH	ADEFGV
Tab	Orl	0.5 mg	Fluanxol	02156008	VLH	ADEFGV
Tab	Orl	3 mg	Fluanxol	02156016	VLH	ADEFGV

N05AF05 ZUCLOPENTHIXOL

Liq	Inj	200 mg/mL	Clopixol Depot	02230406	VLH	ADEFGV
Tab	Orl	10 mg	Clopixol	02230402	VLH	ADEFGV
Tab	Orl	25 mg	Clopixol	02230403	VLH	ADEFGV

N05AG DIPHENYLBUTYLPIPERIDINE DERIVATIVES

N05AG02 PIMOZIDE

Tab	Orl	2 mg	Orap	00313815	AAP	ADEFGV
			Pimozide	02245432	AAP	ADEFGV
Tab	Orl	4 mg	Orap	00313823	AAP	ADEFGV
			Pimozide	02245433	AAP	ADEFGV

N05AH DIAZEPINES, OXAZEPINES, THIAZEPINES AND OXEPINES

N05AH01 LOXAPINE

Tab	Orl	2.5 mg	Xylac	02242868	PDP	ADEFGV
Tab	Orl	5 mg	Xylac	02230837	PDP	ADEFGV
Tab	Orl	10 mg	Xylac	02230838	PDP	ADEFGV
Tab	Orl	25 mg	Xylac	02230839	PDP	ADEFGV
Tab	Orl	50 mg	Xylac	02230840	PDP	ADEFGV

N05AH02 CLOZAPINE

Tab	Orl	25 mg	Clozaril	00894737	HLS	ADEFGV
			AA-Clozapine	02248034	AAP	ADEFGV
			Gen-Clozapine	02247243	MYL	ADEFGV
Tab	Orl	50 mg	AA-Clozapine	02458748	AAP	ADEFGV
			Gen-Clozapine	02305003	MYL	ADEFGV

N05AH02 CLOZAPINE

Tab	Orl	100 mg	Clozaril	00894745	HLS	ADEFGV
			AA-Clozapine	02248035	AAP	ADEFGV
			Gen-Clozapine	02247244	MYL	ADEFGV
Tab	Orl	200 mg	AA-Clozapine	02458756	AAP	ADEFGV
			Gen-Clozapine	02305011	MYL	ADEFGV

N05AH03 OLANZAPINE

ODT	Orl	5 mg	Zyprexa Zydis	02243086	LIL	ADEFGVW
			Act Olanzapine ODT	02327562	TEV	ADEFGVW
			Apo-Olanzapine ODT	02360616	APX	ADEFGVW
			Auro-Olanzapine ODT	02448726	ARO	ADEFGVW
			Jamp-Olanzapine ODT	02406624	JPC	ADEFGVW
			Mar-Olanzapine ODT	02389088	MAR	ADEFGVW
			Mint-Olanzapine ODT	02436965	MNT	ADEFGVW
			Olanzapine ODT	02338645	PDL	ADEFGVW
			Olanzapine ODT	02352974	SAS	ADEFGVW
			Olanzapine ODT	02343665	SIV	ADEFGVW
			pms-Olanzapine ODT	02303191	PMS	ADEFGVW
			Ran-Olanzapine ODT	02414090	RAN	ADEFGVW
			Sandoz Olanzapine ODT	02327775	SDZ	ADEFGVW
ODT	Orl	10 mg	Zyprexa Zydis	02243087	LIL	ADEFGVW
			Act Olanzapine ODT	02327570	TEV	ADEFGVW
			Apo-Olanzapine ODT	02360624	APX	ADEFGVW
			Auro-Olanzapine ODT	02448734	ARO	ADEFGVW
			Jamp-Olanzapine ODT	02406632	JPC	ADEFGVW
			Mar-Olanzapine ODT	02389096	MAR	ADEFGVW
			Mint-Olanzapine ODT	02436973	MNT	ADEFGVW
			Olanzapine ODT	02338653	PDL	ADEFGVW
			Olanzapine ODT	02352982	SAS	ADEFGVW
			Olanzapine ODT	02343673	SIV	ADEFGVW
			pms-Olanzapine ODT	02303205	PMS	ADEFGVW
			Ran-Olanzapine ODT	02414104	RAN	ADEFGVW
			Sandoz Olanzapine ODT	02327783	SDZ	ADEFGVW

N05AH03 OLANZAPINE

ODT	Orl	15 mg	Zyprexa Zydis	02243088	LIL	ADEFGVW
			Act Olanzapine ODT	02327589	TEV	ADEFGVW
			Apo-Olanzapine ODT	02360632	APX	ADEFGVW
			Auro-Olanzapine ODT	02448742	ARO	ADEFGVW
			Jamp-Olanzapine ODT	02406640	JPC	ADEFGVW
			Mar-Olanzapine ODT	02389118	MAR	ADEFGVW
			Mint-Olanzapine ODT	02436981	MNT	ADEFGVW
			Olanzapine ODT	02338661	PDL	ADEFGVW
			Olanzapine ODT	02352990	SAS	ADEFGVW
			Olanzapine ODT	02343681	SIV	ADEFGVW
			pms-Olanzapine ODT	02303213	PMS	ADEFGVW
			Ran-Olanzapine ODT	02414112	RAN	ADEFGVW
			Sandoz Olanzapine ODT	02327791	SDZ	ADEFGVW
ODT	Orl	20 mg	Zyprexa Zydis	02243089	LIL	ADEFGVW
			Act Olanzapine ODT	02327597	TEV	ADEFGVW
			Apo-Olanzapine ODT	02360640	APX	ADEFGVW
			Auro-Olanzapine ODT	02448750	ARO	ADEFGVW
			Jamp-Olanzapine ODT	02406659	JPC	ADEFGVW
			Mar-Olanzapine ODT	02389126	MAR	ADEFGVW
			Olanzapine ODT	02425114	PDL	ADEFGVW
			Olanzapine ODT	02343703	SIV	ADEFGVW
			Ran-Olanzapine ODT	02414120	RAN	ADEFGVW
			Sandoz Olanzapine ODT	02327805	SDZ	ADEFGVW
Tab	Orl	2.5 mg	Zyprexa	02229250	LIL	ADEFGVW
			Apo-Olanzapine	02281791	APX	ADEFGVW
			Jamp-Olanzapine FC	02417243	JPC	ADEFGVW
			Olanzapine	02311968	PDL	ADEFGVW
			Olanzapine	02372819	SAS	ADEFGVW
			Olanzapine	02385864	SIV	ADEFGVW
			pms-Olanzapine	02303116	PMS	ADEFGVW
			Sandoz Olanzapine	02310341	SDZ	ADEFGVW
			Teva-Olanzapine	02276712	TEV	ADEFGVW

N05AH03 OLANZAPINE

Tab	Orl	5 mg	Zyprexa	02229269	LIL	ADEFGVW
			Apo-Olanzapine	02281805	APX	ADEFGVW
			Jamp-Olanzapine FC	02417251	JPC	ADEFGVW
			Olanzapine	02311976	PDL	ADEFGVW
			Olanzapine	02372827	SAS	ADEFGVW
			Olanzapine	02385872	SIV	ADEFGVW
			pms-Olanzapine	02303159	PMS	ADEFGVW
			Sandoz Olanzapine	02310368	SDZ	ADEFGVW
			Teva-Olanzapine	02276720	TEV	ADEFGVW
Tab	Orl	7.5 mg	Zyprexa	02229277	LIL	ADEFGVW
			Apo-Olanzapine	02281813	APX	ADEFGVW
			Jamp-Olanzapine FC	02417278	JPC	ADEFGVW
			Olanzapine	02311984	PDL	ADEFGVW
			Olanzapine	02372835	SAS	ADEFGVW
			Olanzapine	02385880	SIV	ADEFGVW
			pms-Olanzapine	02303167	PMS	ADEFGVW
			Sandoz Olanzapine	02310376	SDZ	ADEFGVW
			Teva-Olanzapine	02276739	TEV	ADEFGVW
Tab	Orl	10 mg	Zyprexa	02229285	LIL	ADEFGVW
			Apo-Olanzapine	02281821	APX	ADEFGVW
			Jamp-Olanzapine FC	02417286	JPC	ADEFGVW
			Olanzapine	02311992	PDL	ADEFGVW
			Olanzapine	02372843	SAS	ADEFGVW
			Olanzapine	02385899	SIV	ADEFGVW
			pms-Olanzapine	02303175	PMS	ADEFGVW
			Sandoz Olanzapine	02310384	SDZ	ADEFGVW
			Teva-Olanzapine	02276747	TEV	ADEFGVW
Tab	Orl	15 mg	Zyprexa	02238850	LIL	ADEFGVW
			Apo-Olanzapine	02281848	APX	ADEFGVW
			Jamp-Olanzapine FC	02417294	JPC	ADEFGVW
			Olanzapine	02312018	PDL	ADEFGVW
			Olanzapine	02372851	SAS	ADEFGVW
			Olanzapine	02385902	SIV	ADEFGVW
			pms-Olanzapine	02303183	PMS	ADEFGVW
			Sandoz Olanzapine	02310392	SDZ	ADEFGVW
			Teva-Olanzapine	02276755	TEV	ADEFGVW

N05AH03 OLANZAPINE

Tab	Orl	20 mg	Zyprexa	02238851	LIL	ADEFGVW
			Apo-Olanzapine	02333015	APX	ADEFGVW
			Jamp-Olanzapine FC	02417308	JPC	ADEFGVW
			Olanzapine	02421704	PDL	ADEFGVW
			pms-Olanzapine	02367483	PMS	ADEFGVW
			Teva-Olanzapine	02359707	TEV	ADEFGVW

N05AH04 QUETIAPINE

ERT	Orl	50 mg	Seroquel XR	02300184	AZE	ADEFGVW
			Apo-Quetiapine XR	02457229	APX	ADEFGVW
			Quetiapine XR	02417359	SIV	ADEFGVW
			Sandoz Quetiapine XR	02407671	SDZ	ADEFGVW
			Teva-Quetiapine XR	02395444	TEV	ADEFGVW
ERT	Orl	150 mg	Seroquel XR	02321513	AZE	ADEFGVW
			Apo-Quetiapine XR	02457237	APX	ADEFGVW
			Quetiapine XR	02417367	SIV	ADEFGVW
			Sandoz Quetiapine XR	02407698	SDZ	ADEFGVW
			Teva-Quetiapine XR	02395452	TEV	ADEFGVW
ERT	Orl	200 mg	Seroquel XR	02300192	AZE	ADEFGVW
			Apo-Quetiapine XR	02457245	APX	ADEFGVW
			Quetiapine XR	02417375	SIV	ADEFGVW
			Sandoz Quetiapine XR	02407701	SDZ	ADEFGVW
			Teva-Quetiapine XR	02395460	TEV	ADEFGVW
ERT	Orl	300 mg	Seroquel XR	02300206	AZE	ADEFGVW
			Apo-Quetiapine XR	02457253	APX	ADEFGVW
			Quetiapine XR	02417383	SIV	ADEFGVW
			Sandoz Quetiapine XR	02407728	SDZ	ADEFGVW
			Teva-Quetiapine XR	02395479	TEV	ADEFGVW
ERT	Orl	400 mg	Seroquel XR	02300214	AZE	ADEFGVW
			Apo-Quetiapine XR	02457261	APX	ADEFGVW
			Quetiapine XR	02417391	SIV	ADEFGVW
			Sandoz Quetiapine XR	02407736	SDZ	ADEFGVW
			Teva-Quetiapine XR	02395487	TEV	ADEFGVW

N05AH04 QUETIAPINE

Tab	Orl	25 mg	Seroquel	02236951	AZE	ADEFGVW
			Act Quetiapine	02316080	ATV	ADEFGVW
			Apo-Quetiapine	02313901	APX	ADEFGVW
			Auro-Quetiapine	02390205	ARO	ADEFGVW
			Jamp-Quetiapine	02330415	JPC	ADEFGVW
			Mar-Quetiapine	02399822	MAR	ADEFGVW
			Mint-Quetiapine	02438003	MNT	ADEFGVW
			Nat-Quetiapine	02439158	NAT	ADEFGVW
			pms-Quetiapine	02296551	PMS	ADEFGVW
			Pro-Quetiapine	02317346	PDL	ADEFGVW
			Quetiapine	02387794	AHI	ADEFGVW
			Quetiapine	02353164	SAS	ADEFGVW
			Quetiapine	02317893	SIV	ADEFGVW
			Ran-Quetiapine	02397099	RAN	ADEFGVW
			Sandoz Quetiapine	02313995	SDZ	ADEFGVW
Tab	Orl	100 mg	Seroquel	02236952	AZE	ADEFGVW
			Act Quetiapine	02316099	ATV	ADEFGVW
			Apo-Quetiapine	02313928	APX	ADEFGVW
			Auro-Quetiapine	02390213	ARO	ADEFGVW
			Jamp-Quetiapine	02330423	JPC	ADEFGVW
			Mar-Quetiapine	02399830	MAR	ADEFGVW
			Mint-Quetiapine	02438011	MNT	ADEFGVW
			Nat-Quetiapine	02439166	NAT	ADEFGVW
			pms-Quetiapine	02296578	PMS	ADEFGVW
			Pro-Quetiapine	02317354	PDL	ADEFGVW
			Quetiapine	02387808	AHI	ADEFGVW
			Quetiapine	02353172	SAS	ADEFGVW
			Quetiapine	02317907	SIV	ADEFGVW
			Ran-Quetiapine	02397102	RAN	ADEFGVW
			Sandoz Quetiapine	02314002	SDZ	ADEFGVW
Tab	Orl	150 mg	Nat-Quetiapine	02439174	NAT	AEFGVW
			Teva-Quetiapine (Disc/non disp Mar 15/20)	02284251	TEV	AEFGVW

N05AH04 QUETIAPINE

Tab	Orl	200 mg	Seroquel	02236953	AZE	ADEFGVW
			Act Quetiapine	02316110	ATV	ADEFGVW
			Apo-Quetiapine	02313936	APX	ADEFGVW
			Auro-Quetiapine	02390248	ARO	ADEFGVW
			Jamp-Quetiapine	02330458	JPC	ADEFGVW
			Mar-Quetiapine	02399849	MAR	ADEFGVW
			Mint-Quetiapine	02438046	MNT	ADEFGVW
			Nat-Quetiapine	02439182	NAT	ADEFGVW
			pms-Quetiapine	02296594	PMS	ADEFGVW
			Pro-Quetiapine	02317362	PDL	ADEFGVW
			Quetiapine	02387824	AHI	ADEFGVW
			Quetiapine	02353199	SAS	ADEFGVW
			Quetiapine	02317923	SIV	ADEFGVW
			Ran-Quetiapine	02397110	RAN	ADEFGVW
			Sandoz Quetiapine	02314010	SDZ	ADEFGVW
Tab	Orl	300 mg	Seroquel	02244107	AZE	ADEFGVW
			Act Quetiapine	02316129	ATV	ADEFGVW
			Apo-Quetiapine	02313944	APX	ADEFGVW
			Auro-Quetiapine	02390256	ARO	ADEFGVW
			Jamp-Quetiapine	02330466	JPC	ADEFGVW
			Mar-Quetiapine	02399857	MAR	ADEFGVW
			Mint-Quetiapine	02438054	MNT	ADEFGVW
			Nat-Quetiapine	02439190	NAT	ADEFGVW
			pms-Quetiapine	02296608	PMS	ADEFGVW
			Pro-Quetiapine	02317370	PDL	ADEFGVW
			Quetiapine	02387832	AHI	ADEFGVW
			Quetiapine	02353202	SAS	ADEFGVW
			Quetiapine	02317931	SIV	ADEFGVW
			Ran-Quetiapine	02397129	RAN	ADEFGVW
			Sandoz Quetiapine	02314029	SDZ	ADEFGVW

N05AH05 ASENAPINE

Slt	Orl	5 mg	Saphris (Sublingual)	02374803	FRS	(SA)
Slt	Orl	10 mg	Saphris (Sublingual)	02374811	FRS	(SA)

N05AN LITHIUM

N05AN01 LITHIUM

N05AN01 LITHIUM

Cap	Orl	150 mg	Carbolith	00461733	BSL	ADEFGV
			Lithane	02013231	ERF	ADEFGV
			Apo-Lithium Carbonate	02242837	APX	ADEFGV
			pms-Lithium Carbonate	02216132	PMS	ADEFGV
Cap	Orl	300 mg	Carbolith	00236683	BSL	ADEFGV
			Lithane	00406775	ERF	ADEFGV
			Apo-Lithium Carbonate	02242838	APX	ADEFGV
			pms-Lithium Carbonate	02216140	PMS	ADEFGV
Cap	Orl	600 mg	Carbolith	02011239	BSL	ADEFGV
SRT	Orl	300 mg	Lithmax SR	02266695	AAP	ADEFGV

N05AX OTHER ANTIPSYCHOTICS

N05AX08 RISPERIDONE

Liq	Orl	1 mg/mL	Risperdal	02236950	JAN	ADEFGV
			Jamp-Risperidone	02454319	JPC	ADEFGV
			pms-Risperidone	02279266	PMS	ADEFGV
ODT	Orl	0.5 mg	Mylan-Risperidone ODT	02413485	MYL	(SA)
ODT	Orl	1 mg	Mylan-Risperidone ODT	02413493	MYL	(SA)
ODT	Orl	2 mg	Mylan-Risperidone ODT	02413507	MYL	(SA)
ODT	Orl	3 mg	Mylan-Risperidone ODT	02413515	MYL	(SA)
ODT	Orl	4 mg	Mylan-Risperidone ODT	02413523	MYL	(SA)
Pws	IM	12.5 mg	Risperdal Consta	02298465	JAN	(SA)
Pws	IM	25 mg	Risperdal Consta	02255707	JAN	(SA)
Pws	IM	37.5 mg	Risperdal Consta	02255723	JAN	(SA)
Pws	IM	50 mg	Risperdal Consta	02255758	JAN	(SA)

N05AX08 RISPERIDONE

Tab	Orl	0.25 mg	Risperdal (Disc/non disp Apr 1/20)	02240551	JAN	ADEFGV
			Apo-Risperidone	02282119	APX	ADEFGV
			Jamp-Risperidone	02359529	JPC	ADEFGV
			Mar-Risperidone	02371766	MAR	ADEFGV
			Mint-Risperidone	02359790	MNT	ADEFGV
			pms-Risperidone	02252007	PMS	ADEFGV
			Ran-Risperidone	02328305	RAN	ADEFGV
			Risperidone	02356880	SAS	ADEFGV
			Sandoz Risperidone	02303655	SDZ	ADEFGV
			Teva-Risperidone	02282690	TEV	ADEFGV
Tab	Orl	0.5 mg	Risperdal (Disc/non disp Apr 1/20)	02240552	JAN	ADEFGV
			Apo-Risperidone	02282127	APX	ADEFGV
			Jamp-Risperidone	02359537	JPC	ADEFGV
			Mar-Risperidone	02371774	MAR	ADEFGV
			Mint-Risperidone	02359804	MNT	ADEFGV
			pms-Risperidone	02252015	PMS	ADEFGV
			Ran-Risperidone	02328313	RAN	ADEFGV
			Risperidone	02356899	SAS	ADEFGV
			Sandoz Risperidone	02303663	SDZ	ADEFGV
			Teva-Risperidone	02264188	TEV	ADEFGV
Tab	Orl	1 mg	Risperdal (Disc/non disp Apr 1/20)	02025280	JAN	ADEFGV
			Apo-Risperidone	02282135	APX	ADEFGV
			Jamp-Risperidone	02359545	JPC	ADEFGV
			Mar-Risperidone	02371782	MAR	ADEFGV
			Mint-Risperidone	02359812	MNT	ADEFGV
			pms-Risperidone	02252023	PMS	ADEFGV
			Ran-Risperidone	02328321	RAN	ADEFGV
			Risperidone	02356902	SAS	ADEFGV
			Sandoz Risperidone	02279800	SDZ	ADEFGV
			Teva-Risperidone	02264196	TEV	ADEFGV

N05AX08 RISPERIDONE

Tab	Orl	2 mg	Risperdal (Disc/non disp Apr 1/20)	02025299	JAN	ADEFGV
			Apo-Risperidone	02282143	APX	ADEFGV
			Jamp-Risperidone	02359553	JPC	ADEFGV
			Mar-Risperidone	02371790	MAR	ADEFGV
			Mint-Risperidone	02359820	MNT	ADEFGV
			pms-Risperidone	02252031	PMS	ADEFGV
			Ran-Risperidone	02328348	RAN	ADEFGV
			Risperidone	02356910	SAS	ADEFGV
			Sandoz Risperidone	02279819	SDZ	ADEFGV
			Teva-Risperidone	02264218	TEV	ADEFGV
Tab	Orl	3 mg	Risperdal (Disc/non disp Apr 1/20)	02025302	JAN	ADEFGV
			Apo-Risperidone	02282151	APX	ADEFGV
			Jamp-Risperidone	02359561	JPC	ADEFGV
			Mar-Risperidone	02371804	MAR	ADEFGV
			Mint-Risperidone	02359839	MNT	ADEFGV
			pms-Risperidone	02252058	PMS	ADEFGV
			Ran-Risperidone	02328364	RAN	ADEFGV
			Risperidone	02356929	SAS	ADEFGV
			Sandoz Risperidone	02279827	SDZ	ADEFGV
			Teva-Risperidone	02264226	TEV	ADEFGV
Tab	Orl	4 mg	Risperdal (Disc/non disp Apr 1/20)	02025310	JAN	ADEFGV
			Apo-Risperidone	02282178	APX	ADEFGV
			Jamp-Risperidone	02359588	JPC	ADEFGV
			Mar-Risperidone	02371812	MAR	ADEFGV
			Mint-Risperidone	02359847	MNT	ADEFGV
			pms-Risperidone	02252066	PMS	ADEFGV
			Ran-Risperidone	02328372	RAN	ADEFGV
			Risperidone	02356937	SAS	ADEFGV
			Sandoz Risperidone	02279835	SDZ	ADEFGV
			Teva-Risperidone	02264234	TEV	ADEFGV

N05AX12 ARIPIPRAZOLE

Pws	IM	300 mg	Abilify Maintena	02420864	OTS	(SA)
Pws	IM	400 mg	Abilify Maintena	02420872	OTS	(SA)

N05AX12 ARIPIPRAZOLE

Tab	Orl	2 mg	Abilify	02322374	OTS	(SA)
			Apo-Aripiprazole	02471086	APX	(SA)
			Auro-Aripiprazole	02460025	ARO	(SA)
			pms-Aripiprazole	02466635	PMS	(SA)
			Sandoz Aripiprazole	02473658	SDZ	(SA)
			Teva-Aripiprazole	02464144	TEV	(SA)
Tab	Orl	5 mg	Abilify	02322382	OTS	(SA)
			Apo-Aripiprazole	02471094	APX	(SA)
			Auro-Aripiprazole	02460033	ARO	(SA)
			pms-Aripiprazole	02466643	PMS	(SA)
			Sandoz Aripiprazole	02473666	SDZ	(SA)
			Teva-Aripiprazole	02464152	TEV	(SA)
Tab	Orl	10 mg	Abilify	02322390	OTS	(SA)
			Apo-Aripiprazole	02471108	APX	(SA)
			Auro-Aripiprazole	02460041	ARO	(SA)
			pms-Aripiprazole	02466651	PMS	(SA)
			Sandoz Aripiprazole	02473674	SDZ	(SA)
			Teva-Aripiprazole	02464160	TEV	(SA)
Tab	Orl	15 mg	Abilify	02322404	OTS	(SA)
			Apo-Aripiprazole	02471116	APX	(SA)
			Auro-Aripiprazole	02460068	ARO	(SA)
			pms-Aripiprazole	02466678	PMS	(SA)
			Sandoz Aripiprazole	02473682	SDZ	(SA)
			Teva-Aripiprazole	02464179	TEV	(SA)
Tab	Orl	20 mg	Abilify	02322412	OTS	(SA)
			Apo-Aripiprazole	02471124	APX	(SA)
			Auro-Aripiprazole	02460076	ARO	(SA)
			pms-Aripiprazole	02466686	PMS	(SA)
			Sandoz Aripiprazole	02473690	SDZ	(SA)
			Teva-Aripiprazole	02464187	TEV	(SA)

N05AX12 ARIPIPRAZOLE

Tab	Orl	30 mg	Abilify	02322455	OTS	(SA)
			Apo-Aripiprazole	02471132	APX	(SA)
			Auro-Aripiprazole	02460084	ARO	(SA)
			pms-Aripiprazole	02466694	PMS	(SA)
			Sandoz Aripiprazole	02473704	SDZ	(SA)
			Teva-Aripiprazole	02464195	TEV	(SA)

N05AX13 PALIPERIDONE

PALIPERIDONE PALMITATE

Liq	IM	175 mg/0.875 mL	Invega Trinza	02455943	JAN	(SA)
Liq	IM	263 mg/1.315 mL	Invega Trinza	02455986	JAN	(SA)
Liq	IM	350 mg/1.75 mL	Invega Trinza	02455994	JAN	(SA)
Liq	IM	525 mg/2.625 mL	Invega Trinza	02456001	JAN	(SA)
Sus	IM	50 mg/0.5 mL	Invega Sustenna	02354217	JAN	(SA)
Sus	IM	75 mg/0.75 mL	Invega Sustenna	02354225	JAN	(SA)
Sus	IM	100 mg/mL	Invega Sustenna	02354233	JAN	(SA)
Sus	IM	150 mg/1.5 mL	Invega Sustenna	02354241	JAN	(SA)

N05AX16 BREXPIPRAZOLE

Tab	Orl	0.25 mg	Rexulti	02461749	OTS	(SA)
Tab	Orl	0.50 mg	Rexulti	02461757	OTS	(SA)
Tab	Orl	1 mg	Rexulti	02461765	OTS	(SA)
Tab	Orl	2 mg	Rexulti	02461773	OTS	(SA)
Tab	Orl	3 mg	Rexulti	02461781	OTS	(SA)
Tab	Orl	4 mg	Rexulti	02461803	OTS	(SA)

N05B ANXIOLYTICS

N05BA BENZODIAZEPINE DERIVATIVES

N05BA01 DIAZEPAM

Liq	Inj	5 mg/mL	Diazepam	00399728	SDZ	ADEFGV

N05BA01	DIAZEPAM					
Tab	Orl	2 mg	Diazepam	00405329	AAP	ADEFGV
Tab	Orl	5 mg	Valium	00013285	HLR	ADEFGV
			Diazepam	00362158	AAP	ADEFGV
			pms-Diazepam	02247491	PMS	ADEFGV
Tab	Orl	10 mg	Diazepam	00405337	AAP	ADEFGV
			pms-Diazepam	02247492	PMS	ADEFGV
N05BA02	CHLORDIAZEPOXIDE					
Cap	Orl	5 mg	Chlordiazepoxide	00522724	AAP	ADEFGV
Cap	Orl	10 mg	Chlordiazepoxide	00522988	AAP	ADEFGV
Cap	Orl	25 mg	Chlordiazepoxide	00522996	AAP	ADEFGV
N05BA04	OXAZEPAM					
Tab	Orl	10 mg	Apo-Oxazepam	00402680	APX	ADEFGV
Tab	Orl	15 mg	Apo-Oxazepam	00402745	APX	ADEFGV
Tab	Orl	30 mg	Apo-Oxazepam	00402737	APX	ADEFGV
N05BA05	CLORAZEPATE DIPOTASSIUM					
Cap	Orl	3.75 mg	Clorazepate	00860689	AAP	ADEFGV
Cap	Orl	7.5 mg	Clorazepate	00860700	AAP	ADEFGV
Cap	Orl	15 mg	Clorazepate	00860697	AAP	ADEFGV
N05BA06	LORAZEPAM					
Liq	Inj	4 mg/mL	Lorazepam	02243278	SDZ	ADEFVW
Slt	Orl	0.5 mg	Ativan SL	02041456	PFI	ADEFGVW
			Lorazepam Sublingual	02410745	AAP	ADEFGVW
Slt	Orl	1 mg	Ativan SL	02041464	PFI	ADEFGVW
			Lorazepam Sublingual	02410753	AAP	ADEFGVW
Slt	Orl	2 mg	Ativan SL	02041472	PFI	ADEFGVW
			Lorazepam Sublingual	02410761	AAP	ADEFGVW

N05BA06 LORAZEPAM

Tab	Orl	0.5 mg	Ativan	02041413	PFI	ADEFGVW
			Apo-Lorazepam	00655740	APX	ADEFGVW
			Lorazepam	02351072	SAS	ADEFGVW
			pms-Lorazepam	00728187	PMS	ADEFGVW
			Teva-Lorazepam	00711101	TEV	ADEFGVW
Tab	Orl	1 mg	Ativan	02041421	PFI	ADEFGVW
			Apo-Lorazepam	00655759	APX	ADEFGVW
			Lorazepam	02351080	SAS	ADEFGVW
			pms-Lorazepam	00728195	PMS	ADEFGVW
			Teva-Lorazepam	00637742	TEV	ADEFGVW
Tab	Orl	2 mg	Ativan	02041448	PFI	ADEFGVW
			Apo-Lorazepam	00655767	APX	ADEFGVW
			Lorazepam	02351099	SAS	ADEFGVW
			pms-Lorazepam	00728209	PMS	ADEFGVW
			Teva-Lorazepam	00637750	TEV	ADEFGVW

N05BA08 BROMAZEPAM

Tab	Orl	1.5 mg	Apo-Bromazepam (Disc/non disp Dec 17/19)	02177153	APX	ADEFGV
Tab	Orl	3 mg	Apo-Bromazepam	02177161	APX	ADEFGV
			Teva-Bromazepam	02230584	TEV	ADEFGV
Tab	Orl	6 mg	Apo-Bromazepam	02177188	APX	ADEFGV
			Teva-Bromazepam	02230585	TEV	ADEFGV

N05BA09 CLOBAZAM

Tab	Orl	10 mg	Teva-Clobazam	02238334	TEV	ADEFGV

N05BA12 ALPRAZOLAM

Tab	Orl	0.25 mg	Xanax	00548359	PFI	ADEFGV
			Alprazolam	02349191	SAS	ADEFGV
			Apo-Alpraz	00865397	APX	ADEFGV
			Jamp-Alprazolam	02400111	JPC	ADEFGV
			Teva-Alprazolam	01913484	TEV	ADEFGV

N05BA12 ALPRAZOLAM

Tab	Orl	0.5 mg	Xanax	00548367	PFI	ADEFGV
			Alprazolam	02349205	SAS	ADEFGV
			Apo-Alpraz	00865400	APX	ADEFGV
			Jamp-Alprazolam	02400138	JPC	ADEFGV
			Mylan-Alprazolam (Disc/non disp Jul 03/19)	02137542	MYL	ADEFGV
			Teva-Alprazolam	01913492	TEV	ADEFGV

N05BB DIPHENYLMETHANE DERIVATIVES

N05BB01 HYDROXYZINE

Cap	Orl	10 mg	Hydroxyzine	00646059	AAP	ADEFGVW
			Novo-Hydroxyzine	00738824	TEV	ADEFGVW
Cap	Orl	25 mg	Hydroxyzine	00646024	AAP	ADEFGVW
			Novo-Hydroxyzine	00738832	TEV	ADEFGVW
Cap	Orl	50 mg	Hydroxyzine	00646016	AAP	ADEFGVW
			Novo-Hydroxyzine	00738840	TEV	ADEFGVW
Syr	Orl	2 mg/mL	Atarax	00024694	ERF	ADEFGVW

N05BE AZASPIRODECANEDIONE DERIVATIVES

N05BE01 BUSPIRONE

Tab	Orl	10 mg	Apo-Buspirone	02211076	APX	ADEFGV
			pms-Buspirone	02230942	PMS	ADEFGV
			Teva-Buspirone	02231492	TEV	ADEFGV

N05C HYPNOTICS AND SEDATIVES

N05CC ALDEHYDES AND DERIVATIVES

N05CC01 CHLORAL HYDRATE

Syr	Orl	100 mg/mL	Chloral Hydrate Syrup Odan	02247621	ODN	ADEFGV

N05CD BENZODIAZEPINE DERIVATIVES

N05CD01 FLURAZEPAM

Cap	Orl	15 mg	Flurazepam	00521698	AAP	ADEFGV
Cap	Orl	30 mg	Flurazepam	00521701	AAP	ADEFGV

N05CD02 NITRAZEPAM

Tab	Orl	5 mg	Mogadon	00511528	AAP	ADEFGV
Tab	Orl	10 mg	Mogadon	00511536	AAP	ADEFGV

N05CD05 TRIAZOLAM

Tab	Orl	0.25 mg	Triazolam	00808571	AAP	ADEFGV

N05CD07 TEMAZEPAM

Cap	Orl	15 mg	Restoril	00604453	AAP	ADEFGV
			Temazepam (Disc/non disp Oct 23/19)	02225964	AAP	ADEFGV
Cap	Orl	30 mg	Restoril	00604461	AAP	ADEFGV
			Temazepam (Disc/non disp Oct 23/19)	02225972	AAP	ADEFGV

N05CD08 MIDAZOLAM

Liq	Inj	1 mg/mL	Midazolam	02240285	SDZ	ADEFVW
Liq	Inj	5 mg/mL	Midazolam	02240286	SDZ	ADEFVW

N05CF BENZODIAZEPINE RELATED DRUGS

N05CF01 ZOPICLONE

Tab	Orl	5 mg	Imovane	02216167	SAV	ADEFVW
			Apo-Zopiclone	02245077	APX	ADEFVW
			Jamp-Zopiclone	02406969	JPC	ADEFVW
			Mar-Zopiclone	02386771	MAR	ADEFVW
			Mint-Zopiclone	02391716	MNT	ADEFVW
			pms-Zopiclone	02243426	PMS	ADEFVW
			Ran-Zopiclone	02267918	RAN	ADEFVW
			ratio-Zopiclone	02246534	TEV	ADEFVW
			Sandoz Zopiclone	02257572	SDZ	ADEFVW
			Septa-Zopiclone	02386909	SPT	ADEFVW
			Zopiclone	02344122	SAS	ADEFVW
			Zopiclone	02385821	SIV	ADEFVW

N05CF01 ZOPICLONE

Tab	Orl	7.5 mg	Imovane	01926799	SAV	ADEFVW
			Rhovane	02008203	SDZ	ADEFVW
			Apo-Zopiclone	02218313	APX	ADEFVW
			Jamp-Zopiclone	02406977	JPC	ADEFVW
			Mar-Zopiclone	02386798	MAR	ADEFVW
			Mint-Zopiclone	02391724	MNT	ADEFVW
			pms-Zopiclone	02240606	PMS	ADEFVW
			Ran-Zopiclone	02267926	RAN	ADEFVW
			ratio-Zopiclone	02242481	TEV	ADEFVW
			Septa-Zopiclone	02386917	SPT	ADEFVW
			Zopiclone	02282445	SAS	ADEFVW
			Zopiclone	02385848	SIV	ADEFVW

N06 PSYCHOANALEPTICS

N06A ANTIDEPRESSANTS

N06AA NON-SELECTIVE MONOAMINE REUPTAKE INHIBITORS

N06AA01 DESIPRAMINE

Tab	Orl	10 mg	Desipramine	02216248	AAP	ADEFGV
Tab	Orl	25 mg	Desipramine	02216256	AAP	ADEFGV
Tab	Orl	50 mg	Desipramine	02216264	AAP	ADEFGV
Tab	Orl	75 mg	Desipramine	02216272	AAP	ADEFGV
Tab	Orl	100 mg	Desipramine	02216280	AAP	ADEFGV

N06AA02 IMIPRAMINE

Tab	Orl	10 mg	Imipramine	00360201	AAP	ADEFGV
Tab	Orl	25 mg	Imipramine	00312797	AAP	ADEFGV
Tab	Orl	50 mg	Imipramine	00326852	AAP	ADEFGV
Tab	Orl	75 mg	Imipramine	00644579	AAP	ADEFGV

N06AA04 CLOMIPRAMINE

Tab	Orl	10 mg	Anafranil	00330566	AAP	ADEFGV
Tab	Orl	25 mg	Anafranil	00324019	AAP	ADEFGV

N06AA04	CLOMIPRAMINE					
Tab	Orl	50 mg	Anafranil	00402591	AAP	ADEFGV
N06AA06	TRIMIPRAMINE					
Tab	Orl	12.5 mg	Trimipramine	00740799	AAP	ADEFGV
Tab	Orl	25 mg	Trimipramine	00740802	AAP	ADEFGV
Tab	Orl	50 mg	Trimipramine	00740810	AAP	ADEFGV
Tab	Orl	75 mg	Trimipramine	02070987	AAP	ADEFGV
Tab	Orl	100 mg	Trimipramine	00740829	AAP	ADEFGV
N06AA09	AMITRIPTYLINE					
Tab	Orl	10 mg	Elavil	00335053	AAP	ADEFGV
			Amitriptyline	00370991	PDL	ADEFGV
			Apo-Amitriptyline	02403137	APX	ADEFGV
Tab	Orl	25 mg	Elavil	00335061	AAP	ADEFGV
			Amitriptyline	00371009	PDL	ADEFGV
			Apo-Amitriptyline	02403145	APX	ADEFGV
Tab	Orl	50 mg	Elavil	00335088	AAP	ADEFGV
			Apo-Amitriptyline	02403153	APX	ADEFGV
Tab	Orl	75 mg	Elavil	00754129	AAP	ADEFGV
			Apo-Amitriptyline	02403161	APX	ADEFGV
N06AA10	NORTRIPTYLINE					
Cap	Orl	10 mg	Aventyl	00015229	AAP	ADEFGV
Cap	Orl	25 mg	Aventyl	00015237	AAP	ADEFGV
N06AA12	DOXEPIN					
Cap	Orl	10 mg	Sinequan	00024325	AAP	ADEFGV
			Doxepin (Disc/non disp Oct 23/19)	02049996	AAP	ADEFGV
Cap	Orl	25 mg	Sinequan	00024333	AAP	ADEFGV
			Doxepin (Disc/non disp Oct 23/19)	02050005	AAP	ADEFGV
Cap	Orl	50 mg	Sinequan	00024341	AAP	ADEFGV
			Doxepin (Disc/non disp Oct 23/19)	02050013	AAP	ADEFGV

N06AA12 DOXEPIN

Cap	Orl	75 mg	Doxepin (Disc/non disp Oct 23/19)	02050021	AAP	ADEFGV
Cap	Orl	100 mg	Doxepin (Disc/non disp Oct 23/19)	02050048	AAP	ADEFGV

N06AB SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI'S)

N06AB03 FLUOXETINE

Cap	Orl	10 mg	Prozac	02018985	LIL	ADEFGV
			Apo-Fluoxetine	02216353	APX	ADEFGV
			Auro-Fluoxetine	02385627	ARO	ADEFGV
			Fluoxetine	02393441	AHI	ADEFGV
			Fluoxetine	02286068	SAS	ADEFGV
			Fluoxetine	02374447	SIV	ADEFGV
			Jamp-Fluoxetine	02401894	JPC	ADEFGV
			Mint-Fluoxetine	02380560	MNT	ADEFGV
			pms-Fluoxetine	02177579	PMS	ADEFGV
			Sandoz Fluoxetine	02479486	SDZ	ADEFGV
			Teva-Fluoxetine	02216582	TEV	ADEFGV
Cap	Orl	20 mg	Prozac	00636622	LIL	ADEFGV
			Apo-Fluoxetine	02216361	APX	ADEFGV
			Auro-Fluoxetine	02385635	ARO	ADEFGV
			Fluoxetine	02383241	AHI	ADEFGV
			Fluoxetine	02286076	SAS	ADEFGV
			Fluoxetine	02374455	SIV	ADEFGV
			Jamp-Fluoxetine	02386402	JPC	ADEFGV
			Mint-Fluoxetine	02380579	MNT	ADEFGV
			pms-Fluoxetine	02177587	PMS	ADEFGV
			Sandoz Fluoxetine	02479494	SDZ	ADEFGV
			Teva-Fluoxetine	02216590	TEV	ADEFGV
Liq	Orl	20 mg/5 mL	Apo-Fluoxetine	02231328	APX	(SA)
			Odan-Fluoxetine	02459361	ODN	(SA)

N06AB04 CITALOPRAM

N06AB04 CITALOPRAM

Tab	Orl	10 mg	Citalopram	02430517	JPC	ADEFGV
			Citalopram	02445719	SAS	ADEFGV
			Citalopram	02387948	SIV	ADEFGV
			Citalopram-10	02325047	PDL	ADEFGV
			Mar-Citalopram	02371871	MAR	ADEFGV
			Mint-Citalopram	02429691	MNT	ADEFGV
			Nat-Citalopram	02409003	NAT	ADEFGV
			pms-Citalopram	02270609	PMS	ADEFGV
			Septa-Citalopram	02431629	SPT	ADEFGV
			Teva-Citalopram	02312336	TEV	ADEFGV
Tab	Orl	20 mg	Celexa	02239607	VLH	ADEFGV
			Act Citalopram	02248050	TEV	ADEFGV
			Apo-Citalopram	02246056	APX	ADEFGV
			Auro-Citalopram	02275562	ARO	ADEFGV
			CCP-Citalopram	02459914	CCM	ADEFGV
			Citalopram	02430541	JPC	ADEFGV
			Citalopram	02353660	SAS	ADEFGV
			Citalopram	02387956	SIV	ADEFGV
			Citalopram-20	02257513	PDL	ADEFGV
			Mar-Citalopram	02371898	MAR	ADEFGV
			Mint-Citalopram	02429705	MNT	ADEFGV
			Nat-Citalopram	02409011	NAT	ADEFGV
			pms-Citalopram	02248010	PMS	ADEFGV
			Ran-Citalo	02285622	RAN	ADEFGV
			Sandoz Citalopram	02248170	SDZ	ADEFGV
			Septa-Citalopram	02355272	SPT	ADEFGV
			Teva-Citalopram	02293218	TEV	ADEFGV
Tab	Orl	30 mg	CTP 30	02296152	SNV	ADEFGV

N06AB04 CITALOPRAM

Tab	Orl	40 mg	Celexa	02239608	VLH	ADEFGV
			Act Citalopram	02248051	TEV	ADEFGV
			Apo-Citalopram	02246057	APX	ADEFGV
			Auro-Citalopram	02275570	ARO	ADEFGV
			CCP-Citalopram	02459922	CCM	ADEFGV
			Citalopram	02430568	JPC	ADEFGV
			Citalopram	02353679	SAS	ADEFGV
			Citalopram	02387964	SIV	ADEFGV
			Citalopram-40	02257521	PDL	ADEFGV
			Mar-Citalopram	02371901	MAR	ADEFGV
			Mint-Citalopram	02429713	MNT	ADEFGV
			Nat-Citalopram	02409038	NAT	ADEFGV
			pms-Citalopram	02248011	PMS	ADEFGV
			Ran-Citalo	02285630	RAN	ADEFGV
			Sandoz Citalopram	02248171	SDZ	ADEFGV
			Septa-Citalopram	02355280	SPT	ADEFGV
			Teva-Citalopram	02293226	TEV	ADEFGV

N06AB05 PAROXETINE

Tab	Orl	10 mg	Paxil	02027887	GSK	ADEFGV
			Apo-Paroxetine	02240907	APX	ADEFGV
			Auro-Paroxetine	02383276	ARO	ADEFGV
			Jamp-Paroxetine	02368862	JPC	ADEFGV
			Mar-Paroxetine	02411946	MAR	ADEFGV
			Mint-Paroxetine	02421372	MNT	ADEFGV
			Paroxetine	02282844	SAS	ADEFGV
			Paroxetine	02388227	SIV	ADEFGV
			Teva-Paroxetine	02248556	TEV	ADEFGV

N06AB05 PAROXETINE

Tab	Orl	20 mg	Paxil	01940481	GSK	ADEFGV
			Act Paroxetine	02262754	ATV	ADEFGV
			Apo-Paroxetine	02240908	APX	ADEFGV
			Auro-Paroxetine	02383284	ARO	ADEFGV
			Jamp-Paroxetine	02368870	JPC	ADEFGV
			Mar-Paroxetine	02411954	MAR	ADEFGV
			Mint-Paroxetine	02421380	MNT	ADEFGV
			Paroxetine	02248914	PDL	ADEFGV
			Paroxetine	02282852	SAS	ADEFGV
			Paroxetine	02388235	SIV	ADEFGV
			pms-Paroxetine	02247751	PMS	ADEFGV
			Sandoz Paroxetine Tablets	02431785	SDZ	ADEFGV
			Teva-Paroxetine	02248557	TEV	ADEFGV
Tab	Orl	30 mg	Paxil	01940473	GSK	ADEFGV
			Apo-Paroxetine	02240909	APX	ADEFGV
			Auro-Paroxetine	02383292	ARO	ADEFGV
			Jamp-Paroxetine	02368889	JPC	ADEFGV
			Mar-Paroxetine	02411962	MAR	ADEFGV
			Mint-Paroxetine	02421399	MNT	ADEFGV
			Paroxetine	02248915	PDL	ADEFGV
			Paroxetine	02282860	SAS	ADEFGV
			Paroxetine	02388243	SIV	ADEFGV
			pms-Paroxetine	02247752	PMS	ADEFGV
			Sandoz Paroxetine Tablets	02431793	SDZ	ADEFGV
			Teva-Paroxetine	02248558	TEV	ADEFGV

N06AB06 SERTRALINE

N06AB06 SERTRALINE

Cap	Orl	25 mg	Zoloft	02132702	PFI	ADEFGV
			Apo-Sertraline	02238280	APX	ADEFGV
			Auro-Sertraline	02390906	ARO	ADEFGV
			Jamp-Sertraline	02357143	JPC	ADEFGV
			Mar-Sertraline	02399415	MAR	ADEFGV
			Mint-Sertraline	02402378	MNT	ADEFGV
			pms-Sertraline	02244838	PMS	ADEFGV
			Sandoz Sertraline	02245159	SDZ	ADEFGV
			Sertraline	02469626	JPC	ADEFGV
			Sertraline	02353520	SAS	ADEFGV
			Sertraline	02386070	SIV	ADEFGV
			Teva-Sertraline	02240485	TEV	ADEFGV
Cap	Orl	50 mg	Zoloft	01962817	PFI	ADEFGV
			Apo-Sertraline	02238281	APX	ADEFGV
			Auro-Sertraline	02390914	ARO	ADEFGV
			Jamp-Sertraline	02357151	JPC	ADEFGV
			Mar-Sertraline	02399423	MAR	ADEFGV
			Mint-Sertraline	02402394	MNT	ADEFGV
			pms-Sertraline	02244839	PMS	ADEFGV
			Sandoz Sertraline	02245160	SDZ	ADEFGV
			Sertraline	02469634	JPC	ADEFGV
			Sertraline	02353539	SAS	ADEFGV
			Sertraline	02386089	SIV	ADEFGV
			Teva-Sertraline	02240484	TEV	ADEFGV
Cap	Orl	100 mg	Zoloft	01962779	PFI	ADEFGV
			Apo-Sertraline	02238282	APX	ADEFGV
			Auro-Sertraline	02390922	ARO	ADEFGV
			Jamp-Sertraline	02357178	JPC	ADEFGV
			Mar-Sertraline	02399431	MAR	ADEFGV
			Mint-Sertraline	02402408	MNT	ADEFGV
			pms-Sertraline	02244840	PMS	ADEFGV
			Sandoz Sertraline	02245161	SDZ	ADEFGV
			Sertraline	02469642	JPC	ADEFGV
			Sertraline	02353547	SAS	ADEFGV
			Sertraline	02386097	SIV	ADEFGV
			Teva-Sertraline	02240481	TEV	ADEFGV

N06AB08 FLUVOXAMINE

Tab	Orl	50 mg	Luvox	01919342	BGP	ADEFGV
			Act Fluvoxamine	02255529	TEV	ADEFGV
			Apo-Fluvoxamine	02231329	APX	ADEFGV
Tab	Orl	100 mg	Luvox	01919369	BGP	ADEFGV
			Act Fluvoxamine	02255537	TEV	ADEFGV
			Apo-Fluvoxamine	02231330	APX	ADEFGV

N06AB10 ESCITALOPRAM

Tab	Orl	10 mg	Cipralex	02263238	VLH	ADEFGV
			Ach-Escitalopram	02434652	AHI	ADEFGV
			Apo-Escitalopram	02295016	APX	ADEFGV
			Auro-Escitalopram	02397358	ARO	ADEFGV
			Escitalopram	02430118	SAS	ADEFGV
			Escitalopram	02429039	SIV	ADEFGV
			Jamp-Escitalopram	02429780	JPC	ADEFGV
			Mar-Escitalopram	02423480	MAR	ADEFGV
			Mint-Escitalopram	02407418	MNT	ADEFGV
			Mylan-Escitalopram	02309467	MYL	ADEFGV
			Nat-Escitalopram	02440296	NAT	ADEFGV
			pharma-Escitalopram	02469243	PMS	ADEFGV
			Ran-Escitalopram	02385481	RAN	ADEFGV
			Sandoz Escitalopram	02364077	SDZ	ADEFGV
			Teva-Escitalopram	02318180	TEV	ADEFGV

N06AB10 ESCITALOPRAM

Tab	Orl	20 mg	Cipralex	02263254	VLH	ADEFGV
			Ach-Escitalopram	02434660	AHI	ADEFGV
			Apo-Escitalopram	02295024	APX	ADEFGV
			Auro-Escitalopram	02397374	ARO	ADEFGV
			Escitalopram	02430126	SAS	ADEFGV
			Escitalopram	02429047	SIV	ADEFGV
			Jamp-Escitalopram	02429799	JPC	ADEFGV
			Mar-Escitalopram	02423502	MAR	ADEFGV
			Mint-Escitalopram	02407434	MNT	ADEFGV
			Mylan-Escitalopram	02309475	MYL	ADEFGV
			Nat-Escitalopram	02440318	NAT	ADEFGV
			pharma-Escitalopram	02469251	PMS	ADEFGV
			Ran-Escitalopram	02385503	RAN	ADEFGV
			Sandoz Escitalopram	02364085	SDZ	ADEFGV
			Teva-Escitalopram	02318202	TEV	ADEFGV

N06AF MONOAMINE OXIDASE INHIBITORS, NON-SELECTIVE

N06AF03 PHENELZINE

Tab	Orl	15 mg	Nardil	00476552	ERF	ADEFGV

N06AF04 TRANYLCYPROMINE

Tab	Orl	10 mg	Parnate	01919598	GSK	ADEFGV

N06AG MONOAMINE OXIDASE TYPE A INHIBITORS

N06AG02 MOCLOBEMIDE

Tab	Orl	100 mg	Moclobemide	02232148	AAP	ADEFGV
Tab	Orl	150 mg	Manerix	00899356	MVL	ADEFGV
			Moclobemide	02232150	AAP	ADEFGV
Tab	Orl	300 mg	Manerix	02166747	MVL	ADEFGV
			Moclobemide	02240456	AAP	ADEFGV

N06AX OTHER ANTIDEPRESSANTS

N06AX02 TRYPTOPHAN

Cap	Orl	500 mg	Tryptan	00718149	VLN	ADEFGV
			Apo-Tryptophan	02248540	APX	ADEFGV
			Teva-Tryptophan	02240334	TEV	ADEFGV
Tab	Orl	250 mg	Tryptan	02239326	VLN	ADEFGV

N06AX02 TRYPTOPHAN

Tab	Orl	500 mg	Tryptan	02029456	VLN	ADEFGV
			Apo-Tryptophan	02248538	APX	ADEFGV
			Teva-Tryptophan	02240333	TEV	ADEFGV
Tab	Orl	750 mg	Tryptan	02239327	VLN	ADEFGV
			Apo-Tryptophan	02458721	APX	ADEFGV
Tab	Orl	1 000 mg	Tryptan	00654531	VLN	ADEFGV
			Apo-Tryptophan	02248539	APX	ADEFGV
			Teva-Tryptophan	02237250	TEV	ADEFGV

N06AX05 TRAZODONE

Tab	Orl	50 mg	Apo-Trazodone	02147637	APX	ADEFGV
			pms-Trazodone	01937227	PMS	ADEFGV
			Teva-Trazodone	02144263	TEV	ADEFGV
			Trazodone	02348772	SAS	ADEFGV
Tab	Orl	100 mg	Apo-Trazodone	02147645	APX	ADEFGV
			pms-Trazodone	01937235	PMS	ADEFGV
			Teva-Trazodone	02144271	TEV	ADEFGV
			Trazodone	02348780	SAS	ADEFGV
Tab	Orl	150 mg	Teva-Trazodone	02144298	TEV	ADEFGV
			Trazodone	02348799	SAS	ADEFGV

N06AX11 MIRTAZAPINE

ODT	Orl	15 mg	Remeron RD	02248542	FRS	ADEFGV
			Auro-Mirtazapine OD	02299801	ARO	ADEFGV
ODT	Orl	30 mg	Remeron RD	02248543	FRS	ADEFGV
			Auro-Mirtazapine OD	02299828	ARO	ADEFGV
ODT	Orl	45 mg	Remeron RD	02248544	FRS	ADEFGV
			Auro-Mirtazapine OD	02299836	ARO	ADEFGV
Tab	Orl	15 mg	Apo-Mirtazapine	02286610	APX	ADEFGV
			Auro-Mirtazapine	02411695	ARO	ADEFGV
			Mylan-Mirtazapine	02256096	MYL	ADEFGV
			pms-Mirtazapine	02273942	PMS	ADEFGV
			Sandoz Mirtazapine	02250594	SDZ	ADEFGV

N06AX11 MIRTAZAPINE

Tab	Orl	30 mg	Remeron	02243910	FRS	ADEFGV
			Apo-Mirtazapine	02286629	APX	ADEFGV
			Auro-Mirtazapine	02411709	ARO	ADEFGV
			Mirtazapine	02370689	SAS	ADEFGV
			Mylan-Mirtazapine	02256118	MYL	ADEFGV
			pms-Mirtazapine	02248762	PMS	ADEFGV
			Sandoz Mirtazapine	02250608	SDZ	ADEFGV
			Teva-Mirtazapine	02259354	TEV	ADEFGV

N06AX12 BUPROPION

ERT	Orl	150 mg	Wellbutrin XL	02275090	VLN	ADEFGV
			Act Bupropion XL	02439654	ATV	ADEFGV
			Mylan-Bupropion XL	02382075	MYL	ADEFGV
			Ran-Bupropion XL	02475804	RAN	ADEFGV
ERT	Orl	150 mg	Zyban	02238441	VLN	(SA)
ERT	Orl	300 mg	Wellbutrin XL	02275104	VLN	ADEFGV
			Act Bupropion XL	02439662	ATV	ADEFGV
			Mylan-Bupropion XL	02382083	MYL	ADEFGV
			Ran-Bupropion XL	02475812	RAN	ADEFGV
SRT	Orl	100 mg	Bupropion SR	02391562	SAS	ADEFGV
			Sandoz Bupropion SR	02275074	SDZ	ADEFGV
SRT	Orl	150 mg	Wellbutrin SR	02237825	VLN	ADEFGV
			Bupropion SR	02391570	SAS	ADEFGV
			Sandoz Bupropion SR	02275082	SDZ	ADEFGV

N06AX16 VENLAFAXINE

N06AX16 VENLAFAXINE

SRC	Orl	37.5 mg	Effexor XR	02237279	PFI	ADEFGV
			Act Venlafaxine XR	02304317	TEV	ADEFGV
			Apo-Venlafaxine XR	02331683	APX	ADEFGV
			Auro-Venlafaxine XR	02452839	ARO	ADEFGV
			pms-Venlafaxine XR (Disc/non disp Sep 26/19)	02278545	PMS	ADEFGV
			Ran-Venlafaxine XR	02380072	RAN	ADEFGV
			Sandoz Venlafaxine XR	02310317	SDZ	ADEFGV
			Teva-Venlafaxine XR	02275023	TEV	ADEFGV
			Venlafaxine XR	02339242	PDL	ADEFGV
			Venlafaxine XR	02354713	SAS	ADEFGV
			Venlafaxine XR	02385929	SIV	ADEFGV
SRC	Orl	75 mg	Effexor XR	02237280	PFI	ADEFGV
			Apo-Venlafaxine XR	02331691	APX	ADEFGV
			Auro-Venlafaxine XR	02452847	ARO	ADEFGV
			pms-Venlafaxine XR (Disc/non disp Sep 26/19)	02278553	PMS	ADEFGV
			Ran-Venlafaxine XR	02380080	RAN	ADEFGV
			Sandoz Venlafaxine XR	02310325	SDZ	ADEFGV
			Teva-Venlafaxine XR	02275031	TEV	ADEFGV
			Venlafaxine XR	02339250	PDL	ADEFGV
			Venlafaxine XR	02354721	SAS	ADEFGV
			Venlafaxine XR	02385937	SIV	ADEFGV
SRC	Orl	150 mg	Effexor XR	02237282	PFI	ADEFGV
			Act Venlafaxine XR	02304333	TEV	ADEFGV
			Apo-Venlafaxine XR	02331705	APX	ADEFGV
			Auro-Venlafaxine XR	02452855	ARO	ADEFGV
			pms-Venlafaxine XR (Disc/non disp Sep 26/19)	02278561	PMS	ADEFGV
			Ran-Venlafaxine XR	02380099	RAN	ADEFGV
			Sandoz Venlafaxine XR	02310333	SDZ	ADEFGV
			Teva-Venlafaxine XR	02275058	TEV	ADEFGV
			Venlafaxine XR	02339269	PDL	ADEFGV
			Venlafaxine XR	02354748	SAS	ADEFGV
			Venlafaxine XR	02385945	SIV	ADEFGV

N06AX21 DULOXETINE

N06AX21 DULOXETINE

CDR	Orl	30 mg	Cymbalta	02301482	LIL	(SA)
			Apo-Duloxetine	02440423	APX	(SA)
			Auro-Duloxetine	02436647	ARO	(SA)
			Duloxetine	02453630	SIV	(SA)
			Duloxetine DR	02437082	TEV	(SA)
			Jamp-Duloxetine	02451913	JPC	(SA)
			Mar-Duloxetine	02446081	MAR	(SA)
			Mint-Duloxetine	02438984	MNT	(SA)
			pms-Duloxetine	02429446	PMS	(SA)
			Ran-Duloxetine	02438259	RAN	(SA)
			Sandoz Duloxetine	02439948	SDZ	(SA)
CDR	Orl	60 mg	Cymbalta	02301490	LIL	(SA)
			Apo-Duloxetine	02440431	APX	(SA)
			Auro-Duloxetine	02436655	ARO	(SA)
			Duloxetine	02453649	SIV	(SA)
			Duloxetine DR	02437090	TEV	(SA)
			Jamp-Duloxetine	02451921	JPC	(SA)
			Mar-Duloxetine	02446103	MAR	(SA)
			Mint-Duloxetine	02438992	MNT	(SA)
			pms-Duloxetine	02429454	PMS	(SA)
			Ran-Duloxetine	02438267	RAN	(SA)
			Sandoz Duloxetine	02439956	SDZ	(SA)

N06B PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

N06BA CENTRALLY ACTING SYMPATHOMIMETICS

N06BA01 AMPHETAMINE

MIXED SALTS AMPHETAMINE

ERC	Orl	5 mg	Adderall XR	02248808	SHI	ADEFG
			Act Amphetamine XR	02439239	TEV	ADEFG
			Apo-Amphetamine XR	02445492	APX	ADEFG
			pms-Amphetamines XR	02440369	PMS	ADEFG
			Sandoz Amphetamine XR	02457288	SDZ	ADEFG
ERC	Orl	10 mg	Adderall XR	02248809	SHI	ADEFG
			Act Amphetamine XR	02439247	TEV	ADEFG
			Apo-Amphetamine XR	02445506	APX	ADEFG
			pms-Amphetamines XR	02440377	PMS	ADEFG
			Sandoz Amphetamine XR	02457296	SDZ	ADEFG

N06BA01 AMPHETAMINE

MIXED SALTS AMPHETAMINE

ERC	Orl	15 mg	Adderall XR	02248810	SHI	ADEFG
			Act Amphetamine XR	02439255	TEV	ADEFG
			Apo-Amphetamine XR	02445514	APX	ADEFG
			pms-Amphetamines XR	02440385	PMS	ADEFG
			Sandoz Amphetamine XR	02457318	SDZ	ADEFG
ERC	Orl	20 mg	Adderall XR	02248811	SHI	ADEFG
			Act Amphetamine XR	02439263	TEV	ADEFG
			Apo-Amphetamine XR	02445522	APX	ADEFG
			Sandoz Amphetamine XR	02457326	SDZ	ADEFG
ERC	Orl	25 mg	Adderall XR	02248812	SHI	ADEFG
			Act Amphetamine XR	02439271	TEV	ADEFG
			Apo-Amphetamine XR	02445530	APX	ADEFG
			pms-Amphetamines XR	02440407	PMS	ADEFG
			Sandoz Amphetamine XR	02457334	SDZ	ADEFG
ERC	Orl	30 mg	Adderall XR	02248813	SHI	ADEFG
			Act Amphetamine XR	02439298	TEV	ADEFG
			Apo-Amphetamine XR	02445549	APX	ADEFG
			Sandoz Amphetamine XR	02457342	SDZ	ADEFG

N06BA02 DEXAMPHETAMINE

SRC	Orl	10 mg	Dexedrine	01924559	PAL	ADEFG
			Act-Dextroamphetamine SR	02448319	ATV	ADEFG
SRC	Orl	15 mg	Dexedrine	01924567	PAL	ADEFG
			Act-Dextroamphetamine SR	02448327	ATV	ADEFG
Tab	Orl	5 mg	Dexedrine	01924516	PAL	ADEFG
			Dextroamphetamine	02443236	AAP	ADEFG

N06BA04 METHYLPHENIDATE

ERC	Orl	10 mg	Biphentin	02277166	PFR	(SA)
ERC	Orl	15 mg	Biphentin	02277131	PFR	(SA)
ERC	Orl	20 mg	Biphentin	02277158	PFR	(SA)
ERC	Orl	30 mg	Biphentin	02277174	PFR	(SA)

N06BA04 METHYLPHENIDATE

ERC	Orl	40 mg	Biphentin	02277182	PFR	(SA)
ERC	Orl	50 mg	Biphentin	02277190	PFR	(SA)
ERC	Orl	60 mg	Biphentin	02277204	PFR	(SA)
ERC	Orl	80 mg	Biphentin	02277212	PFR	(SA)
ERT	Orl	18 mg	Concerta ER	02247732	JAN	(SA)
			Act-Methylphenidate ER	02441934	ATV	(SA)
			Apo-Methylphenidate ER	02452731	APX	(SA)
			pms-Methylphenidate ER	02413728	PMS	(SA)
ERT	Orl	27 mg	Concerta ER	02250241	JAN	(SA)
			Act-Methylphenidate ER	02441942	ATV	(SA)
			Apo-Methylphenidate ER	02452758	APX	(SA)
			pms-Methylphenidate ER	02413736	PMS	(SA)
ERT	Orl	36 mg	Concerta ER	02247733	JAN	(SA)
			Act-Methylphenidate ER	02441950	ATV	(SA)
			Apo-Methylphenidate ER	02452766	APX	(SA)
			pms-Methylphenidate ER	02413744	PMS	(SA)
ERT	Orl	54 mg	Concerta ER	02247734	JAN	(SA)
			Act-Methylphenidate ER	02441969	ATV	(SA)
			Apo-Methylphenidate ER	02330377	APX	(SA)
			pms-Methylphenidate ER	02413752	PMS	(SA)
SRT	Orl	20 mg	Ritalin SR	00632775	NVR	ADEFGV
			Apo-Methylphenidate SR	02266687	APX	ADEFGV
			Sandoz Methylphenidate SR	02320312	SDZ	ADEFGV
Tab	Orl	5 mg	Apo-Methylphenidate	02273950	APX	ADEFGV
			pms-Methylphenidate	02234749	PMS	ADEFGV
Tab	Orl	10 mg	Ritalin	00005606	NVR	ADEFGV
			Apo-Methylphenidate	02249324	APX	ADEFGV
			pms-Methylphenidate	00584991	PMS	ADEFGV

N06BA04 METHYLPHENIDATE

Tab	Orl	20 mg	Ritalin	00005614	NVR	ADEFGV
			Apo-Methylphenidate	02249332	APX	ADEFGV
			pms-Methylphenidate	00585009	PMS	ADEFGV

N06BA07 MODAFINIL

Tab	Orl	100 mg	Alertec	02239665	TEV	(SA)
			Apo-Modafinil	02285398	APX	(SA)
			Auro-Modafinil	02430487	ARO	(SA)
			Mar-Modafinil	02432560	MAR	(SA)
			Teva-Modafinil	02420260	TEV	(SA)

N06BA09 ATOMOXETINE

Cap	Orl	10 mg	Strattera	02262800	LIL	ADEFG
			Apo-Atomoxetine	02318024	APX	ADEFG
			Atomoxetine	02467747	SAS	ADEFG
			Atomoxetine	02445883	SIV	ADEFG
			Auro-Atomoxetine	02471485	ARO	ADEFG
			pms-Atomoxetine	02381028	PMS	ADEFG
			Sandoz Atomoxetine	02386410	SDZ	ADEFG
Cap	Orl	18 mg	Strattera	02262819	LIL	ADEFG
			Apo-Atomoxetine	02318032	APX	ADEFG
			Atomoxetine	02467755	SAS	ADEFG
			Atomoxetine	02445905	SIV	ADEFG
			Auro-Atomoxetine	02471493	ARO	ADEFG
			pms-Atomoxetine	02381036	PMS	ADEFG
			Sandoz Atomoxetine	02386429	SDZ	ADEFG
Cap	Orl	25 mg	Strattera	02262827	LIL	ADEFG
			Apo-Atomoxetine	02318040	APX	ADEFG
			Atomoxetine	02467763	SAS	ADEFG
			Atomoxetine	02445913	SIV	ADEFG
			Auro-Atomoxetine	02471507	ARO	ADEFG
			pms-Atomoxetine	02381044	PMS	ADEFG
			Sandoz Atomoxetine	02386437	SDZ	ADEFG

N06BA09 ATOMOXETINE

Cap	Orl	40 mg	Strattera	02262835	LIL	ADEFG
			Apo-Atomoxetine	02318059	APX	ADEFG
			Atomoxetine	02467771	SAS	ADEFG
			Atomoxetine	02445948	SIV	ADEFG
			Auro-Atomoxetine	02471515	ARO	ADEFG
			pms-Atomoxetine	02381052	PMS	ADEFG
			Sandoz Atomoxetine	02386445	SDZ	ADEFG
Cap	Orl	60 mg	Strattera	02262843	LIL	ADEFG
			Apo-Atomoxetine (Disc/non disp Mar 1/20)	02318067	APX	ADEFG
			Atomoxetine	02467798	SAS	ADEFG
			Atomoxetine	02445956	SIV	ADEFG
			Auro-Atomoxetine	02471523	ARO	ADEFG
			pms-Atomoxetine	02381060	PMS	ADEFG
			Sandoz Atomoxetine	02386453	SDZ	ADEFG
Cap	Orl	80 mg	Strattera	02279347	LIL	ADEFG
			Apo-Atomoxetine	02318075	APX	ADEFG
			Atomoxetine	02467801	SAS	ADEFG
			Auro-Atomoxetine	02471531	ARO	ADEFG
			Sandoz Atomoxetine	02386461	SDZ	ADEFG
Cap	Orl	100 mg	Strattera	02279355	LIL	ADEFG
			Apo-Atomoxetine	02318083	APX	ADEFG
			Atomoxetine	02467828	SAS	ADEFG
			Auro-Atomoxetine	02471558	ARO	ADEFG
			Sandoz Atomoxetine	02386488	SDZ	ADEFG

N06BA12 LISDEXAMFETAMINE

Cap	Orl	10 mg	Vyvanse	02439603	SHI	(SA)
Cap	Orl	20 mg	Vyvanse	02347156	SHI	(SA)
Cap	Orl	30 mg	Vyvanse	02322951	SHI	(SA)
Cap	Orl	40 mg	Vyvanse	02347164	SHI	(SA)
Cap	Orl	50 mg	Vyvanse	02322978	SHI	(SA)
Cap	Orl	60 mg	Vyvanse	02347172	SHI	(SA)

N06D ANTI-DEMENTIA DRUGS

N06DA ANTICHOLINESTERASES

N06DA02 DONEPEZIL

Tab	Orl	5 mg	Aricept	02232043	PFI	(SA)
			Apo-Donepezil	02362260	APX	(SA)
			Auro-Donepezil	02400561	ARO	(SA)
			Donepezil	02402645	AHI	(SA)
			Donepezil	02426846	SAS	(SA)
			Donepezil	02420597	SIV	(SA)
			Jamp-Donepezil	02404419	JPC	(SA)
			Jamp-Donepezil	02416948	JPC	(SA)
			Mar-Donepezil	02402092	MAR	(SA)
			Nat-Donepezil	02439557	NAT	(SA)
			pms-Donepezil	02322331	PMS	(SA)
			Ran-Donepezil	02381508	RAN	(SA)
			Sandoz Donepezil	02328666	SDZ	(SA)
			Septa-Donepezil	02428482	SPT	(SA)
			Teva-Donepezil	02340607	TEV	(SA)
Tab	Orl	10 mg	Aricept	02232044	PFI	(SA)
			Apo-Donepezil	02362279	APX	(SA)
			Auro-Donepezil	02400588	ARO	(SA)
			Donepezil	02402653	AHI	(SA)
			Donepezil	02426854	SAS	(SA)
			Donepezil	02420600	SIV	(SA)
			Jamp-Donepezil	02404427	JPC	(SA)
			Jamp-Donepezil	02416956	JPC	(SA)
			Mar-Donepezil	02402106	MAR	(SA)
			Nat-Donepezil	02439565	NAT	(SA)
			pms-Donepezil	02322358	PMS	(SA)
			Ran-Donepezil	02381516	RAN	(SA)
			Sandoz Donepezil	02328682	SDZ	(SA)
			Septa-Donepezil	02428490	SPT	(SA)
			Teva-Donepezil	02340615	TEV	(SA)

N06DA03 RIVASTIGMINE

Cap	Orl	1.5 mg	Exelon	02242115	NVR	(SA)
			Apo-Rivastigmine	02336715	APX	(SA)
			Med-Rivastigmine	02401614	GMP	(SA)
			Sandoz Rivastigmine	02324563	SDZ	(SA)

N06DA03 RIVASTIGMINE

Cap	Orl	3 mg	Exelon	02242116	NVR	(SA)
			Apo-Rivastigmine	02336723	APX	(SA)
			Med-Rivastigmine	02401622	GMP	(SA)
			Sandoz Rivastigmine	02324571	SDZ	(SA)
Cap	Orl	4.5 mg	Exelon	02242117	NVR	(SA)
			Apo-Rivastigmine	02336731	APX	(SA)
			Med-Rivastigmine	02401630	GMP	(SA)
			Sandoz Rivastigmine	02324598	SDZ	(SA)
Cap	Orl	6 mg	Exelon	02242118	NVR	(SA)
			Apo-Rivastigmine	02336758	APX	(SA)
			Med-Rivastigmine	02401649	GMP	(SA)
			Sandoz Rivastigmine	02324601	SDZ	(SA)
Liq	Orl	2 mg	Exelon	02245240	NVR	(SA)

N06DA04 GALANTAMINE

ERC	Orl	8 mg	Auro-Galantamine ER	02425157	ARO	(SA)
			Galantamine ER	02443015	SAS	(SA)
			Mar-Galantamine ER	02420821	MAR	(SA)
			Mylan-Galantamine ER	02339439	MYL	(SA)
			pms-Galantamine ER	02398370	PMS	(SA)
ERC	Orl	16 mg	Auro-Galantamine ER	02425165	ARO	(SA)
			Galantamine ER	02443023	SAS	(SA)
			Mar-Galantamine ER	02420848	MAR	(SA)
			Mylan-Galantamine ER	02339447	MYL	(SA)
			pms-Galantamine ER	02398389	PMS	(SA)
ERC	Orl	24 mg	Auro-Galantamine ER	02425173	ARO	(SA)
			Galantamine ER	02443031	SAS	(SA)
			Mar-Galantamine ER	02420856	MAR	(SA)
			Mylan-Galantamine ER	02339455	MYL	(SA)
			pms-Galantamine ER	02398397	PMS	(SA)

N07 OTHER NERVOUS SYSTEM DRUGS

N07A PARASYMPATHOMIMETICS

N07AA ANTICHOLINESTERASES

N07AA01 NEOSTIGMINE

N07AA01 NEOSTIGMINE

Liq	Inj	1 mg/mL	Neostigmine Omega	02230592	OMG	V
Liq	Inj	2.5 mg/mL	Neostigmine Omega	02387166	OMG	V

N07AA02 PYRIDOSTIGMINE

SRT	Orl	180 mg	Mestinon SR	00869953	VLN	ADEFGV
Tab	Orl	60 mg	Mestinon	00869961	VLN	ADEFGV

N07AB CHOLINE ESTERS

N07AB02 BETHANECHOL

Tab	Orl	10 mg	Duvoid	01947958	PAL	ADEFGV
Tab	Orl	25 mg	Duvoid	01947931	PAL	ADEFGV
Tab	Orl	50 mg	Duvoid	01947923	PAL	ADEFGV

N07AX OTHER PARASYMPATHOMIMETICS

N07AX01 PILOCARPINE

Tab	Orl	5 mg	Salagen	02216345	PFI	(SA)

N07B DRUGS USED IN ADDICTIVE DISORDERS

N07BA DRUGS USED IN NICOTINE DEPENDENCE

N07BA01 NICOTINE

Gum	Orl	2 mg	Actavis	80015240	ACT	(SA)
			Compliments	80015240	SOB	(SA)
			Exact	80025660	SDM	(SA)
			Life Brand	80025660	SDM	(SA)
			Personnelle	80015240	PJC	(SA)
Loz	Orl	1 mg	Nic-Hit (mini-lozenge)	80061161	NHI	(SA)
Loz	Orl	2 mg	Nic-Hit (mini-lozenge)	80059877	NHI	(SA)
Loz	Orl	3 mg	Nic-Hit (mini-lozenge)	80060747	NHI	(SA)
Loz	Orl	4 mg	Nic-Hit (mini-lozenge)	80059869	NHI	(SA)

N07BA01 NICOTINE

Pth	Trd	7 mg	Actavis	80044393	ACT	(SA)
			Compliments	80044393	SOB	(SA)
			Equate	02241227	WAL	(SA)
			Exact	80014321	SDM	(SA)
			Life Brand	80014321	SDM	(SA)
			Personnelle	80044393	PJC	(SA)
			Pharmasave	02241227	PSV	(SA)
			Pharmasave	80014321	PSV	(SA)
Pth	Trd	14 mg	Actavis	80044392	ACT	(SA)
			Compliments	80044392	SOB	(SA)
			Equate	02241226	WAL	(SA)
			Exact	80013549	SDM	(SA)
			Life Brand	80013549	SDM	(SA)
			Personnelle	80044392	PJC	(SA)
			Pharmasave	02241226	PSV	(SA)
			Pharmasave	80013549	PSV	(SA)
Pth	Trd	21 mg	Actavis	80044389	ACT	(SA)
			Compliments	80044389	SOB	(SA)
			Equate	02241228	WAL	(SA)
			Exact	80014250	SDM	(SA)
			Life Brand	80014250	SDM	(SA)
			Personnelle	80044389	PJC	(SA)
			Pharmasave	02241228	PSV	(SA)
			Pharmasave	80014250	PSV	(SA)

N07BA03 VARENICLINE

Kit	Orl	0.5 mg, 1 mg	Champix Starter Kit	02298309	PFI	(SA)
			Apo-Varenicline	02435675	APX	(SA)
Tab	Orl	0.5 mg	Champix	02291177	PFI	(SA)
			Apo-Varenicline	02419882	APX	(SA)
Tab	Orl	1 mg	Champix	02291185	PFI	(SA)
			Apo-Varenicline	02419890	APX	(SA)

N07BB DRUGS USED IN ALCOHOL DEPENDENCE

N07BB03 ACAMPROSATE

SRT	Orl	333 mg	Campral	02293269	MYL	(SA)

N07BB04 NALTREXONE

Tab	Orl	50 mg	Revia	02213826	TEV	(SA)
			Apo-Naltrexone	02444275	APX	(SA)
			Naltrexone Hydrochloride	02451883	JPC	(SA)

N07BC DRUGS USED IN OPIOID DEPENDENCE

N07BC02 METHADONE

Liq	Orl	1 mg/mL	Metadol	02247694	PAL	(SA)
Liq	Orl	10 mg/mL	Metadol	02241377	PAL	(SA)
			Metadol-D	02244290	PAL	(SA)
Pws	Orl		Methadone Compounded Oral Solution			(SA)
			Opioid Dependence / dépendance aux opiacés	00999734		(SA)
			Pain Management / gestion de la douleur	00999801		(SA)
Tab	Orl	1 mg	Metadol	02247698	PAL	(SA)
Tab	Orl	5 mg	Metadol	02247699	PAL	(SA)
Tab	Orl	10 mg	Metadol	02247700	PAL	(SA)
Tab	Orl	25 mg	Metadol	02247701	PAL	(SA)

N07BC51 BUPRENORPHINE, COMBINATIONS

BUPRENORPHINE / NALOXONE

Slt	Orl	2 mg / 0.5 mg	Suboxone	02295695	ICL	(SA)
			Act Buprenorphine/Naloxone	02453908	ATV	(SA)
			Mylan-Buprenorphine/Naloxone (Disc/non disp Jul 03/19)	02408090	MYL	(SA)
			pms-Buprenorphine/Naloxone	02424851	PMS	(SA)
Slt	Orl	8 mg / 2 mg	Suboxone	02295709	ICL	(SA)
			Act Buprenorphine/Naloxone	02453916	ATV	(SA)
			Mylan-Buprenorphine/Naloxone (Disc/non disp Jul 03/19)	02408104	MYL	(SA)
			pms-Buprenorphine/Naloxone	02424878	PMS	(SA)

N07C ANTIVERTIGO PREPARATIONS

N07CA ANTIVERTIGO PREPARATIONS

N07CA01 BETAHISTINE

Tab	Orl	8 mg	Auro-Betahistine	02449145	ARO	(SA)
			Teva-Betahistine	02280183	TEV	(SA)

N07CA01 BETAHISTINE

Tab	Orl	16 mg	Serc	02243878	BGP	(SA)
			Auro-Betahistine	02449153	ARO	(SA)
			Betahistine	02466449	SAS	(SA)
			pms-Betahistine	02330210	PMS	(SA)
			Teva-Betahistine	02280191	TEV	(SA)
Tab	Orl	24 mg	Serc	02247998	BGP	(SA)
			Auro-Betahistine	02449161	ARO	(SA)
			Betahistine	02466457	SAS	(SA)
			pms-Betahistine	02330237	PMS	(SA)
			Teva-Betahistine	02280205	TEV	(SA)

N07CA03 FLUNARIZINE

Cap	Orl	5 mg	Flunarizine	02246082	AAP	DEF

N07X OTHER NERVOUS SYSTEM DRUGS

N07XX OTHER NERVOUS SYSTEM DRUGS

N07XX02 RILUZOLE

Tab	Orl	50 mg	Rilutek	02242763	SAV	(SA)
			Apo-Riluzole (Disc/non disp Dec 17/19)	02352583	APX	(SA)
			Mylan-Riluzole	02390299	MYL	(SA)

N07XX06 TETRABENAZINE

Tab	Orl	25 mg	Nitoman	02199270	VLN	ADEFGV
			Apo-Tetrabenazine	02407590	APX	ADEFGV
			pms-Tetrabenazine	02402424	PMS	ADEFGV

N07XX09 DIMETHYL FUMARATE

CDR	Orl	120 mg	Tecfidera	02404508	BIG	(SA)
CDR	Orl	240 mg	Tecfidera	02420201	BIG	(SA)

P ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS

P01 ANTIPROTOZOALS

P01A AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DISEASES

P01AX OTHER AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DISEASES

P01AX06 ATOVAQUONE

Sus	Orl	750 mg/5 mL	Mepron	02217422	GSK	ADEFGV

P01B ANTIMALARIALS

P01BA AMINOQUINOLINES

P01BA01 CHLOROQUINE

Tab	Orl	250 mg	Teva-Chloroquine	00021261	TEV	ADEFGV

P01BA02 HYDROXYCHLOROQUINE

Tab	Orl	200 mg	Plaquenil	02017709	SAV	ADEFGV
			Apo-Hydroxyquine	02246691	APX	ADEFGV
			Mint-Hydroxychloroquine	02424991	MNT	ADEFGV

P01BA03 PRIMAQUINE

Tab	Orl	15 mg	Primaquine	02017776	SAV	ADEFGV

P01C AGENTS AGAINST LEISHMANIASIS AND TRYPANOSOMIASIS

P01CX OTHER AGENTS AGAINST LEISHMANIASIS AND TRYPANOSOMIASIS

P01CX01 PENTAMIDINE ISETIONATE

Pws	Inj	300 mg	Pentamidine Isetionate	02183080	PFI	ADEFGV

P02 ANTHELMINTICS

P02B ANTIREMATODALS

P02BA QUINOLINE DERIVATIVES AND RELATED SUBSTANCES

P02BA01 PRAZIQUANTEL

Tab	Orl	600 mg	Biltricide	02230897	BAY	ADEFGV

P02C ANTINEMATODAL AGENTS

P02CA BENZIMIDAZOLE AGENTS

P02CA01 MEBENDAZOLE

Tab	Orl	100 mg	Vermox	00556734	JAN	ADEFGV

P02CC TETRAHYDROPIRIMIDINE DERIVATIVES

P02CC01 PYRANTEL

Tab	Orl	125 mg	Combantrin	01944363	JNJ	EF-18G

P03 ECTOPARASITICIDES, INCLUDING SCABICIDES, INSECTICIDES & REPELLANTS

P03A ECTOPARASITICIDES, INCLUDING SCABICIDES

P03AC PYRETHRINES, INCLUDING SYNTHETIC COMPOUNDS

P03AC04 PERMETHRIN

Crm	Top	1%	Kwellada-P Cream Rinse 1%	02231480	MDI	EFGV
			Nix Cream	00771368	INP	EFGV
Crm	Top	5%	Nix Dermal	02219905	GCH	EFGV
Lot	Top	5%	Kwellada-P	02231348	MDI	EFGV

P03AC51 PYRETHRUM, COMBINATIONS

PYRETHRINS / PIPERONYL BUTOXIDE

Shp	Top	0.33% / 3%	R & C Shampoo and Conditioner	02125447	MDI	EFGV

P03AX OTHER ECTOPARACITICIDES, INCLUDING SCABICIDES

CROTAMITON

Crm	Top	10%	Eurax	00623377	CLC	EF-18G

ISOPROPYL MYRISTATE

Liq	Top	50%	Resultz	02279592	MDF	EFGV

R RESPIRATORY SYSTEM

R01 NASAL PREPARATIONS

R01A DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

R01AC ANTIALLERGIC AGENTS, EXCLUDING CORTICOSTEROIDS

R01AC01 CROMOGLICIC ACID

Aem	Nas	2%	Rhinaris-CS Anti-Allergic Nsl	01950541	PDP	ADEFGV

R01AC02 LEVOCABASTINE

Asp	Nas	0.5 mg/mL	Livostin	02020017	JAN	ADEFGV

R01AD CORTICOSTEROIDS

R01AD01 BECLOMETHASONE

Aem	Nas	50 mcg	Apo-Beclomethasone AQ	02238796	APX	ABDEFGV
			Mylan-Beclo AQ	02172712	MYL	ABDEFGV

R01AD05 BUDESONIDE

Aem	Nas	64 mcg	Rhinocort Aqua	02231923	JNJ	ADEFGV
			Mylan-Budesonide AQ	02241003	MYL	ADEFGV
Aem	Nas	100 mcg	Rhinocort Turbuhaler	02035324	AZE	ADEFGV
			Mylan-Budesonide AQ	02230648	MYL	ADEFGV

R01AD08 FLUTICASONE

Aem	Nas	50 mcg	Apo-Fluticasone	02294745	APX	ABDEFGV
			ratio-Fluticasone	02296071	TEV	ABDEFGV

R01AD09 MOMETASONE

R01AD09 MOMETASONE

Asp	Nas	0.1%	Nasonex Aqueous	02238465	FRS	ADEFGV
			Apo-Mometasone	02403587	APX	ADEFGV
			Sandoz Mometasone	02449811	SDZ	ADEFGV
			Teva-Mometasone	02475863	TEV	ADEFGV

R01AX OTHER NASAL PREPARATIONS

R01AX03 IPRATROPIUM BROMIDE

Spr	Nas	0.03%	Atrovent Nasal (Disc/non disp Nov 13/19)	02163705	SAV	ADEFGV
			pms-Ipratropium	02239627	PMS	ADEFGV
Spr	Nas	0.06%	Ipravent	02246084	AAP	ADEFGV

R03 DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03A ADRENERGICS, INHALANTS

R03AC SELECTIVE BETA2-ADRENOCEPTOR AGONISTS

R03AC02 SALBUTAMOL

Aem	Inh	100 mcg	Airomir	02232570	VLN	ABDEFGVW
			Ventolin	02241497	GSK	ABDEFGVW
			Apo-Salvent CFC Free	02245669	APX	ABDEFGVW
			Novo-Salbutamol HFA	02326450	TEV	ABDEFGVW
			Salbutamol HFA	02419858	SAS	ABDEFGVW
Liq	Inh	1 mg/mL	Ventolin Nebules P.F.	02213419	GSK	BDEF-18GVW
			Med-Salbutamol	02237414	MED	BDEF-18GVW
			pms-Salbutamol	02208229	PMS	BDEF-18GVW
			Teva-Salbutamol Sterinebs	01926934	TEV	BDEF-18GVW
Liq	Inh	2 mg/mL	Ventolin Nebules P.F.	02213427	GSK	D-18G
			pms-Salbutamol	02208237	PMS	D-18G
			Teva-Salbutamol Sterinebs	02173360	TEV	D-18G
Liq	Inh	5 mg/mL	Ventolin	02213486	GSK	BDEF-18GVW
Pwr	Inh	200 mcg	Ventolin Diskus	02243115	GSK	ADEFGVW

R03AC03 TERBUTALINE

Pwr	Inh	0.5 mg	Bricanyl Turbuhaler	00786616	AZE	ADEFGV

R03AC12 SALMETEROL

Pwr	Inh	50 mcg	Serevent Diskhaler Disk	02214261	GSK	(SA)
			Serevent Diskus	02231129	GSK	(SA)

R03AC13 FORMOTEROL

Cap	Inh	12 mcg	Foradil	02230898	NVR	(SA)
Pwr	Inh	6 mcg	Oxeze Turbuhaler	02237225	AZE	(SA)
Pwr	Inh	12 mcg	Oxeze Turbuhaler	02237224	AZE	(SA)

R03AC18 INDACATEROL

Cap	Inh	75 mcg	Onbrez Breezhaler	02376938	NVR	(SA)

R03AK ADRENERGICS AND OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03AK06 SALMETEROL AND FLUTICASONE

Pwr	Inh	25 mcg / 125 mcg	Advair	02245126	GSK	(SA)
Pwr	Inh	25 mcg / 250 mcg	Advair	02245127	GSK	(SA)
Pwr	Inh	50 mcg / 100 mcg	Advair Diskus	02240835	GSK	(SA)
Pwr	Inh	50 mcg / 250 mcg	Advair Diskus	02240836	GSK	(SA)
Pwr	Inh	50 mcg / 500 mcg	Advair Diskus	02240837	GSK	(SA)

R03AK07 FORMOTEROL AND BUDESONIDE

Pwr	Inh	6 mcg / 100 mcg	Symbicort Turbuhaler	02245385	AZE	(SA)
Pwr	Inh	6 mcg / 200 mcg	Symbicort Turbuhaler	02245386	AZE	(SA)

R03AK09 FORMOTEROL AND MOMETASONE

Aem	Inh	5 mcg / 100 mcg	Zenhale	02361752	FRS	(SA)
Aem	Inh	5 mcg / 200 mcg	Zenhale	02361760	FRS	(SA)

R03AK10 VILANTEROL AND FLUTICASONE

Pwr	Inh	25 mcg / 100 mcg	Breo Ellipta	02408872	GSK	(SA)
Pwr	Inh	25 mcg / 200 mcg	Breo Ellipta	02444186	GSK	(SA)

R03AL ADRENERGICS IN COMBINATION WITH ANTICHOLINERGICS

R03AL02 SALBUTAMOL AND IPRATROPIUM BROMIDE

Liq	Inh	100 mcg / 20 mcg	Combivent Respimat	02419106	BOE	ADEFGV

R03AL03 VILANTEROL AND UMECLIDINIUM BROMIDE

Pwr	Inh	25 mcg / 62.5 mcg	Anoro Ellipta	02418401	GSK	(SA)

R03AL04 INDACATEROL AND GLYCOPYRRONIUM BROMIDE

Cap	Inh	110 mcg / 50 mcg	Ultibro Breezhaler	02418282	NVR	(SA)

R03AL05 FORMOTEROL AND ACLIDINIUM BROMIDE

Pwr	Inh	12 mcg / 400 mcg	Duaklir Genuair	02439530	AZE	(SA)

R03AL06 OLODATEROL AND TIOTROPIUM BROMIDE

Liq	Inh	2.5 mcg / 2.5 mcg	Inspiolto Respimat	02441888	BOE	(SA)

R03B OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

R03BA GLUCOCORTICOIDS

R03BA01 BECLOMETHASONE

Aem	Inh	50 mcg	Qvar	02242029	VLN	ADEFGV
Aem	Inh	100 mcg	Qvar	02242030	VLN	ADEFGV

R03BA02 BUDESONIDE

Pwr	Inh	100 mcg	Pulmicort Turbuhaler	00852074	AZE	ABDEFGV
Pwr	Inh	200 mcg	Pulmicort Turbuhaler	00851752	AZE	ABDEFGV
Pwr	Inh	400 mcg	Pulmicort Turbuhaler	00851760	AZE	ABDEFGV
Sus	Inh	0.25 mg/mL	Pulmicort Nebuamp	01978918	AZE	ABDEFGV
Sus	Inh	0.5 mg/mL	Pulmicort Nebuamp	01978926	AZE	ABDEFGV
			Teva-Budesonide	02465957	TEV	ABDEFGV

R03BA05 FLUTICASONE

Aem	Inh	50 mcg	Flovent Metered Dose HFA	02244291	GSK	ABDEFGV
Aem	Inh	125 mcg	Flovent Metered Dose HFA	02244292	GSK	ABDEFGV
Aem	Inh	250 mcg	Flovent Metered Dose HFA	02244293	GSK	ABDEFGV
Pwr	Inh	100 mcg	Flovent Diskus	02237245	GSK	ABDEFGV
Pwr	Inh	250 mcg	Flovent Diskus	02237246	GSK	ABDEFGV
Pwr	Inh	500 mcg	Flovent Diskus	02237247	GSK	ABDEFGV

R03BA07 MOMETASONE

Pwr	Inh	100 mcg	Asmanex Twisthaler	02438690	FRS	DEFG

R03BA07 MOMETASONE

Pwr	Inh	200 mcg	Asmanex Twisthaler	02243595	FRS	ADEFGV
Pwr	Inh	400 mcg	Asmanex Twisthaler	02243596	FRS	ADEFGV

R03BA08 CICLESONIDE

Aem	Inh	100 mcg	Alvesco	02285606	AZE	ABDEFGV
Aem	Inh	200 mcg	Alvesco	02285614	AZE	ABDEFGV

R03BA09 FLUTICASONE FUROATE

Pwr	Inh	100 mcg	Arnuity Ellipta	02446561	GSK	ADEFGV
Pwr	Inh	200 mcg	Arnuity Ellipta	02446588	GSK	ADEFGV

R03BB ANTICHOLINERGICS

R03BB01 IPRATROPIUM BROMIDE

Aem	Inh	20 mcg	Atrovent HFA	02247686	BOE	ABDEFGVW
Liq	Inh	250 mcg/mL	Apo-Ipravent	02126222	APX	BEF-18GVW
			pms-Ipratropium	02231136	PMS	BEF-18GVW
			pms-Ipratropium (1mL nebules)	02231244	PMS	BEF-18GVW
			pms-Ipratropium (2mL nebules)	02231245	PMS	BEF-18GVW
			Teva-Ipratropium	02216221	TEV	BEF-18GVW

R03BB04 TIOTROPIUM BROMIDE

Cap	Inh	18 mcg	Spiriva	02246793	BOE	(SA)
Liq	Inh	2.5 mcg	Spiriva Respimat	02435381	BOE	(SA)

R03BB05 ACLIDINIUM BROMIDE

Pwr	Inh	400 mcg	Tudorza Genuair	02409720	ALM	(SA)

R03BB06 GLYCOPYRRONIUM BROMIDE

Cap	Inh	50 mcg	Seebri Breezhaler	02394936	NVR	(SA)

R03BB07 UMECLIDINIUM BROMIDE

Pwr	Inh	62.5 mcg	Incruse Ellipta	02423596	GSK	(SA)

R03BC ANTIALLERGIC AGENTS, EXCLUDING CORTICOSTEROIDS

R03BC01 CROMOGLICIC ACID

Liq	Inh	1%	pms-Sodium Cromoglycate	02046113	PMS	ABDEFGV

R03BX OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

R03BX99 HYPERTONIC SODIUM CHLORIDE

Liq	Inh	7%	Hyper-Sal	80029414	KEG	BDEFG
			Nebusal	80029758	STR	BDEFG

R03C ADRENERGICS FOR SYSTEMIC USE

R03CB NON-SELECTIVE BETA-ADRENOCEPTOR AGONISTS

R03CB03 ORCIPRENALINE

Syr	Orl	2 mg/mL	Orciprenaline	02236783	AAP	ADEFGV

R03CC SELECTIVE BETA2-ADRENOCEPTOR AGONISTS

R03CC02 SALBUTAMOL

Tab	Orl	2 mg	Apo-Salvent (Disc/non disp Jul 12/19)	02146843	APX	ADEFGV
Tab	Orl	4 mg	Apo-Salvent (Disc/non disp Jul 12/19)	02146851	APX	ADEFGV

R03D OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03DA XANTHINES

R03DA04 THEOPHYLLINE

Liq	Orl	80 mg/15 mL	Theolair	01966219	VLN	ADEFGV
SRT	Orl	100 mg	AA-Theo LA	00692689	AAP	ADEFGV
SRT	Orl	200 mg	AA-Theo LA	00692697	AAP	ADEFGV
SRT	Orl	300 mg	AA-Theo LA	00692700	AAP	ADEFGV
SRT	Orl	400 mg	Uniphyl	02014165	PFR	ADEFGV
			Theo ER	02360101	AAP	ADEFGV
SRT	Orl	600 mg	Uniphyl	02014181	PFR	ADEFGV
			Theo ER	02360128	AAP	ADEFGV

R03DC LEUKOTRIENE RECEPTOR ANTAGONISTS

R03DC03 MONTELUKAST

Gra	Orl	4 mg	Singulair	02247997	FRS	ADEFGV
			Sandoz Montelukast	02358611	SDZ	ADEFGV

R03DC03 MONTELUKAST

Tab	Orl	10 mg	Singulair	02238217	FRS	ADEFGV
			Apo-Montelukast	02374609	APX	ADEFGV
			Auro-Montelukast	02401274	ARO	ADEFGV
			Jamp-Montelukast	02391422	JPC	ADEFGV
			Mar-Montelukast	02399997	MAR	ADEFGV
			Mint-Montelukast	02408643	MNT	ADEFGV
			Montelukast	02379333	SAS	ADEFGV
			Montelukast	02382474	SIV	ADEFGV
			Montelukast Sodium	02379236	AHI	ADEFGV
			pms-Montelukast	02373947	PMS	ADEFGV
			Ran-Montelukast	02389517	RAN	ADEFGV
			Sandoz Montelukast	02328593	SDZ	ADEFGV
			Teva-Montelukast	02355523	TEV	ADEFGV
TabC	Orl	4 mg	Singulair	02243602	FRS	ADEFGV
			Apo-Montelukast	02377608	APX	ADEFGV
			Jamp-Montelukast	02442353	JPC	ADEFGV
			Mar-Montelukast	02399865	MAR	ADEFGV
			Mint-Montelukast	02408627	MNT	ADEFGV
			Montelukast	02379317	SAS	ADEFGV
			Montelukast	02382458	SIV	ADEFGV
			pms-Montelukast	02354977	PMS	ADEFGV
			Sandoz Montelukast	02330385	SDZ	ADEFGV
			Teva-Montelukast	02355507	TEV	ADEFGV
TabC	Orl	5 mg	Singulair	02238216	FRS	ADEFGV
			Apo-Montelukast	02377616	APX	ADEFGV
			Jamp-Montelukast	02442361	JPC	ADEFGV
			Mar-Montelukast	02399873	MAR	ADEFGV
			Mint-Montelukast	02408635	MNT	ADEFGV
			Montelukast	02379325	SAS	ADEFGV
			Montelukast	02382466	SIV	ADEFGV
			pms-Montelukast	02354985	PMS	ADEFGV
			Sandoz Montelukast	02330393	SDZ	ADEFGV
			Teva-Montelukast	02355515	TEV	ADEFGV

R03DX OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03DX05 OMALIZUMAB

Pws	SC	150 mg	Xolair	02260565	NVR	(SA)

R03DX09 MEPOLIZUMAB

Pws	SC	100 mg/mL	Nucala	02449781	GSK	(SA)

R03DX10 BENRALIZUMAB

Liq	SC	30 mg/mL	Fasenra	02473232	AZE	(SA)

R05 COUGH AND COLD PREPARATIONS

R05C EXPECTORANTS, EXCLUDING COMBINATIONS WITH COUGH SUPPRESSANTS

R05CA EXPECTORANTS

R05CA03 GUAIFENESIN

Syr	Orl	100 mg/5 mL	Balminil	00608920	ROG	G
			Balminil Expect Sans Sucrose	00609951	ROG	G
			Robitussin	01931032	WCH	G

R05CB MUCOLYTICS

R05CB01 ACETYLCYSTEINE

Liq	Inh	200 mg/mL	Acetylcysteine	02243098	SDZ	ADEFGV

R05CB13 DORNASE ALFA

Liq	Inh	1 mg/mL	Pulmozyme	02046733	HLR	(SA)

R05D COUGH SUPPRESSANTS, EXCLUDING COMBINATIONS WITH EXPECTORANTS

R05DA OPIUM ALKALOIDS AND DERIVATIVES

R05DA04 CODEINE

Liq	Inj	30 mg/mL	Codeine Phosphate	00544884	SDZ	W
SRT	Orl	50 mg	Codeine Contin	02230302	PFR	W (SA)
SRT	Orl	100 mg	Codeine Contin	02163748	PFR	W (SA)
SRT	Orl	150 mg	Codeine Contin	02163780	PFR	W (SA)
SRT	Orl	200 mg	Codeine Contin	02163799	PFR	W (SA)
Syr	Orl	5 mg/mL	Codeine Phosphate	00050024	ATL	ADEFGVW
Tab	Orl	15 mg	Teva-Codeine	00593435	TEV	ADEFGVW
Tab	Orl	30 mg	Teva-Codeine	00593451	TEV	ADEFGVW

R05DA09 DEXTROMETHORPHAN

Liq	Orl	15 mg/mL	Koffex Sugar Free Clear	01928791	ROG	G

R05DA09 DEXTROMETHORPHAN

Syr	Orl	3 mg/mL	Balminil DM	00436895	ROG	G
			Benylin DM	01944738	JNJ	G
			Koffex DM	01928783	ROG	G

R05F COUGH SUPPRESSANTS AND EXPECTORANTS, COMBINATIONS

R05FA OPIUM DERIVATIVES AND EXPECTORANTS

R05FA02 OPIUM DERIVATIVES AND EXPECTORANTS

DEXTROMETHORPHAN / GUAIFENESIN

Liq	Orl	3 mg / 20 mg	Robitussin DM Exp	01931024	WCH	G

DEXTROMETHORPHAN / GUAIFENESIN / PSEUDOEPHEDRINE

Syr	Orl	3 mg / 20 mg / 60 mg	Benylin DM-D-E	01944673	JNJ	G

R06 ANTIHISTAMINES FOR SYSTEMIC USE

R06A ANTIHISTAMINES FOR SYSTEMIC USE

R06AA AMINOALKYL ETHERS

R06AA02 DIPHENHYDRAMINE

Elx	Orl	12.5 mg/5 mL	Benadryl	02019736	JNJ	G
			Diphenhydramine HCl Elixir USP	02298503	JPC	G
Liq	Inj	50 mg	Diphenist	02219336	OMG	VW
			Diphenhydramine HCl	00596612	SDZ	VW
Tab	Orl	25 mg	Benadryl	02017849	JNJ	G
			Diphenhydramine	02257548	JPC	G
Tab	Orl	50 mg	Diphenhydramine	02257556	JPC	G

R06AA59 DOXYLAMINE, COMBINATIONS

DOXYLAMINE / PYRIDOXINE

SRT	Orl	10 mg / 10 mg	Diclectin	00609129	DUI	DEFG
			Apo-Doxylamine/B6	02413248	APX	DEFG
			pms-Doxylamine-Pyridoxine	02406187	PMS	DEFG

R06AB SUBSTITUTED ALKYL AMINES

R06AB04 CHLORPHENAMINE (CHLORPHENIRAMINE)

Tab	Orl	4 mg	Chlor-Tripolon	00738972	SCO	G
			Novo-Pheniram	00021288	TEV	G

R06AE PIPERAZINE DERIVATIVES

R06AE07 CETIRIZINE

R06AE07 CETIRIZINE

Tab	Orl	10 mg	Reactine	02223554	JNJ	G
			Apo-Cetirizine	02231603	APX	G

R06AX OTHER ANTIHISTAMINES FOR SYSTEMIC USE

R06AX13 LORATADINE

Tab	Orl	10 mg	Claritin	00782696	SCO	G
			Apo-Loratadine	02243880	APX	G

R06AX17 KETOTIFEN

Tab	Orl	1 mg	Zaditen	00577308	TEV	DEFG

R07 OTHER RESPIRATORY SYSTEM PRODUCTS

R07A OTHER RESPIRATORY SYSTEM PRODUCTS

R07AX OTHER RESPIRATORY SYSTEM PRODUCTS

R07AX02 IVACAFTOR

Tab	Orl	150 mg	Kalydeco	02397412	VTX	(SA)

S SENSORY ORGANS

S01 OPHTHALMOLOGICALS

S01A ANTIINFECTIVES

S01AA ANTIBIOTICS

S01AA12 TOBRAMYCIN

Liq	Oph	0.3%	Tobrex	00513962	NVR	ADEFGV
			Sandoz Tobramycin	02241755	SDZ	ADEFGV
Ont	Oph	0.3%	Tobrex	00614254	NVR	ADEFGV

S01AA17 ERYTHROMYCIN

Ont	Oph	0.5%	Erythromycin	02326663	SGQ	ADEFGV
			pdp-Erythromycin	01912755	PDP	ADEFGV

S01AA30 COMBINATIONS OF DIFFERENT ANTIBIOTICS

POLYMYXIN B SULFATE / BACITRACIN ZINC

Ont	Oph	10 000 IU / 500 IU	Polysporin	02239157	JNJ	G

S01AD ANTIVIRALS

S01AD02 TRIFLURIDINE

Liq	Oph	1%	Viroptic	00687456	VLN	ADEFGV

S01AE FLUOROQUINOLONES

S01AE01 OFLOXACIN

S01AE01 OFLOXACIN

Liq	Oph	0.3%	Ocuflox	02143291	ALL	(SA)
			Apo-Ofloxacin (Disc/non disp Jan 31/20)	02248398	APX	(SA)

S01AE13 CIPROFLOXACIN

Liq	Oph	0.3%	Ciloxan	01945270	NVR	(SA)
			Sandoz Ciprofloxacin	02387131	SDZ	(SA)
Ont	Oph	0.3%	Ciloxan	02200864	NVR	(SA)

S01B ANTIINFLAMMATORY AGENTS

S01BA CORTICOSTEROIDS, PLAIN

S01BA01 DEXAMETHASONE

Dps	Oph	0.1%	Maxidex	00042560	NVR	ADEFGV
Ont	Oph	0.1%	Maxidex	00042579	NVR	ADEFGV

S01BA04 PREDNISOLONE

Liq	Oph	0.12%	Pred Mild	00299405	ALL	ADEFGV
Sus	Oph	1%	Pred Forte	00301175	ALL	ADEFGV
			Sandoz Prednisolone	01916203	SDZ	ADEFGV
			Teva-Prednisolone	00700401	TEV	ADEFGV

S01BA07 FLUOROMETHOLONE

Dps	Oph	0.1%	FML	00247855	ALL	ADEFGV
			Sandoz Fluorometholone	00432814	SDZ	ADEFGV
Sus	Oph	0.1%	Flarex	00756784	NVR	ADEFGV

S01BC ANTIINFLAMMATORY AGENTS, NON STEROIDS

S01BC03 DICLOFENAC

Liq	Oph	0.1%	Voltaren	01940414	NVR	ADEFGV
			Apo-Diclofenac	02441020	APX	ADEFGV
			Sandoz Diclofenac Ophtha	02454807	SDZ	ADEFGV

S01BC05 KETOROLAC

Liq	Oph	0.45%	Acuvail	02369362	ALL	ADEFGV
Liq	Oph	0.5%	Acular	01968300	ALL	ADEFGV
			Ketorolac	02245821	AAP	ADEFGV

S01C ANTIINFLAMMATORY AGENTS & ANTIINFECTIVES IN COMBINATION

S01CA CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

S01CA01 DEXAMETHASONE AND ANTIINFECTIVES

DEXAMETHASONE / NEOMYCIN / POLYMYXIN B

Ont	Oph	1 mg / 3.5 mg / 6 000 IU	Maxitrol	00358177	NVR	ADEFGV
Sus	Oph	1 mg / 3.5 mg / 6 000 IU	Maxitrol	00042676	NVR	ADEFGV

DEXAMETHASONE / TOBRAMYCIN

Ont	Oph	0.1% / 0.3%	Tobradex	00778915	NVR	ADEFGV
Sus	Oph	0.1% / 0.3%	Tobradex	00778907	NVR	ADEFGV

S01CA02 PREDNISOLONE AND ANTIINFECTIVES

PREDNISOLONE / SULFACETAMIDE

Dps	Oph	0.2% / 10%	Blephamide	00807788	ALL	ADEFGV
Ont	Oph	0.2% / 10%	Blephamide S.O.P.	00307246	ALL	ADEFGV

S01E ANTIGLAUCOMA PREPARATIONS AND MIOTICS

S01EA SYMPATHOMIMETICS IN GLAUCOMA THERAPY

S01EA03 APRACLONIDINE

Liq	Oph	0.5%	Iopidine	02076306	NVR	ADEFGV

S01EA05 BRIMONIDINE

Liq	Oph	0.15%	Alphagan P	02248151	ALL	ADEFGV
			Brimonidine P	02301334	AAP	ADEFGV
Liq	Oph	0.2%	Alphagan	02236876	ALL	ADEFGV
			Apo-Brimonidine (Disc/non disp Dec 17/19)	02260077	APX	ADEFGV
			pms-Brimonidine	02246284	PMS	ADEFGV
			Sandoz Brimonidine	02305429	SDZ	ADEFGV

S01EB PARASYMPATHOMIMETICS

S01EB01 PILOCARPINE

Dps	Oph	2%	Isopto Carpine	00000868	NVR	ADEFGV
Dps	Oph	4%	Isopto Carpine	00000884	NVR	ADEFGV

S01EC CARBONIC ANHYDRASE INHIBITORS

S01EC01 ACETAZOLAMIDE

Tab	Orl	250 mg	Acetazolamide	00545015	AAP	ADEFGV

S01EC03 DORZOLAMIDE

Liq	Oph	2%	Trusopt	02216205	PFR	ADEFGV
			Sandoz Dorzolamide	02316307	SDZ	ADEFGV

S01EC04 BRINZOLAMIDE

Liq	Oph	1%	Azopt	02238873	NVR	ADEFGV

S01EC05 METHAZOLAMIDE

Tab	Orl	50 mg	Methazolamide	02245882	AAP	ADEFGV

S01EC54 BRINZOLAMIDE, COMBINATIONS

BRINZOLAMIDE / BRIMONIDINE

Liq	Oph	1% / 0.2%	Simbrinza	02435411	NVR	ADEFGV

S01ED BETA BLOCKING AGENTS

S01ED01 TIMOLOL

Dps	Oph	0.25%	Apo-Timop (Disc/non disp Jan 31/20)	00755826	APX	ADEFGV
			pms-Timolol	02083353	PMS	ADEFGV
			Sandoz Timolol Maleate	02166712	SDZ	ADEFGV
Dps	Oph	0.5%	Timoptic Oph	00451207	PFR	ADEFGV
			Apo-Timop	00755834	APX	ADEFGV
			Sandoz Timolol Maleate	02166720	SDZ	ADEFGV
Liq	Oph	0.25%	Timoptic-XE Oph	02171880	PFR	ADEFGV
			Timolol Maleate-EX	02242275	SDZ	ADEFGV
Liq	Oph	0.5%	Timoptic-XE Oph	02171899	PFR	ADEFGV
			Apo-Timop (Disc/non disp Jan 31/20)	02290812	APX	ADEFGV
			Timolol Maleate-EX	02242276	SDZ	ADEFGV

S01ED02 BETAXOLOL

Sus	Oph	0.25%	Betoptic S	01908448	NVR	ADEFGV

S01ED03 LEVOBUNOLOL

Liq	Oph	0.5%	Betagan	00637661	ALL	ADEFGV

S01ED51 TIMOLOL COMBINATIONS

TIMOLOL / BRIMONIDINE

Liq	Oph	0.5% / 0.2%	Combigan	02248347	ALL	ADEFGV

TIMOLOL / BRINZOLAMIDE

S01ED51 TIMOLOL COMBINATIONS

TIMOLOL / BRINZOLAMIDE

Sus	Oph	0.5% / 1%	Azarga	02331624	NVR	ADEFGV

TIMOLOL / DORZOLAMIDE

Liq	Oph	0.5% / 2%	Cosopt	02240113	PFR	ADEFGV
			Act Dorzotimolol	02404389	TEV	ADEFGV
			Apo-Dorzo-Timop	02299615	APX	ADEFGV
			Med-Dorzolamide-Timolol	02437686	GMP	ADEFGV
			Mint-Dorzolamide/Timolol	02443090	MNT	ADEFGV
			Riva-Dorzolamide/Timolol	02441659	RIV	ADEFGV
			Sandoz Dorzolamide/Timolol	02344351	SDZ	ADEFGV

TIMOLOL / LATANOPROST

Liq	Oph	0.5% / 0.005%	Xalacom	02246619	PFI	ADEFGV
			Act Latanoprost/Timolol	02436256	ATV	ADEFGV
			GD-Latanoprost/Timolol	02373068	GMD	ADEFGV
			Riva-Latanoprost/Timolol (Disc/non disp Aug 28/19)	02459205	RIV	ADEFGV
			Sandoz Latanoprost/Timolol	02394685	SDZ	ADEFGV

TIMOLOL / TRAVOPROST

Liq	Oph	0.5% / 0.004%	Duo Trav PQ	02278251	NVR	ADEFGV
			Apo-Travoprost-Timop	02415305	APX	ADEFGV

S01EE PROSTAGLANDIN ANALOGUES

S01EE01 LATANOPROST

Liq	Oph	0.005%	Xalatan	02231493	PFI	ADEFGV
			Apo-Latanoprost	02296527	APX	ADEFGV
			GD-Latanoprost	02373041	GMD	ADEFGV
			Med-Latanoprost	02426935	GMP	ADEFGV
			pms-Latanoprost	02317125	PMS	ADEFGV
			Riva-Latanopost	02341085	RIV	ADEFGV
			Sandoz Latanoprost	02367335	SDZ	ADEFGV
			Teva-Latanoprost	02254786	TEV	ADEFGV

S01EE03 BIMATOPROST

Liq	Oph	0.01%	Lumigan RC	02324997	ALL	ADEFGV
Liq	Oph	0.03%	Vistitan	02429063	SDZ	ADEFGV

S01EE04 TRAVOPROST

S01EE04 TRAVOPROST

Liq	Oph	0.004%	Travatan Z	02318008	NVR	ADEFGV
			Apo-Travoprost Z	02415739	APX	ADEFGV
			Sandoz Travoprost	02413167	SDZ	ADEFGV
			Teva-Travoprost Z	02412063	TEV	ADEFGV

S01F MYDRIATICS AND CYCLOPLEGICS

S01FA ANTICHOLINERGICS

S01FA01 ATROPINE

Dps	Oph	1%	Isopto Atropine	00035017	ALC	ADEFGVW

S01FA04 CYCLOPENTOLATE

Liq	Oph	1%	Cyclogyl	00252506	ALC	ADEFGV

S01FA06 TROPICAMIDE

Liq	Oph	0.5%	Mydriacyl	00000981	ALC	ADEFGV
Liq	Oph	1%	Mydriacyl	00001007	ALC	ADEFGV

S01G DECONGESTANTS AND ANTIALLERGICS

S01GX OTHER ANTIALLERGICS

S01GX01 CROMOGLICIC ACID

Liq	Oph	2%	Opticrom	02230621	ALL	ADEFGV
			Cromolyn Ophthalmic Solution	02009277	PDP	ADEFGV

S01GX08 KETOTIFEN

Liq	Oph	0.025%	Zaditor	02242324	LTH	ADEFGV

S01GX09 OLOPATADINE

Liq	Oph	0.1%	Patanol	02233143	NVR	ADEFGV
			Act Olopatadine	02403986	ATV	ADEFGV
			Apo-Olopatadine	02305054	APX	ADEFGV
			Jamp-Olopatadine	02458411	JPC	ADEFGV
			Sandoz Olopatadine	02358913	SDZ	ADEFGV
Liq	Oph	0.2%	Pataday	02362171	NVR	ADEFGV
			Act Olopatadine	02404095	ATV	ADEFGV
			Apo-Olopatadine	02402823	APX	ADEFGV
			Sandoz Olopatadine	02420171	SDZ	ADEFGV

S01L OCULAR VASCULAR DISORDER AGENTS

S01LA ANTINEOVASCULARISATION AGENTS

S01LA04	RANIBIZUMAB						
	Liq	IVL	10 mg/mL	Lucentis	02296810	NVR	(SA)
S01LA05	AFLIBERCEPT						
	Liq	IVL	40 mg/mL	Eylea	02415992	BAY	(SA)
S01X	**OTHER OPTHALMOLOGICALS**						
S01XA	**OTHER OPTHALMOLOGICALS**						
S01XA03	SODIUM CHLORIDE, HYPERTONIC						
	Dps	Oph	5%	Muro 128	00750824	BSH	AEFGV
				Odan-Sodium Chloride	80046737	ODN	AEFGV
	Ont	Oph	5%	Muro 128	00750816	BSH	AEFGV
				Odan-Sodium Chloride	80046696	ODN	AEFGV
S01XA22	OCRIPLASMIN						
	Liq	IVL	2.5 mg/mL	Jetrea	02410818	THG	(SA)
S02	**OTOLOGICALS**						
S02C	**CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION**						
S02CA	**CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION**						
S02CA02	FLUMETASONE AND ANTIINFECTIVES						
	FLUMETASONE / CLIOQUINOL						
	Dps	Ot	0.2% / 1%	Locacorten-Vioform	00074454	PAL	ADEFGV
S02CA06	DEXAMETHASONE AND ANTIINFECTIVES						
	DEXAMETHASONE / CIPROFLOXACIN						
	Sus	Ot	0.3% / 0.1%	Ciprodex	02252716	NVR	(SA)
S03	**OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS**						
S03C	**CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION**						
S03CA	**CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION**						
S03CA01	DEXAMETHASONE AND ANTIINFECTIVES						
	DEXAMETHASONE / FRAMYCETIN / GRAMICIDIN						
	Dps	Oph	0.5 mg / 5 mg / 0.05 mg	Sofracort E/E	02224623	SAV	ADEFGV
V	**VARIOUS**						
V01	**ALLERGENS**						
V01A	**ALLERGENS**						
V01AA	**ALLERGEN EXTRACTS**						
V01AA02	GRASS POLLEN						

V01AA02	GRASS POLLEN					
Kit	Orl	105, 250, 700, 2 150 PNU	Pollinex-R	00464988	NYC	(SA)
Slt	Orl	100 IR	Oralair	02381885	STA	(SA)
Slt	Orl	300 IR	Oralair	02381893	PAL	(SA)
V01AA20	VARIOUS ALLERGEN EXTRACTS					
Liq	Inj		Allergy Sera	00999938	HJM	EF-18G

V03 ALL OTHER THERAPEUTIC PRODUCTS

V03A ALL OTHER THERAPEUTIC PRODUCTS

V03AC IRON CHELATING AGENTS

V03AC01	DEFEROXAMINE					
Pws	Inj	500 mg	Desferal	01981242	NVR	ADEFGV
			Deferoxamine Mesilate	02241600	PFI	ADEFGV
Pws	Inj	2 g	Deferoxamine Mesilate	02247022	PFI	ADEFGV
V03AC02	DEFERIPRONE					
Liq	Orl	100 mg/mL	Ferriprox	02436523	APO	(SA)
Tab	Orl	1 000 mg	Ferriprox	02436558	APO	(SA)
V03AC03	DEFERASIROX					
Tab	Orl	90 mg	Jadenu	02452219	NVR	(SA)
			Apo-Deferasirox (Type J)	02485265	APX	(SA)
Tab	Orl	125 mg	Exjade	02287420	NVR	(SA)
			Apo-Deferasirox	02461544	APX	(SA)
			Sandoz Deferasirox	02464454	SDZ	(SA)
			Taro-Deferasirox	02463520	TAR	(SA)
			Teva-Deferasirox	02407957	TEV	(SA)
Tab	Orl	180 mg	Jadenu	02452227	NVR	(SA)
			Apo-Deferasirox (Type J)	02485273	APX	(SA)
Tab	Orl	250 mg	Exjade	02287439	NVR	(SA)
			Apo-Deferasirox	02461552	APX	(SA)
			Sandoz Deferasirox	02464462	SDZ	(SA)
			Taro-Deferasirox	02463539	TAR	(SA)
			Teva-Deferasirox	02407965	TEV	(SA)

V03AC03 DEFERASIROX

Tab	Orl	360 mg	Jadenu	02452235	NVR	(SA)
			Apo-Deferasirox (Type J)	02485281	APX	(SA)
Tab	Orl	500 mg	Exjade	02287447	NVR	(SA)
			Apo-Deferasirox	02461560	APX	(SA)
			Sandoz Deferasirox	02464470	SDZ	(SA)
			Taro-Deferasirox	02463547	TAR	(SA)
			Teva-Deferasirox	02407973	TEV	(SA)

V03AE FOR TREATMENT OF HYPERKALEMIA AND HYPERPHOSPHATEMIA

V03AE01 POLYSTYRENE SULFONATE

Pws	Orl	100%	Kayexalate	02026961	SAV	ADEFGV
			Solystat	00755338	PMS	ADEFGV
Sus	Orl	250 mg/mL	Solystat	00769541	PDP	ADEFGV

V03AE02 SEVELAMER

Tab	Orl	800 mg	Renagel	02244310	SAV	(SA)

V03AF DETOXIFYING AGENTS FOR ANTINEOPLASTIC TREATMENT

V03AF03 CALCIUM FOLINATE

Tab	Orl	5 mg	Leucovorin Calcium	02170493	PFI	ADEFGV

V03AG DRUGS FOR TREATMENT OF HYPERCALCEMIE

V03AG01 DRUGS FOR TREATMENT OF HYPERCALCEMIA

Evt	Orl	500 mg / 469 mg / 123 mg	Jamp-Sodium Phosphate	80047562	JPC	ADEFGV

V03AH FOR TREATMENT OF HYPOGLYCEMIA

V03AH01 DIAZOXIDE

Cap	Orl	100 mg	Proglycem	00503347	FRS	ADEFGV

V04 DIAGNOSTIC AGENTS

V04C OTHER DIAGNOSTIC AGENTS

V04CJ TESTS FOR THYREOIDEA FUNCTION

V04CJ01 THYROTROPIN

Pws	IM	0.9 mg	Thyrogen	02246016	GZM	(SA)

V07 ALL OTHER NON-THERAPEUTIC PRODUCTS

V07A ALL OTHER NON-THERAPEUTIC PRODUCTS

V07AY OTHER NON-THERAPEUTIC AUXILLIARY PRODUCTS

V07AY90 PLACEBO

Cap	Orl	100 mg	Placebo	00501190	ODN	AEFGV

APPENDIX I-A / ANNEXE I-A

ABBREVIATIONS OF DOSAGE FORMS / ABRÉVIATIONS DES FORMES POSOLOGIQUES

FORM	CODE	FORME
Metered-Dose Aerosol	Aem/Aém.	Aérosol-dose mesurée
Aerosol (with propellants)	Aer/Aér.	Aérosol (avec agents de propulsion)
Aerosol (without propellants)	Asp	Aérosol (sans agents de propulsion)
Capsule	Cap/Caps	Capsule
Chewable Tablets	TabC/Co.C.	Comprimés à croquer
Controlled Delivery Capsules	CDC/Caps.L.C.	Capsules à libération contrôlée
Cleanser	Clr/Net	Nettoyant
Cream	Crm/Cr.	Crème
Cartridge	Ctg/Cart	Cartouche
Douche	Dch	Douche
Delayed Action (Injectables)	Dla	Soluté injectable-retard
Delayed Release Capsule	CDR/Caps.L.R.	Capsule à liberation retardée
Drop	Dps/Gttes	Gouttes
Dressing	Dre	Pansement
Enteric Coated Capsule	ECC/Caps.Ent.	Capsule entérique
Each	Ech/Ch	Chacun
Enteric Coated Granule	Ecg	Granule entérique
Enteric Coated Tablet	ECT/Co.Ent	Comprimés entérique
Elixir	Elx	Élixir
Emulsion	Eml/Émuls	Émulsion
Enema	Enm/Lav.	Lavement
Extended Release	ER	À libération prolongée
Extended Release Capsules	ERC/Caps.L.P.	Capsules à libération prolongée
Extended Release Tablets	ERT/Co.L.P.	Comprimés à libération prolongée
Effervescent Granule	Evg/Gev	Granule effervescente
Effervescent Powder	Ecp/Pev	Poudre effervescente
Effervescent Tablet	Evt/Co.Eff.	Comprimé effervescent
Film Coated	FC	pelliculés
Gas	Gas	Gaz
Gel	Gel	Gelée
Granules	Gran	Granules
Immediate release	IR	Libération immédiate

ABBREVIATIONS OF DOSAGE FORMS / ABRÉVIATIONS DES FORMES POSOLOGIQUES

FORM	CODE	FORME
Inhaler	Inh	Inhalateur
Instrument	Ins	Pièce à insérer
Insulin	Ins	Insuline
Intra-Articular	IA	Intra-articulaire
Kit	Kit/Tro	Trousse
Liniment	Lin	Liniment
Liquid	Liq	Liquide
Lente Suspension	Lla/Susp.	Suspension
Lotion	Lot	Lotion
Lozenge	Loz/Pas	Pastille
Miscellaneous	Misc	Divers
Mist, Aerosol	Mst/Baer	Bruine en aérosol
Mouthwash	MWH/R.-B.	rince-bouche
Nebules	Neb	Nébules
Orally Disintegrating Film	ODF	Film à désintégration orale
Orally Disintegrating Tablet	ODT/Co.D.O.	Comprimés à désintégration orale
Oral liquid	O/L	Liquide Oral
Ointment	Ont	Onguent, pommade
Pad	Pad/Gaze	Compresse
Package	Pck	Paquet
Paste	Pst	Pâte
Patch	Pth	Timbre cutané
Preservative Free	PF	Sans agent de conservation
Powder	Pwr/Pd.	Poudre
Powder For Solution	Pws/Pds.	Poudre pour solution
Rapid Dissolving	RD	Dissolution rapide
Rapid Disintegrating	RPD	Désintégration rapide
Shampoo	Shp	Shampooing
Semi-Lente Suspension	SLA	Suspension semi-lente
Slow release	SR	Libération lente
Sublingual Tablet	Slt/Co.S.L.	Comprimé sublingual

ABBREVIATIONS OF DOSAGE FORMS / ABRÉVIATIONS DES FORMES POSOLOGIQUES

FORM	CODE	FORME
Spray	Spr/Vap	Vaporisateur
Sustained-Released Capsule	SRC/Caps.L.L.	Capsule à liberation lente
Packet	Packet/Sachets	Sachet/Paquet,
Sustained-Release Disc	Srd	Disque à action soutenue
Sustained-Release Syrup	SRS	Sirop à action soutenue
Sustained-Release Tablet	SRT/Co.L.L.	Comprimé à liberation lente
Suppository	Sup/Supp.	Suppositoire
Suspension	Susp/Susp	Suspension
Syrup	Syr/Sir.	Sirop
Tablet	Tab/Co.	Comprimé
Ultra-Lente Suspension	Ula	Suspension ultra-lente
Wafer	Waf	Gaufrette

ABBREVIATIONS OF ROUTES / ABRÉVIATIONS DES VOIES D'ADMINISTRATION

ROUTE	CODE	VOIE
Buccal	Buc	Buccale, orale
Dental	Den	Dentaire
Intra Articular	IA	Intra-articulaire
Intrabursal	IBU	Intrabursique
Intracardiac	ICD	Intracardiaque
Intracavity	ICV	Intra-cavitaire
Intradermal	ID	Intradermique
Intramuscular	IM	Intramusculaire
Intervertebral	IND	Intervertébrale
Intrafollicular	INF	Intra-folliculaire
Inhalation	Inh	Inhalation
Injectable	Inj	Injectable
Instrument(s)	Ins	Instrument(s)
Intrathecal	INT	Intra-thécale
Intraocular	IO	Intraoculaire
Intraperitoneal	IP	Intrapéritonéale
Intrapleural	IPL	Intrapleurale
Intrapulmonary	IPU	Intrapulmonaire
Intravitreal	IVL	Intravitréenne
Irrigation	IR	Irrigation
Instillation	ISL	Instillation
Intravenous	IV	intraveineuse
Intraventicular	IVR	Intraventriculaire
Miscellaneous	Mis	Divers
Nasal	Nas	Nasale
Nil	NIL	Néant
Ophthalmic	Oph	Ophtalmique
Oral	Orl	Orale
Otic	Ot	Otique
Parenteral (Unspecified)	Prt	Parentérale (non spécifiée)
Retrobulbar	RB	Rétrobulbaire

ABBREVIATIONS OF ROUTES / ABRÉVIATIONS DES VOIES D'ADMINISTRATION

ROUTE	CODE	VOIE
Rectal	Rt	Rectale
Sublingual	Slg	Sublinguale
Topical	Top	Topique
Transdermal	Trd	Transdermique
Vaginal	Vag	Vaginale

ABBREVIATIONS OF UNITS / ABRÉVIATIONS DES UNITÉS DE MESURE

UNIT	CODE	UNITÉS
Ampoule	Amp	Ampoule
Billion	B	Milliard
Bottle	Bottl	Flacon, bouteille
Box	Box	Boîte
Capsule	Cap	Capsule
Cubic Centimetre	CC	Centimètre cube
Centimetre	cm	Centimètre
Disk	Disk	Disque
Fluid Ounce	Fl oz	Once liquide
Gallon	Gal	Gallon
Gram	g	Gramme
Grain	Gr	Grain
Kilogram	kg	Kilogramme
Kit	Kit/Tro	Trousse
Litre	L	Litre
Pound	lb	Livre
Lozenge	Loz/Pas	Pastille
Million	M	Million
Microgram	mcg	Microgramme
Milli-equivalent	mEq	Milli-équivalent
Milligram	mg	Milligramme
Drop	dps/gttes	Goutte
Millitre	mL	Millilitre
Millimole	Mmol	Millimole
Nil	Nil	Néant
Ounce	oz	Once
Package	Pcg	Paquet, emballage
Syringe	SYR	Seringue
Tablet	Tab/Co.	Comprimé
Tablespoon	Tbs	Cuillerée à soupe
Trace	Trace	Trace

ABBREVIATIONS OF UNITS / ABRÉVIATIONS DES UNITÉS DE MESURE

UNIT	CODE	UNITÉS
Teaspoon	Tsp	Cuillerée à thé
Tube	Tube	Tube
International Unit	IU	Unité internationale
Vial	Vial	Fiole
By Weight	w/w	En poids

ABBREVIATIONS OF MANUFACTURER'S NAMES/ABRÉVIATIONS DES NOMS DE FABRICANTS

AAP	AA Pharma Inc.
ABB	Abbott Laboratories, Ltd.
ABV	Abbvie Corporation
ACC	Accel Pharma
ACT	Actelion Pharmaceuticals Canada Inc.
AGA	Amgen Canada Inc.
AHI	Accord Healthcare Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALM	Almirall Canada Ltd.
ALX	Alexion Pharma
AMT	Amicus Therapeutics UK Ltd.
ANB	ANB Canada
APN	Aspen Pharmacare Canada Inc.
APR	Aspri Pharma Canada Inc.
APX	Apotex Inc.
ARI	Ariad Pharmaceuticals
ARO	Auro Pharma Inc.
ARZ	Aralez Pharmaceuticals Canada Inc.
ASL	Astellas Pharma Canada Inc.
ASP	Actavis Specialty Pharmaceuticals
ATL	Laboratoire Atlas Inc.
ATS	Altius Healthcare Inc.
ATV	Actavis Pharma Company
AXC	Aptalis
AZE	AstraZeneca Canada Inc.
BAX	Baxter Corporation
BAY	Bayer Inc., HealthCare Division
BCH	Bioniche Inc.
BGP	BGP Pharma Inc.
BIG	Biogen Idec Canada, Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BOX	Biocodex SA
BRI	Bristol-Myers Squibb Canada Inc.
BSH	Baush & Lomb Canada Inc.
BSL	Bausch Health Canada Inc.
CCM	CellChem Pharmaceuticals Inc.
CEL	Celgene
CHC	Pfizer Canada Inc., Consumer Healthcare
CHU	Church and Dwight Canada Corp.
CIP	Cipher Pharmaceuticals Inc.
CLC	Columbia Laboratories Canada Inc.
COB	Cobalt Pharmaceuticals Company
CYI	Cytex Pharmaceuticals Inc.
DPT	Dermtek Pharmaceuticals Ltd
DUI	Duchesnay
EIS	Eisai Limited
EMD	EMD Serono Canada Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
EUR	Europharm International Canada Inc.
FEI	Ferring Inc.
FKB	Fresenius Kabi Canada Ltd.
FRS	Merck Canada Inc.
GAC	Galderma Canada Inc.
GCH	GlaxoSmithKline Consumer Healthcare Inc.
GIL	Gilead Sciences Inc.
GLM	Glenmark Pharmaceuticals Canada Inc.
GMD	GenMed, a division of Pfizer Canada Inc.
GMP	Generic Medical Partners
GSK	GlaxoSmithKline
GZM	Genzyme- A Division of Sanofi-Aventis
HJM	Medavie Blue Cross
HLR	Hoffmann-La Roche Ltd/Ltee.
HLS	HLS Therapeutics Inc.
HLZ	Hill Dermaceuticals Inc.
HOS	Hospira Healthcare Corporation
HRZ	Horizon Pharma Ireland Ltd.
ICL	Indivior Canada Limited
INP	Insight Pharmaceuticals Corp.
IPS	Ipsen Biopharm Limited
JAM	Jamieson Laboratories Ltd.
JAN	Janssen Inc.
JCB	Jacobus Pharmaceutical Company Inc.
JNJ	Johnson & Johnson Consumer Group
JPC	Jamp Pharma Corporation
KEG	Kego Corporation
KLO	Kaleo Inc.
KNG	King Pharmaceuticals Canada
LBI	Leadiant Biosciences Inc.
LBK	Lundbeck Inc.
LDN	Leadiant Biosciences Inc.
LEO	Leo Pharma Inc.
LIL	Eli Lilly Canada Inc.
LTH	Labtician Thea
LUI	Luitpold Pharmaceuticals Inc.
LUP	Lupin Pharma Canada Ltd.
MAL	Mallinckrodt Canada ULC
MAR	Marcan Pharmaceuticals Inc
MCK	Mckesson Canada Corp.
MDF	Medical Futures Inc.
MDI	Medtech Products Inc.
MDN	MDA Inc.
MDS	Medicis Canada LTD./LTEE.
MDU	Medunik Canada
MDX	Medexus Inc.
MED	Medican Pharma Inc.
MJO	Mead Johnson Canada
MNT	Mint Pharmaceuticals Inc.
MRS	Merus Labs Inc.
MRZ	Merz Pharmaceuticals Canada Ltd.
MTP	Methapharm Inc.
MVL	Meda Valeant Pharma Canada Inc.
MYL	Mylan Pharmaceuticals ULC
NAT	Natco Pharma (Canada) Inc.
NHI	Nic-Hit International Inc.
NNO	Novo Nordisk Canada Inc.
NOP	Novopharm Ltd.
NUM	4349121 Canada Inc.
NVO	Novartis Ophthalmics
NVR	Novartis Pharmaceuticals Canada Inc.
NYC	Nycomed Canada Inc.
ODN	Odan Laboratories Ltd.
OMG	Omega Laboratories Limited
OTS	Otsuka Canada Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PDL	Pro Doc Laboratories Ltd
PDP	PendoPharm, a Division of Pharmascience Inc.
PED	Pediapharm Inc.
PFI	Pfizer Canada Inc.
PFR	Purdue Pharma
PHL	Pharmel Inc (Div of PMS/Price D.Shipp)
PJC	Pharmacie Jean Coutu
PMS	Pharmascience Inc.
PMT	Pharmetics Inc.
PSV	Pharmasave

.

ABBREVIATIONS OF MANUFACTURER'S NAMES/ABRÉVIATIONS DES NOMS DE FABRICANTS

QGT	Sigma-Tau
RAN	Ranbaxy Pharmaceuticals Canada Inc
RCH	Dr. Reddy's Laboratories Inc.
RIV	Riva Laboratories Ltee
ROG	Rougier Pharma Inc, Div of Ratiopharm
RPH	Ratiopharm Inc.
SAS	Sanis Health Inc.
SAV	Sanofi-Aventis Canada Inc.
SAX	Salix Pharmaceuticals Inc.
SCH	Schering-Plough Canada Inc.
SCO	Schering-Plough (Canada) Inc.
SDM	Shoppers Drug Mart
SDZ	Sandoz Canada Incorporated
SEV	Servier Canada Inc.
SGQ	Sterigen Inc.
SHI	Shire Canada Inc.
SIV	Sivem Pharmaceuticals
SLP	Searchlight Pharma Inc.
SNE	Smith & Nephew, Inc.
SNS	Sanofi-Synthelabo Canada Inc.
SNV	Sunovion Pharmaceuticals Canada Inc
SOB	Sobey's Pharmacy
SPT	Septa Pharmaceuticals Inc.
STA	Stallergenes Canada Inc.
STI	Stiefel Canada Inc.
STR	Sterimax Inc.
SWS	Swiss Herbal Remedies Ltd
TAK	Takeda Canada Inc.
TAN	Tanta Pharmaceuticals Inc.
TAR	Taro Pharmaceuticals Inc.
TEV	Teva Canada Limited
THG	ThromboGenics N.V.
TML	Trimel Pharmaceuticals Corporation
TPH	TaroPharma, Divison of Taro Pharmaceuticals
TRB	Tribute Pharmaceuticals
UCB	UCB Canada Inc.
UTC	United Therapeutics Corporation
VAN	Vanc Pharmaceuticals Inc.
VIV	ViiV Healthcare ULC
VLH	Lundbeck Canada Inc.
VLN	Valeant Canada Ltd.
VPI	VPI Pharmaceuticals Inc.
VTH	Vita Health Company (1985) Ltd
VTX	Vertex Pharmaceuticals (Canada) Inc.
WAL	Walmart Pharmacy
WAM	Wampole Brands
WCH	Wyeth Consumer Healthcare Inc.
WNC	Warner Chilcott Canada Co.
XPI	Xediton Pharmaceuticals Inc.
YNO	Bayer Inc. Consumer Care Division

APPENDIX II

Extemporaneous Preparations (Compounds)

An extemporaneous preparation (compound) is a drug or mixture of drugs prepared or compounded in a pharmacy according to the order of a prescriber.

Eligible Benefits

To be eligible as a benefit, a compound must meet one of the following criteria:

1. Contains one or more regular* benefit drugs
2. Contains one or more special authorization drugs for which approval has been granted
3. Contains a combination of regular* benefit drugs and special authorization drugs for which approval has been granted
4. Is a compound that has been approved through special authorization

*Regular benefits include drugs listed on the NB Drug Plans Formulary that do not require special authorization, and the drugs and ingredients used in compounds that are listed below.

Non Benefits

A compound is not an eligible benefit if any of the following apply:

1. An alternative is commercially available
2. Contains a drug or product on the exclusion list
3. Made using a proprietary recipe with an undisclosed ingredient list
4. Contains a non-benefit form of a drug (e.g. using powder vs. tablets) unless special authorization approval has been granted
5. Custom-compounded bioidentical hormones

Note: Any drug or product manipulated in accordance with its direction of use (e.g. mixing, reconstituting, prefilling syringes, filling infusion pump reservoirs) is not considered an extemporaneous preparation.

Product Shortages

When there is a shortage or no supply of a commercially available product and the healthcare professional has determined a medical need for this product, the product may be compounded during the period of shortage or no supply only. (Health Products and Food Branch Inspectorate Policy on Manufacturing and Compounding Drug Products in Canada, January 26, 2009)

Regular Benefit Compounds

Product / Ingredient	PIN	Plans
Anthralin powder in compounds for topical application	00901113	ADEFGV
Disulfiram powder	00999087	ADEFG
Hydrochlorothiazide powders and suspensions for oral use	00999106	ADEFGV
Hydrocortisone powder for topical applications >0.5%	00990841	ADEFGV
LCD (Coal Tar Solution) in compounds for topical applications	00358495	ADEFGV
Meclizine powder	00903076	ADEFGV
Prednisone powders and suspension for oral use	00999108	ADEFGV
Salicylic Acid in compounds for topical applications	00900788	ADEFGV
Saturated Solution Potassium Iodide	00999105	ADEFGV
Spironolactone powders and suspensions for oral use	00999107	ADEFGV
Sulphur in compounds for topical applications	00900826	ADEFGV

Note: The PIN can be used to submit claims for any strength of the extemporaneous preparation.

Pharmacy Claims

Information on NB Drug Plans Claim Submissions is available here.

- Claims for compounds are to be submitted electronically using the eligible benefit DIN/PIN of at least one of the ingredients contained in the preparation.
- If a preparation contains both a regular benefit drug(s) and a special authorization drug(s), it must be billed using the DIN of the special authorization drug for which prior approval has been granted.
- Claims must be identified by entering the appropriate CPhA version 3 code.

- Manual claims from beneficiaries (pay and submit) will only be accepted for regular benefit preparations. If the preparation does not contain a regular benefit drug, the claim cannot be processed unless special authorization has been granted.
- If a participating provider does not submit an electronic claim for payment and provides a receipt to a beneficiary for a manual (pay and submit) claim, the participating provider must not charge an amount that is greater than the amount that would be paid if the claim was submitted electronically.

Pharmacy Provider Audits

- Payments made for compounds are subject to audit and recovery.
- Compound Review Verification letters requesting documentation, may be sent to providers to confirm the ingredients contained in the compound and the acquisition cost of each ingredient.
- Although a claim with an eligible benefit DIN/PIN may be accepted electronically, if it contains a drug considered a non-benefit it is subject to recovery.

APPENDIX III

Special Authorization
Certain drugs are only eligible for coverage under New Brunswick Drug Plans (NB Drug Plans) through special authorization. The criteria are developed by the Atlantic and Canadian Expert Advisory Committees.

Drugs eligible for consideration through special authorization:
- Drugs listed as special authorization benefits have specific criteria which must be met in order to be approved. These drugs are listed alphabetically by generic name in the following section.
- Under exceptional circumstances, requests for drugs without specific criteria may be reviewed case-by-case and assessed based on the published medical evidence.

Drugs not eligible for consideration through special authorization:
- New drugs not yet reviewed by the expert advisory committee
- Drugs excluded as eligible benefits further to the expert advisory committee's review and recommendation
- Drugs not licensed or marketed in Canada (e.g. drugs obtained through Health Canada's Special Access Program)
- Products specifically excluded as benefits as identified on the exclusion list (Formulary pages IV and V).

Reimbursement of brand name products when generics exist

When pharmaceutically equivalent generic products are available for a brand name drug, the New Brunswick Drug Plans (NB Drug Plans) will only reimburse pharmacies for the lowest cost generic product. Patients, who choose to receive a brand name product when a generic product exists, are responsible for paying any difference in price.

The NB Drug Plans will consider requests for reimbursement of brand name drugs when a patient has had a hypersensitivity reaction (e.g. edema, respiratory distress, serum sickness, anaphylaxis) to a non-medicinal ingredient contained in the pharmaceutically equivalent generic product. Requests may be made by submitting a completed Special Authorization Form and providing details of the hypersensitivity reaction.

Information on the safety and effectiveness of generic drugs is available on Health Canada's website at http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/med-gen-eng.php.

Special authorization requests must be submitted in writing by the prescriber and include the following information:

Patient Identification
- Name of patient
- NB Medicare number
- Date of birth

Prescriber Identification
- Name, address, telephone number and FAX number (if applicable) of prescriber

Drug Requested
- Drug name, strength and dosage form
- Dosage schedule
- Expected duration of therapy

Reason for the Request
- Diagnosis and/or indication for which the drug is being used
- Information regarding previous drugs which have been used and the patient's response to therapy where appropriate
- Any additional information that may assist in making a decision on the request for special authorization.

Special authorization requests for patients of Plans A,B,D,E,F,G,R,V should be sent by mail or FAX to:

Special Authorization Unit
New Brunswick Drug Plans
P.O. Box 690
Moncton, NB E1C 8M7
Local Fax: 506-867-4872
Toll Free Fax: 1-888-455-8322
NB Drug Plans Inquiry Line: 1-800-332-3691

Plan U (HIV - Infected Persons) special authorization requests should be sent by mail or FAX to:

Special Authorization Unit – Plan U
New Brunswick Prescription Drug Program
P.O. Box 690
Moncton, NB E1C 8M7
Local fax: 506-867-4339
Toll Free Fax: 1-866-770-7746
Toll Free Telephone: 1-800-332-3691

ABATACEPT (ORENCIA)
250mg/15mL vial

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of children (age 6-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who are intolerant to, or who have not had an adequate response from etanercept.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Abatacept will not be reimbursed in combination with anti-TNF agents.
- Intravenous infusion: initial IV infusion dose is administered at 0, 2, and 4 weeks then every 4 weeks thereafter.
- Initial treatment is limited to a maximum of 16 weeks. Retreatment is permitted for children who demonstrated an adequate initial treatment response and who are experiencing a disease flare.

ABATACEPT (ORENCIA)
250mg/15mL vial and 125mg/mL prefilled syringe

Rheumatoid Arthritis
For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Intravenous infusion: 500mg for patients <60 kg, 750mg for patients 60-100 kg and 1000mg for patients >100 kg, given at 0, 2, and 4 weeks then every 4 weeks thereafter.
- Subcutaneous injection: a single IV loading dose of up to 1,000mg may be given, followed by 125mg subcutaneous injection within a day, then once-weekly 125mg subcutaneous injections.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

ABIRATERONE (ZYTIGA)
250mg tablet and 500mg film-coated tablet

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.

Claim Note:
- Sequential use of enzalutamide and abiraterone will not be reimbursed.

ABOBOTULINUMTOXINA (DYSPORT THERAPEUTIC)
300 unit/vial and 500 unit/vial

1. For the treatment of cervical dystonia (spasmodic torticollis) in adults.
2. For the treatment of upper and lower limb focal spasticity in adults.
3. For the treatment of lower limb spasticity in pediatric patients 2 years of age and older.

ACAMPROSATE (CAMPRAL)
333mg delayed release tablet

For the maintenance of abstinence from alcohol in patients with alcohol dependence who have been abstinent for at least four days, and who have contraindications to naltrexone (e.g. currently receiving opioids, acute hepatitis or liver failure).

Clinical Note:
- Treatment with acamprosate should be part of a comprehensive management plan that includes counseling.

ACLIDINIUM BROMIDE (TUDORZA GENUAIR)
400mcg powder for inhalation

See criteria under Long-acting anticholinergics (LAAC)

ADALIMUMAB (HUMIRA)
40 mg / 0.8 mL (50 mg/mL) pen and prefilled syringe

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Crohn’s Disease
For the treatment of adult patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Hidradenitis Suppurativa
For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria:
- A total abscess and nodule count of 3 or greater
- Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
- An inadequate response to a 90-day trial of oral antibiotics

Initial renewal criteria:
- Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12.

Subsequent renewal criteria:

- Requests for renewal should provide objective evidence of the preservation of treatment effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with adalimumab).

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every week beginning four weeks after the initial dose.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year.

Plaque Psoriasis

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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Polyarticular Juvenile Idiopathic Arthritis

For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Approvals will be for a maximum of 40 mg every two weeks.

Psoriatic Arthritis

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.

- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥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:

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.

- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Ulcerative Colitis
- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. 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:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. 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 gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 160 mg followed by 80 mg two weeks later, then 40 mg every two weeks.
- Initial approval period: 8 weeks.
- Renewal approval period: 1 year.

AFATINIB (GIOTRIF)
20mg, 30mg and 40mg film-coated tablets

For the first-line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung who have an ECOG performance status 0 or 1.

Renewal Criteria:
Written confirmation that the patient has responded to treatment and in whom there is no evidence of disease progression.

Claim Notes:
- Doses of more than 40 mg once daily will not be approved.
- Approval period: 6 months.

AFILBERCEPT (EYLEA)
40mg/mL solution for intravitreal injection

1. Neovascular (wet) age-related macular degeneration (AMD)

Initial Coverage:
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply to the eye to be treated:
- Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)
- Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.
- The interval between doses should not be shorter than 1 month.

Continued Coverage:
Treatment should be continued only in people who maintain adequate response to therapy.

Clinical Notes:
1. Coverage will not be approved for patients:
   - With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines
   - Receiving concurrent treatment with verteporfin.
2. Aflibercept should be permanently discontinued if any one of the following occurs:
   - 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
   - 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.
   - There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Claim Notes:
- An initial claim of up to two vials of aflibercept (1 vial per eye treated) will be automatically reimbursed when prescribed by an ophthalmologist. If additional medication is required, a request should be made through special authorization.
- Reimbursement will be limited to a maximum of 1 vial of aflibercept per eye treated every 30 days. Claims submitted for greater than 1 vial, or submitted within 30 days of a previous claim, will not be reimbursed.

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 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 while on aflibercept). 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.

Claim Notes:
- Approval Period: 1 year.

3. Retinal vein occlusion (RVO)

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 while on aflibercept). 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.

Claim Notes:
- Approval Period: 1 year.
- Please refer to Quantity for Claims Submissions for the correct unit of measure.

ALECTINIB (ALECENSARO)
150 mg capsule

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
- 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:
- 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 $9,999.99 must be divided and submitted as separate transactions as outlined here.

ALEMTUZUMAB (LEMTRADA)
12mg/1.2mL single-use vial

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in adult patients who meet all the following criteria:
- Inadequate response to a full and adequate course (at least 6 months) of interferon beta or other disease modifying therapies.
- Experienced one or more clinically disabling relapses in the previous year.
- Current Expanded Disability Status Scale (EDSS) score of less than or equal to 5.

Documentation must be submitted outlining details of the patient's most recent neurological examination within 90 days of the submitted request. This must include a description of any recent attacks, the dates of the attacks and the neurological findings.

Clinical Note:
- Combination therapy of alemtuzumab with other disease modifying therapies (e.g. interferon beta, glatiramer, fingolimod, natalizumab, teriflunomide, dimethyl fumarate) will not be funded.

Claim Notes:
- Must be prescribed by a neurologist with experience in the treatment of multiple sclerosis
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Maximum approval quantity and period: 8 vials in 2 years (5 vials approved in year 1 and 3 vials approved in year 2).
- For information regarding re-treatment, please contact the NB Drug Plans.

ALENDRONATE (generic brand)
40mg tablet

For the treatment of Paget's disease.

Claim Notes:
- A maximum of 180 tablets will be reimbursed annually without special authorization.
- Requests for re-treatment may be considered through special authorization following a six month post-treatment observation period.

ALGLUCOSIDASE ALFA (MYOZYME)
50mg vial

For the treatment of infantile-onset Pompe disease, as demonstrated by onset of symptoms and confirmed cardiomyopathy within the first 12 months of life.

Monitoring of therapy
The monitoring of markers of disease severity and response to treatment must include at least:
1. Weight, length and head circumference.
2. Need for ventilatory assistance, including supplementary oxygen, CPAP, BiPAP, or endotracheal intubation and ventilation.
3. Left ventricular mass index (LVMI) as determined by echocardiography (not ECG alone).
4. Periodic consultation with cardiology.
5. Periodic consultation with respirology.

Withdrawal of therapy
1. Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.
2. The development of the need for continuing invasive ventilatory support after the initiation of ERT should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.
3. Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

ALIROCUMAB (PRALUENT)
75 mg/mL and 150 mg/mL prefilled pen and prefilled syringe

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:
- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
- Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
  - high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
  - ezetimibe alone, if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance.

Initial renewal criteria:
- A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Subsequent renewal criteria:
- The patient continues to maintain a reduction in LDL- C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:
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.

AMBRISENTAN (Volibris and generic brand)
5mg and 10mg tablets

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.

Claim Note:
- The maximum dose of ambrisentan that will be reimbursed is 10mg daily

AMIKACIN (generic brand)
250mg/mL single-use vial

For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist
- Requests will only be considered under Plan P.

APIXABAN (ELIQUIS)
2.5mg and 5mg tablets

Atrial fibrillation
For the prevention of stroke and systemic embolism in at-risk patients ($CHADS_2$ score ≥ 1) with non-valvular atrial fibrillation for whom:
- Anticoagulation is inadequate following at least a two month trial on warfarin; or
- 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).

Clinical Note:
- 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.

Venous thromboembolic events treatment
For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).

Clinical Note:
- When used for greater than 6 months, apixaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.

Claim Note:
- Approval Period: Up to 6 months.

APIXABAN (ELIQUIS)
2.5mg tablet

Venous thromboembolic event prophylaxis following total knee or total hip replacement surgery
- For the prevention of venous thromboembolic events in patients who have undergone elective total knee replacement (TKR) surgery or total hip replacement (THR) surgery.

Clinical Note:
- The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting, and the approval period is for the balance of the total duration after discharge.

Claim Notes:
- Maximum reimbursement without special authorization will be limited to 14 days of therapy (28 tablets) for TKR or 35 days of therapy (70 tablets) for THR, within a 6 month period.
- Subsequent reimbursement for prophylaxis within a 6 month period (i.e. second joint replacement procedure within the 6 month period) will require special authorization.

APREPITANT (EMEND)
80mg and 125mg capsules;
Tri-Pack 2x80mg capsules + 125mg capsule

For the prevention of acute and delayed nausea and vomiting due to highly emetogenic cancer chemotherapy (e.g. cisplatin >70 mg/m^2) in patients who have experienced emesis despite treatment with a combination of a 5-HT_3 antagonist and dexamethasone in a previous cycle of highly emetogenic chemotherapy.

Claim Note:
- Prescription claims for up to a maximum of 2 Tri-packs, or 6 capsules will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioners-oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

ARIPIPRAZOLE (ABILIFY and generic brands)
2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets

For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of intolerance or inadequate response to at least one less expensive antipsychotic agent, or who have a contraindication to less expensive agents.

ARIPIPRAZOLE (ABILIFY MAINTENA)
300mg and 400mg vial

For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who:
- are not adherent to an oral antipsychotic, or
- are currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

ASENAPINE (SAPHRIS)
5mg and 10mg sublingual tablets

For the acute treatment of bipolar I disorder as either:
- Monotherapy, after inadequate response to a trial of lithium or divalproex sodium, and there is a history of inadequate response or intolerance to at least one less expensive antipsychotic agent; or
- Co-therapy with lithium or divalproex sodium, and there is a history of inadequate response or intolerance to at least one less expensive antipsychotic agent.

AXITINIB (INLYTA)
1mg and 5mg tablets

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.

Claim Notes:
- Sequential use of axitinib and everolimus will not be reimbursed. Exceptions may be considered in cases of intolerance or contraindication without disease progression.
- Initial approval period: 6 months.
- Renewal period: 1 year.

AZITHROMYCIN (generic brands)
600mg tablet

For the prevention of disseminated Mycobacterium Avium Complex (MAC) in HIV positive patients who are severely immunocompromised with CD4 levels <0.1 x 10^9/L.

AZTREONAM (CAYSTON)
75 mg powder for inhalation

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.

Claim Notes:
- Combined use of aztreonam either concurrently or for antibiotic cycling during off-treatment periods, with other inhaled antibiotics (e.g, tobramycin, levofloxacin) will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ADEFGV.

BENRALIZUMAB (FASENRA)
30 mg/mL prefilled syringe

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., long-acting beta-agonist), and meets one of the following criteria:
- blood eosinophil count of ≥ 0.3 x 10^9/L within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15 x 10^9/L and is receiving maintenance treatment with oral corticosteroids (OCS).

Initial Discontinuation Criteria:
- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:
- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Clinical Notes:
1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. A significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:
- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe eosinophilic asthma.
- Combined use of benralizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 30 mg every four weeks for 12 weeks, then every eight weeks thereafter.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

BETAHISTINE (SERC and generic brands)
8mg, 16mg and 24mg tablets

For the symptomatic treatment of the recurrent episodes of vertigo associated with Ménière's disease.

BOSENTAN (TRACLEER and generic brands)
62.5mg and 125mg tablets

For treatment of pulmonary arterial hypertension (PAH) in patients with World Health Organization (WHO) functional class III or IV

Clinical Notes:
1. 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.
2. 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.

BOSUTINIB (BOSULIF)
100mg and 500mg tablets

For the treatment of patients with chronic, accelerated or blast phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) who:
- have resistance/disease progression after prior use of two tyrosine kinase inhibitors (TKIs) where bosutinib would be the third line therapy, or
- have resistance or intolerance to prior TKI therapy and for whom subsequent treatment with imatinib, nilotinib and dasatinib is not clinically appropriate.

Clinical Notes:
1. Patients must have an ECOG performance status of 0-2.
2. Patients may be considered inappropriate for dasatinib or nilotinib if they have a genetic mutation that predicts reduced efficacy or if patients have co-morbidities that may predispose them to a drug-related adverse event.

BREXPIPRAZOLE (REXULTI)
0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg tablets

For the treatment of schizophrenia and related psychotic disorders (not dementia related) in adult patients with a history of intolerance or inadequate response to at least one less expensive antipsychotic agent, or who have a contraindication to less expensive agents.

BRIVARACETAM (BRIVLERA)
10mg, 25mg, 50mg, 75mg and 100mg tablets

For the adjunctive treatment of refractory partial-onset seizures (POS) in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:
- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel, eslicarbazepine, levetiracetam or brivaracetam will not be reimbursed.

BRODALUMAB (SILIQ)
210 mg/1.5 mL prefilled syringe

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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥ 15mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 210mg at week 0, 1, and 2, then 210mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

BUPRENORPHINE AND NALOXONE (SUBOXONE and generic brands)
2mg/0.5mg and 8mg/2mg sublingual tablets

For the treatment of patients with opioid use disorder.

BUPROPION (ZYBAN)
150mg tablet

For smoking cessation in adults 18 years of age and older.

A maximum of 12 weeks of standard therapy will be reimbursed annually without special authorization for either nicotine replacement therapy (patches/gum) or a non-nicotine prescription smoking cessation drug (varenicline or bupropion).

Claim Notes:
- A maximum of 168 tablets will be reimbursed annually without special authorization.
- Individuals who have a high probability of quitting with prolonged therapy may be approved under special authorization for 168 additional tablets.
- All special authorization requests for additional tablets will require confirmation the individual has agreed, or is already registered with, the Smokers Helpline (1-877-513-5333) or is participating in another form of smoking cessation counselling to be specified.
- Requests for special authorization should be submitted on the Request for Additional Smoking Cessation Therapy Form.

Important Links:
- Smokers Helpline Referral Form
- Smokers Helpline Online
- On the road to quitting
- Quit4life

CABERGOLINE (DOSTINEX and generic brand)
0.5mg tablet

For the treatment of patients with hyperprolactinemia who have failed or are intolerant to bromocriptine

CANAGLIFLOZIN (INVOKANA)
100mg and 300mg tablets

For the treatment of type 2 diabetes mellitus, in addition to metformin and a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin and a sulfonylurea and for whom insulin is not an option.

CANAKINUMAB (ILARIS)
150 mg powder for solution for injection
150 mg/mL solution for injection

For the treatment of active systemic juvenile idiopathic arthritis, in patients 2 years of age or older, who have an inadequate response or intolerance to systemic corticosteroids (with or without methotrexate) and tocilizumab.

Clinical Note:
- Intolerance is defined as a serious adverse effect as described in the product monograph. The nature of the intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Combined used of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 4 mg/kg for patients weighing more than 9 kg, to a maximum of 300mg, administered every four weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

CERITINIB (ZYKADIA)
150 mg Capsule

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:
- 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:
- Requests for ceritinib 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 ceritinib.
- Initial approval: 1 year.
- Renewal approval: 1 year.

CERTOLIZUMAB PEGOL (CIMZIA)
200mg/mL auto-injector and prefilled syringe

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks).
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 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:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.

- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks)
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks)
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

CHOLINESTERASE INHIBITORS (Donepezil, Galantamine, Rivastigmine)
- For the treatment of mild to moderate Alzheimer's disease

To initiate therapy: Requests must be submitted on the appropriate NB Drug Plans special authorization form. https://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/TheNewBrunswickPrescriptionDrugProgram/DrugsForTheTreatmentOfAlzheimersDisease.html	
For a patient being started on a first cholinesterase inhibitor (ChEI):	Patients who meet all of the following reimbursement criteria will be approved for an initial 6 months of therapy: • a diagnosis of probable Alzheimer's disease or possible Alzheimer's disease with vascular component or Lewy bodies; • a Mini Mental Score Exam (MMSE) score of 10 to 30; and • a Functional Assessment & Staging Test (FAST) score of 4 to 5
For a patient who has previously taken no more than one other ChEI and is switching:	Patients will be approved for an initial 6 months of therapy with a second ChEI when the following information is provided: • the reason for discontinuing the first ChEI Requests to switch from one agent in the class to another will not be considered beyond the initial 6 month approval.

To continue therapy for 1 year period (once initial 6 month approval has been completed):

Patients who meet the following monitoring criteria will be approved for 1 year periods of therapy:
- MMSE score of 10 to 30 (Note: MMSE score must be provided 6 months after starting a ChEI and then only annually thereafter.);
  AND
- FAST score of 4 to 5 (Note: FAST score must be provided 6 months after starting a ChEI and then only annually thereafter.)

Note: Monitoring of target symptoms will no longer be required; however, physicians will be asked at the initial and subsequent reassessments if, in their opinion, the patient is benefiting from the drug.

CIPROFLOXACIN (CILOXAN and generic brand)
0.3% ophthalmic solution
0.3% ophthalmic ointment

- For the treatment of ophthalmic infections caused by susceptible bacteria.
- For the prevention of ophthalmic infections associated with non-elective eye surgery.

Claim Note:
- Prescriptions written by New Brunswick ophthalmologists and prescribing optometrists do not require special authorization.

CIPROFLOXACIN (CIPRO and generic brands)
250mg, 500mg and 750mg tablets
500mg/5mL oral suspension

For the treatment of:
- Complicated urinary tract infections caused by resistant bacteria.
- Skin, soft tissue, bone and joint infections caused by Gram negative bacteria.
- Severe ("malignant") otitis externa.
- Infections with *Pseudomonas aeruginosa* (susceptible strains – resistance is now common).

Claim Notes:
- Prescriptions written by New Brunswick urologists, infectious disease specialists, medical oncologists, hematologists, respiratory medicine specialists or medical microbiologists do not require special authorization.
- Ciprofloxacin 250mg, 500mg, and 750mg tablets are regular benefit for Plan B.

CIPROFLOXACIN (CIPRO XL)
1000mg tablet

For the treatment of complicated urinary tract infection and acute uncomplicated pyelonephritis when alternative agents are ineffective, not tolerated or contraindicated.

Claim Note:
- Prescriptions written by New Brunswick urologists, infectious disease specialists and medical microbiologists do not require special authorization.

COBIMETINIB (COTELLIC)
20mg tablet

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with vemurafenib.

Renewal criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:
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.

Claim Notes:
- Cobimetinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

CODEINE (CODEINE CONTIN)
50mg, 100mg, 150mg, and 200mg controlled release tablets

For the treatment of mild to moderate cancer-related or chronic non-cancer pain.

CRIZOTINIB (XALKORI)
200mg and 250mg capsules

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
- second-line therapy following chemotherapy.

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:
- Requests for crizotinib will not be considered for patients who have experienced disease progression on prior ALK inhibitor therapy.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

CYSTEAMINE (PROCYSBI)
25 mg and 75 mg delayed-release capsule

For the treatment of infantile nephropathic cystinosis with documented cystinosin (lysosomal cystine transporter) gene mutation.

Claim Notes:
- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of cystinosis.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

DABIGATRAN ETEXILATE (PRADAXA and generic brand)
110mg and 150mg capsules

For the prevention of stroke and systemic embolism in at-risk patients ($CHADS_2$ score ≥ 1) with non-valvular atrial fibrillation for whom:
- Anticoagulation is inadequate following at least a two month trial on warfarin; or
- 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).

Clinical Note:
- 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.

DABRAFENIB (TAFINLAR)
50mg and 75mg capsules

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib.

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. If brain metastases are present, patients should be asymptomatic or have stable symptoms
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Dabrafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

DACLATASVIR (DAKLINZA)
30mg and 60mg tablets

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 3 • Without cirrhosis	12 weeks in combination with sofosbuvir
Genotype 3 • With compensated or decompensated cirrhosis • Post-liver transplant with no cirrhosis or with compensated cirrhosis	12 weeks in combination with sofosbuvir and ribavirin

The following information is also required:
- Lab-confirmed hepatitis C genotype 3
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage

Clinical Notes:
1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination
3. Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).

Claim Notes:
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

DALTEPARIN (FRAGMIN)
Prefilled syringes, ampoule, single-dose vial, and multi-dose vial

See criteria under Low Molecular Weight Heparins.

DAPAGLIFLOZIN (FORXIGA)
5mg and 10mg tablets

For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.

DAPAGLIFLOZIN/METFORMIN (XIGDUO)
5 mg/850mg, 5 mg/1000mg film-coated tablets

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with dapagliflozin and metformin, to replace the individual components of dapagliflozin and metformin.

DARBEPOETIN ALFA (ARANESP)
10mcg/0.4mL, 20mcg/0.5mL, 30mcg/0.3mL, 40mcg/0.4mL, 50mcg/0.5mL, 60mcg/0.3mL, 80mcg/0.4mL, 100mcg/0.5mL, 130mcg/0.65mL, 150mcg/0.3mL, 200mcg/0.4mL, 300mcg/0.6mL and 500mcg/1mL SingleJect® prefilled syringes

- For the treatment of anemia associated with chronic renal failure.

  Claim Note:
  - Patients on dialysis (end-stage renal disease) receive darbepoetin through the dialysis units.

- For the treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months.

  Clinical Note:
  - Approval of further 12 week cycles is dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.

  Claim Note:
  - Initial approval for 12 weeks.

DARIFENACIN (ENABLEX)
7.5mg and 15mg extended-release tablets

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of a regular benefit OAB drug (e.g. immediate-release oxybutynin, solifenacin or tolterodine).

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

DARUNAVIR AND COBICISTAT (PREZCOBIX)
800mg/150mg film-coated tablet

For treatment of human immunodeficiency virus (HIV) infection in treatment-naïve and treatment-experienced patients without darunavir resistance-associated mutations.

Claim Note:
- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

DASATINIB (SPRYCEL)
20mg, 50mg, 70mg, 80mg, 100mg and 140mg tablets

Chronic Myeloid Leukemia (CML)
For adult patients with chronic phase CML
- with primary or acquired resistance to imatinib 600mg per day. Dosing recommendation: 100mg per day or 70mg two times daily
- who progress to accelerated phase on imatinib 600mg per day. Dosing recommendation: 140mg per day
- who have blast crisis while on imatinib 600mg per day. Dosing recommendation: 140mg per day
- who have intolerance to imatinib or have experienced grade 3 or higher toxicities to imatinib

Renewal Criteria:
- Request for renewal must specify how the patient has benefited from therapy and is expected to continue to do so.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Acute Lymphoblastic Leukemia (ALL)
For adult patients with Philadelphia chromosome positive acute lymphoblastic leukemia (ALL) whose disease is resistant to imatinib-containing chemotherapy (patient must have tried 600mg/day) or have experienced grade 3 non-hematologic toxicity, or grade 4 hematologic toxicity persisting for more than 7 days as a result of therapy with imatinib.

Renewal Criteria:
- Written confirmation that the patient has benefited from therapy and is expected to continue to do so.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

DEFERASIROX (JADENU and generic brand)
90 mg, 180 mg and 360 mg film-coated tablet

For the treatment of chronic iron overload.

DEFERASIROX (EXJADE and generic brands)
125mg, 250mg and 500mg dispersible tablets for oral suspension

For the treatment of chronic iron overload.

DEFERIPRONE (FERRIPROX)
1000mg tablet and 100mg/mL oral solution

For the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.

Claim Note:
- Combined use of more than one iron chelating therapy will not be reimbursed.

DENOSUMAB (PROLIA)
60mg/mL prefilled syringe

For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:
- Have a contraindication to oral bisphosphonates
  and
- High risk for fracture, or refractory or intolerant to other available osteoporosis therapies.

Clinical Notes:
1. 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.
2. 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.

DENOSUMAB (XGEVA)
120mg/1.7mL single use vial

For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with one or more documented bone metastases and an ECOG performance status of 0-2*.

Clinical Note:
- *Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.

DESMOPRESSIN (DDAVP and generic brands)
0.1mg and 0.2mg tablets
DESMOPRESSIN (DDAVP MELT)
60mcg, 120mcg and 240mcg orally disintegrating tablets

- For the management of diabetes insipidus.
- For the treatment of patients 18 years and older with nocturnal enuresis.

Claim Note:
- Desmopressin oral formulations are a regular benefit for Plans DEF-18G.

DESMOPRESSIN (DDAVP and generic brand)
10mcg metered dose nasal spray
0.1mg/mL intranasal solution

- For the treatment of patients with diabetes insipidus.

Clinical Note:
- The nasal formulations are no longer indicated for nocturnal enuresis due to the risk of hyponatremia.

DEXAMETHASONE AND CIPROFLOXACIN (CIPRODEX)
0.1% / 0.3% otic suspension

- For the treatment of patients with acute otitis media with otorrhea through tympanostomy tubes; or with known or suspected tympanic membrane perforation with otorrhea.
- For the treatment of patients with acute otitis externa in the presence of a tympanostomy tube or with known or suspected perforation of the tympanic membrane.

Claim Note:
- Prescriptions written by certified New Brunswick otolaryngologists do not require special authorization.

DIENOGEST (VISANNE)
2mg tablet

For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options are either ineffective or cannot be used.

Clinical Note:
- Continuous combined oral contraceptives and medroxyprogesterone are examples of less costly hormonal options.

DIMETHYL FUMARATE (TECFIDERA)
120mg and 240mg delayed-release capsules

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in patients who meet the following criteria:
- Two disabling attacks of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Note:
- An attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, and preceded by stability for at least one month.

Claim Note:
- Prescriptions written by New Brunswick neurologists do not require special authorization.

DIPYRIDAMOLE AND ACETYLSALIC ACID (AGGRENOX)
200mg / 25mg capsule

For the secondary prevention of ischemic stroke/TIA in patients who have experienced a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA.

DONEPEZIL (ARICEPT and generic brands)
5mg and 10mg tablets

See criteria under Cholinesterase Inhibitors.

DORNASE ALFA (PULMOZYME)
1 mg/mL solution

For reducing the frequency of respiratory infections requiring parenteral antibiotics and to improve pulmonary function in patients with cystic fibrosis who have a FEV1 <70%predicted with clinically significant decline in FEV1 not responsive to usual treatment.

Claim Note:
- Requests will be considered for individuals enrolled in Plans ABDEFGV

DULOXETINE (CYMBALTA and generic brands)
30mg and 60mg delayed release capsules

Chronic Pain
For the treatment of chronic pain in patients who have had an inadequate response or intolerance to at least one first-line agent.

Clinical Note:
- First-line agents include tricyclic antidepressants for chronic neuropathic pain and non-steroidal anti-inflammatory drugs for chronic non-neuropathic pain.

Claim Note:
- The maximum dose reimbursed is 60mg daily.

Major Depressive Disorder
For the treatment of major depressive disorder in patients 18 years and older, who have failed treatment with at least one less costly antidepressant.

Claim Note:
- The maximum dose reimbursed is 60mg daily.

ECULIZUMAB (SOLIRIS)
30mg/30mL single-use vial

For the treatment of paroxysmal nocturnal hemoglobinuria (PNH).

Clinical Notes:
1. A Request for Coverage including the completed consent and specific special authorization forms must be submitted and the patient must:
   a) Satisfy the Clinical Criteria for eculizumab (initial or continued coverage, as appropriate);
   b) Not meet any of the criteria specified in Contraindications to Coverage or Discontinuance of Coverage.
2. Please contact the NB Drug Plans at 1-800-332-3691 for a packet containing the Clinical Criteria and required forms.

Claim Note:
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

EDOXABAN (LIXIANA)
15mg, 30mg and 60mg tablets

Atrial fibrillation
For the prevention of stroke and systemic embolism in at-risk patients ($CHADS_2$ score ≥ 1) with non-valvular atrial fibrillation for whom:
- Anticoagulation is inadequate following at least a two month trial on warfarin; or
- 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).

Clinical Note:
- 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.

Venous thromboembolic events treatment
For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).

Clinical Note:
- When used for greater than 6 months, edoxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.

Claim Note:
- Approval period: 6 months.

ELBASVIR/GRAZOPREVIR (ZEPATIER)
50mg/100mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis who meet the following criteria:

	Approval Period
Genotype 1 • Treatment-naïve • Treatment-experienced prior relapsers	12 weeks *(8 weeks may be considered in treatment-naïve genotype 1b patients without significant fibrosis or cirrhosis)*
Genotype 1b • Treatment-experienced on-treatment virologic failures	12 weeks
Genotype 4 • Treatment-naïve • Treatment-experienced prior relapsers	12 weeks

	Approval Period and Regimen
Genotype 1a: • Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin
Genotype 4 • Treatment-experienced on-treatment virologic failures	16 weeks in combination with ribavirin

The following information is also required:
- Lab-confirmed hepatitis C genotype 1 or 4
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage

Clinical Notes:
1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin (PegIFN/RBV) based regimen, including regimens containing HCV protease inhibitors (for genotype 1) and who has not experienced an adequate response.

2. Treatment-experienced prior relapser is defined as a patient who has undetectable HCV RNA at the end of previous PegIFN/RBV therapy, including regimens containing NS3/4A protease inhibitors (for genotype 1), but with a subsequent detectable HCV RNA during follow-up.
3. Treatment-experienced on-treatment virologic failure is defined as a patient who has been previously treated with PegIFN/RBV regimen, including regimens containing HCV protease inhibitors (for genotype 1), and who has not experienced adequate response, including a null response, partial response, virologic breakthrough or rebound.
4. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination

Claim Notes:
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

EMPAGLIFLOZIN (JARDIANCE)
10mg and 25mg tablets

1. For the treatment of type 2 diabetes mellitus in combination with metformin and a sulfonylurea in patients who have:
   - inadequate glycemic control on metformin and a sulfonylurea, or
   - a contraindication or intolerance to metformin and/or a sulfonylurea; and
   - insulin is not an option.
2. As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular death in patients with type 2 diabetes mellitus who have:
   - inadequate glycemic control despite an adequate trial of metformin, or a contraindication or intolerance to metformin; and
   - established cardiovascular disease.

Clinical Notes:
1. Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.
2. 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 a positive non-invasive stress test.
   - Unstable angina with either coronary multi-vessel or single-vessel disease.
   - History of ischemic or hemorrhagic stroke.
   - Occlusive peripheral artery disease.

EMPAGLIFLOZIN/METFORMIN (SYNJARDY)
5 mg / 500 mg, 5 mg / 850 mg and 5 mg / 1000 mg,
12.5 mg/ 500 mg, 12.5 mg / 850 mg, 12.5 mg / 1000 mg tablet

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with empagliflozin and metformin, to replace the individual components of empagliflozin and metformin.

EMTRICITABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (ODEFSEY)
200 mg / 25 mg / 25 mg tablet

For the treatment of adult patients with HIV-1 infection who meet the following criteria:
- No known mutations associated with resistance to tenofovir, emtricitabine or non-nucleoside reverse transcriptase inhibitor (NNRTI) class.
- Viral load ≤ 100,000 copies/mL

Claim Note:
- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICISTAT (GENVOYA)
200mg/10mg/150mg/150mg tablet

For the treatment of HIV-1 infection in patients 12 years of age and older (weighing ≥ 35kg) with no known mutations associated with resistance to the individual components of Genvoya.

Claim Note:
- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICISTAT (STRIBILD)
200mg / 300mg / 150mg / 150mg tablet

As a complete regimen for antiretroviral treatment naïve HIV-1 infected patients in whom efavirenz is not indicated.

Claim Note:
- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

ENOXAPARIN (LOVENOX)
Prefilled syringes and multi-dose vial
ENOXAPARIN (LOVENOX HP)
Prefilled syringes

See criteria under Low Molecular Weight Heparins.

ENTECAVIR (BARACLUDE and generic brands)
0.5mg tablet

For the treatment of hepatitis B.

Claim Note:
- Must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other physician with experience in the treatment of hepatitis B.

ENZALUTAMIDE (XTANDI)
40mg capsule

For treatment of patients with metastatic castration-resistant prostate cancer who:
- are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy and have not received prior chemotherapy,

OR

- have progressed on docetaxel-based chemotherapy and would be an alternative to abiraterone for patients in the post-docetaxel setting.

Clinical Notes:
1. Patient must have no risk factors for seizures.
2. When used as first line treatment, patient must have an ECOG performance status ≤ 1.
3. When used as second line treatment , patient must have an ECOG performance status ≤2.

Claim Notes:
- Enzalutamide will not be reimbursed in combination with abiraterone.
- Sequential use of enzalutamide and abiraterone will not be reimbursed.

EPLERENONE (INSPRA)
25mg and 50mg tablets

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 angiotensin-receptor blocker (ARB), and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.

EPOETIN ALFA (EPREX)
1,000IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 5,000IU/0.5mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL, 20,000IU/mL, 30,000IU/0.75mL and 40,000IU/mL prefilled syringes

1. Treatment of anemia associated with chronic renal failure.

Claim Note:
- Patients on dialysis (end-stage renal disease) receive epoetin through the dialysis units

2. Treatment of transfusion dependent anemia related to therapy with zidovudine in HIV-infected patients.

3. Treatment of transfusion dependent patients with hematologic malignancies whose transfusion requirements are ≥ 2 units of packed red blood cells per month over 3 months.

Clinical Note:
- Approval of further 12 week cycles is dependent on evidence of satisfactory clinical response or reduced treatment requirement to less than 2 units of PRBC monthly.

Claim Note:
- Initial approval for 12 weeks.

EPOPROSTENOL (CARIPUL and FLOLAN)
0.5mg and 1.5mg vials

1. 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.
2. 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.

ESLICARBAZEPINE (APTIOM)
200mg, 400mg, 600mg, 800mg tablets

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:
- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel, eslicarbazepine or brivaracetam will not be reimbursed.

ETANERCEPT (BRENZYS)
50mg/mL prefilled syringe and prefilled auto-injector

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

ETANERCEPT (ENBREL)
25 mg/mL lyophilized powder for reconstitution
50 mg/mL prefilled syringe and autoinjector

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 0.8 mg/kg, up to 50 mg, per week.

Plaque Psoriasis
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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 50 mg twice weekly for 12 weeks, then once weekly thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥15 mg if patient is ≥65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

Clinical Notes:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50 mg once a week.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15 mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 25 mg twice a week or 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

ETANERCEPT (ERELZI)
25 mg / 0.5mL prefilled syringe
50 mg/mL prefilled syringe and auto-injector

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- All new requests for coverage of etanercept will be approved for the biosimilar version only.
- Approvals will be for a maximum of 0.8mg/kg, up to 50mg per week.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 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:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg once a week.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

ETRAVIRINE (INTELENCE)
100mg and 200mg tablets

For the treatment of HIV-1 infection in patients who are antiretroviral experienced and have virologic failure due to HIV-1 strains resistant to multiple antiretroviral agents, including other non-nucleoside reverse transcriptase inhibitors.

EVEROLIMUS (AFINITOR)
2.5mg, 5mg and 10mg tablets

Advanced Breast Cancer
For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer in postmenopausal women, after recurrence or progression following a non-steroidal aromatase inhibitor, when used in combination with exemestane.

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.

Claim Notes:
- Sequential use of palbociclib and everolimus will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Metastatic Renal Cell Carcinoma
For the treatment of patients with metastatic renal cell carcinoma (mRCC) after failure of tyrosine kinase inhibitor therapy.

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.

Claim Notes:
- Requests for everolimus will not be considered for patients who experience disease progression on axitinib.
- Sequential use of nivolumab and everolimus will not be reimbursed. Exceptions may be considered in the case of intolerance or contraindication without disease progression.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Neuroendocrine Tumors
1. For the treatment of patients with progressive, unresectable, locally advanced or metastatic, well or moderately differentiated pancreatic neuroendocrine tumours (pNET).
2. For the treatment of patients with unresectable, locally advanced or metastatic, well-differentiated, non-functional neuroendocrine tumors (NETs) of gastrointestinal or lung origin (GIL) with documented radiological disease progression within six months.

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.

Claim Notes:
- Requests for everolimus will not be considered for patients who experience disease progression on sunitinib for pNET.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

EVOLOCUMAB (REPATHA)
140mg/mL prefilled autoinjector
120mg/mL automated mini-doser with prefilled cartridge

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:
- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
- Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
  - high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
  - ezetimibe alone, if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance

Initial renewal criteria:
- A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Subsequent renewal criteria:
- The patient continues to maintain a reduction in LDL- C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:
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.

FEBUXOSTAT (ULORIC and generic brand)
80mg tablet

For patients with symptomatic gout who have documented hypersensitivity to allopurinol. Hypersensitivity to allopurinol is a rare condition that is characterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes).

Clinical Note:
- Intolerance or lack of response to allopurinol will not be covered by these criteria.

FENTANYL (DURAGESIC MAT AND generic brands)
12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr and 100mcg/hr transdermal patch

For the management of malignant or chronic non-malignant pain in adult patients;
- who were previously receiving continuous opioid administration (i.e. not opioid naive),

OR
- who are unable to take oral therapy.

FESOTERODINE (TOVIAZ)
4mg and 8mg extended-release tablets

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of a regular benefit OAB drug (e.g. immediate-release oxybutynin, solifenacin or tolterodine).

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

FIDAXOMICIN (DIFICID)
200mg film-coated tablet

For the treatment of patients with Clostridium difficile infection (CDI), where the patient has:
- a second or subsequent recurrence following treatment with oral vancomycin; or
- treatment failure with oral vancomycin for the current CDI episode; or
- an intolerance or contraindication to oral vancomycin.

Re-treatment criteria:
- Re-treatment with fidaxomicin will only be considered for an early relapse occurring within 8 weeks of the start of the most recent fidaxomicin course.

Clinical Notes:
1. Treatment failure is defined as 14 days of vancomycin therapy without acceptable clinical improvement.
2. Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Should be prescribed by, or in consultation with, an infectious disease specialist or gastroenterologist.
- Requests will be approved for 200 mg twice a day for 10 days.

FILGRASTIM (GRASTOFIL)
300mcg/0.5mL and 480mcg/0.8mL prefilled syringe

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.

Non-Malignant Indications
- To increase neutrophil count and reduce the incidence and duration of infection in patients with congenital, idiopathic or cyclic neutropenia.

- For the prevention and treatment of neutropenia in patients with HIV infection.

Stem Cell Transplantation Support
- For mobilization of peripheral blood progenitor cells for the purpose of stem cell transplantation.
- To enhance engraftment following stem cell transplantation.

Claim Notes:
- All requests for coverage of filgrastim for adult patients will be approved for Grastofil brand only.
- Patients who have existing coverage of the Neupogen brand will continue to have this brand covered until the current special authorization approval expires.

FILGRASTIM (NEUPOGEN)
300mcg/1mL and 480mcg/1.6mL single-use vials

As supportive therapy for pediatric oncology patients.

Claim Notes:
- All requests for coverage of filgrastim for adult patients will be approved for Grastofil brand only.
- Patients who have existing coverage of the Neupogen brand will continue to have this brand covered until the current special authorization approval expires.

FINGOLIMOD (GILENYA)
0.5 mg capsule

For the treatment of patients with Relapsing Remitting Multiple Sclerosis (RRMS) who meet all of the following criteria:
- Failure to respond to full and adequate courses[1] of at least one interferon OR glatiramer acetate; OR documented intolerance[2] to both therapies
- Have experienced one or more clinically disabling relapses in the previous year
- Demonstrate a significant increase in T2 lesion load compared with that from a previous MRI scan (i.e. 3 or more new lesions) OR have at least one gadolinium enhancing lesion
- Request is being made by and followed by a neurologist experienced in the management of RRMS
- Patient has a recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

Exclusion Criteria:
- Combination therapy of fingolimod with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Tysabri) will not be funded.
- Combination therapy of fingolimid with Fampyra will not be funded.
- Patients with EDSS > 5.5 will not be funded
- Patients who have experienced a heart attack or stroke within the 6 months prior to the funding request will not be considered.
- Patients with a history of sick sinus syndrome, atrioventricular block, significant QT prolongation, bradycardia, ischemic heart disease, or congestive heart failure will not be considered.
- Patients younger than 18 years of age will not be considered.
- Patients with needle phobia or those having a preference for an oral therapy over an injection and who do not have one or more clinical contraindications to interferon or glatiramer therapy will not be funded.
- Skin reactions at the site of the injection do NOT qualify as a contraindication to interferon or glatiramer therapy.

Requirements for Initial Requests:
- The patient's physician must provide documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.

Renewal requests will be considered.
- Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days);

  AND
- Patient must be stable or have experienced no more than 1 disabling attack/relapse in the past year;

  AND
- The recent Expanded Disability Status Scale (EDSS) score must be less than or equal to 5.5 (i.e. patients must be able to ambulate at least 100 meters without assistance)

Clinical Notes:
1. [1]Failure to respond to full and adequate courses is defined as a trial of at least 6 months of interferon or glatiramer therapy AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy (MRI report does not need to be submitted with the request)
2. [2]Intolerance is defined as documented serious adverse effects or contraindications that are incompatible with

further use of that class of drug. (Note that skin reactions at the site of the injection do NOT qualify as a contraindication to interferon or glatiramer therapy.)

Claim Notes:
- Dosage: 0.5 mg once daily
- Initial approval period: 1 year.
- Renewal approval period: 2 years.

FLUCONAZOLE (DIFLUCAN)
50mg/5mL powder for oral suspension

For the treatment of patients who have:
- oropharyngeal candidiasis which failed to respond to nystatin, or
- systemic infections and oral fluconazole tablets are not an option.

FLUDARABINE (FLUDARA)
10mg film-coated tablet

- For the first-line treatment of patients with chronic lymphocytic leukemia (CLL) when used in combination with rituximab (with or without cyclophosphamide).
- For the treatment of patients with CLL who have failed to respond to, or have relapsed during or after previous therapy with an alkylating agent.

FLUOXETINE (Generic brands)
20mg/5mL oral solution

For use in patients for whom oral capsules are not an option.

FORMOTEROL (FORADIL)
12 mcg powder for inhalation

See criteria under Long-acting beta-2 agonists (LABA)

FORMOTEROL (OXEZE TURBUHALER)
6 mcg and 12 mcg turbuhalers

See criteria under Long-acting beta-2 agonists (LABA)
FORMOTEROL / ACLIDINIUM BROMIDE (DUAKLIR GENUAIR)
12mcg/400mcg powder for inhalation

See criteria under Long-acting beta-2 agonist/ Long-acting anticholinergic (LABA/LAAC) combinations

FORMOTEROL / BUDESONIDE (SYMBICORT TURBUHALER)
6mcg/100mcg and 6mcg/200mcg turbuhalers

See criteria under Long-acting beta-2 agonists/Inhaled corticosteroid (LABA/ICS) combinations

FORMOTEROL / MOMETASONE (ZENHALE)
5mcg/50mcg, 5mcg/100mcg and 5mcg/200mcg metered-dose inhalers

See criteria under Long-acting beta-2 agonists/Inhaled corticosteroid (LABA/ICS) combinations

FOSFOMYCIN (MONUROL)
3g sachet

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 agents are not tolerated.

Clinical Note:
- Fosfomycin is not indicated in the treatment of pyelonephritis or perinephric abscess.

GALANTAMINE (REMINYL ER and generic brands)
8mg, 16mg, and 24mg extended release capsules

See criteria under Cholinesterase Inhibitors.

GLATIRAMER ACETATE (COPAXONE)
20mg/mL prefilled syringe

1. For the treatment of patients with clinically definite multiple sclerosis (CDMS) including relapsing-remitting multiple sclerosis (RRMS) or secondary progressive multiple sclerosis who meet the following criteria:
   - Two disabling attacks of MS in the previous two years, and
   - Ambulatory with or without aid (EDSS of less than or equal to 6.5)
2. For the treatment of patients who have experienced a clinically isolated syndrome and are considered at risk for developing CDMS.

Clinical Note:
- An attack/relapse is defined as the appearance of new or recurring neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:
- New requests for coverage of Copaxone for RRMS will not be considered.
- Glatect brand of glatiramer is listed as a regular benefit.

GLATIRAMER ACETATE (GLATECT)
20mg/mL prefilled syringe

For the treatment of patients with relapsing-remitting multiple sclerosis (RRMS).

Claim Notes:
- Prescriptions written by New Brunswick neurologists do not require special authorization for the Multiple Sclerosis Plan (Plan H).
- Glatect brand of glatiramer is listed as a regular benefit for Plans ADEFGV.

GLYCEROL PHENYLBUTYRATE (RAVICTI)
1.1g/mL oral liquid

For the treatment of patients with urea cycle disorders (UCDs).

Clinical Note:
- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Note:
- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs

GLECAPREVIR/PIBRENTASVIR (MAVIRET)
100 mg / 40 mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period
Genotypes 1, 2, 3, 4, 5 or 6 • Treatment-naïve	8 weeks (12 weeks with cirrhosis)
Genotypes 1, 2, 4, 5 or 6 • Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	8 weeks (12 weeks with cirrhosis)
Genotype 1 • NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing: – Boceprevir/PR; or – Simeprevir (SMV)/SOF; or – SMV/PR; or – Telaprevir/PR	12 weeks
Genotype 1 • NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing: – Daclatasvir (DCV)/SOF; or – DCV/PR; or – Ledipasvir/SOF	16 weeks

Genotype 3 • Treatment-experienced with regimens containing PR and/or SOF	16 weeks

The following information is also required:
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5 or 6
- Quantitative HCV RNA value within the last 6 months
- Fibrosis stage

Clinical Note:
- Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.

Claim Notes:
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

GLYCOPYRRONIUM BROMIDE (SEEBRI BREEZHALER)
50mcg powder for inhalation

See criteria under Long-acting anticholinergics (LAAC).

GOLIMUMAB (SIMPONI)
50mg/0.5mL and 100mg/1mL autoinjector and prefilled syringe

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 50mg per month.
- Initial approval period: 4 months.
- Renewal approval period: 1 year.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 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:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 50mg per month.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.gf

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Approvals will be for a maximum of 50mg once a month.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Ulcerative colitis
- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of the intolerance(s) must be clearly documented.

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.
- Approvals will be for a maximum of 200mg at week 0, 100mg at week 2 then 100mg every four weeks thereafter.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

GRANISETRON (generic brands)
1mg tablet

For the treatment of emesis in patients who are:
- receiving moderately or severely emetogenic chemotherapy

OR
- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics

OR
- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Clinical Notes:
1. Only requests for the oral dosage forms are eligible for consideration. Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.
2. Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.
3. When used in combination with aprepitant, only a single oral dose pre-chemotherapy will be covered.

Claim Note:
- Prescription claims for up to a maximum of 12 tablets of ondansetron or 2 tablets of granisetron will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioners-oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

GRASS POLLEN ALLERGEN EXTRACT (ORALAIR)
100IR and 300IR sublingual tablets

For the seasonal treatment of grass pollen allergic rhinitis in patients who have not adequately responded to, or tolerated, conventional pharmacotherapy.

Clinical Notes:
- Treatment with grass pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
- Treatment should be initiated four months before the onset of pollen season and should only be continued until the end of the season
- Treatment should not be taken for more than three consecutive years

IBRUTINIB (IMBRUVICA)
140mg capsule

1. 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 based on prognostic biomarkers.
2. For the treatment of patients with CLL/SLL who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine-based regimen.
3. For the treatment of patients with relapsed or refractory mantle cell lymphoma.

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.

Claim Notes:
- Sequential use of ibrutinib and idelalisib will not be reimbursed. Exceptions may be considered in the case of intolerance or contraindication without disease progression, or when required as a bridge to allogeneic stem cell transplant.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

ICATIBANT (FIRAZYR)
30mg/3mL prefilled syringe

For the treatment of acute attacks of type I or type II hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency if the following conditions are met:
- Non-laryngeal attacks of at least moderate severity,

OR
- Acute laryngeal attacks.

Clinical Notes:
1. Using more than three doses in a 24 hour period is not recommended.
2. The safety of more than eight injections per month has not been investigated in clinical trials.

Claim Notes:
- Must be prescribed by, or in consultation with, physicians experienced in the treatment of HAE.
- Coverage is limited to a single dose per attack.
- The maximum quantity that may be dispensed at one time is two doses.

IDELALISIB (ZYDELIG)
100mg and 150mg film-coated tablets

For the treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab.

Renewal criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Note:
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Idelalisib will not be reimbursed for patients whose disease has progressed on ibrutinib therapy in the relapsed setting.
- Initial approval period: 6 months.
- Renewal approval period: 12 months.

IMIQUIMOD (ALDARA and generic brand)
5% cream

1. For the treatment of external genital and external perianal/condyloma acuminata warts.

Claim Note:
- Approval Period: 16 weeks.

2. For the treatment of actinic keratosis in patients who have failed treatment with 5-Fluorouracil (5-FU) and cryotherapy.

Claim Note:
- Approval Period: 16 weeks.

3. For the treatment of biopsy-confirmed primary superficial basal cell carcinoma:
   - with a tumour diameter of ≤ 2 cm
     AND
   - located on the trunk, neck or extremities (excluding hands and feet)
     AND
   - where surgery or irradiation therapy is not medically indicated
     - recurrent lesions in previously irradiated area
       OR
     - multiple lesions, too numerous to irradiate or remove surgically.

Clinical Note:
- Surgical management should be considered first-line for superficial basal cell carcinoma in most patients, especially for isolated lesions.

Claim Note:
- Approval Period: 6 weeks.

INCOBOTULINUMTOXIN-A (XEOMIN)
50 LD_{50} units per vial and 100 LD_{50} units per vial

- For the treatment of blepharospasm in patients 18 years of age and older.
- For the treatment of cervical dystonia (spasmodic torticollis) in patients 18 years of age or older.

INDACATEROL (ONBREZ BREEZHALER)
75mcg powder for inhalation

See criteria under Long-acting beta-2 agonists (LABA)

INDACATEROL AND GLYCOPYRRONIUM BROMIDE (ULTIBRO BREEZEHALER)
110mcg/50mcg powder for inhalation

See criteria under Long-acting beta-2 agonist/ Long-acting anticholinergic (LABA/LAAC) combinations

INFLIXIMAB (INFLECTRA)
100 mg vial

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Plaque Psoriasis
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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.

- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 20mg weekly (≥15mg if patient is ≥65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Ulcerative Colitis
- For the treatment of patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of 4 weeks, and prednisone ≥ 40mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).

- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. 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 gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

INFLIXIMAB (REMICADE)
100 mg vial

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 5 mg/kg at weeks 0, 2 and 6, then every 6-8 weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Crohn’s Disease
For the treatment of patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 5 mg/kg at weeks 0, 2 and 6, then every 8 weeks thereafter.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Plaque Psoriasis
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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 5 mg/kg at weeks 0, 2, and 6, then every 8 weeks thereafter
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15 mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 3 mg/kg/dose at 0, 2 and 6 weeks, then every 8 weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

INFLIXIMAB (RENFLEXIS)
100 mg vial

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or "ability to return to work").

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Crohn's Disease
For the treatment of patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Plaque Psoriasis
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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥15 mg if patient is ≥65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

Clinical Notes:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥20 mg weekly (≥15 mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Ulcerative Colitis
- For the treatment of patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone ≥ 40 mg daily for two weeks or IV equivalent for one week); or
  - corticosteroid dependent (i.e. cannot be tapered from corticosteroids without disease recurrence; or have relapsed within three months of stopping corticosteroids; or require two or more courses of corticosteroids within one year).
- Renewal requests must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease in the partial Mayo score ≥ 2 from baseline, and
  - a decrease in the rectal bleeding subscore ≥1.

Clinical Notes:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of the intolerance(s) must be clearly documented.

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.
- All new requests for coverage of infliximab will be approved for the biosimilar versions only.

- Initial approval period: 12 weeks.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

INSULIN DETEMIR (LEVEMIR)
100U/mL penfill cartridge and FlexTouch prefilled pen

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously taken insulin NPH and/or pre-mix daily at optimal dosing, and have:
- experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management; or
- documented severe or continuing systemic or local allergic reaction to existing insulin(s).

INSULIN GLARGINE (LANTUS)
100U/mL vial, cartridge, and SoloSTAR prefilled pen

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring long-acting insulin.

Claim Note:
- New requests for coverage of Lantus will not be considered. Basaglar brand of insulin glargine is listed as a regular benefit.

INSULIN LISPRO (HUMALOG)
100U/mL vial, cartridge, and KwikPen prefilled pen

For patients with type 1 or type 2 diabetes who:
- have experienced frequent episodes of postprandial hypoglycemia, or
- have unpredictable mealtimes, or
- have insulin resistance, or
- who are using continuous subcutaneous insulin infusion.

Claim Note:
- Prescriptions written by New Brunswick endocrinologists and internists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

INTERFERON BETA-1A (AVONEX PS)
30mcg/0.5mL prefilled syringe and Autoinjector
INTERFERON BETA-1A (REBIF)
22mcg/0.5mL and 44mcg/0.5mL prefilled syringe
66mcg/1.5mL and 132mcg/1.5mL prefilled cartridge
INTERFERON BETA-1B (BETASERON, EXTAVIA)
0.3mg single-use vial

1. For the treatment of patients with clinically definite multiple sclerosis (CDMS) including relapsing-remitting multiple sclerosis, secondary progressive multiple sclerosis or relapsing progressive multiple sclerosis who meet the following criteria:
   - Two disabling attacks of MS in the previous two years,
     AND
   - Ambulatory with or without aid (EDSS of less than or equal to 6.5)
2. For the treatment of patients who have experienced a clinically isolated syndrome (CIS) and are considered at risk for developing CDMS.

Clinical Note:
- An attack/relapse is defined as the appearance of new or recurring neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Note:
- Prescriptions written by New Brunswick neurologists do not require special authorization.

IRON DEXTRAN (DEXIRON)
50mg/mL vial

For the treatment of iron deficiency anemia in patients who
- are intolerant to oral iron replacement products,
  OR
- have not responded to adequate therapy with oral iron.

IRON SUCROSE (VENOFER)
20mg/mL vial

For the treatment of iron deficiency anemia in patients who
- are intolerant to oral iron replacement products,
  OR
- have not responded to adequate therapy with oral iron.

ITRACONAZOLE (SPORANOX and generic brand)
100mg capsule

1. For the treatment of severe systemic fungal infections not responding to alternative therapy.
2. For the treatment of severe or resistant fungal infections in immunocompromised patients not responding to alternative therapy.
3. For the treatment of skin infections (excluding onychomycosis) caused by dermatophyte fungi not responding to alternative therapy.

ITRACONAZOLE (SPORANOX)
10 mg/mL oral solution

For the treatment of immunocompromised adult patients with oral and/or esophageal candidiasis.

Clinical Note:
- Itraconazole oral solution is not interchangeable with itraconazole capsules due to differences in bioavailability.

IVABRADINE (LANCORA)
5mg and 7.5mg film-coated tablets

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 death 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 to III symptoms despite at least four weeks of treatment with the following:
  - a stable dose of an angiotensin converting 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 documented 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 (KALYDECO)
150mg tablet

For the treatment of cystic fibrosis in patients who meet the following criteria:
- age 6 years and older; and
- have documented G551D mutation in the Cystic Fibrosis Transmembrane conductance Regulator (CFTR) gene.

Initial renewal criteria:
Renewal requests will be considered in patients with documented response to treatment (after at least 6 months of therapy) as evidenced by the following:

In cases where the patient's sweat chloride levels prior to commencing therapy were above 60mmol/litre:
- the patient's sweat chloride level fell below 60mmol/litre; or
- the patient's sweat chloride level is 30% lower than the level reported in a previous test;

In cases where the baseline sweat chloride levels prior to commencing therapy were below 60mmol/litre:
- the patient's sweat chloride level is 30% lower than the level reported in a previous test; or
- the patient demonstrates a sustained absolute improvement in FEV1 of at least 5% when compared to the FEV1 test conducted prior to the commencement of therapy.

Subsequent renewal criteria:
- The patient is continuing to benefit from therapy.

Clinical Notes:
- The patient's sweat chloride level and FEV1 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, funding will be discontinued.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Approved dose: 150mg every 12 hours.
- Initial and renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

IXEKIZUMAB (TALTZ)
80 mg/mL prefilled syringe and autoinjector

Plaque Psoriasis
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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.
4. Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 160 mg at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12 then 80 mg every four weeks.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 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:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerance is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.Approvals will be for 160mg at week 0, followed by 80mg every four weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

LACOSAMIDE (VIMPAT and generic brands)
50mg, 100mg, 150mg and 200mg film-coated tablets

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:
- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel, eslicarbazepine or brivaracetam will not be reimbursed.

LACTULOSE (various brands)
667 mg/mL syrup

For the treatment of hepatic encephalopathy in patients with liver disease.

Clinical Note:
- Please note requests for treatment of constipation will not be considered.

LAMIVUDINE (HEPTOVIR and generic brand)
100mg tablet and 5mg/mL oral solution

For the treatment of Hepatitis B.

Claim Note:
- Must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other physician with experience in the treatment of hepatitis B.

LANREOTIDE (SOMATULINE AUTOGEL)
60mg/0.5mL, 90mg/0.5mL, 120mg/0.5mL prefilled syringes

For the treatment of acromegaly.

LANSORAZOLE (PREVACID and generic brands)
15mg and 30mg delayed-release capsules

For patients who have had a therapeutic failure with all proton pump inhibitors listed as regular benefits (e.g. omeprazole, pantoprazole, rabeprazole).

Clinical Note:
- Patients who have failed a minimum eight week trial of standard dose therapy may be considered for an eight week trial of double dose therapy. Coverage beyond eight weeks will be considered if step down to standard dose therapy is not successful.

LANSOPRAZOLE (PREVACID FASTAB)
15mg and 30mg delayed-release tablets

For patients who require drugs to be administered through a feeding tube or are unable to swallow.

LAPATINIB (TYKERB)
250mg tablet

For use in combination with capecitabine, for the treatment of HER2-positive patients with advanced or metastatic breast cancer who have progressed on trastuzumab-based treatments (e.g. taxanes, anthracycline, trastuzumab) and who have an ECOG performance status of 0-2.

Renewal criteria:
- Written confirmation that the patient has responded to treatment and that there is no evidence of disease progression.

Clinical Note:
- Requests will not be considered for use in combination with trastuzumab for second-line HER2-positive metastatic breast cancer or in the adjuvant setting

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

LENALIDOMIDE (REVLIMID)
2.5mg, 5mg, 10mg, 15mg, 20mg and 25mg capsules

Myelodysplastic Syndrome (MDS)
For the treatment of Myelodysplastic Syndrome (MDS) in patients with:
- Demonstrated diagnosis of MDS on bone marrow aspiration
- Presence of 5-q deletion documented by appropriate genetic testing
- International Prognostic Scoring System (IPSS) risk category low or intermediate-1
- Presence of symptomatic anemia (defined as transfusion dependent)

Renewal criteria:
- For patients who were transfusion-dependent and have demonstrated a reduction in transfusion requirements of at least 50%.
- Renewal requests for all other patients may be considered if information describing the results of serial CBC (pre- and post-lenalidomide) and any other objective evidence of response is included.

Clinical Notes:
- Requests for patients who are not transfusion-dependent may be considered. Clinical evidence of symptomatic anemia affecting the patient's quality of life, rationale for why transfusions are not being used, and details pertaining to other therapies prescribed to manage anemia is required.

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

Multiple Myeloma
1. For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and have:
   - had no prior treatment, and
   - an ECOG performance status of ≤ 2.
2. For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and:
   - are refractory to or have relapsed after the conclusion of initial or subsequent treatments; or
   - have completed at least one full treatment regimen as initial therapy and are experiencing intolerance to their current chemotherapy.
3. For the maintenance treatment of patients with newly diagnosed multiple myeloma, following autologous stem-cell transplantation (ASCT), who have stable disease or better, with no evidence of disease progression.

   Clinical Note:
   - Recommended Dose: Initial dose of 10 mg daily. Dose adjustments (5-15 mg) may be necessary based on individual patient characteristics/responses.

Renewal criteria:
- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Note:
- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Lenalidomide will not be reimbursed for patients who have had disease progression on prior lenalidomide therapy.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

LENVATINIB (LENVIMA)
10mg, 14mg, 20mg and 24mg per dose compliance packs

For the treatment of patients with locally recurrent or metastatic, progressive, differentiated thyroid cancer (DTC) who meet the following criteria:
- Pathologically confirmed papillary or follicular thyroid cancer, and
- Disease that is refractory or resistant to radioactive iodine therapy, and
- Radiological evidence of disease progression within the previous 13 months, and
- Previous treatment with no more than one tyrosine kinase inhibitor (TKI).

Renewal Criteria:
- Written confirmation that the patient is responding 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.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

LEUPROLIDE (LUPRON)
5mg/mL multi-dose vial

1. For the palliative treatment of stage D_2 carcinoma of the prostate (Plans D and F).
2. For the treatment of central precocious puberty.

Claim Note:
- Lupron 5mg injection is a regular benefit for Plans A and V.

LEVOCARNITINE (CARNITOR)
100mg/mL oral solution
330mg tablet

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.

LEVODOPA, CARBIDOPA AND ENTACAPONE (STALEVO)
50mg/12.5mg/200mg, 75mg/18.75mg/200mg, 100mg/25mg/200mg, 125mg/31.25mg/200mg, and 150mg/37.5mg/200mg tablets

For the treatment of patients with Parkinson's disease
- who are currently receiving immediate-release levodopa/carbidopa and entacapone,
  OR
- who are not well controlled and are experiencing significant "wearing off" symptoms despite optimal therapy with levodopa/decarboxylase.

LEVOFLOXACIN (LEVAQUIN and generic brands)
250mg and 500mg tablets

Pneumonia and Bronchitis
- For the completion of therapy instituted in the hospital setting for the treatment of nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic bronchitis (AECB).
- For the treatment of severe pneumonia in nursing home patients (regular benefit for Plan V).
- For the treatment of CAP in patients;
  - with co-morbidity upon radiographic confirmation of pneumonia,
    OR
  - who have failed first line therapies (macrolide, doxycycline, amoxicillin-clavulanate).
- For the treatment of AECB in complicated patients who have failed treatment with one of the following (amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate).

Clinical Notes:
1. If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.
2. Co-morbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.
3. Complicated AECB defined as increased cough and sputum, sputum purulence and increased dyspnea
   AND
   - $FEV_1 < 50\%$ predicted

OR

- FEV_1 50-65% and one of the following:
  - ≥ 4 exacerbations per year
  - Ischemic heart disease
  - Chronic oral steroid use
  - Antibiotic use in the past 3 months

Claim Notes:
- Prescriptions written by New Brunswick infectious disease specialists, medical microbiologists, medical oncologists, respirologists and internal medicine specialists will not require special authorization.
- Levofloxacin is a regular benefit for Plan V.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist
- Requests will only be considered under Plan P.

LEVOFLOXACIN (QUINSAIR)
240 mg /2.4 mL solution for inhalation

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in adult patients with cystic fibrosis who have experienced treatment failure 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.

Claim Notes:
- Combined use of inhaled levofloxacin, either concurrently or for antibiotic cycling during off-treatment periods, with other inhaled antibiotics (e.g, tobramycin, aztreonam) will not be reimbursed.
- Requests will be considered for individuals in Plans ADEFGV.

LINAGLIPTIN (TRAJENTA)
5mg tablet

For the treatment of type 2 diabetes mellitus as a third drug added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and in whom insulin is not an option.

Clinical Note:
- For patients who cannot take metformin and/or a sulfonylurea due to contraindications or intolerances, details must be provided.

LINEZOLID (ZYVOXAM and generic brands)
600mg tablet

- For treatment of proven vancomycin-resistant *enterocci* (VRE) infections.
- For the treatment of proven methicillin-resistant *Staphylococcus aureus* (MRSA) / methicillin-resistant *Staphylococcus epidermidis* (MRSE) infections in patients who are unresponsive to, or intolerant of, intravenous vancomycin or in whom intravenous vancomycin is not appropriate.

Claim Note:
- The drug must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

LISDEXAMFETAMINE (VYVANSE)
10mg, 20mg, 30mg, 40mg, 50mg and 60mg capsules

For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients who:
- Demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and
- Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results.

Claim Notes:
- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.
- The maximum dose reimbursed is 60mg daily.

LONG-ACTING ANTICHOLINERGICS (LAAC)
- Aclidinium bromide (Tudorza Genuair)
- Glycopyrronium bromide (Seebri Breezhaler)
- Tiotropium bromide (Spiriva, Spiriva Respimat)
- Umeclidinium bromide (Incruse Ellipta)

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

- Combination therapy with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhalation device will be considered in patients with moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:
1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:
   - 8 puffs per day of short acting beta-2 agonist or
   - 12 puffs per day of ipratropium or
   - 6 puffs per day of ipratropium plus salbutamol combination product

   Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim Note:
- Combination therapy of single agent long-acting bronchodilators, i.e. long acting beta-2 agonist (LABA) and long acting anticholinergic (LAAC), will not be considered. Products which combine a LABA/LAAC in a single device are available as special authorization benefits with their own criteria.

LONG-ACTING BETA-2 AGONISTS (LABA)
- Formoterol (Oxeze Turbuhaler)
- Formoterol (Foradil)
- Indacaterol (Onbrez Breezhaler)
- Salmeterol (Serevent Diskus, Serevent Diskhaler Disk)

Asthma
For the treatment of patients with reversible obstructive airway disease who are using optimal corticosteroid treatment, but are still poorly controlled.

Chronic Obstructive Pulmonary Disease
For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

Clinical Notes:
1. Moderate to severe COPD is defined by spirometry as a post bronchodilator FEV_1 < 60% predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

   If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:

- 8 puffs per day of short acting beta-2 agonist or
- 12 puffs per day of ipratropium or
- 6 puffs per day of ipratropium plus salbutamol combination product

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim Notes:
- Combination therapy of single agent long-acting bronchodilators, i.e. long acting beta-2 agonist (LABA) and long acting anticholinergic (LAAC), will not be considered. Products which combine a LABA/LAAC in a single device are available as special authorization benefits with their own criteria.
- Oxeze Turbuhaler is not indicated for the treatment of COPD, therefore requests will only be considered for the treatment of asthma.
- Onbrez Breezhaler is not indicated for the treatment of asthma, therefore requests will only be considered for the treatment of COPD.

LONG-ACTING BETA-2 AGONISTS/INHALED CORTICOSTEROID (LABA/ICS) COMBINATIONS
- Formoterol/budesonide (Symbicort Turbuhaler)
- Formoterol/mometasone (Zenhale)
- Salmeterol/fluticasone (Advair, Advair Diskus)
- Vilanterol/fluticasone (Breo Ellipta)

Asthma
For patients with reversible obstructive airways disease who are:
- Stabilized on an inhaled corticosteroid and a long-acting beta-2 agonist, or
- Using optimal doses of inhaled corticosteroids but are still poorly controlled.

Chronic Obstructive Pulmonary Disease
For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) as defined by spirometry, or in patients with an inadequate response to short acting bronchodilators.

- Combination therapy with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS) and a long acting anticholinergic (LAAC) inhalation device will be considered in patients with moderate to severe COPD, as defined by spirometry, a history of COPD exacerbation(s) and an inadequate response to LABA/ICS or LAAC.

Clinical Notes:
1. Moderate to severe COPD is defined by spirometry as a post bronchodilator $FEV_1 < 60\%$ predicted and FEV_1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.
   If spirometry cannot be obtained, reasons must be clearly explained and other evidence of COPD severity provided, i.e., Medical Research Council (MRC) Dyspnea Scale Score of at least Grade 3. MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level.

2. Inadequate response to short acting bronchodilators is defined as persistent symptoms, i.e., MRC of at least Grade 3, after at least 2 months of short acting bronchodilator at the following doses:
   - 8 puffs per day of short acting beta-2 agonist or
   - 12 puffs per day of ipratropium or
   - 6 puffs per day of ipratropium plus salbutamol combination product

   Inadequate response to LABA/ICS or LAAC is defined as persistent symptoms after at least 2 months of therapy.

3. COPD exacerbation is defined as an increase in symptoms requiring treatment with antibiotics and/or systemic (oral or intravenous) corticosteroids.

Claim note:
- Breo Ellipta 25mcg/200mcg and Zenhale are not indicated for the treatment of COPD, therefore requests for these products will only be considered for asthma.

LONG-ACTING BETA-2 AGONIST/ LONG-ACTING ANTICHOLINERGIC (LABA/LAAC) COMBINATIONS
- Formoterol/aclidinium bromide (Duaklir Genuair)
- Indacaterol/glycopyrronium bromide (Ultibro Breezehaler)
- Olodaterol/tiotropium bromide (Inspiolto Respimat)
- Vilanterol/umeclidinum bromide (Anoro Ellipta)

For the treatment of moderate to severe chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients with an inadequate response to a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:

1. Moderate to severe COPD is defined by spirometry (post-bronchodilator) FEV1 < 60% predicted and FEV1/FVC ratio of < 0.70. Spirometry reports from any point in time will be accepted.

If spirometry cannot be obtained, reasons must be clearly explained and other evidence regarding COPD severity must be provided for consideration (i.e. Medical Research Council (MRC) Dyspnea Scale score of at least Grade 3). MRC Grade 3 is described as: walks slower than people of same age on the level because of shortness of breath from COPD or has to stop for breath when walking at own pace on the level

2. Inadequate response is defined as persistent symptoms after at least 2 months of LABA or LAAC.

LOW MOLECULAR WEIGHT HEPARINS (Dalteparin, Enoxaparin, Nadroparin, Tinzaparin)

1. For the treatment of venous thromboembolism (VTE) and/or pulmonary embolism (PE) for a maximum of 30 days.
2. For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while patients are on therapeutic doses of warfarin.
3. For the prophylaxis of venous thromboembolism (VTE) up to 35 days following elective hip replacement or hip fracture surgery.
4. For the prophylaxis of VTE up to 14 days following elective knee replacement surgery.
5. For the prophylaxis of venous thromboembolism (VTE) post abdominal or pelvic surgery for management of a malignant tumor for up to 28 days (enoxaparin only).
6. 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 for whom warfarin therapy is not an option.

Claim Note:

- An annual quantity limit of approximately 35 days of therapy is applied to all Low Molecular Weight Heparin DINs listed in the table. If the DIN does not appear in the table or if an additional quantity is required, a request must be made through special authorization.

Product Name	DIN	Approximate 35 Day Treatment Quantity
Dalteparin (Fragmin)		
• 2,500IU/0.2mL prefilled syringe	02132621	0.2mL x 35 syringes = 7mL
• 3,500IU/0.28mL prefilled syringe	02430789	0.28mL x 35 syringes = 9.8mL
• 5,000IU/0.2mL prefilled syringe	02132648	0.2mL x 35 syringes = 7mL
• 7,500IU/0.3mL prefilled syringe	02352648	0.3mL x 35 syringes = 10.5mL
• 10,000IU/0.4mL prefilled syringe	02352656	0.4mL x 35 syringes = 14mL
• 12,500IU/0.5mL prefilled syringe	02352664	0.5mL x 35 syringes = 17.5mL
• 15,000IU/0.6mL prefilled syringe	02352672	0.6mL x 35 syringes = 21mL
• 18,000IU/0.72mL prefilled syringe	02352680	0.72mL x 35 syringes = 25.2mL
• 25,000IU/mL multi-dose vial	02231171	3.8mL x 7 vials = 26.6mL
Enoxaparin (Lovenox & Lovenox HP)		
• 30mg/0.3mL prefilled syringe	02012472	0.3mL x 35 syringes = 10.5mL
• 40mg/0.4mL prefilled syringe	02236883	0.4mL x 35 syringes = 14mL
• 60mg/0.6mL prefilled syringe	02378426	0.6mL x 35 syringes = 21mL
• 80mg/0.8mL prefilled syringe	02378434	0.8mL x 35 syringes = 28mL
• 100mg/mL prefilled syringe	02378442	1mL x 35 syringes = 35mL
• 120mg/0.8mL prefilled syringe (HP)	02242692	0.8mL x 35 syringes = 28mL
• 150mg/mL prefilled syringe (HP)	02378469	1mL x 35 syringes = 35mL
Nadroparin (Fraxiparin & Fraxiparin Forte)		
• 2,850IU/0.3mL prefilled syringe	02236913	0.3mL x 35 syringes = 10.5mL
• 3,800IU/0.4mL prefilled syringe	02450623	0.4mL x 35 syringes = 14mL
• 5,700IU/0.6mL prefilled syringe	02450631	0.6mL x 35 syringes = 21mL
• 9,500IU/mL prefilled syringe	02450658	1mL x 35 syringes = 35mL
• 11,400IU/0.6mL prefilled syringe	02450674	0.6mL x 35 syringes = 21mL
• 15,200IU/0.8mL prefilled syringe	02450666	0.8mL x 35 syringes = 28mL
• 19,000IU/mL prefilled syringe	02240114	1.0mL x 35 syringes = 35mL
Tinzaparin (Innohep)		
• 2,500IU/0.25mL prefilled syringe	02229755	0.25mL x 35 syringes = 8.75mL
• 3,500IU/0.35mL prefilled syringe	02358158	0.35mL x 35 syringes = 12.25mL
• 4,500IU/0.45mL prefilled syringe	02358166	0.45mL x 35 syringes = 15.75mL
• 8,000IU/0.4mL prefilled syringe	02429462	0.4mL x 35 syringes = 14mL
• 10,000IU/0.5mL prefilled syringe	02231478	0.5mL x 35 syringes = 17.5mL
• 12,000IU/0.6mL prefilled syringe	02429470	0.6mL x 35 syringes = 21mL
• 14,000IU/0.7mL prefilled syringe	02358174	0.7mL x 35 syringes = 24.5mL
• 16,000IU/0.8mL prefilled syringe	02429489	0.8mL x 35 syringes = 28mL
• 18,000IU/0.9mL prefilled syringe	02358182	0.9mL x 35 syringes = 31.5mL

LURASIDONE (LATUDA)
20mg, 40mg, 60mg, 80mg and 120mg film-coated tablets

For the treatment of schizophrenia and related psychotic disorders (not dementia related) in patients with a history of intolerance or inadequate response to at least one less expensive antipsychotic agent, or who have a contraindication to less expensive agents.

MARAVIROC (CELSENTRI)
150mg and 300mg film-coated tablets

For the treatment of HIV-1 infection in patients who have CCR5 tropic viruses and who have documented resistance to at least one agent from each of the three major classes of antiretrovirals (i.e. nucleoside/tide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors.)

Clinical Note:
- Requests for HIV-1 treatment-naïve patients will not be considered.

MEPOLIZUMAB (NUCALA)
100mg/mL single-use vial

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high-dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist), and meets one of the following criteria:
- blood eosinophil count of ≥ 0.3×10^9 /L and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15×10^9 /L and is receiving treatment with daily oral corticosteroids (OCS).

Initial Discontinuation Criteria:
- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:
- Baseline asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Clinical Notes:
1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. High-dose inhaled corticosteroids is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
3. Significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:
- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe eosinophilic asthma.
- Combined use of mepolizumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 100mg every four weeks.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

METFORMIN AND LINAGLIPTIN (JENTADUETO)
500mg/2.5mg, 850mg/2.5mg, and 1000mg/2.5mg tablets

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with linagliptin and metformin, to replace the individual components of linagliptin and metformin.

METFORMIN AND SAXAGLIPTIN (KOMBOGLYZE)
500 mg / 2.5 mg, 850 mg / 2.5 mg, and 1000 mg / 2.5 mg tablets

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with saxagliptin and metformin, to replace the individual components of saxagliptin and metformin.

METHADONE
Compounded Oral Solution

Opioid Use Disorder
For the treatment of patients with opioid use disorder who are not taking other opioids.

Requests for coverage and pharmacy claims must meet the requirements in the NB Drug Plans policy on Methadone for the Treatment of Opioid Use Disorder.

Claim Notes:
- Approvals will be for a maximum of 200mg per day.
- Claims submitted by pharmacies must be billed using PIN 00999734

Pain
For the management of severe cancer-related or chronic non-malignant pain.

Claim Note:
- Claims submitted by pharmacies must be billed using PIN 00999801

METHADONE (METADOL-D)
10mg/mL oral concentrate

For the treatment of patients with opioid use disorder who are not taking other opioids.

Requests for coverage and pharmacy claims must meet the requirements in the NB Drug Plans policy on Methadone for the Treatment of Opioid Use Disorder.

Claim Note:
- Approvals will be for a maximum of 200mg per day.

METHADONE (METADOL)
1mg, 5mg, 10mg and 25mg tablets
1 mg/mL oral solution and 10 mg/mL oral concentrate

For the management of severe cancer-related or chronic non-malignant pain.

Claim Note:
- Requests will not be considered for the treatment of opioid use disorder.

METHYLPHENIDATE (BIPHENTIN)
10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg and 80mg controlled release capsules

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients who demonstrate significant symptoms and who have tried immediate release or slow release methylphenidate with unsatisfactory results.

Claim Notes:
- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.
- The maximum dose reimbursed is 80mg daily.

METHYLPHENIDATE (CONCERTA and generic brands)
18mg, 27mg, 36mg and 54mg extended-release tablets

For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients who demonstrate significant symptoms and who have tried immediate release or slow release methylphenidate with unsatisfactory results.

Claim Notes:
- Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.
- The maximum dose reimbursed is 72mg daily.

MIDOSTAURIN (RYDAPT)
25mg capsule

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).
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

MIGALASTAT (GALAFOLD)
123 mg capsule

For the treatment of Fabry Disease in adults with a lab-confirmed alpha-galactosidase (alpha-Gal A) mutation, determined to be amenable by an in vitro assay.

Clinical Note:
- Must be eligible for disease specific therapy for the treatment of Fabry Disease as determined through the Canadian Fabry Disease Initiative. Please contact the NB Drug Plans at 1-800-332-3691 for the request form.

Claim Notes:
- Combined use of more than one disease specific therapy (i.e., enzyme replacement therapy or chaperone therapy) will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 1 year. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

MIRABEGRON (MYRBETRIQ)
25mg and 50mg extended-release tablets

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of a regular benefit OAB drug (e.g. immediate-release oxybutynin, solifenacin or tolterodine).

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

MODAFINIL (ALERTEC and generic brands)
100mg tablet

For the treatment of narcolepsy confirmed by a sleep study.

MODIFIED RAGWEED POLLEN TYROSINE ADSORBATE (POLLINEX-R)
105PNU/0.5ml, 250 PNU/0.5ml, 700 PNU/0.5ml, 2150 PNU/0.5ml prefilled syringes

For the treatment of patients with severe, seasonal (lasting two or more years) IgE dependent allergic rhinoconjunctivitis when optimal therapy (i.e. intranasal corticosteroids and H_1 antihistamines) and allergen avoidance have not been sufficiently effective in controlling symptoms.

Clinical Notes:
1. Treatment with ragweed pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
2. Treatment should be initiated one month before the onset of ragweed season.
3. Optimal duration of therapy is unknown; therefore, if there is no improvement in symptoms after three years, treatment should be discontinued.

MOXIFLOXACIN (AVELOX and generic brands)
400mg tablet

Pneumonia and Bronchitis
- For the completion of therapy instituted in the hospital setting for the treatment of nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic bronchitis (AECB).
- For the treatment of severe pneumonia in nursing home patients (regular benefit for Plan V).
- For the treatment of CAP in patients;
  - with co-morbidity upon radiographic confirmation of pneumonia,
    OR
  - who have failed first line therapies (macrolide, doxycycline, amoxicillin-clavulanate).

- For the treatment of AECB in complicated patients who have failed treatment with one of the following (amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate).

Clinical Notes:
1. If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.
2. Co-morbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.
3. Complicated AECB defined as increased cough and sputum, sputum purulence and increased dyspnea
   AND
   - $FEV_1 < 50\%$ predicted
     OR
   - FEV_1 50-65% and one of the following:
     - ≥ 4 exacerbations per year
     - Ischemic heart disease
     - Chronic oral steroid use
     - Antibiotic use in the past 3 months

Claim Notes:
- Prescriptions written by New Brunswick infectious disease specialists, medical microbiologists, medical oncologists, respirologists and internal medicine specialists will not require special authorization.
- Moxifloxacin is a regular benefit for Plan V.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist
- Requests will only be considered under Plan P.

NADROPARIN (FRAXIPARIN)
Prefilled syringes
NADROPARIN (FRAXIPARIN FORTE)
Prefilled syringes

See criteria under Low Molecular Weight Heparins.

NALTREXONE (REVIA and generic brands)
50mg film-coated tablet

- For the treatment of alcohol dependence, as an adjunct to a comprehensive program to support abstinence, and reduce the risk of relapse.
- For the maintenance of opioid-free state in individuals who were previously opioid-dependent but have successfully completed detoxification. Treatment should not be attempted until the patient has remained opioid-free for 7 - 10 days. Requests will be considered only when used as an adjunct to psychosocial intervention. In the event that a patient participates in a program other than those offered by New Brunswick Addiction Services, details on the type of counselling/supportive program the patient will be involved in will be requested.

Continued coverage will require information on the outcome of therapy as well as patient's compliance with treatment programs.

Claim Note:
- Coverage will be approved initially for 12 weeks.

NARATRIPTAN (AMERGE and generic brands)
1mg and 2.5mg tablets

For the treatment of patients with acute migraine attacks who have an intolerance or insufficient response to all triptans listed as regular benefits (e.g. almotriptan, eletriptan, rizatriptan, sumatriptan, zolmitriptan).

Claim Notes:
- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

NATALIZUMAB (TYSABRI)
300mg/15mL single-use vial

Initial Request:
For the treatment of Relapsing-Remitting Multiple Sclerosis (RRMS) in patients who meet all the following criteria:

- The patient's physician is a neurologist experienced in the management of relapsing-remitting multiple sclerosis (RRMS);

AND

The patient;

- Has a current EDSS less than or equal to 5.0;

AND

- Has failed to respond to a full and adequate course (see note below) of at least ONE disease modifying therapy OR has contraindications/intolerance to at least TWO disease modifying therapies;

AND

- Has had ONE of the following types of relapses in the past year:
  - The occurrence of one relapse with partial recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI;

    OR
  - The occurrence of two or more relapses with partial recovery during the past year;

    OR
  - The occurrence of two or more relapses with complete recovery during the past year AND has at least ONE gadolinium-enhancing lesion on brain MRI, OR significant increase in T2 lesion load compared to a previous MRI.

Requirements for Initial Requests:

- The patient's physician provides documentation setting out the details of the patient's most recent neurological examination within ninety (90) days of the submitted request. This must include a description of any recent attacks, the dates, and the neurological findings.
- MRI reports do NOT need to be submitted with the initial request

Renewal Criteria:

- Date and details of the most recent neurological examination and EDSS scores must be provided (exam must have occurred within that last 90 days)

AND

- Patients must be stable or have experienced no more than 1 disabling attack/relapse in the past year;

AND

- Recent Expanded Disability Status Scale (EDSS) score less than or equal to 5.0

Clinical Notes:

1. Failure to respond to a full and adequate course: defined as a trial of at least 6 months of interferon or glatiramer therapy AND experienced at least one disabling relapse (attack) while on interferon or glatiramer therapy.
2. Combination therapy of Natalizumab with other disease modifying therapies (e.g. Avonex, Betaseron, Copaxone, Rebif, Extavia, Gilenya) will not be funded.

Claim Note:

- Approval Period: 1 year.

NICOTINE (generic brands)
2mg gum
7mg, 14mg and 21mg patches
1mg, 2mg, 3mg and 4mg mini-lozenges

For smoking cessation.

A maximum of 12 weeks of standard therapy will be reimbursed annually without special authorization for either nicotine replacement therapy (patches/gum) or a non-nicotine prescription smoking cessation drug (varenicline or bupropion).

Claim Note:

- A maximum of 84 patches and 960 pieces of nicotine gum or nicotine lozenges will be reimbursed annually without special authorization.
- Individuals who have a high probability of quitting with prolonged therapy may be approved under special authorization for up to 84 additional patches.
- Individuals being treated within a program or clinic that participates in the Ottawa Model will qualify for additional reimbursement based on degree of dependence (e.g. number of cigarettes smoked prior to initiating cessation therapy). All special authorization requests for additional nicotine replacement therapy will require confirmation that the individual has agreed, or is already registered with, the Smokers Helpline (1-877-513-5333) or is participating in another form of smoking cessation counselling to be specified.

- Requests for special authorization should be submitted on the Request for Additional Smoking Cessation Therapy Form.

Important Links:
- Smokers Helpline Referral Form
- Smokers Helpline Online
- On the road to quitting
- Quit4life

NILOTINIB (TASIGNA)
150mg capsule

For the first-line treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.

NILOTINIB (TASIGNA)
200mg capsule

For the treatment of chronic phase (CP) and accelerated phase (AP) Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML) in adult patients who:
- are resistant or intolerant to imatinib,

  OR
- intolerant to dasatinib

NINTEDANIB (OFEV)
100mg and 150mg capsules

For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

Initial renewal criteria:
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.

Subsequent renewal criteria:
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.

Clinical notes:
1. Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
2. All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim notes:
- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests).
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 12 months.

NORETHINDRONE (NORLUTATE)
5mg tablet

For the treatment of abnormal uterine bleeding in patients not able to be treated with other hormonal treatments.

NUSINERSEN (SPINRAZA)
2.4 mg/mL intrathecal injection

For the treatment of 5q spinal muscular atrophy (SMA), if the following criteria are met:
- Genetic documentation of 5q SMA homozygous gene deletion, homozygous mutation, or compound heterozygous mutation
- Genetic documentation of two copies of the survival motor neuron 2 (SMN2) gene
- Disease duration less than 26 weeks with onset of clinical signs and symptoms consistent with SMA after the first week of birth and on or before 7 months of age
- Patient is not requiring permanent invasive ventilation.

Discontinuation Criteria:
Prior to the fifth dose or every subsequent dose:
- There is failure to demonstrate maintenance of motor milestone function as assessed using the Hammersmith Infant Neurological Examination [HINE] Section 2; or
- There is failure to demonstrate improvement in motor milestone function as assessed using the HINE Section 2; or
- Permanent invasive ventilation is required.

Clinical Note:
- 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 physician experienced in the treatment of SMA.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

OBETICHOLIC ACID (OCALIVA)
5 mg and 10 mg tablets

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:
1. Diagnosis confirmed by positive antimitochondrial antibodies or liver biopsy results consistent with PBC.
2. An inadequate response is defined as:
   - ALP ≥ 1.67 times ULN, or
   - bilirubin > ULN and < 2 times the ULN, or
   - evidence of compensated cirrhosis.
3. 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.

OCRIPLASMIN (JETREA)
2.5mg/mL intravitreal injection

For the treatment of symptomatic vitreomacular adhesion (VMA) if the following clinical criteria and conditions are met:
- Diagnosis of VMA has been confirmed through optical coherence tomography.
- Patients do not have any of the following: large diameter macular holes (greater than 400 micrometres), high myopia (greater than 8 dioptre spherical correction or axial length greater than 28 millimetres), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage.

Clinical Notes:
- Ocriplasmin should be administered by an ophthalmologist experienced in intravitreal injections.
- Treatment with ocriplasmin should be limited to a single injection per eye (i.e. retreatments are not covered).

OFLOXACIN (OCUFLOX and generic brands)
0.3% ophthalmic solution

- For the treatment of ophthalmic infections caused by susceptible bacteria.
- For the prevention of ophthalmic infections associated with non-elective eye surgery.

Claim Note:
- Prescriptions written by New Brunswick ophthalmologists and prescribing optometrists do not require special authorization.

OLAPARIB (LYNPARZA)
50mg capsule, 100mg and 150mg tablet

As monotherapy maintenance treatment for patients with platinum-sensitive relapsed BRCA-mutated (germline or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
- Completed at least two previous lines of platinum-based chemotherapy
- Received at least four cycles of the most recent platinum-based chemotherapy regimen
- Radiologic response (complete or partial) to the most recent platinum-based chemotherapy regimen

Renewal Criteria:
Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:
1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.
2. Maintenance therapy should begin within 8 weeks of the last dose of platinum-based chemotherapy.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

OLODATEROL AND TIOTROPIUM BROMIDE (INSPIOLTO RESPIMAT)
2.5mcg/2.5mcg solution for inhalation

See criteria under Long-acting beta-2 agonist/ Long-acting anticholinergic (LABA/LAAC) combinations.

OMALIZUMAB (XOLAIR)
150mg/1.2mL single-use vial

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 H_1 antihistamines.

Requirement for Initial Requests:
- Documentation of the most recent Urticaria Activity Score over 7 days (UAS7) must be provided on the submitted request.

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 a 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.

Claim Notes:
- Approvals will be for a maximum dose of 300mg every four weeks.
- Initial approval period: 24 weeks.

ONABOTULINUMTOXINA (BOTOX)
50 Allergan units per vial (PIN 00903741) and 100 Allergan units per vial

1. For the treatment of equinus foot deformity in cerebral palsy in patients 2 years of age and older.

2. To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.
3. For the treatment of blepharospasm, hemifacial spasm (VII nerve disorder) and strabismus in patients 12 years of age and older.
4. For the treatment of upper and lower limb (at or below the knee) focal spasticity following stroke in adults. Initial approval period for focal spasticity following stroke will be 6 months.

   Renewal criteria:
   - Continued approval will require documented benefit of improved passive and/or active range of motion, muscle tone, or improved gait (in the case of lower limb spasticity).

5. For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency, in adult patients who have an intolerance or insufficient response to an adequate trial of at least two other pharmacologic treatments (e.g. anticholinergics, mirabegron).

   Renewal Criteria:
   - Requests for renewal should provide objective evidence of a treatment response, defined as a reduction of at least 50% in the frequency of urinary incontinence episodes.

   Claim Notes:
   - Must be prescribed and administered by a urologist.
   - Initial approval period: 12 weeks (one dose).
   - Renewal approval period: Maximum of 3 doses per year in responders, at a frequency of no more than once every twelve weeks.

Exclusion Criteria:
The following conditions are excluded from coverage:
- Chronic migraine
- Chronic pain
- Hyperhidrosis
- Muscle contracture for support of perineal care

ONABOTULINUMTOXINA (BOTOX)
200 Allergan units per vial (PIN 00999505)

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.

Clinical Note:
- Patients who fail to respond to initial treatment with onabotulinumtoxinA should not be retreated.

ONDANSETRON (ZOFRAN and generic brands)
4mg and 8mg tablets
4mg/5mL oral solution

For the treatment of emesis in patients who are:
- receiving moderately or severely emetogenic chemotherapy

  OR
- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics

  OR
- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Clinical Notes:
1. Only requests for the oral dosage forms are eligible for consideration. Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.
2. Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.
3. When used in combination with aprepitant, only a single oral dose pre-chemotherapy will be covered.

Claim Note:
- Prescription claims for up to a maximum of 12 tablets of ondansetron or 2 tablets of granisetron will be automatically reimbursed every 28 days when the prescription is written by an oncologist or an oncology clinical associate/general practitioners-oncology. If additional medication is required within a 28 day period subsequent to the initial prescription, a request should be made through special authorization.

ONDANSETRON (ZOFRAN ODT and generic brand)
4mg and 8mg orally disintegrating tablets

Requests will be considered for the treatment of emesis in patients who have difficulty swallowing oral tablets and are:

- receiving moderately or severely emetogenic chemotherapy

  OR
- receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics

  OR
- receiving any intravenous chemotherapy or radiotherapy and have experienced emesis with a prior cycle of chemotherapy with intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents.

Clinical Notes:

1. Only requests for the oral dosage forms are eligible for consideration. Usually a single oral dose pre-chemotherapy is sufficient to control symptoms.
2. Some patients may require additional therapy up to 48 hours after the last dose of chemotherapy or last radiation treatment. Benefit beyond 48 hours has not been established.
3. When used in combination with aprepitant, only a single oral dose prechemotherapy will be covered.

OSELTAMIVIR (TAMIFLU and generic brand)
30mg, 45mg and 75mg capsules

For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health:

- For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility.

Clinical note:

- *In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

OSIMERTINIB (TAGRISSO)
40 mg and 80 mg tablet

For the treatment of patients with locally advanced (not amenable to curative therapy) 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.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.
2. Prior treatment with EGFR TKI therapy is not required in patients with *de novo* T790M mutation-positive NSCLC.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.

OXCARBAZEPINE (TRILEPTAL and generic brand)
150 mg, 300 mg and 600 mg tablets
60 mg/mL oral suspension

For the treatment of epilepsy in patients who have had an inadequate response or are intolerant to at least 3 other antiepileptics including carbamazepine.

OXYBUTYNIN (DITROPAN XL)
5mg and 10mg extended-release tablets

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an insufficient response to an adequate trial of immediate-release oxybutynin.

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

OXYCODONE (OXY IR and generic brand and SUPEUDOL)
5mg, 10mg and 20mg immediate release tablets

For the treatment of moderate to severe cancer-related or chronic non-malignant pain.

PALBOCICLIB (IBRANCE)
75mg, 100mg, and 125mg capsules

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 metastases 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:
1. Patients must have a good performance status.
2. Resistance is defined as disease progression occurring during or within 12 months following (neo)adjuvant NSAI therapy.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Sequential use of palbociclib and everolimus will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

PALIPERIDONE (INVEGA SUSTENNA)
50mg/0.5mL, 75mg/0.75mL, 100mg/mL and 150mg/1.5mL prefilled syringes

For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who:
- are not adherent to an oral antipsychotic, or
- are currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

PALIPERIDONE PALMITATE (INVEGA TRINZA)
175 mg/0.875 mL, 263 mg/1.315 mL, 350 mg/1.75 mL, 525 mg/2.625 mL prefilled syringe

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.

PAZOPANIB (VOTRIENT)
200mg tablet

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.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

PEGFILGRASTIM (LAPELGA)
6 mg/0.6 mL prefilled syringe

For the prevention of febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; 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.

PEGINTERFERON-BETA 1A (PLEGRIDY)
63mcg/0.5mL, 94mcg/0.5mL, and 125mcg/0.5mL prefilled syringe and pen

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) to reduce the frequency of clinical exacerbations and slow the progression of disability who meet the following criteria:
- Two disabling attacks/relapses of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Note:
- An attack/relapse is defined as the appearance of new or recurring neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Prescriptions written by New Brunswick neurologists do not require special authorization.

PERAMPANEL (FYCOMPA)
2mg, 4mg, 6mg, 8mg, 10mg, 12mg tablets

For the adjunctive treatment of refractory partial-onset seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response or intolerance to at least three other antiepileptic drugs.

Claim Notes:
- The patient must be under the care of a physician experienced in the treatment of epilepsy.
- Any combination of lacosamide, perampanel, eslicarbazepine or brivaracetam will not be reimbursed.

PILOCARPINE (SALAGEN)
5mg tablet

- For the treatment of the symptoms of xerostomia (dry mouth) due to salivary gland hypofunction caused by radiotherapy for cancer of the head and neck.
- For the treatment of the symptoms of xerostomia (dry mouth) and xerophthalmia (dry eyes) in patients with Sjögren's syndrome.

PIOGLITAZONE (ACTOS and generic brands)
15mg, 30mg and 45mg tablets

For patients with type 2 diabetes who are not adequately controlled by diet, exercise and drug therapy. Drug therapy should include a trial of a sulfonylurea and metformin, alone and in combination, unless one of these agents is not tolerated or is contraindicated.

PIRFENIDONE (ESBRIET)
267mg capsule
267mg and 801mg tablets

For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

Initial renewal criteria:
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.

Subsequent renewal criteria:
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.

Clinical notes:
1. Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
2. All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim notes:
- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests).
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 12 months.

PLERIXAFOR (MOZOBIL)
24mg/1.2mL solution for injection

For use in combination with filgrastim to mobilize hematopoietic stem cells for subsequent autologous transplantation in patients who meet one of the following criteria:
- PBCD34+ count of less than 10 cells/μL after 4 days of filgrastim, or
- Less than 50% of the target CD34+ yield is achieved on the first day of apheresis (after being mobilized with filgrastim alone or following chemotherapy), or
- Failed a previous attempt for stem cell mobilization with filgrastim alone or following chemotherapy.

Claim Note:
- Reimbursement is limited to a maximum of 4 doses (0.24mg/kg given daily) for a single mobilization attempt and to prescriptions written by an oncologist or hematologist.

POMALIDOMIDE (POMALYST)
1mg, 2mg, 3mg and 4mg capsules

For the treatment of 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.

Clinical Note:
- Requests for pomalidomide will be considered in rare instances where bortezomib is contraindicated or when patients are intolerant to it; however, in all cases patients should have failed lenalidomide which they may have received in the maintenance setting.

Claim Note:
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

PONATINIB (ICLUSIG)
15mg and 45mg film-coated tablets

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.

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 an ECOG performance status of 0-2.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

PRASUGREL (EFFIENT)
10mg tablet

In combination with ASA for patients with:
- ST-elevated myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab. Treatment must be initiated in hospital.

OR

- Acute coronary syndrome who failed on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis1, or recurrent STEMI, or NSTEMI or UA after prior revascularization via PCI.

Clinical Notes:
1. Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours. Definite stent thrombosis must be confirmed by angiography or by pathologic evidence of acute thrombosis.
2. As per the product monograph, prasugrel is contraindicated in patients with a known history of transient ischemic attack or stroke; those with active pathological bleeding such as gastrointestinal bleeding or intracranial hemorrhage; and those with severe hepatic impairment (Child-Pugh Class C).
3. As per the product monograph, prasugrel is not recommended in patients ≥ 75 years of age because of the increase risk of fatal and intracranial bleeding; or those with body weight < 60 kg because of increased risk of major bleeding due to an increase in exposure to the active metabolite of prasugrel.

Claim Notes:
- Approval will be for a maximum of 12 months.
- Prescriptions written by invasive (interventional) cardiologists do not require special authorization.

PROPIVERINE (MICTORYL PEDIATRIC)
5mg tablet

For the treatment of overactive bladder with symptoms of urgency incontinence and/or urinary frequency and urgency in pediatric patients under 18 years of age.

PROPRANOLOL (HEMANGIOL)
3.75 mg/mL oral solution

For the treatment of patients with proliferating infantile hemangioma that is:
- Life- or function-threatening, or
- Ulcerated with pain or not responding to simple wound care measures, or
- At risk of permanent scarring or disfigurement

QUINAGOLIDE (NORPROLAC)
0.075mg, 0.15mg tablets

For the treatment of patients with hyperprolactinemia who have failed or are intolerant to bromocriptine.

RANIBIZUMAB (LUCENTIS)
10mg/mL solution for intravitreal injection

1. Neovascular (wet) age-related macular degeneration (AMD)

Initial Coverage:
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) where all of the following apply to the eye to be treated:
- Best Corrected Visual Acuity (BCVA) is between 6/12 and 6/96
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- There is evidence of recent (< 3 months) presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or optical coherence tomography (OCT)
- Administration is to be done by a qualified ophthalmologist experienced in intravitreal injections.
- The interval between doses should not be shorter than 1 month.

Continued Coverage:
Treatment with ranibizumab should be continued only in people who maintain adequate response to therapy.

Clinical Notes:
1. Coverage will not be approved for patients:
   - With permanent retinal damage as defined by the Royal College of Ophthalmology guidelines
   - Receiving concurrent treatment with verteporfin.

2. Ranibizumab should be permanently discontinued if any one of the following occurs:
   - 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
   - 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.
   - There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Claim Notes:
- An initial claim of up to two vials of ranibizumab (one vial per eye treated) will be automatically reimbursed when prescribed by an ophthalmologist. If additional medication is required, a request should be made through special authorization.
- The NB Drug Plans will limit reimbursement to a maximum of 1 vial of ranibizumab per eye treated every 30 days. Claims submitted for greater than 1 vial, or submitted within 30 days of a previous claim will not be reimbursed.
- Please refer to Quantities for Claims Submissions for the correct unit of measure.

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 Note:
- Treatment should be given monthly until maximum visual acuity is achieved (i.e. stable visual acuity for three consecutive months while on ranibizumab). Thereafter, the patient's visual acuity should be monitored monthly. Treatment should be resumed when monitoring indicates a loss of visual acuity due to DME until stable visual acuity is reached again for three consecutive months.

Claim Notes:
- Approval Period: 1 year.
- Please refer to Quantities for Claims Submissions for the correct unit of measure.

REGORAFENIB (STIVARGA)
40mg film-coated tablet

For the treatment of patients with metastatic and/or unresectable gastrointestinal stromal tumors (GIST) who have had disease progression on, or intolerance to, imatinib and sunitinib, and who have an ECOG performance status of 0 or 1.

Renewal Criteria:
- Written confirmation that the patient continues to benefit from therapy.

Clinical Note:
- Recommended dose: 160mg once daily (3 weeks on, 1 week off).

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

REPAGLINIDE (GLUCONORM and generic brands)
0.5mg, 1mg and 2mg tablets

For patients with type 2 diabetes who are not adequately controlled by diet and exercise and glyburide and/or metformin or who have frequent or severe hypoglycemic episodes despite dosage adjustment of glyburide.

RIBAVIRIN (IBAVYR)
200mg, 400mg and 600mg tablets

For use in combination with other drugs for the treatment of chronic hepatitis C. The applicable criteria for the combination regimen must be met.

RIFABUTIN (MYCOBUTIN)
150mg capsule

Mycobacterium Avium Complex (MAC)
For the prevention of disseminated Mycobacterium avium complex (MAC) disease in patients with advanced HIV infection.

Tuberculosis
For the treatment of tuberculosis in patients who have lab-verified drug resistance or a contraindication or intolerance to first-line drugs.

Claim Notes:
- Must be prescribed by, or in consultation with, an infectious disease specialist
- Requests will only be considered under Plan P.

RIFAXIMIN (ZAXINE)
550mg tablet

For reducing the risk of overt hepatic encephalopathy (HE) recurrence in patients who have had two or more episodes and are unable to achieve adequate control of HE with maximum tolerated doses of lactulose alone.

Clinical Note:
- Must be used in combination with lactulose unless lactulose is not tolerated.

RILUZOLE (RILUTEK and generic brands)
50mg tablet

For the treatment of probable or definite amyotrophic lateral sclerosis.

RIOCIGUAT (ADEMPAS)
0.5mg, 1mg, 1.5mg, 2mg, and 2.5mg film-coated tablets

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 or older) with WHO Functional Class II or III pulmonary hypertension.

Clinical Note:
- Requests will be considered from physicians with experience in the diagnosis and treatment of CTEPH.

Claim Note:
- Approval period: 1 year.

RISEDRONATE (generic brand)
30mg film-coated tablet

For the treatment of Paget's disease.

Claim Notes:
- A maximum of 60 tablets will be reimbursed annually without special authorization.
- Requests for re-treatment may be considered through special authorization following a two month post-treatment observation period.

RISPERIDONE (RISPERDAL CONSTA)
Prolonged release suspension for injection 12.5mg, 25mg, 37.5mg and 50mg vials

For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who:
- are not adherent to an oral antipsychotic, or
- are currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

RISPERIDONE (RISPERDAL M-TAB and generic brands)
0.5mg, 1mg, 2mg, 3mg and 4mg oral disintegrating tablets

For patients requiring an oral antipsychotic who are unable to be treated with regular oral tablets.

Claim Note:
- Prescriptions written by New Brunswick psychiatrists do not require special authorization. Subsequent refills ordered by other practitioners will not require special authorization.

RITUXIMAB (RITUXAN)
10mg/mL single-use vial

1. Rheumatoid Arthritis
- 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.

Clinical Notes:
- Rituximab will not be reimbursed concomitantly with anti-TNF agents.
- 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.

2. Polyangiitis
- For the induction of remission in patients with severely active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who have severe intolerance or other contraindication to cyclophosphamide, or who have failed an adequate trial of cyclophosphamide.

RIVAROXABAN (XARELTO)
10mg tablet

Venous thromboembolic event prophylaxis following total knee or total hip replacement surgery
- For the prevention of venous thromboembolic events in patients who have undergone elective total knee replacement (TKR) surgery or total hip replacement (THR) surgery.

Clinical Note:
- The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting, and the approval period is for the balance of the total duration after discharge.

Claim Notes:
- Maximum reimbursement without special authorization will be limited to 14 days of therapy (14 tablets) for TKR or 35 days of therapy (35 tablets) for THR, within a 6 month period.
- Subsequent reimbursement for prophylaxis within a 6 month period (i.e. second joint replacement procedure within the 6 month period) will require special authorization.

RIVAROXABAN (XARELTO)
15mg and 20mg tablets

Atrial fibrillation
For the prevention of stroke and systemic embolism in at-risk patients ($CHADS_2$ score ≥ 1) with non-valvular atrial fibrillation for whom:
- Anticoagulation is inadequate following at least a two month trial on warfarin; or
- 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).

Clinical Note:
- 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.

Venous thromboembolic events treatment
For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE).

Clinical Note:
- When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.

Claim Note:
- Approval Period: Up to 6 months.

RIVASTIGMINE (EXELON and generic brands)
1.5mg, 3mg, 4.5mg and 6mg capsules
2mg/mL oral solution

See criteria under Cholinesterase Inhibitors.

ROTIGOTINE (NEUPRO)
2mg, 4mg, 6mg, 8mg transdermal patch

For adjunctive treatment of patients with advanced stage Parkinson's disease who are currently receiving a levodopa-decarboxylase inhibitor combination.

RUFINAMIDE (BANZEL)
100mg, 200mg and 400mg film-coated tablets

For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome for patients who meet all of the following criteria:

- are under the care of a physician experienced in treating Lennox-Gastaut syndrome-associated seizures,
  AND
- are currently receiving two or more antiepileptic drugs,
  AND
- in whom less costly antiepileptic drugs are ineffective or not appropriate.

RUXOLITINIB (JAKAVI)
5mg, 10mg, 15mg, 20mg tablets

Myelofibrosis
For the treatment of 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 ≤3 and be either previously untreated or refractory to other treatment.

Polycythemia Vera
For the treatment of patients with polycythemia vera who have demonstrated resistance or intolerance to hydroxyurea (HU).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.
3. Resistance is considered if, after at least 3 months of HU therapy at the maximum tolerated dose, patients experience at least one of the following:
   - Need for phlebotomy to maintain hematocrit (HCT) < 45%
   - Uncontrolled myeloproliferation (i.e., platelet count > 400 x 10^9/L and white blood cell count > 10 x 10^9/L)
   - Failure to reduce massive splenomegaly by greater than 50%, as measured by palpation
4. Intolerance to HU is considered if patients experience at least one of the following:
   - Absolute neutrophil count < 1.0 x 10^9/L, platelet count < 100 x 10^9/L or hemoglobin < 100 g/L at the lowest dose of HU required to achieve a response. A response to HU is defined as HCT < 45% without phlebotomy, and/or all of the following: platelet count ≤ 400 x 10^9/L, white blood cell count ≤ 10 x 10^9/L, and non-palpable spleen.
   - Presence of leg ulcers or other unacceptable HU-related non-hematological toxicities (defined as grade 3 or 4 or, more than one week of grade 2) such as mucocutaneous manifestations, gastrointestinal symptoms, pneumonitis, or fever
   - Toxicity requiring permanent discontinuation of HU, interruption of HU until toxicity resolved, or hospitalization due to HU toxicity

Claim Notes:

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

SACUBITRIL/VALSARTAN (ENTRESTO)
24mg/26mg, 49mg/51mg and 97mg/103mg film-coated tablet

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 to III symptoms despite at least four weeks of treatment of the following:
  - a stable dose of an angiotensin-converting 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) ≥ 150 pg/mL or N-terminal prohormone B-type natriuretic peptide (NT-proBNP) ≥ 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.

SALMETEROL (SEREVENT DISKUS)
50mcg diskus
SALMETEROL (SEREVENT DISKHALER DISK)
50mcg diskhaler

See criteria under Long-acting beta-2 agonists (LABA)

SALMETEROL AND FLUTICASONE (ADVAIR)
25mcg/125mcg and 25mcg/250mcg metered-dose inhalers
SALMETEROL / FLUTICASONE (ADVAIR DISKUS)
50mcg/100mcg, 50mcg/250mcg and 50mcg/500mcg discus

See criteria under Long-acting beta-2 agonists/Inhaled corticosteroid (LABA/ICS) combinations

SAXAGLIPTIN (ONGLYZA)
2.5mg and 5mg tablets

For the treatment of type 2 diabetes mellitus as a third drug added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and in whom insulin is not an option.

Clinical Note:
- For patients who cannot take metformin and/or a sulfonylurea due to contraindications or intolerances, details must be provided.

SECUKINUMAB (COSENTYX)
150 mg/mL prefilled syringe and 150 mg/mL SensoReady pen

Ankylosing Spondylitis
- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
  - have axial 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 or in whom NSAIDs are contraindicated, or
  - have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
  - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
  - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:
- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:
- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 150 mg given at weeks 0, 1, 2, 3, and 4, then monthly.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Plaque Psoriasis
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, or nails

- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 300 mg given at weeks 0, 1, 2, 3, and 4, then monthly.
- Initial approval period: 12 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Psoriatic Arthritis
- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
  - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
  - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥15 mg if patient is ≥65 years of age) for a minimum of 8 weeks; and
  - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months

Clinical Notes:
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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 150 mg given at weeks 0, 1, 2, 3, and 4, then monthly.
- Requests for 300 mg given at weeks 0, 1, 2, 3, and 4 then monthly will be considered for patients who have previously had an inadequate response to TNF-inhibitors.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

SELEXIPAG (UPTRAVI)
200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, and 1600 mcg tablets

For the treatment of pulmonary arterial hypertension (PAH) in patients with World Health Organization functional class II to IV, if the following clinical criteria are met:
- Inadequate control with a first-line (i.e. phosphodiesterase-5 inhibitor) and second-line (i.e. endothelin receptor antagonist) PAH therapy.
- Diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:
- Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.
- Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH.

SEVELAMER (RENAGEL)
800mg tablet

For the treatment of hyperphosphatemia (>1.8 mmol/L) in patients with end-stage renal disease (eGFR < 15 mL/min) who have:
- Inadequate control of phosphate levels on a calcium based phosphate binder, or
- Hypercalcemia (corrected for albumin), or
- Calciphylaxis (calcific arteriolopathy)

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of improvement of phosphate levels is required (lab values must be provided).

SILDENAFIL (REVATIO and generic brands)
20mg film-coated tablet

- 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.

Claim Note:
- The maximum dose of sildenafil that will be reimbursed is 20mg three times daily.

SITAGLIPTIN (JANUVIA)
25mg, 50mg and 100mg tablets

For the treatment of type 2 diabetes mellitus as a third drug added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and in whom insulin is not an option.

Clinical Note:
- For patients who cannot take metformin and/or a sulfonylurea due to contraindications or intolerances, details must be provided.

SITAGLIPTIN AND METFORMIN (JANUMET)
50mg/500mg, 50mg/850mg and 50mg/1000mg tablets
SITAGLIPTIN AND METFORMIN (JANUMET XR)
50mg/1000mg extended-release tablet

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with sitagliptin and metformin, to replace the individual components of sitagliptin and metformin.

SODIUM BICARBONATE (generic brands)
500mg tablets

For the treatment of metabolic acidosis in patients with chronic kidney disease who have a serum bicarbonate (CO_2) < 22mmol/L.

SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)
62.5mg/5mL ampoule and vial

For the treatment of iron deficiency anemia in patients who
- are intolerant to oral iron replacement products,
  OR
- have not responded to adequate therapy with oral iron.

SODIUM PHENYLBUTYRATE (PHEBURANE)
483mg/g coated granules

For the treatment of patients with urea cycle disorders (UCDs).

Clinical Note:
- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Note:
- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs.

SOFOSBUVIR (SOVALDI)
400mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 2 • Without cirrhosis • With compensated cirrhosis	12 weeks in combination with ribavirin (RBV)
Genotype 3 • Without cirrhosis • With compensated cirrhosis	24 weeks in combination with RBV
Genotype 3 • Without cirrhosis	12 weeks in combination with daclatasvir
Genotype 3 • With compensated or decompensated cirrhosis • Post-liver transplant without cirrhosis or with compensated cirrhosis	12 weeks in combination with daclatasvir and ribavirin

The following information is also required:
1. Lab-confirmed hepatitis C genotype 2 and 3
2. Quantitative HCV RNA value within the last 6 months
3. Fibrosis stage

Clinical Notes:
1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen and has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).

Claim Notes:
1. Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
2. Requests will be considered for individuals enrolled in Plans ADEFGV.
3. Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

SOFOSBUVIR AND LEDIPASVIR (HARVONI)
400mg / 90mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only	8 weeks
Genotype 1 • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level ≥ 6 million IU/mL • Treatment-naïve with compensated cirrhosis • Treatment-naïve with advanced liver fibrosis (Fibrosis stage F3-F4) • Treatment-experienced without cirrhosis • HCV/HIV co-infected without cirrhosis or with compensated cirrhosis	12 weeks
Genotype 1 • Treatment-experienced with compensated cirrhosis	24 weeks

Genotype 1 • Decompensated cirrhosis • Liver transplant recipients without cirrhosis or with compensated cirrhosis	12 weeks in combination with ribavirin

The following information is also required:
1. Lab-confirmed hepatitis C genotype 1
2. Quantitative HCV RNA value within the last 6 months
3. Fibrosis stage

Clinical Notes:
1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).

Claim Notes:
1. Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
2. Requests will be considered for individuals enrolled in Plans ADEFGV.
3. Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

SOFOSBUVIR AND VELPATASVIR (EPCLUSA)
400mg / 100mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period and Regimen
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • Patients with compensated cirrhosis • Patients without cirrhosis	12 weeks
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • Patients with decompensated cirrhosis	12 weeks in combination with ribavirin

The following information is also required:
1. Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes
2. Quantitative HCV RNA value within the last 6 months
3. Fibrosis stage

Clinical Notes:
1. Treatment-experienced is defined as a patient who has been previously treated with a peginterferon/ribavirin regimen, including regimens containing HCV protease inhibitors and who has not experienced an adequate response.
2. Acceptable methods for the measurement of fibrosis score include Fibrotest, liver biopsy, transient elastography (FibroScan®), serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.
3. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A) and decompensated cirrhosis as a CTP score of 7 or above (Class B or C).

Claim Notes:
1. Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
2. Requests will be considered for individuals enrolled in Plans ADEFGV.
3. Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (VOSEVI)
400mg/100mg/100mg tablet

For treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • Patients with compensated cirrhosis • Patients without cirrhosis	12 weeks

The following information is also required:
- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes.
- Quantitative HCV RNA value within the last 6 months.

Clinical Notes:
1. Treatment experienced is defined as a patient who has been previously treated with an NS5A inhibitor for genotype 1, 2, 3, 4, 5 or 6 or sofosbuvir without an NS5A inhibitor for genotype 1, 2, 3 or 4 and who has not experienced an adequate response.
2. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A).

Claim Notes:
- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

SOMATROPIN (GENOTROPIN)
0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, and 2mg MiniQuick® prefilled syringes
5.3mg, and12mg GoQuick® prefilled pens

1. Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T

2. Turner Syndrome
For the treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.

Claim Note:
- Must be prescribed by, or in consultation with, an endocrinologist.

SOMATROPIN (HUMATROPE)
5 mg vial
6 mg, 12 mg and 24 mg cartridges

1. Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T.

2. Turner Syndrome
For the treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.

Claim Note:
- Must be prescribed by, or in consultation with, an endocrinologist.

SOMATROPIN (NORDITROPIN NORDIFLEX)
5mg/1.5mL, 10mg/1.5mL and 15mg/1.5mL prefilled pens

Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T

SOMATROPIN (NUTROPIN AQ Pen Cartridge)
10mg/2mL pen cartridge
SOMATROPIN (NUTROPIN AQ NuSpin)
5mg/2mL, 10mg/2mL, and 20mg/2mL prefilled cartridges
SOMATROPIN (SAIZEN)
3.33mg, 5mg and 8.8mg vials
6mg, 12mg and 20mg cartridges

1. Growth Hormone Deficiency in Children
For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T.

2. Turner Syndrome
For the treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.

Claim Note:
- Must be prescribed by, or in consultation with, an endocrinologist.

3. Chronic Renal Insufficiency
For the treatment of children with growth failure associated with chronic renal insufficiency, up to the time of renal transplantation, who meet the following criteria:
- A glomerular filtration rate less than or equal to 1.25 mL/s/1.73m² (75 mL/min/1.73m²)
- Evidence of growth impairment:
  - Z score (HSDS) less than -1.88 (HSDS = height standard deviation score, a statistical comparison to the average of normal values for age and sex) or height-for-age at the 3rd percentile

    OR
  - Height velocity-for-age SDS less than -1.88 or height velocity-for-age less than 3rd percentile, persisting for greater than 3 months despite treatment of nutritional deficiencies and metabolic abnormalities.

Claim Note:
- Somatropin must be prescribed by, or in consultation with, a specialist in pediatric nephrology.

SOMATROPIN (OMNITROPE)
5mg/1.5mL,10mg/1.5mL and 15mg/1.5mL cartridges

For the treatment of growth hormone deficiency in children under the age of 19.

Claim Notes:
- Must be prescribed by, or in consultation with, an endocrinologist.
- Somatropin is a regular benefit for Plan T.

SORAFENIB (NEXAVAR)
200mg film-coated tablet

Metastatic Renal Cell Carcinoma (MRCC)
As second-line therapy for patients with histologically confirmed metastatic clear cell renal cell carcinoma, who:
- have disease progression after prior cytokine therapy (e.g. interferon; aldesleukin) within the previous 8 months;

  AND
- have a performance status of 0 or 1 on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria†;

  AND
- have a favourable or intermediate risk status, according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score.

Renewal criteria:
- Written confirmation that the patient has benefited from therapy and is expected to continue to do so.

Clinical Note:
- † Patients who are asymptomatic and those who are symptomatic but completely ambulant.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Advanced Hepatocellular Carcinoma (HCC)
For patients with Child-Pugh Class A* who have:

- A performance status of 0,1, or 2† on the basis of the Eastern Cooperative Oncology Group (ECOG) criteria;
  AND
- Either progressed on trans-arterial chemoembolization (TACE) or not suitable for the TACE procedure.
- Coverage may be renewed for patients with documentation of radiography and/or scan results indicating no progression

Clinical Notes:

1. Sorafenib will not be reimbursed if used with induction or adjuvant intent along with other curative-intent treatments; for maintenance therapy after trans-arterial chemoembolization; or if patients have Child-Pugh B or Child-Pugh C cirrhosis.
2. *A Child-Pugh score of 5-6 is considered class A (well-compensated disease); 7-9 is class B (significant functional compromise); and 10-15 is class C (decompensated disease).
3. † Patients who are asymptomatic and those who are symptomatic and in bed less than 50% of the time.
4. The Memorial Sloan-Kettering Cancer Center (MSKCC) Prognostic Score categorizes patients into three risk groups according to the number of pre-treatment risk factors present: Favourable = none; Intermediate = one or two; Poor = three or more. Pre-treatment risk factors:
   - Low Karnofsky performance status (<80%)
   - Lactate Dehydrogenase level greater than 1.5 times the upper limit of normal
   - Hemoglobin level below the lower limit of normal
   - High corrected serum calcium level (>10 mg/dL or 2.5 mmol/L)
   - Interval of less than 1 year between diagnosis and treatment

Claim Notes:

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

STIRIPENTOL (DIACOMIT)
250mg and 500mg capsules
250mg and 500mg powder for suspension

For use in combination with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (Dravet syndrome), whose seizures are not adequately controlled with clobazam and valproate alone.

Clinical Note:

- The patient must be under the care of a neurologist or a pediatrician.

SUMATRIPTAN (IMITREX NASAL SPRAY)
5mg and 20mg nasal sprays

For the treatment of patients with acute migraine attacks who have an intolerance or insufficient response to oral triptans listed as regular benefits.

Claim Notes:

- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

SUMATRIPTAN (IMITREX INJECTION and generic brand)
6 mg/0.5 mL prefilled syringe

For the treatment of patients with acute migraine attacks who have had an insufficient response to oral and nasal triptans, or nausea and/or vomiting precludes their use.

Claim Notes:

- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

SUNITINIB (SUTENT)
12.5mg, 25mg and 50mg capsules

1. Pancreatic Neuroendocrine Tumors (pNET)
For the treatment of patients with progressive, unresectable, well or moderately differentiated, locally advanced or metastatic pancreatic neuroendocrine tumors (pNET) with an ECOG performance status of 0-2, until disease progression.

2. Gastrointestinal Stromal Tumour (GIST)
For the treatment of patients with c-KIT expressing (CD117+) unresectable or metastatic/recurrent gastrointestinal stromal tumour (GIST) who meet the criteria for imatinib and who have:

- Early progression (within 6 months) while on imatinib;
- Progression following treatment with optimum (escalated) doses of imatinib;

OR

- Intolerance to imatinib

Clinical Notes:

- Response to sunitinib therapy should be assessed at least every six months and therapy should be discontinued when there is objective evidence of disease progression
- Sunitinib will not be reimbursed concomitantly with imatinib

Claim Note:

- The dose reimbursed will be 50mg per day (4 weeks on, 2 weeks off)

3. Metastatic Renal Cell Carcinoma (MRCC)
For patients with histologically confirmed metastatic renal cell carcinoma (MRCC), who require:

- First-line therapy for the treatment of MRCC, and the patient is either a favourable or intermediate risk according to the Memorial Sloan-Kettering Cancer Center (MSKCC) prognostic score*

OR

- Second-line therapy for the treatment of MRCC, provided that disease progression has occurred after prior cytokine therapy (e.g. interferon; aldesleukin).

Renewal criteria:

- Written confirmation that the patient has benefited from therapy and is expected to continue to do so.

Clinical Notes:

- *The Memorial Sloan-Kettering Cancer Center (MSKCC) Prognostic Score categorizes patients into three risk groups according to the number of pre-treatment risk factors present: Favourable = none; Intermediate = one or two; Poor = three or more. Pre-treatment risk factors:
  - Low Karnofsky performance status (<80%)
  - Lactate Dehydrogenase level greater than 1.5 times the upper limit of normal
  - Hemoglobin level below the lower limit of normal
  - High corrected serum calcium level (>10 mg/dL or 2.5 mmol/L)
  - Interval of less than 1 year between diagnosis and treatment

Reference: Motzer RJ, Bacik J, Murphy BA et al. Interferon-alfa as a comparative treatment for clinical trials of new therapies against advanced renal cell carcinoma. J Clin Oncol 2002;20;289-96.

Claim Notes:

- The prescribed dosage is 50mg daily for four weeks, followed by two weeks off. This dosage is repeated in six week cycles.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

TACROLIMUS (PROTOPIC)
0.03% ointment

For children over 2 years of age with refractory atopic dermatitis.

Claim Note:

- Approvals will be given for up to twelve months at a time.

TACROLIMUS (PROTOPIC)
0.1% ointment

For the treatment of 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 for the face versus intermediate to high potency for the trunk and extremities).

TALIGLUCERASE ALFA (ELELYSO)
200 units per vial

For the treatment of patients with symptomatic Gaucher disease type 1 (GD1) for whom treatment with velaglucerase alfa is not tolerated or contraindicated.

Clinical Notes:
1. Velaglucerase alfa is the preferred reimbursed enzyme replacement therapy for GD1. Requests for patients currently using taliglucerase alfa who do not have a contraindication or intolerance to velaglucerase alfa will be considered for coverage of velaglucerase alfa only.
2. Requests for coverage must meet the criteria for diagnosis of GD1, indication for therapy and expected response to enzyme replacement therapy. These criteria are consistent with the Ontario Guidelines for the Treatment of Gaucher Disease. Please contact the NB Drug Plans at 1-800-332-3691 for the criteria.

Claim Notes:
- Approvals will be for a maximum of 60 units/kg every 2 weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

TAZAROTENE (TAZORAC CREAM)
0.05% and 0.1% cream
TAZAROTENE (TAZORAC GEL)
0.05% and 0.1% gel

For the treatment of patients with plaque psoriasis in whom conventional therapies have been ineffective or are inappropriate.

TEDUGLUTIDE (REVESTIVE)
5mg vial

For the ongoing treatment of adult patients with Short Bowel Syndrome (SBS) who have all of the following:

- SBS as a result of major intestinal resection (e.g., volvulus, vascular disease, cancer, Crohn's disease, injury)
- dependency on parenteral nutrition (PN) for a least 12 months
- prior to initiating teduglutide, PN required at least three times weekly to meet caloric, fluid and electrolyte needs, due to ongoing malabsorption and stable PN frequency and volume for at least one month

A request for coverage for continued treatment will be considered if the patient has achieved at least a 20% reduction in PN volume compared to baseline, while on teduglutide therapy.

Renewal Criteria:
- Has maintained at least a 20% reduction in PN volume from baseline at 12 months.

Clinical Note:
- PN is defined as the parenteral delivery of lipids, protein and/or carbohydrates to address caloric needs, and intravenous fluids which addresses fluid and electrolyte needs of patients.

Claim Notes:
- Must be prescribed by a gastroenterologist or an internal medicine specialist with a specialty in gastroenterology.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

TERIFLUNOMIDE (AUBAGIO)
14mg film-coated tablet

For the treatment of relapsing-remitting multiple sclerosis (RRMS) in patients who meet the following criteria:
- Two disabling attacks of MS in the previous two years, and
- Ambulatory with or without aid (EDSS of less than or equal to 6.5)

Clinical Note:
- An attack is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, and preceded by stability for at least one month.

Claim Notes:
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Prescriptions written by New Brunswick neurologists do not require special authorization.

TESTOSTERONE (ANDRODERM)
12.2mg and 24.3mg transdermal patches
TESTOSTERONE (ANDROGE, TESTIM and generic brand)
1% gel (2.5g and 5g packets)
TESTOSTERONE UNDECANDOATE (generic brands)
40 mg capsule

For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of:

- Primary: cryptorchidism, Klinefelter's, orchiectomy, 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 free testosterone measurements before initiating any replacement therapy

Clinical Note:

- Older males with non-specific symptoms of fatigue, malaise, or depression who have low testosterone levels do not satisfy these criteria.

THYROTROPIN (THYROGEN)
0.9mg/mL vial

1. For on-going evaluation in patients who have documented evidence of thyroid cancer, have undergone appropriate surgical and/or medical management, and require monitoring for recurrence and metastatic disease. This includes:
   - The patient has failed to respond to, or relapsed during:
     - Primary use in patients with inability to raise an endogenous TSH level (≥ 25 mu/L) with thyroid hormone withdrawal.
     - Primary use in patients with one of the following documented comorbidities in whom severe hypothyroidism could be life threatening:
       - unstable angina
       - recent myocardial infarction
       - class III-IV congestive heart failure
       - uncontrolled psychiatric illness
       - other medical condition in which the clinical course could lead to a potential life threatening situation
     - Secondary use in patients with previous thyroid hormone withdrawal resulting in a documented life threatening event.

2. As an adjunctive treatment as pre-therapeutic stimulation for radioiodine ablation of thyroid tissue remnants in patients maintained on thyroid hormone suppression therapy who have undergone near-total or total thyroidectomy for well-differentiated thyroid cancer without evidence of distant metastatic thyroid cancer.

TICAGRELOR (BRILINTA)
90mg tablet

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[b,c]

- STEMI patients undergoing primary PCI

NSTEMI or UA[b,c]

- Presence of high risk features irrespective of intent to perform revascularization:
  - High GRACE risk score (>140)
  - High TIMI risk score (5-7)
  - Second ACS within 12 months
  - Complex or extensive coronary artery disease e.g. diffuse three vessel disease
  - Definite documented cerebrovascular or peripheral vascular disease
  - Previous CABG

OR

- Undergoing PCI + high risk angiographic anatomy[d]

Clinical Notes:

1. [a] Co-administration of ticagrelor with high maintenance dose ASA (>150mg daily) is not recommended.
2. [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.

3. [c] Ticagrelor is contraindicated in patients with active pathological bleeding, in those with a history of intracranial hemorrhage and moderate to severe hepatic impairment.
4. [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.

Claim Notes:
- Approval will be for a maximum of 12 months.
- Prescriptions written by invasive (interventional) cardiologists do not require special authorization.

TINZAPARIN (INNOHEP)
10,000IU/mL multidose vials and prefilled syringes
20,000IU/mL multidose vials and prefilled syringes

See criteria under Low Molecular Weight Heparins

TIOTROPIUM BROMIDE (SPIRIVA)
18mcg powder for inhalation
TIOTROPIUM BROMIDE (SPIRIVA RESPIMAT)
2.5 mcg solution for inhalation

See criteria under Long-acting anticholinergics (LAAC)

TIPRANAVIR (APTIVUS)
250mg capsule

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.

TOBRAMYCIN (TOBI and generic brands)
300mg/5mL solution for inhalation
TOBRAMYCIN (TOBI PODHALER)
28mg powder for inhalation

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with cystic fibrosis.

Clinical Note:
- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Note:
- Combined use of tobramycin either concurrently or for antibiotic cycling during off-treatment periods, with other inhaled antibiotics (e.g, aztreonam, levofloxacin) will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ABDEFGV

TOCILIZUMAB (ACTEMRA)
80mg/4mL, 200mg/10mL, and 400mg/20mL single-use vial and 162mg/0.9mL prefilled syringe

Polyarticular Juvenile Idiopathic Arthritis
For the treatment of children (age 2-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).

Claim Note:
- Must be prescribed by, or in consultation with, a rheumatologist who is familiar with the use of biologic DMARDs in children.
- Intravenous infusion: Approvals will be for 10mg/kg for patients <30kg or 8mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every four weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis
For the treatment of moderately to 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 ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Intravenous infusion: Initial approvals will be for 4mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8mg/kg, to a maximum of 800mg per infusion for patients >100kg.
- Subcutaneous injection: Initial approvals will be for 162mg every other week for patients <100kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients ≥100kg will be approved for 162mg every week, with no dose escalation permitted.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Systemic Juvenile Idiopathic Arthritis (sJIA)
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.

Claim Notes:
- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Intravenous infusion: Approvals will be for 12 mg/kg for patients < 30kg or 8 mg/kg for patients ≥ 30kg, to a maximum of 800mg, administered every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

TOFACITINIB (XELJANZ)
5 mg film-coated tablet

For the treatment of moderately to severely active rheumatoid arthritis, alone or in combination with methotrexate, in adult patients who are refractory or intolerant to:
- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥15mg if patient is ≥65 years of age) 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:
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 of a biologic therapy 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 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.
- Approvals will be for a maximum dose of 5 mg twice daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

TOPIRAMATE (TOPAMAX)
15mg and 25mg sprinkle capsules

- For the treatment of refractory epilepsy not well controlled with conventional therapy.
- To reduce the frequency of migraine headaches in adult patients who have failed an adequate trial of, or have contraindications to, beta blockers AND tricyclics for prophylaxis**.**

TRAMETINIB (MEKINIST)
0.5mg and 2mg tablets

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with dabrafenib.

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. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Trametinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

TREPROSTINIL (REMODULIN)
1mg/mL, 2.5mg/mL, 5mg/mL and 10mg/mL multi-use vials

For the treatment of patients with primary pulmonary hypertension or pulmonary hypertension secondary to collagen vascular disease, with New York Heart Association class III or IV disease who have both:
1. failed to respond to non-prostanoid therapies

   AND
2. who are not candidates for epoprostenol therapy because of:
   - prior recurrent complications with central line access (e.g. infection, thrombosis)

     OR;
   - inability to operate the complicated delivery system of epoprostenol

     OR;
   - they reside in an area without ready access to medical care, which could complicate problems associated with an abrupt interruption of epoprostenol.

TROSPIUM (TROSEC)
20mg tablet

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of a regular benefit OAB drug (e.g. immediate-release oxybutynin, solifenacin or tolterodine).

Clinical Notes:
1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

ULIPRISTAL (FIBRISTAL)
5mg tablet

For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age who are eligible for surgery.

Claim Notes:
- The maximum quantity reimbursed is limited to three months per lifetime.
- The patient must be under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

UMECLIDINIUM BROMIDE (INCRUSE ELLIPTA)
62.5mcg powder for inhalation

See criteria under Long-acting anticholinergics (LAAC)

USTEKINUMAB (STELARA)
45 mg/ 0.5 mL and 90 mg/mL prefilled syringes

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, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to one of the following:
  - Methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks
  - Cyclosporine for a minimum of 6 weeks

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. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:
- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 90 mg given at weeks 0, 4 and 16, then every 12 weeks thereafter
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

VALGANCICLOVIR (VALCYTE)
50mg/mL oral suspension

For the prevention and treatment of cytomegalovirus (CMV) in patients for whom oral tablets are not an option.

VANDETANIB (CAPRELSA)
100mg and 300mg tablets

For the treatment of symptomatic and/or progressive medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease.

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.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

VARENICLINE (CHAMPIX and generic brand)
0.5mg and 1mg tablets

For smoking cessation in adults 18 years of age and older.

A maximum of 12 weeks of standard therapy will be reimbursed annually without special authorization for either nicotine replacement therapy (patches/gum) or a non-nicotine prescription smoking cessation drug (varenicline or bupropion).

Claim Notes:
- A maximum of 168 tablets will be reimbursed annually without special authorization.
- Individuals who have a high probability of quitting with prolonged therapy may be approved under special authorization for 168 additional tablets.
- All special authorization requests for additional tablets will require confirmation the individual has agreed, or is already registered with, the Smokers Helpline (1-877-513-5333) or is participating in another form of smoking cessation counselling to be specified.
- Requests for special authorization should be submitted on the Request for Additional Smoking Cessation Therapy Form.

Important Links:
- Smokers Helpline Referral Form
- Smokers Helpline Online
- On the road to quitting
- Quit4life

VEDOLIZUMAB (ENTYVIO)
300mg vial

Crohn's Disease
For the treatment of adult patients with moderately to severely active Crohn's disease who have contraindications, or are refractory, to therapy with corticosteroids and other immunosuppressants.

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 period: 14 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Ulcerative Colitis
- For the treatment of adult patients with moderately to severely active ulcerative colitis who have a partial Mayo score > 4, and a rectal bleeding subscore ≥ 2 and are:
  - refractory or intolerant to conventional therapy (i.e. 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:
1. Consideration will be given for patients who have not received a four week trial of aminosalicylates if disease is severe (partial Mayo score > 6).
2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. 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 gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial approval period: 10 weeks.
- Renewal approval period: 1 year.

VELAGLUCERASE ALFA (VPRIV)
400 units per vial

For the treatment of patients with symptomatic Gaucher disease type 1 (GD1).

Clinical Note:
- Requests for coverage must meet the criteria for diagnosis of GD1, indication for therapy and expected response to enzyme replacement therapy. These criteria are consistent with the Ontario Guidelines for the Treatment of Gaucher Disease. Please contact the NB Drug Plans at 1-800-332-3691 for the criteria.

Claim Notes:
- Approvals will be for a maximum of 60 units/kg every 2 weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

VEMURAFENIB (ZELBORAF)
240mg film-coated tablet

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with cobimetinib.

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. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:
- Vemurafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval period: 6 months.
- Renewal approval period: 6 months.

VIGABATRIN (SABRIL)
500mg tablet
500mg sachet

1. For the treatment of epilepsy in those patients who respond inadequately to alternative treatment combinations or in whom other drug combinations have not been tolerated.
2. For the treatment of infantile spasms.

Clinical Note:
- Potential benefits conferred by the use of vigabatrin should outweigh the risk of ophthalmologic abnormalities.

VILANTEROL / FLUTICASONE (BREO ELLIPTA)
25mcg/100mcg and 25mcg/200mcg powder for inhalation

See criteria under Long-acting beta-2 agonists/Inhaled corticosteroid (LABA/ICS) combinations

VILANTEROL / UMECLIDINIUM BROMIDE (ANORO ELLIPTA)
25mcg/62.5mcg powder for inhalation

See criteria under Long-acting beta-2 agonist/ Long-acting anticholinergic (LABA/LAAC) combinations

VISMODEGIB (ERIVEDGE)
150mg capsule

Initial Requests:
- For patients with metastatic basal cell carcinoma (BCC) or with locally advanced BCC (including patients with basal cell nevus syndrome, i.e. Gorlin syndrome) who have measurable metastatic disease or locally advanced disease, which is considered inoperable or inappropriate for surgery[1] AND inappropriate for radiotherapy[2]

AND
- Patient 18 years or age or older;

AND
- Patient has ECOG ≤ 2
- Patient preference for oral therapy will not be considered

Information Required
Physicians must provide rationale for why surgery[1] AND radiation[2] cannot be considered
- The request must include a surgical consultation report that provides a preoperative/surgical evaluation why surgery is not appropriate for the patient;

AND
- A consultation report as to why radiation therapy is not appropriate for the patient
- Both of the above evaluations must come from a physician who is not the requesting physician
- Confirmation that the patient has been discussed at a multi-disciplinary cancer conference or equivalent (e.g. Regional Tumour Board).

Renewal criteria:
- The physician has confirmed that the patient has not experienced disease progression while on Erivedge therapy.

Clinical Notes:
- [1]Considered inoperable or inappropriate for surgery for one of the following reasons:
  - Technically not possible to perform surgery due to size/location/invasiveness of BCC (either lesion too large or can be several small lesions making surgery not feasible)
  - Recurrence of BCC after two or more surgical procedures and curative resection unlikely
  - Substantial deformity and/or morbidity anticipated from surgery

- [2]Considered inappropriate for radiation for one of the following reasons:
  - Contraindication to radiation (e.g. Gorlin syndrome)
  - Prior radiation to lesion
  - Suboptimal outcomes expected due to size/location/invasiveness of BCC
- Dose: 150mg orally once daily taken until disease progression or unacceptable toxicity.

Claim Notes:
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

VORICONAZOLE (VFEND and generic brands)
50mg and 200mg tablets

- For the management of invasive aspergillosis.
- For culture proven invasive candidiasis with documented resistance to fluconazole.

Claim Notes:
- Must be prescribed by a hematologist or specialist in infectious diseases or medical microbiology.
- Initial requests will be approved for a maximum of 3 months.

ZAFIRLUKAST (ACCOLATE)
20mg film-coated tablet

For the treatment of moderate to severe asthma in patients who:
- Are not adequately controlled with moderate to high dose inhaled corticosteroids despite compliance with treatment

  AND
- Require increasing amounts of short-acting beta2-adrenergic agonists.

ZANAMIVIR (RELENZA)
5mg powder for inhalation

For beneficiaries residing in long-term care facilities meeting the same criteria as for oseltamivir and for whom there is suspected or confirmed oseltamivir resistance, or for whom oseltamivir is contraindicated.

ZOLEDRONIC ACID (ACLASTA and generic brands)
5mg/100mL bottle

Osteoporosis
For the treatment of osteoporosis in patients who are refractory, intolerant or have a contraindication to oral bisphosphonates.

Clinical Notes:
1. 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.
2. Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline level, despite adherence to oral bisphosphonates for one year.

Paget's Disease
For the treatment of Paget's disease of bone.

ZOLMITRIPTAN (ZOMIG NASAL SPRAY)
2.5mg and 5mg nasal sprays

For the treatment of patients with acute migraine attacks who have an intolerance or insufficient response to oral triptans listed as regular benefits.

Claim Notes:
- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

APPENDIX IV

Provisional Benefits
The following drugs are provisional benefits according to the criteria specified below.

ACETYLSALICYLIC ACID/CAFFEINE/BUTALBITAL (FIORINAL and generics)
330mg/40mg/50mg capsule and tablet
ACETYLSALICYLIC ACID/CAFFEINE/CODEINE/BUTALBITAL (FIORINAL C1/4 and generic)
330mg/40mg/15mg/50mg capsule
ACETYLSALICYLIC ACID/CAFFEINE/CODEINE/BUTALBITAL (FIORINAL C1/2 and generic)
330mg/40mg/30mg/50mg capsule

Effective March 20, 2018, requests for coverage of butalbital-containing products which include Fiorinal, Fiorinal C¼, Fiorinal C½ and generic brands are no longer considered. Patients who had coverage prior to this date will continue to remain eligible for coverage if a special authorization request, documenting the rationale for continued use, is submitted on an annual basis.

ADEFOVIR (HEPSERA and generic brand)
10mg tablet

Effective January 22, 2018 requests for coverage of adefovir (Hepsera) are no longer considered. Patients who had coverage of Hepsera prior to this date will continue to have coverage.

QUININE SULFATE (generic brands)
200mg and 300mg capsules
300mg tablet

Effective September 1, 2017, quinine is no longer listed as a regular benefit. For patients who have had a claim paid for quinine between September 1, 2016 and August 31, 2017, quinine will continue to be a benefit until March 1, 2018. After March 1, 2018, a special authorization request, documenting the rationale for continued use, will be required for coverage to be considered. Requests for special authorization will not be considered for new patients or patients who have not had a claim paid for quinine between September 1, 2016 and August 31, 2017.

ROSIGLITAZONE (AVANDIA and generic brand)
2mg, 4mg, 8mg tablets

Effective April 2, 2012, requests for coverage of rosiglitazone (Avandia) are no longer considered. Patients who had coverage of Avandia prior to this date will continue to have coverage.